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COUNTY COUNCIL OF FIFE.

To the County Council and District Committees of the County

My Lords AND GENTLEMEN

I have the honour to acknowledge the receipt of the requirements of the Statutory Provisions of the Public Health Act, 1927, Section 15 of the Public Health Act, 1927, Report on the Health of the County for the year 1927.



INSTITUTE OF SOCIAL
MEDICINE

10. PARKS ROAD,
OXFORD

The birth-rate for 1927 was 19.2 per 1,000 of an estimated population of 110,000 as compared with 22.3 in 1926.

ANNUAL REPORT

The figures of 1927 for Scotland as a whole were—birth-rate 19.8 per 1,000, death-rate 10.5 per 1,000.

The infantile mortality rate of 1927 was 86.5 in 1926 this rate was 86.5 in 1927.

These figures are a year ago.

On the other hand one is glad to again record a fall in mortality from tuberculosis. The death-rate from all tuberculosis for the County Landward Area was 0.8 per 1,000 of estimated population. The death-rate from pulmonary tuberculosis was 0.4 per 1,000, that of non-pulmonary tuberculosis being 0.2 per 1,000.

My thanks are due to the public health staff for their hearty co-operation in work.

I have the honour to be,

G. PRATT YULE

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

MEDICAL OFFICER OF HEALTH

July 1928,

Public Health Department

County Buildings

ST. ANDREWS:

PRINTED BY W. C. HENDERSON & SON, LIMITED.

COUNTY COUNCIL OF FIFE



ANNUAL REPORT

ON THE

HEALTH AND SANITARY CONDITION
OF THE COUNTY AND DISTRICTS

DURING

1927

BY

G. PRATT YULE

M.D., F.R.C.P., B.Sc. (Pub. Health), Edin.
MEDICAL OFFICER OF HEALTH

PRINTED BY W. G. GIBSON & SON, LTD.,
EDINBURGH

1928

**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 1927.

The birth-rate for 1927 was 19·2 per 1,000 of an estimated population of 110,689 as compared with 22·3 in 1926.

The death-rate for 1927 was 11·8 per 1,000 in contrast with 10·7 per 1,000 in 1926.

The figures of 1927 for Scotland as a whole were—birth-rate 19·8 per 1,000, death-rate 13·5 per 1,000.

The infantile mortality rate of 1927 was 86·5 : in 1926 this rate was 72.

These rates are not so satisfactory as those of a year ago. On the other hand one is glad to again record a fall in mortality from tuberculosis. The death-rate from all tuberculosis for the County Landward Area was 0·6 per 1,000 of estimated population. The death-rate from pulmonary tuberculosis was 0·4 per 1,000, that of non-pulmonary tuberculosis being 0·2 per 1,000.

My thanks are due to the public health staff for their hearty co-operation in work.

I have the honour to be,

My Lords and Gentlemen,

Your obedient Servant,

G. PRATT YULE,
County Medical Officer.

July 1928,

Public Health Department,
County Buildings,
Cupar, Fife.

STAFF.

County Medical Officer of Health, Chief Tuberculosis Officer, etc.

G. PRATT YULE, M.D., F.R.C.P.E., B.Sc. (Public Health).

Deputy and Assistant County Medical Officer of Health, etc.

A. D. CAMPBELL, M.B., Ch.B., D.P.H.

Clinical Tuberculosis Officer.

G. M. MCGILLIVRAY, M.C., M.B., Ch.B., D.P.H.

County and District Sanitary Inspectors.

Cupar District, . . . MARSHALL GORRIE.
IAN GOODFELLOW (Assistant).

Dunfermline District, . . . WILLIAM DAVISON.
ALEX. M. THOMSON (Assistant).

Kirkcaldy District, . . . JOHN MACKENZIE.
JOHN S. E. RIDDLE.
JAMES FERGUSON (Assistant).
ANDREW STEWART.

St. Andrews District, . . . ROBERT JUST.

Health Visitors and Assistant Inspectors of Midwives.

Dunfermline District, . . . KATHLEEN ROBERTSON.
MARY M. PETRIE.
ELSPETH ROY.

Kirkcaldy District, . . . ELIZABETH G. DOUGHTY.
ANNE O. GEMMELL.
AGNES W. EDGAR.

St. Andrews District, . . . ISABELLA BROWN.
JENNY BRUCE.

Medical Officers, Venereal Diseases Treatment Centres.

Dunfermline, . . . W. P. S. JOHNSON, M.D.

Kirkcaldy, . . . G. WISHART MCINTOSH, M.B., C.M., B.S.
(Pub. Health).

Clerks.

Miss J. R. THOMSON, Miss E. K. SPEED, Miss M. H. MILLER



COUNTY OF FIFE.

Report by the County Medical Officer of Health for the Year 1927.

POPULATION.

The population of the Landward Area of the County, estimated by the Registrar General to the middle of 1927, was 110,689, being a decrease of 295 from the estimated population of 1926, but an increase of 631 on the corrected Census figure of 110,058 recorded in 1921. The estimated District populations are as follows:—

Cupar District,	14,895
Dunfermline District,	36,434
Kirkcaldy District,	44,696
St. Andrews District,	14,664

BIRTHS.

During 1927 there were registered within the County Landward area 2,127 births, of which 1,982 were legitimate and 145 were illegitimate.

Area.	Births (Total).		Illegitimate Births.	
	Number	Rate per 1000	Number	Percent'ge of Total Births.
Cupar District	235	15.77	21	8.93
Dunfermline District	638	17.51	48	7.52
Kirkcaldy District	1,019	22.79	62	6.08
St. Andrews District	235	16.02	14	5.95
County Landward	2,127	19.21	145	6.81

The birth-rate of the Landward County in 1927 was 19·21 per 1,000 : the Scottish birth-rate was 19·8 per 1,000. The births registered in Scotland in 1927 were the least in number of any year with the exception of 1855, the first year of compulsory registration when doubtless it was incomplete. The births registered in the County in 1927 were 347 less than those of 1926 and were the lowest number of which I have record.

With the exception of St. Andrews District in which the births registered in 1927 were the same in number as in 1926, the births in each of the other Districts were considerably less than those of the previous year.

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.
1913	281	961	1,359	282	2,883
1914	285	983	1,479	256	3,003
1915	253	877	1,229	266	2,625
1916	259	842	1,098	221	2,420
1917	248	776	1,008	223	2,255
1918	229	873	1,086	213	2,401
1919	238	854	1,151	215	2,458
1920	306	1,049	1,473	310	3,138
1921	282	1,032	1,359	289	2,962
1922	255	825	1,177	263	2,520
1923	232	780	1,242	262	2,516
1924	249	831	1,249	279	2,608
1925	223	763	1,164	252	2,402
1926	268	779	1,192	235	2,474
1927	235	638	1,019	235	2,127

MARRIAGES.

The marriages in the Landward Area of the County numbered 53 (Cupar District, 79 ; Dunfermline District, 171 ; Kirkcaldy District 200 ; St. Andrews District, 82). There were 515 marriages in 1926, 563 in 1925 and 599 in 1924.

In 1927, the number of marriages in Cupar District were the same as in 1926 : in St. Andrews District there were 21 marriages more in 1927 than in 1926.

—It would appear therefore that among other factors the industrial crisis of 1926 continues to affect adversely the marriage-rates for the Districts of Dunfermline and Kirkcaldy.

GENERAL MORTALITY.

The number of deaths, corrected for transfers, allocated to Fife county in 1927, was 1,309, as compared with 1,193 or an increase of 16 over the comparative figure for 1926.

The County Landward death-rate was 11·8 per 1,000 of a population, estimated to the middle of the year, as 110,689. Doubtless, the cold, wet and sunless weather which prevailed throughout the year was a causal factor in the increased number of deaths.

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

Area.	Number.	Rate per 1000.
Upper District	253	12·9
Unfermline District	356	10·7
Perth District	508	12·6
St. Andrews District	192	11·2
Fife County	1,309	11·8

The Scottish death-rate of 1927 was 13·5 per 1,000 : the death-rate of the extra burghal or landward districts of Scotland was 12·5 per 1,000.

Cause of Death.	All Ages.				1—	5—	10—	15—	25—	35—	45—	55—	65—	75—	85 up- w'rds		
	Both Sexes		Males	F'm'l's													
Enteric Fever	1	..	2	1	..	1	..	..	..	..	..	..	..	..	..		
Measles	9	..	2	7	..	..	..	..	..	..	..	..	..	..	..		
Scarlet Fever	12	..	4	8	..	5	..	..	1	..	..	..	..	..	..		
Whooping Cough	13	..	8	5	..	..	..	..	..	..	..	..	..	..	..		
Diphtheria	13	..	6	7	..	9	2	1	..	..	..	..	..	..	..		
Influenza	54	..	28	26	..	1	1	5	4	3	4	9	9	7	2		
Cerebro-spinal Meningitis	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..		
Other Epidemic Diseases	4	..	3	1	..	..	2	..	1	..	1	..	..	..	..		
Respiratory Tuberculosis	43	..	18	25	..	1	..	18	9	8	2	3	2	..	..		
Meningeal Tuberculosis	12	..	7	5	..	1	..	1	..	..	..	..	..	..	..		
Abdominal Tuberculosis	7	..	3	4	..	1	..	..	..	1	..	..	..	..	..		
Other Tuberculous Diseases	4	..	1	3	..	..	..	1	1	..	1	..	..	..	..		
Malignant Tumours	123	..	62	61	..	1	1	..	2	6	21	37	34	19	2		
Rheumatic Fever	4	..	2	2	..	..	..	..	1	..	2	1	..	..	..		
Meningitis (not Cerebro-Spinal or Tuberculous)	15	..	7	8	..	..	..	1	..	1	..	1	..	..	..		
Apoplexy	110	..	47	63	..	..	..	1	1	1	6	17	36	39	9		
Heart Disease	150	..	66	84	..	..	1	1	5	6	11	36	53	27	10		
Diseases of Arteries	32	..	21	11	..	..	..	1	..	..	1	2	10	12	7		
Bronchitis	96	..	42	54	..	..	..	..	..	..	3	11	21	23	10		
Pneumonia (all forms)	96	..	53	43	..	3	..	7	1	2	5	7	7	10	2		
Other Respiratory Diseases	21	..	12	9	..	..	..	..	..	1	..	5	5	4	3		
Diarrhoea and Enteritis (under 2 years)	9	..	6	3	..	..	..	..	..	..	..	..	..	..	..		
Appendicitis	12	..	6	6	..	..	2	1	4	..	4	1	..	..	..		
All Diseases of Liver (non-malignant)	12	..	4	8	..	..	..	1	..	1	2	4	4	1	..		
Nephritis (all forms)	36	..	17	19	..	..	..	3	2	..	8	8	12	3	..		
Puerperal Sepsis	3	..	..	3	..	..	..	..	3	7	..	..	..	..	..		
Other Diseases and Accidents of Pregnancy, etc.	13	..	..	13	..	..	..	2	4	..	..	..	..	..	..		
Diseases of Early Infancy and Malformations	85	..	48	37	..	1	..	1	..	3	3	2	1	1	..		
Suicide	11	..	10	1	..	..	..	..	..	..	..	..	..	..	..		
Other Violent Deaths	59	..	45	14	..	3	2	12	5	8	5	10	2	5	1		
Other Defined Diseases	227	..	108	119	..	5	6	11	11	11	17	33	34	45	31		
Causes, Ill-Defined or Unknown	22	..	13	9	..	1	..	..	..	1	3	6	4	6	1		
Percentage	100	..	49	50	..	184	84	32	17	67	55	64	99	193	234	202	78

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, 1927.

Disease.	Cupar District.	Dunfermline District.	Kirkcaldy District.	St. Andrews District.	Fife County.	Per Cent.
Influenza	2	1	1	1	5	2·71
Measles	..	..	1	1	2	1·09
Whooping Cough	..	4	1	1	6	3·26
Other Epidemic Diseases	..	..	..	1	1	0·54
Tuberculous Meningitis	..	2	3	1	6	3·26
Other Tuberculous Diseases	..	2	..	..	2	1·09
Meningitis (not Cer.Spin. or Tuber.)	..	..	3	1	4	2·17
Bronchitis	..	7	14	2	23	12·51
Pneumonia (all forms)	3	11	13	2	29	15·76
Diarrhoea and Enteritis	1	2	4	..	7	3·80
Diseases of Early Infancy and Malformations	9	29	35	10	83	45·11
Other Defined Diseases	..	5	8	3	16	8·70
Total	15	63	83	23	184	100·00

The deaths of children under one year of age numbered 184 during 1927, equivalent to an infantile mortality-rate of 86·51 per 1,000 births registered during the year.

In 1926, there were 177 deaths of infants (*i.e.*, of children under one year of age) equivalent to an infantile mortality-rate of 72 per 1,000 registered births.

The infantile mortality-rate of the County for 1926 was the lowest recorded. That of 1927 is the highest since 1922 when the rate was 99.

The more common causes of infant deaths in 1927 were bronchitis 23 (12·5 per cent. of the total infantile mortality) ; pneumonia, 29 (15·76 per cent.) ; and diseases of early infancy and malformations, 83 (45·1 per cent.).

The Scottish infantile mortality-rate of 1927 was 89 : that of the County Districts was 75.

Of the four County Districts, Cupar had during 1927, the lowest infantile mortality, viz., 64 ; Kirkcaldy District had an infantile mortality rate of 81, St. Andrews 98 and Dunfermline 99.

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.
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
1926	71	60	84	47	72
1927	64	99	81	98	86

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 1927 is shown in the following table :—

Principal Epidemic Diseases, Deaths and Rates, 1927.

Disease.	Cupar Dist.	Dunfermline Dist.	Kirkcaldy Dist.	St. Andrews Dist.	Fife County.	
					Number	Rate per 1000
Typhoid Fever	—	—	1	—	1	0·00
Measles	—	—	7	2	9	0·08
Scarlet Fever,	1	1	7	3	12	0·10
Whooping Cough	—	7	4	2	13	0·11
Diphtheria	—	1	11	1	13	0·11
Diarrhoea and Enteritis (under 2 years)	1	3	5	—	9	0·08
Total	2	12	35	8	57	0·51
Rate per 1000	0·13	0·32	0·78	0·54	0·51	—

The deaths due to the principal epidemic diseases numbered fifty seven in 1927 as compared with sixty-nine in 1926.

There was one death from typhoid fever in 1927. In 1926 no death occurred from this cause. There were in 1927 nine deaths from measles and thirteen from whooping cough, as compared with five and thirty respectively in 1926. The deaths from scarlet fever numbered twelve, two less than in 1926, while those from diphtheria were thirteen, an increment of six on the previous year. The deaths from diarrhoea and enteritis (under 2 years) were less than usual, a result doubtless of the cool weather prevailing during the summer and one also hopes of greater care and cleanliness in the storage of food and feeding of young children.

Certain of the causes of the mortality from the principal epidemic diseases were discussed in the Annual Report of last year and the return for 1927 suggests no factor not already dealt with.

DEATHS FROM TUBERCULOSIS.

The number and age distribution of deaths from pulmonary and non-pulmonary tuberculosis during 1927 are set forth in tabular form.

There were 66 deaths registered as caused by tuberculosis in 1927, as compared with 71 in 1926, 96 in 1925, 90 in 1924 and 76 in 1923.

Pulmonary tuberculosis caused 43 deaths in 1927 as compared with 42 in 1926, 64 in 1925, 59 in 1924 and 46 in 1923.

The deaths attributed to non-pulmonary tuberculosis in 1927 numbered 23, as against 29 in 1926, 32 in 1925, 31 in 1924 and 30 in 1923.

The number of deaths from all forms of tuberculosis in 1926 was the smallest recorded to that year. The number in 1927 was five less than in 1926.

In the annual report of 1926 I illustrated the steady decline in the mortality from tuberculosis during the fifteen years from 1912 when statutory provision was made for the treatment and prevention of the disease. The decrease in the number of deaths from tuberculosis may be summarised thus. During the five years 1912-16, the average annual number of deaths was 137: during the next quinquennium 1917-21, the number was 97, and for the years 1922-26 the annual average was 84 deaths. It is interesting to compare with these figures the number of deaths for 1927, namely 66. I refer later to the lessened incidence of the disease as revealed by the steady diminution in the numbers of notifications received annually, and medical practitioners are now much more alive to the value of early notification, the majority bringing to light any case they may regard as doubtful with a view to special examination.

County and District Deaths from Tuberculosis, 1927.

	Area.	Under 5 years.	5-15	15-25	25-45	45 upwards	All Ages	
							Number	Rate per 1000
Pulmonary Tuberculosis.	Cupar District	..	..	4	2	2	8	0.53
	Dunfermline District	..	..	4	5	..	9	0.24
	Kirkcaldy District	..	1	6	7	4	18	0.40
	St. Andrews District	..	..	4	3	1	8	0.53
	Fife County ..	..	1	18	17	7	43	0.38
Other Tuberc. Diseases.	Cupar District	1	..	..	..	..	1	0.09
	Dunfermline District	6	2	..	..	..	8	0.21
	Kirkcaldy District	7	..	1	2	..	10	0.22
	St. Andrews District	2	..	1	..	1	4	0.27
	Fife County ..	16	2	2	2	1	23	0.20
Total Tuberculosis—		16	3	20	19	8	66	0.59
Fife County		24.25	4.54	30.31	28.80	12.10	100.00	..
Per cent.		..	..	..	..	..	..	..

DEATHS FROM CANCER, 1927.

District.	Number.	Rate per 1000.
Cupar	30	2.01
Dunfermline	33	0.90
Kirkcaldy	42	0.90
St. Andrews	18	1.22
Fife County	123	1.11

The deaths from cancer show a decrease, being thirteen below the corresponding figure for 1926.

There has thus been a lull in the steady yearly increment of deaths from the diseases classed together as cancer noted annually in these reports. Unfortunately, no advance can be recorded by medical science in determining the cause or prevention of cancer or its cure other than by early surgical interference. The decrease in the number of deaths attributed to cancer in 1927 arises mainly in Kirkcaldy District where there were 13 more deaths from this cause in 1926.

DEATHS FROM VIOLENCE.

There were 70 deaths from violence including suicide in 1927, as compared with 61 in 1926. There were 11 deaths from suicide. Violent deaths, excluding suicide, are diminishing. During the five years, 1912-16, there were 338 violent deaths; for the period 1917-21 (inclusive) the number was 311; and a further decline in number to 299 took place in the years 1922-26 (inclusive).

Deaths from Violence (including Suicide) 1927.

District.	Number.	Rate per 1000.
Cupar	9	0.60
Dunfermline	20	0.54
Kirkcaldy	28	0.62
St. Andrews	13	0.90
Fife County	70	0.63

DEATHS FROM RESPIRATORY DISEASES.

There were 213 deaths from diseases of the respiratory system in 1927, equivalent to a death-rate of 1.92 per 1,000 of the estimated population of the County to the middle of the year. In 1926 the deaths numbered 133 and the death-rate was 1.19 per 1,000.

Pneumonia caused 96 deaths, bronchitis 96 and other diseases of the respiratory system 21. Of the total deaths from these causes 78 or 36·6 per cent. occurred at ages under 5 years, and 116 or 54·47 per cent. at ages beyond 45 years.

Deaths from respiratory diseases in 1927 amounted to 16·3 per cent. of the mortality from all causes. The proportion in 1926 was 11·1 per cent.

The deaths from respiratory diseases in 1927 were 53 in excess of the average annual deaths from these causes for the five years 1922-26 and thus nearly reached the average level of deaths prevailing during the years 1917-22 when influenza was epidemic.

The heavier death-rate occurred in every district of the County, but was most marked in Kirkcaldy District.

The table shows conclusively that the times to guard against the infections of bronchitis and pneumonia are at the beginning of life and after middle-age. In infancy the first two years are most fruitful of death from these causes.

DEATHS FROM VIOLENCE

There were 79 deaths from violence including suicide in 1927, compared with 61 in 1926. The average 11 deaths from suicide, violent deaths excluding suicide, are diminishing. During the five years 1917-21, there were 338 violent deaths; for the period 1917-21 (inclusive) the number was 311; and a further decline in number to 299 took place in the years 1922-26 (inclusive).

Deaths from Violence (including Suicide) 1927.

District	Number	Rate per 1000
Gogar ..	9	0·90
Dundee ..	30	0·84
Kirkcaldy ..	28	0·82
St Andrews ..	12	0·80
Fife County ..	79	0·83

DEATHS FROM RESPIRATORY DISEASES

There were 213 deaths from diseases of the respiratory system in 1927, equivalent to a death-rate of 1·92 per 1,000 of the estimated population of the County to the middle of the year. In 1926 the death number 133 and the death-rate was 1·19 per 1,000.

Deaths from Respiratory Diseases, 1927.

	Area.	Under 5 years.	5-15	15-25	25-45	45 upwards	All Ages.	
							Number	Rate per 1000
Pneumonia (all forms)	Cupar ..	3	..	1	..	6	10	0.90
	Dunfermline ..	16	..	2	1	9	28	0.76
	Kirkcaldy ..	28	3	3	4	11	49	1.09
	St. Andrews ..	3	..	1	..	5	9	0.61
	Fife County Percentage	50 52.09	3 3.13	7 7.29	5 5.20	31 32.29	96 100.00	0.86 ..
Bronchitis	Cupar ..	..	..	..	1	15	16	1.07
	Dunfermline ..	8	..	1	..	12	21	0.57
	Kirkcaldy ..	15	..	..	1	32	48	1.07
	St. Andrews ..	2	..	..	..	9	11	0.75
	Fife County Percentage	25 26.04		1 1.05	2 2.08	68 70.83	96 100.00	0.86 ..
Other Respiratory Diseases	Fife County ..	3	..	..	1	17	21	0.18
	Percentage ..	14.29	..	..	4.76	80.95	100.00	..
Total Respiratory Diseases	Fife County ..	78	3	8	8	116	213	1.92
	Percentage ..	36.62	1.41	3.75	3.75	54.47	100.00	..

