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THE

HEALTH AND WELFARE

OF THE

COUNTY OF FIFE 1949-1953

> CUPAR-FIFE: J. & G. INNES, LTD. D11891



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MALITH AND WELFARE

OF THE

COUNTY OF FIRE

1949-1953

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FOREWORD.

A quinquennial review of the state of public health in a community has a special value. An annual Report, no doubt, enables a Medical Officer of Health to bring under review the year's activities with its successes and failures, but a report embracing a period of five years draws a picture in which measurements are projected over a wider span, thereby permitting of a more accurate assessment of the value of work done.

This Report, which covers the years 1949 to 1953 inclusive, gives a brief account of various facets of the public health in the County of Fife during which the population increased by 5,274 persons.

A notable occurrence in the quinquennium was the census of 1951 which showed that an increase of 15,573 had occurred in the population during the previous two decades. Migration from Fife had been steady but the loss had been more than compensated for by the drift towards the industrial areas. An ominous feature revealed by the census was the fact that while the total population had increased by 7.9 per cent, and the working population of men and women between the ages of 20 and 64 had increased by 12.6 per cent, the population under 19 years had decreased by 6.5 per cent, and the population over 65 had increased by 44.8 per cent. In other words, a reduction had occurred in the number of young people available to fill the ranks of those who maintain the County's productive strength and a startling increase had occurred in the number of elderly people as against a relatively unequal increase in the number of active people available to support them. This situation is prevalent throughout the country, but is perhaps less marked in Fife because of its increasing industrial wealth.

The birth rate fell slightly from 19·4 per thousand to 18·3 per thousand. The death rate showed a tendency to fall and in 1953 was 11·2 per thousand of the population—7·1 less than the birth rate. A steady fall occurred in the infantile mortality rate but at a rate of 34 per thousand births in 1953 it remained too high and still presents a challenge to workers in the medical and nursing staffs concerned with infant life. As compared with the rate in 1900, the infantile mortality rate has, however, been reduced by 72 per cent. It may be of interest to know that while this has been achieved and while death at the other end of life has been postponed, mortality in the productive years of life on which so much depends, has been reduced by only about 38 per cent. Obviously a wide field awaits exploration. The number of still births showed a tendency to increase. Knowledge is lacking as to the cause of this.

A rise occurred in the death rate from heart disease from 843 cases to 883 cases, representing an increase in rate from 3.42 to 3.63. An increase also occurred in the number of deaths from cancer, the

rate rising from 1.64 to 1.90. There was a steady fall in the number of deaths from tuberculosis, the rate becoming halved during the five years, falling from 0.33 to 0.15.

Mortality rates, however, are not the whole criterion of a people's health. Disease does not always kill. It also disables, and a disabling illness which saps the victim's vitality and impairs his mental, physical and emotional wellbeing, is as destructive to the health of a community as a killer. Fortunately in Fife, as elswhere, the incidence of the principal infectious diseases has assumed a very low level. On the other hand, virus diseases and liseases which seem to be related to the stresses of modern ways of living, such as coronary sclerosis amd mental sickness, are on the ncrease. No accurate measurement has been made of the incidence of these diseases, but there is ample evidence to show that their ncidence throughout the community in various manifestations constitutes a steadily increasing threat to health and wellbeing which merits all the intensity of study, which, in past years, was levoted to the control of infectious and contagious diseases.

A new feature in this report is the introduction of a list of the occupations followed by the inhabitants of the landward part of the County. The relatively small amount of unemployment which was ascertained in the course of a housing survey from which the igures emerged, is worthy of notice, as is the fact that agriculture and mining constitute the principal occupations in the landward trea.

In the section of the Report dealing with the more personal realth services, it will be seen that the number of mothers seeking confinement in hospital has steadily increased. Indeed, in 1953 only 31 per cent of births occurred at home. The unsparing efforts of the Health Visitor in promoting breast feeding at a reasonable evel in these days when pleasures are profligate and the difficulties hey encountered are recorded.

Lack of medical staff placed the school medical service at a isadvantage although the health of the school children was reasonbly maintained. As the years passed it became increasingly ifficult for the doctors to overtake the work and responsibilities laced upon them. In the meantime, the school population is teadily increasing. The programme of school building and school enovation which has steadily continued will ensure for the future a ealthy environment in schools.

Among the several schemes of clinical improvement operating the County is the Orthopaedic Scheme. Both children and dults are embraced in this arrangement. Fourteen clinics suitably tuated throughout the County serve the needs of pre-school and chool children. In Lochgelly Burgh the Fife Civilian and Exervice Cripples Welfare Clinic, which is supported by voluntary ontributions, deals with adults referred for treatment by neigh-

bouring General Medical Practitioners, and in parts of the east of Fife, the Fife Branch British Red Cross Society provided a mobile service of particular value to patients unable to obtain physiotherapy locally and not likely to receive full benefit from attendance at a hospital department. So far as the juvenile population is concerned, the scheme through early diagnosis and treatment has effected a notable reduction in the number of gross and seriously crippling orthopaedic defects. As regards the adult population, the extent to which people were given ease or remedy for their handicaps was limited only by shortage of staff and equipment. The whole scheme in its public and private capacities was co-ordinated by the County Health Department and functioned in co-operation with the Orthopaedic Specialists of the Regional Hospital Board.

A special chapter of the Report deals with the care of the aged, a problem of increasing gravity, as has already been suggested, and not one to be met merely by providing special accommodation and occasional treats.

Disappointment is expressed regarding the lack of progress in the development of a worthy hospital service in Fife.

In 1953, a housing survey was undertaken which showed that while the County Council had erected 6,090 houses since 1944, there still remained 5,849 families which required to be re-housed. Housing is one of the major social problems confronting the County Council, not only because of the urgent claims of so many people resident in insanitary conditions, but also because of its close relationship to the future of central Fife where the coal field is declining and to the future of east and west Fife where the coal fields are extending. Nevertheless, although sufficient houses to meet needs have not yet been provided, indications are that the active manner in which the County Council are undertaking their duties will enable them to see in the not too far distant future an end to their plans provided that building sites are available.

Other matters of interest are dealt with such as artificial immunisation against disease including tuberculosis, the new powers given to the County Council by Parliament for the improvement of water supplies and drainage and for the removal of influences adversely affecting health but for these and other matters the text

of the Report may be studied.

An event of note was the retirement in 1953 of Dr G. M. McGillivray, Senior Deputy Medical Officer. Dr McGillivray had been a member of the County Health Department for 22 years and gave loyal service to the County. Behind he has left many monuments to his ability and industry.

I have great pleasure in taking this opportunity of acknowledging the ready help and encouragement which I have received from the various Councils and Committees concerned with the promotion of health in the County and from all members of the County and Town Health Departments.



The Health of the County of Fife, 1949-1953

VITAL STATISTICS.

Population.

The population of the County, excluding the large Burghs of Dunfermline and Kirkcaldy, has been increasing steadily over the past five years. The Registrar General has supplied the following igures for estimated mid-year populations:—

1949	 	 	211,437
1950	 	 	213,126
1951	 		214,103
1952	 		216,408
1953		 	216,711
	***	 	210,711

Births.

The following table shows the number of live births (corrected or transfer) and the rate per thousand of population:—

Year.	No. of Live Births.	Male.	Female.	Rate.
1949	4,108	2.111	1.997	19.4
1950	4,022	2,016	2,006	18.9
1951	4,020	2,047	1,973	18.8
1952	4,049	2,127	1,922	18.7
1953	3,972	1,997	1,975	18.3

The birth rate though declining is not yet down to pre-war vel. The average birth rate for the five years previous to 1949 as 20.58.

Illegitimate births registered in the past five years were as

	No. of Illegitimate			
Year.	Births.	Male.	Female.	Rate.
1949	215	110	105	5.2
1950	180	89	91	4.5
1951	159	75	84	4.0
1952	192	112	80	4.7
1953	162	83	79	4.1
				1 1

The illegitimate birth rate over the previous five years averaged 04.

Marriages.

Year	 1949	1950	1951	1952	1953
No. of Marriages	 1547	1504	1575	1508	1495
Marriage Rate	 7.3	7.1	7.4	7.0	6.9

The average marriage rate for the previous five years was 7.78.

Deaths.

	No. of			
Year.	Deaths.	Male.	Female.	Rate.
1949	2431	1236	1195	11.5
1950	2677	1320	1357	12.6
1951	2635	1340	1295	12.3
1952	2414	1255	1159	11.2
1953	2430	1264	1166	11.2

The average death rate for the previous five years was 12.46. An analysis of the causes of deaths in the landward area and small burghs will be found in the appendix to this report.

Deaths from tuberculosis are still declining, a marked fall in the tuberculosis death rate having occurred in 1952.

Deaths from Tuberculosis.

			(all Forn	ns).	Tuberculosis (Respiratory System). No. of				
Year.		No. of Deaths.	Male.	Female.	Rate.	Deaths.	Male.	Female.	Rate.
1949	 	69	32	37	0.33	59	29	30	0.28
1950	 	78	41	37	0.37	71	36	35	0.33
1951	 	65	46	19	0.30	58	40	18	0.27
1952	 	37	23	14	0.17	34	20	14	0.16
1953	 	33	20	13	0.15	29	18	11	0.13

The death rates from tuberculosis for the previous five years averaged 0.5 for all forms and 0.38 for respiratory tuberculosis.

Deaths due to the *principal epidemic diseases* (which comprise typhoid fever, cerebrospinal fever, scarlet fever, whooping cough, diphtheria, influenza and measles) remained very low but there was a slight increase in 1951 due to influenza. The rate for 1952 was the lowest on record at 0.06.

Deaths from Principal Epidemic Diseases.

Year.	Total.	Male.	Female.	Rate.
1949	19	11	8	0.09
1950	28	15	13	0.13
1951	50	24	26	0.23
1952	14	8	6	0.06
1953	15	4	11	0.07

The corresponding rate for the previous five years averaged 0.15.

Deaths due to cancer increased slightly the average cancer death rate for the previous five years being 1.72.

Deaths from Cancer.

		The second second second		
Year.	Total.	Male.	Female.	Rate.
1949	347	176	171	1.64
1950	400	194	206	1.87
1951	385	187	196	1.80
1952	377	207	170	1.74
1953	411	221	190	1.90

Infant Mortality.

The infant Mortality rate has been steadily declining from an average of 48 per thousand live births for the five years ending 1948 to 34 in 1953.

Year.	Total. Deaths.	Male.	Female.	Rate.
1949	175	108	67	43
1950	163	97	66	41
1951	155	94	61	39
1952	137	80	57	34
1953	137	71	66	34

Until 1953 Stillbirths also showed a slight tendency to decline, the totals and rates for the past five years being as follows:—

Year.	No. of Stillbirths.	Male.	Female.	Rate.
1949	112	75	37	27.0
1950	114	52	62	28.0
1951	100	51	49	24.0
1952	105	48	57	25.0
1953	118	53	65	29.0

These rates are to be compared with an average of 30.4 for the previous five years.

Maternal Mortality.

The maternal mortality rate has also been reduced having fallen from an average of 2.59 in the five years ending 1948 to 0.49 in 1952. There was a slight increase in 1953 but the number of maternal deaths is now so small that fluctuation in the rate is to be expected.

Maternal Mortality	 1949	1950	1951	1952	1953
T-4-1 D 41	 •	7	3	2	4
Death Rate	 1.46	1.74	0.74	0.49	1.03

1949.

Cause of Death. Landward Area and Small Burghs.

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	45-	9	-	16-	4		26	20	15	13	6		2	1	-	67		19	00	4	203
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	5	67	1	1	11		1	1	07,	1	11		1	1	1	1		000	7	1	16
	1-	6	1	1	11		1	1	ο,	1	11		1	3	1	1		77	3	1	21
-	-1	∞	1	1	03		13	1	39	17	11		1	68	1	1		19	0	-	175
-	emales	51 171	-	101	15		205	453	78	43	27	,	8	36	34	5	•	20 2	35	9	1195
1	Both Sexes Males Females	57 176	က	10	13		190	381	116	99	8		4	56	56	7	0,	10	44	20	1236
	Both Sexes 1	108 347	4	200	58		395	834	194	109	75	,	1	92	09	12	,	47	61	25	2431
	Cause of Death.	Infectious and Parasitic Diseases Cancer and Malignant Tumours Tumours, Non-malignant or not de-	fined Rheumatic Fever and Chronic Rheu-	Diabates Mellitus	Other General Diseases	Spinal Cord and other Diseases	:		Diseases of Respiratory System	Diseases of Digestive System	Diseases of Genito-Urmary System Diseases of Pregnancy and Childbirth	Diseases of Skin and Organs of	Movement Congenital Debility, Premature Birth,	Malformation, &c	Old Age	Suicide	Motor venicle and other Koad Irans-	Other Wisland	Other Violence	Causes III-defined or unknown	Total 2

Cause of Death. Landward Area and Small Burghs.

	85	121 120 1 120 1 120 1 1 1 1 1 1 1 1 1	9 1 229
	75-	100 110 110 110 110 110 110 110 110 110	16 1 757
	65-	117 13 140 140 150 1	5 673
	55-	113 86 7 1124 124 127 127 128 129 129 129 129 129 129 129 129 129 129	404
	45-	16 16 10 10 10 10 10 10 10 10 10 10	3 3 4 4 195 4
	35-	412 2 4 1 441 9 1 1 1 2 3	
)	25-	[50 1 21 00 4 21 1 12 4 15	
	1		2 2 2 2 2 2
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	-1	∞4 u usuu 4 a	29
	3-1	8 1 1 23 23 1	2 2 163
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١		seases nours or not Disease r. Dise stem m stem m y Sys Childb Organs ture B ture B	wn ::
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1	Cause of Death.	ctious and Parasitic I cer and Malignant Tulours, Non-malignan fined umatic Heart Disease oetes Mellitus r General Diseases bral Haemorrhage: Spinal Cord and oth of Nervous System ases of Circulatory System ases of Digestive System ases of Digestive System ases of Pregnancy and ases of Skin and Movement enital Debility, Prem Malformation, &c. r Vehicle and other F port Accidents r Violence	r unk Total
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-	224	Cancer and Malignant Tumours Cancer and Malignant Tumours Tumours, Non-malignant or not defined Rheumatic Fever and Chronic Rheumatic Heart Disease Diabetes Mellitus Other General Disease Spinal Cord and other Disease of Spinal Cord and other Diseases of Circulatory System Diseases of Circulatory System Diseases of Respiratory System Diseases of Benito-Urinary System Diseases of Skin and Organs of Movement Congenital Debility, Premature Birth, Malformation, &c. Suicide Motor Vehicle and other Road Transport Accidents Port Accidents	ies il
-	8	Infectious and Parasitic Diseases Cancer and Malignant Tumours Tumours, Non-malignant or not defined matic Heart Disease Diabetes Mellitus Other General Diseases Spinal Cord and other Diseases of Spinal Cord and other Diseases of Nervous System Diseases of Circulatory System Diseases of Genito-Urinary System Diseases of Pregnancy and Childbirth Diseases of Skin and Organs of Movement Congenital Debility, Premature Birth, Malformation, &c. Old Age Suicide Motor Vehicle and other Road Transport Accidents Other Violence	Causes ill-defined or unknown Total

Cause of Death. Landward Area and Small Burghs.

75- 85-	23 18 1 18 1 18 1 18 1 18 1 18 1 18 1 18
65-	120 120 120 3 3 4 4 4 4 4 4 5 6 7 7 8 8 8 3 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15
55-	80 80 123 123 146 113 113 113 113 113 113
45-	16 10 10 10 10 10 10 10 10 10 10 10 10 10
35-	81 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
25-	89 8 1 6 1 2 1 2 1 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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3 -1	6 2 8 2
Females	24 196 196 177 177 101 101 101 101 101 88 88
Both Sexes Males F	187 187 17 17 190 190 462 136 48 47 17 17 17 17 17 17 17 17 17 17 17 17 17
Both	90 383 6 6 40 436 932 237 79 69 69 104 12 12 25 25 25 25 25 25 25 25 25 25 25 25 25
Cause of Death.	Infectious and Parasitic Diseases Cancer and Malignant Tumours Tumours, Non-malignant or not defined Rheumatic Fever and Chronic Rheumatic Heart Disease Diabetes Mellitus Other General Diseases Of Nervous System Diseases of Circulatory System Diseases of Respiratory System Diseases of Pregnancy and Childbirth Diseases of Skin and Organs of Movement Congenital Debility, Premature Birth, Malformation, &c Old Age Suicide Suicide Motor Vehicle and other Road Transport Accidents Other Violence Causes ill-defined or unknown

Cause of Death. Landward Area and Small Burghs.

Cause of Death.	Both	Both Sexes Males F	Pemales	7	-1	5-1	10- 1	15- 2	25-	35-	45-	-99	65-	75-	85-	
Infectious and Parasitic Diseases Cancer and Malignant Tumours Tumours. Non-malignant or not de-	377	35	24 170		4	63	-	- 2	4 4	16	609	111 877	118	12	15	
fined Rheumatic Fever and Chronic Rheu-	10	67	60	T	1	1	1	1	-	1	1	1	1	4	1	
matic Heart Disease	27	1-0	20	1	1-	1	11	3	3	00	4-	60 4		L- 00	1-	
Other General Diseases	23	14	9	11	1	11	1	-		-	- 60	9	-1-	. 4		
Spinal Cord and other Diseases																
of Nervous System	435	205	230	010	67	- 1	67 -	on on	4 10	11	29	133	150	146	35	
Diseases of Respiratory System	148	06	58	21.	61 6	- 0	1	1	1	101	16	575	45	26	000	
Diseases of Digestive System Oiseases of Genito-Urinary System	61	35	26	0	1 1	7 -	11		403	- 61	10	0 00	17	19	0 4	
Diseases of Pregnancy and Childbirth Diseases of Skin and Organs of	67	1	67	1	1	1	1	_	_	1 10	+=	1	1	1	1-	
Movement Congenital Debility. Premature Birth.	00	4	4	1	1	1	1	-	1	-	1	-	က	-	1	
Malformation, &c	95	99	39	92	1	1	-	1	1	1	-	1	1	1	1	
Old Age	31	11 %	20	11	11	11	11	++	1-	17	11	11	4 4	18	6	
Motor Vehicle and other Road Trans-		1														
port Accidents	17	10		-,	ကင	57	1	10 1		1 0	67 =	101	77	16	15	
Causes ill-defined or unknown	18	12	99	4 -	7 -	11	11	0 -	-	0 -	=	9	4 4	12 4	11	
Total	2414 1255	1255	1159	137	17	10	7	28	41	77	509	363	657	899	200	

Cause of Death. Landward Area and Small Burghs.

85-	121 13 13 14 15 17 18 18 18 18 18 18 18	220
75-	108 108 108 108 119 119 119 119 119 119	721
-69	6 101 1 1 1 1 1 1 1 1	596
55-	97 97 97 97 97 97 97 97 97 97 97 97 97 9	372
45-	88 111 111 111 111 111 111 111 111 111	201
35-	20 - 2 E 2 2 2 2 1 1 E 70	74
25-	L 70 L 4 L L 20401-01 L L 7080	41
15-	8 99	22
-01	4	7
70	-01	16
1-	0101 - - - 0101 - 01 000 -	23
7	4 1 1 1 1 1 1 1 1	137
emales	18 190 11 118 111 20 247 399 67 4 4 4 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1166
Both Sexes Males Females	27 221 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1264
Both Sexes	45 411 142 142 143 145 145 145 145 146 147 148 148 148 148 148 148 148 148 148 148	2430
Cause of Death.	Infectious and Parasitic Diseases Cancer and Malignant Tumours Tumours, Non-malignant or not defined matic Heart Disease Diabetes Mellitus Diabetes Mellitus Cerebral Haemorrhage: Disease of Spinal Cord and other Diseases of Nervous System Diseases of Circulatory System Diseases of Respiratory System Diseases of Bigestive System Diseases of Pregnancy and Childbirth Diseases of Skin and Organs of Movement Congenital Debility, Premature Birth, Malformation, &c Old Age Suicide Old Age Other Violence Other Violence Causes ill-defined or unknown	Total

Occupations.

From time to time it is useful to have an indication of the types of occupation followed in the community. This information in up-to-date form, is available as a result of a Housing Survey carried out in 1953. The following figures relate to the occupations of householders in the Landward area of the County:—

inousenoiders in the Handward area of	LIII	County	
		No. of	No. of Persons
Occupation.		Persons	Unemployed.
Fishermen		11	
Agricultural, Horticultural and Forestry		2886	15
Mining		9216	243
Quarrying		54	1000
Makers of Bricks, &c		15	CONTRACTOR OF T
Paint and Oils		31	THE SECOND
Metal Manufacture (not Electro plate)		1136	- 9
Manufacture of Precious Metals		85	1
Makers and Fitters of Electrical Appara		A MINISTER	Births In Lang
and Electricians		304	1
Watch, Clock, &c., Makers		8	
Tanners, &c., and Leather Goods Makers		39	2
Textile Workers		84	
Makers of Textile Goods		28	Donal plant 18
Makers of Foods, Drinks, and Tobacco		188	5
Makers and Workers in Wood and Fur		100	
ture		464	5
Makers and Workers in Paper and Cardbo	ard	75	_
Printers and Photographers		8	m so Hew st
Builders and Bricklayers		878	6
Painters and Decorators		179	2
Workers in Other Materials		20	_
Transport and Communications		1620	10
Commercial, Finance and Insurance		1046	9
Public Administration and Defence		615	4
Professional Occupations		796	One of the last
Entertainment and Sport		66	3
Clerks, Draughtsmen and Typists		453	4
Warehousemen and Storekeepers		134	2
Stationary Engine Drivers		358	2
Other Undefined Workers		2056	70
Housewives		3470	-
Retired		2666	4
Not Stated		2243	97
No occupation stated but shown as employ	ved	6	-
Persons Engaged in Personal Service	,	597	11
Students		5	THE PROPERTY OF
Occupations outside United Kingdom		9	Sentro - witness
and a second	400		The state of the s
		31,849	506

MATERNITY and CHILD WELFARE SERVICES.

Maternity Services Scheme.

The total number of births notified to the nurses during each year (after correction for mothers' residence) was as follows:—

Live Births Still Births		1949. 3869 100	1950. 3901 107	1951. 3974 95	1952. 4030 105	1953. 3937 120
	Totals	3969	4008	4069	4135	4057
The relative fig	gures for births i	n Inst	itution	is and	at hor	ne are
	acti. Total		1950.			
	Live Birth	s 1580	2053	2457	2653	2695
Births in Institut	ions Still Births	54	57	74	71	86
		1004	9110	2531	2724	2781
	Totals	1634	2110	2001		
		12000	Lindin	1517	1377	-
Domiciliary Birth	CT :- Di-th	12000	Lindin	A T BIND		1242

It will be noted that there has been a yearly increase in the number of births occurring in hospital with a corresponding decrease in domiciliary births, but as will be seen from the following table, an increasing proportion of domiciliary cases have been dealt with by midwives, the doctor engaged not being present at the confinement.

Domiciliary cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947:—

Treaten betwee (bestum			1950.	%	1951.	%	1952.	%	1953.	%
(a) Doctor engaged and present at confinement	700	30	407	21	395	26	327	23	256	20
(b) Doctor engaged but not present at confinement	1555	67	1412	74	1119	73	1079	77	1010	79
(c) Midwife alone (no doctor engaged)	2		2		5		1		2	
Other Domiciliary cases:	_									
(a) Doctor engaged			11		14		3		8	
(b) Midwife alone			. 8		5		-		-	
(c) No doctor or midwife engaged	43		58		-		1		-	1
Totals	2335		1898		1538		1411		1276	

Midwives (Scotland) Acts.

The number of Midwives registered in the County Midwives Roll as practising in the various districts were as follows:—

	Area	is.		1949.	1950.	1951.	1952.	1953.
Dunfermline			 	14	14	8	14	9
Cowdenbeath	and Lo	chgelly	 	21	23	15	22	20
Kirkcaldy			 	11	9	10	11	9
Wemyss			 	13	14	11	14	15
Cupar			 	15	12	12	13	11
Anstruther			 	7	6	6	6	7
St Andrews			 	28	26	38	35	36
	To	tals	 	109	104	110	115	107

In 1949 there were 58 domiciliary midwives qualified to administer analgesia in accordance with the requirements of the Scottish Central Midwives Board, and 17 domiciliary midwives received training in the administration of analgesia:—

In 1950, 66 were qualified and 20 received training.

In 1951, 74 were qualified and 2 received training.

In 1952, 69 were qualified and 2 received training.

In 1953, 70 were qualified and no further training was required.

On 31st December, 1953, there were 40 cars in use by midwives.

The following table shows the number of sets of apparatus for he administration of analgesia in use by midwives at the end of each rear, also the number of cases in which gas and air, or pethidine was administered by midwives in domiciliary practice during the year:—

		1949.	1950.	1951.	1952.	1953.
Set of apparatus	 	4	4	5	6	6
Cases given gas and air	 	119	111	152	161	113
Cases given pethidine	 		331	646	622	647

The midwives, as required under the Rules and Regulations of he Central Midwives Board, sent in the following number of notices o the Public Health Department:—

		1949.	1950.	1951.	1952.	1953.
(a) Medical Assistance		 115	97	63	53	43
(b) Death (before doctor's arr	ival)	 5	3	1	1130-4	-
(c) Stillbirths		 29	25	10	10	8
(d) Laying out of dead body		 4	6	4	3	-
(e) Liability to be source of inf	fection	 12	5	5	3	4
(f) Artificial feeding		 25	35	26	52	44
(g) Failure to follow advice		 I de su	-	-	0 0 12	Market Com
Total		 190	171	109	121	99
						-

The conditions for which medical assistance was sought by nidwives are analysed as follows:—

			1949.	1950.	1951.	1952.	1953.
Delayed labour and u	terine	inertia	 26	26	13	16	7
Abnormal labour			 6	5	5	4	-
			 14	10	11	9	8
Maternal Haemorrhag	e-						
(a) Ante-partum			 4	4	4	1	1
(b) Post-partum			 8	6	3	-	3
Pain and Puffiness of	Legs		 -	-	- 1	-	-
Weakness of Mother			 -	-	_	-	-
Weakness of Baby			 2	-	-	4	3
Premature Births			 3	10	2	-	2
Stillbirths			 12	11	6	7	6
Inflamed and Dischar	ging F	yes	 14	10	3	6	2
Jaundice			 -	-	_	-	-
Raised Temperature			 4	3	2	1	2
Adherent and Retaine	ed Plac	centa	 11	7	8	3	2
Albuminuria			 2		-	_	
Miscellaneous			 9	5	5	2	7
Tot	al		 115	97	63	53	43

Supervision of Midwives.

All district nurse-midwives and private midwives in the County have been regularly inspected and, where necessary, advice has been given regarding improvement of equipment and more accurate keeping of records. By 1953 in the great majority of cases, bags, equipment, uniforms and records were found to be in good order, but, in a few instances, further improvement is still desirable. In the earlier part of the period under review, certain midwives did not have nursing bags in addition to their midwifery bags but these have now been obtained.

The numbers of midwives attending domiciliary confinements in the county area were as follows:—

		District nurse-midwives	Private midwives
1949	 	60	15
1950	 	59	15
1951	 	60	11
1952	 	61	8
1953	 	60	8

Private midwives are engaged on a fee per case basis.

It is felt that the results as regards breast-feeding are still not so good as they might be. Further instruction and encouragement during the ante-natal period, especially in the case of womer expecting a first child, should lead to improvement in this respect.

Since January, 1950, pupil midwives from Craigtoun Hosptial have received their district training from district nurse-midwives who are recognised teachers. The figures for the various years are:—

		No. of District nurse- midwives who were recognised teachers.	No. of pupil midwives receiving training.
1950	 	3	6
1951	 	9	15
1952	 	8	16
1953	 	8	20

Maternity Hospitals.

Confinements occurring in maternity hospitals for the five years under review are detailed below :—

		1949.	1950.	1951.	1952.	1953.
Maternity Hospitals in	County Area—					
Craigtoun, St And	rews	347	787	936	969	903
Netherlea, Newpor	t	174	197	258	299	321
Cottage Hospital,		173	155	109		-
		694	1139	1303	1268	1224
Maternity Hospitals ou	twith County A:	rea—				
Forth Park, Kirke	aldy	273	336	554	624	685
Maternity Hospita		555	528	582	701	761
Maternity Homes,	Angus	20	26	22	18	23
do.	Perthshire	53	48	46	50	39
do.	Stirlingshire	17	20	9	26	19
do.	Glasgow	8	2	2	_	1
do.	Edinburgh	14	10	12	37	28
do.	Helensburgh	_	1	-	-	-
do.	Aberdeen	-	-	1		1
Total	Dept. Libera.	1634	2110	2531	2724	2781

Premature Infants.

The following figures relate to the issue to mothers of outfits or premature infants and free layettes from the Health Department.

		1949.	1950.	1951.	1952.	1953.
Premature Infant Outfits	 	4	6	MI	3	1
Free layettes	 	11	14	11	18	12

Ailing Babies' Nursery.

In 1949 thirty-one infants were admitted to the Ailing Babies' Vard at the Child Welfare Centre, 66 North Street, St Andrews, for he following reasons:—

Failure to thrive	 16
Prematurity	 9
Congenital Heart Disease	 2
Neglect	 2
Accidental partial Asphyxia	 1
Healthy (Mother in hospital)	 1
	-
Total	 31

This unit was closed in July, 1949, owing to inadequacy of premises and the very valuable work done there had to be temporarily discontinued.

To take its place, the County Council acquired a dwelling house situated between the old town and the new town. This building was renovated and equipped as a modern residential clinic. They called it the James MacKenzie Child Health Clinic, partly because of a generous donation contributed by the Trustees of the James MacKenzie Institute and partly to commemorate the MacKenzie Institute which once stood in the Scores, and which brought such fame to St Andrews and to Fife. The clinic has accommodation for four premature babies, fifteen 0-12 months, six 1-2 year olds and three mothers.

It was opened on 15th October, 1953 by Sir Andrew Davidson, Chief Medical Officer, Department of Health for Scotland, and has been admitting babies and mothers from all over the County in need of rest and shelter, dietetic care, convalescence or special nursing attention. The B.C.G. Vaccination of infants is also undertaken.

Home Visitations.

The health visitors pay a home visit as a rule on or soon after the fourteenth day following the birth of an infant. Visits are also paid subsequently to these infants as well as to toddlers, expectant mothers and cases referred for special inquiry.

The numbers of new cases visited were as follows:-

alust	1949.	1950.	1951.	1952.	1953.
Expectant mothers	1738	1874	3015	2988	2855
Infants and nursing mothers	4304	4492	3984	3823	7125
Children between 1 and 5 years	2645	1948	1638	2860	9316
Total	8687	8314	8637	9671	19296

The apparent large increase in new cases in 1953 results from a different method of recording, adopted at the request of the Department of Health.

The total number of visits paid to these cases was :-

1949.	1950.	1951.	1952.	1953.
 3099	3914	6149	6277	5681
 22231	22459	25306	26146	27058
 19677	23048	25882	24442	25455
 45007	49421	57337	56865	58194
	3099 22231 19677	3099 3914 22231 22459 19677 23048	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$

The condition of the houses at the first visit is analysed for the different County areas in the following table:—

	1	1	1 1		1	1	ì	1	1 91
Total. 3567 269 64	3900	3576 313 37	3926	3471 302 36	3809	3595 294 63	3952	3500 325 58	3883
Wemyss. 783 48	836	831 7	923	525 4	828	729 43 2	774	779 47 5	831
St Andrews. 337 19 5	361	309	326	316 19 1	336	347 15 4	366	290 22 3	315
Kirkcaldy. 345 17 5	367	307 11 3	321	338 10 5	353	449 15 7	471	386 28 10	424
Dunfermline. 488 46 29	563	556 61 9	626	533 65 6	604	504 55 17	576	496 65 12	573
Cupar. 317 19 3	339	348 11 1	360	349	362	331 17 5	353	336 17 5	358
Anstruther. Cowdenbeath-Lochgelly. 164 1133 11 3 14	1256	1045 117 15	1117	993 144 13	1150	1079 140 26	1245	1048 135 22	1205
Anstruther. 164 111 3	178	180 111 2	193	170 5 1	176	156 9 2	167	165 11 1	177
Clean Indifferent Dirty	Totals	Clean Indifferent Dirty	Totals	Clean Indifferent Dirty	Totals	Clean Indifferent Dirty	Totals	Clean Indifferent Dirty	Totals

Breast Feeding.

listricts the numbers of mothers who were found to be breast-feeding their infants on the yealth Visitors:—	er. Cowdenbeath-Lochgelly. Cupar. Dunfermline. Kirkcaldy. St Andrews. Wemyss. Total. 221 221 250 236 242 437 2160 519 107 268 115 166 301 1592 40 10 39 9 6 21 139	1225 338 557 360 414 819 3891	637 248 330 224 208 478 2247 482 82 214 97 92 397 1420 42 34 42 9 21 22 184	1161 364 586 330 321 897 3851	608 249 349 248 236 476 2295 468 86 197 83 83 303 1252 54 23 36 16 11 60 222	1130 358 582 347 330 839 3769	608 240 333 315 242 436 2298 554 99 168 105 102 281 1342 49 9 21 17 15 26 148	1211 348 522 437 359 743 3788	573 241 296 276 208 431 2133 565 85 251 117 84 335 1490 40 23 10 28 29 37 172	The state of the s
This table shows by districts the numbers occasion of the first visit by the Health Visitors	Anstruther. Cowdenbeath-Lochgelly 108 666 519 14	178 1225	122 56 482 14 42	192 1161	129 608 32 468 22 54	183 1130	124 608 33 554 11 49	168 1211	108 573 53 565 15 40	
This table show	Breast Feeding Bottle Feeding Breast and Bottle	Total	Breast Feeding Bottle Feeding Breast and Bottle	Total	Breast Feeding Bottle Feeding Breast and Bottle	Total	Breast Feeding Bottle Feeding Breast and Bottle	Total	Breast Feeding Bottle Feeding Breast and Bottle	

In the following table the percentage of babies found to be breast-fed at the first visit are given for the different areas in the County:—

I	District.		1949.	1950.	1951.	1952.	1953.
Anstruther			 60.6	63.5	70.4	73.8	61.4
Cowdenbeath-	Lochgell	y	 54.3	54.8	53.8	50.2	48.6
Cupar			 $65 \cdot 3$	68.1	69.5	68.9	69.0
Dunfermline	EID		 44.8	56.3	59.9	63 - 7	53 · 1
Kirkcaldy			 $65 \cdot 5$	67.8	71.4	72.0	65.5
St Andrews			 58.4	64.7	71.5	67.1	66.9
Wemyss			 53 · 3	53 · 2	56.7	58.6	53 · 7
	bus ,and	Totals	 55.5	58.3	61 · 1	60.6	56.2

There can be no doubt that the work of the Health Visitors in urging the value of breast-feeding is having some effect, but they are in many cases fighting an uphill battle against heavy odds.

It is, however, an encouraging sign that more young mothers are anxious to continue breast-feeding, and here ante-natal advice as to the care of breast and nipples is of value. A beginning has been made in some areas with the formation of *Clubs for expectant mothers*, and this excellent practice might be extended when the Health Visiting staff is sufficiently large to allow of such further duties being overtaken. The instruction and encouragement given at these Clubs is invaluable, not only in promoting breast-feeding, but in enabling young women to face their first pregnancies with more confidence than would otherwise be possible.

There are many deterrents to the continuation of breast-feeding after the immediate post-natal period, even where lactation is satisfactory. The tendency towards earlier discharge from Hospital certainly plays its part. The pressure of household duties, the lack of privacy where the family lives with relations or in a sublet room, the advice of neighbours, all these may tip the balance in favour of bottle-feeding. Then again, the baby fed on dried milk is usually heavier than the breast-fed infant and tends to grow more rapidly, and it is not always easy to persuade the mother that the biggest baby is not necessarily the healthiest.

It is clear, therefore, that even the devoted mother may, for reasons which seem good to her, fail to nurse her child. The careless or indifferent mother has more selfish reasons for being unwilling to continue breast-feeding. She wishes to be free from domestic ties which might interfere with her outside pleasures. She may, without any real need to do so, wish to continue her previous work in shop or factory, and it is extremely regrettable that there is Government encouragement for this course.

Sometimes the family doctor is ready to prescribe stilboestrol on request, being only too well aware that no amount of advice will dissuade from her course the woman who is determined not to breast-feed her child. The example of others, however, plays a big part in determining the actions of the average human being, and for every mother who is encouraged to wean her baby unnecessarily, several others are likely to follow in her path.

It is not disputed that some women are unable to feed their babies either because of insufficient lactation or because of some failure in their own health, nor is it disputed that babies can be, and are successfully reared on the bottle. There is considerable evidence, however, to show that breast-fed babies are more resistant to infection than are those who are artificially fed. This is certainly so in the case of gastro-intestinal infections, and probably so in the case of many other infections. Then again, the close association between mother and baby which is inseparable from natural feeding, is believed to play a very important part in the emotional development of the child, and this aspect should be stressed by all doctors and nurses who are concerned in advising expectant and nursing mothers.

The Health Visitors report that, generally speaking, infants and pre-school children are well nourished, but there seems to be a tendency to discontinue the giving of cod liver oil and orange juice when the child reaches the toddling stage.

Child Welfare Centres.

The number of Welfare Clinics is 26 and there are 8 weighing centres. The clinics and centres in the seven districts of the County are situated in :—

Anstruther-St Andrews Area—St Andrews, Newport, Tayport and Anstruther.

Cowdenbeath-Lochgelly Area—Cowdenbeath, Kelty, Kinglassie, Lochgelly, Crosshill and Auchterderran.

Cupar Area—Auchtermuchty, Castlehill, Ladybank and Newburgh.

Dunfermline landward Area—Torryburn, Blairhall, Inverkeithing, Crossgates, Kincardine, High Valleyfield, Limekilns, Saline and Oakley.

Kirkcaldy landward Area—Markinch, Burntisland, Leslie, Thornton Glenrothes.

Wemyss Area—East Wemyss, Buckhaven, Methil, Kennoway, Methilhill and Leven.

At these clinics in addition to weighing of infants, mothers are advised as to the feeding and care of their children, and vaccination against diphtheria and whooping cough and smallpox is carried out.

In the following table the numbers of infants and toddlers seer at the clinics and centres are detailed by districts:—

п														1	9																
Total.	1768	17997	363	3600	2131	21597	2097	17371	467	3672	2564	21043	1783	15666	348	3742	2131	19408	-0.0	10000	19999	4593	3171	24512		3673	22940	1405	3907	5078	26847
Wemyss.	467	4690	74	452	541	5142	470	4456	62	487	532	4949	386	3276	. 92	405	462	3681	011	9810	9019	549	617	4368		602	4982	199	723	801	5705
St Andrews.	148	1206	56	418	204	1624	119	1081	36	418	155	1433	170	1514	54	532	224	2046	100	1499	1422	985	277	2407		231	1475	120	400	351	1875
Kirkcaldy.	154	1838	48	148	202	1986	157	1800	15	158	172	1900	174	1546	12	196	186	1742	G II C	9156	0017	387	.240	2543		334	2445	88	297	422	2742
Duntermline.	240	2051	48	210	288	2261	308	2262	47	230	355	7017	241	1767	53	333	294	2100	067	3909	2000	553	637	4455		624	3740	204	460	828	4200
Cupar.	131	1522	36	347	167	1869	199	1242	40	409	239	1001	135	804	20	231	155	1035	200	086	070	182	193	1102		208	1371	73	203	281	1574
Lochgelly.	574	6265	92	1859	650	8124	787	6035	221	1991	1008	0001	635	6254	108	1695	743	7949	222	7411	997	1657	1104	8906		1594	8430	643	1662	2237	10092
Anstruther.	54	425	25	166	46	591	57	495	46	309	103	100	42	505	25	350	. 67	855	K2	. 359	200	210	103	569	00	08	497	78	162	158	629
	No. attending	No. of attendances	No. attending		No. attending	No. of attendances	No. attending	No. of attendances	No. attending	No. of attendances	No attending	No. of attendances	No attending	No. of attendances	No. attending -	No. of attendances	Mr. attendien	No. attending	No. of attendances	No. attending	No. of attendances	No. attending	No. of attendances								
1949.	Infante	Timamits	Toddlers		Totals	1950	Infants	Chinama	Toddlers		Totals	1951.	Infants		Toddlers	THE PARTY OF	Totals		1992.	Infants		Toddlers	Totale		1953.	Infants		Toddlers		Totals	

Ante-natal and Post-natal Clinics.

The following figures relate to total attendances at County Council post-natal clinics:—

	1949.	1950.	1951.	1952.	1953.
No. of women attending		136			
No. of attendances					

Other Maternity and Child Welfare Clinics.

There were no ante-natal, post-natal or child welfare clinics provided by voluntary organisations until 1951 when a child welfare clinic was inaugurated at Leuchars aerodrome, staffed by a Medical Officer from the R.A.F. camp with a County Health Visitor in attendance. Statistics for this clinic are shown below:—

No. of first attendances—		1951.	1952.	1953.
Under one year of age	 	21	20	30
Over one year of age	 	27	14	5
Total attendances—				
Under one year of age	 	85	114	107
Over one year of age	 	73	34	18

Child Life Protection.

The number of children requiring supervision by the Health Visitors were 25 in 1949, 47 in 1950, 23 in 1951, 30 in 1952, and 14 in 1953. The total number of visits paid in this connection was 61 in 1949, 186 in 1950, 61 in 1951, 78 in 1952 and 76 in 1953. Further details are given in the table:—

Si chi in the tuble.						
			Co	unfermli wdenbea Lochgell;	th.	
No. on register No. of new cases No. Removed from District No. Returned to Relatives No. Legally adopted by Guardian		1949. 5 10 1 2 3	1950. 9 13 — 2 15	1951. 10 4 1 —	1952. 14 5 2 1	1953. 9 — 1 3
				Kirkcald Wemyss		
No. on register No. of new cases No. Removed from District No. Returned to Relatives No. Legally adopted by Guardian		1949. 2 2 - -	1950. 3 12 — 1 9	1951. 1 3 1 —	1952. 4 1 1 3	1953.
				nstruthe Cupar.		
No. on register		1949. 3 3 - 1	1950. 5 5 - 1 2	1951. 4 1 —	1952. 5 1 1 —	1953. 2 — —
			T	OTALS.		
No. on register	::	1949. 10 15 1 3 3	1950. 17 30 - 4 26	1951. 15 8 2 —	1952. 23 7 4 4	1953. 13 1 - 2 3

It was found at the first visit to the new cases that the following numbers had no fireguards, 2 in 1949, 34 in 1950, 6 in 1951, 3 in 1952 and none in 1953. These guardians all signed the usual forms indicating that they had been informed of their responsibilities.

Ophthalmia Neonatorum and Puerperal Sepsis and Pyrexia.

The numbers of cases of ophthalmia neonatorum notified were:—23 in 1949, 22 in 1950, 42 in 1951, 50 in 1952 and 36 in 1953.

The notifications of puerperal sepsis were:—1 in 1949, 3 in 1950, none in 1952, and 2 in 1953. Cases of puerperal pyrexia notified were:—16 in 1949, 19 in 1950, 20 in 1951, 22 in 1952 and 10 in 1953.

Ultra Violet Radiation.

This treatment is available at the Welfare Clinics at Cowdenbeath, Lochgelly and Methil, and the following table gives details of cases treated:—

Expectant and Nursi Preschool Children School Children Others					1010			
Preschool Children School Children Others			019	Cases. 12 176 288 14		tments. 1359 3419 49	Cases. 46 132 170 3	1950. Treatments. 832 1731 14 2577
Preschool Children School Children Others	Totals			490	4	1827	351	2011
Expectan				Cases. 3 117 224 7	-	tments. 82 1599 2589 56	Cases. 109 145 2	1952. Treatments 1099 1890 42
Expectan	Totals			351		4326	256	3031
Preschool School Cl Others	hildren .		others	s 		Cases. T 1 43 130 4	053. Freatment 18 1370 2571 9	ts.
	2	Totals			***	178	3968	100 M

Home Help Scheme.

This scheme, which has been in operation since 1944 makes a most valuable contribution towards the comfort and welfare of many people. It is perhaps among old people that its beneficial effects are most evident. There are many aged and infirm people who prefer to remain in their own homes amongst familiar surroundings and to these persons the home help renders invaluable service. Not only does she minister to their material welfare, but she is also frequently their only regular visitor and their chief contact with the outside world. The home help is thus a most important worker

in the field of Public Health and it is a great pleasure to pay tribute to the band of women who render this excellent service to the community.

In the Eastern district of the County home helps are sometimes difficult to obtain and it is hoped that more women who are in a position to take up occasional and temporary work will feel disposed to join the service.

Further information regarding this service is summarised in tabular form :—

Lo	ibulai form .—								
					1949.	1950.	1951.	1952.	1953.
1.	No. of Home Helps em	ploye	d at er	nd of					
	year				52	33	52	52	71
	(a) Whole-time				_	_	-		-
	(a) Whole-time (b) Part-time				52	33	52	52	71
	(c) Retaining fee basis					_	-	-	-
2.	No. of cases for which I	Iome	Helps	were					
	provided					261	198	191	210
3.	No. of cases in (2) provide confinement—	led or	accou	nt of					
	(a) at home			5	144	56	30	29	30
	(a) at home (b) in hospital			1	144	3	4	1	1
4.	No. of cases in (2) provid Chronic sickness is	led or	accou	nt of					
	infirmity				not	availa	ble	145	138

SCHOOL MEDICAL SERVICES.

General Statistics.

194	8-49.	1949-50.	1950-51.	1951-52.	1952-53.
School Population :-					
Total Roll at beginning of School year 45	027	46290	47572	48636	50640
Average Roll for School year 45 Average Attendance 42	884 · 4	41785.1		44954.7	50864·9 45968·0
Percentage Attendance	91.9	89.5	89.6	91.3	90.4

At 31st July, 1953, there were in the County 164 schools. Of these 112 were primary schools, 32 were secondary with primary departments and 15 were secondary schools. There were also two nursery schools, one special school and two occupation centres. Six nursery classes and five special classes were run in ordinary schools. There are no residential nursery schools in the landward area.

The average number of pupils on the rolls of the Nursery Classes during the five years is given in the following table :—

Average Number on Roll.

Buckhaven Primary Leslie Sinclairtown (Kirk-	1	25 26	25 23	25 24	24 24	24 24
caldy)	2	36	36	36	35	43 39
Hayfield (Kirkcaldy)	2	37	38	38	37	30
Crosshill	1	21	_	31	30	97
Kelty	3	70	90	92	90	
Lumphinnans	1	22	21	25	24	24
		259	255	291	286	303

There was an outbreak of dysentry in Kelty Nursery School in 1950. Details are given in the "Infectious Diseases" section of this report.

Organisation and Administration.

A number of changes in personnel have taken place in the past five years. In 1949 the Assistant Medical Officer for Cowdenbeath, Dr G. A. H. Gumley, resigned to take up the new appointment of Medical Superintendent to West Fife Hospitals Board of Management, and Dr H. Somerville, Assistant Medical Officer for the Kirkcaldy Landward Area, resigned to take up an appointment with the National Coal Board. In the Cowdenbeath Area a new appointment was made in the person of Dr Lucy McFarlan. Dr J. Comrie, who acted as interim Depute in the Health Services section, indicated the wish to re-assume his old duties and was re-appointed Assistant Medical Officer for the Kirkcaldy Landward Area in September, 1950.

The retirement of the Deputy County Medical Officer for Schools and Welfare, Dr R. A. Krause, brought about a reorganisation of the Health and Welfare Department. As a result of increasing responsibilities arising out of new legislation it was recognised that the combined duties of School Medical Officer and Maternity and Child Welfare Officer had become too heavy for one official. It was, therefore, decided that a Senior Medical Officer should be placed in charge of each of these sections. Dr A. Sheila MacLeod was appointed as Senior Medical Officer (M. &. C. W.) and Dr Krause was asked to continue in office for a further period to help in the setting up of the other section. The promotion of Dr MacLeod created a vacancy in the staff of Assistant Medical Officers and in July, 1951, Dr B. Scott was appointed to fill this vacancy. Dr W. W. Sinclair was appointed as Senior Medical Officer (School Health Service) and took up duties in November, 1952, when Dr Krause retired. Dr Krause gave long and valued service. On his departure he deservedly received many high tributes to his worth.

