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COUNTY COUNCIL OF FIFE.



# ANNUAL REPORT

ON THE

HEALTH AND SANITARY CONDITION

OF THE COUNTY AND DISTRICTS

DURING

1925

BY

G. PRATT YULE

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

MEDICAL OFFICER OF HEALTH

KIRKCALDY :

PRINTED BY JAMES W. DUNCAN, EAST END PRINTING WORKS,

1926

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PRINTED BY JAMES W. DUNCAN, EAST AND PRINCE STREET

1925

**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 Section 15 of the Public Health (Scotland) Act, 1897, the Report on the Health and Sanitary Condition of the County for the year 1925.

The vital rates vary in the several District areas, the difference being most marked between the north-eastern sparsely-populated agricultural districts of St Andrews and Cupar and the dense mining industrial communities of Dunfermline and Kirkcaldy in the south-west of the County. The death-rate from all causes was 11.2 per 1000 of the estimated population, as compared with 12.1 in the landward district of Scotland as a whole. The infantile mortality-rate (deaths under one year as a proportion per 1000 births) was 76, the lowest figure yet recorded for the County area.

I have the honour to be,

My Lords and Gentlemen,

Your obedient Servant,

G. PRATT YULE,  
County Medical Officer.

July, 1926.

Public Health Department,  
County Buildings.  
Cupar-Fife.

# STAFF.

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## Deputy and Assistant Medical Officer of Health, etc.

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Dunfermline District, ... WILLIAM DAVISON.  
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ANNIE FULTON, M.B., Ch.B.



# COUNTY OF FIFE.

## Report by County Medical Officer of Health for the Year 1925.

### POPULATION.

The population of the Landward Area of the County, estimated by the Registrar General to the middle of 1925, was 110,533, being an increase of 475 from the corrected Census figure of 110,058 of 1921. The estimated District populations are as follows:—

Cupar District	...	...	15,101
Dunfermline District	...	...	36,006
Kirkcaldy District, ...	...	...	44,553
St Andrews District	...	...	14,873

### BIRTHS.

During 1925 there were registered within the County landward area 2402 births, of which 2251 were legitimate and 151 illegitimate.

AREA.	Births (Total)		Illegitimate Births	
	Number	Rate per 1000	Number	Percent'ge of Total Births
Cupar District	223	14.8	19	8.5
Dunfermline District	763	21.2	48	6.3
Kirkcaldy District	1164	26.1	63	5.4
St. Andrews District	252	16.9	21	8.3
County Landward	2402	21.73	151	6.28

The number of births allocated to the landward area of the County during 1925 is, in comparison with the population, the lowest of which I have record, excluding the War years of 1917 and 1918, when 2,255 and 2,401 births respectively were registered. In 1924, the registered births numbered 2,608. In 1908 there were 3,210 births registered.

Of the County Districts, the births registered in Cupar and Dunfermline during 1925 were the lowest numbers of which I have record, while those registered in Kirkcaldy and St Andrews Districts, although few in number, were considerably in excess in each District of the numbers recorded during the War years 1916, 1917, 1918, and 1919.

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	Dunfermline District	Kirkcaldy District	St. Andrews District	Fife County
1911	310	913	1334	288	2845
1912	284	949	1451	295	2979
1913	281	961	1359	282	2883
1914	285	983	1479	256	3003
1915	253	877	1229	266	2625
1916	259	842	1098	221	2420
1917	248	776	1008	223	2255
1918	229	873	1086	213	2401
1919	238	854	1151	215	2458
1920	306	1049	1473	310	3138
1921	282	1032	1359	289	2962
1922	255	825	1177	263	2520
1923	232	780	1242	262	2516
1924	249	831	1249	279	2608
1925	223	763	1164	252	2402

### MARRIAGES.

The marriages registered in the landward area of the County during 1925 numbered 563 (Cupar 74, Dunfermline 221, Kirkcaldy 203, St Andrews 65). There were 599 marriages in 1924. In 1913, the last pre-war year, there were 600 marriages: the highest figure attained in the immediate post-war years was 767 in 1920.

The marriage-rate would appear to be reasonably stable at the present figure. Marriage, however, has proved latterly less fertile of children.

## GENERAL MORTALITY.

The number of deaths, corrected for transfers, allocated to Fife County during 1925 was 1,235, as compared with 1,322 in 1924 and 1,243 in 1923. The County landward death-rate was 11.2 per 1000 of a population estimated to the middle of the year, of 110,533.

The number of deaths in the landward area of the County in 1925 was, comparatively, the lowest number recorded with the exception of the years 1919 and 1920, the deaths in each of these years being 1218.

The death-rate of Scotland for 1925 was 13.4 per 1000. The death-rate in the County landward or extra-burghal districts of Scotland was 12.1 per 1000.

The number of deaths and relative rates for each of the four Districts and the County landward are set forth below:—

AREA	Number	Rate per 1000
Cupar District	211	10.7
Dunfermline District	374	11.4
Kirkcaldy District	480	12.0
St. Andrews District	170	9.8
<b>Fife County</b>	<b>1235</b>	<b>11.2</b>

The appended table shows the age and sex distribution of the more common causes of death in the County during 1925.



CAUSES OF DEATH. FIFE COUNTY, 1925.

CAUSE OF DEATH	All Ages		-1	1—	5—	10—	15—	25—	35—	45—	55—	65—	75—	85 up-wards
	Both Sexes	Females												
Enteric Fever ...	2	1	...	...	...	1	...	...	...	...	1	...	...	...
Measles...	17	8	5	12	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	6	1	...	3	1	2	...	...	...	...	...	...	...	...
Whooping Cough ...	21	7	13	...	2	...	...	...	...	...	...	...	...	...
Diphtheria ...	3	2	...	...	...	...	...	...	...	...	...	...	...	...
Influenza ...	26	14	1	1	...	...	3	4	3	1	2	4	3	1
Encephalitis Lethargica ...	8	2	...	2	1	...	1	...	2	1	...	1	...	...
Cerebro-Spinal Meningitis ...	4	2	...	1	1	...	1	...	...	...	...	...	...	...
Other Epidemic Diseases ..	5	3	2	...	...	...	1	...	1	...	...	...	...	...
Respiratory Tuberculosis ..	64	32	2	1	1	23	13	15	15	6	2	1	...	...
Meningeal Tuberculosis ..	16	7	2	7	1	2	...	...	...	...	...	...	...	...
Abdominal Tuberculosis ...	9	6	3	2	1	1	1	...	1	...	...	...	...	...
Other Tuberculosis Disease	7	4	1	1	...	...	...	...	1	...	...	...	...	...
Malignant Tumours ...	119	57	...	...	...	...	...	3	7	19	30	46	12	2
Rheumatic Fever ...	2	1	...	...	...	...	1	1	1	...	...	...	...	...
Meningitis (not Cerebro-Spinal or T'b'culous)	11	6	4	4	2	...	1	...	...	...	...	...	...	...
Apoplexy ...	105	49	...	...	...	...	1	...	3	7	18	43	27	6
Heart Disease ...	126	64	...	1	1	3	4	4	5	9	25	46	25	6
Diseases of Arteries ...	27	18	...	...	...	...	...	...	...	1	6	14	5	1
Bronchitis ...	72	37	11	7	...	...	...	...	2	3	12	16	15	6
Pneumonia (all forms) .	65	30	26	14	...	...	6	3	1	4	3	3	4	1
Other Respiratory Diseases	17	6	...	2	1	...	...	...	...	3	3	4	3	...
Diarrhoea and Enteritis (under 2 years)	24	14	20	4	...	...	...	...	2	...	...	...	...	...
Appendicitis ...	9	5	...	...	2	2	1	...	2	...	...	1	...	...
All Diseases of Liver (Non-Malignant)	7	1	...	...	1	...	...	3	1	2	3	2	...	...
Nephritis (all forms) ...	33	19	...	1	1	...	...	...	...	7	10	5	3	2
Puerperal Sepsis ...	1	...	...	...	...	...	...	1	...	...	...	...	...	...
Other Dis. and Accid. of Pregnancy, etc.	11	...	...	...	...	...	2	6	3	...	...	...	...	...
Diseases of early Infancy and Malformations	72	43	72	...	...	...	...	...	...	...	...	...	...	...
Suicide ...	10	8	...	...	...	...	...	...	...	3	1	1	1	1
Other Violent Deaths ...	66	44	3	7	7	1	8	7	9	4	9	2	5	4
Other Defined Diseases ...	250	124	20	14	2	6	11	12	11	14	19	50	58	33
Causes, Ill-Defined or Unknown ...	20	12	1	1	...	...	...	...	2	2	6	4	3	...
Total ...	1235	648	184	94	24	23	66	58	72	90	152	244	165	63
	70.47	36.94	14.80	7.60	1.94	1.86	5.35	4.69	5.83	7.28	12.31	19.76	13.36	5.11

## 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, 1925.

DISEASE	Cupar District	Dunfermline District	Kirkcaldy District	St Andrews District	Fife County	Per Cent.
Influenza ... ..	..	..	..	1	1	0.55
Measles ... ..	..	3	1	1	5	2.72
Whooping Cough ... ..	..	4	7	2	13	7.06
Other Epidemic Diseases ... ..	..	1	1	..	2	1.08
Tuberculous Meningitis ... ..	..	..	1	1	2	1.08
Meningitis (not Cer. Spin. or Tuber.) ..	..	1	3	..	4	2.17
Bronchitis ... ..	..	2	9	..	11	6.01
Pneumonia (all forms) ... ..	3	12	9	2	26	14.12
Other Diseases of Respiratory System ...	..	..	..	..	..	..
Diarrhoea and Enteritis ... ..	1	8	11	..	20	10.86
Nephritis (Acute and Chronic)... ..	..	..	..	..	..	..
Diseases of Early Infancy and Malformations... ..	8	27	33	4	72	39.13
Other Defined Diseases ... ..	2	5	18	2	27	14.67
Causes ill-defined or unknown ... ..	..	1	..	..	1	0.55
<b>Total ... ..</b>	<b>14</b>	<b>64</b>	<b>93</b>	<b>13</b>	<b>184</b>	<b>100.00</b>

The deaths of children under one year of age numbered 184 during 1925, equivalent to an infantile mortality-rate of 76 per 1000 births registered during the year.

The infantile mortality-rate is the lowest yet recorded, seventy-six per 1000 births.

There were two hundred and nineteen deaths of infants under one year of age recorded in 1924, giving an infantile mortality-rate of eighty-four per 1000 births.

The more important causes of deaths of infants were:—Diseases of early infancy and malformations, which yielded seventy-two, or 39.13 per cent. of the total, a decrease of forty deaths from the comparative figure for 1924. Diseases of the respiratory system, chiefly bronchitis and pneumonia, caused thirty-seven deaths, or 20.13 per cent., a decrease of one from last year's figure. Measles and whooping-cough caused eighteen deaths or 9.78 per cent., being double the number for 1924. Diarrhoea and enteritis accounted for twenty deaths, or 10.86 per cent., being an increase of six over last year's figure.

There were fifteen deaths of illegitimate infants during 1925, giving an infantile mortality-rate of 99.33 per 1000 illegitimate births.

The following table sets forth the infant mortality-rates for the four Districts and Fife County for the last fifteen years:—

Year	Cupar District	Dunfermline District	Kirkcaldy District	St. Andrews District	Fife County
1911	77	104	108	48	97
1912	52	101	107	54	95
1913	60	81	98	89	87
1914	49	113	108	74	101
1915	71	111	128	105	114
1916	54	76	100	63	81
1917	60	99	102	63	94
1918	83	103	98	85	97
1919	67	90	91	65	86
1920	78	84	89	32	81
1921	74	88	85	48	82
1922	85	101	104	77	99
1923	77	80	77	64	78
1924	72	101	83	47	84
1925	63	84	80	52	76

The following summary sets forth the numbers of infant deaths in each of the four County Districts for the quinquennial periods 1909-1913 and 1921-1925.

	Cupar	Dunfermline	Kirkcaldy	St. Andrews
1909-1913	343	487	545	327
1921-1925	371	454	429	288

It is noteworthy that Cupar is the only District showing a higher number of infant deaths (plus 28) for the last five years as compared with the five years 1909-1913.

During the period 1921-25, the infant deaths in Dunfermline, Kirkcaldy and St Andrews Districts were less by 33, 116 and 39 respectively in comparison with the numbers for the years 1909-13.

No maternity service and child welfare scheme is in operation in Cupar District, which has no health visitor. In Dunfermline, Kirkcaldy and St Andrews Districts, welfare schemes are in active operation with three, three and two health visitors respectively at work.

One is chary of drawing inferences where so many factors obtain. It seems not unreasonable to assume, however, that the work of the health-visiting nurses is proving fertile of the better care of children.

## 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 1925 is shown in the following table:—

PRINCIPAL EPIDEMIC DISEASES, DEATHS AND RATES, 1925.

DISEASE.	Cupar Dist.	Dunfermline Dist.	Kirkcaldy Dist.	St. Andrews Dist.	Fife County	
					Number	Rate per 1000
Typhoid Fever ... ..	—	1	—	1	2	0·01
Measles ... ..	1	9	6	1	17	0·15
Scarlet Fever ... ..	2	1	1	2	6	0·05
Whooping Cough ... ..	1	7	11	2	21	0·18
Diphtheria ... ..	—	1	2	—	3	0·02
Diarrhoea and Enteritis (under 2 years)	1	9	14	—	24	0·21
Total ... ..	5	28	34	6	73	0·65
Rate per 1000 ... ..	0·33	0·77	0·76	0·40	0·65	—

The deaths due to the principal epidemic diseases numbered seventy-three during 1925, as against forty-seven in 1924 and seventy-seven in 1923.

There were two deaths from typhoid fever during 1925: none occurred in 1924. Scarlet fever caused six deaths, as against one in 1924. Diphtheria accounted for three deaths, the same number as in 1924. Diarrhoea and enteritis yielded twenty-four deaths, as against twenty in 1924. Measles caused seventeen deaths, compared with twelve in 1924, while whooping-cough caused twenty-one deaths, as against eleven deaths in 1924.

With the exception of diphtheria, which had a similar number of deaths recorded in 1924, all other causes of death from the principal epidemic diseases showed an appreciable increase over the corresponding figures for 1924.

Scarlet fever was generally prevalent in epidemic form throughout the large centres of population in Scotland during the autumn months of 1925. The infection was common in Fife during the latter half of the year and the disease was more virulent in type than of recent years.

Of 73 deaths from the epidemic diseases noted in the above table, 38 were caused by measles and whooping-cough. The deaths from measles and whooping-cough were all of children under five years of age, a fact, often illustrated in these reports, pointing the duty of parents to take every safeguard to prevent young children contracting the infection. Of these two diseases, whooping-cough is the more dangerous, the deaths over a period of years being approximately double those from measles.

The deaths from diarrhoea and enteritis under two years of age were more numerous than in any year since 1920, when 33 were recorded. Of 24 deaths registered from this cause in 1925, 20 occurred under the age of one year. There was no death from diarrhoea and enteritis in St Andrews District, and only one (under one year) in Cupar District.

### DEATHS FROM TUBERCULOSIS.

The number and age distribution of the deaths from pulmonary and non-pulmonary tuberculosis for the year 1925 are set forth in the following table:—

Age Group	Number of Deaths	Rate per 1000
Under 1 year	2	0.01
1 to 4 years	17	0.16
5 to 14 years	8	0.05
15 to 24 years	21	0.18
25 to 34 years	3	0.03
35 to 44 years	—	—
45 to 54 years	—	—
55 to 64 years	—	—
65 to 74 years	—	—
75 to 84 years	—	—
85 to 94 years	—	—
95 to 104 years	—	—
Total	51	0.44

There were two deaths from typhoid fever during 1925: none occurred in 1924. Scarlet fever caused six deaths, as against one in 1924. Diphtheria accounted for three deaths, the same number as in 1924. Diarrhoea and enteritis yielded twenty-four deaths, as against twenty in 1924. Measles caused seventeen deaths, non-pulmonary tuberculosis caused seven deaths, and whooping-cough caused twenty-one deaths as against eleven deaths in 1924.

With the exception of diphtheria, which had a similar number of deaths recorded in 1924, all other cases of death from the principal epidemic diseases showed an appreciable increase over the corresponding figures for 1924.

Scarlet fever was generally prevalent in epidemic form throughout the large centres of population in Scotland during the autumn months of 1925. The disease was common in this district during the latter part of the year and the disease was more virulent in type than in recent years.

COUNTY AND DISTRICT DEATHS FROM TUBERCULOSIS, 1925.

AREA	Under 5 years	5-15	15-25	25-45	45 upwards	All Ages	
						Number	Rate per 1000
Pulmonary Tuberculosis	Cupar District ...	1	3	...	3	7	0.46
	Dunfermline District ...	1	6	8	1	17	0.47
	Kirkcaldy District ...	...	10	14	3	27	0.60
	St. Andrews District...	...	4	6	2	13	0.87
Fife County ...	1	23	28	9	64	0.57	
Other Tuberc. Diseases	Cupar District ...	1	...	...	1	2	0.13
	Dunfermline District..	4	...	1	2	9	0.24
	Kirkcaldy District ...	11	1	1	...	16	0.35
	St. Andrews District ...	1	3	...	...	5	0.33
Fife County ...	16	7	4	2	32	0.28	
Total Tuberculosis—	17	10	27	30	12	96	0.86
Fife County	17.71	10.41	28.12	31.25	12.51	100.00	...
Per cent. ...	...	...	...	...	...	...	...

There were ninety-six deaths registered as caused by tuberculosis in 1925, as compared with ninety deaths in 1924 and seventy-six in 1923.

Pulmonary tuberculosis caused sixty-four deaths, as against fifty-nine in 1924, and forty-six in 1923. Non-pulmonary tuberculosis caused thirty-two deaths, as compared with thirty-one in 1924, and thirty in 1923.