SLEEPY SICKNESS.

The first death attributed to this disease, encephalitis lethargica, was recorded in 1921, and the total deaths to end of 1926 numbered 33, the peak of an apparent wave being reached in 1924 with 11 deaths. The highest sickness-rate of the disease would necessarily be earlier although at the time of their occurrence a large proportion of the cases were not recognised.

No case of encephalitis lethargica was notified nor was any death attributed to the disease in 1927.

HOSPITAL TREATMENT OF INFECTIOUS DISEASES.

The number of persons notified as suffering from certain infectious diseases and the numbers removed to hospital in each of the four County Districts is shown in tabular form annexed.

The number of patients notified as suffering from scarlet fever, diphtheria, typhoid fever, erysipelas and pulmonary tuberculosis throughout the County Landward Area was 902, of whom 772 were removed for hospital treatment. The figures for 1926 were 928 patients and 771 removals to hospital.

The proportion of notified cases removed to hospital was highest in Kirkcaldy District (90 per cent.), and least in St. Andrews District (75 per cent.). The incidence-rate of the diseases noted was highest in Kirkcaldy District (12 per 1,000) and least in St. Andrews District (4.9 per 1,000).

Scarlet fever and diphtheria were more prevalent in Kirkcaldy District than in 1926. Cupar, Dunfermline and St. Andrews Districts all showed a lessened incidence, the decline in Dunfermline District being marked.

Hospital Treatment of Certain Infectious Diseases 1927.

Disease.	Cupar District		Dunfermline District.		Kirkcaldy District.		St. Andrews District.		Fife County.	
	Cases Notified	Cases removed to Hosp'l	Cases Notified	Cases removed to Hosp'l	Cases Notified	Cases removed to Hosp'l	Cases Notified	Cases removed to Hosp'l	Cases Notified	Cases removed to Hosp'l
Scarlet Fever ..	48	45	101	101	302	290	46	43	497	479
Diphtheria ..	16	14	59	55	184	180	9	8	268	257
Typhoid Fever ..	..	..	..	..	5	5	1	..	6	5
Erysipelas ..	5	..	36	5	26	1	3	..	70	6
Pulmonary Tuberculosis ..	9	5	18	9	21	8	13	3	61	25
Total ..	78	64	214	170	538	484	72	54	902	772
Percentage removed to Hospital ..	82.05		79.43		89.96		75.00		85.58	
Average Incidence Rate per 1000 of Population ..	5.23		5.87		12.03		4.90		8.14	

NOTIFICATION OF INFECTIOUS DISEASES.

The number of compulsorily notifiable infectious diseases recorded during 1927 was 1,682, being 417 more than the corresponding figure for 1926.

Infectious Disease.	Cupar District	Dunfermline District	Kirkcaldy District	St. Andrews District	Fife County
Scarlet Fever	48	101	302	46	497
Diphtheria	16	59	184	9	268
Typhoid Fever	—	—	5	1	6
Erysipelas	5	36	26	3	70
Puerperal Fever	—	8	6	—	14
Pulmonary Tuberculosis	9	18	21	13	61
Non-Pulmonary Tuberculosis	13	32	33	8	86
Ophthalmia Neonatorum	1	29	10	—	40
Acute Primary Pneumonia	18	42	85	12	157
Influenzal Pneumonia	10	32	28	1	71
Malaria	—	—	1	—	1
Dysentery	—	1	—	—	1
Chickenpox	9	208	154	39	410
Total,	129	566	855	132	1,682

Excluding chickenpox, which was made notifiable by the Board of Health in terms of the Public Health (Chickenpox) Regulations early in 1927 in view of the outbreak of Smallpox in Dundee, the number of notifications received in 1927 was 1,272, as compared with 1,265 in 1926, 1,011 in 1925, and 1,115 in 1924.

In 1927, compared with 1926, there was lessened sickness from scarlet fever with the exception of Kirkcaldy District where the disease was more prevalent by 41 cases than in the previous year. Excluding Dunfermline District, diphtheria was more prevalent in 1927 than in 1926, particularly in Kirkcaldy District.

Notifications of typhoid fever, 9 in all, were 3 less than in 1926, whereas puerperal fever was notified on 14 occasions as compared with 13 in 1926.

The incidence of pneumonia, 228 notifications, was notably greater than in 1926 when 165 cases were notified.

During 1927, there were no notifications of cerebro-spinal meningitis, infective jaundice or encephalitis lethargica (sleepy sickness).

TUBERCULOSIS CONTROL.

The Tuberculosis Scheme of the County Council is in operation throughout the Landward Area of the County and twenty-six burghs herein, both sanatorium and domiciliary treatment being provided.

During 1927, the number of persons notified as suffering from tuberculosis within the Landward Area of the County was 147 (pulmonary 61, non-pulmonary 86). The number of persons notified from the Landward Area and the twenty-six burghs, that is from the County Tuberculosis Area, was 288 (pulmonary 143, non-pulmonary 145).

The following statement shows for the last three years the fall in the number of notifications of pulmonary and non-pulmonary tuberculosis for the Landward Area of the County and the Burghs (26 in number) within the County Tuberculosis Scheme.

NOTIFICATIONS OF TUBERCULOSIS.

Year	LANDWARD			BURGHAL		
	Pul. Tb.	Non-pl. Tb.	Total	Pul. Tb.	Non-pl. Tb.	Total
1925	129	120	249	92	73	165
1926	96	114	210	84	52	136
1927	61	86	147	82	59	141

The notifications of tuberculosis in the Landward Area in 1927 were 1 per cent. less than in 1925 : in the Burghal areas the notifications of 1927 were 14½ per cent. less than in 1925. The decline in notifications of tuberculosis for the area of the County Tuberculosis Scheme between the years 1925 and 1927 was 30½ per cent.

The figures for the years 1925-26-27 are indicative of a fall in tuberculosis notifications of increasing ratio from year to year and may possibly be accepted as significant of the effect of the measures taken by the County Council for the control and prevention of infection.

The number of patients on the Tuberculosis Register and under supervision by the County Health Department and personally by Dr. McGillivray, Executive Tuberculosis Officer, at 31st December 1927, was 902 (pulmonary, 509 ; non-pulmonary, 393).

The admission to Glenlomond Sanatorium of 201 patients was arranged during 1927 from the following areas :—

LANDWARD.—Cupar District, 16 ; Dunfermline District, 34 ; Kirkaldy District, 36 ; St. Andrews District, 6 ; and Kinross County District, 9.

BURGHs.—Anstruther Easter, 2; Anstruther Wester, 1; Buckhaven, 16; Cowdenbeath, 21; Cupar, 2; Dysart, 7; Falkland, 1; Inverkeithing, 5; Kinghorn, 2; Kinross, 5; Leven, 5; Lochgelly, 11; Markinch, 1; Newburgh, 6; Newport, 2; St. Andrews, 1; and Tayport, 5.

In addition, 4 patients were admitted at the cost of the Ministry of Pensions and 3 patients from areas outwith those of the contributing authorities.

DOMICILIARY TREATMENT.—During the year additional nourishment was supplied to 59 patients at a cost of £106 3s 3d or £1 15s 11d per patient on the average. The articles of food supplied are milk, eggs, meat, oatmeal, cod oil and malt, etc.

Under the Scheme of Fife County Tuberculosis Authority for the supply of drugs to tuberculous persons, thirty-six medical practitioners prescribed for 241 patients at a cost of £226 5s. The average cost per patient was 18s 9d and the average per doctor was £6 5s 8d. There was in 1927 a decrease in the number of persons prescribed for and in the total expenditure on drugs, etc., under the Scheme.

During 1927, 11 patients suffering from lupus (tuberculosis of the skin) were granted transport facilities to permit of attendance for ultra violet light treatment at the Skin Department of the Royal Infirmary, Edinburgh. The expenditure involved was £107 9s 8d, as compared with £75 15s 3d for 10 patients in 1926. The patients attend daily or at longer intervals depending on the requirements of treatment.

The question of treating patients suffering from lupus at Glenlomond Sanatorium, where light-treatment is available, has been considered. Transport facilities are, however, not suitable, Edinburgh proving the most convenient centre for those areas of the County where lupus is most common.

At the close of the year, the County Tuberculosis Authority has maintained a boy from Cowdenbeath at Southfield Tuberculosis Colony, Edinburgh, for special treatment during a period of three and a half years.

Cowdenbeath Town Council proffered to the County Tuberculosis Authority the use of the accommodation available at the Burg Welfare Centre at certain times for the examination by the Executive Tuberculosis Officer of patients from the Burgh and surrounding areas. The premises are not yet available, but a trial will be given in due course to the Dispensary method of working and probably advantage will be taken of the services of the assistant medical officer of Glenlomond towards this end.

TUBERCULOSIS NURSES.—The services of health visitors and other nurses in this capacity prove of great utility in the supervision of tuberculous patients in their homes.

The Report of Dr. G. McGillivray, Executive Tuberculosis Officer, is subscribed.

There has been no change to record in the working of the Scheme during the year. Notification of new cases continued to be satisfactory and I saw many new cases referred to me for examination by medical practitioners who desired an opinion as to diagnosis before sending in the usual statutory notice. My thanks are due to medical practitioners throughout the area for the cordial and satisfactory way in which they have co-operated in trying to bring cases to notice as early as possible.

Tuberculosis being a universally wide-spread disease, few escape inoculation at some time or other but the tuberculation or successful inoculation of the individual with tubercle bacilli does not necessarily mean that disease as we know it supervenes. This largely depends on the amount of germs inoculated and on the resistance of the individual to the disease. Very few, however, get beyond the stage of childhood without tuberculation taking place. One sees great differences in the resistance of different people to this disease. Some are able to overcome the bacilli so easily that its presence may not even be suspected during life. Others are so easily overcome by the germs and their toxins that they are very ill from the first and death rapidly supervenes from acute consumption. Between these two extremes are found the majority of tuberculated subjects.

The exciting cause of tuberculosis is now fully known and is in every case due to successful inoculation with tubercle bacilli. Other factors, however, play an important part and materially alter the outlook for those exposed to infection. Predisposing causes undoubtedly exist and help to produce disease which might not otherwise have been evident during life.

Unhealthy homes with overcrowding, bad ventilation and poor light, together with insufficient nourishment and personal neglect lower the vitality, and anyone living in such circumstances becomes an easier prey if brought in contact with the germs of tuberculosis. The incidence of tuberculosis in certain trades also points to unhealthy occupation as an important predisposing cause.

Tuberculosis as a disease does not originate spontaneously in the human body, but each person contracting the disease is infected from a case which already exists either human or bovine. The spread of the disease is due to direct inoculation and careless consumptives who spit wherever they go are a great source of danger to the community.

The sputum which gradually becomes dry may contain millions of germs and these get blown about in the dust. If inhaled by others, these germs are liable to set up tuberculosis, especially where anyone is run down in health and living in adverse circumstances. Education of the consumptive is, therefore, very important. This is constantly being done by the Health Visitors, the Tuberculosis Officer and in the Sanatorium by the medical staff there. This instruction or education on personal hygiene is very important in the home life of all persons suffering from tuberculosis in order to prevent spread of infection there, but it should also be carried into everyday life in order to safeguard the general public. Other efforts to prevent infection in the homes are carried out by way of securing a separate room where possible, or, failing that, a separate bed and also paying careful attention to fresh air and light for the sick room as well as adequate nourishment and rest for the patient.

Although it is well known that children are less liable to suffer from the pulmonary form of the disease than adults, many do show undoubted evidence of phthisis. Large numbers of children are notified each year as pulmonary tuberculosis and the diagnosis in most cases offers great difficulty in contrast to adults where dealing with chest lesions. In many, a correct diagnosis can only be arrived at after a period of observation in the Sanatorium. Many children who are finally turned down as non-tuberculous show a very similar clinical picture to those who are accepted as tuberculosis of the lungs. During the year, out of seventeen cases of children in "Glenlomond" who were accepted as tuberculosis of the lungs or had lung lesions associated with tuberculosis of some other organ, thirteen were definitely basilar in form and only four showed the lung lesions more commonly associated with the adult type of disease. Nineteen others were rejected as non-tuberculous after complete investigation in "Glenlomond," and the majority of those rejected showed some basilar signs indistinguishable clinically from those accepted as tuberculous. Sputum in children is very difficult to obtain for examination purposes, but I would not care to reject a case of this type on clinical evidence alone even although the sputum was negative for tubercle bacilli. In both groups there is a history that the patient is not thriving, is easily tired, has night sweats and there is a failure to put on weight while the clinical signs are practically identical. It is only possible to give a correct diagnosis in these when special tests can be applied and the patient carefully watched in an institution.

The majority of tuberculosis cases in Fife area still come from the small one and two-roomed houses where isolation is generally impossible and occasionally even a bed is shared with another member of the same family. Where a case is advanced and compelled to live under these circumstances, it is surprising that so few of the contact actually develop tuberculosis.

During the year, forty-nine advanced cases sent to Glenlomond were considered to be beyond treatment, but knowing the conditions from which they were removed, I would certainly regard them as far more in need of care and treatment in an institution than the early group. With the latter, something can as a rule be done to help them at home. On the other hand, with advanced cases, although in most little improvement of the condition can be anticipated by treatment in Glenlomond, they do require constant medical supervision and nursing which can only be given in a sanatorium.

It is surprising that so few cases of direct infection occur in these homes where advanced cases often lie for months or even years in contact with other members of their family before death supervenes. Family infection in this area is by no means a marked feature whatever it may be elsewhere. It has recently been stated that 70 per cent. of all new cases are from infected households, but this statement certainly lacks proof and has no foundation on actual facts. When one considers the universality of tuberculosis as a disease, it is not surprising that a history may be obtained in many cases that some relative or other once had tuberculosis. However, the fact that grandparents, uncles, aunts or cousins had or still have tuberculosis does not of itself fix a new case as coming from an infected household unless the patient is actually living in the same house with the relative who has tuberculosis. A family history of tuberculosis can frequently be obtained where there has been no direct contact and where exposure to infection has been no greater than in the bulk of the general public. The tubercle bacillus is a ubiquitous germ and every one is liable to its ravages. Supervision of all contacts and of all relatives of those suffering from tuberculosis may be very desirable, but as the latter are frequently scattered over a wide area, this could only be undertaken by an adequate staff. More satisfactory still, if the problem of advanced cases is to be solved, would be a complete medical inspection three or four times a year of the entire population by a competent staff of medical officers. The ideal would then be more nearly fulfilled as the advanced cases are generally found when too late. They feel ill but work away, not realising the serious nature of their complaint, and only call in a doctor when the disease is advanced.

In order to get accurate data on the question of the frequency of actual infection in the household, I have gone carefully over my records of new cases for the year in question with the following results:—Out of 241 accepted cases of tuberculosis, only 14 were actually living in direct contact with other patients suffering from the disease. In 36 others, a definite family history of tuberculosis in some form or other in relatives was obtained but in none of these were the patients actually living in contact and at most were only casual contacts like others of the general public. In 191 cases no definite family

history of tuberculosis in relatives could be obtained. Thus for Fife County, the actual number of new cases from infected households in 1927 was very small indeed, being only 5·8 per cent. of the total. Some years ago, the question of infected households was more in evidence. One not infrequently found families in which several members became infected and died in a short space of time. The nature of the infection was not then fully known by those suffering from the disease and no steps were taken to safeguard the other inmates of a house in which tuberculosis already existed. The patient was generally to be found lying in the kitchen because of the warmth, windows were seldom, if ever, open and the atmosphere was anything but satisfactory for a patient suffering from phthisis. Food naturally became infected, feeding utensils were never kept separate and little care was exercised in the disposal of sputum or while coughing or sneezing. Little wonder that others living in the same house or room were soon overcome by massive doses of tubercle bacilli.

At the present time, there is a marked improvement in this direction. The general public have become alive to the dangers of tuberculosis, and the campaign of education has taught them to take every precaution in the matter of safeguarding others as well as how to best regulate their own lives so as to retain maximum health. The value of personal hygiene, fresh air and sunlight, as far as this can be had, are now well known to the public generally. In fact the modern careful consumptive as long as he is able to get about is in no way a menace to society and is probably as safe to live with as though there was no disease. The danger especially of household infection is to be found in those helpless bedridden cases who really require medical supervision and constant care and nursing.

I have already mentioned unhealthy and overcrowded houses as a predisposing cause of tuberculosis. By this I do not mean to imply that the house itself is the source of infection. I have again taken a census of the number of people living in the different types of houses in which new cases were situated at the time of notification. The average number of people living in each house is shown in the following table which covers a period of three years :—

Year.	Single Room.	Two Rooms.	Three Rooms.	Four or more Rooms.
1925	4·5	5·7	6·0	4·0
1926	4·4	5·76	5·5	5·9
1927	3·6	5·53	5·89	5·0

The percentage of new cases notified who were living in the different kinds of houses mentioned above is shown below :—

Year.	Single Room.	Two Rooms.	Three Rooms.	Four or more Rooms.
1925	8·67%	69·82%	12·82%	8·67%
1926	10·75%	56·67%	21·52%	11·06%
1927	8·24%	65·17%	14·23%	12·36%

Considering these figures it will be seen that the majority of all new cases are from the smaller unhealthy type of dwelling. This predisposing factor is in my opinion largely responsible for the incidence of tuberculosis in these houses in contrast to the few found in the larger and more hygienic type of dwelling. Exposure to infection is little, if any, greater in the one than in the other, yet, year after year, very little change is found in the position of affairs.

Arising out of the Medical Superintendent's report at a meeting of the House and Works Committee of the Joint Sanatorium Board at Glenlomond on 15/9/27, it was represented to Dr. G. Pratt Yule, Chief Tuberculosis Officer, that the Executive Tuberculosis Officer should keep doubtful cases under observation for a longer period at home before sending them to Glenlomond. If the situation is fully examined, however, it can be readily seen that this is far from the easy matter which it would seem at first sight. In my report for 1926, some of the difficulties in this respect were pointed out. In dealing with an area the size of Fife and Kinross with a population of 221,398 as taken from the Census of 1921, it must be apparent that the number of patients suffering from tuberculosis and on the active visiting list is very considerable. At the beginning of the year, there were 974 on the active register, but this number does not include those doubtful cases who were still being kept under observation at home, nor does it include the new cases that are always being notified and have to be visited and examined at the earliest possible moment. Demands for my assistance in doubtful cases by medical practitioners throughout the area have become more and more numerous during the past two years, and although a great many of the cases thus seen are found to be non-tuberculous and never appear on the tuberculosis register, it is difficult to see how the extra time taken up with these can be avoided or the assistance thus asked for refused. To do so would certainly defeat the ends at which we aim, viz. :—the detection of tuberculosis as early as possible. It is most important that where any doubt exists patients should be seen as soon as possible. Early admission to Glenlomond is also often desirable where after examination at home

the diagnosis is still in doubt as it ensures treatment at a more favourable stage of the disease than would otherwise be the case. Facilities are available in Glenlomond to aid the doctor in arriving at a diagnosis which are impracticable in the homes.

There is another point which must not be lost sight of, viz.:—the periodic visitation and examination of old-standing cases, because in many the disease become arrested, and to retain all of these on the active register would be erroneous and tend to lead one to the conclusion that the County contained far more active cases than there really are. Thus, every year, a large number of patients who have been kept under supervision for two or three years and have shown no sign of activity during that time are struck off the active list. To thus erase a name requires considerable discrimination and careful examination. Even then at times some are found to again break down, especially in adverse circumstances. During the year in question, 164 old cases were thus taken off the active list as quiescent or cured. In addition to those above mentioned, 184 observation cases were finally rejected as non-tuberculous, some of them having been kept under observation for two or three years. Fifty only of these observation cases were in Glenlomond at one time or another during the past three years, while the remaining 134 were kept at home and periodically examined there.

Considering the number of new cases to be seen every year and the old cases that require to be visited and watched, travelling over the County must of necessity be very extensive. This must not be lost sight of as frequently three to four hours of my time are taken up in a day going from case to case while office duties take up a considerable amount of my time which could otherwise be spent in seeing patients.

If the points above mentioned be fully considered, I think it will be evident that a single Tuberculosis Officer has not the time necessary to devote to all doubtful cases notified or otherwise brought to his notice and keep them indefinitely under observation at home. At the present time, there are well over 1,000 active cases on the Tuberculosis Officer's visiting list while travelling, office duties and the seeing of all new and doubtful cases have to be undertaken in addition. As things are at present, with only a single Officer to deal with this large area many doubtful cases must of necessity continue to be sent to Glenlomond for observation.

It is possible that the institution of tuberculosis dispensaries throughout the industrial areas would help to alleviate the complaint of sending so many observation cases to Glenlomond without their first having a sufficient period of observation at home. This could only be worked by additional help as far as the Tuberculosis Officer is concerned. The work of seeing and examining cases could thus be

entralised to a certain extent and cases could be seen more frequently. On the other hand, home visiting—an important branch of the Tuberculosis Officer's work—would thus be largely curtailed. The dispensary system would not, however, provide any useful additional aid as far as arriving at a diagnosis in doubtful cases unless properly equipped and unless the Tuberculosis Officer could attend at least on two consecutive days to observe cases where it was considered necessary to test patients with tuberculin.

