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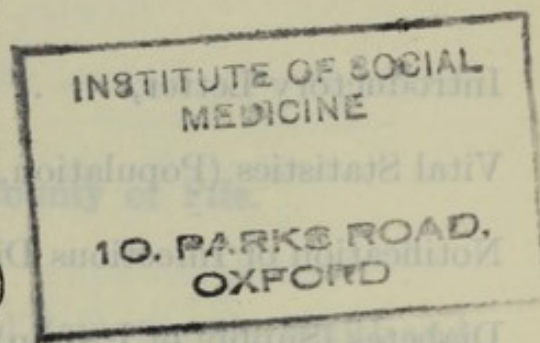
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COUNTY COUNCIL OF FIFE.



ANNUAL REPORT

ON THE

HEALTH AND SANITARY CONDITION
OF THE COUNTY AND DISTRICTS

DURING

1935

BY

G. PRATT YULE,

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

MEDICAL OFFICER OF HEALTH.

ST. ANDREWS :

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To the County Council of The County of Fife.

LORD, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the health and sanitary condition of the County for the year 1935.

The birth rate of the County District (Landward Area and Small Towns) was 17·4 per 1,000 as compared with 17·0 for the similar area of Scotland.

The death rate was 11·9 per 1,000 as compared with 12·9 for the like area of Scotland.

The infantile mortality rate was 64, the lowest rate yet recorded for the County Area.

The maternal mortality rate was 7·4. That for Scotland as a whole was 6·3.

The death rate from tuberculosis was 0·42 per 1,000 : that of the area of Scotland was 0·56.

Apart from the maternal mortality rate, which carries its own connotation, the figures are reasonably satisfactory.

Thank all engaged in the work of the Public Health Department for their anxious and willing help throughout the year.

I have the honour to be,

My Lord, Ladies and Gentlemen,

Your obedient Servant,

G. PRATT YULE,

County Medical Officer.

August 1936.

Public Health Department,
Cupar, Fife.

STAFF.

County Medical Officer of Health.

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Deputy County Medical Officers.

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Miss ELSIE M. WEBSTER, L.D.S.

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G. A. H. GUMLEY, M.B., Ch.B., D.P.H., M.R.C.P.

Kirkcaldy—

G. WISHART MCINTOSH, M.B., C.M., B.Sc. (Public Health).



COUNTY OF FIFE.

Report by County Medical Officer for the Year 1935.

POPULATION.

The population of the County of Fife, exclusive of the large burghs Kirkcaldy and Dunfermline has been estimated to the middle of 1935 by the Registrar-General at 201,335, an increase of 3,899 on the population of 197,436 at the Census of 1931.

The population of the Landward area is estimated at 102,937 ; that the small burghs, twenty-three in number, at 98,398.

BIRTHS.

During 1935 there were allocated to the County (Landward Area and Small Burghs) 3,507 births (corrected for transfers), of which 1,757 were male and 1,750 females. The birth rate was 17·4 per 1,000 estimated population.

The illegitimate births numbered 201 or 5·7 per cent. of the total births.

The births in 1934 were 3,435 ; in 1933, 3,448 ; in 1932, 3,523 ; and in 1931, 3,608.

The births in the Landward Area in 1935 numbered 1,966 (corrected) equivalent to a birth rate of 19·1 per 1,000 estimated population. The births in the Small Burghs were 1,541 equivalent to a birth rate of 15·7 per 1,000.

MARRIAGES.

The marriages registered in the County (excluding the large burghs) were 1,251, equivalent to a marriage rate of 6·2 per 1,000 estimated population.

Of the total marriages, 597 took place in the Landward Area and 654 in the Small Burghs, the respective rates being 5·8 and 6·6 per 1,000 estimated population.

There were 47 more marriages in 1935 than in 1934.

GENERAL MORTALITY.

The deaths, corrected for transfers, allocated to the County, exclusive of large burghs, were 2,394 (males 1,211, females 1,183) equivalent to a death rate of 11·9 per 1,000. The death rate adjusted for age and sex distribution was also 11·9. There were in 1935, 26 deaths more than in 1934 but 70 less than in 1933.

The number of deaths in the Landward Area was 1,206 and in the Small Burghs 1,188. the respective death rates being 11·7 and 12·1 per 1,000 estimated population.

In 1934, the numbers of deaths in the Landward Area and the Small Burghs were 1,157 and 1,211 respectively.

The annexed table gives a summary of the causes of death in the Landward Area and Small Burghs. The most frequent causes of death in 1935 were :—Diseases of the Circulatory System, 530 ; Cerebral Haemorrhage and other Diseases of the Nervous System, 326 ; Cancer and Malignant Disease, 282 ; Diseases of the Respiratory System, 255 ; and Infectious and Parasitic Diseases, 225.

The number of deaths attributed to Congenital Debility, Premature Birth and Malformations was 138. The deaths from these causes appear to be decreasing.

Although the deaths of infants (under one year) show a welcome diminution, the total of deaths under 5 years of age remains much the same as in 1934.

CAUSES OF DEATH. LANDWARD AREA AND SMALL BURGHS, 1935.

Cause of Death.	All Ages.																
	Both Sexes	Males	F'm'l's														
			—1	1—	5—	10—	15—	25—	35—	45—	55—	65—	75—	85—			
Infectious and Parasitic Diseases	225	122	103	19	43	10	4	24	20	22	13	26	24	17	3		
Cancer and Malignant Disease	282	128	154	1	..	..	1	..	2	4	41	75	96	56	6
Diabetes Mellitus	31	9	22	..	..	..	..	1	1	1	1	10	13	4	..
Other General Diseases : Chronic Poisonings	58	25	33	3	..	..	5	3	3	7	8	12	8	9	..
Cerebral Haemorrhage and Other Diseases of Nervous System	326	156	170	12	10	1	4	4	6	9	18	53	96	98	15		
Diseases of Circulatory System	530	276	254	..	..	2	2	7	7	17	40	86	181	152	36
Diseases of Respiratory System	245	132	113	33	16	4	5	8	4	12	19	41	52	40	11		
Diseases of Digestive System	134	75	59	13	8	7	1	9	5	8	15	24	23	18	3		
Diseases of Genito-urinary System	104	68	36	1	2	1	3	1	5	6	11	23	27	20	4		
Diseases of Pregnancy and Childbirth	26	..	26	..	..	..	..	2	12	12	..	..	..	..	..
Diseases of Skin and Locomotor System	18	9	9	2	1	2	4	1	1	..	2	1	3	1	..		
Congenital Debility, Premature Birth, Malformations, etc.	138	64	74	137	..	1	..	..	..	..	..	..	..	..	..
Senility	106	41	65	..	..	..	..	..	..	..	..	..	18	62	26
Suicide	21	15	6	..	..	..	..	2	1	4	4	7	3	..	..
Other Violence	117	73	44	2	11	2	3	15	20	10	10	14	7	19	4		
Ill-defined Causes	33	18	15	3	1	..	..	..	1	2	3	8	9	5	1
All Causes	2,393	1,211	1,182	226	92	29	32	77	88	114	185	380	560	501	109		
Percentage	100.0	50.6	49.4	9.4	3.8	1.2	1.3	3.2	3.8	4.8	7.7	15.9	23.4	20.9	4.6		

INFANTILE MORTALITY.

The deaths of infants under one year in the County numbered 226 in 1935 (male 116, female 110), equivalent to an infantile mortality rate of 64, the lowest rate hitherto recorded for the County Area. In 1934, the infantile mortality rate was 71; in 1933, 70; in 1932, 80; and in 1931, 73.

The deaths of infants in the Landward Area in 1935 were 150 and in the Small Burghs 76, the respective infantile mortality rates being 68 and 49. In 1934, these mortality rates were 83 and 57.

The more frequent causes of deaths of infants were:—Infectious and Parasitic Diseases 19 (inclusive of whooping cough 8, measles 1, scarlet fever 1, diphtheria 2, and influenza 3); diseases of the respiratory system 33 (bronchitis 7, pneumonia 22, other respiratory diseases 4); diseases of the nervous system 12; diseases of the digestive system 1; (diarrhoea 10); and congenital debility, premature birth and malformations, 137.

The diseases of infancy included under the heading of congenital debility, premature birth, malformations, etc., are by far the most frequent causes of infantile mortality and accounted in 1935 for 60 per cent. of the total infant deaths. As noted in former reports, the preponderating majority of deaths from these causes takes place in the first few weeks of life and although the causal factors are obscure and indefinite, the inference that the pre-natal condition of the mother plays the major part may well be hazarded. Year in, year out, the infant deaths attributed to congenital debility and premature birth account for approximately fifty per cent. of the total infantile mortality. Whether there will ultimately be any marked improvement with the better education of the prospective mother and her ante-natal, neo-natal and post-natal care, supervised by the family doctor and midwife, remains to be seen.

PRINCIPAL EPIDEMIC DISEASES.

The deaths from these diseases numbered 128 (male 62, female 66), equivalent to a death rate of 0·64 per 1,000 estimated population.

Deaths—Principal Epidemic Diseases, 1935.

Disease.	Landward Area.	Small Burghs.	Total.
Measles	12	2	14
Scarlet Fever	3	5	8
Whooping Cough	9	5	14
Diphtheria	7	9	16
Influenza	35	27	62
Cerebro-Spinal Fever	3	1	4
Other Epidemic Diseases	2	8	10
Total	71	57	128
Rate per 1,000 Estimated Population	0·7	0·6	0·64

The deaths from measles in 1935 were 14 as compared with 7 in 1934, one in 1933, and 36 in 1932.

Scarlet fever accounted for 8 deaths in 1935, 18 in 1934 and 22 in 1933. Deaths from whooping cough numbered 14 in 1935, 9 in 1934, 8 in 1933, 24 in 1932 and 24 in 1931.

Diphtheria caused 16 deaths in 1935, 15 in 1934 and 8 in 1933.

The deaths attributed to influenza were 62 as compared with 36 in 1934 and 140 in 1933.

DEATHS FROM TUBERCULOSIS.

The number of deaths from tuberculosis in the Landward Area and Small Burghs was 85, equivalent to a death rate of 0.42 per 1,000 estimated population. Of the total, 52 were males and 33 females.

The deaths in the Landward Area numbered 40 and in the Small Burghs 45, the respective death rates being 0.39 and 0.46.

Of the total deaths, 64 resulted from pulmonary tuberculosis (Landward 28, Small Burghs 36) and 21 from non-pulmonary tuberculosis (Landward 12, Small Burghs 9).

The trend of the death rate from tuberculosis is obvious from the following statement :—

Deaths from Tuberculosis, 1930-1935.

<i>Year.</i>	<i>Landward Area.</i>	<i>Small Burghs.</i>	<i>Total.</i>
1930	51	68	119
1931	55	56	121
1932	58	70	128
1933	41	54	95
1934	41	48	89
1935	40	45	85

The tuberculosis death rate of the County is slowly diminishing and comparatively low compared with certain other areas in Scotland. In 1935, the tuberculosis death rate of Scotland was 0.74 per 1,000, and that of the landward area and small burghs was 0.56 per 1,000 : the death rate of 0.42 for Fife County compares favourably with these figures.

DEATHS FROM CANCER.

In 1935, the deaths from cancer and malignant disease were 282 (males 128, females 154), equivalent to a death rate of 1.4 per 1,000 estimated population. The deaths in the Landward Area numbered 8 and in the Small Burghs 144.

In 1934, there were 287 deaths from cancer ; in 1933, 275 ; in 1932, 4 ; and in 1931, 282. It would seem, therefore, that a limit has been reached in the increase recorded for so many years in deaths from cancerous and malignant tumours and growths.

DEATHS FROM DISEASES OF RESPIRATORY SYSTEM.

The number of deaths from diseases of the respiratory system in 1935 was 245 (male 132, female 113), the death rate being 1·2 per 1,000 population. Of the total deaths, 88 were attributed to bronchitis, 11 to pneumonia and 42 to other forms of respiratory disease. The deaths in the Landward Area were 131 and in the Small Burghs 114, the respective death rates being 1·34 and 1·16 per 1,000 estimated population.

In 1934, deaths from these diseases numbered 262; in 1933, 289; in 1932, 253; and in 1931, 315.

There has been a lessened death rate from diseases of the respiratory system of recent years which may be accounted for by the fact that epidemic influenza has not been prevalent. On the other hand the diminishing death rate is doubtless in definite measure the result of lessened overcrowding consequent upon the steady improvement in the housing of the people. Bronchitis and pneumonia are infectious conditions and the better separation ensured by the more numerous apartments of local authority housing has its effect in curtailing the spread of disease.

DEATHS FROM DISEASES OF PREGNANCY AND CHILDBIRTH.

The women dying from these causes in 1935 numbered 26 (puerperal sepsis 13, other puerperal causes 13), the maternal death rate being 7·4 per 1,000 registered live-births.

Of these deaths, 12 occurred in the Landward Area and 14 in the Small Burghs, the respective maternal mortality rates being 6·1 and 9·0.

The maternal death rate for Scotland in 1935 was 6·3.

Maternal Mortality 1930-35.

Year.	Landward.			Small Burghs.			County Area.		
	Births.	Deaths.	Rate.	Births.	Deaths.	Rate.	Births.	Deaths.	Rate.
1930	2090	19	9·1	1713	9	5·2	3803	28	7·4
1931	1935	15	7·7	1673	8	4·8	3608	23	6·4
1932	1981	12	6·1	1542	5	3·2	3523	17	4·8
1933	1959	11	5·6	1489	8	5·4	3448	19	5·5
1934	1847	15	8·1	1588	8	5·0	3435	23	6·7
1935	1966	12	6·1	1541	14	9·0	3507	26	7·4
1930-35	11,778	84	7·1	9546	52	5·4	21,324	136	6·3

It is obvious from the tabular summary that maternal mortality is greater in the Landward Area than in the Small Burghs. The maternal mortality rate for the County (exclusive of the large Burghs) is, however, approximately equivalent to that for Scotland as a whole which, despite protests to the contrary, is to be regarded as excessive.

DEATHS FROM VIOLENCE.

Violent deaths numbered 138 (suicide 21, other violence 117), equivalent to a death rate of 0·68 per 1,000 estimated population. Of the total, 88 were males and 50 were females. The deaths in the Landward Area were 75 (suicide 9, other violence 66), and in the Small Burghs 63 (suicide 12, other violence 51).

Deaths from violence numbered 144 in 1934, 138 in 1933, 119 in 1932, 135 in 1931 and 143 in 1930.

SMALL BURGHS—VITAL RETURNS.

The more important figures for each of the twenty-three Small Burghs of the County are set forth in the annexed table.

The population of the Small Burghs has been estimated by the Registrar-General to the middle of 1935 at 98,398, an increase of 478 on the estimated population of 1934.

The births in the Small Burghs in 1935 numbered 1,541, being 47 less than in 1934, and equivalent to a birth rate of 15·7 per 1,000 population.

The marriages numbered 654 (33 more than in 1934), the marriage rate being 6·6 per 1,000.

The deaths corrected for transfer numbered 1,188 (23 less than in 1934) the death rate being 12·1 per 1,000. In 1934 the death rate was 12·4 and in 1933, when there were 1,243 deaths, 12·8 per 1,000.

The natural increase of the population in 1935 was 353 as compared with 377 in 1934.

Infant deaths numbered 76, the infantile mortality rate being 49·3. The infant mortality rate was 57·3 in 1934, 64·5 in 1933 and 72 in 1932. The infantile mortality rate for 1935 is a very satisfactory figure and 1935 is the first year this rate has fallen below 50 infant deaths per 1,000 registered live births.

The deaths of infants in the Small Burghs have diminished annually since 1930, the mortality rates being much lower than in the Landward Area.

There were in 1935 forty-five deaths from tuberculosis (pulmonary 36, non-pulmonary 9), the death rate being 0·46 per 1,000 population (pulmonary 0·37, non-pulmonary 0·09).

The steady fall in the number of deaths from tuberculosis in recent years is apparent from the following figures :—1934, 48 deaths ; 1933, 64 deaths ; 1932, 70 deaths ; 1931, 56 deaths ; and 1930, 68 deaths.

The number of deaths from the principal epidemic diseases was 57, equivalent to a death rate of 0·58 per 1,000. In 1934, the deaths from these causes were 52 ; in 1933, 99 ; in 1932, 61 ; and in 1931, 61.

SMALL BURGHS—VITAL RETURNS, 1935.

BURGH.	Population (estimated)	Births (corrected)	Mar'ges (registered)	Deaths (corrected)	Infant Deaths	Tuber. Deaths		Deaths from Prin. Epi- demic Dis.	Deaths from Cancer	Deaths from Puer- peral Sepsis.	Deaths from Other Puer- peral Causes	Deaths from Respira- tory Diseases
						Pulm.	Non-Pul					
Auchtermuchty	1,244	8	8	28	1	1	..	1	6	..	..	4
Buckhaven	18,205	397	137	195	21	8	1	14	25	1	1	11
Burntisland	5,441	78	19	62	4	2	..	3	4	..	..	8
Cowdenbeath	12,693	236	84	125	9	7	3	3	10	..	1	19
Crail	1,054	7	13	17	..	1	..	..	3	..	..	1
Culross	536	8	7	7	1	..	..	1	1	..	..	2
Cupar	4,818	68	50	70	5	1	1	4	4	1	2	2
Elie-Earlsferry	983	3	9	12	..	1	..	..	3	..	..	1
Falkland	874	18	8	14	1	1	..	..	3	..	..	2
Inverkeithing	3,348	51	14	36	5	4	..	1	1	..	..	6
Kinghorn	1,947	25	13	20	1	..	..	2	5	..	..	3
Kilrenny-Anstruther	3,357	33	21	59	1	..	..	1	3	..	..	2
Ladybank	1,176	16	1	11	..	..	..	..	8	..	..	..
Leslie	2,497	34	24	35	1	..	..	2	4	1	..	5
Leven	7,932	128	43	87	7	..	..	4	10	2	1	13
Lochgelly	9,416	156	78	91	10	3	..	11	11	..	..	9
Markinch	2,169	37	22	25	2	..	2	2	3	..	..	2
Newburgh	2,202	30	10	34	1	3	..	1	6	..	..	2
Newport	3,287	25	15	55	1	..	..	..	8	..	..	2
Pittenweem	1,649	19	9	20	1	1	..	1	..	..	..	1
St. Andrews	8,566	98	46	101	..	2	1	3	15	..	..	11
St. Monance	1,685	13	4	25	..	1	..	..	5	..	1	2
Tayport	3,319	53	19	59	4	..	1	2	9	..	1	6
All Small Burghs	98,398	1,541	654	1,188	76	36	9	57	144	7	7	114

The number of deaths attributed to cancer and malignant disease was 144, the death rate being 1.46 per 1,000. In 1934, the deaths from cancerous diseases were 164, 156 in 1933; 144 in 1932; and 146 in 1931.

Deaths in the puerperal state numbered 14 (puerperal sepsis 7, other puerperal causes 7), equivalent to a maternal mortality of 9.0 per 1,000 registered live births, the largest number of such deaths since 1930, when 9 were recorded.

Diseases of the respiratory system caused 114 deaths in 1935 as compared with 123 in 1934, 157 in 1933, 109 in 1932 and 162 in 1931.

The rates for the two most populous small burghs are :—Buckhaven-Methil—Birth rate 21.8; marriage rate 7.5; death rate (not adjusted for age and sex) 10.7; tuberculosis death rate 0.49 (pulmonary 0.44); infantile mortality rate 53. Cowdenbeath—Birth rate 18.6; marriage rate 6.6; death rate (not adjusted) 9.8; tuberculosis death rate 0.79 (pulmonary 0.55); infantile mortality rate 38.

NOTIFICATION OF INFECTIOUS DISEASES.

The number of persons in the Landward Area and Small Burghs notified as suffering from infectious diseases in 1935 was 2,551, of whom 1,916 or 75 per cent. were removed to hospital for treatment. In 1934, the number notified was 3,212, and in 1933, 3,649.

The persons notified in 1935 suffered from the following diseases :—typhoid fever 10, scarlet fever 1,189, diphtheria 412, erysipelas 145, puerperal fever 18, puerperal pyrexia 31, ophthalmia neonatorum 104, infective jaundice 3, acute poliomyelitis (infantile paralysis) 1, encephalitis lethargica 4, acute primary pneumonia 305, acute influenzal pneumonia 62, cerebro-spinal fever 6, pulmonary tuberculosis 105, and non-pulmonary tuberculosis 156.

Scarlet fever accounted for 46.6 per cent. of all cases notified and of the 1,189 patients so suffering 1,172 or 98.6 per cent. were removed for hospital treatment. Of 412 cases of diphtheria, all but 2 were treated in hospital. Infants suffering from ophthalmia treated in hospital number 17, and 45 per cent. of the pneumonias were admitted for hospital treatment.

In 1935, the cases of scarlet fever were 633 and 1,018 less than in 1934 and 1933 respectively. In 1935, there were 53 more cases of diphtheria than in 1934.

The deaths from scarlet fever in 1935 were 8 as compared with 18 in 1934 and 22 in 1933. Deaths from diphtheria numbered 16 in 1935, 5 in 1934 and 8 in 1933.

School closure in whole or in part for the prevention of the spread of infectious diseases was not warranted during 1935.

PUBLIC HEALTH (AMENDMENT) ACT, 1925.

In accordance with the provisions of the Scheme adopted in terms of the above Act, twenty-nine patients suffering from diabetes and resident throughout the Landward Area and Small Burghs were supplied with insulin at a cost of £74 11s 6d. Ten patients refunded the cost in whole or part. In addition, seventeen patients were furnished with certain articles of food as special diet at a cost of £78 9s 2d. Syringes for the administration of insulin and scales for the accurate weighing of food were also supplied to certain patients at a cost of 19s 9d.

TUBERCULOSIS SCHEME.

The scheme extends to the Landward Area and Small Burghs and is administered by the County Council as Public Health Local Authority on the lines described in former Reports.

In 1935, the persons notified as suffering from tuberculosis throughout the Landward Area and Small Burghs numbered 261, of whom 105 were pulmonary and 156 non-pulmonary cases.

In 1934, the notified cases numbered 301, of which 142 were pulmonary and 159 non-pulmonary; in 1933, the notifications numbered 359, of which 153 were pulmonary and 206 non-pulmonary; and in 1932 there were 426 notifications of which 196 were pulmonary and 230 non-pulmonary.

It will be seen, therefore, from these particulars of cases notified, that since 1932 there has been a steady decline in both types of the disease.

Of the 261 new notifications for 1935, 128 (pulmonary 51, non-pulmonary 77) were from the Landward Area of the County and 133 (pulmonary 54, non-pulmonary 79) were from the Small Burghs.

The patients admitted for treatment to Glenlomond Sanatorium from the Landward Area numbered 65 and from the Small Burghs 68.

The admission to Glenlomond Sanatorium of 173 patients from the following areas was arranged during the year :—

LANDWARD.—Cupar District, 7; Dunfermline District, 19; Kirkcaldy District, 33; St. Andrews District, 6.

SMALL BURGHS.—Anstruther-Kilrenny, 2; Buckhaven-Methil, 19; Cowdenbeath, 19; Burntisland, 5; St. Andrews, 5; Cupar, 5; Inverkeithing, 4; Lochgelly, 2; Culross, 2; Newburgh, 2; Leven, 2; Tayport, 1.

In addition, 6 patients were admitted from Kinross County and 3 patients from areas outwith the County of Fife.

DOMICILIARY TREATMENT.—During the year additional nourishment was supplied to 74 patients at a cost of £191 4s 7d, or £2 11s 8d per patient. In 1934, the cost was £231 11s 2d, and in 1933, £258 10s.

The routine foods supplied to tuberculous patients in their homes are milk, oatmeal, eggs, farinaceous food and, occasionally, butter and butcher meat.

LUPUS (TUBERCULOSIS OF THE SKIN).—Eleven patients suffering from this condition were granted transport facilities to permit of their attendance at the Skin Department of Edinburgh Royal Infirmary for treatment. The expenditure amounted to £164 6s 11d, or 14 18s 9½d per patient.

SUPPLY OF DRUGS AND DRESSINGS, ETC.—Under the County Council scheme for the provision of drugs and dressings, etc., to tuberculous patients, medical practitioners prescribed for 264 patients at a cost of 205 9s 1d. The average cost per doctor was £4 17s 10d, and the average cost per patient was 15s 7d. In addition, Tuberculin Ointment was applied to 62 patients for their treatment at home at a cost of 15 6s 3½d. The total cost of drugs in 1934 was £234 0s 8d ; in 1933, 259 4s 3d ; and in 1932, £257 17s 8d.

Report by Dr. Alex. Lundie, Executive Tuberculosis Officer. for the year 1935.

This year there was a further decline in the incidence of tuberculosis in Fife. But it was confined to the pulmonary form of the disease. The non-pulmonary disease was greater than last year.

In 1934, the number of confirmed cases was 203. This year it was 191, a decrease of 12 ; and whereas in 1934 there were 83 pulmonary cases, this year the number fell to 60. In 1934, non-pulmonary cases were 120, but this year they numbered 131, an increase of 11.

The net result was a decrease of 12 in all forms of tuberculosis in 1935. The number of notifications of all forms of tuberculosis this year was 301. In 1934 it was 301, giving a decrease of 40.

Notifications this year included 105 pulmonary and 156 non-pulmonary cases. The number of diagnoses not confirmed was 45 pulmonary and 24 non-pulmonary.

There was a remarkable increase in the number of unnotified cases where pulmonary tuberculosis was suspected and a consultation was desired. In 1934, there were 44 such cases ; last year they rose to 89. In 15 of these, pulmonary tuberculosis was found ; in 13 non-pulmonary disease existed ; 46 cases were not tuberculous, and 15 cases remained under observation at the end of the year.

The number of visits paid to infected or suspected families this year was 2,757, an increase of 83 over last year.

One hundred and ninety-four visits were paid to notified and unnotified pulmonary cases ; 153 to corresponding non-pulmonary cases : 1,488 old pulmonary cases and 1,106 old non-pulmonary cases were visited, while 156 families were visited for the examination of contacts.

All the infected contacts of this and of previous years who were under tuberculin treatment were further examined at the clinics at Auchterderran, Crosshill, Cowdenbeath, Kelty, Leven, Lochgelly and Methil. Attendance and progress at these clinics were generally satisfactory. In only one case was there a failure.

The number of new pulmonary cases confirmed this year included 3 males under 15 years of age, and 32 over; 2 females under 15 years of age and 23 over—total 60.

The new non-pulmonary cases were 49 males under 15 years of age and 17 over; 39 females under 15 years and 26 over—total 131.

Age and Sex Incidence of 60 New Pulmonary Cases.

0-5		5-10		10-15		15-25		25-35		35-45		45-65		65 up		Total	
M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
1	1	2	1	0	0	9	5	6	7	6	5	10	6	1	0	35	2

The distribution of incidence in the four age groups between 15- and 65 years was singularly even this year. The young adult group was not as usually singled out for the heaviest incidence, while the juvenile group exhibited the usual low incidence.

Admission of New Cases to Glenlomond.

Pulmonary.				Diagnosis not Confirmed.			
Adults.		Children.		Adults.		Children.	
M.	F.	M.	F.	M.	F.	M.	F.
25	17	1	1	5	3	1	0
Non-Pulmonary.							
0	7	10	8	2	0	2	0

Localisation of Disease in 131 new non-pulmonary cases :—Abdomen 7; Spine 4; Bones and Joints 8; Superficial glands 99; Lupus; Other organs 10.

Deaths from Tuberculosis during 1935.

Pulmonary—		M.	F.
New Cases, ..	..	7	5
Old Cases, ..	..	31	23
Non-Pulmonary—		Total 82.	
New Cases, ..	..	10	2
Old Cases, ..	..	1	3

At the end of the year the results may be summarised as follows—
1 less death.

37 fewer notifications of pulmonary disease.

4 fewer notifications of non-pulmonary disease.

23 fewer cases of pulmonary disease verified.

11 more cases of non-pulmonary disease verified.

It may seem anomalous in view of these figures that more actual work was done this year than during last year. But whereas in 1934 there were requests for 44 unnotified pulmonary cases to be examined, this year the number rose to 89. It is not always possible to give a diagnosis after one examination, so that many such cases had to be visited more than once. The work was necessary and the results have justified it. The increase of non-pulmonary cases has been contributed to partly by greater vigilance on the part of Area Medical Officers examining school children, partly by Health Visitors bringing cases to notice and partly by more intensive following up of contacts.

There were four deaths of children notified during life as cases of meningitis, and three more cases were brought to light after death. Not one of these children had been in contact with a known case of pulmonary tuberculosis. But in one case it was discovered that the milk for this child was obtained from a farm where a cow was found suffering from tuberculosis. Presumably all seven cases were due to bovine tuberculosis.

No departure from the usual routine occurred during this year except in the matter of expedition. Even although great pressure of work may suggest deferring the examination of contacts to a more convenient season, experience has shown that the best time to intervene is at the very first visit. It is a psychological moment not to be missed. If it is lost, the later trend of events may minimise the effect of the blow which a family has sustained in witnessing one member struck down by tuberculosis. Too often the blow returns sooner or later in the form of grave news of the patient's progress and then is the time once more to offer protection to the others who hitherto may have declined it. Less difficulty was therefore experienced in persuading contacts to be examined. A few were found suffering from bad health as a result of tuberculous infection. These cases were admitted to the sanatorium. Some contacts were not infected at all, and of the rest, some were treated with tuberculin injections by their own doctors and the remainder attended for treatment at the nearest clinic. The results were almost uniformly satisfactory. Even when home circumstances were unfavourable the results generally were good. But it was not easy to secure regular or sufficiently long continued treatment where there was lack of interest at home. This callous indifference made it also difficult to secure admission to the sanatorium which is the only alternative, and certainly the only safe course. Even when that was accomplished, some parents suddenly and for no reason whatever took the children home.

LUPUS.—It would appear to be opportune now to give an account of the position of lupus as it is a tuberculous disease which requires specialised treatment. It is not so prevalent in Fife as in some other places, but the few patients who are in this County have always been afforded special facilities when necessary to attend the Royal Infirmary, Edinburgh, for treatment. Now the cost of treatment of cases requiring the Lomholt Lamp is also being paid by the County Council.

Lupus is a tuberculous disease of the skin, notorious for its intractability and chronicity. Rarely the disease heals spontaneously without treatment. Occasionally it heals as it advances leaving a track of white scar tissue in its wake. Before the days of antiseptic surgery, it caused greater and more rapid destruction of tissue than now, when it is so easy at least both to prevent and to cure invasion of the diseased part by the common organisms of suppuration.

Lupus is commoner among women than men. Its most frequent site of election is the face and it is capable of causing very great disfigurement.

There are 28 cases of lupus on the register ; eight male and 20 female. It is the least frequent form of non-pulmonary tuberculosis in life. The youngest male patient is in the 5-10 age group and the youngest female one is in the 10-15 age group. There are no male cases between 10-15, 3 between 15-25, one between 25-35, one between 35-45, and two between 45-65. Among the female cases the age groups 10-15, 15-25, 25-35 have each one case. There are 5 between 35 and 45, 7 between 45 and 65, and 5 over that age. Whereas in all other forms of tuberculosis the distribution among males and females is fairly even in life, the preponderance of female over male cases of lupus is very striking and cannot be accounted for. The chronicity and intractability may be explained to some extent. Pulmonary tuberculosis is quite as chronic as lupus, but even a well established case may be more amenable to treatment than lupus, because it is possible in suitable cases to put the diseased lung out of action for a year or longer until it is healed. Even then healing never does amount to more than arrest of the disease, and if that is permanent, it is good enough for practical purposes. Living organisms may linger for years afterwards in the old scar tissue and remain harmless as long as they are not released.

It is impossible to put the mobile parts of the face out of action in the same way as a diseased lung or joint may be immobilised and healed by rest treatment. Even the larynx may be healed of tuberculosis if the voice is reduced to a whisper for 18 months. Furthermore, the face is subject to all the frequent surgical insults of sponges, towels, and kerchiefs, soaps and extremes of temperature, which cannot be applied to the interior of the lungs and so its chances of healing are further impaired. No wonder then that arrest of lupus is not good enough, and that nothing else will do but absolute cure, meaning thereby extirpation of all organisms, human or bovine.

At least 55 different forms of treatment for lupus have been published, but not one of them has been proved to be of universal applicability. Pure surgical treatment has not been successful. Neither has medical treatment proved any better. The light of day at one time was banned to lupus patients. Ladies wore thick veils and carried lined umbrellas to exclude the possibility of any active ray even reaching their faces. Tuberculin treatment then came into being and in

Of a commission of physicians in Paris unanimously rejected it on insufficient evidence. Then the dreaded daylight was remembered and actinic treatment was employed in the form of the Finsen light and use of ultra-violet rays. Both have come to stay. Great things were promised and expected of both, but they did not fulfil all expectations and so most cases have resisted even these forms of treatment.

In spite of this discouragement, the work of specialists still went on and in Denmark a new lamp has recently been evolved which has already successfully cured cases hitherto completely resistant to other forms of light treatment.

The Lomholt Lamp is a modified Finsen lamp. By appropriate means heat and light rays are filtered out of the beam of a powerful electric arc, and the remaining ultra-violet rays are concentrated and projected by a quartz lens on to the diseased area.

It is stated that this treatment does not kill the tubercle bacilli, but I am not quite sure about that. Anthrax bacilli even in the spore form are easily killed in cultures by ultra-violet rays and dysentery toxin can be rendered innocuous in the same way. In France U.V.R. "plants" have been used for sterilising water supplies and I have used the same apparatus for sterilising cultures of anthrax and dysentery.

If one must indeed believe that the tubercle bacilli are not killed in human tissue by U.V.R. then the cure cannot be permanent, or if permanent, something else must have killed the T.B.

Possibly the U.V.R. stimulate the immunising forces of the human organism and these eventually compass the death of the tubercle bacilli, otherwise there can be no cure.

Scrofula causes as profound blood changes as does any other form of tuberculosis. The serum has powerful complement deviating properties, and diluted 200,000 times can still give what is called the pre-tuberculin reaction. The patients are sometimes extremely sensitive to tuberculin and intolerant of injections that can be well borne in other stages of the disease. This sensitiveness of the skin and the reactions to the serum are indications of the attempt of the patient's whole body resources to resist the disease and to produce immunity to it. They show how far reaching are the changes in the entire body while the disease is still localised.

Almost a year ago Dr. Aitken very kindly demonstrated the Lomholt lamp to me in the Royal Infirmary, Edinburgh, and showed me photographs and living examples of his successes. The latter were not like the nine lepers. They were grateful. I was very much impressed by his demonstrations. Four Fife patients are to all appearance cured, but must remain under periodic observation, as sufficient time has not elapsed to warrant a clean bill of health being granted to them.

The results are good. The healed skin is soft and elastic, without hard scar tissue which would certainly seal up and permanently lodge living bacilli. The colour of the skin is paler than its surroundings. In only one case has pigmentation like ordinary freckling taken place.

In view of the exacting requirements for effecting a cure of lupus in the light of the long series of failures and disappointments encountered, it is refreshing to have seen a new hope of success and to know that the endeavour to foster research has all this time been encouraged by the Public Health Committee of the Fife County Council who have recently taken a further step to promote it by meeting the cost of treatment by the Lomholt lamp.

I have again to acknowledge with much gratitude all the good work of the Health Visitors as Tuberculosis nurses. The co-operation of my colleagues has been strengthened and has brought to light more cases of infection than ever, while at the same time it has materially increased my own work. While I am very much indebted to them for the part they are now playing in work that will go far to lower the incidence of pulmonary tuberculosis in later life, I should welcome any suggestions leading to greater efficiency.

The role of the sanatorium in the prevention of tuberculosis is becoming clearer to the public mind and better appreciated than ever. The scientific work of Dr. W. T. Munro at Glenlomond is a worthy contribution to the efforts that are being made in the control of this scourge, and it merits wide recognition. But my particular obligation to Dr. Munro arises from his constant willingness to admit to the sanatorium for a short period, cases which may for various reasons, present difficulty in establishing a diagnosis at home. For this I have pleasure in expressing thanks.

TREATMENT OF VENEREAL DISEASES.

The scheme, in terms of the Public Health (Venereal Diseases) Regulations (Scotland), 1916, is administered by a joint committee and obtains throughout the Civil County.

Two treatment centres are available in the western division of the County at Dunfermline and Kirkcaldy, the clinic in the latter burgh being administered on behalf of the County Joint Committee by the Town Council. Patients from the Eastern division of the County attend the Public Health Institute, 55 Constitution Road, Dundee.

In view of the inadequate and unsatisfactory nature of the premises available as a treatment centre within the Burgh of Dunfermline it is good to be able to report active negotiations for the provision of a new treatment clinic within the premises of West Fife Hospital.

During 1935 the cost of travelling facilities granted to needy patients was £24 10s 4d, as compared with £11 17s 4d in 1934 and £11 9s 11d in 1933.

KIRKCALDY CENTRE.—The new cases attending this centre numbered 156 (males 184, females 62), being two less than in 1934. Of the new cases, 47 suffered from syphilis, 131 from gonorrhoea, 8 from soft chancre, 20 from non-specific infections and 40 from conditions other than venereal. The total attendances at the centre was 5,873, being more than in 1934 and the highest yet recorded.

The number admitted for hospital treatment was 7 males and 6 females, the aggregate in-patient days being 332.

The defaulters, those ceasing to attend before completing treatment, numbered 58 or 15·9 per cent. and 26 or 7·1 per cent. ceased attendance after completing treatment but before final test of cure. 34 patients were transferred to other treatment centres and 86 were discharged cured.

Dr. McIntosh is of opinion that syphilis is becoming less prevalent and notes that the same cannot be said of gonorrhoea.

DUNDEE CENTRE.—The new cases attending during 1935 were 47 (Male 34, Female 13) in number. In 1934, new cases numbered 40; in 1933, 43; in 1932, 47; and in 1931, 51.

Of the new cases, 6 were syphilis, 30 were gonorrhoea, 3 were other venereal infections and 8 had no venereal infection.

The total attendances were 886 (Male 409, Female 477).

The aggregate of in-patient days was 51.

DUNFERMLINE CENTRE.—The report on the work done at this centre during 1935 by Dr. Graham Gumley is subscribed :—

I have the honour to submit herewith a report of the work carried out during the period January 1st to December 31st, 1935, at and from the treatment centre for venereal disease, the Public Health Dispensary, Market Street, Dunfermline.

The operation of the provisions of the Venereal Diseases Acts has brought, during a period of almost twenty years, a steady decline in the incidence of syphilitic infection, and a very considerable mitigation of the physical, social and economic evils associated with its later stages. It has become only too evident, however, that no comparable reduction of the incidence of gonococcal infection has followed the provision of facilities for diagnosis and treatment. The problem is not purely an epidemiological one but is so largely a moral one that the incidence of gonorrhoea cannot be expected to show much variation except in relation to the general moral standard of the community; this itself is probably represented by a somewhat intangible constant, the magnitude of which one would not care to hazard a guess, but which varies only with the most radical changes of communal circumstance. Such a change is operative meantime and when the present industrial depression gives place to prosperity, an increased incidence

may reasonably be expected. In general terms, venereal disease, far as the individual is concerned, is, given adequate facilities, readily diagnosed and treated; the immediate future holds out no promise anything further, and, while the cure of infected persons will be satisfactory, the eradication of venereal disease from the community does not appear to be within reach or hope of attainment.

It is necessary, therefore, to make provision for the diagnosis and treatment of venereal disease, guided as to volume of work by that present being accomplished and looking to its continuance for at least a generation.

PREMISES AND EQUIPMENT.—It is gratifying to know that the Venereal Diseases Joint Committee is cognisant of the inadequate and unsatisfactory nature of the present premises, and that, at the time of writing, it is in process of exploring the possibility of establishing a completely new clinic within the bounds of the Dunfermline and West Fife Hospital. To the writer some such eventuality has been constantly in mind and, this being so, while in each annual report opportunity has been taken of criticising the premises presently in use, vigorous suggestions for their lasting improvement have been put forward. Although the premises *per se* might be with some fair expenditure, remodelled and extended, there remains, inherent, the fundamental fault that their situation is most unsuitable. Sufficient has been said in previous reports to give some indication of the faults and drawbacks of the Market Street establishment: they remain as before, altered only for the worse by the passage of another year. A new building and a new clinic are now urgently required; if and when these are attained, the purchase of new equipment will require to be considered. The dampness of the present building has ruined a considerable number of the plated instruments, and, as the furnishings are of a very makeshift nature, it may be said, with little exaggeration, that were a new clinic to be provided, there are very few articles of furnishing and equipment which are worth transferring.

NEW CASES.—The Centre provides facilities for the diagnosis and treatment of venereal disease and serves, in addition to the Burgh of Dunfermline, the populous western area of the County; a table appended shows, in more detail, the localities whence were derived the year's new cases. During the year 233 persons sought examination at the clinic; this number comprises 183 males and 50 females and these figures represent, in respect of males, an increase of 36, and, in respect of females, a decrease of 24. Whilst the majority of patients have spontaneous recourse to the clinic, a considerable number are variously recommended to attend; 139 persons reported voluntarily; those sent by general practitioners numbered 69, while 9 were recommended by the Parish Medical Officers, 7 by Area Medical Officers and 5 by the Medical Officer of Health, Dunfermline. In-patients of Fife and Kinross District Asylum numbered 4.

The total number added to the register included a certain number of single or multiple infections and 75 persons who were found to be healthy or who suffered from lesions not venereal in causation; including these latter, and arising out of the occurrence of the former, 239 "clinical cases" were yielded by the 233 persons reporting. The percentages which follow are calculated in conformity with the statistical requirements of the annual return to the Department of Health for England, on the basis of "clinical cases".

Non-specific venereal infections—a group of minor affections to which the popular interpretation of the description "venereal" does an injustice—comprised 7.53 per cent. of the total; the results of treatment of these cases are extremely satisfactory, and, although observation is continued for a period exceeding that of the incubation period of the major venereal infections, attendance does not require to be frequent and treatment can be suspended at an early date.

Cases of soft sore (chancroid) comprised 1.25 per cent. of the whole. These lesions, which may be most destructive in their immediate local effects and which, by their persistent indolence under treatment, are most trying to the patience of doctor and patient alike, continue to be infrequent; the three cases which did occur were seen early before local extension had occurred and healed fairly readily after medical treatment. In order to avoid a threat of gangrene a minor surgical procedure became necessary in one case.

Gonorrhoea, as always, provided the major portion of the clinical work and the cases of this infection comprised 41.84 per cent. of the total. No unusual difficulties, apart from that of securing regularity of attendance particularly of female patients, were encountered. The common complications of gonorrhoea are now, with few exceptions, treated entirely as out-patients and with results quite as satisfactory as those which, in former years, were attained by detention in hospital; considerable economy has been effected thereby. Although there is still room for improvement, the attendance of male patients has been very good; the reluctance of female patients to attend the clinic during daylight hours does not diminish.

Treatment has been continued along well-established lines and has been attended by good results; while some striking advances have been made in the treatment of gonococcal infections, these have not been of a kind readily applicable in a small clinic.

Cases of syphilis comprised 17.99 per cent. of the year's total. In the report for 1934 the fact was noted that during that year there had been an undue increase in the number of fresh syphilitic infections; this increase was continued into the first half of the year under review, and of the 36 cases of acquired syphilis, 12 presented in a comparatively early stage of the disease: it is a matter for regret that of these 12 cases 2 were seen in the earliest and most readily-curable sero-negative stage. Presenting in the later stages of the disease, were 24 cases; of these, 6 were latent and accidentally or incidentally discovered,

while 18 were showing tertiary syphilitic processes—9 had disease of the central nervous system, 1 a pre-cancerous syphilitic condition of the tongue, 3 syphilitic disease of the eye, 1 syphilitic disease of the nasopharynx, 2 syphilitic disease of skin and subcutaneous tissues and 2 syphilitic disease of the heart. In 5 cases infection was congenital—in 3 cases the eyes were involved in the active process while there was in addition, a history of previous syphilitic joint disease; 1 case was latent and 1 case suffered from cranial nerve paralysis. One female case, presenting in a virulent secondary phase of the acquired disease, was found to be pregnant; treatment carried out throughout pregnancy resulted in the full-term birth of a healthy infant.

The more constant system of dosage with arsenical preparation, now in general use elsewhere, has been continued throughout the year with success; the method represents a considerable advance in treatment, and, while it must necessarily increase the cost per patient, the certainty of lasting cure is greater and delayed expenditure upon relapsed cases avoided.

CONTACTS.—Wherever information, sufficiently precise, is forthcoming an effort is made to bring to examination the supposed source of infection. This has always been a difficult and unsatisfactory task, and to some extent, the reduction in new female cases has reflected a year of particularly fruitless effort in this direction.

RELAPSE.—The necessity for regular and continued treatment is impressed upon all new patients, but, despite this, there still remains a fairly constant proportion of patients who discontinue treatment before its completion or before the application of a test of cure. Where patients have progressed beyond an actively contagious stage and where, therefore, the consequences of default fall upon their own shoulders the position, though regretted, may be accepted with comparative tranquillity, but where still infective and a continued menace to others, the position is otherwise and cannot but be regarded as unsettling. When such a person is permitted unhampered and unrestrained to hand on infection to others then the liberty of the subject, that holy of holies, is maintained only at a price. Although every suasive effort is made to minimise such default it is impossible completely to avoid it and some powers of compulsion should be available, at least in last resort, to deal with the most reckless offenders.

BED ACCOMMODATION.—For the treatment of in-patients the facilities available at the West Fife Infectious Diseases Hospital continue to be adequate and here again proved entirely satisfactory. During the year, 8 cases were admitted to hospital, the total number of bed-days was 178, and the average stay in hospital, 22·25 days. Two deaths occurred in hospital, both of cases suffering from syphilis of the central nervous system.

SPRINGFIELD ASYLUM.—Two visits were paid to the institution. Cases were seen in consultation with Dr. Boyd and the anti-syphilitic

reatment of selected cases decided upon ; the necessary therapeutic agents were sent on from the clinic, the administration of treatment being left in the hands of the medical staff of the Asylum.

Details of numbers, variety and source of cases, and particulars of treatment and of pathological specimens, are tabulated below.

In submitting this report, I have to express my keen appreciation of the valuable assistance rendered by the medical and nursing staffs of the West Fife Infectious Diseases Hospital, and by Professor Tulloch of University College, Dundee, and, to the nurse and medical orderly of the clinic, my thanks for their loyal co-operation throughout the year.

Particulars of Specimens Examined.

	Blood.				Cerebro		
	Wasser- mann.	Gono- Comp.	Smears.	Dark Grounds.	Spinal Fluids.	Others.	Totals.
January ..	39	30	67	3	2	—	141
February ..	29	14	37	1	2	—	83
March ..	38	40	62	2	1	—	143
April ..	22	15	27	1	2	—	67
May ..	35	18	28	—	3	—	84
June ..	26	23	42	—	1	—	92
July ..	29	18	47	1	1	—	96
August ..	30	22	54	—	2	—	108
September ..	45	17	36	—	4	—	102
October ..	51	18	39	—	7	—	115
November ..	34	19	50	—	1	—	104
December ..	23	18	39	—	3	1	84
Totals ..	401	252	528	8	29	1	1219

Districts from which Patients reported.

Aberdour, ..	3	Halbeath, ..	1
Aberdeen, ..	1	Hill of Beath, ..	2
Alloa, ..	1	Inverkeithing, ..	11
Bowhill, ..	4	Kelty, ..	12
Burntisland, ..	4	Kinross, ..	4
Blairhall, ..	2	Kincardine, ..	1
Cardenden, ..	10	Lumphinnans, ..	3
Carnock, ..	1	Lochgelly, ..	10
Cairneyhill, ..	1	Lochore, ..	6
Cowdenbeath, ..	26	Milnathort, ..	1
Crossgates, ..	6	Newmills, ..	1
Crosshill, ..	5	Queensferry, ..	2
Crombie, ..	1	Rosyth, ..	23
Cupar, ..	4	Saline, ..	2
Dunfermline, ..	65	St. David's, ..	1
Edinburgh, ..	3	Thornton, ..	1
Elgin, ..	1	Torryburn, ..	1
Fordell, ..	1	Valleyfield, ..	5
Glasgow, ..	1	Wellwood, ..	3
Glencraig, ..	2	York, ..	1

Particulars of New Patients.

	Persons reporting.		Syphilis.		Gonorrhoea.		Soft Sore.		Non-Specific V.D. Infections.		Conditions other than V.D.		Number of Clinical Cases.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
January	..	19	5	2	2	2	8	2	..	..	4	1	6	1	26
February	..	10	4	2	2	1	5	1	2	..	2	..	..	2	15
March	..	15	3	2	..	..	6	..	..	..	2	..	5	3	18
April	..	12	2	7	1	1	3	..	..	..	..	..	3	1	15
May	..	15	3	1	2	2	11	..	..	..	1	..	2	1	18
June	..	19	3	3	1	1	9	1	..	..	2	..	6	1	23
July	..	16	7	4	..	..	5	3	..	..	1	..	6	4	23
August	..	17	4	1	1	1	9	3	1	..	..	..	6	1	22
September	..	14	6	3	1	1	7	2	..	..	..	..	4	3	20
October	..	17	10	3	3	3	8	..	..	..	3	..	3	7	27
November	..	21	3	2	..	..	11	1	..	..	1	..	7	2	24
December	..	8	..	1	..	..	5	..	..	..	1	..	1	..	8
Total	..	183	50	31	12	12	87	13	3	..	17	1	49	26	239

Number of Injections given.

	Arsenobenzol compounds.	Bismuth, etc.	Vaccines, etc.	Routine Attendances.
January ..	128	122	37	691
February ..	116	114	27	595
March ..	128	164	30	672
April ..	125	110	37	603
May ..	119	97	37	681
June ..	104	78	27	748
July ..	88	70	30	672
August ..	75	71	30	697
September ..	101	89	35	684
October ..	112	102	38	751
November ..	136	132	26	783
December ..	122	125	18	729
Totals ..	1354	1274	372	8306

MATERNITY SERVICE AND CHILD WELFARE, ETC.

The County Council Scheme of Maternity Service and Child Welfare is operative throughout the Landward Area and the twenty-three Small Burghs, the population being 201,335.

The staff supervising and undertaking the work includes Dr. Krause, Deputy Medical Officer (Welfare), six area Medical Officers, four whole-time Dentists and the Health Visitor staff of over twenty nurses.

The newly-built clinic at Lochgelly was opened in the latter half of the year and remedial work for mothers and children is now undertaken under advantageous conditions.

Active negotiation for the provision of a similarly equipped building in the Burgh of Buckhaven for the Wemyss Area of the County also made satisfactory progress and steps were taken for the purchase of a property abutting on the playground of Tayport Burgh School with a view to its renovation and conversion for the purposes of a general welfare clinic.

The County Medical Officer is responsible for the authorisation of additional food, admission to maternity homes, orthopaedic institutions and the furnishing of medical and surgical appliances to those not in a position to supply them for themselves.

ADDITIONAL NOURISHMENT.—Five hundred and thirty-two families applied for additional nourishment in terms of the Maternity Service and Child Welfare Scheme during 1935. In 95 cases, no grant was approved. Of the 437 families assisted, 77 grants were on behalf of expectant mothers, 124 on behalf of nursing mothers, 221 in respect of children under five years of age and 15 grants were authorised where mothers and children generally would benefit.

Of the 437 families assisted, 31 were families affected by the strike in Valleyfield Area which occurred at the end of 1935.

The nourishment granted consisted of milk and oatmeal, while on occasion cod liver oil emulsion was supplied. The cost of the food, etc., supplied during 1935 amounted to £332 13s as against £361 9s 9d expended in 1934.

MATERNITY HOMES.—During 1935, the women admitted to the Maternity Home of Kirkcaldy Burgh numbered 160, an increase of 21 on the admissions of 1934. Of the admissions, 145 paid the routine fee, 9 were partly necessitous, 5 were wholly necessitous and one was reported with a view to recovery of the fee.

In November, 1935, the original Maternity Home of Kirkcaldy Burgh was closed after approximately seventeen years of effective service, the new Forth Park Maternity Hospital being occupied on 30th November. The new hospital has 26 beds, 4 isolated observation beds, together with the necessary labour wards, operating theatre, nursery, etc., and is thoroughly equipped in all respects. The subject is of interest to the County Council in view of the arrangement originally made by Kirkcaldy District Committee whereby landward women were admitted to the Home, a principle continued by the County Council.

In 1935, the number of women admitted to the Davaar Maternity Home of Dunfermline Burgh was 172. Two babies were also sent in. In 1934, the admissions were 142, and in 1933, 166. Of the admissions in 1935 the routine fee was paid in 154 instances; partly necessitous patients numbered 11 and wholly necessitous 6. Three cases were reported for recovery of fees due.

The following are the numbers of women admitted to the Maternity Homes in the Burghs of Dunfermline and Kirkcaldy in the last five years:—1931, 225 patients; 1932, 304 patients; 1933, 285 patients; 1934, 281 patients; and 1935, 332 patients.

During 1935, arrangements were made for the confinements of fourteen women, mostly of the necessitous type, within Thornton Combination Hospital, where a satisfactory maternity ward of three beds, under skilled supervision, is provided. These women are sent in under the provisions of the Maternity Scheme, are paid for by the Public Health Vote and are not public assistance cases. Four women contributed towards their maintenance in Hospital.

MIDWIVES ACTS.—There were, in 1935, 101 claims from medical practitioners for fees for attendance at confinements under the provisions of the Midwives (Scotland) Acts, 1915 and 1927. Four claims were disallowed; in five, payment was obtained privately. The remaining 92 accounts were paid by the County Council, the amount being £143 11s 6d.

MIDWIFERY SERVICE.—Applications for the service of doctor or midwife at the cost of the County Council in terms of the Maternity Service and Child Welfare Scheme numbered 128 in 1935 as compared with 88 in 1934 and 50 in 1933.

The number of applications approved was 92, the cost involved being £124 13s. Of the remaining 36 applications, 24 were refused, maternity benefit being payable; in 4 the income was in excess of the scale; in 3, application was made subsequent to confinement; one woman retained the service of a doctor; the admission of 3 women to maternity homes was arranged; and one died prior to confinement. The service of doctors was secured for two women where no midwife was available.

Each application is investigated, the financial circumstances of the household being ascertained and the approved society concerned being written to. Of the total applications (128), it was found that maternity benefit was not payable in respect of 103. In one case, the fee of 25s paid to the midwife was refunded.

The residence of applicants was in the following areas:—Cowdenbeath 37; Glenraig-Lochore 23; Lumphinnans 18; Lochgelly 12; Cardenden 7; Crossgates-Hill of Beath 7; Kelty 5; Newmills-Torryburn 5; Inverkeithing-Queensferry 4; Buckhaven-Methil 8; Leven 1; and Markinch 1.

ORTHOPAEDIC TREATMENT OF CHILDREN.—During the year 1935, fifty-one patients from the Landward Area and Small Burghs of the County were in receipt of treatment in the Princess Margaret Rose Hospital for Crippled Children, Fairmilehead, Edinburgh, the cost to the County Council being £1,963 13s. Contributions varying in amount from 1s to 20s per week were made by parents towards the cost of maintenance of their children in that Institution in twenty-five cases. One child was under treatment in Challenger Lodge, the Children's Home of the Edinburgh Cripple and Invalid Children's Aid Society, at a cost of £9 15s per quarter, the amount involved for the year 1935 being £19 10s. A child was also sent for treatment to Douglas House Home for Crippled Children, Lauder Road, Edinburgh, at a cost to the County Council of approximately £13.

