

[Report 1924] / Medical Officer of Health, Paisley Burgh.

Contributors

Paisley (Scotland). Burgh Council.

Publication/Creation

1924

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BURGH OF PAISLEY



REPORT

OF THE

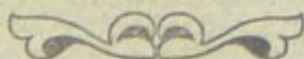
Public Health Department

For the Year 1924

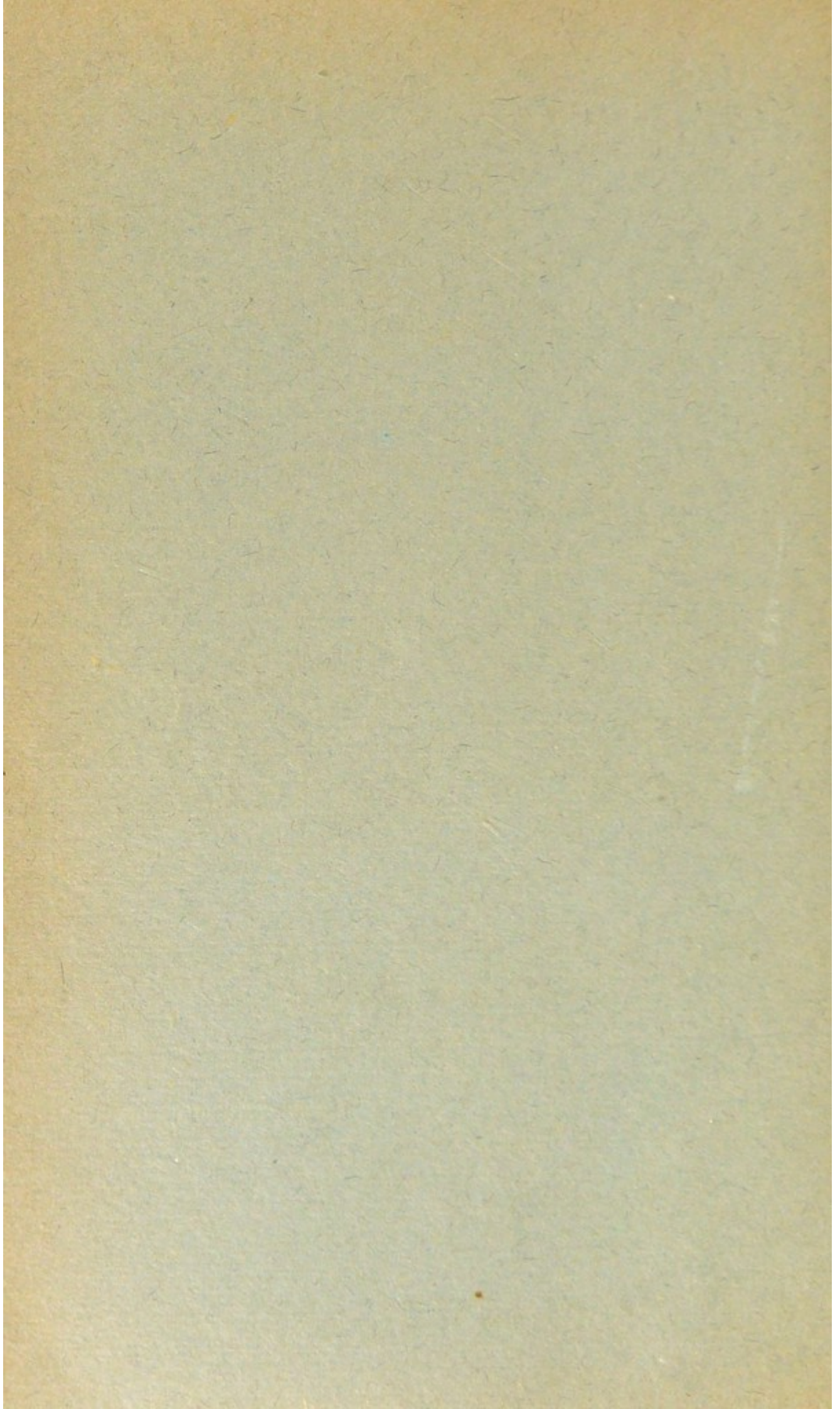
BY

G. V. T. M'MICHAEL, M.B., Ch.B., D.P.H.,

Medical Officer of Health



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BURGH OF PAISLEY



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*To the Provost, Magistrates, and
Town Councillors of the
Burgh of Paisley.*

GENTLEMEN,

I have the honour to submit my Report on the work of the Public Health Department for the year 1924. The first part of the Report consists of a general review of the work of the various branches of the Department; the second part consists mainly of more detailed information and the usual statistical tables and returns.

The Report is submitted in accordance with the requirements of the Scottish Board of Health.


I have the honour to be,

GENTLEMEN,

Your obedient Servant,

G. V. T. M'MICHAEL,
Medical Officer of Health.

PUBLIC HEALTH OFFICE,
PAISLEY, JULY, 1925.



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BURGH OF PAISLEY

Report of the Public Health Department for the Year 1924

PART I.

VITAL STATISTICS.

THE Vital Statistics for the year under review are based on the estimate of population laid down by the Registrar-General.

Population.—The population estimated to the middle of 1924 was 86,647; this gives an estimated increase over the figure for 1923 of 620, an average figure for recent years.

Area.—The area of the Burgh is 3,538 acres. The density of population is 24·49 per acre.

Birth Rate.—There were 1,871 births, 982 males and 889 females, giving a birth rate—corrected for transfers—of 21·6; in 1923 the rate was 23·5; in 1922, 24·8; in 1921, 26·3; and in 1920, 28·4. This steady decline of the birth rate is not merely a local problem, as the rate for the whole of Scotland is 21·9, which is the lowest rate ever recorded, with the exception of those recorded for the years 1917 and 1918, both of which were affected by war conditions. The average birth rate for the larger Scottish Burghs was 22·7.

Illegitimate Birth Rate.—This rate was 4·3 per cent. of the total births, a figure rather lower than the average rate. This rate for the whole of Scotland was 6·6, and for the larger Burghs, 5·9.

Death Rate.—The number of deaths was 1,397, giving a death rate—corrected for transfers—of 16·1. This is an exceptionally high death rate, and is the highest since 1915, with the exception of the year 1922, when a similar rate was recorded. The rate for 1923 was 11·5, the lowest death rate ever recorded, while the average rate for the last six years is 14·0.

The rate for the whole of Scotland was 14·4, a figure rather above the average of recent years, while the rate for the larger Scottish Burghs was 15·3.

The cause of this exceptional high rate was undoubtedly the high prevalence of epidemic respiratory diseases, such as acute pneumonia, influenza, whooping-cough, and measles, etc. The following table well illustrates the effect of such prevalence on the general death rate:

| | | <i>Number of Deaths.</i> | | |
|-----------------|--------|--------------------------|-------------------|-------------------|
| | | <i>1922</i> | <i>1923</i> | <i>1924</i> |
| | | Death Rate, 16·1. | Death Rate, 11·5. | Death Rate, 16·1. |
| Pneumonia, | ... | 150 | 62 | 167 |
| Bronchitis, | ... | 101 | 41 | 94 |
| Influenza, | ... | 93 | 2 | 51 |
| Measles, | | 71 | 8 | 50 |
| Whooping-Cough, | | 50 | 11 | 75 |
| | | <hr/> | <hr/> | <hr/> |
| Total, | ... | 465 | 124 | 437 |

Deaths from respiratory diseases during 1924 thus numbered 437, almost one-third of the total number. Other prominent diseases contributing to the high death rate were heart disease, 157 deaths—a figure distinctly above the average—cancer, 109, and pulmonary tuberculosis, 65 deaths.

The epidemic of acute pneumonia which prevailed during the early months of the year was of a particularly virulent type, and was specially fatal to young children, 102 deaths out of the total of 167 occurring in children under 5 years, of which 46 occurred in infants under 1 year; the lowered vitality of these young children, consequent in the present economic conditions and the wretched climatic conditions prevalent throughout the year, was undoubtedly a factor which contributed to the heavy mortality. Fortunately, there is ample institutional accommodation in Paisley

for such cases, either in the Royal Alexandra Infirmary, Craw Road Institution, or the Burgh Fever Hospital; otherwise, the mortality figures would have been even higher, as the case mortality of those treated in hospital was very much less than that of the cases treated at home. Skilled nursing and medical attention is absolutely essential for dealing with such a disease, and it is safe to say that no case of pneumonia in Paisley need suffer because of lack of hospital accommodation.

While, however, such exceptional provision for the treatment of acute respiratory diseases, such as pneumonia, is entirely creditable, it must never be forgotten that such diseases are essentially preventable. Pollution of the atmosphere by smoke—industrial and domestic—has for many years been recognised as the most potent factor contributing to the heavy mortality of these diseases, and this great problem has still to be tackled; so far, no Government has had the courage to take effective action, and in my opinion no Government ever will do so unless and until public opinion insists in action being taken.

Infantile Mortality Rate.—Deaths under one year—corrected for transfers—amounted to 260, giving a rate of 139 per 1,000 births. This is the highest rate recorded for at least twenty-five years; the rate for 1923 was 66, easily the lowest ever recorded, while the average rate for the last six years is 100. The rate for the whole of Scotland was 98, and for the larger Scottish Burghs 113, a figure distinctly above the average of recent years.

This exceptionally high rate of 139 was of course due to the same epidemics of respiratory diseases which caused the high general death rate. The following table shows the effect of these diseases on this mortality rate for the last three years:

Number of Deaths.

| | 1922 Mortality Rate, 117. | 1923 Mortality Rate, 66. | 1924 Mortality Rate, 139. |
|-----------------|------------------------------|-----------------------------|------------------------------|
| Pneumonia, ... | 48 | 14 | 56 |
| Bronchitis, ... | 20 | 2 | 11 |
| Measles, ... | 19 | 2 | 9 |
| Whooping-Cough, | 22 | 5 | 32 |
| Total, ... | 109 | 23 | 108 |

Deaths from these diseases amounted to 41·5 per cent. of the total deaths among infants. In connection with the general death rate, I have already pointed out the urgent necessity of dealing with the environmental conditions contributing largely to this heavy mortality, more especially atmospheric pollution. Surely such deplorable figures will help to rouse the public from their apathetic attitude towards these diseases.

Diseases of early infancy and malformation account for 106, a figure above the average of recent years, and a strong argument for more intensive efforts as regards the ante-natal case of the expectant mother.

Tuberculosis Mortality Rate.—The rate for deaths from all forms of tuberculosis disease was 1·06, and the phthisis rate was 0·75; these rates are the lowest ever recorded in Paisley. The corresponding figures for the whole of Scotland were 1·16 and 0·80.

For purposes of comparison, I give below a table showing the chief rates during the last five years:

| | 1920 | 1921 | 1922 | 1923 | 1924 |
|-------------------------------|--------|--------|--------|--------|--------|
| Population (estimated), ... | 88,113 | 84,837 | 85,350 | 86,027 | 86,647 |
| Birth Rate, ... | 28·4 | 26·3 | 24·8 | 23·5 | 21·6 |
| Illegitimate Birth Rate, ... | 6·0 | 4·5 | 5·7 | 4·2 | 4·3 |
| Death Rate, ... | 12·8 | 13·3 | 16·1 | 11·5 | 16·1 |
| Infantile Mortality Rate, ... | 86 | 94 | 117 | 66 | 139 |
| Tuberculosis Mortality Rate, | 1·37 | 1·34 | 1·31 | 1·22 | 1·06 |
| Phthisis Mortality Rate, ... | 0·96 | 0·97 | 0·91 | 0·83 | 0·75 |
| Zymotic Mortality Rate, ... | 0·90 | 0·78 | 1·70 | 0·58 | 1·75 |
| Marriage Rate, ... | 9·9 | 8·3 | 6·8 | 7·5 | 5·9 |

CONTROL OF INFECTIOUS DISEASES.

A.—HOSPITALS.

Infectious Diseases Hospital, Bridge Street.—The number of cases remaining in hospital on 31st December, 1923, was 53; the number admitted during 1924 was 643; giving a total of 696, compared with a total of 637 for 1923, and 678 for 1922. The principal diseases contributing to this total were as follows: scarlet fever, 194; acute pneumonia, 180; measles, 92; whooping-cough, 75; diphtheria, 74.

In previous Reports, I drew attention to the difficulty of providing proper isolation for all the different diseases for which hospital treatment is now demanded, and recommended the subdivision of some of the larger wards. I am now able to report that one of the largest wards has been divided by a partition, enabling us to use it either for nursing two different diseases or for both sexes suffering from the same disease; the partition is made partly of wood and partly of "obscure" glass, and extends to a height of fully 7 feet. My Committee also proposed to provide four single-bedded isolation cubicles in the diphtheria and scarlet fever wards by the use of similar wood and glass partitions; the Board of Health, however, did not approve, and recommended that movable screens should be used instead of the partition for the purpose of isolating observation cases.

During the early months of the year, the epidemics of pneumonia, measles, and whooping-cough entailed very strenuous efforts on the part of the nursing staff, and they and the Matron, Miss Dick, are to be congratulated on the keenness and energy shown in what is always very trying work.

Owing to ill health, Dr. Mary Steven, Resident Medical Officer, had to resign her post at the end of the year, and was succeeded by Dr. Eva Sturrock; I have to thank both ladies for their excellent work.

Reception House, Bridge Street.—There was no occasion to utilise the accommodation at the Reception House.

Gockston Smallpox Hospital.—As recorded in my last Report, the Town Council, towards the end of 1923, entered into negotiations with the West Renfrewshire Combination Smallpox Hospital Committee with the object of having our cases of smallpox treated at the hospital at Johnstone. The negotiations were successful, and Gockston Hospital is now solely reserved for cases of tuberculosis.

B.—INFECTIOUS DISEASES.

The total number of cases of infectious diseases—apart from tuberculosis—was 2,877; in 1923 this figure was 1,830. Notifiable diseases accounted for 1,265 cases, of which 636 were cases of acute pneumonia. Of the 1,612 cases of diseases not compulsorily notifiable, there were 780 cases of measles and 497 cases of whooping-cough. Such a high prevalence entailed, of course, much extra work for the Epidemic Inspector, Mr. Eaglesim, and the Epidemic Nurse.

Scarlet Fever.—Cases notified, 220; removed to hospital, 185; there were 4 deaths, giving a case mortality—per 100 cases—of 1·8. The prevalence of this disease was at an average level, and the great majority of the cases were of a very mild type.

