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Contributors

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INSTITUTE OF SOCIAL
MEDICINE
10, PARKS ROAD,
OXFORD

JOINT COUNTY COUNCIL OF MORAY & NAIRN

R E P O R T

by

The Medical Officer of Health

for

1 9 4 7.



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County Buildings.

Elgin.

23rd August, 1948.

To the Joint County Council
of Moray and Nairn.

My Lords, Ladies and Gentlemen,

I have the honour to submit to you my Annual Report
on the Public Health of Moray and Nairn for the year
ending 31st December, 1947.

I have the honour to be,

Your obedient servant.

J. E. Munro

Medical Officer of Health

John Smith
Sixth
1911 August 10th

The Board of Health
of New York City

Dear Sirs:

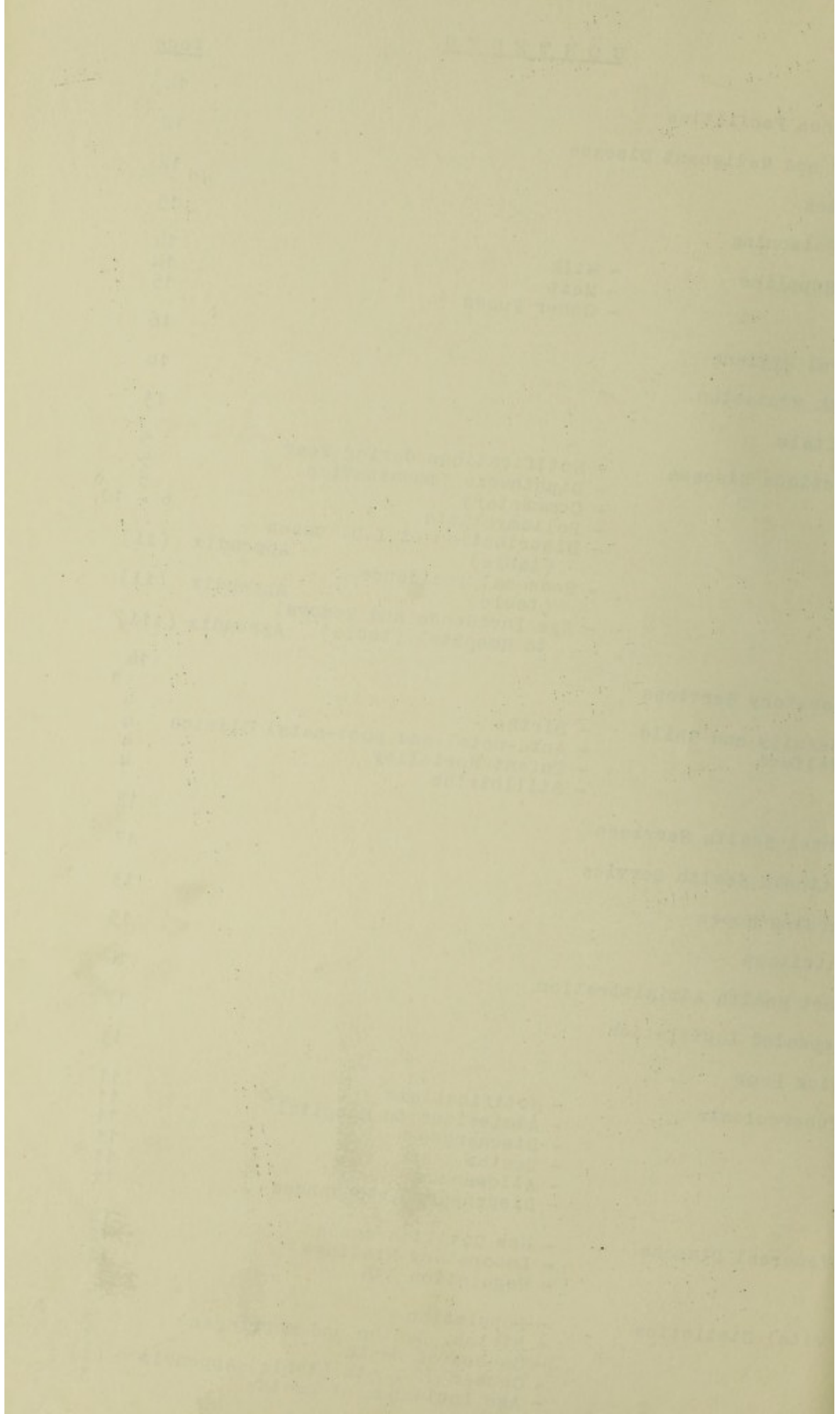
I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the case of John Smith, who has been suffering from the disease known as "Typhoid Fever".

I have the pleasure to inform you that the Board of Health has taken the necessary steps to isolate the patient and to provide for his care in the hospital.

Respectfully,
John Smith

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VITAL STATISTICS

Population.

Estimate at middle of 1947 54,774

Births, Deaths and Marriages.

Total live births, corrected for transfer.	1,210	22.1	per 1,000 population
Legitimate	1,087	89.8	% total births
Illegitimate	123	10.2	% total births
Total still-births, corrected for transfer.	37	29.7	per 1,000 total births
Marriages	442	8.1	per 1,000 population
Deaths, all causes, corrected for transfer.	671	12.25	per 1,000 population
Tuberculosis (all forms)	24	43.8	per 100,000 population
" (respiratory)	19	34.7	per 100,000 population
Principal epidemic diseases	4	7.3	per 100,000 population
Children aged under one year	59	48.75	per 1,000 live births

Causes of Death.

Deaths from tuberculosis have risen slightly, and maintain the wartime rates.

Deaths from infectious disease other than poliomyelitis are satisfactorily low.

Respiratory diseases account for rather fewer deaths than in the previous year.

Deaths due to cancer have for this year shown a decline.

Deaths due to disease of the heart and arteries, and to nephritis, now account for almost exactly half of all deaths.

In all other cases, average figures have been recorded.

Age Incidence of Deaths.

0	1	5	10	15	25	35	45	55	65	75	85	No age
1	4	9	14	24	34	44	54	64	74	84	+	
59	11	9	3	20	9	20	46	72	150	186	86	-

The following table shows the results of the experiments conducted on the 15th of June 1911. The results are given in the following table.

The results of the experiments conducted on the 15th of June 1911 are given in the following table.

The results of the experiments conducted on the 15th of June 1911 are given in the following table.

No.	Time	Temp.	Pressure	Volume	Weight	Height	Width	Depth
1	10.00	20.0	760	100	1.0	1.0	1.0	1.0
2	10.10	20.5	760	100	1.0	1.0	1.0	1.0
3	10.20	21.0	760	100	1.0	1.0	1.0	1.0
4	10.30	21.5	760	100	1.0	1.0	1.0	1.0
5	10.40	22.0	760	100	1.0	1.0	1.0	1.0
6	10.50	22.5	760	100	1.0	1.0	1.0	1.0
7	11.00	23.0	760	100	1.0	1.0	1.0	1.0
8	11.10	23.5	760	100	1.0	1.0	1.0	1.0
9	11.20	24.0	760	100	1.0	1.0	1.0	1.0
10	11.30	24.5	760	100	1.0	1.0	1.0	1.0
11	11.40	25.0	760	100	1.0	1.0	1.0	1.0
12	11.50	25.5	760	100	1.0	1.0	1.0	1.0
13	12.00	26.0	760	100	1.0	1.0	1.0	1.0
14	12.10	26.5	760	100	1.0	1.0	1.0	1.0
15	12.20	27.0	760	100	1.0	1.0	1.0	1.0

MATERNITY AND CHILD WELFARE.

