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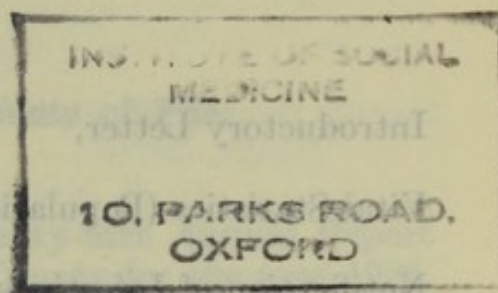
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COUNTY COUNCIL OF FIFE.

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ANNUAL REPORT

ON THE

**HEALTH AND SANITARY CONDITION
OF THE COUNTY AND DISTRICTS**

DURING

1936

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 my Twenty-fifth Annual Report on the health and sanitary condition of the County for the year 1936. The more important vital figures are briefly subscribed.

The birth rate of the County District (Landward Area and Small Towns) was 17·6 per 1,000 as compared with 17·0 for the similar area of Scotland. In 1935 the birth rate of the County was 17·4.

The death rate was 12·3 per 1,000 in contrast with 13·0 for the like of Scotland. In 1935 the County death rate was 11·9.

The infantile mortality rate was 69 in 1936 as compared with 64 in 1935—the lowest rate hitherto recorded. The infantile mortality rate in the landward areas and small burghs of Scotland was 68.

The maternal mortality rate was 6·2 (per 1,000 registered live births) as compared with 7·4 in 1935. The maternal mortality for the like of Scotland for 1936 was 5·6 per 1,000 live births.

The death rate from tuberculosis was 0·45 per 1,000; that of the similar area of Scotland was 0·54. The death rate from pulmonary tuberculosis for the County area was 0·3 as compared with 0·39 for the similar areas of Scotland.

The maternal mortality rate has fallen, not temporarily I trust.

I have again to thank all engaged in the work of the Department for their 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.

1937.

Public Health Department,

Cupar, Fife.

STAFF.

County Medical Officer of Health.

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

Deputy County Medical Officers.

Health Service—

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

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

Welfare Service—

R. A. KRAUSE, M.D., D.Sc., D.P.H.

Executive Tuberculosis Officer.

ALEX. LUNDIE, B.Sc., M.B., Ch.B., D.P.H.

Area Medical Officers.

CHARLES C. BARCLAY, M.B., Ch.B., D.P.H.

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A. SHEILA MACLEOD, M.B., Ch.B., D.P.H.

County Veterinary Inspector.

R. G. ANDERSON, F.R.C.V.S.

Area Dentists.

Miss MARGARET S. McDONALD, L.D.S.

Miss MARGARET N. MILLER, L.D.S.

Miss FRANCES M. PATERSON, L.D.S.

Miss NAN W. M. PENMAN, L.D.S.

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

Miss ELIZABETH M. YOUNG, L.D.S.

County Sanitary Inspectors.

C. A. ALEXANDER.

T. L. BROWN.

ALEX. FORREST.

MARSHALL GORRIE.

ROBERT JUST.

ALEX. LUMSDEN.

JOHN S. E. RIDDLE.

JOHN ROSS.

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A. M. THOMSON.

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Medical Officers, Venereal Diseases Treatment Centres.

Dunfermline—

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 1936.

POPULATION.

The population of the County of Fife, exclusive of the two large burghs of Dunfermline and Kirkcaldy, is estimated to the middle of 1936 by the Registrar General at 201,907, an increase of 4,471 on the population of 197,436 at the Census of 1931.

The population of the Landward Area is estimated at 102,296 ; at of the Small Burghs, twenty-three in number, at 99,611.

BIRTHS.

During 1936 there were allocated to the County, exclusive of the large burghs, 3,556 births (corrected for transfers), of which 1,848, were male and 1,708 were female. The birth rate per 1,000 estimated population was 17.6. Thus, 108.2 boys were born to every 100 girls.

The illegitimate births were 192 (male 103, female 89), 5.4 per cent. the total births.

The births in 1935 numbered 3,507 ; in 1934, 3,435 ; in 1933, 3,448 ; 1932, 3,523 ; and in 1931, 3,608.

The births in the Landward Area in 1936 numbered 1,958 (corrected), equivalent to a birth rate of 19.1 per 1,000 estimated population. The births in the Small Burghs were 1,598, equivalent to a birth rate of 16.0 per 1,000.

MARRIAGES.

The marriages registered in the County (excluding the large burghs) were 1,175 in 1936, equivalent to a marriage rate of 5.8 per 1,000 estimated population.

Of the total marriages, 532 took place in the Landward Area and 643 in the Small Burghs, the respective marriage rates being 5.2 and 6.4 per 1,000 estimated population.

GENERAL MORTALITY.

The deaths, corrected for transfers, allocated to the County, exclusive of the large burghs, in 1936 were 2,491 (males 1,259, females 1,232) equivalent to a death rate of 12.3 per 1,000 estimated population. The death rate adjusted for age and sex distribution was also 12.3.

There were in 1936, 97 more deaths than in 1935.

The deaths in the Landward Area numbered 1,212 and in the Small Burghs 1,279, the respective death rates being 11.8 and 12.8 per 1,000 estimated population.

In 1935, the Landward deaths were 1,206 and those in Small Burghs 1,188.

The annexed table summarises the causes of deaths in the Landward Area and the Small Burghs. The most frequent causes of death were : Diseases of the Circulatory System, 579 ; Cerebral Haemorrhage and other Diseases of the Nervous System, 325 ; Diseases of the Respiratory System, 315 ; Cancer and Malignant Disease, 298 ; Infectious and Parasitic Diseases, 195 ; and Diseases of the Digestive System, 145.

The number of deaths attributed to Congenital Debility, Premature Birth, Malformations, etc., was 122, 16 deaths less than in 1935. The deaths have been decreasing of late.

MARRIAGES

The marriages registered in the County (excluding the large burghs) in 1936 were 532, equivalent to a marriage rate of 5.2 per 1,000 estimated population.

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

CAUSES OF DEATH. LANDWARD AREA AND SMALL BURGHS, 1936.

Cause of Death.	All Ages.										75—	85—			
	Both Sexes	F'm't's		—1	1—	5—	10—	15—	25—	35—			45—	55—	65—
		Males	F'm't's												
Infectious and Parasitic Diseases	195	102	93	16	35	8	6	32	20	20	17	22	10	6	3
Cancer and Malignant Disease	298	133	165	..	1	..	..	2	4	10	37	70	103	58	13
Diabetes Mellitus	36	14	22	..	..	..	..	..	..	3	4	9	14	6	..
Other General Diseases : Chronic Poisonings	51	16	35	3	1	..	2	2	9	8	3	10	8	5	..
Cerebral Haemorrhage and Other Diseases of Nervous System	325	160	165	13	5	4	1	10	3	12	17	43	112	86	19
Diseases of Circulatory System	579	268	311	..	..	..	4	5	9	20	42	83	173	188	55
Diseases of Respiratory System	315	187	128	64	17	7	..	9	8	14	23	35	66	55	17
Diseases of Digestive System	145	85	60	22	8	1	2	6	10	17	10	25	21	21	2
Diseases of Genito-urinary System	103	59	44	1	..	..	1	1	5	10	5	24	24	26	6
Diseases of Pregnancy and Childbirth	22	..	22	..	..	..	..	5	12	5	..	..	..	..	..
Diseases of Skin and Locomotor System	10	5	5	2	..	..	2	1	..	..	..	2	2	1	..
Congenital Debility, Premature Birth, Malformations, etc.	122	70	52	119	1	1	..	1	..	..	..	..	..	..	..
Senility	114	45	69	..	..	..	..	..	..	..	..	..	18	58	38
Suicide	17	15	2	..	..	..	..	1	1	6	3	6	..	..	..
Other Violence	117	78	39	3	5	4	3	13	17	15	17	10	6	20	4
Ill-defined Causes	42	22	20	1	1	1	..	..	2	2	4	5	13	13	..
All Causes	2,491	1,259	1,232	244	74	26	21	88	100	142	182	344	570	543	157
Percentage	100.0	50.5	49.5	9.8	3.0	1.0	0.9	3.5	4.0	5.7	7.3	13.8	22.9	21.8	6.3

INFANTILE MORTALITY.

The deaths of infants under one year in the County numbered 244 (male 157, female 87) in 1936, equivalent to an infantile mortality rate of 69. In 1935, the infantile mortality rate was 64, the lowest rate 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 1936 were 138 (11 less than in 1935) and in the Small Burghs 106 (30 more than in 1935), the respective infantile mortality rates being 70 and 66, as compared with 76 and 49 in 1935.

The causes of death of infants were:—Infectious and Parasitic Diseases 16 (Whooping Cough 9, Influenza 3, other epidemic diseases 1, other infectious and parasitic diseases 3); Diseases of Respiratory System 64 (bronchitis 20, pneumonia 40, other respiratory diseases 4); Diseases of Nervous System 13; Diseases of Digestive System 2 (diarrhoea 15); Congenital Debility, Premature Birth, Malformation etc., 119; and other diseases 10.

PRINCIPAL EPIDEMIC DISEASES.

The deaths from these diseases numbered 93 (male 49, female 44) equivalent to a death rate of 0·46 per 1,000 estimated population.

In 1935, the number of deaths from the principal epidemic diseases was 128, the death rate being 0·64 per 1,000.

Deaths—Principal Epidemic Diseases, 1936.

Disease.	Landward Area.	Small Burghs.	Total
Measles,	5	7	12
Scarlet Fever,	3	1	4
Whooping Cough,	2	14	16
Diphtheria,	3	4	7
Influenza,	26	15	41
Cerebro-Spinal Fever,	2	2	4
Other Epidemic Diseases,	4	5	9
Total,	45	48	93
Rate per 1,000 Estimated Population	0·44	0·48	0·46

The deaths from measles and whooping cough in 1936 numbered 2, the same as in 1935. These diseases are particularly lethal to children under five years of age and the preponderating number of deaths occur among children below three years.

Deaths from scarlet fever in 1936 numbered 4 as compared with 8 in 1935, 18 in 1934, 22 in 1933 and 6 in 1932.

There was a widespread epidemic of scarlet fever in 1933-34.

Deaths from diphtheria were 16, the same number as in 1935.

The deaths in 1936 attributed to influenza were 41 as compared with 62 in 1935, 36 in 1934 and 140 in 1933.

The numbers of deaths from the Principal Epidemic Diseases for each of the last six years is as follows :—1931, 136 ; 1932, 150 ; 1933, 100 ; 1934, 110 ; 1935, 128 ; and 1936, 93. When these deaths are numerous, the main factors in the increase are the prevalence of influenza, whooping cough and measles.

DEATHS FROM TUBERCULOSIS.

The number of deaths in the County Area was 91 (males 46, females 45), equivalent to a death rate of 0·45 per 1,000 estimated population. In 1935, the deaths were 85.

The deaths in the Landward Area numbered 37 and in the Small Burghs 54, the respective death rates being 0·36 and 0·54 per 1,000.

Of the total of 91 deaths in the County Area, 60 resulted from pulmonary tuberculosis (Landward 24, Small Burghs 36) and 31 from non-pulmonary tuberculosis (Landward 13, Small Burghs 18).

The diminution in the annual number of deaths certified to be due to tuberculosis is apparent from the subscribed figures for the last ten years.

Deaths from Tuberculosis, 1930-1936.

<i>Year.</i>	<i>Landward Area.</i>	<i>Small Burghs.</i>	<i>County Area.</i>
1930	51	68	119
1931	55	66	121
1932	58	70	128
1933	41	54	95
1934	41	48	89
1935	40	45	85
1936	37	54	91

DEATHS FROM CANCER.

The deaths from Cancer (malignant disease) in 1936 numbered 298 (males 133, females 165), equivalent to a death rate of 1·48 per 1,000 estimated population. There were 141 deaths in the Landward Area and 157 in the Small Burghs.

The numbers of deaths attributed to cancer and malignant disease during each of the last seven years are as follows :—1930, 262 ; 1931, 262 ; 1932, 284 ; 1933, 275 ; 1934, 287 ; 1935, 282 ; and 1936, 298. It appears therefore that the limit is not yet.

DEATHS FROM DISEASES OF RESPIRATORY SYSTEM.

In 1936, diseases of the respiratory system accounted for 315 deaths (137 male, 178 female), the death rate being 1·56 per 1,000 estimated population.

Of the total deaths, 137 were attributed to bronchitis, 128 to pneumonia and 50 to other forms of respiratory diseases.

The deaths in the Landward Area numbered 159 (bronchitis 61, pneumonia 72, other respiratory diseases 26) ; and in the Small Burghs 156 (bronchitis 76, pneumonia 56, other respiratory diseases 24).

The death rates per 1,000 estimated population were :—County Area 1·56 ; Landward Area 1·55 ; and Small Burghs 1·57.

It will be seen from the tabular summary of the " Causes of Death Landward Area and Small Burghs, 1936 " that diseases of the respiratory system account for more deaths than any of the other causes with the exceptions of diseases of the circulatory system (579 deaths) and cerebral haemorrhage and other diseases of the nervous system (325 deaths).

The preponderating majority of deaths from diseases of the respiratory system, approximately 85 per cent., are caused by bronchitis and pneumonia. Both are acute infectious diseases in which lives can be and are saved by early removal to hospital where skilled nursing and free ventilation are available, whereas the chance of life is often jeopardised by the unsuitable conditions and poor circumstances obtaining in the house.

Adequate treatment of pneumonia is in the main a matter of competent nursing and fresh air : these cannot be secured in the average working class house. If the doctor threw open the window as far as it would go, another panel practitioner, I imagine, would be summoned.

The patient should be in hospital within two days of the onset of the disease.

It is apparent that better advantage should be taken of the hospital facilities available for the treatment of pneumonia whether of the bronchial or lobar type.

DEATHS FROM DISEASES OF PREGNANCY AND CHILDBIRTH

The number of women dying from these causes in 1936 was 22 (puerperal sepsis 8, other puerperal causes 14), the maternal death rate being 6·2 per 1,000 registered live births.

Of the twenty-two deaths, 8 were attributed to puerperal sepsis and 14 to other puerperal causes.

In the Landward Area there were 8 deaths, in the Small Burghs 14—the respective maternal mortality rates being 4·1 and 8·8 per 1,000 registered live births.

The maternal death rate for Scotland in 1936 was 5·6.

Maternal Mortality 1930-36.

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	4·9
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
1936	1958	8	4·1	1598	14	8·8	3556	22	6·2
1930-36	13,736	92	6·7	11,144	66	5·9	24,880	158	6·3

For each of the last two years the maternal mortality rate of the Landward Area has been less than that of the Small Burghs. It is apparent, however, from the tabular summary that over a period of years the rate for the Landward Area is much higher than that of the Small Burghs.

DEATHS FROM VIOLENCE.

Deaths from violence numbered 134 (suicide 17, other violence 117), equivalent to a death rate of 0·66 per 1,000 estimated population. Of the total, 93 were males and 41 were females. The deaths in the Landward Area were 70 (suicide 7, other violence 63), and in the Small Burghs 64 (suicide 10, other violence 54).

Violent deaths numbered 138 in 1935, 144 in 1934 and 138 in 1933.

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 1936 at 99,611, an increase of 1,213 on the estimated population of 1935.

The births in the Small Burghs in 1936 numbered 1,598, being an increase of 58 over those of 1935 and equivalent to a birth rate of 16·0 per 1,000 population. The natural increase of the population, that is, the excess of births over deaths, was 319 as compared with 353 in 1935.

The marriages numbered 643 (11 less than in 1935), the marriage rate being 6·4 per 1,000.

The deaths, corrected for transfers, numbered 1,279 (91 more than in 1935), the death rate being 12·8 per 1,000. In 1935 the death rate was 12·1 per 1,000; in 1934, 12·4; and in 1933, 12·8 per 1,000.

Infant deaths numbered 106, the infantile mortality rate being 66 in 1935, infant deaths numbered 76, the mortality rate being 49·3.

The number of deaths from tuberculosis was 54 (pulmonary 36, non-pulmonary 18), the death rate being 0·54 per 1,000 (pulmonary 0·36, non-pulmonary 0·18). The decline in the number of tuberculosis deaths is observable from the returns of recent years:—1930, 83 deaths; 1931, 56 deaths; 1932, 70 deaths; 1933, 54 deaths; 1934, 48 deaths; 1935, 45 deaths.

Deaths from the principal epidemic diseases numbered 48 (being less than in 1935), equivalent to a rate of 0·48 per 1,000. In 1934, the deaths from these causes numbered 52; in 1933, 99; in 1932, 61; and in 1931, 61.

Deaths from cancer and malignant disease were 157, the death rate being 1·58 per 1,000. In 1935 deaths from cancer numbered 144; in 1934, 164.

SMALL BURGHS—VITAL RETURNS, 1936.

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	1,237	4	4	26	..	1	..	1	1	..	..	..
Buckhaven	19,143	360	125	198	28	10	2	10	23	1	1	31
Burntisland	5,552	80	25	70	3	2	2	1	6	..	..	9
Cowdenbeath	12,457	220	96	158	18	4	1	7	17	1	2	32
Crail	1,054	15	7	18	..	..	1	..	2	..	..	..
Culross	543	11	8	9	..	..	1	..	3	..	..	1
Cupar	4,862	82	45	81	2	..	2	1	15	..	1	5
Elie-Earlsferry	979	6	2	22	..	1	1	1	6	..	..	..
Falkland	943	17	12	12	..	..	..	1	2	..	..	1
Inverkeithing	3,399	60	15	49	10	1	..	1	2	..	2	5
Kinghorn	2,003	31	10	25	1	1	..	2	6	..	..	3
Kilrenny-Anstruther	3,365	54	16	57	2	1	..	2	6	..	1	3
Ladybank	1,173	15	4	20	1	1	..	1	7	..	..	4
Leslie	2,659	34	32	34	..	1	..	..	1	..	..	2
Leven	8,084	144	50	100	17	2	2	5	10	1	..	13
Lochgelly	9,290	167	61	111	11	4	2	3	12	..	1	18
Markinch	2,214	33	18	26	2	1	..	1	5	1	..	2
Newburgh	2,228	43	8	28	..	2	..	1	4	..	1	1
Newport	3,237	31	12	40	1	..	1	1	4	..	..	3
Pittenweem	1,641	28	10	20	3	1	..	..	2	..	..	1
St. Andrews	8,531	95	62	109	2	2	2	3	14	..	1	12
St. Monance	1,703	22	5	22	..	..	..	1	3	..	..	2
Tayport	3,314	46	16	44	5	1	1	5	7	..	..	8
All Small Burghs	99,611	1,598	643	1,279	106	36	18	48	157	4	10	156

Deaths in the puerperal state were 14 (puerperal sepsis 4, other puerperal causes 10) equivalent to a maternal mortality of 8·8 per 1,000 registered live births. The number of deaths from these causes was the same as in 1935, the mortality for both years being excessive. The previous highest total was 9 deaths in 1930, the rate being 5·2; the least number of such deaths was 5 in 1932, the rate of mortality being 3·2 per 1,000 registered live births.

Diseases of the respiratory system caused 156 deaths in 1936 as compared with 114 in 1935. The death rate in 1936 from these causes was 1·57 per 1,000.

The rates of the two most populous small burghs are :—Buckhaven—Birth rate 18·8; marriage rate 6·5; death rate 10·3; infantile mortality rate 78; tuberculosis death rate 0·63 (pulmonary 0·52); maternal mortality rate 5·6.

Cowdenbeath—Birth rate 17·7; marriage rate 7·7; death rate 12·7; infantile mortality rate 82; tuberculosis death rate 0·4 (pulmonary 0·3); maternal mortality rate 13·6.

NOTIFICATION OF INFECTIOUS DISEASES.

The number of persons in the Landward Area and Small Burghs notified as suffering from infectious diseases in 1936 was 1,806, of whom 195 or 66 per cent. were removed to hospital for treatment. In 1935, the number of persons so notified was 2,551; in 1934, 3,212; and in 1933, 3,649.

The persons notified in 1936 suffered from the following diseases :—Typhoid fever 5; para B. typhoid fever 7; scarlet fever 495; diphtheria 354; erysipelas 161; puerperal fever 16; puerperal pyrexia 1; continued fever 2; ophthalmia neonatorum 102; dysentery 10; acute poliomyelitis 3; pneumonia 314; influenzal pneumonia 55; cerebro-spinal fever 10; pulmonary tuberculosis 111; and non-pulmonary tuberculosis 137.

Of those suffering from scarlet fever, 97 per cent. were removed to hospital and all but three of the cases of diphtheria. Of 369 cases of pneumonia, 55 per cent. were removed for treatment in hospital as compared with 45 per cent. in 1935. Twelve infants suffering from ophthalmia were treated in hospital.

The notifications in 1936 of scarlet fever were 694 less than in 1935 and those of diphtheria were 58 less.

In 1936, there were 4 deaths from scarlet fever and 7 from diphtheria as compared with 8 and 16 respectively in 1935.

PUBLIC HEALTH (AMENDMENT) ACT, 1935.

In accordance with the provisions of the Scheme adopted in terms of the above Act, 32 patients suffering from diabetes and resident in the Civil County were supplied with insulin at a cost of £79 16s 10d. Eighteen patients refunded the cost in whole or part. In addition, 16 patients were furnished with certain articles of food as special diet at a cost of £88 19s 9d. Scales for the accurate weighing of food were also supplied to certain patients at a cost of £1 8s 9d.

TUBERCULOSIS SCHEME.

The County Council as Tuberculosis Authority administers the Scheme on lines set forth in former reports throughout the Landward Area and Small Burghs of the County.

Dr. Lundie, as Executive Tuberculosis Officer, visits and examines all persons notified as suffering or suspected of suffering from tuberculosis and recommends treatment, institutional or other. Where a diagnosis of tuberculosis is a matter of doubt, his services are freely available to the medical practitioner. Supervision is maintained on infected families in so far as practicable and active treatment of contacts by tuberculin inunction, etc., is secured. In addition, the health visitors, as tuberculosis nurses are responsible for the domiciliary visitation, approximately monthly, of the infected household and report any change in the condition of the patient or other occupants to the Tuberculosis Officer.

In 1936, the persons notified as suffering from tuberculosis throughout the Landward Area and Small Burghs numbered 248, of whom 111 were pulmonary and 137 non-pulmonary cases.

In 1935, the notified cases numbered 261, of which 105 were pulmonary and 156 non-pulmonary; in 1934, the notifications numbered 301, of which 142 were pulmonary and 159 non-pulmonary; and in 1933, there were 359 notifications of which 153 were pulmonary and 206 non-pulmonary.

It will be noted, therefore, from these particulars, that although there is a slight increase in the number of pulmonary cases notified this year, the total number of cases notified shows a steady decline.

Of the 248 new notifications for 1936, 118 (pulmonary 42; non-pulmonary 76) were from the Landward Area of the County, and 130 (pulmonary 69, non-pulmonary 61) were from the Small Burghs.

The patients admitted for treatment to Glenlomond Sanatorium from the Landward Area numbered 40 and from the Small Burghs 5.

The admission to Glenlomond Sanatorium of 143 patients from the following areas was arranged during the year :—

LANDWARD.—Cupar District, 2; Dunfermline District, 17; Kincaldy District, 19; St. Andrews District, 2.

SMALL BURGHS.—Buckhaven-Methil, 13 ; Burntisland, 6 ; Cowden-
path, 4 ; Cupar, 4 ; Elie and Earlsferry, 1 ; Falkland, 2 ; Inverkeith-
g, 6 ; Kinghorn, 1 ; Ladybank, 1 ; Leven, 1 ; Lochgelly, 8 ; New-
burgh, 1 ; Newport and Wormit, 1 ; St. Andrews, 5 ; Tayport, 1.

In addition, 10 patients were admitted from Kinross County and
3 patients from areas outwith the County of Fife.

DOMICILIARY TREATMENT.—During the year additional nourishment
as supplied to 62 patients at a cost of £219 9s 7½d, or £3 10s 9½d per
patient. In 1935 the cost was £191 4s 7d, and in 1934, £231 11s 2d.

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

LUPUS (TUBERCULOSIS OF THE SKIN).—Eight 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 £69 6s 3d, or £8 13s 3d 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 235 patients at a cost of
£67 5s 3½d. The average cost per doctor was £4 5s 9d, and the average
cost per patient was 14s 3d. The total cost of drugs, dressings, etc.,
in 1935, was £205 9s 1d ; in 1934, £234 0s 8d ; and in 1933, £259 4s 3d.
In addition to Tuberculin Ointment supplied to School Clinics for
the treatment of school children, Ointment was also supplied to 172
patients for their treatment at home at a cost of approximately £22 3s 4d.

Report by Dr. Alex. Lundie, Executive Tuberculosis Officer.

The declining incidence of new cases of tuberculosis in Fife has been
repeated this year, but not exactly, for there was an increase of 13
cases of pulmonary disease, and a reduction of 30 non-pulmonary
cases. The number of confirmed cases in 1935 was :—Pulmonary 60,
non-pulmonary 131 ; for 1936 it is :—Pulmonary 73, Non-pulmonary
111, the total decrease for 1936 being 17.

The increase of pulmonary cases for this year is probably attributable
to a general increase of diseases of the respiratory tract, especially
during last November and December when influenza was epidemic.

There were fewer notifications of all forms of tuberculosis last year—
18 altogether. In the previous year they numbered 261. The decrease
was only 13 last year. In 1935 it was 40.

The new notifications were :—111 of pulmonary disease, 6 more than
in 1935, and 137 of non-pulmonary disease, 19 less than for 1935.
Unnotified cases of illness suspected of being pulmonary tuberculosis
numbered 55 compared with 89 in 1935, a decrease of 34. Pulmonary
tuberculosis was found in 14 of these 55 cases, non-pulmonary infection

in 4 of them. Of the remaining 37 cases, 30 were not tuberculous while 7 are still under observation. Among these 30 patients, one had abscess of the lung, one was suffering from sub-acute bacterial endocarditis, one had empyema, two had malignant disease of the lungs, one had asthma, and three had bronchiectasis. Of the rest, 19 had bronchitis and two had unresolved pneumonia.

The number of families visited in 1936, was 2,530, a decrease of 22 on 1935. One hundred and sixty-six visits were paid to new notified and unnotified cases of pulmonary disease, a decrease of 28 on the previous year. One hundred and thirty-four visits were paid to new cases of non-pulmonary disease, a decrease of 19 on 1935. There were also 1,094 visits made to old pulmonary cases, and 989 to old non-pulmonary cases. Contacts were examined in 147 families.

The new pulmonary cases which were confirmed at the last day of the year were—one male under fifteen and 40 males over fifteen, two females under fifteen and 30 females over, total 73.

The confirmed cases of non-pulmonary tuberculosis were—41 male under fifteen and 14 over: 32 females under fifteen and 14 over, total 101.

Age and Sex Incidence of 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.
0 0	0 2	1 0	12 14	10 10	9 4	9 1	0 1	41 31

The young adult group has borne the heaviest incidence this year as usual. This fact is not peculiar to Fife, but is observed wherever tuberculosis is found.

Admission of New Cases to Glenlomond.

Pulmonary.				Diagnosis not Confirmed.			
Adults.		Children.		Adults.		Children.	
M.	F.	M.	F.	M.	F.	M.	F.
27	16	7	2	3	2	0	0
Non-Pulmonary.							
1	1	7	4	0	0	0	1

Localisation of disease in 101 confirmed non-pulmonary cases: Abdomen 11, spine 3, bones and joints 7, superficial glands 73, lupus 1, other organs 6.

Deaths from Tuberculosis in 1936.

	Male.	Female.	Total.
Pulmonary—			
New Cases,	14	10	24
Old Cases,	21	22	43
Non-Pulmonary—			
New Cases,	7	11	18
Old Cases,	3	2	5
Total,	45	45	90

Deaths in Age Groups.

	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.
Notified cases	1	1	1	2	0	2	15	10	4	9	4	6	9	5	2	1	36	36
Unnotified cases	3	3	0	0	0	2	0	0	2	0	0	1	4	2	0	1	9	9

Summary of the year's returns compared with those of 1935 :—
 Pulmonary tuberculosis shows 6 more notifications. Non-pulmonary tuberculosis shows 19 fewer notifications. Confirmed cases of pulmonary disease are 13 more than last year, and of non-pulmonary disease are 30 less. There are 8 more deaths.

It is noteworthy that 18 of the fatal cases = 20 per cent., were not notified during life. This is a high figure, but it is to a certain extent explicable. Seven deaths were due to meningitis. This disease usually has a very sudden onset, often fulminant. There is nothing to distinguish it from meningitis due to other causes. Diagnosis of the cause may not be possible for from three days up to three weeks or even more, and death may supervene soon after or even before diagnosis is established. Sixteen cases, including all those of meningitis, died in institutions, 11 outwith the County and 5 in institutions in the County. In fact, only two of the total number died at home. What is most regrettable about these 18 deaths is the fact that they all occurred in families where tuberculosis had not been found before. No precautions against their occurrence, therefore, could be taken.

A humourist once declared of a certain form of tuberculosis, namely, phthisis, that every time a new remedy for it is announced, it cures 50 per cent. of the cases. But, alas, it is the same 50 per cent. every time.

An enthusiast would say there should be no 50 per cent. to cure, meaning no cases at all should ever occur.

But as things are, tuberculosis is a necessary evil and will be for some time to come. Still it is not unreasonable to say that it should never be allowed to be anything more than an early infection, with symptoms and prodromata common to the early stages of many other disorders. If this postulate is granted then we may go still further and say that all tuberculous infections, massive ones excepted, are curable by old remedies. Only 15 out of 90 deaths occurred in the first fifteen years of life. This raises the question, what of the other 75 cases? Were they infected before or after the age of fifteen?

The majority were probably infected before that age, and did not come under suspicion until too late, when unequivocal symptoms appeared.

The duration of life after first infection cannot be ascertained with certainty, but its duration after notification is short. The majority of the cases survived less than two years and few even one year.

It is therefore clear that pulmonary tuberculosis is still a dangerous disease, always to be taken seriously, and not to be made light of or neglected in any circumstances. It reaps its harvest when life should be at its best and healthiest. Cancer takes its toll mainly of those who are ripe and beginning to wither.

The early detection of this infection is therefore a highly important matter. Even although its symptoms, if observed, may be common to the early stages of other infections, it may with certainty be distinguished from them all by the tuberculin test.

There are various methods of employing this test, but the most sensitive one is that of Mantoux. This is an endodermic injection of tuberculin. A finely calibrated syringe with a special needle is used. If the edge of the needle is perfect, the injection can easily be made just under the cuticle. This seldom alarms even a highly sensitive child, and the result is the same, for rapid absorption into the deep layer of the skin takes place.

Hitherto the practice of tuberculin testing in Fife has been confined to contacts of known or suspected cases of tuberculosis, or to cases referred by Area Medical Officers or private practitioners.

If funds were available to extend it to all school children regardless of cost, it might be possible to visualise in ten years hence, a County Fife second only to Switzerland as a haven for the tuberculous people of other places, simply because its own cases had become so rare.

The co-operation of all men and women of good will, especially those who are the parents of young children, would have to be enlisted for this effort, for it could never be made compulsory. The way is being opened up now for a voluntary effort.

Most parents in infected homes, readily give their consent to the tuberculin testing of their children. Many can now be entrusted with the performance of tuberculin injections at home.

It is not well known to the public that immunity to tuberculosis can be established only in those who have been actually infected, and who have incurred the risk of illness supervening, an event which is now uncommon. This is a merciful compensation for running a risk which is almost unavoidable.

Immunity may be acquired by sheer strength on the part of the child in building up natural resistance, without any special help from outside. Good homes, good food and careful supervision will tide over weaker children over the critical period, and tuberculin treatment will hasten the establishment of immunity in all but the very weakest.

So that while it is distressing to discover that one's child has been infected, it is reassuring to know that he may be made more resistant than a stronger one, who has never been exposed.

In view of the widespread prevalence of tuberculosis, all must run the risk of infection sooner or later. There is as yet no known method of preventing infection of perfectly healthy people by establishing artificial immunity, except the very doubtful expedient of Calmette, known as the B.C.G. vaccine (*Bacillus Calmette Guerin*). It appears to give a feeble immunity lasting for about two years. One would not like to say what might happen fifteen or twenty years later.

I had the honour to represent the County of Fife as a delegate to the Twenty-second Annual Conference of the National Association for the Prevention of Tuberculosis held in London in July, 1936. I was glad to see on the agenda an item entitled "The Need for Closer Co-operation between the Maternity and Child Welfare Service, the School Medical Service and the Tuberculosis Service." The only fault I could find with the "terms of reference" was that they were not comprehensive enough. It recalled to my mind, the recommendation in the Annual Report for 1934, of a "close liaison and intimate mutual cooperation of all arms in the battle throughout every stage of the infection", such as is recommended in the Army.

The discussion was opened by Dr. W. T. Munro of Glenlomond. I found an opponent in Dr. George MacDonald of Battersea Borough Council. Dr. Munro's views are so well known in Fife that they need not be repeated here. But it is well to know that Dr. MacDonald said that no special treatment of first-type infection of tuberculosis in children is required, and that cure is effected in any circumstances. Anyone, especially a parent with a grumbling, difficult child, might well ask, how long is cure to take, and is there no way of hastening it at all? Again Dr. MacDonald said, "The opinion that all tuberculosis is acquired in childhood is abandoned". Such an opinion was very general, but it is certain, no matter what opinion is most fashionable at the moment of writing, that most but not all cases of adult tuberculosis originate from infection acquired in childhood.

How then, in view of this, can anyone keep indefinitely under observation any case of child infection without actively endeavouring to hasten its suppression? How long is one to keep waiting to see if anything happens? Suppose meningitis appears, it is too late to do anything. Thoughts such as these occurred to me when I was listening to the debate.

An important discussion on Tubercle Free Herds brought the second day's proceedings to an end.

Eminent veterinary surgeons were among the chief speakers. It became clear that they are in advance of the times and are actually anxious to see tuberculosis among cattle wiped out. It fell to our own country of Scotland to receive no small praise for its efforts in this direction.

No marked departure from the usual routine has taken place this year. I am again happy to record my gratitude and to express my thanks for the kind help and co-operation of Dr. Munro at Glenlorn and of all my colleagues in this county, and of the health visitors and tuberculosis nurses.

TREATMENT OF VENEREAL DISEASES.

The scheme for the treatment of these diseases in terms of the Public Health (Venereal Diseases) Regulations (Scotland), 1916, is administered by a Joint Committee of the County Council and the large Burghs of Dunfermline and Kirkcaldy.

In the western area of the County, treatment centres are established at the Public Health Dispensary, Market Street, Dunfermline and at the Dispensary, Dunnikier Road, Kirkcaldy. The centre for the eastern County is the Public Health Institute, 55 Constitution Street, Dundee.

Those who suspect themselves of suffering from these diseases may attend either of the above three or any treatment centre but travelling costs invariably secure attendance at the Clinic nearest the home.

The premises at Market Street, Dunfermline, were originally adopted as a treatment centre experimentally with a view to testing the requirements of the area, no other choice being available at the time, although despite their contra indications in the matter of site and publicity of approach and access for their ad hoc purpose.

The unsuitability and inadequacy of the centre (a two-apartment cottage) has, annually, for many years been a subject of adverse comment. The negotiations, reported in the annual report for 1935, for the provision of a new treatment clinic within the grounds of West Fife Hospital were therefore welcomed. It is a matter for regret that no progress has been made towards this end.

The cost of the provision of travelling facilities to treatment centres for necessitous patients during 1936 was £35 6s 3d (rail fares £31 12s, bus fares £3 13s 9d) as compared with £24 10s 4d in 1935.

KIRKCALDY CENTRE.—The new cases attending for treatment during 1936 were 278 (males 192, females 86), 32 more than in 1935. Of the new cases 53 suffered from syphilis, 143 from gonorrhoea, 3 from soft chancre, 15 from non-specific venereal infections and 64 showed no evidence of venereal infection.

The total number of cases dealt with during the year was 473 and the total attendances were 6,662.

The number of patients admitted for hospital treatment was 4, in-patients days totalling 7413.

Defaulters, those ceasing to attend before completion of treatment, numbered 57 or 14·2 per cent. and 27 or 6·7 per cent. ceased attendance after completing treatment but before final test of cure. The number of patients transferred to other treatment centres was 36 and 178 were discharged after completion of treatment and observation. The number under treatment or observation at the end of the year was 175.

The numbers of new cases suffering from syphilis and gonorrhoea showed a tendency to diminish from 1929. There was a steady fall in new cases of gonorrhoea from 122 in 1929 to 75 in 1933; since then, however, there has been a regular increase to 143 in 1936. There was also a steady fall in the new cases of syphilis and this has been continuous since 1930 until the past year when an increase of 6 beyond the number of 1935 was recorded.

DUNDEE CENTRE.—The number of new cases attending for treatment at Dundee from Fife during 1936 was 58 (male 44, female 14). In 1935, new cases numbered 47 and in 1934, 40.

Of the new cases in 1936, 8 suffered from syphilis, 28 from gonorrhoea, 16 from other venereal diseases and 16 had no venereal disease.

The total attendances were 796 (males 435, females 361).

DUNFERMLINE CENTRE.—The work done at this Centre is set forth in the subscribed report by Dr. Graham Gumley.

PUBLIC HEALTH DISPENSARY, DUNFERMLINE.

Report by Dr. Graham Gumley.

I have the honour to submit herewith a report of the work carried out at, and in relation to, the Public Health Dispensary, Market Street, Dunfermline: the report covers the period January 1st to December 31st, 1936, and is furnished for the information of the Venereal Diseases Joint Committee by which the Dispensary, together with certain services ancillary thereto, is administered.

General.—The dispensary is established as the centre for diagnosis and treatment of venereal disease and, in this department of preventive and curative medicine, caters for the needs of the more industrial area of West Fife including the City and Royal Burgh of Dunfermline.

Facilities are available at the Clinic for clinical diagnosis and treatment of venereal diseases; bacteriological and serological investigations, which form an essential feature of diagnostic procedure and treatment control, are readily available at the Bacteriology Department, University College, Dundee, while in-patient accommodation is provided, wherever necessary, at the West of Fife Infectious Diseases Hospital, Dunfermline.

The days and hours of clinics, at which the Clinical Medical Officer attends, remain as hitherto, viz., of one and a half hours duration, for male patients, on Monday at 11 a.m. and on Monday, Thursday and Friday at 7 p.m. and of one hours duration, for female patients, children and infants, on Monday, Thursday and Friday at 5 p.m. These hours have proved generally suitable and adequate, but in particular instances it has been found desirable to allow some elasticity in order that patients, who would not otherwise have sufficient supervision, might be seen by appointment, from time to time, as necessity demands. In addition, the clinic is open daily, forenoon and evening (Saturday afternoon and Sunday excepted) for the routine intermediate treatment and dressing of male cases: during these hours adequate supervision is exercised by a Medical Orderly of many years experience in Army and civilian practice.

Premises and Equipment.—It would appear now to be customary to incorporate in this report a wholehearted condemnation of the premises at Market Street. While one is conscious of the critical survey to which a purely destructive criticism is, in turn, exposed, it is impossible to offer any useful and constructive suggestion in respect of the accommodation as the prime fault and worst feature lies in the wholly undesirable situation of the Dispensary.

Market Street is a short wide cul-de-sac opening, under the direct surveillance of dwellinghouses, from a busy main thoroughfare. The entrance to the clinic premises is subject, more particularly, to the scrutiny of the staffs of neighbouring businesses, and to the idle (though interested) glances of loungers and numerous passers-by. While the Responsible Authority is bound to, and does, indeed, respect the confidence of those who seek advice and help at the Dispensary, the degree of secrecy which one is able to offer patients is, in effect, of negligible value and, as a not unnatural consequence, the obvious reluctance, on the part of many patients to continue attendance during the light evenings of spring and summer, is often a real obstacle to individual progress and not seldom a rather pathetic feature of the work.

It is fruitless, therefore, to seek improvement of the premises *per se* and, while these are cramped, badly heated and lighted, insanitary (as distinct from insanitary) and pervaded by an atmosphere of gloomy squalor relieved only by the "Heath Robinson" effect of certain improvisations, one offers no plea for the execution of appropriate remedial steps but would respectfully urge the expedition of arrangements, presently under consideration, for the provision of a new clinic more happily situated.

The equipment and instruments now in use are largely those originally provided and, while one has, from time to time, requisitioned and received various much-needed items, there remain a number of instruments and appliances which, though of an essential nature, have not

en sought, as their welcome provision would entail the installation of hot-water system, and lighting and power circuits. Furthermore, dampness of the premises has rendered unsafe or unsterilizable a considerable number of the plated instruments so that, in the event of removal to a new clinic, there would require to be considered the provision, de novo and in replacement, of much equipment and furnishing.

New Cases.—During the year there sought examination at the dispensary 180 persons; they comprised 133 males and 47 females. These figures represent, on comparison with the report for 1935, a decrease, in respect of males, of 47, and in respect of females, of 3.

The age grouping of new patients gives some indication of the wide range of years within which the activities of the Dispensary are operative.

Group	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-69	70+
Males	1	2	3	4	6	13	4	6	3	4	1	—	—	—	—
Females	—	—	—	2	2	25	32	24	17	10	7	6	3	4	1
Total	1	2	3	6	8	38	36	30	20	14	8	6	3	4	1

The bulk of new work falls in the third and fourth decades but the old extends throughout the allotted span. In general terms it may be written in explanation that the younger cases consist of those in whom congenital syphilis is present or suspected, while the older groups comprise those in whom the later stages of acquired syphilis are similarly present or suspected.

While the diminution in numbers may well be of good portent, it is wise to exercise caution and to refrain from comparisons from year to year, drawing conclusions only from the general trend of the figures over a period of years, and then only in the aggregate with figures from other areas. When this is done it may be said in brief that, while the incidence of syphilis shows a remarkable decline, that of gonorrhoea does not show similar improvement, and, as was pointed out in the report for 1935, while the prospect of cure in individual cases is excellent, there is no immediate prospect of the final eradication from the community of this wasteful and luxurious group of diseases. It is therefore desirable, while accepting the lower figures with justifiable satisfaction, to temper optimism with considerable reserve and to legislate for the continuance of these infections, in still formidable number, for many years to come.

Route and Source of New Cases.—Whilst the majority of patients have recourse to the Clinic of their own volition, a considerable proportion is variously recommended to attend; 116 patients reported

voluntarily ; those sent by general practitioners numbered 50, while 5 were recommended by Parish Medical Officers, 6 by Area Medical Officers, and 3 by the Medical Officer of Health, Dunfermline. Details of the various areas from which recruitment was made are set out with other figures, in an appendix to this report.

Classification of New Cases.—The total number added to the register during the year includes a certain number of double infections and 56 persons who were found to be healthy, or who suffered from conditions not venereal in origin ; including these latter and arising out of the occurrence of the former, 182 “ clinical cases ” were yielded by the 180 persons who reported. The percentages which follow are calculated in conformity with the statistical requirements of the annual return to the Department of Health for Scotland, on the basis of “ clinical cases.”

Syphilis.—Cases of syphilis comprised 12·63 per cent. of the year total.

Of the 23 cases there were 7 congenital in origin—discovered at approximately aged 12 years in 3 cases, age 20 years in 2 cases, and at age 32 years in 2 cases. In 2 cases the disease affected predominantly the mouth and throat, in 2 cases bone and joint tissues, in 1 case the eye, and in 2 cases the central nervous system.

The treatment of cases of congenital syphilis is prolonged but where obvious lesions are present—as in all the above—the results are more than gratifying and, as examples, there may be cited the saving of vision in one case of eye disease, and the complete recovery of paralysis in the two cases of central nervous disease ; in one of these latter paresis of an arm of seven years duration was completely relieved within as many weeks. Treatment must, of course, be continued long after all symptoms of disease have disappeared, and has, as the object of its continuation, not mere symptomatic cure, but the complete extermination of the virus of infection.

Of acquired syphilis there were 16 cases. Syphilis, in the acquired form, presents certain stages which, although not always sharply demarcated, serve to define the various phases through which infection during its long course, may pass. In the interests of perspective it may be appropriate to summarise these stages :—

- (1) *Primary.*—The disease is localised to the immediate neighbourhood of its portal of entry ; characteristic lesion is the chancre.
- (2) *Secondary.*—Rapidly follows the chancre ; the infection has now broken bounds and, entering first the lymph, and then the blood stream, is carried throughout the body : characteristic are enlargement of lymph glands and lesions

skin, mouth, throat, etc. These manifestations are evanescent and may either rapidly disappear or may recur for a short period, in various form, as late secondary lesions.

(3) *Latent*.—May last for two to thirty or more years ; infection remains active but there are no symptoms.

(4) *Tertiary*.—Infection, thus long dormant, now reasserts itself in a multiplicity of lesions involving almost any of the tissues or organs.

The disease frequently, therefore, runs a deceptive course and, whilst infection occurs in irresponsible youth, it exacts its toll in later life when the responsibility of the individual is at its peak, and at a time when the community can least afford his loss. Osler ranked syphilis fourth among the great killing diseases and taught his students to appreciate its essentially protean character in the text "know syphilis and other things medical may look after themselves." The loss of adult life from this infection is still great while the loss of pre-natal and infant life must be even greater. Of the annual financial loss to industry, by reason of recurrent and chronic ill-health in the later stages of syphilis, one is not qualified to speak, but a former Governor of the Bank of England, the late Sir Basil Blackett, estimated at many millions.

Of the 16 cases of acquired disease, 3 were seen in the primary stage—when one year's active treatment will suffice for cure—while 13 were seen in the later stages when two to three or more year's treatment is required before a satisfactory future can be predicted. The relationship of expense to stage of disease when first seen is obvious, and, if educative propaganda measures will bring these cases under treatment even a few weeks earlier, it must be equally apparent that expenditure hereon may be expected to pay a substantial dividend.

Of cases seen while still in the secondary stage, there were 5, and, of cases seen still later, there were 8 ; of these latter, 4 were seen in the symptomless latent stage and a like number in the tertiary stage. In cases of this latter group the occurrence of infection could be dated as antecedent by 17, 23 and 30 years respectively. The tertiary cases showed active disease of the central nervous system in 2 cases, of the larynx and hypo-pharynx in 1 case, and of the aorta (aneurysm) in 1 case ; all but the last have been halted in their downhill progress and will be able to continue in active employ.

Gonorrhoea.—Cases of gonorrhoea comprised 46·70 per cent. of the whole and, as usual, provided the major portion of the work for the year, accounting, almost entirely, for the routine intermediate attendances.

This disease is of unknown frequency and the ratio of 4 : 1 case of syphilis, commonly accepted, probably does not indicate the true relative incidence as the disease is generally much less dreaded than is

syphilis : there is, indeed, a common attitude which regards its advent as an indication of attainment of man's estate—a bacteriological "winning of spurs."

The failure to secure an entirely satisfactory diminution in frequency has already been lightly touched upon and it may be instructive to enumerate some of the main factors which militate against reduction :—

- (1) In common with the other venereal infections, but most evident in this particular disease, wide-spread apathy and ignorance preclude, in many cases, any treatment of a satisfactory nature.
- (2) Wilful concealment actuated by fear that discovery will involve the necessary frequent attendance at a treatment centre.
- (3) Treatment does not, as in syphilis, through the agency of powerful drugs with a specific germicidal effect, render rapidly non-infective, patients with gonorrhoea, and, as the local inflammatory changes have a sexually stimulating effect, there is grave risk of further transmission through failure to observe strict continence during treatment.
- (4) Treatment is, to a large extent, self-applied and patients who fear detection in attendance may attempt to continue treatment, furtively, inefficiently and without adequate supervision, at home ; while this may result in the abatement of all symptoms and most signs of the disease, cure is more apparent than real, small foci of infection persisting often for years, so that the patient is constantly or intermittently infective.
- (5) While the infected male is more infective to others than the female, the symptoms of disease are so transient and negligible in the latter sex that continued promiscuity, despite a lower infectivity, perpetuates transmission and the non-changing cycle of infection continues in its course.

The relative infectivity of male and female renders it more desirable to attempt to break this cycle at the male side, and it is chiefly toward the education of the young adult male that propagandist measures should be directed.

Despite popular indifference to this disease, gonorrhoea is far from being a minor infection, and, while it is not so characteristically a disease of late effects, as is syphilis, it exacts heavy and immediate retribution in its frequent local complications and in the less common blood-borne inflammations which may arise in distant sites. Furthermore, although the disease may yield rapidly and completely to appropriate treatment, there may be left, as sequelae, certain static disabilities as stricture, fixation of joints, and sterility, for which it may

be possible to do little. There are, too, additional dangers inherent in the ability of the infective agent to survive, if not subjected to drying, outside the body; thus, infection may persist, some little time, on towels or other moist fabrics which have become contaminated by the infective discharges of a patient, and, in this way, there may develop, in innocent contacts, such inflammatory conditions as vulvo-vaginitis or a particularly violent and destructive ophthalmia. The danger of this latter, in infants new-born of infected mothers, is too well-known to warrant, but for its tragedy, particular mention here.

Chancroid (Soft Sore).—The number of such cases remains low, those observed during the year comprising but 1·09 per cent. of the total.

The disease is characterised by the local destruction which may, in suitable conditions, arise, and which may spread with startling rapidity to frank gangrene or, at the other extreme, by a persistent indolence which may, for long, defy one's best efforts to promote healing. Unfavourable effects, by blood-spread of infection, are unusual though by no means unknown.

In its classical form the soft sore is readily distinguished from the more grave hard chancre of syphilis but atypical forms are not uncommon and care requires to be exercised that the presence of the major infection is not missed.

Non-specific Venereal Infections.—These conditions form a small heterogenous group of lesions, of localised extent, and superficial in character; they comprised, during the period under review, only 3·79 per cent. of the total cases. Their importance lies in the fact that they may be accompanied by, and may mask, a venereal infection of major significance; they require, therefore, to be scrutinised with care and kept under observation for a period well in excess of the maximum incubation period of the graver infections.

Conditions other than Venereal Disease.—These comprised 30·76 per cent. of the whole; the figure approximates to that expected and corresponds fairly closely to general experience.

These cases are a somewhat mixed bag, the majority being persons who fear infection but who are found on investigation to be free of venereal disease; also contributing, are recent contacts brought in for investigation and found, surprisingly, to be healthy, families of persons infected with syphilis in its later stages, and patients sent in by the family doctors for the exclusion of syphilis as a factor in the aetiology of some condition suggestive of this causation. The entire group is thus mainly of a negative character, but the unexpected occurs here and there; for example, 1 case of tuberculous visiculitis, and 1 case of brain tumour, were identified successfully and referred back to source for appropriate treatment.

TREATMENT OF CASES.

Syphilis.—The strength of the attack on this disease lies in the exhibition of drugs which have a bactericidal action specific to the causal organism. Whereas the custom, in former years, has been to give by injection, intramuscular or intravenous, comparatively small courses of treatment with frequent rests in the intervals, recent practice has tended towards much larger and more constant dosage. This system of treatment, although only recently become of universal usage, has been followed at the Dispensary for the past three years. In the later stages of disease, when treatment must last for years, patients are put off all treatment at the clinic and are given full instructions for the continuance of treatment (mercury by mouth) at home during summer; by this means their continued attendance during the winter months is more likely to be assured.

During the year, patients made 1,280 attendances for treatment under direction of the medical officer, and 102 attendances for treatment at the hands of the medical orderly. Particulars of specimens taken, and of injections given, are shown in an appendix to this report.

Gonorrhoea.—Treatment has followed on the usual lines which now, after many years, continue to combine with good results the inestimable (and economic) advantage of simplicity; the practice of frequent irrigation, and the use of vaccines, stock or autogenous, are the main-stays, while instrumental, and other methods, are utilised according to the indications.

In the case of females, treatment is carried out entirely by the medical officer, while in the case of males, a great part of the treatment is carried out solely under supervision by the orderly. During the year, patients with gonorrhoea recorded 1,484 attendances for the purpose of scrutiny or treatment by the medical officer, and 4,155 attendances for intermediate treatment. Particulars of specimens taken, and of injections given, will be found in the appendix to this report.

Conditions other than Venereal Disease; Chancroid; Non-specific Venereal Infections.—Treatment is, of course, only necessary in the latter two categories. As the question of the presence of a major infection is the point mainly at issue, these cases require to be supervised closely by the medical officer upon whom must rest the responsibility for diagnosis. For this purpose, these cases made 446 attendances; additional visits, for the purpose of intermediate treatment, numbered 202.

Results of Treatment.—The results of treatment continue to be satisfactory, and, while some patients default, transfer to other centres or otherwise pass outwith continued supervision, the majority continue in attendance, with greater or less regularity, until treatment is suspended. Patients are not, however, discharged on the cessation of

treatment as it is necessary, before doing so, to make quite certain that treatment has attained its purpose, and that infection has been completely and finally eradicated. An interval of varying duration is therefore allowed to elapse during which clinical supervision, but no further treatment, is carried out; thereafter, a stringent test of cure is applied, the bacteriological, serological, and cytological findings of which provide the criteria by which alone the success of treatment may be judged. During the period under review, there were thus discharged, as cured, 38 cases of syphilis, 59 cases of gonorrhoea, and 22 of various description.

In-patient Accommodation.—For the treatment of patients whose condition renders advisable either isolation or absolute rest, hospital accommodation is available at the West of Fife Infectious Diseases Hospital. The facilities continue to be adequate and entirely satisfactory. During the year, 8 cases were admitted; the total number of bed-days was 142, and the average stay in hospital, 17·75 days.

Springfield Asylum.—An active, useful and harmonious liaison exists with this institution. Cases are seen in consultation with Dr. Boyd and a selection is made of those cases likely to benefit from anti-syphilitic treatment; the necessary therapeutic agents are then sent on from the clinic, the administration of treatment being left in the hands of the medical staff of the institution.

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 of 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.

14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020	1021	1022	1023	1024	1025	1026	1027	1028	1029	1030	1031	1032	1033	1034	1035	1036	1037	1038	1039	1040	1041	1042	1043	1044	1045	1046	1047	1048	1049	1050	1051	1052	1053	1054	1055	1056	1057	1058	1059	1060	1061	1062	1063	1064	1065	1066	1067	1068	1069	1070	1071	1072	1073	1074	1075	1076	1077	1078	1079	1080	1081	1082	1083	1084	1085	1086	1087	1088	1089	1090	1091	1092	1093	1094	1095	1096	1097	1098	1099	1100	1101	1102	1103	1104	1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116	1117	1118	1119	1120	1121	1122	1123	1124	1125	1126	1127	1128	1129	1130	1131	1132	1133	1134	1135	1136	1137	1138	1139	1140	1141	1142	1143	1144	1145	1146	1147	1148	1149	1150	1151	1152	1153	1154	1155	1156	1157	1158	1159	1160	1161	1162	1163	1164	1165	1166	1167	1168	1169	1170	1171	1172	1173	1174	1175	1176	1177	1178	1179	1180	1181	1182	1183	1184	1185	1186	1187	1188	1189	1190	1191	1192	1193	1194	1195	1196	1197	1198	1199	1200	1201	1202	1203	1204	1205	1206	1207	1208	1209	1210	1211	1212	1213	1214	1215	1216	1217	1218	1219	1220	1221	1222	1223	1224	1225	1226	1227	12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Particulars of New Cases.

	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.	
January	..	16	2	..	5	..	18
February	..	11	..	1	7	..	16
March	..	8	1	..	5	..	13
April	..	6	..	..	2	1	8
May	..	12	2	..	4	2	20
June	..	6	1	1	3	1	12
July	..	12	3	2	8	..	15
August	..	10	3	1	5	1	13
September	..	10	4	1	8	1	14
October	..	17	7	1	11	2	24
November	..	12	2	3	7	..	15
December	..	13	1	..	5	1	14
Total	..	133	47	14	70	15	182
				2	13	35	21

Particulars of Injections given.