The percentage of cases removed to hospital was 84, compared to the figure of 85 for 1923 and 81 for 1922. As I have indicated in previous Reports, I am all in favour of home treatment for mild cases if proper isolation can possibly be arranged, and I would again appeal both to medical practitioners and the public to keep such cases at home, and enable us to devote more money and more hospital accommodation to the treatment of these much more serious diseases, acute pneumonia, measles, and whooping-cough.

Diphtheria.—Cases notified, 94; removed to hospital, 91; there were 6 deaths, giving a case mortality of 6·4 per cent. These figures indicate a normal incidence and mortality.

Enteric Fever.—2 cases were notified during the year; both recovered. Despite most careful enquiries, the source of infection was not discovered in either case.

Typhus Fever, Smallpox, Cholera, Malaria, Dysentery, Trench Fever, Cerebro-Spinal Fever.—No cases occurred during the year.

Infective Jaundice.—This disease became generally notifiable from 26th December, 1924. Prior to that date, it had been notifiable in Edinburgh and the Lothians, where several outbreaks had occurred. So far, the disease has not appeared in this area.

Erysipelas.—There were 56 cases notified, of which 15 were treated in hospital; there were 2 deaths.

Puerperal Fever.—Cases notified, 12; cases removed to hospital, 8; deaths, 5.

Ophthalmia Neonatorum.—Notifications numbered 61, but the great majority were cases of mild, transient inflammation of the eyes which midwives are required to notify in order to prevent serious cases being missed; only 3 of the serious cases showed a gonococcal origin. No impairment of vision resulted in any of the cases.

Chickenpox.—288 cases came to our notice. The disease is not now compulsorily notifiable.

Pneumonia.—Total notifications, 682, classified as follows: acute primary pneumonia, 532; acute influenzal pneumonia, 46; other forms, 104. 309 cases of acute primary pneumonia and influenzal pneumonia were admitted to hospital, fully 50 per cent. of the total notifications; of these, 170 were treated in the Fever Hospital, 114 in the Royal Alexandra Infirmary, and 25 in Craw Road Institution. Deaths numbered 167, giving a case mortality of 28·8 per cent. The case mortality in the Fever Hospital was 18·3 per cent., and in the Royal Alexandra Infirmary, 15·7 per cent., both—especially the latter—very creditable figures, taking into account the fact that the great majority were severe cases, drawn from very impoverished homes. 102 deaths out of the total of 167 occurred in children under 5 years, of which 46 occurred in infants under 1 year.

104 cases of pneumonia secondary to other diseases were notified during the year; most of these were cases following on measles and whooping-cough, and their compulsory notification, which has been in force since 1922, enables us to get into immediate touch and offer institutional treatment.

Measles.—780 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department, chiefly through the Education Authority. 77 cases, the majority complicated by pneumonia, were admitted to hospital. There were 50 deaths, of which 48 were in children under 5 years; the case mortality was 6·4. No serious case was refused admission to hospital.

In March, 1924, the Scottish Board of Health issued a circular letter regarding measles and whooping-cough. They pointed out the very serious mortality from these diseases especially among young children, and intimated that they had decided to set aside a special sum of money for their treatment and control; to enable this special Grant to be allocated, Local Authorities were invited to submit proposals for approval, based on suggestions set out by the Board in their circular letter. My recommendations, which were adopted by the Local Authority, may be summarised as follows:

- (1) Notification: no extension of notification was recommended. as I considered that the present system of intimation of school cases by the Education Authority, together with the notification of secondary pneumonia following on measles and whooping-cough, was quite satisfactory.
- (2) Hospital Accommodation: 30-40 beds at the Fever Hospital should, in the absence of other concurrent epidemic disease, be reserved. In this connection, however, it is only right to point out that it has for several years been the policy of the Local Authority to offer hospital treatment to all serious cases of these diseases.
- (3) Home Visitation: to assist the Epidemic Nurse, whose duties consist of the home visitation of cases, an additional Health Visitor should be appointed who, in epidemic times, could devote herself entirely to home visitation of cases of measles and whooping-cough, while in normal times she could carry out the ordinary duties of a Health Visitor. If these two nurses could not cope with the work, the services of the other Health Visitor could be enlisted.

These proposals were approved by the Board of Health, and £160 per annum has been allocated to the Local Authority from the Special Grant of £10,000.

Whooping-Cough.—497 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department, indicating a much higher prevalence than usual; 75 complicated cases were treated in hospital. There were 75 deaths, all of children under 5 years, 32 being cases under 1 year; this gives a case mortality of 15 per cent.

In Paisley, during 1924, there were 125 deaths from measles and whooping-cough, while there were only 10 deaths from scarlet fever and diphtheria; yet far too many people still regard the two former diseases as being merely trivial complaints, calling for no special precautions. If young children could only be safeguarded from infection until after 5 years of age, the mortality would be negligible; but even in these enlightened days of universal education, people are still met with who will not take any precautions whatever to prevent infection. The great majority of deaths from measles and whooping-cough are due to a complicating pneumonia, which could be prevented in most cases if the children were kept warm in bed for even one week after the onset of the disease; but our visiting nurses still find it very difficult to persuade parents to take such a simple elementary precaution.

Influenza.—This disease is not notifiable, but we know that its prevalence was very high during the early months of the year, as it was responsible for 51 deaths. Accommodation at the Fever Hospital is always available for cases complicated with pneumonia.

Encephalitis Lethargica.—This disease is not notifiable, but 11 cases were brought to our notice; 7 cases were treated in hospital, and there was 1 death.

Infectious Disease Carriers.—No "Carriers" came to the notice of the Health Department during the year.

MUNICIPAL LABORATORY.

Much excellent work was carried out in the Bacteriological Laboratory at the Fever Hospital. There can be no doubt as to the value of such examinations, and the medical practitioners are to be congratulated on taking full advantage of the facilities afforded by the Laboratory. The total number of examinations was well above the average.

I subjoin a table summarising the work done during 1924:

| DISEASE. | No. of Specimens | Positive Results | Negative Results. |
|------------------------|------------------|------------------|-------------------|
| Diphtheria, | 368 | 49 | 319 |
| Enteric Fever, | 11 | 2 | 9 |
| Tuberculosis, | 216 | 49 | 167 |
| Venereal Diseases, ... | 13 | 5 | 9 |
| Other Diseases, | 19 | 8 | 11 |
| Total, | <u>627</u> | <u>112</u> | <u>515</u> |

MATERNITY SERVICE AND CHILD WELFARE SCHEME.

Staff.—1 Administrative Medical Officer; 2 Assistant Medical Officers; 5 Health Visitors; 1 Epidemic Nurse for home visitation of cases of infectious diseases in young children. An additional Health Visitor was appointed to assist the Epidemic Nurse in the event of epidemics of measles and whooping-cough; in normal times she will be employed in the ordinary work of a Health Visitor, more especially in home visitation.

REVIEW OF THE YEAR'S WORK.

The following account of the work performed under the Scheme has been prepared according to special instructions issued this year by the Scottish Board of Health. To the statistics and other information required by the Board, I have added some comments of my own. I have also thought it advisable to continue the statistical tables published in previous years, and these will be found in Part II. of the Report.

(1) *Infantile Mortality.*

| | | |
|---|-----|-----|
| (a) Number of deaths (corrected for transfers), | ... | 260 |
| (b) Rate per 1,000 births, ... | ... | 139 |
| (c) Number of deaths and rates per 1,000 births classified according to age groups and causes of death: | | |

| Age Groups. | No. of Deaths. | Rate per 1,000 Births. |
|---------------------------------|----------------|------------------------|
| Under 1 week, ... | 58 | 31'00 |
| 1 week and under 4 weeks, ... | 30 | 16'03 |
| 4 weeks and under 3 months, ... | 42 | 22'45 |
| 3 months and under 6 months, | 32 | 17'10 |
| 6 months and under 12 months, | 98 | 52'38 |

| Causes of Deaths. | No. of Deaths. | Rate per 1,000 Births. |
|---|----------------|------------------------|
| Chickenpox, | 0 | 0 |
| Measles, | 9 | 4'81 |
| Scarlet Fever, | 0 | 0 |
| Whooping-Cough, | 31 | 16'57 |
| Diphtheria and Croup, | 1 | 0'53 |
| Erysipelas, | 0 | 0 |
| Tuberculous Diseases, | 3 | 1'60 |
| Meningitis (not tuberculous), | 1 | 0'53 |
| Hydrocephalus, | 1 | 0'53 |
| Convulsions, | 10 | 5'34 |
| Pneumonia (all forms), | 55 | 29'39 |
| Bronchitis, | 10 | 5'34 |
| Diarrhœa and Enteritis, | 16 | 8'55 |
| Other Digestive Diseases, | 1 | 0'53 |
| Congenital Malformations, | 15 | 0'53 |
| Congenital Heart, | 4 | 2'14 |
| Premature Birth, | 41 | 21'91 |
| Atrophy, Debility, and Marasmus, | 42 | 22'45 |
| Atelectasis, | 1 | 0'53 |
| Injury at Birth, | 1 | 0'53 |
| Suffocation, overlaying, | 1 | 0'53 |
| Syphilis, | 3 | 1'60 |
| All other causes, | 14 | 7'48 |

Elsewhere in the Report, I have already commented on the chief factors causing the exceptionally high infantile mortality rate.

(2) *Births.*

| | |
|--|-------|
| (a) Number registered (corrected for transfers, 1,871), | 1,893 |
| (1) Legitimate, | 1,810 |
| (2) Illegitimate, | 83 |
| (b) Number notified, | 1,928 |
| (c) Number classified according to nature of attendance: | |
| (1) Doctor, | 993 |
| (2) Midwife, | 900 |
| (d) Number of still-births, | 84 |

(3) *Maternal Mortality.*

| | |
|---|----|
| (a) Number of deaths resulting from miscarriage or childbirth, | 18 |
| (b) Number of deaths resulting from puerperal sepsis, | 5 |

These figures show a distinctly higher maternal death rate than usual. In 4 cases, pulmonary tuberculosis was returned as the primary cause, and in 3 cases, influenza. Ante-natal care and hospital treatment of complicated cases are two measures which will have to be much more widely adopted than at present, if this maternal mortality is to be reduced.

(4) *Report under Midwives (Scotland) Act, 1915.*

This will be found in Part II. of the Report. Strict supervision is maintained over the practice of midwives; during the year only 1 midwife was reported to me for a minor offence, and was censured. There are 40 midwives on the local roll, 15 of whom hold the C.M.B. Certificate or its equivalent; 900 births—47·5 per cent. of the total—were conducted solely by midwives.

(5) *Home Visitation.*

(1) Infants:

| | |
|---|-------|
| (a) Number of first visits, | 1,876 |
| (b) Number of revisits, | 5,976 |
| (c) Number of infants at age of 6 months: | |
| (1) Breast fed, | 1,587 |
| (2) Partially breast fed, | 147 |
| (3) Artificially fed, | 142 |
| (d) Number of infants born: | |
| (1) Prematurely, | 75 |
| (2) At full time, | 1,801 |

(2) Children (1-5 years):

Owing to lack of staff and heavy work at the clinics, there has hitherto been no systematic home visitation of children from 1-5 years, and no proper records have been kept. With the extra Health Visitor now available, it will be possible in future to organise this part of the scheme in a systematic way.

(3) Expectant Mothers:

| | |
|--|----|
| (a) Number of first visits, | 34 |
| (b) Number of revisits, | 0 |
| (c) Number who consulted a doctor or ante-natal clinic (of the above 34 cases), | 25 |

(6) *Voluntary Health Visitor's Report.*

There are no Voluntary Health Visitors employed.

(7) *Ante-Natal Consultations.*

Number of weekly sessions, 103. Each session lasts about 2 hours.

| | |
|---|-------|
| (a) Total number of attendances, | 1,260 |
| (b) Number of first attendances, | 228 |
| (c) Classified summary of conditions found: | |
| Minor ailments of pregnancy, | 302 |
| Albuminuria, | 25 |
| History of still-births and miscarriages, | 15 |
| Cardiac disease, | 12 |
| Contracted pelvis, | 12 |
| Gynecological conditions, | 10 |
| Venereal diseases, | 6 |
| Tuberculosis, | 6 |
| Ante-partem hæmorrhage, | 5 |
| Hyperemesis gravidarum, | 3 |
| Pyelitis, | 2 |
| (d) Number of cases— | |
| (1) Referred to ante-natal ward, | 70 |
| (2) Referred to family doctor, | 5 |
| (3) Treated at clinics (ante-natal and other clinics), | 514 |

It is very gratifying to find that the facilities afforded by this clinic are being appreciated. As I have pointed out in previous Reports, there is no more promising field for real preventive work than the ante-natal case of the expectant mother, which constitutes

the real key to the reduction not only of puerperal mortality and morbidity, but also of the high figures of still-births and neo-natal mortality. Once more I would appeal to the mothers of Paisley to consult their own doctors in the early months of pregnancy or to take advantage of the facilities provided at the Ante-Natal Clinic.

(8) *Post-Natal and other Consultations.*

Number of attendances, 3,118

These figures refer mainly to nursing mothers attending the various clinics throughout the town; the work done is specially valuable in the way of assisting mothers to nurse their children.

(9) *Child Welfare Consultations.*

Number of weekly sessions (4 clinics—7 sessions weekly), 352; duration of each session, 2 to 2½ hours.

(a) Total number of attendances:

| | |
|---------------------------------|-------|
| (1) Under 1 year of age, | 6,977 |
| (2) Over 1 year of age, | 5,392 |

(b) Number of first attendances:

| | |
|---------------------------------|-----|
| (1) Under 1 year of age, | 785 |
| (2) Over 1 year of age, | 427 |

(c) Illnesses recorded:

| | |
|---|-----|
| Respiratory diseases, | 426 |
| General debility, | 350 |
| Digestive disorders (including "teething"), ... | 344 |
| Prematurity, birth debility, marasmus, | 241 |
| Surgical conditions, | 209 |
| Rickets, | 180 |
| Skin affections, | 155 |
| Dental caries, | 119 |
| Intestinal parasites, | 55 |
| Ear, nose and throat affections, | 47 |
| Tuberculosis—all varieties, | 40 |
| Congenital syphilis, | 17 |
| Eye affections, | 16 |
| Mongolian idiocy, | 4 |
| Congenital deformities, | 1 |

The attendances at these clinics have increased steadily every year, and during 1924 a record total was reached. The primary object is to help the parents to keep their children well and healthy. Treatment is only given for minor ailments; in other cases, the mothers are instructed to call in their own doctor or are referred to the various hospitals for appropriate treatment—286 children being referred to hospitals during 1924.