Births.

Total births notified as occurring in the area	1,177
Maternity Services Scheme	331
Other domiciliary cases	281
Institutional cases	565

Home Visits.

	<u>First Visits</u>	<u>Total Visits</u>
Expectant mothers	703	3,289
Infants	1,189	10,995
Children (1 to 5 years)	2,915	7,502

Ante-natal and Post-natal Clinics.

No such clinics are provided by the Local Authority.

The ante-natal and post-natal clinics at Leachcoil Hospital, Forres, and the Town and County Hospital, Nairn, continue to give good service.

Infant Mortality.

Infant deaths, corrected for transfer, numbered 59, giving an infant mortality rate of 48.75 per thousand live births.

Causes of Infant Mortality (uncorrected)

	<u>In first 4 weeks</u>	<u>In remainder of first year</u>	<u>Total</u>
Premature Birth	22	-	22
Congenital Debility	1	1	2
Congenital Malformation	4	1	5
Injury at Birth	5	-	5
Respiratory Diseases	-	8	8
Alimentary Diseases	-	4	4
Other Causes	2	6	8
	<u>34</u>	<u>20</u>	<u>54</u>

Stillbirths.

Stillbirths, corrected for transfer, numbered 40, giving a stillbirth rate of 32.0 per 1,000 total births.

Causes of stillbirth (uncorrected)

Difficult Labour	10
Malformation	5
Antepartum Haemorrhage	3
Acute Toxaemia	1
Chronic Disease of the Mother	1
Other Causes	4
	<u>24</u>

1. The first part of the document discusses the importance of maintaining accurate records.

2. It is essential that all data be recorded in a clear and concise manner.

3. The second part of the document outlines the procedures for data collection and analysis.

4. It is important to ensure that the data is representative of the population being studied.

5. The final part of the document provides a summary of the findings and conclusions.

APPENDIX

6. This section contains additional information that supports the main text of the report.

INFECTIOUS DISEASE.

Notifications during the Year.

	<u>Notified</u>	<u>Removed to Hospital</u>
Scarlet Fever	56	42
Diphtheria (bacteriologically confirmed = 2)	10	10
Erysipelas	14	13
Acute Primary Pneumonia	78	60
Acute Influenzal Pneumonia	2	1
Cerebro-spinal Fever	-	-
Dysentery	4	3
Enteric Fever	-	-
Puerperal Pyrexia	5	5
Ophthalmia Neonatorum	2	-
Acute Anterior Poliomyelitis	<u>55</u>	<u>54</u>
	<u>226</u>	<u>188</u>

Diphtheria Immunisation.

The following immunisations were carried out under the County Council's Scheme:-

	<u>New Immunisations</u>	<u>Maintenance Inoculations</u>
Children born in 1946	400	-
1945	241	-
1944	43	-
1943	22	1
1942	20	46
1941	46	47
1940 and previously	<u>32</u>	<u>3</u>
	<u>804</u>	<u>97</u>

Diphtheria in Relation to Immunisation.

	<u>Cases Confirmed</u>	<u>Deaths</u>
Immunised Persons	-	-
Non-immunised Persons	2	-

Commentary.

Only two diseases call for remark, namely diphtheria and acute anterior poliomyelitis.

The notifications for diphtheria are the lowest since the commencement of the Joint County Council. Of the ten notifications only two were bacteriologically confirmed, and of the remaining eight, three were not considered as cases at all. We are, therefore, approaching the position in which diphtheria becomes a rarity instead of a daily menace. It is essential, however, to remember that the diphtheria bacillus remains with us, and is capable of striking down the unprotected. That being so, the amount of diphtheria in the community will depend on the state of immunisation, and the state of immunisation in its turn depends on the numbers immunised and the lapse of time since immunisation. It must be the aim of the community as a whole to try and secure the immunisation of every child before the age of one year, and the re-immunisation of every child on entering school at the age of five years. Further re-immunisation may, in the course of time, be found necessary as well.

The/

1. The first part of the document is a list of names and their corresponding addresses. The names are listed in the left column, and the addresses are listed in the right column. The list is organized into several rows, with horizontal lines separating the entries. The text is somewhat faded and difficult to read, but the general structure is clear.

2. The second part of the document is a list of names and their corresponding addresses, similar to the first part. It also consists of several rows of text, with horizontal lines separating the entries. The text is very faint and difficult to decipher, but it appears to be a continuation of the list from the first part.

3. The third part of the document is a list of names and their corresponding addresses, continuing the pattern of the previous sections. It contains several rows of text, with horizontal lines separating the entries. The text is extremely faint and difficult to read, but it seems to be a continuation of the list from the previous sections.

The outbreak of poliomyelitis also calls for notice.

The first case occurred on a farm near Lossiemouth on 6th August. The patient was a little girl, who eventually sustained very severe paralysis. Almost immediately after, four other cases were notified from Rothes and district, twelve to twenty miles distant from the first case. One of these occurred in a farm bothy some four miles from the town and was followed twenty-four days later by another from the same place.

One week after the removal of the first case, a baby in the next cottage developed the disease. She had been nursed by the first patient on 2nd August, and was admitted on 13th August. For a variety of reasons this was the only contact. The baby was discharged from hospital on 2nd August, and the little girl was either absent from home or ill until admission to hospital on 6th August. In view of the finding in America that the average incubation period was 12.2 days with a variation of ± 1.1 , this observation is of interest.

As the first case was away for a holiday in upper Banffshire, only a few miles from Rothes, up to the twelfth day before admission to hospital, she and the baby next door were originally considered as part of the Rothes group of cases. Reflection makes me wonder whether this allocation was justified.

The first known case in Elgin occurred on 12th August, one of bulbar paralysis terminating fatally in 48 hours. This patient had just returned from summer holidays when she was taken ill.

At about the same time, another case occurred, but as he did not seek medical advice until 10th September, precise dates are not known.

A second case occurred one week later, and from then till the end of the year 16 further cases were notified in and around the town.

Definite "sub-grouping" appeared in Elgin. There were four cases on the southern fringes of the town extending into the surrounding country. The first occurred about 10th August, and the remainder on 2nd, 10th and 30th September.

There were four cases in a northern suburb, two together late in October, and the two others on 30th November.

There were five cases in relatively outlying eastern areas of the town, three between 29th August and 11th September, and two on 21st and 22nd November respectively.

