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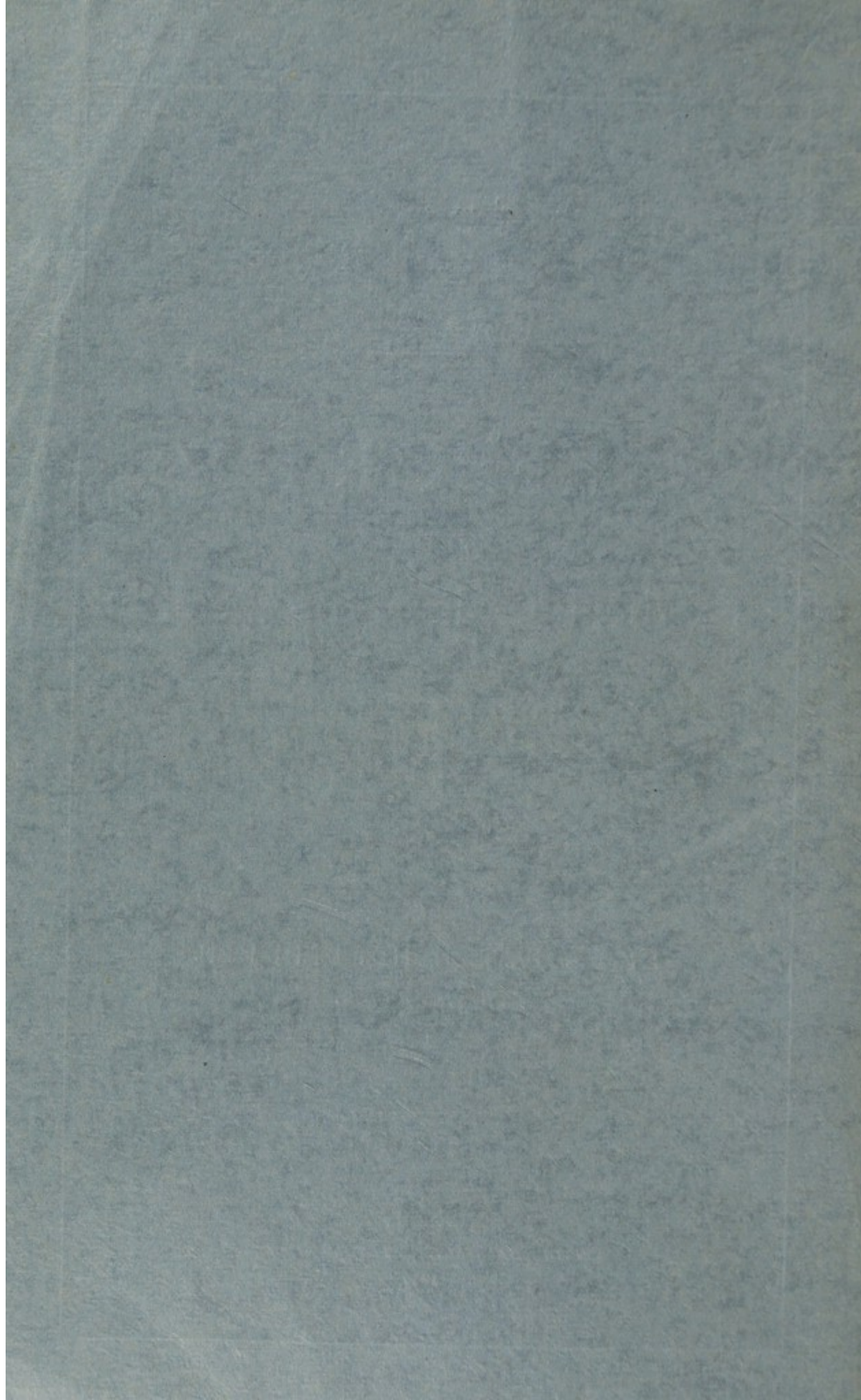
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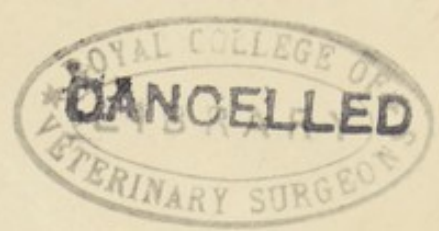


REPORT
OF THE
Medical Officer of Health
CITY OF DUBLIN
FOR THE YEAR 1948

BY
JAMES A. HARBISON, M.D., D.P.H., M.P.H.
City Medical Officer.

DUBLIN :
PRINTED BY SEALY, BRYERS & WALKER.
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**Municipal Buildings,
Dublin.**

P. J. HERNON, ESQ., B.COMM., LL.D.

City Manager and Town Clerk.

I have the honour to present to you my Annual Report on the health of the city during the year 1948.

I took up duty as City Medical Officer on 18th September, 1948. Much of the work with which the Report deals was done under the direction of Dr. M. Crowe who since the retirement of Dr. Russell devoted himself wholeheartedly to the improvement and expansion of the various public health services and who, during these early months of my service with the Dublin Corporation, has done everything possible to smooth my advent to my new office.

As the first Public Health Act in these islands was passed in 1848 the year 1948 may be regarded as a year memorable in its own right in the history of public health.

The various sections of this Report are intended to set out for the citizens of Dublin an account of the activities of the services organised for their benefit. It will be by the wise use of these services that they will be improved and expanded, and it is to encourage the interest of our citizens in the care of public health that such reports are prepared. This Report reveals two highly satisfactory results in the year to year achievements of our services, namely, a general death-rate (10.9) which is the lowest recorded since 1910, and the phenomenal reduction in the infant mortality rate from 88 to 48. The establishment and operation of the Gastro-Enteritis Control Section materially

aided in this reduction. In general, with the exception of Scarlet Fever, the incidence of infectious diseases was low. There was only one death from Diphtheria and there seems to be little doubt that the decline in Diphtheria incidence and death-rate in recent years is due to the increase in the proportion of the child population of the City who have been immunised against this disease. Although 2,728 cases of Scarlet Fever were notified during the year, only two deaths were recorded.

The General and Vital Statistics for the year under review are set out hereunder.

GENERAL STATISTICS.

Area	....	....	....	21,933 Acres.
Population (Estimate of Registrar-General)	....	....	....	520,000

VITAL STATISTICS.

Births	....	....	....	13,130
Birth Rate	....	....	....	25.2
Deaths (all causes)	....	....	....	5,660
Death Rate	....	....	....	10.9
Infant Deaths	....	....	....	624
Infant Mortality Rate	....	....	....	48
Deaths from Principal Epidemic Diseases	....	....	....	117
Death Rate	....	....	....	0.2
Deaths from Tuberculosis (all forms)	....	....	....	690
Death Rate	....	....	....	1.3
Deaths from Tuberculosis (Pulmonary)	....	....	....	573
Death Rate	....	....	....	1.1
Deaths from Cancer	....	....	....	666
Death Rate	....	....	....	1.3

The general death rate of 10.9 per 1,000 of the population shows a reduction on the 1947 rate (14.1) of 3.2 per 1,000 of the population and, as stated earlier, is the lowest since 1910.

Pulmonary tuberculosis accounted for 573 deaths as compared with 651 in the previous year. Deaths from non-pulmonary tuberculosis numbered 117 as compared with 193 in 1947.

An appreciable reduction in deaths from Principal Epidemic Diseases in the year resulted in a rate of 0.2 as compared with 0.8 in 1947. An all-round decrease from the diseases within the group accounted for this satisfactory position. There was only one death from Diphtheria, two from Typhoid Fever, twelve from Measles, and sixteen from Whooping Cough. Deaths from Diarrhoea and Enteritis totalled 80 as compared with 282 in 1947. Deaths from Cancer showed an increase from 648 to 666 in 1948.

The birth-rate for the year was 25.2, the rate for Eire being 24.5.

By far the most outstanding figure in the vital statistics for 1948 was the Infant Mortality Rate of 48 following a rate of 88 for the year 1947 and rates of 96, 114, 125 and 128 for the four previous years. The reduction in the deaths from Diarrhoea and Enteritis, already noted, played an important part in effecting this satisfactory rate.

In the age-group, 65 years and upwards, 2,435 deaths were registered representing 44% of the total deaths recorded for the year.

A brief reference may now be made to some of the services operating under the Public Health Department.

Maternity and Child Welfare.

The report of the Medical Officer shows the services provided for the expectant and nursing mother and the child up to 5 years. There is scope for considerable expansion of this service, but such expansion must

form part of the proposed Mother and Child Service which, when in operation, will reduce further our infant and neo-natal mortality rates.

School Medical Service.

The report of the Chief School Medical Officer gives an indication of the volume of good work for child health preservation which has been done by the Service. Like the service for maternal and child hygiene, there is room for considerable development in our school hygiene programme. However, in view of the fact that this service may be completely reconstructed under the Mother and Child programme, it would seem untimely to press for its extension in its present form. It is doubtful if the system devised under the 1919 Act which followed so closely that organised for Great Britain was ever quite satisfactory for this country, and whether coming under the Mother and Child Service or not, it is overdue for a complete revision and fundamental re-organisation.

The first charge upon a Public Health Department is the control of communicable diseases, and this Department arranges institutional accommodation for fever patients, investigates possible sources of disease, supervises contacts and provides protection in the form of immunisation, etc., to those likely to benefit. It also provides facilities for the diagnosis and treatment of tuberculosis and venereal disease and for the welfare of expectant mothers, infants, pre-school and school children. The reports which follow of the individual medical officers in charge of the various divisions above quoted give in more detail the operations of these services.

To the Staff of the Public Health Department my thanks are due for their zeal and loyalty during the early months of my service with Dublin Corporation.

JAS. A. HARBISON,

City Medical Officer.

Table showing Annual Rate of Mortality, and Deaths from Certain Causes, City of Dublin, 1910—1949.

	Annual Rate of Mortality		Total Deaths	Deaths under One Year	Infant Mortality Rate	Typhus	Typhoid	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Diarrhoeal Diseases	Dysentery	Tuberculosis		Cancer	Pneumonia	Diseases of Respiratory System
	From all Causes	From Principal Epidemic Diseases												Pulmonary	Other Forms			
1910 ...	21.2	1.6	6,576	1,417	145	5	32	19	37	105	49	238	—	798	385	316	508	1,001
1911 ...	23.0	3.9	7,119	1,532	159	4	70	187	71	160	89	570	4	864	331	286	468	875
1912 ...	22.0	2.4	6,758	1,336	142	2	39	248	56	79	75	210	2	845	311	277	661	987
1913 ...	21.3	2.4	6,559	1,474	157	11	33	22	28	69	65	470	4	839	296	334	485	820
1914 ...	22.3	2.9	7,049	1,412	148	2	51	355	36	49	62	335	4	876	300	304	555	969
1915 ...	23.0	2.4	7,194	1,421	163	3	25	90	26	163	50	388	7	949	282	334	556	1,101
1916 ...	21.9	1.9	6,636	1,237	164	2	44	80	26	63	29	329	6	820	251	311	463	905
1917 ...	20.1	2.0	6,122	1,110	161	—	18	105	6	67	30	265	8	826	236	262	463	901
1918 ...	25.0	2.0	7,625	1,178	161	—	23	90	12	170	25	272	2	896	267	317	882	884
1919 ...	22.0	1.3	6,954	1,194	152	—	8	24	27	20	22	263	19	738	261	316	748	1,061
1920 ...	19.1	2.1	6,074	1,384	152	10	11	100	14	221	45	239	6	615	205	313	639	892
1921 ...	16.8	1.6	5,432	1,166	143	2	7	44	7	21	48	382	6	583	106	321	485	724
1922 ...	17.6	1.3	5,740	1,027	120	—	8	170	18	40	31	158	1	574	164	313	631	983
1923 ...	15.0	1.2	4,952	991	117	—	14	15	16	128	22	205	1	507	159	342	381	642
1924 ...	16.2	1.2	5,482	1,097	119	—	8	109	17	19	32	214	—	518	122	352	636	895
1925 ...	15.8	1.6	5,302	1,015	117	—	7	113	25	97	36	267	2	515	149	337	537	726
1926 ...	15.8	1.5	4,999	1,049	118	1	5	54	20	37	54	291	—	424	150	332	406	658
1927 ...	17.1	1.5	5,416	996	122	1	5	61	32	197	60	144	1	533	123	328	650	758
1928 ...	15.0	1.3	4,791	845	103	—	3	171	9	15	44	174	2	466	112	368	391	566
1929 ...	16.0	1.0	5,103	866	107	1	1	3	8	83	56	159	—	443	113	353	520	864
1930 ...	15.0	0.9	6,161	1,031	98	—	1	86	7	66	77	151	—	586	162	471	606	787
1931 ...	15.9	1.2	6,562	977	94	—	4	223	19	31	72	144	—	617	197	439	773	828
1932 ...	15.6	1.1	6,536	1,067	102	—	14	42	24	121	82	190	2	551	144	484	638	890
1933 ...	15.3	0.9	6,405	891	83	—	9	72	9	42	110	152	—	584	157	478	696	851
1934 ...	13.6	0.7	5,748	578	79	—	11	11	4	88	76	124	—	570	144	544	521	491
1935 ...	15.2	1.0	6,506	1,067	93	—	2	87	18	18	89	203	—	565	164	527	665	703
1936 ...	15.0	1.3	6,996	1,337	115	—	11	90	66	57	110	254	—	602	137	540	662	754
1937 ...	14.9	1.0	7,023	1,231	106	—	1	46	26	73	84	242	—	565	156	563	656	891
1938 ...	13.3	0.8	6,355	1,144	98	—	2	37	22	33	92	214	—	558	135	581	586	550
1939 ...	13.3	0.8	6,403	1,036	90	—	7	51	5	26	84	209	—	568	148	585	431	601
1940 ...	14.5	0.7	7,065	1,039	92	—	3	23	7	43	56	233	—	636	153	584	457	785
1941 ...	14.1	1.3	6,903	1,339	118	—	4	32	5	38	54	506	—	610	151	582	368	555
1942 ...	14.0	1.3	6,855	1,311	105	—	6	17	6	72	56	465	—	762	162	626	374	434
1943 ...	14.5	1.5	7,268	1,617	128	—	3	5	7	63	84	609	—	733	174	631	385	453
1944 ...	14.1	1.3	7,141	1,509	125	—	8	47	—	39	74	513	1	604	195	643	406	451
1945 ...	14.0	1.3	7,036	1,424	114	—	3	5	—	30	36	557	5	643	181	622	381	396
1946 ...	13.2	1.0	6,690	1,266	96	—	2	13	—	43	13	461	—	594	176	602	338	349
1947 ...	14.1	0.8	7,253	1,194	88	—	—	22	—	120	5	282	1	651	193	648	448	436
1948 ...	10.9	0.2	5,660	624	48	—	2	12	2	16	1	—	4	573	117	666	247	277

Handbook of Statistics, Volume 10

Year	Population	Area	Population Density	Urban Population	Rural Population	Total Population
1970	100	100	1.00	50	50	100
1971	101	100	1.01	51	50	101
1972	102	100	1.02	52	50	102
1973	103	100	1.03	53	50	103
1974	104	100	1.04	54	50	104
1975	105	100	1.05	55	50	105
1976	106	100	1.06	56	50	106
1977	107	100	1.07	57	50	107
1978	108	100	1.08	58	50	108
1979	109	100	1.09	59	50	109
1980	110	100	1.10	60	50	110
1981	111	100	1.11	61	50	111
1982	112	100	1.12	62	50	112
1983	113	100	1.13	63	50	113
1984	114	100	1.14	64	50	114
1985	115	100	1.15	65	50	115
1986	116	100	1.16	66	50	116
1987	117	100	1.17	67	50	117
1988	118	100	1.18	68	50	118
1989	119	100	1.19	69	50	119
1990	120	100	1.20	70	50	120
1991	121	100	1.21	71	50	121
1992	122	100	1.22	72	50	122
1993	123	100	1.23	73	50	123
1994	124	100	1.24	74	50	124
1995	125	100	1.25	75	50	125
1996	126	100	1.26	76	50	126
1997	127	100	1.27	77	50	127
1998	128	100	1.28	78	50	128
1999	129	100	1.29	79	50	129
2000	130	100	1.30	80	50	130

INFECTIOUS DISEASES.

Typhus and Smallpox.

No case of Typhus or Smallpox was reported during the year.

Typhoid Fever.

Ten cases of Typhoid Fever were notified in 1948, equivalent to a case-rate of .02 per 1,000 of the population. There were two deaths recorded. Because of improved environmental hygiene, Typhoid Fever has decreased to such a remarkable extent in the city that its complete elimination, rather than control, is the aim to which the efforts of preventive medicine can be directed. The measure most likely to achieve this aim lies in the discovery and control of carriers. The epidemiological investigation of sporadic cases of Typhoid Fever and the methodical scrutiny of recovered patients prior to discharge from hospital are the most effective methods of discovering carriers.

A system of serological testing of home contacts of sporadic cases is in operation, those in whom such tests are in any way suggestive being submitted to bacteriological examination. Field investigation having revealed no relationship between any of the ten cases notified in 1948, the possibility of a chance infection from an unrecognised carrier in the home was explored.

A register of carriers is maintained in the Public Health Department. At the end of 1948 there were 11 persons on the register.

Samples of sewage, influent and effluent, from the Outfall Works, Pigeon House Road, are submitted weekly for examination for enteric organisms.

Whooping Cough.

During the year there occurred 851 cases of Whooping Cough, equivalent to a case-rate of 1.6. Deaths numbered 16 representing a death-rate of .03 per 1,000 of the population.

DEATHS FROM WHOOPING COUGH 1948.

Ages	Male	Female	Total	%
0—1	6	5	11	68.75
1—2	—	1	1	6.25
2—5	—	3	3	18.75
5—7	—	1	1	6.25
	6	10	16	100.00

It will be observed that of the total deaths from Whooping Cough, 68.75% occurred under one year of age. Because of the difficult housing conditions in Dublin with so many large young families living in tenement houses with halls, staircases and passages common, many infants cannot be prevented from exposure to Whooping Cough. In an attempt to overcome this difficulty the Public Health Department has been availing of the combined Anti-Diphtheria-Whooping Cough prophylactic in the various immunization clinics since 1948. Some time must elapse before an opinion can be expressed on the experience of this combined prophylactic.

Measles.

During the year under review 1,558 cases of Measles were notified, equivalent to a case-rate of 2.9 per

Table showing the number of Notifications of Infectious Diseases, City of Dublin, 1910—1948.