The scheme for the treatment of cripple children was adopted in 1933. Prior to the County Council becoming in May, 1930, the public health authority of the County, the District Committees of Dunfermline and Kirkcaldy were in the habit, as public health authorities, of sending crippled children to Edinburgh for treatment under the provisions of their child welfare schemes.

Authority for the treatment of cripples in hospital or otherwise is provided by the Notification of Births (Extension) Act, 1915, which empowers local authorities to make such arrangements as they think fit and as may be sanctioned by the Department of Health for Scotland

for attending to the health of children under five years of age. Local Authorities may also, subject to the sanction of the Department and for the purposes of any such arrangements, "exercise the like powers as they are entitled to exercise for the purpose of the provision of hospitals."

In respect of children of five years and over, the Fife School Health Scheme provides for the treatment of crippling conditions under the heading "Hospital and Other Institutions." The County Council as Education Authority also have, in terms of the Education (Scotland) Act, 1913, the same powers and duties to provide medical, including surgical, treatment for a crippled child as they have with reference to the provision of sufficient and proper food and clothing.

The Public Health Committee, on 2nd May 1933, approved the treatment of suitable cases of crippled children at Fairmilehead Hospital and authorised the County Medical Officer to arrange for their admission. The Committee also approved a scheme under which cripple children should be dealt with on the same lines as children suffering from defects of eye, ear, nose and throat, etc., under the schemes of Medical Inspection and Treatment of School Children and of Maternity and Child Welfare, namely, by the appointment of a Specialist who would attend as required at certain clinic centres.

The scheme has proved so successful that expenditure, almost entirely on hospital treatment, has grown much faster than was anticipated. In the Annual Report for 1934, I urged the need for efficient competent local staff, skilled in orthopaedic nursing, massage and remedial exercises, if the expense of hospital treatment were to be curtailed. Early in 1936, an orthopaedic nurse (whole-time) was appointed and the part-time of one of the gymnastic teachers of the Education Committee trained in massage and remedial gymnastics was granted. The local staff is, however, insufficient and it is only by efficient local orthopaedic nursing supervision that the hospitalisation of the cases with the cost entailed thereby will in measure be minimised by earlier diagnosis and local out-patient treatment within the clinics and by domiciliary visitation.

REPORT BY Dr. R. A. KRAUSE, Deputy Medical Officer (Welfare).

This report is given in two parts :—

A. The work of the Health Visitors and Welfare Nurses under the following headings :—

- (1) Infant Births and Deaths.
- (2) Conditions of homes on first visits.
- (3) Breast feeding.
- (4) Pre-School Children.
- (5) Home visitation figures.
- (6) Infant Protection.

B. Other aspects of Welfare work, such as :—

- (a) Midwives Act, 1915 and 1927.
- (b) Maternity and Child Welfare Centres.
- (c) Ultra-Violet Rays Therapy.
- (d) Dental Treatment.
- (e) Eye Refractions.
- (f) Mental Defectives—Institution Cases.
- (g) Orthopaedic Cases.

A.

(1) Infant Births and Deaths.

In the year 1935 there were 3,586 births notified (1,838 boys and 1,748 girls). The number of boys born shows a decrease of 19, and the number of girls an increase of 29. This gives a total increase of births over last year's figures. The distribution of births in the various districts is :—

Dunfermline,	507
Cowdenbeath and Lochgelly,	1123
Kirkcaldy,	375
Wemyss,	774
Cupar,	364
St. Andrews,	288
Anstruther,	155
	3586

The number of still births was 125—a decrease of 25 on the figure of last year (Dunfermline 21, Cowdenbeath and Lochgelly 47, Kirkcaldy 1, Wemyss 25 and North-East Fife 23). The causes, where known, reported by the nurses are :—Abnormal labour (breech and face presentation), delayed and difficult labour, premature births, weakness and anaemia of mother, albuminuria, falls of mother, malformations (hydrocephalus, spina bifida, etc.). In one area the still births occurred with 7th, 9th and 10th pregnancies. In another area, in three cases the mothers had been advised to go to the maternity hospital but they refused to go.

There were 152 cases of premature births. The biggest number in an area was in Auchterderran (25), and the largest number of deaths was in Cupar district where 7 died out of 8 premature births. The number of illegitimate births was 140 (Dunfermline District 27, Cowdenbeath and Lochgelly District 42, Kirkcaldy District 5, Wemyss District 5, and North-East Fife 41). This is a further decrease (1933—185, 1934—159). The number of plural births was 35 (1934—53, 1933—40).

There were 2,508 births attended by a doctor, and 976 by midwives. There were 29 unattended cases and 16 in which the birth took place before the doctor or midwife arrived. Information was received as to 7 births that took place in an Institution—13 in Cowdenbeath and Lochgelly District, 43 in Wemyss District and 1 in St. Andrews District.

There were 210 infant deaths reported (224 in 1934)—Dunfermline 30, Cowdenbeath and Lochgelly 73, Kirkcaldy 19, Wemyss 49, Cupar 22, St. Andrews 10, and Anstruther 7. The percentage of infant deaths to the number of births for the County of Fife is 5·8 (6·2 in 1934). In 126 cases the cause of death was prematurity, debility or malformation. This is an increase on last year (116). Respiratory diseases were the cause of 29 infants' deaths, infectious diseases accounted for 7 diarrhoeal diseases for 4, and other digestive disorders or diseases 8 and for all other diseases 36. One case of overlying was reported.

(2) Conditions of Home on First Visit.

In the majority of homes (3,230) visited at the "first visit" by the Health Visitors, the condition found is reported as satisfactory. The number of homes reported as "indifferent" was:—

Dunfermline,	..	..	..	..	..	..	1
Cowdenbeath and Lochgelly,	..	..	..	..	..	..	6
Kirkcaldy,	..	..	..	..	..	..	9
Wemyss, ..	..	..	..	..	..	..	1
Cupar, ..	..	..	..	..	..	..	1
St. Andrews,	..	..	..	..	..	..	1
Anstruther,	..	..	..	..	..	..	2

In 50 homes the condition was reported as "dirty" (Cowdenbeath and Lochgelly 9, Kirkcaldy 3, Wemyss 32, and St. Andrews 6).

Whilst the housing conditions continue to improve, there is still much to be done in different parts of West Fife. Reference has in previous reports been made to the old houses in the Valleyfield district in which there is very little light or air. Overcrowding is bad in the area and about fifty families are living in single rooms, e.g. (1) several children and parents, (2) four children, parents and grandfather, (3) five children and parents, also (4) several cases of four children and parents, etc., etc. Whilst the majority of the homes are clean, there are a small number of careless mothers. In the Oakley district there are also many homes which are unfit for habitation. Here there are still a few families living in the old houses, e.g., one family of six children along with the parents live in one room. "The walls of this room are never dry, the grate is broken, and what heat the fire gives out, most of it goes up the chimney. There are two boxed-in beds, and another iron bed in the room. This family have lived under these conditions for about two years, and were very healthy—they are now showing signs of pinched faces." "When the majority of the tenants 'moved in' to the new houses, an effort was made by the father to procure one of the vacated houses, many of which were in good order, but still the shutters were put up on the latter, and the family allowed to live in the

condition stated." In Cairneyhill village there are several very old-fashioned houses—they are very damp and have no modern sanitary conveniences. In a model-lodging house single rooms are let to families—there is no water supply in these rooms and only one lavatory accommodating many families.

In Cowdenbeath a gradual improvement is taking place. Cases of overcrowding still exist but these families cannot be accommodated with houses until possibly the next housing scheme is completed. In Kelty, there is still a great deal of overcrowding, but very few really bad houses. Here 52 births took place in sub-let rooms. In the Hill of Beath area there is also a lot of overcrowding, e.g., families occupying one room (7), two rooms (18) and three rooms (28). In the Burgh of Perthgelly the housing conditions are still unsatisfactory. Overcrowding is still very common—approximately 205 families are living in sub-lets, though they are not all overcrowded. The new houses in the Lumminans district are a great improvement—the little gardens make all the difference. There are, however, at least 50 families living in sub-let rooms—of these fifteen or more had a fire in the room. In Glenraigie the Health Visitor reports that in the case of her first visits there were 10 families living in one room and of these there were 12 consisting of 10 to 9 in a family. There are still many sub-lets—big families living in one room with no sanitary conveniences and no water except that which has to be carried from the kitchen or a neighbour's house. In Auchterderran, overcrowding appears to be on the increase. At her first visits the Health Visitor found the following:—there were 62 families living in one room (44 of these consisted of three persons) 17 families lived in two rooms (32 families of four, 20 of five, 17 of six, and 27 of seven or more). Fifty-five families lived in three rooms (14 families of three or four and 31 of five or more) and nine families lived in four or more rooms. Nurse points out that it is "rather difficult to discuss health matters" with parents who live in unsatisfactory housing conditions, e.g., in one house in Cardenden there are 30 persons (15 adults and 15 children) and only one earth closet available. This is in such a filthy condition that the children are obliged to use the school lavatories whenever possible, at other times they go to the woods. In another part of the district one water tap serves eleven houses and sometimes happens that individuals have to wait about an hour to get a pail of water. In another part of the district two taps have to supply 18 houses. Here all the washing is done in the kitchens. In those parts where a large number of the families live in one room, it is impossible for them to get proper meals, clean clothing or sleep. In some of the Council houses washing boilers have been removed at the request of the occupants. It seems also that a large number of the others complain of the expense of gas for washing boilers.

In the Kirkcaldy district there has been a steady improvement in the housing conditions. There is still overcrowding, however, only it is

somewhat difficult to give actual figures, as the people who are in "rooms" are always on the move. In the Markinch district the improved housing conditions have improved the health of the weak children. Overcrowded houses still exist, however, in the Leslie district.

In Buckhaven, whilst the housing conditions are improving, there is still a good deal of sub-letting and many newly-married couples live in these rooms. In Denbeath, in the case of 63 "first visits", 37 families lived in a sub-let room. In 9 cases the family visited occupied two rooms. In Methilhill out of 77 "first visits", the families in 31 cases lived in one sub-let room, and in 8 cases two rooms were occupied. In Leven there is great improvement in the housing conditions but overcrowding also exists. In East Wemyss many new houses have been completed but a few families are still living in one room in the hope of getting a new house and some of the new houses are being sub-let and in one case a room is used as a fruit store.

In the Cupar and Anstruther districts, it is pointed out that "in some of the indifferently clean houses, allowance has to be made for the large families and the lack of utensils and water necessary for cleaning purposes." In the landward area of St. Andrews there were several outstanding cases of overcrowding. In one the family of two adults and ten children lived in two small apartments with no sanitary conveniences. In another the family consisted of 3 adults and 7 children and they lived in a self-made house of three small rooms—no sanitary conveniences.

In order to obtain some idea of the relative size of the families in the County of Fife, the Health Visitors were asked to give the number of children in the various families regarding whom the nurses had paid visits in connection with their work under the Maternity and Child Welfare Scheme. Returns were given for 8,045 families and involved about 22,000 children. The number of families with one or more children was as follows:—

1 child,	2465 (33·1%)
2 children,	2022 (24·0%)
3 children,	1190 (14·7%)
4 children,	791 (9·4%)
5 children,	504 (6·2%)
6 children,	395 (4·9%)
7 and more children,	557 (6·9%)

The families were then placed in three categories (1) clean, (2) indifferent and (3) dirty. The figures for the 8,045 families worked out as 6,599 or 82 per cent. as "clean", 1,157 or 14·3 per cent. as "indifferent", and 289 or 3·5 per cent. as "dirty". When we study the number of families that were clean, according to the number of children, we find a decreasing percentage as the number of children increased per family:—1 (89·4), 2 (88·2), 3 (79·6), 4 (76·6), 5 (71·4), 6 (65·7), 7, etc., (58·6). In the case of the dirty families the percentage increased

from 1.01 for one child families to 10.2 for 7 and more children families. When these families are arranged into two categories (a) those comfortably off, and (b) those who are poor, we find that there is here also a decreasing percentage as the number of children per family increases (1—86, 2—81.5, 3—69.7, 4—60, 5—53.1, 6—47, 7 etc.—45.6) and conversely there is an increasing percentage as the family increases in size amongst the poor (1—14, 2—18.3, 3—30, 4—40, 5—46, 6—52.5, etc.—54.2). Whilst these figures must be considered as approximately only, they are of definite interest and they show that lack of cleanliness and poverty do not run parallel. This is also further demonstrated when each of the areas is taken separately, an area in which there is relatively more poverty. Here with 561 families the percentage distribution of size of families is much the same as the total (ranging from 34 to 7.1 per cent.). Here, however, the allocation of families into "comfortably off" and "poor" works out at 56.6 and 43.3 per cent. respectively, as against 73.3 and 26.6 for the total. Yet the percentage figure (82.2) for the number of homes considered as clean works out as slightly higher than that for the total figure (82). The percentage for "indifferently clean" being 14.0 and practically the same as that for the total figure, only 0.5 is the percentage for the homes that are considered filthy.

(3) Breast Feeding, etc.

At their "first" visit the Health Visitors report that for the year 1915 there were 2,828 babies breast fed or a percentage of 82.5. The number of bottle fed babies was 494. The figures for the various areas were as follows:—Dunfermline 380 (80 bottle, 15 mixed), Cowden-both and Lochgelly 901 (133 bottle, 33 mixed), Kirkcaldy 305 (54 bottle, 5 mixed), Wemyss 619 (109 bottle, 18 mixed), Cupar 280 (50 bottle, 13 mixed), St. Andrews 225 (39 bottle, 15 mixed), and Anstruther 11 (29 bottle, 3 mixed).

From the reports of the Health Visitors it is evident that practically all infants, with few exceptions, are breast fed at birth. There is no doubt that the number of infants entirely breast fed is very much greater than was the case say, ten years ago. Also the breast feeding is continued for longer periods than was formerly the case. Where many were put on the bottle at three months, nowadays four months is more common, and many infants are entirely breast fed up to the age of six months. This has largely been brought about by the talks the nurses give to the nursing mothers, and wherever possible the expectant mothers are also advised as to what their duty should be in relation to the early feeding of the infant. It is found that young mothers with their first baby tend to change over to bottle feeding after three or four weeks. When a second child arrives, however, they seem to have realised the advantage of breast feeding and they then persevere. One of the Health Visitors suggests that similar talks would be of great value

to the fathers. She states that many fathers "seem to think that when the baby cries, the cause is hunger", and even although the mother may be anxious to follow the advice given by the nurse, "she is handicapped by her husband who insists on her feeding the infant at any time."

In another area, whilst the mothers are keen to breast feed they also tend to give the infant one bottle of cow's milk per day. In some cases, however, the mothers have taken "Lactagol" with very successful results. The importance of correct dieting of the mothers is also stressed. There is much sub-normal health in a number of the areas and a great amount of chronic constipation among expectant and nursing mothers. Unfortunately, strong purgatives are widely used and much of this would be unnecessary if more attention were paid to proper dieting.

In the agricultural areas many mothers are engaged to work on the farms. In such cases the baby is usually given a mixed feed, being breast fed in the morning and at night, and bottle fed during the day. In the majority of bottle fed babies cow's milk is given. In such cases mothers are being advised to add orange juice to some feeds and fish cream or cod liver oil to the other feeds.

(4) Pre-School Children.

The need for more attention being given to the "toddler" and the pre-school child has been repeatedly indicated. In the school report, reference is made to an inquiry which the area medical officers have been carrying out during the past two years. From this it is seen that when children enter school at five years of age, 70 per cent. of them have defects or conditions which are wholly remediable, and 5.6 per cent. of them defects that can only be considered as partially remediable. Only about 22.6 per cent. of the entrant infants have no defects. It has to be pointed out that these defects do not include dental conditions. These have been excluded because of their frequency—about 8.90 per cent. of entrants are found to require dental treatment of some sort or other.

By the time the children leave school there are 53 per cent. who have no defect and 35.3 per cent. have defects which are wholly remediable. If the pre-school children could be examined at an earlier period than their entrance to school, there is no doubt that many conditions could be discovered at an early stage and by the institution of early treatment many conditions could be so treated that the crippling effects due to delay in treatment could be avoided. Such early examination would also lead to a more definite awakening of interest in these younger children with the result that by educational propaganda many more defects could be prevented than is possible at present.

It is for this reason that the setting-up of nursery schools can be looked upon as one of the best investments that the community can undertake. Nursery school work is essentially preventive. The popular belief that the nursery school movement will undermine the parental responsibility is wholly incorrect. If the nursery school is to be a success there must be close co-operation with the home. The development of the young child cannot take place equitably if he is taught by his teachers along lines which are contrary to those he is subjected to at home. It applies specially to the handling of the child as regards discipline and also his dieting. As regards the latter it is important that the nursery school teacher should know what diet the child is getting at home, so that she can give, as far as possible, the correct quantity and quality of food, and allow for any peculiarities of taste or modifications for health reasons. There is also the question of recreation and other activities which are so essential to the proper all-round development of the growing child. If the teacher does not know about the home conditions of the child she cannot understand the difference in the reactions of her pupils. In this connection the need for adequate rest and sleep must also be emphasised. Parents do not appreciate at its true value the need for sufficient sleep and that the lack of enough rest to the children may give rise to many and varied reactions often ascribed to other causes. In my opinion the lack of sleep is a far more important contributory factor as regards nervous instability than the "noise factor", about which so much has been written lately.

There is no doubt that parents wish to know more about how to bring up their children. That they appreciate that more requires to be known about the growing child is shown by the increasing demand for Child Guidance Clinics and in my opinion a good nursery school scheme will go a very great distance, and in most cases be quite sufficient, to supply all the necessary information about the average child that the parents require. In such a scheme the Health Visitor with her special opportunities for studying young children must play a very important part.

Another matter relating to the health of the pre-school children is the importance of protecting them as far as possible against infectious diseases such as diphtheria, etc. The protective qualities of anti-diphtheritic (prophylactic) inoculations have been so generally tried out that there is no need for me to re-emphasise the valuable means that we have at our disposal for the protection of children against diphtheria. Mothers are therefore being advised to have their children, and especially the young children, protected against this disease. In connection with this work, I wish specially to mention the work which Dr. Dawson (Hickcaldy District) carried out in his area during the school holiday periods. The largest number of his cases was done in Leslie. Here 142 children were inoculated. Of these, 130 had a second, and 129 a third inoculation. Of these, eight children had a local reaction—all mild—two a general reaction. The general reaction in both cases was almost immediately after the inoculation. It consisted of pallor, per-

spiration and headache but was in no way alarming. Inoculations were also carried out at Burntisland (50) and Coaltown of Balgonie (2). In the latter place the "one shot" alum precipitate inoculation was employed. Unfortunately, a large proportion of the cases had more marked local reactions than was the case with the three injections method. These inoculations were all carried out sub-cutaneously. Since then further trials have been made with the one shot method but intramuscularly. In these there has not been the same local reaction.

Insufficient time has prevented the carrying out of subsequent Schick testing with a view to finding out how many of the children had or had not been protected by the inoculations. In Leslie, however, eleven old cases (inoculated in 1927) were Schick tested. In two of these cases a positive reaction was obtained. In both these cases only two inoculations had been made as against three in the others. In Leslie 106 children were Schick tested prior to the inoculations. These were mainly older children but also included some younger (pre-school) children, where the mothers insisted on the test prior to inoculation. Dr. Thomson carried out these tests along with Dr. Dawson. Of the children tested, 57 were positive (14 very susceptible, 36 susceptible, six slightly susceptible and 1 pseudo-positive) and 49 were negative. It has already been indicated that in these prophylactic inoculations against diphtheria, we have a highly efficient, and in about 90 per cent. of the cases, effective protection against diphtheria. It must, however, be pointed out that parents who wish to avail themselves of such protection, should have the inoculations carried out whilst the child is young—the sooner it is done after the infant is a year old the better. Parents delaying and putting off the day for the inoculation until there is an outbreak do not obtain the required protection for their children. The reason for this is the fact that it takes about six months for the immunity or protection to develop. There is a small percentage of cases who do not develop an immunity, or protection only to a small degree. Such cases can always be found out by repeated Schick testing after the child has been inoculated.

(5) Home Visitation.

During the year the Health Visitors paid 53,249 home visits. The figures for the various areas are:—Dunfermline 9,926, Cowdenbath and Lochgelly 14,398, Kirkcaldy 7,787, Wemyss 7,295, Cupar, 537, St. Andrews 5,682, and Anstruther 2,924. The number of nursing mothers and infants seen at these visits was 33,464. Apart from these, 24,130 pre-school children were also seen. Generally no special difficulties are met with when carrying out these visits, except that in some cases mothers are particularly careless and it is difficult to get inspections carried out. Reference is made by several nurses to the long distance they have to walk when visiting cases in outlying parts of their

reas—the bus service also being poor or non-existent. This reason, as well as the fact that a number of the nurses have too many cases to supervise, prevents them from giving adequate and necessary attention to the pre-school children.

The Health Visitors gave advice to 3,956 expectant mothers. They also, as Inspectors of Midwives, paid 147 visits to the registered midwives in the County. They also act as Tuberculosis Nurses—under this scheme 8,364 visits were made (3,333 pulmonary and 5,031 non-pulmonary cases). The total number of home visits made by the Health visitors under the various schemes was 61,760 (62,934 in 1934).

(6) Infant Protection.

No. of Infants on Register, January 1935,	..	..	..	78
„ Added during 1935,	..	..	..	20
„ Removed from the District,	..	..	..	4
„ Returned to relatives,	..	..	..	11
„ Now over 9 years of age,	..	..	..	4

The Health Visitors who act as Infant Protection Visitors visited all the cases periodically. This necessitated 233 home visits involving 39 children and reports. Nineteen preliminary visits were made to new cases—in 15 of these homes there were no fireguards. Amongst these preliminary cases one guardian refused at first to sign the “fire-guard” form and protested against the visitation of the child by the Infant Protection Visitor. The Chief Public Assistance Officer, Mr. Wilson, wrote to the guardian explaining matters and the child is now regularly visited by the nurse who reports the home conditions to be excellent. In all the preliminary cases visited the reports were satisfactory. Only in one case was the “state of clothing” only “fair”. This, however, improved later in the year.

DUNFERMLINE AREA.—In this area there was one case in which Nurse stated that she could not truthfully say that she considered the character and conduct of the guardian satisfactory. The child seems to be well cared for but strict supervision is being kept over this case.

Another home where two children are boarded-out, was visited monthly by the Infant Protection Visitor, as the guardian, although very kind to the children, required supervision. Nurse now reports the conditions satisfactory.

In another case the Infant Protection Visitor reported that the children were absent from school frequently and she did not think the explanation for this was adequate. Mr. Wilson was informed of this and the children are now attending school more regularly.

ANSTRUTHER AREA.—Nurse was asked to keep a case under strict supervision in which the bedding was reported as only “Fair”. In a subsequent report, however, Nurse stated that the house had been renovated and new furniture and bedding bought and that the conditions had entirely altered since her last report.

CUPAR AREA.—In one case in which the Infant Protection Visitor reported that she suspected tubercular peritonitis, Nurse was asked to bring this child to the Area Medical Officer's notice so that the case could be reported to the Tuberculous Officer. In subsequent reports Nurse indicated that the condition was greatly improved. She also stated that the child had been seen by Dr. Lundie and that there was no reaction to Tuberculin.

Nurse reported that one case required supervision and that the state of house was "indifferently clean". This case subsequently left the district.

WEMYSS AREA.—The Infant Protection Visitor, in reporting on a infant under the Children Act, pointed out that whilst the home conditions were satisfactory, there was poor lighting and ventilation. The attention of the Sanitary Inspector was drawn to this case.

A case was reported in which the child was stated to have four decayed teeth. The Area Medical Officer arranged for his examination and treatment by the dentist.

In two cases where the Infant Protection Visitors thought the children seemed mentally abnormal, the Area Medical Officer was asked to see these cases and send in a medical report. These children are being kept under supervision.

The Area Medical Officer was also asked to report on a child whose Nurse reported was not attending school and was stated to be subject to fits when younger. Overcrowding is also reported in this home.

B.

(a) Midwives Acts, 1915 and 1927.

The following are the numbers of midwives practising in the various Districts in the County of Fife during 1935 :—Dunfermline 13, Cowdenbeath and Lochgelly 15, Kirkcaldy 4, Wemyss 6, Cupar 5, St. Andrews 8 and Anstruther 1. Of these 52 midwives, three were replacements for others who had left the County (Wemyss 1, Cupar 1 and St. Andrews 1).

The midwives sent for medical assistance in 199 cases of emergencies (171 in 1934). These were distributed in the following Districts :—Dunfermline 36, Cowdenbeath and Lochgelly 131, Wemyss 17, Kirkcaldy 1, and in North-East Fife 14.

Below, an analysis of the cases for which medical assistance was sent, is shown :—

Delayed labour and uterine inertia,	0
Torn perineum,	2
Inflamed and discharging eyes,	3
Abnormal labour,	1
Adherent and retained placenta,	0

Maternal haemorrhage—(a) ante-partum,	9
(b) post-partum,	6
Weakness—(a) Mother,	6
(b) Baby,	8
Raised temperature,	9
Still-births,	9
Premature Births,	9
Jaundice,	2
Pain and puffiness, legs, albuminuria, etc.,	2
Miscellaneous (deformities and malformations, placenta praevia, baby cyanosis, etc.),	17
	<hr/>
	199

As well as the applications for medical assistance, the following forms were also forwarded by the midwives to the Public Health Department :—

Deaths (before doctor's arrival),	2
Still-births,	34
Laying out of dead body,	15
Liability to be a source of infection,	10
Artificial feeding,	—

The total number of births attended by midwives was 976 (Dunfermline 135, Cowdenbeath and Lochgelly 691, Kirkcaldy 39, Wemyss 4, St. Andrews 44, Cupar 10, Anstruther 3). The total number of births for the County was 3,586. In 1934 these figures were 958 and 5,576 respectively. The number of confinements at which neither a doctor nor a midwife attended was 30 and 6 in institutions. There were also 29 children born before a doctor or midwife arrived. The number of deaths of infants taking place within ten days of birth was 94 and of these 13 occurred in the practice of midwives (Cowdenbeath and Lochgelly 6, Dunfermline 4, Wemyss 2 and St. Andrews 1). The figure for number of conditions and occurring in the practice of midwives was as follows (the total figures for the County are given in brackets) :—

Ophthalmia Neonatorum,	23 (104)
Puerperal Fever,	1 (18)
Puerperal Pyrexia,	8 (31)
Still-births,	22 (125)

No deaths occurred in the practice of midwives in the cases of puerperal fever or pyrexia.

Periodic inspections are made by the Health Visitors acting as Assistant Inspectors of Midwives—the total number of these visits was 147.

The attention of a midwife had to be drawn to the Rules of the Central Midwives Board for Scotland relating “to inflammation of or discharge from the eyes, *however slight*,” that it was her duty to call to her assistance a registered medical practitioner, and to inform the Local supervising Authority that medical assistance had been sought. This case is an example of a midwife discriminating between slight and more

definitely marked cases of ophthalmia neonatorum. It is only when the discharge lasts longer than a few days that such cases are discovered by the Health Visitor.

Inquiry was also made into a complaint where it was stated that a midwife, acting as a maternity nurse, had not responded to the call. It transpired, however, that the nurse arrived after the baby was born (a premature baby of 6 months) and she was refused admittance as another woman, not a midwife, had been called in and helped the mother.

It was found necessary, for a short period, as a precautionary measure to discontinue the attendance of a midwife at confinements. This nurse had attended a case of puerperal sepsis which terminated fatally. Although after careful inquiry it was decided that the midwife was not the cause of the trouble, it was still deemed safer to make other arrangements for nurse's prospective confinements.

(b) Maternity and Child Welfare Centres.

The new Clinic in Lochgelly was opened just before the school closed. The improved and increased facilities will be much appreciated and meet a long felt want. The new school clinic for the treatment of minor ailments will also be available for pre-school children. In the new dental clinic, one of the finest in the County, pre-school children, and also necessitous and semi-necessitous expectant and nursing mothers will be able to be treated whenever the County is in position to increase the present dental staff. The ultra-violet ray equipment has also been brought up to date by the addition of the latest model of mercury vapour lamp. This will allow for more effective treatment and a great saving of time. The addition of an orthopaedic clinic will meet a clamant need for this type of treatment. The appointment of a nurse with orthopaedic training will allow of the development of a scheme which will aim at the reduction in the number of cripple children in the County of Fife.

The Public Health Committee have considered the unsatisfactory condition of the Maternity and Child Welfare Clinic at Denbeath and have decided to replace it by a new and up-to-date clinic. Unfortunately, difficulties have been encountered as regards the site but it is hoped that these will soon be overcome.

The Committee have also agreed to the establishment of a Child Welfare Clinic at Tayport. It has been decided to carry out a reconstruction of some old property adjacent to the school playground. Nothing, however, has been done as regards providing more suitable clinic accommodation at Blairhall or at Auchtermuchty.

The work of the Maternity and Child Welfare Centres must again be considered as satisfactory. The figures of new cases and total attendances are given as follows :—

New Cases and Total Attendances, 1935.

Clinic.	New Cases.	Total Attendances. (New and Old Cases.)
<i>Dunfermline District—</i>		
Crossgates,	70	552
Inverkeithing,	48	120
Torryburn,	35	57
<i>Cowdenbeath and Lochgelly District—</i>		
Auchterderran,	127	366
Cowdenbeath,	172	1067
Crosshill,	292	749
Kelty,	246	690
Lochgelly,	273	1555
<i>Kirkcaldy District—</i>		
Burntisland,	90	590
Kinghorn,	31	851
Thornton,	23	344
<i>Wemyss District—</i>		
Denbeath (a)	103	897
(b)	112	593
Leven,	113	1044
<i>North-East Fife—</i>		
Anstruther,	72	335
Cupar,	43	225
Newburgh,	47	438
St. Andrews,	184	2434
Tayport,	44	240
	2125	13,147

The total attendances for all the clinics are 13,147, of which 2,125 were new cases. Most of the mothers who attend come for advice or now to feed the babies. Of the 2,125 new cases 1,201 were seen by the clinic doctor and 39 cases were referred to the family doctor. Of the old cases (7,979), 3,639 were seen by the clinic doctor and 57 were told to see their own doctor.

Analysing the figures, we find that of the total new cases, 1,248 were infants under 12 months, 484 children between 1 and 5 years, 110 expectant mothers, and 283 other cases coming for advice. In Kelty numerous infants were treated under the supervision of the medical officer for umbilical hernia. Pre-school children requiring treatment or minor ailments are referred to the school clinics. Mothers and infants for whom ultra-violet ray therapy is deemed necessary are treated at the clinics in Cowdenbeath, Lochgelly and Leven where clinics for this purpose are established.

(c) Ultra-Violet Ray Therapy.

There are three centres in the County of Fife at which ultra-violet ray therapy is available—Cowdenbeath, Lochgelly and Leven. The number of cases (118) and attendances (3,490) for these clinics was made up as follows :—

	Cases.	Attendances.
Cowdenbeath,	25	648
Lochgelly,	34	823
Leven,	59	2019

Of the total number of cases, 13 were infants, 49 pre-school children and 49 were children of school age. There were also 12 adults treated.

In the main, the conditions treated were rickets, fragility of bones, debility, acne, alopecia, lupus, bronchitis, cervical glands. Of the cases definitely discharged (18), 7 showed marked improvement, 9 slight and 2 no improvement. Unfortunately a considerable number of cases cease attending before the treatment has been completed. This does not mean that they have not benefited, only further treatment would have been to their definite advantage. In Leven, there were 35 such cases. In Lochgelly the number of such cases is also considerable, the "patients have simply dropped off, after improvement and before the doctor had an opportunity of considering the amount of improvement."

(d) Dental Treatment.

The Fife County Dental Scheme includes dental treatment of (1) pre-school children, (2) necessitous expectant and nursing mothers, (3) Public Assistance cases, and (4) members of the County Police Force.

(a) PRE-SCHOOL CHILDREN.—There were 299 pre-school children treated at the school clinics in 1935 (Cowdenbeath 120, Lochgelly 106, Buckhaven 20, North-East Fife 53). The total figure for 1934 was 193. These cases required 371 attendances at which 1,087 dental treatments were given. The chief treatment given was the extraction of teeth—857 (247 under general anaesthesia and 614 under a local anaesthetic). The remaining treatments (230) were of a more "conservative" nature. It must again be emphasised that parents do not realise how much pain and suffering they could prevent in their young children if they would take advantage of the dental clinics and bring their young children for periodic inspection (once or twice yearly). By doing this they would give the dentists the opportunity of detecting the beginning of dental disease and so initiate early treatment before extensive damage has been done to the teeth and before they begin to be sore. Too often parents put off doing this with the remark, "it is only the milk or temporary teeth and they will be lost anyway". They do not appreciate that even a temporary tooth which has become diseased will definitely affect the new tooth which is still developing in the jaws. The disease spreads down the milk tooth and affects the tissues of the jaws forming the new teeth. The result is that these are not only badly formed but very often show signs of decay soon after they have erupted.

(b) **NURSING AND EXPECTANT MOTHERS.**—Dental treatment was given to 51 nursing and expectant mothers (Cowdenbeath 27, Lochgelly 8, Buckhaven 5, North-East Fife 1). These cases required 327 dental treatments—64 extractions under general anaesthesia, 153 extractions under a local anaesthetic and 110 fillings and other treatments. The number of attendances necessary at the clinics was 74. *There is no doubt as to the large amount of dental disease amongst the adult population—disease largely the result of neglect. If expectant mothers are to carry out their most important function, it is obvious that any condition which tends to undermine their health ought to be dealt with. Dental disease as a means of septic absorption will affect the health of the individual. Inspection, and where necessary dental treatment, should therefore be part of our Maternity Scheme and it should be applicable to all our expectant mothers.*

(c) **PUBLIC ASSISTANCE CASES.**—There was a further increase in the number of Public Assistance cases that received dental treatment. There was a total of 193 cases (Cowdenbeath 112, Lochgelly 52, Buckhaven 20, North-East Fife 9) and they received 1,162 dental treatments. These consisted of 1,023 extractions (416 under general anaesthesia and 607 under a local anaesthetic), 55 fillings and dressings, as well as 14 upper and 40 lower (1 partial) dentures. In order to have these treatments carried out, these patients required to make 461 attendances at the clinics. This year there were again a small number of cases who refused the dental treatment which was recommended by the whole time dentists. In some of these cases it had been hoped that dentures would be provided although the teeth were found to be healthy or only slightly affected and suitable for other treatment.

(d) **COUNTY POLICE.**—The number of the Police Force who applied for dental treatment by the whole-time staff was 14. This is a decrease on last year (21). In all, 82 dental treatments were carried out—69 extractions (42 general and 27 local anaesthesia) and 7 upper and 6 lower dentures made and inserted.

(e) **Eye Refractions.**

Public Assistance cases as well as pre-school children where necessary were referred to the Area Medical Officers for eye examination. Special cases were referred to the Eye Consultants (Drs. Allister MacAllivray and Robert Sampson).

The number of cases brought forward by the Public Assistance Officer was 38 and in two cases re-examinations were required. Of these cases 7 required to be referred to the eye specialists. In 28 cases glasses were prescribed and in 8 of these both “distance” and “reading” glasses were recommended. In some of the cases prescriptions for glasses were supplied but it was found necessary for the Area Medical officers to take measurements for the frames.

The number of pre-school children whose eyes were examined at the school clinics was 42. Of these, 24 had glasses prescribed. Twenty-three pre-school children were referred for further examination by the eye specialists and of these 13 had glasses prescribed.

(f) Mental Defectives—Institution Cases.

During the year (1935) sixteen children were notified as uneducable:—

Dunfermline District,	2
Cowdenbeath and Lochgelly District,	4
Kirkcaldy District,	1
Cupar District,	4
St. Andrews,	1
Dunfermline Burgh,	3
Kirkcaldy Burgh,	1

Of these, nine were trainable and seven of them were doubtfully trainable or mainly nursing cases. Eight children were placed in the following institutions for the mentally defective:—

Larbert,	6
St. Joseph's, Rosewell,	1
Baldovan,	1

With the exception of one child the rest were all uneducable.

The difficulty regarding finding accommodation for mentally defective children, especially boys, still remains. There is an increasing number of educable boys for whom institution treatment is urgently required.

(g) Orthopaedic Cases.

The number of clinics held under the Orthopaedic Scheme and at which 37 pre-school children were seen by the Orthopaedic Consultant, Mr. W. A. Cochrane, was ten. These clinics were held at the following centres:—

Buckhaven,	3 (5 B., 2 G.)
Lochgelly,,	2 (10 B., 2 G.)
Cowdenbeath,	1 (3 B., 4 G.)
Dunfermline (West of Fife),	1 (1 B., 2 G.)
Kirkcaldy (Burntisland-Markinch),	2 (3 B., 2 G.)
Cupar (North-East Fife),	1 (1 B., 2 G.)

The following were the main conditions seen by Mr. Cochrane:—bow legs (9), flat foot, etc. (10), various leg conditions, (e.g. ankylosis, etc.) (6), paralytic conditions of lower extremities (5), developmental conditions (e.g. spina bifida, webbed fingers) (3), and other miscellaneous conditions (4).

In twenty cases, hospital treatment was found necessary, whilst fourteen were recommended to have clinic treatment, such as massage remedial exercises, etc., and in three cases domiciliary treatment or supervision was found necessary. Other treatment such as ultra-violet ray therapy was also recommended in some of the cases. In two cases radiographs were asked for in order to clear up certain points of difficulty.

In last year's report it was indicated that arrangements must be made for massage, remedial and electrical treatment to be carried out locally, and that a co-ordinating and supervising officer such as an orthopaedic nurse was necessary. The Public Health Committee agreed to the appointment of an orthopaedic nurse as well as the services of a whole-time gymnastic teacher with massage and remedial experience. To meet the immediate needs for treatment, tentative arrangements were made for three cases to be treated at Burntisland by one of the gymnastic staff (Miss Reid) and later this work was taken over by a part-time masseur (Mr. Stewart) who also took over the treatment of some 10 cases in the new clinic at Lochgelly as well as cases in Cardenden (1), Leslie (1), Cowdenbeath (2) and Buckhaven (3). By these arrangements we were able to give massage and electrical treatment to some of our most urgent cases. In all about 469 attendances were made. By the appointment of the recommended whole-time staff it will be possible to overtake a larger amount of the treatment of the other cases—treatment which is long overdue in most of the cases.

OPHTHALMIA NEONATORUM.

The reduction in the number of cases as recorded last year was not maintained and again the figure rose above the hundred mark—104. The numbers in the various Districts were distributed as follows:—

Dunfermline,	16
Cowdenbeath and Lochgelly,	26
Kirkcaldy,	10
Wemyss,	41
Cupar,	5
St. Andrews,	5
Anstruther,	1

The number removed to hospital for more intensive treatment was 17.

PUERPERAL FEVER AND PUERPERAL PYREXIA.

The total number of cases of puerperal sepsis was 18 (22 in 1934) and for puerperal pyrexia 31 (33 in 1934). The number that died was 3 of the cases of puerperal sepsis and 5 of the pyrexia cases. It was found necessary to remove 17 of the sepsis cases to hospital and 25 of the pyrexia cases.

PNEUMONIA.

As in former years the Health Visitors paid 500 visits to cases of notified pneumonia. This was with a view to reporting to the Medical Officer of Health those cases that were considered in need of hospital treatment. The number of cases notified was as follows (the figures in brackets are those of cases recommended for hospital treatment):—Dunfermline 65 (39), Cowdenbeath 34 (16), Lochgelly 58 (36), Kirkcaldy 24 (8), Wemyss 59 (28), or a total of 240 (127) for the South and West of Fife, and for the North-East of Fife 65 (11).

The total number of cases notified as influenzal pneumonia was 62 (2).

EXAMINATION AND CERTIFICATION OF BLIND PERSONS.

Report by Dr. R. A. Krause, Deputy Medical Officer (Welfare).

Under the Blind Persons Acts, the examination and certification of persons claiming to be blind was continued. The Eye Consultants Drs. Graham (Edinburgh), MacGillivray (Dundee) and Sampson (Dunfermline) were again responsible for these examinations which were held at various centres in Fife and at the homes of cases reported to be bedridden. The persons examined included those from the two large burghs, Kirkcaldy and Dunfermline, as well as those from the County of Fife.

There were four clinics held—two at Cowdenbeath, one at Buckhaven and one at Kirkcaldy. The total number of cases examined at these clinics was 45 (County 37, Kirkcaldy Burgh 4 and Dunfermline Burgh 4). Of these 34 were certified as “blind” and 11 as “not blind”.

The survey of blind persons which has been carried out in Fife and the two large burghs having been completed, and as the number of new cases being brought forward was very much less, it was decided to arrange for the examinations to be carried out at the Edinburgh and Dundee centres. This was to ensure that there should not be any long delays in having the examinations carried through. As a result of the arrangements 8 County cases were examined at the Dundee centre and 16 cases (County 13, Kirkcaldy 1 and Dunfermline 2) at the Edinburgh centre. Of these cases 14 were certified as “blind” and 10 as “not blind”.

Besides these clinic cases there were also 21 persons (County 20, Dunfermline Burgh 1) examined in their own homes. These were bedridden cases or persons for whom attendance at a clinic was deemed inadvisable. Of these 19 were certified as “blind” and 2 “not blind”.

The total number examined was 90 and this includes 15 cases that were re-examinations. Of those examined, medical treatment was recommended in 11 (8 blind and 3 not blind), surgical treatment in 11 (9 blind and 2 not blind), and optical treatment in 6 cases (1 blind and 5 not blind). Two of the cases were also advised to stop smoking. Further 7 (5 blind and 2 not blind) of the cases were referred for a Wassermann test. The results in 3 cases were negative and 4 are not yet known (1 of these is a Kirkcaldy Burgh case).

EXAMINATION OF MORBID PRODUCTS.

The number of specimens submitted for examination by medical practitioners during 1935 was 279, viz., throat swabs 158, of which 8 were positive to diphtheria; 10 bloods of which one was positive to para-typhoid, 1 to undulant fever and 1 to typhoid and undulant fever; and 111 sputa of which 20 were positive. In addition, 78 specimens of sputum were sent for investigation by the Tuberculosis Office, of which 13 contained tubercle bacilli.

HOUSING.

The year has proved strenuous in respect of housing duty, both to sanitary inspectors and Medical Officers. Accounts of the work covered are furnished in the area reports. The survey under the Housing Act, 1935, absorbed the time of sanitary inspectors to the exclusion in definite measure of other important duties.

HOUSING (RURAL WORKERS) ACTS, 1926 AND 1931.—The Local Authority may continue the beneficent work under these Acts by the giving of grants or loans until June 1938.

The following is a brief indication of the work accomplished since the Act of 1926 became operative :—(1) Number of proposals approved, 959 ; (2) Number of houses renovated, 1,360 ; (3) Amount of grants promised, £195,900 ; (4) Amount of grant paid, £137,617 6s 8d.

The condition of agricultural and rural housing without the financial help for repair and renovation made available by these Statutes is, after the last ten years, difficult to imagine. The landward local authorities of East Fife have always been chary and conservative of new housing if building could be avoided. The grant made available under the Act of 1926 has in great measure filled the breach and probably rendered the lot of the farmer easier by stemming the flow of population from rural areas and villages to towns.

MEAT AND MILK SUPPLY.

Renewed consideration was given by the Public Health Committee to the betterment of the food supply by securing more thorough veterinary supervision of cattle in dairies and at auction marts with a view to improving the wholesomeness of milk and lessening the volume of meat condemned as tuberculous, etc., in slaughterhouses.

The veterinary inspection of cattle in producing dairies cannot be covered throughout the landward area and small burghs of Fife by one whole-time veterinary inspector who has, in addition, other duties, though of a minor nature, to undertake.

As the large burghs of Dunfermline and Kirkcaldy are also desirous of taking action on like lines, active negotiation is taking place with a view to the appointment of sufficient whole-time veterinary staff for these purposes.

During the year, interest was still manifest on the part of dairymen in the "Roll of Accredited Clean Milk Producers", the number on the roll increasing from 19 at the end of 1934 to 28 at 31st December 1935.

It would appear, however, that the trials and troubles of dairymen are not far to seek at present and it seems unlikely that the experiment will meet with much further success. The scheme proved educational and informative to those interested and has contributed materially to cleaner methods and a higher standard of milk production.

The following excerpts from the Annual Report for 1935 of Mr. R. C. Anderson, F.R.C.V.S., County Veterinary Inspector, furnish an outline of his duties and his views thereon :—

Matters of Outstanding Interest.

It is inevitable that the operation of a Milk Marketing Scheme should have some effect on the general conditions of milk production, which are of interest to a Public Health Authority.

The system encourages the unlimited supply of milk, induces production by farmers who otherwise would have no custom for milk, some of whom have had no practice in what constitutes clean milk production.

As a levy is charged on the milk produced, or a charge per cow made, the effect is to cause the disappearance of the smaller dairies and an increase in the number of herds of a larger size, or an addition to the number of cows in existing herds. In this respect there is a cause of concern, as a herd of a size sufficient to require the services of staff whose duties are confined to the management of the herd is likely to be well attended in every respect of cleanliness of animals and methods of milk production. It must not be assumed, however, that this is an invidious comparison between smaller herds in general and large herds. Some small herds are amongst the best managed herds in the County.

Where the levy is paid on gallonage the demand is, in some cases met by the supply of surplus milk, the produce of extra cows kept for the purpose, which, as a practice of general application, would seem well calculated to defeat any attempt to secure a profitable market. Where a charge per cow is made, it is to be readily understood that cows charged for, should give a steady full supply of milk throughout the year. As this is not the way of cows, the object is secured by the more frequent changing of cows—the more frequent purchase of cows in full milk—newly calved cows expected to give a large production at as cheap a price as possible.

The result is that old cows, rather than heifers or young cows, are purchased and a definite deterioration in the general quality of such herds is the probable result.

It is not unknown for animals of this description to be taken under the Tuberculosis Order at the first ensuing visit of inspection of the herd. A similar result is seen in connection with cows, kept as extra supply levy demands in surplus milk.

A further adverse effect is to discourage the practice of owners rearing their own stock, a necessary condition to the hope of sometime possessing a Tubercle-free herd.

Administrative Difficulties.

No definite administrative difficulties have been encountered. Minor difficulties arise because of the lack of precision or completeness of byelaws dealing with byre construction, clipping of cows and methods of milk production. Such are of no practical importance when an official interpretation is based on practical knowledge, and where owners appreciate that the object is the production of milk which may be confidently recommended for purchase and which by its quality secures its own market; and, so far as animals are concerned, secures their better health and lessens the labour of attention in grooming.

The further precision and completeness which bye-laws might possess are not advocated as an addition to possible offences under the byelaws, but rather as direct and authoritative instructions to such owners as seem to require instructions to be definite and clear. Otherwise, the personal factor, as exemplified in such owners, has full scope for a policy of "do nothing."

Condition and Cleanliness of Cattle.

The general condition of cows in registered premises is good and in the majority of cases noted as very good. Cleanliness also in the majority of cases is of a high standard and may be said to improve with each year.

Notable exceptions are where byres are badly constructed, where and when there is an occasional lack of bedding, or where on mixed farms urgent outside work is allowed to interfere with the work of the dairy, and seasonally where changes of diet causes temporary scour, in the herd. Here the tendency is to regard the condition as natural and so to be accepted without thought to regard it as an exceptional condition demanding extra attention.

This also applies to what are the most noticeable cases of neglect in grooming—the cases of the exceptional individual cow which because of its small size, so that normal standings are too long, or because of peculiar habit, require extra attention which they don't get. Such animals, equally with diseased animals, should be prohibited in a registered byre and their milk excluded from sale.

The lack of provision of accommodation for purposes of isolation of sick, etc., animals, militates against a clean milk production and to the spread of disease in the herd.

Each registered owner should be required to provide such accommodation in proportion to the size of the herd where extra premises exist for the accommodation of so-called dry cows. Such should be required to comply with the regulations applying to registered byres in so far as the requirements of health are concerned, i.e., in respect of light, ventilation and impermeable floors.

(a) Nature of fodder and diet as affecting quality of milk.

No instance of adverse effect on the quality of the milk due to fodder or diet has been noted. A poor quality of milk where investigated apart from dilution, is usually traceable to an individual cow, and alteration of diet produces improvement. In a small herd the only remedy is to dispose of the offending cow.

(b) Number of diseased cows found—specify diseases ; and

(c) Disposal of milk from diseased cows.

The following have been noted as diseases of the Udder found on inspection of herds :—

Atrophy.	Mammitis & Non-Tuberculous Induration.	Teat eruption.	Injuries
637	238	18	18

Atrophies are cases where one or more quarters of the Udder have ceased to varying degree to function and in many cases the teats quite blind. They are the result of previous attack of Mammitis, or injuries to teat or Udder or obstruction in the teat canal. Occasionally a heifer at first calving proves to be blind of a teat, due probably to lack of development of a teat canal. Of 116 cases submitted to Guinea pig inoculation, 98 cases had proved negative to Guinea pig inoculation test for Tubercle Bacilli.

It is remarkable that one so seldom discovers outbreaks of Teat eruptions—an indication that milking methods are more careful and clean and prevent the ready spread of infection.

Injuries to Teats and Udder are mostly due to tears with wire, trees and horn gores.

(d) The milk from diseased Udders and diseased cows generally is not prepared for sale but discarded altogether or fed to calves or pigs with disastrous results should the indurated Udder be Tuberculous. Rarely is the precaution of boiling the milk from diseased Udders observed and the usual custom is to put calves on to suckle the cow.

Probably the large number of carcasses condemned wholly or in part on Meat Inspection have in the cases of fat and seemingly healthy cattle, their initial source and method of infection in this practice, reprehensible and foolish.

Other diseased conditions observed were

Retained placental membranes probably due to abortion, ..	0
Johne's Disease,	3
Traumatic Pericarditis,	1
Indigestion,	1
Ringworm,	2

These figures do not represent the actual incidence of all such cases, but only those found actually in existence on inspection and are of no statistical value.

Anthrax was reported as having occurred on 3 dairy premises.

2. *Inspection of Cattle.*

	Average No. of cows.	Number of Cows inspected.	Annual frequency of inspection.
(a) Registered Dairies,	8250	15,890	Twice.
(b) Exempted Premises,	3	31	

A biannual inspection is aimed at but not quite attained.

3. *Bovine Tuberculosis.*

a)	Tuberculosis of Udder.	Tuberculous Emaciation.	Chronic Cough.	Total.
	22	7	36	65
(1934 15	15	6	30	51)

Post-Mortem examination results.

	T. Udder.	T. Emac.	C. Cough.	Total.
Advanced	11	5	23	39
Not				
Advanced	10	2	13	25
Destroyed by owner,	1	—	—	1
				65

(a) Number of Cows found Tuberculous on Clinical inspection of herds.

	T. Udder.	T. Emac.	C. Cough.	Total.
Clinical Inspection, ..	18	1	11	30
Reported by Veterinary Surgeons, ..	—	3	7	10
Reported by owners, ..	4	3	18	25

Post-Mortem results.

	T. Udder.		T. Emac.		C. Cough.	
	Not	Advanced.	Not	Advanced.	Not	Advanced.
Inspection, ..	7	10	1	—	6	5
V.S.'s, ..	—	—	1	—	6	1
Owners, ..	4	—	1	12	6	—

Of the cases shown as reported by Veterinary Surgeons—4 cases—

1 Tuberculous Emaciation.

3 „ Chronic Cough.

were dealt with by Veterinary Surgeons during my absence on holiday.

(b) Number of cows found Tuberculous after Tuberculin Test.

The Tuberculin Test was applied in 5 cases to assist diagnosis.

(c) Total number of cows to which the Tuberculin Test was applied under Section 22 of the Milk and Dairies (Scotland) Act, 1914.

No tests were applied under this Section.

(d) *Milk (Special Designations) Order (Scotland), 1930.*

Number of Dairies holding Graded Milk licences in respect of Tubercle-free herds, and give the following information :—

"Certified" or Grade "A" (T.T.)

Name and Address of Dairy.	Average No. of herd.	Estimated No of gallons produced per annum.
Lady Victoria Wemyss, Wemyss Castle, Dysart,	26	22,710
Wm. Lohoar, West Balrymonth, St. Andrews, Dr. James Younger, Mount Melville, St. Andrews,	63	56,700
22	16,800	
Lord Cochrane of Cults—		
1. Hospital Mill, Springfield, ..	40	
2. Open Air Dairy, Gascoigne, ..	67	86,160
3. Do. Hozier,	45	
Jas. W. Clement—		
1. Kilrenny Mill, Anstruther, ..	40	36,000
2. Pitkierie, Anstruther,	20	15,000
		Gallons 233,370
	1934	„ 171,985

Steps taken to secure a Tubercle-free milk supply and difficulties militating against its successful marketing :—

The undoubted benefits to the owner of a herd, free from Tuberculosis are emphasised.

Difficulties of successful marketing are connected with a necessarily high price which few consumers care to pay and excessive cost of distribution to customers widely scattered in the area of sale

(e) Number of other Dairies known to have Tubercle-free herds.

None other such are known.

The further outlet which a demand for Graded Milk for School Children is creating an interest which it is hoped may induce owners have their herds tested. An amended "Attested Herd Scheme" hoped by its promise of a bonus on milk to stimulate further interest

4. *Miscellaneous—Furnish*

(a) A list of dairies holding licences for the production of Grade "A" Milk.

Grade "A".

	Average No. of herd.	Estimated No of gallons produced per annum.
Messrs. R. & W. Anderson, Monturpie, Largo,	21	15,750
Trs. of late Mrs. Brunton, Grange, Elie, ..	18	12,960
John Black, Grangehill, Elie,	20	15,000
Richard Telford, Lathallan Home Farm, Colinsburgh,	20	14,000

In connection with the Tuberculin Testing and clinical examination of Graded herds, 80 visits were paid and 3,089 individual attentions given to animals. As ordinary dairies, a twice yearly inspection would only have required 24 visits and 650 individual (cow) attentions.

(b) Notes on any samples taken for examination in terms of Section 21 of the Milk and Dairies (Scotland) Act, 1914.

No such samples were taken.

(c) A statement of the extent to which Sections 13 and 14 of the Act are being complied with.

No action was required because of failure to comply with these provisions. The milk from cows found suffering from the conditions referred to was found invariably to be discarded or used for the feeding of animals. No reports of the existence of conditions liable to infect the milk were received under Section 14 other than cases of Tuberculosis.

As no definition of conditions of the cow, liable to infect the milk are given beyond bleeding or suppuration of the Teats or Udder, a failure to notify such as might be so regarded, cannot very well be expected.

Any action which the Veterinary Inspector might think desirable or necessary, is hampered because of this lack of definition which could in some very definite conditions be prescribed in the Section.

There is, of course, the probability that some abnormal conditions of milk are undesirable rather than harmful. "Liable to infect or contaminate" is in itself a somewhat inadequate reference, without mention of deterioration or harmfulness.

Meat Inspection.

	Bovines.		Pigs.		Sheep.	
	Total	Partial.	Total.	Partial.	Total.	Partial.
Condemnations.						
Dumfries, ..	33	64	5	15	4	3
Edinburgh, ..	2	23	1	5	—	—
Glasgow, ..	4	2	—	—	1	—
Wemyss, ..	1	—	—	—	—	—
Cardenden, ..	—	6	—	—	—	—
Perth, ..	1	—	—	—	—	—
Orkney Islands, ..	—	1	—	—	—	—
Shetland Islands, ..	1	1	—	—	—	—
Oban, ..	—	—	—	—	—	—
Perth, ..	1	—	—	—	—	—
Total	43	97	6	20	5	3

110 visits were made to Slaughterhouses during the year.

OTHER MATTERS.