Rickets.

This year, the Scottish Board of Health asked for special information regarding the prevalence of rickets, and Dr. Ella Pringle, Assistant Medical Officer, made a special enquiry into the cases seen at the clinics during 1924.

It had already been noted that the incidence of rickets in Paisley was steadily rising, and Dr. Pringle's report, which is reproduced below, is both interesting and instructive, although at the same time revealing rather disquieting facts and figures.

The incidence during the last 5 years is as follows: 1920, 58; 1921, 69; 1922, 98; 1923, 171; 1924, 180.

REPORT ON CASES OF RICKETS DURING 1924.

| | Early Cases (98). | Late Cases (82). |
|---|-------------------|------------------|
| <i>(1) Age Incidence.</i> | | |
| 6 to 9 months, | 9 | 0 |
| 9 to 12 months, | 25 | 0 |
| 12 to 15 months, | 33 | 8 |
| 15 to 18 months, | 23 | 7 |
| 18 months to 2 years, | 8 | 28 |
| 2 years to 2½ years, | 0 | 15 |
| 2½ years to 3 years, | 0 | 10 |
| 3 years to 3½ years, | 0 | 8 |
| 3½ years to 5 years, | 0 | 6 |
| <i>(2) Modes of Feeding.</i> | | |
| Breast fed at birth, | 71 | 54 |
| Breast and bottle at birth, | 9 | 8 |
| Bottle fed at birth, | 18 | 20 |
| Breast fed babies weaned earlier than 6th month, | 17 | 11 |
| Breast fed babies weaned at 9th or 10th month, | 15 | 15 |
| Breast fed babies weaned at 12th month or later, | 39 | 28 |

In the great majority of cases, the daily menu after weaning consisted chiefly of milk, saps, and tea biscuits.

(3) *Question of Employment of Husband.*

| | | |
|--|----|----|
| Husband unemployed for a considerable time, | 53 | 45 |
| Husband employed on short time or earning less than 45s. per week, | 34 | 18 |
| Information not obtainable, ... | 11 | 19 |

(4) *Housing Accommodation.*

| | | |
|---------------------------------|----|----|
| Single-roomed houses, | 48 | 43 |
| Room and kitchen houses, | 41 | 27 |
| 2 rooms and kitchen houses, ... | 1 | 0 |
| "Farmed-out" house, | 0 | 1 |
| Lodgings, | 8 | 11 |

(5) *Superfætation.*

| | | |
|-------------------------------|----|----|
| 1 child in family, | 11 | 6 |
| 2 children in family, | 17 | 12 |
| 3 children in family, | 20 | 14 |
| 4 children in family, | 8 | 18 |
| 5 children in family, | 7 | 8 |
| 6 children in family, | 11 | 11 |
| 7 children in family, | 5 | 3 |
| 8 children in family, | 12 | 3 |
| 9 children in family, | 3 | 4 |
| 10 children in family, | 2 | 2 |
| 11 children in family, | 0 | 1 |
| 14 children in family, | 1 | 0 |
| 15 children in family, | 1 | 0 |

(6) *Family History.*

| | | |
|----------------------------------|----|----|
| Mother rachitic, | 3 | 2 |
| Multiple cases in family, | 25 | 39 |

(In one family, 3 cases, in another, 5).

The above report, while most interesting, simply confirms the main recognised facts in the etiology of the disease. The influence of delayed weaning, faulty diets, and of the economic and housing factors is clearly shown; rickets, like tuberculosis, is essentially a disease of under-nutrition and faulty environment.

I have already referred to the rise in the incidence of the disease, specially marked during 1923 and 1924. There can be little doubt, in my opinion, that this is primarily due to the distressing economic conditions consequent on widespread and continued unemployment; in these days of intensive Child Welfare work, ignorance on the part of parents as regards proper methods of feeding can hardly be held to account for such a large increase in the number of cases. Fresh milk for infants and young children is essential if rickets is to be prevented; but I am informed by one of the Sanitary Inspectors that, generally speaking, grocers in the town are selling three tins of skimmed condensed milk to one of the full-cream variety.

In order to try and impress on parents the importance of preventing the disease, the Health Visitors, on their first visit to houses after a baby arrives, are leaving a card, which is reproduced below. When the Russell Institute is opened, up-to-date facilities for the treatment of rickets by "Artificial Sunlight" methods will be available, but until then we must rely on an intensified educational campaign.

CORPORATION OF PAISLEY.
PUBLIC HEALTH DEPARTMENT.

RICKETS.

A DISABLING DISEASE OF CHILDHOOD; HOW IT IS CAUSED, AND HOW IT
CAN BE PREVENTED.

Causes:—

1. Errors in diet, *e.g.*, too much starchy food, saps, tea biscuits, etc.
2. Not enough of cow's milk, eggs, meat, butter.
3. Too little fresh air and sunshine.
4. Prolongation of breast feeding after the 10th month.

Early signs may be looked for from the 9th to the 12th month.

These are:—

1. Crying when handled, as the bones are tender to the touch.
2. Restlessness at night, and rolling of head from side to side.
3. Excessive sweating of head and forehead, especially during sleep.
4. Delay in cutting teeth.

Late signs:—

1. Walking is delayed beyond 1st year.
2. Bow-legs or knock-knees appear when child begins to walk.
3. Thickening of bones at wrists, together with deformity of chest.
4. Forehead bulges forward, and opening in skull is larger than it should be.
5. Bronchitis, pneumonia and convulsions are common, because of child's lowered resistance to disease.

Prevention:—

1. Wean the baby not later than the 10th month, thereafter give pure cow's milk, meat gravy, fresh eggs, oat-flour porridge, etc.
2. Give bottle-fed babies no saps or tea biscuits until 8 months old.
3. Take baby out each fine day and let him have as much sunshine as possible. Avoid close overcrowded places, *e.g.*, Picture Houses.
4. Keep windows open night and day.
5. If early signs appear, consult your own doctor, or apply to the nearest Child Welfare Clinic.

G. V. T. M'MICHAEL, M.B., Ch.B., D.P.H.,
Medical Officer of Health.

(10) *Special Treatment Centres.*

(1) Dental Clinic:

| | | | | | |
|----------------------------|-----|-----|-----|-----|-------|
| (a) Number of attendances, | ... | ... | ... | ... | 1,159 |
| (1) Mothers, | ... | ... | ... | ... | 0 |
| (2) Children, | ... | ... | ... | ... | 1,159 |

(b) Classified summary of conditions found:

- (1) Dental caries and septic mouths; treated mainly by dressings.
- (2) Alveolar abscesses; treated mainly by extraction.
- (3) Retarded eruption of teeth in babies; relieved by lancing.

| | | | | | |
|----------------------------------|-----|-----|-----|-----|---|
| (c) Number of dentures supplied, | ... | ... | ... | ... | 0 |
|----------------------------------|-----|-----|-----|-----|---|

Further particulars of the work at this clinic will be found in a table in Part II. of the Report; as will be seen from that table, the work has steadily increased during the last five years, and undoubtedly much more could be done if only more money was allotted. It is hoped, however, to make a start with the treatment of expectant mothers during the coming year, and a further extension will be possible when the Russell Institute is available. As I have pointed out in previous Reports, much of the time and money presently spent in the dental treatment of school children could be saved by adequate preventive work among children under 5 years.

(2) Eyes.

(3) Other Ailments.

There are no Special Centres. Cases of eye diseases, and ear, nose and throat conditions are treated at the ordinary clinics, and where necessary are referred to special hospitals. The Russell Institute will provide full facilities for such cases in future.

(4) Provision of Insulin:

No applications were received.

(11) *Day Nurseries, Kindergartens, and Play-Centres.*

There is a well-equipped and well-conducted institution, the Hugh Smiley Day Nursery; it is a voluntary institution, managed by a committee of local ladies, but does not come under the Local Authority's Child Welfare Scheme. As previously recorded, a very helpful spirit of co-operation has always existed between the staff of the Nursery and the Public Health Department. The Day Nursery does excellent work, and admirably fills a gap in the activities of the Local Authority.

(12) *Provision of Food and Milk.*

(a) Number of applications for food or milk:

| | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|
| (1) Mothers, | ... | ... | ... | ... | ... | 87 |
| (2) Children, | ... | ... | ... | ... | ... | 640 |

| | |
|---|-----------|
| (b) Number of cases certified on medical grounds as requiring food or milk: | |
| (1) Mothers, | 79 |
| (2) Children, | 617 |
| (c) Number of cases under (b) certified as necessitous: | |
| (1) Mothers, | 65 |
| (2) Children, | 585 |
| (d) Gross cost, | £268 10 6 |
| Sums recovered, | £0 0 0 |
| (e) Information as to supply of milk substitutes: | |
| None are used. | |

These figures show a decreased expenditure of about £175 compared with the figures for 1923; only 31 applications were rejected. As in former years, I have to record a generous donation of £20 from the Peter Brough Bequest Fund, and the money was again expended on material for baby clothing to help deserving mothers in necessitous circumstances.

(13) *Measles.*

| | |
|--|-----|
| (a) Number of cases notified, | 780 |
| Notification is not in force, and the great majority of cases come to our knowledge through the Education Authority. | |
| (b) Number of deaths (the great majority complicated with pneumonia), | 50 |
| (c) Number of cases removed to hospital, | 77 |
| (d) Number of special domiciliary visits, | 818 |
| (e) Details of special staff, if any, engaged for epidemics: | |

An extra Health Visitor has been appointed who, during epidemics, will devote her whole time to home visitation.

(14) *Whooping-Cough.*

| | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| (a) Number of cases notified (not compulsorily notifiable), | ... | ... | ... | ... | ... | 497 |
| (b) Number of deaths, | ... | ... | ... | ... | ... | 75 |
| (c) Number of cases treated in hospital, | ... | ... | ... | ... | ... | 75 |
| (d) Number of special domiciliary visits, | ... | ... | ... | ... | ... | 543 |
| (e) Special staff: see note under "Measles." | | | | | | |

(15) *Ophthalmia Neonatorum.*

| | | | | | | |
|--|-----|-----|-----|-----|-----|----|
| (a) Number of cases notified: | | | | | | |
| (1) By doctor, | ... | ... | ... | ... | ... | 1 |
| (2) By midwife, | ... | ... | ... | ... | ... | 60 |
| (3) By Institution, | ... | ... | ... | ... | ... | 0 |
| (b) Number of cases in which infection is gonococcal, | | | | | | 3 |
| (c) Number treated in residential institutions, | | | | | | 0 |
| (d) Number of cases in which there was appreciable loss of vision, | ... | ... | ... | ... | ... | 0 |

(16) *Epidemic Diarrhœa.*

No special measures were considered necessary.

(17) *Maternity Hospitals and Homes.*(19) *Hospitals for Sick Children.**Barshaw Maternity and Child Welfare Hospital.*

A very full detailed record of the year's work, including the statistical and clinical data required by the Scottish Board of Health, has been prepared by Dr. Janet Higgins, Resident Medical Officer, and will be found in Part II. of the Report; Dr. Higgins' report is most interesting and instructive, and will well repay careful perusal by all interested in this work, more especially medical practitioners. Here I propose to give only a few of the principal figures, and comment briefly on the year's work.

Before doing so, I reproduce below a letter recently received from the Scottish Board of Health:

SCOTTISH BOARD OF HEALTH,
128 PRINCES STREET,
EDINBURGH, 8th April, 1925.

Ref. No. W.M. & C. 116,863 (10).

SIR,

*Maternity Service and Child Welfare Scheme.
Barshaw Hospital.*

I am to refer to the recent visit paid by Dr. Cruickshanks, one of the Board's Medical Officers, to Barshaw Maternity Hospital, and to express the Board's appreciation of the excellent manner in which the Hospital is conducted, and of the valuable work that is being done there.

I am,

SIR,

Your obedient Servant,

(Signed) H. L. FRASER,

*The Town Clerk,
Paisley,
Renfrewshire.*

Assistant Secretary.

I am sure such a signal and spontaneous testimonial will be highly appreciated by the public, coming as it does from the Central Health Authority of Scotland; Dr. Higgins and her staff are to be most sincerely congratulated, and such a tribute will undoubtedly act as an incentive to further effort.

Maternity Wards.

| | 1922 | 1923 | 1924 |
|------------------------------|------|------|------|
| Number of admissions, | 233 | 311 | 377 |
| Ante-natal, | 83 | 98 | 124 |
| In labour, | 147 | 211 | 228 |
| Post-natal, | 3 | 2 | 5 |
| Abortions, | 11 | 8 | 20 |

Of the total admissions, 145 were sent to hospital by medical practitioners, while 229 were referred from the Ante-Natal Clinic by Dr. Pringle. As will be seen from the above table, each year

has shown a steady increase in the number of admissions, a fact which must be very gratifying to the members of the Local Authority who had the foresight to embark on such a venture. I have again to thank the local medical practitioners for their active and cordial co-operation. It should be remembered that the hospital caters chiefly for abnormal or complicated cases, and that the only normal cases admitted are those who either cannot afford to pay a doctor or midwife, or who, because of inadequate housing accommodation, would be exposed to serious and unnecessary risks if confined at home; I am quite sure that if ordinary, normal cases were to be admitted, double the number of beds would be required. Nowadays, there is a steadily growing demand for every form of institutional treatment, and, in view of the present deplorable housing conditions, we in Paisley are very fortunate in being able to cope with the demand. The increase in the admissions to the ante-natal ward is particularly gratifying; to my mind, the most valuable feature of this work is the resultant reduction of that distressing morbidity following childbirth which makes chronic invalids of so many young mothers. It will be noted that 20 abortions were treated, a distinct increase on previous years. Every effort is made to accommodate such cases, but it should be remembered that the hospital exists primarily for confinement cases, and one or two beds must always be reserved for emergencies; cases of abortion, therefore, have sometimes to be refused, but the Royal Alexandra Infirmary have kindly agreed to admit such cases if no accommodation at Barshaw is available.