Forres became involved late in August, the first case being notified on 26th August. Twenty further cases were notified in this area, the characteristic feature being the wide spread amongst the surrounding rural population. In this area, two cases occurred in a Service Establishment, and one in an E.M.S. Auxiliary Hospital.

The most explosive outbreak of all commenced in Lossiemouth on 6th September. Before the end of the month, seven further cases were notified. For the most part, the victims were residents of one small part of the town. After this very brisk commencement two other cases are known to have occurred, one in Lossiemouth in December, though there was some doubt about the diagnosis, and one in Brighton late in September, the patient being in a boarding school and having spent the holidays in Lossiemouth.

The main weight of the attack is thus seen to have fallen on the four towns, Rothes, Elgin, Forres, and Lossiemouth, and their immediate environs. Isolated cases occurred in Spey Bay, Auldearn/

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Aldearn, and Duffus. No cases occurred in Nairn, Grantown-on-Spey, or Burghead. Wide rural areas were also unaffected. The incidence up to the end of 1947 was 56 cases. With a population of 54,774 at the middle of the year, this gives a rate of 102 per 100,000. This figure is not completely accurate, as it does not take into account the Service population, nor the cases which occurred after the end of 1947. It serves, however, to indicate the local severity of the outbreak when compared with the figures for other areas:-

	<u>Population</u>	<u>Cases</u>	<u>Rate per 100,000</u>
Scotland, 1947	5,139,600	1434	27.5
Edinburgh, 1947	487,200	138	28.3
Glasgow, 1947	1,106,000	483	43.6

The much greater severity in other parts of the world should be remembered, too, e.g.:-

Buffalo, 1943	800,000	1083	135
---------------	---------	------	-----

It is clear to me that the nature of the disease is to occur in local outbreaks, usually urban, followed by centrifugal spread of a patchy and unpredictable nature. I offer the suggestion that the more severe the initial outbreak in a centre of population the fewer the subsequent cases. Thus, in the four Moray centres the occurrence may be tabulated as follows:-

	<u>Population</u>	<u>Primary cases</u>	<u>Rate per 100,000</u>	<u>Later cases</u>	<u>Rate per 100,000</u>
Roths Area	2,000	4	200	1	50
Elgin Area	12,000	9	75	9	75
Forres Area	8,000	6	75	13	162
Lossiemouth	6,500	9	138	1	15

There are many possible sources of error in this table, such as the small numbers dealt with, the difficulty of computing local populations, and the difficulty in deciding what is a primary and what a subsequent case. It demonstrates, nevertheless, my observation that, in Moray and Nairn in 1947, a sharp initial attack was followed by relatively fewer subsequent cases.

The mode of spread of the disease still remains obscure. Flexner's view was that it was a droplet infection, spread from nose to nose and reaching the central nervous system via the olfactory tract. Later observers pointed out that the seasonal incidence was that of enteric fever and the other ingestion diseases. The finding of virus in stools seemed to confirm this. My view, which I put forward with diffidence, is that both respiratory and alimentary spread take place. The explosive localised outbreaks suggest to me causation by respiratory carriers operating locally, while the long drawn out aftermath is in my view more likely to result from alimentary spread. Until laboratory proof is made relatively easy, arguments based on observation of outbreaks must be speculative.

The previous remarks hold also when measures for prevention are under consideration. If the disease is spread by respiratory droplets, then isolation of contacts, disinfection, ventilation, school closure, avoidance of swimming baths, closure of cinemas and other places where people congregate, should prove effective. If the spread is by ingestion, then careful protection of food, milk, water, and hands from contamination should be effective. Now these are the regular practices of the hygienist, and in my view, as far as Moray and Nairn is concerned, putting them into operation had no effect. I should mention here that no schools were closed, as closure is of such debatable value at any time, and particularly in face of an outbreak of poliomyelitis. In this condition I should not recommend closure unless I were certain that children not previously exposed to the current outbreak would be exposed by school attendance. This condition is much more likely to/

The first part of the report deals with the general situation of the country and the progress of the work during the year. It is followed by a detailed account of the various projects and the results achieved. The report concludes with a summary of the work done and the plans for the future.

The work has been carried out in accordance with the programme of work approved by the Council at its meeting on 15th December 1954. The main areas of activity have been the study of the physical properties of the various types of steel and the investigation of the factors which influence the rate of corrosion.

The results of the work have been published in a number of papers and reports. The most important of these are:

- 1. The effect of the rate of cooling on the mechanical properties of steel.
- 2. The effect of the rate of cooling on the rate of corrosion of steel.
- 3. The effect of the rate of cooling on the rate of corrosion of steel in a solution of sodium chloride.

The work has been carried out in close collaboration with the other members of the staff and the results have been discussed at regular meetings. The progress of the work has been reported to the Council at its meetings on 15th December 1954 and 15th December 1955.

to be met with in a rural school, where the children do not meet out of school, than in an urban school, where they do so meet.

Previous Experience of Poliomyelitis in Moray and Nairn

	Moray	Elgin	Forres	Burg-head	Gran-town	Lossie-mouth	Rothies	Nairn-shire	Nairn	Total
0	-	-	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-	-	-	-
3	-	-	-	-	-	-	1	-	2	3
4	1	-	-	-	-	-	-	-	-	1
5	1	-	-	-	-	-	-	-	-	1
6	-	-	-	-	-	-	-	-	-	-
7	-	-	-	-	-	-	-	-	-	-
8	-	-	-	-	1	-	-	-	-	1
9	-	-	-	-	-	-	-	-	-	-
10	-	-	-	-	-	-	-	-	-	-
11	-	-	-	-	-	-	-	-	-	-
12	-	-	-	-	-	-	-	-	-	-
13	-	-	-	-	-	-	-	-	-	-
14	1	-	-	-	-	-	-	1	-	2
15	-	-	-	-	-	-	-	-	-	-
16	-	-	-	-	-	-	-	-	-	-

Table of Ages and Sexes.

	Under 1	1 - 4	5 - 14	15 - 24	25 +	Total
Male	2	8	11	5	5	31
Female	2	3	9	3	6	23
Total	4	11	20	8	11	54
% of Total	7.4	20.3	37.2	14.8	20.3	100.0
Corresponding % for Scotland	6.5	41.5	32.6	9.1	10.3	100.0

This table shows that in Moray and Nairn in 1947 the ratio of males to females was 4 : 3. The preponderance of males is in the intermediate age groups.

The comparison with the percentages for Scotland as a whole is interesting, but statistical experts might not consider the divergence significant. If it means anything at all, I suggest that it is that all age groups were relatively less immune than the average for Scotland.