There have been altogether fifteen changes in the staff of Health Visitors and District Nurses who are also responsible for some of the School Health Service Work. The number of whole time health visitors was twenty-five in 1953 and twenty-eight district nurses, mainly in rural areas, also assisted in the school work. In addition to these one trained and two untrained nurses were helping at school medical inspections in Lochgelly, Methil and Kelty, as well

as at clinics in these areas.

School Buildings.

The following new schools were built during the period under review:—Clentry Nursery School; Cupar Infant School; Woodside Infant School; Oakley Infant School; Benarty Primary School; Blacklaw Primary School, Dunfermline; Camdean Primary School; Carleton Primary School, Glenrothes; Valley Primary School, Kirkcaldy; Templehall Secondary School.

Three new schools were in course of erection:—Fair Isle Primary School, Kirkcaldy; Buckhaven High School; Inzievar

Secondary School

Additional classrooms, &c., were constructed at the following schools:—Kennoway Primary School; Leslie Primary School; Dakley R. C. School; Park Road School, Rosyth; St Agatha's R. C. School, Methil; Bell-Baxter School, Cupar; Kennoway Public School; St Marie's R. C. School, Kirkcaldy; Blairhall School; McCrone Pre-Nursing School. Craigrothie and Kilmany Primary Schools were completely reconstructed and enlarged, and Markinch Secondary School, which was destroyed by fire in 1946, was largely reconstructed.

Other works actually in progress in the year 1953 were as ollows:—Burntisland School (six primary classrooms); Colinsburgh School (reconstruction and addition of one classroom and lining room); additional accommodation at Madras College, Tullillan Secondary School and at the Elmwood Agricultural Centre;

Gymnasium and hall accommodation at Bell-Baxter School and at St Agatha's R. C. School; Buckhaven Technical College (one

classroom and three practical rooms).

In addition to the works noted above, minor alterations and improvements have been carried out at a large number of schools. Staffroom accommodation has been improved at 15 schools mainly in the rural areas. Sanitary arrangements are to be improved in 47 schools. Electricity has been installed in 36 schools. New heating plant has been introduced in 33 schools.

This synopsised account will serve to indicate the extent and variety of the school building programme. Further details may be obtained from the Progress Report dated 4th December, 1953,

prepared by the Director of Education.

Physical Condition of the School Children.

1948-49. County. Dunfermline. Kirkcaldy. Total. No. of children inspected 20700 4972 6428 32100 No. of children re-inspected 47784 41088 9663 98535 Total 68484 46060 16091 130635 No. of defects found at first inspection 2902 1173 913 4988 No. of school visits 2074 356 448 2878 No. of home visits 1746 66 78 1890 1949-50. 34092 4095 7052 45239 No. of children inspected 37287 33661 8468 79416 Total 71379 37756 15520 124655 No. of defects found at first inspection 3930 978 843 5751 No. of school visits 1915 272 429 2616 No. of home visits 1412 43 55 1510 1950-51 No. of children inspected 36087
No. of children inspected 20700 4972 6428 32100 No. of children re-inspected 47784 41088 9663 98535 Total 68484 46060 16091 130635 No. of defects found at first inspection 2902 1173 913 4988 No. of school visits 2074 356 448 2878 No. of home visits 1746 66 78 1890 1949-50. No. of children inspected 34092 4095 7052 45239 No. of children re-inspected 37287 33661 8468 79416 Total 71379 37756 15520 124655 No. of defects found at first inspection 3930 978 843 5751 No. of school visits 1915 272 429 2616 No. of home visits 1412 43 55 1510 1950-51
Total 68484 46060 16091 130635 No. of defects found at first inspection No. of school visits 2074 356 448 2878 No. of home visits 1746 66 78 1890 No. of children inspected 34092 No. of children re-inspected 37287 33661 8468 79416 Total 71379 37756 15520 124655 No. of defects found at first inspection No. of school visits 1915 272 429 2616 No. of home visits 1412 43 55 1510 No. of children inspected 36087 4464 8321 48872
No. of defects found at first inspection 2902 1173 913 4988 No. of school visits 2074 356 448 2878 No. of home visits 1746 66 78 1890 No. of children inspected 34092 4095 7052 45239 No. of children re-inspected 37287 33661 8468 79416 No. of defects found at first inspection 3930 978 843 5751 No. of school visits 1915 272 429 2616 No. of home visits 1412 43 55 1510 1950-51. No. of children inspected 36087 4464 8321 48872
No. of school visits 2074 356 448 2878 No. of home visits 1746 66 78 1890 1949-50. 34092 4095 7052 45239 No. of children inspected 37287 33661 8468 79416 Total 71379 37756 15520 124655 No. of defects found at first inspection 3930 978 843 5751 No. of school visits 1915 272 429 2616 No. of home visits 1412 43 55 1510 No. of children inspected 36087 4464 8321 48872
No. of school visits 2074 356 448 2878 No. of home visits 1746 66 78 1890 1949-50. No. of children inspected 34092 4095 7052 45239 No. of children re-inspected 37287 33661 8468 79416 Total 71379 37756 15520 124655 No. of defects found at first inspection 3930 978 843 5751 No. of school visits 1915 272 429 2616 No. of home visits 1412 43 55 1510 No. of children inspected 36087 4464 8321 48872
No. of home visits 1746 66 78 1890 1949-50. No. of children inspected 34092 4095 7052 45239 No. of children re-inspected 37287 33661 8468 79416 Total 71379 37756 15520 124655 No. of defects found at first inspection 3930 978 843 5751 No. of school visits 1915 272 429 2616 No. of home visits 1412 43 55 1510 1950-51. No. of children inspected 36087 4464 8321 48872
1949-50. No. of children inspected 34092 4095 7052 45239 No. of children re-inspected 37287 33661 8468 79416 Total 71379 37756 15520 124655 No. of defects found at first inspection 3930 978 843 5751 No. of school visits 1915 272 429 2616 No. of home visits 1412 43 55 1510 1950-51. No. of children inspected 36087 4464 8321 48872
No. of children inspected 34092 4095 7052 45239 No. of children re-inspected 37287 33661 8468 79416 Total 71379 37756 15520 124655 No. of defects found at first inspection 3930 978 843 5751 No. of school visits 1915 272 429 2616 No. of home visits 1412 43 55 1510 No. of children inspected 36087 4464 8321 48872
No. of children re-inspected 37287 33661 8468 79416 Total 71379 37756 15520 124655 No. of defects found at first inspection 3930 978 843 5751 No. of school visits 1915 272 429 2616 No. of home visits 1412 43 55 1510 No. of children inspected 36087 4464 8321 48872
No. of defects found at first inspection 3930 978 843 5751 No. of school visits 1915 272 429 2616 No. of home visits 1412 43 55 1510 No. of children inspected 36087 4464 8321 48872
No. of school visits 1915 272 429 2616 No. of home visits 1412 43 55 1510 1950-51. No. of children inspected 36087 4464 8321 48872
No. of school visits 1915 272 429 2616 No. of home visits 1412 43 55 1510 1950-51. No. of children inspected 36087 4464 8321 48872
No. of home visits 1412 43 55 1510 1950-51. No. of children inspected 36087 4464 8321 48872
1950-51. No. of children inspected 36087 4464 8321 48872
No. of children inspected 36087 4464 8321 48872
No. of children re-inspected 34099 34406 10176 78681
20000 10000 10000
10tal 10100 000.0
No. of defects found at first hispection
No. of school visits 270
No. of home visits
1951-52. No of children inspected 41052 4995 10447 56494
No. of children inspected 1102
No. of children re-inspected 39675 32602 14218 86495
Total 80727 37597 24665 142989
No. of defects found at first inspection 4462 770 666 5898
No. of school visits 2458 335 655 3448
No. of home visits 1580 484 166 2230
1952-53
No of children inspected 40925 5679 9225 55829
No. of children re-inspected 44670 33238 16639 94547
Total 85595 38917 25864 150376
No of defects found at first inspection 4287 984 500 5771
No. of school visits 2598 369 794 3761
No. of home visits 1267 151 49 1467

Analysis of Defects found at First Inspection. County Area.

	1948-49.	1949-50.	1950-51.	1951-52.	1952-53
Head Vermin	 1446	1698	1621	1713	1556
Body Vermin	 298	2	3	39	44
Ringworm (Scalp and Body)	 9	7	13	10	32
Scabies	 33	44	17	10	30
Uncleanliness or Neglect	 70	155	281	318	256
Impetigo Contagiosa	 120	218	145	246	223
Other skin conditions	 60	117	143	226	198
Otorrhoea	 51	99	78	79	70
Eye Disease (external)	 111	297	184	189	209
Ear Cases	 67	123	84	74	69
Nose and Throat Cases	 51	291	192	377	277
Cuts and Bruises	 93	189	461	485	418
Septic Conditions	 157	223	303	314	354
Other	 336	467	396	382	551
Totals	 2902	3930	3921	4462	4287

These figures relate to children of school age and do not include inspections by nurses of children at nursery schools. In the year 1951-52, 166 children were inspected in nursery schools and 618 re-inspections were made. At the first inspection 52 children were found to have defects requiring attention (head vermin 9; septic conditions 12; accidents 17; other conditions 14). In 1952-53, 119 nursery school children were inspected and there were 259 re-inspections. At first inspection 34 of these children were found to have defects (head vermin 11; impetigo 6 and other skin conditions 2; external eye disease 2; cuts and bruises 5; septic conditions 8).

Medical Inspection and Examination.

The number of children examined according to routine age groups were distributed as shown :—

County Area			1948-49. 6196	1949-50. 8696	1950-51. 8071	1951-52. 8039	
Dunfermline			 2263	2170	2167	2156	8601 2545
Kirkcaldy		•••	 1820	2352	2524	2268	1887
A THE	Totals		 10279	13218	12762	12463	13033

These totals are analysed according to age groups in Table 1.

Large 1947 43 131 443	4271 161 13033	499 595 1411	2505	10924	to parents 1952-53. Large. tty. Burghs. 99 82 99 82 169 162 118 11 15 724	3329
Com 3739 1770 2169 166	7844	4227 2477 1715	8419	-	1000104	33
148 — — — — — — — — — — — — — — — — — — —	4373 544 514 12463	474 898 1325	2697	10407	52. Large. Large. Burghs. (109 170 115 16 —	7.
Court 3621 — — — — — — — — — — — — — — — — — — —	208	3567 2286 1857	7710		who were 1951-52 La County. Bu 1013 135 341 414 355 51	2607
1200-51. Larg aty. Burgl 1702 275	840 12762	5 572 2 797 16 1309	3 2678	10181	ions : rge. 20 20 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1
ghs.	4522 7231	399 3655 1271 2412 975 1436	2645 7503	91	natic examinat was as follows 1950-51. ge. La ths. County. Bur 88 1 1 88 1 5 347 6 347 6 222 - 222	9347
County. Bur 3043 1375 1672 1888 137 2046 1307 172 33	7149 452 1547 13218	3521 2958 1722	8201 2	10846	ble 1. tal care) wa tal care) wa 1949-50. Large. tty. Burghs. 3 250 7 141 3 265 7 158 8 20 4 —	9796
1948-49. Large try. Burghs. 297 1240 66 1294 138	4083 501 10279	671 2046 338	3055	10810	Table 1. ed at the syster and dental care) 1949-50. 1949-50. Lar, hs. County. Burg 9 25 25 15 14 157 15 15 15 15 15 15 15 15 15 15 15 15 15	0.0
County. 2075 297 — — — — — — — — — — — — — — — — — — —	5695	4137 2519 1099	7755	a co	inspected aniiness an 1948-49. Large. Large. 1249 6 249 8 37 8 191 8 191 9 17 724	9491
	tions	111		:	dren in ncleanli 1948 County. 716 108 433 248 43 159	FG.
mined ations ations xaminat xaminat ations xaminat ations xaminat	txaminat	:::		als	al childing u ding u	-
F Children Examined— Systematic Examinations Other Systematic Examinations Other Systematic Examinations Systematic Examinations Systematic Examinations Other Systematic Examinations	Systematic Examinations Other Systematic Examinations Grand Totals	Special Cases Re-inspections *Visual Acuity		Grand Totals	The number of individual children inspected equiring treatment (excluding uncleanliness an 1948-49. Large. County. Burghs. ants 716 249 A 38 236 th 433 236 The many 443 111 T Systematic Examinations 159 —	Trated.
Fotal numbers of Children Examined Entrants Systematic Examinations Other Systematic Examinat *Second Age Group (Visual Acuity) Third Age Group Systematic Examinations other Syste	Totals	Other examinations	Totals		The number of individual children inspect as requiring treatment (excluding uncleanliness 1948-49. Entrants Large County. Burg Third 433 23	

Table II.

SUMMARY OF DEFECTS (including two large Burghs).

					(mich.	admis	CWO	laig	e Du	igns)		inter 1
. Clo	Nature of Defect.			8-49. Girls.	1949 Boys.	9-50. Girls.	1950 Boys.	0-51. Girls.	Boys.	l-52. Girls.	Boys.	2-53. Girls.
Un	satisfactory in respec	ct of	50	39	34	44	58	55	41	36	49	42
	otgear—											
1000	satisfactory in respec	ct of	33	26	37	24	45	13	16	10	22	29
	anliness— Head—											90
1	Dirty, Nits or Vermi	in	131	426	52	292	45	227	40	253	65	326
(b)	Body— Dirty or verminous		52	41	63	51	43	30				100
. Ski	n—		-	**	00	91	40	30	67	50	89	68
(a)	Head-Ringworm		2	. 1	2	85	0					-
1000	Impetigo	1000	11	9	13	1 9	9	1 4	14	17	21	3 16
(4)	Other Diseas	ses	44	67	47	48	46	46	70	54	90	87
(b)	Body—Ringworm Impetigo		8	3	2	3	2	3	-	1	1	6
	Scabies		15	15	5 11	3 15	4 2	6	5 7	8 2	6	25
	Other Disease	es	86	89	125	105	121	107	164	155	181	154
. Nut	ritional State—											
Slig	ghtly Defective		253	225	204	198	260	209	247	959	204	000
Bac	d		6	4	11	10	1	5	5	253	384	332
Mot	uth and Teeth-											-
Un	healthy		562	612	727	691	816	733	799	850	944	856
Nas	o Pharynx—										011	000
	Nose-											del J
100	(i) Obstruction req	uir-										
	ing observation (ii) Requiring opera	ation	168 56	142 63	167 95	141	193	154	114	97	227	220
	(iii) Other condition	S	108	115	161	85 110	87 146	74 98	93 189	73 164	89 244	75 182
(b)	Throat—									101	~**	102
	(i) Tonsil requiring servation	ob-	538	613	628	714	909	000	010	001	0.00	
	(ii) Requiring opera	tion	141	197	181	$\frac{714}{223}$	803 193	808 219	618 176	681 165	869 194	966 211
(c)	Glands—		100	470							***	-11
	(i) Requiring observ (ii) Requiring opera	tion	436	470	404	407	566 2	431	522	435 19	676	671
Eye	s—									-		
(a)	External Diseases—											
	Blepharitis Conjunctivitis		49	70	43	57	56	59	58	70	85	90
	Corneal Opacities		20	15 1	17	12	22	19	12	10	11	12
	Strabismus		81	104	110	106	169	129	113	131	3 127	152
(b)	Other Diseases		28	12	19	29	24	17	15	21	29	30
(0)	Visual Acuity— 6/6 6/6		1648	1687	2892	2580	2319	2211	1522	1540	1014	0011
100	6/9 6/12		137	198	238	282	257	208	267	1543 284	1914 213	2011 286
1	6/18 and over No. with Glasses		126 95	137	173	200	144	199	167	160	154	164
	Recommended for	Re-	0000	134	140	147	134	152	145	185	141	177
100	fraction		92	124	123	145	55	63	129	116	110	113
Ears												
(a)	Diseases-		- 150									
	Otorrhoea Other Diseases		57 157	56 162	60 100	64	55	63	76	66	82	88
(b)	Defective Hearing—		101	102	100	114	190	159	177	122	219	209
1	Grade I		27	35	49	35	36	36	46	48	94	50
	", Ha		4	4	5 2	3 2	2	10	13	8	18	15
100	" III		-	_	ĩ	3	3	2	1	1 2	1	1
1										000	1000	

SUMMARY OF DEFECTS—Contd.

		8-49.		9-50.		0-51.		1-52.		2-53.
Nature of Defect.	Boys.	Giris.	Boys.	Giris.	Boys.	GIFIS.	Boys.	GIFIS.	Boys.	GIFIS.
10. Speech—	40	00	.=	95	07	97	04	90	00	01
Defect, articulation Stammering	+0	26 5	45 17	35	67 18	37	84 22	39	92 29	61
11. Mental and Nervous Condition	1-									
(a) Backward (due to irreg				0	-	0	0		10	
ular attendance, &c.) (b) Dull (intrinsically)	. 11	25	23	3 22	1 46	33	50	22	10	21
(c) Mentally defective (edu				THE						
cable)		2	6	4	4	5 2	5	1	6	8
(d) (ineducable) (e) Highly nervous or un		1	1		1	-				
stable		18	14	7	12	12	19	16	25	37
(f) Difficult in behaviour	. 9	8	4	5	1	2	3	2	9	5
12. Circulatory System—										
(a) Organic Heart Disease—		-				~~				-
(i) Congenital (ii) Acquired	10	18 22	16 14	27 18	23	26 15	18 11	15 18	23 15	27 29
(b) Functional Conditions	-	60	54	42	62	50	52	69	57	41
The same of the sa										
13. Lungs—		10	00	07	20	90	00	10	47	38
Chronic Bronchitis Suspected Tuberculosis	_	18 8	30	27	39 13	20 18	28	13 12	47 21	17
Other Diseases		179	175	142	225	178	189	135	202	155
14. Deformities—										
(a) Congenital	. 79	112	95	91	80	74	156	104	147	176
(b) Acquired (Infantile Para							10	0	15	25
lysis) (c) Acquired (probable) Ric	. 9	6	11	7	12	14	10	8	15	25
kets	. 51	36	52	32	45		51	19	50	26
(d) Acquired (other causes	3) 243	226	255	299	348	395	434	512	516	476
15. Infectious Diseases	10	8	5	5	18	17	38	31	12	23
16. Other Diseases or Defects .	250	173	227	154	240	171	207	191	233	196

Table III.

SYSTEMATIC MEDICAL EXAMINATIONS (including two large Burghs).

				,	.,,			
1059.59	centage of children examined. 48.2	4.5	6.5	9.1%	34.4	8 9	6.1	100%
1050	No. of children (all age groups). 6287	309	845	1176	4481	988	203	13033
1-59	of Per- ren centage of age children ps). examined. 10 53.04	3.27	7.01	10.59%	29.9	5.37	6.47%	001
195	No. of children (all age groups). 6610	408	874 39	1321	3726	699	806	12463
1950-51.	Per- centage of children examined. 53.56	8.73	6.37	10.46%	8-62	5.06	6.18%	100%
195	No. of children (all age groups). 6835	476	813 45	1334	3805	645	788	12762
1949-50.	Per- centage of children examined. 57.39	3.16	6.43	9.77%	26.53	4.0	6.31%	0001
194	No. of children (all age groups). 7586	418	850	1292	3506	713	834	13218
1948-49.	Per- centage of children examined. 54.02	2.29	6.69	9.56%	30.31	5.57	6.41%	100%
194	No. of children (all age groups). 5553	235	887	952	3115	573	629	10279
	I. Children free from defects II. Children (otherwise free from defects) who suffer from— (a) Defective Vision not worse than 6/19 in the better ever with or with	(b) Conditions of the mouth and teath		Total	III. Children suffering from ailments (other than those mentioned in II.) from which complete recovery is anticipated within a few weeks	IV. Children suffering from (or suspected to be suffering from) defect less remediable than defects specified in II. or III., distinguishing cases— (a) Where complete cure or restoration of function (in the case of eye defect, full correction) is considered possible	Total	Total number of children examined

Table IV.

Return of all Exceptional Children of School Age in the Area (including two Large Burghs).

	A STATE OF THE PARTY OF THE PAR					
	Disability.	1948-49.			1951-52.	
1.	Blind	2	4	8	9	7
2.	Partially Sighted— (a) Refractive Errors, in which the curriculum of an ordinary school would					
	adversely affect the eye condition (b) Other conditions of the eye, e.g., cataract, ulceration, &c., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary	23	21	29	29	22
	school	. 2	4	2	4	9
3.	Deaf— Grade I	81	75	126	110	148
	Grade IIa	19	27	25	47	52
	Grade IIb	1	4	16	25	6
	Grade III	11	. 18	22	31	43
4.	Defective Speech— (a) Defects of articulation requiring special educational measures (b) Stammering requiring	58	107	388	510	461
5.	special educational measures Mentally Defective (Children between 5 and 16 years)—	34	49	120	180	184
	(a) Educable (I. Q. approx. 50-70) (b) Ineducable (I. Q. gener-	116	187	204	274	293
0	ally less than 50)	44	56	88	93	114
6.	Epilepsy— (a) Mild and Occasional (b) Severe (suitable for care	23	34	48	49	61
	in a residential school)	1	4	6	6	8
7.	Physically defective (children between 5 and 16 years)— (a) Non-pulmonary tubercu- losis (excluding cervical					
	glands) (b) General Orthopaedic con-	21	27	46	40	46
	ditions	549	252	1401	962	1058
	(c) Organic heart disease	87	124	122	113	143
	(d) Other causes of ill-health	* 22	51	82	44	71
	Multiple Defects	8	10	38	59	63

^{*} Definition of Ill-Health—" Children who by reason of ill-health are unable to attend ordinary schools or are incapable of receiving proper benefit from the instruction in ordinary schools."

Medical Treatment.

The total number of local authority clinics in Fife at which treatment for minor ailments is available is now 28,

of which 22 are in the County Area, 3 in Dunfermline Burgh and 3 in Kirkcaldy Burgh.

In the school year 1948-49 the County Nurses made 2,144 attendances at the school clinics for the purpose of treating minor ailments and in the four years following the comparable figures were 1,778, 1,997, 2,458, and 2,598 visits respectively.

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	1952-53.	. Cases. Attendances.																					2535 6046	
oregine.	951-52.	Attendances	1261	4	1100	1129	20	201	4130	4000	4900	1629	3037	1960	1700	623	11197	2000	9655	325	520	000	5937	
OGTON ON	Cooo	s. Cases.	285	2	101	07.	16	56	927	1167	1011	278	066	480	402	343	4675	0076	3489	167	559	200	2548	
0	1950-51.	recongance	1586	109	034	100	14	298	3391	5847	0070	2489	3564	1405	OCET	456	10826	10010	10012	352	470	0000	0629	1000
	Cases	· casas.	510	7	50	000	23	89	833	1161	951	100	916	530	200	305	4661	2208	0000	132	449	0000	2330	00000
	1949-50. Attendances	000	2224	1	106	919	717	105	3038	6681	2020	7000	3615	1470	020	013	11372	10786	000	920	554	2909	7001	21200
	00	400	000	1	33	85	20	41	797	1206	383	010	919	541	500	070	4883	3749	000	007	481	9690	0707	12020
	1948-49. Cases. Attendances. Case	0000	2882	440	91	391	100	¥07	3309	6331	2546	2000	0040	1969	200	10001	00771	11387	303	000	81.7	7917		55021
	Cases.	481	104 .	18	97 .	. 138	52	200	081 .	9901 .	. 280	867	200	. 5003	548	4100	00110	3478	159	100	100	2173		14890
		Head Vermin	Body Vermin	Dingmount	miowolm	Scables	Uncleanliness or Neglect	Impetion Contagiosa	Other chin condition	Cure skin conditions	Otorrhoea	Eve Disease (external)	Far Cases	Marie Cases	Nose and Throat Cases	Cuts and Bruises	Sentio Conditions	Septic conditions	Accidents	Advisory Cases	Other	m	かに かか と と と と と と と と と と と と と と と と と	Total

Accidents in Schools.

"Major" accidents in school are those where it was considered necessary to obtain the advice and help of a general medical practitioner or where the child had to be taken to hospital. average annual number of such cases before the war was 170. During the war years 1939-1945 the average fell to 122, but since the year 1945-46 onwards the average has risen to over 200. About 70 per cent of these accidents occur in the playground or outside the school premises. The following tables illustrate the number, type and locus of accidents in schools :-

Mai	or	Accidents.	
TITLE.	O.	TTOOTHOTTOO	

Major .	Acci	dents.			
STATE OF THE PARTY		1948-49.	1949-50.	1950-51.	1951-52.
No. of major accidents in schools		182	218	210	252
No. of schools with :-			B. 6	B E B	00
(a) 1 or 2 major accidents in year		39	41	35	39
(b) 3 to 5 major accidents in year		10	21	36	36
(c) 6 or more major accidents in y	year	11	10	8	12
Total No. of schools involved		60	72	79	87
accidents in 1951-52. Gymnasium. C	of A	Accident room, P	layground		number of accidents.
King's Road J.S. School 1		4	0		15
Buckhaven High 4		2	9		
Dunfermline High 2	1	0	-		12

Dunfermline High 10 Viewforth J. S. School 9 Lochgelly J. S. School Ballingry J. S. School Kirkcaldy High 9 9 5 8 6 Townhill P. S. Markinch J. S. School Newburgh J. S. School

Minor Accidents.

			1948-49.	1949-50.	1950-51.	1951-52.
Minor Accidents in Gymna	sium-					100
Cuts and Bruises			767	557	570	466
Splinters			1754	1728	1353	1788
Sickness, &c			210	239	233	202
Total		2	2731	2524	2156	2456
Minor Accidents in Classro	om—				0400	2616
Cuts and Bruises			2170	1850	2438	
Splinters			536	655	531	.606
Burns			333	451	475	366
Sickness and Fainting			1596	2318	1954	2058
			939	1384	559	562
Total .			5574	6658	5957	6208
Minor Accidents in Playgr	ound—		0000	0400	10468	11471
Cuts and Bruises .	=			8400		2135
Other			1089	1483	1542	2100
Total .			9481	9883	12010	13606

Information about general trends and causation having been obtained it was considered unneccessary to continue the clerical work involved and the systematic recording of accidents in schools was therefore discontinued after 1952. The greater proportion of minor accidents was found to be those occurring in school playgrounds, or outside the schools. Many playgrounds are badly surfaced, and so there is a clear indication as to the remedy. Accidents due to splinters from school floors are also numerous, and show the need for constant attention to flooring. Improvement and reconstruction schemes now envisaged should remove many of the causes of accidents in schools.

County Dental Service. 1949-1953.

During this period the school dental service lost a number of dental officers and by 1951 the staffing position had become very serious. Several areas had no school dentists and an emergency service only was available in others.

In 1950 a pilot experiment was carried out in Fife to find out how best to utilise the services of orthodontic consultants in the school dental service. The experiment which proved of national interest was very successful and has developed into an integral part of the school dental service. This service is expanding as additional staff become available.

Since early in 1952 the staffing position has improved and still further improvements may be expected in the future. A new clinic has been opened in St Andrews, and the first of the three new power-driven caravans has been delivered.

The following tables give the numbers of children inspected luring each school year and the types of treatment carried out:—

1. Inspected by the Dental Officers:—

Age.		1948-49.	1949-50.	1950-51.	1951-52.	1952-53.
-5	 	70	218	474	456	574
5	 	1525	1905	1149	2108	2329
6	 	1602	1540	1557	1988	2261
7	 	1415	1533	1360	2116	2022
8	 	1400	1436	1415	2100	2009
9	 	1385	1252	1307	2013	2026
10	 	1503	1250	1199	1756	1823
11	 	1296	1094	1173	1127	1311
12	 	1177	1283	949	1101	1342
13	 	1131	1660	922	982	1392
14	 	1013	1456	863	953	1356
15	 	290	189	206	285	282
16	 	101	78	31	124	21
17	 	75	47	25	33	6
18	 	17	4	2	1	1
all ages	 	14000	14945	12632	17143	18755

	1948-49.	1949-50.	1950-51.	1951-52.	1952-53.
2. Found to require treatment	8671	10575	8994	12716	14458
2a. Accepting treatment	5525	7726	7501	8156	9647
3. Actually treated	5277	7726	7501	8156	9647
4. No. of attendances for treat-					1000
ment	12851	15718	13309	20208	32000
5. Fillings—				000=	10770
a. Permanent Teeth	5239	5125	4495	8697	13550
b. Temporary Teeth	1375	1515	1116	2089	6514
6. Extractions—					
a. Permanent Teeth	860	1365	936	1051	1367
b. Temporary Teeth	5254	8211	7538	7343	8793
7. No. of Administrations of a	Sor Acces				
General Anaesthetic for			THEFT		
extractions	1328	971	1164	1220	1393
8. Other operations—				100	-
a. Permanent Teeth	3788	5291	4803	6652	7838
b. Temporary Teeth	2896	1263	1436	1787	4814
9. Half days devoted to inspec-					111100
tion	100	144	94	146	162
Half days devoted to treat-					
ment	2273	2110	1561	2448	4617

In 1952-53, 37 per cent of all children in Fife Schools were inspected and 77 per cent of the children inspected were found to require dental treatment. Of those requiring treatment 67 per cent accepted and actually received treatment.

During 1952-53 the services of an oral hygienist have been available and returns are therefore given in detail:—

Oral Hygiene.

(a) Number of Oral Hygier(b) Number of Dental Heat Lectures in Schools:—	Ith E	 lucatio	n	nieve In bros	1
Tayport					2
Castlehill	Y	17			4
Newburgh					3
St Andrews			7		6
Tot	tal	00	1500		15
					-

(c) Time spent on Dental Health Education in the Clinic :-

School.	Group Talks.	Instruction to Individual Patients.
Tayport Castlehill Newburgh St Andrews	1 hr 3 hrs. 35 mins	31 hours 25 minutes 47 hours 20 minutes 20 hours 40 minutes 6 hours 40 minutes
Total	4 hrs. 35 mins.	106 hours 5 minutes

School.			A	ge (Year:	s).		
MB C. self will belo		5.	6.	7.	8.	9.	10.	All ages.
Newburgh		12	14	7	19	13	17	82
Castlehill		77	44	50				171
Tayport		24	20	19	27	31	6	127
St Andrews		10	13	7	-	_	-	30
Total		123	91	83	46	44	23	410
e) Scales and Polish	es (R	eferre	ed fro	m D	enta	1 Off		
	Ne	wbur	gh			6	icci).	
		stlehi				3		
	Ta	yport	The second		13			
		Tot	al	aline .	29	1		

Staff Employed as at 31st July, 1953.

 $\begin{array}{c} \text{Total number of whole time School} \\ \text{Dental Officers employed.} \end{array} \begin{cases} \begin{array}{c} 1 \\ 12 \end{array} \begin{array}{c} \text{Chief Dental Officer.} \\ 12 \end{array} \\ \text{Area Dental Officers.} \\ 1 \end{array} \\ \text{Oral Hygienist.} \end{array}$

Ophthalmic Scheme.

All children suspected to have eye defects are examined by the Area Medical Officers. In the St Andrews, Anstruther, Dunfermline andward, Methil and Cowdenbeath areas these Officers also carry out refractions and prescribe for certain cases. Information regarding cases seen and action taken, as well as classification of new cases, is given in the following table:—

	0				
1	948-49.	1949-50.	1950-51.	1951-52.	1952-53.
No. of clinics held	48	50	79	63	107
No. of children examined :-					
(a) School	288	299	329	161	800
(b) Pre-school	12	14	32	11	53
(c) Re-examinations	114	116	289	195	537
No. referred to :—					
(a) Minor Ailments Clinic	-	16	5	1	1103
(b) General Practitioner		2		with a	2
No. of children prescribed					
glasses :—					
(a) School	88	131	304	130	110
(b) Pre-school	6	3	25	6	25
No. requiring special educational					
(class) arrangements	-	8	4	_	_
Classification of new cases					
examined :—					
Hypermetropia	103	63	131	62	169
Myopia	13	51	49	11	89
Hypermetropic Astigmatism	43	38	89	57	249
Myopic Astigmatism	6	10	26	10	79
Mixed Astigmatism	5	18	4	6	20
Anisometropia	5	11	10	4	38
Squint	119	109	41	17	156
Other Conditions	6	13	11	5	53
A state following tables which	300	313	361	172	853
-		-		Contract of the last	

Eye Specialist Clinics.

The changes in organisation brought about by the National Health Service (Scotland) act resulted in the resignation at the end of February, 1950, of Dr A. R. Moodie as Eye Specialist in the East Fife Area. He continued, however, to see some children at his private clinic in St Andrews and has earned thanks and deep appreciation for his unfailing help and advice to the cases brought before him. Dr C. R. D. Leeds continued to act as Eye Specialist for West Fife and also attended at the clinics in the Buckhaven-Leven as well as in Markinch areas. Ultimately in 1951 Dr Merriman was appointed to help Dr Leeds, being largely concerned with the examination of children in the East of Fife including the Methil and Kirkcaldy areas.

The following table gives details of the work done by the Eye Specialists:—

	1948-49.	1949-50.	1950-51.	1951-52.	1952-53
No. of specialist clinics	62	47	17*	79	74
No. of children examined	986	811	286	1331	1045
No. of children re-examined	561	396	155	495	657
No. of glasses prescribed	635	465	219	667	643
Cases referred to general clinics	10	7	Name of the last	8	-
Cases referred to general pract-	or Hear				
itioners	4	9	4	20	7
Cases requiring special educa-	1111111111				
tional arrangements	9	7	2		3
Classification of new cases seen	alder or				
by eye specialists :—					
Hypermetropia	148	131	71	162	150
Myopia	37	25	26	59	80
Hypermetropic Astigmatism		89	86	233	192
Myopic Astigmatism	41	22	21	53	55
Mixed Astigmatism	60	40	16	35	26
Anisometropia	23	19	16	31	22
Squint	78	116	37	191	163
Other Conditions	48	45	13	72	50
	584	487	286	836	738

^{*} This does not include the private clinics held by Dr Moodie but cases examined by him are included in the other figures for 1950-51.

Orthoptic Scheme.

Year 1951.

After being discontinued for lack of Staff, the County Orthoptic Scheme was recommenced early in 1951 by the appointment of Miss M. R. Cartledge, Orthoptist. The former Orthoptic Clinics were re-opened at Dunfermline, Cowdenbeath, Lochgelly and Methil.

The number of cases dealt with by the Orthoptist in 1951 was 177. The conditions found are given in the following table:—

		 53
		 72
Alternative convergent squint		 9
Right divergent squint		 2
Altomotion dimension to and a		 2
No defect found		 13
Unsuitable for Orthoptic treat	ment	 26
the strangers are		-
		177

The distribution and treatment of the 138 children found to require treatment are given in the following table:—

Cases No. of orthoptic	47	Cowdenbeath.	Lochgelly.	Methil. 37	Total. 138
No. of attendances for occlusion and	526	217	282	186	1211
observation		104	135	101	534
	720	321	417	287	1745

At the end of the year, 17 were removed from the Register—1 cured, 2 improved, 1 left district, 5 ceased to attend, 8 unimproved by treatment. 121 cases were carried forward at the end of the year.

Year 1952.

Early in 1952 a second Orthoptist, Miss Burt, was appointed. The Orthoptic Clinic at Methil, which had previously been served by Miss Cartledge was re-allocated to Miss Burt together with new Clinics, which were set up at Cupar, St Andrews, Anstruther, Markinch and Kennoway.

The Orthoptists in Fife saw, in addition to the 121 brought forward from the previous year, 496 new cases, of whom 181 were found on examination not to require or to be unsuitable for treatment as follows:—

(a) Treatment not advised by(b) No treatment required	y opec			 21 69
(c) No binocular vision and t	oo old	for trea	tment	 80
(d) Too old for occlusion trea	tment			 2
(e) Nystagmus				 8
(f) Pathological amblyopia				 1
				-
				181

In the remaining 315 cases the undernoted conditions were found:—

Right convergent squint		 109
Left convergent squint		 142
Alternating squint		 26
Right divergent squint		 3
Left divergent squint		 6
Intermittent divergent so	quint	 15
Left amblyopic strabism	us	 4
Right amblyopic strabist	nus	 3
Esophoria strabismus		 7
		315

A fuller analysis of the cases treated at the clinics is as follows :-

	her	431	2157	595	1069	3821
Lochgelly		76	414	121	205	740
Cowdenbeath		36	181	96	82	359
Dunfermline		83	672	88	289	1049
Markinch		29	112	32	115	259
Methil		91	275	81	164	520
St Andrews		46	272	94	87	453
Anstruther		14	47	15	35	97
Cupar		56	184	68	92	344
Clinics.		No. of Cases.	No. of Orthoptic Treatments.	No. of Attendances for Occlusion.	No. of Attendances. for Observation.	Total.

The total number of treatments given was 3,821. As a result of the treatment given 24 cases were discharged as cured, another 19 were discharged improved, a further 59 were discharged as unsuitable for treatment or left district. 329 cases were carried forward for further treatment at the end of the year.

Year 1953,

During the year 1953, 201 new cases were seen in addition to those brought forward from the previous year. Of the new cases 21 were found to have no strabismus and a further 16 were found to be unsuitable for treatment. Of the latter, 8 were not recommended orthoptic treatment by the specialist, 6 had no binocular vision and were too old for treatment, one had strabismus caused by pathological conditions and one was too old for occlusion. In the remaining 164 cases the following conditions were found:—

Right convergent squint	 65
Left convergent squint	 73
Alternating convergent squint	 14
Right divergent squint	 2
Left divergent squint	 4
Alternating divergent squint	 4
Esophoria	 2
A become been add about 21	-

The examinations and treatments given are analysed in the following table:—

		No. of	No. of Orthoptic	No. of Attendances for	No. of Attendances for	
Clinics.		Cases.	Treatments.	Occlusion.	Observation.	Total.
Cupar		63	197	38	200	435
Anstruther		21	68	19	97	184
St Andrews		36	163	33	138	334
Methil		97	295	45	300	640
Markinch		29	89	13	80	182
Dunfermline		114	546	148	273	967
Cowdenbeath		38	167	108	62	337
Lochgelly		103	487	224	159	870
Burntisland	1 500	5	11	18	7	36
		506	2023	646	1316	3985

As a result of treatment 28 cases were discharged as cured and 40 were discharged as improved. A further 98 were removed from the register (14 left the district, 18 failed to attend regularly, 52 failed fo develop binocular vision despite treatment, 5 showed no improvement, 1 case was transferred to hospital and 8 did not require treatment). 340 cases were carried forward at the end of the year.

Ear, Nose and Throat Scheme.

Ear, Nose and Throat Specialist Clinics are held in the following centres:—Dunfermline (Canmore School), Cowdenbeath (School Clinic attached to St Columba's High School), Lochgelly Welfare Clinic, Burntisland School Clinic, Markinch Welfare Clinic, Buckhaven-Methil (Barrie Street), Castlehill Clinic, Cupar, St Andrews (Welfare Clinic) and Anstruther (Welfare Clinic).

There was a change in the arrangements as regards the specialists. In June, 1951, the children in the Cupar and St Andrews areas became the responsibility of the Dundee Specialist but the other clinics including Anstruther remained as before under the charge of Dr I. Malcolm Farquharson.

The following statistical analysis of cases examined by the E.N.T. Specialist is furnished:—

100			1049 40	1040 50	1050 51	1051 50	1050 50
Pot.	1 N6 : 1: 1 1: 1				1950-51.	1951-52.	1952-53.
LOU	al No. of specialist clinics		. 51	52	33	41	54
No.	of children examined :-						
12	(a) School children		938	950	562	739	1001
19	(b) Pre-school children		194	154	98	182	156
13	(c) Other		-	1	_	102	100
1.00	(d) Re-examinations		265	178	134	127	231
No.	referred for clinic tre	at-		1.0	101	121	201
133	ment :—	····					
195	(a) Ear (syringing, &c.)		71	70		3.	-
	(a) Lai (syringing, &c.)		71	79	54	54	70
	(b) Radiograph		83	59	37	36	80
120	(c) Hearing testing		152	130	4	4	_
100	(d) Speech therapy		7.	10	5	7	5
19	(e) Other			_		mitties!	26

1948-49. 1949-50. 1950-51. 1951-52. 1952-53.

No. referred for operative treat-

ment:— (a) Removal of tonsils and adenoids (b) Other (proof puncture &c.) No. referred for special educational arrangements:—	548	598 67	320 49	582 52	662 12
(a) Class	. 1	10	4	2	7
(b) Institution	. 3	-	2	7	3
(c) Supervision	130	44	16	5	14

In the year 1948-49 the number of operations (tonsillectomy and adenoidectomy, &c.,) at Cameron Hospital was 272. After the end of July, 1949, operations were discontinued because of an outbreak of poliomyelitis and were not resumed until April, 1950, when 117 cases were operated on up to June of that year when operations were again discontinued. At Bridge of Earn Hospital 11 other cases were operated on during 1949-50. During the school year 1950-51 the number of children referred for operative treatment of tonsils and adenoids was 338, all reported as "urgent." these cases had been seen by the Ear, Nose and Throat Specialists at least once or twice. Facilities for operative treatment were however, limited and only about one-third of these cases had their tonsils and adenoids removed. By 1951-52 the total number of cases referred for operation had risen to 1,236, quite a number having been on the waiting list for one or more years and a total of 873 operations were performed. In 1952-53 the waiting list was reduced to a total of 596, and 318 operations were performed in the following hospitals :-

Dunfermline and West Fife, 204; Wemyss, 70; Adamson, 22; St Andrews, 13; Edinburgh Royal Infirmary, 6; Cameron, 2; Bridge of Earn, 1. By the end of the school year the number of cases awaiting operation was 278.

Orthopaedic Scheme.

The examination and treatment of orthopaedic cases—preschool and school children—was continued at the following clinics:—Dunfermline (West Fife cases), Lochgelly, Burntisland, Markinch, Methil, Anstruther, St Andrews, Cupar, and Tayport. In addition, when there was a sufficiency of staff, treatment was also offered at Blairhall, Torryburn, Crossgates, Ladybank and Newburgh. Conditions for the work, however, were very unsatisfactory at Blairhall and eventually it was possible to make arrangements at the Oakley Infant School in 1952. Apart from the improved accommodation this clinic is more centrally placed for the population in that area.

In November, 1949, Miss Booth, who was in charge of the scheme, resigned. During the years she served the Couny Council,

her cheery disposition and indefatigable application to her duties was much appreciated by the mothers and children attending the clinics. Thereafter a number of changes took place. Two whole-time members of staff resigned and two others were appointed who remained, however, only about six or eight months. Another appointment (a blind physiotherapist) was also made. At the end of 1950 there were three whole-time and two part-time physiotherapists. Two new members were appointed in 1951, and at the beginning of 1952 the staff comprised six physiotherapists—Messrs. Thomson (in charge), Henderson, Pace and Black, Mrs Thomson and Miss Reid. Mrs Thomson resigned her appointment in May, 1952.

Mention must be made of the considerable clerical work associated with the Orthopaedic Scheme. In addition to keeping and filing notes relating to orthopaedic cases, a clerkess is in attendance at some of the specialist clinics to take notes dictated by the specialist. Copies of these notes are also required for the medical officer and for the family doctor. The large number of radiographs also entails an increasing amount of clerical work, as well as the sending out of orders to contractors for alterations to boots and shoes, and for apparatus. Owing to this increasing volume of work, it has been found necessary to appoint a second clerkess.

The number of children seen and treated at the various clinics is recorded in Table I, while Table II shows the number of sessions and treatments. In addition to the clinic sessions the orthopaedic staff made domiciliary visits in the more rural districts and visits were also made to hospitals to undertake physiotherapeutic treatment of cases of poliomyelitis particularly in 1949, 1950 and 1951. When time and staff permitted this help was gladly given in order to ensure early treatment of patients while still in the infectious disease hospital. Definite benefit was shown to result from this early treatment. Visits are also made to maternity hospitals to deal with infants referred on account of suspected talipes. It is hoped that this early approach will achieve better results without the need for operative interference at a later stage.

		44		
	730		949	625
Totals.	$298 \\ 432 \\ 363 \\ 464 \\ $	257	431 518 306 413 326	406 505 271 354 114 168
Кеппомау.	1111	1	11111	111111
Torryburn.	1111	d out of	4-111	e ϰ
Ladybank.	8 2 2 1	-	20 46 60	152 8 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1
Newburgh.	11 6 20 6	4	26 8 15 10	10 10
Tayport.	13 12 16	-	9 14 7 18 118 111	155
Anstruther.	23 24 19	∞	25 22 28 15 15	29 15 19 9 6
St Andrews.	11 25 17 34	6	113 33 24 28 28	27 15 23 7 19
Cupar.	25 35 16 71	33	19 51 17 50 34	16 54 44 7 7
Markinch.	18 11 16	55	18 20 20 12 12	27 14 16 15 6
Burntisland.	17 13 13	21	15 15 14 14 9	12 20 20 13 10 9
Crossgates.	2 1 2 1	10	40 - 8	8 L 11 1 4 2 4 4
Blairhall/ Oakley.	11	7	10 to 1 to 1	≈ 4 ∞ rc 1
Dunfermline.	25 37 17 32	58	23 32 16 27 22	22 38 11 16 16 27
Lochgelly.	76 100 140 102	40	170 151 89 91 79	157 141 94 78 40 26
Methil.	88 124 95 113	61	121 134 96 125 105	112 138 71 92 14 25
Minics.	School Pre-school Pre-school School	Pre-school and school	School School Pre-school School School Pre-school and school	School School Pre-school School Pre-school School
Orthopaedic Clinics.	Cases on Register on 1st January New Cases	Cases Discharged	Cases on Register on 1st January New Cases Cases Discharged	Cases on Register on 1st January New Cases Cases Discharged

TABLE I.

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Continued	3
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TADIE I	1

		45					
	1903	567	251		2025	790	760
Totals.	798 1105	278 289	157		854	356	298
Кеппомау.						11	
Тотгуриги.	17	401			18		11
Г,адурапк.	22	1-	1		4 22	014	11
Newburgh.	111	1 10	1 6		33	19	- 1
Tayport.	12 47	1 ∞	1-		111	2-	3
Anstruther.	42	18	10		49	22 23	22
St Andrews.	42 64	18	13		46	18	14
Cupar.	49 134	60	13		62	35	101
Markinch.	46	15	40		29	33	25
Burntisland.	42	44			16	10	ကတ
Crossgates.	18	6 5	4 1		17	11	11
Blairhall/ Oakley.	16	cı 4	es es		13	11	11
Dunfermline.	30	13 9	46		31 50	34	25.
Lochgelly.	311 284	104	32		351	139	124
Methil.	-01	58	23		177	66	62
Clinics.	School	School	Pre-school School		School	School	School
Orthopaedic Clinics 1952.	Cases on Register { Pre-school on 1st January { School	New Cases	Cases Discharged	1953.	Cases on Register on 1st January	New Cases	Cases Discharged

	Totals.	9237	5606 8250 13856	5657 7930 13587	6261 10103 16364	4974 7733 12707	
	Kennoway.	11	111	111	111	105	
	Тотгуритп.	1188	89	102	88	137	
	Cupar.	1002	264 1195	430	452	345	
	Anstruther.	464	404	307	274 701	124 287	
	Tayport.	331	104 378	67 229	42	39 139	1953. 964 74 16
	Ladybank.	57	62 277	66 253	130	348	19
	St Andrews.	148	222 613	291	253	207	1952. 1269 45 27
	Newburgh.	461	101 296	80	68	26 169	.1. 57 57
	Crossgates.	101	96	81	129	206	1951. 875 119 57
п	Burntisland.	293 362	198	398	134	116	1950. 826 75 97
TABLE	Markinch.	737 401	453 254	694	526	489	
TA	Blairhall/ Oakley.	220 172	103	94	206	236	1949. 1175
	Dunfermline.	375	180	323	242 349	300	session its .
	Lochgelly.	2278	1587	1717	2140	1747	No. of Clinic Sessions Domiciliary Visits Hospital Visits
	Methil.	1685	1743 2085	1322	1577 2420	867 1398	No. of Clinic Domiciliary Vir Hospital Visits
		id a		g : idi		!!	
	ıts.	::	11			11	
	Treatments.	1949—Pre-School School	1950—Pre-School School	1951—Pre-School School	1952—Pre-School School	1953—Pre-School School	

Orthopaedic Specialist Clinics.

