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CITY AND ROYAL BURGH OF EDINBURGH

ANNUAL REPORT

OF THE

PUBLIC HEALTH DEPARTMENT

FOR THE YEAR

1965

BY THE

MEDICAL OFFICER OF HEALTH

65-9/66

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PUBLIC HEALTH CHAMBERS,
JOHNSTON TERRACE,
EDINBURGH, 1.

To: The Corporation of the City of Edinburgh.

MY LORD PROVOST, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report of the Public Health Department for the year 1965.

Amalgamation of Health and Social Services Departments

With the impending retirement of the City Social Services Officer towards the end of the year much thought was given to the future of the City Social Services Department. It was appreciated that amalgamation of the health and welfare functions of the Corporation would not only allow better deployment of the existing staff, but would also provide an efficient service readily available to those in need whether as a result of advancing years or due to disablement; thus one organisation would be responsible for all the local authority services for the elderly and disabled, including accommodation in welfare homes, home care by health visitors, home nurses, home helps, chiropodists, social workers, and the provision of meals-on-wheels, lunch clubs and transport to day centres at the geriatric hospitals.

Because of the continuing separation of the two departments in different buildings, joint administration is expected to be difficult initially, and efforts directed to improving efficiency and increasing the availability of services are not expected to produce any saving in staff. However, plans are well advanced for alterations and adaptations to the Public Health Chambers and the clinic premises in Johnston Terrace to allow the staff at Castle Terrace to be accommodated by the end of 1966.

The Elderly (page 124)

The amalgamation of the departments has been welcomed by the Local Medical Committee and the geriatric consultants of the Regional Hospital Board, with whom close co-operation is essential in blending together not only the three branches of the Health Service concerned with the care of the elderly in the community but also the vital supporting social services.

The problem of disability and illness in the aged is so vast that the provision of accommodation in hospitals, residential homes and private institutions can make only a small contribution. At the present time in the United Kingdom approximately 4·5 per cent. of people aged 65 and over are occupying institutional accommodation of some kind, although the proportion of elderly people in the community who are physically or mentally ill is much greater.

Much unrecognised ill-health amongst old people does not come to the attention of family doctors; many old people accept arthritis as part of the ageing process and do not consult their doctor, many do not realise that the doctor is concerned with their foot troubles, crippling though these may be, and the lassitude of anaemia and subnutrition is often accepted as part of growing old. Many elderly people believe that advice on nutrition does not apply to them while others have reached the point of no return or what used to be thought to be the point of no return, with the onset of the early stages of apathy sometimes arising from loneliness and loss of interest, and this may go on to dementia.

> " Absence of occupation is not rest.
> A mind quite vacant is a mind distressed " (Pope)

Effective remedies are now available for certain mental disorders in the elderly and many conditions formerly attributed to degenerative processes in the brain are now known to be susceptible to treatment. Unfortunately only a small proportion of those that can be relieved are receiving help because the full utilisation of modern advances in geriatric medicine is impeded by difficulties in locating depressed, sick and infirm old people at an early stage of illness. The majority who do come under treatment do so only after a social or medical crisis and this is often too late for optimum medical treatment or effective social rehabilitation. The apathetic elderly person frequently fails to recognise the deterioration which is occurring and even relatives often overlook the gradual changes in mental outlook. This is one of the biggest difficulties our social services and the general practitioners have to face. The old person does not appreciate his condition, does not appreciate his need for medical help or for assistance from the social services; having previously had no reason to bother with welfare services he may now not know of their existence or that they can do anything for him. Here is our problem of discovery which is already being successfully tackled in Leith in a small way by a consultant geriatrician and a group of health visitors specially trained in the early recognition of signs of physical and mental deterioration.

The attachment of health visitors to general practices in the city has improved the surveillance of the elderly on these doctors' practice lists. Since social as well as medical needs are brought to light the value is emphasised of the social work content of the modern health visitor certificate course.

The Disabled

As a result of the union of the health and social services departments, considerable development is anticipated in the provisions for the disabled involving an extension of rehabilitation services, workshop facilities and after-care arrangements for a wide range of disabilities, with improved facilities for the ascertainment of handicap in order to ensure that rehabilitation is commenced at the earliest opportunity. These arrangements will link up on the one hand with the school health service for handicapped pupils and on the other hand with the hospital and industrial rehabilitation services.

The welfare services for the handicapped in Edinburgh are delegated to the Cripple Aid Society with which the Public Health Department has been closely associated for many years. The officers of both the voluntary and the statutory body were responsible for setting up the Co-ordinating Committee for the Disabled which links all the voluntary agencies concerned and is actively planning rehabilitation, occupational therapy and workshop provision to dovetail with our own Health Committee provisions for the mentally handicapped. This is an example of voluntary and statutory co-operation with unique possibilities for development in the interests of handicapped people.

Future Developments

In a city like Edinburgh, certain districts appear to have a higher incidence of delinquency, suicidal behaviour, mental ill-health and housing problems than others, and current knowledge has indicated some of the reasons for this. For example, we know that long-term causes of delinquency are unsatisfactory home conditions like bad and overcrowded housing, family conflicts, neglect and lack of affection and parental interest, and failure to recognise and to treat sufficiently early those children who are of subnormal intelligence or who develop unstable anti-social characters. Suicidal behaviour has also been shown to be associated with marital disharmony, drink, financial problems, unemployment, kin disharmony, crime, housing difficulties, and isolation, etc. It is also of interest that, in Edinburgh each year, there are about 70 suicides and approximately 650 episodes of suicidal behaviour (this is a rising figure). Suicidal behaviour is strongly associated with character abnormality, *i.e.* similar to delinquency. Indeed, many families appear to have an unhealthy approach to the stresses of life and it is possible to discern a pattern of behaviour which affects not only the members of these families but possibly contaminates friends and neighbours.

When one considers how these problems are met by the various social and medical agencies, it is notable that each agency has its own particular interest and, therefore, limited impact on the various factors involved in the case. The result is a fragmentary attack on the social problems and a bewildering complexity of services for the recipients. Enid Mills, in her Study in East London, stated: " The services are confusing to describe and understand; how much more so to the patients and harassed relatives who have to use them. They want something straightforward but they are faced with a formidable bureaucratic structure which would tax the understanding of the sanest and most competent person." This is at a time when the person, who is under stress, lacks initiative and is confused by the apparent insolubility of his problem.

Various proposals have been made towards resolving these difficulties. The McBoyle Committee suggested that there should be a comprehensive family welfare service " to make available to the family as a unit the services now provided for individual members of it by separate departments of the local authority ". On the other hand, the Kilbrandon Committee concluded

that " the most effective practical organisation lies in the re-organisation and merging of a number of local authority services to form a new ' social education department ' ".

A realistic appraisal of the existing services, however, clearly reveals that any new department created for family welfare or all-purpose social work would still have to make use, certainly for many years to come, of health visitors as its primary field workers since no other group of field workers exists in sufficient numbers to assume their social work functions or to cover the whole community. In fact the great majority of the personnel gathered into a new department would come from the health department, and apart entirely from the undesirability of creating a major upheaval unless some substantial benefit is to be gained thereby, there is the tremendous disadvantage of losing the present close bond between the health department of the local authority and the hospital and general practitioner services.

Proposals for separate social service departments rest on a false premise, namely, that there is a large volume of family social work which has no medical component. This is not so; the presenting symptom is often financial failure or an inability to find work, but more careful analyses of the difficulties of such families will almost inevitably disclose more fundamental mental or physical defects and psychopathic manifestations. In child health, mental health, geriatrics and the care of the disabled, social problems are inextricably mingled with departures from physical or mental health and wellbeing.

The modern trend to amalgamate health departments and social welfare departments began in Scotland and is now so well established that approximately three-quarters of the population are already served by combined health and welfare departments. The wealth of practical experience of this administrative co-ordination and unification indicates how closely related and interwoven are the present health and social services, and although it may not be cheaper to administer a unified health and welfare service, greater efficiency can be achieved at the same cost. Within these departments are provided residential accommodation, hostels, training centres, workshops, occupational centres and clubs, together with aids for the sick and disabled, and provision for recuperative holidays. Persons in their own homes who are helped by the welfare services also frequently need health guidance and advice, home helps, and the district nursing service.

Thus it would appear rational and economic to incorporate a social work service within a combined health and social services department. A principal social worker could be directly responsible to the medical officer of health as is the case with the chief dental officer and chief sanitary inspector. Experience has shown that under the aegis of a unified department, co-ordination of services with voluntary and other statutory agencies is enhanced. Co-operation at field worker level is also vital, not only for those physically handicapped but also for families with social problems.

It is with the two-fold object of bringing together all the services normally required to cope with the various crises which occur at a personal or family level and to undertake research into the pattern of maladjustment in families

and in the area, that the proposal has been accepted in principle by the Health Committee for the establishment of a district health, welfare and advice centre. In this centre an attempt would be made to co-ordinate the work at a local level of all social and medical workers in the district. This would allow the general practitioner to play a bigger part in influencing and using social workers in his area. It would in turn relieve him of some of the time-consuming social problems which he could readily refer to the centre.

Plans are being developed for weekly group meetings attended by a psychiatrist, the social workers permanently based on the unit and the local general practitioners; monthly meetings would also be advisable with visiting officials from the Ministry of Labour, National Assistance Board, etc., whilst the unit would be available in the evenings for the use of voluntary associations, *e.g.* Marriage Guidance Council, Council of Social Service, etc.

Vital Statistics

(page 4)

The Registrar-General estimates the civilian population for mid-1965 at 472,352, a decrease of 918 on 1964; this compares with the census figure of 468,378 taken in April 1961.

Registered live births numbered 8,370 giving a rate of 17·7 per thousand population compared with 18·5 in 1964, a decrease of 0·8. The rate for Scotland was 19·3, a decrease of 0·7 on the previous year. There were 122 still-births, a decrease of 21 on the previous year's figure; the rate of 14 per thousand total births was 2 lower than that for 1964.

The number of deaths registered during the year was 6,150 giving a death rate of 13·0 per thousand of the population as compared with 12·4 for 1964; the rate for Scotland was 12·1. Deaths from all forms of tuberculosis numbered 18, 10 more than in 1964. Respiratory tuberculosis accounted for 14 deaths compared with 8 in 1964. Deaths from all forms of cancer increased by 1 in 1965 to 1,268, whilst deaths from cancer of the lung and bronchus decreased by 23 to 354. Deaths from bronchitis rose to 284 compared with 276 deaths in 1964.

Deaths of infants under one year of age registered during the year numbered 197, 16 more than 1964. The infant mortality rate of 24 per thousand live births was 3 higher than that for 1964 which was the lowest level previously recorded. The rate for Scotland in 1965 was 23. The number of neonatal deaths was 146 giving a rate of 17 per thousand births compared with 15 in 1964, which was the lowest ever recorded in the city. The perinatal mortality rate increased by 0·3 from the record low level in 1964 to 29·6. Deaths in the age group 1–5 years numbered 20, a new low record for the city.

Notifications of infectious diseases during 1965 numbered 3,906, a decrease of 81 on the previous year. Although whooping cough and measles both declined, dysentery increased by over 50 per cent. to 1,315 cases. Twelve deaths occurred from notifiable disease during the year (8 influenza, 3 meningococcal infections and 1 measles) compared with 10 deaths in 1964.

A total of 147 cases of food poisoning were notified as a result of 34 separate incidents during the year. For the ninth successive year no case of diphtheria occurred in the city, and for the third year no case of poliomyelitis was notified. Unusual incidents included 5 cases of psittacosis, a mild case of tetanus and 20 persons who required protection by anti-rabies vaccine after contact at Edinburgh zoo with a young leopard, which was proved after death to have had rabies.

Child Health

(page 13)

In the Maternal and Child Health section of the report Dr Tait reminds us that 50 years ago, as a result of the Notification of Births (Extension) Act, our present very full and comprehensive maternal and child welfare service was developed as a logical extension of the modified service introduced in 1908 in conjunction with the Voluntary Health Visitors' Association. The scope of the service was broadened under the National Health Service (Scotland) Act 1947 to enable the Health Committee to provide not only a wide range of health visiting, social work and supportive services, but also to make substantial financial grants to voluntary social work agencies in the interests of family welfare. By removing from local authorities responsibility for the administration of hospitals, the Act of 1947 enabled health authorities to focus attention on the physical, emotional and environmental problems of child development and family welfare. Thus in Edinburgh there is provided a wide range of services designed to promote family health and welfare.

Health Promotion

The functions of the public health department relate not only to the prevention of disease, physical and mental, but also to the promotion of health both of body and mind by improving the environmental and social conditions and the habits of life of families. In pursuit of this end, health visitors, medical social workers and mental health officers visit the homes of the people, thus making available health education and social services in the home for families to a far greater extent than is possible by any other agency. The department too has long established contacts with voluntary bodies in the city concerned with social services and welfare, and the ideals and objects nowadays propounded by social workers have for long been supported and encouraged within the limits of finance, staffing and legal powers and to the extent permitted by current public opinion and attitudes. Much effort in health education has been concerned over the years with guiding public opinion and altering attitudes in the interests of community health and social welfare.

Primary Prevention

Over the years the public health department has built up a first line field force which is in a position to spot stresses within the family or in family relationships. Public health staff are in a unique position covering a wide spectrum of the population with access to most families and vulnerable

individuals in the community, *e.g.* in addition to the health visitor's statutory duty to care for families with young children, persons suffering from illnesses and expectant and nursing mothers, her functions have been extended to include the elderly, the mentally disordered and the disabled. In the school health service, doctors, health visitors, nurses and teachers know much about the children in their school, their home background and physical and emotional development. There is excellent co-operation with welfare workers in the education department, especially those concerned with necessitous families or absenteeism, whether due to illness, truancy or lack of discipline in the home.

The presenting signs of an adverse family situation may be material needs such as housing, employment or finance. A large proportion of cases, however, have a medical component such as physical illness or disability, mental illness or subnormality, or emotional disorders. There may be behaviour breakdown in a child, threatened breakup of the family or simply poor mothering and child care. A well or ill elderly member of a household may introduce stresses leading to the possibility of family breakdown.

Children in High Flats

Careful consideration was given by the Health Committee during the year to the modern problem of child care in multi-storey flats and positive practical measures were approved. It was appreciated that research into the health of mothers living with their young families in high flats indicates the possibility of loneliness for the mother and deprivation of the child in relation to the play opportunities which he needs if he is to grow up in physical and emotional good health. The position of the young mother separated from her own family group, anxious over her budget with a higher rent to face and constantly trying to meet the demands of young children at their most active and demanding stage, seems to be one in which depression and other mental ills may arise. It has been found that the provision of a play group solves not only the child's needs but to a greater extent the mother's need for companionship too, since she becomes one of a group of mothers using and supporting the service.

Agreement was reached in principle with the Housing Committee that in future plans for multi-storey flats, provision should be made for accommodation for children's play groups, either within or outwith the building according to need. The Voluntary Health Workers' Association which has so efficiently provided and organised play groups for toddlers in the course of many years' association with the Health Committee, has agreed to assist with the operation of these play groups in association with multi-storey flats.

Nurseries and Childminders

Despite the increase during the year in registered private nurseries and childminders from 15 to 22 and from 42 to 52 respectively, there was no reduction in the waiting list for day care in the Corporation nurseries. In an attempt to cope with the problem in the Craigmillar area where the new

Greendykes nursery is urgently required, an experimental scheme of day care was introduced at the Community Centre Hall on 30th August; so successful was this provision for a further 20 toddlers that the arrangement was made a permanent one in October.

School Children (page 41)

In the School Health section of the report Dr Craik describes a trial of selective inspection procedure on a sample of 1,822 nine-year-old children from which it emerged that this was a satisfactory screening technique and indicated the possibility of both departure from the old outmoded methods and an introduction of interest into an otherwise somewhat monotonous medical examination. It was therefore agreed that the doctors concerned in the initial trial should continue to carry out selective inspections on nine-year-old children in the 25 primary schools already involved and that the method should be extended next year to the remaining primary schools. A routine screening of all those children at twelve years of age prior to entry into secondary school will provide an additional check on the procedure.

Dental Health (page 70)

In introducing his report Mr Craig, the Chief Dental Officer, summarises the findings of a most comprehensive review of the dental services, which he presented to the Health Committee in September. The rising incidence of dental caries with its accompanying need for more frequent treatment in school children has stretched the hard working dental staff to the limits of their capacity with little real hope of being able to cope effectively with the problem.

The medical and dental professions have been well aware for many years that this disease could be brought under control by fluoridation of public water supplies. Fluoride in water at a level of 1 part per million improves the resistance of the teeth to dental decay and reduces the incidence of caries by up to 60 per cent. No other public health measure has been subjected to so much careful investigation in all parts of the world, not only to prove its efficacy but also to ensure its freedom from any hazard to health. The results for both safety and effectiveness have been so outstanding that the measure has been strongly recommended by the British Dental Association, the British Medical Association and the Government in this country and by the World Health Organisation and the highest dental and medical authorities throughout the world.

There is no doubt that fluoridation of water would by now have become accepted practice in most parts of Britain and have spared many children dental anguish and ill-health had it not been for the skillful dissemination of anti-fluoridation propaganda designed to impress people without a medical or dental training. One is only too well aware how in other fields requiring a different expertise those of us with a medical or dental qualification may be gullible and easily swayed by mass propaganda. To my mind the anti-fluoridation literature bears a striking resemblance to the Japanese

propaganda leaflets circulated in South-east Asia during 1942–45: two examples will suffice: (1) " The allies are so short of aircraft that they have to put four engines into each plane ". (2) " A Japanese pilot dived low over the bridge of a battleship, drew his samurai sword and cut off the captain's head ".

Health Education

(page 77)

Health education is an important part of the department's duties and although valuable work in this field has been done since 1950, it was agreed that further improvements to the service should be introduced. A major development was the adaptation of premises at 25 Castle Terrace to house small exhibitions on health topics and provide accommodation for the Health Education Organiser and the necessary equipment. A substantial amount of valuable equipment and propaganda material, *e.g.* film units, slide projectors, exhibition stands, posters, etc., is used in connection with the winter programme of health educational talks to adult and youth groups and organisations as well as in schools. The new centre when completed in 1966 should allow this material to be used more extensively than at present and the subjects portrayed could be varied periodically and new exhibits prepared. More recently too there has been an increasing number of requests to the department for assistance with material for use by groups of individuals engaged in health teaching and health projects. Difficulty has been experienced through lack of accommodation in displaying the material available and consequently the full facilities of the health education section are not so widely known as they might be.

Research Project on Health Education Methods

A research project was completed most successfully by Dr L. Watson in certain schools to try to assess the effect of different forms of health education on smoking habits. So interesting were the results of this study and its implications for health education generally that the Committee readily agreed to Dr Watson's further secondment for a three-month period to undertake a follow-up study a year after the completion of the project.

Based on before and after questionnaires, four different educational methods yielded significantly different results measured by changes in behaviour, knowledge and attitudes relating to cigarette smoking. The methods employed were didactic teaching, group discussion, psychological persuasion and an intensive combination of all three. Didactic teaching was found to be the most effective in converting smokers, thus modifying behaviour or at least in causing children to claim such changes. The combined method from its constant repetition best improved knowledge but became wearisome and had practically no effect on behaviour and attitudes. Psychological persuasion as would be expected most effected attitudes and beliefs.

Group discussion was slightly better than the didactic method in affecting behaviour, except that it produced fewer converts from smoking. It was a

close second in producing changes in all three measurements and apparently gave most promise of success. Its effect in fact was less than it might have been because it was completely new to pupils and time was lost in arranging groups and explaining procedure, and in every class the smokers gathered together in one group and so were not influenced by others. It was thought that each group should have a minority of smokers and that as it was so successful with non-smokers it might be better employed earlier before smoking habits become established. The major drawback of group discussion of course is that groups of 10 or 12 pupils each require an experienced group leader.

The behaviour change as a result of didactic teaching was undoubtedly due to the effect of the voice of authority which produced a high smoker conversion rate. This is clearly an effective method with young people where a change of behaviour is required and it has the advantages that formal teaching has most trained exponents and it can cope with larger numbers.

The success of psychological persuasion with children of average ability holds interesting promise. It might well have valuable long-term effects since behaviour is the active expression of attitudes and beliefs. The debunking of advertising held pupils' attention and in their responses Dr Watson recognised clearly " the moralising of the disapproving non-smokers, the rebellion at adult interference of some smokers and the determined disbelief of confirmed smokers ".

It was interesting that the combined project method only improved factual knowledge and had little effect on behaviour and attitudes. It is probably because it does teach facts that project work is so much favoured by the teaching profession and to some it may be reassuring to note the slight effect on children's behaviour and attitudes. In this study the results were not commensurate with the effort and preparation involved and of course in health education we are not so much concerned with teaching facts as with altering behaviour and attitudes to unhealthy ways of life.

In a controlled school not subjected to any form of health education the smoking rate increased over the 4–5 months by 6 per cent. in boys and 4 per cent. in girls as had been expected, whereas in the trial schools there was a slight decrease of about 5 per cent., except that no change took place in boys subjected to psychological persuasion and the combined project method. The conclusion reached is that any health education on smoking is better than none.

Personal Health Talks

As so many authorities up and down the country are now experimenting with special talks on personal health for adolescent girls, it is gratifying to know that Miss Alexander, our health visitor specialising in health education in schools, has successfully undertaken sessions on Health and Growing Up for girls in their last school year. She was much encouraged not only by the headmaster's request for this form of health guidance, which is preceeded by a discussion with the mothers, but by the teachers' comments on the value of and need for the sessions.

Anti-smoking Clinics

Anti-smoking clinics have been continued, unfortunately only on a very limited scale owing to changes of medical staff. Although only one-third of the attenders stopped smoking and one-third reduced their consumption for a time, there is a similarity here to education in schools on the dangers of cigarette smoking, in that some action is obviously better than none at all.

Domiciliary Services

(page 112)

Health visitors, district nurses, home helps, social workers and welfare officers form the backbone of the community health and social services, although their contribution to family welfare is seriously restricted by shortages of staff. With recruitment of health visitors barely keeping pace with retirements, efforts are being directed to the employment of registered and enrolled nurses and welfare assistants to undertake routine visitation under the guidance and supervision of qualified health visitors. At the same time Miss Maclean, Superintendent of the Queen's Institute of District Nursing, has embarked upon a programme designed to relieve the experienced home nurse of tasks which could well be undertaken by someone less highly qualified and also by the use of disposable materials.

Advances in nursing and health visiting techniques, in medical treatment and in the administrative deployment of staff, together with the modern social work content of training courses, have emphasised the need for frequent refresher courses for administrative and key members of the local authority nursing services. Not only does this mean the periodic absence of senior staff to keep themselves up to date but ever increasingly health visitors and nurses in the community service in Edinburgh are becoming involved as guides and instructors to nurses in training, postgraduate and medical students, visitors from overseas and many others. Moreover much research at national level involves the participation of health visiting staff, whilst essential liaison with the developing work of the special hospitals is also time-consuming. It is thus vital to the service provided for people in their own homes to ensure a proper deployment of highly qualified staff and the time is approaching when the provision of a car for every health visitor and social worker must be seriously considered. The sheer economics in terms of time of rapid transport for valuable and scarce health visiting and social work staff ought to outweigh the cost involved.

Home Help

In our efforts to provide an efficient home help service for people in need it is frustrating to be limited by a ceiling on the number of home helps employed at any one time. The needs of the community vary year by year and at different periods of the year depending on the incidence of infectious diseases, especially measles and influenza, the latter being more difficult to predict a few months in advance than the weather. When epidemic illness occurs it is usually possible to maintain all public health services by redeploy-

ment and the engagement of relief nursing staff with the exception of the home help service which repeatedly presents a very worrying situation indeed. During 1965 the Establishment Committee agreed to increase the total establishment of home helps to the equivalent of 280 full-time helps and also to allow the employment of relief staff to cover sickness amongst home helps themselves.

A realistic appraisal of requests for help in the home, mainly for the elderly and domiciliary confinements at normal times and for all age groups of the population in epidemic situations, indicates that although the agreed establishment of helps ought to cope with all requests the service will always be overwhelmed in an epidemic. As an outbreak of influenza should probably be regarded as a normal risk in any winter, frequently without any preliminary warning from the Ministry of Health or World Health Organisation, consideration should be given to the recruitment of as many available women as necessary, even above the establishment limit for a temporary period between January and March. This might prevent households in need being placed on a waiting list as frequently happens, although most undesirable in a service designed to meet urgent domestic situations. However, in view of the financial need for a fixed staff establishment for annual budgeting purposes, an alternative might be an emergency allocation of 20 full-time home helps, perhaps more as experience dictates, over and above the actual establishment permitted.

A further problem is the difficulty of recruitment, for which purpose a continually repeated newspaper advertisement has been introduced. As this problem of maintaining adequate numbers of home helps worsens it may be necessary soon to consider some form of inducement to recruitment. A well designed badge awarded after a period of satisfactory service might enhance the public image of home help work as a valuable and much appreciated service to the community, thus not only aiding recruitment but also encouraging staff to remain in the service.

Mental Health

(page 127)

The scarcity of trained staff already mentioned in connection with the domiciliary services has gravely hampered the expansion of the community mental health service as envisaged by the Mental Health (Scotland) Act 1960. Proposals for integrated social services in new departments appear somewhat ludicrous while staffing difficulties continue at the existing level, and any separation of mental health officers from the mental health section of the public health department would seriously disturb the close co-ordination of our community mental health service, not only with the hospitals but even more important with the health visitors of this department.

Death of Miss Wilson

All members of the staff of the Willowbrae unit for seriously mentally

handicapped children, particularly the staff nurse in charge, deserve a special appreciative mention for their unsparing efforts to keep the unit going through Miss Wilson's serious illness and after her death in September. Miss Wilson had been matron of Willowbrae House for a continuous period of 20 years during which it developed from a residential nursery first into a preventorium, in which infant contacts of tuberculosis were segregated until protection by B.C.G. vaccine was established, and latterly into a short-stay residential unit for mentally handicapped children. Miss Wilson had unbounded faith in the value of love for babies and children whether normal or intellectually or physically impaired and all who knew and worked with her were impressed by her compassion and devotion to her life work.

Co-ordination of Field Work

Mention has already been made of the proposed Health, Welfare and Advice Centre and of the activities of the Co-ordinating Committee for the Disabled, the latter a unique example of voluntary and local authority co-operation. With regard to the former, the interest of the Research and Intelligence Division of the Home and Health Department has been most encouraging and it is hoped that this venture, laden with promise both for closer co-operation of all statutory and voluntary workers and for research into community needs, will receive similar support from Corporation officials and elected members.

For a most succinct summary of community mental health in 1965 Dr Short's report on the provisions for mental illness and mental handicap should be read in its entirety.

Sanitary and Veterinary Services

(page 143)

We welcome for the first time a report on the sanitary services from Mr Ian Wintour who was appointed in November as Chief Sanitary Inspector in succession to Mr Dunbar. The close knitting together of sanitary, medical and general health functions within the department owes much to the personality, good sense and foresight of Mr Dunbar himself. It was fortunate indeed for the city of Edinburgh that a man of his calibre was chief sanitary inspector throughout a most difficult period when experienced sanitary staff were seeking lucrative appointments south of the border. The negotiations which resulted in a completely revised structure of the sanitary services within the public health department would not have been possible without his persistent and yet goodnatured adherence to the logic of his argument. He fought valiantly for his sanitary inspectors, his boys, through committee after committee, and if his three years as chief sanitary inspector added grey hairs of worry, he can be proud that his abundant honesty and the straightforward presentation of his case won the day and secured for many years ahead a nucleus of specialist and divisional inspectors second to none in Britain. On his successor falls the mantle, gained by sheer merit in open competition with chief sanitary inspectors both north and south of the

border, and with the unanimous blessing of the Health Committee and every member of the health department. His report commences so rightly with housing which is still undoubtedly, despite much talk and froth of social science, the most important single factor in health and social happiness.

Housing

Great Britain is a civilised country much concerned with culture and the arts for which public monies are readily provided. Is it too much to ask its central government as a matter of urgency to institute emergency action to provide reasonably civilised housing conditions for its citizens? In this modern age when millions of pounds are spent on aircraft, rockets, roads, electrification of railways, etc., it should not be beyond our resources to ensure that every household has the minimum civilised requirements of a sink and a sanitary convenience. Would it be possible to have say a five-year blitz on housing, concentrating all the resources of the building industry on our Scottish cities where the sheer squalor of life in slum tenements has to be seen to be believed.

In Edinburgh the 1961 census showed that 10 per cent. of households did not have exclusive use of a w.c. apartment while 28 per cent. did not have exclusive use of hot and cold water, bath and water closet. Although 7,500 unfit houses were dealt with by the Housing Committee in the period 1955–65 a further 7,200 houses are probably unfit for human habitation and the estimated number of sub-standard houses is 28,000. A proportion of these might be suitable for improvement to a reasonable standard with a loss of 400–500 houses as a result of combining two or three houses to form one fit house. An important aspect of slum clearance programmes which is frequently overlooked in calculating the need for new housing is that a number of houses which may be regarded as fit for human habitation have also to be demolished. In the Edinburgh St Leonard's area of comprehensive development 894 houses were classified as unfit and 342 as fit. In the Citadel and Central Leith comprehensive development area 528 were classified as unfit and 148 as fit.

Milk

Concern was again expressed during the year regarding unsatisfactory reports on samples of milk from milk vending machines in cafes, etc.; these are machines where the milk is visible in a perspex bowl and from which milk is dispensed into tumblers. The sale of milk from these machines is considered to be " catering sale " and as such is specifically excluded from the Milk (Special Designation) (Scotland) Act 1949. Thus a caterer is not required to hold a licence to sell milk from such machines and there is, therefore, no bacteriological standard to which the milk must conform. Samples, using as a bacteriological standard that applicable to pasteurised milk as sold in a retail shop, have been consistently unsatisfactory over the past two years. A new type of milk dispensing machine is now becoming

available in which the milk is filled into polythene bags at a creamery and the full bag is fitted into a refrigerated cabinet in the catering premises. This is a most welcome solution to the problem but it is not expected that these machines will be introduced in such numbers as to improve the general position for some time. Representations were therefore made by the Health Committee through the Counties of Cities Association to the Central Department as a result of which a meeting was held at St Andrew's House in December with representatives of the Department of Agriculture and Fisheries and the Scottish Home and Health Department.

Clean Air

The programme for smoke control in the city, designed as a preventive measure against chronic bronchitis, has gradually fallen behind schedule because of unsuccessful but time-consuming appeals involving public enquiries into Smoke Control Orders. So far in Edinburgh five out of ten such Orders have been so contested and in no instance has the Recorder had any hesitation in advising in favour of the Corporation.

Birds and Animals

Mention was made in connection with infectious diseases of the occurrence of human cases of psittacosis in September. In his section of the report Mr Norval, Chief Veterinary Inspector, describes the outbreak in the infected aviary in which 100 birds died, there being 3 or 4 deaths per day by 24th September. The effect of aureomycin in the birds' drinking water was most spectacular in that sick birds recovered and there were no further deaths. The wife of the owner and a neighbour and his wife developed pneumonic symptoms necessitating treatment in hospital. There is thus evident a real danger to human health when a virulent infection of psittacosis occurs in budgerigars.

The chief veterinary officer also provides an interesting and somewhat intriguing story about a couple walking in Princes Street Gardens with a fox—which could have been smuggled through the customs at Dover. Evidently the police, the owner and Mr Norval were much relieved when the fox was accepted for quarantine by the Glasgow Zoological Society to which it was eventually donated by the owner.

The account in this section of the report of the occurrence of rabies in a leopard cub at the zoo and the destruction of a serval kitten links up with human contacts who received protection with rabies vaccine. It also reminds me of a telephone call at the time to the effect that a leopard with suspected rabies had bitten someone at the zoo and his head had been sent to a special laboratory at Weybridge for brain examination!

City Analyst

At the beginning of the year consideration was given to the responsibilities of the Corporation in connection with the analysis of samples of food and drugs and to the appointment of a public analyst, a statutory appointment under section 27 of the Food and Drugs (Scotland) Act 1956. The existing laboratory at Stafford Street from which Dr Scott Dodd had practised for 51 years was purchased and it was agreed that a City Analyst should be appointed directly by the Corporation. We were fortunate to obtain the services of Mr P. J. G. Holliday, F.R.I.C., an Edinburgh man who since graduating at this University in 1952 has had wide experience of food and drug analysis in Kent, Dumfriesshire and since 1958 as Deputy City Analyst in Birmingham. Despite being handicapped by a serious shortage of technical staff he had already by the end of the year undertaken a number of important analytical investigations at the request of the chief sanitary inspector, particularly of milk, meat and meat products, but also a variety of other foodstuffs and drugs.

Contributions to Journals

In addition to the department's participation in a variety of national and other research projects during the year including the follow-up of the Medical Research Council investigation into measles vaccines, a number of papers were presented and contributions made to medical and other journals as follows:

" Health Visitors' Views on the Current and Future Needs of the Public Health Service." *The Medical Officer*, No. 2,999, Vol. CXV, No. 2, 14th January 1965. Dr R. G. Walker.

" Health Education of the Public." *Survey* (a monthly booklet issued by the Indian Institute of Social Welfare and Business Management), Vol. V, No. 4, April 1965. Miss M. K. Chisholm.

" This is my Work." *Nursing Mirror*, Vol. 120, 11th June 1965. Miss M. K. Chisholm.

" The Promotion of Family Health." The National Association for Maternal and Child Welfare, 52nd Annual Conference, 16th–18th June 1965. Dr J. L. Gilloran.

" Illegitimacy and Adoption." Address to Annual Meeting of the Haig Ferguson Memorial Home. 63rd Annual Report, 1965. Dr J. L. Gilloran.

" The Health Visitor's Assessment of the Needs of Old People." *Health Bulletin*, Vol. XXIII, No. 3, July 1965. Incorporating Health Visitors—Miss S. Dick, Miss M. Marshall, Miss M. Ramsay, Miss L. Paxton, Miss H. Veitch, Miss W. White and Dr R. G. Walker.

" Family Happiness." *The Royal Society of Health Journal*, Vol. 85, No. 4, July–August 1965. Dr J. L. Gilloran.

" Salmonella Para-typhi B in a Water Department Employee." *The Medical Officer*, Vol. CXIV, No. 9, 27th August 1965. Dr J. C. M. Sharp.

" Cigarette Smoking in School Children." *Health Bulletin*, Vol. XXIV, No. 1. (Research carried out during 1965, but published in January 1966.) Dr L. Watson.

" The Selective Inspection of Nine-year Old School Children in Edinburgh." (Research carried out in 1965, but published in *The Medical Officer*, No. 3,013, 22nd April 1966.) Dr I. F. Craik.

" Abscesses in Pigs." (This paper was presented at the meeting of the Veterinary Public Health Association in Edinburgh on September 15th 1965, but published in *The Veterinary Record*, Vol. 78, No. 21, on 21st May 1966.) Mr J. Norval.

Acknowledgments

The community health services of this department owe much to the understanding support of the chairman and members of the Health Committee and of the chief officials of the Corporation. The local press too have contributed to our work in no small measure, showing a willingness at all times to report on the department's activities.

My very special thanks go to Dr John M. Mair, Senior Depute Medical Officer of Health, on whose broad and willing shoulders has devolved the chief responsibility for the welfare services. In his own inimitable manner he has in the course of only a few months secured the loyal support of the staff at Castle Terrace and in the welfare homes.

No words can truly express the debt which the department owes to Mr W. A. B. Valentine, the Administrative Officer, whose wise guidance born of long experience is invaluable to me, and whose encouragement and help so readily given to all members of staff generates both goodwill and good work. For an active year involving new developments and changes in long-established services my thanks are extended to all members of our public health team.

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

Your obedient servant,

J. L. GILLORAN, M.B., Ch.B., D.P.H.
Medical Officer of Health.

CITY AND ROYAL BURGH OF EDINBURGH

Members of the Health Committee, 1965-66

Councillor Mrs. M. Robertson Murray, *Chairman*
Councillor Mrs. Marion R. Alexander
Councillor Alexander Burton
Councillor Melville Dinwiddie
Councillor Mrs. Winifred E. Donaldson
Councillor John Fitzpatrick
Councillor George Hedderwick
Councillor John Kane
Councillor Murdo R. M. Mackenzie
*Councillor Mrs. Nansi H. Mansbridge
Councillor Lady Hilda S. Morton
†Councillor Mrs. Catherina T. Nealon
Bailie Mrs. Margaret B. A. Ross
Bailie Mrs. Margaret Smith
Bailie Peter Wilson

*Convener of Medical Health Services Sub-Committee
†Convener of General Health Services Sub-Committee

Joint Committee on School Medical Service

From Health Committee:
Councillor Mrs. Nansi H. Mansbridge
Councillor Lady Hilda S. Morton
Councillor Mrs. M. Robertson Murray
Councillor Mrs. C. T. Nealon
Bailie Mrs. Margaret Smith

From Education Committee:
Councillor Melville Dinwiddie
Bailie Robert M. Knox
Councillor Murdo R. M. Mackenzie
Bailie Mrs. Margaret B. A. Ross
Councillor Mrs. Florence A. R. Strachan

PUBLIC HEALTH DEPARTMENT

Principal Officials as at 31st December 1965

Medical Officer of Health	Dr. J. L. Gilloran
Depute Medical Officer of Health	Dr. J. M. Mair
Principal Medical Officer	Dr. H. P. Tait
Chief Executive School Medical Officer	Dr. I. F. Craik
Senior Medical Officer for Tuberculosis and Infectious Diseases	Dr. J. C. M. Sharp
Senior Medical Officer for Mental Health Services ...	Dr. R. Short
Senior Assistant Medical Officer for Maternal and Child Welfare	Dr. M. Langton
Senior Assistant Medical Officer for School Health Service	Dr. J. C. Willison

Assistant Medical Officers

Dr. D. H. Beaton
Dr. R. C. Burnett
Dr. C. Drysdale
Dr. F. M. Falconer
Dr. I. M. S. Gillie
Dr. R. E. Graham-Yooll
Dr. C. F. Hogg
Dr. R. Jack
Dr. A. Jamieson
Dr. P. M. Ludlam
Dr. J. A. MacDougall
Dr. J. S. McFarlane
Dr. B. McFie
Dr. A. B. Morrison
Dr. D. Murray
Dr. W. O. Petrie
Dr. D. M. Ritchie
Dr. C. I. Soutter
Dr. L. M. Watson.
Dr. J. R. Wilson

Chief Sanitary Inspector	Mr. I. Wintour
Depute Chief Sanitary Inspector	Mr. F. J. Allan
City Analyst	Mr. P. J. G. Holliday
Chief Veterinary Inspector	Mr. J. Norval
Assistant Veterinary Inspector	Mr. W. T. Forrest
Chief Dental Officer	Mr. J. W. Craig
Senior Dental Officer	Miss M. Miller

Assistant Dental Officers

Mr. J. allen
Mr. A. Amdor
Mr. N. G. Campbell
Mrs. W. Z. Golabek
Miss S. Grandison
Mr. A. Harvey
Mr. J. McIntyre
Mrs. E. A. McIntyre
Mr. J. Peatie
Miss E. R. Powrie
Mr. J. L. Robertson
Mr. D. H. Sawers
Mrs. M. F. Sinclair
Miss C. Sutherland
Mrs. M. Webster
Mr. W. A. Wishart

Administrative Officer	Mr. W. A. B. VALENTINE
Superintendent of Health Visitors	Miss I. T. BEATTIE
Supervisor of Midwives	Miss C. A. MATHESON
Supervisor of Nurseries	Miss H. M. W. SWANSTON
Supervisor of Home Helps	Miss H. H. WILSON

Number of Staff as at 31st December 1965 1,243

Medical Officers	31	Dental Officers	18
*Sanitary Inspectors	44	†Dental Surgery Assistants ...	20
Meat Inspectors	12	Oral Hygienist	2
Administrative and Clerical ...	74	**Health Visitors	108
‡Clinic Attendants	16	Midwives	17
Chiropodists	12	‡Nursing Staff	183
Medical Social Workers ...	2	‡Domestic Staff	121
‡Home Helps	550	Disinfecting Staff, Motor Drivers and Other Staff	21
Mental Health Services ...	12		

* Includes 5 Smoke Inspectors
2 Shops and Offices Inspectors
9 Probationer Sanitary Inspectors

** Includes 6 Probationer Health Visitors

‡ Includes 522 Home Helps, Part-time
63 Domestic Staff, Part-time
14 Clinic Attendants, Part-time
10 Nurses, Part-time

† Includes 2 Dental Auxiliaries

CITY OF EDINBURGH

SUMMARY OF STATISTICS

For the Years 1961, 1962, 1963, 1964 and 1965

	1961	1962	1963	1964	1965
Population at Mid-Year ...	474,062	475,338	476,228	473,270	472,352
Area of City—Acres ...	34,781	34,781	34,781	34,781	34,781
Density of Population—Persons per acre	13·6	13·7	13·7	13·6	13·6
Inhabited Houses	153,865	154,564	154,982	155,518	155,961
Marriages Registered ...	3,956	4,045	4,035	4,046	4,152
Birth-Rate	17·7	18·4	17·9	18·5	17·7
Death-Rate	13·1	12·8	13·1	12·4	13·0
Infant Mortality Rate (per 1,000 Live Births) ...	23	24	23	21	24
Neo-Natal Mortality Rate (per 1,000 Live Births) ...	17	17	17	15	17
Still-Birth Rate (per 1,000 Total Births)	19	16	18	16	14
Maternal Mortality Rate (per 1,000 Total Births) ...	0·1	0·3	0·5	—	0·4
Cancer Death-Rate	2·6	2·6	2·6	2·7	2·7
Pulmonary Tuberculosis Death-Rate	0·03	0·03	0·03	0·02	0·03
***Epidemic Diseases Death-Rate**	0·07	0·03	0·05	0·02	0·03

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

VITAL STATISTICS

Population.—The Registrar General's estimate of the population of the City on 30th June 1965 was 472,352, a decrease of 918 compared with the previous year.

Inhabited Houses.—The number of inhabited houses in the City at Whitsunday 1965 was 155,961, an increase of 443 over the previous year. A table, supplied by the City Assessor, showing the number in each municipal ward is given on page 12.

Live Births.—There were 11,137 live births registered in the city in 1965 and, after adjustments had been made for births transferable outwards and inwards, the net figure of live births for the City was 8,370 (4,334 males and 4,036 females). The birth rate was 17·7 per thousand of the population.

Illegitimate Births.—Of the 8,370 (net) live births registered, 599 or 7·2 per cent. were illegitimate.

Still-births.—The number of still-births registered was 122, representing a still-birth rate of 14 per thousand total (live and still) births.

Deaths.—There were 6,150 deaths (after adjustment for transfers in and out) of Edinburgh citizens during the year. The death rate was 13·0 per thousand of the estimated population.

In the table on page 8 the deaths are classified according to disease, sex and age groups, and also the rates per 1,000 of the population.

The principal causes of death and rates per 100,000 of the population for 1965 and the two previous years are shown in the following table:—

Cause of Death	1963		1964		1965	
	No.	Rate	No.	Rate	No.	Rate
Heart Disease	2,191	460	1,990	420	2,057	435
Other Diseases of Circulatory System	243	51	215	45	231	49
Malignant Diseases	1,215	255	1,267	268	1,268	268
Diseases of Nervous System ...	1,039	218	1,015	214	1,104	234
Pneumonia (all forms)	335	70	199	42	240	51
Bronchitis	259	54	276	58	284	60
Tuberculosis (Respiratory)	14	3	8	2	14	3
,, (other forms)	1	0·2	—	—	4	0·8

Infant Mortality.—The number of deaths of infants under one year of age was 197 (116 males and 81 females), an infant mortality rate of 24 per thousand live births.

Neo-Natal Mortality.—Of the 197 infant deaths 146 occurred before attaining the age of four weeks, giving a neo-natal mortality rate of 17 per thousand live births.

Peri-Natal Mortality.—Still-births and deaths of infants under one week numbered 251, giving a peri-natal mortality rate of 29·6 per thousand total (live and still) births.

Principal Epidemic Diseases.—Twelve deaths occurred in this group, 8 attributed to Influenza, 1 to Measles and 3 to Meningococcal Infections. The following table shows the number of deaths from the Principal Epidemic Diseases in recent years:—

	1961	1962	1963	1964	1965
Scarlet Fever	—	—	—	1	—
Measles	2	1	—	—	1
Whooping Cough	1	—	—	—	—
Diphtheria	—	—	—	—	—
Cerebro-Spinal Fever	2	—	1	1	3
Influenza	29	14	23	7	8
Total ...	34	15	24	9	12

Malignant Diseases.—There were 1,268 deaths from these diseases in 1965 and again cancer of the lung was the highest single cause, with 354 deaths.

An analysis of the deaths from malignant neoplasms in sex, age group and site of the disease is given on page 7.

Deaths of Children under five years of age.—In Table 14 of the Maternal and Child Welfare Section (page 36) are shown the causes of death and age groups of these children.

Ward Statistics.—The principal statistics for the twenty-three municipal wards in the City are shown in the table on page 11.

Marriages.—There were 4,152 marriages in 1965 and the marriage rate (persons married per 1,000 of the population) was 8·8, an increase of 106 over the number for 1964.