The deaths from tuberculosis in 1925 were greater than those of any year since 1919. The diminution in the number dying from tuberculosis during the last ten years is obvious from the following figures:—

Tuberculosis	1916-1920 (inclusive)	1921-1925 (inclusive)
Pulmonary ...	349	265
Non-Pulmonary ...	204	165
Total ...	553	430

### DEATHS FROM CANCER.

The number of deaths and mortality rates per 1000 of the estimated population from cancer for the four Districts and County in 1925 were:—

#### DEATHS FROM CANCER, 1925.

District	Number	Rate per 1000
Cupar ...	21	1.38
Dunfermline ...	39	1.08
Kirkcaldy ...	42	0.94
St. Andrews ...	17	1.14
Fife County ...	119	1.07

The deaths from cancer again show an increase, being four above the corresponding figure for 1924.

### DEATHS FROM VIOLENCE.

There were 76 deaths from violence, including suicide, an increase of 12 from last year's figure. Suicide accounted for 10 deaths in all, 8 males and 2 females, an increase of 5 on the figure for 1924.

DEATHS FROM VIOLENCE (INCLUDING SUICIDE).

District				Number	Rate per 1000
Cupar	..	...	..	13	0.86
Dunfermline	...	...	...	25	0.69
Kirkcaldy	...	...	...	20	0.65
St. Andrews	...	...	..	9	0.60
Fife County				76	0.68

DEATHS FROM RESPIRATORY DISEASES.

There were one hundred and fifty-four deaths from respiratory diseases during 1925, equivalent to a death-rate of 1.39 per 1000 of the estimated population of the County. The deaths from respiratory diseases were thirty-nine less than in 1924.

Pneumonia caused sixty-five, bronchitis seventy-two deaths, the remaining seventeen being attributed to other diseases of the respiratory system.

The deaths from respiratory diseases are equivalent to 12.47 per cent. of the total County mortality. Of the deaths from respiratory diseases, sixty, or 39 per cent., occurred at ages under five years, and eighty, or 52 per cent., at ages beyond 45 years.



## DEATHS FROM RESPIRATORY DISEASES, 1925.

AREA	Under 5 Years	5-15	15-25	25-45	45 upwards	All Ages	
						Number	Rate per 1000
Pneumonia (all forms)	Cupar	...	1	1	3	9	0.59
	Dunfermline	...	1	1	4	22	0.61
	Kirkcaldy	...	4	3	3	28	0.62
	St. Andrews	...	...	...	4	6	0.40
	Fife County Percentage	40 61.53	1 1.54	6 9.23	4 6.16	14 21.54	65 100.00
Bronchitis	Cupar	...	...	...	13	13	0.86
	Dunfermline	...	...	...	13	19	0.52
	Kirkcaldy	...	...	...	21	33	0.73
	St. Andrews	...	...	...	5	7	0.47
	Fife County Percentage	18 25.00	...	...	2 2.77	52 72.23	72 100.00
Other Respiratory Diseases	Fife County	2	1	...	14	17	0.15
	Percentage	11.76	5.88	...	82.36	100.00	...
Total Respiratory Diseases	Fife County	60	2	6	80	154	1.39
	Percentage	38.99	1.29	3.89	51.94	100.00	...

The number of deaths from diseases of the respiratory system for 1925, viz., 154, is, with the exception of 1923, when 146 deaths were recorded, the lowest number registered so far as I can trace in the County records.

Influenza and climatic conditions play their role in the deaths from these causes, but good housing, by diminishing overcrowding, will prove a valuable factor in reducing the death-rate by lessened chance of infection, pneumonia and bronchitis being essentially infectious diseases.

### HOSPITAL TREATMENT OF INFECTIOUS DISEASES.

The table sets forth the numbers of cases of certain infectious diseases notified and the numbers removed to isolation hospital in each of the four Districts and for the County as a whole.

The percentage of cases removed to hospital was highest in St Andrews District (85 per cent.).

The incidence-rate of the infectious diseases noted in the table was highest in Dunfermline District, 7.72 per 1000 population. The average incidence-rate for the County was 6.4 per 1000.

During recent years, the total number of notifications of persons suffering from infectious diseases has not varied widely, an indication that some of the notifiable infectious diseases has been prevalent in the County. During 1925, 1,011 cases of infectious diseases were notified; in 1924, the notifications numbered 1,035; in 1923, 1,115; and in 1922, 1,104.

There was an increase in notifications in 1924, the notifications being generally prevalent in the autumn of 1925, but other than this increase of infectious disease was low throughout the year.

Under the Public Health (Scotland) Regulations (Scotland), 1925, and the Public Health (Infectious Diseases) Amendment Regulations (Scotland), 1925, the diseases known as infantile Paralysis, Polio-



## NOTIFICATIONS OF INFECTIOUS DISEASES.

The number of the compulsorily notifiable infectious diseases recorded during 1925 was 1,011, being 104 less than the corresponding figure for 1924.

INFECTIOUS DISEASE	Cupar District	Dunfermline District	Kirkcaldy District	St. Andrews District	Fife County
Scarlet Fever ... ..	59	163	94	46	362
Diphtheria ... ..	7	35	61	19	122
Typhoid Fever ... ..	1	2	10	3	16
Erysipelas ... ..	8	34	34	...	76
Puerperal Fever.. ...	1	5	3	...	9
Cerebro-Spinal Meningitis ...	...	2	2	...	4
Pulmonary Tuberculosis ...	7	42	66	14	129
Non-Pulmonary Tuberculosis ...	7	43	65	5	120
Ophthalmia Neonatorum ...	...	32	8	1	41
Acute Primary Pneumonia ...	11	44	55	9	119
Influenzal Pneumonia ... ..	2	3	7	...	12
Infective Jaundice ... ..	...	1	...	...	1
Total ... ..	103	406	405	97	1011

During recent years, the total number of notifications of persons suffering from infectious diseases has not varied widely, an indication that none of the notifiable infectious diseases has been prevalent in epidemic form. During 1925,, 1,011 cases of infectious diseases came to knoweldge; in 1924, the notifications numbered 1,115; in 1923, 1,105; and 1922, 1,104.

There was an increase compared with 1924 in the notifications of scarlet fever, the infection being generally prevalent in the large centres of population of Scotland in the autumn of 1925, but otherwise the prevalence of infectious disease was low throughout the County during the year.

In terms of the Public Health (Infantile Paralysis, Polio-Encephalitis, and Encephalitis Lethargica) Regulations (Scotland), 1925, and the Public Health (Infective Jaundice) Amendment Regulations (Scotland), 1925, the diseases known as infantile Paralysis, Polio-

Encephalitis, and Encephalitis Lethargica (Sleepy Sickness) became notifiable throughout Scotland from 1st January, 1926. A copy of each of these regulations was sent to every medical practitioner practising in the landward area of the County.

### TUBERCULOSIS CONTROL.

The County Tuberculosis Scheme, inclusive of the four Landward Districts of Fife, and twenty-six burghs therein, the burghs varying in population from a few hundreds to less than twenty thousand, continues on lines dictated by experience of the fourteen years which have elapsed since the coming into operation of the National Insurance Act, 1912.

During 1925, the number of persons notified within the landward area of the County suffering from tuberculosis was 249 (pulmonary, 129; non-pulmonary, 120). The number of persons notified within the landward areas and the burghs, that is, within the County Tuberculosis Area, was 414 (pulmonary tuberculosis, 221; non-pulmonary tuberculosis, 193).

The number of persons on the Tuberculosis Register and under supervision by the Public Health Department, and personally by Dr McGillivray, Executive Tuberculosis Officer, at 31st December, 1925, was 1,254 (pulmonary tuberculosis 737, non-pulmonary tuberculosis 517).

The admission of 285 patients to Glenlomond Sanatorium was arranged during 1925 from the following areas:—

**LANDWARD:**—Cupar District 5, Dunfermline District 72, Kirkcaldy District 74, St Andrews District 7, and Kinross County District 7.

**BURGHs:**—Buckhaven 35, Burntisland 4, Cowdenbeath 22, Cupar 5, Dysart 6, Inverkeithing 2, Kinghorn 2, Kinross 7, Leven 7, Leslie 1, Lochgelly 15, Markinch 1, St Andrews 1, Tayport 3. In addition, 8 patients were admitted at the cost of the Ministry of Pensions, and one patient at that of Dunfermline Burgh.

**DOMICILIARY TREATMENT:**—In addition to the periodic visitation and supervision of patients in their own homes by the Executive Tuberculosis Officer and health visitors acting in the capacity of tuberculosis nurses, additional nourishment is granted where the illness has so impoverished the patient that he is no longer in a position to supply his own needs. The cost of medicines prescribed by

the private medical practitioner and necessary for the treatment of the tuberculosis condition is also defrayed by the County Tuberculosis Authority.

During 1925, additional nourishment was furnished to 96 patients at a cost of £179 16s 1d, an average of £1 13s 3½d per patient. The articles usually granted are:—milk, eggs, meat, oatmeal, cod liver oil and some farinaceous product.

The cost of the medicines prescribed by forty-one medical practitioners for 278 patients during the year was £215 19s 4d. The average cost of the prescriptions per doctor was £5 5s 4d, and the average cost per patient is 15s 6½d. There has been an increase in the number of patients prescribed for during 1925, the total cost being more, but the average per patient slightly less.

During the year, eleven patients suffering from lupus and other tuberculous conditions of the skin were granted transport facilities between their homes and the Skin Department of Edinburgh Royal Infirmary in order that they might receive arc-light treatment, the approximate expenditure being £110 19s. In 1924, the County Council were recommended to establish a centre for the light treatment of tuberculous skin conditions, glands, etc., within the County, preferably at Glenlomond, the County Sanatorium, where patients would be under supervision by Dr Munro, Medical Superintendent. Arc-light lamps were installed at Glenlomond, but were, I understand, so fully employed during the year for adults and children residing in the Sanatorium that space was not available for outside patients who would have travelled to and from the Sanatorium had train facilities proved convenient.

In these circumstances the arrangements whereby patients are sent to Edinburgh Royal Infirmary for light treatment still continue.

In view of the delay that occurs in the admission of patients in an advanced stage of the disease to Glenlomond, the Board of Health, on the report of their Medical Officer, Dr E. Watt, suggested for consideration by the County Council the possibility of arranging the admission of urgent cases on the County waiting-list to Kirkcaldy Burgh Sanatorium, where there would appear to be no pressure on bed accommodation. The question has been referred to the Joint Sanatorium Board of Fife and Kinross, and the views of the Board will doubtless be forthcoming in due course. An efficient X-ray plant having been installed at Glenlomond Sanatorium, the question of the examination of doubtful cases notified as suffering from tuberculosis was taken up with Dr Munro, Medical Super-

intendent, with a view to securing an X-ray film of the chest as an aid to a definite diagnosis by Dr McGillivray, Executive Tuberculosis Officer, as thereby the cost of observation in the Sanatorium would be avoided and existing pressure on bed accommodation in part relieved. Dr Munro appeared of opinion that the taking of such a film would prove of little value to the Tuberculosis Officer in suspected or doubtful cases. Elsewhere, the contrary view seems to be held: in many large centres of population the Executive Tuberculosis Officer has at his command X-ray apparatus, and takes as a routine a radiogram of the chest as an aid to diagnosis in tuberculosis and allied conditions. Further inquiry is being made into the question, although Dr Munro thought there would be little difficulty in securing observation at Glenlmond Sanatorium where pressure, as is generally the fact, is on the hospital wards, not on the ambulant.

An arrangement has now been arrived at whereby the County Council will make a payment towards the services of nurses in the employment of public health local authorities acting as Tuberculosis Nurses for the County Health Department in the administration of the Tuberculosis Scheme.

The report of Dr McGillivray, Executive Tuberculosis Officer is subscribed.

#### **REPORT OF EXECUTIVE TUBERCULOSIS OFFICER FOR 1925.**

The population to be dealt with under the combined Tuberculosis Scheme for Fife and Kinross taken from the 1921 Census is as follows:—

County Tuberculosis Area, Fife, .....	213,435
" " " Kinross, ...	7,963
	_____
Total, .....	221,398

The Fife area comprises four landward districts and twenty-six burghs, while Kinross contains the County landward area and Burgh of Kinross.

During the year, no change was made in the routine work. Every effort was made to see new cases as soon as possible after notification, while old patients were kept in touch with as far as time would permit. Of the latter, one hundred and nine were removed from the tuberculosis register as quiescent or arrested, but it was found impossible to go as fully into removal of quiescent cases as

one could have wished. It is felt that considerable reduction could be made in the present figures, especially in some of the larger burghs. An effort will be made during 1926 to remedy this, retaining only such cases as still show active disease or are likely to again become active.

During the year, I visited and examined five hundred and seventy-five new cases, sixty-eight being contacts, while eight hundred and thirty-two old patients were re-visited and examined. Owing to the distances that have to be covered in dealing with so large an area, it is felt that little increase can be looked for in the number of patients seen during any one year.

Difficulties encountered in routine work of this nature often make a proper examination in the homes trying. This can only be fully appreciated by any one who has undertaken such routine work. For a proper examination it is essential to have absolute quiet, good light, and all clothing removed from the chest. Considerable mental strain is produced where a diagnosis has to be made in a room with crying children present, or where the noise of traffic in a street cannot be excluded while the examination is being made. This is especially so where one is dealing with a doubtful case in which physical signs are wanting. Diagnosis of tuberculosis under favourable circumstances in doubtful cases may at times be very difficult, but where the conditions are as stated it is sometimes impossible to form an opinion. A number of such cases examined under similar conditions in the course of one day dulls the sense of perception, and it becomes more difficult to arrive at a true diagnosis. Mental fatigue is increased when long distances have to be covered in seeing cases.

In dealing with tuberculosis, it is desirable to learn of new cases as early as possible. Treatment at an early stage, whether at home or in a sanatorium, holds out the only hope there is for satisfactory arrest of the disease. Pulmonary cases when got early, as a rule react well to treatment, while there is far less danger of infecting others once the disease is recognised and precautions taken. Early cases are not nearly so infectious as those where the disease has been allowed to progress to an advanced stage with the sputum tubercle-laden. Early recognition of tuberculosis affecting bones and joints is essential if permanent deformity is to be avoided.

In order to get cases notified as early as possible, a circular letter was sent out to all medical practitioners by the Medical Officer of Health in January, and again in October, 1925. It was suggested that the medical practitioner when in doubt or desirous of another



opinion regarding symptoms suspicious of tuberculosis should notify the Public Health Office so that the Tuberculosis Officer could visit at the earliest possible moment and report privately to the practitioner the result of his examination. Where symptoms were regarded as positive, the medical practitioner could then notify the case in the usual way and advise the Public Health Department whether sanatorium treatment was desired. Quite a number of the doctors have acted on these lines, and some have done so for the past few years. Occasionally, where there is no doctor in attendance, the health visitors bring suspicious cases to the notice of the Tuberculosis Officer so that he may visit and examine when in the neighbourhood. In this, as well as in the supervision of the homes where cases are undergoing domiciliary treatment, these nurses continue to do valuable work in the campaign of education which is so important in this disease.

Dealing with the new cases seen during the year, I find that a good many doubtful cases were brought to notice. Quite a number of those were found to be suffering from tuberculosis, while a considerable number showed no definite clinical evidence of this disease. More use was made of 'Glenlmond' as a centre for observing doubtful cases, as it is impossible in view of the area to be covered for me to give unlimited time to observation cases to the exclusion of other duties. In 'Glenlmond' special facilities are employed in diagnosis which are only available in such an institution and are impracticable in the homes. There, a diagnosis can in most cases be made with certainty within a week or ten days, but in the homes it is very different, and often impossible, to give definite diagnosis on clinical evidence alone.

Of two hundred and seventy-two new pulmonary cases seen during the year, the diagnosis of tuberculosis could not be upheld in sixty-two, and these were not included in the active tuberculosis register. Others showing doubtful symptoms when first seen by me will be observed during the present year, and their names will be removed from the active list unless a definite diagnosis of tuberculosis can be established.

Twenty-one of the sixty-two pulmonary cases with unconfirmed diagnosis were sent to Glenlmond for observation. Twenty-nine showed no evidence of disease when examined, while in twelve others a definite diagnosis of heart disease was made. Only one of the heart group showing doubtful chest symptoms in addition was sent to Glenlmond for observation.

The following is a summary of the sixty-two cases where a diagnosis of pulmonary tuberculosis was not confirmed:—

No. Disease	Heart Disease	Chronic Bronchitis	Lobar Pneumonia	* Broncho-Pneumonia	Other Diseases	Quiescent
29	12	9	3	3	3	3

Regarding the question of admission of cases to 'Glenlmond,' the same difficulty as in former years has been experienced. Sick-bed patients and children frequently have to wait long periods before a bed is available. Advanced cases not infrequently die before they can be admitted. Beds for ambulant men and women, however, have been more than sufficient for requirements. The use of the Sanatorium as a centre for observation cases has already been referred to, and is necessary if any improvement in the number of advanced patients is to be looked for. It is only by taking cases on more presumptive evidence than was formerly done that any betterment will be obtained.

It is not in pulmonary tuberculosis alone that difficulties arise in arriving at a correct diagnosis. This is frequently the case in children notified as non-pulmonary tuberculosis. All enlarged glands of the neck are by no means tuberculous nor are all cases of infantile diarrhoea due to tuberculosis. Yet it may be exceedingly difficult to exclude tuberculosis without tests to prove the contrary. Many things may give rise to enlarged neck glands, e.g., a verminous head, dental caries, septic tonsils, etc. Enlargement of neck glands is also often found after the more common infectious diseases as scarlet fever, measles and whooping-cough. In any of these, glands may remain enlarged for a considerable time and may even go on to abscess formation. The absence of enlarged neck glands in some of our large industrial areas is the exception rather than the rule. Infantile diarrhoea often lasting for months and leading to a diagnosis of tuberculous enteritis may be nothing more than improper feeding.