Orthopaedic cases are seen by orthopaedic surgeons. Mr Robert Stirling is responsible for the arrangements, assisted by Messrs Savill, Annan and Lamb. Information relating to these clinics and cases seen by specialists is given in tabular form:—

Clinic sessions						1952.	1953.
Cases seen :—		 	58	61	109	85	118
(a) Pre-school children		 	865	871	1345	1015	1241
(b) School children		 	1307	1148	1820	1672	2524
(c) Others	•••	 	-	22	10	10	17
Total cases		 	2172	2041	3175	2697	3782
Recommendations :—					RESTRICTED IN		
Nc. referred to hospital *		 	94	90	95	74	75
No. referred to orthopaedic	clinic	 	1084	477		196	294
No. referred to radiologist		 	167	174	218		322
Supervision		 	722	1073			396
* The children referre							

* The children referred for treatment in hospital were, in the main, treated in the Princess Margaret Rose Hospital. At the beginning of 1953 there were 29 County children in this hospital, and during the year, 60 children were admitted for the first time. There were 43 re-admissions.

In 1949-50, 723 new cases seen by the specialists were grouped according to their socio-medical grading and 710 or 98·2% were found to belong to Category A, which comprises all these cases in which a cure of at least 75% of function is expected, while only 10, or 1·3%, fell into Category B and 3, or 0·4%, into Category C. Category B comprises cases where less than 75% of cure may be expected, but patients will be able to do something for a livelihood, and Category C includes all these cases where the patient will be unable to earn a livelihood and where any treatment carried out can only be considered from a humanitarian standpoint. Compared with 1936 when the orthopaedic scheme was relatively new in the County, the grading of 228 cases then was:—Category A-97 (43%); B-95 (42%); C-36 (15%). These figures go to show that with early diagnosis and treatment a reduction has been affected in the total number of gross and seriously crippling orthopaedic defects.

The following table analyses new cases seen by orthopaedic

specialists in 1951, 1952	and	1953 .				The state of the state of
	and	1000 .		1951.	1952.	1953
Congenital deformities		(a)		 62	81	42
Anterior poliomyelitis		(a)		 42	5	19
Other forms of muscular p	aralys	sis (a)		 2	10	2
Tuberculosis		(a)		3	1	9
Arthritis and rheumatism		(a)		 2		9
Osteochondritis		(a)		15	12	19
Osteomyelitis		(a)		 10	12	19
Rickets		(a)		 1	9	-
Injuries and amputations		(b)		 31	2	10
Deformities of feet		(c)	***		21	48
Deformition of 1		(d)		 291	243	350
Deformities of legs		()		 164	85	130
Othor		(e)		 40	32	70
Other				 11	9	80
				664	501	767

(a) Mainly deformities of lower limbs.

(b) Mainly injuries.

(c) Mainly pes planus, pes cavus, metatarsus varus.

(d) Mainly knock-knees.(e) Mainly poor posture.

There were also brought forward in 1951, 131 children, in 1952, 41 children, and in 1953, 23 children in whom nothing abnormal was diagnosed.

Adult Physiotherapy.

The Fife Civilian and Ex-Service Cripples' Welfare Scheme for physiotherapeutic treatment of adults in Lochgelly Area was continued during 1949 and for about six months in 1950 when the physiotherapist resigned. The co-operation of the local doctors has assisted in an increased demand for this treatment. It was, therefore, unfortunate that it was found impossible to obtain a successor until September, 1951, when it was possible to resume the work which had been originally commenced on 1st July, 1948. As before, a donation of 2/6d per attendance-treatment was charged. More than one type of treatment was given to a majority of the patients attending.

Mr Wilson resigned in August, 1952, and in the following month Mr Burt was appointed to fill the vacancy. The following is his report for the year ending 31st December, 1953:—

-	275 5755 - 221 005 000	_								
Gen	neral Statistics.			92 DOG						20
	No. of patients a	t begins	ning	of year						23
	No. of new patier	nts duri	ng y	rear						157
	No. of patients d	ischarge	ed d	uring y	ear					141
	No. of patients re									39
	No. of treatment									1889
	No. of treatment									40
	No. of treatment									147
	Total No. of trea						9			2241
	Total amount of								£238	2s 6d
	Treatments to M	inistry	of P	ensions	Patie				~	161
T				100000000000000000000000000000000000000						
1 1/1	pes of Treatments.			000	CI	out W	orro Die	thorm	37	686
	Infra red	***		662			ave Dia			183
	Massage			1608			Electric			
	Exercises			1728	R	adiant	Heat			744
	Wax Baths			65						
Tv	pes of Cases Treat	ed.								
- 31	Fibrositis			54	R	heumat	toid art	hritis		5
	Osteoarthritis			25	H	emiple	gia			3
	Muscular Strain			21		eriarthi				3
	Pes planus			9		endinit				3
				7			acral st			2
	Prolapsed disc	1		5			c strain			2
	Sciatica			18	0.	acronna	c berain		933	
	Miscellaneous	***		18						

Speech Therapy.

In the session 1950-51 it was possible for the first time to increase the number of speech therapists to a total of seven. This made it

possible for the majority of children with speech defects to receive at least one weekly treatment. The following figures do not include those dealt with by the speech therapist employed by the Carnegie Dunfermline Trust:—

Cases	Exami	ned.		1948-49.	1949-50.	1950-51.	1951-52.	1952-53.
Defective Arti	culatio	n		191	173	1001	1196	1400
Stammering				59	33	252	344	465
Cleft Palate				8	8	17	31	52
Other Defects				57	18	31	45	63
7	otal			315	232	1301	1616	1980
Cases I	Dischar	ged.		1948-49.	1949-50.	1950-51.	1951-52.	1952-53.
Result satisfac				62	152	286	513	324
Result indefini				9	27	17	34	13
Result unsatisf	actory			3	6	10	60	14
Left before trea	tment	comp	oleted	8	29	38	7	36
Т	`otal			82	214	351	614	387

Mentally and Physically Defective Children.

(a) Special School and	d Cl	asses.	1948-49.	1949-50.	1950-51.	1951-52.	1952-53
Eastbank Special Sch McLean Public Sch	1001	 (Dun-	49	49	47	43	35
fermline)			75	65	73	62	75
Buckhaven Primary			43	40	37	33	31
Castlehill (Cupar)			36	38	38	36	29
Lochgelly J. S			39	35	34	33	31
St Andrews Burgh			M. Servac	9	10	13	15
alle the orealth		TO PAGE	242	236	239	220	216

The above figures represent for 1948-50 the average number on the roll and thereafter the roll as at the beginning of the school term. During 1952-53 a total of 31 children attended occupational Centres, 19 in Kirkcaldy and 12 in Dunfermline.

	Children in Institutions.	1948 Boys	-49. Girls	1949 Boys	-50. Girls	1950 Boys	-51. Girls	1951 Boys	-52. Girls	1952 Boys	
(1)	Blind— Royal Blind School, Edinburgh Dundee Sight Saving Class	7	9	7	8	6	7	7	8	7	4
(2)	Deaf— Donaldson School for the Deaf, Edinburgh Dundee Institution St. Vincent School, Glasgow St. Giles School, Edinburgh	14 2 —	15 4 4 —	14 2 —	15 2 5 —	12 2 —	13 2 4	18 2 —	11 2 3 —	18 2 - 2	17 2 3 1
(3)	East Park Home, Glasgow Trefoil Residential School Westerlea School for Spastics	-1	2 2	1 3	4 5	1 2	4 4	2 2	2 3	3 2	2 3
	Edinburgh Derwen Cripples Training College Rudolph Steiner School, Aberdeenshire Anton House, Broughty Ferry	5	1	5 1 —	_ _1 _	3 -	- - 1	2 -	- - 2	1 =	- - 1
(4)	Epileptic Colony— Orphan Homes of Scotland, Bridge of Weir	_	1	10	1		1	2	2	2	1
(5)	Mentally Handicapped— Royal Scottish National Institution, Larbert Lennox Castle Institution St. Joseph's Certified Institution St Charles' Certified Institution Gogarburn Certified Institution Kirklands Certified Institution Strathore Certified Institution	7 1 2	5 1 - -	6 1 2 2	5 1	7 2 2 2 2 -	4 1	11 2 2 1 1 1	$\frac{8}{\frac{2}{2}}$	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	$\frac{\frac{7}{1}}{\frac{1}{10}}$

Personal Hygiene and Physical Education.

Despite staffing difficulties the Organiser of Physical Education can indicate progress in various directions in this important aspect of health activities. We gladly acknowledge the close co-operation we have always received from Mr David Wilson and extracts from his reports covering the school years 1948-53 are appended.

Session 1948-49.

During the school session the physical education staff numbered 44-23 women teachers and 21 men teachers—of whom 9 were uncertificated. The employment of unqualified staff was again necessary owing to the continued shortage of trained specialist teachers.

In the summer term more than 400 boys participated in three Area Athletics meetings held at St Andrews, Dunfermline and Denbeath. The excellent athletics facilities at St Andrews were kindly granted by the University of St Andrews and those at Pitreavie Park, Dunfermline, by courtesy of the Carnegie Dunfermline Trust. In making grateful acknowledgement to these bodies for the use of their grounds, it should at the same time be pointed out that there is in the County a serious lack of pavilion accommodation and turf space suitable for the practice of pure athletics, and in future planning, consideration should be given to the need for an Athletics Stadium centrally located. Despite the lack of good

training facilities, however, 5 out of the 8 senoir secondary schools in the County were represented at the Scottish Schools Athletics Championships held in Edinburgh and performances were creditable.

Session 1949-50.

The rigid formations, static positions and formal commanding, associated with the older forms of "school Drill" are now seldom seen where qualified and enlightened specialist teachers are in charge, but tradition dies hard and there are still some non-specialist primary class teachers who find it difficult to realise that 'school drill' and modern 'physical education' are by no means synonymous.

The official syllabus states—" Physical Education includes all activities likely to minister to physical health, not only gymnastics, games, swimming and dancing, but sports, free play, walking tours, school journeys, camps and all forms of occupation and exercise likely to create a love of open air and a healthy way of living."

The arrangements within Fife are such that each primary school is regularly visited, on a rotational basis, by specialist teachers, the influence of whose work is gradually eliminating the use of the old term 'school drill' and the obsolete methods associated with it.

Session 1950-51.

Dunfermline College of Hygiene.

To meet the needs of expansion occasioned by the continued shortage of specialist teachers, this College, established in Fife in 1905, was transferred to Aberdeen by decision of the National Committee for the Training of Teachers. It would be ungracious to let the occasion pass without recording sincere appreciation for the many voluntary services rendered to Fife schools during nearly half a century by the staff and students of this College. Approximately 140 students were latterly in Fife Schools each week giving regular instruction in physical training, games, dancing and swimming, and the pupils and teachers alike will greatly miss the inspiration of their presence and their stimulating teaching.

The first post-war new school in Fife was brought into use at Benarty at the beginning of the school session. This school sets new standard for primary schools in its provision for physical ducation with its modern gymnasium and equipment, changing and shower-rooms and playing field. So that these facilities may be used to the best advantage a qualified specialist teacher has been appointed to the school on a full-time basis.

The subject in physical education for which facilities in Fife are poorest is indoubtedly that of swimming, yet with approximately 20 miles of coast line the potential danger from drowning is ever present. Paradoxically enough, although there is so much water, he climatic conditions are such that regular instruction outdoors

can at best be only of a very spasmodic nature and even then, only during the hottest days.

All specialist teachers have instructions to include the land movements of swimming in their indoor physical training lessons not only so that the necessary co-ordination of movements may be learned, but so that the muscles involved may be strengthened through regular exercise. Only the fraction of the school population, however, within easy access of the indoor heated pool at Dunfermline have the opportunity of regular water practices in addition to the Newport pupils, who journey across the Tay to use the Dundee Baths. More recently too, Tulliallan School pupils have been receiving swimming instructions at the Alloa Indoor Swimming Pool. The great need in Fife, however, is for a centrally located heated swimming bath which could cater for a large number of schools, and I would suggest that the need for indoor swimming instruction is at least as great as the need for adequate playing space.

Session 1951-52.

Whilst a number of schools are provided with facilities for the giving of spray baths to school children for various reasons the number of children receiving the benefit of such baths is relatively small. The figures given in the following table are in most cases only approximate as no definite records seem to have been kept.

	Spray Baths.	
School.	After Gym Classes.	After Games.
Benarty P. S	1600	a de la constante de la consta
Kirkcaldy High	HOLD THE THE PARTY OF	5720
Viewforth J. S	2388	Patricia I
Templehall J. S.	4800	400
Dunfermline High	380	4780
Kennoway J. S	654	
Bell-Baxter	20	5543
Waid Academy	5800	5250
Newburgh J. S	1033	230
Fife Mining School	2800	m- notable
	19655	21920

In the case of Queen Anne J. S. school the condition of the sprays prevents their use. In King's Road J. S. school sprays could not be given because of severe corrosion of the pipes of the hot water system. A new hot water tank and piping was being installed and it was hoped to recommence with the spray baths next session. In Park Road P. School the bath premises for girls was converted into a kitchen in 1939 and the boys' baths are used as a store.

In Beath High School the two obsolete baths are never used. A new separate gymnasium with spray bath accommodation is very definitely overdue here. In the girls junior secondary school (Moss-side) new nozzles and new automatic control for the hot and

cold water is required and consequently the pupils of this school have to dispense with the spray baths.

In Lochgelly J. S. school the staff were unable to arrange for spray baths.

It is most unfortunate that proper spray bathing facilities are not available in all the secondary schools. The importance of this form of health giving stimulation to the skin in the developing bodies of the children cannot be too often reiterated. It is not only the cleaning of the body but the active stimulation to the skin cells and tissues that is so important, and if carefully supervised and an adequate number of sprays available—preferably 15—would not require much time of a gymnastic period.

Session 1952-53.

Three area athletics meetings for junior secondary schools and a County meeting for senior secondary schools were held in various parts of the County. The standards achieved clearly reflect the careful coaching of the specialist teachers, many of whose pupils are now entered annually for the Scottish schoolboys' and schoolgirls' athletics championships. At the 1953 National championships, Fife pupils gained the following awards:—

Girls:— 1—1st place. 3—2nd places. 1—3rd place. Boys:— 2—1st places. 2—2nd places.

These results show that the school playing-fields provided by the Education Committee are appreciated by pupils and teachers alike and that they are being used both within and outwith school hours to good effect. The County Parks staff also deserves mention for its part in maintaining the fields and in providing jumping-pits and other athletic facilities without which these high championship standards could not be so consistently maintained.

The success of the Trek Camps scheme, first begun in 1951, warranted its expansion in 1953 to two weeks, and even so, only about half of all the pupils who desired an outdoor walking holiday, could be accepted. An interchange of pupils was effected whereby Fife pupils and their volunteer teacher escorts walked in the Pentlands and Ayrshire in return for facilities given to Midlothian and Ayrshire pupils who walked in Fife on the East Neuk Trek. Two hundred Fife boys and girls were thereby given an active outdoor holiday, their physical condition being carefully examined by the County Medical Staff prior to, and throughout the Trek fortnight.

Not one of the two hundred Fife pupils had to be excluded on medical grounds—surely a striking tribute to the high standard of cleanliness and fitness of these secondary boys and girls. When weather permitted all Trek campers were encouraged to take part in supervised sea-side swimming instruction.

CARNEGIE DUNFERMLINE TRUST

ANNUAL REPORTS

ON

THE TREATMENT OF SCHOOL CHILDREN

IN

DUNFERMLINE AND ROSYTH CLINICS

FOR FIVE YEARS ENDED 31st JULY, 1953

STAFF ENGAGED IN THE SCHOOL TREATMENT SERVICE. (At 31st July, 1953.)

Administrative Medical Officer.

C. BARCLAY REEKIE, M.B., ChB., D.P.H., Medical Officer of Health.

Medical Staff.

ROBERT M. WINK, B.S.c., M.B., Ch.B., D.P.H., Depute Medical Officer of Health.

ISOBEL S. MOWAT, M.B., Ch.B., D.P.H., Assistant Medical Officer for Health.

DAVID M. CATHIE, M.B., Ch.B., D.P.H., Assistant Medical Officer of Health.

Consulting Ear, Nose and Throat Specialist.

KENNETH McLAY, F.R.C.S.

Consulting Orthopaedic Surgeon.

R. I. STIRLING, F.R.C.S.

Defective Speech Clinic.

NORAH WOOD.

Dental Officer.

MADELEINE G. LESLIE, L.D.S., R.C.S., Ed.

Physiotherapist.

AGNES B. WHYTE.

Nurses.

A. E. BENNET, E. B. STENHOUSE.

Secretary.

M. C. McLAREN.

7240

linic Attendants.

A. CLARK, J. ROSS, E. SMALL, J. REID, J. FRASER, (part-time).

Dunfermline. Rosyth.

Number of Schools at 31st July, 1953 ... 11 Average Number of Children on Register-1948-49. 1949-50. 1950-51. 1951-52. 1952-53. 7587 7359 7353 7741

INTRODUCTION.

The work of the Clinics continued on similar lines as in previous years. Cases were referred by the School Medical Inspection Staff, family doctors, parents and teachers for attention and treatment.

The arrangement made in November, 1947, whereby the Burgh Medical Officer of Health was appointed Administrative Medical Officer to the Carnegie Dunfermline Trust, has proved extremely satisfactory.

During the year ended 31st July, 1949, the number of children treated at the General Clinics in Dunfermline and Rosyth amounted to 5,497 new cases, and 19,763 attendances were made. There was an increase in the number of ear, nose and throat complaints, but a decrease in the incidence of skin conditions especially impetigo and scabies. In the School year 1949-50 the number of children attending was 5,260 and 17, 898 attendances were made. There was a decrease in the number of ear, nose and throat conditions.

In the following school year, 5,273 children made 24,532 attendances, and during the year ended 31st July, 1952, 5,678 children made 24,789 attendances. In 1952-53, 5,707 children made 19,302 attendances. About 70% of school children attended the Clinics, but these figures do not indicate an unsatisfactory health standard. They reflect the increasing popularity of the school clinic as a centre for advice and preventive treatment, so fulfilling the aims and ideals for which the Service was instituted.

Orthopaedic cases have been increasing and, unfortunately, it has now become necessary to start a waiting list for physiotherapy.

The newly equipped Ultra-Violet Light Clinic has now been functioning for three years and the splendid results obtained have fully justified its installation.

Accounts of the work carried out by Miss Madeliene G. Leslie, Dental Officer, and Miss Norah Wood, Speech Therapist, are included in the following reports, which are mainly statistical in nature. The work is conducted at three Clinics located as follows:-

- (1) Inglis Street Clinic, Dunfermline.
- (2) King's Road School Clinic, Rosyth.
- (3) Park Road School Clinic, Rosyth.

Any child returning after a month's unprescribed absence was considered to be a new case, as were children returning after an interval with a different defect.

1948-49.

General Clinics-Return of Cases Treated.

. 20				INGLIS STREET CLINIC				
OLE PROPERTY OF THE PARTY OF TH				No. of	No	o. of		
The state of the s				Cases.	Attend	ances.		
EAR—								
Middle Ear Suppuration				74	516			
Other Conditions				93	170	000		
Noon our Transon				—— 167		686		
NOSE AND THROAT—								
Nasal Conditions Sore Throat				219	262			
Other Throat Conditions				7 216	7			
Other Throat Conditions		***	-		250	519		
EVE—				442	The same	519		
				90	010			
Blepharitis Styes				38	210			
Conjunctivitie				31 81	102			
Corneal Inflamation and	Illcera	tion		01	293			
Injuries	Olecia	cion		5	4			
Errors of Refraction				2	4			
Other Conditions				27	57			
				184		670		
SKIN (HEAD)—								
Dirty				7	12			
Ringworm		***			12			
Impetigo				15	70			
Other Conditions				7	21			
				—— 29		103		
SKIN (BODY)—								
Body Vermin				The special				
Impetigo				126	633			
Scabies				39	142			
Ringworm				6	30			
Molluscum				11	41			
Other Conditions				341	2291			
				523		3137		
GENERAL-								
Septic Sores				306	1447			
Injuries		AU. V		474	1691			
Other Conditions				590	1294			
Ultra Violet Light				115	1782			
				1485	-	6214		
				-				
				2830		11329		
				-	-			

ROSYTH CLINICS.

		HITEON	CHINICS.	
		No. of	No. of	
		Cases.	Attendances.	
EAR—				
Middle Ear Suppuration		55	383	
Other Conditions		88	157	
		—— 143	540	
Nose and Throat—				
Nasal Conditions		12	14	
Throat Conditions		22	27	
		34	41	
Eye—				
Blepharitis		17	45	
Styes		36	62	
Conjunctivitis		31	45	
Corneal Inflammation and Ulceration		-	_	
Injuries		1	1	
Errors of Refraction		6	7	
Other Conditions		15	18	
		—— 106	178	
SKIN (HEAD)—				
Dirty		2	3	
Ringworm		-orthopias		
Impetigo		6	16	
Other Conditions		2	2	
Omer conditions		10	21	
SKIN (BODY)—				
Body Vermin	100.00	168	467	
Impetigo		2	4	
Scabies		10	22	
Ringworm		5	8	
Molluscum Other Conditions		423	2922	
Other Conditions		608	3423	
200		000	0120	
GENERAL—		100		
Septic Sores		359	997	
Injuries		721	1739	
Other Conditions		334	639	
		1414	3375	
		0015	7570	
Total—Rosyth Clinics		2315	7578 11329	
Add—Inglis Street Clinic Total		2830	11329	
m		E145	18907	
Total No. of School Children	***	5145 338	832	
Add—Pre-School Children—Inglis Street		14	24	
Add—Pre-School Children—Rosyth Clinics		14		
GRAND TOTAL		5497	19763	
GRAND IUIAL		0101	10100	

Diseases of the Ear, Nose and Throat.

The following table shows the distribution of new cases :—

	ochool Cili	idi cii.	
	Inglis Street Clinic.	Rosyth Clinics.	Pre-School Children. Both Clinics.
Dan			Both Chines.
Ear		143	17
Nose and Throat	442	34	79
711 1 0			

The number of attendances for treatment amounted to :—

Children of Pre-School Age ... 1786

1902

I. AFFECTIONS OF THE EAR.

310 school children attended at Dunfermline and Rosyth Clinics on account of diseases of the ear. As compared with last year, this shows an increase of 50 cases of affections of the ear.

Otitis Media.—of the 310 cases, 129 cases were treated for otitis media.

The figures for the two types of the affection are :—
Acute Otitis Media 39
Chronic Otitis Media 90

II. AFFECTIONS OF THE NOSE AND THROAT.

476 new cases in school children were treated.

The following table gives the nature and distribution of the cases in the various groups :—

		I	nglis Stree	t
Noon			Clinic.	Rosyth Clinics.
Nose—				
Catarrh	 		17	1
Other Conditions	 		202	11
THROAT-				
Acute Sore Throa		0	7	18
Other Conditions	 		216	4

As compared with the previous year, the above figures show an increase of 95 nose and throat affections.

The bulk of throat affections were cases of enlarged tonsils, many of whom were treated by operation.

Children of Pre-School Age.—The following table shows the diseases from which they suffered:—

	I	nglis Stree	t
		Clinic.	Rosyth Clinics.
Otitis Media		14	The same of the
Other Affections of the Ear		3	_
Affections of the Nose		39	oralami antido.
Affections of the Throat		39	1

Ear, Nose and Throat Specialist Clinics.—Eleven Clinics were held during the year by the Consulting Aural Surgeon, at which 223 school children and 39 pre-school children were seen by the

Specialist, who advised suitable treatment. Where necessary, operative treatment was subsequently carried out by the Specialist at the Dunfermline and West Fife Hospital.

Defective Speech Clinic.

During the year the following cases were dealt with :-

	0		
Stammer		 	 26
Defective Speech		 	 37
Cleft Palate Speech		 	 2
Indistinct Speech		 	 3
Nasal Speech		 	 1
Mark The Control of t			
			69
No. of Attendances		 	 1244

The session started with an unusually large influx of new cases, and it was found necessary to institute a waiting list, but it is satisfactory to report that by the end of the session, all those awaiting treatment had been absorbed. Thanks largely to the comparative freedom from epidemics, attendances were good throughout the year.

As usual the general classification "Defective Speech" covered an astonishing variety of faults and difficulties, ranging from the ever familiar lisped "s" to conditions of almost complete unintelligibility. In dealing with the worst cases, it was interesting to notice how rapidly the majority improved once the correct formation of the first few sounds had been mastered.

As in former years, a small group of pre-school children attended for treatment, and settled down happily to work once they had become accustomed to the discipline of being taught.

Good work was done by the Cleft Palate cases. They cannot be turned into perfect speakers, as they still suffer from a partial cleft of the hard palate, but one can at least prevent them slipping back into excessively blurred and nasal speech.

Work among the stammerers has been most rewarding. At the start of the session, there was the inevitable proportion of the "don't care" type, but by Christmas these had faded out—either through lack of interest or because they considered themselves cured—and this cleared the field for the keen workers who set themselves to conquer their troubles with real determination. Some have been discharged, and nearly all have shown good progress, thus demonstrating afresh how much easier it is to help those who help themselves.

Looking back on the session's work, one would like to emphasise the advisability of sending children for treatment as soon as a defect becomes apparent. The longer it is left to flourish, the harder it it will be to uproot, and apart from the obvious handicap of being unable to express himself clearly and fluently, the child's resultant loss of self-confidence is an even more serious matter, and one so lasting in its effects that it may well prove a stumbling block to a successful career.

Eye Clinic.

290 new cases in school children were treated at the Clinics in Dunfermline and Rosyth. The number of attendances was 1,848. These figures show an increase of five cases of eye affection in school children.

In addition to the above, two children of pre-school age received treatment, and made four attendances.

The following table shows the distribution of the cases and the main classes of the defects treated:—

	INGLIS	STREET.	ROSYTH.		
	School Children.	Pre-School Children.	School Children.	Pre-School Children.	
Blepharitis	38	1	17	1000	
Styes	31	Defendance of	36	_	
Conjunctivitis	81	_	31		
Corneal Inflammation	DEROLL TOOL	GINGT BING	CONTRACT BAT	MAGILLE IN	
Injuries	5	1	1	all literies	
Errors of Refraction	2	The state of the s	6		
Other Conditions	27	rat the ten	15	yan-	
	184	2	106		

Skin Diseases.

The number of new cases of skin affections in school children at all of the Clinics amounted to 1,170. The number of attendances amounted to 6,684. The average number of treatments per case was 5.7.

The number of new cases in infants and children of pre-school age was 45, and the number of treatments 113.

Group I.—Impetigo Contagiosa.—In the year under review, 315 new cases in school children were treated. The number of attendances was 1,186. These figures show a decrease of 110 cases and 795 treatments.

In addition to the above, 14 children of pre-school age were sent for treatment. The attendances were 36. These figures also show decreases.

Group II.—Ringworm of the Head and Body.—There were no cases of Ringworm of the scalp. There were 16 of Ringworm of the body, a decrease of one case as compared with last year.

Group III.—Warts, Chilblains and Corns.—The number of new cases was:—Warts 385, Chilblains 28, Corns 32.

Group IV .- All Other Conditions .-

(1) Vermin.—9 cases of pediculosis capitis were sent for treatment during the year, a decrease of five cases as compared with last year.

(2) Scabies.—The number treated was 41, a decrease of 31 cases as compared with last year.

(3) Molluscum Contagiosum.—16 cases of Molluscum were

treated during the year.

Children of Pre-School Age.—45 infants and children of preschool age were referred to the Clinics for treatment.

The following table shows the diseases and the numbers

treated :-

Impetigo	 W	16	 14
Scabies	 		 9
Ringworm	 ***		 2
Pediculi and Nits	 		 2
Molluscum	 		 1
Other Conditions	 		 17
			45

Defective Teeth.

DENTAL REPORT, 1948-49—DUNFERMLINE BURGH.

DENTAL EXAMINATION.

During the school year, the ten primary schools in Dunfermline Burgh were systematically inspected. This included all children whose ages ranged from five years to eleven years. The pupils attending the two secondary schools and those in the advanced divisions of St Margaret's and King's Road schools were not examined, but if they so desired, were treated as casual cases.

The total number examined was 4,132. 1,423 of the children examined were found to have sound dentitions which represents 34.44% of the total examined. This percentage is a decided improvement in the percentage for the previous year. These children, if so desirous, were brought to the Clinic for prophylactic treatment.

The following figures show the general state of the teeth as disclosed by examination and the numbers accepting and refusing treatment at the Clinic:—

treatment at the crime.	1948-49.	1948-49 Per Cent.	1947-48 Per Cent.
1. No. Examined	 4132	34.44	19.19
2. No. with sound dentition	 1423 2709	65.56	80.81
3. No. requiring treatment4. No. in 3 accepting treatment at Clinic	 2414	89.11	91.70
5. No. in 3 refusing treatment at Clinic	 295	10.89	8 · 30

Dental Treatment.

During the year, 2,810 children attended the Clinics for systematic treatment and made 3,872 attendances. In addition, 812 children attended as casual cases and made 1,225 attendances. These figures include 106 children of pre-school age who made 136 attendances.

The following figures show the treatment carried out throughout the school year :—

Extractions—				Temporary Teeth.	Permanent Teeth.
With local a	anaestl	hesia	 	3114	90
Amalgam Silicate			 	808	1386
	***		 	_	150
Root Filling Other Operation	gs s—		 	_	18
Silver Nitra	te Tre	atment	 	476	14
Dressings In	iserted		 	1	93
Scaling and	Clean	ing	 	19	99

Deformities and Other Conditions treated at the Orthopaedic Clinic.

Treatment by physiotherapy was carried out by Miss A. B. Whyte. The defects treated included cases of spastic conditions, palsies and paralysis resulting from Infantile Paralysis; Club Foot; Flat Foot; Knock Knees; Sprains, Fractures and Injuries; Postural defects, including round shoulders and curvature of the spine; and other conditions.

During the year 319 cases were treated, including 129 children of pre-school age. The total attendances were 3,633, including 889 of pre-school age. The average number of treatments per case was 11.4.

Most of the cases of local children on discharge from Princess Margaret Rose Hospital, Edinburgh, were sent to attend the Orthopaedic Clinic for further surveillance and treatment.

Orthopaedic Specialist Clinics.

These clinics provide for the examination and treatment of children suffering from physical defects who require orthopaedic care in addition to what can be done for them by physiotherapy and other methods at the Orthopaedic Clinic.

Five Clinics were held during the year, at which 42 new cases (21 school and 21 pre-school children) were examined, and 89 old cases (69 school and 20 pre-school children) re-examined, making a total of 131 examinations.

During the year, 19 cases were recommended by the Orthopaedic Specialist for admission to Princess Margaret Rose Hospital for operation or in-patient treatment. Treatment by various orthopaedic methods was advised in the case of other children who were seen at the Clinics.

Ultra-Violet Light Clinic.

This Clinic remains open throughout the year, except during the Summer months.

Most of the treatment is by a weekly general exposure of the body to a long flame Carbon Arc lamp, but local applications from a Mercury Vapour lamp are given in suitable cases.

Attendances.-During the year, the following children were

treated, viz :-

School Children Infants and Children	 under	School	Age		115 53
					168

The number of treatments given was 2,157, of which 375 were to children under school age. The average number of treatments per case was 12.8.

A number of children who had been operated on for tubercular glands of the neck were referred to the Clinic for treatment by Ultra Violet Light. The results obtained in these cases were most satisfactory.

1949-50.

General Clinics-Return of Cases Treated.

				INGI	ISSTR	EETCL	INIC.
				No			of of
EAR—				Cas	ses.	Attend	ances.
Middle Ear Suppura	tion			80		971	
Other Conditions	ition			75		371 138	
outer conditions		1007			155		509
NOSE AND THROAT-							-A71
Nasal Conditions			233	126		160	
Sore Throat				7		7	
Other Throat Condi	tions			135		151	
				The same	268	1 Jenny	318
EVE-						-	
Blepharitis				32		240	
Styes				33		163	
Conjunctivitis				61		292	
Corneal Inflammatic	on and	Ulcerat	tion	5		11	
Injuries				4		9	
Errors of Refraction	1			3		4	
Other Conditions				28		47	
				-	166	-	766
SKIN (HEAD)—							
Dirty				1		2	
Ringworm				—			
Impetigo				3		32	
Other Conditions				11	1-	23	
					15		57
SKIN (BODY)—							
Body Vermin				—		-	
Impetigo				127		668	
Scabies				28		107	
Ringworm				5		17	
Molluscum Other Conditions				8		$\frac{30}{2233}$	
Other Conditions				310	478	2233	3055
Crayranay					410		3033
GENERAL—				207		****	
Septic Sores				285		1149	
Injuries		***		465		1493	
Other Conditions Ultra-Violet Light	***			532		1222 1222	
Offia-violet Light				99	1381	1222	5086
					1001	The state of the s	0000
					2463		9791
						-	

ROSYTH CLINICS.

Nose and Throat— 10 10 Throat Conditions 43 45 — 53 — Eye— — 53 — Eye— — 15 47 Styes 44 78 Conjunctivitis 20 33 Corneal Inflammation and Ulceration — Injuries Errors of Refraction </th <th>es.</th>	es.
Other Conditions	
Nose and Throat— Nasal Conditions	
Nose and Throat— 10 10 Throat Conditions 43 45 — 53 — Eye— — 53 — Blepharitis 15 47 Styes 44 78 Conjunctivitis 20 33 Corneal Inflammation and Ulceration — — Injuries — — Errors of Refraction 7 12 Other Conditions 98 — SKIN (HEAD)— </td <td>255</td>	255
Nasal Conditions 43 45 Throat Conditions 43 45 EVE—	128
Throat Conditions	
Throat Conditions 43 45 EYE— Blepharitis 15 47 Styes 20 33 Conjunctivitis	
EYE— Blepharitis	
Blepharitis 47 Styes 78 Conjunctivitis .	55
Blepharitis 47 Styes 78 Conjunctivitis .	
Styes <td< td=""><td></td></td<>	
Conjunctivitis	
Corneal Inflammation and Ulceration — — Injuries — — Errors of Refraction — 7 12 Other Conditions — 12 14 — 98 — SKIN (HEAD)— — 1 Ringworm — — 1 Impetigo — 3 4 Other Conditions — 8 8	
Injuries	
Errors of Refraction	
Other Conditions 12 14 SKIN (HEAD)—	
SKIN (HEAD)— Dirty	
Dirty — 1 Ringworm — — — Impetigo 3 4 Other Conditions 8 8	184
Dirty — 1 Ringworm — — — Impetigo 3 4 Other Conditions 8 8	
Ringworm 8 8	
Impetigo 3 4 Other Conditions 8	
Other Conditions 8	
Other Conditions	
<u> </u>	13
	1000
SKIN (BODY)—	
Body Vermin	
zampenge	
Scabies	
Mellingum 2 7	
Other Conditions 467 9787	
— 628 — 31	84
The state of the s	
GENERAL—	
Septic Sores 424 1033	
Injuries 825 1888	
Other Conditions 359 689 — 36	10
1608 36	10
Total—Rosyth Clinics 2511 7	474
Total Rosy in Chines	791
Add—Inglis Street Clinic Total 2463	
Total No. of School Children 4974 17	265
	631
Add—Pre-School Children—Rosyth Clinics 2	2
GRAND TOTAL 5260 17	208
	300

Diseases of the Ear, Nose and Throat.

The following table shows the distribution of new cases :-

	School Chi	ldren.	
	Inglis Street Clinic.	Rosyth Clinics.	Pre-School Children. Both Clinics.
Ear	 155	113	23
Nose and Throat	 268	53	83

The number of attendances for treatment amounted to :-

School Children	 	1310
Children of Pre-School Age	 	122
		-
		1432

I. AFFECTIONS OF THE EAR.

268 school children attended at Dunfermline and Rosyth Clinics on account of diseases of the ear. As compared with last year, this shows a decrease of 42 cases of affections of the ear.

Otitis Media.—Of the 268 cases, 114 cases were treated for otitis media.

The figures for the two types of the affection are :-

Acute Otitis Media	 	 42
Chronic Otitis Media	 	 72

II. AFFECTIONS OF THE NOSE AND THROAT.

321 new cases in school children were treated.

The following table gives the nature and distribution of the cases in the various groups :—

	Inglis Street Clinic.	Rosyth Clinics.
Nose-		
Catarrh	 26	1
Other Conditions	 100	9
THROAT-		
Acute Sore Throat	 7	17
Other Conditions	 135	26

As compared with the previous year, the above figures show a decrease of 155 nose and throat affections.

The bulk of throat affections were cases of enlarged tonsils, many of whom were treated by operation.

Children of Pre-School Age.—The following table shows the diseases from which they suffered:—

	Inglis Street Clinic.	Rosyth Clinics.
Otitis Media	10	-
Other Affections of the Ear	12	1
Affections of the Nose	40	The state of
Affections of the Throat		_

Ear, Nose and Throat Specialist Clinics.—Ten Clinics were held during the year by the Consulting Aural Surgeon, at which 173

school children and 41 pre-school children were seen by the Specialist, who advised suitable treatment. Where necessary, operative treatment was subsequently carried out by the Specialist at the Dunfermline and West Fife Hospital.

Diseases of the Eye.

264 cases in school children were treated at the Clinics in Dunfermline and Rosyth. The number of attendances was 950. These figures show a decrease of twenty-six cases of eye affection in school children.

In addition to the above, two children of pre-school age received treatment, and made five attendances.

The following table shows the distribution of the cases and the main classes of the defects treated:—

	INGLIS	STREET.	Ro	SYTH.
	School Children.	Pre-School Children.	School Children.	Pre-School Children.
Blepharitis	 32	-	15	
Styes	 33	_	44	-
Conjunctivitis	 61	1	20	
Corneal Inflammation	 5	-	10.	_
Injuries	 4	- CU1710 C	-	-
Errors of Refraction	 3	NIDOW SO	7	-
Other Conditions	 28	1	12	
	166	2	98	_

Diseases of the Skin.

The number of new cases of skin affections in school children at all of the Clinics amounted to 1,132. The number of attendances amounted to 6,309. The average number or treatments per case was 5.5.

The number of new cases in infants and children of pre-school age was 17, and the number of treatments 33.

Group I.—Impetigo Contagiosa.—In the year under review, 281 new cases in school children were treated. The number of attendances was 1,072. These figures show a decrease of 34 cases and 114 treatments.

In addition to the above, four children of pre-school age were sent for treatment. The attendances were 8. These figures also show decreases.

Group II.—Ringworm of the Head and Body.—There were no cases of Ringworm of the scalp. There were 16 of Ringworm of the body.

Group III.—Warts, Chilblains and Corns.—The number of new cases was:—Warts 323, Chilblains 40, Corns 24.

Group IV .- All Other Conditions :-

- (1) Vermin.—Only one case of pediculosis capitis was sent for treatment.
- (2) Scabies.—The number treated was 28, a decrease of 13 cases as compared with last year.
- (3) Molluscum Contagiosum.—Ten cases of Molluscum were treated during the year.

Children of Pre-School Age.—17 infants and children of preschool age were referred to the Clinics for treatment.

The following table shows the diseases and the numbers treated:—

Impetigo	190	philisto	T DIOT	 4
Scabies		90	o tarly	 4
Ringworm		beard		 -
Pediculi and Nits				
Molluscum				 1
Other Conditions				 8
				-
				17

Ultra-Violet Light Clinic.

This Clinic remains open throughout the year, except during the summer months.

Most of the treatment is by a weekly general exposure of the body to a long flame Carbon Arc lamp, but local applications from a Mercury Vapour lamp are given in suitable cases.

Attendances.—During the year, the following children were treated, viz:—

School Children Infants and Children	 under	School	Age		99 25
				93/19	124

The number of treatments given was 1,499, of which 277 were to children under school age. The average number of treatments per case was 12·1.

A number of children, who had been operated on for tubercular glands of the neck, were referred to the Clinic for treatment by Ultra Violet light. The results obtained in these cases were most satisfactory.

Deformities and Other Conditions treated at the Orthopaedic Clinic.

Treatment by physiotherapy was carried out by Miss A. B. Whyte. The defects treated included cases of spastic conditions, palsies and paralysis resulting from Infantile Paralysis; Club Foot; Flat Foot; Knock Knees; Sprains, Fractures and Injuries; Postural defects, including round shoulders and curvature of the spine; and other conditions.

During the year 408 cases were treated, including 186 children of pre-school age. The total attendances were 3,801, including 1,118 of pre-school age. The average number of treatments per case was 9.3.

Most of the cases of local children on discharge from Princess Margaret Rose Hospital, Edinburgh, were sent to attend the Orthopaedic Clinic for further surveillance and treatment.

Orthopaedic Specialist Clinics.

These clinics provide for the examination and treatment of children suffering from physical defects who require orthopaedic care in addition to what can be done for them by physiotherapy and other methods at the Orthopaedic Clinic.

Five clinics were held during the year, at which 31 new cases (15 school and 16 pre-school children) were examined, and 88 old cases (69 school and 19 pre-school children) re-examined, making a total of 119 examinations.

During the year 16 cases were recommended by the Orthopaedic Specialist for admission to Princess Margaret Rose Hospital for operation or in-patient treatment. One case was recommended to the Dunfermline and West Fife Hospital for operation. Treatment by various orthopaedic methods was advised in the case of other children who were seen at the Clinics.

Defective Speech Clinic.

the fallowing agger were dealt with

Duin	ig the year the for	lowing	cases	Were	care	WICH .
	Stammer					23
	Defective Speech					35
	Cleft Palate					2
	Nasal Speech					3
		Total				63

No. of Attendances 1301

Work this session has been interesting and varied, with the majority of children attending regularly and working keenly. A number of cases were discharged during the year and their places filled from the waiting list—an institution which has apparently come to stay. At the end of the session there were, unfortunately, still a few names on the list, but these children will all be admitted when the Clinic re-opens in September.

Defective speakers were again the largest class to be dealt with. Every year one is astonished anew at the variety of misdeeds of which the articulative organs are capable. Often these cases are aggravated by partial deafness caused by unhealthy tonsils, and progress is necessarily slow until the required operation has been carried out.

The cleft palate cases have both been discharged in the meantime. Later on, when they are old enough to be fitted with dental plates, it is hoped they will report for further treatment, if necessary.

Stammerers have ranged from really bad cases to comparatively mild ones. While the majority have shown great perseverance in tackling their difficulties, one always has to contend with the few, who, finding themselves much improved, lose interest, and either cease attending altogether, or attend so spasmodically that further progress is impossible. One cannot help feeling that here a firmer parental attitude is required.

Possibly the most encouraging development during the year has been the gradually increasing number of pre-school children seeking admittance. This points to a growing awareness on the parents' part of the importance of their children establishing good speech habits before beginning school. It is often asked how soon a defective or backward speaker should be sent for treatment, and while the answer depends to a certain extent on the individual child and the home environment, generally speaking three and a half or four is a suitable age. Younger children are not, as a rule, ready to respond to the mild discipline which is absolutely essential if progress is to be made.

It may not be out of place to conclude by emphasising that attendance at the Clinic is of little value unless the child is prepared to carry out at home regular practice along the lines laid down for him. The cure of any speech defect depends ultimately on the speaker himself.

Defective Teeth.

DENTAL REPORT, 1949-50—DUNFERMLINE BURGH.

DENTAL EXAMINATION.

During the school year, the ten primary schools in Dunfermline Burgh were systematically inspected.

The following table shows the number of children examined in each age group, together with the number of children whose dentitions were found to be sound in the corresponding group:—

			No. Examined.	No. with sound dentitions.
At 5	years		 665	233
,, 6	,,		 610	165
,, 7	,,		 576	130
-,, 8	,,		 559	146
,, 9	,,		 555	155
,, 10	,,		 580	179
,, 11	,,	****	 473	177
		Total	 4018	1185
			and the same of th	- Control of the Cont

These figures show that 29.49% of the children had sound teeth. This percentage is short of the standard for the previous year, and the decline, I feel sure, is due to the increase in the consumption of carbohydrates.

As in former years the pupils attending the High School, Queen Anne School and the advanced division of St Margaret's and King's Road Schools were treated as casual cases.

The following figures show the general state of the teeth as disclosed by examination and the numbers accepting and refusing treatment:—

	1949-50.	1949-50 Per Cent.	1948-49 Per Cent.
1. No. examined	 4018	_	_
2. No. with sound dentition	 1185	29.49	34 · 44
3. No. requiring treatment	 2833	70.51	65.56
4. No. in 3 accepting treatment at Clinic	 2507	88.49	89.11
5. No. in 3 refusing treatment at Clinic	 326	11.51	10.89

From the above figures, it will be noted that there is a slight increase in the number of children refusing treatment at the Clinic, partly due to the fact that, under the new Health Scheme, more children are now being attended to privately.

Dental Treatment.

During the year 2,875 children attended the Dental Clinics for systematic treatment and made 3,973 attendances, an average of 1.38 attendances per child. 833 children attended as casual cases and made 1,123 attendances. This latter group includes 135 children of pre-school age, who made 151 attendances.

The following figures show the treatment carried out throughout the year :—

			Temporary Teeth.	Permanent Teeth.
Extractions (with local anaesth	esia)-	-		
Sepsis			3016	91
Orthodontic treatment			218	3
Fillings—				
Amalgam			877	1193
Silicate			ALL THE PARTY OF	192
Root Fillings			Alaba Tana	22
Other Operations—				
Silver Nitrate Treatment			84	H 250 H - 111
Dressing Inserted				99
Scaling and Cleaning			1	345

1950-51.

General Clinics-Return of Cases Treated.

		INGLIS STREET CLINIC.						
					No	. of	No. of	
The same of the sa					Cas	ses.	Attend	ances.
GENERAL COND								
Septic Sore					251		1063	
Injuries Other Con-	litions	•••			416 -		1417	
Other Cond	litions				401	1068	1193	3673
EAR, NOSE AND	THROAT CON	DITIO	NS-			1000		3013
Ear Condit					105		357	
Nose Condi				The same	63		86	
Throat Con					102		112	
00	7/			m (21)		270	10100	555
EYE CONDITION	s—							
Blepharitis					35		126	
Styes					34		110	
Conjunctiv	itis				38		121	
Injuries					6		8	
Errors of R					4		4	
Other Cond	litions				24		38	
0 0						141	HOLI TOTAL	407
SKIN CONDITION								
(a) Head:	Ringworm				42		902	
					5		13	
	Other Condit	10118			22	20	51	000
	THE WELL					69		966
(b) Body:	Impetigo			***	105		610	
			***	***	12 21		47 172	
	Mallanan			***	5		28	
	Warts				104		1145	
	Other Condit	ions			196		707	
			64			443	170	2709
ORTHOPAEDIC C	ONDITIONS .					255		2927
SPEECH DEFECT	s					18		546
ULTRA-VIOLET 1		Y				187		2883
						-	-	
	TOTAL FOR	ALL C	CONDIT	IONS		2451		14666
						-	-	THE REAL PROPERTY.

ROSYTH CLINICS.

			No		No	
Communications			Cas	ses.	Attend	ances.
GENERAL CONDITIONS—			207		005	
Septic Sores Injuries		***	397 776		985 1817	
Other Conditions			316		627	
		CONTRACT		1489		3429
EAR, NOSE AND THROAT CONDITION	is—					
Ear Conditions			91		450	
Nose Conditions			8		13	
Throat Conditions			31	190	31	404
From Conservations			ROLL	130	AN TIME	494
EYE CONDITIONS—						
Blepharitis			17		44	
Styes			33 17		47 30	
Conjunctivitis Injuries			4		6	
Errors of Refraction			6		12	
Other Conditions			14		18	
				91		157
SKIN CONDITIONS—						
(a) Head: Ringworm	1000	1			_	
Impetigo			4		7	
Other Conditions			6		6	
				10	-	13
(b) Body: Impetigo			116		340	
Scabies			-		_	
Ringworm			1		1	
Molluscum		***	2		4	
Warts	***		196		1857	
Other Conditions			307	622	953	9155
			11500	022		3155
TOTAL FOR ALL C	ONDIT	IONS		2342		7248
			Kemps		-	
TOTAL FOR ALL CONDITIONS—						
Inglis Street Clinic				2451		14666
						7.77
TOTAL OF ALL CONDITIONS—				2012		
Rosyth Clinics				2342		7248
GRAND TOTAL (So	chool C	hildre	n)	4793		21914
GRAND TOTAL (SC	11001	midie.		4133		21014
				27		

It should be noted that the three Clinics also cater for preschool children.