Analysis of Deaths from Malignant Diseases, 1965

Site	Sex and Age-groups																Totals		
	Under 15		15-24		25-34		35-44		45-54		55-64		65-74		75 and upwards				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Both sexes
Brain	1	1	1	2	—	1	1	1	1	1	4	3	—	2	—	1	8	12	20
Jaw, Face and Ear	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	2	1	3
Tongue and Mouth...	—	—	—	—	—	—	1	—	—	—	2	—	—	1	6	—	9	1	10
Larynx, Pharynx and Neck ...	—	—	—	—	—	—	—	—	2	—	4	1	9	2	6	2	21	5	26
Bronchus and Lungs	—	—	1	—	—	—	7	2	25	9	105	17	106	28	38	16	282	72	354
Other Thoracic Sites	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Breast	—	—	—	—	—	—	—	6	—	21	1	19	—	16	—	22	1	84	85
Stomach and Oesophagus	—	—	—	—	—	—	4	1	15	8	23	16	33	27	14	35	89	87	176
Liver and Gall Bladder	—	—	—	—	—	—	1	—	1	—	4	2	9	1	2	7	17	10	27
Intestines and Rectum	—	—	—	1	—	1	2	4	4	5	12	12	19	30	25	38	62	91	153
Pancreas	—	—	—	—	—	—	—	—	2	6	9	3	15	12	6	11	32	32	64
Genital Organs	—	—	—	—	—	2	—	6	—	15	—	27	—	14	—	14	—	78	78
Abdomen and Pelvis	—	—	—	—	—	1	—	1	—	1	4	7	1	8	1	13	6	31	37
Kidney	—	—	—	—	1	—	1	—	—	1	3	—	4	1	4	3	13	5	18
Prostate	—	—	—	—	1	—	—	—	2	—	3	—	17	—	30	—	53	—	53
Bladder	—	—	—	—	—	—	1	1	1	2	7	—	5	3	9	6	23	12	35
Bones	—	—	—	—	1	1	—	—	1	—	2	1	—	1	1	—	5	3	8
Ductless Glands	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	2	3
Other Sites	1	1	—	—	—	1	4	1	5	2	15	13	14	14	5	7	44	39	83
Leukaemia	3	3	—	1	1	—	—	1	2	2	3	4	3	4	3	4	15	19	34
Totals Male ...	5		2		4		22		61		202		237		151		684		1,268
Totals Female		5		4		7		24		73		125		166		180		584	

CITY O

Deaths from Specified Caus

and Death Rates per 1,0

Cause of Death	MALES											To Ma
	—1	1–	5–	10–	15–	25–	35–	45–	55–	65–	75+	
1. Tuberculosis of Respiratory System ...	—	—	—	—	—	—	—	—	2	3	3	
2. ,, —Other Forms	—	—	—	—	—	—	—	—	—	—	—	–
3. Syphilis and its Sequelae	—	—	—	—	—	—	1	—	1	3	1	
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	–
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	–
6. Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	–
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	–
8. Other Infectious and Parasitic Diseases	1	—	—	—	—	—	1	—	1	1	—	
9. Malignant Neoplasms	—	—	3	2	2	4	22	61	202	237	151	68
10. Benign and Unspecified Neoplasms ...	—	—	—	—	—	—	1	—	—	—	1	
11. Diabetes Mellitus	—	1	—	—	—	1	—	1	4	5	8	2
12. Anaemias	—	—	—	—	—	—	—	—	—	2	2	
13. Vascular Lesions affecting Central Nervous System.	—	—	—	—	—	—	5	10	68	104	181	36
14. Other Diseases of Nervous System ...	2	1	2	—	2	1	5	4	8	8	8	4
15. Rheumatic Fever	—	—	—	—	—	—	—	—	—	—	—	–
16. Chronic Rheumatic Heart Disease ...	—	—	—	—	—	1	2	6	7	2	1	1
17. Arteriosclerotic and Degenerative Heart Disease.	—	—	—	—	—	1	32	106	247	317	306	1,00
18. Other Diseases of Heart	1	—	—	—	—	1	1	1	2	6	5	1
19. Other Circulatory Diseases	—	—	—	—	—	—	—	5	14	35	73	12
20. Influenza	1	—	—	—	—	1	—	1	—	1	1	
21. Pneumonia	8	—	1	—	3	1	—	2	7	20	65	10
22. Bronchitis	—	1	—	—	—	1	5	11	51	84	54	20
23. Other Respiratory Diseases	2	1	—	—	—	—	1	2	5	8	8	2
24. Ulcer of Stomach and Duodenum ...	—	—	—	—	—	—	1	—	4	3	11	1
25. Appendicitis	—	—	—	—	—	—	—	—	—	1	1	
26. Intestinal Obstruction and Hernia ...	—	—	—	—	—	—	—	1	1	6	12	2
27. Other Digestive Diseases	4	—	—	—	—	—	3	2	13	6	5	3
28. Nephritis and Nephrosis	—	—	—	—	—	—	—	—	—	3	—	
29. Other Diseases of Genito-Urinary System.	—	—	—	—	—	1	1	1	4	6	18	3
30. Puerperal Causes												
31. Diseases of Skin and Organs of Locomotion.	—	—	—	—	1	—	1	—	2	4	2	1
32. Congenital Malformation	27	—	3	1	1	—	—	—	—	1	—	3
33. Diseases of Early Infancy	57	—	—	—	—	—	—	—	—	—	—	5
34. Senility	—	—	—	—	—	—	—	—	—	—	3	
35. Violence	13	4	4	3	17	12	16	29	20	14	22	15
36. All other causes	—	—	1	1	3	2	1	1	3	11	5	2
Totals	166	8	14	7	29	27	99	244	666	891	947	3,04

)INBURGH

Sex and Age Groups

the Population

Cause of Death	FEMALES											Total Females	Total both Sexes	Rate per 1,000 Pop.
	—1	1–	5–	10–	15–	25–	35–	45–	55–	65–	75+			
Tuberculosis of Respiratory System ...	—	—	—	—	—	1	—	1	—	1	3	6	14	0·03
,, —Other Forms	—	—	—	—	—	1	—	—	—	3	—	4	4	0·008
Syphilis and its Sequelae	—	—	—	—	—	—	—	—	2	2	—	4	10	0·02
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	—	—	—	—	1	—	—	1	—	1	—	3	3	0·006
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infectious and Parasitic Diseases	—	—	—	—	—	—	1	2	—	2	1	6	10	0·02
Malignant Neoplasms	1	—	3	1	4	7	24	73	125	166	180	584	1,268	2·68
Benign and Unspecified Neoplasms ...	—	—	—	—	1	—	—	—	2	4	—	7	9	0·019
Diabetes Mellitus	—	—	—	—	—	—	3	1	4	12	16	36	56	0·12
Anaemias	—	—	—	—	—	—	—	—	1	2	9	12	16	0·03
Vascular Lesions affecting Central Nervous System.	1	—	1	—	—	—	3	18	45	155	434	657	1,025	2·17
Other Diseases of Nervous System ...	—	1	1	1	1	3	1	3	6	5	16	38	79	0·17
Rheumatic Fever	—	—	—	—	—	—	1	—	—	—	—	1	1	0·002
Chronic Rheumatic Heart Disease ...	—	—	—	—	—	1	3	15	6	15	2	42	61	0·13
Arteriosclerotic and Degenerative Heart Disease.	—	—	—	—	—	—	3	24	85	230	464	806	1,815	3·84
Other Diseases of Heart	—	—	—	—	—	—	1	1	3	9	24	38	55	0·12
Other Circulatory Diseases	—	—	—	—	1	1	1	4	15	37	170	229	356	0·75
Influenza	—	—	—	—	—	—	—	—	1	—	2	3	8	0·017
Pneumonia	3	2	—	—	1	—	3	—	9	25	90	133	240	0·51
Bronchitis	—	—	—	—	—	—	—	5	12	21	39	77	284	0·60
Other Respiratory Diseases	1	—	—	1	—	—	—	1	2	1	6	12	39	0·08
Ulcer of Stomach and Duodenum ...	—	—	—	—	—	—	—	—	2	5	7	14	33	0·07
Appendicitis	—	—	—	—	—	—	—	—	—	—	1	1	3	0·006
Intestinal Obstruction and Hernia ...	1	—	—	—	—	—	—	—	2	8	16	27	47	0·10
Other Digestive Diseases	3	2	—	—	—	—	1	2	9	10	25	52	85	0·18
Nephritis and Nephrosis	—	—	—	—	—	—	—	—	—	4	4	8	11	0·02
Other Diseases of Genito-Urinary System.	—	1	—	1	—	1	1	1	5	9	14	33	64	0·14
Puerperal Causes	—	—	—	—	1	1	1	—	—	—	—	3	3	0·006
Diseases of Skin and Organs of Locomotion.	1	—	—	—	—	—	—	3	1	7	12	24	34	0·07
Congenital Malformation	21	4	—	1	1	—	1	2	1	1	—	32	65	0·14
Diseases of Early Infancy	42	—	—	—	—	—	—	—	—	—	—	42	99	0·21
Senility	—	—	—	—	—	—	—	—	—	—	4	4	7	0·015
Violence	3	2	2	1	6	6	11	13	16	14	62	136	290	0·61
All other causes	4	—	—	—	1	1	—	5	4	4	9	28	56	0·12
Totals	81	12	7	6	18	23	59	175	358	753	1,610	3,102	6,150	13·0

BIRTHS, DEATHS and MARRIAGES in EDINBURGH—1946-1965

Year	Estimated Population	Numbers						Rates					
		Live Births		Still Births	Marriages	Deaths		Per 1000 of Estimated Population			Illeg. Births per cent. of Live Births	Deaths under 1 year per 1000 Live Births	Still Births per 1000 Total Births (Live & Still)
		Total	Illegitimate			All Ages	Under 1 Year	Live Births	Marriages	Deaths			
1946	459,430	9,350	658	305	4,878	6,485	490	19·5	10·2	14·1	7·0	52	32
*1947	485,664	9,865	560	268	4,877	6,503	480	20·3	10·0	13·4	5·7	49	26
1948	488,321	8,420	515	254	4,606	5,955	284	17·2	9·4	12·2	6·1	34	29
1949	489,028	8,154	455	203	4,276	6,099	263	16·8	8·7	12·5	5·6	32	24
1950	488,883	7,674	407	190	4,271	6,161	225	15·7	8·7	12·6	5·3	29	24
1946-50	**482,267**	**8,693**	**519**	**244**	**4,582**	**6,241**	**348**	**17·9**	**9·4**	**12·9**	**6·0**	**40**	**27**
1951	467,435	7,353	402	204	4,222	6,474	196	15·7	9·0	13·9	5·5	27	27
1952	475,074	7,129	391	195	4,240	5,964	206	15·0	8·9	12·6	5·5	29	27
1953	470,847	7,241	379	163	4,152	5,782	177	15·4	8·8	12·3	5·2	24	22
1954	469,297	7,256	386	158	4,347	6,061	185	15·5	9·3	12·9	5·3	25	21
1955	467,889	7,128	358	177	4,517	6,049	179	15·2	9·7	12·9	5·0	25	24
1951-55	**470,108**	**7,221**	**383**	**179**	**4,296**	**6,066**	**189**	**15·4**	**9·1**	**12·9**	**5·3**	**26**	**24**
1956	466,889	7,467	360	176	4,492	6,071	179	16·0	9·6	13·0	4·8	24	23
1957	465,671	7,854	399	153	4,326	6,005	191	16·9	9,3	12·9	5·1	24	19
1958	467,410	7,864	369	155	4,283	6,023	193	16·8	9·2	12·9	4·7	25	19
1959	469,399	8,150	385	161	4,212	6,246	199	17·4	9·0	13·3	4·7	24	19
1960	471,585	8,443	441	166	4,050	5,940	178	17·9	8·6	12·6	5·2	21	19
1956-60	**468,191**	**7,956**	**391**	**162**	**4,273**	**6,057**	**188**	**17·0**	**9·1**	**12·9**	**4·9**	**24**	**19**
1961	474,062	8,373	479	159	3,956	6,210	190	7	8·3	13·1	5·7	23	19
1962	475,338	8,753	541	140	4,045	6,092	211	18·4	8·5	12·8	6·2	24	16
1963	476,228	8,504	596	156	4,035	6,219	199	17·9	8·5	13·1	7·0	23	18
1964	473,270	8,774	612	143	4,046	5,859	181	18·5	8·5	12·4	7·0	21	16
1965	472,352	8,370	599	122	4,152	6,150	197	17·7	8·8	13·0	7·2	24	14

* 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 1965

No.	Ward	Population at Mid-Year	Area in Acres	Population per Acre	Births (Live)		Infant Mortality		Still Births		Deaths					
											Pulmonary Tuberculosis		*Epidemic Diseases		All Causes	
					No.	Rate per 1,000 Pop.	Deaths	Rate per 1,000 Live Births	No.	Rate per 1,000 Total Births	No.	Rate per 1,000 Pop.	No.	Rate per 1,000 Pop.	No.	Rate per 1,000 Pop.
1	St Giles	14,340	396	36·2	320	22·3	9	28	1	3·1	4	0·28	1	0·07	258	18·0
2	Holyrood	10,500	924	11·4	245	23·3	6	24	4	16·1	—	—	—	—	172	16·4
3	George Square ...	13,710	319	43·0	205	15·0	5	24	7	33·0	1	0·07	—	—	191	13·9
4	Newington	21,990	906	24·3	279	12·7	5	18	—	—	—	—	—	—	320	14·6
5	Liberton	38,375	4,919	7·8	571	14·9	17	30	9	15·5	—	—	1	0·03	288	7·5
6	Morningside	16,440	693	23·7	218	13·3	6	28	2	9·1	1	0·06	1	0·06	281	17·1
7	Merchiston	14,470	762	19·0	257	17·8	6	23	3	11·5	—	—	1	0·07	223	15·4
8	Colinton	27,770	6,242	4·4	435	15·7	7	16	7	15·8	—	—	1	0·04	274	9·9
9	Sighthill	23,070	1,645	14·0	296	12·8	8	27	4	13·3	1	0·04	—	—	221	9·6
10	Gorgie-Dalry	18,370	438	41·9	401	21·8	10	25	7	17·2	—	—	1	0·05	275	15·0
11	Corstorphine	23,050	3,518	6·6	444	19·3	5	11	2	4·5	—	—	1	0·04	234	10·2
12	Murrayfield-Cramond	27,890	3,703	7·5	500	17·9	4	8	7	13·8	—	—	—	—	264	9·5
13	Pilton	31,975	1,255	25·5	661	20·7	16	24	13	19·2	2	0·06	—	—	259	8·1
14	St Bernard's	25,170	1,424	17·7	361	14·3	6	17	6	16·3	—	—	1	0·04	300	11·9
15	St Andrew's	11,400	387	29·5	243	21·3	5	21	2	8·2	—	—	—	—	172	15·1
16	Broughton	16,490	520	31·7	304	18·4	11	36	2	6·5	—	—	2	0·12	251	15·2
17	Calton	14,620	318	46·0	304	20·8	7	23	4	13·0	1	0·07	—	—	213	14·6
18	West Leith	15,265	1,041	14·7	262	17·2	5	19	6	22·4	1	0·07	—	—	215	14·1
19	Central Leith	15,100	304	49·7	371	24·6	9	24	7	18·5	—	—	—	—	220	14·6
20	South Leith	17,590	699	25·2	344	19·6	12	35	8	22·7	1	0·06	1	0·06	268	15·2
21	Craigentinny	20,210	945	21·4	301	14·9	8	27	6	19·5	—	—	—	—	331	16·4
22	Portobello	26,470	1,942	13·6	402	15·2	9	22	5	12·3	—	—	—	—	288	10·9
23	Craigmillar	19,085	1,481	12·9	431	22·6	15	35	9	20·5	1	0·05	1	0·05	176	9·2
	Institutions and Military Quarters ...	9,002	—	—	215	—	6	—	1	—	1	—	—	—	456	—
	Totals	472,352	34,781	13·6	8,370	17·7	197	24	122	14	14	0·03	12	0·03	6,150	13·0

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

NOTE.—Births and Deaths occurring in Institutions are allocated to Wards, except in cases where a permanent domicile cannot be established.

CITY OF EDINBURGH

Inhabited Houses

Wards	1963–64	1964–65	1965–66
1. St. Giles	5,921	5,826	5,570
2. Holyrood	4,512	4,350	4,235
3. George Square	5,038	4,972	4,878
4. Newington	7,436	7,421	7,459
5. Liberton	9,525	9,656	10,265
6. Morningside	6,486	6,516	6,525
7. Merchiston	5,558	5,550	5,519
8. Colinton	8,292	8,403	8,519
9. Sighthill	6,871	6,834	6,841
10. Gorgie-Dalry	7,515	7,532	7,499
11. Corstorphine	7,659	7,973	8,127
12. Murrayfield-Cramond ...	8,719	8,946	9,103
13. Pilton	7,843	7,987	8,459
14. St. Bernard's	8,219	8,207	8,298
15. St. Andrew's	5,280	5,274	4,438
16. Broughton	6,076	6,061	6,037
17. Calton	5,754	5,697	5,630
18. West Leith	5,732	5,733	5,708
19. Central Leith	6,027	5,912	5,792
20. South Leith	6,820	6,834	6,747
21. Craigentinny	6,956	6,981	7,099
22. Portobello	8,441	8,351	8,264
23. Craigmillar	4,302	4,502	4,949
	154,982	155,518	155,961

Year	*Increase*	*Year*	*Increase*
1950–51	1,481	1958–59	1,259
1951–52	350	1959–60	1,086
1952–53	928	1960–61	946
1953–54	1,076	1961–62	615
1954–55	2,135	1962–63	699
1955–56	1,211	1963–64	418
1956–57	2,208	1964–65	536
1957–58	1,186	1965–66	443

CHILD HEALTH

Maternal and Child Welfare

REPORT BY THE PRINCIPAL MEDICAL OFFICER

Historical Note

Fifty years ago, on 29th July 1915, the Notification of Births (Extension) Act received the Royal assent and came into operation on 1st September following. The Extension Act extended the provisions of the adoptive Notification of Births Act, 1907, to the whole country. In addition, it contained this important paragraph:—

> " Any local authority within the meaning of the principal Act may make such arrangements as they think fit, and as may be sanctioned by the Local Government Board for Scotland, for attending to the health of expectant mothers and nursing mothers, and of children under five years of age. . . ."

The Corporation of Edinburgh had already, in conjunction with the Voluntary Health Visitors' Association, introduced a modified child welfare service in 1908, but the 1915 Act led to a complete reappraisal of the situation and a very full and comprehensive maternal and child welfare scheme was formulated and approved by the Board in October, 1917, and launched forthwith. It is good to know that at least two of the health visitors appointed under the original scheme in 1917, though now retired and no longer actively engaged in the work, still take a keen interest in the service and its changing role.

I. MATERNAL HEALTH AND WELFARE

(*a*) **Domiciliary Midwifery Service** (Table 1)

The usual agency arrangements continued as in past years. Towards the close of the year the domiciliary work of the Elsie Inglis Memorial Maternity Hospital came to an end, and arrangements were made for the placing of Part II pupil midwives attending that hospital with municipal midwives. Thus ended a very close and happy partnership between that hospital and the local authority which extended as far back as 1917 to the days of the original Hospice at 219 High Street. It was in that year that the Corporation made an arrangement with the managers of the old Hospice for the services of midwives employed in the domiciliary work of the Hospice to be made

available to the municipal maternity and child welfare scheme at its launching.

As at 31st December there were 18 municipal midwives, including a non-medical supervisor, employed full-time. The total number of midwives employed directly and on an agency basis under the local authority service was 25, of whom 16 were recognised as teachers of Part II pupil midwives by the Central Midwives Board of Scotland.

There was a slight reduction in the number of domiciliary births this year compared with last year, the figures being 1,466 and 1,690 respectively, a decrease of 224 births. Of these births, 1,462 were attended by midwives under the local health authority service. The distribution of these births, with last year's figures in parenthesis, was as follows:—

1,000 (1,094) births were attended by Corporation midwives.
241 (308) births were attended by midwives from the Simpson Memorial Maternity Hospital.
170 (210) births were attended by Queen's Institute midwives.
51 (73) births were attended by midwives from the Elsie Inglis Memorial Maternity Hospital.

The remaining 4 births were unattended by either doctor or midwife.

In all, 1,464 mothers concerned in the domiciliary confinements had ante-natal, intra-natal and post-natal care given by the midwives in conjunction with the family doctors involved. In addition they also provided ante-natal care with the doctors in 344 cases where the mother was booked for hospital confinement, and post-natal care for 412 women who had been delivered in hospital. This last group of women comprised those who were discharged early from hospital, and this number showed an appreciable increase from last year's number (337).

(*b*) **Puerperal Fever and Puerperal Pyrexia**

One case of puerperal pyrexia was notified in the course of the year but the final diagnosis was that of puerperal fever. The patient recovered completely.

(*c*) **Maternal Deaths** (Tables 2-4)

In stark contrast to last year when, for the first time since records were kept, there were no maternal deaths, this year showed 4 such deaths. The causes of these deaths constituted a miscellaneous group, the general classification of the causes being shown in the relevant tables.

II. CHILD HEALTH AND WELFARE

(*a*) **Registered Live Births** (Tables 5, 6, 7)

There were 8,370 registered live births during the year after the necessary corrections had been made. Of these births 4,334 were males and 4,036 were females. The birth rate for the city was 17·7 compared with a rate of 18·5 for last year.

(*b*) **Premature Births** (Table 6)

Details of the premature births occurring in the city are contained in Table 6.

(*c*) **Registered Stillbirths** (Tables 8, 9)

There were 122 registered stillbirths after corrections had been made. Thus there were 21 fewer than last year when 143 stillbirths were registered. The stillbirth rate for the city this year was 14·0 compared with 16·0 per 1,000 total births last year.

(*d*) **Notified Live and Still Births** (Table 1)

Notified births, both live and stillborn, numbered 11,271, of which 11,072 were liveborn and 199 were stillborn. Of these, 1,462 of the liveborn and 4 of the stillborn infants were born at home. The place of birth of all the live and stillborn infants born in institutions was as follows:—

Simpson Memorial Maternity Hospital	5,167
Eastern General Hospital Maternity Unit	1,639
Elsie Inglis Memorial Maternity Hospital	1,498
Western General Hospital Maternity Unit	1,452
Registered Maternity Homes	49
Other Hospitals	...
	9,805

(*e*) **Illegitimate Births** (Table 5)

There were 599 illegitimate births registered after corrections. The illegitimate birth rate was 7·2 per cent. compared with a rate of 7·0 per cent. for the past two years. This rate is the highest since 1945 when the rate reached 9·8 per cent.

There were 881 notified illegitimate births together with two other infants found abandoned and assumed for statistical purposes to be illegitimate making a total of 883 notifications. These two infants are included in the following table which shows the main details of the notified illegitimate births in the city for each month of 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	39	24	48	15	63	—	39	24	63
February	36	33	63	6	68	1	44	25	69
March	35	42	73	4	77	—	50	27	77
April	42	34	68	8	75	1	41	35	76
May	44	45	83	6	88	1	58	31	89
June	37	38	67	8	74	1	44	31	75
July	33	38	67	4	70	1	38	33	71
August	25	33	55	3	58	—	34	24	58
September	35	36	62	9	70	1	46	25	71
October	41	37	71	7	78	—	51	27	78
November	43	42	76	9	82	3	55	30	85
December	37	34	69	2	70	1	40	31	71
Totals	447	436	802	81	873	10	540	343	883

With the additional information now available through the new method of transfer of details of births from local registrars to the medical officer of health some interesting facts emerge regarding the illegitimate births actually registered in the city during the year. Thus the total number registered was 866, of which 299 (34·5%) were transferred out as the place of residence of the mother was in another part of Scotland. The remainder, 567 (65·5%) were registered to Edinburgh mothers although 37 of these births actually occurred to mothers whose domicile was outwith Scotland but since they are not transferable they are of necessity included as Edinburgh births.

The marital status of the mothers of the 567 Edinburgh births was: married, 124 (21·9%); single, 387 (68·2%); widowed, 17 (3·0%); divorced, 39 (6·9%).

In 170 of the 567 city births, the same address was given for father and mother. That is, that 30·0% of the parents of the illegitimate babies registered as to Edinburgh mothers were cohabiting. A further interesting point to emerge was that in 202 cases (35·6%) both mother and father attended at the registration of the birth.

With regard to place of births, of the total of 567 registered as illegitimate, 515 occurred in hospital (90·8%), 49 were domiciliary (8·6%), while of 3 remaining births, one occurred in an ambulance on the way to hospital, and 2 were abandoned infants.

(*f*) **Infant and Pre-School Child Deaths** (Tables 10-16)

1. **Infant Deaths.**—The infant mortality rate this year was 24 per 1,000 registered live births, an increase over last year's rate of 21. There were 197 deaths of infants under one year, 146 occurring in the neonatal period, giving a neonatal mortality rate of 17, compared with last year's record low rate of 15. There were 90 deaths within twenty-four hours of delivery or 45·7 per cent. of the total under one year, 129 infants died within a week

of their births or 65·5 per cent. of the total under one year, the entire group of 146 neonatal deaths representing 74·1 per cent. of all deaths under a year. Postnatal deaths amounted to 51 or 25·9 per cent. of all first year deaths.

The sex mortality was represented by 116 male infant deaths and 81 female deaths over the first year of life, there being 87 male neonatal deaths and 59 female ones, and 29 male postnatal deaths and 22 female.

Deaths during the first year among legitimate infants numbered 181, among illegitimate 16, representing infant mortality rates for legitimate and illegitimate infants of 23 and 27 respectively.

Of the locus of infant deaths, 165 occurred in hospitals, 28 at home, and 4 occurred out of doors.

Congenital malformations occupied first place among the causes of death during the first year, accounting for 45 deaths, followed by a miscellaneous group of disorders peculiar to early infancy causing 39 deaths, immaturity (unqualified) representing 33 deaths, then postnatal asphyxia and atelectasis which occupied fourth place accounting for 21 deaths.

Twelve deaths in infants under one year were so-called " cot " deaths, one occurring during the third week of life and 10 between 4 weeks and 6 months of age. The *Enquiry into sudden death in infancy* (1965) being No. 113 of the Ministry of Health's Reports on Public Health and Medical Subjects, did not reach any firm conclusions on the problem but the report does contain a wealth of information and is deserving of careful perusal and study.

2. **Perinatal Mortality.**—The perinatal mortality rate was 29·6 compared with 29·3 last year and 33·0 in 1963.

3. **Deaths in Age-Group 1-5 Years.**—There were 20 deaths in this age group, a new low record for the city. Pneumonia/bronchitis, accidents and congenital malformations being the three leading causes of death. For the first time for many years no deaths from malignant disease in the age-group were recorded for the twelve months.

(*g*) Ophthalmia Neonatorum

One case of this notifiable disease came to the notice of the service during the year, the age of onset in the affected infant being 13 days. The case was notified through the hospital service and treatment was carried out in hospital. The causative organism was proved to be the gonococcus and the infant made a complete recovery.

(*h*) Health Supervision (Table 17)

Twenty-nine clinics operated as at 31st December. Altogether 2,512 clinic sessions were held throughout the year and 6,762 new cases made first visits

to the clinics. The total number of attendances made by all infants and young children was 71,943. Comment was made in last year's report of the changing pattern of conduct of child welfare clinics and a new scheme which it is hoped will be more rewarding and useful to mothers and their infants, health visitors and medical officers was developed during the year and will be launched next year.

(*i*) Ultra-Violet Ray Clinics

Two ultra-violet ray clinics operated from January to April but since the number of children referred for treatment was so small it was resolved to give up further provision of such clinics. For the four months that the two clinics were in use only 11 children, making 178 attendances at 49 sessions, were referred. There is little doubt that the decision to close these clinics was the correct one.

(*j*) Day Nurseries (Table 18)

The year started with high hopes for it was to see, in the early months, the beginning of construction on the extension at West Pilton and the completion of the new building at Viewforth Terrace to replace the nurseries at St Kentigern's Church, in St Peter's Place, and at Central Halls, Tollcross. The first hope was realised somewhat later than expected but work on the Viewforth building was halted in late October, when it was almost complete, by the decision of the building firm to go into voluntary liquidation.

The long waiting lists, consisting largely of first priority cases, at the nurseries continued to cause great concern, for most of the parents who genuinely need help can only be helped by the day nursery service if help is given quickly. The Niddrie and Craigmillar area continues to pose a grave problem with 120 and 110 on the respective waiting lists of the two nurseries in that area at the end of the year, both matrons being under heavy pressure from family doctors, health visitors and social workers, to admit cases known to them. As a contribution to the lessening of the problem, the community centre adjoining the nursery at Craigmillar Castle Gardens was furnished to house twenty extra children, between three and five years of age, who were on the waiting list of the nursery. Although, as a matter of policy, new projects were deferred during the latter part of the year, such preliminary work as the finalising of plans has been continued in respect of the much-needed new nursery at Greendykes (Niddrie).

The attendance figures at the nurseries continued to be very satisfactory when the age of the children is taken into consideration and the fact that there are no vacation periods as in the school year. The health of the children was good, as was that of the staff. Among the latter there were few absences of long duration, and it is interesting to note that the total number of medical certificates (covering three days or more of absence) from the staff shows a fall: 1962—793, 1963—738, 1964—694, 1965—588.

A recurring problem in the city is the absence of provision for the children of students, whether attending university, art college, college of education or other training centres. There is much criticism of students who give up their courses before completion, both on grounds of lost money and the loss of potential teachers, doctors and others. Unless their particular circumstances bring them into the groups for priority of admission, day nursery accommodation cannot be arranged for students' children. This leads to resentment, bitter in some cases, on the part of the student and irritation and bewilderment on the part of those who are trying to persuade them to finish their course. There seems no doubt that students from overseas have been inadequately prepared for the competition for nursery places, and that many confidently believe that in the Welfare State there will be places for all in the nurseries. This would seem to be a matter for early consideration by the university and training college authorities for the sake of the children concerned who are mostly infants under a year old.

(*k*) Nursery Nurse Training Scheme

The joint enrolment of students continued, the applicants being interviewed by a panel of representatives from the three departments which will subsequently share the responsibility for the students' practical training—the Health, Children and Education departments. The principal of the Dean College or her deputy is also present at these interviews. Those students selected are posted to a day nursery, children's home or nursery school to commence their practical training, and work in all three types of nursery during their two-year course.

Thirty-six students were presented for the examinations of the Scottish Nursery Nurses Examination Board and 35 were successful. Nine gained " Merit " passes in the practical section of the examination and 14 in the written section. Four gained " Merit " in both sections.

(*l*) Nursery Nurse Students' Hostel

This valuable adjunct to the scheme of nursery nurse training in the city continues to play its effective role in offering accommodation and a homely atmosphere for those trainees who live outwith an area within which they could travel daily to and from their duties and classes in the city.

(*m*) Nurseries and Child Minders Regulation Act, 1948 (Table 19)

There continues to be a progressive increase in the number of registered nurseries and child minders in the city. As at 31st December there were 22 nurseries and 52 child minders registered under the Act in the city. The numbers of children looked after were 507 and 645 respectively, a total of

1,152 children, the first time the number has exceeded the thousand mark.

This increase in the number of registrations, necessitating also regular follow-up visits, together with the many enquiries made regarding nurseries and child minding, impose a heavy burden on the supervisor of nurseries and her assistant who between them paid 78 visits to nurseries and 207 to child minders during the year. In addition, they also meet many of the ladies concerned with the nurseries and acting as child minders in groups at evening meetings where they study and discuss matters pertaining to child care.

(*n*) **Toddlers' Play Centres** (Table 20)

The Voluntary Health Workers' Association maintained its active interest in the provision of toddlers' play centres in the city, and at 31st December 29 such centres were in operation. The Association plays a vital part in the field of day care for children and has a special interest in the provision of facilities for youngsters living in high flats.

(*o*) **Welfare Foods Distribution** (Table 21)

This function of the local health authority continued in active operation throughout the year. It is gratifying to note that this year there was an appreciable increase in the uptakes of both cod liver oil and orange juice concentrate. There were slight falls in the uptakes of national dried milk and A and D tablets compared with last year.

(*p*) **Infant Feeding Centre**

The provision by the Health Committee of this useful adjunct to the holiday facilities offered at Portobello has now become an accepted part of the child welfare service. The centre was open at the British Legion Hall, Tower Street, Portobello, from 1st July to 15th August inclusive, a total of 46 days and during this period 728 attendances were made by mothers with infants and very young children. This drop in attendances from last year (874) is attributable to the wretched weather prevailing this summer.

III. DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

Since last year's report there has been an alteration in the form of record keeping for this part of the service, and the details formerly presented in the Table (20) are not available. It is obvious that only a handful of expectant and nursing mothers make use of the facilities offered through the School Dental Service. Comment has been made in previous reports on the question

of dental care for this important section of the population. Of the 1,024 pre-school children examined, 608 were found to require treatment and of this number the parents of 478 accepted treatment for their children but actually 520 youngsters received dental care appropriate to their dental state. Some parents obviously had second thoughts!

IV. HOMES FOR MOTHERS AND BABIES PROVIDED BY VOLUNTARY ORGANISATIONS (Table 22)

No changes fall to be recorded regarding the three mother and baby homes which provide such an important service to the less fortunate citizens.

V. HEALTH VISITING (Table 23)

(*a*) Home Visiting

Only the maternal and child welfare aspects of the health visitor's work is referred to here, the other details appearing in the section on health visiting under the general heading of the Domiciliary Services in the full Report of the Medical Officer of Health.

During the year 3,440 expectant mothers were visited for the first time, with 2,175 subsequent visits, making a total of 5,615 visits to this group of the population, a slight increase over last year's figures. To nursing mothers 6,604 first visits and 1,893 subsequent visits were made, giving a total of 8,497 visits.

With regard to infants and young children, 8,178 first visits and 38,572 subsequent visits were paid to infants born in 1965, a total of 46,750 visits; 925 first visits to infants born in 1964 and 37,547 subsequent visits, a total of 38,472; and to children born between 1963-60, 1,517 first visits and 79,237 subsequent visits. There was an appreciable increase in the total visits to children born in 1964 and for those born during 1963-60. This emphasis on the older infant and pre-school child is important and reflects an appreciation of the need for the regular supervision of such children. The grand total of effective visits to expectant and nursing mothers and to children under five years was therefore 180,088, an increase of 1,704 over last year's figures.

(*b*) Health Visitor Training Course

Thirty students enrolled for the health visitor training course in September 1964. All were successful in passing the examination in June this year, which, for the last time, was conducted by the Royal Sanitary Association of Scotland. Thus ended a close connection between the Edinburgh Health

Visitor Training School and the Association which has been appreciated by both organisations. The Council for the Training of Health Visitors also awarded its certificate to the successful candidates. Commencing next year the Council will be the body responsible for approving the arrangements for all health visiting training in the United Kingdom. The professional advisers to the Council visited the city during the year and have given helpful advice on future planning and the implementation of the new training syllabus.

Two of last year's group of students undertook the Associated Course of training in association with the Queen's Institute of District Nursing. Both students were subsequently successful in the examination and obtained the Certificate of the Queen's Institute and were admitted to the Roll of Queen's Nurses.

Some indication of the method of teaching and training of health visitor students attending our school may not be out of place here. The following is a brief account of the scheme followed.

Study Methods

Following the policy of greater use of discussion methods, all the students took part in seminars, presenting papers to their colleagues on subjects of topical interest and current problems. These were well done and helped to give depth to subjects where, in some instances, previous knowledge had been somewhat superficial. An appreciable amount of reading and research went into the preparation of these papers.

Group Projects

Instead of being based on a variety of subjects, as in former years, the group projects this year were centred round one theme, that of Nutrition. The students decided themselves to tackle this by age groupings, starting with the nutrition of the expectant mother, the infant and through the various ages to old people. When these projects were presented, the results were most encouraging and showed that much original work had been done. The presentations included the use of an original film, a tape recording, transparencies, role play and theses. On evaluation, the students agreed that:—

1. The group projects were interesting,
2. Study on Nutrition achieved a greater depth,
3. Nutrition proved to be a useful talking point frequently met with in health visiting.

Day Books

Each student kept a day book, being an illustrated record of certain observation visits paid during training and other facets of practical work.

Practical Work

Each student was placed with one health visitor throughout training and this appeared to give a closer and more prolonged contact between the

families visited and the students, and also between the health visitors and students. Observation on a rural area was arranged for students through the kind co-operation of the Medical Officers of Health of the Lothians. Looking towards implementing the new syllabus for the 1965/1966 Course, ten field-work instructors were appointed in Edinburgh, five of whom attended a course for field-work instructors held in Helensburgh in the spring of this year. The Principal Health Visitor Tutor acted as a group leader to the Course which was arranged jointly by the extra-mural department of Glasgow University and the Council for Training of Health Visitors. Field-work instructors have also been appointed by the Public Health Departments in the Counties of Fife and Midlothian, to whom students from the Edinburgh Course will be sent for field-work instruction.

Practice Teaching

The standard of practice teaching was good. In addition to that carried out in the training centre, talks were given to groups of Girl Guides and women's organisations, for which the students prepared the syllabus and visual aids.

Some of the students acted as group leaders in discussions held for groups of student nurses during the period of secondment for Public Health experience in wider basic nurse training.

Recruitment

There has been no shortage of recruits and a steady stream of enquiries reach the Public Health Department throughout the year. Following on the improved allowances and conditions of service made possible by Scottish Home and Health Circulars, more district nurses and midwives already on the staff of Scottish local health authorities have been seconded for health visitor training. Others are sponsored by local health authorities or may receive local education authority bursaries.

Appreciation

The continual contribution made by the lecturers, members of the Public Health Department staff in Edinburgh and the neighbouring counties, and many others is fully appreciated by tutors and students alike.

In conclusion, there is no doubt that the scope for widening and deepening of knowledge and skills in this post-certificate course for health visitor training is great. Inevitably, some students realise this more than others and make the most of the opportunities offered. The higher standard of entry to the course which is now demanded should help to raise still further the calibre of the health visitor who, more and more, is asked to carry out exacting and varied tasks in her day-to-day work.

(*c*) Wider Basic Nurse Training

A short note may usefully be incorporated in this section of the report concerning the procedure adopted in this area.

In the syllabus of subjects for general training of nurses (published 1963) the General Nursing Council for Scotland included a section on the Health Services " designed to give nurses a greater appreciation of the community health services concerned with the promotion of health and the prevention of disease ". In order to implement this section, local health authorities in Scotland agreed to arrange a programme for each student nurse seconded from hospital for a period of three weeks, to observe the Community Health Services at work.

The central administration for the scheme is undertaken by the two Edinburgh health visitor tutors, with the full-time help of a health visitor. It is fortunate that accommodation could be obtained at Springwell House, the headquarters of the Edinburgh Civil Defence Corps. The medical officers of health, the superintendent health visitors and nursing officers of Edinburgh, East Lothian, Midlothian, West Lothian, Roxburghshire and the Queen's Institute of District Nursing and their staffs have been most sympathetic and helpful in the formidable task of providing practical observation for almost 300 student nurses during the year. The hospital matrons and sister tutors have also been helpful and understanding concerning this period of secondment.

Starting in January, as far as the student nurses in the South East Regional Hospital Board area were concerned, the programme was arranged on the following lines. In January, May and September, 80-120 student nurses attended one week's basic course of lectures, films and discussions in Edinburgh. The lectures were interesting, covered a wide range of personal and community services and were given by members of the statutory and voluntary bodies. The students made an attentive audience and participated readily in discussion groups.

The remaining fortnight concentrated on observation in the practical work field and varied a little according to the area where the student nurse was placed. The student was attached to a district nurse for one week and a health visitor for one week, as arranged in the counties of Midlothian and Roxburghshire.

In other areas, the student nurses spent two days with district nurses and three days with health visitors, observing the full range of duties being carried out. In this instance, the students returned for the third week to the classroom at Edinburgh. A varied and interesting programme for smaller groups of about twenty student nurses was arranged, consisting of discussions, visits of observation, film shows and expression work.

The ultimate aim of the programme is to arouse interest in and understanding by the student nurse, in the overall needs of the patient and his family, to enable her (or him) to nurse the patient towards full health, and to realise the scope of the health and social services beyond the hospital.

The reception of the scheme by members of both voluntary and statutory services and the willingness to participate in it, had been most encouraging. The student nurses have obviously appreciated the programme offered to them. The number of student nurses is on the increase and the scheme will need to be reviewed and adjusted from time to time, in order to fulfil the syllabus and at the same time not to overtax the goodwill of all those participating, not forgetting the families who readily open their doors to such a large number of student nurses.

VI. ASCERTAINMENT OF DEAFNESS IN INFANTS AND YOUNG CHILDREN

Following the usual custom of screening infants and young children considered at risk of deafness, 2,075 children were tested by the health visitors at clinics, nurseries, play centres, children's homes, and in some children's own homes. Of these children 31 were submitted for further examination and 10 of these successfully passed hearing tests, 9 are still under observation for deafness per se, 2 are being observed for possible physical and mental handicapping respectively, 6 after removal of tonsils and adenoids had a return to normal hearing, 4 were proved to be deaf and referred for special care.

VII. PHENYLKETONURIA

No cases of this metabolic disorder were detected by urine testing during the year. With developments of technique in testing, arrangements are in hand for the routine testing of all infants born in the city by the Guthrie test carried out on the 6–7th day of life. This test will commence on all infants born on and after 1st January next year, while a control of Phenistix testing of urine will be continued for at least six months.

VIII. THE " AT RISK " AND " HANDICAPPED " CHILDREN'S REGISTERS

Arrangements for the maintenance of At Risk and Handicapped Registers have remained unaltered during the year.

Each successive year adds its quota of children requiring concentrated supervision and follow-up with the result that proper supervision of the Registers will soon become a whole-time task for one medical officer. There can be no doubt that it is an extremely useful one in that the School Health and the Mental Health Services are receiving earlier notification of the presence of handicaps, both physical and mental, and have provided invaluable assistance in finding placements for the pre-school handicapped child, with obvious beneficial results to the child and his family.

So great are the demands made for placements in day nurseries and nursery schools that it is impossible for present facilities to cope with all of them, and the best that can be done is to endeavour to assess those cases which will benefit most from help of this kind.

The following tables serve to illustrate the magnitude of the task:

(*a*) Number of Children on At Risk Register at end of year

	Number Registered in 1965	Carried forward from 1964	Removed in 1965	Total at 31.12.65
Born in 1963	19	290	222	87
Born in 1964	79	1,616	1,193	502
Born in 1965	2,081	—	192	1,889
TOTAL ...	2,179	1,906	1,607	2,478

Of the 19 children born in 1963 and registered At Risk in 1965, 3 had initially been registered and were subsequently removed as their development appeared to be progressing normally. At a later date they developed febrile convulsions and on this account were re-registered.

The remaining 16 presented with symptoms such as meningitis, convulsions, retarded locomotor development and retarded speech development.

(*b*) Number of Children removed from At Risk Register during year

	Developing normally	Removed out of area	Present address unknown	Refused visits	Died	Transferred to Handicapped Register	Total
Born in 1963 ...	205	4	7	—	—	6	222
Born in 1964 ...	1,068	97	10	1	5	12	1,193
Born in 1965 ...	63	112	—	3	9	5	192
TOTAL ...	1,336	213	17	4	14	23	1,607

(*c*) Causes of death among At Risk Children during year

	Risk Factor	Number of Deaths	Age at Death	Certified Cause of Death
Born in 1964				
1.	Asphyxia livida Thrombocytopenic purpura Cerebral haemorrhage	1	17 mths.	Convulsions
2.	Multiple pregnancy Prematurity	1	4 mths.	Bronchopneumonia
3.	Multiple pregnancy Assisted breech delivery Low birth weight	1	8 mths.	Bronchopneumonia
4.	Toxaemia Caesarean Section Congenital abnormality of cervical vertebrae	1	8 mths.	Cerebral anoxia Klippel-Feil Syndrome
5.	Prematurity	1	4 mths.	Inhalation pneumonia Acute pulmonary oedema
Born in 1965				
1.	Spina bifida	1	5 mths.	Spina bifida
2.	Hypotonia Ptosis left upper eyelid	1	5 mths.	Cerebral anoxia Amyotonia congenita
3.	Congenital dislocation of hip	1	3 mths.	Upper respiratory tract infection Laryngeal oedema
4.	Caesarean Section Foetal distress	1	2 mths.	Perforated bowel
5.	Abnormal presentation Forceps delivery	1	1 mth.	Accidental mechanical suffocation
6.	Failure to thrive Congenital heart disease	1	4 mths.	Congenital heart disease Bronchopneumonia
7.	Toxaemia Hydrocephalus	1	5 mths.	Hydrocephalus
8.	Maternal age Abnormal presentation Bilateral congenital dislocation of hips Cerebral irritation	1	11 mths.	Arthrogryposis
9.	Abnormal presentation Forceps delivery	1	2 mths.	Bronchopneumonia

(*d*) Cases transferred from At Risk to Handicapped Register

Cases were transferred from the At Risk to the Handicapped children's Register only when it became clear that prolonged supervision and/or special educational treatment seemed to be likely. The number transferred was as follows:—

Year of birth	Number transferred
1963	6
1964	12
1965	5
Total ...	23

(*e*) Number of children on Handicapped Register

The numbers of children with their years of birth who were on the Handicapped Register at the end of the year were as follows:—

(1) Physical Handicap only

Year of birth	Number
1961	47
1962	30
1963	33
1964	30
1965	18
Total ...	158

(2) Mental Handicap with or without associated physical handicap

Year of birth	Number
1961	58
1962	55
1963	54
1964	36
1965	26
Total ...	229

(3) Other Handicapping Conditions

	1961	1962	1963	1964	1965
Epilepsy not associated with Mental Defect	10	4	5	—	—
Emotional disorder	1	1	1	—	—
Speech disorder	18	11	—	—	—

(*f*) Day Care Provision for pre-school handicapped children

For some of the handicapped children special day care was provided. A brief summary of these forms of care is shown below.

	Year of Birth					Total
	1961	1962	1963	1964	1965	
Day Centre	12	2	3	—	—	17
Day Nursery	20	14	6	4	—	44
Nursery School	34	9	1	—	—	44
Toddlers' Play Centre ...	4	1	1	—	—	6
Total	70	26	11	4	—	111
Residential Care	5	1	13	3	2	24
Total	75	27	24	7	2	135

IX. MISCELLANEOUS

The general supervision of the infants and children attending the Health Committee's day nurseries continues to be undertaken. The general medical service provided for the children in the children's homes under the control of the Children Committee continued as before. The principal medical officer also acted personally as honorary medical officer to the Scottish Association for the Adoption of Children.

ACKNOWLEDGMENTS

It is always a pleasure to acknowledge the conscientious work and enthusiasm of each and every member of the service. Without their efforts the wide field of endeavour could never be successfully accomplished. To them and to the many voluntary workers with whom the child welfare service is associated my warmest thanks and appreciation are recorded.