PORT SANITARY REGULATIONS (SCOTLAND), 1933.

The procedure formerly outlined with regard to the visitation at ports of ships infected or suspected of being infected with smallpox, typhus fever, cholera, plague or yellow fever within the meaning of the Regulations continued satisfactory in operation.

HOSPITAL FACILITIES.

There was no undue strain on the accommodation of the infectious diseases hospitals during 1935. The proposal to extend by 138 beds the accommodation of Cameron Fever Hospital had made but little progress by the close of the year.

A report has been submitted in respect of the centralisation of the four small infectious diseases hospitals of Eastern Fife: it has not yet been considered.

Reports have also been submitted in respect of the conditions obtaining within Fife District Asylum, Springfield and, in conjunction with Mr. W. Wilson, Public Assistance Officer, on the prospective use of the Bain Hospital, Leven (formerly the Infectious Diseases Hospital of that Burgh) as a Children's Home.

PUBLIC ASSISTANCE.

During 1935, the number of prescriptions issued by Parish Medical Officers on behalf of the sick poor was 11,846, the cost to the County Council being £706 16s 8½d. All such prescriptions are scrutinised with a view to the prevention of undue or extravagant prescribing. During the year the County Council approved the submission for scrutiny by the County Medical Officer of the medical and pharmacy accounts of members of the Fife Constabulary Force.

Western Division.

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

Deputy Medical Officer of Health.

Apart from an outbreak of food-poisoning, which occurred during October in the Torryburn-Newmills area, there is nothing of an outstanding nature to record so far as the health of the Western Division of Fife is concerned. Reference will, however, be made later to the nature and cause of the poisoning outbreak which affected fifty-four persons.

Public Health activity in the Western Division during 1935 was mainly centred on housing. Indeed, so much time was taken up in dealing with this question that other equally important matters had frequently to stand aside and did not receive the attention which they deserve. The volume of office work in dealing with correspondence, etc., and the never-ending demands made for reports and returns, now take up far too much of my time. The Department of Health in their Health Services Circular No. 2, issued on the 19th December last, urge reporting officers to submit their Annual Reports as soon as practicable after 31st December 1935, and further state that the value of reports is greatly reduced if they are not issued soon after the period to which they relate. More than half of another year has already gone and there has, unfortunately, till now, been little time to devote to the 1935 report. The general work of the area must receive primary consideration and the Annual Report can only be completed as time will permit.

I have already drawn attention to the time taken up by office routine to the detriment of the practical side of my work, and wish to point out that I have had complaints from Sanitary Inspectors in my area that the demands now being made on their time by the numerous requests for housing and other reports, prevent them from carrying out their equally important duties. Such matters as dairy inspection, food and drug sampling and factory inspection, etc., have had to be largely curtailed or in some cases neglected altogether on this account. Additional demands are now being made by the Department of Health for monthly return under the Housing (Scotland) Acts of 1930 and 1935. This return is said to be in a more simplified form than that previously submitted quarterly, but the simplification is on paper only and it is quite evident that the Central Department do not realise the work involved in procuring accurate details. Estimates are, in my opinion, futile and worthless and if accurate returns are to be made with regard to decrowding under the 1935 Act, each month, the work cannot be undertaken by the existing staff under my control. In connection with the survey undertaken under the 1935 Act, all but one of the Sanitary Inspectors in the Western Division have already been working

many hours overtime daily, including Saturday and Sunday, for the past six months and there is a limit to which this can be carried. The officers are due great praise for the way in which they have stuck to their work and for the efficient manner in which they have completed their reports, but the time has now come when they must be allowed freedom to carry on their other duties.

If the value of the survey which has just been completed is not to be entirely lost, it is essential that the records obtained should be kept up to date. Further, all movements in connection with decrowding must be kept under control and the work of this alone would, if proper supervision is to be maintained, practically mean full-time employment for every Sanitary Inspector in the Western Division to the exclusion of his other duties. There are 5,792 overcrowded houses in the area and it is utterly impossible to give accurate details of overcrowding that has taken place each month, as, to do so, would mean personal visitation to ascertain the facts. Consideration should therefore be given by the County Council to the formation of a Special Housing Department, as part of the Public Health machinery or to augment the existing sanitary staffs to enable them to carry out the work of housing as well as their other duties. At present this cannot be undertaken if justice is to be done to the other branches of the Public Health Service. Members of the County Council probably do not realise the magnitude of the housing problem; only those with practical knowledge of this work can fully realise the enormous amount of labour and time which has been spent by the various officials in the Western Division on housing matters during the year and this despite the fact that housing in this area has by no means been neglected in the past as is evident from the large number of houses condemned and the new dwellings erected in the last five or six years. I trust that the County Council will give the matter due consideration as the housing problem has assumed such dimensions that it can only be adequately dealt with along the lines suggested above, as, in addition to decrowding control, close supervision of all working class houses must be undertaken and the survey records kept up to date.

Under the heading "General Sanitation" which includes water supplies, drainage system, sewage purification and disposal, river pollution and offensive trades, there is little fresh to record. As is well known, the water supplies for the Western Division of the County are more than sufficient for the needs of the area and a proposal is on foot to form a regional water scheme whereby the surplus water from the large reservoirs in the west will be taken in pipes to the Eastern Division of the County and to those burghs which are meantime without an adequate supply of their own.

The drainage system in the Western Division has been fully reported on in previous years and apart from a start being made to lay down

ew systems at Coaltown of Balgonie and for the Comrie-Blairhall-akley area, there is little fresh to record. A new sewer was also put at Low Valleyfield to replace the old one which had become silted and choked with mud.

The problem of rivers pollution in the Western Division of the County still acute and the conditions are too well known to need repetition here.

MISCELLANEOUS.—The question of nuisance arising from stone crushing operations at Prestonhill Quarry, Inverkeithing, which has been referred to in previous reports, appears to have died down. Only one complaint was received regarding the stone dust during the year and would seem that the tenants of the houses at Preston Crescent, Inverkeithing, have now become reconciled to endure the nuisance. It may be recalled that the action brought by the County Council against the owners of the quarry was decided by the Sheriff in favour of the owners.

Reference has been made in previous reports to objectionable odours emanating from Grangemouth Oil Refineries and contaminating the atmosphere on the Fife side of the Forth when the wind is from the south-west. During the year, complaints were received during the month of September and the matter was taken up by Dr. Wylam, Chief Inspector for Scotland under the Alkali, etc., Works Regulation Act, who has for some time been keeping in close touch with the matter. Apparently Messrs. Scottish Oils Ltd. are doing all in their power to prevent any nuisance arising from the escape of crude oil gases. The Company have largely got over their difficulties by the provision of larger scrubbers (caustic soda) and have provided hydrochlorite scrubbers on the breathers of the crude oil tanks. Every precaution is taken to ensure that the whole system is gas-tight.

HOUSING AND TOWN PLANNING.—As indicated above, the subject of housing has almost fully occupied the time of both sanitary officials and myself during the year. It has been necessary year by year to devote more time to this matter and with the coming into force of the Housing (Scotland) Act, 1935, a great amount of additional work had to be undertaken. The housing survey, although not commenced until late in 1935, has now been completed, including the measuring up of all the houses. Although it was well known that overcrowding was rife in the Western Division of Fife and that there was a dearth of working class houses, few realised the extent of this. Even with the survey figures available it is difficult to grasp the fact that there are nearly six thousand houses in this area of the county overcrowded. The figures as ascertained by the survey for each district are as follows :

Dunfermline District	...	...	1271 houses overcrowded	
Beath	do.	...	864	do.
Lochgelly	do.	...	2100	do.
Kirkcaldy	do.	...	586	do.
Wemyss	do.	...	1151	do.
Total			5972	do.

It should also be remembered that there are frequent changes in the tenancy of houses of this type and, unless some sort of supervision can be exercised regularly, the value of the survey will soon be lost and the figures will become obsolete. Hence my reasons for advocating some special means of control in decrowding as indicated above. There can be no doubt that this problem is of greater magnitude and importance than is generally realised.

HOUSING (RURAL WORKERS) ACTS, 1926-31.—Steady progress has been maintained during the year in the renovation of existing houses under the above Acts. Plans with specifications, etc., dealing with 18 houses in the Western Division were examined and reported on by me. All but four were recommended for approval to the County Council. In three of the latter, insufficient work was being done to justify the payment of grant, while the other was a farmhouse in which the owner lived, and could not be regarded as eligible. In any case, this house was considered to be of value greater than that permitted under the Acts.

It is gratifying to note the number of truly rural houses of the cottage type in which bathrooms with bath, wash-hand basin and water-closet are now being provided. Not so long ago, it was difficult to persuade the owners of the necessity for even a water-closet, but the more progressive farmers have come to realise that, given proper housing accommodation with all modern sanitary facilities, he is able to secure a much better type of workman.

In every case, before grant is paid, the houses are inspected by me to ascertain whether they have been completed in a satisfactory and workmanlike manner and are fit in all respects for habitation. Any defects noted or additional work required must be completed to my satisfaction before recommendation for grant is made.

BUILDING BYELAWS.—In terms of the County Building Byelaws, plans in respect of 554 houses or other buildings were examined and reported on by me to the County Council. These comprised 441 new houses, 2 of one-apartment, 2 of two-apartments, 110 of three-apartments, 285 of four-apartments and 42 of five-apartments. The single apartment houses were for use as bothies at farms. Plans relating to alterations and additions to 28 existing houses were dealt with, while plans for 62 new buildings other than dwellings, and alterations to 23 existing buildings, other than dwellings, were also dealt with.

In terms of the Housing (Inspection of District) Regs. (Scotland) 1928, 1,615 houses were examined in the Western Division during the year and the total examined since 1930 is 9,508. 213 of the houses examined in 1935 were considered to be not fit in all respects for habitation. Water-closet accommodation was provided for 101 houses at the instance of the sanitary officials without intimation of notice under Section 20 of the Housing (Scotland) Act, 1925. Similarly, 100 houses were provided with a proper water supply within the dwellings without the service of notices under Section 40 of the Housing, Town Planning, &c., Act, 1919. Notices were issued under Section 14 (1) of the Housing (Scotland) Act, 1930, in respect of 7 houses calling for the necessary repairs. 11 houses dealt with under this heading during the year or previously, were ultimately repaired; 7 of them were renovated with assistance under the Housing (Rural Workers) Act, 1926, and 4 without such assistance. 109 houses were actually repaired by the owners without the service of a notice under Section 14 (1) on representation being made to them either by the Medical Officer or Sanitary Inspectors. Demolition Order or Closing Order under Section 17 of the Housing (Scotland) Act, 1930, was served in place of a repair notice under Section 14 in respect of 28 houses. In terms of Section 16 (1) of the 1930 Act, notices were served in respect of 57 houses, undertakings that the houses would not be used for habitable purpose were accepted by the Local Authority in respect of 43 houses, and Demolition Orders were served in respect of 93 houses; 4 Closing Orders were applied during the year.

Building activity was maintained by the Local Authority in this area during 1935 and 332 new houses were completed by the 31st December, being of two-apartments, 280 of three-apartments, 32 of four-apartments and 4 of five-apartments. Some of the above were under construction in 1934 but were completed in 1935. In addition, 72 houses, of two-apartments, 52 of three-apartments and 16 of four-apartments were under construction but were not completed by the 31st December 1935. The situation of the houses completed in 1935 was as follows:—
 Armrie—24 of three-apartments; Dundonald 2nd Devel.—30 of three-apartments; Cardenden (East)—30 of three-apartments; Crossford—12 of three-apartments; Torryburn—16 of three-apartments; King's Cross 5th Devel.—32 of three-apartments; Crossgates—28 of three-apartments; Thornton—60—12 of two-apartments, 32 of three-apartments, 12 of four-apartments and 4 of five-apartments; Kelty—48 of three-apartments and 8 of four-apartments; Auchtertool—12 of three-apartments; Rosie 3rd Devel.—20—4 of two-apartments, 12 of three-apartments and 4 of four-apartments; Kincardine—8 of four-apartments; Total 332.

The situation of the 72 houses under construction but not completed at the end of the year was as follows:—Torryburn—16 of three-apartments; Kelty—4 of three-apartments; Auchtertool—4 of three-

apartments ; Rosie 3rd Devel.—4 of two-apartments ; Kincardine—8 of four-apartments and Kennoway 3rd Devel.—36—28 of three-apartments and 8 of four-apartments—Total 72.

The following houses, built by unassisted private enterprise were completed during the year in the Western Division of the County :

With 3 rooms or less,	..	..	..	..
With 4 rooms,	..	..	..	..
With 5 rooms,	..	..	..	..

FOOD SUPPLY.

(1) **Milk.**—There are 212 registered dairies within the Western Division of Fife County and only one—Wemyss Castle Dairy—is licensed under the Milk (Special Designations) Order, 1930. Certified milk is produced here. So far as registered dairies are concerned, the standard of cleanliness and the methods of milking and handling are, on the whole, fairly satisfactory, but in view of the increasing volume of other work which has to be undertaken by Sanitary Inspectors in this area, it is quite impossible for them to give that degree of supervision to dairies which is desirable. The occasions on which I have been able to inspect dairies personally in the past few years have been very few in number apart from visits paid in connection with fresh applications for registration on change of tenancy. The premises are generally found to be of good construction but where they are at variance with the terms of the County Dairy Byelaws, a stipulation is made that all defects must be remedied before full registration is granted to a new applicant.

The approximate number of cows in the registered dairies within the Western Division of Fife County is 5,375 and sufficient milk is produced in the area to supply the total needs of the population. The bulk of this is treated by pasteurisation before reaching the consumer and a certain amount of safety is thus ensured to the public. Pasteurisation cannot, however, in the light of the investigations that have so far been carried out, be regarded as an absolute safeguard against the spread of disease, especially tuberculosis. The ordinary germs of disease like diphtheria bacilli also streptococcal germs which cause Scarlet Fever and the ordinary pyogenic micro-organisms are undoubtedly rendered harmless by pasteurisation, but the more resistant tubercle bacilli, in some cases at least, withstand the treatment to which the milk is subjected during pasteurisation and are still capable of producing the familiar tuberculous lesions so common in children, viz., tuberculosis of bones and joints, glands and abdomen. There is the added disadvantage that milk treated by pasteurisation is not so palatable and the altered flavour is undoubtedly a barrier to increased consumption which we should like to see. This, I believe, accounts for the falling off in the

quantity consumed in schools supplied with pasteurised milk. It is so held by many eminent authorities that pasteurisation lessens the nutritive value of milk. The only safe milk, so far as safety can be assured, is one produced by cows which are themselves free from tuberculosis and it is unfortunate that, in an area the size of West Fife only single herd exists from which a really safe milk can be procured. This is of the greatest importance where infants and young children are concerned, but the supply is so limited in the Western Division of the County that only a few are able to obtain tubercle free milk.

It is a well-known fact that a high percentage of all dairy cows suffer from tuberculosis and where this is the case and the udder is also affected, the spread of the disease to children is inevitable as, even with pasteurisation, the tubercle bacilli are not all rendered innocuous. Where fresh raw milk is the sole food of young infants, the danger of infection from this source is greatly increased if the supply is not derived from a tubercle free herd. Inspection of the cows in all dairy herds is carried out by the County Veterinary Inspector, but with only one officer for the whole of Fife County, the supervision can at best be only perfunctory. In addition, there are a number of non-registered dairies where only two or three cows are kept and where there is no supervision of any kind. The potential danger of spreading tuberculosis in such cases is even greater in view of the transference of the infection to the consumer in concentrated form. All farms, great or small, though not registered for dairy purposes, keep a few cows and supply their workers with milk either as a perquisite or in part payment for their services. In addition, there are in this district, 14 small unregistered dairies, each with two or three cows, supplying milk to neighbours. In supervision of the animals in either of the above cases is maintained by the Veterinary Inspector and the danger from this source alone is considerable.

The question of tuberculosis in cattle is one bristling with difficulty and the eradication of this disease from our herds has of late been receiving considerable attention. The only sure way would be to slaughter every animal that reacted to tuberculin, but the cost to the nation would be so enormous and the bovine population of the country would be so depleted that such a course is out of the question. Experiments have been tried out by the Spahlinger method of immunisation both in England and in Northern Ireland, where, in the latter case, it was practically claimed that the vaccine could protect cattle from lethal doses of tubercle bacilli injected into the blood stream. The highly interesting results recorded by the Ministry of Agriculture for Northern Ireland after three years' investigation into the Spahlinger method of immunisation would, if confirmed, greatly simplify the task of eradicating tuberculosis from our herds and the problem of tubercle infected milk. The work is, however, still only in the experimental stage and too much reliance must not meantime be placed on the results, however

promising. Some years ago, experiments under the same method were conducted in Norfolk and the results were then considered to be of considerable importance and it is to be hoped that the further investigations which are being carried out may result in a complete solution of the problem. Should this be the case and the Spahlinger method of treatment be found fool-proof, the saving to the nation would be enormous and the gain to national health extremely great.

MILK (SPECIAL DESIGNATIONS) ORDER, 1930.—The following premises were licensed to sell milk in terms of the above Order during the year :-

Premises.	Holder of Licence.	Grade of Milk.
requhart Farm, Dunfermline.	James Hamilton, Jun. (Dealer's Licence.)	Grade A. T.T. Milk which was to be supplied to Mr. Hamil- ton by the Milk Market- ing Board for consumption in schools. The contract did not mat- erialise.
verkeithing Burgh	J. McLeod, 81 High Street. (Dealer's Licence.)	Certified milk ob- tained from outwith the County.
wdenbeath Burgh	Mr. Carstairs, 101 Broad Street. (Dealer's Licence.)	Certified milk ob- tained from outwith the County.
emyss Castle, East Wemyss.	Lady Victoria Wemyss. (Producer's Licence.)	Certified milk— certified herd kept here.
infermline Burgh	Dunfermline Co-op. Society. (Dealer's Licence.)	Pasteurised milk.
wdenbeath Burgh	Cowdenbeath Co-op. Society. 4 shops (Dealer's Licence.)	Do.
nghorn Burgh ..	Pathhead and Sinclairtown Co-op. Society, High Street, Kinghorn. (Dealer's Licence.)	Do.
umphinnans ..	Cowdenbeath Co-op. Society. (Dealer's Licence.) Shop, Main Street, Lumphinnans.	Do.
urntisland Burgh ..	Burntisland Co-op. Society. (Dealer's Licence.)	Do.
Do. do.	George Davidson, 9 High Street. (Dealer's Licence.)	Do.
lochgelly Burgh ..	Lochgelly Co-op. Society. 4 shops. (Dealer's Licence.)	Do.
oncraig	Lochgelly Co-op. Society. (Dealer's Licence.)	Do.
lehore	Do.	Do.
osshill	Do.	Do.
ndonald	Do.	Do.
lwhill	Do.	Do.
ven Burgh ..	Reform Co-op. Society Ltd.	Do.
uckhaven Burgh ..	Buckhaven Co-op. Society, Buck- haven Creamery, 99 Randolph Street, Buckhaven. (Producer's Licence.)	Do.
Do. do.	Buckhaven Co-op. Society. 4 shops. (Dealer's Licence.)	Do.
chil	Methil Co-op. Society. 6 shops. (Dealer's Licence.)	Do.
st Wemyss ..	Dysart Co-op. Society. (Dealer's Licence.)	Do.
eland	Dysart Co-op. Society. (Dealer's Licence.)	Do.

Meat Inspection, etc.—Adverse criticism is occasionally made by members of the County Council with regard to the system of meat inspection and the apparent discrepancy between the number of animals slaughtered and the weight of meat condemned in the different slaughterhouses each month. Although perhaps not all that could be desired, the system of inspection in the Western Division is, on the whole, satisfactory. So long as small slaughterhouses are licensed, however, especially those of a private nature, efficient control will be difficult, as other duties make it impossible for Detention Officers to keep constant supervision over the premises. Centralisation has been spoken of for some time and there can be no question that the provision of two or more modern slaughterhouses with a properly qualified detention officer in charge of each is the only way to secure adequate supervision of the meat supply.

The slaughterhouses and the method of supervision as existing have been referred to in previous reports. Kincardine slaughterhouse was closed during the year, the licence having been withheld at the instance of the Public Health Department. At Lochgelly Public Slaughterhouse, a certain amount of repairs were carried out during the year; at Cowdenbeath, the alterations proposed by the Town Council have not yet been executed. Both have been referred to in the Burgh Annual Reports. Dr. R. Balfour Graham, Medical Officer of Health for the Burgh of Leven, in his report, refers to improved conditions at Leven Public Slaughterhouse and to the efficient manner in which the new superintendent is carrying out his duties with regard to inspection of carcasses. That there has been improvement seems apparent from the following figures showing the number of animals slaughtered and the weight in lbs. of meat condemned annually during the past five years :—

Year.	No. of Animals Slaughtered.			Weight in lbs. of meat condemned.
	Cattle.	Sheep.	Pigs.	
1931	1067	1392	287	1220
1932	1040	1626	269	200
1933	1060	1876	300	2297
1934	1091	1847	360	3558
1935	1158	1890	419	8998½

It will be noted that there is little variation year by year in the number of animals slaughtered and presumably the type of animals has not changed from the prime fat bullock or heifer slaughtered here in previous years, yet the amount of meat condemned in 1935 was more than double that of the previous year and 1,723 lbs. greater than the total weight for the previous 4 years. The figures submitted for the present year appear to me to be indicative of more complete and efficient control than previously existed, even admitting that one or two total condemnations will add greatly to the weight of meat condemned in any one year.

The following table shows the number of animals slaughtered and the weight in lbs. of meat condemned in the slaughterhouses situated in the Western Division of Fife County during the year :—

Area.	Slaughterhouse.	No. of Animals Slaughtered.			Pounds of meat condemned and destroyed.
		Cattle.	Sheep.	Pigs.	
Ardeerline ..	Private (5)	391	993	77	1957
Ardeerline ..	Burntisland Public	465	867	342	1945
	Markinch Public	704	711	151	3873
	Leslie Public	438	433	135	6766
	Private (1)	104	194	57	309
Ardeerline ..	Buckhaven Public	2144	2219	846	56471
	Leven Public	1158	1890	419	8998½
	Private (1)	210	328	55	2162
Ardeerline ..	Lochgelly Public	855	724	616	5504
	Cowdenbeath Public	1493	1945	1390	6734
	Private (2)	419	617	86	2651
Totals		8381	10921	4174	97376½

It will be noted from the above table that approximately 43½ tons of meat were condemned in slaughterhouses in this area during the year 1935, which is 4½ tons more than in 1934. In addition, 17 lbs. of roast and 70 lbs. of meat in the process of being salted were seized by me in a butcher's shop in Methil as a result of a complaint lodged by the Sanitary Inspector. Proceedings were taken against the owner in terms of Section 43 of the Public Health (Scotland) Act, 1897, and a fine of £10 was imposed. In my opinion, the butcher got off far too lightly and the punishment did not, in this case, fit the crime as the meat which was obviously intended for sale to ships coming into Methil was, at the time of seizure, in a very putrid state.

Numerous articles of food stuffs were seized during the year by the Sanitary Inspectors who are responsible for the food supply under the various Acts and Regulations. These will be referred to by the inspectors in their reports.

Food Poisoning.—Along with Dr. Keddie of the Department of Health, investigations were made regarding an outbreak of food poisoning which occurred following a dance held on the 4th October, 1935, at the hall, Torryburn, when 54 persons who attended or their relatives at home were affected. The symptoms complained of were of a gastro-intestinal nature—sickness with vomiting and diarrhoea, cramp-like pains in the abdomen and lower limbs, headache, rigors or shivery fits, cold sweats, prostration and thirst. Some cases were more

seriously ill than others; the milder cases had but little distress and few symptoms. In the more severe cases, the temperature was raised from 101°F. - 103°F. , but no temperature records were taken by the practitioners of mild cases who called at the surgery. In addition to the above symptoms, two of the more seriously ill patients developed an extremely painful skin condition in the form of an urticaria of the face which later assumed a definite herpetic character. One case examined had a marked herpetic rash limited to the left side of face and neck. The rash did not appear until 7th October—3 days after the dance—when the face became badly swollen and there was intense pain which eased off as the rash came out on the cheek, side of neck, chin and neck. The other patient developed a fairly intense herpes round the lips.

In an endeavour to find the cause of the poisoning, inquiry was made into the food and drink partaken of at the dance. The articles supplied by the caterer were as follows:—Cream cakes, sponge cakes, fruit cakes, chocolate cakes, 4 tins of salmon and 4 lbs. of meat paste. The salmon and meat paste were made into sandwiches at the hall by members of the Dance Committee. 8 pints of milk (pasteurised), 8 lbs. of sugar and 1 lb. of tea were also supplied to the Dance Committee for making tea during the dance. The cream used for the cream cakes was supplied by a Glasgow firm and goes by the trade name of "Confectionery Foam Filling." It is supplied in sealed tins and guaranteed to keep fresh for 10 days; that used was received 2 days previously from Glasgow.

During our inquiry it was elicited that only those who had eaten meat paste sandwiches were affected and in no case could any evidence of illness be obtained where meat paste sandwiches had not been consumed. Confirmatory evidence was got where, in certain cases, sandwiches were taken home and other members of the family who ate them were also taken ill. Thus, the caretaker of the hall, who lives in Tw-mills had two meat sandwiches at the dance about midnight. He thought they did not taste good. He took ill between 4 and 5 a.m. the following day and was fairly ill; a grandson, who was not at the dance, ate some of the sandwiches brought home by his grandfather and was also fairly ill. On the Saturday morning—the day following the dance—the caretaker sent some of the sandwiches to another relative who resides in Torryburn. He was not at the dance but ate two or three of the meat paste sandwiches between 5 and 6 p.m. on the Saturday and he also thought they were not good. He took ill at 9 a.m. the following morning with acute diarrhoea and about midday sickness and vomiting developed with cramp-like pains in the abdomen and legs and shiveriness. Three of his children who also ate of the sandwiches were likewise affected, but the mother, after one bite which she spat out as being bad, had none and remained well. Another instance may be given as clearly indicating that the meat paste was the causal agent;

brother and sister attended the dance and had tea together in the hall. The former ate meat paste sandwiches and the sister had only those made with salmon; the brother took ill the following day while the sister remained unaffected.

The shortest period of incubation between the eating of the sandwiches and onset of symptoms was 10 hours and the longest 18 hours, but on an average, a period of approximately 15 hours elapsed before the ill-effects became apparent. The more seriously ill cases were incapacitated for a week to 10 days but all ultimately recovered. The most lasting symptom apart from general weakness appeared to be pains in the feet and legs.

A visit of inspection was made to the shop in Dunfermline which supplied the meat paste to the caterer for the dance and it was learned that 9 lbs. of paste had been made on the 3rd October—the day prior to the dance—and left uncovered on a shelf in the back shop till the following day, when four lbs. were sent to Torryburn for the dance and the rest sold over the counter. No inquiries were made as to cases of illness in Dunfermline Burgh, but I learned from Dr. McDougall, Newburgh, that two patients of his in Kincardine—a mother and daughter—had purchased some of the paste from this shop on the Friday and both were fairly ill with symptoms identical to those enumerated above. The daughter, in addition, had a marked herpetic rash round the lips.

Inquiry was made as to the composition of the paste and method of preparation. It consisted of a tin of corned beef freshly taken out of the tin and mixed with freshly boiled fatty bacon and freshly boiled pork with some ordinary bacon. No seasoning or other material was added. The pork and bacon after boiling till tender was put through a small hand mincer and the whole mixed to a paste in a bowl with a spoon. Three assistants handled or assisted in the preparation of the paste. One of them felt ill on Friday afternoon and had to go home from her work. She complained of sore throat, feeling shivery and was sick and vomiting after reaching home. This continued most of the night. There was no diarrhoea but general prostration kept her off duty for four days. The manageress stated that she herself took some of the paste home with her on Friday and had it for her tea without any ill-effects.

Examination of the premises concerned revealed a rather unsatisfactory state in the back shop which was very poorly lighted and ventilated and had a water-closet opening directly from it without light and very inadequately ventilated to the open air. Along one wall stood an open cupboard for outdoor clothes and shoes of the staff employed. The hand mincer used in the preparation of the paste was found to have particles of old fat and meat adhering to it although it was said to have been cleaned and thoroughly washed after being last used two days previously.

Some of the meat paste sandwiches were submitted to Professor Tulloch, University College, Dundee, for bacteriological examination and to Mr. Dargie, County Analyst, with a view to learning whether any irritant chemical substance occasionally associated with food poisoning was present, such as arsenic, antimony, lead, copper, barium, phosphorus, strichnine and the alkaloidal poisons, but in each case the results were negative in Mr. Dargie's tests.

Professor Tulloch carried out exhaustive investigations from the bacteriological stand-point including animal tests. The predominant micro-organism present in the meat paste was found to be staphylococci, but others in large numbers and in considerable variety were also found including bacillus proteus. Both staphylococci and bacillus proteus have been proved capable of producing entero-toxic substance. No organisms of the usual bacillary food-poisoning group were found (salmonella group). It is likely therefore that the food poisoning was caused either by the toxins or poisons elaborated by the staphylococci which were the predominant micro-organisms present or by the proteus bacillus which is a very rapid grower, producing spoilage of food very quickly. Recent investigation has shown that this organism may produce, not bacterial food-poisoning in the strict sense, but bacterial food intoxication. Samples of both faeces and blood from patients were submitted to Professor Tulloch from patients affected but he failed to find any of the ordinary food-poisoning micro-organisms (Aertrycke bacillus and Gaertner bacillus) and the only conclusion possible is that the cause of the outbreak was due to one or both of the following germs:—staphylococci or bacillus proteus. The animal tests made by Professor Tulloch failed to reveal any entero-toxic product lethal to the guineapig, although filtrates were prepared by cultivating the organisms found in the meat paste sandwiches in broth for varying periods. The stomach of each animal was washed out and some of the culture product introduced but although 13 tests were carried out, in no instance did it prove lethal to the guineapigs. This may be explained by the fact that the human is said to be far more susceptible to the entero-toxic products of many of these organisms than any other animal.

MEDICAL SERVICES.

Infectious Diseases.—During the year, 2,030 cases of infectious diseases were notified within the Western Division of the County including the small burghs. This is 508 fewer than in the preceding year. 768 cases occurred in the various burghs, while 1,262 were recorded within the landward area. The individual diseases recorded were as follows:—Typhoid 4, scarlet fever 902, diphtheria 363, dysentery 113, puerperal fever 18, ophthalmia neonatorum 93, infectious jaundice 3, acute poliomyelitis 1, encephalitis lethargica 4, acute primary pneumonia 240, acute influenzal pneumonia 50, puerperal

typhoid 25, cerebro-spinal meningitis 6, pulmonary tuberculosis 84, and non-pulmonary tuberculosis 124—total 2,030.

During the year, hospital treatment was provided for 1,542 cases and the remainder were treated at home. The incidence of Scarlet fever was much lower than in the two preceding years, there being 471 fewer cases than in 1934 and 913 less than in 1933, when the disease was practically epidemic in form throughout the year. The incidence of the other infectious diseases was very similar to that of 1934 and calls for no comment. The number of cases of diphtheria was 35 greater than in 1934; no steps were taken for the immunisation of children against this disease but diphtheria anti-toxin, as formerly, was available free of charge, to practitioners for the treatment of patients prior to admission to hospital, or of suspects.

HOSPITAL AND AMBULANCE FACILITIES.

For the first time since 1932, the hospitals in the Western Division were capable of dealing with all the cases of infectious diseases requiring treatment. Although the extensions proposed at Cameron Hospital and mentioned in my last report were approved over a year ago, no steps have yet been taken to enlarge the hospital and should another epidemic arise, there will be the same difficulty that was experienced in 1933, of finding accommodation for patients. No changes took place in any of the hospitals during the year.

West Fife Infectious Diseases Hospital.—In 1935, 966 patients were admitted for treatment and the average number of beds occupied during the year was 86. The highest number of beds occupied was 116 on the 3rd July and the lowest 48 on the 11th September; the average duration of stay of patients in hospital was 29 days. Two operations under general or spinal anaesthesia were performed and 12 other operations were carried out in the hospital. A new 18 H.P. Austin Ambulance was provided in October.

Thornton Infectious Diseases Hospital.—There were 589 admissions in 1935 and the average number of beds occupied was 50. The average duration of stay in hospital was 26·9 days while the highest number of beds occupied was 74 on the 23rd January and the lowest 23 on the 3rd July. 44 operations were performed under general or spinal anaesthesia and 4 other operations were carried out during the year.

Cameron Infectious Diseases Hospital.—The total number of admissions in 1935 was 371 and the average number of occupied beds was 31. The average duration of stay of patients in hospital was 29 days. Two operations under general or spinal anaesthesia were performed and 10 other operations were carried out in hospital.

Randolph Wemyss Memorial Hospital.—The admissions during 1935 totalled 573—mostly surgical cases and the average number of occupied beds was 18·65. The average duration of stay of patients was 13 days. Under general or spinal anaesthesia 456 operations were performed and there were 1,096 attendances in the out-patient department during the year.

Thornton Combination Home and Hospital.—In the hospital part of this institution, there were 190 admissions and the average duration of stay of patients was 94·3 days. The average number of occupied beds was 50·69, the highest being 57 on 10th January, and the lowest 42 on 16th February. No operations were performed but there were 1,096 attendances in the out-patient department.

The Smallpox Hospital at Fosterton, Thornton, was not required for the treatment of patients during the year.

PORT SANITARY ADMINISTRATION.

The arrangements made in 1933 under the Port Sanitary Regulations (Scotland) 1933 regarding the inspection of ships and their crews, etc. arriving from any infected port abroad were continued. Weekly lists of all infected ports are made out from the Ministry of Health Weekly Record of Infectious Diseases at Ports, at home and abroad, and submitted to the Chief Preventive Officers at Methil, Burntisland and Rosyth. All vessels arriving from infected ports were visited; the crews and their quarters were inspected but no case of disease according to the list, viz., plague, cholera, yellow fever, typhus and smallpox was found. Neither fumigation of the ships nor the issue of deratization certificates is undertaken at the above-mentioned ports.

WORKSHOPS AND WORKPLACES.

During 1935, 476 visits of inspection were made to factories and workshops in connection with their administration in terms of Section 132 of the Factory and Workshop Act, 1901. The defects dealt with comprised five cases of want of cleanliness, five other nuisances and one case of unsuitable sanitary accommodation. Two written notices were issued and the defects were all remedied. A report in tabular form dealing with the work under this heading has already been submitted to the Secretary of State, Home Office, London.

PUBLIC HEALTH SERVICES IN BURGHS.

A full report dealing with both transferred and non-transferred services has already been submitted in respect of the following burghs and repetition is considered to be unnecessary, viz.:—Cowdenbeath, Lochgelly, Inverkeithing, Culross, Markinch, Leslie and Kinghorn. The following matters referring to transferred services in the burghs of Methil, Leven and Burntisland are given here as, the County Medical Officer not being also the Medical Officer of Health for these burghs, a separate report has not been issued.

Buckhaven-Methil Burgh (Transferred Services).—216 cases of infectious diseases were recorded in 1935 which is a decrease of 67 from the number of cases occurring in 1934. There were 90 fewer cases of scarlet fever than in 1934 and 161 fewer than in 1933. The incidence of infectious diseases was otherwise on an average with previous years.

The following cases of infectious diseases were notified during the year :—scarlet fever 75, diphtheria 42, erysipelas 10, primary pneumonia 28, influenzal pneumonia 4, meningitis 1, pulmonary tuberculosis 15, non-pulmonary tuberculosis 13, ophthalmia neonatorum 20, puerperal fever 4, and puerperal pyrexia 4—total 216. Of these, 166 were removed to hospital and 50 were treated at home. The following deaths occurred as a result of infectious disease :—scarlet fever 2, whooping cough 1, diphtheria 2, cerebro-spinal fever 1, tuberculosis 9 (pulmonary 8, non-pulmonary 1) and pneumonia 4.

The population of the burgh as estimated by the Registrar-General at the middle of 1935 was 18,205, an increase of 150. The natural increase in population, however, as shown by excess of births over deaths for the year was 202.

The birth rate was 21·8 per 1,000 of the estimated population and the death rate 10·7 per 1,000. The corrected births numbered 397 (M. 197, F. 200) and the deaths 195 (M. 106, F. 89). 15 of the births were illegitimate or 5·3 per cent. of the total births. The marriage rate per 1,000 population was 7·5, there being 137 marriages during the year.

There was a fall in the infantile mortality rate from 64 per 1,000 births in 1934 to 53 per 1,000 births in 1935. 21 children under the age of 1 year died, 11 of the deaths being attributed to congenital debility, premature birth and malformations. The infantile mortality rate is, however, very satisfactory and the lowest yet recorded for the burgh.

Disease of the heart and circulatory system accounted for 57 deaths during the year. Cancer and malignant disease came next with 25 deaths, 13 persons died from disease of the nervous system and 11 from phritis. 10 deaths from violence occurred and 7 persons died of old age.

33 per cent. of the deaths occurred at the age of 65 years or over, 2 per cent. at ages ranging from 45 to 55 years, 14 per cent. between the ages of 25 and 35 years, 7 per cent. between 10 and 15 years and 8 per cent. between 1 and 10 years. The percentage of deaths below 1 year of age was 10·8.

Milk and Dairies (Scotland) Act, 1914.—During the year, Denbeath Dairy was discontinued and is now being used as a garage. The only premises within the burgh registered for dairy purposes is Kirklandhill Farm with accommodation for 43 cows. The premises conform to the standard laid down in the County Dairy Byelaws and are very well constructed. The bulk of the milk retailed within the Burgh is pasteurised, Buckhaven Co-op. Society with two shops and 12 vans and

Methil Co-op. Society with 6 shops being licensed for the sale of pasteurised milk by the County Council in terms of the Milk (Special Designations) Order.

Meat Inspection, etc.—The public slaughterhouse has been fully described in previous reports. This is of modern construction and very well conducted. The superintendent in charge, who holds meat certificate and is well qualified for the work, keeps very close supervision on all animals passing through so that meat inspection here may be regarded as entirely satisfactory.

During the year 2,144 cattle, 2,219 sheep and 846 pigs were slaughtered in the public abattoir and 56,471 lbs. of meat were condemned as unfit for human consumption. The latter figure is relatively high when compared with other slaughterhouses in the County. This may partly be explained by the type of animal finding its way to Buckhaven being of inferior grade to that killed in other slaughterhouses, but it also shows that there is no slackness in the method of supervision in dealing with unsound meat.

Leven Burgh (Transferred Services).—There was a big decrease in the number of cases of infectious diseases recorded when compared with the 1934 figure. In 1935, only 69 cases came to my notice whereas in 1934, 168 patients were notified as suffering from infectious diseases. The epidemic of Scarlet Fever in 1933-34 left few susceptible patients untouched and only 30 cases were recorded during the year in contrast to 121 in the previous year. The other infectious diseases were fairly normal in their incidence.

The following cases of infectious diseases were notified during the year:—scarlet fever 30, diphtheria 6, erysipelas 4, primary pneumonia 6, pulmonary tuberculosis 5, non-pulmonary tuberculosis 4, ophthalmia neonatorum 12, puerperal fever 1 and puerperal pyrexia 1—total 69. Of these, 43 were removed to hospital and the remainder were treated at home. No deaths occurred as a result of infectious diseases during the year apart from pneumonia deaths mentioned later in the report.

The population of the burgh as estimated by the Registrar-General to the middle of the year was 7,932 which is an increase of 216 over the estimated figure for 1934. The natural increase of population as shown by the excess of births over deaths, however, was only 41.

During the year 128 births (M. 57, F. 71) were recorded and the birth rate was 16.1 per 1,000 estimated population. The deaths numbered 87 (M. 29, F. 58) and the death rate was 10.9 per 1,000. The death rate for females was exactly double that of the males, a somewhat unusual occurrence, as generally, more males than females die in the course of a year.

43 marriages were registered during the year and the marriage rate was 5.4 per 1,000 of the estimated population.

7 infant deaths occurred in children under the age of 1 year and the infantile mortality rate was 54.6 per 1,000 births. This figure, though slightly higher than last year, is still very satisfactory. All seven deaths were attributed to congenital debility, premature birth or malformation and indicates that something still remains to be done by way of ante-natal treatment, if a greater saving in child life is to be secured.

The most frequent cause of death during the year was heart disease and disease of the circulatory system—26 in number or approximately 30 per cent. of the total deaths. Cancer and malignant disease accounted for 10 deaths or 11.5 per cent. of the total. 7 of the deaths were due to pneumonia and 4 persons died of old age.

Milk and Dairies (Scotland) Act, 1914.—Three dairies within the burgh with accommodation for 68 cows are registered for the production of milk. The premises are suitable for the purpose and are well-kept. Leven Reform Co-op. Society hold a licence in terms of the Milk (Special Designations) Order for the sale of pasteurised milk but no one in the burgh is registered for the sale of Certified and Grade A. T.T. milk although a supply is available from dairies in the County area. The importance of the latter grades of milk as a safe food for infants and young children cannot be overstated and the attention of parents should be drawn to this so that they may be able to secure a safe supply from either Wemyss Castle Dairy or Kilrenny Mill Dairy who both supply milk derived from tubercle free herds within the burgh.

Meat Inspection.—The public slaughterhouse has been fully described in previous reports. Although antiquated, it is well kept. During the year nearly three times more meat was condemned than in 1934 and more than four times the amount condemned in 1933. Whether this is mere coincidence or due to the efforts of the new superintendent to prevent unsound food from passing out to customers is difficult to say, but the latter interpretation of the difference may reasonably be inferred. There can be no doubt that more care is being taken both as regards cleanliness in this slaughterhouse and in the inspection and retention of unsound food than formerly.

During the year, 1,158 cattle, 1,890 sheep and 419 pigs were slaughtered and 8,998½ lbs. of meat were condemned as unfit for human consumption.

Burntisland Burgh (Transferred Services).—The incidence of infectious diseases was considerably less during the year than in 1934, there being only a total of 43 cases notified in contrast to 112 in the preceding year and 117 in 1933. Scarlet Fever showed a decrease of 49 cases and diphtheria a decrease of 15, while there were 5 fewer cases of pneumonia and 4 of pulmonary tuberculosis. Non-pulmonary tuberculosis on the other hand showed an increase of four cases over the number recorded in 1934. There were only two deaths due to infectious disease in 1935 both being credited to pulmonary tuberculosis.

The following cases of infectious diseases were notified in 1935 :—scarlet fever 12, diphtheria 7, erysipelas 2, acute primary pneumonia 9, influenzal pneumonia 1, encephalitis lethargica 1, ophthalmia neonatorum 1, pulmonary tuberculosis 1, non-pulmonary tuberculosis 9—total 43. Of these, 23 were removed to hospital and the remainder were treated at home.

The population of the burgh as estimated by the Registrar-General to the middle of 1935 was 5,441, an increase of 26 over the estimated figure for 1934. The natural increase in the population as shown by excess of births over deaths was only 16.

During the year there were 78 births registered and the birth rate was 14·3 per 1,000 estimated population. 6 of the births were illegitimate or 7·6 per cent. of the total births. The deaths numbered 62 and the death rate was 11·3 per 1,000 estimated population.

There were 19 marriages in 1935 and the marriage rate was 3·4 per 1,000.

Four infants under the age of 1 year died and the infantile mortality rate was 51 per 1,000 births. The low rate shown for the burgh for the past few years bears ample testimony of the efficient work and care bestowed by the doctors and health visitors on mothers and children under their care.

The chief cause of death during the year was heart disease and disease of the circulatory system which were responsible for 20 of the deaths or 32 per cent. of the total. Cancer and malignant diseases accounted for 4 deaths while 7 persons died of old age and 6 as a result of pneumonia.

Milk and Dairies (Scotland) Act, 1914.—There are two dairies registered for the production of milk within the burgh. The premises are licensed for 54 cows and are generally well-kept and suitable for the purpose. In terms of the Milk (Special Designations) Order, pasteurised milk is sold within the burgh by Burntisland Co-op. Society.

Slaughterhouse.—The public slaughterhouse is well maintained and quite suitable for the purpose of slaughtering animals. The supervision of the meat is undertaken by Mr. Waddell, Sanitary Inspector who acts as Detention Officer and, as occasion demands, the County Veterinary Inspector is called in in his capacity as meat inspector.

During the year, 465 cattle, 867 sheep and 342 pigs were slaughtered and 1,945 lbs. of meat were condemned as unfit for human consumption.

Eastern Division.

G. MATTHEW FYFE, M.B., Ch.B., D.P.H.,

Deputy Medical Officer of Health.

It has been said that "Progress and Civilisation really mean more light, more cleanliness, more health." The public and private expenditure involved in the application of this maxim amounts in Great Britain to more than £150,000,000 a year—a gigantic sum, which, however, can be appreciated when it is recognised that the cost of maternity and child welfare services alone amounts to about £4 per registered birth.

Justification for such an unprecedented outpouring of wealth is demonstrated by the decline in deaths from epidemic diseases, the reduced mortality from tuberculosis and the falling infantile mortality rate; while improvement in environmental services, more hygienic working conditions, insurance against illness and incapacity, medical attendance for the necessitous sick, care for the aged poor and other such factors and arrangements are gradually arousing the people to consciousness of a happier, more abundant life.

The rate of progress has been slow and unfortunately delays have occurred and are still occurring through incursions into side roads which often involve greater financial outlays than are commensurate with results. Nevertheless, although mistakes have been made which cannot now be retracted, the general trend has been in the right direction and the practice of preventive medicine is doing much to raise the nation to that standard of health which will secure its survival and be its greatest asset.

Before the ultimate goal is reached, however, a great deal remains to be done. A few of the problems which still challenge modern science and medical research are :—

- (a) the great incidence of sickness and disability among insured workers.
- (b) the amount of physical defects discovered among pre-school and school children.
- (c) the large proportion of rejections in army recruiting.
- (d) the sustained maternal mortality and morbidity rates.
- (e) the prevalence of rheumatism, influenza, common colds and gastric disorders.
- (f) the persistent and in some respects increasing cancer death rate.

Public and private medical organisations have so far discovered no effective solution to these problems. In considerable measure their lack of success is to be attributed to lack of co-ordination between the various agencies concerned, entailing an almost complete disregard for

the opportunities for combined research afforded in clinics, hospital and general practice. Fortunately there are signs of a growing appreciation of the need for an altered and more comprehensive plan of attack on the problems of disease and incapacity, for a pooling of resources and for a free interchange of the knowledge of the medical profession as a whole. In this connection it is to be hoped that the report of the Committee on Scottish Health Services may originate a new conception of the practice of preventive medicine.

One brief cautionary note should be sounded, however. In the growing tendency towards support and preservation of the individual by the state there is a risk of submersion of that spirit of independence which has characterised our race. The danger is a real one. Already change has taken place in the attitude of a large number of people who now clamour for things which they would have scorned to receive pre-war days. There is reason therefore for firm discrimination lest obtaining that health freedom which the state ultimately may possess the people lose their self reliance and become over-dependent on the state.

INFECTIOUS DISEASES.

The number of cases of notifiable infectious diseases fell from 674 in 1934 to 521 in 1935. The following table shows their distribution among landward and burghal areas :—

Disease.	St. Andrews District.	Anstruther District.	Cupar District.	Burghs.	Total
Typhoid Fever ..	—	—	5	1	6
Scarlet Fever ..	16	47	88	136	287
Diphtheria	7	4	19	19	49
Erysipelas	2	1	6	23	32
Ophthalmia Neonatorum	2	2	1	6	11
Acute Primary Pneumonia	4	1	38	22	65
Acute Influenzal Pneumonia	2	3	2	5	12
Puerperal Pyrexia ..	—	1	2	3	6
Pulmonary Tuberculosis	1	2	3	15	21
Non-pulmonary Tuberculosis	2	2	5	23	32
	36	63	169	253	521

Typhoid Fever.—Of the six cases of typhoid fever reported, five occurred in Springfield Mental Hospital. In August a female patient fell ill and was transferred to the Hospital Block. Subsequently another patient from the same ward sickened and about the same time the females who had been in contact with the first case in the Hospital Block fell ill. In no case was the disease of a serious type and all patients made uneventful recoveries.

In view of the extremely unsatisfactory sanitary arrangements which exist in the Hospital ward of the Mental Hospital it is surprising that the outbreak did not assume greater proportions. The situation was reported to the Local Authority with a view to alterations being carried out in course of the projected improvement of the premises as a whole. As things are, arrangements tend towards the encouragement rather than the prevention of spread of infection.

Scarlet Fever.—The prevalence of Scarlet Fever which has been unusually high since 1932, showed definite signs of a return to normality during the year. The peak of the epidemic was reached in the East of Fife in 1934 when there were 449 cases. In 1935 the number fell to 87 and there were clear signs at the end of the year that the prolonged epidemic was reaching its termination.

The 5-15 years age group was the most heavily affected but as will be seen below no age group was entirely immune.

Age Group :	Under 1 yr.	1-5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65 on.
No. of Cases :	1	54	184	19	26	2	1

In proportion to population the disease was equally prevalent in the three districts. In Cupar District, including the Burghs, there were 48 cases and in St. Andrews and Anstruther Districts, again including the Burghs, there were 74 and 65 cases respectively. The Burgh where the greatest number of cases occurred was Newburgh—40 cases. In St. Andrews there were 27 cases and in Newport 21 cases.

99 per cent. of the cases were removed to hospital, the period of stay in uncomplicated cases extending to 4 weeks. Isolation in hospital was advocated in all cases, not in the belief that isolation would have any important effect in reducing the incidence of the disease, but in order to give each patient the best chance of uncomplicated recovery and in many cases to afford an opportunity for a needed rest and regular diet. The improvement in appearance and in general nutritional state of children on discharge was frequently very marked.

The case fatality rate was 0·35 per cent. The corresponding figure for the whole of Scotland was 0·87 per cent.

On the whole the disease was distributed generally throughout the East of Fife although in the landward part of St. Andrews District and, strange to say, in the five Burghs in Anstruther District, there were fewer cases than was to be expected considering the fact that in neither has Scarlet Fever been at all prevalent during recent years.

None of the schools were affected to such an extent that their closure or closure of particular classes was deemed to be necessary.

Diphtheria.—As was predicted in previous reports a further increase in the number of cases of diphtheria occurred. 49 cases were notified as compared with 31 in 1934. 30 cases occurred in the landward districts and 19 in the burghs. Prevalence was of sporadic nature. Nothing in the nature of an epidemic occurred in any locality.

That the disease is regarded with exceptional apprehension was illustrated in the village of Leuchars. Five cases occurred among children attending the local school and some parents kept their families at home fearing infection. The opportunity was taken of informing parents by circular of the benefit of immunisation and as a result children presented themselves for inoculation. Their ages ranged from 5 to 13 years. Schick testing was not done. Each child was given a single injection (intramuscularly) of half a c.c. of Diphtheria Toxin Alum Precipitated (Mulford). None of them were post-Schick. In only two or three cases was there any local reaction following the inoculation and that merely a slight redness and induration.

The alarm of the residents for the safety of their children, however, did not make the slightest appeal to the inhabitants of other villages or towns even in the neighbourhood. Aware that the type of diphtheria was mild and having absolute confidence in the ability of the hospitals to cure the infected, they could not understand the necessity for taking precautions against a disease, the dangers of which were apparently remote. It is to be hoped that their feelings of security will not be rudely shattered by an outbreak of virulent diphtheria. The experience is a common one unfortunately. Although the best time to immunise is during inter-epidemic periods, people will not trouble to take precautions until visited by a serious epidemic in the course of which lives are needlessly lost and unnecessary disabilities are acquired.

The Burgh of St. Andrews is the only community where a steady increasing number of children are being immunised. During the year 1935 children were inoculated at the City Hospital. 5 others were given protective injections by family doctors. Nine years have elapsed since the procedure was commenced and several hundreds of children have been protected.

The number of deaths from diphtheria during 1935 was 4, representing a case fatality rate of 8.2 per cent. The corresponding figure for the whole of Scotland was 4.6 per cent. It is worthy of comment that all the deaths occurred in Cupar District.

Ophthalmia Neonatorum.—Eleven cases of Ophthalmia Neonatorum were notified—5 in the landward areas and 6 in the burghs. In no case did loss of vision result. 4 of the infants were removed to hospital for treatment; the others were satisfactorily treated at home. It is to be hoped that the emphasis which has been placed in previous years in these Reports and by circulars to medical practitioners on the necessity for immediate notification of all cases of newly born infants showing exudative conditions of the eyes will continue to be borne in mind. Notification compels immediate action on the part of the Public Health Department and transfers the heavy responsibility for the safety of vision to an organisation well equipped to bear it.

Pneumonia.—There was an increase in the number of cases of pneumonia, both primary and influenzal, notified. There were 65 cases of acute primary pneumonia and 12 cases of influenzal pneumonia. Fifteen deaths occurred among the former and 4 among the latter.

The mortality from pneumonia was higher than from any other of the notifiable infectious diseases. 28 per cent. of the deaths from primary pneumonia occurred among children under 5 years of age; 14 per cent. among school children; 43 per cent. among persons up to the age of 65 years and 15 per cent. among persons over 65 years of age. All the groups were therefore affected, the most seriously involved being children between 1 and 5 years of age and adults between 45 and 65 years of age.

Enquiry into case histories, however, showed that very frequently notifications were faulty in that pneumonia had followed the onset of catarrhal disorders such as common colds. The figures therefore provide a rude measure of the mortality from catarrhal diseases of the respiratory tract rather than an accurate index of original infections of the lungs. Accordingly they serve as a pressing reminder of the prevalence of the common ailments of the people and of the little which preventive medicine has so far been able to achieve against them.

Gastro-Enteritis.—Two minor outbreaks of gastro-enteritis were investigated.

The first occurred during the month of March in a private residential school. Two boys fell suddenly ill with nausea and vomiting. In 24 hours they had completely recovered but meanwhile twelve others developed a similar complaint, some with premonitory abdominal discomfort. In all cases the attack was a sharp one but recovery was rapid. Investigations into the milk supply, water supply and food supply generally provided no evidence of a source of infection. No bacteriological examination of stools or blood was carried out. The sudden outbreak, while alarming at the time, came to an abrupt termination without injurious results. The epidemiological history seemed to point to a member of the dysentery group of organisms as the causative agent.

The second outbreak occurred during the months of November and December in Leuchars parish. At least thirty persons sickened with abdominal pains, discomfort and dilatation accompanied by vomiting and diarrhoea. None of the cases were seriously ill and all recovered within a week at the most. Simultaneously in the Burgh of Tayport some 10 or 20 people had a similar illness. Without doubt more persons than those referred to were affected. Factors in connection with water and food supply were so entirely at variance as to rule them out as possible sources of infection and the wide distribution of the patients throughout the parish discounted any theory of ordinary contact spread. Appearances pointed to the outbreak being due to a mild type of astric influenza or to some such virus infection.

Infectious Diseases in Schools.—Nothing of a serious nature occurred in connection with infectious diseases in schools, the Headteachers of which report on the appearance of any case other than that of notifiable diseases.

In February there was an epidemic of *influenza* at Colinsburn School. At the height of the outbreak 43 pupils and 1 teacher out of a school roll of 73 pupils were absent. The usual symptoms were sudden onset of sickness and vomiting at school. During the night of the same day a high temperature developed causing in some cases considerable mental excitement. Headache followed and in the course of a day or two sneezing and nasal catarrh accompanied by a considerable degree of weakness and muscular pain. The latter symptom and late development of catarrhal symptoms were characteristic of the outbreak. Children were absent from school from one to two weeks. There were no serious complications.

Mumps which were prevalent among the schools during the winter of 1934 continued to cause infection until the summer of 1935 when its incidence largely decreased.

In one or two of the schools a few cases of *Chickenpox* occurred in the early months of the year. There was no marked outbreak, however.

