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BURGH OF PAISLEY.



R E P O R T

OF THE

Public Health Department

For the Year 1932,

BY

G. V. T. McMICHAEL, M.B., Ch.B., D.P.H.,
Medical Officer of Health.





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BURTON OF PAISLEY



REPORT

OF THE

Public Health Department

For the Year 1932

BY

G. W. T. MANCHELL, M.B., CH.B., D.P.H.,
Medical Officer of Health



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

I have the honour to submit my Report on the work of the Public Health Department for the year **1932**. 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 Department of Health for Scotland.

I have the honour to be,

Your obedient Servant,

G. V. T. McMICHAEL,
Medical Officer of Health.

Public Health Office,
PAISLEY, July, 1933.

To the President, Legislators and
The Council of the
County of Albany.

I have the honor to submit my Report on the
work of the Public Health Department for the year
1882. The first part of the Report consists of
a general review of the work of the various
branches of the Department; the second part con-
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The Report is submitted in accordance with the
requirements of the Department of Health for
Scotland.

I have the honor to be,

Your obedient servant,

G. V. T. McMICHAEL,
Medical Officer of Health.

Public Health Office,
Trenton, July, 1882.

BURGH OF PAISLEY.

Report of the Public Health Department for the Year 1932.

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 1932 was 87,900; this gives an estimated increase over the figure for 1931 of 470.

Area.—The area of the Burgh is 3,538 acres. The density of population is 24.8 per acre.

Birth Rate.—There were 1,650 births, 824 males and 826 females, giving a birth rate—corrected for transfers—of 18.8, compared with 20.4 for 1931; this is the lowest birth rate recorded since the war years. The average rate for the past thirteen years is 22.4. The rate for the whole of Scotland was 18.6, the lowest rate on record while the average rate for the larger Scottish Burghs was 19.2.

Illegitimate Birth Rate.—This rate was 4.3 per cent. of the total births. The average rate for the past thirteen years is 4.9 per cent.. The rate for the whole of Scotland was 7.1 per cent., and for the larger Burghs, 6.2 per cent.

Death Rate.—The number of deaths was 1,214, giving a death rate—corrected for transfers—of 13.8; the rate for 1931 was 12.6, the second lowest rate on record, and the average rate for the past thirteen years is 13.8. The rate for the whole of Scotland was 13.5, while the rate for the larger Burghs was 13.9.

The principal diseases contributing to the death rate were heart disease, 208 deaths; cancer, 122 deaths; pneumonia, 118 deaths; bronchitis, 56 deaths; pulmonary tuberculosis, 53 deaths.

The number of deaths from the various forms of heart disease is the highest on record and forms 17.1 per cent. of the total deaths. The deaths from cancer form 10 per cent. of the total deaths. It is interesting to find that of the total number of deaths registered during the year—1,300—no fewer than 671, or 51.6 per cent., occurred in institutions; in 1921, only 38.8 per cent. of the total deaths occurred in institutions.

Infant Mortality Rate.—Deaths under 1 year—corrected for transfers—numbered 173, giving a rate of 105 per 1,000 births; the rate for 1931 was 75, the second lowest rate on record, and the average rate for the past thirteen years is 99. The rate for the whole of Scotland was 86, and for the larger Burghs, 97.

Diseases of early infancy and malformations accounted for 67 deaths, or 38.7 per cent. of the total number. The other principal diseases contributing to this mortality rate were pneumonia, 44 deaths; and diarrhœa and enteritis, 13 deaths.

Tuberculosis Mortality Rate.—The rate of deaths from all forms of tuberculosis was 0.84, the second lowest rate on record, and the rate from Pulmonary Tuberculosis was 0.60, the third lowest rate on record; these rates for 1931 were 0.82 and 0.57, while the average rates for the past thirteen years are 1.14 and 0.80.

The corresponding rates for the whole of Scotland were 0.84 and 0.61, and for the larger Burghs, 0.96 and 0.71.

Infectious Diseases Rate.—The rate of deaths from the principal infectious diseases was 1.08; the rate for 1931 was 0.73, while the average rate for the past thirteen years is 0.96. The rate for the whole of Scotland was 0.87, and for the larger Burghs, 0.95.

CONTROL OF INFECTIOUS DISEASES.

New Infectious Diseases Hospital.

In January, 1932, the Town Council unanimously decided to build the new Infectious Diseases Hospital on the the Hawkhead Estate, formerly the property of the Paisley District Board of Control. In March, it was agreed to invite competitive plans from six local firms of architects and three outside firms, and Mr James Millar, Blythswood Square, Glasgow, was appointed Assessor. In November, it was announced that the successful Architects were Messrs Sir John Burnett, Tait and Lorne, London. Messrs Binnie, Murray and Hutton, Paisley, were appointed Quantity Surveyors. In January, 1933, the Town Council decided to add an additional pavilion of 30 beds for cases of Pulmonary Tuberculosis; this new pavilion will take the place of Gockston Tuberculosis Hospital.

The total accommodation at the new Hospital will be 181 beds. There will be seven separate ward pavilions, as follows:—

- (1) Pneumonia, 30 beds.
- (2) Diphtheria, 21 beds.
- (3) Whooping Cough, 20 beds.
- (4) Scarlet Fever, 30 beds.
- (5) Measles, 20 beds.
- (6) Cubicle Block, 30 beds.
- (7) Tuberculosis, 30 beds.

The pavilions for measles and whooping cough, when not required for these diseases, will serve as reserve pavilions. The Cubicle Block will be used for cases of Enteric Fever, Cerebro-Spinal Fever, Puerperal Fever, Erysipelas, etc., and also for observation cases and cases suffering from two diseases.

The administrative buildings will include the following:—Administrative Block with accommodation for domestic staff, Nurses' Home, Dispensary and Laboratory, Power House, Laundry Block, Garage, Mortuary, and houses for the Male Staff.

A.—Hospitals.

Infectious Diseases Hospital, Bridge Street.—The number of cases remaining in Hospital on 31st December, 1931, was 98; the number admitted during 1932 was 1,367, giving a total of 1,465, compared with a total of 1,054 for the year 1931. The number treated in the Hospital during 1932 is easily the highest number

on record. The principal diseases contributing to this total were Scarlet Fever, 748; Acute Pneumonia, 258; Diphtheria, 232; Measles, 116; Erysipelas, 40; Cerebro-Spinal Fever, 30; Puerperal Fever and Puerperal Pyrexia, 26.

As in past years, Miss Dick and her nursing staff have to be heartily congratulated on a splendid record of work, the record number of admissions being tackled in a manner deserving of the highest praise. I have also again to thank Dr A. M. MacCormick for her very capable and conscientious services both in the wards and in the bacteriological laboratory, where she was again responsible for a record total of examinations.

Reception House, Bridge Street.—There was no occasion during the year to utilise the accommodation at the Reception House for contacts of infectious diseases.

Smallpox Hospital.—Cases of Smallpox, of which none occurred during the year, are now treated at the West Renfrewshire Combination Hospital, near Johnstone, which serves the whole County area, and which is under the control of a Joint Committee, representative of all the Local Authorities.

B.—Infectious Diseases.

The total number of cases of Infectious Diseases—apart from Tuberculosis—was 5,202, which is a record total; in 1931, this total was 2,609. Notifiable diseases accounted for 2,493, of which 739 were cases of Acute Pneumonia, 792 Scarlet Fever, 540 Chickenpox, 229 Diphtheria. There were 2,709 cases of diseases not compulsorily notifiable, of which 1,232 were cases of Measles, 1,337 Mumps, 140 Whooping Cough.

The Epidemic Inspector, Mr Eaglesim, and the Epidemic Nurse, are to be congratulated on the very capable way in which they tackled a record number of cases. At the height of the measles epidemic during the first quarter of the year, the services of the Health Visitors had to be enlisted.

School Closure on Account of Infectious Diseases.—It was not considered necessary to recommend closure of any school or part of a school on account of infectious disease.

Housing and Infectious Diseases.—I subjoin a table showing the number of cases of Acute Pneumonia, Diphtheria, and Scarlet Fever, which occurred in houses of one, two, and three apartments:—

Size of House.	Acute Pneumonia.		Diphtheria.		Scarlet Fever.	
	No. of Cases.	Per Cent. Total.	No. of Cases.	Per Cent. Total.	No. of Cases.	Per Cent. Total.
One Apartment, * (14.9 %).	109	20.8	31	14.8	110	14.1
Two Apartments, (50.3 %).	304	57.9	116	55.5	424	54.2
Three Apartments, (21.9 %).	78	14.8	42	20.1	168	21.5
Over Three Apartments, (12.9 %).	34	6.5	20	9.6	80	10.2

* The figures in brackets denote the percentage of each class of house to the total number of houses.

Disinfection.—In addition to the usual routine measures of disinfection, 75 sets of bedding were removed with the owners' consent and burned at the Refuse Destructor. This work was carried out in cases where deaths had occurred from the following diseases:—Cancer (23), Pulmonary Tuberculosis (13), Respiratory Diseases (7), Circulatory Diseases (6), Nervous Diseases (4), Other Diseases (22).

The practice of offering baths and disinfection of clothing and bedding to patients suffering from Scabies and Pediculosis was continued at the Fever Hospital. In the case of Scabies, 41 persons were bathed and treated with sulphur ointment, and 27 sets of bedding and clothing were treated with steam disinfection.

As a precautionary measure, 97 pairs of shorts and 97 jumpers were steam disinfected at the request of the Superintendent of an Industrial School.

Modern Methods of Active Immunisation.—Since the latter months of 1926, the Nursing Staff at the Fever Hospital have been subjected to the Schick Test and the Dick Test, in order to determine their susceptibility to Diphtheria and Scarlet Fever. Those nurses found susceptible have been actively immunised, and, up to the end of 1931, no case of either disease had occurred.

During 1932, however, two nurses developed Diphtheria with the following histories:—

- (1) Nurse M. :—Developed a mild attack of clinical diphtheria on 7-1-32—swab positive; was nursing Diphtheria at the

time. This nurse had given a negative Schick reaction four years previously.

- (2) Nurse K. ;—Developed a mild attack of clinical diphtheria on 17-2-32—swab positive ; was nursing Diphtheria at the time. This nurse gave a positive Schick reaction in April, 1930, and was actively immunised in July, 1930, but, unfortunately, there is no record of any Schick test having been carried out after immunisation.

Immunisation work has not yet been started at the Child Welfare and School Clinics.

Pneumonia.—Total notifications, 739, classified as follows :— Acute primary pneumonia, 557 ; acute influenzal pneumonia, 33 ; acute pneumonia, secondary to other diseases, 149. These figures represent a very high incidence, having only once been exceeded during the last thirteen years.

357 cases of acute primary pneumonia and acute influenzal pneumonia were admitted to hospital, or 60.5 of the total notifications ; of these, 246 were treated in the Fever Hospital, 70 in the Royal Alexandra Infirmary, and 41 in Craw Road Institution. Deaths numbered 118, giving a case mortality—for all notified cases—of 20 per cent., the second lowest rate on record. The case mortality in the Royal Alexandra Infirmary was 11.4 per cent., and in the Fever Hospital, 12.4 per cent., both of which rates are the lowest on record. 44 deaths of the total of 118 occurred in children under 5 years.

149 cases of pneumonia, secondary to other diseases, were notified during the year ; practically all were cases following measles and whooping cough, and compulsory notification, in force since 1922, enables the Department to get into early touch with these cases and to offer institutional treatment in the Fever Hospital.

Early in 1920, the Local Authority decided to provide accommodation at the Fever Hospital for cases of acute pneumonia and acute influenzal pneumonia. I subjoin an interesting table showing the development of this work :—

Institutional Treatment of Acute Primary Pneumonia and Acute Influenzal Pneumonia.

Year.	Total Notifications.	Case Mortality (per cent.).	Cases Removed to Hospitals.			Total Cases removed to Hospitals.	Percentage of Notified Cases removed to Hospitals.
			Fever Hospital.	Royal Alexandra Infirmary.	Craw Road Institution.		
1920	201	55.6	55	62	...	117	58.2
1921	253	31.2	119	45	1	165	65.2
1922	530	27.9	209	111	18	338	63.8
1923	250	20.1	108	39	8	155	62.0
1924	578	28.8	170	114	25	309	53.5
1925	491	23.8	236	91	18	345	70.3
1926	500	27.0	219	93	30	342	68.4
1927	561	21.0	300	81	31	412	73.4
1928	545	23.6	304	72	28	404	74.1
1929	738	23.1	306	104	124	534	72.3
1930	528	24.0	286	57	33	376	71.4
1931	477	18.0	286	48	14	348	72.9
1932	590	20.0	246	70	41	357	60.0
Totals,	6,242	...	2,844	987	371	4,202	67.3

Taking the years, 1922 to 1932 we find that the average number of notifications was 480, and the average case mortality of the notified cases was 26.5 per cent.; during the same period, 45.6 per cent. of the total notified cases were treated in the Fever Hospital, where the average case mortality was 15.6 per cent. During 1932 78.7 per cent. of the total notified cases occurred in houses of one and two apartments, which form 65.2 per cent. of the total houses in the Burgh; it is clear, therefore, that until housing conditions in Paisley are more or less revolutionised, it will be very necessary to provide ample institutional accommodation for the severe forms of acute respiratory diseases.

Scarlet Fever.—Cases notified, 792; removed to hospital, 704 or 88.8 per cent.; 5 deaths occurred, giving a case mortality of 0.63 per cent., a low rate, the average case mortality for the past thirteen years being 1.6 per cent. The incidence of this disease was the highest recorded since the war. The epidemic started in June, 1931, continued at a high level throughout 1932, and at the end of the year notifications still continued at a very high level; fortunately, the type of the disease was mild. The wards in the Fever Hospital were, of necessity, badly overcrowded throughout the whole year, and cases without complications had to be dis-

charged after twenty-one days' residence in order to make room for the steady inflow of fresh cases. Scarlet Fever Antitoxin was given to the majority of cases in order to cut short the acute stage and so reduce the duration of infectivity. Cross-infection of the wards with measles, mumps, and chickenpox added materially to the very heavy work of the nursing staff, who are to be heartily congratulated on the whole-hearted way in which they tackled the epidemic.

Where home isolation of cases is practicable, medical practitioners can be supplied with antitoxin.

Diphtheria.—Cases notified, 229; removed to hospital, 226; there were 6 deaths, giving a case mortality of 2.6 per cent., a very low rate, the average rate for the past thirteen years being 4.9 per cent. The incidence of this disease was very high, the average number of notifications during the past thirteen years being 144.

Serum is always available for practitioners at the Fever Hospital.

Enteric Fever.—2 cases were notified and both were removed to hospital; the final diagnosis of the 2 cases was Paratyphoid "B" Fever and Measles.

Ophthalmia Neonatorum.—Notifications numbered 51, as compared with 42 during 1931; 28 cases were proved to be due to a gonococcal infection, a distinctly higher number than usual. 30 cases occurred in the practice of midwives. The Assistant Medical Officer and the Health Visitors paid 238 domiciliary visits to these cases, and 8 serious cases were referred to the Royal Victoria Eye Infirmary, Paisley, where they attended as out-patients for expert advice and treatment. Two severe cases were admitted for indoor treatment to the Fever Hospital. No case of impairment of vision occurred, and in that respect, our record of only one case of blindness from this disease since 1918 is the best possible tribute to the value of the treatment given at the Eye Infirmary, and also to the conscientious work of the Health Visitors.

Measles.—1,232 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department, chiefly through the Medical Service of the Education Authority; this high incidence was due to the usual biennial epidemic which commenced in November, 1931. 103 complicated cases were admitted to the Fever Hospital. There were 32 deaths—31 under 5 years of age—giving a case mortality of 2.5 per cent., a slightly lower figure than the average. The Epidemic Nurse, assisted during the height of the epidemic by the staff of Health Visitors, paid 1,447 domiciliary visits in order to impress on parents the dangers of this disease in young children, the importance of call-

ing in a doctor at once, and the vital necessity of confining the children to bed for at least a week in order to prevent the onset of that very fatal complication, pneumonia, which is the cause of practically all the deaths from measles.

Whooping Cough.—140 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department; this indicates a much lower prevalence than usual. There were 12 deaths—all of children under 5 years—which gives a case mortality of 8.5 per cent., an average rate. Whooping Cough in young children is the most fatal of all the common infectious diseases, and parents must learn to take all possible precautions to safeguard their children from infection. 189 domiciliary visits were paid to these cases.

Puerperal Fever and Puerperal Pyrexia.—17 cases of Puerperal Fever were notified, a much higher incidence than usual; all were treated in Hospital, and there were 5 deaths.

35 cases of Puerperal Pyrexia were notified, of which 28 were treated in hospital; there were no deaths.

Further particulars of these cases will be found in the section of the Report dealing with the Maternity and Child Welfare Service.

For the information of medical practitioners, I subjoin a note of the treatment and preventive facilities provided by the Local Authority for such cases:—

- (1) Consultant Service:—Dr. Donald McIntyre, Glasgow, has been appointed Consultant Surgeon, and practitioners can arrange with him at any time for a consultation.
- (2) Bacteriological Examinations:—Arrangements have been made with the Glasgow Corporation Laboratory for the examination of swabs, blood specimens, etc.; outfits for such examinations can be obtained at the Fever Hospital.
- (3) Institutional Treatment:—A ward has been set aside at the Fever Hospital, and a sideroom has been fitted up as an operating theatre. Dr. Donald McIntyre has been appointed Consultant Surgeon for this ward.
- (4) Domiciliary Nursing Service:—The Trustees of the Peter Brough Bequest Fund have cordially agreed to the request of the Local Authority that the services of their nurses will be available, on the call of medical practitioners, for cases which can be suitably treated at home.

Chickenpox.—There were 540 notifications of this disease, indicating a higher prevalence than usual. At the end of the year, this disease ceased to be compulsorily notifiable. As Chickenpox

may be easily confused with the mild type of smallpox, all cases are visited by the Epidemic Nurse, who refers any case at all suspicious to the Medical Officer for further visitation.

Cerebro-Spinal Fever.—14 cases were notified and all were treated in hospital; there were 9 deaths, of which 5 were under 5 years. During the last few years, the results of treatment of these cases with the Polyvalent Serums which are available have been distinctly disappointing.

Erysipelas.—71 cases were notified; 39 cases were treated in hospital; there were 2 deaths.

Mumps.—1,337 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department; this represents the highest incidence on record.

Acute Poliomyelitis (Infantile Paralysis).—1 case was notified and treated in hospital.

Dysentery.—2 cases were notified and were admitted to hospital for treatment.

Influenza.—28 deaths occurred during the year from this disease, which, during December, assumed epidemic prevalence.

Smallpox, Typhus Fever, Cholera, Relapsing and Continued Fevers, Malaria, Infective Jaundice, Polio-Encephalitis, Encephalitis Lethargica.—No cases occurred during the year.

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

MUNICIPAL LABORATORY.

I subjoin a table summarising the work done during the year at the Bacteriological Laboratory at the Fever Hospital. Since the war, this work has steadily increased, especially during the last few years. In 1920 examinations numbered 707; the total for 1930 was 1,284; for 1931, the total was 1,678; during 1932 the work reached the very high record total of 3,320 examinations.

Disease.	No. of Specimens.	Positive Results.	Negative Results.
Diphtheria,	2,702	504	2,198
Enteric Fever,	16	1	15
Tuberculosis,	291	54	237
Venereal Diseases, ...	217	92	125
Cerebro-Spinal Fever,	59	25	34
Other Diseases,	35	1	34
Total,	3,320	677	2,643

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. One of the Health Visitors has the special duty of assisting the Epidemic Nurse in the event of epidemic outbreaks of measles and whooping cough, while in normal times she is employed in the ordinary work of a Health Visitor.

The Russell Institute.

The Institute provides accommodation for all the Public Medical Services conducted by the Local Authority and the Education Authority. The various departments are allocated as follows:—

Local Authority.

Maternal & Child Welfare Department.
Tuberculosis Department.
Disinfection Department.
X-Ray Department.
Artificial Sunlight Department.

Education Authority.

Minor Ailments Clinic.
Special Treatment Clinic.
Dental Clinic.
Remedial Exercises Clinic.
Office Accommodation.

The general public continues to show a keen interest in the work of the Institute. During the year, 14 parties, including Women's Guilds, Girls' Clubs, Girl Guides, etc., visited the Institute in the evenings, the average number of each party being fully 30; in addition to Mr. Brown, the capable and energetic caretaker, a Medical Officer was in attendance on these occasions in order to explain fully the work of the various departments.

Review of the Year's Work.

The following account of the work under the Scheme has been prepared in accordance with the instructions issued by the Department of Health for Scotland. To the statistics and other information required by the Department, I have added brief personal comments. 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) BIRTHS.

(a) Number registered (corrected for transfers, 1,650),	1,661
(1) Legitimate,	1,589
(2) Illegitimate,	72
(b) Number notified (including still-births),	1,638

(c) Number classified according to nature of attendance:

(1) Doctor,	476
(2) Midwife,	626
(3) Institution,	585
(d) Number of still-births,	69

The number of still-births is very low; in 1931, the number was 62, the lowest number on record. An analysis of the probable causes of 60 still-births will be found in Part II. of this Report; effective ante-natal supervision would undoubtedly result in a reduction of this rate, and expectant mothers must learn to take advantage of the local facilities provided for this purpose.

(2) INFANTILE MORTALITY.