	Typhus.	Typhoid.	Diphtheria.	Scarlet Fever	Cerebro-Spinal Fever.	Continued Fever.	Encephalitis Lethargica.	Erysipelas.	Ophthalmia Neonatorum.	Pneumonia.	Puerperal Sepsis.	Dysentery.	Malaria.	Diarrhoea and Enteritis.	Measles.	Whooping Cough.	Acute Anterior Poliomyelitis.	Trachoma.	Penphigus Neonatorum.
1910 ...	26	299	478	652	1	55	.	533	.	.	2	.	.	.	.	.	—	.	.
1911 ...	33	622	569	976	2	78	.	379	.	.	2	.	.	.	.	.	—	.	.
1912 ...	11	255	439	712	2	49	.	314	.	.	4	.	.	.	.	.	—	.	.
1913 ...	65	287	365	699	—	28	.	238	.	.	4	.	.	.	.	.	1	.	.
1914 ...	31	329	415	569	3	20	.	171	.	.	4	.	.	.	.	.	—	.	.
1915 ...	31	207	256	425	14	14	.	151	.	.	4	.	.	.	.	.	—	.	.
1916 ...	11	326	181	374	7	13	.	99	.	.	4	.	.	.	.	.	8	.	.
1917 ...	2	133	119	186	2	5	.	77	.	.	—	.	.	.	.	.	—	.	.
1918 ...	5	110	122	311	5	4	.	73	.	.	10	.	.	.	.	.	2	.	.
1919 ...	13	59	153	672	4	3	.	109	.	199	6	175	102	.	.	.	—	.	.
1920 ...	48	141	274	328	6	3	.	105	.	213	2	60	10	.	.	.	—	.	.
1921 ...	17	56	269	247	4	1	.	80	.	217	7	27	4	.	.	.	—	.	.
1922 ...	—	43	242	345	—	—	.	104	.	230	9	6	5	.	.	.	—	.	.
1923 ...	1	97	219	322	2	1	.	79	.	143	11	7	1	.	.	.	—	.	.
1924 ...	2	84	265	444	4	—	.	58	.	242	10	4	—	.	.	.	—	.	.
1925 ...	—	41	303	515	2	—	4	61	1	213	9	7	—	.	.	.	—	.	.
1926 ...	1	28	475	614	—	1	.	79	2	230	8	—	—	.	.	.	—	.	.
1927 ...	1	26	440	386	—	2	.	59	7	246	2	1	—	.	.	.	—	.	.
1928 ...	4	24	407	638	—	8	.	73	7	201	8	—	—	.	.	.	—	.	.
1929 ...	1	15	500	430	3	7	—	55	6	256	11	—	1	.	.	.	—	.	.
1930 ...	—	28	646	435	4	6	.	31	—	334	5	—	—	.	.	.	—	.	.
1931 ...	—	26	634	1,015	3	—	5	55	—	289	10	—	—	.	.	.	—	.	.
1932 ...	2	96	862	1,082	8	1	1	105	1	253	12	—	—	.	.	.	—	.	.
1933 ...	—	49	1,073	714	6	—	5	117	—	196	12	—	—	.	.	.	—	.	.
1934 ...	—	38	983	661	15	1	1	128	—	134	15	—	—	.	.	.	—	.	.
1935 ...	—	22	936	907	19	—	—	158	—	135	23	—	—	.	.	.	2	.	.
1936 ...	—	53	870	1,768	33	—	3	188	1	120	18	—	—	.	.	.	2	.	.
1937 ...	—	44	810	1,075	38	—	2	130	—	156	13	1	—	.	.	.	—	.	.
1938 ...	—	19	958	1,154	25	—	6	148	2	136	15	—	—	.	.	.	—	.	.
1939 ...	—	27	913	761	13	—	4	85	1	151	16	3	1	.	.	.	3	.	.
1940 ...	—	65	720	627	27	—	3	94	11	200	13	1	—	.	.	.	1	.	.
1941 ...	—	53	451	511	34	—	3	117	12	213	18	—	—	.	.	.	8	100	3
1942 ...	—	33	624	678	33	—	2	130	13	358	22	1	1	2,657	1,427	1,423	53	42	1
1943 ...	—	23	1,351	658	38	—	2	163	7	346	15	2	—	2,031	419	586	7	64	1
1944 ...	—	*148	1,330	355	50	1	6	212	3	448	17	8	1	1,279	3,548	1,267	3	47	—
1945 ...	—	14	861	303	20	—	8	207	10	452	14	28	1	1,837	2,112	1,275	19	48	—
1946 ...	—	15	403	341	6	—	1	205	5	757	12	8	—	1,853	798	1,288	21	15	1
1947 ...	—	10	185	476	32	1	—	200	6	633	9	8	1	1,868	3,440	2,293	28	22	—
1948 ...	—	10	98	2,728	33	—	1	219	8	663	9	13	1	1,175	1,558	851	5	9	2

Dot (·) indicates that the disease in question was not notifiable in that particular year.
 * Includes 83 cases Paratyphoid Fever B.

1,000 of the population. There were 12 deaths recorded in the period. The following table sets out the age-sex classification of deaths from Measles.

Age	Male	Female	Total	%
0—1	2	3	5	41.67
1—2	1	2	3	25.00
2—3	1	—	1	8.33
3—4	2	—	2	16.67
4—5	—	—	—	—
5—9	—	—	—	—
10—up	1	—	1	8.33
—	7	5	12	100.00

In common with Whooping Cough the baneful effects of Measles cannot be estimated from its mortality because even after discovery many are left with chronically damaged chests.

While there is, as yet, no means of producing artificially a permanent immunity, there is available in Gamma-Globulin an effective means of giving temporary protection. Likewise, as is the case with Whooping Cough, much is to be gained by postponing an attack of Measles from infancy to later childhood and the use of Gamma-Globulin should provide the means of securing this object. The Corporation have instituted a scheme whereby supplies of Gamma-Globulin are supplied to medical practitioners free of charge.

In 1948 there occurred 9 cases of Measles in an institution within two days. Gamma-Globulin was

immediately administered to 82 contacts of these cases and no further cases developed in the institution.

Dysentery.

Notification of Dysentery in 1948 numbered 13 making a case-rate of .02 as compared with 8 cases and a case-rate of .016 in 1947. Deaths numbered 2. Field investigation revealed no relationship between any of these 13 cases. During the year no case of contact of dysentery was found working with food.

Diphtheria.

There occurred 98 cases of diphtheria in the year under review. This number represents a case-rate of 0.1 per thousand; compared with the previous year the number of cases was less by 87. Only one death was recorded. The reduction in the incidence and mortality from diphtheria during the past five years has been one of the brightest features of our communicable disease control efforts.

Facilities provided by the Public Health Department for immunisation against diphtheria include :

- (a) Weekly clinics in different city areas. These clinics cater principally for children under two years.
- (b) Schools in the city are visited at regular intervals.

The services of Health Visitors are availed of to encourage immunisation. Notices of an explanatory and propagandist nature are inserted in the Press at regular intervals. In the period under review 15,491 children were fully immunised. Of these, 5,423 were under 5 years. Diphtheria contacts attending school are excluded for a week, while those working with food are excluded pending the result of bacteriological examination of swabs.

Supplies of anti-diphtheritic serum are available to medical practitioners for the protection of contacts.

Scarlet Fever.

There were 2,728 cases of Scarlet Fever in 1948 as compared with 454 in the previous year. Two deaths were recorded. The large number of Scarlet Fever cases and the benign nature of the disease raised the question of the necessity of hospitalizing these cases as was done in previous epidemics when the disease was much more severe. Medical practitioners were consequently informed that where cases could be treated and reasonably isolated at home, it was unnecessary to insist on hospitalization, as these mild cases taxed accommodation in Fever Hospital to the disadvantage of more serious cases of other diseases.

The same haemolytic streptococcus causing Scarlet Fever in one person may cause puerperal sepsis, erysipelas or just a sore throat in another. In fact the main differences between a streptococcal sore throat and scarlet fever lies in the fact that the patient with the sore throat is immune to rash-producing streptococcal toxin while the latter is not. It, therefore, appears somewhat inconsistent to have a rigorous procedure, including isolation and quarantine, for dealing with the syndrome of Scarlet Fever and not with other conditions caused by the same organism.

School going contacts of Scarlet Fever are excluded from school for one week. Contacts engaged in milk production or milk vending are debarred from work for a stipulated period.

Acute Anterior Poliomyelitis.

During 1948 only 5 cases of Acute Anterior Poliomyelitis were notified. No connection between the individual cases was established. This inability to establish a relationship between any of the cases is in accordance with the experience of other countries. It points strongly to the disease being acquired as the results of chance association with a person who has acquired the virus, probably as a result of close

contact with a case of poliomyelitis and who, though showing no manifestation of the disease himself, is still capable of propagating the infection. Because of this possibility, home contacts of cases of poliomyelitis were kept from school, work with food, from occupations in restaurants, large business premises, cinemas, etc., involving contact with numerous people for a period of three weeks.

Cerebro Spinal Fever.

Thirty-three notifications were received during the year. There were 16 deaths. No association was established between any of the cases. Contacts were excluded from school for three weeks. It was not found necessary to exclude any adult contacts from work.

Cancer.

In 1948 there were 666 deaths from Cancer, representing a death-rate of 1.3 per 1,000 of the population. The Cancer mortality rate during the preceding ten years was as follows :

1938	....	....	1.2
1939	....	....	1.2
1940	....	....	1.2
1941	....	....	1.2
1942	....	....	1.3
1943	....	....	1.3
1944	....	....	1.3
1945	....	....	1.2
1946	....	....	1.2
1947	....	....	1.3

It will be observed from the above table that the trend indicates increasing deaths from Cancer. The question arises as to whether this upward trend—a somewhat general finding—results from a real increase in the incidence of Cancer or can be explained on the basis

of increased longevity bringing more people into the "Cancer" age-group, or simply by more accurate diagnosis. Opinion, on the whole, tends to view the increase as real rather than apparent.

Although Cancer ranks very high as a killing disease, nothing in the nature of a comprehensive campaign against it has been initiated throughout the country. Facilities, however inadequate they may be, are available in a few city hospitals but are not organised on a country-wide basis. In Great Britain the Cancer Act, 1939, places the onus of providing for the diagnosis and treatment of this disease on the Councils of Counties and County Boroughs.

It is obvious that the measures to deal with this very important cause of death should not be left entirely to voluntary effort. The high mortality rate justifies a programme of control on a national basis.

While our lack of knowledge of the essential cause of Cancer remains as yet somewhat unrelieved, it is known to follow frequently on chronic and prolonged irritation. There is considerable differentiation in Cancer mortality in various occupations; sweeps, firemen and those working with chemicals, metals and pitch, etc., have been found to suffer mortality above the average, and carcinogenic agents are recognised as occurring in tar, soot, certain oils, etc. In the absence of a method of prophylaxis against this disease a control programme must be based on early diagnosis and treatment. The broad outlines of such a programme would include provision of adequate and suitably equipped clinics.

Diarrhoea and Enteritis.

Notification of Diarrhoea and Enteritis is confined to children under two years of age. In 1948 there were notified 1,175 cases and 80 deaths, of which 76 were under one year, were recorded. The case

fatality rate was 6.81. The following table shows cases and deaths with case-fatality rates for each of the years 1942—1948.

—		Cases	Deaths	Case Fatality Rate
1942	....	2,657	465	17.50
1943	....	2,031	609	29.99
1944	....	1,279	513	40.11
1945	....	1,837	557	30.32
1946	....	1,853	461	24.88
1947	....	1,868	282	15.10
1948	....	1,175	80	6.81

It will be noted that commencing in 1944 the case fatality rate has shown a downward trend becoming more pronounced in 1947 and 1948. In the period 1940—1944 the Gastro-Enteritis death-rate per 1,000 births was 38 ; in 1947 the rate was 21, while that for 1948 recorded an all-time low record of 6 per 1,000 births. When considering statistical values relating to diarrhoea and enteritis regard must be had to the definition of the disease—as enshrined in the orders making it a notifiable disease. The definition given is so wide as to include any “constitutional disturbance.” In the circumstances of such a definition it can be appreciated that diagnosis of the condition is not based on precise standards. It is usually certified from the presence of diarrhoea or vomiting, symptoms common to many ailments of children.

The activities of the Gastro-Enteritis Control Section in maintaining a reduction in the case fatality rate have contributed in no small measure to achieving the very satisfactory infant mortality rate (48) recorded for 1948.

MATERNITY AND CHILD WELFARE SERVICE.

The Health Visiting staff consists of one Nurse Superintendent, one assistant Nurse Superintendent and 30 Health Visitors, together with one part-time Health Visitor for the Howth-Sutton area. In addition to carrying out the routine visiting of births notified to the City Medical Officer, the Health Visitors follow up cases of measles and whooping cough. "Moro" testing is carried out on all contacts of tuberculosis cases. The Health Visitors also assist at Welfare Clinics and at Dental and ultra violet light clinics. Special records are kept by each visitor of all mothers and infants in her care. Visits to dining rooms, institutions for unmarried mothers, creches and nursery schools are also accepted as part of the duty of Health Visitors. It will be appreciated that many duties devolve on Health Visitors. In the ideal maternity and child welfare scheme each Health Visitor should be in a position to visit each new born baby weekly for the first month, fortnightly up to the third month, monthly from 3 months to a year, quarterly from one year to two years and twice yearly from two to five years. Such a routine plan of visiting should lead to earlier recognition of defects and deformities due to such conditions as club feet, squint, rickets, etc.

The average number on the Health Visitor's register works out as—900 Families, 418 Infants, 1,200 Children under five and 16 Foster Children. From these figures it is obvious that there are too many cases for one Health Visitor more particularly when it is realised that she has to carry out other duties at the various Clinics assigned to her in rotation. Revision of the existing Health Visitor Service is at present under consideration.

Infant Mortality.

The Infant Mortality Rate for the year was 48 as

compared with 88 per thousand births for the preceding year. I feel that this substantial reduction may be followed by an increase in the rate in 1949, notwithstanding the great work of the Gastro-Enteritis Control Section in combating the most severe epidemic of diarrhoea and enteritis ever recorded in Dublin. The nursing service, provided under the Institute of District Nursing, has been most valuable and it is hoped that an alternative to this service will be provided if it is withdrawn.

Neo-Natal Mortality.

In previous reports I have referred to the fact that the neo-natal mortality problem is a field relatively undeveloped. This mortality continues steadily to contribute over 40% of the infant mortality rate which must be regarded as somewhat excessive. The development of the proposed facilities under the Mother and Child Service for the care of expectant mothers and infants up to six weeks of age should materially reduce the present neo-natal mortality rate. With the pressure on the Maternity Hospitals for beds at the moment, it has become necessary to discharge patients from the Hospitals at an earlier date than the ideal with the consequent inhibitory effect on breast feeding. This can only be overcome by prolonging the puerperal period up to a month and leaving the mother and baby in charge of the Maternity Hospitals and their staff for the prolonged period which may be longer or shorter than I have suggested.

Breast Feeding.

The position in regard to breast feeding is still unsatisfactory. How much this is due to too early discharge from hospital it is difficult to say, but I am convinced that it has had some effect, the mother having been in such a very unstable condition on

discharge. Coming back to the unstable conditions in her home she finds it very difficult to continue breast feeding.

Dried Milk.

I am more than ever convinced of the value of Dried Milk where breast feeding cannot be established or continued. It is clean, sterile, relatively difficult to contaminate, standard, easily distributed and economical. If the Maternity and Children's Hospitals in discharging were to adopt a standard Dried Milk and wean their discharged patients on to this, the baby sent out would have a very much improved chance of survival. Continuity in its treatment would enable the mother to manage a simple form of feeding like this rather than some more involved method. The baby should be kept on this milk with added vitamins up to five or six months and then be weaned on to a clean, "T.T." tested and pasteurised milk with added vitamins and solids.

Dental Services.

Extension of the existing dental services is urgently necessary. I hope to see in the next year two major dental clinics carrying full equipment and a whole-time dental surgeon in each case—one in Killarney Street to serve the North side, and one in Lord Edward Street, with subsidiary centres in the outlying building schemes surrounding the City. With regard to anaesthetics for dental cases arrangements will soon be completed to pay on a per capita basis for cases requiring anaesthetics in all the City Hospitals which have dental departments, as is done in the case of the Dental Hospital.

Dentures supplied	530
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Total number of Attendances at Dental Clinics for year	11,112
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Extractions under general anaesthesia	967
Repairs	24
Number of Dental Clinics held during year	620

Moro Testing.

Moro tuberculin testing of children was begun under the scheme towards the end of July, 1947. This was mainly carried out by the Health Visitors in the homes and was limited for a beginning to the under 1 year group. The ultimate aim will be to test all children under two years of age. All children referred for Ultra Violet Light Treatment were "Moro" tested and treatment withheld until reaction was ascertained.

Total Number of Children "Moro" tested	7,125
Number "Positive"	199

Ages	Number Positive	Number Negative
Under 1 year	29	3,556
1 to 2 years	62	2,444
2 to 3 years	52	548
3 to 4 years	32	253
4 to 5 years	22	125
Over 5 years of age	2	—

All positives were "X-rayed."

Contact to open cases of Tuberculosis was traced in 104 cases.

All cases showing any indication of activity on "X-Ray" were referred to the Primary Clinic for

further investigation, extra nourishment and any treatment required. Number thus referred—85. Parents were very co-operative and showed an intelligent appreciation of the significance of the test:

Number of mothers referred from this Department for X-Ray 397
and of these 15 were found to have active disease.

Welfare Clinics.

During the year under review we opened five new clinics, and arrangements have also been completed for another one in the Cabra area. This will be housed in the Cabra Playground through the courtesy of the Civics Institute who have lent us the premises. A fortnightly Clinic in Howth has also become a weekly clinic and valuable work has been done there by Dr. Chapman for prenatal cases.

Medical Consultations :—

Mothers	{ Prenatal	....	16,520
	{ Postnatal	....	10,000
Infants and Children	....	....	35,000

Special emphasis must be placed on the value of Welfare Clinics. Apart from the personal contact between the Medical Officer and the mother, there is the educational side which must necessarily form an integral part of any child health programme. Medical attention is provided for the treatment of defects such as rickets, etc. Concentrated vitamins, cod liver oil and dried milk are issued at the Clinics.

Maternal Mortality.

INTERN cases delivered in City Hospitals	9,477
Deaths in City Hospitals	37
Death-rate per 1,000	3.90

EXTERN cases delivered by Staff of			
City Hospitals	....	....	3,825
Deaths	....	....	0

Rickets and Orthopaedic Defects.

The incidence of rickets remains high. It has been noted that many cases occur in breast fed babies, but we are getting the cases earlier than formerly. Bad cases are referred for treatment to various institutions. The following are the figures referred to different Hospitals :—

Orthopaedic Hospital	....	....	24
St. Mary's Hospital, Cappagh		....	5
Sunshine Home, Stillorgan....		....	50
Sunbeam Home, Bray	....	....	21
Cheeverstown Convalescent Home	....	....	82

Besides this 275 Orthopaedic Cases were referred for treatment to our Orthopaedic Surgeon, Mr. Murray, who saw them at headquarters.

Ear, Nose and Throat Department.

Mr. O'Connell, our Nose and Throat Consultant, saw 227 Cases during the year and carried out minor treatments for speech defects, etc.

Ultra Violet Light Department.

460 Sessions for the treatment of rickets and malnutrition were held during the year with an attendance of 11,549. All children attending are "Moro" tested, and reactors are only treated when the "X-Ray" is satisfactory.

Test Feeds.

Approximately 500 "Test" Feeds were carried out at the various Clinics and in almost all cases breast feeding had to be supplemented.

Prenatal Cases.

Prenatal cases and attendances at City Hospitals during the year :—

Hospital	Cases	Attendances
Coombe	2,759	8,724
Holles Street	2,513	9,904
Rotunda	4,325	17,185

Notification of Births Act.

Births visited by Health Visitors	11,941
Private Cases found on Visitation	987
Percentage of births that had prenatal care	96

There has been a considerable decrease in the Home Visiting due to the fact that the Health Visitors have had to conduct so many clinics and special visits.

Total number of domiciliary visits	177,507
Cases on Books	66,318
Special Visits	9,903
Measles Cases visited	4,500
Pertussis Cases visited	2,400
Cases visited at request of Maternity Hospitals	10,018
Stillbirths :	
North Side	153
South Side	128
Percentage that had prenatal care	96

Applicances supplied for Mothers and Children.

Abdominal Belts	....	....	....	3
Bandages for Varicose Veins	....	....	....	88
Trusses for Hernia	....	....	....	38
Spectacles for Children under 5 years of age	....	....	....	258
Elastic Stockings	....	....	....	58

Trachoma.

One of our Health Visitors was allocated to visit Trachoma cases being treated at the Hospitals, to contact those cases, and to see that the patients attended for treatment.

Number of Trachoma Notifications received	....	....	....	4
Suspects	....	....	....	8
Contacts	....	....	....	173
Actual Trachoma	....	....	....	38

Feeding of necessitous and expectant mothers.