Cowdenbeath Burgh have raised the question of establishing such a dispensary at their Maternity and Child Welfare Centre which is also quite well suited for the purpose of a tuberculosis dispensary. They have also offered the free use of the rooms without charge to the County Tuberculosis Authority for patients outside the Burgh area, viz.:—Hill of Beath, Crossgates, Kelty, etc. If this scheme is gone on with, it is probable that other areas such as Buckhaven, Methil, Leven and Wemyss will desire some such arrangement. These as already stated could only be worked by providing additional help for the Tuberculosis Officer.

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.	+	-	?		
264	172	760	359	6	56	19	1,573	74

TREATMENT OF VENEREAL DISEASES.

The treatment scheme of the Joint Venereal Diseases Committee of the Counties of Fife and Kinross covers the districts of all local authorities, burghal and landward, within these Counties.

The treatment centres are the Public Health Dispensary, Market Street, Dunfermline; The Dispensary, Dunnikier Road, Kirkcaldy; and the Dundee Clinic where women and children attend at the Royal Infirmary, and men at the Dispensary, Fleuchar Street, Dundee.

The hours of clinics continue as formerly, further experience indicating no change as necessary.

Arrangements were again made with the good offices of the Secretary of the Scottish Branch of the British Social Hygiene Council for public lectures on the dangers of venereal diseases. Lectures were provided for mixed audiences and films shown at Cardenden, Glencraig, Newmills, Tayport and Thornton. The total number attending the

lectures was 2,075, the audience being least at Glencraig where only one hundred were present, and largest at a Sunday afternoon meeting at Cardenden when 1,150 attended. The lecturers were Dr. Johnson, Medical Officer, Dunfermline Centre ; Dr. Averill, Medical Officer, Dundee Centre ; and Dr. C. E. Douglas, formerly of Cupar.

I am grateful to the County Council for permission to hold lectures on a Sunday afternoon with the showing of a film as on that day one can always secure a large audience in mining communities.

Such lectures are very valuable in broadcasting information of the disastrous conditions following upon untreated venereal disease.

The cost of transport to Treatment Centres provided for necessitous patients during 1927, was £38 14s 3d, a large reduction on that spent in 1926 (£66 3s 10d).

The arrangement with University College, Dundee, whereby all pathological and bacteriological investigation of morbid products from Treatment Centres is undertaken, continues, the maximum amount payable being £240 per annum.

The following is a summary of the work at the Centres during 1927 :—

KIRKCALDY CENTRE.—There were 232 new patients (male 190, female 42) of whom 60 (male 49, female 11) suffered from syphilis ; 116 (male 101, female 15) from gonorrhoea ; 10 males from soft chancre ; 7 (male 3, female 4) from mixed infections ; and 39 (male 27, female 12) from conditions other than venereal disease.

In 1926, there were 245 new patients.

The total attendances during 1927 were 3,310 (syphilis 1,408, gonorrhoea 1,597, soft chancre 50, mixed infections 142, and for conditions other than venereal disease 113). The number of patients ceasing to attend before completing treatment was 44. The number discharged on the completion of treatment was 175. The number of days spent by twelve patients in hospital was 256. The number of examinations of pathological material during 1927 was 1,025, of which 542 were undertaken by the staff of the Centre and 483 by University College, Dundee.

Dr. McIntosh, Medical Officer of Health for Kirkcaldy, has furnished in his Annual Report for 1927 a full account of the work of the Kirkcaldy Centre and refers therein to the need of extension of the premises with a view to the avoidance of undue delay in the examination of patients.

DUNFERMLINE CENTRE.—There were 248 new patients (male 158, female 90) of whom 77 (male 39, female 38) suffered from syphilis, 93 (male 69, female 24) from gonorrhoea, 7 (male 4, female 3) from syphilis and gonorrhoea, 10 males from soft chancre, and 61 (male 35,

emale 26) from conditions other than venereal disease. The total attendances at the Market Street Dispensary was 8,549. Patients treated in hospital numbered 12.

During 1926, there were 207 new patients (male 153, female 54).

DUNDEE CENTRE.—The number of new patients from Fife County Area treated during 1927 was 24 (male 17, female 7), of whom 7 (male 4, female 3) suffered from syphilis, 9 (male 7, female 2) from gonorrhoea, 2 (male 1, female 1) from mixed infections, 2 males from other venereal disease, and 4 (male 3, female 1) from conditions other than venereal disease.

The total attendances were 671 (male 219, female 452).

During 1926, there were 30 (males 20, females 10) new patients.

The arrangement whereby Dr. W. P. S. Johnson, Medical Officer of the Dunfermline Centre, acts as Consultant to Fife and Kinross District Asylum, Springfield, in regard to venereal diseases and abnormal mental conditions arising therefrom has proved of value, judging from the terms of his report.

Dr. Johnson's report on the work undertaken at the Dunfermline Centre is subscribed :—

I have the honour to submit to you a report of the work carried out under the Venereal Diseases Scheme for the Counties of Fife and Kinross during the year 1927.

Under the above scheme provision is made for the examination and treatment as out-patients of adult males and adult females and children of both sexes at the Public Health Dispensary, Market Street, Dunfermline. Where in-patient treatment is found to be necessary the duties are performed in the West of Fife Infectious Diseases Hospital, Dunfermline. This latter arrangement, though at the moment unavoidable, is not altogether satisfactory, the hospital being too far removed from the central department in Market Street, where drugs, instruments, etc., are necessarily stored. It would be a great advantage to all concerned if the entire department were under one roof.

During the year (1927) three visits were made to the Fife and Kinross District Asylum, Springfield, Cupar, where patients suffering from syphilis of the central nervous system are now undergoing treatment.

At the request of Dr. Cairncross, Dunfermline, I have, during the year, made several visits to the Combination Home and Hospital, Dunfermline. In institutions of this character doubts must frequently arise as to the fundamental origin of certain ailments, and it is gratifying to realise that a wider outlook with regard to venereal diseases, with all their concomitant complications and sequelae, is being taken by members of the profession.

The widespread ravages of venereal diseases are now receiving much more attention than has been the custom in the past.

In the course of the year (1927) 248 new patients were examined, comprising 158 males and 90 females. Of this number 8 males and 4 females are under treatment at Springfield Asylum and nine males and seven females have been under observation at the Dunfermline Combination Home and Hospital. Twelve cases received treatment in the West of Fife Infectious Disease Hospital as in-patients. The total number of new cases for the year 1927 as above mentioned shows an increase of 41 over the year 1926.

The treatment of those patients who had not yet completed their cure at the end of 1926 was continued during the year.

Of the new patients, reporting 94 were sent up by Doctors: the remainder came of their own free will.

Since the inception of the Venereal Diseases Scheme in November 1922, the following figures make interesting reading respecting the work carried out year by year:—

		New Patients					Attendances
1922	(Two months)	...	52	...	...	...	434
1923	...	...	242	...	...	...	6846
1924	...	...	270	...	...	...	9009
1925	...	...	252	...	...	...	8462
1926	...	...	207	...	...	...	8342
1927	...	...	248	...	...	...	8549

From the above figures it will be seen that for the five completed years during which the work has been in progress the average yearly number of new cases reporting is approximately 244, and the yearly average of attendances is 8242. Considering the depressed state of the local industries these figures appear to be quite satisfactory, and an increase might be anticipated under happier conditions. It will be noticed that in the year 1926 there was a considerable fall in the number of new cases, due, one would suggest, to the industrial upheaval, as was indicated in the report of last year. This fall has been made good to a considerable extent. Of the cases presenting themselves during the year under discussion

37.4 per cent. were suffering from gonorrhoea.

30.9 per cent. are suffering from syphilis.

2.8 per cent. were suffering from gonorrhoea and syphilis.

4.0 per cent. were suffering from soft sore.

24.9 per cent. were suffering from diseases other than venereal disease.

With regard to propaganda work several lectures have been given under the auspices of the British Social Hygiene Council. Whilst such lectures cannot but do incalculable good, one feels that much more intensive work in that respect is most desirable. Whilst carrying out

he usual routine of work in the treatment of venereal diseases one finds that the older patients, those with the greater responsibilities of life, together with those who have been unfortunate enough to become the victims of the later and more serious complications, attend and receive their treatment with the utmost regularity, whereas the younger men and women are not so conscientious in their attendances. Perhaps from the nature of things, this neglect at the irresponsible period of life, is unavoidable under present conditions.

During the year no case of vulvo-vaginitis and only one case of ophthalmia neonatorum came under observation.

Ophthalmia neonatorum is an entirely preventable disease and is known to be prevalent in all centres of population. The cases arising in the West of Fife receive domiciliary treatment at home or are treated elsewhere, but in only one case have the parents, the origin of the disease, presented themselves for examination. Much is heard at the present time as to the advisability, or otherwise, of venereal diseases being compulsorily notifiable. Ophthalmia neonatorum is itself notifiable and it would seem only logical that the source, or sources, of the disease should likewise be compulsorily notifiable. If this were accomplished then much innocent suffering and frequent resultant blindness would be avoided to a very great extent.

The clinical work at the Dispensary has benefitted very largely by the accurate bacteriological work carried out by Professor Tulloch and his staff at the University College, Dundee. The work done is of the greatest assistance both in the diagnosis and treatment of these diseases as well as establishing a standard of cure.

During the year 1546 specimens were examined, being an increase of 124 over the year 1926.

The standard of cure is perhaps the most important aspect from a public health point of view. In syphilis the tests must of necessity be extended over a long period and take some considerable time to complete. In this case there must be an absence of any clinical symptom; treatment must extend over a minimum period of two years, there must be negative reactions in the blood Wassermann test and the absence of any evidence of syphilitic infection of the cerebro-spinal fluid.

In cases which come under treatment before the disease has become generalized and still in the sero-negative category, these standards of cure are attainable. But, in late or latent syphilis they cannot always be accomplished. While signs and symptoms clear up in these cases the Wassermann test may remain positive or vary from time to time. In such cases treatment is continued up to the point of tolerance for two years, and the patient is kept under observation for some considerable time longer, and, if thought advisable, further treatment is given.

With respect to gonorrhoea an absolute standard of cure is difficult to enunciate, and especially is this so in the case of female sufferers. In the case of males the following conditions are insisted upon.

1. The absence of any sign of urethral discharge for several weeks.
2. The absence of the causal organism—gonococci—from either urethral or prostatic discharge. Numerous films of these discharges are taken and a negative result is aimed at over a considerable period of time. If a positive result is again obtained then further treatment is instituted until a consecutive series of negative results is ultimately gained.
3. Absence of clinical or bacteriological sign of disease subsequent to the administration of a provocative injection of 300 millions of polyvalent gonococcal vaccine, this test being carried out fourteen days after all treatment has been suspended.
4. Urethroscopic examination of the urethra to ascertain that the membrane has regained its normal condition.
5. The patient is then given complete rest for one month, instructed to pursue his customary mode of living, and final smears are again taken at the end of that period, and, if satisfactory, the patient is discharged.

In females a somewhat similar test of cure is carried out. There must be absence of clinical symptoms and signs for one month after cessation of treatment.

Absence of gonococci in bacteriological examination of the discharges of the urethra, cervix and bartholinian ducts on the same principle as is done in the case of males, the specimens in the case of females being taken immediately subsequent to the menstrual period, and finally smears are taken 24 and 48 hours after a provocative injection of 300 millions of a polyvalent gonococcal vaccine. A bi-manual examination of the pelvic contents is also carried out to exclude any involvement of the organs in that region.

Treatment.—The principal drugs in the treatment of syphilis continue to be salvarsan and its substitutes in combination with bismuth, mercury and iodides. The association of bismuth along with salvarsan continues to give better results than those obtained with mercury and salvarsan. Mercury, though still being employed, is being given to a much less extent owing to bismuth proving to be the more potent drug of the two, though it is not sufficiently potent to replace the salvarsan group.

The number of injections of arsenobenzol compounds was 983, an increase of 85 over the year 1926; of bismuth 1,283, a decrease of 96 and of Thio-sulphate of soda 306, an increase of 40. The treatment of neuro-syphilis with tryparsamide in association with bismuth has been continued and is giving very favourable results.

In discussing the results obtained at the Fife and Kinross District Asylum, Cupar, Fife, with Dr. William Boyd, Medical Superintendent of that Institution, a few of the conclusions arrived at are of interest.

The results in these cases are very satisfactory so far, though they may be obscured by certain factors.

These factors are :—

- (a) A temporary improvement resulting from the tonic effects of the drug.
- (b) The tendency to remissions in General Paralysis of the Insane without any treatment.

Dr. Boyd considers that “tryparsamide is undoubtedly a valuable therapeutic agent in the treatment of Dementia Paralytica (General Paralysis of the Insane) that the improvement occurs much earlier than with other drugs of the arsenical group and that in two of the cases the results were beyond all expectation, the patients having since been discharged as recovered.”

He is of opinion “that the treatment of syphilis and its complications has resulted in definite benefit to the patients concerned, and that mental symptoms have improved more quickly under treatment.”

The improvement which takes place is especially noticeable in cases which come under supervision in the early stages and a favourable outlook cannot be entertained in advanced cases. Patients in this latter category made no progress under the influence of the tryparsamide.

Whilst, as yet, it is too early to be dogmatic with respect to these cases, the future holds out a certain amount of promise, provided the cases are got early, emphasizing the incontrovertible fact, that every case of syphilis, no matter what the degree of severity or at what stage the disease is in, must have the nervous system thoroughly overhauled, and if any involvement is present, appropriate treatment at once instituted.

In gonococcal infection the treatment of both males and females remains the same, *i.e.*, local antiseptic therapy, vaccines, instrumentation, etc.

In conclusion, I must again thank those who have assisted me both at the Clinic in Market Street, Dunfermline, and also at the West of Fife Infectious Diseases Hospital, where their services have been most helpful.

MATERNITY SERVICE AND CHILD WELFARE.

Schemes for these purposes are in force in the Districts of Dunfermline, Kirkcaldy and St. Andrews, each District embracing certain of the burghs within its boundaries.

The scheme of Dunfermline District is in force in the burghs of Inverkeithing and Culross, that of Kirkcaldy District within the burghs of Burntisland, Kinghorn, Leslie and Markinch, while the scheme of St. Andrews obtains within the burghs of Anstruther Easter, Anstruther Wester, Kilrenny and Crail.

There are eight whole-time health visitors, three in Dunfermline District, three in Kirkcaldy District and two in St. Andrews District.

No scheme of maternity and child welfare is in operation in Cupar District.

During 1927, the County District health visitors reported 2,086 births of which 28 or 1·3 per cent. were not notified in accordance with the provisions of the Notification of Births Act, 1907. Of the total births, 69 were still-born and 74 were born prematurely. The number of births attended by medical practitioners was 1,472, by midwives 608 and by neither medical practitioner nor midwife 6. Of the infants born, 1749 were breast-fed, 231 were bottle-fed and 37 received mixed (breast and bottle) feeding. The occurrence of ophthalmia neonatorum was reported in 37 infants.

The number of visits made by the health visitors during 1927 was as follows :—Expectant mothers, 1,205 ; infants and nursing mothers 15,349 ; children 1-5 years, 8,301 ; inspection of certified midwives 173 ; tuberculous patients, 2,407 (pulmonary 1,291, non-pulmonary 1,116) ; or a total of 27,435 domiciliary visits in all.

Owing to the illness of the Nurse Health Visitor for the central area of Dunfermline District during the later months of 1927, the return for this area is not forthcoming as the duties were not performed.

ADDITIONAL NOURISHMENT.—During 1927 applications were submitted by health visitors for additional nourishment, medical comforts, etc., on behalf of 269 families. Additional nourishment was granted in various forms (milk, oatmeal, etc.) to 214 families. Grants were made to 33 expectant mothers, 52 nursing mothers, and on 83 occasions to children under 5 years. In addition 46 applications were approved where both mother and children were likely to benefit in circumstances of special urgency. The cost to the Districts of Kirkcaldy and Dunfermline of the food authorised during 1927 was £250 4s 7½d. Excluding 1926, when over £10,000 was spent on food by the District of Dunfermline and Kirkcaldy as a result of the stoppage in the coal trade, the amount spent on additional nourishment in 1927 is below that of recent normal years.

The past year has, in consequence of the six months cessation of work in the coal industry in 1926, proved hard and trying, particularly to women and children, and in the light of the aftermath one is tempted to revise the sentence in the Annual Report for 1926 that "The gener

health of the wives and children of the chief sufferers from the industrial dispute was well maintained during its continuance." The statement appeared to accord with the facts at the end of 1926, but the outlook alters a year later. Troubles and difficulties do not end with a strike. The most trying period comes to the mother at its close when clothing, footgear and the necessary replacement of worn and broken household plenishing has to be made, when accumulated debt, back rent and the multiple contributions made by the miner from his wage have to be repaid and made good, and there is only "short time" earnings for the routine and additional requirements of the household. Trade in the coal industry was bad and showed no sign of improvement in 1927 and doubtless anxieties during the strike and troubles and worries consequent upon its close are reflected in some measure in the noticeable increase in the infantile mortality and other vital rates recorded for 1927.

The annual reports of the County Nurses as health visitors and inspectors of midwives have been furnished to the District Committees concerned and to the Board of Health.

MIDWIVES ACT, 1915.—The number of certified midwives practising within the Landward Area of the County in 1927 was 62 (Cupar District 4, Dunfermline District 28, Kirkcaldy District 25 and St. Andrews District 5).

The number of cases of emergency in the practice of midwives to which medical practitioners were called under Section 22 of the Midwives Act, 1915, was 80 in 1927 as compared with 131 in 1926.

The number of forms of notification of (1) laying out a dead body, (2) still-birth, (3) artificial feeding, and (4) liability to be a source of infection received in 1927 was 23. In 1926 these forms numbered 41.

During 1927, fifty-four accounts were submitted by medical practitioners in the Districts of Cupar, Kirkcaldy and Dunfermline, amounting to £85 12s 7d, in respect of the calls of midwives in emergency cases under Section 22 of the Midwives Act, 1915. In thirty cases the fees were paid by the District Committees, the families being found necessitous after due inquiry: in twenty-one cases the District Committees were recommended to recover the fees paid to the practitioner: three claims by medical practitioners were refused, the accounts having been outstanding too long for verification.

No serious contravention of the provisions of the Midwives Act, 1915, or of the Rules of the Central Midwives Board came to notice during 1927 to which it was deemed necessary to direct the attention of the Central Midwives Board with a view to disciplinary proceedings.

Midwives were reprimanded and warned on seven occasions, five being in regard to the non-notification of ophthalmia neonatorum and two in respect of failure to call in medical practitioners as required by the Rules of the Board.

The work of the midwives in the Western Districts of Dunfermline and Kirkcaldy may be regarded as fair in view of their educational training and literacy. The hospital trained nurse does not take up the practice of midwifery. There is strong indication for securing a better educated and more efficiently trained woman for this kind of work.

In the Eastern Districts conditions are better as pregnant women can secure the service of the properly trained local association district nurse.

MIDWIVES AND MATERNITY HOMES (SCOTLAND) ACT, 1927.—This Act amends the Midwives (Scotland) Act, 1915, and, in addition, provides for the registration and inspection of maternity homes and other purposes connected therewith. The provisions amending the Midwives Act came into operation on 29th July 1927; those in respect to maternity homes came of force on 1st January 1928.

The more important provisions in amendment of the Midwives Act are those making more effective the prohibition of the practice of midwifery by unqualified persons, the right to a midwife to receive reasonable compensation from the local authority when suspended from practice to prevent the spread of infection, and certain changes in the tariff of fees paid to medical practitioners in confinement cases on the emergency summons of a certified midwife. It is also laid down that the doctor must submit his account within two months of the date of his last visit to any such case.

In the Act, the expression "Maternity Home" is defined as "any premises used or intended to be used for the reception of pregnant women or of women immediately after child-birth, but shall not include any hospital or other premises maintained or controlled by a Government Department or Local Authority."

After careful inquiry throughout the County Landward Area, no premises were recognised as falling within the meaning of "maternity home": Part II. of the Act does not therefore apply to the Landward Area in the meantime.

It is the duty of the local public health authority as local supervising authority to apply the provisions of the Act. In Fife, the duties are devolved on the Medical Officer of Health.

MATERNITY HOMES.—Dunfermline and Kirkcaldy District Committees are partners in the Maternity Homes established in the Burghs of Dunfermline and Kirkcaldy.

During 1927, fifty-two women residing in the areas of the District Committees entered the maternity homes. Of these, five were wholly and three partly necessitous, the remainder paying the tariff maintenance charge of £2 on admission and 1s per day of residence or a higher

charge if special ward accommodation is desired. The total amount paid by the patients was £132 7s. The additional cost to Dunfermline and Kirkcaldy District Committees for their shares of the maintenance of the homes was £493 19s 6d.

HOSPITAL TREATMENT OF MEASLES AND WHOOPING COUGH.—In all nine patients suffering from measles or pulmonary complications of that disease were treated in Kirkcaldy District Fever Hospital. The pressure on ward space in the West Fife Infectious Diseases Hospital did not permit of the admission of children with measles or whooping cough.

HOSPITAL TREATMENT OF PUERPERAL SEPSIS.—The attention of all medical practitioners was directed to this subject, a copy of the circulars of the Board of Health on the notification of puerperal fever being sent to every practitioner practising in the Landward County. In addition, a letter was addressed to all doctors in Kirkcaldy District Area intimating that although accommodation for women suffering from puerperal sepsis could not be guaranteed at Thornton Fever Hospital, an earnest endeavour would be made to find bed-space for every case notified where hospital treatment was indicated. The conditions obtaining at West Fife Infectious Diseases Hospital in 1927 did not permit of a similar letter being addressed to medical practitioners in Dunfermline District. The notification of puerperal morbidity was more frequent in 1927, and, with the promise of more hospital accommodation, it should be possible to increase the cases coming under efficient treatment.