There are many aids to diagnosis that can be employed apart from the ordinary clinical examination. One of the most valuable of these is undoubtedly the X-rays. Many Tuberculosis Officers in large areas now have the assistance of X-rays to help in the diagnosis of tuberculosis, both pulmonary and non-pulmonary. If done as a routine measure, and every new case is examined by this means, it does undoubtedly give valuable aid. Where only a few selected

cases are taken for examination its full value is not realised because it is often where one finds nothing by other methods that X-rays reveal something entirely unsuspected. Occasionally a lesion may be so small that it does not show up on a skiagram, yet this if well taken may give evidence of existing disease which has not been detected by other means. In children this method of examination is very valuable up to the age of four or five years, where it will show up disease where none is found by clinical means. Again in cases of chronic bronchitis with emphysema, which tends to mask clinical signs where tuberculosis is suspected, a skiagram may clearly show the distinctive shadows of tuberculosis. Where one is dealing with a tuberculous broncho-pneumonia deep in the lung tissue and showing no physical signs, an X-ray plate will reveal extensive disease. Regarding tuberculosis of bones and joints, this method of examination is indispensable if one wishes to find out the exact nature of the lesion, and may help to exclude non-tuberculous conditions.

Tuberculin as an aid to diagnosis can only be employed where a patient is under observation. Even then it may be misleading, and is by no means a specific in the diagnosis of tuberculosis. It is, however, a distinct aid in the chain of evidence, but it has its limitations and fallacies.

Temperature and pulse, if taken frequently at regular intervals are also of value, but taken once by a stranger are of no value, and may be very misleading. Even in adults the excitable factor plays an important part. The mere fact of a new doctor examining, together with the dread of the disease in question, may be sufficient to double the pulse-rate, or at least remarkably increase it. In children this nervous factor is even more marked. Here temperature and pulse taken on a visit are helpless guides to a diagnosis. A pulse-rate of 120 or more in a child may mean nothing or result from a very trivial cause, while the temperature may shoot up with very little to account for it.

From the point of view of spread of disease, the question of the advanced tuberculous patient is, I think, worthy of greater consideration. Many people have the idea that it serves no useful purpose sending an advanced case to a sanatorium when they are beyond any treatment. Patients are, however, seldom if ever sent with the sole idea of treatment. There is a far stronger reason why such patients should in every case be removed to a sanatorium as soon as the disease is detected. It is undoubtedly the advanced and active cases that are largely responsible for the spread of tuberculosis in the homes. Advanced patients seldom show much benefit from treatment given in a sanatorium, and they are generally more difficult

to please than ambulant cases. They are also more difficult to nurse, and certainly increase the death-rate, but in spite of all these they should not be excluded when by their removal a great source of potential danger could thus be removed from the homes. Although unwelcome, deaths are inevitable in any large hospital, but where separate rooms are available in a well regulated institution, the effect on others is negligible. It is very different where advanced or dying cases only are taken in. Few care to go to a hospital knowing that it is for incurables alone, but where there is no such distinction there is less difficulty in persuading patients that sanatorium treatment is best not only in their own interests, but also in that of their relatives. In the final stages of phthisis where a patient is helpless without adequate nursing and as generally found, no separate room in which to isolate, the risk of infection is enormous. It only requires a few home visits to a case of this kind to realise the danger. Other inmates where not already infected and diseased can hardly hope to escape for long the constant bombardment with massive doses of tubercle germs.

In my opinion the spread of tuberculosis is largely due to the housing conditions in which the bulk of our poorer classes have to live. There can be no question that infection is inevitable so long as advanced cases are allowed to lie in a house where there is no room to isolate and no proper means of nursing. Tuberculosis is most common where the housing conditions are unsatisfactory. Overcrowding with bad light and poor ventilation of the rooms favours the spread of tuberculosis where it already exists, while it tends to lower the natural resistance of the healthy and makes them more liable to contract the disease.

To ascertain the conditions under which new cases seen during the year were living, I have gone into the matter of housing from the record sheets of each patient. Leaving out sixty-eight contacts seen and examined, the following figures give some idea of the home conditions of five hundred and seven new cases seen:—

No. living in Single-roomed House or Sub-let Room	No. living in Two-roomed House	No. living in Three-roomed House	No. living in Four or more Rooms
44 = 8.67 per cent.	354 = 69.82 per cent.	65 = 12.82 per cent.	44 = 8.67 per cent.

Taking groups one and two together, three hundred and ninety-eight patients, or 78.5 per cent., were resident in single or two-

roomed houses. Grouping one, two, and three together four hundred and sixty-three, or 91.32 per cent. of all new cases lived in one, two, or three-roomed houses. This tends to show that housing by environment undoubtedly plays a far greater part in the spread of tuberculosis than it is credited with.

The average number of people residing in the various types of houses was as follows:—

Single or Sub-let Room	Two-roomed House	Three-roomed House	Four or more Rooms
4.5	5.7	6.0	4.0

Apart from the infected home circle, the chances of infection with tubercle bacilli in modern civilisation are great. The milk supply is frequently a source of great danger, especially where young children are concerned, as a large number of cows suffer from this disease, and give milk that may be laden with tubercle bacilli. Fortunately, tuberculosis though infectious is nothing like so infectious as scarlet fever, whooping cough, measles, and diphtheria. If it were so, few if any in a small infected tuberculous household would escape the disease. Sooner or later, however, other members are bound to succumb where constantly subjected to large doses of the germs. This is especially so where there is an advanced open case in a small overcrowded house with no proper means of isolation.

Tuberculosis is by no means a family disease, and inherited susceptibility plays little if any part in producing this disease. It is merely a question of infection and is, therefore, on a footing with the other infectious diseases. There is this difference, however, tuberculosis is slow to develop, although most if not all are infected at some time or other. In most people the germs remain latent, and only in comparatively few do recognisable clinical symptoms of the disease become apparent. Natural resistance of the human body plays an active part in preventing tuberculosis, and it is only when this resistance is finally broken down that the disease supervenes in some form or other. In support of this, I might quote the results of the Grancher system employed in France, where healthy children born of tuberculous parents are removed from infected homes and boarded out under supervision in healthy homes in a country district. It has been found that practically none develop the disease. Of 2,500 children so treated in this manner up till 1924, seven cases of tuberculosis occurred—two fatal and five cured. Such figures are

remarkable when compared to the chances of infection and death from the disease among children left in prolonged contact with infected parents. The possibility of these children inhaling the tubercle bacillus from chance sources is little if any less than that of any other section of the community, yet they contract tuberculosis with even less frequency than the general population.

Reviewing the work for the year, I do not think much improvement in the number of sick in relation to early cases notified is possible until greater freedom exists for removal of advanced cases from small overcrowded houses. Field work is essential, but apart from a complete medical inspection of the entire population by experts in the diagnosis of tuberculosis, there is bound to be a large proportion of advanced cases. The general practitioner is not by any means always to blame for this. A great many patients never consult the family doctor till the disease is already advanced. The problem of advanced cases, however, appears to be fairly general, and is just as prevalent in other places as in our own area. This is evident from reading the Annual Report of King Edward VII. Sanatorium, Midhurst, for the year ending June 30th, 1925, which draws its cases about half from London and the other half from the neighbouring counties. Of 266 patients admitted, a diagnosis of tuberculosis was established in 203, and 139 of these were classified as advanced or moderately advanced, and only 64 were considered early.

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

New Cases		Old Cases Revisited		Contacts			Homes visited	Ex-service men seen in Office.
Pul.	Non-Pul.	Pul.	Non-Pul.	+	-	? p		
272	235	586	246	15	40	13	1297	88

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

## TREATMENT OF VENEREAL DISEASES.

The scheme, which comprises all Public Health Local Authorities, burghal and landward, within the counties of Fife and Kinross, continues on the lines set forth in previous reports under administration of the Joint Committee.

There are three Treatment Centres convenient to residents in the areas of the two counties served in so far as it is practicable to arrange this, viz., The Public Health Dispensary, Market Street, Dunfermline; The Dispensary, Dunnikier Road, Kirkcaldy; and at Dundee, where males attend at Fleuchar Street, and females at the Royal Infirmary.

The Dispensary, Kirkcaldy, under the medical superintendence of Dr M'Intosh, Medical Officer of Health, is administered by the Town Council on behalf of Fife and Kinross Venereal Diseases Joint Committee.

No change has been found necessary in the administrative arrangements, the hours of clinics and of treatment during the past year.

The number of patients reporting for examination and treatment at Dunfermline and Kirkcaldy during the year have diminished. Attendances from the Eastern Area of the County of Fife at Dundee have increased.

Inquiry was made during the year with a view to furnishing to the Committee of Inquiry appointed by the Secretary for Scotland any evidence within the knowledge of the Medical Officers of the Treatment Centres on the subject of criminal assault on children.

In the later months of the year arrangements were made by the Department on behalf of the British Social Hygiene Council for public lectures, with the exhibition of cinematograph films, illustrative of the dangers of venereal diseases, at Inverkeithing, Buckhaven, Methil, Kelty, Cardenden, Leven, and Cupar. Eight lectures in all were arranged, the total attendance being 4,450. The largest attendance was that at Cardenden, the audience (both sexes) numbering approximately 1,150. In addition, Dr M'Intosh arranged a lecture at Kirkcaldy, which was largely attended, and Dr Averill, Medical Officer, Dundee Centre, lectured at Tayport.

An endeavour will be made to secure similar lectures in 1926, as experience assures that the information must prove advantageous

and beneficial in spreading knowledge necessary in the prevention and efficient treatment of venereal diseases.

The cost of the travelling facilities provided for necessitous patients to Treatment Centres during the year was £22 3s 11d. Necessary pathological and bacteriological work is undertaken by Professor Tulloch, University College, Dundee. The maximum payment arranged in 1923 for the investigation of morbid materials has resulted in a large saving during the year (£246 12s 6d).

The following is a brief summary of the work done during 1925:—

**KIRKCALDY CENTRE.**—During 1925, there were 247 new patients (male 196, female 51), of whom 70 (male 46, female 24) suffered from syphilis; 119 (male 110, female 9) from gonorrhoea; 15 (male: from soft chancre, and 2 (male) from mixed infections. Conditions other than, but suspected of being, venereal in character, brought 41 persons (male 23, female 18) to the Centre for medical examination.

In 1924, 291 persons attended the Centre.

The total attendances of all persons were 3,191 (syphilis 1391, gonorrhoea 1648, soft chancre 64, mixed infections 19, and for conditions other than venereal 74). In addition there were 2825 attendances for irrigation only. The number of patients ceasing to attend before completing treatment was 47. The number of persons discharged on completion of treatment during the year was 171. The number of examinations of pathological material during the year was 472, of which 195 were examined by the staff of the Centre, the remainder being sent to the approved Laboratory.

**DUNFERMLINE CENTRE.**—There were 252 new patients (male 185, female 67), of whom 79 (male 47, female 32) suffered from syphilis, 100 (male 83, female 17) from gonorrhoea, 3 males from syphilis and gonorrhoea; and 18 (male 17, female 1) from soft sore or chancre; 52 patients (male 45, female 17) suffered from conditions other than venereal disease. The total attendances at the Market Street Dispensary were 8,462. The number of investigations of pathological material made during the year was 1,814. Drugs were administered by injection on 3,044 occasions. Fourteen persons were admitted to hospital for treatment.

**DUNDEE CENTRE.**—There are separate Centres at Dundee for the treatment of males and females, viz., Fleuchar Street and The Royal Infirmary respectively. During 1925 the new patients from



areas in Fife treated at Dundee numbered 30 (male 21, female 9), of whom 10 (male 4, female 6) suffered from syphilis, 11 (male 10, female 1) from gonorrhoea, 2 (male 1, female 1) from mixed infections, and 2 males from other venereal diseases; 5 patients (male 4, female 1) had no venereal disease. The total attendances by patients from areas in Fife at Dundee Centres were 446. Drugs were administered by injection in 132 occasions.

It is obvious from the above figures that the advantages of efficient treatment are becoming more widely known in Eastern Fife.

The nature of the work of the Dunfermline Centre is illustrated in the following report by Dr Johnson:—

I have the honour to submit my report of the work done under the Venereal Diseases Scheme for the Counties of Fife and Kinross during the year 1925.

The work of both male and female out-patients has been carried on at the Public Health Dispensary, Market Street, Dunfermline, and for in-patients of both sexes at the West Fife Infectious Diseases Hospital, Dunfermline.

The number of new patients reporting for examination during the year 1925 is 186 males and 67 females, 253 in all, which represents a decrease of 17 in comparison with the year 1924; being a decrease of 15.2 per cent. in the case of females and 2.5 per cent. in the case of males.

These figures are, I consider, very satisfactory in view of the conditions in the neighbourhood during the past year. The serious depression in the coal trade and the severity of the weather in the late autumn and early winter militated against the attendances of patients from outlying districts, and in view of the above figures, one would expect, and not without reason, an increase on the return to more normal conditions. The closing of Rosyth Dockyard must also have its effect on the numbers of patients passing through the clinic, though this will, I believe, be counterbalanced when the benefits conferred on patients by treatment are more fully appreciated by medical practitioners in the district. There has been a pleasing increase of patients suffering from "suspicious" conditions being sent by doctors, showing that doctors are fully alive to the advantages that are to be gained.

One regrets that owing to the clinic being isolated from the medical fraternity in the district, there is no means by which any

interchange of thought can take place between the profession and clinic staff, while if such interchange could take place it could only react to the advantage of all concerned—the patient, the profession, and the clinic. One feels that efforts should be made to bring all concerned in the public welfare into closer contact.

The total attendances of the two sexes for treatment at the Centre has been 8,462, and the number of cases requiring treatment in hospital has been 14.

- Of the cases presenting themselves at the Centre,
- 39.5 per cent. were suffering from gonorrhoea.
  - 31.2 per cent. were suffering from syphilis.
  - 1.1 per cent were suffering from gonorrhoea and syphilis.
  - 7.1 per cent. were suffering from soft sore.
  - 21.1 per cent. were suffering from conditions other than venereal disease.

During the year 1925 I have had the pleasure of giving several public addresses to both sexes on the subject of Venereal Diseases under the auspices of the British Social Hygiene Council, the towns and districts visited being, Inverkeithing, Kelty, Leven, Methil and Buckhaven, and I was greatly impressed by the attentive hearing given by the audience on each occasion. The spread of knowledge concerning venereal diseases and of the after effects of these diseases and the importance of prolonged treatment cannot be over emphasized.

At the suggestion of Dr James H. Skeen, Medical Superintendent of the Fife and Kinross District Asylum, Cupar-Fife, I visited that Institution in August with the view to the treatment of the syphilitic insane under his care, and it was thought advisable that an effort should be made to ameliorate the condition of these cases. While too much improvement cannot be expected in these cases which are advanced, one feels that if the condition is attacked in its incipient stage, the health of the patient would benefit considerably, and that other cases, in which the condition is not primarily due to syphilis, but who are subjects of a syphilitic taint in the blood, the improvement which might accrue from treatment will no doubt react favourably upon the general condition of the patient, and one hopes, restore him (or her) to health. One is, I think, justified in this assumption, considering the improvement that takes place in the mental alertness of patients under treatment in the ordinary course of events. This is especially noticeable in sufferers from congenital syphilis, whose mental calibre is considerably enhanced by appropriate treatment.

The pathological work in connection with the Centre has, as heretofore, been carried out at the Bacteriological Department, University College, Dundee, and I again wish to thank Professor Tulloch and his staff for the prompt and efficient manner in which these duties have been performed. A total of 1,814 specimens has been investigated during the year, being an increase of 11 over that of 1924.

In the treatment of Venereal Diseases an effort is made to be as thorough as possible, as only in this way can the confidence of the patient be gained and retained, and each patient is strongly advised and recommended to attend each week, and if any absence is noted the importance of regular treatment is pointed out, personally. In the treatment of syphilis, salvarsan and its substitutes remain the principal drugs. Neokharsivan, Novarsenobillon, Neo-silber Salvarsan, Sulpharsenol and Tryparsamide are the chief drugs which have been used. The last-named drug (Tryparsamide) which has been developed by the Rockefeller Institute for Medical Research, has been found to give promising results in syphilis of the Central Nervous System.

The above drugs are as a rule administered intra-venously, but are also, at times, given intra-muscularly.

In addition to these arsenical drugs, preparations of Bismuth, such as Hypoloid Bismuth, Bicareol, have been given intramuscularly. Mercury has also been administered intramuscularly, but is gradually being replaced by Bismuth, which as far as experience goes is more efficacious, much better tolerated by the patient, and gives little or no discomfort when injected into the muscles. Mercury has also been administered by inunction. The total number of injections given has been 3044, being an increase of 193 over that of the previous year.

In gonorrhoea, the chief method of treatment is still local anti-septic therapy by irrigations and instillations. In gonorrhoea also, intravenous and intramuscular injections, chemical and vaccine therapy has been extensively used; while instrumentation is also employed to a large extent.

The test of cure of patients who have been the subjects of these diseases is very exacting, and rightly so, for the benefits conferred by treatment and cure extend far beyond the welfare of the individual patient. The patient is, and must be, in every instance attending as an out-patient, and carrying on his (or her) routine duties in life. Consequently, these tests take a considerable time to complete.

In males who have been the subject of gonorrhoea, the patient is kept under observation for some months, during which time his clinical condition is examined and bacteriological tests are made at frequent intervals.

Instrumental examination is also carried out to ensure that the genito-urinary tract has been restored to normal. Provocative injections of gonococcal vaccines are also administered, and clinical and bacteriological tests are taken subsequent to this. Four months after all signs and symptoms of the disease have disappeared the blood is tested by the Complement Fixation Test.

In females, a somewhat similar exacting test of cure is carried out and negative results after two or three menstrual periods are insisted on.

In the case of syphilis, the minimum period for observation and treatment is two years, and the standard of cure arrived at is a complete clinical cure, a consistently negative Wasserman blood test for two years; an absence of all symptoms of involvement of the central nervous system and the absence of any evidence of a syphilitic taint in the cerebro-spinal fluid.