TABLE 1.—MIDWIFERY SERVICE

I. Total number of births notified—				
(i) Live: Institutional		9,610		
Domiciliary		1,462		
			11,072	
(ii) Still: Institutional		195		
Domiciliary		4		
			199	
				11,271
II. Total number of births in (I.) occurring in institutions—				
Simpson Memorial Maternity Pavilion		5,167		
Elsie Inglis Maternity Hospital		1,498		
Eastern General Hospital		1,639		
Western General Hospital		1,452		
Nursing Homes		49		
			9,805	
III. Total number of domiciliary births in (I.) classified to show nature of attendance at birth—				
(*a*) Doctor booked		1,462		
(*b*) Doctor not booked		—		
(*c*) Midwife alone (no doctor engaged)		—		
(*d*) Doctor alone (no midwife engaged)		—		
(*e*) Without doctor or midwife		4		
			1,466	
			11,271	11,271

TABLE 2.—MATERNAL DEATHS

CAUSE OF DEATH	Age at Death							
	15–19	20–24	25–29	30–34	35–39	40–44	45+	Total
Puerperal sepsis	—	—	1	—	—	—	—	1
Toxaemia	—	—	—	—	—	—	—	—
Haemorrhage	—	1	—	—	—	—	—	1
Embolism	—	—	—	—	—	—	—	—
Other Conditions	—	—	1	—	—	1	—	2
	—	1	2	—	—	1	—	4

TABLE 3.—MATERNAL DEATHS, 1962–1965
NUMBERS AND RATES PER 1,000 TOTAL BIRTHS (LIVE AND STILL)

	1962		1963		1964		1965	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Septicaemia	—	—	1	0·1	—	—	1	0·1
Toxaemia	—	—	—	—	—	—	—	—
Haemorrhage	—	—	1	0·1	—	—	1	0·1
Embolism	2	0·2	—	—	—	—	—	—
Other Conditions	1	0·1	2	0·2	—	—	2	0·2
	3	0·3	4	0·5	—	—	4	0·5

TABLE 4.—MATERNAL MORTALITY
RATE PER 1,000 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
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
1959	8,311	1	0·1	—	—	1	0·1	—	—	1	0·1	1	0·1
1960	8,609	—	—	1	0·1	1	0·1	—	—	1	0·1	1	0·1
1961	8,532	—	—	1	0·1	1	0·1	—	—	1	0·1	1	0·1
1962	8,893	1	0·1	1	0·1	2	0·2	—	—	3	0·3	3	0·4
1963	8,660	2	0·2	2	0·2	4	0·5	2	0·2	2	0·2	4	0·5
1964	8,917	—	—	—	—	—	—	—	—	—	—	—	—
1965	**8,492**	**1**	**0·1**	**2**	**0·2**	**3**	**0·4**	**1**	**0·1**	**3**	**0·4**	**4**	**0·5**

TABLE 5.—LIVE BIRTHS

	Legitimate	Illegitimate	Total	Illegitimate Births per cent. of Live Births
1st Quarter 1961	1,976	111	2,087	5·3
2nd ,, ...	2,085	122	2,207	5·5
3rd ,, ...	1,919	130	2,049	6·3
4th ,, ...	1,914	116	2,030	5·6
Year 1961	7,894	479	8,373	5·7
1st Quarter 1962	2,074	124	2,198	5·6
2nd ,, ...	2,063	141	2,204	6·4
3rd ,, ...	2,019	125	2,144	5·8
4th ,, ...	2,056	151	2,207	7·3
Year 1962	8,212	541	8,753	6·2
1st Quarter 1963	2,001	153	2,154	7·1
2nd ,, ...	2,029	147	2,176	6·8
3rd ,, ...	1,995	149	2,144	6·9
4th ,, ...	1,883	147	2,030	7·2
Year 1963	7,908	596	8,504	7·0
1st Quarter 1964	2,012	161	2,173	7·4
2nd ,, ...	2,111	141	2,252	6·3
3rd ,, ...	2,065	156	2,221	7·0
4th ,, ...	1,974	154	2,128	7·2
Year 1964	8,162	612	8,774	7·0
1st Quarter 1965	1,980	156	2,136	7·3
2nd ,, ...	2,022	160	2,182	7·3
3rd ,, ...	1,915	119	2,034	5·9
4th ,, ...	1,854	164	2,018	8·1
Year 1965	7,771	599	8,370	7·2

TABLE 6

Weight at birth	Premature live births												Premature still-births		
	Born in hospital				Born at home or in a private maternity home										
					Nursed entirely at home or in a private maternity home				Transferred to hospital on or before 28th day						
		Died				Died				Died			Born		
	Total Births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total Births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total Births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	In hospital	At home	In private maternity home
2 lb. 3 oz. or less ...	33	22	8	2	—	—	—	—	—	—	—	—	8	—	—
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	33	13	6	2	—	—	—	—	—	—	—	—	20	—	—
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	95	18	4	—	2	—	1	—	—	—	—	—	28	1	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	93	5	2	1	7	—	—	—	—	—	—	—	10	—	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	202	3	2	—	27	—	—	—	—	—	—	—	8	—	—
Totals	456	61	22	5	36	—	1	—	—	—	—	—	74	1	—

TABLE 7.—BIRTH RATES for eight large towns in Scotland and for the whole of Scotland

Year	Scotland	Glasgow	**Edinburgh**	Dundee	Aberdeen	Paisley	Greenock	Motherwell and Wishaw	Clydebank
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	19·1	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
1959	19·1	21·0	**17·4**	19·8	17·9	20·0	20·9	20·4	22·1
1960	19·4	21·6	**17·9**	20·5	17·5	21·7	21·2	20·7	21·0
1961	19·5	21·6	**17·7**	20·1	17·6	21·5	22·7	21·4	22·1
1962	20·1	22·4	**18·4**	20·4	17·5	22·1	22·8	20·8	20·8
1963	19·7	22·0	**17·9**	20·5	17·9	21·1	22·3	20·5	20·9
1964	20·0	22·0	**18·5**	20·7	17·0	20·9	22·5	20·9	22·1
1965	19·3	20·8	**17·7**	19·8	17·5	20·2	21·7	20·3	21·7

TABLE 8.—EDINBURGH AND SCOTLAND—STILL-BIRTH RATES (per 1,000 Total Births Live and Still), 1956–1965

Year	Edinburgh		Scotland	
	No.	Rate	No.	Rate
1956	**176**	**23**	2,329	24
1957	**153**	**19**	2,381	24
1958	**155**	**19**	2,324	23
1959	**161**	**19**	2,252	22
1960	**166**	**19**	2,252	22
1961	**159**	**19**	2,147	21
1962	**140**	**16**	2,122	20
1963	**156**	**18**	1,997	19
1964	**143**	**16**	1,900	18
1965	**122**	**14**	1,835	18

TABLE 9.—STILL-BIRTHS, 1965

Cause	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total	Rate per 1,000 Total Births
Acute and Chronic Disease in mother ...	3	1	—	3	7	0·8
Toxaemias	5	3	5	4	17	2·0
Ante-partum Haemorrhage	4	5	3	1	13	1·5
Other Placental and Cord Conditions ...	7	7	3	13	30	3·5
Foetal Defects	4	4	4	5	17	2·0
Difficult Labour	1	1	1	3	6	0·7
Other causes	1	—	3	4	8	0·9
Ill-defined	7	1	8	8	24	2·8
All Causes	32	22	27	41	122	14

TABLE 10.—EDINBURGH—INFANT MORTALITY RATES (deaths under ONE YEAR per 1,000 Live Births)

Year	Infant Mortality	Year	Infant Mortality	Year	Infant Mortality	Year	Infant Mortality
1886	136	1906	112	1926	80	1946	52
1887	137	1907	121	1927	80	1947	49
1888	128	1908	R114	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	T123	1937	70	1957	24
1898	Z141	1918	94	1938	61	1958	25
1899	147	1919	Y117	1939	59	1959	24
1900	132	1920	89	1940	68	1960	21
1901	143	1921	P96	1941	66	1961	23
1902	119	1922	91	1942	56	1962	24
1903	117	1923	82	1943	54	1963	23
1904	125	1924	89	1944	51	1964	21
1905	124	1925	96	1945	50	1965	24

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

TABLE 11.—EDINBURGH—NEO-NATAL MORTALITY RATES PER 1,000 LIVE BIRTHS

Year	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	Total under 1 year
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
1959	16·3	0·6	0·4	0·2	18	24
1960	13·8	1·2	0·8	0·6	16	21
1956–60	14·7	1·3	0·7	0·5	17	24
1961	15·4	0·8	0·5	0·2	17	23
1962	14·5	0·9	0·9	0·3	17	24
1963	15·3	0·6	0·9	0·6	17	23
1964	13·4	1·0	0·3	0·6	15	21
1965	15·4	1·1	0·5	0·5	17	24
1961–1965	14·8	0·9	0·6	0·4	17	23

TABLE 12.—INFANT AND NEO-NATAL MORTALITY
RATES PER 1,000 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
1957	7,854	16·9	137	17	54	7	191	24
1958	7,864	16·8	131	17	62	8	193	25
1959	8,150	17·4	143	18	56	7	199	24
1960	8,443	17·9	138	16	40	5	178	21
1956–60 ...	7,956	17·1	136	17	52	7	188	24
1961	8,372	17·7	142	17	48	6	190	23
1962	8,753	18·4	146	17	65	7	211	24
1963	8,504	17·9	148	17	51	6	199	23
1964	8,774	18·5	135	15	46	5	181	21
1965	8,370	17·7	146	17	51	6	197	24
1961–65 ...	8,555	18·0	143	17	52	6	196	23

TABLE 13.—INFANT AND NEO-NATAL MORTALITY RATES

Year	INFANT MORTALITY RATES					NEO-NATAL MORTALITY RATES				
	Scot-land	Glas-gow	**Edin-burgh**	Dundee	Aber-deen	Scot-land	Glas-gow	**Edin-burgh**	Dundee	Aber-deen
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
1959	28	35	**24**	23	23	19	24	**18**	16	14
1960	26	32	**21**	22	19	18	22	**16**	16	14
1961	26	31	**23**	24	22	18	21	**17**	16	15
1962	27	32	**24**	28	17	18	22	**17**	21	12
1963	26	32	**23**	20	19	17	19	**17**	13	11
1964	24	29	**21**	19	19	16	18	**15**	13	14
1965	23	28	**24**	18	19	16	18	**17**	13	15

TABLE 14.—CAUSES OF DEATH AMONG CHILDREN UNDER FIVE YEARS DURING 1965

Cause of death	Under 1 day	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	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, Other Forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1
Other infectious and Parasitic Diseases	—	1	—	—	—	1	1	—	1	—	3	—	—	—	—	—	3
Malignant Disease ...	—	—	—	1	—	1	—	—	—	—	1	—	—	—	—	—	1
Meningitis (other forms)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	1	2	—	—	1	4	5	6	1	2	18	3	—	—	—	3	21
Bronchitis	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	2
Other Respiratory Diseases	1	—	—	—	—	1	—	—	1	—	2	—	—	—	—	—	2
Intestinal Obstruction and Hernia	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1
Gastro-Enteritis ...	—	—	—	—	—	—	3	—	1	1	5	1	—	—	—	1	6
Other Digestive Diseases	—	—	—	—	1	1	—	—	—	—	1	—	—	1	—	1	2
Congenital Heart ...	3	3	3	1	—	10	3	2	1	—	16	—	—	—	—	—	16
Congenital Malformations	13	6	4	1	1	25	2	2	—	—	29	3	1	—	—	4	33
Injury at Birth... ...	5	2	—	—	—	7	—	2	1	—	10	—	—	—	—	—	10
Post-natal Asphyxia and Atelectasis	17	1	1	—	—	19	2	—	—	—	21	—	—	—	—	—	21
Other Infections of New Born	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases of Early Infancy	22	16	1	—	—	39	—	—	—	—	39	—	—	—	—	—	39
Immaturity	24	8	—	1	—	33	—	—	—	—	33	—	—	—	—	—	33
Accidents:—																	
Suffocation	—	—	—	—	1	1	3	7	1	—	12	1	—	—	—	1	13
Overlaying	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Out-of-Doors ...	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	2
Other	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	2
Other Violence ...	4	—	—	—	—	4	—	—	—	—	4	—	—	—	—	—	4
All Other Causes ...	—	—	—	—	—	—	—	1	—	—	1	2	1	1	—	4	5
Totals ...	90	39	9	4	4	146	19	21	8	3	197	12	3	5	—	20	217

TABLE 15.—EDINBURGH—INFANT MORTALITY RATES in Wards

Ward	Infant Mortality Rate (per 1,000 Live Births)				
	1961	1962	1963	1964	1965
1. St. Giles	17	18	28	13	28
2. Holyrood	35	24	54	47	25
3. George Square	16	23	23	9	24
4. Newington	16	21	24	23	18
5. Liberton	19	14	18	14	30
6. Morningside	10	10	15	17	28
7. Merchiston	9	26	15	17	23
8. Colinton	21	28	27	24	16
9. Sighthill	20	18	12	23	27
10. Gorgie-Dalry	20	20	15	27	25
11. Corstorphine	8	16	3	11	11
12. Murrayfield and Cramond ...	29	16	20	21	8
13. Pilton	29	30	33	19	24
14. St. Bernard's	31	34	23	13	17
15. St. Andrew's	33	31	26	26	21
16. Broughton	24	18	10	10	36
17. Calton	20	16	20	20	23
18. West Leith	12	40	23	25	19
19. Central Leith	30	26	31	25	24
20. South Leith	13	26	30	12	35
21. Craigentinny	21	33	32	27	27
22. Portobello	40	31	25	24	22
23. Craigmillar	19	28	24	33	35
City Rate ...	**23**	**24**	**23**	**21**	24

TABLE 16.—EDINBURGH—PERI-NATAL MORTALITY, 1961–1965

Year	Still-births	Infant Deaths in First Week of Life	Total	Rate per 1,000 Total (Live and Still) Births
1961	159	129	288	33·7
1962	140	127	267	30·0
1963	156	130	286	33·0
1964	143	119	262	29·3
1965	122	129	251	29·6

TABLE 17.—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) New cases—	
(*a*) Born 1965	4,954
(*b*) ,, 1964	1,153
(*c*) ,, 1960–63	548
(*d*) Others	107
	6,762
(iv) Total number of attendances during the year—	
(*a*) Born 1965	30,966
(*b*) ,, 1964	27,964
(*c*) ,, 1960–63	12,397
(*d*) Others	616
	71,943

TABLE 18.—DAY NURSERIES

	Approved Places	Average No. on Roll	Possible Attendances	Actual Attendances	Percentage of Attendances
*Craigmillar	70	70	16,763	13,696	82
Dean	30	35	8,960	6,701	75
Dumbiedykes	30	31	7,936	6,046	76
Gilmerton	70	77	19,712	15,811	80
Gilmore Place	40	41	10,496	8,743	83
Granton	60	63	16,128	12,615	78
Lochend	30	32	8,192	6,099	74
Niddrie	45	47	12,032	9,767	81
Pilrig	40	40	10,240	8,085	79
St Kentigern's	80	81	20,736	15,252	74
South Fort Street	60	59	15,104	12,044	80
Stenhouse	50	53	13,568	10,790	80
Tollcross	30	29	7,424	5,801	78
Victoria Park	65	66	16,896	14,230	84
West Pilton	50	52	13,312	10,958	82
	750	776	197,499	156,638	79

* From 4.1.65 to 27.8.65 a section of Craigmillar Nursery (20 children) operated on a part-time basis.

TABLE 19.—NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948

	Premises Registered at End of Year		Child Minders Registered at End of Year
	Provided by Commercial Firms (1)	Other Nurseries (2)	(3)
1. Number	NIL	22	52
2. Number of Places Approved ... ... (Cols. (1) and (2) apply, and Number of Children Minded (Col. (3) applies)	NIL	507	645

TABLE 20.—TODDLERS' PLAY CENTRES

Centre	Number on Roll	Daily Attend-ances	Centre	Number on Roll	Daily Attend-ances
Abbeyhill	42	36	Leith (2), Leith Fort ...	50	16
Broughton	40	35	Lochend	25	22
Canongate	24	23	Magdalene	44	39
Clermiston	30	27	Muirhouse (1)	24	21
Colinton Mains	25	21	Muirhouse (2)	48	19
Comiston	25	16	Oxgangs	40	32
Craigentinny	20	17	Pleasance	18	15
Duddingston	33	25	Portobello	38	32
Firrhill	25	21	Portobello, St Mark's ...	40	33
Fountainbridge	30	25	Sighthill	20	18
Gifford Park	26	19	Saughton Mains	26	19
Granton E.	37	34	Stockbridge	26	22
Granton W.	46	35	West Pilton	33	20
Jamaica Street	25	19	Willowbrae	40	35
Leith (1)	40	33			

TABLE 21.—WELFARE FOODS DISTRIBUTION—UPTAKE

	National Dried Milk	Cod Liver Oil	A and D Tablets	Orange Juice
	Tins	Bottles	Packets	Bottles
General	70,240	14,121	8,901	127,854
To Day Nurseries, Hospitals, etc. ...	172	1,656	—	2,088
Total	70,412	15,777	8,901	129,942
Average Monthly Uptake	5,867	1,314	741	10,828

TABLE 22.—MOTHER AND BABY HOMES

PROVIDED BY VOLUNTARY ASSOCIATIONS

Name and Address of Home or Hostel	Number of Beds	Number of Cots	Number of Admissions
Edinburgh Home for Mothers and Infants, 17 Claremont Park, Leith	15	8	46
Haig-Ferguson Memorial Home, 4 Lauriston Park	9	5	59
Salvation Army Home for Mothers and Babies, "Tor", Corstorphine Road	32	19	93

Total number of women admitted during the year to these three homes (ignoring re-admission after confinement) 198

TABLE 23.—HEALTH VISITING

	First Visits	Subsequent Visits	Total
Children Born 1965	8,178	38,572	46,750
„ „ 1964	925	37,547	38,472
„ „ 1960–1963	1,517	79,237	80,754
Expectant Mothers	3,440	2,175	5,615
Nursing Mothers	6,604	1,893	8,497
Total Effective Visits	20,664	159,424	180,088
	Waste Visits		29,606
	Total Visits		209,694

SCHOOL HEALTH SERVICE

REPORT BY

CHIEF EXECUTIVE SCHOOL MEDICAL OFFICER

Selective Inspections

In accordance with the recommendations to Local Authorities contained in the Scottish Home and Health Department Circular No. 58/1962 and the requests noted in the Health and Welfare Services Circular No. 20/1964, it was determined to investigate and report upon the efficiency and practicability of introducing a method of selective inspection of school children in the intermediate age group. During the session 1964/65 therefore, three experienced medical officers of the School Health Service Staff, Edinburgh, completed a trial of the selective inspection technique in the nine year old group of school children. Use was made of a comprehensive questionnaire to parents, a much modified type of questionnaire to teachers, information from the school health visitor and data already recorded in the medical record card. In all 1,822 questionnaires were issued to parents and 1,804 (99%) were returned completed. Of those children 856 were selected for inspection in the light of the available information and 837 were actually inspected. The parents were in attendance at 618 of these inspections. The order of frequency of sources appearing as a reason for selective inspection was, parents' questionnaire in 65% of children, the medical record in 50·1% of children, the teachers' questionnaire in 42·5% of children and the health visitor in 22·8% of cases. At inspection 235 or 28·1% of those inspected were found to have an additional defect. In 423 (50·5%) cases some form of action was required by the doctor following inspection. This action ranged from referral to a consultant to the proferring of advice to a parent or a teacher.

Of the unselected group of children numbering 966 a total of 929 were then routinely inspected. Of these children 319 were found to have a defect but in only 210 cases or 22·6% of those inspected, was action required. Of these 210 cases supervision was necessary in 59 instances, in 104 cases advice was given to the parent and referrals to the family doctor and consultant were necessary in the remainder.

The defects found in the unselected group on inspection were far from being a dreary catalogue of ' missed defect '. They were in actual fact a measure of the efficiency of the selective screening which had taken place. The conditions which were recorded included—general cleanliness, skin conditions, nutritional defect, visual defect, and dental abnormalities. The routine class inspections carried out by the health visitor would have brought the majority of these conditions to light as also would be the case when the routine 9 year vision tests were carried out. The dental conditions would have been discovered by the routine dental inspection in school and deafness

would have been adequately screened by the pure-tone sweep test procedure which is carried out in the 9 year old population. It was noted that one or two cases of hernia and undescended testes were recorded but these were already known to the family doctor and school doctor and were either under active treatment or review. It can be appreciated then that defects noted in the unselected group were such as to occasion little anxiety and the conclusions from the trial can be summarised as follows

1. Selective Inspection of 9 year old children in schools is an effective procedure.
2. It will alleviate to some extent the dull monotony of routine inspection.
3. The questionnaires to both parents and teachers are effective and acceptable.
4. The questionnaire to the parent should be adopted for use at the five year old inspection.
5. The procedure of selection is time consuming but more time should be available for the individual parent and child. Indeed it is only with this proviso that selective inspection can be recommended.
6. Co-operation received from the teaching staff was excellent.

The report on the trial including all the relevant tables and data, has been assembled and forwarded to the Home and Health Department.

Ascertainment of Handicap

The School Health Service is indebted to the work of Dr. Margaret S. B. Langton, Senior Assistant Medical Officer in the Child Welfare Service for the valuable information which her Handicapped Register has provided.

During the year this information has been increasingly available to the School Health Service and it is hoped to link this register with the early ascertainment of handicap even more closely as time goes on. It is proving a valuable referral source of these young handicapped children, supplementary to the previously existing sources namely the health visitors, the family doctor, hospital consultants, and the parents themselves. Children on the register are now being referred to the School Health Service from the age of two years onwards, and where considered necessary and timely, a home visit is paid by the school medical officer to discuss the child's educational requirements and to advise the parents of the available facilities. The parent is first visited by the district health visitor and agreement obtained to a school medical officer's visit. During the year under review, the school doctors have paid 65 home visits to pre-school children on the Handicapped Register. Arising from these visits, 20 children were considered likely to need special educational treatment as mentally handicapped and appropriate measures were taken to initiate the statutory ascertainment procedure. 13 children were recommended for special educational treatment as physically handicapped, and 16 children were recommended for admission on medical grounds to a pre-school group, usually nursery schools, for experience and

observation prior to educational recommendations being made. In cases where no special educational provision was considered necessary at this stage the parent has been advised to enrol the child at the normal district school at least for a period of trial and the medical information from the Handicapped Register is forwarded to the medical officer of the appropriate school when the child is due to enrol. The medical officer will thus be briefed when the child presents for the routine medical inspection at school entry, and alerted to supervise the school progress with special care. In this way the thoughts of the school medical officer and the School Health Service in general, are being channelled towards the needs of the handicapped child which have always been an important function of the Service.

Infectious Disease Control

In the field of infectious disease control, a school medical officer and a school nurse were heavily involved when an infectious case of pulmonary tuberculosis was notified in a member of the Local Authority teaching staff. The School Health Service co-operated with the Royal Victoria Dispensary and the Mass Radiography Unit in the follow up of school contacts.

310 pupils were tuberculin (Heaf) tested, the results showed a 6·4% natural conversion rate of all age groups (5 to 12 years). More significantly however, out of 21 pupils with natural positive reaction 7 (33%) were of grade III and grade IV intensity. Among the 21 post BCG convertors too, the strong (grade III) reactors were 8 in number. It will be seen in Appendix I that in the 13 year old age group the strong (grade III and grade IV) reactors number only 17·7% of the total natural positive reactors. Strenuous follow-up measures by the school nurse were successful in securing that all but three of the positive reactors attended for chest x-ray. Unfortunately, three cases of pulmonary tuberculosis were notified following the chest radiography, all occurring among the strongly positive natural convertors. In view of all this, and of the estimated degree of infectivity of the index case, it was considered advisable to call the remaining twelve pupils showing the strong Heaf reaction for clinical examination, despite their negative x-ray findings. Happily, however, no further cases were notified. This same group is being kept under periodic review at the chest clinic with no further tuberculous disease reported to date.

All members of teaching and other school staff were recommended to attend for chest x-ray. There was a 100% response and no further cases of pulmonary tuberculosis were found.

Miscellaneous

The National Child Development Study occupied a considerable amount of the doctors' and health visitors' time during part of last session.

A pilot survey into the prevalence of warts other than verrucae was carried out by the health visiting staff at class inspection. The analysis of the data obtained has been somewhat delayed due to the shortage of clerical staff.

The section has of course been heavily involved in teaching chores and this includes undergraduates of the fourth, fifth and sixth years, post-graduates undertaking courses for the Diploma in Psychological Medicine and the Diploma in Child Health. The health visitor training course and courses for trainee nurses occupied the remainder of the teaching time. In addition the number of visitors from overseas to the department has notably increased over the past twelve months.

In view of the increasing importance of the duties carried out by Dr. Constance S. Drysdale in the ascertainment of handicapped children it was decided to promote her to the post of Senior Assistant School Medical Officer.

Acknowledgements

In conclusion the opportunity is taken to convey sincere thanks to all members of the School Health Service for their unremitting work and support throughout the year; to colleagues in all other sections of the Public Health Department for their assistance and co-operation; to officials of the Education Department and to head teachers and their staffs for their help and encouragement; and to the Regional Board Consultants for their services in the school clinics.

GENERAL STATISTICS

Population of the area	472,352
Number of schools (under the Education Committee):—	
(*a*) Nursery	15
Nursery Classes	11
(*b*) Primary	84
(*c*) Secondary	26
*(*d*) (i) Special Schools	16
(ii) Adjustment Groups	2
(*e*) In receipt of grant from Education Authority and under medical inspection (St. Mary's Cathedral School) ...	1
Total	155

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

Number of children on the registers:—	
Nursery Schools	861
Nursery Classes	547
Primary Schools	42,770
Secondary Schools	20,245
Special Schools	915
Total	65,338

Average number of children in attendance	59,671
Average number of children in hospital classes	109
Number of children taught at home by visiting teachers ...	43
Number of children taught in hospital by visiting teachers ...	19

DUTIES OF MEDICAL AND NURSING STAFF

Inspection, Ascertainment of Handicap

Approximately ninety all-purpose health visitors are allocated to the nursery, primary, secondary and special schools. Nine full-time and four part-time medical officers are responsible for routine, special and supervision inspections, immunisations and the ascertainment of every category of handicap except that of mental handicap. The latter responsibility rests with two medical officers suitably qualified to undertake the work.

Three nurse inspectresses are engaged on cleanliness inspections. Their work throughout the year is connected with schools where head infestation is particularly likely to be found, but they are capable of being directed at any time to a school in which the health visitor needs additional help in securing cleanliness.

Treatment

As formerly, medical officers' consultative clinics, specialists' clinics, chiropodists' clinics and the treatment of minor ailments constitute the services provided at the treatment centres. Each centre is under the immediate charge of one of the nursing staff, and aurist and ophthalmologist of the hospital service attend under arrangements made with the Regional Board. These services are shown in the following table:—

Treatment Centres	Minor Ailments Treatment	Aurist	Ophthalmologist	Physiotherapist	Chiropodist	Scabies	Ultra-Violet Light
45 Lauriston Place ...		x	x				
5 Links Place		x	x		x		
South Gray's Close ...	x					x	
Sighthill Health Centre ...			x	x	x		x

Treatment of minor ailments is also given by nurses in schools for handicapped pupils.

INFECTIOUS DISEASE

An overall increase was noted in the numbers of children absent from school as a result of infectious disease. Nevertheless the figures for mumps, hepatitis, dysentery and scabies showed a decrease.

Scarlet Fever	55	Mumps	692
Measles	2,509	Impetigo	109
German Measles ...	1,341	Hepatitis	79
Glandular Fever ...	18	Dysentery	158
Whooping Cough ...	88	Scabies	151
Chickenpox	2,955	Other Diseases	166
TOTAL	8,321		

Diphtheria

There has been no further change in the procedure for immunisation against diphtheria. Children now receive Diphtheria and Tetanus combined vaccine or T.A.F.

6,615 children received injections of T.A.F.
(of those 6,486 were reinforcing doses).

1,954 children received injections of Diphtheria and Tetanus
(of those 1,357 were reinforcing doses).

Poliomyelitis

A total of 4,535 children received oral vaccine.

Hepatitis and Dysentery

During the year 79 cases of hepatitis came to the notice of the service as did 158 cases of dysentery. In the face of outbreaks the hand rinsing routine with the use of Roccal was introduced and an extra cleaner was appointed to undertake the cleansing with disinfectant of lavatory seats, flush handles, door handles, etc.

Tuberculosis

Heaf testing of thirteen-year-old pupils is undertaken by the School Health Service annually in Local Authority Schools and in twenty-two independent day and boarding schools which make provision for pupils of that age group. The independent schools (Appendix I) are seen to have a slightly lower positive rate than the Local Authority Schools. The number of positive reactors in local authority schools has dropped from 13% in 1962–63 to 11% in 1964–65.

Further breakdown of this figure into grades of positivity, reveals that of this 11% of positive reactors as many as 69·5% are of Grade I intensity (Appendix I). Furthermore, a retrospective analysis of positivity grades in

previous years, indicates that the incidence of Grade I reactors is increasing in contrast to the overall drop in the positivity rate amongst 13 year olds. In 1962–63 for example, the Grade I reactors amounted to 49·5% of the total positives.

It is felt that this high and increasing proportion of weak tuberculin positivity merits further attention and an attempt is being made to do further screening tests to try to determine its significance.

B.C.G. Vaccination

A total of 4,260 vaccinations were carried out on thirteen year olds who had a negative reaction on Heaf testing. This work was undertaken by School Medical Officers, aided by School Health Visitors and Clerical Assistants.

X-ray Examination of pupils

Radiographic examination of the chest was offered to all pupils who in their fourteenth year gave a positive skin reaction to tuberculin testing and the results were as follows:—

	Born 1951
No. examined	825
No. of notified cases of tuberculosis ...	2

The notified cases received treatment through their family doctors.

Children showing a positive tuberculin reaction are especially prone to develop tuberculosis and accordingly re-examination in 1964–65 was offered to pupils in their fifteenth, sixteenth, seventeenth and eighteenth years with the following result:—

	Born 1946	Born 1947	Born 1948	Born 1949	Born 1950
No. examined ...	2	180	210	471	667
No. of notified cases of Tuberculosis	—	—	—	—	—

An attempt to extend the x-ray follow-up of strongly positive tuberculin reactors (Heaf Grades III and IV) after they leave school has been instituted this session. The School Health Service is compiling a register of such school leavers, and the details are being passed to Dr. J. C. M. Sharp, Senior Medical Officer for Tuberculosis and Infectious Diseases, who hopes to make suitable arrangements for the continued x-ray surveillance of this group. During the session 1964–1965 details of 144 school leavers with strongly positive tuberculin reactions were forwarded to him.

Periodic X-ray Examination of Teaching Staff

Of the teachers permanently employed by the Education Authority 2,851 (98·46%) accepted the schemes for annual investigation and one case of active pulmonary tuberculosis was found.

Tuberculosis Contact Follow-up in Schools

Throughout the year 13 pupils and 1 teacher in schools administered by the Local Authority were notified as cases of pulmonary tuberculosis. In the case of the teacher and in 7 of the pupils it was considered advisable to arrange tuberculin testing for selected pupil contacts, usually the class in which the notified case had occurred. This was done largely in an endeavour to trace the source of infection in the notified case, rather than because of its potential infectivity. There is one exception to this which is described more fully in the preamble to this report.

Parents of all selected pupil contacts were advised to consent to tuberculin testing, and to chest x-ray should the pupil exhibit a positive tuberculin reaction.

In all, 524 pupil contacts were Heaf tested, and 69 positive reactors were x-rayed.

Three cases of active primary pulmonary tuberculosis were found—all were contacts of the exceptional notification mentioned above.

These figures represent an increase on last year when the respective numbers were 5 pupils and 1 teacher notified, 148 contacts Heaf tested, and no active cases of tuberculosis found.

INSTRUCTION IN MOTHERCRAFT

Mothercraft instruction is given by health visitors in Secondary Schools and also in day schools for mentally handicapped pupils. Simple instruction and practice in the care of the infant and the toddler are given to girls in their fifteenth year in groups of seven or eight with the use of equipment which includes a plastic doll of suitable size and weight, and towards the end of the course each group pays one or two visits to a day-nursery of the Health Authority in order that they may put what they have learnt into practice.

The number of girls who received mothercraft instruction was 770.

Dr. Guthrie's Senior Approved School for Girls

Miss Meechan, Health Visitor, undertook mothercraft instruction during the winter.

In all, 24 girls aged 15, 16 and 17 years attended the class.

The details of progress in the provision of suitable handwashing and drying facilities in schools are as follows:—

	Individual Hand Towels	Paper Towels	Controlled Roller Towels	Total
1961–62 ...	5	52	18	75
1962–63 ...	6	81	21	108
1963–64 ...	5	105	20	130
1964–65 ...	7	106	9	122

MEALS

The number of meals supplied to schools and nurseries during the year ending 15th May, 1965, was 5,626,067. The total cost involved was £603,767. The average cost per meal was 25·756d. (10·272d. for food and 15·484d. for administration). The income from payments received for meals was £210,041. Applications for provision of free meals were received from 1,413 parents or guardians; 1,055 of these applications were granted. The average percentage of children taking school meals during the year was 39·36%.

Nursery Meals

	Nursery Schools		Day Nurseries	Total
	Corporation	Voluntary		
1958–59	198,196	28,845	11,634	238,675
1959–60	225,677	12,697	11,627	250,001
1960–61	228,726	7,645	11,767	248,138
1961–62	233,462	8,955	12,106	254,523
1962–63	218,212	8,018	12,595	238,825
1963–64	215,858	8,600	12,221	236,679
1964–65	209,132	8,115	11,292	228,539

MILK

The Government Free Milk Scheme is in operation in all schools. Under this scheme, no milk is supplied during holidays. On the average 60,168 bottles of milk were consumed daily by pupils. The average percentage of children taking school milk during the year was 94·53%.

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

The details of medical treatment provided by or on behalf of the School Health Service are shown in Table V.

SPECIAL EDUCATIONAL TREATMENT

The numbers of children maintained in Residential Schools and Institutions are shown in Table VI.

Day Schools

(a) *Physically Handicapped.*—Two day schools provided special educational treatment for the physically handicapped. The children on the rolls of these schools numbered 100 at the end of the school year. Details of the disabilities from which they suffered are given in Appendix III, Table A.

For those children with handicaps so severe that they cannot attend special day schools, a service of 5 visiting teachers is provided, all are employed whole time.

Dr. Jessie Wilson periodically reviewed the children on the visiting teachers' roll, and during the year, 62 pupils received education from visiting teachers. Details of the disabilities from which they suffered are given in Appendix III, Table B.

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

Welfare for physically handicapped children during and after school life is provided through the agency of the Edinburgh Cripple Aid Society, cases being first approved by the school medical officer and then referred to the society with the consent of the parents.

(b) *Epileptics.*—Eight of these children receive special educational treatment in day schools for the physically handicapped. Welfare during and after school life is provided by the Scottish Epilepsy Association, to which children are referred with the consent of the parents.

(c) *Partially-Sighted Children* to the number of 42 are educated in Hailes Special School—13 refractive errors and 29 other conditions. This includes 18 from neighbouring counties.

(d) *Deaf Children* to the number of 41 are educated in Donaldson's School for the Deaf as day pupils.

(e) *Partially-Deaf Children* to the number of 84 are educated in St. Giles' Special School for hard-of-hearing children. This includes 36 children from neighbouring counties.

(f) *Children Handicapped by Defects of Speech.*—The speech therapy service, as well as providing for the needs of ordinary schools, covers the schools for the hard-of-hearing, mentally handicapped, partially sighted and physically handicapped and also the occupation centre.

Speech therapy is given in small special classes by individual and group methods by therapists employed whole time by the Education Authority. During the year the number of children receiving treatment was 878, of whom 128 were stammerers, and 750 had defective articulation; 238 were discharged, 94 discontinued treatment or left school before treatment was completed and 546 remained on the roll to continue treatment. Included

in the number receiving therapy were 32 in schools for the physically handicapped, 50 in schools for the mentally handicapped, 27 in the school for the hard-of-hearing.

(g) *Mentally Handicapped Children.*—In the ascertainment of children requiring special educational treatment, formal testing of intelligence and of educational attainments was performed by psychologists of the Education Authority's Psychological Service whose findings were communicated to Dr. Constance Drysdale, and Dr. Douglas Murray, the two school medical officers specially engaged in work with mentally handicapped children.

There are six day schools (one of which is an Occupation Centre with a roll of 113) the total roll being 496.

After-care on leaving schools is provided by the Mental Health Section of the Public Health Department and the Edinburgh Association for Mental Welfare.

(h) *Maladjusted Children.*—33 Children of primary school age attend Restalrig School.

Admission to Institutions.—9 children were admitted to Institutions for the mentally handicapped during the year: 2 to Gogarburn; 1 to East Fortune; 1 to Glenlomond; 2 to Larbert and 3 to Strathore.

REMAND HOME, GILMERTON

The Remand Home administered by the Children's Department of the Local Authority serves the needs of both Edinburgh and the South Eastern counties, medical examination and treatment, dental treatment and any necessary specialist care being provided by the School Health Service. Children and young people are committed 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 on petition.

During the year 374 children and young people were examined for admission to the Remand Home and 189 for Approved School reports. In Appendix IV are given the details of medical examination carried out in the Home.

CLASS INSPECTIONS

At these inspections by nurses defects of health and cleanliness have been noted and appropriate action taken. It is noted that the number of children inspected has risen by 3,000 from the 1963–64 figures.

The number of children found to be infested during the past seven years is shown in the following table.

	1958–59	1959–60	1960–61	1961–62	1962–63	1963–64	1964–65
No. inspected	46,171	67,772	52,932	53,882	49,492	38,957	41,963
No. of head cards issued ...	2,350	3,549	2,792	2,753	2,066	1,777	2,065
Percentage	5·1	5·2	5·3	5·1	4·2	4·6	4·9

During the year Health Visitors made 1,329 home visits in connection with 2,020 children.

NURSE INSPECTRESSES

During the session the three nurse inspectresses particularly concerned with inspections for cleanliness examined 38,951 children and found 1,969 to be infested—an incidence of 5·1%.

PRE-APPRENTICESHIP COURSE

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

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

TABLE I.

Total number of children examined at:

	Systematic Examinations
Nursery	610
5 year-olds	5,079
9 ,, ...	4,902
13 ,, ...	4,247
16 ,, ...	1,168
	16,006

Other Examinations:—	
Special and Supervision Cases	13,807
Vision Testing (5 years)	4,555
Vision Testing (7 years)	5,598
Employment of children	1,408
National Camps	1,410
Other Camps	82
School Journeys Abroad	36
Outward Bound (Moray Sea) School	32
Re-examination of Taught at Home Children ...	43
Vocational Guidance...	2,492
Remand Home Admits	374
Approved School Reports	189
Pre-Apprentices (Building)	40
Pre-Apprentices (Engineering)	105
Pre-Apprentices (Catering)	21
Pre-Nursing	28

TREATMENT ADVISED

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

Nursery	28
5 year-olds	218
9 „	353
13 „	399
16 „	176
	1,174

TABLE II

Systematic Examinations

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		Total
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys & Girls
Total number examined in each Age Group	343	267	2,626	2,453	2,678	2,224	2,159	2,088	583	585	16,006
Nature of Defect:											
1. Clothing unsatisfactory	—	—	—	1 (0·04)	2 (0·07)	—	—	—	—	—	3 (0·02)
2. Footgear unsatisfactory	—	—	—	—	1 (0·04)	—	—	—	—	—	1 (0·01)
3. Uncleanliness:											
(*a*) Head—											
(i) Nits	—	—	2 (0·08)	11 (0·45)	7 (0·26)	13 (0·58)	13 (0·60)	32 (1·53)	—	—	78 (0·49)
(ii) Verminous	—	—	1 (0·04)	1 (0·04(	1 (0·04)	1 (0·04)	—	2 (0·10)	—	—	6 (0·04)
(iii) Dirty	—	—	3 (0·11)	9 (0·37)	4 (0·15)	11 (0·49)	2 (0·09)	9 (0·43)	—	—	38 (0·24)
(*b*) Body—											
(i) Dirty	—	—	—	2 (0·08)	3 (0·11)	2 (0·09)	2 (0·09)	—	—	—	9 (0·06)
(ii) Verminous	—	—	2 (0·08)	—	3 (0·11)	1 (0·04)	1 (0·05)	1 (0·05)	1 (0·17)	—	9 (0·06)
4. Skin:											
(*a*) Head—											
(i) Ringworm	—	—	1 (0·04)	1 (0·04)	—	3 (0·13)	—	2 (0·10)	—	—	7 (0·04)
(ii) Impetigo	—	—	—	—	2 (0·07)	—	2 (0·09)	—	—	—	4 (0·02)
(iii) Other Diseases	—	—	6 (0·23)	3 (0·12)	11 (0·41)	7 (0·31)	7 (0·32)	25 (1·20)	2 (0·34)	4 (0·68)	65 (0·41)

(*b*) Body—											
(i) Ringworm	—	—	3	3	1	4	—	—	—	—	11
			(*0·11*)	(*0·12*)	(*0·04*)	(*0·18*)					(*0·07*)
(ii) Scabies	1	—	6	2	5	8	—	1	2	—	25
	(*0·29*)		(*0·23*)	(*0·08*)	(*0·19*)	(*0·36*)		(*0·05*)	(*0·34*)		(*0·16*)
(iii) Other Diseases	13	3	81	66	73	90	95	96	37	30	584
		(*1·12*)	(*3·08*)	(*2·69*)	(*2·73*)	(*4·05*)	(*4·40*)	(*4·60*)	(*6·35*)	(*5·13*)	(*3·65*)
5. Defective Nutrition:											
(*a*) Slightly Defective	5	4	62	72	74	44	34	25	2	7	329
	(*1·46*)	(*1·50*)	(*2·36*)	(*2·94*)	(*2·76*)	(*1·98*)	(*1·57*)	(*1·20*)	(*0·34*)	(*1·20*)	(*2·06*)
(*b*) Bad	—	—	1	1	1	1	1	—	—	1	6
			(*0·04*)	(*0·04*)	(*0·04*)	(*0·04*)	(*0·05*)			(*0·17*)	(*0·04*)
6. Mouth and teeth unhealthy	4	3	61	62	58	37	43	36	5	6	315
	(*1·17*)	(*1·12*)	(*2·32*)	(*2·53*)	(*2·17*)	(*1·66*)	(*1·99*)	(*1·72*)	(*0·86*)	(*1·03*)	(*1·97*)
7. Nose, Throat and Glands:											
(*a*) Nose—											
(i) Obstruction requiring observation	7	10	78	61	39	23	7	5	—	2	232
	(*2·04*)	(*3·75*)	(*2·97*)	(*2·49*)	(*1·46*)	(*1·03*)	(*0·32*)	(*0·24*)		(*0·34*)	(*1·45*)
(ii) Obstruction, adenoids	2	2	12	19	11	6	1	1	—	1	55
	(*0·58*)	(*0·75*)	(*0·46*)	(*0·77*)	(*0·41*)	(*0·27*)	(*0·05*)	(*0·05*)		(*0·17*)	(*0·34*)
(iii) Other conditions	5	3	56	29	73	31	19	14	4	3	237
	(*1·46*)	(*1·12*)	(*2·13*)	(*1·18*)	(*2·73*)	(*1·39*)	(*0·88*)	(*0·67*)	(*0·69*)	(*0·51*)	(*1·48*)
(*b*) Throat—											
(i) Tonsils requiring observation	25	28	251	248	116	119	28	40	3	6	864
	(*7·29*)	(*10·49*)	(*9·56*)	(*10·11*)	(*4·33*)	(*5·35*)	(*1·30*)	(*1·92*)	(*0·51*)	(*1·03*)	(*5·40*)
(ii) Tonsils requiring operation	5	2	31	27	19	24	6	—	1	—	115
	(*1·46*)	(*0·75*)	(*1·18*)	(*1·10*)	(*0·71*)	(*1·08*)	(*0·28*)		(*0·17*)		(*0·72*)
(*c*) Glands—											
(i) Requiring observation	6	—	45	43	17	15	2	6	—	—	134
	(*1·75*)		(*1·71*)	(*1·75*)	(*0·63*)	(*0·67*)	(*0·09*)	(*0·29*)			(*0·84*)
(ii) Requiring operation	1	—	5	1	1	5	—	2	—	—	15
	(*0·29*)		(*0·19*)	(*0·04*)	(*0·04*)	(*0·22*)		(*0·10*)			(*0·09*)

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	1 (*0·29*)	—	6 (*0·23*)	8 (*0·33*)	26 (*0·97*)	19 (*0·85*)	7 (*0·32*)	18 (*0·86*)	6 (*1·03*)	2 (*0·34*)	93 (*0·58*)
(ii) Conjunctivitis	—	—	—	2 (*0·08*)	1 (*0·04*)	4 (*0·18*)	—	1 (*0·05*)	—	—	8 (*0·05*)
(iii) Corneal opacities	—	—	1 (*0·04*)	1 (*0·04*)	1 (*0·04*)	—	—	—	—	—	3 (*0·02*)
(iv) Strabismus	3 (*0·87*)	8 (*3·00*)	70 (*2·67*)	63 (*2·57*)	23 (*0·86*)	38 (*1·71*)	10 (*0·46*)	11 (*0·53*)	1 (*0·17*)	3 (*0·51*)	230 (*1·44*)
(v) Other diseases	—	1 (*0·37*)	6 (*0·23*)	8 (*0·33*)	6 (*0·22*)	5 (*0·22*)	1 (*0·05*)	5 (*0·24*)	1 (*0·17*)	—	33 (*0·21*)
(*b*) *Visual Acuity—											
(i) Good vision (6/6 in better eye)	—	—	—	—	122 (*4·56*)	70 (*3·15*)	148 (*6·86*)	137 (*6·56*)	122 (*20·93*)	73 (*12·48*)	672 (*4·20*)
(ii) Fair vision (6/9 or 6/12 in better eye) ...	—	—	—	—	59 (*2·20*)	52 (*2·34*)	105 (*4·86*)	66 (*3·16*)	15 (*2·57*)	21 (*3·59*)	318 (*1·99*)
(iii) Bad vision (6/18 or worse in better eye) ...	—	—	—	—	14 (*0·52*)	23 (*1·03*)	13 (*0·60*)	28 (*1·34*)	6 (*1·03*)	2 (*0·34*)	86 (*0·54*)
(*c*) Recommended for refraction	3 (*0·87*)	—	8 (*0·30*)	5 (*0·20*)	36 (*1·34*)	26 (*1·17*)	44 (*2·04*)	33 (*1·58*)	8 (*1·37*)	4 (*0·68*)	167 (*1·04*)
9. Ear Conditions:											
(*a*) Diseases—											
(i) Otorrhoea	—	1 (*0·37*)	16 (*0·61*)	23 (*0·94*)	15 (*0·56*)	11 (*0·49*)	11 (*0·51*)	8 (*0·38*)	1 (*0·17*)	3 (*0·51*)	89 (*0·56*)
(ii) Other diseases	3 (*0·87*)	2 (*0·75*)	16 (*0·61*)	33 (*1·35*)	29 (*1·08*)	20 (*0·90*)	24 (*1·11*)	11 (*0·53*)	2 (*0·34*)	2 (*0·34*)	142 (*0·89*)
(*b*) Defective Hearing—											
(i) Grade I	1 (*0·29*)	—	4 (*0·15*)	11 (*0·45*)	19 (*0·71*)	13 (*0·58*)	7 (*0·32*)	10 (*0·48*)	1 (*0·17*)	3 (*0·51*)	69 (*0·43*)
(ii) Grade IIA	—	—	2 (*0·08*)	—	9 (*0·34*)	14 (*0·63*)	10 (*0·46*)	4 (*0·19*)	3 (*0·51*)	—	42 (*0·26*)
(iii) Grade IIB	—	—	—	—	2	2	—	1	—	—	5

	(2·33)	(1·12)	(2·78)	(1·55)	(0·63)	(0·36)	(0·05)	(0·05)		(0·17)	(0·94)
(ii) Stammering	—	1 (0·37)	8 (0·30)	1 (0·04)	6 (0·22)	—	3 (0·14)	2 (0·10)	1 (0·17)	—	22 (0·14)
11. Mental and Nervous Conditions:											
(a) Epilepsy—											
(i) Mild	—	—	3 (0·11)	5 (0·20)	8 (0·30)	2 (0·09)	4 (0·19)	2 (0·10)	1 (0·17)	—	25 (0·16)
(ii) Severe	—	—	—	—	1 (0·04)	1 (0·04)	—	—	—	—	2 (0·01)
(b) Backward	—	—	1 (0·04)	5 (0·20)	33 (1·23)	15 (0·67)	2 (0·09)	—	—	—	56 (0·35)
(c) Dull	—	—	1 (0·04)	2 (0·08)	4 (0·15)	5 (0·22)	—	—	—	—	12 (0·07)
(d) M.H. (Educable)	—	—	—	—	—	—	1 (0·05)	—		—	1 (0·01)
(e) M.H. (Ineducable)	—	—	2 (0·08)	1 (0·04)	1 (0·04)	—	—	—	—	1 (0·17)	5 (0·03)
(f) Nervous or unstable	4 (1·17)	1 (0·37)	5 (0·19)	5 (0·20)	34 (1·27)	12 (0·54)	10 (0·46)	1 (0·05)	—	1 (0·17)	73 (0·46)
(g) Difficult in behaviour	4 (1·17)	1 (0·37)	18 (0·69)	19 (0·77)	23 (0·86)	8 (0·36)	2 (0·09)	4 (0·19)	1 (0·17)	1 (0·17)	81 (0·51)
12. Circulatory System:											
(a) Organic Heart Disease—											
(i) Congenital	1 (0·29)	—	6 (0·23)	13 (0·53)	8 (0·30)	5 (0·22)	6 (0·28)	2 (0·10)	1 (0·17)	1 (0·17)	43 (0·27)
(ii) Acquired	—	—	1 (0·04)	2 (0·08)	—	1 (0·04)	1 (0·05)	1 (0·05)	—	1 (0·17)	7 (0·04)
(b) Functional conditions	—	1 (0·37)	16 (0·61)	14 (0·57)	5 (0·19)	5 (0·22)	5 (0·23)	4 (0·19)	—	1 (0·17)	51 (0·32)
13. Lung Conditions:											
(a) Asthma	3 (0·87)	2 (0·75)	33 (1·26)	16 (0·65)	50 (1·87)	8 (0·36)	28 (1·30)	12 (0·57)	3 (0·51)	1 (0·17)	156 (0·97)
(b) Chronic Bronchitis	1 (0·29)	—	3 (0·11)	—	3 (0·11)	1 (0·04)	1 (0·05)	—	—	—	9 (0·06)
(c) Suspected Tuberculosis	—	—	5 (0·19)	1 (0·04)	1 (0·04)	—	—	2 (0·10)	—	—	9 (0·06)
(d) Other Diseases	1 (0·29)	—	25 (0·95)	9 (0·37)	13 (0·49)	7 (0·31)	9 (0·42)	8 (0·38)	2 (0·34)	—	74 (0·46)