The Districts of Cupar and St. Andrews have arrangements whereby women suffering from puerperal sepsis will be treated at King's Cross Hospital, Dundee.

PUBLIC HEALTH AMENDMENT ACT, 1925.

Schemes obtain in all four County Districts for the provision of insulin and food in the treatment of diabetes in those unable to obtain it otherwise.

In all, eight patients throughout the County have been furnished with insulin and food at the public cost.

SCHOOL CLOSURE.

School closure for the prevention of spread of infectious disease was considered necessary on two occasions only.

EXAMINATION OF MORBID PRODUCTS.

The number of specimens submitted for examination from persons resident within the Landward Area during 1927 was 136, as compared with 155 in 1927. In addition, Dr. McGillivray, Executive Tuberculosis Officer, submitted 54 specimens of sputum. On examination 4 specimens were found positive, the remaining 50 proving negative.

The bacteriological examination of all morbid material from the County is undertaken by Professor Tulloch, University College, Dundee.

Morbid Products, 1927.

Fife County.

Nature of Specimen.	Result.	Cupar Dist.	Dunf. Dist.	Kirk- Dist.	St. And. Dist.
Throat Swabs for Diphtheria	Positive	1	3	4	..
	Negative	5	23	37	7
	Total	6	26	41	7
Blood for Typhoid Fever	Positive	..	..	3	..
	Negative	1	..	9	4
	Total	1	..	12	4
Sputum for Tuberculosis	Positive	..	2	2	1
	Negative	5	14	9	6
	Total	5	16	11	7
	Positive	1	5	9	1
	Negative	11	37	55	17
	Total	12	42	64	18

BUILDING BYE-LAWS.

The plans examined and reported upon to the four District Committees of the County Council involved proposals to build 126 new houses and alterations and additions to 95 existing houses.

The plans examined and criticised of premises other than for housing purposes comprised 39 new erections and additions and alterations to 36 existing buildings.

Of the proposed new houses, 1 was of one apartment, 11 were of two apartments, 86 were of three apartments, 20 were of four apartments and 7 were of more than four apartments.

Of the new houses proposed to be erected, 13 were in Cupar District, 13 in Dunfermline District, 83 in Kirkcaldy District and 17 in St. Andrews District.

Of new premises other than housing, proposals were received for the erection of 9 in Cupar, 2 in Dunfermline, 24 in Kirkcaldy and 4 in St. Andrews Districts.

The grant of the Government subsidy was approved (Certificate A) in respect of 104 of the total of 126 new houses.

New building bye-laws similar to those in force in Kirkcaldy and Cupar Districts have been submitted to the Board of Health by Dunfermline and St. Andrews Districts.

CINEMA THEATRES.

The licences under the Cinematograph Act of these establishments are considered in May of each year and occasion is taken to ensure that the premises comply with statutory requirements, that reasonable sanitary fitment facilities are provided and that ventilation and cleanliness are satisfactory. Fifteen licences were granted, the premises being in order subject to the fixation to the floor of a few seats in two picture houses.

POLLUTION OF RIVERS.

The condition of certain rivers in respect of pollution by sewage and trade effluent is known to the local authorities concerned and to the Board of Health. Conditions in regard to the River Leven were again under review by Kirkcaldy District Committee and the Town Council of Leven but matters remain in *statu quo*.

The discharge of the effluent from Prestonhall Sugar Beet Factory to the River Eden was under observation : dilution was ample owing to the generous rainfall of the later months of 1927.

HOUSING.

The position of the District Committees in regard to housing is briefly as follows :—Kirkcaldy District Committee is the only landward authority continuing to add to its housing scheme programme. In view of the conditions obtaining in the coal-mining industry, Dunfermline District Committee have discontinued their building operations. Cupar and St. Andrews Districts, when Government schemes of housing were first promulgated, decided against the principle of the public health local authority itself undertaking the provision of housing. In all four districts the subsidising of private enterprise with the aid of the Government grants has been in operation. Cupar District Committee, however, decided to withdraw the block-grant subsidy in aid of housing provision by private enterprise during the year.

HOUSING (RURAL WORKERS) ACT, 1926.

The four District Committees have each adopted schemes approved by the Board of Health under the provisions of the above Act.

Few proposals were forthcoming, however, during 1927 for the improvement and repair of existing housing under the Act although there were indications towards the end of the year that interest on the part of owners in the possibilities of the Act was beginning to awaken.

Some of the applications approved indicate how heavy may be the cost of repairing old property and illustrate the need of the local authority considering every case on its merits on fullest information obtained.

Only four applications under the Act were received in 1927 (Cupar District 2, Kirkcaldy District 1, Dunfermline District 1).

MILK SUPPLY.

New dairy bye-laws under the Milk and Dairies Act, 1914, are in force in the Districts of Cupar, Dunfermline and Kirkcaldy. Similar bye-laws in respect of St. Andrews District have not yet received the approval of the District Committee but will, I trust, be adopted by the Committee before the end of the current year in view of the desire of several burghs within the District to frame regulations consonant with those in force in the landward area.

In the Districts of Kirkcaldy and Dunfermline where the amended dairy bye-laws have been in force for some considerable time, there is steady improvement in the standard of dairying in regard to cleanliness of milkers and milking methods, and of equipment, premises, etc.

Reference was made in the Report for 1926 to inquiries made and reports submitted to the District Committees of Kirkcaldy and Dunfermline Districts on the holding of a clean milk competition. The proposal was approved and was taken up by the County Council as the competition was extended to the entire County Area. The authorities of the East of Scotland College of Agriculture co-operated whole heartedly in the work involved and undertook the bacteriological investigation of all samples taken. The executive work of the competition, and the duties are onerous, was undertaken by R. G. Anderson, F.R.C.V.S., County Veterinary Surgeon, and J. H. S. Macdonald, College of Agriculture, who acted as Inspecting Judges. The result of the competition was :—1st, William Anderson, Monturpie Farm Largo ; 2nd H. Q. Mitchell, Newbigging, Burntisland ; 3rd Harry Thomson, Percival, Buckhaven ; 4th, James Burnett, Glenniston, Cardenden ; 5th, John Scott, Crombie Farm, Crombie ; 6th, William Clark, Clunie Mains, Kirkcaldy.

The clean milk competition has been followed up by demonstrations throughout the County Area of the working methods involved in the production of a clean milk. The demonstrations aroused interest and were well attended and will, I am satisfied, be reflected in due course in cleaner and more hygienic conditions in dairying.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.—The number of milks sold in consonance with the provisions of this Order in the County are five. Three are pasteurised milks, the plants being owned by Co-operative Societies situated in burghs within the County Area. There

are two graded herds within the landward area, a "certified milk" being produced in St. Andrews District and a "Grade A (Tuberculin Tested)" Milk being produced in Kirkcaldy District. A tubercle-free herd is being built up in Cupar District and will in all probability be licensed early in 1928. The necessary periodic examination of animals, methods and premises where graded herds are kept have been made during the year.

There are throughout the County 342 producing dairies containing approximately 5,888 cows. The standard of milk production in regard to cleanliness is steadily improving and progress in this respect is on the whole more observable in the western industrial districts of Kirkcaldy and Dunfermline than in the eastern agricultural areas of St. Andrews and Cupar.

Numerous plans of new or structural improvements to existing byres and dairy premises have been examined and reported upon during the year, and it is pleasing to observe the higher standards of lighting, ventilation, air space and general structure applied to the building and alteration of byres and dairy premises generally. It is often contended and occasionally proved that clean milk can be produced in unsatisfactory, badly constructed premises. The tax in added labour in securing clean milk in faulty byres is such, however, that it is unlikely to be long continued.

The Annual Report for 1927 of the County Veterinary Surgeon, the first of a completed year's working, illustrates the need of constant veterinary supervision of dairy herds and indicates the beginning of progress in securing freedom from infective disease by the agency of milk. I have to thank Mr. Anderson for kindly co-operation and for information furnished of the occurrence of conditions that have proved the better of remedy.

With a view to informing every person handling milk of the provisions of the Milk and Dairies Act relating to infectious diseases and other illnesses spread by contaminated milk, a placard, printed as subscribed, was handed to every dairyman for display in his premises. The placard was printed on stiff cardboard and varnished to render it permanent.

MILK AND DAIRIES (SCOTLAND) ACT, 1914.

INFECTIOUS DISEASE AT DAIRIES.

Duties of Dairymen and of Dairy Employees.

Every dairyman shall, in terms of the Milk and Dairies (Scotland) Act, 1914, report immediately to the County Medical Officer of Health, Cupar, when any inmate of his household or employee or any person residing with an employee shows symptoms of or is suffering from any infectious disease, sore throat, diarrhoea or suppurating sore.

Every employee shall report immediately to the Dairyman when he or she or any inmate of his or her household shows symptoms of or is suffering from any infectious disease, sore throat, diarrhoea or suppurating sore in order that the Dairyman may inform the Medical Officer of Health as he is required to do in terms of the Milk and Dairies (Scotland) Act, 1914.

No person suffering or having suffered from or showing symptoms of any infectious disease, sore throat, diarrhoea or suppurating sore shall take part in the production or sale of milk without a written certificate from a medical practitioner that he or she may do so without risk of spreading disease.

The infectious diseases commonly spread by milk are scarlet fever, diphtheria, typhoid (or enteric) fever and diarrhoea or dysentery. These diseases may begin with headache, shivering, feverishness, sickness or vomiting. In scarlet fever there is sore throat, followed by a rash. In diphtheria there is sore throat, sometimes hoarseness, but no rash. In typhoid fever there is often, but not always, diarrhoea. Symptoms of diarrhoea in any person employed or living with those employed in dairying should be reported forthwith to the Medical Officer of Health, Cupar.

The symptoms of onset of infectious diseases resemble closely such common ailments as feverish colds and influenza. When one or more of the above symptoms occur in a dairy worker or in an inmate of his or her home, the doctor should be called in at once.

Every dairyman who has in his dairy any cow which appears to be suffering from any sore on the teats accompanied by suppuration or bleeding, or from any disease liable to infect or contaminate the milk or any cow which to his knowledge is giving tuberculous milk, shall forthwith give written notice thereof to the local authority stating the situation of the dairy (Section 14, Milk and Dairies (Scotland) Act, 1914).

It shall be an offence under this Act for any person to consign, sell offer or expose or keep for sale for human food, or to use or suffer to be used in the manufacture of products for human consumption, the milk of any cow which is suffering from tuberculosis with emaciation, or from tuberculosis of the udder, or from any sore on the teats accompanied by suppuration or bleeding, or from any disease liable to infect or contaminate the milk, or of any cow which is giving tuberculous milk, unless he proves that he did not know and had no reason to suspect that the milk was the milk of such a cow. (Section 13 (1) Milk and Dairies (Scotland) Act, 1914).

Every person failing to comply with any of the requirements of the Milk and Dairies (Scotland) Act, 1914, or of any order made thereunder shall be guilty of an offence and shall be liable for every such

fence, except where otherwise provided, to a penalty not exceeding ten pounds, and, if such offence shall continue, to a further penalty not exceeding five pounds for every day the offence continues. In addition to any pecuniary penalty the Sheriff may suspend or cancel the certificate of registration of a dairyman.

REGULATIONS, CIRCULARS, Etc.

The following Regulations, Circulars, etc., which were received or came into operation during the period under review were appropriately dealt with during the year.

The Public Health (Preservatives, etc., in Food) Amendment Regulations (Scotland), 1926, dated December 20th, 1926, made by Scottish Board of Health.

Circular, Foods, No. V. of Scottish Board of Health covering the issue of the above Regulations.

Circular No. 7, 1927, of Board of Health on Housing, etc., Act, 1923, and Housing (Financial Provisions) Act, 1924.

Circular No. 8, 1927, of Board of Health on the Housing (Rural Workers) Act, 1926.

Circular No. 9, 1927, of Board of Health on Housing, Damp Proof Courses.

The Public Health (Infective Jaundice) Regulations (Scotland), 1927, dated February 4th, 1927, made by the Board of Health.

Circular No. 10, 1927, of Board of Health on Housing, Inferior Timber.

The Public Health (Chickenpox) Regulations (Scotland), 1927, dated March 25th, 1927, made by the Board of Health.

Circular, Infectious Diseases, No. 8 1927, of Board of Health on smallpox, Notification of Chickenpox.

Provisional Regulations, dated April 25th, 1927, made by Scottish Board of Health for amending the Public Health (Preservatives, etc., in Food), Regulations (Scotland).

Circular, Foods, No. viii. of Board of Health regarding the above provisional Regulations.

The Public Health (Preservatives, etc., in Food) Amendment Regulations (Scotland), 1927, dated July 1st, 1927, made by Scottish Board of Health.

Circular, Foods, No. 9 of Board of Health regarding the above Regulations.

Circulars Nos. 9 and 10 of 29th July 1927 of Scottish Board of Health on Notification of Puerperal Fever.

The Public Health (Preservatives, etc., in Food) Regulations (Scotland), made by the Scottish Board of Health.

The Public Health (Chickenpox) Amendment Regulations (Scotland) 1927, dated September 10th, 1927.

Circular, Infectious Diseases, No. 10, 1927, on Smallpox, Notification of Chickenpox, from Board of Health.

Circular, Maternity Service and Child Welfare, No. 11, 1927, Board of Health on the Midwives and Maternity Homes (Scotland) Act, 1927.

The Maternity Home Regulations (Scotland) 1927, dated November 24th, 1927, made by Board of Health.

Circular, Maternity Service and Child Welfare No. 12, 1927, Board of Health covering above Regulations.

The Public Health (Infectious Diseases) Regulations (Scotland) 1927, dated December 21st, 1927, made by Board of Health, dealing with malaria, dysentery, acute primary pneumonia and acute influenza pneumonia.

Circular, Infectious Diseases No. 12, 1927, of Board of Health covering above Regulations.

The Public Health (Condensed Milk) Amendment Regulations (Scotland), 1927, dated December 8th, 1927, made by Board of Health.

The Public Health (Dried Milk) Amendment Regulations (Scotland) 1927, dated December 8th, 1927, made by the Board of Health.

The following circulars were issued by the Public Health Department during the year.

To medical practitioners in Dunfermline and Kirkcaldy Districts the conditions and terms governing the admission of women to the Maternity Homes in the Burghs of Dunfermline and Kirkcaldy.

To medical practitioners throughout the County forthwith on the outbreak of smallpox in Dundee asking to be informed of any condition or rash simulating smallpox or chickenpox of the nature which there was doubt.

To medical practitioners on the question of hospital accommodation for cases of puerperal sepsis.

To medical practitioners drawing attention to the provisions of the Midwives and Maternity Homes (Scotland) Act, 1927, on the association of medical practitioners with uncertified women practising as midwives.

Cupar District Report.

INFECTIOUS DISEASES.

During 1927, one hundred and twenty-nine cases of infectious diseases were notified, as compared with 129 in 1926 and 103 in 1925. In all, 71 of the notified patients were removed for hospital or sanatorium treatment (Auchtermuchty Fever Hospital 51, St. Michaels Fever Hospital 10, Glenlomond Sanatorium 10).

The number and age-distribution of the cases of each of the notifiable infectious diseases with the numbers removed for institutional treatment are set forth in tabular form at the end of this report.

Of the cases removed to hospital, 45 were scarlet fever, 14 were phthieria and 2 pneumonia. Ten patients suffering from tuberculosis (pulmonary 5, non-pulmonary 5) were admitted to the sanatorium.

Scarlet fever was prevalent in localised outbreaks throughout the district during 1927. The occurrence of the infection did not reach epidemic form but kept the hospital well filled during the last two months of the year.

DISTRICT INFECTIOUS DISEASES HOSPITAL.

The accommodation available at Southfield Hospital, Auchtermuchty, met appropriately the need of bed space during the year. Nurse J. Dowie was appointed Matron on resignation of Miss Long.

During 1927 the total number of persons admitted for hospital treatment was 66 (scarlet fever 52, diphthieria 13, measles 1). Of the patients treated, 51 were admitted from Cupar District (scarlet fever 45, diphthieria 10, measles 1); 7 from the Burgh of Auchtermuchty (scarlet fever 5, diphthieria 2); 1 from the Burgh of Ladybank (scarlet fever); and 7 from the Burgh of Newburgh (scarlet fever 6, diphthieria 1).

Southfield Hospital is reasonably furnished and maintained, and the medical supervision is in the competent hands of Dr. Macmillan, Auchtermuchty.

BUILDING BYE-LAWS.

The sets of plans examined, criticised and reported upon, during 1927, comprised proposals to erect 13 new houses (1 of two apartments, 8 of three apartments, and 4 of four apartments), and to alter and add to 18 existing houses. The grant of the Government subsidy was approved in respect of 11 houses provided the terms of the Regulations governing assistance from Exchequer sources were found to have been observed.

Building proposals regarding premises for other than housing purposes involved 9 new erections and alterations and additions to existing buildings.

Only two sets of plans were examined and reported on in respect of applications for assistance under the scheme of the District Committee in terms of the Housing (Rural Workers) Act, 1926 : both were approved for grant.

HOUSING.

The number of houses examined in terms of the Housing (Inspection of District) Regulations, 1910, and regarded as unfit for habitation was 15. No closing orders were made, but the defects of 8 were remedied.

Eight notices were served under Section 3 (1) of the Housing Act, 1925, the conditions obtaining in 7 houses being remedied.

Intimation under Section 20 (1) of the Housing Act, 1925, of insufficient water-closet accommodation was given on 34 occasions and complied with in every case. In 23 cases, notices to provide dwelling houses with water supply under Section 40 (1) were reasonably fulfilled.

The consent of the District Committee was given to the erection of two houses, each of two apartments, in terms of Section III. of the Housing Act, 1925.

HOUSING (RURAL WORKERS) ACT, 1926.—Applications were received and granted in respect of two buildings, in one of which, a farm cottage every reasonable requirement to bring the house into conformity with proper building and sanitary practice was complied with. A sufficient water supply being available, a scullery (containing sink, wash-tub and copper boiler), larder and bathroom (bath, wash-hand basin and water closet) was added as an extension ; the windows were increased in area and added to in number for better lighting and through ventilation ; the ground, where it encroached on the back wall and along the gable (rendering the house damp and not reasonably habitable) was excavated to below floor level and drained, leaving the walls and adjacent flooring high and dry and permitting of direct through and floor ventilation. The interior surfaces of the external walls, previously plastered on the solid, were strapped, lathed and plastered. Without doubt, the cottage, with walls approximately two feet thick of mixed whin- and sand-stone, will, if reasonably maintained, outlast the latter-day building characteristic of recent years. Emergency building, like emergency vaccination, is apt—apart from the fact that it may see the local authority out of the wood—to prove unsound.

I have no experience of latter-day building methods in urban areas but with some knowledge of rural agricultural districts I should regard the work of the average country contractor, with the diffidence of the Scot to give a definite reply, as “ not bad.”

Improvement, renovation and reconstruction under the provisions of the Housing (Rural Workers) Act, 1926, are, unless thoughtfully safeguarded, likely to prove costly if freely incurred—more costly to the local authority than the transference to the applicant of the Government subsidy provided in terms of the Housing, etc., Act, 1923.

HOUSING, ETC., ACT, 1923.—At a meeting of Cupar District Committee, held on 1st February 1927, the question of continuing the Government subsidy in aid of private building enterprise under this Act was considered. It was reported that of £3000 arranged to be borrowed from the Public Works Loan Board, £1,000 had already been obtained in respect of houses built and completed, and that with the sum of £1,500 then being borrowed, a total of £2,500 would have been received towards the loan of £3,000. After discussion it was agreed that no further money be borrowed by the Committee under this scheme and that future applications for subsidy under the Housing, etc., Act, 1923, be curtailed to such extent as to exhaust the money already borrowed.

It was difficult to realise the grounds for this decision as it seemed unlikely that the applications for lump-sum subsidy in aid of private building had been exhausted. The type of house erected had been good and its construction had proved generally satisfactory. The occupation of a new house meant in some cases the vacating of an old one for re-occupation. Certain of the applicants were owner-occupiers, a worthy class in need of encouragement. Further, the local authority itself had not undertaken the provision of houses although a responsible Committee of their body had reported a few years before that over a hundred houses were necessary for the appropriate housing of the population of the District. The houses built by private enterprise with the aid of the Government subsidy under the Housing Act, 1923, were in slow measure meeting this need.

The Committee had extended their scheme under the Act to include burghs within the District and were, I imagine, the only local authority in Scotland to make such provision. A number of houses were built under the District Committee's scheme in the Burghs of Auchtermuchty, Falkland and Ladybank, but it seemed unnecessary that the District Committee should pay to an applicant in the area of another local authority the additional monetary incentive provided for an owner-occupier building a house within Cupar District.

It appeared to me a matter of regret that the scheme was abandoned thus depriving those with sufficient enterprise to build of the benefit of a Government grant of about £75. The administration of a scheme by the District Committee should, apart from some minor incidental expenses, cost nothing.

WORKSHOPS.

The number of inspections was 82. Seventeen written notices were issued. In all, 22 defects such as want of cleanliness and ventilation defective floor drainage, etc., were observed, the majority of which were remedied without recourse to H.M. Inspector.

SEASONAL WORKERS BYE-LAWS.

The draft bye-laws regulating the provision of proper accommodation for seasonal workers were adopted by the District Committee on 4th May and confirmed by the Board of Health on 4th October 1927. The bye-laws have been brought to the notice of those known to employ seasonal workers.

POLLUTION OF RIVERS.

PRESTONHALL SUGAR-BEET FACTORY.—The possibility of pollution of the River Eden by trade-waste effluent from this factory has had attention. The working season of the factory was wet and there was ample dilution of the effluent in the river.