This was carried out by the St. John Ambulance Brigade Welfare Department and also the Catholic Social Service Conference.

St. John's Ambulance.

413 Mothers received dinners at the various centres.

27,068 dinners were served with an average of 87 mothers daily attendances. These mothers were allowed to take home 10,947 pints of soup. There were 266 Confinements, and the mothers received 284 baby bundles, 262 undergarments for themselves, and 256 3-lb. packets of flake meal.

Catholic Social Service.

183,105 Meals were served to expectant and nursing mothers during the year. 174,163 Pints of Milk were supplied for the same period.

HOSPITAL CASES.**St. Ultan's Hospital :**

Cases admitted during year	....	416
Attendances at Out-Patients' Dept.		8,809
Number of cases dealt with in " X-Ray " Dept.	....	582
Number of Injections for Whooping Cough	....	1,508

Harcourt Street Children's Hospital :

Cases admitted during year	....	234
Attendances at Out-Patients Dept.		2,006

Temple Street Children's Hospital :

Number of Children under 5 years admitted under the Child Welfare Scheme for year 1948 113

Fairy Hill, Howth :

This Hospital was availed of for cases of Coelic Disease and the number of cases admitted during the year was 28

Adelaide Hospital :

Number of cases admitted under the Child Welfare Scheme for year 1948 90

Distribution of Free Milk.

During the year the Infant Aid Society distributed 249,004 gallons of milk to children under five years

of age, and 2,795 gallons of milk to 435 expectant mothers on special diet.

Jubilee Nurses' Association.

Number of cases referred for treatment by this Department for dressings, wash-outs, etc	....	188
Number of Visits paid	....	668

Voluntary Helpers.

I would like to pay a tribute to the work done by the Infant Aid Society and the Babies' Clubs' Voluntary Workers. There has been a considerable falling off in Voluntary service.

My best thanks are due to Dr. B. Lyons Thornton, Dr. Chapman (Howth), Dr. Toher, Mr. O'Connell, Nose and Throat Consultant, Mr. Murray, Orthopaedic Consultant and Mr. Casey, Surgeon Dentist; also to the Clerical and Nursing Staff who worked so hard to deal with such a very large volume of work. Finally I would like to thank the Medical Staffs of the Maternity and Children's Hospitals for their co-operation.

**REPORT ON OPERATION OF MIDWIVES
(IRELAND) ACT, 1918,
and the
REGISTRATION OF MATERNITY HOMES ACT, 1934
by
Miss A. Tierney, R.G.N., S.C.M.**

MIDWIVES (IRELAND) ACT, 1918.

During the year 1948, 268 Midwives gave the required notice of their intention to practise within the area of the Local Supervising Authority.

In conformity with the Rules of the Central Midwives Board, the midwives were visited at regular intervals throughout the year at their own homes. Special attention was given to personal cleanliness of the midwives and the condition of their homes and the necessary appliances, bag contents, etc. The Registers, containing the entries of births attended by midwives were examined and were, with very few exceptions, found to be correctly kept.

One midwife was reported for breach of the Rules and Regulations in the period.

No unregistered woman was found practising without medical assistance.

Inspection of Midwives.

The total number of visits made during the year 1948 was 764, as compared with 702 in the previous year. In addition, 543 visits to Maternity Hospitals, homes of patients, etc., were made during the year.

Registration of Maternity Homes Act, 1934.

The number of homes registered under the above Act in the City on the 31st December, 1947 was **34**. Two new applications for registration were received during the period under review. Four registrations were cancelled, because the keeper of the Nursing Home desired to give up practice. The nursing homes on the Register at the end of the year numbered **35** and 5 institutions.

Throughout the year the nursing homes were visited regularly. 274 inspections were made.

Those thwarted and imperfect frames
of ours

Are homes of human souls, about whose
eaves

Gather, expectant, good and evil
powers

That enter in, to give as each
receives.

Here, we endeavour to build the frame

That each indwelling spirit may
be host

To Powers bringing splendour in the
Name

Of Father and of Son and Holy Ghost.

JOHN MASEFIELD.

SCHOOL MEDICAL SERVICE.

Report by Catherine M. O'Brien M.B., D.P.H., B.Sc.P.H.

This Service looks after the health of those National School Children who reside within the County Borough of Dublin. The "City" now includes Howth and part of Sutton, as well as Milltown, Rathfarnham, Merrion and Chapelizod, together with the extensive housing estates—Crumlin, Drimnagh, Cabra, Larkhill, Donnycarney, Rutland Avenue and Ellenfield. There are 80,000 children on the rolls of the National Schools in the Dublin County Borough, as against 12,000 in all other types of school. The inspection and treatment of a portion of the National School population continues to be carried out each year.

Families who for various reasons feel they must continue to live in the centre of the City, are being re-housed in newly-built flats and in converted Georgian houses. These latter had long since deteriorated into squalid tenement dwellings, but now that they have been almost reconstructed, the basements shut off, and modern amenities provided for the occupants, they serve to meet the needs of a section of the community. A caretaker is employed and the flats are let at a rent within the capacity of the tenants. This scheme for the re-housing of families in flat dwellings has served to check somewhat the gradual emptying of the old City schools and has thus created a dual problem—the renovation and modernising of old City school buildings—not always feasible, even if it were worth the expenditure, together with the erection of new hygienic schools on the outskirts of the City. The results achieved over a comparatively brief period in Crumlin, Drimnagh, Cabra and Larkhill, where modern schools have been built to serve the needs of the large re-housed families, and the amazing improvement in the children in these schools, now constitute sufficient proof of their worth. They are an additional

reason, if such were necessary, for continuing the schemes to re-house families in new areas, and to concentrate on the simultaneous building of new schools in good surroundings rather than trying to patch up the old ones—many of which have long since ceased to come up to even the minimal standards of hygiene. Defective lighting, however, is almost the one condition in even the oldest school, which admits of a simple remedy in a City where electric light is available. And yet for some incredible reason it still continues. Throughout the late Autumn, Winter and Spring months this poor illumination in schools is a source of distress to teachers and children compelled to work in an atmosphere of gloom—knitting, sewing and needlework are, of course, out of the question in badly-lighted girls' schools, and yet they are important for girls and constitute part of the school curriculum. Reading presents difficulties to some children. Poor illumination of print and paper adds to these difficulties. Suitable artificial light has been installed in some schools within the past year. It is not easy to understand why it has not been put in to all the schools where it is required, as estimated by photometric readings taken in classrooms during the past year. Closing down a school at 3 p.m. instead of 4 p.m. in order to avoid the poor illumination in these old City schools during dark Winter afternoons does not solve the problem. It is dark in some of these schools earlier than 3 p.m. Furthermore, the time should not be obtained by curtailing the mid-day interval which was provided to enable children to go home to family dinner. Artificial lighting is perhaps the single readily available method of improving the old City schools, classrooms, cloak rooms, passages, staircases—adequate school lighting is of such importance to teachers and children—mentally and physically. The problem of noise, airlessness, overcrowding, faulty lay-out and dilapidation, dust-begrimed windows in a congested thoroughfare, safety of approach, the provision of adequate sanitary, toilet, cloak-room and

drinking facilities—all these are not easy of solution in the case of old school buildings. They have outlived their period of usefulness and should gradually be closing down, to be replaced by well-designed modern school buildings near the children's homes in the City outskirts, where ample space permits the erection of a well-lighted, heated, airy, modern school with cloak-rooms, classrooms, playground, drinking fountains, toilet and sanitary accommodation, safe approach, undisturbed by city traffic, schools for children of families moved out to their first home,—a house, privacy, running water, kitchen sink and waste pipe, W.C., bathroom, bedrooms and a garden—a comfort to thousands of uncomplaining weary mothers heretofore compelled to eat and sleep and live in one room, even in a basement. New housing estates with their own schools is the answer to overcrowding in the homes and schools—and one hopes for an extension of them wherever possible on the outskirts of the City where children could grow up in new surroundings in clean, airy homes, and be educated under good conditions in modern schools. The marked improvement in the children's bearing in the new schools in Crumlin, Cabra, Larkhill and Drimnagh has been incredibly rapid despite the interruption of a school "strike" of more than half a year's duration, and despite the delay in providing new school accommodation for the children of families moved to the new housing estate—several hundred of whom were left without schooling over a period of years, until daily transport was provided to carry them back to their old schools in the centre of the City, pending the erection, completion and opening of their own new schools. An influx of several hundred families to a district where houses are built, leads in turn to mass application by parents for admission of their children to the local schools, and these in turn soon become overcrowded. The mother is told the child cannot be admitted to these schools until it is 6 years old, so she has the care of it and the younger ones while she is settling the family into a

strange house amidst new surroundings, that home for which she has been applying, and longing and praying all these years, her own front door! The emptiness, anxiety, excitement, the dismaying scantiness of their few possessions now revealed in "the move," the loneliness for kindly old friends across the landing, ready to share and to lend, strangers as neighbours, shops unknown and seeming so far away, all this has to be endured during the first few weeks, but surely a mother could be spared the difficulty in placing her children in the local schools, and the disappointment if as so often happens there is in fact no room for them there. She might at least be free of the 5, 6, 7 and 8 year old children of the family during school hours while she is settling into her new home, and in addition there are the baby and the toddlers to mind. The move is already sufficiently baffling—parted from the familiar things to grapple with an unaccustomed way of life, a bleak prospect, perhaps even a perplexing one. And not her children must remain about the place while awaiting accommodation in the schools nearby, or return to their old schools in the centre of the City. This involves expenditure on bus fares for some or a long walk for others. Furthermore, it may deprive the children of the opportunity of sharing the family dinner at mid-day. They return in the afternoon instead, tired, hungry, to a district still new to them, having left behind their playmates and associates of years, in the area near the school.

There is, too, the question of estrangement between parent and child. Priority in re-housing is still given to large families, to the tuberculous and to those from condemned dwellings. These latter are the children in need of special consideration, of building-up mentally and physically, and of guarding against undue strain. The experience gained during the past 15-16 years in re-housing thousands of families in Crumlin, Cabra, Larkhill and Drimnagh, has shown the absolute necessity for arranging that school building should

synchronise if not actually precede house-building. The interval which unfortunately too frequently elapses between the provision of a home for the family, and the finding of vacancies for the children in the Schools of that district, is so detrimental to the children and to society that it should not be allowed to continue. It is spoiling an otherwise excellent plan which is being carried out by the Municipal Authorities for re-housing our people. Temporary structures, to be replaced as soon as feasible, by permanent buildings, would cater for the children unable to gain admission to schools. The wear and tear of children's boots and shoes in the daily trek to and from the City schools is an added burden for families unable to pay bus fares. It is the young whom we want to establish in good homes in these new areas, amidst healthy surroundings, fresh air, space, quiet, cleanliness, sunlight, gardens, flowers, trees, the sky, the sea, animals, birds, nature, the beauties of God's creation denied unfortunately to parents, grandparents and forebears compelled for centuries to live under adverse conditions. It is for this new generation to grow up and develop in favourable environment—divorced from the evil influences of overcrowding. Memories are short, bad old ways are quickly outlived unless children are driven by force of circumstances to return for schooling daily, during their most impressionable years, to areas and scenes best forgotten.

In the ordinary course of things, the old schools in the centre of the City would gradually fall into disuse. They have served an era well, no doubt. Built perhaps in a space where light and air and playground were once available, they have gradually suffered encroachment from the growth of the City, high buildings, increased population, more traffic, dust and noise, more pupils than could be accommodated, these old schools fall lamentably short of present-day standards and are best replaced by new premises of modern design, built in the housing estates to cater for the large young child population there.

Nature Study.—It is strange to find that those children moved from congested areas in the City and already apparently settled in the new housing estates and attending the new schools, know little or nothing of the names of the trees and shrubs which beautify their new surroundings—the glory and wonder of the seasons, the keys of the withered ash trees and the parachuting fruits of the sycamore. They do not appear to recognise the various birds and their songs, their nesting habits or times. Nature study, drawing lessons, competitions for collecting and naming specimens of wild flowers and plants, the story of bird migration, simple colouring or embroidery based on leaves and flowers, essay writing, all these could be used in an endeavour to give children some slight appreciation of their new surroundings. Even ten minutes talk and demonstration by a teacher during the recreation interval would be a help. It is all such a novelty and could be so wonderful to a child reared in a City street, who, despite its apparent toughness, is really so eager and responsive. A simple coloured film shown afterwards would hold a child's interest and enhance the effect of the lesson and would of course be so well received. Nature study is concerned with living things and as such would thrill children who are bored by "book" lessons. To foster an appreciation of the marvel of God's creation would serve to imbue in children a love and reverence, a kindness and tenderness towards all living things, flowers, birds, animals. It would combat the destructive tendencies and lead to gentler habits of mind, eventually even affect their taste in choosing books, pictures, films, and ultimately in beautifying their own homes. It would mean an enjoyment of the simple things, and keep children occupied and interested in their new surroundings. The setting of the Dublin housing estates is so good that nature's gifts to our City might well be acknowledged.

School Leaving.—There has been developing for

some years past, in the City National Schools, a department called the Secondary Top. This caters for children aged 14 years and upwards who have passed the Primary Examination and are now taking a Commercial or Secondary Education course. The advantage thus afforded to studious pupils and the relief to parents at a loss regarding the training and occupation of their children who have attained school leaving age, are offset by the problem of the appropriate furnishing, lighting and ventilating of national schools to cater for adolescents. Playground and gymnasium facilities, for their physical training, must also be provided, sanitary and toilet accommodation and a scheme for regular medical supervision. The nutritional requirements of the adolescent are of primary importance. If accommodation and staff are in fact available in the National Schools for adolescents, then there is no justification for overcrowding into school rooms of children under 14 years, nor for those large classes so trying to both teachers and children.

Nutrition Survey.—The Nutrition Survey undertaken by the Department of Health and Research Council Worker, on groups of children in certain City schools, has been completed, and we await the results with interest. The usual table showing average Height and Weight for age and sex is again included in our School Health Service Report this year. The data was obtained from the 17,000 children who were inspected in the particular group of schools due for School Medical Inspection Visit last year. The table refers, therefore, to a sample of the school population in the City. The age-groups sampled are constant over a period of years, whereas the district to which the table refers, varies annually. The bulk of the children inspected are those aged 6—8 years, and those aged 11—13 years. The sample of Height and Weight for age and sex, is very much smaller each year, therefore, for children under 6 years, and for

children of $8\frac{1}{2}$, 9, $9\frac{1}{2}$, 10 and $10\frac{1}{2}$ years. It would be possible to carry out an investigation into the rate of growth and increase in weight in school children by a comparative analysis of their medical records at entrant and subsequent examinations. The data could be compared with rural areas, or with cities of similar size and living conditions in other countries. The children, on the whole, look cleaner and neater than they did during the war years, and the free issue of D.D.T. has made for less head infestation. The disappearance of restrictions on fuel, lighting, clothing, footwear and soap has made conditions easier in the children's homes too.

Many of the fathers have now come back and are in employment. An atmosphere of stability in the homes seems to have returned and this is reflected in some degree of improvement in the children's general condition, though they are still noticeably thin and lightly built. High cost of living, curtailed hours of sleep, noise, restlessness and competition of life at home and in school, all these are reflected in children's health. There is too a new type parent who seems almost to anticipate its child's wants, and is not merely content to satisfy its simpler needs, who is so governed by the "musts" of society that they have allowed themselves to be convinced that children must have expensive toys, must wear gloves, scarves, caps and coats, must be provided with a free annual holiday somewhere at somebody's expense, must attend a cinema at least once weekly, oftener if possible, must buy comics so that they can follow the story without troubling to read, must listen to the wireless instead of going to bed, and even then must have a light in their rooms so that they can read in bed. Such are the exigencies of modern urban life with its astonishing increase in the alleged essential needs of school children that parents for some reason feel bound to satisfy, and in their genuine striving there is no time to consider how much of all this is really necessary or indeed

beneficial to the child, or whether they themselves can survive the nervous strain even though it may be of their own making.

Reading in Bed.—The practice of reading in bed has become so common among children that the actual bed time is no longer a true guide to the number of hours sleep obtained. Bedroom lighting is rarely designed with a view to reading. If the paper and printed type are also unsuitable, then the child, even if it reads sitting up in bed at night, is undergoing a degree of physical strain which may well be contributory to Visual Error so frequent among school children. Furthermore, the curtailment in hours of sleep causes fatigue in a growing child. The physical and mental strain so detracts from its wellbeing that it seems incredible that parents who know that their children need adequate sleep should continue to let them be deprived of the absolute rest of mind and body which is an essential to health.

Posture.—The services of the Orthopaedic Dispensaries in Merrion Street and the Mater Hospital unstintingly and gratuitously afforded all these years are gratefully acknowledged. They are freely availed of for the city children and we offer our sincere thanks to the staffs of both hospitals. The incidence of faulty posture is lamentably high among the school population, and the gait and general deportment are poor. Round shoulders, knock-knees, flat feet, so common among school children are not inevitable, and could be prevented by an all-round improvement in the standard of health and hygiene. Physiotherapy and the wearing of surgical appliances help to remedy these defects in children whose parents are free to take them for treatment over a period of years, but this entails loss of time from school and cost of transport. Poor muscle tone following on illness, faulty nutrition, fatigue, poor hygienic conditions, bad lighting and overcrowding in the homes and schools, rickets in

infancy, indifferent habits of breathing, sitting, standing and walking, unsuitable desks—all these contribute to a general condition which, if neglected, may result in fixed deformities. Nourishing food properly eaten at the correct time, adequate rest, fresh air and sleep, suitable lighting and furniture in schools, a parade of children daily in the school drill hall or playground, to help to counteract the formation of lazy habits, these are essential for the health and good posture of growing children. Simple physical training for all the children in a school in order to prevent deformities is far better than the provision of special remedial exercises for the few who may be in a position to avail themselves of the facilities. A special teacher to take groups of children for simple walking, standing and breathing exercises in the school playground, or in an airy room would yield better results than large dancing classes, or the drill lessons one sometimes sees—children dressed in jackets fastened tightly across their chests, and far too many children for the necessary supervision. Both children and teacher ought to be suitably clad for physical training and if strenuous, it should not be undertaken too soon after dinner.

Foot Wear.—The question of correct footwear for children, too, is important, in view of the high incidence of various degrees of flat foot. Sandals and wellingtons are now commonly worn by school children during the whole day and not merely at play. They are popular because so easily slipped on, no trouble with broken laces, no problem of clean, well-fitting socks large enough to take the child's growing foot without restricting the circulation or play of muscles. One would wish to see children wearing flexible well-fitting leather boots or shoes with clean linings, and if necessary, a slightly raised inner border.

Milk in School.—This is now delivered in bottles as was the pre-war method. Children should be

encouraged to drink it through a straw, seated in a classroom or lunch room, slowly and quietly, and to chew the accompanying sandwich properly. These latter should be of a size which children can hold comfortably and the milk and sandwich distributed in the afternoons before children leave school, to carry them on until the family evening meal.

Mid-day Interval.—It has been observed that there has been a gradual tendency during the past year for schools to curtail the mid-day dinner interval, in order to allow children home earlier in the afternoon, a gradual return to the single day. The reasons and excuses are varied and numerous; some schools say they have consulted the parents' wishes in the matter, others consider that the minority from remote districts should be enabled to get home by daylight in the Winter months. Children should be allowed adequate time to enable them to go home to family dinner at mid-day. Mothers should be able to devote themselves to the other work in the house when the family dinner is over. Schools should be ventilated during the dinner interval. It is lamentable that the excellent practice introduced during the war years of allowing children home to mid-day dinner should now be allowed to lapse and we have to protest strongly against the resumption of the 3.30 p.m. or even 4 p.m. dinner hour arrangement for children. If the dual day has been found too difficult, then children should have mid-day dinner in school.

