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COUNTY COUNCIL OF FIFE.



ANNUAL REPORT

ON THE
HEALTH AND SANITARY CONDITION
OF THE COUNTY AND DISTRICTS

DURING

1922

BY

G. PRATT YULE,

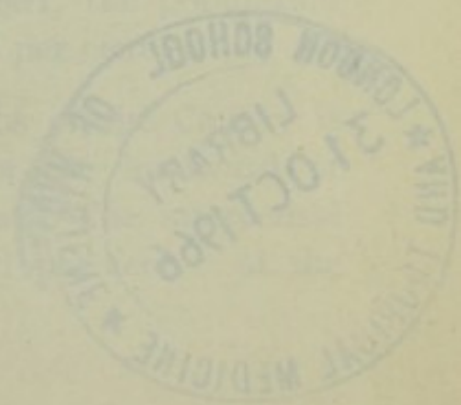
M.D., F.R.C.P., B.Sc. (Pub. Health), Edin.

MEDICAL OFFICER OF HEALTH.

CUPAR-FIFE:

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1923 (A 26).



To the County Council and District Committees
of the County of Fife.

My Lords and Gentlemen,

I have the honour to present, in accordance with the requirements of the Scottish Board of Health in terms of the Public Health (Scotland) Act, 1897, the Report on the Health and Sanitary Condition of the County of Fife and its several Districts for the year 1922.

I have the honour to be,

My Lords and Gentlemen,

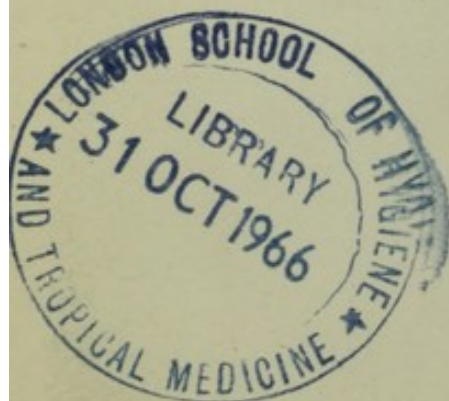
Your obedient servant,

G. PRATT YULE,

County Medical Officer.

June, 1923.

Public Health Department,
County Buildings,
Cupar-Fife.





COUNTY OF FIFE.

Report by County Medical Officer of Health for the Year 1922.

CENSUS, 1921.

POPULATION:—The final Report on the Thirteenth Census taken on 19th June, 1921, returns the population of the County of Fife as 292,925, the male population being 143,102 and the female 149,823. Compared with the Census, 1911 the population shows an increase of 25,192 or 9.4 per cent., the male population an increase of 10,975, or 8.3 per cent., and the female an increase of 14,217 or 10.5 per cent.

When the first official Census of Scotland was taken in 1801, the population of Fife was 93,743: each successive census has shown an increase; the population of the Census, 1921 is more than three times as large as that of the Census 1801.

The largest intercensal increase was that of the Census 1911 which was 48,896, or 22.3 per cent. Since 1891, the population of the County has increased by 105,579, or 56.4 per cent.

The population of the twenty-eight burghs of the County is 182,867, or 62.4 per cent: the population of the landward or extra-burghal area is 110,058, or 37.6 per cent. The intercensal increase of landward population is 8,204, or 8.1 per cent.: at the

Census of 1911, the increase of landward population was 21,579, or 26.1 per cent.

The populations enumerated in the four County Districts are:—Kirkcaldy District, 44,569; Dunfermline District, 34,870; Cupar District, 15,418; and St Andrews District, 15,201. Dunfermline District has increased by 4,583, or 15.1 per cent., and Kirkcaldy District by 3,868, or 9.5 per cent. St Andrews District has decreased by 142, or 0.9 per cent., and Cupar District by 105, or 0.7 per cent.

RATIO OF SEXES:—The female outnumbers the male population of the County by 6,721, the ratio of females to males being 104.7 to 100: in 1911, the ratio was 102.6 to 100. In the intercensal period the female population has increased more rapidly than the male.

HOUSING:—The houses in the County numbered 67,387, of which 63,537 were returned as occupied, 2,931 as unoccupied, and 919 as in the course of erection. Compared with the Census, 1911, occupied houses are 4,757 more, and houses in course of erection 441 more; unoccupied houses are 1,374 less.

The average number of persons to each 100 rooms is 143. In the last four Censuses, this average shows little change:—142 in 1891; 138 in 1901; 144 in 1911.

Of the 63,537 occupied houses, 3,858 or 6.1 per cent. are one-roomed; 27,040 or 42.6 per cent. are two-roomed; 15,839 or 24.9 per cent. are three-roomed; and 7,388 or 11.6 per cent. are four-roomed. Compared with the figures in 1911, one-roomed houses are less by 745, but two-, three- and four-roomed houses are more by 926, 1,699 and 2,159 respectively.

Of the total population, 10,595 or 3.6 per cent. were enumerated in one-roomed houses; 118,715 or 40.5 per cent. in two-roomed houses; 75,402 or 25.8 per cent. in three-roomed houses; and 33,995 or 11.6 per cent. in four-roomed houses.

Of 3,858 one-roomed houses enumerated in the County, 1,398 were in County Districts. In Dunfermline District, one-roomed

houses number 505 or 36.1 per cent. of the total one-roomed houses in the landward or extra-burghal area, in Kirkcaldy District 389 or 27.8 per cent., in St Andrews 284 or 20.3 per cent. and in Cupar District 220 or 15.8 per cent.

In Dunfermline District the percentage of persons living not more than two per room was 48.6, in Kirkcaldy District 42.9, in St Andrews 71.3, and in Cupar District 72.6. In the County Districts the percentage living more than three per room—including those enumerated more than four per room—ranges from 28.8 in Kirkcaldy District to 9.5 in St Andrews District: in Dunfermline District this percentage was 25.9 and in Cupar District 10.0.

Despite the existing shortage of housing, there has been during the last intercensal period a steady diminution in the number of one-roomed houses and in the number of persons occupying them throughout the County.

There has also been a slight reduction, 1.4 per cent., in the number living more than three per room.

OCCUPATIONS :—In the County males aged 12 years and upwards number 107,461, of whom 97,327 or 90.6 per cent. were returned as having remunerative occupation. The female population of the same ages amounts to 114,653, and 32,102 or 28.0 per cent. are returned as having remunerative occupation.

The group of occupations including the largest number of the male population is that of workers in mines and quarries, the number being 28,522 or 29.3 per cent. of the total occupied male population. Of these 28,522 males, 28,140 have occupations connected with coal mining. In 1911 males with coal mining occupations numbered 26,452. Of the 28,522 males with mining occupations, 8,365 were enumerated in Kirkcaldy County District and 5,614 in Dunfermline County District. Other groups of occupations employing large numbers of males are :—Workers in metals, 8,550 or 8.8 per cent. of the total occupied; agricultural occupations, 7,918 or 8.1 per cent.; workers in transport and communication, 7,736 or 7.9 per cent.; and commercial occupations, 6,168 or 6.3 per cent.

The group of occupations employing the largest numbers of females include:—Personal service occupations, 8,185 or 25.5 per cent.; workers in textiles, 5,936 or 18.5 per cent.; commercial occupations, 4,380 or 13.6 per cent.; and clerks (other than Civil Service or Local Authority), 2,578 or 8 per cent.

INDUSTRIES:—The groups of industries or services to which the largest numbers of persons are returned are:—Mining and quarrying, 33,871 (males 32,477, females 1,394); commerce and finance, 13,176 (males 7,579, females 5,597); metal manufacture, shipbuilding, engineering, 11,131 (males 10,827, females 304).

BIRTHS.

During 1921, there were registered within the County Landward area 2,520 births, of which 2,363 were legitimate and 157 illegitimate.

AREA	Births (Total)		Illegitimate Births	
	Number	Rate per 1000	Number	Percentage of Total Births
Cupar District - - -	255	16.31	19	7.45
Dunfermline District - -	825	22.98	41	4.97
Kirkcaldy District - - -	1177	25.89	79	6.71
St Andrews District - -	263	17.07	18	6.84
County Landward - - -	2520	22.42	157	6.23

The following table shows the number of births registered in each of the four Districts and the County during the last fifteen years:—

Year	Cupar District	Dunf'line District	Kirk'ldy District	St And. District	Fife County	Rate per 1000
1908	301	1028	1492	389	3210	36.4
1909	317	1122	1438	303	3180	35.7
1910	320	1002	1399	311	3037	33.8
1911	310	913	1334	288	2845	27.0
1912	284	949	1451	295	2979	27.8
1913	281	961	1359	282	2883	27.9
1914	285	983	1479	256	3003	28.9
1915	253	877	1229	266	2625	24.9
1916	259	842	1098	221	2420	22.6
1917	248	776	1008	223	2245	20.7
1918	229	873	1086	213	2401	21.7
1919	238	854	1151	215	2458	21.0
1920	306	1049	1473	310	3138	23.5
1921	282	1032	1359	289	2962	26.9
1922	255	825	1177	263	2520	22.4

Excluding the war years 1916-19 inclusive, the number of births registered during 1922 is the lowest for the last fifteen years being 690 less than that of 1908 when the highest number of births in County annals was recorded.

GENERAL MORTALITY.

The number of deaths, corrected for transfers, allocated to the County during 1922 was 1,417 as compared with 1,290 in 1921 and 1,218 in 1920 and 1919. The death-rate of the landward area of the County in 1922 was 12.60 per 1,000 of an estimated population of 112,384.

The number of deaths and equivalent rates for each of the four Districts and the landward County for 1922 were :—

AREA	Number	Rate per 1000
Cupar District - - - - -	230	12.0
Dunfermline District - - - - -	429	12.5
Kirkcaldy District - - - - -	556	12.7
St Andrews District - - - - -	202	12.3
Fife County - - - - -	1417	12.6

The appended table shows the age and sex distribution of the more common causes of death in the County during 1922.

CAUSES OF DEATH. FIFE COUNTY, 1922.

CAUSE OF DEATH	All Ages			-1	1—	5—	10—	15—	25—	35—	45—	55—	65—	75—	85 up-wards
	Both Sexes	Males	Females												
Measles	20	9	11	3	17	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	3	2	1	1	1	...	...	...	...	...	...	...	...	...	...
Whooping Cough	54	25	29	22	32	...	...	...	...	...	...	...	...	...	...
Diphtheria	12	7	5	1	8	1	1	...	1	...	...	...	...	...	...
Influenza	102	52	50	7	16	...	5	4	10	6	4	13	23	13	1
Encephalitis Lethargica	3	3	...	1	1	...	...	1	...	1	...	3	1	...	...
Other Epidemic Diseases	7	3	4	1	1	...	...	1	...	...	3	4	...	...	...
Tuberculosis of Respiratory System	50	21	29	1	3	...	2	16	9	11	3	...	...	1	...
Tuberculous Meningitis	11	2	9	1	7	...	1	...	1	...	...	...	...	...	...
Tuberculosis of Intestines and Peritoneum	9	3	6	...	5	...	1	1	...	...	...	...	...	...	...
Other Tuberculous Disease	19	7	12	2	2	...	3	2	1	3	1	2	1	...	...
Malignant Tumours	122	45	77	...	...	...	...	1	2	11	15	34	34	13	7
Rheumatic Fever	2	2	...	...	...	...	1	1	...	...	...	...	...	...	...
Meningitis (not Cerebro-Spinal or T'b'culous)	7	3	4	4	2	...	1	...	...	...	...	...	...	...	...
Apoplexy	120	57	63	3	...	...	3	1	1	...	8	17	40	43	8
Heart Disease	138	65	73	...	1	2	...	1	4	7	15	29	33	36	7
Diseases of Arteries	25	16	9	...	...	...	...	...	...	1	2	5	7	10	...
Bronchitis	83	41	42	22	2	...	...	...	...	1	3	11	15	22	7
Pneumonia (all forms)	76	30	46	20	18	4	4	3	2	4	3	3	4	9	2
Other Diseases of Respiratory System	16	7	9	3	4	...	...	...	...	1	1	3	3	1	...
Diarrhoea and Enteritis (under 2 years)	18	9	9	11	7	...	...	...	...	...	...	...	...	...	...
Appendicitis	13	8	5	...	...	4	2	2	...	2	3	...	...	...	...
All Diseases of Liver (not Malignant)	12	2	10	2	...	...	1	...	...	3	1	4	...	1	...
Nephritis, Acute and Chronic	35	10	25	1	1	1	1	...	4	3	9	6	7	2	...
Puerperal Sepsis	4	...	4	...	...	...	...	...	3	1	...	...	...	...	...
Other Dis. and Accid. of Pregnancy, &c.	11	...	11	...	...	...	...	4	4	3	...	...	...	...	...
Diseases of Infancy and Malformations	121	68	53	121	...	...	...	...	...	...	...	...	...	...	...
Suicide	1	1	...	...	...	...	...	...	...	1	...	...	...	...	...
Other Violent Deaths	55	45	10	1	7	4	2	6	9	9	7	5	2	2	1
Other Defined Diseases	248	107	141	21	9	4	...	6	8	11	12	30	41	70	36
Causes, Ill-Defined or Unknown	20	13	7	...	2	...	...	...	...	...	1	2	12	3	...
Total	1417	663	754	250	145	23	29	49	59	79	88	171	224	231	69
Percentage	100.00	46.78	53.22	17.64	10.23	1.63	2.05	3.46	4.17	5.58	6.22	12.06	15.80	16.30	4.86

INFANTILE MORTALITY.

The following table sets forth the more common causes of death among infants under one year of age.

DEATHS OF INFANTS UNDER ONE YEAR—FIFE COUNTY, 1922.

DISEASE	Cupar District	Dunfermline District	Kirkcaldy District	St Andrews District	Fife County	Per Cent.
Measles - - -	...	1	2	...	3	1.20
Scarlet Fever - - -	...	1	...	...	1	0.40
Whooping Cough - - -	...	8	12	2	22	8.80
Diphtheria - - -	...	...	1	...	1	0.40
Influenza - - -	...	2	5	...	7	2.80
Encephalitis Lethargica - - -	...	...	1	...	1	0.40
Other Epidemic Diseases - - -	...	...	1	...	1	0.40
Tuberculosis of Respiratory System - - -	...	...	1	...	1	0.40
Tuberculous Meningitis - - -	...	1	...	...	1	0.40
Other Tuberculous Disease - - -	...	1	2	...	3	1.20
Meningitis (not Cer. Spin. or Tuber.) - - -	...	1	3	...	4	1.60
Apoplexy - - -	...	3	...	...	3	1.20
Bronchitis - - -	3	4	11	4	22	8.80
Pneumonia (all forms) - - -	...	9	10	1	20	8.00
Other Diseases of Respiratory System - - -	...	2	...	1	3	1.20
Diarrhœa and Enteritis - - -	2	1	8	...	11	4.40
All Diseases of Liver (not Malignant) - - -	...	2	...	...	2	0.80
Nephritis (Acute & Chronic) - - -	...	...	1	...	1	0.40
Diseases of Early Infancy and Malformations - - -	14	40	56	11	121	48.40
Violent Deaths - - -	...	1	...	...	1	0.40
Other Defined Diseases - - -	3	6	10	2	21	8.48
Total - - -	22	83	124	21	250	100.00

The deaths of children under one year of age numbered 250 during 1922, equivalent to an infantile mortality rate of 99.20 per 1000 births registered during the year. There were 242 deaths of

infants under one year recorded in 1921, equivalent to an infantile mortality (deaths under one year per 1,000 registered births) of 81.70.