The number of confinements was 296, as against 248 in 1923; of these, there were 132 normal deliveries without medical assistance, 90 normal deliveries requiring some form of medical assistance, and 74 classified as complicated or abnormal deliveries. There were 26 still-births, as against 29 in 1923. Maternal deaths numbered 8; pulmonary tuberculosis accounted for 2 deaths during the puerperium, cardiac disease for 1, while the other causes were eclampsia, 2 cases, placenta prævia, 1, hyperemesis, 1, and shock following Cæsarean section, 1.

Dr. James Hendry, Consultant Obstetric Surgeon, was called in on 48 occasions, as follows: 22 consultations, 18 consultations with minor operations, and 8 consultations with major operations.

Children's Wards.

The number of admissions was 201, of which 76 were medical cases and 125 surgical cases; the admissions in 1923 were 143. Of the total, 41 per cent. were infants under 1 year, 24·7 per cent. between 1 and 3 years, and 34·2 per cent. between 3 and 5 years. The average duration of residence was 48 days for the medical cases and 10 days for the surgical cases. There were 9 deaths, 7 of which occurred in the medical wards.

Of the 76 medical admissions, 48 were cases of marasmus, *i.e.*, marked wasting and debility, due in most cases to inability to assimilate ordinary food. These cases are expensive to treat, as a prolonged period of residence is usually required, and we are therefore trying only to admit those cases who will, in our opinion, be properly cared for after discharge.

The work in the surgical wards continues to increase, 244 operations, chiefly of a minor nature, being performed, as compared with 204 in 1923; 118 "indoor" cases were operated on, while "out-door" cases numbered 126. "Out-door" cases are not actually admitted to hospital, but are brought up early in the morning, operated on in the forenoon, and sent home between 4 p.m. and 5 p.m.

This surgical work is valuable, as it prevents the long delay which previously occurred owing to the larger general hospitals being overburdened with more serious cases, while the development of the out-door department makes for economy. Apart from the operations, the out-door cases involved 116 consultations either with Dr. Higgins or with Dr. Hutton, the Surgical Specialist. 73 cases of tonsils and adenoids were operated on; these cases are detained on an average for 5-6 days.

Contributions of Patients toward Cost of Treatment.

Patients treated in the maternity wards are required to contribute according to their household income; the great majority of these patients receive £2 as Maternity Benefit. During 1924, a total of £616 was collected, compared with £495 during 1923. I subjoin a table showing the scale of contributions.

Scale of Fees for Maternity Cases in Barshaw Hospital.

- (1) Cases under "Necessitous Scale" with no Maternity Benefit—
No charge.
- (2) Cases under "Necessitous Scale" with Maternity Benefit—
15s. per week.
- (3) Non-necessitous cases under 40s. (weekly income), *plus*
Maternity Benefit—£1 per week.
- (4) Non-necessitous cases between 40s. and 50s., *plus* Maternity
Benefit—£1 5s. per week.
- (5) Non-necessitous cases between 50s. and 60s., *plus* Maternity
Benefit—£1 10s. per week.
- (6) Non-necessitous cases above 60s., *plus* Maternity Benefit—£2
and upwards per week.

Present scale of "Necessity," 9s. per adult and 6s. per child.

(20) *Convalescent Homes.*

During the year, 3 children received treatment in the Biggart Memorial Home, Prestwick, the average duration of residence being 124 days.

- (18) *Homes for Unmarried Mothers before and after Confinement.*
- (21) *Boarding-out.*
- (22) *Home Helps.*
- (23) *Educational.*
- (24) *Note of Agencies, not referred to above, associated with
Scheme.*
- (25) *Other Provisions.*

The Scheme of the Local Authority does not include arrangements covered by any of the above branches of maternity and child welfare work.

Russell Institute for Mothers and Children.

In a previous Report I dealt fully with the origin and scope of this great project, which will enable us to concentrate all the numerous clinics—Child Welfare, Tuberculosis, and School Medical—under one roof. This year I need only record that building operations are proceeding steadily, and what has been already completed makes us realize that the Institute will be well worth waiting for.

Future Developments of the Scheme.

A Convalescent Home for Children would fill a definite gap in the Scheme of the Local Authority, and would undoubtedly prove of very great value to the community. The primary aim of Public Health work is to prevent disease, and there can be no question that a few weeks' residence in the country is the best and the most economical way of dealing with the early stages of disease in children. Hospital treatment is necessarily a costly business, entailing a large trained staff and expensive equipment, and I am satisfied that a great amount of the money at present spent on such treatment could be saved if a Convalescent Home was available. Early cases of rickets, "pre-tuberculous" children, and cases of debility following pneumonia, measles, whooping-cough, and other serious infectious diseases are some examples of cases who would derive particular benefit from the healthy environment of such a Home. Measles and whooping-cough are probably the foremost factors predisposing to pulmonary tuberculosis in young children, and a short residence in a convalescent home would undoubtedly prevent the subsequent development of that dread disease in many cases. The present system of detaining such cases for their convalescence in the Fever Hospital is certainly neither economical nor in the best interests of the children.

A Convalescent Home for Children need not be an expensive proposition. The building itself should be of a very simple character, designed primarily to admit as much sunlight and fresh air as possible; no large trained staff would be necessary, and the cost of maintenance would only be half that of an ordinary hospital.

Paisley, more perhaps than any other town, has been blessed with a succession of wealthy citizens who have most generously devoted a large share of their wealth to establishing and endowing institutions and schemes for the benefit of their less fortunate brethren. Dare I suggest—in these days of super-tax—that yet another public-spirited citizen should come forward and erect a convalescent home for young children! It would be a real “gilt-edged” investment, returning very handsome dividends of health and happiness.

I have again to record my sincere thanks to the medical and nursing staff, who have worked so keenly throughout the year. Special thanks are due to Dr. Pringle and to Dr. Higgins for the inspiring lead given to their respective staffs.

PREVENTION AND CONTROL OF TUBERCULOSIS.

INCIDENCE OF THE DISEASE.

The principal statistics for the year are as follows:

Pulmonary Tuberculosis.—At the beginning of the year there were 482 cases under observation; 126 cases were notified during the year; there were 65 deaths; at the end of the year, 543 cases remained under observation. 92 cases were removed to hospital.

The phthisis death rate for the year was 0·75 per 1,000. This is the lowest rate ever recorded in Paisley.

Non-Pulmonary Tuberculosis.—At the beginning of the year, there were 461 cases under observation; 69 cases were notified during the year; there were 27 deaths; at the end of the year, 503 cases remained under observation. 25 cases were removed to hospital.

The death rate for all forms of tuberculosis was 1·06 per 1,000, the lowest rate ever recorded. Notifications of non-pulmonary disease showed a slight decrease compared with the average figures of recent years.

Age Incidence of Cases notified during 1924.

| Age Periods. | Pulmonary. | Non-Pulmonary. |
|------------------------|------------|----------------|
| Under 1 year, | 1 | 3 |
| 1 to 5 years, | 13 | 27 |
| 5 to 15 years, | 12 | 19 |
| 15 to 25 years, | 37 | 11 |
| 25 to 45 years, | 44 | 6 |
| 45 to 65 years, | 18 | 3 |
| Over 65 years, | 1 | 0 |

Notifications of non-pulmonary tuberculosis may be classified as follows, according to the localisation of the principal lesion at the time of notification:

| | | | | | | |
|-----------------|-----|-----|-----|-----|-----|----|
| Abdomen, | ... | ... | ... | ... | ... | 20 |
| Joints, | ... | ... | ... | ... | ... | 16 |
| Meninges, | ... | ... | ... | ... | ... | 12 |
| Glands, | ... | ... | ... | ... | ... | 7 |
| Generalized, | ... | ... | ... | ... | ... | 4 |
| Bones, | ... | ... | ... | ... | ... | 3 |
| Genito-urinary, | ... | ... | ... | ... | ... | 3 |
| Eyes, | ... | ... | ... | ... | ... | 3 |
| Skin, | ... | ... | ... | ... | ... | 1 |

As regards occupation, the principal figures are as follows:

| | | | | | |
|------------------|-----|-----|-----|-----|----|
| Houseworkers, | ... | ... | ... | ... | 34 |
| Scholars, | ... | ... | ... | ... | 24 |
| Thread-workers, | ... | ... | ... | ... | 18 |
| Labourers, | ... | ... | ... | ... | 15 |
| Engineers, | ... | ... | ... | ... | 7 |
| Shop-assistants, | ... | ... | ... | ... | 5 |

The following table shows the relation of the housing and economic factors to the incidence of 152 cases notified and investigated during the year:

| HOUSES. | No. of Cases. | Percentage of Total Cases. | Average No. of Inmates. | Weekly Household Income. | | |
|--------------------|---------------|----------------------------|-------------------------|--------------------------|-------------------|---------|
| | | | | Under £2 | Between £2 and £3 | Over £3 |
| 1 Apartment, | 25 | 12·8 | 5·5 | 11 | 11 | 3 |
| 2 Apartments, | 94 | 48·2 | 5·9 | 14 | 25 | 55 |
| 3 Apartments, | 25 | 12·8 | 6·2 | 2 | 3 | 20 |
| Over 3 Apartments, | 8 | 4·1 | 6·6 | ... | ... | ... |

Extra-burghal cases, institutional cases, etc., numbered 43.

Investigation was also made into the sleeping accommodation of 170 cases notified during the year, and the result may be summarised as follows:

- (1) At the time of notification, 111 cases shared a bed.
- (2) At the time of notification, 37 cases occupied a bed alone, but shared the room with others.
- (3) At the time of notification, 22 cases occupied a room.

The figures given above speak for themselves, and require no particular comment. It is acknowledged that tuberculosis is essentially a disease of under-nutrition and faulty environment. At present, the money available for anti-tuberculosis measures is very largely devoted to the treatment of established disease in the individual; such action is entirely necessary. But, while continuing to treat the individual, the question of prevention should always occupy the leading place in all tuberculosis schemes. Failing the discovery of a really effective vaccine, I can see little prospect of appreciably reducing the incidence of this scourge until a national campaign is directed against the root causes—under-nutrition, bad housing and overcrowding, impure milk, and atmospheric pollution.

SCOPE OF THE PRESENT SCHEME.

Staff.—Chief Tuberculosis Officer, 1 Assistant Tuberculosis Officer, 1 Tuberculosis Nurse.

The work carried out during the year may be reviewed under three headings:

- (1) Domiciliary Treatment.
- (2) Dispensary Treatment.
- (3) Institutional Treatment.

Domiciliary Treatment.—The very large proportion of houses of one or two apartments in Paisley makes it almost impossible to secure effective isolation of the patient; therefore, our routine practice, in practically all newly-notified cases, is to offer institutional treatment. Residence in a sanatorium, for even a few weeks, does at least suffice to teach the patients how to look after themselves at home, and how to safeguard others from infection. There are always, however, many cases who, for various reasons, stay at home, and the Tuberculosis Staff does what it can to help them.

The Tuberculosis Nurse visits frequently, and advises as to the best means of caring for the patient and preventing the spread of infection; she also makes any necessary arrangements for disinfection of clothing, bedding, etc. Beds are loaned out to necessitous cases so as to ensure "bed" isolation, if not "room"

isolation. Necessitous cases also receive weekly allowances of eggs, milk, butter, etc., 15 cases receiving help in this way.

Expenditure on allowances for these necessitous home cases would be very much larger but for the great assistance given by these voluntary agencies whose funds are available for helping cases of tuberculosis. These are (1) The James Clark Bequest Fund, administered by the Royal Alexandra Infirmary Committee of Management. This fund gives assistance in the shape of weekly money grants to supplement the family income, and in this way 38 cases received assistance during 1924. (2) The Renfrewshire Memorial to the late King Edward, whose funds are devoted to the welfare of cases throughout the whole County Area, and, as in previous years, Paisley's share was mainly devoted to payments of rents for deserving patients; during 1924, 15 cases received such payments, amounting to £201 17s. 3d., and 3 cases received outfits of clothing to enable them to enter the sanatorium, the cost being £8 9s. 4d. (3) The United Services Fund, which gives assistance to ex-service men suffering from tuberculosis in cases where it has been decided by the Ministry of Pensions that the illness is neither attributable to nor aggravated by war service, and where, therefore, no pension is granted. This fund gives assistance in several ways, more especially by giving weekly allowances to help to maintain the dependants of cases receiving institutional treatment; 8 ex-service men received substantial help from this source during 1924.

There can be no question of the benefits, both to the individual and to the community, of the assistance given by these voluntary agencies. It enables cases requiring institutional treatment to enter and remain in the sanatorium with easy minds, knowing that their families will be assisted in their absence. It subsidises the income of ex-sanatorium cases who are not fit to earn full wages, and thus undoubtedly prevents many relapses. Further, it is very useful in those cases, unfit for work, who are being treated at home, as it helps greatly to provide the somewhat expensive diet which is necessary.

All applications for assistance from these various agencies are carefully investigated, and only deserving cases are recommended.

Dispensary Treatment.—The Municipal Dispensary in Bridge Street is open on Tuesday and Friday of each week, each session lasting about two hours. I subjoin a table giving the principal figures relating to the work done during the last four years:

| | 1921 | 1922 | 1923 | 1924 |
|------------------------------|-------|-------|-------|-------|
| Total attendances, | 2,168 | 2,459 | 2,440 | 2,356 |
| Average monthly attendances, | 180 | 205 | 203 | 196 |
| Primary consultations, ... | 191 | 185 | 148 | 126 |

Of the new cases, 59 came to the Dispensary of their own accord, 23 were referred by medical practitioners, 22 by the Public Health Staff, 6 by the School Medical Staff, while 15 were patients discharged from Gockston Hospital.

The Dispensary continues to be the best centre for observation and diagnosis of early cases, and it also serves a most useful purpose in enabling us to maintain regular medical supervision of ex-sanatorium patients.

Institutional Treatment.—I have already commented on the imperative need for a national campaign against the root causes of tuberculosis if we are seriously aiming at an appreciable decrease in the incidence of the disease. In the meantime, we must fight established disease, and it must again be emphasised that at present institutional treatment offers the only hope of arresting the disease in the great majority of cases; there is no alternative to the sanatorium, and public opinion will not tolerate a purely passive attitude to sufferers from this scourge.

I should like again to direct attention to the lack of accommodation for cases of surgical tuberculosis. These cases repay the expense of treatment much more than the pulmonary type, and yet, apart from a limited number of beds in Craw Road Institution, there is no accommodation provided for them; the result is that a "waiting list" of these cases has had to be set up, and I need hardly point out that a delay of 2 or 3 months in obtaining treatment makes all the difference as regards the prospects of successful results.