	Arsenobenzol compounds.	Bismuth, etc.	Vaccines, etc.	Totals.
January ..	106	101	20	227
February ..	98	87	32	217
March ..	103	81	25	209
April ..	60	46	32	138
May ..	71	24	34	129
June ..	40	33	31	104
July ..	21	34	10	65
August ..	46	41	41	128
September ..	38	43	36	117
October ..	53	61	35	149
November ..	60	75	50	185
December ..	30	21	22	73
Totals ..	726	647	368	1741

Particulars of Specimens Examined.

	Blood.		Cerebro		Others.		Totals.
	Wasser- mann.	Gono- Comp.	Dark Smears.	Spinal Grounds.	Fluids.		
January ..	27	17	37	—	4	1	86
February ..	20	10	71	—	2	—	103
March ..	24	14	57	1	1	—	97
April ..	23	18	39	1	1	—	82
May ..	14	9	48	—	—	—	71
June ..	25	13	27	—	2	—	67
July ..	17	11	17	—	—	—	45
August ..	18	17	33	1	1	—	70
September ..	31	16	36	3	1	—	87
October ..	36	19	45	—	4	3	107
November ..	29	20	37	—	4	—	90
December ..	30	21	22	—	—	—	73
Totals ..	294	185	469	6	20	4	978

Districts from which Patients reported.

Aberdeen, ..	1	Kelty, ..	9
Bowhill, ..	3	Kinross, ..	1
Blairhall, ..	4	Kincardine, ..	2
Cardenden, ..	4	Kinglassie, ..	1
Ackmannan, ..	1	Kirkcaldy, ..	1
Bowdenbeath, ..	18	Lochgelly, ..	8
Crossgates, ..	3	Lochore, ..	3
Combie, ..	1	Lumphinnans, ..	5
Kilross, ..	1	Limekilns, ..	2
Dunfermline, ..	63	Milnathort, ..	2
Ordell, ..	1	Newmills, ..	2
Glenraig, ..	10	Oakley, ..	1
Dalbeath, ..	2	Rosyth, ..	15
Mill of Beath, ..	3	Thornton, ..	4
Overkeithing, ..	5	Valleyfield, ..	4

MATERNITY SERVICE AND CHILD WELFARE, ETC.

The Welfare Scheme of the County Council is operative throughout the Landward Area and the twenty-three Small Burghs, and comprise a population of 201,907.

Dr. Krause is responsible for the general welfare work and has under supervision and associated with him in the duties six Area Medical Officers, six whole-time dentists (each with a dental attendant) and staff of twenty-three nurses acting as health visitors, tuberculosis nurses and assistant inspectors of midwives.

The necessary investigation of financial circumstances prior to authorisation of additional nourishment, of admission to hospitals (maternity, orthopaedic and other) and certified institutions, and the supply of medical appliances (spectacles, dentures, trusses, belts, artificial limbs, invalid chairs, etc.), is undertaken by the County Medical Officer. It naturally follows that co-operation with the Chief Public Assistant Officer is intimate and a matter of daily occurrence.

Further progress has been made in the provision of general clinics. A new centre providing the accommodation, apparatus and facilities for the several branches of welfare work is being built within the Burgh of Buckhaven and like provision, less in scale, is being undertaken for the Burgh of Tayport. There is, too, promise of the alteration and extension of certain of the existing clinics to make them worthier and more appropriate for the work undertaken therein.

ADDITIONAL NOURISHMENT.—During the year 1936, 512 applications were received for additional nourishment in terms of the Maternity Service and Child Welfare Scheme. Of these, 89 applications were refused. In these cases, the income and the health of the family were such that assistance was not considered necessary.

Grants were authorised to 423 families for varying periods: 85 on behalf of expectant mothers; 140 on behalf of nursing mothers; and 198 on behalf of children under five years of age.

The furnishing of the above grants involved the supply of approximately 4,095 gallons of liquid milk. The bulk of the milk supplied was ordinary sweet milk.

Mothers were granted milk and oatmeal (or farinaceous food): in 6 cases, eggs were granted. The children under five years of age were granted milk. In two cases proprietary dried milk foods were authorised. Haliverol was granted in one case and Glucose in two cases. Where children under five years of age were found to be suffering from rickets, and in a number of other suitable cases, Cod Liver Oil Emulsion—the British Pharmacopoeial Preparation—was authorised in addition to the supply of milk.

The cost of the additional nourishment supplied during 1936 amounted to £429 7s 9½d as against £332 13s in 1935.

MATERNITY HOMES.—*Kirkcaldy Maternity Home.*—The number of admissions to the new Maternity Home at Forth Park for the year 1936 shows an increase over the number admitted to the former Stanley Park Home during 1935.

Two hundred and forty-four women and one infant were treated in the Home during the year as against 160 patients admitted in 1935.

Of the 245 patients admitted, 219 paid the routine fee (which amounts approximately £2 10s) ; 11 were wholly necessitous ; 13 were partly necessitous, maternity benefit being paid over in each case ; 2 cases were referred for collection of the fee due. The fees paid by patients during the year amounted to £665 11s 0d.

In July, Dr. McClement, Resident Medical Officer, recognised by the Department of Health for Scotland as an Approved Obstetrician, took duty at the Maternity Home. Towards the close of the year there was an increase in the number of patients sent to the Home from the County Area by medical practitioners for the treatment of diseases arising from pregnancy.

Davaar Maternity Home.—During 1936, 150 women and 12 babies were treated in this Home, as compared with 172 women and 2 babies in 1935.

One hundred and forty-four patients paid the routine fee ; seven patients were partly necessitous and six wholly necessitous ; two cases were referred for collection of the fee due to the Home. Three patients were in the Home for very short periods and no charges were made.

A sum of £432 1s 4d was contributed by patients towards the cost of maintenance.

The following numbers of women were admitted to the Maternity Homes at Kirkcaldy and Dunfermline during the last five years :—1932, 304 patients ; 1933, 285 patients ; 1934, 281 patients ; 1935, 332 patients ; and 1936, 394 patients.

Thornton Combination Home.—During the year, 8 women were admitted for confinement and treatment to the Maternity Ward of this Hospital in terms of the Maternity Service and Child Welfare Scheme.

Three patients were wholly necessitous ; five contributed to maintenance a sum totalling £9 3s 1d. The cost debited to the Public Health account in respect of the treatment of these women amounted to £5 0s 6d.

Dunfermline Combination Home.—Three women were admitted to this Home in terms of the Maternity Service and Child Welfare Scheme for confinement. Two were wholly necessitous and one paid Maternity benefit amounting to £2.

MIDWIVES ACTS.—During the year 1936, 115 applications were received from medical practitioners for payment of fees in respect of services rendered in terms of the Midwives Acts, 1915 and 1927. One

hundred and thirteen claims were met by the County Council, involving a sum of £156 0s 6d. One claim was withdrawn as the doctor received payment privately. Payment was refused in one case as the residence of the patient was outwith the County.

MIDWIFERY SERVICE.—During 1936, 86 applications were received for free midwifery service in terms of the Maternity Service and Child Welfare Scheme. Of these, 56 were granted involving the expenditure of £71 3s 6d as against 92 granted in 1935 at a cost of £124 13s 0d.

The decrease in the number of cases for 1936 may be partly due to the operation of the National Health Insurance and Contributory Pension Act, 1935, which, on certain conditions, extends the period in which Maternity Benefit is payable to unemployed persons. Another probable factor is the fall in unemployment.

Of the 30 applications refused, it was ascertained that 20 applicants were entitled to Maternity Benefit; five were refused as income was over scale and three as application for the service was made subsequent to confinement. In one case the confinement took place in Hospital and in another the putative father agreed to pay the confinement expenses.

In 71 cases, the Approved Societies were written to in order to ascertain the position with regard to Maternity Benefit and it was found that, of the 86 applicants, 64 were not entitled to Maternity Benefit.

One case was undertaken by a medical practitioner as no midwife was available.

Application was made in 9 cases by the patient herself or relative and in 57 cases by midwives and in 20 cases by the Health Visitors.

Applicants resided in the following areas:—Cowdenbeath, 2; Lochore-Glen Craig, 10; Lumphinnans, 10; Lochgelly, 12; Cardenden, 11; Crossgates, 7; Kelty, 5; Hill of Beath, 3; Newmills-Oakley, 5; Torryburn, 5; North Queensferry, 1; and Denbeath, 1.

MATERNAL DEATHS.—During 1936, reports were submitted to the Department of Health for Scotland in respect of 27 maternal deaths. Of these, 21 deaths occurred in Infectious Diseases Hospitals, Maternity Homes, Infirmarys, etc., and 6 occurred at home. Four of the 7 women were unmarried mothers.

The areas of usual residence of deceased were:—Cupar Area, 3; Anstruther Area, 3; St. Andrews Area, 2; Kirkcaldy Area, 2; Wemyss Area, 4; Lochgelly Area, 6; Dunfermline Area, 4; and Beath Area, 1.

ORTHOPAEDIC SCHEME.—On 1st January, 1936, 18 patients, for whose maintenance the County Council had accepted liability, were under treatment in Fairmilehead Hospital. During the year 1936, 45 patients were admitted for the first time, while 5 were readmitted for further treatment. The cost to the County Council for the maintenance and

treatment of these patients was approximately £2,166 9s 9d. Contributions, varying in amount from 1s to 15s per week, were made by parents towards the cost of maintenance of their children in Fairmilehead Hospital in 41 cases. Twenty-one patients remained under treatment at 31st December 1936.

The child noted in my Report for the year 1935 as being under treatment in Challenger Lodge, the Children's Home of the Edinburgh Cripple and Invalid Children's Aid Society, remained in that institution during 1936 at a cost to the County Council of £39.

REPORT BY DR. R. A. KRAUSE,

Deputy Medical Officer (Welfare).

The report on the work carried out by the Area Medical Officers and Health Visitors under the Maternity and Child Welfare Scheme is 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 visit.
- (3) Breast feeding.
- (4) Pre-school children.
- (5) Home visitation figures.
- (6) Infant Protection.

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

- (a) Midwives Acts, 1915 and 1927.
- (b) Maternity and Child Welfare Centres.
- (c) Ultra-violet ray therapy.
- (d) Dental treatment.
- (e) Eye refractions.
- (f) Mental defectives—institution cases.
- (g) Orthopaedic cases.
- (h) Children and Young Persons (Scotland) Act, 1932—Probation and boarded-out cases.

A.

(1) Infant Births and Deaths.

In 1936 the number of births notified was 3,683 (1,942 males and 1,741 females)—an increase of 104 boys and a decrease of 7 girls over last year (total 3,586).

The distribution of births in the various districts was :—

Dunfermline,	53
Cowdenbeath and Lochgelly,	113
Kirkcaldy,	40
Wemyss,	73
Cupar,	35
St. Andrews,	31
Anstruther,	20
	—
	368

There were 140 still births (Dunfermline 21, Cowdenbeath-Lochgelly 59, Kirkcaldy 15, Wemyss 21, and North-East Fife 24). While in a large number of the cases the cause was unknown, the causes where known were mainly prematurity, some foetal abnormality (e.g. hydrocephalus), abnormal presentation, delayed labour and contracted pelvis, placenta praevia, maternal haemorrhage, macerated foetus, etc. The largest number occurred in Auchterderran and none came Lochgelly.

The number of premature births was 187 (Dunfermline 38, Cowdenbeath and Lochgelly 66, Kirkcaldy 11, Wemyss 37, and North-East Fife 35). The biggest number was in Inverkeithing (24) and next came Auchterderran (20). The number of illegitimate births was 143 (Dunfermline 27, Cowdenbeath and Lochgelly 50, Kirkcaldy 4, Wemyss 1, Cupar 20, St. Andrews 13, Anstruther 11). This figure is only slightly higher than that of last year (140). The number of plural births was 53 (1935—35, 1934—53).

2,539 births were doctor's cases and 980 were attended by certified midwives. There were 14 cases unattended and in 29 the birth took place before a doctor or midwife arrived. The number of cases notified as born in Institutions was 121. The number belonging to the various districts were :—Cowdenbeath and Lochgelly 30, Kirkcaldy 5, Wemyss 56, St. Andrews 30.

The number of infant deaths reported was 240 (210 in 1935)—Dunfermline 38, Cowdenbeath and Lochgelly 83, Kirkcaldy 23, Wemyss 1, Cupar 10, St. Andrews 12 and Anstruther 10. The causes of death were prematurity, debility, etc., 102, respiratory diseases 63, diarrhoeal diseases 1, other diseases of digestive system 17, infectious diseases 7 and other diseases 50. There was at least one case of overlaying and one mother was imprisoned for concealing the birth—the infant died at birth from strangulation.

(2) Conditions of Home on First Visit.

The Health Visitors at their "first visit" report on the condition of the homes (3,636) of the mothers and infants so visited. The number of homes reported as "indifferent" was :—

Dunfermline,	18
Cowdenbeath and Lochgelly,	36
Kirkcaldy,	18
Wemyss,	101
Cupar,	21
St. Andrews,	63
Anstruther,	4
	<hr/>
	261

The condition in 40 homes was considered as dirty (Cowdenbeath and Lochgelly 7, Kirkcaldy 2, Wemyss 26, Cupar 2, St. Andrews 2, Anstruther 1). The condition of the majority (3,335) of the homes was rated to be satisfactory.

In the reports of the Health Visitor in West Fife, attention is again drawn to outstanding cases of hardship due to overcrowding. In Low Valleyfield, every house has sub-let rooms. A similar state of affairs exists in High Valleyfield, Culross and Blairhall. In one of two sub-rooms "we have husband, wife, with six of a family (ages 5 to 17 years) and in the other, husband, wife, two grown-up daughters and two sons". There are also other houses of two rooms with a family in each room. The houses in Dundonald Terrace, Low Valleyfield, "get very little light or sunshine. Here the road is always in a terrible state with water and mud". In Culross a few houses have got little light and air, and in one home "there is no window in the kitchen, the top half of the door is glass".

In Oakley, the unfortunate families who were not housed still carry on in the old ones which are merely hovels and uninhabitable. It is surprising how tuberculosis has not developed, particularly in one family where six children (the eldest is fourteen) plus the parents, live in one apartment. In wet weather, the rain pours in from a hole in the roof, the walls are never dry, and the heat which the fire gives out goes to the chimney". Carnock village, Gowkhall and Cairneyhill remain the same, "the houses are mostly unfit for habitation".

The housing conditions in the Inverkeithing and north of Dunfermline districts are fairly good. There are, however, several cases of overcrowding. In Wellwood, "there are ten inmates occupying two rooms—father, mother with three children, mother and illegitimate child in one room, grandparents and another child in another room". There are also two other cases of families of eight in two-roomed houses, one in Wellwood and the other in Saline.

In the Crossgates-Hill of Beath area, there is the following number of cases of overcrowding:—1 room (10), 2 rooms (21), 3 rooms (5). The need of new houses is yearly becoming greater, especially in Hill of Beath."

In the Kelty area the Nurse reports that "of the total number of births in this area, fifty-five were living in rooms when I paid my initial visit. Only six of these have since found houses." "There were twenty families who were in houses but who were very much overcrowded." At present new houses are being built to try and cope with the overcrowding.

In Cowdenbeath, two bad cases reported upon by the Nurse in previous years, are still not remedied. Further, although the housing conditions were much improved by the completion of the Moss-side Housing Scheme, there are still a good many cases of overcrowding and unsatisfactory houses.

The housing conditions in Lochgelly are still very bad. "One of the worst features is that a very large percentage of all the babies born in Lochgelly have been born in a sub-let room." At present there are 219 sub-lets and there are 741 overcrowded houses. Even the new houses being built will not be too many for the young people.

Overcrowding is very prevalent with sub-lets in Glencraig area. "The washing house and lavatory accommodation is bad in many cases also leaking roofs, and in the case of washing houses, nothing to carry away the dirty water. Many throw their dirty water out at the door. New houses are being built but many more houses will need to be built before we feel any real difference in the overcrowding. At Nurse's first visit, she found 78 were living in one room (34 of these had 1 inmate, 22 four, 12 five, 2 six and 8 seven). In two-roomed houses 12 had seven inmates, 12 eight, 6 nine, 7 ten and 2 eleven. In three-roomed houses, there were 9 to 12 inmates.

There is an increase in Lumphinnans in the number of people who have to live in sub-let rooms. Last year Nurse reckoned there were fifty families living in sub-let rooms. This year there are at least sixty. The new houses with their modern conveniences and gardens are a big difference to the old ones and the health and happiness of the families is certain to benefit from them.

In Auchterderran, the Nurse also reports an increase in overcrowding and such housing conditions make it impossible for a decent standard of living to be attained. In this area, 87 families were living in one room (1 family of 10 persons, 1 of 9, 3 of 8, 3 of 7, 3 of 6, 6 of 5, 26 of 4, 32 of 3 and 6 of 2). In most cases water has to be carried from another house—washing, drying and cooking are all done in one room. There were 118 families living in two rooms (one of 14 persons, 1 of 13, 1 of 12, 5 of 11, 4 of 10, 6 of 9, 3 of 8, 14 of 7, 16 of 6, 26 of 5, 24 of 4 and 17 of 3).

In Kinghorn the housing conditions are much improved but there are still about 20 cases of overcrowding. In Markinch there are very few houses with overcrowding except perhaps where a son or daughter is married and is living with their parents till they obtain a house of

neir own. In Milton of Balgonie, most of the houses have no water inside nor sanitary arrangements. In Burntisland, 32 new houses have been occupied by families removed from condemned property or by families who were living under overcrowded conditions. A further 100 houses will be required to accommodate the families at present living in such conditions.

Whilst housing conditions have improved considerably in Wemyss area, there is still a good deal of sub-letting. The same applies to Buckhaven. Two outstanding cases of overcrowding are reported, (1) a father, mother and four children in one sub-let room, all sharing one bed; (2) Six adults and six children in two rooms. One of the adults is a notified case of tuberculosis.

At Denbeath and Methilhill, the housing conditions show no great improvement. In Methilhill, out of 51 families, 33 live in sub-let rooms, 8 are tenants of 2 or 3 roomed houses, but 7 of these occupy one room of the house, 11 occupy 2 rooms. The sub-letting here is very bad. In Methilhill, out of 85 families, 49 were tenants of the house occupying 1 or 2 rooms, and 36 were living in one room. In many cases these sub-tenants have been ordered out but they find it impossible to obtain accommodation elsewhere. The outstanding change in Methil was the demolition of the old houses of Lindsay Square. This has cleared away one of the worst areas in Methil. There is still as much sub-letting in the remaining houses and it does not seem to matter how many new houses are opened, there always seem to be people waiting to move into every vacant room.

In Leven the new housing schemes have improved matters somewhat, but a good many young couples live with their parents—*newly-weds cannot obtain houses*. Overcrowding still exists in the poorer localities such as Carlow Place and Aitken Place.

In the Cupar area there are a few cases of overcrowding. In one case a father, mother and two children (both under 5 years) are living in a dark, damp one-apartment house. The father has pulmonary tuberculosis and was recently discharged from Glenlomond Sanatorium. He is now living in these insanitary premises. In the town of Cupar the housing conditions are, on the whole, good. About a dozen families are being removed in the near future to better houses.

In St. Andrews there are two outstanding cases of overcrowding—(1) two adults and three children living in an attic with no fireplace or lighting facilities; the baby died of broncho-pneumonia; (2) two adults and four children living in an attic. Neither of these attics has sanitary conveniences.

In the landward area, a good many farm cottages have been reconditioned. There are, however, a number of cases of overcrowding.

In Anstruther area, a gradual improvement is taking place in housing conditions and an improvement in the health of the children who have moved from a slum clearance to a new housing scheme, has been noticed. There are still many families who are obliged to live in condemned cottages where the conditions are deplorable. Often several fires have to be kept going all day where dampness exists and in some cases the entire family sleep in the kitchen during the winter months.

No case of overcrowding was brought to the notice of the Health Visitor in Tayport. In Newport a number of new houses have been put up and large families have been transferred to these. There are however, still a few cases of overcrowding.

(3) Breast-Feeding, etc.

The Health Visitors report that at their "first" visits during the year 1936, there were 2,909 babies breast-fed (78.9 per cent.). There were 503 bottle-fed babies. The figures for the various districts were as follows:—Dunfermline 410 (88 bottle, 10 mixed), Cowdenbeath and Lochgelly 904 (134 bottle, 28 mixed), Kirkcaldy 313 (67 bottle, mixed), Wemyss 610 (81 bottle, 22 mixed), Cupar 289 (42 bottle, 1 mixed), St. Andrews 247 (45 bottle, 11 mixed), and Anstruther 136 (4 bottle, 9 mixed).

There is no doubt that the mothers in most areas are beginning to realise the importance of breast feeding and a large proportion breast feed for a considerable time. In one area 50 per cent. breast-feed for nine months, 15 per cent. for eight months, and the others some time between the first and fourth month. As indicated in former reports it is the young mothers who do not continue the breast feeding—"tied them down" too much. Very often the milk does not come until the fourth or fifth day and here very often the "granny" or the handywoman puts the baby on the bottle. It is then difficult to get the baby to change from the easy "sucking" bottle to the harder work it requires to do when sucking at its mother's breast. There are also the unmarried mothers who do not wish to nurse at all, as they want to get back to work after the stated period. There is one outstanding difficulty, and that is to get mothers to feed their babies regularly. This applies to breast-fed as well as bottle-fed babies.

(4) Pre-School Children.

In previous reports the need for more attention being paid to the condition and care of the toddler and the pre-school child has been emphasised. Arrangements have therefore been made for such children to be treated at the various school clinics in the County. Repeatedly attention has been drawn to the need for early attention to the teeth and again several nurses stress this aspect of the clinic work. It is unfortunate that mothers and fathers do not realise that "preventive"

better than cure " and that the periodic inspection of their children's teeth by an expert will be the means of helping to discover the earliest onset of dental disease. This discovery will mean that steps (conservative treatment) can at once be taken by the dentist to prevent the spread of the condition and there will be no pain or only very little discomfort in carrying out such treatment. If, however, the parents wait until the child complains of toothache, we find that the disease has already spread to the more vital parts of the tooth and generally the removal of the diseased tooth is the only remedy. Even if attempts are made to save the tooth, a large amount of time will be required for the treatment, and such treatment can never be so satisfactory and also generally not painless.

Another condition to which more attention will require to be given "squinting". In the past the results obtained in treating this condition have been somewhat disappointing. More recently, as a result of the work of various workers in different parts of the country, certain "conservative" measures have been developed and tried out and the promising results obtained have led to definite clinics for the treatment of "squinters" being set up in London, Birmingham, etc. It is hoped that such "orthoptic" training, as it is known, will soon be made available in the County of Fife. By the help of the Carnegie Dunfermline Trust, a beginning has been made in Dunfermline and the clinic there is to be under the charge of Dr. Robert Sampson. At Lochgelly, a small beginning has been made by Dr. Hyde. Unfortunately, the time available is too limited to allow for an extension of the work and as there are some 6-700 such cases amongst the school children in the County of Fife, the need for persons capable of carrying out this form of training is obvious.

The importance of discovering early defects which may lead to a crippling of the child has been pointed out in previous reports and in the Appendix to the School Report this is dealt with rather fully.

The protection of infants and toddlers against infectious disease is one of increasing importance. Here I only wish to mention the protective immunisation of children against diphtheria. It is the duty of the medical staff, doctors and nurses, to draw the attention of the mothers to the possibility of protecting their infants against diphtheria. This is done at 12 months, and repeated every subsequent year until the child enters school. The mothers are also informed that if they wish the inoculation can be carried out at one of the Welfare Clinics at a reduced fee.

(5) Home Visitation.

The Health Visitors made 53,664 home visits during the year 1936. The figures for the various areas are :—Dunfermline 9,823, Cowdenbeath and Lochgelly 13,484, Kirkcaldy 7,812, Wemyss 7,708, Cupar 196, St. Andrews 6,762 and Anstruther 2,879. At these visits,

34,982 infants and nursing mothers were seen. Apart from these 23,921 pre-school children were also seen. Whilst the nurses carry out these visits diligently, there is no doubt that with the number of cases they have to supervise, along with the amount of travelling and other work to be performed, it is found that they can only give a minimal and insufficient amount of time to these cases.

Advice was also given by the Health Visitors to 3,851 expectant mothers. Further, as Assistant Inspectors of Midwives, they paid 138 visits to the midwives in their areas.

The Health Visitors also act as "Tuberculosis" Nurses and as such paid 7,576 visits (3,080 pulmonary, 4,496 non-pulmonary) to the cases on the tuberculosis register.

The total number of home visits paid by the Health Visitors under the various schemes during the past year was 61,378 (61,760 in 1935).

(6) Infant Protection.

The number of infants on the Register (January 1936) was 61. During the year 1936, ten children were added, three removed from the district, ten were returned to relatives, and six were over nine years of age. One infant was legally adopted by a guardian.

The Health Visitors acting as Infant Protection Visitors in accordance with the Children Act, 1908, paid 213 home visits and saw 213 children. Of these cases, 9 new cases required preliminary reports. Amongst the preliminary cases there was one in the Dunfermline area where the "Visitor" considered the home conditions not very satisfactory. The child was subsequently transferred to another guardian. In the St. Andrews area the guardian of one of the children was considered unsuitable because of her age. This child was taken back by his mother.

DUNFERMLINE AREA.—In last year's report, reference was made to a case where the Infant Protection Visitor stated that "she could not truthfully say that she considered the character and conduct of the guardian satisfactory." This case has received a good deal of attention from the Infant Protection Visitor as she has repeatedly had complaints from neighbours as to this child being left unattended at night. The case has also been reported to the R.S.S.P.C.C. but it has been impossible to get sufficient evidence to make a case, as, otherwise the child seems well cared for. I have also reported the case to Mr. Wilson, Chief Public Assistance Officer, in order that he may exercise the powers conferred under Section 61 of the Act of 1932, but so far, the child has not been removed.

Overcrowding was reported in two cases (3 children concerned) but the Infant Protection Visitor does not think this is affecting the children's health.

BEATH AREA.—In one case, Nurse reported the state of clothing, cleanliness and house as "indifferent" whilst the state of bedding

as "unsatisfactory". These conditions have improved, however, and Nurse now reports the case as satisfactory.

ST. ANDREWS AREA.—The Area Medical Officer was asked to give a medical report and mental test report on a child who was under observation for mental deficiency as both his parents were said to be mentally defective. Dr. MacLeod, however, found that the child seemed to be quite bright, although nervous and excitable. She is to keep this case under definite supervision. The home conditions here are very good.

WEMYSS AREA.—Overcrowding was reported in two cases but the Infant Protection Visitor does not think this is affecting the children's health.

In one case the state of house and bedding was only "Fairly Clean". This improved later on and the case is now satisfactory.

B.

(a) Midwives Acts, 1915 and 1927.

In 1936 there were 52 midwives practising in the various districts of the County of Fife (Dunfermline 15, Cowdenbeath and Lochgelly 15, Kirkcaldy 6, Wemyss 3, Cupar 3, St. Andrews 9, and Anstruther 1).

Medical assistance was sent for by the midwives in 212 cases (in 1935 the number was 199). The distribution in the various districts was as follows:—Dunfermline 47, Cowdenbeath and Lochgelly 136, Kirkcaldy 2, Wemyss 11, and North-East Fife 16.

An analysis of the cases for which medical assistance was sent is given below:—

Delayed labour and uterine inertia,	47
Abnormal labour,	22
Torn perineum,	35
Maternal haemorrhages (a) Ante-partum,	5
(b) Post-partum,	10
Inflamed and discharging eyes,	16
Premature births,	11
Still-births,	11
Weakness (a) Mother,	5
(b) Baby,	10
Adherent or retained placenta,	7
Raised temperature,	6
Pain and puffiness, legs, etc.,	5
Jaundice,	2
Albuminuria,	2
Collapse of patient,	2
Miscellaneous (contracted pelvis, severe headache and insomnia, growth on baby's head, swelling (left breast), mastitis, abdominal pain, macerated foetus, malformation, spina bifida, varicose veins, etc.),	16

The following forms (76) were also received from the midwives at the Public Health Department (Welfare) :—

Deaths,	4
Still-births,	26
Laying out of dead body,	23
Liability to be a source of infection,	9
Artificial feeding,	9
Failure to follow advice,	7

The total number of births for the County was 3,683. Of these, 983 were attended by midwives (Dunfermline 538, Cowdenbeath and Lochgelly 1,131, Kirkcaldy 407, Wemyss 738, St. Andrews 311, Cupar 358, and Anstruther 200). The figures for 1935 were 3,586 and 970 respectively. The number of confinements at which neither a doctor nor a midwife attended was 14 and 118 in institutions. There were also 29 children born before a doctor or a midwife arrived. The number of deaths of infants taking place within ten days of birth was 97 and of these 18 occurred in the practice of midwives (Dunfermline 5, Cowdenbeath and Lochgelly 9, Wemyss 2, St. Andrews 2). The figure for number of conditions, and those occurring in the practice of midwives was as follows (total County figures in brackets) :—

Ophthalmia Neonatorum,	24 (102)
Puerperal Fever,	1 (16)
Puerperal Pyrexia,	6 (21)
Still-births,	26 (137)

There were no deaths in the practice of midwives in the cases of puerperal fever or pyrexia.

The Health Visitors acting as Assistant Inspectors of Midwives made 138 periodic inspections.

Nothing outstanding occurred during the past year relating to midwives. A number of minor inquiries, however, were made. In one case a midwife asked whether it was necessary for her to notify infantile jaundice. She was informed that this was not necessary provided she sent out the usual form for medical assistance as laid down by the Central Midwives Board.

One midwife reported a mother for not making arrangements regarding her confinement and only sending for the midwife at the last moment. From the Health Visitor's report, the woman was stated to be unsatisfactory and one who "will not be advised".

Inquiries had to be made into a case where the mother, who had been delivered at the Maternity Hospital, met the local midwife and asked her regarding artificial feeding. The midwife was stated to have said that "if the mother did not feel equal to it, perhaps it would be advisable to put the baby on artificial feeding." The midwife denied having given any advice to the mother. It was pointed out to her,

however, that as she had been approached by a mother who was breast-feeding her baby, any opinion given regarding artificial feeding was tantamount to advice and under these circumstances, she was laying herself open to a charge of breaking the Rules of the Central Midwives Board.

Seven different cases were inquired into where handywomen had been attending at the confinements. One of these cases was reported to the Public Health office by a midwife. From inquiry, however, no evidence could be obtained that the handywoman in this case could have acted otherwise. It was quite obvious that any blame lay with the expectant mother who had delayed too long before sending for the midwife. Similarly in the other cases no blame could be attached to any other handywomen. In most of the cases they acted in an emergency because the doctors could not be got in time and in one of the cases, a primipara, who did not realise she was in labour, a rapid confinement took place, the infant being seven months premature.

One midwife (District Nurse) who was acting in a temporary capacity, did not register as a midwife. Arrangements have now been made with Miss Carnegie, Lady Superintendent of the County Nursing Association, whereby such an oversight will be avoided in the future.

(b) Maternity and Child Welfare Centres.

Complaints have been received regarding the inadequacy of heating in the Child Welfare Clinic in Cowdenbeath. This clinic is housed in a temporary structure and consequently it is more difficult in cold weather to maintain at a comfortable temperature necessary for the handling of infants and young children. This clinic, useful as it has been in the past, does not meet all the requirements of an up-to-date Child Welfare Clinic. The County Council is therefore considering the establishment of a new and combined School and Child Welfare Clinic. Plans were drawn up for such a clinic to be set up in a portion of the new playground attached to Broad Street School. To this, however, the Departments of Health and Education have taken exception and another site will have to be found.

The difficulty of site for the Denbeath Clinic has been surmounted and it is expected that the new clinic will be available in the autumn of next year. The new clinic at Tayport has also been delayed and will also be ready in 1937. There is no further progress to be reported regarding the establishing of new clinics at Blairhall or Auchtermuchty. At both these places Child Welfare Clinics are overdue.

The Child Welfare Clinic at East Wemyss is inadequate and unsatisfactory. There is no waiting-room and the mothers have to climb up the flight of stairs. The only clinic room is also used for treatment of mental and minor ailments cases and is too crowded with furniture to leave much space for the free movement of the patients. Here also, there is a difficulty as to a suitable site for setting up a new clinic.

The figures for the number of cases and total attendances at the various Maternity and Child Welfare Centres must, on the whole, be considered as satisfactory. They are given below:—

Clinic.	New Cases.	Total Attendances. (New and Old Cases.)
<i>Dunfermline District—</i>		
Crossgates,	66	477
Inverkeithing,	53	114
Torryburn,	23	34
<i>Cowdenbeath and Lochgelly District—</i>		
Auchterderran,	107	260
Cowdenbeath,	198	1219
Crosshill,	343	962
Kelty,	320	899
Lochgelly,	254	1835
<i>Kirkcaldy District—</i>		
Burntisland,	77	548
Kinghorn,	30	590
Thornton,	24	374
<i>Wemyss District—</i>		
Denbeath (a)	155	1241
(b)	142	881
Leven,	113	957
<i>North-East Fife—</i>		
Cupar,	123	625
Newburgh,	61	472
St. Andrews,	161	2202
Tayport,	46	231
Anstruther,	45	316
	2341	14,237

The figures for 1935 were 2,125 cases and 13,147 attendances.

Most of the mothers who come to the clinics ask for advice regarding the feeding of their babies. Of the new cases, 1,415 were "feeding cases." The Area Medical Officers saw 1,371 of the 2,341 new cases and in 48 cases the mothers were referred to their family doctor.

An analysis of the figures shows that of the new cases, 1,368 were infants under twelve months and 435 pre-school children (1-5 years). There were also 374 "other cases" coming for advice and there were 164 expectant mothers. The figure for expectant mothers is higher than that for last year. This is due to expectant mothers being referred to the clinic where they have refused to see their own doctor and following the "Notification of Patient's Failure to Follow Advice" which the midwife must send the Central Authority as laid down in the Rules of the Central Midwives Board for Scotland (Midwives (Scotland) Act, 1915).

During the year, nineteen infants were treated for umbilical hernia at the Kelty Clinic. Orthopaedic cases, under the Orthopaedic Scheme, were also seen and where necessary, arrangements made for treatment at the orthopaedic clinics or referred to the orthopaedic specialist clinics. Other cases have also been referred to the general, dental and ear, nose and throat clinics for further examination and, if necessary, treatment.

The attention of mothers is also directed to the methods of immunisation against diphtheria and if they desire it, arrangements can be made for the injection of the prophylactic material. Such advice is given to each mother when the infant reaches its twelfth month and the advice is given yearly until the child enters school. Increasing use has been made of the Alum Precipitated Toxoid as it only requires one injection and the amount of general or local discomfort is generally slight.

(c) Ultra-Violet Ray Therapy.

Mothers, infants and older children, who, in the opinion of the Medical officer would benefit from ultra-violet ray therapy, are given such treatment at the three clinics in Cowdenbeath (mercury vapour lamp), Lochgelly (mercury vapour lamp) and Leven (carbon arc lamp).

The number of cases treated was 130 (118 in 1935) and their distribution and number of attendances made were as follows :—

	<i>Cases.</i>	<i>Attendances.</i>
Cowdenbeath,	25	578
Lochgelly,	56	1500
Leven,	49	1481

Of the total number of cases, 12 were infants, 50 pre-school children and 69 children of school age. There were also 8 adults treated. During the year, 35 cases were discharged, of these 24 showed marked improvement, 10 slight improvement and 1 case no improvement at all.

In the Cowdenbeath Clinic one child, physically and mentally backward, made no improvement, and an infant suffering from marasmus was admitted to hospital and so left off treatment. Two cases of dermatitis and one of alopecia received considerable benefit. The outstanding conditions treated were debility and tubercular glands. At Leven there were 49 new cases and of these 13 suffered from general debility, 15 from enlarged cervical glands, 9 rickets and the other conditions treated were abdominal glands, anaemia, asthma, alopecia, etc.

At Lochgelly the nurse reports that "although there is a small percentage of cases discharged showing marked improvement, it does not mean that there is no improvement. Quite a number drop off without being discharged; when improvement takes place, they simply stop coming."

(d) Dental Treatment.

Under the Fife Dental Scheme dental treatment is available not only to school children, but also to pre-school children, necessitous expectant and nursing mothers, public assistance cases and members of the County Police Force.

(a) **PRE-SCHOOL CHILDREN.**—During the year 1936, there were 356 pre-school children treated at the school clinics—Cowdenbeath and West Fife 157, Burntisland-Lochgelly 109, Buckhaven-Markinch 2 and North-East Fife 64. The number treated in 1935 was 299 and shows a further increase in the number of young children brought forward by the parents.

These 356 children made 458 attendances at the clinic, at which the following treatments were given:—823 extractions under a local anaesthetic, 189 extractions under general anaesthetic. There were also 241 conservative treatments given to these cases.

(b) **NURSING AND EXPECTANT MOTHERS.**—The dental treatment necessitous nursing and expectant mothers was continued. The number treated was 64 (Cowdenbeath and West Fife 30, Lochgelly Burntisland 14, Buckhaven-Markinch 7, North-East Fife 13) and they made 116 attendances at the clinic. They required the following treatments—300 extractions (local anaesthesia) and 86 extractions under general anaesthesia; 34 conservative treatments were necessary and one upper denture was supplied.

(c) **PUBLIC ASSISTANCE CASES.**—The number of Public Assistance cases (249) shows a further increase over last year (193). The distribution of the cases was as follows:—Cowdenbeath and West Fife 126, Lochgelly and Burntisland 54, Buckhaven and Markinch 17, North-East Fife 17. Not counting dentures, it was necessary to carry out 1,128 treatments (757 extractions with a local anaesthetic, 306 extractions under general anaesthesia, and 65 conservative treatments). The number of dentures supplied was 50 full upper, one partial upper, 45 full lower and one repair. In all 584 attendances were necessary to carry out all this treatment. It must again be pointed out that all this treatment was done after school hours and mostly in the dentist's own time. There is no doubt that if this increasing amount of work is to be properly dealt with, additional staff will be necessary.

(d) **COUNTY POLICE.**—During the past year, 17 members of the County Police Force received dental treatment. This is a small increase on last year (14). The number of attendances made was 43 and the following treatments carried out:—38 extractions under local anaesthesia, 30 extractions under general anaesthesia and seven conservative treatments. In addition two full upper and three full lower dentures as well as one repair and one remake were necessary.

(e) **Eye Refractions.**

Pre-school children are referred from the Child Welfare Clinics to the Eye Clinics where their eyes are examined by the Area Medical Officers and special cases are examined by the Eye Consultants (Drs. Allier MacGillivray and Robert Sampson).

Public Assistance cases (adults) are also brought forward by the Public Assistance Officers and the cases are examined at one or other of the School Eye Clinics by the Area Medical Officers or, where deemed necessary, by one of the Eye Consultants. During the past year, 48 Public Assistance cases were examined at the clinics and of these 26 were referred to the Eye Specialists. Glasses were prescribed in 45 cases and in 12 both "distance" and "reading" glasses were supplied. In a number of the cases prescriptions from other institutions or hospitals were produced and it was found necessary to refer these to the Area Medical Officers to take the frame measurements.

(f) Mental Defectives—Institution Cases.

During the year (1936), six children were notified as uneducable (Cowdenbeath and Lochgelly 2, Cupar 1, Dunfermline Burgh 1, Kirkcaldy Burgh 2).

Five children were admitted to the following Institutions for Mental defectives :—

Larbert,	4
St. Joseph's, Rosewell,	1

All these cases were educable—and four of them were girls.

The difficulty in obtaining vacancies for educable male mental defectives still remains, and this is still being inquired into by the County and the two Large Burghs, Kirkcaldy and Dunfermline.

(g) Orthopaedic Cases.

During the year 1936, fifteen specialist clinics were held. At these 60 pre-school children (40 new and 20 old cases) were seen by the Orthopaedic Consultant, Mr. W. A. Cochrane. The distribution of the cases at the various centres and the number of clinics held was as follows :—

Buckhaven,	5 (9 new, 4 old)
Lochgelly,	3 (10 ,, 2 ,,)
Dunfermline,	3 (9 ,, 2 ,,)
Cowdenbeath,	1 (5 ,, 3 ,,)
Kirkcaldy,	1 (1 ,, 4 ,,)
Cupar,	2 (6 ,, 5 ,,)
	—
	15
	—

In the case of the new cases, hospital treatment was recommended for 11, for clinic treatment 21, and supervision 8 cases. As regards the old cases, the following treatment was recommended :—hospital 2, clinic 13, and supervision 5.

The appointment of an orthopaedic nurse to take over the duties in the various clinics and to co-ordinate all the work in connection with the orthopaedic scheme, was made. This Orthopaedic Nurse, Miss Sivewright, along with some help of the gymnastic staff and later also by the temporary appointment of Miss Hornel, was able to develop the clinic orthopaedic scheme in Fife. Unfortunately, the consequent great increase in the number of cases has put a big strain on the orthopaedic staff who have not spared themselves to meet the overwhelming demand for more treatment at the various clinics. Further information regarding the Orthopaedic Scheme is given in a Special Memorandum as Appendix III. of the School Report.

The number of cases of pre-school children and attendances made by them at the various clinics for the last six months of the year was:—

Buckhaven, ..	4 cases ;	297 attendances
Lochgelly, ..	10 „	302 „
Dunfermline, ..	3 „	50 „
Burntisland, ..	2 „	60 „
Markinch, ..	3 „	116 „

The figures for the first six months are not available as the figures for the school and the pre-school children were not kept separate.

(h) Children and Young Persons (Scotland) Act, 1932.

Probation and Boarded-out Cases.

(a) There has been close co-operation between the probation officers and this department. Frequent consultations are held regarding special and difficult cases. This work, which is virtually “child guidance” work and requires a good deal of time, has as its object the investigation and finding a solution to problem cases which will be, if possible, in the best interests of the children.

During the year 1936 Mr. Barrie referred 53 cases to the medical staff for a report on the physical and mental conditions of these children. In 20 cases it was deemed necessary to test for the mental ages of the children and so obtain their intelligence quotients.

It should be pointed out that in a number of cases the boys were certified as feeble-minded and recommended for a certified mental defective institution. Unfortunately lack of such institutional accommodation resulted in nothing being done for some of the cases and a few were placed in “approved schools”. Regarding one of the latter cases, a definite statement had been made that he was a very unsuitable case for such treatment. The results were according to expectation and steps are being taken to place the boy in an appropriate institution.

(b) Boarded-out Cases. For these cases arrangements have been made for a statutory medical examination twice yearly by one of the Area Medical Officers. During the past year 17 cases were visited and

21 reports were received at the central office. These examinations necessitated 12 visits by the medical staff. As a result of the examinations seven were referred to the school dentist for dental treatment and one case requiring removal of tonsils and adenoids was referred to the family doctor of the guardian to make the necessary arrangements for the operation.

OPHTHALMIA NEONATORUM.

The total number of cases of ophthalmia neonatorum notified was 102. These cases involved the nurses in over 400 visits of inquiry and supervision. The distribution of the number of cases in the various districts was :—

Dunfermline,	18
Cowdenbeath and Lochgelly,	36
Kirkcaldy,	13
Wemyss,	29
Cupar,	—
St. Andrews,	4
Anstruther,	2

There were 12 cases removed to hospital for more intensive treatment.

PUERPERAL FEVER AND PUERPERAL PYREXIA.

There were 16 cases of puerperal sepsis (in 1935 there were 18), and 1 cases of puerperal pyrexia (31 in 1935). The numbers that died were 3 and 2 respectively.

PNEUMONIA.

The Health Visitors paid 492 visits to notified cases of pneumonia with a view to informing the Medical Officer of Health which cases, because of adverse home conditions, ought to be placed in hospital for treatment. The number of cases notified was 314 (Dunfermline 66 (6), Cowdenbeath and Lochgelly 114 (74), Kirkcaldy 33 (16), Wemyss 2 (21), and North-East Fife 59 (12). The figures in brackets are the numbers of cases placed in hospital.

The number of cases notified as influenzal pneumonia was 55 (33).

EXAMINATION AND CERTIFICATION OF BLIND PERSONS.

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

In view of the fact that the survey of blind persons in the County had been completed and in order to facilitate the examination of new applicants, the Department of Health indicated that the joint arrangements for the medical certification of the "Blind" should be suitably altered to bring them into line with the new conditions. The modified arrangements were as follows :—

A. GENERAL.

1. Examination of persons claiming to be blind is effected through the medium of the regional clinics in Edinburgh and Dundee.

2. Where justified by the number of cases in hand, sub-clinics may be held from time to time at convenient centres in the County. Other cases will be sent direct to the regional clinics in Edinburgh and Dundee. Where from infirmity or other cause a case cannot be brought to a clinic or sub-clinic, arrangements will be made for examination by an ophthalmologist at the person's home. In the latter event, if the ophthalmologist considers a second opinion desirable, arrangement will be made accordingly.

3. No case will be held up for more than three weeks in the expectation of a sub-clinic being held.

4. Particulars of cases to be examined will be sent to Dr. Krause, Deputy County Medical Officer of Health at Kirkcaldy. Normally such particulars will be furnished by the public assistance department of the County and the Large Burghs or by the Fife Society for the Blind, and the officials concerned will send to Dr. Krause, in duplicate, a copy of the Registration and Medical Certificate Form for each case with the particulars in Part I. completed.

5. It is the duty of the Fife Society to bring forward for examination any persons claiming to be blind of whom they are aware.

B. DUTIES OF THE DEPUTY COUNTY MEDICAL OFFICER OF HEALTH.

1. General administration of the arrangements will be in the hands of the Deputy County Medical Officer of Health, acting on behalf of the County Medical Officer of Health.

2. On receipt of the Registration and Medical Certificate Form, duly completed as respects Part I., he will decide whether a case is to be examined at the regional clinic, at a sub-clinic, or at home. He will maintain the necessary contacts with the regional clinics and will himself make *all* necessary arrangements for holding sessions of sub-clinics. He will communicate with the appropriate Ophthalmic Surgeon regarding domiciliary examinations, requesting him to intimate to the applicant the day and time at which the Surgeon will attend at his home for examination.

3. He will send the Registration and Medical Certificate Form, in duplicate, to the regional clinics in all cases to be examined at the clinics. He will, in the case of domiciliary examinations, send a copy of the Form to the Ophthalmic Surgeon conducting the examination, retaining the duplicate. He will communicate with all applicants indicating (1) that they are to attend a specified session of a regional clinic in Edinburgh or Dundee, or that they are to attend a sub-clinic at a specified time and place, and that the Society will communicate with them regarding travelling arrangements; or (2) that they will be examined at home and that an Ophthalmic Surgeon will notify them when he will attend at their homes for the purpose of examination.

4. He will notify the Society of all arrangements made as above, including particulars of the applicants concerned. He will seek the co-operation of the Society with regard to the completion of Part I. of the form where this is incomplete, and any other matters in which the assistance of the Society is desirable.

5. After examination, whenever the forms are furnished to him, he will (1) in the case of sub-clinic or domiciliary examinations, complete and retain the duplicate forms in his own office and send the original forms to the appropriate regional clinic ; (2) notify the Society of the results of *all* (Burgh and County) examinations, including a note of any recommendations made by the clinic ; (3) in *county* cases, notify (a) the applicants and (b) the Public Assistance Officer of the results of the examinations including, in the case of the applicant, a note of any clinic recommendations ; and (4) in *burgh* cases send all duplicate forms to the appropriate Burgh Medical Officer of Health, intimating at the same time that the Society has been informed of the result of the examination.

6. He will co-operate with the Society, where desired, in *county* cases in which the examining surgeons recommend follow-up action.

7. He will arrange for the re-examination of cases in accordance with any recommendations made by the examining surgeons to this effect.

Note.—The regional clinics will retain the original Registration and Medical Certificate Form and in all cases examined at the clinics return the duplicate, duly completed, to the Deputy County Medical Officer of Health.

In the case of domiciliary examinations, the Ophthalmic Surgeons will send the completed form to the Deputy County Medical Officer of Health.

The total number of persons examined under the Blind Persons Acts for the year 1936 was 105. Of these, 70 (58 County, 7 Kirkcaldy Burgh and 5 Dunfermline Burgh) were examined at the Edinburgh Blind Clinic ; 8 (County cases) at the Dundee Blind Clinic ; and 27 (19 County, 3 Kirkcaldy Burgh and 5 Dunfermline Burgh) were considered bedridden cases and were examined by Drs. MacGillivray (East Fife) and Sampson (West Fife).

The 78 cases examined at the two clinics were certified as follows :—*Blind* 35 (County 26, Kirkcaldy Burgh 6, Dunfermline Burgh 3) ; *Not Blind* 43 (County 40, Kirkcaldy Burgh 1, Dunfermline Burgh 2). The 27 persons examined at their homes were found to be :—“ *Blind* ” 6 (County 18, Kirkcaldy Burgh 3, Dunfermline Burgh 4), and “ *Not blind* ” 2 (County 1, Kirkcaldy Burgh 1). Of the total number examined, 13 were re-examinations.

Treatment was recommended in 27 cases. Of those certified blind 3 were recommended to have medical treatment, 7 surgical treatment (mainly for cataract) and 1 optical. Amongst those certified "not blind", 2 were recommended for medical treatment, 6 surgical treatment and 8 optical. Only one case was advised to stop smoking.

The Wassermann Test was carried out in 4 cases and of these 2 were negative, 1 positive and 1 result not yet known.

EXAMINATION OF MORBID PRODUCTS.

The number of specimens submitted for examination by medical practitioners during 1936 was 386, viz., throat swabs 146, of which 1 were positive to diphtheria; 68 bloods of which 5 were positive to typhoid, 3 to para-typhoid and 2 to abortus; and 172 sputa of which 18 were positive to tubercle bacilli. In addition, 87 specimens of sputum were sent for examination by the Tuberculosis Officer, of which 11 were positive.

HOUSING.

Reports furnishing details of housing activity in the Eastern and Western Divisions of the County by Drs. Fyfe and McGillivray respectively as also details of the repair, renovation and extension of existing houses under the provisions of the Housing (Rural Workers) Act 1926 and 1931 are subscribed later in this report.

MEAT AND MILK SUPPLY.

Further consideration by the County Council in conference with the Town Councils of Kirkcaldy and Dunfermline, the three local authorities concerned with the wholesomeness and purity of the milk and meat supply led to the framing of an agreement for the joint appointment of three full-time veterinary officers for the more frequent and thorough examination of milch cattle, supervision of dairy methods and the more efficient and competent inspection of meat.

The areas proposed for each inspector were the former Local Government districts of Dunfermline and Kirkcaldy, each inclusive of the large Burgh and the eastern division of the County comprising the former districts of Cupar and St. Andrews.

It seems probable, however, that the agreed scheme will be still-born in view of the proposals of the Government to take over the veterinary officers of local authorities for the operation and enforcement of pending legislation for the prevention of tuberculosis and other diseases of cattle, thus rendering milk and meat safer foods than they are at present.

The standard of construction of byres and dairy premises continues to improve as also the methods for the cleanly production of milk.

The following excerpts from the Annual Report for 1936 of Mr. R. G. Anderson, F.R.C.V.S., County Veterinary Inspector, illustrate the nature of his work and outlook thereon :—

I have the honour herewith to submit my report for the year 1936 as called for by the Department of Health for Scotland under Section 4 (5) of the Milk and Dairies (Scotland) Act, 1914. No administrative difficulties were encountered during the year.

1. *Condition and Cleanliness of Cattle.*

The condition of the cows was found to be generally very good ; in a few exceptional cases they were fair to good. More general care in matters of grooming and clipping and washing of udders was noticeable. Methods of milk production show continued improvement. The use of milking machines is very much extended as also of covered gathering pails for the milk.

(a) Nature of fodder and diet as affecting the quality of the milk. No instance of adverse effect on the quality of the milk, due to diet has been noted.

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

(c) Disposal of milk from diseased cows.

Diseases of Udder—non-tuberculous.

Atrophy.	Mammitis and Non-Tuberculous Indurations.	Teat eruptions.	Injuries.
1003	297	2	30

Atrophies are cases of loss of substance in one or more quarters of the udder due to cessation—partial or complete, of normal functioning—and are mostly the result of previous attacks of mastitis, or injuries, or teat obstruction.

(d) The milk from diseased cows and from udders or quarters of the udder is in most cases discarded entirely. Occasionally it is fed to calves or pigs, or the cow is used for suckling calves.

While it is an offence to feed animals with animal products—bone, meat, blood, etc.—without previous boiling, this practice of feeding calves and pigs on milk from diseased animals should also be definitely prohibited or ruled by a regulation as to boiling of the milk and should apply to the product of an udder or quarter of an udder showing any departure, detectable to the touch or of the nature of the secretion, from normal.

Other diseases observed were :—

Retained placental membranes,	..	..	..	21
Johne's Disease, ..	..	..	..	11
Traumatic indigestion, ..	..	..	..	5
Ringworm, ..	..	..	..	3
Actino bacillosis, ..	..	..	..	6

Anthrax was reported to have occurred on 4 dairy premises.

2. Inspection of Cattle.

	Average No. of Cows.	No. of Cows Inspected.	Annual Frequency of Inspection.
(a) Registered Dairies ..	9,300	18,896	twice.
(b) Exempted Premises,	40	80	twice.

3. *Bovine Tuberculosis*.—Include notes on any steps taken to secure tubercle-free milk supply, also on any difficulties militating against the successful marketing of Certified and Tuberculin Tested milk.

Steps taken are as in previous years, strong exhortation to breed own stock, open-air rearing of calves, and advocacy of the intrinsic value of the possession of disease-free herds, apart from milk supply and of the Attested Herds Scheme. Price is the factor militating against the successful marketing of Graded Milks.

To a large extent, it may be said, rather to be due to a lack of appreciation of real values, not entirely due to ignorance of numerous sections of the community well able to afford the price.

(a) Tuberculosis Order, 1925.

	Tuberculosis of Udder.	Tuberculous Emaciation.	Chronic Cough.	Total.
	31	—	53	84
1934	15	6	30	51
1935	22	7	36	65
Post Mortem examination results.				
Advanced	18	—	33	
Not Advanced.	10	—	20	
Destroyed by owner.	2	—	—	
Died pending investigation	1	—	—	
	31		53	Total 84

(a) Number of cows found Tuberculous on clinical inspection of herd

	Udder.	Emaciation.	C. Cough.	Total.
Clinical Inspection, ..	26	—	26	52
Reported by V. Surgeons, ..	2	—	8	10
Reported by Owners, ..	3	—	19	22
				84

Post Mortem results.

	T. Udder.		T. Emac.		C. Cough.	
	Advanced.	Not Advanced.	Advanced.	Not Advanced.	Advanced.	Not Advanced.
Inspection,	15	8	—	—	17	9
V. Surgeons,	2	—	—	—	6	2
Owners, ..	1	2	—	—	10	9
	18	10	—	—	33	20

Two of the cases shown as reported by Veterinary Surgeons were dealt with by them during my vacation.

2 Chronic Cough "Advanced".

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

10 cows were tested to assist diagnosis and reacted.

(c) The total number of cows to which the Tuberculin Test was applied under Section 22 of the Milk and Dairies (Scotland) Act, 1914. No Tuberculin tests were made under this Section.

(d) Number of Dairies holding "Graded" milk licences in respect of Tubercle free herds.

"Certified" or "Tuberculin Tested."