The following were the more important causes of infant deaths :—(1) The ante-natal diseases and pathological conditions included under the cause “ Diseases of Early Infancy and Malformations ” accounted for 121 deaths or 48.40 per cent. of the total deaths of infants. (2) Bronchitis, pneumonia and other diseases of the respiratory system caused 45 deaths or 18 per cent. of the total infantile mortality. (3) Measles and whooping cough were responsible for 25 deaths or 10.0 per cent., and (4) diarrhoea for 11 deaths or 4.4 per cent. of the deaths of infants.

The infantile mortality rate has risen from 80.62 and 81.70 in 1920 and 1921 respectively to 99.20 in 1922.

In the Annual Report for 1921 it was noted that “ the comparatively low infantile mortality-rate of recent years may be readily upset by measles, whooping-cough and respiratory disease ” and these factors have played their part in the increased infantile mortality of 1922. Reference has been made almost annually to overcrowding as the determining factor of infection of the respiratory and digestive tracts in children : measles, whooping-cough, bronchitis and pneumonia are respiratory diseases and the vitiated atmosphere of overcrowded unventilated housing ensures their spread as also that of the diarrhoea or enteritis which is a fruitful cause of infant deaths. The overcrowding prevailing in the sublet single-apartment houses of Dunfermline and Kirkcaldy Districts is taking its toll of infant lives.

The infantile mortality rates of the four Districts and the County for the last 15 years are shown in the following table :—

Year	Cupar District	Dunfermline District	Kirkcaldy District	St Andrews District	Fife County
1908	109.6	123.5	139.4	59.1	121.8
1909	59.9	99.8	116.1	56.1	99.1
1910	95.3	102.7	116.5	80.3	105.0
1911	77.4	104.0	108.6	48.6	97.7
1912	52.8	101.2	107.5	54.2	95.0
1913	60.0	81.0	98.0	89.0	87.7
1914	49.0	113.0	108.0	74.0	101.2
1915	71.0	111.0	128.0	105.0	114.2
1916	54.0	76.0	100.0	63.0	81.8
1917	60.0	99.0	102.0	63.0	94.4
1918	83.0	103.0	98.0	85.0	97.0
1919	67.0	90.0	91.0	65.0	86.0
1920	78.0	84.0	89.0	32.0	81.0
1921	74.0	88.0	85.0	48.0	82.0
1922	85.0	101.0	104.0	77.0	99.0

PRINCIPAL EPIDEMIC DISEASES.

These include enteric (or typhoid) fever, measles, scarlet fever, whooping cough, diphtheria, and diarrhoea and enteritis (under two years) and the number of deaths caused by them during 1922 is shown in the following table :—

PRINCIPAL EPIDEMIC DISEASES, DEATHS AND RATES, 1922.

DISEASE	Cupar Dist.	Dunfermline Dist.	Kirkcaldy Dist.	St Andrews Dist.	Fife County	
					Number	Rate per 1000
Measles - - -	1	6	12	1	20	0.18
Scarlet Fever - -	...	2	1	...	3	0.02
Whooping Cough - -	...	20	32	2	54	0.48
Diphtheria - - -	...	4	8	...	12	0.11
Diarrhoea and Enteritis (under 2 years)	2	2	14	...	18	0.16
Total - - -	3	34	67	3	107	0.95
Rate per 1000 -	0.19	0.95	1.74	0.19	0.95	...

The deaths during 1922 from the principal epidemic diseases were 107 in number: in 1921 and 1920 they were 57 and 82 respectively. Formerly the death-rate from these diseases was known as the zymotic rate and was commonly regarded as an index of the sanitary condition of a community. Measles and whooping-cough are usually the causes of the great majority of deaths included under this heading in Fife County and close settlement of population associated with insufficient and unsatisfactory housing obviously ensure increased incidence and heavier mortality from these diseases. Although climatic conditions have during the hot months of the year a direct bearing on the prevalence of diarrhoea in young children, the factors referred to as increasing the morbidity and mortality from measles and whooping cough play a like role in summer diarrhoea.

The number of deaths from the principal epidemic diseases was 3 in each of Cupar and St Andrews Districts, 34 in Dunfermline and 67 in Kirkcaldy District.

There was no death from typhoid fever during 1922. Measles and whooping cough were responsible for 20 and 54 deaths as compared with 1 and 13 respectively in 1921. Measles and whooping cough, as has often been pointed out, are probably the cause of more deaths of children than all the other common infectious diseases taken together. Of the 74 deaths recorded during 1922 from measles and whooping cough, all occurred at ages under 5 years, the great majority being at ages less than 2 years. It is a pity that parents do not realise more fully that the longer measles and whooping cough can be put off the less chance has the child of catching them and the less likely is the disease if caught to prove fatal: many children escape both altogether. Deaths from measles and whooping cough after the fifth year has passed are comparatively rare.

During 1922 there were 3 deaths from scarlet fever, the same number as in 1921. The deaths from diphtheria, 12 in number, were 5 less than in 1921. The deaths from diarrhoea were 18, being 4 less than in 1921: of the children dying from diarrhoea, 1 in Dunfermline District and 6 in Kirkcaldy District were in their second year.

DEATHS FROM TUBERCULOSIS.

There were 89 deaths registered as caused by tuberculosis in 1922, being 10 more than in 1921. Pulmonary tuberculosis accounted for 50 deaths or 56.17 per cent. of the total, whilst non-pulmonary tuberculosis was certified as the cause of 39 deaths or 43.83 per cent.

Although the deaths from tuberculosis are higher than last year's figure, the mortality from this disease is steadily falling.

Tuberculosis Deaths	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922
Pulmonary - -	82	74	84	88	80	66	53	62	46	50
Non-Pulmonary -	58	67	48	60	33	46	37	28	33	39
Total - -	140	141	132	148	113	112	90	90	79	89

Reference was made in the Annual Report for 1921 to the steady decline in the number of deaths from tuberculosis. Comparison of the average annual deaths from the period 1918-22 inclusive with those of the ten years 1892-1901 shows that the mortality from tuberculosis has fallen by 44.4 per cent., while that of pulmonary tuberculosis has fallen by 41.4 per cent.

The number and age distribution of the deaths from pulmonary and non-pulmonary tuberculosis in 1922 are shown in the following table :—

COUNTY AND DISTRICT DEATHS FROM TUBERCULOSIS, 1922.

AREA	Under 5 Years	5-15	15-25	25-45	45 upwards	All Ages	
						Number	Rate per 1000
Pulmonary Tuberculosis	Cupar District - - -	1	1	4	—	6	0.38
	Dunfermline District - -	—	5	8	4	17	0.47
	Kirkcaldy District - - -	4	4	6	1	16	0.35
	St Andrews District - - -	—	6	2	3	11	0.71
	Fife County - - -	4	16	20	8	50	0.44
	Per cent. - - -	8.00	32.00	40.00	16.00	100.00	—
Other Tuberc. Diseases	Cupar District - - -	2	—	1	2	5	0.31
	Dunfermline District - -	4	2	3	1	13	0.36
	Kirkcaldy District - - -	11	1	1	2	19	0.41
	St Andrews District - - -	1	—	—	—	2	0.12
	Fife County - - -	18	3	5	5	39	0.34
	Per cent. - - -	46.15	7.69	12.82	12.82	100.00	—
Total Tuberculosis—							
Fife County - - -	22	10	19	25	13	89	0.79
Per cent. - - -	24.72	11.23	21.34	28.10	14.61	100.00	—

DEATHS FROM CANCER.

The number of deaths and mortality rates per 1,000 of the estimated population, from cancer for the four Districts and County in 1922 were :—

DEATHS FROM CANCER, 1922.

District	Number	Rate per 1000
Cupar - - - - -	29	1.85
Dunfermline - - - - -	37	1.03
Kirkcaldy - - - - -	34	0.74
St Andrews - - - - -	22	1.42
Fife County - - - - -	122	1.08

The deaths from cancer are 9 less than in 1921 but the average annual death-rate from malignant disease increases steadily.

DEATHS FROM VIOLENCE.

There were 56 deaths from violence, including suicide, a reduction of 19 and 13 compared with 1921 and 1920 respectively. There was one male suicide as compared with three in 1921.

DEATHS FROM VIOLENCE (INCLUDING SUICIDE), 1922.

District	Number	Rate per 1000
Cupar - - - - -	7	0.44
Dunfermline - - - - -	19	0.52
Kirkcaldy - - - - -	23	0.50
St Andrews - - - - -	7	0.45
Fife County - - - - -	56	0.49

DEATHS FROM RESPIRATORY DISEASES.

There were one hundred and seventy-five deaths from respiratory diseases registered during 1922, equivalent to a death-rate of 1.55 per 1000 of the population. There were one hundred and sixty-two deaths from these causes last year and one hundred and eighty-four in 1920.

Pneumonia has caused seventy-six deaths and bronchitis eighty-three, together accounting for 91.42 per cent. of the total deaths from respiratory diseases.

Deaths from respiratory diseases amounted to 12.34 per cent. of the total mortality of Fife County.

Of the total deaths from respiratory diseases, 69 or 39.43 per cent. occurred at ages under five years ; of these 45 or 25.71 per cent. were of children under one year.

DEATHS FROM RESPIRATORY DISEASES, 1922.

AREA	Under 5 Years	5-15	15-25	25-45	45 upwards	All Ages	
						Number	Rate per 1000
Pneumonia (all forms)	1	1	—	—	5	7	0.44
	19	3	—	1	7	30	0.83
	16	4	3	4	6	33	0.72
	2	—	—	1	3	6	0.39
	38 50.00	8 10.53	3 3.94	6 7.89	21 27.64	76 100.00	0.67 —
Bronchitis	3	—	—	—	5	8	0.51
	5	—	—	1	14	20	0.57
	12	—	—	—	28	40	0.87
	4	—	—	—	11	15	0.98
	24 28.91	— —	— —	1 1.20	58 69.89	83 100.00	0.73 —
Other Respira- tory Diseases	7 43.75	— —	— —	1 6.25	8 50.00	16 100.00	0.14 —
Total Respira- tory Diseases	69 39.43	8 4.57	3 1.71	8 4.57	87 49.72	175 100.00	1.55 —

HOSPITAL TREATMENT OF INFECTIOUS DISEASES.

The following table shows the numbers of cases of certain infectious diseases notified and the numbers removed to isolation hospitals for the County Districts and the County.

The District having the highest proportion of removals for hospital treatment was St Andrews with 81.92 per cent. of cases notified : Cupar District had 79.16 per cent. of hospital treatment, Dunfermline 75.73 per cent. and Kirkcaldy District 75 per cent.

The incidence of the infectious diseases noted in the table was heaviest in Dunfermline District, being equivalent to a rate of 7.57 per 1,000 of the estimated population : generally the incidence of these infectious diseases throughout the County was low, the rate being 5.88 for 1922 as compared with 8.25 per 1,000 in 1921.

HOSPITAL TREATMENT OF CERTAIN INFECTIOUS DISEASES, 1922.

DISEASE	Cupar District		Dunfermline District		Kirkcaldy District		St Andrews District		Fife County	
	Cases Notified	Cases removed to Hosp'l	Cases Notified	Cases removed to Hosp'l	Cases Notified	Cases removed to Hosp'l	Cases Notified	Cases removed to Hosp'l	Cases Notified	Cases removed to Hosp'l
Scarlet Fever -	28	27	148	132	89	89	57	56	322	304
Diphtheria -	8	8	59	57	86	79	11	11	164	155
Typhoid Fever -	-	-	3	3	-	-	1	1	4	4
Erysipelas -	2	-	22	1	29	4	5	-	58	5
Cerebro-Spinal Meningitis -	-	-	-	-	1	1	-	-	1	1
Pulmonary Tuberculosis -	10	3	40	13	43	13	9	-	102	29
Total -	48	38	272	206	248	186	83	68	651	498
Percentage removed to Hospital -	79.16		75.73		75.00		81.92		76.49	
Average Incidence Rate per 1000 of Population -	3.07		7.57		5.45		5.38		5.88	

NOTIFICATIONS OF INFECTIOUS DISEASES.

The number of cases of compulsorily notifiable infectious diseases notified during 1922 was 1,104, being 304 less than in 1921 and 348 less than in 1920.

The notifications of each disease for each District and the County are shown in the table: the age distribution of the patients will be found in the tables at the end of this Report.

NOTIFICATIONS OF INFECTIOUS DISEASES, 1922.

INFECTIOUS DISEASE	Cupar District	Dunfermline District	Kirkcaldy District	St Andrews District	Fife County
Scarlet Fever - - - -	28	148	89	57	322
Diphtheria - - - -	8	59	86	11	164
Typhoid Fever - - - -	—	3	—	1	4
Erysipelas - - - -	2	22	29	5	58
Puerperal Fever - - - -	2	3	5	—	10
Cerebro-Spinal Fever - -	—	—	1	—	1
Continued Fever - - - -	—	—	—	1	1
Pulmonary Tuberculosis -	10	40	43	9	102
Non-Pulmonary Tuberculosis -	16	40	42	5	103
Ophthalmia Neonatorum -	1	35	19	1	56
Malaria - - - -	—	—	1	—	1
Acute Primary Pneumonia -	13	90	69	7	179
Influenzal Pneumonia - -	8	37	53	5	103
Total - - - -	88	477	437	102	1104

Smallpox, which was present in Kirkcaldy District in 1921, has not since recurred. With its continued prevalence and steady persistence in England, it may reappear in Scotland at any moment.

Notifications of scarlet fever were 322, an addition of 21 to the total of 1921. Diphtheria, 164 cases, has fallen markedly from last year's figure of 333. Typhoid fever was limited to four cases as against 8 in 1921.

Pulmonary tuberculosis shows a considerable reduction in the number of notifications received, 102 for 1922 as against 181 in 1921, a decrease of 43.65 per cent. During the last nine years, 1913-1921 inclusive, 1,699 notifications of pulmonary tuberculosis have been received. In 1919, the returns were invalidated by notification from a mining township in Kirkcaldy District of numerous post-influenzal patients as pulmonary tuberculosis: assuming for the year 1919 the average of the years 1918 and 1920, the cases notified during 1913-21 average 173 per annum. The decrease in the number of notifications appears too striking to be maintained. Notifications of non-pulmonary tuberculosis in 1922 were 103, 13 more than in 1921. Doubtless, the sanatorium treatment occasionally granted is playing its part in securing more complete notification of this type of tuberculosis.