From January until May there was a recrudescence of the *Measles* epidemic of the previous year. Several schools were affected and in one with a school roll of 88 children there was 50 per cent. of absents. The disease was again of mild type. In St. Andrews Burgh measles prophylaxis was successfully carried out by family doctors in one or two cases, the medium injected being immune globulin. Various epidemiological factors require to be considered in estimating the dosage of an immunising preparation against measles such as age, sex and physical condition of the child, extent of exposure to infection and the period which has elapsed since the first exposure. On the whole there is little doubt but that the administration of a good serum in sufficient quantity will prevent measles or at least greatly modify its symptoms. Expense, however, is acting as a serious deterrent to a general adoption of the procedure. Another difficulty has been the scarcity of immune convalescent serum.

HOSPITAL SERVICES.

INFECTIOUS DISEASES.

The following tables describe the nature of the illnesses from which patients admitted to the four Infectious Diseases Hospitals were suffering and indicate the localities from which the patients came:—

Auchtermuchty Infectious Diseases Hospital.

	Scarlet Fever.	Diphtheria.	Total.
Auchtermuchty Burgh	2	1	3
Par Burgh ..	3	1	4
Wickland Burgh ..	5	5	10
Edybank Burgh ..	4	1	5
Edinburgh Burgh ..	29	1	30
Edinburgh County ..	53	16	69
Total ..	96	25	121

Ovenstone Infectious Diseases Hospital.

	Scarlet Fever.	Diphtheria.	Pneumonia.	Erysipelas.	Total.
Struthers Burgh ..	6	4	—	1	11
Oil Burgh ..	—	1	—	—	1
Edinburgh Burgh ..	3	4	—	—	7
Edinburgh Burgh ..	—	2	—	—	2
Edinburgh Burgh ..	7	1	—	—	8
Edinburgh Burgh ..	—	1	—	—	1
Edinburgh County ..	47	4	2	—	53
Total ..	63	17	2	1	83

St. Andrews Infectious Diseases Hospital.

	Scarlet Fever.	Diph- theria.	Pneu- monia.	Whoop- ing Cough.	Enteric Fever.	Obser- vation.	Total.
Edinburgh Burgh ..	1	—	—	—	—	—	1
St. Andrews Burgh ..	22	1	4	2	1	3	33
Edinburgh Burgh ..	3	—	—	—	—	—	3
Edinburgh County ..	3	1	—	—	1	—	5
Total	29	2	4	2	2	3	42

St. Michael's Infectious Diseases Hospital.

	Scarlet Fever.	Diph- theria.	Enteric Fever.	Erysi- pelas.	Undu- lant Fever.	Pneu- monia.	Septic Tonsill- itis.	Total.
Edinburgh Burgh ..	6	1	—	1	—	—	—	8
Edinburgh Burgh ..	8	—	—	—	—	1	—	9
Edinburgh Burgh ..	20	—	—	2	—	1	—	23
St. Andrews Burgh ..	6	—	—	1	—	—	1	8
Edinburgh Burgh ..	7	—	—	—	—	1	—	8
Edinburgh County ..	50	7	4	—	1	—	—	62
Total ..	97	8	4	4	1	3	1	118

The average stay of patients in the fever hospitals was as follows

Auchtermuchty,	36 days.
Ovenstone,	34·2 days.
St. Andrews,	29 days.
St. Michael's,	36·6 days.

There were 9 deaths, 3 from diphtheria, 5 from pneumonia and 1 from scarlet fever.

In all, 364 patients were admitted, 189 from landward parts of the County and 175 from the burghs. In addition, 4 cases of ophthalmia neonatorum and 3 cases of puerperal pyrexia were treated in Thomson Infectious Diseases Hospital. Excluding tuberculosis, of the 468 cases of infectious diseases notified 77·3 per cent. received hospital treatment.

When the four Infectious Diseases Hospitals in the East of Fife were erected it was a current belief that isolation of certain selected infective individuals would lead to a reduction in the incidence of infectious diseases. Since that day our conception of the function of infectious diseases hospitals has changed as a result of recognition of the fact that the incidence of not a single infectious disease has been reduced by hospital isolation. The modern infectious diseases hospital is a place for skilled treatment rather than for segregation.

Ideas have changed as a result of experience but the old hospitals remain, small in size, inadequately designed and entirely understaffed. During non-epidemic times they act reasonably well as places for the reception of infected persons but as hospitals the best that can be said for them is that the excellence of the services rendered by the medical and nursing staffs covers a multitude of defects. During epidemic times overcrowding becomes unavoidable and expenditure becomes increased through the occurrence of extraneous infections necessitating a longer stay of patients.

The County Council are aware of the situation and have the matter under consideration. It has been decided to extend Cameron Infectious Diseases Hospital, but the increased accommodation will not be sufficient to meet the epidemic demands of the East of Fife. Accordingly, in order to avoid the periodic occurrence in Cameron Hospital of all the unsatisfactory conditions which obtain in existing hospitals it would be most economical in the long run to erect on a convenient site in the East of Fife a new hospital containing 60 to 100 beds. There are several important uses to which one or two of the existing hospitals might be put. In the meantime they should all be continued in use until the time comes when they can all be closed synchronously.

GENERAL SICKNESS.

Although the Public Health Department has no means for ascertaining accurately the incidence and nature of the incapacitating illnesses from which the population suffered during the year, opportunities, which were afforded of scrutinising groups of record cards compiled under the

ational Health Insurance Scheme, provided a means of forming a rough estimate of the year's sickness.

The indications were that no diminution had taken place in the incidence and nature of the diseases referred to in the Report for 1934. In spite of the absence of any widespread epidemic of influenza, catarrhal affections of the respiratory tract, such as bronchitis, were prevalent. There was much tonsillitis and a considerable incidence of acute inflammatory conditions of the skin. Rheumatism was also common.

It was noticed that dyspepsia seemed to be taking an increasingly important place in the list of common ailments. Without doubt habitual dietary indiscretions and a persistent disregard for the rules of healthy living are the cause of a great many of the gastric disorders which affect the population. Medical advice is sought but advice, if given, regarding discipline in diet and in habits is discarded in favour of the less irksome temporary relief to be found in a powder or a bottle of medicine. Less belief in the efficacy of medication and more respect for their digestion would save a great many people a deal of suffering and the country much expense.

The hospitals which deal with the non-infectious diseases and disorders occurring among the population are the infirmaries at Edinburgh, Dundee and Perth, and the Cottage Hospitals at St. Andrews and Cupar.

In St. Andrews Cottage Hospital there are 34 general beds, 4 private maternity beds and 1 maternity bed for necessitous cases. In Cupar Cottage Hospital which is in process of being extended, there are 17 general beds. 671 patients were admitted to these hospitals and 31 deaths occurred. The average duration of stay of patients in St. Andrews was 11 days and in Cupar 15·9 days. 459 major and 480 minor operations were performed and 993 patients made 2,773 attendances at the out-patient departments.

The services rendered to the community by the voluntary hospitals are worthy of every recognition not only by virtue of the great value of the work they do but also by reason of the fact that their replacement under the auspices of the Local Authority would entail great cost.

AMBULANCE SERVICES.

No alteration took place in connection with the ambulance services at the various Infectious Diseases Hospitals. The horse-drawn ambulance at St. Andrews was used to convey patients from the City to the local fever hospital. The motor ambulance at Auchtermuchty and St. Michael's undertook the removal of patients to the other three fever hospitals. The services as constituted are sufficient to deal with requirements. Signs of wear and tear are beginning to appear on both the mechanical vehicles and soon works of repair and replacement will become necessary.

WATER SUPPLIES.

Various aspects of the problem of water supplies in the East of Le have been discussed in previous Reports. They may be summarised as follows :—Although in an area comprising 293 square miles there are 19 different public water supply undertakings all of them are almost exclusively reserved for the use of 13 small burghs and a few larger villages. Several of them are insufficient for their purposes and none of them are large enough to provide for the needs of an extensive part of the landward area. The results are that about three-eighths of the population are dependent upon deep wells and other primitive sources of supply, that several populous communities suffer from a periodic scarcity of water and that no attempt can be made in many villages to create more sanitary housing conditions. As an illustration of the state of affairs which exists the following may be cited :—

Guardbridge Water Supply.—There is insufficient storage capacity in the reservoir at Balmullo to carry the village over the summer drought with the result that for a month or two unfiltered water is pumped to the circulation from the Motray Burn, householders being warned by handbill to boil water.

Pitlessie Water Supply.—Procedure under the Housing Acts has come to a standstill by reason of the fact that for four or five weeks each year the supply of water in the local reservoir is not equal to demand.

Collessie Water Supply.—The village depends for its water upon a feeble flowing spring at which villagers require to stand for lengthy periods in all weathers. Housing conditions are on the whole most insanitary and the village is fast assuming an appearance of decay and neglect.

St. Michael's Water Supply.—During the past year or two a small community has grown up in this locality. Water supplies are pumped from wells sunk in the gardens of the new houses where also there are septic tanks. Analyses have so far been favourable but without doubt in time the water will become contaminated.

Kingsbarns Water Supply.—Shallow wells serve the needs of this village and most of them have been proved to be polluted. There are numerous insanitary houses which cannot be renovated satisfactorily on account of lack of water and a dairy farmer is at a disadvantage in endeavouring to produce clean milk.

Carnbee Water Supply.—This hamlet is consuming unfiltered water from Carnbee Reservoir. Not only has the water been proved to be unfit for drinking purposes but it is even unsuitable for washing purposes on account of the mud which it frequently contains.

Kilconquhar Water Supply.—The small tank from which this water supply is drawn is quite insufficient in size to permit of any attempt at embarking on a much needed scheme for housing improvement.

Barnyards Water Supply.—Two pump wells are the only sources of supply. Both are grossly polluted. There is no hope of reviving this dying village with conditions of water supply as deplorable as they are.

Arncroach Water Supply.—Wells provide this insanitary village with water: yet through its length there passes the Elie-St. Monance Water Main.

The County Council, however, have not been neglectful of their responsibilities. Schemes for the improvement of water supply conditions in several villages have been completed or are under active consideration.

The defective mechanical filter at *Colinsburgh* was reconditioned and a wholesome water supply is now available for the village. Encrustation of the water mains, however, is causing low pressure although the detection of a serious leakage has served to improve matters.

By agreement with the Elie and St. Monance Joint Water Committee supply of water was rendered available for *Newton of Balcormo*. The supply, however, is only laid on to a stand pipe and will not be available for housing purposes.

The construction of a storage tank and the laying of new mains has been approved for *Largoward* at an estimated cost of £3,350.

The annual shortage of water at *Largo* was avoided by obtaining from the Leven Burgh main a supply at a cost of ninepence per 1,000 gallons.

Since the private supply at *Gateside* has proved to be inadequate to meet the needs of the village, arrangements have been set afoot for incorporation of the village in Strathmiglo Special Water District.

These efforts at improvement, however, important though they are from the local point of view, do not go far towards the relief of the main problem—namely, the provision of an adequate supply of pure water for the numerous communities which lack it. The solution of that problem rests in great measure with the adoption of the *County Regional Water Supply Scheme*.

Negotiations in connection with the Scheme were carried on throughout the year. The routes of the trunk mains were fixed. Briefly, arrangements will be as follows:—

A large main will be led from the present Glendevon main at Yetts Muckart to just north of Thornton Junction where it will fork, one branch proceeding via Kettlebridge, Balmalcolm, Pitlessie, Ceres, Pitcottie and Strathkinness to Guardbridge and Dairsie, the other following the south coast through Largo, Colinsburgh, Newton of Balcormo, to Kingsbarns and Boarhills. On the way smaller pipes will lead to villages within reasonable distance and situated at a suitable elevation. An advantage of the arrangement will be that small burghs in the neighbourhood whose supplies become inadequate will be able to purchase water.

The scheme will provide for the needs of the central and southern parts of the County but will not affect the northern part nor will it affect the southern high lands in the East of Fife. Accordingly, war supplies will still require to be found for New Gilston, Peat Inn, Radnie, Dunino, Denhead, Largoward, Gateside, Letham, Luthrie, Gauloy Rathillet and Collessie. As has been indicated previously proposals are already under consideration regarding water supplies for a few of these villages but for most of them no action has been taken. It is doubtful, however, if, in view of the state of decadence into which some of these villages have fallen, it is advisable to do other than arrange for their gradual disappearance.

The scheme is one of the most important administrative measures ever proposed in the East of Fife. Not only will it have a compelling influence in the improvement of housing conditions but it will benefit the milk supply by rendering water available for dairy farms which are in need. It will provide attractions for the development of industries suitable to the area and will give an impulse to the expansion of inland holiday resorts. It appears that the success of the scheme will depend upon substantial financial assistance being received from the Government; and it is to be hoped that the claims advanced for the improvement of the social and economic life of the community will be recognised and favoured.

The problem of the special water district with all the financial and practical difficulties which attend such small concerns, cropped up from time to time during the year. As a rule solutions took the form of compromise or make-shift devices. If the Regional Scheme materialises it would be highly beneficial to all concerned if as many as possible of the fifteen special water districts were abolished.

DRAINAGE.

The situation in connection with the disposal of sewage is on a par with that in connection with water supplies: indeed, in some localities it is worse and more prone to have an immediately injurious effect on health.

Largo is one of the few places where a proper drainage system exists. In other places all sorts of means are adopted for the removal of sewage with or without treatment—old culverts, field tile drains, road drains, the river Eden, burns—in short, any channel or medium which will carry off discharge without unduly objectionable results. In the Report for 1934 a brief description was given of drainage arrangements in 12 villages and the fact that modern systems of sewage disposal were becoming increasingly required was urged.

No great improvement took place during the year under review and much credit is due the Sanitary Inspectors for the practical manner in

which they have overcome the difficulties which are constantly arising. In several villages, however, signs are obvious that their ingenuity is becoming severely taxed.

The higher parts of the village of Strathmiglo has no drainage system. The old mill lade into which the effluent of several cesspools discharge and into which many drain pipes open is being grossly polluted and the villagers are compelled in self defence periodically to raise funds for its cleansing. It is common to find garden grounds saturated with domestic slops and ponds and street gulleys often show evidence of contamination. The need for a public sewer is recognised by the villagers and its construction cannot too quickly be commenced.

Sewage from the village of Guardbridge is discharged in a crude state into the estuary of the river Eden through some twenty drain pipes. None of these pipes reaches to below low water mark, the result being that human waste can be seen along the shore as the tide recedes. Except perhaps during gales and floods in the winter time, the strength of the outflowing tide is insufficient to cleanse the bed of the estuary so that almost at all times and particularly so during warm summer weather it is in an offensive condition causing pollution of the atmosphere with objectionable odours. The majority of the pipes are laid across a piece of waste ground and over them there has been deposited a high accumulation of trade refuse which is leading to their fracture and displacement. In the interests of the health and amenities of the village remedial measures are urgently required and it is satisfactory to be able to report that the County Council have approved of a scheme for improvement and have decided to form a Special Drainage District.

These two illustrations are given as an indication of the general situations, with the difference that in one of them something is being done whereas in the other places little or no attempt is being made to bring arrangements up to date.

Claims of the numerous areas where water supplies are deficient are receiving first attention but these areas are also areas where drainage arrangements are inadequate. Sufficient financial responsibility for several years to come will be shouldered in completing the Regional Water Supply Scheme but it would be a useful and ultimately economical procedure if a regional grouping of drainage areas were planned. The existence of such a plan would enable the Sanitary Inspectors to direct minor improvements on lines which would ultimately fit into a composite scheme.

The question of combining areas for drainage purposes has not so far been seriously considered in the East of Fife but from time to time the building of houses on the landward side of Burgh boundaries raises the question of the extension of Burgh sewers into the County area. A case in point arose during the year in connection with St. Andrews Burgh, the west end of which is commencing to extend into the County.

By agreement between the Town Council and the feuars the Burgh sewer was extended but it would have been a better arrangement from the point of view of the future had the agreement been between the Town Council and the County Council and not the feuars.

REFUSE DISPOSAL.

There are ten Special Scavenging Districts—Balmblae, Freuchie, Kingskettle, Newton of Falkland, Pitlessie, Springfield, Strathmiglo, Guardbridge, Leuchars and Largo.

All the refuse tips were visited and on the whole conditions were found to be satisfactory. Controlled tipping is not practised in all of them but quantities are small and frequently dumping sites are in disused quarries far removed from habitations. For instance, refuse from the village of Freuchie is tipped over the edge of an old quarry situated in waste land some miles from the village. It was found necessary to make arrangements for new dumping ground at Pitlessie. The site secured is not ideal but in view of the difficulties which attended its acquisition it will serve purposes reasonably well.

Complaints were lodged regarding methods of refuse disposal at Colinsburgh, where, by private arrangement, refuse is gathered in a tip situated near some dwellinghouses and removed at intervals. This arrangement was adversely criticised and the Local Committee decided to investigate the possibility of forming a special scavenging district and to consider securing suitable dumping ground.

In very small villages and in hamlets indiscriminate dumping of refuse is a common practice. Garden grounds, ruinous buildings, adjacent woods and any more or less unobtrusive site is made use of. When such conditions are found endeavours are made to stop the practice by causing houses and groups of houses to be provided with roofs in ash-pits. Most farmers are willing to undertake the emptying of these for manurial purposes.

The majority of the Burghs dump their refuse in the County. Where land reclamation is being undertaken methods are, as a rule, in every way satisfactory. When, however, the place of dumping is a disused quarry, much less care is generally taken. If no dwellinghouses exist in the vicinity of the dump there is room, within reason, for latitude. If, however, houses are in the neighbourhood, scrupulous care should be taken to render the disposal of refuse inoffensive.

The quarry at Cupar Muir into which is deposited the refuse of Cupar Burgh was in a highly objectionable state a few years ago. Of recent years, however, considerable improvement has occurred in the method of tipping employed. Steep banks of refuse have given place to shallow terraces. Better work would be done, nevertheless, if there was less paper to dispose of and if more soil and less ashes were used as bedding material. Difficulties are bound to arise in connection with the waste which has accumulated in the quarry.

On the whole a general improvement is taking place in methods of disposal. People are giving more heed to cleanliness and appearances and land reclamation by means of controlled dumping is causing proprietors of land to have fewer scruples about granting suitable sites.

HOUSING.

A great deal of work was done in connection with housing. Villages were surveyed: houses were visited by members of the Local Authority: reports were submitted and re-submitted: an endless stream of information and recommendations was poured forth. In spite of all this the result was negligible so far as concerns the number of new houses erected to take the place of insanitary ones. On the other hand many old houses were renovated: others were pulled down: some were closed and others were converted to different uses.

The following paragraphs will show that although progress has been made in some respects, a great deal remains to be done before unsatisfactory housing conditions are relieved.

BUILDING BYELAWS.

The following Table describes progress in connection with the erection and alteration of buildings:—

Plans Submitted.	Anstruther.	Cupar.	St. Andrews.	Total.
Houses erected under Subsidy,	—	—	—	—
Houses erected without Subsidy,	2	17	6	25
Alterations and Improvements to Houses, ..	14	8	9	31
Erection of Huts, Garages, washhouses, clubhouses, business premises, etc.,	11	3	—	14
Improvements of Garages, Halls, business premises, etc.,	2	—	5	7
Improvements to Dairies,	5	—	—	5
Improvements to Water Supplies,	1	—	1	2
Plans Examined, ..	34	21	20	75

No houses were built by the Local Authority under subsidy.

Plans for the erection of 25 non-subsidy houses were considered. One of them was for a wooden hut in Cupar District, which received approval. All the other plans were also approved.

Plans for the alteration and improvement of 31 dwellinghouses were considered. For the most part the works consisted of introduction of sanitary fitments, enlargement of windows and addition of rooms. Two of the plans were not approved on the grounds that since the properties had been dealt with under the Housing Acts, the works proposed were not sufficient to render the properties in all respects fit for habitation.

Plans for the erection of 14 hutments, business premises, garages, clubhouses, etc., were favourably considered with the exception of one, namely, that for the erection of a cafe which would have caused obstruction to the adjoining highway.

Plans for the improvement of 7 garages, halls and business premises were approved, three of them concerning the conversion of dwelling houses into business premises.

The structural alteration of 5 dairy premises was sanctioned.

Application for approval of the improvement of water supplies to two groups of cottages were submitted. They were approved in terms of the Building Byelaws but not in terms of the Housing (Rural Workers) Acts.

In all, 75 plans affecting 84 premises were considered by the three Local Committees concerned.

HOUSING (INSPECTION OF DISTRICT) REGULATIONS (SCOTLAND) 1921

Further systematic surveys of housing conditions in populous areas were made. Conditions vary in different areas. In some, notably Guardbridge, there are no insanitary houses: in most of the others unsatisfactory houses are in the majority.

Each year, however, the result of action under the Housing Acts is becoming apparent. Reconditioned houses are to be found in practically every village, indeed in some, whole streets have received a new lease of life by the renovation of almost every house in them. Here and there throughout the countryside reconditioned houses are to be seen but the peculiar problems of rural housing, which has financial and economic complications, are far from being solved.

Unfortunately, there are several villages where signs of improvement are hard to find. They doubtless have a charm of their own but the attractiveness of age is giving place to signs of decadence and decay. These are the villages where water supply is lacking. Their future depends upon the success of the Regional Water Supply Scheme.

746 houses were inspected—Cupar District 439, St. Andrews District 120, Anstruther District 187.

378 houses were found to be in a state so dangerous or injurious to health as to be unfit for human habitation—Cupar District 168, St. Andrews District 41, Anstruther District 169.

Without recourse to official Notices under Section 20 (1) of the Housing (Scotland) Act, 1930, action was taken in connection with 138 houses in which there was insufficient water-closet accommodation. In 112 cases owners complied with requirements with assistance under the Housing (Rural Workers) Acts. In 23 cases requirements were not met without such assistance. 23 cases were still pending at the end of the year.

Four Notices under Section 14 (1) of the Housing (Scotland) Act, 1930, were served—Cupar District 2, St. Andrews 2.

Nine houses concerning which Section 14 Notices had been served were reconditioned, 8 with assistance under the Housing (Rural Workers) Acts and 1 without such assistance.

A period of six months is allowed for the execution of the works of improvement specified on a Notice under Section 14. In a number of cases the period has long since expired and no works have been done. The proprietors of all such houses were notified of the necessity for works being carried out forthwith and informed that in the case of default the Local Authority would themselves undertake the work at the cost of the proprietors concerned. The intimations had little effect and accordingly the County Master of Works was instructed to arrange for the reconstruction of certain houses. This action caused the proprietor of one group to undertake the necessary works himself and of another group to undertake to comply with requirements by the end of 1936. Following upon this the attention of the County Master of Works was directed to a further 8 of the 34 houses concerning which Notices under Section 14 had become time expired.

Without formal action under the Housing Acts 127 houses were renovated—Cupar District 70, St. Andrews District 1, Anstruther District 56. In the majority of cases assistance under the Housing (Rural Workers) Acts was granted. It is perhaps worthy of comment that more successful work was done by methods of persuasion than by recourse to statutory powers. The attitude of proprietors occasionally renders formal measures necessary but except where village housing conditions are being dealt with in a group, negotiations invariably proceed by informal interview and letter.

In only one instance was a demolition order substituted by request for a Notice under Section 14.

Seven Notices were served under Section 16 (1) of the Housing (Scotland) Act, 1930. Four of these resulted in undertakings being accepted that the houses would not be re-let until they had been rendered fit for habitation. No demolition orders were made largely because no alternative accommodation was available for displaced families.

At the end of the year the total amount of work done under the Act 1930 was as follows :—24 houses had been demolished, 19 houses had been closed, 42 houses had been reconditioned and 44 houses had been vacated but had not been demolished or reconstructed.

The character of the defects usually found to exist in unfit houses were—no damp-proof courses ; no under-floor ventilation ; defective doors ; inner surfaces of external walls and surfaces of internal walls plastered on hard and damp ; low ceiling heights ; apartments inadequately lighted ; defective roofs ; defective or absence of rhones and

conductors ; defective chimney heads ; chimney cans broken or missing ; defective fireplaces ; defective water supplies ; absence of drainage ; no adequate facilities for washing or drying clothes ; ground surfaces lower than floor levels ; defective dry closets ; absence of sinks ; inadequate press accommodation ; absence of fuel stores ; defective woodwork of doors, windows, etc. ; outer walls requiring pointing ; dampness.

FARM SERVANTS' COTTAGES.

The estimated number of farm servants' cottages in the East of Fife is 1,898. A certain number of these are inspected and dealt with annually. During 1935, 106 cottages were inspected and 83 were found to be in a defective state. 92 cottages were renovated—87 with assistance under the Housing (Rural Workers) Acts, 1926-31, and 5 without such assistance.

Since 1932 the total number of farm servants' cottages dealt with has been 1,036. Action in connection with the improvement of 122 of these is pending, 862 remain to be inspected and the remainder are in fit state or have been rendered so.

No specific survey of farm servants' cottages has been undertaken. The time of the public health officials has been fully occupied with the improvement of housing conditions in populous areas and little opportunity has been afforded for concentration on rural cottages. Nevertheless, no occasion is lost of visiting these cottages and of drawing attention to matters requiring improvement.

It is known that a considerable proportion of the cottages are in an unsatisfactory state. Against some of them statutory action has been taken. The owners of others were written advising them of the nature of the works necessary to render the houses habitable. In many instances the situation is complicated by the fact that owners are genuinely not in a position to undertake the cost of extensive improvement. In these cases the renovation of one of a group of cottages has had to be accepted with the promise that others would be improved later. On the other hand, fortunately, there are proprietors who have embarked on schemes for the reconditioning of every farm cottage on their estates.

The habits of the occupants have an important influence on the sanitary condition of farm cottages. There are many clean people who obviously take a pride in giving their homes as good an appearance as possible. There are others who are slothful and dirty to a degree. Since the nature and demands of employment are more or less alike for farm servants as a group, the filthy, disordered state of some cottages can be accounted for only by the type of people who occupy them. Severe admonition from the sanitary officials usually brings about some change for the better but improvements are often of slight

half-hearted nature that no surprise can be felt at the frequency with which farm workers of this type find it necessary to move from place to place.

HOUSING (RURAL WORKERS) ACTS, 1926-31.

125 plans for the reconditioning of 223 houses and for the improvement of 14 water supplies were considered. Assistance under the County Scheme was granted in respect of 218 houses and in respect of 2 water supplies. The two plans for water supplies regarding which grant was refused were approved under Building Byelaws.

The number of houses approved for grant in the three Districts was as follows :—

Cupar District,	..	..	..	..	..	110
St. Andrews District,	..	..	..	..	..	51
Anstruther District,	..	..	..	..	..	57
Total,						218

The number of houses in the East of Fife reconditioned or approved for grant under the Acts since 1930 has been 867 and the amount of expenditure involved is £49,360.

The scheme under the Housing (Rural Workers) Acts has been of the greatest help in bringing about improvement in housing conditions in rural areas, although it has not afforded a complete solution to the many complex difficulties which attend this branch of housing activities. Nevertheless, the excellence of the results which have been achieved warrants continuation of the scheme.

In the course of the year the terms of the existing scheme came under review and certain amendments received the approval of the County Council. The most important of these was in connection with the amount of grant available towards the reconstruction of a house. The decision is subject to the approval of the Department of Health, but as things are it is intended that in future the maximum grant payable will continue to be £100 provided existing floor space is increased by at least 110 superficial feet or provided very exceptional circumstances appear to warrant the amount. In all other cases the grant payable will be £80 or two-thirds of the estimated or actual cost whichever is the least.

The amendment is a fair one. In some cases in the past the existing rate of grant has been too generous. There is already a surplus of two-roomed houses. The new rate of grant will tend towards some of them being converted into three-roomed houses and it is expected that a certain number of proprietors of overcrowded houses will solve their difficulties by requesting financial assistance towards the provision of additional apartments.

In spite of the inducement afforded by the grant it is not now so easy as it was to persuade owners of unfit rural cottages of the usefulness of the Scheme. The reason appears to be that since most of the proprietors who are anxious that their houses should be in good state have completed their works of improvement, there remains a majority of proprietors who are much less able to bear their share of the cost of the works or who, in any event, do not intend to spend any money at all in bettering the condition of their houses. Methods of persuasion have failed dismally with the latter group of proprietors and no option is now left but to take official action under the Housing Acts to compel them to comply with requirements.

HOUSING REQUIREMENTS.

Including 8 houses erected by the Guardbridge Paper Company under grant from the County Council, the total number of new houses erected in the East of Fife has been 58. Thirty-eight of these were erected in Cupar District. Not a house was built in Anstruther District. This was the position at the end of 1934.

At the end of 1935 although the County Council under their five years' programme had approved of the erection of 265 houses to replace unfit houses, the list of achievements was enhanced only by the commencement in Strathmiglo of a housing scheme comprising 16 three-roomed houses.

Investigations into bad housing conditions were continued, however. Representations regarding insanitary houses in the following villages were submitted :—

<i>Village.</i>					<i>Section 14.</i>	<i>Section 16.</i>
Strathmiglo,	..	..	..	..	13	34
Freuchie,	..	..	..	..	18	49
Balmblae,	..	..	..	..	4	18
Lower Largo,	..	..	..	..	10	59
Upper Largo,	..	..	..	..	9	11
Leuchars, Guardbridge and District,	..	..	..	..	15	34

Each house was visited by members of the Local Authority and the recommendations made were approved by the Local Committees concerned and finally by the County Council.

In due course Notices under Section 14 were served and plans showing proposals for the reconditioning of a fair number of houses were submitted and approved.

Absence of suitable alternative accommodation caused delay in action against those houses scheduled under Section 16.

Consideration was given to housing sites in various villages and the Architect was instructed to prepare site plans for schemes in Strathmiglo, Freuchie, Newton of Falkland, Upper and Lower Largo and Colinsburgh. Meanwhile, the negotiations regarding the acquisition of sites in Leuchars and Strathkinness, which commenced in 1934,

continued throughout the year. The question of a housing site at Kingsbarns was dropped on the grounds that adequate water supply was not available.

The proposed housing site at Freuchie presents points of particular interest. On part of it there is a group of buildings comprising insanitary houses, ruinous buildings and business premises. The area presents a derelict appearance which seriously detracts from the amenities of the neighbourhood. It was suggested that the County Council, coming to an agreement with proprietors, should acquire the area by compulsory purchase and accordingly, by arrangement with the Department of Health, the District Valuer was asked to report upon the values of the properties proposed to be acquired. Future action will doubtless depend upon the costs entailed in purchase.

Procedure under the Housing (Scotland) Act, 1935, was not set in motion until early in the present year. Enumerators were appointed to visit and measure all houses having a rental of £45 and under. Details of the results of the survey will be submitted in the Report for 1936, but it may be appropriate to refer briefly to the information which has so far been made available on the question of overcrowding.

5,604 houses were surveyed in the East of Fife—Cupar District, 1,054, St. Andrews District, 1,731, Anstruther District, 1,819—and 738 were found to be overcrowded—Cupar District 249, St. Andrews District 332, Anstruther District 157. The variations in the amount of overcrowding throughout the Eastern Division is interesting—Cupar District 12·12 per cent., St. Andrews 19·18 per cent., Anstruther District 6 per cent.

From these figures it is not possible to forecast accurately the number of new houses required to remedy overcrowding nor the number of fit houses which will remain empty on completion of decrowding operations.

The considerable number of farm cottages, the fact that occupiers of overcrowded houses in one village will not consent to remove to fit overcrowded houses of suitable size in another village and other such factors all tend to make a solution of the problem of overcrowding a local one. Each village will require to be dealt with by itself and the difficulty of remedying overcrowding among agricultural workers must wait the result of special deliberations on the part of the Scottish Housing Advisory Committee.

In rural areas there are, of course, apart from cottages occupied by agricultural workers, others occupied by families who are not tied in the manner to their places of employment. Overcrowding occurs among these families too. As a means towards relieving, in some measure, overcrowding among this group, proposals have been agreed upon for their transference to suitable houses in neighbouring villages, provided no hardship will result to individual families. This policy has

the defect that it conduces towards a still greater degree of "urbanisation" of the people but under the circumstances, it is the only practical remedy.

In considering the housing needs of a village, therefore, three factors require to be kept in view, namely—accommodation for families residing in unfit houses, accommodation for families residing in overcrowded houses and accommodation for families, not agricultural workers or persons of similar occupation, residing in unfit or overcrowded houses in the neighbourhood of the village, say within a mile.

On this basis schemes have been drawn up for selected villages and the building of the following numbers of houses have been agreed upon :—

Village.	Three Roomed.	Four Roomed.	Five Roomed.
Upper Largo,	8	2	1
Lower Largo, }	20	6	—
Lundin Links }	19	2	—
Colinsburgh,	8	11	1
Leuchars,	6	25	2
Guardbridge,	3	9	—
Pitlessie,	6	5	2
Newton of Falkland,	12	10	2
Freuchie,	10	13	4
Kingskettle,	—	4	—
Gateside,	4	11	1
Strathmiglo,	1	3	—
Dunshalt,	97	101	13

The above list does not take into account the needs of twelve families of two and three persons who are presently residing in unfit houses or does it provide for some 20 or 30 single persons who are still in the prime of life and who have gathered around them in unfit houses a certain amount of possessions. The County Council have decided that statutory action is to be taken towards the displacement of these people from their homes but where they are to go no one can tell.

The list has been drawn up on the generally accepted assumption that all owners of fit overcrowded houses will take in families of suitable size displaced from unfit or overcrowded houses. There is little doubt but that in practice the assumption will not prove to be justified.

Such difficulties, however, are the natural accompaniments of any new legislation measure of extensive scope. They are easy to envisage but often as the measure unfolds itself they disappear. So far as overcrowding is concerned the Local Authority has been exhorted to deal with worst cases first. The arrangements described for the villages mentioned will give them every opportunity for compliance. The danger is that in being particularly careful lest they over-build, they

fail to effect an improvement in housing conditions for small families and single persons who also have a right to benefit from the national housing policy.

As a precaution against overbuilding the County Council decided that only 75 per cent. of the number of houses required to remedy overcrowding are to be built. The decision is no doubt a wise one where large industrial schemes are concerned. Where, however, as in the cases of the villages mentioned above, the number of houses required to remedy overcrowding ranges in number between only 2 and 26 it does not appear to be in the interests of an economical expenditure of public money that the small remaining 25 per cent. should be built as separate schemes at a later date.

The villages mentioned in the above list have been selected for housing operations for the reason that water supply is available. There are numerous other villages for which new houses are required to relieve overcrowding and to replace insanitary houses, viz.:—Peres, Luthrie, Letham, Springfield, Craigrothie, Dairsie, Collessie, Gauldry, Boarhills, Denhead, Blebo Craigs, Strathkinness, Kingsbarns, Balmullo, Kilconquhar, Arncroach and Largoward. These villages are gradually declining and in course of time must die out unless water supplies are introduced, when many of them will have a chance of resuscitation.

One means of solving the problem of overcrowding in rural cottages is by building model villages. Cupar District was sub-divided into areas with this object in view and tentative sites for a few model villages were selected. When, however, it became apparent that in none of them would a sufficiency of water be available the idea was no further explored.

The year's work in housing in the East of Fife, when summarised, amounts to this that much laborious work was undertaken by members of the Local Authority and by the public health officials: the results on paper were imposing: in effect they were negligible. In the course of the year, however, many long standing difficulties were overcome and the way has been cleared for an uninterrupted programme of house building and reconstruction.

FACTORIES AND WORKSHOPS.

As time and opportunity afforded, visits of inspection were paid to the factories, workshops and workplaces. 304 inspections were made—factories 82, workshops 217, workplaces 5. Eight written notices were served requiring remedy of defects. Thirty-two infringements of the Public Health Acts were discovered. They were mainly related to lack of cleanliness, want of drainage and to defective sanitary accommodation. In all cases the defects were remedied.

The East of Fife is not an industrial locality. There are a few spinning mills and a beet sugar factory. Otherwise places of employment are small concerns. There being little or no congestion of buildings even in populous areas the conditions under which people work are in the main excellent. Premises are well lighted and ventilated and free from overcrowding. So far as sanitary conditions are concerned the safety of workers is well secured.

ACCOMMODATION FOR SEASONAL WORKERS.

The tendency to employ daily workers continues to grow. Employers are finding it less and less necessary or desirable to house seasonal workers at or near farms.

Nevertheless there still exists an appreciable number of premises in which seasonal workers are accommodated. So far as is known there are about seven hutments and about thirty cottages so used.

The conditions and the arrangements in the hutments are far from satisfactory. Some lack separate cooking provisions and others might be kept in a considerably cleaner state.

The cottages do not provide equal facilities for ensuring separation of sexes or for cooking in apartments not used for living purposes. They are small and are naturally more easily overcrowded.

The new Byelaws, which were still under consideration at the end of the year, will help to improve matters but since some of them are far reaching in effect, a certain amount of discretion will require to be employed in their enforcement in view of the considerable cost which will be entailed in causing existing buildings to comply with requirements.

MEAT SUPPLY.

No new slaughterhouses were licensed during the year and all previous licenses were renewed.

In the Eastern Division there are the following number of slaughterhouses :—

Cupar District—1 Public Slaughterhouse in Cupar Burgh and 3 Private Slaughterhouses elsewhere.

St. Andrews District—1 Public Slaughterhouse in St. Andrews Burgh and 3 Private Slaughterhouses elsewhere.

Anstruther District—1 Public Slaughterhouse in Anstruther Burgh and 3 Private Slaughterhouses elsewhere.

All the public slaughterhouses and 9 private slaughterhouses are licensed by Town Councils of Small Burghs.

The following Table shows the number of animals slaughtered and the weight in pounds of meat condemned and destroyed as unfit for human consumption :—

Slaughterhouses.	No. of Animals Slaughtered.				Lbs. of Meat condemned.
	Cattle.	Sheep.	Pigs.	Total.	
<i>Cupar District.</i>					
Public	839	1,766	744	3,349	9,969
Private	1,024	32,060	503	33,587	6,253½
<i>St. Andrews District.</i>					
Public	1,243	3,680	438	5,361	12,288½
Private	265	570	62	897	692
<i>Anstruther District.</i>					
Public	739	1,320	201	2,260	19,366¼
Private	367	1,259	246	1,872	5,079¼
Total	4,477	40,655	2,194	47,326	53,648½

As compared with the previous year 3,243 fewer animals were slaughtered but 9,638 more pounds of meat were seized as unfit for human consumption.

Evidence is clear that yearly more and more care is being taken by the Meat Inspectors and Detention Officers to prevent unsound meat reaching the public. On the basis of the amount of meat condemned per head of *cattle* slaughtered, the following proportional amounts of meat have been condemned in the public and private slaughterhouse in the three Districts :—

	1933.	1934.	1935.
<i>Cupar District.</i>			
Public,	4.5 lbs.	9.0 lbs.	11.9 lbs.
Private,	3.0 lbs.	3.8 lbs.	6.1 lbs.
<i>St. Andrews District.</i>			
Public,	14.0 lbs.	12.5 lbs.	9.9 lbs.
Private,	2.0 lbs.	1.8 lbs.	2.6 lbs.
<i>Anstruther District.</i>			
Public,	10.0 lbs.	16.7 lbs.	22.1 lbs.
Private,	3.9 lbs.	8.2 lbs.	13.8 lbs.

The improvement which has taken place in Cupar District is very satisfactory indeed, particularly in view of the number of slaughterhouses which exist, their wide distribution and the amount of other duties undertaken by the Detention Officer.

The fall which has taken place in the relative amount of meat condemned in the Public Slaughterhouse at St. Andrews is surprising. The condition of the animals slaughtered there is no better than that of those slaughtered in the other public slaughterhouses and since arrangements for meat inspection are superior to those in the others, one would have expected a higher proportion of condemned meat. It is known, however, that fallen animals are now less frequently sent to the slaughterhouse. The comparatively small amount of meat condemned in private slaughterhouses in St. Andrews District is noticeable.

The efficiency with which meat inspection is carried out in Anstruther District was obviously more than sustained.

There is an excess of private slaughterhouses in the East of Fife. Their number militates against proper meat inspection and their sanitary defects against the safety of the meat supply. The majority of the butchers concerned keep their premises in reasonably clean condition and have offered no objection to the tightening which has taken place in methods of meat inspection. Nevertheless, in the interests of public health it is a matter of importance that the meat supply should come from public slaughterhouses.

In Scotland as a whole, over 90 per cent. of home killed meat comes from public slaughterhouses. It is a different story in the East of Fife except for St. Andrews District where 85·6 per cent. of meat comes from St. Andrews Public Slaughterhouse. In Anstruther District 54·7 per cent. is issued from Anstruther Public Slaughterhouse and in Cupar District only 9·7 per cent. from Cupar Public Slaughterhouse. The figure for Cupar District is influenced by the large number of sheep slaughtered for the London market in a private slaughterhouse in Newburgh. The fact, however, remains that the bulk of the meat consumed in that area comes from private slaughterhouses, so numerous in number, that proper supervision cannot be maintained. On the other hand the Public Slaughterhouse at Cupar is in such a defective condition that, while it exists, most arguments for concentration of slaughtering in Cupar District are undermined.

Two years ago the County Public Health Committee caused an enquiry to be made into the question of meat inspection. From the thorough manner in which the investigation was carried out hopes were raised that the obvious defects of present arrangements would be remedied and that negotiations would be commenced with small burghs in Cupar District with a view to centralisation of slaughtering. Time has passed and nothing has eventuated, however. Meanwhile there are signs that at least one Town Council, lacking a lead from the County Council, may find itself forced to license yet another private slaughterhouse.

The officials concerned are managing to keep the meat supply in the East of Fife under reasonable supervision only at the sacrifice of other important duties. It is time that all the disadvantages of present arrangements were remedied.

MILK SUPPLY.

There are 152 registered dairy farms in the Landward Area and 21 in the Burghs—a total of 173 dairy farms. In addition there are 10 registered shops and milk stores. In the dairy farms there are approximately 2,901 cows.

One or two changes took place in the course of the year. Three dairy farms were closed. One new dairy farm was registered. Two new dairy shops were also registered. Alterations and extensions were carried out in five dairy farms.

An opportunity was not afforded for carrying out a systematic inspection of all the dairy premises in Cupar District. Such a survey was completed for St. Andrews and Anstruther Districts and dairymen were informed of the defects from which their premises were suffering with the result that a great deal of minor and major improvements have taken place. Similar methods of procedure are required for Cupar District and it is hoped that, now that the greater part of the work in connection with housing, has been overcome, sufficient time will be available for a visitation to every dairy.

On the other hand many visits of inspection were paid to dairy premises as occasions presented themselves and on the whole conditions were found to be satisfactory. Where criticisms were found to be necessary, steps were taken to ensure that the requirements of the Dairy Byelaws were met.

Conditions in some Burghal dairy farms are all that can be desired. They are of good structure and have ample adjacent pasturage. These dairy farms are situated in the outskirts of Burghs. There are other Burghal dairy farms, however, which are definitely in an unsatisfactory state. They are small concerns of ancient structure, hemmed in by buildings and far removed from pasture. Invariably deficient in lighting and ventilation, they present an appearance of untidiness and factors which have a harmful influence on the safety of the milk supply are not hard to find. While the dairy farmers concerned have been informed of the improvements necessary to bring their dairies up to standard, it has to be admitted that in the great majority of cases adequate reconditioning is an impossibility. Under these circumstances no discouragement is offered to any measures which tend towards the closure of these dairies. Building operations have been of considerable service in this respect, as have frank admissions on the part of officials that certain dairy farms are not in desirable condition. In St. Andrews Burgh, for instance, there were ten dairy farms ten years ago. Two were acquired by the Town Council for the development of housing schemes. Two were closed because of their unsatisfactory state and four went out of business because trade decreased. Two now remain, both situated near the Burgh boundaries and both of excellent type. In some other Burghs, similar happenings have taken place although to a less extent. In the remainder, however, there still exist too many dilapidated old dairy farms in which the production of clean milk cannot be undertaken. For several years attention has been directed towards the situation but no alterations for the better have taken place. A commencement has therefore been made by col-

lecting for submission to the Local Authority information regarding five dairy farms in one small burgh. It will be recommended that the majority be closed. Unsatisfactory dairy farms in other burghs will be treated similarly.

If the fact that the number of premises in which "graded" milk is produced and retailed is still increasing affords any criterion, it would appear that popular appreciation of the value of a clean milk supply is growing. During the year Kilrenny Mill Farm, Anstruther, previously licensed to produce Grade A. (T.T.) milk, was licensed to produce Certified Milk and the herd was increased. The certified herd at Cults Dairy Farms was greatly augmented. Another dairy shop in St Andrews was licensed to retail certified milk. The following is a list of the premises in the Eastern Division from which "graded" milk may be obtained:—

<i>Producers.</i>	<i>Premises.</i>	<i>Grade of Milk.</i>
Lord Cochrane of Cults.	Cults Dairy Farms, Springfield.	Certified.
Wm. Lohoar.	Wester Balrymonth, St. Andrews.	Certified.
Jas. Clement.	Kilrenny Mill, Anstruther.	Certified.
Jas. Younger.	Mount Melville, St. Andrews.	Grade A. (T.T.)
Messrs. J. & A. Anderson.	Monturpie, Largo.	Grade A.
J. Black.	Grange Hill, Elie.	Grade A.
Mrs. Brunton.	The Grange, Elie.	Grade A.
R. Telford.	Lathallan Home Farm, Kilconquhar.	Grade A.
<i>Retailers.</i>		
Miss Allison.	1 Rankeillor Street, Elie.	Grade A.
J. F. Caldwell.	St. Margaret's Dairy, Newport.	Certified.
John Robertson.	The Barony, Cupar.	Certified.
Jas. Martin.	Woodburn Dairy, St. Andrews.	Certified.
William J. Braid.	140 Market Street, St. Andrews.	Certified.
Richard T. Ramsay.	Elie & Earlsferry Dairy Co., Elie.	Certified.
S. S. Melville.	55 High Street, Elie.	Certified.
Co-operative Society.	Guardbridge.	Pasteurised.
Do.	Cupar.	Pasteurised.
Do.	Springfield.	Pasteurised.
Do.	St. Andrews.	Pasteurised.

All these premises were regularly inspected by the Sanitary officials. Samples of milk were taken for bacteriological and chemical examination. Certified herds were routinely examined and tested by the County Veterinary Inspector. In no case was action under the Milk (Special Designation) Order (Scotland) 1930 found to be necessary.

The experiment in Scottish dairying which was commenced at Cults Dairy Farms in 1934 was continued. The *outdoor herd* numbered 135 animals. None of these animals were taken indoors at any time throughout the year. No illnesses occurred nor were there any difficulties in connection with calving. The health of the stock was splendid during the winter, which was a trying one. It was noticed in the springtime that in appearance and in health the outdoor herd was in every way superior to the indoor herd. An interesting point was that there was really very little difference in production between the two herds. The beneficial effect

outdoor life was so obvious that the indoor herd was driven to pasture daily throughout the winter. So successful has the venture proved that Lord Cochrane contemplates leaving the present indoor herd entirely out-of-doors during next winter, bring the cows in only for milking.

In previous Reports reference has been made to the confusion which has arisen in the minds of consumers regarding the many classifications under which milk is now sold. It was therefore pleasing to find that under the *Milk (Special Designation) Order (Scotland) (No. 2) 1935*, which was in draft at the end of the year, steps have been taken to simplify the designations of milk. It is proposed to grade milk under two main classes—certified and pasteurised. If the order comes into force it will clarify the position for the public. On the other hand there are several objections to the order as drafted. For instance, its effect will be to relegate existing producers of Grade A. milk to the ranks of ordinary producers whereby the results of the labour and care they have taken in the past will be lost, unless they are prepared to render their herds free from tuberculosis or to instal pasteurising plants. Again, while there may be reason for the pasteurisation of all ungraded milk entering large cities, there is not the same reason for pasteurisation of milk in Counties where the milk consumed in both landward and burghal areas is under the supervision of one Local Authority. Hence pasteurisation may tend to favour the production of dirty milk, and it is inadvisable that a premium should be set upon its production to the exclusion of clean milk produced without artificial treatment. Unfortunately, however, the new classification will tend towards an increased production of pasteurised milk in view of the considerable expense involved in securing and maintaining certified herds. Space prevents a full discussion of the terms of the proposed Order but sufficient has been said to indicate that there are grounds for amendment.

Progress continued to be made in connection with the *County Scheme Accredited Milk Producers*. Four further dairy farmers were added to the list, which now totals 18. In addition, three dairy farmers are serving a probationary period of twelve months. It was found necessary to remove from the list the name of one producer who had consistently produced milk of inferior quality. One other producer requested removal of his name. In view of the uncertainty which exists in dairy-men's minds as a result of the operations of the Milk Marketing Board and the general feeling of uneasiness which obtains it is not considered likely that the list will be added to appreciably. From the point of view of numbers, therefore, the Scheme cannot be regarded as a success. Nevertheless it is serving a valuable purpose in demonstrating the fact that milk of a high degree of cleanliness can be produced from ordinary dairies, if only dairymen are prepared to take sufficient care. The new

Milk (Special Designation) Order combined with the increasing public demand for clean milk will probably tend towards a greater demand for "graded" milk. The Scheme will afford a useful means of educating producers of ordinary milk in proper methods of production with a view to their receiving licenses to sell recognised types of pure milk.

The great illusion of the *Tuberculosis Order*, 1925 continues. Even some Veterinary Inspectors have been known to proclaim their belief in its efficiency. Critical examination of its effects, however, serve to demonstrate the fallacy of its existence. It was intended as a weapon against the unusually high percentage of tuberculous cattle which exist but it is most frequently in practice brought into use only after a diseased animal has nearly finished its work of spreading infection. Medical literature in this and in all civilised countries abounds with references to the comparatively high incidence of tuberculosis of bovine origin among the inhabitants of Great Britain. Yet the situation is apparently accepted by responsible Government Departments with complacency which has its equivalent only on the countenances of the offending bovines. A recent leading article in the *British Medical Journal* summarises the position thus, "It would indeed require the genius of Mr. H. G. Wells to bring out to the full the almost tragic failure of co-ordination, the wasted effort, the human frailty and the self-centred individualism that mark the production and distribution of this most necessary article of human nutrition." The public health services have fought for long for a clean safe milk supply. Success will attend their efforts, however, only when the public appreciate the true state of affairs in connection with milk and its production and demand redress.

All the 55 schools in the Eastern Division, except for about 10 small schools, participated in the scheme devised by the Milk Marketing Board for *the provision of milk for school children*. The scheme came into operation in November 1934 and at first large numbers of children took advantage of the supply of Grade A. (T.T.) milk which was offered at a cost of one halfpenny per third of a pint. As months passed, however, numbers decreased by about a third for various reasons, none of them of really serious import. Nevertheless a creditable number of children continued to take the milk. In Cupar District alone for instance 10,272 gallons of milk were consumed. No systematic investigation into the effect produced on the health of the children by this extra supply of milk was undertaken but so much work has already been done to prove the nutritional value of milk that it can almost be taken for granted that the children are benefiting.

OFFENSIVE TRADES.

On two occasions complaints were lodged regarding offensive odours said to be emanating from the premises at Damside, Cupar Muir, where slaughtering of horses, blood and bone boiling, tallow melting and

manufacture of fish and bone meal is carried out. The first complaint was received in August when nothing of an untoward nature was detected at the works. The second complaint was received in September. On that occasion it was found that the stock of bleaching powder for the chlorinating tank had become finished. A sample of bleach liquor, however, was found to contain 0·62 per cent. of available chlorine as against the minimum standard of 0·4 per cent. A very decomposed grease had been dealt with and the likelihood is that the chlorinating liquid although of fair strength was not sufficiently active to deodorise the steam from the digester. The manager was advised to use an excess of chlorine on such occasions. No further complaints were received.

The bone meal and manure manufacturing plant gave rise to no objectionable circumstances.

No grounds for criticism arose in connection with the Kennels at Bress where meat for hounds is prepared and cooked.

PORT SANITARY REGULATIONS (SCOTLAND) 1933.

Weekly a list of infected ports was sent to the Preventive Officer at the Port. Since goods imported are either wood, wood pulp, or esparto grass, attention was paid to the presence of smallpox, typhus fever, cholera or plague only in countries bordering the White Sea, the Baltic and the Mediterranean Sea.

Nine vessels were boarded. Enquiries were made as to the health of the crew and any member who had been in any way indisposed during the voyage was examined. Illnesses found were of ordinary type.

Inspections were always made of the crew's quarters and when necessary instructions were given for cleansing. It was found that on the whole, quarters on British vessels were less comfortable and less cared for than those on foreign vessels.

RIVERS POLLUTION.

In view of the pollution of the River Eden by effluent from the Beet Sugar Factory near Cupar which occurred in 1934 and was described in the report for that year, the outfall from the settling lagoon was regularly visited.

On no occasions were unsatisfactory conditions discovered—the improvements which the Company had effected having apparently been sufficient to remove suspended organic matter in large measure. The limited area of the settling ponds, however, and the fact that little or no land is available for extensions renders it possible that the time may come when it will be exceedingly difficult to prevent pollution of the river by existing methods.

PUBLIC HEALTH SERVICES IN BURGHS.

Full reports regarding transferred and non-transferred public health services were transmitted to the Town Councils of the following Burghs—Anstruther, Newport, Pittenweem, St. Andrews, St. Monans, Elie and Earlsferry, Crail, Auchtermuchty and Tayport. It is not considered necessary to reproduce these in whole or in part.

The following paragraphs describe in brief activities in the remaining four Burghs in the Eastern Division so far as concerns services transferred under the Local Government (Scotland) Act, 1929.

Burgh of Cupar.

The population as estimated by the Registrar-General, was 4,811, an increase of 61 having been allowed.

The birth rate was 14.1 per 1,000 of population and the death rate 14.5 per 1,000 of population as compared with the rates of 19.7 and 12.2 respectively in 1934.

The marriage rate was 10.4 per 1,000 of population.

An increase occurred in the infantile mortality rate which rose from 33 per 1,000 births in 1934 to 73 per 1,000 births in 1935.

There were three deaths among children in the 1 to 10 years age group.

Diseases of the heart continued to be the chief cause of death. Twenty-seven persons died of these diseases. Cerebral Haemorrhage with seven deaths came next. Five deaths due to catarrhal diseases of the lungs (pneumonia, bronchitis) and four each were due to cancer and nephritis. There were two deaths from whooping cough; one death from tuberculosis of the lungs; one death from non-pulmonary tuberculosis and one from scarlet fever.

Sixty per cent. of the total number of deaths occurred among people of 65 years of age and over.

The death tables, although they do not provide reason for alarm, are perhaps less favourable than they might be in that there is too little difference between the weights of young and adult deaths.

A marked fall occurred in the incidence of infectious diseases. As compared with 109 cases notified in 1934, only 28 cases were notified in 1935, viz.:—Scarlet Fever 10, Diphtheria 2, Erysipelas 4, Ophthalmia Neonatorum 1, Acute Primary Pneumonia 4, Pulmonary Tuberculosis 1, Non-Pulmonary Tuberculosis 6.

The principal reason for the decline in infectious diseases was the termination of the epidemic of scarlet fever which commenced in 1932. Cases of pneumonia were also reduced in number, however.

There were 2 cases of diphtheria. The number was small but, since diphtheria is apt to follow scarlet fever, particularly if spells of warm dry weather occur, there is every reason for the adoption of precautionary measures. Nowadays it is possible to prevent diphtheria

by the injection under the skin of small doses of the toxins produced by the germs of the disease. The procedure is painless and harmless and, in the young, produces at the most a little redness and stiffness of the arm. A scheme for public administration of the injections has not yet far been organised for the Burgh but parents of young children should seize no opportunity of consulting their family doctors about having their children protected against the disease.