The following table shows the results of the experiments conducted on the 10th of June 1914. The results are given in the form of a table, the columns of which are headed as follows:

Time	Temperature	Humidity	Wind	Direction	Force	Clouds	Pressure
7.00	72	75	Light	SW	10	0	30.1
8.00	74	78	Light	SW	12	0	30.1
9.00	76	80	Light	SW	15	0	30.1
10.00	78	82	Light	SW	18	0	30.1
11.00	80	85	Light	SW	20	0	30.1
12.00	82	88	Light	SW	22	0	30.1
1.00	84	90	Light	SW	25	0	30.1
2.00	86	92	Light	SW	28	0	30.1
3.00	88	95	Light	SW	30	0	30.1
4.00	90	98	Light	SW	32	0	30.1
5.00	92	100	Light	SW	35	0	30.1
6.00	94	100	Light	SW	38	0	30.1

The results of the experiments show that the temperature and humidity increase steadily during the day, and that the wind increases in force and direction. The pressure remains constant at 30.1.

The following table shows the results of the experiments conducted on the 11th of June 1914. The results are given in the form of a table, the columns of which are headed as follows:

Time	Temperature	Humidity	Wind	Direction	Force	Clouds	Pressure
7.00	70	70	Light	SW	10	0	30.1
8.00	72	72	Light	SW	12	0	30.1
9.00	74	74	Light	SW	15	0	30.1
10.00	76	76	Light	SW	18	0	30.1
11.00	78	78	Light	SW	20	0	30.1
12.00	80	80	Light	SW	22	0	30.1
1.00	82	82	Light	SW	25	0	30.1
2.00	84	84	Light	SW	28	0	30.1
3.00	86	86	Light	SW	30	0	30.1
4.00	88	88	Light	SW	32	0	30.1
5.00	90	90	Light	SW	35	0	30.1
6.00	92	92	Light	SW	38	0	30.1

The results of the experiments show that the temperature and humidity increase steadily during the day, and that the wind increases in force and direction. The pressure remains constant at 30.1.

Table of Incidence of Paralysis by Age and Sex.

	Under 1		1 - 4		5 - 14		15 - 24		25 +		Total	
	P	Non P	P	Non P	P	Non P	P	Non P	P	Non P	P	Non P
	1	1	7	1	2	9	3	2	2	3	15	16
Male	1	1	3	-	5	4	1	2	2	4	12	11
Female	2		10		7		4		4		27	
Total		2		1		13		4		7		27

This table demonstrates a fairly high proportion of paralytic cases or alternatively suggests that numerous non-paralytic cases were not recognised. I incline to the former view, as the publicity given locally to the outbreak made every doctor alert to detect the disease.

Table of Deaths.

	Under 1	1 - 4	5 - 14	15 - 24	Over 25	Total
Male	-	2	1	-	-	3
Female	-	-	1	-	1	2
Total	-	2	2	-	1	5

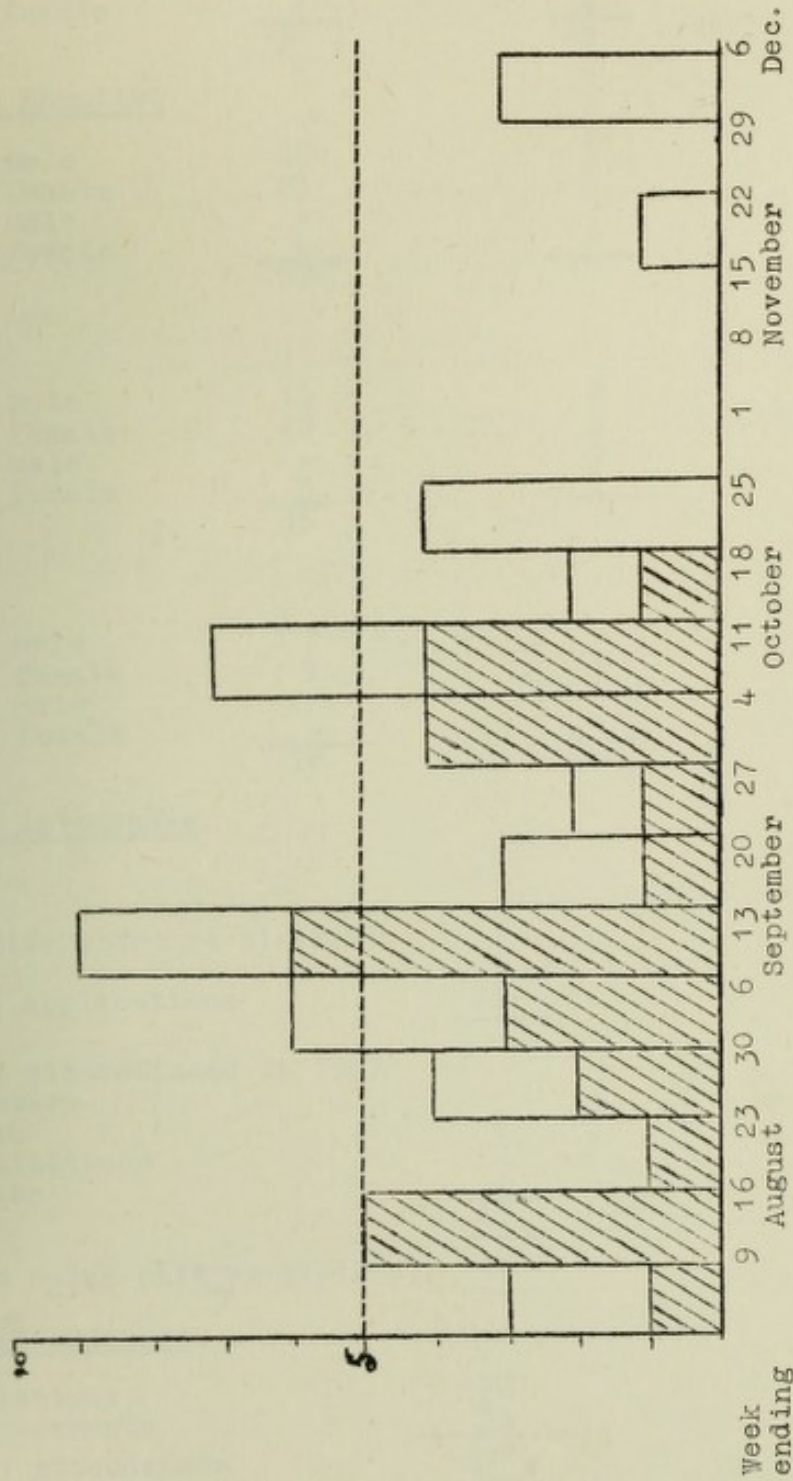
Causes of Death.