The chief cause of the so-called "failure" of institutional treatment is that far too many cases do not come to our notice

until they are in an advanced stage of the disease. I subjoin a table showing the interval which elapsed between notification and death in the 65 cases of pulmonary tuberculosis who died during 1924:

| | |
|---|----|
| Notification first received from the Registrar of Deaths, ... | 9 |
| Number of deaths occurring within 1 month of notification, | 8 |
| ,, between 1 and 3 months of notification, | 12 |
| ,, between 3 and 6 months of notification, | 8 |
| ,, between 6 and 9 months of notification, | 7 |

In the remaining 21 cases, the interval between notification and death was over 9 months.

INSTITUTIONAL ACCOMMODATION AVAILABLE FOR PAISLEY CASES.

Gockston Hospital.—26 beds under the control of the Local Authority. Here practically all cases are kept under observation for varying periods until a final decision as to the form of treatment required can be made. Early cases are then sent on to Bridge of Weir if accommodation there is available. Chronic cases are sent home and attend the Tuberculosis Dispensary, while others are detained for further treatment.

In the course of the year, I had the good fortune to receive the very generous gift of £75 from an anonymous donor, to be devoted to the sick of the town. I expended fully half the sum in installing a wireless installation in Gockston with six head-phones in each ward; the patients thoroughly enjoy the daily programmes, and I can assure the donor his gift is most sincerely appreciated by every one.

The principal figures for 1924 are as follows:

| | |
|-----------------------------------|--------------------------|
| In hospital at beginning of year, | 21—11 males, 10 females. |
| Admitted during the year, ... | 60—28 males, 32 females. |
| Deaths during the year, ... | 15— 7 males, 8 females. |

Craw Road Institution.—30 beds, under the control of the Parish Council.

| | |
|-----------------------------------|--------------------------|
| In hospital at beginning of year, | 27—11 males, 16 females. |
| Admitted during the year, ... | 46—30 males, 16 females. |
| Deaths during the year, ... | 9— 5 males, 4 females. |

As far as possible, we are now trying to send all our cases of surgical tuberculosis to Craw Road; part of the accommodation there, however, must necessarily be reserved for Parish cases of the pulmonary type, and the result is that the children have to wait for admission for a considerable time. Excellent results are obtained in the surgical cases treated, largely due to the keen interest taken in such cases by the Medical Officer, Dr. Hugh Donald.

Bridge of Weir Sanatorium.—Under voluntary control.

| | | | |
|-----------------------------------|-----|----------|---------------------|
| In hospital at beginning of year, | 5— | 3 males, | 2 females. |
| Admitted during the year, | ... | 11— | 5 males, 6 females. |
| Deaths during the year, | ... | 0 | |

Here again, owing to the keen demand from all parts of Scotland for beds in this sanatorium, patients have frequently to wait a long time before securing admission; only carefully-selected "early" cases are sent, and the results are almost invariably satisfactory.

Biggart Memorial Home, Prestwick.—Under voluntary control. Two "pre-tuberculous" cases, requiring open-air treatment and proper feeding in order to prevent the development of active disease, were sent to this institution.

Peesweep Sanatorium.—This is maintained by the Thread Mills for the benefit of their female employees. The available accommodation is practically always fully utilised, 7 new cases being admitted during 1924.

Proposed Joint County Sanatorium.—During 1924, no action was taken to revive this project, which was temporarily abandoned in 1921 owing to the necessity of avoiding fresh expenditure. In the course of the year, the question of withdrawing from the Joint Board was raised, but, after full consideration, no action was taken. Personally, I was strongly against any suggestion of withdrawal. In a report which I submitted, I pointed out that, except for a few beds in Bridge of Weir Sanatorium, there was no definite provision for sanatorium treatment proper, although

there was, at Gockston and Craw Road, ample provision for hospital treatment for adults, although not for children.

The lack of proper sanatorium accommodation is of course most unsatisfactory; there is no alternative method of successful treatment. Hospital treatment, as at Gockston, does not enable us to give the treatment necessary to make the patients really fit to return to work. A modern sanatorium, situated well in the country, with an adequate acreage to allow of graduated exercise and labour, and with facilities for training patients in suitable occupations, is absolutely essential for successful treatment; until that is provided, we shall never get the results we should from our present expenditure on tuberculosis.

Thanks are due to the Tuberculosis Staff for carrying on their trying work with their customary keenness and energy.

VENEREAL DISEASES SCHEME.

The scheme of the Local Authority came into full working operation in October, 1922.

The principal features are as follows:

- (1) *Facilities for Laboratory Diagnosis.*—Wassermann tests are carried out at the Municipal Laboratory, Glasgow, while the rest of the bacteriological work is done either at the Clinic in Craw Road or at the Fever Hospital Laboratory.
- (2) *Supplies of Salvarsan, etc.*, are available free of charge for the use of duly qualified medical practitioners.
- (3) *Clinic for Out-door Cases.*
- (4) *Ward Accommodation in Craw Road Hospital.*
- (5) *Educational and Publicity Campaign.*

Municipal Clinic for Out-door Cases.

The clinic is situated in the grounds of Craw Road Hospital, but is owned and controlled by the Local Authority. The staff consists of a part-time Medical Officer—Dr. Hugh Donald—1 whole-time male orderly, a part-time clerk, and two nurses for attendance on female patients.

The Medical Officer consults three days a week, while the clinic is open every day for irrigations, dressings, etc.

I subjoin a tabular statement of the principal statistics for 1924:

| | | Sphyllis. | Gonor- rhœa. | Soft Sore. | Mixed Infection. | Balan- itis. | Other Diseases. |
|----------------------------------|-------|-----------|-----------------|---------------|---------------------|-----------------|--------------------|
| (1) <i>No. of new cases, 230</i> | | | | | | | |
| Males, - | 33 | 93 | 8 | 3 | 16 | 38 | |
| Females, - | 16 | 12 | ... | ... | ... | 11 | |
| Total, - | 49 | 105 | 8 | 3 | 16 | 49 | |
| (2) <i>Total</i> | | | | | | | |
| <i>attendances, 8,612</i> | | | | | | | |
| Males, - | 967 | 6,140 | 91 | 449 | 98 | 133 | |
| Females, - | 400 | 313 | ... | ... | ... | 21 | |
| Total, - | 1,367 | 6,453 | 91 | 449 | 98 | 154 | |

(3) *Average daily attendances* (including Sunday), 24.

(4) *Cases from outwith Paisley*, 57.

Johnstone, 17; Greenock, 11; Barrhead, 5; Glasgow, 5; Elderslie, 5; Bridge of Weir, 4; Inkerman, 2; and 1 each from Houston, Kilmacolm, Lochwinnoch, Neilston, Nitshill, Renfrew, Dalmuir, Beith.

(5) *Laboratory work*:

| | |
|--|-----|
| Specimens examined by staff of Centre, ... | 319 |
| Specimens sent to Glasgow, | 178 |
| | 497 |
| Total, | 497 |

The above figures, compared with those for 1922, show a decrease in the number of new patients of 45 cases. Total attendances show an increase of 1,000, and the average daily attendance—probably the fairest test of the work—is 24, compared with 21.

Hospital Accommodation for Indoor Cases.

A ward of 13 beds is available for Craw Road Hospital, 4 of the beds being reserved for patients from Greenock; the Parish Council is responsible for maintenance and treatment, the cost being refunded by the Local Authority.

During 1924, 44 cases received treatment, 25 of that number being Paisley cases; Greenock (11), Johnstone (5), Elderslie (1), Bridge of Weir (1), and Glasgow (1) made up the total. During 1923, 45 cases received treatment.

Sincere thanks are again due to Dr. Hugh Donald and his staff for all their good work, and I should also like to express my continued indebtedness to the Governor, the Matron, and other officials at Craw Road Institution for their helpful co-operation.

HOUSING (SCOTLAND) ACTS, 1909 TO 1919.

Under the Corporation Housing Schemes, 600 houses have been built, and are occupied.

In connection with the Government Scheme for the improvement of insanitary areas, 102 houses are now almost completed, and these will allow of a similar number of uninhabitable houses to be closed, the estimate of the latter being 300.

Mr. Kelso, Executive Officer under the Housing Acts, reports that under Section 17 of the 1909 Act, 428 houses were inspected, of which 203 were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation; repairs were carried out on 63 with good effect. Under Section 25 (1) of the Act of 1919, 51 notices were served regarding houses which were not reasonably fit for human habitation, and the necessary repairs were duly executed. 1 house was closed and demolished, being unfit for human habitation. Apart from ordinary defects and want of repair, the condition of the uninhabitable houses is generally due to structural defects, old age, and decay.

To those interested in the housing problem, I would strongly recommend perusal of some most interesting statistics published in Mr. Kelso's Annual Report. In the town, there are 3,090 of the oldest type of 1, 2, and 3-apartment ticketed houses, about 50 per cent. of which are overcrowded. A survey was made of 590 tenement properties in different districts of the town, consisting of 5,051 houses of 1, 2, and 3-apartments, and in 230 of these, 2 or more married families were found in residence; applying this rate to all similar houses in the Burgh, numbering 16,497, brings out 751 of these houses in which 2 or more married families are residing owing to the shortage of houses. Mr. Kelso estimates that the incidence of overcrowding and the shortage of houses is just as acute to-day as in 1919.

I subjoin a table showing—for the last 5 years—the number and percentage of births occurring in houses of 1 or 2 apartments where the unfortunate parents were only lodgers:

| Year. | No. of Births. | Percentage of Total Births. |
|-------|----------------|-----------------------------|
| 1920, | 302 | 12'0 |
| 1921, | 270 | 12'1 |
| 1922, | 281 | 13'2 |
| 1923, | 245 | 12'1 |
| 1924, | 178 | 9'4 |

BLIND PERSONS ACT, 1920.

A Joint Committee, representing all the Local Authorities in the West of Scotland, now administer this Act, Paisley being represented by the Convener of the Public Health Committee.

There are at present in Paisley, 93 blind persons, of whom 17 are resident in Poor Law Institutions. Suitable cases are sent for training to the Royal Glasgow Asylum or to the similar institution in Edinburgh; while there, the Renfrewshire Education Authority is responsible for the cost of their technical training, while the Local Authority bears the cost of their maintenance.

MEAT INSPECTION—PUBLIC SLAUGHTERHOUSE.

Under the competent management of Mr. Hugh Cameron, the Superintendent, excellent work continues to be carried through at the Burgh Slaughterhouse; Mr. Cameron is also the official Meat Inspector of the Local Authority.

I subjoin the usual table summarising the work for 1924:

| Class of Animal. | Total Slaughtered. | Carcases Totally Condemned. | Carcases Partially Condemned. | Carcases in which Organs only were Condemned. |
|------------------|--------------------|-----------------------------|-------------------------------|---|
| Cattle, - | 7,325 | 95 | 82 | 733 |
| Calves, - | 2,416 | 31 | ... | 4 |
| Sheep, - | 12,500 | 7 | ... | 187 |
| Swine, - | 3,376 | 10 | 1 | 133 |
| Totals, - | 25,617 | 143 | 83 | 1,957 |

Of the 1,283 diseased animals, 1,116 were affected with tuberculosis, of which 99 were totally condemned and 68 partially condemned.

The weight of meat condemned during the year amounted to 27 tons, 11 cwts.

DAIRIES, COWSHEDS, AND MILKSHOPS.

Mr. Kelso, Chief Sanitary Inspector, is the Executive Officer under the various Acts.

There are within the Burgh 96 registered milk dealers, of whom 26 keep cows—the average number being 479—while 70 derive their supplies wholly from farmers and dealers in the country. About a third of the daily consumpt is pasteurised and bottled at the up-to-date Co-operative Creamery in Lady Lane.

Under the Milk (Special Designations) Order (Scotland), 1923, 2 new licences for the sale of certified milk were granted, and about 13 gallons of this ideal milk are now being retailed daily throughout the town.

In the course of the year, Mr. Kelso and I submitted a special report on the milk supply to the three Municipal Hospitals, and recommended that either pasteurised or certified milk should be supplied to the patients; after lengthy and serious consideration, the Local Authority decided that certified milk should be supplied. This important decision is welcome and gratifying from every point of view. It ensures that our patients—the great majority of whom are young children, highly susceptible to infection—will receive milk from cattle guaranteed free from tuberculosis, and of the highest standards of cleanliness and quality. But, in my opinion, the educative value of the publicity given to the decision of the Local Authority is even more important, alike to the public and to the dairykeeper. If only other Local Authorities came to a similar decision, there would soon be created an educated public opinion which would insist on a drastic reformation of the present methods of dealing with the milk supply.

SEWAGE PURIFICATION AND REFUSE DISPOSAL.

The experimental plant, which is to determine the efficacy of the Activated Sludge System for dealing with the town sewage, has recently been brought into working operation, and its development is awaited with interest.

The new Refuse Destructor, installed in 1923, dealt with 20,386 tons during 1924 in two 8-eight hour shifts, the daily average being 65 tons. The revenue from residual products amounted to £569 12s., compared to £463 11s. 3d. in 1923.

FACTORIES AND WORKSHOPS.

Excluding bake-houses, there are 177 workshops on the register, and 252 inspections were made of those most requiring attention. 5 notices were received from H.M. Inspector of Factories regarding change of address or new workshops, 3 regarding workshops not in a cleanly state, 2 regarding sanitary conveniences in a dirty condition, all of which received attention.

In terms of the Home Work Order, 17 lists of outworkers were received—8 in February, relating to 88 outworkers, and 9 in August, relating to 74 outworkers, 155 of whom were employed within the Burgh and 7 outwith. 5 lists regarding outworkers were sent to other Authorities, and 1 was received. The conditions under which the work was being done was satisfactory in every case.

There are 54 bake-houses in the town, none of which are underground; 3 notices—referring to the necessity for lime-washing—were received from H.M. Inspector of Factories, and received immediate attention.

PART II.

STATISTICAL TABLES AND RETURNS

PART II.
STATISTICAL TABLES AND RETURNS.

A.—MATERNITY AND CHILD WELFARE SCHEME.