All the cases of scarlet fever and diphtheria were removed to hospital. The following number of cases:—Erysipelas 1, Pulmonary tuberculosis 1, Non-Pulmonary Tuberculosis 2.

No exceptional circumstances arose in connection with the milk supply. A reasonable degree of cleanliness was maintained in the various dairy premises. Some of the dairy farms do not comply with the requirements of the Dairy Byelaws. Defects are to be brought to the notice of the dairymen.

An ample supply of Certified Milk is available for the Burgh but the amount consumed is considerably less than should be. It is pleasing to note, however, that over 3,000 gallons were sold to children attending Castlehill School at a cost of one halfpenny per third of a pint. In view of the fact that about 6 per cent. of samples of ordinary milk contain germs of tuberculosis it is advisable that this safe type of milk should be consumed by all young children.

Supervision of the meat supply will never be properly effective in Gairloch so long as the Public Slaughterhouse continues in its present site. In arrangement it is entirely out of date; in structure it shows marked defects. The system of meat inspection in force is the best that can be employed under existing circumstances but it is far from being entirely satisfactory. A pronouncement on the part of the County Council on the question of centralisation of slaughtering in Gairloch District is long overdue. Combined action on the part of the various Local Authorities would soon lead to a vast improvement in existing conditions.

During the year 839 cattle, 1,766 sheep and 744 pigs were slaughtered and 9,969 lbs. of meat were condemned as unfit for human consumption.

Burgh of Falkland.

The population of the Burgh had increased to 874 according to the estimate of the Registrar-General. The birth rate was 20·6 per 1,000 population as compared with 17·3 in 1934. During the past few years the birth rate has been steadily rising. The death rate was 16·0 per 100 of population as compared with 18·5 in 1934. There was one death among infants under one year of age and one death among children in the 1 to 5 years age group.

The chief cause of death was diseases of the heart. There was one death from diphtheria and one from pulmonary tuberculosis.

Fifty-seven per cent. of the total number of deaths occurred among persons of 65 years of age and over. The equivalent percentage for all the burghs in the East of Fife was 60.

Ten cases of infectious diseases were notified—scarlet fever 4, diphtheria 3, ophthalmia neonatorum 1, non-pulmonary tuberculosis 1. With the exception of the cases of tuberculosis all the patients were removed to hospital for treatment.

For several years past the incidence of the principal infectious diseases has been low. From this satisfactory state of affairs comparative immunity for the future cannot be assumed. For instance, the fact that there were three cases of diphtheria, one of which was fatal, provides an indication of lurking danger. Parents accordingly, would be well advised to insure against catastrophe by having their children protected against the disease.

The bulk of the milk supply is produced in the landward part of the County. There are, however, one or two dairy premises in the Burgh. Conditions in these were of reasonably satisfactory nature. There is ample room for an increased consumption of Certified Milk. Such milk is of a guaranteed degree of purity and comes from herds which are free from tuberculosis. It is the only safe raw milk.

A creditable degree of cleanliness was maintained in the only private slaughterhouse in the Burgh. From the point of view of modern requirements the premises are lacking in certain important adjuncts. Nevertheless they are as good as any in the locality.

During the year 60 cattle, 157 sheep and 3 pigs were slaughtered. 277 lbs. of meat were condemned as unfit for human consumption.

Burgh of Ladybank.

According to the estimate of the Registrar-General the population of the Burgh was 1,176, an increase of 3 having been allowed. The birth rate was 13·6 per 1,000 of population as compared with 11·1 in 1934. The death rate was 9·3 per 1,000 of population as compared with 14·5 in 1934. There were no deaths among infants or children.

Diseases of the heart and cerebral haemorrhage were the two chief causes of death.

Fifty-five per cent. of the total number of deaths occurred among persons of 65 years of age and over.

The incidence of infectious diseases continued to be low. Only 4 cases of scarlet fever, 1 of diphtheria and 1 of erysipelas were reported. The cases of scarlet fever and of diphtheria were removed to hospital. No deaths occurred.

There is only one dairy farm within the Burgh which depends upon the surrounding County district for most of its milk supply. No adverse factors came to light.

No improvements were effected in connection with the somewhat defective state of the single private slaughterhouse. The matter, however, is related to the question of the need for improvement in general arrangements for the supervision of the meat supply in Cupar District.

During the year 105 cattle, 161 sheep and 91 pigs were slaughtered. 8 lbs. of meat were condemned as unfit for human consumption.

Burgh of Newburgh.

The population, as estimated by the Registrar-General, was 2,202, an increase of 17 having been allowed. The birth rate was 13·6 per 1,000 of population and the death rate was 15·4 per 1,000 of population as compared with rates of 16·4 and 12·3 respectively in 1934. There was one death among infants under one year of age and two among children in the 1 to 5 years age group. There were ten marriages.

Diseases of the heart was the principal cause of death. Cancer came next. There was one death from influenza and three from tuberculosis of the lungs.

Little reduction occurred in the incidence of infectious diseases. The following number of cases were notified :—scarlet fever 40, diphtheria 1, erysipelas 4, ophthalmia neonatorum 1, acute primary pneumonia 2, acute influenzal pneumonia 1, pulmonary tuberculosis 2, non-pulmonary tuberculosis 2. Total 53.

The epidemic of scarlet fever which commenced late in 1933 continued throughout ensuing years. There was no great outburst but cases steadily occurred. Fortunately the type of disease was mild and at the end of 1935 there were clear indications that the epidemic had spent its force.

Otherwise the incidence of infectious diseases was low. The regular occurrence of cases of pneumonia, some of them fatal, and of tuberculosis may have some relation to housing conditions.

All the cases of scarlet fever and one case each of diphtheria, ophthalmia neonatorum, and pulmonary tuberculosis were removed to hospital.

Some of the dairy premises do not come up to the standard defined in the Dairy Byelaws. A reasonable degree of cleanliness was maintained, however, and no circumstances pointing to danger arising from the milk supply came to light. In a population where there are so many children, it is incumbent upon parents to see to it that they secure a supply of safe milk. The only natural, untreated milk which is produced under conditions of extreme cleanliness from herds which are free from tuberculosis is Certified Milk. This type of milk is available in Cupar District and could readily be sold in the Burgh in large quantities.

Unsatisfactory conditions in connection with the meat supply continued. Slaughtering premises are of defective structure and an abattoir is too small to permit of proper handling of the volume of meat slaughtered. As much care as is possible under the circumstances is taken to maintain an adequate system of meat inspection but matters will never be on a satisfactory basis until improved premises are secured. The Town Council would be well advised to explore the situation in association with the County Council.

During the year 154 cattle, 30,755 sheep and 30 pigs were slaughtered. 318 lbs. of meat were condemned as unfit for human consumption.

Sanitary Inspection Districts.

The Annual Report in respect of each sanitary inspection District has been submitted for the information of the local public health sub-committee and to the Department of Health for Scotland. The following are brief excerpts from the reports of the Sanitary Inspectors.

DUNFERMLINE AREA—A. M. Thomson, Sanitary Inspector.

Drainage and Sewage Disposal.

There are 10 Special Drainage Districts in the Area, namely, Aberdour, Blairhall, Charlestown, Limekilns, Crossford, Crossgates, North Queensferry, Tulliallan, Valleyfield and Torryburn and Saline. Maintenance work in these Districts is carried out by resident District officers working under my supervision.

The boundaries of Blairhall District were extended during the year so as to include the villages of Comrie and Oakley, also the hamlet of Shiresmill. Formerly, this Special District comprised only the village of Blairhall and the sewage therefrom was conveyed to purification works and thereafter discharged into the Bluther Burn. These works, due primarily to subsidence caused by underground workings, had become very unsatisfactory and costly to maintain. A new sewer to take the drainage from the above-mentioned villages is in course of construction and at the close of the year the work was nearing completion. This sewer, approximately 4 miles in length, is to discharge into the Forth Estuary at a point near Valleyfield Pit, Newmills. Its completion will make possible much desired improvements in the villages of Comrie and Shiresmill where privies will now be displaced by water-closets.

In Valleyfield and Torryburn District, the laying of the new outfall sewer, mentioned in last year's report, was completed. This was rendered necessary by the rising level of the mud on the foreshore at the point where the sewer discharges. The sewer had been partially submerged and due to mud silting up into it, frequent chokages occurred, rendering it costly to maintain. The new outfall has been laid at a much higher level.

In all other Special Drainage Districts, the systems have been maintained in proper working order and continue to function satisfactorily.

The scheme to provide Wellwood village with drainage facilities has not yet been proceeded with. The intention is to lay sewers and to connect these with the Dunfermline Burgh sewer from Townhill.

Scavenging.

There are 7 Special Scavenging Districts in the Area—Aberdour, Crossford, Crossgates, Limekilns and Charlestown, North Queensferry, Tulliallan, and Valleyfield and Torryburn.

With the exception of Crossford, a daily scavenging service is operation. At Crossford, the refuse is collected twice weekly.

The work is carried out, under my supervision, by contractors who undertake, for a fixed sum paid by monthly instalments, to collect, remove and dispose of the domestic refuse and to sweep the streets and footpaths.

Disposal in all Districts is by means of the controlled tipping method, this being the most economical and, in fact, the only practicable one in such Districts. The refuse tips, where possible, are situated within or near to the Districts, and as is always the case with such places, much care and attention is required to keep the tips free from nuisances such as fires, rats, etc. Where practicable, the depth of the materials is restricted to not more than five feet and immediate top-dressings are resorted to. This reduces the risk of fire and when such occurs, it is more easily extinguished. At Aberdour and North Queensferry "coups" fires occurred on two occasions during the year and a tremendous amount of work was involved in extinguishing them. These are caused by unauthorised persons who frequent these places and the culprits are singularly difficult to catch.

As is to be expected, rat infestation does take place at some of the tips. Poison is periodically laid down to exterminate these pests.

At other villages, such as Blairhall, Fordell, Steelend, etc., where are not embraced by Special Scavenging Districts, the scavenging is carried out by the Colliery Companies who are the owners of most of the houses thereat.

Proposals have been made for the formation of a Special Scavenging District at Halbeath. The cost of such is presently being investigated and I have no doubt that in next year's report I shall be in a position to include this village in the list of Scavenging Districts.

Public conveniences are now provided at Aberdour, Limekilns, Newmills, Torryburn and North Queensferry.

Sanitary Conveniences.

In the Special Drainage Districts, water-closets are provided. In the most recently formed Districts, namely, Blairhall, Saline, Crossford, etc., one water-closet to each house has been provided and wherever practicable, these conveniences have been installed within the houses. In the older Districts, most of the houses have a water-closet each and only in a comparatively negligible number of cases are there water-closets serving not more than two tenants.

The completion of the County Council's building programme in terms of the 1930 Act will result in the closure or demolition of most of the houses in Special Drainage Districts where only one water-closet is provided for the use of two tenants.

In the few remaining cases, failure to secure separate water-closets is due to practical and financial difficulties.

These remarks also apply to houses without inside water supply fittings. The demolition or closure of houses now ear-marked as unfit will reduce the number of such houses in Special Districts to an infinitesimal quantity.

Rivers Pollution.

The defective condition of the sewage disposal works at Blairhall, mentioned earlier in this report, resulted in the sewage effluent from this District being discharged into the Bluther Burn in a more or less unpurified state, with the consequent pollution of that stream. The abolition of these works made possible by the laying of the outfall sewer to the River Forth has eliminated this source of pollution of the Bluther Burn.

Complaints were received regarding the alleged pollution of Saline Burn at Saline by certain residents in the village. This burn discharges into the stream known as the Black Devon, which I understand, contributes to the water supply of the Burgh of Alloa. Investigations were made, followed by the issue of warning notices to the culprits. This part of the stream was subsequently kept under observation, and no further evidence of pollution has been detected. The locus continues to be inspected periodically.

Schools.

The public schools in the Area, 23 in number, were visited from time to time. Many of these establishments are modern buildings and the sanitary accommodation at each is satisfactory. All are now provided with individual water-closets, the last of the obsolete trough type of loilet having been replaced with proper water-closets.

Burial Grounds.

The old burial ground at Cairneyhill was the subject of an Order in Council dated 4th May 1935, restricting burials to certain individuals. The Order requires that notice of interments be given to the District Sanitary Inspector not later than the day preceding that on which a grave is to be opened and that no interment shall be made unless the coffin can be laid at a depth of at least 4 feet from the ground surface without interference with previous interments. The provisions of this Order were complied with on the occasion of the sole interment at this ground during the year.

Similar Orders are in force in respect of two old burial grounds at Aberdour where, during the year, eight interments were carried out in conformity with the Orders.

The other burial grounds in the Area continue to be maintained in a satisfactory manner.

Housing.

Each year sees a marked increase in the amount of work in connection with matters relating to housing. A very considerable part of our time is now necessarily devoted to this work, with the result that, despite much overtime, some of our now multifarious duties must inevitably suffer neglect.

With the advent of the Housing (Scotland) Act, 1935, the housing problem looms still larger on the horizon and at the moment, one can only dimly visualise a sea of work to be performed in this sphere, and by a staff whose number is hopelessly inadequate to deal with it.

An insufficiency of houses suitable for occupation by the working classes has still to be recorded. Many families are still living in accommodation inadequate to their needs and sub-letting is still too prevalent. The operation of the 1935 Act will, in time, no doubt, do much to solve this problem. However, as our activities under this Act had practically just commenced at the close of the year under review, little can be said at the present juncture.

Much has been accomplished in connection with the abolition of unfit houses, and I think when the Council's programme under the 1930 Act is complete, the remaining unfit houses, if any, will be few in number.

Since 1930, a total of 234 houses have been built by the County Council under various schemes in this Area, and these are now all occupied.

In addition, at Kincardine, 30 houses were built by the Forth Bridge Joint Committee, but, of course, most of these were for replacement of houses demolished in connection with the bridge approach road. All of these are now occupied.

At Crossgates, 12 houses of the flatted type at Springhill Brae were completed and occupied during the year.

At Fordell, the Council's scheme comprising 16 houses was complete and all houses occupied.

At Torryburn, the scheme consisting of 16 houses at Tinian Crescent and at Crossford, 20 houses were also completed and occupied.

HOUSING (RURAL WORKERS) ACTS, 1926 AND 1931.—As a result of our activities under these Acts, 13 sets of plans for alterations and improvements to a further 21 houses, were submitted and approved.

The total number of houses in the Area improved with the assistance of lump sum grants since the inception of the principal Act is now 22.

Where houses have been found to be in need of alterations and improvements, care has been taken to acquaint the owners with the provisions of the Council's Scheme of Assistance and in this way much has been accomplished. This Act has, undoubtedly, done more towards the improvement of rural dwellers' houses than any other. In fact

think I am right when I say that no other Housing Act has in any way touched the problem of the conditions under which many of our rural residents were living. In the Dunfermline Area, 227 such families are now enjoying the benefits of modernised houses fitted with up-to-date conveniences.

OVERCROWDING.—In recent years, overcrowding has become increasingly difficult to deal with. In many cases, abatement has been impracticable because of lack of alternative accommodation. The 1935 Act will doubtless effect drastic reform, long overdue.

Food Supply.

MILK.—At the termination of the year under review, there were, in Dunfermline Area, 75 dairy farms registered to accommodate 1,794 cows.

A total of 96 visits of inspection to these were paid, during which premises, with one or two notable exceptions, were found to be satisfactory.

In the case of the exceptions mentioned, my dissatisfaction arises not from the structural condition of the premises but from the methods of production. Absence of attention to cleanliness is in evidence at these two or three places, and this appears to be engendered by a lack of appreciation of the importance of this matter in relation to the production of clean milk, by those responsible. Consequently, the routine twice yearly inspection of these premises is supplemented by numerous other visits throughout the year. These, accompanied by reiterated threats, enforce a passable standard of cleanliness but there remains the lack of wholehearted co-operation on the part of these recalcitrant producers, which is reflected in the work of their employees.

Nearly all the dairy premises in the Area now conform to the structural requirements of the Council's Byelaws in every way. In one or two isolated cases, one hundred per cent. compliance has not been possible due to the impracticability of the necessary structural alterations, but the consequences of these are not dire.

Generally speaking, producers have shown an encouraging appreciation of the Public Health Authorities' efforts towards improvement and the production of a milk supply beyond reproach.

Contrasted with this is the discouraging evidence of the ignorance and carelessness displayed by a considerable number of consumers in the storage and handling of milk within the homes. This has been referred to in previous reports.

I have actually witnessed milk known to have been produced and delivered with the utmost attention to cleanliness, poured into a utensil the sides and bottom of which still adhered the remains of the previous day's supply.

I have seen milk stored in an uncovered, flat dish, with the cream on the top dust and soot laden, and on the housewife being questioned as to how she disposed of the dust on top, she replied that she "skimmed" it off before using the milk. She was informed that she could buy skimmed milk much more cheaply than sweet milk.

Quite commonly, milk is observed to be stored in uncovered utensils in overheated, polluted atmospheres. Beds are made, floors swept and dusting operations are carried out without thought of protecting the milk.

Much has been done in the enlightening and coercion of the producer and retailer. Clearly, I think, propaganda and legislation should now be extended in the direction of enlightening and coercing the consumer. Without the co-operation of the latter, the efforts of the former are nullified.

There are, in the Area, five premises in which milk is produced and from which it is sold in quantities sufficiently small to render the premises exempt from registration, in terms of the Act. The total number of cows kept in these places is 13 and the total quantity of milk sold is from 30 to 35 pints per day.

These premises are visited periodically and, while they do not comply with the structural requirements of the dairy byelaws in every respect, they do not lack a great deal, and the standard of cleanliness is maintained at a fairly high level.

MEAT.—There are now only two licensed private slaughterhouses in the Dunfermline Area. Formerly there were three, but the licence in respect of the premises at Kincardine was withheld and slaughtering at these premises has now ceased.

The two remaining private slaughterhouses are situated, one at Aberdour and one within the Burgh of Culross. The structural nature and condition of these is excellent, and the premises are remotely situated, away from dwellinghouses and public places. Slaughtering, at its best, is to the average individual, an unpleasant albeit a necessary job, and not one to be conducted near places frequented by the public.

The above two slaughterhouses are maintained in a scrupulously clean condition, washing and cleaning operations being carried out immediately subsequent to slaughtering. This is facilitated by a plentiful supply of water and the impermeable nature of the structures which renders washing easy.

Article 8 (1) of the Public Health (Meat) Regulations of 1932 provides that a Local Authority granting a licence under Section 33 of the Public Health Act for the use of premises as a private slaughterhouse, shall specify on the licence, the days and hours during which slaughtering may be carried on. This sub-section is very useful and enables the hours of slaughtering at each place to be regulated by the Local Authority in such a manner as will facilitate the inspection of the carcasses, etc.

The utility of this sub-section is, however, somewhat nullified by the succeeding one, which provides that slaughtering may be conducted at times other than those specified on the licence provided that 24 hours' notice is given to the Local Authority. No acknowledgment or sanction is required from the Local Authority—simply the intimation of the intention to slaughter at a given time. It will be seen that this renders the work of meat inspection more difficult.

Then again, each of the two slaughterhouses are allowed two days per week on which to kill—in one case Mondays and Thursdays, and in the other, Tuesdays and Thursdays. Consequently, it not infrequently happens that a visit is paid to a slaughterhouse on say, a Monday, when it is found that no slaughtering is to take place until Thursday and in this manner time and expense are wasted.

In my opinion, the nature and extent of the business carried on at each of the two slaughterhouses in this Area is such as to warrant the allocation of only one day per week for slaughtering, and if killing is, on occasion, desired to be carried on at times other than those specified, an intimation in terms of Article 8 (2) is all that is required. I would ask that this matter receive the careful attention of the appropriate Committee.

Despite the above difficulties and the increasing demands made on our time, particularly in connection with the all-important housing question, although other duties have, of necessity, been perhaps somewhat neglected, meat inspection has not suffered neglect.

During the year, the carcasses, organs and viscera of every animal slaughtered were examined for evidence of disease, in the manner prescribed by the Meat Regulations.

As a consequence of this, out of a total of 408 animals killed, 100 carcasses were partially condemned. The total weight of meat condemned during the year was 944 lbs.

In this connection, I would point out that the beef killed consisted of 100 per cent. prime bullocks, no cows having been slaughtered and this, of course, is a recognised fact that the incidence of disease, particularly tuberculosis, is much lower in bullocks than cows, which, when killed, are often 6 or 8 years old as compared with a bullock's to 2½ years.

LOCHGELLY AREA—J. S. E. Riddle, Sanitary Inspector.

General Sanitation.

WATER SUPPLIES.—County mains give nearly all this area an ample supply of good water. The farms in the northern part of Kinglassie parish, however, have to depend on private supplies, but in most cases these are by gravitation, one or two being supplied from Kirkcaldy through mains.

The new 6-inch main in Cardenden Road improved the supply to Cluny Square but Coalden and Cluny have still a poor supply and hope that before another year is out the main will be extended to serve the Cluny district.

In all cases where houses have been reconditioned, under the Housing (Rural Workers) Act, gravitation supplies have been provided.

DRAINAGE AND SEWAGE PURIFICATION.—There are four Special Drainage Districts in this area, viz. :—Auchterderran, Lochore and Glencraig, Lumphinnans and Kinglassie.

Of the small groups of houses outwith the Special Districts only one has water-closets and drainage facilities. The sewage joins a small burn taking pit water and there has been no cause for complaint. In the other places the drains taking slop and waste water joins a burn ditch or go into field drains.

I wish the outfall sewer from Thornton to the sea which is under consideration could be extended to this area for if this were done it would go a long way towards the purification of the River Ore.

AUCHTERDERRAN SPECIAL DRAINAGE DISTRICT.—This is the only District which has purification works but these at present are more or less out of order. As I mentioned in my last two Reports the Council Engineer had recommended certain alterations and extensions to the works and in January, 1934, it was agreed to recommend that the work be gone on with. Nothing, however, has been done, and at present little or nothing can be done to purify the sewage as the distributors are out of order.

The drainage system in this District is extensive and certain parts have suffered from subsidence caused by underground working. There are a few portions which have to be regularly cleaned to keep them in working order. If many of the new houses proposed to be erected are in districts served by these defective sewers, then I am afraid some portions will require to be renewed.

A full time man is employed in connection with the sewage system.

LOCHORE AND GLENCRAIG SPECIAL DRAINAGE DISTRICT.—There is an extensive and efficient system of sewers in this District. The system has given little or no trouble during the year and is attended to by the Scavenging staff.

There are no purification works. Ground was taken off for these but nothing has yet been done. Four trenches are cut in the sloping ground between the incoming sewer and the Fitty Burn and the sewage passing through these trenches flows over rough stones which help to break up the solids before entering the Burn.

The question of tanking the sewage before discharging into the Burn has been considered as has also the question of a joint scheme with the Burgh of Lochgelly but the matter has got no further.

LUMPHINNANS SPECIAL DRAINAGE DISTRICT.—The outfall sewer in the district joins the Lochgelly Burgh Sewer, a considerable distance from the village.

As I mentioned in last report a considerable portion of the outfall sewer had subsided. The County Engineer reported that one portion extending to 175 yards and another to 300 yards had subsided from 3 feet 3 inches to 3 feet. I suggested that a sludge pit be constructed at the top end of the outfall sewer so as to intercept ashes and other heavy material which settle in the long outfall sewer and which had previously caused considerable trouble in cleaning out.

It was agreed to relay the defective portions of the sewer. This has been done and is a great improvement.

KINGLASSIE SPECIAL DRAINAGE DISTRICT.—As I have pointed out in previous Reports, there is no proper drainage system in this District. The two sewers which serve the Housing Schemes and the School discharge into cesspools, the outfall from which in one case goes into a ditch and in the other direct into the Lochty Burn. There are several private drains which either discharge direct into the Burn or into field drains which ultimately reach the Burn.

A few water-closets have been put into private houses during the year, but I am sure much more would be done and owners could be pressed to do it if there were a proper drainage system.

As there are houses situated all along the side of the Lochty Burn which it passes through the Special District I trust that before long a new system will be provided and so take the sewage out of the Burn.

The ditch taking the effluent from the cesspool at east end of district has not been cleaned out during the year as I had hoped that the new system could be started and allow of the ditch getting a final clean, but it will require to be cleaned out this Summer.

Scavenging.

The Special Scavenging Districts are similar in name and boundaries to the Drainage Districts. A considerable amount of time and work is taken up in the superintending and organisation of the work in these large Districts which are also Drainage and Lighting Districts.

All the Special Districts have been enlarged within the last few years and a large number of new houses built, but the work so far has been undertaken without increase of staff. Covered carts, the property of the Council, are in use in all the Districts.

As far as possible controlled tipping is carried out at all the coups, the refuse being spread in layers of not more than 4 to 5 feet deep.

Outwith the Special Districts ash-pits are in use which are emptied either by the owners or tenants and these appear to get fairly regular attention.

Sanitary Conveniences.

In the Special Districts of Auchterderran and Lumphinnans all the houses are provided with water-closets which in only a very few cases serve more than one house and in no case more than two. As already stated in Lochore and Glencraig District there are a few old houses which still have privy closets, but all the other houses are provided with water-closets either inside or immediately adjoining.

In Kinglassie District owing to the want of a proper drainage system privy closets are still in use especially in the older houses but in practically every case there is one for each house. All the new houses are provided with water-closets and during the year three houses were provided with water-closets in place of privies. I am sure that much more would be done in the way of providing modern conveniences if a proper drainage system were installed.

All farm cottages which have been reconstructed and improved are provided with water-closets inside the houses, and at two dairy farms water-closets were erected for the use of the workers.

Rivers Pollution.

There is no change as regards the pollution of the River Ore and the Fitty and Lochty Burns. A large source of pollution, being, I am sorry to say, domestic sewage from the Special Districts and the Burgh of Lochgelly.

Special inspections were made of all collieries in the district when it was found that efficient steps were being taken to settle washer effluent and waggon drip water and any defect or danger of pollution found was immediately reported to the colliery concerned.

Schools.

The Schools and conveniences are all kept in good order.

At Auchterderran East School, modern closets were provided for both boys and girls. There are still the open trough closets in use for boys at two Schools and at other two the closets are similar to the trough system but with a basin in each compartment.

Burial Grounds.

There are seven burial grounds, but three are very rarely used. The others have all ground for extension if required. All are well kept.

At Lochgelly Cemetery a public convenience with accommodation for both sexes was erected.

Miscellaneous.

The nuisances dealt with consisted as usual of choked drains, defective water-closet fittings, damp walls, leaky roofs, broken rhones and other defects.

These were practically all attended to when the author of the nuisance or the owner of the property or their factors were spoken or written to. No case required to be reported to the Council for action.

Enquiries were made into all complaints, whether verbal or written, any of the written complaints being anonymous, and where required action was taken.

A Notice was served in terms of Section 39 of the Public Health (Scotland) Act, in respect of the condition of private streets adjoining the Fife Coal Company's houses at Lochore, and the Company were also written to regarding the streets adjoining their property at Lumphinans and Kinglassie. The Company promised that the work on the streets at Lochore and Kinglassie would be started in the Spring of this year.

The erection of pithead baths at Minto Colliery was completed and they appear to be made full use of.

A number of inspections were made in connection with the erection of pig sties on allotments which have been laid out adjoining three of the Special Districts and the Burgh of Lochgelly.

These allotments are for unemployed men. They were not supposed to erect permanent buildings and very few were in a position financially to put up anything but a very rough wooden sty. It was not possible under these circumstances to get pig sties in conformity with the Byelaws but efforts were made to get an impervious floor with a good run to a wash tank outside and to get the inside of the sty and run lined with sheet iron. It was not easy for the allotment holders, however, to get suitable material and something less had to be accepted so as not to discourage the men who, on the whole, were keeping their places fairly clean.

After a holder has had an allotment for a year he can obtain a grant from the Joint Committee of the Scottish National Union of Allotment Holders and the Society of Friends to provide a pig sty or pigs. The Association through their Organiser submitted a sketch plan of the pig sty they would supply and this was approved. Some of these have now been erected on the allotments and are quite suitable and efforts are now being made to get others to obtain a pigsty from the Association to erect one on similar lines.

Housing.

There is still a great insufficiency of houses in this district and subletting which has always been much too prevalent appears to be still increasing.

During the year 60 houses in the Auchterderran Special District and 10 houses in the Kinglassie Special District erected by the County

Council were completed and occupied. They were all of three apartments. Apart from these only one new house, a wooden bungalow, was erected during the year.

The houses in the district are on the whole in fairly good condition and within the Special Districts, provided with inside water supply, water-closets and drainage, but there are a few, especially outwith the Special Districts, which are just on the border line. Practically all the houses which have been erected in the past sixteen years have been three apartments and over but the proportion of two apartment houses is still too high for the needs of the population and the standard of the Housing Act of 1935.

Action under Section 16 of the Housing (Scotland) Act, 1930, was taken in respect of 9 houses. An undertaking was accepted for one house and Demolition Orders made on the other eight. In three cases, however, a life undertaking was granted. The owners of one house, in respect of which a Demolition Order had been made applied for leave to reconstruct it and this was granted.

Notices under Section 14 of the Act were served in respect of the farm cottages.

Of the houses in respect of which Demolition Orders have been made, either during 1935 or previously, four were still occupied at the end of the year in addition to the three granted a life undertaking. The houses at Bogie's Buildings, Kinglassie, have now been demolished and the site cleared.

At the end of the year a start was made to take a census of houses under the Housing (Scotland) Act, 1935, and the outside work of collecting information and measuring houses was completed early in the year.

The figures show a very large number of overcrowded houses. The percentage of overcrowding for the whole area is 44 per cent. of the houses surveyed, while in two of the Special Districts it is much higher. In Lumphinnans the overcrowding is 58·4 per cent. and in Lochore and Glencraig 50·7 per cent. Auchterderran Special District is just under the average with 43·4 per cent. and in Kinglassie the figure is 27 per cent.

Over 770 houses of two apartments will be rendered vacant even with a full measure of decanting and allowing a two-apartment house for families requiring only one room. These, of course, will be available for newly-married couples but, as these houses are without bathrooms and hot water supplies, they will be thus excluded from the chance of starting married life in a house with all the modern conveniences.

The result of the census shows that a large number of four and five apartment houses are required and I trust that a high proportion of these types of houses will be erected so as to relieve the worst cases of overcrowding.

Much could be done by the reconstruction of these surplus two-apartment houses to provide larger houses but I am doubtful if anything will be done as no grant is available for the work, and if by making two houses into one, the double rent was asked for it, it would make the houses much too dear.

HOUSING (RURAL WORKERS) ACTS.—All the farm servants cottages throughout the area have been inspected and a considerable amount of work has been carried out during the year in improving these houses with the aid of grants under the Act, so that the majority of the farm cottages are now up to a modern standard.

Twenty plans were examined and recommended for approval and grant. These covered 55 houses. Only 5 were completed by the end of the year but all the others, with the exception of those for which plans were submitted for approval near the end of the year, were in progress or nearly completed.

All the houses are being provided with modern conveniences, though only a very few cases with baths, damp walls are being strapped and plastered or covered with plaster boarding, new and larger windows provided, new floors laid, roofs overhauled and the houses generally brought up to a better standard.

When consulted I have always suggested to owners to consider the advisability of adding an additional room to the two-apartment cottages wherever practicable and 17 of the above houses have been thus enlarged.

All the houses were frequently inspected during the progress of the work and reported on when completed.

Food Supply.

MILK.—The dairy premises are well up to the standard as regards cubic space, lighting and ventilation. A number of byres have been fitted with drinking troughs in each stall and at five dairy farms milking machines are installed.

The lime washing of premises is regularly carried out and the milking, handling and grooming of cows is receiving more attention.

There are 36 registered dairies—21 in Auchterderran Parish, 4 in Ellingry and 11 in Kinglassie. The total number of cows at last inspection was 881. Most of the dairymen also retail their milk and in addition there are 14 Purveyors of milk retailing in the District.

At all farms, dairy or otherwise, the workers are supplied with milk usually as part of their wages and I do not know of any farm, not registered as a dairy, where milk is sold. The dairy farms are well distributed throughout the area and milk vans visit all the hamlets.

WEMYSS AREA—R. J. Wigston, Sanitary Inspector.**Water Supply.**

WEMYSS AREA.—The Water Supply for the Wemyss Area is under the supervision and control of the Wemyss Water Trust and the supply during the year was adequate for all requirements—domestic, industrial and agricultural.

KENNOWAY.—Kennoway, Bonnybank and Baintown are supplied from the Glenfarg Main by means of a water ram situated in Kennov Den. The water is conveyed from the ram to a service tank near Balgriebank Farm. This mode of supply did not prove satisfactory during the summer months of last year owing to the increased draw off immediately subsequent to the ram, but I understand that the Water Engineer is giving this supply his attention.

SCOONIE PARISH.—The service to Scoonie Parish is chiefly from Leven Burgh water supply, which has given every satisfaction.

BORELAND.—Boreland Special District is supplied direct from the Glenfarg Scheme of the County Council of Fife.

Drainage.

EAST AND WEST WEMYSS.—The outfall sewers at East and West Wemyss, discharging directly into the Forth, are fairly satisfactory.

KENNOWAY.—The new sewerage system, of recent completion is giving every satisfaction. Old properties are being systematically connected up to this system.

BORELAND.—The Boreland system is carried direct to the Forth and so far no complaints have been received regarding it.

Sewage Purification and Disposal.

There are no purification or disposal works within the Area. The excrementitious matter from East and West Wemyss, Coaltown of Wemyss, Boreland and Rosie discharge directly into the Forth, the outfall being at low water mark. The Kennoway and Methilhill sewers discharge directly into the River Leven, but as you are aware the County Council are preparing a Scheme to connect up the populous districts which at present discharge into it.

Sanitary Conveniences.

The work of providing sanitary conveniences within my Area is progressing satisfactorily with the exception perhaps of Bonnybank district and the Star of Markinch. Unfortunately there is not any drainage system in these two areas and with the exception of modern houses and others which have been reconstructed, the earth closet is generally in use.

Regarding ashpits, there are no ashpits in the area with the exception of the Star of Markinch. As there is at present no refuse collection, ashpits to a certain extent are used, the refuse being disposed of in the private gardens, but I think regarding this district that the time has now arrived when the question of having systematic refuse collection should be very seriously considered.

Rivers Pollution.

RIVER LEVEN.—This ever present nuisance is still to the fore but the County Council are now seriously tackling the question of the purification of the river and the Fife County Engineer in collaboration with Messrs. Bruce & Proudfoot, Civil Engineers, Kirkcaldy, acting on behalf of Leven Town Council, have now commenced to take float tests to ascertain the sea currents which will ultimately effect the proposed River Leven Sewerage Scheme. The latter data will be first collated before commencing on the actual construction.

DEN BURN.—As reported in my previous reports consequent upon the alterations to the discharge from the washer at Wellsgreen Colliery there is no pollution of this stream from that source.

Housing.

There is a dearth of working-class houses in this area; greater lightenment of this having been obtained from the present survey under the 1935 Housing Act. Up to the present no extensive steps have been taken to abate the evil of overcrowding which is becoming more acute. Under the Housing 1935 Act a detailed survey has been taken of the houses within the several special districts and the details of such survey will be prepared after the whole of the districts has been completed.

During the year 5 blocks comprising 20 houses were provided by the Local Authority at Macduff Park, East Wemyss, under the 1930 Housing Act, and a scheme of 8 blocks comprising 32 houses were commenced at Kennoway.

Numerable inspections and re-inspections were made on unfit property resulting in the serving of Notices under sections 14 and 16 of the 1930 Housing Act. By means of the said Notices, active and progressive steps have been taken by owners to have unfit property repaired and rendered habitable. To this end assistance of a Grant under the Rural Workers Act 1926 and 1931 proved very useful in enabling 27 houses to be rendered fit in all respects.

KIRKCALDY AREA—A. Stewart, Sanitary Inspector.

Water Supply.

The main sources of water supply for that part of Kirkcaldy District of Fife which comes under my jurisdiction are Glenfarg and the Wemyss Water Trust.

In the course of general inspections during the year, dwellinghouses without inside water supply were noted.

The only part of the area where there are no standwells on the street is the village of Thornton. All the houses here have an inside water supply. The other districts namely, Coaltown of Balgonie, Milton of Balgonie, Balcurvie and Woodside are to a certain extent supplied by standwells on the street. At Prinlaws where the supply used to be from standwells, there are now very few, owing to the introduction of inside water supply to the houses.

During the year the water supply was well maintained in all districts.

Drainage.

COALTOWN OF BALGONIE DRAINAGE.—As stated in my last year's report, there are quite a number of good houses in the village without sanitary conveniences which have to remain in this condition for want of a proper drainage system. Several houses were renovated and the necessary sanitary conveniences installed. At four houses at the West End, drainage was led to a septic tank built in the garden but eventually this tank was found to be of little use owing to the heavy nature of the soil. There is only 18 inches of soil and then clay underneath. After a time it was discovered that the sewage was overflowing the tank and running over the surface of the gardens, causing a disagreeable nuisance. The proprietor is waiting for the drainage to be laid throughout the village whereby he will be able to make his connections. There are various points in the village where I have seen that the ground is not suitable for septic tank drainage, as it is too heavy.

During the year levels were taken and reports submitted but still we are no further forward as regards getting a proper drainage system, which at present is the great outcry of the inhabitants. However I understand estimates were taken for the work of putting in the new drainage, and by the spring of the year, the work may be commenced. As more houses are required in this district, I am of opinion that the County Council should not build these until a proper drainage system is laid down.

At Milton of Balgonie we are up against the same difficulties as at Coaltown of Balgonie, namely, want of drainage and the ground in most parts of the village being unsuitable for septic tanks. The drainage from the council houses at the east end has given no trouble, the septic tank working satisfactorily and the overflow going to the Ber Leven. Several houses have had the necessary sanitary conveniences installed, the drainage in each case being led to septic tanks.

GRAY PARK DRAINAGE.—The drainage here gave some trouble during the early part of the summer owing to the septic tanks becoming full and requiring cleaning out. This was done and the covered drains

extended for about 40 yards. Later in the year it was found that the ditch had been allowed, by the farmer who is responsible for keeping it clean, to get silted up at various places. He had all the obstructions removed, thus allowing the sewage to have a clear flow to the burn.

THORNTON DRAINAGE.—The drainage in this district is a great source of trouble, owing to the inability of the sewers to cope with the extra amount of sewage going through them. During the year the sewer on the Main Street was not capable of coping with the flow with the result that the bye-pass was thrown into use and the sewage led down to the ditch, not the one connected with the Purification Works, but the one which runs direct to the river. There has been a very large increase of sewage to be dealt with at the Purification Works, and as these are no larger or any more efficient than they were before the building of the County Council housing schemes were commenced, it is not surprising that this trouble with the sewers is caused. Whenever the rainfall is extra heavy, it means that a man has to be constantly employed attending the pumps.

At the north end of the village the drainage runs to the Lochty, and as there has been no increase in housing in this part of the village, the conditions are similar to that reported by me last year.

The drainage system in Thornton, in general, is very far from being satisfactory and I hope that by the summer, the sewer which has been spoken of so long, will be laid, and so ease the minds of all who are in charge of the sewers and Purification Works.

WOODSIDE DRAINAGE.—The new drain at the west side of the village was put in during the early part of the year and I understand that it was the intention to utilise it for a housing scheme when built in this district. I now hear that the houses are to be built on the east side, which means that this drain will be, for the present at least, of no more use than for the draining of a few houses.

WINDYGATES AND BALCURVIE DRAINAGE.—The system of disposal here is still very unsatisfactory, and owing to the increased housing accommodation, the sewers are taxed to the utmost capacity and if any more houses are built in this district, something will have to be done to keep such a large amount of sewage from entering the river. As the proposed sewer from Thornton to the sea passes this outlet which is direct into the river, it could also be connected up the same as other places on the river. This is the worst system of sewage disposal in the area.

The installation of sinks and water-closets in all the houses in Princes village was completed during the year.

Scavenging.

There are six Special Scavenging Districts under my supervision, these are :—Thornton, Windygates and Balcurvie, Milton of Balgonie, Woodside, Gray Park and Coaltown of Balgonie.

The work of refuse collection is let by yearly contract and the contractors see that all ash bins are emptied at an early hour in the morning. At Gray Park the contractor also attends to the sweeping of the village.

In each case, the refuse is disposed of by tipping either on waste ground or into an old quarry. Some complaints were received in connection with the refuse tips during the year but these were of a trivial nature and were remedied immediately.

At Thornton the depth of the coup is great but owing to the surroundings it is impossible to lessen it. I have it kept clean and tidy by a man who is constantly there.

At Chapel village, conditions are not now so good as in former years. Formerly, the tenants had the refuse carted away to the fields by the surrounding farmers, but now it seems they do not require the refuse with the result that it is accumulating at the rear of the gardens and becoming a nuisance. I think it would be advisable if new houses were to be built in this village, to have it made into a Special Scavenging District and if the work is undertaken by contract I am sure there is plenty of room for disposal of the refuse in an old disused quarry.

Tents and Vans.

At the camping grounds belonging to the Sandhills Company, the conditions were much the same as reported by me in my previous report. The water supply was better but was insufficient for the needs of the people requiring it. The latrine accommodation was also improved but is still inadequate. In general, the conditions and the behaviour of the campers were improved, but there is still room for further improvement.

Housing.

WOODSIDE HOUSING.—As stated by me last year, there is a great demand for houses in this district both by people who have to travel a distance to their work at the paper mills and by young people getting married. It has been proposed to erect houses at the north end and I hope this proposal may materialise as there is urgent need for houses in this district. Woodside is a village of less than 90 houses and under the recent survey it was found that 26 houses were overcrowded and 7 sub-let.

MILTON OF BALGONIE HOUSING.—The house to house inspection in this village revealed that out of 113 houses which were occupied, 36 were overcrowded and 10 had rooms sub-let. There is ground available here with drainage already laid, adjoining the present houses belonging to the Fife County Council, and therefore there need be no delay in having the required number of houses built to relieve the conditions that exist. Several houses are to be renovated under the Housing (Rural Workers) Act, 1926, in the near future.

COALTOWN OF BALGONIE HOUSING.—In this village there are approximately 270 houses and of this number there are 77 overcrowded and 4 sub-let houses. As in some other districts, houses are urgently required in Coaltown of Balgonie, and as there is a suitable site, no difficulty should be experienced with regard to that and other matters such as drainage and water supply, as before any more houses are built, the proposed drainage system will be complete.

Housing (Rural Workers) Act, 1926.

Inspections of houses occupied by rural workers and others in the same economic position were carried out during the year. Plans were submitted in terms of the County Scheme of Assistance in force under the above Act for alterations and additions to 94 houses. The alterations carried out consisted of additions of sculleries, larders, coal-cellars, the provision of bathrooms and inside water-closets, increased lighting and ventilation, strapping and lathing of solid walls, replacing brick or concrete floors with wooden floors and proper sub-floor ventilation, etc.

ST. ANDREWS AREA—R. Just, Sanitary Inspector.

Water Supply.

LEUCHARS SPECIAL WATER DISTRICT.—The water for the village of Leuchars is obtained from a copious spring called the "Lady Well." The water is pumped by mechanical aid to a reservoir and thence gravitates to the village. The pumping plant and works generally, have, throughout the year, been efficiently maintained and a sufficient supply of water provided. In January of this year an extension of the pipe line was carried out so as to provide a supply of water to (five) farm cottages at Castle Farm. The work comprised the laying of 3-inch asbestos pipe along the verge of the Public Road—Leuchars to Newport—for a distance of 304 yards, with a 2-inch branch pipe alongside the service road to the cottages. A storage tank, with a capacity of 750 gallons, was erected at the gable of the higher cottages. The work was satisfactorily carried out.

DUNINO AND LATHONES SPECIAL DISTRICTS.—There is no material change to report in regard to the Dunino and Lathones Special Water districts. No extensions have been made and in each locality throughout the year the supply has been sufficiently maintained.

GUARDBRIDGE SPECIAL WATER DISTRICT.—Reference was made in last year's report to the water supply for Guardbridge, which is obtained from the higher ground to the west side of Balmullo; where the reservoir and filters are situated. The yield of water from the bore at Cup-hills was so small that it was not considered advisable to incur the expenditure necessary for the introduction of pumping plant and piping

to carry the water to reservoir. During the latter part of July and August the level of the water in the reservoir fell to 3 feet below the water-level and notices were put up, in the village, regarding the fact that strict economy should be exercised. By September the reservoir began to fill up again and it was not found necessary to pump the water from the mill pond.

There is a scarcity of water in Guardbridge even in a normal summer and should there be a dry summer the situation becomes much more serious. This matter is under the consideration of the Local Authority.

Drainage.

In the two special drainage districts at Leuchars and Newton Park, no material change falls to be reported. In each case periodic inspections have been made throughout the year; found the sewers to be in running order and satisfactorily maintained. Regular attention is given to flushing.

GUARDBRIDGE DRAINAGE.—Reference was made in last year's annual report to the drainage of Guardbridge. The present drains and sewers at Guardbridge are all privately owned. This matter has been under consideration by the Local Committee and it was agreed to recommend that a special drainage district be formed comprising the village of Guardbridge and that a scheme prepared by the County Engineer providing for the drainage of the village with an outfall at the point where the Eder and Motray waters meet, including branch pipe to present outlet near the weir at Guardbridge Paper Works, be proceeded with. It is expected that the work will be commenced at an early date.

There is no drainage for the village of Balmullo other than private drains discharging to cesspools and thereafter to sumps or ditches. In last year's report reference was made to the need for a system of drainage for Balmullo or part of Balmullo village. This matter was under consideration by the Local Committee and the matter referred to the County Engineer for report. It is to be hoped that something will be done in regard to this matter in the near future.

Scavenging.

The scavenging of the two Special Scavenging districts of Leuchars and Guardbridge has been carried out as formerly reported under the Local Committee, and is generally well conducted.

Both contractors have been notified regarding the special precautions recommended by the Department of Health for the dumping of refuse and special supervision has been carried out of the controlled tipping at refuse dumps.

The Milk and Dairies (Scotland) Acts ; and Orders.

All the premises were limewashed according to schedule—in April and October—and while a few of the dairies in the area cannot be termed “ Model Dairies ” they have on the whole been maintained in a manner giving rise to no serious complaint. As in former years, the greatest bugbear has been the improper grooming of the cows, and frequently dairymen have had to be warned as to the necessity of thorough Cleanliness, particularly at times of milking.

There are two producers of Certified Milk in this area. It is unfortunate that applications for Certificates for the production and sale of signated milks are so few.

Generally, Articles 4 to 14 of the Milk and Dairies (Scotland) Order, 1934, are being complied with.

ANSTRUTHER AREA—J. Ross, Sanitary Inspector.

Water Supplies.

Quality and sufficiency.

LARGOWARD.—This supply has continued throughout the year to be extremely unsatisfactory and wholly inadequate. The villagers suffer considerable inconvenience from its failure from time to time to meet ordinary requirements.

Measures to improve this supply, which, by the way, owing to the elevation of the village will not benefit from the Regional Scheme should such Scheme materialise, were investigated. It is of interest to note that during many winter months, and other periods of heavy rainfall, the overflow from the storage tanks is working, but that even during these periods when the tanks are full many parts of the village have an indifferent supply. This doubtless is due to corroded mains. These mains have, it is understood, been in use for about 50 years and that when laid they were then second hand pipes.

LARGO.—Including Upper and Lower Largo.

During the summer months this supply was again found to be inadequate for the requirements of the district. Fortunately, however, no rationing in the available supply was resorted to. This was avoided and a full supply maintained only by supplying part of the locality with water from an adjoining separate water authority, who agreed to supplying water at a rate of 9d per 1,000 gallons. This neighbouring supply was made use of on two occasions from 30th August to 3rd September, and from 14th to 19th September, during which joint period a total quantity was registered on the meter of 429,000 gallons being equal to a cost of £16 1s 9d.

This Water District is one which will benefit by the Regional Scheme which is at present being considered and therefore pending a decision on it, the augmenting of the local supply is meantime in abeyance.

During the month of July a letter was received from the Schoolmaster of Carnbee School in the Parish of Carnbee regarding the most unsatisfactory condition of the water supply.

Subsequent to full investigation by the County Engineer, the Medical Officer of Health and myself, a sample of the water was submitted for analysis, and the matter was taken up with the Joint Water Committee of Pittenweem. The County Analyst concludes his report on the chemical examination of the water by these words, "In my opinion the chemical analysis is unsatisfactory and in its present condition unfit for drinking and general domestic purposes."

Although it is now almost one year since receipt of complaint from Mr. Swanston nothing has so far been done to improve these unsatisfactory conditions. It appears that the Joint Water Committee referred to undertook "to provide an ample supply of water to these places, and that since there is no question of the lack of supply its quality they argue, not a matter for them to solve. Whatever the legal interpretation on the point may be, it appears perfectly ludicrous to argue that substitution of a perfectly wholesome water supply is accomplished by supplying water which, on analysis, is certified to be unfit for drinking and general domestic purposes. It is unfortunate indeed that these places should now be supplied with water unfit for their use in place of the wholesome supply which they previously enjoyed, and that the Authority responsible for causing these conditions should hesitate to remedy matters. If the health and well-being of a neighbourhood is so negligible that a matter of this magnitude can continue indefinitely it is a matter for reflection upon the adequacy of present-day health services.

ARNCROACH.—This hamlet is also without an adequate water supply. The householders obtain the water from the village well. Through this village the mains from Gillingshill reservoirs pass supplying Eddington and St. Monance Burghs with water. There are markedly few houses having the advantage of this gravitation supply—and indeed the Burghs are perfectly justified up to a point in preserving the supply for their own uses. Nevertheless, there is at the present time an owner of property awaiting word regarding obtaining a supply of this water previous to reconditioning a few houses.

Sewage Purification and Disposal.—Methods and efficiency.

The disposal of sewage from the Colinsburgh Drainage District is effected by its discharge from the 12-inch outfall sewer into a stream situated about 1,150 feet to the south of the Main Street in the village. No purification of any description takes place prior to its discharge into this stream. No complaints have been made regarding this system of disposal during the past year.

It is of importance to observe that in the rural area, outwith villages and hamlets, improvements to dwellinghouses have made greater progress during the past few years than within those places. This is largely, if not entirely, due to the absence of adequate or satisfactory water supplies and drainage facilities in the majority of these. In the Struther Area of the County the following villages or hamlets exist :—Lundin Links, Lower Largo, Upper Largo, Colinsburgh, Barnyards, Kilconquhar, Largoward, Arncroach, New Gilston and Woodside. Water and Drainage facilities are moderately satisfactory in Lundin Links, Upper Largo, Lower Largo and Colinsburgh, and the provision of houses for these places (including Barnyards which it is proposed to embrace in the Colinsburgh Area) is meantime well in hand by the Local Authority. In Largoward there exists a so-called water supply, which, however, is totally inadequate to meet present requirements ; and there is no drainage facility. To call for the introduction of separate water-closets in the houses there, under the present conditions, is not at all practical. Fortunately, as will be observed from the former part of this Report, the position with regard to the water supply there is more hopeful of a satisfactory solution. The water supply for Kilconquhar is not adequate for its introduction into the houses, and there is no drainage provided. In Arncroach, New Gilston and Woodside, there is neither water supply nor drainage.

To make more rapid provision therefore for separate water-closets in the houses within all such localities there is only one suggestion which may be made and that is, the solution first of all of the water supply and drainage services for such areas.

Schools.

No alteration has taken place in the sanitary arrangements in the schools in the area, and it falls again to direct attention to the absence of modern flush closets in Largoward and Newburn Schools. Subsequent to the improvement in the water supply of Largoward it is to be hoped that early measures will be taken to provide these fitments. No obstacles present themselves for the disposal of the sewage since a septic tank with effluent discharging into an adjacent burn could be obtained.

Infectious Diseases.

Disinfection of the premises was carried out in no case, but in place of this practice which is not now necessary, the householder was instructed to treat the room in which the patient was to a thorough cleaning ; including the washing of all washable articles ; and the soaking in tubs of soap suds all bed clothing prior to their washing. The importance of thoroughly ventilating the apartment by opening the windows as far as possible is also impressed.

Housing (Rural Workers) Acts, 1926 and 1931.

There was a very considerable amount of houses reconditioned under the Council's Scheme for Assistance framed under the Housing (Rural Workers) Act, 1926-31. During the year plans were submitted and approved for the reconditioning of 54 houses as against 74 for the previous year. At the close of the year the progress made was satisfactory and many of these houses had been completed. In each case provision was made for an indoor water-supply for the provision of sinks, tubs, and wash-boilers; for larders; and for adequate lighting of all apartments; in addition to the provision of wood floors in all apartments adequately under ventilated and with damp-proof courses of an approved quality; the elimination of dampness from internal wall surfaces; raising of ceiling heights where required; repointing of existing stone walls; overhauling roofs, chimneys and conductors; replacing broken chimney cans and repairing chimney heads; and the removal of ground to below the floor levels, with, necessary, the provision of retaining walls to prevent the higher ground from falling through time, again falling into the excavated area and thus tending to cause dampness in the walls of the reconditioned property.

Food Supply.

The requirements of the various Acts, Orders and Regulations governing the milk supply has received due attention in the administrative work connected with this important food supply throughout the year. Unfortunately, dairymen have not yet been furnished with a copy of the Dairy Byelaws. In terms of Section 8 (2) (b) of the Milk and Dairies (Scotland) Act, 1914, it is required that dairymen shall, on application, be furnished, free of charge, with a copy of the byelaws. Since they are entitled to be supplied with a copy, on application for it being made, it seems a pity that they have not all had a copy issued to them. The Byelaws contain important requirements regarding milk production, handling, storage, etc., of this commodity and it is desirable that those engaged in such business should be in possession of them for guidance in their work and reference purposes when necessary. I have again stressed, therefore, the desirability of copies of the Dairy Byelaws being issued to dairymen—producers and retailers.

There are 75 registered dairies in the Area, in which approximately 1,090 cows are accommodated. Of this number 152 are accommodated in premises licensed to produce Designated Milks (Monturpie Farm 2; Grangehill 20; The Grange 22; Lathallan Home Farm 26; Kilrory 40; and East Pitkierie 23).

CUPAR AREA—Marshall Gorrie, Sanitary Inspector.

Public Water Supply Schemes.

PITLESSIE SPECIAL WATER DISTRICT.—In view of improvements in housing under the Housing (Scotland) Act, 1930, which are

progress and additional housing required under the Housing (Scotland) Act, 1935, the Committee are endeavouring to secure an additional source of supply to augment if necessary the existing supply, and thus safeguard any future shortage which may arise either from a dry season or larger consumption for household purposes and sanitary fitments.

STRATHMIGLO SPECIAL WATER DISTRICT.—The village of Strathmiglo is the largest in Cupar Area and has a good gravitation water supply. The source of the supply is "Glenvale," $3\frac{1}{2}$ miles distant from the village, and the works include intake storage tank of 3,475 gallons capacity, two sand filters and auxiliary storage reservoir of 25,900 gallons capacity for filtered water.

The supply during the year was abundant and of good quality. The ferro concrete open sand filter ponds and clear water wells, and several works generally were maintained in good working order.

While provision of new houses in the village and extensive reconditioning of old property is entailing a much larger use of the water by the inhabitants, the long spell of dry weather during the year from early spring till the end of summer did not materially cause a shortage of water, consequently no restrictive measures were adopted.

BALMBLAE, FALKLAND, SPECIAL WATER DISTRICT.—The special service of water to the inhabitants of this area comprising thirty or so dwellinghouses is by a pipe of small dimensions connected to the street pillar well. For this privilege, the Town Council of Falkland who provide the supply are paid £8 per annum by the County Council.