Bulbar Paralysis - 3 children
 Descending Paralysis - 1 boy, aged 2
 Encephalitis - 1 woman, aged 50

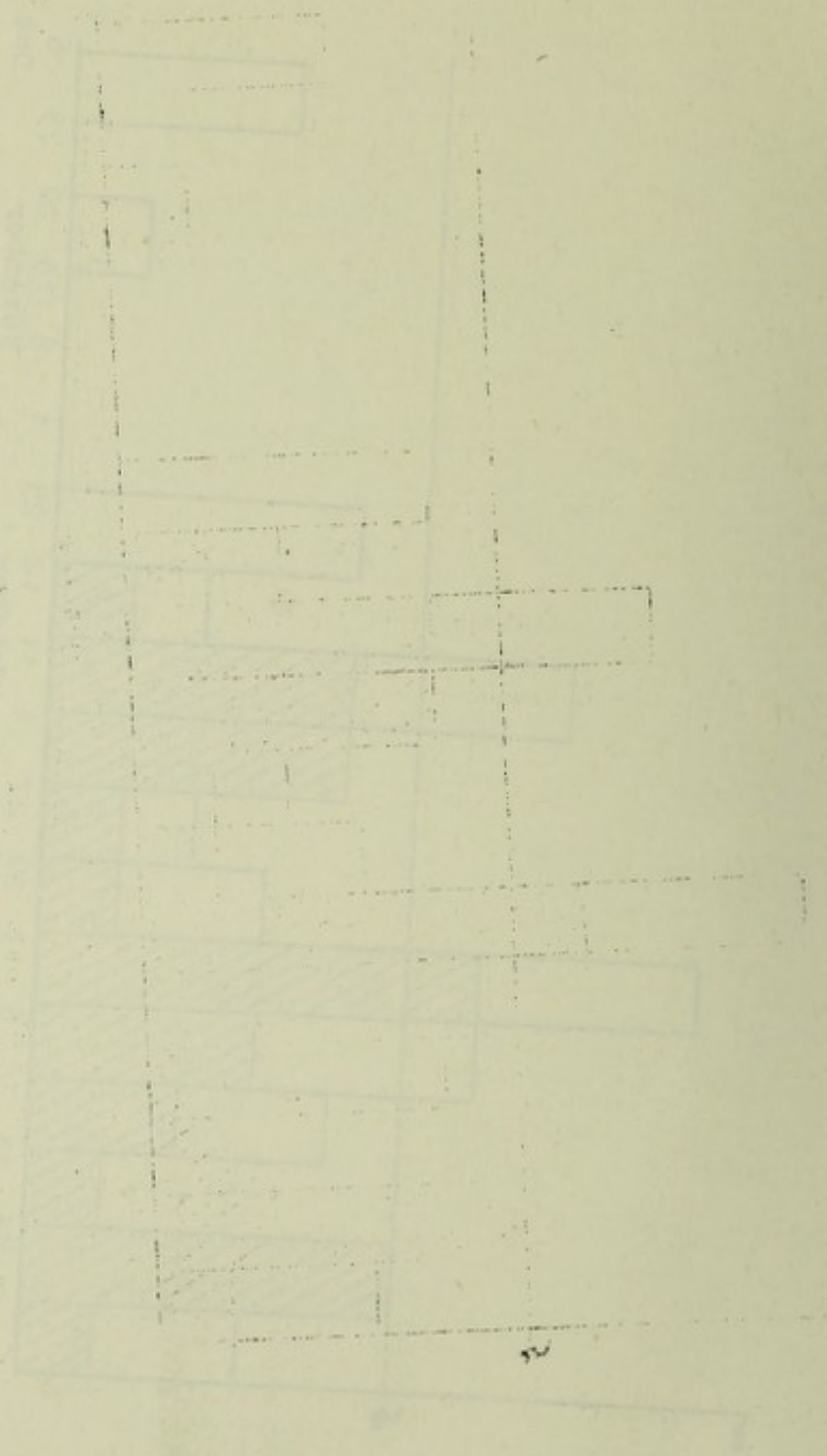
Table of Distribution of Paralysis.

		Under 1	1 - 4	5 - 14	15 - 24	Over 25	Totals
Brain stem	M	-	1	1	-	-	2
	F	-	-	3	-	1	4
Cervical cord	M	-	2	-	1	1	4
	F	-	-	1	-	-	1
Lumbo-sacral cord	M	1	2	1	2	1	7
	F	1	-	-	-	1	2
Cervical and Lumbo-sacral	M	-	-	-	-	-	-
	F	-	1	1	1	-	3
Brain stem, cervical and lumbar	M	-	1	-	-	-	1
	F	-	-	-	-	-	-
Thoracic cord	M	-	1	-	-	-	1
	F	-	-	-	-	-	-
Brain stem and lumbar	M	-	-	-	-	-	-
	F	1	-	-	-	-	1
Brain stem and cervical	M	-	-	-	-	-	-
	F	-	-	-	-	1	1

Table of Cases occurring in each week of the outbreak
(Paralytic cases are shown by shading)



Allowing for the fact that this graph is made up of separate components for the four towns, it generally supports the view that paralytic cases occur along with non-paralytic, in the middle of an outbreak, with non-paralytic cases alone occurring at the beginning and end. The non-paralytic cases at the beginning of the outbreak frequently are missed.



TUBERCULOSIS.

Notifications in 1947.

	<u>Pulmonary</u>	<u>Non-pulmonary</u>	<u>Total</u>
Adults - male	20	3	23
- female	25	7	32
Children - male	3	9	12
- female	2	4	6
Total	<u>50</u>	<u>23</u>	<u>73</u>

Admissions to Hospital.

Adults - male	28	1	29
- female	25	5	30
Children - male	-	2	2
- female	4	2	6
Total	<u>57</u>	<u>10</u>	<u>67</u>

Discharges.

Adults - male	15	2	17
- female	17	3	20
Children - male	-	1	1
- female	3	1	4
Total	<u>35</u>	<u>7</u>	<u>42</u>

Deaths.

Adults - male	7	-	7
- female	9	3	12
Children - male	-	-	-
- female	-	1	1
Total	<u>16</u>	<u>4</u>	<u>20</u>

Tuberculosis Allowances.

Granted	20
Refused	1
Under consideration at 31:12:47	1
Withdrawn	1
Total applications	<u>23</u>

Allowances discontinued in 1947	
On recovery	-
On death	8
In institutions	2
Otherwise	1
Total	<u>11</u>

Allowances being paid at 31:12:47 31

Dispensary Attendances.

Consultations	196
A.P. Treatments	<u>74</u>
Total Attendances	<u>270</u>

X-ray examinations 159

The Scheme continues to work satisfactorily as a whole. It has still not been found possible to follow up contacts adequately, nor has the proper housing of all cases been fully achieved. These points will be discussed in connection with the National Health Service (Scotland) Act, 1947.

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VENEREAL DISEASES.

Under the Combined Scheme for the North Eastern Counties of Scotland, the following cases have been dealt with:-

New Civilian Cases.

Syphilis			Chan- croid	Gonorrhoea			Other Venereal condtns.	Total Vener- eal	Non Vener- eal
Ac- quired	Congen- ital	Total		Gen- ital	Ophthal- mia	Total			
8	1	9	-	13	1	14	10	33	12

These figures compare favourably with those for 1946.

Particulars of In-patients, and of Out-patient Attendances.

<u>No. of In-patients</u>	<u>Days in Hospital</u>	<u>Out-patient Attendances</u>
20	254	156

Drugs supplied to Doctors and Institutions.

<u>Doses supplied</u>	<u>No. of Doctors supplied</u>	<u>No. of Institutions supplied</u>
602	15	--

Laboratory Findings.