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
14. Deformities:											
(*a*) Birth Injury	—	4 (*1·50*)	—	3 (*0·12*)	1 (*0·04*)	—	1 (*0·05*)	—	—	—	9 (*0·06*)
(*b*) Congenital	5 (*1·46*)	1 (*0·37*)	55 (*2·09*)	36 (*1·47*)	37 (*1·38*)	13 (*0·58*)	11 (*0·51*)	13 (*0·62*)	3 (*0·51*)	2 (*0·34*)	176 (*1·10*)
(*c*) Acquired (Poliomyelitis)	—	—	2 (*0·08*)	4 (*0·16*)	3 (*0·11*)	1 (*0·04*)	2 (*0·09*)	3 (*0·14*)	—	—	15 (*0·09*)
(*d*) Acquired (Probable rickets)	—	2 (*0·75*)	9 (*0·34*)	3 (*0·12*)	3 (*0·11*)	2 (*0·09*)	—	4 (*0·19*)	1 (*0·17*)	—	24 (*0·15*)
(*e*) Acquired (Other causes)	13 (*3·79*)	7 (*2·62*)	74 (*2·82*)	58 (*2·36*)	69 (*2·58*)	73 (*3·28*)	36 (*1·67*)	66 (*3·16*)	5 (*0·86*)	18 (*3·08*)	419 (*2·62*)
15. Tuberculosis:											
(*a*) Bone and Joint	—	—	—	1 (*0·04*)	—	—	—	—	—	—	1 (*0·01*)
(*b*) Glands	—	—	—	—	1 (*0·04*)	—	—	—	—	—	1 (*0·01*)
16. Infectious Diseases	—	—	—	3 (*0·12*)	3 (*0·11*)	1 (*0·04*)	—	—	—	—	7 (*0·04*)
17. Other Diseases or Defects:											
(*a*) Other Diseases or Defects	20 (*5·83*)	10 (*3·75*)	138 (*5·26*)	116 (*4·73*)	156 (*5·83*)	152 (*6·83*)	100 (*4·63*)	112 (*5·36*)	21 (*3·60*)	37 (*6·32*)	862 (*5·39*)
(*b*) Individual Children Notified	23 (*6·71*)	5 (*1·87*)	111 (*4·23*)	107 (*4·36*)	185 (*6·91*)	168 (*7·55*)	172 (*7·97*)	227 (*10·87*)	56 (*9·61*)	120 (*20·51*)	1,174 (*7·33*)
(*c*) Notices Issued	22 (*6·41*)	12 (*4·49*)	207 (*7·88*)	240 (*9·78*)	276 (*10·31*)	260 (*11·69*)	245 (*11·35*)	323 (*15·47*)	75 (*12·86*)	119 (*20·34*)	1,779 (*11·11*)

TABLE III

Summary of Systematic Medical Examination

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	367	60·16	3,237	63·73	3,261	66·52	3,164	74·50	885	75·77	10,914	68·19
II. (*a*) 6/12+ (better eye) with or without glasses ...	—	—	35	0·69	110	2·24	152	3·58	55	4·71	352	2·20
(*b*) Mouth or teeth likely to cause ill-health ...	2	0·33	44	0·87	36	0·73	41	0·97	7	0·60	130	0·81
(*c*) Both (*a*) and (*b*)	2	0·33	118	2·32	9	0·18	3	0·07	—	—	132	0·82
Total	4	0·66	197	3·88	155	3·15	196	4·62	62	5·31	614	3·83
III. Temporary illness only	149	24·43	1,116	21·97	1,058	21·58	551	12·97	112	9·59	2,986	18·66
IV. (*a*) Cure expected by treatment	73	11·97	360	7·09	323	6·59	254	5·98	92	7·88	1,102	6·88
(*b*) Improvement only by treatment	17	2·79	169	3·33	105	2·14	82	1·93	17	1·46	390	2·44
Total	90	14·76	529	10·42	428	8·73	336	7·91	109	9·34	1,492	9·32
Total number of children examined	610	100·00	5,079	100·00	4,902	100·00	4,247	100·00	1,168	100·00	16,006	100·00

TABLE IV

Return of All Exceptional Children of School Age in the Area

Disability	At Ordinary Schools	At Special Schools	At Hospitals or other Institutions	Not at School or Institution	Total
1. *Blind*	—	13	—	—	13
2. *Partially-sighted*—					
(*a*) Refractive errors	—	13	—	—	13
(*b*) Other conditions	—	29	—	—	29
3. *Deaf*—					
Grade I	2,710	—	—	—	2,710
Grade II	234	—	—	—	234
Grade IIA	1,135	—	—	—	1,135
Grade IIB	—	48	—	—	48
Grade III	—	55	—	—	55
4. *Defective Speech*—					
(*a*) Articulation	673	77	—	—	750
(*b*) Stammering	123	5	—	—	128
5. *Mentally Handicapped*—					
(*a*) I.Q. Approx. 70-50—					
(i) Education Act ...	—	383	—	—	383
(ii) M.H. Act	—	14	6	—	20
(*b*) I.Q. under 50—					
(i) Education Act ...	—	113	—	12	125
(ii) M.H. Act	—	29	56	22	107
6. *Epilepsy*—					
(*a*) Mild	—	8	—	—	8
(*b*) Severe	—	4	—	—	4
7. *Physically Handicapped*—					
(*a*) Non-Pulmonary T.B. ...	—	—	—	—	—
(*b*) General Orthopaedic ...	—	89	—	—	89
(*c*) Organic Heart Disease ...	—	11	—	—	11
(*d*) Other causes	—	94	—	—	94
8. *Maladjusted*	—	94	—	—	94
9. *Multiple Defects*			Not Recorded		

TABLE V

MEDICAL TREATMENT

Provided directly by School Health Services

	New Cases	Attendances
Minor Ailments:—		
(1) Cuts, bruises, sprains, minor injuries, etc. ...	11	7
(2) Diseases of the skin:—		
Scabies	250	532
Impetigo	4	21
Other diseases	73	42
Total	338	602

Sunray Treatments:—

Sighthill Health Centre—

School children	3	24

Orthopaedic Clinic (Physiotherapist):—

Sighthill Health Centre—

School children	23	233

Chiropodist:—

New Cases

Found to need treatment among 2,471 children inspected by the chiropodist in schools	289
Referred by medical officers, health visitors, etc.	642

Treatments Given—

Leith Clinic	Sighthill Clinic	Occupational Centre	Total
2,832	969	88	3,889

Scabies —

Cases and Attendances at Scabies Clinics

Year	Age 0–5 Years	Age 5–15 Years	Age 15 Years +	All Ages	Total Attendances
55	20	65	24	109	429
56	17	94	43	154	568
57	15	113	42	170	726
58	29	126	63	218	798
59	52	142	62	256	939
60	46	121	62	229	854
61	38	125	71	234	772
62	61	157	72	290	865
63	50	193	118	361	1,102
64	63	178	82	323	906
65	53	149	61	263	824

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

	New Cases	Attendances
Ear, Nose and Throat	257	558
Recommended for operative treatment ...	166	
Ophthalmologists	990	2,504
Squint	77	207
Glasses prescribed	1,343	
Glasses supplied by dispensing optician ...	1,119	

(3) Carried out in Hospital:-

	Boys	Girls	To
IN-PATIENT TREATMENT—			
I. In-patients discharged from children's departments of general hospitals—			
Medical	306	270	5
Surgical	441	277	7
T. & A. operation	259	312	5
Skin conditions	8	6	
Orthopaedic conditions (excl. Princess Margaret Rose Hospital)	81	45	1
No diagnosis	14	5	
II. In-patients discharged from the City Hospital—			
Infectious diseases	100	118	2
Total number discharged from hospitals	1,209	1,033	2,2

OUT-PATIENT TREATMENT—	
Edinburgh Foot Clinic	7
Hearing Aid Clinic, Cambridge Street—new cases issued with aids	3
Orthoptic Clinic, Cambridge Street	3
Royal Victoria Dispensary—Contacts	13
Royal Victoria Dispensary—Contacts vaccinated with B.C.G. ...	13
Notified cases of Tuberculosis	1

TABLE VI

SPECIAL EDUCATIONAL TREATMENT

mber of Children in Residential Schools and Institutions:—

Blind—	
Royal Blind School	13
Deaf—	
Donaldson's School	7
Mary Hare Grammar School, Newbury, Berks.	1
St. Vincent's R.C. School, Glasgow	4
Burwood Park	2
Epileptic—	
Colony for Epileptics, Bridge of Weir	4
Physically Handicapped—	
Castlecraig, Peeblesshire	3
Challenger Lodge	5
Coltness House, Wishaw	9
East Park Home, Glasgow	1
Stanmore House, Lanark	1
The Thomas Delarue School	2
Trefoil School	4
Westerlea School for Spastics	4
Mentally Handicapped—	
East Fortune Hospital	21
Gogarburn Institution	44
Larbert Institution	6
St. Charles' Private Hospital	4
St. Joseph's	16
Strathore Institution	12
Glenlomond Institution	2
Maladjusted—Residential Special Schools—	
Craigerne, Peebles	15
Goldings	3
Harmeny House, Balerno	7
Kilquhanity House	1
Lendrickmuir, Perthshire	18
Royal Caledonian Schools, Bushey	1
Children's Homes from which children attend local Primary and Secondary Schools—	
St. Ninian's House of Falkland	1
Tyneholm Boys' Home, Pencaitland	1
Kirkmichael House	3
Residential Special Schools for children with Multiple Handicap—	
Rudolf Steiner (Aberdeen)	5
Rudolf Steiner (Garvald)	2

TABLE VII

Average Heights and Weights 1964-1965

	Number Examined	Average Height (Inches)	Average Weight (lbs.)	'Average Age	
				Years	Month
Nursery—					
Boys	397	39·05	37·22	3	11
Girls	376	38·82	36·33	3	11
Infants—					
Boys	2,881	42·74	42·38	5	3
Girls	2,688	42·66	42·55	5	3
9-*year-olds*—					
Boys	2,605	52·44	65·75	9	6
Girls	2,399	52·42	66·21	9	6
13-*year-olds*—					
Boys	2,634	60·67	99·73	13	7
Girls	2,488	61·09	103·85	13	6
16-*year-olds*—					
Boys	504	67·57	136·14	16	4
Girls	617	63·38	124·87	16	6

TABLE VIII

Average Heights and Weights

(Height in inches; Weight in lbs.)

	1958–59		1959–60		1960–61		1961–62		1962–63		1963–64		1964–65	
	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 ...	39·02	36·94	38·43	36·11	39·03	37·16	39·40	36·68	38·73	36·34	38·97	37·02	39·05	37·22
Nursery Girls ...	37·99	35·06	38·21	34·90	38·66	35·45	38·38	35·41	38·75	35·70	38·91	36·45	38·82	36·33
Infant Boys ...	42·90	43·26	42·88	42·92	42·65	42·56	42·61	42·72	42·39	42·88	42·90	42·70	42·74	42·38
Infant Girls ...	42·67	41·91	42·50	41·50	42·33	41·15	41·82	41·56	41·28	40·88	42·84	41·58	42·66	42·55
9-year-old Boys ...	52·32	66·04	52·25	65·53	51·76	65·64	52·52	66·06	52·22	65·81	52·25	65·35	52·44	65·75
9-year-old Girls ...	51·90	64·46	52·50	65·00	51·46	63·73	52·03	64·79	51·97	64·49	52·17	65·50	52·42	66·21
13-year-old Boys ...	60·66	100·00	60·50	99·80	60·35	99·11	60·35	98·62	60·43	98·75	60·79	99·05	60·67	99·73
13-year-old Girls ...	60·50	102·50	60·75	103·40	59·89	103·44	60·76	104·44	60·78	103·88	60·86	105·04	61·09	103·85
16-year-old Boys ...	67·75	138·00	67·73	135·72	67·65	137·13	67·94	137·84	67·33	136·77	68·08	137·83	67·57	136·14
16-year-old Girls ...	63·25	123·25	63·45	124·37	64·36	130·17	63·54	126·44	63·36	124·93	63·73	123·61	63·38	124·87

APPENDIX I

Tuberculin Testing and B.C.G. Vaccination of School Children born in 1951

	Boys			Girls			Total		
							Boys and Girls	Boys and Girls	Boys and Girls
	Local Authority	Private	Total	Local Authority	Private	Total	Local Authority	Private	Grand Total
Number offered Tuberculin Testing	2,676	581	3,257	2,528	448	2,976	5,204	1,029	6,233
Number Accepted	2,506 (93·6%)	534 (91·9%)	3,040 (93·3%)	2,352 (93%)	413 (92·2%)	2,765 (92·9%)	4,858 (93·3%)	947 (92%)	5,805 (93·1%)
Number not tested (Cases, Contacts, Absentees, etc.)	128	20	148	154	12	166	282	32	314
Number Tuberculin Tested	2,378	514	2,892	2,198	401	2,599	4,576	915	5,491
Number of Tests Read	2,298	497	2,795	2,119	397	2,516	4,417	894	5,311
Number of Natural Positive Reactors	259 (11·3%)	44 (8·9%)	303 (10·8%)	228 (10·8%)	34 (8·6%)	262 (10·4%)	487 (11%)	78 (8·7%)	565 (10·6%)
Heaf Positive Grade I	180 (69·5%)	32 (72·7%)	212 (70%)	161 (70·6%)	27 (79·4%)	188 (71·8%)	341 (70%)	59 (75·6%)	400 (70·8%)
Heaf Positive Grade II	33 (12·7%)	6 (13·6%)	39 (12·9%)	27 (11·8%)	2 (5·9%)	29 (11·1%)	60 (12·3%)	8 (10·3%)	68 (12%)
Heaf Positive Grade III	39 (15·1%)	6 (13·6%)	45 (14·9%)	34 (14·9%)	3 (8·8%)	37 (14·1%)	73 (15%)	9 (11·5%)	82 (14·5%)
Heaf Positive Grade IV	7 (2·7%)	—	7 (2·3%)	6 (2·6%)	2 (5·9%)	8 (3·1%)	13 (2·7%)	2 (2·6%)	15 (2·7%)
Number of Post Vaccinal Positive Reactors ...	213 (9·3%)	28 (5·6%)	241 (8·6%)	198 (9·3%)	23 (5·8%)	221 (8·8%)	411 (9·3%)	51 (5·7%)	462 (8·7%)
Number of Negative Reactors	1,826 (79·5%)	425 (85·5%)	2,251 (80·5%)	1,693 (79·9%)	340 (85·6%)	2,033 (80·8%)	3,519 (79·7%)	765 (85·6%)	4,284 (80·7%)
Number vaccinated	1,817	422	2,239	1,684	337	2,021	3,501	759	4,260

APPENDIX II

Vision Testing

Age	Total No. Examined		Good Vision (6/6 in better eye, with or without glasses)		Fair Vision (6/9 or 6/12 in better eye, with or without glasses)				Bad Vision (6/18 or worse in better eye, with or without glasses)			
					Defect already known		Defect recognised for first time		Defect already known		Defect recognised for first time	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
5-year-olds												
Boys	2,413	100%	2,250	93·2%	31	1·3%	118	4·9%	8	0·3%	6	0·3%
Girls	2,142	100%	1,988	92·8%	32	1·5%	103	4·8%	7	0·3%	12	0·6%
7-year-olds												
Boys	2,874	100%	2,591	90·1%	91	3·2%	152	5·3%	29	1·0%	11	0·4%
Girls	2,724	100%	2,415	88·6%	94	3·5%	180	6·6%	17	0·6%	18	0·7%

APPENDIX III

TABLE A

Children in Physically Handicapped Schools

Disability	No.	Disability	No.
Congenital Defects:		Heart Condition:	
(*a*) Skeletal—		Congenital	9
Hydrocephalus	6		
Spina bifida	5	Lung Conditions:	
Meningocele	1	Asthma	4
Other	7	Bronchitis	1
(*b*) Miscellaneous	4	Nervous System—Disorders of:	
		Cerebral Palsy	25
Debility	1	Muscular Dystrophy	3
		Poliomyelitis	3
General Orthopaedic	5	Epilepsy	8
		Post-encephalitic	1
Haemophilia	1		
Other Blood Conditions	1	Other Conditions	15
Total Number of Cases: 100			

TABLE B

Pupils on the Visiting Teachers' Roll during the Session

Disability	No.
Accidents, etc.	5
Poliomyelitis	4
Dystrophy	3
Primary Tuberculosis	2
Orthopaedic	12
Haemophilia	1
Other Blood Diseases	3
Tumours	3
Congenital Conditions	6
Other Conditions	4
Total	43*

* In addition to the above, 19 children in hospitals received tuition from visiting teachers.

APPENDIX IV

Remand Home, Gilmerton

	ON CHARGE		ON PETITION	
	Examined for Admission	Examined for Approved School Report	Examined for Admission	Examined for Approved School Report
Edinburgh—				
Boys	190	87	18	11
Girls	16	10	48	26
Total	206	97	66	37
Outwith—				
Boys	76	39	4	2
Girls	9	6	13	8
Total	85	45	17	10
Grand Total	291	142	83	47

Examined for admission, 374 (in 1964, 419).
Examined for approved school report, 189 (in 1964, 206).

APPENDIX V

Audiometric Testing—Session 1964-1965

	Number Listed	Number Tested	Extra Tests	Normal	Total Def.	Grades			Abs.	Left
						1	2A	2		
Routine Groups										
Infant Admits 1964 ...	6,796	6,137	1,032	5,406	731	472	222	37	659	
% of No. Tested ...				88·1	11·9	7·7	3·6	0·6		
Children Born 1956 ...	5,957	5,603	932	4,907	696	539	139	118	354	
% of No. Tested ...				87·6	12·4	9·6	2·5	0·3		
Secondary Admits 1964	3,490	3,231	413	2,975	256	203	45	8	259	
% of No. Tested ...				92·1	7·9	6·3	1·4	0·2		
Absentees (last session)	894	620	96	543	77	51	23	3	141	133
Previously Defective										
Defective last Session ...	3,894	2,682	1,785	1,025	1,657	971	541	145	703	509
% of No. Tested ...				38·2	61·8	36·3	20·1	5·4		
Normal last Session ...	1,086	720	167	585	135	120	14	1	224	142
% of No. Tested ...				81·3	18·7	16·7	1·9	0·1		
Special Requests	664	664	175	528	136	83	36	17		
% of No. Tested ...				79·6	20·4	12·5	5·4	2·5		
Totals	22,781	19,657	4,600	15,969	3,688	2,439	1,020	229	2,340	784
Less Duplicates ...	618	566	319	254	312	198	90	24	51	1
Final Totals	22,163	19,091	4,281	15,715	3,376	2,241	930	205	2,289	783
Previously defective—absent this session					703	469	205	29	Grade 3	
Total defectives in above groups					4,079	2,710	1,135	234		
Defective cases attending other schools					55				55	
Area total of defectives					4,134		1,135	234	55	
% of Total number of defectives						65·55	27·46	5·66	1·33	
% of the School Population of 63,432					6·51	4·27	1·79	0·37	0·08	

DENTAL SERVICES

REPORT BY THE CHIEF DENTAL OFFICER

It is with some concern that the report on the Dental Service is submitted this year.

The incidence of caries, and therefore the need of the school child for more treatment, continues to increase. This, together with the mounting demand of a public becoming gradually more dentally conscious about both routine and advanced forms of treatment, has led to a situation beyond the capabilities of the existing staff. A single illustration will serve to highlight the problem. Of a total school population of 63,436 some 29,520 (46·5%) were dentally examined during the year under review. Put another way, each child is seen on average rather less than once every two years. No school dental service which fails to provide a routine inspection annually can be considered adequate. Ideally the dental inspection of children should occur at four-monthly intervals or less to ensure dental fitness.

Details of attendances and treatment are given in the table sections I, II, III and V, from which it can be seen that a very considerable volume of work has been carried out. Yet of over 10,000 children accepting treatment, under 7,000, or 68·1%, were made dentally fit.

While the provision of an inspection and treatment service is of importance in the health of the school child, a broader outlook on the subject of dental health is required. Active promotion of dental health, by employing all the known measures of preventive dentistry, including prophylactic odontotomy, topical application of fluorides, interceptive orthodontics, the restriction of carbohydrate intake between meals and dental health education in all its aspects is required.

By far the most effective single preventive measure known is fluoridation of public water supplies at 1 p.p.m. fluoride. It is a proven, effective, and completely safe method of bringing the caries problem within manageable limits. The certain knowledge that dental health can be improved beyond recognition by the full employment of all known methods of prevention places an onus of responsibility on those in authority, which must not be shirked.

Part of the broader outlook should also include surveys and research to define existing problems, to determine the reason for variation in prevalence and to evaluate the effectiveness and efficiency of existing dental health measures.

It is evident that to attain all these objectives the existing staff, which is now at its full establishment of 18 Dental Officers would require to be doubled unless the caries incidence can be very considerably reduced.

All Scotland Health Campaign

In March this year, a National Dental Health Month was held. It was agreed that Edinburgh should participate only in a modified form, since the time interval from the previous major campaign was considered too short. Because of encouraging results from the previous campaign, it was thought worthwhile to concentrate on the very young and accordingly, the Happy Smile Club first introduced then, has been continued among five-year-olds coming to school for the first time. During the March campaign efforts with this age group were intensified and a number of additional talks given. Dental Health publicity was greatly stepped up throughout the schools and Edinburgh participated in the national poster competition. The opportunity was taken to give talks to assembled schools where prizes were awarded, numbering six in all and the enthusiasm and interest aroused was most encouraging.

Major campaigns of this kind are of doubtful value if the object is to achieve some measurable improvement in oral hygiene. Such value as they do have is to serve as a sharp reminder of the need for dental health and on this scale should not be held oftener than three-yearly intervals. A dental health week held annually would serve the same purpose and encroach less on important routine work.

Dental Health Education

An experimental dental health week was held in Glenvarloch school in April employing the methods of the larger campaigns. Every child was dentally inspected, illustrated talks were given and book prizes were awarded to the winners of the essay and poster competitions. Each member of the winning class in the oral hygiene competition received a MacKintosh Red. The results were most encouraging in terms of improved oral hygiene, acceptance rate for treatment and general knowledge on dental health.

The success of any programme on dental health education depends very largely on the availability of suitably trained staff in sufficient numbers to provide the continuing effort required. In this respect the new grade of Dental Auxiliary and the established grade of Oral Hygienist are proving most valuable. During the year, 153 sessions in 56 schools were devoted to dental health education by these auxiliary grades. In April, a second Dental Auxiliary was appointed and welcomed to the staff on her commencement in August.

One of the more interesting figures in the statistical return this year, is the improved consent rate, which at 51·2% is 3% up on the previous year. This is an encouraging recovery after the sharp decline of two years ago and may reflect the increasing impact made by dental health education, while it is also possible that the steady improvement in surgeries and equipment may also be a factor in improving the public image of the service.

In addition to the Authority's own programme of dental health education, trainee oral hygienists from Edinburgh Dental Hospital continued to carry

out dental health education in a further four selected schools, thus making a valuable contribution to this aspect of the school dental staff's work.

Orthodontic Treatment

Year by year the Orthodontic Service is assuming, rightfully, a place of increasing importance in the School Dental Service. The need for orthodontic treatment is widespread and the demand is considerable. By careful selection of the most deserving cases, the waiting list for treatment remains relatively short. Under the supervision of the orthodontic consultant 368 cases of mal-occlusion were under treatment by the dental staff, 160 of which were completed satisfactorily.

The new Orthodontic Room recently completed at Sighthill Health Centre should enable an early start to be made with fixed appliance therapy.

Oral Surgery

The Consultant Oral Surgery Service continues to be provided at the Sighthill Health Centre and 29 children were referred to the Consultant during the course of the year.

Refresher Courses

By courtesy of the Corporation, two Dental Officers attended a course in Recent Advances in Children's Dentistry at Edinburgh Dental Hospital in October, 1964. The Senior Oral Hygienist attended a two-day course at King's College, London. Apart from the intrinsic value of such courses in helping to keep abreast of modern developments the exchange of ideas with colleagues is of itself considered worthwhile.

Clinics

The most urgent problem is the pressing need to find alternative accommodation to the present central clinic at 45 Lauriston Place, now scheduled for demolition to make way for extensions to the Royal Infirmary. The Lauriston clinic which has served the public well for many years, though well situated, is obsolete and no longer suited to the requirements of modern dentistry. Good accommodation and equipment are important factors in the development of a good service; apart from their obvious immediate value as aids to efficiency they project the right image of the service to parents, patients and the public generally and may have a material influence on the attitude of potential applicants for School Dental posts. Because of the present distribution of existing surgeries and desirability of close proximity to the Public Health offices and the Dental Hospital, a good central site, well serviced by public transport is essential for the new dental headquarters.

Treatment of Handicapped Children

Considerable difficulty is being experienced with this aspect of the Dental Services. Treatment of handicapped children is often very exacting and the

need for good facilities and auxiliary staff paramount. Frequently handicapped children are unable to travel to clinics and mobile equipment set up in make-shift premises has proved unsatisfactory. The provision of a mobile (trailer) clinic which could be taken to the Special Schools where help is available would greatly facilitate regular inspection and treatment of these children.

Acknowledgements

It is my privilege and pleasure to extend my warm thanks to the Chief Dental Officer, Scottish Home and Health Department, and the staff of the Edinburgh Dental Hospital for helpful co-operation; to the Medical Officer of Health and medical colleagues of the Public Health Department and to the Dental Officers, Dental Auxiliaries, Oral Hygienists and Dental Surgery Assistants who have maintained a high standard of work throughout the year, a word of special thanks is due.

LOCAL AUTHORITY DENTAL SERVICES (SCHOOL AND M. & C.W.)

1st August 1964 to 31st July 1965

School Population—63,436

Estimated Pre-School Population—40,758

Section I—General Statistics

	Age on Inspection														
	Ages 0–4	5	6	7	8	9	10	11	12	13	14	15	16	17 or over	Total ages 5-17+
Routine dental inspection	1,024	3,345	3,780	3,949	3,775	3,651	3,436	3,443	1,852	1,086	760	335	74	34	29,520
With dental defects	608	2,474	2,852	3,065	2,898	2,684	2,403	2,401	1,339	820	612	258	64	28	21,898
Offered treatment	601	2,374	2,629	2,845	2,601	2,368	2,093	2,076	1,165	706	547	236	63	26	19,729
Accepting treatment	478	1,227	1,300	1,448	1,299	1,181	1,077	951	635	410	356	132	59	27	10,102
Treated by L.A. Dental Officers	520	935	1,089	1,233	1,171	1,056	912	834	606	420	376	149	65	32	8,878
Number made dentally fit	377	623	829	890	866	807	767	677	483	358	315	152	69	47	6,883
Special and emergency cases	296	292	336	390	343	281	260	199	176	203	234	76	18	16	2,824
Attendances for treatment—Total 0–4 ...	2,441							Attendances for treatment—Total 5–17+						...	45,895

ORAL HYGIENISTS

	Schools	M. & C.W.
Attendances for treatment	2,559	28
½ days Group talks	153	12

Section II—Details of Treatment

	School Children	Pre-School Children	Mothers		Total
			Ante-Natal	Post-Natal	
Fillings					
Permanent Teeth—Routine	22,819	—	51	57	22,927
Special	352	—	—	—	352
Total	**23,171**	—	**51**	**57**	**23,279**
Deciduous Teeth—Routine	8,910	1,293	—	—	10,203
Special	134	15	—	—	149
Total	**9,044**	**1,308**	—	—	**10,352**
Extractions (Not including Orthodontic)					
Permanent Teeth—Routine	1,607	—	10	20	1,637
Special	407	—	—	—	407
Total	**2,014**	—	**10**	**20**	**2,044**
Deciduous Teeth—Routine	6,910	428	—	—	7,338
Special	1,264	232	—	—	1,496
Total	**8,174**	**660**	—	—	**8,834**
Administrations of General Anaesthetic	1,949	180	—	3	2,132
Other Operations—					
Permanent Teeth	9,836	—	31	79	9,946
Deciduous Teeth	4,636	909	—	—	5,545
Dentures—Partial	90	—	1	6	97
Full	2	—	—	3	5
Repairs to Dentures	17	—	—	2	19
Number of X-rays (Not including Orthodontic)	629	—	—	—	629

Section III—Orthodontic Treatment

	School Children
Number of cases continued from previous year	368
New cases	184
Cases Completed	160
Cases Discontinued	32
Cases continuing at end of year	360
Attendances for Treatment—(*a*) Consult. R.H.B.	456
(*b*) Dental Officers	3,346
Number of Examinations—(*a*) Consult. R.H.B.	104
(*b*) Dental Officers	68
Number of Examinations not followed by Treatment—(*a*) Consult. R.H.B.	6
(*b*) Dental Officers	5
Removable appliances fitted—(*a*) Consult. R.H.B.	1
(*b*) Dental Officers	166
Number of Extractions—(*a*) Permanent Teeth	242
(*b*) Deciduous Teeth	260
Repairs to Orthodontic appliances	9
Number of X-rays	399

Section IV—Dental Staff

	Dental Surgeons	Dental Surgery Assistants	Dental Auxiliaries	Dental Hygienist
Establishment of posts agreed by Council ...	18	19	1	2
Number in post at 31/7/65—Whole Time ...	18	19	1	2
Part Time	—	—	—	—
Total Whole Time equivalent	18	19	1	2
Number of vacancies being advertised	—	—	—	—
Estimated number of half days occupied in—				
(*a*) Inspection	271	—	—	—
(*b*) Treatment—Schools	6,777	—	371	713
(*c*) Treatment—Orthodontic	285	—	—	—
(*d*) Treatment—M. & C.W.	59	—	69	—
(*e*) Dental Health Education	20	—	20	165
(*f*) Administration	355	—	—	—
(*g*) Absent—Illness	266	173	2	14

Section V—Maternity

	Ante-Natal	Post-Natal
Routine Inspection	16	21
Attendances	63	130
Completed Dentally Fit	8	16
Fillings	51	57
Extractions	10	20
General Anaesthetic	—	3
Other Operations	31	79
Dentures	1	9

PREVENTION OF ILLNESS

HEALTH EDUCATION

REPORT BY

THE SENIOR MEDICAL OFFICER

Attention has once again been drawn to the importance of health education by the Report of the Joint Committee of the Central and Scottish Health Services Councils. The report of this joint committee, better known under the name of its chairman Lord Cohen of Birkenhead, emphasises that there is clearly a continuing need for health education in many fields. While advocating some re-organisation at a national level to permit the staff employed to be wholly free to concentrate on health education the committee believes that, at a local level, the local authority should remain in charge.

The establishment of a Health Education section in the Edinburgh Health Department has long preceded this report and if its activity remains at the present level or increases the recommendation of the joint committee will be exceeded both in the letter and the spirit. The projects undertaken this year bearing witness to this.

Arrangements for a public meeting to mark World Health Day were again made by the section with the co-operation of Edinburgh University. The subject selected for 1965 was " Some World Health Activities in the control of communicable disease ", and the speakers were Professor Robert Cruickshank of Edinburgh University and Professor A. W. Downie of Liverpool University. This meeting was held in the David Hume Tower on 21st April and attracted a large audience. A small display illustrating the work of the World Health Organisation was arranged in the foyer.

During the year 198 meetings were held with various groups throughout the city, the total audience figure being 5,698. It will be seen that there is a decrease in the number of these meetings and from enquiries made it would appear that some groups are experiencing difficulty in attracting members to their meetings and for this reason they are reluctant to book speakers. It may be that television is encouraging people to remain at home, particularly during the colder weather, instead of journeying to the church or community hall for a meeting of their Guild. Some groups are also finding it difficult to persuade members to undertake the duties of office bearers and consequently cannot carry on regular meetings.

Towards the end of the year the Health Education section moved to 25 Castle Terrace and work has been in progress to convert these premises into a Health Education Centre which will house small exhibitions and display the visual aids available to all who are interested in health teaching. It is hoped to open this centre early in 1966.

Health Education in schools undertaken by the health visitor attached to the section has continued to expand, 532 pupils receiving a total of 92 lessons.

An innovation this year has been the introduction, at the headmaster's invitation, of talks on ' Health and Growing Up ' to girls who were about to leave school, their mothers being given the opportunity to discuss the content of the course before a start was made. The number of questions posed by the pupils emphasised the need for this type of health education.

It is helpful to hear from the teachers on the needs of the different classes and the individuals in them and where the teachers were present during the lessons, they expressed the opinion that the venture was valuable and overdue.

The health visitor also undertook 41 evening talks to various groups representing all sections of the community.

If this aspect of health education is to continue, and there is no doubt that it should be developed further, full thought must be given to the provision of additional staff who can be assigned to this valuable work.

The attention of the district nurses and health visitors was drawn to the report of the special committee of the British Medical Association on accidental cold injury in the elderly. The nurses received an appropriate talk accompanied by a digest of the report and were issued with the low reading thermometers recommended by the committee.

Anti-smoking clinics have again been held for those who have specially requested help from the department or have been referred by their own family doctors. The results continue to be worthwhile, the usual effect being that one third of each group stop smoking, one third cut down and one third, while not being specifically changed in smoking habits at the time of the clinic, are made aware of the dangers of smoking and may have their habits influenced for the better in the future.

A news bulletin for Public Health staff has been commenced and will appear three times per year. This publication is of particular value as more than one thousand people, who work in many different areas and at many different tasks, are employed in the department. This publication will be of value in keeping each individual informed of progress being made in the other sections of the department and will bring about increased awareness of the achievements of public health and foster co-operation between varied sections of the department.

The Research work of the section also continues to develop and there is no doubt that its association with health education mutually increases the value of both aspects of the work.

Further progress has been made with the pilot survey on the relationship between atmospheric pollution and chronic bronchitis. The grant for this project provided jointly by the Health Committee and the Secretary of State's Advisory Council on Medical Research has now terminated and the data collected is being reviewed.

A commentary on the results of the Medical Research Councils questionnaire on respiratory symptoms (1960) has been prepared which will provide a base line for any future study on the prevalence of respiratory symptoms in a smoke controlled and a non-smoke controlled area in the city.

Records of the incidence of respiratory conditions occurring in patients in the two areas were kept by family doctors. Information on the problems of this type of investigation being obtained which will be of value in future surveys.

Reading of the smoke and sulphur dioxide levels obtained over the period May 1962 to January 1965 indicate that smoke control areas are of value and that pollution levels are decreasing with the passage of time.

The data relating pollution levels in 1963 to atmospheric conditions have been prepared for analysis which will be undertaken when staff and machine time are available.

We are grateful to the Home and Health Department for the donation of its share in the machines for the measurement of smoke and sulphur dioxide and steps are being taken to see that full use will be made of this apparatus. In co-operation with the Sanitary Department the seven machines will be suitably placed to measure smoke and sulphur dioxide over the city as a whole with particular reference to the detection of pollution from the new power stations at present being built at Cockenzie and Longannett.

In addition to these long-term projects other valuable studies have been made.

An analysis of the results of a survey on the needs of the elderly undertaken by the health visitors in the Sighthill area has been made, the results being published in the " Health Bulletin ". This gives an estimate of the health visitors assessment of the needs of the older age groups.

A survey was also made of the health visitors views on the present and future needs of the public health service as a whole. This has provided much information which will be of great value when any changes in the service are contemplated.

Assistance has been given to the Superintendent of the Queen's Institute of District Nursing in the planning and preparation of a new system of medical documentation which will reduce the amount of clerical work required by the individual nurse and facilitate the keeping of more accurate and valuable clinical information.

The use of computers in medical documentation has also been considered and a study made in collaboration with the Organisation and Methods section of the corporation has revealed that this is both feasible and likely to be of economic value. The Health Education and Research section endeavours to keep itself familiar with developments in this field so that a pool of information will be available to the department as a whole.

Evaluation of health education methods has also been made. A special research project on cigarette smoking in school children to study the effectiveness of different health education methods in modifying behaviour,

knowledge and attitude being undertaken as a project financed jointly by the Health Committee and the Scottish Home and Health Department. Dr. L. M. Watson being seconded from the School Health service to take charge of this investigation. The results of this survey are likely to prove of great value and a full report is being prepared.

It can therefore be seen that the Health Committee through the Public Health Department's section for Health Education and Research continue to make a valuable contribution to the health of our City.

PREVENTION OF HOME ACCIDENTS

FIREGUARD LOAN SCHEME

This scheme, organised by the Home Safety Committeè of the Edinburgh Accident Prevention Council and administered by this Department, has been in operation for over fourteen years. In this period the Home Safety Committee has, with financial support from the Health Committee, purchased 3,025 fireguards. During the course of the years a number of fireguards have been written off as beyond repair and at the end of this year the effective number on loan is 2,398.

During the year 397 fireguards were issued for the protection of young children and 23 to aged or handicapped persons. These guards were delivered by means of the department vans.

The waiting list at the end of the year was 142.

CRAYLEIGH COOKER SAFEGUARD

Ninety-five Crayleigh Cooker Safeguards have been purchased and issued on loan to homes with young families. At the end of the year 22 safeguards had been written off as beyond repair, 73 were on loan. This scheme which we find to be greatly appreciated by parents, has been in operation for four years.

HOME ACCIDENTS

The number of home accidents reported by hospital authorities and the City Police during the year was 2,191. Of this number 367 of the more serious types were investigated by health visitors, who also paid follow-up visits to other cases.

Table I includes the number and classification of home accidents investigated by the health visitors and the number of patients reported and treated at Sighthill Health Centre.

Details of deaths from Home Accidents is shown in Table II.

TABLE I

Home Accidents reported and investigated during 1965

Age Groups	Fractures		Burns		Scalds		Poisoning				Cuts or Lacera-		Other		Totals	
							Gas		Other							
Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 1 year	—	1	11	2	2	2	—	—	17	13	8	6	16	12	54	36
1–4 years	—	2	48	41	17	16	1	—	—	2	34	19	19	20	119	100
5–9 ,, ...	1	—	8	5	4	3	—	—	—	—	12	4	10	2	35	14
10–14 ,, ...	2	1	1	3	4	2	—	—	—	—	7	6	5	6	19	18
15–24 ,, ...	1	—	2	—	4	7	—	—	—	—	6	9	7	5	20	21
25–34 ,, ...	—	—	1	3	1	4	—	1	—	—	2	2	2	3	6	13
35–44 ,, ...	—	1	3	4	—	1	—	—	—	—	—	4	—	2	3	12
45–54 ,, ...	—	1	1	—	—	2	—	—	—	—	2	2	—	6	3	11
55–64 ,, ...	—	1	2	2	—	—	—	1	—	—	—	1	1	2	3	7
65–74 ,, ...	—	2	1	2	2	1	—	—	—	—	5	5	8	13	16	23
75–84 ,, ...	—	5	2	1	—	—	—	1	—	—	1	3	5	10	8	20
85+ ,, ...	—	1	—	—	—	—	—	—	—	—	—	1	2	5	2	7
Totals	4	15	80	63	34	38	1	3	17	15	77	62	75	86	288	282
	19		143		72		4		32		139		161		570	

* Includes 203 patients treated at Sighthill Health Centre.

TABLE II

Deaths from Accidents in the Home 1965

Age Groups	Fractures		Burns		Scalds		Poisoning				Accidental Mechanical Suffocation		Other		Totals	
							Gas		Other							
Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 1 year	—	—	—	—	—	—	—	—	—	—	11	1	—	—	11	1
1–4 years	—	—	—	1	—	—	—	—	—	—	1	—	—	1	1	2
5–9 ,, ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
10–14 ,, ...	—	—	—	—	—	—	1	1	—	—	—	—	1	1	2	2
15–24 ,, ...	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
25–34 ,, ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35–44 ,, ...	1	—	—	—	—	—	1	2	—	1	—	—	—	—	2	3
45–54 ,, ...	—	—	—	—	—	—	2	2	—	3	2	—	—	1	4	6
55–64 ,, ...	2	5	—	—	—	—	2	—	—	2	—	—	—	—	4	7
65–74 ,, ...	8	3	—	1	—	—	1	2	—	—	—	—	—	—	9	6
75–84 ,, ...	9	14	—	—	—	—	2	2	—	—	1	—	—	—	12	16
85+ ,, ...	3	24	—	—	—	—	—	2	—	—	—	—	—	—	3	26
Totals	23	46	—	2	—	—	10	11	—	6	15	1	1	4	49	70
	69		2		—		21		6		16		5		119	

REHOUSING ON HEALTH GROUNDS

There have been no alterations in the arrangements for re-housing on health grounds from previous years. In an attempt to minimise the great number of medical certificates that family doctors and others are requested to provide for their patients seeking priority, doctors, health visitors and medical social workers were provided with a series of notes prepared jointly by the Corporation House-letting Department, general practitioners and the medical officer of health, giving guidance by indicating the circumstances in which certificates can be of most value for re-housing priority. It may yet be too early to assess properly the effect in controlling the number of certificates, but it was encouraging that there was some decrease in 1965 compared with the gradual increase in recent years.

Although there was a further increase in the number of home visits required by assistant medical officers, this was in consequence of an extension of the Medical I priority to include many more elderly people living in housing conditions detrimental to their health. More than twice the number of such top medical priorities were awarded (34 compared with 16 in 1964).

The overall total number of applications submitted to the department during the year for assessment of priority on health grounds, with the exception of tuberculosis, was 913; a decrease of 165. There were 438 requests on behalf of Corporation tenants for transfer of accommodation, of which 91 were refused. The remaining 475 applications were recommended priority as follows:—

Number of Applications	No Priority	Medical I	Priority Points Recommended 1	2	3	4
475	76	34	63	184	86	32

Tuberculosis cases were considered largely on the basis of a T.B.I or T.B.II priority, depending on the clinical, bacteriological and housing circumstances of each patient. The number of such priority cases that were re-housed during the year were as follows:—

T.B.I priority	15
T.B.II priority	12

A further eight T.B.I priorities and 18 T.B.II priorities await rehousing on 31st December 1965.

CONTROL OF INFECTION

REPORT BY THE SENIOR MEDICAL OFFICER

INFECTIOUS DISEASES

There were 3,904 notified cases of infectious diseases during 1965, a decrease of 83 compared with the previous year. There was a general decline in the incidence of many diseases, particularly whooping-cough which dropped to 92 cases only compared with 430 and 686 cases in the two previous years. There was also some decline in measles, but dysentery increased considerably (by over 50 per cent.) to 1,315 cases.

Although enteric fever was not a major problem during the year, there occurred two cases (one typhoid and one paratyphoid B) in persons who had been infected while on holiday in Spain.

In May, a further outbreak of salmonella food-poisoning occurred infecting 38 persons, which like the previous outbreak in October 1964 also resembled the Aberdeen typhoid outbreak in its epidemiological features.

The work of the infectious diseases section during 1965 was more noted however for the unusually broad range of infections encountered. Epidemiological investigation and control measures of such diseases as Weil's disease, rabies, psittacosis, tetanus and brucellosis were attended to, during which the high degree of co-operation that exists between the department and the University of Edinburgh Bacteriology Department was further highlighted.

Excluding pneumonia and tuberculosis, there were 11 deaths from notifiable disease during the year (8 influenza, 2 meningococcal infections and 1 measles), compared with 9 deaths in 1964.

ENTERIC INFECTIONS

Two unrelated cases of typhoid fever occurred in 1965. The first was a middle-aged housewife, whose source of infection was discovered to be her husband, who had had typhoid fever in Poland in 1934. Although they had been in close contact with each other since, apart from the war years, the extreme intermittency of the husband's urinary excretion might explain his wife's not being infected until 31 years later. It is intended to publish a fuller account of this interesting epidemiological event at a later date. The second case occurred in a mining student who had returned from a holiday in Spain.

Three cases of paratyphoid B occurred, two of whom were diagnosed on serological evidence only. One was a youth who became ill also following a holiday in Spain; the other was a hospital secretary who had complained of intermittent fever and abdominal pain. The only case to have the organism isolated (phage-type Taunton) was a woman employed in a city

restaurant. Despite intensive investigation of family, social and work contacts, the source of infection was not discovered although it was presumed that she had been infected from an unknown carrier arising from the paratyphoid outbreak of 1963.

FOOD POISONING

There occurred 34 established incidents of food-poisoning in 1965 (24 were sporadic in that there was a single bacteriologically confirmed case only), involving a total of 147 persons, compared with 155 during the previous year. There were 71 cases associated with five outbreaks of salmonellosis, two of which occurred primarily outwith the city, involving seven Edinburgh contacts. The remaining 76 cases occurred in family groups or as sporadic cases. Salmonellae were responsible in 106 cases (72·1%); clostridium welchii in 8 and the remaining 38 were unconfirmed bacteriologically.

40	persons	were	infected	by	Salmonella	tennesse
40	,,	,,	,,	,,	,,	typhi-murium
7	,,	,,	,,	,,	,,	enteriditis
5	,,	,,	,,	,,	,,	brandenburg
4	,,	,,	,,	,,	,,	dublin

Two unrelated cases were infected by Salm. anatum and one each by Salm. senftenberg, derby, hessarek, bareilly, arizona, St. Paul, budapest and a salmonella of Group C.[2], which was not however further identified.

Further to the outbreak of food-poisoning (Salm. reading) in October, 1964, another almost identical outbreak of food-poisoning occurred in the city in May, 1965, arising from the cold meat counter of a food shop. A total of 38 persons including all five shop assistants, were discovered to have been infected with Salm. tennessee directly or indirectly from imported canned minced pork, which produced acute symptoms in most cases. Seven persons only were completely asymptomatic. Three others involved had clinical symptoms, but were unconfirmed bacteriologically. The infecting organism was also isolated from several items of equipment in the shop, including the blade and guard of the meat slicing machine and from the display shelf, eight days after the incriminated meat had been consumed. As previous experience in 1964 had already suggested, bacteriological follow-up of infected persons again showed the persistency of the salmonella organism for a varying number of weeks and months despite antibiotic treatment; nine persons only (21·9%) showed no evidence of bacteriological relapse.

Nineteen persons throughout the city were discovered to be infected with Salm. typhi-murium, phage-type 32, during the last three months of the year, but other than in one or two family groups, no dietary, social or geographical link could be established. The source of infection remains undiscovered.

On the 31st December, four cases of Salm. enteriditis food-poisoning were notified to the department which were the first cases of an extensive

outbreak arising from the staff Christmas dinner of a large factory. The full extent of this outbreak was not discovered until the factory resumed work after the New Year.

The eight cases of Cl. welchii food-poisoning all occurred in November in a party of women who had dined the previous evening in a city restaurant. The vehicle of infection was apparently gravy prepared from stock, which was reheated the following day and then allowed to stand for several hours before serving.

DYSENTERY

Notifications of bacillary dysentery more than doubled during the year (1,315 cases) compared with 642 in 1964. This was the second highest annual total recorded in the city, exceeded only by a total of 1,486 two years ago. The greatest incidence was during the spring and early summer months, although there remained a fairly high level of notifications throughout the year, with a further increase again during December (see table, p. 89), when an outbreak occurred among patients and staff of a mental hospital.

The greatest incidence of infection was again among children between the ages of 1 and 15 years (63·6%). All were infected with Sh. sonnei, with the exception of five sporadic cases of Sh. flexner. Of particular bacteriological interest was the discovery of a colicine strain of Sh. sonne hitherto unknown in the city, in a small outbreak confined to two families.

There were again no cases of amoebic dysentery.

CEREBRO-SPINAL MENINGITIS

There were four cases only in 1965 compared with 12 in 1964; all were females under 5 years of age with the exception of one lady over 65 years with meningococcal septicaemia, who died.

DIPHTHERIA

Nine years have now lapsed since the last occurrence of this disease within the city.

ERYSIPELAS

Forty-two cases were notified, compared with 31 during the previous year. Nineteen males and 23 females were affected; all with the exception of one female were over 15 years of age, with the greatest incidence again being over 35 years (88·1%).

LEPTOSPIROSIS

One case of Weil's disease (leptospirosis icterohaemorrhagica) occurred in a 21-year-old plasterer who had fallen into a city stream during New Year celebrations. Despite all attempts, no infected rats were captured for examination.

MEASLES

There was a decrease in the incidence of measles to 1,866 cases compared with 2,170 in 1964. Almost exactly half of the cases (49·9%) occurred during the month of January, representing the peak of the outbreak which began in the latter months of 1964; thereafter the incidence decreased rapidly, levelling off at a fairly steady level of 20-55 notifications monthly from May onwards. As in the last two months of 1964, all cases of measles occurring in a household continue to be notifiable.

A total of 969 males and 897 females were affected, all except four being under 15 years of age with the greatest incidence (92·3%) in the 1-4 age group.

INFLUENZAL PNEUMONIA

Twelve cases only were notified during 1965, a decrease of three since last year. Five males and seven females were affected, all except one schoolgirl were over 25 years of age.

PRIMARY PNEUMONIA

There was a further decrease in notifications to 111 compared with 150 and 256 during the previous two years. Sixty-two males and 49 females were affected with the greatest incidence occurring below 15 years and over 55 years of age.

POLIOMYELITIS

For the third year in succession there were no cases notified in the city.