During the year the following numbers of pre-school children received treatment :—

(1) Inglis Street Clinic			No. of Cases. 476	No. of Attendances. 2614
(2) Rosyth Clinics		14	4	4
Grand Total (Pre-Schoo	l Chi	ldren)	480	2618

Analysis of the Work of the General Clinics.

General Conditions.

		SCHOOL CHI	LDREN.	
			Rosyth Clinics.	Pre-School Children. All Clinics.
Septic Sores		 251	397	4
Injuries		 416	776	26
Other Conditio	ons	 401	316	104

It will be seen from these figures that the above conditions account for the bulk of the cases treated at the General Clinics. There is no doubt that early treatment of these does much to reduce absenteeism from School. Only a comparatively small number had to be referred to the Dunfermline and West Fife Hospital for X-ray examination and further opinion.

Ear, Nose, and Throat Conditions.

SCHOOL CHILDREN.

	Inglis Street Clinic.	Rosyth Clinics.	PRE-SCHOOL CHILDREN. All Clinics.
Ear Conditions	 105	91	17
Nose Conditions	 63	8	16
Throat Conditions	 102	31	20

I. Affections of the Ear.

213 children attended the Clinics on account of diseases of the ear. Otitis Media accounted for 73 of this number. The bulk of these were of the chronic variety and were associated with unhealthy tonsils and adenoids. Earlier operation for removal of tonsils and adenoids would do much to alleviate this distressing condition. The other aural conditions consisted chiefly of wax in the ears and furunculosis. These responded well to appropriate treatment.

II. Affections of the Nose.

87 children attended the Clinics for nasal conditions. A large proportion of these cases were of rhinitis and were referred to the Ear, Nose and Throat Specialist for opinion and advice as to treatment.

III. AFFECTIONS OF THE THROAT.

153 children attended the Clinic for throat conditions. The majority of these were cases of enlarged tonsils and were referred to the appropriate Specialist.

Eye Conditions.

233 children were treated at the Clinics under this category, and made in all 570 attendances.

The following table shows the distribution of the cases and the main classes of the defects treated:—

	SCHOOL CHI	LDREN.	
	Inglis Street Clinic.	Rosyth Clinics.	PRE-SCHOOL CHILDREN. All Clinics.
Blepharitis	 35	17	1
Styes	 34	33	-
Conjunctivitis	 0.0	17	_
Errors of Refraction	 4	6	
Injuries	 6	4	
Other Conditions	 24	14	anothin - subst

It will be seen that inflammatory conditions formed the bulk of the cases treated. Fortunately these responded quickly to prompt treatment.

The cases with refraction errors were referred to the Eye Specialist.

Skin Conditions.

			SCHOOL CHI		
			Inglis Street Clinic.	Rosyth Clinics.	PRE-SCHOOL CHILDREN. All Clinics.
(a)	HEAD-				
	Ringworm		 42	-	8
	Impetigo		 5	4	1
	Other Cond	itions	 22	6	7
(b)	Body-				Manage and the second
(-)	T 4:		 105	116	3
	Scabies		 12	177411	4
	Ringworm		 21	1	7
	Molluscum		 5	2	-
	Warts		 104	196	3
	Other Cond	itione	 196	307	15

For the first time for many years there has been a sharp increase in ringworm of the scalp and body. The cases were not confined to any one school or area. In several instances more than one member of a family was involved. The newly installed Kromayer lamp was used for this condition both for diagnosis and treatment. The lamp with the Wood's filter has proved to be an excellent aid to diagnosis. The infected areas were readily picked out, and thereafter progress and cure were assessed by its use. The lamp was also extensively used in actual treatment. Ringworm of the body responded quickly to this line of therapy. The scalp conditions,

however, were found to be more obstinate and necessitated the children's exclusion from school for long periods.

Warts, especially the plantar variety, were fairly prevalent. This is a condition where continuous and persistent treatment is essential to obtain cure. The slowness of response to treatment, however, too frequently results in the stopping of therapy before a cure is effected.

Impetigo remained more or less at the same level as in previous years.

The large number of cases which are classified as "Other Conditions" is accounted for by rashes of various kinds which responded promptly to treatment.

It is pleasing to record a marked fall in the incidence of Scabies.

Orthopaedic Conditions.

Miss A. B. Whyte, as Physiotherapist to the Clinic, carried out the treatment for orthopaedic defects.

These defects included cases of spastic conditions, palsies and paralysis resulting from infantile paralysis, foot defects, knock knees, and the rehabilitation of fracture cases. General postural defects also received attention. Some of the above conditions are amenable to treatment in classes, but many require individual care and attention. Cases requiring individual attention are increasing in number each year, and in many instances treatment is limited because of inadequacy of staff for this work, The help of an assistant-physiotherapist would be of great value.

Cases requiring Specialist opinion were seen by Mr Stirling at his routine visits or, if urgent, were referred directly to Princess Margaret Rose Hospital, Edinburgh. This hospital also supplies splints, plasters and callipers to any cases requiring these appliances.

During the year 426 cases were treated, including 171 preschool children. The total attendances made were 3,816, including 889 of pre-school age. These figures again show an increase from the previous year.

The School Health Service remains responsible for the treatment of orthopaedic conditions in children.

During the year two children who have received treatment from the Clinic during practically all their childhood were admitted to Institutions. One case was admitted to the Trefoil School, Edinburgh, for further education and training, while the other was admitted for vocational training to St Loyes' College, Exeter. It is gratifying to report that these children, who were so severely crippled from birth and who as a result were unable to attend school, can now look forward to becoming useful citizens.

Speech Defects.

The work of this clinic was undertaken by Miss Norah Wood, and her review of the activities of the Speech Clinic is given in the following report:—

			No	O. OF CA	ASES.
Stammer				14	
Defective Speech				18	
Cleft Palate				1	
Nasal Speech				2	
o. of Attendances du	ring Ye	ear			751

There was a drop in the number of school children attending the Clinic this year owing to the appointment by the Education Authority of Speech Therapists to treat the children in the schools, which matter has now been satisfactorily adjusted. After a rather confused start, work settled down with this undoubted advantage that the children attending benefited by receiving a larger share of individual attention than had been the case in former years. Attendances were satisfactory during the Autumn term, but illness interfered badly during the Spring and Summer terms.

As a result of the decreased number of school children on the roll, it was possible to take in more pre-school children than before. Fifteen attended this year as against seven last year. Work amongst this group of children is intensely interesting, but presents difficulties not met with when dealing with the average school child. Some are frightened because they are too young to understand what "going to the Clinic" implies; few have had any previous experience of being taught, and none has acquired the discipline that only comes with school. Consequently many are shy and unresponsive at first, and in extreme cases flatly refuse to speak a word for the first week or so. Here the intelligent co-operation of the parent does much to help, and once the child's confidence is gained, good results usually follow.

The Cleft Palate case—a boy who began attending in the Autumn at the age of three—has made excellent progress, largely owing to the good sense of his mother in insisting upon a reasonable amount of home practice. The cleft was of the Soft Palate only, and there seems to be no reason why, in time, his speech should not be perfectly normal.

The majority of the stammerers have made progress. Once a stammerer realises that the teacher can show the way but that only his own perseverance and determination can effect a proper cure, he is on the way to acquiring normal speech habits. His is the hardest task of all.

In all types of speech disorders, the parent's sympathy and interest can do much to help. Young children cannot be expected to take complete responsibilty for themselves, and one wishes that parents would come more often to see the children at work, report on

their progress at home, and generally discuss and clear up any difficulties or misunderstandings regarding treatment which inevitably crop up from time to time. Such visits are always welcomed.

Ultra-Violet Light Therapy.

At the commencement of the school year under review, the Clinic was entirely re-equipped with new lamps. In place of the long flame Carbon Arc Lamp, was installed a "Centrosol" and four suspended "Sollux" lamps. With these changes the Ultra-Violet Light Clinic Room has been brought completely up to date, and now compares more than favourably with any other school clinic in the country.

As an adjunct to this Clinic and also to the Orthopaedic Clinic, there was installed a "Sollux" Lamp (Model IX) for infra-red therapy.

Prior to this year, Ultra-Violet Ray therapy was discontinued during the Summer months, but to obtain the maximum benefit from this line of treatment, the "Sunlight Clinic" remained open all the year.

During the year the following children were treated:

School Children 187
Infants and Children under School Age ... 58

245

The Total Number of Treatments given was 3882

The majority of cases attending for "Sunlight" were children convalescing from debilitating illnesses. Others attending were those suffering from non-pulmonary tuberculosis especially the glandular variety.

The results in all cases were very gratifying. The high number of attendances reflects the popularity of this Clinic with parents and children alike.

The Specialist Clinics.

(1) Ear, Nose and Throat Specialist Clinics.

Ten clinics were held during the year by the Consulting Specialist, at which 126 school children and 26 pre-school children were seen.

Most of these cases were recommended for removal of tonsils and adenoids, and their names added to the waiting list for hospital admission. Unfortunately, this only entails adding names to an already overflowing list, and involves waiting for a period of several years. This is a state of affairs which is very disheartening to all concerned with this work.

(2) Orthopaedic Specialist Clinics.

These clinics provide for the examination and treatment of children suffering from physical defects who require orthopaedic care in addition to what can be done for them by physiotherapy and other methods at the General Orthopaedic Clinic.

Five clinics were held during the year, at which 36 (14 school and 22 pre-school children) were examined and 82 old cases (52 school and 30 pre-school children) re-examined, making a total of 118 examinations.

During the year 15 cases were recommended by the Orthopaedic Specialist for admission to Princess Margaret Rose Hospital for operation or in-patient treatment.

Dental Clinic.

The dental work was undertaken by Miss M. G. Leslie, L.D.S., R.C.S., Ed., and her review of the year's work is given in the following report:—

Dental Examination.

As in former years the whole of the primary schools in Dunfermline Burgh and numbering eleven were systematically inspected. The pupils of the High School, Queen Anne School, and the Advanced Divisions of King's Road and St Margaret's Schools were treated as casual cases. This year the children attending Abbot Street Occupation Centre were included in the systematic inspection. The ages of the children inspected ranged from 5½ years to 11 years.

The following table shows the number of children examined in each group, together with the number of children whose dentitions were found to be sound in the corresponding group:—

			No. Examined.	No. with sound dentitions.
At	5 years	 	346	141
	The state of the s		700	218
,,	6 ,,	 	669	159
,,	7 ,,	 	597	121
,,	8 ,,	 		150
,,	9 ,,	 ***	607	186
,,]	10 ,,	 	597	
	11 ,,	 	604	209
			South the state of the state of	Market Company
			4120	1184
			THE PERSON NAMED IN CO.	101 10 10 11 C

These figures show that 28.74% of the children examined had sound teeth.

The following figures show the general state of the teeth as disclosed by examination, and the numbers accepting and refusing treatment. The comparative percentages for the previous year are also shown.

also shown.		1950-51.	1950-51 Per Cent.	1949-50 Per Cent.
 No. examined No. with sound dentition No. requiring treatment No. in 3 accepting treatment at Clin No. in 3 refusing treatment at Clin 	 c	4120 1184 2936 2608	28·74 71·26 88·83 11·17	$ \begin{array}{r} $

Dental Treatment.

During the year 4,674 children attended the clinics for treatment and made 5,609 attendances. 3,811 children came as the result of systematic inspection, and made 4,482 attendances. 863 children attended as casual cases and made 1,127 attendances. 147 of the casual cases were of pre-school age and made 160 attendances.

The following figures show the treatment carried out throughout the school year :—

MERCHANT TRANSPORTER			Temporary Teeth.	Permanent Teeth.
EXTRACTIONS (with local ar	naesthesia)—		
Sepsis			2646	52
Orthodontic Treatmen	it		196	3
FILLINGS—				
Amalgam			861	1551
Silicate			_	162
Root Fillings			_	22
OTHER OPERATIONS-				
Silver Nitrate treatme			254	22
Dressings inserted			1	21
Scaling and Cleaning			16	51

1951-52.

Return of Cases treated at General Clinic.

		INGLIS STREET CLIN					
				No. Cas		No. Attenda	
GENERAL CONDI	TIONS—						
Septic Sores				249		1046	
Injuries				406		1277 938	
Other Cond	itions			455	1110		3261
EAR, NOSE AND	THROAT CONDIT	rions-	-				
Ear Conditi				134		373	
Nose Condit				81		94	
Throat Cone	ditions			96		113	***
				ALICA	311	-	580
EYE CONDITIONS	S—						
Blepharitis				38		195	
Styes				44		173	
Conjunctivi	tis			36		203	
Injuries				10		18	
Errors of R				10		11	
Other Cond	itions			30	100	65	00=
					168	ecci file	665
SKIN CONDITION	rs—						
(a) Head:	Ringworm			19		913	
1	Impetigo			9		69	
	Other Conditio	ons		35		96	1070
				110	63		1078
(b) Body:	Impetigo			127		792	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Scabies			9		32	
	Ringworm			19		108	
	Molluscum		***	3		8	
	Warts			99		888 888	
	Other Condition	ons		190	447	000	2716
ORTHOPAEDIC C	ONDITIONS				291		3969
SPEECH DEFECT	s				37		725
ULTRA-VIOLET	LIGHT THERAPY				124	To and the last	2624
	TOTAL FOR A	LL CO	NDITIO	NS	2551	-	15618

Return of Cases treated at General Clinic.

ROSYTH CLINICS.

						2001111	CLINIC	.D.
12 3 - 14						o. of		o. of
GENERAL COND	TTIONS				Ca	ses.		lances.
Septic Sore					-			
Injuries	es				460		1073	
Other Cond	ditions	***					1989	
other cone	ittions	***			362	1000	677	
EAR NOOR AND	Trans. m Co					1658	-	3739
EAR, NOSE AND		DITION	S—					
Ear Condit					77		257	
Nose Cond Throat Con	itions				9		9	
Inroat Cor	iditions				. 15		18	
Daniel Communication						101		284
EYE CONDITION								
Blepharitis					38		85	
Styes					40		69	
Conjunctiv	itis				22		36	
Injuries					5		6	
Errors of R	efraction				10		13	
Other Cond	itions				23		43	
O O				-		138		252
SKIN CONDITION	vs—							
(a) Head:	Ringworm							
	Impetigo				4		8	
- DERECTE	Other Condit	tions			3		3	
The least of the				-		7		- 11
(b) Body:	Impetigo				143		346	
To South	Scabies				1		2	
No. of the least o	Ringworm				5		8	
March 1977 Control of the Control of	Molluscum	.,.			4		4	
	Warts				164		833	
Security of Contract of Contra	Other Condit	10118			347		870	
mink pur suite				1015	-	664		2063
Will British	TOTAL POP	Co				2700	-	
BEE 2119 413	TOTAL FOR	ALL CO	NDITIO:	NS		2568		6349
TOTAL FOR ALL	CONDITIONS-					-	-	
Inglis Street						0		
						2551		15618
TOTAL FOR ALL								
Rosyth Clin	ics					2568		6240
	William Miles	THE PERSON NAMED IN	19 77 79				Maritage.	6349
W SE LEDIVINE	GRAND TOTA	AL (Sch	100l Ch	ldren	1)	5119	In the second	21967
Langithony "					1	-	-	-1001
Barrier Committee Committe							4.7	

Pre-School Children.—It should be noted that the three clinics also cater for pre-school children, and during the year, 559 cases received treatment, making 2,822 attendances.

Analysis of the Work of the General Clinics.

General Conditions.

	SCHOOL CHI		
	Inglis Street Clinic.	Rosyth Clinics.	PRE-SCHOOL CHILDREN. All Clinics.
Septic Sores	 249	460	13
Injuries	 406	836	17
Other Conditions	 455	362	143

Again, as in previous years, the above conditions were responsible for the majority of the cases attending the Clinics. Most cases were of a minor nature and responded quickly to treatment. There is no doubt that the early attention of these apparently minor conditions is well worth while. Cases, where considered necessary, were referred to the Out-Patient Department of the Dunfermline and West Fife Hospital for X-Ray examination.

Ear, Nose, and Throat Conditions.

	Inglis Street		PRE-SCHOOL CHILDREN.
	Clinic.	Clinics.	All Clinics.
Ear Conditions	 134	77	24
Nose Conditions	 81	9	25
Throat Conditions	 96	15	25

I. AFFECTIONS OF THE EAR.

235 children attended the clinics on account of diseases of the ear. Otitis Media accounted for 77 of this number. Many of these cases were associated with unhealthy tonsils and adenoids and were referred to the Ear, Nose and Throat Specialist for opinion. The other aural conditions consisted chiefly of wax in the ears and furunculosis. These responded well to the appropriate treatment.

II. AFFECTIONS OF THE NOSE.

115 children attended the Clinics for nasal conditions. A large proportion of these cases were of rhinitis and were referred to the Ear, Nose and Throat Specialist for opinion and advice as to treatment.

III. AFFECTIONS OF THE THROAT.

136 children attending the clinic for throat conditions. The majority of these were cases of enlarged tonsils and were referred to the appropriate Specialist.

Eye Conditions.

315 children were treated at the clinics under this category, and made in all 935 attendances.

The following table shows the distribution of the cases and the main classes of the defects treated :—

	SCHOOL CHI	LDREN.	
	Inglis Street Clinic.	Rosyth Clinics.	PRE-SCHOOL CHILDREN. All Clinics.
Blepharitis	 38	38	3
Styes	 44	40	1
Conjunctivitis	 36	22	3
Errors of Refraction	 10	10	HE HA WELL TO DEEP MILES
Injuries	 10	5	1
Other Conditions	 30	23	introduction in the latest and the

There was an all-round increase in the number of children attending for the treatment of these conditions. 935 attendances in all were made this year compared with 570 in the previous year. Inflammatory conditions again accounted for the majority of the cases. The cases with refraction errors were referred for advice and opinion to the Eye Specialist.

Skin Conditions.

		SCHOOL CHI	LDREN.	
				PRE-SCHOOL CHILDREN. All Clinics.
(a) HEAD-		Electrical Co.	Cimico.	an chines.
Ringworm		 19		8
Impetigo		 9	4	2
Other Condit	ions	 35	3	11
(b) Body-				Thomas wares
Impetigo		 127	143	7
Scabies		 9	1	3
Ringworm		 19	5	Marie Sales Sales
Molluscum		 3	4	Setal of the
Warts		 99	164	2
Other Condit	ions	 190	347	10

There was a considerable drop in the incidence of ringworm cases, but, impetiginous conditions, especially of the face, showed a definite increase over previous years.

Warts of the hands were again fairly prevalent. This is a condition where continuous and persistent treatment is essential to obtain cure. The slowness of response to treatment, however, too frequently results in the stopping of therapy before a cure is effected.

The large number of cases, which are classified as "Other Conditions," is accounted for by nondescript skin rashes, chilblains and corns.

Orthopaedic Conditions.

Miss A. B. Whyte, as Physiotherapist to the Clinic, carried out the treatment for orthopeadic defects.

These defects included cases of spastic conditions, palsies and paralysis resulting from infantile paralysis, foot defects, knock knees, postural defects and the rehabilitation of fracture cases.

Breathing and chest expansion exercises were also given to a number of chronic asthmatics.

While many of the above conditions permit of class treatment, a large number, especially pre-school children, require individual care and attention. The number of cases requiring individual attention is increasing each year, with the result that a considerable waiting list is now an unfortunate feature of this clinic. The help of an Assistant Physiotherapist would do much to remedy this situation and also permit of more frequent treatments to some of the more severe cases.

During the year 484 cases were treated, including 193 preschool children. The total attendances made were 5,091, including 1,222 of pre-school age. These figures again show a big increase both in cases and in attendances made.

The School Health Service remains responsible for the treatment of orthopaedic conditions in children.

At the end of the school year, one case of severe crippling disability was admitted to Anton House, Broughty Ferry, for further education and training.

Speech Defects.

The work of this Clinic was undertaken by Miss Norah Wood, and her review of the activities of the Speech Clinic is given in the following report:—

			N	o. of Ca	ses.
Stammer				16	
Defective Speech				36	
Cleft Palate				1	
of Attendances du	ring ve	ar			8

Work started smoothly this session with the coming into force of the arrangement whereby only children from Canmore and Commercial Schools attended the Clinic, the other schools being visited by Speech Therapists appointed by the Education Authority. Pre-school children from all parts of the town continued to attend as usual.

Attendances were good on the whole, and a number of cases were discharged during the year. Several of these are to attend the Elocution Classes at Benachie in the coming Winter—a wise move on their parents' part, as it guards against the tendency to slip back into bad habits of speech.

The proportion of defective speakers was high this year—36 out of a total of 53 cases—and, as usual, the most troublesome sounds were R, Th, and the sibilants. Articulative defects sometimes run in families, and when this is the case, progress is slow, as the child naturally copies the speech he hears in the home. However, perseverance wins the day, and parents have been known to benefit from the child's exercises.

The more one works with stammerers, the more one realises the difficulty these children have in training themselves to think and fill their lungs before they speak. Exercises for rhythm and relaxation are of great value, but the child must also acquire the habit of orderly thought if he is to overcome his trouble. We have to appreciate how difficult this is for a stammering child with his nervous, excitable temperament.

Thirteen pre-school children attended throughout the year. As is only to be expected, the treatment of such very young children always presents certain difficulties, but even if some have to be lured to the clinic by the prospect of picture books, such bribery is surely excusable when the child's speech can be improved, and, in some cases, rendered normal by the time school age is reached.

In conclusion, a word of thanks is due to the School Teachers who, by their co-operation, contribute so much to the success of the work.

Ultra-Violet Light Clinic.

During the year the following children were treated:—

The total number of Treatments given was 3608

General Ultra-Violet Light radiation of the body is given by a "Centrosol" and four suspended Sollux lamps. Each case receives two exposures of eight minutes per week, and a course lasts several weeks, the exact duration varying with each individual.

The majority of those attending for "Sunlight" were convalescing cases from some recent illness, cases of round shoulders and poor muscle tone, and others who were suffering from general debility. The Kromayer lamp was used for the diagnosis and treatment of ringworm. Fortunately, there was a considerable decrease in the incidence of this condition, and only 19 cases received treatment during the year.

Cases of tuberculous cervical adenitis were also treated, and, in many instances, the general Ultra Violet Light was supplemented by local infra-red therapy, using a Sollux lamp.

All cases responded well to treatment, and the high number of attendances reflects the popularity of this clinic with both parents and children.

It is felt that greater use could still be made of the excellent facilities provided in this most up-to-date Clinic, especially by school children, but the fact that attendance involves loss of school lessons is very often taken into account to the sacrifice of the undoubted benefits to be derived.

B.—The Specialist Clinics.

(1) Ear, Nose and Throat Specialist Clinics.

Eight Clinics were held during the year by the Consulting Specialist, at which 102 school children and 30 pre-school children were seen.

Most of these cases were recommended for removal of tonsils and adenoids, and their names added to the waiting list for hospital admission. It is gratifying to report that cases are being admitted to hospital more expeditiously than in former years.

(2) Orthopaedic Specialist Clinics.

These clinics provide for the examination and treatment of children suffering from physical defects who require orthopaedic care in addition to what can be done for them by physiotherapy and other methods at the General Orthopaedic Clinic.

Five Clinics were held during the year, at which 46 cases (27 school and 19 pre-school children) were examined, and 89 old cases (63 school and 26 pre-school children) re-examined, making a total of 135 examinations.

During the year 9 cases were recommended by the Orthopaedic Specialist for admission to Princess Margaret Rose Hospital for operation or in-patient treatment.

Dental Clinic.

The dental work was undertaken by Miss M. G. Leslie, L.D.S., R.C.S., Ed., and her review of the year's work is given in the following report:—

Dental Examination.

The eleven Primary Schools in Dunfermline Burgh were systematically inspected. Twenty-nine half days were devoted to inspection, and 4,157 children were inspected between the ages of $5\frac{1}{2}$ and 11 years.

The pupils of High School, Queen Anne School and the Advanced Division of St Margaret's School are still treated as casual cases.

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 dentitions.
At :	5 years			368	149
	6 ,,			642	210
"	7			687	183
	8 ,,			716	202
	0			651	196
1/	0			615	176
1	1	5		438	163
1	9		***	40	26
,, 1.	- "			100	
				4157	1305
				DOVED DOVED	

These figures show that the percentage of children having sound dentitions is an improvement on last year's percentage, which was 28.74 as compared with 30.67 this year.

The following figures show the general state of the teeth as disclosed by examination and the numbers accepting and refusing treatment.

1.	No. examined	 4157
	No. with sound Dentition	 1305
3.	No. requiring treatment	 2852
4.	No. in 3 accepting treatment at Clinic	 2565
	No. in 3 refusing treatment at Clinic	 287

Dental Treatment.

440 sessions were devoted to treatment. 3,270 children attended the Clinic for treatment, and made 4,616 attendances. 198 of these children were of pre-school age and made 211 attendances.

The following figures show the treatment carried out throughout the year :—

EXTRACTIONS—			Temporary Teeth.	Permanent Teeth.
Sepsis			 2002	34
Orthodontic tr	eatme	ent	 66	8
FILLINGS-				
Amalgam			 1033	1727
Silicate			 	215
Root Fillings			 -	19
OTHER OPERATIONS	3—			
Silver Nitrate		nent		81
Dressings inser	ted		 16	18

1952-53.

A.—The General Clinics.

Return of Cases treated at General Clinic.

		ING	LIS ST	REETCL	INIC.
		No. Cas		No Attenda	
GENERAL CONDITIONS—					
Septic Sores		257		923	
Injuries		445		1161 1107	
Other Conditions	C Savon	595	1297		3191
EAR, NOSE AND THROAT CONDITIONS-					
Ear Conditions		182		482	
Nose Conditions		125		163	
Throat Conditions		138	115	153	798
person and in the education children			445		190
EYE CONDITIONS—		0.7		104	
Blepharitis		37 46		184 163	
Styes Conjunctivitis		43		154	
Injuries		3		8	
Errors of Refraction		-		plants -	
Other Conditions		23	1.00	31	-10
		-	152	Service of the last of the las	540
SKIN CONDITIONS—				20	
(a) Head: Ringworm		6		26	
Impetigo Other Conditions		14 19		81 30	
Other Conditions			39		137
(b) Body: Impetigo		104		475	
Scabies		13		55	
Ringworm		24		143	
Molluscum		90		19 525	
Warts Other Conditions		232		792	
Other Conditions			467		2009
ORTHOPAEDIC CONDITIONS			457		3771
Speech Defects			29		476
UI,TRA-VIOLET LIGHT THERAPY			128		2389
TOTAL FOR ALL COND	ITIONS		3014		13311

Return of Cases treated at General Clinic.

					F	ROSYTH	CLINIC	S.
					No	. of	No	. of
CENTER LE COM	Manife Lasons				Ca	ses.	Attend	
GENERAL COND								
Septic Sore					440		973	
Injuries Other Cone	ditions				863		1743	
other con	uitions				431	1794	716	0.100
EAR, NOSE AND		NDITIO	ONS—			1734	Service Sta	3432
Ear Condit					91		277	
Nose Cond					8		10	
Throat Cor	iditions				17		33	
EVE CONDITION	vs—				-	116	100	320
Blepharitis		223			29		45	
Styes					46		45 62	
Conjunctiv	itis				22		29	
Injuries					1		1	
Errors of F	Refraction				3		3	
Other Cond	litions				32		39	
Crry Communication	Constitions				-	133		179
SKIN CONDITION								
(a) Head:	Ringworm				-		_	
TO THE REAL PROPERTY.	Impetigo				9		22	
	Other Condit	tions			9	2000	21	
(b) Body:	Impetigo				7.40	18		43
(b) Douy.	Scabies	***			140		313	
	Ringworm							
	Molluscum				2		4	
	Warts				154		688	
	Other Condit	ions			396		1012	
					-	692	-	2017
	TOTAL FOR	ALL	CONDIT	IONS		2693	Manage De	5991
							-	
TOTAL FOR ALL	CONDITIONS-	-						
Inglis Stree	et Clinic			(1)		3014		13311
TOTAL FOR ALL						3011		10011
						2022		
Rosyth Chi	nics					2693	NO PT THE	5991
12211-1516	GRAND TO	TAL (S	School C	hildre	n)	5707		19302
WHEN AND LINE						1	-	

Pre-School Children.—It should be noted that the three Clinics also cater for pre-school children, and during the year 742 cases received treatment, making 2,848 attendances.

Analysis of the Work of the General Clinics.

General Conditions.

	SCHOOL CHI					
	Inglis Street Clinic.	Rosyth Clinics.	PRE-SCHOOL CHILDREN. All Clinics.			
Septic Sores	 257	440	12			
Injuries	 445	863	26			
Other Conditions	 595	431	201			

Again, as in previous years, the above conditions were responsible for the majority of the cases attending the Clinics. Most cases were of a minor nature and responded quickly to treatment. There is no doubt that early attention to these apparently minor conditions is well worth while. Cases, where considered necessary, were referred to the out-patient Department of the Dunfermline and West Fife Hospital for X-ray examination.

Ear, Nose and Throat Conditions.

	SCHOOL CHIL	DREN.	
	Inglis Street Clinic.	Rosyth Clinics.	PRE-SCHOOL CHILDREN. All Clinics.
Ear Conditions	 182	91	37
Nose Conditions	 125	8	48
Throat Conditions	 138	17	61

I. AFFECTIONS OF THE EAR.

310 children attended the Clinics on account of diseases of the ear. Otitis Media accounted for 94 of this number. Many of these cases were associated with unhealthy tonsils and adenoids and were referred to the Ear, Nose and Throat Specialist for opinion. The other aural conditions consisted chiefly of wax in the ears and furunculosis. These responded well to the appropriate treatment.

II. AFFECTIONS OF THE NOSE.

181 children attended the Clinics for nasal conditions. A large proportion of these cases were of rhinitis and were referred to the Ear, Nose and Throat Specialist for opinion and advice as to treatment.

III. AFFECTIONS OF THE THROAT.

216 children attended the Clinic for throat conditions. The majority of these were cases of enlarged tonsils and were referred to the appropriate Specialist.

Eye Conditions.

306 children were treated at the Clinics under this category, and made in all 778 attendances.

The following table shows the distribution of the cases and the main classes of the defects treated:—

	SCHOOL CHI	LDREN.	
			PRE-SCHOOL CHILDREN.
	Clinic.	Clinics.	All Clinics.
Blepharitis	 37	29	6
Styes	 46	46	6
Conjunctivitis	 43	22	5
Errors of Refraction	 HARRIS TO THE	3	ESCHALL TO DESCRIPTION OF STREET
Injuries	 3	1	of her newspan of the
Other Conditions	 23	32	4

778 attendances in all were made this year compared with 935 in the previous year. Inflammatory conditions again accounted for the majority of the cases. The cases with refraction errors were referred for advice and opinion to the Eye Specialist.

Skin Conditions.

		SCHOOL CHI	LDREN.	
		Inglis Street	Rosyth	PRE-SCHOOL CHILDREN.
(a)	HEAD-	Clinic.	Clinics.	
	Ringworm	6	-	6
	Impetigo	14	9	1
	Other Conditions	19	9	8
(b)	Body-			
	Impetigo	104	140	6
	Scabies	13	-	2
	Ringworm	24		_
	Molluscum	4	- 2	Marie
	Warts	90	154	1
	Other Conditions	232	396	21

The chief conditions requiring treatment were impetigo and warts. Many of the warts were of the plantar type and proved to be very resistant to treatment. In some cases the warts had to be dealt with by electric cautery at the General Hospital.

The large number of cases which are classified as "Other Conditions" was accounted for by nondescript skin rashes and chilblains.

Orthopaedic Conditions.

Miss A. B. Whyte, as Physiotherapist to the clinic, carried out the treatment for orthopaedic defects.

The defects treated included cases of spastic conditions, disabilities resulting from infantile paralysis, foot defects, knock knees and cases with bad posture.

Rehabilitation of fracture cases, breathing and chest expansion exercises of asthmatics, was also undertaken.

During the year 648 cases were treated compared with 484 last year. Of the 648 cases, 191 were children of pre-school age. The total attendances made were 4,504 including 735 of pre-school age.

As stated in the introductory remarks of this report, the large increase in orthopaedic cases has now resulted in a considerable

waiting list. It is hoped to reduce this list by increasing the size of the remedial classes in the new premises, but, unfortunately, this will do little to improve the lot of the more handicapped case who requires individual attention.

Speech Defects.

The work of this clinic was undertaken by Miss Norah Wood, and her review of the activities of the Speech Clinic is given in the following report:—

| No. of Cases. | Stammer | ... | ... | 13 | 13 | 40 | Cleft Palate | ... | ... | 1 | No. of Attendances during Year | ... | 772

Work this session was interesting and many different types of speech disorders were treated. Several cases were discharged in the course of the year.

Attendances during the Summer term were disappointing owing partly to an unusual amount of illness and partly to the Coronation holiday in the middle of the term, followed the next week by the showing of the Coronation film to the Schools. With the routine of Clinic attendance broken two weeks running by such excitements, it was only natural an epidemic of forgetfulness should follow, and the result was a rather disappointing term's work.

The most striking feature of the year's work was the high proportion of pre-school children attending for treatment-25 out of a total of 54, and it is encouraging to note how many of these children were either clear of their defects, or nearly so, by the time school age was reached. Of course one has to be prepared for certain difficulties when working with such young children. To begin with there is the problem of attendance when illness in the household makes it impossible for the mother to bring the child to the Clinic and with a shy, nervous type of child much precious time has to be spent gaining his confidence before any teaching can be attempted. Also, progress at first is very slow, as few pre-school children have any idea of concentration. There is, however, one big advantage to set against these drawbacks. The habit of bad speech has not had time to take too firm a hold and can, as a rule, be more easily eradicated than would have been the case had it been left to flourish unchecked until the child reached school age.

The stammerers all made progress, but one realises again how hard it is to build up self-confidence in these children. It has truly been said that the stammerer stammers in his mind before ever he stammers with his voice.

Once again the heading "Defective Speech" covered a wide range of disorders, and one can only marvel at the misdemeanours of which the articulative organs are capable. Progress in the Cleft Palate case was negligible. The operation appears to have been entirely successful, but the child refused to speak or do anything he was asked to do. One hopes he will return in the Autumn in a more biddable frame of mind.

In conclusion, it should be stressed that parents are always welcome to come to the Clinic to discuss their children's difficulties and report on home progress. Such talks often serve to clear up misunderstandings which may arise from time to time and are, therefore, a helpful contribution to the success of the work.

Ultra-Violet Light Clinic.

There was slight increase in the number of children attending for Ultra-Violet light therapy.

A total of 204, including 76 pre-school children, were treated, making in all 3,536 attendances.

The majority of those attending for "Sunlight" were convalescing from some recent illness or were found to be suffering from general debility. All cases responded well to treatment, and the high number of attendances reflects the popularity of this Clinic with both parents and children.

B.—The Specialist Clinics.

(1) Ear, Nose and Throat Specialist Clinics.

Ten Clinics were held during the year by the Consulting Specialist, at which 164 school children and 52 pre-school children were seen.

Most of these cases were recommended for removal of tonsils and adenoids. The early admission of these cases to hospital for operation, mentioned in last year's report, is being maintained.

(2) Orthopaedic Specialist Clinics.

These Clinics are now being held monthly, and provide for the examination and treatment of children suffering from physical defects who require orthopaedic care in addition to what can be done for them by physiotherapy and other methods at the general Orthopaedic Clinic.

Eight Clinics were held during the period under review, at which 63 cases (43 school and 20 pre-school) were examined, and 154 old cases (129 school and 25 pre-school) re-examined, making a total of 217 examinations.

During the year 17 cases were recommended by the Orthopaedic Specialist for admission to Princess Margaret Rose Hospital, Edinburgh, for operation or in-patient treatment.

Dental Clinic.

The dental work was undertaken by Miss M. G. Leslie, L.D.S., R.C.S., Ed., and her review of the year's work is given in the following report:—

Dental Examination.

Throughout the year six of the nine primary schools were inspected, involving 2,259 children whose ages ranged from $5\frac{1}{2}$ to

11 years.

The children who were examined towards the close of the previous school year were given treatment in the first part of the present session, before the inspection of the schools mentioned above was started.

The treatment of Park Road and King's Road was not completed in the previous year and was continued into the current year. It was completed by Christmas, 1952. Since then, 228 have been examined and treated at Park Road School, and 291 children at King's Road School.

On two occasions during the year pupils attending the

Occupation Centre were given treatment.

The following table shows the number of children examined in each age group, together with the number of children whose dentitions were found to be sound in the corresponding group:—

			No. Examined.	No. With Sound Dentitions.
At	5 yea	rs	 169	66
	0		 339	115
,,	7		 280	58
,,	8 ,,		353	58 78
"	0		 475	106
,,	10		 508	144
"	10 ,,		 428	129
"	11 ,,	and over	 39	17
"	12 ,,	and over	 - 00	Agricon treat mile assessment
			2591	713
				COLUMN THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PA

These figures show that 27.5% had sound dentitions. It is not possible this year to pronounce an accurate statement of pupils refusing treatment at the Clinic due to the opening of a new school during the session with consequent re-allocation of pupils.

Dental Treatment.

449 sessions were devoted to treatment. 3,089 children attended the Clinic and made 4,598 attendances. 222 of these children were of pre-school age and made 235 attendances.

The following figures show the treatment carried out throughout the year:—

ne year .—	Temporary	Permanent
EXTRACTIONS—	Teeth.	Teeth.
Sepsis	 2118	114
Orthodontic treatment	 165	6
FILLINGS-		
Amalgam	 696	1756
Silicate	 90 -	248
Root Fillings	 SHOW WHEN	5
OTHER OPERATIONS-		No. of the last of
Silver Nitrate treatment		15
Dressings inserted		84
Scaling and Cleaning	 14	567

EXAMINATION AND CERTIFICATION OF BLIND PERSONS.

The Specialists responsible for the examination of persons applying for registration as "Blind Persons" were Doctors A. R. Moodie and C. R. O. Leeds. Clinics were held in Kirkcaldy, Dunfermline, Methil, and St Andrews, but a few cases were examined in other centres outwith the county. Persons unfit to travel to a clinic were visited at home and examined there. Further details are given below in tabular form:—

Analysis of Results.

THE RESERVE THE RESERVE TO SERVE THE RESERVE THE RESER		amined at C		Examined in Own Home.			
		Not Blind.	Total.	Blind. N	Not Blind	. Total.	
County Cases		6	36	14	5	19	
Kirkcaldy Burgh Cases		1	7	6	1	7	
Dunfermline Burgh Cases	6	1	7	1	000 - DA	i	
Total	42	8	50	21	6	27	
1950.							
County Cases	23	15	38	21	3	24	
Kirkcaldy Burgh Cases	5	2	7	4	1	. 5	
Dunfermline Burgh Cases	6	4	10	_	-	Hair Toll	
Total	34	21	55	25	4	29	
1951.				THE REAL PROPERTY.	Paran	THE PARTY NAMED IN	
County Cases	18	11	29	23	10	33	
Kirkcaldy Burgh Cases	3	1	4	4	1	5	
Dunfermline Burgh Cases	4	3	7	3	-	3	
Total	25	15	40	30	11	41	
1952.			Trans.			1 1927	
County Cases	18	22	40	38	5	43	
Kirkcaldy Burgh Cases	3	4	7	9	2	11	
Dunfermline Burgh Cases	-	3	3	4	2	6	
Total	21	29	50	51	9	60	
1953.							
County Cases	11	17	28	39	4	43	
Kirkcaldy Burgh Cases	3	4	7	9	1	10	
Dunfermline Burgh Cases	3	3	6	5	-	5	
Total	17	24	41	53	5	58	

Type of Treatment Recommended.

	1949.		1950.		1951.		1952.		1953.	
8	D1: 1	Not		Not		Not		Not		Not
Medical	Blind	Blind	Blind	Blind			Blind	Blind	Blind	Blind
Surgical	-	-	1	3	2	2	6	2	5	2
Optical	8		12	4	9	1	11	3	4	3
Optical	1	5	4	8	1	9	2	14	1	6

In 1951 a case of retro-lenticular fibroplasia in an infant of less than one year of age was the first case of the kind to be certified

as blind in Fife. The primary eye conditions recorded by the Eye Specialists for the 99 cases examined in 1953 were detailed as follows:—

				Ages in		
as Bline	d.		Below 35.	35-65.	Above 65.	Total.
			_	_	36	36
			- 100	2	6	8
			-	1	3	4
			The Party of the P	11 - V	1	1
				2	W. STORY	2
			_	_	5	5
503			11 11 11	1	-	1
			to the same of the same of	-	1	1
			THE R. A.	1011-	1	1
			OF THE PARTY	1	1	. 2
ent of l			1	1	O disease of	2
itis			0- 700	1	1	2
				2	3	5
				63	1000	
			1	11	58	70
			THE BE			
Blind.						
			100-	1	_	1
			_	2	14	16
			-	-	3	3
			1	-	-	1
			2	-	1	3
			MIN-	91	1	1
			-	1	-	1
			- 10	-	1	1
			_	1	1	2
			and the same			
			3	5	21	29
	Total		4 .	16	79	99
	a initis rophy tis tis osa nent of litis Blind us tis alitis	initis rophy tis tis osa ent of Retina itis Blind tis alitis tis	a	a	as Blind. Below 35. 35-65.	as Blind. Below 35. 35-65. Above 65. 36 a 1 3 initis <td< td=""></td<>

INFECTIOUS AND OTHER DISEASES.

Owing to the introduction in recent years of new forms of treatment, including the antibiotics, infectious diseases have presented less formidable problems in that there have been fewer complications and fewer deaths.

In 1949 confirmed cases of notifiable infectious disease excluding tuberculosis, numbered 923, a decrease of 346 from the number of notifications in the previous year. With the exception of pneumonia (443 cases) and scarlet fever (327 cases) the incidence of infectious disease was remarkably low.

Whooping cough became notifiable for the first time on 1st January, 1950, and accounted for 1,071 or nearly half, of the total of 2,167 cases brought to the notice of the Public Health Department during that year.

In 1951 there was again some improvement in the general figures. There were 2,033 confirmed cases, and whooping cough (836) cases showed a slight decrease. Pneumonia (all forms) accounted for 484 notifications, and there were 483 cases of scarlet fever.

During 1952 there was a fall in the total number of notifications to 1,537. Whooping cough alone showed a decrease of 597 cases. Scarlet fever notifications increased to 682 but at no time did the disease become epidemic in form. Pneumonia (all forms) accounted for 430 of the cases of infectious disease notified.

The total number of notifications in 1953 was 1,872, the increase from the previous year being due to whooping cough (727 cases). Scarlet fever remained fairly prevalent, but there was a decrease in the number of cases of pneumonia.

The following table shows the number of cases of infectious disease notified within the County including the small burghs, during the five years under review:—

Number of cases coming to the knowledge of the medical Officer of Health and accepted by him as suffering from the stated Disease.

TOTAL (Both Sexes).	923	2167	2033	1537	1872
TOTAL	462	1045	995	783	911
Leprosy.	11	11	-1	11	11
Food Poisoning.	11	014	11	11	11
Whooping-Cough.	-11	515	404	116	337
Typhus Fever.	11	11	11	11	11
Para-Typhoid B.	11		11	-1	
Para-Typhoid A.	11	11	17	11	11
Typhoid Fever.	11	-1	-1	101	1-
Smallpox.	11	11	11	11	11
Scarlet Fever.	143	138	218	333	311
Puerperal pyrexia.	27	31	19	102	19
Puerperal Fever.	101	11	11	11	101
Poliomyelitis Acute.	16	35	14 5	004	69
Pneumonia (Not otherwise notifiable).	89	702	21 21	စ္စ	11
Pneumonia, Acute Primary.	219	237	204	239	169
Pneumonia, Acute Influenzal.	23	222	43	15	101
Plague,	11.	- 11	11	11	11
Ophthalmia Neonatorum.	110	14 9	25	18 21	17
Measles.	11	-11	11	11	11
Malaria.	00	41		-1	10
Jaundice, acute infective.	-1	-1	-1	9	11
Erysipelas.	16 24	33.55	30	16 36	20 21
Encephalitis lethargica.	1-	11	11	11	11
Dysentry.	7.6	22 28	355	16	28
Diphtheria.	00 01	1-	1-	1-	11
Continued Fever.	10	11	11	11	0.1
Cholera.	11	11	11	11	11
Chickenpox.	ا ۵	11	11	11	11
Cerebro-spinal fever,	44	13	15	113	
	Males Females	Males Females	Males Females	Males Females	Males Females

Poliomyelitis.

In 1949, 20 cases of infantile paralysis occurred, as compared with 19 confirmed cases in 1948. In 1947 there was a much higher incidence when 55 confirmed cases were recorded.

In 1950 most of the country was involved in an outbreak of acute poliomyelitis, and, as in 1947, Fife County did not escape. There were 78 confirmed cases and the disease was widely distributed but the central mining area was more severely affected than elsewhere. Of the total cases, 42 occurred in this area as follows:—Cardenden, 11; Lochgelly, 4; Cowdenbeath, 6; Lochore, Glencraig and Ballingry, 15; Kelty, 3; and Lumphinnans, 3. In the Wemyss area there were 15 cases of which 6 occurred in Methil, 3 in Leven, and 3 in Kennoway. East Fife had 13 cases including 5 in Cupar and 3 in Ladybank. With the exception of one case at Cairneyhill and one at Burntisland that area of the County to the West and South of Dunfermline remained free from infection.

The age and sex distribution of the cases is shown in the following table:—

		Poliomy	elitis—19	950. Age	Groups 1	Affected.		
Sex	At all ages.	Under 1 vr.	l and under 4 yrs.	5 and under 14 yrs.	15 and under 24 yrs.	under	35 and under 44 yrs.	45+ vrs.
Male	35	4	19	10	1		1	
Female	43	4	20	14	2	3		

It will be noted that 8 more females than males were involved. Under the age of five years the incidence in the sexes was fairly even, 23 males to 24 females. From five years up to 34 years there were 11 males and 19 females. Only one case over the age of 35 years was recorded and this was a male aged 40 years. All but seven of the patients were under the age of 15 years and no cases were reported prior to the month of June. In that month 8 cases occurred with 23 in July, 27 in August, 15 in September, 3 in October, and 2 in December. The incidence was, therefore, confined to the summer months, June-September.

In 1951 on the other hand only nineteen cases were confirmed. The incidence of the disease was comparatively low and the cases were widely dispersed throughout the County. There were, in 1952, only seven cases.

In 1953 there were 15 confirmed cases, a comparatively low figure for post-war years. Of these, 9 were males and 6 females, and two-thirds of those of both sexes were under 15 years of age. Cases were again widely distributed throughout the County, and in East Fife there were 8 cases of which 3 were in Newport, while in West Fife there were 7 cases. All but one of the patients took ill in the latter half of the year and five of the cases occurred in the month of October. There were nine cases with paralysis, comprising five males and four females, and one female died.

There is no doubt that the infection occurs often in sub-clinical or undiagnosable form, especially during epidemics. It has been estimated that for every case discovered, there are about one hundred infected persons. This may be a good thing, in that the general resistance of the community to the disease is thereby raised. Nevertheless, the devastating effects which the disease can have on the human frame are such as to provoke a fear of its presence such as is engendered by very few of the modern pestilences. Research is, however, proceeding and it is hoped that before long an effective prophylactic may be found.

Infective Jaundice (Weil's Disease).

Although six cases of this disease were formally reported during 1952, actually eleven cases were known to have occurred. The five additional cases were diagnosed in Edinburgh and in Bridge of Earn Hospitals and no doubt appear in the returns for these localities.