KETTLE GAS WORKS.—Complaint was received of the pollution of ditch, serving as the natural watering place for stock, by discharge from Kettle Gas Works. Analysis revealed the presence of ammoniacal liquor rendering the water unfit for the watering of stock. On investigation it appeared that the coke-quenching water and gas liquor from a vertical retort were discharged to a drain joining the ditch. The Committee adopted the recommendation made, viz. that all drainage to the ditch be cut off, that the gas liquor from the vertical retort be discharged to the coke-quenching water tanks and that a pump be installed to permit of the re-use of all coke-quenching water. It was suggested that the engine-exhaust water be also led to storage tank for coke-quenching purposes. The suggestions made were carried into effect. So far a further analysis of the water of the polluted ditch has not been made.

BRIGHTON DITCH.—The foul condition of this ditch which joins mill-lade of the Eden was complained of. On investigation it was found that the crude sewage from Springfield Asylum was being being passed from the septic tanks of Asylum sewage disposal works direct to the ditch. As the condition of the ditch had been a source of trouble in the past, representation was made to the Board of the Asylum with a view to the disposal works being put into efficient working order, and this was done.

SLAUGHTER-HOUSES.

There are seven private slaughter-houses within the District situated at Auchtermuchty, Ceres, Cupar-Muir, Freuchie, Kingskettle, Springfield (Fife and Kinross Asylum) and Strathmiglo. The slaughter-houses are in conformity with the provisions of the bye-laws: the premises were maintained in cleanly condition and no complaint fell to be made in regard to the conduct of the business.

DAMSIDE HORSE SLAUGHTER-HOUSE.—Reference was made in the Annual Report for 1926 to complaints received of offensive smells from the premises of Mr. Frank Gysels at Damside proving a nuisance to those residing in the neighbourhood in the direction of the prevailing winds as a result of the accumulation of the raw material used in the manufacture of meat meal, fertiliser, etc. Notice of nuisance under the Public Health Act, 1897, was served, and proceedings taken on behalf of the District Committee which were not upheld by the Sheriff. The complaints continuing, the District Committee, being satisfied of the occurrence of nuisance, refused to confirm a "conditional" licence for the conduct of an offensive business which had previously been issued to Mr. Gysels, but was regarded as having lapsed. Mr. Gysels thereupon appealed to the County Council who sustained the appeal against the refusal of the District Committee to grant an order for the conduct of an offensive business at Damside. Thereafter property owners and other parties residing in the neighbourhood or affected by the offensive smells from Damside who had objected to the granting of an order for the carrying-on of an offensive trade at these premises appealed to the Board of Health. The Board of Health held a local inquiry at Cupar Sheriff Court under the chairmanship of Sheriff Pitman with whom were conjoined two assessors on 9th December and subsequently. In the course of the inquiry Sheriff Pitman suggested that the parties adjourn with a view to some mutual agreement being arranged. An agreement was reached as follows:—

SCOTTISH BOARD OF HEALTH. IN APPEAL.

John Scott and Others v. Frank Gysels.

Heads of Agreement between the parties as to alterations to be made on the Offensive Trade premises at Damside.

1. Provide premises for skinning and cutting up fallen animals (and for carrying on business of "Knacker"—see definition in Act—if he has the necessary sanction and licence for such business) apart from the slaughter house, so that the present slaughter house will be used exclusively for killing animals for human food.

2. Provide a new building—either of brick or of corrugated iron on a steel frame to accommodate the Iwel Plant, boiling pans flat bottomed driers and any other plant that may be installed.
3. Re-arrange all plant, install central condenser of size adequate to take all gases from digesters, boiling pans, and driers and install pipes of cast iron or other approved material to convey gases from digesting, boiling or drying plant to condenser.
4. Maintain supply of water to condenser sufficient to reduce condensate to a temperature not exceeding 90° Fahrenheit.
5. Not later than thirty-first January 1928, install an arrangement by which gaseous chlorine will be sprayed in the track of the outgoing ultimate gases from the condensers.
6. Appoint competent Mechanic to look after all plant, maintain in good repair, and ensure that these conditions are implemented.
7. Boil up hoofs and lower parts of legs in boiling pan, within 7 hours of slaughtering or of being received on the premises, and so treat afterwards as not to prove nuisance.
8. Provide sufficient water storage capacity to store the water required for all the purposes of the business, as required in full normal working day.
9. Duplicate pump, and its prime mover (*i.e.*, engine) and supply pipes from the pumps to the storage tank.
10. Protect pumps and water pipes from frost.
11. Pave yard with tar macadam where liable to be soiled with offal blood, etc.
12. Re-arrange drainage, and install intercepting tanks or cesspools if found necessary, after further inspection and cleanse tanks or cesspools at frequent intervals, and so as not to cause nuisance.
13. Submit to Local Authority plans of buildings showing re-arrangement of plant—and drawings of plant—so far as proposed to give effect to these undertakings. Failing agreement, the question in dispute shall be determined by the Board.
14. Plans for the foregoing works, etc., to be submitted to Local Authority by 15th February 1928.
15. Buildings and whole alterations to be completed within nine months from final sanction of plans.
16. Any application for extension of time, in the event of dispute, to be determined by the Board.

DUNSHALT WATER SUPPLY.

The District Committee had again under consideration the provision of a sufficient water supply for Dunshalt village. From communications received it appeared that opposition would be met despite the fact that the scheme of the engineer consulted by the Committee would have improved the water supply of all concerned. On 3rd March a public meeting was held at Dunshalt of the ratepayers, when the details of the several schemes considered by the District Committee were laid before and explained to the meeting. The Chairman of the District Committee explained that if the question were left to the District Committee, the scheme considered best in the interests of ratepayers would be promoted in which case the water-rate would not be less than 3s 6d per pound. On the other hand the ratepayers themselves might endeavour to solve the problem by approaching by a Committee of their own number the farmers interested in the existing gravitation supply and the proprietors of the Falkland Estate. The second of these proposals was unanimously approved, a small Committee being appointed for the purpose. The requisition for the formation of a water district was withdrawn. The water supply of the village remains as set forth in my report on the subject in 1924.

VITAL RETURNS.

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

During 1927 there were 235 births (male 131, female 104), as compared with 268 in 1926. The birth-rate of 1927 was 15·8 per 1,000 of an estimated population of 14,895.

There were 21 illegitimate births, equivalent to 8·9 per cent. of the total births.

Marriages numbered 79, equivalent to a crude marriage-rate of 5·3 per 1,000 estimated population. The number of marriages was the same as in 1926.

The total deaths numbered 253 (male 122, female 131), equivalent to a corrected death-rate of 12·9 per 1,000 estimated population. There were 186 deaths in 1926 and the death-rate was 9·4 per 1,000.

The deaths of infants under one year of age numbered 15, equivalent to an infantile mortality-rate of 64 per 1,000 births registered. The infantile mortality-rate was 71 in 1926.

The death-rate from tuberculosis (all forms) was 0·60 per 1,000 estimated population, that from pulmonary tuberculosis being 0·54 per 1,000, these rates being higher than those of 1926.

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INFECTIOUS DISEASES.

During 1927 there were, excluding chickenpox (referred to below), 358 cases of infectious diseases notified as compared with 439 cases in 1926. The number removed for institutional treatment was 188.

The cases notified comprised :—Scarlet fever 101, diphtheria 59, erysipelas 36, puerperal fever 8, ophthalmia neonatorum 29, acute primary pneumonia 42, acute influenzal pneumonia 32, and tuberculosis 50 (pulmonary tuberculosis 18, non-pulmonary tuberculosis 32).

In addition, 208 cases of chickenpox were notified after this disease was made notifiable throughout Scotland by the Scottish Board of Health.

The numbers of cases removed for hospital and sanatorium treatment were :—Scarlet fever 101, diphtheria 55, erysipelas 5, puerperal fever 2, ophthalmia neonatorum 1, dysentery 1, acute primary pneumonia 2, acute influenzal pneumonia 1, pulmonary tuberculosis 9, non-pulmonary tuberculosis 11.

The notifications of infectious diseases during 1927 were (chickenpox being left out of account) lower than for many years past. The following are the numbers notified for the years set forth :—1927, 358 ; 1926, 439 ; 1925, 406 ; 1924, 381 ; 1923, 431 ; 1922, 477 ; and 1921, 423.

The incidence of scarlet fever in 1927 (101 cases) was lower than that of 1926 (195 cases).

The larger number of notifications of puerperal fever is doubtless the result of circulars addressed to medical practitioners urging early notification of puerperal women with fever in excess of a certain defined temperature.

The notifications of tuberculosis are 19 below the number notified in 1926.

The occurrence of the more common notifiable diseases of children was mainly sporadic, there being little of the nature of epidemics. It was deemed advisable however to close the Public School at Tulliala from the 2nd to 11th March inclusive with a view to the prevention of the spread of influenza and mumps.

THE PUBLIC HEALTH (INFECTIVE JAUNDICE) REGULATIONS (SCOTLAND), 1927.—These Regulations made by the Board of Health, dated 4th February 1927, came forthwith into operation making infective jaundice a notifiable disease until 31st December 1927. By the Public

Health (Infective Jaundice) Amendment Regulations (Scotland) 1927, infective jaundice was made a notifiable disease until 31st December 1932. A copy of these regulations was sent to every medical practitioner practising within the District.

The Public Health (Chickenpox) Regulations (Scotland), 1927, made by the Board of Health on 25th March 1927, came into operation forthwith rendering chickenpox a notifiable disease. This action was taken on account of the occurrence of smallpox in Dundee. Prior to the issue of these regulations I had been in communication with every medical practitioner practising in the landward area asking to be informed forthwith if he met with any condition or rash simulating smallpox or chickenpox of the nature of which he was doubtful. Several cases were seen but in each the diagnosis of smallpox was not made.

The Public Health (Chickenpox) Amendment Regulations (Scotland), 1927, were issued by the Board of Health in September 1927 providing for the extension of the period of the notification of chickenpox until 31st December 1928.

I doubt much the expediency of the Board making chickenpox notifiable in landward areas. If a medical practitioner notifies chickenpox, he is satisfied the case is chickenpox and there is no occasion for the medical officer of health visiting nor would the medical officer have the time to visit. If the diagnosis is doubtful and there is any possibility of the condition being smallpox, the medical officer is invariably informed. Recently there has been an epidemic of chickenpox in the West of Fife. Possibly in the majority of cases of chickenpox, a doctor never sees the child.

PUERPERAL SEPSIS.—I referred in the report for 1926 to the possibility of special provision for such cases being considered by a Conference of the Local Authorities of West Fife on the provision of a hospital for abnormal and complicated cases of labour. Nothing has come of the question. There is an isolation pavilion on the cubicle principle at West Fife Infectious Diseases Hospital which appears suitable for the treatment of puerperal sepsis if bed accommodation is available when required. Two women notified as suffering from puerperal sepsis were admitted to West Fife Hospital during 1927.

WEST FIFE INFECTIOUS DISEASES HOSPITAL.—The Joint partners in this Hospital are Dunfermline District Committee and the Burghs of Dunfermline, Cowdenbeath, Inverkeithing and Culross.

During 1927 the numbers of patients from the area of the District Committee treated in the West Fife Fever Hospital were:—Scarlet fever 97, diphtheria 55, erysipelas 5, pneumonia 3, puerperal fever 1 and chickenpox 1 (return by the Medical Superintendent).

I have visited the Hospital during the year. The Hospital is well equipped and efficiently administered by Dr. Reekie and Miss Fraser, Matron. Like other infectious diseases hospitals, when epidemics of different diseases synchronise in time of incidence, it has of recent years been unduly crowded on occasion with results adverse to the patient. The question of extension is under consideration.

There is a motor ambulance for removal of patients to hospital and a motor landaulet for conveyance home on discharge. The disinfecting apparatus is appropriate, the steam disinfector being of the Washington-Lyon type.

MUIRCKOZHALL SMALLPOX HOSPITAL.—As noted in the report for 1926, the hospital building was blown from its site by the gale of 28th January 1927. In the meantime negotiations are proceeding with a view to the smallpox hospital of Kirkealdy District at Fosterton being made the Hospital for the County as a whole. Any cases of, or suspected of being, smallpox will in the interval be removed to Fosterton.

ENCEPHALITIS LETHARGICA.—The brochure on this disease issued by the Board of Health was sent to all medical practitioners practising in the District for information.

BUILDING BYE-LAWS.

The sets of plans examined and reported upon during 1927 comprised proposals to erect 12 new houses (1 of two apartments, 5 of three apartments, 4 of four apartments and 2 of five apartments), and to alter and extend 26 existing houses. Proposals in respect of premises for other than housing purposes involved 2 new erections and alterations and additions to 9 existing buildings.

The new draft building bye-laws adopted by the Committee and which are in similar terms to bye-laws in operation in Cupar and Kirkealdy Districts are being held up by the Board of Health who apparently have in view their amendment and consolidation on lines to serve as new model building bye-laws for the country as a whole.

WORKSHOPS.

The number of workshops in the District is 77 of which the more numerous are bakeries (15), joinery (17), shoe-making (10), and smiths (13). During the year, 68 inspections were made by the Sanitary Inspector and the defects found were all of such a nature that oral representation served for due remedy. The bakeries I have visited are maintained in fair hygienic condition.

BYE-LAWS FOR SEASONAL WORKERS.

The bye-laws drafted for the purposes of Section 45 of the Housing Town Planning, etc., Act, 1919, a number of years ago remain unconfirmed, the position being as reported in the annual report of last year.

BURIAL GROUNDS.

Progress in respect of the new cemetery at Aberdour consequent upon the recommended closure of both the old and new churchyards for burial purposes is slow. The ground proposed for a new cemetery was now, however, been purchased and paid and doubtless further steps will be taken to ensure the use of the ground for the purposes for which it has been bought during the current year.

SLAUGHTER-HOUSES.

The licences for the slaughter houses situated at Aberdour, Keltie and Kincardine-on-Forth were re-issued in May, the premises being suitable, reasonably maintained and kept in fair sanitary condition. The conditions prescribed by the Board of Health in terms of the Meat Regulations are observed, meat inspectors having been appointed and the Sanitary Inspector being Detention Officer for anything he may regard as unsound or of doubtful quality.

PUBLIC HEALTH AMENDMENT ACT, 1925.

The District Committee furnished insulin to two patients during 1927 at a cost of £21 8s 3d. The cost of the insulin in respect of one patient is refunded to the District Committee by the parents.

HOUSING.

The number of new houses built within the District during 1927 was 2, all by private enterprise, the Government subvention being granted in respect of 9.

As a result of the conditions prevailing in the District, the District Committee are not, of themselves, undertaking the provision of further housing meantime.

During the years 1919-27 inclusive, the number of houses built within the District has been 606. Of this number 58 were of two apartments, 462 were of three apartments, 63 were of four apartments and 23 were of more than four apartments.

The District Committee built during the years 1921-25 inclusive 58 houses of which 8 were of two apartments, 116 of three apartments and 34 were of four apartments.

MATERNITY SERVICE AND CHILD WELFARE.

The scheme of Maternity Service and Child Welfare of the District Committee was approved by the Local Government Board in April 1918. Eight years prior thereto the District Committee had recognised the value and benefit likely to accrue from the service of a nurse visitor and had appointed Nurse Robertson in this capacity. A

second health-visitor, Nurse Petrie, was appointed in January 1914. In 1920 a third health-visitor, Nurse Roy, was appointed, the landward area being mapped out into three nursing districts involving in so far as could be secured comparatively equal work. The work has been done by visitation in the home, ensuring insight into the actual conditions prevailing there, and has been mainly of an educative and preventive nature, concerned with the health of expectant and nursing mothers, the proper feeding and clothing of infants and children, the treatment of measles and whooping cough and of minor domestic ailments, etc. This system has served the District well. The nurses by their aptitude for and long experience of the duties have learned to estimate rapidly the nature of the homes they enter and to adjudge accurately the characteristics of the occupants—information of value in deciding whether temporary relief in kind at the public cost is to be granted to those claiming to fall within the necessitous category.

Hitherto, there has been no actual executive medical supervision of mothers and children. If medical supervision is to be secured, the establishment of maternity and child welfare centres will be necessary. Several centres would be required to meet the needs of the District appropriately, and in large centres of population these should be specially designed for the work unless a sufficient centre is available by arrangement with the Education Authority or other body. It seems futile to take for granted that accommodation in some institute or public hall which may be available for one day while reverting to other purposes for the rest of the week will serve or prove satisfactory.

If premises designed as a centre are erected, the capital cost of the building will be approximately £1000 apart from furnishings, apparatus and general equipment. Maintenance expenditure will include rates and taxes, lighting, heating, cleaning, the part-time cost of a whole-time medical officer, the part-time service of one nurse although two may be necessary if the clientele is numerous as voluntary help is unlikely to be available in mining townships. There is in addition the cost of motor transport for the medical officer and probably also for one nurse.

From the above brief outline the District Committee will assess approximately what is likely to be involved by the establishment of maternity and child welfare clinics in appropriate premises within the District. If centres were established, the District Committee would probably desire the medical staff to undertake such preventive and curative work as immunisation to diphtheria and scarlet fever and the treatment of certain conditions by ultra-violet light.

The reports on the health-visiting and midwifery work have been submitted to the Board of Health and the Central Midwives Board and members of the District Committee are cognisant of their terms.

The reports available are those of Nurses Robertson and Petrie. Owing to the illness of Nurse Roy during the last quarter of the year and her subsequent resignation which was accepted with sincere regret in view of her continued indisposition, there is no annual report for the central health-visiting area.

After the emergency work involved by the industrial crisis and stoppage in the mining industry of 1926, the year 1927 proved uneventful.

During 1927, applications for temporary relief in the form of additional nourishment were received on behalf of 154 families. The number of applications granted was 120; the number not approved was 34, the health-visitors keeping the families under observation in view of a possible change for the worse in the circumstances which determined refusal. Of 120 applications approved, 19 were for expectant mothers, 23 for nursing mothers and 44 for children under five years. The remaining 34 were for mothers and children.

The total of the accounts passed for payment during 1927 for nourishment supplied under the scheme was £186 0s 11d. In 1926 the amount was £3663 4s 1d: in 1925, £204 14s 9d. The food supplied took the form in the majority of cases of milk and oatmeal as representing the best nutritive value for the money expended but in certain cases cod liver oil and meat extract or other medical comfort may be given on occasion.

During 1927, Nurses Robertson and Petrie dealt with 538 births, only 6 omissions to notify being recorded. Still-births numbered 19, premature births 16, plural births 5. The births of 310 infants were attended by doctors, 227 by certified midwives and 1 by neither doctor nor midwife.

Of the houses visited 438 were described as "clean," 87 as "indifferent," and 12 as "dirty."

The number of visits made by Nurses Robertson and Petrie was:—Expectant mothers 456, infants and nursing mothers 5932, children 1-5 years 1583. Visits made by the Nurses as Assistant Inspectors of Midwives numbered 42, and in supervision of tuberculosis patients in their own homes 308.

MIDWIVES (SCOTLAND) ACT, 1915.—My annual report as Medical Officer to the Local Supervising Authority has been submitted to the Board. The total number of cases of emergency in which medical practitioners were called by certified midwives to confinements was 46. The claims by medical practitioners in respect of services in terms of Section 22 of the Midwives Act amounted to £54 3s 9d. In nineteen cases the District Committee was recommended to recover the amount

paid to the doctor from the family concerned. Seventeen accounts from doctors were defrayed by the District Committee under the Maternity and Child Welfare Scheme, the families implicated being in necessitous circumstances.

DAVAAR MATERNITY HOME.—Thirty-five women were admitted from the District. The fees in the case of two women were defrayed wholly by the District Committee, while two women paid in part the fees owing. The total paid by the remaining women was £93 13s.

The account paid by the District Committee in respect of the maintenance of patients in the Home for the year ending 15th May 1927 was £329 15s 1d.

VITAL RETURNS.

During 1927 the number of births was 638 (male 320, female 318), as compared with 779 in 1926. The birth-rate for 1927 was 17·5 per 1,000 of an estimated population of 36,434.

Illegitimate births, 48 in number, were equivalent to 7·5 per cent. of the total births.

The marriages numbered 171, as compared with 182 in 1926, the marriage-rate of 1927 being 4·7 per 1,000 estimated population.

The deaths from all causes were 356 (male 193, female 163), the death-rate corrected for transfers and adjusted for age and sex distribution being 10·7 per 1,000. The deaths and death-rate of 1926 were 317 and 9·5 per 1,000 respectively.

Of the total deaths, 63 were those of children under one year, the infantile mortality-rate being 99, the highest figure the District has had since 1924. Bronchitis and pneumonia were in the main the factors responsible for the increased death-rate of children.

The death-rate from tuberculosis was 0·47 per 1,000, that from pulmonary tuberculosis being 0·25 per 1,000, a very satisfactory figure.

The death-rate from the principal epidemic diseases was 0·33 per 1,000, as compared with 0·47 per 1,000 in 1926.

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INFECTIOUS DISEASES.

During 1927, the persons notified as suffering from infectious diseases numbered 855 (typhoid fever 5, scarlet fever 302, diphtheria 184, erysipelas 26, puerperal fever 6, ophthalmia neonatorum 10, acute primary pneumonia 85, acute influenzal pneumonia 28, tuberculosis 54 pulmonary 21, non-pulmonary 33), and chickenpox 154).

Excluding chickenpox, which was made notifiable by the Board of Health on account of the occurrence of smallpox in Dundee early in the year, the number of notified cases was 701, as compared with 621 in 1926.

The number of patients removed to hospital was 514 of whom 501 were treated at the Infectious Diseases Hospital and 13 at Glenlomond sanatorium.