Infants Schools.—The provision of class-room, cloak-room, toilet and sanitary accommodation in the junior schools for children of 5, 6 and 7 years is complicated by the admission to school of children aged 4 years, especially during the summer term when class rooms tend to become airless and small children get restive. They need sunlight, fresh air and freedom of movement and derive so much benefit from them, that it is a pity to crowd them into class-rooms instead

of providing Nursery Schools for them. If portion of the National School premises is not required, then this could be set aside and properly equipped as a Nursery School and would be a boon to parents, teachers and children.

Clinics.—The clinics in Carnegie Building for Primary Tuberculosis, for Ear, Nose and Throat, Orthopaedic and Dental conditions are being well attended. The Orthoptic Centre in the Eye and Ear Hospital is being visited by large numbers of parents anxious about their children's squints.

Squints.—One of the most striking changes in the attitude of the people is their awareness of the necessity for correction of squint in children and at a much earlier age than heretofore, and their willingness to carry out instruction re occlusion, etc. The City Ophthalmologists are responsible in no small way for this improvement, and we thank them for their help and support in our work. The Orthoptic Department too, has focused attention on the seriousness of the Amblyopic eye, and to this we attribute much of the increased interest in squints.

E.N.T.—Scarlet Fever was prevalent, often in mild form, not recognised until desquamation had set in. Ear abscess was common but cleared up with present day treatment. Deafness in school life even of small degree, is a grave handicap to a child. The question of its accurate estimation has long since been under consideration. We have been in touch with firms prepared to supply an Audiometer, both for group and individual testing, and demonstrations of equipment were carried out. It is essential to differentiate between the child slow to learn because of inherent mental defect, and the child handicapped by hearing difficulties. There is, of course, also the type of child whose retardation is due to emotional, et turbance. We look forward eagerly to the p

of an Audiometer and the making of suitable arrangements to cater for the various degrees of hearing loss in school children, so that they may be able to grow up happy and useful members of a society in which they can freely mix.

General Review.—The outstanding feature of the year under review was the interest shown in health matters. Parents came to the Clinic for information about the services available for school children, and requests for Chest X-Ray were especially frequent. The Dental Clinics attracted many more hundreds of children every month than it was possible to treat here or in the Dental Hospital. Parents aware of deviation from the normal in their children, came seeking attention for orthopaedic defects, growing pains, etc., conditions heretofore passed over as an inevitable part of childhood. Allowances of food, clothing, bedding, fuel and financial assistance, have improved the lot of children whose parents become ill, and are reflected in a lessening of that fear of discovery of illness, heretofore a serious bar to early diagnosis and treatment. With less contact infection there has been a marked reduction in the incidence of Phlyctenular Disease and Erythema Nodosum during the year. Cases of Adenitis, however, were found.

The popular press with its easily-read, attractively-presented articles on Eyesight, Hearing, etc., and the excellent large photographs, has a large circulation and popular appeal. Wireless talks and discussions on Health matters were heard weekly from Radio Eireann during the Autumn and Winter months. Advice on health matters with accompanying illustrations, appeared regularly in the daily Press, as did notices of "free" sessions in the Mass Radiography Centre. All this will eventually influence our people in health matters, even unconsciously, and if followed through will lead to an improvement in the children generally. There is, unfortunately, a large section of

our National School population which falls short of even the minimal standard re nutrition, clothing, footgear, cleanliness, in whom the incidence of defect of Eye, Ear, Nose and Throat, Teeth, Skin, etc., is high, and who fail to avail themselves of the treatment offered. Frequent and regular contact with parents and guardians by an adequate staff of understanding, persevering sympathetic Health Visitors, the establishment of Treatment Centres near the children's homes, where the already overburdened, disheartened or sceptical parent could more easily attend—all these are needed. Speech Therapy, Day special schools for handicapped children physical or mental, and specific provision for the care, training and education of Mental Defectives in the Mother and Child Service, are not yet available.

The Convalescent Homes in Cheeverstown and Merrion have done splendid work for Dublin City children during the past year, and we thank Matron and Staff of these institutions. We look forward to the establishment of a school in both these homes where delicate children will be taught so that the prolonged interruption of their education may be reduced.

Once again we thank the School Managers and Teachers. We are always made welcome in the City schools, and the interest which teachers take in their pupils is extended to health matters. They are instrumental in having many of the children's defects remedied, and are so gentle, tactful and helpful in bringing cases to our notice which would otherwise be missed. They are unsparing of themselves in their zeal for the children's good, and we gratefully acknowledge their help and courtesy.

To the Hospital Almoners, N.S.P.C.C., and the various Voluntary Organisations in the City who have helped us during the past year, we return sincere thanks.

During the year the Nurses were engaged in their routine work in the schools and Follow-up work in the children's homes, thus enabling many children to have defects remedied who otherwise would not obtain treatment.

The appointment by the Corporation of a Nurse for the Trachoma Scheme, too, is a very important feature of the measures adopted in the eradication of the disease.

It is with deep regret that we have to record the death of Miss Murphy (R.I.P.), who was permanent Nurse on the School Medical Service Staff for the past 16 years. She was an excellent Nurse—thorough, painstaking, reliable, and so gentle and easy in the Schools, kindly and sympathetic and helpful in the homes, and her Reports on these visits were so accurate, so complete and splendidly done. She never left a case unfinished and returned repeatedly to the same addresses until she managed somehow to get the parent or guardian to have the child looked after. Her charity was boundless, and in the carrying out of her duties she always disguised her absolute efficiency by a quietness of demeanour. Her voice and presence were good with parents and children, and her patience and commonsense never failed her. She loved children, and had a charming way with them, and her sense of humour was not the least of her gifts. It was a privilege to have worked with her.

The Office Staff, too, has carried on last year, and they have been most helpful to us and to the parents, teachers and children.

SCHOOLS INSPECTED DURING THE YEAR 1948.

Donore Presbyterian	...	...	Boys, Girls and Infants.
Glasnevin C.B.	...	...	Boys.
Howth Road	...	...	Boys, Girls and Infants.
Belgrove, Clontarf	...	...	Boys, Girls and Infants.
Weaver Square Convent	...	...	Girls and Infants.

St. Catherine's, Donore Avenue	...	...	Boys, Girls and Infants.
Lakelands Convent	...	...	Girls and Infants.
Rialto Boys'	...	...	Boys.
Beaver Row	...	...	Boys, Girls and Infants.
St. Thomas, Rutland Street	...	...	Boys, Girls and Infants.
Sandymount Boys'	...	...	Boys.
Northumberland Road	...	...	Boys, Girls and Infants.
Sherrard Street	...	...	Boys, Girls and Infants.
St. Matthew's, Irishtown	...	...	Boys, Girls and Infants.
Mount Jerome, Harold's Cross	...	...	Boys, Girls and Infants.
St. Columba's, North Strand	...	...	Boys, Girls and Infants.
Lindsay Road	...	...	Boys, Girls and Infants.
Seville Place	...	...	Girls and Infants.
Leeson Park	...	...	Boys, Girls and Infants.
Hill Street	...	...	Girls and Infants.
Inchicore Model	...	...	Boys, Girls and Infants.
Chapelizod No. 1.	...	...	Boys, Girls and Infants.
Chapelizod No. 2.	...	...	Boys, Girls and Infants.
St. Patrick's, Drumcondra, No. 1 and No. 2	...	...	Boys.
Inchicore Oblate	...	...	Boys.
Cabra West	...	...	Boys.
Whitefriars Street	...	...	Boys.
Blackpitts	...	...	Boys.
Denmark Street	...	...	Boys, Girls and Infants.
Drimnagh	...	...	Boys, Girls and Infants.
Leeson Lane	...	...	Girls and Infants.
Phibsboro'	...	...	Boys, Girls and Infants.
Synge Street C.B.	...	...	Boys.
Terenure Boys'	...	...	Boys.
Stanhope Street Convent	...	...	Girls and Infants.
Haddington Road	...	...	Boys, Girls and Infants.
Cabra Convent	...	...	Girls and Infants.
St. Mary's, Fairview	...	...	Girls and Infants.
St. Francis Xavier's, Dorset Street	...	...	Girls and Infants.
Bloomfield Avenue	...	...	Boys, Girls and Infants.
North William Street	...	...	Boys, Girls and Infants.
Belmont Avenue	...	...	Girls and Infants.
Donnybrook Boys'	...	...	Boys.
Green Lanes	...	...	Boys, Girls and Infants.

DEFECTS FOUND DURING THE YEAR ENDED 31st DECEMBER, 1948.
TOTAL NUMBER EXAMINED—18,800.

DEFECTS	Defects requiring treatment	Defects requiring observation
Speech	70	600
Mental Condition	16	269
Hearing	53	75
Vision (including squint)	4,440	2,968
Clothing	599	3,122
Footgear	613	3,373
Hair and Scalp	605	1,494
Body	303	2,484
Vaccination Nil	10,410	—
Inoculation Nil	3,846	—
Nutrition	480	2,105
Teeth	9,269	942
Glands, Enlarged	266	2,975
EAR :—		
Otitis Media	57	33
Other Diseases	71	38
NOSE AND THROAT :—		
Enlarged Tonsils and Adenoids	1,225	74
Other Defects	321	196
EYE :—		
Trachoma	1	7
Blepharitis	248	146
Conjunctivitis	93	64
Keratitis	1	—
Corneal Opacity	6	—
Squint	433	62
Other Diseases	72	46
SKIN :—		
Ringworm, Head	18	2
Ringworm, Body	9	—
Scabies	92	19
Impetigo	121	55
Other Diseases	335	368
HEART AND CIRCULATION :—		
Organic Heart Disease	90	461
Functional Heart Disease	15	96
Anæmia	421	2,089
LUNGS :—		
Bronchitis	256	229
Other	20	57
T.B. :—		
Definite Pulmonary	16	30
Suspected Pulmonary	541	1,831
Definite Non-Pulmonary	29	20
Suspected Non-Pulmonary	37	45

Defects found during the Year ended 31st December, 1948—(contd).

DEFECTS	Defects requiring treatment	Defects requiring observation
NERVOUS SYSTEM :—		
Epilepsy	4	—
Chorea	2	4
Other	3	6
DEFORMITIES :—		
Rach	24	1,147
Spinal Curvature	1	29
Other	369	367
POSTURAL DEFECTS :—		
Round Shoulders	139	2,595
Scoliosis	55	46
Flat Foot	186	1,186
OTHER CONDITIONS :—		
Infectious Diseases	2	8
Rheumatism	89	1
Rickets	91	1,290
Hernia	1	22
Other Diseases	91	1,736

TREATMENT OF ABNORMAL CHILDREN, 1948.

	Admitted during 1948
Physical Defectives :	
RESIDENTIAL SCHOOLS :	
St. Joseph's School for the Blind, Drumcondra (Boys)	2
St. Joseph's School for Deaf Mutes, Cabra (Boys) ...	1
St. Mary's School for Deaf Mutes, Cabra (Girls) ...	6
HOSPITAL SCHOOLS :	
Linden	250
Orthopaedic Hospital, Clontarf	33
St. Mary's Open Air Hospital, Cappagh	15
Auxiliary Orthopaedic Hospital, Baldoyle	8
CONVALESCENT HOMES :	
Cheeverstown	533
St. Anthony's, Merrion	304
Mental Defectives and Epileptics :	
St. Vincent's Home, Cabra	9
St. Augustine's Colony, Blackrock	11

Epileptics :

Bl. Oliver Plunkett Colony, Mulhuddart 6

Dental Treatment, 1948 :**DENTAL HOSPITAL :**

(A) Extractions, Local Anaesthetic	...	...	3,775
(B) Extractions, General Anaesthetic	...	...	10,861
(C) Fillings	...	...	4,071
(D) Scalings and Dressings	...	...	2,067
(E) X-Rays Examination	...	...	103

DENTAL CLINICS :

(A) Extractions, Local Anaesthetic	...	...	12,102
Fillings	...	...	1,304
Dressings and Scalings	...	...	3,919

CLINICS.—E.N.T. attendances	...	...	2,240
Orthopædic attendances	...	...	289

Phlyctenular Disease.—New Cases	...	...	96
Artificial Eyes.—Number of Children	...	...	32
Trachoma.—Number of Cases on List	...	...	51

DEFECTS TREATED—SCHOOL CHILDREN, 1948.

Teeth	Dental Hospital	...	...	7,328
	Dental Clinics, Lord Edward Street	...	...	12,756
Skin	Ringworm, Scalp	...	...	45
	Ringworm, Body	...	...	26
	Impetigo	...	...	163
	Other Skin Conditions	...	...	97
	Light Therapy	...	...	3
	Visits to Out Patients' Department	...	...	1,348
Eye	Defective Vision (including Squint)	...	...	2,148
	Blepharitis	...	...	202
	Conjunctivitis	...	...	115
	Orthoptic Treatments	...	...	805
	Interstitial Keratitis	...	...	3
Phlyctenular Disease	...	...	29	

Eye—continued.

Corneal Ulcer	...	...	...	4
Chalazion...	...	...	...	25
Hordeolum	...	...	...	60
Miscellaneous Defects	...	...	...	50
Visits to Out Patients' Department	...	...	...	2,255

INTERN CASES :

Squint	...	...	...	46
Cataract	...	...	...	4
Phlyctenular Ophthalmia	...	...	...	1
Abscess	...	...	...	1
Corneal Ulcers	...	...	...	1
Miscellaneous Defects	...	...	...	6

Ear

Otitis Media	...	...	...	139
Otorrhœa	...	...	...	26
Miscellaneous Defects	...	...	...	42
Visits to Out Patients' Department	...	...	...	1,056

INTERN CASES :

Otitis Media	...	...	...	19
Mastoid	...	...	...	7
Furunculosis	...	...	...	2
Antral Infection	...	...	...	5
Polypus	...	...	...	1
Otorrhœa	...	...	...	1

Nose and Throat

Epistaxis	...	...	...	11
Nasal Defect	...	...	...	12
Miscellaneous Defects	...	...	...	52
Visits to Out Patients' Department	342

INTERN CASES :

Tonsils and Adenoids Operations	1,803
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Orthopædic

EXTERN CASES :

Drop Foot	10
Pes Planus	186
Pes Cavus	2
Round Shoulders	11
Rickets	...	...	...	11
Genu Varum	...	...	...	6
Genu Valgum	...	...	...	30
Club Foot	...	...	...	30
Torticollis	...	...	...	3
Scoliosis	...	...	...	3

Orthopædic—continued :

Kyphosis	2
Post Ant. Poliomyelitis	44
Defect of Hip	15
Spine	4
Knee	1
Hammer Toe and Deformity of Toe	7

INTERN CASES :

Spastic Paralysis	3
Rickets	7
Osteomyelitis	2
Club Foot	8
Torticollis	2
Genu Valgum	2
Genu Varum	2
Pes Planus	3
Congenital Dislocation of Hip	5
Post Ant. Poliomyelitis	10
Deformity of Toes	1
Deformity of Knee	4
Deformity of Os calcis	1
Miscellaneous Defects	5
Gymnasium Treatments	5,404
Orthopædic Appliances (including re- newals and repairs)	933

SPECTACLES, Etc.

Spectacles supplied	2,654
Spectacles repaired	977
Occluders supplied	99
Artificial Eyes supplied	18

SCHOOL MEALS.

During the calendar year 1948 over seven and a-half million meals were provided under the County Borough Scheme at a cost of approximately £118,769.

Hot meals of stews, soups, cocoa, puddings were provided in a small number of schools, and sandwiches of butter and jam or cheese or meat with a ration of milk in the remainder.

TABLE SHOWING AVERAGE HEIGHT AND WEIGHT FOR AGE AND SEX OF THOSE CHILDREN EXAMINED AT ROUTINE S.M.I. DURING THE PAST 4 YEARS. THE FINDINGS FOR 1946 ARE NOT INCLUDED; THE SAMPLE WAS TOO SMALL OWING TO SCHOOL STRIKE INTERRUPTION.

Age in Years	GIRLS								BOYS								
	Height in Inches				Weight in Lbs.				Age in Years	Height in Inches				Weight in Lbs.			
	1944	1945	1947	1948	1944	1945	1947	1948		1944	1945	1947	1948	1944	1945	1947	1948
5	41½	40	41½	43¼	36	36½	41¼	40¼	5	40¾	40½	42	43½	34	37¾	41½	42¾
6	43	43½	43¼	44½	39¼	42½	43¼	43	6	43½	41¼	43¾	45	41½	41¾	44½	46
7	44¾	45½	45	46	42½	45¾	46¼	46¼	7	45	43¼	45¾	46½	45	45¾	48	53
8	47	47¼	47	47¾	47	50¼	50¼	50¾	8	46¾	47	47¾	48	49¼	51	51¾	53¼
9	49	49	49	49½	51½	56	54¼	54¾	9	48¼	49	49½	50	53¼	54¼	55½	58
10	50½	51¼	50¾	52	56¼	60	58¾	61¼	10	50¾	51¾	52	52	58¾	61¼	62	59¾
11	53	53½	52¾	54	64¼	65½	65	66¾	11	52¼	54	53½	53½	62¼	68½	66¼	65¼
12	55	55½	54¾	55¾	69¼	72	72	73¾	12	54	55¼	55	55	68	73	71¾	73
13	57¼	57¼	56¾	57¼	78	79	78¼	81½	13	56	56½	56¼	56¾	75¼	77¼	76	78½
14	59	59¼	58½	56¼	85¾	87¼	86	84½	14	57½	57½	57¾	57¾	81	82¼	80¼	83¾

List of Schools included in School Meals Scheme.

- | | |
|---|---|
| St. Agne's, Armagh Road. | St. John's United, Fishamble Street. |
| All Saints', Grangegorman. | St. Joseph's, Dorset Street, Upr. |
| St. Andrew's, Pearse Street. | St. Joseph's C.N.S., East Wall Road. |
| St. Andrew's, Rialto. | St. Joseph's, W., Liffey Street. |
| St. Andrew's, Townsend Street. | St. Joseph's, St. Mary's Road. |
| St. Audeon's, High Street. | St. Joseph's, Terenure Road. |
| Augustinian, John Street, W. | St. Joseph's C.N.S., Kimmage Road East. |
| St. Barnabas's, Sheriff Street. | St. Joseph's, Weaver Square. |
| St. Brigid's, Clarendon Street. | St. Joseph's, Wellington Street. |
| St. Brigid's, Coombe. | St. Kevin's, Blackpitts. |
| St. Brigid's, Little Strand Street. | St. Kevin's, Grantham Street. |
| St. Catherine's, Baggot Street. | St. Laurence O'Toole's C.B.S. |
| St. Catherine's N.S., Cabra. | St. Laurence O'Toole's N.S. |
| St. Catherine's, Donore Avenue. | Loreto C.N.S., Hill Street. |
| St. Catherine's, Meath Street. | St. Louis, Ardee Road. |
| St. Joseph's, School Street. | St. Luke's, New Street. |
| Christ the King, Cabra. | St. Mary's, King's Inn Street. |
| Christ Church, Ranelagh. | St. Mary's, Rathmines. |
| City Quay N.S. | St. Michael's, Keogh Square. |
| Scoil Colmcille, Marlboro' Street. | SS. Michael's and John's. |
| St. Columba's, Armagh Road. | St. Michan's, North Anne Street. |
| St. Columba's, Gt. Strand Street. | Modh Sgoileanna, Lair. |
| St. Columba's, North Strand. | Model Schools, Inchicore. |
| Damer Schools, Stephen's Green. | Mount Jerome. |
| Drumcondra National. | St. Nicholas's, Francis Street. |
| SS. Enda's and Dympna's, Whitefriar Street. | Our Lady's Mount N.S., Harold's Cross. |
| St. Finbar's N.S., Cabra West. | Our Lady of Good Counsel (Boys'). |
| St. Francis Xavier's, Dorset Street, Lower. | Our Lady of Good Counsel (Girls'). |
| Gardiner Street C.N.S. | St. Patrick's, Cambridge Road. |
| St. George's, Lower Sherrard Street. | St. Patrick's, North King Street. |
| Harold's Cross N.S., Clareville Road. | St. Patrick's, Lower Rutland Street. |
| Holy Child, Larkhill (Girls'). | St. Patrick's, Thorncastle Street. |
| Holy Child, Larkhill (Boys.). | St. Paul's, Blackhall Parade. |
| St. Fintan's N.S., Howth | St. Paul's, Queen Street. |
| St. Columbanus N.S., Howth. | St. Peter's, Camden Row. |
| Inchicore Central P.E.S. | St. Peter's, Phibsboro . |
| Irishtown (Boys'). | St. Philomena's, Chapelizod. |
| St. Matthew's (Girls). | St. Philomena's, George's Hill. |
| St. James's C.N.S., Basin Lane. | St. Philomena's, Phoenix Park. |
| St. James's C.B.S., James's St. | |
| St. John the Baptist, Seafield Road. | |

List of Schools—continued.