In conclusion, I should like to bring to your notice the excellent work which is being done by the Nurse and Male Attendant at the Centre, to whom my thanks are due for their invaluable assistance.

W. P. S. JOHNSON,  
Clinical Medical Officer.  
Dunfermline Centre, Counties of Fife and Kinross  
Venereal Diseases Scheme.

### **MATERNITY SERVICE AND CHILD WELFARE.**

Under the provisions of the Notification of Births Acts, 1907 and 1915, Maternity Service and Child Welfare Schemes are in force in the Districts of Dunfermline, Kirkcaldy, and St Andrews. The District Committees of Dunfermline and Kirkcaldy adopted the Notification of Births Act, 1907, in 1910, and appointed forthwith the first Health Visitors in Fife County, one of whom I gladly record is still in the service of Dunfermline District. St Andrews District adopted a scheme in 1919. There are eight Health Visitors, whole time, in employment within the above three landward areas (Dunfermline 3, Kirkcaldy 3, St Andrews 2). The Maternity Service and Child Welfare Scheme of Dunfermline District is inclusive of the

Burghs of Inverkeithing and Culross, that of Kirkcaldy District of the Burghs of Burntisland, Kinghorn, Leslie, and Markinch, while St Andrews District includes the Burghs of Anstruther Easter, Anstruther Wester, Kilrenny, and Crail.

The population, Landward and Burghal, embraced by the Welfare Schemes of the County Districts is 115,681 (census 1921). The scheme of Dunfermline District covers a population of 38,728, Kirkcaldy 56,650, and St Andrews District 20,303.

During 1925, the Health Visitors reported 2,641 births, of which 26 or less than one per cent. were not notified in terms of the Notification of Births Act, 1907. Of the total births, 84 were reported still-born, and 84 premature. The number of births attended by medical practitioners was 1,872, by midwives 764, and by neither medical practitioner nor midwife 5. Of the infants born, 2,233 were breast-fed, 256 were bottle-fed, and 68 received mixed feeding. Ophthalmia neonatorum was reported in 44 infants.

The number of visits made by the Health Visitors during 1925 was as follows:—Expectant mothers, 1,199; infants and nursing mothers, 19,449; children, 1-5 years, 8,893; inspection of certified midwives, 223; tuberculosis patients, 1,902 (pulmonary 1,855, non-pulmonary 1,047); or a total of 32,666 visits in all. The cost of additional nourishment supplied to necessitous families during 1925 was £434 16s 7d. The additional food was granted to 311 households. These figures represent an increase of £253 13s 1d on those of 1924, for 152 households in excess of the number furnished with additional food in that year. The increase resulted from slack employment in the densely-populated mining parishes, and the prevalence of whooping-cough and measles with resultant pneumonia.

The average cost per family of food supplied during 1925 was £1 7s 11½d; the articles supplied in the majority of cases were milk and oatmeal.

Reference was made in last year's report to institution of a special stereotyped grant in aid of further measures by Local Authorities for the control and treatment of whooping-cough and measles. Hitherto the District Committees of Dunfermline and Kirkcaldy Districts have approved where necessary of the hospital treatment of whooping-cough and measles and their sequelae where the conditions and financial circumstances of the patients' homes were such as to militate against, or jeopardise, the chance of recovery. To each of these

District Committees the Board of Health have approved of small fixed grants being given in respect of the hospital maintenance of children under five years suffering from measles and whooping-cough.

In March, 1925, the Board of Health drew attention by circular letter to the danger attending untreated middle ear disease (discharging ear), resulting from measles, scarlet fever, diphtheria and throat affections of any kind, and informed Local Authorities that they were prepared to accept measures for the treatment of chronic middle-ear disease, and other ear, nose, and throat conditions as a feature of Maternity Service and Child Welfare Schemes and to pay grant on the same. The Board suggested that an Otologist should be appointed for the supervision of patients in large fever hospitals, and that in smaller institutions an Otologist might be appointed as consultant. Inquiries were made at the local fever hospitals regarding the prevalence of middle-ear inflammation without satisfactory result. Later the Health Visitors were instructed to report all cases of discharging ears coming to their knowledge among the children of their districts, and the figures will be forthcoming in due course. As squint is comparatively frequent in young children, and the results of treatment are most satisfactory when the condition is tackled early, the Health Visitors were also requested to report any case of squint in the children under their supervision.

Annual reports by each Health Visitor have been furnished to the Board of Health and to the District Committee concerned.

There were two changes in the health-visiting staff during 1925, Nurse Janet Bruce being appointed for the southern area of St Andrews District, and Nurse Elizabeth McCallum for the eastern area of Kirkcaldy District: the Health Visitors also act as Tuberculosis Nurses and Assistant Inspectors of Midwives.

MIDWIVES ACT, 1915.—Detailed reports of the administration of the Midwives Act within the several areas have been submitted to the Local Supervising Authorities of the Districts, and to the Central Midwives' Board of Scotland.

No serious contravention of the Rules of the Board by Midwives came to knowledge during the year. Several midwives were cautioned against failure to furnish intimations and notifications in terms of the Rules of the Central Board, which on the whole have been well observed during the past year.

The number of certified midwives practising within the landward area of the County is 51 (Cupar District 3, Dunfermline District 24, Kirkcaldy District 18, and St Andrews District 6).

### **PUBLIC HEALTH AMENDMENT ACT, 1925.**

This Act, which came into operation in December, extended the powers of a Local Authority to include from 1st March, 1924, power to make such arrangements as they may think fit, and as may be sanctioned by the Board of Health, for providing medicines and treatment to persons suffering from diabetes who, in the opinion of the Local Authority, require assistance in obtaining such medicines and treatment.

The District Committees have agreed to furnish Insulin to diabetic patients if the circumstances are such that the patient or his relatives cannot without undue hardship and sacrifice, bearing in mind that the special diet required may prove a financial strain, procure it for himself.

Insulin has already been furnished at the cost of the District Committee in Dunfermline and St Andrews Districts

### **CLOSURE OF SCHOOLS.**

School closure for the prevention of spread of infectious disease was found necessary in two cases in 1925, the public schools of Dunino and Kemback being completely closed for five days and three days on account of the prevalence of measles and scarlet fever respectively.

### **EXAMINATION OF MORBID PRODUCTS.**

The number of specimens submitted for examination from patients resident within the landward area during 1925 was 157, as compared with 126 in 1924. In addition Dr M'Gillivray, Executive Tuberculosis Officer, submitted 34 specimens of sputum for investigation, all of which were found negative.

## MORBID PRODUCTS, 1925.

## FIFE COUNTY.

Nature of Specimen	Result	Cupar Dist.	Dunf. Dist.	Kirk Dist.	St. And. Dist.
Throat Swabs for Diphtheria	Positive	0	2	1	2
	Negative	12	35	10	25
	Total	12	37	11	27
Blood for Typhoid Fever	Positive	0	1	7	3
	Negative	0	1	7	4
	Total	0	2	14	7
Sputum for Tuberculosis	Positive	0	2	6	1
	Negative	5	14	14	5
	Total	5	16	20	6
	Positive	0	5	14	6
	Negative	17	50	31	34
	Total	17	55	45	40

**BUILDING BYE-LAWS—PLANS.**

The plans examined and reported upon to the four District Committees of the County involved proposals to build 351 new houses, and alterations and additions to 147 existing houses. Of the proposed new houses 4 were of two apartments, 309 of three apartments, 26 of four apartments, and 12 of over four apartments. The plans examined and criticised of premises other than for housing purposes comprised 61 new erections, and additions and alterations to 32 existing buildings.

Of the new houses proposed to be erected, 6 were in Cupar District, 22 in Dunfermline District, 300 in Kirkcaldy District and 23 in St Andrews District. Of new premises other than housing, proposals were received for the erection of 13 in Cupar District, 14 in Dunfermline, 30 in Kirkcaldy and 4 in St Andrews District.

All plans of houses proposed to be built in Cupar, Kirkcaldy, and St Andrews Districts, with the aid of the Government subvention, are examined in terms of the regulations issued by the Board of Health, and are reported upon on completion in Kirkcaldy and Cupar Districts before the grant from the Exchequer is paid: examination of



such houses on completion has been found profitable with a view to the correction of minor defects.

New and extended bye-laws regulating the building and rebuilding of houses and buildings are now in force in Cupar District, and the adoption of similar bye-laws for St Andrews District is under consideration.

### **BYE-LAWS FOR PLACES OF PUBLIC REFRESHMENT.**

Bye-laws regulating places of public refreshment in terms of the Burgh Police Acts, 1892-1911 were adopted by resolution of the County Council on 15th December, 1925, and were subsequently confirmed by the Secretary for Scotland. The bye-laws take effect on 1st March, 1926.

### **HOUSING.**

The situation in regard to insufficiency of housing throughout the County area remains much as described in the Annual Report for 1924, where comment was made on the large housing gap to be filled.

The shortage of housing as manifested by the prevalence of sub-letting, over-crowding, and in certain areas the continued occupation of unsatisfactory property, remains acute.

In Kirkcaldy District, the number of houses completed and qualifying for subsidy was 148, (three apartments 139, four apartments 7, five apartments 2). During the year, work was started on 98 houses under the District Committee's Housing Scheme (40 houses at Thornton; 30 at Glencreig; and 28 at Wood-End, Cardenden).

In Dunfermline District, the number of houses completed during 1925, and qualifying for subsidy was 191, (two apartments 28, three apartments 158, four apartments 4, five apartments 1).

The number of houses completed under the Housing Scheme of Dunfermline District was 10 three-apartment houses.

In Cupar District, the number of houses completed and qualifying for subsidy during 1925 was 13, of which 7 were built privately, and 6 by Cupar District Committee for the housing of roadmen.

In the District of St Andrews, 27 houses completed for private owners during the year were approved for payment of the Government subsidy.

### MILK SUPPLY.

An event of importance from the point of view of public health was the coming into operation of the Milk and Dairies (Scotland) Act, 1914, on 1st September, 1925.

Prior to the postponement of this Act shortly after the outbreak of war in 1914, the several District Committees had under consideration, in conjunction with the County Council, the question of the appointment of a whole-time Veterinary Surgeon, in terms of the Act, and when the Act again became of force this question was the first to receive the serious consideration of the Local Authorities concerned. With a view to combination in the appointment of a whole-time Veterinary Surgeon, a conference of Local Authorities, Burghal and Landward, was convened by the County Council, when general approval was expressed regarding conjoint action for this purpose. At this time the Scottish Board of Health appeared to be definitely of opinion that a whole-time surgeon was necessary for the efficient administration of the veterinary side of the Act. Later, the Central Authority saw fit to change its attitude, with results which were reflected in the outlook of several Local Authorities, and are like to prove adverse to the working of the provisions of the Act in the interests of public health.

In June, a summary of the provisions of the Act was submitted to each District Committee setting forth the initial steps necessary in order that they might be in a position to undertake its operation. Detailed suggestions were submitted early with a view to the adoption of dairy bye-laws. Before the end of the year the framing of bye-laws was under active consideration where a completed draft had not already been sent for confirmation to the Board of Health. Hitherto the spirit actuating the application of the existing dairy bye-laws in the Districts of the County has varied somewhat widely, certain districts only taking an active interest in the interpretation and due enforcement of the powers with which they were invested by the Dairies, Cowsheds, and Milkshops Orders, 1885-99: in these areas the adoption of the bye-laws in terms of the new Act will make little difference to the satisfactory standard obtaining. This lack of uniformity in the application of bye-laws is likely to continue until the County Health Department is entrusted with the supervision of the administration of dairies throughout the County Landward Districts.

A certain amount of criticism has been received of the draft dairy bye-laws, but much of this, if adopted, would involve a return to the conditions prevailing thirty years ago prior to the adoption of the dairy regulations recently in force.

At the end of 1925, therefore, the measures for the application of the Milk and Dairies Act, 1914, were well in hand.

Under the provision of the Milk and Dairies (Amendment) Act, 1922, designated milks are sold in Dunfermline and Kirkcaldy Districts. In both these Districts pasteurised milks, pasteurised in terms of the Milk (Special Designations) Order, 1923, in the Burghs of Dunfermline and Buckhaven respectively, are sold. In Kirkcaldy District, Wemyss Castle Dairy has been approved for the sale of certified milk.

In Cupar District, the servant of a Co-operative Society was reported to the District Committee for selling pasteurised milk not pasteurised in terms of the Milk (Special Designations) Order, 1923.

No contravention of the provisions of the Condensed Milk or Dried Milk Regulations has come to light.

### **INSPECTION OF FOOD AND MEAT.**

There is no change to record on the procedure referred to in past reports. The amount of unsound food seized and condemned is set forth in the reports of the Sanitary Inspectors. Where the Sanitary Inspector is suspicious of quality the Medical Officer of Health or Veterinary Surgeon is called in as a matter of routine.

# Cupar District Report.

## INFECTIOUS DISEASES.

During 1925, one hundred and three cases of infectious diseases were notified to the County Public Health Department, as compared with ninety-eight cases in 1924. Sixty-three of these notified cases were removed to Hospital or Sanatorium for treatment.

The number and age distribution of the cases of each of the notifiable infectious diseases, together with the numbers removed for treatment, are set forth in the table at the end of this report.

During 1925, fourteen cases of tuberculosis were notified (pulmonary 7, non-pulmonary 7), as compared with twenty-seven cases in 1924 (pulmonary 16, non-pulmonary 11).

**DISTRICT INFECTIOUS DISEASES HOSPITAL, AUCHTERMUCHTY.**—There were sixty-one cases treated during the year, being an increase of twenty-one cases over the corresponding figure for 1924.

Eighty-seven per cent. of these cases were due to scarlet fever, twelve per cent. to diphtheria, and one per cent. to typhoid fever.

Mr MacMillan, Medical Officer, and Miss Long, Matron, carried out their relative duties as faithfully and as efficiently as hitherto.

## BUILDING BYE-LAWS.

The sets of plans examined, criticised, and reported upon during 1925 comprised proposals to erect six new houses (four of three apartments, one of four apartments, and one of over four apartments), and to alter and add to twenty-four existing houses. Proposals in respect of premises other than for housing purposes involved thirteen new erections and alterations and additions to seven existing buildings.

Plans in respect of eleven houses were examined in terms of the Subsidy Regulations for Burghs otherwise outwith the jurisdiction of the County Public Health Department, there being two from Cupar Burgh and nine from Ladybank Burgh. The plans from Cupar Burgh were rejected, those from Ladybank approved.

An important set of plans examined during the year were those of the Second Anglo-Scottish Beet Sugar Corporation, Ltd., for the erection of a sugar beet factory at Prestonhall to the east of Cupar, an industry new to the district which one hopes will ultimately prove successful. The plans were approved generally with regard to the building of the factory; little information was forthcoming with regard to the disposal of the trade waste effluent from the factory, and further information was sought by the District Committee with regard to the subject.

The draft bye-laws framed by the District Committee in terms of Sections 181 of the Public Health (Scotland) Act, 1897, and 43 of the Housing and Town Planning, etc. (Scotland) Act, 1919, received the approval of the Scottish Board of Health on 25th November, 1925. The additional powers granted for the framing of Building Bye-laws under the Housing and Town Planning Act will prove of value to the Committee from the public health point of view with but little, if any, addition to building costs.

### HOUSING.

The plans of five houses proposed to be built by private persons with the aid of the Government Subsidy were approved by the District Committee.

During 1925, thirteen houses were examined on completion and approved for payment of the Government Subsidy: these included six houses commenced by the District Committee in 1924 for roadmen, Certificate B. being granted after certain minor defects had been pointed out and remedied.

Inspection of housing within the District revealed fifteen dwellings to be unfit for human habitation; the defects were voluntarily remedied in five of these; the others remained unrepaired at the close of the year.

Forty dwelling-houses were provided with water-supply and adequate water-closet provision in terms of notices served on the owners under Sections 40 of the Housing Act, 1919, and 20 of the Housing Act, 1925, respectively.

## WORKSHOPS.

There are one hundred and forty-four workshops or workplaces within Cupar District. These were maintained in reasonably sanitary and cleanly condition during the year. The bakehouses throughout the District were inspected from time to time, and attention drawn to minor defects or lack of cleanliness where this proved necessary.

## SEASONAL WORKERS BYE-LAWS.

The draft bye-laws for seasonal workers were again under consideration during the year, but had not reached a form for final adoption by its close.

## SLAUGHTER-HOUSES.

The slaughter-houses of Kingskettle, Strathmiglo, Ceres and Cupar Muir were maintained in a cleanly and sanitary state throughout the year, having been put into adequate repair in 1924. The slaughter-house at Freuchie was repaired and renovated in 1925 on suspension of the licence until the District Committee's instructions were acceded to

**DAMSIDE HORSE SLAUGHTER-HOUSE.**—The rat-proof store for hides, hooves, and offal begun towards the end of 1924 was completed during 1925, and has proved of much benefit in maintaining more cleanly conditions within the slaughter-house yard. The filling-in of the low-lying south-western portion of the yard has also made progress as refuse material for the purpose is secured. After the end of the year I learned of complaints of offensive smells from Damside by residents living to the south-west of the slaughter-house, a matter readily explainable by the easterly winds prevailing during the cold spell in November and December.

## STRATHMIGLO WATER SUPPLY.

The Glenburn Scheme for supplying the village of Strathmiglo with a safe potable supply of domestic water, which was described in detail in my last year's Report, was brought to successful completion during the year, the water being turned on by David Bonthron, Esq., Chairman of Cupar District Committee on Friday, 20th November.

## DUNSHALT WATER SUPPLY.

The water supply arrangements of Dunshalt were described in brief detail in the Annual Report for 1924. Matters remain as formerly reported.

### PUBLIC HEALTH (AMENDMENT) ACT, 1925.

The District Committee are prepared to furnish insulin to diabetic patients in terms of the above Act where the patient cannot without undue hardship provide this remedy for himself. Any case reported by the Medical Officer of Health will be considered on its merits.