The numbers and age distribution of the persons notified as suffering from infectious diseases with the numbers of each disease removed for institutional treatment are set forth in the table at the end of this Report.

Scarlet fever and diphtheria were general throughout the year and frequent in the Lochore-Glencraig and Kennoway-Windygates districts.

KIRKCALDY INFECTIOUS DISEASES HOSPITAL, THORNTON.—The number of patients under treatment during 1927 was 753, viz.:—Typhoid fever 5, scarlet fever 442, diphtheria 251, puerperal fever 7, pneumonia 34, measles 6 and other conditions 8. The numbers of patients admitted from the Districts of the Local Authorities who are partners in the Hospital Combination were:—Kirkcaldy District 551, Lochgelly 81, Markinch 65, Leslie 34 and Dysart 22.

There was pressure on the bed accommodation throughout the year and the need for additional ward space was obvious. The new isolation wards in course of construction will prove a welcome instalment towards extended ward space and more particularly in view of the numerous infections treated and the double infections which frequently arise.

KIRKCALDY DISTRICT SMALLPOX HOSPITAL.—Occasion for the opening of this hospital did not occur during the year. Negotiations are proceeding with a view to the recognition of this hospital as a centre for the isolation of smallpox for all local authorities within the Counties of Fife and Kinross.

SCHOOL CLOSURE.—On account of the prevalence of diphtheria and other infectious diseases, Thornton Public School was closed from 3rd to 11th March (inclusive) with the object of limiting the spread of infection. The closure was partial and limited to certain classes.

BUILDING BYE-LAWS.

Sixty-two sets of plans were examined and reported upon in 1927. These comprised proposals to erect 83 new houses (7 of two apartments, 66 of three apartments, 3 of four apartments, and 7 of more than four apartments) and to alter and add to 35 existing houses. Seventy-four of the proposed new houses were approved for the Government subsidy (Certificate A). Proposals regarding premises for other than housing purposes involved 24 new erections and additions to 11 existing buildings.

Plans for two houses at Happy Close, West Wemyss, were withdrawn after approval had been given to the grant of the Government subsidy.

PUBLIC HEALTH AMENDMENT ACT, 1925.

In terms of the scheme for the furnishing of diabetic patients with means of sufficient treatment which they cannot, without hardship supply for themselves, five female patients were provided with insulin at a cost of £9 11s 6d. One patient refunded the cost of the insulin supplied. A grant of 10s weekly for a period of six weeks was given to one patient to allow of appropriate food being obtained. Eggs and cream were supplied to two patients at a cost of £2 1s 5d.

WORKSHOPS.

Inspections made under the provisions of the Factory and Workshops Act, 1901, numbered 384. Defects observed numbered 10 and comprised want of cleanliness on three premises and insufficient or defective sanitary accommodation in the remainder. The number of inspections made was 384 (factories 49, workshops 219, and workplaces 116). The workshops and workplaces are maintained generally in satisfactory condition.

SLAUGHTER-HOUSES.

These are four in number, one public (Markinch Town Council) and three private, one at East Wemyss and two at Cardenden, of which one is seldom used. All are maintained in good and cleanly state.

The Sanitary Inspectors are appointed as detention officers and call to their aid when occasion requires the veterinary surgeons appointed by the District Committee as Meat Inspectors under the Meat Regulations. Much of the meat consumed is slaughtered in the public slaughter-houses of the larger burghs within the District. The unsound meat seized within the District is small in amount.

BURNING COAL BINGS.

No further complaints have been received in respect of the redd bings at Nellie Pit, Glencraig, Francis Pit, Dysart, Michael Colliery, East Wemyss or the Balgonie Pits regarding nuisance since the District Committee formerly took action.

Complaint was made of the destruction of crops by the Secretary, Thornton Branch of the National Farmers' Union, by the fumes from the burning bings at Wellsgreen and Buckhaven. The latter was situated within the Burgh. On examination of the bing at Wellsgreen it was found that the refuse was almost completely burnt out and that if no fresh material was added to the burning portion, the nuisance from fumes and smoke would speedily be remedied.

HOUSING.

The number of houses inspected under the provisions of the Housing Acts and Public Health Act, 1897, was 714. The number of houses considered unfit for occupation was 209, of which 105 were represented for closure. Closing orders were made in respect of 34 houses. Four houses were rendered habitable on representation of their condition to the owners. Four houses were repaired and made good after the issue of closing orders.

Intimations of insufficient water-closet accommodation under the provisions of Section 20 (1) of the Housing Act, 1925, were served in respect of 237 houses. The terms of the intimation were complied with by seventeen owners. In one case the work was carried out by the District Committee.

Notices requiring provision of water supply were complied with in respect of 20 houses, 7 cases being outstanding at the end of the year.

The above number of intimations of insufficient water closet accommodation include the houses, 218 in number, of the village of Prinlaws for which sinks and water supply were also requested. The village is the property of one owner and after discussion of the expenditure likely to be involved, the question of the enforcement of the notices was postponed until early in 1929 when the proprietor expressed himself as likely to begin the work asked for.

The District Committee have been active in securing the laying-on of water and the provision of water closet accommodation where the District Water Supply and a sufficient Drainage Scheme were available, and the townships and most populous communities have now been covered.

There remain certain villages such as Kennoway, Kinglassie, Coalton of Balgonie and Milton of Balgonie where it is not yet practicable to insist on water-closet accommodation as there is no public sewerage scheme. Instructions have been issued for the preparation of schemes of drainage for these villages.

POLLUTION OF RIVERS.

The condition of the rivers Leven and Ore continues as formerly the points at which the rivers are polluted and the sources of pollution having been mapped out for the information of the Board of Health. As a result of the construction of the Balgonie lade, the condition below the site of Markinch Irrigation Works have not improved.

MATERNITY SERVICE AND CHILD WELFARE.

During 1927, certain changes occurred in the health-visiting staff Nurse Blane resigning after many years service of sterling work on behalf of the Committee, and being succeeded by Nurse E. Doughty in the Central Area. Nurse Richardson also resigned, Nurse A. C. Gemmel being appointed to the Western Area for health-visiting and other purposes.

Kirkcaldy District Committee appointed their first health-visitor Nurse Gilchrist, early in 1911 for the population of the landward area around Lochgelly, being one of the first landward authorities in Scotland to undertake the instruction of mothers and the supervision of children under one year of age with a view to the prevention of unnecessary maternal and infantile mortality. After experience of this work, nursing supervision was extended to the whole District, two additional health-visitors being added for the three areas mapped out.

In March 1918, a scheme of maternity service and child welfare was approved by the Local Government Board and has continued in operation since, the burghs of Burntisland, Kinghorn, Leslie and Markinch conjoining with the District Committee. The nurses act as health-visitors, tuberculosis nurses and assistant inspectors of midwives for their areas.

The work, primarily of an educative preventive nature and concerned with the health of expectant and nursing mothers, the appropriate feeding and clothing of infants and children, the treatment of measles and whooping cough and of children's minor ailments, is done by house to house visitation, probably the most direct and efficient method where temporary relief has to be granted in the form of food to the family.

The question of the establishment of Maternity and Child Welfare Centres was discussed with the Health-Visitors during the year. There is no doubt of the benefits accruing from the attendance of mothers and children at such centres. I should regret however if attention to a new undertaking the Committee resolved upon affected adversely the domiciliary visitation of the present system. House to house visitation secures supervision of the careless inefficient mother and permits of the health-visitor estimating accurately the characteristics of the inmates of the home. The cases needing most supervision and care do not as a rule visit centres.

The annual reports of the health-visitors on the work done during 1927 have been submitted to the District Committee, Board of Health and Central Midwives Board.

The total births within the areas covered by the Scheme numbered 1269, all but 14 being notified under the provisions of the Notification of Births Acts. Still births numbered 39, premature births 50. Plural births occurred on 26 occasions. The births of 902 infants were attended by doctors, 362 by midwives and 5 by neither doctor nor midwife.

Of the homes visited, 1,115 were described as "clean," 63 as "indifferent" and 66 as "dirty."

The numbers of visits paid by the health-visitors were :—Expectant mothers, 496 ; infants and nursing mothers, 6,930 ; children 1-5 years, 5,147. Visits as Assistant Inspectors of Midwives numbered 114, and as Tuberculosis Nurses 1,733. In all, 14,420 visits were made by the Health Visitors throughout the year.

ADDITIONAL NOURISHMENT.—During 1927 applications for food were received in respect of 115 families. 94 were approved, grants of food being made to 14 expectant and 29 nursing mothers, to 39 families with a child or children below five years and 12 to mothers and children. The expenditure on food was £64 3s 9d, a smaller sum than is usually spent for this purpose.

Transport facilities to permit of necessitous children being taken for treatment to Edinburgh Royal Infirmary and Sick Children's Hospital have also been frequently furnished.

MATERNITY HOME.—During 1927, seventeen women were admitted to Kirkcaldy Maternity Home from the landward area of Kirkcaldy District. In all, £38 14s was paid by these women, the District Committee making good the deficit on the patient-day cost in the Home. The deficit for the year ending 15th May 1927, paid by the District Committee, was £164 4s 5d. A woman in emergency entered Davaar Home, Dunfermline, the District Committee bearing the cost of £5 8s.

MIDWIVES ACT.—The Annual Report of the Medical Officer has been submitted.

The total number of cases of emergency in which medical practitioners were called by certified midwives to confinements was 32. The claims by doctors in respect of services given in consequence of such calls amounted to £30 4s 6d. The claims numbered 18. Three claims were returned unpaid as they had been too long outstanding. Thirteen claims were in respect of women in necessitous circumstances. The District Committee were recommended to recover the fees paid to doctors in two cases.

During the year, three midwives were reprimanded in regard to omissions to notify ophthalmia neonatorum and one for failure to send for medical assistance and to notify ophthalmia.

In connection with the operation of the Midwives and Maternity Homes (Scotland) Act, 1927, which came into operation on 1st January 1928, inquiries were made but no premises falling within the definition of "Maternity Home" was learned of. The attention of medical practitioners was drawn by circular-letter to certain amendments of the Midwives Act, 1915, bearing on the association of medical practitioners with unqualified women practising midwifery.

MILK SUPPLY.

The number of dairies in the District is 115, the number of cows kept at the close of the year being 2695. The standard of cleanliness both of premises and animals is satisfactory. Certain new byres have been erected in the District during the year which fully comply with the provisions of the new Dairy Regulations and are satisfactory in all respects.

In the Clean Milk Competition, dairymen in the District did well Glassliehead, Muiredge and Boglily appearing in the prize-list.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.—Grade A (Tuberculi Tested) Milk is produced at Wemyss Castle Dairy. The milk was sampled in April and again in September. In April, the highest bacteriological count was 10,000 colonies per c.c. and the butter-fat content was 4.04 per cent. The colon test was negative in 1 c.c. The milk was thus well within the standard required. At the September examination the bacterial count was again within the standard although not so good. The butter-fat content was 3.79 per cent.

Buckhaven Co-operative Society retail milk pasteurised in accordance with the provisions of the Milk (Special Designations) Order within the District. A sample of this milk gave a highest count of 93,000 colonies per c.c. and was thus in conformity with requirements.

VITAL EVENTS.

During 1927, there were 1,019 (male 526, female 493) births registered in 1926, the births numbered 1,192. The birth-rate of 1927, corrected for transfers, was 22.8 per 1,000 of an estimated population of 44,696.

Illegitimate births numbered 62, the illegitimate birth-rate being 6 per cent. of the total births.

There were 200 marriages registered in the District, the crude marriage-rate being 4.5 per 1,000. In 1926 the number of marriages was 193.

The deaths from all causes were 508, the death-rate corrected for transfers and adjusted for age and sex distribution being 12.6 per 1,000. In 1926 there were 498 deaths, the death-rate being 12.3 per 1,000.

The deaths of infants (under one year) numbered 83, equivalent to an infantile mortality-rate of 81. The infantile mortality-rate of 1926 was 84, of 1925 it was 80.

The death-rate from tuberculosis was 0.63 per 1,000; that of pulmonary tuberculosis was 0.40 per 1,000: the similar rates for 1926 were 0.76 and 0.47 respectively.

The death-rate from the principal epidemic diseases was 0.78 per 1,000 as compared with 0.87 in 1926.

St. Andrews District Report.

INFECTIOUS DISEASES.

During 1927, there were 132 persons notified as suffering from infectious diseases :—Typhoid fever 1, scarlet fever 46, diphtheria 9, erysipelas 3, pneumonia 13, pulmonary tuberculosis 13, non-pulmonary tuberculosis 8.

Excluding chickenpox, added by the Board of Health to the notifiable diseases on account of the outbreak in February of smallpox in Dundee the number of notified cases was 93 as compared with 98 in 1926.

The nature and number of cases removed for hospital treatment and isolation were :—Scarlet fever 43, diphtheria 8, pulmonary tuberculosis 3, non-pulmonary tuberculosis 1, a total of 55. The scarlatinal and diphtheria patients entered the District Committee's Fever Hospitals, the tuberculosis cases were admitted to Glenlomond Sanatorium.

Scarlet fever was less prevalent than in 1926 and sporadic throughout the District, the infection not reaching epidemic proportions in any particular area. This seems to have been a characteristic of the commoner infectious diseases of late and may be a result of the increased travelling and movement of the people by motor bus.

School closure with a view to the limitation of spread of infectious disease was not necessary during 1927.

No particular comment need be made regarding the methods of dealing with infectious diseases or of disinfection as these are of routine and have been frequently described in the past. The occurrence of cases is reviewed daily with a view to the discovery of any likely common factor of origin. Milk supplies are investigated, schools are examined for missed cases or children sickening and, in case of doubt absentees from schools are visited in their homes.

In November, an outbreak of dysentery of the Flexner-bacillus type in the Burgh of St. Andrews was attributed to a milk supply produced in the landward area by the Acting Medical Officer for the Burgh. The theory appeared to be given up later as no proof was forthcoming.

ST. ANDREWS DISTRICT INFECTIOUS DISEASES HOSPITAL, OVENSTONE.—The patients admitted during 1927 numbered 84 :—Scarlet fever 72, diphtheria 10, para-typhoid fever 1, measles 1.

The local authorities contributing the patients were :—Anstruther Easter 4, Crail 4, Earlsferry 1, Elie 6, Kilrenny 7, Pittenweem 30 St. Andrews District 32.

During the year the District Committee approved the building of an observation pavilion of four single rooms as an addition to Ovenstone Hospital: the details of the plan of the pavilion were not definitely decided upon at the end of the year.

ST. MICHAELS JOINT INFECTIOUS DISEASES HOSPITAL, LEUCHARS.—During 1927, the number of patients admitted for treatment was 62 :—Scarlet fever 50, diphtheria 9, pneumonia 2, tonsillitis 1. The authorities contributing the cases were :—Cupar District Committee 10, Burgh of Newport 26, St. Andrews District Committee 22, Burgh of Tayport 4.

WILLIAMSTEAD JOINT SMALLPOX HOSPITAL.—There is nothing to add to the remarks in the Report for 1926. The question of the recognition of Kirkcaldy District Smallpox Hospital as a joint hospital for all local authorities in the county is under consideration. This would mean, if adopted, the scrapping of Williamstead, the joint property of the local authorities of Cupar and St. Andrews Districts, and of the building at Muircockhall, the smallpox building of the local authorities within Dunfermline District. The hospital at Williamstead is from lack of maintenance in somewhat unsatisfactory condition. The building at Muircockhall has twice been blown off its site and is at present derelict.

BUILDING BYE-LAWS.

Forty sets of plans were examined and reported upon during 1927 comprising proposals to erect seventeen houses (one of one apartment, two of two apartments, seven of three apartments and seven of four apartments) and to alter and extend sixteen existing houses. Of the proposed new houses, ten were approved for grant of the Government subvention (Certificate A). Proposals regarding premises for other than housing purposes involved four new erections and additions to ten existing buildings.

FACTORIES AND WORKSHOPS.

The inspections of workshops during the year numbered forty-two. Defects observed were of minor nature and oral representation secured remedy.

PUBLIC HEALTH AMENDMENT ACT, 1925.

The District Committee furnished insulin to one male patient whose circumstances would not permit of his obtaining the drug for himself. The cost was £6 17s 9d.

HOUSING.

One house was reported as uninhabitable; a closing order became operative under Section 3 (1) of the Housing Act, 1925, later. Intimations of insufficient water-closet accommodation were issued in eight cases, the requirement being complied with in three cases, the remainder ending meanwhile.

A scheme under the provisions of the Housing (Rural Workers) Act, 1926, was submitted to the Board of Health for approval towards the end of 1927 and came of effect in January 1928.

SLAUGHTER-HOUSES.

There are five private slaughter-houses throughout the District (Strathkinness 2, Upper Largo 1, Colinsburgh 1 and Mount Melville 1). That at Mount Melville is well appointed. Reasonable cleanliness is observed in the dressing of meat and in the maintenance of the premises. The Sanitary Inspector acts as Detention Officer and Meat Inspectors have been appointed under the Meat Regulations.

MATERNITY SERVICE AND CHILD WELFARE.

The scheme comprises the landward area of the District and the Burghs of Anstruther Wester, Anstruther Easter, Kilrenny and Crail. Nurses Brown and Bruce continue to serve the District well in the northern and southern division respectively, each acting as health-visitor, tuberculosis nurse and assistant inspector of midwives over extensive areas involving much travelling.

The number of births within the area during 1927 was 279, of which 217 occurred in the landward area and 62 in the Burghs. There was omission to notify birth on eight occasions. Of the births, 164 were males, 115 females. Still births numbered 11, premature 8 and plural 6. The nurses reported 16 deaths. Of 277 houses visited, 212 were reported clean, 64 indifferent and 1 dirty.

The numbers of visits paid by the Nurses were :—Expectant mothers 253, infants and nursing mothers 2,487, children 1-5 years 1571. Seventeen visits were paid in supervision of midwives and 366 to tuberculous patients in their homes.

The annual reports of the Health Visitors have been submitted and are interesting as recording progress in the care, feeding and clothing of infants and the education of the expectant and nursing mother.

MIDWIVES ACT, 1915.—Five midwives notified their intention of practice. All were women of educated type. No contravention of the Rules of the Central Midwives Board came to notice.

There are no maternity homes within the meaning of the Midwives and Maternity Homes (Scotland) Act, 1927, within the District.

Arrangements were made whereby any woman suffering from puerperal sepsis will be admitted to King's Cross Hospital, Dundee. No case of puerperal fever came to knowledge during 1927.

MILK AND DAIRIES ACT, 1914.

The District was the only one in the County which had not adopted bye-laws under the above Act at the end of the year.

There are 80 producing dairies within the District with approximately 975 cows. The standard of cleanliness in the production of milk is rising in regard to clothing of milkers, methods, utensils and dairy premises generally: there is ample room for further progress. What may be done was shown by a dairyman in the District who, with premises which are not ideal, took first prize in the County Clean Milk Competition.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.—An application was received from Wester Balrymonth Dairy (Mr. W. Lohoar) in February for licence to sell certified milk, the premises being in order and the animals having been certified free from tuberculosis. Examination of the milk proved it of low bacterial count and well within the standard, the butter-fat being in excess (3·91 per cent.) of the minimum (3·5 per cent.) required by the Order. The licence was granted. Subsequent examination of the milk and premises proved that the provisions of the Order were being amply fulfilled.

Only one designated milk is produced in the District.

VITAL EVENTS.

The population of the District is estimated to the middle of 1927 at 14,664 (Registrar-General). The subscribed rates are based on the estimated population.

The births registered in the landward area numbered 235 (male 134, female 101), equivalent to a birth-rate of 16·0 per 1,000. In 1926, births numbered 235; in 1925, 252; and in 1924, 279.

There were 14 illegitimate births, the illegitimate birth-rate being 6 per cent. of the total births.

The marriages registered were 82 as compared with 61 in 1926. The crude marriage-rate of 1927 was 5·6 per 1,000.

The deaths from all causes numbered 192, the same total as in 1926. The death-rate of 1927 was 11·2 per 1,000.

The deaths of infants under one year were 23 as compared with 11 in 1926. The infantile mortality-rate, that is the deaths of infants as a proportion per 1,000 registered births for the same period was 98. The infantile mortality was high as a result of deaths from measles, whooping cough and other infective diseases: bronchitis and pneumonia were also additional factors.

The death-rate from tuberculosis was 0·82 per 1,000: that of pulmonary tuberculosis was 0·55 per 1,000. The death-rate from tuberculosis was considerably in excess of the like rates for Dunfermline and Kirkcaldy Districts. The death-rate from measles, whooping cough, scarlet fever and diphtheria was 0·55 per 1,000.

Sale of Food and Drugs Acts.

During the year 1927, eight hundred and fifty-eight 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, eight hundred and forty-six were official samples and twelve were test samples. On analysis, thirty-six official samples and three 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 sweet milk, twenty-seven; whisky, one; fresh butter, one; mince, two; sausages, four; and sauce, one. The adulterated test samples were sweet milk, two; and rum, one.

Of the vendors of the thirty-six adulterated official samples, fourteen were fined in sums varying from £1 to £5, a total of £32, whilst in four cases proceedings were dropped on payment of expenses of 10s, £1, £2 and £2 respectively. In nine cases no proceedings were taken, and in seven cases the vendors were warned whilst two were discharged not guilty.

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

CUPAR DISTRICT.—Official samples, fifty; of which two were adulterated: test samples, six; of which two were adulterated: fifty-six samples in all.

BURGHES IN CUPAR DISTRICT.—Official samples, one hundred and seventeen; of which four were adulterated: test samples, six; of which one was adulterated: one hundred and twenty-three samples in all.

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

DUNFERMLINE DISTRICT.—Official samples, ninety-five; of which ten were adulterated: test samples, nil.