Rathmines Township N.S.
 Rialto Boys' N.S.
 St. Saviour's, Denmark Street.
 Stanhope Street C.N.S.
 St. Stephen's, Northumberland
 Road.
 St. Thomas', Lr. Rutland St.

Tranquilla N.S., Rathmines.
 St. Vincent's, Golden Bridge.
 St. Vincent's, North William
 Street.
 Warrenmount C.N.S.
 Westland Row C.B.S.

VERGEMOUNT FEVER HOSPITAL
CLONSKEAGH

ANNUAL REPORT

FOR THE YEAR ENDED 31ST DECEMBER, 1948.

BY

F. N. ELCOCK, L.R.C.P.S.I., D.P.H.,
Resident Medical Superintendent.

During the year ended 31st December, 1948, two thousand, two hundred and forty-five cases were admitted to Vergemount Fever Hospital. 106 cases remained in hospital at the close of the year 1947, and the total number under treatment was 2,351. There were 51 deaths and 2,300 were discharged cured.

The mortality rate for all cases under treatment was 2.17 per cent. as compared with 8.4 per cent. in 1947, and 6.9 per cent. in 1946.

The number of admissions for the year constitutes a record for this hospital, and showed an increase of eight hundred and thirty-eight cases from the previous year.

Diphtheria cases, which in former years headed the list of admissions, showed a marked decrease. There were only eight admissions. Two deaths occurred in non-immunised children.

Scarlet Fever admissions numbered one thousand, one hundred and forty-eight cases, and accounted for 51 per cent. of the total admissions.

The health of both Nursing and Domestic Staffs (working daily in a Fever Hospital) was on the whole satisfactory. Two nurses contracted Influenza ; one nurse Rubella ; one nurse Scarlet Fever ; one nurse Pleurisy ; and three nurses were treated for such conditions as Fibrositis, Whitlows and Adenitis. Forty-two member of the Domestic Staff were warded for such complaints as Whitlows, Gastritis, Enteritis, Bronchitis, Tonsillitis, Abscesses and Rheumatism.

Dr. Power, Senior House Physician, left the Staff on 30th June, 1948, having completed his period of Office. Dr. O'Gorman was promoted to Senior House Physician, and Dr. Holohan was appointed Junior House Physician.

On 20th September, 1948, the Laundry was opened.

Two new Ambulances were purchased during the year.

Clinical instruction in Infectious Diseases was given to final year Medical Students of National University, Trinity College and the Royal College of Surgeons. A course in Fevers was also given to Candidates seeking the Diploma in Child Health. For the first time a Clinic was given to Doctors attending a fortnights Post-Graduate Course in Dublin.

Cases of Gastro-Enteritis were admitted to Clonskeagh when beds were not available in St. Clare's Hospital, Glasnevin. The ambulance service for St. Clare's Hospital was continued throughout the year.

I would like to thank Doctors Power and O'Gorman for their loyal co-operation during a very anxious year ; also the Nursing Staff under the capable supervision of our Matron, Miss Cusack. To Mr. Bouchier Hayes (Consulting Surgeon), to Dr. Alan Mooney (Ophthalmic Surgeon), and to Dr. Stritch (City

Bacteriologist), my best thanks are due for their advice during the year.

In conclusion I wish to thank Dr. Harbison, City Medical Officer and his Staff for guidance and help during the year.

TABLE I.

SHOWING THE NUMBER OF ADMISSIONS AND THE NUMBER OF DEATHS FOR THE YEAR ENDING 31ST DECEMBER, 1948.

Disease	Number of Cases Admitted	Number Died	Case Mortality
Measles	140	5	3·57
Pertussis	49	4	8·16
Scarlet Fever	1,148	—	—
Tonsillitis	123	—	—
Diarrhoea and Enteritis (under 2 years)	50	7	14·00
Lobar Pneumonia	79	2	2·53
Rubella	108	—	—
Diphtheria	8	2	25·00
Varicella	83	—	—
Bronchopneumonia	56	9	16·07
Enteritis (Adult)	11	—	—
Erysipelas	18	—	—
Tuberculous Meningitis	6	6	100·00
Meningococcal Meningitis	11	4	36·36
Poliomyelitis	1	1	100·00
Quinsy	4	—	—
Vincent's Angina	5	—	—
Rheumatic Fever	7	—	—
Pneumococcal Meningitis	2	1	50·00
Dysentery... ..	6	1	16·66
Enteric Fever	3	—	—
Mumps	59	—	—
Miscellaneous	268	9	3·35
	2,245	51	2·27

SCARLET FEVER.

One Thousand, one hundred and forty-eight cases were admitted for treatment, which shows an increase of 977 from the previous year. There were no deaths. The type as in recent years was a mild one. The average period of isolation in hospital was approximately 18 days.

The following complications were met with, viz. :—

ADENITIS.	ENDOCARDITIS
OTORRHŒA.	(Late Cases).
RHINORRHŒA.	ARTHRITIS.
ABSCESSSES.	ALBUMINURIA.
WHITLOWS.	NEPHRITIS
CARDITIS.	(" Missed Cases.")

CONCURRENT INFECTIONS.

Twelve cases on admission suffered concurrently with Scarlet Fever and Varicella ; two with Scarlet Fever and Mumps ; one with Scarlet Fever and Measles ; and one with Scarlet Fever and Rubella.

Table 3 shows the number of Scarlet Fever admissions for the past ten years.

TABLE II.

SHOWING THE NUMBER OF SCARLET FEVER CASES CLASSIFIED IN AGE AND SEX GROUPS FOR THE YEAR 1948.

	0—4	5—9	10—14	15—24	25+ >	Total
Male ...	204	199	61	7	5	476
Female	230	299	103	28	12	672
	434	498	164	35	17	1,148

TABLE III.

SHOWING THE NUMBER OF SCARLET FEVER ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1939-1948.

Year	Number of Cases Admitted	Number Died	Case Mortality
1939 ...	193	—	—
1940 ...	172	2	1·16
1941 ...	167	—	—
1942 ...	291	—	—
1943 ...	129	—	—
1944 ...	129	—	—
1945 ...	123	—	—
1946 ...	103	—	—
1947 ...	171	—	—
1948 ...	1,148	—	—
Total ...	2,626	2	0·07

MEASLES.

One hundred and forty cases were treated in the Wards during the year, which shows a decrease of 110 from the previous year.

There were five deaths, giving a mortality rate of 3·57 per cent. as compared with 2·8 per cent. in 1947.

An analysis of these deaths is shown in Table IV.

The complications noted in the recovered cases were as follows :—

ENTERITIS.

BRONCHO-

PNEUMONIA.

OTITIS MEDIA.

RHINORRHOEA.

CONJUNCTIVITIS.

FIBROSIS OF

LUNG.

Gamma Globulin was administered in selected cases for protection and attenuation.

TABLE IV.

SHOWING THE NUMBER OF MEASLES ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1940-48.

Year	Number of Cases	Number Died	Case Mortality
1940 ...	46	4	8.70
1941 ...	108	7	6.48
1942 ...	43	3	6.97
1943 ...	13	—	—
1944 ...	45	—	—
1945 ...	81	2	2.47
1946 ...	70	7	10.00
1947 ...	250	7	2.80
1948 ...	140	5	3.57
Total ...	796	35	4.39

TABLE V.

SHOWING AN ANALYSIS OF DEATHS FROM MEASLES FOR THE YEAR 1948.

Ref. No.	Age and Sex.	Days ill before Admission.	Observations.
31	15 years Female.	3	Died on 23rd day of disease from Acute Pneumonic Phthisis.
259	1 year Male.	? 2	Weakly Baby. Enteritis and Bronchopneumonia on admission. No response to treatment. Died 72 hours after admission.
534	1 $\frac{3}{4}$ yrs. Female.	6	Well marked Streptococcal Laryngitis on admission. Tracheotomy performed. Bronchopneumonia followed. Died 50 hours after admission.
2128	6 months Male.	7	Extremely toxic on admission. Severe Oidium Albicans infection and Enteritis prior to admission. Death from Enteritis on 25th day.
2234	1 year Male.	4	No response to treatment. Died 4 days after admission.

PERTUSSIS.

Forty-nine cases were admitted, showing a decrease of 159 from the previous year. There were four deaths, giving a mortality rate of 8.16 per cent, compared with 22 per cent. in 1947.

An Analysis of these deaths is shown in Table VI.

TABLE VI.
SHOWING AN ANALYSIS OF DEATHS FROM PERTUSSIS FOR
THE YEAR 1948.

Ref. No.	Age and Sex.	Days ill before Admission.	Observations.
102	6 weeks Female	8	Severe attack with spasms. No response to Vaccine therapy. Died on 9th week from Enteritis.
2173	1½ yrs. Female.	3 weeks	Child moribund on admission—shocked and cyanosed. Lived 12 hours.
2186	2 months Male.	5	Enteritis and emaciated on admission. No response to treatment.
2241	10 months Male.	4 weeks	Poorly on admission. Developed Broncho-pneumonia. Died on 5th week.

TABLE VII.
SHOWING THE NUMBER OF PERTUSSIS ADMISSIONS, THE NUMBER
OF DEATHS AND THE CASE MORTALITY FOR THE YEARS
1940—1948.

Year	Number of Cases Admitted	Number Died	Case Mortality
1940	25	5	20.00
1941	69	11	15.95
1942	64	16	25.00
1943	10	1	10.00
1944	12	2	16.66
1945	42	6	14.28
1946	110	22	20.00
1947	208	46	22.48
1948	49	4	8.16
	589	113	19.18

DIARRHŒA AND ENTERITIS
(UNDER TWO YEARS).

Fifty babies were admitted for treatment, showing a decrease of 43 from the previous year. There were seven deaths, giving a case mortality of 14 per cent. as compared with 29 per cent. in 1947.

The majority of these very young babies who died were admitted far too late in the disease to benefit by treatment.

Table IX shows an analysis of these cases.

TABLE VIII.

SHOWING THE NUMBER OF DIARRHŒA AND ENTERITIS (UNDER TWO YEARS) ADMISSIONS THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEARS 1941—1948.

Year	Number of Cases Admitted	Number Died	Case Mortality
1941	115	70	60·87
1924	70	42	60·00
1943	70	43	61·42
1944	45	9	20·00
1945	52	16	30·77
1946	61	18	29·50
1947	93	27	29·03
1948	50	7	14·00
	556	232	41·72

TABLE IX.

SHOWING AN ANALYSIS OF DEATHS FROM DIARRHŒA AND ENTERITIS FOR THE YEAR 1948.

Ref. No.	Age and Sex.	Days ill before Admission.	Observations.
93	8 weeks Male.	10	Premature baby (7 months). Marked dehydration and excoriation of Buttocks on admission. Weight on admission 6 lbs. No response to treatment. Died after 8 days.

TABLE IX—Continued.

Ref. No.	Age and Sex.	Days ill before Admission.	Observations.
94	7 weeks	? 4	Acute Bronchitis, weak heart sounds and severe Enteritis on admission. Difficulty to feed. Marasmus.
118	6 weeks Male.	? 2	On admission baby suffering from shock and cyanosis. Marked dehydration, grass green motions. Died after 24 hours.
985	10 days Male.	7	Vomiting and Diarrhoea 7 days prior to admission. Weight 6 lbs. Excoriated buttocks. Gradually gained weight to 7 lbs. Motions continually green. Died on 8th week from Inanition.
1095	11 months Female.	? 3	Treated for Diarrhoea and Enteritis when 2 months old. On admission to hospital—moribund. Died in 24 hours.
1122	6 weeks Male.	3 weeks	On admission patients condition very low, marked dehydration, excoriation of buttocks. Vomiting and green diarrhoea. Weight 6½ lbs. No response to treatment. Motions continually relaxed and green. Died 2 weeks after admission.
1544	3 months Male.	? 4 days	Marked dehydration on admission. Weight 10 lbs. Motions continually green. Died from Bronchopneumonia on 12th day of illness.

PNEUMONIA.

One hundred and thirty-five cases of Pneumonia were admitted for treatment for the year, which shows an increase of fifty-three in 1947. They are classified as follows:—

Type	Number	Deaths	Case Mortality
Lobar Pneumonia	79	2	2·53
Bronchopneumonia	56	9	16·07
Total ...	135	11	8·14

Seventy-nine cases of Lobar Pneumonia were treated. There were two deaths—one a woman, aged 36 years, from Pulmonary Embolism, and the other a male adult from Acute Toxic Myocarditis.

TABLE X.

SHOWING THE NUMBER OF LOBAR PNEUMONIA ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1940—1948.

Year	Number of Cases admitted	Number Died	Case Mortality
1940 ...	18	—	—
1941 ...	27	1	3·70
1942 ...	31	—	—
1943 ...	14	1	7·14
1944 ...	14	—	—
1945 ...	45	8	17·77
1946 ...	68	—	—
1947 ...	58	1	1·72
1948 ...	79	2	2·53
Total ...	354	13	3·67

Of the fifty-six cases of Bronchopneumonia there were nine deaths giving a mortality rate of 16 per cent.

Table XI shows an analysis of these deaths, which were all admitted to hospital beyond medical aid.

TABLE XI.

SHOWING AN ANALYSIS OF DEATHS FROM BRONCHOPNEUMONIA FOR THE YEAR 1948.

Ref. No.	Age and Sex.	Days ill before Admission.	Observations.
74	11 months Female.	7	Dying on admission. Lived 20 minutes.
169	7 years Female.	7	Unconscious on admission. No response to either Sulphonamides or Penicillin. Died 4 days after admission.

TABLE XI.

Ref. No.	Age and Sex.	Days ill before Admission.	Observations.
627	1½ years Male.	14	Bronchitis following Pertussis and Measles. On admission dying slowly. Lived only 48 hours.
644	1½ yrs. Male.	? 3	Condition very low on admission. Practically pulseless. No response to Sulphonamide and Penicillin therapy. Died 3 days after admission.
645	10 months Female.	14	Dying on admission. Lived 2½ hours.
646	4 months Male.	12	Dying on admission. Lived 9 hours.
832	10 months Female.	14	Previous illnesses were Measles, Broncho-pneumonia and Gastro-Enteritis. On admission condition very low. Broncho-pneumonia complicated by Enteritis. Death in 8th week due to Tuberculous abdomen.
1077	10 months Male.	3 weeks	Dying on admission. Lived 36 hours.
1230	10 months Male.	? 2	Dying on admission. Hyperpyrexia. Respirations 68. Pulse 170. Lived 36 hours.

MENINGITIS.

Nineteen cases of Meningitis were treated in the Wards and were classified as follows:—

Type	Number	Deaths	Case Mortality
Meningococcal	11	4	36·36
Tuberculous ...	6	6	100·00
Pneumococcal ...	2	1	50·00

Meningococcal Meningitis shows a decrease of two from the previous year. There were four deaths, giving a mortality rate of 36 per cent. Of the four deaths, one, a baby of nine months, died from concurrent Meningococcal Meningitis and Diarrhoea and Enteritis; the second, a baby of eight months, died from Bronchopneumonia in 5th week; the third, a baby of one year (4 days ill before admission) complicated by Enteritis, died on 8th day of illness; and the fourth, a baby of two years, admitted with fulminating Meningitis, died 30 hours after admission.

Tuberculous Meningitis admissions showed a decrease of nine from the year 1947. Six deaths, ranging in ages from twelve months to nineteen years. These patients were admitted between the 9th and 14th day of the illness.

Two cases of Pneumococcal Meningitis were treated, one death occurred in a boy of 6 years who died 24 hours after admission.

DIPHTHERIA.

Eight cases were admitted which shows a decrease of 22 from the previous year, as compared with 51 for the year 1946. There were two deaths. One death occurred in a girl of six years who was admitted in the fifth day of her illness with toxic diphtheria; the other, a baby of two years, admitted in an advanced stage of Laryngeal diphtheria, a tracheotomy giving only temporary relief, and death being due to Bronchopneumonia on 12th day. Neither of these cases had been immunised.

REPORT OF DEPARTMENT OF THE OPERATION
TABLE XII.
 SHOWING THE NUMBER OF ADMISSIONS AND DEATHS FOR THE
 PAST TEN YEARS (1939—1948).

Year	Number of Cases Admitted	Number Died	Case Mortality
1939 ...	214	32	14·95
1940 ...	155	19	12·25
1941 ...	118	15	12·62
1942 ...	309	25	8·09
1943 ...	671	37	5·51
1944 ...	569	37	6·50
1945 ...	234	14	6·00
1946 ...	59	2	3·40
1947 ...	30	2	6·33
1948 ...	8	2	25·00
Total ...	2,367	185	7·81

ERYSIPELAS.

Eighteen cases were admitted. All made excellent recoveries. Fourteen were of the Facial type and the remaining four were Crural in origin.

RUBELLA, VARICELLA AND EPIDEMIC PAROTITIS.

One hundred and eight cases of Rubella, eighty-three of Varicella and fifty-nine of Epidemic Parotitis were treated. No complications were noted in either series of Rubella or Varicella, but three cases of Epidemic Parotitis developed Orchitis.

ENTERIC FEVER.

Three cases were admitted. Two were due to *B. Paratyphosus B.* infection and one to *B. Typhosus*.

From 1944–1948, one hundred cases of Enteric Fever were treated in the wards of Clonskeagh Hospital. There were two deaths, giving a mortality rate of 2 per cent.

POLIOMYELITIS.

One case, a baby of one year admitted with paralysis of arm and leg and who developed respiratory paralysis—no response in Bragg-Paul Pulsator.

DYSENTERY.

Six cases were admitted, five being due to Flexner Type X, and the fatal case, a baby of six weeks, died four days after admission from a severe Sonne infection.

MISCELLANEOUS CASES.

Two hundred and sixty-eight cases were admitted as suffering from various infectious ailments. There were nine deaths.

Table XIII shows an analysis of these cases admitted beyond medical aid.

TABLE XIII.

Ref. No.	Age and Sex.	Notified as	Observations
160	7 years Male.	? Rubella	Last stages of Tuberculosis. Lived 9 days after admission.
307	2½ years Male.	? Poliomyelitis.	Well advanced Pulmonary Tuberculosis. Died 6 weeks after admission.
500	3½ years Male.	Lobar Pneumonia.	Ulcerative Stomatitis and Pulmonary Tuberculosis. Died 7 weeks after admission.
795	52 years Male.	Lobar Pneumonia.	Coronary Thrombosis. Lived 6 hours.
1004	68 years Male.	Lobar Pneumonia.	Carcinoma (Pancreas)—terminal stage. Lived 48 hours after admission.
1041	37 years Female.	? Meningitis	Septicaemia. Lived 10 hours after admission.
1111	25 years Female.	Acute Tonsillitis.	Mesenteric Thrombosis and Pericarditis. Lived 2 months.
1263	68 years Female.	Observation	Carcinoma of lungs.
1728	65 years Male.	Lobar Pneumonia.	Chronic Bronchitis, marked Emphysema and Myocarditis. Lived 8 days after admission.