### VITAL RETURNS.

The following is a summary of the vital statistics of the District set forth at the end of this Report.

There were two hundred and twenty-three births (males one hundred and nine, females one hundred and fourteen) registered in 1925, as against two hundred and forty-nine in 1924. The birth-rate, corrected for transfers, was 14.8 per 1,000 of an estimated population of 15,101.

There were nineteen illegitimate births, or 8.5 per cent of the total births, being fifteen less than in 1924. The number of deaths of illegitimate infants was two, one less than in 1924.

There were seventy-five marriages registered during 1925, yielding an uncorrected marriage-rate of 4.9 per 1,000 of estimated population; the marriages were six less than in 1924.

The total deaths numbered two hundred and eleven (males one hundred, females one hundred and eleven) equivalent to a corrected death-rate of 10.7 per 1,000 of estimated population: there were two hundred and twenty-six deaths recorded in 1924, yielding a death-rate of 15.2 per 1,000.

There were fourteen deaths of infants under one year of age, giving an infantile mortality-rate of 63 per 1,000 births registered: there were eighteen deaths of infants recorded in 1924, giving an infantile mortality-rate of 72 per 1,000 births.

The death-rate from tuberculosis (all forms) was 0.60 per 1,000, that from pulmonary tuberculosis being 0.54 per 1,000 of estimated population.

# Dunfermline District Report.

## INFECTIOUS DISEASES.

During 1925, there were four hundred and six cases of infectious diseases notified, as compared with three hundred and eighty-one cases in 1924: two hundred and twenty-nine of these notified cases were removed either to West Fife Infectious Diseases Hospital or to "Glenlomond."

The number and age distribution of these cases of notifiable infectious diseases, and the numbers of such cases removed for treatment, are set forth in the table at the end of this Report.

The notified cases comprised:—Typhoid fever 2, scarlet fever 163, diphtheria 35, erysipelas 34, puerperal fever 5, ophthalmia neonatorum 32, infective jaundice 1, acute primary pneumonia 44, acute influenzal pneumonia 3, pulmonary tuberculosis 42, non-pulmonary tuberculosis 43, and cerebro-spinal meningitis 2.

The usual routine investigations into outbreaks of infectious disease were undertaken throughout the year.

One case of more than usual interest occurred in Kelty, in which a miner contracted infective jaundice; he sued his employers for compensation on the grounds that he incurred his disablement from infection from rats whilst at work in the pit, and won his case. This disease is apparently definitely held to be due to infection from infested rats by leading bacteriologists, and seems more prone to attack miners who work in wet "places" where rats abound.

An outbreak of scarlet fever occurred at Aberdour, which chiefly affected children of school age, in March. The school was visited on two occasions and two children suspected of having suffered from mild attacks which had passed unnoticed by the parents, were excluded. The farms supplying milk were also visited, and the dairy personnel examined: thereafter the disease subsided.

## BUILDING BYE-LAWS.

The sets of plans examined, criticised and reported upon during 1925 comprised proposals to erect twenty-two new houses (six of three apartments, twelve of four apartments and four of over four apartments), and to alter and add to fourteen existing houses. Proposals in respect of premises other than for housing purposes involved fourteen new erections and alterations and additions to seven existing buildings.



## WORKSHOPS.

There are fifty-five workshops within the District, a decrease of twenty from last year's return: they receive periodical visits of inspection by the Sanitary Inspector or his Assistant. The bakehouses also received the usual visitation and inspection throughout the year, any minor defects of maintenance or cleanliness being brought to the notice of the occupiers and remedied.

## BYE-LAWS FOR SEASONAL WORKERS.

The bye-laws framed in terms of Section 83 of the Housing (Scotland) Act, 1925 remained under consideration by the District Committee at the close of the year.

## BURIAL GROUNDS.

OLD BURIAL GROUND, SALINE PARISH CHURCH. — An order-in-Council dated 12th October, 1925, required that burials be forthwith discontinued in this Churchyard in terms of Section 5 of the Burial Grounds (Scotland) Act, 1855, except for the reservation of a right of burial in the Churchyard in the cases of certain stated persons set forth in the Order.

BURYING GROUNDS, ABERDOUR.—In a report of 17th March, 1924, both the Old and New Churchyards were recommended for closure. A Committee of Aberdour Parish Council, appointed to select a suitable site for use as a cemetery, had not secured its purpose at the close of 1925. Various sites were visited, and trial pits were subsequently sunk to ascertain the nature of the ground. A site on Mill Farm, between the northern march of the properties on the north side of Main Street, Aberdour, and the L.N.E. Railway cutting, was finally selected as the most suitable. The Parish Council agreed to purchase the ground, but difficulty has arisen in obtaining the necessary consents of those whose properties are within the statutory distance of one hundred yards of the proposed cemetery.

As it appears not unreasonable that local property owners should object to the site selected, the District Committee should again consider the question with a view to hastening the provision of a suitable cemetery for the Parish.

## PLACES OF PUBLIC REFRESHMENT.

The proposed bye-laws for regulating places of public refreshment, which failed to find a quorum of the County Council at the close of 1924 to grant approval, were sanctioned by the Council and confirmed by the Secretary for Scotland on 1st March, 1925.

## HOLIDAY FUND CHILDREN.

As in previous years, the Edinburgh Childrens' Holiday Fund organisers, submitted a list of persons resident in Kelty who were prepared to board children in accordance with their available accommodation. Inspection was made of the dwellings, and no overcrowding or other objectionable factor was observed likely to impair the well-being of the holiday children, the arrangements working smoothly and well.

## NUISANCES.

**VENTILATION OF SEWER, ABERDOUR.**—Complaint was received against smells, alleged to be coming from the upcast ventilating shaft at the head of one of the main sewers. I visited the site of complaint, but was unable to discover any evidence warranting the allegation at the time of my visit. As, however, these smell nuisances are often transitory and elusive in appearance and disappearance, and as there was a considerable length of sewer unventilated between the head and the next vent-shaft, I discussed the matter with Mr Hodge, District Engineer, who agreed to insert at road surface level a ventilating grating, to be placed about one hundred yards or thereby further down the drain from the upcast shaft to act as an interceptor of any smells which might otherwise have escaped from the upcast shaft.

## ALLEGED NUISANCE FROM CRANGEMOUTH OIL REFINERY WORKS.

Towards the end of October, 1924, complaints reached me in regard to a smell nuisance, which it was alleged had been evident at intervals throughout the summer months, from several residents and landed proprietors of the area in and around Culross Burgh. It appeared from the complainers' statements that a heavy oily smell came from across the estuary of the Forth borne by certain winds, chiefly when the wind was in a south-westerly direction. As the locus of the alleged nuisance was outwith my jurisdiction, I had recourse to the Scottish Board of Health on the subject: the Board promised that

their officers would hold an investigation into the matter. At the commencement of 1925, the Scottish Board of Health were in communication with the Public Health Department and Town Council of Grangemouth, within whose area the Oil Refinery Works were situated. Meanwhile reiterated and fresh complaints continued to reach me from time to time.

It appears that Scottish Oils Ltd., the proprietors of the Refinery, had come under certain obligations to the Town Council of Grangemouth in regard to safeguarding the Grange Burn from pollution by the oily waste from the Refinery; in practice this promise had not been fulfilled by the Company, and the tidal waters at the mouth of the Grange Burn, and also along a considerable stretch of foreshore on either side of the mouth of the Grange Burn had become polluted to a considerable extent. The Town Council, through their sanitary officials, took up this matter with Scottish Oils Ltd., and had the practice of pollution stopped.

Attention was next directed to the heightening of a chimney at the works, from which lachrymose gas was discharged: the chimney was raised to eighty-eight feet, at which height the smell was deemed to be innocuous.

Despite these activities, complaints of smell nuisance continued at intervals throughout the summer and autumn months of 1925. In November, the Scottish Board of Health devised a scheme of charts on which complainers were to set down data relative to the smells, e.g., date, place, direction of wind and strength, nature of smell, and duration, etc. These charts were issued to the principal sufferers from the nuisance, to be used over a period of three months: this period was still running at the close of the year.

### **PUBLIC HEALTH (CONDENSED MILK) REGULATIONS, 1923.**

During 1925, within Dunfermline District, there were taken, in terms of the above Regulations, four official samples and one test sample: all were found to comply with statutory requirements.

### **SLAUGHTER HOUSES.**

The four slaughter houses situated at:—(1) Aberdour, (2) Kelty, (3) Kincardine-on-Forth, and (4) Torryburn, being the only abattoirs within the District, and all being under private ownership were visited from time to time, and were found to be maintained in cleanly condition.

## **SALINE DRAINAGE SCHEME.**

During 1925, the sewage disposal works at Saline were completed, and I am indebted to H. F. Hodge, Esq., M.C., B.Sc., District Engineer, for the following description of the scheme.

The village is completely sewered with 6 inch and 9 inch fireclay pipes, with manholes for inspection and repair purposes.

The sewers are all laid to self-cleansing gradients.

The Purification Works are situated at the confluence of the Saline Burn with the Black Devon, the effluent being discharged into the Black Devon.

The works are designed for a population of 2,200, which allows for an increase on the present population, which is estimated about 1,500.

The works include detritus tanks in duplicate, continuous flow settlement tank and separator, the capacity of these being 14 hours dry weather flow for the population of 2,200.

Percolating filters are provided in duplicate each 66 feet diameter with revolving distributors, the average rate of flow being 55 gallons per cubic yard per 24 hours.

Sludge pits are also provided for drying the sludge from the tanks, and nothing passes into the Devon except the clear effluent from the filters.

The works are designed so that an extension can be added with the least possible expense, and the levels are arranged so that, if and when it is necessary, a humus tank can be added to treat the effluent from the filters before discharging it to the Devon.

## **PUBLIC HEALTH AMENDMENT ACT, 1925.**

The District Committee are prepared to furnish, under the provisions of the above Act, insulin to persons suffering from diabetes if the financial circumstances of the household are such that this treatment cannot be obtained without undue hardship, keeping in mind the cost of the special diet necessary for such patients.

## HOUSING.

Considerable progress can again be recorded in the provision of new housing within the District, both by the District Committee as Public Health Local Authority and by private enterprise aided by the Government Subsidy Grant.

During 1925, two hundred and five dwelling-houses have been completed, the largest number yet recorded since 1919. One hundred and twenty-five were finished in 1924, and but twenty-three in 1923.

The houses completed during 1925 consisted of:—Two apartments, 28; three apartments, 168; four apartments, 4; five apartments, 2; over five apartments, 6. Of the total of 205 houses completed in 1925, 191 were built by private enterprise with the aid of subsidy; 10 were built by the District Committee; and 4 by private enterprise without subsidy.

During the years 1919-25 inclusive, 426 dwelling-houses have been completed, of which 158 were built by the District Committee, 244 by private enterprise aided by subsidy grant and 24 by unaided private enterprise.

## MATERNITY SERVICE AND CHILD WELFARE.

The routine annual reports of the work of health-visiting and of inspections in terms of the Midwives Act, 1915, for the year 1925 have been furnished to the District Committee, the Scottish Board of Health and the Midwives' Board for Scotland.

Birth events were notified by attendants at, or within six hours after, birth in a satisfactory manner, only nine omissions occurring out of seven hundred and ninety-two birth events recorded.

The cost of additional nourishment, etc., during 1925, was £204 14s 9½d, the average cost per family being £1 5s 5½d. There were one hundred and nineteen grants of nourishment given in the Eastern Division, thirteen in the Central Division and twenty-nine in the Western Division.

The amount expended on additional nourishment in 1924 was £103 12s 2d: it will be seen that the cost has practically doubled during 1925. I have endeavoured to explain this increase under the similar heading in the County Section of this Report.

During the year the District Committee were investigating the question of the provision for health-visitors of motor cycles with a view to adding to their efficiency by economy of time in travelling. There has been no change in the personnel of the health-visiting staff, all three nurses discharging ably and conscientiously the often onerous duties of Health Visitor, Assistant Inspector of Midwives, and Tuberculosis Nurse.

**DAVAAR MATERNITY HOME.**—At a meeting of representatives of the District Committee with the Burghs of Cowdenbeath and Lochgelly, held at Cowdenbeath on 22nd April, 1925, regarding the administration of Davaar Maternity Home, payment on the basis of user of the maintenance charges of Home and contribution of a fixed annual sum for the right of admission of patients was generally approved, provided some representation in the management of the Home was granted by Dunfermline Town Council.

The above view, with certain observations on the administration of the Home, was submitted to Dunfermline Town Council, and led to a conference with the Town Council on 13th May, who later intimated approval of the following arrangement. From the establishment of the Home the basis of contribution should be (a) in proportion to use as regards the maintenance charges, and (b) on the mean of population and valuation as regards interest at  $4\frac{1}{2}$  per cent. on capital costs which were or may be incurred in providing and furnishing the Home without anything for capital sinking fund; the ownership of the Home and furnishings remaining with Dunfermline Town Council: five per cent. on the annual maintenance costs was to be brought into the count in respect of administration.

The Davaar Home Sub-Committee of Dunfermline Town Council consists of five members: regarding representation of other Local Authorities it was agreed to co-opt two members to be appointed by the District Committee, and one each from the Town Councils of Cowdenbeath and Lochgelly. The Davaar Home Sub-Committee will remain a Committee of Dunfermline Town Council for review purposes. The District Committee approved the above proposals but recommended that any Local Authority wishing to discontinue the arrangement should be required to give not less than six months' notice prior to the end of the year.

### VITAL RETURNS.

During 1925, there were seven hundred and sixty-three births (males 403, females 360) registered within the District, as compared

with eight hundred and thirty-one in 1924, and seven hundred and ninety-eight in 1923. The birth-rate, corrected for transfers, was 21.2 per 1000 of an estimated population of 36,006.

There were forty-eight illegitimate births, equivalent to 6.3 per cent. of the total births.

The deaths of infants under one year of age numbered sixty-four, as compared with eighty-four in 1924: the deaths of illegitimate infants under one year of age, numbered four. The infantile mortality-rate was 84, as compared with 101 in 1924, and 80 in 1923.

There were two hundred and twenty-one marriages registered within the District during 1925, yielding an uncorrected marriage-rate of 6.1 per 1000 of estimated population. The number of marriages recorded during 1924 was two hundred and nine, the corresponding marriage-rate being 6.0 per 1000.

The total deaths numbered three hundred and seventy-four (males 209, females 165), the death-rate, corrected for transfers, was 11.4 per 1000 of estimated population, as compared with four hundred and eight deaths, with an equivalent rate of 11.7 per 1000 for 1924.

The corrected death-rate for all tuberculosis was 0.72 per 1000; that for pulmonary tuberculosis was 0.47, again an increase over 1924, when both comparable figures were 0.66 and 0.43 respectively.

#### VITAL RETURNS.

# Kirkcaldy District Report.

## INFECTIOUS DISEASES.

During 1925, there were four hundred and five cases of infectious diseases notified, as compared with five hundred and thirty-four cases in 1924. There were two hundred and twelve patients removed for institutional treatment, of whom one hundred and seventy-four were treated at Kirkcaldy District Infectious Diseases Hospital, Thornton, and thirty-eight at Glenlomond Sanatorium.

The following was the nature of the cases notified.—Typhoid fever, 10; scarlet fever, 94; diphtheria, 61; erysipelas, 34; puerperal fever, 3; ophthalmia neonatorum, 8; acute primary pneumonia, 55; acute influenzal pneumonia, 7; pulmonary tuberculosis, 66; non-pulmonary tuberculosis, 65; cerebro-spinal meningitis, 2.

The number and age distribution of the cases of each of the notifiable diseases, with the numbers removed to Hospital or Sanatorium, are set forth in the table at the end of this Report.

OPHTHALMIA NEONATORUM.—The special arrangements made at Thornton Hospital for the treatment of this disease, whereby a central institution was available to the Local Authorities throughout the County under competent nursing supervision, have been but little made use of. Three cases were received from Authorities outwith the Hospital Combination, viz., Dunfermline Burgh 2, Newport Burgh 1.

MEASLES AND WHOOPING-COUGH.—Hitherto the children admitted for hospital treatment have mainly been suffering from the sequelae of whooping-cough.

## BUILDING BYE-LAWS.

The sets of plans examined, criticised, and reported upon during 1925 comprised proposals to erect three hundred new houses (one of two apartments, two hundred and eighty-eight of three apartments, seven of four apartments, and four of over four apartments), and to alter and add to eighty existing houses. Proposals in respect of premises other than for housing purposes involved thirty new erections, and alterations and additions to thirteen existing buildings.



## WORKSHOPS.

The inspections made in terms of the Factory and Workshop Act, 1901, numbered 389. The Sanitary Inspectors reported three defects remedied on representation. One case of overcrowding was referred to the Inspector of Factories. Of the inspections made, 72 were of factories; 237 of workshops; and 60 of workplaces.

## SLAUGHTER HOUSES.

There are four slaughter houses within the District, one public, that of Markinch Town Council, and three private, situated at East Wemyss, Jamphlars, and Balgreggie Park, Cardenden. All are maintained in reasonably cleanly condition. That at Jamphlars was recently repaired.

On several occasions of recent years, the District Committee have had under consideration the abolition of private slaughter houses, and apparently favour the discontinuance of private establishments as sound in principle. Discussion of individual private slaughter houses, however, has always hitherto led to the issue of the licence, as practical difficulties arise when the withholding of a licence must necessarily entail the butcher slaughtering in the public slaughter house of some adjoining burgh, possibly at a distance of several miles, and dissociated from the market-centre at which he buys slaughter stock.

## UN SOUND FOOD.

The provisions of the Public Health (Meat Inspection) Regulations (Scotland), 1923, are administered and enforced within the District as far as reasonably practicable, bearing in mind the multifarious duties to be performed by Sanitary Inspectors. There was one conviction for the sale of tuberculous meat during the year, the butcher being fined £7, with expenses, £3.