Syphilis						Gonorrhoea				Total
Wassermann		Laughlen		C.S.F.		Spirochaetes		Smears		
+	-	+	-	+	-	+	-	+	-	
39	304	42	301	1	13	2	3	32	220	957

Regulation 33B.

During 1947 two single contact notices were received. Both patients are understood to have undergone treatment.

DIABETES.

During 1947 insulin was issued to 17 diabetic patients.

CANCER AND MALIGNANT DISEASE.

No scheme, interim or otherwise, was made under the Cancer Act, 1939.

MENTAL HEALTH SERVICES.

Cases of mental disease from Morayshire continued to be committed to the Morayshire Mental Hospital, and those from Ayrshire to the Inverness and Northern Counties Asylum.

Cases dealt with in 1947:-

	<u>Moray & Nairn</u>	<u>Other areas</u>	<u>Total</u>
At 1:1:47	248	3	251
Admitted in Year	39	-	39
Discharged	14	-	14
Died	10	-	10
At 31:12:47	263	3	266

In addition, 14 cases from Moray and Nairn were under observation in their own homes.

Cases of mental deficiency dealt with in 1947 were as follows:-

	<u>Educable</u>	<u>Ineducable</u>
In institutions at 1-1:47	7	4
Admitted	2	1
Discharged	-	-
In institutions at 31:12:47	9	5

SICK POOR.

Arrangements continue as before for this service.

Cases dealt with in 1947:-

	<u>Males</u>	<u>Females</u>	<u>Children</u>	<u>Total</u>
Persons receiving outdoor medical relief	43	131	48	222
Persons treated in (1) The Authority's Institutions	38	49	-	87
(2) Other Institutions or Hospitals	-	-	-	-

HOSPITALS.

There is nothing to add to my last two Reports.

NURSING HOMES.

The Authority again granted unconditional exemption from registration to Dr. Gray's Hospital, Elgin, Leancoil Hospital, Forres, the Town and County Hospital, Nairn, and the Ian Charles Hospital, Grantown-on-Spey.

During the year, the Winchester Nursing Home, Elgin, was taken over as a maternity home by the Managers of Dr. Gray's Hospital, and the unconditional exemption from registration extended to it by the Authority.

Also during the year, the Home of Dunconusg, Lossiemouth, was registered as a nursing home for maternity and medical cases.

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AMBULANCE FACILITIES.

The ambulance vehicles available are as listed in my last report.

LABORATORY SERVICES.

During 1947, the following specimens were examined:-

Bacillary Dysentery	107
Weil's Disease	3
Undulant Fever	38
Glandular Fever	-
Amoebic Dysentery	10
Tuberculosis	376
Venereal Diseases	944
Diphtheria	425
Enteric and Food-poisoning	67
Whooping Cough	1
Puerperal Fever	2
Biochemical	189
Haematological	357
General	1,323
Animal Inoculation	58
Water	103
Milk	353
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	4,355
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HEALTH EDUCATION.

The Medical Lecturer of the Scottish Council for Health Education paid a visit to Moray and Nairn in the Autumn of the year, and gave addresses, accompanied by films wherever possible, to audiences mainly drawn from school children and the youth organisations. These lectures were well attended and well received. They should be made much more readily available than they are, and I commend the Scottish Council for Health Education to the Authority as worthy of generous financial support.

PORT HEALTH ADMINISTRATION.

Seven foreign ships engaged in home trading visited Lossiemouth in 1947. No action fell to be taken under the Port Sanitary Regulations (Scotland), 1933-1945, or the Public Health (Aircraft) Regulations (Scotland), 1946. No ships were fumigated, and no certificates in connection with deratisation were issued.

FOOD SUPPLIES.

1. MILK.

Inspection of dairy premises was carried out by the Sanitary Inspector. Premises in respect of which designated licences were issued were inspected repeatedly through the year, and the remainder as required.

No case of failure to comply with the Dairy Bye-laws was brought to notice.

There were on the Register at 31st December, 1947, 114 Dairies in the area of the Combined County.

Under/

BY FACILITIES

The following facilities are listed in the order...

BY FACILITIES

The following facilities were examined...

107	Facilities
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BY FACILITIES

The National Institute of the Health Council for Health...
and have addressed...
These facilities were well attended and well...
The National Institute of the Health Council for Health...
and have addressed...
These facilities were well attended and well...
The National Institute of the Health Council for Health...
and have addressed...
These facilities were well attended and well...

BY FACILITIES

Seven facilities which engaged in home visits visited...
No action was taken under the first category...
The National Institute of the Health Council for Health...
and have addressed...
These facilities were well attended and well...

BY FACILITIES

Inspection of dairy premises...
Premises in respect of which...
The National Institute of the Health Council for Health...
and have addressed...
These facilities were well attended and well...
The National Institute of the Health Council for Health...
and have addressed...
These facilities were well attended and well...
The National Institute of the Health Council for Health...
and have addressed...
These facilities were well attended and well...

Under the Milk (Special Designations) Orders, licences were issued as follows:-

Certified	11
Tuberculin Tested	27
Standard	5
Heat Treated	1
	<hr/>
	44
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This is an increase of 5 over the previous year.

2. MEAT.

At the four slaughterhouses, condemnations were as follows:-

Cattle	52,962 lbs.
Sheep	2,730 "
Pigs	406 "
Calves	821 "

3. OTHER FOODS.

A total of 7,543 lbs. of unsound food was dealt with in terms of the Public Health (Scotland) Act, 1897, Section 43.

Food Poisoning.

Three outbreaks of food-poisoning occurred during the year.

Attention to the first was only called when it was virtually over. Suspicion was directed to corned beef conveyed in a butcher's van, delivering in a rural area. As no further cases occurred and none of the allegedly offending material was available, no bacteriological investigation could be made. As far as could be ascertained, between 12 and 20 persons were affected.

The second occurred in a service establishment. In approximately 48 hours, 320 cases occurred. The organism recovered was *Salmonella Enteritidis*. None of the patients was seriously ill, and few, if any, were ill for more than three days. The vehicle by which the spread took place was undoubtedly milk. Recruits under 18 years of age, who received priority milk, were chiefly affected. Those who were generous, and gave milk to persons over 18 years of age were less severely attacked than those who drank all their milk. Similarly, those who received small portions of the affected rations were mildly affected. Evidently the dose of infection was determined by the quantity of milk drunk. Two dining room attendants whose duty it was to carry round the milk were also cases, but it is not clear whether they were the immediate causes of the trouble, or merely unfortunate victims. Investigation of the milk supply served to indicate that the contamination had occurred at the service establishment.

The third outbreak was in a school canteen. Children who had corned beef were fairly sharply ill, and those who had mince, with which the small residue of corned beef had been mixed and cooked, were slightly affected. No serious illness was reported. As it was not until the following day that the cases became known to the head-master, there were no food samples left. Bacteriological samples from patients were not obtained.

Nutrition.

The nutritional state of the community has remained fairly satisfactory.

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GENERAL HYGIENE.