Name and Address.	Average No. of Herd.	Estimated No. of Gallons produced annually.
Lady Victoria Wemyss, Wemyss Castle, Dysart,	30	22,433
Wm. Lohoar, W. Balrymonth, St. Andrews,	64	53,500
Dr. Jas. Younger, Mount Melville, St. Andrews,	22	18,500
Lord Cochrane of Cults, Crawford Priory, Springfield—		
Hospital Mill Dairy,	40	
Gascoigne Open-Air Dairy,	65	102,956
Hozier Open-Air Dairy	50	
Jas. W. Clement—		
Kilrenny Mill, Anstruther,	40	30,000
Pitkeirie, Anstruther,	26	18,250

The herds at Crawford Priory were admitted to the register of Attested Herds under the Milk Act, 1934, Section 9.

Tuberculosis (Attested Herds) Scheme.

The double intradermal Tuberculin Test was applied to 763 animals in the course of the year.

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

None.

Two dairy herds of average number of cows—98 and 43—are in process of completing with cows from Attested herds on complete disposal of present stock.

4. Miscellaneous—Furnish.

(a) "Standard" Milk Sellers.

	Average No. Herd.	Average Gallons.
Messrs. R. & W. Anderson, Monturpie, Largo,	21 cows	15,800
Thos. D. Fraser, Grange Farm, Elie, ..	18	13,000
John Black, Grangehill, Elie,	20	15,000
Richard Telford, Lathallan Home Farm, Colinsburgh,	16	11,500

(b) No Samples were taken in terms of Section 21 of the Milk and Dairies (Scotland) Act, 1914.

(c) No reports were received under Section 14 of the Act.

Tuberculin testing of Certified and Grade "A" T.T. herds was carried out, and clinical inspections were made of those and of Grade "A" herds. New designations are "Certified", "Tuberculin Tested" and "Standard".

Meat Inspection.

	Bovines.		Pigs.		Sheep.	
Condemnations.	Total.	Partial.	Total.	Partial.	Total.	Partial.
Buckhaven, ..	60	43	19	18	6	1
Leslie, ..	5	4	—	1	—	—
Leven, ..	11	10	—	—	—	—
Markinch, ..	3	3	1	—	—	4
Inverkeithing, ..	—	1	—	2	—	—
Cowdenbeath, ..	1	—	—	—	—	—
Wemyss, ..	1	—	—	—	—	—
Burntisland, ..	1	1	—	—	—	—
Kinghorn, ..	—	1	—	—	—	—
Cardenden, ..	—	1	—	—	—	—
	82	64	20	21	6	5

One hundred and thirty visits were made to Slaughterhouses.

PORT SANITARY REGULATIONS (SCOTLAND), 1933.

The procedure for the visitation by the Medical Officer of Health of the several ports within the County area on the arrival of ships from foreign ports infected, or suspected of being infected, with smallpox, typhus fever, cholera, plague or yellow fever continues satisfactory in working.

Every Saturday a list of the infected foreign ports is made up and sent to the preventive officers of the chief ports of the County who are thus kept informed of the foreign ports infected or suspected of being infected with dangerous infectious disease.

Ships arriving from foreign ports which are not infected are granted free entry on showing a clean bill of health, the captain of every such ship having to complete, sign and furnish the form of declaration of health. Ships from infected foreign ports are visited despite the reported absence of illness of crew or mortality of vermin. Pratique may be granted prior to the visit of the medical officer to the ship to avoid holding up the work of unloading.

HOSPITAL FACILITIES.

The several infectious diseases hospitals of the County Council were comparatively empty during 1936, with the exception of Cameron Hospital where the complement of twenty-two beds were on occasion almost fully occupied. The proposed scheme of extension of Cameron Hospital made no progress during 1936 but the draft plans have now been approved and the project should, subject to conditions obtaining in the building trade, be in reasonable sight of fruition.

The question of the centralisation of the four small infectious diseases hospitals of the Eastern division of the County stands where it did.

REMAND HOME.—A report on the possible use of an old mansion house adjoining Dysart School for the purposes of the Remand Home (Scotland) Rules, 1933, was submitted towards the close of the year.

PUBLIC ASSISTANCE.

During 1936, the number of prescriptions issued by Parish Medical Officers to the sick poor was 10,569 at a cost to the County Council of £653 7s 11½d. The corresponding figures for 1935 were 11,846 prescriptions at a cost of £706 16s 8½d.

Western Division.

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

Deputy Medical Officer of Health.

During the year Public Health activity was again centred mainly on the question of housing and by far the greater part of the time of officials was taken up with housing matters. The health of the community, both landward and burghal, was excellent and the incidence of infectious diseases was lower than for many years. During the month of December, cases of influenza made their appearance in Dunfermline District and a sharp epidemic followed in this area, but by the New Year the peak of the outbreak had been passed and the disease was definitely on the wane. Fuller reference to the above matters will, however, be made in the text of the report.

Frequent reference in the Public Press during the year to such matters as "National Physical Unfitness", "The Declining Birth Rate", "Our High Maternal Mortality Rate", and "Malnutrition" must have been rather disconcerting to all those who are really interested in our national well-being. Much undoubtedly remains to be done before our maternal mortality rate assumes satisfactory proportions but far too much stress has been laid on the question of malnutrition and physical unfitness by those pessimists who argue that we are a C3 nation. Personally I do not believe that we are in the abject physical state depicted nor do I believe that large numbers of our people are living on the verge of starvation and that they are suffering from malnutrition. As a nation I believe that we are more virile to-day than at any period of our national existence and that the general standard of physical fitness is much higher than it was even 20 years ago. The expectation of life of our boys and girls is several years longer to-day than it was then and their physique has undoubtedly improved. Sport in its many forms now plays a far greater part in their everyday life and better bodily development has ensued. It must not be forgotten too that many weaklings are now saved annually through the advances made in medical science. Many of them suffer from defects which no amount of physical training can remedy. Born of low grade, they are doomed to remain as such through life and it is unfair to judge the nation because of these. All that is needed to give us a really A1 nation is a proper system of physical education. It may be impossible to train all of our youth to a state of physical perfection but apart from those who suffer from some physical or congenital defect, there is no reason why everyone, both male and female, should not become perfectly fit if they care to set their minds to the task. I would heartily support compulsory physical training for the entire youth of the country to meet this end if it cannot be achieved by other means. The benefits of such training is apparent and was forcibly

brought home to those who had to deal with much of the raw material recruited for the army during the Great War. I have no doubt that many then rejected as C3 could have been made physically fit and capable of doing their bit had patience and care been exercised in the building up process. The attainment of physical perfection is a slow process and one which requires patience and careful regulation lest irreparable damage is caused in the process. The human machine is one capable of withstanding far greater misuse than any other but there is a limit to the stresses and strains to which it can be subjected in the running-in process. The soft flabby youth must be so trained that adiposity is gradually lost and replaced by muscle ; the muscle tone must then be gradually keyed up to concert pitch. It is only then that the sheer joy of living becomes apparent to such individuals and they marvel how they ever existed prior to the metamorphosis. They not only feel like but are in all truth new beings.

With regard to the question of nutrition, it must be admitted that a perfect state of physical fitness can only be attained and maintained on suitable and sufficient diet, but here again too much has been said on the subject by those who regard themselves as dietetists. One would never dream of putting all weakly infants on the same diet ; each must be carefully studied and the diet most suited to the individual child must be found before any improvement can be expected. Tinned food has been soundly rated by dietetists and others who maintain that we are rapidly becoming a "Tinned Nation," but after all tinned articles of food are by no means incompatible with good health and a perfect physical development. They are in fact safer and much more preferable than the so-called fresh food which often lies for long periods exposed to contamination in wholesale and retail stores. Furthermore, they offer food in a form entailing little or no preparation and, with the modern trend for labour saving in every walk of life, it is only natural that the housewife of to-day avails herself of this easy and less troublesome method of obtaining the nutrition necessary for herself and family.

A good deal is often said about people living on the verge of starvation. Some there undoubtedly are who find it hard to make ends meet and in whom the old spirit of independence forbids them to accept State aid, but with the provision now made by the State, no one need starve if the relief granted is put to proper use. The modern craze for amusement is, unfortunately, too often a menace to the family exchequer, and money which should be spent on food and clothing all too often goes to swell the profits of some modern cinema.

Our declining birth rate is often held up as a form of racial suicide, but it must be remembered that the expectation of life is longer to-day than ever before, and that the death rate is still falling, thanks to modern medical science. Family limitation to-day is an economic problem ; the ever-present fear in the minds of parents that they will

not be able to provide and care for children, or the fear that they will simply go to swell the ranks of the unemployed in later life if they do have any, are sufficient reasons to account for a decline in the birth rate. There are undoubtedly other reasons, but so long as economic conditions remain as at present, contraception will also remain and become even more prevalent as modern methods of birth control become better known.

MEDICAL SERVICES.

(1) **Infectious Diseases.**—During the year 1,361 cases of Infectious Diseases were notified to me, as indicated in the appended Table showing the areas of distribution. Burgh cases have been grouped together, as separate reports have already been submitted to individual Burghs with the exception of Leven and Burntisland, which will be dealt with later under Transferred Services :—

Disease.	Total Cases.	Burghs.	Dun-ferm-line Dist.	Loch-gelly Dist.	Kirk-caldy Dist.	Beath Dist.	Wemyss Dist.	Re-Treated moved to Hosp.	at Home.
Scarlet Fever ..	310	136	27	27	38	15	67	300	10
Diphtheria ..	292	98	40	75	18	26	35	290	2
Erysipelas ..	129	64	25	14	6	8	12	31	98
Acute Primary Pneumonia ..	255	76	60	73	18	9	19	157	98
Influenzal Pneumonia ..	46	20	20	—	—	5	1	32	14
Typhoid Fever	3	1	1	—	1	—	—	3	—
Para Typhoid B.	7	6	—	—	1	—	—	6	1
Cerebro Spinal Meningitis ..	10	3	—	3	2	—	2	10	—
Encephalitis ..									
Lethargica ..	2	2	—	—	—	—	—	1	1
Acute Anterior Poliomyelitis	3	3	—	—	—	—	—	1	2
Ophthalmia ..									
Neonatorum	96	33	13	11	12	16	11	9	87
Puerperal Fever	15	4	—	4	1	4	2	13	2
Puerperal Pyrexia	14	6	3	1	2	2	—	9	5
Pulmonary Tuberculosis	77	41	18	—	18	—	—	36	41
Non-Pulmonary Tuberculosis	102	28	30	15	22	7	—	10	92
Totals, ..	1361	521	237	223	139	92	149	908	453

In 1935 there were 2,030 cases of infectious diseases notified within the Western division of the County, so that during the year under review there is again a welcome decline in incidence to be recorded. In 1934 the cases notified numbered 2,538 and in 1933 there were 3,004 cases recorded. This shows a decrease of 1,641 cases between the year

1933 and 1936. In 1933 hospital treatment was provided for 2,294 patients, in 1934 for 1,995 patients and in 1935 for 1,542 patients, while in 1936 the number removed to hospital dropped to 908 so that the cost in hospital maintenance was considerably lower than in the preceding three years.

The incidence of scarlet fever in 1936 was very satisfactory, there being 592 fewer cases recorded than in 1935. Diphtheria also showed a decrease of 71 cases but otherwise the incidence of the different diseases was very similar to that obtaining in 1935. The number of cases recorded within the individual burghs was as follows :—Cowdenbeath 122, Buckhaven 153, Lochgelly 77, Kinghorn 14, Inverkeithing 34, Culross 5, Leslie 15, Markinch 11, Leven 65 and Burntisland 25—Total 521. Thus the ten burghs with an estimated population in 1936 of 65,344 were, on the whole, more favourably placed with 521 cases of infectious disease than the landward area with 840 cases and a population of 74,019 (1931 census).

Reference has already been made to an epidemic of influenza during December in the Western part of the area under review. The disease spread with great rapidity, hardly a household escaping in the more populous parts and in many instances whole families were affected almost simultaneously. The disease was severe in character and in many instances pneumonia followed as a sequela. The area in and around Cowdenbeath Burgh was severely hit in this respect, twelve cases of influenzal pneumonia being notified within the burgh in December. Of these all but one were removed to hospital and three of the patients died as a result of the infection. Fifteen other cases of influenzal pneumonia were notified in December from Dunfermline and Beath areas and thirteen were removed to hospital; five of the latter patients died. Thus of 27 patients notified as suffering from influenzal pneumonia in Dunfermline and Beath areas, 24 were removed to hospital and there were eight deaths or 32 per cent. of the total. Other areas in the Western Division were not affected by the epidemic to any extent prior to the New Year but the infection spread gradually from west to east over the entire area.

(2) **Hospital and Ambulance Facilities.**—No change falls to be recorded with regard to hospital and ambulance facilities during the year. Pressure on the hospital beds was less than for a number of years and no difficulty was experienced in dealing with the cases of infectious diseases notified.

West Fife Infectious Diseases Hospital.—During the year 592 patients were admitted for treatment and the average number of beds occupied was 49. In 1935 the average number of beds occupied was 86; the highest number of beds occupied was 96 on the 27th of January 1936 and the lowest 18 on the 25th of July. Seven patients required operation under a general anaesthetic and 19 minor operations were performed. The average duration of stay of patients was 27 days.

Thornton Infectious Diseases Hospital.—In 1936 there were 370 admissions to this hospital and the average duration of stay was 25 days. The highest number of beds occupied was 50 on the 5th January and the lowest number occupied was 13 on the 20th July. The average number of beds occupied during the year was 25; in 1935 the average number of beds occupied was 50. Six operations were performed under general or spinal anaesthesia and 34 other operations of a minor nature were performed under local anaesthesia.

Cameron Hospital.—There were 272 admissions to Cameron Infectious Diseases Hospital in 1936 and the average duration of stay of patient was 27 days. The highest number of beds occupied was 45 on the 6th January and the lowest 7 on the 5th August. The average number of beds occupied during the year was 21; in 1935 the average number of beds occupied was 28. Four operations were performed under general anaesthesia and 5 minor operations were carried out under local anaesthesia.

Randolph Wemyss General Hospital.—There were 538 admissions—mostly surgical cases—and the average duration of stay of patients in hospital was 14 days. The highest number of occupied beds was 27 on the 27th and 28th of January and the lowest 9 on the 5th December. Four hundred and twenty-five operations were performed under general or spinal anaesthesia and 24 minor operations were done under local anaesthesia. There were 481 patients seen in the out-patient department of this hospital and the total number of attendances in the out-patient department was 1,139.

Thornton Combination Home and Hospital.—In the hospital part of this Institution there were 196 admissions during the year and the average duration of stay of patients in hospital was 101·8 days. The highest number of beds occupied was 64 on the 6th of February and the lowest 45 on the 29th of June. No operations were performed during the year. The number of attendances at the out-patient department was 14,294.

Smallpox Hospital, Fosterton.—There was no occasion for the opening of this hospital during the year.

HOUSING.

The extent of overcrowding was referred to in my last report; the survey undertaken in terms of the Housing (Scotland) Act, 1935, and completed in 1936 revealed the fact that 5,972 houses in the Landward part of the Western Division were overcrowded. The position to-day is unchanged or if changed it is for the worse as there has been a considerable influx of families to the Western mining areas from outwith the County. Sub-letting in some of the mining villages is undoubtedly becoming more prevalent and overcrowding more acute because of the

lack of housing accommodation. Public Health Officials are meantime powerless to deal with the matter as, until the "Appointed Day" is fixed, it is not an offence to overcrowd a house and there is no other effective means of control.

Although fewer new houses than usual were completed during the year this does not mean that the question of housing was left in abeyance. For some years now housing has occupied the premier place in the activities of the public health officials concerned.

Housing (Inspection of District) Regulations (Scotland) 1928.—Under the above Regulations, further surveys were made with a view to action being taken with regard to unfit houses and for the provision of water-closets or of a water supply to houses where these facilities were non-existent. In all 3,001 houses were examined or re-examined during the year in terms of the above Regulations. Of these 321 were considered to be not fit in all respects for human habitation and were represented for action under the 1930 Act, either for repair, closure or demolition. Notices calling for repairs under Section 14 (1) of the 1930 Act were served with regard to 52 houses and 13 dwellings were renovated and made fit for habitation. In two instances a Demolition Order was substituted for a notice under Section 14 (1) at the request of the owners. Notices in terms of Section 16 (1) of the 1930 Act were served in respect of 141 houses and undertakings in terms of Section 16 (2) that the houses would not be used for human habitation were accepted by the County Council in respect of 33 houses. Demolition Orders in terms of Section 16 (3) were made on 89 houses and closing orders were applied to five others in terms of Section 16 (3) and (4). Eight houses were made fit for habitable purposes during the year following on undertakings under Section 16 (2). In the case of 193 houses renovation was secured at the instance of the Public Health Officials without formal notice under the Housing (Scotland) Act, 1930; 189 of these were renovated with assistance under the Housing (Rural Workers) Acts, 1926-31.

In terms of Section 20 (1) of the Housing (Scotland) Act 1925, 15 intimations were given to owners requiring the provision of sufficient water-closet accommodation and water-closets were provided for 149 houses without formal notice under Section 20 (1) of the above Act; 38 of these were undertaken as part of the improvements carried out with assistance under the Housing (Rural Workers) Acts.

In terms of Section 40 (1) of the Housing, Town Planning, etc. (Scotland) Act, 1919, notices were served during the year requiring the provision of a water supply within 15 houses. Water was laid on to 78 houses without the service of a formal notice under the above Section of the Act; in 77 of these the provision of water to the houses formed part of the work undertaken with assistance under the Housing (Rural Workers) Acts.

NEW HOUSING ACCOMMODATION.

During the year 52 additional houses were added to the number already provided in this area by the Local Authority and 520 others, 212 of three apartments, 272 of four apartments and 36 of five apartments were in course of erection. Those completed were as follows :—
Torryburn—16 of three apartments ; Kelty—4 of three apartments ; Auchtertool—4 of three apartments ; Rosie—4 of two apartments ; Kincardine—4 of three apartments and 4 of four apartments ; Kenno way—8 of three apartments and 8 of four apartments.

The houses under construction during the year were as follows :—
Kennoway 24, Parkneuk 36, Kelty 212, Limekilns 12, Comrie 40
Lochore 84, Crosshill 68 and Kinglassie 44.

Houses built by Private Enterprise.—The following houses built by unassisted private enterprise were also completed during the year in the Western Division of the County :—

With three apartments,	..	..	..
„ 4	..	..	..	1
„ 5	..	..	..
„ 6	..	..	..
				—
Total,	..			3
				—

Plans—(a) **BUILDING BYELAWS.**—During the year plans were received and reported upon by me to the respective Local Committees dealing with 775 houses or other buildings. These comprised (1) 637 new dwellinghouses (239 of three apartments ; 327 of four apartments, 70 of five apartments and a mansion house containing fifteen apartments, etc.), (2) the renovation of 47 old dwellings, (3) the conversion of an old institute into two houses of two apartments each with modern sanitary facilities ; the conversion of 14 houses each of two apartments into 7 houses of four apartments each with modern sanitary facilities and the conversion of 11 two-apartment houses into 3 dwellinghouses (2 of five apartments and a four-apartment house with all modern facilities) ; (4) plans received in respect of new buildings for purposes other than housing in respect of 61 separate structures such as garage, greenhouses, workshops, pigstyes, byres, stables, shops, stores, office, tearooms, a stand and offices for a greyhound racing track, hall, pit head baths, a bakehouse and a church ; (5) plans received with regard to the renovation of or alterations to 15 old buildings other than dwellings and for the conversion of two condemned houses into two shops and the conversion of four condemned houses into two shops.

(b) **HOUSING (RURAL WORKERS) ACTS, 1926-31.**—During the year plans were received and reported upon with regard to proposed alterations and additions to 377 houses in the Western Division of the County.

in terms of the County Scheme of assistance under the above Acts. Twenty-seven of these were not approved because insufficient work was shown on plans and specifications to warrant grant being paid. In many other cases the amendment of plans and specifications was secured following upon meetings on the site with owners or their representatives to discuss additional work considered necessary. In no case was approval given under the County Scheme of assistance until the work promised was sufficient to bring the houses up to modern standard of habitability.

Farm Servants' Cottages.—A good deal of criticism has been launched at the unsatisfactory condition of farm servants' cottages and this is in part true, for there are still many cottar houses in Scotland minus modern sanitary facilities or even a proper water supply. Many of them are lacking of every comfort, with damp walls, leaking roofs and extremely poor lighting and ventilation. Thanks to the generous grant available for the renovation of such houses and to the response of owners to take advantage of the terms of the Housing (Rural Workers) Acts, 1926-31 there are few cottar houses in the Western Division of Life County that could be classed as unfit for habitation to-day. Steady progress has been made year by year with the renovation and modernisation of such houses and since the coming into operation of the Housing (Inspection of District) Regulations (Scotland) 1928 every cottar house in the area has been inspected at least once. Many have been examined several times. The attention of owners has been drawn to houses in need of repairs with the provision of modern sanitary facilities and a proper water supply. During these inspections 550 cottar houses were found to be defective and not fit in all respects for habitation and of these 413 have so far been renovated or were in the process of renovation with grant under the County Scheme of assistance during the year. Fifty-three others have been closed or demolished as unsuitable for reconstruction and 63 were renovated by the owners without assistance under the Housing (Rural Workers) Acts. There were only 21 known unfit cottar houses in this area at the end of 1936 and steps have already been taken to secure their renovation.

GENERAL SANITATION.

(1) **Water Supplies.**—The sources of water for the Western Division have been described in previous reports and this part of the County is still in the happy position of having far more water than can be utilised. It need be, the amount available could, especially at Glendevon, be augmented. The Regional Water Scheme for utilising surplus water from the reservoirs in the West for the less fortunate Eastern part of the County has at last been approved and it is to be hoped that the work will not be unduly delayed.

(2) **Drainage System—Sewage purification and disposal.**—Sanitary Inspectors will deal fully with the drainage arrangements, sewage purification and disposal within their respective districts. In Dunfermline Area the new sewer dealing with the extended Drainage District of Blairhall was completed. In place of the old purification works at Blairhall a pipe has been taken down to the Firth of Forth at Newmills and serves in addition to Blairhall the added villages of Comrie, Oakley and Shiresmill. In Kirkcaldy District a new drainage scheme was completed for Coaltown of Balgonie. Disposal of sewage here is by means of septic tanks; one dealing with the eastern part of the village discharges its effluent to the River Leven and the other dealing with the western part discharges to the River Lochty. It is ultimately intended to link these up with the sewers along the Rivers Leven and Lochty when the Regional Drainage Scheme is gone on with. There are many owners in the two Drainage Districts indicated above who have yet to provide water-closets in terms of Section 20 of the Housing (Scotland) Act, 1925. If need be action will be taken to secure that every house in these areas is provided with a water-closet.

In the densely-populated mining area comprising Lochgelly District and also in Lochgelly Burgh conditions are unsatisfactory as practically all sewage in a crude state is poured into the River Ore. It is true that sewage disposal works exist at Auchterderran for Bowhill and Cardenden but they are practically useless, liable to flooding and incapable of dealing with the sewage from this Area. At Kelty, in Beath District, the sewage works are also in similar condition owing to subsidence from mineral workings. At Thornton in Kirkcaldy District the purification works are obsolete and practically useless. Crude sewage from Kennoway and Methilhill in Wemyss District and from Windygates and Balcurvie in Kirkcaldy District further adds to the grossly-polluted state of the River Leven and its tributaries.

It will be noted from the above facts that arrangements for the disposal of crude sewage in many parts of the Western Division are far from satisfactory and much requires to be done. The long talked-of drainage scheme along the course of the River Leven would do much to improve matters but it would leave untouched the gross pollution of the River Ore which is taking place from the area comprising Lochgelly, Lumphinnans, Kelty, Lochore, Glencraig and Crosshill, Bowhill and Cardenden, with an approximate population of 30,000 people.

(3) **Refuse Disposal.**—There are 29 special scavenging districts in the Western Division of the County, viz., Dunfermline District 9 (Aberdour, Crossford, Crossgates, Halbeath, Limekilns and Charlestown, North Queensferry, Saline, Tulliallan, Valleyfield and Torryburn); Beath District 3 (Kelty, Hill of Beath, Lassodie); Lochgelly District 4 (Lochore and Glencraig, Auchterderran, Kinglassie, Lumphinnans); Kirkcaldy District 6 (Thornton, Woodside, Gray Park, Coaltown of Balgonie and additions to 377 houses in the Western Division of the County).

Balgonie, Milton of Balgonie, Windygates and Balcurvie); Wemyss District 7 (Rosie, West Wemyss, East Wemyss, Coaltown of Wemyss, Methilhill, Boreland, Kennoway).

The refuse is for the most part disposed of by the method of controlled tipping and this system proves very satisfactory provided care is taken in the methods adopted. Inspection was made of the various coups used during the year and they were found to be quite well controlled. In certain instances where old quarries are used for dumping it is impracticable to conform to the general practice of tipping in shallow layers but with care satisfactory results are obtainable and in any case such dumps are well removed from habitation. In Wemyss Area a new coup was started at Earlseat to deal with all the refuse in this area apart from Kennoway.

(4) **Rivers Pollution.**—There is no change to record under this heading. It is well known that the River Leven and its tributaries, especially the River Ore, are little better than open sewers. The exclusion of coal washings as a source of pollution of rivers and streams in this area has, however, been secured as some form of settlement for the coal dust has been provided at all the pits by way of ponds or lagoons which keep back the fine particles of coal.

FOOD SUPPLY.

(1) **Milk.**—There are 212 registered dairies in the Western Division of the County and the approximate number of cows kept is 5,375. On the whole the premises are of good structure and generally speaking the methods of production are quite satisfactory. There are still a good many dairymen who do not realise the value of cleanliness when dealing with milk and it is a difficult matter for public health officials to give adequate supervision to the methods of production. An inspection two or three times a year is of little value. No article of food is so liable to contamination and although the greater part of the milk in this area is pasteurised, treatment by this means is not an absolute safeguard.

So far little progress has been made under the Tuberculosis (Attested Herds) Scheme and only a single dairyman in Dunfermline District has indicated that he intends to take the matter up. He has for some time been trying to build up a tuberculosis free herd and takes a keen practical interest in the actual working of the dairy to see that cleanliness is scrupulously observed in the methods of production. The dairy is a large one accommodating 110 cows and once the attested herds standard has been attained there will be considerable augmentation of the bulk of safe raw milk available in the area. At present the only designated milk produced in the Western District in terms of the Milk (Special Designations) Order is at Wemyss Castle Dairy, East Wemyss. There is otherwise not a single farm producing a designated milk and the addition of a dairy of the size indicated above to the list of safe raw milk producers will be more than welcome.

MILK (SPECIAL DESIGNATIONS) ORDER, 1930.—The following premises were licensed during the year in terms of the above order :—

A. *Certified Milk—Producer's Licence.*

- (1) Lady Victoria Wemyss, Wemyss Castle, East Wemyss.

B. *Certified Milk—Dealer's Licence.*

- (1) J. McLeod, 75 High Street, Inverkeithing.
- (2) D. Carstairs, 101 Broad Street, Cowdenbeath.

C. *Grade A. T.T.—Dealer's Licence.*

- (1) Jas. Hamilton, Jr., Urquhart Farm, Dunfermline.

D. *Pasteurised Milk—Producer's Licence.*

- (1) Buckhaven Co-op. Society, 99 Randolph Street, Buckhaven.

E. *Pasteurised Milk—Dealer's Licence.*

- (1) Geo. Davidson, 9 High Street, Burntisland.
- (2) Dysart Co-op. Socy., Ltd., 87 High Street, Dysart.
Branch Shop at Main Street, West Wemyss.
- (3) Dysart Co-op. Socy., Ltd., 87 High Street, Dysart.
Branch Shop at Boreland, Dysart.
- (4) Pathhead & Sinclairtown Reform Co-op. Socy., Ltd.
Kirkcaldy—Shop at Kinghorn Branch.
- (5) Lochgelly Equitable Co-op. Socy., Ltd., Lochgelly
Glencraig Service Branch Shop.
- (6) Lochgelly Equitable Co-op. Socy., Ltd., Lochgelly
Lochore Bread Branch Shop.
- (7) Lochgelly Equitable Co-op. Socy., Ltd., Lochgelly
Crosshill Service Branch Shop, Lochore.
- (8) Lochgelly Equitable Co-op. Socy., Ltd., Lochgelly
Dundonald Service Branch Shop, Cardenden.
- (9) Lochgelly Equitable Co-operative Socy., Ltd., Lochgelly
Bowhill Branch Bread Shop, Cardenden.
- (10) Lochgelly Equitable Co-op. Socy., Ltd., Lochgelly
West End Branch Bread Shop, Lochgelly.
- (11) Lochgelly Equitable Co-op. Socy., Ltd., Lochgelly
Minto Street Branch Bread Shop, Lochgelly.
- (12) Lochgelly Equitable Co-op. Socy., Ltd., Lochgelly
Bank Street Branch Bread Shop, Lochgelly.
- (13) Lochgelly Equitable Co-op. Socy., Ltd., Lochgelly
Cross Branch Bread Shop, Lochgelly.
- (14) Buckhaven Co-op. Socy., Ltd., Randolph Street, Buckhaven.
Shop at Toll Park, Buckhaven.
- (15) Buckhaven Co-op. Socy., Ltd., Randolph Street, Buckhaven.
Central Shop, Randolph Street, Buckhaven.
- (16) Dunfermline Co-op. Socy., Ltd., Dunfermline. Crossgates
Grocery Shop.
- (17) Dunfermline Co-op. Socy., Ltd., Dunfermline. Aberdeen
Grocery Shop.

- (18) Dunfermline Co-op. Socy., Ltd., Dunfermline. Low Torrie Dairy Shop, Newmills.
- (19) Dunfermline Co-op. Socy., Ltd., Dunfermline. Shop, Church Street, Inverkeithing.
- (20) Cowdenbeath Co-op. Socy., Ltd., 324 High Street, Cowdenbeath. Shop in Main Street, Lumphinnans.
- (21) Cowdenbeath Co-op. Socy., Ltd., 324 High Street, Cowdenbeath. Baker's Shop, Broad Street, Cowdenbeath.
- (22) Cowdenbeath Co-op. Socy., Ltd., Cowdenbeath. Branch Shop, Perth Road, Cowdenbeath.
- (23) Methil Co-op. Socy., Ltd., Methil. Bread Shop, High Street, Methil.
- (24) Methil Co-op. Socy., Ltd., Methil. Bread Shop, 303 Wellesley Road, Methil.
- (25) Methil Co-op. Socy., Ltd., Methil. Grocery Shop, High Street, Leven.
- (26) Methil Co-op. Socy., Ltd., Methil. Grocery Shop, Wall Street, Denbeath, Methil.
- (27) Methil Co-op. Socy., Ltd., Methil. Grocery shop at Patterson Street, Aberhill, Methil.
- (28) Methil Co-op. Socy., Ltd., Methil. Grocery Shop, 178 Wellesley Road, Methil.
- (29) Reform Co-operative Socy., Ltd., Leven. Shop at Durie Street, Leven.
- (30) Burntisland Co-op. Socy., Ltd., Burntisland. Shop at Burntisland.

(2) **Meat Supply.**—No changes were made with regard to slaughterhouses in this area during the year. There are eight private and seven public slaughterhouses under supervision. These have frequently been referred to in previous reports and need not be again discussed here. Apart from a tendency on the part of certain butchers to slaughter outwith permitted hours no adverse criticism can be made with regard to present arrangements relating to meat inspection. This is now carried out by the various sanitary officials conscientiously and not infrequently with difficulty on account of pressure of other work. That they accomplished their task with care and diligence is shown by the fact that the amount of meat actually condemned during the year amounted to 142,118 lbs. (63 tons, 8 cwts. 102 lbs.) as compared with 97,370½ lbs. (43½ tons) in 1935. The increased condemnation figure amounting to 44,747½ lbs. in the course of a year is, in my opinion, entirely due to increased vigilance on the part of detention officers and superintendents in charge of the larger public slaughterhouses. Reference to the case in point will be found under heading "Transferred Service—Leven Burgh" at the end of this report where I have drawn attention to the vast improvement that has been made with regard to meat inspection in Leven Public Slaughterhouse. In 1936, 27,772 lbs. of meat

were condemned in this Slaughterhouse. Contrast this figure with those for the preceding five years. In 1931 only 1,220 lbs. of meat were condemned ; in 1932 the figure reached the grand total of 200 lbs. ; in 1933 it was 2,297 lbs. while in 1934 it amounted to 3,558 lbs. In 1935, with a new slaughterhouse superintendent, it reached the respectable total of 8,998½ lbs. With increased vigilance and attention in 1936 it amounted to 27,772 lbs. I do not say that much if any improvement can be secured here but I think the above figures adequately prove that prior to 1935 a great deal of unsound meat was allowed to pass to the consumer which to-day would have been condemned as unfit for human consumption.

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 the County in 1936 :—

Area.	Slaughterhouse.	No. of Animals Slaughtered.			Pounds of meat condemned and destroyed.
		Cattle.	Sheep.	Pigs.	
Dunfermline ..	Private (5)	322	899	85	1363
Kirkcaldy ..	Burntisland Public	489	894	341	2696
	Markinch Public	750	723	170	6938
	Leslie Public	472	473	105	5524
	Private (1)	103	208	49	298
Wemyss ..	Buckhaven Public	2473	2210	818	79424
	Leven Public	1185	2064	411	27772
	Private (1)	224	345	62	1913
Lochgelly .. and .. Beath ..	Lochgelly Public	883	662	681	2300
	Cowdenbeath Public	1573	1953	1236	12098
	Private (2)	435	618	56	1792
Totals		8909	11049	4014	142118

The following articles of food were seized as being unfit for the food of man in terms of Section 43 of the Public Health (Scotland) Act 1897 :—61½ lbs. of preserved ham, 23½ lbs. of boiled gammon, 8 lbs. preserved meat, 6 lbs. corned beef, 4 lbs. pears, 3 lbs. pineapple, 3 tin of Nestle's milk, 1 tin of tomatoes, 1 lb. of figs and 28 lbs. of fillet cod.

PORT SANITARY ADMINISTRATION.

As in former years vessels arriving at Methil and Burntisland from infected ports abroad were visited for the purpose of inspection and examination of the crews. No cases of illness attributable to any of the scheduled infections were found, viz. :—plague, cholera, yellow fever, typhus and smallpox. No fumigation of ships nor the issue of de-ratisation certificates is undertaken at the above ports however.

WORKSHOPS AND WORKPLACES.

In the Landward part of the Western Division, 508 visits of inspection were made to factories, workshops and workplaces during the year. In five instances lack of cleanliness was observed but on the whole the premises were found to be well kept. In terms of the Factory and Workshops Act, 1901, a statement of proceedings under the Act has already been submitted to the Secretary of State, Home Office, London.

PUBLIC HEALTH SERVICES IN BURGHS.

Full reports with regard to both transferred and non-transferred public health services have already been submitted to the Town Councils of the following Burghs:—Methil, Cowdenbeath, Lochgelly, Markinch, Leslie, Inverkeithing, Culross and Kinghorn. As it appears unnecessary to duplicate reports, no reference will therefore be made here to the transferred services pertaining to these burghs.

There are only two burghs remaining in the Western Division of the County where the transferred Public Health Services only are dealt with by the County Staff, viz., Leven and Burntisland. Reference to these will be found in the following paragraphs:—

Leven Burgh (Transferred Services).—INFECTIOUS DISEASES.—During the year 65 cases of infectious diseases were notified to me, viz., scarlet fever 34; diphtheria 8; erysipelas 4; pneumonia 4; influenzal pneumonia 1; para-typhoid fever B 4; ophthalmia neonatorum 5; pulmonary tuberculosis 1; non-pulmonary tuberculosis 4. This is a slight decrease from the number of cases recorded in 1935 when 69 patients were notified as suffering from infectious diseases. All but two of the scarlet fever patients and all of those suffering from diphtheria were removed to hospital for treatment. Of the 65 cases notified during the year, 45 were removed for hospital treatment and the remainder were treated at home.

VITAL EVENTS.—The population of the burgh as estimated by the Registrar-General to the middle of 1936 was 8,084, an increase of 152 on the estimated figure for 1935. The natural annual increase in population as shown by excess of births over deaths was only 44 however.

During the year there were 144 births (corrected) and the birth rate was 17·8 per 1,000 estimated population. The number of deaths occurring was 100 and the death rate 12·3 per 1,000. Fifty marriages were registered in the Burgh in 1936 and the marriage rate was 6·1 per 1,000 estimated population. Seventeen infants under the age of 1 year died and the infantile mortality rate was 118. This figure is decidedly unsatisfactory especially after the low rates recorded during the past four years, viz., 1935—54, 1934—51, 1933—41, 1932—44. No details

are given in the Registrar General's returns as to the causes of death of the 17 infants who died. Presumably not all of them died as a result of congenital conditions and assuming this to be so, one might reasonably infer that such wastage of young life should not occur with proper nursing and care.

During the year four people died as a result of tuberculous infection (2 pulmonary type and 2 non-pulmonary); 13 deaths resulted from respiratory diseases and 10 from cancer.

MILK AND DAIRIES.—There are three dairies with accommodation for 68 cows registered for the production of milk in Leven Burgh; the premises conform to the terms of the County Dairy Byelaws and were maintained in a clean and satisfactory condition during the year. Under the Milk (Special Designations) Order (Scotland) a licence was granted to Leven Co-op. Society for the sale of pasteurised milk. Certified milk, produced at Wemyss Castle Dairy and Kilrenny Mill Anstruther, is also retailed within the Burgh.

MEAT INSPECTION.—The public slaughterhouse has frequently been referred to in previous reports; there is nothing fresh to add concerning the premises. During the year 1,185 cattle, 2,064 sheep and 411 pigs were slaughtered and 27,772 lbs. of meat were condemned as unfit for human consumption. There can, I think, be no question that the standard of meat inspection has vastly improved at this slaughterhouse in the past two years. Reference to this was made in my last county annual report when commenting on the improved conditions following the appointment of a new slaughterhouse superintendent. The amount of meat condemned in 1936 is more than three times greater than that condemned in 1935 while in that year the amount condemned was 1,723 lbs. greater than the total weight of meat condemned in the preceding four years. The total number of animals slaughtered annually has not increased to any great extent nor, I imagine, has the type of animal slaughtered varied to any extent, yet perusal of the monthly returns submitted during 1936 shows that there was a fairly constant amount of unsound meat condemned each month, viz.:—1,393½ lbs., 2,448½ lbs., 1,737 lbs., 3,638½ lbs., 2,557 lbs., 4,318 lbs., 2,811½ lbs., 1,053 lbs., 1,329½ lbs., 1,813½ lbs., 2,928½ lbs., 1,743½ lbs. in 12 successive months. In contrast to the above figures I give the total weight of meat condemned in each of the five years 1931-35, viz.:—1931, 1,220 lbs., 1932, 200 lbs., 1933, 2,297 lbs., 1934, 3,558 lbs., 1935, 8,998½ lbs. The above figures speak for themselves and show, I think, unmistakably that the standard of meat inspection now attained is such as to engender a feeling of confidence and safety in the mind of the consumer. From the low ebb of 200 lbs. condemned in 1932 the figure for 1936 stands at 27,772 lbs. In the former year 1,040 cattle, 1,626 sheep and 269 pigs were slaughtered compared with 1,185 cattle, 2,064 sheep and 411 pigs in 1936. The

difference in the number of animals slaughtered can in no way account for the vast difference in the weight of meat condemned in the respective years.

Burntisland Burgh (Transferred Services).—The incidence of infectious diseases was comparatively low in 1936; only 25 cases were notified during the year in contrast to 43 cases in 1935, 112 in 1934 and 117 in 1933. The following cases came to my notice during the year:—scarlet fever 4, diphtheria 5, erysipelas 2, pneumonia 7, acute anter. poliomyelitis 1, pulm. tuberculosis 3, and non-pulm. tuberculosis 3—Total 25. Fifteen of the patients, including all those suffering from scarlet fever and diphtheria, were removed to hospital and the remainder were treated at home.

VITAL EVENTS.—The population of the Burgh as estimated by the Registrar General to the middle of 1936 was 5,552. This is an increase of 111 over the estimated figure for 1935. The natural increase of population as shown by excess of births over deaths for the whole year was, however, only ten.

Eighty births (corrected) were registered for Burntisland in 1936 and the birth rate was 14·4 per 1,000 estimated population. The deaths numbered 70 and the death rate was 12·6 per 1,000.

Twenty-five marriages were registered in the burgh during the year and the marriage rate was 4·5 per 1,000 estimated population. Three infants under the age of 1 year died in 1936 and the infantile mortality rate was 37·5 per 1,000 births, a highly satisfactory figure and the lowest rate of which I have record. For the past four years the infantile mortality rate has been extremely satisfactory and indicates the efficiency of the work being done by health visitors, nurses and doctors in the burgh.

A scrutiny of the death returns shows that respiratory diseases and cancer were the two chief causes of death in 1936. Nine people died as a result of the former and six from the latter. There were four deaths due to tuberculous infection (2 pulm. and 2 non-pulm.).

MILK AND DAIRIES.—Two dairies with accommodation for 54 cows are registered for milk production in the burgh. The premises are entirely satisfactory and comply with the conditions laid down in the County Dairy Byelaws. Burntisland Co-op. Socy. are registered for the sale of pasteurised milk in terms of the Milk (Special Designation) Order (Scotland).

MEAT INSPECTION.—The public slaughterhouse is of fairly modern construction and is always well kept. Mr. Waddell, Sanitary Inspector for the burgh, acts as Detention Officer and carries out his duties efficiently.

During the year 489 cattle, 894 sheep and 341 pigs were slaughtered and 2,696 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.

The Annual Report on health activities in the East of Fife has become characterised by a repetition of the statement that progress in connection with the improvement of environmental conditions is handicapped through lack of adequate water supply. The Report for 1936 must bear further testimony to a continuation of the same unsatisfactory situation.

The East of Fife contains a multiplicity of wells, springs and small water supply undertakings but none of these are sufficient for its needs as a whole. Through lack of water supply, housing improvements have been prevented in the majority of the villages: a low standard of domestic and personal cleanliness is inevitable in many rural cottages: many dairy farms are incapable of producing pure milk: the whole landward area offers little or no attraction to industrialists or to holiday residents.

Not only are most of the existing sources of supply inadequate in quantity but many are also, to say the least, of suspicious quality. It is all very well to point to the fact that no water-borne epidemic has occurred but the risk is there and it is incumbent upon a Local Authority to see that the community they serve is protected against controllable influences which threaten its well being.

If the East of Fife is to be kept abreast of the times, its system of water supply must undergo a revolutionary change.

Fortunately at the time of writing there are signs that in the Report for 1937 it may be possible to state that definite steps have been taken towards improvement. The County Council have approved of the principle of a Regional Water Supply Scheme, whereby water from the Ochil Hills will be distributed throughout the centre and south-east parts of the District. The Scheme is outlined in the relevant section of this Report. It is to be hoped that the Scheme will be energetically carried on to a successful conclusion since on it depends the welfare and prosperity of a large section of the community.

INFECTIOUS DISEASES.

Largely as the result of the occurrence of fewer cases of scarlet fever, a further decline took place in the incidence of infectious diseases. The number of cases notified was 445 as compared with 521 in 1935. The following table shows the distribution of the cases among landward and burghal areas:—

Disease.	St. Andrews District.	Anstruther District.	Cupar District.	Burghs.	Total.
Typhoid Fever ..	—	—	2	—	2
Scarlet Fever ..	9	9	66	101	185
Diphtheria	1	2	7	52	62
Erysipelas	2	1	9	20	32
Ophthalmia Neonatorum	2	2	—	2	6
Undulant Fever ..	—	—	—	2	2
Encephalitis Lethargica	—	—	—	1	1
Acute Primary Pneumonia	4	2	25	28	59
Acute Influenzal Pneumonia	1	—	1	7	9
Dysentery	7	—	3	—	10
Puerperal Pyrexia ..	—	—	2	5	7
Puerperal Fever ..	—	1	—	—	1
Pulmonary Tuberculosis	4	—	2	28	34
Non-pulmonary Tuberculosis	2	—	7	26	35
	32	17	124	272	445

Typhoid Fever.—The two cases reported occurred in Springfield Mental Hospital where, in 1935, there had been a minor outbreak. In view of the serious degree of overcrowding and the faulty sanitary arrangements which exist at the Hospital, it is surprising that no greater number of cases appeared. The great anxiety which the outbreak occasioned all concerned is not likely to be repeated since an extension of the Hospital premises is now in hand.

Scarlet Fever.—The epidemic of scarlet fever, which commenced in 1932 and reached its height in 1934, came to an end in 1936. During the period of its prevalence 1,424 cases occurred—656 in landward areas and 768 in Burghs. Cupar District, where there were 804 cases in all, was most heavily affected. In St. Andrews District there were 309 cases and in Anstruther District there were 311 cases.

Twenty-three persons died, the case fatality rate for the total number of persons involved being 1·6 per cent.

Fortunately the disease was of mild type. There was no evidence whatever of the appearance of that malignant and fatal type of the disease which played such havoc with past generations. So mild indeed was the nature of the symptoms presented that very frequently diagnosis was a matter of great difficulty. It cannot be said that any one feature or any group of features was characteristic of the acute stage of illness. Appearances varied considerably and in diagnosis reliance was placed more on an indefinable summation of observations than upon an exact clinical picture. The method, although perhaps liable to criticism from the purely scientific point of view, was successful in that no person deemed not to be suffering from scarlet fever and there-

fore not removed to hospital, developed complications of scarlatiniform type or gave rise to infection in others. The principal lessons learned from the epidemic, therefore, were that scarlet fever for some unknown reason has become much less virulent in its manifestations and that the disease is now one of the most difficult to diagnose in medical practice.

99 per cent. of cases were removed to hospital for treatment. The procedure was followed not in the belief that isolation in hospital plays an important part in the control of infectious diseases but with the intention of giving patients the best chance of uncomplicated recovery and of providing for many needy children a period of rest, discipline and good nourishment of which they stood in need.

Diphtheria.—By way of contrast to the fall in the incidence of scarlet fever, an increase occurred in the number of cases of diphtheria notified. It is, however, a not unusual experience to find diphtheria becoming more prevalent as an outbreak of scarlet fever declines.

62 cases were reported, 52 of them in Burghs. It is a curious fact that while in 1936 the majority of the cases occurred in the more densely-populated areas, in 1935 the majority occurred in the less populous landward areas.

There was no epidemic outbreak. Cases were of sporadic nature and in few was a source of infection discovered.

During the months of August and September 6 cases occurred among children in the Burgh of St. Monance whereby a certain amount of anxiety was occasioned in the minds of the population. The opportunity was seized of drawing attention to the benefits of immunisation. The Headmaster of the Local School talked to the children on the subject and distributed a leaflet which briefly described the procedure and requested parents to consent to having their children rendered immune. As a result 83 children, the majority being infants and juniors, received an immunising injection of 0.5 c.c. Diphtheria Toxoid Alum Precipitated (Mulford) and three others were immunised by their family doctors. No reactions worthy of mention occurred. The fact that the number of children immunised represented only 50 per cent. of the school population was not a satisfactory feature since the risk to the remainder was rendered all the more severe. On the other hand the greater number of the infants and younger children were injected so that the more susceptible section of the school population was rendered safe. In view of the recognised antagonism of fishing communities as a whole to such protective measures it was satisfactory and encouraging to find so many parents consenting.

In St. Andrews Burgh the work in connection with the immunisation of children against diphtheria which was commenced in 1926 proceeded steadily. At the City Hospital 144 children were immunised. These children were referred from the Child Welfare Centre or were

brought by their parents. 144 children were Schick Tested after immunisation. Four different brands of immunising preparations had been used for these children and it was found that the number of children who gave positive reactions after injection varied from 25 to 5 per cent. All positive reactors were re-injected and only that brand of toxoid which had been found to give the most successful results was used.

Only one death from diphtheria occurred in the East of Fife during the year.

Pneumonia.—The incidence of pneumonia, both primary and influenzal, was normal. There were 59 cases of acute primary pneumonia and 9 cases of influenzal pneumonia. Thirteen deaths occurred among the former and one among the latter. It was noticeable that no deaths occurred in Anstruther District.

Pneumonia was most prevalent during the early months of the year and all age groups were more or less equally affected, viz. :—

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—

Acute Primary							
Pneumonia	5	14	12	3	12	8	5
Influenzal							
Pneumonia	—	1	3	—	2	2	1

Thirteen patients were removed to hospital for treatment.

Special application is made for the admission of such patients for the reason that beds are not always available and that frequently it is found that the disease has reached a stage when removal is not in the best interests of the patient. When housing conditions are unsatisfactory, either because of overcrowding or unfitness, an endeavour is always made to transfer the sufferer to hospital.

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

The first occurred in March in a family occupying an isolated rural cottage near Cupar. Three persons in a household of four were affected. The last case to fall ill died within 24 hours. The Public Health Department were not made aware of the circumstances until then, i.e. thirteen days after the occurrence of the first case. Investigation of specimens of blood showed the infection to be due to one of the Flexner group of dysentery organisms. Food and water supplies were consumed by other families in the neighbourhood without injurious effect so that they could be excluded as sources of infection. There had been no other case of illness in a wide surrounding area. On the other hand, the house was in a most insanitary state and was surrounded by accumulation of domestic refuse and filth. Subsequently the proprietor entirely modernised the building.

In June some twelve persons in Lower Largo fell ill with vomiting abdominal pain, headache and diarrhoea. One family were originally affected and the trouble spread to visitors to the household. The illness was of transient and comparatively mild type. It was not deemed advisable to submit the patients, none of whom were ill for more than 24 hours, to the inconvenience of blood testing, particularly since the outbreak showed every sign of termination. The origin of the infection was not traced. Water supply, ice cream and milk came under suspicion but investigation showed that other persons who had been consuming these articles from the same sources had not been affected. There was nothing in the structure or drainage arrangement of the house which might have given rise to illness.

In June an outbreak of diarrhoea without vomiting occurred among the occupants of a group of rural cottages near Dairsie. Four families out of five were involved. Specimens of faeces showed that the cause of the illness was the Flexner group of dysentery bacilli. The only common possible source of infection was the water supply which was clearly liable to pollution. On chemical and bacteriological examination, however, no evidence of serious contamination was found. As the patients recovered rapidly and shortly afterwards the proprietors undertook the complete renovation of the buildings.

In September four persons in Peat Inn suddenly fell ill with diarrhoea and vomiting. One of the patients, a woman of 63 years, was sharply ill and was removed to hospital. The others were only mildly affected and recovered rapidly. Bacteriological investigation failed to demonstrate the causative organism. No common source of infection was discovered. Locally the water supply from a common pump well was declared to be the cause of the trouble but no confirmatory evidence was obtained. Nevertheless the well was found to be liable to pollution and steps were taken to have it adequately repaired and safeguarded.

INFECTIOUS DISEASES IN SCHOOLS.—In the early months of the year there were a few cases of *scarlet fever* in schools in Cupar District. The schools at Auchtermuchty and Strathmiglo were particularly affected but at no time was there an extensive outbreak. At that time, too, there was a considerable absentee list due to common colds.

In March, after a period of comparative quiescence, *Measles* again broke out. Cases appeared synchronously in fair numbers in schools throughout the East of Fife. Some of the schools were quite severely affected so far as the absence of children was concerned but the infection itself was not of serious nature and it was not considered necessary to close any school or class. By the beginning of June the outbreak had subsided.

During the last three months of the year *Chickenpox* and *Mumps* appeared in some schools but did not make much progress.

As regards preventive measures, emphasis was placed upon ventilation of classrooms and copious use of soap and water in cleaning floors, coats, towels, etc. The use of disinfectants was discouraged. In some schools when Measles was prevalent, leaflets giving advice to parents and children were distributed.

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.	Pneumonia.	Total.
Auchtermuchty Burgh, ..	36	1	—	37
Upper Burgh, ..	3	1	—	4
Alkland Burgh, ..	3	—	—	3
Newburgh Burgh, ..	13	1	—	14
Landward County, ..	46	7	1	54
Total, ..	101	10	1	112

Ovenstone Infectious Diseases Hospital.

	Scarlet Fever.	Diphtheria.	Pneumonia.	Measles.	Septic Sore Throat & Pleurisy.	Total.
Struthers Burgh, ..	6	12	—	—	—	18
Mail Burgh, ..	2	2	—	—	—	4
Lie Burgh, ..	4	—	—	1	—	5
Stenweem Burgh, ..	2	1	1	—	—	4
Monance Burgh, ..	7	11	—	—	—	18
Landward County, ..	9	2	—	—	1	12
Total, ..	30	28	1	1	1	61

St. Andrews Infectious Diseases Hospital.

	Scarlet Fever.	Diphtheria.	Pneumonia.	Measles.	Mumps.	Total.
St. Andrews Burgh, ..	11	16	3	3	1	34
Landward County, ..	1	—	—	—	—	1
Total, ..	12	16	3	3	1	35

St. Michael's Infectious Diseases Hospital.

	Scarlet Fever	Diph- theria	Gastro- Enteritis	Erysi- pelas	Meas- les	Pneu- monia	Septic Toxi- llitis	Enceph. Lethar- gica	Cere- bro-sp. Meningitis	Scab- ies & Im- petigo	Total
Cupar Burgh,	3	2	—	—	—	3	—	—	—	—	8
Falkland Burgh,	2	—	—	—	—	—	—	—	—	—	2
Newburgh Burgh,	4	—	—	—	—	—	—	—	—	—	4
Newport Burgh,	6	—	—	1	1	—	—	1	—	—	9
St. Andrews Burgh,	1	2	—	—	—	1	—	—	—	—	4
Tayport Burgh,	—	—	—	1	1	2	—	—	—	—	4
Landward County, 23	—	—	1	2	8	8	1	—	1	2	46
Total,	39	4	1	4	10	14	1	1	1	2	77

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

Auchtermuchty,	..	..	..	31 days.
Ovenstone,	..	..	..	33·75 days.
St. Andrews,	..	..	..	31 days.
St. Michael's,	..	..	..	28·1 days.

There were 11 deaths, 1 from diphtheria, 5 from pneumonia, 2 from scarlet fever, 1 from cerebro-spinal meningitis, 1 from encephalitis lethargica and 1 from erysipelas.

In all, 285 patients were admitted, 113 from landward parts of the County and 172 from the burghs. In addition, 3 cases of ophthalmia neonatorum and 5 cases of puerperal pyrexia were treated in Thornton Infectious Diseases Hospital. Excluding tuberculosis, of the 376 cases of infectious diseases notified 75·8 per cent. received hospital treatment.

The efficient service which has come to be expected of them, was maintained by the four infectious diseases hospitals. Although handicapped by lack of most of the facilities which are commonplace in modern hospitals, and although working under all the disadvantages which out-of-date premises afford the doctors and the nursing staffs were most painstaking in their care of the patients, many of whom owe their lives to the constant watchful nursing which they received.

The time is overdue when the future of these hospitals will require to be considered. That they have rendered admirable service to the community is unquestionable. Nevertheless the defects and shortcomings from which they suffer are being increasingly reflected upon the well-being and capacity of the nursing staffs. Only at the expense of the strength and freedom of the nurses and at the sacrifice of an unwarranted amount of public money can they be maintained. There are many who will deplore the closing of these hospitals—a possibility rendered likely by the forthcoming extension of Cameron Hospital—but the alternative is increased staffs and much expenditure in enlarging and modernising each building.

GENERAL SICKNESS.

No means are available in the Public Health Department for assessing the incidence and nature of general sickness among the population but opportunities were afforded for scrutinising medical records compiled under the National Health Insurance Scheme and a certain amount of information was derived from investigation of prescriptions issued by doctors appointed by the County Council to attend the sick poor.

It would appear that during the year there was less incapacitating sickness among the people. Two factors may have had an influence. One was the reduced prevalence of influenza and the other was improvement in trade conditions.