REPORT OF DR. DONELAN ON THE OPERATION OF THE SCABIES CLINIC DURING 1948.

During the year 1948, 15,387 treatments for scabies were given as compared with 25,609 in 1947. 9,103 persons were treated of whom 6,284 completed their second treatment.

The routine treatment consists of a bath followed by the application of Benzyl Benzoate 25% emulsion or Tetmosol 25% (I.C.I.) diluted 1 : 2 with water. This is repeated three or four days later. The patient is told not to wash for twenty-four hours after the application. Benzyl Benzoate is used as the routine treatment for all persons more than 12 years old. Tetmosol is used on all children and on adults who are known to be sensitive to Benzyl Benzoate or are suffering from some other skin conditions as well as scabies.

With the reduction of numbers of cases of scabies the proportion of persons who present themselves for treatment who are suffering from other conditions has increased, and it is difficult to persuade many of them that "all that itches is not scabies."

Almost every condition seen in a Dermatological Department has been seen during the year. An enormous reduction in the number of cases of pediculosis corporis has been noted for which the new parasiticides deserve great credit.

Urticaria appears to be the most difficult condition to differentiate from scabies, and a few notes on the differential diagnosis may be of value.

Cases may be divided into those with more or less than three weeks of itching.

History less than three weeks :—

URTICARIA.

- (1) Sudden onset.
- (2) May have been freedom from symptoms for one or more nights.
- (3) Different parts of the body affected on different nights.

SCABIES.

- (1) Gradual onset but constant increase.
- (2) No nights of complete freedom from scratching.
- (3) Parts affected tend to remain affected although there may be extensions to other parts.

The hands may be affected and the itch is worse at night in both conditions. Burrows may be impossible to find in cases of less than three weeks' history of itching.

More than three weeks' history :—

As above, but burrows should be visible in cases of scabies, and the longer the history the less the excuse for failing to make a correct diagnosis.

In infants and small children, burrows are more frequently found on the feet and on the hands.

TUBERCULOSIS.

Institutional accommodation has been increased during 1948 by the addition of 120 beds in St. Mary's Hospital, Phoenix Park. This is the first instalment of the institutional provision at that hospital, which ultimately will accommodate 600 patients. Arrangements have also been made to take over the Isolation Hospital at Pigeon House Rd., where, as St. Catherine's Hospital, 30 beds for female patients will become available. Thus, during 1948, considerable addition to institutional accommodation should reduce the waiting lists for sanatoria. It is also proposed to enlarge the Dispensary premises at Charles Street so as to make provision for X-Ray and Collapse Therapy in addition to better facilities for clinical examination and record-keeping. Thus it may be hoped shortly to extend our Anti Tuberculosis Scheme to include all the various methods of case finding and the provision of adequate institutional care and after care for cases coming under the supervision of our scheme. To ensure the successful operation of the scheme, the close co-operation of doctors and others to whom facilities are offered personally or in groups is necessary and will, we hope, be forthcoming.

The facilities provided include clinical sessions in Charles street, the Meath Hospital, Clogher Road, Crumlin and Lord Edward Street. The latter is reserved for the supervision of children with primary tuberculosis. Nightly sessions are also held in Charles Street and the Meath. The Oto-Laryngologist and the Orthopædic Surgeon also attend weekly in Charles Street to see those referred by the Area T.O.

The accepted methods are employed in the investigation of those coming to the Clinic. Tuberculin-testing, carried to 1 in 100 (Mantoux), is extensively employed. Sputum testing, with culture is done in the City Bacteriological Laboratory. Latterly, gastric

lavage has been employed and lipiodol and bronchoscopic examinations can now be done.

In addition to the investigation of persons and contacts who attend the Clinic, mass radiography, and tuberculin-testing of infants, are used as a means of case finding.

In addition to the usual surveys, expectant mothers attending the ante-natal clinics in the Maternity hospitals are referred from there to the Mass Radiography Centre. This routine should be of especial value having regard to the extension of the B.C.G. programme in the City. Tuberculin-testing is now carried out by Health Visitors on infants either when attending Child Welfare Clinics or when visited in their homes. A positive reaction in infants provides a sensitive index as to the presence of infection in the home, and when such occurs, the household occupants are invited to be X-Rayed.

The disposal of new cases are considered at the meeting of Tuberculosis and Institutional Officers held weekly in Charles Street. Relevant information of cases is communicated to doctors referring them for investigation. It is proposed to include in such reports a small print of X-Ray film when the Reduction Camera, now on order, is procured.

Institutional accommodation is provided under the Tuberculosis Scheme in the Corporation hospitals, i.e., Crooksling, Rialto, and Pigeon House, or in a general hospital or private sanatorium. During the year 1,336 patients were accommodated in institutions other than Corporation.

Annual Report for the Year Ended 31st December, 1948.**CROOKSLING SANATORIUM.**

During 1948 the number of patients who received treatment was 561, of whom 217 remained in residence at the close of the year. The greatest individual problem was presented by the difficulty in obtaining nurses, especially in the category of Probationers, and for a short period the position was serious. Chiefly responsible for this difficulty is the fact that we have not yet obtained the facilities as regards teaching accommodation which are required by the General Nursing Council before giving recognition to a hospital as a training school for Sanatorium Nurses. For the purposes of the Post-Registration Certificate in Tuberculosis, we have been recognised by the General Nursing Council since the inception of this examination, so that there was not the same difficulty in obtaining nurses who had already completed their general training.

As regards the medical staff the appointment of an additional House Physician was sanctioned by the Department of Health. The appointment of Mr. Maurice Hickey in the last quarter of the year as Thoracic Surgeon to the Dublin Corporation has improved matters in regard to major thoracic surgery.

In the last quarter of the year a Laboratory Technician was appointed, with the result that there is much improved organization in the Laboratory, and the scope of the work carried out there has been greatly extended.

The appointment of a part-time Radiographer was made in the middle of the year.

The work carried out following mainly along the usual lines. The use of streptomycin was increased, and two additions to the chemotherapeutic range were sulphetrone and P.A.S. (Sodium para-amino salicylate).

Admissions and Discharges.

561 Patients were treated during the year. Of these, 331 were admitted, 306 discharged home, 32 transferred to other hospitals and 6 died.

Remaining Dec. 31st, 1947	Admitted	Discharged Home	Transferred	Died	Remaining Dec. 31st, 1948
230	331	306	32	6	217

Admissions according to Age and Sex.

—	15—24	25—34	35—44	45—54	55—64	65—	Total
Males ...	86	58	27	20	3	—	194
Females	84	43	5	3	2	—	137
TOTAL	170	101	32	23	5	—	331

Classification of Patients Admitted.

—	Males	Females	Total
T.B. Minus 1 ...	37	39	76
T.B. Minus 2 ...	51	28	79
T.B. Minus 3 ...	—	—	—
T.B. Plus 1 ...	11	12	23
T.B. Plus 2 ...	92	49	141
T.B. Plus 3 ...	3	9	12
TOTAL ...	194	137	331

Of the 561 patients treated, 69 had been symptomless at the time of diagnosis, the lesion being discovered during routine examination of the patient either as a contact or as a factory employee.

Classification of Discharges.

—	Quiescent	Improved	No Material Improvement	Worse	Died	Total
T.B. Minus 1	37	11	8	1	0	57
T.B. Minus 2	33	17	15	1	1	67
T.B. Minus 3	0	0	0	0	0	0
T.B. Plus 1	18	9	5	0	0	32
T.B. Plus 2	41	83	32	8	0	164
T.B. Plus 3	0	0	2	16	5	23
Non T.B.	0	0	0	1	0	1
TOTAL ...	129	120	62	27	6	344

Family History.

The percentage of patients with no family history of tuberculosis remained approximately the same as in previous years. Family histories labelled "doubtful" were those in which there occurred a chest illness the nature of which was unknown or which had possibly, though not definitely, an underlying tuberculous origin. The figures for the 561 patients treated were as follows:—

Negative	....	378	....	67.37%
Positive	....	156	....	27.80%
Doubtful	....	27	....	4.83%

Length of Stay.

These figures refer to the 344 patients discharged during the year :—

Over 12 months	....	75
9—12 ,,	....	31
6— 9 ,,	....	53
3— 6 ,,	....	91
2— 3 ,,	....	27
1— 2 ,,	....	36
7—30 days	....	22
0— 7 ,,	....	9
		344

Gain and Loss of Weight.

Excluding those patients who remained for less than one month and those who were on absolute bed rest there are 301 patients for review :—

Gained weight	....	....	241
Lost weight	....	....	29
Weight unchanged	....	....	31
Greatest gain	....	....	40 lbs.
Greatest loss	....	....	14 lbs.

Sputum on Admission and Discharge.

ADMISSION.	DISCHARGE.	
Positive	Positive	.... 90
Negative	Positive	.... 27
Negative	Negative	.... 143
Positive	Negative	.... 39
Nil	Nil	.... 45

Treatment.

Treatment followed the usual lines of previous years. Streptomycin, sulphetrone, and sodium para-aminosalicylate (P.A.S.) were additions.

1. Artificial Pneumothorax.

No. of Patients treated	....	189
No. of Inductions	....	114
No. of Refills	....	3,595
No. of Aspirations	....	151

2. Pneumoperitoneum.

In all cases undergoing this treatment, the pneumoperitoneum was used to supplement phrenic paralysis.

No. of Patients treated	....	88
No. of Inductions	....	42
No. of Refills	....	1,772

3. Surgical Procedures.

Minor thoracic surgery was carried out at Crooksling as heretofore. As usual, patients for major thoracic surgery had to be transferred to other hospitals, but one unsatisfactory aspect of this arrangement was removed when Mr. Maurice Hickey commenced duty as Thoracic Surgeon. No Sanatorium carrying out active treatment is complete without facilities for major thoracic surgery, and I must continue to press the claims of Crooksling for its own major surgical unit.

The details of the surgical work carried out are as follows :—

Thoracoscopy and Adhesion Section	54
Phrenic Crush	35
Monaldi Drainage	1
Thoracoplasty	10

4. Streptomycin.

The official restrictions on the use of streptomycin which restricted its use to certain types only of tuberculosis, and which excluded its use in pulmonary

tuberculosis, did not permit of its extensive application at Crooksling. One case of acute miliary dissemination in the course of the pulmonary disease was given streptomycin but meningeal symptoms developed rapidly and the patient died soon afterwards. Another patient with a reasonably early pulmonary lesion, involving the apical and subapical region of one lung, developed tuberculous meningitis and was put on streptomycin. Not only did the meningeal symptoms subside and the C.S.F. become culture-negative, but the chest x-ray showed complete clearance of the pulmonary lesion. At the close of the year this patient looked and felt perfectly well; she was up and about all day, but was completely deaf. Certain other cases of tuberculous laryngitis showed varying degrees of improvement in the laryngeal condition which appeared attributable to streptomycin.

5. Sulphetrone.

This drug, belonging to the sulphone group, is allied to promin and diazone but, according to reports, it has not such severe toxic effects. It is indicated in the more chronic type of lesion and has no effect on acute lesions. In the last quarter of the year twelve patients commenced treatment. In selecting them main attention was given to the fact that serial x-rays had shown no change in the condition. By the close of the year treatment had not been maintained long enough to permit an opinion being formed as to the value of this drug. X-rays, however, seemed to show some hardening of lesions in a few of the cases.

The patients placed on this treatment all developed a characteristic colour—ashen grey skin with blueness of the lips and ears. Fluid intake has to be restricted to three pints per day. The main toxic effects are in the direction of erythrocyte destruction, and blood counts and hæmoglobin estimations

have to be carried out weekly. Also the blood-sulphetrone has to be estimated weekly.

To off-set the erythrocyte destruction, Vitamin B complex is given in the form of brewer's yeast.

6. Sodium Para-aminosalicylate (P.A.S.)

This substance has been used mainly in the treatment of tuberculous empyema by instillation into the pleural cavity after aspiration of the fluid. Encouraging results have been obtained.

X-Ray Department.

No. of film exposures 1,525

No. of screen examinations 3,645

Examination of the x-ray films of the 344 patients discharged and application of the United States system of classification showed the following results of treatment :—

Class on Admission	Quiescent	Improved	No Material Improvement	Worse	Died	Total
Minimal ...	52	17	12	3	—	84
Moderately advanced	69	90	41	14	3	217
Far advanced	8	13	9	9	3	42
Non T.B. ...	—	—	—	1	—	1
TOTAL ...	129	120	62	27	6	344

The description of the extent of disease refers to the condition on admission.

Laryngological Department.

The work of this Department was carried out by Dr. C. D. O'Connell, Visiting Laryngologist :—

No. of Examinations 544

Dental Department.

The work of this Department was carried out by Mr. J. Casey, Visiting Dental Surgeon :—

No. of Examinations 244

Laboratory.

The need for a laboratory technician has been felt for some years past, and the medical staff have had to devote much time in the laboratory which could with advantage have been spent in other duties. The new appointment has already resulted in reorganization of the Laboratory and extension of its scope of activity.

Sputum Examinations (Direct)	1,083
Sputum Cultures	46
B.S.R. Examinations	1,007
Blood Counts	70
Sulphetrone Estimations	72
C.S.F. Examinations	7
Pleural Fluid Examinations	8
Urine Examinations (Special)	6

Occupational Therapy.

The Occupational Therapy Department was unfortunate in losing the services of Miss Nora MacCartan who resigned to take up another post. Miss MacCartan put this Department on its feet and by her tactful handling she infused into the patients the enthusiasm which she herself felt. The handicrafts included leather work in the form of wallets, handbags, gloves. Also included was work in plastics, design, painting on silk, lamp-shades, knitting, etc.

Recreation.

Recreation and entertainment facilities were provided in the form of concerts, whist drives, and weekly cinema performances. We were greatly indebted to the various concert parties who came out here for the benefit of the patients.

Staff.

Dr. Michael Hanrahan, Assistant Medical Officer, left in July to take up the post of Assistant Medical Officer at the Regional Sanatorium, Castlerea.

Dr. Patricia McCaul completed her term of office as House Physician on June 30th, and temporarily took over the duties of Assistant Medical Officer in July.

Dr. Patrick Power and Dr. Mary Lochrin commenced duties as House Physicians in July, the former for a six months' period, the latter for a twelve months' period. The increased work necessitated an increase in the medical staff.

In conclusion I wish to thank all the members of the medical, nursing and clerical staffs for their help and co-operation during the year.

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RIALTO HOSPITAL
AND
TUBERCULOSIS HOSPITAL, PIGEON HOUSE RD.

Annual Report for the year ended 31st December, 1948.

John Duffy, M.D., F.R.C.P.I., D.P.H., T.D.D.

RIALTO HOSPITAL.

The outstanding event of this, the sixth year of this hospital's administration by Dublin Corporation, was the appointment of Mr. M. D. Hickey, M.Ch., F.R.C.S., as Thoracic Surgeon to serve the three tuberculosis centres—Dublin, Mallow and Castlereagh. The importance of this appointment will be evident from previous annual reports in which was pointed out the grave defect in our treatment service by virtue of almost complete lack of thoracic surgical facilities since 1945.

The building of the medical and administration block did not begin till well on in the year and as there is consequently no prospect of theatre facilities in the hospital for some considerable time, arrangements were made by the Department of Health with the Dublin Board of Assistance to afford us the use of the latter's operation theatre in St. Kevin's Hospital on two days a week, together with two small post-operative wards of 9 beds each for men and women. Posts of resident surgical officer and part-time anaesthetist were filled by the appointment of Mr. D. V. Kneafsey, F.R.C.S.I., and Dr. P. O'Toole, D.A., respectively. Sanction has been granted for the appointment of a physiotherapist. With this surgical team supplemented by theatre and nursing service supplied by St. Kevin's Hospital, a successful start

has at last been made in the inauguration of thoracic surgical facilities for this hospital, and, whilst admittedly the set-up is not ideal, it has filled a grave defect in our tuberculosis service.

Sanction has been granted for the admission of a small number of non-tuberculous chest cases, thus extending the scope of the medical and surgical work of this hospital, and adding greatly to the interest of the medical and nursing staffs. The Department of Health has circularised County Medical Officers to seek admission to this hospital of cases needing thoracic surgery, and these latter, added to a mounting list of cases from the Dublin area, will constitute more surgical work than we can possibly cope with, working as we are at present with very limited theatre time and facilities. Up to the end of the year Mr. Hickey has performed 35 thoracoplasty stages, much minor surgery and surgical investigation (bronchoscopy, etc.), and a considerable number of cases are now awaiting surgery. So that not alone are our theatre facilities eagerly awaited, but it becomes increasingly obvious that a thoracic surgeon to deal with Dublin alone is becoming a necessity.

In May of this year the X-Ray plant, ordered during the war years, was installed temporarily in the male patients' recreation block, and a radiographer was appointed. This is, likewise, a service long awaited and will obviate the hardships to both patients and staff in having to avail of the St. Kevin's Hospital equipment for both radiography and fluoroscopy.

Additional bed accommodation to the extent of 18 beds for female patients was provided by the conversion of the old kitchen into a ward unit. This brings the bed capacity in the hospital up to 291 and this, with the eighteen post-operative beds in St. Kevin's Hospital, makes a total of 309 beds under the control of this hospital.

With regard to treatment, the advent of surgical facilities has of course completely changed our outlook from that of an institution for advanced cases to that of a modern tuberculosis hospital. Whereas formerly the simpler "collapse" measures had to be relied on in the relatively few suitable cases admitted to this hospital, the tendency, which has been gaining in favour in U.S.A. and elsewhere, is now to utilise thoracoplasty more frequently and earlier, rather than submit patients to the trials and risks of artificial pneumothorax. The indications for the use of this latter procedure are now precisely defined, and it is recognised as definitely dangerous in many cases where it is still being used in the absence of surgical facilities. So many cases of tuberculous empyema classified as far advanced and invariably the end, (result of mis-directed attempts at artificial pneumothorax elsewhere) have been admitted to this hospital every year, that we have long ago learned to regard it as a dangerous remedy. As will be seen from previous reports, we have used it sparingly in our own cases and only in accordance with very definite indications. The dictum that a sanatorium should be judged by the amount of artificial pneumothorax which it carries out is shallow and fallacious, as it takes no heed of the type of case admitted, and if followed slavishly, will inevitably yield its quota of tuberculous empyema and consequent high mortality. Primary thoracoplasty has now come to rescue many of these cases and is a much safer and more effective procedure.

As in previous years I have to thank the authorities of Peamount Sanatorium, particularly Dr. J. Logan, Medical Superintendent and Mr. J. H. Coolican, F.R.C.S.I., Visiting Thoracic Surgeon for admitting and treating some cases needing thoracic surgery; and also Mr. J. F. Henry, F.R.C.S.I., Visiting Surgeon, Royal City of Dublin Hospital, and Mr. T. C. J. O'Connell, M.D., M.Ch., Visiting Surgeon, St. Vincent's Hospital for similar help prior to Mr. Hickey's appointment.

Streptomycin has been used extensively and has been found to give good results in a well-defined type of case—that is, those exhibiting fresh discrete lesions of which the best example is the miliary or haematogenous type of infiltration occurring in the lungs or Meninges. One case of tuberculous meningitis complicating miliary tuberculosis of the lungs was admitted in coma and left hospital quiescent and very well, except for some residual deafness. Streptomycin has proved very satisfactory also in cases of tuberculous laryngitis and enteritis.

Instillation of 20% paraminosalicylic acid following lavage has been found very effective in sterilising tuberculous empyema cavities. Supplies of this drug for use by mouth are not yet available.

Recreation for the patients consisted as in previous years of concert parties by voluntary groups, fortnightly cinema shows, whist drives and other competitions amongst the patients, in addition to the usual indoor and outdoor games—billiards, clock-golf, etc.