The reports issued by the Sanitary Inspectors for the Burghs and Counties cover this field very largely, and I do not desire to undertake unnecessary repetition. These reports cover matters fundamental to the Public Health, such as Housing, Water and Drainage, and Scavenging. The shortage of houses, water, and drainage are well known evils, and the difficulties under which the populace is living are very real. So much is this the case that the repetition of horrors is tending to dull their appreciation.

In order to urge forward the proper provision of housing, water and drainage, I have prepared, for the consideration not only of the Local Authorities but also of the Department of Health for Scotland, the following table of populations, showing changes in the past ten years.

	1937	1947	Difference	% Difference
Burghhead	1,314	1,352	+ 38	+ 2.9
Elgin	9,172	10,571	+ 1,399	+15.2
Forres	4 375	4,763	+ 388	+ 8.8
Grantown	1,444	1,636	+ 192	+13.3
Lossiemouth	3,979	4,803	+ 824	+20.7
Roths	1,271	1,361	+ 90	+ 7.1
Moray Landward	19,477	21,299	+ 1,822	+ 9.4
Nairn	4,301	4 748	+ 447	+10.4
Nairnshire	3,991	4,241	+ 250	+ 6.3
Moray and Nairn	49,324	54,774	+ 5,450	+11.2
Banff	53,700	52,100	- 1,600	- 3.0
Inverness Burgh and County	82,500	84,200	+ 1,700	+ 2.0
Ross	61,600	62,900	+ 1,300	+ 2.1
Sutherland	15,700	14,400	- 1,300	- 8.3
Caithness	26,100	23,500	- 2,600	-10.0

The increase in population calls for about 1,000 houses over and above those previously deemed necessary, and between 300,000 and 400,000 gallons of water a day.

I therefore urge the Local Authorities and the Department of Health to hasten the provision of houses, water and drainage in an area whose population is expanding, in order to avoid the very serious results which continued shortage will bring upon us.

At the time of writing, there are 2,421 applications for houses not yet dealt with by a residence in the various burgh and rural areas of Moray and Nairn.

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1	2	3	4	5
1.1	1.1	1.1	1.1	1.1
1.2	1.2	1.2	1.2	1.2
1.3	1.3	1.3	1.3	1.3
1.4	1.4	1.4	1.4	1.4
1.5	1.5	1.5	1.5	1.5
1.6	1.6	1.6	1.6	1.6
1.7	1.7	1.7	1.7	1.7
1.8	1.8	1.8	1.8	1.8
1.9	1.9	1.9	1.9	1.9
1.10	1.10	1.10	1.10	1.10
1.11	1.11	1.11	1.11	1.11
1.12	1.12	1.12	1.12	1.12
1.13	1.13	1.13	1.13	1.13
1.14	1.14	1.14	1.14	1.14
1.15	1.15	1.15	1.15	1.15
1.16	1.16	1.16	1.16	1.16
1.17	1.17	1.17	1.17	1.17
1.18	1.18	1.18	1.18	1.18
1.19	1.19	1.19	1.19	1.19
1.20	1.20	1.20	1.20	1.20
1.21	1.21	1.21	1.21	1.21
1.22	1.22	1.22	1.22	1.22
1.23	1.23	1.23	1.23	1.23
1.24	1.24	1.24	1.24	1.24
1.25	1.25	1.25	1.25	1.25
1.26	1.26	1.26	1.26	1.26
1.27	1.27	1.27	1.27	1.27
1.28	1.28	1.28	1.28	1.28
1.29	1.29	1.29	1.29	1.29
1.30	1.30	1.30	1.30	1.30
1.31	1.31	1.31	1.31	1.31
1.32	1.32	1.32	1.32	1.32
1.33	1.33	1.33	1.33	1.33
1.34	1.34	1.34	1.34	1.34
1.35	1.35	1.35	1.35	1.35
1.36	1.36	1.36	1.36	1.36
1.37	1.37	1.37	1.37	1.37
1.38	1.38	1.38	1.38	1.38
1.39	1.39	1.39	1.39	1.39
1.40	1.40	1.40	1.40	1.40
1.41	1.41	1.41	1.41	1.41
1.42	1.42	1.42	1.42	1.42
1.43	1.43	1.43	1.43	1.43
1.44	1.44	1.44	1.44	1.44
1.45	1.45	1.45	1.45	1.45
1.46	1.46	1.46	1.46	1.46
1.47	1.47	1.47	1.47	1.47
1.48	1.48	1.48	1.48	1.48
1.49	1.49	1.49	1.49	1.49
1.50	1.50	1.50	1.50	1.50
1.51	1.51	1.51	1.51	1.51
1.52	1.52	1.52	1.52	1.52
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1.94	1.94	1.94	1.94	1.94
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1.96	1.96	1.96	1.96	1.96
1.97	1.97	1.97	1.97	1.97
1.98	1.98	1.98	1.98	1.98
1.99	1.99	1.99	1.99	1.99
2.00	2.00	2.00	2.00	2.00

1957.01

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NATIONAL HEALTH SERVICE.

The outstanding events in the world of health were the passing of the National Health Service Act, 1946, and the National Health Service (Scotland) Act, 1947.

The general objective of these Acts is the provision of a comprehensive health service for every citizen. I have little doubt that everyone is by now reasonably familiar with the provisions of these Acts, and I do not propose to give a summary here.

There is one aspect that I feel calls for comment, however, namely the provisions for the management of infectious diseases. This is divided between the Regional Hospital Board, which does all the treatment, and the Local Health Authority which does all the investigation. I regard this as unsound. Prevention of infectious disease calls for Knowledge, and Knowledge can only be obtained by caring for cases in hospital, and, under the Act, hospital care and prevention are separated. As a minimum requirement, the preventive officer of the local health authority must control the admissions to hospital and discharges therefrom. And it would be better if he controlled the treatment in hospital as well. The difficulty could be avoided if the Regional Hospital Board retained Medical Officers of Health in charge of fever hospitals. Alternatively, the Regional Hospital Board should be given the duty of preventing infectious diseases.

With regard to measures of immunisation, there exists another division of functions. The family doctor, in contract with the Local Executive Council, is the main agent for vaccination against smallpox, and immunisation against diphtheria. The local health authority has the duty of encouraging and recording these procedures. The success of the arrangements will depend on the energy displayed by family doctors, and the recording of that success will depend on the promptitude of notification by family doctors.

REPEALED LEGISLATION.

Apart from the repeals brought about by the National Health Service Acts, two other Orders conferring powers have lapsed.

The first is generally known as "Regulation 33B", which dealt with the notification and compulsory treatment of cases of venereal disease. It has never been fully invoked in Moray and Nairn, as no second intimation concerning a case was ever received. Like all legislation which is a compromise, taking notice as it does of the rights of the individual as well as the health requirements of the community, it was hedged by restrictions as to be of little use in the prevention of venereal disease, and as far as Moray and Nairn was concerned, of no use at all.