SCARLET FEVER

There was again a further decrease in notifications to 62 cases compared with 80 and 127 respectively during 1964 and 1963, representing the continuing decline in the incidence of this disease since 1948.

During 1965, there were 29 males and 33 females affected; all except five were children under 15 years of age.

WHOOPING COUGH

There was a remarkable decrease in whooping-cough notifications by over 75 per cent. during the year to 92 cases only compared with 430 in 1964. This is the lowest ever recorded level of whooping-cough in Edinburgh, being matched only by 96 cases in 1958.

There were exactly 46 each, males and females affected, all but four of whom were under 15 years of age.

OTHER INFECTIONS

Psittacosis.—Five serologically confirmed human cases occurred in October, three of whom required admission to hospital with pneumonic symptoms, following an acute outbreak in a budgerigar flock.

Rabies.—Following having been in close contact (bitten, scratched or licked on previous abrasions) with an ailing young leopard at the Zoo, which subsequently died and was confirmed as having had rabies at post-mortem, 20 persons (including three young children) were given daily injections of anti-rabies vaccine for periods varying between 14 and 21 days depending on the degree of exposure. Two men and one woman developed fairly severe neurological complications from the vaccine resulting in absence from work for several weeks, one of whom required admission to hospital.

Tetanus.—A relatively mild case of tetanus occurred in a fertiliser plant worker which had presented clinically as an acute abdomen, despite the absence of apparent cuts or abrasions. Bacteriological investigation of various samples of fertiliser revealed the presence of spores, which produced local tetanus in experimental mice.

Brucellosis.—This was diagnosed serologically in a youth who gave a history of drinking raw milk from varying sources during a touring holiday, followed by a suggestive clinical history of vague illness with intermittent fever, muscle aches over a few weeks. The source of his infection was not ellicited.

INFECTIOUS DISEASES

The following Table shows the Number of Notifications for each Month of the Year 1965

Disease	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
*Measles	932	379	182	75	46	55	33	33	20	23	41	47	1,866
Dysentery	54	94	137	165	126	150	114	86	65	92	93	139	1,315
Tuberculosis-Pulmonary	9	24	18	20	12	14	16	10	7	17	12	25	184
Food Poisoning	1	2	3	19	40	8	9	12	7	14	19	13	147
Pneumonia—Acute Primary	35	24	18	8	3	1	2	1	1	—	11	7	111
Whooping Cough	8	3	10	9	10	9	4	5	10	4	12	8	92
Scarlet Fever	2	2	15	2	3	3	4	2	6	4	9	10	62
Erysipelas	5	5	7	6	1	1	2	4	4	2	4	1	42
Tuberculosis—Non-Pulmonary	1	3	2	4	1	6	9	2	1	3	2	3	37
Pneumonia—Acute Influenzal	3	2	1	—	2	1	—	—	—	1	1	1	12
Malaria	1	—	1	—	—	2	—	—	—	—	—	1	5
Cerebro-Spinal Fever	—	1	—	—	—	—	—	1	—	1	1	—	4
Para-Typhoid B	—	—	—	—	1	—	—	—	1	1	—	—	3
Typhoid Fever	—	—	1	—	—	—	—	1	—	—	—	—	2
Jaundice—Acute Infective	1	—	—	—	—	—	—	—	—	—	—	—	1
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	1	1
Puerperal Fever	1	—	—	—	—	—	—	—	—	—	—	—	1
†Chickenpox	1	3	2	3	1	1	2	1	1	—	1	3	19
Totals	1,054	542	397	311	246	251	195	158	123	162	206	259	3,904

* Only first case in household notifiable.
† Not notifiable.

INFECTIOUS DISEASES

Return of Cases of Infectious Disease notified during the Year ended 31st December 1965

DISEASE	Sex	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 to hospital
			Under 1	1-4	5-14	15-24	25-34	35-44	45-64	65+		
*Measles	M	969	64	893	9	2	—	1	—	—	60	909
	F	897	62	829	5	1	—	—	—	—	45	852
Dysentery	M	631	48	283	165	28	39	24	18	26	115	516
	F	684	39	230	159	78	84	44	39	11	93	591
Tuberculosis	M	108	1	4	8	11	10	21	29	24	63	45
Pulmonary	F	76	–	4	10	12	12	11	20	7	41	35
Food Poisoning ...	M	73	4	9	12	16	8	7	8	9	7	66
	F	74	1	12	9	7	16	19	7	3	11	63
Pneumonia,	M	62	8	15	11	3	—	5	12	8	14	48
Acute Primary	F	49	7	11	7	1	3	1	11	8	14	35
Whooping Cough ...	M	46	7	23	16	—	—	—	—	—	8	38
	F	46	5	23	14	1	2	—	1	—	5	41
Scarlet Fever ...	M	29	—	9	16	3	—	—	1	—	4	25
	F	33	—	16	16	—	1	—	—	—	6	27
Erysipelas	M	19	—	—	—	1	2	4	6	6	4	15
	F	23	—	—	1	—	1	4	11	6	8	15
Tuberculosis,	M	12	—	2	—	2	4	—	4	—	6	6
Non-Pulmonary	F	25	—	—	—	4	6	3	6	6	13	12
Pneumonia,	M	5	—	—	—	—	2	1	2	—	—	5
Acute Influenzal	F	7	—	—	1	—	—	2	2	2	—	7
Malaria	M	4	—	—	—	2	2	—	—	—	4	—
	F	1	—	—	—	—	1	—	—	—	1	—
Cerebro-spinal Fever	M	—	—	—	—	—	—	—	—	—	—	—
	F	4	1	2	—	—	—	—	—	1	4	—
Para-Typhoid B ...	M	1	—	—	—	1	—	—	—	—	1	—
	F	2	—	—	—	1	—	1	—	—	1	1
Typhoid Fever ...	M	1	—	—	—	1	—	—	—	—	1	—
	F	1	—	—	—	—	—	—	1	—	1	—
Jaundice,	M	1	—	—	—	1	—	—	—	—	—	1
Acute Infective	F	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia	M	1	1	—	—	—	—	—	—	—	—	1
Neonatorum	F	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever ...	M	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	1	—	—	—	—	—	1
†Chickenpox	M	11	—	3	3	3	1	1	—	—	11	—
	F	8	1	—	3	3	1	—	—	—	8	—
	M	1,973	133	1,241	240	74	68	64	80	73	298	1,675
	F	1,931	116	1,127	225	109	127	85	98	44	251	1,680
Total ...		3,904	249	2,368	465	183	195	149	178	117	549	3,355

* Only first case in household notifiable.

† Not notifiable.

Cases of Certain Specified Infectious Diseases notified in Edinburgh during the last 20 Years

Year	Scarlet Fever	*Measles	Dysentery	Acute Poliomyelitis	Enteric Fevers	
					Typhoid	Para. B
1946	434	2,064	149	7	2	3
1947	310	1,403	69	151	4	2
1948	1,051	2,240	245	30	—	4
1949	1,183	1,392	277	27	3	5
1950	1,004	2,489	551	69	1	3
1951	451	2,009	966	41	2	5
1952	752	3,136	129	25	1	1
1953	619	1,703	652	61	3	2
1954	416	1,889	1,046	44	1	12
1955	195	1,053	1,034	40	3	6
1956	204	2,631	1,024	39	1	7
1957	126	1,284	912	7	3	7
1958	277	1,753	1,041	20	—	10
1959	255	1,257	731	—	2	6
1960	243	2,283	643	1	1	7
1961	158	1,202	836	4	3	39
1962	118	1,705	900	3	4	10
1963	127	1,415	1,486	—	4	162
1964	80	2,170	642	—	2	15
1965	62	1,866	1,315	—	2	3

* Only first case in household notifiable.

TUBERCULOSIS

After the dramatic drop in tuberculosis generally during 1964 to the lowest ever recorded level of 206 cases, it was not unexpected that there would be a slight increase in notifications during 1965 to a total of 221.

Similarly there was also a slight increase in the level of naturally positive reactors in 13 year old school-children to the Heaf tuberculin test, from the lowest ever recorded level of 9·2 per cent. in 1964 (those born in 1950) to 10·6 per cent. in 1965 (those born in 1951). The present level in itself is a very encouraging indication of the increasing efficacy in the control of tuberculosis over the past decade.

There were 18 deaths from tuberculosis in Edinburgh in 1965, an increase of 10 since the previous year. Fourteen were due to respiratory disease (eight males and six females).

As a result of the relatively high incidence of tuberculosis among hairdressers in recent years, further attempts have been made to have routine chest x-rays made a condition of service, as has already been established with the Corporation school teachers and the Transport Department. Although considerable active co-operation for this measure in the further control of infection was given to the department, difficulties have been experienced to date with the hairdressing federation and trade union representatives in implementing compulsory examination for staff. Voluntary staff participation in routine chest x-rays is being encouraged however by these bodies.

The close co-operation between medical officers, health visitors and clerical staff from the department with their colleagues on the Royal Victoria Dispensary staff continues with mutual benefit to all concerned.

Respiratory Tuberculosis

There were 184 new cases of respiratory tuberculosis notified in 1965, an increase of 11 compared with the previous year. There were 108 males and 76 females showing an increase of 16 female cases. In contrast with the two previous years, the highest incidence in males was in the over 65 age group (this was not unexpected with one of the main remaining pools of infection in the community getting older in years), but was followed closely by the 35-44 age group. Also in 1965, slightly less than half of the newly notified cases among males occurred in the over 45 age group (49 per cent.). This trend towards younger males again, has however been observed over the past few years. Female notifications in 1965 were distributed almost evenly in each of the five age groups between five and 55 years, with 36 per cent. only in the over 45 age group (37 per cent. in 1964).

There were 14 deaths from respiratory tuberculosis compared with eight n 1964. All were over 45 years of age, with the exception of one young emale, age 32.

The number of persons on the respiratory tuberculosis register at 31st December 1965 was 3,449 (1,922 males and 1,527 females), a decrease of 93 since the previous year.

Non-Respiratory Tuberculosis

There was a slight increase in notifications to 37 in 1965 (12 males and 25 females) compared with 33 during the previous year. The most frequent ite involved was the lymphatic glands (17 cases—a decrease of one from 1964), followed closely by genito-urinary disease (14 cases—an increase of 6 rom 1964). Four deaths (all female) were associated with non-respiratory lisease during the year, one of whom died from T.B. meningitis, aged 27. There was a complete absence of deaths in 1964.

There were 509 persons (201 males and 308 females) on the register for on-respiratory tuberculosis on the 31st December 1965, representing a lecrease of 19 since 1964.

Hospital Admissions

Of the 221 notified cases, 155 (70 per cent.) were admitted to hospital or treatment.

Health Visiting

During 1965 health visitors paid 4,125 visits to 1,005 cases on the uberculosis register, and 2,112 visits to contacts and non-notified cases. An dditional 1,301 visits were paid without success.

RESPIRATORY TUBERCULOSIS

The number of confirmed new cases notified during the year was 184, an increase of 11 over the previous year. In the table below the cases are allocated to municipal wards.

	Notifications	Rate per 1,000
1. St Giles	13	0·9
2. Holyrood	4	0·4
3. George Square	4	0·3
4. Newington	6	0·3
5. Liberton	14	0·4
6. Morningside	4	0·2
7. Merchiston	5	0·3
8. Colinton	8	0·3
9. Sighthill	4	0·2
10. Gorgie-Dalry	6	0·3
11. Corstorphine	4	0·2
12. Murrayfield-Cramond ...	5	0·2
13. Pilton	10	0·3
14. St Bernard's	15	0·6
15. St Andrew's	1	0·1
16. Broughton	8	0·5
17. Calton	9	0·6
18. West Leith	6	0·4
19. Central Leith	9	0·6
20. South Leith	9	0·5
21. Craigentinny	11	0·5
22. Portobello	8	0·3
23. Craigmillar	11	0·6
Institutions and Military Quarters	10	...
Total ...	184	0·4

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. During the year 13,730 were tuberculin tested (11,946 in 1964) and of this number 5,911 were found to be negative (5,454 in 1964). The number vaccinated was 5,717, an increase of 401 from the 1964 figure. The following table gives details in the form rendered to the Scottish Home and Health Department each year:—

Category	Tuberculin Tested		Negative Reactors		Vaccinated during 1964*	
	Male	Female	Male	Female	Male	Female
Nurses ... ... } Students (all groups)	3,222	2,395	183	209	155	184
Contacts	756	742	328	370	284	314
School leavers	3,179	3,008	2,433	2,300	2,421	2,284
Others	34	394	13	75	9	66
Totals	7,191	6,539	2,957	2,954	2,869	2,848
	13,730		5,911		5,717	

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

Notifications and Deaths—1965
In Age-Groups and Sex.

Age-Groups	Notifications				Deaths			
	Respiratory		Non-respiratory		Respiratory		Non-respiratory	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 15 years	13	14	2	—	—	—	—	—
15–24 years	11	12	2	4	—	—	—	—
25–34 „	10	12	4	6	—	1	—	1
35–44 „	21	11	—	3	—	—	—	—
45–54 „	12	12	2	2	—	1	—	—
55–64 „	17	8	2	4	2	—	—	—
65 and over	24	7	—	6	6	4	—	3
Totals	108	76	12	25	8	6	—	4
	184		37		14		4	

Notifications and Deaths by Sex
1956—1965

Year	Notifications				Deaths			
	Respiratory		Non-respiratory		Respiratory		Non-respiratory	
	Male	Female	Male	Female	Male	Female	Male	Female
1956	365	238	25	38	29	13	3	5
1957	239	179	13	37	27	7	2	1
1958	427	267	19	33	19	10	3	3
1959	165	114	15	37	15	5	1	2
1960	167	93	15	34	19	5	—	—
1961	172	94	14	27	11	4	2	2
1962	140	82	15	23	11	1	—	—
1963	147	84	16	25	11	3	1	—
1964	113	60	13	20	4	4	—	—
1965	**108**	**76**	**12**	**25**	**8**	**6**	—	**4**

Number of Persons in the City at 31st December 1965, who were known to be suffering from Tuberculosis

	Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 and over	Totals
RESPIRATORY								
Males	109	154	283	380	352	400	244	1,922
Females	102	172	373	410	250	138	82	1,527
Total	211	326	656	790	602	538	326	3,449
NON-RESPIRATORY								
Males	13	47	48	36	24	22	11	201
Females	13	40	71	62	42	37	43	308
Total	26	87	119	98	66	59	54	509

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	1	5	—	4
Notified less than 1 month before death	1	1	—	—
,, from 1 to 3 months before death	—	—	—	—
,, from 3 to 6 months before death	—	—	—	—
,, from 6 to 12 months before death	—	—	—	—
,, from 1 to 2 years before death	1	—	—	—
,, over 2 years before death	5	—	—	—
Totals	8	6	—	4

NON-RESPIRATORY TUBERCULOSIS

The following is a record of notifications and deaths by sites since 1956.

Year	Glands		Abdomen		Meninges and Central Nervous System		Lupus		Genito-Urinary		Spine		Other Bones and Joints		General Tuber-culosis, etc.		Total (All Non-Pulmonary Forms)		Rates per 100,000 of Population	
	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Incidence Rate	Death Rate
1956	18	1	4	...	1	1	...	..	20	1	2	2	14	1	4	2	63	8	13	2
1957	19	1	4	1	...	1	...	...	10	...	4	...	6	...	7	...	50	3	11	1
1958	23	...	3	...	2	1	1	...	11	2	3	2	5	...	4	1	52	6	11	1
1959	25	...	2	2	...	1	...	...	10	...	...	...	9	...	6	...	52	3	11	0·6
1960	15	...	3	...	2	...	1	...	15	...	...	...	4	...	9	...	49	...	10	...
1961	18	...	6	1	1	...	...	...	9	1	...	1	1	...	6	1	41	4	9	0·6
1962	17	...	2	...	1	...	...	...	12	...	...	...	4	1	2	...	38	...	8	...
1963	12	1	3	...	1	...	...	...	15	...	...	...	5	...	5	...	41	1	9	0·2
1964	18	...	3	...	2	...	...	...	8	...	...	...	1	...	1	...	33	...	7	...
1965	**17**	...	—	...	**1**	...	—	...	**14**	...	—	...	**1**	...	**4**	...	**37**	...	...	...

DISINFECTION

The number of disinfections carried out by the department during 1965 is as follows:—

Tuberculosis Disinfection by Spraying

Number of visits to houses	162
,, ,, houses sprayed	42
,, ,, apartments sprayed	109
,, ,, refusals to allow spraying	11

General Disinfections

Number of calls for collection of mattresses, etc.	259
,, ,, articles disinfected	7,081

IMMUNISATION AND VACCINATION

No change was made during the year in the procedure for immunisation of infants and Triple Antigen and oral type poliomyelitis vaccine were normally used at clinics and by general practitioners. The following tables give details of the number of persons immunised or vaccined and the percentages immunised at clinics, schools and by general practitioners respectively.

Diphtheria Immunisation—Progress Table 1961-1965

AGE	1961	1962	1963	1964	1965	
Under 1 year ...	1,291	2,316	2,737	2,894	2,816	Number of Notified immunisations of children under 5 years of age:— 29,540 *i.e.*, 75 per cent. of the pre-school population. The comparative percentages for the years 1961–1965 are:— 1961 60 per cent. 1962 73 ,, ,, 1963 67 ,, ,, 1964 73 ,, ,, 1965 75 ,, ,,
1 year	3,939	4,906	3,692	3,648	3,471	
2 years	875	711	361	656	321	
3 years	315	252	147	201	145	
4 years	193	139	95	95	85	
5 years	377	378	204	159	170	
6 years and over ...	915	931	738	694	714	
TOTAL ...	7,905	9,633	7,974	8,347	7,722	

Percentage of Immunisations and Vaccinations Performed

Protection Against	At Clinics	At Schools	By General Practitioners
Smallpox (Primary)	44	—	56
(Re-Vaccination)	1	—	99
Diphtheria, Whooping cough and Tetanus (Primary)	45	10	45
Diphtheria, Whooping cough and Tetanus (Re-inforcing) ...	22	63	15
Poliomyelitis (Primary and Re-inforcing)	38	18	44

Analysis of Primary and Re-Vaccinations and Immunisations carried out in 1965

Year of Birth	Smallpox						Triple Antigen		Diphtheria and Tetanus		Diphtheria only		Whooping Cough only		Tetanus only	
	"Takes"		"No Takes"		Not Examined											
	Primary	Re-Vacc.	Primary	Re-Vacc.	Primary	Re-Vacc.	Primary	Boost.	Primary	Boost.	Primary	Boost.	Primary	Boost.	Primary	Boost.
1965	402	—	13	—	5	—	2,814	40	2	—	—	—	—	—	—	—
1964	2,861	6	84	—	48	1	3,465	1,272	6	22	—	—	—	—	—	—
1963	1,222	4	54	3	27	1	300	1,852	21	33	—	2	—	—	—	—
1962	304	27	17	3	5	4	127	396	16	13	2	2	—	—	—	3
1961	64	35	3	2	—	8	52	115	26	15	7	3	2	—	3	—
1960	25	29	4	5	2	5	50	227	73	1,047	47	1,272	—	—	2	—
1959	14	26	—	3	—	6	16	101	346	678	57	1,008	—	—	2	3
1958	5	27	—	3	—	5	3	26	142	55	25	122	—	—	3	—
1957	5	26	—	1	2	5	1	12	23	13	5	27	—	—	—	2
1956 or earlier	263	2,878	12	447	33	556	10	209	72	137	14	3,980	—	—	45	21
Total	5,165	3,058	187	467	122	591	6,838	4,250	727	2,013	157	6,416	2	—	55	29

Poliomyelitis Vaccination—1965

	Primary Vaccination			Re-inforcing Vaccination
	1st Dose	2nd Dose	3rd Dose	1st Dose
Children born 1965	1,935	1,631	1,390	13
,, ,, 1964	4,257	4,295	4,156	123
,, ,, 1963	628	562	586	185
,, ,, 1962	259	216	201	67
,, ,, 1961	120	97	101	65
Children and Young Persons born 1943–60...	775	591	680	4,572
Persons born 1933–42	265	227	217	121
Persons born before 1933	157	125	126	72
Total	8,396	7,744	7,457	5,218
Number Immunised (all priority groups) at:—				
(*a*) Child Welfare Centres (29)	3,968	3,546	3,205	85
(*b*) Vaccination Centre, Johnston Terrace	97	59	41	45
(*c*) Schools	487	351	428	3,768
(*d*) By General Practitioners	3,844	3,788	3,783	1,320
Total	8,396	7,744	7,457	5,218

Total Doses: 28,815

MEASLES VACCINE

The 6 and 9 month follow-up of the Medical Research Council investigation into the efficacy of measles vaccines has now been completed by the health visitors, since when vaccination has also been offered to all those children who had acted as controls during the previous nine months; approximately 50 per cent. of whom responded.

PERSONS PROCEEDING OVERSEAS

The only change in the arrangements during the year was the transfer (in October) of the yellow fever Vaccination Centre from the City Hospital to the Central Vaccination Clinic at 9 Johnston Terrace.

The following protective injections or vaccinations were given to approximately 2,500 persons going abroad:

	No. of inoculations or vaccinations
Smallpox	1,838
Cholera	1,041
Typhoid and Paratyphoid	1,453
Tetanus	101
Typhus	33
Others	36
Yellow Fever (from 1st October to 31st December)	379
	4,881

PORT HEALTH SUPERVISION

Medical inspection of aliens (long and short-stay immigrants) entering the country through the Port of Leith continues in close co-operation with the immigration authorities. All such aliens referred to the medical inspectors are issued with a multilingual card giving instructions on medical care while in the United Kingdom. Because of the local unsuitability of the six languages in which the card is printed, an identical card has been prepared in German, Dutch, Danish, Swedish, Norwegian and Icelandic to meet the needs of aliens arriving at Leith.

Very few ships from infected ports required to be boarded, all of which had satisfactory Maritime Declarations of Health and in all instances were outwith the relevant incubation period. No visits were necessary to Turnhouse Airport during the year.

BACTERIOLOGICAL SERVICES

REPORT BY THE BACTERIOLOGIST

The total number of examinations (74,319) was considerably higher than in any recent years and can be compared with totals of 50,910 and 58,228 for 1963 and 1964 respectively. To a certain extent these figures reflect the increasing use of the laboratory in the investigation of outbreaks of infection in the city but are also the result of the increasing services being given to general medical practitioners to ensure accuracy of diagnosis and treatment of infective diseases due to pathogenic bacteria.

The number of throat and nose swabs examined was rather fewer than in the preceding year (3,054 compared with 3,565) but the number of isolations of haemolytic streptococci rose from 884 to 898. This is a higher isolation rate (29·4% compared with 24·8% in 1964). There were again no isolations of *C. diphtheriae*.

In the attempt to diagnose patients suffering from tuberculosis, 104 specimens of sputum and 68 specimens of urine were cultured but tubercle bacilli were not isolated from any. One stool specimen was inoculated into an animal and tubercle bacilli were subsequently recovered.

Specimens of pus, sputum, etc., examined for general pathogenic bacteria showed little change from the 1964 pattern. There was a further increase in the number of urine specimens cultured. This increase has continued during the last 3 years and undoubtedly reflects the awareness of practitioners of the development of asymptomatic infection of the urinary tract and the possible serious consequences. Urines examined totalled 1,860, 3,270, 5,884 and 7,989 in 1962, 1963, 1964 and 1965 respectively.

A study in urinary tract infections in General Practice has continued in conjunction with the University Department of General Practice. This study is shortly to be extended to include a survey of females in the age groups having the greatest risk of the development of urinary tract infections, and will have special reference to the symptomatology of such infections.

Stool or rectal swab specimens numbered 8,819, comparable with the 1964 total of 8,665. The number of isolations of pathogenic organisms rose, however, from 1,315 to 1,829.

Shigella sonnei was, as usual, by far the commonest organism to cause bacillary dysentery in the City of Edinburgh during 1965. The total number of new cases (969) was a considerable increase over the 539 new cases which occurred in 1964. The seasonable incidence of isolations of *Sh. sonnei* in the South-East of Scotland has varied widely from year to year. Instead of the usual peak in early spring (around March), the maximum numbers in 1965 were found rather later, in April and May, and the decline in numbers through the summer months was much less obvious than usual.

There were 4 cases of *Shigella flexneri* infection, each due to a serologically different organism, and 2 patients were found to be excreting *Shigella boydii* which had not been seen in Edinburgh within the last 5 years.

Gastro-enteritis

Gastro-enteritis in young children, associated with enteropathogenic serotypes of *Escherichia coli*, was investigated on many occasions and the organisms were isolated from 46 different patients (36 in 1964). The commonest serotypes were "O" 26 and "O" 111, and the rarest, as in most of the previous years, was "O" 119. There were no major outbreaks of gastro-enteritis which could be ascribed to these organisms.

Salmonella infections

In the early spring (March, 1965) *Salmonella typhi* (phage type F.1) was isolated from the urine of a man whose wife had just been admitted to the City Hospital with suspected typhoid fever. Investigation showed the husband to have suffered from typhoid in Poland before the war and presumably he had been an intermittent urinary excretor since then. No secondary cases occurred after both husband and wife were admitted to hospital.

In May, 1965, there occurred another outbreak of salmonella infection associated with infected canned meat which was opened, sliced and sold to the public in a retail shop in the city. The organism was *Salmonella tennessee* and the findings resembled those in a similar outbreak in 1964 when *S. reading* was incriminated. Similar features included widespread contamination of shelves and slicing equipment and the majority of the shop staff became infected, presumably through contamination of the hands since it was claimed that shop staff were not allowed to eat the meat themselves. The total number of infected persons was 41.

Throughout the summer months there was no major outbreak of salmonellosis, but sporadic cases associated with many different salmonella types occurred from time to time, mainly following holidays taken abroad. Although a number of cases of infection with *S. typhimurium* occurred in July and August, the organisms responsible were shown by phage typing to differ from those causing an outbreak in an area just outside the city boundary in which a dairy was the suspected source.

After a large function held in one of the neighbouring counties in October, a number of people became ill and one of them resided in the City of Edinburgh. *S. enteritidis var. jena* was isolated from this patient's stools and similar cases occurred in the counties of Midlothian, East Lothian, Stirlingshire and (probably) Dundee. The difficulties involved in investigating an outbreak such as this reflect the need for close co-operation between the different health authorities in the region, especially as 250 out of 350 people who attended the function lived outside the county in which it took place. In this outbreak cold roast turkey was suspected and the symptoms started approximately 48 hours after the meal.

In the closing days of the year a further outbreak of salmonella infection has occurred. Only 2 cases had been proved by the end of the year but in January, 1966, additional cases have been discovered. Again, the causative organism was *Salmonella enteritidis var. jena* and the suspected food was again cold roast turkey. This outbreak occurred after the Christmas dinner given to the staff of a large factory and is indicative of the dangers which may occur when caterers prepare functions on a large scale.

From October to the end of the year there have been sporadic isolations of *Salmonella typhimurium* (phage type 32). This particular organism, previously uncommon in Edinburgh, has now been isolated from 19 different people in widely separated areas of the city and in Musselburgh. As yet, no connection has been found between any of the families involved and no common dietary factors have been discovered.

Occasional isolations of *S. brandenburg* were made during the autumn. This organism has been associated with abattoirs and certain meat products (particularly sausages).

The numbers of cases of intestinal infections caused by salmonellae, shigellae and enteropathogenic strains of *Esch. coli* are depicted in the second table which compares the annual figures for the last 5 years. Worthy of note are the outbreaks of paratyphoid B in 1963, and of infection with *S. reading* and *S. tennessee* in 1964 and 1965 respectively.

Long-term epidemiological studies of gastro-intestinal infections in one Edinburgh practice have continued throughout the year and some of the findings have been communicated at international symposia.

Materials submitted for virus isolation were fewer than in the previous year (190, compared with 656) but this was partially compensated by an increase in the numbers of specimens of serum examined by complement fixation tests for the serological diagnosis of viral infection. Most of these specimens were examined for evidence of respiratory virus infection.

Examinations carried out for the Public Health Department and General Medical Practitioners

	Positive	Total
Nose and throat swabs examined for *C. diphtheriae*	nil	1,110
Nose and throat swabs examined for other pathogenic organisms ...		3,054
haemolytic streptococci isolated...	898	
Swabs examined for Vincent's organisms	8	63
Pernasal swabs examined for *Bord. pertussis*	nil	5

Specimens examined for *Myco. tuberculosis*		
by microscopical examination of concentrated specimen:		
Sputum	nil	91
Pus and pleural fluid	nil	14
Urine	nil	64
by culture:		
Sputum	nil	104
Pus and pleural fluid	nil	14
Urine	nil	68
by animal inoculation:		
Pus and pleural fluid	nil	9
Stool	1	1
Urine	nil	54
Specimens for general bacteriological examination:		
Urine		7,989
Sputum		641
Blood culture		10
Pus		772
Ear swabs		496
Urethral and vaginal swabs		322
Cerebrospinal fluid		nil
Miscellaneous specimens		3
Coagulase tests for pathogenic staphylococci	661	924
Antibiotic sensitivity tests (including extended sensitivity tests:—421)		46,212
Quantitative bacterial counts on urine specimens		43
Faeces and rectal swabs examined for organisms of the salmonella and shigella groups and other pathogens	1,829	8,819

	Isolates	Cases	
Shigella sonnei	1,442	1,010	
Sh. flexneri	7	4	
Sh. boydii	2	2	
Salmonella typhimurium	42	29	
S. reading	46	nil	(all old cases)
S. tennessee	159	41	
S. paratyphi B	25	nil	(all old cases)
S. enteritidis	8	4	
S. bareilly	2	2	
S. brandenburg	4	3	
Other Salmonellae	15	7	(plus one old case)
Esch. coli "O" 26	21	12	
"O" 55	10	8	
"O" 111	21	12	
"O" 119	2	1	
"O" 127	10	6	
"O" 128	9	7	
Coagulase positive staphylococci	1	1	
Heat resistant *Clostridium welchii*	2	2	
Candida species	1	1	

Urine culture for salmonella group organisms	6	96
Salmonellae isolated:		
S. typhi (5 isolates from 1 case)		
S. paratyphi B (1 isolate)		
Faeces examined for helminths and protozoa	6	89
Moore swabs (from sewers)	3	4
Specimens of blood for Widal test (including agglutination tests for *Br. abortus*)		397
Agglutination tests for the diagnosis of leptospirosis		121
L. icterohaemorrhagiae 12		
L. canicola 16		
Other serotypes 93		
Materials for Leptospira isolation:		
by microscopical examination	1	11
by culture	1	15
by animal inoculation (pig urine specimens)	3	3
Paul Bunnell test for glandular fever	75	349
Specimen of blood examined for anti-nuclear factor	nil	1
Serological tests for Syphilis:		
Syphilis flocculation reaction	26	929
Wassermann reaction	15	94
Kahn verification test	11	68
Fluorescent Treponemal antibody test	nil	2
Complement fixation tests for Gonococcal infection	1	92
Miscellaneous specimens examined for yeasts and fungi		12
Specimens of milk examined for pathogenic organisms	nil	5
Specimens of milk examined for *Brucella abortus*:		
by the Brucella Ring test	3	10
by Whey agglutination test	3	7
Hen egg material examined for salmonellae (*S. infantis* isolated once)	1	192
Food samples examined for pathogenic organisms	13	313
Coagulase positive staphylococci 2		
S. orion (from kangaroo meat) 4		
Anthracoid organisms 4		
S. tennessee (meat on sale in a shop) 2		
S. aberdeen (mussels) 1		
Swabs from catering and retailing equipment	20	213
S. tennessee 6		
Coagulase positive staphylococci 4		
Esch. coli 10		
Specimens submitted for virus isolation		190
Serological tests for the diagnosis of viral infection		224

INTESTINAL INFECTIONS (CASES)

	1961	1962	1963	1964	1965	
Sh. sonnei	674	660	1,152	539	969	
Sh. flexneri	2	—	6	2	4	
Sh. boydii	—	—	—	—	2	
Salmonella typhimurium ...	48	12	53	24	29	
S. paratyphi B	33	16	112	12	—	
S. enteritidis	5	—	2	—	4	
S. typhi	1	1	1	—	1	(urine)
S. bredeney	—	5	—	—	—	
S. infantis	—	3	2	1	—	
S. meleagridis	—	1	—	—	—	
S. oranienberg	—	—	2	—	—	
S. panama	1	2	—	—	—	
S. glostrop	—	—	3	—	—	
S. senftenberg	—	—	1	—	1	
S. westhampton	—	—	1	—	—	
S. thompson	—	—	1	1	—	
S. reading	—	—	1	46	—	
S. derby	—	—	1	—	1	
S. cubana	—	—	1	—	—	
S. schwartzengrund	—	—	1	—	—	
S. bareilly	—	—	—	2	2	
S. tennessee	—	—	—	4	41	
S. dublin	—	—	—	2	—	
S. brandenburg	—	—	—	2	3	
S. congo	—	—	—	1	—	
S. budapest	—	—	—	—	1	
S. saint paul	—	—	—	—	1	
S. anatum	—	—	—	—	1	
S. hessarek	—	—	—	—	1	
Group C_2	—	—	—	—	1	

	1961	1962	1963	1964	1965
Enteropathogenic *Esch. coli*					
Totals	27	64	54	36	46
"O" 26	6	13	23	17	12
"O" 55	3	12	3	9	8
"O" 111	4	22	8	5	12
"O" 119	1	—	6	1	1
"O" 127	2	7	9	3	6
"O" 128	11	10	5	1	7

DEPARTMENT OF VENEREAL DISEASE

REPORT BY THE PHYSICIAN-IN-CHARGE

Incidence

	New Cases, 1963			New Cases, 1964			New Cases, 1965		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Syphilis	56	30	86	47	29	76	49	22	71
Gonorrhoea	374	192	566	286	146	432	290	151	441
Non-specific	668	925	1,593	648	701	1,349	724	1,060	1,784
Non-venereal	520	589	1,109	524	503	1,027	480	328	808
Totals ...	1,618	1,736	3,354	1,505	1,379	2,884	1,543	1,561	3,104

The interesting features in this table are:—

(*a*) An increase of 220 new cases compared with 1964. (38 male, 182 female.

(*b*) No great change in number of cases of syphilis (+2 male, −7 female).

(*c*) Incidence of gonorrhoea almost identical.

(*d*) Considerable increase (435) Non-specific venereal disease (males 76 females 359), *i.e.* urethritis of males, trichomonas vaginalis, warts, etc

This increase in non-specific types of venereal disease does not cause alarm as it may be attributable to the referral or discovery of a larger number of women with trichomonal infestation. The number of patients with warts also seems to be increasing.

Syphilis. Total new cases = 71 (49 male, 22 female)

Of these 46 were cases of early syphilis in the primary, secondary or early latent stages (34 men, 12 women). The disparity in numbers between the sexes is partly explained by the occupations of some of the men (*e.g.* seafarer) and by the number of male homosexuals (5). The age of these early syphilis ranged from a schoolboy of 15½ (an active homosexual) to 64 years, the largest group being in the age group 25–34 years.

All the women and 28 of the male cases were referred by a doctor; seven of the men came of their own accord.

Geographical source. In the instances where the source of disease could be ascertained fairly reliably, 16 originated in Edinburgh, 6 in other areas adjacent (Lothians, Fife, Borders), 9 in England and 4 abroad, the countries named being Switzerland (1), West Africa (1), East Africa (1), Madeira (1). Though every effort is made to trace the source of disease and all possible " contacts " it is disappointing that so few are discovered. The usual reason given, perhaps an excuse, is that the man was drunk and " picked up an unknown person ". Five syphilitic infections were attributed to homosexual practices.

Congenital syphilis. Congenital syphilis was diagnosed in 3 persons, male aged 45+, and two women, one being over 45 years and the other between 15 and 24 years. This indicates the success of ante-natal vigilance, especially as 5 women were pregnant during their treatment for early syphilis.

Gonorrhoea

The incidence is unchanged. The sex ratio is 2 males : 1 female. The age groups of the gonorrhoea patients are as expected—the majority being in the period of maximum sex activity.

	Age Groups			
	15–24 yrs.	25–34 yrs.	35–44 yrs.	45 yrs. +
Males	122	119	32	16
Females	102	36	8	5

The diagnosis was confirmed by culture of the organism as often as possible. The results of cultural examinations are:—

Males —	464 specimens submitted.	210 Positive.	254 Negative.	41 Penicillin R.
Females —	1,575 ,, ,,	158 ,,	1,374 ,,	31 ,, ,,

Of the 368 found positive on culture the organism was partially resistant to penicillin in 72 instances the percentage of isolates proving resistant being the same in males and females. In only 6 male cases where the smear of urethral secretion contained gram-negative diplococci was there failure to grow the organism. In females it is much more difficult to interpret the films, but there were several cases in which cultures proved positive though the film diagnosis was negative or inconclusive.

In case it is thought that 158 positive cultures from 1,575 specimens in females is a poor yield, it should be emphasised that many of these examinations were for proof of cure and that at least half the patients were clinically non-gonococcal.

The results of treatment are difficult to assess but good results almost invariably follow 2·5 mega units of penicillin given as a mixture of soluble and insoluble preparations, usually in two injections at 24-hour intervals. Where there is either a clinical or bacteriological failure and where the laboratory reported a penicillin resistant strain we usually gave additional treatment with tetracycline or erythromycin. Our objective, of course, is to secure very rapid and permanent cure, and at the same time prevent the development of co-incident incubating syphilis.

Trichomonas Vaginalis infestations

There is no doubt that this is most frequently a sexually transmitted disease and that it is very common. A diagnosis of trichomonas vaginalis was established in 221 cases attending the V.D. department—that is 24% of total new female cases. In a " leucorrhoea " clinic at a maternity hospital we detected 52 cases, this being 21% of total new cases sent for advice. Treatment with metronidazol continues to be effective and well tolerated in almost 100% of cases treated. In married couples we treat husband and wife simultaneously even though the parasite may not be detected in the male and he may protest that he has no symptoms.

This condition is not invariably sexually transmitted and the parasite has been found in a number of young girls who were virgo intacta and who gave no history of sexual practices. The infection was probably spread by dirty towels or intimate contacts such as sleeping with mother or an elder sister.

The Social aspects of the work follows much the same pattern as in previous years and again the problem of juveniles (teenagers) is not a conspicuous difficulty in this region. Such cases as do occur present great individual problems and emphasise the continued need for education in medico-social fields, and the immense value of capable social workers, co-operating with the doctors. Examples of " problem cases " are (1) a 15-year-old schoolboy, homosexual, infected with gonorrhoea, and anxious to avoid any change in his sex habits. (2) A 17-year-old schoolgirl from a " good home " who frequented unsavoury clubs and was sexually promiscuous. (3) A middle-aged man who had become an alcoholic and sexually promiscuous, but refused to co-operate with either doctors or social workers. The majority, however, do succeed in having their infection cured and make genuine attempts to alter their way of life.

Male Homosexuality

The number of acknowledged homosexuals treated in 1965 was 26; in 1964 there were 28. The diagnosis was:—

Syphilis (early)	5
Gonorrhoea	4
Urethritis (non-gonococcal)	4
Warts and other conditions	3
No venereal disease found	10

It is always difficult, indeed almost impossible, to secure many " contact " cases from male homosexuals. They are afraid, secretive, and often their sexual associates are met casually and remain secret. In a few instances the existence of groups has been discovered and some, if not all, of the members have undergone appropriate tests.

Source of Infection

The veracity of patients with venereal diseases is always in doubt and difficult to check. The figures below are given with some reserve for this reason.

MALES	
Infected by prostitutes	242
,, ,, amateur	846
,, ,, wife	191
FEMALES	
Classified as prostitutes	53
,, ,, amateurs	405
infected by husband	215

Geographical source of infections—	Males	Females
Edinburgh and environs	591	323
Other areas in Britain	292	119
Overseas	224	8

In the year under review there were very few Service cases mainly because most of the troops were serving overseas.

Seasonal variation. The numbers of new cases appears to vary seasonally. The peak incidence is in the Summer months, *i.e.* June, July, August, September; indiscretions while on holiday are frequently responsible.

Prevention of Venereal Disease

This is a most complex subject, dependent largely on educational measures directed to securing increased knowledge, higher moral values and more stable and permanent relationships. On the medical side I feel that higher standards of diagnosis may improve the detection of unsuspected disease, but of even greater importance is expert and intense endeavours to trace sources and contact cases. This principle is accepted in all transmissible diseases and because the venereal group of diseases are spread by sexual contact is really no reason why the principle should not be applied. But in application it needs tact, knowledge and persistence. In the past most efforts were devoted to persuading patients to complete treatment. This is much less necessary now and all our resources should be directed to detection of concealed " pool of infection " in the community.

I have great pleasure in welcoming Dr. D. H. H. Robertson as my colleague to succeed Dr. Murrell and Dr. Tainsh who succeeds Dr. Masterton who has gone to Glasgow as a Consultant. To all members of the staff I owe a great debt of gratitude for their loyal work and interest throughout the year.

THE DOMICILIARY SERVICES

REPORT BY THE PRINCIPAL MEDICAL OFFICER

HEALTH VISITING SERVICE

This has been a year of few dramatic changes in the work of the health visitor but nevertheless more and more calls have been made on her time and her responsibilities continue to increase.

One important milestone has been the introduction of a new syllabus of training by the Council for the Training of Health Visitors, involving as it did the appointment of ten members of the health visitor staff to the post of field work instructor. This new approach to field work training is of great interest to all health visitors and developments will be followed closely. Five of the field work instructors attended a two weeks course in Helensburgh and it is hoped that the other five will have the opportunity of attending the next field work instructor's course. Another aspect of training which involved health visitors was the implementation in January of the new requirements of the General Nursing Council for wider basic nurse training. The superintendent and assistant superintendent continued to give talks to nurses from the Royal Edinburgh Hospital and Royal Hospital for Sick Children, whose students do not come under the wider basic scheme, and the usual day on the district with a health visitor was afforded them.

As in previous years, many varied groups of students have spent a period with health visitors on the district. Included among these have been final year students doing the integrated degree nursing course, who spent four weeks with health visitors, D.P.H. students, undergraduate medical students, hospital student nurses, W.H.O. Fellows and numerous others.

Participation in surveys and research was continued and included the Medical Research Council investigation of measles vaccine, National Child Development Study, general practitioner/health visitor contact survey (Nursing Studies Unit), dietary survey and leukaemia survey.

A tuberculosis health visitor is presently taking part in the research programme on asthma, which commenced in October, and she attends a clinic weekly in connection with this. The tuberculosis health visitors continue to take part in the bronchitis survey previously mentioned in other reports.

Some of the health visitors have taken part in case conferences attended by medical students or have discussed case histories. Two health visitors attended the Usher Institute and joined in a discussion on immunisation with undergraduate students.

Visits to the elderly continue to increase and this work has expanded. Discharge notes are now received regularly from the Deaconess Hospital, Chalmers Hospital, and the acute wards of Longmore Hospital as well as

the other hospitals initially involved. In November, a health visitor was appointed as a liaison with the Astley Ainslie Hospital. Already a number of visits have been paid by health visitors to elderly patients discharged from this hospital. The group of health visitors who last year commenced making assessment visits to elderly patients selected by a general practitioner, have continued this work throughout the year.

In October a second health visitor was attached as a liaison with the Royal Edinburgh Hospital (Andrew Duncan clinic). She attends on two mornings a week to meet with one consultant's team. The original liaison health visitor meets with another consultant's team on Monday and Thursday mornings. This health visitor also meets the psychiatric social worker from the Professorial Unit whilst she is there on Monday mornings. In the field of maternal care, mothercraft and relaxation classes continued their activities, and this work is found by those taking part to be most rewarding.

In December a health visitor clinic for infants and young children was commenced at Granton. Early results seem to bear out that this will be a worth-while session.

The value of the work of the welfare assistant in relieving the health visitor of tasks which do not require her skill is now well appreciated. The number of welfare assistants is at present three, one having left to take up other work.

Miss M. K. Chisholm, assistant superintendent of health visitors had two papers published during the year. The first, Health Education of the Public, appeared in the *Journal-Survey* (Indian Institute of Social Welfare and Business Management, Calcutta) (1965), volume 5, pp. 1-9; the second, This is my work, was published in the *Nursing Mirror* (1965), volume 120, pp. 263-4.

HOME NURSING SERVICE

The home nursing service was, as in past years, carried out on an agency basis by the Queen's Institute of District Nursing. In the year under review the nursing staff had many varied demands made on their time, and their speedy attention to these drew many favourable comments. During the year 5,609 new patients were admitted, 2,054 old patients were carried forward from the previous year, and in all a total of 299,579 nursing visits were paid. A considerable number of waste visits occurred throughout the year, but these are not shown in the total given. Of the new patients 3,340 were over 65 years of age, and of these 2,356 were female and 984 were male patients. A considerable proportion of the total visits paid were to this age group, *i.e.* 191,891. There has been a slight increase in the number of visits paid to patients suffering from tuberculosis, 10,160 visits compared with 8,468 last year. A total of 304 children of ages ranging from birth to 15 years were nursed at home and 3,032 visits were made to them.

In July, the area of the city being served from the Central Training Home was divided into seven divisions, and a group of permanent and relief nurses based on each area. This was done to enable the patients to become acquainted with all the nurses in their particular division, and also, to allow the nursing staff, particularly those doing relief duties, to become fully cognisant with one group of patients.

The male nursing staff was depleted during the year owing to one member having accepted a post in hospital and one male district nurse student having discontinued training. Of the four male nurses employed, three have the use of cars, and this enables them to cope more adequately with the large areas allocated to them.

New Record System

A new record keeping system was devised for the Home Nursing Service, and the new record cards came into use early in December. This innovation entailed a great deal of work and we are most grateful to the medical officers who co-operated in drawing up the new card system. The main object of the new system is to have an up-to-date record of every patient being nursed.

In-Service Training Course

In January, a short course of training was arranged for the nurses who would be taking round the students under the new wider basic nurse training arranged by the General Nursing Council for Scotland. The course was planned for afternoon sessions to enable the district nursing sisters to undertake their normal nursing duties in the forenoon. This proved to be a worthwhile course, and we are most grateful to the various lecturers who gave so readily of their time.

In all 161 students visited on the district under the new arrangement, each student spending two whole days with a district nursing sister.

Study Days

As was noted in last year's annual report, an increasing amount of the nurses' time is being spent in the care of elderly patients and there is a growing emphasis placed on rehabilitation. In this connection a programme of Study Days was arranged to take place at the Astley Ainslie Hospital through the kind auspices of Lt. Col. John Fraser, Physician Superintendent. The programme commenced early in October and before the end of the year all the nurses had spent one whole day at the hospital. They were shown simple remedial exercises which could be continued at home after patients were discharged from hospital. Also new trends in nursing treatment of long term patients were emphasised.

Sighthill Health Centre

A total of 2,604 new patients received treatment at the Clinic during the year and in all 7,545 treatments were carried out.

As the two Queen's nursing sisters employed at the Centre retired during the year, they were replaced by two Registered General Nurses, one working from 9 a.m.–5.30 p.m., 5 days per week and the other from 5.30 p.m.–8.30 p.m., 6 evenings per week. The remaining clinic sessions were covered by staff from the Central Training Home.

Marie Curie Memorial Service

This service has continued to be of considerable value to cancer patients being nursed at home, especially to those requiring night nursing. Unfortunately the Marie Curie Foundation found it necessary to curtail the length of service to be given to any one patient. The arrangement now is to give nursing service for a period of three weeks, and then to review the case and make alternative arrangements where possible.

Training Course for Part-time Nurses

A pilot course of training for part-time nurses commenced in October and this course will be completed early next year. The object of the course was to enable married nurses who had been employed on the district for some considerable time to take district training and become qualified District Nursing Sisters.

Refresher Courses

(*a*) District Nurses' Refresher Course, Dundee

This year six members of the nursing staff attended the Annual Residential Queen's Nurses' Refresher Course which was held at Dundee from 27th September–2nd October. The nurses appreciated the opportunity of attending this course, and they are most grateful to the Health Committee for making it possible for them to do so.