TUBERCULOSIS CONTROL.

The number of notifications, removals for sanatorium treatment and deaths of patients from tuberculosis during 1922 are given in the preceding tables: the age distribution of the patients notified is set forth in the tables at the end of this Report.

The Tuberculosis Scheme of the County Council as County Tuberculosis Authority is in operation throughout the landward area and twenty-six of the twenty-eight burghs of the County.

The operation of the Scheme has been described in previous Annual Reports and continues on the same lines.

During 1922, the number of patients from the County Districts (landward) admitted to Glenlomond Sanatorium was 82:—Cupar District, 7; Dunfermline District, 31; Kirkcaldy District, 41; and St Andrews District, 2. In September the large shelter formerly in use for the treatment of tuberculosis at Ovenstone Hospital, Pittenweem, whence it was transferred to Glenlomond, was furnished with sixteen cots for the treatment of surgical tuberculosis in children.

Additional nourishment furnished to necessitous tuberculous patients in the landward and burghal areas throughout the County costs approximately £8 10s per month: the articles supplied are

commonly milk, eggs, butter, meat and oatmeal: the average number of patients in receipt of additional nourishment is 9. Surgical dressings are, where necessary, granted.

On the 25th January, 1922, a circular letter was addressed to all medical practitioners informing them that the County Tuberculosis Authority had decided to defray the cost of drugs necessarily and reasonably prescribed in the treatment of tuberculosis of patients whose names appear on the register of the County Tuberculosis Officer as having been notified in terms of the Tuberculosis Regulations 1914. Books of prescription forms were furnished on application. Panel chemists were informed of the arrangements and requested to submit their accounts monthly.

The cost of the provision of drugs for the eleven months ending 31st December 1922 was £82 17s 11½d: the number of patients prescribed for was 136, the average amount per patient being 12s 2¼d. The maximum amount incurred on one patient was £6 2s 6½d for eight months.

In the past the advanced stage at which certain patients came to knowledge has been commented on. There has been a distinct improvement in this respect since the work started although the field for further advance is large. Early diagnosis and treatment ensures good results and low death-rate; the later the recognition and treatment, the more unfavourable is the outlook and in advanced cases the results are invariably unfavourable and the mortality high.

The following brief outline by Dr McGillivray, Executive Tuberculosis Officer, who has done excellent work during the year is submitted:—

Report of Executive Tuberculosis Officer for 1922.

During the present year the work has been carried out on the same lines as before, but in addition an effort has been made to see as far as possible old cases on the tuberculosis register who had not been reported on for more than a year. The health visitors in the various districts gave valuable help in this work as they were supplied with lists of old patients whom I wished to see and they were able to trace and report on most of them, thus saving a great

deal of time. Some were found to be dead, others had changed their addresses and were found with difficulty, while a few had left the County altogether. On going over these cases from time to time I found quite a number in perfect health and examination of the chest revealed no evidence of pulmonary disease either active or healed. They were mostly patients who had been notified during the epidemic of influenza during 1918-1919. All gave a history of having had influenza with some chest complication at that time but from the condition found on examination now, it is evident that they were not tubercular and I have taken them off the register altogether and see no further need for visits by the health visitors or myself.

Another group of tuberculosis cases that had received practically no attention during the past two years—namely non-pulmonary patients—have been seen by me and the case sheets brought up to date. With the additional beds now available in Glenlomond for non-pulmonary tuberculosis in children, great benefit will be derived as this type of disease is fairly prevalent and the home conditions are often quite unsuitable for treatment there. In the Sanatorium such children are treated under the best hygienic conditions as regards fresh air, sunlight, regular meals, exercise, rest, cleanliness and have in addition very careful supervision by a trained staff. All these are very necessary if anything like good results are to be obtained. Unfortunately there are no beds in Glenlomond for adults suffering from this type of the disease and I have seen quite a few during the year who would have derived great benefit by admission to such an Institution. After treatment or operation in a general hospital they are sent home at the earliest possible moment to set free beds for acute cases of other disease and so they have to hang on in their homes under circumstances that are very far from good and often quite detrimental to the satisfactory progress of the disease. Such cases are always slow to show any improvement even under the most favourable conditions and treatment has often to be carried on for years before the disease is finally arrested.

With regard to pulmonary cases, it is satisfactory to note that in the male population there has lately been a tendency to

accept institutional treatment at an earlier date than was previously the case so that the beds for early males are fully occupied and there are a considerable number waiting for admission while the sick male beds have also been fully occupied throughout the year. There have been fewer notifications of early female cases during the past six months so that all cases desiring admission to Glenlomond have been dealt with but the beds for advanced disease in females have been fully taxed all the time.

The great importance of home visiting for domiciliary cases and the "after care" of those discharged from the sanatorium has not been lost sight of and has taken up a great deal of time. An effort has been made to keep in touch with those cases, especially where there is any activity or likelihood of danger to others. They are visited from time to time by the health visitors and Tuberculosis Officer to see that instructions are being carried out. It is far more important to get into the homes to instruct and advise and see that care is being taken *re* infection, than to see patients in any central place such as a dispensary where the best of advice may mean nothing as it is often ignored when the home is reached. In the mining areas where there is often insufficient accommodation and frequently overcrowding, this home visiting is absolutely essential if any progress is to be made in stamping out the disease. People are now beginning to realise that phthisis is infectious and to know that there is danger for others in the home unless care is taken. For the most part they are keen to carry out any instructions given but a great many even yet fall short of the ideal and seem to delight in dirty stuffy homes. Anyhow it is only by visits frequently repeated that such people can be made to realise the danger and in time be educated sufficiently in matters of personal and home hygiene to realise their importance in the treatment and spread of pulmonary tuberculosis. We perhaps cannot compel patients to put knowledge into practice but we can at least see that they have had ample opportunity of learning the principles of hygiene and of realising the suffering to themselves and their families which certain observances may cause. The health visitors are doing very valuable work in this direction and in time this campaign of education should lead to better results. By frequent visits to unsatisfactory homes and patients, they

supervise treatment and see as far as possible that hygienic measures are carried out. At the end of each month they forward a short report of a few lines on the cases seen to the Medical Officer of Health and where either the patients or the home surroundings are adversely reported on, the Tuberculosis Officer visits personally. In this way there is a fair amount of supervision of patients receiving domiciliary treatment but of course it never can be so satisfactory as institutional treatment where the life of the patient is entirely controlled by a trained staff.

To help necessitous cases who are receiving domiciliary treatment, grants of milk, eggs, butter and cod oil and malt are given, where on inquiry by the health visitor or Tuberculosis Officer the family circumstances are found to be poor. The family practitioner can also prescribe drugs for such patients on forms supplied from the Public Health Department. The prescriptions are made up and the drugs supplied free of charge by the chemists, the cost being met by the County Tuberculosis Authority.

All bacteriological work in connection with the Scheme is carried out as before at the University College, Dundee, and during the year good use has been made of the facilities thus offered.

Samples of sputum examined	...	132
Do. blood do.	...	4

The following is a summary of the cases seen by me during the present year :—

New Cases			Revisits to Old Cases		Contacts			Homes Visited	Exams. & Certf. granted <i>re</i> Ex-Ser. Men
Pul.	Non-Pul.	Doubtful	Pul.	Non-Pul.	+	—	?		
232	184	22	515	68	6	25	9	922	264

(Sgd.) G. M. MCGILLIVRAY,
Executive Tuberculosis Officer.

TREATMENT OF VENEREAL DISEASE.

The Centre for the treatment of venereal diseases occurring in the western area of the County was opened at the Public Health Dispensary, Market Street, Dunfermline, on the 4th November 1922.

Dr Johnson, Assistant Clinical Medical Officer, Royal Infirmary, Edinburgh, was appointed Medical Officer. Clinics for males are held at 11 a.m. and 7 p.m. on Mondays and at 7 p.m. on Fridays. Clinics for females and children are held at 5 p.m. on Fridays. Otherwise, apart from special hours prescribed for women when Nurse Petrie, Health Visitor, Dunfermline District, is in attendance, the Dispensary is open from 10 a.m., excluding Sundays and meal hours, under the charge of Orderly Creighton for dressings and irrigations.

During November and December, the number of patients examined was 52 (syphilis 19, gonorrhoea 19, syphilis and gonorrhoea 1, no venereal disease 12, undiagnosed at 31st December 1). Of the 52 patients, 11 were females: the attendances of males numbered 432 and of females 27.

Arrangements have been made for indoor hospital treatment at West Fife Infectious Diseases Hospital.

Prior to the opening of the Centre all medical practitioners were informed of its establishment and reminded of the hours of treatment of the centres at Kirkcaldy and Dundee. Medical practitioners were also advised that as the Joint Committee had made provision for the diagnosis and treatment of venereal diseases within the County, and at Dundee for the adjoining area of Fife, responsibility would no longer be accepted for the treatment and travelling expenses of patients sent to Edinburgh Royal Infirmary. The Health Visitors advised of the treatment facilities available wherever they could properly and tactfully do so. Inspectors of poor were also furnished with the necessary information of hours and places of treatment. Hitherto, the Centre has proved satisfactorily successful in attracting and retaining patients.

The Centre at Kirkcaldy, at the entrance to the Burgh Fever Hospital, Dunnikier Road, was established three years ago and

the numbers of its clientele are being constantly added to under the administrative supervision of Dr M'Intosh, Medical Officer of Health.

Clinics for males are held at 6-8 p.m. on Mondays, Tuesdays, Thursdays and Fridays, and for females at 2-4 p.m. on Mondays. When attendance would interfere with work, forenoon visits are arranged. The Dispensary is open daily except Sunday for irrigations and dressings :—Males 9-10 a.m. and 6-7 p.m., females, Tuesday, 2-3 p.m. During 1922, the number of patients treated was 299 of whom 215 were new cases. Of the cases treated 122 were suffering from syphilis, 133 from gonorrhoea, 16 from soft chancre, 14 from mixed infections and 14 had no venereal disease. Of the 299 patients, 70 were females : the attendances numbered 2,571 (males 1,985, females 588).

The number of patients admitted to the Burgh Fever Hospital for treatment was 12 (males 8, females 4).

The last completed year for which I have information of patients from Fife treated at the Dundee Centre ended 15th May 1922. Of 18 patients, 6 had syphilis, 6 gonorrhoea and 6 showed no venereal disease : the total attendances numbered 93.

At Dunfermline and Kirkcaldy, as at treatment centres generally, a proportion of the patients renounce attendance on the alleviation of immediate subjective symptoms while still in an acutely infectious condition despite advice, oral and written, urging continuance. Treatment adequate and sufficient of venereal diseases is costly and part-treatment is waste effort and expenditure. The existing statutory provisions do not permit of a remedy being applied but this will doubtless be found when the law requires all so suffering to undergo treatment until cured and when some form of notification is adopted conditional on refusal or premature discontinuance of treatment.

In view of the fact that venereal disease is frequently contracted innocently, it seems reasonable that conditional notification should be the first step when lay and medical opinion are ready for it. In Canada and Australia, the advantages of systems of modified notification appear to outweigh any contra-indications that have hitherto become obvious so far as I am aware.

MATERNITY SERVICE AND CHILD WELFARE.

The working procedure of the Welfare Scheme of each County District was illustrated in some detail in the Annual Report for 1921 and continues as formerly.

There are at present eight whole-time nurses acting as health visitors, tuberculosis nurses and assistant inspectors of midwives allocated as follows :—Dunfermline District, 3 nurses ; Kirkcaldy District, 3 nurses ; and St Andrews District, 2 nurses. In Dunfermline District, the Burghs of Inverkeithing and Culross are conjoined with the District for welfare work : in Kirkcaldy District the Burghs of Burntisland, Kinghorn, Markinch and Leslie ; and in St Andrews District the Burghs of Anstruther-Easter, Anstruther-Wester, Kilrenny and Crail participate in the schemes of the District Committees.

In Cupar District, the Burgh of Cupar being combined with the District Committee in the work, the whole-time health visitor resigned in August 1922 and the scheme is in abeyance at present.

Reports on the work done in each District have been furnished to the District Committees and the Board of Health.

Midwives Act, 1915. The annual report on the administration of the Midwives Act has been made to each District Committee as Local Supervising Authority in terms of the Act, furnishing the detailed information called for by the Central Midwives Board.

As noted in former Reports, the midwife certified after examination has been found on the whole trustworthy. The *bona fide* midwife has given less cause for correspondence than in the past.

The supervision of the " handy-woman " in view of the terms of the Midwives Act 1915, is a matter of difficulty. Not infrequently unqualified women appear to be the sole attendants at confinements but with investigation there emerges either the difficulty of proving habitual practice for gain other than under the direction of a registered medical practitioner or the shadowy supervision of a medical practitioner.

In February, 1922 I wrote to the General Medical Council and to the Central Midwives Board for Scotland to obtain guidance

as to the nature and amount of the personal attendance and supervision essential on the part of the medical practitioner to constitute "direction" of an uncertified woman acting in association with him in terms of Section 1 (2) of the Midwives Act, 1915. No light, however, was forthcoming on the issue.

That the difficulty experienced in this County in securing the operation of the Midwives Act in this particular is general appears from a letter addressed by the Royal Sanitary Institute in December 1922 to the Central Midwives Board for England urging that action should be taken by amending Section 1 (2) of the Midwives Act or otherwise, in order to prevent unqualified persons from attending women in childbirth without the effective direction of a qualified medical practitioner. At the same time, a resolution of the County Council's Association was submitted to the effect that Section 1 (2) of the Midwives Act should be amended so as to ensure that in no case, save an unpreventable emergency, shall an uncertified woman, for gain, attend women in childbirth otherwise than under the direct physical supervision of a qualified medical practitioner. The Central Midwives Board for England agreed to reply that in their opinion the words "under the direction of" in Section 1 (2) of the Act mean "in the presence and under the direction of": the sub-section also includes the words "habitually and for gain," which, in the Board's opinion, are unnecessary, lead to confusion, and generally render the sub-section futile. The Board proposed to take the earliest opportunity of pressing for the necessary amendments.

The issue is of interest in view of the fact that the Central Midwives Board for Scotland have requested medical officers to notify procurators fiscal of cases which may arise under Section 1 (2) of the Act with a view to summary action being taken against uncertified women practising.

HOUSING.

The remarks made in last year's Annual Report approximately represent the position to-day. The housing schemes of the District Committees of Kirkcaldy and Dunfermline are being completed as fast as circumstances permit. In areas such as Cardenden

where ninety-five houses have been completed and occupied, the position has been relieved, although doubtless the emigration to the Colonies and United States which seems to have been frequent in mining communities has also been a factor in the process.