BIRTH STATISTICS.

| | | | | <i>1924.</i> |
|---|-----|-----|-----|--------------|
| Total number of Births (corrected), | ... | ... | ... | 1,893 |
| | | | | <hr/> |
| Number of Illegitimate Births, | ... | ... | ... | 83 |
| „ Births in 1-roomed houses, | ... | ... | ... | 420 |
| „ Births in 2-roomed houses, | ... | ... | ... | 783 |
| „ Births in 1-roomed houses where the parents were lodgers, | ... | ... | ... | 8 |
| „ Births in 2-roomed houses where the parents were lodgers, | ... | ... | ... | 170 |
| „ Births in Barshaw Hospital | ... | ... | ... | 296 |
| „ Births in Other Institutions, | ... | ... | ... | 33 |
| „ Infants “breast-fed” at first visit, | ... | ... | ... | 1,638 |
| „ Infants “bottle-fed” at first visit, | ... | ... | ... | 71 |

CAUSES OF STILL-BIRTHS DURING 1924.

TOTAL, 84.

| | |
|---|--|
| Contracted Pelvis and Instrumental Delivery, 11 | Tumour complicating Delivery, 1 |
| Prematurity, 6 | Transverse Presentation, ... 3 |
| Previous history of Still-birth (probably syphilitic), ... 13 | Cord Presentation, 3 |
| Placenta Prævia, 2 | Maternal Shock before Birth, 9 |
| Eclampsia and Albuminuria, 4 | Maternal Strain during Pregnancy, 3 |
| Breech Presentation, 1 | Maternal Influenza, 1 |
| | Unknown Causes, 27 |

STATISTICS RELATING TO ANTE-NATAL CLINIC.

| | |
|---|-------|
| | 1924 |
| Number of Sessions, | 103 |
| Number of expectant mothers attending, | 398 |
| Total Attendances, | 1,260 |
| Average attendance per session, | 12.23 |

Sources from which Cases were drawn:—

| | |
|------------------------------------|-----|
| 1. Recommended by midwives, | 9 |
| 2. Referred from doctors, | 18 |
| 3. Unrecommended, | 371 |

Classification of Ailments:—

| | |
|---------------------------------------|-----|
| Minor ailments of Pregnancy, | 302 |
| Albuminuria, | 25 |
| Venereal Diseases, | 6 |
| Hyperemesis Gravidarum, | 3 |
| Cardiac Disease, | 12 |
| Pulmonary Tuberculosis, | 6 |
| Still-Births and Miscarriages, | 15 |
| Ante-partum Hæmorrhage, | 5 |
| Gynæcological conditions, | 10 |
| Contracted Pelvis, | 12 |
| Pyelitis, | 2 |

229 patients were referred from the Clinic to
Barshaw Hospital.

BRIDGE STREET CLINIC FOR MOTHERS AND CHILDREN.

| | <i>1924.</i> |
|--|--------------|
| Number of sessions, | 200 |
| ,, new patients attending, | 1,611 |
| ,, old patients re-attending, | 943 |
| Total attendances, | 8,534 |
| Average attendance per session, | 42·67 |
| Number of infants under 1 year attending, | 629 |
| ,, children, 1-5 years, attending, | 852 |
| ,, illegitimate children attending, | 25 |
| <i>Methods of feeding of infants during first nine months—</i> | |
| 1. Breast, | 357 |
| 2. Bottle, | 87 |
| 3. Breast and bottle, | 67 |
| Children attending once only, | 85 |
| Children referred to Hospitals, | 161 |
| Number of nursing mothers attending, | 311 |
| Total attendances of nursing mothers, | 1,353 |

CLASSIFICATION OF CASES ACCORDING TO DISEASE.

A—Children—

| | | | |
|-------------------------------|-----|-----------------------------|-----|
| Healthy, | 216 | Vermes, | 30 |
| Digestive disorders, | 176 | Dental Caries, | 53 |
| Respiratory disorders, | 234 | Eye affections, | 13 |
| Skin affections, | 78 | Ear affections, | 31 |
| Rickets, | 116 | Congenital Syphilis, | 15 |
| General debility, | 210 | Marasmus, Prematurity, | |
| Tuberculosis, | 35 | etc., | 121 |
| Surgical conditions, | 152 | Mongolian Idiocy, | 1 |

B—Nursing Mothers—

| | |
|-------------------------------------|-----|
| Agalactia, | 74 |
| Gynæcological conditions, | 5 |
| Debility and minor ailments, | 231 |
| Myxodema, | 1 |

GREAT HAMILTON STREET CLINIC FOR MOTHERS
AND CHILDREN.

| | 1924. |
|--|-------|
| Number of sessions, | 51 |
| ,, new patients attending, | 237 |
| ,, old patients re-attending, | 223 |
| Total attendances, | 1,833 |
| Average attendance per session, | 46.03 |
| Number of infants under 1 year attending, | 212 |
| ,, children, 1-5 years, attending, | 163 |
| ,, illegitimate children attending, | 3 |

Methods of feeding of infants during first nine months—

| | |
|--|-----|
| 1. Breast, | 95 |
| 2. Bottle, | 29 |
| 3. Breast and bottle, | 22 |
| Children attending once only, | 39 |
| Children referred to Hospitals, | 27 |
| Number of nursing mothers attending, | 112 |
| Total attendances of nursing mothers, | 536 |
| Number of expectant mothers attending, | 45 |
| Total attendances of expectant mothers, | 167 |

CLASSIFICATION OF CASES ACCORDING TO DISEASE.

A—Children—

| | |
|-------------------------------|-------------------------------|
| Healthy, 110 | Vermes, 4 |
| Digestive disorders, ... 45 | Dental Caries, 15 |
| Respiratory disorders, ... 62 | Eye affections, 1 |
| Skin affections, 19 | Ear affections, 6 |
| Rickets, 16 | Congenital Syphilis, 1 |
| General debility, 43 | Mongolian idiocy, 2 |
| Tuberculosis, 1 | Marasmus, Prematurity, |
| Surgical conditions, ... 10 | etc., 40 |

B—Nursing Mothers—

| | |
|-------------------------------------|----|
| Agalactia, | 33 |
| Debility and minor ailments, | 77 |
| Gynæcological Conditions, | 2 |

GEORGE STREET CLINIC FOR MOTHERS AND
CHILDREN.

| | |
|--|-------|
| | 1924. |
| Number of sessions, | 50 |
| ,, new patients attending, | 295 |
| ,, old patients re-attending, | 247 |
| Total attendances, | 2,962 |
| Average attendance per session, | 59.24 |
| Number of infants under 1 year attending, | 261 |
| ,, children, 1-5 years, attending, | 224 |
| ,, illegitimate children attending, | 10 |

Methods of feeding of infants during first nine months—

| | |
|--|-----|
| 1. Breast, | 155 |
| 2. Bottle, | 42 |
| 3. Breast and bottle, | 20 |
| Children attending once only, | 85 |
| Children referred to Hospitals, | 72 |
| Number of nursing mothers attending, | 138 |
| Total attendances of nursing mothers, | 728 |
| Number of expectant mothers attending, | 46 |
| Total attendances of expectant mothers, | 188 |

CLASSIFICATION OF CASES ACCORDING TO DISEASE.

A—Children—

| | | | |
|-------------------------------|----|--|----|
| Healthy, | 53 | Surgical conditions, | 37 |
| Digestive disorders, | 79 | Vermes, | 13 |
| Respiratory disorders, | 80 | Dental Caries, | 34 |
| Skin affections, | 36 | Eye affections, | 1 |
| Rickets, | 36 | Ear affections, | 5 |
| General debility, | 60 | Congenital Syphilis, | 1 |
| Tuberculosis, | 1 | Marasmus, Prematurity, etc., | 49 |

B—Nursing Mothers—

| | |
|-------------------------------------|----|
| Agalactia, | 49 |
| Debility and minor ailments, | 89 |

MOSSVALE CLINIC FOR MOTHERS AND CHILDREN.

| | |
|--|-------|
| | 1924. |
| Number of sessions, | 51 |
| ,, new patients attending, | 170 |
| ,, old patients re-attending, | 188 |
| Total attendances, | 2,419 |
| Average attendance per session, | 47.43 |
| Number of infants under 1 year attending, | 160 |
| ,, children, 1-5 years, attending, | 139 |
| ,, illegitimate children attending, | 12 |

Methods of feeding of infants during first nine months—

| | |
|--|-----|
| 1. Breast, | 92 |
| 2. Bottle, | 16 |
| 3. Breast and bottle, | 11 |
| Children attending once only, | 26 |
| Children referred to Hospitals, | 26 |
| Number of nursing mothers attending, | 87 |
| Total attendances of nursing mothers, | 541 |
| Number of expectant mothers attending, | 25 |
| Total attendances of expectant mothers, | 161 |

CLASSIFICATION OF CASES ACCORDING TO DISEASE.

A—Children—

| | | | |
|-------------------------------|----|--------------------------|----|
| Healthy, | 58 | Vermes, | 8 |
| Digestive disorders, | 44 | Dental Caries, | 17 |
| Respiratory disorders, | 50 | Eye affections, | 1 |
| Skin affections, | 22 | Ear affections, | 5 |
| Rickets, | 12 | Mongolian Idiocy, | 1 |
| General debility, | 37 | Marasmus, Prematurity, | |
| Tuberculosis, | 3 | etc., | 31 |
| Surgical conditions, | 10 | | |

B—Nursing Mothers—

| | |
|-------------------------------------|----|
| Agalactia, | 30 |
| Debility and minor ailments, | 57 |

SUMMARY OF WORK AT DENTAL CLINIC.

| | <i>1919.</i> | <i>1920.</i> | <i>1921.</i> | <i>1922.</i> | <i>1923.</i> | <i>1924.</i> |
|--|--------------|--------------|--------------|--------------|--------------|--------------|
| Number of Sessions, ... | 8 | 33 | 93 | 98 | 98 | 102 |
| Total attendances, ... | 44 | 280 | 687 | 857 | 1,059 | 1,159 |
| Average attendance per session, ... | 5.5 | 8.4 | 7.3 | 8.7 | 10.8 | 11.3 |
| Extractions, ... | 62 | 125 | 336 | 256 | 371 | 491 |
| Dressings, fillings, etc., | 1 | 183 | 429 | 510 | 632 | 661 |
| Examinations, ... | — | 18 | 61 | 193 | 198 | 189 |
| Number of new patients attending, ... | — | — | 164 | 165 | 248 | 252 |

LOCAL SUPERVISING AUTHORITY, MIDWIVES
(SCOTLAND) ACT.

EXTRACTS FROM THE REPORT BY THE MEDICAL
OFFICER FOR THE YEAR 1924.

General Report on the Working of the Act.

| | |
|--|----|
| Total number of Midwives on Roll, | 40 |
| Number of Midwives holding C.M.B. Certificate, | 15 |

Dr. Pringle, Assistant Medical Officer, paid 86 domiciliary visits to midwives throughout the year, and reports that, in the great majority of cases, registers, bags, etc., were in satisfactory order. One midwife was censured for a minor offence; it was not considered necessary to report any case to the Board.

Notifications of Ophthalmia Neonatorum numbered 61, a decrease of 5 over the figures for 1923; of these, 60 occurred in the practice of midwives. The great majority of these notifications proved on investigation to be merely slight cases of transient inflammation, only 3 of the more serious ones being confirmed by bacteriological examination. The more serious cases were, as usual, referred at once to the Eye Infirmary, and in no case did any impairment of vision result.

Co-operation between the midwives and the Public Health Department continues on satisfactory lines.

Births in Area.

| | |
|---|-------|
| Total number of births during 1924, | 1,893 |
| Total number of deaths of new-born children (within 10 days) during 1924, | 68 |
| Actual number of births attended by midwives during 1924, | 900 |
| Actual number of deaths of new-born children (within 10 days) occurring in the practice of midwives during 1924, | 29 |
| Actual number of cases not attended by a doctor or midwife during 1924— | |
| Births, | 0 |
| Deaths, | 0 |

Cases of Ophthalmia Neonatorum.

| | |
|--|----|
| Total number of cases during 1924, | 61 |
| Actual number of cases occurring in the practice of midwives during 1924, | 60 |
| Actual number of cases occurring where confinement not attended by a doctor or midwife during 1924, | 0 |

Cases of Puerperal Sepsis.

| | |
|---|----|
| Total number of cases during 1924, | 12 |
| Total number of deaths during 1924, | 7 |
| Actual number of cases occurring in the practice of midwives during 1924, | 4 |
| Actual number of deaths occurring in the practice of midwives during 1924, | 1 |
| Actual number of cases occurring where confinement not attended by a doctor or midwife during 1924— | |
| Cases, | 0 |
| Deaths, | 0 |

Cases of Still-Birth.

| | |
|---|----|
| Total number of cases during 1924, | 84 |
| Actual number of cases occurring in the practice of midwives during 1924, | 31 |

Cases of Emergency.

| | |
|---|-----|
| Number of cases in which medical practitioners were called in under Section 22 of the Act, ... | 125 |
|---|-----|

BARSHAW MATERNITY AND CHILD WELFARE
HOSPITAL.

REPORT FOR YEAR ENDING 31st DECEMBER, 1924.