Weil's Disease has been associated with coal miners in Fife for a long time. Two fatal cases occured in 1924 but the infection was not outstandingly noticeable until the period 1940-49 during which eight non-fatal cases were recorded among workers in the mine concerned with the 1924 cases. Between 1949 and 1953 sixteen cases (five fatal) occurred. Eight of the men worked in one pit in which infected rats, the cause of the trouble, were found. An interesting development of the infection was the fact that it began to appear among other people than miners. In 1946 a farm labourer living some ten miles across country from the nearest infected colliery was found to be ill with the disease. Rats in three out of seven farms in the vicinity were found to be infected. In 1952, two labourers engaged mainly in field drainage and ditch cleaning in the neighbourhood of collieries, sickened with the disease. Infected rats were collected from the streams. Obviously these signs that the infection was tending to become generalised among the population and among rats presented a serious threat which fortunately was removed by an intensive campaign against rat infestation on the part of the National Coal Board, the farming community and the County Council. The rat is a treacherous enemy; the County Council are well advised to maintain their Pest Destruction Squad.

Scarlet Fever.

This disease was less prevalent in 1949 and 1950 than in the following three years, but although there was then a general increase in incidence, the disease maintained the mild form characteristic of recent decades.

Diphtheria.

Diphtheria, prior to immunisation, formed a large proportion of the total cases of infectious diseases recorded in the year. The incidence has fallen year by year since 1941, when the County immunisation campaign was commenced. In 1949 there were only five confirmed cases, three of which occurred in unprotected patients. There was only one case in each of the three years following, and in 1953, for the first time on record, there were no confirmed cases of this disease. This happy state of affairs, however, will not continue unless parents ensure that each succeeding generation is effectively protected.

Dysentery.

It would not be wise to draw conclusions from the figures given for notifications of this disease. Only a fraction of cases are in fact notified and the real incidence of dysentery remains unknown. Many patients do not seek the advice of their doctors. Occasionally a clear epidemiological picture is obtained as in 1950 when an outbreak in a nursery school in West Fife accounted for the bulk of the 55 cases notified; details are as follows:—

On 5th March, 1950, an outbreak of dysentery in Kelty Nursery School was brought to the notice of the Headmaster by a general practitioner who had had to send a child to the Infectious Diseases Hospital in Dunfermline. From the child the Flexner Bacillus (type X) was isolated. Another doctor reported that a number of children in the Nursery Class had developed diarrhoea.

On March 6th it was found that a number of children were absent (some with diarrhoea). The teacher in charge was also absent. When the absentees were visited it was found that 21 had symptoms of diarrhoea and similar symptoms had occurred in 8 contacts of these children.

Every child with any symptoms suggestive of an intestinal infection was excluded from the Nursery School until the bowel contents had been tested. Those found negative were excluded for three weeks and the positive ones were excluded until three negative tests had been obtained. The family doctors of the children concerned were notified of the bacteriological findings and it was left to them to prescribe the necessary treatment.

The number of cases bacteriologically examined was as follows-

Nursery School Children and Family contacts	Staff	 	99 32
Pre- and Post-nursery School	Cases		5
Total		 	136

The number of cases in which the B. Flexner type "X" was found was:—

Nursery	School	Children	(including	1	Staff	
mem	ber) .					23
Family C	contacts				1000	9

When checking the family contacts, one (a post-recovery school child) was found to have Sonne III. infection. The B. Sonne III. was also isolated from a member of the staff who developed diarrhoea.

This infection was most likely contracted outside the school, as this type of infection was reported to be prevalent in West Fife at that time.

Typhoid and Paratyphoid Fever.

Sporadic cases of paratyphoid fever continued to occur but, despite diligent enquiry, it was often not possible to trace any definite source of infection. Cases of typhoid fever occurring in Stratheden Mental Hospital were traced to a known carrier.

Immunisation.

The following tables show the numbers of pre-school and school children dealt with in the five years 1949-53 respectively:—

DIPHTHERIA IMMUNISA	TION	_		1949.	1950.	1951.	1952.	1953.
First Injection—								2221
Pre-School				2954	3170	3228	2688	2524
School				432	332	613	412	406
Second Injection—	-							
Pre-School				2790	2545	2872	2559	2370
School				385	362	423	391	370
Third Injection—								
School				2280	2334	2747	3210	3152
WHOOPING COUGH IMM	IUNUS	SATION-	_					
First Injection				1065	724	354	795	906
				994	706	348	742	812
				79	19	291	107	170
Fourth Injection		91		100	1240	20	-	-

These figures do not include combined diphtheria/whooping cough immunisations. In 1953 there were 543 first injections of combined prophylactic, 539 second injections, 492 third injections and 51 fourth injections.

The work of immunisation against diphtheria and whooping cough was mainly carried out by Medical Officers of the Public Health Department and only a limited amount was undertaken by private practitioners.

The proportion of children of school age immunised against diphtheria was satisfactory. The situation as regards pre-school children was not quite so good, the average for the County as a whole being about 65%, the figure varying considerably from area to area, in some tending to be only 30%. A constant endeavour was made to persuade parents to afford their children the protection to which they are entitled, and periodically by posters, postcards, cinema slides and other means an endeavour was made to stimulate an awareness of the menace. Every child entering school was offered a boosting injection, but there were, unfortunately, a few children whose parents denied them this protection. With regard to whooping cough, immunisation propaganda has not been undertaken to the same extent, but in all parts of the County, children are now offered innoculation and it may be taken that, for every six pre-school

children immunised against diphtheria, one child is immunised against whooping cough.

Other forms of protection were also available through the Health Department, particularly for people proceeding abroad. Arrangements were made for immunisation against smallpox, typhus fever, plague, yellow fever and the typhoid group of fevers.

Vaccination.

The following returns indicate the position with regard to (a) primary vaccinations and (b) re-vaccinations against smallpox:—

(a)	PERSONS PRIMARILY VACCINATED—	1949.	1950.	1951.	1952.	1953.
	Typical Vaccinia	 1406	1545	1143	1094	1231
	Accelerated (Vaccinoid) Reaction	 19	47	41	20	7
	Reaction of Immunity	 5	30	10	8	2
	No local reaction	 235	168	229	232	274
(b)	PERSONS RE-VACCINATED-					
	Typical Vaccinia	 216	448	179	43	30
	Accelerated (Vaccinoid) Reaction	 46	255	86	10	13
	Reaction of Immunity	 72	345	197	37	8
	No Local Reaction	 129	65	40	18	9

Vaccination against smallpox affords a sure protection against the disease yet comparatively few parents to-day take advantage of the free service offered and only approximately 25% of infants are protected against smallpox by vaccination.

Venereal Diseases.

The main bulk of the work in connection with Venereal Diseases is still carried out at the long-established Centres at Dunfermline and Kirkcaldy. Smaller numbers of patients attend the Dundee Clinic and a few in the northwest of the County avail themselves of facilities at Perth.

The sharp post-war rise in the incidence of venereal infection was followed by a striking decline to new low levels in 1950 and 1951, but there was a slight increase in the number of new cases in 1952 and 1953. This mild rise may have been due to increased activity at Methil Docks. In the main it comprised venereal diseases other than syphilis and gonorrhoea. The figures for syphilis, and for non-venereal diseases, have been almost static for the past five years. There was a very low incidence of gonorrhoea in 1950 and 1951 followed by a slight rise in 1952 which was not continued into 1953.

The following table illustrates the numbers of fresh infections in Fife County coming under care at the several centres :—

DUNDEE AND PERTH CENTRES.

		Maria San S		Other Ven.	Total Ven.	Non-Ven.				
		Syphilis.	Gonorrhoea.	Diseases.	Diseases.	Diseases.				
1947		10	26	17	53	17				
1948		8	13	18	39	15				
1949		11	16	15	42	21				
1950		8	5	17	30	41				
1951		3	5	15	23	23				
1952		5	5	16	26	22				
1953		2	6	16	24	6				
KIRKCALDY CENTRE.										
1947		71	87	33	191	65				
1948		43	64	24	131	43				
1949		8	34	27	69	39				
1950		11	15	24	50	21				
1951		20	24	40	84	55				
1952		20	34	70	124	69				
1953		25	28	66	119	65				
			DUNFERM	LINE CENTRE						
1947		45	59	49	153	95				
1948		43	56	72	171	108				
1949		20	31	42	93	50				
1950		18	21	12	51	40				
1951		4	14	22	40	29				
1952		- 5	21	23	49	21				
1953		2	8	38	48	30				
			ALL	CENTRES.						
1947		126	172	99	397	177				
1948		94	133	114	341	166				
1949		39	81	84	204	110				
1950		37	41	53	131	102				
1951		27	43	77	147	107				
1952		30	60	109	199	112				
1953		29	42	120	191	101				

Tuberculosis.

In July, 1948, the diagnosis and treatment of tuberculosis became the function of the Regional Hospital Board. Its prevention and control remained the responsibility of the County Council. The reorganisation did not affect the smooth working of arrangements in Fife since for many years the Medical Superintendent of Glenlomond Sanatorium and the Tuberculosis Officers, now transferred to the Hospital Service, had been concerned in all these aspects of the work. They continued their duties as before but owed responsibility to the Hospital Board for some aspects of their work and to the County Council for others. To assist them in their task of prevention, the County Council seconded three Health Visitors.

Certain changes in personnel took place. Dr B. W. Anderson, who joined the staff of the Health Department as Deputy Medical Officer in 1938 and became Medical Superintendent of Glenlomond in 1944, was appointed to Hairmyres Hospital in 1953. During his time of office in Fife he rendered highly efficient service in

clinical and administrative fields. He was succeeded by Dr A. Cubie. Dr Cubie became a Tuberculosis Physician in Fife in 1950 and was promoted to the senior appointment in 1953. He in turn was succeeded by Dr R. M. L. Weir in 1954.

The report for 1948 painted a not very optimistic picture of the tuberculosis position in Scotland in general and in Fife in particular. At that time the continuing high death and notification rates and the long waiting lists for hospital beds was causing anxiety in many quarters and gave rise to much publicity. It is pleasant to report that in the following five years which are now under review, there was a change for the better. The death rate in 1953 was the lowest ever recorded: notification has also tended to fall but in 1953 there was an increase due to cases discovered by mass radiography and by the end of the five years period the waiting time for an hospital bed had been much reduced.

In the tables below, the figures for 1947 and 1948 are included for purposes of comparison.

Table I.

Notifications.

	Pulm	onary.	Non-Pul	lmonary.	Total.		
	Male.	Female.	Male.	Female.	Male and Female.		
1947	 149 (136)	146 (127)	48 (42)	53 (46)	396 (351)		
1948	 156 (144)	158 (139)	48 (45)	53 (49)	415 (377)		
1949	 150 (134)	147 (129)	42 (39)	42 (40)	381 (342)		
1950	 132 (121)	129 (125)	45 (39)	44 (41)	350 (326)		
1951	 133 (124)	133 (122)	33 (32)	46 (45)	345 (323)		
1952	 127 (119)	113 (110)	23 (20)	32 (30)	295 (279)		
1953	 136 (131)	141 (134)	26 (18)	28 (27)	331 (310)		

The numbers in brackets indicate confirmed cases

Table II.

Deaths and Death Rate per 100,000 Population.

	Deaths Pulm.				hs	Rate	D	eaths	Deaths	Rate
			Pulm.	Non-Pulm.		Non-Pulm.	All forms.		(Total).	All forms.
	M.	F.		M.	F.		M.	F.		
1947	42	41	40.3	12	11	10.2	54	52	106	51.5
1948	38	51	42	10	6	8	48	57	105	50
1949	29	30	28	3	7	5	32	37	69	33
1950	36	35	33	5	2	4	41	37	78	37
1951	40	18	27	6	1	3	46	19	65	30
1952	20	14	16	3	_	1	23	14	37	17
1953	19	12	15	1	2	1	20	14	34	16

	als.	106	98	105	10	69	71	18	58	65	34	37	31	34
	Totals 83 23		A THE P		A RIE	PARTY.					House			
	75+ M. F.		-	-	113		7	-			11	1	11	1
	K.75	1	-	-	H	1	11		1 2	3	11	1	-1	-
	47.41	4	- 1	1	11	1	- 1	1	-	-	2	2	11	
	1 2 K 65	2	9 67	œ	-	1	2	67	7	7	2	2	4	4
	4 H. Co.	67	60	3	67	2	67	67	11	1	3	3	3	3
	. Pivot on	6	3	4	10	5	9	9	- 3	4	4	4	4	4
	Distribution. 45–54 55 M. F. M. 6 5 7 1 2 2	7	8	3	67	2	20	5	67	2	11	1	8	3
	Distrib 45–54 M. F. 6 5 1 2	-	1 2	9	60	3	667	11	13	14	9	9	4	4
	4	8	5	5	4-	5	50	5	00	3	-1	-		63
	and Se, 35–44 M. F. 4 3	4	9	9	9	9	∞	00	10	11	63	2	60	3
	Age 34	6	1 .	24	12	12	6 1	10	ا <u>ت</u>	5	-	1	4	4
100	10	11	1 2	12	1	7	9	9	67	2	9	9	61	2
Table III.	-Pulmonary. 15–24 21 M. F. M 13 18 9	18	15	17	68	11	12	12		00	-1	1	11	1
able	Pulmon 15-24 M. F. 13 18	13	4-1	5	- 1	7	2 -	9	6 -	4	11			67
Ï	Non-I 14 F. N 3 1	5]	- 6	4	1-	-	111		11	111	11	1		67
		2		2	11	1	1-	1			11		11	
	Deaths—Pulmonary and 1-4 5-9 10 M. F. M. F. M. T. M. I. M. T.		1	mpi		1		1	1		ii			
	nonar 5-9 I. F			1	1	1					11			
	Pulme 5 M.	3			61	2	1 -	-				1		
	1 4 H 1 8	p. Ba			1.	1000				-	1 1	3 -	1	
	M. M.	5	0101	4		-	1.							
	1 1 1	-			1-	1						!		
	0 K L	-		1	63	2	111					1		
	Ages. F. 11	52	51	57	30	37	35	37	18	19	14	14	122	14
	All Ages. M. F. 42 41 12 11	54	38	48	39	32	36	41	049	46	208	23	19	20
	a.N.	Total	P. N. P.	Total	P. N. P.	Total	N. P.	Total	P. N. P.	Total	P. N. P.	Total	P. N. P.	Total
	F.X.			_					-					
	1947	1948		1949		1950		1951		1952		1953		

Table IV.

Pulmonary Tuberculosis.

D	EATHS U	NDER 15 YEAR	RS OF AGE.	DEATHS	DEATHS IN 15-44 AGE GROUP.				
	Pulm.	Non-Pulm.	Total.	Male.	Female.	Total.			
1947	4	13	17	26	27	53			
1948	5	7	12	21	43	54			
1949	2	6	8	19	25	44			
1950	-	3	3	19	26	45			
1951	-	1	1	15	15	30			
1952	16-14	3	3	8	9	17			
1953	1	1	2	6	5	11			

Table V.

						1	11	-				-		
	Total	M. and F. 283	94	377	263 79	342	246 80	326	246	323	229 50	279	265 45	310
	tal	F.	49	188	129	169	125	166	122 45	167	110	140	134 27	191
	Total	14.	45	189	134	173	121 39	160	124 32	156	119	139	131	149
	64+	M. F.	2 1	10	4 6 - 2	12	5 1 - 1	7	5 0 1 3	6	2 1 1 1	7	12 2 3 2	19
	45-64		4 2	46	19 6 3 2	30	28 4	37	26 8 3 4	41	21 8 1 5	35	27 11 1 1	40
tion.	35-44	M. F.		40	24 9 0 2	35	15 7 3 2	27	13 7 5 2	27	17 16 1 1	35	20 14	34
v Distribu	25-34			80	25 26 2 2	55	27 31 4 7	69	34 26 4 8	72	23 20 2 8	53	30 34	72
Age and Sex Distribution	15-24	M. F.	6 6	106	33 50 9 13	105	23 57 8 13	101	29 59 9 12	109	31 47 3 9	06	28 53 2 7	06
1	14	M. F.	12	34	7 111 7	36	6 12 9 5	32	4 16 4 8	32	6 10	20	5 6 8	18
Notifications-	5-9	~ 0	4	31	18 10 9 6	43	7 11 7	29	5 5 2 2	18	4 62	18	5 5	19
	1-4	4:0		. 27	3 11 5 3	22	10 1 6 6	23	7 1 1 6	15	10 2 5 3	20	1 2	16
	7	H		60	1 2 1	4		1	11	1		1	1	61
			: :	1	' : :	:	' :::	:	1 ::	:	1 : :	:	' : :	:
		Dulm	Non-Pulm.	Totals	Pulm Non-Pulm.	Totals								
			1948		1949		1950		1951		1952		1953	

Table VI.

Notifications-Pulmonary Tuberculosis.

Sex Male	1947. 77	1948. 75	58	1950. 50	1951. 65	1952. 54	1953. 54
Female	 84	84		88	85	67	87
	1947.		GROUP 1949.	35-64. 1950.		1952.	1953.
Male	 43	45	43	43	39	38	47
Female	 20	29	15	11	15	24	25

In addition to the main tables showing the notifications and death rates, and age and sex distribution of notifications and deaths, two tables (4 and 6) giving deaths and notifications in particular age groups are included as they show points of interest. The most striking change is a marked drop in the death rate; the fall in the notification rate till 1953 was by comparison slight, and the probability is that the decrease in the number of persons dying from tuberculosis was in part due to the wider use of streptomycin.

Table 4 lists the deaths for all forms of tuberculosis under 15 years of age, and the pulmonary deaths in the age group 15-44. There has been a steady drop during the past seven years in the deaths both from pulmonary and non-pulmonary disease in children, and this is the most encouraging fact in the analysis; but there has not been a parallel drop in the notifications in this group. In other words, the incidence has fallen relatively slightly, and the marked fall in the numbers of children dying is due to the introduction of new drugs. If one discounts the very high female mortality in 1948, deaths from pulmonary disease in the 15-44 age group dropped only a little in 1949 and 1950 but fell markedly in the next three years. This age group accounts for about half of all tuberculosis deaths.

Table 6 is of some interest. In the 15-34 age group pulmonary tuberculosis attacks women more often than men, and the attack rate and death rate for women of this age have for long been serious problems. In the older age group (35-64), the incidence in men has remained practically constant and at a higher level than in women.

The figures are for a population of just over 200,000 and therefore a few deaths, more or less, make quite a difference statistically so that it is unwise to draw too many conclusions from the figures given. While one welcomes the general improvement in the mortality figures, and especially the marked reduction in deaths in children and young adults, the fact that notifications continue at a fairly high level particularly in the young adult female class, should make one guard against an over-optimistic outlook.

Cases of Tuberculosis on the Notification Register.

With better case finding this number has tended to rise. It was 1,491 on 31st December, 1948, and at the same time in each of

the five years under review it was 1,474, 1,476, 1,466, 1,582, and 1,757. The last total was composed of 1,430 cases of pulmonary tuberculosis and 327 with disease in other sites.

Patients Admitted to Hospital.

		PULMO	ONARY		Non-Pulmonary						
	ADULTS		CHILDREN		AI	ULTS	Сні				
	Male	Female	Male	Female	Male	Female	Male	Female	Total		
1947	74	45	4	10	5	14	14	12	178		
1948	78	72	12	16	8	13	12	5	216		
1949	58	63	20	16	7	11	9	9	193		
1950	78	90	17	17	12	15	6	5	240		
1951	97	107	19	11	15	8	4	4	265		
1952	114	133	17	12	7	19	8	4	314		
1953	150	166	11	14	6	11	10	5	373		

Although the figures for 1947 and 1948 are given for purposes of comparison, they are not strictly comparable with the figures for the other five years. In previous years the figure given for patients admitted to hospital referred to "admissions" and not persons, and included a number of persons who had been admitted on more than one occasion. Owing to the great demand for beds, the practice of combining hospital and home treatment has increased; patients have been discharged early to continue rest at home and attend hospital regularly for treatment, and in quite a number of cases patients went home to await re-admission for thoracic surgery when a vacancy occurred in a Thoracic Surgical Centre. The number of patients transferred for thoracic surgery has also shown a steady increase. The result of all this was that when the total number of patients treated in hospital was shown as admissions, it was artificially high; these duplicate admissions have been discounted as far as is possible in the figures for 1949 to date.

The number admitted to hospital each year from 1950 onwards show a distinct increase on previous years. This is partly due to a deliberate attempt to accommodate patients rapidly by combining hospital and home treatment so as to reduce the waiting list, and in part is due to the use of beds in the Victoria Hospital, Kirkcaldy, and Dunfermline and West Fife Infectious Disease Hospital, Dunfermline. The tuberculosis service in the county, as far as hospital treatment and clinic services are concerned, has officially been unified since July, 1948, but it was not until after the appointment of Tuberculosis Physicians in the Dunfermline and Kirkcaldy areas in 1950, that the clinic and hospital Services in the county and the large burghs have been run as one Service. The beds in Kirkcaldy and Dunfermline became available for both county and burgh cases and in return beds in Glenlomond were made available for cases from Kirkcaldy and Dunfermline. These two large burghs previously had no set accommodation for cases of bone and joint tuberculosis, or for tuberculosis in children. These cases now come to Glenlomond, and many adult pulmonary cases are treated in the Victoria Hospital, Kirkcaldy, and Dunfermline and West Fife I. D. Hospital, Dunfermline. The arrangement benefits everyone. The same policy of combining sanatorium and home treatment is followed in Kirkcaldy and Dunfermline, and the effect of putting the available beds to the maximum use was a considerable reduction in the waiting list. Many of these were cases that were not urgently requiring hospital treatment, e.g., persons waiting for thoracic surgery, and many were patients with fairly advanced chronic disease, some with previous spells of sanatorium treatment who required re-admission only because home conditions were unsuitable for their retention there. A stage has now been reached when no patient urgently requiring treatment has to wait more than a few weeks. Accommodation for the chronic, sputum positive, case who is otherwise well is still lacking.

The 373 cases admitted in 1953 include, as well as those going to Glenlomond and the Victoria Hospital, cases admitted to Cameron Hospital, Tor-na-Dee Sanatorium, Bangour Hospital, Princess Margaret Rose Hospital, and a number of general hospitals containing special treatment units.

Clinic Attendances and Health Visiting.

It has been customary in the past to report the number of cases and contacts examined each year. The examination of new cases, the supervision of cases already on the register, and the examination of contacts is work carried out by the tuberculosis physicians for the Regional Hospital Board, but there is no sharp dividing line between treatment, the duty of the Regional Hospital Board, and prevention, which is the responsibility of the local authorities. Most of the education of the patients in how to live and prevent infecting others is done during attendances at the clinic for examination, and the examination of contacts is closely linked with prevention and may lead to protection by B.C.G. vaccination. It is, therefore, perhaps not out of place to include a short account of the work done at the clinics and by home visitation.

This work was formerly done almost entirely by home visitation, except for those patients seen at Glenlomond, and X-ray examinations were carried out by arrangement at hospitals in Dunfermline, Kirkcaldy, Cupar and St Andrews. Although the county and the burghs of Kirkcaldy and Dunfermline have been amalgamated for the provision of clinic and home visiting services, and the whole county divided into three areas, the changeover did not occur until 1950 and the old arrangement continued until the end of 1949.

Towards the end of 1949 two additional Tuberculosis Physicians were appointed to work in the Dunfermline and Kirkcaldy areas. The doctor appointed to the Dunfermline area took up duty on 1st January, 1950 and two months later the additional physicians started at Kirkcaldy. These appointments enabled clinics at Dunfermline and Kirkcaldy to be actively functioning by the end

of 1950 and with the clinic at Cupar they provided easily accessible Clinics for patients from the County. Delays in building new clinic premises at Cupar, planned originally to be sited at the Adamson Hospital, and changes in the Regional plan for the area in respect of hospital beds at Cameron Hospital resulted in the establishment of a small peripheral clinic at the Cottage Hospital, St Andrews, in 1952. When the first stage of new building at Cameron Hospital is completed provision will have been made for a central clinic there to serve East Fife in conjunction with small clinics at St Andrews and Cupar.

Details of visits and clinic attendances are no longer of the same value in this report as the figures include patients resident in Dunfermline and Kirkcaldy. The effect of the additional appointments has been to give much better cover for the County. In past reports it has been stated that the work of supervision and contact examination was inadequate. The position has now improved. The number of new cases investigated and the examination of old cases has increased greatly. The number of contacts examined has also increased significantly and these examinations are a fruitful source of new cases. This work has been greatly facilitated by the full-time Tuberculosis Health Visitors, and it is due to their approach to the households concerned that such a ready acceptance of examination of contacts has been brought about.

As part of the scheme by which the whole county was divided into three areas, each with a Tuberculosis Physician, Fife County Council agreed to appoint three-full time Health Visitors, one to work with each doctor. Previously each Health Visitor in the county visited the tuberculosis cases in her area and there was no direct contact with the doctor responsible. Now the full-time Health Visitor works under the direction of the Tuberculosis Physician; she acts as clinic nurse as well as visiting the homes of all new cases, arranging for the examination of contacts and visiting regularly those patients under domiciliary treatment. As the nurses and doctors meet daily there is constant interchange of information, and the new system is a marked improvement.

It is important, however, that in stressing the value of adequate clinic facilities one should not obscure the importance of home visitation by the Tuberculosis Physician and of regarding each case of tuberculosis as a family problem.

B. C. G. Vaccination.

In 1950 the Department of Health gave approval to the use of B.C.G. vaccine for those persons regarded as being in special risk of developing tuberculosis, *i.e.*, contacts of actual cases, and nurses who had not been infected and therefore gave a negative reaction to the intradermal tuberculin test. In Fife County the proposals made

under Section 27 of the National Health Services Act included provision for using approved methods of vaccination and the county was, therefore, free to use B.C.G. on a wider scale if this was considered necessary. The results of the tuberculin testing and B.C.G. vaccination during the past four years are given in the table below:—

					berculin ested.	Nega	ative	Vaccina	tione
				M.	F.	M.	F.	M.	F.
195								****	111
	Nurses		 	65	75	4	11	3	10
	Contacts Others		 	98	97	51	45	15	16
	Others		 	394	413	186	197	140	142
								158	168
195									
	Nurses	***	 	ALC: N	92	-	23	_	18
	Contacts		 	451	455	236	249	118	140
	Others		 	13	22	5	4	4	2
								122	160
195								No. of the last	
	Nurses		 		162	-	33	The state of	24
	Contacts		 	376	418	217	238	127	132
	School Lea		 	131	139	54	68	45	60
	Other Scho New Born		***	448	576	255	377	222	354
	Others	Dables		-	-	_		1	6
	Others		 	41	35	9	13	6	8
								401	584
1953	3.							WI DIE	2010
	Nurses	10.00	 	Sol-	54	2- <u>ND</u> 1	13	abadon	12
	Contacts		 	299	288	173	168	119	113
	School Lea		 	1513	1523	694	769	688	761
	New Born	Babies	 	-		-	-	11	7
	Others		 	28	24	24	14	7	8
								825	901

Regional Hospital Boards advised that all nurses should be tuberculin tested and vaccination offered to those who were negative, because tuberculin negative nurses run a greater risk of contracting tuberculosis. It was already the practice to X-ray nursing entrants in many hospitals, including Glenlomond and Cameron Hospitals, and tuberculin testing was also the routine at Glenlomond. It is important that all nurses should have an X-ray examination on entry and at regular intervals, and that all entrants should be tuberculin tested and vaccinated when necessary. Little had been done in this respect elsewhere in Fife by the end of 1950 apart from Stratheden Mental Hospital. Here the response on the part of the staff was not as good as had been hoped. This was partly due to a fear of being found to be tuberculous and so losing their employment. It

is especially important in a hospital like Stratheden that the staff be examined by X-ray periodically as there are many cases of tuberculosis among the patients. This was evident in the high percentage of reactors to tuberculin (92%) and the fact that mass radiography brought to light a few cases of tuberculosis among the staff.

Since 1950 considerable progress has been made in securing mantoux testing of nursing, domestic and other staff in the hospitals in the area, negative reactors being excluded from known risk of infection until successfully B.C.G. vaccinated. As well as having chest X-rays on entry, chest X-rays at regular intervals are now undertaken and have already brought to light symptomless, early cases of lung infection.

In the latter part of 1948 there was a small outbreak of erythema nodosum, a skin disorder often associated with tuberculosis, in the Crossgates, Hill of Beath and Halbeath area of the county. Investigation of the affected cases showed primary tuberculosis, and several patients were sufficiently seriously ill to require immediate hospital treatment. That a number of children in a small area should develop tuberculosis at one time suggested a high incidence of infection in that area. At the time it was impossible, through lack of staff, to investigate further, but in April, 1950, a tuberculin testing and mass radiography survey of the school children was carried out. Of 834 children tuberculin tested 490 or 58% gave positive reactions denoting that they had been infected with tuberculosis. 787 of these children had an X-ray examination and this revealed 14 children with evidence of old primary lesions of the lung and two girls, aged 10 and 6 respectively, with active lung tuberculosis requiring treatment. In a population of children aged from 5 to 15 years 58% of positive reactors represented a rather high rate of infection. The most disturbing feature was the high percentage in the very young children; in the Crossgates and Hill of Beath children there were 25% positives in the 5 years old age group, 40% at 6-7 years, the percentage rising slowly to 60% at 14-15 years. In Halbeath the percentage of reactors in all children from 5-12 years was 70, and it was thought that some false positives had been included in the younger children, but when new infants were tested 6 months later, four out of five children aged 5-6 years gave a positive reaction and it looked as if the rate of infection was particularly high in Halbeath. A possible factor in this high rate is that in the new housing schemes in Halbeath there was a good deal of preferential re-housing of tuberculous families.

As a result of the findings in this initial survey it was decided to offer B.C.G. vaccination to all negative reactors. Owing to the lapse of time until this was done in November, 1950, it was necessary to re-test those who had previously been negative, and all entrants and new-comers were tested at the same time. Of the 344 original tuberculin negative reactors only 258 were available for re-test;

30 gave a positive reaction showing they had been infected in the intervening 6 months; there were 84 entrants or new-comers to the area, and 24 of these gave positive reactions. This left 288 children suitable for B.C.G. vaccination, and 280 were actually vaccinated; subsequent testing showed 273 successful conversions.

This was the first attempt to give B.C.G. vaccine to a large population of children in Fife and difficulties were expected. The testing before and after inoculation, the reading of the tests, the inoculation of the vaccine and subsequent inspection of the reaction, and the X-ray examination, involved seeing each child 7 times. Parents co-operated extremely well, and the percentage of refusals was small. There were no bad reactions to the inoculation and no child showed any complication of consequence. The organisation of this mass testing and inoculation in schools is complicated, and the staff learned much from the first experiment. They also owe a debt to the excellent co-operation of the Headmasters and to the patience they showed in the face of the upset to the school routine.

During the latter part of 1951 and the early part of 1952 a similar tuberculin and X-ray survey was carried out in schools in the Eastern half of the county (Buckhaven, &c.). This survey was interesting in contrast to that at Crossgates in that no further active cases of tuberculosis was found in a school population of 1,294 in spite of 4 cases of tuberculosis having occurred a few months earlier among school children. It was also interesting in demonstrating in the primary school population of Milton of Balgonie practically complete freedom from infection with tuberculosis. Consent was obtained in a very high percentage to vaccination if mantoux negative and all were successfully vaccinated.

These two large scale surveys have given invaluable experience and foreshadowed an extension of these measures.

The year 1953 was the first year in which B.C.G. vaccination was introduced for school leavers throughout the whole county of Fife. In the first instance a modified scheme was started in April, 1953, which aimed at dealing with as many children as possible who would be leaving school at the end of the summer term. It was decided to have a chest X-ray examination of all the children concerned and to give them a tuberculin skin test at the same session that they were X-rayed. The Mass Miniature Radiography Unit was used for the X-ray examinations and for the tuberculin test, 0·1 c.c. of 1/1000 old tuberculin was employed. X-ray examinations and skin tests were carried out during the first three days of each of the two weeks involved. On the Fridays of each week X-ray reports were available, the tuberculin skin tests were read and those children who were free from radiological signs and had a negative skin test were vaccinated using B.C.G. vaccine. 1,033 children were

dealt with in this manner. 57.8% of the male children skin testedand 51.6% of the female children showed a positive tuberculin reaction. It is interesting to note that in this Survey, 60% of the boys and 45% of the girls gave a positive tuberculin reaction in the Cupar district. In St Andrews district the figures were, boys 56% positive, and girls 51.5% positive, whereas in the Cowdenbeath and Lochgelly area 50% of the boys and 46% of the girls were positive. This seems to indicate a higher rate of infection in the children in the east of the County than in the west. Altogether 463 children were vaccinated against tuberculosis out of the total of 1,033 who were examined. There were no untoward reactions or complications resulting from the vaccinations. Owing to lack of availability of the Mass Radiography Unit it was not possible to carry out this scheme for school leavers in the Buckhaven/Leven area during this survey.

Abnormal X-ray findings in this survey were as follows :-

Active Pulmonary Tuberculosis ... 0
Arrested Pulmonary Tuberculosis ... 1
Other abnormalities of Chest ... 2

In September, 1953, the children who would attain the age of 15 years during the school year 1953-54 and whose parents agreed to B.C.G. vaccination, were dealt with throughout the County on the same lines as previously described for the April survey. Five Centres were set up for Mass Radiography Unit at Inverkeithing, Cowdenbeath, Buckhaven, Cupar, and St Andrews at Secondary Schools. Where necessary children were transported in motor coaches from the surrounding areas to the Centres. Parents of 82% of the children gave permission for the necessary procedure to be carried out. This represented 2,160 children out of a total of 2,600 which was a very good response. 2,003 were actually X-rayed and skin tested and of these 986 boys and girls were vaccinated against tuberculosis. the September survey, 51.5% of the boys and 47.7% of the girls showed positive tuberculin test reactions. It will be noticed that the percentage of positive reactors among school children was higher in the April, than in the September survey. This is probably accounted for by the fact that in the September survey the children were at the beginning of their last school year and were consequently younger than the children dealt with in April, who were finishing their last school year. Abnormal X-ray findings in this Survey were as follows :-

Active Tuberculosis 1
Arrested Tuberculosis 2
Tuberculosis Primary Complex ... 2
Other Chest Abnormalities ... 4

Below is given those schools where the percentage of positive tuberculin reactors was more than 10% higher than County average (51.4):—

			Boys.	Girls.
Crossgates		 	 76%	72%
Auchterderran		 	 78%	63%
Leslie		 	 - 70	60%
Kinglassie		 	 85%	91%
Thornton		 	 64%	90%
Madras College		 	 64%	71%
St Andrews Bur	gh	 	 64%	11/0
Waid Academy		 	 63%	70%
Tayport		 	 90%	86%
Newport		 	 60%	64%
Guardbridge		 	 83%	72%
			/0	/0

The high percentage of positive tuberculin reactors at Crossgates School may be explained by the previous B.C.G. Vaccination Scheme in 1952, but there was a notably higher percentage of positive tuberculin reactors in the eastern half of the County than in the west. This, of course, implies a higher rate of tuberculous infection among the children concerned in the eastern part of the County.

HOSPITAL SERVICE.

In the Annual Report for 1948 reference was made to the new hospital organisation which had been brought into being to take over and to co-ordinate all hospital arrangements in the County. Since that time, while certain improvements have been effected in certain of the larger hospital establishments, hospital development in Fife has lagged far behind the developments which are occurring in industry and in local government. In the extraction of coal and in the expansion of the railway organisation, millions are being spent, and year by year to meet these expansions the population has been increasing. New pits, new marshalling yards, new townships, immense new water supply and drainage undertakings, new schools and new clinics have appeared, but no new hospitals-only fragmentary additions to existing outworn fabrics. In 1942, the County Council had the vision to draw up a scheme for the development of a Hospital Service in Fife. Later they employed an architect to prepare plans for a common hospital Township at Cameron, Windygates. their proposals were placed at the disposal of the Hospital Authorities in 1948 and hopes were high that the painstaking work undertaken would at least afford a foundation and stimulus towards the planning and steady development of a modern Fife Hospital Service of a nature and extent in keeping with the revolutionary changes which were taking place in this, one of the Nation's richest areas. Unfortunately, for reasons which the County Council for their part would not have considered material, a great opportunity was set aside and Fife County now remains dependant on neighbouring areas for major hospital services, the hospitals within its boundaries being too small or too out of date to be other than peripheral offshoots. That a growing and active population of over 300,000 people should not have in its midst a modern hospital capable of meeting demands, except those which can best be met at a national level, is indicative of a serious lack of balance and proportion in hospital planning. There is little doubt but that future generations in Fife will find themselves at a disadvantage as regards hospital facilities.

NURSING HOMES.

Inchrye, Lindores, was registered as a Nursing Home on 10th November, 1950, in terms of Section 1 (3) of the Nursing Homes Registration (Scotland) Act, 1938, but otherwise there was no change in the number registered in Fife County during the five years ending 31st December, 1953. The Homes registered are as follows:—

- (1) "Orcadia," Burntisland—Angus J. McDonald and Mrs Catherine Linklater or McDonald.
- (2) Miramar Nursing Home, Crail—Miss Anne MacKenzie.
- (3) Dunreggan Nursing Home, Elie-Miss Flora A. McLeod Hay.
- (4) Craigmount Nursing Home, St Andrews-Miss Rachael White.
- (5) Inchrye Nursing Home, Lindores-Miss Hyslop.

Visits were paid to these Homes by members of the Medical Staff and in general they were found to be well maintained and run on efficient lines. For the most part they provided a refuge for elderly people who were in need of nursing care and attention and who could afford to meet the charges fixed by the individual Homes. They fulfil a useful purpose deserving of encouragement.

HOMES FOR THE AGED AND THE DISABLED.

In terms of Section 37 of the National Assistance Act, 1948, the following Disabled Persons or Old Persons Homes were registered by the County Council up to 31st December, 1953:—

Gibson Hospital, St Andrews (Old People). St Serf's Eventide Home, Newport (Old People). Cockburn House, Kennoway (Old People). Prospect Villa, Kennoway (Old People). Milton House, Milton of Balgonie (Old People) 5 High Street, Newburgh (Old People). Alwyn House, Ceres (Blind People).

These Homes were inspected and found suitable for the purpose indicated. Visits were paid periodically to ensure that proper services, facilities and accommodation were provided.

CARE OF THE AGED.

The National Assistance Act, 1948—Part III calls upon every Local Authority to provide "residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them." This obligation does not, however, imply that the County Council are expected to shoulder the responsibilities of relatives of those who are aged or infirm. Sometimes old people can be difficult and exacting in their demands on their families, and the Local Authority can help by providing accommodation while the family has a holiday, but in general, relatives of old people should themselves provide that care and attention which is expected of every good family circle. The County Council are firmly of opinion that, excellent although the homes, nursing and other facilities which they provide are, the best place in which old people can possibly spend the evening of their days is in their own homes among their own people.

Prior to 1949, three Homes for the aged were functioning in the County, two in Markinch and one in St Andrews. Munduff House, Markinch, provides 23 beds for females and the adjoining house, Howiegate, has 14 places for males. These two houses are well situated for their purposes. Each has a large garden, both gardens being under the care of the Caretaker of Howiegate who, with the assistance of male residents who are able and willing to work, produces annually vegetables, flowers and fruits to supply the needs of both Homes. The work entailed helps to keep some of the old men fit both mentally and physically thereby benefiting not only themselves but also the Homes. The Home of Rest, St Andrews—now showing signs of structural deterioration—has accommodation for thirteen people of either sex.

In 1950 a miners' hostel in Buckhaven was acquired for partial conversion into a Home for old people. In October, 1950, work of conversion was sufficiently far advanced to allow male residents in the Northern Hospital, Dunfermline, formerly the local Poor Law Home and Hospital, to be transferred to the new Home which was named Methil Haven. Female residents from the Hospital could not be transferred at first but, eventually, all were removed and ultimately a general admission of old people from the County was commenced. Accommodation was made available in Methil Haven for 74 males and 54 females partly in cubicle blocks and partly in Nissen huts. Facilities for recreation, dining and sitting room accommodation and a a sick bay (thirteen beds) were provided, but in June, 1953, financial responsibilty for the sick bay unit was taken over by the South Eastern Regional Hospital Board although management remained with the County Council. Although perhaps not ideal and now showing evidence of structural deterioration, Methil Haven is on the whole, a comfortable residence for the aged, where they find good food, warmth and companionship. Many recreational attractions

are provided including handicraft and for those in need of them, there are excellent chiropody and physiotherapy services. The total number of beds available for old people at the end of 1953 was therefore, 178.

A condition of admission to County Council Homes which it has not been possible to uphold is that residents must be able to fend for themselves and not be in need of continuous nursing care or medical attention such as can be given only in hospital. All persons, on whose behalf application for admission is made, are visited by one of the County Medical Officers who assesses them as to their suitability for Part III. Accommodation. Not infrequently requests are made for the admission of old people who are found to be suffering from ailments requiring attention in hospital. The shortage of hospital beds for cases of this type is acute. The problem is one which will have to be faced by the Regional Hospital Board, but, in the meantime, the County Council are finding themselves compelled by force of circumstances to give beds to cases of chronic sickness to the exclusion of old people in the category for which their Homes were intended. At the end of 1953 all four Local Authority Homes were occupied to the full capacity and it was evident there was a pressing need for more accommodation. The greatest demand was for male beds, but there was a shortage of female beds also. Waiting List at the end of the year was over 70.

Care of the aged will present an increasingly pressing problem as the years pass. Advances in medical science and the revolutionary changes which have taken place in social environment since the beginning of the century have led among other things to an ageing of the population. There are now more old people than ever before and the expectation of life of the younger generation is steadily increasing. Relatively more accommodation is therefore going to be required for those whose active days are behind them and who now lack a reasonable degree of security and comfort.

There can be no doubt that for some old people compulsory retirement has a detrimental effect on physical or mental health. Occupation of some sort for those who are able is more than a means of income. It could be an insurance against ill-health. When, therefore, a man's staple job commences to overtax his strength, he should be encouraged to take up some other pursuit to keep his mind occupied in something other than himself. Each man should be free to live his own life so that there can be no compulsion in the matter. Nevertheless, encouragement towards activity would assist in the survival of the man and the community. The problem is of course a wide one affecting most sources of employment. Already some employers are making special provision for their aged workers with benefit to both. Local Authorities for their part have something to contribute by providing for instance, workshops run in conjunction with Homes for the aged, wherein vocational training for suitable

persons is available in order that they may be encouraged to continue an active life according to their ability.

The County Council's responsibility for the care of old people has not ceased with the provision of Old People's Homes. They are doing much to help old people to live happily and contentedly in their own homes which, as has been said, is by far the best way in which assistance can be rendered. The County Domiciliary Nursing Service and the Home Help Service do a great deal to help old people to live normal lives, but even these aids are insufficient. Accordingly, the County Council have invited voluntary aid from public spirited citizens as a means of furthering their work. Old Peoples Welfare Committees are accordingly springing up throughout the County. Under their guidance and assisted financially to a small extent by the County Council, arrangements for feeding old people, for entertaining them, for providing companionship, and for tending to physical needs such as chiropody, are being brought into being. There is slowly emerging a wide spread realisation, that if the country is to receive maximum benefit from the experience and craftmanship of a large group of the population who have passed their active days of work, the efforts of the kindly neighbour must combine with those of the Local Health Authorities and of the Hospital Authorities. The difficulty, however, is that up to the present all three members of the partnership are not contributing equally.

SURVEY OF PART III. ACCOMMODATION IN FIFE COUNTY, 1953.

In the Summer of 1953 a survey was undertaken of all persons in Part 111. accommodation in Fife with a view to ascertaining the extent of the load imposed on the Local Authority by persons so accommodated who might be properly the responsibility of other organisations. The following is a brief summary of the main findings:—

On the nominal rolls of the four County Council Homes there were 166 persons, 91 males and 75 females (12 resident were temporarily absent). There were 32 persons under the age of 60 years and this group consisted very largely of persons of poor mentality; the remainder had some gross physical handicap.

The residents could be divided into two main categories, viz:—
(a) mental defectives, who were found to comprise nearly one quarter of the total and (b) old persons proper, comprising about two thirds of the total. A large number of the mental defectives were inherited from the former Poor Law Institutions and only a few of them were certified.

The following table illustrates the physical capabilities of the total population under investigation:—

Physical Capabilities. Completely ambulant Ambulant with assistance Wheel chair Confined to bed In Hospital	 Males. 62 16 1 9 3	Females. 50 7 3 13 2	Both Sexes. 112 (67·5%) 23 (14·0%) 4 (2·5%) 22 (13·0%) 5 (3·0%)
the expectation of life	91	75	166 (100%)

Of the 166 persons in the survey only 122, or 67.5 per cent were completely ambulant and a further 23 managed to get around by the use of walking sticks or other assistance. The 31 non-ambulant cases comprised 5 patients in hospital at the date of investigation, 22 confined to bed in the Homes, and 4 wheelchair cases. Of the 22 persons confined to bed, 12 were suffering from some intercurrent illness such as pneumonia. Shortage of beds prevented their admission to hospital. One person was dying. The remaining nine suffered from grave long-term illnesses such as generalised arthritis, post encephalitic phenomena, hemiplegia, diabetes and bronchitis, often associated with incontinence.

The majority of the residents suffered from physical disabilities. Several of them had more than one complaint so that the figures given below are not additive:—

]	Disabil	itv.		1	Person	s affected.	Percentage of
Physical se				-	CISOH		Total Inmates.
A my sical se	minty,	manty				29	17.5
Arthritis			***			19	11.5
Deafness						18	11
Heart cond	litions	193			1 2 3	16	0.5
Chest cond					***		9.5
						13	8
Vascular c	onditio	ons or H	yperter	nsion		8	5
After-effec	ts of C	erebral !	Haemo	rrhage	. &c.	7	4
Incontinen	ice or e	nuresis		0		7	4
Anaemia	-	THE COLD				-	4
						7	4
Spastic						6	3.5
Epilepsy						5	3
Blindness						5	3
Hernia						=	9
					***	9	3
Varicose V		Piles				5	3
Other cond	litions					25	15
71-		1 1'	.,				10

The extent and diversity of these disabilities will serve to indicate the load thrown on the staff by physical conditions other than senility, and it became evident from this study that the Local Authority Homes were accommodating persons whose physical incapacities were beyond the care which a Local Authority is

entitled to provide.

Experience in Fife since 1948 has shown a need for some 100 admissions to hospital accommodation annually. Each year approximately 25% on the nominal rolls of the Homes are removed by death, transfer to hospitals, and return to their own homes or to the care of relatives. It is estimated that a complement of 400 places are required in the County to afford a sufficiency of beds to meet demands. As far as hospital accommodation is concerned, there is an estimated need for 165 mental hospital beds for the elderly and 213 hospital beds for other illnesses among the aged. The total hospital bed requirements for the aged in the Administrative County is therefore, 378. Responsibility for the provision of bed accommodation for the aged who are sick and frail therefore, lies equally between the

Hospital Authority and the Local Authority.

It is often stated that much of the work to be done in Old People's Homes can be undertaken by the inmates. This is only partly true. Only 52 persons were performing any type of work other than occupational handicraft and only seven of those were more or less full-time workers. The main duties undertaken were light domestic work, such as general cleaning, bedmaking, assistance in the kitchen, &c., laundry work and gardening. Many of the workers were persons of low intelligence requiring considerable supervision and indeed, many of the duties carried out by these persons served a worth-while purpose only if looked upon as a form of occupational therapy. On the other hand a few old people did carry out helpful work and some of the persons of low mentality were also capable of productive work with minimal supervision. It is the case, however, that the amount of useful work performed by residents in Local Authority Homes can readily be overestimated.

MENTAL HEALTH SERVICE.

During the five years under review the County Mental Health Scheme was affected by the impact of the re-organisation of the National Health Service, by changes in staff and by a re-distribution of responsibilities. Scarcity of medical staff prevented Dr William Boyd, the County Psychiatrist, taking his full share of the work at the Child Guidance Clinics and in 1953 he retired and was succeeded by Dr David Ross. In 1952 Dr R. A. Krause, the principal School and Pre-School Medical Officer, also retired and was followed by Dr W. W. Sinclair. In 1949 the care of deprived children became the statutory responsibility of a Children's Committee with Miss S. Beddie, S.R.N., a former County Health Visitor, as its chief Official. The Remand Home, which was used to an extent which hardly justified its survival, was closed in 1951. These changes combined with the fact that the multitude of duties and responsibilities which crowded in on the Medical Officer of Health for several years after the passing of the National Health Service (Scotland) Act, 1947, rendered it impossible to arrange for continuation of reports on the lines of former years. On the whole, however, subject to the obscurities and uncertainties which hinder the development of a full Mental Health Service, the County Scheme made progress.