Recently inquiry has been made by the Health Visitors into sub-letting and overcrowding of houses and the returns show that sub-letting of single rooms as separate dwelling-houses is prevalent and it may be added that in the more busy mining communities sub-letting is tantamount to overcrowding. The village of Lumphinnans, now, as in the past, is an outstanding example. Lumphinnans had a population at the census of 1921 of 2,460: there are 99 houses in the village with sub-let rooms and 109 new houses would be required if every family were to have a separate house. Other areas where the conditions are unsatisfactory are Cardenden, Valleyfield, Hill of Beath and Wellwood.

COMMON LODGING-HOUSES.

Owing to increased charges, the common lodging-houses do not now fall within the terms of the definition of the Public Health Act.

HOUSING OF SEASONAL WORKERS.

Byelaws under Section 45 of the Housing, Town Planning, etc., Act, 1919 are of force in Kirkcaldy District. Similar draft Byelaws approved by the District Committees of Dunfermline and St Andrews which were under consideration about two years ago have apparently not received final amendment yet.

POLLUTION OF RIVERS.

In accordance with the terms of a circular letter of the 28th August 1922 issued by the Board of Health, a detailed inspection was made of the sources of pollution of streams by sewage and trade effluents in the Districts of Cupar, Kirkcaldy and St Andrews, the findings being reported to the Board during the current year.

The report in respect of Kirkcaldy District illustrated in more detail the remarks made in the Annual Report for 1921 on

the pollution of the Ore and the Leven. Pollution in the Districts of Cupar and St Andrews of watercourses is of minor importance compared with the same issue in the two western Districts.

CLOSURE OF SCHOOLS.

School closure for prevention of the spread of infectious disease was considered necessary in two instances during 1922, the public school at Dunshalt being closed for six school days on account of measles, and that at Radernie for ten days for mumps.

RAG FLOCK ACT, 1911.

During 1922 no circumstances came to knowledge warranting action in terms of the Rag Flock Act, 1911.

PLANS—BUILDING BYELAWS.

During 1922, 135 sets of plans were examined, criticised and reported upon to the District Committees concerned of proposals to build, alter or add to, or convert, premises. These involved proposals for the building of 61 new houses, alterations and additions to 61 existing housing premises, the erection of 29 other premises such as shops, workshops, halls, etc., and alterations and additions to 13 such other premises.

EXAMINATION OF MORBID PRODUCTS.

The number of specimens submitted for examination on behalf of patients resident within the Landward area during 1922 was 251, an increase of 50 on last year's figure.

In addition to the specimens noted in the statement below, there were 41 examinations of morbid material for medical practitioners under the Joint Venereal Diseases Treatment Scheme and 63 from Dunfermline V. D. Centre. The Executive Tuberculosis Officer also submitted 130 sputa of which 32 or 24.6 per cent. were positive.

Nature of Specimen.	Result.	Cupar Dist.	Dunf. Dist.	Kirk. Dist.	St And. Dist.	Total for four Dist.
Throat Swabs for evidence of Diphtheria	Positive	1	1	2	—	4
	Negative	10	8	10	8	36
	Total	11	9	12	8	40
Blood for evidence of Enteric Fever	Positive	—	5	—	—	5
	Negative	2	—	—	1	3
	Total	2	5	—	1	8
Sputum for evidence of Tuberculosis	Positive	—	1	3	1	5
	Negative	2	7	14	4	27
	Total	2	8	17	5	32
Total for all Morbid Products	Positive	1	7	5	1	14
	Negative	14	15	24	13	66
	Total	15	22	29	14	80

MILK SUPPLY.

The Milk and Dairies (Amendment) Act, 1922, became of force on the 30th September, 1922. Of the more important provisions of the Act, the following may be mentioned :—

The local authority is now required to keep two registers of milk vendors, (1) " persons carrying on the trade of retail purveyors of milk," and (2) " persons carrying on the trade of wholesale dealers, and of producers of milk not selling by retail."

Under the Dairies, Cowsheds and Milkshops Order, 1885, the local authority were required to register all applicants and could not remove a person from the register. Now however, the local authority may, if satisfied that the public health is, or is likely to be, endangered by the act or default of a registered retail purveyor of milk or a person seeking to be so registered, take steps to remove him from the register or refuse registration either absolutely or in respect of any specified premises. There is appeal against the decision of the local authority.

Heavy penalties are prescribed for the sale of milk from cows with tuberculosis of the udder: a person is guilty if it is proved that he knew or could by the exercise of ordinary care have ascertained that the cow was suffering from that disease.

The Act is contravened by the addition of colouring matter, water, dried or condensed milk or any fluid reconstituted therefrom or skimmed or separated milk to milk intended for sale.

Provision is also made in the Act for the sale by licence of certain specially designated types of milk, the conditions governing the granting of such licences to be determined by Order of the Scottish Board of Health. The Milk (Special Designations) Order, 1922 was issued by the Board in December but no action had been taken by the County Council prior to the end of the year.

The Milk and Dairies (Amendment) Act, 1922 furnishes local authorities with additional powers for enforcing a higher standard of cleanliness of milk and this is desirable in certain of the dairies throughout the County.

Whether any of the several designations of milk which may be sold under the provisions of the Milk (Special Designations) Order, 1922, will be taken up by the average commercial dairyman in this County appears a moot question and it is open to doubt whether the type of legislation represented by the Milk (Special Designations) Order will prove appropriate or generally acceptable to producers and retailers in this Country despite the reported success of analogous schemes elsewhere. In any case, bearing in mind the trouble and difficulty in securing milk cattle free from tuberculosis, licences issued in this County for the sale of milk from cattle certified

free from tuberculosis are not likely to prove numerous and it seems obvious that the market for such milk must be patchy and scattered. Active measures for the further education of the community will need to be carried on for many years before the necessarily dearer types of designated milks are likely to be taken up or show any measure of popular or commercial success.

In some respects the Milk (Special Designations) Order, 1922, savours of safeguarding those who are financially in a position to protect themselves.

In this Country the average consumpt of milk per head is much too low for a food which is one of the cheapest and most readily digestible, and is the most perfect of its type.

Milk may be, and often is, the source of disease, particularly of tuberculosis which is, by far, most prevalent in the poorer and needier strata of the population.

On the whole therefore, one imagines that a more practicable and efficient step would have been taken by defining and designating a definite article milk, standard and absolute in respect of food constituents, dirt and germ content.

INSPECTION OF MEAT.

Reference has been made in former reports to the unsatisfactory features inherent in the licensing of private slaughter-houses where slaughter and dressing of carcasses may take place at any hour. It is seldom that meat is condemned in landward areas although urban conditions show that unsound meat is not of infrequent occurrence. Meat inspection, or the lack of it, is a subject on which it is easy to induce alarm needlessly and unnecessarily. But meat is very rarely the cause of disease in this Country : it is not eaten raw and our cooking methods are sufficient for sterilising purposes.

Milk on the other hand is drunk uncooked, is often not what it purports to be and is frequently the source of disease. In urgency for efficient legislation, the case for milk is infinitely stronger than that for meat.

FOOD POISONING.

All medical practitioners were advised by circular letter of the arrangements made by the Ministry of Health for the investigation of outbreaks of food poisoning and the chemical and bacteriological examination of food or other material implicated. The Scottish Board of Health have asked medical officers of health to notify the Board forthwith of the occurrence of food poisoning and to send to the Pathological Department, University of Bristol, at the earliest possible moment samples of suspected material for chemical or bacteriological examination. The Board of Health provide stocks of Botulinus Antitoxin at the City Hospital, Edinburgh, and King's Cross Hospital, Dundee, where it may be obtained free at any hour by medical practitioners.

Cupar District Report.

INFECTIOUS DISEASES.

During 1922, 88 cases of notifiable diseases came to knowledge of 38 received hospital or sanatorium treatment.

The number and age distribution of the cases of each of the notifiable infectious diseases together with the number of patients removed for hospital or sanatorium treatment is set forth in the table at the end of this Report.

The number of notifications is 72 less than in 1921 and 102 less than in 1920.

The District Fever Hospital, Auchtermuchty continues to furnish very satisfactorily the medical supervision and nursing care required by the joint landward and burghal authorities. Miss Long was appointed Matron during the year and has discharged the duties very satisfactorily. During the year attention was directed to the need for heating of the bathroom, an oil-heating stove being supplied for the purpose. The provision of an additional water-closet was also recommended : this was installed.

Early in the year a motor ambulance was obtained (Ford one-ton truck chassis) and has hitherto proved convenient, serviceable and a great improvement on horse-traction which for many years had been a source of difficulty at Auchtermuchty.

The District Committee has a joint interest in Williamstead Smallpox Hospital, a point it is well to bear in mind in view of the delay and difficulty in ridding England of this disease where it has been endemic for several years now as a result of neglect of vaccination.

Disregard of vaccination is proceeding apace in the western mining districts of the County, a foolishly ignorant policy, in the interests both of the individual and of the State which has only

one ending. The outbreak of smallpox, if sufficiently near, usually ensures emergency vaccination; emergency vaccination usually spells bad vaccination.

BUILDING BYELAWS.

During 1922, 31 sets of plans were examined, criticised and reported upon. The plans involved the erection of 7 dwelling-houses, alterations and additions to 17 existing houses, the erection of 2 other buildings (halls, etc.), and alterations or additions to 13 other premises such as shops, workshops, etc. During 1921, only 9 sets of plans were received.

HOUSING.

Housing action during 1922 was limited to the provision of better earth-closet accommodation for a number of houses in terms of Section 41 of the Housing, Town Planning Act, 1919.

WORKSHOPS.

There were 135 workshops on the register during 1922. These were inspected from time to time and reported generally satisfactory.

STRATHMIGLO WATER AND DRAINAGE.

The unsatisfactory and dangerous conditions pertaining to the well-water supplies of Strathmiglo again came under discussion as has happened periodically for more than thirty years past without any radical remedy being applied. The following extracts are from a report to the District Committee to which was attached excerpts from the Annual Reports of County Medical Officers from 1891 to 1914:—

“ The means and methods of water supply and of drainage
 “ of Strathmiglo are to-day exactly as they were eleven years ago
 “ when the sanitation of the village was the subject of prolonged
 “ discussion both by the Local Authority and the Local Govern-
 “ ment Board, or, to cast further back, thirty-three years ago
 “ when Dr Nasmyth, the first County Medical Officer, took up

“ work and reported adversely on the well-water supplies of the
 “ village.

“ No samples were taken for analysis. Apart from the ex-
 “ pense involved by the analytical examination of numerous
 “ samples no trustworthy opinion of the potability of the par-
 “ ticular well-water supplies could be framed on the reports of
 “ the analysis of them. The results of a chemical and bacterio-
 “ logical analysis can only be reasonably interpreted in the light of a
 “ sanitary survey of the surroundings of the well or the sources
 “ of the water supply. A favourable analysis of a water has no
 “ permanent value if a sanitary survey shows the sources and
 “ immediate surroundings of the water supply to be unsound
 “ and suspicious. Almost without exception the wells of Strath-
 “ miglo are situated in ground which is naturally a suspicious
 “ source of a well-water supply owing to its condition as a result
 “ of the methods of sewage and slop water disposal which have
 “ hitherto prevailed in the village. The only wells in common
 “ use which occur to me as likely to prove sound sources of supply,
 “ if efficiently safeguarded, are California Well and the Pond
 “ Well: in both instances these well-waters arise from sources
 “ beyond the inhabited area of the village.

“ When recently in Strathmiglo, I examined sixteen wells:
 “ the wells in the region of the High Street (or northern half of the
 “ village) are mainly pump wells with the exception of Churchyard
 “ Well: the wells in Cash Feus (or southern half of the village)
 “ are dip wells.

“ So far as I can judge, all wells in Strathmiglo are shallow
 “ wells, always a suspicious source of water supply but more
 “ especially so in closely settled communities where sewage and
 “ slopwater is disposed of in the immediate vicinity of the wells.
 “ The pump wells are not impermeably lined and where largely
 “ used by the public are situated usually within two or three feet
 “ of the street gutters which serve as the only drainage channels
 “ of the village. The Churchyard or Cemetery Well adjoins the
 “ Mill-lade and is the breadth of the lade distant from the Cemetery.
 “ The well, a dip well, is immediately at the side of and at a lower
 “ level than the lade from which it may be replenished. The
 “ contents of pail-closets are frequently, after nightfall, dis-

“ posed of in the lade which also receives drainage from an old
 “ conduit and other sources. The entrance pathway to the
 “ Cemetery Well slopes throughout its length to the Well and all
 “ road surface debris and rubbish will, in wet weather, be washed
 “ into the Well by storm water.

“ The dip wells of Cash Feus are either at, or one or two feet
 “ below, ground level. In many instances, steps lead to the dip-
 “ ping trough and, as in the case of the Cemetery Well, the well
 “ serves as a catch pit for all the wind-blown refuse and debris
 “ in the immediate neighbourhood. The worn pathway to these
 “ dip wells determines the flow of surface water into the well in
 “ wet weather.

“ Some of the dip wells in Cash Feus are situated in masonry-
 “ built depressions with the well to one side and the foul conduit
 “ which receives the main volume of the drainage of Cash Feus
 “ on the other. This conduit is a foul and offensive sewer and any
 “ blockage in its course would immediately determine the over-
 “ flow of the sewage of the conduit into the wells.

“ Certain wells have gone out of use within the last year or
 “ two. Thus Peter Wishart's Well is now derelict, being recog-
 “ nised apparently as a dirty and unsound water supply. McInroy's
 “ Well became “ bad ” a year ago and is now locked up. On the
 “ other hand, Johnnie Peat's Well, which was disused as polluted
 “ for several years, is again in use.

“ If desired, I will furnish detailed reports of all the wells
 “ I visited but the above notes describe approximately the con-
 “ ditions of all Strathmiglo wells.

“ My opinion of the well-water supplies of the village is known
 “ from previous reports. None of the wells used in common by
 “ the residents are above suspicion. Even in the case of the
 “ California and Pond Wells, the entrance pathways are so con-
 “ structed that all filth carried by foot would, in wet weather,
 “ be washed directly into these wells and tend to pollute what
 “ otherwise are in all probability sound water supplies.

“ In the interests of the residents of Strathmiglo and of the
 “ District Committee, a safer water supply or supplies should be
 “ provided for the village.

“ *Drainage.*—The drainage of Strathmiglo is in the main
 “ furnished by the roadside channels. In addition, there are
 “ three old channels or conduits which now serve as sewers: of
 “ these, an old pipe drain at the west of the village discharges into
 “ the Eden: at the east end, a conduit discharges to the Mill
 “ Lade. A channel, partly built as conduit and at other places
 “ an open ditch, serves the whole length of Cash Feus. This
 “ channel serves for storm water and also as the main sewer of
 “ Cash Feus for refuse and slop water and on occasion for the
 “ disposal of the contents of pail-closets. This channel, parti-
 “ cularly in its lower reaches, is in my opinion, a nuisance and
 “ some such remedy as that recently suggested by the Sanitary
 “ Inspector should be adopted.