Library facilities are supplied by the Hospital Library Council, and administered by the nursing staff.

During the year, Dr. L. B. Godfrey, Senior House Physician, was appointed as Acting Assistant medical Officer pending the filling of this post according to the regulations. Drs. John Stack, B. A. Callaghan, and P. D. Sullivan, held posts as House Physicians.

1.

Total number of patients treated in 1947	.....	618
Total number of admissions	.....	445
Total number of patients admitted	.....	423
Discharges	.....	257
Patients discharged	.....	242

Deaths	113
In hospital on 31st December, 1947	195
In hospital on 31st December, 1948	270
Daily percentage bed occupancy	93%

2. Classification on admission.

	T.B.—	T.B.+1	T.B.+2	T.B.+3	No T.B.	Not classified
Male ...	34	13	118	49	1	1
Female ...	58	16	90	41	1	1

3. Classification following institutional investigation.

	T.B.—	T.B.+1	T.B.+2	T.B.+3	No T.B.	Investigation not completed
Male ...	4	15	132	56	3	6
Female ...	13	17	120	52	1	4

4. Age Groups on Admission.

	Under 15	15/24	25/34	35/44	45/54	55/64	65 and over
Male ...	2	58	75	41	34	5	1
Female ...	2	84	68	37	13	1	2

5. Family History.

	Positive	Negative	Doubtful
Male	59	126	31
Female	49	120	38

6. Length of Time in Hospital.

	0/7 days	7/30 days	1/2 mths.	2/3 mths.	3/6 mths.	6/9 mths.	9/12 mths.	Over 1 year
Male ...	10	19	18	23	46	28	16	22
Female ...	11	16	25	18	41	26	10	26

7. Classification on Discharge.

	T.B.—	T.B.+1	T.B.+2	T.B.+3	No T.B.	Not classified
Male ...	7	16	65	28	2	0
Female ...	16	29	52	27	0	0

8. Sputum on Discharge.

	Nil	Pos. to Neg.	Pos. to Pos.	Neg. to Neg.	Neg. to Pos.
Male ...	1	18	85	6	8
Female ...	6	23	70	14	11

9. Reason for Discharge.

	Own Accord	Dismissed	Trans- ferred	Recom- mended	Died
Male ...	86	7	17	8	64
Female ...	83	1	14	26	49

10. Results on Discharge.

	Quiescent	Improved	No Change	Worse	Non- T.B.	Not classified
Male ...	7	27	65	19	2	0
Female ...	26	26	54	16	—	0

Sputum investigation of patients with disease quiescent on discharge :—

- (a) No sputum 2
- (b) Sputum negative on direct micro-
copy only 14
- (c) Sputum negative on culture 5
- (d) Negative on gastric lavage culture 12

“ Quiescent ” is applied to a person with no symptoms of Tuberculous disease, except such as are compatible with a completely healed lesion, and in whom the sputum, if present, is free from tubercle bacilli.

11. Number discharged with disease quiescent—Duration of treatment.

Class. for. Inst. Inves.	No. admitted	Under 3 mths.	3/6 mths.	6/9 mths.	9/12 mths.	Over 12 mths.
Tub. Minus ...	6	—	2	3	—	1
Tub. Group 1	22	4	1	3	5	9
Tub. Group 2	5	—	—	—	—	5
Tub. Group 3	—	—	—	—	—	—

12. Number discharged—Condition improved—Duration of treatment.

	Under 3 mths.	3/6 mths.	6/9 mths.	9/12 mths.	Over 12 mths.
Tub. Minus ...	1	2	1	—	—
Tub. Group 1	1	5	1	3	3
Tub. Group 2	4	8	10	2	8
Tub. Group 3	—	—	1	2	1

13. Number discharged—Condition not improved—Duration of treatment.

	Under 3 mths.	3/6 mths.	6/9 mths.	9/12 mths.	Over 12 mths.
Tub. Minus ...	9	4	—	—	—
Tub. Group 1	4	2	4	—	—
Tub. Group 2	46	19	8	3	4
Tub. Group 3	19	12	7	6	7

14. Number who left of their own accord—Duration of treatment.

	Under 3 mths.	3/6 mths.	6/9 mths.	9/12 mths.	Over 12 mths.
Tub. Minus ...	8	4	2	—	—
Tub. Group 1	1	3	2	1	5
Tub. Group 2	40	23	13	5	9
Tub. Group 3	18	17	6	7	5

15. Number discharged for disciplinary reasons, etc.—Duration of treatment.

	Under 3 mths.	3/6 mths.	6/9 mths.	9/12 mths.	Over 12 mths.
Tub. Minus ...	1	—	—	—	—
Tub. Group 1	2	1	—	—	—
Tub. Group 2	1	—	3	—	—
Tub. Group 3	—	—	—	—	—

16. Number who died—Duration of treatment.

	Under 3 mths.	3/6 mths.	6/9 mths.	9/12 mths.	Over 12 mths.
Tub. Minus ...	2	2	1	—	—
Tub. Group 1	—	—	—	—	—
Tub. Group 2	10	10	8	3	5
Tub. Group 3	35	11	11	4	9
Non T.B.	1	—	—	—	—
Doubtful	1	—	—	—	—

17. Patients admitted with unconfirmed diagnosis of tuberculosis.

Male	.....	.....	35
Female	.....	.....	59

Classification following institutional investigation.

	T.B.—	T.B.+1	T.B.+2	T.B.+3	Non-Tub.	Investigation not completed.
Male ...	4	2	14	7	2	6
Female ...	13	1	30	11	—	4

Basis of classification of T.B. Minus Group

(a) No sputum	.....	.....	.....	2
(b) Sp. Negative on direct microscopy only	.....	.....	.....	6
(c) Sp. Negative on culture	.....	.....	.....	3
(d) Sp. Negative on gastric lavage culture	.....	.....	.....	6

18. Treatment.

(a) Artificial Pneumothorax—

Cases treated	.....	.....	.....	55
Attempted inductions	.....	.....	.....	61
Abandoned	.....	.....	.....	25
Effusions	.....	.....	.....	4
Refills	.....	.....	.....	858
Failed....	.....	.....	.....	6

(b) Artificial Pneumoperitoneum.

Cases treated	.....	.....	.....	39
Abandoned	.....	.....	.....	21
Refills	.....	.....	.....	1,606
Failed	.....	.....	.....	1

(c) Gold therapy—

Number of cases treated	.....	.....	.....	3
Number of injections	36

(d) Penicillin Therapy—

Number of cases treated	11
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(e) Streptomycin Therapy—

Intramuscular	67
Intrathecal	5

(f) Phrenic N. Paralysis—

Cases treated	19
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(g) Adhesion Section—

Cases treated	28
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(h) Thoracoplasty—

Cases treated	17
Number of stages	35

(i) Thoracoscopy—

Cases	24
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(j) Bronchoscopy (diagnostic)—

Cases	8
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(k) Lobectomy—

Cases	1
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(l) Rib resection—			
Cases	3
(m) Monaldi Drainage—			
Cases	2
(n) Aspiration of Pleural Effusions—			
No. of aspirations	....	....	437

19. Investigations.

(a) X-ray examinations	....	....	2307
(b) Fluoroscopy	....	....	1284
(c) Sputum examinations	....	....	1310
(d) B.S.R.	....	....	1740
(e) Mantoux tests	....	....	109
(f) Gastric lavages	....	....	63

20. Complications.

T.B. laryngitis	....	35	T.B. epididymitis	2	
T.B. enteritis	....	57	Septic meningitis	1	
T.B. empyema	....	10	Enlarged prostate	1	
Mental derange- ment	....	4	Cystitis	....	1
Hydro pneumo- thorax	....	7	T.B. arthritis	....	1
Pleural effusion	....	4	T.B. cervical adenitis	....	1
Cervical polypus	....	1	T.B. meningitis	....	5
Diabetes	....	2	Spon. pneumotho- raxis	....	3
Ischis Rect. abscess	....	1	T.B. ankle	....	1
T.B. hip	....	1	Pyo pneumothorax	....	2
			Spinal caries	....	1
			Atelectasis	....	1

21. Number of examinations of Ear, Nose and Throat 216

22. Number of dental extractions 95

23. Number of eye examinations 10

24. Diseases other than tuberculosis—

Bronchiectasis	....	1
Bronchialcarinoma	....	3

TUBERCULOSIS HOSPITAL, PIGEON HOUSE, ROAD.

Total number of admissions	.....	99
Total number of discharges	.....	74
Total number of deaths	.....	25

Classification on Admission.

T.B.—	T.B.+1	T.B.+2	T.B.+3	Not classified
14	5	36	44	—

Classification following Investigation.

T.B.—	T.B.+1	T.B.+2	T.B.+3	Non-Tub.
2	6	42	47	2

Length of time in Hospital.

0/7 days	7/30 days	1/3 mths.	3/6 mths.	6/9 mths.	9/12 mths.	Over 1 year
10	17	33	14	13	3	9

Classification on Discharge.

T.B.—	T.B.+1	T.B.+2	T.B.+3	Non-Tub.
11	4	30	27	2

Age Groups on admission.

	Under 15	15/24	25/34	35/44	45/54	55/64	65 and over
Male ...	—	5	9	14	10	9	1
Female ...	4	18	14	11	—	2	2

Family History.

	Positive	Negative	Doubtful
Male ...	12	30	6
Female ...	10	32	9

Sputum on discharge.

	Nil	Pos.-Neg.	Pos.-Pos.	Neg.-Neg.	Neg.-Pos.
Male ...	1	3	26	—	3
Female ...	6	1	27	6	1

Reason for discharge.

	Own Accord	Dis-missed	Trans-ferred	Recom-mended	Died
Male ...	19	1	11	2	14
Female ...	25	—	14	2	11

Number who died—Duration of Treatment.

	Under 3 months	3/6 months	6/9 months	9/12 months	Over 12 months
T.B.— ...	—	—	—	—	—
T.B. + 1 ...	—	—	—	—	—
T.B. + 2 ...	1	—	—	1	1
T.B. + 3 ...	12	4	4	1	1

Treatment.**(a) Artificial Pneumothorax—**

Cases treated	....	....	....	1
Refills	....	....	....	48

(b) Artificial Pneumoperitoneum—

Cases treated	1
Refills	38

(c) Penicillin Therapy—

Cases treated	2
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(d) Streptomycin Therapy—

Cases treated	3
---------------	------	------	------	---

Investigations.

X-Ray examinations	136
Fluoroscopy	....	....	....	44
Gastric Lavage	....	....	....	3

B.C.G. SCHEME.

REPORT FOR YEAR ENDED 31st DECEMBER, 1948.

By Dr. B. M. Dunlevy, Tuberculosis Officer.

At the end of August, 1948, Dublin Corporation established the first Local Authority B.C.G. Clinic. B.C.G. vaccination is a recognised practical method of inducing specific resistance to Tuberculosis, and has been used with success in the Scandinavian Countries for the past twenty years.

B.C.G. vaccine cannot be administered indiscriminately, and for this reason the Irish Medical Research Council stressed that great care must be exercised in the organisation and administration of any such Scheme.

It was decided at the commencement of the Scheme to vaccinate selected groups who were particularly exposed to tubercular infection. The Scheme serves the following groups of Tuberculin negative persons :

1. Contacts in their own homes when the Index Case has been removed to a sanatorium.
2. New Born of Tuberculous Mothers in Maternity Hospitals.
3. Nurses in Local Authority Sanatoria.
4. Children in selected institutions.

Experience from different countries shows that persons who have been vaccinated and after the vaccination have become Tuberculin positive are in much higher degree protected against the consequences of infection.

Procedure adopted.—The patient is Tuberculin Tested, and, if negative, he is isolated from any possible source of infection for six weeks. He is then Tuberculin Tested again, and, if still negative, he is given B.C.G. vaccine. This is an intradermal three-point injection which is not more painful than a pin prick.

The patient is advised to keep away from any source of tubercular infection for six to eight weeks following the vaccination, and then another Tuberculin Test is carried out. If this test is positive, the patient has acquired the desired immunity.

In order to eliminate any source of infection in the home, all household contacts are x-rayed and the patient's milk supply boiled until he is successfully vaccinated.

The Vaccine arrives weekly by air from the State Serum Institute in Denmark, and special arrangements have been made for storage at University College, Dublin.

Special Record Forms are kept of each vaccination, and a report sent to the Danish State Serum Institute on each case.

At the end of December, 1948, forty-five (45) children had been successfully vaccinated, and the household contacts of each child fully investigated.

At the end of the year the first difficulties of the Scheme had been overcome; consents of parents obtained and the preliminary work for the vaccination of the children at a large institution was in progress.

It is pleasing to report that no complications such as abscesses or ulcers have occurred during the initial introduction of the Scheme.

MASS RADIOGRAPHY CENTRE.

Lord Edward Street.

ANNUAL REPORT, 1948.

The Corporation Mass Radiography Centre was in operation throughout the year. The apparatus was used part-time for mass radiography and part-time for taking routine full-size radiographs for the Corporation Clinics, also the taking of large plates of candidates for employment on the Corporation staffs.

Miniature surveys were carried out on workers from various factories, also on Civil Service and Insurance Company personnel and in addition, students from University College, Dublin, and Trinity College and various Ecclesiastical establishments were examined. The special sessions held monthly for mothers attending the ante-natal clinics were continued with a larger response.

The total number examined by mass radiography was 8,013, amongst whom were found 175 cases of active pulmonary tuberculosis and 165 observation cases. Of the cases of active pulmonary tuberculosis it can be estimated that somewhat over half were hitherto unsuspected sufferers from the disease and the remainder were cases already diagnosed on a former occasion, or alternatively, cases referred for X-ray by their own Doctor. The total number examined by mass radiography was 912 less than 1947.

The taking of large x-ray films of chest and orthopaedic cases for the Corporation Clinics continued unbroken including the times referred to in the previous paragraph, and the total number examined throughout the year was 5,554, an increase of 1,896.

The building alterations referred to above were brought to a satisfactory conclusion in the shortest possible time. The staff, at some inconvenience, continued to operate the Unit throughout this period on a part-time-basis. The alterations have resulted in an enlarged and technically much more efficient dark-room, more spacious dressing accommodation for examinees, an extra office for the clerical staff and improved cloak-room facilities both for the Medical Director and the staff, also a miscellaneous store constructed in the basement of the adjoining building.

M. G. MAGAN,

Medical Director.

No. of Dairymen registered	1,600
No. of Premises registered	1,855
No. of Producers of milk registered	133

During the year 183 premises, comprising 133 milk shops, 9 dairy yards, 21 milk stores and 20 vehicles were registered. Refusal of Registration Orders were served in respect of applications for seven premises.

The following is a summary of the Dealers' Licences issued under the Milk and Dairies (Special Designations) Regulations, 1938:

No. of Licences issued	815
No. of premises licensed	875
No. of Licences issued for the sale of Pasteurised Milk	810
No. of Licences issued for the sale of Highest Grade Milk	5

Refusal Orders were served on four applicants for Dealers' Licences.

Regular inspections of milk shops and milk stores were made by Dairy Inspectors to ensure that the provisions of the Act and Regulations were being complied with. In the course of the year 10,183

VETERINARY DEPARTMENT
—
REPORT
OF THE
CHIEF VETERINARY INSPECTOR
MR. P. F. DOLAN, M.R.C.V.S., D.V.S.M.

MILK INSPECTION.

On the 31st December, 1948, the following were entered on the Register of Dairymen kept by the Corporation in accordance with the requirements of the Milk and Dairies Act, 1935 :—

No. of Dairymen registered	1,660
No. of Premises registered	1,855
No. of Producers of milk registered		133

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Regular inspections of milk shops and milk stores were made by Dairy Inspectors to ensure that the provisions of the Act and Regulations were being complied with. In the course of the year 10,183

inspections were made. When any breach of conditions was observed the matter was reported and if the Law Agent deemed it advisable, legal proceedings were instituted.

MILK SAMPLING.

During the year 282 samples of milk sold under general designation and 12 samples of milk sold under special designation were taken on the Corporation's behalf at various places of distribution and submitted for bacteriological examination to an official bacteriologist appointed under the Act. The samples of milk sold under special designation were taken from persons selling milk under the designation "Pasteurised Milk" and who were empowered to do so by virtue of a Dealer's Licence issued by the Corporation. A summary of the results of the bacteriological examination of the samples is give hereunder. The results of samples taken during the winter and summer periods are shown separately.

Total Living Organisms per Cubic Centimetre	General Designation No. of Samples		Special Designation No. of Samples	
	Summer Period	Winter Period	Summer Period	Winter Period
Less than 1,000	3	6	—	2
1,000 to 50,000	68	92	2	5
50,000 to 100,000	18	21	—	1
100,000 to 200,000	18	11	—	—
200,000 to 300,000	9	8	1	—
300,000 to 400,000	6	4	—	—
400,000 to 500,000	2	4	—	—
500,000 to 600,000	2	1	1	—
600,000 to 700,000	1	—	—	—
700,000 to 800,000	3	1	—	—
800,000 to 900,000	—	—	—	—
900,000 and over	3	1	—	—
TOTALS ...	133	149	4	8

In addition to the foregoing sampling, 251 samples of highest Grade Milk and 493 samples of Pasteurised Milk were taken and forwarded to the State Chemist on behalf of the Minister for Health from suppliers operating under licence issued by the Minister who is the licensing authority for the production or pasteurisation or bottling of all milk for sale under special designation. For the year, 32 persons were holders of licences for either the production or bottling of Highest Grade Milk, and 25 of these were distributing milk in the City. 34 persons were holders of licences for either the pasteurisation of milk or the bottling of Pasteurised Milk, and 28 of these were distributing milk in the City.

EXAMINATION OF MILCH COWS IN CITY DAIRY YARDS.

Special visits were made to City Dairy Yards for the purpose of examining the cows housed therein. The procedure of examination is that samples of milk were taken from cows with abnormal udders and in cases where tuberculosis was suspected, the milk was centrifuged and the deposit examined for tubercle bacilli. If microscopic examination was negative, the milk was submitted to biological examination. In all other cases of abnormal udders, where the condition was found not to be due to streptococci, etc., samples of milk were grouped and the group samples submitted to biological examination. These measures were adopted to ensure that all cows with tuberculous udders were detected. Cows found to come within the provisions of the Bovine Tuberculosis Order, 1926, were immediately slaughtered.

Notices interdicting the sale of milk from cows affected with a disease or a condition likely to infect milk were served on the owners.

The following is a summary of the work :—

No. of cows housed in city dairy Yards	3,514
No. of special visits to dairy yards	317
No. of examinations of milch cows	7,976
No. of cows from which separate samples of milk were taken for bacteriological examination	95
No. of samples taken and bacteriologically examined	113
No. of cows for which notices interdicting the sale of milk were served	47
No. of cows in City Dairy Yards found with tuberculosis of the udder	2

INFECTIOUS DISEASES ON DAIRY PREMISES.

Disease.	No. of Cases
Scarlatina	15
Measles	1

2, MEAT INSPECTION.

NUMBER OF ANIMALS SLAUGHTERED AT THE CORPORATION ABATTOIR.

Bulls	752
Bullocks	9,025
Cows	14,372
Heifers	13,392
Calves	555
TOTAL CATTLE	38,096
Sheep	45,170
Swine	35,678
TOTAL ANIMALS	118,944

CARCASSES WHOLLY OR PARTIALLY CONDEMNED AT THE CORPORATION ABATTOIR
DURING TWELVE MONTHS ENDED 31ST DECEMBER, 1948.