Respiratory diseases again occupied first place among the causes of incapacity. Diseases of the digestive system also occupied a prominent place. In any such investigation it is noticeable that the acute illnesses and disorders which come within the purview of Local Authorities are of little importance as causes of unfitness and loss of working days among the adult population.

From the prescriptions examined it seemed that the duration of incapacity for work through illness increased with age. Repeat prescriptions were three or four times more frequent among middle aged persons than among young adults.

The hospitals to which cases of ordinary illness are sent are the infirmaries at Edinburgh, Dundee and Perth and the Cottage Hospitals at St. Andrews and Cupar.

In St. Andrews Cottage Hospital there are 29 general beds, 4 private maternity beds and 1 maternity bed for necessitous cases. Cupar Cottage Hospital was extended during the year and now contains 33 general beds. 651 patients were admitted to these hospitals and 29 deaths occurred. The average duration of stay of patients in St. Andrews Hospital was 16·14 days and in Cupar Hospital 18·5 days. 69 major and 393 minor operations were performed and 1,741 out-patients made 4,447 attendances. These figures will serve to demonstrate the excellence of the work done in these hospitals and their value to the community.

Hospital accommodation for the sick poor is not sufficiently adequate. Cases of acute and chronic illness occur for which provision can be made only with the greatest difficulty. The Cottage Hospitals, although they provide what assistance they can, are not intended for the reception of such cases and admission to Thornton Home and Hospital is not sought after. It is hoped that when Cameron Hospital has been attended some arrangement can be made for the accommodation in non-epidemic times of a proportion of the sick of this section of the community.

AMBULANCE SERVICES.

The motor ambulances attached to Auchtermuchty and St. Michael's Fever Hospitals and the horse-drawn ambulance at St. Andrews Fever Hospital provided sufficient means of transport for persons suffering from infectious diseases. Signs of wear and tear are becoming evident in both the mechanical vehicles. For removal of cases of general sickness there are ambulances belonging to private organisations.

WATER SUPPLIES.

The geological formation of the East of Fife is against the natural storage of a sufficient amount of water to supply in reliable quantities and at reasonable cost the numerous villages and hamlets which require it. In past years bores have been sunk to depths at which water was alleged to exist in abundant quantity. Results were most disappointing. The construction of impounding reservoirs provides a means whereby a sufficient and permanent water supply might be provided for these communities. They are expensive to build, however, and the nature of the ground is such that many suitable depressions could not be adequately filled by feeders in times of drought. Furthermore, the land is so much cultivated that filtration is a necessity and again where springs which might be tapped exist, the water has become so hard by passage over calcareous rocks that water softening plants would require to be used thereby adding further to costs.

All these factors and more have been at play for years and are the fundamental reasons why so many communities have been struggling along with precarious water supplies, inadequate for their needs and frequently threatening their health.

The following is a brief account of some of the investigations which were carried out during the year.

To improve the water supply of *Dunino* where frequently shortages occur, a simple scheme was evolved embracing the construction of a storage tank and the laying of a new asbestos-cement pipe. The rate required to meet the cost, however, proved to be prohibitive.

To meet the shortage of water at *Guardbridge*, which on occasion is met by drawing polluted water from the Moutray Burn, a scheme was devised for collecting water from nine springs on the banks of the River Eden at Bruckley. The water was found to be of good quality chemically although somewhat hard. Since, however, the springs are situated below high water mark there is a danger of pollution with contaminated tidal and river water. The Public Health Department could not, therefore, advise the Local Authority to undertake the risk involved.

To provide a safe supply for *St. Michael's*, the increasing number of houses at which depend upon shallow wells, plans were prepared for

extension of Leuchars water main. No further action was taken, however. In the meantime the wells are being tested at intervals. It is quite possible that trouble may arise since near each well is a cesspool.

Further complaints were received regarding the water supply at Carnbee village which is drawn from *Carnbee* Reservoir in unfiltered state. The water owners hold that there is no obligation on them to provide a pure supply for the village although they admit they are compelled to provide water. Opinion of Counsel was taken and in the meantime evidence is being collected as to the quality of the supply used prior to the construction of the Reservoir.

The wells and private gravitation supply at *Gateside* give an insufficient amount of water to meet housing requirements. The possibility of enlarging existing resources was fully investigated but was found to be impracticable on grounds of expense. It was, therefore, decided to incorporate *Gateside* in Strathmiglo Special Water District and to draw water from the Strathmiglo main which passes about three-quarters of a mile to the south of the village.

Shortage of water at *Pitlessie* continued to handicap all attempts at improving housing conditions. A scheme was prepared for supplementing the supply by drawing water from the Lime Mines at Cults. The new water is, of course, extremely hard but the scheme was held up mainly because the proprietor could not undertake that the water would always be available.

The position of affairs at *Largoward* is more favourable. At the end of the year a new storage tank had been built and the laying of new mains throughout the village was well advanced. It will soon be possible to effect considerable housing and other improvements in the village.

In contra-distinction to the anxiety and problems which the small water supply undertakings of the East of Fife occasion it is pleasant to contemplate the benefits which would accrue from a *Regional Water Supply*. In previous Reports the need for such a scheme has been set down in detail and emphasis has been placed on the handicap under which domestic life, housing, dairying and industry exist. The appropriate Committees have been supplied with full information regarding the situation from both the public health and the engineering points of view. The result has been highly satisfactory. At the time of writing the County Council have decided to proceed with a *Regional Water Supply Scheme*.

Under the Scheme water is to be brought to the East of Fife from Glendevon Reservoir. A main running parallel with the south east coast will afford supplies to such villages as Largo, Colinsburgh, Kilconquhar and Kingsbarns and will be available when required for the augmentation of the water supplies of the Burghs of Leven, Elie and Carlsferry, St. Monance, Pittenweem, Anstruther and Crail.

A second main running centrally will afford a supply to the Wemyss Water Trustees and to the landward areas of Falkland, Kettle, Pitlessie Springfield (including the Asylum), Cupar Muir, Craigrothie, Ceres Pitscottie, Blebo Craigs, Strathkinness, Guardbridge and Dairsie subject to such arrangements as might be made with Cupar Town Council.

The estimated cost of the Scheme is nearly £200,000 and the interest on sinking fund charges spread over a period of 60 years at $3\frac{1}{4}$ per cent interest will amount to £7,218.

Each special district that benefits will be charged a rate not exceeding 5s in the £, the difference being made up by public health general assessment (landward) in terms of Section 33 of the Local Government (Scotland) Act, 1929. It is estimated that owners and occupiers would thereby be liable to contribute a sum equal to 2·672d per £1 at the most.

At first blush these rates may appear to be high but experience elsewhere has shown that they can be borne without hardship. In the West of Fife, for which a water supply scheme was organised 25 years ago, the rate at one time was 8s in the £. Strathmiglo, after much opposition, was given a gravitation water supply about the same time and the rate was over 5s. These rates have of course fallen as charges became reduced but at no time could it be said that the ratepayers were prepared on account of the cost to renounce the water which has been given them.

A considerable proportion of old folk live in retirement in the East of Fife. It may be thought that they are unable to bear the burden of a water rate such as is proposed. The majority of them, however, reside in houses of low rental. Accordingly the tenant of a house rented at £6 per annum, the standard rental of the type of house usually occupied by pensioned old folk, would require to pay about $\frac{1}{2}$ d per day for as much water as could be used—surely a very small tax for the benefit received!

It has been said that the burden imposed upon the community by the introduction of the Scheme would be added to by proprietors being forced to renovate insanitary houses. Without doubt, when water becomes available, pressure will be brought to bear on proper owners with a view to the gradual improvement of housing conditions. But it must be recognised that the Local Authority have ample power to compel proprietors to improve their houses irrespective of any water supply scheme. It is only because the County Council appreciate that it is to the advantage of a proprietor to undertake all the necessary works of improvement at one time rather than in parts that they have withheld from taking action. Should the Scheme not eventually meet the demands for housing improvements will be issued to proprietors in the normal course.

Viewed all in all, therefore, the advantages which attend the Regional Water Supply Scheme entirely outweigh the disadvantages which may be ascribed to it.

DRAINAGE.

Supervision of drainage arrangements is largely a matter which concerns the Sanitary Inspectors and often their task is an exceedingly difficult one. For the practical manner in which they solved the many problems with which they were confronted they have earned great credit.

There are eleven Special Drainage Districts :—Newton of Falkland, Balnblae, Kingskettle, Freuchie, Strathmiglo, Springfield, Guardbridge, Leuchars, Newton Park (Wormit), Colinsburgh and Largo. Only in Freuchie, Leuchars, Newton Park and Largo, however, can arrangements be regarded as satisfactory. In the others no proper or adequate systems of drainage exist.

Complaints were received regarding inadequate drainage facilities at *Strathmiglo*. Attention was particularly directed to the old lade which intersects the higher part of the village and which receives a considerable volume of sewage effluent from cesspools. Complaints were justified and the installation of a complete public system of drainage for the village was advocated. A meeting of ratepayers was held and after a scheme prepared by the County Engineer had been outlined and discussed, they expressed themselves in favour of its being proceeded with subject to certain provisos in regard to the rates which would accrue.

The increasing number of houses which are being erected at *St. Michaels* raised the question of drainage. The ground is for the most part flat and the soil is sandy. Each new house has in its garden a well and a cesspool. Care has been taken to ensure that cesspools and pipes have been properly constructed but no one can guarantee that contamination of water supplies may not occur. A drainage scheme was therefore prepared and submitted for consideration. No further action was taken.

Since 1930 attention has been directed to the unsatisfactory drainage arrangements at *Guardbridge*. In 1936 the County Council decided to form a Special Drainage District. The proposal was opposed by Guardbridge Paper Company who objected to their premises being included in the District. An appeal was heard before the Sheriff who decided that no sufficient grounds had been established for exclusion of the Mills from the area and accordingly refused the appeal and approved the resolution. Under the new scheme the drainage of the entire village will be collected into a main sewer which will be led down the north bank of the River Eden and will discharge into open water in the tidal estuary.

Drainage arrangements at *Balmullo* are in need of improvement. At present a drain of primitive construction runs westwards along the Cupar highway and discharges into the Moonzie Burn. In places it is in somewhat derelict condition. It is time that the conduit was replaced by a modern drain particularly since improvement of houses in that part of the village is making steady progress.

In 1930 the erection of a public convenience for *Lower Largo* was advocated. Sites were investigated and plans were prepared. Every one seemed anxious that something should be done to dispense with the insanitary and indecent convenience at the Harbour and to provide modern premises. Although from time to time one heard that proposals were again under discussion, the situation remains unchanged.

REFUSE DISPOSAL.

There are twelve Special Scavenging Districts :—Balmblae, Freuchie, Kingskettle, Newton of Falkland, Pitlessie, Springfield, Strathmiglo, Ceres, Den of Lindores, Guardbridge, Leuchars and Largo.

There are other populous places where there are no regular system of refuse collection and disposal. In these domestic and other refuse is dumped in gardens or in vacant ground. To these frequent visits of inspection are paid by the Sanitary Inspectors in order to prevent the occurrence of nuisances.

The numerous refuse tips in the District were visited periodically. Of recent years considerable improvement has taken place in the methods employed at the dumps which now present on the whole a reasonably good appearance. There is less evidence of rats and promiscuous scattering of rubbish. Blinding with earth and ashes has become a regular practice. Some of them are now full, however, and that fresh ground will require to be sought.

The number of refuse dumps in the landward area is considerable. Some are used by villages, others by burghs. A variety of different contractors and burgh employees tend to them. In the interest of economy it might be well to consider the possibility of combining Special Scavenging Districts for purposes of refuse disposal. A motor driven refuse collector could readily attend to the needs of several Districts provided a centrally situated refuse depot were available. The matter will be investigated.

HOUSING.

There are many insanitary houses in the East of Fife. The following paragraphs will show that, while a considerable number have been renovated by proprietors, the Local Authority have unfortunately done little towards the replacement of old decayed properties by the erection of new houses.

BUILDING BYELAWS.

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

Plans Submitted.	Anstruther.	Cupar.	St. Andrews.	Total.
Houses erected under Subsidy,	—	16	—	16
Houses erected without Subsidy,	5	4	8	17
Alterations and Improvements to Houses, ..	19	42	5	66
Erection of Huts, Garages, business premises, Churches, Hospital, etc., ..	11	8	6	25
Improvements of Halls, Hostels, business premises, etc.,	—	4	—	4
Improvements to Dairies, ..	2	1	—	3
Plans Examined, ..	35	27	17	79

Sixteen three-roomed houses were erected at Strathmiglo under the 1930-35 Housing Acts. These were all the houses erected by the Local Authority.

Plans for the erection of 17 houses under private enterprise were considered. All were approved.

Plans for the alteration and improvement of 66 dwellinghouses were considered. For the most part the new works consisted of the introduction of sanitary fitments, improvement of lighting and addition of rooms. All the plans were approved.

Plans for the erection of 25 hutments, garages, business premises, churches and a hospital, etc., were favourably considered.

Plans for the improvement of 3 halls and business premises were approved. One plan for the conversion of Malt Barns into a Youth's Hostel at Newton of Falkland was not approved.

The structural alterations of 3 dairy premises were permitted.

In all 79 plans affecting 131 premises were considered by the three Local Committees concerned.

HOUSING (INSPECTION OF DISTRICT) REGULATIONS (SCOTLAND) 1928.

Inspection of housing conditions was continued particularly in regard to the state of affairs in populous places. For the most part, villages contain a considerable number of insanitary houses although as years pass the number of modernised houses increases. There are a few villages, however, wherein almost every house is unfit for human habitation. Lack of adequate water supply presents a serious obstacle to the usual methods adopted for securing the improvement of houses in these places and action has been withheld pending the introduction

of the Regional Water Supply Scheme. It is to be hoped that the time is not now far distant when steps can be taken to secure for every working-class householder, whether owner or occupier, a house in keeping with modern standards.

426 houses were inspected :—Cupar District, 180 ; Anstruther District, 131 ; St. Andrews District, 115. Since 1931, 4,238 houses have been inspected.

347 houses were found to be in a state so dangerous or injurious to health as to be unfit for human habitation—Cupar District, 162 ; St. Andrews District, 65 ; Anstruther District, 120.

Without recourse to official Notices under Section 20 (1) of the Housing (Scotland) Act, 1925, action was taken in connection with 176 houses in which there was insufficient water-closet accommodation. In 156 cases owners complied with requirements with assistance under the Housing (Rural Workers) Acts. In 20 cases requirements were met without such assistance.

Special permission in terms of Section 111 of the Housing (Scotland) Act, 1925, was given for the erection of one two-roomed house.

Without formal Notices under Section 40 (1) of the Housing (Scotland) Act, 1919, water supply was introduced into 156 houses with assistance under the Housing (Rural Workers) Acts. Without such assistance, water supply was introduced into 19 houses.

53 Notices under Section 14 (1) of the Housing (Scotland) Act, 1930 were served—Cupar District, 30 ; St. Andrews District, 8 ; Anstruther District, 15.

5 of the houses concerning which Section 14 Notices had been served had been reconditioned by the end of the year.

Procedure under Section 14 is often much less productive of immediate results than procedure under Section 16. Property owners sometimes tend to regard the list of repairs and alterations called for by the Local Authority as a gesture not to be taken too seriously with the result that after expiry of the period of time allowed, nothing is found to have been done. In some cases a warning letter causes proprietors then to undertake the required improvements : in others more sternly worded reminder is productive of successful results. In a fair number, however, methods of persuasion and of coercion fail entirely. In these instances proprietors are finally informed that the Local Authority, at the owner's expense, will themselves execute the works specified. It is somewhat of an anti-climax to have to report, however, that not in one single instance has the Local Authority so far found it possible to carry out their threat.

Without formal action under the Housing Acts 171 houses were renovated—Cupar District, 118 ; St. Andrews District, 10 ; Anstruther District, 43. In 154 cases assistance under the Housing (Rural Workers) Acts was granted.

89 Notices were served under Section 16 (1) of the Housing (Scotland) Act, 1930. 14 of these resulted in undertakings being accepted that the houses would not be re-let until they had been rendered fit for habitation and 2 in undertakings that the houses would be made fit. 49 demolition orders and 6 closing orders were made.

At the end of the year the total amount of the work done under the Act of 1930 was as follows :—35 houses had been demolished, 27 houses had been closed, 47 houses had been reconditioned and 55 houses had been vacated but had not been demolished or reconstructed.

FARM SERVANTS' COTTAGES.

The estimated number of farm servants' cottages in the East of Fife is 2,203. A certain number of these are inspected and dealt with annually. During 1936, 121 cottages were inspected and 113 were found to be in a defective state. 105 cottages were renovated—104 with assistance under the Housing (Rural Workers) Acts, 1926-31, and 1 without such assistance.

Since 1932, the total number of farm servants' cottages dealt with has been 1,241. Action in connection with the improvement of 131 of these is pending, 962 remain to be inspected and the remainder are in a fit state or have been rendered so.

No special survey of farm servants' cottages was undertaken. Inspections were made as time and opportunity afforded. There is no doubt but that the condition of these cottages as a whole is not satisfactory. Many have been renovated and equipped with modern conveniences but many remain in an insanitary state lacking water supply and drainage. Farmers have been lodging complaints not so much because they recognise the defective nature of the houses as because they are finding difficulty in securing workers when it becomes known that their cottages are not up to standard. Farm servants are as keen to have good living quarters as anyone and the Housing Acts provide the machinery whereby their wishes may be fulfilled. There are, of course, farm workers whose dirty habits quickly cause deterioration of a modernised house but farmers with good cottages are in a position to select their workers. The result is that inferior cottages are more and more becoming occupied by inferior workers to the detriment of the successful working of farms. This economic aspect of the state of farm servants' cottages is serving increasingly to outweigh the argument so commonly advanced by owners of farms that they cannot afford to undertake the cost of housing improvements and is making it clear that the time has come when these cottages will require to be inspected and condemned on lines as rigorous as those employed against houses in populous places.

HOUSING (RURAL WORKERS) ACT, 1926-31.

126 plans for the reconditioning of 220 houses and for the improvement of 4 water supplies were considered. Assistance under the County Scheme was granted in respect of 214 houses and in respect of 3 water supplies.

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

Cupar District,	106
St. Andrews District,	42
Anstruther District,	66
Total,	214

The number of houses in the East of Fife reconditioned or approved for grant under the Acts since 1930 has been 1,066 and the amount of public money expended is £66,453 17s 5d.

The benefits conferred by the Housing (Rural Workers) Acts exceed those conferred by any other piece of housing legislation. Hundreds of defective properties have been given a new lease of life and numerous families are now enjoying the advantages which a properly equipped house afford. Their effect has penetrated to regions where the construction of new houses cannot be undertaken. They have resuscitated villages which were fast crumbling to decay. A notable example is the village of Dunshelt which only a few years ago was but an ugly collection of neglected insanitary houses fringing unsightly streets. Following improvement of the water supply, however, house after house has been renovated till now the village presents a charm and orderliness which delights. All doubts as to the efficacy of an ample water supply, all misgivings as to the worth of housing subsidies must have been dispelled from the minds of those who knew Dunshelt and know it now.

There has recently been issued by the Scottish Housing Advisory Committee a "*Report on Rural Housing in Scotland*". The report contains many criticisms which are well founded and makes many helpful recommendations. In the section dealing with the operation of the Housing (Rural Workers) Acts, however, the following alarming statement is made, "If the conditions revealed by this report are applicable to the rest of Scotland—and we have no reason to believe that the parishes are exceptional—there has been a grave waste of public money in the administration of the Acts." This sweeping condemnation is entirely unfounded so far as concerns the houses reconstructed under grant from Fife County Council. For years a high standard of renovations has been maintained. Reconstructed houses have been thoroughly repaired : they are well lighted and ventilated they have been supplied with modern sanitary fittings, larders, cellars, stores, ashpits and press accommodation : in every one of them the

is a scullery : in many of them are baths and hot water circulation. The Committee might have been more guarded in their statement or should have been careful to extend the sphere of their inquiries before applying generally a criticism which their limited investigations may have justified.

3 grants of £100 each were allowed in respect of improvements of water supply to two or more houses in addition to grants allowed for the renovation of the cottages concerned. This procedure has now been pronounced to be illegal on the grounds that grant can be paid towards the improvement of either water supplies or cottages but not towards both undertakings. The position is unfortunate since the scarcity of water supply which exists in outlying districts in the landward part of the County acts as a serious deterrent to the improvement of housing conditions, the costs entailed in introducing water being so high. Already the effect of the decision is being felt in that fewer applications for assistance for outlying cottages are being made. The position is worthy of reconsideration.

HOUSING REQUIREMENTS.

Apart from representations submitted under Sections 14 and 16 of the Housing (Scotland) Act, 1930, concerning isolated rural cottages, the following number of representations were submitted in connection with houses in villages :—

<i>Village.</i>	<i>Section 14.</i>	<i>Section 16.</i>
Dunshelt (Second Survey),	4	10
Strathmiglo (Third Survey),	15	3

Housing conditions in all those villages where a satisfactory water supply exists have now been fully surveyed and the Local Authority, as has been indicated in previous Reports, are aware of the number of houses which should be built in them to relieve unsatisfactory housing conditions. There are many villages, however, where housing improvements cannot be effected because water supply is not available, viz :—Ceres, Luthrie, Letham, Springfield, Craigrothie, Dairsie, Collessie, Gauldry, Boarhills, Denhead, Blebo Craigs, Strathkinness, Kingsbarns, Balmullo, Kilconquhar and Arncroach. Improvements in the majority of these villages await the completion of the Regional Water Supply Scheme.

At the end of 1935 the County Council, under their five years' programme, approved the erection of 265 houses in the East of Fife to replace unfit houses. By the end of 1936, 16 three-roomed houses had been erected in Strathmiglo. No other houses were erected. The total number of houses built in the East of Fife, including 8 houses erected by Guardbridge Paper Company under grant from the County Council is :—

Guardbridge,	8
Leuchars,	12
Strathmiglo,	28
Newton of Falkland,	4
Pitlessie,	8
Dunshelt,	4
Kingskettle,	6
Cupar Muir,	4
Total,	74

It will be noted that no houses have been erected in Anstruther District.

The year's work was largely concerned with the acquisition of site and preparation of plans. Preliminary procedure of this nature was concluded or well advanced so far as concerns Freuchie, Strathmiglo, Kingskettle, Leuchars, Colinsburgh and Largo. Definite steps toward the erection of houses, however, were taken only at Leuchars. It is possible that the rise in building costs may cause the postponement of building in the other villages.

In Dunshelt a new procedure was adopted. In order that the appearance of the environment might be preserved the County Council decided not to replace unfit houses by the erection of new ones but by the reconstruction of old ones. Four insanitary houses of sound construction were therefore selected for purchase. These will be entirely altered and extended by the County Council and made in all respects fit for habitation. If the experiment proves successful from the financial point of view, the principle will be applied to other villages. Grant will be sought under the Housing (Rural Workers) Acts towards the costs of the works in terms of the provisions of the Housing (Scotland) Act, 1933.

In the Report for 1935 it was mentioned that there were 738 overcrowded houses in the East of Fife. There is no reason to believe that the amount of overcrowding was rendered any less during 1936. Changes are constantly going on. Some houses which were overcrowded are no longer so and others which were not overcrowded have become so. It is clear that when the Local Authority come serious to tackle the problem of overcrowding, the survey of 1935 will require to be revised. At present there is insufficient staff to keep the records up to date.

On the whole, except for the work done in connection with the reconstruction of unfit houses, a review of the year's work on housing does not make encouraging reading.

ACCOMMODATION FOR SEASONAL WORKERS.

So far as is known there are about seven hutments and about thirty cottages used for the accommodation of seasonal workers. There is an increasing tendency, however, for farmers to employ daily workers residing at a distance.

The premises were inspected and many of them were improved.

New Byelaws governing the accommodation provided for seasonal workers were introduced during the year. While they constitute a great improvement on the previous Byelaws, some of them will be difficult to enforce without hardship.

FACTORIES AND WORKSHOPS.

305 visits of inspection were paid to factories, workshops and workplaces—factories 79, workshops 220 and workplaces 6. Ten written notices were issued calling for remedy of defects. Thirty-four infringements of the Public Health Acts were discovered. None were of serious nature. They were mainly related to lack of cleanliness and defective sanitary accommodation. In all cases the defects were remedied.

In general, the premises in which workers are employed are in good sanitary condition. They are well lighted and ventilated and free from overcrowding. No influences having an injurious effect on any group of workers were brought to light.

MEAT SUPPLY.

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

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

Cupar District—1 Public Slaughterhouse in Cupar Burgh and 13 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	870	1,800	742	3,412	7,593½
Private	1,041	25,787	476	27,304	11,445
<i>St. Andrews District.</i>					
Public	1,286	3,593	381	5,260	20,652
Private	221	508	51	780	750
<i>Anstruther District.</i>					
Public	780	1,324	292	2,396	16,092½
Private	406	1,460	262	2,128	2,132
Total	4,604	34,472	2,204	41,280	58,664½

As compared with the previous year 6,046 fewer animals were slaughtered but 5,016½ more pounds of meat were seized as unfit for human consumption.

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 three Districts during the past four years:—

	1933	1934	1935	1936
<i>Cupar District—</i>				
Public,	4.5 lbs.	9.0 lbs.	11.9 lbs.	8.7 lbs.
Private,	3.0 lbs.	3.8 lbs.	6.1 lbs.	10.9 lbs.
<i>St. Andrews District—</i>				
Public,	14.0 lbs.	12.5 lbs.	9.9 lbs.	16.6 lbs.
Private,	2.0 lbs.	1.8 lbs.	2.6 lbs.	3.3 lbs.
<i>Anstruther District—</i>				
Public,	10.0 lbs.	16.7 lbs.	22.1 lbs.	20.6 lbs.
Private,	3.9 lbs.	8.2 lbs.	13.8 lbs.	5.2 lbs.

The above figures are submitted chiefly as a means of indicating the discrepancy which exists in the relative amounts of meat condemned in private and public slaughterhouses. Even allowing for the fact that fewer animals are killed in private slaughterhouses, the amount of meat condemned in them is about half of that condemned in public slaughterhouses. The fact that fallen animals are slaughtered only in public slaughterhouses will explain some of the difference but not all.

There is no doubt but that existing arrangements for meat inspection do not provide for the same strict scrutiny of carcasses in private slaughterhouses as they do in public slaughterhouses. It is impossible for the Detention Officers, with all their other duties, to maintain the supervision necessary whereas in public slaughterhouses they are helped by the Superintendents who have a useful knowledge of unsound meat.

With the exception of the public slaughterhouses at St. Andrews and Anstruther, all the slaughterhouses are of defective type. They are, however, kept in clean condition. The public slaughterhouse at Cupar

remains in the same structurally unsatisfactory state as previously described. It is entirely out of date and should be closed.

Three years ago, the County Public Health Committee, with a view to improving arrangements for meat inspection, made inspection of the numerous slaughterhouses. They obtained ample evidence to show that radical changes were necessary and it was hoped that steps would be taken particularly towards the erection of a central slaughterhouse in Cupar District and closure of all private premises. Nothing has so far eventuated and meanwhile Newburgh Town Council have been compelled to sanction the erection of yet another private slaughterhouse in the town.

MILK SUPPLY.

There are 145 registered dairy farms in the Landward Area and 22 in the Burghs—a total of 167 dairy farms. In addition there are 30 registered shops and milk stores. In the dairy farms there are approximately 2,783 cows.

Numerous inspections of dairy farms were made in the course of the year but no opportunity was afforded for that intensive survey of dairy premises in Cupar District which has long been thought necessary. In St. Andrews and Anstruther Districts, such surveys have been carried out as a result of which great improvements were effected.

Continued pressure was brought to bear on premises situated in Burghs. All the dairy farms in St. Andrews Burgh with the exception of two dairies of good type situated on the outskirts, have now been closed. One dairy farm in Pittenweem was closed and the owners of the remaining four undertook to effect extensive alterations. They will be kept under observation. In the autumn of the present year, steps are to be taken to secure the improvement or closure of all the dairy farms in the Burgh of Anstruther which do not comply with the terms of the County Dairy Byelaws. In turn, dairy premises in all the Burghs will be similarly dealt with.

An unfortunate obstacle in the way of improvement of dairy premises is lack of legislation to control production of milk in small dairies containing two or three cows from which it is claimed milk is disposed of only to employees and neighbours. There are too many such dairies and every opportunity is seized of discouraging their continuance. By such means two or three have already been closed.

Local Authorities continue to be dependent upon the Tuberculosis Order, 1925, as a totally inadequate means of preventing the production of tuberculosis infected milk. As a result, tuberculous cows continue to be bought and sold and tuberculous milk is distributed.

There are signs, however, that the Government has awakened to the need for action. A scheme has been prepared for the eradication of animal disease. Its object is to provide for a general and routine veterinary inspection of dairy herds with a view to the immediate

disposal of clinical cases of tuberculosis; to provide information on the incidence of the disease generally; to arrange for the inspection necessary in connection with the licensing of herds for the production of designated milks and to educate dairy farmers generally in the adoption of preventive and remedial measures. Any legislation which will help towards a reduction in the high incidence of tuberculosis of bovine origin among the people will have the active support of all those engaged in the field of preventive medicine.

During the year the Milk (Special Designations) Order (Scotland) 1936 came into force. The principal amendment contained in the new Order is a re-classification of the grades under which designated milk may be sold. These are Certified Milk, Tuberculin Tested Milk, Standard Milk and Pasteurised Milk. It was hoped that the new Order would simplify the existing classification so that the public would readily understand the types of milk available. Instead, however, of a simple classification into first, second and third grades or qualities another group of terms has been devised which does little to make things clearer for the consumers. Nor are the names entirely acceptable to producers. Those dairy farmers who sold Grade A. Milk see little reason for changing the name to Standard Milk. The public had appreciated that Grade A. indicated a superior type of milk. The term Standard Milk conveys little or nothing to them. There is something in the contention although the public ascribed to Grade A. Milk higher qualities than it possessed.

No alterations of importance took place in the premises licensed to produce designated milks but herds were increased. The list of retailers was augmented. Designated milks can now be obtained from the following premises:—

<i>Producers.</i>	<i>Premises.</i>	<i>Grade of Milk.</i>
Lord Cochrane of Cults.	Culds Dairy Farms, Springfield.	Certified.
Wm. Lohoar.	Wester Balrymonth, St. Andrews.	Certified.
Jas. Clement.	Kilrenny Mill, Anstruther.	Certified.
Jas. Younger.	Mount Melville, St. Andrews.	Tuberculin Tested.
Messrs. J. & A. Anderson.	Monturpie, Largo.	Standard.
J. Black.	Grange Hill, Elie.	Standard.
Mrs. Brunton.	The Grange, Elie.	Standard.
R. Telford.	Lathallan Home Farm, Kilconquhar.	Standard.
<i>Retailers.</i>		
Miss Allison.	1 Rankeillor Street, Elie.	Standard.
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.	27 South Street, St. Andrews.	Pasteurised.
Do.	31 Market Street, St. Andrews.	Pasteurised.
Do.	Auchtermuchty.	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 Designations) Order (Scotland) 1930 found to be necessary.

The attested herd at Cults Dairy Farms numbered 320. Of these animals 180 were in milk. All the animals were kept out of doors throughout the year, in-door dairying having been dispensed with. In spite of the rigorous winter, the most trying since the system commenced in 1934, the herd remained healthy and in good condition. There were no deaths or illnesses, nor were there difficulties in connection with calving. The in-door herd which was put out for the first time improved in condition.

There is every reason to believe that the method is a highly satisfactory one. There is no appreciable loss in milk production and one man and his wife can do all that is required for 75 cows—including the carting of feeding and the conveyance of milk to the central depot or bottling. There being no premises, costs of maintenance and of general working are low. For farms where there is a medium light sandy soil the system is to be recommended.

The name of one further dairy farmer was added to the list of Accredited Clean Milk Producers which now totals 19. Progress in connection with this scheme has become very slow. It is difficult to get dairy farmers to appreciate the benefits which they will derive from participation in the arrangement. Under its terms not only is milk subjected to monthly bacteriological tests for purity, but farmers receive expert advice from the County Organiser of the Edinburgh and East of Scotland College of Agriculture regarding methods of milk production. All this work is undertaken free of charge to the farmers. Those dairy farmers who have participated, however, are in a position of advantage in that they are now in a position, should they so desire, to apply for a licence to produce at least Standard Milk. Some of them have had their herds tested for tuberculosis and have taken steps to dispose of reactors. The scheme, therefore, is serving a useful purpose and will, doubtless, prove of assistance as legislation towards the production of a purer milk supply strengthens.

OFFENSIVE TRADES.

No complaints or cause for action arose in connection with 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 premises were regularly inspected and on every occasion were found to be working satisfactorily.

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

No cause for complaint arose at the Kennels, Ceres, where meat forounds is prepared and cooked.

PORT SANITARY REGULATIONS (SCOTLAND), 1933.

The Preventive Officer at Tayport was sent weekly a list of infected ports. Since foreign imports at Tayport constitute only wood, wood pulp or esparto grass which come from the White Sea, the Baltic and the Mediterranean Sea, only ports declared to be infected with smallpox, typhus fever, cholera or plague in these regions were referred to.

Fifteen vessels were boarded. Enquiries were made regarding the health of the crew and passengers, if any. Any person on board who was declared to have been indisposed was examined. Nothing in the nature of an infectious disease was discovered. There were one or two cases of accident and ordinary ailments.

The crew's quarters were always inspected and, when necessary, instructions were given for their proper cleansing.

RIVERS POLLUTION.

The settling lagoon at the Beet Sugar Factory near Cupar was regularly visited throughout the year and on no occasion were unsatisfactory conditions discovered.

On 23rd June, a complaint was lodged that three days previous some hundreds of trout had been found dead in a stretch of the river extending to about one mile below the outfall from the lagoon. Immediate investigations were made but no evidence of pollution of the river from the Beet Factory was detected.

Pollution, however, was found to be entering the river from Cupar Sewage Works, the main outfall pipe from which enters the river about a quarter of a mile above the lagoon. It appeared that alterations had been going on at the works during the previous month, whereby partially treated sewage had been entering the water.

Dead trout were sent for analysis as to the cause of death when it was found that they had ingested small quantities of phenols. This discovery led to further investigation and it was ascertained that gas liquor from Cupar Gas Works was discharging into the public sewer. The liquor contained a higher concentration of phenols than the permissible. No other source of pollution with phenols was found.

In view of the time which had elapsed between the death of the fish and the occurrence being reported to the Public Health Department, it is impossible to obtain definite proof as to the source of the pollution. Arrangements at the Gas Works, however, for the treatment of gas liquor are being kept under observation.

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. Monance, 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 4,862, an increase of 44 having been allowed.

The birth rate was 16·9 per thousand of population and the death rate was 16·7 per thousand of population as compared with rates of 14·1 and 14·5 respectively in 1935. The total number of births was 82—5 males and 37 females—and the total number of deaths was 81—38 males and 43 females.

The marriage rate was 9·3 per thousand of population.

The infantile mortality rate fell from 73 per thousand births in 1935 to 24 per thousand births in 1936.

There were two deaths among children in the 1-10 years of age group.

Diseases of the heart and arteries continued to be the chief cause of death. 29 persons died of these diseases. 15 persons died of cancer and from cerebral haemorrhage.

Among infectious diseases, 5 deaths were due to pneumonia, 1 to whooping-cough and 2 to tuberculosis.

Sixty-three per cent. of the total number of deaths occurred among people of 65 years of age and over, the corresponding average figure for the Burghs in East of Fife was sixty-four per cent.

By a coincidence, the number of cases of infectious diseases notified during 1936 was the same as that notified in 1935. 28 cases were notified, viz.:—Scarlet fever 5, diphtheria 4, erysipelas 2, acute primary pneumonia 8, pulmonary tuberculosis 3, and non-pulmonary tuberculosis 6.

A slight increase occurred in the incidence of diphtheria. The number of cases was small but nevertheless, yearly, children fall victim to the disease and thereby run serious risk of death or disability. In view of the progress which has been made in methods of prevention of diphtheria, it is unfortunate that this should be so. By means of a painless and harmless injection under the skin, children can be immunised against the disease. Parents would be well advised to consult their family doctors on the subject.

The following number of cases were removed to hospital for treatment:—Scarlet fever 5, diphtheria 3, acute primary pneumonia 3, pulmonary tuberculosis 1, and non-pulmonary tuberculosis 2.

Nothing of interest arose in connection with the Burgh milk supply. The dairies in which the milk supply is produced are situated, for the most part, in the landward part of the County. They are all kept under observation throughout the year and no circumstances having an injurious effect on the purity of the milk were detected.

A considerable quantity of Certified Milk continues to be supplied to school children at a cost of halfpenny per third of a pint. For various reasons the amount consumed has become less but, without doubt, many children are developing a "milk habit". It would be in the interests of the health of the juvenile population if a great deal more of this type of milk were consumed at school and at home.

Structural defects of the public slaughterhouse act as a deterrent to proper means for the protection of the town's meat supply. Entire reconstruction or replacement of the building is long overdue. In spite of the defects which exist, however, a reasonable degree of cleanliness was maintained. It would serve a useful purpose if the Local Authority were to get into touch with the County Council in regard to improvement of the facilities for slaughtering which exist.

During the year 870 cattle, 1,800 sheep and 742 pigs were slaughtered and 7593½ pounds of meat were condemned as unfit for human consumption.

Burgh of Falkland.

The population of the Burgh according to the estimate of the Registrar General, has increased to 943.

The birth rate was 18 per thousand of population as compared with 20·6 per thousand of population in 1935.

The death rate was 12·7 per thousand of population as compared with 16 per thousand in 1935.

17 births were registered—10 males and 7 females.

12 deaths were registered—5 males and 7 females.

There were no deaths among infants or children under ten years of age.

The chief causes of death were cancer, cerebral haemorrhage, diseases of the heart and arteries and influenza.

Seventy-five per cent. of the total number of deaths occurred among people of 65 years of age and over. The equivalent average percentage for all the Burghs in East of Fife was sixty-four.

Thirteen cases of infectious diseases were notified :—Scarlet fever, erysipelas 3, pulmonary tuberculosis 4, and non-pulmonary tuberculosis 1. All the cases of scarlet fever and three of the cases of tuberculosis were removed to hospital for treatment.

The Burgh has invariably enjoyed a low incidence of infectious disease.

The few dairy premises which exist in the Burgh were kept in satisfactory state. The bulk of the milk supply is produced in the landward part of the County. All the dairies concerned were regularly visited and care was taken to ensure that everything possible was done to prevent contamination of the milk supply.

There is one private slaughterhouse. It is well kept but its structural condition is not in accordance with modern requirements.

During the year 62 cattle, 155 sheep and 2 pigs were slaughtered, and 966 pounds 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 1,173, a decrease of 3 having been allowed. There were 15 births—10 males and 5 females, the corresponding birth rate being 1,278 per thousand of population. There were 20 deaths—9 males and 11 females, the death rate being 17 per thousand of population. One death occurred among infants under 1 year of age.

The principal causes of death were diseases of the heart and arteries (6), bronchitis (4), cerebral haemorrhage (2), influenza (1) and pulmonary tuberculosis (1).

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

It is satisfactory to be able to report that the low incidence of infectious disease continues. Only two cases of pulmonary tuberculosis were notified. Otherwise, none of the notifiable infectious diseases occurred in the Burgh. So far as ailments of the infectious type are concerned, Ladybank has a long record of freedom in spite of the fact that epidemic outbreaks have been prevalent in the neighbourhood.

There is nothing of interest to report in connection with the milk supply which is derived from the landward part of the County.

There is one private slaughterhouse. As compared with modern requirements it falls far short of the necessary structural standards. Due attention, however, was paid to ordinary cleanliness and no circumstances seriously affecting the safety of the meat supply were observed. When a decision is reached regarding centralisation of slaughtering in the East of Fife, the future of the premises will come under consideration.

During the year 107 cattle, 137 sheep and 85 pigs were slaughtered and 1,416 pounds of meat were condemned as unfit for human consumption.

Burgh of Newburgh.

The population as estimated by the Registrar General was 2,228, an increase of 26 having been allowed. There were 43 births, 24 males and 19 females, the corresponding birth rate being 19·3 per thousand of population. 28 deaths occurred, 12 males and 16 females, the corresponding death rate being 12·6 per thousand of population. There were no deaths among infants or children under 10 years of age.

There were 8 marriages.

Diseases of the heart and arteries were the principal causes of death (13). Cancer claimed 4 deaths and 2 persons died of cerebral haemorrhage. Among infectious diseases, there was one death from influenza and two from pulmonary tuberculosis.

Forty-three per cent. of the total number of deaths occurred among persons of 65 years of age and over. The average figure for all the Burghs in the East of Fife was sixty-four per cent. The average age at death, therefore, is lower in Newburgh than it should be.

A reduction occurred in the incidence of infectious diseases. The following number of cases were notified :—Scarlet fever 17, diphtheria 1, erysipelas 3, acute primary pneumonia 4, acute influenzal pneumonia 1, puerperal pyrexia 2 and non-pulmonary tuberculosis 4.

The cases of scarlet fever marked the termination of the epidemic which has been prevalent since 1934 and which affected a considerable proportion of the young population. Fortunately, the type of disease was mild and no serious results have followed.

All the cases of scarlet fever and the case of diphtheria were removed to hospital for treatment. All other cases were treated at home.

Improvement is necessary in some of the dairy premises. The matter is to receive attention in the course of the present year. A relatively small quantity of Certified Milk is sold in the Burgh. This milk is of a high standard of purity and is free from germs of tuberculosis. It is the only safe raw milk and should be consumed by every family where there are young children. Plenty of it is available in Cupar District.

The Town Council were compelled to approve of the erection of another slaughterhouse in the Burgh. The premises will be of modern type and will be entirely suitable for the purposes for which they are intended. On the other hand, the existing slaughterhouses are in poor condition. It is time that they were all closed. A pronouncement on the part of the County Council on the question of centralisation of slaughtering would be of great service in clearing up the position, although matters have now become complicated by the forthcoming erection of new premises.

During the year 139 cattle, 24,479 sheep and 36 pigs were slaughtered and 657 pounds 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.

WATER SUPPLY.—The water supply to the Dunfermline Area of the County of Fife continues to be satisfactory. The supplies of certain neighbouring Authorities are augmented from this source, and this arrangement continues to give satisfaction.

Various housing schemes, commenced during the year, necessitated extensions to certain water mains.

Several rural houses were provided with an inside water supply, the work in most cases being carried out with assistance under the Housing (Rural Workers) Act.

Statutory Notices in terms of Section 40 of the Housing, Town Planning, etc. (Scotland) Act, 1919, were served on the owners of a number of dwellinghouses at Halbeath. The Notices have not yet been complied with.

The private water supply to a registered dairy farm and eight cottar houses in the vicinity of Aberdour has, in recent summers, during prolonged dry spells, proved totally inadequate for the needs of the premises. The matter was taken up with the proprietors and water from another source altogether has been analysed and found to be satisfactory as regards quality for domestic and other purposes. This supply, it is confidently anticipated, will prove ample for all requirements. A firm of engineers has been engaged to instal a patent hydraulic ram to pump the water to a large storage tank to be situated at an altitude which will permit of a supply by gravitation to all points. Steps are to be taken to protect the supply at the source. Necessary fencing is to be erected and surrounding arable land is to be sown in permanent pasture in order to preserve the purity of the water. As all the cottar houses referred to have, within recent years, been modernised and provided with water closets and inside water supply fittings, the lack of water proved rather a serious matter and the provision of an adequate supply will enable the occupants of these houses to enjoy the full benefits of the improvements effected to their houses.

Several improvements to private supplies to rural houses were carried out during the year, of which the following is typical :—

The water supply to a lodge to which improvements were being carried out, was found to be insufficient. This was proved to be due to the badly corroded condition of the supply pipe and to lack of adequate

means of storage. Upon the matter being brought to the notice of the owners, a new tank of sufficient size was built into the ground and approximately 70 yards of one-inch pipe were substituted for the corroded one.

DRAINAGE AND SEWAGE DISPOSAL.—There are 10 Special Drainage Districts in Dunfermline Area, namely, Aberdour, Blairhall, Crossford, Crossgates, Charlestown, Limekilns, North Queensferry, Saline, Valleyfield and Torryburn, and Tulliallan. The work of maintenance in all Districts is carried out by District Officers acting under my supervision.

In the recently extended District of Blairhall, the new sewer mentioned in last year's report was completed, thus providing drainage facilities to the villages of Comrie, Oakley and Shiresmill in addition to Blairhall, which village alone constituted the original Special District.

Some houses in Comrie have been provided with water-closets and drainage systems connected up to the new sewer, but many owners have yet to carry out the work required by Sections 20 and 120 of the Housing (Scotland) Act, 1925, and the Public Health (Scotland) Act, 1897, respectively. I am afraid that pressure will require to be brought to bear on these recalcitrant owners to compel them to take advantage of the drainage facilities now available.

I regret to have to report that no further progress has been made with the scheme to provide Wellwood village with drainage facilities. It will perhaps be recollected that it is proposed to lay sewers throughout the village and connect these with Dunfermline Burgh sewer taking the drainage from Townhill. The Colliery owners, to whom most of the houses in Wellwood belong, have had under consideration, for some considerable time, a scheme for the reconstruction of practically all their houses, involving the provision of water-closets, inside water supply fitments, etc. The fruition of the scheme to provide drainage facilities to the village has been delayed pending submission by the Company of their final plans.

Complaints were received as to the pollution of the foreshore at Newmills by sewage from one of the sewer outfalls there. Investigations showed that a certain amount of crude sewage discharged from this pipe was being carried back on to the foreshore by certain tides. This sewer is now to be extended for a distance of 300 yards, which work, it is anticipated, will obviate the cause for complaint.

The drainage from all other Special Districts is discharged at various points in the Firth of Forth without previous treatment. Other than that mentioned above, no complaints as to pollution of the foreshore were received.

SCAVENGING.—There are now 9 Special Scavenging Districts in the Area. New Districts were formed at Halbeath and Saline, at which villages ash pits have now been dispensed with. At both places, a twice weekly system of refuse collection is in operation and is giving entire satisfaction.

In all Districts, the refuse is disposed of by tipping on to waste ground or into quarries. A very rigid control is exercised in the conduct of all refuse dumps as a result of which attendant nuisances are reduced to a minimum or entirely eliminated. In some instances, waste ground is being reclaimed and converted into quite useful arable land.

The amount of edible material at these dumps is bound to attract rats. A continuous war, however, is maintained against these pests. Their extermination has been facilitated by the acquisition of a gassing machine which has proved very effective indeed. The gas used is calcium cyanide which is highly lethal and must be handled with great care.

The danger of fire at refuse dumps is ever present. This is greatly reduced by the exercise of proper methods of tipping. These fires are often caused by spontaneous combustion and once started, are exceedingly difficult to extinguish because the seat of the fire is usually deeply situated.

SANITARY CONVENIENCES.—The position as regards sanitary conveniences used in common remains as stated in my last report.

In the recently extended Special Drainage District of Blairhall, the work of providing a separate water-closet to each house in the village of Comrie and in the hamlet of Shiresmill proceeds rather slowly and means will shortly be taken to enforce the provisions of Section 20 of the Housing (Scotland) Act, 1925.

RIVERS POLLUTION.—Complaint was made as to the alleged pollution of the Bluther or Grange burn, by coal dust, etc., said to emanate from the coal washer and settling ponds at Blairhall Colliery. The complaint stated that a considerable quantity of silt had accumulated at a point well down stream from the colliery. This was rather surprising as a very close watch has been maintained on this colliery and that part of the stream in its vicinity for a few years now.

About four years ago, following complaints of pollution from this source, the matter was taken up with the Colliery Company and at considerable expense pumping machinery was installed, whereby the effluent from the coal washer is conveyed to settling ponds constructed on top of the bings, through which it must percolate before reaching the burn. It will therefore be readily understood that considerable filtration takes place. Numerous samples of the effluents from the colliery were, however, taken at points before it reached the stream, and from the stream itself, and on each occasion these were found to be clear and

innocuous. It was therefore concluded, and I think rightly so, that the accumulation complained of was old standing and had gathered prior to the inauguration of the arrangements above referred to. The colliery and stream continue to be kept under observation.

At Steelend Colliery, an arrangement similar to that at Blairhall is in operation and absolutely no pollution of the stream in the vicinity takes place from this source. This stream contributes towards the water supply of an adjacent Authority who are ever on the alert for evidence of pollution. No complaints were received during the year.

HOUSING.—Since the inception of our activities under the 1930 Act, approximately 550 houses have been represented as unfit. In the majority of cases, demolition or closing orders were served.

During 1936, 159 inspections in terms of the Regulations were made and 53 houses were found to be unfit.

Subsequent to 1930, 266 houses have been built in this Area by the Local Authority.

During the year under review, a further 32 houses were completed and occupied.

Under the 1930 and 1935 Acts, schemes were commenced towards the end of the year for the erection of houses as follows :—

Parkneuk,	..	..	..	..	..	36
Limekilns,	..	..	..	..	..	12

HOUSING (RURAL WORKERS) ACTS, 1926 AND 1931.—The provisions of the Council's Scheme of Assistance in terms of the above Acts were brought to the notice of a considerable number of owners of rural dwellinghouses which were considered suitable for improvements and modernisation under the scheme.

Many owners who had in former years been acquainted with the terms of the Acts and Scheme were again written to, pressing for desirable improvements. As a result, 26 sets of plans for alterations, extensions and improvements to a further 36 houses were submitted and approved during 1936, thus bringing the total number of houses renovated under the Act up to 263.

The benefits accruing to the occupants of these houses are considerable and the majority of them are now experiencing the convenience and satisfaction derived from the provision of inside water supplies, sanitary conveniences and even bathrooms with hot and cold water, for the first time in their lives.

OVERCROWDING.—The stupendous task involved in taking the survey in terms of Section 1 of the Housing (Scotland) Act, 1935, commenced during November of that year, was completed during April 1936. Altogether, 5,109 houses were visited when the floor areas of all habitable apartments were measured and a census taken of all occupants in order to determine the number of units in each house as computed in terms of the Act.

Assuming that a complete process of decanting can be carried out, the number of houses required for the whole Area, in order to abate overcrowding, is 661, of the following sizes :—

3-apartment houses,	..	..	..	..	261
4-apartment houses,	..	..	..	..	336
5-apartment houses,	..	..	..	..	64
Total,					661

FOOD SUPPLY—MILK.—There are now 74 registered dairy farms in the Area, the total number of cows which the byres can accommodate being 1,916. All byres are not, of course, filled to the limit of their capacity and the actual number of cows kept is somewhat less than the above figure.

With only one or two exceptions, registered dairy premises now comply in every respect with the structural provisions of the Dairy Byelaws. Efforts continue to be directed towards securing further improvements in one or two cases where conformity with all the requirements of the byelaws has not yet been attained. Even where the actual dairy premises are all that can be desired, attention has been given to such items as the farmhouses and milkers' houses. Where lack of modern sanitary conveniences is known to exist, efforts have been made to secure the substitution of dry closets by water-closets, provision of inside water supply fitments and even bathrooms in many cases, and so on. In my opinion, these are all necessary adjuncts to the production of milk of one hundred per cent. purity. The personal cleanliness of all who handle the milk supply is as essential as cleanliness of premises, cows, utensils, etc.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.—It becomes increasingly difficult to find time to take the number of samples one feels one should take. I am of the opinion that the procuring of samples from any particular vendor, say twice or three times a year, at more or less regular intervals, is not of much value from the point of view of protecting the public. Sampling should, in my opinion, be frequent and erratic, so that no particular vendor can count on a somewhat prolonged period of immunity from sampling following the procuring of a sample from him. Sampling takes time, however, and the time available is limited.

MANUFACTURE AND STORAGE OF FOOD FOR HUMAN CONSUMPTION.—

There are no large food manufacturing or preparing premises in the Dunfermline Area of Fife.

All bakehouses were visited periodically and were, with a few exceptions, found to be kept in a clean and satisfactory condition. Certain small bakehouses lack sufficient storage accommodation, necessitating

the keeping of bags of flour, utensils, etc., on the bakery floor. This, of course, makes it difficult to keep the floors clean, and the resultant accumulations of flour, etc., tend to attract vermin. Efforts are being made to secure greater storage facilities at these places.

Although not in possession of legal powers to enforce it, determined efforts continue to be made towards the abolition of the small shop situated in apartments used also as sleeping accommodation. The number of such premises is being gradually reduced.

A strict surveillance of all premises known to be used for the manufacture of ice cream is exercised. One regrets to observe certain types of individuals handling and selling this largely consumed commodity. Children, of course, are not prone to be too critical, but if the older consumer would use his or her powers of observation and act accordingly, vendors with obviously unclean persons and apparel and those with dirty habits would soon go out of business. One shudders to think of the child of tender years consuming a commodity handled by an individual who apparently regards a handkerchief as a superfluous article or whose hands give the impression of having been black-leaded, or whose finger nails reveal broad black bands at the tips. Yet, it cannot be denied, here and there, one does see such a person purveying ice cream. It would, it must be admitted, be singularly difficult to legislate against this sort of thing, and I am afraid the consuming public must remain the sole arbiters.

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

WATER SUPPLIES.—With the exception of some of the outlying farms and cottages and the small hamlet of Clunybridge, all the District has an ample supply of good water from County mains. Of the houses not near the County mains, most of them have a gravitation supply and in only a few cases are dip wells in use.

At two cottages which were reconstructed under the Housing (Rural Workers) Act the dip wells were cleaned out, built up above the surrounding ground level, provided with covers and protected from surface pollution. Pumps were fitted to draw the water to cisterns inside the houses.

The six-inch main in Cluny Road, Cardenden, was extended to Cluny Corner and this has greatly improved the supply to Coalden and Cluny and farms adjoining. A supply could not be given to the houses at Clunybridge. This would mean the laying of a branch main for a distance of about half a mile but out of the eighteen houses twelve are hardly worth the cost of reconstruction and providing with conveniences.

All houses reconstructed under the Housing (Rural Workers) Act and one or two others on which alterations have been made were provided with inside water supplies.

DRAINAGE AND SEWAGE PURIFICATION—AUCHTERDERRAN SPECIAL DRAINAGE DISTRICT.—There is an extensive system of sewers in this district and also purification works. The works which are situated alongside the River Ore are liable to flooding.

Owing to the large amount of house building in recent years, the works are overtaxed and the distributors are out of order. I have already mentioned in previous reports that the County Engineer recommended certain additions and alterations in January 1934, and the Local Committee recommended that the work be gone on with, but so far nothing has been done. I had hoped that the proposed sewer from Thornton to the sea might have been extended to take in Auchterderran also but I understand it is not included.

The sewers in certain parts of the district have suffered from subsidence and have to be regularly cleared to keep them in working order, but I am afraid that in the near future some parts will require to be relaid.

In the beginning of the year the sewer at Cardenden was extended a distance of about 310 yards to take in the new Housing Scheme at Carden Crescent.

Plans were prepared in December for the extension of the sewers to serve a new Housing Scheme at Dundonald. The estimated cost to the Special District is £420 12s 6d.

LOCHORE AND GLENCRAIG SPECIAL DRAINAGE DISTRICT.—This is also an extensive district and has an efficient system of sewers. A site was taken off for purification works but these have not been gone on with. At the end of the outfall sewer are four channels partly filled with large stone and the sewage passes through these before discharging into the Fitty Burn.

To serve a new Housing Scheme at Crosshill a 6-inch branch sewer was laid and the work practically completed at the end of the year.

LUMPHINNANS SPECIAL DRAINAGE DISTRICT.—There is a satisfactory system of sewer throughout the District. The outfall is carried a considerable distance and connected to the Lochgelly Burgh sewer.