“ There is, therefore, no reasonable system of drainage in
 “ Strathmiglo and the unsatisfactory results of the lack of drainage
 “ will not improve until an ample water supply is introduced.”

From former reports it appears that the District Committee have in the past been of opinion that a gravitation water-supply was necessary for Strathmiglo but have been deflected from taking appropriate action by the adverse opinion of a certain section of the local community. The principal factor in the decision should be the sanitary condition of the village and it is desirable to remember that the ultimate responsibility rests with the local authority—not with the villagers.”

SLAUGHTER-HOUSES.

Damside. A licence conditional on the completion of the buildings in accordance with the plans submitted and the maintenance of the premises free from nuisance was granted during the year. At this slaughter-house, horses are slaughtered on a considerable scale, the dressed carcasses being exported to Belgium *via* Leith.

After the business had been in operation for some months, the District Committee were urged to secure the completion of the premises in accordance with the plans originally lodged as the methods of disposal of offal and refuse, the storage of hooves, the

keeping of pigs and the sloppy, muddy nature of the ground surrounding the premises were unsatisfactory, a source of nuisance and at variance with the definite promises made at the time the licence was granted.

The other private slaughter-houses within the District have been maintained in reasonable sanitary condition and carcasses are inspected as often as opportunity permits.

RIVERS POLLUTION.

Investigation was made into trade waste and sewer discharges into the rivers and watercourses of the District in terms of a request from the Scottish Board of Health.

The Eden receives the treated and untreated effluents from the towns and villages within its catchment area. In certain cases the drainage is treated and the effect on the river is not noticeable (Freuchie, Ladybank). Crude domestic sewage enters a tributary of the Eden from those portions of Auchtermuchty which are drained. Partly treated sewage enters the Eden from Cupar Burgh, the crude liquefied sedimented sewage from the septic tank of the Disposal Works being discharged directly to the River without filtration: doubtless, during times of flood, much of the sludge will also pass directly to the River.

Trade wastes are discharged untreated to the Eden and its tributaries at several points in the District but the only trade effluent stated to have an adverse effect on fish life was that from Ceres Bleachfield.

MATERNITY SERVICE AND CHILD WELFARE.

In September 1922, Nurse Herford resigned the appointment of Health Visitor, Tuberculosis Nurse and Assistant Inspector of Midwives. With the approval of the Chairman of the District Committee, the vacancy was advertised and a list of the most suitable candidates invited for interview. The District Committee, however, decided to make no appointment. The subject was under consideration at the close of the year.

VITAL RETURNS.

A return of the vital statistics of the District is annexed at the end of this Report of which the following is a summary :—

The number of births registered during 1922 was 260 (males 127, females 133) : the birth-rate, corrected for transfers was 16.6 per 1,000 of an estimated population of 15,634.

There were 24 illegitimate births equivalent to 9.2 per cent. of the total births.

The marriages registered in the District numbered 69, the uncorrected marriage rate being 4.4 per 1,000 estimated population.

The deaths numbered 230 (males 99, females 131), equivalent to a corrected death-rate of 12 per 1,000 of the estimated population.

The deaths of infants under one year were 22, the infantile mortality rate being 85 per 1000 registered births.

The death-rate from tuberculosis (all forms) was 0.7 per 1,000 : that from pulmonary tuberculosis was 0.38. The death-rate from all causes and that from tuberculosis were higher during 1922 than in the previous year.

Dunfermline District Report.

INFECTIOUS DISEASES.

During 1922, 477 cases of notifiable infectious diseases came to knowledge as compared with 526 cases in 1921. In all 214 patients received hospital or sanatorium treatment.

The notified cases comprised :—Typhoid (enteric) fever 3 ; scarlet fever 148 ; diphtheria 59 ; erysipelas 22 ; puerperal fever 3 ; ophthalmia neonatorum 35 ; acute primary pneumonia 90 ; acute influenzal pneumonia 37 ; pulmonary tuberculosis 40 ; non-pulmonary tuberculosis 40.

The age distribution is shown in the tables concluding this Report.

On the whole the so-called common infectious diseases were not unduly prevalent, notifications of pneumonia, tuberculosis and ophthalmia making up more than half of the total. There was an increase in the cases of scarlatina compared with 1921 but a fall in diphtheria and erysipelas. One is glad to note a decrease of 14 in the number of pulmonary tuberculosis patients notified compared with 1921 and of 21 compared with 1920. At the end of 1921, there were 96 patients suffering from tuberculosis resident within the landward District of whom 66 were of the pulmonary type. In all 16 tuberculosis patients (pulmonary 13, non-pulmonary 3) were treated for variable periods in Glenlomond Sanatorium.

In view of the continued and increasing prevalence of smallpox in England where it has been endemic for several years past, the furnishing, equipment and condition of Muircockhall Smallpox Hospital should be such as to permit of the admission of patients or suspected cases at any moment.

BUILDING BYELAWS.

During 1922, 27 sets of plans of proposals to build, alter or convert premises were examined, criticised and reported upon.

The plans involved the erection of 9 new houses and alterations and additions to 9 existing houses, the building of 8 sets of premises other than houses and alterations to 2 sets of premises including re-erection.

WORKSHOPS.

There are, as last year, 69 workshops and workplaces on the register which are reported as maintained in satisfactory condition.

SEASONAL WORKERS.

The proposed byelaws regulating the housing of seasonal workers received consideration but have not apparently made progress of late.

HOUSING.

The District Committee's Housing Scheme is making steady progress. The indications of the housing situation will not, however, be met until large numbers of houses within the means of the average miner have been built either by the Coal Companies or by a State-aided scheme at Hill of Beath, Low Valleyfield and High Valleyfield.

The sub-letting of single rooms as separate houses is frequent at Hill of Beath, Low and High Valleyfield and where sub-letting is common, overcrowding is also prevalent. There are also a number of sub-let houses at Blairhall, and a number of cases are reported at Wellwood. Certain mining communities such as Oakley show little sub-letting but much overcrowding of two-roomed houses.

In the Kelty district, sub-letting so far as I am aware, does not appear so noticeable as in the past.

Although there is a certain amount of sub-letting and overcrowding at other places in the District, the above represent the worst centres.

In view of the terms of Section 41 of the Housing, Town Planning, etc., Act, 1919, probably a beginning should now be made in the more populous areas to compel the installation of water in place of pail closets.

MATERNITY SERVICE AND CHILD WELFARE.

The District Committee's Scheme continues to work efficiently and well in the able and experienced hands of Nurses Robertson, Petrie and Roy. Detailed reports on the health-visiting and midwifery work have been furnished for the information of the Committee and Board of Health. During the year 1922, I received intimations of the admission of six private patients from the landward area to Davaar Maternity Hospital, a number which does not justify the support by the District Committee of this institution on the basis of the mean of population and valuation as between the combining local authorities.

VITAL EVENTS.

During 1922, there were 825 births (male 425, female 400) registered as compared with 1,032 in 1921. The birth-rate, corrected for transfers was 23.0 per 1,000 of an estimated population of 35,888.

There were 38 illegitimate births equivalent to 4.6 per cent. of the total births.

The deaths of infants under one year were 83, the infantile mortality-rate being 101 as compared with 88 in 1921. Whooping cough with its resultant dangerous pneumonia has been a factor in the increase.

The marriages registered in the District numbered 176, the uncorrected rate being 4.9 per 1,000.

The deaths numbered 429 from all causes, the death-rate, corrected for transfers and adjusted for age and sex distribution being 12.5 per 1,000.

The death-rate from all tuberculosis was 0.84 while that of pulmonary tuberculosis was 0.47 per 1,000: the figures for 1921 were 1.06 and 0.72 respectively.

Further details are furnished in the table at the end of this Report.

Kirkcaldy District Report.

INFECTIOUS DISEASE.

During 1922, 437 cases of infectious diseases came to knowledge as compared with 621 cases notified in 1921. In all 206 of the patients notified during 1922 received hospital or sanatorium treatment. The following was the nature of the cases notified :—scarlet fever 89 ; diphtheria 86 ; erysipelas 29 ; puerperal fever 5 ; ophthalmia neonatorum 19 ; malaria 1 ; acute primary pneumonia 69 ; acute influenzal pneumonia 53 ; pulmonary tuberculosis 43 ; non-pulmonary tuberculosis 42 ; and cerebro-spinal meningitis 1.

The age distribution of the cases notified is tabulated at the end of this report together with other details.

There was a notable decrease in the cases of pulmonary tuberculosis notified, 43 in 1922 as against 91 in 1921.

There were 156 persons suffering from tuberculosis resident in the landward district at the close of the year of whom 116 had pulmonary tuberculosis.

The District Joint Infectious Diseases Hospital, Thornton, fulfils efficiently the purposes for which it was built and is ably administered under the Matronship of Miss Ellis. Ample provision is made for the steam disinfection of infected articles.

The District Smallpox Hospital at Fosterton under the same medical and nursing supervision can be opened at a moment's notice for the admission of patients.

DEN BURN, EAST WEMYSS.

By local effort, certain structural alterations have been carried out at the underground culvert delivering to the sea which, so far as hitherto tested by stormy weather, appear to have provided a complete remedy for the former flooding.

BUILDING BYELAWS.

During 1922, 47 sets of plans of proposals to build, alter, extend or convert premises were examined, criticised and reported upon. The plans involved the erection of 12 dwelling-houses, alterations and additions to 19 existing houses, the building of 17 other premises such as shops, halls, etc., and alterations and additions to four such other premises.

WORKSHOPS.

The workshops, workplaces, bakeries, etc., were inspected from time to time by the Sanitary Inspectors and also by the Assistant Medical Officer and were found in reasonably clean and sanitary condition. There are 137 workshops within the District.

MEAT INSPECTION.

There are 5 slaughter-houses within the District, of which one is public, the property of Markinch Town Council. All are maintained in satisfactory condition. Representation was made during the year in respect of certain circumstances arising at Markinch Slaughter-House.

The decision of the District Committee to grant a slaughter-house licence to a farmer whose proposed premises were within a short distance of Lochgelly Public Slaughter-House was appealed to the County Council, the appeal being sustained on the representation of the County Medical Officer that private slaughter-houses should be abolished in closely settled communities, an opinion which was also held by many of the members of the District Committee prior to the War.

POLLUTION OF RIVERS.

The returns required by the Board of Health in terms of Circular No. IX. of 28.8.1922 were completed regarding the pollution of streams by sewage, trade wastes and pit waters.

The rivers most grossly polluted within Kirkcaldy District are the Leven and the Ore, the former by trade wastes, the latter

by sewage from mining towns and villages. The Leven is the readiest and cheapest means of disposal for the untreated wastes of the factories upon its banks and also receives the untreated or partly treated sewage of Markinch, Coaltown of Balgonie, Milton of Balgonie, Windygates and Balcurvie. The Ore receives the untreated sewage of Cowdenbeath after sedimentation in Loch Gelly, of Lumphinnans, Lochgelly, Lochore, Crosshill, Glencraig and Kinglassie and the effluents from the sewage disposal works of Cardenden and Thornton neither of which are particularly satisfactory.

The pollution of these two rivers is of long standing and has been under consideration of both the local and the central authorities for about thirty years past.

There are in some of the small villages of the District avenues of pollution to watercourses but these are comparatively negligible, slop water and excretions being disposed of in garden ground.

Reports have also been furnished to the District Committee on the effluents from special drainage districts and on pit waters and discharges from coal washing plants.

In February, 1922, a report was furnished at the request of the Board of Health on the condition in respect of pollution of Loch Gelly. Loch Gelly receives the untreated sewage of Cowdenbeath Burgh and of a few houses in the village of Lumphinnans. The sewage disposal works of Cowdenbeath were erected about twenty years ago : shortly after completion the works were racked and wrecked by subsidence from coal extraction and are now quite useless for the purpose for which they were intended. The Burgh sewage enters the Loch Gelly burn which flows into the Loch. The Loch Gelly burn has a tributary, formerly known as the " Cressy " Burn which forms the march between the parishes of Beath and Ballingry to the south of Lumphinnans School, but which now serves as an open sewer for the northern end of Cowdenbeath. The Loch serves as a settlement tank for the sewage of the Burgh. There is no doubt of the pollution, but the question is general in that practically every community in this closely populated coal bearing area of the County discharges untreated sewage to the adjoining watercourses. Fortunately pit water is plentiful and does much to minimize adverse results.

HOUSING.

Considerable progress was made with the District Committee's Housing Scheme, 95 houses being occupied in the Cardenden area and the houses at Thornton being practically completed and ready for occupation.

When the District Committee first took up the question of building houses, I recommended 600 houses as necessary to meet requirements and suggested an allocation of them throughout the District, an estimate which was approved although subsequently departed from.

Although the houses already built have remedied matters somewhat, the housing question remains as acute as ever and indications will not be approximately met until the original estimate of 600 houses have been completed and let at rents more within the compass of the working man than has hitherto been the case.

The subletting of single rooms for occupation by separate families is rife throughout the whole District and particularly in the exclusively mining communities. Wherever subletting is common, overcrowding (more than 3 persons per room) is frequent.

Lumphinnans, as in pre-war days, has more subletting in proportion to its size than any other place in the District. To house families living in sublet single apartments in Lumphinnans, 100 new houses would be necessary. The new houses required to house families living in sublet rooms in Lochore and Glencraig number 100; in the Cardenden area 50; in East Wemyss, Coaltown and West Wemyss approximately 70 houses would be necessary; in Methilhill 20; and for Crossroads, Jordan Terrace, Muiredge and Rosie another 20 houses would be essential. At Windygates and Kennoway, the houses have on the whole more accommodation but subletting is not infrequent and if every family were granted a separate house, about 30 new houses would be required.

The above list does not exhaust the villages of the District and takes no cognisance of numerous houses in occupation which are uninhabitable in terms of the Housing Acts.

There is therefore ample scope for the provision of new housing within the District and extended consideration will doubtless be given to it when the anticipated new scheme of the Government is forthcoming. Private endeavour is not likely to play any part in meeting the deficiency.

Apart from action taken to secure the repair and renovation of defective housing at Lochore, Kinglassie, Methilhill, etc., reports have been furnished regarding the continuance in special drainage districts of pail and midden closets and the lack of water and water-carriage facilities within houses.

The provision of water-closets preferably within, but frequently outside of, houses is making steady progress at Lumphinnans, Lochore and Glencraig.

A detailed report of a house to house inspection was submitted on the lack of water-closet facilities in numerous properties in the Special Drainage District of Thornton. Notices were served under the provisions of Sections 40 and 41 of the Housing, Town Planning Act, 1919 and the question will be fought out in Court.

The attention of the Lochgelly Iron & Coal Coy. was directed to the dangerous condition from subsidence of certain of their property at Landale Terrace, Parish of Auchtertool. The premises were demolished. This Coal Company requested the District Committee to close the houses at Landale Terrace as uninhabitable: as the Company had departed from their original intention of building houses to replace those closed, the request was not acceded to. There are sites, safe so far as coal-extraction is concerned, in the immediate neighbourhood and within a few hundred yards of Landale Terrace, but the offer of a loan of £10,000 by the Company to the District Committee for the erection of fifty houses in the neighbourhood of Landale Terrace proves that the Coal Company is not desirous of building.