## PUBLIC HEALTH AMENDMENT ACT, 1925.

The District Committee have approved in terms of the above Act the supply of insulin to patients suffering from diabetes if the circumstances of the household are such that the drug cannot be obtained without undue sacrifice when the cost of the special diet required is borne in mind.

## BURNING COAL BINGS.

Complaints having been received of the noxious smell from the fumes of the burning redd-bing of the Nellie Pit, Lochgelly Iron and Coal Company, the bing was kept under supervision.

The bing of the Nellie Pit abuts on and runs parallel in its long axis to the Lochgelly-Glenraig highway, and its northern end is situated approximately 36-40 paces distant from the southern wall of the premises of Glenraig School. In the early months of 1925 the north-eastern extremity of the bing was alight and actively burning, and it was obvious that with the wind from the south-east, the school premises would be infested with the smoke and fumes from it. On 24th February, 1925, the wind being S.E., I visited Glenraig School and had no difficulty in declaring the conditions obtaining on the school premises as a nuisance in terms of the Public Health Act, 1897.

After examination of the bing in conjunction with John Paul, Esq., of Lochgelly Iron and Coal Company, it was arranged that the whole of the north end of the bing should be covered with incombustible material, and that in future redd likely to burn will be deposited on the eastern side of the bing at a considerable distance to the south of the school, the bing to be carried directly east and away from the school. The measures proposed appeared a reasonable and practical attempt to minimize and abate the nuisance, and have been so carried out as to warrant no further action.

In November, 1925, Fife Education Authority conveyed an intimation by Glenraig School Management Committee providing for the closure of the school on any day when the headmistress reported the presence of the fumes from the bing in the school. So far as I am aware there was no justification for the intimation, and I have no knowledge that, in the interval, the school has been closed. The subject of the bing may have arisen in connection with election matters.

## HOUSING.

The District Committee continues to pursue actively its housing programme. During 1925, the number of houses completed in accordance with the Government Regulations and qualifying for subsidy was 148, of which 139 were houses of three apartments, 7 were of four apartments, and 2 of five apartments. A beginning was made to 98 houses of the District Committee's Housing Scheme (Thornton, 40 houses; Glenraig, 30 houses; and Woodend, Cardenden, 28 houses).

The number of houses inspected under the several provisions of the Housing Act, 1925, and Public Health Act, 1897, was 442. Closing orders were made on four houses. Six houses were repaired and renovated without the issue of statutory notices. No house was repaired after the issue of a closing order.

The number of houses of which the owner complied with the intimation of insufficient water-closet accommodation and remedied the defect was 80: in two instances the work was carried out by the District Committee. The Local Authority consented to the erection of one two-apartment house only during 1925.

Forty-nine houses were after notice provided with gravitation water supply during the year, the work in two houses being undertaken by the District Committee. The housing return for the year has been submitted to the Board of Health.

### **MATERNITY SERVICE AND CHILD WELFARE.**

Annual reports of the health-visiting work, of inspections and returns under the Midwives Act, 1915, and of the work of the Health Visitors as Tuberculosis Nurses for 1925 have been submitted to the District Committee and the central Boards concerned.

The provisions of the Notification of Births Act, 1907, are well observed by medical practitioners and midwives throughout the District. Omissions to notify numbered ten only.

The cost of additional nourishment, etc., for 1925 amounted to £227 10s, the food supply being mainly milk and oatmeal. Practically the only medicine supplied is cod liver oil.

There was one change in the health-visiting staff, Nurse Elizabeth M'Callum being appointed in September to the eastern health-visiting area of the District vice Nurse Graham (resigned).

The motor-cycle transport facilities granted to the nurses in December, 1924, has added to efficiency in the performance of duties, and reduced the labour formerly involved by pedal-cycle.

**MATERNITY HOME, KIRKCALDY.**—Increasing use is being made of the facilities of the Home for necessitous women.

## MILK SUPPLY.

The number of dairymen within the District is 134, and the number of milk cows is 2,680. One dairy was struck off the register during the year.

Veterinary inspection of milk cows has been carried out twice a year for many years in Kirkcaldy District, the only County District which has in the past provided this safeguard.

General inspection was made of the dairies during the year, any defects being reported in order that the District Committee might be cognisant of the conditions in connection with the framing of dairy bye-laws under the Milk and Dairies Act, 1914.

Designated milks are sold within the District, the Buckhaven Co-operative Society and the Lochgelly Co-operative Society retailing pasteurised milk. Wemyss Castle Dairy produces and retails certified milk.

Prior to the end of 1925, the Dairies Sub-Committee had taken the necessary action to ensure the operation of the provisions of the Milk and Dairies Act, 1914, in so far as lay in their power, at the earliest possible moment.

## VITAL EVENTS.

During 1925, there were 1,164 births registered (male 605, female 559) : in 1924 there were 1,249 births. The birth-rate for 1925 (corrected for transfers) was 26.1 per 1,000 of 44,553.

Illegitimate births numbered 63 (male 25, female 38), the illegitimate birth-rate being 5.4 per cent. of the total births.

There were 203 marriages registered in the District, the crude marriage-rate being 4.6.

The deaths of infants under one year numbered 93, the infantile mortality-rate being 80. In 1924, this rate was 83. Only once has the infantile death-rate been lower, viz., in 1923, when the infant mortality-rate was 77 per 1,000 registered births.

The deaths from all causes were 480, the general death-rate, corrected for transfers and adjusted for age and sex distribution, being 12.0 per 1,000. In 1924 there were 491, and in 1923 there were 481 deaths. The death-rate from tuberculosis, 0.97 per 1,000, of which pulmonary tuberculosis was responsible for 0.61 per 1,000.

# St. Andrews District.

## INFECTIOUS DISEASES.

During 1925, 97 notifications of infectious diseases were registered:—Typhoid fever, 3; scarlet fever, 46; diphtheria, 19; ophthalmia neonatorum, 1; pneumonia, 9; pulmonary tuberculosis, 14; and non-pulmonary tuberculosis, 5.

There were 102 notifications of infectious diseases received in 1924, and 65 in 1923.

The nature of the cases removed for institutional treatment was:—Typhoid fever, 3; scarlet fever, 45; diphtheria, 19; pneumonia, 1; and pulmonary tuberculosis, 3; a total of 71. The patients suffering from tuberculosis were treated at Glenlomond, those suffering from other infectious diseases at Ovenstone and St Michael's Hospitals.

In terms of Regulations issued in December, 1925 by the Board of Health, the diseases known as infantile paralysis, polio-encephalitis and encephalitis lethargica (sleepy sickness) became notifiable throughout Scotland from 1st January, 1926. All medical practitioners practising within the landward area were notified of the additions to the notifiable list of diseases.

Special investigations were undertaken at Colinsburgh and New Gilston of scarlatinal outbreaks, and at Denork for diphtheria. The schools implicated were visited, and the scholars examined individually: homes were visited and all contacts examined. The benefit of such investigation was well illustrated by the number of missed and unsuspected cases brought to light.

An outbreak of virulent diphtheria in a large school in St Andrews Burgh cast suspicion on a dairy farm within the landward area, whence the school drew the great volume of its milk supply. Repeated visits were made to the dairy farm, the dairy personnel, and all in any way connected with the farm, inclusive of dependents, being examined and swabbed. Nothing justifying the inference that the milk from the farm was the vehicle of infection resulted from these investigations. Diphtheria had occurred in the school prior to the vacation, cases occurring forthwith on the return and re-assembly of the pupils: a case had also occurred during the vacation in a pupil elsewhere than St Andrews.

ST MICHAEL'S INFECTIOUS DISEASES HOSPITAL.—The Committee resolved, in view of the difficulty and delay in obtaining horses for the transport of the ambulance, to provide a motor ambulance: thi

was on order at the close of the year. All fever hospitals in the County furnishing accommodation for patients from landward areas are possessed of motor ambulances, with the exception of Ovenstone Hospital.

**OVENSTONE INFECTIOUS DISEASES HOSPITAL.**—Miss Newbigging was appointed Matron vice Miss M'Creath resigned, and has carried out her new duties well and with satisfaction to the Committee.

### **BUILDING BYE-LAWS.**

The sets of plans examined, criticised and reported upon during 1925 comprised proposals to erect twenty-three new houses (three of two apartments, eleven of three apartments, six of four apartments and three of over four apartments), and to alter and add to twenty-nine existing houses. Proposals in respect of premises other than for housing purposes involved four new erections and alterations and additions to five existing buildings.

The adoption of new building bye-laws, framed on similar lines to those already approved of for Cupar and Kirkcaldy Districts, was under the consideration of the District Committee at the close of the year.

### **HOUSING.**

Under the Housing (Inspection of District) Regulations, 1910, eleven properties were examined, nine of which being found defective, were reported to their various proprietors, who put them into a state of reasonable repair without further action being required.

Twenty-seven houses were the subject of notice to provide them with an adequate water supply in terms of Section 40 (1) of the Housing Act, 1919: fifteen of these houses were supplied with an adequate supply of water by the owners on receipt of notice, whilst twelve houses were still awaiting supply at the close of the year.

Attention was drawn to the number of houses within the District without reasonable sanitary conveniences in 1924, and an attempt to deal with the matter has been commenced by the District Committee at St Monance and Lower Largo. Statistics as to the number of water-closets and sinks required to meet the needs of the deficient properties were being compiled at the close of the year.

In terms of the District Committee's Scheme under the Housing, etc., Act, 1923, six sets of plans were examined for subsidy purposes, all being for houses of three or four apartments.

During 1925 the number of houses completed in accord with the Government Regulations, and qualifying for subsidy, was twenty-seven.

### **WORKSHOPS.**

The workshops and workplaces were visited from time to time during the year, and were found to be in reasonable sanitary condition.

### **SLAUGHTER-HOUSES.**

The four licenced slaughter-houses within the District, all privately owned, were visited from time to time, and were clean and in reasonable repair.

### **BYE-LAWS—SEASONAL WORKERS.**

The bye-laws regulating the housing of seasonal workers were after modification of the standard of air-space per head finally approved, and came into force on 2nd November, 1925.

### **SCHOOL CLOSURE.**

Owing to the outbreak of measles, the public school at Dunino was closed for five days with a view to prevention of the further spread of infection. All departments of the school were closed.

### **COLINSBURGH GAS SUPPLY.**

At the end of January, 1925, complaint was received of the bad quality of the gas supplied in Colinsburgh as a result of the insufficient removal of sulphuretted hydrogen from faulty purification. The defect was remedied forthwith on representation to the Gas Company.

The complaints were renewed in November, 1925, the gas, I understand, having proved very satisfactory in the interval, and were again remedied forthwith on report to the Gas Company. The Colinsburgh undertaking is a small one, and it is not difficult to imagine conditions in which mistakes will readily occur. The Gas Regulation Act, 1920, does not apparently deal with such small concerns. Probably complainers in such instances will only be able to obtain redress for any damage they may suffer by way of civil action.

## MATERNITY SERVICE AND CHILD WELFARE.

The District continues to be served by two health-visitors, Nurse Brown in the northern district, and Nurse Bruce in the southern district replacing, from 1st September, Nurse Macintosh resigned.

Notification of births was satisfactory, there being but five omissions in 323 births registered during the year.

There were only two grants of additional nourishment during 1925, at a cost of £2 10s 9½d.

There were six certified midwives practising within the District during the year: inspection from time to time revealed that they were observing the requirements of the Rules of the Central Midwives Board.

Annual reports on the work of the Health Visitors, and in terms of the Midwives Act, have been submitted to the Authorities concerned.

## MILK AND DAIRIES ACT, 1914.

All necessary procedure to ensure in due course the operation of the Milk and Dairies Act had been taken by the District Committee prior to the end of 1925.

## VITAL EVENTS.

There were registered during the year 252 births (male 143, female 109), as compared with 279 during 1924. The birth-rate, corrected for transfers, was 16.9 per 1,000 of an estimated population of 14,873.

There were 21 illegitimate births, being 8.3 per cent. of the total births.

There were 13 deaths of infants under one year, equivalent to an infantile mortality of 52. Of the infant deaths, two were illegitimate.

The marriages registered were 65, the uncorrected marriage-rate being 4.4 per 1,000.

The deaths from all causes numbered 170 (male 83, female 87), the corrected and adjusted death-rate being 9.8 per 1,000. The death-rate from all tuberculosis was 1.21, while that from pulmonary tuberculosis was 0.87 per 1,000.



## Sale of Food and Drugs Acts.

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During the year 1925, six hundred and thirty-four samples of food and drugs were taken by the County Sampling Officers under my direction as Chief Sampling Officer, and analysed and reported upon by the County Analyst. Of these, six hundred and six were official samples, and twenty-eight were test samples. On analysis thirty-four official samples and five test samples were found not to be of the nature and substance of the article demanded. The nature and number of the adulterated official samples were milk twenty-seven, whisky six, and salt butter one; the adulterated test samples were milk four and whisky one.

Of the vendors of the thirty-four adulterated official samples, two were not charged with the offence, two cases were dropped, three cases were departed from on payment of expenses, two were found not guilty and one not proven, four were warned, nineteen were fined in sums varying from £1 to £5, a total of £55, while one duly found guilty was absolved from fine on payment of £2 of expenses.

The following statement sets forth the work undertaken under the Acts by the sampling officers of the four County Districts:—

**CUPAR DISTRICT.**—Official samples forty-five, of which one was adulterated: test samples seven, of which two were adulterated: fifty-two samples in all.

**BURGHES IN CUPAR DISTRICT.**—Official samples eighty-nine, of which eleven were adulterated: test samples four, of which one was adulterated: ninety-three samples in all.

Total samples taken, therefore, numbered one hundred and forty-five, of which one hundred and thirty-four were official, and eleven were test samples.

**DUNFERMLINE DISTRICT.**—Official samples sixty-one, of which three were adulterated: test samples two, both of which were adulterated, or sixty-three samples in all.

**BURGHES IN DUNFERMLINE DISTRICT.**—Official samples forty-four, of which one was adulterated: test samples two, both of which were genuine: forty-six samples in all.

Total samples taken, therefore, numbered one hundred and nine, of which one hundred and five were official and four were test samples.

**KIRKCALDY DISTRICT : WESTERN AREA.**—Official samples eighty-nine, of which five were adulterated : one test sample, genuine : ninety samples in all.

**BURGHES IN WESTERN AREA.**—Official samples thirty-six, all genuine : test samples nil.

The samples taken in the Western Area, therefore, numbered one hundred and twenty-six, of which but one was a test sample.

**CENTRAL AREA.**—Official samples twenty-four, all genuine : test samples nil.

**BURGHES IN CENTRAL AREA.**—Official samples seventy-six, of which six were adulterated : test samples nil.

The samples taken in the Central Area, therefore, numbered one hundred, all official.

**EASTERN AREA.**—Official samples seventy-four, of which three were adulterated : one test sample genuine. Seventy-five samples in all were taken.

**KIRKCALDY DISTRICT.**—Total samples taken, therefore, numbered three hundred and one, of which but two were test samples.

**ST ANDREWS DISTRICT.**—Official samples nine, of which one was adulterated : test samples nil.

**BURGHES IN ST ANDREWS DISTRICT.**—Official samples fifty-nine, of which three were adulterated : test samples eleven, all of which were genuine.

Total samples taken, therefore, numbered seventy-nine, of which sixty-eight were official and eleven were test samples.

Whisky	2	1	3
Tea	3	3	6
Sweets	1	1	2
Sugar	1	1	2
Pepper	2	2	4
Olive Oil	1	1	2
Honey	1	1	2
Ginger	1	1	2
Cream of Tartar	1	1	2
Cocoa	1	1	2
Cinnamon	2	2	4
Carolinian Oil	1	1	2
Butter (Salt)	1	1	2
Condensed Milk	1	1	2
Sw	1	1	2
Official	68	11	79
Total	31	1	32

## Tables of Samples and Results of their Analyses.

### CUPAR DIVISION.

#### COUNTY DISTRICT.

	OFFICIAL.				TEST.		
	Gen.	Adult	Total		Gen.	Adult	Total
Sweet Milk ...	32	1	33	Sweet Milk ...	4	2	6
Butter (Salt) ...	2	...	2	Skimmed Milk ...	1	...	1
Castor Oil ...	1	...	1				
Coffee (Liqueur) ...	1	..	1				
Cream of Tartar ...	2	...	2				
Ground Cloves ...	1	...	1				
Margarine ...	1	...	1				
Olive Oil ...	1	...	1				
Pepper (White) ...	1	...	1				
Sugar ...	1	...	1				
Tea ...	1	...	1				
<b>Total</b> ...	<b>44</b>	<b>1</b>	<b>45</b>	<b>Total</b> ...	<b>5</b>	<b>2</b>	<b>7</b>

The adulterated sample of Sweet Milk contained 2.45% of fat and 8.68% of non-fatty solids or 18.33% of added skimmed milk.

The above noted adulterated samples of Sweet Milk contained the following:—

Fat %	Non-Fatty Solids %	Total Milk Solids %
3.07	8.31	11.38
2.27	8.91	11.18

### AUCHTERMUCHTY BURGH.

	OFFICIAL.				TEST.		
	Gen.	Adult	Total		Gen.	Adult	Total
Sweet Milk ...	10	...	10	Whisky ...	...	1	1
Condensed Milk ...	1	...	1				
Butter (Salt) ...	2	...	2				
Camphorated Oil ...	1	...	1				
Cinnamon ...	2	...	2				
Cocoa ..	1	...	1				
Cream of Tartar ...	1	...	1				
Ginger ...	1	...	1				
Honey ...	1	...	1				
Olive Oil ...	1	...	1				
Pepper ...	2	...	2				
Sugar ..	1	...	1				
Sweets ...	1	...	1				
Tea ...	3	...	3				
Whisky ...	2	1	3				
<b>Total</b> ...	<b>30</b>	<b>1</b>	<b>31</b>	<b>Total</b> ...	<b>...</b>	<b>1</b>	<b>1</b>

FALKLAND BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total
Sweet Milk ..	12	4	16
Condensed Milk ...	1	...	1
Corn Flour ...	1	...	1
Tea ...	1	...	1
Tomato Extract ...	1	...	1
Whisky ...	1	3	4
<b>Total ...</b>	<b>17</b>	<b>7</b>	<b>24</b>

The above noted adulterated samples of Sweet Milk contained the following :—

Fat %	Non-Fatty	Added	Added
	Solids	Skimmed	Water
	%	Milk %	%
2.35	8.70	21.66	...
2.43	8.95	19.00	...
2.66	8.90	11.33	...
2.76	8.83	8.00	...