- (1) Adult Phsychiatry—The adult Psychiatry Clinics, established at the hospitals in Kirkcaldy, St Andrews, Cupar and Dunfermline, continued. Patients were also seen at Springfield Mental Hospital. Each year about 100 new cases were seen by the Psychiatrist. About 10% attend for consultation only, the remainder receiving treatment at the Clinics. The cases were referred by General Medical Practitioners, School Medical Officers, Sick Children's Hospitals, the Probation Officer, the Child Guidance Clinics and by parents. Psycho-somatic disorders, behaviour problems, emotional disturbances and mental retardation, were the principal reasons for which advice and treatment were sought. Useful though the Clinics are and although they are being increasingly made use of by General Medical Practioners, they will not exercise their function to the full until such time as there are available in the hospitals adjoining, beds for the accommodation of cases of neurosis requiring special preliminary observation. That matter, however, is the concern of the Regional Hospital Board.
- (2) Child Guidance—The principal Child Guidance Clinic is held at Broomlee, Kirkcaldy. Work continued as described in the Annual Report for 1948. On the average, more than 1,000 children were referred to the clinic annually. In the great majority, the major factor requiring study arose from educational difficulty associated with emotional disturbance. Examinations were undertaken in connection with:—

- (a) General assessment of children suspected of mental deficiency.
- (b) General examination of children for adjustment classes.
- (c) Examination of dubious cases in connection with selection for secondary education.
- (d) Home tuition cases—examination of invalid children at home, to assess fitness for education.
- (e) New entries to County—assessment and grade placing.
- (f) Up-grading of Special Class children for transfer back to normal stream of work.
- (g) Maladjusted children, e.g., truancy, beyond control, temper tantrums, &c.—general behaviour problems with treatment in the Clinic.

Examination of children at the Clinics entailed, in some cases, diagnosis with advice only or, in other cases, with prolonged treatment. In addition, some cases were transferred back to school where the proper remedial education was given as, for example, in Adjustment Classes. The principal educational Psychologist referring to these Classes, reports that "their Teachers are, in a sense Child Guidance Field Workers and much good work has been effected by their close co-operation and willingness to work with the staff of the Clinic, both in providing the necessary remedial type of work prescribed and in maintaining helpful observation of minor emotional cases in school." Play session treatments were maintained with both individual cases and groups. Three play rooms are in active use and the facilities provided for them afford a full measure of general and socialising treatment.

(3) Psychiatric Social Workers-The two Psychiatric Social Workers continued to share in the work, They interviewed children and parents at the Child Guidance Clinics and in their homes, but with the change of outlook on mental health problems in Adult Clinics and at the Mental Hospital, they became more and more involved in work among adults. Nevertheless, on the average, they deal with about 1,200 new cases among children annually, involving about 250 home visits. Much of their work among children lay in resolving, or in attempting to resolve, difficulties in family relationship. Insanitary housing conditions and over-crowding were frequently found to be the basic cause of maternal overanxiety often leading to persistence and aggravation of the symptoms in the child. Many of the difficulties of the child have their roots in the problems of the parents and much depends on the willingness of the parents to co-operate in treatment, if the child is to be helped. Fortunately, the majority are willing to do so.

Seven Authorised Officers have been appointed by the County Council in terms of their Mental Health Service Scheme under Sections 27 and 51 of the National Health Service (Scotland) Act, 1947. Among the functions of these Officers are the following:— To take all necessary action for the care of persons apparently of unsound mind who have no relatives or friends willing and able to do so, to assess the suitability of the provisions which are made for

the reception of lunatics when they are about to be discharged from hospital, to remove, pending the presentation of a petition to the sheriff, any supposed mental defective who is neglected, abandoned, cruelly treated, or without suitable means of support, to supervise certified lunatics who are boarded-out or on licence from a mental hospital, and to supervise and visit mental defectives with settlement in the County.

The Authorised Officers carried out home visitations twice a year, but, in addition, visits were paid by the Assistant Medical Officers four times a year. On the average, the number of patients who thus came under supervision during the five years under review were:—

Number of Mental Defectives under	Guard	ianship	 78
Number of Mental Defectives on Lie	cence		 7
Number of Lunatics under Guardia	nship		 8
Number of Lunatics on probation			 12

NUTRITION AND FOOD INFECTION.

During the month of May, 1949, an outbreak of food poisoning occurred in Leslie when approximately 100 people were affected. On the 16th May, 50 gallons of ice-cream mixture were boiled in a local cafe which is registered for the manufacture, storage and sale of hot mix ice-cream. During the week small quantities of this mixture were used daily for freezing and sale to the public without any ill affect until Friday, 20th May. On that day four gallons were frozen and sold, partly from the shop and partly in the street from an ice-cream vehicle. From 2 p.m. onwards certain people in the town who had partaken of the ice-cream became ill with sickness, diarrhoea and cramp-like pains in the abdomen. These symptoms appeared approximately 2-4 hours after consuming the ice-cream, but not all of those who took ice-cream became ill. families only one or two members were affected although sometimes four or more had actually eaten the ice-cream. Adults were more seriously affected than children. In the afternoon of 20th May, 1949, three adults who were sharply ill were removed to hospital, but none of the others required hospital treatment. There were no fresh cases after midnight on that date, and all who were affected had recovered by the following afternoon.

Although notice of the outbreak did not reach the Public Health Department until 6.45 p.m. on the 20th May, one of the local medical practitioners had already taken prompt action, when he realised that ice-cream was the source of trouble, by going to the cafe concerned and instructing that the sale of ice-cream should be immediately discontinued. This indoubtedly prevented further trouble and curtailed the severity of the outbreak.

The premises concerned are registered for the manufacture, storage and sale of hot mix ice-cream. They were immediately visited and inspected. No objection could be taken to the state of cleanliness of premises, apparatus or utensils as all were found to be very clean and in good order. Samples of the ingredients used in the manufacture of ice-cream were taken and sent to the County Bacteriologist and County Analyst for investigation.

The milk used in the manufacture of the ice-cream mix on Monday, 16th May, was obtained from a dairy producing T.T. milk. Milk from the farm had, however, been sold in other parts of the County without ill effect. All the people taking part in the manufacture and handling of ice-cream were examined and none of them declared or showed any evidence of illness, sores or disability which might have caused contamination of the ice-cream. No obvious cause could be detected for contamination.

The County Analyst reported that there was no evidence of any irritant poisons in the various samples sent to him for examination.

The County Bacteriologist isolated *staphylococcus aureus* from the sample of ice-cream submitted and complete investigation indicated that it was a staphylococcus of pathological significance.

A blood culture was undertaken from the two patients sent to Hospital and also examination of faeces from one of the Hospital patients, but in each case with negative results. The other samples submitted for bacteriological examination were either sterile or showed no organism suggesting a pathogen.

This was the only outbreak of food-poisoning worthy of recording during the period under review.

MILK SUPPLY.

The number of milk producers in the County of Fife registered each year and classified according to type is shown in the following table:—

Ordinary or Certified	non-desig	nated		1949. 86 12	1950. 73 11	1951. 58 11	1952. 57 10	1953. 46 10
Tuberculin 7	rested	f.c.br	SCHOOL	187	226	245	252	257
Standard	to "Sole			31	18	10	7	4
	TOTAL	4.7.	a	316	328	324	326	317

There has been a considerable increase in the number of T.T. licences granted. This upgrading from "ordinary" and "standard" class shows satisfactory and gratifying progress in the production of better quality milk. Where ordinary milk is still being produced it is almost all being pasteurised at creameries before consumption.

This process of upgrading is well illustrated by comparison of the figures for different types of registered designated producers for the past nine years:—

Registered Designated Producers.

		Certified.	Tuberculin Tested.	Standard.	Total.
1945	 	8	74	78	160
1946	 	8	93	65	166
1947	 	10	127	44	181
1948	 	11	163	35	209
1949	 	12	187	31	230
1950	 	11	226	18	255
1951	 	11	245	10	266
1952	 	10	252	7	269
1953	 	10	257	4	271

It will be noted from this table that while the number of "certified" producers has remained fairly constant over the past nine years, the "standard" producers have fallen year by year from 78 in 1945 to 4 in 1953, mainly due to upgrading to "Tuberculin Tested" milk. The figures for the latter type of milk have steadily risen from 74 producers in 1945 to 257 producers in 1953, an increase of 183 T.T. producers in nine years.

Examination of Raw Milk Samples.

Samples of milk were taken periodically and submitted to the County Bacteriologist for examination in terms of the Milk (Special Designations) (Scotland) Orders. Where unsatisfactory results are obtained the dairy concerned is visited to check up on methods of production and standard of cleanliness and advice is given about faults discovered.

In 1949 a total of 1,319 samples of milk were examined and of these 304, relating to 143 producers, failed to comply with standards, but in no instance was it found necessary to revoke a licence.

1n 1950, 1,506 samples were submitted for examination and there were 236 failures, 117 producers being concerned; one certified producer had his licence revoked because of repeated adverse sampling results.

In 1951, 1,261 samples were sent for examination, and 165 of these proved unsatisfactory; in addition, 172 repeat samples resulted in 36 failures; only 8 producers had three or more consecutive failures, however, and no licences were suspended or revoked.

In 1952, there were 1,299 routine samples taken, of which 157 failed; 186 repeat samples with 51 failures; 7 producers had three or more consecutive failures; two certified, one T.T. and one Standard licences were revoked.

In 1953, 1,496 routine samples were taken of which 139 were unsatisfactory, and 155 repeat samples showed 30 failures; 4 producers had three or more consecutive failures; 1 certified, 5 T.T. and 3 Standard licences were revoked.

Examination of Milk for Tubercle Bacilli.

During 1949, 25 samples of milk were submitted to the laboratory for examination for tubercle bacilli by the method of guinea pig inoculation. In 24 of the samples submitted there was no evidence of infection, all guinea pigs being found healthy when killed eight weeks after inoculation. One positive result was obtained from a sample sent from a designated herd (standard). The sources of the 25 samples sent for biological testing for tuberculosis were as follows:—

 Certified Dairy ...
 ...
 1

 T. T. Dairy ...
 ...
 3

 Standard Dairy ...
 ...
 8

 Ordinary Dairy ...
 ...
 13

Care was taken in collecting the above samples to ensure that each was from the bulk yield of the entire herd concerned.

Action was taken by the Vet. Inspector, Ministry of Agriculture and Fisheries, following the positive result obtained from a milk sample submitted from a standard herd. An individual sample of milk was taken from each cow in the herd and submitted for biological testing. After a lapse of eight weeks all the guinea pigs, when killed off, were found to be healthy. A further series of samples were subsequently taken, also with negative results. It was ascertained, however, that before the Ministry took their first series of tests, some of the cows from this herd, which consists mainly of cross Fresians, had been disposed of and it is assumed that the infected animal had been amongst them.

In 1950, 23 samples were sent for biological testing as follows:-

Tuberculin Tested Dairy ... 2
Standard Dairy ... 6
Non-designated Dairy ... 15

TOTAL ... 23 samples

All the above samples were reported upon as negative, all guinea pigs being found healthy eight weeks after inoculation.

In 1951, the sources of milk sent for biological testing were as follows:—

Tuberculin Tested Dairy ... 8 Standard Dairy ... 2 Non-designated Dairy ... 20

Total, ... 30 samples

The final result of tests carried out on the 30 samples submitted for biological testing revealed the presence of tubercle bacilli in 3 of the samples. The 3 positive results were all in respect of non-designated herds. Investigation by Ministry of Agriculture and Fisheries Vet. Inspector was carried out forthwith. In two instances a single cow in each herd was involved; in the other, four cows were involved and all were dealt with under the Tuberculosis Order, 1934.

In 1952, 29 samples of raw milk were submitted to the laboratory for examination by guinea pig inoculation for testing for the presence of tubercle bacilli. The sources of milk sent for biological testing were as follows:—

 Certified Dairy
 ...
 1

 T.T. Dairy
 ...
 11

 Standard Dairy
 ...
 1

 Non-designated Dairy
 ...
 16

Total ... 29 samples

Only one positive result was obtained and it came from a sample obtained from a non-designated farm. Investigation was made at the farm concerned. One animal was found to be infected with tuberculosis and was removed to a slaughterhouse for destruction under the Tuberculosis Order. No biological testing for tuberculosis was carried out in 1953, owing to laboratory difficulties.

ICE CREAM.

The ice-cream (Scotland) Regulations, 1948, require the registration of premises and vehicles used in the production and sale of ice cream:—

			Pren	nises.	Vehicles.						
		g	No. of Reg- istrations ranted dur- ing year.	No. of Reg- istrations cancelled or relinquished during year.	No. of Reg- istrations granted dur- ing year.	No. of Reg- istrations cancelled or relinquished during year.					
1949			128	same - I had	50	nainal—					
1950			53	2	23	_					
1951			59	6	10						
1952	01	10	42	9	14	11					
1953	1		27	6	12	. 7					

At the beginning of 1949 the number of certificates of registration in force was 66 in respect of premises and 3 in respect of vehicles. These figures have risen year by year until at the end of 1953, 354 premises and 101 vehicles were registered.

Close supervision is maintained by the Sanitary Inspectors over all premises, vehicles and equipment used in the manufacture, storage, and sale of ice cream within the County. It may be said that, on the whole, standards are very good, and that this article of diet is being provided under satisfactory and hygienic conditions.

MEAT INSPECTION.

Control of all slaughterhouses continued under the Ministry of Food in 1949. Slaughtering was carried out as in 1948 at the following slaughterhouses:—

- In the east, slaughtering was confined to Cupar, St Andrews and Anstruther public slaughterhouses, and to Springfield private slaughterhouse.
- In the west, slaughtering was confined to Buckhaven, Leven, Markinch, Lochgelly and Cowdenbeath public slaughterhouses.

In January, 1950, the slaughterhouse at Leven was closed and slaughtering of animals for Wemyss area was centralised at Buckhaven slaughterhouse. In 1951/52 the slaughterhouse at Newburgh was open for slaughtering of sheep only for export purposes. 15,000 sheep were slaughtered in these years. In 1952, electricity was installed throughout the premises at Anstruther slaughterhouse to replace gas lighting. A brick built outbuilding was also erected for the storage of hides and skins. In the following year, an electric hoist was installed in the slaughtering booth:

The Sanitary Inspectors undertook the duties of Detention Officers and maintained the high standard of meat inspection set in previous years. Particular attention was paid during the examination of all beef carcases and offals for signs of infestation with cysticercus bovis, in view of a circular letter, dated 12th November, 1948, to Local Authorities from the Department of Health for Scotland, drawing attention to the increased incidence of this condition among cattle. Numerous infected carcases were noted. These were subjected to refrigeration for three weeks before release for human consumption.

The following tables show the number of animals slaughtered and the weight in pounds of meat condemned during the years 1949-53. It will be noted that while the number of cattle slaughtered has remained fairly constant, there has been a considerable increase in the number of pigs dealt with. This is in direct contrast to the procedure adopted during the war years, when the number of pigs slaughtered decreased very considerably. There has also been a slight increase in the number of sheep slaughtered over the years under review. As the bulk of the meat condemned is derived mainly from cattle, a column showing the pounds of meat condemned per head of cattle slaughtered, is included. This varied from year to year, but is largely governed by the number of carcases totally condemned. It will be noted that the weight of meat condemned per head of cattle slaughtered in the eastern division of the County is considerably greater than that in the western division. This is mainly due to the fact that Cupar slaughterhouse received a large

bulk of casualty animals from the whole of the County. Approximately 70% of meat condemned at Cupar slaughterhouse derived from casualty animals.

		Wes	t Fife	-Meat	Inspection.	Lbs. Condemned
					Lbs. of Meat	per Head
	No of	Animals	Slangl	tered	Condemned and	of Cattle
Year	Cattle		Pigs	Total	Destroyed	Slaughtered
	7420	34873	212	42505	135853	18.3
1949	7814	38277	351	47442	154216	19.7
1950 1951	8868	35732	740	45340	161513	18.2
1951	9610	49504	1140	60254	127624	13.2
1953	8469	43352		55237	134177	15.8
1000	0100	10002	0110			
		Eas	t Fife	-Meat	Inspection.	
						Lbs. Condemned
					Lbs. of Meat	per Head
		Animals			Condemned and	of Cattle
Year	Cattle	Sheep	Pigs	Total	Destroyed	Slaughtered
1949	2738	14193	147	17078	117687	42.9
1950	4167	18919	291	23377	179470	43.0
1951	4126	24313	436	28875	157830	38.2
1952	4569	34707	621	39897	149338	32.6
1953	4076	23621	1425	29122	146952	36 · 1
		THE	Conn	tr. Mor	at Inspection.	
		File	Coun	ty—mea	it inspection.	Lbs. Condemned
					Lbs. of Meat	per Head
	No. of	Animals	Slaug	htered	Condemned and	of Cattle
Year	Cattle	Sheep		Total	Destroyed	Slaughtered
1949	10158	49066	359	59583	253540	24.9
1950	11981	57196	642	70819	333686	27.8
1951	12994	60045	1176	74215	319343	25.4
1952	14179	84211	1761	100151	276962	19.5
1953	12545	66973	4841	84359	281129	22.4
949-1953	61857	317491	8779	389127	1464660	23 · 6

spection.	49.
Meat In	19

No. of Animals Slaughtered.
No. of Animals Slaughtere House. Cattle Sheep. Pigs. T 750 4,148 49 1,154 6,006 67 2,211 7,609 122 1,825 9,230 36 1 1,825 9,230 36 1 1,825 9,230 36 1 1,825 9,230 36 1 1,825 9,230 36 1 1,825 9,230 36 1 1,825 9,230 36 1 1,825 9,230 36 1 1,825 9,230 36 1 1,825 9,230 36 1 1,541 Sheep. Pigs. T 1,541 6,463 61 1,241 6,463 61 1,241 6,463 61 1,953 11,829 54 1 1,953 11,829 54 1 2,296 7,869 87 1 2,659 13,749 223 1 2,659 13,749 223 1 2,659 13,749 223 1 2,659 13,749 223 1
No. of Animals House. Cattle Sheep. 750 4,148 1,154 6,006 55 264 264 823 3,965 ic 1,893 11,365 1,825 9,230 7,609 7,609 7,609 7,609 7,609 7,609 7,609 7,609 7,609 1,825 9,230 7,609 1,825 9,230 1,825 11,365 1,957 6,989 7,869 7,869 7,869 7,869 7,869 7,869 7,869 7,869 7,869 7,869 7,869 7,869 7,869 7,869 7,869 7,869
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	Lbs. of meat condemned or destroyed per head of	cattle slaughtered.	27.0	58.2	79.3		18.0	22.0	12.9	18.2	17.4	24.0			Lbs. of meat condemned	or destroyed per head of	cattle staughtered.	19.5	56.1	32.9		16.9	19.2	10.3	19.0	14.4
	Lbs. of meat condemned or	destroyed.	27,782	103,196	5,078	1459	24052	46558	32399	18067	60827	319418			Lbs. of meat	condemned or	nearnoyen.	22201	97284	1765	1290	25122	40635	23876	19554	45391
	ered.	Total.	4,662	9,782	335	6197	8354	12359	. 9279	6439	18671	76078				Total	Toral.	8183	11126	282	8806	10713	14544	12131	8116	24745
	Slaughtered	Pigs.	113	175	17	1	151	195	161	1111	280	1203	ction.			Slaughtered.	1180.	183	279	6	1	189	254	326	149	564
1951.	No. of Animals	Sheep.	3,519	7,836	254	6197	6870	10050	6099	5340	14904	61579	Meat Inspection.	1952.		Sheen Sheen	outer.	6828	9113	220	8806	9045	12174	9497	6560	21034
	No.	Cattle	1,030	1,771	64		1333	2114	2509	886	3487	13296			:	Cattle		1141	1734	53	1	1479	2116	2308	1407	3147
				***	***	***		***	::			1	1													
		SLAUGHTER-HOUSE.	Anstruther Public	Cupar Public	Springfield Private	Newburgh Public	St Andrews Public	Cowdenbeath Public	Lochgelly Public	Markinch Public	Buckhaven Public	TOTAL				Stattchrep.House	* , , , , , , , , , , , , , , , , , , ,	Anstruther Public	Cupar Public	Springfield Private	Newburgh Public	St Andrews Public	Cowdenbeath Public	Lochgelly Public	Markinch Public	Buckhaven Fublic
		AREA.	Anstruther	Cupar			St Andrews	Beath and	Lochgelly	Kirkcaldy	Wemyss					AREA	*	Anstruther	Cupar			St Andrews	Beath and	Lochgelly	Kirkcaldy	wemyss

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			Treat Trispection	comon.			
			1953.				
						Lbs. of meat	Lbs. of meat condemned
		No	of Animals	Slaughte	ered.	condemned or	or destroyed per head of
AREA.	SLAUGHTER-HOUSE.	Cattle	Cattle Sheep.	Pigs. To	Total.	destroyed.	cattle slaughtered.
Anstruther	Anstruther Public	841	5287	351	6479	19842	23.6
Cupar	Cupar Public	1713	1206	553	11343	98268	57.4
	Springfield Private	54	210	6	273	1825	33.8
St Andrews	St Andrews Public	1503	7406	629	11209	29350	19.5
Beath and	Cowdenbeath Public	1953	11985	903	14841	47084	24.1
Lochgelly	Lochgelly Public	2195	8208	573	11276	24309	11.1
Wemyss	Buckhaven Public	3356	18073	1466	22895	38360	11.4
Kirkcaldy	Markinch Public	1061	6711	402	8174	22958	21.6

SALE OF FOOD AND DRUGS.

The following number of samples were collected for examination:—

1949.

		OFFIC	TAL SAMPLES	TES	T SAMPLES	
Area		Total	Adulterated	Total	Adulterated	Total
Cupar Area		2	_ 68	261	_	263
Burghs in Cupar Area		21	-	_	_	21
Anstruther Area		10	-	247	3	257
Burghs in Anstruther Area		51	- 100	5	_	56
St Andrews Area		-	_	134	1	134
Burghs in St Andrews Area		14		42	1	56
Kirkcaldy Area		-		271	7	271
Burghs in Kirkcaldy Area		-		7		7
Wemyss Area			-	66		. 66
Burghs in Wemyss Area		4	1	8	_	12
Lochgelly Area		_	_	204	1	204
Burghs in Lochgelly Area		-	-	2		2
Dunfermline Area		16	3	448	3	464
Burghs in Dunfermline A	rea	5	94	-		5
Total		123	4	1695	16	1818

Adulterated Official Samples.—4 (Sweet Milk, 3; Whisky, 1). One vendor was fined £5; one was warned and in the other two cases no action was taken.

1950.

		OFFIC	IAL SAMPLES	TES	T SAMPLES	
Area		Total	Adulterated	Total	Adulterated	Total
Cupar Area	·	54	2	323	3	377
D 1 1 0 1		00	1	_	_	96
Anstruther Area		9	1	284	_	293
Burghs in Anstruther Area		43	-	4	_	47
St Andrews Area		-	_	149	-	149
Burghs in St Andrews Area		_	-	28	_	28
Wemyss Area		8	-	90	-	98
Burghs in Wemyss Area		-	-	-	-	-
Kirkcaldy Area		-	5 5	277	1	277
Burghs in Kirkcaldy Area		3	85 -B 0 0	3	_	6
Lochgelly Area		_	10-10	181	-	181
Burghs in Lochgelly Area		_		-	-	_
Dunfermline Area		24	4	448	-	472
Burghs in Dunfermline A	rea	5	E - E	-	_	5
Total		242	8	1787	4	2029

Adulterated Official Samples.—8 (Whisky, 3; Sausages, 4; Mince, 1). Two vendors were fined £5 and another £1. One case was withdrawn and three not proceeded with. One vendor pled guilty and was admonished.

1951.

		OFFICIAL SAMPLES		TES		
Area		Total	Adulterated		Adulterated	Total
Cupar Area		54		363	4	417
Burghs in Cupar Area		2	2	21	10	23
Anstruther Area		17	(Marada Maria	355	15	372
Burghs in Anstruther Area		63	Signal of	9	6	72
St Andrews Area		1	8	227	3	228
Wemyss Area		10	1	112	6	122
Burghs in Wemyss Area Kirkcaldy Area		2	1	26	10	28
Burghs in Kirkcaldy Area		8	1	232	7	240
I ooh coller Anso		6	1	16	10	22
Burghs in Lochgelly Area		To Take	my English	160	1	160
Dunfermline Area		25	3	244	Silver Total	000
Burghs in Dunfermline A		_	-	344	4	369
Total	-	100				
Total		188	9	1865	76	2053

Adulterated Official Samples.—9 (3 Milk, 3 Mince, 1 Bread and 2 Whisky), were dealt with as follows:—

- 3 Milk—Pled not guilty—case deserted simpliciter.
- 1 Mince—Pled guilty, was admonished.
- 1 Mince—Pled guilty, fined £1 or 20 days.
- 1 Mince—Pled guilty, fined £5. 1 Bread—No action was taken.
- 2 Whisky—Pled guilty, fined £5.

1952.

		OFFIC	IAL SAMPLES	TES	T SAMPLES	
Area		Total	Adulterated		Adulterated	Total
Cupar Area		36	1	310	5	346
Burghs in Cupar Area		57	1	25	1	82
Anstruther Area		22	1	268	3	290
Burghs in Anstruther Area .		76	4	20	1	96
St Andrews Area				134	3	134
Burghs in St Andrews Area .		12	S	24	1	36
Wemyss Area		13	The same of	80	2	93
Burghs in Wemyss Area .		18	on large world also	9		27
Kirkcaldy Area		15	_	208	6	223
Burghs in Kirkcaldy Area .		19	3	_		19
Lochgelly Area		10	1	143	AL HOLLOW	153
Burghs in Lochgelly Area .		8	_	3		11
Dunfermline Area		24	1	289	2	313
Burghs in Dunfermline Are	ea	_	-		_	_
Total		310	12	1513	24	1823
The state of the s				1010	-1	102

Adulterated Official Samples.—12 (3 Milk, 3 Whisky, 1 Rum, 1 Mince, 1 Sausage Roll and 3 Ice Cream), were dealt with as follows:—

- 1 Milk—No action was taken.
- 1 Milk—Pled guilty, fined £2.
- 1 Milk—Pled guilty, fined £5 or 30 days. 1 Whisky—Pled guilty, fined £3.
- 1 Whisky—Pled guilty, fined £3. 1 Whisky—Pled guilty, fined £5.
- 1 Whisky—Pled guilty, fined £5 or 30 days.

- 1 Rum—Pled guilty, fined £7 or 60 days. 1 Mince—Pled guilty, fined £5 or 30 days.
- 1 Sausage Roll—Pled guilty, fined £2.
- 1 Ice Cream—Pled guilty, fined £1 or 10 days.
- 1 Ice Cream—Pled guilty, fined £12. 1 Ice Cream—Pled guilty, admonished.

1953.

		OFFIC	IAL SAMPLES	TES	T SAMPLES	
Area		Total	Adulterated	Total	Adulterated	Total
Cupar Area		35	-	297	5	332
		***	2	30	ADDRESS OF THE	88
Anstruther Area		25	1	262	4	287
Burghs in Anstruther Area		80	4	19	1	99
St Andrews Area		_	110	135	3	135
Burghs in St Andrews Area		12		27	1	39
Wemyss Area		11	-	81	2	92
		18	4	10	BUOL	28
		10	1	207	6	223
Burghs in Kirkcaldy Area		18	2	100	2/0 pm 20/20	18
Lochgelly Area		9	1	146	of se day in	155
Burghs in Lochgelly Area		8	STEEL STEEL	2	na lett sill	10
Dunfermline Area		24	1	286	Income to the	310
Burghs in Dunfermline Ar	rea		LOS TOTAL BAR	-	Hace-Had o	-
Total		314	12	1502	22	1816

Adulterated Official Samples.—12 (Whisky, 3; Milk, 3; Rum, 1; Mince, 1; Sausage Roll, 1; Ice Cream, 3), were dealt with as follows:—

- 1 Whisky—Fined £5.
- 1 Whisky—Fined £5 or 30 days.
- 1 Whisky—Fined £3.
- 1 Milk—Fined £5 or 30 days.
- 1 Milk—Criminal proceedings not instituted.
- 1 Milk—Fined £2.
 - 1 Rum—Fined £7 or 60 days. 1 Mince—Fined £5 or 30 days.
 - 1 Sausage Roll—Accused (Brown & Johnstone) each fined £2.
 - 1 Ice Cream—Three partners fined £12, recoverable by civil diligence.
 - 1 Ice Cream—Accused (father and son) fined £2 or 20 days, £1 or 10 days respect.
- 1 Ice Cream—Vendor pled not guilty in July. In September plea changed to guilty and Vendor admonished.

HOUSING.

Progress in new building has been made during the past five years. The total number of County Council Houses completed by 31st December, 1953, was 6,181 since the start of the County Housing Programme. In addition 145 houses had been completed by the Scottish Special Housing Association and 132 by Glenrothes Development Corporation. There were 852 houses in course of erection by the County Council at the end of 1953.

Agricultural Houses.

Under the 1948/49 programme the 6 remaining houses of 84 approved were completed in 1952. Under the 1949/50 programme 24 of the 64 houses approved were completed and 30 were in course of erection at the end of 1953. Also at that date 10 of the 30 houses approved under the 1950/51 programme were completed and 4 others were under construction. 40 houses for agricultural workers had, therefore, been completed during the five years.

Miners' Houses.

Of 600 houses approved under the 1948/49 programme 496 built by the County Council were completed by 31st December, 1953. The remaining houses in this programme comprise 50 built by Dunfermline Burgh and 54 by the Scottish Special Housing Association. Under the 1949/50/51 programme 445 houses were approved and 420 had been completed by 31st December, 1953, while 25 were in course of erection.

Building Byelaws.

Apart from plans examined and reported upon for the County Housing Programme, the following plans were dealt with under Building Byelaws during the five years:—

	1949.	1950.	1951.	1952.	1953.
For New Houses	39	44	53	50	37
For Alterations to existing Houses	230	235	202	217	195
For New Structures other than Houses		178	143	146	153
For Alterations to Buildings other than Houses	96	109	66	72	66

Houses Built by Private Enterprise.

The following table shows the number and sizes of houses completed by private enterprise each year :—

		1949.	1950.	1951.	1952.	1953.
Three Apartment Houses	 	15	2	2	9	7
Four Apartment Houses	 	6	5	19	14	11
Five Apartment Houses	 		5	3	3	6
More than Five Apartments	 	-	-	1	-	2
Total	 	21	12	25	26	26

Housing (Rural Workers) Acts, 1926/44.

The renovation of 18 houses was completed in 1949 and the issue of Certificate "B" was recommended for payment of grant under the above Acts in respect of the improvements and renovations carried out. The issue of Certificate "B" was recommended in respect of improvements to 17 houses in 1950, 33 in 1951, 17 in 1952, and 7 in 1953. During 1953 the amount of grant paid was £1,620.

Housing (Agricultural Population) (Scotland) Act, 1938.

During 1949 24 new houses were erected to replace unfit cottar houses at farms with the assistance of grant under the above Act, and the number completed in the years following was 14 in 1950, 7 in 1951, 6 in 1952, and 8 in 1953. The amount of grant paid in respect of houses completed in 1953 was £1,980.

Housing (Scotland) Act, 1950.

Seventy-five applications under the above Act were received in 1951 for alterations and improvements associated with grant. Certificate" B" recommending payment in respect of completed works on 10 houses was issued, the total grant involved being £2,067. In addition, instalment of grant was authorised in 4 cases, the amount of instalments totalling £489.

The work of renovation and improvement was completed in 1952 in respect of 31 houses. Improvement grants amounting to £7,601 were paid for improvement works completed during the year on the above 31 houses.

During 1953 a total of 62 houses were renovated under this Act, and grant paid amounted to £17,101 16s 0d.

Housing (Scotland) Act, 1952.

The Scheme of Assistance under Section 3 of the above Act towards the provision of new houses for the agricultural population allows for the payment on completion of the house of £240 for a three apartment or £300 for a house of more than three apartments. During 1953 the amount of grant paid was £600 in respect of two houses completed.

HOUSING SURVEY-1953.

Under the direction of Dr Riddell, Deputy County Medical Officer, the Sanitary Inspectors undertook a survey of housing conditions in the County of Fife in the early months of 1953. Following this Report are five sub-sections which give in detail the number of unfit and overcrowded houses in every populous place in the County and the number of houses still required to be provided by the County Council after the completion of their 1953 building programme.

The number of unfit and overcrowded houses in the five areas is as follows:—

Table I.

Locality Dunfermline Area Wemyss Area Kirkcaldy Area Lochgelly Area	121 58	Overcrowded Houses sub-let rooms 690 261 294 696	Total for 1953 1281 382 352 2715	Total for 1950 1715 854 753 2552	Total for 1947 2131 1134 524 3348
East Fife	857	262	1119	1432	1283
Total	3646	2203	5849	7306	8420

It is interesting to observe the effect which the Council's building programme has had on housing needs as years have passed since 1947. A substantial improvement has taken place in housing conditions in Wemyss Area. The improvement in Dunfermline and Kirkcaldy Areas has been moderate, while in the East of Fife no great effect has been produced. Scrutiny of Sub-section V. shows that by far the greater part of the housing problem of East Fife lies in Cupar Area. Nevertheless, in all these areas progress has been made. In startling contrast is Lochgelly Area where needs are now greater than they were in 1950. This is due partly to re-occupation of unfit houses by incomers and partly to more rapid deterioration in the fitness of houses generally. Overcrowding on the other hand has not been increasing. The 1947 survey indicated that there were 1,749 houses in this area which were overcrowded. The 1953 survey showed a reduction to 696 overcrowded houses. Altogether the survey shows that there are approximately 6,000 houses in the County which are either unfit or overcrowded.

Since 1944 the County Council have provided the following number of houses:—

Table II.

	Table	11.	
Locality.			Number of Houses built since 1944.
Dunfermline Area			1482
Wemyss Area			1085
Kirkcaldy Area			381
Lochgelly Area			2757
East Fife			385
			the second of the second
to old people, wi	Total		6090

Notwithstanding the provision of these 6,090 houses there still remain 5,849 families who require to be rehoused. Allowing for a theoretical process of decanting the following number of houses will still be required:—

Table III.

	200000		
		N	umber of Houses
Locality	- Charles		Required.
Dunfermline Area			872
Wemyss Area			231
Kirkcaldy Area			180
Lochgelly Area			2038
East Fife			823
1949 74 pay het	Total		4144
			-

Towards this the County Council have undertaken a building programme in 1953 as follows:—

Table IV.

Locality	14010	 Houses Approved for 1953.
Dunfermline Area		 585
Wemyss Area		 189
Kirkcaldy Area		 39
Lochgelly Area		 494
East Fife		 374
only under older	l'otal	 1681

When these 1,681 houses are completed and occupied there will remain a need for the following number of houses:—

_	-		-
-	a.b.	-	*/
	a ni	163	·

Localit	v.	Number of Houses still Required.
Dunfermline Area		 464
Wemyss Area		 42
Kirkcaldy Area		 141
Lochgelly Area		 1544
East Fife	Series .	 544
	Total	 2735

In round figures, therefore, the County Council require to consider building approximately 3,000 more houses beyond present commitments, the majority of which are needed to meet unsatisfactory housing conditions in the Central mining area.

Housing of One and Two Person Households.

The housing of old people, widows, single persons and others in like circumstances presents a special problem. It has not been possible so far to extract figures showing age grouping and marital state of one person and two person households, but previous investigations have shown that in the industrial areas in the County 25 per cent of these small households are old people, while in more

rural areas old people form 60 per cent of the group. At the end of each Appendix a statement is made as to the number of houses required to meet the requirements of this special group of the population. No clamant need appears to exist in Wemyss and Kirkcaldy Areas. For convenience the following Table is reproduced showing the number of houses required for old people, widows, single persons, &c.:—

					Built or	
Local	ity.			Need.	Building.	Balance.
Dunfermline Area				127	41	86
Wemyss Area	***			-	30	_
Kirkcaldy Area				10-10-	9/4 =	_
Lochgelly Area				424	110	314
East Fife		1 -a. b		179	35	144
			mont.	730	216	544

As future building programmes are drawn up provision should be made in each for the erection of a proportion of one-bedroom houses. This policy has been followed in the past and as the Table shows the County Council have agreed to provide to date 216 houses for old people. Present arrangements for building one-bedroom houses in groups or in the ground floors of "maisonettes" should continue. But the advisability of erecting flats for single persons in the more populous areas should be considered.

Housing of Rural Workers.

In the Sub-sections there is given the number of houses required to relieve overcrowding and unfitness in rural areas as distinct from villages and hamlets. These numbers have been falling of recent years—Anstruther Area affords a good example—largely as a result of the advantage which is being taken of the grant-in-aid available towards the renovation of rural houses. It is an uneconomical procedure for the County Council to embark upon a scheme for the building of isolated rural cottages and every encouragement should therefore, be given in suitable cases to helping owners to reconstruct unfit cottages or to build new ones. The County Council have been building in small groups, houses for agricultural workers. The difficulties which the Housing Factor is now meeting in finding tenants for these houses and the tendency of a certain number of tenants to desert agriculture once they are housed give rise to the suggestion that the building of these houses be no longer continued unless under special circumstances and that the replacement of unsatisfactory housing conditions in these sparsely populated regions rest with private enterprise assisted by appropriate grantsin-aid.

Housing in Villages.

The Sub-sections show the number of houses needed in each village to remove unsatisfactory housing conditions. The Health and Welfare Committee have on several occasions affirmed their view that villages in Fife should be preserved partly through the building of new houses and partly through the reconstruction of old ones wherever appropriate. As can be seen from the Sub-sections a considerable building programme has been decided upon by the County Council and more new houses will still be required. On the other hand there has not yet been drawn up a clear and comprehensive programme for the reconstruction of existing houses either by owners with or without grant-in-aid or by the County Council after acquisition. Dunshalt affords a good example of what can be done to modernise a village partly through assistance to private owners and parly through the building of houses at public cost on sites specially selected and acquired by the County Council. What has been done so extensively in Dunshalt should be a guide towards procedure in other villages and it should be kept in mind that from the ratepayers point of view it is cheaper to have houses renovated under grant than to build new ones.

Conclusion.

Although, since the war the County Council have built or have undertaken to build 7,771 houses, the need for 8,420 houses shown in the 1947 survey has not been proportionately reduced, as 2,735 houses are still required. The disparity is accounted for partly by increase of the population as a result of industrial expansion and partly by deterioration of properties rendering them unfit for human occupation. Both influences are likely to be felt for several years to come and the next survey is likely to provide evidence that while overcrowding has been largely overcome, a need continues to remain for houses to replace those which have served their day. Indeed, it is probable that within the decade it will be found that the estimate formed in 1944 of 13,524 houses required was a true one.

Sub-Section I. Housing in Dunfermline Area, 1953.

A survey of unfit and overcrowded houses in Dunfermline Area has been completed by the Sanitary Inspector. The total number of houses visited was 6,840 including outlying rural houses. The following is a summary of the conditions found:—

Table I. Number of Unfit and Overcrowded Houses.

		Overcrowded			
Carlo de Santo C	Unfit	Houses—	Total	Total	Total
Locality	Houses	sub-let rooms	for 1953	for 1950	for 1947
Aberdour	14	30	44	76	96
Hillend and St. Davids	5	6	11	19	27
North Queensferry, Cruik-				10	21
ness and Jamestown	23	16	39	99	98
Crossgates and Mossgreen	26	49	75	145	221
Fordell, Coaledge and		Better Henry		110	221
Donibristle	2	3	5	24	86
Hill of Beath	161	40	201	225	260
Halbeath	9	23	32	39	52
Kingseat	6	3	9	9	20
Wellwood, Venturefair	9	9	18	64	81
Parkneuk, Milesmark,					
Gowkhall and Carnock	62	35	97	91	108
Crossford and Cairneyhill	26	12	38	56	69
Limekilns and Charles-					
town	32	21	53	101	101
Oakley and Comrie	7	63	70	62	85
Torryburn, Newmills,					al T
High and Low Valley-					
field	98	156	254	265	364
Blairhall and Shiresmill	4	78	82	69	134
Saline and Steelend	49	44	93	119	163
Kincardine	51	42	93	153	166
Rural	7	60	67	99	_
Total	591	690	1281	1715	2131

Of the total of 591 unfit houses, 346 are the subject of demolition orders but remain occupied and 245 are earmarked as unfit but had not at the time of survey been condemned.

Allowing for a theoretical process of decanting and assessing overcrowding on the standard of the Housing (Scotland) Act, 1935, but assessing rehousing on the basis of two persons per bedroom, the following number and size of houses are required:—

Table II .- New Houses Required.

Table II	. No	w Hous	cs recy	uncu.	Total	Total	Total
		Ro	oms		for	for	for
Locality	3 apt.	4 apt.	5 apt.	6 apt.	1953	1950	1947
Aberdour	29	3		6 - 23	32	51	48
Hillend and St. Davids	6		1	_	7	13	16
North Queensferry, Cruickness							
and Jamestown	18	8	The state of	1	27	71	37
Crossgates and Mossgreen	35	15	3	1	54	98	117
Fordell, Coaledge and Doni-							
bristle	2	-	1	1 200	3	19	68
Hill of Beath	121	33	10	No.	164	186	223
Halbeath	16	-	1	2	19	26	27
Kingseat	6	2	-	-	8	7	19
Wellwood and Venturefair	7	_	1	1	9	46	60
Parkneuk, Milesmark, Gowk-							
hall and Carnock	47	12	5	1	65	70 .	. 81
Crossford and Cairneyhill	26	-	-	-	26	39	21
Limekilns and Charlestown	26	4	A STATE OF	3	33	72	56
Oakley and Comrie	31	1	3	13	48	31	54
Torryburn, Newmills, High							
and Low Valleyfield	65	45	36	13	159	174	224
Blairhall and Shiresmill	9	29	10	7	55	47	98
Saline and Steelend	27	19	10	3	59	74	100
Kincardine	39	16	3	-	58	110	78
Rural	14	20	7	5	46	70	100000
					0=0	1004	100=
Total	524	207	91	50	872	1204	1327

These figures take into account the following number of houses which have been provided by the County Council since 1944:—

Aberdour				49	
Hillend and St. Davids				8	
North Queensferry, Cruickne	ess and	i Jameste	own	68	
Crossgates and Mossgreen				128	(34 temporary).
Hill of Beath				88	(38 temporary).
Halbeath				142	(including 8 S.S.H.A.).
Wellwood, Venturefair				64	
Parkneuk, Milesmark, Gow.	khall	and Carr	lock	6	
Crossford and Cairneyhill				20	
Limekilns and Charlestown				42	
Oakley and Comrie				603	
					and 85 temporary).
Torryburn, Newmills, High	and	Low Val	lley-		
field		4		118	
Blairhall and Shiresmill		Hamil		-	
Saline and Steelend				1	
Kincardine				84	
Cowdenbeath (for Hill of Be	ath)			62	
			-		
]	1482	

The 50 houses built in and by Dunfermline Burgh shown in County Architect's Reports are excluded as not in the County Council's Area as a Housing Authority.

The figures do not take into account the following number of houses for families, which have yet to be completed:—

Aberdour					37	
Crossgates and Mossg	reen			W. T.	37	
Wellwood, Venturefa	ir				52	
Parkneuk, Milesmark	, Gow	khall a			24	
Canadand					8	
Limekilns and Charles	stown					
Oakley and Comrie			Was a series	1	22	(including 50 S.S.H.A.).
Torryburn, Newmills,	High a	and Lov	v Valley	vfield	95	(mending oo b.b.H.A.).
Saline					44	
Kincardine					30	
Hill of Beath					6	
Blairhall and Shires	mill				60	
Crombie						(S.S.H.A.).
			II. SECTION	The state of		(5.5.22.12.).
				5	85	

When, however, all the commitments undertaken by the County Council up to the end of the 1953 programme have been discharged, there will remain the need for the following number of houses:—

Hillend and St. David	S	1000				7
North Queensferry, Co						27
Crossgates and Mossg			James	LOWII		
			***			17
Fordell, Coaledge and	Donil	oristle				3
						158
Halbeath						19
Kingseat	0					8
Parkneuk, Milesmark,	Gowl	chall an	d Carn	ock		41
Crossford and Cairney	hill					18
Limekilns and Charles	town					13
Torryburn, Newmills,	High:	and Lo		vfield		64
Saline and Steelend				,		15
Vincendin.				The same	***	
7 1		***	***			28
Rural						46
						101
						464

It will be noted from Table II. that a majority of the houses required are of three apartments. Most of them are required for couples residing in sub-let rooms. It would be unwise to provide three roomed houses to the number indicated since many of them would soon become overcrowded.

The figures in Table II. do not take into consideration the claims of that special group of the population requiring single bedroom houses, e.g., old people, widows and single persons. The County Council's present programme includes a total of 41 houses intended specifically for old people, viz.:—

Aberdour	 	 3
Hill of Beath	 	 4
Wellwood	 8	 6
Carnock	 	 4
Comrie	 	 12
High Valleyfield	 	 12

The present survey indicates that after the completion of these houses the following number of one bedroom houses will still be required:—

Aberdour			 7
North Queensferr	y		 5
Hill of Beath			 31
Halbeath			 5
Carnock			 7
Crossford and Cai			 6
Limekilns and Ch	arlestown	n	 6
Saline and Steeler	nd		 8
Kincardine			 11
			-
			86
			_

Sub-section II. Housing in Wemyss Area, 1953.

A survey of housing conditions in Wemyss Area has been completed by the Sanitary Inspector. The number of houses visited, including those in rural districts, was 3,194. The following is a survey of the conditions found:—

Table I.—Number of Unfit and Overcrowded Houses.

	Unfit	Overcrowded Houses—	Total	Total	Total
Locality	Houses	sub-let rooms	for 1953	for 1950	for 1947
West Wemyss	 18	29	47	103	84
Coaltown of Wemyss	 _	21	21	44	75
East Wemyss	 41	32	73	144	318
Rosie and McDuff	 17	30	47	147	180
Methilhill	 3	92	95	169	313
Kennoway	 23	32	55	164	132
Star	 3	2	5	19	32
Rural	 16	23	39	64	
Total	 121	261	382	854	1134

Allowing for a theoretical process of decanting and assessing overcrowding on the standard of the Housing (Scotland) Act, 1935, but assessing rehousing on the basis of two persons per bedroom, the following number and size of houses are required:—

Table II.—New Houses Required. Total Total Total for for Rooms for 2 apt. 3 apt. 4 apt. 5 apt. 6 apt. Locality West Wemyss Coaltown of Wemyss East Wemyss Rosie and McDuff Methilhill Kennoway (including Bonnybank Baintown) ... Star ... Rural ... Coaltown of Balgonie and Windygates (See Report on Kirkcaldy Area)

Total ...

These figures take into account the following 1,085 houses which have been provided by the County Council since 1944 :—

Locality. East Wemyss	Temporary.	Permanent.
Methilhill	90	
Kennoway	and the second	885 (including 60 by
	200	885 S.S.H.A.)

They do not take into account the following additional houses which the County Council are building or have decided to build:—

East Wemyss 12
Kennoway ... 173
Star ... 4 (rural workers)

189

To meet, therefore, the 260 houses required to meet unfitness and overcrowding the County Council have undertaken to build 189 houses at East Wemyss, Kennoway and Star. The number of houses to be built, therefore, approximates fairly closely to requirements, but there is still a slight leeway to be made up. The deficit is related to the County Planning Scheme in that a sufficient number of houses can no doubt be erected in Kennoway assuming that tenants of unfit County houses elsewhere are to be accommodated in that village. It is, of course, known that difficulty has arisen in this matter and a tendency has developed to allow the unsatisfactory position of housing in East Wemyss, West Wemyss, Coaltown of Wemyss, Rosie and Mcduff to drift. A firm decision will now require to be taken.

Table II. does not indicate the number of one-bedroom houses required for old people, widows, single persons, &c. The demand for this type of house in Wemyss Area does not seem to be clamant. It is known for instance that there are only 20 old people residing in unfit houses. These people will, however, be left undisturbed under the County Council's Life Rent concession and no new houses will be required for them. Ultimately there will be in most of the villages, a certain number of fit houses in every way suitable for occupation by old people and single persons. So that in view of these facts and the fact that the present building programme includes the erection of 30 one-bedroom houses, there are no adequate grounds for building more houses of this type.