- (a) Number of deaths (corrected for transfers, 173), ... 175
 (b) Rate per 1,000 births (corrected for transfers), ... 105
 (c) Number of deaths and rates per 1,000 births classified according to age groups and causes of deaths:

Age Groups.	No. of Deaths.	Rate per 1,000 Births.
Under 1 week,	33	20.00
1 week and under 4 weeks,	24	14.55
4 weeks and under 3 months,	33	20.00
3 months and under 6 months,	33	20.00
6 months and under 12 months,	52	31.52

Causes of Death.	No. of Deaths.	Rate per 1,000 Births.
Chickenpox,	0	0.00
Measles,	11	6.67
Scarlet Fever,	0	0.00
Whooping Cough,	10	6.06
Diphtheria and Croup,	0	0.00
Erysipelas,	1	0.61
Tuberculous Diseases,	1	0.61
Meningitis (not Tuberculous),	3	1.82
Hydrocephalus,	0	0.00
Convulsions,	7	4.24
Pneumonia (all forms),	44	26.67
Bronchitis,	7	4.24
Diarrhoea and Enteritis,	14	8.48
Other Digestive Diseases,	0	0.00
Congenital Malformations,	4	2.42
Congenital Heart,	2	1.21
Premature Birth,	29	17.58
Atrophy, Debility and Marasmus,	27	16.36
Atelectasis,	0	0.00
Injury at Birth,	2	1.21
Suffocation, overlaying,	5	3.03
Syphilis,	2	1.21
All other causes,	6	3.64

Elsewhere in the Report I have commented on the Infant Mortality Rate. The above analysis again emphasises the need

for effective ante-natal supervision of the expectant mother if the continued heavy neo-natal mortality rate is to be reduced. As usual, acute infectious diseases, affecting the respiratory system, were responsible for a large number of deaths, 37.5 per cent. of the total.

(3) MATERNAL MORTALITY.

(a) Number of deaths resulting from miscarriage or childbirth,	10
(b) Number of deaths resulting from puerperal sepsis,...	5

The number of maternal deaths during 1932—10—gives a maternal mortality rate of 6.0 per 1,000 births; in 1931, this rate was 6.1. The average rate for the past 13 years is 6.01. Of the 10 maternal deaths, 5 resulted from puerperal sepsis, as compared with 4 during 1931, the puerperal sepsis death rate being 3.03, as compared with an average rate for the past 13 years of 1.99 per 1,000 births.

(4) REPORT UNDER MIDWIVES (SCOTLAND) ACT, 1915.

This will be found under Part II. of the Report. There are 22 midwives on the local roll, of whom 9 hold the C.M.B. Certificate or its equivalent. 37.1 per cent. of the total number of births were attended by midwives.

(5) HOME VISITATION.

	Number Visited.	Total Visits.
Infants,	2,740	7,549
Children (1-5 years),	2,359	6,069
Expectant Mothers,	163	273
	<hr/>	<hr/>
	5,262	13,891

The total number of home visits is 265 less than the number paid during 1931; this decrease is due to the recent increase in the number of clinic sessions, attendance at which takes up more of the time of the Health Visitors. In my opinion, the educative value of home visitation work by a sensible and tactful Health Visitor is the most important single factor in the whole Child Welfare Scheme, contributing as it does to raising the standard of maternal efficiency. It is to be hoped, therefore, that, as soon as circumstances permit, the present staff of Health visitors will be increased, in order that this important branch of the work will receive the attention which its importance merits. At present, especially since the recent increase in the number of clinic sessions, the recommendations of the Department of Health regarding home visitation cannot be complied with, even in the case of infants, while the toddlers can only receive very scant attention.

(6) VOLUNTARY HEALTH VISITORS' REPORT.

There are no Voluntary Health Visitors. The small balance of the funds of the old Voluntary Health Visitors' Association is still being used to assist necessitous mothers in the provision of clothing for infants and young children.

(7) ANTE-NATAL CONSULTATIONS.

There are three sessions held each week—on Monday afternoon and on Wednesday and Friday mornings. Each session lasts 3 - 3½ hours; the total number of sessions was 152.

(a) Total number of expectant mothers attending, ...	924
Re-attending from 1931,	110
New Patients,	814
(b) Total number of attendances,	3,248
(c) Classified summary of conditions found:—	
Albuminuria,	84
Anæmia,	7
Bronchial Catarrh,	23
Cardiac Disease,	5
Contracted Pelvis,	37
Cystitis,	9
Dental Caries,	39
Debility,	26
Doubtful Pregnancy,	6
Excessive Sickness,	3
Goitre,	3
Gynæcological Conditions,	8
Threatened Abortion,	21
Hydramnios,	1
Malpresentation,	9
Minor Ailments,	252
Multiple Pregnancy,	3
Normal Pregnancy,	214
Not Pregnant,	10
Pyelitis,	27
Retroverted Gravid Uterus,	2
Tuberculosis,	1
Venereal Disease,	12
Varicose Veins,	16
(d) Number of cases:—	
(1) Referred to Ante-Natal Ward,	127
(2) Referred to family doctor,	1
(3) Treated at Clinic,	796
(e) Sources from which cases were drawn:—	
(1) Recommended by doctor,	36
(2) Recommended by midwife,	194
(3) Recommended by health visitor,	19
(4) Came of own accord,	565

The total attendances at the ante-natal clinics numbered 254 more than the previous highest total, and fully justified the opening of the extra session on Monday afternoons. The number of mothers attending was 181 more than the previous highest total. This ante-natal work is bound to develop further in view of the gradual education of the expectant mother, and also on account

of the new rule of Central Midwives' Board, which makes it obligatory on midwives to refer all their patients for ante-natal advice and medical examination. It is gratifying to find that midwives recommended double the number of cases compared with the year 1931. As has been repeatedly pointed out effective ante-natal supervision provides the key to the reduction not only of puerperal morbidity and mortality, but also of the high figures of still-births and neo-natal mortality.

(8) POST-NATAL AND OTHER CONSULTATIONS.

(a) Total number of patients,	637
New patients,	431
Old patients re-attending,	206
(b) Total number of attendances,	2,516
(c) Conditions found:—	
Albuminuria,	1
Agalactia,	93
Anæmia,	5
Debility and Minor Ailments,	142
Dental Caries,	8
Digestive Disorders,	4
Mastitis,	4
Skin Conditions,	2
Respiratory Disorders,	6
Venereal Disease,	1
Other Conditions,	5
Healthy,	366

These figures, as in previous years, refer to nursing mothers attending the Child Welfare Clinics.

NEW POST-NATAL CLINIC.

In December, 1930, a new Post-Natal Clinic was opened in the Russell Institute under the charge of the Resident Medical Officer of Barshaw Hospital. The Clinic, which is held on Thursday afternoon, was started primarily to provide post-natal supervision for the mothers confined in Barshaw Hospital, especially for those who had no family doctor. I subjoin the report of the year's work which has been prepared by Dr. Barbara K. Nicholson.

(a) Total number of patients attending,	347
Re-attending from 1931,	11
New patients,	336
(b) Sources from which cases were drawn:—	
Referred from Barshaw Hospital,	320
Referred by Medical Practitioners	5
Referred by Public Health Staff,	9
Came of own accord,	2
(c) Total number of attendances,	427
(d) Summary of conditions found:	
Anæmia,	17
Albuminuria,	4
Cervicitis—not Gonococcal,	7
Cervicitis—Gonococcal,	2
Cystitis,	1
Cystocele,	8

Cystocele and rectocele,	4
Debility,	22
Dental Caries,	3
Furunculosis,	1
Gastro-enteritis,	1
Hæmorrhoids,	1
Irregular Menstruation,	2
Mastitis,	4
Neuritis,	2
Pregnancy,	1
Pruritis Vulvæ,	1
Pyelitis—Chronic,	4
Retroversion,	19
Rheumatism,	2
Salpingitis,	4
Subinvolution,	7
Pelvis and general condition satisfactory, ...	230
(e) Number of Cases:	
Referred to Family Doctor,	8
Referred to Hospital,	4
Referred to V.D. Clinic,	2
Treated at Post-Natal Clinic,	333

The number of mothers attending was 91 higher than during 1931. Mothers, of course, require to be educated as to the real preventive value of post-natal supervision, but it is most encouraging to find that, excluding doctors' emergency cases, 71 per cent. of the mothers confined in Barshaw Hospital attended for examination at the Post-Natal Clinic 5 to 6 weeks after their confinement. Experience has shown that, even with proper antenatal care and skilled attendance during labour, certain complications, e.g., Retroversion, may develop later, which, if not recognised at an early stage and treated effectively, may lead to serious and prolonged invalidism. The new Clinic should reduce the distressingly high maternal morbidity rate and so enhance the value of the local maternity service.

(9) CHILD WELFARE CONSULTATIONS.

There are seven sessions held each week, each session lasting three to four hours. The total number of sessions was 354.

(a) Number of children attending:	
(1) Under one year of age,	1,085
(a) New patients,	817
(b) Patients re-attending,	268
(2) Over one year of age,	1,690
(a) New patients,	509
(b) Patients re-attending,	1,181
(b) Total number of attendances:	
(1) Under one year of age,	5,480
(2) Over one year of age,	6,906
(c) Summary of conditions found:	
Adenitis,	18
Congenital Defects,	4
Debility,	501
Dental Caries,	149

Digestive Disorders,	431
Diseases of the Skin,	234
Ear affections,	47
Throat and nose disorders,	111
Eye affections,	59
Genito-urinary disorders,	18
Engorged breasts,	8
Infectious Diseases,	20
Injury,	15
Intestinal Parasites,	32
Epilepsy,	1
Mental Deficiency,	2
Phimosis,	62
Prematurity and Birth Debility,	29
Respiratory Disorders,	278
Rickets,	67
Stomatitis,	4
Surgical conditions,	68
Tuberculosis,	6
Healthy children,	588
(d) Number of surgical dressings,	249
(e) Cases referred to Hospital:	
(1) For operation,	205
(2) For consultation,	42
(3) For observation or medical treatment,	6

Total attendances numbered 12,386, as compared with 10,988 during 1931—this is a record total. The opening of an extra session in December, 1930, has assisted materially in reducing the overcrowding which previously obtained, and more time is now available to develop the very important, educative aspect of the work at these Clinics by giving the necessary advice to mothers on the proper care and management of the normal child.

RICKETS.

The incidence of this disease at the Child Welfare Clinics during 1932 is subjoined, and may be compared with the figures for the previous three years:—

	1929.	1930.	1931.	1932.
Total number of cases, ...	84	62	71	77
New cases,	31	20	55	55
Old cases re-attending, ...	53	42	16	22

I subjoin the usual statistical data relating to the 55 new cases attending during the year:—

(1) Classification.	
Early,	12
Medium,	25
Advanced or late,	18
(2) Age Incidence.	
6 to 9 months,	6
9 to 12 months,	30
12 to 18 months,	16
18 to 24 months,	3

(3) **Modes of Feeding.**

Breast fed at birth,	49
Partly breast fed at birth,	0
Bottle fed,	6
Breast fed babies weaned earlier than 3rd month,	14
Breast fed babies weaned between 3rd and 6th month,	13
Breast fed babies weaned between 6th and 12th month,	14
Breast fed babies weaned after 12th month, ...	8

(4) **Question of Employment of Husband.**

Husband in steady employment,	7
Husband on short time,	9
Husband unemployed for a few months,	8
Husband unemployed for 1 year,	6
Husband unemployed for 2 years,	25

(5) **Housing Accommodation.**

Lodgings,	2
1-apartment houses,	25
2-apartment houses,	25
3-apartment houses,	3

The Health Visitors on their first visit to a house after a baby arrives leave a card which describes in simple language how Rickets is caused, its symptoms, and how it can be prevented. At the Clinics such teaching is continued, and full use is made of curative measures which aim at replacing the deficiency of Vitamin "D," the cause of the disease; these curative measures are: (1) Cod Liver Oil, (2) Proprietary preparations, containing Vitamin "D," (3) Artificial Sunlight Treatment.

Artificial Sunlight Treatment gives satisfactory results in the great majority of cases, always provided that regular attendance can be secured. During 1932, 51 cases received this treatment at the Russell Institute; of these, 34 cases improved under treatment, while no fewer than 17 cases ceased attendance prematurely.

(10) **SPECIAL TREATMENT CENTRES.**(1) **Dental Clinic.**

(a) Number of attendances,	947
(1) Mothers,	343
(2) Children,	604
(b) Number of dentures supplied,	nil.
(c) Summary of Work:	

	New Cases.	Attendances.	Extractions.	Fillings.	Dressings, Etc.
Mothers, ...	117	343	307	9	62
Children, ...	248	604	338	88	190
Totals, ...	365	947	645	97	252

Since 1927, this work has been carried out by the whole-time dental surgeons employed by the Education Authority at the Dental Clinic in the Russell Institute.

The figures given above show a satisfactory record of work, both among mothers and young children. The number of new patients is 105 less than the previous highest total. The extractions carried out involved the giving of 484 local anæsthetics.

Sincere thanks are again due to Mr. Marshall and Mr. Paterson, the School Dental Surgeons, for all their good work and willing co-operation.

(2) **Eyes.**

(a) Number of cases,	58
(b) Classified summary of conditions treated:	
Acute conjunctivitis,	23
Blepharitis,	18
Congenital Defects,	2
Cyst of Eyelids,	1
Hordeola,	3
Ophthalmia neonatorum,	6
Strabismus,	5

(3) **Ear, Nose and Throat.**

(a) Number of cases,	157
(b) Summary of conditions:	
Otorrhœa,	47
Enlarged tonsils and adenoids,	83
Adenitis,	3
Rhinitis,	10
Tonsillitis,	13

(4) **Artificial Sunlight Clinic—Child Welfare Cases.**

(a) Number of attendances,	2534
(b) Number of cases,	131
Old cases re-attending,	33
New cases,	98
(c) Note of conditions treated and results obtained:	

Dr. Susan M. MacMurray, who is in charge of this work, submits the following report:—

No. of Cases.	Condition.	Result.
1	Adenitis.	Well.
8	Adenitis.	Improved.
5	Adenitis.	Ceased attendance prematurely.
1	Alopecia.	Ceased attendance prematurely.
1	Bronchitis.	Well.
8	Bronchitis.	Improved.
2	Bronchitis.	Ceased attendance prematurely.
25	Debility.	Well.

No. of Cases.	Condition.	Result.
9	Debility.	Improved.
1	Debility.	Ceased attendance prematurely.
1	Dermatitis.	Well.
1	Discharging Sinus.	Ceased attendance prematurely.
1	Herpes Zoster	Well.
1	Infantile Paralysis.	General condition improved.
1	Rickets.	Well.
33	Rickets.	Improved.
17	Rickets.	Ceased attendance prematurely.
1	T.B. Abdomen.	Improved.
2	T.B. Abdomen.	Ceased attendance prematurely.
1	T.B. Dactylitis.	Well.
1	T.B. Arthritis.	Unchanged.

School Children (excluding Tuberculous cases) referred by School Medical Officer.

(a) Number of attendances,	565
(b) Number of cases,	18
Old cases re-attending,	5
New cases,	13

(c) Note of conditions treated and results obtained:

No. of Cases.	Condition.	Result.
4	Adenitis.	Improved, continuing treatment.
1	Alopecia.	Improved, discharged.
1	Bronchitis and Asthma.	Improved, continuing treatment.
1	Bronchitis and Asthma.	Ceased attendance prematurely.
5	Debility.	Improved, discharged.
3	Debility.	Improved, continuing treatment.
1	Dermatitis.	Improved, continuing treatment.
1	Dermatitis.	Ceased attendance prematurely.
1	Dermatitis.	Improved, discharged.

The work at this Clinic was much the same as during the previous year, total attendances being 3,099 compared with 3,095 during 1931.

(11) DAY NURSERIES, KINDERGARTENS, AND PLAY CENTRES.

The Hugh Smiley Day Nursery, a well-equipped voluntary institution managed by a committee of local ladies, continues to do excellent work which otherwise would have to be undertaken by the Local Authority. Suitable cases are referred to the Russell Institute for Artificial Sunlight Treatment. In May, 1930, the Committee of Management opened a Play Centre for Children between three and five years in the St. Andrew's Mission Hall, Great Hamilton Street, and this new venture continues to be very popular and carries on most admirable work, which has real educative value. The Local Authority and the Education Committee of the County Council give grants in aid of the work of the Centre.

(12) FOOD AND MILK.

(a) Number of persons in respect of whom applications were made for food or milk :		
(1) Mothers,	108	
(2) Children,	103	
(b) Number of cases certified on medical grounds as requiring food or milk :		
(1) Mothers,	108	
Expectant,	54	
Nursing,	54	
(2) Children,	103	
(c) Number of cases under (b) certified as necessitous :		
(1) Mothers,	108	
(2) Children,	103	

As in former years, I have again to record the usual generous bequest of £20 from the Peter Brough Bequest Fund, and the money was again expended in providing baby clothing to help deserving mothers in necessitous circumstances.

(13) MEASLES.

(a) Number of cases notified (not compulsorily notifiable),	1232
(b) Number of deaths,	32
(1) From Measles,	0
(2) From Sequelæ,	32
(c) Number of cases removed to hospital,	103
(d) Number of domiciliary visits,	1447
(e) Details of special staff, if any, engaged for epidemics : An additional Health Visitor was appointed in 1924, who, during epidemics, devotes her whole time, if necessary, to home visitation.	

(14) WHOOPING COUGH.

(a) Number of cases notified (not compulsorily notifiable),	140
(b) Number of deaths,	12
(1) From Whooping Cough,	0
(2) From Sequelæ,	12
(c) Number of cases removed to Hospital,	7
(d) Number of domiciliary visits,	189
(e) Details of special staff, if any, engaged for epidemics ; see note under "Measles."	

(15) OPHTHALMIA NEONATORUM.

(a) Number of cases notified,	51
(1) By doctor,	4
(2) By midwife,	30
(3) By institution,	17
(b) Number of cases in which infection was gonococcal,	28
(c) Number treated in residential institution,	2
(d) Number of cases in which there was appreciable loss of vision,	0

8 cases were treated at the Out-Patient Department of the Royal Victoria Eye Infirmary, Paisley.

(16) MATERNITY HOSPITALS.

(18) 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 Department of Health for Scotland, has been prepared by Dr. Barbara K. Nicholson, Resident Medical Officer, and will be found in Part II. of the Report. Medical practitioners will find the clinical notes of special interest. Here, I need only refer to the principal figures and comment briefly on the year's work.

Maternity Wards—30 Beds.

	1922.	1923.	1929.	1930.	1931.	1932.
Number of admissions,	233	483	549	611	605	622
Ante-natal,	83	164	166	162	192	201
In labour,	147	260	326	381	357	387
Post-natal,	3	5	7	2	4	7
Abortions,	11	54	48	62	52	27

The year under review shows a record total of admissions. Of the total, 200 were sent to Hospital by medical practitioners, 421 were referred from the ante-natal clinics, and 1 was admitted as an emergency case. No cases were admitted from outwith the Burgh.

It will be seen from the above figures that overcrowding of the Maternity Wards—to which attention has been drawn in previous Reports—still persists. It is more or less agreed that the buildings at Barshaw are of such an age that any extension there is hardly justified. It had been hoped that the proposed new County Maternity Hospital at Johnstone might have afforded relief to some extent, but the economic crisis has, so far, prevented the County Council proceeding with the proposed scheme.

Attention has also been drawn in previous Reports to the inadequate and unsuitable accommodation for the nursing staff. It is gratifying, therefore, to report that in January, 1933, the Public Health Committee considered the question, and that they agreed later to build an annexe for four extra nurses. This additional accommodation will be most welcome, and should enable the standard of treatment of the patients to be satisfactorily maintained.

The Ante-natal Ward continues to serve as a valuable and very necessary adjunct to the Ante-natal clinics. 201 cases were admitted during 1932, the second highest number on record. In recent years, in addition to the three weekly Ante-natal clinics held at the Russell Institute, another weekly clinic has been held

at the Hospital, where the Resident Medical Officer sees patients referred to her by medical practitioners for advice and treatment. During 1932, 590 attendances were recorded at this clinic by 118 patients—a record total and a pleasing tribute to the relations between the local medical practitioners and the Resident Medical Officer.

The number of cases of abortion was 27. This is the lowest figure for many years, and is due entirely to lack of accommodation. No deaths have occurred in the 401 cases treated in the hospital during the past 11 years, and all cases have made good recoveries. Institutional treatment of such cases, resulting as it does in a reduction of maternal morbidity, is undoubtedly justified, and it is unfortunate that so many cases have had to be refused. When no accommodation is available at Barshaw, cases can usually be accommodated at the Royal Alexandra Infirmary, or at Craw Road Institution.

The number of confinements was 496, a record total; in 1931 this figure was 475. There were 246 normal deliveries without medical assistance, 139 normal deliveries requiring some form of medical assistance, and 111 classified as abnormal or complicated deliveries.

The maternal morbidity rate for the total number of deliveries was 5.6 per cent., the rate for normal deliveries, 3.9 per cent., and the rate for abnormal deliveries, 11.7 per cent.; the corresponding rates for 1931 were 4.6 per cent., 3.1 per cent., and 11.2 per cent. If extra-genital causes of morbidity are excluded, the rate for normal deliveries is 0.8 per cent., and for abnormal deliveries, 7.2 per cent. Details of these cases and their classification, will be found in Part II. of the Report.

There were 27 still-births, giving a rate of 5.3 per cent., as compared with the record low rate of 3.3 per cent. in 1931. The neo-natal death rate—deaths of infants under 8 days—was 1.04 per cent., compared with 2.7 per cent. in 1931, and 6 per cent. in 1930.