The second is generally known as the "Scabies Order". It was likewise a compromise, with less stringent safeguards. It was, nevertheless, useful, and action under it in one case served to secure voluntary co-operation in all others. Admittedly it was a measure to deal with an emergency of wartime, but it was the first legislation giving powers to deal with scabies and other verminous conditions along epidemiological lines. It served a useful purpose, and I regard the withdrawal of its powers as a retrograde step.

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APPENDIX

(1)

Table of Causes of Death

Cause	1947	1946	Average 1931-40	Average 1941-45
1 Typhoid Fever (including Paratyphoid)	-	-	0.4	-
2 Cerebro-spinal Fever	-	-	1	0.8
3 Scarlet Fever	-	-	2.3	0.2
4 Whooping Cough	-	-	2.8	1.8
5 Diphtheria	-	2	2.4	1.6
6 Tuberculosis of Respiratory system	19	15	17.8	14.6
7 Other forms of tuberculosis	5	5	6.7	7.2
8 Syphilis	1	1	-	2.6
9 Influenza	4	3	14.9	4.6
10 Measles	-	-	1.8	1.0
11 Other infectious or parasitic diseases	9	5	2.8	2.8
12 Cancer, malignant tumours	78	105	86.6	100.0
13 Tumours, non-malignant or not defined	-	3	-	1.8
14 Acute Rheumatism	1	2	-	1.4
15 Diabetes Mellitus	4	6	6.9	7.8
16 Other general diseases	13	6	16.1	12.0
17 Meningitis, Disease of spinal cord	-	4	-	4.6
18 Cerebral Haemorrhage, &c.	95	95	90.8	103.0
19 Other disease of nervous system	9	17	20.5	14.8
20 Heart Disease	199	191	139.0	165.6
21 Other circulatory diseases	26	14	23.0	18.0
22 Bronchitis	10	18	26.5	18.0
23 Pneumonia	24	24	32.4	21.0
24 Other respiratory diseases	12	7	11.9	10.6
25 Gastric and duodenal ulcer	6	10	6.5	7.8
26 Diarrhoea (all ages)	4	2	7.7	4.4
27 Appendicitis	-	3	4.8	3.4
28 Cirrhosis of liver	3	1	1.6	1.4
29 Other diseases of liver	4	3	3.6	2.8
30 Other digestive diseases	15	12	12.2	13.2
31 Nephritis, acute or chronic	16	21	16.3	13.2
32 Other diseases of genito-urinary system	9	13	12.5	11.2
33 Puerperal sepsis	-	1	0.8	1.8
34 Other puerperal causes	3	2	3.4	2.0
35 Diseases of Skin and organs of movement	1	2	3.7	2.6
36 Congenital debility, premature birth, malformation, &c.	43	41	35.2	36.4
37 Old age	13	28	43.1	32.4
38 Suicide	6	-	3.8	3.6
39 Road transport accidents	6	11	-	7.4
40 Other violence	16	19	15.0	19.2
41 Causes ill-defined or unknown	17	5	10.9	9.8
TOTAL	671	697	700.0	688.4

Date	Description	Debit	Credit	Balance
1917				
Jan 1	Balance			
Jan 2	...			
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Apr 31	...			

Distribution of Cases

	County of Moray	Burgh of Elgin	Burgh of Forres	Burgh of Grantown	Burgh of Lossiemouth	Burgh of Rothes	Burgh of Burchhead	County of Nairn	Burgh of Nairn	Total
Scarlet Fever	27	4	17	2	1	-	-	2	3	56
Diphtheria	6	3	-	-	-	-	1	-	-	10
Erysipelas	9	4	1	-	-	-	-	-	-	14
Acute Primary Pneumonia	28	21	5	-	12	5	2	3	2	78
Influenzal Pneumonia	-	1	-	-	-	-	-	1	-	2
Cerebro-spinal Meningitis	-	-	-	-	-	-	-	-	-	-
Dysentery	1	1	1	-	1	-	-	-	-	4
Paratyphoid B.	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	4	-	-	-	-	1	-	-	-	5
Ophthalmia Neonatorum	2	-	-	-	-	-	-	-	-	2
Malaria	-	-	-	-	-	-	-	-	-	-
Poliomyelitis	28	12	4	-	8	2	-	1	-	55
Pulmonary Tuberculosis	19	12	2	-	5	1	3	3	1	46
Non-pulmonary Tuberculosis	13	1	2	-	2	-	-	5	-	23
Total	137	59	32	2	29	9	6	15	6	295

Seasonal Incidence.

	Scarlet Fever	Diphtheria	Erysipelas	Acute Primary Pneumonia	Influenzal Pneumonia	Cerebro-spinal Meningitis	Dysentery	Paratyphoid B.	Puerperal Pyrexia	Ophthalmia Neonatorum	Malaria	Poliomyelitis	Pulmonary Tuberculosis	Non-pulmonary Tuberculosis	Total
January	12	-	4	10	-	-	-	-	-	-	-	-	5	-	31
February	4	-	-	9	2	-	1	-	1	-	-	-	5	6	28
March	3	-	2	13	-	-	-	-	1	-	-	-	4	3	26
April	4	-	1	7	-	-	1	-	1	1	-	-	1	4	20
May	2	1	-	5	-	-	1	-	-	1	-	-	3	-	13
June	-	-	3	4	-	-	-	-	1	-	-	-	3	1	12
July	-	2	-	4	-	-	-	-	-	-	-	-	2	1	9
August	-	-	-	6	-	-	-	-	-	-	-	8	4	1	19
September	2	-	-	2	-	-	-	-	-	-	-	23	-	2	29
October	5	1	-	4	-	-	-	-	1	-	-	16	8	4	39
November	8	3	1	3	-	-	-	-	-	-	-	3	7	1	26
December	16	3	3	11	-	-	1	-	-	-	-	5	4	-	43
Total	56	10	14	78	2	-	4	-	5	2	-	55	46	23	295

Age Incidence and Number of Removals to Hospital.

	All ages	Under 1	1 - 4	5 - 14	15 - 24	25 - 34	35 - 44	45 - 64	65 and over	To Hospital	Not to Hospital
Scarlet Fever	56	-	6	44	4	1	1	-	-	42	14
Diphtheria	10	-	1	4	2	2	-	1	-	10	-
Erysipelas	14	-	-	-	2	1	3	4	4	13	1
Acute Primary Pneumonia	78	17	6	15	10	5	3	15	7	60	18
Influenzal Pneumonia	2	-	-	-	-	-	2	-	-	1	1
Cerebro-spinal Meningitis	-	-	-	-	-	-	-	-	-	-	-
Dysentery	4	-	-	-	1	1	2	-	-	3	1
Paratyphoid B.	-	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	5	-	-	-	2	3	-	-	-	5	-
Ophthalmia Neonatorum	2	2	-	-	-	-	-	-	-	-	2
Malaria	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis	55	6	10	21	8	7	1	2	-	54	1
Pulmonary Tuberculosis	46	-	-	3	19	12	7	4	1	30	16
Non-pulmonary Tuberculosis	23	2	4	8	6	-	1	2	-	11	12
Total	295	27	27	95	54	32	20	28	12	229	66