MATERNITY WARDS.

| | | | | | |
|--|-----|-----|-----|-----|-------|
| In hospital, 1st January, 1924, ... | ... | ... | ... | ... | 24 |
| Ante-natal, ... | ... | ... | ... | ... | 2 |
| Maternity, ... | ... | ... | ... | ... | 14 |
| Infants, ... | ... | ... | ... | ... | 8 |
| Number of admissions in 1924, ... | ... | ... | ... | ... | 377 |
| Ante-natal, ... | ... | ... | ... | ... | 124 |
| In labour, ... | ... | ... | ... | ... | 228 |
| Post-natal, ... | ... | ... | ... | ... | 5 |
| Abortions, ... | ... | ... | ... | ... | 20 |
| Recommended by— | | | | | |
| Ante-natal Clinic, ... | ... | ... | ... | ... | 229 |
| Doctors, ... | ... | ... | ... | ... | 145 |
| Others, ... | ... | ... | ... | ... | 3 |
| Resident in districts outside the Burgh, ... | ... | ... | ... | ... | 29 |
| In hospital, 31st December, 1924, ... | ... | ... | ... | ... | 21 |
| Ante-natal, ... | ... | ... | ... | ... | 3 |
| Maternity, ... | ... | ... | ... | ... | 10 |
| Infants, ... | ... | ... | ... | ... | 8 |
| Average daily number in residence— | | | | | |
| January, ... | ... | ... | ... | ... | 13'65 |
| February, ... | ... | ... | ... | ... | 17'38 |
| March, ... | ... | ... | ... | ... | 15'75 |
| April, ... | ... | ... | ... | ... | 12'20 |
| May, ... | ... | ... | ... | ... | 17'0 |
| June, ... | ... | ... | ... | ... | 15'0 |
| July, ... | ... | ... | ... | ... | 18'65 |
| August, ... | ... | ... | ... | ... | 17'74 |
| September, ... | ... | ... | ... | ... | 13'20 |
| October, ... | ... | ... | ... | ... | 16'75 |
| November, ... | ... | ... | ... | ... | 20'10 |
| December, ... | ... | ... | ... | ... | 14'60 |

Number of ante-natal cases treated, 124

| No. | CONDITION FOUND. | RESULT. |
|-----|--|---|
| 5 | Albuminuria. | Discharged well. |
| 6 | " | Normal delivery. |
| 1 | " | No improvement: macerated foetus delivered. |
| 4 | Albuminuria <i>c.</i> pre-eclamptic symptoms. | 1. Premature labour: macerated foetus. 2. Premature labour: child lived 1 week. 3. Normal delivery. 4. Forceps delivery. |
| 3 | Anæmia. | Discharged improved. |
| 5 | " | Normal delivery. |
| 1 | " | Complicated by malpresentation. |
| 1 | Asthma. | Forceps delivery: puerperium normal. |
| 1 | Asthma & bronchitis. | Normal delivery: puerperium normal. |
| 1 | Accidental hæmorrhage and contracted pelvis. | No hæmorrhage after admission: to return later for confinement. |
| 1 | Bronchitis. | Left before confinement: improved. |
| 2 | " | Normal delivery. |
| 1 | " | Still-birth. |
| 1 | ? Cholecystitis. | Discharged well. |
| 1 | Chorea. | Discharged well: normal delivery later. |
| 1 | Cystitis. | Improved: normal delivery. |
| 3 | Contracted pelvis. | Cæsarean section at term: child alive: good recovery. |
| 1 | " | Cæsarean section: child still-born: anencephalic: puerperium normal. |
| 1 | " | Repeat Cæsarean section: child alive: recovered. |
| 1 | " | Accidental hæmorrhage: child premature alive: puerperium normal. |
| 1 | " | Delivery normal. |
| 3 | Debility. | Discharged well before confinement. |
| 4 | " | Normal delivery. |
| 1 | " | Still-birth. |
| 1 | Debility: previous confinements instrumental. | Normal delivery. |
| 1 | Debility: transverse presentation. | External lesion followed by normal delivery. |
| 1 | Debility: elderly primipara <i>c.</i> contracted outlet. | Forceps delivery: normal puerperium. |
| 1 | Debility & delusions. | Discharged at own request. |
| 1 | Eclampsia. | Died before delivery. |
| 1 | Ectopic pregnancy. | Operation: recovery. |
| 6 | False labour. | Discharged to return in labour. |
| 4 | " | Normal delivery. |
| 1 | Fibrositis. | Improved: left before confinement. |
| 1 | " | Normal delivery. |
| 2 | Hæmaturia. | Discharged well. |
| 1 | Hemiplegia. | Forceps delivery: puerperium normal. |
| 1 | Hernia uteri. | Cæsarean section and hysterectomy: child alive: puerperium normal. |
| 1 | Hyperemesis. | Left of own accord. |
| 5 | " | Discharged well. |
| 1 | " | Died before induction completed. |

Ante-natal cases treated—contd.

| No. | CONDITION FOUND. | RESULT. |
|-----|--|---|
| 1 | Nephroptosis. | Discharged improved. |
| 1 | Oedema of left leg: right amputated. | Forceps delivery. |
| 1 | Pleurisy . | Recovered: normal delivery and puerperium. |
| 1 | Pseudocyesis. | Discharged. |
| 1 | Pulmonary tubercu- losis. | Normal delivery: died in puerperium: child marasmic. |
| 1 | Pulmonary T.B., <i>plus</i> T.B. abscesses. | Discharged at own request: premature confinement later. |
| 1 | Pulmonary tubercu- losis. | Disease non-active: normal delivery. |
| 1 | Pulmonary tubercu- losis <i>plus</i> V.D.H. | Died 1 hour after delivery. |
| 1 | Placenta prævia. | Moribund on admission: died undelivered 1 hour after. |
| 3 | Pyelitis. | Left of own accord. |
| 1 | " | Improved: left against advice: returned, premature labour: child died. |
| 2 | " | Discharged improved. |
| 1 | " | Normal delivery. |
| 6 | Threatened abortion or miscarriage. | Discharged well. |
| 1 | " | Premature labour: child died: Wass. |
| 2 | Toxæmia. | Discharged: improved. |
| 1 | " | Normal delivery: child died. |
| 1 | " | Labour induced: foetus macerated: Wass. <i>plus plus</i> ? Ve. |
| 2 | " | Normal delivery. |
| 1 | " | Forceps delivery: puerperium disturbed. |
| 1 | Toxæmia with acci- dental hæmorrhage. | Labour induced: macerated foetus. |
| 2 | Varicose veins. | Improved: discharged before delivery. |
| 8 | " | Normal delivery. |
| 1 | Varicose veins <i>plus</i> phlebitis. | Discharged well before confinement. |
| 1 | Varicose veins <i>plus</i> femoral hernia. | Normal delivery: child died at 10 days. |
| 1 | V.D.H. <i>plus</i> scoliosis. | Improved: discharged at own request. |
| 1 | " " | Above case re-admitted: again improved: normal delivery. |

Number of abortions treated, 20

| No. | CONDITION FOUND. | RESULT. |
|-----|------------------|----------------------|
| 2 | Inevitable. | Curettage: recovery. |
| 18 | Incomplete. | Curettage: recovery. |

| No. | CONDITION FOUND. | RESULT. |
|-----|---|---|
| 5 | Accidental hæmorrhage. | Child born alive. |
| 4 | " | Still-birth. |
| 1 | Acute bronchitis. | Premature labour: child alive: puerperium disturbed. |
| 1 | Asthma and albuminuria. | Forceps delivery: child alive: puerperium normal. |
| 4 | Breech presentation. | Manual delivery: child alive. |
| 3 | " | Manual delivery: still-birth (1 with prolapsed cord). |
| 2 | Contracted pelvis, admitted too late for section. | Craniotomy. |
| 1 | Contracted pelvis, admitted in labour. | Cæsarean section: child alive: mother died shock 3rd day of puerperium. |
| 1 | Contracted pelvis. | Cæsarean section: child still-born: meningocele: puerperium normal. |
| 1 | " | Repeat Cæsarean section: alive: good recovery. |
| 3 | " | Cæsarean section: alive: good recovery. |
| 7 | " | Forceps delivery: child alive. |
| 1 | " | Forceps delivery: still-birth. |
| 1 | Collapse during labour. | Admitted in a collapsed condition: normal delivery: placenta adherent: puerperium normal. |
| 1 | Eclampsia. | Forceps delivery: child alive. |
| 1 | " | Normal delivery: premature still-born. |
| 1 | Footling. | Manual delivery: alive. |
| 1 | External version. | Breech to vertex: normal delivery. |
| 1 | " | Transverse to vertex: normal delivery. |
| 1 | Face presentation (persistent mento-posterior). | Internal version: still-birth. |
| 1 | Hemiplegia. | Patient collapsed soon after labour begun: forceps delivery: alive: normal puerperium. |
| 3 | Occipito posterior presentations (persistent). | Forceps delivery after rotation: child alive. |
| 1 | Obstructed labour due to hydrocephalus. | In labour 3 days before admission: craniotomy. |
| 1 | Ovarian cyst obstructing delivery (failed forceps outside). | Tumour removed through abdominal incision, and delivery completed by forceps: still-birth: mother made good recovery. |
| 1 | Placenta prævia. | Premature: child alive. |
| 1 | " | Still-birth. |
| 1 | Protracted labour: toxæmia in elderly primipara. | Forceps delivery: child alive: puerperium disturbed. |
| 2 | Pre-eclamptic symptoms <i>c.</i> albuminuria. | Forceps delivery: child alive. |
| 2 | " | Premature: child alive. |
| 2 | " | Premature: still-birth. |
| 1 | Transverse presentation. | Internal version: child alive. |
| 3 | " | Internal version: still-birth (1 hydrocephalic). |
| 1 | Toxæmia. | Premature child alive: died at 11 days. |
| 1 | " | Premature still-birth. |
| 3 | " | Digital dilation of cervix: internal version: still-birth. |

Complicated or Abnormal Deliveries—contd.

| No. | CONDITION FOUND. | RESULT. |
|-----|-------------------------------------|---|
| 1 | Twin pregnancy. | 1st transverse, 2nd breech: premature: died. |
| 2 | Tuberculosis (pulmonary). | Premature alive: mother extremely collapsed during labour. |
| 2 | " | Premature: mother died in puerperium. |
| 1 | Narrow vaginal outlet. | Forceps delivery: episiotomy. |
| 1 | Extreme debility. | Forceps delivery: still-birth. |
| 1 | V.D.H. | Normal delivery and puerperium. |
| 1 | V.D.H. with pulmonary tuberculosis. | Normal delivery: breech: still-birth: collapsed and died 1 hour after delivery. |

Cases of puerperal morbidity classified, 26

| | | |
|------------------------|--|--|
| Instrumental delivery. | 1. Toxæmic prolonged labour, elderly primipara. | 104'6 4th day, jaundice; 102 7th and 8th days. |
| | 2. Acute mastitis. | 100'4-100'6 3rd and 4th days. |
| | 3. Episiotomy acute mastitis. | 100 3rd and 5th days. |
| | 4. Ruptured perineum. | 100 1st and 3rd days. |
| Normal delivery. | 1. Vaginal bruising. | 100 6th day; 102-102'6 7th and 8th days. |
| | 2. Ruptured perineum. | 101'6 4th day, lochia offensive; normal on 7th day. |
| | 3. Ruptured perineum. | 101'4-103'2 4th day; trace albumin. |
| | 4. Ruptured perineum Morbilliform rash 3rd and 5th days. | 102'6 3rd day, 100'6-100'4 4th and 5th days. |
| | 5. Patient very excitable. | 101'4 immediately after delivery. 102'6 2nd evening and 3rd morning; normal after. |
| | 6. Acute bronchitis at delivery. Perineum ruptured. | 101 3rd-9th days; stitches septic; normal 14th day. |
| | 7. Mastitis. | 100'4-100 8th day. |
| | 8. Acute mastitis. | 104-102 8th day. |
| | 9. Membranes adherent. | 100'6 evening 3rd day, 100 4th day; normal after. |
| | 10. Membranes adherent. | 102 5th day; 101 6th day. |
| | 11. Pyelitis developed 6th day. | Normal 13th day. |
| | 12. No complications. | 104 4th day; normal 5th. |
| Premature births. | 1. Toxæmia following tonsillitis before admission. | Temp. 100 5th and 6th days. |
| | 2. Accidental hæmorrhage. Vagina packed: albuminuria. | Temp. from 6th day; phlegmasia alba dolens. |
| | 3. Accidental hæmorrhage. Toxæmia. | 100'6 2nd day, remained disturbed; patient discharged at own request; temp. 99. |
| Breech presentation. | 1. Manual delivery. | 104 evening 4th day; normal 5th day. |
| Contracted pelvis. | 1. Cæsarean section. | Temp. 101; died 3rd day. |
| | 2. " " | Temp. 100'4 1st to 4th days; 100 6th day. |
| Normal delivery. | 1. Pulmonary tuberculosis. | Died. |
| | 2. " " | Died. |
| | 3. " " | |
| Post-natal admission. | 1. Eclampsia. | Temp. 101'2 2nd day; 100 3rd day. |

| | |
|---|----|
| Number of cases of puerperal morbidity (B.M.A. Standard), | 26 |
| Number of cases of puerperal morbidity in which delivery was instrumental, | 4 |
| Number of cases of puerperal sepsis removed from hospital, | 0 |
| <hr/> | |
| Maternal deaths, | 8 |

| No. | CAUSE. | REMARKS. |
|-----|---|---|
| 1 | Post partem eclampsia. | Comatose on admission: died 12 hours after. |
| 1 | Placenta prævia (central). | Come distance of 12 miles by ambulance: moribund on admission: died 1 hour after. |
| 1 | Contracted pelvis: Cæsarean section: shock. | Admitted in labour: died 3rd day. |
| 1 | Ante-partem eclampsia. | Rapidly became comatose, and died 12 hours after admission. |
| 1 | Hyperemesis. | Home treatment 6 weeks before admission: died before induction completed. |
| 2 | Pulmonary tuberculosis. | Both active advanced disease: died in puerperium. |
| 1 | V.D.H.: pulmonary tuberculosis. | Collapsed and died 1 hour after delivery. |

| | |
|---|-----|
| Total number of deliveries, | 296 |
| Full term, | 252 |
| Premature (including twin pregnancies), | 44 |
| Number of normal deliveries, | 214 |
| Number of normal deliveries without medical assistance at delivery, | 132 |
| Number of instrumental deliveries not included under abnormal or complicated confinements, | 8 |
| Medical attendance at normal deliveries, | 82 |
| Anæsthesia in second stage, | 8 |
| Adherent placenta, | 5 |
| Adherent membranes, | 9 |
| Baby required resuscitation, | 2 |
| Occipito-posterior positions, | 2 |
| Post-partem hæmorrhage, | 9 |
| Premature birth, | 4 |
| Prolapsed cœvix, | 2 |
| Ruptured perineum, | 33 |
| Spina bifida, | 1 |
| Still-births, | 3 |
| Twin pregnancies, | 1 |
| Vaginal lacerations, | 3 |

Post-natal cases, 5

| No. | CONDITION FOUND. | RESULT. |
|-----|-------------------------|--|
| 1 | Post-partem hæmorrhage. | Uterus explored and debris removed: normal puerperium. |
| 1 | Adherent placenta. | Removed manually. Normal puerperium. |
| 2 | Post-partem eclampsia. | Recovery. |
| 1 | „ | Died. |

Receipts from patients, £616 0s. 6d.; from other Local Authorities, £150 7s. 8d.

| | |
|--|-----|
| Number of infants born, | 300 |
| Live, | 272 |
| Still, | 26 |
| Twin pregnancies (live), | 2 |
| Number of infant deaths under 8 days, | 15 |
| Causes of infant deaths— | |
| Premature birth, | 11 |
| Congenital malformation, | 3 |
| Convulsions, | 1 |