There were 4 maternal deaths, giving a maternal mortality rate for the total number of admissions of 0.6 per cent., as compared with 0.8 per cent for the years 1931 and 1930. The causes of death were as follows:—Placenta Prævia (2), Pernicious Anæmia (1), and Valvular Disease of the Heart (1). Details of these cases will be found in Part II. of the Report.

Dr. Donald McIntyre, Consultant Obstetric Surgeon, was called to the hospital on 39 occasions, and his work may be summarised as follows:—48 consultations, 6 minor operations, and 19 major operations.

In January, 1933, Dr. Barbara K. Nicholson, who for two years had acted as Resident Medical Officer at Barshaw Hospital and also as Assistant Medical Officer under the Maternal and Child Welfare Scheme, intimated her resignation in view of her approaching marriage. Dr. Nicholson was an extremely able and very keen officer, who gave entire satisfaction throughout her service. In February, 1933, Dr Elizabeth F. Hunter was appointed to succeed Dr Nicholson.

I have once again to thank Miss Lang, Matron, and her staff for the keenness and efficiency with which they tackled a record year's work.

Children's Ward—10 Beds.

When the hospital was opened, two wards were set aside for children—one for medical cases, and one for surgical cases. Since 1926, owing to the increased demand for accommodation for maternity cases, there has been only one ward of 10 beds available and this has been used chiefly for minor surgical cases referred from the Child Welfare Clinics.

The number of admissions was 284, compared with 258 in 1931; of these, 41 were medical cases, and 243 surgical cases. The average duration of residence was 14.5 for the medical cases, and 7.0 days for the surgical cases. 41 cases were recommended for admission by medical practitioners. 211 cases were referred from the Child Welfare Clinics, while 29 infants were transferred from the Maternity Wards. There were 10 deaths, 8 medical cases and 2 surgical cases, the causes being Marasmus (4), Prematurity (3), Congenital Syphilis (1), Tonsillectomy (Status Lymphaticus), 1, and Spina Bifida (Cerebral Shock), 1.

Of the 41 medical admissions, 19 were cases of prematurity, 6 marasmus, 4 ophthalmia neonatorum, 4 enteritis, 4 observation and feeding, 2 congenital syphilis, 2 conjunctivitis.

The surgical work was again well maintained, 274 operations, chiefly of a minor nature, being performed, as compared with 315 during 1931, and 273 during 1930. Operations on "indoor" cases numbered 225, while "outdoor" cases numbered 49; "outdoor" cases are not formally admitted to hospital, but are brought there early in the morning, operated on during the forenoon, and sent home usually between 4 p.m. and 5 p.m. 140 cases of tonsils and adenoids were operated on; these cases are detained on an average for 5 or 6 days. The work also included 63 cases for circumcision, 25 inguinal hernia, 2 umbilical hernia, 2 cleft palate, and 6 cases of talipes, treated by the application of plaster or splints. Apart from operations, the "outdoor" work involved 54 consultations with Dr. Andrew Hulton, surgical specialist to the Children's

Ward, who is again to be congratulated on a very useful year's work. The work done in this ward is rather a unique feature of the Child Welfare Scheme, and greatly adds to the value of the work at the Child Welfare Clinics.

Contributions of Patients towards Cost of Treatment.

Patients treated in the Maternity Wards are required to contribute towards the cost of treatment according to their household income; the great majority receive at least £2 as Maternity Benefit. During 1932, £1,173 was collected, as compared with £893 in 1931, £908 in 1930, £846 in 1929.

I subjoin the new scales of contributions which, after very careful consideration, were approved by the Local Authority in March, 1932:—

Scale of Contributions for Maternity Cases.

- (1) Cases under necessitous scale, with no maternity benefit—
No charge.
- (2) Cases under necessitous scale, with maternity benefit—30/-
per case.
- (3) Non-necessitous cases with income under 40/- per week, plus
maternity benefit—42/- per case.
- (4) Non-necessitous cases with income between 40/- and 50/-
per week, plus maternity benefit—54/- per case.
- (5) Non-necessitous cases with income between 50/- and 60/-
per week, plus maternity benefit—68/- per case.
- (6) Non-necessitous cases with income over 60/- per week, plus
maternity benefit—95/- per case and upwards.
- (7) Cases receiving two maternity benefits—20/- extra per case.

Scale of Contributions for Ante-natal, etc., Cases.

- (1) Cases under necessitous scale—No charge.
- (2) Non-necessitous cases with income under 40/- per week—
4/- per week.
- (3) Non-necessitous cases with income between 40/- and 50/-
per week—6/- per week.
- (4) Non-necessitous cases with income between 50/- and 60/-
per week—11/6 per week.
- (5) Non-necessitous cases with income over 60/- per week—
20/- per week and upwards.

NOTE.—In cases of exceptional hardship, the Medical Officer of Health may use his discretion in varying the above charges.

- (17) HOMES FOR UNMARRIED MOTHERS.
- (19) CONVALESCENT HOMES.
- (20) BOARDING-OUT.
- (21) HOME HELPS.
- (22) EDUCATIONAL.
- (23) NOTE OF OTHER AGENCIES ASSOCIATED WITH THE SCHEME.

The Scheme of the Local Authority does not include any special arrangements under the above headings. There is accommodation at Auchentorlie House for unmarried mothers, where there are between 30 and 40 confinements annually. A few cases of children under 5 years are sent each year for convalescent treatment to the Biggart Memorial Home, Prestwick.

(24) PUBLIC HEALTH (NOTIFICATION OF PUERPERAL FEVER AND PUERPERAL PYREXIA) REGULATIONS (SCOTLAND), 1929.

These regulations came into force on 1st October, 1929. The treatment and preventive facilities provided by the Local Authority have already been described in the section of the Report dealing with Infectious Diseases.

(1) Total number of cases:					
(a) Puerperal Fever,					17
(b) Puerperal Pyrexia,					35
(2) Total number of cases removed to the Infectious Diseases Hospital:					15
(a) Puerperal Fever,					5
(b) Puerperal Pyrexia,					
(3) Total number of deaths:					
(a) Puerperal Fever,					6
(b) Puerperal Pyrexia,					0
(4) Number of cases of instrumental delivery:					
(a) Puerperal Fever,					6
(b) Puerperal Pyrexia,					5
(5) Number of deaths occurring under (4):					
(a) Puerperal Fever,					4
(b) Puerperal Pyrexia,					0
(6) Number of cases where the Local Authority provided assistance on the request of medical practitioners:					

		Puerperal Fever.	Puerperal Pyrexia.
(a) Consultant service,		0	1
(b) Bacteriological Examinations,		0	0
(c) Skilled nursing at home,		0	2
(d) Hospital treatment,		13	5

(25) OTHER PROVISIONS.

Institutional accommodation is available at the Infectious Diseases Hospital for young children suffering from Pneumonia, Enteritis, and Ophthalmia Neonatorum.

MIDWIVES AND MATERNITY HOMES (SCOTLAND) ACT, 1927.

This Act came fully into operation on January, 1928; it amends the Midwives (Scotland) Act, 1915, and also provides for the registration and inspection of Maternity Homes. There are two registered Maternity Homes in the area—(1) a Private Nursing Home which has five rooms available for maternity cases, and (2) a Home conducted by a midwife who has accommodation for two cases. Both homes were visited during the year. Under Section 15 (1) of the Act, exemption from registration was granted to the Royal Alexandra Infirmary.

As in past years, I have to record my most sincere thanks to Dr. Susan M. MacMurray and the staff of Health Visitors, who tackled their increased duties most effectively throughout the year.

PREVENTION AND CONTROL OF TUBERCULOSIS.

STAFF.—Administrative Medical Officer, 1 Clinical Tuberculosis Officer, 1 Tuberculosis Nurse, 1 Nurse for X-Ray and Artificial Sunlight Departments.

The appointment of an additional Assistant Medical Officer in October, 1930, enabled a very desirable re-organisation of the work under the Tuberculosis Scheme to be carried out. Dr. Charles M. Whiteford, Depute Medical Officer of Health, acts as Clinical Tuberculosis Officer and is now responsible for all the clinical work under the scheme, which formerly was divided between three medical officers. Dr. Whiteford visits and examines all newly-notified cases, acts as Visiting Physician to Gockston Tuberculosis Hospital and the sanatorium wards at Craw Road Institution, and carries out the work at the Tuberculosis Dispensary, and the X-Ray and Artificial Sunlight Clinics. The great advantages of such continuity of medical supervision are, of course, very obvious, and the work under the Tuberculosis Scheme is now effectively co-ordinated.

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; 119 cases were notified during the year; there were 52 deaths; at the end of the year, 401 cases remained under observation. 121 cases were removed to hospital.

The death rate from pulmonary tuberculosis was 0.60 per thousand, the third lowest rate on record; in 1931 this rate was 0.57 per thousand; the average rate for the past 13 years is 0.80.

The number of notifications was slightly below the average number, which for the past 13 years is 126.

Non-Pulmonary Tuberculosis.—At the beginning of the year, there were 498 cases under observation; 64 cases were notified during the year; there were 21 deaths; at the end of the year 501 cases remained under observation. 40 cases were removed to hospital.

The number of notifications of non-pulmonary tuberculosis was distinctly below the average number, which for the past 13 years is 79.

The death rate for all forms of tuberculosis was 0.84 per thousand, which is the second lowest rate on record; in 1931, this rate was 0.82 per thousand; the average rate for the past 13 years is 1.14 per thousand.

Age Incidence of Cases Notified during 1932.

Age Periods.	Pulmonary.	Non-Pulmonary.
Under 1 year,	0	3
1 to 5 years,	3	11
5 to 15 years,	11	18
15 to 25 years,	38	18
25 to 45 years,	48	12
45 to 65 years,	17	2
Over 65 years,	2	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,	13
Meninges,	10
Glands,	13
Bones,	3
Joint,	9
Spine,	8
Generalised,	2
Eyes,	0
Abscesses,	2
Genito-urinary,	2
Skin	2

As regards occupation, the principal figures are as follows:

Scholars,	28
Houseworkers,	25
Labourers,	21
Threadworkers,	12
Engineers,	9
Clerks,	4

HOUSING AND ECONOMIC FACTORS.

The following table shows the relation of the housing and economic factors to the incidence of 159 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, (14.9 per cent.)	30	18.8	3.9	16	13	1
2 Apartments, (50.3 per cent.)	78	49.0	5.8	15	39	24
3 Apartments, (21.9 per cent.)	41	25.7	6.2	3	14	24
Over 3 Apartments,.. (12.9 per cent.)	10	6.2	5.3	0	2	8

*The figures in brackets denote the percentage of each class of house to the total number of houses.

Extra-burghal cases, institutional cases, etc., numbered 24.

Investigation was also made regarding the sleeping accommodation of 159 cases notified during the year and the results may be summarised as follow:—

- (1) At the time of notification 110 cases shared a bed.

- (2) At the time of notification 29 cases occupied a bed alone but shared a room.
- (3) At the time of notification 20 cases were the sole occupants of a room.

The allocation of tenants for the recent scheme of 500 new houses, which was undertaken primarily for the re-housing of tenants dispossessed from uninhabitable houses, was left in the hands of the Medical Officer of Health, and the Sanitary Inspector. Accordingly, the opportunity has been taken—up to 28th March, 1933—to re-house in this scheme 123 families in which there was a case of tuberculosis and who were living either in overcrowded or in insanitary houses. There are still about 100 applications for re-housing from tuberculous families remaining to be dealt with, about 40 per cent. of whom are living in overcrowded houses; it is hoped to get most of these families re-housed within the next few years.

REVIEW OF THE YEAR'S WORK.

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

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

DOMICILIARY TREATMENT.

Owing to the high percentage of one—and two—roomed houses in Paisley—65.2 per cent. of the total number—proper home treatment can seldom be arranged, as it is impossible in the great majority of cases to reserve a room for the sole use of the patient. The Tuberculosis Nurse visits the houses as often as possible, and advises as to the care of the patient, and the precautions necessary to prevent the spread of infection; she also makes any necessary arrangements for disinfection of bedding, clothing, etc. Where necessary, beds are loaned out. Necessitous cases may also receive weekly allowances of eggs, milk, butter, etc., 40 cases receiving help in this way during 1932. Medicines are also provided for cases of insured persons treated at home, the cost during the year being £51 13s. 10d.

Expenditure on such allowances for home cases would be very much larger, but for the most valuable assistance given by certain voluntary agencies, whose funds are available for helping cases of tuberculosis; Paisley is quite exceptionally fortunate in this respect.

(1) **The James Clark Bequest Fund.**—This Fund is administered by the Directors of the Royal Alexandra Infirmary, Paisley. Weekly grants of money are given to supplement the household income in cases being treated at home; all applicants

have to be recommended in the first place by the Public Health Department. At the beginning of 1932, there were 52 recipients on the roll of this Fund, during the year 14 new cases received assistance, and at the end of the year 42 cases remained on the roll. The total payments to patients during the year amounted to the very handsome sum of £476 16s.

(2) The Renfrewshire Memorial to the late King Edward.—

This Fund is administered by an After-Care Committee representing all the Local Authorities in Renfrewshire, and is devoted to the welfare of tuberculous patients throughout the whole County area; recommendations for assistance are made by the Medical Officers of Health of the various Local Authorities. During 1932 58 patients in Paisley were assisted as follows:—9 patients received assistance in the shape of rent payments; 41 patients were provided with clothing to enable them to enter the Sanatorium or to secure employment; 6 patients received dental treatment; 1 patient was provided with bed and bedding; 1 patient was assisted in the purchase of an artificial limb. £242 18s. was spent on these various services during 1932.

(3) The United Services Fund, Earl Haig Fund, etc.—

These Funds are administered by the Paisley Ex-Servicemen's Advisory Committee, and are available for ex-Servicemen suffering from tuberculosis where it has been decided that the illness is neither attributable to nor aggravated by War service, and where, therefore, no pension is granted. Applicants have to be recommended in the first place by the Public Health Department. Mr. A. C. Wilson, the keen and energetic Honorary Secretary and Treasurer of the Committee, reports as follows regarding the assistance rendered by his Committee to tuberculous ex-Servicemen during 1932:—"This Committee continued to deal with the cases of T.B. ex-service men, not only in providing nourishment and clothing when at home, but in providing groceries to the dependents while the man is in a Sanatorium. In addition, in several instances where you have placed these cases in new houses, rent has been paid, also furnishings supplied. During 1932, over the various items mentioned, we have given grants amounting to £150."

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

Dispensary Treatment.

The Municipal Dispensary is held at the Russell Institute and is open on the afternoons of Tuesday and Friday of each week, each session lasting fully two hours.

I subjoin a table giving the principal figures relating to the work done during the last four years:—

	1929.	1930.	1931.	1932.
Total Attendances,	2,438	2,400	2,448	2,111
Average Monthly Attendances, ...	203	200	204	176
Primary Consultations,	169	118	133	343

Of the new cases 41 came to the Dispensary of their own accord, 193 were referred by medical practitioners, 57 by the Public Health Staff, 6 by the School Medical Officers, 6 from the Royal Alexandra Infirmary, while 40 patients were referred on their discharge from hospitals and sanatoria. There was a very gratifying increase in the number of cases referred by medical practitioners, 193 compared to 58 during 1931. It is noteworthy that 62 cases were notified after consultation with Dr. Whiteford.

The Tuberculosis Dispensary is certainly the most convenient centre for observation and diagnosis of early cases, especially since X-Ray facilities have become available, and it also serves a most useful purpose in enabling the tuberculosis staff to maintain regular medical inspection and after-care of ex-sanatorium patients. During the year, 504 surgical dressings were done at the Dispensary, chiefly for cases receiving Artificial Sunlight treatment.

Dr. Whiteford, Clinical Tuberculosis Officer, again made systematic efforts during the year to determine finally the diagnosis of the many observation cases who had been on the Dispensary Register for a considerable period, and he was successful in removing from the Register no fewer than 111 patients.

X-Ray Diagnosis.

The X-Ray Department at the Russell Institute is open for two sessions weekly—Monday forenoon and Thursday afternoon.

During 1932, there was again an increase in the work of this Department. 980 patients attended for examination, as compared with 878 during 1930; of these, 285 cases were referred by medical practitioners, 348 cases by the Public Health Staff, and 348 cases by the County Tuberculosis Officer. The increase in the number of cases referred by medical practitioners, 285 cases, compared with 83 cases in 1930, is particularly gratifying. 1,592 plates were taken, compared with 1,527 plates in 1931.

In Dr. Whiteford's interesting report of the work done in this Department, attention is again directed to the X-Ray work carried out for the various municipal hospitals, of which perhaps the most interesting feature is that 26 maternity cases were referred from Barshaw Maternity Hospital for diagnosis of type of pregnancy.

The work done for cases in the pneumonia ward of the Fever Hospital is also most valuable, and is of the greatest assistance in clearing up the diagnosis of obscure chest conditions. Dr. Whiteford's appointment as Visiting Physician to the Sanatorium Wards in Craw Road Institution ensured, as his Report shows, full use being made of the facilities available for X-Ray diagnosis for the patients treated in that Institution.

Dr. Whiteford's Report is as follows :—

“The work of the X-Ray Department increases yearly and the total number of X-Ray examinations in 1932 was an advance on the high figures of 1931. Two sessions per week are devoted to radiography—on Mondays at 11 a.m., mainly bone radiography, and on Thursdays at 2 p.m., chest radiography, with an Artificial Pneumothorax Clinic immediately following.

“For the year 1932 there was a total of 980 patients X-Rayed, with a total of 1,592 plates taken. These figures compare with totals of 878 patients and 1,527 plates taken for the year 1931. The sources from which these cases were drawn, and an analysis of the cases, can be seen from the table below :—

	Chest.	Spine.	Hip and Pelvis.	Bones & Joints.	Skull.	Total Patients.	Total Plates.
Practitioner's							
Cases,	277	2	3	3	—	285	531
Burgh Health							
Dept. Cases,	240	22	51	34	1	348	548
County Health							
Dept. Cases,	315	14	3	15	—	347	513
Total,...	832	38	57	52	1	980	1592

“The X-Ray Department at the Russell Institute caters for all the services of the Burgh Health Department—Tuberculosis, Maternal and Child Welfare, and the Municipal Hospitals.

“Among the 348 cases referred for X-Ray diagnosis by Medical Officers of the Burgh Health Department were 29 mothers from the Maternity Wards in Barshaw Hospital,—3 for diagnosis of chest conditions, and the remainder for investigation of doubtful presentations and other complications of pregnancy.

“From the Tuberculosis Wards at Gockston Hospital and Craw Road Institution, 29 cases and 49 cases respectively were referred for examination.

“From the Burgh Isolation Hospital 18 cases were referred for X-Ray diagnosis.

“The following table gives an analysis of the cases referred from the various Municipal Hospitals:—

	Chest.	Spine.	Hip and Pelvis.	Bones & Joints.	Skull.	Total Patients.
Bridge St. Hospital,	15	1	—	1	1	18
Craw Road Inst.,...	10	9	16	14	—	49
Barshaw Hospital,...	3	—	26	—	—	29
Gockston Hospital,	29	—	—	—	—	29

“This liaison between the Hospitals and Tuberculosis Department is of definite value, particularly in the observation of doubtful chest conditions. The progress of patients from the tuberculosis wards is gauged; Artificial Pneumothorax treatment is controlled; and the end results of treatment of chest cases in the Isolation Hospital are seen. From this last category, cases are, if deemed necessary, recommended to attend the Tuberculosis Clinic for observation, after they are discharged from Hospital. In this way, a complete record of progress is kept of doubtful cases from the commencement of illness until their final discharge as cured; many cases of tuberculosis are diagnosed, and continuity of treatment is assured.”

Artificial Pneumothorax Treatment.—The X-Ray facilities at the Russell Institute, and the appointment of Dr. Whiteford as Clinical Tuberculosis Officer, enabled the Tuberculosis Staff to commence Artificial Pneumothorax Treatment of cases of Pulmonary Tuberculosis early in 1931. It is agreed that this treatment in suitable cases gives more encouraging results than any other, and Dr. Whiteford is to be congratulated on his new venture. The new work was commenced primarily for the benefit of patients who had been discharged from Bridge-of-Weir Sanatorium after a course of such treatment, but it is hoped, as experience is gained, to develop it for suitable cases among the patients in the local Tuberculosis Hospitals. The most suitable cases for this type of treatment are those in which the disease is confined to one lung.

Dr. Whiteford's Report is as follows:—

“During 1932 four cases were started on Artificial Pneumothorax therapy in our hospital wards, and at the Russell Institute the usual refills were performed at the Thursday afternoon clinic for ex-sanatorium patients.

“It must be borne in mind that, except for picked cases waiting transfer to sanatoria, our hospital wards are primarily for advanced cases of phthisis, and our choice of subjects for pneumothorax during the year was limited to those cases in whom some serious complication demanded drastic treatment. Such complications were—laryngitis and rapid loss of weight in two cases;

severe and intractable hæmoptyses in one case; and rapid spread of a one-sided lesion in the remaining case.

“One hospital case continued pneumothorax treatment from 1931.

“In addition to these five cases whose pneumothorax was initiated in our hospital wards, there was another case whose collapse therapy was instituted at home and was maintained after admission to hospital.