BURGHES IN DUNFERMLINE DISTRICT.—Official samples, fifty-four; of which two were adulterated: test samples, nil.

Total samples taken, therefore, numbered one hundred and forty-nine, all official.

KIRKCALDY DISTRICT.—Official samples, two hundred and seventy-two ; of which four were adulterated : test samples, nil.

BURGHs IN KIRKCALDY DISTRICT.—Official samples, one hundred and twenty-three ; of which five were adulterated : test samples, nil.

Total samples taken, therefore, numbered three hundred and ninety-five, all official.

ST. ANDREWS DISTRICT.—Official samples, eleven ; all of which were genuine : test samples, nil.

BURGHs IN ST. ANDREWS DISTRICT.—Official samples one hundred and twenty-four ; of which nine were adulterated : test samples, nil.

Total samples taken, therefore, numbered one hundred and thirty-five, all official.

OFFICIAL.			
	Genl.	Adult.	Total
Sweet Milk	40	2	42
Butter	1		1
Salt	1		1
Cinnamon	1		1
Pepper	1		1
Vinegar	2		2
Tartar to mix	1		1
	1		1
2 ounces	1	Total	1
	2		2
The above noted adulterated samples of sweet milk contained the following:—			
Non-Fatty	1	Fat %	1
Solids %	1		1
8.92	1	2.08	2
8.78	1	2.00	1
	1		1
Label	53	2	55

Tables of Samples and Results of their Analyses.

CUPAR DIVISION.

COUNTY DISTRICT.

OFFICIAL.				TEST.			
	Gen.	Adult.	Total		Gen.	Adult.	Total
Sweet Milk ..	20	2	22	Sweet Milk ..	4	2	6
Arrowroot ..	1	..	1				
Beans, Baked ..	1	..	1				
Beef, Boiled ..	1	..	1				
Butter, Salt ..	3	..	3				
Cocoa ..	1	..	1				
Cinnamon, ..	1	..	1				
Dripping ..	1	..	1				
Glycerine ..	1	..	1				
Grape-fruit ..	1	..	1				
Jam ..	1	..	1				
Mince Collops ..	2	..	2				
Oil, Eucalyptus	1	..	1				
Oil, Olive ..	2	..	2				
Peas, Green ..	2	..	2				
Pepper ..	1	..	1				
Pickles, Mixed	1	..	1				
Rum ..	1	..	1				
Sausage, ..	1	..	1				
Snuff, Peppermint	1	..	1				
Spirits, Diluted ..	1	..	1				
Vinegar, Crystal	1	..	1				
Vinegar, Malt ..	1	..	1				
Whisky ..	1	..	1				
Total ..	48	2	50	Total	4	2	6

The above noted adulterated samples of sweet milk contained the following : —

Fat %.	Non-Fatty Solids %.
2.72	8.75
2.74	8.80

The above noted adulterated samples of sweet milk contained the following :—

Fat %.	Non-Fatty Solids %.
2.08	8.98
2.60	8.78

AUCHTERMUCHTY BURGH.

OFFICIAL.			
	Gen.	Adult.	Total ¹
Sweet Milk ..	17	1	18
Cream ..	1	..	1
Beef, Corned ..	1	..	1
Butter, Salt ..	1	..	1
Cake, Sponge ..	1	..	1
Cheese, Lemon ..	1	..	1
Cream of Tartar ..	1	..	1
Margarine ..	1	..	1
Oil, Olive ..	1	..	1
Ovaltine ..	1	..	1
Semolina ..	1	..	1
Tapioca ..	1	..	1
Total ..	28	1	29

The adulterated sample of sweet milk contained 2·78% of fat and 8·61% of non-fatty solids.

TEST.			
	Gen.	Adult.	Total
Sweet Milk ..	1	..	1
Total ..	1	..	1

FALKLAND BURGH.

OFFICIAL.			
	Gen.	Adult.	Total ¹
Sweet Milk ..	10	2	12
Allspice ..	1	..	1
Butter, Salt ..	3	..	3
Cinnamon, ..	1	..	1
Cocoa ..	1	..	1
Coffee ..	2	..	2
Cream of Tartar ..	1	..	1
Honey ..	1	..	1
Margarine ..	1	..	1
Rum ..	2	..	2
Sago ..	1	..	1
Spirit, Diluted ..	1	..	1
Sugar ..	1	..	1
Sweets ..	1	..	1
Tapioca ..	1	..	1
Tea ..	3	..	3
Vinegar ..	1	..	1
Whisky ..	1	..	1
Total ..	33	2	35

The above noted adulterated samples of sweet milk contained the following :—

Fat %.	Non-Fatty Solids %.
2·76	9·02
2·91	8·59

TEST.			
	Gen.	Adult.	Total
Sweet Milk ..	2	..	2
Rum ..	..	1	1
Spirits, Diluted ..	1	..	1
Whisky ..	1	..	1
Total ..	4	1	5

LADYBANK BURGH.

OFFICIAL.				TEST.			
	Gen.	Adult.	Total		Gen.	Adult.	Total
Sweet Milk ..	14	..	14				
Skimmed Milk ..	1	..	1				
Baking Powder ..	1	..	1				
Cocoa	1	..	1				
Coffee	1	..	1				
Cheese	1	..	1				
Cream of Tartar ..	1	..	1				
Flour, Corn ..	1	..	1				
Pepper, White ..	1	..	1				
Soup, Mock Turtle ..	1	..	1				
Tea	1	..	1				
Total ..	24	..	24				

NEWBURGH BURGH.

OFFICIAL.				TEST.			
	Gen.	Adult.	Total		Gen.	Adult.	Total
Sweet Milk ..	18	..	18				
Butter, Salt ..	1	..	1				
Cake, Sponge ..	1	..	1				
Flour, Corn ..	1	..	1				
Gregory's, Mixture ..	1	..	1				
Honey	1	..	1				
Mince	1	1	2				
Pepper, White ..	1	..	1				
Sausages	2	..	2				
Tea	1	..	1				
Total ..	28	1	29				

The above noted adulterated samples of sweet milk contained the following:

Fat %	Non-Fat Solids %
2.76	9.03
2.91	8.59

DUNFERMLINE DIVISION.

COUNTY DISTRICT.

OFFICIAL.				TEST.				
		Gen.	Adult.	Total		Gen.	Adult.	Total
Sweet Milk	..	58	4	62				
Beer, Bottled	..	1	..	1				
Beer, Brewed,								
Stone	..	1	..	1				
Beer, Draught	..	1	..	1				
Cider	..	1	..	1				
Jam, Damson	..	2	..	2				
Jam, Strawberry		2	..	2				
Mince	..	3	1	4				
Paste, Meat	..	2	..	2				
Peas, Bottled	..	1	..	1				
Pickles	..	3	..	3				
Sauce	..	2	1	3				
Sausages	..	4	3	7				
Whisky	..	4	1	5				
Total	..	85	10	95				

The above noted adulterated samples of sweet milk contained the following :—

Fat %.	Non-Fatty Solids %.
2.79	8.57
2.88	8.75
2.73	8.50
2.61	8.53

COWDENBEATH BURGH.

OFFICIAL.				TEST.				
		Gen.	Adult.	Total		Gen.	Adult.	Total ¹
Sweet Milk	..	29	1	30				
Butter, Salt	..	1	..	1				
Mince ..	..	5	..	5				
Sausages	..	6	1	7				
Whisky	..	3	..	3				
Total	..	44	2	46				

The adulterated sample of sweet milk contained 3.97% of fat and 7.73% of non-fatty solids.

CULROSS BURGH.

OFFICIAL.				TEST.			
	Gen.	Adult.	Total		Gen.	Adult.	Total
Sweet Milk ..	1	..	1				
Butter, Salt ..	1	..	1				
Cream of Tartar ..	1	..	1				
Flour, Corn ..	1	..	1				
Paste, Meat ..	1	..	1				
Sausage ..	1	..	1				
Whisky ..	1	..	1				
Wine, Fruit ..	1	..	1				
Total ..	8	..	8				

OFFICIAL.				TEST.			
	Gen.	Adult.	Total		Gen.	Adult.	Total
Sweet Milk ..	1	..	1				
Butter, Salt ..	1	..	1				
Cream of Tartar ..	1	..	1				
Flour, Corn ..	1	..	1				
Paste, Meat ..	1	..	1				
Sausage ..	1	..	1				
Whisky ..	1	..	1				
Wine, Fruit ..	1	..	1				
Total ..	8	..	8				

OFFICIAL.				TEST.			
	Gen.	Adult.	Total		Gen.	Adult.	Total
Sweet Milk ..	1	..	1				
Butter, Salt ..	1	..	1				
Cream of Tartar ..	1	..	1				
Flour, Corn ..	1	..	1				
Paste, Meat ..	1	..	1				
Sausage ..	1	..	1				
Whisky ..	1	..	1				
Wine, Fruit ..	1	..	1				
Total ..	8	..	8				

COWDENBATH BURGH.

OFFICIAL.				TEST.			
	Gen.	Adult.	Total		Gen.	Adult.	Total
Sweet Milk ..	1	..	1				
Butter, Salt ..	1	..	1				
Cream of Tartar ..	1	..	1				
Flour, Corn ..	1	..	1				
Paste, Meat ..	1	..	1				
Sausage ..	1	..	1				
Whisky ..	1	..	1				
Wine, Fruit ..	1	..	1				
Total ..	8	..	8				

The adulterated sample of sweet milk contained 3.07% of fat and 13% of non-fatty solids.

KIRKCALDY DIVISION.

COUNTY DISTRICT.

OFFICIAL.			
	Gen.	Adult.	Total
Sweet Milk ..	169	3	172
Skimmed Milk ..	1	..	1
Beer ..	2	..	2
Brawn, Oxford ..	1	..	1
Butter, Fresh ..	7	1	8
Butter, Salt ..	13	..	13
Cheese ..	1	..	1
Cinnamon ..	1	..	1
Cordial ..	1	..	1
Cream of Tartar ..	5	..	5
Dripping ..	1	..	1
Flour ..	1	..	1
Flour, Corn ..	1	..	1
Gin ..	1	..	1
Ginger ..	2	..	2
Jam ..	7	..	7
Jelly ..	2	..	2
Lard ..	3	..	3
Margarine ..	7	..	7
Marmalade ..	2	..	2
Mince ..	3	..	3
Oatmeal ..	1	..	1
Oil, Camphorated ..	1	..	1
Peaches ..	1	..	1
Peas ..	1	..	1
Pears ..	2	..	2
Pepper, White ..	8	..	8
Pickles ..	2	..	2
Pineapple ..	1	..	1
Rum ..	3	..	3
Salmon ..	1	..	1
Sausage ..	3	..	3
Soda, Baking ..	1	..	1
Spirits, Diluted ..	3	..	3
Sugar, Brown ..	1	..	1
Cassia ..	1	..	1
Tea ..	1	..	1
Vinegar ..	1	..	1
Whisky ..	4	..	4
Vine ..	1	..	1
Total ..	268	4	272

The above noted adulterated samples of sweet milk contained the following : —

Fat %.	Non-Fatty Solids %.
2.77	8.76
3.34	8.06
2.85	8.79

TEST.			
	Gen.	Adult.	Total
Sweet Milk ..	10	1	11
Condensed Milk ..	1	..	1
Butter, Fresh ..	1	..	1
Butter, Salt ..	1	..	1
Cream of Tartar ..	1	..	1
Margarine ..	1	..	1
Peas ..	1	..	1
Pepper, White ..	1	..	1
Total ..	17	1	18

The adulterated sample of sweet milk contained 2.61% of fat and 8.91% of non-fatty solids.

OFFICIAL.			
	Gen.	Adult.	Total
Sweet Milk ..	30	2	32
Butter, Fresh ..	1	..	1
Butter, Salt ..	2	..	2
Margarine ..	1	..	1
Peas ..	1	..	1
Pears ..	1	..	1
Pineapple ..	1	..	1
Whisky ..	2	..	2
Total ..	33	2	35

The above noted adulterated samples of sweet milk contained the following : —

Fat %.	Non-Fatty Solids %.
2.91	8.80
3.50	8.05

LESLIE BURGH.

OFFICIAL.				
	Gen.	Adult.	Total	
Sweet Milk ..	9	1	10	
Condensed Milk	1	..	1	
Apricots ..	1	..	1	
Butter, Fresh ..	1	..	1	
Butter, Salt ..	1	..	1	
Cream of Tartar	1	..	1	
Margarine ..	1	..	1	
Pears ..	1	..	1	
Pepper, White	1	..	1	
Total ..	17	1	18	

The adulterated sample of sweet milk contained 2.61% of fat and 8.91% of non-fatty solids.

LEVEN BURGH.

OFFICIAL.				
	Gen.	Adult.	Total	
Sweet Milk ..	24	2	26	
Butter ..	1	..	1	
Butter, Fresh ..	2	..	2	
Margarine ..	1	..	1	
Peaches ..	1	..	1	
Pears ..	1	..	1	
Pineapple ..	1	..	1	
Whisky ..	2	..	2	
Total ..	33	2	35	

The above noted adulterated samples of sweet milk contained the following :—

Fat %.	Non-Fatty Solids %.
2.91	8.80
3.50	8.05

TEST.				
	Gen.	Adult.	Total	
Sweet Milk ..	169	3	172	
Condensed Milk	1	..	1	
Apricots ..	2	..	2	
Butter, Fresh ..	1	..	1	
Butter, Salt ..	7	1	8	
Cream of Tartar	13	..	13	
Margarine ..	1	..	1	
Pears ..	1	..	1	
Pepper, White	1	..	1	
Total ..	208	4	212	

The above noted adulterated samples of sweet milk contained the following :—

Fat %.	Non-Fatty Solids %.
2.77	8.75
3.31	8.06
3.85	8.79

LOCHGELLY BURGH.

OFFICIAL.

	Gen.	Adult.	Total
Sweet Milk ..	27	2	29
Butter, Salt ..	5	..	5
Cocoa ..	2	..	2
Cream of Tartar ..	3	..	3
Ginger, Ground ..	1	..	1
Lard ..	1	..	1
Jam, Plum ..	1	..	1
Margarine ..	1	..	1
Pepper, White ..	2	..	2
Tea ..	1	..	1
Total ..	44	2	46

The above noted adulterated samples of sweet milk contained the following :—

Fat %.	Non-Fatty Solids %.
2.73	8.96
2.82	8.61

TEST.

	Gen.	Adult.	Total
Sweet Milk ..	11	..	11
Butter, Salt ..	11	..	11
Cocoa ..	11	..	11
Cream of Tartar ..	11	..	11
Ginger, Ground ..	11	..	11
Lard ..	11	..	11
Jam, Plum ..	11	..	11
Margarine ..	11	..	11
Pepper, White ..	11	..	11
Tea ..	11	..	11
Total ..	12	12	24

MARKINCH BURGH.

OFFICIAL.

	Gen.	Adult.	Total
Sweet Milk ..	9	..	9
Apricots ..	1	..	1
Butter, Fresh ..	1	..	1
Butter, Salt ..	1	..	1
Coffee ..	1	..	1
Lemon Curd ..	1	..	1
Margarine ..	1	..	1
Meat, Spiced ..	1	..	1
Oatmeal ..	1	..	1
Peaches ..	1	..	1
Pears ..	1	..	1
Pickles ..	1	..	1
Sausages ..	2	..	2
Sugar ..	1	..	1
Tea ..	1	..	1
Total ..	24	..	24

TEST.

	Gen.	Adult.	Total
Sweet Milk ..	2	..	2
Apricots ..	1	..	1
Butter, Fresh ..	1	..	1
Butter, Salt ..	1	..	1
Coffee ..	1	..	1
Lemon Curd ..	1	..	1
Margarine ..	1	..	1
Meat, Spiced ..	1	..	1
Oatmeal ..	1	..	1
Peaches ..	1	..	1
Pears ..	1	..	1
Pickles ..	1	..	1
Sausages ..	1	..	1
Sugar ..	1	..	1
Tea ..	1	..	1
Total ..	11	11	22

ST. ANDREWS DIVISION.

COUNTY DISTRICT.

OFFICIAL.				TEST.			
		Gen.	Adult.	Total		Gen.	Adult. Total
Sweet Milk	..	11	..	11			
Total	..	11	..	11			

EAST ANSTRUTHER BURGH.

OFFICIAL.				TEST.			
		Gen.	Adult.	Total		Gen.	Adult. Total
Sweet Milk	..	6	..	6			
Butter, Salt	..	4	..	4			
Cinnamon	..	1	..	1			
Pepper, White	..	1	..	1			
Total	..	12	..	12			

WEST ANSTRUTHER BURGH.

OFFICIAL.				TEST.			
		Gen.	Adult.	Total		Gen.	Adult. Total
Sweet Milk	..	2	..	2			
Oatmeal	..	1	..	1			
Whisky	..	1	..	1			
Total	..	4	..	4			

CRAIL BURGH.

OFFICIAL.				TEST.			
		Gen.	Adult.	Total		Gen.	Adult. Total
Sweet Milk	..	5	..	5			
Cinnamon	..	1	..	1			
Cream of Tartar	..	1	..	1			
Oatmeal	..	1	..	1			
Rice, Ground	..	1	..	1			
Sugar	..	1	..	1			
Tea	..	1	..	1			
Total	..	11	..	11			

ELIE BURGH.

OFFICIAL.				
		Gen.	Adult.	Total
Sweet Milk	..	14	..	14
Total	..	14	..	14

KILRENNY BURGH.

OFFICIAL.				
		Gen.	Adult.	Total
Sweet Milk	..	4	..	4
Sausages	..	1	..	1
Tea	..	1	..	1
Total	..	6	..	6

NEWPORT BURGH.

OFFICIAL.				
		Gen.	Adult.	Total
Sweet Milk	..	25	7	32
Butter	..	1	..	1
Cinnamon, Ground	..	1	..	1
Flour	..	1	..	1
Margarine	..	2	..	2
Oatmeal	..	1	..	1
Pepper, White	..	2	..	2
Rice	..	1	..	1
Tea	..	1	..	1
Total	..	35	7	42

The above noted adulterated samples of sweet milk contained the following:—

Fat %.	Non-Fatty Solids %.
2.91	8.51
2.95	8.36
2.85	8.51
2.77	8.85
2.50	8.51
2.78	8.72
3.31	7.83

PITTENWEEM BURGH.

OFFICIAL.				TEST.			
	Gen.	Adult.	Total		Gen.	Adult.	Total
Sweet Milk ..	4	1	5				
Coffee ..	1	..	1				
Cream of Tartar	1	..	1				
Rice, Ground ..	1	..	1				
Tea ..	1	..	1				
Total ..	8	1	9				

The adulterated samples of sweet milk contained 2·17% of fat and 8·70% of non-fatty solids.

TAYPORT BURGH.

OFFICIAL.				TEST.			
	Gen.	Adult.	Total		Gen.	Adult.	Total
Sweet Milk ..	16	1	17				
Butter, Salt ..	1	..	1				
Cinnamon ..	1	..	1				
Margarine ..	1	..	1				
Rice, Whole ..	1	..	1				
Sugar ..	1	..	1				
Whisky ..	4	..	4				
Total ..	25	1	26				

The adulterated sample of sweet milk contained 2·79% of fat and 8·83% of not-fatty solids.

COUNTY OF FIFE.

Statistical Tables

FOR

CUPAR DISTRICT

DUNFERMLINE DISTRICT

KIRKCALDY DISTRICT

ST. ANDREWS DISTRICT

Return of cases of **INFECTIOUS DISEASE** notified, etc., during the Year
ending 31st December 1927.

COUNTY OF FIFE.

DISTRICT OF CUPAR.

DISEASE.	NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.										
	At All ages.	At Age—Years.							Cases removed to Hospital.	Cases not removed to Hospital.	
		Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.			
A—DISEASES SPECIFIED IN THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.											
Scarlet Fever or Scarlatina	48	..	13	27	8	..	..	..	45	3	
Diphtheria and Membranous Croup	16	..	6	8	1	1	..	..	14	2	
Erysipelas	5	..	..	..	1	..	4	..	..	5	
B—DISEASES NOTIFIABLE IN TERMS OF REGULATIONS MADE UNDER SECTION 78 OF THE PUBLIC HEALTH (SCOTLAND) ACT, 1897.											
Ophthalmia Neonatorum ..	1	1	..	..	..	..	..	..	..	1	
Chickenpox	9	..	3	6	..	..	..	..	..	9	
Acute Primary Pneumonia	18	2	1	6	1	4	2	2	2	16	
Acute Influenzal Pneumonia	10	..	1	2	2	2	1	2	..	10	
Pulmonary Tuberculosis ..	9	..	..	2	4	3	..	..	5	4	
Non-Pulmonary Tuberculosis	13	..	..	7	2	2	1	1	5	8	
Total of A and B	129	3	24	58	19	12	8	5	71	58	
C—DISEASES TO WHICH THE PROVISIONS OF THE INFECTIOUS DISEASE (NOTIFICATION) ACT HAVE BEEN EXTENDED BY THE LOCAL AUTHORITY.											
Nil.											
D—NOTIFIED UNDER LOCAL PROVISIONS, NOT UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.											
Nil.											

Cases notified in a previous year and removed from Hospital for the first time during 1927.	2
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Cases notified in a previous year and removed to Hospital for the first time during 1927.

Name of Hospital or Hospitals in which cases were treated—
Auchtermuchty Joint Infectious Diseases Hospital.
St. Michaels Joint Infectious Diseases Hospital.
Glenlomond Sanatorium.

II.—Return of Cases of DEATHS registered during the year ending 31st Decr. 1927

DISTRICT OF CUPAR.