Negotiations took place with the Fife Coal Company regarding the maintenance in as tenatable a condition as possible of the houses at Wellsgreen which were extensively racked and cracked by subsidence, which is still proceeding during the year.

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MATERNITY SERVICE AND CHILD WELFARE.

The District Scheme inclusive of the Burghs of Burntisland, Kinghorn, Leslie and Markinch continues on lines which have now become routine and in practice work very satisfactorily. The Health Visitors, Nurses Blane, Graham and Rollo cover the duties of health visiting, tuberculosis and inspection of midwives very efficiently.

Detailed reports have been submitted on the work in each of the three health-visiting areas of the District for 1922 and also under the Midwives Act, 1915.

During 1922, five patients were admitted to Kirkcaldy Burgh Maternity Home, of whom one was private. So far the cost per patient to the District Committee works out heavily but should steadily diminish with the success of the Home.

VITAL EVENTS.

During 1922, there were 1,194 births registered of which 83 were illegitimate. The birth-rate corrected for transfers was 26.3 per 1,000 of an estimated population of 45,460. The illegitimate births were 7.0 per cent. of the total births.

The deaths of infants under 1 year numbered 124, the infantile mortality-rate being 104 as against 85 in 1921: the prevalence of whooping cough from which the deaths of 12 infants were certified doubtless was a factor in the high infantile mortality of 1922.

There were 242 marriages registered, the uncorrected marriage rate being 5.3 per 1,000.

The deaths from all causes numbered 556, the death-rate corrected for transfers and adjusted for age and sex distribution being 12.7 per 1,000 of estimated population. The death-rate from tuberculosis was 0.77 per 1,000 of which 0.35 was caused by pulmonary tuberculosis.

The returns are set forth in detail at the end of the Report.

St Andrews District Report.

INFECTIOUS DISEASES.

During 1922, 102 cases of notifiable infectious diseases came to knowledge of which 70 received hospital or sanatorium treatment. The cases notified in 1921 numbered 101.

The notified cases of 1922 comprised :—typhoid or enteric fever 1 ; scarlet fever 57 ; diphtheria 11 ; erysipelas 5 ; continued fever 1 ; ophthalmia neonatorum 1 ; acute primary pneumonia 7 ; acute influenzal pneumonia 5 ; tuberculosis 14 (pulmonary 9, non-pulmonary 5). The age distribution of the patients is shown in the table at the end of the Report.

Compared with 1921 there has been during 1922 a decrease of 11 in the number of tuberculosis patients notified of whom 10 were the more serious pulmonary type of the disease.

The number of patients suffering from tuberculosis resident within the District at the 31st Dec. 1922 was 22 of whom 15 were of the pulmonary type.

The District Infectious Diseases Hospitals at Ovenstone and St Michaels have been frequently inspected during the year. Both institutions are satisfactorily administered and the medical and nursing supervision and care of patients has always been found excellent.

The Joint Smallpox Hospital is situated at Williamstead near Guardbridge. In view of the steady persistence and tendency to spread of smallpox in England, the Hospital should be maintained ready to admit patients at short notice.

BUILDING PLANS.

During 1922, 30 sets of plans of proposals to build, alter or convert premises were examined, criticised and reported upon.

The plans involved the erection of 33 dwelling houses, alterations to 16 existing houses, the building of 2 and alterations and additions to 2 premises such as shops, workshops, etc.

HOUSING.

During the year, twelve houses were represented under the Housing Acts as not reasonably habitable and negotiations have taken place resulting in considerable improvement being effected on the majority of these properties.

With the completion of the drainage scheme at Leuchars the provision of waste-water drainage and of water-closets is making steady progress to the improved cleanliness and sanitary advantage of the village.

POLLUTION OF RIVERS.

The returns required by the Board of Health in terms of Circular No. IX. of the 28th August 1922 were completed regarding the pollution of streams by sewage and trade wastes.

There is little serious pollution of the water-courses of St Andrews District. The Eden, however, is polluted by the trade-waste of Guardbridge Paperworks and also by domestic sewage at Guardbridge. The Mottray Water at Guardbridge receives the liquefied sedimented effluent of Leuchars Sewage Disposal Works. The crude domestic sewage of Colinsburgh is delivered into a burn conveying a large volume of water from an old mine at a considerable distance below the village without, so far as I have learned, any nuisance or adverse result accruing.

Where housing or other premises in the District are furnished with water-carriage fittings, cesspools which may be regarded as the reasonably practicable method of treatment of the sewage of individual houses are insisted upon by the Local Authority.

Communities on the coast are drained to the sea.

WORKSHOPS.

The workshops number 85 as last year and are maintained in reasonably clean and sanitary condition.

SLAUGHTER HOUSES.

These continue, as last year, four in number and are maintained in satisfactory condition.

MATERNITY SERVICE AND CHILD WELFARE.

Nurses Brown and McIntosh continue to cover efficiently the duties of health visitor, tuberculosis nurse and assistant inspector of midwives in a wide and scattered district. Detailed reports on the health-visiting and midwifery work during 1922 have been submitted.

VITAL EVENTS.

During 1922, 273 births (male 151, female 122) were registered, of which 22 were illegitimate. The birth-rate, corrected for transfers, was 17.7 per 1,000 of an estimated population of 15,402: the illegitimate births were 8.1 per cent. of the total births.

The deaths of infants under one year were 21 which as a proportion per 1,000 births registered gives an infantile mortality rate of 77, a satisfactory enough figure for a year in which infantile mortality has generally been high.

There were 71 marriages registered, the crude marriage rate being 4.6 per 1,000 of population.

There were 202 deaths, equivalent to a corrected death-rate of 12.3 per 1,000 estimated population.

The deaths from tuberculous disease numbered 13 of which 11 were caused by pulmonary tuberculosis: the tuberculosis death-rate was 0.84 per 1,000, that from the pulmonary type being 0.71 per 1,000.

Detailed figures are furnished in the tables concluding this report.

Sale of Food and Drugs Acts

The associated area for the purposes of the administration of the Sale of Food and Drugs Acts continues the same as in former years.

During 1922, 42 samples (28 official, 14 test) were reported adulterated on analysis. Eleven of the official samples were of milk and 17 of whisky : of the test samples, 7 were of milk and 7 of alcoholic liquors.

Of the vendors of the twenty-eight adulterated official samples, four were not proceeded against : one sample was broken in transit : of the twenty-three proceeded against, the proceedings were dropped in three, whilst four cases were departed from on payment of expenses ; two were given a warning ; two were dismissed ; five were found not guilty and in seven, fines varying from £3 to £5 were inflicted, the total amount of the fines being £25.

Tables of Samples and Results of their Analysis.

CUPAR DIVISION.

COUNTY DISTRICT.

	OFFICIAL.		
	Gen.	Adult.	Total
Sweet Milk, ...	24	2	26
Skimmed Milk, ...	2	—	2
Custard Powder, ...	2	—	2
Corn Flour, ...	1	—	1
Salt Butter, ...	3	—	3
Whisky, ...	1	2	3
Vinegar, ...	3	—	3
Margarine, ...	2	—	2
Cocoa, ...	1	—	1
Sago, ...	1	—	1

Total, ... 40 4 44

One adulterated sample of sweet milk contained 2.12% of fat and 8.63% of non-fatty solids or 29.33% of added skimmed milk.

One adulterated sample of sweet milk contained 2.73% of fat and 8.04% of non-fatty solids or 5.54% of added water.

The adulterated samples of alcoholic liquor showed varying degrees of dilution below the standard of thirty degrees under proof.

	TEST.		
	Gen.	Adult.	Total
Sweet Milk, ...	9	4	13
Skimmed Milk, ...	1	1	2
Cream, ...	1	—	1
Whisky, ...	—	1	1
Burdell's Relish	1	—	1
Cream of Honey	1	—	1

Total, ... 13 6 19

One adulterated sample of sweet milk contained 2.20% of fat and 8.75% of non-fatty solids.

One adulterated sample of sweet milk contained 3.42% of fat and 7.40% of non-fatty solids.

One adulterated sample of sweet milk contained 2.32% of fat and 8.74% of non-fatty solids.

One adulterated sample of sweet milk contained 2.89% of fat and 9.14% of non-fatty solids.

The adulterated sample of skimmed milk contained 2.07% of fat and 7.65% of non-fatty solids.

The adulterated sample of whisky had been adulterated with water to an extent to reduce the strength to 48.0 degrees under proof or 13.0 degrees below standard.

AUCHTERMUCHTY BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total
Milk, ...	18	—	18
Salt Butter, ...	2	—	2
Total, ...	20	—	20

	TEST.		
	Gen.	Adult.	Total
Milk, ...	2	—	2
Total, ...	2	—	2

FALKLAND BURGH.

		OFFICIAL.		
		Gen.	Adult.	Total
Milk, ...	...	15	1	16
Salt Butter, ...	...	1	—	1
Ground Coffee, ...	...	1	—	1
Cheese, ...	...	1	—	1
Cream of Tartar, ...	...	2	—	2
Margarine, ...	...	1	—	1
Glycerine, ...	...	1	—	1
Total, ...	...	22	1	23

The adulterated sample of milk contained 2.80% of fat or 6.66% of added skimmed milk.

		TEST.		
		Gen.	Adult.	Total
Milk, ...	...	2	—	2
Salt Butter, ...	...	1	—	1
Total, ...	...	3	—	3

LADYBANK BURGH.

		OFFICIAL.		
		Gen.	Adult.	Total
Milk, ...	...	16	—	16
Margarine, ...	...	2	—	2
Vinegar, ...	...	1	—	1
Salt Butter, ...	...	1	—	1
Tapioca, ...	...	1	—	1
Whisky, ...	...	0	2	2
Total, ...	...	21	2	23

The adulterated samples of alcoholic liquor showed varying degrees of dilution below the standard of thirty degrees under proof.

		TEST.		
		Gen.	Adult.	Total
Whisky,	—	2	2
Gin,	—	1	1
Total,	—	3	3

The adulterated samples of alcoholic liquor showed varying degrees of dilution below the standard of thirty degrees under proof.

NEWBURGH BURGH.

		OFFICIAL.		
		Gen.	Adult.	Total
Milk, ...	...	14	—	14
Salt Butter, ...	...	1	—	1
Lard, ...	...	1	—	1
Ground Rice, ...	...	1	—	1
Total, ...	...	17	—	17

		TEST.		
		Gen.	Adult.	Total

DUNFERMLINE DIVISION.

COUNTY DISTRICT.

		OFFICIAL.		
		Gen.	Adult.	Total
Milk, ...	...	53	1	54
Whisky, ...	...	6	2	8
Butter, ...	...	3	—	3
Rum, ...	...	1	—	1
Cocoa, ...	...	1	—	1

Total, ... 64 3 67

The adulterated sample of milk contained only 2.44% of fat and 8.51% of non-fatty solids or 18.66% of added skimmed milk.

The adulterated samples of alcoholic liquor showed varying degrees of dilution below the standard of thirty degrees under proof.

		TEST.		
		Gen.	Adult.	Total
Milk, ...	...	6	1	7

Total, ... 6 1 7

The adulterated sample of milk contained 3.55% of fat but only 8.03% of non-fatty solids.

COWDENBEATH BURGH.

		OFFICIAL.		
		Gen.	Adult.	Total
Milk, ...	...	31	—	31
Rum, ...	...	1	—	1
Whisky, ...	...	4	—	4
Buttermilk, ...	...	1	—	1
Total, ...	...	37	—	37

		TEST.		
		Gen.	Adult.	Total

CULROSS BURGH.

		OFFICIAL.		
		Gen.	Adult.	Total
Sweet Milk, ...	...	3	—	3
Salt Butter, ...	...	2	—	2
Rum, ...	...	1	—	1
Total, ...	...	6	—	6

		TEST.		
		Gen.	Adult.	Total
Sweet Milk, ...	...	2	1	3

Total, ... 2 1 3

The adulterated sample of milk contained 2.70% of fat and 8.48% of non-fatty solids.

KIRKCALDY DIVISION.

COUNTY DISTRICT.

	OFFICIAL.		
	Gen.	Adult.	Total
Milk, ...	80	4	84
Whisky, ...	3	1	4
Salt Butter, ...	3	—	3
Total, ...	86	5	91

One adulterated sample of milk contained 2.70% of fat and 8.50% of non-fatty solids or 10.00% of added skimmed milk.

One adulterated sample of milk contained 2.88% of fat and 9.10% of non-fatty solids or 4.00% of added skimmed milk.

One adulterated sample of milk contained 2.59% of fat and 8.72% of non-fatty solids or 13.66% of added skimmed milk.

One adulterated sample of milk contained 2.76% of fat and 8.50% of non-fatty solids or 8.00% of added skimmed milk.

The adulterated sample of whisky had been adulterated with water to an extent to reduce the strength to 50.6 degrees under proof or 15.6 degrees below standard.

	TEST.		
	Gen.	Adult.	Total
Milk, ...	3	—	3
Total, ...	3	—	3

LESLIE BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total
Milk, ...	6	—	6

TEST.		
Gen.	Adult.	Total

LEVEN BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total
Milk, ...	14	—	14
Salt Butter, ...	2	—	2
Total, ...	16	—	16

TEST.		
Gen.	Adult.	Total

LOCHGELLY BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total
Milk, ...	19	—	19
Whisky, ...	1	4	5
Salt Butter, ...	1	—	1
Total, ...	21	4	25

TEST.		
Gen.	Adult.	Total

The adulterated samples of alcoholic liquor showed varying degrees of dilution below the standard of thirty degrees under proof.

MARKINCH BURGH.

OFFICIAL.					TEST.			
		Gen.	Adult.	Total		Gen.	Adult.	Total
Milk, ...	...	11	—	11				
Whisky, ...	...	—	1	1				
<hr/>								
Total, ...	...	11	1	12				

The adulterated sample of whisky had been adulterated with water to an extent to reduce the strength to 51.0 degrees under proof or 16.0 degrees below standard.

ST ANDREWS DIVISION.

COUNTY DISTRICT.

OFFICIAL.					TEST.			
		Gen.	Adult.	Total		Gen.	Adult.	Total
Milk, ...	...	11	—	11	Butter, ...	2	—	2
Whisky, ...	...	—	3	3	Lard, ...	1	—	1
<hr/>					Coffee, ...	1	—	1
Total, ...	...	11	3	14	<hr/>			

The adulterated samples of alcoholic liquor showed varying degrees of dilution below the standard of thirty degrees under proof.

EAST ANSTRUTHER BURGH.

OFFICIAL.					TEST.			
		Gen.	Adult.	Total		Gen.	Adult.	Total
Milk, ...	...	8	—	8				

WEST ANSTRUTHER BURGH.