KINGLASSIE SPECIAL DRAINAGE DISTRICT.—I regret that I am not yet in a position to report that there is a proper system of sewers in this district.

The Lochty Burn which flows through the village takes all the drainage. The different developments of the Housing Schemes drain into two cesspools, the outfall from one going into a ditch which joins the Lochty Burn and the other outfall going direct into the burn. There are other private drains which discharge into the burn either direct or through field drains.

It would greatly facilitate the improvement of the older houses and allow for the provision of water closets throughout the village if a proper system of sewers were laid. It is difficult at present for owners who wish to improve their property to get an outfall for the drains.

SCAVENGING.—The Special Scavenging Districts are similar in name and area to the Drainage Districts.

Two of the Special Districts have each a population of nearly 7,000 so that the work of organising and superintending the scavenging takes up a considerable portion of our time. These four areas are also Special Lighting Districts and the lighting arrangements also come under our supervision.

In all districts owing to the erection of new houses and the formation of new streets the work has greatly increased.

As far as possible controlled tipping is employed, the refuse being laid down in layers of from three to five feet deep.

During the year I reported on the condition of certain private streets within the Special Scavenging Districts. Notices in terms of Section 10 of the Public Health (Scotland) Act, 1897, were served on thirteen proprietors in Auchterderran District, seventeen in Lochore and Glencraig District and two in Lumphinnans District. The cost of repairing these streets as estimated by the Road Surveyor was £4,184 in Auchterderran, £2,102 in Lochore and Glencraig, and £2,923 in Lumphinnans.

SANITARY CONVENIENCES.—As mentioned in previous reports, practically all the houses within the Special Drainage Districts, with the exception of Kinglassie, are provided with water-closets. A few old houses at Lochore have still privy-closets but these houses will be closed whenever other houses are available.

In nearly all cases there is a water-closet to each house and in only a few cases does one water-closet serve two tenants.

In Kinglassie there are still a few privy-closets but this is owing to the want of drainage facilities and some proprietors, especially owners and occupiers, are anxious to provide modern conveniences if suitable drainage was available.

In the reconstruction of farm and other cottages, inside water-closets and other conveniences are provided. In one instance a row of 7 houses, which previously had pail closets and a water supply from public wells, were provided with sculleries with inside water supply and water-closets.

RIVERS POLLUTION.—Special inspections were made at all collieries with regard to the disposal of effluent from coal washers and wagon drip water. When any evidence of pollution was found the attention of the Company concerned was called to it and steps taken to prevent any further pollution.

The River Ore and the Fitty and Lochty Burns are however polluted with sewage from the Special Districts and the Burgh of Lochgelly and so far no steps have been taken to deal with this source of pollution.

Complaints were received that the Lochty Burn was being polluted by washing effluent from Kinglassie Colliery. There are settling ponds at the effluent appeared to be finding its way through the banking into field drain. Steps are being taken to have the bank closed up.

Complaint was received as to the pollution of the Den Burn by the Ardenden Gas Works. It was found that tar had escaped into the burn but there was no other evidence of pollution.

HOUSING.—The housing problem is a difficult and worrying one, absorbing a great deal of our time and overtime and until new houses are ready for occupation one is unable to assist in relieving the many cases of overcrowding. Hardly a day passes but we have a call at office or house from one or two parties to see if we can help them to obtain accommodation. Many are living in sub-let rooms and have more than the number of adults to suit a one or two-apartment house which will only be available after some de-crowding has taken place. The Coal Companies and other House Factors have also long waiting lists of applicants.

No Housing Scheme houses have been erected during the year and only two houses erected by private enterprise but not for letting.

Plans were approved and work commenced at the end of the year on three Housing Schemes—68 houses—4 of five, 40 of four, and 24 of three apartments at Crosshill, 84 houses—4 of five, 44 of four, and 36 of three apartments at Rosewell, Lochore, and 44 houses—8 of five and 36 of four apartments at Kinglassie, but it will be some time before any of these are ready for occupation.

Two new cottages were nearly completed at the end of the year to replace farm cottages at Westfield and Whinnyhall which had been condemned.

One house at Ashgrove, Kinglassie, in respect of which an undertaking was accepted, was reconstructed with a grant under the Housing (Rural Workers) Act.

At the end of the year I reported on 16 houses at Flockhouse, Lochore, 4 at Wester Crosshill, 4 at Lower Milton, 1 at Milton Dairy, 1 at Alton, and 1 at Ore Bridge and recommendations were made to serve Demolition Orders in respect of same.

All the houses at South Walkerton are now vacated but little has been done in the way of demolition. Two houses in respect of which Demolition Orders have been made were still occupied at the end of the year and also two which were granted life undertakings.

Under Section 14 of the Housing (Scotland) Act, 1930, notices were served in respect of nine farm cottages which are referred to under comments on the Housing (Rural Workers) Act.

The taking of the census under Housing (Scotland) Act, 1935, was commenced at the end of 1935 and completed this year.

The census revealed a vast amount of overcrowding, the percentage for the whole area being 44, and I am afraid that if another census were taken now these figures would be increased as sub-letting, caused mainly by young couples getting married, appears to be greater than ever.

It will be a long time and a great amount of work will have to be done before we can say that the district is clear of overcrowding.

The survey showed that the largest number of families consisted of 2 adults, the next being 3 and then 4. There were 672 families consisting of from 6 to over 10 adults.

The following are the percentages of the different sizes of houses surveyed:—2.9 per cent. of one apartment, 49.6 per cent. of two, 39.5 per cent. of three, 4.5 per cent. of four, .88 per cent. of 5, and 2.3 per cent. of six apartments and over. It shows that rather more than half the houses are of one or two apartments, but it is an advance on the figures obtained from the 1921 census returns which showed that in Auchterderran and Ballingry Parishes the proportion of one and two apartment houses was over 70 per cent.

2,075 families were overcrowded in the house or part of house occupied by them and 25 one-apartment houses were overcrowded owing to sex. There were 521 families living in sub-let rooms.

The census showed 42 empty houses but only 17 were within the Special Districts.

HOUSING (RURAL WORKERS) ACTS, 1926-1931.—Considerable advantage has again been taken of these Acts to improve houses. Formal action was only taken in respect of nine houses: in the other cases the owners had the houses reconstructed on their attention being drawn to the defects. Twenty-seven plans were submitted and reported on during the year. All were approved except one, which was returned to the Architect for amendment.

These plans covered 45 houses. An additional room is to be provided to 24 houses either by the erection of a new room or by converting two houses into one. Bathrooms are to be provided to 9 houses. Ten were completed and passed for grant, while a considerable number were nearing completion at the end of the year. Improvements on 41 houses approved during 1935 and 1 approved in 1934 were completed during the year and passed for grant.

All houses were provided with good sculleries, inside water supply and all modern conveniences. In most of them the windows were enlarged and all damp walls, defective floors, roofs, etc., were attended to.

During the progress of the work, frequent inspections were made of every house reported on at completion.

Notices in terms of Section 14 of the Housing (Scotland) Act, 1930, were served in respect of nine farm cottages, and plans passed for their reconstruction. One was completed and work on some of the others commenced at the end of the year. Eight farm cottages in respect of which Section 14 Notices had been served in previous years were reconstructed including two which were empty at date of inspection, and six houses of three apartments each provided. Other three were nearing completion at the end of the year.

FOOD SUPPLY—MILK.—There are 36 registered dairies, 21 in Auchtermerran Parish, 4 in Ballingry and 11 in Kinglassie. The total number of cows at last inspection was 913. Seventeen of the dairymen retail their milk and in addition there are 14 registered Purveyors of milk retailing in the district.

As the area is well supplied with registered dairies or purveyors, I know of no unregistered premises supplying milk to other than their own work people.

Practically all the milk supplied by the Co-operative Society is pasteurised and bottled, and one or two of the dairymen also bottle a small quantity of their milk.

All dairy premises are visited at least twice a year and as a rule are found in a well-kept condition. Limewashing of the premises is carried out twice a year.

The premises are well up to the standard as regards cubic space, light, ventilation and general structure. A large number of the byres are now fitted with drinking bowls in each stall.

WEMYSS AREA—R. J. Wigston, Sanitary Inspector.

WATER SUPPLIES—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 to a service tank near Algriebank Farm. In my last report I drew attention to the inadequacy of the water storage for Kennoway and Baintown and have to report that additional storage was provided during the year for this area. I was a little disappointed, however, when I discovered that the method of increasing the storage was by erecting an old boiler used upon pillars above the ground level to be used as an additional storage. The principle aimed at to-day is that storage tanks, where at all possible, should be so situated that not only the sun rays but also daylight should be excluded from the supply, and as the ground in the immediate vicinity is entirely in favour of an underground storage tank, I think it is unfortunate, seeing that capital expenditure was

involved, that the opportunity was not taken to build a concrete storage tank underground, as in my opinion where the question of water supply is involved, more especially in a growing area, the question of economy should not be the deciding factor.

SCOONIE PARISH.—The service for Scoonie Parish is chiefly from the 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.

SCAVENGING—EAST AND WEST WEMYSS, COALTOWN OF WEMYSS ROSIE AND METHILHILL.—The scavenging arrangements in the above special districts are as those reported upon on previous occasions.

During the year the depot at East Wemyss was abandoned and the new depot at Earlseat started. The old depot at East Wemyss was thoroughly cleaned up and covered with a layer of loam to further the growth of grass, etc.

Carting to Earlseat depot started in September but it certainly is not an ideal site for the purpose, as instead of levelling undulating ground as recommended by the Department, it is a question of superimposition on the existing ground level: however, the work is being carried out in a very satisfactory manner.

KENNOWAY.—The refuse collection in Kennoway is done by Contract. The collected refuse is being used to reclaim marshy ground in the "Spats". The disposal is now carried out on the principle of controlled tipping.

BORELAND.—The collection of refuse in this Special District is also done by Contract. By arrangement with Kirkcaldy Burgh, the refuse is deposited at their tip situated near Gallatown.

SANITARY CONVENIENCES.—The work of providing sanitary conveniences within the Area is progressing satisfactorily with the exception perhaps of Star of Markinch where there are no drainage facilities. Apart from this district the work of providing W.C.'s, etc., is being carried out but chiefly in conjunction with other improvements to the properties which qualify for grant under the Housing (Rural Workers) Acts.

Regarding the sanitary conveniences, it is almost impossible to give a detailed statement regarding the position at the end of the year. With the exception of the rural areas, W.C.'s are being provided almost everywhere even where there are no drainage facilities, septic tanks are being installed to allow of W.C.'s being provided. In this connection I have to refer to the improvements which have been carried out under the Housing (Rural Workers) Act in respect of 44 houses.

Regarding ashpits, the position is similar to that reported last year, and the only area where there are ashpits being used is at Star of Markinch where there is no regulated refuse collection.

RIVERS POLLUTION—RIVER LEVEN.—The condition of the River Leven is still as reported last year and no actual construction has yet taken place regarding the proposed River Leven Sewerage Scheme.

DEN BURN.—The condition of the Den Burn is at present satisfactory.

OFFENSIVE TRADES.—The Private Slaughterhouse at East Wemyss, owned by the East Wemyss Co-operative Society Ltd., and the Oil Mills belonging to Messrs. John Balfour & Co. Ltd., where manures and feeding stuffs are prepared, are the only premises which fall under the above heading. The premises in both cases are kept in a satisfactory manner.

HOUSING.—Regarding the overcrowding of working class houses, it is common knowledge that there is a very serious shortage within this area, but schemes are in process of being prepared by the Local Authority to supply additional houses. Forty new houses are at present under construction by the Local Authority at Kennoway and are expected to be finished and occupied at an early date. Plans are also being prepared for additional houses at MacDuff Park, East Wemyss, and so for Methilhill.

No action could be taken as there were no houses available in which to decrowd the overcrowded houses during the past year.

Improvements have been completed in respect of 44 houses and additional properties are still under reconstruction under the Housing (Rural Workers) Acts. Under these Acts a considerable number of more properties would have been reconstructed but it was impossible to find alternative accommodation for the occupiers of the property during the period of alteration. In this connection I think the terms of the 1930 Act are pretty rigid, and I think a little latitude should have been allowed Public Health Committees, particularly in rural areas, to permit condemned property being used for the storing of furniture or allow of other properties to be reconstructed.

HOUSING (SCOTLAND) ACT, 1935.—I would like here to give my opinion regarding the administration of the above Act. After the census was completed and the necessary registers, etc., prepared, it is a question if the registers were a true record of the actual position by the time this work had been carried out owing to the movement of families, particularly within the mining areas, where there is almost continual movement of mine workers, and in order to ensure a live register being properly kept, almost continual re-inspection of properties would be necessary. I therefore fail to see why all the work in connection with the details of the families and occupancy should be placed upon the officials of the Local Authority only, without any obligation whatever on the part of the owners and occupiers of property.

In the Wemyss Area where a large majority of the houses are the property of the Coal Companies, I believe that an understanding could be arrived at with their officials to report any change of occupancy, but even so I think it should be compulsory on both owners and occupiers to notify the Local Authority upon any change of tenancy.

FOOD AND DRUGS ACTS.—All the samples during the past year were found to be genuine and when we take into consideration the amount of "prepared" foods which were sampled, I think it shows a high state of efficiency which has been attained by the manufacturers.

KIRKCALDY AREA—A. Stewart, Sanitary Inspector.

DRAINAGE—COALTOWN OF BALGONIE DRAINAGE.—During the latter end of the year the drainage throughout the village was completed and two large septic tanks built, one near the River Leven, which takes all the sewage from the eastern part of the village, and the other near the River Lochty which serves the western part of the village. A large syphon was also laid underneath the London and North-Eastern Railway at the west end of Lady Nina Square where it was impossible to cross the railway or get a proper fall for the drainage any other way. This syphon is attended to every second day and a chain pulled through to keep it from choking. During the laying of the main sewer, connections were put in for every property and as quite a number of the proprietors had cesspools, these were connected up at once. Some of the proprietors had water and water-closets put into their houses and connected up whenever the drainage was finished. There are quite a number of proprietors who have to put in water, etc., yet but I am assured this will be done at their earliest. Balgonie Coal Company are putting water-closets and making other alterations to all their property in the village during the spring of the year. With all these extra connections and also the proposed housing scheme drainage all running into the rivers even through septic tanks, it causes a very disagreeable smell especially at the River Leven, where at times there is a very poor flow of water and the sewage water just lies in a pool quite close to the main road.

At Milton of Balgonie the conditions existing a year ago are the same this year, viz., no proper drainage system, and where septic tanks have been put in when houses were renovated, care had to be taken in choosing the most suitable piece of ground on which to build the tank. The septic tank at the County houses has given no trouble owing to the fact that the overflow runs direct to the River Leven. There are quite a number of houses in Milton belonging to Balgonie Coal Company which are in need of sanitary conveniences and the Coal Company intend doing the same for their houses at Milton as is to be done at Coaltown after the drainage is laid down.

GRAY PARK DRAINAGE.—During the year no trouble has been experienced here as I have watched for a recurrence of the trouble of last year, owing to the tanks becoming full of sludge. The tanks are examined periodically.

THORNTON DRAINAGE.—The village drainage has not been taxed any more heavily during the year by the increase of buildings but on several occasions there was trouble and anxiety caused by flooding at the Purification Works.

The north end drainage runs direct into the River Lochty. I hope that when the proposed new housing scheme drainage is laid down towards a new septic tank close by the river, it will be possible to connect the old drainage system into this new tank. The question of drainage in this district is becoming alarming owing to the fact that if anything serious goes wrong with the Purification Works at any time, it will not be long before the sewage is standing level with the sewers.

I hope therefore that the drainage scheme down the River Leven will not be held up any longer than is absolutely necessary.

TENTS AND VANS.—The camping ground at the Sandhills near Kinghorn during the summer was greatly improved in comparison with recent years. A new water supply was introduced by the erection of a large tank and wash-up sheds put up for both sexes. Latrines for both sexes were also erected together with a large number of wooden huts which were put up by the ground proprietors who levied a yearly rent in respect of these erections. The latter are well fitted with bunks and cooking stoves and are occupied by a better class of campers than are usually found in the tents. However, I believe that the next camping season will see a great reduction in the number of tents as the ground is becoming more and more taken up with huts and vans.

HOUSING.—During the year no new houses were built either by the County Council or by private enterprise in the whole of the district and as sub-letting and overcrowding are increasing, the want of houses is urgently felt. On inspections during the year it was found that where overcrowding did not exist at the time of the 1935 Survey, there are now great many houses overcrowded owing to the increase of family, and children who, at the time of the Survey, counted as $\frac{1}{2}$ units, now having reached the age of 10 years, counting as 1 unit.

This again raises another question, viz., that of young people getting married and in almost every case having to go to a room in some house where they usually have to pay more for the room than the tenant is paying for the rest of the house. If these young people are not to be considered for houses because they are new sub-lets I am afraid some difficulty will arise unless houses are provided for them by the County Council. If houses are built in each district and overcrowding relieved on private property, some landlords may give the vacated houses to young people but I am afraid that the majority of landlords will let their houses to whom they think fit so long as the houses are not overcrowded.

ST. ANDREWS AREA—R. Just, Sanitary Inspector.

WATER SUPPLY.—Owing to the normal rainfall the water supplies in the St. Andrews District have been sufficiently maintained and few complaints have been received. There are four Special Water Districts viz. :—Leuchars, Guardbridge, Dunino and Lathones.

GUARDBRIDGE SPECIAL WATER DISTRICT.—This supply which is obtained from the higher ground at Balmullo, where the reservoir and filters are situated, flows by gravitation to the Village.

Each year there is a scarcity of water during the summer months and as time goes on the scarcity tends to become more acute owing to additional building and to the introduction of sanitary fitments. During the summer months every effort is made to conserve the water supply but should a dry summer occur the position at Guardbridge may be serious.

Towards the end of June 1936, the water in the reservoir began to fall and notices were put up on 19th June intimating that strict economy should be exercised regarding the use of the water. As the dry weather continued the water in reservoir fell to 4 feet 6 inches below top-water level but filled up again towards the end of September. It was not however, found necessary to turn off the water at any period nor to pump water from the Mill pond.

DUNINO AND LATHONES SPECIAL DISTRICTS.—At these two Districts the water supplies are as formerly reported. No complaints have been received and the supply of water in each district has been sufficiently maintained.

DRAINAGE.—There are three Special Drainage Districts, viz. :—Leuchars, Newton Park, Wormit and Guardbridge.

LEUCHARS SPECIAL DRAINAGE DISTRICT.—At Leuchars the drainage is carried to two large settling tanks with outlet to a large conduit called the " Barrel Arch ".

WORMIT SPECIAL DRAINAGE DISTRICT.—At Newton Park the outlet is into the River Tay near Wormit. No material change falls to be recorded during the year, and regular attention has been given to flushing.

GUARDBRIDGE SPECIAL DRAINAGE DISTRICT.—Within the year under review the Village was formed into a Special Drainage District. Guardbridge comprises the Paper Mill and 227 houses. The present drains which are all privately owned may be divided into three sections :—(1) The drainage from the northern portion of the Village which discharges into the Moutray River, (2) The drainage from the Cupar Road or southern portion which discharges into the Eden immediately to the south of the bridge, and (3) The drainage from the central portion or Main Street which runs in some fifteen separate drains across the land being reclaimed and mostly discharges on the foreshore.

Owing to the subsidence and consolidation of the reclaimed ground trouble was experienced with several of the drains and owing to tidal influence there was considerable contamination of the foreshore. Representations were made by the Guardbridge Paper Company and the Guardbridge Co-operative Society regarding the drainage of Guardbridge and at a subsequent meeting of the Local Authority it was agreed that the County Engineer be asked to advise on the question of drainage, and that a Special Drainage District be formed.

At a Meeting of the Local Authority held in December, 1935, it was agreed to recommend that a plan be proceeded with comprising a scheme for the laying of a new sewer commencing near Ashgrove Buildings running south along the Main Road, picking up the several drains crossing the foreshore and carrying it to the Eden via the Laundry. This sewer would also take the drainage from the Cupar Road and would run along the foreshore taking in the sewage from the Mill and the branch drain from River Terrace and Innerbridge Street with an outfall at point where the Eden and Moutray Waters meet. At the time of writing the work has commenced.

There is no drainage for the Village of Balmullo other than primitive drains discharging into cesspools and thereafter to sumps or ditches. Owing to the gradual desire for the introduction of sanitary fitments a drainage system for Balmullo or even the more populous part of Balmullo is necessary. Similar reference was made in last year's report regarding this matter but there is no further progress to intimate.

SCAVENGING.—In the two Special Scavenging Districts, Leuchars and Guardbridge, no changes have to be reported regarding the methods of scavenging from these of the preceding year.

During the year application was received from not less than 10 rate-payers in Balmullo asking that a Scavenging District be formed. After investigation it was estimated that this would involve a rate of 1s 6d in the £. Before proceeding further in the matter the facts were communicated to some of the signatories to the petition, and, so far as I am aware, no further action has been taken.

Although difficulty must be experienced by several of the householders in Balmullo in getting rid of their refuse the Village is generally very well kept and few complaints are received. Nevertheless if even a modified service of scavenging could be provided at a reasonable rate it would prove a convenience to residents there.

FACTORIES AND WORKSHOPS.—Throughout the year 35 inspections have been made to Factories and Workshops. No written corrective notices were issued and no prosecutions taken. There is no overcrowding. In the course of making inspections, where any minor matter requiring attention was observed, verbal intimation was invariably sufficient to effect a remedy. Otherwise, all premises have been found in a state which gave little cause for official interference.

The bakehouses in the District are of good construction and are kept in a cleanly condition.

SLAUGHTERHOUSES.—There are four slaughterhouses in the District, comprising one Public Slaughterhouse in the Burgh of St. Andrews, one private slaughterhouse in each of the Burghs of Newport and Tayport and one at the Home Farm, Mount Melville, by St. Andrews. At the latter Slaughterhouse only pigs and sheep are killed for consumption at the Mansion House.

I carry out the duties of Detention Officer at the private Slaughterhouses. Frequent visits of inspection are made and no irregularities fall to be reported.

The provisions of the Slaughter of Animals (Scotland) Act, 1928, are being observed, the instrument used being the "Captive Bolt" for stunning animals before blood is drawn.

ANSTRUTHER AREA—J. Ross, Sanitary Inspector.

WATER SUPPLIES—COLINSBURGH.—No complaints have been made during the year regarding the quality of this water supply and the filtering plant, since its reconditioning, has worked satisfactorily.

LARGO.—Including Upper Largo and Lower Largo.

The capacity of the reservoir supplying this District with water is quite inadequate for requirements and during the summer months in particular, when the population is greatly increased by summer visitors, the situation is not a satisfactory one. Since the District is one that will benefit by the projected Regional Water Scheme no steps are meantime being taken to improve the position.

LARGOWARD.—Reference was made in last year's report to measures under consideration for the improvement of the supply to this District, which, for years past, has been quite inadequate to meet requirements. These measures include the laying of new 4-inch and 3-inch cement asbestos pipes in the form of a circuit round the village and coupling up the existing branches, etc., and the erection of a covered reinforced concrete storage tank of 300,000 gallons capacity. Fortunately these works are now nearing completion, but during the past year complaints have, as usual, been made regarding the supply.

SUMMARY OF THE WATER SUPPLIES.

COLINSBURGH.—Quantity adequate ; quality satisfactory ; but it would appear that distributing mains are corroded.

LARGO.—Quality satisfactory ; distribution satisfactory ; capacity of reservoir quite inadequate for all year round requirements.

LARGOWARD.—Quality satisfactory ; quantity reasonably satisfactory. Storage and distribution unsatisfactory. Storage and distribution being improved.

CARNBEE.—Extremely unsatisfactory—certified unfit for drinking and domestic use.

KILCONQUHAR.—Quality satisfactory ; supply inadequate for introduction to houses.

BARNYARDS.—Quality quite unsatisfactory.

ARNCROACH.—Quality so far as is known satisfactory ; but not capable of introduction to houses.

NEW GILSTON AND WOODSIDE.—Quality so far as known satisfactory ; but not capable of introduction to houses.

DRAINAGE SYSTEM.—Efficiency.

There are two special drainage districts in the Anstruther Area of the County—Colinsburgh and Largo. Both consist of pipes laid to self-cleansing gradients and of varying diameters. The systems have worked satisfactorily during the year and no complaints were received about either.

SEWAGE PURIFICATION AND DISPOSAL.—Methods and efficiency.

There is no sewage purification plant provided in either of the Drainage Districts. In Colinsburgh the 12-inch outfall sewer discharges direct into a stream at a point about 1,150 feet south of the main street in the village. In Upper Largo the drainage connects with the Lower Largo Drainage Sewers. In Lower Largo there are three outfall sewers situated on the East side of the Harbour.

SCHOOLS.—In previous reports I directed attention to some matters in the schools in the Landward Area of the Anstruther Area which call for attention, but, with the exception of the improvements at New Gilston School, the position of the others remains, in respect of these matters, essentially the same. This is to be regretted and I propose therefore to again call attention to them, and express the hope that they may receive attention.

Carnbee School.—The Staff consists of 1 male and 1 female teacher. There are no conveniences for the staff. The water supply for the School, which is the same as the supply to the Schoolhouse, has been certified by the County Analyst to be unfit for drinking and domestic purposes, but, so far, no satisfactory solution to the problem has been found. It is almost 2 years since this water supply has been condemned. The playgrounds are still in great need of attention since, during wet weather, they resemble quagmires.

Arncroach School.—The Staff consists of 1 male and 1 female teacher. There is a water-closet for the use of the staff but no wash-hand basin. The Playground is in bad condition during wet weather.

Colinsburgh School.—The Staff consists of 1 male and 1 female teacher. There is no wash-hand basin provided in the staff cloakroom.

KILCONQUHAR SCHOOL.—The Staff consists of 1 male and 1 female teacher. A wash-hand basin and water-closet are provided for the staff. Playgrounds are in bad condition during wet weather.

LARGOWARD SCHOOL.—The Staff consists of 2 female teachers. A wash-hand basin and water-closet are available for the use of the Staff. Pail closets are still in use at this School, three being provided for the boys and three for the girls. These are regularly emptied by the janitor. The arrangement calls for early remedy. At present the water supply to this village is undergoing considerable improvements—a new reinforced concrete tank is nearing completion and new distribution mains laid throughout the Village to and from this tank. It is to be hoped, therefore, that the Education Authority will take every advantage of this improvement in bringing the sanitary conveniences for this school into line with modern standards.

Newburn School.—The Staff consists of 1 female teacher. In the adjacent Schoolhouse sanitary accommodation is provided for the Staff. There are three dry closets provided for the boys and 3 dry closets provided for the girls. These are attended to by the janitor.

Considering that modern sanitary fitments, i.e., water carriage fitments, are provided in the adjacent schoolhouse, it does not appear impracticable that modern sanitary fitments should also be provided in the School. In place of the three dry closets for the boys, I suggest that two water-closets be provided and in place of the three dry closets for the girls, I suggest that two water-closets be provided.

HOUSING—SUFFICIENCY OF WORKING-CLASS HOUSES.—As no houses have been provided by the Local Authority during the year, the situation regarding the sufficiency of working-class houses is essentially similar to that previously reported. The population within the Area is more or less of static character. There being no factories, mines, or works employing large numbers of workers in the District, fluctuations of its population do not occur to any marked degree from year to year. Nevertheless there is a scarcity of houses for the working-classes.

In Lundin Links ; Lower Largo ; Upper Largo ; Colinsburgh and Barnyards ; sites have been selected to meet the housing requirements and Architects appointed to prepare the plans, etc. It is to be earnestly hoped that some tangible evidence of these measures to overcome this problem will have materialised in 1937, and that in the Report for that year some comments may be made regarding progress with the houses.

From the information collected by the Overcrowding Survey under the Housing (Scotland) Act, 1935, the percentage of overcrowding throughout the Landward Area of the District was found to be only 8.6 per cent. The total number of houses surveyed was 1,819 of which 157 were overcrowded.

HOUSING (RURAL WORKERS) ACTS, 1926 AND 1931.—Plans for the reconditioning of 69 dwellinghouses with assistance, by way of a Grant under these Acts, were submitted throughout the year. Of this number 66 were approved and 3 were not. The reasons for 3 being turned down were—in the case of 1 its proximity to the public road ; in another the financial status of the applicant did not permit of the Grant being made ; and, in the third instance the proposals were not satisfactory.

In every approved case provision was made for the introduction of inside sanitary fittings, which include sink, tub, and wash-boiler ; and also for the introduction of inside water-closet accommodation. Additional to these, increased lighting was called for, elimination of lampiness was required, replacement of concrete or flagged floors in inhabitable apartments by wood floors under-ventilated and provided with damp-proof-courses was also required ; and the overhauling of roofs, gables, conductors, chimney heads, and pointing of masonry, also had attention.

An unfortunate feature in these Acts is that while assistance is given towards the reconditioning of existing cottages, they do not make provision for Grant being available in cases where the cottages are so defective that an entirely new cottage would be the more desirable. Consequently every effort is explored by proprietors to render existing buildings adequate for Grant purposes. This, however, is not always possible and one instance occurred during the year where a new building had to be erected. That no Grant was available for it seems absurd when, had it been possible to recondition the existing building, £100 would have been given towards cost of the works. The increased costs of building materials together with the cut in the Grant from £100 to £80 unless additional floor space of 110 sq. ft. is added are both tending to reduce the improving of cottages, and it is unfortunate that these factors should have coincided.

CONTRAVENTION OF BUILDING BYELAWS.—Cases of this nature were, fortunately, few during the year and when encountered resulted from ignorance of the required procedure, rather than deliberated evasion of it. The submission of plans, for approval, was in all cases ultimately carried out.

MILK.—The Milk (Special Designations) Order (Scotland), 1936, revokes The Milk (Special Designations) Order (Scotland), 1930 and The Milk and Dairies (Special Designations) Order (Scotland), 1935.

The 1936 Order came into operation on the 1st October 1936. It provides new terms under which these Designated Milks are known, and these are now to be known as “ Certified ” ; “ Tuberculin Tested ” ; “ Standard ” ; and “ Pasteurised ”. These terms are still, more or less, meaningless to the general public, many of whom are under the impression that they are procuring the best quality of milk, when the milk they purchase is bottled. It would be much simpler to name these

milks, or for that matter, to name every grade of milk as, say, "first quality"; "second quality"; "third quality"; and so on. This nomenclature would be much more readily understood by the general public, but, to the producers and to the retailers of milks other than the "first Quality," the system would not be at all palatable. This would ultimately be all to the good, however, since public opinion would very speedily produce the "urge" which unfortunately appears to be long overdue to the cleaning up of the milk supplies. Another weakness of the Order was that "Certified Milk" was required to be cooled immediately after production to a temperature not exceeding 50° Fahrenheit. This stringent requirement would, of necessity, involve the producer in considerable expenditure in providing the necessary refrigerating equipment, since the temperature of the water supplies, is generally greater than 50°F. There is only one producer of "Certified Milk" in the Area and he has, entirely on his own initiative, fitted the necessary equipment to his premises. An Amendment Order was issued in March, 1937, substituting 60°F. in place of 50°F. for the temperature to which "Tuberculin Tested" milks be cooled, but "Certified Milk" still requires to be cooled to 50°F. (see Paragraph 2 (1) of *Part I.* of the Third Schedule to the 1936 Order).

Throughout the Area there were at the close of the year six producers of Designated Milks. Of these six, two produce "Certified Milk"—Kilrenny Mill and Easter Pitkierie—and four produce "Standard Milk" formerly known as "Grade A Milk"—Monturpie; Lathallan Home Farm; The Grange Farm; and Grangehill Farm. In addition to these there were at the close of the year three retail premises from which Designated Milks could be procured all of which are situated in Elie. From two of those retail premises "Certified Milk" may be obtained and from the other "Standard Milk" is sold.

Too much emphasis can not be put on the necessity for cleanliness in all stages of the work of dairying if the production of a clean milk be the objective. Periodic cleaning operations are not by any manner sufficient. To be adequate these must be regularly and continuously carried out and thoroughly executed—half measures being more or less useless. Towards this important aspect of dairying much attention is directed in the Dairy Byelaws, and copies of these should be issued to all persons—producers; wholesalers; and retailers—connected with this business. This point has been referred to on many occasions and it appears unreasonable that Byelaws drawn up for observation in the conduct of dairying in general should not automatically be issued to those directly responsible for this work. Doubtless this procedure would cost money, in the printing and issuing of the Byelaws, but against that must be set the improvements which would follow. Moreover, it would facilitate the work of inspection to a considerable extent in that all matters which call for attention could be referred to the appropriate Byelaw and the dairymen could then point out the defects to be

remedied to their employees without relying entirely on his memory of the points discussed at the time of inspection. I have again, therefore, to express the hope that this matter will be given early attention. Generally speaking improvements have taken place in the methods of milking, handling and storage of milk. Unfortunately, however, there are still instances where the fore milk is not discarded, where the milkers do not wear overalls; where the milkers lean their heads against the cows flanks while milking, etc. These cases where met are referred to, but it appears that only constant reference to them produces results.

CUPAR AREA—Marshall Gorrie, Sanitary Inspector.

Public Water Supply Schemes.

The Special Water Supply Districts include the following villages :—Pitlessie, Strathmiglo, Balmblae-Falkland, Newton of Falkland, Kettlebridge, Kingskettle, Balmalcolm, Dunshelt, Springfield, Cupar Muir and Ceres, all of which have good schemes of supply except the latter three villages where, as yet, no specific scheme of water supply has been decided upon.

PITLESSIE SPECIAL WATER DISTRICT.—The water supply of this district is as fully described in former reports, and no change has taken place in the year under review, unless that possible schemes of augmenting existing supply have been fully explored, and the latest proposal is to use water pumped from lime workings in vicinity of existing reservoir, but which, due to excessive hardness, would probably have to be dealt with by a softening plant. It is also proposed to renew existing water mains throughout the village.

STRATHMIGLO SPECIAL WATER DISTRICT.—The existing supply is of good quality and has been well maintained during the past year 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.

Much regret is felt that the Government has withdrawn the privilege of allowing Local Authorities to give a separate grant under the Housing (Rural Workers) Acts for provision of a gravitation scheme of water supply for groups of two or more farm dwellings, where cost of works is not less than £100. Formerly we were able to encourage private proprietors to embark on safer and more reliable schemes of water supply than that available from wells and other sources of supply, not above suspicion as to purity and possibility of contamination, the cost of which must now be divided proportionately over the number of houses reconditioned and this is acting as a deterrent in getting larger schemes agreed to.

SPECIAL DRAINAGE DISTRICTS.—At present there are six Special Drainage Districts in Cupar Area, viz.:—Freuchie, Strathmiglo, Kingskettle, Springfield, Newton of Falkland and Balmblae. In only one village only, however, is there a completed system of sewers and sewage purification works—Freuchie.

As noted in last year's report, an instalment of a new system of sewerage was carried out at Strathmiglo, but nothing further was done during the year under review although the need for a complete system is clamant.

Kettle District was formed some years ago, but as yet there is no public sewer in the village and the remark regarding Strathmiglo applies to Kettle.

In Newton of Falkland the conditions are similar to those in Kettle and we are still receiving complaints of offensive odours arising from the small stream into which the overflow of all private systems of sewage disposal is discharged.

The conditions at Balmblae are unchanged and there is little hope of anything being done there as the County Council propose to accommodate the families from the unfit houses, which comprise all but four of the total number in the village, at Newton of Falkland. This proposal, however, should strengthen the claim for something being done at Newton of Falkland.

Springfield Special Drainage District was formed some years ago but in the absence of a gravitation water supply, relatively few of the houses in the village are equipped with modern sanitary fittings and the claim for a sewerage system is not justified at present.

The complete system at Freuchie continues to operate satisfactorily.

DAIRIES, COWSHEDS AND MILKSHOPS.—At the beginning of the year there were 63 registered milk sellers on the register of dairies, 52 of which are cowkeepers in the County Area and 11 in the burghs. 10 persons are registered to sell sterilised milk in sealed bottles only and 2 to retail "Certified Milk" under the Milk (Special Designation) Order (Scotland), 1936.

Considerable improvement was made on many dairy premises, and it can be said that dairymen now indicate a much greater interest in systematic cleanliness, both as regards premises and stock, in an effort to produce and forward to the public a clean milk supply.

Sale of Food and Drugs Acts.

Eight hundred and eighty-four samples were collected during 1936 by the County Sampling Officers under my direction as Chief Sampling Officer and analysed by the County Analyst. Of these, seven hundred and ninety-five were official and eighty-nine test samples.

On analysis, eighteen official samples and two 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, 11; Skimmed Milk, 1; Mince, 4; Sausages, 1; and Whisky, 1.

Of the vendors of the eighteen adulterated official samples, twelve were fined in sums ranging from £2 to 10s, involving in all a sum of 15 10s 0d. In four cases no proceedings were taken. One vendor was found not guilty and one was warned.

A Contravention of Section 14 of the Milk and Dairies (Scotland) Act, 1914 was reported. The vendor pled guilty and was fined 5s.

The following table sets forth the work undertaken under the Acts by the Sampling Officers:—

Area.	Official Samples.		Test Samples.		Total.
	Total Samples.	Adulterated Samples.	Total Samples.	Adulterated Samples.	
par Area	36	4	2	—	38
burghs in Cupar Area ..	141	3	8	—	149
Anstruther Area ..	—	—	21	—	21
burghs in Anstruther Area	37	1	52	2	89
Andrews Area ..	2	—	—	—	2
burghs in St. Andrews Area ..	83	2	—	—	83
Kirkcaldy Area ..	31	1	—	—	31
burghs in Kirkcaldy Area	78	3	—	—	78
Wemyss Area ..	47	—	—	—	47
burghs in Wemyss Area	96	1	—	—	96
Chigelly Area ..	74	1	—	—	74
Chigelly Burgh ..	28	1	—	—	28
Dunfermline Area ..	80	1	—	—	80
burghs in Dunfermline Area ..	34	—	—	—	34
Path Area ..	10	—	—	—	10
Wendenbeath Burgh ..	18	—	6	—	24
Total	795	18	89	2	884

Tables of Samples and Results of their Analyses.

CUPAR AREA.

LANDWARD.

OFFICIAL.				TEST.					
		Gen.	Adult.	Total.		Gen.	Adult.	Total.	
Sweet Milk,	..	21	3	24	Sweet Milk,	..	2	—	2
Butter, Salt,	..	2	—	2					
Cocoa,	1	—	1					
Margarine,	..	2	—	2					
Mince,	—	1	1					
Peel, Mixed,	..	1	—	1					
Raisins,	..	1	—	1					
Sausages,	..	1	—	1					
Tartar, Cream of,		1	—	1					
Tea,	2	—	2					
<hr/>					<hr/>				
Total,	..	32	4	36	Total,	..	2	—	2

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

Fat	Non-Fatty
per cent.	Solids per cent.
2.68	8.58
1.86	9.01
2.90	8.26

AUCHTERMUCHTY BURGH.

OFFICIAL.				TEST.				
		Gen.	Adult.	Total.		Gen.	Adult.	Total.
Sweet Milk,	..	18	1	19	Sweet Milk,	..	1	—
Milk, Skimmed,		2	—	2				
Sausages,	..	1	—	1				
Spice, Mixed,	..	1	—	1				
Stomach Powder								
(McLean's),	..	1	—	1				
Syrup of Figs,	..	1	—	1				
Tapioca,	..	1	—	1				
Total,	..	25	1	26	Total,	..	1	—

The above-noted adulterated sample of Sweet Milk contained 2.41 per cent. of Fat and 8.93 per cent. of Non-Fatty Solids.

CUPAR BURGH.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	30	—	30
Milk, Skimmed, ..	3	—	3
Milk, Separated, ..	1	—	1
Butter, Salt, ..	5	—	5
Margarine, ..	1	—	1
Mince, ..	—	2	2
Sausages, ..	2	—	2
Tea, ..	1	—	1
Total, ..	<u>43</u>	<u>2</u>	<u>45</u>

TEST.			
	Gen.	Adult.	Total.
Sweet Milk, ..	4	—	4
Milk, Skimmed, ..	1	—	1
Total, ..	<u>5</u>	<u>—</u>	<u>5</u>

FALKLAND BURGH.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	5	—	5
Bun, Currant, ..	1	—	1
Butter, Salt, ..	1	—	1
Coffee, Bantam, ..	1	—	1
Mince, ..	1	—	1
Mustard, ..	1	—	1
Valentine, ..	1	—	1
Pox Tongue, ..	1	—	1
Raspberries, tinned, ..	1	—	1
Vegetables, mixed, ..	1	—	1
Total, ..	<u>14</u>	<u>—</u>	<u>14</u>

TEST.			
	Gen.	Adult.	Total.
Jelly, Apple, ..	1	—	1
Total, ..	<u>1</u>	<u>—</u>	<u>1</u>

LADYBANK BURGH.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	13	—	13
Milk, Separated, ..	1	—	1
Butter, ..	1	—	1
Coffee, ..	1	—	1
Mince, ..	1	—	1
Penet Essence, ..	1	—	1
Salts, Kruschen, ..	1	—	1
Sausages, ..	2	—	2
Spirits, Diluted, ..	1	—	1
Whisky, ..	1	—	1
Total, ..	<u>23</u>	<u>—</u>	<u>23</u>

TEST.			
	Gen.	Adult.	Total.
Butter, Fresh, ..	1	—	1
Total, ..	<u>1</u>	<u>—</u>	<u>1</u>

	Gen.	Adult.	Total
Test.			
Nil.			
30	—	—	—
3	—	—	—
1	—	—	—
2	—	—	—
1	—	—	—
2	—	—	—
2	—	—	—
1	—	—	—
43	2	43	45

ANSTRUTHER AREA.

LANDWARD.

OFFICIAL.

Gen. Adult. Total.

Nil.

TEST.

Gen. Adult. Total.

Sweet Milk, ..	2	—	2
Cocoa, ..	1	—	1
Coffee, ..	1	—	1
Cornflour, ..	1	—	1
Curd, Lemon, ..	1	—	1
Custard, ..	1	—	1
Jam, Strawberry, ..	1	—	1
Jelly, Plum, ..	1	—	1
Ketchup, Tomato, ..	1	—	1
Marmalade, ..	1	—	1
Oats, Porage, ..	1	—	1
Raisins, ..	2	—	2
Rice, ..	1	—	1
Rice, Ground, ..	1	—	1
Sausages, ..	1	—	1
Semolina, ..	1	—	1
Sugar, ..	1	—	1
Tea, ..	2	—	2
Total, ..	21	—	21

ANSTRUTHER-KILRENNY BURGH.

OFFICIAL.

Gen. Adult. Total.

Sweet Milk, ..	3	1	4
Total, ..	3	1	4

TEST.

Gen. Adult. Total.

Sweet Milk, ..	6	—	6
Cocoa, ..	1	—	1
Coffee, ..	1	—	1
Cornflour, ..	1	—	1
Jam, Strawberry, ..	1	—	1
Krusto, ..	1	—	1
Marmalade, ..	1	—	1
Oatmeal, ..	1	—	1
Raisins, ..	1	—	1
Salad Cream, ..	1	—	1
Sausages, ..	1	—	1
Sugar, ..	1	—	1
Sugar, Icing, ..	1	—	1
Tea, ..	2	—	2
Wheat, Shredded, ..	1	—	1
Total, ..	21	—	21

The above-noted adulterated sample of Sweet Milk contained 2.73 per cent. of Fat and 9.07 per cent. of Non-Fatty Solids.

CRAIL BURGH.

OFFICIAL.				TEST.			
	Gen.	Adult.	Total.		Gen.	Adult.	Total.
All-bran, ..	1	—	1	Sweet Milk, ..	4	1	5
Cornflour, ..	1	—	1				
Creamola, ...	1	—	1				
Mustard, ..	1	—	1				
Rice, Ground, ..	1	—	1				
Rice, Whole, ..	1	—	1				
Semolina, ..	1	—	1				
Sugar, ..	2	—	2				
Sugar, Demarara, ..	1	—	1				
Sugar, Icing, ..	1	—	1				
Tea, ..	2	—	2				
Total, ..	13	—	13	Total, ..	4	1	5

The adulterated sample of Sweet Milk was deficient in Non-Fatty Solids to the extent of 0.14 per cent.

ELIE AND EARLSFERRY BURGH.

OFFICIAL.				TEST.			
	Gen.	Adult.	Total.		Gen.	Adult.	Total.
Sweet Milk, ..	1	—	1	Sweet Milk, ..	1	—	1
Creamola, ..	1	—	1	Creamola, ..	1	—	1
Farola, ..	1	—	1	Fat, Spry, ..	1	—	1
Marmalade, ..	1	—	1	Raisins, ..	1	—	1
Mustard, ..	1	—	1	Sausages, ..	1	—	1
Raisins, ..	1	—	1	Semolina, ..	1	—	1
Rice, Whole, ..	1	—	1				
Sausages, ..	1	—	1				
Tea, ..	1	—	1				
Total, ..	9	—	9	Total, ..	6	—	6

PITTENWEEM BURGH.

OFFICIAL.				TEST.			
	Gen.	Adult.	Total.		Gen.	Adult.	Total.
Sweet Milk, ..	4	—	4	Sweet Milk, ..	4	1	5
				Butter, Fresh, ..	1	—	1
				Cornflour, ..	1	—	1
				Curd, Lemon, ..	1	—	1
				Grapenuts, ..	1	—	1
				Marmalade, ..	1	—	1
				Oatmeal, ..	1	—	1
				Raisins, ..	1	—	1
				Rice, ..	1	—	1
				Sugar, ..	1	—	1
				Sugar, Icing, ..	1	—	1
				Tea, ..	1	—	1
Total, ..	4	—	4	Total, ..	15	1	16

The adulterated sample of Sweet Milk was deficient in Milk Fat to the extent of 0.64 per cent. and deficient in Non-Fatty Solids to the extent of 0.04 per cent.

ST. MONANCE BURGH.

OFFICIAL.				TEST.			
	Gen.	Adult.	Total.		Gen.	Adult.	Total.
Cornflour, ..	1	—	1	Sweet Milk, ..	4	—	4
Lentils, ..	1	—	1				
Oats, Porage, ..	1	—	1				
Oatmeal, ..	1	—	1				
Rice, Ground, ..	1	—	1				
Sugar, ..	1	—	1				
Tea, ..	1	—	1				
Total, ..	7	—	7	Total, ..	4	—	4

OFFICIAL.				TEST.			
	Gen.	Adult.	Total.		Gen.	Adult.	Total.
Sweet Milk, ..	7	—	7				
Butter, ..	1	—	1				
Cocoa, ..	1	—	1				
Flour, ..	2	—	2				
Margarine, ..	1	—	1				
Rice, Ground, ..	2	—	2				
Rice, Whole, ..	1	—	1				
Sugar, ..	3	—	3				
Tartar, Cream of, ..	1	—	1				
Tea, ..	3	—	3				
Total, ..	22	—	22				

ST. ANDREWS BURGH.

OFFICIAL.				TEST.			
	Gen.	Adult.	Total.		Gen.	Adult.	Total.
Sweet Milk, ..	15	2	17				
Butter, ..	1	—	1				
Cinnamon, Ground, ..	1	—	1				
Coriander, ..	1	—	1				
Flour, ..	2	—	2				
Margarine, ..	1	—	1				
Oatmeal, ..	1	—	1				
Pepper, ..	1	—	1				
Rice, Ground, ..	2	—	2				
Rice, Whole, ..	2	—	2				
Sausages, ..	1	—	1				
Sugar, ..	3	—	3				
Tea, ..	2	—	2				
Total, ..	33	2	35				

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

per cent.	Non-Fatty
2.61	8.87
3.04	7.76

ST. ANDREWS AREA.

LANDWARD.

	OFFICIAL.				TEST.		
	Gen.	Adult.	Total.		Gen.	Adult.	Total
Sweet Milk, ..	2	—	2		Nil.		
Total, ..	2	—	2				

NEWPORT BURGH.

	OFFICIAL.				TEST.		
	Gen.	Adult.	Total.		Gen.	Adult.	Total
Sweet Milk, ..	7	—	7		Nil.		
Butter, ..	1	—	1				
Cocoa, ..	1	—	1				
Flour, ..	2	—	2				
Margarine, ..	1	—	1				
Rice, Ground, ..	2	—	2				
Rice, Whole, ..	1	—	1				
Sugar, ..	3	—	3				
Tartar, Cream of, ..	1	—	1				
Tea, ..	3	—	3				
Total, ..	22	—	22				

ST. ANDREWS BURGH.

	OFFICIAL.				TEST.		
	Gen.	Adult.	Total.		Gen.	Adult.	Total
Sweet Milk, ..	15	2	17		Nil.		
Butter, ..	1	—	1				
Cinnamon, Ground, ..	1	—	1				
Cornflour, ..	1	—	1				
Flour, ..	2	—	2				
Margarine, ..	1	—	1				
Oatmeal, ..	1	—	1				
Pepper, ..	1	—	1				
Rice, Ground, ..	2	—	2				
Rice, Whole, ..	2	—	2				
Sausages, ..	1	—	1				
Sugar, ..	3	—	3				
Tea, ..	2	—	2				
Total, ..	33	2	35				

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

Fat	Non-Fatty
per cent.	Solids per cent.
2.61	8.87
3.04	7.76

TAYPORT BURGH.

		OFFICIAL.		
		Gen.	Adult.	Total.
Sweet Milk, ..	11	—	—	11
Butter, ..	1	—	—	1
Flour, ..	3	—	—	3
Margarine, ..	2	—	—	2
Oatmeal, ..	1	—	—	1
Rice, Ground, ..	1	—	—	1
Rice, Whole, ..	2	—	—	2
Semolina, ..	1	—	—	1
Sugar, ..	2	—	—	2
Tea, ..	2	—	—	2
Total, ..	26	—	—	26

		TEST.		
		Gen.	Adult.	Total.
Nil.		—	—	—

The above noted adulterated sample of Sweet Milk contained 3.74 per cent. of Fat and 8.10 per cent. of Non-Fatty Solids.

BURNTISLAND BURGH.

		TEST.		
		Gen.	Adult.	Total.
Nil.		—	—	—

		OFFICIAL.		
		Gen.	Adult.	Total.
Sweet Milk, ..	31	—	—	31
Milk, Pasteurised, ..	4	—	—	4
Milk, Skimmed, ..	4	—	—	4
Beer, Draught, ..	2	—	—	2
Mince, ..	1	—	—	1
Sausages, ..	1	—	—	1
Whisky, ..	1	—	—	1
Total, ..	44	—	—	44

The adulterated sample of Skimmed Milk was deficient in Non-Fatty Solids to the extent of 1.49 per cent.

KINGHORN BURGH.

		TEST.		
		Gen.	Adult.	Total.
Nil.		—	—	—

		OFFICIAL.		
		Gen.	Adult.	Total.
Sweet Milk, ..	8	—	—	8
Milk, Pasteurised, ..	3	—	—	3
Total, ..	11	—	—	11

KIRKCALDY AREA.

LANDWARD.

OFFICIAL.				
		Gen.	Adult.	Total.
Sweet Milk,	..	14	1	15
Milk, Pasteurised,		2	—	2
Beans, Chef,	..	1	—	1
Butter, Fresh,	..	1	—	1
Butter, Salt,	..	3	—	3
Lentils,	..	1	—	1
Mince, ..	..	1	—	1
Oatmeal,	..	1	—	1
Sausages,	..	4	—	4
Tartar, Cream of,		1	—	1
Tea, ..	..	1	—	1
<hr/>				
Total,	..	30	1	31

The above-noted adulterated sample of Sweet Milk contained 3.74 per cent. of Fat and 8.10 per cent. of Non-Fatty Solids.

[illegible]

BURNTISLAND BURGH.

OFFICIAL.				
		Gen.	Adult.	Total.
Sweet Milk, ..	31	—		31
Milk, Pasteurised, ..	4	—		4
Milk, Skimmed, ..	4	1		5
Beer, Draught, ..	2	—		2
Mince, ..	1	1		2
Sausages, ..	1	—		1
Whisky, ..	1	1		2
Total, ..	44	3		47

The adulterated sample of Skimmed Milk was deficient in Non-Fatty Solids to the extent of 1.49 per cent.

TEST.	Gen. Adult. Total
<i>Nil.</i>	

KINGHORN BURGH.

OFFICIAL.			
		Gen.	Adult. Total.
Sweet Milk, ..	6	—	6
Milk, Pasteurised,	3	—	3
Total, ..	9	—	9

TEST.	Gen.	Adult.	To.
<i>Nil.</i>			

LESLIE BURGH.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	12	—	12
Milk, Pasteurised,	2	—	2
Milk, Skimmed,	1	—	1
Total, ..	15	—	15

TEST.			
	Gen.	Adult.	Total.
Nil.			

MARKINCH BURGH.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	5	—	5
Pasteurised Milk,	2	—	2
Total, ..	7	—	7

TEST.			
	Gen.	Adult.	Total.
Nil.			

BUCKHAVEN BURGH.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	18	—	18
Butter, Salt,	1	—	1
Mince, ..	12	—	12
Sauces,	7	1	8
Whisky,	4	—	4
Total, ..	42	1	43

WEMYSS AREA.

LANDWARD.

	OFFICIAL.			TEST.
	Gen.	Adult.	Total.	Gen. Adult. Total
Sweet Milk, ..	13	—	13	Nil.
Pasteurised Milk, ..	3	—	3	
Ale, Imperial Pale, ..	1	—	1	
Apricots, ..	1	—	1	
Borax, Powdered, ..	1	—	1	
Butter, Danish, ..	1	—	1	
Butter, Fresh, ..	1	—	1	
Chicken, Ham & Tongue, ..	1	—	1	
Custard, Creamola, ..	1	—	1	
Lard, ..	1	—	1	
Margarine, ..	1	—	1	Nil.
Mincemeat, ..	2	—	2	
Peas, Green, ..	1	—	1	
Pepper, White, ..	3	—	3	
Polony, ..	1	—	1	
Rice, Whole, ..	2	—	2	
Sausagemeat, ..	1	—	1	
Sauce, Mac's, ..	1	—	1	
Sauce, Tomato, ..	2	—	2	
Spirits, Diluted, ..	6	—	6	
Stout, Barclay Perkins, ..	2	—	2	Nil.
Trex Fat, ..	1	—	1	
Total, ..	47	—	47	

BUCKHAVEN BURGH.

	OFFICIAL.			TEST.
	Gen.	Adult.	Total.	Gen. Adult. Total
Sweet Milk, ..	18	—	18	Nil.
Butter, Salt, ..	1	—	1	
Mince, ..	12	—	12	
Sausages, ..	7	1	8	
Whisky, ..	4	—	4	
Total, ..	42	1	43	

LEVEN BURGH.

OFFICIAL.

Gen. Adult. Total.

Sweet Milk, ..	29	—	29
Certified Milk, ..	1	—	1
Grade A. Milk, ..	3	—	3
Cream, ..	1	—	1
Butter, ..	1	—	1
Fruit Salad, Dried, ..	1	—	1
Margarine, ..	1	—	1
Meat, Potted, ..	1	—	1
Mincemeat, ..	2	—	2
Polony, ..	2	—	2
Rice, Java, ..	1	—	1
Rice, Whole, ..	1	—	1
Sausages, ..	2	—	2
Soda, Baking, ..	1	—	1
Spirits, Diluted, ..	5	—	5
Tartar, Cream of, ..	1	—	1
Total, ..	53	—	53

TEST.

Gen. Adult. Total.

Nil.