(*b*) Residential Course St. Andrew's University
6th–10th September

The Superintendent attended a course at the above University—the theme of the course being "Problems related to Administration of the Nursing Services." This was a profitable course and the Superintendent is also grateful to the Health Committee for making it possible for her to attend.

Visitors

Throughout the year we had many visitors to the Home, including nurses from abroad, medical students, nursing students from Edinburgh University and the Royal Hospital for Sick Children.

The Institute is grateful to the many voluntary organisations who handed in gifts for distribution to needy patients throughout the year, and also to the people who helped us during the festive season in making life a little more cheerful for our less fortunate patients.

HOME HELP SERVICE

The Home Help Service has had a busy year. The demand at times has exceeded the supply of home helps and there has had to be, inevitably a waiting list, except for booked confinements and acute emergency cases which receive help at once. During the year the establishment was raised to 280 and at December 31st the number employed was 288 which was above the establishment, consisting of 28 full-time and 520 part-time helpers. Throughout the year 218 women were recruited and 138 resigned for various reasons, mostly changed home circumstances.

Assistance was given during the year to 1,990 cases of which 359 were maternity cases. Of those over 65 the number helped was 1,266. One household received the services of a night-sitter. Evening help was given to 11 cases and Sunday help to 36 cases.

For those not needing assistance every day, help was given to 227 households three times a week. Supervisory visits carried out by the Supervisor and Visitors numbered 5,151.

The Laundry Service continues to prove helpful, but with many of the elderly people being rehoused in modern homes with washing facilities there has been a slight falling off in numbers receiving this service but 20 new cases were taken on. The number of bags of laundry dealt with during the year was 1,267.

As from November 20th a forty-hour week was introduced for the full-time home helps and twenty hours per week for part-time. Adjustments to the hours have sometimes to be made to suit the patients.

MEDICAL SOCIAL WORKERS

Work carried out in the medical social workers' department has continued to focus mainly on social and personal problems which arise out of illness, or which if left untreated might contribute to a state of illhealth. As in previous years, general practice and the health visiting service have provided the main pickup points for the discovery of situations requiring medical

social work help. The clients referred for help are those who, perhaps only temporarily, because of stress or illness cannot recognise the basis of their difficulty or carry through a solution to it unaided. The medical social worker is sometimes used at a diagnostic stage (*e.g.* at the Family Doctor Diagnostic Unit) when some evaluation of social or emotional pressures is sought by the general practitioner in completing his clinical picture; at other times medical social work help is asked as a part of treatment, *e.g.* the adapting of the environment and lessening of domestic responsibilities of a young woman with heart disease, or the rehabilitation and resettlement in suitable work of a manual worker who has suffered an amputation.

The emphasis in social work must always be on understanding the individual and his particular needs and a social work department has a responsibility to look carefully at appeals for help. If it is to function as a helping agency it must listen to and evaluate what the client offers as his problems, remembering that people under stress are not only unable to formulate clearly, but may at first only offer what they feel acceptable, and may require skilled help in enabling them to express their real problem. This was a view often expressed at a Conference held by the Association of Social Workers in November on " Integration within the Social Services " and which one of the medical social workers was authorized by the Health Committee to attend. Speakers and discussion groups reiterated the importance of having a skilled worker at a point of intake, backed by imaginatively integrated social services on which to draw for help. A skilled diagnosis of needs, both of individuals and of groups, is vital as a basis for a planned administration and for an assessment of personnel requirements.

During the year the medical social work department provided field work placements for students from the Department of Social Study at Edinburgh University, and from the Probation Training Council, Glasgow. A two-year course awarding the National Certificate in Social Work commenced at Moray House Training College in October and an approach was made to the Medical Officer of Health asking that the Public Health Department become a major training placement capable of accepting four or more students for training at any one time. One of the medical social workers has attended fortnightly meetings of student supervisors held at Moray House in preparation for the placement of one student arranged for January 1966.

There has also been participation in training courses for health visitors, district nurses, hospital nurses, medical students and voluntary workers.

NURSING AND MATERNITY HOMES

As at 31st December there were 28 registered nursing and maternity homes, of which two only were registered for maternity purposes. There were two cancellations of registration during the year of nursing homes, the

owners of which retired and the premises used for other purposes. One Christian science home had its annual exemption from registration continued for a further year.

NURSING AGENCIES

One nursing agency had its annual licence renewed at the end of the year.

SIGHTHILL HEALTH CENTRE

This was the twelfth year of operation of Scotland's first health centre and further steps were taken in the field of partnership with family doctor, local health authority and regional hospital board activities.

General Medical Service

Four general practices, consisting of ten doctors, operated at the centre. Two of the practices joined in partnership during the year. The four practices are made up of two four-doctor practices and two single-handed practices. All the practices operate an appointments system now and it is very satisfactory to report that this scheme has been a success. Casual patients are fitted in between appointments or at the end of the consulting hour but there have been few such casual patients.

General Dental Services

The one dental surgeon employed by the Executive Council offered facilities for treatment on six days weekly, including two late evening sessions. A dental chairside assistant is also in attendance. Six cases were referred to the consultant oral surgeon who attends the centre once a month.

Pharmaceutical Service

There was a ten per cent. increase in the number of prescriptions dispensed during this year compared with last year. Otherwise the other work of the pharmaceutical service continued along familiar lines.

Local Health Authority Services

Mothercraft classes are now conducted at the Centre in association with the general practitioners and appear to be more and more popular. Relaxation classes are also held the same day for ante-natal patients in the physiotherapy department. The child welfare and school health service activities continued as in previous years.

In January a dental auxiliary, trained under the pilot scheme at New Cross, London, commenced work on a two sessions per week basis. This was increased to four sessions per week and the auxiliary is fitting in the general scheme of the school dental service very well. Plans are in hand to employ a full-time dental auxiliary and to extend the work of the orthodontic service. The oral hygienist attended for one day each week and provided a valuable preventive and educational dental service.

Miscellaneous

The manifold other activities carried on at the Centre include the outpatient speech therapy and occupational therapy groups of the central palsy unit, the toddlers playcentre under the auspices of the Voluntary Health Workers Association, the clinics of the Marriage Guidance Council and Mothers' Welfare (Family Planning Association); Keep-fit and Red Cross classes, as well as the work of the Sighthill Ward Health and Welfare Association, and the Social Workers Group.

Health Visitors' Attendances at Clinics, etc.

Child Welfare Clinics	4,607
U.V.R. Clinics	53
Hospital Units	988
School Health Service Clinics	301
G.P.'s Surgeries (Ante-Natal and C.W.)	444
Chest Clinic R.V.D.	566
Vaccination Centre	53
School Medical Inspections with M.O.	2,981
,, ,, ,, without M.O.	2,451
B.C.G. Sessions	283
Case Conferences (Hospitals, etc.)	510
Visits to G.P.'s to discuss cases	317

In addition to the above 2,532 visits were made to Toddlers' Playcentres, Nurseries, Mothercraft and Relaxation Classes and Health Talks at Guilds, Clubs, etc.

HEALTH VISITORS—HOME VISITS 1965

	First Visits	Re-visits	Total	Waste Visits
1. **Health Supervision—Children**				
Children born 1965	8,178	38,572	46,750	—
,, ,, 1964	925	37,547	38,472	—
,, ,, 1963	535	29,508	30,043	—
,, ,, 1962	438	21,256	21,694	—
,, ,, 1961	327	16,435	16,762	—
,, ,, 1960	217	12,038	12,255	—
*Total visits to Children under 5 years ...	10,620	155,356	165,976	28,399
*Note.—This total includes visits to children				
re Home Accidents	134	22	156	—
Mental Health	7	197	204	—
Hospital After-Care	64	76	140	—
Net Total Visits to Children under 5 years	10,415	155,061	165,476	28,399
2. **Maternal Supervision**				
Ante-Natal Care	3,440	2,175	5,615	1,207
Post-Natal Care	6,604	1,893	8,497	
3. **Home Accidents**	211	33	244	63
4. †**School Children**	1,269	3,793	5,062	362
†*Note.*—This total includes visits to children				
re Home Accidents	31	6	37	—
Mental Health	12	52	64	—
Hospital After-Care	19	31	50	—
Net Total Visits to School Children ...	1,207	3,704	4,911	362
5. **Tuberculosis**	1,281	4,956	6,237	1,301
6. **Other Infectious Diseases**	343	62	405	161
7. **Mental Health Services**	190	1,965	2,155	127
8. **Old People**	1,745	8,219	9,964	1,594
9. **Hospital After-Care** ... ... (excl. Old People and Mental Health)	133	172	305	27
10. **Sanitary**	78	1,890	1,968	92
Net Total number of all home visits ...	25,647	180,130	205,777	33,333

DOMICILIARY NURSING SERVICE—CITY OF EDINBURGH

Patients attended by the Queen's Institute of District Nursing during 1965

District	Staff on Districts	Patients								Ante-Natal Visits	Tuber-culosis Visits	Total all Visits
		Medical		Surgical		Maternity		Total				
		New	Old	New	Old	New	Old	New	Old			
						93 E.D.	3 E.D.					
Central Training Home	*See below	2,990	1,362	426	117	170	8	3,679	1,490	2,750	5,678	227,411
Davidson's Mains	1	97	35	22	5	—	—	119	40	—	174	4,022
Blackhall	1	51	32	12	—	—	—	63	32	—	—	3,910
Colinton	1½	128	30	30	—	—	—	158	30	—	181	5,012
Corstorphine	1½	131	50	24	8	—	—	155	58	—	87	6,711
Duddingston and Craigmillar ...	2	292	80	42	6	—	—	334	86	—	426	11,324
Liberton and Gilmerton	3½	308	88	36	5	...	...	344	93	—	1,780	12,544
Portobello	2	208	60	49	6	—	—	257	66	—	191	6,717
Southfield	1	54	17	9	5	—	—	63	22	—	·198	3,855
Sighthill	1	111	33	33	8	—	—	144	41	—	504	5,637
Wardie and Granton	3	247	84	46	12	—	—	293	96	—	941	12,436
Totals	17½	4,617	1,871	729	172	263	11	5,609	2,054	2,750	10,160	299,579

E.D.=Early Discharges from Hospital.

* Nursing Staff as at 31st December, 1965

1 Superintendent.
1 Deputy Superintendent.
4 Assistant Superintendents.
1 Tutor.
47 Queen's Nursing Sisters, full-time.
13 Trained Nurses in Training.
8 Trained Nurses in Training, part-time, not included in above.
6 Queen's Nursing Sisters, part-time.
1 Registered General Nurse, full-time.
1 Registered General Nurse, part-time.
3 Midwives.
2 Pupil Midwives (1 independent).
4 State Enrolled Nurses.
3 Nursing Auxiliaries.

Sighthill Health Centre—

1 Registered General Nurse, full-time.
1 Registered General Nurse, part-time.

HOME NURSING EQUIPMENT

The following table gives details of items issued on loan during the year. The total number was 172 more than in 1964.

Air Rings	197	Mattresses (Dunlopillo)	6
Bed Boards (Sets) ...	97	„ (Hair) ...	32
Bed Cages	148	Pillows	20
Bedpans	223	Pillow Cases	24
Bedrests	138	Rubber Sheets	165
Bedsteads	37	Sheets (Cotton)	6
Blankets	10	Urinals	120
Crutches	2	Walking Aids	96
Commodes	183	Wheelchairs	52
Feeding Cups	5	Miscellaneous Items ...	29

Total No. Issued—1,590

TABLE I

Sources of Referral to and Home Visits by Medical Social Workers

Year	Sources of Referral										Home Visits
	Total No. of Cases	G.P.'s	Health Visitors	District Nurses	Other Medical Social Workers	Direct Approach	Voluntary Agencies	Other P.H. Depart-ments	Miscell-aneous	Continued from previous year	
1961	531	197	65	5	16	160	11	43	35	—	279
1962	729	221	111	4	21	233	27	29	22	61	419
1963	725	224	116	6	14	175	15	38	46	91	448
1964	734	235	125	8	19	165	25	45	34	78	397
1965	656	219	126	7	24	132	18	43	43	44	378

TABLE II

Assessment of Charges

Year	Home Help	Residential Nursery	Day Nursery	Willowbrae House	Cameron House	Slateford	Nursing Requisites	Fireguard	Totals
1961	957	551	659	63	—	—	4	5	2,149
1962	951	513	609	44	2	—	21	—	2,140
1963	847	44	1,642	53	1	—	10	—	2,597
1964	1,018	—	1,091	87	2	6	2	—	2,206
1965	1,232	—	1,183	68	4	3	3	—	2,493

WELFARE OF THE AGED

This challenge of modern times, like the increase in traffic density, continues to cause concern. Ancillary and domiciliary services are making it possible to retain old people longer in their own homes, and those admitted to residential homes are, on the average, not only aged but mentally and physically very frail. Lack of accommodation for the elderly in the city is still a problem and in November 1965 " Redcroft " in North Berwick, a hotel adapted for the purpose, was opened to receive 54 elderly men and women.

Excellent liaison between the different branches of the geriatric services enables a decision about borderline cases for residential accommodation and chronic geriatric hospital care to be reached by mutual discussion and agreement. As a result of recent therapeutic advances in connection with the ageing process, an increasing number of residents in welfare homes receive some medication or other and at present four residents in five are under treatment. In Greenlea, with some 50 visiting general practitioners and more intensive modern therapy, there has been a considerable increase in the work and responsibility of the nursing attendant staff. The standard of nursing throughout the welfare homes is of a very high order, providing the sympathetic care and attention which is so much appreciated by the old and frail. The ancillary services too are functioning satisfactorily and it has been possible once again to undertake preventive physiotherapy at Greenlea, thus helping to minimise the physical deterioration of ageing.

Continuing the trend evident in recent years, admissions have increased slightly and include many who are barely fit for welfare residential accommodation on account of physical or mental deterioration or sometimes both. There is still a lengthy waiting list from which admissions are arranged on a priorities basis but at times considerable delays arise, due to emergency admissions which caused much concern during the festive season at the end of the year.

On admission, the old people can be roughly divided into groups, depending upon the type and extent of disability. The enfeebled old person without any pathological condition other than arterial degeneration of age is becoming the exception because support at home by ancillary services can often prevent the need for residential care, provided they are not living alone. Hemiplegic and arthritic people constitute another group, while admissions are increasing of elderly people whose disability is therapeutically controlled or stabilised. These include cardiac conditions, bronchitis, hypertension, diabetes, dementia and psychological deterioration. Maintenance therapy, which involves daily supervision, is required and sometimes too sick bay attention or hospitalisation for a period until the condition is stabilised.

The domiciliary investigation of people requiring emergency admission at times placed a considerable strain on the medical and welfare staff, especially

n the closing weeks of 1965. During the year, three Compulsory Removal Orders under Section 47 of the National Assistance Act were granted by the Sheriff:—

(1) An elderly lady, aged 75 years, who lived in one room in most insanitary conditions and suffered from cardiovascular degeneration complicated by an aneurysm of the abdominal aorta; she was removed to hospital where she died some six weeks later, due to rupture of the aneurysm.

(2) An old man, aged 63, who lived alone in insanitary conditions and suffered from cardio-respiratory failure and sub-nutrition with alcoholism; he was removed to residential accommodation where he died eight weeks later.

(3) An old lady, aged 79 years, who lived alone in insanitary conditions and suffered from cerebral vascular sclerosis with early dementia; she was removed to residential accommodation where she has settled down quite happily. This Order is the only one in force at the end of the year.

In each of these instances the Sheriff agreed that no other solution was possible since all ancillary and domestic help had been refused.

CHIROPODY SERVICE

Clinics

The following table gives attendances at the Corporation clinics during 1965 and also figures for treatment at Greenlea and Silverlea Old People's Homes. The total number of patients treated was 5,116.

Centre	Chiropodist-Days per week	Attendances	
		by new patients	by those previously attending
29 Windsor Street	10½	362	5,576
23 South Fort Street	4	73	1,885
McLeod Street, Gorgie	7½	207	3,780
7 Royston Mains Road	2	79	1,086
69 Henderson Row, Stockbridge ...	3	80	1,654
Rosefield Avenue Lane, Portobello ...	3	96	1,836
9 Johnston Terrace	2	96	778
Clearburn Crescent, Prestonfield ...	1	29	350
Niddrie	1	34	540
Sighthill Health Centre	1	48	534
Greenlea Home...	1½	180	968
Silverlea Home	½	32	377
Total		1,316	19,364

Broken appointments at these centres totalled 2,546.

Seven full-time chiropodists were employed in the clinics as at 31st December, one part-time chiropodist at the Old People's Homes.

Domiciliary

In addition to patients treated at clinics, 4,598 treatments were given to the housebound. Two full-time chiropodists were engaged in the domiciliary service up until August when it was found necessary to increase the staff to three. At the end of the year it was agreed to take over the remaining patients being treated at home through arrangements made by the Edinburgh Foot Clinic, Newington Road, and a fourth chiropodist will undertake domiciliary treatment in January 1966.

MENTAL HEALTH SERVICES

Introduction

Staffing difficulties were a major problem throughout the year, primarily due to the general shortage of trained staff. The tragic loss of Matron of the Unit for Severely Mentally Handicapped Children and the enforced retirement of Sister Jardine added to these problems. But for the loyalty and stoical behaviour of the staff nurse, who lost her husband during this time, and the loyalty of the remainder of the staff it would have been necessary to close this unit.

Another frustration was the delay by the contractors in completing the alterations to the Longstone Work Centre for Mentally Handicapped Adults. A promise was given that the centre would be ready during July, but the work was still incomplete at the end of the year.

A more positive aspect, was the approval in principle by the Special Joint Health, Welfare and Children's Committees to the proposal to establish an experimental Health, Welfare and Advice Centre. A report was submitted outlining the need for centres where health, welfare and child care officers, and other social workers could meet regularly together within the particular areas in which they worked. The experimental centre would have the following aims:—

1. To provide all the services normally required to cope with the various crises which occur on a personal and family level;
2. To attempt to break the pattern of maladjustment which occurs within some of these families;
3. To co-ordinate the work, at a local level, of all social and medical workers in the district; and
4. To undertake research.

It is intended that this experimental centre should be accommodated in an existing building and enquiries are now being conducted.

Since its inception in 1963, the Edinburgh Committee for the Co-ordination of Services for the Disabled has been actively engaged in obtaining the provision of a sheltered workshop for handicapped persons, including mentally disordered patients. The co-ordinating committee set up a Sub-Committee to consider this problem and a report was submitted in November 1965. It was estimated that there were approximately 200 disabled of all types who were, or could within a short time, be made suitable for employment under Sheltered Workshop conditions.

After discussion and consultation with the representatives of the Ministry of Labour, it was recognised that it would be unrealistic to build a workshop to employ this number to commence with and, accordingly, it was recommended that a prototype should be considered to give employment for about 50 people.

At the same time a central register was started and now contains information on over 4,000 disabled persons. A substantial amount of the information was given by the voluntary associations.

A reception at B.M.A. House, organised jointly with the Ministry of Labour, for guests from industry and commerce was also very successful. Addresses were given by Miss Walker, Assistant Controller, Ministry of Labour, and by the Senior Medical Officer for Mental Health Services.

Other activities of the Main Committee included " Disabled Week 1965 " and sports arrangements.

COURSES

The following courses were arranged in conjunction with the Department of Psychological Medicine:—

Three Week's Orientation Course for Mental Health Officers

Arrangements were made for the fourth consecutive year to hold this course and 18 Mental Health Officers from other Scottish Authorities attended during the period 29th March to 15th April. There is still a demand for this course and there is no doubt that it affords an opportunity for discussion on the problems connected with mental health which concern local authorities in Scotland.

Mental Health Officers' Refresher Course

About 70 people attended this residential refresher course held at the Grosvenor Hotel, Haymarket, Edinburgh, during the week-end 5th to 7th March. Fifty-five were mental health officers from Scottish Authorities and the remainder included representatives from the Scottish Home and Health Department and the Mental Welfare Commission.

The members were welcomed by the Chairman of the Edinburgh Health Committee, Councillor Mrs M. Ross. Speakers included Dr H. B. Craigie, Psychiatric Advisor, Scottish Home and Health Department, who spoke on " Progress in Community Mental Health Services "; Dr. H. C. Gunzberg, Consultant Psychologist, Monyhull Hospital, Birmingham,—" Social Training for the Mentally Subnormal "; Miss E. M. Goldberg, National Institute for Social Work Training, London,—" Working in the Community: What help do people need ? " and Miss M. M. McInnes, Welfare Officer, Scottish Home and Health Department,—" Training in Social Casework ".

Week-end Seminar for Public Health Medical Officers

This seminar was arranged with the support and encouragement of the Health Committee and, although it was primarily arranged for the staff of the Edinburgh Public Health Department, invitations were extended to the

nedical staff of the neighbouring authorities. Forty medical officers attended nd speakers and papers presented were as follows:—

Dr. S. Wolff, Senior Research Fellow, M.R.C. Unit, Edinburgh
" The Psychology of the Family "

Miss J. Hassan, Principal Psychologist, Department of Psychological Medicine, Royal Hospital for Sick Children, Edinburgh
" The Role of the Psychologist in Diagnosis "

Dr T. S. Ingram, Senior Lecturer, Department of Child Life and Health, Edinburgh
" The Neurologist's View of Child Development "

Dr. I. F. Sutherland, Consultant Psychiatrist, Department of Child Psychiatry, Royal Hospital for Sick Children, Glasgow
" The Child Psychiatrist's View of Child Development "

Dr. C. P. Thomson, Consultant Psychiatrist, Andrew Duncan Clinic, Edinburgh
" Prevention of Mental Ill-health "

Dr. A. N. M. Brittain, H.M. Commissioner, Mental Welfare Commission
" Mental Deficiency and the Family "

The warm hospitality we received from the members of the staff and Board of Management of the Royal Edinburgh Hospital helped to make this venture very successful indeed.

Symposium for General Practitioners

The ' Maudsley Bequest Lectures ' were held in the Royal Edinburgh Hospital on the 13th May and the opportunity was taken to invite general practitioners. As accommodation was limited, only sixty tickets were made available to the practitioners of which the majority were taken.

MENTAL ILLNESS

Compulsory admissions have risen to 229 compared with 194 in 1964. The graph on page 136 shows the fluctuations which have occurred in compulsory admission to mental hospitals during the past 15 years. Prior to the 1960 Mental Health Act the majority of compulsory cases were admitted on the full certificate, but since the inception of the new Act the major proportion is admitted on the emergency order and only a minority of cases proceed to the full certificate under Section 24. For example, of the 229 compulsory admissions, 191 were by emergency order, while at the end of the statutory seven days 114 of these became informal. Twenty-six were admitted directly under Section 24 (see Table II).

TABLE I.

Compulsory Admissions

Mental Illness—Compulsory Admissions						
Age Group	Males		Females		Total	
	1964	1965	1964	1965	1964	1965
Under 16 years	—	1	—	1	—	2
16 – 20 ,, ...	8	9	3	7	11	16
20 – 29 ,, ...	16	28	18	20	34	48
30 – 39 ,, ...	28	24	21	21	49	45
40 – 49 ,, ...	13	22	18	25	31	47
50 – 59 ,, ...	11	11	18	14	29	25
60 – 69 ,, ...	8	3	7	11	15	14
70 – 79 ,, ...	5	5	14	13	19	18
80 years and over	2	2	4	12	6	14
Totals	91	105	103	124	194	229

There was a drop in the number of cases referred by the police to the department (see Appendix IV) and in the number of hospital admissions from the court (Part V of the Act). The latter dropped from 19 to 12. Of the 78 patients referred to the department by the police, 35 were admitted to hospital, 14 under sections 24 or 31, and 21 on an informal basis without the need of Court action.

TABLE II.

Emergency and Formal Admissions to Hospitals in the Edinburgh Area from 1st January to 31st December, 1965

Hospital	Total Number of Emergency Admissions (Section 31)	Emergency to Informal	Emergency to Formal (Section 24)	Formal Admission (Section 24)	Part V, Section 55, etc.
Royal Edinburgh ...	122	81	41	9	10
Bangour	59	31	28	15	1
Rosslynlee	10	7	3	2	1
Totals ...	191	119	72	26	12

Informal admissions occupied 90 per cent. of all admissions and amounted to 2,114 compared with 1,895 in the previous year. Again the majority of these patients were admitted to the Royal Edinburgh Hospital, where the number of admissions has almost doubled since 1963. In part, this can be accounted for by the opening in 1964 of the new 160 bed unit and the provision of extensive day patient facilities. The other hospitals admit patients from the County areas as well as from Edinburgh.

TABLE III.

Informal Admissions

Informal Admissions			
Hospital	Male	Female	Total
Royal Edinburgh	714	989	1,703
Bangour	179	185	364
Rosslynlee	30	17	47
Totals	923	1,191	2,114

Prevention, Care and After-Care

Home visits to mentally ill patients in the community have again increased. The health visitors made 2,155 visits, a rise of 24 per cent.; visits by mental health officers from 1,667 to 1,760 and they were directly involved in 74 informal admissions and 149 compulsory admissions to hospital. During the last quarter of the year one mental health officer commenced the two-year Social Work Training Course at Moray House, Edinburgh. As no suitable candidates applied, it has so far proved impossible to fill the vacancy.

More cases are now being referred from the self-poisoning unit in the Edinburgh Royal Infirmary. Many of them present complex social problems and are therefore likely to make an increasing demand on the service.

The medical staff have also been involved in more cases, although mentally handicapped persons are still the main preoccupation. (See Appendix III.)

Forcible Entry of Premises—Section 103

For the second year running it has been unnecessary to take action under this section.

Social Clubs for Mentally Ill Patients

The four clubs for these patients at Wilkie House continue to play an active role in their rehabilitation. The Tuesday Club has a membership of 28 and voluntary help is given by four ladies from city churches. There is a regular programme of social activities such as dancing, table tennis and other games. A qualified dancing instructor and his wife give tuition to members, who are all hospital in-patients, twice a month.

The Wednesday Club for ex-patients divided into two groups: those under 36 years, who wished more active entertainment, and the remaining members who were either elderly or attended only casually.

In response to the expressed desire of members of the Thursday Club a programme of travel talks and films was arranged.

The Thursday Evening Club, which is for youths is now called " The Zodiac Club " and is flourishing. Membership consists of 8 patients and 14 undergraduates. Activities have ranged from canoe building to crossword

puzzles, week-end rambles, table tennis, folk singing and informal conversation over coffee. The students have given time, energy and ingenuity in an effort to improve social communication among hospital members, through group activities.

Hostel, 65 Northumberland Street

The warden, who was appointed when the hostel opened in 1964, resigned in June 1965 to return to nursing. We were very sorry to lose Mr Black and wish him well in his new post.

For about three months after he left we were unable to find a successor and consequently the number of admissions had to be reduced. The new warden Mr M. McPhee, was previously employed in a similar capacity in Sheffield.

Only six admissions took place during the year and seven patients were discharged, against 20 admissions and six discharges during the preceding year. Thus at the end of 1965 there were only 13 residents. Of these, eight were working in full-time employment and five were unemployed. However, there is no doubt that the hostel has a valuable function as a half-way house between hospital and the community.

Guardianship

No mentally ill patients were under guardianship during the year.

MENTAL HANDICAP

Residential Service

The following table gives the comparative figures for various categories in 1964 and 1965:—

TABLE IV.

Mental Defectives	Males		Females		Totals	
	1964	1965	1964	1965	1964	1965
1. New cases admitted to hospital—						
A. Formal admissions	3	1	3	4	6	5
B. Informal admissions	10	17	17	6	27	23
2. New cases received into guardianship	—			—	—	—
3. Removal from guardianship (*i.e.*, discharge following review	1	1	1	2	2	3
4. Removal by death	—	1	—	—		1
5. Patients under **Formal** guardianship at 31/12/65	14	12	30	28	44	40
6. Patients under **Informal** supervision at 31/12/65	104	117	141	164	245*	281*

* Includes special school leavers.

Admissions to hospital totalled 28, compared with 33 in the previous year. Of those admitted, 10 were females and 18 males; 7 were under five years of age, 11 between 5–16 years and 10 were over 16 years. The distribution of the admissions was as follows:—

Gogarburn Hospital	5
East Fortune Hospital	1
Strathore Hospital	15
Glenlomond Hospital	2
St. Joseph's	1
St. Mary's	1
Lennox Castle	1
Larbert	2

Assessment Panel for Hospital Care

The administrative arrangements for dealing with applications to the Mental Deficiency Assessment Panel were reviewed and in May 1965 it was decided that the following would be a more appropriate procedure:—

(*a*) Applications will continue to be initiated by Medical Officers of Health, but Forms M.D.1 will in future be sent direct to the Physician Superintendent, Gogarburn Hospital, in respect of patients residing south of the Forth, or to the Physician Superintendent, Glenlomond Hospital, in respect of patients residing in Fife. The Physician Superintendents will maintain their own waiting lists.

(*b*) If the facilities available at the hospital with which a Physician Superintendent is concerned are not suitable for a particular patient, it will be the Physician Superintendent's responsibility to make any necessary arrangements with his colleagues.

(*c*) The Panel will remain in being and will conduct a periodical review of the position in regard to admissions.

Guardianship

The number of patients under guardianship was reduced from 42 to 40 (12 males and 28 females), this number includes 19 patients who live outside the Edinburgh area: 10 of them in one home in the care of two sisters.

Hostel for Mentally Handicapped Adults—Eversley House

This venture has been one of the most rewarding provisions made under the Mental Health (Scotland) Act 1960. The hostel is organised as a rehabilitative unit and provides training which prepares the residents for living independent lives in private lodgings or, in a few cases, with relatives. The men are trained to budget, to use an electric washing machine similar to the type provided in launderettes, to cook a meal and generally to cope with the problems which face anyone who lives in lodgings.

Our efforts have been greatly strengthened by the support and help we have received from the Ministry of Labour and the Industrial Rehabilitation Unit. Without this assistance the results would certainly not have been so encouraging.

At the end of the year 9 residents have been discharged, 5 to private lodgings and 2 to relatives. These seven are in regular full-time employment. The remaining two were returned to Gogarburn Hospital. Thus a total of 10 patients have been discharged to lodgings since the hostel opened in November, 1963.

Senior Training Centre for Mentally Handicapped Adults

As stated in the introduction to the Mental Health section, delays by the contractors prevented progress in providing a work centre and relieving the long waiting list for admission. The parents and the local branch of the Scottish Society of Parents of Mentally Handicapped Children were naturally concerned about these delays and made representation to the Health Committee. However, the voluntary organisations were represented on the Advisory Committee which held it first meeting on 22nd October, 1965 and were therefore aware of the difficulties.

The Advisory Committee for Longstone Centre was established to assist in developing and organising the Centre and obtaining suitable work for the mentally handicapped adults. It is representative of the Health Committee and voluntary organisations and also includes the Senior Medical Officer for Mental Health Services, an Administrative Assistant and a Senior Instructor in charge of the Centre. The Committee suggested, *inter alia*, that the Centre should open from 9-30 a.m. to 4 p.m. daily and should close only during Trades holidays and on public holidays; that a payment of 7/6d. per person should be paid to those engaged in productive work and that this sum could be increased by units of half-a-crown according to output, satisfactory attendance, etc.

Short-Stay Residential Unit for Mentally Handicapped Children—Willowbrae House

The year was saddened by the illness and death in early September of Miss Margaret Wilson, Matron of Willowbrae House for twenty years. Her dedication, high standards and enthusiasm, combined with her love for children which she brought to her work were an inspiration to all. Staff, parents and friends subscribed towards a picture which has been hung in the hall, following a memorial service conducted in Willowbrae by the Rev. G. Barr. At the same time, a family bereavement forced Sister Jardine to retire after years of dedicated nursing at Willowbrae. We wish Sister happiness in the years to come.

There was a fall in the number of admissions to the Residential Unit during the year to 62 as compared with 85 in 1964. This can partly be accounted for by the staff crisis which arose in the autumn, partly to increasing numbers in the Day Centre and also because a number of our " regulars " were admitted for long-term hospital care during the year. The Residential Unit provides a much appreciated service in affording relief to parents.

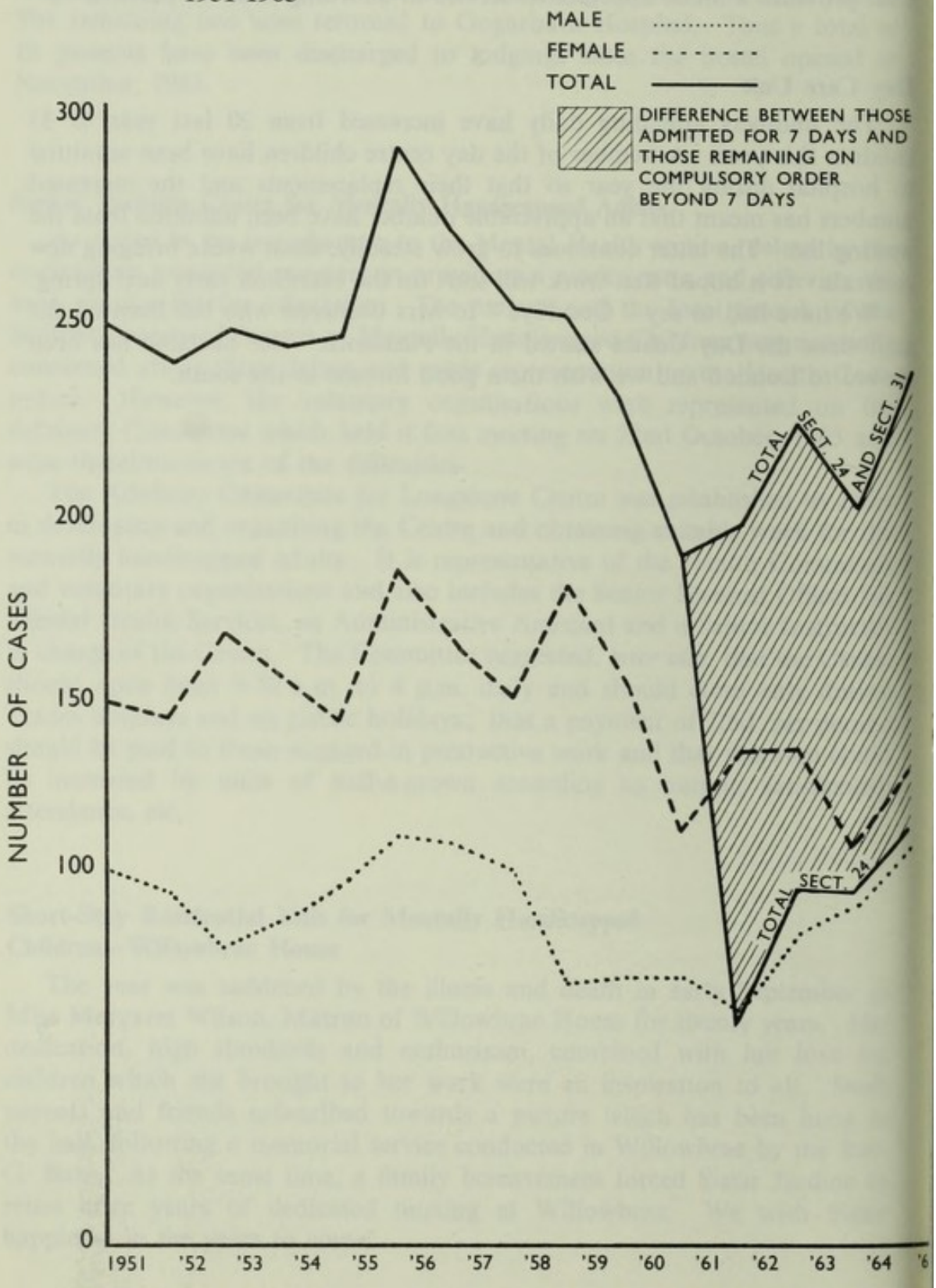
Day Care Unit

The numbers attending daily have increased from 20 last year to 33 children this year. A number of the day centre children have been admitted to hospital during the year so that their replacements and the increased numbers has meant that an appreciable number have been admitted from the waiting list. The latter continues to grow steadily, most weeks bringing new referrals. It is hoped that work will start on the extension early next spring.

We have had to say " Goodbye " to Mrs Cameron who has been on the staff since the Day Centre started in the Pleasance. Her husband has been moved to London and we wish them good fortune in the south.

APPENDIX I.

Compulsory Admissions
1951-1965



APPENDIX II.

Agencies referring patients to mental health officers

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Regional Hospital Board	19	18	17	14	16	17	14	15	9	16	20	13	188
General Practitioners	27	22	21	15	13	11	12	14	11	14	16	22	198
Police	8	5	5	8	6	3	9	11	7	4	5	7	78
Voluntary Associations	1	1	—	1	—	8	1	1	3	4	2	1	23
Medical-Social Workers	6	1	—	3	2	1	3	2	1	3	1	3	26
Health Visitors	1	3	1	—	2	2	1	2	6	—	2	5	25
Social Service	—	3	—	1	2	—	—	2	1	2	3	—	14
Relative or Friend	9	16	10	4	12	10	6	9	9	13	13	14	125
Mental Welfare Commission	1	1	—	—	—	—	5	1	—	1	1	1	11
Probation Officers	—	—	—	—	—	—	—	—	—	—	—	—	—
National Assistance Board	3	7	1	1	2	4	—	3	4	1	6	3	35
Others	6	5	2	8	8	1	1	4	8	4	—	2	49
Totals	81	82	57	55	63	57	52	64	59	62	69	71	772

APPENDIX III.

Number of Home Visits during year 1965

Visits in respect of	By Local Authority's Staff										By Voluntary Organisations under Arrangements with the Authority	
	Medical Officers		Health Visitors		P.S.Ws.		Mental Welfare Officers		Others			
(1)	(2)		(3)		(4)		(5)		(6)		(7)	
	1964	1965	1964	1965	1964	1965	1964	1965	1964	1965	1964	1965
1. Mental defectives under guardianship	142	—	—	—	—	—	258	169	19	20	—	—
2. Mental defectives under informal supervision	120	—	614	589	—	—	872	742	387	411	78	—
3. Mentally ill under guardianship ...	7	—	—	—	—	—	13	—	5	1	—	—
4. Mentally ill under informal care ...	77	—	1,743	2,115	—	—	1,667	1,760	14	6	—	—

* Welfare Assistant.

APPENDIX IV.

Patients referred by the Police to the Mental Health Section (by Age, Sex and Diagnosis)
1st January to 31st December, 1965

Diagnosis	Males					Females					Total
	15-19	20-39	40-59	60+	Total	15-19	20-39	40-59	60+	Total	M. and F.
Schizophrenia	—	8	6	—	14	—	1	5	1	7	21
Paranoid Schizophrenia	—	—	4	1	5	—	—	1	—	1	6
Depression	—	2	6	1	9	—	2	—	—	2	11
Manic States	—	—	—	—	—	—	1	—	—	1	1
Senile Dementia	—	—	—	—	—	—	—	—	1	1	1
Psychopathic Personality	5	6	4	—	15	1	2	—	—	3	18
Alcoholism	—	1	—	—	1	—	1	—	—	1	2
Neurosis	—	—	1	—	1	2	1	—	—	3	4
Mental Deficiency	3	3	4	—	10	—	2	—	—	2	12
Non-Psychiatric	—	—	1	1	2	—	—	—	—	—	2
Totals	8	20	26	3	57	3	10	6	2	21	78

APPENDIX V.

Patients referred by the Police to the Mental Health Section (by Age, Sex and Method of Disposal)
1st January to 31st December, 1965

Disposal	Males					Females					Total
	15–19	20–39	40–59	60 +	Total	15–19	20–39	40–59	60 +	Total	M. & F.
1. Admitted to Hospital—Compulsory Order (Sect. 24 or 31)	2	4	3	1	10	—	1	1	2	4	14
2. Admitted to Hospital—Informal Basis ...	5	6	6	—	17	2	2	3	—	7	24
3. Remanded for Psychiatric Report ...	1	5	4	—	10	—	1	—	—	1	11
4. After-care—No Charge Made	2	1	1	—	4	—	1	1	—	2	6
5. Referred to Hostel Accommodation ...	—	—	5	—	5	—	—	—	—	—	5
6. Patients " Absent without Leave " ...	—	—	1	—	1	—	—	—	—	—	1
7. Admitted to General Hospital	—	—	1	1	2	—	—	—	—	—	2
8. Number Charged:—	1	9	9	1	20	1	5	—	—	6	26
(*a*) Hospital Order	—	4	1	—	5	—	1	—	—	1	(6)
(*b*) Probation with Requirement to attend for Psychiatric Treatment ...	1	1	1	—	3	—	—	—	—	—	(3)
(*c*) Approved School	—	—	—	—	—	—	—	—	—	—	(–)
(*d*) Fined	—	2	2	—	4	1	1	—	—	2	(6)
(*e*) Imprisoned	—	2	3	—	5	—	—	—	—	—	(5)
(*f*) Admonished	—	—	1	1	2	—	3	—	—	3	(5)
(*g*) Deserted Per Loco	—	—	1	—	1	—	—	—	—	—	(1)
										Total	89*

* 11 patients are included in more than one category.

APPENDIX VI.

Children reported by the Education Authority

	Number reported during Year	Number of Cases included in (2) who are now			Number of Cases included in (2) who are waiting			Cases included in (2) on which no action found necessary	Cases included in (2) on which action found necessary but now completed
		attending Local Health Authority or Voluntary Centre	receiving other forms of care from Local Health Authority	in Hospital	place in an Occupation or Work Centre	other Local Health Authority care	Hospital admission		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1. Children reported to the Authority under Section 65 of the Education (Scotland) Act, 1962	10	6	—	1	3	—	—	—	—
2. Children reported to the Authority under Section 66 of the Education (Scotland) Act, 1962	47	6	—	1	14	—	—	25 (21 working 4 no action)	—

APPENDIX VII.

Staff engaged on Mental Health Duties

	Number of officers employed whole-time on mental health duties	Immediate vacancies at end of year
A. MEDICAL STAFF		
Senior Medical Officer	1	
Assistant Medical Officer	1	
B. WELFARE, CARE AND AFTER-CARE STAFF		
Psychiatric Social Worker	—	1
Mental Health Officers	5	1
C. OCCUPATION AND TRAINING STAFF		
Staff in Centres (excluding domestic staff) ...	8	
Occupation Therapists	1	
D. RESIDENTIAL ACCOMMODATION STAFF		
Wardens or matrons	2	1
Others (excluding domestic staff)	12	

SANITARY SERVICES

SANITARY DEPARTMENT,
PUBLIC HEALTH CHAMBERS,
JOHNSTON TERRACE,
EDINBURGH, 1.

To

The Corporation of the City of Edinburgh.

MY LORD PROVOST, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report for the Sanitary Department of the City of Edinburgh for the year 1965.

The work under review was mostly carried out under the administration of Mr R. S. Dunbar, who retired in November 1965 after completing fifty years' service with the Corporation. He had been Chief Sanitary Inspector for three years and much useful work for the benefit of Edinburgh's citizens was undertaken during his term of office.

For many years he took a special interest in atmospheric pollution and was instrumental in establishing the first smokeless zone in Scotland at the Sighthill Industrial Estate. He was also responsible for implementing the initial stages of the Corporation's Smoke Control programme for the city under the Clean Air Act.

HOUSING

Clearance Areas

Confirmation was received for the Baltic Street, Eastfield (Joppa), etc., and Holyrood Road Clearance Areas, which were included in the 1962–64 Slum Clearance Programme, and the families from these Areas are now being rehoused.

Objections with resultant Public Enquiries delayed proceedings in the Baltic Street and the Eastfield (Joppa) etc., Clearance Areas.

Although representation was made to the Housing Committee in January 1964, in respect of the Baltic Street Area, confirmation was not received until September 1965; the delay was due to an objection lodged by an owner of vacant business premises. Tenants in the Area were justifiably angry and frustrated to learn that, because of this objection, they were forced to live in slum conditions for a much longer period.

If the Slum Clearance Programme is to be accelerated, steps must be taken to streamline legal procedure in order to deal with objections, many of which are irrelevant, without the necessity of Public Enquiries.

In the early part of the year the Housing Committee approved the Slum Clearance programme for the three-year period, 1965–67. This programme dealt with the following Areas:—

There were no objections to the Jamaica Street, etc., Clearance Area, which was represented in August 1964 and confirmed by the Secretary of State in May 1965. Rehousing of the tenants is now in progress.

The Newhaven Area, which was represented in November 1964 has been delayed due to an objection having been lodged.

Official Representations were submitted to the Housing Committee for the following Clearance Areas:—

1. Freer Street, etc., containing 190 houses with a population of 508 persons.
2. Bangor Road, etc., containing 35 houses with a population of 102 persons.
3. Bedford Street, etc., containing 274 houses with a population of 623 persons.
4. Canongate, etc., containing 54 houses with a population of 110 persons.
5. West Richmond Street, etc., containing 211 houses with a population of 436 persons.
6. Dr Begg's Buildings containing 106 houses with a population of 299 persons.

Objections have been lodged in respect of Freer Street and Bangor Road Areas and Public Enquiries will have to be held with the resultant delay in rehousing the families concerned.

Comprehensive Development Areas

Official Representations in terms of the Housing (Declaration of Unfitness) (Scotland) Regulations, 1960, were made to the Housing Committee for the following areas:—

1. St James Square (Leith Street, etc.) Comprehensive Development Areas F, G, H and J containing 178 houses with a population of 426 persons.
2. St James Square (Leith Street, etc.) Comprehensive Development Area K, containing 37 houses with a population of 106 persons.

Confirmation was received for Areas F, G, H and J of the St James Square Comprehensive Development Area and for Area K of the Citadel and Central Leith Comprehensive Development Area. Thirty-four families have been rehoused from the Leith Area and rehousing from the St James Square Area will take place at an early date.

Rehousing of the families in Areas A, B, C and D of the St James Square Comprehensive Development Area have been completed and demolition of the buildings is now in progress.

The following tables show the action taken by the Local Authority under various Housing Acts since 1923:—

Housing (Scotland) Acts, 1919-1930

No. of Houses dealt with	*Population*
5,344	17,083

Housing (Scotland) Acts, 1950-64

Scheme	*No. of Houses dealt with*	*Population*
Burns Street, Leith, 1952	88	297
Calton Road, 1953	72	208
Spey Street, 1956	93	204
Carnegie Street, etc., 1959	419	1,111
Greenside Row, etc., 1959	256	571
Canonmills, 1959	35	79
West Cromwell Street, etc., 1961	64	158
Broughton Court, 1961	20	46
Dean Street, 1962	10	20
Montrose Terrace, 1962	20	55
Wilkie Place, etc., 1962	363	915
West Nicolson Street, etc., 1962	58	117
Tennant Street, etc., 1963	166	354
India Place, etc., 1963	484	1,065
Baltic Street, 1964	29	91
Jamaica Street, etc., 1964	275	577
Eastfield (Joppa), etc., 1964	7	17
Holyrood Road, 1964	28	71
Totals	2,487	5,956
Grand Total since 1923	7,831	23,039

Town and Country Planning (Scotland) Acts, 1947-1959, and the Housing (Declaration of Unfitness) (Scotland) Regulations, 1948 and 1960

Scheme	*No. of Houses dealt with*	*Population*
St Leonard's (Dumbiedykes) Comprehensive Development Area, 1955	151 (unfit houses) 55 (not unfit)	546
St Leonard's (Arthur Street, 1st Section) Comprehensive Development Area, 1960	653 (unfit houses) 113 (not unfit)	1,867
Citadel and Central Leith (Kirkgate 1st Section) Comprehensive Development Area, 1960 Areas A, B, C, D and E	320 (unfit houses) 46 (not unfit)	740
Citadel and Central Leith (Citadel, etc., 1st Section) Comprehensive Development Area, 1960	133 (unfit houses) 66 (not unfit)	350
St Leonard's (Heriot Mount, etc.) Comprehensive Development Area, 1962	75 (unfit houses) 111 (not unfit)	461
St Leonard's (Holyrood Road, etc.) Comprehensive Development Area, 1962	15 (unfit houses) 63 (not unfit)	179
Citadel and Central Leith (Kirkgate 1st Section) Comprehensive Development Area, 1962 Areas F and H	41 (unfit houses) 13 (not unfit)	151
St James Square (Leith Street, etc.) Comprehensive Development Area, 1963 Areas A, B, C and D	363 (unfit houses) 54 (not unfit)	845
Citadel and Central Leith (Kirkgate 1st Section) Comprehensive Development Area, 1963 Area J	13 (unfit houses)	67
St James Square (Leith Street, etc.) Comprehensive Development Area, 1963 Areas F, G, H and J	161 (unfit houses) 17 (not unfit)	427
Citadel and Central Leith (Kirkgate 1st Section) Comprehensive Development Area, 1964 Area K	21 (unfit houses) 23 (not unfit)	115
Totals	2,507	5,748

Individual Unfit Houses

During the year 160 houses were dealt with in terms of Section 9 of the Housing (Scotland) Acts 1950-64, either by the making of Demolition Orders or Closing Orders.