Sub-section III.—Housing in Kirkcaldy Area, 1953.

A survey of unfit and overcrowded houses in Kirkcaldy Area has been completed by the Sanitary Inspector. Including houses in outlying districts, but excluding houses built by Glenrothes Development Corporation the total number of houses visited was 3,173. The following is a survey of the conditions found:—

Table I.—Number of Unfit and Overcrowded Houses.

Locality.			Unfit Houses.	Overcrowded Houses— sub-let rooms	Total for 1953.	Total for 1950.	Total for 1947.
Gray Park				6	6	11	. 9
Auchtertool			Charles II	12	12	16	22
Prinlaws			Series Series	18	18	57	57
Coaltown of Balge	onie		5	42	47	87	75
Woodside			_995	19	19	30	27
Thornton			2	56	58	127	135
Cadham			nd-den	9	9	15	21
Milton of Balgoni	e		3	20	23	56	57
Windygates			2	52	54	119	121
Rural			46	60	106	235	-
Total		1	58	294	352	753	524

Allowing for a theoretical process of decanting and assessing overcrowding on the standard of the Housing (Scotland) Act, 1935, but assessing rehousing on the basis of two persons per bedroom, the following number and size of houses are required to replace these unfit and overcrowded homes:—

Table	II _	New	Houses	Ren	nired
Lauic	11.	TICM	TTOUSES	Trea	un cu.

							Total	Total	Total
			9 11	Rooms.	9 99 3		for	for	for
Locality.		2 apt.	3 apt.	4 apt.	5 apt.	6 apt.	1953.	1950.	1947.
Gray Park		125	-	4	_	-	4	5	4
Auchtertool		1	10200	4	3	100	8	7	17
Prinlaws		110	1 -	2	1	2	5	33	41
Coaltown of Balgo	nie	-	22	6	1	1	30	55	46
Woodside		3	2	-	1	3	9	21	18
Thornton		6	14	7	2	1	30	81	84
Cadham		-	-	4	1	-	5	8	15
Milton of Balgonie		1	11	2	2	1	16	43	41
Windygates			16	10	2	-	28	77	79
Rural		9-1	6	28	8	3	45	108	-
75 1	100			0=	01	10	100	100	042
Total		11	71	67	21	10	180	438	345

These figures take into account the following houses built by the County Council since 1944:—

Thornton		65 (temporary)	ı
Woodside		306	
Auchtertool		4	
Coaltown of Balgor	nie	6	
		381	
		381	

They do not take into account the following houses which have yet to be completed: Auchtertool 4 (4 4-roomed), Coaltown of Balgonie 8 (4 2-roomed, 2 3-roomed, 2 4-roomed), Thornton 6 (4 2-roomed, 2 4-roomed), Windygates 21 (4 2-roomed, 8 3-roomed, 9 4-roomed), a total of 39, nor of course do they take into account houses to be built by Glenrothes Development Corporation.

The reduction in the housing needs of the Kirkcaldy Area since the 1950 survey is striking. It will be noted that only 58 unfit houses remain occupied. The great majority of them are rural although the overall improvement in the rural housing position is satisfactory.

The survey has shown that the predominating need is for houses of larger type (98). Present allocations have not made allowances for this.

As regards houses for old people, widows, single persons, &c., in almost all the villages and rural areas there will finally remain a substantial surplus of habitable small houses which will be available to accommodate those who are likely to prefer to remain in the locality. Glenrothes Development Corporation are arranging to provide a substantial number of small dwellings for old people in their new town.

The position in Kirkcaldy area, therefore, is this, that while 180 houses are required (45 of them rural) present commitments would provide only 39. Assuming that unsatisfactory housing in rural areas will be largely met by reconstructions under improvement grant there will remain a need for approximately 90 houses. Are these houses to be provided in the villages indicated in Table II. or are housing developments in the area of Glenrothes Corporation to be left to meet the situation? In accordance with past arrangements, of course, the needs of Milton of Balgonie and Windygates will largely be provided for in Kennoway.

Sub-section IV.—Housing in Lochgelly Area, 1953.

A survey of housing conditions in Lochgelly Area has been completed by the Sanitary Inspector. Including outlying rural houses a total of 8,947 houses were visited. The following is a survey of the conditions found:—

Table I.—Number of Unfit and Overcrowded Houses.

Lochore and C	ality		hulan	Unfit Houses.	Overcrowded Houses— sub-tenants.	Total for 1953.	Total for 1950.	Total for 1947.
ing Ballir			South					
Glencraig)				602	198	800	578	934
Kinglassie				93	70	163	128	120
Auchterderran		10		443	179	622	638	966
Kelty				478	113	591	653	884
Lumphinnans				280	96	376	390	444
Rural		100000		123	40	163	165	1
Т.	otal			2019	696	2715	2552	3348

Allowing for a theoretical process of decanting and assessing overcrowding on the standard of the Housing (Scotland) Act, 1935, but assessing rehousing on the basis of two persons per bedroom,

the following number and size of houses are required to replace these unfit and overcrowded houses:—

	E TO	Table I	I.—Ne	w Hous	Total for	Total for	Total for		
Local	itv.		3 apt.		5 apt.	6 apt.	1953.	1950.	1947.
Lochore and Gle	ncraig		- cons	tenolli	111112	- C			
ing Balling Glencraig)	ry and		278	39	29	31	377	184	624
Kinglassie			-	_	13-0	-	-	69	66
Auchterderran			315	61	18	10	404	368	722
Kelty			289	53	13	6	361	349	704
Lumphinnans			220	61	17	5	303	307	356
Rural			45	39	10	5	99	94	
To	otal		1147	253	87	57	1544	1371	2472

These figures take into account the following number of houses which have been or are in process of being provided by the County Council since 1944:—

Locality.	Temporary.	Permanent.
Auchterderran	 200	651
Kinglassie	 35	156 (includes 4 agricultural)
Lumphinnans	 98	
Kelty	 50	755 (includes 9 S.S.H.A.)
Lochore	 26	106
Crosshill	 124	The second secon
Cowdenbeath	 to brisal and or	62
Ballingry	 100	1050
special of Enlys.		
	533	2780 3313

Making allowance, therefore, for every house which the County Council has built or undertaken to build up to the completion of the 1953 programme, there remains a need for 1,544 houses as against 1,371 in 1950. Not only, therefore, has the County Council's building programme failed to gain ground, it has actually failed to keep pace with deteriorations. This arises from the number of families housed from outside areas both in new and in old houses particularly sub-tenants in the latter and from the fact that a further 188 houses have been scheduled as unfit.

The preponderating number of three roomed houses required will be noted. While this happily reflects the passing of the one time gross degree of overcrowding, it results for the most part from the number of young married couples awaiting rehousing. To build nothing but three roomed houses to meet this requirement will ultimately result in many cases of overcrowding.

The figures in Table II. do not take into consideration the claims of the special group of the population requiring single bedroom houses. Towards this requirement the County Council have undertaken the following programme of houses:—

Ballingry		 	44
Kinglass		 	12
Auchter	lerran	 	24
Kelty	***	 	30
		-	
			110

On the completion of this programme the survey indicates that the following need will remain :—

Auchterderran		 66
Kinglassie		 24
Lochore and Gle	encraig	 80
Kelty		 90
Lumphinnans		 54
		314

Sub-section V.—Housing in East Fife, 1953.

A survey of unfit and overcrowded houses in Anstruther, Cupar and St Andrews Areas has been completed by the Sanitary Inspectors. Including those in outlying rural districts, the total number of houses surveyed was:—

Anstruther Area	 2000
Cupar Area	 2762
St Andrews Area	1598

The following is a summary of the conditions found :-

Table I.—Number of Unfit and Overcrowded Houses.

Locality. ANSTRUTHER AREA— Arneroach and		on of	Unfit Houses.	Overcrowded Houses— sub-let rooms.	Total for 1953.	Total for 1950.	Total for 1947.
Balcormo			13	- 1	14	34	28
Barnyards and K	ilcong	uhar	57	2	59	72	48
Colinsburgh			13	7	20	25	21
Largoward			17		17	33	33
Lower Largo			3	13	16	28	19
Lundin Links			7	2	9	23	26
Upper Largo			9	4	13	23	17
Woodside and N	ew Gi	lston	14	4	18	30	30
Rural			65	42	107	244	_
Total			198	75	273	512	222
CUPAR AREA—			8				21
Baldinnie			7	1	8		
Balmblae			13	. 1	14	18	17
Balmalcolm			2		2	10	11
Balmerino			7	5	12	7	11
Blebo Craigs			10	1	11	17	16
Bow of Fife			2		2	5	10
Brunton			7	1	8	9	4
Carried forward	ard		48	9	57	56	58

		Unfit	Overcrowded Houses—	Total for	Total for	Total for
Locality		Houses.	sub-let rooms	1953.	1950.	1947.
CUPAR AREA—Contd.						
Brought forward		48	9	57	56	58
Ceres		77	1	78	80	71
Chance Inn		8	etion If this p	9	10	12
Coaltown of Burnturk		6	ciarray Iliv	6	6	6
Collessie		8	_	8	11	14
Craigrothie		10	2	12 11	14 10	15 10
Cults		10 7	1	8	10	11
Cupar Muir		16	5	21	24	28
Dairsie Dunbog and Glenduckie		10	month Edward In C	1	4	5
Dunshalt		12	2	14	18	18
Dura Den	***	25	- T	25	26	28
Freuchie		28	3	31	45	49
Gateside		7	10 0-10	7	11	13
Gauldry		29	1	30	34	32
Giffordtown and Edent			_	6	8	8
Kemback		4	nicosal overc	4	4	6
Kettlehills		4	annoder d men	. 4	7	8
Kilmany		2	and the same of	2	5	4
Kingskettle		58	.7	65	67	77
Letham		10	-	10	12	19
Lindores		5	A risk to	5	5	6
Den of Lindores		3	AND THE PROPERTY OF	3	4	5
Grange of Lindores		3	3	6	7	7
Logie		4	7 Printer and	4	6	8
Lucklawhill		5	Carlo Total Control	5 6	11	17
Luthrie		6	1	5	11	11
Muirhead		5	1	5	10	14
Newton of Falkland		11	11	22	25	22
Pitlessie Pitscottie		8		8	8	12
Rathillet		2	1	3	2	3
Springfield		95	11	106	118	123
Strathmiglo		45	5	50	59	81
Det de la			The state of the s			-
Total		572	65	637	721	798
ST ANDREWS AREA—		or IS Zor Bu	Wallet San San	Constitution of the last	Tanien.	
Balmullo		1000	1	1	9	34
Guardbridge			8	8	18	61
Kingsbarns		25	4	29	27	33
Leuchars		16	12	28	15	53
Peat Inn, Radernie, Lat			4	15	8	33
Strathkinness		11	11	22	20	49
Rural		24	82	106	102	-
Total		87	122	209	199	263

Allowing for a theoretical process of decanting and assessing overcrowding on the standards of the Housing (Scotland) Act, 1935, but assessing rehousing on the basis of two persons per bedroom, the following number and size of houses are required:—

Table II.—New Houses Required.

Table 1	r.—Mer	w Hous	ses Req	uirea.			
					Total	Total	Total
Principal State of the Control of th			oms		for	for	for
Locality.	3 apt.	4 apt.	5 apt.	6 apt.	1953.	1950.	1947.
ANSTRUTHER AREA—			200	111			
Arneroach and Newton of							
Balcormo				1	,	14	0
Barnyards & Kilconquhar	34	1	1	1	1 20	14	8
Colinsburgh		1	1	-	36	37	30
Largoward	8 7	1	2		11	14	8
Towns Towns	10	1	1	1000	9	15	15
Tomalin Tinto			1		13	5	25
		1	0 - 1		6	5	20
Upper Largo Woodside & New Gilston		1	11		8	14	11
		2	1	-	12	19	15
Rural	21	16	8	4	49	64	-
75-4-1	104	20	10			122	
Total	104	23	13	5	145	187	132
		TO	-				
CUPAR AREA—							
Baldinnie	3		1				
Dalmibles	4	3	1	I Contract	4	11	1.7
Dalmalaalm	1	0.20	1		8	11	17
Polmorino	4	5	BRE J	1000	2	_	-
					9	2	3
Blebo Craigs Bow of Fife	5	6		-	11	8	7
	_	1	-		1		-
Brunton	6	1	-		7	3	3
Ceres	29	26	-	1	56	59	70
Chance Inn	3	3	1	-	7	6	5
Coaltown of Burnturk	2	2	_	_	4	4	5
Collessie	5	_	_	1	6	6	9
Craigrothie	6	4	1	-	11	8	4
Cults	5	4	1	_	10	8.	7
Cupar Muir	4	2	1	-	7	10	11
Dairsie	8	9	-	-	17	19	24
Dunbog and Glenduckie	1	-	-	_	1	3	100
Dunshalt	7	4	3	_	14	12	14
Dura Den	12	6	-	_	18	17	23
Freuchie	14	10	_	1	25	39	48
Gateside	4	_	_		4	4	15
Gauldry	8	6	-	1	15	14	17
Giffordtown & Edentown	4	1	1		6	7	9
Kemback	3	1	-	-	4	6	7
Kettlehills	4	_		_	4	3	4
Kilmany	_	1	-		i	4	2
Kingskettle	31	18	2	2	53	48	65
Letham	5	3	ī	ī	10	4	8
Lindores	4				4	5	8
Den of Lindores	i	1			2	2	6
Grange of Lindores	_	î	1	1	5	5	5
Logie	2 3	1	ISPARIN		3	5	3
T malelowshill	9	2			4	3	3
Luthein	2 3	-	110	**	3	4	7
Mariahand	3	2		-	5	4	AL .
Newton of Falkland	2	2	-		4	0	7.4
Pitlessie	10	9	4	1		8	14
Pitscottie	4	3	4	1	24	24	22
Triscottie	4	3	1		7	6	9
Carried forward	919	197	10	0	970	207	457
Carried forward	212	137	18	9	376	367	451

					Ro	oms		Total for	Total for	Total for
	Localit	y.		3 apt.	4 apt.	5 apt.	6 apt.	1953.	1950.	1947.
CUI	PAR AREA—Co			-			-			
	Brought fo	rward		212	137	18	9	376	367	451
	Rathillet			2	-	. 1	-	3	2	_
	Springfield			40	43	6	3	92	123	130
	Strathmiglo			29	14	1	3	47	59	81
	Total			283	194	26	15	518	551	662
ST	Andrews Ar	EA-						1991	1000	
	Balmullo			1	1	-	-	2	8	27
	Guardbridge			6	3	1	1	11	10	32
	Leuchars			15	9	1	1	26	10	40
	Kingsbarns			13	11	1		25	14	24
	Peat Inn,	Rader	nie,							
	Lathones			5	7	-	1	13	7	22
	Strathkinnes	S		16	7	1	-	24	19	36
	Rural			-	28	24	7	59	159	-
	Total			56	66	28	10	160	227	181

These figures take into account the following houses which have been built by the County Council since the war :—

	oure by th		ouncy C	counci		eneral Needs	Agriculture
ANSTR	UTHER ARE	A					
L	ower Largo					50	343 100 -
U	pper Largo					8	-
Co	olinsburgh					20	_
A:	rncroach					8	_
0	venstone					- 20000000	4
L	argoward					8	6
A	bercrombie					-	4
						94	14
Orm in	A						
	AREA—					24	
	reuchie					30	The state of the s
	ateside		•••			30	A HOUR PERSON
	ingskettle					30	
SH	oringfield rathmiglo					24	• 16
	unshalt					24	4
	ilmany					A MANAGEMENT	4
	aigrothie	***			***		4
	ipar					27	2
	etham					21	4
	oodieash					All The Control of	6
	uchtermuch	+				The State of the last	6
А	uchtermuch	Ly					
						165	46
ST AN	DREWS ARE	A					
	almullo					-	4
	oarhills						4
	uardbridge					48	Contract of the last of the la
	Michaels					10-10-00	4
St	rathkinness					1 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6
						48	18

The figures in Table II. do not take into account the following number of houses which remain to be completed:—

				C	eneral Needs	Agriculture
A	ANSTRUTHER ARE	EA-			cherar receas	Agriculture
	Colinsburgh				15	
	Lower Largo		 		16	4
	Hower Hargo		 		10	4
					31	4
						*
(CUPAR AREA—					State of the last
	Ceres		 		28	6
	Craigrothie		 		10	besself _
	Cupar		 		2	- NIDO
	Dairsie		 		8	6
	Dunshalt		 		6	estable
	Falkland		 		10	Boding -
	Freuchie		 		4	MINING _
	Grange of Lin	ndores	 		4	4
	Kemback		 		4	4
	Kettlehills		 		4	4
	Kingskettle		 		52	Longitud -
	Luthrie		 			4
	Pitlessie		 		10	4
	Pitscottie		 		2	_
	Rossie		 		Charles de la constant de la constan	6
	Springfield		 		42	8
	Strathmiglo		 		17	-
					203	10
					203	46
0	m A A					shortes.
	ANDREWS ARE	A-				
	Dunino		 		of Palking	4
	Balmullo		 		18	mayin —
	Guardbridge		 		40	manning -
	Kingsbarns		 		2	6
	. Leuchars		 		10	II SURGE -
	Strathkinness	3	 		10	arogaine -
					90	10
					80	10

When these houses become occupied there will remain the following demand for more houses :—

Table III.—Number of Houses still required after completion of 1953 building programme.

ANSTRUTHER AREA—		
Arneroach and Newton of Balcormo		 1
Barnyards, Kilconquhar and Colinsbu	rgh	 32
Largoward		 9
Lower Largo		
Lundin Links >		 11
Upper Largo		
Woodside and New Gilston		 12
Rural		 45
Carried forward		 110

Brought for	rward			1	1	110	
CUPAR AREA-							
D 131 1					HIN E	4	
Balmalcolm	M Horn	-00.				2	
Balmerino						9	
Blebo Craigs						11	
Bow of Fife		***				1	
Brunton						7	
Ceres	10					28	
Chance Inn						7	
Coaltown of Bu	rnturk					4	
Collessie	Intuik					6	
Craigrothie	100					1	
Cults						10	
Cupar Muir						7	
Dairsie						9	
Dunbog and Gl		ie	2			1	
Dunshalt	charten					8	
Dura Den			OR STREET	72		18	
Freuchie	3.5					21	
Gateside	- 1					4	
Gauldry						15	
Giffordtown and						6	
Kilmany						. 1	
Kingskettle						1	
Letham						10	
Lindores						4	
Den of Lindore						2	
Grange of Lind				1		1	
Logie	or co			4 (1)		3	
Lucklawhill	002					4	
Luthrie	****					3	
Muirhead						5	
Newton of Falk	land					4	
Pitlessie				90.		14	
Pitscottie	13.0					5	
Rathillet						3	
Springfield	04					50	
Strathmiglo						30	
Determing		100000		-		319	*

* In arriving at this total it has been assumed that the 46 agricultural houses yet to be completed in villages in the Cupar Area will be let wholly or mainly to agricultural workers in unfit or overcrowded houses in rural parishes.

ST ANDREWS ARE	A—					
Leuchars		-Oliver)	nin Dird			16
Kingsbarns						23
Peat Inn, Ra		Lath	ones	***	1000	13
Strathkinness	s	111	1400 m	10000	****	14
Rural						49

The survey has shown that even with the completion of the County Council's programme of 759 houses up to the end of the 1953 programme there will remain a need for some 450 houses in villages and other populous places in the East of Fife together with some 200 new or reconditioned houses in rural parishes.

As regards the three areas in East of Fife, the position is as follows. In Anstruther Area there is a need for 110 houses, rather less than half of them rural. The improvement in rural housing in this area since the last survey is not striking. St Andrews Area with a larger projected building programme is similarly placed. The needs of the Cupar Area even after the completion of the present programme amount to 320 houses for villages and populous places alone.

The population of elderly people residing in the East of Fife is relatively high and no housing programme will be complete until provision is made for this class of tenant. The County Council's building programme up to the end of the 1953 allocations provides

for 35 houses for old people as follows:—

DEC ACTION TO SECURE	
Colinsburgh	 5
Lower Largo	 2
Kingskettle	 10
Freuchie	 2
Springfield	 4
Strathmiglo	 4
Dunshalt	 2
Balmullo	 4
Guardbridge	 2

The following table which excludes the above programme shows the number of one-bedroom houses required for single persons and elderly couples:—

ANSTRUTHER AREA—									
Arncroach and Newton of Balcormo — 6									
Barnyards							20		
Largoward							5		
Lower Lar		7		service.	***				
Lundin Lin		La in					2		
Upper Lar		1	***				-		
Woodside		low Cile	eton				4		
Woodside	and Iv	ew GII	Ston			The state of	37		
CUPAR AREA-	inyy.					real little	- 31		
Balmblae							3		
Balmerino			***				2		
Baldinnie						1100	3		
Brunton						NOTE OF	1		

Ceres							12		
Collesie						-	3		
Dairsie						_	3		
Dunshalt		***			***	-	1		
Dura Den							5		
Freuchie						-	1		
Gateside						-	2		
Gauldry						_	9		
Giffordtow	n					-	1		
Grange of		res				-	1		
Kettlehills						11000	1		
Kingskettl	e					-	4		
Letham						-	3		
Lindores							1		
Luthrie						-	1		
Springfield		10				_	8		
Strathmigh						-	5		
0	100		100000				70		

Kingsbarns		 	 -	8
Leuchars		 	 -	8
Strathkinness		 	 -	6
Boarhills		 	 81 7033	5
Kincaple	38 V	 	 	5
Peat Inn, &c.		 	 -	5
THE PERSON NAMED IN COLUMN TWO IS NOT THE				37

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

The Rats and Mice (Destruction) Act, 1919, was repealed and replaced by the Prevention of Damage by Pests Act, 1949. Under wartime conditions the 1919 Act was reinforced by the Rats and Mice (Scotland) Order, 1943, under which Department of Agriculture staff was employed by Local Authorities who were responsible for recovering costs of operations from occupiers, and were enabled to recover by way of grant, expenditure incurred by them in excess of that normally incurred in the operation of the Rats and Mice (Destruction) Act, 1919. Organised means of effecting rat destruction were started in Fife towards the end of 1944, when a squad of Department of Agriculture Pest operators began operations. The charge made to occupiers was 3/3d per hour, and occupiers, recognizing the service to be a cheap one, made fairly heavy demands on it. At this time the average staff employed was eight operators, with one chief operator, and two vans were used.

The prevention of Damage by Pests Act, 1949, came into force on 1st April, 1950, and provided that the responsibility for employing staff should come directly under the Local Authorities. The Department of Agriculture had increased the charge considerably during 1949, and as a consequence, demands on the service decreased and staff was gradually reduced eventually to two operators and one chief operator. The County Council took over the service as from 3rd of September, 1950, and authorised a staff of four operators and one chief operator, but the service began with the staff of two operators and one chief operator who transferred from the Department staff, and transport was originally provided by the hire of a 10 cwts. van from the Transport Department of the County Council. In February, 1951, another ex-Agriculture Department employee was recruited to augment the staff to three operators and one chief operator, at which strength it has since been maintained. This man owned a car and used it on County Council business, for which an allowance was paid. In July, 1951, a new Austin 15 cwts. van was acquired for the service, and in November of that year a Morris 10 cwts. van was transferred from the Catering Department to the Pests Branch to complete the transport requirements. In November, 1953, the Austin van was replaced by a Ford 10 cwts. The charge to occupiers for service was increased to 5/3 per hour.

Appended are tables showing the main features of the work. The premises found to require most attention were Local Authority refuse dumps, and constant vigilance is exercised to reduce rat infestation in these and other possible breeding grounds. In 1951 there was an increase in the number of recognized cases of leptospirosis amongst miners and the rat population of several mines was shown to be infested with this disease. The National Coal

Board, however, met their responsibilities by employing ratcatchers for whole-time duties in mines.

Classification of Premises and Numbers Surveyed.

Year.	Local Authority Properties.		Business or Industrial Premises.	Agricultural Properties.	Total.
1950	45	88	26	13	172
1951	205	152	184	248	789
1952	210	184	120	92	597
1953	87	112	71	320	590

	Number of	Rats Destroy	ed	On Local	on on	WOLK	
20		Poisoned	Gassed	Authority	Private	On	
Year	Trapped	(estimated)	(estimated)	Premises	Premises	Sewers	Surveying
1950	1800	474	51	653	622	-	245
1951	6829	2052	1414	2711	1736	_	1256
1952	6529	1849	841	2706	2144	260	992
1953	5129	2221	887	3659	1249	359	1218

FIFE COUNTY COUNCIL ORDER CONFIRMATION ACT, 1949.

In the Annual Report for the years 1939/45 reference was made to the new powers with which the County Council had been vested under their Order Confirmation Act of 1940. The operation of this Act led to the need for its amendment in certain respects and its extension so as to permit of wider activities especially as regards water supply and drainage. Accordingly, the County Council promoted a second Provisional Order and in due course the Fife County Council Order Confirmation Act, 1949, came into being. Under this Act existing special drainage districts were abolished and the landward area of the County became one district. Certain water supplies were taken over by the County Council. Powers were obtained to form additional water undertakings. A new code governing the purification of rivers and streams was defined and the appointment of River Inspectors was authorised.

Existing scavenging districts were abolished and the landward County was constituted as a special scavenging district. New legislation was introduced governing the planning and amenities of roads. For the protection and control of the seashore certain powers were acquired.

As regards Public Health measures, new powers were obtained to deal with the cleansing of certain dwelling houses and of verminous persons and of their effects. The sale of verminous furniture was prohibited. Special provisions were made for the control of nuisances arising from noises.

The County Council obtained powers to frame Byelaws for various purposes among them the enforcement of cleanly conditions and practices in the handling and wrapping of food and the control of vehicles in which food is offered for sale. Special powers were conferred on the County Council to supervise rooms in which food, other than milk, is prepared or sold for human consumption. People suffering from an advanced state of tuberculosis were prohibited from handling food and powers were given to the Medical Officer of Health when he had cause to suspect that any food was likely to cause food poisoning, to make investigation and to seize and remove any such food to be dealt with by the Sheriff. General Medical Practitioners were called upon to notify cases of food poisoning.

The new legislation has been a big step towards the promotion of improved environmental and hygienic conditions in Fife. In some respects it anticipated national legislation, e.g., Rivers (Prevention of Pollution) (Scotland) Act, 1951.

RIVERS POLLUTION.

Under Section 147 of the Fife County Council Order Confirmation Act, 1949, Mr E. C. Parkinson was appointed River Inspector and took up duty on 1st December, 1950. The following excerpts are furnished from reports relating to the years 1951 to 1953 inclusive:—

This period saw little or no improvement in the condition of the rivers in the County and until the projected river purification schemes are in full operation signs for the better will be slow in appearing. Special mention must be made of the year 1953 when most of the rivers suffered from drought conditions during the summer months and many burns and smaller water courses were dry, while in others the flow consisted mainly of domestic sewage. Main river beds were in parts also dry, this being particularly noticeable in the industrial reaches of the River Leven where manufacturers extract water from the River via mill lades. It must be stated, however, that in no case was a manufacturer hindered by lack of water for industrial processes.

The River Eden intercepting sewer had not been started at the end of 1953 and at the time of writing indications are that its commencement has been postponed for the immediate future. Having regard to this indefinite situation, Local Authorities and industrial firms can hardly be pressed to spend large sums of money in installing costly purification plant, or in reconditioning existing plant, for the disposal of sewage and trade waste particularly since they had already signified willingness to contribute towards the cost of the River Eden Scheme. Pollution of the River Eden, although occurring at numerous points, is at present moderate in degree, tending to be intermittent, so that considerable self purification of the water takes place. However, each year as more and more houses are built and existing properties are re-conditioned, and as the County Regional Water Scheme reaches out to an ever increasing number of properties, the position will become more and more objectionable. In the absence of adequate arrangements for dealing with sewage and trade waste, the purity of the river will, undoubtedly deteriorate.

During the latter part of 1952, an investigation was made into pollution of the River Eden by effluent from the Beet Factory near Cupar. From this investigation it was concluded that, while the settling ponds were effective in reducing the suspended solids content by about 92%, the River Eden was heavily polluted during the campaign by other constituents, so much so that one and a quarter miles below the outlet from the settling ponds the river was still in a highly polluted state. The "life" of these settling ponds is limited and, while it is considered that the solution to the problem is bound up with the laying of the River Eden Sewer, the Beet

Sugar Corporation, as indicated by their Officials at a meeting held in 1953, are actively engaged in trying to find other means of disposing of waste waters from their factories.

Another investigation into pollution of the River Eden was carried out during the first two months of 1953, this time to ascertain the effects of the effluent from the Cupar Burgh sewage works. It was found that the effluent was of a highly polluting character containing, on occasions, phenols. The river water below the point of entry of the effluent was of doubtful purity and with increase in housing, &c., within the Burgh, it can be expected that the position will deteriorate. It is evident that more satisfactory means of dealing with sewage from the Town is required if the River Eden below the point of discharge is to be maintained in a fit state, capable of supporting fish life.

The position on the River Leven is more promising because of the work done in the laying of the Regional Intercepting sewer. The sewer was officially opened in May, 1952, and since then a number of private and public sewage effluent pipes have been connected to it. All trade premises on the banks of the River were visited from time to time, but the position with regard to disposal of waste from manufacturing premises is not good since only one firm has made permanent connections. Other firms have, however, made connections of a temporary nature and work on certain permanent connections has commenced. The amount of trade waste discharged to the sewer at the present time is very small in comparison with the amount still being discharged into the river, and until further connections have been made no great improvement in the appearance and condition of the river can be expected.

The River Ore is a heavily polluted watercourse. It receives a large volume of crude sewage and since a high proportion of the coal washing plants in the County are located along its banks, it receives a heavy pollution from industrial wastes. While the condition of the river cannot be attributed solely to the activities of National Coal Board, they do add greatly to the pollution and without the full and active co-operation of the Board satisfactory progress in the cleansing of this (and other) rivers will not be made. Arrangements at some Collieries for the settling of waste water from coal washing plants are satisfactory, but in many instances they leave much to be desired. In most cases the banking of settling ponds consists of "redd" from the bing and despite efforts to keep these banks in good order breaks are very prone to occur, especially during the winter months. In addition, banks are sometimes not high enough and waste is allowed to flow over the top. These faults are, of course, rectified as they occur, but not before varying amounts of waste water containing large quantities of coal dust have gained access to the river or become deposited on the river bank, to be washed into the river with every rain fall. Much

pollution of the River Ore (and other burns) also occurs from the discharge of pit waters pumped from underground workings.

During the period under review a close watch was kept on the settling ponds and a number of meetings with Officials of the National Coal Board were held. The Board plan the installation of closed circuit washers at two collieries and concrete settling tanks at other collieries. Construction of one set of these tanks was commenced during the latter part of 1952, but owing to bad weather conditions and delay in obtaining the necessary valves, &c., these tanks are not yet in use.

WATER SUPPLIES AND DRAINAGE.

Water.—The major water supply undertakings controlled by the County Council now have a total capacity of 2,050 million gallons. As the result of the additional powers obtained by the County Council, an additional reservoir (capacity 1,100 million gallons) is in course of construction at Glendevon, meanwhile the reservoirs at Glenquey and Glenfarg continue to operate. At Carriston and Coul the reservoirs maintain a steady supply for Wemyss Area.

As indicated the yield of the Glendevon catchment area is to be increased by the diversion of the Frandy Burn into the existing Reservoir and by the construction of another reservoir upstream. The extra water so obtained will be distributed to the central, eastern and northern parts of Fife by a series of trunk mains which are in the process of being laid. If the demand for water increases notwithstanding these works, the resources of the Water of May catchment area will be stored in a new reservoir in the valley. There is, therefore, no lack of potential resources as the County develops.

The existing mains from Glendevon to Glenquey Gate, and from the Yetts of Muckhart to Navitie Tank have been duplicated. From Navitie a single main continues through the heart of Glenrothes development area to Balfarg where it splits into two mains, one proceeding eastwards by Kennoway, Upper Largo, Crail and Kingsbarns, terminating at Boarhills. The other main proceeds north east through Kettle and Pitlessie where a branch will supply the Bow of Fife, Collessie, Dunbog, Lindores and Balmerino. The main trunk continues from Pitlessie via Hill of Tarvit and Ceres to Balmullo and Strathkinness. The high area around New Gilston, Largoward, Peat Inn and Dunino will be served by a pumping system from the coastal main at Upper Largo. At appropriate stations on the course of these mains, service reservoirs with capacities varying from 0·1-3·5 million gallons are being constructed. It will be clear therefore, that a whole network of water supply mains and pipes will soon be in operation throughout the length and breadth of the County. There could be no more appropriate contribution on the part of the County Council towards the future of the area under their control.

In the Spring and Autumn of each year samples of water are submitted for bacteriological and chemical examination from all the undertakings under the control of the County Council. The raw waters in the reservoirs are always found to contain polluting substances of animal and vegetable origin, thereby emphasising the need for purification. Effective chlorination of all the large supplies is undertaken but as years pass it becomes more and more clear that for the removal of suspended matter and of taste filtration of the waters drawn from the Ochil Hills cannot be much

longer delayed. The small undertakings in the rural areas are not infrequently found to be producing water, which although safe for consumption, is not always up to the standard expected in public supplies.

In Fife where there are two large Burghs and twenty three small Burghs, there are many water supply undertakings, some of them of adequate quantity and quality, others of them barely able to meet demands. As the population increases and as long established works require renewal and extension, the various Local Authorities will be faced with the necessity for heavy expenditure. During the period under review further endeavours were made to establish a unified and united water supply policy in the County. Obvious difficulties intervened, particularly the natural desire of burghal authorities to remain self sufficient. Nevertheless, it is inevitable that in the interest of sustained quality and quantity and of wise public expenditure, an amalgamation of all water supply resources must take place.

Drainage.—An improvement has been effected in the state of the River Leven. By the end of 1953 the intercepting sewer referred to in the Annual Report of 1948 had been constructed up river as far as the Burgh of Leslie. Connections had been made to the sewer from:—

Leslie Burgh
Tullis Russell & Co., Ltd. (one connection)
Markinch Burgh
Glenrothes
Coaltown of Balgonie
Milton of Balgonie
North Windygates
The Distillers Co., Ltd.
Kennoway
Methilhill
Buckhayen and Methil (one connection)

Continuation of the sewer up the Lochty Burn and the River Ore presents difficulties in that most of the area concerned is liable to subsidence. Special consideration is being given to means of overcoming these difficulties, but so far the main has proceeded up the River Ore only to within 200 yards of its junction with the Lochty Burn. However, the plans which are under consideration are likely, in due course, to result in the sewers being laid and in the sewage polluted state of the streams passing under control. There will remain the problem of pollution from colliery waste.

Reference has been made in the section of the Report dealing with Rivers pollution to the alteration which has occurred in the plans for purification of the River Eden. In the meantime, a fifteen inch sewer has been laid down in Ceres. Originally it was intended that this would link up with the River Eden sewer so that no purification works have been provided.

The following are smaller works which have been completed during the five years :—

At Kennoway a 24 inch sewer has been constructed and joined to the Leven intercepting sewer. Sewers of six inches and seven inches have been built at Milton of Balgonie and also linked to the River Leven sewer. A nine inch pipe has been laid down in Hillend and connected to one of the Dunfermline sewers. A twelve inch sewer has been constructed at Comrie.

SCAVENGING.

The forty-three special scavenging districts in the County were all abolished in terms of the Fife County Council Confirmation Act, 1949. The County then became one special district for scavenging purposes, and scavenging activities passed out of the hands of private contractors into a direct labour organisation grouped in areas controlled by each of the seven Sanitary Inspectors and their Assistants.

A fleet of vehicles was acquired and by the end of 1953 there were fifteen freighters, one spare freighter and one tipping lorry. Each vehicle had, of course, its crew, consisting usually of a driver and two or three loaders. Often the driver was also a loader. In addition, there were in most populous areas street sweepers. The total numbers involved were 8 foremen, 48 drivers and loaders, and 37 sweepers. This organisation entailed considerable cost, but it early became clear that the expenditure was well justified, because of the greater degree of cleanliness effected, not only in long established villages, but also in the many new communities which had come into being.

For reasons of cost the establishment of men and of vehicles was kept at a minimum. Further expansions are necessary, however, particularly in the populous parts of the County, and in subsequent years further expenditure will be unavoidable. The County Council were wise in assuming direct responsibility for scavenging, and their hopes for an improved service have been realised, but, of course, developments of this type have to be paid for.

PORT HEALTH ADMINISTRATION.

There is no change to report in the Port Health Administration up to the end of 1953. Visits were paid to Methil and Burntisland Docks as occasion arose mainly in relation to specified complaints or to the medical examination of passengers, including stowaways, from infected ports abroad. These two ports are not regarded as "Approved Ports" in terms of the International Sanitary Convention of Paris, and the volume of shipping concerned has remained relatively small since the end of the war.

FACTORIES ACTS, 1937 AND 1948.

Under the above Acts periodical visits of inspection were made to factories and workshops for the enforcement of provisions regarding cleanliness, overcrowding, temperature, ventilation and drainage of floors in factories where mechanical power is not used and of provisions in regard to sanitary conveniences in all factories.

The premises were found, in the main to be clean, well-maintained and generally satisfactory, and defects found were, in many cases, of a trivial nature. The work carried out by Sanitary Inspectors in the landward part of the County relative to the Factories Acts is summarised in the following paragraphs.

In 1949, there were 378 factories on the register and 644 visits of inspection were made by the Sanitary Inspectors; 49 defects were found and 42 of these were rectified without the formality of serving a written notice; 7 written notices were served during the year, but in no case was it necessary to institute prosecution.

In 1950, 664 visits were paid to the 381 factories on the register; 48 defects were found and 46 of these were remedied in the course of the year; 12 written notices were served; no prosecutions were instituted.

In 1951 the number of factories on the register rose to 419, and 611 visits of inspection were made; defects found numbered 37 and all but one were remedied during the year; 24 written notices were served; no prosecutions were instituted.

In 1952 the number of factories remained at 419 and visits totalled 590; in all, 40 defects were found during inspections and 34 of these were remedied, 24 written notices were served, but in no case were the occupiers prosecuted.

In 1953, 602 visits were made to the 443 factories on the register; 41 defects were found and 37 of these were remedied in the course of the year; 30 written notices were served; there were no prosecutions.

EXCERPTS FROM REPORTS BY SANITARY INSPECTORS.

The Sanitary Inspectors submitted to the Local Authority and the Department of Health reports on sanitary conditions in their respective areas. The following are excerpts from their reports:—

Anstruther Area-Mr T. Robertson.

Drainage—1953.

The combined Public Drainage System of Upper Largo, Lower Largo and part of Lundin Links discharges untreated into the estuary of the Forth. Last year I stated that an early start was to be made on the work of extending the four outfall sewers to points below the normal Low Water Mark, in an attempt to alleviate the unsatisfactory and unhygienic conditions which prevailed on the Since these extensions have been made, there has been a noticeable improvement on the condition of the beach in the vicinity of the four outfall sewers. Conditions, however, are not so satisfactory near the privately owned outfall sewer which discharges into the sea to the west of Lundin Links. This sewer takes the drainage from 75 per cent of the houses in Lundin Links. The outfall is situated on the beach, a considerable distance short of Low Water Mark, and pollution of the beach in the vicinity is common. The owner of this sewer, however, is taking up with a contractor the question of extension to Low Water Mark of the outfall sewer, with a view to remedying this unsatisfactory condition.

In the Villages of Largoward and Arncroach limited systems of Public Drainage are available, in so far, that only the houses recently built by the County Council in each village are connected to a combined drainage system. Should any further housing developments be contemplated in these two villages, it will be necessary to extend these systems to incorporate the drains of houses which are not at present connected. This measure would be a means of removing the unsatisfactory conditions which prevail, due to a system of individual Septic Tank drainage, having soakaways, or the effluents discharging into ditches.

In New Gilston and Woodside 90 per cent of the houses have either privies or chemical closets. The present means of water supply is by draw wells, but owing to the fact that these villages are shortly to receive a piped water supply, the provision of proper and adequate drainage facilities will become a necessity, and in all probability a small purification works will be required for each village.

In last year's report I detailed the adverse conditions and difficulties prevailing in the villages of Kilconquhar and Barnyards, with regard to drainage. The Department of Health, however, has still under consideration the County Council's proposals for the drainage of these two villages. Owing to Kilconquhar being very low lying, drainage solely by gravitation is not possible. and it is proposed to include a pumping station in the drainage system. With regard to purification, it is also proposed that the drainage from the village of Colinsburgh, which is at present discharged untreated into a burn, be piped to the Kilconquhar purification works and treated before being discharged into the Cocklemill Burn. A water supply from the Regional Main is now laid throughout Kilconquhar and Barnyards, but little advantage will be gained from this new supply, and few householders, if any, will take advantage of this added amenity until a public drainage system is provided. In the circumstances it is to be hoped that sanction from the Department of Health will not be long delayed.

Cupar Area-Mr George Mark.

MEAT INSPECTION-1951.

The slaughtering of animals continues to be centralised at Cupar Slaughterhouse under the direction of the Ministry of Food. Slaughtering of sheep for export is also carried out at Newburgh. The only other slaughterhouse in operation is at Springfield Mental Hospital where slaughtering is carried out for own consumption. Centralisation of slaughtering at Cupar has its advantages over the old practice of isolated private slaughterhouses, and if this system is to be maintained consideration at some future time will require to be given to the establishment of more modern facilities. The slaughterhouse at Cupar while reconditioned to a degree and partially equipped with modern equipment still lacks many essential features which are necessary to the hygienic handling of meat.

Particulars of animals slaughtered and meat condemned during the years under review are given in the following tables:—

Animals Slaughtered. No. and class of animal No. and class of animal slaughtered under Casualty. slaughtered under allocation. Total Cattle. Calves. Sheep. 308 83 971 Total. Cattle. Calves. Sheep. Pigs. Year. 1485 1434 7617 976 290 6313 38 1950 107 14811 261 13239 1951 1263

During 1950, the total number of animals slaughtered was 9,102 of which 16·32% were under casualty or emergency slaughter.

In 1951, the total animals slaughtered numbered 16,245 of which 91·18% was under allocation and 8·82% casualty.

Particulars of Meat and Offal Condemned during 1950.

Class	of Tien	al Care			al Carc	ases	Wt. of	Meat os.	Wt. of	f Offal lbs.	To
Animal	Alloc.	Cas.	Total 109	Alloc.	Cas.	Total 40	Alloc. 7275	Cas. 49350	Alloc. 10390	Cas. 20013	870
CALVES	3	13	16 288	13	38	51	100 1621	503 13664	30 302	130 2446	180
SHEEP PIGS	40	248	8	4	14	18	300	1480	23	163	19
TOTALS	56	365	421	26	83	109	9296	64997	10745	22752	1077

Particulars of Meat and Offal Condemned during 1951.

Class	Total Ca		WWW (1 W	Partial	Carcas	es	Wt. of	Meat lbs.	Wt. of	Offal lbs.	
Animal CATTLE CALVES SHEEP PIGS	Alloc. 9 2 51	Cas. 88 22 258 7	Total 97 24 309 7	Alloc. 4 	Cas. 33 51 10	Total 37 69 12	Alloc. 5717 150 3341 23	Cas. 43802 1573 14198 1289	Alloc. 13754 33 1213 8	Cas. 17098 416 4952 198	Total 80371 2172 23704 1518
TOTAL	62	375	337	24	94	118	9231	60862	15008	22664	107765

It will be noted from the foregoing tables that the animals slaughtered and meat condemned has been classified into the categories of allocation and casualty. The animals slaughtered are those graded at the collecting centres and allocated as meat rations on the hoof, while casualty are those animals rejected for grading purposes or those sent in by farmers for emergency slaughter.

During 1950 the total weight of meat condemned amounted to 107,790 lbs., and of that amount 18.59% or 20,041 lbs., were under allocation and 81.41% or 87,749 lbs. under casualty.

In 1951 the total weight of meat condemned was 107,765 lbs. and of that amount 22.49% of the total of 24,239 were under allocation, while 77.51% or 83,526 lbs. were under casualty.

The amount of meat and offal condemned for Tuberculosis during 1950 was 28,188 lbs. or $26 \cdot 15\%$ of the total while in 1951 this amounted to 23,781 lbs. or $22 \cdot 06\%$ of the total.

Cysticercus Bovis.—In 1950, 30 bovine carcases were found to to be affected with Cysticercus Bovis, while in the following year 1951 there was only one carcase.

Cysticercus Bovis, or "Beef Measles" as it is commonly known is one of four parasites communicable to man and prior to the war years was very rarely found in cattle. The incidence of this parasite in cattle, although assuming widespread proportions in 1949 and 1950 has now fallen off considerably. This infection is destroyed after a period of 3 weeks under refrigeration. In every instance carcases were sent to Perth cold store.

Dunfermline Area-Mr A. M. Thomson.

Housing-1952.

At the beginning of the current year, another complete survey of housing conditions in the area was commenced. These surveys are undertaken every three years and they involve a visit to every house. The total number of houses visited was 6,840. The information obtained included the number and sizes of apartments in each house, the number of occupants, their ages and sexes, the extent of overcrowding if any, the size of house required to abate overcrowding, the place of employment of the principal bread winner in each house, the number of sub-tenants in need of houses, the number of lodgers, the habitability or otherwise of houses, &c.

The survey was not, of course, completed until May, 1953, and the result should, strictly speaking, be reserved for my next report. As the figures would, by that time, be considerably out of date, I think it more appropriate that they should be given in this report because the period of time to which the figures actually relate was between January and May, 1953.

The survey revealed that there are in the Area, 591 unfit houses, and 690 families living in overcrowded houses or in sub-let rooms—total 1,281. The total in the 1950 Survey was 1,715, and in the 1947 Survey, 2,131. Of course, new houses are not required for all of these. Many of the smaller families could be re-housed in houses vacated by those getting Council houses so that, in order to arrive at the number of new houses required, a theoretical process of decanting must be applied. Having applied this process, we found that the total number of new houses required was 872. The number required at the 1950 Survey was 1,204 and at the 1947 Survey, 1,327.

It will thus be seen that steady progress has been made since the war in reducing the number of houses required, and this despite the considerable influx to the Area of industrial workers from other parts of the country.

New Houses.—The number of new houses completed and occupied during 1952 was 78. Of that total, 69 were provided by the County Council and 9 by private enterprise. The restriction on the building of houses by private enterprise continues, although now greatly relaxed. There appears to be little doubt that the very high cost of building even a moderately sized modern house is enforcing much the same restraint on private building as did the rigid controls enforced for so many years during and after the war. An examination of the records reveals that a fairly high proportion of plans for new houses have not been proceeded with and the assumption is that the cost, when taken out, has proved prohibitive.

Building Byelaws.—The number of plans examined and reported upon during the year was 95. These included proposals for the erection of new houses, shops, stores, &c., together with alterations and extensions to existing premises. During the progress of the work, periodic visits of inspection were made to ensure that the provisions of the Council's building byelaws were being observed. In this connection, 243 inspections were made.

Minor Warrants.—One hundred and three Minor Warrants were issued in respect of the erection of and alterations to structures of a minor nature.

Building Licensing.—The restrictions on private building continue, although considerably eased and during the year 72 applications for building licences were examined and reported upon.

Uninhabitable and Defective Houses.—Visits of inspection for the purpose of ascertaining the structural condition of existing

houses in the aged category was pursued as time permitted. Of those visited, 60 were found to be unfit for human habitation. The representations to the County Council which followed resulted in the condemnation of all 60 houses, 48 being the subject of Demolition Orders and 12, Closing Orders.

The service of a Demolition Order involves the subsequent demolition of the house and the clearing away from the site of all the material, once the sitting tenant has been re-housed. Efforts are directed towards securing the demolition of houses as rapidly as possible after the Demolition Orders have become operative and in this way the disappearance of some 85 condemned houses was effected—houses which would otherwise have become derelict and, in due course, dangerous, and certainly blots on the landscape. In this connection I think the village of Wellwood is worthy of special note. Here, with the exception of 7 houses, the entire village was condemned and, in the course of the year, all but 6 of the 73 condemned houses were demolished and the sites cleared. Thus disappeared the village of Wellwood as it had been known to several generations of miners and with it there went, of course, those relics of a byegone age—the privy middens.