Sweet Milk, ..	29	—	29
Certified Milk, ..	1	—	1
Grade A. Milk, ..	3	—	3
Cream, ..	1	—	1
Butter, ..	1	—	1
Fruit Salad, Dried, ..	1	—	1
Margarine, ..	1	—	1
Meat, Potted, ..	1	—	1
Mincemeat, ..	2	—	2
Polony, ..	2	—	2
Rice, Java, ..	1	—	1
Rice, Whole, ..	1	—	1
Sausages, ..	2	—	2
Soda, Baking, ..	1	—	1
Spirits, Diluted, ..	5	—	5
Tartar, Cream of, ..	1	—	1
Total, ..	53	—	53

The above noted adulterated sample of Sweet Milk contained 1.66 per cent. of Fat and 9.92 per cent. of Non-Fatty Solids.

Sweet Milk, ..	17	—	17
Acid, Tartaric, ..	1	—	1
Black, ..	1	—	1
Oil, Almond, ..	1	—	1
Oil, Camphorated, ..	1	—	1
Powder, Gregory's, ..	1	—	1
Salt, Epsom, ..	1	—	1
Whisky, ..	4	—	4
Total, ..	27	—	27

The above noted adulterated sample of Sweet Milk contained 2.55 per cent. of Fat and 8.99 per cent. of Non-Fatty Solids.

LOCHGELLY AREA.

LANDWARD.

	Gen.	Adult.	Total.
Sweet Milk, ..	33	1	34
Pasteurised Milk, ..	1	—	1
Butter, Fresh, ..	1	—	1
Butter, Salt, ..	7	—	7
Borax, ..	1	—	1
Cocoa, ..	3	—	3
Coffee, Ground, ..	1	—	1
Currants, ..	4	—	4
Flour, Plain, ..	1	—	1
Jam, B. Currant, ..	1	—	1
Margarine, ..	2	—	2
Mince, ..	1	—	1
Oil, Camphorated, ..	1	—	1
Pepper, White, ..	3	—	3
Pickles, Mixed, ..	3	—	3
Rice, ..	1	—	1
Sausages, ..	1	—	1
Soda, Baking, ..	1	—	1
Tartar, Cream of, ..	3	—	3
Tea, ..	3	—	3
Whisky, ..	1	—	1
Total, ..	73	1	74

The above-noted adulterated sample of Sweet Milk contained 1.66 per cent. of Fat and 9.03 per cent. of Non-Fatty Solids.

LOCHGELLY BURGH.

OFFICIAL.			
		Gen.	Adult. Total.
Sweet Milk, ..	17	1	18
Acid, Tartaric, ..	1	—	1
Borax, ..	1	—	1
Oil, Almond, ..	1	—	1
Oil, Camphorated, ..	1	—	1
Powder, Gregory's, ..	1	—	1
Salts, Epsom, ..	1	—	1
Whisky, ..	4	—	4
Total, ..	27	1	28

The above-noted adulterated sample of Sweet Milk contained 2.55 per cent. of Fat and 8.99 per cent. of Non-Fatty Solids.

TEST.	Gen.	Adult.	To
<i>Nil.</i>			

DUNFERMLINE AREA.

LANDWARD.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	44	1	45
Pasteurised Milk, ..	11	—	11
Sausages, ..	10	—	10
Sausagemeat, ..	2	—	2
Mince, ..	10	—	10
Whisky, ..	2	—	2
Total, ..	79	1	80

The above-noted adulterated Sample of Sweet Milk contained 3.02 per cent. of Fat and 7.33 per cent. of Non-Fatty Solids.

TEST.			
	Gen.	Adult.	Total.
Nil.	—	—	—

CULROSS BURGH.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	1	—	1
Butter, Salt, ..	3	—	3
Jam, Raspberry, ..	1	—	1
Jam, Strawberry, ..	1	—	1
Margarine, ..	2	—	2
Pepper, Black, ..	1	—	1
Pepper, White, ..	2	—	2
Sugar, ..	1	—	1
Whisky, ..	4	—	4
Wine, Fruit, ..	1	—	1
Total, ..	17	—	17

TEST.			
	Gen.	Adult.	Total.
Nil.	—	—	—

INVERKEITHING BURGH.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	7	—	7
Pasteurised Milk, ..	2	—	2
Butter, ..	3	—	3
Jam, Raspberry, ..	1	—	1
Jam, Strawberry, ..	1	—	1
Mince, ..	3	—	3
Total, ..	17	—	17

TEST.			
	Gen.	Adult.	Total.
Nil.	—	—	—

BEATH AREA.

LANDWARD.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	8	—	8
Sausages, ..	2	—	2
Total, ..	<u>10</u>	<u>—</u>	<u>10</u>

TEST.			
	Gen.	Adult.	Total.
Nil.			

COWDENBEATH BURGH.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	8	—	8
Sausages, ..	3	—	3
Mince, ..	7	—	7
Total, ..	<u>18</u>	<u>—</u>	<u>18</u>

TEST.			
	Gen.	Adult.	Total.
Milk, Skimmed			
Condensed, ..	1	—	1
Butter, ..	1	—	1
Jelly, Apple, ..	1	—	1
Lard, ..	2	—	2
Margarine, ..	1	—	1
Total, ..	<u>6</u>	<u>—</u>	<u>6</u>

The above noted sample of Sweet Milk contained 1.65 per cent. of Fat and 9.9 per cent. of Non-Fatty Solids.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	17	—	17
Butter, ..	1	—	1
Oil, ..	1	—	1
Powder, ..	1	—	1
Salt, ..	1	—	1
Whisky, ..	4	—	4
Total, ..	<u>25</u>	<u>—</u>	<u>25</u>

The above noted sample of Sweet Milk contained 2.55 per cent. of Fat and 8.95 per cent. of Non-Fatty Solids.

OFFICIAL.			
	Gen.	Adult.	Total.
Sweet Milk, ..	17	—	17
Butter, ..	1	—	1
Oil, ..	1	—	1
Powder, ..	1	—	1
Salt, ..	1	—	1
Whisky, ..	4	—	4
Total, ..	<u>25</u>	<u>—</u>	<u>25</u>

Fife County Council.

ANNUAL REPORT

ON THE

Medical Inspection of School Children

For the Year ended

JULY 1 1936

BY

R. A. KRAUSE,

M.D., D.Sc., D.P.H.,

Deputy County Medical Officer (Welfare).

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- (a) **NUMBER OF SCHOOLS,** 161 + Eastbank
 (b) **NUMBER OF CHILDREN ON REGISTER AND IN AVERAGE ATTENDANCE :—**

Roll (Total) at September 1935,	.. ..	47,525
Average weekly roll to 31st July 1936,	.. ..	46,941·7
Average attendance to 31st July 1936,	.. ..	42,533·6
Percentage attendance,	.. ..	90·6

II. HEATING, SANITATION, ETC., OF SCHOOLS.

HEATING OF SCHOOLS.—During the past school year, heating installations were put into the following schools :—the old Torryburn School ; Galltown School building (three rooms) ; Carnock (three rooms) ; Kinghorn the heating was improved by the addition of radiators ; Lochore R.C. School extra radiators were also added throughout the part of the building and should improve the heating there.

The Area Medical Officers again submitted reports on the heating defects in a number of schools or classrooms and these reports are here briefly summarised :—

1) NORTH-EAST FIFE.

Rathillet School.—The heating here is still only fairly satisfactory. It was better with anthracite double but since large anthracite is being supplied, the results are not so good. This school never feels comfortably warm on entering it.

Carnbee Public School.—The central heating is stated to be unsatisfactory in the Headmaster's room and in the cold weather it had to be supplemented with oil stoves.

Flisk School.—This school is heated by one open coal fire and as there are 33 children who cannot all gather round the fire in cold weather, it must be considered unsatisfactory.

Moonsie School.—Here also a coal fire is insufficient to warm this school which is cold and draughty. Dr. MacLeod reports that apart from the above-mentioned cases, the recent installations of central heating have been very satisfactory and have been much appreciated during the recent cold weather.

2) WEMYSS AREA.

No complaints regarding heating have been made in respect of the schools in this area. The Local School Management Committee are, however, considering the heating of Leven H.G. School.

3) KIRKCALDY AREA.

Preston School.—The heating here is very poor and the average heat in December 1935 was—maximum 44°, minimum 34°, and for January 1936, maximum 46°, minimum 35°.

Kinghorn School.—The infant room is inadequately heated, The only source of heat here is a single hot water pipe. There is no radiator. Dr. Comrie points out that there is a radiator in the adjoining cloakroom which is not required and might be removed to the infant room.

Balcurvie School.—The heating of the science and woodwork room is unsatisfactory.

Burntisland H.G. School.—The heating of room No. 8, also room No. 1 in the Primary building and heating of rooms 13 and 14 in the Infants Department are all unsatisfactory. In room 14 two gas radiators have been installed in addition to the existing hot water pipes. This cannot be considered satisfactory because of smells and also there is no protection against the naked flame. No guard has been supplied although asked for.

Kennoway School.—The heating of the science room is unsatisfactory.

(4) LOCHGELLY AREA.

The Area Medical Officer reports that heating in the schools on the whole appears to be satisfactory with the exception of Room 6 *Auchterderran South School* and in the case of *Lochgelly H.G. School* in the room farthest away from the furnaces. During the recent cold spells several rooms in *Lochgelly West School* were also too cold. The Medical Officer also points out that in *Ballingry, Kinglassie* and *Lumphinnans Schools* the rooms reserved for the use of the Medical Officer have no central heating. They are heated by open fires. On those occasions when the doctor is carrying out routine examinations and can give warning to the janitor, an adequate fire can be provided. The difficulty, however, is that on those occasions when the doctor has to examine non-routine cases and where he has to make special visits, the lighting of a fire does not warm up the room sufficiently for carrying out any examination in reasonable comfort. In *Lochore R.C.* and *Auchterderran R.C. Schools* the medical examination is carried out in the ladies' staff rooms. These rooms are inadequately heated by hot water pipes and the doctor finds it very unsatisfactory to strip children for examination under such conditions. The same applies to *Crosshill* and *Auchterderran Clinics*. Here, although the central heating is adequate for all general purposes and inferior electric radiators have been installed, many children are really cold during the examination.

(5) COWDENBEATH AREA.

Beath Secondary School.—The medical inspection room is quite unsuitable in cold weather and additional heating is urgently required. Complaint regarding the inadequacy of the heating for this room has been repeatedly made but possibly it is thought that in the case of older children, they should be sufficiently hardened up to withstand any lowering of temperature.

Kelty Public School.—Complaint of the inadequate heating is made in respect of the whole of the infant and junior departments, especially rooms 1 and 4.

(6) DUNFERMLINE AREA.

Valleyfield R.C. School.—Heating is reported as being defective.

Carnock Public School.—There is efficient central heating in the infant room which has recently been introduced. The heating of the other two rooms is not satisfactory—they are heated by open fires. There are two radiators in the central corridor—one of these is heated from one of the open fires, the other is not heated at all. The teachers' room, which was heated from the open fire in the infant room, is now unheated. The average temperature readings in the junior and senior rooms are often as low as 43° (morning) and 46° (afternoon).

During the year complaints regarding inadequate heating were received in the case of two staff-rooms (*Lochgelly South School* and *Falkland School*) used by the medical staff for the purposes of medical inspection. In the case of *Lochgelly South School* the installation of a gas fire was recommended, and for *Falkland School* an electric radiator.

LATRINES, ETC.—Reports were submitted by various Area Medical Officers regarding the sanitary conditions in the schools.

(1) NORTH-EAST FIFE.

Springfield School.—The absence of a water carriage system in the water-closets is indicated. The suggestion is made that a water carriage system should be installed as the dry closets are inadequate for the roll of the school.

Radernie School.—No drinking water is available. The urn, which was too small, was broken. A larger one was to be supplied but has not yet arrived. The dry closets at this school should be replaced by water-closets, if at all possible. The same applies also at *Largoward*, *Dunbog*, *Mathillet* and *Kingsbarns*. Satisfaction is expressed by the Area Medical Officer at the introduction of a water carriage system at *Ceres*, where it has been urged for years.

(2) KIRKCALDY AREA.

Leslie School.—Lavatory accommodation is too far removed from the classrooms and new lavatories, similar to those available for infant schools, are required.

Chapel School.—Drainage from latrines is reported as unsatisfactory. The drain is easily choked—lack of slope on pipe is given as a reason.

(3) COWDENBEATH AREA.

Beath R.C. High School.—Complaint is here made that the boys' lavatories are too exposed to the weather and ought to be roofed. An outside water supply in the boys' playground is lacking and the provision of at least one tap is an urgent requirement.

(4) DUNFERMLINE LANDWARD AREA.

Hill of Beath School.—The Medical Officer reports lack of drinking fountains for the children.

PLAYGROUNDS.—Attention was drawn to the condition of a number of playgrounds.

(1) *Milton of Balgonie.*—The condition of the playground here is considered disgraceful. The greater part of the playground is covered with ashes which have long ago lost their porosity and in wet weather increase the muddy condition of the ground. As the slope and drainage are bad, there is no chance for the water to get away.

(2) *Dunshalt School.*—The playground is covered with chips and is a frequent source of bruises to hands and knees.

(3) *Coaltown of Balgonie.*—The boy's playground is badly drained and very muddy after wet weather.

(4) *Burntisland H.G. School.*—The gross inadequacy in size of this playground is emphasised and with the many corners present it is a frequent cause of accidents. Consequently the incidence of playground accidents is high. Attention is also drawn to the need for a playing field.

(5) *Burntisland Episcopal School.*—The boys' playground is very small and on a slope. In wet weather it is mainly a surface made up of boulders separated by areas of mud.

(6) *Kennoway School.*—Playground surface is bad because of sharp chips.

(7) *Auchtermuchty School.*—A bad playground surface.

(8) *Thornton School.*—The playground surface is bad and unfit to play in after rainy weather.

In the Lochgelly Area, in most of the schools there are complaints regarding playgrounds. During wet weather mud is very prevalent at Ballingry, and also at the back playground of Auchterderran H.G. School. Big ugly boulders sticking through the surface are to be found at Lochore R.C., Lochgelly R.C., Auchterderran South, Kinglassie, Lochgelly South, Lochgelly West and Crosshill.

At the R.C. High School in Cowdenbeath, the playground surface consists of cinders. Asphalting or cementing is desirable. Complaint is made also regarding the girls' shelter. This, it seems, is incomplete and with mud and weather sweeping into it, it does not provide much shelter to any girl making use of it. At Crossgates School there is unevenness of playground and poor drainage results in a flooded condition in wet weather.

ALTERATIONS AND ADDITIONS.—The following schools had additions made to them:—Oakfield H.G. (Kelty)—a gymnasium with sprays, baths and dressing room as well as a classroom were built for the use of the pupils. At Foulford Public School (Cowdenbeath), a gymnasium

was also added with dressing room accommodation. In Kirkcaldy at the West School, a hut about which there had been complaints was able to be removed as three new classrooms had been added to the school. At Buckhaven, a hall was purchased and converted into a gymnasium for use of the Buckhaven High School. Facilities were also provided for spray baths and dressing room facilities. It must, however, be pointed out that the number of sprays (three) is quite inadequate for the purpose they are to serve. Freuchie School—Here two classrooms were converted into a drill hall. This was also done at Abbotshall School, Kirkcaldy.

Electric light has been installed throughout the following schools :—Saline, Aberhill H.G., Leven H.G., Tulliallan (old portion), Gateside, Dairsie and Dunshalt.

Temporary accommodation had to be found for the pupils of Cowdenbeath Secondary School in order to allow for work to be undertaken to cope with the damage which was done through mining subsidence. To allow for this, pupils were housed in huts, etc., at Lochgelly H.G., the Fife Mining School and Lochgelly South School.

At Lochgelly South School complaints were made regarding fumes escaping from the furnace flue into one of the classrooms. From the evidence of discolouration, there was no doubt that there existed the possibility of fumes escaping into the room.

III. ORGANISATION AND ADMINISTRATION.

The organisation and administration of the Fife County School Medical Scheme has undergone no changes during the past school year. Six Area Medical Officers are responsible for the medical inspection and treatment of the school children in their respective areas. The latter are North-East Fife, Buckhaven and Wemyss, Burntisland-Markinch, which also includes a portion of the original district area, Lochgelly, Cowdenbeath-Kelty, and West Fife. In the two large Burghs, Kirkcaldy and Dunfermline, the medical inspection and treatment are in the hands of the local medical staff, except in Dunfermline, where the treatment is carried out by the staff of the Dunfermline Carnegie Trust.

There are 21 Welfare Nurses who along with their duties under the Maternity and Child Welfare and Tuberculosis Schemes, are responsible for the inspection and treatment of the school children in their areas. In the rural areas, by arrangement with the Fife County Nursing Association, the District Nurses carry out the medical inspection at the school visits. The District Nurses also carry out domiciliary treatment of school children as it is not convenient to treat the cases in central clinics.

The County Area Medical Officers, during the school year, made 1,167 visits for the purpose of school medical inspection (routine and non-routine). It was also found necessary to make 387 special visits. In the two large burghs (Kirkcaldy and Dunfermline), the following ordinary and special visits were made :—

Kirkcaldy—216 ordinary ; 18 special.

Dunfermline—169 ordinary ; 0 special.

The Welfare (School and Health Visitor) Nurses and also the District Nurses paid 2,356 visits to the schools in the County—Dunfermline Area 338 ; Cowdenbeath and Lochgelly Areas 506 ; Kirkcaldy Area 239 ; Wemyss Area 404 ; North-East Fife 869. In Kirkcaldy Burgh 300 school visits were made and in Dunfermline 64.

IV. PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

Nurses' Inspections.

(a) <i>County</i> —No. of children inspected,	19,360
No. of children re-inspected,	20,875
Total,	40,235

There were found at the first inspections made of the school children, 4,581 children with defects (head vermin 1,476, impetigo 783, external eye diseases 345, nose and throat cases 140, otorrhoea 160, scabies 104, uncleanliness and neglect 131, and body vermin 11). In a large proportion of the cases, the defects were of a minor nature and in only 1,133 was it necessary for the nurses to follow up and visit the homes. These 1,133 cases were chiefly distributed as follows :—Head Vermin 459, impetigo 199, scabies 67, otorrhoea 28, uncleanliness and neglect 73, external eye diseases 54, nose and throat conditions 17, body vermin 3, etc. Besides these cases, follow-up visits were also required for eye refraction (239) and dental (2) cases, where the parents were taking no steps for the examination and treatment of the children.

The nurses made 2,356 school visits for the inspection of the school children, and arising out of these inspections, 2,944 home visits were made for the purpose of following up those cases found to have definite defects or diseased conditions. The figures for the District Nurses, which are included in the above totals, are 810 school visits and 710 home visits.

(b) <i>Large Burghs</i> —No. of children inspected—	
(i) Kirkcaldy,	3,826
(ii) Dunfermline,	4,197
No. of children re-inspected—	
(i) Kirkcaldy,	5,150
(ii) Dunfermline,	3,790
Total,	16,963

The school visits made by the nurses of the Large Burghs were 364 (Kirkcaldy 300, Dunfermline 64). At the inspections 1,257 children (Kirkcaldy 759, Dunfermline 498) were found with defects and of these 154 in Kirkcaldy required 116 home visits and in Dunfermline 219 required 12 home visits.

Medical Officers (Medical Inspections).

Number of Children examined and inspected by the Medical officers (County and Large Burghs) :—

Entrant Infants,	4,548
7 year olds,	2,729
9 year olds,	4,335
13 year olds,	4,634
15 year olds,	269

Total No. Routine Age Groups,	16,515
Non-routines,	5,633
Re-examinations,	3,078
Special Class Children,	258
Junior 15b Students,	13

No. of children seen at Clinics otherwise than for treatment (Dunfermline excluded),	181
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Total No. inspected by Medical Officers,	25,678
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Total No. inspected 1934-35,	27,579
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The number of children belonging to the routine age groups and examined are distributed as follows :—(1) Kirkcaldy Burgh 2,432 ; (2) Dunfermline Burgh 1,728 ; (3) North-East Fife 1,793 ; (4) Kirkcaldy and Wemyss Landward 3,694 ; (5) Cowdenbeath and Lochgelly district 3,051 ; (6) Dunfermline Landward 1,088, or a total of 13,786. This number does not include the 7 year old group. The defects found in these 13,786 children are as follows :—

Summary of Defects.

				<i>Per-</i>	<i>Non-</i>
				<i>centages.</i>	<i>Routines.</i>
<i>Nothing—</i>					
Dirty,	33	0.23	36		
Insufficient,	27	0.19	101		
<i>Footgear—</i>					
Defective,	391	2.8	441		
Useless,	133	0.9	44		
Barefooted,	14	0.101	12		

Cleanliness of Head and Body—

<i>Head</i> —Nits and dirty,	895	6.4	165
Verminous,	219	1.5	114
<i>Body</i> —Dirty (slight),	603	4.3	98
Dirty (very),	44	0.3	27
Verminous,	2	0.01	2

Condition of Skin—

<i>Head</i> —Ringworm,	4	0.029	4
Impetigo,	51	0.36	76
Other diseases,	37	0.26	26
<i>Body</i> —Ringworm,	1	0.007	4
Scabies,	18	0.13	45
Impetigo,	10	0.07	42
Other diseases,	69	0.5	60

Nutrition—

Below average,	1361	9.8	180
Very bad,	113	0.81	78

Teeth

1-4 Decayed,	6413	46.5	504
5 or more decayed,	2093	15.1	139
Oral Sepsis,	844	6.1	45

Nose—

Catarrh,	200	1.4	43
Obstruction,	203	1.4	104
Other diseases and defects, ..	145	1.05	24

Tonsils—

Slightly enlarged,	2361	17.1	280
Markedly enlarged,	663	4.8	212

*Lymphatic Glands—**Cervical—*

Slightly enlarged,	7518	54.5	320
Markedly enlarged,	284	2.06	113

Submaxillary—

Slightly enlarged,	3957	28.7	201
Markedly enlarged,	22	0.15	11

External Eye Disease—

Blepharitis,	235	1.7	89
Conjunctivitis,	25	0.18	44
Corneal opacities,	17	0.12	10
Squints and other defects, ..	359	2.6	157
Other diseases,	37	0.26	42

Visual Acuity (9,238)—

6/6 with one eye,	8017	86.7	5343
6/9 to 6/12 do.,	890	9.6	185
6/18 do.,	318	3.4	103
Wearing glasses,	368	3.9	97

Ears—

Wax,	1390	10.08	106
History of Otorrhoea,	246	1.7	33
Otorrhoea,	89	0.6	62
Other diseases and defects, ..	132	0.9	21

Hearing—

Slightly deaf (both ears), ..	62	0.4	18
Markedly deaf (do.) ..	16	0.11	19

Speech—

Defective articulation,	197	1.4	39
History of Stammering,	17	0.12	1
Stammering,	23	0.16	13

Mental Condition—

Dull or Backward,	148	1.07	42
Markedly Backward,	90	0.65	30

Heart and Circulation—

Functional Disease,	32	0.23	4
Organic disease,	47	0.34	30
Anaemia,	92	0.66	36

Lungs—

Bronchitis,	106	0.76	48
Phthisis (Pre-tuberculosis), ..	56	0.4	8
(Susp. tuberculosis),	8	0.05	9
Other Diseases,	53	0.3	15

Nervous System—

Chorea,	4	0.29	5
Infantile Paralysis,	4	0.29	1
Epilepsy,	5	0.36	4
Other diseases,	17	0.12	2

Tuberculosis (Non-pulmonary), ..	26	0.18	27
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Rickets—

Slight,	90	0.6	23
Marked,	15	0.1	16

Deformities—

Congenital,	48	0.34	23
Acquired,	144	1.04	37

Infectious Diseases,	—	—	18
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Contagious Diseases,	75	0.54	88
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Other Diseases,	61	0.44	68
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Other Defects,	131	0.9	82
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*Vaccination—**Entrant Infants (4,548)—*

Vaccinated,	1490	32.7	—
Poorly marked,	224	4.9	—
Not vaccinated,	2834	62.3	—

Other Age Groups (9,238)—

Vaccinated,	..	..	3028	32·7	—
Poorly marked,	..	..	1533	16·5	—
Not vaccinated,	..	..	4677	50·6	—

Attention must again be drawn to the vaccination figures for entrant infants. About 32 per cent. of these children could only be considered as adequately protected against smallpox by vaccination, and 67 per cent. of the children were in the main not vaccinated or only poorly protected. In 1925 these figures were 40 per cent. vaccinated and 59 per cent. inadequately protected or not vaccinated.

Amongst the "Other Diseases" are goitre (4), asthma (14), etc.

In the case of "Other Defects", the outstanding ones are—Scars 44, defective posture 11, defective chest form 6, enuresis 9, enlarged thyroid 15, 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 4,385. This figure was made up of the following conditions :—Dental 2,070, Vision 472, Adenoids 354, Tonsils 530, Head Vermin 163, Body Vermin 9, Scabies 14, Head Ringworm 1, and Other Conditions 772. The medical officer for Kirkcaldy Burgh sent out 456 notices and in Dunfermline Burgh 261 notices were sent out.

The number of parents present at the medical inspection was as follows :—

(a) Entrant Infants (County),	..	..	..	1452
" (Kirkcaldy),	..	..	..	598
" (Dunfermline),	..	..	..	279
(b) Other Routine Age Groups (County),	..	..	..	60
" " (Kirkcaldy),	..	..	..	366
" " (Dunfermline),	..	..	..	179
Total,				2934

The special classification of the children examined at the "Routine" medical inspections and to which reference was made in the last report (1935), was continued. In the light of the previous two years' experience and with a view to obtaining more definitely comparable results as between the different Medical Officers, certain modifications in the standards employed were made. The variations occurred mainly in the figures relating to "no defects" and "wholly remediable" conditions. As before, the basis of the inquiry was "*the future capacity of the child to become a useful member of society.*" Children considered to be mentally defective were excluded and so were children who are blind or deaf.

The following were the standards taken for uniformity and relate only to the ordinary school child :—

- (1) *Nutrition*.—To be considered defect where case is kept under supervision or notified to parents for nutrition, etc.—Remediable.
 - (2) *Skin Conditions*—*Lupus*—Partly remediable.
Psoriasis—Partly remediable.
Eczema—Partly remediable.
- Note*.—Exceptions to the above are cases where the condition is very marked, disfiguring and likely to affect the patient's livelihood and should be marked non-remediable.
- (3) *Vaccination*.—Not to be taken into account.
 - (4) *Teeth*—Remediable. (Only No. 3 to be considered, i.e., with 9 or more defective teeth or where oral sepsis.)
 - (5) *Tonsils*.—Only cases notified to parents are to be considered as defects—Remediable.
Adenoids.—Only cases notified to parents are to be considered as defects—Remediable.
Deviated Septum and Nasal Obstruction Conditions—
Where slight—Remediable.
Where very marked—Partly remediable.
 - (6) *Glands*.—Where parents notified or cases kept under observation to be considered defect.
Where the glands are suspected T.B.—Partly remediable.
 - (7) *Eyes*.—Disease/s.—Generally remediable.
Corneal Ulcers.—To be counted as defect or no defect according to interference with vision.
Squint.—Remediable.
V.A. (both eyes) up to and including 6/18—wholly remediable ;
above 6/18—partly remediable.
 - (8) *Ear Conditions*—*Wax* affecting hearing—Remediable.
Otorrhoea—Partly remediable.
 - (9) *Speech*—*Stammering*—Partly remediable.
 - (10) *Mental Retardation*—To be ignored.
 - (11) *Heart and Blood Conditions* :—
Functional—Not to be considered a defect.
Congenital and Organic—Not remediable.
Anaemia—Remediable.
 - (12) *Respiratory Conditions*—
Bronchitis—Defect considered remediable with younger children. With older children and previous history of repeated bronchitis—Not remediable.
Asthma—Ordinarily to be considered partly remediable.
Bronchiectasis—Partly remediable.

(13) *Nervous System—Chorea*—Partly remediable unless chronic history.

Ant. Poliomyelitis—Partly remediable.

Epilepsy—Partly remediable.

(14) *Rickets*.—This condition is usually found in children with deformities, and therefore must be considered at best partly remediable.

(15) *Deformities* (including posture).—Where parents have to be notified to be considered a defect, remediable, partly remediable or non-remediable according to degree. Pigeon-breast—if considered a defect—irremediable.

In using the above standards, it had to be remembered that in most of the conditions there may be exceptional cases so marked that a partly remediable condition may have to be indicated as non-remediable.

The results of the Area Medical Officers' classification on the above standards were as follows :—

(a) *Entrants*.—4,602 children examined (2,312 boys and 2,290 girls). There were 2,940 with no defects (63·8 per cent.); 1,446 (31·4 per cent.) had wholly remediable conditions (1,147 with one defect, 235 with two, 60 with three and 4 with 4 and more). The number with partly remediable defects was 176 and there were 40 with non-remediable defects.

(b) *8-9 year olds*.—4,467 children (2,235 boys and 2,232 girls). With this age group, 3,125 (69·9 per cent.) had no defects, and 949 (21·2 per cent.) wholly remediable defects (795 one, 124 two, 26 three and 4 four and more defects). There were 300 with partly remediable and 93 with non-remediable defects.

(c) *12-13 year olds*.—Of 4,734 children (2,350 boys and 2,384 girls) examined, 3,457 (73 per cent.) had no defects and 745 (15·7 per cent.) had wholly remediable defects (651 one, 80 two, 14 three and more). Of the remainder, 388 had partly remediable defects and 144 non-remediable defects.

(d) There were also 284 children of the 15-16 year olds examined. Of these 210 had no defects, 41 wholly remediable defects, 27 partly remediable and 6 non-remediable defects.

Whilst the above figures do not give a complete picture of the number of defects found in school children, they do give some very valuable indication of the socialisable value of the children considered in the light of their defects. The general public are given too many figures which they cannot understand, as insufficient information usually accompanies these figures as to basis on which they were obtained. The figures presented above have been worked out by each Area Medical Officer carefully evaluating each child and its defects and relating these to the community in which the child is to live, and

determining from his or her past experience as to how far such defects may affect the child, when he or she grows up, in regard to its value as a social unit.

In considering these figures it is more useful to combine the number of "no defects" and of "wholly remediable defects", and to add the number of "partly remediable" and "non-remediable" defect cases. When we compare the figures for the two years, 1935 and 1936, we find there is no marked difference.

	1934-35.	1935-36.
Entrants—total number	4367	4602
(a) No defects + Wholly remediable	4065 (93 per cent.)	4386 (95.2 per cent.)
(b) Partly remediable + Non-remediable	312 (6.8 per cent.)	216 (4.66 per cent.)
9 year olds—total number	4470	4467
(a) No defects + Wholly remediable	4067 (90.9 per cent.)	4074 (91.15 per cent.)
(b) Partly remediable + Non-remediable	403 (8.9 per cent.)	393 (8.78 per cent.)
12-13 year olds—total number	4384	4734
(a) No defect + Wholly remediable	3881 (88.5 per cent.)	4202 (88.72 per cent.)
(b) Partly remediable + Non-remediable	503 (11.4 per cent.)	532 (11.23 per cent.)

From these figures it is seen that for the two years under review the percentage of entrants in category (a) is about 94 whilst that in (b) is only about 5.6 per cent. These figures cannot be considered alarming. At the next routine age group (8-9) the percentage in (a) is about 94.5 and in (b) 5.5; with the next group (12-13) the figures are 91.15 per cent. and 8.85 per cent. respectively. It is thus seen that there is a gradual increase in the number of children with only "partly remediable" or "non-remediable" conditions. This is only to be expected and must result from the greater number of years the children have lived and the greater opportunities of exposure to dangers in their environment to which they are liable. Is this increase too big and can it be cut down, and, if so, how far, are questions that can only be answered after a number of years have elapsed during which further similar figures are collected and compared. One thing is clear, if these figures (b) are to be reduced then more preventive measures will have to be taken both through the school and at home of the children as well as in the pre-school period. Too often our progress is estimated on the basis of how much money can be saved in medical and educational schemes, but surely it would be, from the community's standpoint, sounder and in the long run, more economical to estimate public health progress by what can be prevented and so to reduce the burden of "incapacity" of the adult population.

It is claimed that the above method of computing "social incapacity" would be a valuable means of estimating the progress in public health and so indicating how far public health measures are producing the results for the money spent.

(A) Children Suffering Educationally because of Physical Defects.

(a) NORTH-EAST FIFE.—Reference was made last year to eight cases where school attendance had suffered by reason of chronic illness. One of these, an educable mental defective with a chronic skin condition, has been removed to an Institution. The attendance of another—a girl with suspected tuberculosis—has improved. Two children with severe asthma, one with acquired heart disease and one with chronic bronchial trouble, attend school when they are able. In the case of the two remaining children, practically the whole session's work has been missed.

In addition to the above cases, there is a case of a girl suffering from epilepsy; the fits occur every two or three weeks, but as the child knows when one is imminent she is removed from the classroom to prevent the other children witnessing the seizure. A boy suffering from congenital heart disease has recently come to school for the first time. The difficulty is not the schooling but the distance he has to walk to school. Arrangements were therefore made for him to attend only in the forenoon.

There are ten further cases who might benefit from instruction in a residential school—two cases of anaemia, three of bronchitis, one of asthma, two of cardiac disease and two cases of tuberculous infection. There are also nine cases of cardiac disease who, while they appear at present to be carrying on satisfactorily in the ordinary school, cannot be guaranteed to do so indefinitely.

The Area Medical Officer again points out that it is regrettable that no steps have yet been taken towards a resident institution for physical defective cases, such as mentioned in her report.

All known deaf-mutes of school age in this area are in attendance at residential schools for the deaf. There is the case of one boy whose defective hearing is a great handicap to him although there has been a slight improvement.

There are nine children in this area who are known to be educationally blind. Two girls are attending the Dundee Blind School. One boy aged 14 has left that Institution and efforts are being made for his admission to the Edinburgh Blind Institution for training. There are also four high myopes who are attending the ordinary schools. Special precautions are being taken with these children and their condition remains satisfactory. The eighth case is that of a boy who is totally colour blind, and there is a hydrocephalic and backward girl with choroidal colobomata and she ought to be in a Blind School. Mention should be made of a boy of 12 years in whom there was a marked increase in myopia—he is being kept under strict supervision.

(b) KIRKCALDY LANDWARD DISTRICT.—The Medical Officer for Buckhaven-Wemyss reported that there were thirty-three who could be considered as cases for whom special school education should be

rovided. Some years ago the need for special classes for such pupils was emphasised and it was hoped that the accommodation in the unused Leven Fever Hospital would be made available for such a purpose but it was found necessary to use the accommodation to provide a house for a headmaster.

The Area Medical Officer for the Burntisland-Markinch area reported that there were two children—severe scoliosis and rheumatic carditis—who were unable to attend the ordinary school.

In the Lochgelly Area it was reported that eighteen children were suffering educationally because of some physical defect—crippling conditions (7), speech defect (4), organic cardiac disease (2), myopia and microphthalmia (3), other conditions (2).

(c) DUNFERMLINE LANDWARD DISTRICT.—In Cowdenbeath area there were twelve children reported as educationally affected because of a physical condition, such as speech defects (4), heart lesions (5), bronchiectasis (2) and vision (1).

In the West of Fife area there are six cases reported as suffering educationally because of some physical defect—cardiac (2), cripple (2), poor hearing (1), congenital cataract (1).

(d) KIRKCALDY BURGH.—Two girls and one boy were found to be suffering educationally because of defective eyesight and were recommended to be transferred to the "Sight-Saving Class" in the North school.

Four boys were recommended by the Ear, Nose and Throat Specialist to have special training for speech defects.

(e) DUNFERMLINE BURGH.—Four cases were reported as suffering from a physical condition which was interfering with their education. These conditions were:—defective vision (2), optic atrophy (1), and high myopia (1).

Speech Defects.

With a view to finding the approximate number of children who have some form of defective speech, a superficial survey was carried out in the Buckhaven and Lochgelly areas. The number of defects reported were as follows:—

Buckhaven.	Stammerers,	..	..	..	42
	Lisping,	..	..	..	24
	Indistinct,	..	..	..	24
	Other Defects,	..	..	..	19
Lochgelly.	Indistinct Speech,	..	..	..	58
	Slight Stammer,	..	..	..	49
	Marked,	..	..	..	24

Of the cases with indistinct speech, three were of the cleft palate type.

It will thus be seen that there are at least 109 children with defective speech in Buckhaven and 131 in Lochgelly. There is therefore ample scope for more speech therapy if suitably trained teachers can be obtained for this purpose.

Subsequently a similar survey was also made in Cowdenbeath area and the figures here were :—

Indistinct speech,	..	..	..	..
Stammer—slight, ..	..	..	..	..
„ —marked,	..	..	..	..
Other speech defects,	..	..	..	..

(B) Number of Children suffering in their Education because of Mental Retardation.

(a) NORTH-EAST FIFE.—The special class in Cupar continues to do excellent work. There is no provision for the education of mental defectives made in other parts of this area. Unfortunately there is no spare classroom accommodation.

There are, in this area, 62 educable children for whose education special class facilities should be made. There are also 37 who must be considered as border-line cases.

(b) KIRKCALDY LANDWARD DISTRICT.—In Buckhaven-Wemyss area there were 52 cases reported as educationally retarded and for whom special class facilities should be available. There were also 213 children who had been referred to the Medical Officer and who were found to have intelligence quotients ranging from 60 to 85.

In Burntisland-Markinch area, the Medical Officer examined children by the mental tests—five of these were definite cases for special class instruction.

In the Lochgelly area, 33 children were brought forward for examination because of their backwardness and with a view to consideration as to suitability for special class instruction.

(c) DUNFERMLINE LANDWARD DISTRICT.—In Cowdenbeath only one case was examined for mental backwardness.

In West Fife, 36 children were mentally tested because of the marked mental retardation.

(d) KIRKCALDY BURGH.—Four boys were mentally tested and one was recommended for the Special Classes.

(e) DUNFERMLINE BURGH.—One case was reported as being a low-grade mental defective.

(C) Number and Condition of Children suitable for Institutional Treatment.

(a) There are 12 uneducable mental defectives in the NORTH-EAST OF FIFE, between the ages of 5 and 16 years. In some of these cases the parents wish the children to be removed from the home. Nine cases are known, between 17 and 20 years of age, who are either uneducable or of very low educability. One uneducable mongol developed a tuberculous infection of the hip and was removed to a cripple children's home.

(b) KIRKCALDY LANDWARD DISTRICT.—In Buckhaven Area there were nine cases of children of low mentality suitable for admission to an institution, also a case of deafness.

In Burntisland-Markinch Area there were two deaf children (one following double mastoidectomy and the other congenital) who were admitted to deaf institutions. There were also eight low-grade mental defectives suitable for institutional treatment—one case was admitted to an institution for mental defectives.

In Lochgelly Area four cases of low mentality were reported; three of these were admitted to institutions (one of them was a cretin and two had also spastic paralysis).

(c) DUNFERMLINE LANDWARD DISTRICT.—In Cowdenbeath three cases of deaf-mutism were reported. One of these was also mentally backward. The number of suitable institutional cases in the West of Fife was nine—all mental defectives.

(d) KIRKCALDY BURGH.—No cases reported for institutional treatment.

(e) DUNFERMLINE BURGH.—Two cases of severe epilepsy were reported.

D) Number of Children who are Suffering in their Education because of lack of (i) Nutrition and (ii) Clothing.

(a) NORTH-EAST FIFE.—(i) Fifty-two boys and thirty-eight girls were found to be suffering to a greater or lesser extent from malnutrition. Four boys and four girls were recommended free meals (a few of these also got milk or a malt preparation), nine boys and twelve girls recommended for milk, eighteen boys and eleven girls got cod liver oil or a malt preparation, and 32 children were referred to their parents.

Dr. MacLeod reports further that "a daily supply of Grade A (T.T.) milk has again been available free of charge for the children of the West and East Schools, St. Andrews, through the generosity of Mrs. Younger, Mount Melville, and this is very much appreciated."

"Milk is now available in almost every school in the area at a charge of $\frac{1}{2}$ d per one-third of a pint and on the whole the percentage of children taking milk is satisfactory."

(ii) Much time was again spent in travelling to see the cases for whom an application for boots and clothing had been made. This work does not require any specialised knowledge or medical training and would seem to be outwith the province of the Area Medical Officers.

There were 200 applications for boots and clothing. Of these 23 were recommended clothing, 102 boots and clothing, and 44 boots only.

(b) KIRKCALDY LANDWARD DISTRICT.—Buckhaven-Leven Area.—(i) Dr. Thomson reports that “the figures for children suffering from malnutrition are slightly but definitely on the increase. This is because last year a higher standard has been set for bad nutrition cases to pass. I do not think, however, this accounts for all the increase.

“Malnutrition in the child is probably in many cases related, at least in part, to wise or unwise spending of the family income. This question of wise spending appears to me to be partly related to the mental capacity of the parents and in particular, the mother.” Dr. Thomson carried out an investigation in which he tested the intelligence quotient of a representative sample of forty-five boys and thirty-two girls. From his inquiry he states that “it would appear that of the boys 15·5 per cent., and of the girls 18·75 per cent., are to be considered definitely backward with an I.Q. of 85 or less.” “It appears to me that there can be little doubt that many of our problems regarding the welfare of children, both school and pre-school, and whether medical or social welfare be considered, bear a direct relationship to this alarmingly large proportion of our population which, while we may not label it mentally defective, is very decidedly subnormal.”

The number of cases referred to the Medical Officer for Food was 87 and 19 children were found at medical inspection requiring extra nourishment. Ninety-nine children were recommended to receive cod liver oil and a malt preparation, three milk and four meals.

MILK CONSUMPTION IN BUCKHAVEN SCHOOLS.

	Buckhaven Primary.	Buckhaven Secondary.	Methil P. School.	Methilhill P. School.	West Wemyss P. School.
1935.	%	%	%	%	%
January,	88	24	88	68	99
February,	72	22	79	66	99
March	78	21	69	58	97
April	63	20	60	42	96
May,	60	19	56	38	87
June	52	17	48	36	84
July,	56	15	44	40	76
September,	48	15	49	42	86
October,	43	11	47	46	84
November,	41	9	44	26	82
December,	33	6	42	30	74
1936.					
January,	33	6	43	28	75
February,	36	5	44	28	67
(Sch. Pop'n.) ..	(706)	(766)	(515)	(501)	(152)

Dr. Thomson carefully worked out the percentage figures of children taking milk under the Milk Marketing Board School Milk Scheme, in the various schools in his area. The above figures are taken from selected schools. These figures are practically repeated in other schools—the majority of the other schools being very similar to Buckhaven Primary and Methil Schools. Following the talks given by the teachers and by reference to the Scheme in the Press, a very large proportion of the school children in this area partook of the one-third pint milk daily. Gradually, as time went on, the number of children taking the milk fell. This fall in the figures is not due to any social or environmental conditions but mainly to loss of interest in the scheme. It has been stated that the cold milk during the winter months caused the consumption of milk to decrease. This does not explain why there should be such high percentage figures in January, February and March when the Scheme began. There is no doubt that if fresh public interest is aroused by active propaganda or if the milk were presented in some more tempting form, the percentage figures would again rise irrespective of the time of year.

(ii) 891 applications were made by parents for boots and clothing. The recommendations of the medical officer were as follows:—14 clothing only, 599 boots and clothing, and 165 boots only. There were also 113 cases where only one article of clothing (not boots) or repair of boots was certified.

Burntisland-Markinch Area.—(i) At the inspection 56 boys and 47 girls were found to be slightly undernourished but not sufficiently so as to justify a recommendation for a supply of milk, etc. Four boys and three girls were found to be seriously undernourished and special nourishment was provided—all the children showed improvement.

(ii) 149 boys and girls were examined following application by the parents for the supply of boots and clothing. Of these nine children were recommended clothing only, 54 boots and 80 boots and clothing.

Lochgelly Area.—(i) Thirteen children (8 boys and 5 girls) were provided with a malt and cod liver oil preparation in school for varying periods. Each case showed satisfactory progress.

(ii) 1,686 examinations were made following parents applying for boots and clothing (1,060 children were examined for the first time and 26 were re-examinations). The number of children for whom boots were granted was 238, boots and clothing 1,099, and clothing only 255. In 24 cases boots were indicated as requiring repair. For the purpose of these examinations, 276 special visits were necessary—this number was an increase and was due to the effort made by the Medical Officer to try and visit each school weekly and thus avoid any delay in the granting of the necessary boots and clothing. He emphasises the fact that during the past school year a large amount of time has been spent in dealing with applications for boots and clothing, and, in consequence, many of the more truly medical aspects of school medical service cannot receive adequate attention.

(c) DUNFERMLINE LANDWARD DISTRICT.—Cowdenbeath Area.—(i) Seven children were examined for lack of nutrition and five were recommended to have milk in school and two cases were referred to the parents.

(ii) The number of children referred to the Medical Officer for examination following application by the parents for boots and clothing was 1,067. Of these 119 were recommended to have clothing, 731 boots and clothing, and 159 boots only. Of the children found at medical inspection with lack of clothing, 16 were referred to their parents.

WEST FIFE AREA.—(i) Fifteen children were seen by the Medical Officer and fourteen were recommended for a supply of milk and one case for the supply of meals. All these cases showed an improvement in their condition.

(ii) 846 applications for boots and clothing were referred to the Medical Officer who recommended that 91 be provided with clothing, 560 with boots and clothing, and 189 with boots.

(c) KIRKCALDY BURGH.—(i) Twenty-four boys and 19 girls were considered to be suffering educationally by reason of lack of nourishment. Twenty-two boys and 18 girls were supplied with extra milk in school and arrangements were made for the provision of a mid-day meal to four boys and one girl.

(ii) A considerable number (794) of applications were received for boots and clothing and the following recommendations were made:—

Boots—241 boys and 196 girls.

Clothing—205 boys and 152 girls.

(d) DUNFERMLINE BURGH.—(i) Sixteen cases of suspected malnourishment were examined and recommended to have meals (13) and milk (3). Considerable improvement was noted.

(ii) There were 376 applications for boots and clothing—6 were recommended to have clothing, 310 boots and clothing, and 60 boots only.

(E) Children Suspected to be Suffering from Neglect.

(a) NORTH-EAST FIFE.—The Area Medical Officer reports, “The children in East Fife are, on the whole, well cared for, but there are unfortunately some exceptions. Three new families, involving nine children, were referred to Mr. Finlayson, Inspector, R.S.S.P.C.C. The children of two of the families were insufficiently clad and ill-shod; a marked improvement followed the Inspector’s visit in one case, and a lesser degree of improvement in the other. In the case of the third family, the children were thought to be insufficiently fed and clad; after a warning from the Nurse (who had been watching and visiting the family over a long period) the mother agreed to pay for Maltoline at school and there was a general improvement in the condition of the

children. At the end of the session, however, the mother had to go to hospital and it was thought wise to ask Mr. Finlayson to visit the home since the father was reported to be unlikely to take proper care of the family.

"In the case of another family of three children who were repeatedly found to be ill-shod and whose heads were repeatedly verminous, since no improvement resulted from the nurses' visits, a warning letter was sent to the mother. If there is still no improvement, this case will be reported to the R.S.S.P.C.C.

"In addition, Mr. Finlayson continued to supervise the families referred to him in previous years and to co-operate in any matter requiring his help."

(b) KIRKCALDY LANDWARD DISTRICT.—Buckhaven-Leven.—"There were no outstanding cases of children suffering in their education due to neglect of a wilful nature on the part of the parents. Home visitation as a rule is sufficient to keep parents in mind of their duty towards their children."

Burntisland-Markinch Area.—"Seven children were found to be grossly unclean and verminous. The homes were visited by the nurse and improvement obtained. In addition, 5 families (14 school children) have been under the supervision of the Inspector of the R.S.S.P.C.C. for persistent uncleanliness and general neglect. No prosecutions were instituted in those cases, but improvement was obtained in all."

Lochgelly Area.—Warning letters had to be sent by the Area Medical Officer to six parents where six children were found to be dirty and verminous and where the nurses' visits to the homes had failed to produce satisfactory results. The A.M.O. reports that "Satisfactory improvement was noted in all cases subsequent to receipt of letters, but relapse in the condition of one child necessitated report to Mr. Bell, Inspector, R.S.S.P.C.C. who dealt with the case with satisfactory result."

(c) DUNFERMLINE LANDWARD DISTRICT.—Cowdenbeath Area.—Here three cases were reported to Mr. Bell and there was prompt improvement following his visit. In two cases repeated visits to the homes by the Nurses secured the attendance of the children at the school clinics with good results. In another refractory case, the visit of the Medical Officer, who warned the parents, brought about improvement.

West Fife Area.—There were six cases of neglect. In 5, the parents were visited and warned. The condition of the children improved. In the sixth case, a report was sent to Mr. Bell and meals were subsequently supplied at school. Improvement was apparent at the end of the session.

(d) KIRKCALDY BURGH.—The Medical Officer reports, "Parental neglect was considered to be responsible for one family suffering in their

education and Mr. Finlayson was notified and asked to visit the home. The conditions have improved considerably since then."

(e) DUNFERMLINE BURGH.—"Four children suffered from neglect by their parents. Inspector Bell visited with satisfactory results."

(F) Children with Defective Vision.

(a) INSPECTIONS FOR VISUAL ACUITY.

The boys and girls of the routine ages of 8-9 and 12-13, as well as any children suspected by the teachers to have defective vision, are tested for their visual acuity and where found defective, are referred to the Eye Clinics. At the Eye Clinics they are examined by the Area Medical Officers who, if they deem it necessary, may refer the cases to the Eye Specialist Clinics. The following are the numbers of children seen by the medical staff and tested for visual acuity.

(a) NORTH-EAST FIFE.—There were 1,710 (899 boys and 811 girls) children tested and of these 320 were referred to the eye clinics for a fuller eye examination. Of these 83 were passed on to the Eye Specialist Clinics. Dr. MacLeod reports that the parents are usually willing to provide glasses for their children. One case, however, "has given much trouble during the past two or three years—a girl with myopia. After being interviewed by the Headmaster, the class teacher, the nurse and myself, the parent has at last provided spectacles for this child." In two other cases where the children were suffering in their education, the parents have also been prevailed to procure the necessary glasses. There is a fourth case where up to the present persuasion has failed. Here, however, the child is not suffering from a progressive condition and it is doubtful whether any irreparable damage is likely to occur.

(b) KIRKCALDY DISTRICT.—Buckhaven-Wemyss Area.—Here 2,111 children were inspected and 374 were referred for further examination to the eye clinics. There were ten refusals but no difficulty was experienced with these. There were forty-two children referred to the Eye Specialist Clinics.

Burntisland-Markinch Area.—The number here inspected was 1,290 (625 boys and 666 girls). Fifty-eight children required to be further examined at the eye clinics. In three cases the parents would not agree to the further examination and they were interviewed with effect. "The condition of the children's eyesight was not such as to seriously handicap their education and no further action was taken."

Lochgelly Area.—The total number of children whose eyesight was inspected in this area was 1,200 (1,126 routine ages and 74 non-routine). One hundred and thirty-six were referred to the eye clinics and of these forty-four were passed on to the Eye Specialist. There were about thirteen cases where repeated invitations failed to bring the children

to the clinic. In four of these cases the condition is slight and no damage is likely to result from neglect. One case is now leaving school and nothing further can be done. In the other cases, steps are being taken for the nurse to visit the parents. In one case of bad vision the parents have indicated that they are arranging for the child to be examined privately and this case will be kept under observation. In this area the number of clinic meetings has been increased owing to a larger number of absentees necessitating more frequent calling up of the cases.

(c) DUNFERMLINE DISTRICT.—Cowdenbeath Area.—Here the number of children whose eyesight was inspected was 1,305 (1,258 routine and 47 non-routine). Two hundred and forty-two were referred to the Eye Clinic and of these, fifty-one required a further examination by the Eye Specialist. There were nine refusals. In five of these cases the visual acuity was fairly good and further action was not necessary. In two cases the examinations were carried out elsewhere and in the other two cases it was impossible to obtain evidence that the children were unable to benefit fully from the instruction received.

Dunfermline Area.—Total number of children whose eyesight was tested was 1,048 and it was necessary to refer sixty-four to the Eye Clinic. The number referred to the Eye Specialist was twelve. There were two refusals and the parents were interviewed. Eventually they agreed to the examination of their children.

(d) KIRKCALDY BURGH.—The total number of children whose eyesight was inspected was 2,765. They consisted of routine ages 2,269 (1,071 boys, 1,198 girls), non-routines 131 and re-examinations 365. The number referred to the eye clinics was 630. In many cases the cards sent to the home for the parents' consent were not returned but some of these children were taken to their own doctors, to the Edinburgh Royal Infirmary, or to local opticians. There were 24 cases where the cards were returned with a definite refusal. All these cases were visited by the Health Visitors and a certain number of the parents ultimately consented to the examination and to the provision of prescribed glasses.

(e) DUNFERMLINE BURGH.—Here the number of children inspected for visual acuity was 2,629 (1,343 boys and 1,286 girls). The number referred to the eye clinic was 179 and there were no refusals. It was necessary to refer 25 to the Eye Specialist for further examination. The grand total for the number of inspections carried out by the medical staff in the County and the large burghs was 14,066.

(b) COLOUR VISION TESTING.

Colour vision testing, because of the necessity for individual testing and the time required for doing this, has been only occasionally carried out whenever time permitted. Since a colour vision group test was

issued by Professor Drever and Dr. Collins (Edinburgh University) it seemed that a method was now available that would quickly enable us to find cases with defective or suspected defective colour vision. It seems, however, that the first edition of this group test was not as satisfactory as it was hoped it would be and Dr. MacLeod makes reference to this in her report.

The number of children that were tested by this group test was as follows :—

North-East Fife,	487 boys ;	475 girls.
Buckhaven-Leven,	458 "	470 "
Burntisland-Markinch,	385 "	256 "
Lochgelly,	237 "	273 "
West Fife,	167 "	— "
Totals,	1734 "	1474 "

In Buckhaven there were five doubtful cases and on being individually tested one boy was found to be colour blind. In Burntisland-Markinch area there were ten doubtful cases (all boys). Individually tested they were found to be suffering from partial red-green blindness but none of them was completely colour blind. In Lochgelly there were eighteen boys and two girls who failed in the group test. On the test being re-applied to each case individually, eleven of the boys still showed defective colour vision. As no other colour testing material was available, these cases could not be further tested out. In the West of Fife only boys were tested and here three were found to have a defect of colour vision, one had protanopia, two a partial defect and one doubtful. Here also only the group test was used.

Dr. MacLeod in her report states that "the group testing was carried out with the first edition of the Drever-Collins test and the results were found to be unsatisfactory. Green-blind cases were picked out by the test, but the majority of red-blind cases escaped detection. Therefore the figures cannot be considered reliable and are not quoted."

The later edition of the test was obtained afterwards but time did not permit of its being tried out.

Dr. MacLeod also reports on a number of children (145 boys and 128 girls) that were tested individually by the Ishihara Test. The children were drawn from the schools in Ladybank, Newport and St Andrews. "With this test fourteen boys were found to be colour blind ; seven boys and seven girls, although not actually colour blind, show some colour weakness." From these tests it would seem that the "Ishihara" is most reliable. It is quickly carried out and gives infinitely more information than the other tests (Nagel, Holmgren, Wools, Drever-Collins, etc.). "The various tests all have their uses but for a rapid and accurate survey, Ishihara's method of testing colour blindness appears to be most valuable."

(c) SQUINTING (ORTHOPTIC TRAINING).

The annual medical inspection figures show that more than two per cent. of the school population are "squinters". In 1935 the number of children so affected and found at the routine ages was 306. The previous year and last year non-routine age figures were 159 and 177 respectively. These figures, however, do not give the total number of squinting children of non-routine ages as only the more marked cases are usually brought forward by the parents or teachers. On the basis of two per cent., the number of children with this defect must be over 400.