TEST.

	Gen.	Adult.	Total
Sweet Milk ...	12	4	16
Condensed Milk ...	1	...	1
Corn Flour ...	1	...	1
Tea ...	1	...	1
Tomato Extract ...	1	...	1
Whisky ...	1	3	4
<b>Total ...</b>	<b>17</b>	<b>7</b>	<b>24</b>

The above noted adulterated samples of Sweet Milk contained the following :—

Fat %	Non-Fatty Solids %	Added Skimmed Milk %	Added Water %
2.35	8.70	21.66	...
2.43	8.95	19.00	...
2.66	8.90	11.33	...
2.76	8.83	8.00	...

LADYBANK BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total
Sweet Milk ...	12	...	12
Jelly (Gooseberry) ...	1	...	1
Pepper ...	1	...	1
Spice (Mixed) ...	1	...	1
Whisky ...	2	...	2
Vine (Ginger) ...	1	...	1
<b>Total ...</b>	<b>18</b>	<b>...</b>	<b>18</b>

TEST.

	Gen.	Adult.	Total
Sweet Milk ...	12	...	12
Jelly (Gooseberry) ...	1	...	1
Pepper ...	1	...	1
Spice (Mixed) ...	1	...	1
Whisky ...	2	...	2
Vine (Ginger) ...	1	...	1
<b>Total ...</b>	<b>18</b>	<b>...</b>	<b>18</b>

NEWBURGH BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total
Sweet Milk ...	13	2	15
Whisky ...	...	1	1
<b>Total ...</b>	<b>13</b>	<b>3</b>	<b>16</b>

TEST

	Gen.	Adult.	Total
Sweet Milk ...	3	...	3
<b>Total ...</b>	<b>3</b>	<b>...</b>	<b>3</b>

The above noted adulterated samples of Sweet Milk contained the following :—

Fat %	Non-Fatty	Added	Added
	Solids	Skimmed	Water
	%	Milk %	%
2.01	8.99	33.00	...
2.22	8.88	26.00	...

	Gen.	Adult.	Total
Sweet Milk ...	3	...	3
<b>Total ...</b>	<b>3</b>	<b>...</b>	<b>3</b>

## DUNFERMLINE DIVISION.

### COUNTY DISTRICT.

	OFFICIAL.		
	Gen.	Adult.	Total
Sweet Milk ...	51	3	54
Beer ...	2	...	2
Butter (Fresh) ...	2	...	2
Butter (Salt) ...	1	...	1
Whisky ...	2	...	2
<b>Total ...</b>	<b>58</b>	<b>3</b>	<b>61</b>

The above noted adulterated samples of Sweet Milk contained the following:—

Fat %	Non-Fatty	Added	Added
	Solids	Skimmed	Water
	%	Milk %	%
2.34	8.90	22.00	...
2.88	8.80	4.00	...
2.56	8.62	14.66	...

	TEST.		
	Gen.	Adult.	Total
Sweet Milk ...	...	2	2
<b>Total ...</b>	<b>...</b>	<b>2</b>	<b>2</b>

The above noted samples of Sweet Milk contained the following:—

Fat %	Non-Fatty	Total
	Solids	Milk Solids
	%	%
2.56	8.35	10.91
3.59	7.51	11.10

### COWDENBEATH BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total
Sweet Milk ...	33	...	33
Butter (Salt) ...	2	...	2
Whisky ...	3	1	4
<b>Total ...</b>	<b>38</b>	<b>1</b>	<b>39</b>

	TEST.		
	Gen.	Adult.	Total
Butter (Salt) ...	...	2	2
<b>Total ...</b>	<b>...</b>	<b>2</b>	<b>2</b>

### CULROSS BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total
Sweet Milk ...	1	...	1
Butter (Salt) ...	1	...	1
Cocoa ...	1	...	1
Rum ...	1	...	1
Whisky ...	1	...	1
<b>Total ...</b>	<b>5</b>	<b>...</b>	<b>5</b>

	TEST.		
	Gen.	Adult.	Total
Sweet Milk ...	...	...	...
Butter (Salt) ...	...	...	...
Cocoa ...	...	...	...
Rum ...	...	...	...
Whisky ...	...	...	...
<b>Total ...</b>	<b>...</b>	<b>...</b>	<b>...</b>

# KIRKCALDY DIVISION.

## COUNTY DISTRICT.

	OFFICIAL.		
	Gen.	Adult.	Total
Sweet Milk ...	129	7	136
Butter (Fresh) ...	3	...	3
Butter (Salt) ...	13	1	14
Lamporated Oil ...	2	...	2
Cinnamon ...	3	...	3
Cream of Tartar ...	2	...	2
Fruit Salad ...	1	...	1
Margarine ...	9	...	9
Olive Oil ...	2	...	2
Peaches (Tinned) ..	1	...	1
Pears (Tinned) ...	1	...	1
Pepper (White) ..	9	...	9
Sponge Cake ...	1	...	1
Whisky ...	3	...	3
<b>Total</b> ...	<b>179</b>	<b>8</b>	<b>187</b>

	TEST.		
	Gen.	Adult.	Total
Sweet Milk ...	2	...	2
<b>Total</b> ...	<b>2</b>	<b>...</b>	<b>2</b>

The above noted adulterated samples of Sweet Milk contained the following :—

Fat %	Non-Fatty Solids %	Added Skimmed Milk %	Added Water %
2.52	8.72	16.00	...
2.82	8.86	6.00	...
2.88	8.79	4.00	..
2.91	9.02	3.00	...
2.50	9.09	16.66	...
2.84	8.51	5.33	...
2.82	8.84	6.00	...

## LESLIE BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total
Sweet Milk ...	13	1	14
<b>Total</b> ...	<b>13</b>	<b>1</b>	<b>14</b>

	TEST.		
	Gen.	Adult.	Total
Sweet Milk ...	...	...	...

The adulterated sample of Sweet Milk contained 2.92% of fat and 8.16% of non-fatty solids or 4.00% of added water.

LEVEN BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total
Sweet Milk ..	39	5	44
Butter (Salt) ...	1	...	1
Cream of Tartar ...	1	...	1
Fish Paste ...	1	...	1
Margarine ...	1	...	1
Pepper (White) ...	1	...	1
Whisky ...	4	...	4
<b>Total</b> ...	<b>48</b>	<b>5</b>	<b>53</b>

The above noted adulterated samples of Sweet Milk contained the following:—

Fat %	Non-Fatty	Added	Added
	Solids %	Skimmed Milk %	Water %
2.70	8.50	10.00	...
2.73	8.59	9.00	...
3.35	8.07	...	5.05
3.39	8.01	...	5.76
3.62	8.18	...	3.76

TEST.  
Gen. Adult. Total

LOCHGELLY BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total
Sweet Milk ...	24	...	24
Butter (Salt) ...	3	..	3
Camphorated Oil ...	1	...	1
Margarine ...	2	...	2
Olive Oil ...	1	...	1
Sugar ...	2	...	2
Whisky ...	3	...	3
<b>Total</b> ...	<b>36</b>	<b>...</b>	<b>36</b>

TEST.  
Gen. Adult. Total

MARKINCH BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total
Sweet Milk ...	9	...	9
<b>Total</b> ...	<b>9</b>	<b>...</b>	<b>9</b>

TEST.  
Gen. Adult. Total

## ST. ANDREWS DIVISION.

## COUNTY DISTRICT.

	OFFICIAL.		
	Gen.	Adult.	Total
Sweet Milk ...	8	1	9
<b>Total</b> ...	<b>8</b>	<b>1</b>	<b>9</b>

The adulterated sample of Sweet Milk obtained 2.89 % of fat and 8.55% of non-fatty solids or 3.66% of added skimmed milk.

	TEST.		
	Gen.	Adult.	Total
...	...	...	...

## EAST ANSTRUTHER BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total
Sweet Milk ...	3	...	3
<b>Total</b> ...	<b>3</b>		<b>3</b>

	TEST.		
	Gen.	Adult.	Total
Cinnamon ...	1	...	1
Coffee Essence ...	2	...	2
Meat Paste ..	2	...	2
Polony ...	1	...	1
Sauce ...	1	...	1
<b>Total</b> ...	<b>7</b>		<b>7</b>

## WEST ANSTRUTHER BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total
Sweet Milk ...	2	...	2
<b>Total</b> ...	<b>2</b>		<b>2</b>

	TEST.		
	Gen.	Adult.	Total
Coffee Essence ..	1	...	1
Meat Paste ...	1	...	1
Sauce ...	1	...	1
Sponge ...	1	...	1
<b>Total</b> ...	<b>4</b>		<b>4</b>

## ELIE BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total
Sweet Milk ..	9	2	11
<b>Total</b> ...	<b>9</b>	<b>2</b>	<b>11</b>

	TEST.		
	Gen.	Adult.	Total
...	...	...	...

The above noted adulterated samples of Sweet Milk contained the following:—

Fat %	Non-Fatty Solids %	Added Skimmed Milk %	Added Water %
2.10	9.30	30.00	...
2.50	9.06	16.66	...



## KILRENNY BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total
Sweet Milk ...	4	...	4
Total ...	<u>4</u>	...	<u>4</u>

TEST.  
Gen. Adult. Total

## NEWPORT BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total
Sweet Milk ..	21	...	21
Total ...	<u>21</u>	...	<u>21</u>

TEST.  
Gen. Adult. Total

## PITTENWEEM BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total
Sweet Milk ...	3	...	3
Total ...	<u>3</u>	...	<u>3</u>

TEST.  
Gen. Adult. Total

## TAYPORT BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total
Sweet Milk ...	13	1	14
Skimmed Milk ..	1	...	1
Total ...	<u>14</u>	1	<u>15</u>

TEST.  
Gen. Adult. Total

The adulterated sample of Sweet Milk contained 2.55% of fat and 8.50% of non-fatty solids or 15.00% of added skimmed milk.

E-Return of Cases of INFECTIOUS DISEASE notified, &c., during the year ending 31st December, 1925

Population Census 1921-16,418; Population estimated to middle of 1925-16,101

COUNTY OF FIFE DISTRICT OF CUPAR

NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER

### COUNTY OF FIFE

At Age—Years	Males					Females				
	0-4	5-9	10-14	15-19	20-24	0-4	5-9	10-14	15-19	20-24
0-4	1	1	1	1	1	1	1	1	1	1
5-9	1	1	1	1	1	1	1	1	1	1
10-14	1	1	1	1	1	1	1	1	1	1
15-19	1	1	1	1	1	1	1	1	1	1
20-24	1	1	1	1	1	1	1	1	1	1
25-29	1	1	1	1	1	1	1	1	1	1
30-34	1	1	1	1	1	1	1	1	1	1
35-39	1	1	1	1	1	1	1	1	1	1
40-44	1	1	1	1	1	1	1	1	1	1
45-49	1	1	1	1	1	1	1	1	1	1
50-54	1	1	1	1	1	1	1	1	1	1
55-59	1	1	1	1	1	1	1	1	1	1
60-64	1	1	1	1	1	1	1	1	1	1
65-69	1	1	1	1	1	1	1	1	1	1
70-74	1	1	1	1	1	1	1	1	1	1
75-79	1	1	1	1	1	1	1	1	1	1
80-84	1	1	1	1	1	1	1	1	1	1
85-89	1	1	1	1	1	1	1	1	1	1
90-94	1	1	1	1	1	1	1	1	1	1
95-99	1	1	1	1	1	1	1	1	1	1
Total	10	10	10	10	10	10	10	10	10	10

# 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, 1925

Population, Census 1921—15,418 ; Population estimated to middle of 1925—15,101

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			
<b>A—DISEASES SPECIFIED IN THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889</b>											
Typhoid or Enteric Fever ...	1	...	...	...	...	1	...	...	1	...	
Scarlet Fever or Scarlatina	59	...	6	35	13	4	1	...	53	6	
Diphtheria and Membranous Croup ...	7	...	1	4	2	..	...	...	7	...	
Erysipelas ...	8	...	...	...	...	3	5	...	...	8	
Puerperal Fever ...	1	...	...	...	1	...	...	...	...	1	
Total ...	76	...	7	39	16	8	6	...	61	15	
<b>B—DISEASES NOTIFIABLE IN TERMS OF REGULATIONS MADE UNDER SECTION 78 OF THE PUBLIC HEALTH (SCOTLAND) ACT, 1897</b>											
Acute Primary Pneumonia ..	11	1	3	1	1	2	2	1	..	11	
Acute Influenzal Pneumonia	2	..	...	...	...	...	..	2	...	2	
Pulmonary Tuberculosis ...	7	...	...	1	2	1	3	...	1	6	
Non-Pulmonary Tuberculosis	7	...	2	3	1	1	...	...	1	6	
Total of A and B	103	1	12	44	20	12	11	3	63	40	
<b>C—DISEASES TO WHICH THE PROVISIONS OF THE INFECTIOUS DISEASE (NOTIFICATION) ACT HAVE BEEN EXTENDED BY THE LOCAL AUTHORITY</b>											
<i>Nil</i>											
<b>D—NOTIFIED UNDER LOCAL PROVISIONS NOT UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889</b>											
<i>Nil</i>											

Cases notified in previous year removed to Hospital for first time during 1925

Name of Hospital or Hospitals in which Cases were treated—

Auchtermuchty Joint Infectious Diseases Hospital.  
St. Michael's Joint Infectious Diseases Hospital.  
Glenlomond Sanatorium.

II.—Return of Cases of DEATHS registered during the year ending 31st December, 1925.

DISTRICT OF CUPAR.

	Numbers Registered in District	Transfers		Corrected Number		
		Out	In	Both Sexes	Males	Females
Total Births (including Illegit'e)	219	10	14	223	109	114
Illegitimate Births .. .. .	17	1	3	19	8	11
Marriages .. .. .	74	..	..	..	..	..
Deaths .. .. .	255	76	32	211	100	111

PRINCIPAL RATES PER 1000 OF ESTIMATED POPULATION

	Uncorrected	Corrected for Transfers	Corrected for Transfers and adjusted for Age and Sex Distribution
Birth-rate .. .. .	14.5	14.8	..
Illegitimate Birth-rate per 100 Total Births .. .. .	..	8.5	..
Marriage-rate .. .. .	4.9	..	..
Death-rate—All Causes .. .. .	16.9	14.0	10.7
Do. —All Tuberculosis .. .. .	..	0.60	..
Do. —Tuberculosis of Respiratory System .. .. .	..	0.46	..
Do. —Principal Epidemic Diseases .. .. .	..	0.33	..
Infantile Mortality Rate (Deaths under One Year per 1000 Births) .. .. .	..	63	..

CAUSES OF DEATH (CORRECTED FOR TRANSFERS)

CAUSES OF DEATH	All Ages			AGE												
	Both Sexes	M	F	-1	1-5	5-10	10-15	15-25	25-35	35-45	45-55	55-65	65-75	75 up		
Measles .. .. .	1	1	..	..	1	..	..	..	..	..	..	..	..	..		
Scarlet Fever .. .. .	2	2	..	..	..	2	..	..	..	..	..	..	..	..		
Whooping-cough .. .. .	1	1	..	..	1	..	..	..	..	..	..	..	..	..		
Influenza .. .. .	4	1	3	..	..	..	..	1	..	..	3	..	..	..		
Cerebro-spinal Meningitis .. .. .	1	..	1	..	1	..	..	..	..	..	..	..	..	..		
Tuberculosis of Respiratory System .. .. .	7	3	4	..	..	1	3	..	2	1	..	..	..	..		
Tuberculosis Meningitis .. .. .	1	1	..	..	1	..	..	..	..	..	..	..	..	..		
Other Tuberculous Disease .. .. .	1	1	..	..	..	..	..	..	..	..	..	..	1	..		
Malignant Tumours .. .. .	21	11	10	..	..	..	..	1	1	4	4	8	3	..		
Meningitis (not Cer. Spin. or Tuberc.) .. .. .	1	..	1	..	1	..	..	..	..	..	..	..	..	..		
Apoplexy .. .. .	25	12	13	..	..	..	1	..	..	2	9	9	4	..		
Heart Disease .. .. .	26	13	13	..	..	..	..	1	2	5	9	6	3	..		
Disease of Arteries .. .. .	4	3	1	..	..	..	..	..	1	..	1	2	..	..		
Bronchitis .. .. .	13	5	8	..	..	..	..	..	..	1	5	6	1	..		
Pneumonia (all forms) .. .. .	9	5	4	3	1	..	1	1	..	..	1	2	..	..		
Other Diseases of Respiratory System .. .. .	4	1	3	..	1	..	..	..	1	..	1	1	..	..		
Diarrhoea and Enteritis (under 2 years) .. .. .	1	..	1	1	..	..	..	..	..	..	..	..	..	..		
All Diseases of Liver (not Malignant) .. .. .	2	..	2	..	..	..	..	..	1	..	1	..	..	..		
Nephritis, Acute and Chronic .. .. .	7	3	4	..	1	..	1	..	..	3	..	1	1	..		
Other Dis. and Acc. of Preg. and Parturition .. .. .	1	..	1	..	..	..	..	1	..	..	..	..	..	..		
Dis. of Early Infancy and Malformations .. .. .	8	6	2	8	..	..	..	..	..	..	..	..	..	..		
Suicide .. .. .	2	1	1	..	..	..	..	..	1	..	..	1	..	..		
Other Violent Deaths .. .. .	11	7	4	..	1	..	2	1	1	..	5	..	1	..		
Other Defined Diseases .. .. .	51	20	31	2	2	..	3	2	2	1	2	13	16	8		
Causes Ill-defined or Unknown... .. .	7	3	4	..	..	1	..	..	..	..	3	1	2	..		
ALL CAUSES .. .. .	211	100	111	14	6	5	4	10	7	6	13	26	52	17		

I.—Return of Cases of INFECTIOUS DISEASE notified, &c.,  
during the year ending 31st December, 1925.