The village of Fordell was in much the same category as Wellwood. There, the entire village, with the exception of 16 County Council houses and 2 owned by the Coal Board, was condemned in 1948. Demolition of the 43 condemned houses is proceeding although, it must be admitted regretfully, at a much retarded pace.

In addition to those houses which were found to be uninhabitable, 53 others were found to have defects of a comparatively minor nature. In every instance, the defects were brought to the notice of the owner and the necessary remedial measures called for. In 41 of these, the defects were made good and at the close of the year the remaining 12 were still having our attention.

Kirkcaldy Area-Mr Ian Goodfellow.

Мик—1950.

The register at the close of the year showed two Certified Dairies, 43 T.T. Dairies, two Standard Dairies and five non-designated Dairies.

All dairies are frequently visited and inspected and a satisfactory standard of cleanliness is maintained. In no instance was it found necessary to revoke a designated licence. Two changes of ownership occurred in dairy farms during the year, one at Easter Balbeggie and the other at Wester Balbeggie Farm, by Kirkcaldy. During the year, 242 samples were collected at the 52 dairies in the area.

School Milk Survey.—During the five week period 5/6/50 to 7/7/50 (both dates inclusive) samples of milk were drawn from the supplies delivered to six different schools and submitted for

bacteriological examination. This special survey was taken in view of complaint regarding bottles being held over in school and not rinsed before being returned and consequently these bottles were much more difficult to sterilize at the creameries. In three of the schools cleaners were engaged in rinsing (and only rinsing) the bottles as soon as the milk was consumed, while in three other schools (receiving milk from the same creamery), no rinsing was carried out.

The following table shows the result :-

Samples collected from Schools in which bottles were rinsed.

No. of
Samples RESULT.

submitted. Failed. Complied.

78 26 52 Samples Collected from Schools in which bottles were not rinsed.

No. of
Samples RESULT.

Samples RESULT.

Submitted. Failed. Complied.

78 26 52 78 26 52

The tests applied by (1) Methylene Blue Test, (2) Phosphatasc Test and (3) B. Coli. It should also be recorded that the period of the survey was one of the warmest during the summer of 1950. From these results, it would seem that no advantage is to be gained by rinsing bottles in schools.

St Andrews Area-Mr R. Just.

CAMPING-1953.

This camping Site although situated in the County Area is under the control of the Burgh Local Authority. In the spring of 1953, Drainage and Water Supply were provided from the St Andrews services. Thirty water closets and urinals were installed. In 1954 a further 10,000 gallon storage for water was provided.

In conjunction with the Fife Fire Brigade, arrangements are being made to provide each tenant with a leaflet regarding Fire Precautions in caravans, and Posters are to be exhibited at several places on the site. It is understood that the Town Council are to provide Fire Extinguishers.

Wemyss Area-Mr W. Falconer.

SCAVENGING-1951.

The system of scavenging is by direct labour. Two motor freighters each with a driver and three loaders are in operation and seven sweepers are now employed. The service operated smoothly throughout the year. It was found necessary to adjust the days of collection in the part of the Area served by the Lewin freighter to allow for dealing with refuse from new houses at Kennoway. An additional street sweeper was also appointed to assist with sweeping in Kennoway and Methilhill, cleaning up of dumps and assisting throughout the Area where necessary. His services were also utilised to take the place of any member of the scavenging staff

who was absent because of illness or other causes. This latter service was of great value in maintaining a high standard of efficiency during the year. It is anticipated, however, that this man will be required to devote more time to sweeping in Kennoway as the housing schemes become occupied and it may become necessary to appoint additional staff.

The three refuse dumps in the Area were well maintained and supervised. One of these was set on fire by irresponsible persons and considerable time had to be devoted to bringing the fire under control.

Each village in the Area is provided with a twice weekly collection of refuse with the exception of Star of Markinch where refuse is collected once weekly. Those villages with a twice weekly collection also have a special collection of waste paper. This separate collection ensures that all paper collected is baled, and that loose paper at the dumps is kept to a minimum; thus keeping dumps tidy and reducing the risk of fire.

The value of waste paper collected for the last few years is shown below.

	Va	lue.	
1948—22 tons 17 cwts	 £133	4	1
1949-40 tons 5 cwts. 2 qrs.	 223	2	7
1950-47 tons 15 cwts. 2 qrs.	 263	18	4
1951—44 tons 15 cwts	 657	1	5

In addition, old carpets, rags and scrap metal to the value of £6 9s 9d were disposed of during the year. The value of salvage sold throughout the year was therefore, £663 11s 2d, which was realised with very little effort on the part of the householders. It will be observed that the weight of waste paper collected is down from the previous year, although the value is more. It must be mentioned that there has been a substantial fall in the price of waste paper, and that the returns for 1952 will be greatly reduced.

PUBLIC HEALTH SERVICES IN BURGHS.

The following is a summary of public health activities and general conditions in Burghs for which the County Medical Officer acts also as Burgh Medical Officer of Health, together with brief reports on transferred services in small burghs which still have their own Medical Officer. In the tables the figures given for populations represent the mid-year populations as estimated by the Registrar-General, and figures given for births and deaths are corrected for residence.

A	1	-17.	-4
Ans	UI	uu	er.

Vital	Statis	tics.—	-16.30	1949	1950	1951	1952	1953
Population (Estima	ated)		 3200	3153	2997	3026	3003
Live Births				 44	43	33	32	39
Birth Rate				 13.7	13.6	11.0	10.6	13.0
Illegitimate	Births			 -	-	1 - 1	-	1
Still-Births				 1	1	1	-	2
Marriages				 26	18	19	26	17
Deaths				 51	58	51	62	44
				 16.0	18.3	17.0	20.5	14.7
Deaths of In			ne year	 2	2	-	-	1
Infantile Mo	rtality	Rate		 45	46	1000	MONTO.	26

The 1951 Census gave the actual population of the Burgh as being 2,991 which is 334 less than the 1931 census figure.

Infectious Diseases.—The incidence of infectious disease in the Burgh has been low for the past five years. Notifications numbered 6 in 1949, 7 in 1950, 7 in 1951, 9 in 1952, and 8 in 1953, when there were 4 cases of scarlet fever, 2 of tuberculosis, and one each of pneumonia and ophthalmia neonatorum.

Housing.—The 20 houses referred to in the 1948 report were completed in 1949. In the following year it was decided to erect 44 houses in Anstruther Wester and the First Development comprising 26 houses (10 of three apartments and 16 of four apartments) was completed by 1953, the Second Development of 18 houses was commenced, six houses of three apartments being under construction at the end of that year. Under private enterprise two houses were completed in 1953 comprising one of six apartments and one of four apartments.

Factory Inspection.—	1949	1950	1951	1952	1953
Visits of Inspection	 60	58	47	66	79
	 15	23	14	15	26

In general, defects were promptly remedied without further action. In 1949 one defect was referred to H. M. Inspector of Factories. There were 124 factories on the register in 1953.

Auchtermuchty.

Vital	Stati	stics.		1949	1950	1951	1952	1953
Population (Estin	nated)	 	1256	1231	1333	1354	1348
Live Births			 	23	22	26	24	22
Birth Rate			 	18.3	17.8	19.5	17.7	16.3
Marriages			 	8	19	13	13	8
Deaths			 	19	30	20	20	15
Death Rate			 	15.1	24.3	15.0	14.8	11.1

The population of the Burgh as ascertained by the 1951 Census was 1,330, which represents an increase of 78 over the Census figures for 1931.

In each of the years, 1949, 1950, 1951, and 1953, 1 live birth was illegitimate. There were in 1949, 3 deaths of infants under one year of age; for the next three years infantile mortality was nil; in 1953 there was 1 infant death.

Infectious Diseases.—There were no major incidents of note. Notifications in 1949 numbered only 3, and in 1950 there were 9 cases of infectious disease, 7 of which were cases of whooping cough which had become notifiable for the first time at the beginning of that year. In 1951 there were no notifications, but in 1952 there were 7 cases, of which 6 were scarlet fever, and in 1953 the 11 notifications comprised 8 cases of whooping cough and 1 each of poliomyelitis, scarlet fever and pneumonia.

Factory Inspection.—	1949	1950	1951	1952	1953
Visits of Inspection	 30	47	29	30	34
Defects found	 8	11	6	8	10

All defects found during inspection were remedied, and no prosecutions were instituted. There are 21 factories on the register.

Housing.—In 1949, 10 four-apartment houses were constructed and in 1951 a further 12 houses of the same size were completed. In 1952, 4 three-apartment and 8 four-apartment houses were built and at the end of 1953 there were under construction 8 houses of three apartments and 6 houses of four apartments.

Buckhaven.

Vital	Statistic	cs.—		1949	1950	1951	1952	1953
Population	(Estimat	ed)		20705	20558	20263	20683	20723
Live Births				420	454	417	409	388
Birth Rate				20.3	22.1	20.6	19.8	18.7
Illegitimate	Births			19	22	24	19	24
Still-Births	100 04			9	11	8	16	19
Marriages				209	200	187	192	183
Deaths				223	242	290	227	254
Death Rate				10.8	11.8	14.3	11.0	12.3
Deaths of In	fants und	der one	year	14	26	26	11	16
Infantile Mo				33	57	62	27	41

The actual population of the Burgh as revealed by the 1951 Census was 20,154 which is an increase of 2,004 over the 1931 census figure.

Infectious Diseases.—There were, in 1949, 144 notifications of infectious disease cases. In 1950 there was a slight increase to 206 when there was an increased incidence of primary pneumonia, (69 cases); the total was also increased by the inclusion of 35 cases of whooping cough which had become notifiable for the first time. In 1951, with 231 notifications, scarlet fever (47 cases) showed a slight increase. One case of diphtheria was recorded in a child of eight years who had not been immunised; the case was bacteriologically negative and was accepted on clinical grounds only. During 1952 the incidence of infectious diseases followed a fairly normal trend; there were 159 notifications. In 1953 the total of 194 notifications comprised 61 of whooping cough, 50 of scarlet fever, 37 of pneumonia, 6 of erysipelas, 5 of ophthalmia neonatorum, 3 of poliomyelitis, 2 of malaria and one each of meningitis, dysentery and continued fever. There were also 27 notifications of tuberculosis.

Housing.—Additional houses completed and occupied in 1949 totalled 106, bringing the number of postwar houses completed up to 744. There were 117 houses completed in 1950, 294 in 1951 and 94 in 1952. In 1953, 233 houses were constructed, comprising 70 three-apartment, 161 four-apartment and 2 five-apartment dwellings, and a further 196 houses were under construction at the end of the year, comprising 4 two-apartment, 44 three-apartment, and 148 four-apartment houses.

Factory Inspection.—Over 200 visits of inspection have been made annually by the Sanitary Inspector, but very few defects were found—in 1952 and again in 1953 there was only one defect—and all were dealt with and remedied. On the whole premises were found to be in good order and well maintained.

Burning Coal Bing.—Attention was drawn in the burgh report for 1948 to complaints received in regard to smoke and fumes coming from Wellesley Bing which was on fire. This nuisance persisted throughout most of 1949, but the nuisance was ultimately brought under control by flooding the burning sections with pit water.

Burntisland.

Vital Statistics.—	1949	1950	1951	1952	1953
Population (Estimated)	 5830	5806	5678	5811	5742
Live Births	 63	78	89	76	82
Birth Rate	 10.8	13.4	15.6	13.1	14.3
Illegitimate Births	 4	2	3	6	5
Still-Births	 4	2	-	3	1
Marriages	 40	36	51	35	44
Deaths	 78	77	63	61	92
Death Rate	 13.3	13.2	11.1	10.4	16.0
Deaths of Infants under one year	 1	5	-	3	5
Infantile Mortality Rate	 16	64		39	61

The 1951 Census showed the actual population to be 5,668, an increase of 259 over the 1931 census figure.

Infectious Diseases.—In 1949 there were only 28 notifications within the burgh. The figure for 1950 was 98, but 66 of these were cases of whooping cough notifiable for the first time, and the incidence of infectious disease was otherwise low. Of the 104 notifications in 1951, 49 were whooping cough and 31 were scarlet fever. The incidence of these diseases fell again in 1952 when there were only 61 notifications. In 1953 the total number of notifications rose to 132, but 102 of these cases were of whooping cough. The remainder comprised scarlet fever (14 cases), and pneumonia (9 cases), tuberculosis (5 cases), and erysipelas (2 cases). The general health of the community remained satisfactory.

Housing.—During 1950, 16 houses were constructed, comprising 8 of four apartments and 8 of five apartments. Better progress was made in 1951 when 54 houses were completed, 12 being of three apartments and 42 of four apartments, but in 1952 housing progress was again slow and only 8 new dwellings were erected, 4 of three apartments and 4 of four apartments. In 1953, however, a total of 94 houses were completed and occupied, comprising 66 of three apartments, 24 of four apartments and 4 of five apartments; 24 of these were traditional, and 70 non-traditional houses. At the end of the year a further 106 houses were under construction, but there was still a waiting list of 602 applicants. During 1953, action was taken to deal with groups of unfit houses as Clearance Areas with a view to redevelopment, and the matter was under negotiation at the end of the year.

Factory Inspection.—Regular visits have been made during the period under review by the Sanitary Inspector for the purpose of inspection under the Factories Acts. In 1953 there were 36 factories on the register and 50 visits of inspection were made. Five defects were found, four of which related to lack of cleanliness. These were remedied, and no prosecutions were instituted.

Cowdenbeath.

Vital	Statisti	cs.—		1949	1950	1951	1952	1953
Population	(Estimat	ed)		13717	13652	13212	13508	13574
Live Births				282	235	236	245	246
Birth Rate				20.6	17.2	17.9	18.1	18.1
Illegitimate	Births			14	4	16	8	10
Still-Births				7	3	7	3	7
Marriages				129	118	126	132	114
Deaths				122	160	138	158	135
Death Rate				8.9	11.7	10.4	11.7	9.9
Deaths of In			year	11	9	9	8	9
Infantile Mo	ortality I	Rate		39	38	38	33	37

The actual population as revealed by the 1951 Census was 13,153, an increase of 400 over the 1931 census figure.

Infectious Diseases.—There were 109 cases of infectious disease in 1949, the bulk of which comprised primary pneumonia (40 cases) and scarlet fever (37 cases). In 1950 notifications numbered 129 including primary pneumonia (54 cases), scarlet fever (31 cases), and poliomyelitis (6 cases). In 1951 the total number of notifications rose to 174 by the inclusion of 68 cases of whooping cough, but the incidence of infectious disease otherwise followed a normal trend. There were 173 cases in 1952, and in that year scarlet fever (80 cases) and pneumonia (50 cases) accounted for a large part of the total. Notifications fell to 128 in 1953, comprising scarlet fever (37 cases), pneumonia (34 cases), tuberculosis (27 cases), whooping cough (24 cases), erysipelas (3 cases), dysentery (2 cases), and meningitis (1 case).

Housing.—In 1949, 176 houses were completed and the following year building progress continued with the completion of 62 houses at the Moss-side site. During 1951 steady progress was maintained and 112 houses were constructed while in 1952, 56 additional dwellinghouses were completed, and a further 62 were in course of erection at the end of the year, comprising 4 of two apartments, 26 of three apartments and 32 of four apartments. In 1953 8 one-apartment, 30 three-apartment, and 36 four-apartment houses were completed, and at the end of the year there were under construction, 4 one-apartment, 10 three-apartment, and 12 four-apartment houses.

Factory Inspection.—	1949	1950	1951	1952	1953
Visits of Inspection	15	24	20	16	18
Defects found	 3	7	2	-	-

These defects found on inspection were all rectified without further action. Factory premises were generally satisfactory.

Water Supply.—The burgh water supply derived from Loch Glow and Roscobie reservoir proved ample to meet all needs. The water is of good quality. The supply is fully dealt with in the Annual Report prepared by the Burgh Surveyer.

Crail.

Vital	State	istics.—	-	100	1949	1950	1951	1952	1953
Population (1087	1106	1213	1199	1184
Live Births					24	$\frac{12}{10.8}$	$\frac{16}{13 \cdot 2}$	$\frac{20}{16 \cdot 7}$	$\frac{15}{12 \cdot 7}$
Birth Rate				***	22.1	13	8	5	12
Marriages Deaths					17	21	30	20	24
Death Rate					15.7	18.9	24.7	16.7	20.3

The actual population as at the 1951 Census was 1,139, an increase of 80 over the 1931 census figure.

There was one illegitimate birth in 1949, and one illegitimate and one still-birth in 1951, and one illegitimate birth in 1953. In

1949 one infant under the age of one year died; in the next three years infant mortality was nil; there was one infant death in 1953.

Infectious Diseases.—There were in 1949 no notifications of cases of infectious disease. In 1950 there were 18 notifications, 9 of which were whooping cough, notifiable for the first time that year. In 1951 and 1952 the incidence again followed a normal trend, notifications totalling 2 and 5 respectively, and in 1953 the total of 4 cases, comprised two each of pneumonia and tuberculosis.

Housing.—In 1950, when the housing position was acute, 16 Council houses were completed, and in 1952 work was begun on a further 16 houses, comprising 8 three-apartment and 8 four-apartment bungalows, which were completed during 1953. Under private enterprise two three-apartment bungalows were erected in 1952 and in the following year two other houses were completed.

Factory Inspection.—	1949	1950	1951	1952	1953
Visits of Inspection	 30	28	16	24	22
Defects found	 10	10	16	15	7

The number of factories on the register in 1953 was 52. All defects found on inspection were rectified and no prosecutions were instituted.

	20 3			Cu	lross.				
Vital	Stat	istics.—	-		1949	1950	1951	1952	1953
Population		mated)			559	566	582	592	602
Live Births					8	12	10	14	8
Birth Rate					14.3	21.2	17.2	23.6	13.3
Marriages Deaths					39	25	25	15	27
Death Rate					4	10	3	3	5
Death Rate		***	***		7.1	17.8	5.2	5.1	8.3

The census of 1951 revealed an actual population of 578, which is 83 more than the 1931 census figure.

There was one illegitimate birth in 1949, one still-birth in 1950, and one illegitimate birth in 1951. One infant under the age of one year died in 1949, but since then infant mortality has been nil.

Infectious Diseases.—The health of the community has been satisfactory for the period under review. Notifications of infectious disease numbered 5, 2, 6, 3, and 8 respectively for the five years ending 1953. In 1953 there were 8 cases of scarlet fever and one of pneumonia.

Housing.—There is no new building to report, but it is intended to construct 8 or 10 houses of three apartments. Meantime there are 20 applications for houses of this size.

Factory Inspection.—Factories and workshops in the area have been regularly inspected and proved to be generally satisfactory. Two defects were found in 1949, and one in 1950. These were remedied without further action. No defects were seen on inspection

during the past three years. In 1953 there were four factories on the register and five visits of inspection were made.

Cupar (Transferred Services).

Vital Statistics.—	1949	1950	1951	1952	1953
Population (Estimated)	 5186	5172	5553	5657	5659
Live Births	 100	89	93	94	78
Birth Rate	 19.2	17.2	16.7	16.6	13.8
Illegitimate Births	 6	6	4	5	2
Still-Births	 2	2	-	No.	3
Marriages	 60	67	67	67	71
Deaths	 75	72	68	72	64 ~
Death Rate	 14.4	13.9	12.2	12.7	11.3
Deaths of Infants under one year	 3	4	1	1	2
Infantile Mortality Rate	 33	45	11	11	26

At the 1951 Census the actual population was 5,530, an increase of 935 over the 1931 census figure.

Infectious Diseases.—There were 37 notifications of infectious disease in 1949, and 52 in 1950. In 1951 the figure rose to 130 of which, however, 104 were cases of whooping cough, there having been a sharp outbreak of some 90 cases of this disease during March, April and May of that year. In 1952 there were 47 cases of infectious diseases and in 1953 the total of 83 cases comprised scarlet fever (51 cases), pneumonia (10 cases), tuberculosis (9 cases), whooping cough (7 cases), ophthalmia neonatorum (2 cases), erysipelas (2 cases), and one case each of poliomyelitis and puerperal pyrexia. Apart from the episode in 1951 the incidence of infectious disease in the Burgh followed a normal trend.

Elie and Earlsferry.

Vital Statis	stics.	gog l	1949	1950	1951	1952	1953
Population (Estim	ated)		 1058	1037	1190	969	971
Live Births		0	 13	9	11	10	9
Birth Rate			 12.3	8.6	9.2	10.3	9.3
Illegitimate Births			 0017	1	6	11 19	
Still-Births			 6	4	7	3	4
Marriages Deaths	attition.	***	 22	26	17	20	19
Death Rate			 20.9	25.1	14.3	20.6	19.6

The actual population revealed by the 1951 Census was 1,190, an increase of 92 over the 1931 census figure.

One infant under the age of one year died in 1949, since when infant mortality has been nil.

Infectious Diseases.—The health of the community has been satisfactory during the period under review. Notifications of infectious disease numbered one in 1949, seven in 1950 (of which five were cases of whooping cough), and three in 1951. There were no notifications in 1952, and in 1953 the total of 13 cases was

largely accounted for by scarlet fever, there being seven cases of this disease. There were also in that year five cases of pneumonia, and one of tuberculosis.

Housing.—The construction of 18 houses has been completed. They comprise 7 blocks of two four-apartment bungalows and 2 blocks of two three-apartment cottages.

Factory Inspection.—Owing to staffing difficulties work under the Factories Act was temporarily in abeyance for the major part of 1951. Apart from this period the usual visits of inspection were made periodically. No defects were found, but in 1951 one complaint was received from H.M. Inspector of Factories relative to cleanliness and rectification was immediately undertaken. There were four factories on the register in 1953 and five visits of inspection were made. No defects were found.

Falkland (Transferred Services).

Vital	Stat	istics.—	19	A LUCK	1949	1950	1951	1952	1953
Population		nated)			899	897	1037	1057	1057
Live Births					17	6	18	14	21
Birth Rate					18.9	6.6	17.4	13.2	19.8
Marriages	***				6	9	7	7	8
Deaths Death					15	13	13	20	7
Death Rate					16.6	14.4	12.5	19.0	6.6

The actual population as ascertained at the 1951 Census was 1,037, an increase of 246 over the 1931 census figure.

Illegitimate births numbered one in 1950, one in 1951, and three in 1953. There was one still-birth in 1952. One infant under the age of one year died in each of the years 1949, 1951 and 1952.

Infectious Diseases.—There were no notifications of infectious disease in 1949, but in 1950, 27 cases were notified, 23 of these being whooping cough cases notifiable for the first time in that year. Otherwise the general health of the community remained satisfactory. There were only 3 notifications in 1951, 4 in 1952, and 2 in 1953.

Inverkeithing.

Vital	Statis	tics	-	1949	1950	1951	1952	1953
Population	(Estima	ated)	1 19 3	 3871	3808	3720	3834	3845
Live Births				 70	70	82	85	72
				 18.0	18.1	22.0	22.2	18.7
Illegitimate	Births			 5	7	2	2	4
			0	 line-onl	1	2	2	1
				 43	36	43	40	38
Deaths				 55	52	48	40	23
Death Rate				 14.2	13.6	12.9	10.4	6.0
Deaths of In	ıfants u	nder o	ne year	 7	-	100	3	
Infantile Mo	ortality	Rate		 100	-	30,70	35	-

The actual population as revealed by the 1951 Census was 3,703, an increase of 231 over the 1931 census figure.

Infectious Diseases.—The incidence of infectious disease remained low during the five years ending 1953 and notifications numbered 23, 18, 17, 21 and 21 in each year respectively. The 1953 total comprised whooping cough (6 cases), tuberculosis (6 cases), scarlet fever (4 cases), pneumonia (4 cases), and one case of meningitis.

Housing.—Progress has been made in new housing. In 1949 the construction of 18 permanent houses was completed, and 54 were built the following year, comprising 16 of three apartments, 35 of four apartments, and 3 of five apartments. In 1951 a further 16 four-apartment houses were completed, and in 1952 34 more of the same size, while, in addition, 4 houses were converted for use by old people, each house comprising bed/living room and kitchenette, In 1953, 12 houses were constructed, comprising 6 of &c. three apartments, 4 of four apartments, and 2 of five apartments, and 5 houses were renovated for old people, comprising four of one apartment, and one of two apartments. By the end of the year a start had been made on the building of 52 traditional, spacesaving houses at Spittalfield. There are still many unfit and substandard houses within the Burgh, but it is hoped to deal with a proportion of these as the new housing programme comes forward.

Factory Inspection.—Visits of inspection numbered 84 in 1949, 68 in 1950, 80 in 1951, 104 in 1952, and 24 in 1953. Only two minor defects were found (in 1951), and all premises were clean and satisfactory. In 1953, there were 21 factories on the register.

Kinghorn.

Vital S	Statist	ics.	4.000		1949	1950	1951	1952	1953
Population (I					2189	2186	2349	2347	2339
Live Births					40	24	42	38	29
Birth Rate					18.2	10.7	17.9	16.2	12.4
Illegitimate	Births				3	3	_	1	1
Still-Births					1	10	2	17	10
Dootha		•••			10 26	19 37	8 36	17 27	24
Death Rate				Mid	11.8	16.9	15.0	11.5	10.3
Deaths of Inf	ants u				_	4	4	1	-

The actual population ascertained at the 1951 census was 2,337, an increase over the 1931 census figure of 336.

Infectious Diseases.—In 1949 there were only 7 notifications of infectious diseases as compared with 34 the following year, of these, however, 25 were cases of whooping cough, newly notifiable. In 1951 notifications again dropped to 6, but in 1952 there were 25 notified cases, 17 being cases of scarlet fever, which was prevalent for a time, but never reached epidemic proportions and remained mild in character. In 1953 there were only 8 cases comprising whooping cough (5 cases), tuberculosis (2 cases), and one scarlet fever case.

Housing.—There were 17 Council houses completed in 1949, and 4 other houses were built by private enterprise. In 1950 a further 17 Local Authority houses of four apartments were built, and in 1951 12 three-apartment houses were constructed. A further 8 houses of three apartments were completed in 1952. During the year ended 31st December, 1953, 50 four-apartment Cumbrae type houses were completed and at the end of the year 2 Cumbrae and 8 Jura type houses were under construction.

Factory Inspection.—Visits of inspection were made regularly to factories and workshops in the Burgh, the total number of visits being 56 in 1949, 34 in 1950, 48 in 1951, 73 in 1952, and 52 in 1953. Premises were all clean and in good condition and no defects were found. In 1953 there were 27 premises on the register.

Ladybank (Transferred Services).

Vital	Stat	istics.—		1949	1950	1951	1952	1953
Population (Esti	mated)	 	1169	1164	1147	1155	1169
Live Births			 	12	18	18	24	18
Birth Rate			 	10.2	15.4	15.7	20.1	15.4
Marriages			 	8	15	17	6	8
Deaths			 	14	16	21	13	21
Death Rate			 	11.9	14.6	18.3	11.3	18.0

The actual population ascertained at the 1951 census was 1,149, an increase of 21 over the 1931 census figure.

There was one illegitimate birth in 1950 and in 1952, one still-birth in 1950, and two still-births in 1953.

Infectious Diseases.—During 1949 and 1950 notifications of infectious disease cases totalled 3 and 6 respectively. There were 17 notifications in 1951 of which 11 were cases of whooping cough. There were only 4 notifications in 1952, but the figure rose again to 15 in 1953 when 8 cases of whooping cough occurred. The other cases in that year comprised three of scarlet fever and one each of pneumonia, erysipelas, opthalmia neonatorum and tuberculosis. It will be seen that the figures have been boosted by the inclusion of whooping cough in the list of notifiable diseases, but infectious disease in the community followed a normal trend throughout the five years under review.

Leslie.

Vital Statist		MON THE	1949	1950	1951	1952	1953
Population (Estima	ted)		 2664	2633	2623	2700	2728
			 45	34	47	46	52
Birth Rate			 16.8	12.9	17.9	17.0	19.1
			 	_		1	1
Still-Births			 1	3	1	2	1
			 27	13	18	20	18
Deaths			 50	47	34	37	29
			 18.7	17.8	12.9	13.7	10.7
Deaths of Infants u	nder o	ne year	 3	1	3	2	1
Infantile Mortality	Rate		 66	29	64	43	19

The actual population as revealed by the 1951 census numbered 2,612, an increase of 120 over the 1931 census figure.

Infectious Diseases.—In 1949 there were only 12 cases of infectious diseases. In May of that year several cases of food poisoning came to notice, but details have been given in a previous section of this report and need not be repeated here. During the following year the number of notifications rose to 103, but 88 of these were cases of whooping cough which became notifiable for the first time on 1st January, 1950, and the incidence of infectious disease was otherwise low. In 1951 there were 25 notifications, and in 1952 the total was 21. In 1953 the 31 cases notified comprised tuberculosis (12 cases), scarlet fever (10 cases), whooping cough (6 cases), pneumonia (2 cases) and one case of puerperal pyrexia.

Housing.—During 1949, 18 new houses of four apartments were completed and three old houses were converted into 2 modern three-apartment dwellings. The following year better progress was made and 8 traditional, and 34 non-traditional houses were erected, while in 1951 a total of 48 houses were completed, of which 24 were traditional (12 three-apartment and 12 four-apartment), and 24 were four-apartment Weir houses. In 1952 a further 48 new houses were constructed (40 three-apartment and 8 four-apartment), and in addition 6 old houses were reconstructed, 3 being of two apartments and 3 of three apartments. During 1953, 56 houses were completed (28 three-apartment and 28 four-apartment) and 4 houses were reconstructed (3 two-apartment and one three-apartment). At the end of the year 29 houses were under construction (8 two-apartment and 21 three-apartment), and eight old houses were in process of being reconditioned.

Factory Inspection.—Visits of inspection were made regularly by the Sanitary Inspector. Conditions generally were quite satisfactory, and no defects were found. In 1953 there were 18 factories on the register.

Drainage.—The bulk of the work required to connect the sewage system of the Burgh to the River Leven Trunk Sewer was completed by the end of 1953.

			L	even.				
Vital Statis	stics.	distrib		1949	1950	1951	1952	1953
Population (Estim	ated)			8716	8654	8900	9028	8992
Live Births				137	150	139	159	127
Birth Rate		MALL PARTY		15.7	17.3	15.6	17.6	14.1
Illegitimate Births				8	7	- 10	5	3
Still-Births				3	5	6	6	5
Marriages				80	94	74	84	79
Deaths				96	86	105	108	135
Death Rate				11.0	9.9	11.7	11.9	15.0
Deaths of Infants u	inder o	ne year		3	3	5	9	3
Infantile Mortality				20	20	36	56	24

The actual population ascertained by the 1951 census was 8,868, an increase of 1,309 over the 1931 census figure.

Infectious Diseases.—In 1949 there were 43 cases of infectious diseases. Notifications rose to 98 in 1950 and 110 in 1951, but the increase in these years was largely due to whooping cough. There were 67 notifications in 1952 and 74 in 1953. This latter total comprised pneumonia (29 cases), scarlet fever (19 cases), tuberculosis (10 cases), whooping cough (9 cases), ophthalmia neonatorum (2 cases), and one case each of meningitis, erysipelas, dysentry, poliomyelitis and paratyphoid fever.

Housing.—A total of 56 houses were completed in 1949, 20 by the Town Council (14 of four apartments and 6 of five apartments), and 36 by Scottish Special Housing Association, (32 of four apartments, and 4 of five apartments). In 1950 Local Authority Houses constructed numbered 34 (24 of four apartments and 8 of five apartments), and 32 four-apartment S.S.H.A. houses were also built. The following year a further 42 houses were erected at the Mountfleurie site (6 of three apartments, 30 of four apartments, and 6 of five apartments), and in 1952 houses erected by the Town Council totalled 16 (8 of three apartments, 7 of four apartments, and one five-apartment house), and S.S.H.A. houses 36 (26 three apartments and 10 of four apartments).

During 1953, 14 three-apartment, 5 four-apartment and 3 five-apartment houses were completed and occupied at Mount-fleurie where a further 16 three-apartment houses were at various stages of construction at the end of the year, and in addition 16 S.S.H.A. four-apartment houses were completed. The Town Council have also 12 two-apartment bungalows for old people in course of erection. Although the housing position has eased somewhat recently there are still 435 applications for new houses outstanding.

Factory Inspection.—	1949	1950	1951	1952	1953
Visits of inspection	 14	13	12	17	16
Defects found	 6	4	6	7	7

In general, premises were found to be satisfactory on inspection, and defects, often of a minor nature, were rectified immediately. No prosecutions were instituted.

Drainage.—Final arrangements have been completed for the construction of a sewer to link up Mountfleurie housing area with the River Leven Purification Scheme, and also to construct a pump house and river crossing to connect the Burgh sewage system to the same scheme. Tenders have been invited for the above works.

Lochgelly.

Vital	Statist	ics.—	NAME		1949	1950	1951	1952	1953
Population (Estima	ated)			9765	9696	9134	9308	9306
Live Births					154	159	164	180	179
Birth Rate					15.7	16.3	17.9	19.3	19.3
Illegitimate	Births				8	12	4	5	4
Still-Births					7	5	6	6	6
Marriages					97	93	97	98	91
Deaths					111	113	99	96	93
Death Rate					11.3	11.6	10.8	10.3	10.0
Deaths of In	fants u	nder o	ne yea	ar	2	6	8	6	6
Infantile Mon	rtality	Rate			13	38	48	33	33

The actual population as ascertained by the 1951 census was 9,102, a decrease from the 1931 census figure of 196.

Infectious Diseases.—The incidence of infectious disease remained low and in each of the five years ending 1953, notifications numbered 26, 36, 38, 28 and 45 respectively. In 1953 there were 12 new cases of tuberculosis, 10 of pneumonia, 7 each of scarlet fever, whooping cough and dysentry, and 2 cases of erysipelas.

Housing.—The following table shows the number of houses completed each year:—

	Nu	mber o	f Aparti	nents.		
Year.		Two.	Three.	Four.	Five.	Total.
1949	 	_	-	62	6	68
1950	 	_	11	58	50	119
1951	 	-	23	34	-	57
1952	 	26	36	24	_	86
1953	 	_	22	20	_	42

A further 34 houses were under construction at the end of 1953.

The total of post-war houses completed by the end of that year was 559, and although there are still quite a number of unfit dwellings within the Burgh to be dealt with the number is being gradually reduced as building progresses. Under private enterprise one four-apartment bungalow was completed in 1953.

Factory Inspection.—	1949	1950	1951	1952	1953
Visits of Inspection	 133	55	82	65	81
Defects found	 _	_	1	1	4

All factories visited were found clean and satisfactory with minor exceptions which were dealt with and rectified without further action.

Water Supply.—Owing to dry weather in 1949, the Burgh supply of water proved totally inadequate to meet the needs during the summer and had to be augmented from Fife County and Cowdenbeath Burgh Water Supplies. A supplementary supply is still being obtained from Fife County, the agreement with Cowdenbeath Burgh having ceased as from 1st January, 1952.

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Vital Sta	utistics.—	379733	1949	1950	1951	1952	1953
Population (Est	imated)		 2287	2286	2306	2329	2336
Live Births			 39	38	27	45	34
Birth Rate			 17.0	16.6	11.7	19.3	14.6
Illegitimate Bir	ths		 2	-	1	_	1
Still-Births			 2	1	_	_	1
Marriages			 32	28	29	29	27
Deaths			 38	40	43	32	26
Death Rate			 16.6	17.4	18.6	13.3	11.1
Deaths of Infan	ts under o	ne year	 3	2	1	1	1 .
Infantile Mortal	lity Rate		 77	53	37	22	29

The actual population as revealed by the 1951 census totalled 2,306, an increase of 314 over the 1931 census figures.

Infectious Diseases.—In 1949, there were only 11 notifications of infectious disease cases. The following year there were 78 cases in all, but 53 of these were cases of whooping cough which became notifiable for the first time at the beginning of 1950. Otherwise the incidence of infectious disease remained low throughout the period under review, and notifications in 1951, 1952, and 1953, numbered 27, 16, and 25 respectively. In 1953 there were 12 cases of scarlet fever, 8 of whooping cough, 2 cases of pneumonia, 2 of erysipelas, and one case of tuberculosis.

Housing.—A total of 26 houses were completed in 1949, and new building proceeded throughout the following year though no further houses were actually completed until 1951 when 18 houses were occupied (8 of three apartments and 10 of four apartments). In 1952, 8 houses were built (6 of three apartments and 2 of four apartments) and in 1953 an additional 34 houses were completed (22 of three apartments and 12 of four apartments). At the end of the year there were 30 houses in course of erection. A housing census has not been taken for several years, but it is estimated that at the end of 1953 a further 130 houses would be required. The number of outstanding applications for houses was 165.

Factories Acts made by the Sanitary Inspector numbered 37, 44, 40, and 35, and 39 in each of the five years 1949-53 respectively. In 1950 one defect was found and it was reported to H.M. Inspector of Factories. In 1953 two defects were found but these were remedied without further action. Premises generally found to be clean and in a satisfactory state.

Water.—The Burgh water undertakings passed into the hands of Fife County Council on 16th May, 1949, but the Town Council continued to supervise the works, &c., on behalf of Fife County until 16th May, 1950. In addition to the usual Burgh sources of supply water is being given off to the Burgh from the Coull Main until such time as the Burgh can be linked up with the County Regional water main.

Newburgh (Transferred Services).

Vital .	Statis	tics.—	-		1949	1950	1951	1952	1953
Population (Estima	ated)			2358	2341	2384	2470	2440
Live Births					44	42	43	41	38
Birth Rate					18.6	17.9	18.0	16.6	15.6
Illegitimate	Births				1	-	1	1	1
Still-Births					1	5	-	2	
Marriages					7	15	16	17	15
Deaths					26	35	24	31	31
Death Rate	8 18				11.0	14.9	10.2	12.6	12.7
Deaths of Ini	fants u	nder o	ne yea	ar	1	1	1		3
Infantile Mon					22	24	23		79

The actual population ascertained by the 1951 census was 2,367 which is 194 more than the 1931 census figure.

Infectious Diseases.—There were, in 1949, 19 notifications of cases of infectious disease. The total for 1950 was little changed at 21, but in the summer of 1951 there was quite a sharp outbreak of whooping cough. There were in all 43 notified cases of this disease during the year out of a total of 53 notifications. Otherwise the health of the community was satisfactory. The number of notifications dropped to 6 in 1952, and in 1953 the total of 23 cases comprised scarlet fever (12 cases), tuberculosis (8 cases), whooping cough (2 cases), and ophthalmia neonatorum (1 case).

			Ne	wport.				
Vital St	tatistics.—	1790		1949	1950	1951	1952	1953
Population (Es	stimated)			3102	3076	3278	3391	3374
Live Births	A 1 1.1. E 1			39	49	54	51	43
Birth Rate	del co			12.5	15.9	16.5	15.0	12.7
Illegitimate Bi	irths			1	2	2	2	2
Still-Births				4	1	1	-	2
Marriages				10	20	17	20	20
Deaths				45	59-	61	50	52
Death Rate				14.5	19.1	18.6	14.7	15.4
Deaths of Infan	nts under o	ne year		1	1	1	2	-
Infantile Morta				25	20	19	39	-

The actual population ascertained at the 1951 census was 3,273 which is only 3 less than the 1931 census figure.

Infectious Diseases.—In 1949 there were only 14 notified cases of infectious disease. The following year the total was 53, including 24 cases of scarlet fever and 14 of whooping cough, and in 1951 the total of 47 included 19 cases of whooping cough and 10 cases of ophthalmia neonatorum. In 1952 the figure dropped to 21, and in 1953 there was a total of 19 cases comprising scarlet fever (5 cases), whooping cough (4 cases), poliomyelitis (3 cases), erysipelas (2 cases), pneumonia (2 cases) and one case each of continued fever, puerperal pyrexia and tuberculosis.

Housing.—A total of 20 new houses were completed in 1949 and 36 in 1950. In the latter year a further six houses were also

provided by the conversion of larger houses into modern flats. During 1951, 8 four-apartment houses were constructed, and in 1952, 10 three-apartment and 4 four-apartment houses were built by the Local Authority. In 1953, 12 three-apartment and 41 four-apartment houses were constructed. There were no houses under construction at the end of the year, but two substandard houses have been purchased by the Town Council with a view to renovation.

Factory Inspection.—Visits of inspection made by the Sanitary Inspector totalled 17, 20, 22, 16 and 23 in each of the five years respectively. All premises were in good order and no defects were found. There are 16 factories on the register.

Pittenweem.

Vital	Stati	istics.—	No.	1949	1950	1951	1952	1953
Population	(Estin	nated)		 1626	1602	1645	1633	1608
Live Births				 20	25	24	20	20
Birth Rate				 12.3	15.6	14.6	12.2	12.5
Marriages				 14	13	10	9	15
Deaths				 23	38	31	28	32
Death Rate				 14.1	23 · 7	18.8	17.2	20.0
Deaths of In				1	2	1	1	1
Infantile Mo	ortalit	y Rate		 50	80	41	50	50

The 1951 census revealed an actual population of 1,642, which is 23 more than the 1931 census figure.

There was one still-birth in 1949, and one illegitimate live-birth in 1950. In 1953 there was one illegitimate birth, also two still-births, and one death of an infant under one year of age.

Infectious Diseases.—Only 5 cases were notified in 1949. There were 19 in 1950, but 13 of these were cases of whooping cough and the incidence of infectious disease was otherwise low. The general health of the community remained satisfactory during the period under review. There were only 8 notifications in 1951, 6 in 1952, and 4 in 1953, when there was one case each of pneumonia, whooping cough, scarlet fever and tuberculosis.

Housing.—In 1950, 4 three-apartment and 8 four-apartment houses were completed. A further 12 three-apartment and 4 four-apartment dwellings were constructed under Local Authority auspices during 1952, and by the end of 1953 8 three-apartment and 8 four-apartment houses had been completed. Private building during 1952 resulted in the erection of 6 houses of four apartments and 1 of five apartments, and work on 2 other private houses had been completed by the end of 1953. With the applications for houses in the Burgh far exceeding the number of Council houses available there is little prospect at the moment of dealing with unfit houses under the provisions of the Housing Act.

Factory Inspection.—There are 17 factories on the register and all have been regularly inspected by the Sanitary Inspector. The

premises generally were satisfactory and no defects calling for official action were found.

St Andrews.

Vital	Statis	tics.—	.bo	1949	1950	1951	1952	1953
Population (Estima	ited)	J.CO.	 8593	8548	9490	9690	9632
Live Births				 141	117	125	136	105
Birth Rate				 16.4	13.6	12.1	14.0	10.9
Illegitimate	Births			 5	7	4	10	1
Still-Births				 1	5	5	3	3
Marriages				 83	88	101	84	85
Deaths				 122	148	137	132	99
Death Rate				 14.1	17.3	14.4	13.6	10.3
Deaths of In			ne year	 5	2	_	2	2
Infantile Mo	ortality	Rate		 35	17	-	15	19

The 1951 census gave an actual population of 9,459, an increase of 1,158 over the 1931 census figure.

Infectious Diseases.—In 1949 there were 36 recorded cases of infectious disease in the Burgh. In 1950 the total was 63, but this increase was due to the fact that whooping cough (of which there were 38 cases) became notifiable for the first time that year. During the following year the number of notifications rose to 102. Dysentery accounted for 20 of these notifications, a small outbreak of 17 cases having occurred in April, 1951, the cause of which was never satisfactorily traced. There was also a slightly increased incidence of acute primary and influenzal pneumonia in the first two months of that year. Otherwise the health of the community remained satisfactory during the period under review, and only 35 cases were notified in 1952 and 36 in 1953, when there were 11 cases of pneumonia, 7 of scarlet fever, 7 of tuberculosis, 5 of opthalmia neonatorum, 4 of whooping cough and one each of malaria and puerperal pyrexia.

Housing.—The housing situation in the Burgh was fully explained in the Annual Report for 1948. The position was not materially altered till 1950, when 39 three-apartment and 20 fourapartment houses were completed by the Local Authority. 1951 a further 12 three-apartment and 12 four-apartment dwellings were built, in 1952, 9 houses of three apartments and 8 of four apartments were constructed, and in 1953, 18 three-apartment and 14 four-apartment houses were completed. At the end of that year an additional 2 municipal houses were under construction, comprising 23 of three apartments and 4 of four apartments. Private building resulted in the erection of 2 four-apartment houses in 1950, one of similar size the following year, 15 of 4 apartments or larger in 1952, and 10 in 1953 comprising 4 of four apartments, 4 of five apartments and 2 with more than five apartments. addition 2 three-apartment and 2 five-apartment private dwellings were under construction at the end of the year.

Factory Inspection.—There are 130 factories on the register. These have been regularly inspected by the Sanitary Inspector. Premises generally were clean and in a satisfactory state. In 1953 visits of inspection totalled 53 and no defects were found.

				St M	onance.				
Vital	1881		1949	1950	1951	1952	1953		
Population (1636	1622	1513	1525	1515		
Live Births					26	19	25	21	18
					15.8	11.7	16.6	13.8	11.9
Illegitimate	Births				2	-	1	1	_
Still-Births					1	1			1
Marriages					8	7	5	9	3
Deaths					28	19	31	24	24
Death Rate					17.1	11.7	90.4	17 1	1 = 0

According to the 1951 census the actual population was 1,517, which is 178 less than the 1931 census figure.

In 1951 one infant under the age of one year died and in 1952 there were two infant deaths.

Infectious Diseases.—The Burgh has experienced a very low incidence of infectious disease for several years past. Notifications in 1949 were nil; in 1950, three (pulmonary tuberculosis); in 1951, one (scarlet fever); in 1952, six (pneumonia and scarlet fever, two each, opthalmia neonatorum and tuberculosis, one each); and 1953, the total of seven cases comprised three of scarlet fever, two of tuberculosis and one each of pneumonia and whooping cough.

Housing.—The 1950 programme of 26 houses has been completed. Of these, 12 have three apartments and 14 four apartments. There is, however, still a need for further houses. One additional dwelling was constructed by private enterprise in 1952, and one was under construction at the end of 1953.

Factory Inspection.—There are 16 factories and workshops on the register, all of which have been inspected and found satisfactory. No defects requiring action were noted.

				Ta	yport.				
Vital Statistics.—					1949	1950	1951	1952	1953
Population (Estimated)					3346	3328	3219	3297	3288
Live Births					70	44	36	55	59
					20.9	13.2	11.1	16.7	17.9
Illegitimate	Births				3	3	3	4	1
Still-Births					2	_	_	2	î
Marriages					17	9	15	27	17
Deaths					44	46	52	45	44
Death Rate					13 · 1	13.8	16.1	13.7	13.4
Deaths of Infants under one year					2	1	1		
Infantile Mo	rtality	Rate			28	23	28	_	_

At the 1951 census the actual population was 3,222, an increase of 58 over the 1931 census figure.

Infectious Diseases.—The health of the community has remained generally satisfactory. Notified cases of infectious disease numbered 20 in 1949, and 81 in 1950, but included in the latter total were 69 cases of whooping cough notifiable for the first time. In 1951 there were 25 notifications and in 1952 there were, in all, 32 cases of infectious disease. In 1953 the total of 17 notifications comprised scarlet fever (6 cases), tuberculosis (5 cases), ophthalmia neonatorum (4 cases) and whooping cough (2 cases).

Housing.—In 1950 a total of 44 houses were completed as compared with 6 in the previous year, In 1951 a further 8 houses were built and 68 were under construction, 46 of these being completed the following year. The latter total comprises 29 houses of three apartments and 17 of four apartments. One three-storey block of 22 houses was under construction at the end of 1953. This block comprises 18 three-apartment flats and 4 two-apartment flats. Also under construction were 28 cottage type houses of three apartments. In addition a block of 26 two-apartment houses is being modernised and converted into 10 three-apartment and 4 two-apartment flats and two of these houses were already occupied by the end of the year. Grant for this project was sanctioned under the 1950 Housing Act.

Factory Inspection.—There are 31 factories on the register and visits of inspection made by the Sanitary Inspector totalled 32 in 1949, 40 in 1950, 42 in 1951, 64 in 1952 and 72 in 1953. Generally speaking the premises were satisfactory. Three instances of lack of cleanliness in 1949 were rectified immediately. H.M. Inspector of Factories brought to notice two defects in 1951, three in 1952, and three in 1953. These were dealt with and no prosecutions were instituted.







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