OFFICIAL.					TEST.			
		Gen.	Adult.	Total		Gen.	Adult.	Total
Milk, ..	...	1	—	1				

CRAIL BURGH.

OFFICIAL.					TEST.			
		Gen.	Adult.	Total		Gen.	Adult.	Total
Milk, ...	...	8	—	8				

ELIE BURGH.

OFFICIAL.					TEST.			
		Gen.	Adult.	Total		Gen.	Adult.	Total
Milk, ...	...	8	—	8				

KILRENNY BURGH.

OFFICIAL.					TEST.				
			Gen.	Adult.	Total				Gen. Adult. Total
Milk, ...	...	...	7	—	7				

NEWPORT BURGH.

OFFICIAL.					TEST.				
			Gen.	Adult.	Total				Gen. Adult. Total
Milk, ...	...	...	16	1	17	Butter, ...	2	—	2
						Lard, ...	1	—	1
						Coffee, ...	1	—	1
						Total, ...	4	—	4

Total, ... 16 1 17
 The adulterated sample of milk contained 3.13% of fat but only 7.89% of non-fatty solids or 7.17% of added water.

ST ANDREWS BURGH.

OFFICIAL.					TEST.				
			Gen.	Adult.	Total				Gen. Adult. Total
Milk, ...	...	...	14	—	14	Whisky, ...	—	3	3
Whisky, ...	...	...	1	2	3				
						Total, ...	—	3	3

Total, ... 15 2 17
 The adulterated samples of alcoholic liquor showed varying degrees of dilution below the standard of thirty degrees under proof.

The adulterated samples of alcoholic liquor showed varying degrees of dilution below the standard of thirty degrees under proof.

TAYPORT BURGH.

OFFICIAL.					TEST.				
			Gen.	Adult.	Total				Gen. Adult. Total
Milk, ...	...	...	26	2	28	Butter, ...	4	—	4
Skimmed Milk, ...	...	...	1	—	1	Lard, ...	3	—	3
						Coffee, ...	2	—	2
						Total, ...	9	—	9

Total, ... 27 2 29
 One adulterated sample of milk contained 2.76% of fat and 8.50% of non-fatty solids or 8.00% of added skimmed milk.

One adulterated sample of milk contained 2.88% of fat and 8.81% of non-fatty solids or 4.00% of added skimmed milk.

KILKENNY BURGH

General		Gen. Abstr. Total	
Wine
...

NEWPORT BURGH

General		Gen. Abstr. Total	
Wine
...

SWANSEA BURGH

General		Gen. Abstr. Total	
Wine
...

ST. ASAPH'S BURGH

General		Gen. Abstr. Total	
Wine
...

TAYPORT BURGH

General		Gen. Abstr. Total	
Wine
...

WATERLOO BURGH

General		Gen. Abstr. Total	
Wine
...

County of Fife.



Statistical Tables

FOR

CUPAR DISTRICT

DUNFERMLINE DISTRICT

KIRKCALDY DISTRICT

ST ANDREWS DISTRICT

**I.—Return of Cases of INFECTIOUS DISEASE notified, &c.,
during the year ending 31st December, 1922**

Population, Census 1921—15,418; Population estimated to middle of 1922—15,634

COUNTY OF FIFE

DISTRICT OF CUPAR

DISEASE	NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH									
	At all Ages	At Age—Years							Cases removed to Hospital	Cases not removed to Hospital
		Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards		
A—DISEASES SPECIFIED IN THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889										
Scarlet Fever or Scarlatina	28	...	2	19	5	2	...	...	27	1
Diphtheria and Membranous										
Croup	8	...	2	3	1	2	...	...	8	...
Erysipelas	2	...	...	...	...	...	...	2	...	2
Puerperal Fever	2	...	...	...	1	1	...	...	...	2
Total	40	...	4	22	7	5	...	2	35	5
B—DISEASES NOTIFIABLE IN TERMS OF REGULATIONS MADE UNDER SECTION 78 OF THE PUBLIC HEALTH (SCOTLAND) ACT, 1897										
Ophthalmia Neonatorum ...	1	1	...	...	...	...	...	...	...	1
Acute Primary Pneumonia	13	...	2	6	2	3	...	...	...	13
Acute Influenzal Pneumonia	8	..	...	1	1	3	3	...	...	8
Pulmonary Tuberculosis ...	10	...	...	1	2	2	5	...	3	7
Non-Pulmonary Tuberculosis	16	...	7	3	3	2	1	...	...	16
Total of A and B	88	1	13	33	15	15	9	2	38	50
C—DISEASES TO WHICH THE PROVISIONS OF THE INFECTIOUS DISEASE (NOTIFICATION) ACT HAVE BEEN EXTENDED BY THE LOCAL AUTHORITY										
Nil										

Cases notified in a previous year and removed Hospital for the first time during 1922

1

1

2

Cases notified in a previous year and removed to Hospital for the first time during 1922

Name of Hospital or Hospitals in which Cases were treated—

Auchtermuchty Joint Infectious Diseases Hospital; St Michaels Joint Infectious Diseases Hospital; Glenlomond Sanatorium.

Number of Persons resident in the District as at 31st December, 1922, who were known to be suffering from Tuberculosis—

Pulmonary Tuberculosis only	...	...	...	...	24
Non-Pulmonary Tuberculosis only	...	...	...	...	15
Both Pulmonary and Non-Pulmonary Tuberculosis	...	...	...	...	...
Total	...	...	...	...	39

II.—Return of Cases of DEATHS registered during the year ending 31st December, 1922

DISTRICT OF CUPAR

Population, Census 1921 ... 15,418		<i>Rates per 1000 of Estimated Population</i>
Estimated to middle of 1922 15,634		Birth-rate (uncorrected) 16.3
		Birth-rate (corrected for transfers) .. 16.6
		Illegitimate Birth-rate per 100 Total Births
		(corrected for transfers) 9.2
		Marriage-rate (uncorrected) 4.4
		Death-rate—All Causes (uncorrected) .. 18.0
		Do. do. (cor. for trans.) .. 14.7
		Do. do. (cor. for trans. and
		adjusted for age and sex distribution) 12.0
		Death-rate—All Tuberculosis (corrected
		for transfers) 0.70
		Death-rate—Tuberculosis of Respiratory
		System (corrected for transfers) .. 0.38
		Death-rate—Principal Epidemic Diseases
		(corrected for transfers) 0.19
		Infantile Mortality Rate (Deaths under 1
		year per 1000 Births) 85

CAUSES OF DEATH (CORRECTED FOR TRANSFERS)

CAUSES OF DEATH	All Ages			AGE													
	Both Sexes	M	F	-1	1-5	10	15	25	35	45	55	65	75	85 up			
Measles	1		1		1												
Influenza	14	3	11							1	5	5	3				
Tuberculosis of Respiratory System ...	6	3	3			1	1	2	2								
Tuberculous Meningitis	2	1	1		2												
Tuberculosis of Intestines & Peritoneum	1		1									1					
Other Tuberculous Disease	2	1	1					1			1						
Malignant Tumours	29	11	18						1	3	7	9	6	3			
Apoplexy	31	16	15								1	14	15	1			
Heart Disease	36	18	18					1	2	3	8	8	11	3			
Diseases of Arteries	4	1	3							1		1	2				
Bronchitis	8	5	3	3								2	1	2			
Pneumonia (all forms)	7		7		1	1					2		2	1			
Other Diseases of Respiratory System	4	1	3		2				1			1					
Diarrhoea and Enteritis (under 2 years)	2	1	1	2													
Appendicitis	2	2					1			1							
All Diseases of Liver (not Malignant)	1		1						1								
Nephritis, Acute and Chronic	5	1	4		1					1	1	1	1				
Other Dis. and Acc. of Preg. and Parturition	1		1				1										
Dis. of Early Infancy and Malforma- tions	14	6	8	14													
Other Violent Deaths	7	5	2				1	3	1		1		1				
Other Defined Diseases	48	22	26	3	1	1	1	2	1	2	5	8	13	11			
Causes Ill-defined or Unknown	5	2	3							1	1	2	1				
ALL CAUSES	230	99	131	22	8	1	2	5	9	9	13	32	52	56	21		

**I.—Return of Cases of INFECTIOUS DISEASE notified, &c.,
during the year ending 31st December, 1922**

Population, Census 1921—34,870 ; Population estimated to middle of 1922—35,888

COUNTY OF FIFE

DISTRICT OF DUNFERMLINE

DISEASE	NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH										
	At all Ages	At Age—Years							Cases removed to Hospital	Cases not removed to Hospital	
		Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards			
A—DISEASES SPECIFIED IN THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889											
Typhoid or Enteric Fever	3	...	...	...	1	2	...	...	3	...
Scarlet Fever or Scarlatina	148	8	54	69	13	2	2	...	132	16	
Diphtheria and Membranous											
Croup	59	1	17	31	4	6	...	...	57	2
Erysipelas	22	1	1	4	4	4	6	2	1	21	
Puerperal Fever	3	...	...	...	1	2	...	..	...	3
Total	235	10	72	104	23	16	8	2	193	42	
B—DISEASES NOTIFIABLE IN TERMS OF REGULATIONS MADE UNDER SECTION 78 OF THE PUBLIC HEALTH (SCOTLAND) ACT, 1897											
Ophthalmia Neonatorum	35	35	...	...	...	...	...	...	...	35
Acute Primary Pneumonia	90	20	35	12	4	12	5	2	2	88	
Acute Influenzal Pneumonia	37	2	10	4	4	11	4	2	3	34	
Pulmonary Tuberculosis	40	...	2	9	9	14	5	1	13	27	
Non-Pulmonary Tuberculosis	40	2	8	16	10	4	...	...	3	37
Total of A and B	477	69	127	145	50	57	22	7	214	263	
C—DISEASES TO WHICH THE PROVISIONS OF THE INFECTIOUS DISEASE (NOTIFICATION) ACT HAVE BEEN EXTENDED BY THE LOCAL AUTHORITY											
Nil											

Name of Hospital or Hospitals in which Cases were treated—

Dunfermline District Joint Infectious Diseases Hospital; Glenlomond Sanatorium

Number of Persons resident in the District as at 31st December, 1922, who were known to be suffering from Tuberculosis—

Pulmonary Tuberculosis only	...	...	...	...	64
Non-Pulmonary Tuberculosis only	...	...	...	...	30
Both Pulmonary and Non-Pulmonary Tuberculosis	...	...	...	...	2
Total	...	...	...	...	96

Cases notified in previous year removed to Hospital for first time during 1922

II.—Return of Cases of DEATHS registered during the year ending 31st December, 1922

DISTRICT OF DUNFERMLINE

Population, Census 1921 ...	34,870	<i>Rates per 1000 of Estimated Population.</i>	
Estimated to middle of 1922 ...	35,888	Birth-rate (uncorrected) ..	23.0
		Birth-rate (corrected for transfers) ..	23.0
		Illegitimate Birth-rate per 100 Total Births	
		(corrected for transfers) ..	4.6
		Marriage-rate (uncorrected) ..	4.9
		Death-rate—All Causes (uncorrected) ..	10.9
		Do. do. (cor. for trans.) ..	12.0
		Do. do. (cor. for trans. and	
		adjusted for age and sex distribution) ..	12.5
		Death-rate—All Tuberculosis (corrected	
		for transfers) ..	0.84
		Death-rate—Tuberculosis of Respiratory	
		System (corrected for transfers) ..	0.47
		Death-rate—Principal Epidemic Diseases	
		(corrected for transfers) ..	0.95
		Infantile Mortality Rate (Deaths under 1	
		year per 1000 Births) ..	101

CAUSES OF DEATH (CORRECTED FOR TRANSFERS)

CAUSES OF DEATH	All Ages			AGE												
	Both Sexes	M	F	-1	1-5	10	15	25	35	45	55	65	75	85 up		
Measles ...	6	3	3	1	5											
Scarlet Fever ...	2	2		1	1											
Whooping-Cough ...	20	9	11	8	12											
Diphtheria ...	4	1	3		3			1								
Influenza ...	39	23	16	2	9	2		5	3	2	4	8	4			
Encephalitis Lethargica ...	1	1				1										
Other Epidemic Diseases ...	2		2								2					
Tuberculosis of Respiratory System ...	17	6	11			5	3	5	1	2		1				
Tuberculous Meningitis ...	3		3	1	1	1										
Tuberculosis of Intestines & Peritoneum ...	3	1	2		1	1										
Other Tuberculous Disease ...	7	1	6	1		1	1		3		1					
Malignant Tumours ...	37	13	24						5	5	15	6	4	2		
Rheumatic Fever ...	1	1				1										
Meningitis (not Cert. Spin. or Tuberc.) ...	1		1	1												
Apoplexy ...	36	14	22	3				1		4	6	6	14	2		
Heart Disease ...	25	7	18			2		2	1	2	6	6	4	2		
Diseases of Arteries ...	8	5	3								2	2	4			
Bronchitis ...	20	13	7	4	1				1	2	6	2	4			
Pneumonia (all forms) ...	30	12	18	9	10	2	1		1			4	2	1		
Other Diseases of Respiratory System ...	3	1	2	2						1						
Diarrhoea and Enteritis (under 2 years) ...	2	1	1	1	1											
Appendicitis ...	7	2	5		3	1	1		1	1						
All Diseases of Liver (not Malignant) ...	6	2	4	2					1		3					
Nephritis, Acute and Chronic ...	11	3	8						2	4	1	3	1			
Puerperal Sepsis ...	3		3					2	1							
Other Dis. and Acc. of Preg. and Parturition ...	3		3			1	1	1								
Dis. of Early Infancy, and Malformations ...	40	25	15	40												
Suicide ...	1	1							1							
Other Violent Deaths ...	18	17	1	1	3	1		3	5	1	3	1				
Other Defined Diseases ...	67	33	34	6	1	2		2	2	3	4	11	11	17	8	
Causes Ill-defined or Unknown ...	6	5	1		1						1	4				
ALL CAUSES ...	429	202	227	83	49	8	9	16	22	30	29	61	52	55	15	

**I.—Return of Cases of INFECTIOUS DISEASE notified, &c.,
during the year ending 31st December, 1922**

Population, Census 1921—44,569 ; Population estimated to middle of 1922—45,460

COUNTY OF FIFE

DISTRICT OF KIRKCALDY

DISEASE	NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH									
	At all Ages	At Age—Years							Cases removed to Hospital	Cases not removed to Hospital
		Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards		
A—DISEASES SPECIFIED IN THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889										
Scarlet Fever or Scarlatina	89	...	30	53	6	...	...	...	89	...
Diphtheria and Membranous										
Croup	86	2	17	49	14	3	1	...	79	7
Erysipelas	29	1	1	6	2	8	9	2	4	25
Puerperal Fever	5	...	...	...	2	3	...	...	4	1
Total	209	3	48	108	24	14	10	2	176	33
B—DISEASES NOTIFIABLE IN TERMS OF REGULATIONS MADE UNDER SECTION 78 OF THE PUBLIC HEALTH (SCOTLAND) ACT, 1897										
Ophthalmia Neonatorum ...	19	19	...	...	..	...	...	...	1	18
Malaria	1	...	...	...	...	1	...	...	...	1
Acute Primary Pneumonia	69	11	22	13	9	12	2	...	7	62
Acute Influenzal Pneumonia	53	6	13	4	16	11	1	2	4	49
Pulmonary Tuberculosis ...	43	2	5	7	11	12	4	2	13	30
Non-Pulmonary Tuberculosis	42	2	16	10	4	8	2	...	4	38
Total of A and B	437	43	104	143	64	58	19	6	206	231
C—DISEASES TO WHICH THE PROVISIONS OF THE INFECTIOUS DISEASE (NOTIFICATION) ACT HAVE BEEN EXTENDED BY THE LOCAL AUTHORITY										
Cerebro-Spinal Meningitis	1	...	...	1	...	...	...	...	1	...