“Of these six hospital cases, all grave from the outset, one died without showing any sign of amelioration of the laryngeal condition; another improved and was discharged to attend the pneumothorax clinic, but retrogressed after a family bereavement. The case with severe hæmorrhage improved and is still progressing under treatment. Two cases improved greatly from the start, and will shortly be fit for discharge. The sixth case, that of a young girl with a one-sided lesion, ended tragically, the patient collapsing under treatment and dying of pleural shock. This was the more remarkable in that she had had many injections of air without any complaint or upset. On the last occasion, the needle was introduced, but no swing of the manometer was seen. After cleaning the needle with the stylette, there being still no swing of the manometer, the needle was withdrawn and immediately the signs and symptoms of collapse made themselves evident, and the patient died in spite of all efforts to combat the shock.

“For these hospital cases, a series of 101 pneumothorax injections was performed.

“At the Russell Institute Clinic, a series of 90 refills was done for the 5 ex-patients who have attended at regular intervals since their discharge from sanatorium. These patients are all maintaining a satisfactory record of health; one is in regular employment, and the others are quite fit for light work.”

Artificial Sunlight Treatment.—Artificial Sunlight Treatment for cases coming under the Tuberculosis Scheme was continued on the usual lines during 1932.

Dr. Whiteford submits the following interesting Report on the work:—

“During 1932, under the Tuberculosis Scheme, 241 cases received treatment in the Artificial Sunlight Department at the Russell Institute, as compared with 210 cases during 1931. The total number of exposures was 5920, as compared with 5,414 in 1931. These cases are reviewed, re-examined, and their treatment

adjusted according to the conditions found, at the Sunlight Clinic session on Wednesday afternoons.

“This Clinic functions for the treatment by Ultra Violet Ray Therapy of notified cases of certain types of non-pulmonary tuberculosis, and also of cases, commonly designated ‘pre-tuberculous.’ This designation is a very unhappy one, but is retained because of its succinctness; in such cases, no definite clinical or X-Ray signs of active tuberculosis have been demonstrated, and there is no history of tuberculosis in the family.

“In all cases of non-pulmonary tuberculosis an improvement has been noted after a course of Ultra Violet Ray Therapy. The patients’ weight increases, they remark on their improved appetites and sleep; the local tuberculous focus for which the treatment was instituted shows marked regression, and, in many cases, final cure. Enlarged glands become fibrosed and disappear, ulcers and sinuses heal over, and painful bone conditions clear up.

“In the ‘pre-tuberculous’ cases, an improvement is noticed in the patients’ general condition. From being ‘never ill but never quite well,’ they confess a general access of vigour and vitality.

“We have thus come to look upon U.V.R. therapy as a local stimulus to healing, and as an excellent general tonic.

“In the table subjoined is an analysis of the cases who attended for U.V.R. therapy during 1932. These cases were recommended from several sources—by the staff of the Burgh Health Department; by the staff of the County Health Department, and by Medical Practitioners in the Burgh.

		Recommended by Burgh Health Dept.		Recommended by County Health Dept.		Recommended by Medical Practitioners.	
		Cases continued from 1931.	New Cases.	Cases continued from 1931.	New Cases.	Cases continued from 1931.	New Cases.
Non-Pulmonary Tuberculosis.	Improved: Treatment suspended,	5	9	3	2	6	8
	Treatment continued into 1933,	1	14	—	—	—	18
	Ceased attendance prematurely,	6	20	1	7	8	12
	Transferred to Hospi- tal,	—	6	—	—	1	—
Pre-Tuberculous Cases.	Improved: Treatment suspended,	5	12	2	3	6	7
	Treatment continued into 1933,	1	16	—	5	3	10
	Ceased attendance prematurely,	4	27	—	1	—	7
	Transferred to Hospi- tal,	2	2	—	—	1	—

“The total number of cases was 241, including 186 new cases, and 55 cases continuing treatment from 1931. The new cases included 96 cases of non-pulmonary tuberculosis and 90 cases labelled as ‘pre-tuberculous’; and, of the cases continuing from 1931, there were 31 cases of non-pulmonary tuberculosis and 24 ‘pre-tuberculous.’

“Below is appended an analysis of the end results of the treatment for the various types of case:—

Analysis of Cases and Results.

	Improved: Treatment suspended.	Treatment continued into 1933.	Ceased attendance prematurely.	Transferred to Hospital.
Pre - Tuberculous Cases (114),... ..	35	35	39	5
Tuberculous Adenitis (75),... ..	19	19	36	1
Tuberculosis of Abdo- men (23),	7	9	5	2
Tuberculosis of Bones and Joints (12), ...	3	2	4	3
Lupus and Allied Con- ditions (13),	3	2	7	1
Other conditions (4),...	1	1	2	—

“The heading ‘Ceased treatment prematurely’ refers to the defaulters. This class, as will be seen from the above tables derives mainly from the new cases.

“Compared with the previous year, the number of non-pulmonary cases under U.V.R. treatment rose from 87 to 96; and the debilitated or ‘pre-tuberculous’ cases almost doubled in number, rising from 57 to 90. This may be a reflection of the effects of the straitened conditions of the population in these critical times. In spite of this it is disappointing to find roughly 40 per cent. of the non-pulmonary tuberculous cases and 39 per cent. of the ‘pre-tuberculous’ cases failing to complete treatment. The old fetish that physical debility must be treated with chemical tonics in the shape of a bottle of medicine, is hard to live down, and the physical tonic of artificial sunlight loses its novelty and is soon followed by default. On the other hand the faithful remnant gives great satisfaction with the undoubtedly good results observed after treatment is completed.”

Institutional Treatment.

The routine practice, in practically all newly notified cases, is to offer institutional treatment; except in exceptional cases, residence in a Sanatorium gives all patients their best chance of having the progress of the disease arrested, and also teaches them how to look after themselves at home, and how to safeguard others from infection.

Probably the chief cause of the many failures of institutional treatment of pulmonary tuberculosis is that far too many cases are

not notified—and therefore do not get the chance of institutional treatment—until they are in the advanced stages of the disease. I subjoin an instructive table showing the interval which elapsed between notification and death in 750 cases of pulmonary tuberculosis who died during the eleven years, 1922 and 1932:—

	No. of Cases.	Percentage of Total Deaths.
Notification first received from Registrar of Deaths,	100	13.3
Death occurring within 1 month of notification,	98	13.0
Death occurring within 1 to 3 months of notification,	119	15.8
Death occurring within 3 to 6 months of notification,	92	12.2
Death occurring within 6 to 12 months of notification,	69	9.2

In the remaining 272 cases—36.2 per cent. of the total number—the interval between notification and death was over 12 months. These figures show that 54.3 per cent. of the deaths from Pulmonary Tuberculosis since 1922 occurred within 6 months of notification, which really means that the majority were in the advanced stages of the disease before they were notified to the Public Health Department.

Institutional Accommodation Available for Paisley Cases.

Gockston Hospital.—30 beds, under the control of the Local Authority. This hospital serves as a “clearing house,” where pulmonary 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 to Bridge-of-Weir Sanatorium, if accommodation there is available, chronic cases are sent home to attend the Tuberculosis Dispensary, while others are detained for treatment or for the purpose of isolation.

The principal figures for 1932 are as follows:—

In hospital at beginning of year, 24—12 males, 12 females.

Admitted during the year, 65—35 males, 30 females.

Deaths during the year, 16—9 males, 7 females.

Craw Road Institution.—30 beds, under the control of the Local Authority, acting for the joint owners, Renfrew County Council, Town Council of Glasgow, and Paisley Town Council. The Sanatorium Wards are available for all types of tuberculosis, but hitherto they have been used mainly for cases of non-pulmonary tuberculosis. In 1928, the late Parish Council agreed

to provide additional accommodation in the wards of the main hospital (and this has been utilised to accommodate urgent pulmonary and non-pulmonary cases for whom no other accommodation was available; patients in the wards of the main hospital are transferred to the Sanatorium wards as soon as beds are available.

The principal figures for 1932 are as follows:—

In hospital at beginning of year, 39—20 males, 19 females.
Admitted during the year, 85—51 males, 34 females.
Died during the year, 17—12 males, 5 females.

Bridge-of-Weir Sanatorium.—Under voluntary control. Only carefully selected cases are sent to this Sanatorium, and the results are usually very satisfactory.

The principal figures for 1932 are as follows:—

In hospital at beginning of year, 15—6 males, 9 females.
Admitted during the year, 11—5 males, 6 females.
Deaths during the year—Nil.

Peesweep Sanatorium.—18 beds, under voluntary control. This is a most admirable institution, maintained by the large Thread Mills for the benefit of their female employees, and, under the medical supervision of Dr. Joshua Ferguson, excellent work is carried on. The Institution is very popular among the workers, and, as a result, the accommodation is practically always fully utilised; 4 new cases from Paisley were admitted during 1932.

Biggart Memorial Homes, Prestwick.—Under voluntary control. This is a convalescent home where children in a non-infectious stage of tuberculosis can be sent for fresh-air treatment under close medical supervision; in most cases excellent results are obtained. During 1932, 3 cases were admitted.

St. Andrew's Home, Millport.—Under private control. This is a well-equipped and admirably managed Sanatorium, designed specially for the treatment of cases of non-pulmonary tuberculosis; Dr. J. H. Paul is the keen and enthusiastic medical superintendent. During 1932, 1 case from Paisley was admitted.

Dr. Charles M. Whiteford, Clinical Tuberculosis Officer, and his staff are again to be heartily congratulated on a splendid record of work during the year. Noteworthy features were the cordial co-operation of medical practitioners with Dr. Whiteford, and also the continued increase of the work of the X-Ray Department.

VENEREAL DISEASES SCHEME.

The scheme of the Local Authority came into 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 other bacteriological work is done at the Clinic, Craw Road Institution.
- (2) **Supplies of Salvarsan, etc.,** are available free of charge for the use of duly qualified medical practitioners.
- (3) **Clinic for Outdoor Cases at Craw Road Institution.**
- (4) **Ward Accommodation in Craw Road Hospital.**
- (5) **Educational and Publicity Campaign.**

Laboratory Diagnosis.—During the year 409 specimens of blood and cerebro-spinal fluid were sent to Glasgow for the Wassermann Test; of that total, 218 specimens came from the Municipal Clinic, and the indoor wards, and 191 specimens from medical practitioners. The Staff at the Clinic examined 1,663 specimens, and 217 specimens were examined in the laboratory at the Fever Hospital. Total examinations, therefore, numbered 2,289 which is easily a record total.

Supplies of Salvarsan, etc., to Medical Practitioners.—286 doses were supplied during the year to 10 medical practitioners.

Municipal Clinic for Outdoor Cases.

The Clinic is situated in the grounds of Craw Road Institution, but is owned and controlled by the Local Authority. The Staff consists of a Medical Officer—Dr. Charles M. Whiteford—1 whole-time male orderly, 1 part-time clerk, and 2 part-time nurses for attendance on female patients. The Medical Officer is in attendance four sessions weekly, two sessions for male patients and two for female patients, while the Clinic is open every day, including Sunday, for irrigations, dressings, etc.

I subjoin a tabular statement of the principal statistics for 1932 :—

(1) No. of New Cases, 231.	Syphilis.	Gonor. rhœa.	Non-specific Venereal			Total.
			Soft Sore.	Infec- tions.	Other Diseases.	
Males,	22	93	2	10	38	165
Females,	22	43	0	0	1	66
	44	136	2	10	39	231

(2) Total attendances, 16,562.

Males, ...	1,032	10,808	17	91	170	12,118
Females, ...	823	3,617	0	0	4	4,444
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	1855	14,425	17	91	174	16,562

(3) Average daily attendances, 45.9.

(4) Cases from outwith Paisley, 66.

Johnstone, 15; Renfrew, 13; Barrhead, 5; Greenock, 4; Glasgow, 7; Inkermann, 4; Kilmacolm, Bishopton, Lochwinnoch, Neilston, Renfrew County, 2 each; Milliken Park, Bridge-of-Weir, Kilbarchan, Howwood, Inchinnan, Elderslie, Beith, Port-Glasgow, 1 each.

(5) Laboratory Work.

Specimens examined by Staff of Clinic, ...	1,663
Specimens sent to Glasgow Laboratory, ...	218
	<hr/>
Total, ...	1,881

As compared with 1931, new cases showed an increase of 11; new cases of syphilis, 44, were about the average number, while new cases of gonorrhœa, 136, were above the average number.

The increase in cases of syphilis and gonorrhœa among women during the last three years has been rather striking, and is probably partly accounted for by the extra evening Clinic for female patients opened in January, 1930, and partly by more active co-operation with the Maternal and Child Welfare medical staff. Not only has the number of new cases increased, but during recent years the attendances of the female patients have shown an even more marked increase, the number during 1932 being 4,444, as compared with 1,289 during 1928. Needless to say, this increase in attendances is very satisfactory, indicating that the female patients are now becoming educated to the benefits of, and the necessity for, sustained treatment for these diseases.

Total attendances were 16,562, as compared with the record total of 17,533 for 1931.

The average daily attendances were 45.9, as compared with 48.7 for 1931, 40.1 for 1930, 37.9 for 1929, and 21 for 1923.

The number of laboratory specimens examined by the Staff was again easily the highest on record; this work, chiefly carried out by Mr McGeechan, the experienced male orderly, saves the Local Authority an appreciable sum of money each year.

Hospital Accommodation for Indoor Cases.

A ward of 13 beds is available for acute cases in Craw Road Hospital, 4 of the beds being reserved for patients from Greenock.

Dr. George Millar, Visiting Surgeon at Craw Road Institution, is responsible for the treatment of these patients.

During 1932, 58 patients received treatment, as compared with 40 during 1931; the average number for the past ten years is 53. Of the total 44 were Paisley cases, 6 were Greenock patients, 2 were Johnstone cases, 2 were Inkermann cases, while Linwood, Howwood, Milliken Park and Bearsden each contributed 1 patient.

A welcome feature of the work in these wards was that 6 infants were born there during the year, indicating that the mothers are gradually becoming educated as regards the success which attends the treatment of syphilis in pregnant women, and also that co-operation with the Maternal and Child Welfare staff is real and active.

Dr. Charles M. Whiteford, Clinical Venereal Diseases Officer, is again to be heartily congratulated on a fine record of work. I have also to record my continued indebtedness to Dr. George Millar, the Governor, the Matron, and other officials at Craw Road Institution for their helpful co-operation.

HOUSING OF THE WORKING CLASSES.

Progress continues to be made with the various Corporation Housing Schemes. During 1932, 258 new houses were completed and occupied at Auchentorlie and Shortroods. 20 new houses were built by private enterprise. During the same period, 136 uninhabitable houses were closed, and 43 houses were also closed for purposes of street improvement.

Housing progress since the War can be judged from the table given below for which I am indebted to Mr. James Lee, Master of Works:—

Number of Houses erected and occupied within the Burgh, 1919 to 1932.

Year.	Erected by—										
	Private Enterprise.					Local Authority.				Grand Total	
	2-apt.	3-apt.	4-apt.	5-apt.	Over 5.	Total.	2-apt.	3-apt.	4-apt.		Total.
1919,	...	2	...	...	...	2	...	...	...	...	2
1920,	...	3	1	1	...	5	...	...	...	...	5
1921,	...	1	...	1	1	3	...	92	...	92	95
1922,	3	2	...	5	...	86	38	124	129
1923,	4	14	3	21	...	102	52	154	175
1924,	1	9	9	13	9	41	48	66	...	114	155
1925,	...	23	20	35	1	79	120	62	...	182	261
1926,	...	6	5	21	3	35	72	76	...	148	183
1927,	...	7	17	39	2	65	182	186	...	368	433
1928,	...	9	18	26	4	57	233	275	...	508	565
1929,	2	4	24	26	5	61	208	214	...	422	483
1930,	...	1	9	9	...	19	238	...	...	238	257
1931,	...	5	13	12	1	31	46	174	...	220	251
1932,	...	10	3	7	...	20	90	132	36	258	278
Total,	3	80	126	206	29	444	1237	1465	126	2828*	3272

* This figure includes 102 houses built under Slum Clearance Scheme, and also 465 houses built during 1930, 1931 and 1932 for dispossessed tenants.

As regards uninhabitable houses, Mr Kelso, Chief Sanitary Inspector and Executive Officer under the Housing Acts, reports that in the course of inspection during the year, there were discovered 257 houses which were unfit for human habitation. In a report to the Housing Committee, dated 26th May, 1933, Mr. Kelso estimates that there are still 150 families living in uninhabitable houses who require to be rehoused. During 1932, 126 clos-

ing and demolition orders were made under Section 16 of the Housing (Scotland) Act, 1930.

In January, 1932, an exhaustive Report on "Housing Conditions and Requirements" was submitted to the Local Authority by Mr Kelso and myself. The Report was included in last year's Annual Report, and, up to date, there has been no occasion to modify the views expressed therein. After careful consideration of that Report, the Local Authority decided to proceed as quickly as possible with schemes for 374 houses, the balance of the scheme for 750 houses approved by the Local Authority in November, 1930, and they also agreed to submit to the Department of Health for Scotland a further Provisional Scheme for 500 additional houses, which has since been approved by the Department.

Census, 1931;—Housing Statistics.

In the late Spring of 1933, the Registrar-General published the detailed Report of the 1931 Census, which deals with the County of Renfrew. In the Report, full and authoritative information is given regarding the housing conditions in the County, and I sub-join some interesting tables regarding the conditions in the Burgh of Paisley:—

Census of Population,	86,445
Persons per House,	4.05
Rooms per House,	2.51
Persons per Room,	1.62

Distribution of Houses:—

	Census, 1931.	Census, 1921.
Total occupied Houses,	20,628	18,346
1-Apartment Houses,	3,070	3,282
2-Apartment Houses,	10,368	9,405
3-Apartment Houses,	4,513	3,405
4-Apartment Houses,	1,221	1,037
5-Apartment Houses,	669	441
Over 5-Apartment Houses,	787	776

	Census, 1931.	Census, 1921.
Percentage of 1-Apartment Houses,	14.9	17.9
Percentage of 2-Apartment Houses,	50.3	51.2
Percentage of 3-Apartment Houses,	21.9	18.5
Percentage of 4-Apartment Houses,	5.9	5.6

Distribution of Population in Houses:

	Census, 1931.	Census, 1921.
Population living in 1-Apartment Houses, ...	9,179	10,464
Population living in 2-Apartment Houses, ...	42,914	44,393
Population living in 3-Apartment Houses, ...	19,728	17,106
Population living in 4-Apartment Houses, ...	5,387	4,928
Percentage of population in 1-Apartment Houses,	11	12.3
Percentage of population in 2-Apartment Houses,	51.4	52.3
Percentage of population in 3-Apartment Houses,	23.6	20.2
Percentage of population in 4-Apartment Houses,	6.4	5.8

Population by Number Enumerated per Room.

The figures given below provide official information regarding overcrowding :—

Persons living not more than 2—per room, ...	46,070
Percentage of Population living not more than 2 —per room,	55.1%
Persons living 2-3 per room,	20,648
Percentage of Population living 2-3 per room, ...	24.7%
Persons living 3-4 per room,	9,993
Percentage of Population living 3-4 per room, ...	12%
Persons living more than 4—per room,	6,843
Percentage of population living more than 4 per room,	8.2%

MEAT INSPECTION—PUBLIC SLAUGHTER-HOUSE.

The Burgh Slaughter-house is under the competent management of Mr. Hugh Cameron, who is also the official Meat Inspector of the Local Authority.

I subjoin the usual table summarising the work done during 1932:—

Class of Animal.	Total Slaughtered.	Carcases totally Condemned.	Carcases partially Condemned.	Carcases in which organs only were Condemned.
Cattle,	6,406	200	207	712
Calves,	1,813	48	—	9
Sheep,	18,195	17	5	340
Swine,	4,995	9	6	144
	<hr/> 31,409	<hr/> 274	<hr/> 218	<hr/> 1,205

Of the 1,697 diseased animals, 1,181 were affected with Tuberculosis, of which 170 were totally condemned, and 200 partially condemned. The weight of meat condemned during the year was 56 tons, 13 cwts. During the year, Mr James Andrew, Burgh Veterinary Inspector, seized 7 cows in the Public Markets; post-mortem examination at the Slaughter-house showed that all were affected with generalised tuberculosis, and the carcasses were totally condemned. Under Article 5 of the Tuberculosis Order of 1925, Mr Andrew also seized 1 cow which was found to be in an advanced state of Tuberculosis; the carcase was condemned.

DIABETES—PROVISION OF INSULIN.

The Local Authority provide Insulin, etc., to necessitous persons suffering from Diabetes who are not otherwise provided for out of public funds. Seven patients were assisted in this way during 1932.

MILK AND DAIRIES (SCOTLAND) ACTS.

Mr. W. W. Kelso, Chief Sanitary Inspector, is the Executive Officer under the various Acts, and I am indebted to him for most of the following information:

There are at present 16 registered cowsheds in the Burgh, the average number of cows kept being 354, and the average amount of milk produced being about 799 gallons daily. These were all inspected at least four times during the year, and the results recorded on the score card system; the lowest marks recorded were 82 out of a possible 100, a slight improvement on the previous year.

There are 72 retail dairies on the register; 21 shops for the sale of bottled milk; and 29 carts or other vehicles from outside areas registered to sell milk within the Burgh. All these premises were systematically inspected during the year, 4-5 inspections being made for each dairy.

The daily consumpt of milk within the Burgh is approximately 5591 gallons, made up of 3485 gallons bulk milk, and 2106 gallons bottled milk; the total bottled milk comprises 36 gallons certified milk, 2 gallons Grade A (T.T.) pasteurised, 8 gallons Grade A pasteurised, 1,470 gallons pasteurised milk, and 590 ordinary milk cooled and bottled. These figures represent a daily consumpt per head of the population of 2.01 gills—a low consumpt, and one which could well be increased with great benefit to the health of the community. Numerous experiments in recent years have definitely proved that pure fresh milk is the ideal food for growing children, and that no other food can replace it.