In addition the owners of 32 houses gave Voluntary Undertakings that the houses would not be re-let for human habitation in the event of the occupiers obtaining alternative accommodation. Twenty-six of these houses were included in Clearance Areas or Comprehensive Development Areas.

The House-letting Department re-housed 170 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 1919-1964

	No. of houses	*Population*
Housing (Scotland) Acts, 1919–30	2,325	7,417
Housing (Scotland) Acts, 1950–64	1,671	4,172
Totals	3,996	11,589
Voluntary Undertakings from owners	501	1,484
Totals	4,497	13,073

Overcrowding

Certificates relative to overcrowding in dwelling houses were submitted to the House-letting Department on behalf of 873 applicants for Corporation houses, a decrease of 285 as compared with the previous year. The House-letting Department re-housed 575 families from overcrowded houses or overcrowded sub-let rooms, a decrease of 196 from the previous year.

Bug Infestation of Houses

During the year the houses and household effects of 8,717 prospective Corporation tenants were examined by the District Inspectors and three or 0·03 per cent. of that number were found to be bug infested.

Since the scheme was put into operation 110,122 houses have been inspected and 4,519 or 4·10 per cent. have been found to be bug infested. The percentage of bug infested houses continues to decrease each year due to the efficiency of modern insecticides, including D.D.T.

Housing (Repairs and Rents) (Scotland) Act 1954 and Rent Act 1957

There were no applications for certificates of disrepair during the year and there were no applications from owners for revocation certificates.

Appendix 15 shows the return of certificates issued by the Local Authority between 30th August 1954 and 31st December 1965.

GENERAL SANITATION

Nuisances and Structural Defects

During the year the total number of structural defects and nuisances dealt with was 5,647. Of that number, 1,741 were notified by citizens, 46 were reported by other Corporation Departments and 3,860 were discovered by the District Inspectors. These nuisances involved the serving of 1,472 notices for their removal.

Common Lodging Houses and House-let-in-Lodgings

Details of lodging houses and other houses controlled by the Bye-Laws are given in Appendix 4. Regular inspections of these premises were carried out to ensure that the terms of the Bye-Laws were being observed.

Hairdressers and Barbers

There are 363 premises registered in the City as hairdressers and barbers, which are inspected periodically by District Inspectors with regard to equipment and cleanliness of the shops. Improvements continue to be made as a a result of these visits.

Offensive Trades

The offensive trades registered within the City comprise four tanners, one gut scraper, five hide and skin factors, one manure manufacturer, two tripe dressers, one glue and size maker, two fellmongers and two tallow melters, making a total of eighteen. Inspections showed that the provisions of the Bye-Laws requiring the prevention of offensive effluvia, the inoffensive disposal of obnoxious waste, the lime-washing of walls, the cleansing of floors and utensils and the thorough flushing of drains were being observed.

Water Sampling

During the year 321 samples of drinking water were submitted for bacteriological examination. As in previous years the bacterial quality was satisfactory. In some instances, however, cleaning of a domestic water cistern was required.

Chemical samples taken during the year were satisfactory.

Swimming Baths

Routine sampling of swimming bath water was continued throughout the year for both chemical and bacteriological examination. The sampling was spread over 24 ponds, including Portobello Pool and a number of school baths. Of the 225 samples taken from swimming baths, 91 were for chemical analyses to determine the free chlorine content of the water and the remaining 134 for bacteriological examination.

The results of the chemical analyses generally revealed a good standard of chlorination and it is the presence or otherwise of the sterilising agent, chlorine, which primarily determines the bacteriological purity of the pond water. All the swimming baths tested had mechanical filtration and automatic chlorine injectors.

As well as conventional bacteriological samples taken about 1 ft. below the water surface, assessment of the bacterial count at the air/water interface was continued. For this purpose, the customary technique was adopted of floating a piece of alginate gauze, held in a sterilised frame of monel metal, across the surface of the pond. The saturated gauze was then removed and

dissolved in a jar containing sodium hexametaphosphate, as well as sodium thiosulphate to counteract chlorine absorbed from the pond, and submitted to the bacteriologist for examination.

The results of bacteriological sampling from both the main body of the pond water and water surface were on the whole satisfactory.

NOISE ABATEMENT

The replacement of the traditional public wash-house by the launderette has introduced the joys of the communal wash day to sectors of the population who had probably never heard of the " steamie ".

The success and popularity of these installations has led to an increase in the number of washing-machines per unit and to the addition of tumble-dryers and dry-cleaning machines. This has caused marked rise in noise and vibration emission and many complaints have been received from the tenants of adjoining houses.

So extensive has this nuisance become that planning permission is now normally refused for such installations in tenemental properties.

The problem of the inherent delays in proceedings taken under the Noise Abatement Act has been under active consideration by the Public Health Committee and this and other unsatisfactory aspects of the Act are to be the subject of recommendations made to the Counties of Cities Association with a view to strengthening the Local Authority's powers to deal with noise nuisance.

RODENT AND INSECT CONTROL

Rats and Mice

As the Prevention of Damage by Pests Act 1949 requires the Local Authority to take such steps as may be necessary to secure so far as practicable that their district is kept free from rats and mice, inspections and surveys were carried out throughout the year of farms, piggeries, factories, warehouses and other premises in the city.

Where premises were found to be infested, advice was given on the best method of abating the nuisance and the steps necessary to rat proof the premises against further infestations.

No Statutory Notices were required to be served throughout the year and this can be taken as a tribute to the co-operation secured by the Department with the occupiers of infested premises.

The infestations notified to the Department were more or less of a minor character although in two instances fairly heavy infestations were found. In one of these cases, rats were observed in an old building with adjoining outhouses which had been vacated. A large quantity of Warfarin bait was consumed in the first week, thereafter consumption of the bait gradually

decreased until after three weeks no more bait was taken. The other instance occurred along the embankment of a field adjoining a main road. Treatment was carried out by prebaiting with medium oatmeal and then adding Zinc Phosphide to the bait. Part of the embankment was also treated with hydrocyanic acid gas.

Warfarin was also advised in the treatment of mouse infestations in dwellinghouses, etc.

Where drainage systems were suspected the co-operation of the City Engineer's staff was of considerable assistance in having the drains tested and, where necessary, repair work executed.

The baiting of a number of sewer manholes was also carried out.

Upon intimation from the Electricity Board that junction boxes revealed evidence of rats poison baits were laid down.

Circular letters were sent to farmers drawing attention to their obligations under the Prevention of Damage by Pests (Threshing and Dismantling of Stacks) (Scotland) Act 1950.

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 five, comprising ten apartments. This number was the same as last year.

Beetles, Cockroaches, Wasps, Fleas, etc.

The number of apartments treated for infestations of beetles, cockroaches, fleas, wasps and other insects was 394 compared with 304 in 1964.

Insecticides

The insecticides used during the year were mainly 0·5 per cent. Lindane Water Emulsion and 10 per cent. D.D.T. containing Lindane Powder. Wasps nests were also treated with 5 per cent. D.D.T. in Kerosene.

ANTI-FLY CAMPAIGN

The Anti-Fly Campaign was again carried out as in previous years. The weather conditions throughout 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 observed in dwellinghouses and shop premises. Householders themselves are now making more use of the Aerosol Fly Sprays which are displayed in the various shops throughout the City.

As piggeries must now be considered the main breeding places for flies in the City particular attention was given to the boiler houses, etc. It was observed that more care was taken in the cleanliness of the court yards and in the handling of the swill.

Treatment

The treatment of premises commenced at the beginning of July and continued until the end of September. During that period the number of premises treated was 70.

The insecticides used during the campaign were 0·5 per cent. Lindane Water Emulsion and 10 per cent. D.D.T. containing Lindane Powder. Aerosol Fly sprays were also found to be very effective.

Results

During the summer months the weather was cold and wet and unfavourable for fly breeding on a large scale. It is considered, however, that the attention given to piggeries and other potential breeding places throughout the campaign is giving satisfactory results.

Various Premises and Areas Treated 1965

Wards	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Totals
Dairies and Farms	–	–	–	–	7	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	8
Fish, Meat and Food Premises	–	–	1	–	–	–	–	–	3	–	–	–	–	–	–	–	–	–	1	–	–	–	–	5
Garden and Refuse Tips ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Hospitals, Institutions ...	–	–	–	–	–	–	–	2	–	–	–	–	1	2	–	–	–	–	–	–	1	–	1	7
Piggeries	–	–	–	–	9	–	–	9	–	–	10	–	–	–	–	–	–	–	–	–	1	–	2	31
Stables	1	–	–	–	2	–	–	4	1	–	2	–	–	–	–	–	–	–	–	–	–	–	–	10
Yards and Areas	1	1	1	–	–	–	–	–	–	2	–	–	–	1	–	–	–	–	–	–	–	–	–	6
Common Lodging Houses ...	2	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3
Dwellinghouses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	—
Total	4	2	2	–	18	–	–	16	4	2	12	–	1	3	–	–	–	–	1	–	2	–	3	70

SMOKE ABATEMENT

Industrial Smoke

Progress has been maintained in the introduction of new boiler plant and the improvement of existing boiler plant in industrial and commercial premises throughout the city. During the year 222 observations, each of one hour's duration, were made and 263 visits paid to boiler houses with a view to minimising smoke emissions.

Where Departmental representations have been made, the following works have been executed:—

Type of Establishment	*Technical Improvements*	*Number*
Private—		
Factories	Heating Units—oil fired	3
	Heating Units—gas fired	1
	New Boiler plant—oil fired	1
Hospitals	New Boiler plant—oil fired	2
	Smokeless incinerator introduced ...	1
Churches	New Boiler plant—oil fired	2
Shops and Stores	New Boiler plant—oil fired	4
	Heating Unit—oil fired	1
	Total	15
Public—		
Schools	New Boiler plant—oil fired	1
	New Boiler plant introduced ...	7
	Mechanical Stokers introduced ...	3
	Conversions to oil firing	2
	Conversions to gas firing	2
	Total	15

St Margaret's Railway Works

Throughout the year observations were made to check the degree of atmospheric pollution in the neighbourhood of the railway engine yard at Meadowbank Depot. Appreciable improvements have been noted as the substitution of diesel power for steam power steadily progresses and the number of steam engines allocated to St Margaret's is reduced.

Domestic Smoke

The year under review marks the end of the first of the three five-year phases of the city's programme of smoke control. Unfortunately, considerable delays have been experienced and only the Sighthill and Corstorphine Wards along with two small districts in the central area are presently smoke controlled. The fourth and final area of the Corstorphine Ward came into operation on 1st November 1965. A start has also been made during the year in Murrayfield-Cramond but an objection to the Order made by the Corporation on 29th July, the first of three required for this Ward, has resulted in the need for another local enquiry to be held. The major portion of the first phase of the Corporation's programme still remains to be done and includes the Pilton, Colinton, Liberton and St Bernard's Wards as well as the remainder of Murrayfield-Cramond.

A number of reasons can be advanced for the delays experienced. There are ten Smoke Control Areas in operation in the city covering an area of 5,162 acres and affecting 17,531 properties; of these, five have been the subject of local enquiries. Many changes have also taken place in the

assessment of grant earning costs and " reasonably necessary " works can now include a very wide range of appliances which were not available for grant in the earlier years of smoke control. In addition, there have been problems in the availability of smokeless fuels, moisture content of solid smokeless fuels, means of smokeless ignition and certain aspects of procedure. All have necessitated careful investigation and delay in the implementation of the smoke control programme has been inevitable.

It is felt that much of the " teething trouble " often associated with new legislation, particularly with such far-reaching legislation as the Clean Air Act, is being overcome and more rapid progress may now be possible. It may, however, be necessary to seek additional staff if the leeway in smoke control is to be made up.

Survey work in connection with the extension of smoke control measured in the city is continuing and during the year 18,704 visits were paid to premises for the purpose of estimating costs involved in the adaptation and replacement of fireplaces.

In addition, a system of patrols has been operating throughout the year in the smoke control areas. Where smoke was observed from the chimney of any house and the cause found to be due to the use of an unauthorised fuel, a warning letter was sent to the occupier. Some 133 warning letters were sent to occupiers during the year. In four cases, following second offences, legal proceedings were initiated and the occupier admonished.

ATMOSPHERIC POLLUTION

In conjunction with the Medical Officer of Health, arrangements have been made during the year for the establishment of seven stations within the city for the daily volumetric measurement of smoke and sulphur dioxide pollution. The apparatus used will include a meter for measuring the amount of air sampled each day. The method depends upon bubbling air through dilute hydrogen peroxide whereby the sulphur dioxide present is oxidised to sulphuric acid. A filter paper and clamp are incorporated so that determination of the smoke pollution can be ascertained from the stain produced on the filter paper. The co-operation of the City Analyst has been readily given in preparing the necessary materials and analysing the results each day.

The stations have been sited at the following points:—

Royston Primary School, Boswall Parkway.
Carrickvale Secondary School, Stenhouse Street West.
Portobello Indoor Baths, Portobello.
Leith Town Hall, Leith.
Deanbank Lodge, Canaan Lane.
Gilmerton Child Welfare Clinic, Gilmerton.
Public Health Chambers, Johnston Terrace.

It is proposed to bring the stations into use early in 1966.

Deposit Gauges

The department continues to co-operate with the Department of Scientific and Industrial Research in ascertaining the extent of atmospheric pollution within the city. At present three deposit gauges, stationed in the following places show the degree of pollution in these areas;—

1. Seafield (Eastern General Hospital).
2. Morningside (Astley-Ainslie Institute).
3. Glencorse (Reservoir).

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, three lead peroxide instruments are installed for the purpose of measuring sulphur content of the atmosphere at sites in Seafield, Astley Ainslie Institute (Morningside) and Robb's Loan, Gorgie.

In Appendix 5A the monthly reports submitted by the City Analyst show the rate of sulphation expressed in milligrammes of $S.O.^3$ per day per 100 square centimetres.

FACTORIES ACT 1961

Inspections of factories with mechanical power totalled 1,537 and of factories without power 155.

Improvements effected under Part I—Health (General Provisions) of the Act number 114.

The tabulated statement showing the prescribed particulars on the administration of the Factories Act, prepared at the request of the Ministry of Labour, was sent to H.M. District Inspector of Factories as required by the Act.

Sanitary accommodation on twenty-four building sites was inspected and any unsatisfactory conditions found were invariably remedied following verbal instructions.

A detailed statement of improvements effected in factories is shown in Appendices 6 and 7.

Basement Bakehouses

Section 70 of the Factories Act 1961 requires the Local Authority to examine all basement bakehouses every five years as to their hygienic suitability. Following the quinquennial review of such bakehouses in

Edinburgh carried out in 1964, the Health Committee resolved that while Certificates of Suitability should be continued in respect of five bakehouses, that for the sixth should cease to have effect after 6th April 1965. The occupier affected appealed to the Sheriff against this decision, but the appeal was rejected and the premises were subsequently closed.

SHOPS ACT 1950-1965

Three events of some significance have occurred during the year which affect the legislation concerned with shops and their trading hours.

The Shops (Early Closing Days) Act 1965, which shall be construed as one with the Shops Act 1950, came into force on 5th August 1965. Three months later, as from 5th November, various Orders made by Edinburgh Corporation between 1912 and 1946, prescribing the days on which shops trading in certain classes of business were required to be closed for a weekly half-holiday, were repealed. The classes of shops affected were grocers, chemists, hairdressers, butchers, goldsmiths, silversmiths and watchmakers, coal merchants, fishmongers and fish-friers.

The new Act further ordained that shop keepers were free to choose the day of their weekly half-holiday, to be known as the early closing day, and that they should display a notice indicating the day chosen.

While the Act goes some way towards simplifying legislation in this field, anomalies continue, the First Schedule of the Shops Act 1950, for example, exempting some seventeen trades from the provisions as to a weekly half-holiday, including some previously covered by the repealed Half-holiday Orders. The need for a complete reappraisal of the law relating to retail trading is undoubtedly much to be desired.

A welcome indication that this is being undertaken was shown in the publication by the Scottish Home and Health Department in August of proposals as to Retail Trading Hours, designed to replace certain provisions of the Shops Act 1950. Observations on the proposals, which included a number of interesting innovations, have been invited from numerous bodies and organisations, and comments on several of the proposals were submitted by the Magistrates to the Counties of Cities Association.

During the year, a survey was carried out by the Chamber of Commerce to ascertain the opinions of approximately one thousand shopkeepers in the central area of the City as to keeping their shops open for six-day trading each week. The results of the survey were submitted to the Magistrates with a request for consideration of possible action under Section 1 (4) of the Shops Act 1950. This section empowers a local authority to make an order exempting shops of any particular class from the provisions of the Act as to half-holiday closing, if satisfied that a majority of the occupiers of such shops are in favour of the exemption.

After very careful consideration of the results of the survey, the Magistrates decided there was not sufficient justification to alter the status quo at present.

A statement in connection with the Shops Acts is contained in Appendix 8.

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

A systematic programme of visits to office and shop premises in the City began at the end of April 1965, following the appointment of two Technical Officers who are engaged exclusively on this work under the direction of a Specialist Sanitary Inspector.

A copy of the prescribed Form OSR.14, detailing the statistics for the year ended 31st December 1965 required by the Minister of Labour, is shown at Appendix 8.

During the eight months since inspections were begun, a total of 1,849 premises have been visited. Of these however, it was found that no fewer than 511 (27%) were outwith the scope of the Act, being businesses in which the owner only was working, or in which only the specified close relatives of the employer were working or where not more than 21 man-hours weekly were normally worked.

A Table of comparisons between premises of different classes to which the Act was found to apply and those found to be excepted from the Act is shown below.

	Offices	*Retail Shops*	*Wholesale Estabs.*	*Catering Estabs.*	*Totals*
Total premises visited	613	1,058	54	124	1,849
Within scope of Act	561	629	51	97	1,338
Excepted from Act	52	429	3	27	511
Percentage of premises excepted ...	8%	40%	5%	23%	27%

The high percentage of exceptions in the Retail Shop and Catering Establishment Classes of premises is a matter for some concern. A separate register of those places is being maintained and regular revisits to them will require to be made since circumstances will undoubtedly change in many of the premises, bringing them within the scope of the Act. Apart from the additional work entailed it seems regrettable that in so many shops particularly, the standards of the Act cannot be enforced.

The Act makes several valuable contributions towards the increased comfort of office and shop workers, and among the most important is the stipulation of a minimum temperature standard of 16° C. (60·8° F.) in rooms where people are employed to work, although this provision is unfortunately complicated by the making of exceptions in certain circumstances.

In general it was found that office premises were adequately heated but arrangements for the heating of shops, particularly smaller ones, were often found to be insufficient during cold spells of weather. It was noted that in most shops where heating was satisfactory, heating appliances included one situated above the entrance door. The Display of thermometers in over 300 premises was requested and these, together with the information as to the temperature standard contained in the Abstract of the Act which almost all employers visited have been asked to display, should help to bring about a general improvement in this important matter.

Sanitary accommodation which fell short of the requirements of the Act and the lack of satisfactory washing facilities, including a supply of hot and cold or warm running water were the subjects of 442 and 306 Intimations respectively, while over 500 employers were required to provide First Aid Boxes.

Safety precautions and accident prevention are important features of the Act and in this connection, accidents causing death or incapacity for normal work for more than 3 days are reportable. During the year 138 such accidents occurred, bringing the total reported since August 1964 to 198 of which 109 resulted in injuries due to falls. The only fatal accident made known to the Department involved a fall on a stair.

The next most common causes of injury were " handling goods " (35 accidents), while " falling objects " caused 12 accidents, machinery 9 accidents, hand tools 8 accidents, with fire, explosion and electrical causes accounting for 6 and vehicles for 4 accidents.

An analysis of the accident reports indicates among other things that women appear much more " accident prone " than men, and the following table compares the accident incidence among male and female employees, expressed in terms of ratios.

	Ratio Males : Females
All Employees in Registered premises	4 : 5
Employees involved in all types of Accidents ...	4 : 6
Employees involved in all types of Falls	4 : 11
Employees involved in Falls on Staircases	4 : 22

The standard of working conditions set by the Act can be regarded as no higher than a reasonable minimum, with room for not a few improvements. While provision is made in the Act for the relaxation of certain requirements in premises where compliance is impossible, it would seem logical, if the Act is to be truly and universally effective, that consideration should be given to the question of the eventual closure of premises which fall far short of the Acts' standards, following the precedent of the Factories Acts treatment of underground bakehouses.

FOOD HYGIENE

During the year under review it was decided that staff shortages would not be allowed to retard the drive for better food hygiene in the City: thus at the beginning of the year a senior inspector was appointed to fulltime food hygiene inspections. As a first step a thorough re-survey of catering establishments is being carried out, many improvements have been effected and this effort will continue until we can claim that the hygiene of restaurants, cafes and all places where citizens and visitors dine out are worthy of a Festival City.

The occurrence of a limited outbreak of salmonella tennessee food poisoning which was probably caused by a tin of imported processed meat, again directed attention to the need for experienced care in the handling of cold cooked meats and in the sterilising, at least once daily, of equipment and surfaces in contact with such products. A circular was prepared by the Department on the cleaning of meat slicing machines and this has proved a useful guide to grocers and others handling cooked meats.

At the end of the year a small outbreak of food poisoning traced to a city restaurant underlined the importance of temperature control in dealing with meat products. The cause of this episode was gravy prepared early in the day from stock which had probably been allowed to cool slowly overnight in a large container. The gravy was kept warm in a " bain marie " (water bath) until required for dinner in the evening. This type of food poisoning, due to Cl. Welchii and always associated with meat or meat products, could be almost completely prevented if a few simple rules were followed when meat products are being cooked. Thorough cooking, quick cooling and storage at low temperatures are the safeguards. If reheating is necessary it should be done quickly and thoroughly.

During the year two courses in Food Hygiene were held at the Napier Technical College and students were again successful in the examination held by the Royal Institute of Public Health and Hygiene. In addition, talks on food handling were given to a number of groups including the staff of one of our largest hotels, the catering staff of a multiple firm and to hospital catering officers.

FOOD HYGIENE (SCOTLAND) REGULATIONS 1959

Inspections	2,813
Contraventions	272
Intimations	132
Improvements:—	
New drainage system installed	7
New water closets installed	23
Existing water closet improved or repaired	8
Water closets cleaned	13
Cold water supply installed or improved	30
Hot water supply installed or improved	56
Wash-hand basins installed	64
Food preparation sinks installed	8
Equipment washing sinks installed	54
Lighting and ventilation improved	13
Intervening ventilated spaces provided	13
Metal refuse bins with lids provided	15
Walls, ceilings, etc., cleaned or painted	84
Walls, ceiling, etc., repaired	13
Floors cleaned	10
Forecourts, or yards, repaired or improved	4
Suitable storage accommodation provided	8
Protective screening for food on display provided	21
First aid equipment provided	18
Suitable clothing accommodation provided	14
Refrigerators provided	13
Dish washing machines provided	6
Vehicles cleaned and repaired	1
Total	496

EDUCATIONAL EFFORTS

The Health Education topic for 1965–66 was Food Hygiene and five enior members of the Department shared in a busy winter programme of vening talks in this subject to various groups of citizens.

The Department has also been happy to share in training schemes for ther professional members of the health service. Talks and conducted visits ere arranged for such groups as medical undergraduates, World Health ellows, student nurses and trainees catering officers.

SALE OF FOOD AND DRUGS ACTS, Etc.

ity Analyst

It is a pleasure to welcome Mr Peter J. G. Holliday, B.Sc., F.R.I.C., who ook up his appointment as Public Analyst for the City of Edinburgh in uccession to the late Dr A. Scott-Dodd, Ph.D., F.R.I.C., on 18th October, 965. Mr Holliday is a native of Edinburgh and obtained a degree in hemistry from the University. After graduation he became an assistant n the laboratory of County Analyst for Kent at Maidstone. Whilst there

he worked for, and obtained his professional qualification as a Fellow of the Royal Institute of Chemistry and was then appointed Depute County Analyst for Dumfriesshire. When the Dumfriesshire Laboratory was closed in 1958, Mr Holliday became Deputy City Analyst for the City of Birmingham, the largest local authority outside of London, where he remained until taking up his present post.

Food and Drugs Analysis

During the year 1,247 samples of food and drugs were procured for analysis as to their nature, substance and quality or to ascertain the correctness of the claims on the label. Of these, 241 were statutory samples, which represented 41 different articles of food and drugs. The City Analyst reported 2 or 0·83 per cent. as failing to comply with the legal requirements.

New Legislation

New legislation which became operative during 1965 included:—

The Milk (Special Designations) (Scotland) Order 1965.
The Dried Milk (Scotland) Regulations 1965.
The Agriculture (Miscellaneous Provisions) Act 1963 (Commencement) Order 1965.
The Eggs (Marking and Storage) (Scotland) Regulations 1965.

Milk

The number of statutory samples of milk examined was 77 and of these 76 were reported to conform with the requirements of the Sale of Milk Regulations 1901. The average fat and non-fatty solids content of all samples taken, including the adulterated sample, was 3·67 per cent. and 8·74 per cent. respectively, which is much in excess of the presumptive standards of 3·00 per cent. and 8·50 per cent.

Channel Islands Milk

The Milk and Dairies (Channel Islands and South Devon Milk) (Scotland) Regulations 1958, prescribe a minimum standard of 4 per cent. for the milk-fat content of milk sold under the description of " Jersey ". To ascertain the quality of milk fat contained therein 53 samples of " Jersey " Certified Milk supplied to creameries from 7 Jersey Herds were submitted for chemical analysis. The City Analyst reported that all the samples contained at least 4 per cent. milk fat. The average fat content of the samples was 4·69 per cent.

School Milk

The milk supplied to the City schools under the Milk-in-Schools Scheme is of Tuberculin Tested (Pasteurised) grade. Of 43 samples taken, the average milk fat was 3·65 per cent.

Ice-cream

The number of premises registered under the Ice-cream (Scotland) Regulations 1948 at 31st December 1965 for the manufacture, storage and sale of ice-cream was 204, six less than last year, while the number of vehicles registered for the sale of the commodity was 208, a decrease of 29. The premises were frequently inspected and observations made of the methods of manufacture and handling employed and these were generally found to be satisfactory. Vehicles and stances were also kept under observation.

There were 102 samples of ice-cream purchased from various manufacturers and vendors in the City and submitted to the City Analyst for chemical analysis. In addition, 102 samples were sent to Dr J. C. Gould, Consultant Bacteriologist at the Western General Hospital, for bacteriological examination. The results were as follows:—

(a) *Chemical Analysis.*—All the samples of ice-cream submitted for chemical analysis complied with the standard laid down in the Food Standard (Ice-cream) (Scotland) Regulations 1959. The average fat and milk solids other than fat content of the samples, which included both ice-cream and Dairy ice-cream was 10·05 per cent. and 10·45 per cent. respectively, which is considerably above the minimum legal requirement of 5·0 per cent. and 7·5 per cent.

(b) *Bacteriological Examination.*—Of the 102 samples submitted for bacteriological examination, 75 were considered satisfactory and the remainder unsatisfactory, 10 because they had a plate count of more than 50,000 bacteria per gram, 11 because of coliform organisms present in one hundredth of a gram and 6 because of a plate count of more than 50,000 organisms per gram with coliform present. In each case where the results indicated unsatisfactory ice-cream, a special investigation was made of the plant and advice was given. Subsequent samples were found to be satisfactory.

Mince

Nineteen samples of mince were purchased from various butcher's shops and one of these was reported as not conforming to the Preservatives in Food (Scotland) Regulations 1962.

Sausages

Forty samples of sausages of various descriptions were procured for chemical analysis. The City Analyst reported that, of these samples, 29 contained preservatives within the limits specified by the Preservatives in Food (Scotland) Regulations 1962, and the other 11 were found to be entirely free from preservatives.

Meat Pies

Seventeen meat pies ranging in price from 5d. to 1/- each were purchased from various shops and submitted for examination. The City Analyst reported that the weight of the pies varied from 2·0 oz. to 4·7 oz., the weight of the meat in the pies varied from 0·31 oz. to 1·20 oz. and the meat content in relation to the pie varied from 8·0 per cent. to 40 per cent.

There is, as yet, no statutory standard for meat pies but revised proposals for regulations prescribing the composition, labelling and advertising of the commodity were examined during the year.

The proposed compositional standard is for a minimum meat content of 25 per cent. based on the weight of the pie as a whole, with the proviso that the standard should be deemed to have been complied with if not less than 1 oz. of meat is present in a pie of not more than $5\frac{1}{2}$ oz., not less than $\frac{7}{8}$ oz., of meat in a pie of not more than 4 oz., and not less than $\frac{5}{8}$ oz., in a pie of not more than 3 oz.

Of the seventeen meat pies examined only two conformed to the proposed compositional standard. The meat content of the remaining 15 pies was regarded as definitely on the low side. Of the unsatisfactory samples 14 had a meat content of less than 20 per cent. while 9 of that number had even less than 15 per cent.

Aspirin Tablets

The City Analyst reported that an informal sample of aspirin tablets showed on analysis an excess of acetylsalicylic. The tablets contained an average of 370 mg. of aspirin, whereas the British Pharmacopoeia requires such tablets to contain no more than 315 mg., per tablet. It was noted that the average weight of the tablets was greater than that usually found and the excess of aspirin coincided exactly with this increase in weight. This would indicate that, although the tablet matrix had been properly prepared, a mistake had occurred during the tableting process whereby larger than usual tablets were produced.

The facts were brought to the attention of the manufacturers who undertook to institute more numerous and careful check weightings of their tablets in future.

Malt Vinegar

An informal sample of Malt Vinegar was reported by the City Analyst to contain only 0·17% of total solid matter whereas a true malt vinegar would contain at least 1·0% and generally more than 1·5% of total solids. Further analysis showed that the sample was, in fact, Distilled Malt Vinegar which had been coloured with caramel and ought to have been labelled in the manner.

The Labelling of Food Order 1963, was also contravened in that the label attached to the bottle did not give an address at which the packer or the labeller carried on business.

The matter was referred to the Inspector in whose district the firm was known to have premises and he dealt very expeditiously with it.

The Fertilisers and Feeding Stuffs Act 1926

Inspections were made of premises throughout the City where fertilisers and animal feeding stuffs are prepared for sale and consignment, and five samples of feeding stuffs and three of fertilisers 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 could be attributed to carelessness and in each case a subsequent visit proved that the reprimand had been sufficient to prevent a repetition of the offence.

The Rag Flock and Other Filling Materials Act 1951

At the end of the year the number of premises registered in accordance with the provisions of Section 2 of the Act was 13. This is a decrease of one over last year. Ten 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, hair, feathers and new fibre were subjected to the appropriate tests prescribed for each kind of material by the Rag Flock and Other Filling Materials Regulations 1961 and 1965. The City Analyst reported that the standard of cleanliness required by the Regulations had been complied with in each case.

The 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 232. This is a decrease of 14 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 three shopkeepers for selling Part II poisons without being on the Local Authority's list of persons entitled to sell such articles; they all 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 807 at 31st December 1965. In addition, 16 milk vending machines were registered. The occupiers of the premises hold licences under the Milk (Special Designations) (Scotland) Order, 1951, for the sale of the various grades of milk, viz. " Certified ", " Tuberculin Tested ", " Pasteurised " and " Sterilised ".

Bacteriological Examination.—During the year 368 samples of the various grades of milk were submitted for examination to the Bacteriological Department of the Western General Hospital, 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.

Processing Plants.—Five firms hold licences to pasteurise milk and one, in addition, a licence to sterilise milk. The efficiency of these plants in heat-treating the milk is shown in the very satisfactory results obtained on samples of processed milk; no samples of pasteurised milk failed the phosphatase test and no samples of sterilised milk failed the turbidity test. The dairy equipment and ancillary items were found on regular inspections to be kept in excellent condition and the methods used to clean and sterilise the plants satisfactory.

The firm holding a licence to sterilise milk discontinued the sterilisation process on 4th October after which date the plant and equipment was dismantled and transferred to Dundee. Until such time as the plant in Dundee is fully operational, the firm's requirements of Sterilised Milk will be received from an associate firm in Liverpool.

One dairy, during the year, installed two 5,000 gallon capacity stainless steel insulated raw milk storage tanks and erected on the conveyor line a crate washing machine for the cleaning and rinsing of the new plastic pint crates. A second firm renewed the refrigeration plant supplying the cold store.

The most recent development in the packaging of liquid milk is the introduction of a non-returnable polythene pack. The pioneers of this new method in Scotland were an Edinburgh firm, who, early in the year, installed a fully automatic machine to deal with part of their pasteurised milk. The machine forms the sachets from opaque polythylene film, fills them with a pre-determined volume of milk and then hermetically seals the strong, neat and attractive bag. For domestic use a specially designed plastic jug is available, into which the sachet is placed before cutting the corners and pouring.

From the public health point of view it is to be hoped that this venture will be successful. The sachets eliminate the major objection to glass, viz.

the danger from foreign bodies and the misuse of milk bottles by thoughtless people.

Twenty-eight insulated road tankers are now collecting milk from approved bulk storage tanks on various farms and delivering it direct to four dairies in the City in bulk form each day. These dairies now receive their total daily requirements, which amount to nearly 43,000 gallons, by this method of transport, instead of in cans. This figure shows an increase of tanker milk from last year of approximately 14,000 gallons.

" Certified " Milk.—The " Certified " Milk sold in Edinburgh comes mainly from farms in the Lothians, Lanarkshire, Peeblesshire and Berwickshire. This grade of milk is bottled on the farm and consigned to dairies and shops in the City for distribution. The results of bacteriological examination of " Certified " Milk showed that the milk supply from seven producers was satisfactory but the remaining thirteen had two or more failures during the year. Most of the samples which failed to pass the prescribed tests had Bacterium Coli present. A note of the unsatisfactory results was, in each case, sent to the Sanitary Inspector for the area where the milk was produced and bottled and to the manager of the dairy distributing the milk in Edinburgh. Repeat samples were taken and in most cases the results showed that an improvement had been effected. One distributor stopped a supply which was considered unsatisfactory.

Brucella abortus.—Samples of " Certified " Milk from one farm was reported to give positive reaction to the brucella ring test, a suspicion of the presence of Brucella Abortus in the milk. On an investigation being carried out by the County Sanitary Inspector at the farm concerned it was discovered that ten animals, cows and heifers, had calved since the last brucella test. The normal practice of testing the milk of newly calved animals before adding it to the supply coming to Edinburgh had, it appears, not been carried out. The milk from all the cows which had not been tested was excluded from the consignment coming to the City until the results were negative.

Counter Milk Dispensing Machines.—To ascertain the hygienic quality of the milk sold from milk dispensing machines, samples were taken from various refreshment establishments and submitted for bacteriological examination. The results were again very disappointing, despite a great deal of help and instruction on the cleaning and sterilising of the equipment given in past years, to the respective operators.

Of the 112 samples examined only 19, taking the standards of the Milk (Special Designations) (Scotland) Order 1951, were considered satisfactory and the remainder unsatisfactory, one because it had a plate count of more

than 200,000 bacteria per millilitre, 42 because of coliform organisms present in one-hundredth of a millilitre and 50 because of a plate count of more than 200,000 organisms per millilitre with coliform organisms present.

Towards the end of the year 3 samples were taken from a new system of milk packaging and dispensing and these were all satisfactory. This new system consists basically of a multi-ply bag or liner, with its own pouring device and closure, which is contained in a strong rectangular corrugated outer box. The bags are delivered to the dairies in an aseptic condition with a sealed polythene spout. The seal is broken at the filling machine and the spout is resealed immediately after filling and before being withdrawn. This eliminates the possibility of contamination.

In dispensing, the complete container is mounted in a special refrigerated cabinet and the product is served direct from the pack. First impressions are that a very high standard of hygiene can be maintained by the use of this system and we look forward to its future development with intense interest.

Complaints.—During the year, 26 complaints of foreign material in the milk and of dirty milk bottles were received from the public. These were carefully 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 1,226 representing 950,853 tons, while vessels which arrived from home ports numbered 882 representing 807,097 tons. Foreign fishing vessels numbered 6 representing 956 tons, while British fishing vessels numbered 431 representing 34,044 tons. The total number of ships including steamers, motor and fishing vessels was 2,545 with a total tonnage of 1,792,950 tons.

Sanitation

Under the Public Health (Scotland) Act 1897 it is the duty of the Local Authority to cause an inspection to be made for the removal of nuisances and to secure proper sanitary conditions aboard ships lying within their district. In giving effect to this requirement the boarding, inspection and revisits of vessels totalled 1,025 and the insanitary conditions dealt with were 288 necessitating 155 verbal intimations.

Of the many insanitary conditions dealt with the lack of cleanliness in respect of crew's 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 cockroaches in galleys, store-rooms and living quarters was dealt with by efficient fumigation or the use of insecticides.

A detailed statement of the insanitary conditions is appended to this report.

Water

The water supplied to ships is identical to that of the City and is delivered by hydrants situated at the dockside. The drinking water aboard ships is generally found to be satisfactory and the importance of having a pure and plentiful supply is fully appreciated.

Rat Destruction

The total number of certificates granted during the year to Masters of vessels was 108 of which 101 were Deratting Exemption Certificates and 4 Rodent Control Certificates. In 7 cases it was necessary to request measures to be undertaken for the destruction of rats. 3 Deratting Certificates were issued to vessels satisfactorily treated with Sodium Fluoroacetate.

The total number of rats killed on board ships, wharfs and in sheds was 533.

Rat destruction was undertaken in the dock area by the Dock Commission staff and during the year continuous Warfarin baiting and trapping was effective in destroying 503 rats.

Clean Air

During the year there were 12 instances in which black or dark smoke was emitted for periods longer than the permitted periods specified in the regulations. These emissions came from merchant vessels, fishery cruiser, tugs and steam cranes.

In order to bring the requirements of the regulations to the notice of masters of vessels, notices setting forth the permitted periods were served to all vessels arriving at this Port for the first time.

Cleansing

The Dock Commission continue 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 Department much valuable assistance has been received from H.M. Collector of Customs, the Leith Dock Commissioners, the Granton Harbour Official, the Ministry of Transport Surveyors and the various shipping companies and agents to whom this opportunity is taken of expressing my thanks for their co-operation.

Appendices 12 and 13 contain a detailed statement of the Port Sanitary work.

PROSECUTIONS

It was found necessary to institute legal proceedings in 16 cases in connection with the administration of the Acts, Orders, Regulations and Bye-laws. The total fines imposed amounted to £26 : 10 : 0. Details of these prosecutions are given in Appendix 14.

STAFF

I desire to express my cordial appreciation of the enthusiastic service rendered by all members of the staff.

I am, My Lord Provost, Ladies and Gentlemen,

Your obedient servant,

I. W. WINTOUR, M.R.S.A.(Scot.),
Chief Sanitary Inspector.

APPENDIX 1

NUISANCES ABATED AND SANITARY IMPROVEMENTS IN 1965

Nature of Nuisance	WARDS																					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
	St Giles	Holyrood	George Square	Newington	Liberton	Morningside	Merchiston	Colinton	Sighthill	Gorgie/Dalry	Corstorphine	Murrayfield/ Cramond	Pilton	St Bernard's	St Andrew's	Broughton	Calton	West Leith	Central Leith	South Leith	Craigentinny	Portobello	Craigmillar	Totals
Water Closets:—																								
New apparatus substituted	1	—	1	—	—	—	—	—	1	1	—	1	—	1	—	—	—	—	—	—	—	—	—	6
Improved or repaired	13	2	2	1	2	1	—	—	—	3	—	—	1	1	2	1	1	3	1	—	—	2	—	36
Water closets and sinks in filthy condition and cleansed	2	3	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1	1	11
Choked water closets cleared	—	1	2	—	1	—	—	—	1	1	—	—	2	—	—	—	3	2	—	—	—	—	—	13
New water closet apartments provided	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Sinks, Tubs and Wash-hand Basins:—																								
Sinks introduced	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	2
Repairs (woodwork, etc.)	1	—	2	—	1	—	1	—	—	1	—	1	—	—	1	1	—	—	—	—	—	1	—	10
Choked sinks, Wash-tubs, etc., cleared	1	1	—	—	3	—	—	—	—	2	—	—	—	2	—	—	1	—	1	—	—	—	—	11
Drains:—																								
Choked drains cleared	12	3	2	5	5	2	2	2	3	7	1	1	5	6	2	1	11	5	2	—	—	4	—	81
Drains repaired or renewed	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	2
Soil pipes repaired or renewed	1	2	2	1	—	1	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	9
Sinks, etc., waste pipes repaired or renewed	3	1	—	1	—	—	—	—	—	1	—	1	—	—	1	1	2	1	—	1	—	—	—	13
Water Supply:—																								
Cisterns found dirty	12	5	3	7	2	4	3	3	3	2	—	—	1	4	9	4	8	6	17	3	12	8	46	162
Cisterns found without covers	3	2	2	2	1	2	1	—	—	—	—	—	—	—	1	—	—	2	2	—	2	—	—	20
Cisterns repaired or renewed	2	1	—	—	—	—	1	—	—	1	—	—	—	—	—	1	—	1	1	—	—	—	—	8
Water pipes repaired or renewed	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	3
Houses temporarily without water supply	1	1	—	—	—	—	—	—	1	—	1	—	1	—	1	—	3	1	—	—	—	—	—	10
Repairs to Houses:—																								
Floors, hearths, doors, walls, etc., repaired	5	1	—	—	—	—	—	—	—	2	—	1	1	—	1	—	2	1	1	1	—	—	—	16
Windows and Skylights repaired	5	2	—	1	—	—	1	—	—	2	1	—	—	—	2	2	1	1	1	—	—	2	—	21
Grates or ranges repaired	2	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	—	—	—	—	6
Wall and ceiling plaster repaired	7	6	2	—	—	—	—	—	—	1	—	—	1	—	—	1	1	2	—	1	1	2	—	25
Defective roofs repaired	1	1	2	1	—	—	1	—	—	—	—	—	—	—	2	—	1	1	—	—	—	—	—	10

NUISANCES ABATED AND SANITARY IMPROVEMENTS IN 1965—*continued*

Nature of Nuisance	Wards																							
	1 St Giles	2 Holyrood	3 George Square	4 Newington	5 Liberton	6 Morningside	7 Merchiston	8 Colinton	9 Sighthill	10 Gorgie/Dalry	11 Corstorphine	12 Murrayfield/ Cramond	13 Pilton	14 St Bernard's	15 St Andrew's	16 Broughton	17 Calton	18 West Leith	19 Central Leith	20 South Leith	21 Craigentinny	22 Portobello	23 Craigmillar	Totals
Nuisances Abated in Houses and other Premises:—																								
Floors, etc., of houses in dirty condition	1	—	—	—	2	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	5
Bad Smells in houses or shops	27	12	5	6	8	10	2	5	2	14	1	6	3	2	4	6	15	4	3	—	1	7	5	148
Smoke in houses due to defective vents	3	1	—	3	—	1	3	1	1	6	—	—	3	2	—	—	—	2	—	1	—	3	—	30
Dampness in houses	10	14	4	7	13	5	4	4	7	11	1	6	8	3	2	—	7	11	3	1	2	7	9	139
Overcrowded families re-housed	43	28	6	20	41	9	10	6	39	26	3	10	56	20	37	17	32	12	35	23	22	34	47	576
Houses flooded due to defects in flat above	5	1	3	—	1	1	1	—	—	5	—	1	1	2	1	—	4	—	—	—	—	2	—	28
Animals and birds kept in close proximity to houses ...	—	—	—	—	—	—	1	—	—	1	—	—	2	—	—	—	—	2	—	—	—	—	—	6
Stairs, Passages, etc.:—																								
Staircases painted	12	10	24	8	70	31	12	1	—	29	19	28	20	66	6	45	2	15	18	—	2	1	1	420
Staircases and passages in a dirty condition and cleaned by Tenants	34	13	21	24	38	20	21	5	3	27	—	11	66	20	8	17	2	8	5	1	1	3	48	396
General:—																								
Premises infested by bugs, fleas, etc.	4	7	—	1	4	5	8	3	—	6	—	—	6	3	—	1	3	5	1	1	—	2	7	67
Premises treated for bugs, fleas, etc., by this Department ...	2	—	2	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	7
Accumulations of refuge near dwellings removed	24	11	24	9	8	9	8	4	1	15	3	5	7	11	3	16	9	11	—	—	—	11	3	192
Areas, backgreens, roofs, cellars, etc., cleaned	124	46	35	5	6	7	8	—	—	5	8	—	18	24	125	32	25	74	915	460	27	21	675	2640
Tenants casting Garbage over windows	6	—	1	2	—	2	1	—	—	5	—	2	4	2	1	4	4	3	—	—	—	2	2	41
Noise Nuisances abated	5	6	3	9	3	1	1	3	5	5	2	3	3	3	1	4	9	2	1	—	—	—	1	70
Miscellaneous nuisances removed	43	33	34	30	28	15	14	3	12	28	5	13	21	16	7	26	22	19	2	—	—	14	21	406
Totals	416	214	184	143	239	128	104	40	80	208	45	92	230	188	217	181	174	195	1012	493	71	127	866	5647

APPENDIX 2

RECORD OF INSPECTIONS CARRIED OUT BY SANITARY DEPARTMENT

Number of visits to:—

Bakehouses	131
Betting Shops	2
Building Sites	52
Brokers Premises	25
Creameries and Pasteurisation Plants	11
Common Lodging Houses	69
Dairy Shops	1,258
Farmed-out Houses and Houses let-in-lodgings	11
Fried Fish Shops	164
Grocers	522
Hairdressers and Barbers	156
Hotels and Apartments	203
Ice-cream Shops	167
Offices	4
Offensive Trades	33
Pet Shops	21
Picture Houses and Theatres	13
Piggeries	6
Public Houses	111
Public Conveniences	68
Restaurants and Canteens	854
Schools	31
Seasonal Workers Accommodation	17
Second-hand Furniture Shops	3
Showgrounds and Caravan Sites	40
Swimming Baths	90
Premises *re* water sampling	310
Premises other than above	1,107
Houses *re* overcrowding and recommendations to House-letting Department	1,712
Houses for evidence of Bug Infestation prior to removal of Tenants into Corporation Properties	8,717
Properties *re* Painting of Common Stairs	1,794
Houses *re* Infectious Diseases Enquiries	1,255
Houses under Housing (Scotland) Act 1950–64	7,487
Houses under Clean Air Act 1956	18,704
Premises *re* Nuisances	17,225
Premises under Offices, Shops and Railway Premises Act 1963	3,295
TOTAL	65,668

APPENDIX 3

NOTICES

Intimations of Existences of Nuisance served	257
Intimations served in connection with Renewal of Sinks and Water Closets	5
Notices to Remove Nuisances served at the instance of the Local Authority	108
Notices served for the Cleaning of Dirty Areas, Cellars, etc.	31
Notices served on occupiers failing to take Rotation of Stair Washing and Sweeping	339
Notices served in connection with Cleaning of Water Cisterns	171
Notices served in connection with Painting of Common Stairs	1,565
Notices served cautioning persons against Casting Garbage over Windows	561
Notices served under Clean Air Act 1956	29
Notices served under Offices, Shops and Railway Premises Act 1963	1,186
TOTAL	4,252

SUMMARY

Complaints by Citizens	1,741
Complaints by other Departments	46
Nuisances discovered and reported by District Inspectors	3,860
Total nuisances dealt with by Inspectors	5,647

APPENDIX 4

COMMON LODGING-HOUSES

Ward	Address	Accommodation	
		Males	Females
	EDINBURGH		
17	24, 26, 28 Broughton Place	85	—
1	75 Grassmarket	300	—
1	1 Pleasance	106	—
1	85 West Port	62	—
1	3 Merchant Street	—	66
1	5 and 7 Vennel	—	74
	LEITH		
19	5 Parliament Street	168	—
	Totals	721	140

HOUSES-LET-IN-LODGINGS

Ward	Address	Number of Houses	Number 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

1965

Month	Station	Rainfall in Inches	Tons per Square Mile		
			Insoluble Deposit	Soluble Deposit	Total Solids
January	1. Seafield	1·22	2·61	4·33	6·94
	2. Glencorse	3·74	1·06	5·30	6·36
	3. Astley Ainslie Institute ...	0·63	1·38	2·15	3·53
February	1. Seafield	0·20	3·79	1·90	5·69
	2. Glencorse	1·69	2·57	4·89	7·46
	3. Astley Ainslie Institute ...	0·32	4·05	2·53	6·58
March ...	1. Seafield	2.17	7.52	5.28	12·80
	2. Glencorse	2·60	2·98	3·21	6·19
	3. Astley Ainslie Institute ...	3·27	5·67	5·50	11·17
April ...	1. Seafield	1·46	11·01	3·69	14·70
	2. Glencorse	2·48	2·70	4·69	7·39
	3. Astley Ainslie Institute ...	2·05	6·61	4·01	10·62
May ...	1. Seafield	1·65	14·70	4·26	18·96
	2. Glencorse	3·31	2·19	5·78	7·97
	3. Astley Ainslie Institute ...	2·72	5·71	5·12	10·83
June ...	1. Seafield	1·97	6·53	3·42	9·95
	2. Glencorse	3·11	1·78	2·84	4·62
	3. Astley Ainslie Institute ...	2·29	4·64	3·42	8·06
July ...	1. Seafield	5·24	9·18	5·28	14·46
	2. Glencorse	5·67	2·22	5·17	7·39
	3. Astley Ainslie Institute ...	5·79	9·24	6·78	16·02
August ...	1. Seafield	1·22	2·74	2·54	5·28
	2. Glencorse	1·97	1·68	2·29	3·97
	3. Astley Ainslie Institute ...	1·42	3·01	2·32	5·33
September	1. Seafield	4·37	3·83	5·08	8·91
	2. Glencorse	5·67	1·23	4·76	5·99
	3. Astley Ainslie Institute ...	5·59	3·25	4·36	7·61
October	1. Seafield	2·05	8·19	4·23	12·42
	2. Glencorse	3·98	0·92	4·89	5·81
	3. Astley Ainslie Institute ...	2·64	2·25	5·33	7·58
November	1. Seafield	1·38	4·71	6·09	10·80
	2. Glencorse	2·36	0·61	2·60	3·21
	3. Astley Ainslie Institute ...	2·44	3·77	6·16	9·93
December	1. Seafield	1·34	5·76	3·65	9·41
	2. Glencorse	2·17	1·06	2·63	3·69
	3. Astley Ainslie Institute ...	1·42	3·66	2·29	5·95

APPENDIX 5a

Measurement of Sulphur Content in the Atmosphere by the Lead Peroxide Method expressed as Milligrammes of $S.O.^3$ per day per 100 Square Centimetres

Station	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Seafield	1·01	0·83	0·76	0·50	0·42	0·36	0·49	0·42	0·40	0·43	0·75	0·94
Astley Ainslie Institute ...	0·88	1·02	0·81	0·62	0·42	0·39	0·33	0·47	0·14	0·44	0·61	0·42
Robb's Loan, Gorgie ...	0·76	1·17	1·13	0·74	0·62	0·86	1·84	1·05	0·87	1·40	0·88	0·56

APPENDIX 6

FACTORIES ACTS, 1937 to 1959 and 1961

Prescribed particulars on the administration of the Acts

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	155	15	3	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,537	244	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (including out-workers' premises)	32	6	—	—
Total	1,724	265	3	—

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)	16	16	—	1	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) ...	1	—	—	—	—
Inadequate ventilation (S.4) ...	2	2	—	2	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary conveniences (S.7)	—	—	—	—	—
(*a*) insufficient	8	9	—	1	—
(*b*) unsuitable or defective ...	65	66	—	1	—
(*c*) not separate for sexes ...	2	2	—	—	—
Other offences (not including offences relating to homework)	22	19	—	—	—
Total	116	114	—	5	—

3. Outwork (Sections 110 and 111)

Number of outworkers in August lists (*i.e.*, these residing in Edinburgh) 6

Nature of Work:—

Making wearing apparel 6

APPENDIX 7

FACTORIES ACTS, 1937 to 1959 and 1961

Statement for 1965

1.	INSPECTIONS MADE	259	
2.	DEFECTS REMEDIED, HEALTH (GENERAL PROVISIONS):—		
	Cleanliness—		
	Accumulation of dirt and refuse removed	4	
	Floors cleaned	1	
	Walls and ceiling cleaned (white-washing, colour-washing, painting, varnishing or washing down)	11	
	Ventilation—		
	Improvements effected in general ventilation	1	
	Means provided for removing fumes and other impurities	1	
		—	18
	Sanitary Conveniences—		
	Absence of sanitary accommodation—water closets introduced ...	5	
	Additional water closets introduced	3	
	Separate accommodation for sexes provided	2	
	Urinals introduced	1	
	New apartments constructed or reconstructed	6	
	Water closet or urinal moved to more sanitary situation	1	
	Water closet abolished owing to unsuitability or disuse	1	
	Intervening ventilated spaces provided	6	
	Notices provided indicating convenience for each sex	2	
	Lighting (Artificial) provided	2	
	Ventilation provided or improved	5	
	Walls and ceilings found dirty and cleansed, etc.	19	
	Floors found dirty and cleaned	7	
	Appliances found dirty and cleaned	10	
	Repairs to appliances, roofs, walls, ceilings, doors, etc.	7	
		—	77
	Miscellaneous—		
	Sinks and wash-hand basins introduced or substituted	6	
	Main water supply introduced	1	
	Hot water supply introduced	7	
	General Repairs—		
	Roofs, walls, ceilings, floors, ventilators, windows, etc., improved or repaired	5	
		—	19
	Total		114

APPENDIX 8

SHOPS ACT, 1950—STATEMENT FOR 1965

INSPECTIONS MADE:—	
Retail Shops, Wholesale Shops and Warehouses	682
Number of visits to check observance of Weekly Half-holiday Orders ...	8
CONTRAVENTIONS REGARDING HOURS OF EMPLOYMENT, CLOSING ORDERS, ETC.	
Number of evening visits to check observance of Closing Orders or General Closing Hours	8
PROSECUTIONS:—	
(*a*) Convictions	3
(*b*) Fines imposed	£21

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

Prescribed particulars to be included in the Annual Report to be submitted to the Ministry of Labour under Section 60 of the Act.