In view of the present system of supply being inconvenient and repeatedly complained of by the inhabitants the County Council have been urged to lay down a 2-inch water main to enable a connection being obtained for individual dwellinghouses.

While the houses in this area are all more or less in a defective condition and assessable rentals very low there is little hope of improving their condition by partial construction or reconditioning by means of financial assistance granted to owners under the Housing (Rural Workers) Act, 1926, until an adequate sewage and water supply scheme are available.

KETTLE SPECIAL WATER DISTRICT.—The gravitation supply of water introduced into this Special District in the year 1908 and augmented in 1922, serves the needs of four villages, viz.:—Kettle, Kettlebridge, Almacolm and Newton of Falkland. The supply is abundant and is stored in an underground reservoir of 100,000 gallons capacity, located in the area "Balreavie Den" adjacent to the town of Falkland.

DUNSHELT SPECIAL WATER DISTRICT.—Reconditioning of dwellinghouses in this village since it was provided with a new gravitation supply of water on 2nd July 1932, has been numerous and includes new houses erected by the County Council, and in every case, water supply and sanitary fitments have been installed.

The supply, though unfiltered, is pure and abundant and much appreciated by the inhabitants while apart from minor repairs to the pillar wells, little trouble or expense has been experienced in maintenance.

Attention, however, should be given to the trimming of the grass banks of the reservoir, and a wire fence and netting round it would prevent hares, rabbits and other vermin getting access to the water.

Since the new water supply was turned on to the village on 2nd July 1932, fifty connections have been made to the new mains.

SPRINGFIELD, CUPAR MUIR AND CERES.—The question of procuring a supply of water for the villages of Springfield, Cupar Muir and Ceres still occupies the minds of the County Council and their engineer and while various schemes of supply have been put forward, no definite decision has been finally agreed upon yet in any case.

A regional scheme of furnishing an unfailing supply of water brought from Glendevon will probably in the near future be provided by the County Council which will then, as proposed, provide a supply to both Springfield and Ceres Villages, and be able to augment many other schemes which might be affected during a spell of extreme drought.

Water Supplies other than Special Water Districts.

FREUCHIE.—This large village has a gravitation water supply which is owned and managed by the villagers privately. The underground storage tanks, water mains, etc., are all attended to by the local Water Officer and received good attention. No shortage of supply was reported to me during the year under review.

GATESIDE.—Gateside has a privately-owned gravitation supply of water which appears sufficient meantime to serve the needs of the village. No complaints of shortage were received during the year.

At date of this report going to press, owing to the incapacity of the existing water supply to meet future needs, a scheme to provide a new and more plentiful supply from the existing Strathmiglo supply has been favourably reported upon. The cost of this scheme balanced against the increased rateable value of the extended district would reduce the present Strathmiglo rate by one penny in the pound.

Special Drainage Districts.

At present there are six special drainage districts in Cupar Area viz. :—Freuchie, Strathmiglo, Kingskettle, Springfield, Newton Falkland and Balmblae. In one village only, however, is there a completed system of sewers and sewage purification works—Freuchie while during the year under review an instalment of a new system of sewage disposal was carried out in two streets of the newly-formed special drainage district of Strathmiglo, viz. :—Skene Street and Cairn Feus in order to allow for provision of adequate means of disposal of storm water from roadways as also to provide facilities for sewage disposal from numerous reconditioning of private dwellinghouses.

In two of the remaining four villages, viz. :—Newton of Falkland and Balmblae, the need of sewers is clamant as in the former, complaints are numerous of offensive odours arising from the small stream which passes through the village and being the only available outlet for sewage is badly contaminated.

In Balmblae there are no sewers and the burn is continually a source of nuisance as same is used by residents for disposal of all slop and waste waters.

In remaining two villages, Kingskettle and Springfield, there are no sewers and means of disposal by irrigation and percolation have to be resorted to when reconditioning of property is being carried out.

The sewers in Freuchie continue in a satisfactory condition. Flushing manholes are provided at the upper end of all branch sewers and regular scouring of sewers and cleansing of manholes is carried out by the Local Scavenger who also gives attention to the sewage purification works. The works, which have now been in operation for twenty-five years are in a satisfactory condition.

Scavenging and Nuisances.

There are now nine special scavenging districts in Cupar Area, viz. :—Kingskettle, Springfield, Freuchie, Newton of Falkland, Kettle, Balmblae, Pitlessie, Ceres and Den of Lindores. In the latter, owing to the low rateable value of the district, no arrangements have yet been made for the collection and removal of refuse, as the tentative offers for this work were equivalent to a rate of 2s 9d in the £.

Seasonal Workers.

Under the County Council Byelaws for accommodation of and housing conditions for potato workers, harvesters, fruit pickers, etc., 8 premises were visited on receipt of notification by merchants and farmers prior to workers' arrival.

With three exceptions where farmers have specially constructed number hutments, workers are accommodated in empty bothies, granaries and lofts.

When preliminary arrangements have been made in accordance with byelaws on these places for workers' accommodation, their condition is reasonable and comfortable for both sexes.

The most trouble given us is the habits of the workers themselves and their view of the standard of cleanliness to be observed in keeping premises clean and orderly, likewise the latrines, but with these difficulties we obtain much assistance from the foreman, who generally has charge of a squad.

Slaughterhouses.

There are 15 licensed slaughterhouses in Cupar Area, 7 licensed by Town Councils, viz. :—Cupar, 1 ; Ladybank, 1 ; Newburgh, 3 ; Falkland, 1 ; Auchtermuchty, 1 ; and 8 by the County Council, viz. :—Ceres, 1 ; Kettle, 2 ; Auchtermuchty, 1 ; Freuchie, 1 ; Strathmiglo, 1 and Cupar Muir, 2.

The arrangements made for systematic inspection of meat on the licensed days and hours of slaughter, as readjusted, now meet as far as is reasonably possible with requirements of the Public Health (Meat Regulations (Scotland) Orders, 1932.

Dairies, Cowsheds and Milkshops.

There are 66 registered milk sellers in the Area, 54 of which are cow keepers in the County Area and 11 in the Burghs. 22 persons are registered to sell sterilised milk in sealed bottles only and 2 to retail "Certified Milk" under the Milk (Special Designations) Order (Scotland), 1930.

The dairy farms in the Area are on the whole in a fairly satisfactory condition, but much yet requires to be done in bringing structural conditions into line with requirements of the Dairy Byelaws, and in impressing on milk producers the standard of systematic cleanliness to be observed both as regards premises and stock and in handling of the milk as will stimulate the production of a clean milk supply.

Housing (Rural Workers) Acts, 1926-31.

Synopsis of number of houses improved in terms of the Housing (Rural Workers) Act Scheme of grants since its commencement in 1928 :—

<i>Year.</i>	<i>No. of Applications. Received.</i>	<i>No. of Applications. Approved. Disapproved.</i>		<i>No. of Houses.</i>
1928	11	7	4	15
1929	28	27	1	28
1930	29	26	3	72
1931	28	25	3	68
1932	42	39	3	81
1933	31	26	5	52
1934	63	58	5	97
1935	67	65	2	112
	299	273	26	525

From the above list of houses reconditioned it can be seen that the Housing (Rural Workers) Act Scheme is being widely taken advantage of by owners of property scattered throughout the area. The owners are quick to realise the value of this scheme and the advisability of having their properties brought up to standard. The Scheme does not

only allow of farm or rural cottage improvements but encompasses improvements to houses in the various villages provided the economic position of the occupant is on a parallel with that of an agricultural worker. While the County Council are pressing owners to modernise their property they are also bringing to their notice the terms of this grant scheme which allows, of course, the owner to carry out more extensive and complete improvements than he could otherwise have done had no grant been awaiting him.

Before improvements are started on some of the houses it would seem to an onlooker that it was hardly worth beginning to, but when the improvements are completed and the houses provided with wood floors, plastered walls, additional lighting, together with internal sanitary fittings, the expenditure involved is indeed entirely justifiable. As I have said, the requirements of the Scheme are now becoming more widely known and I hope that they will yet be more widely taken advantage of as much of the older property in villages together with farm cottages still require attention.

Of the vendors of the thirty adulterated official samples, eight were fined in sums ranging from £4 to 10s, involving in all a sum of £26 10s 0d. Two vendors were found not guilty while two were acquitted. In six cases no proceedings were taken. In the case of a sample of Malt Vinegar found to be adulterated in that it contained 5 parts Copper per million parts sample and 18 parts Lead per million parts sample (the contamination probably being due to the action of the Vinegar on the metal parts of the Bottling Machine) the case was not suitable for prosecution because of the infinitesimal amount of contamination and in view of the fact that there is no official standard for such impurities in Vinegar. The matter was brought to the notice of the Manufacturers, who promised to take precautions against adulteration in future. With regard to the case of the Grade A Milk found to be adulterated this was dealt with in accordance with recommendation contained in the Milk (Special Designations) Order as an infringement of the conditions of licence under that Order and not as an infringement of the Food and Drugs Acts.

The following table sets forth the work undertaken under the Act by the Sampling Officers:—

Sale of Food and Drugs Acts.

Eight hundred and fifty-one samples were collected during 1935 by the County Sampling Officers, under my direction as Chief Sampling Officer, and analysed by the County Analyst. Of these, eight hundred were official and fifty-one were test samples.

On analysis, thirty official samples and four 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, 13 ; Grade A. Milk, 1 ; Mince, 5 ; Malt Vinegar, 1 ; Whisky, and Gin, 3.

Of the vendors of the thirty adulterated official samples, eight were fined in sums ranging from £4 to 10s, involving in all a sum of £26 10s 0d. Two vendors were found not guilty while two were admonished. In six cases no proceedings were taken. In the case of the sample of Malt Vinegar found to be adulterated in that it contained 5 parts Copper per million parts sample and 18 parts Lead per million parts sample (the contamination probably being due to the action of the Vinegar on the metal parts of the Bottling Machine) the case was not suitable for prosecution because of the infinitesimal amount of contamination and in view of the fact that there is no official standard for such impurities in Vinegar. The matter was brought to the notice of the Manufacturers, who promised to take precautions against adulteration in future. With regard to the case of the Grade A. Milk found to be adulterated this was dealt with, in accordance with the recommendation contained in the Milk (Special Designations) Order, as an infringement of the conditions of licence under that Order and not as an infringement of the Food and Drugs Acts.

The following table sets forth the work undertaken under the Acts by the Sampling Officers :—

Tables of Samples and Results of their Analyses.

CUPAR AREA.

LANDWARD.

OFFICIAL.				TEST.			
	Gen.	Adult.	Total.		Gen.	Adult.	Total.
Sweet Milk, ..	13	1	14	Sweet Milk, ..	1	1	2
Butter, Salt, ..	2	—	2				
Cake, Sponge, ..	1	—	1				
Cascara Sagrada,	1	—	1				
Cinnamon, ..	1	—	1				
Cocoa, ..	1	—	1				
Flour, ..	1	—	1				
Gin, ..	1	—	1				
Magnesia, Cream of	1	—	1				
Malt, ..	1	—	1				
Margarine, ..	2	—	2				
Mince, ..	1	—	1				
Mustard, ..	1	—	1				
Oatmeal, ..	1	—	1				
Oil, Castor ..	1	—	1				
Oil, Olive ..	1	—	1				
Paste, Chicken ..	1	—	1				
Paste, Fish ..	1	—	1				
Pepper, Black ..	1	—	1				
Pepper, White ..	2	—	2				
Pudding, Plum ..	1	—	1				
Rice, Whole ..	1	—	1				
Sago, ..	1	—	1				
Salts, Liver ..	1	—	1				
Sausages, ..	1	—	1				
Spirits, Diluted ..	2	—	2				
Tartar, Cream of	2	—	2				
Tea, ..	2	—	2				
Vinegar, Malt ..	1	—	1				
Whisky, ..	7	2	9				
Wine, Ginger, ..	1	—	1				
Total, ..	55	3	58	Total, ..	1	1	2

The above-noted adulterated sample of Sweet Milk contained 2.50 per cent. of Fat and 8.85 per cent. of Non-Fatty Solids.

The adulterated sample of Sweet Milk was deficient in Milk Fat to the extent of 0.30 per cent.

AUCHTERMUCHTY BURGH.

OFFICIAL.				TEST.			
	Gen.	Adult.	Total.		Gen.	Adult.	Total.
Sweet Milk, ..	8	—	8	Nil.			
Mince, ..	1	1	2				
Sausages, Beef ..	2	—	2				
Sausages, Pork ..	1	—	1				
Total, ..	12	1	13				

CUPAR BURGH.

OFFICIAL.				TEST.			
	Gen.	Adult.	Total.		Gen.	Adult.	Total.
Sweet Milk, ..	17	1	18	Sweet Milk, ..	1	—	1
Butter, ..	1	—	1	Milk, Skimmed ..	2	—	2
Cake, Ginger ..	1	—	1				
Cinnamon, ..	1	—	1				
Ice, ..	1	—	1				
Flat Loaf, ..	1	—	1				
Rice, ..	1	1	2				
Sausages, ..	4	—	4				
Sausage meat, ..	1	—	1				
Seeds, ..	1	—	1				
Butter, Cream of, ..	1	—	1				
Tea, ..	1	—	1				
Vine, Ginger, ..	1	—	1				
Total, ..	32	2	34	Total, ..	3	—	3

The above-noted adulterated sample of Sweet Milk contained 2.72 per cent. of Fat and 8.98 per cent. of Non-Fatty Solids.

FALKLAND BURGH.

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

LADYBANK BURGH.

OFFICIAL.				TEST.			
	Gen.	Adult.	Total.		Gen.	Adult.	Total.
Sweet Milk, ..	7	1	8				
Rice, ..	1	—	1				
Sausages, ..	2	—	2				
Total, ..	10	1	11				

The above-noted adulterated sample of Sweet Milk contained 2.69 per cent. of Fat and 8.67 per cent. of Non-Fatty Solids.

NEWBURGH BURGH.

OFFICIAL.				TEST.			
	Gen.	Adult.	Total.		Gen.	Adult.	Total.
Sweet Milk, ..	16	1	17	Sweet Milk, ..	1	—	1
				Butter, Salt ..	1	—	1
				Margarine, ..	1	—	1
				Tea, ..	1	—	1
Total, ..	16	1	17	Total, ..	4	—	4

The above-noted adulterated sample of Sweet Milk contained 2.82 per cent. of Fat and 8.50 per cent. of Non-Fatty Solids.

ANSTRUTHER AREA.

LANDWARD.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	13	—	13
Coffee, ..	1	—	1
Cornflour, ..	1	—	1
Jelly, Apple ..	1	—	1
Mince, ..	1	—	1
Mustard, ..	1	—	1
Oatmeal, ..	1	—	1
Raisins, Sunmaid	1	—	1
Sausages, ..	1	—	1
Semolina, ..	1	—	1
Sugar, ..	3	—	3
Tea, ..	2	—	2
Total, ..	27	—	27

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

The adulterated sample of Set Milk was deficient in Milk Fat to the extent of 0.23 per cent.

ANSTRUTHER-KILRENNY BURGH.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	5	—	5
Butter, Fresh ..	1	—	1
Cornflour, ..	1	—	1
Jelly, Black Currant	1	—	1
Marmalade, ..	1	—	1
Oatmeal, ..	2	—	2
Rice, Ground ..	1	—	1
Rice, Whole ..	1	—	1
Sugar, ..	2	—	2
Tea, ..	2	—	2
Total, ..	17	—	17

TEST.			
	Gen.	Adult.	Total.
Nil.	—	—	—
Total, ..	—	—	—

CRAIL BURGH.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	5	—	5
Chocolate, Cadbury's	1	—	1
Coffee, ..	1	—	1
Creamola, ..	1	—	1
Sausages, ..	1	—	1
Sugar, Icing ..	1	—	1
Tea, ..	1	—	1
Total, ..	11	—	11

TEST.			
	Gen.	Adult.	Total.
Nil.	—	—	—
Total, ..	—	—	—

ELIE AND EARLSFERRY BURGH.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	1	—	1
creamola, ..	2	—	2
entils, ..	3	—	3
Milk Pudding,			
Eiffel Tower, ..	1	—	1
valtine, ..	1	—	1
ago, ..	1	—	1
ugar, ..	4	—	4
Total, ..	13	—	13

TEST,
Gen. Adult. Total.
Nil.

PITTENWEEM BURGH.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	5	—	5
utter, Fresh ..	1	—	1
ocoa, ..	1	—	1
arola, ..	1	—	1
am, Raspberry	1	—	1
ustard, ..	1	—	1
ago, ..	1	—	1
usages, ..	1	—	1
usagemeat, ..	1	—	1
ugar, ..	2	—	2
Total, ..	15	—	15

TEST.
Gen. Adult. Total.
Nil.

ST. MONANCE BURGH.

OFFICIAL.			
	Gen.	Adult.	Total.
atmeal, ..	1	—	1
entils, ..	1	—	1
ustard, ..	1	—	1
ice, ..	1	—	1
ugar, ..	3	—	3
ea, ..	1	—	1
Total, ..	8	—	8

TEST.
Gen. Adult. Total.
Nil.

ST. ANDREWS AREA.

LANDWARD.

	OFFICIAL.		
	Gen.	Adult.	Total.
Sweet Milk, ..	2	—	2
Beer, Draught ..	1	—	1
Butter, Salt ..	1	—	1
Cocoa, ..	1	—	1
Flour, ..	1	—	1
Gin, ..	—	2	2
Oatmeal, ..	1	—	1
Rice, Ground ..	2	—	2
Rice, Whole ..	1	—	1
Sugar, ..	3	—	3
Tea, ..	1	—	1
Whisky, ..	3	2	5
Total, ..	17	4	21

TEST.
Gen. Adult. Tol.
Nil.

NEWPORT BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total.
Sweet Milk, ..	8	—	8
Butter, ..	1	—	1
Cheese, ..	1	—	1
Cocoa, ..	1	—	1
Farola, ..	1	—	1
Flour, ..	1	—	1
Oatmeal, ..	4	—	4
Powder, Custard	1	—	1
Rice, Ground ..	1	—	1
Rice, Whole ..	1	—	1
Sausages, ..	2	—	2
Semolina, ..	2	—	2
Sugar, ..	5	—	5
Tea, ..	2	—	2
Total, ..	31	—	31

TEST.
Gen. Adult. Tol.
Nil.

ST. ANDREWS BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total.
Sweet Milk, ..	21	4	25
Butter, ..	3	—	3
Cinnamon, Ground ..	1	—	1
Cocoa, ..	1	—	1
Cornflour, ..	1	—	1
Hour, ..	2	—	2
Oatmeal, ..	2	—	2
Rice, ..	2	—	2
Supper, ..	2	—	2
Tea, Ground ..	1	—	1
Tea, Whole ..	1	—	1
Tar, Cream of ..	1	—	1
Tea, ..	2	—	2
Sausages, ..	3	—	3
Sugar, ..	3	—	3
Total, ..	46	4	50

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

Fat per cent.	Non-Fatty Solids per cent.
2.80	8.74
2.78	8.68
2.77	8.82
2.69	8.73

TEST.
Gen. Adult. Total.
Nil.

TAYPORT BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total.
Sweet Milk, ..	6	—	6
Cocoa, ..	1	—	1
Cornflour, ..	1	—	1
Hour, ..	1	—	1
Oatmeal, ..	2	—	2
Rice, Ground ..	1	—	1
Rice, Whole ..	1	—	1
Sausages, ..	1	—	1
Sardines, ..	1	—	1
Sugar, ..	3	—	3
Tar, Cream of ..	1	—	1
Total, ..	19	—	19

TEST.
Gen. Adult. Total.
Nil.

KIRKCALDY AREA.

LANDWARD.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	3	—	3
Mince, ..	2	—	2
Total, ..	5	—	5

TEST.			
	Gen.	Adult.	Total.
Nil.			

BURNTISLAND BURGH.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	44	3	47
Milk, Skimmed ..	2	—	2
Mince, ..	3	—	3
Sausages, ..	2	—	2
Total, ..	51	3	54

TEST.			
	Gen.	Adult.	Total.
Nil.			

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

	Fat per cent.	Non-Fatty Solids per cent.
Sweet Milk, ..	3.01	8.25
Butter, ..	3.50	7.95
Chocolate, ..	3.52	8.20

KINGHORN BURGH.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	4	—	4
Mince, ..	3	—	3
Sausage, ..	2	—	2
Total, ..	9	—	9

TEST,			
	Gen.	Adult.	Total.
Nil.			

LESLIE BURGH.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	36	—	36
Butter, Fresh ..	1	—	1
Butter, Salt ..	2	—	2
Jam, Strawberry	1	—	1
Lentils, ..	1	—	1
Margarine, ..	2	—	2
Oatmeal, ..	1	—	1
Raisins, ..	1	—	1
Whisky, ..	2	—	2
Total, ..	47	—	47

TEST.			
	Gen.	Adult.	Total.
Nil.			

MARKINCH BURGH.

OFFICIAL.			
		Gen.	Adult. Total
Seet Milk,	..	4	— 4
Total,	..	4	— 4

TEST.	Gen. Adult. Total.
<i>Nil.</i>	

WEMYSS AREA.

LANDWARD.

OFFICIAL.				TEST.			
		Gen.	Adult.	Total.		Gen.	Adult. Tot
Sweet Milk, ..	8	—		8	Nil.		
Ale, Strong ..	1	—		1			
Butter, ..	3	—		3			
Coffee and Chicory							
Extract, ..	3	—		3			
Margarine, ..	1	—		1			
Marmalade, ..	1	—		1			
Mince, ..	2	1		3			
Pepper, White ..	1	—		1			
Rum, ..	1	—		1			
Sausages, ..	1	—		1			
Sauce, Fruit ..	1	—		1			
Soda, Bicarb. ..	1	—		1			
Spirits, Diluted ..	5	—		5			
Tapioca, ..	2	—		2			
Trex, ..	1	—		1			
Vinegar, Malt ..	1	—		1			
Whisky, ..	1	—		1			
Total, ..	34	1		35			

BUCKHAVEN BURGH.

OFFICIAL.				TEST.			
		Gen.	Adult.	Total.		Gen.	Adult. Tot.
Sweet Milk, ..	21	1		22	Sweet Milk, ..	1	1
Butter, ..	1	—		1			
Margarine, ..	1	—		1			
Marmalade, ..	1	—		1			
Mince, ..	10	1		11			
Sausage, ..	6	—		6			
Soda, Baking ..	1	—		1			
Tartar, Cream of	1	—		1			
Tea, ..	2	—		2			
Whisky, ..	—	3		3			
Total, ..	44	5		49	Total, ..	1	1

The above-noted adulterated sample of Sweet Milk contained 2.63 per cent. of Fat and 8.80 per cent. of Non-Fatty Solids.

The adulterated sample of Sweet Milk was deficient in Non-Fatty Solids to the extent of 0.74 per cent.

LEVEN BURGH.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	26	—	26
Sweet Milk, (Grade A.), ..	—	1	1
Cream, tinned, ..	1	—	1
Pin, ..	—	1	1
Lince, ..	3	1	4
Powder, Baking	1	—	1
Pepper, White ..	1	—	1
Spirits, Diluted ..	9	—	9
Tartar, Cream of	1	—	1
Whisky, ..	3	—	3
Total, ..	45	3	48

The above-noted adulterated sample of Sweet Milk (Grade A.) contained .82 per cent. of Fat and 8.92 per cent. of Non-Fatty Solids.

TEST.
Gen. Adult. Total.
Nil.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	32	—	32
Acid, Citric	1	—	1
Acid, Tartaric	1	—	1
Butter, Salt	6	—	6
Coffee, ..	3	—	3
Currants, ..	4	—	4
Flour, ..	1	—	1
Ginger, Ground ..	2	—	2
Jam, B. Currant	1	—	1
Jam, Strawberry	1	—	1
Margarine, ..	3	—	3
Mince, ..	3	—	3
Pepper, White	3	—	3
Pickles, Mixed	1	—	1
Sausages, ..	1	—	1
Soda, Baking	1	—	1
Tartar, Cream of	3	—	3
Test, ..	3	—	3
Vinegar, Male	1	—	1
Total, ..	70	2	72

The above-noted adulterated sample of Sweet Milk contained 2.73 per cent. of Fat and 8.35 per cent. of Non-Fatty Solids.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	9	—	9
Butter, Fresh	1	—	1
Margarine, ..	1	—	1
Mustard, ..	1	—	1
Oatmeal, ..	1	—	1
Pepper, White ..	1	—	1
Pickles, Bottled	1	—	1
Powder, Baking	1	—	1
Rice, ..	1	—	1
Sausages, ..	2	—	2
Soda, Baking	1	—	1
Sugar, ..	1	—	1
Tapioca, ..	1	—	1
Trox, ..	1	—	1
Vinegar, ..	1	—	1
Whisky, ..	3	—	3
Total, ..	27	—	27

LOCHGELLY AREA.

LANDWARD.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	32	1	33
Acid, Citric ..	1	—	1
Acid, Tartaric ..	1	—	1
Butter, Salt ..	6	—	6
Coffee, ..	3	—	3
Currants, ..	4	—	4
Flour, ..	1	—	1
Ginger, Ground ..	2	—	2
Jam, B. Currant	1	—	1
Jam, Strawberry	1	—	1
Margarine, ..	2	—	2
Mince, ..	3	—	3
Pepper, White ..	3	—	3
Pickles, Mixed ..	1	—	1
Sausages, ..	1	—	1
Soda, Baking ..	1	—	1
Tartar, Cream of	3	—	3
Tea, ..	3	—	3
Vinegar, Malt ..	1	1	2
Total, ..	70	2	72

The above-noted adulterated sample of Sweet Milk contained 2.73 per cent. of Fat and 8.35 per cent. of Non-Fatty Solids.

TEST.
Gen. Adult. Total.

Nil.

LOCHGELLY BURGH.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	9	—	9
Butter, Fresh ..	1	—	1
Margarine, ..	1	—	1
Mustard, ..	1	—	1
Oatmeal, ..	1	—	1
Pepper, White ..	1	—	1
Pickles, Bottled	1	—	1
Powder, Baking	1	—	1
Rice, ..	1	—	1
Sausages, ..	2	—	2
Soda, Baking ..	1	—	1
Sugar, ..	1	—	1
Tapioca, ..	1	—	1
Trex, ..	1	—	1
Vinegar, ..	1	—	1
Whisky, ..	3	—	3
Total, ..	27	—	27

TEST.

Gen. Adult. Total.
Nil.

DUNFERMLINE AREA.

LANDWARD.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	39	—	39
Butter, ..	6	—	6
Jam, ..	1	—	1
Sausages, ..	7	—	7
Total, ..	53	—	53

TEST.			
	Gen.	Adult.	Total.
Butter, Salt ..	6	—	6
Margarine, ..	5	—	5
Total, ..	11	—	11

CULROSS BURGH.

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

TEST.			
	Gen.	Adult.	Total.
Butter, Salt ..	2	—	2
Flour, ..	1	—	1
Jam, Raspberry	1	—	1
Margarine, ..	2	—	2
Sugar, ..	1	—	1
Total, ..	7	—	7

INVERKEITHING BURGH.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	9	—	9
Butter, ..	4	—	4
Ice, ..	2	—	2
Total, ..	15	—	15

TEST.			
	Gen.	Adult.	Total.
Butter, ..	1	—	1
Jam, Raspberry	—	1	1
Total, ..	1	1	2

The adulterated sample of Raspberry Jam was deficient 3.55 per cent. in Soluble Solids.

R. A. KRAUSE,

M.D., D.Sc., D.P.H.,

Deputy County Medical Officer (Welfare).

BEATH AREA.

LANDWARD.

	OFFICIAL.		
	Gen.	Adult.	Total.
Sweet Milk, ..	4	—	4
Sausages, ..	1	—	1
Acid, Tartaric ..	1	—	1
Butter, Salt ..	6	—	6
Coffee ..	3	—	3
Currents, ..	11	—	11
Flour ..	1	—	1
Ginger, Ground ..	2	—	2
Jam, B. Currant ..	1	—	1
Jam, Strawberry ..	1	—	1
Margarine ..	—	—	—
Mince ..	—	—	—
Plum, Adult ..	3	—	3
Pickles, ..	1	—	1
Sauces, ..	1	—	1
Sauzages ..	—	—	—
Total, ..	5	—	5

	TEST.		
	Gen.	Adult.	Total.
Butter, ..	1	—	1
Iodine, ..	1	—	1
Lard, ..	1	—	1
Margarine, ..	1	—	1
Peas, ..	1	—	1
Pickles, ..	1	—	1
Raisins, ..	1	—	1
Salts, Epsom ..	1	—	1
Sugar, ..	1	—	1
Total, ..	9	—	9

COWDENBEATH BURGH.

	OFFICIAL.		
	Gen.	Adult.	Total.
Sweet Milk, ..	13	—	13
Beer, ..	1	—	1
Mince, ..	4	—	4
Sausages, ..	3	—	3
Rum, ..	1	—	1
Whisky, ..	1	—	1
Total, ..	23	—	23

	TEST.		
	Gen.	Adult.	Total.
Butter, ..	1	—	1
Iodine, ..	1	—	1
Margarine, ..	1	—	1
Orange Peel, ..	1	—	1
Peas, ..	1	—	1
Pickles, ..	1	—	1
Raisins, ..	1	—	1
Salts, Epsom ..	1	—	1
Sugar, ..	1	—	1
Trex, ..	1	—	1
Total, ..	10	—	10

Fife County Council.

ANNUAL REPORT

ON THE

Medical Inspection of School Children

For the Year ended

JULY 1935

BY

R. A. KRAUSE,

M.D., D.Sc., D.P.H.,

Deputy County Medical Officer (Welfare).

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(a) **NUMBER OF SCHOOLS,** 162+Eastbank

(b) **NUMBER OF CHILDREN ON REGISTER AND IN AVERAGE ATTENDANCE—**

Roll (Total) at September 1934,	..	..	..	48,714
Average weekly roll to 31st July 1935,	..	..	..	48,083
Average attendance to 31st July 1935,	..	..	..	43,800
Percentage attendance,	..	..	..	91.09

II. HEATING, SANITATION, ETC., OF SCHOOLS.

HEATING OF SCHOOLS.—The scheme whereby the heating arrangements in the schools of the Education Committee are being improved has been continued. During the past year the following schools had new heating arrangements installed:—Balcurvie, Balmullo, Coaltown, Balgonie, Dysart (Infant), Falkland, Gateside, Kingsbarns, Carnbee, Lurgoward and the infant department of Carnock School.

Further reports were made by the Area Medical Officers on defective heating in the schools. The following is a brief summary:—

(a) *North-East Fife.*—Dr. MacLeod reports that “Two or three of the headmasters have drawn my attention to the fact that cheap coal is being supplied for use in the stoves, although anthracite is advised on the cards which relate to the working of the system.” She also indicates that she has been informed that there is a proportion of rubbish amongst the cheap coal. It is therefore doubtful whether the cheap coal is really a bargain.

- (1) Radernie P.S.—Heating defective due to cleaner not clearing out the stove properly. I understand the cleaner was to be discharged.
- (2) Arncroach P.S.—It is reported that “ordinarily the temperature is fairly satisfactory but in very cold weather it is not possible to warm the rooms properly.”
- (3) Carnbee P.S.—The new installation is stated as “not working satisfactorily.”
- (4) Pitlessie P.S.—“The central heating system installed in this school does not give the results it should. The temperature readings are not excessively low, but are not what they should be. The results are not being obtained commensurate with the amount of fuel burned.”
- (5) Craigrothie P.S.—Defective heating—“only children near the fire are benefited.”

(b) *Wemyss District.*—No report.

(c) *Kirkcaldy District.*—No report.

(d) *Lochgelly etc., Area.*—

(1) *Lumphinnans P.S.*—A complaint was made by the Headmaster re the heating of the rooms on the north side of the school. The A.M.O. reports, "I think that as long as the janitor knows he has to keep a fire in any room which is too cold there will be no trouble as regards the efficiency of the central heating arrangements." This means that two heating arrangements are required—the central heating and a local fire in each room.

(2) *Glencraig*—Was reported as unsatisfactory but latest report to effect that defect remedied by use of anthracite.

(e) *Cowdenbeath Area*—

(1) *R. C. High School*—Room 17 (N.E.) cold and temperature of 41°F. have been recorded. Even under the best conditions temperatures only rise to 58-62°F. in late afternoon.

(2) *Beath Secondary School*—The library, which has to be used for medical inspection is inadequately heated.

(3) *Kelty P.S.*—In the Infant and Junior building the rooms are inadequately heated.

(f) *West Fife*—Nothing to report.

(g) *Dunfermline Burgh.*—The only complaint here relates to the inadequate heating of the clinic rooms at Queen Anne School. To overcome this defect oil heaters have to be placed in the rooms, making the atmosphere smelly and close.

(h) *Kirkcaldy Burgh.*—No report.

LATRINES, ETC.—In the following schools the sanitary arrangements have been improved :—*Abdie, Collessie, Dunino, Kirkgate, New Gilston, Strathore* and also *Auchterderran H.G. (a part), St. Andrew Burgh (a part),* and *Commercial School (Dunfermline) (infant portion)*

In *Ceres Public School*, Dr. MacLeod considers the lack of proper lavatory accommodation as outstanding. "In this school there are only two antiquated pail closets for the use of 65 girls and the seats which are old and sodden. This state of affairs is a disgrace to the County. For 69 boys there are four pail closets, situated at some distance from the school down a lane at the back, and a urinal, which was smelling badly" when seen by the doctor. I understand that everything is ready for the installation of a proper water carriage system and that a water supply is available. Could something be done here in place of waiting until the installation of a water supply for the rest of the village has been carried out?

There are also other schools in North-East Fife where no modern sanitation has been installed and must therefore be considered defective.

CLINICS.—The building of the new Child Welfare and School Clinic Lochgelly has been begun and will be open for use at the beginning next school session. This new clinic will provide this area with a most up-to-date clinic, and the increased facilities will be an added benefit to the welfare of the school and pre-school children as well as the mothers in the district.

The clinic facilities at Anstruther have been greatly improved by provision of a new clinic by reconstruction of a school building. This clinic consists of a waiting room, a dental clinic, a general and child welfare clinic, and also a medical officer's room where refraction work can also be carried out. This is another example of the progressive outlook of the Fife County Council in relation to the clinic treatment of children (pre-school and school).

The clinic arrangements at Auchtermuchty, Blairhall, East Wemyss, Forport and St. Andrews are still unsatisfactory. It is hoped that consideration will be given to improving the facilities at these clinics at an early date.

ALTERATIONS AND ADDITIONS.—Alterations were carried out in a number of Fife schools. In Kirkcaldy West extensive changes are being made and will provide a number of new classrooms and a much needed recreation or playroom. Similarly alterations at Strathmiglo, will provide up-to-date rooms with plenty of light and ventilation. At St. Margaret's R.C. School, Dunfermline, four additional classrooms are being provided, whilst at Thornton School two extra classrooms and a cloakroom accommodation are being added. The building of a new Fife Mining School in Cowdenbeath must also be mentioned.

Electric light was installed in Oakley R.C. School and at Carnock, Kingsbarns, Strathkinness and Ballingry.

Improvements were also made in the playgrounds of a number of schools—Guardbridge, Gauldry, Methil, Abbotshall, Viewforth, Lochgelly West, Auchterderran H.G. and North Queensferry.

The defective accommodation relating to the dining-hall at Bell-Baxter School, Cupar, is referred to by the Area Medical Officer. This hall is supposed to hold 80 children but actually it only accommodates 74 comfortably. It seems the music-room is being used to accommodate the taking soup. This room holds 35-40 children also. During the winter it has been repeatedly found that over 110 children have taken full lunch and 70 soup only; therefore, the room set aside as a rest room had pupils placed in it, but even so, the children have to be fed in relays, and this means a queue waiting on the stairs while the lunchers are being served. The result is that the children have to hurry through the first lunch, so that the second lunch can be served. It is obvious that this state of affairs is most unfortunate and I feel it my duty to draw the attention of the Committee to this.

III. ORGANISATION AND ADMINISTRATION.

There has been no change in the organisation and administration of the Fife County School Medical Scheme. In the County the Area Medical Officers are each responsible for the school medical inspection and treatment in their respective areas. In the two large burghs Kirkcaldy and Dunfermline, this work is in the hands of the Burgh Medical Staff. In Dunfermline, however, the clinic treatment is performed by the staff of the Carnegie Dunfermline Trust.

In Kirkcaldy District (Burntisland and Markinch), the Area Medical Officer, Dr. Dawson, resigned. Dr. Comrie was transferred to this area and Dr. Hyde was appointed Area Medical Officer for Lochgelly Area.

During the school year the County Area Medical Officers made 1,100 visits for the purposes of school medical inspection (routine and non-routine). It was also found necessary to make 340 special visits. In the two large burghs (Kirkcaldy and Dunfermline) the following ordinary and special visits were made :—

Kirkcaldy—204 ordinary ; 11 special.

Dunfermline—191 ordinary ; 0 special.

The Welfare (School and Health Visitor) Nurses and also the District Nurses (who perform the school medical duties in the rural districts) paid 2,118 visits to the schools in the County—Dunfermline area 331 ; Cowdenbeath and Lochgelly areas 288 ; Kirkcaldy area 170 ; Wemyss area 331 ; and North-East Fife 996. Kirkcaldy Burgh 407 ; Dunfermline Burgh 78.

IV. PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

Nurses' Inspections.

(a) <i>County</i> —No. of children inspected,	18,5
No. of children re-inspected,	22,3
	—
Total,	40,8
	—

At the first inspections made of the school children, there were 5,669 children with defects (head vermin 1,560 ; impetigo 617 ; external eye diseases 352 ; nose and throat cases 239 ; otorrhoea 17 ; scabies 114 ; uncleanness and neglect 110 ; and body vermin 1). The defects in a large proportion of the cases were of a minor nature and in only 1,318 was it necessary for the nurses to follow-up and visit the homes. These 1,318 cases were chiefly distributed as follows—Head vermin 464 ; impetigo 210 ; scabies 97 ; otorrhoea 52 ; uncleanness and neglect 50 ; external eye diseases 39, nose and throat conditions 34 ; body vermin 15, etc. Besides these cases follow-up visits were also required for refraction (175) and dental cases (125) where the parents were taking no steps for the examination and treatment of the children.

The nurses made 2,118 school visits for the inspection of the school children and arising out of these inspections, 2,990 home visits were made for the purpose of following up those cases found to have definite defects or diseased conditions. The figures, which are included in the above totals, for the district nurses are 1,088 school visits and 1,117 home visits.

a) Large Burghs—No. of children inspected—

(i) Kirkcaldy,	5,345
(ii) Dunfermline,	3,812

No. of children re-inspected—

(i) Kirkcaldy,	5,105
(ii) Dunfermline,	4,064

Total, .. 18,320

The school visits made by the nurses of the Large Burghs were 35 (Kirkcaldy 407, Dunfermline 78). At the inspections, 1,628 children (Kirkcaldy 874, Dunfermline 754) were found with defects and of these 11 in Kirkcaldy required 176 home visits and in Dunfermline 20 required 24 home visits.

Medical Officers.

Number of Children Examined and Inspected by the Medical Officers (County and Large Burghs)—

Entrant Infants,	4,815
7 year olds,	2,568
9 year olds,	4,800
13 year olds,	4,723
15 year olds,	181

Total No. Routine Age Groups,	17,087
Non-routines,	6,133
Re-examinations,	4,016
Special Class Children,	154
Junior 15b Students,	25
No. of Children seen at Clinics otherwise than for treatment (Dunfermline excluded),	164

Total No. Inspected by Medical Officers, .. 27,579

Total No. Inspected 1933-34, .. 27,712

The number of children belonging to the routine age group and examined are distributed as follows :—(1) Kirkcaldy Burgh 2452 ; (2) Dunfermline Burgh, 1,755 ; (3) North-East Fife, 2,035 ; (4) Kirkcaldy Landward, 3,374 ; (5) Cowdenbeath and Lochgell District, 3,536 ; (6) Dunfermline Landward, 1,367, or a total of 14,519. This number does not include the 7 year old group. The defects found in these 14,519 children are as follows :—

Summary of Defects.

				Per-	Non-
				Routines.	Routine
				centages.	
<i>Clothing—</i>					
Dirty, .. .. .	..	..	33	0.22	25
Insufficient, .. .. .	..	..	79	0.54	29
<i>Footgear—</i>					
Defective, .. .. .	..	..	417	2.8	420
Useless, .. .. .	..	..	181	1.2	70
Barefooted, .. .. .	..	..	43	0.29	6
<i>Cleanliness of Head and Body—</i>					
Head—Nits and Dirty, .. .. .	..	..	1127	7.7	156
Verminous, .. .. .	..	..	303	2.08	143
Body—Dirty (Slight), .. .. .	..	..	716	4.9	120
Very dirty, .. .. .	..	..	40	0.27	21
Verminous, .. .. .	..	..	1	0.006	—
<i>Condition of Skin—</i>					
Head—Ringworm, .. .. .	..	..	—	—	8
Impetigo, .. .. .	..	..	67	0.46	87
Other Diseases, .. .. .	..	..	48	0.33	27
Body—Ringworm, .. .. .	..	..	1	0.006	4
Scabies, .. .. .	..	..	14	0.09	55
Impetigo, .. .. .	..	..	14	0.09	51
Other Diseases, .. .. .	..	..	81	0.55	66
<i>Nutrition—</i>					
Below Average, .. .. .	..	..	1665	11.4	204
Very bad, .. .. .	..	..	145	0.9	113
<i>Teeth—</i>					
1-4 Decayed, .. .. .	..	..	6837	47.09	289
5 or more decayed, .. .. .	..	..	2053	14.1	110
Oral Sepsis, .. .. .	..	..	1174	8.08	41
<i>Nose—</i>					
Catarrh, .. .. .	..	..	178	1.1	50
Obstruction, .. .. .	..	..	267	1.8	89
Other Diseases and Defects, .. .. .	..	..	171	1.1	58
<i>Tonsils—</i>					
Slightly enlarged, .. .. .	..	..	2568	17.6	175
Markedly enlarged, .. .. .	..	..	799	5.5	214

*Lymphatic Glands—**Cervical—*

Slightly enlarged,	6898	47.5	232
Markedly enlarged,	297	2.04	95

Submaxillary—

Slightly enlarged,	5373	37.0	106
Markedly enlarged,	46	0.31	27

External Eye Disease—

Blepharitis,	298	2.05	97
Conjunctivitis,	53	0.36	36
Corneal Opacities,	21	0.14	11
Squints and other defects,	306	2.1	159
Other diseases,	82	0.56	50

Visual Acuity (9704)—

6/6 with one eye,	8505	87.6	5654
6/9 to 6/12 with one eye,	804	8.2	260
6/18 with one eye,	368	3.7	196
Wearing glasses,	364	3.7	87

Nose—

Wax,	1951	13.4	170
History of Otorrhoea,	303	2.08	39
Otorrhoea,	158	1.08	81
Other diseases and defects,	91	0.62	18

Hearing—

Slightly deaf (both ears),	62	0.42	10
Markedly deaf (both ears),	21	0.14	14

Speech—

Defective Articulation,	177	1.2	25
History of Stammering,	30	0.206	1
Stammering,	35	0.24	19

Mental Condition—

Dull or Backward,	183	1.2	29
Markedly Backward,	140	0.9	100

Heart and Circulation—

Functional Disease,	31	0.21	11
Organic Disease,	52	0.35	12
Anaemia,	81	0.5	31

Lungs—

Bronchitis,	183	1.2	50
Phthisis (Pre-tuberculosis),	107	0.73	24
(Susp. tuberculosis),	26	0.17	14
Other Diseases,	34	0.23	10

Nervous System—

Chorea,	4	0.027	1
Infantile Paralysis,	7	0.048	3
Epilepsy,	6	0.041	5
Other Diseases of Nervous System,	8	0.055	4

<i>Tuberculosis</i> (Non-Pulmonary),	32	0.22	30
--	----	------	----

Rickets—

Slight,	115	0.79	16
Marked,	25	0.17	4

Deformities—

Congenital,	21	0.14	14
Acquired,	72	0.49	30

<i>Infectious Diseases</i> ,	33	0.22	15
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<i>Contagious Diseases</i> ,	110	0.7	39
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* <i>Other Diseases</i> ,	121	0.8	—
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<i>Other Defects</i> ,	78	0.5	—
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*Vaccination—**Entrant Infants* (4815)—

Vaccinated,	1815	37.6	—
Poorly marked,	356	7.3	—
Not vaccinated,	2644	54.9	—

Other Age Groups (9704)—

Vaccinated,	3316	34.1	—
Poorly marked,	1462	15.0	—
Not vaccinated,	4926	50.7	—

*Amongst the "Other Diseases" are gastro-intestinal trouble (1), Eneuresis (19), Enlarged Thyroid (19), Asthma (5), Injuries (5), etc.

In the case of "Other Defects" the outstanding ones are—Scar (2), Defective Posture (22), Burns (10), Naevi (5), Defective Chest Form (1), Undescended Testes, etc.

At the medical inspections the medical officers refer cases to the parents for medical advice and treatment. The total number of such cases referred by the County Area Medical Officers was 4,378. This figure was made up of the following conditions :—Dental 1,957, Vision 464, Adenoids 379, Tonsils 562, Head Vermin 206, Body Vermin 7, Scabies 22, and Other Conditions 771. The Medical Officer for Kilmacaldy Burgh sent out 578 notices and in Dunfermline Burgh there were 142 notices sent out.

The number of parents present at the medical inspection was as follows :—

(a) Entrant Infants (County),	..	..	1302
,, (Kirkcaldy),	..	..	495
,, (Dunfermline),	..	..	247
(b) Other Routine Age Groups (County),	..	..	86
,, (Kirkcaldy),	..	..	392
,, (Dunfermline),	..	..	171
Total,			2693

In recent years criticisms have been made regarding the method of recording the defects found at school medical inspection. The present system, which is based on the fitness of the child to benefit from instruction in school, is useful in finding the absolute and relative number of defects that are found at the routine inspections. It does not, however, give any indication of the number of school children who have no defect or one or more remediable defects, and how many have only partly or even non-remediable defects. The advantage of a scheme which aimed at obtaining such information would be that it would show whether there was any change in the condition of a school population and might also give, over a number of years, some indication of how far the measures taken by any Authority for the treatment of the school population were capable of producing definite results.

With these points in view, I arranged for the School Medical Officers to classify the children examined at the routine examinations in the following categories :—(1) Sound, with no defects ; (2) With a defect wholly remediable ; (3) A defect partly remediable ; (4) A defect not remediable. Our standard was based upon the future capacity of the child to become a useful social member. The standard, therefore, differed here in that it was a medico-social rather than a medico-educational one. Consequently the slight deviations from the average which we take cognisance of in our usual school standards were not considered in the new classification. This investigation must still be considered experimental but certain of the data obtained are of definite interest.

(a) Entrant Infants.—There were 4,367 children (2,193 boys and 2,174 girls) classified. Of these, 990 had no defects. There were 3,075 children with wholly remediable defects (2,043 with one, 743 with two, 297 with three, etc.) ; 246 children were partly remediable ; and, 66 had non-remediable defects.

(b) 8-9 year olds.—The number of children here was 4,470 (2,305 boys and 2,165 girls). Here 1,376 had no defect, 2,691 had wholly remediable defects (1,972 with one, 524 with two, 152 with three, etc.), 308 had partly remediable defects and 95 had non-remediable defects.

(c) 12-13 year olds.—4,384 children (2,192 boys and 2,192 girls) were included here. Of these 1,872 had "no defects" ; 2,009 with

wholly remediable defects (1,597 with one, 314 with two, 69 with three, etc.); 412 with partly remediable conditions and 91 with non-remediable conditions.

If a study of these figures is made after they have been converted into percentages, we find that whilst on entrance to school there are only 22·6 per cent. of the children with no defective condition, at 8 years the figure has risen to 30·7 and for leavers (12-13 years) 42·1. The percentage figures for children with wholly remediable conditions are—70·4 (entrants), 60·2 (8-9), 45·8 (12-13). For children with partly remediable conditions the figures are:—5·6 (entrants), 6·8 (8-9), 9·3 (12-13), and for those with non-remediable conditions—1·2 (entrants), 2·1 (8-9), 2·0 (12-13).

Last year a smaller number of children was similarly classified but the percentage figures on the whole were very similar to those given here.

From these figures it is seen that there is a marked improvement in the condition of the school children as they grow older. The main changes to be noted are the fall in the percentage figure for children with wholly remediable defects and the increase in those with no defects. The figures for the "partly remediable" and "non-remediable" cases, whilst relatively small, show an increase. This must be expected as results from our social conditions. How far can they be modified in the future?

In conclusion I wish to thank the Medical Officers who have made this investigation possible and for the large amount of extra time they must have given to it to overtake all the tabulation that was necessary.

(A) Children Suffering Educationally because of Physical Defects

(a) NORTH-EAST FIFE.—Eight cases are known in the area where the attendance at school has suffered to a greater or lesser extent as a result of chronic illness. Two of these children are cardiac cases, two cases of severe bronchitis, two of asthma, one case a "suspected tuberculosis" and the eighth case is that of a boy with a chronic non-infective skin eruption of such severity as to unfit him for attendance at the ordinary school. Dr. Macleod again points out that it "is highly unfortunate that there is no Convalescent Home or Residential Open-air School." "Many children would derive enormous benefit from a period of residence in such an institution. By giving extra nourishment in school we may improve, to a certain extent, those children whose physique is poor, but we touch only the fringe of the problem." "Children whose nutrition and general health are below par improve greatly under a regular regime, combined with plenty of fresh air and a well-balanced diet and rest, alternated with suitable exercise."

All known deaf-mutes in the area are in attendance at residential schools for the deaf. There is one boy whose defective hearing is so marked as to interfere with his education.

There are nine children in this area who are known to be educationally blind. Three of these attend the "Sight-saving Class" in Dundee. There is also the case of a St. Andrews boy who is staying with his grandmother in Kirkcaldy and attending the class for the "partially sighted". Four cases attend the ordinary schools but are being kept under regular observation by the Eye Consultant, Dr. MacGillivray (Dundee). The ninth case was removed to an institution for mentally defective children.

(b) KIRKCALDY LANDWARD.—Dr. Thomson (Buckhaven-Wemyss) points out that there are about 100 children who because of some physical defect would benefit by instruction in a special school or class. The need for such special classes has been repeatedly brought to the notice of the Education Committee but unfortunately it has not been able to do anything for these unfortunate children.

Dr. Comrie (Burntisland-Markinch) states that apart from two cases of marked defective hearing, there were no cases of outstanding physical defect.

In Lochgelly Area an outstanding case of epilepsy is referred to—her educational progress was, however, considered as satisfactory.

A survey is being made in this area to find out the number of children with physical defects that may interfere more or less with their education.

(c) DUNFERMLINE DISTRICT.—Dr. Gumley (Cowdenbeath) reports that there were six cases with outstanding physical defects. This number does not include all the cases who would benefit by instruction in special classes were available.

Dr. Macdonald (West of Fife) indicates that there are seven cases with outstanding physical defects (cardiac cases 2, congenital cataract 2, chorea 2, and deafness 1).

(d) KIRKCALDY BURGH.—In this burgh one girl was found to be educationally blind and was transferred to the "Sight-Saving Class". The Education Committee have appointed a teacher, Miss C. M. Guthrie, to take charge of the "Speech Defect" classes in Kirkcaldy (see also page 180).

(B) Number of Children suffering in their Education because of Mental Retardation.

(a) NORTH-EAST FIFE.—Very satisfactory work is being done at the special class in Cupar. Unfortunately, it has been found impossible to start such classes for mentally backward children in St. Andrews and

Anstruther. There are 72 children who are educable but whose intelligence quotients are below 69. No special provision has been made for the education of these children. There is a further number of children whose quotients range between 70 and 75.

(b) KIRKCALDY DISTRICT.—In Buckhaven Area there are at least 14 mentally backward children who should be receiving special class instruction. There are also another 100 children whose retardation is not so marked but who ought to receive some modified and practical instruction.

There are in Burntisland-Markinch area 20 children requiring special class instruction. A further 11, although not so dull, would benefit definitely from "backward class" instruction. Two cases are reported as being uneducable and fit for institutional treatment.

In Lochgelly area nine cases are mentioned as requiring special class instruction.

(c) DUNFERMLINE DISTRICT.—In Cowdenbeath area 51 children were examined by the Medical Officer and of these 46 would be the better for instruction in a special class.

In the West of Fife the number of mentally defective cases was .

(d) KIRKCALDY BURGH.—"Two cases were found to be suffering educationally because of mental defect and were recommended to go to the special classes."

(e) DUNFERMLINE BURGH.—Here nine cases were reported upon whom special class education could be provided.

(C) Number and Condition of Children suitable for Institutional Treatment.

(a) NORTH-EAST FIFE.—In this area there are 14 uneducable mentally defective children, between the ages of 5 and 15, suitable for institutional treatment but where the parents do not wish the children removed from home. There are a further 9 between the age of 16 and 18 also of very low mental capacity.

During the year one mental defective, with a chronic skin condition, was placed in a suitable institution and there is another case where the parents wish the boy so placed because they find him impossible to control.

Besides the foregoing, there are nine children attending school whose educability is of a low order.

(b) KIRKCALDY DISTRICT.—In Burntisland-Markinch area there are two children suitable for institutional treatment in mental defective homes, and two children who ought to be in an institution for the deaf.

In Lochgelly area one case of epilepsy was placed in a home for epileptics, and another child was recommended for a mental defective institution. Unfortunately vacancies for boys are impossible to obtain and cases must wait long periods before they can be admitted.

(c) DUNFERMLINE DISTRICT.—In Cowdenbeath area there are seven mental defectives, also a case of deafness, and one of epilepsy, which are suitable for institutional care.

In West Fife area seven mental defectives require institutional treatment.

(d) KIRKCALDY BURGH.—Here there are three suitable institutions, two mental defectives and a deaf child. The admission of the last was delayed until he had fully recovered from the effects of a mastoid operation.

(e) DUNFERMLINE BURGH.—In this burgh there were three mental defectives for whom institutions were necessary. One of these was admitted in the course of the year.

D) Number of Children who are suffering in their Education because of lack of (i) Nutrition and (ii) Clothing.

(a) NORTH-EAST FIFE.—(i) Dr. MacLeod reports that 68 boys and 41 girls were found to be suffering to a greater or lesser extent from malnutrition. Of these, 39 boys and 26 girls were supplied with free meals, milk, or some other form of special nourishment. The remaining 29 boys and 15 girls were referred to their parents.

She further reports that "in almost every school in the area Grade (T.T.) milk can now be obtained at the price of $\frac{1}{2}$ d per one-third pint, and a great number of parents have availed themselves of this offer for their children. It is as yet too early to make any statement to the effect of this milk ration on the physique and on the intelligence of the children."

"A daily supply of Grade A. milk has again been provided, free of charge, for the children of the East and West Infant Schools at St. Andrews, through the generosity of a local lady. This milk ration has been a great boon to the children concerned."

"The nutrition of the children in north-east Fife is, on the whole, good. Figures for malnutrition, however, are of doubtful value. In the absence of any fixed standards for the assessment of nutrition, the figures obtained must obviously vary with individual observers. The tendency is to take the average child as the standard of normal nutrition and to count as undernourished those who fall definitely below this average."

"Extra nourishment can only be given free in school to such children who can be certified as suffering in their education as a result of malnutrition. It would seem a wiser plan if we could step in before malnutrition becomes evident, and grant extra nourishment in the case of any child where the family income falls below a certain standard per head."

(ii) The number of children inspected for boots and clothing was 11. The number certified for boots only was 34, for clothing 16, and for boots and clothing 85.