Three new licences were granted for the sale of Certified milk; the subjoined table shows the results of analysis of Graded Milks:—

	Bacteriological Examination.		Chemical Analysis.		
	Bacterial content per c.c.	Coliform Bacilli per 1-10 c.c.	Milk Fat per cent.	Non-Fatty Solids per cent.	Total Solids per cent.
Pasteurised Milk— 5 Samples.	Highest, Lowest, Average,	Absent 2 Present 3	3.65 3.50 3.53	8.61 8.50 8.67	12.26 12.00 12.20
	Highest, Lowest, Average,	Absent 8 Present 0	4.45 3.50 3.90	8.82 8.92 8.86	13.27 12.42 12.75
	Highest, Lowest, Average,	Absent 4 Present 0	4.25 3.60 3.89	8.80 8.85 8.97	13.05 12.45 12.86
Certified Milk— 8 Samples.					
Grade A (Pasteurised) Milk— 4 Samples.					

Letters of warning were sent and explanations given in the cases where Bacilli Coli were present.

The Burgh Analyst is Mr. R. M. Clark, Glasgow, while special tests and examinations are carried out in the Corporation Laboratory, Glasgow.

No outbreak of disease spread by milk or milk products were reported during the year.

WATER SUPPLY.

No change took place in the general water supply arrangements of the town, which is of good quality and adequate for present requirements, as borne out by the following particulars of the reservoirs :—

	Depth.		Capacity.	
	Feet.	Inches.	Cubic Feet.	
Barcraigs Reservoir,	36	0	196,852,050	
Camphill Reservoir,	70	0	116,766,880	
Rowbank Reservoir,	33	5	78,074,248	
Stanely Reservoir,	31	1	31,891,051	
Glenburn Reservoir,	28	0	12,651,204	
Harelaw Reservoir,	20	0	14,248,313	
			450,483,746	

This gives a storage capacity equal to 212 days' supply. There are 27 filters and 6 tanks, and the consumpt within the whole water supply district was at the rate of 42 gallons per day per head of the population for domestic purposes and 89 gallons for all purposes.

SEWAGE PURIFICATION AND REFUSE DISPOSAL.

Consequent on the national economic crisis in the autumn of 1931, the Local Authority decided to postpone their scheme for the purification of the sewage of the Burgh.

The Refuse Destructor dealt with 21,395 tons of unscreened refuse during the year, the daily average—with two eight-hours' shifts—being 69 tons. The revenue from residual products, clinker, mortar, waste paper, old tins, etc., amounted to £338, compared with £331 for the previous year. The electricity generated and used was equal to a consumpt of £253.

FACTORIES AND WORKSHOPS.

Excluding bakehouses, there are 122 workshops on the register, and 138 inspections were made of those most requiring attention.

In terms of the Home Work Order, 18 lists of outworkers were received; 9 in February, relating to 38 outworkers, and 9 in August relating to 38 outworkers, of whom 69 were employed within the Burgh, and 7 outwth. Seven lists regarding outworkers were sent to the authorities of the districts where they were employed, and 2 lists were received from other authorities. Inspection of such premises disclosed nothing calling for special attention.

There are 55 bakehouses in the Burgh, none of which are underground. Eight notices were received from H.M. Inspector of Factories, all referring to the necessity for limewashing; these notices received immediate attention.

LOCAL GOVERNMENT (SCOTLAND) ACT, 1929.

I subjoin copies of the various Returns which have been called for by the Department of Health for Scotland and which relate to the Health and Institutional Services of the Local Authority:

BURGH OF PAISLEY. **Health Services: Form 10.**
1932.

HEALTH SERVICES—Note of changes and developments since completion of former returns. (“Nil” returns to be rendered where appropriate.)

I.

Form 4—Health Staffs of the Local Authority.

Changes in the Council’s medical, dental, nursing, sanitary and veterinary staffs, exclusive of the staffs of hospitals:—

Nil.

II.

Form 5—(A) Clinics and (B) Laboratory Services.

(A) Clinics.

(N.B.—Minor changes, e.g., in days and times of sessions, need not be reported. What is desired is a note of any material development or reduction of services and of any innovations.)

Nil.

(B) Laboratory Services.

Nil.

III.

Form 8—Care of the sick poor under the Poor Law.

Nil.

The following figures for the year should be given, viz..

	Male.	Female.	Children.	Total.
(a) Persons who received outdoor medical relief in the Council’s area,	1605	1031	1184	3820
(b) Poor persons who received medical treatment under the Poor Law in—				
(1) the Council’s institutions, including combination institutions in which the Council has a share—				
Craw Road Institution, Paisley, ...	645	326	61	1032
(2) other — Auchentorlie House, Paisley,	—	21	90	111
Totals,	2250	1378	1335	4963

NOTE.—Persons who in virtue of Section 14 (4) of the Local Government (Scotland) Act, 1929, received domiciliary or institutional treatment otherwise than under the Poor Law are not to be included in these figures.

IV.

Form 9 (A) Adequacy of hospital facilities and (B) arrangements for treating neurological and mental disabilities in the pre-certification stages.

(A) Adequacy of hospital facilities

(Include here a note of any change in the accommodation available in the area whether by the erection of new hospitals, by the extension or closure of existing hospitals, or by the conclusion of new agreements or the alteration of old agreements with other Councils.)

Nil.

(B) Arrangements for treating neurological and mental disabilities in the pre-certification stages.

Nil.

RETURN: Year 1932.

HOSPITALS AND CONVALESCENT HOMES.

Name of Institution:—Craw Road Institution, Paisley.

Statistics:

A. IN-PATIENTS.

1.	Total number of admissions,	...	...	1191
			(excluding transfers).	
2.	Total number of patients discharged,	...	937	
			(excluding transfers).	
3.	Total number of deaths,	...	...	203
4.	Average duration of stay of patients included in 2 and 3 above,	...	...	34
	(Total patient-days divided by the sum of the deaths and discharges).			
5.	Number of beds occupied:			
	(a) Average during the year,	...	...	200
	(b) Highest, 234 on (date) 31st December.			
	(c) Lowest, 180, on (date) 31st Jan., 1st Feb., 1st Sept., 2/3rd Novr.			
6.	Number of surgical operations:			
	(a) Under general or spinal anæsthesia,	...	...	110
	(b) Other operations,	...	...	43

B. OUT-PATIENTS.

1.	Total number of persons seen in the out- patient department,	...	...	40
2.	Total number of attendances in the out- patient department,	...	...	772

NOTE.—There is no real out-patient department at the Hospital, and the above figures refer to private patients attending at the Hospital for Artificial Sunlight treatment and massage.

Note of any changes in accommodation, additions to equipment, alterations in staff, etc., since completion of former returns:
Equipment:—

New cystoscope—and accessories—for Operating Theatre.

Staff:—

The following additions to the staff were made during the year:—1 trained attendant for male observation ward, and 1 for female observation ward, for the purpose of ensuring continuous trained nursing supervision during the night as well as during the day.

RETURN: Year 1932.

HOSPITALS AND CONVALESCENT HOMES.

Name of Institution:—Auchentorlie House, Paisley.

Statistics:

A. IN-PATIENTS.

1.	Total number of admissions,	388
2.	Total number of patients discharged,	323
3.	Total number of deaths,	42
4.	Average duration of stay of patients included in 2 and 3 above, Days,	38
	(Total patient-days divided by the sum of the deaths and discharges).	
5.	Number of beds occupied:	
	(a) Average during the year,	66
	(b) Highest, 73, on (date) 20-21st March and 1st April.	
	(c) Lowest, 44, on (date) 21st Jan. and 30/31st October.	
6.	Number of surgical operations:	
	(a) Under general or spinal anæsthesia,	—
	(b) Other operations,	—

B. OUT-PATIENTS.

1.	Total number of persons seen in the out- patient department,	—
2.	Total number of attendances in the out- patient department,	—

Note of any changes in accommodation, additions to equipment, alterations in staff, etc., since completion of former returns:

Nil.

RETURN: Year 1932.

HOSPITALS AND CONVALESCENT HOMES.

Name of Institution:—Barshaw Maternity and Child Welfare Hospital, Paisley.

Statistics:

A. IN-PATIENTS.

1.	Total number of admissions,	906
2.	Total number of patients discharged,	829
3.	Total number of deaths,	14
4.	Average duration of stay of patients included in 2 and 3 above, Days,	17
	(Total patient-days divided by the sum of the deaths and discharges).	
5.	Number of beds occupied:	
	(a) Average during the year,	31
	(b) Highest, 46, on (date) 26th April.	
	(c) Lowest, 12, on (date) 6th October.	
6.	Number of surgical operations:	
	(a) Under general or spinal anæsthesia,	274
	(b) Other operations,	—

B. OUT-PATIENTS.

Ante-Natal Clinic:

(a)	Number of patients,	118
(b)	Number of attendances,	590

Out-patient Children:

(a)	Number of operations,	49
(b)	Number of Consultations with Surgical Specialist,	54

Note of any changes in accommodation, additions to equipment, alterations in staff, etc., since completion of former returns:

Nil.

RETURN: Year 1932.

HOSPITALS AND CONVALESCENT HOMES.

Name of Institution:—Burgh Infectious Diseases Hospital,
Paisley.

Statistics:

A. IN-PATIENTS.

1.	Total number of admissions,...	1367
2.	Total number of patients discharged, ...	1266
3.	Total number of deaths, ...	98
4.	Average duration of stay of patients included in 2 and 3 above, ... Days,	30
	(Total patient-days divided by the sum of the deaths and discharges).	
5.	Number of beds occupied:	
	(a) Average during the year, ...	110
	(b) Highest, 144, on (date) 21st March.	
	(c) Lowest, 84, on (date) 30th September.	
6.	Number of surgical operations:	
	(a) Under general or spinal anæsthesia, ...	15
	(b) Other operations, ...	19

B. OUT-PATIENTS.

1.	Total number of persons seen in the out-patient department, ...	—
2.	Total number of attendances in the out-patient department, ...	—

Note of any changes in accommodation, additions to equipment, alterations in staff, etc., since completion of former returns:

Nil.

RETURN: Year 1932.

HOSPITALS AND CONVALESCENT HOMES.

Name of Institution:—Gockston Tuberculosis Hospital, Paisley.

Statistics:

A. IN-PATIENTS.

1.	Total number of admissions,	64
2.	Total number of patients discharged,	31
3.	Total number of deaths,	10
4.	Average duration of stay of patients included in 2 and 3 above, Days,	85
	(Total patient-days divided by the sum of the deaths and discharges).	
5.	Number of beds occupied:	
	(a) Average during the year,	24
	(b) Highest, 27, on (date) 1st June.	
	(c) Lowest, 20, on (date) 2nd July.	
6.	Number of surgical operations:	
	(a) Under general or spinal anæsthesia,	—
	(b) Other operations,	—

B. OUT-PATIENTS.

1.	Total number of persons seen in the out- patient department,	—
2.	Total number of attendances in the out- patient department,	—

Note of any changes in accommodation, additions to equipment, alterations in staff, etc., since completion of former returns:

Nil.

Medical Report on Craw Road Institution.

In accordance with the instructions of the Department of Health for Scotland, I beg to submit the annual report on the medical aspects of the administration of Craw Road Institution for the year 1932. I am very much indebted to Dr. Enid M. Dixon, Senior Resident Medical Officer, who has furnished me with the statistical data included in the report, and who has also been most helpful in giving her opinions on the adequacy of the medical services provided in the Institution.

The suitability of the Institution from a medical stand-point was recently reviewed by the officers of the Department of Health for Scotland, who later issued a report on the various Institutional Services in the County of Renfrew. It may be said that the present view of the Department is that no further hospital developments should take place at Craw Road Institution, but that any future extensions of general hospital accommodation should take place on the site of the new Infectious Diseases Hospital at Hawkhead. That official view must, therefore, be kept in mind in considering any future policy regarding the hospital accommodation at Craw Road.

General Staffing and Organisation.—The administration of the whole Institution is in the capable and experienced hands of Mr. Hugh Black, the Governor.

Medical Staff.—There are two Resident Medical Officers, who work under the direction of the Visiting Medical Staff. Dr. George Millar is the Visiting Surgeon. Dr. William Gibson is the Visiting Physician, and Dr. Whiteford, Clinical Tuberculosis Officer, acts as Visiting Physician to the Sanatorium Wards. The Visiting Surgeon and Physician visit the patients daily, and, in my opinion, the present division of duties among three Visiting Medical Officers is a distinct improvement on the old system of having only one Visiting Medical Officer.

Medical Care of Inmates.—The various departments of the Institution are visited daily, and ordinary inmates have the opportunity of consulting the resident medical officers at a fixed hour daily. The inmates in the Ordinary Wards are examined and classified every quarter.

Children and Young Persons.—Children and young persons who come under the care of the Public Assistance Department are admitted to Auchentorlie House. The work at Auchentorlie will shortly be transferred to more suitable premises at Woodside House.

Diets.—All the diets in use are approved by the Department of Health for Scotland. The quality, quantity, and the cooking of food remain satisfactory. As the number of acute cases admitted to hospital increases, it has been found that Diet No. III. has to be increasingly used, and an adequate and suitable diet

made up by the use of extras; this leads to an apparent extravagance on the part of the medical staff.

Nursing Staff.—The staff of nurses is as large as the accommodation permits. The exchange of nurses with the Royal Samaritan Hospital for Women, Glasgow, has proved satisfactory. Lectures for nurses are given by the Resident Medical Officers and the Assistant Matron, and, during the year, 3 nurses passed the final examination held by the General Nursing Council for Scotland.

Inmate Labour.—The domestic work of the hospital wards is done by inmate labour. In my opinion, the advisability of utilising inmate labour in the hospital wards should receive early consideration from the new Joint Committee which will shortly be set up to administer the Institution. The system has many disadvantages, and, in my opinion, it is a serious obstacle to any scheme for raising the standard of the Municipal Hospital Service.

Heating, Ventilation, and Equipment.—The heating, ventilation and equipment of the wards is generally satisfactory. In the case of the operating theatre, where the exposure is due South, the ventilation in warm weather is at times inadequate and the provision of an extraction fan might be considered.

A new Cystoscope with accessories has been added to the equipment of the operating theatre, and has already proved most useful; as a result, a certain number of cases have been specially referred to the hospital for cystoscopic examination.

Observation Wards.—During the year, 1 trained attendant for the male observation ward and 1 for the female observation ward were added to the staff for the purpose of ensuring continuous trained nursing supervision during the night as well as during the day.

Male Infirm Block.—One Ward in this Block is used for male patients suffering from diseases of the skin; the other wards are used for aged and infirm men.

This is the most modern building in the whole Institution. It is admirably planned with very good lighting and ventilation and would provide, if occasion arose, excellent hospital wards for almost any type of patient.

Dispensing of Medicines, etc.—The dispensing of medicines, etc., for the Hospital is carried out by the Resident Medical Officers.

X-Ray Diagnosis.—Where necessary, patients in the ordinary hospital wards are referred for X-Ray examination to the Royal Alexandra Infirmary; 31 cases were X-Rayed there during 1932. Tuberculosis cases are X-Rayed at the Russell Institute, where, during the year, 49 cases were examined.

The provision of X-Ray equipment at the Hospital was approved by the late Paisley Parish Council before they demitted office, but the proposal was later turned down by the Department of Health for Scotland. The present medical staff are unanimously of the opinion that, with the increasing number of acute cases, the Hospital requires some form of X-Ray equipment. There can be little doubt that a number of cases do not get X-Rayed because of the expense involved in sending them to the Royal Alexandra Infirmary, while others cannot be X-Rayed because it is dangerous to move them by ambulance.

Massage.—A qualified masseuse attends twice weekly. In-patients are referred to her by the medical staff, and, from time to time, out-patients are referred by the Public Assistance Department.

Infectious Diseases.—Cases of Infectious Diseases are removed at once to the Burgh Infectious Diseases Hospital. There are no facilities in the Hospital for the isolation of doubtful cases, but accommodation for such cases will be provided at the new Infectious Diseases Hospital, the erection of which will shortly be commenced.

Venereal Diseases.—There is a special ward for the treatment of acute cases who require indoor treatment and who are unable to attend as out-patients at the Special Treatment Clinic. A feature of the work in this ward in recent years has been the admission of pregnant mothers suffering from venereal disease, and the results of treatment of such cases have been very satisfactory.

Cancer.—Cases of cancer suitable for radium treatment are transferred to the Cancer Hospital, Glasgow.

Dental Service.—A local dental surgeon attends at the hospital when required, to treat patients referred by the Medical Staff. During 1932, 90 cases received dental treatment.

The admissions, discharges, and deaths in connection with the Hospital, St. Margaret's Hospital, Sanatorium, and Observation Wards are shewn in the following table:—

	M.	W.	B.	G.	Total.
Resident at 31st Dec., 1931,	107	71	10	9	197
Admitted during year (incl. transfers),	749	417	83	58	1307
Total under treatment,	856	488	93	67	1504
	M.	W.	B.	G.	Total.
Discharged:—					
Cured,	208	103	41	29	381
Improved,	263	139	17	9	428
No change,	154	79	11	15	259
Died,	107	79	12	5	203
	732	400	81	58	1271
Resident at 31st Dec., 1932,	124	88	12	9	233

CLASSIFICATION OF DISEASES.

Medical.

Diseases of the Circulatory System.

Aneurism,	2
Arterio Sclerosis,	18
Cardiac Disease,	79
	— 99

Diseases of the Respiratory System.

Asthma,	8
Bronchitis,	103
Hæmoptysis,	1
Laryngitis,	2
Pleurisy,	11
Pneumonia—	
Broncho-pneumonia,	24
Lobar pneumonia,	10
Influenzal pneumonia,	1
	— 160

Diseases of Nervous System and Sense Organs.

Acute Mania,	1
Cephalgia,	1
Cerebral Embolism,	1
Cerebral Hæmorrhage,	10
Cerebral Thrombosis,	1
Chorea,	1
Confusion,	4
Disemminated Sclerosis,	4
Eneuresis,	2
Epilepsy,	7
Hemiplegia,	18
Hysteria,	5
Locomotor Ataxia,	5
Meningitis,	2
Meningocele,	1
Neuralgia,	1
Neurasthenia,	9
Neuritis,	2
Neuritis (Optic),	1
Paraplegia,	2
Paraplegia (Spastic),	2
Paresis,	2
Sciatica,	4
Conjunctivitis,	2
	— 88

Diseases of the Alimentary System.

Constipation,	1
Duodenal Ulcer,	1
Enteritis,	7
Gastritis,	36
Gastric Ulcer,	5
Gastro-enteritis,	4
Hæmatemesis,	2
Intestinal Hæmorrhage,	1
	— 57

Diseases of the Urinary System.

Cystitis,	4
Nephritis,	22
Pyelitis,	4
Uræmia,	3
	— 33

Other Medical Diseases.

Alcoholism,	11
Anæmia,	17
Ascitis,	3
Catarrhal Jaundice,	1
Cholecystitis,	3
Chill,	11
Debility,	12
Diabetes,	2
Epistaxis,	4
Exposure,	3
Herpes Zoster,	2
Influenza,	46
Infancy,	14
Lumbago,	8
Malaria,	2
Malnutrition,	1
Myxœdema,	2
Myalgia,	2
Obesity,	1
Periostitis,	1
Pernicious Anæmia,	2
Pediculosis,	1
Pregnancy,	7
Phlebitis,	1
Pyorrhœa Alveolaris,	2
Rheumatoid Arthritis,	9
Rheumatism,	31
Senile Debility,	101
Scurvy,	2
Stomatitis,	3
Scarlet Fever,	1

Sinusitis,	1
Tonsillitis,	9
Diseases of the Skin,	30
	— 346

Gynæcological Diseases.

Cystocele,	2
Incomplete Abortion,	14
Menorrhagia,	5
Ovarian Cyst,	1
Salpingitis,	4
Subinvolution,	1
Rupture of Perineum,	2
Other diseases,	1
	— 30

Surgical Diseases.

Abscesses,	12
Adhesions (post-operative),	3
Adenitis,	5
Appendicitis,	7
Ankylosis of knee joint,	1
Burn,	1
Carcinoma,	35
Cellulitis,	3
Concussion,	1
Carbuncle,	1
Colic (renal),	2
Dental Caries,	3
Dislocations,	2
Empyema,	1
Enlarged Prostate,	3
Flat Foot,	1
Fractures,	17
Gallstones,	1
Gangrene,	3
Hæmorrhoids,	7
Hernia,	12
Hydrocele,	1
Injuries,	36
Lymphangitis,	1
Mastitis,	6
Mastoiditis,	1
Obstruction (Intestinal),	2
Osteomyelitis,	3
Phimosis,	2
Peritonsillar Abscess,	2
Retention of Urine,	2
Rectal prolapse,	1
Septic wounds,	11

Sarcoma,	3
Suprapubic Cystotomy,	1
Tonsils and Adenoids,	8
Ulcer of leg,	34
Urethral stricture,	4
Varicose Veins,	4
	— 243

Tuberculous Diseases.

Tuberculosis of Lungs,	78
Tuberculosis of Abdomen, Bones and Joints,	40
	— 118

Venereal Diseases.

Syphilis,	8
Gonorrhœa,	30
Syphilis and Gonorrhœa,	6
Non-specific Venereal,	2
Others,	1
Children born,	6
	— 53
Mental Cases in Observation Wards,	77
Cases where N.A.D.,	3
	—
Total,	1307

Operations.