Population, Census 1921—15,418 ; Population estimated to middle of 1927—14,895

	Numbers Registered in District	Transfers.		Corrected Number.		
		Out	In	Both Sexes	Males.	Females
Total Births (including Illegitimate) ..	232	10	13	235	131	104
Illegitimate Births ..	19	..	2	21	8	13
Marriages	79	..	..	..	..	..
Deaths	260	42	35	253	122	131

PRINCIPAL RATES PER 1000 OF ESTIMATED POPULATION.

	Uncorrected	Corrected for Transfers	Corrected for Transfers and adjusted for Age and Sex Distribution
Birth-rate	15.6	15.8	..
Illegitimate Birth-rate per 100 Total Births	..	8.9	..
Marriage-rate	5.3	..	..
Death-rate—All Causes	17.5	17.0	12.9
Do. —All Tuberculosis	..	0.60	..
Do. —Tuberculosis of Respiratory System	..	0.54	..
Do. —Principal Epidemic Diseases	..	0.13	..
Infantile Mortality Rate (Deaths under One Year per 1000 Births)	..	64	..

CAUSES OF DEATHS (CORRECTED FOR TRANSFERS).

CAUSES OF DEATH	All Ages			Age													
	Both Sexes	M	F	1	1-5	10	15	25	35	45	55	65	75	85	up		
Scarlet Fever	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Influenza	13	5	8	2	..	..	..	1	1	..	3	4	1	1	..	..	..
Tuberculosis of Respiratory System	8	5	3	..	..	..	4	1	1	1	..	1	..	..	..	..	..
Tuberculous Meningitis	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Malignant Tumours	30	14	16	..	..	..	..	1	1	4	6	10	8	..	..	..	..
Rheumatic Fever	2	1	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..
Apoplexy	40	17	23	..	..	..	..	..	..	1	4	11	22	2	..	..	..
Heart Disease	42	20	22	..	..	..	..	1	1	..	12	13	14	1	..	..	..
Diseases of Arteries	3	3	..	..	..	..	..	..	..	..	..	..	2	1	..	..	..
Bronchitis	16	8	8	..	..	..	..	..	1	1	1	2	10	1	..	..	..
Pneumonia (all forms)	10	5	5	3	..	..	1	..	..	2	2	..	2	..	..	..	..
Other Diseases of Respiratory System	2	1	1	..	..	..	..	..	..	..	..	1	..	1	..	..	..
Diarrhoea and Enteritis (under 2 yrs.)	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Appendicitis	2	..	2	..	..	..	..	..	..	1	1	..	..	..	..	..	..
All Diseases of Liver (not Malignant)	6	2	4	..	..	..	..	..	..	..	2	3	1	..	..	..	..
Nephritis, Acute and Chronic	8	6	2	..	..	..	..	..	..	2	1	3	2	..	..	..	..
Other Dis. & Acc. of Preg. & Parturit'n	1	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Dis. of Early Infancy, & Malformation	9	4	5	9	..	..	..	..	..	..	..	..	..	..	..	..	..
Suicide	3	3	..	..	..	..	1	..	1	1	..	..	..	..	..	..	..
Other Violent Deaths	6	4	2	..	..	..	3	1	..	..	2	..	..	..	..	..	..
Other Defined Diseases	42	18	24	3	1	2	3	3	3	7	5	7	8	..	..	..	..
Causes Ill-defined or Unknown	7	5	2	..	..	..	..	1	..	2	1	3	..	..	..	..	..
ALL CAUSES	253	122	131	15	4	2	11	9	11	17	43	54	72	15	..	..	..

I. Return of Cases of **INFECTIOUS DISEASE** notified, etc., during the Year ending 31st December 1927.

COUNTY OF FIFE.

DISTRICT OF DUNFERMLINE.

DISEASE.	NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.											
	At Age—Years.										Cases removed to Hospital.	Cases not removed to Hospital.
	At all Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.				
A—DISEASES SPECIFIED IN THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.												
Scarlet Fever or Scarlatina	101	..	27	65	7	2	..	..	101	..		
Diphtheria and Membranous Croup	59	1	11	37	5	5	..	..	55	4		
Erysipelas	36	..	..	1	4	9	16	6	5	31		
Puerperal Fever	8	..	..	..	2	6	..	..	2	6		
B—DISEASES NOTIFIABLE IN TERMS OF REGULATIONS MADE UNDER SECTION 78 OF THE PUBLIC HEALTH (SCOTLAND) ACT, 1897.												
Ophthalmia Neonatorum ..	29	29	..	..	..	..	..	..	1	28	Cases notified in a previous year and removed to Hospital for the first time during 1927	
Chickenpox	208	15	78	110	2	2	1	..	..	208		
Dysentery	1	..	..	..	..	1	..	..	1	..		
Acute Primary Pneumonia	42	4	16	8	5	5	3	1	2	40		
Acute Influenzal Pneumonia	32	1	6	7	1	10	4	3	1	31		
Pulmonary Tuberculosis ..	18	..	..	5	7	6	..	..	9	9		2
Non-Pulmonary Tuberculosis	32	1	5	15	7	4	..	..	11	21		2
Total of A and B ..	566	51	143	248	40	50	24	10	188	378		4
C—DISEASES TO WHICH THE PROVISIONS OF THE INFECTIOUS DISEASE (NOTIFICATION) ACT HAVE BEEN EXTENDED BY THE LOCAL AUTHORITY. Nil.												
D—NOTIFIED UNDER LOCAL PROVISIONS, NOT UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889. Nil.												

Name of Hospital or Hospitals in which cases were treated—

Dunfermline District Joint Infectious Diseases Hospital.

Dunfermline Cottage Hospital.

Royal Hospital for Sick Children, Edinburgh.

Craigleith Hospital, Edinburgh.

Glenlomond Sanatorium.

II.—Return of Cases^{of} DEATHS registered during the year ending 31st Dec. 1927.

DISTRICT OF DUNFERMLINE.

Population, Census 1921—34,870 ; Population estimated to middle of 1927—36,434

	Numbers Registered in District	Transfers		Corrected Number		
		Out	In	Both Sexes	Males	Females
Total Births (including						
Illegitimate	606	24	56	638	320	318
Illegitimate Births ..	36	1	13	48	24	24
Marriages	171	..	..	..	..	..
Deaths	303	16	69	356	193	163

PRINCIPAL RATES PER 1000 OF ESTIMATED POPULATION.

	Uncorrected	Corrected for Transfers	Corrected for Transfers and adjusted for Age and Sex Distribution
Birth-rate	16·6	17·5	..
Illegitimate Birth-rate per 100 Total Births	..	7·5	..
Marriage-rate	4·7	..	..
Death-rate—All Causes	8·3	9·8	10·7
Do. All Tuberculosis	..	0·47	..
Do. Tuberculosis of Respiratory System	..	0·25	..
Do. Principal Epidemic Diseases	..	0·33	..
Infantile Mortality Rate (Deaths under One Year per 1000 Births)	..	99	..

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—85	85 up	
Scarlet Fever	1	1	..	..	1	..	..	..	..	..	..	..	..	..	..	
Whooping Cough	7	4	3	4	3	..	..	..	..	..	..	..	..	..	..	
Diphtheria	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..	
Influenza	15	11	4	1	3	1	..	1	1	1	1	3	3	0	..	
Other Epidemic Diseases	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	
Tuberculosis of Respiratory System	9	4	5	..	..	..	4	3	2	..	..	..	..	..	..	
Tuberculous Meningitis	4	2	2	2	1	1	..	..	..	..	..	..	..	..	..	
Tuberculosis of Intestines and Peritoneum	4	1	3	2	1	1	..	..	..	..	..	..	..	..	..	
Malignant Tumours	33	17	16	..	..	1	..	..	..	5	10	11	6	..	..	
Rheumatic Fever	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	
Meningitis (not Cer. Spin. or Tuberc.)	6	2	4	..	3	..	1	..	1	..	1	..	..	..	..	
Apoplexy	20	13	7	..	..	..	..	1	1	2	5	7	4	..	..	
Heart Disease	41	20	21	..	..	1	1	1	3	1	9	16	4	5	..	
Diseases of Arteries	7	5	2	..	..	..	..	..	..	..	..	4	3	..	..	
Bronchitis	21	10	11	7	1	..	1	..	..	5	4	1	..	..	..	
Pneumonia (all forms)	28	16	12	11	5	..	2	..	1	..	2	3	3	1	..	
Other Diseases of Respiratory System	9	5	4	..	1	..	..	..	..	4	1	3	..	..	..	
Diarrhoea & Enteritis (under 2 years)	3	1	2	2	1	..	..	..	..	..	..	..	..	..	..	
Appendicitis	5	3	2	..	..	1	1	1	..	2	..	..	..	..	..	
All Diseases of Liver (not Malignant)	4	2	2	..	..	..	..	..	1	1	1	1	..	..	..	
Nephritis, Acute and Chronic ..	9	3	6	..	..	..	..	1	..	1	3	3	1	..	..	
Puerperal Sepsis	2	..	2	..	..	..	..	2	..	..	..	..	..	..	..	
Other Dis. & Acc. of Preg. & Parturi'n	6	..	6	..	..	..	1	2	3	..	..	..	..	..	..	
Dis. of Early Infancy, & Malformat'ns	30	21	9	29	1	..	..	..	..	..	..	..	..	..	..	
Other Violent Deaths	20	17	3	..	2	1	2	2	2	4	1	3	..	2	1	
Other Defined Diseases	64	30	34	5	1	3	2	6	..	2	7	10	13	9	6	
Causes Ill-Defined or Unknown ..	5	3	2	..	..	..	..	..	..	1	..	2	1	1	..	
ALL CAUSES	356	193	163	63	24	8	7	19	14	19	24	54	68	40	16	

I.—Return of Cases of **INFECTIOUS DISEASE** notified, etc., during the year ending 31st December 1927.

COUNTY OF FIFE.

DISTRICT OF KIRKCALDY.

DISEASE.	NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.										
	At all Ages.	At Age—Years.							Cases removed to Hospital.	Cases not removed to Hospital.	
		Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.			
A—DISEASES SPECIFIED IN THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.											
Typhoid or Enteric Fever,	5	..	..	4	..	1	..	..	5	..	
Scarlet Fever or Scarletina	302	2	88	164	29	19	..	..	290	12	
Diphtheria and Membranous Croup	184	..	39	119	17	9	..	..	180	4	
Erysipelas	26	..	..	2	1	8	14	1	1	25	
Puerperal Fever	6	..	..	..	2	4	..	..	3	3	
B—DISEASES NOTIFIABLE IN TERMS OF REGULATIONS MADE UNDER SECTION 78 OF THE PUBLIC HEALTH (SCOTLAND) ACT, 1897.											
Ophthalmia Neonatorum ..	10	10	..	..	..	..	..	..	1	9	Case notified in a previous year and removed to Hospital for the first time during 1927
Chickenpox	154	8	61	83	1	1	..	..	..	154	
Malaria	1	..	..	..	..	1	..	..	..	1	
Acute Primary Pneumonia	85	6	50	22	11	9	7	..	19	66	
Acute Influenzal Pneumonia	28	1	6	5	5	4	5	2	2	26	
Pulmonary Tuberculosis ..	21	..	1	2	1	10	7	..	8	13	
Non-Pulmonary Tuberculosis	33	1	9	14	5	3	1	..	5	28	4
Total of A and B ..	855	28	234	415	72	69	34	3	514	341	2
C—DISEASES TO WHICH THE PROVISIONS OF THE INFECTIOUS DISEASE (NOTIFICATION) ACT HAVE BEEN EXTENDED BY THE LOCAL AUTHORITY).											
Nil.											
D—NOTIFIED UNDER LOCAL PROVISIONS, NOT UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.											
Nil.											

Name of Hospital or Hospitals in which cases were treated—
 Kirkcaldy District Joint Infectious Diseases Hospital.
 Glenlomond Sanatorium.

Return of Cases of DEATHS registered during the year ending 31st Decr. 1927.
DISTRICT OF KIRKCALDY.
 Population, Census 1921—44,569; Population estimated to middle of 1927—44,696

	Numbers Registered in District	Transfers		Corrected Number		
		Out	In	Both Sexes	Males	Females
Total Births (including Illegitimate)	987	29	61	1019	526	493
legitimate Births	55	7	14	62	25	37
Marriages	200	..	..	..	..	..
Deaths	521	80	67	508	241	267

PRINCIPAL RATES PER 1000 OF ESTIMATED POPULATION.

	Uncorrected	Corrected for Transfers	Corrected for Transfers and adjusted for Age and Sex Distribution
Birth-rate	22.1	22.8	..
legitimate Birth-rate per 100 Total Births	..	6.1	..
Marriage-rate	4.5	..	..
Death-rate—All Causes	11.7	11.4	12.6
Do. —All Tuberculosis	..	0.63	..
Do. —Tuberculosis of Respira- tory System	..	0.40	..
Do. Principal Epidemic Diseases	..	0.78	..
Infantile Mortality Rate (Deaths under one year per 1000 births)	..	81	..

CAUSES OF DEATH (CORRECTED FOR TRANSFERS)

CAUSES OF DEATH	All Ages			AGE													
	Both Sexes	M	F														
				1	1	5	10	15	25	35	45	55	65	75	85	up	
Enteric Fever	1	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Measles	7	2	5	1	6	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever	7	3	4	..	3	3	..	1	..	..	..	..	..	..	..	..	..
Whooping-Cough	4	2	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	11	6	5	..	1	7	2	1	..	..	..	..	..	..	..	..	..
Influenza	20	8	12	1	1	..	1	4	2	1	2	2	2	3	1	..	..
Other Epidemic Diseases	2	1	1	..	..	..	2	..	..	..	..	..	..	..	..	..	..
Tuberculosis of Respiratory System	18	6	12	..	..	1	..	6	4	3	1	3	..	..	..	..	..
Tuberculous Meningitis	4	3	1	3	1	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis of Intestines & Peritoneum	3	2	1	..	2	..	..	..	..	1	..	..	..	..	..	..	..
Other Tuberculous Diseases	3	1	2	..	1	..	..	1	1	..	..	..	..	..	..	..	..
Malignant Tumours	42	20	22	..	..	1	..	..	..	4	8	16	9	3	1	..	..
Meningitis (not Cer. Spin. or Tuberc.)	7	3	4	3	4	..	..	..	..	..	..	..	..	..	..	..	..
Epilepsy	32	11	21	..	..	..	..	1	..	..	1	6	14	8	2	..	..
Heart Disease	47	22	25	..	..	..	..	..	2	2	8	12	17	4	2	..	..
Diseases of Arteries	17	10	7	..	..	..	..	..	..	..	1	2	5	4	5	..	..
Bronchitis	48	21	27	14	1	..	..	..	..	1	2	5	11	8	6	..	..
Pneumonia (all forms)	49	26	23	13	15	3	..	3	1	3	2	3	2	4	..	..	..
Other Diseases of Respiratory System	5	4	1	..	..	..	..	..	..	..	..	1	2	1	1	..	..
Diarrhoea & Enteritis (under 2 years)	5	4	1	4	1	..	..	..	..	..	..	..	..	..	..	..	..
Appendicitis	4	2	2	..	..	1	..	3	..	..	..	..	..	..	..	..	..
Ill Diseases of Liver (not Malignant)	2	..	2	..	..	..	..	..	..	..	1	1	..	..	..	..	..
Nephritis, Acute and Chronic	11	7	4	..	..	..	..	2	..	..	3	2	4	..	..	..	..
Septicæmic Sepsis	1	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..
Other Dis. & Acc. of Preg. & Partur't'n	6	..	6	..	..	..	..	1	2	3	..	..	..	..	..	..	..
Dis. of Early Infancy, & Malformat'ns	35	14	21	35	..	..	..	..	..	..	..	..	..	..	..	..	..
Homicide	7	6	1	..	..	..	..	..	..	2	1	2	1	1	..	..	..
Other Violent Deaths	21	14	7	2	2	2	..	2	2	3	2	5	1	..	..	..	..
Other Defined Diseases	83	40	43	6	6	1	2	3	7	5	5	9	11	19	9	..	..
Causes Ill-defined or Unknown	6	3	3	..	..	..	..	..	..	..	1	3	1	1	..	..	..
ALL CAUSES	508	241	267	83	47	19	8	24	26	28	38	72	80	56	27	..	..

I.—Return of Cases of **INFECTIOUS DISEASE** notified, etc., during the year ending 31st December 1927.

COUNTY OF FIFE.

DISTRICT OF ST. ANDREWS.

NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.										
DISEASE.	At all Ages.	At Age—Years.							Cases removed to Hospital.	Cases not removed to Hospital.
		Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.		
A—DISEASES SPECIFIED IN THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.										
Typhoid or Enteric Fever ..	1	..	..	..	1	..	..	..	..	1
Scarlet Fever or Scarlatina ..	46	..	7	30	5	4	..	..	43	3
Diphtheria and Membranous Croup	9	..	..	5	2	1	1	..	8	1
Erysipelas	3	..	..	..	1	1	1	..	..	3
B—DISEASES NOTIFIABLE IN TERMS OF REGULATIONS MADE UNDER SECTION 78 OF THE PUBLIC HEALTH (SCOTLAND) ACT, 1897.										
Chickenpox	39	2	8	26	3	..	..	..	..	39
Acute Primary Pneumonia	12	1	2	3	3	2	1	..	..	12
Acute Influenzal Pneumonia	1	..	..	..	..	..	1	..	..	1
Pulmonary Tuberculosis ..	13	..	..	1	7	3	2	..	3	10
Non-Pulmonary Tuberculosis	8	..	..	5	1	2	..	..	1	7
Total of A and B ..	132	3	17	70	23	13	6	..	55	77
C—DISEASES TO WHICH THE PROVISIONS OF THE INFECTIOUS DISEASE (NOTIFICATION) ACT HAVE BEEN EXTENDED BY THE LOCAL AUTHORITY.										
Nil.										
D—NOTIFIED UNDER LOCAL PROVISIONS, NOT UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.										
Nil.										

Name of Hospital or Hospitals in which cases were treated—
 Ovenstone Joint Infectious Diseases Hospital.
 St. Michaels Joint Infectious Diseases Hospital.
 Glenlomond Sanatorium.

II.—Return of Cases of DEATHS registered during the year ending 31st Decr. 1927.
DISTRICT OF ST. ANDREWS.

Population, Census 1921—15,201; Population estimated to middle of 1927—14,664

	Numbers Registered in District	Transfers		Corrected Numbers		
		Out	In	Both Sexes	Males	Females
Total Births (including Illegitimate)	217	6	24	235	134	101
Illegitimate Births	9	..	5	14	9	5
Marriages	82	..	..	..	..	..
Deaths	171	4	25	192	93	99

PRINCIPAL RATES PER 1000 OF ESTIMATED POPULATION.

	Uncorrected	Corrected for Transfers	Corrected for Transfers and adjusted for Age and Sex Distribution
Birth-rate	14.8	16.0	..
Illegitimate Birth-rate per 100 Total Births	..	6.0	..
Marriage-rate	5.6	..	..
Death-rate—All Causes	11.7	13.1	11.2
Do. —All Tuberculosis	..	0.82	..
Do. —Tuberculosis of Respiratory System	..	0.55	..
Do. —Principal Epidemic Diseases	..	0.55	..
Infantile Mortality Rate (Deaths under One Year per 1000 Births)	..	98	..

CAUSES OF DEATH (CORRECTED FOR TRANSFERS)

CAUSES OF DEATH	All Ages			AGE														
	Both Sexes	M	F	-1	1-	5-	10	15	25	35	45	55	65	75	85	up		
Measles	2	..	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever	3	..	3	..	2	1	..	..	..	..	..	..	..	..	..	..	..	..
Whooping-cough	2	2	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	1	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Influenza	6	4	2	1	..	..	..	1	..	..	1	3	..	..	..	..	..	..
Cerebro-spinal Meningitis	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Epidemic Diseases	1	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
Tuberculosis of Respiratory System	8	3	5	..	..	..	..	4	1	2	..	..	1	..	..	..	..	..
Tuberculous Meningitis	3	2	1	1	1	..	..	1	..	..	..	..	..	..	..	..	..	..
Other Tuberculous Disease	1	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
Malignant Tumours	18	11	7	..	..	..	..	..	1	1	4	5	4	2	1	..	..	..
Rheumatic Fever	1	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
Meningitis (not Cer. Spin. or Tuberc.)	2	2	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Apoplexy	18	6	12	..	..	..	..	..	..	..	2	2	4	5	5	..	..	..
Heart Disease	20	4	16	..	..	..	..	..	1	..	2	3	7	5	2	..	..	..
Diseases of Arteries	5	3	2	..	..	..	..	..	..	..	..	..	1	3	1	..	..	..
Bronchitis	11	3	8	2	..	..	..	..	..	..	..	..	4	4	1	..	..	..
Pneumonia (all forms)	9	6	3	2	1	..	..	1	..	..	1	..	2	1	1	..	..	..
Other Diseases of Respiratory System	5	2	3	..	2	..	..	..	..	1	..	..	1	..	1	..	..	..
Appendicitis	1	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
Nephritis, Acute and Chronic	8	1	7	..	..	..	..	1	1	..	2	2	2	..	..	..	..	..
Dis. of Early Infancy, & Malformat'ns	11	9	2	10	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Suicide	1	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
Other Violent Deaths	12	10	2	..	..	..	..	5	..	1	2	..	1	3	..	..	..	..
Other Defined Diseases	38	20	18	2	..	..	..	..	1	1	2	7	5	10	8	..	..	..
Causes Ill-defined or Unknown	4	2	2	1	..	..	..	..	..	..	1	1	..	1	..	..	..	..
ALL CAUSES	192	93	99	23	9	3	2	13	6	6	20	24	32	34	20	..	..	..