Treatment for squinting eyes along more conservative lines has been attempted in the past with varying results but only in recent years have more definite and consistent results been possible. As a result of a more scientific attitude and more careful observation of facts relating to thousands of cases in different parts of the country, it has been possible to lay down certain lines of treatment, conservative as well as operative, one or all of which are necessary to overcome the squinting condition. In an inquiry recently published, one thousand cases were examined. Of these 10 per cent. were due to physical defect, 50 per cent. to an error of refraction, 20 per cent. to the difficulty of the vision of the two eyes fusing together (fusion difficulty) and, fourthly, 20 per cent. of the cases were due to psychological causes. From this it will be seen that there are various causes of squint and each case must be carefully considered individually.

In the case of the psychological group of cases, where there is good vision, recovery may take place without any treatment or in some of the cases any treatment may bring about a cure. Here a change in the psychological surroundings of the patient is of importance. In the case of errors of refraction causing squints, good results are obtained by the correction of the error of refraction, that is to say, by the wearing of glasses with the necessary lenses. A certain percentage of these cases will also require special or orthoptic training in order to overcome what is known as "errors of deviation". Even after correction some of the cases may have difficulty with the vision of the two eyes fusing into one picture. Here orthoptic training is definitely called for.

From the results obtained in England (Birmingham, London, etc.), where orthoptic centres have been established and where a considerable amount of special or "orthoptic" training has been tried and developed, it is estimated that of the total number of squinting cases, 50 per cent. definitely require and are improved by such training.

The need for the setting up of such an "orthoptic" clinic in Fife has repeatedly been emphasised by Dr. Sampson and he again refers to it in his special report. In the new clinic at Lochgelly, a Moorfield's synoptophore (made by Clement Clarke, London) was installed for the

orthoptic treatment of squints. Dr. Hyde, Area Medical Officer, in consultation with Dr. Sampson, selected a few cases and made a beginning at the orthoptic training of these cases. He reports that "Time has only allowed of a very small number being given treatment this year, but it is hoped that fuller use may be made of the instrument next year. Each attendance for treatment requires half an hour. Three attendances per week are advisable and this continues for varying periods, on an average about three months." Attendance is then curtailed and "continued once weekly for some time to see if any retrogression takes place, and if no retrogression occurs, attendance necessary only once every three months. If, however, improvement not maintained, then a further course is required. Next year, effort will be concentrated on cases with 'normal retinal correspondence' cases with 'abnormal retinal correspondence' require prolonged treatment and the results are often unsatisfactory."

It will thus be seen that orthoptic training requires a large amount of time, and only a very small number of the suitable cases can possibly be treated by the Area Medical Officer. Dr. Hyde, from his experience indicates that a specially trained nurse or person is required to carry out this form of treatment and that she should also be responsible for the proper supervision of all squinting cases.

Eye Clinics.

(a) County.

At the following school clinics facilities are provided for the more detailed examination of children with errors of refraction :—Torryburn, Dunfermline (Queen Anne School), Cowdenbeath (R.C. High), Kelso, Lochgelly, Auchterderran, Burntisland, Markinch, Buckhaven, Arbroath, St. Andrews, Newburgh, Cupar and Ladybank. During the past school year 225 clinics were held by the Area Medical Officer and 1,122 children (492 boys and 630 girls) were examined, 264 children were re-examined and there were 301 absentees. The chief refractive conditions found were :—

Hypermetropia,	38
Myopia,	2
Hypermetropic Astigmatism,	41
Myopic Astigmatism,	2
Mixed Astigmatism,	3
Anisometropia,	13
Irregular Refraction,	1

In 68 cases the eyes were found to be emmetropic and there were 2 cases with spasm of accommodation. The number of squints was 17 and there were 4 cases of nystagmus. There were also 37 cases of blepharitis and conjunctivitis, 24 cases of corneal nebulae, 3 of corneal ulcers and 24 with other conditions (headaches 10, lenticular opacity 2, etc.).

(b) Large Burghs.

In the large burghs the number of eye clinics held was 40 (Kirkcaldy) and 29 (Dunfermline), and at these 150 and 179 children respectively were examined. There were 35 absentees. The refractive and other conditions found were :—

Hypermetropia,	116
Myopia,	61
Hypermetropic Astigmatism,	93
Myopic Astigmatism,	42
Mixed Astigmatism,	12
Anisometropia,	8
Squints,	53
Corneal ulcers and nebulae,	2
Other Conditions (congenital cataract, 3, etc.),	7

(c) Specialist Eye Clinics.

There are 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 West Fife) and specialist eye clinics are held at the more important school clinics in the large burghs and throughout the County. Thirty-six clinics were held by each of these consultants and 494 children were examined (County 400, Kirkcaldy 69, and Dunfermline 25).

The conditions seen by the Specialists were :—

Hypermetropia,	99
Myopia,	49
Hypermetropic Astigmatism,	142
Myopic Astigmatism,	103
Mixed Astigmatism,	26
Anisometropia,	42
Irregular refraction,	2
Both eyes emmetropic,	14
Spasm of Accommodation,	2
Squints,	119
Nystagmus, corneal ulcers and nebulae, blepharitis and conjunctivitis,	46

There were also 45 other conditions seen (headaches 4, congenital cataract 4, paresis of ext. rectus 2, phlyctenular keratitis 2, cataract 2, oroido-retinitis 2, etc.)

The following reports are by the Eye Specialists :—

Dr. ALLISTER M. MACGILLIVRAY, M.D., D.O.M.S.

"I have much pleasure in submitting a report of the cases seen by me during the session 1935-1936.

"I attended 18 clinics at the following centres:—Buckhaver Markinch, North-East Fife, and Kirkcaldy Burgh, and 277 cases were examined of which 79 cases were re-examinations. The following is list of the various types of refractive error discovered:—

Hypermetropia	3
Myopia,	3
Hypermetropic Astigmatism,	7
Myopic Astigmatism,	7
Mixed Astigmatism,	1
Anisometropia,	2

Included in the above list are 39 cases of squint. Various other types of ocular abnormalities were examined, including an interesting case of total colour blindness, a very rare condition.

"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. (R.C.P.S.Eng)

"I attended 18 special clinics for eye cases during the year, and examined 217 children. A further examination was found to be necessary in about half the cases.

"Seven children were found to be too blind to be able to benefit from ordinary instruction in the schools, and owing to the absence of any special facilities for such cases in West Fife it is inevitable that these children must suffer educationally. The area from which the cases are drawn, however, is very extensive, and the establishment of a special class presents great difficulties.

"A very large proportion of the work of these clinics is due to the unusually large number of squinting children in this area. I feel that in West Fife this is a very special problem, which calls for a special effort to combat it. There are over 200 children under 14 years of age in this area who suffer from this deformity, and when it is considered that the vast majority of these are destined, if untreated, to lose the use of an eye, the gravity of the problem will be appreciated. Modern treatment is largely non-operative, but is of long duration, and requires consistent attention, which cannot be given under present arrangements. The assistance of a specially qualified Trainer would be necessary before good work could be accomplished. Most of our present efforts are wasted owing to the lack of such facilities.

"Throughout the year I have enjoyed the enthusiastic co-operation of the Area Medical Officers and the Nursing Staff."

(G) Number of Children in whom Defects of the Ear, Nose and Throat were found.

In the Burntisland-Markinch Area the following number of conditions were referred for operative treatment:—Enlarged tonsils 2, adenoids 29, nasal catarrh 15, and otorrhoea 23.

In the Lochgelly Area, the Medical Officer reports that most of the parents informed of the necessity for their children to have tonsils and adenoids removed, consult their own doctor who refers them to hospital. "Owing to the large waiting lists at the Voluntary Hospitals, the patients have to wait months and in some cases, I believe, years, before removal of tonsils and adenoids. In some cases they are not removed at all." The number of cases referred to the family doctor for operation or other treatment was:—

				<i>Routine.</i>	<i>Non-routine.</i>
Adenoids,	..	..	..	33	7
Tonsils, ..	..	..	..	98	15
Otorrhoea,	..	..	..	1	0

In Kirkcaldy Burgh, the Ear, Nose and Throat Specialist attended on three occasions during the year and twenty-one boys and nine girls were examined. Six children failed to attend. Eight boys and seven girls were referred to Kirkcaldy Hospital or to Edinburgh Royal Infirmary for operative treatment and ten boys and three girls were recommended to attend the Clinic for conservative treatment.

A survey of defective hearing in school children by means of the audiometer was carried out by Dr. Comrie in Leslie School. The instrument used was a No. 4a Audiometer (Western Electric) and three sets of eight ear-phones made it possible for twenty-four pupils to be tested simultaneously. In all, 338 children were tested and the results were as follows:—

Hearing Loss.	Right Ear.		Left Ear.	
	No. of Children.	Per Cent.	No. of Children.	Per Cent.
+30	3	0.8	4	1.2
30	1	0.3	0	—
27	8	2.4	0	—
24	27	8.0	10	2.9
21	125	37.0	105	30.0
18	130	38.5	170	50.3
15	32	9.5	44	13.0
12	7	2.0	3	0.8
9	3	0.8	0	—
Result unintelligible	2	—	2	—
	338		338	

Amongst these children a history of earache was obtained in 74 (21.9 per cent.), of otorrhoea—past or present—(11.2 per cent.), tinnitus (23.6 per cent.), removal of tonsils and adenoids 56 (16.5 per cent.).

These results gave a rather high percentage of cases with defective hearing and inquiries were made as to whether there was some defect in the Audiometer or the method. To date, the only definite explanation seems to be the difficulty of the children's understanding the digits recorded on the gramophone record. It has been suggested that the three digit record is more useful than the two digit record which was employed for this survey.

The survey is being continued using the three digit record and it is hoped to be able to give further results in next year's School Report.

(H) Number of Children with Crippling Ailments.

The Area Medical Officers in their reports on the work for the school year indicate that they have seen and kept under observation 289 cases with crippling ailments (County 231, Kirkcaldy Burgh 25, Dunfermline Burgh 33). Of these 177 were old cases (1935—142). Of the new cases seen, those reported on by the County Medical Staff numbered 103 (11 severe rickets, 5 tuberculous lesions of bones and joints, 1 poliomyelitis anterior acuta of crippling degree, 17 congenital deformities of crippling degree and 59 other crippling ailments). In the case of the two large burghs the total figures are Kirkcaldy 4 and Dunfermline 5.

Orthopaedic Clinics.

The Orthopaedic Clinics at which Mr. Cochrane, Consultant Orthopaedic Surgeon was present, numbered 12 and were distributed as follows :—

Dunfermline (for West Fife),	..	..	..
Lochgelly,	..	..	..
Cowdenbeath,	..	..	..
Kirkcaldy (for Burntisland and Markinch),	..	..	..
Buckhaven,	..	..	..
Cupar,	..	..	..

One hundred and thirty-nine children of school age were seen and of these 68 were new cases. As regards these new cases, hospital treatment was recommended in 30 cases, treatment in the clinic in 28 cases, home or domiciliary treatment 2, to be kept under supervision 4, other recommendations 9 (of these 7 were X-ray). Most of the cases recommended for hospital had applications made for admission to the Prince Margaret Rose Hospital for Cripple Children at Fairmilehead, near Edinburgh. The cases recommended for clinic treatment were referred to the clinics in their areas where the Orthopaedic Nurse, with other assistants, carried out the prescribed treatment. During the year we were able to establish orthopaedic treatment centres at the following places :—

1. *Lochgelly Orthopaedic Clinic* situated in the New Clinic at Lochgelly H.G. School.

2. *Buckhaven Orthopaedic Clinic*, situated at Buckhaven Primary School.

3. *Burntisland Orthopaedic Clinic*—part of the School Clinic, Burntisland H.G. School.

4. *County Orthopaedic Clinic, Dunfermline*—Queen Anne School, Dunfermline. This clinic is for cases outwith the Burgh of Dunfermline, and coming from the different parts of West Fife.

5. At *Markinch* treatment is carried out in a hut which is used as the dining-room for the school.

The treatments carried out at these clinic centres are massage and infra red treatment, also remedial exercises and electrical treatment. Whilst the arrangements for treatment can be considered satisfactory at Buckhaven and Lochgelly, where there is adequate apparatus available, the conditions for treatment at the other clinics must be looked upon as makeshift and it is hoped that better conditions will be provided at an early date. For a more detailed statement regarding the Orthopaedic Scheme see Appendix III.

V. MENTALLY AND PHYSICALLY DEFECTIVE CHILDREN.

(a) Special Schools and Classes.

The following were the numbers of children on the Rolls of the various Special Classes in September 1935 :—

Auchterderran East,	..	..	..	..	18
Castlehill, Cupar, ..	..	..	..	..	17
Crossgates, ..	..	..	..	..	46
Culross, ..	..	..	..	..	17
Denbeath, ..	..	..	..	..	82
Eastbank, Kirkcaldy,	..	..	..	..	78
Leslie East, ..	..	..	..	..	11
McLean, Dunfermline, ..	..	..	..	..	51
Myope Class, North School, Kirkcaldy,	..	..	..	..	11
					<hr/> 331

During the year 25 children were admitted to and 58 discharged from these classes.

A difficulty which existed before but which has become more pronounced with the new "special class" scheme, is the bringing forward by teachers of very mentally backward children for consideration by the medical staff. If the child is quiet and gives no trouble the teachers will always give it the benefit of the doubt, putting off the day of reporting the case until the age of eleven or even twelve. It is important that some independent and, if possible, group test should be applied soon after the children reach the age of seven. Such a test should then be applied to those children who are not making satisfactory progress.

The work of the "sight-saving" class is, on the whole, progressing satisfactorily and it is with regret that we are losing the services of an efficient teacher. Miss Hill, who is leaving to get married, has made the following report :—

Report on Work of Sight-Saving Class.

Each child is trained as far as possible to develop initiative, self reliance and usefulness.

Generally speaking, the class settles very well to work, and in the case of those who have been attending for a time, the powers of concentration and application are well developed.

In all subjects, each child progresses at his or her own rate, as can be seen from individual reports, and in the case of the bright children the standard of their work would, I think, compare quite favourably with that of a child attending normal school.

The most noticeable feature after admission to this class has been the child's improvement in self expression and intelligence.

In general each child is interested in his work and keen on getting on to a new stage.

In arithmetic the work is generally at the accepted school standard.

In English subjects, the reading is of necessity limited, but amplified as it is by tales and stories of all descriptions, the general knowledge of folk lore, customs and events is fairly good.

Justification.—The class has, I think, justified itself from the results obtained.

Food.—The attendance at this class has enabled all children to obtain a regular warm nourishing meal at mid-day, from which their general health has benefited, and consequently the eye condition has been helped.

Care of Eye.—The children have been trained in the hygiene of the eye, keeping spectacles clean, avoiding strain or any work which would impair the vision, and knowing what methods to adopt for treatment in case of eye strain.

Sociability.—From the social standpoint, the child's attitude to life is helped, as in the normal class the child's handicap tends to keep him in the background and render him self-conscious and shrinking, whereas each child is in the same condition (or similar) here, and receives the same attention, consequently much of the reserve and self-consciousness disappears, and the child takes up a more normal attitude to life.

The self-reliance and will to apply oneself to one's work has developed in all cases, and the native intelligence and reasoning powers have been improved.

In most cases the eyesight has improved as a result of attendance at the class, and in no case, I think, has the eyesight been impaired.

Speech Defect Classes.

Miss C. M. Guthrie, the teacher responsible for the "speech defect" classes in Kirkcaldy, makes the following report :—

"During the school year, from September 1935 to July 1936, 132 cases of speech defects were sent for treatment in the Kirkcaldy district. Of these, three were cleft-palate cases, 46 were stammerers and 3 were cases of faulty articulation, including post-adenoidal speech, sping and baby talk. In a few cases speech was quite unintelligible.

"Cases were divided according to the defect into groups of up to 6 children in each and were visited twice weekly at the various schools. Where there was doubt as to whether their physical condition was affecting their speech, these cases were examined by the School Doctor, and on 19th May, 11 more difficult cases came under special consideration at a clinique held by Dr. Krause, when advice was given as to their treatment.

"At all times effort has been made to secure the very necessary co-operation of teachers and parents whose interest and help is invaluable in all cases of speech defects. Parents, where possible, were advised as to how they might help to overcome the difficulty and their approval, and that of the teacher, was sought before any case was discharged as cured.

"Some very satisfactory results were obtained. Of the cleft-palate cases, two made very noticeable progress, while many of the stammerers showed decided improvement and, in nine cases, were discharged as cured. Twenty-one cases of faulty articulation were also discharged and in many other cases the defect is now very slight.

(b) Institution Cases.

In September 1935 the following number of children from Fife were in various institutions :—

Baldovan (M.D.),	2
Larbert (M.D.),	14
St. Joseph's, Rosewell, Midlothian (M.D., R.C.), ..	4
Waverley Park Home, Kirkintilloch (M.D.), ..	—
Royal Blind Asylum, Edinburgh,	6
Institution for Blind, Dundee,	4
Donaldson's Hospital (Deaf), Edinburgh,	11
Royal Institution for Deaf, Edinburgh,	8
Institution for Deaf, Dundee,	5
East Park Home for Infirm Children, Glasgow, ..	2
Lauder Road Home (Cripples), Edinburgh, ..	1
St. Vincent's School, Glasgow,	1
Colony School, Bridge-of-Weir,	1

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During the year further 12 children were admitted 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 persons at Edinburgh Royal Blind Asylum and at Dundee Blind Asylum. At September, 1935, there were seven trainees in Edinburgh and during the session one was admitted and six discharged, leaving two trainees at the end of the session. There was also one trainee at Dundee and this boy was discharged during the session.

VI. ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE OF CHILDREN.

(a) Physical Education.

The work of the physical education staff, and the progress of the physical education scheme, are reported upon by Mr. A. C. W. George, Supervisor of Physical Education in the County. There are one or two matters, however, to which I wish to refer briefly.

The first is the importance of properly equipped gymnasia for the carrying out of the physical education scheme. In this connection the condition and quality of the floor is one of the utmost importance. Any saving in cost at the expense of good and proper quality work means any amount of trouble later on. Reference to this question was also made under "Accidents in Schools" where it is shown that the bulk of the accidents in gymnasia are due to splinters from poor quality wood. It must also be pointed out that the use of central halls as gymnasia should be discontinued wherever possible. Another point which must again be emphasised is, that if gymnasia are used for dances, they should only be permitted to be so used where gymnastic shoes are worn. "*Slipperine*" or other similar substance should never be allowed to be applied to the floors of gymnasia. The use of materials such as "*slipperine*" at dances to increase the smoothness of the floor, is highly dangerous if not properly removed, and in order to remove such materials, it is necessary to employ chemical substances which are decidedly deleterious to the wooden floor. They tend to destroy the fibres of the wood and the result is a rough and uneven surface and a surface that cannot stand up to the usual wear and tear.

The second point is the place that spray baths ought to take in the physical education lesson. Reference is made to this under "spray baths".

Report by the Superintendent of Physical Education.

GENERAL.—Enormous sums of money are being spent each year in restoring the sick to health. Let us now try to build up a healthy nation. That is the view expressed by the British Medical Association in the report of its Physical Education Committee. Strong support

given to the steps now being taken by the Scottish Education Department to improve the health and physique of our citizens of the future. Thirty-three years ago considerable alarm was felt at the poor health and poor physique of our people. This led to the appointment of a Royal Commission on Physical Training (Scotland), which was composed of eminent members of the scholastic and medical professions. This Commission reached the conclusion that an endeavour should be made to build up a healthier nation and indicated the important part that physical education must play. The recommendations of that commission were, in effect, similar to those now being made by the Scottish Education Department. The fact that progress has been made in physical education is due to the interest taken in the subject by Education Committees, rather than to any encouragement given by the Education Department.

The Department, in Circular 98, refers to such matters as schemes of work; the teaching of hygiene by members of the physical training staff; the organising of training classes for teachers; the conversion of spare classrooms into gymnasia; securing the use of public halls; "Keep fit" classes for adults; improvement of playgrounds; the establishing of orthopaedic clinics, and an extension of the time to be devoted to physical education. It is gratifying to state that prior to the publication of Circular 98, the Education Committee was working along the lines now recommended by the Scottish Education Department. Mention must also be made of the fact that school camps and camps for necessitous school children have been held. The teachers who have in any way assisted in the running of these camps deserve commendation.

In the same Circular attention is directed to the importance of preserving gymnasium floors; of posture training (group remedial) classes, specialisation in the teaching of physical education in primary schools; of extending existing playsheds where no indoor provision can be made for physical training; and of establishing evening play centres in industrial areas. Recommendations in regard to these matters have been made in reports which I have submitted from time to time. In two cases only, playsheds and playcentres, would the Committee have incurred any expense.

THE TEACHING OF PHYSICAL EDUCATION IN SCHOOLS.

Primary Departments.—The majority of teachers are really interested in physical education. The high standard of work performed; the quick response of the pupils, and the fine speed with which lessons are being taught clearly indicate very careful preparation.

The visits of advisory teachers are greatly appreciated.

Post-primary Departments.—The standard of work, on the whole, is very good. Training in leadership, through team work, is an important aspect of physical education at this stage. Special attention is paid

to posture, and tests are conducted regularly. Where sufficient sprays have been installed, good use is being made of them, particularly at Moss-side School.

TEACHERS' CLASSES.—These were held in Cupar, Leven, Kirkcaldy Cowdenbeath, and Dunfermline and were attended by over 200 teachers. In two years, over 400 have taken advantage of these classes.

GYMNASIA.—The climate of this country does not lend itself to much outdoor physical training. In view of this, every endeavour has been made to secure indoor accommodation. The new gymnasias at Buckhaven High, Oakfield and Foulford Schools will be of great service.

New gymnasias are urgently required for Viewforth, Aberhill and Leven H.G. Schools, as the present accommodation is both insufficient and unsatisfactory.

Wooden or corrugated iron huts (gymnasias) should be provided at Balcurvie, Saline, Blairhall, Auchterderran E., Auchterderran R.C., and Falkland Schools. (The huts meantime being used by Beath Secondary School, when no longer required for their present purpose, could be used as gymnasias for schools where beams and ropes are not required.)

RECOMMENDATION.—In the interest of safety, old-type radiators in any place used for gymnastic purposes, should be fenced.

PLAYGROUNDS.—A report, submitted in the course of last session disclosed the fact that playgrounds, on the whole, were in a very unsatisfactory condition. This led to an effort being made to secure more money for playground improvements.

Provision was made for twelve playgrounds to be laid with carpa during the summer vacation. Apart from the fact that it is cheaper than concrete, carpave provides a much better surface.

PLAYING FIELDS.—The position in regard to the acquisition of playing fields is still unsatisfactory. There are about 60 schools in need of playing fields.

The title to use pitches or fields might be had at varying rents, at Halbeath, Forgan, Dairsie, Leslie, Letham, Dunbog and E. Wemyss Schools.

The temporary use of ground has been secured by Crossgate, Crombie, Auchterderran S., and Kirkcaldy North Schools.

Reference is constantly being made to the problems of juvenile delinquency and the minimisation of road accidents. A partial solution to both problems is to be found in the provision of playing fields.

RECOMMENDATIONS.—I should like to be in a position to make preliminary enquiries in regard to ground which might be secured for organised games; to make recommendations direct to the responsible Sub-Committee of the Education Committee and that I might be permitted to appear before the Sub-Committee in support of any such recommendation.

I feel I should be made much more conversant with matters affecting the acquisition and use of playing fields than is the case at present.

(b) Spray Baths in Schools.

Schools.	No. of Children.	No. of Baths taken.
Rosyth (King's Road),	269	1271
Rosyth (Park Road),	Nil.	
McLean P.S. (Special Classes),	42	730
Crossgates (Ordinary Classes),	71	512
do. (Special Classes),	36	369
Cowdenbeath Public,	59	270
Kirkcaldy (Eastbank),	47	999
Kirkcaldy High,	170	763
Kirkcaldy—Sinclairtown,	No Record.	
Methilhill (Ordinary Classes),	281	703
Anstruther—Waid Academy,	103	672
Cupar—Bell-Baxter,	250	5365
Newburgh P.S.,	55	950
Moss-side School, Cowdenbeath,	292	3281
Totals, ..	1675	16,085

The above figures show a further increase in the number of children taking spray baths, and also in the total number of "baths" taken. The respective figures last year were 1,383 and 14,037. These figures should be trebled if spray-bathing were more generally recognised as part of the physical education. The activity of the muscles in gymnastics not only calls for plenty air and oxygen, but also produces an increased amount of waste products which the body must get rid of. A very important organ of the body used for the removal of certain waste products, particularly excess of heat, is the skin. The exposure of the skin, after marked exertion, to hot and warm water, followed by cold, not only helps the function of the skin but the cold water also acts as a "tonic" agent which prevents the loss of excessive amounts of heat and so helps to avoid chilling of the body. Spray bathing properly supervised and regulated will therefore not be productive of colds as is the case after immersion for some time in a warm or hot slipper bath.

Although spray baths (two sets of two) were added to the gymnasium at Waid Academy, Anstruther, they were not found of use for two reasons, firstly structural and secondly, poor supervision. The structural defect causes water from the sprays to flow out into the dressing rooms. The second point, poor supervision, arises out of the fact that with two sets of sprays, only two boys can use each set of spray. If the teacher is to supervise one set, he cannot supervise the other set, and further, if he is watching the sprays, he cannot give the necessary attention to the class in the gymnasium. The fact that there is only a limited number of sprays means that the bulk of the class must remain in the gymnasium and carry on with the work there and the teacher must be responsible for the discipline there. If an accident happens in the gymnasium or a child is scalded because of lack of proper supervision, the responsibility must be with the Education Committee.

For this reason it will be obvious that a limited number of sprays bound to be uneconomical in teaching time and unsatisfactory from the teachers' standpoint.

In the case of older girls, the lack of separate dressing cubicles curtained off or otherwise separated, makes the giving of spray bath in the post-primary and secondary schools impracticable.

It should also be pointed out that some headmasters and teachers have complained that the non-provision of soap for use with the sprays tends to handicap their work in getting boys and girls to make more use of the spray baths.

VII. MOTHERCRAFT CLASSES.

These classes have been continued again in the same eleven post-primary schools as last year. They were taught by members of the Welfare Nurses' staff. The reports on the work in the various schools were as follows :—

(1) Kirkcaldy High School (Nurse Petrie)—Thursday, 9.45 a.m. to 2.30 p.m. There are five classes with pupils of an average age of 12-13 years. The number per class varied from 12-24. In the case of one of the classes the number was, for the last Term, as high as 32. A number above 20 is far too high, especially as the room in which the instruction is given is cramped.

Two classes were taken by Nurse Wilson (Thursday—2.30 to 3.50 p.m.). The number of these two varied between 16 and 23 and the average age was about 13 years.

(2) Viewforth, Kirkcaldy (Nurse Petrie) — Mondays, 9 a.m. to 12.45 p.m. There are five classes and the number of pupils per class is 15-24—most of them being about 17 or 18. The accommodation and teaching facilities are better in this school.

(3) Burntisland H.G. School (Nurse Wilson)—Tuesday—1.40 to 3.5 p.m. The two classes numbered about 15 girls of an average age of 13 years. The room used for teaching this subject is poor and most unsuitable and the ventilation is very bad in consequence.

(4) Queen Anne School, Dunfermline (Nurse Petrie)—Wednesdays—9 a.m. to 12.45 p.m.). Two classes with 9-24 pupils. In the case of one class the number the first term was 13 and was increased to 24 the second and third terms. In this school the pupils receive two hours consecutive teaching. The instruction is given in a hut which is well adapted for the work but the ventilation and heating are poor.

(5) Inverkeithing Public School (Nurse Petrie)—Tuesdays, 2.15 to 3.45 p.m. The two classes have an average number of 16 pupils whose ages range from 11 to 13 years. Instruction here is given in a large disused classroom. A difficulty is the getting of hot water, and provision should be made for the use of a gas burner to heat water when required.

(6) Lochgelly Higher Grade School (Nurse Petrie)—Mondays, 2.30 to 3.30 p.m. There is only time for one class—with 17 pupils of about 13 years of age. The working conditions were very unsatisfactory but it is hoped that these will be improved soon. Hot water has to be obtained from the Domestic Science room although when a fire is on, a kettle of water can be brought to the boil. A cot is required, as the lack of one definitely hinders the practical instruction.

(7) Moss-side School, Cowdenbeath (Nurse Caithness)—Thursday, 9 a.m. to 12.50 p.m. There are five classes held on Thursdays from 9 a.m. to 12.50 p.m. During the absence of Nurse Caithness in the First Term, Nurses Campbell and Gough were responsible for this subject. The average number of girls was 12 and their ages varied from 13 to 14½ years. "All the girls were keen on the bathing and dressing of the doll." Nurse indicates that it would be "a great advantage if we could arrange to have a real infant for demonstration purposes". Whilst the majority of the girls "like poultice making and bedmaking, they quickly tire of the latter".

(8) Beath R.C. High School (Nurse Robertson)—Mondays, 9-11 a.m. Three classes with an average number of 15 pupils aged from 12 to 15 years, were held. "Certain subjects in the Syllabus made more appeal to the girls than others. Much repetition and detail is necessary but tends to become irksome." "More practical work is necessary but lack of space and sufficient equipment provides a hindrance to this side of the work." "The girls showed a particularly keen interest in the clothing of infants and toddlers."

(9) Buckhaven High School (Nurse Simpson)—Thursdays, 1.45 to 3 p.m. There were six classes with 17-24 pupils of an average age of 13 years. The pupils, with the exception of one class, had two terms only. Nurse reports that "the type of girl in the classes this year has been much better and I have found them much more attentive; the difficulty of keeping discipline begins after one starts the practical side of the work. It is quite impossible to keep a class of 20-24 girls attentive with only one doll, etc." The class is held in the domestic science department and is quite suitable for this class. This nurse expresses the opinion that the girls are too young to get any real benefit from these classes.

(10) Aberhill Public School (Nurse Webster)—Fridays, 9.30 a.m. to 12 p.m. Four classes with numbers varying from 10 to 19 pupils, aged 12-14 years. Some of the classes were held weekly and some fortnightly. This nurse reports that she found the girls in the one class, and who were about to leave school, very difficult. It seems that in their opinion they considered their education as completed and had no more to learn. Here also more attention was given to the practical demonstrations and work.

(11) Leven H.G. School (Nurse Bisset)—Wednesdays, 9.45 a.m. to 12.35 p.m. Four classes—the number of girls varies from 7 to 20 and the ages from 11-15 years. Nurse reports that two of the classes are too big (17 and 20) for efficient instruction.

Taking the reports as a whole, it can be again stated that the work of these classes must, on the whole, be considered satisfactory. The factors militating against obtaining the best results are the lack of suitable accommodation and also insufficient equipment. More dolls, cots, etc., would allow for more practical instruction, and so keep up the interest which the girls generally have, in these classes. The opinion of the nurses varies somewhat as to the best age for these classes but there can be no doubt that the benefits derived from this aspect of instruction would be more lasting if it could be given to the older rather than the younger girls. There is evidence, however, that the younger girls are definitely interested and provided the theoretical instruction is kept within definite limits and as much practical instruction given as accommodation and equipment will allow, then the girls will not easily forget the instruction they have received. The older girls, who are nearing the "leaving of school" period, are more likely to be interested in the practical side of the work and for them, also, the theoretical side should be reduced to a minimum. If, therefore, the mothercraft classes are to be as successful as they ought, and can be, we must have more equipment and wherever possible, more accommodation.

VIII. ARRANGEMENTS FOR FEEDING AND CLOTHING SCHOOL CHILDREN.

From the statement of expenditure on Meals and Clothing for the year ended 15th May 1936, the amounts incurred are as follows :—

(1) Cost of Apparatus,	£17	5	11
(2) Meals (Necessitous Cases),	147	5	0
(3) Boots and Clothing (Necessitous Cases),	2068	0	7
(4) Meals for Non-Necessitous Cases,	1224	14	0
Total,	£3457	6	0

Boots and Clothing.

The arrangements for the inspection of school children suffering from malnutrition or defective boots and clothing were the same as last year. During the past school session the following cases were found at inspection :—County 148, Kirkcaldy Burgh 10, Dunfermline Burgh 0.

The number of cases brought forward by the headmasters, teachers and parents were :—County 108, Kirkcaldy Burgh 35, Dunfermline Burgh 16—a total of 159.

Out of this total of 317 children, 174 (all County cases) were recommended to have special nourishment in the form of some malt preparation, 103 were given milk (County 60, Kirkcaldy 40, Dunfermline 3) and in 33 cases meals were provided (County 15, Kirkcaldy 5, Dunfermline 13).

In the case of boots and clothing, the majority of the cases (5,933) were brought forward by the headmasters as applications made by the parents. Of these 4,778 were in the County, 779 in the Burgh of Kirkcaldy and 376 in the Burgh of Dunfermline. At medical inspection only 76 cases were found (County 61, Kirkcaldy 15) where the children were in need of boots and clothing. The recommendations of the medical staff were as follows:—874 were recommended for clothing only (County 511, Kirkcaldy 357, Dunfermline 6), 1,346 were recommended to have boots only (County 849, Kirkcaldy 437, Dunfermline 60), and 3,481 were indicated as requiring both boots and clothing (of these 3,171 were from the County and 310 from Dunfermline Burgh). Of the County cases 26 were referred for boot repairing and a further 120 recommendations were made for other special articles—special boots, coats, etc., and in 162 cases nothing was recommended.

It should also be mentioned that amongst school children 133 were recommended to have spectacles (County 111, Kirkcaldy Burgh 22).

IX. ARRANGEMENTS FOR MEDICAL TREATMENT.

(a) Minor Ailments.

(a) NORTH-EAST FIFE.—In St. Andrews the school clinic is so very small that the nurse has to do her daily dressings at the Child Welfare Centre. There is no waiting room and this lack is particularly noticed at eye clinics, which usually entail a long period of waiting. More commodious clinic accommodation is long overdue.

In Tayport the nurse does dressings twice weekly in the school. It is hoped that the clinic which is in process of construction may soon be ready. It is a great inconvenience that the children from the Newport-Tayport area have to travel to Cupar or St. Andrews for eye examination.

In the Newburgh School Clinic the nurse does the dressings as necessary, and in all other parts of the area cases are treated by the nurses when required either in their own homes or in the nurse's house. Apart from Tayport and St. Andrews the arrangements for clinic work must be considered as sufficient for the district.

(b) KIRKCALDY LANDWARD DISTRICT.—Buckhaven-Leven.—The work in the general clinics, having regard to the facilities available, is efficiently carried out. The clinic accommodation is inadequate and it was unfortunate that the building of the new clinic near Methil Brae was held up. When built, it will serve the Aberhill-Methil part of the area for school clinic purposes but it will also serve as the chief clinic for such special purposes as Child Welfare Clinics, orthopaedic and "sun-light" radiation clinics in the area.

The clinic at East Wemyss is also inadequate for its purpose and more accommodation is definitely required.

Burntisland-Markinch.—School clinics are held twice weekly both at Burntisland and Markinch Schools. Whilst the clinic accommodation at Burntisland has been sufficient for the treatment of minor ailments, the increasing demands for clinic treatment, particularly for orthopaedic and dental work, calls for an extension and it is suggested that a reconstruction of the present clinic premises would supply reasonable accommodation for some years. The Area Medical Officer reports that there is real need for the provision of a school clinic at Leslie, "in fact such a clinic is more necessary at Leslie than at Markinch. A similar clinic could also be established with advantage at Thornton".

At Auchtermuchty there are no facilities for clinic treatment. Even medical inspections have to be carried out in the headmaster's room where frequent interruptions are necessary to allow the headmaster to get at any of his books or files. It has been recommended that clinic accommodation be supplied at this school.

Lochgelly Area.—The Area Medical Officer reports that "with the large increase in special clinics during the past year, it has been found necessary to reduce further the time and supervision spent at general school clinics." The large increase in the number of special clinics to which Dr. Hyde had to give attention during the year is due mostly to increased number of eye clinics, more regular attendance at Ultra-Violet Ray Clinics, and the addition of diphtheria immunisation and orthoptic clinics. Out of 167 children immunised against diphtheria 44 were of school age.

(c) **DUNFERMLINE LANDWARD DISTRICT.**—**Cowdenbeath Area.**—The school clinic premises are fairly satisfactory both in Cowdenbeath and in Kelty but neither is of sufficient size, and in the case of the latter the absence of hot water and electric lighting are a distinct disadvantage.

West of Fife Area.—General clinic work is carried out in Crossgates Inverkeithing, Torryburn, Tulliallan and Blairhall Schools. At Blairhall the only room available for this purpose is the cookery-laundry room. Apart from certain minor disadvantages of this arrangement one objection is the fact that clinic time-tables have repeatedly been changed to meet the educational demands on the use of this room. The want of clinic accommodation is felt in the Saline district.

(d) **KIRKCALDY BURGH.**—"There has been no change in the general working of the clinics during the past year and the work continues to be satisfactorily carried out. Two boys who suffered from ringworm of the scalp during the year had X-ray treatment carried out at the Central Clinic."

(e) DUNFERMLINE BURGH.—The medical staff of the Carnegie Dunfermline Trust are responsible for the treatment of the school children attending the schools of the burgh.

Clinics (County).

There were 2,092 clinic visits made by the Welfare nurses ; 10,179 new cases were treated and these made 46,165 attendances at the school clinics. The number of cases and the attendances for the various main conditions were as follows :—

	<i>New Cases.</i>		<i>Attendances.</i>	
Head Vermin,	32	..	79
Body Vermin,	—	..	—
Ringworm (Scalp),	5	..	52
Scabies,	84	..	274
Uncleanliness or Neglect,	14	..	16
Impetigo Contagiosa,	1432	..	7383
Other Skin Conditions,	289	..	1596
Otorrhoea,	366	..	6019
Eye Disease (External),	515	..	5891
Ear Cases,	157	..	469
Nose and Throat Cases,	71	..	410
Cuts and Bruises,	2442	..	5139
Septic Conditions,	2722	..	7730
Other Cases,	1613	..	7174
Tuberculin inunctions,	139	..	3265
Accidents,	180	..	540
Advisory Cases,	118	..	128
Totals,	10,179	..	46,165

The number of cases and attendances show an increase over last year (10,087 cases and 44,247 attendances). Ringworm of the scalp still remains at a very low figure. Scabies shows a rise in cases but not in attendances. Impetigo Contagiosa was more prevalent, particularly in Methilhill, Auchterderran and Crosshill. Another condition responsible for a good deal of attention, otorrhoea or discharging ears, does not show an increase and the same applies to external eye conditions. In previous years reference was made to the high figure for "other cases" and during the past year the nurses were asked to keep a note of two main conditions making up this item, namely (1) cuts and bruises and (2) septic sores. The respective figures for these conditions will be seen to be 2,442 and 2,722. Reference must also be made to the inunction of "tuberculin" ointment. Whilst the number of cases is not high, a large number of attendances is necessary. As the bulk of the cases are in certain areas (Kelty, Lochgelly, Crosshill and Auchterderran), an increasing amount of the nurses' time is involved and is tending to affect their other work.

In a special report on the treatment of discharging ears, Dr. Gumley states that he has continued the use of the dry method. "The method is simple, rapid, clean, cheap and causes neither pain nor discomfort. In this area it is carried out entirely by the nurses and in their hands has proved itself so satisfactory that it has completely displaced treatment by Calot's solution, anti-virus or perchloride in glycerine; peroxide and syringing are now used only as preliminaries."

"Dry methods, making use of a boracic acid powder containing 0.75 per cent. iodine, have been applied during the year to cases of chronic and recurrent discharges from the tympanum and the method also proved valuable in acute otitis media and where rupture through the tympanic membrane had occurred with the cessation of pain and the establishment of discharge."

"As with other methods of treatment of chronic otorrhoea, improvement is either soon apparent or does not materialise. It is extremely unlikely that definite disease of the bony walls of the antrum and cell will yield to conservative measures but this is not the type of case met with in a school clinic. These are usually cases in which Eustachian catarrh perpetuates the otorrhoea, the discharge being definitely mucopurulent in character, constant and long-continued or frequently recurrent. Even in the presence of conditions of poor drainage such as attic perforation and granulation masses, good results have been obtained, perforations healing and granulations shrinking and ultimately turning epithelialized. Wider use of this method is to be encouraged as the results obtained in the Cowdenbeath area suggest that the "chronic running ear" of the school clinic is particularly amenable to treatment by this means."

A detailed analysis of the work carried out in the various regular and recognised clinics throughout Fife is 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 1,688. Of these 338 were cases of impetigo, 1 were other skin conditions, 81 otorrhoea, 80 eye diseases, 121 ear cases, 118 cuts and bruises, 83 septic conditions and 198 accidents.

In the burgh of Kirkcaldy the treatments, with the exception of 1 were carried out in the various clinics. The Welfare Nurses paid 8 clinic visits and treated 3,606 new cases, who made 14,021 attendances. The main conditions treated were impetigo 379 (attendances 1,777), other skin conditions 182 (1,272), otorrhoea 116 (2,045), eye diseases (external) 178 (820), and other cases 2,623 (7,561).

In the old Burgh of Dunfermline the school children were 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 (4,987) made, along with old cases, 32,395 attendances. Details are published in a special report by Dr. Emslie Smith, Medical Officer of the Carnegie Dunfermline Trust.

(b) Dental Treatment.**County.**

Members of the Public Health Committee last autumn drew attention to the frequent changes of the County Dental Staff and the Committee instructed the Medical Officers to draw up a Memo. on the Fife Dental Scheme with special reference to this matter.

Originally under the Fife Education Authority there was one whole-time and two part-time dental officers. It was not, however, until 1924, when three whole-time officers were appointed, that there was, in fact, a dental scheme, a scheme which allowed of the setting up of dental clinics in different parts of Fife. In the summer of 1930, under the Local Government (Scotland) Act, 1929, the School Medical Scheme, which included dental treatment, was taken over by the Fife County Council. If we take this date we find that previous to this and since 1924, there were nine new dental appointments. The average period of service works out at 2 years and 7 months. Since the County Council took over, there have been eleven new dentists appointed. Leaving out of count one dentist who resigned for medical reasons, there were six dentists with an average period of service of 1 year and 9 months.

The reason for these frequent changes is evident when we compare the Fife dental salaries with those paid in other parts of Scotland. Even in counties with a senior dentist, the junior assistants who are working under the guidance of a senior officer, are better paid than the dental staff in Fife.

From inquiries made, it seems that the other Counties claim to be able to obtain more experienced officers with the better salary scales they offer. It is a fact that none of our officers had previous school dental experience and it follows that it must take some time—generally estimated at a minimum of two years—before they have sufficient experience to realise and appreciate what a school dental scheme implies. We in Fife have, on the whole, been very fortunate in our dental appointments, but after every appointment there is a kind of lull during which the dentist is, metaphorically speaking, finding her "feet" and learning the various routine difficulties to be met with in school dental work.

These difficulties are by no means negligible. It will be readily appreciated that any mistakes made, however slight, tend to be magnified by parents, some of whom lose no opportunity to find fault and to criticise a public service. It is natural for parents to be suspicious of new officers and it is only after the officers have been in the area for a considerable time (three years and onwards) that they become known and the parents' antagonism tends to change to appreciation and confidence in the work of the dentist. It will be obvious that parents of the school children in Fife cannot have the necessary confidence in a staff whose average tenure of office tends to be less than two

years. It is only in the third year that the County Council is getting full value from the work of the dentist, who by this time should have settled down, and, through the experience gained, can then be looked upon as experienced in the school dental sense of the word.

It must be emphasised that the present dental staff is inadequate to cope with all the demands made upon them. At present, even with less than 50 per cent. of acceptances for treatment at the school clinics, the four dentists can only carry out about 65 per cent. of the dental treatment required for these children. If the full dental treatment were attempted for each child, the staff would find it impossible to undertake the treatment of all those who apply, and in order to give treatment as far as possible to all applicants, the amount of treatment must be curtailed.

Before 1930, the school dentists only carried out dental treatment of school children. After the County Council took over the school medical and dental schemes, additional work was imposed upon the dental officers. The additional work consisted in the dental treatment of adult cases (semi-necessitous expectant and nursing mothers, *public assistance* cases, and members of the Police staff). This work is done after school hours. At first there were only a few cases and the extra work was not too burdensome but the numbers have increased (73 in 1932 to 258 in 1935) to such an extent that the extra time required for this work is imposing a strain upon the staff—especially when it is realised that 83 per cent. of this work is done by two of the dentists. For this extra work (after school hours) no extra pay is made to those dentists nor to the dental attendants.

It should also be pointed out that every effort is made to encourage dental treatment of pre-school children and here there is an increase (100 to 278). All this makes extra demands on the time of the dentists and the time has arrived for the appointment of extra dental officers.

In conclusion we must draw the attention of the Public Health Committee to a Circular (No. 96) issued by the Scottish Education Department in which the Secretary of State calls for special attention of the Authority to, amongst other things, "*an urgent need for a fuller dental service in order that the present disquieting position may be remedied. In particular, more work of a conservative nature should be undertaken.*"

Partial dental inspection reveals that at present there are more than sufficient cases to keep the dentists fully employed on extraction work, emergency and other, instead of on the more profitable conservative duty of preserving teeth. The later effects of this policy are amply illustrated by the steady stream of requests sent by the Public Assistance Officer, for the extraction of six to twenty, and even more teeth for those for whom he is responsible. These Public Assistance cases, having been rendered edentulous, it is essential in the case of those of working age or nursing or expectant mothers, to be furnished with the necessary artificial dentures—the relative costliness of this scheme needs no elaboration.

NORTH-EAST FIFE.—The Area Dentist reports that there is a good number of children in Cupar, Newburgh and St. Andrews who return their inspection cards "School Dentist". In Ladybank the proportion is not nearly so good but those who do, attend regularly and reappear for re-inspection.

She also states that "the teeth in the Anstruther Area are very bad. At Pittenweem a large number of the children inspected show no sign of any dental treatment whatsoever and are in great need of it."

"The country schools near St. Andrews and Cupar are gradually beginning to take advantage of fixed clinic days in their area and treatment begun at a school visit is often completed at a later date at the central clinic. Abdie, Letham, Kingskettle, Rathillet, Strathmiglo and Dunino are particularly good and it is unfortunate that they cannot receive the attention for which they ask, because of the large number requiring attention there."

At Tayport and Auchtermuchty, the returns for school dentist are also good but work is greatly restricted due to the absence of a proper clinic and treatment can only be carried out when a classroom is disengaged.

"Taking the area as a whole, the children in the infant department appear to have very bad teeth and often show signs of gross sepsis. To give these children healthy mouths, repeated visits for extractions are required."

"In the second or later group of children, where children have had repeated illnesses, their mouths have often become very dirty in a comparatively short time and in this type of case a general anaesthesia for clearance purposes is advisable. Cases who have received extensive extractions have improved rapidly and the remaining teeth appear to become more resistant."

"Co-operation with the Child Welfare Scheme is slowly having its results in the growing number of pre-school children attending the clinics and one or two not infrequently come to country schools for treatment."

BUCKHAVEN-MARKINCH AREA.—3,392 children were inspected in this area and of these, 3,127 were referred for treatment—1,487 accepted school dental treatment and 85 refused treatment. The remainder (1,555) signed "own dentist".

In this area, fairly adequate facilities for treatment exist in the various clinics. At East Wemyss the space is limited and the work is therefore hampered. At Leven (Parkhill Public School) better lighting would help the work in the winter months. With a view to meeting the demand for dental treatment at Leslie, arrangements have been made to carry out treatment in one of the staff rooms in the West School.

LOCHGELLY-BURNTISLAND AREA.—6,432 children were inspected and 5,620 referred for treatment and of these, 2,277 accepted treatment in the school clinics. Re-inspection was made in 112 cases and after being referred to the parents for a second time, a further 38 accepted 134 children, whose parents had signed "own dentist", changed over after the parents had been interviewed by the dentist.

The Area Dentist reports also that "440 parents were interviewed and their children's condition and necessary treatment discussed and explained. Many parents seem to postpone treatment where there is no pain, relying on the child receiving another card at a subsequent inspection. I would like to mention that Crosshill School returns for school dentist remain the highest in the area—at 60·67 per cent."

"The attendances have been very good, some of those children receiving appointments during the holiday period attending a week earlier rather than miss an opportunity due to their being away from home on the date of their appointment."

"The clinic at Burntisland is still most unsuitable but I understand the matter is under consideration. When better accommodation is acquired, a new and larger chair would be a great advantage as the present one is only fit for the treatment of small children."

COWDENBEATH AND WEST FIFE AREA.—Here 1,871 children were inspected. Of those referred for treatment, 838 children accepted school dental treatment and 849 indicated "own dentist". "Unfortunately a great percentage of this number receive no dental treatment of any kind. When one inspects a school, it is almost possible to decide which are 'school' and which are 'own dentist'."

The dentist also draws attention to the unsatisfactory clinic at Kelso where a great amount of dental work is done. "The room is very badly ventilated and the heating arrangements totally inadequate. In addition there is no waiting room for the children, and more important, no recovery room. The facilities provided at Blairhall make work very difficult. There are no conveniences and the portable chairs are very inconvenient to work with. Also there is, of course, no waiting room."

The following figures indicate the *total dental work* carried out by the four Area Dentists in the County of Fife.

During the school session of 1935-36, there were 15,469 school children inspected throughout Fife. Of these, 1,572 had sound teeth, or about 10·1 per cent.; 9,723 had 1-4 defective teeth; 3,286 had 5-8 defective; and 888 had 9 or more defective teeth. The number of children referred to their parents as requiring dental treatment was 13,886 or 89·7 per cent. of the total inspected. The number of parents who indicated that they wished dental treatment carried out at the school clinics was 6,341 or 45·6 per cent. 7,367 indicated that they wished treatment by

their "Own Dentist". 119 refused to have treatment and 59 cards were not returned. 112 children were re-inspected and of these 111 were referred for treatment. Only 38 accepted treatment.

The County Staff visited 126 schools for the purpose of inspection, and made 122 school visits (country schools) to carry out treatment. The number of children treated at the schools was 1,390 and these received 3,934 treatments (2,674 extractions, 1,923 dressings, fillings, etc.). The school dentists made 1,836 visits to the school clinics—this includes 31 clinics for extractions under a general anaesthesia. *The total number of children treated was 13,550 and they received 34,220 treatments (2.5 per child).*—Of these, 1,874 were casual and 9,015 appointment cases. The number of treatments given in the various clinics are indicated in the following table :—

	Extractions.	Dressings, Fillings & Scalings, etc.	Total Dental Operations.
Dupar,	500	1141	1641
Fayport,	280	496	776
St. Andrews,	410	736	1146
Anstruther,	83	345	428
Newburgh,	276	477	753
Ladybank,	116	225	341
Lochgelly,	1025	621	1646
Crosshill,	1014	753	1767
Auchterderran,	1229	912	2141
Inverkeithing,	666	753	1419
Burntisland,	846	806	1652
Buckhaven,	1457	309	1766
Leven,	1059	403	1462
Markinch,	1058	537	1595
East Wemyss,	528	175	703
Methilhill,	644	174	818
Elie,	150	57	207
Cowdenbeath,	2284	1149	3433
Kelty,	1176	600	1776
Forryburn,	1074	683	1757
Crossgates,	683	406	1089
Blairhall,	581	267	848
Fulliallan,	317	142	459
Totals,	17,456	12,167	29,623

A further analysis of the figures submitted by the dental staff gives more detailed information of the work done. There were 611 extractions carried out without an anaesthetic—607 of these teeth were temporary and very easily removed. In the case of the teeth extracted with a local anaesthetic, 15,188 were temporary or milk teeth and 3,321 were of the permanent set. The number of teeth extracted under a general anaesthetic was 1,010. The percentage of extractions to the total number of dental treatments is 58.8. It will not be possible to reduce 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 inspection at least once a year for every school child.

The analysis of the figures for conservative treatment in Fife is as follows :—The number of dressings was 2,012, and 1,805 of these were for permanent teeth. The total number of fillings inserted into teeth was 6,817 (2,815 “Cement”, 3,544 “Amalgam”, and 458 “Silicate fillings”). Here again the greater number (5,575) 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 4,355 such treatments given (3,250 temporary and 1,105 permanent teeth). Scaling of teeth or the removal of “tar” was carried out in 530 cases—practically all on permanent teeth. Besides the foregoing dental operations, there were also 376 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 427 were treated at the school dental clinics.

LARGE BURGHS (KIRKCALDY AND DUNFERMLINE).

During the past school year the number of children inspected was 1,449 (Kirkcaldy) and 3,916 (Dunfermline). In the former burgh the number with sound teeth was 119 (8·2 per cent.) and in the latter 1,364 (34·8 per cent.). The number referred for treatment was 1,331 and 2,552 respectively. In Kirkcaldy 650 or 48·8 per cent. accepted school dental treatment. For the purpose of these inspections the number of school visits by the dentist was 10 and the clinic visits numbered 488. The total dental treatments in Kirkcaldy was 7,000 and was made up as follows :—2,448 extractions, 775 dressings, 611 fillings, 1,986 silver nitrate and scalings, 1,184 others. The number of casual cases was 985 and there were 2,667 appointments. There were 101 appointments that were not kept. The figures for Dunfermline are :—Total treatments, 13,346—extractions 3,506; conservative treatments 9,840 (dressings 534, silver nitrate and scalings 5,111, fillings 4,118, and others 77).

X. ACCIDENTS IN SCHOOLS.

1. Minor Accidents.

One hundred and sixty-one schools sent replies to the circular asking for information on the number of accidents that occurred on school premises during the year. In the case of one school (Smithygree)

It is recorded that no accidents occurred. In seven schools no records were kept and only occasional "skinning of knees" was indicated. In some of these schools a change of headmasters was given as an explanation for "no records".

The total number of minor accidents which are reported from the schools and which required first-aid treatment was 10,206, an increase on last year (9,324). 1,976 of these occurred in gymnasia or places used for gymnastic purposes; 2,466 in classrooms, and 5,764 outside the school buildings and in the playgrounds.

(a) GYMNASIA.—Accidents occurring in gymnasia show a definite increase over last year (1,282). Here again the chief cause of the accidents was "splinters"—the number being 1,790 (90 per cent.). The schools with the outstanding number of splinter accidents were:—

Townhill (Dunfermline),	..	..	..	..	293
Ballingry,	..	..	..	..	211
St. Leonards (Dunfermline),	..	..	..	..	154
Lumphinnans,	..	..	..	..	130
Viewforth (Kirkcaldy),	..	..	..	..	105
Glencraig,	..	..	..	..	70
Lochgelly South,	..	..	..	..	59
Denbeath,	..	..	..	..	54
Dunfermline High,	..	..	..	..	50
McLean (Dunfermline),	..	..	..	..	47
Abbotshall (Kirkcaldy),	..	..	..	..	41
Kingskettle,	..	..	..	..	40
Lochore R.C.,	..	..	..	..	38
Aberhill, ..	..	..	..	..	36
Coaltown of Wemyss,	..	..	..	..	35
Methil, ..	..	..	..	..	34
Burntisland H.G.,	..	..	..	..	32

I wish again to direct attention to the fact that the following schools have for the past three years had an unenviable reputation for splinter accidents. They are:—Denbeath, Lumphinnans, Viewforth, Coaltown of Wemyss, Glencraig, Lochgelly South, Lochore R.C., etc.