(b) KIRKCALDY DISTRICT.—Buckhaven-Leven Area.—(i) Dr. Thomson reports having examined 185 children for lack of nourishment. Special nourishment (malt and cod liver oil, etc.) was given in 13 slight or doubtful cases; one child was ordered milk, and in 29 cases mid-day meals were recommended. These latter were mainly in the special classes.

(ii) There were 853 children inspected for boots and clothing. Boys were certified in 251, clothing in 49, and both boots and clothing in 461 cases. Other articles of apparel were advised in 92 cases.

Burntisland-Markinch.—(i) During routine and non-routine examinations, 81 boys and 66 girls were considered to show evidence of slight under-nutrition, but not of sufficient severity to interfere with their education. One boy and one girl were found to be badly under-nourished, and these were supplied with $\frac{2}{3}$ rd pint of milk daily for six months and showed improvement.

(ii) 56 boys and 79 girls were examined following application made by parents for the supply of boots and clothing. Clothing was recommended in 21 cases, boots in 49, and boots and clothing to 61 children.

LOCHGELLY AREA.—(i) Ten children (4 boys and 6 girls) were brought forward by their parents as being under-nourished. In six cases (4 girls and 2 boys) extra nourishment was recommended—2 for milk and 4 a malt cod liver oil preparation. Subsequent progress was satisfactory.

(ii) 1,050 children were inspected for boots and clothing—the recommendations were as follows:—102 clothing only, 357 boots only and 512 boots and clothing. These cases necessitated 842 re-examinations and 229 special visits had to be paid to the schools for the purpose of carrying out these inspections and re-examinations.

(c) DUNFERMLINE DISTRICT.—Cowdenbeath Area.—(i) Here 32 children were examined and 29 subsequently were provided with cod liver oil and malt and 3 with milk. With the exception of 7 cases, all improved in general health. Where milk was used a gain in weight resulted; in the other cases, despite improvement in health, little if any, gain in weight was observed.

(ii) There were 1,087 children examined for boots and clothing (8 as a result of medical inspection and 1,004 following application by the parents.) The number of children certified for boots only was 99, clothing only 131, and for boots and clothing 826. Out of the 83 cases seen at medical inspection, applications for additional clothing, etc., were made in 62 cases, and in respect of 21 children the deficiencies were made good by the parents when their attention was drawn to the matter.

West Fife.—(i) 17 children were examined for malnourishment. Of these, 5 were ordered milk and the remaining 12 were given malt and cod liver oil. In all an improvement was recorded.

(ii) 749 different applications for boots and clothing had to be dealt with. 74 were recommended to have clothing, 242 boots, and in 388 cases both boots and clothing.

(d) KIRKCALDY BURGH.—Seven boys and 5 girls were found to be suffering educationally because of lack of nourishment. Five boys and four girls had extra milk recommended to be supplied in the school and arrangements were made for the provision of a mid-day meal to two boys and one girl.

(ii) 500 children were examined for boots and clothing and in 48 cases clothing was recommended, in 130 boots and for 293 both boots and clothing. 55 re-examinations were found necessary.

(e) DUNFERMLINE BURGH.—(i) 35 children examined where lack of nutrition prevented them from taking full advantage of the education provided.

(ii) Applications were made for boots and clothing in 488 cases. As a result of the examinations, the following recommendations were made:—clothing only 30, boots only 86, and both boots and clothing 30.

(E) Children Suspected to be Suffering from Neglect.

(a) NORTH-EAST FIFE.—The attendance of two children was extremely bad owing to the failure of their mother to send them to school. In addition the younger children had head vermin and impetigo and suffered from malnutrition. The mother (who was living apart from her husband) was suspected and eventually certified as suffering from mental disorder.

Four families (involving 12 school children) were found to be ill-clad and verminous. They were referred to the inspector of the Royal Scottish Society for the Prevention of Cruelty to Children. Whilst an improvement took place, supervision is still required. Four children of another family were found to be dirty, poorly clad and absent from school. Inquiry elicited that there was a sufficient income and on the case being referred to the Inspector of the R.S.S.P.C.C., the boots were provided. Two other cases were also referred to Mr. Finlayson.

In addition, the Inspector of the R.S.S.P.C.C. continued to exercise supervision over several families referred to him in previous years.

(b) KIRKCALDY DISTRICT.—Buckhaven-Wemyss Area.—There were no new cases of children suffering in their education due to neglect of a wilful nature on the part of parents.

Burntisland-Markinch Area.—Four families (12 children) have been under the supervision of the R.S.S.P.C.C. Inspector. In one case prosecution was instituted for non-attendance and in the other improvement was obtained in the condition of the children as regards cleanliness and clothing.

Lochgelly Area.—The parents of 9 dirty and verminous children were sent warning notices by the Area Medical Officer after the visits of the nurses had been unavailing. Relapses in the condition of two cases necessitated reports being sent to the Inspector.

(c) DUNFERMLINE DISTRICT.—Cowdenbeath Area.—In the case of 6 girls it was found necessary to exclude the children following failure on the part of the parents to deal satisfactorily with head vermin. This exclusion had a salutary effect and the children were returned satisfactorily cleaned of all vermin in times varying from a few hours to a day or two. The assistance of the R.S.S.P.C.C. Inspector was not required in this area.

West Fife Area.—Two children suffered in their education because of scabies, which was properly treated. After a warning to the parents the condition was ultimately cured.

(d) KIRKCALDY BURGH.—One girl was found to be suffering educationally because of parental neglect. The matter was reported to Mr. Finlayson, R.S.S.P.C.C., who was asked to visit the case. A considerable improvement resulted.

(c) DUNFERMLINE BURGH.—Four families suffering in education because of neglect by parents were visited by Mr. Bell, R.S.S.P.C.C., with excellent results.

The medical staff wish again to express their appreciation of the co-operation and valuable assistance given by the two Inspectors of the R.S.S.P.C.C., Messrs. Bell and Finlayson.

(F) Total Number of Children whose Visual Acuity was Inspected (Routine and Non-Routine Cases) and the Number found with Defective Vision.

(a) NORTH-EAST FIFE.—The total number of children whose visual acuity was tested was 1,682 (835 boys and 847 girls). It was found necessary to refer 367 children to the Eye Clinic for a fuller examination and 110 children were referred to the Eye Specialist for further examination. In two cases the parents refused to allow the child's eyes to be examined. In only one of these was the child's education suffering. This case is being followed up.

(b) KIRKCALDY DISTRICT.—Buckhaven-Wemyss Area.—There were 1,844 children tested for their visual acuity; 346 were referred to the Eye Clinic. The number of refusals was 48; they were satisfactorily dealt with. Thirty-three children were referred to the Eye Specialist Clinics.

Burntisland-Markinch Area.—The total number of children whose eyesight was inspected was 1,299 (664 boys and 635 girls); 90 were referred to the Eye Clinic and 46 referred for further examination at the Eye Specialist Clinic. Two parents refused to have their children examined but the visual defect did not severely handicap them in their education and no further proceedings were taken.

Lochgelly Area.—The total number visually tested was 1,413 children; of these 153 were referred to the Eye Clinic and 36 to the Eye Specialist Clinic for further examination. There was one case where permission to have the boy's eyesight examined was refused. As the boy was myopic, with a visual acuity of 6/36 in both eyes, the case had eventually to be referred to the School Management Committee.

(c) **DUNFERMLINE DISTRICT.**—**Cowdenbeath Area.**—The total number of children tested for visual acuity was 1,311. Of these, 298 were referred to the Eye Clinic and 32 to the Eye Specialist Clinic. In 18 cases the parents refused to have the children's eyes examined. These cases were followed up by the nurses and some also by the Area Medical Officer. In 11 of the cases the visual defect was not serious and nothing further was done. In other 5, permission was given for examination and in two more coercive steps were threatened. Unfortunately when referred to the class teachers, these stated that they could not certify that these children were "unable to benefit from the education given in the class." These cases are therefore being held over and kept under observation.

Dunfermline District.—The number of children tested for visual acuity was 1,266 and of these 104 were referred to the Eye Clinics. Two parents refused to have their children's eyes examined but after interview agreed. Twenty children were referred for further examination.

(d) **KIRKCALDY BURGH.**—The total number of children whose eyesight was inspected was 2,482 (1289 boys and 1193 girls). Of these 144 boys and 125 girls were referred to the Eye Clinic. The parents of 89 boys and 71 girls refused after repeated intimations to consent to their children being examined at the Eye Clinic. This number was later reduced to 30 refusals. The Health Visitors visited the homes of the children who had been found on re-examination to have had no treatment done and advised the parents of the advantages to be derived from early treatment, and in most cases these visits had successful results. A certain number of children preferred to go to their own doctors or the Royal Infirmary at Edinburgh and some local optician.

(e) **DUNFERMLINE BURGH.**—The number of children whose eyesight was tested was 2,642. No parent of a child suffering from a marked visual defect refused treatment after repeated notification.

From the foregoing it will be seen that 14,062 children (8,938 County and 5,124 large Burghs) were tested for their visual acuity.

Eye Clinics.**(a) County.**

Facilities for the more detailed examination of children with errors of refraction are available at the following school clinics :—Torryburn Dunfermline (Queen Anne School), Cowdenbeath (R.C. High), Kelty Lochgelly, Auchterderran, Burntisland, Markinch, Buckhaven, Anstruther, St. Andrews, Newburgh, Cupar and Ladybank. During the past school year 207 clinics were held by the Area Medical Officer and 1,128 children (490 boys and 638 girls) were examined, 197 children were re-examined and there were 166 absentees. The chief refractive conditions found were :—

Hypermetropia,	30
Myopia,	7
Hyper. Astigmatism,	29
Myopic Astigmatism,	7
Mixed Astigmatism,	6
Anisometropia,	16
Irregular refraction,	

In 68 cases the eyes were found to be emmetropic and there were six cases with spasm of accommodation. The number of squints was 257 and there were 8 cases of nystagmus. There were also 37 cases of blepharitis and conjunctivitis, 17 cases of corneal nebulae, 5 of corneal ulcers and 28 cases with other conditions.

(b) Large Burghs.

The number of eye clinics held in the large burghs was 32 (Kirkcaldy) and 31 (Dunfermline) and at these 121 and 227 children respectively were examined. There were 66 re-examinations and 90 absentees. The refractive and other conditions found were :—

Hypermetropia,	13
Myopia,	6
Hypermet. Astigmatism,	16
Myopic Astigmatism,	
Mixed Astigmatism,	
Anisometropia,	
Irregular refraction,	
Squints,	
Corneal ulcers and nebulae,	
Other Conditions,	

(c) Specialist Eye Clinics.

Two Eye Consultants, Dr. Allister M. MacGillivray, Dundee (Kirkcaldy Burgh, Wemyss and North-East Fife) and Dr. Robert Sampson Dunfermline (Dunfermline Burgh, Lochgelly, Cowdenbeath and

est Fife) hold special eye clinics at the more important school clinics in the large burghs and throughout the County. Fourteen clinics were held by each of these consultants and 450 children were examined (County 356, Kirkcaldy 55 and Dunfermline 39).

The conditions seen by the Specialists were :—

Hypermetropia,	80
Myopia,	49
Hypermetropic Astigmatism,	103
Myopic Astigmatism,	117
Mixed Astigmatism,	26
Anisometropia,	35
Irregular Refraction,	4
Both eyes emmetropic,	10
Spasm of accommodation,	3
Squints,	84
Nystagmus, Corneal ulcers and nebulae, blepharitis and conjunctivitis,	41

There were also 35 other conditions seen (Congenital cataract 8 ; optic atrophy 2 ; interstitial keratitis 2 ; colobomo 2 ; paresis of external rectus muscle 2, etc., etc.).

The following reports are by the Eye Specialists :—

Dr. ALASTAIR M. MACGILLIVRAY, M.D., D.O.M.S., R.C.P.S.Eng.

"I have much pleasure in submitting a report of the cases seen by me during the session 1934-1935.

"I attended 18 clinics at the following centres :—Kirkcaldy, Markinch, Cupar, Buckhaven, Anstruther and St. Andrews, and 276 cases were examined. Most of these cases were refractions requiring suitable correcting glasses. The following is a list of the various types of refractive error examined :—

Hypermetropia,	30
Myopia,	28
Hypermetropic-astigmatism,	60
Myopic Astigmatism,	85
Mixed Astigmatism,	14

Included in the above list are 38 cases of squint.

"The Sight-Saving Class in Kirkcaldy continues to prove highly satisfactory. The children who go there are those whose eyesight might be detrimentally affected by continuance at an ordinary school. The majority of them are cases of myopia (shortsight). Each case is examined by me every six months or oftener, and I am glad to say that none has shown any material increase in the shortsight.

"My best thanks are due to the full-time Medical Staff and Nurses for valuable assistance rendered at the various clinics."

Dr. ROBERT SAMPSON, M.B., F.R.C.S.Ed., D.O.M.S.(Lon.).

"In reply to the request for a report on Specialist Clinics for School Children, I beg to make the following comments :—

"185 children were examined, and 92 re-examined at 17 clinics throughout the year 1934-5.

"While the greater part of the work done concerned difficult refraction cases, particular attention has been paid to myopes, particularly those who show signs of increasing defect, and to squints. Efforts have been made to apply modern methods to the care of squints so far as the resources of the Clinics can go, but it must be admitted that only a negligible amount of material is available, and treatment of our rather numerous cases is necessarily incomplete. For those who reside within easy travelling distance of the Dunfermline and West Fife Hospital, a very full apparatus is available, and has been used in suitable cases, but for most of the children the lack of apparatus where it can be best used prevents treatment being carried out. Some cases have been operated upon in the Dunfermline and West Fife Hospital with good results, but even in those cases a complete cure cannot be obtained without post-operative training, for which we have no provision. I trust that funds may soon be available for the provision of orthoptic training at Lochgelly.

"I greatly appreciate the co-operation of the Area Medical Officers in carrying out such measures as have been possible."

(G) Number of Cases of Children in whom Defects of the Ear, Nose and Throat were found.

At the routine examinations 59 cases of moderate deafness were found, and there were 16 cases in which the defect was marked. The figures for Kirkcaldy were two and one, and for Dunfermline one and four. Besides these, however, there were cases with defective hearing on one side only. In the County there were nine in whom the defect was marked in the right ear and twelve in whom it was present in the left. The number of cases with moderate deafness was 60 right and 8 left. In the two large burghs there were nineteen with marked defective hearing on one side and thirty-eight one-sided cases in which it was only moderate.

(H) Number of Children with Crippling Ailments.

The number of new cases with crippling conditions reported by the County Medical Staff was 49 (11 severe rickets, 3 tuberculous lesions of bones and joints, 7 poliomyelitis ant. acuta of crippling degree, 13 congenital deformities of crippling degree, 15 other crippling ailments). The number of new cases in the two large burghs was :—Kirkcaldy 6 and Dunfermline 8. The total figure shows an increase of six (1934—1935).

The total number of old cases carried forward and kept under supervision was 142 (1934—1935).

Orthopaedic Clinics.

The holding of orthopaedic clinics in the County areas was continued. Mr. W. A. Cochrane, Consultant Orthopaedic Surgeon, was present at the following clinics :—Dunfermline (for West Fife) 1 ; Kirkcaldy Burntisland and Markinch areas) 1 ; Cowdenbeath 1 ; Lochgelly 2 ; Leven (Wemyss Area) 3 ; Cupar 1. At these clinics 64 school children were seen and recommendations given for their conditions. The conditions seen were as follows :—Paralytic conditions 23 (mainly poliomyelitis and hemiplegia, but also odd cases of obstetrical paralysis, torticollis, etc.) ; postural deformities 11 ; defects of lower extremities 7 ; congenital dislocation of hip joints 5 ; defective developmental conditions 6 (absence of fibulae and of cervical vertebrae) and 2 cases after effects of osteomyelitis. Hospital treatment was recommended in 29 of the cases, 27 were recommended for massage remedial or other treatment at clinics, 5 to be kept under observation, 2 to be radiographed and further reported on, and one for home treatment. In all, 18 cases were X-rayed with a view to obtaining more information for diagnostic purposes. Plaster correction, application of pads, a blood count, etc., were necessary in a number of the cases. From this it will be obvious how great is the need for the provision of an orthopaedic service. The Orthopaedic Hospital (The Princess Margaret Rose Hospital for Crippled Children at Fairmilehead, near Edinburgh) is available, but out-patient clinic treatment in the County is necessary. It is satisfying to have to report that the Public Health Committee have agreed to the establishing, gradually, of orthopaedic clinics in various parts of Fife, also the appointment of an orthopaedic nurse, as well as the equivalent of the whole-time services of one member of the gymnastic staff. The duties of the latter person will be to help with the massage treatment and remedial exercises ; whilst the former will also work in the clinic (massage, remedial exercises, electrical treatment and making of splints and application of plaster supports wherever necessary), she will, wherever possible, carry out the domiciliary visitation and treatment, and generally act as the co-ordinating officer for the whole scheme throughout Fife.

V. MENTALLY AND PHYSICALLY DEFECTIVE CHILDREN.

(a) Special Schools and Classes.

It was shown in last year's (1934) Report that as a result of the survey which Mr. J. Watson and the medical staff carried out in Fife, "there was a larger number of markedly retarded children in school than was at the time thought probable." The survey was again carried on this year but it has been impossible to analyse all the figures so obtained. The general analysis shows that the previous results were not exaggerated, namely, there are about 1·8 per cent. of the school population with intelligence quotients below 67 (the line which I had found useful

as a guide). The Education Committee, having considered the data presented, decided that to put all these children into special schools would very seriously increase the financial burden. Further, as it was known to be a large section of the school population (general considered to be 10 per cent.) who were distinctly retarded and for whom a more practical course required to be set up, it was decided to "gradually discontinue the practice of centralising high-grade children, and only the present practice of special schools and classes be continued for the educable low-grade cases only." A memo. regarding Special Class children is given in Appendix III.

The following were the numbers of children on the Rolls of the various Special Classes in September 1934 :—

Auchterderran East,	..	..	..	..
Castlehill, Cupar, ..	..	..	..	..
Crossgates, ..	..	..	..	..
Culross, ..	..	..	..	..
Denbeath, ..	..	..	..	..
Eastbank, Kirkcaldy, ..	..	..	..	..
Leslie East, ..	..	..	..	..
McLean, Dunfermline, ..	..	..	..	..
Myope Class, North School, Kirkcaldy, ..	..	..	..	..

3

During the year 77 children were admitted and 77 discharged from these classes.

During the year a new appointment was made, Miss C. M. Guthrie whose duties in the schools of Kirkcaldy are to take in hand special selected children with speech defects. Since the beginning of 1935 Miss Guthrie dealt with 111 cases of speech defects. Two of these were "cleft-palate speech," 68 "faulty articulation speech" and 41 "stammerers." These children were taken in small numbers twice weekly for varying periods of 30 to 45 minutes. In dealing with these cases it is important that the interest and co-operation of the teachers and parents is obtained. Although we have only had a short experience of this work, it is quite evident that the treatment of defective speech in children will be fruitful of good results.

The "Myope" or "Sight-Saving" Class is continuing to do good work and give satisfactory results. The children (7 girls and 3 boys) of this class are periodically examined by the Eye Specialist. During the past twelve months no change was required in the glasses of any of them. Unfortunately two of the girls, when called to the Eye Specialist Clinic, did not go and no information as to their eye conditions is available.

(b) Institution Cases.

In September 1934 the following number of children from Fife were in various institutions :—

Baldovan (M.D.),	..	..	..	..	2
Larbert (M.D.),	..	..	..	..	8
St. Joseph's, Rosewell (M.D.-R.C.), Midlothian,	..	..	..	..	3
Waverley Park Home, Kirkintilloch (M.D.),	..	..	..	..	1
Royal Blind Asylum, Edinburgh,	..	..	..	..	5
Institution for Blind, Dundee,	..	..	..	..	4
Donaldson's Hospital (Deaf), Edinburgh,	..	..	..	..	10
Royal Institution for Deaf, Edinburgh,	..	..	..	..	12
Institution for Deaf, Dundee,	..	..	..	..	5
East Park Home for Infirm Children, Glasgow,	..	..	..	..	1
Lauder Road Home (Cripples), Edinburgh,	1
St. Vincent's School, Glasgow,	1
<hr/>					
Total,					53
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During the year further 18 children were admitted (one to the Colony School, Bridge of Weir) and 12 discharged, and thus the total at the end of the session was 59.

Under the Blind Persons Act, 1920, the Education Committee was responsible for the training of seven trainees at Edinburgh Royal Blind Asylum and one at Dundee Blind Asylum.

VI. ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE OF CHILDREN.

(a) Physical Education.

The Physical Education Scheme under the efficient guidance of Mr. George is progressing satisfactorily and is beginning to play an increasingly important part in the physical development of the school children.

Mr. George in his Report stresses the need for the setting up of "Posture-training" classes for the considerable number of children suffering from defects of posture. Just as we are realising the need for special assistance to children with "speech defects" and have appointed a teacher to give special treatment to such cases, so with children suffering from defective posture there is need for extra training and remedial exercises to overcome the defect. Where the defect is not corrected by preventive measures, it may develop into a crippling condition requiring orthopaedic and even operative treatment. These posture-training classes are not part of the orthopaedic scheme. They are essentially preventive and the children are taught in groups, whereas in the orthopaedic clinic the treatment is curative and the children are treated individually. It is surely much more satisfactory if we can prevent the development of crippling conditions and it is also very much cheaper. The need for "posture-training" classes is overdue in Fife.

Report by the Superintendent of Physical Training—Mr. A. W. George

The world-wide prominence which is meantime being given to the question of physical education has had its repercussion in our country, where the Government has invited the co-operation of the British Medical Association. It is interesting to refer to the recommendation of a Royal Commission on Physical Training (Scotland) which was appointed in 1903. This Commission, composed of eminent men in the medical and scholastic professions, reached the following conclusions:—“ . . . that physical training was of equal importance with medical training ; was necessary for both boys and girls ; . . . should receive a prominent place in the curricula of rural and town schools.” Views of a similar nature have been expressed by outstanding men such as Sir Wm. McKechnie, Sir Josiah Stamp and Sir George Newman. While progress has been made, much has yet to be accomplished before real effect is given to the recommendation of the Royal Commission (Scotland), 1903, “ . . . that physical training should receive a prominent place in the curricula of rural and town schools.”

(1) *Primary Departments*.—The interest now being taken in physical training and organised games by class teachers is reflected in an improvement in the standard of work, and in the fact that so many teachers have attended or are anxious to attend classes in physical training.

At the beginning of the present session, a new Board of Education “ Syllabus of Physical Training ” was introduced. This “ Syllabus ” which is a distinct improvement on the previous one, has tended to revolutionise the teaching of physical training in primary schools. Class teachers are unfamiliar with this new type of work and some time may elapse before a high standard of proficiency is reached. The visits of advisory teachers have always been of value but never were they more valuable than at present. Constant reference is made to the long interval, seven or eight weeks, between visits.

H.M. Inspector of Physical Training has made special reference to the definiteness of the scheme of work and to the fact that it is being followed.

The weakness of the teaching of physical training in primary schools lies in the fact that a good many teachers are beyond the age when they can really enter wholeheartedly into the spirit of the lesson ; some are physically unfit, and quite a few have no interest in the subject. Having regard to the points enumerated, it is felt that much better work would be done if some form of specialisation could be adopted. It is suggested that teachers who are specially interested might be permitted to assume responsibility for the physical training of several classes. In small schools, one person could overtake the work, while in large schools, the most suitable arrangement might be for one teacher per division to be responsible for that particular division. While there are bound to be certain difficulties in arranging such a scheme, it is believed that they could be overcome.

2) *Post Primary Departments :—*

(a) *Schools in which there are three or more Post-Primary Classes.*—The work is being carried out in a satisfactory manner and has earned the commendation of H.M. Inspector of Physical Training, who makes special reference to the great use being made of team work. Particular attention is being paid to posture training and it is believed that good results will follow the frequency with which posture tests are being conducted.

The teaching of gymnastics is entirely overtaken by specialist teachers, who, where time permits, assist with organised games. This latter arrangement, unfortunately, is not possible in most schools owing to the fact that staff is not available. There is no doubt that the assistance of specialist teachers would be of great value during organised games periods. The training of boys is overtaken by men, while women are responsible for the work of the girls. Where such an arrangement cannot be effected, the work is bound to suffer. A man gives a masculine bias to the work of girls while a woman cannot be expected to teach advanced work to boys. In any case it is undesirable that a man should regularly take the physical training of post-primary girls or that a woman should be responsible for boys.

b) *Advanced Division Centres.*

The teaching of physical training is carried out by class teachers, but it is felt that at this stage pupils should have apparatus work and could therefore be taught by specialist teachers.

Gymnasia.

The new hall at Kirkcaldy West School is greatly appreciated by all concerned. It is a matter of regret that owing to the lack of commodation it is necessary to use the hall as a sewing room. The hall secured for Buckhaven High School, when available, will be a distinct improvement upon the present central hall. The lack of suitable facilities has greatly hampered the teaching of physical training at Oakfield H.G. School, but this defect is to be rectified by the building of a gymnasium. Reference has been made to the reconstruction of Dyroport H.G. School. It is to be hoped that suitable provision will be made for the teaching of physical training. A gymnasium should be provided at Foulford School, Cowdenbeath. The climate of this country does not lend itself to the teaching of physical training out-of-doors.

In the previous report, reference was made to the minimum dimensions of a gymnasium for thirty pupils as being 60 feet by 30 feet, these dimensions are confirmed in the most recent official publication. *The Design, Construction and Arrangement of Gymnastic Apparatus for Schools (1934).* It should be stated that the gymnasia of Bell-Baxter School and Waid Academy are too small. The responsibility must rest with the Scottish Education Department for having approved of the plans.

Playgrounds.

The practical interest being taken in the condition of playgrounds by the Education Committee is reflected in the improvements effected. It is suggested that the Education Committee and the Committee responsible for the roads might co-operate in the macadamising of playgrounds and in their upkeep where they have been macadamised.

Playing Fields.

Apart from the fact that a special Sub-Committee of the County Council has been appointed to review the whole position in regard to playing fields, no further progress can be reported. One of the greatest obstacles in the way of securing additional playing fields is whether or not payment should be made for the use of Public Parks. It is believed that if this problem could be solved satisfactorily, more playing fields would be available. In this connection it is suggested that a modest rent might be paid.

Remedial Scheme.

In Fife provision is being made for the orthopaedic treatment of children suffering from certain physical defects. After-treatment, which is so necessary in operative orthopaedic cases, will be made possible without any of the present difficulties. Clinics will be established in certain areas, and qualified members of the physical training staff, acting under area medical officers, will overtake the treatment of cases. The Public Health Committee deserves commendation for attempting to do for the physically defective child what the Education Committee is doing for the mentally defective child.

The Education Committee is meantime considering the question of making provision for the mentally backward child as opposed to the mentally defective child. Is it too much to ask that some thought might be given to the problem of the physically backward child. In our schools we have hundreds of children suffering from minor postural defects which cannot be corrected during ordinary physical training lessons. Some of these defects may become self-corrected in the course of time, but many of them, if not treated in early life, may lead to marked deformity in later years. A simple and inexpensive way of dealing with this matter would be to form "Posture Training" classes in all schools where teachers of physical training are available. Such classes would meet for about twenty minutes, two or three times a week. Treatment would be continued until improvement was effected. Cases not responding to treatment of the nature intended, would be referred to the nearest orthopaedic clinic for specialist opinion and advice. Remedial treatment is preventive work and as such, merits serious consideration.

(b) Spray Baths in Schools.

	No. of Children.	No. of Baths taken.
McLean Special Classes,	34	444
King's Road Public School, Rosyth, ..	No Record.	
Park Road Public School, Rosyth, ..	No Record.	
Crossgates (ordinary classes), ..	83	710
Do. (special classes), ..	31	349
Cowdenbeath Secondary School, ..	No Record.	
Do. Moss-side (girls), ..	312	2833
Kirkcaldy (Eastbank Special), ..	51	609
Kirkcaldy High, ..	100	1256
Kirkcaldy, Sinclairtown, ..	No Record.	
Methilhill, ..	286	734
Bell-Baxter, Cupar, ..	142	6106
Newburgh H.G., ..	44	600
Waid Academy, Anstruther, ..	300	396
	<hr/> 1,383	<hr/> 14,037

The figures for the number of children taking spray baths and the total number of attendances show an increase on the figures of 1933. Satisfactory as these figures may seem, very much more could and should be done to encourage school children to partake of this aspect of health-giving physical education. It must again be emphasised that it is not the cleansing of the skin which is here so important, but the physiological tonic effect on the skin blood vessels. Incidentally, it also will tend to reduce the danger of chills and increase the children's immunity to colds.

Spray baths, if they are to be used as an educational adjunct to physical exercises, must be designed for that purpose and there must be sufficient number of them to allow for a rapid handling of a class without undue waste of time. In the opinion of the supervisor of Physical Education, Mr. George, the minimum number for efficient handling and timing is 10 spray baths. The designing of two sets of three or four or five spray baths (one set for each sex) is quite unnecessary in ordinary or in the smaller secondary schools. One set of ten sprays is what should be installed as the sexes must be taken separately and at different times. The futility of placing an inadequate number of spray baths in a school is shown in a case of one Kirkcaldy school where two sets of three "sprays" were recently installed. The Headmaster stated quite definitely that it would be sheer waste of time and was impossible consequently for him to make arrangements to fit into his time-table for classes to be taken to the spray baths and supervised by two teachers. He rightly was not prepared to allow any children to go to the "sprays" without proper supervision. In a school large enough to have two gymnasia, then two sets of sprays would be necessary but here again the minimum number for efficient handling and time saving should be ten in each set.

In the table given above, two schools with spray baths are not included, namely, Dunfermline High School and Cowdenbeath R.C. High School. In both these schools the design and the small number of baths make it useless to spend any time on spray bathing.

VII. MOTHERCRAFT CLASSES.

During the past year, mothercraft classes have been held in eleven advanced division centres. These classes are taught by members of the Welfare Nurses staff (Health Visitors). The number of pupils in the classes varies, because of the frequent changes occurring with pupils leaving the school during the term. This, whilst it cannot be altered, is unfortunate, as it means a considerable number of changes and interruptions, particularly where new pupils are brought in at the beginning of a new term for whom the teacher must make a fresh start.

It is the aim of the staff to teach the subject of the mothercraft classes in as practical a manner as possible, limiting the theoretical side to what is absolutely necessary. The main part of the syllabus, therefore, deals with the care and handling of infants and young children. Simple problems of hygiene, such as proper ventilation, correct temperature of baths, the proper handling of milk, the clothing and cleanliness of the infant, etc., are dealt with and demonstrated.

From the reports of the nurses it is obvious that the best results are obtained with the senior girls and particularly the brighter members of the class. The brighter type of girl picks up the instruction fairly quickly. The duller children, on the other hand, have some difficulties, particularly in understanding the reason why things should be done in a certain way. It is doubtful whether these classes should be given to the backward members, particularly before the age of 13. Quite apart from the standpoint of understanding, they also do not seem to have that interest and concentration which only develops gradually at a later age. The extension of the school age, therefore, will have the advantage of making this important subject available to those duller members of the school when they are more likely to be able to benefit and appreciate what they are taught. The ideal would be the setting up of these mothercraft classes in the evening continuation classes. Unfortunately, it is found that such classes, when advertised, evoke no response. The word "mothercraft" seems to repel the girls or young women from taking such classes. It might appeal if included under a wider course and known as "Domestic Craft." For this reason, it is quite obvious that mothercraft classes must continue to be given in the ordinary school and the consensus of opinion is that a larger number of girls should have the opportunity of attending such classes. As a result, at present these classes are only given to the duller pupils. Most of the headmasters do not time-table for such classes where girls are taking science courses or where they are going into the secondary schools.

There is no doubt, however, that properly given mothercraft classes, instructing them in the handling of infants and young children, would be of the utmost benefit and utility to all girls, no matter what section of the school they are attending.

There are one or two points which I must emphasise in relation to mothercraft classes. The size of these classes should be strictly limited. Under the conditions in which they are held at present, a number bigger than 12 is not conducive to good work. Classes of about 20 or over are too big as a great proportion of the girls in these classes get little practical work and cannot be properly supervised. Another point is that the classroom facilities are inadequate. In most of the schools, where classroom accommodation is not available, and the classes are being taught in any odd room that is free. In some cases it is a clinic room where the children are crowded together. Even where the work of the class is carried out in a housewifery centre, the space available for practical work is limited and only two, or at the most, four girls can carry out practical work at one time. If a proper classroom suitable for the instruction of this work were available and of big enough size, a larger number of girls could be taught at one time and a larger amount of practical work would be possible. At present, a large amount of time has to be spent in revising. This would not be necessary to the same extent with more ample accommodation. In the cramped space, as is often the case at present, girls who are not carrying out any practical operation and are unable to see what is going on, tend to be distracted, leading to inattention and loss of interest in the work.

Despite the handicaps and difficulties that the nurses have to work under in teaching these classes, the results obtained are highly satisfactory and do the nurses great credit.

List of Mothercraft Classes.

- Nurse Kellock—Aberhill H.G. School. Every Friday 9.30 a.m.-1 p.m. 4 classes (12-18 pupils in a class.)
- Nurse Bisset—Leven H.G. School. Every Wednesday 9.40 a.m. to 12.35 p.m. 4 Classes (12-20 pupils per class).
- Nurse Simpson—Buckhaven Secondary School. Every Thursday 1.45-4 p.m. 2 classes (21 pupils per class).
- Nurse Wilson—(a) Burntisland H.G. School. Every Tuesday 1.40-3.5 p.m. 2 classes (14-16 pupils per class).
(b) Kirkcaldy High School. Every Thursday 2.30-3.50 p.m.
- Nurse Petrie—(a) Kirkcaldy High School. Every Thursday 9 a.m.-12.35 p.m. and 1.50-2.30 p.m. 6 classes (12-24 per class).
(b) Viewforth H.G. School. Every Monday 9 a.m.-12.45 p.m. 5 classes (10 per class).
(c) Lochgelly H.G. School. Every Monday 2.30-3.10 p.m. 1 class (18).

- (d) Inverkeithing Public School. Every Tuesday 2.15-3.45 p.m.
2 classes (11-16 pupils per class).
- (e) Queen Anne H.G. School. Every Wednesday 9 a.m.-12.45 p.m.
2 classes (9-12 pupils per class).
- (6) Nurse Robertson—Beath R.C. High School. Every Monday
9-11 a.m. 3 classes (14-18 pupils per class).
- (7) Nurse Gough (temporary for Nurse Caithness)—Moss-side Public
School. Every Thursday 9 a.m.-12.50 p.m. 5 classes (10
pupils per class).

VIII. ARRANGEMENTS FOR FEEDING AND CLOTHING SCHOOL CHILDREN.

From the statement of expenditure on Meals and Clothing for the year ended 15th May 1935, the amounts incurred are as follows :-

(1) Cost of Apparatus,	£15 10 7
(2) Meals (Necessitous Cases),	47 14 2
(3) Boots and Clothing (Necessitous Cases),	2041 1 5½
(4) Meals for Non-Necessitous Cases,	1316 8 9½
Total,	£3420 15 0

Boots and Clothing.

Two years ago the Fife County Council decided that the medical staff should be made responsible for the certification of school children whose parents had applied for the supply of boots and clothing. One of the aims of this change was to obtain greater uniformity in certification. The extra work involved affects the ordinary work of medical inspection, to a less extent in the less populated districts, but to a considerable extent in the three chief mining areas, Lochgelly, Cowdenbeath and Buckhaven.

The number of children examined during the past year was (1) 52 (North-East Fife, Kirkcaldy District and West Fife), (2) 2933 (Lochgelly, Cowdenbeath, Buckhaven), and (3) 913 (the large burgh of Kirkcaldy and Dunfermline.) The total number, 4898 children is greater than in the previous year when it was 4314. These applications necessitated 5903 examinations. The total amount of time involved was equal to that of the school time of a whole-time medical officer. As about two-thirds of the examinations were carried out in the second group of areas, it will be apparent to what extent these additional examinations must encroach on the ordinary school work of the Medical Officers in these areas. This encroachment has not to any great extent affected the routine examinations but it has seriously interfered and prevented the work in connection with the re-examination and special examinations. Not only are these important and essential

examinations curtailed, but useful and necessary inquiries are held up to work requiring very little medical skill and work which could equally readily be carried out by a person with less technical equipment.

IX. ARRANGEMENTS FOR MEDICAL TREATMENT.

(a) Minor Ailments.

a) NORTH-EAST FIFE.—In Cupar a daily clinic, when possible, is now carried out by the nurse in the Castlehill School.

In Tayport the nurse has no proper clinic; minor ailments are treated twice weekly in the laundry and cookery classroom. It is hoped that a clinic will be soon available. It will also be required for Child Welfare work.

At St. Andrews there is no clinic accommodation for the treatment of minor ailments. Some of these are treated at the Child Welfare Centre. In the rural districts, treatments of minor ailments are carried out in the homes of the district nurses, who are responsible for the school medical work. Some of the cases are treated in the homes of the children.

b) KIRKCALDY DISTRICT—Buckhaven-Leven.—The Clinic accommodation here is inadequate, especially in the Aberhill-Methil areas. The County Council are considering the erection of a new clinic near the present Maternity and Child Welfare Centre which must be replaced. In the new clinic adequate provision will be made for the treatment of dental and minor ailments of school children attending Aberhill, Methil and Crossroads schools. School children requiring orthopaedic treatment will also be treated under the new orthopaedic scheme which is being established in Fife.

The clinic accommodation in East Wemyss is insufficient for all the demands made upon it and an extension of the premises is necessary.

Burntisland-Markinch.—The accommodation for the treatment of minor ailments at Burntisland and Markinch can be considered adequate at present. At Markinch, however, the waiting room accommodation is sometimes overtaxed and at Burntisland the heating of the clinic is insufficient. Here also the dental clinic accommodation is inadequate and a reconstruction of the clinic premises is called for if the increasing demands on the clinic are to be met.

At Auchtermuchty there is no clinic and minor ailments can only be treated if one of the classrooms can be made available. The same applies to the dental work which it is sometimes impossible to go on with as the room is needed for class work. The provision of clinic accommodation is here urgently required.

Bochgelly Area.—The clinic accommodation is highly satisfactory, especially since the new clinic premises are available. Unfortunately the Area Medical Officer finds that, owing to the large demands on his time for the examination of applicants for boots and clothing, he cannot give as much time to clinic work as he ought.

(c) **DUNFERMLINE DISTRICT**—Cowdenbeath.—The Area Medical Officer, Dr. Gumley, reports that the active treatment of chronic otitis media, to which reference was made in the last report, has been continued during the year. "Sufficient experience has been gained in this area with the use of iodized boracic powder to offer the opinion that the method is not only simple, rapid and clean, but is, in its results, the most useful single measure that has been tried. It has now superseded Calot's Solution and has been introduced in Kelty Clinic, in place of perchloride in glycerine. It is to be noted that syringing of chronic discharging ears has been entirely stopped in the school clinics in this area."

West Fife Area.—At Blairhall School, clinic treatment has to be carried out in the cookery room. This is very unsatisfactory, especially as the times of the clinics have to be changed whenever there is any alteration in the visiting teacher's time-table. Further, considering the increasing demands made for treatment here, more adequate facilities are necessary.

(d) **KIRKCALDY BURGH**.—"During the year a new clinic at Louisa-borough Road has been opened. This is a combined Maternity and Child Welfare and School Clinic and is intended to serve the needs of the third and fourth wards of the town. The school clinics at Sinclair-town and Dysart Schools have been closed and the school children are expected to attend this new clinic. The only school which might be said to suffer any inconvenience is Dysart, which previously had a clinic of its own (which, however, was not justified by the number of its school population). In practice it is found that the children attend very well and are quick to appreciate the advantages of a central clinic in the way of equipment, baths, etc. A clinic which serves roughly half the town for School and Maternity and Child Welfare work can be equipped on a scale which would not be justified for a small school clinic. It is found for instance that the children are readily availing themselves of the privileges of baths, etc., and encouraging their school friends to do likewise. As a large number of Dysart homes have been removed to the Windmill Road re-housing area the new clinic is probably nearer for their occupants than the one at Dysart School."

(e) **DUNFERMLINE BURGH**.—The treatment of school children is very efficiently carried out in the clinic premises of the Carnegie Dunfermline Trust.

Clinics (County).

The Welfare Nurses made 1774 clinic visits throughout the school session and treated 10,087 new cases, who made 44,247 total attendances. The number of cases and attendances for the various main conditions were as follows :—

	<i>New Cases. Attendances.</i>	
Head Vermin,	31	91
Body Vermin,	—	—
Ringworm (Scalp),	4	86
Scabies,	67	323
Uncleanliness or Neglect,	11	25
Impetigo Contagiosa,	1167	6900
Other Skin Conditions,	193	1427
Otorrhoea,	379	7029
Eye Disease (External),	514	6567
Ear Cases,	129	661
Nose and Throat Cases,	81	402
Other Cases,	7181	19,967
Accidents,	187	618
Advisory Cases,	143	151
	<hr/> 10,087	<hr/> 44,247

These figures show a decrease in cases and attendances. The diseases are shown in all conditions with the exception of scabies where there is a small increase. The number of "Other Cases" is again high. The conditions included under this heading can, to a large extent, be included under (1) cuts and bruises and (2) septic sores. Other conditions also included :—Warts, Abscesses, Burns, Splinters, Chilblains, B. inunctions, etc., etc.

A detailed analysis of the work carried out in the various regular and recognised clinics throughout Fife are given in Appendix I.

In the rural districts where clinics are not available, treatments have to be carried out in the homes of the patients or in some cases the district nurses treat the cases in the nurses' homes. The total number of cases so treated was 1737—of these 516 were for impetigo contagiosa, 4 were accidents, 582 other conditions (such as burns, cuts, bruises, etc.), etc.

In the Burgh of Kirkcaldy the treatments, with the exception of 21, were carried out in the various clinics. The Welfare Nurses paid 639 clinic visits and treated 3775 new cases, who made 14,773 attendances. The main conditions treated were :—Impetigo 513 (attendances 1907), external eye disease 206 (1234), other skin conditions 153 (1267), otorrhoea 98 (2233), ear cases 57 (106), other cases 2666 (7770), etc.

In the old Burgh of Dunfermline the school children are treated at the Clinic of the Carnegie Dunfermline Trust, and in the new portion of the Burgh (Rosyth), in the school clinics. The total number of new cases (5251) made 32,818 attendances. Details are published in the special report by Dr. Emslie Smith, Medical Officer to the Carnegie Dunfermline Trust.

(b) Dental Treatment.

COUNTY.—There has been no further change in the school dental scheme. During the past year, eight adult size dental chairs were placed in some of the larger clinics. Whilst this will allow for better facilities for older and adult cases, the wider range of movements of these chairs will also increase the facilities for the treatment of the school children. Unfortunately it was impossible to place one of these chairs into the St. Andrews dental clinic. Here a proper dental chair is definitely required but lack of space will not permit of one being placed there. The increasing demand for dental treatment here is making this an urgent problem. It is hoped that something will also soon be done for more adequate clinic accommodation at Tayport and at Auchtermuchty. In the latter place the room used by the dental staff is required for educational purposes, and the dental work has to be done whenever suitable arrangements can be made. The arrangements for dental treatment at Blairhall Public School are also unsatisfactory. This also applies to a number of other clinics, e.g., Burnside, East Wemyss, etc.

During the school session of 1934-5 there were 15,952 school children inspected throughout Fife. Of these 2890 had sound teeth or about 18 per cent.; 10,136 had 1-4 defective teeth; 2558 had 5-8 defective teeth; and 371 had nine or more defective teeth. The number of children referred to their parents as requiring dental treatment was 13,062 or 81 per cent. of the total inspected. The number of parents who indicated that they wished dental treatment to be carried out at the school clinics was 6042 or 46·2 per cent. 6858 indicated that they wished treatment by their "Own Dentist," 108 refused to have treatment, and 54 cards were not returned. In a large proportion of the "Own Dentist" cases nothing is done and here re-inspection is urgently called for. Lack of staff does not permit for time to be made available for such or any re-inspection. Actually only 287 re-inspections were carried out during the year. At present there is more work to be done than can be overtaken and this despite the fact that the children as a whole are orally inspected three times during their school life. From this it will be quite obvious that the time is overdue for a consideration of the problem of an adequate dental staff.

The County staff (4) visited 195 schools for the purpose of inspection and made 131 school visits (country schools) to carry out treatment. The number of children treated at the schools was 1843 and they received 3972 treatments (1650 extractions, 2322 dressings, fillings, etc.). The school dentists made 1603 visits to the school clinics—this includes 47 clinics for extractions under a general anaesthesia. The total number of children treated was 12,514 and they received 32,567 treatments (2·6 per child). Of these, 1630 were casual and 10,882 appointment cases. The number of treatments given in the various clinics is given in the following table :—

	Extractions.	Dressings, Fillings & Scalings, etc.	Total Dental Operations.
Bar,	260	858	1118
Byport,	203	560	763
Andrews,	299	1152	1451
Astruther,	57	531	588
Burgh,	216	569	785
Blybank,	109	230	339
Bhigelly,	1451	796	2247
Bsshill,	1108	697	1805
Bhterderran,	1341	848	2189
Berkeithing,	704	708	1412
Bentisland,	950	910	1860
Bekhaven,	2122	488	2610
Len,	913	908	1821
Bkinch,	1084	903	1987
Bt Wemyss,	378	335	713
Bhilhill,	608	439	1047
B,	129	134	263
Bdenbeath,	2256	974	3230
Bty,	1231	429	1660
Btryburn,	1102	502	1604
Bsgates,	690	283	973
Brhall,	678	200	878
Btiallan,	288	135	423
Tals,	18,177	13,589	31,766

A further analysis of the figures submitted by the dental staff gives more detailed information of the work done. There were 2083 extractions carried out without an anaesthetic—2072 of these teeth were temporary and very easily removed. In the case of the teeth extracted with a local anaesthetic, 13,820 were temporary or milk teeth and 240 were of the permanent set. The number of teeth extracted under general anaesthetic was 1932. The percentage of extractions to the total number of dental treatments is 55.5. It will not be possible to increase this figure much more with the present scheme and the limited amount of inspection which goes with it. The aim of every dental scheme is the reduction in the amount of extraction work to a minimum and the increased treatment for the conservation of the teeth to a maximum figure. Conservative treatment of course is largely preventive. Its full success can only be attained by periodic inspections at least once a year for every school child.

The analysis of the figures for the conservative treatment in Fife is as follows:—The number of dressings was 2503 and 2288 of these were for permanent teeth. The total number of fillings inserted into teeth was 7443 (3492 "Cement," 3304 "Amalgam," and 647 "Silicate" fillings). Here again the greater number (5333) was for permanent teeth. The treatment of the teeth with silver nitrate has for its object the inhibition or holding up of dental disease but its effects cannot be

lasting. This method of treatment is therefore much applied in the case of temporary teeth and requires to be repeated after certain intervals. There were 5,221 such treatments given (4279 temporary and 942 permanent teeth). Scaling of teeth or the removal of "tartar" was carried out in 802 cases—practically all on permanent teeth. Besides the foregoing dental operations there were also 265 other dental operations such as "regulation" of badly-placed teeth, etc. Along with the school children, every encouragement is given for mothers to bring pre-school children to the dental clinics, and during the past year 2,000 were treated at the school dental clinics.

LARGE BURGHS (KIRKCALDY AND DUNFERMLINE).—During the past school year the number of children inspected was 2551 (Kirkcaldy) and 4193 (Dunfermline). In the former burgh the number with sound teeth was 226 (8·8 per cent.), and in the latter 1402 (33·4 per cent.). The number referred for treatment was 2325 and 2791 (old Burgh only) respectively. The figures for the Rosyth portion of Dunfermline are not available. In Kirkcaldy 971 or 41·7 per cent. accepted school dental treatment and 1579 or 56·5 per cent. in Dunfermline. For the purpose of these inspections, the number of school visits by the dentists was 5 (Kirkcaldy) and 11 (Dunfermline). The clinic visits numbered 449 in Kirkcaldy and 746 in Dunfermline. The total dental treatments in Kirkcaldy was 7349 and was made up as follows :—3050 extractions, 611 dressings, fillings 615, silver nitrate and scalings 2267, others 8. The number of casualties was 946 and there were 2235 appointments. There were 224 appointments that were not kept. The figures for Dunfermline are :—total treatments 12,926 ; extractions 4048 ; conservative treatments 8878 (dressings 572, silver nitrate and scalings 4574, fillings 3658 and others 74).

DENTAL DEMONSTRATIONS AND TALKS GIVEN IN FIFE SCHOOLS BY STAFF OF THE DENTAL BOARD OF THE UNITED KINGDOM.

Last year a very successful series of lectures was given by a lay member of the Dental Board of the United Kingdom. As there were so many expressions that these talks and demonstrations should be repeated, I was asked by the Schools Sub-Committee to communicate with the Registrar of the Dental Board with the request that two members of his staff be supplied in order to give similar demonstrations and talks in various schools in Fife. As a result of the arrangements made, the children in the following schools were given an opportunity of hearing these interesting lectures on how to take care of their teeth—

Western Area.—Beath Secondary ; Beath R.C. High ; Broad Street ; Moss-side Advanced Division Centre for Girls ; Oakfield H.G. ; Craigatones, Inverkeithing ; King's Road ; Ballingry ; Lochgelly H. ; Blairhall ; Torryburn ; Tulliallan and Queen Anne H.G. Schools.

Eastern Area.—Viewforth, Kirkcaldy; North, Kirkcaldy; Burntland H.G.; Auchtermuchty; Ladybank; Madras College, St. Andrews; Waid Academy, Anstruther; Colinsburgh; Elie; Bell-Baxter, Cupar; Newburgh; Guardbridge and Leuchars Schools.

In all these schools, the older pupils were given an opportunity to hear the talks and see the models demonstrated.

From the various headmasters in the West, letters indicating appreciation of the lectures, "which were most interesting and instructive and serviceable" were received. "The talks and subject matter were most interesting" and "the models showing the beginning and progress of dental decay excited the main interest among the pupils." "The interest so established will provide a very suitable means whereby the class teacher will be able to emphasise the need for dental hygiene." The models also came in for comment as being particularly good. The practical results of these lectures have also been noticeable by an increase in the number of children taking a more active interest in the personal cleanliness of their teeth.

The reports of the headmasters in the East were also equally favourable. "The lecturer spoke exceedingly well and the children were greatly impressed—as they always are when someone other than their regular teacher speaks to them." "I consider her visit was of real value in furthering an interest among the children in dental hygiene. The children were keen to follow and quick to understand the implications of what she said and what she showed. The models were a matter of such lively interest and curiosity" and "and were carefully scrutinised." "These outside lessons confirm and corroborate the organised class teaching and drive home with a fresh impressiveness much that has already been taught." The head-teachers indicate that "We could gladly arrange for the reception of a similar demonstration next session."

The dentists also indicate their appreciation. In one case the dentist reports that "for several months after these talks (last year) there was marked increase in the number of casual patients among the senior pupils." Another dentist reports that "These talks have done a great deal of good in the schools in my area—they have made many of the older children interested in their teeth and we have found that they told their younger brothers and sisters what they learned at school." In the case of one of the schools in which there have been bad returns, and where most of the children take no interest in their teeth, the dentist reports, "I have had 6 or 7 asking for treatment lately and they indicated that the lecturer had made them most ashamed of having serious teeth." It is also expected that many more will have gone to their own dentist. Many of the children have spoken to the dentist about the pictures which were shown at the demonstration and they are anxious "to have their teeth filled rather than extracted." Even in some of the schools where there have been good returns, some of the older boys have come forward for treatment since the talk.

It is quite obvious after reading through all the letters received from the headmasters that these talks and demonstrations can be considered as not only interesting but definitely successful and I would suggest that the Committee again allow me to make application and arrangements for a similar set of talks and demonstrations to be given next year.

X. ACCIDENTS IN SCHOOLS.

1. Minor Accidents.

Replies were received from 162 schools regarding accidents occurring in schools. In four schools no figures were available (sickness or change of head-teacher); in other four schools only approximate figures could be given and in the case of three schools (Largoward, Lundin Mill and Milton of Balgonie) it was reported that there had been no accidents.

The total number of minor accidents occurring in schools and for which first-aid treatment was given by the school teachers, was 9324. Of these, 1282 took place in gymnasias, 2046 in classrooms, and 5996 in the playgrounds or outside the school buildings.

(a) GYMNASIA.—The number of accidents in gymnasias (1282) shows a marked increase from last year when only 467 were recorded. Of the total there were 1162 (90 per cent.) caused by splinters. The schools in which these "splinter" accidents were common are:—

Viewforth, Kirkcaldy,	..	..	..	..	18
Townhill, Dunfermline,	..	..	..	..	13
Lochgelly South,	..	..	..	..	10
Lumphinnans,	..	..	..	..	9
Oakfield H.G., Kelty,	..	..	..	..	7
Lochore R.C.,	..	..	..	..	7
St. Agatha's, Crossroads,	..	..	..	..	5
Denbeath,	..	..	..	..	4
Glencraig,	..	..	..	..	4
Limekilns,	..	..	..	..	3
Elie,	..	..	..	..	3
Lochgelly H.G.,	..	..	..	..	3
Crombie,	..	..	..	..	3
Lochgelly West,	..	..	..	..	2
Ballingry,	..	..	..	..	2
Auchtermuchty,	..	..	..	..	2

In a number of these schools, mention in last year's report has been made of the large number of accidents due to splinters, e.g., Oakfield (90), Lochgelly South (71), Denbeath (51), Lochgelly West (35), Limekilns (22 and in 1932-3—28). In the case of Townhill Public School the floor was planed about two years ago and now the number of splinters

accidents is double the figure (64) that was reported before the planing was carried out. The explanation seems to be that a poor quality or a wrongly-laid (grain) wood is used and whilst planing may help it only does so temporarily. Another fact which must be borne in mind is that the great majority of the floors where these accidents occur, are in central halls or corridors (used as gymnasia). Some splinter accidents also occur in special reserved halls, e.g., in Pathhead Public School (10 are reported and 15 last year), also in Dunfermline High (14), but these are relatively small figures to those already given. In a number of schools reference is made to gymnasia floors causing "splinter" accidents but no figures are given as to numbers.

Note.—Any figures given in brackets are last year's figures.

In contrast with the avoidable accidents due to splinters, the small number of other accidents occurring in gymnasia is noteworthy, and the classroom and specialist teachers deserve full credit for this state of affairs.

(b) CLASSROOMS.—The total number of minor accidents recorded as occurring in classrooms is 2046—a slight decrease on last year (2110). Of this total, 883 were cuts and 104 bruises. There were 154 burns and 17 accidents due to splinters. In Aberdour School it is reported that the latter occurred mainly in the one classroom where the desks are old.

The number of sickness cases was 525 and again Kirkcaldy High School leads with 181 cases. Commercial, Dunfermline and Denbeath come next with 35 and 33 respectively.

(c) PLAYGROUNDS.—The total number of minor accidents occurring outside the school buildings was 5996 as against 5216 last year. The great majority of these (5271) were cuts and bruises resulting in the main from falls in playground, projecting stones, tree stumps or other causes of unevenness. The schools with the outstanding number of such accidents are :—

Burntisland H. G.,	..	..	..	220 (250)
Pathhead, Kirkcaldy,	..	..	..	226 (113)
Strathmiglo,	..	..	..	186 (220)
St. Margaret's, Dunfermline,	..	..	..	160
Culross	..	..	..	110 (127)
Glencraig,	..	..	..	80 (110)
Foulford,	..	..	..	94
Denbeath,	..	..	..	71
Leslie,	..	..	..	59 (66)

The following three schools only gave approximate figures :—Lochgelly R.C. (480), Lumphinnans (165) and St. Leonard's (150).