Population, Census 1921—34,870 ; Population estimated to middle of 1925—36,006

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		
<b>A—DISEASES SPECIFIED IN THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889</b>										
Typhoid or Enteric Fever ...	2	...	...	1	1	...	..	...	1	1
Scarlet Fever or Scarlatina	163	1	32	113	13	2	2	...	153	10
Diphtheria and Membranous Croup ... ..	35	...	9	18	5	3	...	...	33	2
Erysipelas ... ..	34	...	1	4	6	11	10	2	...	34
Puerperal Fever ... ..	5	...	...	...	2	3	...	...	1	4
<b>Total ... ..</b>	<b>239</b>	<b>1</b>	<b>42</b>	<b>136</b>	<b>27</b>	<b>19</b>	<b>12</b>	<b>2</b>	<b>188</b>	<b>51</b>
<b>B—DISEASES NOTIFIABLE IN TERMS OF REGULATIONS MADE UNDER SECTION 78 OF THE PUBLIC HEALTH (SCOTLAND) ACT, 1897</b>										
Ophthalmia Neonatorum ...	32	32	...	...	...	...	...	...	...	32
Infective Jaundice ... ..	1	...	...	...	...	1	...	...	...	1
Acute Primary Pneumonia	44	5	14	7	14	2	2	...	1	43
Acute Influenzal Pneumonia	3	...	...	...	1	1	..	1	1	2
Pulmonary Tuberculosis ...	42	...	2	10	13	12	4	1	28	14
Non-Pulmonary Tuberculosis	43	3	15	15	4	4	2	...	10	33
<b>Total of A and B</b>	<b>404</b>	<b>41</b>	<b>73</b>	<b>168</b>	<b>59</b>	<b>39</b>	<b>20</b>	<b>4</b>	<b>228</b>	<b>176</b>
<b>C—DISEASES TO WHICH THE PROVISIONS OF THE INFECTIOUS DISEASE (NOTIFICATION) ACT HAVE BEEN EXTENDED BY THE LOCAL AUTHORITY</b>										
Cerebro-spinal Meningitis ...	2	...	...	1	1	...	...	...	1	1
<b>D—NOTIFIED UNDER LOCAL PROVISIONS, NOT UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889</b>										
<i>Nil.</i>										

Cases notified in previous year removed to Hospital for the first time during 1925

Name of Hospital or Hospitals in which Cases were treated—

Dunfermline District Joint Infectious Diseases Hospital ; Glenlomond Sanatorium ; Dunfermline Combination Poorhouse Hospital.

## II.—Return of Cases of DEATHS registered during the year ending 31st December, 1925.

### DISTRICT OF DUNFERMLINE.

	Numbers Registered in District	Transfers		Corrected Number		
		Out	In	Both Sexes	Males	Females
Total Births (including Illegit'e)	725	19	57	763	403	360
Illegitimate Births .. .. .	42	5	11	48	24	24
Marriages .. .. .	221	..	..	..	..	..
Deaths .. .. .	337	21	58	374	209	165

#### PRINCIPAL RATES PER 1000 OF ESTIMATED POPULATION

	Uncorrected	Corrected for Transfers	Corrected for Transfers and adjusted for Age and Sex Distribution
Birth-rate .. .. .	20.1	21.2	..
Illegitimate Birth-rate per 100 Total Births .. .. .	..	6.3	..
Marriage-rate .. .. .	6.1	..	..
Death-rate—All Causes .. .. .	9.4	10.4	11.4
Do. —All Tuberculosis .. .. .	..	0.72	..
Do. —Tuberculosis of Respiratory System .. .. .	..	0.47	..
Do. —Principal Epidemic Diseases .. .. .	..	0.78	..
Infantile Mortality Rate (Deaths under One Year per 1000 Births) .. .. .	..	84	..

#### CAUSES OF DEATH (CORRECTED FOR TRANSFERS)

CAUSES OF DEATH	All Ages			AGE												
	Both Sexes	M	F	-1	1-5	5-10	10-15	15-25	25-35	35-45	45-55	55-65	65-75	75-86 up		
Enteric Fever .. .. .	1	1	..	..	..	..	1	..	..	..	..	..	..	..		
Measles .. .. .	9	4	5	3	6	..	..	..	..	..	..	..	..	..		
Scarlet Fever .. .. .	1	1	..	..	1	..	..	..	..	..	..	..	..	..		
Whooping-cough .. .. .	7	5	2	4	3	..	..	..	..	..	..	..	..	..		
Diphtheria .. .. .	1	..	1	..	1	..	..	..	..	..	..	..	..	..		
Influenza .. .. .	5	2	3	..	1	..	..	1	1	1	..	..	1	..		
Encephalitis Lethargica .. .. .	2	2	..	..	1	..	..	..	..	..	..	1	..	..		
Cerebro-spinal Meningitis .. .. .	2	2	..	..	..	1	1	..	..	..	..	..	..	..		
Other Epidemic Diseases .. .. .	3	1	2	1	..	..	1	..	1	..	..	..	..	..		
Tuberculosis of Respiratory System .. .. .	17	9	8	..	1	..	1	6	5	3	1	..	..	..		
Tuberculous Meningitis .. .. .	2	2	..	..	..	2	..	..	..	..	..	..	..	..		
Tuberculosis of Intestines & Peritoneum .. .. .	3	..	3	1	1	..	..	..	..	..	..	1	..	..		
Other Tuberculous Disease .. .. .	4	2	2	1	1	..	..	..	1	..	1	..	..	..		
Malignant Tumours .. .. .	39	21	18	..	..	..	..	..	1	4	11	17	5	1		
Rheumatic Fever .. .. .	1	..	1	..	..	..	..	..	1	..	..	..	..	..		
Meningitis (not Cer. Spin. or Tuberc.) .. .. .	5	3	2	1	3	1	..	..	..	..	..	..	..	..		
Apoplexy .. .. .	34	17	17	..	..	..	..	..	2	3	6	16	7	..		
Heart Disease .. .. .	35	21	14	..	1	..	..	2	2	1	3	9	11	6		
Diseases of Arteries .. .. .	2	2	..	..	..	..	..	..	..	..	..	2	..	..		
Bronchitis .. .. .	19	9	10	2	2	..	..	..	2	1	6	1	3	2		
Pneumonia (all forms) .. .. .	22	12	10	12	5	..	1	..	..	1	2	1	..	..		
Other Diseases of Respiratory System .. .. .	3	..	3	..	..	..	..	..	..	..	1	2	..	..		
Diarrhoea and Enteritis (under 2 years) .. .. .	9	6	3	8	1	..	..	..	..	..	..	..	..	..		
Appendicitis .. .. .	1	..	1	..	..	1	..	..	..	..	..	..	..	..		
Nephritis, Acute and Chronic .. .. .	9	4	5	..	1	..	..	..	1	4	..	1	1	1		
Other Dis. & Acc. of Preg. & Parturition .. .. .	3	..	3	..	..	..	..	1	2	..	..	..	..	..		
Dis. of Early Infancy and Malformations .. .. .	27	14	13	27	..	..	..	..	..	..	..	..	..	..		
Suicide .. .. .	3	3	..	..	..	..	..	1	1	..	..	..	..	1		
Other Violent Deaths .. .. .	22	19	3	..	3	2	..	3	2	4	1	2	2	1		
Other Defined Diseases .. .. .	78	44	34	3	7	..	2	3	5	3	5	6	22	14		
Causes ill-defined or Unknown .. .. .	5	3	2	1	..	..	..	..	..	1	1	2	..	..		
<b>ALL CAUSES</b> .. .. .	<b>374</b>	<b>209</b>	<b>165</b>	<b>64</b>	<b>37</b>	<b>5</b>	<b>8</b>	<b>17</b>	<b>17</b>	<b>24</b>	<b>25</b>	<b>45</b>	<b>79</b>	<b>38</b>		

I.—Return of Cases of **INFECTIOUS DISEASE** notified, &c.,  
during the year ending 31st December, 1925

Population, Census 1921—44,569; Population estimated to middle of 1925—44,553

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		
<b>A—DISEASES SPECIFIED IN THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889</b>										
Typhoid or Enteric Fever ...	10	...	1	4	3	1	1	...	10	...
Scarlet Fever or Scarlatina	94	...	18	55	16	4	...	1	91	3
Diphtheria and Membranous Croup ...	61	...	12	27	11	9	2	...	59	2
Erysipelas ...	34	...	2	...	5	16	10	1	6	28
Puerperal Fever ...	3	...	...	...	2	1	...	...	2	1
Total ...	202	...	33	86	37	31	13	2	168	34
<b>B—DISEASES NOTIFIABLE IN TERMS OF REGULATIONS MADE UNDER SECTION 78 OF THE PUBLIC HEALTH (SCOTLAND) ACT, 1897</b>										
Ophthalmia Neonatorum ...	8	8	...	...	...	...	...	...	...	8
Acute Primary Pneumonia ...	55	4	21	12	6	7	4	1	3	52
Acute Influenzal Pneumonia	7	...	...	...	3	2	2	...	1	6
Pulmonary Tuberculosis ...	66	...	1	11	24	21	7	2	32	34
Non-Pulmonary Tuberculosis	65	4	10	31	12	5	3	...	6	59
Total of A and B	403	16	65	140	82	66	29	5	210	193
<b>C—DISEASES TO WHICH THE PROVISIONS OF THE INFECTIOUS DISEASE (NOTIFICATION) ACT HAVE BEEN EXTENDED BY THE LOCAL AUTHORITY</b>										
Cerebro-spinal Meningitis ...	2	...	1	...	1	...	...	...	2	...
<b>D—NOTIFIED UNDER LOCAL PROVISIONS, NOT UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889</b>										
<i>Nil.</i>										

Case notified in a previous year & removed to Hospital for the first time during 1925

Name of Hospital or Hospitals in which Cases were treated—

Kirkcaldy District Joint Infectious Diseases Hospital; Kirkcaldy Cottage Hospital; Glenlmond Sanatorium.





I.—Return of Cases of **INFECTIOUS DISEASE** notified, &c., during  
the year ending 31st December, 1925.

Population, Census 1921—15,201 : Population estimated to middle of 1925—14,873

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		
<b>A—DISEASES SPECIFIED IN THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889</b>										
Typhoid or Enteric Fever ..	3	...	...	...	1	1	...	1	3	...
Scarlet Fever or Scarlatina	46	...	8	30	6	2	...	...	45	1
Diphtheria and Membranous Croup ... ..	19	...	3	6	5	5	...	...	19	...
<b>Total ... ..</b>	<b>68</b>	...	<b>11</b>	<b>36</b>	<b>12</b>	<b>8</b>	...	<b>1</b>	<b>67</b>	<b>1</b>
<b>B—DISEASES NOTIFIABLE IN TERMS OF REGULATIONS MADE UNDER SECTION 78 OF THE PUBLIC HEALTH (SCOTLAND) ACT, 1897</b>										
Ophthalmia Neonatorum ...	1	1	..	..	...	...	..	...	...	1
Acute Primary Pneumonia	9	1	3	..	2	...	2	1	1	8
Pulmonary Tuberculosis ...	14	...	...	3	5	4	2	..	3	11
Non-Pulmonary Tuberculosis	5	...	1	2	...	2	...	...	...	5
<b>Total of A and B</b>	<b>97</b>	<b>2</b>	<b>15</b>	<b>41</b>	<b>19</b>	<b>14</b>	<b>4</b>	<b>2</b>	<b>71</b>	<b>26</b>
<b>C—DISEASES TO WHICH THE PROVISIONS OF THE INFECTIOUS DISEASE (NOTIFICATION) ACT HAVE BEEN EXTENDED BY THE LOCAL AUTHORITY</b>										
<i>Nil</i>										
<b>D—NOTIFIED UNDER LOCAL PROVISIONS, NOT UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889</b>										
<i>Nil</i>										

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Name of Hospital or Hospitals in which Cases were treated—

Ovenstone Joint Infectious Diseases Hospital.  
St. Michael's Joint Infectious Diseases Hospital  
Glenlomonð Sanatorium.

## II. - Return of Cases of DEATHS registered during the year ending 31st December, 1925

### DISTRICT OF ST. ANDREWS

	Numbers Registered in District	Transfers		Corrected Number		
		Out	In	Both Sexes	Males	Females
Total Births (including illegit'e)	249	13	16	252	143	109
Illegitimate Births .. ..	18	1	4	21	12	9
Marriages .. .. .	65	..	..	..	..	..
Deaths .. .. .	152	7	25	170	83	87

#### PRINCIPAL RATES PER 1000 OF ESTIMATED POPULATION

	Uncorrected	Corrected for Transfers	Corrected for Transfers and adjusted for Age and Sex Distribution
Birth-rate .. .. .	16.7	16.9	..
Illegitimate Birth-rate per 100 Total Births .. ..	..	8.3	..
Marriage-rate .. .. .	4.4	..	..
Death-rate- All Causes .. .. .	10.2	11.4	9.8
Do. -All Tuberculosis .. .. .	..	1.21	..
Do. -Tuberculosis of Respiratory System .. ..	..	0.87	..
Do. -Principal Epidemic Diseases .. .. .	..	0.40	..
Infantile Mortality Rate (Deaths under One Year per 1000 Births) .. .. .	..	52	..

#### CAUSES OF DEATH (CORRECTED FOR TRANSFERS)

CAUSE OF DEATH	All Ages			AGE											
	Both Sexes	M	F	-1	1-5	5-10	10-15	15-25	25-35	35-45	45-55	55-65	65-75	75 up	
Enteric Fever .. .. .	1	..	1	..	..	..	..	..	..	..	..	..	..	..	
Measles .. .. .	1	1	..	1	..	..	..	..	..	..	..	..	..	..	
Scarlet Fever .. .. .	2	1	1	..	1	1	..	..	..	..	..	..	..	..	
Whooping-cough .. .. .	2	1	1	2	..	..	..	..	..	..	..	..	..	..	
Influenza .. .. .	4	2	2	1	..	..	..	2	..	..	..	1	..	..	
Tuberculosis of Respiratory System .. .. .	13	6	7	..	..	1	..	4	2	4	2	..	..	..	
Tuberculosis Meningitis .. .. .	4	1	3	1	..	1	2	..	..	..	..	..	..	..	
Other Tuberculous Disease .. .. .	1	1	..	..	..	..	1	..	..	..	..	..	..	..	
Malignant Tumours .. .. .	17	4	13	..	..	..	..	1	1	1	3	9	2	..	
Meningitis (not Cer. Spin. or Tuberc.) .. ..	1	1	..	..	1	..	..	..	..	..	..	..	..	..	
Apoplexy .. .. .	16	12	4	..	..	..	..	..	1	1	1	9	3	1	
Heart Disease .. .. .	25	12	13	..	..	..	1	..	1	1	5	10	7	..	
Diseases of Arteries .. .. .	5	2	3	..	..	..	..	..	..	..	..	1	2	2	
Bronchitis .. .. .	7	3	4	..	2	..	..	..	..	..	..	1	2	2	
Pneumonia (all forms) .. .. .	6	2	4	2	..	..	..	..	..	..	1	..	1	2	
Other Diseases of Respiratory System .. .. .	2	2	..	..	..	1	..	..	..	..	..	..	..	1	
Appendicitis .. .. .	1	1	..	..	..	..	1	..	..	..	..	..	..	..	
All Diseases of Liver (not Malignant) .. ..	2	..	2	..	..	..	..	..	..	..	..	1	1	..	
Nephritis, Acute and Chronic .. .. .	2	1	1	..	..	..	..	..	..	..	..	..	2	..	
Dis. of Early Infancy, and Malformations ..	4	2	2	4	..	..	..	..	..	..	..	..	..	..	
Suicide .. .. .	2	2	..	..	..	..	..	..	..	..	1	..	1	..	
Other Violent Deaths .. .. .	7	6	1	..	1	1	..	2	2	..	..	..	..	1	
Other Defined Diseases .. .. .	44	19	25	2	..	..	2	1	1	1	4	2	8	15	
Causes Ill-defined or Unknown .. .. .	1	1	..	..	..	..	..	..	..	1	..	..	..	..	
<b>ALL CAUSES .. .. .</b>	<b>170</b>	<b>83</b>	<b>87</b>	<b>13</b>	<b>5</b>	<b>4</b>	<b>5</b>	<b>10</b>	<b>8</b>	<b>9</b>	<b>11</b>	<b>15</b>	<b>46</b>	<b>33</b>	

# II--History of Cases of DEATH registered during the year ending 31st December, 1925 DISTRICT OF ALBERT

Corrected Number			Deaths		Total Deaths	Rate per 1,000
Males	Females	Total	Male	Female		
115	107	222	115	107	222	10.7

  

Corrected Number			Deaths		Total Deaths	Rate per 1,000
Males	Females	Total	Male	Female		
115	107	222	115	107	222	10.7

## CAUSES OF DEATH (CORRECTED FOR TRANSMIGRATION)

All Causes	Males		Females		Total
	No.	Rate	No.	Rate	
All Causes	222	10.7	115	10.7	222
Diseases of Respiratory System	10	4.5	10	9.3	20
Diseases of Circulatory System	5	2.3	5	4.7	10
Diarrhoea and Enteritis	1	0.5	1	0.9	2
Other	196	9.2	89	8.3	196