TABLE "A"

Registrations and General Inspections.

Class of Premises	No. of premises registered during the year	Total No. of registered premises at end of year	No. of premises receiving a general inspection
Offices	226	2,146	561
Retail Shops	243	2,944	629
Wholesale establishments	13	322	51
Catering establishments, public and canteen	34	446	97
Fuel storage depots	—	—	—
Totals	516	5,858	1,338

TABLE "B"

Number of visits of all kinds by Inspectors to registered premises	2,388

Note.—In addition, visits were paid to 511 premises found to be excepted from the Act.

TABLE "C"

Analysis of persons employed in registered premises by workplace.

Class of Workplace	Number of persons employed
Offices	35,163
Retail Shops	19,253
Wholesale Departments	3,441
Catering establishments open to public	5,605
Canteens	497
Fuel storage depots	—
Total	63,959
Total Males	28,267
Total Females	35,692

TABLE "D"—Exemptions

Only two applications for exemptions were received during the year; one in respect of Sanitary Accommodation (Section 9) and one in respect of Washing Facilities (Section 10).

Class of Premises	No. of exemptions current at 31st December	No. of exemptions granted or extended during the year	No. of applications refused or exemptions withdrawn during the year	No. of cases in cols. (3) and (4) where employees opposed Application	Appeals to Court against refusal to grant or extend an exemption or against the withdrawal of an exemption	
					No. Made	No. Allowed
(1)	(2)	(3)	(4)	(5)	(6)	(7)
PART III—Sanitary Conveniences (Section 9)						
Offices	—	—	—	—	—	—
Retail Shops	1	1	None	None	None	None
Wholesale Shops, Warehouses	—	—	—	—	—	—
Catering Establishments open to public; canteens ...	—	—	—	—	—	—
Fuel storage depots	—	—	—	—	—	—
PART IV—Washing Facilities (Section 10)						
Offices	None	None	1	None	None	None
Retail Shops	—	—	—	—	—	—
Wholesale Shops, Warehouses	—	—	—	—	—	—
Catering Establishments open to public; canteens ...	—	—	—	—	—	—
Fuel storage depots	—	—	—	—	—	—

TABLE "E"

Prosecutions

No prosecutions were instituted during the year.

TABLE "F"

Number of Inspectors appointed under Section 52 (1) or (5) of the Act	3
Number of other staff employed for most of their time on work connected with the Act	1

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	5	631	33	2	671
(*b*) Otherwise	8	—	3,196	86	3,290
Total ...	13	631	3,229	88	3,961
No. of Properties found infested	13	631	114	60	818
No. of Properties cleared ...	8	625 Including 20 last year	88 Including 6 last year	8	729

Number of items of repair carried out	10
Electricity junction boxes treated	3
Sewer manholes baited	54
Notices served under Prevention of Damage by Pests Act, 1949 ...	—
Total visist made	5,259

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	37	29	22	30	48	11	8	20	46	15	37	45	22	37	24	24	47	21	37	33	16	35	27	671
*Infestations Abated ...	43	29	21	31	48	10	7	20	43	15	37	40	20	34	26	26	45	21	38	36	17	40	25	672
Visits made	115	78	51	89	134	28	29	54	115	39	106	119	38	99	80	66	156	56	110	117	40	91	82	1,892

* 26 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 404.

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	1	2	–	–	–	–	–	–	–	–	–	–	4	2	–	–	–	–	1	–	–	–	–	10
Other Insects	9	9	17	13	21	22	10	32	2	16	5	67	11	14	10	14	4	11	25	6	12	12	52	394
Total ...	10	11	17	13	21	22	10	32	2	16	5	67	15	16	10	14	4	11	26	6	12	12	52	404

APPENDIX 10

MILK TESTING SCHEME

Number of Samples taken for Bacteriological Examination

Certified	154
Tuberculin Tested	14
Tuberculin Tested (Pasteurised)	143
Tuberculin Tested (Pasteurised School)	44
Sterilised	13
Total	368

APPENDIX 11

SUMMARY OF RESULTS

Grade of Milk	Total Number of Samples Taken	Total Number Passing all Tests	Classification of Failures		
			Phosphate Test	Coliform Test	Phosphate Test and Coliform Test
T.T. Pasteurised	143	133	—	10	—
T.T. Pasteurised (School) ...	44	43	—	1	—
Sterilised	13	13	—	—	—

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	154	99	5	35	15
Tuberculin Tested...	14	12	—	1	1

APPENDIX 12

PORT SANITARY INSPECTION

Annual Statement—Year 1965

Ships boarded and inspected	944
Revisits made	81
Nuisances discovered	288
Nuisances abated	281
Communications written	4
Verbal warnings	155
Ships fumigated or otherwise treated for vermin	14
Deratting Certificates	3
Deratting Exemption Certificates	101
Rodent Control Certificates	4
Rats exterminated	533
Rats submitted for bacteriological examination	Nil
Found negative	Nil
Factories—Inspections and revisits	29
Clean Air Act—Observations made	12
Notices served	20
Fees collected	£384.0.0

Nuisances Discovered

Accumulation of garbage	119
Choked and defective scuppers	12
Choked and defective latrines	9
Choked and defective sinks	6
Choked and defective washbasins	6
Dirty floors, tables, decks, etc.	17
Dirty bunks and bedding	2
Dirty partitions and ceilings	10
Dirty lockers	7
Dirty and offensive bilges	3
Dirty freshwater tanks	2
Dirty galleys, foodstores, pantries, etc.	8
Dirty washplaces	5
Dampness in quarters	3
Foul closets and latrines	10
Foul sinks	3
Foul baths	1
Foul washbasins	14
Presence of rats and mice	7
Presence of cockroaches	9
Emissions of black or dark smoke	12
Miscellaneous	21
	288

APPENDIX 13

PUBLIC HEALTH (SHIPS) (SCOTLAND) REGULATIONS, 1952

Edinburgh Port Health Authority

1. Amount of shipping entering Leith Docks and Granton Harbour in 1965.

	Number	Tonnage
(1) Foreign	1,226	950,853
(2) Coastwise	882	807,097
Total	2,108	1,757,950

2. Deratting and Deratting Exemption Certificates.

Issued at	Deratting	Deratting Exemption
Leith	2	73
Granton	–	13
Burntisland	1	8
Kirkcaldy	–	3
Methil	–	3
Inverkeithing	–	1
Total	3	101

3. Total number of vessels subjected to measures of rat destruction in 1965.

"A"

No. of Vessels subjected to measures of Rat destruction	On Ships		On Shore		No. of Rats found Infected with Plague	
	*No. of Dead Rats recovered	No. of Rats examined bacterio-logically	*No. of Rats destroyed (other than on Ships)	No. of Rats examined bacterio-logically	On Ships	On Shore
7	30	Nil	503	Nil	Nil	Nil

* State species of rats recovered (*a*) On Ships:—Black and Brown.
(*b*) On Shore:—Black and Brown.

"B"

No. of Vessels fumigated by H.C.N.	No. of Dead Rats recovered	No. of Vessels in which poisoning, etc., employed	No. of Dead Rats recovered	No. of De-ratting Certificates Issued	No. of De-ratting Exemption Certificates
Nil	Nil	7	30	3	101

APPENDIX 14

REPORT OF PROSECUTIONS INSTITUTED BY THE SANITARY DEPARTMENT DURING THE YEAR ENDED 31ST DECEMBER 1965

No.	Nature of Contravention	Act or Regulation Contravened	Court where Tried	Result
1	Selling ffsh suppers on weekly half-holiday.	Edinburgh Fish Friers (Shops Act) Weekly Half-holiday Order 1946.	Sheriff	Fined £10.
2	Do.	Do.	Do.	Fined £10.
3	Failure to remove nuisance consisting of disrepair of woodwork of sink and putty bedding of sink cope.	Public Health (Scotland) Act 1897, Section 20.	Burgh	Court order granted. Work carried out by Corporation contractor.
4	Failure to wash and sweep common stair.	Bye-laws for the Cleansing of Common Stairs, etc.	Do.	Fined 10/-.
5	Do.	Do.	Do.	Fined £1.
6	Failure to repair, cleanse and paint common stair.	Edinburgh Corporation Order 1961, Section 74.	Do.	Case deserted.
7	Do.	Do.	Do.	Do.
8	Failure to clean house occupied by him.	Edinburgh Corporation Order, 1961, Section 87.	Do.	Fined £4.
9	Failure to remove accumulation of refuse or other obnoxious matter.	Edinburgh Corporation Order, 1964, Section 202.	Do.	Case deserted.
10	Failure to clean the common water closet apartment and appliance.	Section 5 (11) of the Bye-laws for the cleansing of common stairs, etc.	Do.	Not Proven.

Report of Prosecutions instituted by the Sanitary Department during the year ended 31st December 1965—*continued*

No.	Nature of Contravention	Act or Regulation Contravened	Court where Tried	Result
11	Failure to remove nuisance consisting of— 1. Fumes from dry cleaning processes pervading house above. 2. The plaster ceiling of the window soffit being awanting.	Public Health (Scotland) Act, 1897, Section 20.	Do.	Case continued. Work carried out.
12	Failure to observe weekly half-holiday.	Shops Act 1950, Section 1 (1).	Sheriff	Fined £1.
13	Using an unauthorised fuel, viz. coal, within a district designated as a Smoke Control Area.	Clean Air Act, 1956, Section 11 (2).	Burgh	Admonished.
14	Do.	Do.	Do.	Do.
15	Do.	Do.	Do.	Do.
16	Do.	Do.	Do.	Do.

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.

1. 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	59	56	2	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 increase 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.

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, the utensils, and of the methods of milk production.

At December 1965, there were 9 registered dairy herds within the city boundary and the total number of cows in these herds was approximately 350.

Milk (Special Designations) (Scotland) Order, 1951 and 1952.—At the end of the year 9 producers held licences for the production of designated milk. Two of these related to ' Certified ' milk, and seven to ' Tuberculin Tested ' milk.

Bacteriological Examination of Milk.—During the year 30 routine samples of milk were examined as undernoted:—

Certified	13
Tuberculin Tested	17
	30

Of the thirteen ' Certified ' samples taken one failed in respect of the B. coli test, but all ' Tuberculin Tested ' samples complied with the requisite standard.

Milk (Special Designations) (Order), 1965.—This Order which came into force in April of this year introduced two new grades of milk, ' Premium ' and ' Standard '. The grades ' Certified ' and ' Tuberculin Tested ' ceased to exist after 31st December 1965.

Eight of the nine registered dairymen applied for licences to use the new grades for milk produced on their premises. The number of investigation samples taken were as follows:—

Premium	13
Standard	31
	44

Premium Milk.—The standard laid down in the above Order for Premium milk is that the bacterial count should not exceed 15,000 bacteria per ml., and B. coli should be absent from 0·01 ml., also that samples shall contain not less than 3·5% by weight of milk fat and not less than 8·5% by weight of milk solids other than milk fat.

Standard Milk.—The standard laid down for ' Standard ' milk is that the bacterial count should not exceed 50,000 bacteria per ml., and that B. coli should be absent from 0·001 ml.

Two producers applied for ' Premium ' licences and of the thirteen samples taken one failed in respect of B. coli, and two in respect of high bacterial count. Samples taken for chemical analysis showed the milk to be satisfactory. Six producers applied for ' Standard ' licences and of the thirty-one samples taken three failed in respect of the B. coli test, and four, all produced from one farm, were found to have excessive bacterial counts.

In December the Health Committee approved the granting of licences to sell ' Premium ' milk to two producers, and four producers were granted licences to sell ' Standard ' milk. Consideration of the applications from two other producers whose milk samples had failed the tests for ' Standard ' milk was delayed until they improved their methods of clean milk production. One producer did not apply for a licence to produce milk under the new designations as he did not intend installing new equipment in order to comply with the new legislation.

Brucella Abortus Investigation.—Twice yearly samples of milk were taken from all registered producers retailing raw milk within the city and subjected to a milk ring test for the detection of Brucella abortus infection. One sample proved positive. Individual samples were then taken from each cow in the herd in question and submitted to the Veterinary Investigation Laboratory of the College of Agriculture. It was found that two recently calved heifers showed a positive reaction, and on being notified of the result, the dairyman immediately removed the animals from the herd.

INSPECTION OF MEAT

The Food (Meat Inspection) (Scotland) Regulations, 1961

The Food (Preparation and Distribution) of Meat Regulations, 1963

The comparison of the total number of animals killed for the years 1962, 1963, 1964 and 1965 is shown in Table I:—

TABLE I.

	1962	1963	1964	1965
Oxen	40,360	42,845	42,825	37,462
Bulls	331	289	368	213
Cows	3,876	5,105	4,811	3,289
Heifers	3,682	5,251	5,216	4,017
	48,249	53,490	53,220	44,981
Calves	5,196	4,534	3,795	2,134
Sheep	260,206	273,730	284,890	271,482
Swine	48,926	40,673	42,281	43,098
	362,577	372,427	384,186	361,695

A study of the above table shows that there has been a reduction of 8,239 in the number of cattle killed at Gorgie Abattoir in 1965 compared with 1964. This was due largely to the fact that the American Forces did not utilise Gorgie Abattoir for the purpose of obtaining their meat supplies this year.

The abattoir has, in the past, been an approved slaughterhouse for the export of meat to the United States of America and several Continental countries (e.g. Holland, Belgium, France and West Germany), but, in August of this year, France, followed by other Continental countries, laid down new conditions with which abattoirs engaged in this export trade must comply. One of these conditions is that chilling facilities must be available—such facilities are very limited at Gorgie Abattoir and therefore the abattoir could not be approved. Belgium, however, still permits the import of sheep carcases and during the year, fifty-two consignments, totalling 7,405 carcases were exported there. Prior to these new regulations, three consignments of beef carcases—a total of 232 carcases were exported to France; three consignments of sheep carcases and two consignments of beef carcases were sent to Holland—a total of 326 carcases; three consignments of beef roasts to Singapore; and six consignments of beef carcases and haggis to Norway. As in previous years all carcases had to be stamped before removal from the abattoir and accompanied by a certificate indicating that they had been subjected to ante and post mortem veterinary examination at the time of slaughter.

The Slaughter of Animals (Stunning Pens) (Scotland) Regulations, 1963

The Regulations which came into force on 1st December 1965, require that all cattle must be confined in a stunning pen before being mechanically stunned. Prior to this date cattle were roped in a catching pen and drawn to a ring secured in the wall of the slaughtering booth (rope and ring method). As the Corporation had not completed their plan for modernisation of the slaughterhouse an improvised stunning pen has been installed in each booth.

This must be regarded as a temporary expedient only and it is hoped that a line system for the slaughter of cattle will be installed at an early date.

Carcases and Offal Condemned in Abattoir.—Carcases partially or wholly condemned in the City Abattoir weighed 84·68 tons. To this there falls to be added 109·42 tons (weight estimated) of condemned offal, making a total of 194·10 tons. Comparison between weights of meat seized on account of tuberculosis with non-tuberculosis diseases shows that tuberculosis was responsible for 9·09 per cent. of all beef seized and destroyed and 4·04 per cent. of pork.

Meat Inspection Statistics.—Table II is a summary of the weight of beef, pork and mutton seized and the cause of seizure. It does not give the actual incidence of any disease as mild cases are trimmed and the weight of meat seized is so small that it is not recorded. Table III does give the actual incidence of some of the main infections in cattle. The incidence of tuberculosis has increased from 0·206 per cent. in 1964 to 0·314 per cent. in 1965. This increase is due entirely to the slaughter of a herd of cows from the Borders (57), with their suckling calves (25) which had shown a number of positive reactors during the routine tuberculin test. If the animals from this herd were excluded from the statistics the picture is as satisfactory as last year. The cysticercus bovis picture is similar to last year—four bullock carcases being condemned for generalised infection. Wound infections, associated with tail biting and feet lameness, are still a major cause for concern when dealing with the inspection of pigs. This is due to the fact that they often result in the formation of deep seated abscesses which require a great deal of skill in detecting. In sheep a careful record was kept of all adenomatosis cases and it was found that sixty-five ewes (mainly half-breds) showed infection.

TABLE II

Cattle (44,981)					Pigs (43,098)					Sheep (271,482)				
Abnormality	Number of cases	Total	Partial	Weight in lbs.	Abnormality	Number of cases	Total	Partial	Weight in lbs.	Abnormality	Number of cases	Total	Partial	Weight in lbs.
Emaciation and Oedema	33	24	9	7,140	Abscess	759	225	534	41,001	Emaciation and Oedema	548	432	116	16,960
Bruising	110	3	107	5,983	Peritonitis	330	25	305	5,238	Septic Pneumonia and Pleurisy	997	102	895	18,128
Tumours	7	5	2	1,985	Pneumonia and Pleurisy	220	29	191	4,473	Arthritis	583	55	528	5,256
Tuberculosis	27	5	22	3,901	Arthritis	529	18	511	7,484	Abscess	400	69	331	6,930
Hepatic Abscess ...	22	1	21	712	Metritis (Septic) ...	14	11	3	2,705	Metritis (Septic) ...	71	43	28	3,176
Peritonitis	63	4	59	2,698	Bruising	369	1	368	4,842	Fever	73	73	—	4,098
Actinomycosis ...	57	—	57	1,158	Emaciation and Oedema	62	51	11	4,281	Peritonitis	233	22	211	2,735
Abscess	40	7	33	4,206	Fever	20	20	—	3,470	Tumour	59	31	28	1,966
Nephritis	12	2	10	1,278	Enteritis (acute) ...	9	9	—	1,323	Mastitis	145	9	136	1,403
Toxaemia	9	9	—	3,987	Nephritis	15	12	3	1,420	Bruising	160	15	145	1,963
Metritis	9	4	5	1,619	Fracture	66	—	66	1,129	Uraemia	15	15	—	690
Pneumonia	24	3	21	2,047	Erysipelas	6	6	—	779	Jaundice	12	12	—	557
Mastitis	14	2	12	1,015	Udders Lactating ...	51	—	51	1,245	Hernia	48	—	48	254
Generalised C. Bovis	4	4	—	2,776	Tumours	2	—	2	16	Adenomatosis ...	16	2	14	397
Arthritis	16	2	14	1,019	Hernia	50	—	50	236	Enteritis	2	2	—	154
Skin Tuberculosis ...	24	—	24	703	Jaundice	4	4	—	343	Pericarditis	2	2	—	106
Pericarditis	1	1	—	484	Hermaphrodite ...	35	—	35	174	Nephritis	8	5	3	266
Fracture	7	—	7	197	Pericarditis	5	5	—	369	Fractures	10	—	10	60

TABLE III

Incidence in Cattle

Year	Tuberculosis	Actinobacillosis	Cysticercus Bovis	Liver Abscess	Liver Cirrhosis (Fluke)
	per cent.	per cent.	per cent.	per cent.	per cent.
1955	6·22	0·82	0·82	2·42	13·1
1961	0·38	0·78	0·446	3·257	21·81
1963	0·34	0·63	0·54	2·89	20·16
1964	0·206	0·58	0·40	3·48	16·63
1965	0·314	0·468	0·48	3·94	16·00

TABLE IV

Incidence of Tumours

Year	Cattle		Sheep		Pigs	
	Number affected	Incidence %	Number affected	Incidence %	Number affected	Incidence %
1962	24	0·049	91	0·034	6	0·012
1963	32	0·059	87	0·031	6	0·014
1964	14	0·026	123	0·043	9	0·021
1965	19	0·042	84	0·030	3	0·006

TABLE V

Number of Main Organs Condemned in the Different Classes of Animals at the Abattoir during 1965 (excluding organs of animals totally condemned)

Lungs				
	Tuberculosis	Fluke Cysts	Pneumonia and Congestion	Other Causes
Cattle	108	292	880	119
Sheep	—	—	3,303	169
Pigs	1	—	2,836	235

Livers					
	Tuberculosis	Fluke	Abscesses	Milk Spot (Cirrhosis)	Other Causes
Cattle	10	7,201	1,771	2	326
Sheep	—	7,992	262	—	544
Pigs	—	—	18	992	987

Heads					
	Tuberculosis	Actino-bacillosis	Abscesses	Cysticercus Bovis	Other Causes
Cattle	57	187	44	211 (and 4 totals)	17
Sheep	—	—	22	—	—
Pigs	325	—	111	—	8

Laboratory Report.—Routine bacteriological examination of all casualty animals for the presence of food poisoning organisms has continued as in previous years.

Summary of Work.—Bile and tissue samples were taken from 1,416 casualty animals and plated out on culture media.

1,106 showed no bacterial growth.
293 showed B. coli.
2 showed Salmonella.
6 showed paracolon bacilli.
5 showed proteus bacilli.
4 showed staphylococci.

The two salmonella cases (*S. cholerae-suis*) occurred in pigs and despite the fact that the infection was confined to the gall bladder both carcases were condemned as in addition, a septic peritonitis was present in one case, and generalised abscesses in the other. Five of the six carcases from which paracolon bacilli were present were passed but the sixth was seized as it was found to have a generalised arthritis.

Heart valve lesions in the pig are very often associated with erysipelothrix and favourable judgement can usually be given but in two cases haemolytic staphylococci were isolated from the endocarditis and the carcases were condemned. Staphylococci were also isolated from the udder of a cow and ewe, both of which were suffering from a gangrenous mastitis. Both carcases were seized.

Since anthrax in the pig often occurs as a patchy enteritis it is very important that smears of the associated mesenteric gland should be made in all cases where the intestine shows any evidence of inflammation. Smears are also made from any enlarged spleens found on routine inspection and tested for anthrax. Similarly any animals found dead in the markets lairages or die during transport to the slaughterhouse (1 steer, 155 sheep, 18 swine, and 1 calf), are all routinely examined by blood smears before disposal. All were negative for anthrax.

Large numbers of slides are prepared from local lesions, e.g. abscesses and stained to determine the causal organisms. This year smears from the intestines of cattle for Johnes' Disease has revealed a marked decline in the incidence of this infection.

Condemned Carcases.—As in past years all condemned carcases have been converted in the IWEL plant at Gorgie Abattoir into meat and bone meal after the abstraction of fat for soap manufacture.

Livestock Markets.—Sales of fat cattle, sheep and pigs were held every Tuesday in the premises of Messrs. John Swan and Messrs. Oliver & Son, Ltd. Messrs. Bosomworth & Sons held their sales in the Corporation Market. The following table indicates the number of animals passing through the markets during 1965:—

Cattle	22,286
Calves	2,569
Sheep	208,111
Swine	18,226
	251,192

The market for store stock was held every Wednesday of each week. The following table indicates the number of animals passing through the store market:—

Cattle	20,436
Sheep	93,045
Swine	79,664
	193,145

INSPECTION OF OTHER FOODS

Food Hygiene Regulations (Scotland), 1959, and Section 9 of the Food and Drugs Act, 1956

The routine inspection of foodstuffs in shops under Section 9 of the Food and Drugs Act, 1956, is combined with the duties under the Food Hygiene Regulations and as stated in previous reports particular attention is paid by meat inspection staff to butchers' and fishmongers' shops. The following table indicates the number of visits paid to shops, etc., during 1965:—

Butchers' Shops	775
Fishmongers' Shops	211
Fish Markets	310
Wholesale Grocers	1,449
Fruit Markets	291
Fruit Shops	3
Meat Sales and Cold Stores	1,181
Restaurants	44
Cooking Centres, Canteens and Hospitals ...	145
Bakeries and Bakers' Shops	29
Householders	128
Manufacturing Premises	138
Miscellaneous	7
	4,711

During the year the Veterinary Department still received complaints regarding tinned foods particularly when there was any publicity in respect of corned beef which had been placed under restriction during the Aberdeen typhoid outbreak. The complaints were mainly associated with a deposit of iron sulphide on the surface of the meat. The number of complaints regarding mould on prepared foods, e.g. pies, sausage rolls, fruit tarts, etc., has shown a reduction this year. This has been brought about by the shopkeepers adopting a better system of stock rotation, and in some cases using their own coding as an added check on the efficiency of their staff.

Food Poisoning Investigation.—Assistance was given to the Infectious Diseases section when incidents of food poisoning occurred within the city. One of these outbreaks associated with *Salmonella tennessee* occurred in a grocer's shop and circumstantial evidence pointed to tinned meat as being the probable source. A widespread infection occurred in the shop and swabs taken from shelves, slicing machine, refrigerator shelves and door, and even from the surface of the table which was used by the staff at break-times, were found to be positive for salmonellae. The general standard of hygiene in the shop was reasonably high and this was no doubt a factor in limiting the size of the outbreak. However, it cannot be too strongly emphasised the importance of routine sterilisation of equipment, including ham slicing machines, which come in direct contact with cooked meats, and the importance of keeping these products under refrigeration. Every effort must be made by the canning industry to ensure that their canning technique is sound and that every precaution is taken to prevent danger to health.

Salmonella Survey.—In the early part of the year 122 samples of raw mince and sausages were taken from meat shops within the city and submitted to Edinburgh University, Bacteriology Department for examination—no organisms of the salmonella group were recovered. A few samples of imported Continental meat, e.g. salami, were taken from delicatessen shops and all proved negative for enteric organisms. Samples of mussels were collected from various points of the foreshore between Granton and Joppa. *Salmonella aberdeen* was isolated from one of the samples taken at Newhaven. This finding emphasises the importance of the notices which are displayed on the foreshore advising the public against using these commodities for human food.

Ten samples of Kangaroo Meat were taken also and submitted for bacteriological check. *Salmonella orion* and *Salmonella anatum* were recovered from them and the wholesaler immediately arranged to return this meat to the importers.

In order to investigate other incidents the following commodities were sampled:—Tinned Meats 41; Cooked Hams 13; Shrimps 2; Tomatoes 2; Coconut 7; Walnuts 1; Tinned Chicken 4; Stewing Steak 1; Butter 2; Pies/Sausage Rolls 7; Miscellaneous Foods 10.

Imported Egg.—During the year a total of 134 samples of imported egg were taken at Leith Docks and submitted to Edinburgh University Bacteriology Department for the detection of salmonellae. Eighteen consignments of egg products were received from Denmark and all samples taken were negative; fifteen consignments were received from Holland and again all samples proved negative.

The Liquid Egg (Pasteurisation) Scotland, Regulations, 1963

These Regulations which have been in operation for two years require the pasteurisation of liquid egg to be used in food intended for sale for human consumption, other than egg broken out on the food manufacturer's premises and used within 24 hours. The egg must be subjected to a temperature of not less than 148° F. for at least 2½ minutes and thereafter cooled at a temperature below 38° F. A chemical test—the Amylase Test—is used to test the efficiency of the process.

Two firms operated pasteurisation plants in Leith—one continuously throughout the year, the other only for a very short time. Periodic tests were made to check the efficiency of the pasteurisation process. All samples passed the Amylase Test.

The Regulations apply also to imported egg and during the year twenty-three consignments of pasteurised whole egg were received from Poland. A total of 201 samples were taken and subjected to the Amylase Test—the samples taken from the first shipment barely passed the test. This fact was reported to the importers and subsequent consignments have given more satisfactory results.

Five consignments of Chinese Frozen Whole Egg were received at Leith through the Port of Glasgow. The third consignment consisting of 1,575 cartons failed the Amylase Test and permission was requested by the importers to subject the egg to a further pasteurisation process at Leith. Permission was given and the results after heat treatment were very satisfactory. Samples from all other consignments passed the Amylase Test. 112 samples in all were taken.

During the year four lots of Dried Hen Egg Albumen were accepted in Edinburgh for heat treatment. This egg had been found to be infected in other parts of the country. The heat treatment was carried out by the Edinburgh Hygiene Company and the flake egg was subjected to 132° F. for six days, and the powdered albumen to 138° F. for a similar period. One consignment which was subjected to 132° F. showed the presence of *Salmonella infantis*, but subsequent heat treatment at a temperature of 138° F. proved satisfactory. No salmonellae was recovered from any of the other consignments.

Meat Contracts.—Periodic visits were made to the School Meals Cooking Centres to check the quality of meat supplied by butchers. Samples of sausages were taken and submitted to the City Analyst for an estimate of their meat and fat content. By arrangement with the Regional Hospital Board 62 visits were made by the Inspectors of the Veterinary Section to various hospitals in the city, to check the quality of the meat and fish supplied by the various contractors.

Retail Shops, etc.—Requests are still being received from food traders who wish to obtain Condemnation Certificates for unsound foodstuffs so that they can claim from the manufacturers or importers. As in past years, the chief commodity dealt with was tinned goods. During the year 11,328 condemnation certificates were issued.

Certificates for Export.—Certain countries require a certificate stating that animal products originating in this country are free from certain diseases and during the year 37 certificates were issued in respect of wool to Italy; 2 certificates in respect of wool to Belgium; 4 in respect of wool to Germany; and 2 in respect of wool to New Zealand.

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 10 certificates were issued in respect of sausage skins, and 10 certificates in respect of smoked salmon.

The weight of foodstuffs seized in markets, shops and other premises in the City during 1965 is as follows:—

	Weight in lbs.
Tinned Soups	5,119¼
Tinned Milk	1,487
Jam	748¾
Carrots	12,780
Onions	42,476
Celery	13,290
Beetroot	2,352
Cucumbers	930
Miscellaneous Vegetables	52,978¾
Beef	10,329¾
Meat	20,412
Cooked Ham	30,864¾
Pork	3,816
Fresh Fruit	100,402
Tinned Fruit	44,004¾
Poultry	2,322¾
Fish	5,644½
Miscellaneous	5,534¾
	355,493

Equal to 158 tons 14 cwts. 0 qrs. 5 lbs.

PORT FOOD INSPECTION

A large variety of imported foodstuffs were inspected under the Public Health (Imported Food) (Scotland) Regulations, 1937—chiefly from Holland and Denmark, and also from Cyprus, Malta, Canada, etc. The following

list of imported foodstuffs were condemned, rejected or re-exported at Port of Leith during 1965:—

	Weight in lbs.
Vacuum Packed Bacon	24
Luncheon Meat...	276
Butter	112
Onions	3,752
Carrots	337,092
Apples	39
	341,295

Equal to 152 tons 7 cwts. 1 qr. 3 lbs.

Summary showing the total diseased and unsound foodstuffs dealt with by the Department in the City during 1965:—

	Weight in lbs.
At Abattoir—Carcases	189,703
Offal (weight estimated)	245,101
In Shops, Warehouses, etc.	355,493
At Port of Leith	341,295
	1,131,592

Equal to 505 tons 3 cwts. 2 qrs.

DISEASES OF ANIMALS ACTS

The Acts confer the power on the Ministry of Agriculture, Fisheries and Food to make Orders for the control and prevention of animal diseases, to govern the import and export of animals and carcases, to control the conditions of transport of animals by land, and by sea and for 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
Fowl Pest
Rabies
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)
Sheep Pox (1850)

There have been no cases of the last seven diseases in Great Britain since the date shown against each.

Anthrax.—The number of cases in Great Britain rose from 492 in 1964 to 515 in 1965. Two confirmed cases were dealt with in the city during the year. Both were in sows which had died on a farm in Midlothian and had been sent to the Veterinary Investigation Laboratory of the College of Agriculture for a post mortem examination. In both cases when the abdomen was opened an acute enteritis was revealed and smears taken from the inflamed tissue showed the presence of anthrax bacilli. Both sows were taken to the Seafield Destructor Plant and destroyed by burning.

Foot-and-Mouth Disease.—There was one confirmed case of Foot-and-Mouth Disease in Great Britain during the year.

The Diseases of Animals (Waste Foods) Order, 1957.—This 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 raw with boiled swill. Swill must be boiled for at least one hour. In 1965 twenty-eight pig keepers operated swill plants.

Swine Fever.—The number of confirmed cases in Great Britain decreased from 402 in 1964 to 113 in 1965. There were no outbreaks within the city.

The Regulation of Movement of Swine Order, 1959.—This Order states that no sale of pigs can be held unless it is authorised by the Local Authority. Messrs. John Swan & Sons, and Messrs. Oliver & Son, Ltd., of New Mart Road, Edinburgh, are so authorised to hold markets and all store pigs leave the premises under licence. During the year 43,646 pigs were licensed from Swan's, and 37,156 from Oliver's, necessitating the issue of 3,737 licences.

The above Order also requires the licensing of pigs from Fatstock Centres and during the year 17,751 pigs were licensed, requiring the issue of 875 licences.

Bovine Tuberculosis.—In 1965 no tubercular cows were found on routine inspection of byres within the city.

Fowl Pest.—There were 495 notified cases in Great Britain of this disease during 1965. 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 during 1965 was 160.

Psittacosis.—On 24th September, the veterinary department was notified by the Divisional Veterinary Officer of the Ministry of Agriculture, that there was a suspected case of psittacosis in budgerigars originating from an aviary within the city. Investigation revealed that there were approximately 300 budgerigars in one section of the premises, and approximately 30 canaries, finches, etc., in another section. Deaths had been occurring from the end of August and at the time of the first visit three or four birds were dying daily. The affected birds refused to eat, sat with ruffled feathers, developed diarrhoea, lost weight very quickly, and died within three days of the onset of the symptoms. The dead birds were submitted to the Department of Agriculture Poultry Laboratory at Lasswade and the existence of the disease was confirmed.

On receiving this confirmation the owner was recommended to use aureomycin in the drinking water for the birds. This was done and resulted in quite spectacular results in that no more birds died and one or two which had been sick recovered quickly. By the end of October the flock appeared normal and were ' chattering ' freely. Although no accurate records were kept approximately 100 birds died in the outbreak.

The wife of the owner developed pneumonic symptoms and required hospital treatment. Serologically this was proved to be associated with the psittacosis virus. The household pet—a Yorkshire terrier, showed symptoms of a bronchitis, and blood tests carried out by the Bacteriological Department of the Royal (Dick) School of Veterinary Studies showed that the dog was also affected with the disease.

A neighbour purchased five budgerigars from this aviary in August, and one in September. The latter died as did two others, along with several young birds which had newly hatched. Both the owner and his wife developed pneumonic symptoms which were later proved serologically to be caused by the psittacosis virus.

The chief problem which was then to be tackled was whether there were any chronic carriers of the disease left in the aviary. This, of course, was almost impossible to answer but the owner agreed to two suggestions:—

(*a*) to purchase four budgerigars from another aviary and mix them with the flock to see if they developed symptoms—all remained healthy.

(*b*) to sacrifice six budgerigars from his own aviary and have a detailed virological examination carried out—this was done by the Royal (Dick) School of Veterinary Studies, and all were proved to be negative.

The important lesson to be learned from this outbreak is that a virulent infection of psittacosis in budgerigars does present a considerable health hazard to the human personnel who are looking after them.

This outbreak contrasts with another incident which occurred in November when the psittacosis virus took at least a fortnight to kill the

birds. Two householders in different parts of the city bought birds from different branches of a multiple pet shop concern in the last week of October, and the birds died on 16th November. Post mortem examinations carried out by the Royal (Dick) School of Veterinary Studies showed that the budgerigars had very enlarged spleens and that the cause of death was psittacosis. The sale of budgerigars was stopped from the pet shops concerned, and in one, four budgerigars which had been exposed for sale were removed to the back shop. After a short time one died and the owner of the shop decided to sacrifice the remaining three for examination by the College. All four showed evidence of the disease on post mortem and the virus was recovered from each.

Unfortunately it was not possible to trace back the infected birds to their original consignors as the pet firm in question did not keep a record of the name or address of people from whom they purchased their supplies. One or two local aviaries were visited but no evidence of the disease was found.

Blood samples were taken from the personnel employed in the pet shops and also from the householders in which the birds died. Except for a slight serological response in one of the workers, no evidence of infection was found. Since the date of destruction of the sick birds no further evidence of the disease has been found within the city.

IMPORTATION OF ANIMALS

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 10,061 Irish cattle were received under licence from ports and 707 licences were issued authorising the movement of these cattle from the market. There were 228 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 3,557 fat Irish cattle were licensed from the ports to Gorgie Abattoir.

Dogs and Cats.—The Importation of Dogs and Cats Order, 1928, is intended to protect Great Britain against the introduction of rabies through the agency of canine and feline animals brought from overseas. The landing of such animals is prohibited in Great Britain except under licence granted by the Ministry of Agriculture. After landing the animals must be maintained for six months in a place of detention or quarantine, approved by

the Ministry of Agriculture for this purpose. During the year 62 dogs and 14 cats were received and detained in the city in quarantine. They were detained under observation and supervision of the police force.

The following two incidents arose under the provisions of this Order:—

In June of this year plain clothes policemen interviewed a youth and his wife who were walking in Princes Street Gardens accompanied by a fox cub. The youth boasted about having smuggled the fox through the Customs at Dover the previous day, but on being taken to the Central Police Station he denied having made any such statement, and alleged that he had purchased the fox from a vagrant in the Dover area. Despite this fresh allegation, I felt that the fox had been imported and I instructed my assistant to serve a Notice on the owner requiring the fox cub to be placed in quarantine—in this case at the Tower Dog Home, Liberton. The owner then adopted the attitude that as the cub was not an imported animal and detention in quarantine premises had been carried out by the Local Authority then he was not paying for its keep in the kennels. He would also not permit it to be humanely destroyed. Fortunately the Glasgow Zoological Society when approached by the officials of the Department of Agriculture agreed to take the fox and to quarantine it for the requisite time. The owner agreed to donate the fox to the zoo and this finalised a situation which could have been very awkward indeed.

On 30th October, a female leopard cub entered quarantine from Nepal at Edinburgh Zoological Gardens. It refused to eat and was consequently weak. On 2nd November a serval kitten was introduced to the cage as company but as there was no improvement a request was made to take the animals to the Royal (Dick) School of Veterinary Studies where it was possible to give more adequate treatment. The leopard died on 4th November and as the post mortem was inconclusive the head of the animal was sent to the laboratory of the Ministry of Agriculture at Weybridge for examination of the brain. This showed that the animal was probably suffering from Rabies. This finding was confirmed on 1st October and the serval kitten was destroyed. The preventive measures which were taken with the staff who handled the animals is seen in the Infectious Diseases Section. An incident such as this proves beyond doubt the necessity for placing all imported canine and feline animals in quarantine for six months from the date of landing.

Sea Transport of Animals (Protection Order), 1957.—There were three consignments of bullocks—a total of 166 animals—exported from Leith Docks to Belgium. A further thirteen steers were presented by the exporter but rejected because they showed the presence of warble fly maggot on their backs. One consignment of 78 cows was also exported—two cows were rejected for lameness. One consignment of 199 sheep was exported to Holland—one 'was rejected as it was lame. A condition of the certificates

which are issued with each consignment of livestock states that the animals must be rested for at least ten hours prior to shipment and a great deal of attention was paid by the Veterinary Inspector to this provision.

During the year 8,484 sheep, 19,799 lambs, 871 cows, 188 bullocks, 20 bulls, 143 calves, 3 stallions and 11 ponies were landed at Leith Docks from coastwise vessels—mainly from Orkney and Shetland. Also landed at Leith Docks were two camels which were consigned to the Zoological Gardens. The cleansing and disinfection of the vessels after landing of the animals, was carried out under the supervision of the officers of the local authority.

The Transit of Animals Order is similarly designed to protect animals during road and rail transit, and in addition it prescribes cleansing and disinfection of cattle trucks, motor and horse-drawn vehicles used in the transport of animals. The Market Committee has continued to provide facilities and labour at Gorgie Markets for the cleansing and disinfection of road vehicles. During the year 3,904 vehicles were cleansed and disinfected, an average of 75 per week.

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 markets at Gorgie are well constructed for efficient and relative 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 22 pet shops were licensed by the local authority. Fifty-eight visits were made to the shops and no contraventions of the Act were encountered. One complaint was received regarding the purchase of a puppy, alleged to have been sold while suffering from distemper. Investigations proved that allegation was not true and that the fault lay with the method of handling adopted by the purchaser.

The Animal Boarding Establishment Act, 1963.—This Act requires the local authority to register all premises in which dogs and cats are boarded. Six kennels were registered and twenty-four visits were paid to supervise the conditions of accommodation. Generally a good standard of hygiene and animal care was maintained and no adverse reports were received from any member of the public, either in respect of the treatment of their animals or of their pets having contracted some infectious disease whilst being boarded.

The Riding Establishment Act, 1964.—This Act which came into force on 1st April 1965, requires the local authority to register all riding establishments. An inspection must be made of the premises, the horses themselves, and the state of repair of the harness. Only one riding establishment exists

within the city boundary and it was found that a very high standard of management was maintained at the stables.

Farms.—The department has continued to provide the clinical services at the Regional Hospital Board farm at Roddinglaw, but in October, it was decided, largely for economic reasons to withdraw the services from Bangour Farm.

Veterinary Congress.—In September the British Veterinary Association held their Congress in Edinburgh. The main activities were centred around Edinburgh University, Hume Tower, where papers on such topics as Johnes' Disease, Calf Mortality, Intensive Turkey Production, and the preventive measures adopted to control the spread of diseases such as African Swine Fever to this country. A scientific exhibition was held involving forty-seven separate displays and the veterinary inspector co-operated with the Bacteriology Department of the University of Edinburgh in putting on an exhibit dealing with Bacterial Food Poisoning. A competition was held as to the best exhibit and 'Bacterial Food Poisoning' display finished a very close runner-up to the winner. The Veterinary Inspector read a paper on 'Abscesses in Pigs' to the members of the Veterinary Public Health Association.

Police Stud and Dog Section.—As in previous years, regular veterinary attention was given to the police horses and dogs.

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.

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