In all these schools the surface and condition of the playground are indicated as the cause of the accidents. At Burntisland H.G. School, the relatively small size of the playground as well as the slope are contributing factors, whilst in the case of Strathmiglo and St. Margaret's,

Dunfermline, building operations were responsible for the large number. Other schools also make reference to the condition of the playgrounds, but give no definite figures for the number of accidents. In the case of Auchtertool, special reference is made to a drain which was opened up near the centre of the playground. Despite repeated complaints, this drain was not closed for a considerable time (6 or 8 months). Here one case of a major accident took place through this cause.

In a number of schools wasp stings are referred to as a cause amongst the minor accidents and one school had recorded as many as nine.

2. Major Accidents.

In addition to the minor accidents there were 205 accidents which were more severe and required medical attention. From the headmasters' reports, 12 occurred at gymnastics, 32 in the classrooms or schools, and 161 outside the school buildings. The relative figures for last year were 19, 27 and 154. The schools with the largest number of major accidents were :—

Kirkcaldy High,	16
Queen Anne, Dunfermline,	12
Viewforth, Kirkcaldy,	11
Inverkeithing,	8
Beath R.C. High,	8
Thornton,	6

There were six schools in which five major accidents occurred.

The headmasters reported 123 of these major accidents to the Education Offices.

APPENDIX I.

TREATMENT (MINOR AILMENTS).

(a) CLINIC CASES.

Condition.	Torryburn.	Blairhall	Inverkeithing.	Crossgates	Cowdenbeath.	Kelty	Lochgelly	Crosshill	Auchterderran.	Burntisland.	Markinch.	East Wemyss.	Methilhill.	Buckhaven.	Leven.	Kirkcaldy Burgh.	Dunfermline Burgh.	Totals.
Clinics Visited ..	76	98	154	159	123	123	141	112	146	90	86	95	104	120	147	639	..	2,413
Head Vermin ..	2	..	..	..	..	..	..	..	2	25	..	..	..	..	2	..	3	34
Body Vermin ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ringworm (Scalp)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scabies ..	5	2	4	..	1	8	6	9	12	4	1	..	3	2	6	11	39	113
Uncleanliness or Neglect ..	..	..	..	..	..	..	..	..	..	..	6	..	..	..	4	23	..	33
Impetigo Con- tagiosa ..	71	34	45	46	114	77	64	90	133	66	12	79	129	67	66	513	412	2,018
Other Skin Con- ditions ..	15	2	7	17	22	12	16	22	..	5	15	..	12	2	20	153	709	1,029
Otorrhoea ..	7	12	23	19	25	14	44	32	20	16	3	29	21	44	48	98	122	577
Eye Diseases (Ext.)	14	38	43	46	31	9	56	29	28	33	34	25	64	24	40	206	403	1,123
Ear Cases ..	11	2	1	13	21	3	..	20	4	10	11	..	..	5	16	57	108	282
Nose and Throat Cases ..	..	37	6	1	..	..	..	..	..	9	5	..	..	..	2	17	221	298
Other Cases ..	152	515	1024	808	226	556	979	874	165	402	110	413	299	340	174	2,674	3,232	12,943
Accidents ..	3	..	20	12	6	..	..	..	1	41	69	..	1	1	2	1	..	157
Advisory Cases	..	..	16	19	47	..	..	..	..	38	15	..	..	..	2	21	..	158
Totals ..	280	642	1189	981	493	679	1165	1076	365	650	281	546	529	488	382	3,775	5,251	18,772
Totals (1933-34)	262	716	1,310	1222	463	697	1,106	941	470	569	340	723	565	744	440	3,747	5,757	20,072

APPENDIX I.

TREATMENT (MINOR AILMENTS).

(b) CLINIC ATTENDANCES.

Condition.	Torryburn.	Blairhall.	Inverkeithing.	Crossgates.	Cowdenbeath.	Kelty.	Lochgelly.	Crosshill.	Auchterderran.	Burntisland.	Markinch.	East Wemyss.	Methilhill.	Buckhaven.	Leven.	Kirkcaldy Burgh.	Dunfermline Burgh.	Totals
Home Treatments	504	..	..	..	..	..	..	..	..	69	..	..	..	..	..	21	..	594
Head Vermin	5	..	..	..	..	..	..	..	12	71	..	..	..	..	3	..	13	104
Body Vermin	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ringworm (Scalp)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scabies	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Uncleanliness or Neglect	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Impetigo	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Con- tagiosa	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Skin Con- ditions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Otorrhoea	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Eye Disease (Ext.)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ear Cases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Nose and Throat Cases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Cases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Accidents	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Advisory Cases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	1,877	1,813	5,284	5,531	1,682	2,823	3,789	3,619	2,171	2,728	1,356	2,042	2,949	2,787	2,183	14,773	32,818	90,225
Totals (1933-34)	2,654	2,245	5,740	5,806	2,473	3,866	4,229	3,246	2,533	2,808	1,496	2,686	4,459	3,468	2,403	16,895	35,630	102,637

APPENDIX II.

Table showing number of cases of Infectious Diseases taken from Head Teachers' attendance returns during the year 1935.

School Management Areas.	Measles.	Scarlet Fever.	Diphtheria.	Mumps.	Whooping Cough.	Other Infectious or Contagious Diseases.	Totals.
CUPAR	136	109	14	81	27	183	550
ST. ANDREWS	42	54	11	90	107	129	433
ANSTRUTHER	1	41	7	..	..	96	145
WEMYSS	74	183	61	23	90	359	790
KIRKCALDY	310	212	75	322	107	523	1549
BEATH	228	214	106	223	164	568	1503
DUNFERMLINE	401	197	104	195	200	441	1538
TOTALS	1192	1010	378	934	695	2299	6508

APPENDIX III.

Special School Children.

Recently the placing of "mentally backward" pupils in Special Classes has been challenged. It must at once be pointed out that children recommended for transfer to the special classes are mentally defective under the "Education (Defective Children) Act, 1906." The term "mentally backward" was suggested by the Medical Inspection Committee of the late Education Authority in order to avoid hurting the feelings of parents, and because parents misunderstand the meaning of the technical term "mentally defective."

I must here indicate that the conception of mental deficiency is of quite recent date. Even as late as the end of the last century the terms "idiot" and "lunatic" were practically synonymous. In the "Idiots Act" of 1886 a sub-class of the mentally defective is recognised for the first time, and the term "imbecile" was used to denote one who is less defective than an idiot. The "Mental Deficiency Act, 1913" resulted from the inquiries and deliberations of the Royal Commission which was set up in 1904 and reported in 1908. It pointed out that there were present in the community large numbers of mentally defective persons whose training was neglected and over whom insufficient control was exercised. The 1913 Act laid down certain definitions—

(1) *The Idiot*.—Persons in whose case there exists mental defectiveness of such a degree that they are unable to guard themselves against common physical dangers.

(2) *Imbeciles*.—Persons in whose case there exists mental defectiveness which, though not amounting to idiocy, is yet so pronounced that they are incapable of managing themselves and their affairs or, in the case of children, of being taught to do so.

(3) *Feeble-minded Persons*.—Persons in whose case there exists mental defectiveness which, though not amounting to imbecility, is yet so pronounced that they require care, supervision and control for their own protection, or for the protection of others, or, in the case of children, that they appear to be permanently incapable, by reason of such defectiveness, of receiving proper benefit from the instruction in the ordinary schools.

(4) *Moral Defectives*.—Persons in whose case there exists mental defectiveness coupled with strongly vicious or criminal propensities and who require care, supervision and control for the protection of others.

In this Act the further sub-classes—feeble-minded and moral defectives—are indicated for the first time.

In the Mental Deficiency Act of 1927 a definition of mental defectiveness is given for the first time. "For the purpose of this section

'mental defectiveness' means a condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes or induced by disease or injury." The introduction of psychological tests for the measurement of intellectual development may be looked upon as the main contributory factor in the increased knowledge in this branch of mental science. The study of the education of mental defectives has also contributed towards the advance of educational technique, e.g., Montessori method, etc.

From the foregoing it will be obvious that the progress made in our knowledge of higher grades of mental defectives is so recent and is still undergoing development that it is only realised by those who have been actively engaged in this work. It is the low-grade cases—the idiot, the imbecile—that people have in mind when they speak of the "daft child." Some of the low-grade mental defectives who are educable and who border on (or overlap with) the imbecile, may also be considered in this category, but it is with the ordinary average type of educable mental defective, and still more with the high grade that difficulties arise. With the low-grade cases we have very frequently associated pathological conditions or external signs which are apparent to any person—these cases tend to be abnormal. The case of the ordinary average mental defective who is educable is different. He is much the same in appearance as ordinary children. External signs (pathological conditions) are not so frequent. This applies still more to the high-grade mental defective who borders on the dull or backward child and in whom he is generally indistinguishable so far as external signs are concerned—he is simply an outstanding variant of the normal child.

It will therefore be seen that the average and high-grade mental defective is not an abnormal person as is the case with the lowest grades of mental defect. The use of intelligence tests has shown quite conclusively that the defective differs from the dull and backward child quantitatively rather than qualitatively. There is no definite line of demarcation and the borderline is a broad band rather than a line—a broad band in which the highest grade of the one and the lowest grade of the other intermingle.

When people speak of "mentally backward" children they usually have in their mind's eye a condition which is temporary. This is best exemplified in the case of the child who is backward in its school work because of absenteeism. Such a child, although it is losing ground scholastically, is not necessarily seriously retarded in its mental development. Numerous children have been tested who were known to be scholastically defective but in whom a normal or only slightly retarded mental development could be ascertained. *Such children are not recommended for transfer to the special classes.* In the case of mentally defective children, the arrested or incomplete mental development, whatever the cause, is a permanent condition.

Where a child has a poor capacity brain slightly below the average (simply dull), any educational difficulty such a child may find in school can be generally met by retarding the child one or even possibly two years. When, however, the handicap is more marked it is obvious that simply putting the child back a year every now and then is fraught with difficulties and is definitely unsatisfactory to the child. It is for this reason that the special classes were instituted—classes in which more individual attention can be given (because of small numbers), and where the defective child can work at his own pace without strain and discouragement.

Not only is the defective child handicapped in school, but so when he leaves school does he find difficulty in adjusting himself to his social surroundings. The greater the arrested development, the greater will be the difficulty for the child to react satisfactorily to the various social interactions. In the "feeble-minded" child this difficulty is so pronounced that it is obvious that the child requires "care and supervision." It is also known from experience that a certain number of feeble-minded children can be socialised if they have no vicious traits, and if they have been adequately trained and educated along lines suitable for their abilities.

Whilst the bulk of the mentally defective children will be handicapped both scholastically and socially, a certain number (according to the Wood Report probably about one third) of the higher grade cases can be looked upon as mentally defective mainly from an educational standpoint. These cases, given proper instruction under special class conditions, will generally turn out quite satisfactory units of society. There is a good deal of talk of "stigma" attaching to a child stated to be mentally defective, but how many of the people who are so much concerned about stigma, are really concerned with what should be done with such children when in school? The need for the high-grade mentally defective children and also for the borderline dull children requiring special instruction along different lines from those given in the ordinary class is obvious to all educationists.

The Report of the Mental Deficiency Committee published in 1929 and known as the Wood Report states "in the largest towns, considerable numbers of the mentally defective children are at present in attendance at day special schools and it is the unanimous opinion of the Committee that a development of this type of educational provision offers the best solution. It is of opinion that if these classes are to be developed unhampered, certification of the children to be transferred to them should be abolished. It therefore suggests that the lowest grade educable mental defectives should be slumped with the idiots and imbeciles and excluded from the school system. It further suggests that the average or ordinary type of mental defective and the high-grade mental defectives (50-70 I.Q.) should be placed in the category

known as retarded children. It claims, and most educationists cannot help but agree, that by so doing the lowest grade dull children—what may be looked upon as borderline cases—should thus also be included in the special class system. The result of this recommendation, if put into practice, would be the increasing of the number of children for whom special class education is considered necessary. There is no doubt that at the present moment, it is the borderline children with I.Q.s approximately between 70 and 80 who are not receiving education suitable for their mental capacity. We find that as a result a considerable proportion of these children, especially at present with the large amount of unemployment, find it very difficult to adapt themselves to the social conditions and a considerable number become delinquents. I am satisfied from the experience we have had in the special classes, that the extension of special class instruction to those borderline cases would very considerably cut down adolescent delinquency. The number of children placed in a special class must, however, not be increased except to a small extent where definite grading can be made as in large centres.

From the foregoing it will be seen that the procedure which I have been trying to follow with regard to these high-grade mentally defective children, namely, to avoid certification and rather to encourage the parents to understand and agree to the transfer of their children to the special classes, is in line with the recommendations of the Wood Committee. It must, however, be pointed out that whether we eventually change the words "mentally defective" to "mentally retarded" or "mentally backward" makes no difference, the psychological fact still remains that these children have a brain of a varying inferior mental capacity and therefore require instruction along special class lines; further, a certain number of these children will still require eventually to be certified as feeble-minded under the Mental Deficiency Act.

Around about 1922 there was a suggestion made that the Education Authority should set up four special class centres—Dunfermline, Cowdenbeath, Kirkcaldy and Buckhaven. Following a further recommendation, a limited survey was carried out and thereupon it was approved that there should be a commencement made by putting up a large special school for the Dunfermline and Cowdenbeath areas and that a second large centre be considered later on. This scheme has been speeded in abeyance, and meantime there are four incomplete centres and a number of single-class units for special class instruction. One of the centres is at Crossgates—originally situated at Cowdenbeath, but transferred because of more accommodation and practical instructional facilities.

It is now suggested by objectors that this centre be discontinued, and that children requiring special class instruction be allowed to remain in a special class in their own area. It has also been suggested by some

that the children be left in their own *schools*. This latter suggestion is obviously impractical. It would entail an increase of special teachers which it would be impossible to meet. Even if it were carried out, it would not eliminate possible objections by some of the parents.

What about the retention of the children in a special class or classes in their own area? On the basis of Mr. Watson's figures last summer (see appended Table) three teachers would be required for Cowdenbeath, 2 for Kelty, 1 for Crossgates, 2 for Lochgelly and 3 for Glencraig—a total of 11 teachers, where 8 would suffice in a centralised scheme. Only in two areas could a fair grading be carried out, namely in Cowdenbeath (3) and Glencraig (3). It must be pointed out that where grading is limited or non-existent, twenty in a class is too much for one teacher to handle efficiently. In a larger centre where proper grading can be carried out, more efficient teaching is possible, satisfactory arrangements can be made for practical instruction, and the teachers can discuss their difficulties and co-operate with each other, things that are impossible to the single class teacher.

The suggestion has been made that a compromise-scheme might be adopted—the younger children to be retained in one or more special classes in their own area but the older ones (11+) to be centralised in a larger centre where more definite grading can be carried out, and where adequate facilities for practical instruction would be available. This scheme, whilst it has the disadvantage of not allowing for grading with younger children, is nevertheless worthy of some consideration. I doubt very much, however, whether it will remove much of the present public uninformed criticism, especially when the children reach the stage at which they must be transferred to the larger centre. There is no doubt that one of the main objections to special class instruction is the retention of the pupils after the age of fourteen. There is, however, a probability that if the school leaving age is increased to fifteen, a modification will also be made whereby the special class pupils will be allowed to leave at the same age as the other pupils.

The present agitation against special classes is in great part due to the survey which has been undertaken, and as a result of which a large number of children have been notified at one time for transfer. The fact that a larger number of parents have been involved has been seized upon by political and other bodies for their own ends. In future arrangements must be made for a continuous ascertainment and one whereby children who are so mentally and educationally handicapped as to require special class instruction can be discovered soon after they have completed their first three years at school. The earlier the child is given special class instruction, the more satisfactory the result—they will be less psychologically unfit and will therefore respond more rapidly to the less exacting and more congenial atmosphere of the special class instruction. If the "normal" or ordinary school child ten

suffers from nervous instability because of the strain of school work, will be easily understood that this can affect the sub-normal child even more definitely. In those cases which show no such signs and who have become indifferent to school work, a considerable amount of time must be spent in the special classes to overcome this lack of interest and sometimes it is too late to do anything of value.

If the Central Committee is to carry out its educational scheme for handicapped children, it must have the loyal support of the members of the School Management Committees. Without this there can be nothing but trouble arising from misunderstanding.

Summary and Conclusions.

1. Children in Special Classes are Mental Defectives under the Education (Defective Children) Act of 1906.
2. A proportion of these children are eventually certifiable as " feeble-minded " under the Mental Deficiency Act of 1913.
3. The two groups of mentally defective and retarded children are not merely contiguous but also a casual relationship exists between them. The definitely educable mental defective must be looked upon as a variant of the normal. He is simply sub-normal.
4. It is the low-grade cases that people think of when reference is made to mental defect. He is not simply sub-normal but very often abnormal.
5. Experience has shown the great benefit the educable mental defective derives from instruction in Special Classes.
6. The strain of having to try to understand school work for which he is mentally incapable is removed. One of the outstanding results from transference to a special class is the increased visible happiness of the child.
7. The practical instruction in special classes helps the child later for its social duties and has undoubtedly contributed to reduce the social problems which these children would otherwise bring about.
8. The arrangements for ascertainment of " mental defectives " for special class instruction should be such that the children are brought forward as soon as they have completed their first three years (or soon after the eighth birthday). *Mental inhibitions will not have had time to develop to any serious extent and a more satisfactory response to proper educational methods will be possible.* Less trouble and opposition will also be encountered at this stage.
9. It has been suggested that the younger children requiring special class instruction should be placed in special classes in their own area.

10. The older (11 +, etc.) definitely educable children who will benefit from instruction in practical subjects should be centralised in a centre where grouping or grading according to their capacities and abilities is possible.
11. Grading is necessary if the training and education are to be efficient and there must be an adequate provision for a variety of practical instruction if all the pupils are to benefit.
12. In conclusion it must again be emphasised that the only object for transfer to the special class is to provide 100 per cent. education facilities to the child who has not got the mental capacity to benefit from education in an ordinary class.

Carnegie Dunfermline Trust.

ANNUAL REPORT

ON

THE TREATMENT OF SCHOOL CHILDREN

IN

DUNFERMLINE CLINICS

FOR YEAR ENDED 31ST JULY 1935.

BY

HARRY EMSLIE SMITH,

M.D., Ch.B., D.T.M. & H., D.P.H.

Administrative Medical Officer of the Carnegie Dunfermline Trust.

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HARRY EMSLIE SMITH, M.D., Ch.B., D.T.M. and H., D.P.H.

Consulting Aural Surgeon.

DOUGLAS GUTHRIE, M.D., F.R.C.S.

Defective Speech Clinic.

MARGARET FLEMING.

Dentists.

RICHARD V. P. CAMPBELL, H.D.D., L.D.S., R.C.S., Ed.

ROBERT WEIR, L.D.S., R.C.S., Ed.

Nurses.

A. E. BENNET. E. B. STENHOUSE.

Clerical Staff.

W. O. HALL. M. McLAREN.

Clinic Attendants.

D. SMITH. E. D. McLAREN. J. FRASER.

A. BANKS (Temporary).

	Old Burgh.	Rosyth.
Number of Schools,	10	3
Accommodation Places,	8614	
Number of Children—		
(1) Average No. on Register, ..	6204	
(2) In Average Attendance, ..	5675	

INTRODUCTION.

During the year which ended on 31st July 1935, the total number of school children who attended at the various Clinics for treatment amounted to five thousand two hundred and fifty-one. Thirty-two thousand eight hundred and eighteen treatments were given. The numbers, although still large, represent a decrease of three hundred and forty new cases as compared with last year.

In practically all departments, slight decreases were noted, and with the exception of the months of October and November, and to a lesser extent April, they were more or less distributed throughout the year.

There were no epidemics of Eye, Ear or Skin affections.

In general it may be said that the year was more healthy than the previous one, at least in respect of those affections treated at the Clinics.

An interesting account is given by Miss Margaret Fleming of the work in connection with the training of children who suffer from defects of speech.

The Clinic Dentists are responsible for both Inspection and Treatment of children's teeth. A satisfactory account of the work in the Dental Clinics is included in this report.

ARRANGEMENTS FOR MEDICAL TREATMENT IN THE DUNFERMLINE CLINICS.

The various departments of the School Clinic have been described in earlier Reports :—

See Annual Report (1909)—General Clinic.

See Annual Report (1910)—General and Dental Clinics.

See Annual Report (1912)—Eye and Remedial Departments.

See Annual Report (1931)—Artificial Sunlight Clinic.

See Annual Report (1933)—Defective Speech Training.

Under arrangement with the Fife Education Authority, the Carnegie Dunfermline Trustees took over the treatment of Rosyth school children as from September 1926, in which month they opened a General Clinic at King's Road School, and also provided dental treatment. In June 1929 the Trustees opened a General Clinic at Park Road School. The figures for treatment at Rosyth are shown separately in the following pages.

Minor Ailments (General Clinics) 1934-35.

During the year, 5,251 children of school age attended the General Clinics (Inglis Street and Rosyth), and the total attendances of the cases amounted to 32,818, being a decrease as compared with last year of 340 cases and 2,618 attendances.

In addition to the above, 331 infants and children of pre-school age received treatment. The number of their attendances was 2,010.

any child returning after a month's unprescribed absence was considered to be a new case, as were children returning after any interval with a different defect.

RETURN OF CASES TREATED.

				Inglis Street Clinic.	
				No. of Cases.	No. of Attendances.
—					
Middle Ear Suppuration,	..	..	70	1145	
Other Conditions,	..	..	56	302	
				126	1447
<i>Nose and Throat—</i>					
Nasal Conditions,	..	..	43	161	
Sore Throat,	..	..	67	91	
				110	252
—					
Blepharitis,	..	..	17	111	
Styes, ..	..	..	55	271	
Conjunctivitis, ..	..	..	115	1442	
Corneal Inflammation and Ulceration,			2	44	
Injuries, ..	..	..	14	48	
Errors of Refraction, ..	..	..	—	—
Other Conditions, ..	..	..	4	5	
				207	1921
<i>Skin (Head)—</i>					
Dirty, ..	..	..	3	13	
Ringworm, ..	..	..	2	254	
Impetigo, ..	..	..	30	451	
Other Conditions, ..	..	..	16	160	
				51	878
<i>Skin (Body)—</i>					
Body Vermin, ..	..	..	—	—
Impetigo, ..	..	..	200	1591	
Scabies, ..	..	..	27	304	
Ringworm, ..	..	..	2	12	
Other Conditions, ..	..	..	258	2418	
				487	4325
<i>General—</i>					
Septic Sores, ..	..	..	559	4498	
Injuries, ..	..	..	355	1999	
Other Conditions, ..	..	..	502	937	
Sunlight, ..	..	..	199	2245	
				1615	9679
				2596	18,502

RETURN OF CASES TREATED.

				Rosyth Clinics.	
				No. of Cases.	No. of Attendances.
<i>Ear—</i>					
Middle Ear Suppuration,	..	..	52	758	
Other Conditions,	..	..	52	197	
			—	104	9
<i>Nose and Throat—</i>					
Nasal Conditions,	..	..	31	218	
Sore Throat,	..	..	80	160	
			—	111	3
<i>Eye—</i>					
Blepharitis,	..	..	37	211	
Styes, ..	..	..	108	296	
Conjunctivitis, ..	..	..	34	129	
Corneal Inflammation and Ulceration,			—	19	
Injuries, ..	..	..	9	11	
Errors of Refraction, ..	..	..	—	—
Other Conditions, ..	..	..	8	10	
			—	196	6
<i>Skin (Head)—</i>					
Dirty, ..	..	..	—	—
Ringworm, ..	..	..	—	—
Impetigo, ..	..	..	12	42	
Other Conditions, ..	..	..	10	50	
			—	22	
<i>Skin (Body)—</i>					
Body Vermin, ..	..	..	—	—
Impetigo, ..	..	..	170	907	
Scabies, ..	..	..	12	62	
Ringworm, ..	..	..	1	2	
Other Conditions, ..	..	..	422	4897	
			—	605	58
<i>General—</i>					
Septic Sores, ..	..	..	602	3042	
Injuries, ..	..	..	692	2654	
Other Conditions, ..	..	..	323	651	
			—	1617	63
Totals—Rosyth Clinics, ..				2655	14,33
Add—Inglis Street Clinic Totals, ..				2596	18,52
Total No. of School Children, ..				5251	32,83
Add—Children below school age, ..				331	2,00
Grand Total, ..				5582	34,83

DISEASES OF THE EAR, NOSE AND THROAT.

The general arrangements for the examination and treatment of children suffering from affections of the Ear, Nose and Throat were similar to those of last year. Treatment was carried out at Inglis Street Clinic and at the Clinics at Park Road and King's Road, Rosyth.

ATTENDANCES.—The total number of school children who attended all of the Clinics on account of Ear, Nose and Throat diseases was one hundred and fifty-one. This represents a decrease of one hundred and twenty-eight cases, as compared with last year's figures. In addition to the above, twenty-seven children of pre-school age were treated.

The number of attendances for treatment amounted to :—

School Children,	3,023
Children of pre-school age,	203
Total,	3,226

The following table shows the distribution of new cases :—

	Inglis St. Clinic.	Rosyth Clinics.	Pre-School Age.
Ear,	126	104	21
Nose and Throat,	110	111	6

During the previous four years the Clinic figures show that there was a steady increase in the number of Ear, Nose and Throat cases attending for treatment. This year they show a decrease. The decrease occurred at all of the Clinics, and, with the exception of a slight increase in the number of cases of nasal catarrh, was noted in all types of Ear, Nose and Throat affections.

I. Affections of the Ear.

Two hundred and thirty school children attended at Dunfermline and Rosyth on account of diseases of the ear. More than half of them were seen at the Inglis Street Clinic. In this connection it should be noted that some of the Rosyth cases are referred to Inglis Street for more detailed investigation or for examination by the Consulting Aural Surgeon.

OTITIS MEDIA.—One hundred and twenty-two cases of middle ear suppuration were treated during the year.

The figures for the two types of the disease are :—

Cases of Acute Otitis Media,	30
Cases of Chronic Otitis Media,	92

It is satisfactory to note that there was a decrease of twenty in the number of Acute Otitis Media cases as compared with last year. It will be recalled that last year the number of these cases was unusually high.

As regards Chronic Otitis Media—for many years stress has been laid on the importance of early and thorough treatment in cases of running ears—and the need of sending children to their own doctors or to the Clinic on the first signs of any recurrence. This has been frequently referred to in Annual Reports. This year fewer cases of chronic otitis media were met with which is satisfactory ; but optimistic hope in this connection is tempered by the reflection that Clinic figures are apt to fluctuate from year to year.

Two cases of children suffering from mastoid affection were referred to their family doctor for treatment.

INFLAMMATION OF THE EXTERNAL ACOUSTIC MEATUS.—Twenty-five cases of furunculosis of the external auditory canal were treated.

OTHER AFFECTIONS OF THE EAR.—These include cases of deafness, earache and excessive wax (some 30 cases). Several cases, suspected to be connected with ear affection, were examined. One was a case of Bell's Palsy, another proved to be an abscess from a scalp affection simulating an acute mastoiditis.

Cases suffering from speech defects were all examined prior to attending Miss Margaret Fleming for training.

II. Affections of the Nose and Throat.

Two hundred and twenty-one cases of diseases of the nose and throat were treated. This represents a decrease of forty as compared with last year.

The number of nose and throat cases have decreased during the last two years.

The following table gives the number and distribution of the cases in the various groups :—

	Inglis Street Clinic.	King's Road Clinic.	Park Road Clinic.
<i>Nose</i> —			
Catarrh, ..	15	5	5
Other Conditions, ..	28	13	8
<i>Throat</i> —			
Acute Sore Throat, ..	9	19	7
Other Conditions, ..	58	35	19

NASAL AFFECTIONS.—Nasal catarrh showed a slight increase on last year's figures.

Other conditions include cases of rhinitis, enlarged turbinates, deflected septum, and cases of injury. None of them merit special notice.

THROAT AFFECTIONS.—In last year's Report it was noted that during the past few years there had been a progressive increase in the number of acute sore throats among school children. It is therefore of interest to record that this year's figures show a slight improvement in

in this respect. As compared with last year, the total number of throat cases shows a reduction of thirty-one, the number of acute sore throats a reduction of fifteen, and the percentage of acute affections to all other throat conditions—a reduction of five per cent.

TONSILS AND ADENOIDS.—Sixty-eight cases of morbid enlargement of the tonsils and adenoids were treated.

CHILDREN OF PRE-SCHOOL AGE.—Twenty-seven cases of ear, nose and throat affections in infants and children of pre-school age were referred to the Clinics during the year.

The following table shows the diseases for which they were sent:—

Middle Ear Suppuration,	..	..	..	..	15
Other Affections of the Ear,	..	..	..	..	6
Affections of the Nose,	..	..	..	..	2
Affections of the Throat,	..	..	..	..	4

The total attendances of children of pre-school age were two hundred and three.

DEFECTIVE SPEECH CLINIC.

Report by Miss Margaret Fleming.

During the year the following cases were dealt with:—

Stammerers,	..	..	..	..	24
Minor Speech Defects,	..	..	..	..	7

The total number of attendances was, 701

The work done at the Clinic throughout the session 1934-35 has again shown encouraging results. Several cases of backward speech and defective articulation have been successfully dealt with among the very young.

With regard to those suffering from stammering or stuttering, it is gratifying to be able to report that several of these have been discharged during the year, either having mastered their trouble completely, or to such an extent as to warrant their being allowed to carry on by themselves. Several of these, of school-leaving age, have been successful in getting work such as would have been barred to them had they stammered as formerly.

The younger children will still be under guidance or observation by their attendance at the Music Institute Elocution Classes, or through reports from their school-teachers.

It was interesting to note the effect of the "Control Exam." on three of the pupils. Two boys suffered a decided set-back, due to irregularity of attendance at the Clinic, and nervous fear of the examination. The third—a girl—kept up her steady attendance throughout, and her speech was in no way affected by the examination.

Those school teachers, whose co-operation has already been asked, have shown great interest and willingness, and one is encouraged to develop this co-operation still further. Until the child has reached the stage of being able to read without much difficulty, it is imperative that he be shown every consideration in his school class and excused from reading and replying before others. Whenever the method has been grasped and sufficient progress made, the more opportunity the child has of testing his strength before an audience the better.

The help of the parent counts for much also. When the child has progressed sufficiently, daily reading aloud at home ought to be encouraged, and carefulness in conversation insisted upon, every tendency to stammer being sympathetically checked at all times.

Much success may be attained by the average stammerer, but it must be fully realised that it is not the specialist or attendance at the Clinic that will cure him. *The work of the specialist is to equip the stammerer with the necessary weapons with which to fight his trouble.* The fight is not an easy one; it is certainly a long one, and must be carried on all times at home and in school. It is of this long fight that the stammerer wearies, and it is the duty of parents and school teachers, who, unlike the specialist, are in daily contact with him, to supply the necessary urge and encouragement. In other words, they must be prepared to fight with him. To throw the whole responsibility of the cure on to the specialist or on to the young child is to court failure.

MARGARET FLEMING

REPORT BY DOUGLAS GUTHRIE, M.D., F.R.C.S., CONSULTING AURAL SURGEON.

The foregoing reports by Dr. Emslie Smith and Miss Margaret Fleming indicate the continued progress of the Clinics for Diseases of the Ear, Nose and Throat and for defects of speech.

THE PREVENTION AND TREATMENT OF DEAFNESS.—Each year, as one surveys the work of the Clinics, one is more deeply impressed with the importance of early treatment as a means of reducing the incidence of deafness in later life.

Recurrent colds give rise to inflamed adenoids, adenoids favour acute otitis media and acute otitis leads to chronic otitis with its attendant deafness and other more serious sequelae. At any point this chain of misfortune may be broken by appropriate treatment. Prevention of colds by general hygienic measures, especially during infancy, will nip in the bud a whole series of troubles. Removal of adenoids will assist to break the next link in the chain. The early treatment of acute otitis will prevent the chronic "running ear" which is still too common in our out-patient clinics. Even after the malady has reached the chronic stage, deafness and disability may be at least alleviated, if prevention is better than cure.

ENCOURAGEMENT FROM STATISTICS.—The statistics of Dr. Emslie with support the view that chronic suppurative otitis is becoming less common, and although one can hardly go so far as to claim that this is due entirely to more prompt and careful treatment, it is a gratifying observation.

For some reason not altogether clear, but probably as a result of improved nutrition, enlarged tonsils and adenoids are not so common as they were a few years ago, when the proportion of children requiring operation was really appalling. Of course the frequency of infections of the ears, nose and throat is intimately associated with the incidence of epidemics of influenza and of measles, and the year under review was unusually free from such epidemics. Be that as it may, the fact remains that prompt treatment of the early manifestations of ear and throat disease is of the utmost importance in promoting the health and happiness of children of all ages, and those early symptoms are often discovered in the course of routine school medical inspection.

HELP FOR THE STAMMERER.—Miss Fleming's report clearly illustrates how much can be done not only by the specialist, but also by parents and teachers, for the relief of this distressing defect of speech which is fundamentally a psychological trouble. Every stammerer is highly strung and over anxious, and as soon as a sufficient degree of calmness and relaxation is secured, the stutter disappears. The specialist can suggest a course of suitable treatment, the school teacher can render valuable assistance, but the parent or guardian of the child can do more than either, by ensuring that the entire home environment will be conducive to normal speech, and by favouring that attitude of ease and relaxation which is the first essential for a continuous rhythmic flow of speech.

(Signed) DOUGLAS GUTHRIE, M.D., F.R.C.S.

EYE CLINIC.

During the year which ended on 31st July 1935, four hundred and three school children attended the Clinics at Dunfermline and Rosyth on account of affections of the eye, an increase of ten cases over the figures for last year. The number of attendances was 2,597, which represents an increase of 429 treatments. The average number of treatments per case was 6.4.

In addition to the above, thirty-one infants and children of pre-school age received treatment. The number of attendances was three hundred and thirty.

As compared with the previous year, the total increase of all new cases was thirteen, and the increase of attendances five hundred and twenty-three.

The chief increases occurred in the number of cases of styes, acute conjunctivitis and phlyctenular conjunctivitis. The cases were of more severe character than last year. The number of cases of phlyctenular conjunctivitis was unusually high, being thirty as compared with eleven last year.

The greatest increase in acute and phlyctenular conjunctivitis cases occurred in Dunfermline area. The greatest increase in styes was Rosyth.

The months in which these affections were most prevalent were September, October, November and, to a less extent, December.

The following table shows the distribution of the cases and the main classes of defects treated :—

	Dunfermline.		Rosyth.	
	Pre-School Children.	School Children.	King's Road Children of School Age.	Park Road Children of School Age.
Blepharitis,	5	17	16	21
Styes,	5	55	56	52
Conjunctivitis,	17	115	16	18
Injuries,	2	14	7	2
Refractions and other Conditions,	2	6	3	5
Total,	31	207	98	98

BLEPHARITIS.—It is satisfactory to record that the decrease in the number of these cases in school children, which has been noted during the last few years, has continued. The figures are :—

1932—104.

1933— 89.

1934— 67.

1935— 54.

STYES.—There was an increase of twenty-five cases of styes in the Rosyth area. Most of them were of the ordinary type, but a few were very severe and recurrent.

CONJUNCTIVITIS.—One hundred and forty-nine cases of all types of conjunctivitis among school children were treated. This again represents an increase, although not so marked as that noted in last year's report. Several of the cases were of a particularly severe type. One was due to a fragment of blue stone getting into the eye. Some cases of angular conjunctivitis were seen.

An outstanding feature was the large number of cases of phlyctenular conjunctivitis, twenty-seven of which were seen at Inglis Street Clinic. For the most part they were of a rather mild character, and recovered well under treatment.

There were no epidemics of conjunctivitis, although instances were noted from time to time in which several cases occurred in the same family.

OTHER CONDITIONS.—These include cases of foreign bodies in the eye, corneal inflammation and other defects.

Artificial Sunlight or a visit to Bandrum Home gave good results in those children whose eye conditions were the result of being run down in general health.

Defective Vision.

The routine examination of school children for errors of refraction is carried out by the School Medical Inspection Staff.

SKIN DISEASES.

There was a slight decrease in the total number of skin affections in school children treated at the various clinics during the year ending July 1935. The number of new cases amounted to 1,165 and the number of attendances to 11,163, an average of 9.5 treatments per case.

As compared with last year, these figures represent a decrease of 66 new cases and 329 treatments. The average number of treatments per case was slightly greater.

The decrease is not a large one, but it was noted at all the clinics, and evidently indicates that there was less skin affection than usual among the children. This is of interest in view of the fact that there has been a steady increase in the numbers attending the skin clinics since 1931.

In addition to the above, eighty-five infants and children of pre-school age were sent for treatment. This figure also represents a decrease.

In regard to the affections for which treatment was sought, the following groups may be considered :—

GROUP 1—IMPETIGO CONTAGIOSA.—As usual this was the most common skin affection. Four hundred and twelve cases among school children were treated. The total figures for all clinics show a slight decrease.

There was an increase in the number of cases of Impetigo of the head, which was more marked at some clinics than others.

The total number of treatments was 2,991.

In children of pre-school age there were fifty-one cases, seventeen of which were affections of the head. These figures show that in children of pre-school age, also impetigo of the head was more common than usual.

GROUP 2—RINGWORM OF THE HEAD AND BODY.—It is satisfactory to record that the fall in the number of Ringworm cases in school children, which was noted in last year's Report, has continued. On three cases of body affection and two of the scalp were treated among school children at the various clinics. The two cases in which the scalp was affected were from the same family and had been under treatment in the previous year. They were kept on for treatment and observation, as this type of the disease is so liable to recur. One of them was discharged cured in the early part of the year.

Ultra-Violet light has proved of the greatest value in the detection and observation of these cases.

There was only one case of ringworm of the body in children of pre-school age.

GROUP 3—WARTS, CHILBLAINS AND CORNS.—Three hundred and nineteen of these cases attended. Of this number, two hundred and thirty-nine were cases of warts. This represents a decrease both in the total figure and in the number of cases of warts. There was a slight increase at King's Road, but no epidemics were noted at any of the schools.

GROUP 4—ALL OTHER CONDITIONS :—

(1) VERMIN.—Only three cases of nits and pediculi of the head were treated during the year.

(2) MOLLUSCUM CONTAGIOSA.—There was a decrease of twenty-five in the number of these cases. This is satisfactory in view of the increase which took place during the previous years.

(3) SCABIES (40).—The number is about the same as last year. Several of the cases occurred in members of the same family. None of them were of a particularly severe nature, but some were of a rather chronic type and subject to re-infection.

OTHER CONDITIONS include cases of acne, ichthyosis, alopecia, seborrhoea, dermatitis and various skin rashes. There was an unusually large number of cases of Herpes.

CHILDREN OF PRE-SCHOOL AGE.—Eighty-five infants and children of pre-school age received attention at the clinics during the year.

The following table shows the diseases and the numbers treated

Ringworm,	..	..	..	..	..
Impetigo,	..	..	..	..	..
Scabies, ..	..	..	..	..	..
Other Conditions, ..	..	..	..	..	..

There were eight cases of dermatitis in infants.

Defective Teeth.

THE FOLLOWING IS THE REPORT ON THE WORK OF THE SCHOOL DENTIST IN THE OLD BURGH :—

The work is carried out by Mr. Weir and Mr. Campbell jointly.

DENTAL EXAMINATION.

As in former years the children attending the eight primary schools Dunfermline were inspected systematically. This, of course, leaves out the two Secondary Schools, namely High School and Queen Anne School, for which time cannot be found. Pupils from these two schools are, however, treated when they so desire, and are reckoned as casual cases in the report. The age groups in the other schools which were inspected extended from 5 years to 15 years inclusive. That means, of course, that every child in these schools was inspected and given the opportunity to have treatment carried out by the Dental Officers. It has been the experience during the last year that the number of children from the High and Queen Anne Schools desiring treatment has been so great as to materially interfere with the systematic treatment of the pupils from the other eight schools. The total number of children examined was 3,058. This was 21 more than last year.

The following table shows the number of children examined in each group, together with the number of children whose dentitions were sound in the corresponding group :—

					No. Examined.	No. with Sound Dentition.
At	5 years,	..	..	..	353	33
"	6 "	..	..	..	365	70
"	7 "	..	..	..	375	67
"	8 "	..	..	..	479	149
"	9 "	..	..	..	415	167
"	10 "	..	..	..	415	214
"	11 "	..	..	..	391	210
"	12 "	..	..	..	160	82
"	13 "	..	..	..	105	48
					3058	1040

These figures show that 36 per cent. of the children examined had sound dentitions. This is the same as last year. As a prophylactic measure, these children are brought to the Clinic, and their teeth are given a thorough cleaning.

The following figures show the general state of the teeth as disclosed by examination and the numbers accepting and refusing treatment :—

			1933-34.
	1934-35.	Per cent.	Per cent.
1. No. Examined,	3,058	—	—
2. No. with Sound Dentition,	1,040	36.00	36.00
3. No. requiring Treatment,	2,018	64.00	64.00
4. No. in 3 accepting Treatment at Clinic,	1,579	78.24	76.30
5. No. in 3 refusing Treatment at Clinic,	439	21.76	23.70

The 21.76 per cent. refusing treatment at the Clinic include those who have their dental treatment carried out privately.

In the following table the 3,058 children examined are classified according to the number of decayed teeth in the mouth :—

No. of Decayed. Teeth.	No. of Children.		
	Boys.	Girls.	Total
0	534	506	1,040
1	278	260	538
2	228	208	436
3	104	117	221
4	136	144	280
5	62	54	116
6	83	66	149
7	26	36	62
8	38	37	75
More than 8	78	63	141
	1,567	1,491	3,058

DENTAL TREATMENT.

During the year, 2,931 children attended the Clinic for treatment and made 4,269 attendances, an average of 1.45 attendances per child. This is a decrease of twenty in the number of children attending and an increase of one hundred and nineteen in the number of attendances made compared with last year. 2,350 children attended as the result of the systematic inspection and made 3,429 attendances. 581 children came as casual cases and made 840 attendances. These children were from the High and Queen Anne Schools, and 153 were of pre-school age.

The following figures show the treatment carried out throughout the year :—

	Temporary Teeth.	Permanent Teeth.
<i>Extractions—</i>		
Without Local Anaesthesia, ..	1,025	3
With Local Anaesthesia, ..	1,410	382
<i>Fillings—</i>		
Cement,	167	—
Amalgam,	403	2,141
Silicate,	—	453
Root Fillings,	—	19
<i>Other Operations—</i>		
Silver Nitrate Treatment,	2,312	20
Dressings Inserted,	—	414
Scaling and Cleaning,	—	927
Porcelain Crowns,	—	7
Minor Regulation Visits,	—	10

An interesting case of fracture of the alveolus of the lower jaw, sent by the family doctor, was successfully treated at the Clinic by splints and ligature.

the total amount of treatment carried out throughout the year, together with a comparison of the corresponding figures for the previous year, was as follows :—

	1934-35.	1933-34.
Teeth Extracted,...	2,820	3,226
Fillings Inserted,	3,183	3,449
Teeth Treated with Silver Nitrate, ..	2,332	2,286
Dressings Inserted,	414	343
Scaling and Cleaning,	927	832
Porcelain Crowns,	7	8
Minor Regulation Visits,	10	72

REPORTING ON THE WORK AS SCHOOL DENTIST IN ROSYTH, Mr. RICHARD CAMPBELL STATES :—

Commencing in September, the age groups 6, 7, 8, 9, 10, 11, 12 and 13 underwent systematic dental treatment.

DENTAL TREATMENT.

During the year, 973 children attended the Clinic, and made 1,611 attendances, an average of 1.6 attendances per child. 827 of the children treated came as the result of routine inspection, and 145 children were treated as casual cases.

The following figures show the treatment carried out throughout the year :—

	Temporary Teeth.	Permanent Teeth.
Extractions—		
Without Anaesthesia,	369	1
With Local Anaesthesia,	730	128
Fillings—		
Cement,	38	2
Amalgam,	171	383
Silicate,	—	64
Root Fillings,	—	3
Operations—		
Silver Nitrate,	909	8
Dressings Inserted,	14	144
Scaling and Cleaning,	—	398
Porcelain Crowns Inserted,	—	—
Minor Regulation Visits,	—	9

The total amount of treatment throughout the school year was as follows :—

Teeth Extracted,	1,228
Fillings Inserted,	661
Teeth treated with Silver Nitrate,	917
Dressings Inserted,	158
Scaling and Cleaning,	398
Minor Regulation Visits,	9

Deformities and other Conditions treated at the Remedial Clinic.

The Remedial Clinic forms part of the Inglis Street group of Clinics and consists of a large central gymnasium, with separate dressing rooms fitted with wash-stands and foot baths for boys and girls on either side.

The gymnasium, which is capable of being divided into two sections for boys and girls—is equipped with the necessary wall-bars, beams, plinths, couches and other apparatus required in treatment by massage and medical gymnastics. Radiant heat is available and is used in certain classes of case.

The work of the clinic consists mainly in the treatment of children suffering from physical defects, such as spinal curvature, flat foot, paralysis; or from the results of sprains, fractures or other injuries. Another perhaps no less important branch is the treatment of faulty posture with a view to prevent deformity.

As regards the value of this clinic, it need only be recalled that children with physical defects may be those most in need of physical treatment, yet their very defects often exclude them from even ordinary school gymnastic training.

The treatment at the clinic consists of massage and gymnastic exercises, particularly designed to correct defect. The essential feature is that the training is individual, so that the treatment may be adapted to the particular case. This was done throughout the year by the senior women students of the College of Hygiene and Physical Education working under the supervision of Miss A. B. Whyte, Miss Armstrong and Miss Tidy.

WORKING ARRANGEMENTS.—The clinic was open after school hours from 4.30 to 5.30 p.m. on Mondays, Wednesdays and Fridays throughout the College year.

Admission to the clinic was only on the recommendation of the family doctor.

ATTENDANCES.—During the year which ended 3rd July 1931, one hundred and forty-three cases were admitted. These included also still under treatment from last year. The total attendances were 4,388; and the average number of treatments per case was approximately 30.5.

DEFECTS TREATED.—In the following table the cases have been grouped under the heading of their major defects only:—

Defects.	No. of Cases.
Antero-Posterior Curvature of the Spine,	20
Lateral Curvature of the Spine,	7
Paralysis,	15
Flat Foot,	44
Club Foot,	10
Sprains, Fractures and Injuries,	22
Rickets and Debility,	10
Other Conditions,	15
	<hr/> 143 <hr/>

CURVATURE OF THE SPINE.—Of the twenty cases of antero-posterior curvature of the spine, eleven were cases of kypho lordosis, eight of lordosis and one of lordosis. The majority of them were of a moderate degree only.

Debility is again noted as the main cause of the defect. Fifty per cent. of the cases came under this heading. Asthma and other chest affections are also noted as causes. Several of the cases were simple neural round shoulders.

Seven of the cases were "Greatly Improved". Three were discharged "Cured" and in seven some improvement was observed.

SCOLIOSIS.—Seven cases were treated. Of these, four were early cases of faulty posture, and three of a more severe type of the affection. Two of the cases were discharged "Cured", three were "Greatly Improved" and two "Improved".

PARALYSIS (15 Cases).—Of these cases, five were due to infantile paralysis, three were post-diphtheretic and one was a case of Bell's palsy.

The results of treatment were satisfactory. Four cases were returned "Cured" and three "Greatly Improved".

FLAT FOOT (44 Cases).—Debility again ranks as the chief cause of flat foot. In thirty-two of the cases, debility was either the main or a contributory cause. Heavy body weight appeared to be the cause in five cases.

Flat foot as an early symptom was often complained of, but as a rule soon passed off under massage treatment.

During the year, twenty-six of these cases were "Cured" or "Greatly Improved".

CLUB FOOT.—Ten cases came under treatment. Some of them had been treated in previous years.

Two of these were associated with infantile paralysis. Two were congenital from birth and two were the result of contracted tendons.

Two of the cases were operated on during the year with good result.

SPRAINS, FRACTURES AND OTHER INJURIES (22 Cases).—These included six cases of fractures of the arm, three of the leg, and two of the smaller bones. There were several cases of contusions and synovitis.

The results as usual were good.

RICKETS AND DEBILITY (10 Cases).—Some of these cases were in infants. Massage, artificial sunlight and general strengthening treatment proved of great value in this type of case.

OTHER CONDITIONS.—These include cases of asthma, rheumatism, chorea, torticollis, hallux valgus, loose cartilage and knock knee.

Debility and Malnutrition.

This clinic provides an opportunity for the more thorough examination of children, who, in connection with the work in other clinics, are found to be unduly run down in health or not normally thriving.

It is satisfactory to note that during the last two years the number of these cases has been decreasing. This year the figures show a substantial fall of forty-nine cases as compared with last year.

One hundred and fifty-five children were examined. Of this number fifty-four attended schools in Dunfermline, and one hundred and one attended schools in Rosyth.

There were no cases of a very severe nature.

The chief conditions found associated with debility in the cases seen are grouped as follows :—

	No. of Cases
Frequent colds and attacks of bronchitis or asthma, ..	46
Poor resistance to septic infection with frequent attacks of boils, sores and styes,	14
Insufficient or unsuitable food,	3
Unsatisfactory home conditions, irregular meals, lack of sleep, etc.,	12
Tuberculosis, either of the nature of a pre-disposition to tubercular disease or in the form of affected glands of the abdomen, thorax, or neck,	14
Chorea and Rheumatism with or without affection of the heart,	6
Septic Tonsils,	4
Rickets,	3
Convalescent after Illness,	17
Other Conditions,	35

There were only three cases in which the debility was associated with intestinal parasites.

Artificial sunlight was given in twenty-six of the cases and proved of great value particularly in those suffering from frequent colds, bronchitis and septic infections.

Cod Liver Oil, Malt or Chemical Food was given to those in which it was considered necessary.

A great many of the cases seen at this clinic were simply children who for one reason or another had become thoroughly run down in general health so that their strength was insufficient to cope with their daily round. There is no doubt at all that, for this very common type, a visit to Bandrum Country Home is by far the most effective form of treatment available. Many of the cases were transferred there and gave their restored health and strength to the open-air life and ample food and rest which the Home provides.

Artificial Sunlight Clinic.

As usual most of the work at this clinic was done during the Autumn, Winter and early Spring months.

An account of the accommodation and equipment of the clinic was given in the Annual Report for 1931.

As the vast majority of the cases attending were suffering from defects such as debility, bronchitis, colds, etc., weekly general body exposures, in a long flame Carbon Arc lamp, were most often given.

ATTENDANCE.—During the year, two hundred and forty-eight children were treated, viz. :—

Boys,	..	..	..	..	..	113
Girls, ..	..	..	..	..	..	86
Infants and Children under School Age,	..	..	..	..	..	49
						<hr/> 248 <hr/>

The number of treatments given was two thousand, seven hundred and fifty-five, of which five hundred and ten were to children under School age. The average number of treatments per case was over seven.

The above figures show a decrease similar to that noted in other departments of the Clinics.

Most of the cases were sent for treatment because their parents or doctors thought they were run down in general health. On the whole they were not of a severe type.

DOSAGE.—The dosage given was on similar lines to that of former years, each case being considered by itself. In cases receiving general body irradiations, it was again noted that better results were got by the use of smaller exposures than by large ones.

RESULTS.—As in previous years the classification of results was based on (1) the degree of improvement in the morbid condition, (2) the observation of a general improvement in the child's health, and (3) information received from parents or guardians in regard to improvement in eating, sleeping and general well-being.

Weekly records were kept of the weights of the children undergoing treatment. These show satisfactory increases.

The cases were divided into the following groups :—

DEBILITY AND MALNUTRITION.—This group consists of children of poor general health or who are not thriving or normally gaining strength and weight. The underlying causes vary considerably. Some of the cases were the result of recent illness, others were due to unsuitable conditions at home, particularly perhaps in regard to food and amount of rest and sleep. The group also includes those children usually classed as having a predisposition to tubercular disease, and cases suffering from a low immunity to septic affections.

In this group twenty-four girls, twenty-one boys and eight children of pre-school age were treated. Five girls and four boys were classed as having a tubercular predisposition.

The results obtained were very satisfactory. Thirty-five of the children were classed as "Cured" or "Greatly Improved". In only nine cases, some of whom had only attended a short time, no improvement was recorded.

The increase in the weights of the children in this class was very satisfactory, particularly when one considers that most of them were sent for treatment because they were run down in health, undernourished or losing weight.

Sixteen girls suffering from debility and malnutrition received on an average 12.8 treatments, and showed an average gain of 2.68 lbs. Four girls suffering from nervous debility received an average of 10 treatments and showed an average gain of 3.25 lbs. With regard to the boys, seventeen classed as debility and malnutrition received 10 (average) treatments and gained 3 lbs. (average) and four classed as nervous debility received nineteen treatments with an average gain of 1.5 lbs.

TUBERCULAR AFFECTIONS.—The number of cases of tubercular affections treated was small, and no opinion as to the value of artificial sunlight in this connection can be given.

Seven children suffering from tubercular glands received an average of 15.2 treatments, and showed an average gain of 1.4 lbs. This contrasts with ten children suffering from simple enlargement of the glands, who received an average of 17.1 treatments, and showed an average gain of 3.3 lbs.

BRONCHITIS.—There seems little doubt as to the value of Artificial Sunlight in the treatment of this class of affection. Thirteen girls and fifteen boys were treated during the year. Of these, four were discharged "cured" and eleven "very greatly improved". Several of them were old cases, who had been treated in previous years, and were brought back by their parents on account of the benefit they had derived. The gain in weight was marked.

FREQUENT COLDS.—Eight children who were said to suffer from frequently recurring colds were sent for treatment. The attendances in the case of the boys were unsatisfactory, but of the three girls who attended for longer periods, two of them remained free from colds through the Winter and gained 5 lbs. and 4 lbs. in weight. The third, who attended for a shorter period, was “greatly improved”.

ASTHMA.—Twelve cases of asthma were treated with good results. The average gain in weight was over 2.5 lbs. The experience gained from the results of Artificial Sunlight in this class of case was similar to that of last year. In many of the cases, no obvious improvement was observed, but there can be no doubt as to the relief which many of them say they experience. The regularity with which they attend is evidence of this.

OTHER AFFECTIONS TREATED.—These include cases of rickets and septic affections, such as boils, styes, septic sores, etc., all of which did well. The treatment also proved of value in skin affections, such as lichen, eczema, dermatitis, impetigo and acne.

Several of the cases were treated by local applications of ultra-violet light from a Mercury Vapour lamp.

CLINICAL LABORATORY.

During the year the total number of all laboratory examinations made was three hundred and four; of these two hundred and sixty-four were cultures mainly in connection with the examination of swabs from the ear, nose and throat.

The cases were divided into two groups: those who were able to suffer from... (The text is mirrored and largely illegible due to bleed-through from the reverse side of the page.)

Sixteen girls suffering from debility and malnutrition... (The text is mirrored and largely illegible due to bleed-through from the reverse side of the page.)

TUBERCULAR AFFECTIONS.—The number of cases of tubercular affections... (The text is mirrored and largely illegible due to bleed-through from the reverse side of the page.)

Seven children suffering from tubercular glands received an... (The text is mirrored and largely illegible due to bleed-through from the reverse side of the page.)

BRONCHITIS.—There were little cases of bronchitis... (The text is mirrored and largely illegible due to bleed-through from the reverse side of the page.)