CHILDREN'S WARDS.

| | |
|---|-----|
| In hospital at 1st January, 1924, | 7 |
| Medical, | 7 |
| Surgical, | 0 |
| Number of admissions during 1924, | 201 |
| Medical, | 76 |
| Surgical, | 125 |
| Recommended by Infant Welfare Clinic, | 160 |
| Recommended by Doctors, | 41 |
| Resident in districts outside the Burgh, | 3 |
| In hospital at 31st December, 1924, | 18 |
| Medical, | 15 |
| Surgical, | 3 |

Average daily number in residence—

| | | | | | | | |
|------------|-----|-----|-----|-----|-----|-------|---------|
| January, | ... | ... | ... | ... | ... | 11'15 | } 11'78 |
| February, | ... | ... | ... | ... | ... | 12'0 | |
| March, | ... | ... | ... | ... | ... | 12'2 | |
| April, | ... | ... | ... | ... | ... | 13'7 | } 14'25 |
| May, | ... | ... | ... | ... | ... | 14'3 | |
| June, | ... | ... | ... | ... | ... | 14'75 | |
| July, | ... | ... | ... | ... | ... | 13'65 | } 13'25 |
| August, | ... | ... | ... | ... | ... | 14'0 | |
| September, | ... | ... | ... | ... | ... | 12'12 | |
| October, | ... | ... | ... | ... | ... | 14'8 | } 15'0 |
| November, | ... | ... | ... | ... | ... | 14'36 | |
| December, | ... | ... | ... | ... | ... | 16'0 | |

Age periods of children admitted—

| | | | | | | | |
|------|-----|-----|-----|-----|-----|-----|--------|
| 0—1, | ... | ... | ... | ... | ... | ... | 41'00% |
| 1—2, | ... | ... | ... | ... | ... | ... | 15'25% |
| 2—3, | ... | ... | ... | ... | ... | ... | 9'50% |
| 3—4, | ... | ... | ... | ... | ... | ... | 15'25% |
| 4—5, | ... | ... | ... | ... | ... | ... | 19'00% |

Average period of residence—

| | | | | | | | |
|-----------|-----|-----|-----|-----|-----|-----|---------|
| Medical, | ... | ... | ... | ... | ... | ... | 48 days |
| Surgical, | ... | ... | ... | ... | ... | ... | 10 days |

Medical cases admitted, 76

No. CONDITION FOUND.

RESULT.

| | | |
|----|---|--|
| 1 | Adenitis. | Discharged well. |
| 1 | Broncho-pneumonia. | Died. |
| 1 | Broncho-pneumonia & pulmonary tuber- culosis. | Died. |
| 1 | Broncho-pneumonia. | Recovered, but developed whooping cough. Trans- ferred to Bridge Street Hospital. |
| 1 | Congenital heart. | General condition improved. |
| 1 | Congenital debility. | Died. |
| 1 | Eczema. | Discharged well. |
| 4 | Gastro-enteritis. | Discharged well. |
| 2 | " | Died. |
| 18 | Marasmus. | Discharged well. |
| 5 | " | Improved. |
| 8 | " | Not improved. |
| 3 | " | Removed against advice. |
| 10 | " | Died. |

Medical Cases admitted—contd.

| No. | CONDITION FOUND. | RESULT. |
|-----|----------------------------------|-------------------------|
| 2 | Marasmus <i>plus</i> bronchitis. | Discharged well. |
| 1 | " | Improved. |
| 1 | Marasmus <i>plus</i> icterus. | Died. |
| 1 | Post pneumonic debility. | Well. |
| 1 | " | Improved. |
| 2 | Prematurity. | Discharged well. |
| 1 | Pyelitis. | Discharged well. |
| 1 | Pulmonary tuberculosis. | Improved. |
| 1 | " | Not improved. |
| 3 | Rickets. | Improved. |
| 1 | Rickets <i>plus</i> bronchitis. | Removed against advice. |
| 2 | T.B. abdomen. | Improved. |
| 1 | T.B. meningitis. | Died. |
| 1 | Enlarged tongue. | Improved. |

Surgical cases admitted, 125

Cases treated without operation or unfit for operation, ... 13

| No. | CONDITION. |
|-----|-----------------------------|
| 2 | Cleft palate. |
| 2 | Adenitis. |
| 1 | Greenstick fracture radius. |
| 2 | Hernia. |
| 1 | Lupus. |
| 1 | Right elbow inflamed. |
| 1 | T.B. hip. |
| 1 | T.B. foot. |
| 1 | Umbilical hernia. |
| 1 | Spina Bifida. |

Deaths in Surgical Wards, 2

| No. | CONDITION. |
|-----|---------------------------------------|
| 1 | Spina bifida: inoperable. |
| 1 | Congenital malformation of intestine. |

| | |
|---|-----|
| Total number of surgical operations, | 244 |
| Indoor, | 118 |
| *Outdoor, | 126 |
| Number of surgical consultations, | 116 |
| Nature of operations performed— | |
| Astragalotomy, | 1 |
| Congenital malformation of intestine, | 2 |
| Cleft palate, | 3 |
| Hare-lip, | 1 |
| Excision of glands, | 1 |
| Hernia, | 18 |
| Hernia and hydrocele, | 2 |
| Radical cure of hydrocele, | 2 |
| Tenotomy, | 1 |
| Abscess scraped, | 4 |
| Adenoids removed, | 21 |
| Cyst excised—dermoid, | 1 |
| Cyst excised—sub-lingual, | 1 |
| Circumcision, | 67 |
| Dilatation, | 28 |
| Dilatation <i>plus</i> hydrocele tapped, | 2 |
| Fraenum of upper lips incised, | 3 |
| Naevus excised, | 2 |
| Tonsils and adenoids removed, | 73 |
| Webbed fingers, | 1 |
| Other minor conditions, including plaster and removal of stitches under anæsthetic, | 10 |

* Outdoor includes all cases admitted morning of operation and discharged same day. All cases of tonsils and adenoids are "indoor cases."

B.—INFECTIOUS DISEASES.
RETURN OF CASES OF INFECTIOUS DISEASE, 1924.

| DISEASE. | Number of Cases coming to the Knowledge of the Medical Officer of Health. | | | | | | | | | |
|--|---|---------------|----------------|-----------------|------------------|------------------|------------------|-----------------|----------------------------|--------------------------------|
| | At all Ages. | AT AGE—YEARS. | | | | | | | Cases removed to Hospital. | Cases not removed to Hospital. |
| | | Under 1. | 1 and under 5. | 5 and under 15. | 15 and under 25. | 25 and under 45. | 45 and under 65. | 65 and upwards. | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| A.—Diseases specified in the Infectious Disease (Notification) Act, 1889. | | | | | | | | | | |
| Typhoid Fever, | 2 | ... | ... | ... | 1 | 1 | ... | ... | 2 | ... |
| Scarlet Fever or Scarlatina, | 220 | 3 | 66 | 127 | 15 | 7 | 2 | ... | 185 | 35 |
| Diphtheria & Mem- branous Croup, } | 94 | 5 | 38 | 40 | 10 | 1 | ... | ... | 91 | 3 |
| Erysipelas, | 56 | 3 | 4 | 3 | 3 | 21 | 15 | 7 | 15 | 41 |
| Puerperal Fever, | 12 | ... | ... | ... | 4 | 8 | ... | ... | 8 | 4 |
| B.—Diseases notifiable in terms of Regulations made under Section 78 of the Public Health (Scotland) Act, 1897. | | | | | | | | | | |
| Ophthalmia Neonatorum, ... } | 3 | 3 | ... | ... | ... | ... | ... | ... | ... | 3 |
| Acute Poliomyelitis, | 1 | ... | 1 | ... | ... | ... | ... | ... | ... | 1 |
| Acute Primary Pneumonia, } | 532 | 101 | 189 | 73 | 42 | 60 | 36 | 31 | 211 | 321 |
| Acute Influenzal Pneumonia, } | 46 | 1 | 7 | 5 | 7 | 12 | 7 | 7 | 7 | 39 |
| Pulmonary Tuberculosis, } | 126 | 1 | 13 | 12 | 37 | 44 | 18 | 1 | 92† | 34 |
| Non-Pulmonary Tuberculosis, } | 69 | 3 | 27 | 19 | 11 | 6 | 3 | .. | 25† | 44 |
| TOTAL of A and B | 1161 | 120 | 345 | 279 | 130 | 160 | 81 | 46 | 636 | 525 |
| C.—Diseases to which the Provisions of the Infectious Disease (Notification) Act have been extended by the Local Authority. | | | | | | | | | | |
| Acute Pneumonia (not otherwise notifi- cable) since 20/9/22, } | 104 | 34 | 64 | 6 | ... | ... | ... | ... | 65 | 39 |
| D.—Notified under Local Provisions, not under the Infectious Disease (Notification) Act, 1899. | | | | | | | | | | |
| Measles, | 780 | 34 | 252 | 486 | 7 | 1 | ... | ... | 44 | 736 |
| Whooping-cough, | 497 | 56 | 215 | 225 | ... | 1 | ... | ... | 51 | 446 |
| Chicken-pox, | 288 | 6 | 69 | 211 | 2 | ... | ... | ... | 3 | 285 |
| Mumps, | 36 | ... | 4 | 32 | ... | ... | ... | ... | ... | 36 |
| Encephalitis Lethargica, | 11 | ... | ... | 5 | 4 | 2 | ... | ... | 7 | 4 |

† 14 cases notified in a previous year and removed to Hospital, for the first time during 1924.

CAUSES OF DEATH (Corrected for Transfers).—1924.

| CAUSES OF DEATH. | ALL AGES. | | A G E. | | | | | | | | | | | |
|--|-------------|------------|------------|------------|-----------|-----------|-----------|-----------|-----------|------------|------------|------------|------------|-----------|
| | Both Sexes. | M. | F. | -1 | 5- | 10- | 15- | 25- | 35- | 45- | 55- | 65- | 75- | 85 & over |
| | | | | | | | | | | | | | | |
| Measles, | 50 | 26 | 24 | 9 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Scarlet Fever, | 4 | 4 | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... |
| Whooping-Cough, | 75 | 42 | 33 | 32 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Diphtheria, | 6 | 5 | 1 | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... |
| Influenza, | 51 | 30 | 21 | 2 | ... | ... | 3 | 3 | 11 | 4 | 7 | 10 | 8 | ... |
| Encephalitis Lethargica, | 1 | 1 | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... |
| Cerebro-spinal Meningitis, | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Other Epidemic Diseases, | 2 | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | 1 | 1 | ... | ... |
| Tuberculosis of Respiratory System, | 65 | 34 | 31 | ... | 1 | 5 | 13 | 16 | 7 | 9 | 5 | 4 | ... | ... |
| Tuberculous Meningitis, | 12 | 5 | 7 | 3 | ... | 1 | 3 | ... | 1 | ... | ... | ... | ... | ... |
| Tuberculosis of Intestines and Peritoneum, | 8 | 3 | 5 | 1 | 1 | 1 | 3 | 1 | ... | ... | ... | ... | ... | ... |
| Other Tuberculous Diseases, | 7 | 4 | 3 | ... | ... | 1 | 4 | ... | ... | 1 | ... | ... | ... | ... |
| Malignant Tumours, | 109 | 43 | 66 | ... | ... | ... | ... | 3 | 8 | 21 | 35 | 28 | 11 | 3 |
| Rheumatic Fever, | 5 | 3 | 2 | ... | 1 | 1 | ... | ... | ... | 1 | ... | ... | ... | ... |
| Meningitis (not Cer. Spin. or Tuberc.), | 7 | 6 | 1 | 2 | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... |
| Apoplexy, | 106 | 49 | 57 | 1 | ... | ... | ... | ... | ... | ... | 32 | 37 | 28 | 3 |
| Heart Disease, | 157 | 68 | 89 | ... | ... | 1 | 7 | 7 | 14 | 13 | 34 | 46 | 32 | 3 |
| Diseases of Arteries, | 16 | 12 | 4 | ... | ... | ... | ... | ... | ... | 2 | 1 | 5 | 8 | ... |
| Bronchitis, | 94 | 39 | 55 | 11 | 2 | ... | ... | 3 | 2 | 3 | 12 | 30 | 22 | 3 |
| Pneumonia (all forms), | 167 | 94 | 73 | 56 | 5 | 1 | 3 | 4 | 8 | 9 | 9 | 14 | 12 | ... |
| Other Diseases of Respiratory Organs, | 7 | 5 | 2 | 3 | ... | ... | ... | ... | 2 | 2 | ... | ... | ... | ... |
| Diarrhoea and Enteritis (under 2 years), | 17 | 10 | 7 | 14 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Appendicitis, | 13 | 4 | 9 | ... | 2 | 2 | 3 | 1 | 1 | 2 | ... | 2 | ... | ... |
| All Liver Diseases (not Malignant), | 5 | 3 | 2 | ... | ... | ... | ... | ... | ... | 1 | 3 | 1 | ... | ... |
| Nephritis, Acute and Common, | 40 | 23 | 17 | 1 | ... | ... | 3 | 2 | 4 | 8 | 12 | 8 | 2 | ... |
| Puerperal Sepsis, | 5 | ... | 5 | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... |
| Other Diseases and Accidents of Pregnancy and Parturition, | 13 | ... | 13 | ... | ... | ... | 1 | 4 | ... | ... | ... | ... | ... | ... |
| Diseases of Early Infancy, and Malformations, | 106 | 65 | 41 | 106 | ... | ... | 1 | 7 | 5 | ... | ... | ... | ... | ... |
| Suicide, | 3 | 2 | 1 | ... | ... | ... | 1 | ... | ... | 2 | ... | ... | ... | ... |
| Other Violent Deaths, | 36 | 26 | 10 | 1 | 3 | 4 | 4 | 4 | 2 | 5 | 4 | 1 | 3 | 2 |
| Other Defined Diseases, | 188 | 93 | 95 | 17 | 5 | 1 | 3 | 7 | 19 | 19 | 14 | 28 | 51 | 15 |
| Diseases Ill-defined or Unknown, | 22 | 12 | 10 | 1 | ... | ... | 1 | 1 | 2 | 2 | 6 | 2 | 3 | 3 |
| ALL CAUSES, | 1397 | 712 | 685 | 260 | 22 | 20 | 55 | 63 | 87 | 109 | 175 | 218 | 180 | 32 |