During the year 153 operations were performed.

Major,	44
Minor,	109

Deaths.

During the year 203 patients died. The causes of death were as follows:—

Diseases of the Circulatory System.

Cardiac,	33
Cerebral Hæmorrhage,	21
Cerebral Thrombosis,	7
Arterio Sclerosis,	8
	— 69

Diseases of the Respiratory System.

Atalectasis,	1
Bronchitis and Other Diseases,	4
Broncho-pneumonia,	9
Influenzal Broncho-pneumonia,	2
Lobar pneumonia,	3
Pulmonary Embolism,	1
Pleurisy,	1
	— 21

Diseases of the Nervous System.

General Paralysis,	1
Hemiplegia,	5
Meningocele	1
Septic Meningitis,	1
	— 8

Malignant Diseases.

Carcinoma of Bowel,	3
Carcinoma of Cervical Glands,	1
Carcinoma of Inguinal Glands,	2
Carcinoma of jaw,	2
Carcinoma of larynx,	1
Carcinoma of liver,	1
Carcinoma of lung,	1
Carcinoma of mediastinum,	1
Carcinoma of œsophagus,	1
Carcinoma of prostate,	1
Carcinoma of rectum,	1
Carcinoma of stomach,	6
Carcinoma of tongue,	1
Carcinoma of uterus,	1
Sarcoma of cervical glands,	1
Sarcoma of jaw,	1
	— 25

Other Diseases.

Appendicitis,	2
Cholecystitis,	1
Chronic nephritis,	9
Cirrhosis of liver,	1
Congenital Syphilis,	1
Cystitis,	1
Diabetes,	1
Duodenal hæmorrhage,	1
Exposure,	2
Fracture of Femur,	3
Gastro-enteritis,	1
Injury to spine,	1
Intestinal Obstruction,	1
Marasmus,	2
Prematurity,	1
Pyelonephritis,	1
Rheumatoid Arthritis,	3
Senility,	25
Septicæmia,	1
	— 58

Tuberculosis.

Tuberculosis of lungs,	13
Tubercular Meningitis,	4

Tubercular Hip,	3
Generalised Tuberculosis,	2
	<hr/> 22
Total,	203

Post-mortem examinations were performed in 4 cases, and permission was refused in several.

OBSERVATION WARDS.

	M.	F.	Total.
Resident at 31st Dec., 1931,	3	3	6
Admitted during year,	42	35	77
Total under treatment,	45	38	83
	M.	F.	Total.
Discharged:—			
Cured,	6	4	10
Improved,	14	14	28
No change,	2	3	5
Transferred:—			
To other areas,	3	1	4
To Broadfield Cer- tified Institu- tion,	3	0	3
To Asylums,	12	10	22
	<hr/> 40	<hr/> 32	<hr/> 72
Resident at 31st Dec., 1932,	5	6	11
Diseases for which patients were admitted:—	F.	M.	T.
Acute Mania,	0	1	1
Alcoholism,	1	0	1
Cardiac Delirium,	2	1	3
Confusional Insanity,	3	8	11
Delusional Insanity,	0	2	2
Dementia Præcox,	0	2	2
Epilepsy,	3	2	5
General Paralysis of the Insane,	1	0	1
Hysteria,	3	1	4
Hypochondria,	3	0	3
Mental Deficiency,	0	5	5
Neurasthenia,	2	4	6
Paranoid Dementia,	1	6	7
Puerperal Insanity,	1	0	1
Religious Mania,	0	1	1
Senile Dementia,	3	6	9
State of Mental Depression,	10	3	13
State of Mental Excitement,	2	0	2
	<hr/> 35	<hr/> 42	<hr/> 77

MENTAL WARDS.

	M.	F.	Total.
Resident at 31st Dec., 1931.	52	57	109
Admitted during year,	2	1	3
Total under treatment,	54	58	112

Transferred:—

	M.	F.	Total.
To other Asylums,	1	1	2
To private dwellings,	2	0	2
Died,	4	1	5
	7	2	9

Resident at 31st Dec., 1932,	47	56	103
--	----	----	-----

Diseases for which cases were admitted:—

Dementia,	1
Dementia Præcox,	1
Senile Dementia,	1
Total,	3

Causes of death:—

Cerebral hæmorrhage,	1
Carcinoma of stomach,	1
Carcinoma of ovary,	1
Epileptic dementia,	1
Senile debility and myocardial degeneration,	1
Total,	5

A *post-mortem* examination was made in one case.

Permission was not obtained in the other cases.

ARTIFICIAL SUNLIGHT DEPARTMENT.

Treatments given during the year were as follows:—

	Carbon. Arc.	Mercury. Vapour.	Radiant. Heat.	Total.
Hospital patients,	1,716	429	26	2171
Auchentorlie House,	60	5	—	65
Private patients,	416	199	111	726
Public Assistance,	38	—	—	38
	2,230	633	137	3,000

The hospital cases treated numbered 74. Cases treated were as follows:—

Abscesses,	8
Abdominal Tuberculosis,	7
Tuberculosis of Bone,	11
Osteomyelitis,	2

Bronchitis,	...	...	...	...	...	...	1
Tubercular Laryngitis,	...	...	...	...	...	...	1
Debility,	...	...	...	...	...	...	1
Empyema,	...	...	...	...	...	...	1
Glandular conditions,	...	...	..	...	...	...	5
Rheumatism,	...	...	...	...	...	...	2
Psoriasis,	...	...	...	...	...	...	4
Eczema,	...	...	...	...	...	...	4
Dermatitis,	...	...	...	...	...	...	4
Lupus,	...	...	...	...	...	...	2
Furunculosis,	...	...	...	...	...	...	1
Varicose Ulcers,	...	...	...	...	...	...	3

A certain number of cases were treated for a short time only and have not been included in this list.



PART II.

STATISTICAL TABLES AND RETURNS.
A.—MATERNITY AND CHILD WELFARE SCHEME.

BIRTH STATISTICS.

	1932.
Total number of Births (corrected),	1650
Number of Illegitimate Births (corrected),	71
" Births in 1-roomed houses,	204
" Births in 2-roomed houses,	571
" Births in 3- or more roomed houses,	132
" Births in 1-roomed houses where the parents were lodgers,	1
" Births in 2-roomed houses where the parents were lodgers,	97
" Births in 3-roomed houses where the parents were lodgers,	36
" Births in Barshaw Hospital,	504
" Births in Other Institutions,	81
" Births in Caravans,	8
" Premature Births,	49
" Infants "breast-fed" at first visit,	1267
" Infants "bottle-fed" at first visit,	189
" Infants partly breast and partly bottle-fed at first visit,	21

STILL-BIRTHS DURING 1932—Total 69.

Probable Causes in 60 Cases.

Accidental Hæmorrhage, ... 5	Placenta Prævia, 3
Albuminuria, 8	Prematurity, 9
Congenital Defects, 3	Prolapsed Cord, 2
Contracted Pelvis, 4	Protracted Labour, 2
Illness of Mother, 1	Twin Pregnancy, 1
Instrumental Delivery, ... 7	Venereal Disease, 2
Malpresentation, 10	Cause Unknown, 3

STATISTICS RELATING TO ANTE-NATAL CLINIC.

	1932.
Number of Sessions,	152
Number of expectant mothers attending,	924
Total Attendances,	3248
Number of First Attendances,	814
Average Attendance per Session,	21
Sources from which Cases were drawn:—	
1. Recommended by midwives,	194
2. Referred from doctors,	36
3. Unrecommended,	565

Classification of Conditions:—

Albuminuria,	84	Hydramnios,	1
Anæmia,	7	Malpresentation,	9
Bronchial Catarrh,	23	Minor Ailments,	252
Cardiac Disease,	5	Multiple Pregnancy,	3
Contracted Pelvis,	37	Normal Pregnancy,	214
Cystitis,	9	Not Pregnant,	10
Dental Caries,	39	Pyelitis,	27
Debility,	26	Retroverted Gravid Uterus,	2
Doubtful Pregnancy,	6	Threatened abortion or miscarriage,	21
Excessive Sickness,	3	Tuberculosis,	1
Goitre,	3	Varicose Veins,	16
Gynæcological conditions,	8	Venereal disease,	12

127 cases were referred for treatment to the Ante-Natal Wards at Barshaw Hospital.

:o:

THE RUSSELL INSTITUTE.**CLINICS FOR MOTHERS AND CHILDREN.**

	1932.
Number of sessions,	354
" new patients attending,	1757
" old patients re-attending,	1655
Total attendances,	14,902
Average attendance per session,	42.10
Number of infants under 1 year attending,	1085
" children, 1-5 years, attending,	1690
" illegitimate children attending,	39

Methods of feeding of infants at first visit—

1. Breast,	520
2. Bottle,	239
3. Breast and bottle,	48
Children attending once only,	393
Children referred to Hospitals,	253
Number of nursing mothers attending,	637
Total attendances of nursing mothers,	2516

CLASSIFICATION OF CASES ACCORDING TO DISEASE.**A—Children—**

Adenitis,	18	Infectious Diseases,	20
Congenital Defects,	4	Injury,	15
Debility,	501	Intestinal Parasites,	32
Dental Caries,	149	Mental Deficiency,	2
Digestive Disorders,	431	Phimosis,	62
Diseases of the skin,	234	Prematurity and Birth Debility,	29
Ear Affections,	47	Respiratory conditions,	278
Throat and Nose Disorders,	111	Rickets,	67
Eye Conditions,	59	Stomatitis,	4
Engorged Breasts,	8	Surgical Conditions (excluding Throat and Nose),	68
Epilepsy,	1	Tuberculosis,	6
Genito urinary disorders,	18		
Healthy Children,	588		

B—Nursing Mothers—

Agalactia,	93	Discharging Eyes,	1
Albuminuria,	1	Healthy,	366
Anæmia,	5	Mastitis,	4
Cracked nipples,	4	Minor Ailments,	45
Debility,	97	Respiratory,	6
Dental Caries,	8	Skin conditions,	2
Digestive Disorders,	4	Venereal Disease,	1

SUMMARY OF WORK AT DENTAL CLINIC.

	1926.	1927.	1928.	1929.	1930.	1931.	1932.
Total attendances, ...	1,028	1,040	867	1,128	1,223	1,200	947
Extractions,	492	601	683	876	856	919	645
Dressings, fillings, etc.,	475	661	449	486	458	427	252
Number of new patients attending, ...	225	354	333	433	453	470	365

LOCAL SUPERVISING AUTHORITY, MIDWIVES (SCOTLAND) ACT.**EXTRACT FROM THE REPORT BY THE MEDICAL OFFICER FOR THE YEAR 1932.****General Report on the Working of the Act.**

Total number of Midwives on roll, 22

Number of Midwives holding C.M.B. Certificate, ... 9

The Assistant Medical Officer (M. & C. W.) paid 44 domiciliary visits to midwives throughout the year, and also had 35 personal interviews at the Public Health Office; she reports that, in most cases, Registers, Bags, etc., were in satisfactory order.

Notifications of Ophthalmia Neonatorum numbered 51, being 9 more than during the previous year; of these 30 occurred in the practice of midwives, 5 more than during the previous year. In 40 cases, smears were taken for bacteriological examination, of which 19 were in the practice of midwives. 28 cases were proved to be due to a gonococcal infection, of which 7 were in the practice of midwives. 12 cases were negative, all in the practice of midwives. In the remaining 11 cases, no smear could be obtained owing to the absence of any discharge. 238 domiciliary visits were paid to these cases by the Assistant Medical Officer and the Health Visitors. 2 severe cases were admitted to the Infectious Diseases Hospital and 8 serious cases were referred as outpatients for expert treatment at the local Eye Infirmary. No impairment of vision resulted in any case.

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

Births in Area.

Total number of births during 1932, 1,738

Total number of death of new-born children
(within 10 days) during 1932, 36

Actual number of births attended by midwives during 1932,	677
Actual number of deaths of new-born children (within 10 days) occurring in the practice of midwives during 1932,	14
Actual number of cases not attended by a doctor or midwife during 1932—	
Births,	0
Deaths,	0
Cases of Ophthalmia Neonatorum.	
Total number of cases during 1932,	51
Actual number of cases occurring in the practice of midwives during 1932,	30
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1932,	0
Cases of Puerperal Sepsis.	
Total number of cases during 1932,	17
Total number of deaths during 1932,	6
Actual number of cases occurring in the practice of midwives during 1932,	5
Actual number of deaths occurring in the practice of midwives during 1932,	1
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1932—	
Cases,	0
Deaths,	0
Cases of Puerperal Pyrexia.	
Total number of cases during 1932,	35
Total number of deaths during 1932,	0
Actual number of cases occurring in the practice of midwives during 1932,	5
Actual number of deaths occurring in the practice of midwives during 1932,	0
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1932—	
Cases,	0
Deaths,	0
Cases of Still-Birth.	
Total number of cases during 1932,	69
Actual number of cases occurring in the practice of midwives during 1932,	18
Cases of Emergency.	
Number of cases in which medical practitioners were called in under Section 22 of the Act, ...	143

**BARSHAW MATERNITY AND CHILD WELFARE
HOSPITAL, PAISLEY.**

Report for Year Ending 31st December, 1932.

MATERNITY WARDS.

Number of admissions during 1932,	622
Ante-Natal,	201
Natal,	387
Post-Natal,	7
Abortions and Miscarriages,	27

Average daily number of patients in residence:—

January,	22.7			
February,	25.0	}	25.3	
March,	28.2			
April,	26.5			
May,	26.6	}	24.4	
June,	20.1			
July,	25.5	}	24.0	
August,	22.8			
September,	23.8			
October,	13.6	}	19.6	
November,	22.4			
December,	22.9			

Source of cases admitted:—

From Ante-natal Clinic at Russell Institute,...	421
From medical practitioners—	200
Emergency cases,	86
Booked cases,	114
Emergency (not booked by Clinic or Doctor),	1
Total,	622

Ante-natal Clinic at Barshaw Hospital (for Doctors' cases only).

Number of patients sent by doctors (for consultation only),	4
Number of patients sent by doctors (for future confinement)	114
Number of consultations with these 114 booked cases,	586
Total number of consultations,	590

Number of consultants' visits to Hospital, ...	39
Major operations performed by consultant (abdominal operations),	19

Minor operations performed by consultant, ...	6
Consultations,	48

Receipts from patients during the year 1932, ... £1,173 6s.

ANTE-NATAL WARDS.

Number of cases treated,	201
Number of maternal deaths,	2
Number of patients dismissed undelivered, ...	92
Number of patients delivered before dismissal,	107
Number of patients who aborted or miscarried before dismissal,	1
Number of patients who died before delivery,	2
Number of still-births,	8
Maternal mortality rate for patients treated in Ante-natal Ward (2 deaths),	0.99%
Number of cases of maternal morbidity (B.M.A. Standard), in patients delivered from Ante-natal Ward,	6
(a) Number of cases with genital causes,	2
(b) Number of cases with extra- genital causes,	4
Maternal morbidity rate for cases delivered (6 cases in 108 deliveries),	5.5%
Maternal morbidity rate for cases with genital causes,	1.8%
Maternal morbidity rate for cases with extra- genital causes,	3.7%
Still-birth rate for cases delivered (8 still- births),	7.4%
Neo-natal death rate for cases delivered (3 deaths—death of infant before 8th day),	2.8%

Ante-Natal Complications Treated in Hospital.

Accidental hæmorrhage,	5
Albuminuria,	20
Anæmia—Secondary,	4
Anæmia—Pernicious,	1
Breech presentation,	9
Cardiac disease,	5
Contracted pelvis,	8
Cystitis,	5
Cyst of Vagina,	1
Debility,	12
Eclampsia,	5
False Labour,	36
For observation or examination,	18

Gastro-enteritis,	1
Hydramnios,	1
Hyperemesis,	9
Hyperthyroidism,	1
Myxœdema,	1
Nephritis—chronic with High Blood Pressure,	4
Œdema—not toxæmia,	2
Piles,	2
Placenta Prævia,	3
Pre-eclampsia,	4
Premature rupture of membranes,	9
Post-maturity,	2
Pyelitis,	27
Toxæmia of pregnancy—unknown origin, ...	1
Tuberculosis of lungs,	1
Varicose Veins,	2
Vaginal discharge—gonococcal,	2
Total,	201

BRIEF DETAILS OF RESULTS OF ANTE-NATAL TREATMENT.

N.P.—Normal Puerperium.

Condition.	Result.	No.
Accidental Hæmorrhage. Nos. 11 and 328. No. 241.	Hæmorrhage arrested; dismissed well before delivery, Repeated hæmorrhage in last month of preg- nancy; later normal full term delivery after artificial rupture of membranes; child alive; N.P.,	2 1
No. 417.	Severe hæmorrhage in 7th month of pregnancy, followed by normal premature delivery of living child, which died on 9th day; N.P., ...	1
No. 43.	Slight antepartum hæmorrhage at full term; very protracted 1st stage in labour due to rigidity of cervix; forceps delivery; child still- born; rise of temperature started during labour and patient was transferred to Fever Hospital with puerperal fever on 3rd day,...	1
Albuminuria.	Cleared or greatly improved; dismissed before delivery, Improved; later normal full-term delivery; child alive; N.P.,	3 9
Nos. 197 and 513.	Improved; later forceps delivery for delayed 2nd stage; child alive; N.P.,	1
No. 515.	Improved; later forceps delivery for contracted pelvis; severe post-partum hæmorrhage; child alive; puerperium febrile from local sepsis of vagina (B.M.A. and P.P. standards), but re- covery good,	1
No. 476.	Improved; later normal full-term delivery of twins; both alive; N.P.,	1
No. 301.	Improved; later normal delivery of premature twins; both alive; N.P.,	1
No. 135.	Improved; later premature delivery of living twins; 1st normal vertex, 2nd shoulder pre- sentation changed to footling and delivered under anæsthesia; N.P.,	1
No. 545.	Persistent; normal delivery of living child 2½ months premature, which died after 36 hours; N.P.,	1
No. 571.	Persistent; manual delivery of breech with ex- tended legs and arms; child 1 month prema- ture and still-born; puerperium prolonged from double white-leg, but recovery good, ...	1
Anæmia (Secondary). No. 199.	Improved; dismissed irregularly before de- livery, Improved; later normal full-term delivery; child alive; N.P.,	1 3
Anæmia (Pernicious).	Admitted at 7th month; extreme anæmia, vomiting and increasing heart failure; died 10 days after admission undelivered,	1

Ante-natal treatment.—Contd.

Condition.	Result.	No.
Breech presentation.	External version performed one month before full-term; dismissed before delivery,	4
	External version performed; delivered before dismissal,	2
	Version failed; delivered before dismissal,	3
Cardiac disease. Nos. 452 and 553. No. 230. No. 271. No. 510.	Rheumatic carditis; admitted for observation; dismissed satisfactory,	2
	Mitral incompetence; one month later normal full-term very rapid delivery; child alive; N.P.,	1
	Mitral stenosis and regurgitation; one month later Classical Cæsarean Section with sterilisation at full-term; child alive; N.P.,	1
	Mitral stenosis and regurgitation; 3 weeks later forceps delivery at full-term; child alive; N.P.,	1
Contracted pelvis. No. 100.	Later Cæsarean Section at full-term or in labour; child alive; N.P.,	7
	Later rotation and forceps delivery in occipito; posterior position; child still-born; N.P.,	1
Cysts in Vagina. No 76.	Cysts removed; also periurethral abscess opened and drained (found to be gonocoecal infection); patient dismissed before delivery and referred to Special Clinic for treatment,	1
Cystitis.	Improved; dismissed well before delivery,	4
	Improved; later normal full-term delivery; child alive; N.P.,	1
Debility.	Improved; dismissed before delivery,	4
	Improved; later normal full-term delivery; child alive; N.P.,	8
Eclampsia. No. 15. No. 421. No. 337. No. 383. No. 246.	Pre-eclampsia one month from full-term became eclampsia; 10 days later normal premature delivery of macerated foetus; N.P.,	1
	Pre-eclampsia at full-term became eclampsia; 3 days later forceps delivery; child alive; N.P.,	1
	Admitted in eclampsia one month before full-term; 2½ weeks later normal premature delivery; child alive; N.P.,	1
	Admitted in eclampsia at 7th month; 12 days later normal delivery; child still-born; N.P.,	1
	Admitted in eclampsia; 6 days later complete miscarriage of 6½ months foetus; N.P.,	1
False Labour. No. 117.	Pains ceased; dismissed well before delivery,	24
	Later normal full-term delivery; child alive; N.P.,	11
	Later premature delivery of still-born hydrocephalic child; manual extraction of shoulders; N.P.,	1
For Observation and Examination.	Found satisfactory; dismissed well before delivery,	12

Ante-natal treatment.—Contd.