Name of Hospital or Hospitals in which Cases were treated—

Kirkcaldy District Joint Infectious Diseases Hospital ; Wemyss Memorial
Hospital, Denbeath, Methil ; Glenlomond Sanatorium.

*Number of Persons resident in the District as at 31st December, 1922, who were known
to be suffering from Tuberculosis—*

Pulmonary Tuberculosis only	...	...	...	...	108
Non-Pulmonary Tuberculosis only	40
Both Pulmonary and Non-Pulmonary Tuberculosis	8
Total	156

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I. — Return of Cases of DEATHS registered during the year ending 31st December, 1922.

DISTRICT OF KIRKCALDY.

Population, Census 1921 ...	44,569	<i>Rates per 1000 of Estimated Population</i>	
Estimated to middle of 1922...	45,460	Birth-rate (uncorrected) ..	25.9
		Birth-rate (corrected for transfers) ..	26.3
		Illegitimate Birth-rate per 100 Total Births (corrected for transfers) ..	7.0
		Marriage-rate (uncorrected) ..	5.3
		Death-rate—All Causes (uncorrected) ..	12.1
		Do. do. (cor. for trans.) ..	12.2
		Do. do. (cor. for trans. and adjusted for age and sex distribution)	12.7
		Death-rate—All Tuberculosis (corrected for transfers) ..	0.77
		Death-rate—Tuberculosis of Respiratory System (corrected for transfers) ..	0.35
		Death-rate—Principal Epidemic Diseases (corrected for transfers) ..	1.47
		Infantile Mortality Rate (Deaths under 1 year per 1000 Births) (cor. for transfers)	104

CAUSES OF DEATH (CORRECTED FOR TRANSFERS)

CAUSES OF DEATH	All Ages			AGE														85 up
	Both Sexes	M	F	-1	1-5	10	15	25	35	45	55	65	75					
Measles	12	5	7	2	10													
Scarlet Fever	1		1				1											
Whooping-Cough	32	15	17	12	20													
Diphtheria	8	6	2	1	5	1	1											
Influenza	36	18	18	5	7		1	2	3	1	1	1	9	6				
Encephalitis Lethargica	2	2		1	1													
Other Epidemic Diseases	4	3	1	1			1		1				1					
Tuberculosis of Respiratory System...	16	6	10	1	3		1	4	3	3		1						
Tuberculous Meningitis	5	1	4		4	1												
Tuberculosis of Intestines and Peri- toneum	5	2	3		4				1									
Other Tuberculous Disease	9	4	5	2	1	1	2	1			1		1					
Malignant Tumours	34	11	23					1	2	2	5	6	13	3				
Meningitis (not Cer. Spin. or Tuberc.)	6	3	3	3	2		1											
Apoplexy	35	16	19								4	6	14	6				
Heart Disease	52	27	25		1	1	1	1	1	4	6	10	12	14				
Diseases of Arteries	9	6	3								1	2	3	3				
Bronchitis	40	16	24	11	1						1	4	7	12				
Pneumonia (all forms)	33	17	16	10	6	2	2	3	1	3	3			3				
Other Diseases of Respiratory System	6	3	3		1							2	2	1				
Diarrhoea and Enteritis (under 2 years)	14	7	7	8	6													
Appendicitis	2	2								1	1							
All Diseases of Liver (not Malignant)	4		4							1	1	1		1				
Nephritis, Acute and Chronic	15	4	11	1		1	1		3		3	3	3					
Puerperal Sepsis	1		1						1									
Other Dis. and Acc. of Preg. and Parturition	6		6					2	3	1								
Dis. of Early Infancy and Malforma- tions	56	32	24	56														
Other Violent Deaths	23	17	6		4	3	2	2	1	5	4	2						
Other Defined Diseases	87	28	59	10	5	1		3	3	7	5	10	15	22				
Causes Ill-defined or Unknown	3	2	1		1								2					
ALL CAUSES	556	253	303	124	82	11	13	20	22	29	36	48	82	71				

**I.—Return of Cases of INFECTIOUS DISEASE notified, &c.,
during the year ending 31st December, 1922**

Population, Census 1921—15,201; Population estimated to middle of 1922—15,402

COUNTY OF FIFE

DISTRICT OF ST ANDREWS

DISEASE	NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH									
	At all Ages	At Age—Years							Cases removed to Hospital	Cases not removed to Hospital
		Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards		
A—DISEASES SPECIFIED IN THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889										
Typhoid or Enteric Fever ...	1	...	...	...	...	...	1	...	1	...
Scarlet Fever or Scarlatina	57	...	17	31	5	4	...	...	56	1
Diphtheria and Membranous Croup	11	..	...	4	4	3	...	...	11	...
Erysipelas	5	...	...	...	1	...	4	...	...	5
Continued Fever	1	...	...	...	1	...	...	...	1	...
Total	75	...	17	35	11	7	5	...	69	6
B—DISEASES NOTIFIABLE IN TERMS OF REGULATIONS MADE UNDER SECTION 78 OF THE PUBLIC HEALTH (SCOTLAND) ACT, 1897										
Ophthalmia Neonatorum ...	1	1	...	...	...	...	...	...	...	1
Acute Primary Pneumonia	7	...	3	2	...	1	1	...	...	7
Acute Influenzal Pneumonia	5	...	1	...	...	4	...	...	...	5
Pulmonary Tuberculosis ...	9	...	...	...	3	5	1	...	..	9
Non-Pulmonary Tuberculosis	5	...	1	2	1	1	...	...	1	4
Total of A and B	102	1	22	39	15	18	7	...	70	32
C—DISEASES TO WHICH THE PROVISIONS OF THE INFECTIOUS DISEASE (NOTIFICATION) ACT HAVE BEEN EXTENDED BY THE LOCAL AUTHORITY										
Nil										

Name of Hospital or Hospitals in which Cases were treated—

Ovenstone Joint Infectious Diseases Hospital; St Michaels Joint Infectious
Diseases Hospital; Glenlomond Sanatorium

*Number of Persons resident in the District as at 31st December, 1922, who were known
to be suffering from Tuberculosis—*

Pulmonary Tuberculosis only	13
Non-Pulmonary Tuberculosis only	7
Both Pulmonary and Non-Pulmonary Tuberculosis	2
Total	22

II.—Return of Cases of DEATHS registered during the year ending 31st December, 1922

DISTRICT OF ST ANDREWS

Population, Census 1921 ... 15,201		<i>Rates per 1000 of Estimated Population.</i>
Estimated to middle of 1922... 15,402		Birth-rate (uncorrected) 17.1
		Birth-rate (corrected for transfers) .. 17.7
		Illegitimate Birth-rate per 100 Total Births
		(corrected for transfers) 8.1
		Marriage-rate (uncorrected) 4.6
		Death-rate—All Causes (uncorrected) .. 11.9
		Do. do. (cor. for trans.).. 13.1
		Do. do. (cor. for trans. and
		adjusted for age and sex distribution) 12.3
		Death-rate—All Tuberculosis (corrected
		for transfers) 0.84
		Death-rate—Tuberculosis of Respiratory
		System (corrected for transfers) 0.71
		Death-rate—Principal Epidemic Diseases
		(corrected for transfers) 0.19
		Infantile Mortality Rate (Deaths under 1
		year per 1000 Births) 77

CAUSES OF DEATH (CORRECTED FOR TRANSFERS)

CAUSES OF DEATH	All Ages		AGE													
	Both Sexes	M	F	-1	1-5-	10	15	25	35	45	55	65	75	85 and over		
Measles	1	1	...	...	1	...	...	...	...	...	...	...	...	...
Whooping-Cough	2	1	1	2	...	...	...	...	...	...	...	...	...	...
Influenza	13	8	5	...	...	2	2	2	2	...	3	1	...	1
Other Epidemic Diseases	1	...	1	...	...	...	...	...	...	...	1	...	...	...
Tuberculosis of Respiratory System	11	6	5	...	...	...	6	1	1	2	1	...	...	...
Tuberculous Meningitis	1	...	1	...	1	...	...	...	...	...	...	...	...	...
Other Tuberculous Disease	1	1	...	...	1	...	...	...	...	...	...	...	...	...
Malignant Tumours	22	10	12	...	...	...	...	...	3	2	6	6	5	...
Rheumatic Fever... ..	1	1	...	...	...	1	...	...	...	...	...	...	...	...
Apoplexy	18	11	7	...	...	...	...	...	...	...	4	6	8	...
Heart Disease	25	13	12	...	...	1	...	...	...	4	5	7	7	1
Diseases of Arteries	4	4	...	...	...	...	...	...	1	...	1	1	1	...
Bronchitis	15	7	8	4	...	...	...	...	...	...	1	4	5	1
Pneumonia (all forms)	6	1	5	1	1	...	...	1	...	...	1	...	2	...
Other Diseases of Respiratory System	3	2	1	1	1	...	...	...	...	...	1	...	...	...
Appendicitis	2	2	...	...	...	1	1	...	...	...	...	...	...	...
All Diseases of Liver (not Malignant)	1	...	1	...	...	...	1	...	...	...	...	...	...	...
Nephritis, Acute and Chronic	4	2	2	...	...	...	...	1	1	1	1	...	...	...
Other Dis. & Acc. of Preg. & Parturition	1	...	1	...	...	...	...	...	1	...	...	...	...	...
Dis. of Early Infancy, and Malforma- tions	11	5	6	11	...	...	...	...	...	...	...	...	...	...
Other Violent Deaths	7	6	1	...	...	...	...	...	2	...	1	2	1	1
Other Defined Diseases	46	24	22	2	2	...	...	1	...	1	4	7	18	11
Causes Ill-defined or Unknown	6	4	2	...	...	...	...	...	...	...	...	4	2	...
ALL CAUSES	202	109	93	21	6	3	5	8	6	11	10	30	38	49	15	

Report of Cases of Diphtheria and Pertussis during the year ending 31st December, 1922 INSTITUTE OF HYGIENE

Diphtheria		Pertussis	
Age	Sex	Age	Sex
1	M	1	M
2	F	2	F
3	M	3	M
4	F	4	F
5	M	5	M
6	F	6	F
7	M	7	M
8	F	8	F
9	M	9	M
10	F	10	F
11	M	11	M
12	F	12	F
13	M	13	M
14	F	14	F
15	M	15	M
16	F	16	F
17	M	17	M
18	F	18	F
19	M	19	M
20	F	20	F
21	M	21	M
22	F	22	F
23	M	23	M
24	F	24	F
25	M	25	M
26	F	26	F
27	M	27	M
28	F	28	F
29	M	29	M
30	F	30	F
31	M	31	M
32	F	32	F
33	M	33	M
34	F	34	F
35	M	35	M
36	F	36	F
37	M	37	M
38	F	38	F
39	M	39	M
40	F	40	F
41	M	41	M
42	F	42	F
43	M	43	M
44	F	44	F
45	M	45	M
46	F	46	F
47	M	47	M
48	F	48	F
49	M	49	M
50	F	50	F
51	M	51	M
52	F	52	F
53	M	53	M
54	F	54	F
55	M	55	M
56	F	56	F
57	M	57	M
58	F	58	F
59	M	59	M
60	F	60	F
61	M	61	M
62	F	62	F
63	M	63	M
64	F	64	F
65	M	65	M
66	F	66	F
67	M	67	M
68	F	68	F
69	M	69	M
70	F	70	F
71	M	71	M
72	F	72	F
73	M	73	M
74	F	74	F
75	M	75	M
76	F	76	F
77	M	77	M
78	F	78	F
79	M	79	M
80	F	80	F
81	M	81	M
82	F	82	F
83	M	83	M
84	F	84	F
85	M	85	M
86	F	86	F
87	M	87	M
88	F	88	F
89	M	89	M
90	F	90	F
91	M	91	M
92	F	92	F
93	M	93	M
94	F	94	F
95	M	95	M
96	F	96	F
97	M	97	M
98	F	98	F
99	M	99	M
100	F	100	F

Diphtheria		Pertussis	
Age	Sex	Age	Sex
1	M	1	M
2	F	2	F
3	M	3	M
4	F	4	F
5	M	5	M
6	F	6	F
7	M	7	M
8	F	8	F
9	M	9	M
10	F	10	F
11	M	11	M
12	F	12	F
13	M	13	M
14	F	14	F
15	M	15	M
16	F	16	F
17	M	17	M
18	F	18	F
19	M	19	M
20	F	20	F
21	M	21	M
22	F	22	F
23	M	23	M
24	F	24	F
25	M	25	M
26	F	26	F
27	M	27	M
28	F	28	F
29	M	29	M
30	F	30	F
31	M	31	M
32	F	32	F
33	M	33	M
34	F	34	F
35	M	35	M
36	F	36	F
37	M	37	M
38	F	38	F
39	M	39	M
40	F	40	F
41	M	41	M
42	F	42	F
43	M	43	M
44	F	44	F
45	M	45	M
46	F	46	F
47	M	47	M
48	F	48	F
49	M	49	M
50	F	50	F
51	M	51	M
52	F	52	F
53	M	53	M
54	F	54	F
55	M	55	M
56	F	56	F
57	M	57	M
58	F	58	F
59	M	59	M
60	F	60	F
61	M	61	M
62	F	62	F
63	M	63	M
64	F	64	F
65	M	65	M
66	F	66	F
67	M	67	M
68	F	68	F
69	M	69	M
70	F	70	F
71	M	71	M
72	F	72	F
73	M	73	M
74	F	74	F
75	M	75	M
76	F	76	F
77	M	77	M
78	F	78	F
79	M	79	M
80	F	80	F
81	M	81	M
82	F	82	F
83	M	83	M
84	F	84	F
85	M	85	M
86	F	86	F
87	M	87	M
88	F	88	F
89	M	89	M
90	F	90	F
91	M	91	M
92	F	92	F
93	M	93	M
94	F	94	F
95	M	95	M
96	F	96	F
97	M	97	M
98	F	98	F
99	M	99	M
100	F	100	F