There are two main factors causing these splinter accidents. They are:—(1) Use of central halls as gymnasia, and (2) Quality of the wood used for the flooring of the gymnasia. It must be obvious to anyone that a floor which is frequently walked over with heavy shoes or boots is liable to be more quickly worn than where a floor is only required for gymnastic purposes, especially where suitable "gym" shoes are worn. Further, a good quality and properly laid ("edge grained") wood will stand up to wear and tear better than a poor quality wood and particularly where the grain of the wood runs longitudinally. With such good persons running or walking against the grain of the wood are liable to raise splinters which cannot occur with "edge-grained" wood. If

we examine the above list of schools we find that those at the top of the list are also schools in which central halls are used for gymnastic purposes. In all these cases a harder and better quality of wood should have been used. Also, greater care should have been taken to select edge-grained wood and the possibility of splintering would have been negligible, although tear and wear would still have depended upon the amount of use made of the floor and the hard quality of the wood. Further, dry cleaning of all such floors should be the rule as washing and scrubbing with soap and water is detrimental to the fibre of the wood. Planing of the floor is also only a temporary expedient if the floor is wrongly laid, and this we have seen in a number of schools so treated—the outstanding case is that of Townhill (in 1933—64; in 1934, after planing—negligible; and in 1935—130).

Various expedients have been used by other educational authorities such as laying the floor with linoleum. From one authority it is stated that "this has not proved at all satisfactory on account of the difficulty of getting the linoleum to lie evenly on the floor and chiefly because such linoleum, when it becomes polished, is very slippery and does not afford a satisfactory foothold." Another authority states that in a few instances defective floors have been covered with cork linoleum. "This has proved satisfactory from every point of view and is cheaper than re-laying the boarding." It is also stated that the linoleum can be prevented from curling up by laying the linoleum from wall to wall and gluing it. Care must, however, be taken that any "knots" in the wood are removed, otherwise the linoleum will be liable to split. In a third authority the pitch pine which used to be used for floors has been replaced by a different kind of timber, namely "Jarrah". "It has been used here in the school for a number of years and the Authorities are very well satisfied with it."

The other accidents occurring in gymnasia were:—Sickness 8, bruises 41, cuts 35 and others 27. The small number of these accidents speaks eloquently of the control and efficiency of our gymnastic staff (classroom as well as specialist teachers).

(b) CLASSROOMS.—There were 2,466 minor accidents recorded occurring in classrooms, an increase over the figure of last year (2,046). The bulk of the accidents were cuts and bruises, 851 and 209 respectively and again a large number of cases of sickness are recorded, 768. Kirkcaldy High School has again the highest number (134), although there is a reduction on last year's figure (181). Buckhaven High (33) and Lumphinnans (30) come next. The schools with outstanding "cuts" accidents are, Viewforth (103), Thornton 56, Kirkcaldy High 41, Buckhaven 38, and Aberhill 34.

Reference must again be made to the large number of splinter accidents occurring in the classrooms in Aberdour School, due to the condition of the Old School desks. These ought to be replaced by new and more up-to-date desks and seats.

(c) PLAYGROUNDS.—The number of minor accidents (5,764) occurring in the playgrounds shows a reduction on last year (5,996). The bulk of these accidents were cuts and bruises (5,144—89 per cent.). The schools with the outstanding number of such accidents are :—

Burntisland H.G.,	..	..	237 (200) (250)
Sinclairtown,	..	..	227
Townhill (Dunfermline),	..	..	212
Pathhead (Kirkcaldy),	..	..	164 (226) (113)
Kirkcaldy High,	..	..	164
Thornton,	..	..	156
Culross,	..	..	140 (110) (127)
Markinch,	..	..	123
Glencraig,	..	..	120 (80) (110)

For comparison, the numbers recorded in previous reports are given in brackets (1935) (1934).

Inquiries into the probable causes for the high number of such playground accidents as cuts and bruises are usually met by some reply indicating the condition of the surface. Whilst no doubt this is the prime factor in causing these accidents, there is another not so generally recognised, namely, the lack of sufficient ground for the children to run about freely. This factor is the main cause for the large number of accidents in the case of Burntisland H.G. School. Here there is a very small playground for a large school population, and there is a further complicating condition which aggravates matters here, namely, the large number of corners of the many buildings constituting this school. The same conditions apply to Kirkcaldy High School and Culross.

2. Major Accidents.

Under major accidents are classed those where medical attention was required. There were 172 such accidents and from the reports of the headmasters, 15 occurred in "gymnasia", 21 in the classrooms, and 36 outside the school premises. The highest number in any school (Oakfield H.G.) was 9 and the next were—8 (Queen Anne), 7 (Broad Street), 7 (Viewforth), 6 (Bell-Baxter, Cupar), 6 (Denbeath), 6 (Aberhill). The total number of major accidents is not only reduced (1935—1934) but they are also spread over a larger number of schools. Last year there were three schools with figures above ten (Kirkcaldy High 16, Queen Anne, Dunfermline 12, and Viewforth 11).

APPENDIX I.
TREATMENT (MINOR AILMENTS).
(a) CLINIC CASES.

Condition.	Torryburn.	Blairhall.	Inverkeithing.	Crossgates.	Cowdenbeath.	Kelty.	Lochgelly.	Crosshill.	Auchterderran.	Markinch.	Burntisland.	Thornston.	East Wemyss.	Methilhill.	Buckhaven.	Leven.	Cupar.	Tayport.	Kirkcaldy Burgh.	Dunfermline Burgh.	Totals.
Clinics Visited, ..	68	101	154	131	170	142	141	127	155	81	99	8	98	91	125	148	166	77	860	—	2942
Head Vermin, ..	4	—	—	—	—	—	—	—	—	—	24	—	—	—	—	—	—	4	—	5	37
Body Vermin, ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ringworm (Scalp) ..	2	—	—	2	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	1	8
Scabies, ..	—	—	6	—	7	7	3	15	2	1	7	—	9	7	1	11	—	8	13	23	120
Uncleanliness and Neglect, ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Impetigo Contagiosa, ..	64	42	31	104	116	86	82	124	145	3	75	3	63	185	105	77	75	8	26	—	40
Other Skin Conditions, ..	9	6	20	20	31	8	26	24	1	10	11	1	29	15	4	17	20	37	379	550	2361
Otorrhoea, ..	9	3	16	27	40	22	15	33	14	—	24	—	29	23	45	44	16	66	182	686	1157
Eye Disease (External)	19	36	39	40	30	20	29	47	37	34	35	3	38	26	30	44	8	6	116	73	555
Ear Cases, ..	10	23	3	7	—	—	—	21	2	9	12	—	4	1	34	21	5	5	14	96	1000
Nose and Throat Cases	—	19	4	7	—	2	—	1	2	9	2	—	—	—	—	4	9	12	8	146	225
Other Cases, ..	170	84	115	121	103	212	112	260	17	44	116	16	70	36	—	24	65	48	2623	753	4989
Cuts and Bruises, ..	—	281	124	148	30	124	519	366	83	—	191	—	289	111	109	51	16	—	—	1010	3452
Septic Conditions, ..	—	148	343	183	46	85	439	408	62	28	134	—	142	345	269	88	2	—	—	1337	4059
Accidents, ..	11	—	11	6	9	—	—	—	—	47	52	—	—	3	4	12	25	—	2	—	182
Advisory Cases, ..	1	—	24	7	14	—	—	—	—	13	25	—	—	—	9	8	17	—	63	—	181
Tuberculin Inunctions	—	—	—	4	8	24	26	27	23	—	—	—	—	6	14	7	—	—	—	—	139
Totals, ..	299	642	736	676	434	590	1251	1326	388	216	708	23	644	758	625	411	258	194	3606	4987	18,772
Totals (1934-35)	280	642	1189	981	493	679	1165	1076	365	281	650	—	546	529	488	382	152	185	3775	5251	19,109

APPENDIX I.

TREATMENT (MINOR AILMENTS).

(b) CLINIC ATTENDANCES.

Condition.	Torryburn.	Blairhall.	Inverkeithing.	Crossgates.	Cowdenbeath.	Kelty.	Lochgelly.	Crosshill.	Auchterderran.	Markinch.	Burntisland.	Thornnton.	East Wemyss.	Methilhill.	Buckhaven.	Leven.	Cupar.	Tayport.	Kirkcaldy Burgh.	Dunfermline Burgh.	Totals
Home Treatments, ..	396	—	—	—	—	—	—	—	—	—	43	—	—	—	—	—	81	72	17	32	641
Head Vermin, ..	12	—	—	—	—	—	—	—	—	—	67	—	—	—	—	—	—	—	—	16	95
Body Vermin, ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ringworm (Scalp), ..	8	—	—	14	—	—	—	—	—	—	—	—	—	—	30	—	—	—	87	234	373
Scabies, ..	—	—	12	11	20	23	15	79	8	3	15	—	10	17	1	35	—	25	41	263	578
Uncleanliness and Neglect, ..	—	—	—	—	—	—	—	—	—	9	—	—	—	—	—	7	—	—	334	—	350
Impetigo Contagiosa	441	116	350	699	524	382	666	707	615	112	301	9	197	708	509	554	363	130	1774	4218	13,375
Other Skin Conditions	79	41	145	194	140	120	57	82	2	162	108	3	—	76	17	74	78	218	1272	6603	9471
Otorrhoea, ..	26	25	550	377	230	449	301	665	198	—	321	—	492	378	998	701	272	36	2045	1600	9664
Eye Disease (Ext.), ..	190	132	1065	554	231	436	447	544	362	267	247	7	151	305	607	225	121	—	820	1360	8071
Ear Cases, ..	110	67	12	32	—	—	6	39	3	16	20	—	4	3	35	83	16	23	14	629	1112
Nose and Throat Cases	—	90	136	30	—	43	—	1	7	15	2	—	—	—	—	4	43	39	8	719	1137
Other Cases, ..	1207	679	780	808	620	1024	289	396	45	149	439	37	126	74	—	53	295	153	7561	1900	16,635
Cuts and Bruises, ..	—	511	186	208	93	531	956	552	265	—	509	—	532	283	261	165	87	—	—	5145	10,284
Septic Conditions, ..	—	395	985	591	165	474	1081	613	282	159	468	—	333	614	1094	462	14	—	—	9708	17,438
Accidents, ..	32	—	26	8	9	—	—	—	—	258	63	—	—	5	4	36	93	—	2	—	536
Advisory Cases, ..	2	—	24	7	14	—	—	—	—	16	33	—	—	—	—	11	21	—	63	—	191
Tuberculin Inunctions,	—	—	—	108	270	398	389	630	751	—	—	—	—	98	415	205	—	—	—	—	3264
Totals, ..	2107	2056	4271	3641	2316	3880	4207	4308	2538	1166	2593	56	1845	2561	3971	2615	1403	624	14,021	32,395	92,574
Totals (1934-35),	1877	1813	5284	5531	1682	2823	3789	3619	2171	1356	2728	—	2042	2949	2787	2183	1036	530	14,773	32,818	91,791

APPENDIX II.

Table showing number of cases of Infectious Diseases taken from Head Teachers' attendance returns during the year 1936.

School Management Areas.	Measles.	Scarlet Fever.	Diphtheria.	Mumps.	Whooping Cough.	Other Infectious or Contagious Diseases.	Totals.
CUPAR	424	85	3	109	58	175	854
ST. ANDREWS	535	17	5	26	46	521	1150
ANSTRUTHER	412	25	20	218	89	76	840
WEMYSS	557	93	46	14	229	246	1185
KIRKCALDY	981	151	91	320	340	468	2351
BEATH	380	59	79	110	18	564	1210
DUNFERMLINE	798	101	83	168	104	592	1846
TOTALS	4087	531	327	965	884	2642	9436

The bulk of the cases of measles occurred at the beginning of the year and in some cases in March, April, May. The large number of cases of other infectious diseases was due largely to an epidemic of influenza which broke out towards the end of the year.

APPENDIX III.

MEMORANDUM—COUNTY ORTHOPAEDIC SCHEME.

Orthopaedy in the dictionary is defined as “the curing of deformities in children or others”, and is derived from the Greek words *orthos*, straight, and *paideia*, rearing of children. Whilst orthopaedic surgery mainly concerns itself with the treatment of children, it now also deals with adults. In the Fife County Scheme we are only concerned with its application to children (pre-school and school).

The need for the treatment of deformities in children has long been recognised. Repeatedly cases were brought to the attention of the school medical staff where children had received orthopaedic treatment in Edinburgh (Sick Children's Hospital, etc.) at an early stage, but owing to the necessary lack of supervision nothing was done when the parents lost patience after taking their child backward and forward to Edinburgh over a number of years. The result invariably was that such cases began to relapse and to re-develop their deformities and it was the resulting defects, very often aggravated, which again brought them to the attention of the school medical staff. About nine or ten years ago the Fife Education Authority considered the setting up of orthopaedic centres and to this end commenced with the equipping of two clinics (Kirkcaldy and Buckhaven) with some of the necessary apparatus. Apart from the treatment of a few odd cases nothing was, however, done during the years of transition and immediately thereafter. Another difficulty was the fact that there was not enough hospital accommodation for the treatment of such cases. The establishment of an orthopaedic hospital for children with crippling ailments at Fairmilehead raised hopes that something more could be done for such children. In 1933, the Fife County Council decided to make use of the services of Mr. Cochrane (orthopaedic surgeon) for the guidance and advice of the medical staff. With the knowledge that there would be means available for the treatment of children who were deformed or crippled, the interest of the staff was quickened and naturally an increase in the number of new cases reported upon annually took place. Prior to 1933 the number given annually was about 18 to 26. Following the appointment of a specialist, the number of new cases reported was 37 (1934), 49 (1935) and 93 (1936). The latter figure did not include 40 pre-school children.

We were fortunate in obtaining the services of Mr. Cochrane as our orthopaedic surgeon, and his association with the Cripple Hospital at Fairmilehead made it possible for Fife children to obtain first-class surgical attention, as well as treatment in a hospital with the most up-to-date equipment and nursing facilities. Clinic centres were also required in the County where the orthopaedic surgeon could see the

cases with the Area Medical Officers. In the first instance, the ordinary school clinics were used for this purpose. It was soon evident that excellent as the arrangements seemed to be, they were not sufficient to overtake all the work connected with a modern orthopaedic scheme. In such a scheme it is essential that there is adequate supervision of the cases before admission and after they are discharged from hospital. As already indicated, the absence of such supervision tended in many cases to bring about a loss of interest in the active treatment of the condition as so often the treatment had to be kept up for many years. Also where no further treatment was indicated, it very often happened that after some time the defect again appeared, or a new condition might develop and only close supervision would obviate the condition becoming a serious defect.

Besides supervision, it was also necessary to carry out treatment of any cases waiting for admission to hospital, or to actually carry out treatment in early discovered cases which might prevent the need for hospital treatment or, at most, necessitate only a short stay there, for a minor rather than a major operation. Treatment would also be necessary for such cases as had been operated upon and who could not be retained at the hospital for the long periods required by some of the cases. Here orthopaedic treatment (massage, remedial exercises, electrical treatment, etc.) could be applied provided expert and specially trained nurses were available.

The Public Health Committee was made aware of the facts and after careful consideration of all the facts then available, it was decided to appoint an orthopaedic nurse and also the equivalent time of one whole-time gymnastic instructress with qualifications for massage and remedial work. The orthopaedic nurse appointed took up duties in January of 1936. Owing to lack of the necessary gym. staff it was found that it would be necessary to obtain other additional assistance to replace the temporary help we had then to depend upon. Later in the year, a temporary appointment of a "blind" but qualified masseuse was made to help the orthopaedic nurse with the clinic work.

The result of the appointment of the orthopaedic nurse and the setting up of a more definite clinic treatment scheme brought about an increase in the number of cases treated far beyond what was expected. It should be here stated that clinic work had been carried out in Lockgelly with temporary staff and some assistance by the gym. staff. Here a properly equipped orthopaedic clinic was available and at the beginning of 1936 there were nine cases receiving treatment. This number quickly rose to thirty-five by June and at the end of the year, there were fifty-one cases on the clinic register. In Buckhaven the figures were equally striking. In January there were eleven cases receiving treatment, by June the figure rose to thirty-seven and at the end of the year there were fifty cases on the clinic register. This clinic was one of the

clinics equipped as an orthopaedic clinic by the Education Authority—it is, however, too small to allow for more than two persons to carry out treatment. Arrangements for clinic treatment were also made at school clinics in Dunfermline (for West Fife cases), Burntisland and Markinch. These clinics, however, are not fully equipped and must be regarded only as being “makeshift” in nature. It is hoped that in time better facilities will be available. The numbers for these three clinics were eleven in February, fifteen in June and twenty-four at the end of the year. Owing to the lack of staff the scheme could not be developed in these three areas and only the most urgent cases were treated. In the North-East of Fife no clinic treatment could be arranged for.

The total treatments carried out in the various clinics are as follows:—

	January-June.	July-December.
Buckhaven,	1384	1706
Lochgelly,	1276	1319
Dunfermline,	190	386
Burntisland,	222	316
Markinch,	106	158
Total,	3178	3885

The total figure given for July-December indicates the maximum number of treatments which our present staff can be expected to undertake. The figure, however, gives no indication of the range of treatments carried out and this will have to be referred to after we have further considered the number and type of cases.

It has already been noted that the number of cases seen during 1935 was 101. During the first six months there were 153 cases on the orthopaedic register and at the end of the year there were 226. In order to obtain some idea of the number of cases that are likely to recover and their probable social fitness, we have divided the cases into three main categories:—A.—All those cases where we might expect a cure of at least 75 per cent.; B.—Cases where less than 75 per cent. of cure may be expected but where the patient can be expected to do something for his or her livelihood; and C.—All those cases where they will not be able to earn their livelihood and where any treatment carried out can only be considered from a humanitarian standpoint.

When we analyse our 226 cases we find that the number in each category is as follows:—A.—97 (or 42·9 per cent.); B.—95 (42 per cent.); and C.—34 (15 per cent.). Another analysis of our 226 cases into cases recommended for hospital treatment, for hospital and continued clinic treatment, for clinic treatment only, and lastly domiciliary treatment, gives the following figures:—

Hospital,	60
Hospital and Clinic,	97
Clinic only,	44
Domiciliary,	25

Domiciliary cases only arise in landward districts and where clinic arrangements cannot be made. From these figures it will be seen that the types of cases seen require a lot of operative treatment. This is only to be expected with a new scheme. The fact that relatively little has been done in the past for orthopaedic cases, has resulted in the conditions having become aggravated. Actually, we find that 60 per cent. of the new cases were "marked" or "severe" whilst in only 40 per cent. was the condition classified as "slight." Consequently more operative treatment will be necessary. The aim of every orthopaedic scheme should be to prevent the development of the grosser forms of defect and if an adequate orthopaedic scheme can be made available in Fife, it will be possible to markedly reduce the hospital and hospital-clinic cases. Even if the number is not reduced as much as might be reasonably expected, there will certainly be a very marked reduction in the total time a case requires to remain in hospital and this will eventually mean a considerable reduction in the cost of hospital treatment. This desirable state of affairs, however, postulates an orthopaedic scheme with an adequate number of clinic and domiciliary treatment staff. Such a scheme will also mean a reduction in the number of cases coming under Category C. and a marked increase in the number of 'A.' cases. Even during the past year a rise in the percentage of 'A.' cases was seen during the second half as compared with the first half of the year.

The increase in the number of cases seen by Mr. Cochrane and the consequent larger number requiring clinic treatment has been so great as to be beyond the power of the present staff to cope with adequately. In order to give as many of the cases some treatment, the extent of the treatment of the individual cases has had to be curtailed. To carry out the necessary orthopaedic treatment at the clinics it is reckoned that on an average half-an-hour is required per case. Estimated on the number of cases at the Buckhaven and Lochgelly Clinics and the time that was available, less than 15 minutes is possible per case. This means that the children are not obtaining the necessary and effective treatment they require with the result that some of the cases are showing signs of falling back in their progress. It has also necessitated the return to hospital of a number of cases where more adequate clinic treatment would have prevented this occurrence. Owing to the large amount of clinic work which required her attention the orthopaedic nurse has gradually found that she has had to reduce the time available for supervision of cases, and for those cases needing domiciliary treatment.

An analysis of one hundred and forty-eight new cases seen last year may be of some interest in giving some idea of the types of cases dealt with. There were twelve cases of poliomyelitis, myelitis and polio encephalitis; fourteen of spastic paralysis and after effects of hemi

plegia ; twenty cases of kyphosis, scoliosis and poor posture ; “ flat ”, “ club ” and other foot deformities accounted for thirty ; there were eleven defective conditions of the knees (bow and knock knee, etc.) ; five congenital hips ; nine other conditions of hip ; three cases of torticollis ; five cases of obstetrical paralysis ; and the other cases included such conditions as Perthe's Disease (1) ; fragillitis ossium (1) ; multiple exostosis (1) ; syndactylism (1) ; Osgood-Schlatter's disease (1) ; congenital absence of cervical vertebrae—Feill Syndrome (1) ; spina bifida (3) ; Pott's disease (1) ; osteomyelitis (3), etc.

ANNUAL REPORT

ON

THE TREATMENT OF SCHOOL CHILDREN

IN

DUNFERMLINE CLINICS

FOR YEAR ENDED 31ST JULY 1936.

BY

HARRY EMSLIE SMITH,

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BY

HARRY EMSLIE SMITH,

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Administrative Medical Officer of the Carnegie Dunfermline Trust.

AFF ENGAGED IN THE SCHOOL TREATMENT SERVICE :—

Administrative Medical Officer.

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.

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Defective Speech Clinic.

MARGARET FLEMING.

Dentists.

RICHARD V. P. CAMPBELL, H.D.D., L.D.S., R.C.S., Ed.

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Nurses.

A. E. BENNET.

E. B. STENHOUSE.

Secretary.

M. C. McLAREN.

Clinic Attendants.

E. D. McLAREN.

A. D. SMITH.

J. FRASER.

A. BANKS.

	Old Burgh.	Rosyth.
Number of Schools,	10	3
Accommodation Places,		8614
Number of Children—		
(1) Average No. on Register,		6098
(2) In Average Attendance,		5558

INTRODUCTION.

The total number of school children who attended for treatment at the various clinics during the year ending 31st July 1936 amounted to five thousand one hundred and eighty-six. Thirty-four thousand seven hundred and four treatments were given.

There was a considerable increase in the number of treatments, and a rather large number of cases of severe Impetigo and septic skin affections, but otherwise the year on the whole was a healthy one.

In reviewing the work in the different departments, there was evidence of considerably less debility among the children of Dunfermline than in former years. The number of children examined on account of Debility and Malnutrition was forty-eight less than last year; and most of these cases were of a milder character. Affections of the ear, nose, throat and eye are to a large extent dependant on the general health and all these showed satisfactory decreases in numbers. In the work of the Remedial Clinic, only 25 per cent. of the cases of abnormal curvature of the spine were noted as being due to debility, as against from 50 to 60 per cent. in the last two years' Reports.

An important development in the Medical Schemes undertaken by the Carnegie Dunfermline Trust for the benefit of Dunfermline children took place in December 1935, when an Orthopaedic Clinic was added to the existing clinics at Inglis Street. Much useful work has been accomplished as a result of this. A more detailed account is given on subsequent pages of this Report.

Accounts of the year's work carried out by Miss Margaret Fleming in connection with the training of children who suffer from speech defects; and of the work in the Dental Clinics are 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.

Minor Ailments (General Clinics) 1935-36.

During the year, 5,186 children of school age attended the General Clinics (Inglis Street and Rosyth), and the total attendances of the cases amounted to 34,704. This represents a decrease of 65 cases compared with last year, and an increase of 1,886 attendances.

In addition to the above, 393 infants and children of pre-school age received treatment. The number of their attendances was 2,411. This represents an increase of 62 cases and 405 attendances as compared with last year.

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.

The figures for treatment at Rosyth are shown separately in the following pages.

RETURN OF CASES TREATED.

Inglis Street Clinic.

		No. of Cases	No. of Attendances	
<i>Ear—</i>				
Middle Ear Suppuration, ..	44	1038		
Other Conditions, ..	47	294		
	91	1332		
<i>Nose and Throat—</i>				
Nasal Conditions, ..	24	135		
Sore Throat, ..	53	88		
	77	223		
<i>Eye—</i>				
Blepharitis, ..	26	154		
Styes, ..	59	312		
Conjunctivitis, ..	47	278		
Corneal Inflammation and Ulceration, ..	1	1		
Injuries, ..	4	12		
Errors of Refraction, ..	2	2		
Other Conditions, ..	8	20		
	147	779		
<i>Skin (Head)—</i>				
Dirty, ..	3	9		
Ringworm, ..	1	234		
Impetigo, ..	39	492		
Other Conditions, ..	12	217		
	55	952		
<i>Skin (Body)—</i>				
Body Vermin, ..	—	—		
Impetigo, ..	296	2546		
Scabies, ..	17	243		
Ringworm, ..	1	1		
Other Conditions, ..	235	2060		
	549	4850		
<i>General—</i>				
Septic Sores, ..	709	6055		
Injuries, ..	361	2434		
Other Conditions, ..	538	1190		
Sunlight, ..	199	2309		
	1807	11,988		
	2726	20,124		

RETURN OF CASES TREATED.

				Rosyth Clinics.	
				No. of Cases.	No. of Attendances.
<i>Ear—</i>					
	Middle Ear Suppuration,	..	29		562
	Other Conditions,	..	49		335
			—	78	897
<i>Nose and Throat—</i>					
	Nasal Conditions,	..	18		281
	Sore Throat,	..	51		215
			—	69	496
<i>Eye—</i>					
	Blepharitis,	..	33		204
	Styes, ..	..	79		234
	Conjunctivitis, ..	..	38		116
	Corneal Inflammation and Ulceration,		—		—
	Injuries, ..	..	7		12
	Errors of Refraction, ..	..	—		—
	Other Conditions, ..	..	3		15
			—	160	58
<i>Skin (Head)—</i>					
	Dirty, ..	..	—		—
	Ringworm, ..	..	2		7
	Impetigo, ..	..	12		61
	Other Conditions, ..	..	12		119
			—	26	18
<i>Skin (Body)—</i>					
	Body Vermin, ..	..	—		—
	Impetigo, ..	..	203		1119
	Scabies, ..	..	6		20
	Ringworm, ..	..	—		—
	Other Conditions, ..	..	326		4206
			—	535	534
<i>General—</i>					
	Septic Sores, ..	..	628		3653
	Injuries, ..	..	649		2711
	Other Conditions, ..	..	315		710
			—	1592	707
	Totals—Rosyth Clinics, ..	..	2460		14,58
	Add—Inglis Street Clinic Totals, ..	..	2726		20,15
			—		—
	Total No. of School Children, ..	..	5186		34,70
	Add—Children below school age, ..	..	393		2,4
			—		—
	Grand Total, ..	..	5579		37,1
			—		—

DISEASES OF THE EAR, NOSE AND THROAT.

As in former years children suffering from affections of the Ear, Nose and Throat were examined and treated at Inglis Street, Park Road and King's Road Clinics. Those requiring more detailed examination were referred to the Inglis Street Clinic from time to time.

ATTENDANCES.—The total number of school children who attended all of the clinics on account of Ear, Nose and Throat diseases was three hundred and fifteen. This represents a decrease of one hundred and thirty-six cases as compared with last year. In addition to the above, thirty-two children of pre-school age were treated. During the last two years there has been a marked fall in the number of Ear, Nose and Throat cases. The decrease is noteworthy, but should not be regarded as an indication for the future, as the figures for these diseases fluctuate considerably from year to year. From 1931 to 1934 there was a steady increase.

The number of attendances for treatment amounted to :—

School Children,	2,948
Children of Pre-School Age,	310
	<hr/>
	3,258

The following table shows the distribution of new cases :—

	Inglis St. Clinic.	Rosyth Clinics.	Pre-School Age.
Ear,	91	78	28
Nose and Throat,	77	69	4

The decrease in the number of new cases was noted at all of the clinics and in all types of Ear, Nose and Throat affections. There was a slight increase in the number of new cases suffering from affections of the Ear in children of pre-school age.

There was a slight decrease in the number of attendances by school children, but those made by children of pre-school age showed an increase so that the total attendances were slightly above those of last year.

I. Affections of the Ear.

One hundred and sixty-nine school children attended at Dunfermline and Rosyth Clinics on account of diseases of the Ear.

OTITIS MEDIA.—Seventy-three cases of middle ear suppuration were treated during the year.

The figures for the two types of the affection are :—

Acute Otitis Media,	18
Chronic Otitis Media,	55

The above figures show a reduction of sixty-one in the number of all cases of Ear affections and of forty-nine in the number of cases of running ears. In last year's Report, the corresponding figures also showed a decrease as compared with those of the previous year.

It is satisfactory to record that this year's figures show a decrease (12) in the number of cases of Acute Otitis Media.

The number of Chronic Otitis Media cases also show a decrease. This was to be expected from the smaller number of acute cases in the previous year.

INFLAMMATION OF THE EXTERNAL ACOUSTIC MEATUS.—Thirty-three cases of furunculosis of the external auditory canal were treated—a slight increase as compared with last year.

OTHER AFFECTIONS OF THE EAR.—These include cases of deafness earache, excessive wax and other defects.

II. Affections of the Nose and Throat.

One hundred and forty-six new cases of diseases of the Nose and Throat were treated during the year.

There has been a decrease in the number of Nose and Throat cases during the last three 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, ..	6	2	3
Other Conditions, ..	18	7	6
<i>Throat—</i>			
Acute Sore Throat, ..	4	20	10
Other Conditions, ..	49	16	5

NASAL AFFECTIONS.—These were of the usual type and include cases of nasal catarrh, enlarged turbinate bones, nasal obstruction, cleft palate and epistaxis.

THROAT AFFECTIONS.—The number of cases of acute sore throat among school children remains almost the same as last year.

TONSILS AND ADENOIDS.—Fifty-two cases of morbid enlargement of the Tonsils and Adenoids were treated—a decrease of sixteen as compared with last year.

CHILDREN OF PRE-SCHOOL AGE.—Thirty-two 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 on account of which they were sent :—

Middle Ear Suppuration,	23
Other Affections of the Ear,	5
Affections of the Nose,	1
Affections of the Throat,	3

The total number of attendances of children of pre-school age was three hundred and ten.

DEFECTIVE SPEECH CLINIC.

Report by Miss Margaret Fleming.

During the year the following cases were dealt with :—

Stammerers,	27
Cleft Palate,	1
Defective Speech with Deafness,	1
Minor Speech Defects,	11
The total number of attendances was,	897

Session 1935-36 has again been a busy one at the Clinic. The number of cases has been larger than in previous years. Attendance in the majority of these has been well-maintained, and gratifying reports have come in of improvement and progress noted at home and in school.

Cases of backward speech and defective articulation continue to be sent up from the elementary schools for more specialised treatment than can be given by the ordinary school teacher.

Work among the children suffering from stammering or stuttering continues to show encouraging results. Several very severe cases so progressed as to be able to attend the ordinary elocution classes at the Music Institute, and take part successfully in plays at the end of the session. Among the new cases it is interesting to note that three of these are members of the same family, a father and older brother at home also suffering from the same complaint. This is the second instance of three of the same family coming for instruction.

One would like to urge parents and teachers to send stammering children to the Clinic at an early age. Six or seven is a very ideal age at which to treat the complaint, complete cures being then more quickly effected. Apart from the fact that the bad habit is not yet set, a child of this age finds the greatest pleasure in practice, he does not yet suffer from the self-consciousness of the older child, school work is less demanding of his time, and—what is perhaps most important of all—he is still under the control of the parent. It is to be regretted that in these days wise parental control of the older child is too often lacking. The cure of a stammer entails self-discipline and the development of self-control on the part of the stammerer—a most difficult task where the child has not first learned obedience in the home.

So often one finds it said of the very young stammerer, "He'll grow out of it." This is a grave risk, the chances are he will not grow out of it, and each year of delay finds the habit more firmly rooted, and consequently more difficult to eradicate.

The Speech Clinic offers an opportunity of checking this insidious trouble at the onset.

MARGARET FLEMING.

**REPORT BY DOUGLAS GUTHRIE, M.D., F.R.C.S.,
CONSULTING AURAL SURGEON.**

The excellent reports by Dr. Emslie Smith for the Ear, Nose and Throat Clinic and of Miss Margaret Fleming for the Defective Speech Clinic point a lesson which is so clear that it calls for little comment. During my periodic visits to both clinics in an advisory capacity, I have had ample opportunity of observing the effective and useful work carried on in each of them.

Dr. Emslie Smith draws attention to the diminution in the number of cases as compared with previous years. This has been noted in many other clinics throughout the country, but it depends upon so many factors such as absence of widespread epidemics of infectious disease, alteration in the type of infectious disease, improvement in general nutrition and physique, etc., that it would be rash to draw any conclusion regarding a diminution of ear, nose and throat affections. The appearance of fewer cases may prove to be only a temporary phase. Nevertheless, it is certainly true, as I pointed out last year, that the number of children requiring removal of adenoids and tonsils has diminished during the past few years.

This year another favourable omen has been noted, namely, a still further decrease in the number of cases of chronic middle ear suppuration. One may reasonably claim that at least part of this improvement is due to the greater attention which is now devoted to the treatment of aural suppuration during the early acute stage. What has been termed the "problem of the discharging ear" has been solved or partly solved so far as the school child is concerned. It is essential that the pre-school child should receive the same attention as his elder brother. That this fact is fully recognised is shown by the increased attendance of children of pre-school age at the Clinic.

One can hardly hope to prevent every acute otitis from reaching the stage of chronic otitis, but there is room for further improvement, and efforts might well be directed to a more thorough treatment of acute otitis in the infant and in the child of tender years.

Miss Margaret Fleming, who has secured such excellent results in her arduous task of correcting defective speech, has wisely mentioned in her Report the significance of home conditions in cases of stammering. Stammering must neither be ignored in the hope that it will pass

off in time, nor treated, as a bad habit, by disciplinary measures. The work of the Speech Teacher at the Clinic may be greatly assisted by a sympathetic and encouraging attitude towards the child on the part of the parents. For this reason the occasional attendance by parents at the Clinic is to be desired, so that they may see what is being done, and they may supplement the clinic training by home training.

(Signed) DOUGLAS GUTHRIE, M.D., F.R.C.S.

EYE CLINIC.

During the year under review, three hundred and seven school children attended the Clinics at Dunfermline and Rosyth on account of affections of the eyes. The number of attendances was 1,360.

In addition to the above, twenty infants and children of pre-school age received treatment, and made 107 attendances.

The number of new cases and the number of attendances of both school children and children of pre-school age all show a decrease which would indicate that there was a considerable improvement in the incidence of eye affections in the children of Dunfermline during the year. The bulk of the cases also were of a mild character. The average number of treatments per case was only 4.4, as compared with 6.4 in the previous year.

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 School Age.
Blepharitis,	4	26	19	14
Styes,	1	59	31	48
Conjunctivitis,	12	47	17	21
Injuries,	—	4	3	4
Refractions and Other Conditions,	3	11	1	2
Total,	20	147	71	89

BLEPHARITIS.—There was a slight increase in the number of these cases, which was to be expected as a result of the large number of conjunctivitis cases in the previous year. The figures for blepharitis still fortunately remain low.

STYES.—There was a total decrease of twenty-five new cases of styes. The decrease was most marked in the Rosyth area, which is satisfactory in view of the increase last year in this part of the town.

CONJUNCTIVITIS.—There was a marked decrease in the number of cases of conjunctivitis seen during the year. Only eighty-five cases among school children were treated, as compared with one hundred and forty-nine in the previous year.

The number of cases of acute conjunctivitis attending the Inglis Street Clinic was less than half that of last year, and in the case of Rosyth there was only a trivial increase of five cases.

It is satisfactory to record that there were only eight cases of Phlyctenular Conjunctivitis, as compared with thirty last year.

OTHER CONDITIONS.—These include cases of foreign bodies in the eye, corneal inflammation and other defects.

Defective Vision.

The routine examination of school children for errors of refraction is carried out by the School Medical Inspection Staff.

SKIN DISEASES.

Although the number of new cases of skin affection remained the same, the work in the Skin Clinics was heavier than last year. The majority of cases treated were of a much more severe type and required more frequent and more extensive dressing. This was particularly noted in the early months of 1936.

The total number of new cases in school children treated at all the Clinics during the year amounted to one thousand one hundred and sixty-five. The number of attendances was 11,334, an increase of 171. The average number of treatments per case was 9.7.

The distribution of the cases showed some variation as compared with last year. There was a slight decrease in the Rosyth area, and an increase of 66 new cases and 599 treatments in children from schools in the Old Burgh.

In addition to the above, one hundred and nineteen infants and children of pre-school age were sent for treatment. This represents an increase of 34 cases and 424 treatments.

In regard to the affections for which treatment was sought, the following groups may be considered :—

GROUP 1—IMPETIGO CONTAGIOSA.—An outstanding feature in the work of the skin departments was the marked increase in the number of cases of Impetigo Contagiosa. Five hundred and fifty cases among school children alone of this affection were treated. This represents an increase of one hundred and thirty-eight new cases.

The greatest increase was noted at the Inglis Street and King's Road Clinics. There was only a trivial increase in the number of cases of Impetigo of the head, which is satisfactory.

The total number of treatments was 4,218, an increase of 1,227 treatments, as compared with last year.

The greatest number of cases were seen during the period from September 1935 to March 1936, when all cases of skin affections, and in particular of Impetigo were of a notably severe type.

In children of pre-school age, seventy-four cases of Impetigo were treated. This represents an increase of twenty-three new cases. The total number of treatments was five hundred and forty-nine, an increase of two hundred and seventy as compared with last year. In children of pre-school age, the increase in the number of cases of Impetigo of the head was trivial.

GROUP 2—RINGWORM OF THE HEAD AND BODY.—It is satisfactory to again record that the decrease in the number of Ringworm cases continues. Only one case of Ringworm of the head and one of the body were sent for treatment during the year.

There were no cases in children of pre-school age.

GROUP 3—WARTS, CHILBLAINS AND CORNS.—There was a slight decrease in the number of cases in this group. The number of new cases was :—Warts 229, Chilblains 66, and Corns 22. There was one case of Warts and one of Chilblains in children of pre-school age.

GROUP 4—ALL OTHER CONDITIONS :—

(1) VERMIN.—Only five cases of nits and pediculi of the head in school children and one in a child of pre-school age were sent to the Clinic for treatment. No doubt many cases are dealt with at home as the result of inspection in schools by the school nurses.

(2) MOLLUSCUM CONTAGIOSA.—Thirty cases of this affection were treated during the year. Last year a decrease of twenty-five cases was noted, and it is satisfactory to note that this year's figure shows a further decrease of ten.

(3) SCABIES (23).—This number shows a decrease of seventeen cases as compared with 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.

CHILDREN OF PRE-SCHOOL AGE.—One hundred and nineteen 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 :—

Impetigo,	74
Scabies,	3
Other Conditions,	42
	—
	119
	—

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.

During the year the children attending the eight primary schools in Dunfermline were systematically inspected. The age groups dealt with extended from 5 years to 15 years. The numbers in the 14 year and 15 year groups are, however, so small that they have all been classed as under the 13 year group. The total number of children examined was 2,990. This was 68 less 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,	..	..	..	369	34
„ 6 „	..	..	..	358	56
„ 7 „	..	..	..	360	88
„ 8 „	..	..	..	398	115
„ 9 „	..	..	..	476	202
„ 10 „	..	..	..	418	185
„ 11 „	..	..	..	382	194
„ 12 „	..	..	..	166	86
„ 13 „	..	..	..	63	30
				<hr/> 2990	<hr/> 990

These figures show that 33 per cent. of the children examined had sound dentitions. This is 3 per cent. less than last year. As stated in previous reports, 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 :—

	1935-36.	Per cent.	1934-35. Per cent.
1. No. Examined,	2,990	—	—
2. No. with Sound Dentition, ..	990	33·14	36·00
3. No. requiring Treatment, ..	2,000	66·86	64·00
4. No. in 3 accepting Treatment at Clinic, ..	1,593	79·65	78·24
5. No. in 3 refusing Treatment at Clinic, ..	407	20·35	21·76

This is the second year in succession where a slight drop in the number refusing treatment has been recorded. Last year, as the above figures show, the percentage of refusals was 21·76, the year previous to that the figure was 23·70.

In the following table the 2,990 children examined are classified according to the number of decayed teeth in the mouth, or to be more accurate, according to the number of teeth requiring attention :—

No. of Decayed Teeth.	No. of Children.		Total.
	Boys.	Girls.	
0	508	482	990
1	259	266	525
2	221	241	462
3	114	126	240
4	110	126	236
5	73	53	126
6	78	73	151
7	22	36	58
8	29	29	58
More than 8	72	72	144
	<hr/> 1,486	<hr/> 1,504	<hr/> 2,990

DENTAL TREATMENT.

During the year 3,053 children attended the clinic for treatment and made 4,279 attendances, an average of 1.4 attendances per child. This is an increase of one hundred and twenty-two in the number of children attending the clinic, and an increase of ten in the number of attendances made, compared with last year. 2,524 children attended as the result of the systematic inspection and made 3,480 attendances. 529 children came as casual cases and made 799 attendances. 140 of these casual cases were of pre-school age, while the remainder were from the High and Queen Anne Schools.

The following figures show the treatment carried out throughout the year :—

	Temporary Teeth.	Permanent Teeth.
<i>Extractions—</i>		
Without Local Anaesthesia,	901	3
With Local Anaesthesia,	1243	353
<i>Fillings—</i>		
Cement,	240	6
Amalgam,	420	2203
Silicate,	—	450
Root Fillings,	6	38
<i>Other Operations—</i>		
Silver Nitrate Treatment,	2772	42
Dressings Inserted,		397
Scaling and Cleaning,		975
Porcelain Crowns,		7
Minor Regulation Visits,		13

The total amount of treatment carried out during the school year, together with a comparison of the corresponding figures for the previous year, was as follows :—

	1935-36.	1934-35.
Teeth Extracted,	2500	2820
Fillings Inserted,	3363	3183
Teeth Treated with Silver Nitrate,	2814	2332
Dressings Inserted,	397	414
Scaling and Cleaning,	975	927
Porcelain Crowns,	7	7
Minor Regulation Visits,	13	10

REPORTING ON THE WORK AS SCHOOL DENTIST IN ROSYTH, Mr. RICHARD V. P. CAMPBELL STATES :—

DENTAL EXAMINATION.

As in former years the children attending the three primary schools in Rosyth were inspected systematically. The total number of children examined was 926. The following figures show the number of children inspected attending the various Schools :—

Park Road,	..	..	..	..	..	348
King's Road,	..	..	..	..	..	441
R.C. School,	..	..	..	..	..	137
						926

In the following table, the 926 examined are classified according to the number of decayed teeth in the mouth :—

No. of Decayed Teeth.	No. of Children.
0	374
1	120
2	97
3	61
4	75
5	33
6	41
7	36
8	38
More than 8	51
	<hr/> 926

DENTAL TREATMENT.

Commencing in September, the age groups 6, 7, 8, 9, 10, 11, 12 and 13 underwent systematic dental treatment.

During the year, 935 children attended the Clinic and made 1,599 attendances, an average of 1.7 attendances per child. 792 of the children treated came as the result of routine inspection and 147 children were treated as casual cases, of which 39 were of pre-school age.

The following figures show the treatment carried out throughout the year :—

	Temporary Teeth.	Permanent Teeth.
<i>Extractions—</i>		
Without Anaesthesia,	435	2
With Local Anaesthesia,	478	91
<i>Fillings—</i>		
Cement,	29	—
Amalgam,	194	476
Silicate,	—	100
Root Fillings,	—	4
<i>Other Operations—</i>		
Silver Nitrate,	942	6
Dressings inserted,	8	129
Scaling and Cleaning,	—	477
Porcelain Crowns inserted,	—	—
Minor Regulation Visits,	—	9

The total amount of treatment throughout the school year was as follows :—

Teeth Extracted,	1,006
Fillings Inserted,	803
Teeth treated with Silver Nitrate,	948
Dressings Inserted,	137
Scalings and Cleaning,	477
Minor Regulation Visits,	9

Deformities and other Conditions treated at the Remedial Clinic.

The Remedial Clinic—for the treatment of children suffering from physical defects—continues to fulfil the useful purpose for which it was established. Children with defects such as spinal curvatures, club foot, flat foot, paralysis, sprains and other injuries, as well as simple postural affections, are eligible for admission.

The treatment, consisting of massage and medical gymnastic exercises specially adapted for each individual case, is given by the Senior Women Students of the College of Hygiene, who work under the supervision of Miss A. B. Whyte and Miss Owtram.

The EQUIPMENT has been described in previous reports.

RADIANT HEAT has for some years formed part of the treatment, and has proved of very great value in suitable cases. During the year under review, the Trustees installed a new modern type of Infra Red Lamp, so that the Clinic is now provided with Radiant heat generators sufficient for the present needs.

The establishment of an ORTHOPAEDIC CLINIC, referred to in another part of this report, marks an important development in the work of the Remedial Clinic. This new clinic provides an opportunity for suitable remedial cases being seen from time to time by Mr. Cochrane, Chief Surgeon of the Princess Margaret Rose Hospital, Fairmilehead, Edinburgh, and for consultations with the family doctors regarding their treatment.

WORKING ARRANGEMENTS.—Children requiring remedial treatment are admitted only on the recommendation of the family doctor.

The Clinic is open from 4.30 to 5.30 p.m. on Mondays, Wednesdays and Fridays throughout the College year.

On admission each case is medically examined, and a suitable table of massage and remedial exercises drawn up. The tables are altered from time to time according to the progress of the case.

ATTENDANCES.—During the year under review, one hundred and twenty-nine cases were admitted. This figure shows a decrease of fourteen cases as compared with last year.

The total attendances was 3,570 and the average number of treatments per case was approximately 28.

DEFECTS TREATED.—In the following table the cases have been grouped under the heading of their major defect only, although many had to be treated for other minor defects :—

	No. of Cases.
Antero-Posterior Curvature of the Spine,	17
Lateral Curvature of the Spine,	3
Paralysis,	12
Flat Foot,	33
Club Foot,	14
Sprains, Fractures and Injuries,	18
Rickets and Debility,	15
Other Conditions,	17
	<hr/> 129 <hr/>

CURVATURE OF THE SPINE.—It is satisfactory to note that, as compared with the previous two years, there has been a decrease in the number of cases of abnormal curvature of the spine. This is evidently due to there being less general debility among the children of Dunfermline. In former years, debility was noted as the cause in from 50 to 60 per cent. of these cases. This year, debility accounted for only 25 per cent.

Of the seventeen cases of antero-posterior curvature, eight were cases of kypho-lordosis, eight of simple kyphosis and one of lordosis. Several were cases of simple postural round shoulders.

SCOLIOSIS.—Only three children suffering from scoliosis were treated.

RESULTS.—Most of the cases were of a moderate degree only. Two cases of kypho-lordosis were discharged "cured" and fourteen of the others were noted as "greatly improved".

PARALYSIS (12 cases).—Seven of these were due to infantile paralysis three to injury and one to diphtheria. There was one case of spastic paraplegia. The results of treatment were good. One was discharged "cured" and six "greatly improved". Two of the cases were operated on at Fairmilehead with very good results.

FLAT FOOT (33 cases).—There was a decrease of eleven as compared with last year. In twenty-one of them, debility was noted as the main or contributory cause of the defect.

Fourteen cases were "cured" and thirteen "greatly improved".

CLUB FOOT (14 cases).—Some of these had been under treatment the previous year. Eight of them were due to congenital defect, and four to anterior poliomyelitis. Two were the result of injury.

One was discharged "cured" and nine "greatly improved".

Three of the cases were operated on during the year and a fourth recommended for operation.

SPRAINS, FRACTURES AND INJURIES (18 cases).—These included three fractures of the arm and two of the leg, five sprains of various joints and three loose cartilages of the knee—the result of injury. Operations were recommended in two of the latter cases and in one of them was carried out with excellent results during the year.

The results of treatment on the other cases were good.

RICKETS and DEBILITY (15 cases).—These cases did well under massage and artificial sunlight.

One of the cases of rickets was successfully operated on, and another recommended for operation.

OTHER CONDITIONS.—These include six cases of hallux valgus, three of torticollis and two of arthritis.

Two of the hallux valgus and one of the torticollis cases were operated on with very good results.

Orthopaedic Clinic.

The Trustees have always realised the value of Physical Training in relation to the health of the community, and have done much to encourage it. One of the earliest pioneer works of the Trust was the opening of the Remedial Clinic, which brought for the first time the advantages of physical training to those most in need of it—the cripple and the deformed. The establishment of the Dunfermline College of Hygiene and Physical Training simplified the problem, in that the college was able to supply the large numbers of trained teachers and students necessary to give the individual attention required for each remedial case.

The work carried out at the Remedial Clinic is closely associated with orthopaedic work ; but as some of the cases require special orthopaedic care—in addition to what remedial methods can do for them—the opening of an Orthopaedic Clinic, which took place in December 1935, was a development of major importance in the endeavour to get the best possible result in cases of physical defects.

The Trustees were most fortunate in securing the services of Mr. W. A. Cochrane, Chief Surgeon in charge of the Princess Margaret Rose Hospital at Fairmilehead, Edinburgh, to conduct these Clinics.

Arrangements were made for three or four clinics to be held annually in order that Mr. Cochrane might examine new cases, hold consultations with the family doctors and supervise from time to time the after-treatment of old cases.

Dr. Barclay Reekie, Medical Officer of Health, Dunfermline, has taken great interest in the development of this side of the work, and his willing collaboration has been invaluable in the smooth running of the scheme.

Three clinics were held during the year under review. At these, twenty-eight new cases were seen, and five of them re-examined at subsequent meetings, making a total of thirty-three examinations during the year.

The following table shows the number of new cases classified under the heading of their more important defect :—

	No. of Cases.
Club Foot,	8
Anterior Poliomyelitis,	4
Other Paralysis,	6
Scoliosis and Kypho-Lordosis,	2
Arthritis,	3
Rickets,	2
Torticollis,	1
Fracture,	1
Hammer Toe,	1
	—
	28
	—

Arrangements were made for operative measures to be taken in eight cases, and five of these have already been admitted to Fairmile head Hospital, and have undergone successful operations for the relief of their affection.

The re-examination of cases is an important feature of the Clinics as this provides for the application or alteration of splints and other apparatus according to the changing needs of the case.

The facilities which the Clinics offer for consultations with the patients' own family doctors have been well taken advantage of, and have proved of the greatest value in many cases.

Debility and Malnutrition.

It has been the practice for some years now to refer to this Clin children whose appearance or symptoms suggest that they are not normally thriving.

During the last few years, the number of such cases has been decreasing, and it is a pleasure to again record that there has been further marked fall of forty-eight this year. Only one hundred and seven children were examined during the year. Of this number, sixty-eight were from schools in Dunfermline, and thirty-three from Rosyth. Six children were of pre-school age.

Not only was the number smaller, but the cases themselves were generally of a far less severe character than in former years. The number of cases seen of real malnutrition was very few.

The chief conditions found associated with debility in the cases examined were as follows :—

	No. of Cases.
Frequent colds and attacks of bronchitis or asthma, ..	18
Poor resistance to septic infection with frequent attacks of boils, sores and styas,	21
Unsatisfactory home conditions, irregular meals, lack of sleep, etc.,	11
Tuberculosis, either of the nature of a pre-disposition to tuber- cular disease or in the form of affected glands of the abdomen, thorax, or neck,	3
Chorea,	1
Septic Tonsils,	10
Rickets,	3
Convalescent after Illness,	19
Other Conditions,	21

Several of the cases classed as having a poor resistance to septic affections were considered to be due to vitamin deficiency. Most of them did well on Artificial Sunlight with or without Malt and Cod Liver Oil.

The number of cases due to septic tonsils was relatively rather large.

Many of the children seen at this Clinic were transferred to Bandrum Country Home with excellent result.

Artificial Sunlight Clinic.

The general arrangements for treatment by Ultra-Violet light were the same as last year.

The vast majority of the cases were given weekly general body exposures to a long flame Carbon Arc Lamp, the length of exposure being carefully regulated to the needs of each individual case. It was again noted that most of the cases did better on small doses than on larger ones.

Several of the cases were treated by local applications of Ultra-Violet light from a Mercury Vapour lamp.

ATTENDANCES.—During the year two hundred and sixty children were treated, viz. :—

School Children—			
Boys,	..	..	99
Girls,	..	..	100
Infants and Children under School Age—			
Boys,	..	..	37
Girls,	..	..	24

The number of treatments given was two thousand eight hundred and forty-one, of which five hundred and thirty-two were to children under school age. The average number of treatments per case was 10.9.

The above figures show an increase of twelve new cases and eighty-six treatments as compared with last year.

RESULTS.—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 very satisfactory increases.

The cases treated among school children are divided into the following groups :—

DEBILITY AND MALNUTRITION.—This group consists of children who for various reasons were in poor general health or not thriving or normally gaining in weight and strength. Some were the result of previous illness, others were due to unsuitable home conditions, particularly perhaps in regard to food and amount of rest and sleep. It also includes children usually classed as having a predisposition to tubercular disease and children of a nervous temperament.

In this group twenty-nine girls and twenty-eight boys of school age were treated. Three of the boys were classed as having a tubercular predisposition.

The results were satisfactory. Ten of them were discharged "cured" and twenty-six were noted as "greatly improved". In only sixteen cases was no improvement recorded; these had all been under treatment for only short periods.

There seems little doubt that Artificial Sunlight has a beneficial effect on children who are run down in health and thus under-nourished. In last year's report, an improvement in weight was noted. This year a similar improvement has again to be recorded.

Twenty-nine girls in this group received on an average 12.55 treatments, and showed an average gain of 2.2 lbs. The twenty-eight boys received an average of 10.6 treatments, and showed an average gain of 2.2 lbs.

CONVALESCENTS.—Five boys and seven girls who were debilitated on account of recent infectious diseases were sent for treatment. The average number of treatments was Boys 6, Girls 9.14, and the average gain in weight was Boys 2 lbs and Girls 2.71 lbs. These cases are not included in the first group as was done last year.

TUBERCULAR AFFECTIONS.—The number of cases of tubercular affections (chiefly glands of the neck) treated was Girls 6, Boys 3. It is interesting to record that six of these were undoubtedly improved. The average number of treatments per case was 24, and the average gain in weight was 3.77 lbs.

Several of these cases were treated by aspiration at the same time as they were receiving Sunlight or Ultra-Violet irradiation.

BRONCHITIS.—Fifteen boys and seven girls were treated during the year for this affection. Six of these were discharged as "cured" and six as "greatly improved". In the case of the boys, the average number of treatments was 10.2, and the average gain in weight 1.4 lbs. In the case of the girls, it was 11.85 treatments and average gain 2.57 lbs.

FREQUENT COLDS.—Only five children said to suffer from frequently recurring colds were treated. One boy gained 7 lbs. in weight and four girls gained an average of over 3 lbs.

NASAL CATARRH.—Six cases of chronic nasal catarrh were treated. Sunlight treatment did not appear to bring about much improvement in the nasal condition, although the gain in weight was satisfactory.

ASTHMA.—Seven cases were treated. There seems little doubt that Artificial Sunlight does benefit these cases, although it does not cure them. Most of them say that they find some relief, and they are most regular in attending. The average gain in weight was most satisfactory.

OTHER AFFECTIONS.—These include cases of Rickets (5) and Septic Sores and Boils (32). Artificial Sunlight and Ultra-Violet light has proved of great value in these cases. Two cases of septic affections of the finger nails were treated by exposure to the Mercury Vapour lamp with good results.

Several cases of skin affection, such as Dermatitis, Ichthyosis and Impetigo, were treated. The cases of Impetigo did well.

INFANTS AND CHILDREN OF PRE-SCHOOL AGE.—Sixty-one children were treated for various conditions, such as debility, rickets, enlarged glands, septic sores, boils and impetigo and other affections. The results were satisfactory.

CLINICAL LABORATORY.

During the year seventy-two laboratory examinations were carried out; of these forty-eight were cultures in connection with the examination of swabs from the ear, nose and throat.