Condition.	Result.	No.
No. 414.	Epilepsy; dismissed irregularly,	1
No. 609.	Vaginal bleeding and probable early pregnancy; cervical erosion found and malignancy suspected; patient referred to general hospital for operation,	1
No. 139.	Admitted in error; transferred to Nursing Home,	1
No. 170.	Admitted as pyelitis; extreme constipation and vomiting only; later normal premature delivery of 2 months premature living child, which died later of congenital syphilis; N.P.,	1
Nos. 508 and 549.	Satisfactory; later normal full-term delivery of living child; N.P.,	2
Gastro-enteritis. No. 64.	Relieved; dismissed well before delivery,	1
Hydramnios (Chronic). No. 24.	Severe degree associated with twin pregnancy; later normal premature delivery under anæsthesia; severe post-partum hæmorrhage and collapse; both alive; puerperium febrile (P.P. and B.M.A. Standards), but no cause found except extreme anæmia; recovery good,	1
Hyperemesis.	Improved gradually and dismissed well,	9
Hyperthyroidism. No. 335.	Improved; dismissed before delivery,	1
Myxœdema. No. 398.	Admitted 3 weeks before full-term; later forceps delivery of living mature child; puerperium febrile from pyelitis (B.M.A. and P.P. Standards),	1
Nephritis (Chronic). Nos. 338 and 350.	Extremely high blood pressure; pregnancy terminated in early months by abdominal hysterotomy and patient sterilised; N.P.,	2
No. 388.	Improved; 3 weeks later normal full-term delivery; child alive; N.P.,	1
No. 555.	Admitted one month before full-term; poor response to treatment; 2 weeks later normal delivery of premature living child; N.P.,	1
Œdema of Feet (not toxæmia).	Later normal full-term delivery; child alive; N.P.,	2
Piles.	Relieved; delivered before dismissal,	2
Placenta Prævia. No. 387.	Lateral placenta prævia; later normal premature delivery; child alive but feeble, and died after a few hours; N.P.,	1
No. 173.	Repeated slight hæmorrhages in 6th month from central placenta prævia; labour induced and leg brought down under anæsthesia; later breech delivery of 6 months fœtus under anæsthesia; puerperium febrile (B.M.A. standard only) from mild sapræmia,	1
No. 188.	Central placenta prævia; patient admitted at onset of labour with very severe hæmorrhage; foot brought down under anæsthesia, but shock increased and patient died undelivered,	1

Ante-natal treatment.—Contd.

Condition.	Result.	No.
Post Maturity.	Medical induction followed by normal delivery; child alive; N.P.,	2
Pre-eclampsia.	Good response to treatment one week later forceps delivery of living mature child; N.P.,	1
No. 217.		
No. 575.	Good response to treatment; one week later manual delivery of twins, both breech presentation with extended legs; both alive and one month premature; N.P.,	1
No. 431.	Onset in 7th month; response to treatment, but death of child in utero; later normal premature delivery of macerated foetus; N.P., ...	1
No. 493.	No response to treatment; also contracted pelvis; Cæsarean Section performed just before full-term instead of in labour as previously arranged; child alive; N.P.,	1
Premature Rupture of Membranes.	Membranes ruptured before onset of labour; later normal full-term delivery; child alive; N.P.,	3
	Membranes ruptured before onset of labour; later normal premature delivery of living child; N.P.,	4
No. 111.	Generally contracted pelvis, head still free above brim; Cæsarean Section performed before onset of labour to avoid still-birth; child alive and mature; N.P.,	1
No. 465.	Membranes ruptured 2 days before onset of labour; manual delivery of impacted shoulders under anæsthesia; child still-born; N.P., ...	1
Pyelitis.	Acute; improved gradually; dismissed well, ...	6
Nos. 234 and 520.	Acute; improved; later normal full-term delivery; child alive; N.P.,	2
No. 614.	Acute; recurrent attacks; later normal premature delivery; child alive; N.P.,	1
	Chronic; improved gradually; dismissed well, ...	11
	Chronic; improved; later normal full-term delivery; child alive; N.P.,	3
Nos. 140 and 415.	Chronic; improved; later normal full-term delivery, but post-partum hæmorrhage and shock; child alive; N.P.,	2
No. 183.	Chronic; improved; later forceps delivery; child alive and mature; N.P.,	1
No. 588.	Chronic; improved; later normal full-term delivery; child alive; puerperium febrile from urinary infection (B.M.A. Standard only), ...	1
Toxæmia of Pregnancy (not Albuminuria).	Admitted in 8th month with acute myocarditis, persistent jaundice and slight pyuria; slow response to treatment; 3 weeks later normal premature delivery of living child; N.P., and recovery rapid after delivery,	1
No. 273.		

Condition.	Result.	No.
Tubercle of Lung. No. 16.	Admitted in 8th month with advanced pulmonary tuberculosis; normal premature delivery of living child 4 days later; puerperium febrile from chest condition and patient transferred to Craw Road Hospital on 7th day,	1
Vaginal Discharge.	Admitted with pruritus; gonococcal cervicitis discovered; patient referred to special clinic for treatment,	2
Varicose Ulceration of Leg.	Improved; dismissed before delivery,	2
Total,		201

ABORTIONS AND MISCARRIAGES.

Type.	Result.	No.
Incomplete on Admission.	Completed by curettage; N.P.,	6
Inevitable on Admission.	Completed naturally; N.P.,	3
	Completed by curettage; N.P.,	2
No. 173.	Ante-partum hæmorrhage from central placenta prævia in 6th month; internal version and leg brought down under CHCl ₃ ; later breech delivery under CHCl ₃ ; puerperium slightly febrile (B.M.A. Standard only), from mild sapræmia,	1
No. 297.	Ante-partum hæmorrhage from lateral placenta prævia in 6th month; leg brought down under CHCl ₃ and breech delivery completed; N.P.,	1
Threatened on Admission.	Arrested; dismissed well,	4
	Became inevitable; completed naturally; N.P.,	2
	Became inevitable; completed by curettage; N.P.,	6
No. 603.	Became inevitable; manual removal of adherent placenta, membrane incomplete; puerperium febrile 3rd to 5th days due to sapræmia (P.P. and B.M.A. Standards); recovery good, ...	1
Miscarried during treatment for other condition. No. 246.	Eclampsia in 6th month; completed naturally; N.P.,	1
Total,		27

Maternal deaths after abortion or miscarriage,	0
Puerperal septicæmia after abortion or miscarriage,	0
Puerperal morbidity after abortion or miscarriage, (B.M.A. Standard).	2

Causes:— Mild sapræmia, 2

Number of notifiable pyrexias following abortion or miscarriage, 1

Causes:— Mild sapræmia, 1

NATAL CASES.

Total number of deliveries,	496
Full-term,	426
Premature (including 7 cases of twins),	68
Abdominal section and non-viable child,	2

Number of abnormal deliveries,	...	...	...	...	111
Forceps rate (56),	...	...	...	...	11.2%
Cæsarean Section Rate (19),	...	...	...	...	3.8%
Craniotomy Rate (2),	...	...	...	...	0.4%
Death Rate for abnormal deliveries (1),	...	...	...	...	0.9%

ABNORMAL DELIVERIES.

Causes :—

Abnormal 3rd stage in spontaneous delivery of child,	...	...	...	...	12
Accidental hæmorrhage,	...	...	...	...	2
Breech presentation,	...	...	...	...	9
Brow presentation,	...	...	...	...	1
Cardiac disease,	...	...	...	...	2
Congenital malformation of uterus,	...	...	...	...	1
Contracted pelvis,	...	...	...	...	24
Face presentation,	...	...	...	...	1
Fœtal distress in prolonged 1st stage,	...	...	...	...	1
Hydrocephalus,	...	...	...	...	1
Impacted Shoulders,	...	...	...	...	2
Nephritis—chronic with High Blood Pressure,	...	...	...	...	2
Occipito—posterior position,	...	...	...	...	8
Placenta Prævia,	...	...	...	...	5
Prolapse of Cord,	...	...	...	...	3
Protracted dilatation requiring forceps delivery,	...	...	...	...	5
Protracted 2nd stage requiring forceps delivery,	...	...	...	...	28
Twins—abnormal delivery of 1 or both,	...	...	...	...	4
					<hr/>
				Total,...	111

DETAILS OF ABNORMAL DELIVERIES.

Condition.	Result.	No.
Abnormal 3rd stage in Spontaneous delivery of child.	Normal full-term delivery of living child; manual removal of part of membranes; N.P.,...	6
No. 296.	Normal full-term delivery of living child; retained placenta manually removed; N.P.,	1
No. 120.	Normal full-term delivery of living child; adherent membrane manually removed; pyrexia 2nd and 3rd days (B.M.A. Standard only) from slight sapræmia, later 11th and 12th days notifiable pyrexia from serum reaction, otherwise N.P.,	1
No. 233.	Normal full-term delivery of living child; post-partum hæmorrhage; N.P.,	1
Nos. 415 and 140.	Ante-natal treatment for acute pyelitis; normal full-term delivery of living child; post-partum hæmorrhage and shock; N.P.,	2
No. 150.	Ante-natal treatment for acute pyelitis; normal delivery (full-term) of living child; severe post-partum hæmorrhage and shock; puerperium febrile from pyelitis (both P.P. and B.M.A. Standards); recovery good,	1
Accidental Hæmorrhage.	Ante-natal observation for repeated slight accidental hæmorrhage; recurrence at onset of labour; normal full-term delivery of living child after artificial rupture of membranes; N.P.,...	
No. 241.		1
No. 525.	Admitted with accidental hæmorrhage in labour due to albuminuria; normal premature delivery of living but very feeble child after artificial rupture of membranes; child died a few hours later; N.P.,	1
Breech presentation.	Normal delivery of breech in primipara, with CHCl ₃ for extraction of head; child alive; N.P.,	2
Nos. 52 and 71.		
No. 25.	Normal delivery of breech in primipara, with CHCl ₃ for extraction of head; child alive; early puerperium febrile from sapræmia (both B.M.A. and P.P. Standards); recovery good,...	1
No. 196.	Attempt at version at full-term failed; later manual delivery of breech, legs extended; child alive; N.P.,	1
No. 396.	Attempt at version at full-term failed, later manual delivery of breech, legs extended; child still-born; N.P.,	1
No. 503.	Manual delivery of breech at full-term; legs extended; child alive; N.P.,	1
No. 369.	Hydramnios; manual delivery of breech at full-term; both arms extended; child alive; N.P.,	1
No. 571.	Ante-natal albuminuria; manual delivery of breech, legs and arms extended; episiotomy performed; child premature and still-born; puerperium prolonged on account of double white-leg, temperature not rising above 99.8,...	1

Details of Abnormal Deliveries—Contd.

Condition.	Result.	No.
No. 365.	Manual delivery of breech, legs and arms extended; episiotomy performed; membranes incomplete but not found on exploration of uterus; child alive but very shocked and died 5th day; puerperium febrile 2nd-5th days (B.M.A. Standard only) from slight sapræmia due to incomplete membranes; recovery good,...	1
Brow presentation. No. 542.	Admitted in obstructed labour; converted to vertex under anæsthetic and delivered with forceps; child still-born; N.P.,	1
Cardiac Disease. No. 271.	Mitral stenosis and regurgitation; admitted one month before full-term; classical Cæsarean Section with sterilisation under gas and oxygen anæsthesia at full-term; child alive; N.P., ...	1
No. 510.	Mitral stenosis and regurgitation; admitted 3 weeks before full-term; low forceps delivery at full term; child alive; N.P.,	1
Congenital Mal- formation of Uterus. No. 410.	Cordate-shaped uterus causing previous still-birth; slight degree of generally contracted pelvis; Classical Cæsarean Section at full-term; child alive; N.P.,... ..	1
Contracted pelvis. Nos. 2, 32, 232 and 502.	Classical Cæsarean Section at full-term; child alive; N.P.,	4
Nos. 138, 146 and 165.	Cæsarean Section (lower uterine segment operation) early in labour; child alive; N.P., ...	3
No. 242.	Cæsarean Section (lower uterine segment operation) early in labour; child alive; puerperium normal except for slight pyrexia due to bronchitis (B.M.A. Standard only),	1
No. 83.	Premature rupture of membranes before onset of labour; later trial labour but Cæsarean Section became necessary (lower uterine segment operation); child alive; N.P.,	1
No. 111.	Premature rupture of membranes before onset of labour; Cæsarean Section necessary (lower uterine segment operation); child alive; N.P.,	1
No. 570.	Premature rupture of membranes before onset of labour; also lateral placenta prævia; Classical Cæsarean Section; child alive; puerperium normal, except for phlebitis in 3rd week (P.P. standard),	1
No. 493.	Ante-natal pre-eclampsia; Classical Cæsarean Section performed before onset of labour on account of toxæmia but also necessary on account of generally contracted pelvis; child alive; N.P.,	1
No. 141.	Cæsarean Section (lower uterine segment operation) in 1st stage of labour; child still-born, but alive immediately before operation; puerperium febrile owing to sepsis in wound (mixed and	

Details of Abnormal Deliveries—Contd.

Condition.	Result.	No.
	gonocoecal infection) gonococci also recovered from cervix: pyrexia (both B.M.A. and P.P. Standards); recovery good,	1
No. 483.	"Failed forceps" on admission; prolapsed cord; internal version and craniotomy of after-coming head performed; N.P.,	1
No. 197.	High forceps delivery; flat pelvis; child alive; N.P.,	1
No. 256.	"Failed forceps" on admission; high forceps delivery and episiotomy; child still-born; puerperal fever started immediately after delivery; patient transferred to Bridge Street Hospital, 4th day,	1
Nos. 250 and 475.	Mid-forceps delivery for generally contracted pelvis; child alive; N.P.,	2
Nos. 358 and 574.	Low forceps delivery for contracted outlet; child alive; N.P.,	2
No. 615.	Low forceps delivery for contracted outlet and very prolonged 1st stage in labour; child still-born; N.P.,	1
No. 515.	Ante-natal albuminuria; low forceps delivery for generally contracted pelvis; severe post-partum hæmorrhage and shock; child alive; puerperium febrile owing to local sepsis of vulva and extreme anæmia, but recovery good (both B.M.A. and P.P. Standards),	1
No. 599.	Low forceps delivery for generally contracted pelvis; child alive, but died of congenital syphilis on 15th day; puerperium febrile from sepsis of vulva (both P.P. and B.M.A. Standards, also gonocoecal cervicitis; patient went home irregularly on 22nd day,	1
No. 391.	Contracted pelvic cavity from old standing left hip-joint disease; mid-forceps delivery; child still-born and post-mature; N.P.,	1
Face Presentation. No. 336.	Mento-posterior position; rotation and forceps delivery; episiotomy performed; child alive; N.P.,	1
Fœtal Distress in Prolonged 1st Stage. No. 207.	Cæsarean Section necessary (lower uterine segment operation); child alive; puerperium febrile 11th to 19th days due to local sepsis in deep layers of wound (P.P. Standard), but recovery good,	1
Hydrocephalus. No. 546.	Obstructed labour; perforation of head and forceps delivery; child still-born; N.P.,	1
Impacted Shoulders. No. 117.	Death of child in utero; medical induction; macerated fœtus hydrocephalic, shoulders impacted and manually extracted; N.P.	1
No. 465.	Manual extraction of impacted shoulders under anæsthesia after normal delivery of head; child very large and still-born; N.P.,	1
Nephritis (chronic). No. 338.	Ante-natal; high blood pressure; pregnancy terminated at 6th month by abdominal hysteriotomy and patient sterilised; N.P.,	1

Details of Abnormal Deliveries—Contd.

Condition.	Result.	No.
Occipito — Posterior Position.	No. 350. Same as No. 338, but pregnancy terminated at 3rd month; N.P.,	1
	Rotation and forceps delivery; child alive; N.P.,	5
	No. 100. Rotation and forceps delivery; episiotomy performed; child still-born; N.P.,	1
	No. 96. Rotation impossible; head delivered with forceps face to pubis; contracted outlet; double episiotomy performed; child still-born, puerperium normal,	1
	No. 572. Rotation impossible; head delivered with forceps face to pubis; episiotomy performed; child alive; puerperium febrile and prolonged owing to acute pyelitis (B.M.A. and P.P. Standards),	1
Placenta Prævia.	No. 404. Admitted in labour: severe ante-partum hæmorrhage and shock from marginal placenta prævia; artificial rupture of membranes followed by normal full-term delivery; child still-born; N.P.,	1
	No. 418. Admitted in labour with moderate ante-partum hæmorrhage from marginal placenta prævia; artificial rupture of membranes followed by normal premature labour; child alive; N.P.,...	1
	No. 317. Admitted with severe ante-partum hæmorrhage from central placenta prævia; internal version performed and foot brought down through placenta; later child delivered as breech under anæsthesia; child still-born; N.P.,	1
	No. 450. Moderate ante-partum hæmorrhage from central placenta prævia and patient's general condition good; Classical Cæsarean Section performed; child alive and slightly premature; N.P.,	1
	No. 125. Admitted in labour; severe ante-partum hæmorrhage at home and on admission from central placenta prævia; bipolar version and extraction of leg through placenta performed under anæsthesia; patient extremely shocked; later still-born premature child delivered as breech; no post-partum hæmorrhage, but shock increased and patient died 3 hours after delivery,	1
	Prolapse of Cord.	No. 193. Manual replacement of cord followed by normal full-term delivery; child alive; N.P., .. .. .	1
No. 214. Contracted pelvis and prolapse of pulseless cord on admission; forceps delivery; episiotomy performed; child still-born; N.P.,		1
No. 440. Contracted pelvis and breech presentation, legs extended; external version performed, but followed by rupture of membranes; later prolapse of cord at onset of labour; internal version performed and manual delivery of breech under anæsthesia; child still-born; N.P.,		1

Details of Abnormal Deliveries—Contd.

Condition.	Result.	No.
Protracted Dilatation requiring forceps delivery.	Low forceps delivery; child alive and mature; N.P.,	3
No. 506.	Low forceps delivery; child alive and mature; puerperium febrile from local sepsis in vagina and gonococcal cervicitis (B.M.A. Standard only),	1
No. 43.	Marked stenosis and rigidity of cervix; low forceps delivery; child still-born; rise of temperature with rigors started during labour; patient transferred to Fever Hospital with puerperal fever on 3rd day,	1
Protracted 2nd Stage requiring forceps delivery.	Low forceps delivery; child alive and mature; N.P.,	15
No. 565.	Low forceps delivery; child still-born; N.P.,	1
Nos. 73, 513, 557, and 600.	Low forceps delivery; episiotomy performed; child alive and mature; N.P.,	4
No. 206.	Low forceps delivery; episiotomy performed; child still-born and premature; N.P.,	1
No. 538.	Low forceps delivery; episiotomy performed; child alive; puerperium slightly febrile due to sloughing in vagina (B.M.A. Standard of pyrexia only); good recovery,	1
No. 599.	Low forceps delivery; child alive; N.P., except for influenza (B.M.A. Standard of pyrexia 2nd and 3rd days),	1
Nos. 217 and 421.	Pre-eclampsia; low forceps delivery; child alive; N.P.,	2
No. 398.	Ante-natal myxœdema; low forceps delivery; child alive; puerperium febrile from pyelitis (B.M.A. and P.P. Standards),	1
No. 306.	Impaction of shoulders in brim; forceps delivery; episiotomy; child still-born and premature; N.P.,	1
No. 432.	Impaction of shoulders in brim; forceps delivery; child alive; N.P.,	1
Twins—abnormal delivery of one or both.	Ante-natal hydramnios and albuminuria; normal delivery of first; marked inertia of uterus; 2nd delivered by fundal pressure under CHCl ₃ ; moderate post-partum hæmorrhage, but marked shock after 3rd stage; twins alive but premature; puerperium febrile and prolonged (both B.M.A. and P.P. Standards), due only to profound anæmia; recovery slow, but good,	1
No. 24.		
No. 135.	Ante-natal albuminuria; normal delivery of 1st; hand presentation of 2nd changed to footling and manually delivered under anæsthesia; both alive and premature; N.P.,	1
No. 575.	Ante-natal pre-eclampsia; later manual delivery of premature twins, both breech presentation and legs extended; both alive; N.P.,	1

Details of Abnormal Deliveries—Contd.

Condition.	Result.	No.
No. 587.	Forceps delivery of 1st on account of extreme tightness of soft parts; episiotomy performed; 2nd delivered as vertex by fundal pressure; both alive and premature; N.P.,	1
	Total,	111
Number of Spontaneous Deliveries,		385
Presentations:—	Breech,	7
	Face,	2
	Twins,	6
	Vertex,	370
Number of spontaneous deliveries at which medical assistance was not required,		246
Number of spontaneous deliveries with medical assistance,		139
Number of deaths in spontaneous deliveries,		1
Conditions requiring medical assistance at spontaneous deliveries:—		
Anæsthesia,		23
Breech presentation,		7
Pituitrin administration in 2nd stage,		8
Perineal repair,		71
Vaginal repair alone,		24
Twins,		6
	Total,	139
Total number of cases of Twins,		10
Full term,		3
Premature,		7
Live Infants,		19
Still Infants,		1
Spontaneous delivery of both,		6
Abnormal delivery of 1 or both,		4
Total number of Infants born,		504
Live Infants,		477
Still Infants,		27
Causes of Still Births:—		
Dystocia,		14
Brow presentation,		1
Difficult Breech,		2
Contracted Pelvis,		2
Occipito-posterior position,		2
“Failed forceps” at home,		2

Impaction of shoulders,	2
Protracted labour and forceps delivery,	3
Eclampsia in mother,	1
Hydrocephalus,	2
Kidney Disease in mother—chronic,	1
Macerated fœtus—no cause found,	1
Pre-eclampsia in mother,	1
Prolapsed Cord,	1
Placenta Prævia in mother,	3
Twin—no cause found,	1
Venereal Disease in mother,	2
Total,	27

Number of Deaths of Infants under 8 days (neo-natal deaths), 5

Causes :—

Ante-partum Hæmorrhage in mother,	2
Congenital Debility,	1
Prematurity,	2
Total,	5

Still-birth rate for total number of children born (27 still-births in 504 births), 5.3%

Neo-Natal death rate for total number of children born (5 deaths in 477 live births), 1.04%

Maternal mortality rate for total number of admissions (4 deaths in 622 cases), 0.6%

Maternal morbidity rate for total number of deliveries (28 pyrexias in 496 deliveries), 5.6%

Maternal morbidity rate for normal deliveries (15 pyrexias in 385 deliveries), 3.9%

Maternal morbidity rate for normal deliveries from genital causes only (3 pyrexias), 0.8%

Maternal morbidity rate for abnormal deliveries (13 pyrexias in 111 abnormal deliveries), 11.7%

Maternal morbidity rate for abnormal deliveries from genital causes only (8 pyrexias), 7.2%

PUERPERAL MORBIDITY.

Puerperal morbidity (B.M.A. standard)—temperature reaching 100 degrees F. or more, on two or more occasions between the end of the first and the end of the eighth day after delivery.

Number of cases of puerperal fever,	2
Number of cases of puerperal morbidity (B.M.A. standard),	28
Number of cases of puerperal morbidity after normal delivery,	15
Number of cases of puerperal morbidity after abnormal delivery,	13

Classification of causes.

(1) Extra-genital causes,	17
(2) Genital causes in normal deliveries,	3
(3) Genital causes in abnormal deliveries,	8

Extra-genital causes.

Profound anæmia following post-partum hæmorrhage,	1
Bronchitis,	1
Cystitis,	1
Debility,	1
Influenza (during epidemic),	2
Mastitis,	1
Pulmonary Tuberculosis,	1
Suspected Tuberculosis,	1
Pyelitis,	8
Total,	<hr/> 17

Genital Causes in normal deliveries.

Acute Salpingitis,	2
Pelvic Cellulitis,	1
Total,	<hr/> 3

Genital causes in abnormal deliveries.

Mild sapræmia,	3
Infection of abdominal wall following Cæsarean Section,	1
Local sepsis of vulva and vagina,	2
Local sepsis of vulva and gonorrhœal discharge,	2
Total,	<hr/> 8

Number of cases of puerperal morbidity which were notifiable as Puerperal Pyrexia,	16
Number of cases of puerperal morbidity which were not notifiable,	12

DETAILS OF CASES OF PUERPERAL MORBIDITY WITH GENITAL CAUSES IN NORMAL DELIVERIES.

No. 42.	Admitted in labour; normal full-term delivery; notifiable pyrexia started 3rd day from acute bilateral salpingitis; dismissed well 41st day, ...	1
No. 267.	Admitted in labour; normal full-term delivery; notifiable pyrexia started 3rd day from acute bilateral salpingitis; febrile to 15th day; dis- missed well 27th day, ...	1
No. 613.	Admitted in labour; normal full-term delivery; notifiable pyrexia started 6th day from pelvic cellulitis; febrile for 3 weeks; dismissed well 41st day,	1

DETAILS OF CASES OF PUERPERAL MORBIDITY WITH GENITAL CAUSES IN ABNORMAL DELIVERIES.

No. 25.	Admitted in labour; normal delivery of breech under chloroform but manual delivery of head; notifiable pyrexia from slight sapræmia 3rd-6th days; recovery then good,	1
No. 120.	Admitted in labour; normal full-term delivery of child but manual removal of adherent membrane; pyrexia (not notifiable) 2nd and 3rd days from sapræmia; then puerperium normal until notifiable pyrexia on 11th and 12th days from severe serum reaction,	1
No. 365.	Admitted in labour; manual delivery of breech with extended legs and arms; episiotomy per- formed; pyrexia (not notifiable) 2nd-5th days due to sapræmia from retained frag- ments of membrane; recovery then good, ...	1
No. 141.	Admitted in labour; contracted pelvis; Cæsarean Section (Lower uterine segment operation) performed; notifiable pyrexia dur- ing 1st and 2nd weeks due to infection of abdominal wall (mixed G.C. infection); dis- missed well after 6 weeks,	1
No. 538.	Admitted in labour; forceps delivery for pro- tracted 2nd stage; episiotomy performed; pyrexia (not notifiable) in 1st week from localised sepsis in vagina; good recovery, ...	1
No. 515.	Ante-natal Albuminuria; later forceps delivery for protracted 2nd stage and contracted pelvis; severe post-partum hæmorrhage and shock; notifiable pyrexia in 1st week from localised sepsis in vagina and perineum; good recovery,	1

No. 506.	Admitted in labour; forceps delivery for protracted 1st stage and exhaustion; pyrexia (not notifiable) in 1st week from localised sepsis in vagina and gonorrhœal discharge. Recovery good,	1
No. 599.	Ante-natal contracted pelvis and premature rupture of membranes; later forceps delivery for delay at pelvic outlet; notifiable pyrexia from 5th day from local sepsis in vagina and perineum and gonorrhœal discharge. Dismissed irregularly 22nd day,	1

DETAILS OF CASES OF PUERPERAL FEVER.

No. 43.	Ante-natal; 1st pregnancy; slight ante-partum hæmorrhage at full-term; later forceps delivery for protracted dilatation due to rigid cervix; rise of Temperature started during labour and severe rigor occurred immediately after delivery; patient transferred to Fever Hospital on 3rd day with puerperal fever, ...	1
No. 256.	Admitted in labour; "Failed forceps" at home; contracted pelvis; 1st pregnancy; cervix not fully dilated; later high forceps delivery; episiotomy performed; Puerperal sepsis started 12 hours later; patient transferred to Fever Hospital on 4th day,	1

PUBLIC HEALTH (PUERPERAL FEVER and PUERPERAL PYREXIA) REGULATIONS (SCOTLAND), 1929.

In these regulations, the standard of pyrexia is defined as 100.4 degrees F., continuing or recurring within 24 hours, during the first twenty-one days after delivery.

Total number of cases of puerperal pyrexia notified, ...	21
Total number of cases after normal delivery,	12
Total number of cases after abnormal delivery,	9

Classification of Causes.

(1) Extra-genital causes,	13
(2) Genital causes in normal deliveries,	3
(3) Genital causes in abnormal deliveries,	5

Extra-genital Causes.

Profound anæmia,	1
Debility,	1
Serum reaction,	2
Pulmonary Tuberculosis,	1
Pyelitis,	7
Phlebitis,	1

Total, 13

Genital causes in normal deliveries.

Acute Salpingitis,	2
Pelvic Cellulitis,	1
	<hr/>
Total,	3

Genital causes in abnormal deliveries.

Mild Sapræmia,	1
Infection of abdominal wall following Cæsarean Section,	2
Local sepsis of vagina and perineum,	1
Local sepsis of vagina and perineum and gonorrhœal discharge,	1
	<hr/>
Total,	5

**BRIEF DETAILS OF CASES WITH GENITAL CAUSES
IN NORMAL DELIVERIES.**

Nos. 42, 267 and 613.	See particulars under "Maternal Morbidity,"...	3
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**BRIEF DETAILS OF CASES WITH GENITAL CAUSES
IN ABNORMAL DELIVERIES.**

Mild Sapræmia, No. 25.	Details given under "Puerperal Morbidity,"...	1
Localised Sepsis of Vulva, No. 515.	Details given under "Puerperal Morbidity,"...	1
No. 599.	Details given under "Puerperal Morbidity,"...	1
Infection of Abdominal Wall following Cæsarean Section, No. 141.	Details given under "Puerperal Morbidity,"...	1
No. 207.	Ante-natal piles; later Cæsarean Section (Lower uterine segment operation) for prolonged 1st stage and foetal distress, to avoid still-birth; Puerperium normal until 11th day, then febrile until 19th day due to local sepsis in deep layers of wound; good recovery,...	1

POST-NATAL ADMISSIONS.

Condition.	Result.	No.
Hæmorrhage from supposed incomplete Abortion. No. 504.	Abortion found to be complete; hæmorrhage from inside urethra; patient referred to general hospital,	1
Complete Miscarriage. No. 580.	Patient admitted on account of home conditions; dismissed well 10th day,	1
Post-partum Hæmorrhage. No. 299.	Hæmorrhage ceased soon after admission; N.P.,	1
Ruptured Perineum. No. 331.	Precipitate labour at home; placenta delivered in hospital, and perineum repaired; N.P.,	1
	No. 453. Precipitate labour at home; perineum repaired in hospital; N.P.,	1
Eclampsia. No. 194.	Two fits at home 20 hours after normal delivery; 2 more fits after admission; then good recovery; N.P.,	1
	No. 611. One fit at home immediately after normal delivery; one more fit after admission; then good recovery; N.P.,	1
	Total,	7

MATERNAL DEATHS.

Condition.	Result.	No.
Pernicious Anæmia. No. 137.	Admitted at 7th month; extreme anæmia, vomiting and increasing heart failure; died 10 days after admission undelivered,	1
Cardiac Disease. No. 14.	Admitted in labour; mitral stenosis and regurgitation; labour premature and short and anæsthesia given in 2nd stage; heart failure started on 7th day and patient died on 9th day of puerperium,	1
Placenta Prævia. No. 125.	Eight months' pregnancy; severe ante-partum hæmorrhage at home and on admission in labour; central placenta prævia; bipolar version and extraction of leg performed under anæsthesia; patient extremely shocked; later still-born child delivered as breech; no post-partum hæmorrhage but shock increased in spite of active treatment and patient died 3 hours after delivery,	1
	No. 188. Full-term pregnancy; moderate ante-partum hæmorrhage at home but very severe in ambulance and after admission with onset of labour; central placenta prævia; bipolar version and extraction of leg performed under anæsthesia; shock increased in spite of active treatment and patient died 5 hours after admission undelivered,	1
	Total,	4

**BARSHAW MATERNITY AND CHILD WELFARE
HOSPITAL, PAISLEY.**

REPORT FOR THE YEAR 1932.

CHILDREN'S WARD.

Number of admissions during 1932,	284
Medical cases,	41
Surgical cases,	243

Source of cases :—

Recommended from Child Welfare Clinic,	211
Recommended by Doctors,	41
Transferred from Maternity Wards (on mother's discharge from hospital),	29
Admitted with mother,	3

Average daily number in residence :—

January,	5.2	}	7.5
February,	10.1		
March,	7.2		
April,	9.8	}	7.8
May,	7.3		
June,	6.4		
July,	7.4	}	6.8
August,	8.7		
September,	4.3		
October,	7.8	}	7.3
November,	7.9		
December,	6.2		

Average period of residence :

Medical cases,	14.5 days.
Surgical cases,	7.9 days.

Age periods of children admitted:—

Medical cases,				Surgical cases,			
0-1,	...	...	40	0-1,	...	...	45
1-2,	...	...	1	1-2,	...	...	38
2-3,	...	...	0	2-3,	...	...	39
3-4,	...	...	0	3-4,	...	...	64
4-5,	...	...	0	4-5,	...	...	57

Medical cases admitted:—

Condition.				Result.				No.
Conjunctivitis—simple,	...	...	...	Dismissed well,	...	...	2
Congenital syphilis,	...	...	...	Transferred to Craw Road Hospital,	...	...	1
Congenital syphilis,	...	...	...	Died,	...	...	1
Diarrhœa and vomiting,	...	...	...	Dismissed well,	...	...	3
Diarrhœa and vomiting,	...	...	...	Dismissed dying,	...	...	1
For feeding or observation,	...	...	...	Dismissed well,	...	...	4
Marasmus,	...	...	...	Dismissed Improved,	...	...	2
Marasmus,	...	...	...	Died,	...	...	4
Ophthalmia neonatorum,	...	...	...	Dismissed well,	...	...	4
Prematurity,	...	...	...	Dismissed well,	...	...	16
Prematurity,	...	...	...	Died,	...	...	3
Total,							41	

Deaths in Medical Ward:—

Congenital syphilis,	...	...	...	...	...	...	1
Marasmus,	...	...	...	...	...	...	4
Prematurity,	...	...	...	...	...	...	3
Total,							8

Surgical cases admitted,	243
Patients operated on,	225
Patients not operated on,	18
Unfit for operation,	11
Operation unnecessary,	3
Hæmorrhage from umbilicus,	1
Sepsis of umbilicus,	1
Developed chicken-pox,	1
Transferred to Convalescent Home,	1
Total,	18

Deaths in Surgical Ward,

Tonsillectomy—death under anæsthetic from respiratory failure in status lymphaticus,	1
Operation for Spina bifida—death under anæsthetic due to cerebral shock,	1
Total,	2

Total number of Surgical Operations, 274

Number of operations on indoor patients,	225
Number of operations on outdoor patients,	49

Conditions operated on:—

Abscesses,	9
Accessory auricle—removal,	1
Adenoids,	4
Cleft palate,	2
Cyst—removal,	1
Dental cyst—removal,	1
Frænum of upper lip—incision	5

Gramuloma of skin—removal,	1
Hare-lip,	1
Hernia—Inguinal,	25
Hernia—Umbilical,	2
Molluscum Contagiosum—removal,	2
Nævus—removal,	2
Phimosis—by circumcision,	63
Phimosis—by dilatation,	3
Septic toe—amputation,	1
Septic wart—removal,	1
Spina Bifida—removal of meningo-cœle,	1
Talipes—open tenotomy and plaster,	1
Talipes—plaster only,	5
Tonsils and adenoids,	140
Torticollis—open tenotomy,	1
Tubercular adenitis—dissection,	1
Tubercular abscess,	1
	274
Total,	274

Number of consultations with Surgical Specialist, ...	54
Number of children transferred from hospital with infectious disease,	3
Chicken-pox,	1
Erysipelas,	1
Pneumonia,	1
	3
Total,	3

INFECTIOUS DISEASES.

I.—Return of Cases of Infectious Disease Notified, etc., during the year ended 31st December, 1932.

Disease.	Number of Cases coming to the knowledge of the Medical Officer of Health.									
	At Age—Years.								Cases removed to Hospital.	Cases not removed to Hospital.
	At all Ages.	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, and Diseases notifiable in terms of Regulations made under Section 78 of the Public Health (Scotland) Act, 1897.										
Typhoid or Enteric Fever,	2	...	1	1	...	...	...	...	2	...
Typhus Fever, ...	...	...	...	...	...	...	...	...	...	...
Smallpox, ... ..	...	...	...	...	...	...	...	...	...	...
Scarlet Fever or Scarlatina,	792	12	245	440	63	31	1	...	704	88
Diphtheria and Membranous Croup,	229	5	47	115	31	27	4	...	226	3
Erysipelas,	71	3	2	4	1	18	33	10	39	32
Puerperal Fever, ...	17	...	...	...	7	10	...	...	17	...
Cholera, ... ..	...	...	...	...	...	...	...	...	...	...
Relapsing Fever, ...	...	...	...	...	...	...	...	...	...	...
Continued Fever, ...	...	...	...	...	...	...	...	...	...	...
Ophthalmia neonatorum, ...	51	51	...	...	...	...	...	...	2	49
Chickenpox,	540	19	141	370	7	3	...	...	5	535
Infective jaundice, ...	...	...	...	...	...	...	...	...	...	...
Malaria, ... ..	...	...	...	...	...	...	...	...	...	...
Dysentery,	2	...	1	...	...	1	...	...	2	...
Infantile paralysis, ...	1	...	1	...	...	...	...	...	1	...
Polio-encephalitis, ...	...	...	...	...	...	...	...	...	...	...
Encephalitis lethargica, ...	...	...	...	...	...	...	...	...	...	...
Acute primary pneumonia, ...	557	120	168	93	38	49	45	44	351	206
Acute influenzal pneumonia, ...	33	...	3	...	5	8	9	8	13	20
Pulmonary Tuberculosis, ...	119	...	3	11	38	48	17	2	*85	34
Non - pulmonary tuberculosis, ...	64	3	11	18	18	12	2	...	*41	23
Puerperal Pyrexia, ...	35	...	...	...	13	22	...	...	28	7
Total,	2513	213	623	1052	221	229	111	64	1516	997

*14 Cases notified in a previous year and removed to hospital for the first time during 1932.

B.—Diseases to which the Provisions of the Infectious Disease (Notification) Act have been extended by the Local Authority.

Pneumonia (not otherwise notifiable),	149	25	106	18	...	...	...	...	114	35
Cerebro-Spinal Fever,	14	1	4	4	...	4	1	...	14	...

C.—Notified under Local Provisions, not under the Infectious Disease (Notification) Act, 1889.

Measles,	1232	56	491	678	3	4	...	...	19	1213
Whooping Cough, .	140	15	57	68	...	...	...	...	...	140
Mumps,	1337	1	111	1210	5	9	...	1	1	1336

TUBERCULOSIS—STATISTICAL RETURNS, 1932.

I.—Return of Cases of Tuberculosis notified during the year ended 31st December, 1932.

	Number of Cases notified as Suffering from Tuberculosis.									Number of cases notified during year in which diagnosis of Tuberculosis has been confirmed.	
	AGE—GROUPS.										
	Under 5. 1	5 and under 10. 2	10 and under 15. 3	15 and under 25. 4	25 and under 35. 5	35 and under 45. 6	45 and under 65. 7	65 and upwards 8	Total. 9			Under 15. 10	15 and upwards. 11
Pulmonary—											
Males,	...	2	2	20	17	10	10	2	63	4	59
Females,	3	5	2	18	12	9	7	...	56	9	43
Non-pulmonary—											
Males,	12	9	2	8	5	4	1	...	41	23	17
Females,	2	5	2	10	2	1	1	...	23	9	13

II.—Return showing the Number of Cases which received Treatment under the Tuberculosis Scheme in Sanatoria or other Institutions during the year ended 31st December, 1932.

NUMBERS OF PATIENTS.						
	In Institu- tions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.		In Institu- tions on December 31.
	1	2	3	4	5	6
Pulmonary—						
Adults,						
Males,...	23	66	54	10	4	21
Females,	24	48	33	8	3	28
Children,						
Males,...	1	3	2	...	...	2
Females,	7	4	5	...	1	5
Non-pulmonary—						
Adults,						
Males,...	7	10	9	4	...	4
Females,	5	13	11	...	...	7
Children,						
Males,...	7	12	8	...	3	8
Females,	4	5	5	...	...	4
	78	161	127	22	11	79

III.—Return of Number of Persons Resident in the Area at 31st December, 1932, who were known to be suffering from Tuberculosis.

	Number of Cases—Age Groups.								Total.	
	Under 5.	5 and under 10.	10 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards.		
Pulmonary.										
Sputum not examined, ...	M.	10	6	11	8	2	1	1	...	39
	F.	13	7	6	8	3	2	1	...	40
1. Tubercle Bacilli found,	M.	...	...	1	20	26	16	7	...	70
	F.	...	...	1	24	25	21	7	...	78
2. Tubercle Bacilli never found,	M.	...	6	7	21	33	18	16	...	101
	F.	...	3	6	20	18	16	10	...	73
		23	22	32	101	107	74	42	...	401
Non-Pulmonary.										
1. Abdominal,	M.	27	20	8	8	1	1	...	...	65
	F.	21	13	9	9	3	2	...	...	57
2. Spine,	M.	5	5	1	3	...	1	...	...	15
	F.	2	2	1	3	1	...	...	...	9
3. Bones and Joints (exclusive of Spine), ...	M.	15	18	9	17	6	1	4	...	70
	F.	10	8	12	10	...	2	1	...	43
4. Superficial Glands, ...	M.	21	20	12	11	9	1	2	...	76
	F.	17	17	13	15	10	2	...	...	74
5. Lupus,	M.	...	1	...	1	...	...	...	...	2
	F.	...	...	...	1	...	...	...	1	2
6. Other Parts or Organs,	M.	6	6	7	7	6	9	3	...	44
	F.	12	8	6	4	5	7	1	1	44
		136	118	78	89	41	26	11	2	501
Total,		159	140	110	190	148	100	53	2	902

IV.—Return of number of persons who died from tuberculosis in the area during the year, with particulars as to period elapsing between notification and death and between discharge from an institution and death.

	Pulmonary.		Non-Pulmonary.	
	Males.	Females.	Males.	Females.
Number of persons who died from tuberculosis,	33	19	17	
Of whom—				
Not notified or notified only at or after death,	1	...	8	3
Notified less than 1 month before death,	3	2	3	...
Notified from 1 to 3 months before death,	8	4	3	...
Notified from 3 to 6 months before death,	5	2	...	...
Notified from 6 to 12 months before death,	6	5	...	...
Notified from 1 to 2 years before death,	5	3	2	1
Notified over 2 years before death,	5	3	1	...
Number who died within 28 days after discharge from an institution, ...	1	...	...	...
Number who died more than 28 days after discharge from an institution, ...	8	2	...	...

INFECTIOUS DISEASE—OTHER THAN TUBERCULOSIS. SUMMARY.

	1932.
Number of visits of enquiry,	10,014
Patients removed to Hospital,	1,367
Patients removed to Reception House,	—
Notices served under Section 50 (2), P.H.S.A.,	3,654
Notices served under Section 53 (2), P.H.S.A.,	3,654
Notices served to School Teachers, etc.,	11,005
Houses, etc., Disinfected,	1,343
Sets of Clothing removed for Disinfection,	1,502
Articles of Clothing Disinfected,	18,341

TUBERCULOSIS. SUMMARY.

	1932.
Number of visits of inquiry,	1,443
Average number of cases under observation,	938
Houses, etc., Disinfected,	167
Sets of Clothing removed for Disinfection or for Destruction,	169
Articles of Clothing removed for Disinfection or for Destruction,	3,251

C.—VITAL STATISTICS.

STATISTICAL SUMMARY FOR 1932.

Estimated Population, 1932, ... 87,900.

Numbers.	Rates per 1,000 of Estimated Population.																																								
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