	CATTLE		SHEEP		SWINE	
	Whole	Partial (Weight in lbs.)	Whole	Partial (Weight in lbs.)	Whole	Partial (Weight in lbs.)
—						
Tuberculosis ...	497	44,179	—	—	20	319
Traumatism ...	10	10,529	—	441	—	588
Oedematous and Wasted	85	—	12	—	3	—
Gangrene ...	—	—	—	—	—	—
Redwater ...	2	—	—	—	—	—
Moribund and Ill-bled ...	23	—	36	—	27	—
Decomposition ...	2	496	19	—	11	26
Septic Conditions ...	32	7,432	3	47	7	10
Carcinoma ...	22	—	—	—	—	—
Swine Erysipelas ...	—	—	—	—	2	—
Other Conditions ...	40	2,904	4	35	4	15
TOTALS ...	713	66,080	74	523	74	958

CYSTICERCUS BOVIS :—Total number of Cattle examined—24,379 : Total number of Cattle affected—224
(Percentage affected 92%—Cows 55, Heifers, 122, Bullocks, 43, Bulls, 4). 26 Carcases sent into Cold
Storage for three weeks. 1 Carcase and 224 Heads and Tongues seized.

RETURN OF ORGANS, ETC., CONDEMNED AT DUBLIN CORPORATION ABATTOIR DURING TWELVE MONTHS ENDED 31ST DECEMBER, 1948.

	Cattle	Sheep	Swine	Total		Cattle	Sheep	Swine	Total
LUNGS :									
Tuberculosis ...	4,423	—	402	4,825	LIVERS— <i>Contd.</i>	7,901	1,104	30	9,035
Abscesses ...	9	—	2	11	Distomatosis ...	513	—	—	513
Pneumonia ...	23	1	23	47	Cav. Angioma ...	182	5	39	226
Pleurisy ...	33	14	50	97	Other Conditions ...				
Parasitism ...	17	2	—	19	KIDNEYS :				
Cysts ...	8	—	2	10	Tuberculosis ...	136	—	11	147
Other Conditions ...	60	4	16	80	Nephritis ...	14	—	—	14
					Cysts ...	2	1	1	4
					Other Conditions ...	18	6	—	24
HEARTS :					UDDERS :				
Tuberculosis ...	4,003	—	402	4,405	Tuberculosis ...	9	—	—	9
Other Conditions ...	94	16	88	198	Mastitis ...	8	—	—	8
					Other Conditions ...	1	—	1	2
SKIRTS :					UTERI :				
Tuberculosis ...	785	—	—	785	Tuberculosis ...	98	—	—	98
Other Conditions ...	31	—	3	34	Other Conditions ...	—	—	—	—
					FOETUSES :				
					Tuberculosis ...	—	—	—	—
STOMACHS :					Other Conditions ...	—	—	—	—
Tuberculosis ...	1,310	—	118	1,428	HEADS :				
Other Conditions ...	22	1	17	40	Tuberculosis ...	2,638	—	1,239	3,877
					Actino ...	298	—	—	298
INTESTINES :					Abscesses ...	4	—	—	4
Tuberculosis ...	1,816	—	130	1,946	Other Conditions ...	295	6	4	505
Other Conditions ...	50	5	13	68	TONGUES :				
					Tuberculosis ...	2,638	—	1,239	3,877
SPLEENS :					Actino ...	302	—	—	302
Tuberculosis ...	93	—	18	111	Other Conditions ...	294	6	4	304
Other Conditions ...	1	—	—	1					
LIVERS :									
Tuberculosis ...	1,834	—	393	2,227					
Abscesses ...	237	1	3	241					
Necrosis ...	40	—	1	41					
Cirrhosis ...	4,250	—	28	4,278					

ESTIMATE OF ANIMALS SLAUGHTERED IN PRIVATE
SLAUGHTERHOUSES AND FACTORIES.

Cattle	.....	.....	.....	.....	.....	39,263
Sheep and Lambs						100,724
Pigs						42,700

No. of Private Slaughterhouses	.....	.....	54
No. of Knackers' Yards			1
No. of Victuallers using Private Slaughterhouses			156
No. of Victuallers using Corporation Abattoir			123

No. of Inspections of :—

Slaughterhouses	.....	.....	7,856
Shops, Factories and Depots			512
Stallholders, Hawkers, etc.			6,506
Markets and Stores			179

In addition to the foregoing inspections, whole-time inspection was carried out at the Corporation Abattoir and inspection of the weekly Cattle Market was also made.

The amount of unsound meat condemned as a result of visits to private Slaughterhouses was 181 tons, 1 cwt. 2 qrs. 19 lbs., while that at the Abattoir, was 625 tons 4 cwts. 3 lbs.

DISEASED AND SUSPECTED ANIMALS DEALT WITH IN MARKETS, LAIRS, ETC., UNDER
FOOD INSPECTION DURING THE YEAR.

ANIMALS DEALT WITH	HOW CARCASSES WERE DEALT WITH					Inspected by Staff of Dept. of Agriculture
	Passed	Condemned			Removed Outside our Jurisdiction	
		Total	Partial	Organs only		
CATTLE 182 ...	21	30	19	56	24	32
SHEEP 19 ...	7	3	4	5	—	—
PIGS 9 ...	6	1	1	1	—	—
TOTAL 210 ...	34	34	24	62	24	32

NUMBERS OF ANIMALS IN MARKETS DURING THE YEAR.

PERIOD	BEASTS		CALVES	SHEEP	PIGS
	Fat	Dairy			
March Quarter ...	39,107	1,947	69	47,562	10,636
June Quarter ...	29,045	2,510	110	60,148	11,818
September Quarter ...	45,482	3,449	114	80,783	11,400
December Quarter ...	50,671	3,574	125	59,620	11,178
TOTALS ...	164,305	11,480	418	248,113	45,032

TOTAL WEIGHT OF UNSOUND FOOD FOR THE YEAR.

	Tons	cwts.	qrs.	lbs.
Meat and organs, Beef, Mutton, Pork and Bacon	809	6	1	19
Fish	3	—	2	—
Fruit and Vegetables ...	14	8	1	12
Sweets and Chocolates ...	7	1	3	3
Meal	16	7	—	11
Miscellaneous	1	2	—	17½

FOOD COMPLAINTS.

During the year 130 complaints were made by members of the public concerning food purchased by them in the city. Each complaint was investigated and, where necessary, an examination was made of the food on the vendor's premises. The following is a list of the various articles submitted for examination, with the number of complaints shown in brackets:—

Milk (32); Fowl (2); Black and White Pudding (4); Butter (7); Fish (2); Sweets and Chocolate (7); Meat (28); Jam (7); Fruit (4); Cheese (2); Flour (2); Bread and Cakes (20); Flakemeal (4); Vegetables (3); Nuts (2); Semolina (2); Sugar (2); Custard Powder (1); Dripping (1); Jam (1); Lemonade (1); Milk Powder (1); Rice (1); Sago (1); Tea (1); Potatoes (1).

SUMMARY OF PROSECUTIONS FOR UNSOUND FOOD, ETC.

During the year 717 visits were made of Food Shops, the amount of food condemned being 1 ton 11 cwts. 23 lbs. Four prosecutions heard resulting in one fine of £5 each and £6 in the Poor Box.

8976 visits were made to premises of stall-holders and street traders. There were 89 visits to depots and cold stores. The amount of food condemned in depots, etc. as a result of these visits was 26 tons 18 cwts. 3 qrs. 18 lbs. Markets were inspected on 998 occasions.

SLAUGHTER OF ANIMALS ACT, 1935.

Slaughter licences were issued under the Act to 151 applicants and the fees therefor amounting to £37 15s. were received.

3. DISEASES OF ANIMALS ACTS.

BOVINE TUBERCULOSIS ORDER :

No of cows found to be affected with tuberculosis of the udder	....	....	2
No. of animals found to be showing definite clinical symptoms of tuberculosis with chronic cough	....	....	3
No. of cows with abnormal udders in city dairy yards found not to be affected with tuberculosis of the udder	....	....	93
Total No. of animals dealt with	....	....	117

Five animals were found to come within the scope of the Bovine Tuberculosis Order. Three of these animals were slaughtered by the owners. For the remaining two, the agreed valuation amounted to £40 and compensation of £34 5s. 10d. was paid to the owners. The net cost of compensation was £3 15s. 10d.

SHEEP SCAB ORDER :

No. of actual outbreaks	....	....	3
No of animals affected	....	....	9
No. of animals in contact	....	....	14
No. of prosecutions under the Order	....		3
Total penalties imposed :			
Fines, £20 0s. 0d.			

SHEEP DIPPING ORDER :

Four inspectors specially appointed to ensure that the provisions of this Order were being complied with made 25 visits to Markets and Sheep Sales.

No. of sheep for which Declarations of Dipping were presented to the Inspector	56,268
No. of sheep dipped under supervision	.... Nil
No. of prosecutions under the Order	.... One

Routine work was carried out under the following Orders :—

Anthrax Order, Rabies Order, Parasitic Mange Order, Swine Fever Order and Foot and Mouth Disease Orders.

The work performed in connection with other Orders under the Diseases of Animals Acts was mainly of a preventive nature.

RETURN OF SPECIAL SHEEP SALES AND SALES OF STORE CATTLE DURING 1948.

	—				SHEEP	STORE CATTLE
First Quarter ...	...	...	...	...	—	14,223
Second Quarter ...	...	...	...	...	—	12,591
Third Quarter ...	...	...	...	...	12,944	14,273
Fourth Quarter ...	...	...	...	...	8,088	14,487
TOTALS	...	...	...	...	21,032	55,574

4. BACTERIOLOGICAL LABORATORY.

MICROSCOPIC EXAMINATION OF MILK.

SAMPLES OF MILK FROM COWS IN CITY DAIRY YARDS :

No. of Examinations	.....	.....	.....	109
Streptococci	.....	.....	.....	37
Diplococci	.....	.....	.....	7
Tubercle Bacilli	.....	.....	.....	5
Other Organisms	.....	.....	.....	6
Negative	.....	.....	.....	54

SAMPLES OF SPUTUM :

No. of Examinations	.....	.....	.....	1
Tubercle Bacilli	.....	.....	.....	—
Negative	.....	.....	.....	1

SAMPLES OF MILK FROM COWS OTHER THAN IN CITY DAIRY YARDS :

No. of Examinations	.....	.....	.....	5
Tubercle Bacilli	.....	.....	.....	—
Other Organisms	.....	.....	.....	4
Negative	.....	.....	.....	1

SAMPLES OF SPUTUM :

No. of Examinations	.....	.....	.....	4
Tubercle bacilli	.....	.....	.....	3
Negative	.....	.....	.....	1

BIOLOGICAL EXAMINATION OF MILK.

GROUP SAMPLES :

No. of Examinations	.....	.....	.....	5
Positive	.....	.....	.....	—
Negative	.....	.....	.....	5

DIRECT SAMPLES :

No. of Examinations	.....	.....	.....	4
Positive	.....	.....	.....	—
Negative	.....	.....	.....	4

SAMPLES TAKEN AT INFANT AID DEPOTS :

No. of Examinations	.....	.....	.....	32
Positive	.....	.....	.....	—
Negative	.....	.....	.....	32

SAMPLES TAKEN AT HOSPITALS :

No. of Examinations	.....	.....	.....	6
Positive	....	....	....	1
Negative	....	....	....	5

MISCELLANEOUS SAMPLES :

No. of Examinations	.....	.....	.....	14
Positive	.....	.....	.....	—
Negative	.....	.....	.....	14

MICROSCOPIC EXAMINATIONS—GENERAL.

SKIN SCRAPINGS FOR PARASITIC MANGE :

No. of Specimens	.....	.....	.....	1
Positive	.....	.....	.....	—
Negative	.....	.....	.....	1

WOOL SAMPLES :

No. of Specimens	.....	.....	.....	3
No. of cases in which the <i>Psoroptis ovis</i> was found	.....	.....	.....	3
No. of cases negative	.....	.....	.....	—

BLOOD FILMS FOR ANTHRAX :

No. of Specimens	.....	.....	.....	.....	12
Positive	.....	.....	.....	.....	—
Negative	.....	.....	.....	.....	12

5. THE ATTENDANCE ON ANIMALS THE PROPERTY OF THE CORPORATION.

HORSES :

No. of visits	.....	.....	.....	.....	73
No. of attendances	.....	.....	.....	.....	116
No. of horses purchased	.....	.....	.....	.....	3
No. of horses cast	.....	.....	.....	.....	4
Total number of horses in Stud on 31st December, 1948	.....	.....	.....	.....	19

CATTLE :

In the course of the year the animals at the Crook-sling Sanatorium Farm were attended on and each animal of the dairy herd was subjected periodically to the tuberculin test, and has been maintained abortion free.

On the 31st December, 1947, the herd numbered 69 cows, 2 bulls, 5 heifers in calf, 5 yearlings.

The following tables give (1) an analysis of the causes of the elimination of animals for each year since the formation of the herd in October, 1926, to the end of 1948, and (2) a summary of the results of the post mortem examination on 139 of the eliminated animals during the same period.

ELIMINATION OF ANIMALS IN HERD FROM OCTOBER, 1927, TO 31ST DECEMBER, 1948.

Year	Reactors	Doubtful Reactors	Mastitis	Defective Quarters	Sterility	Milk Records	Bulls	Reactors Agglutination Test	Other Causes	TOTAL
1927 ...	5	—	1	—	—	1	—	—	—	7
1928 ...	3	2	—	—	1	—	—	—	1	7
1929 ...	1	2	3	2	2	—	—	—	3	13
1930 ...	1	2	1	2	—	2	1	1	—	10
1931 ...	2	1	2	—	—	1	1	—	2	9
1932 ...	—	—	—	—	2	—	—	—	2	4
1933 ...	2	—	3	—	1	4	—	—	2	12
1934 ...	4	—	2	—	2	1	1	—	—	8
1935 ...	—	—	5	—	—	—	—	—	—	8
1936 ...	—	—	10	—	2	2	—	—	—	12
1937 ...	—	2	5	5	3	—	—	—	1	16
1938 ...	—	—	3	—	3	—	—	—	1	7
1939 ...	—	—	2	—	—	5	1	—	2	10
1940 ...	6	—	3	—	—	5	—	—	1	15
1941 ...	—	—	1	—	—	6	—	—	3	10
1942 ...	2	—	5	—	5	3	1	—	2	18
1943 ...	1	1	2	1	—	—	—	1	1	7
1944 ...	2	—	5	—	1	4	—	4	1	17
1945 ...	—	—	2	1	1	1	1	—	1	7
1946 ...	1	—	2	1	1	2	—	—	2	9
1947 ...	3	—	6	—	—	2	—	—	3	14
1948 ...	—	—	2	1	—	2	—	—	4	9
H TOTAL	33	10	65	13	22	41	7	6	32	229

POST-MORTEM EXAMINATIONS HELD ON 139 OF THE 229 ELIMINATED ANIMALS.

	Post-Mortem Examinations	EVIDENCE OF TUBERCULOSIS FOUND				No Macroscopic Lesions of Tuberculosis
		Mesenterics only	Bronchal and Mediastinal only	Pharyngeal only	Pseudo- Tuberculosis	
Reactors 33	29	7	7	1	2	12
Doubtful Reactors 10	5	1	—	—	—	4
Remaining Eliminated Animals 186	105	—	—	—	—	105

SANITARY DEPARTMENT.

Inspections of Tenement Houses, Cottages, and Other Houses	44,875
Re-inspections of Tenement Houses	13,926
Other Inspections, including Schools, Stables, Fish and Chip Shops, Outworkers' Premises, etc.	13,926
Rooms Inspected	131,562
Rooms Re-inspected	22,055
Inspections of Offensive Trade Premises	284
Inspections of Workshops	1,209
Inspections of Piggeries	961
Inspections of Bakeries	182
Inspections of Common Lodging Houses	57
Nightly Inspections of Common Lodging Houses	7
Inspections of Weekly Lodging Houses	83
Number of Written Notices served	9,662
Number of Verbal Notices given	5,871
Number of Notices served re Bye-Law 34 (Limewashing)	9,190
Number of Nuisances found due to complaints	4,925
Defects Discovered	19,492
Defects Remedied	12,905
Tests applied to House Drains	184
Choked Drains Freed	1,689
Accumulations of Manure Removed	1,129
Interviews with Property Owners as to Sanitary Requirements	2,000
Nuisances from Smoke Abated	23
Inspections of Ice Cream Shops	189
Inspections of Burial Grounds	290
Lanes and Alleys Cleansed by Private Parties	18
Cellars Closed	9

STATISTICS.

	1948
No. of "Fit" Houses	4,621
No. of "Unfit" Houses	5,237
No. of Families living in "Unfit" Houses	13,422
No. of Tenements	5,744
No. of "Fit" Tenements	3,422
No. of "Unfit" Tenements	2,322
No. of Cottages	3,786
No. of "Fit" Cottages	1,137
No. of "Unfit" Cottages	2,649
No. of Stable Dwellings, and others	328
No. of "Fit" Stable Dwellings, and others	62
No. of "Unfit" Stable Dwellings, and others	266
No. of Families living in 1-room dwellings	18,791
No. of Families living in 2-room dwellings	8,376
No. of Families living in 3-room dwellings	3,491

RETURN OF PROSECUTIONS.

	1948
Summonses (Ordinary)	434
" (Disobedience)	74
" (Bye-Laws)	125
" (Sections 83 and 84)	7
" (Section 56)	2
Orders obtained	339
Owners fined	123
Owners cases adjourned	179
Summonses marked abated	175
Summonses marked "Probation Act"	3
Summonses struck out	27
Summonses dismissed	2
Summonses—marked "No Service"	3
Summonses adjourned generally	4
Penalties imposed, absolute	£722 4s. 6d.

LIMEWASHING OF TENEMENT HOUSES.

With the exception of 41 tenements, in respect of which 41 prosecutions were instituted against the

Owners, all tenements were limewashed twice in the year, in compliance with Tenement Bye-Law 34, which is as follows :—

“ The landlord of a tenement house shall, in the months of April and October in every year, cause every part of the premises to be cleansed. He shall, at the same time, except in such cases as hereinafter specified, cause the walls of every yard and area, the interior surface of every ceiling and wall of every closet or privy belonging to the premises, and the interior surface of every ceiling and wall of every room, staircase, and passage in the house to be thoroughly washed with hot limewash in April and October of each year, provided that the foregoing requirements shall not apply to such premises, walls of yards, areas, water closets, privies, ceilings, walls of rooms, staircases, or passages into or to which the landlord has no right of access to do such work, and with respect to the limewashing of the internal surface of the walls of room, staircases, and passages shall not apply in any case where the internal surface is thoroughly cleansed, or where the material of, or with which such surface is constructed or covered is such as to render the limewashing thereof unsuitable or inexpedient, and the paint, paper, or other covering is renewed, if the renewal thereof be necessary for the purpose of keeping the premises in a cleanly and wholesome condition.”

VERBAL NOTICES.

Where feasible, Sanitary Inspectors give verbal notices to Owners and Agents, consequently much time and expenditure are saved. Practically all of the 5,871 notices in 1948 received the necessary attention.

REBATE OF RATES.

Under Section 72 of the Local Government (Dublin)

Act, 1930, owners of houses of not more than £8 valuation get a rebate of 20% on their taxes, provided these dwellings are in good repair. The purport of this Section is to encourage the owners of this class of property to maintain the houses in a habitable condition throughout the year. In 1948 there were 280 applications made covering 6,544 valuations, of which 82 were rejected.

The following conditions must be fulfilled before a house is deemed fit to warrant a rebate :—

1. Valuation of premises must not exceed £8.
2. Premises must be occupied only by artisans or labourers.
3. Premises must front to streets or place in charge of the Corporation.
4. "Suitability" of premises, as required by the Medical Officer of Health.
 - (a) Premises must have yards (either in common or self-contained) at rear or "side."
 - (b) Entire surface of yard (where there is no garden) to be concreted or tiled. The size of the yard to be as determined in the Building Bye-Laws.
 - (c) Drains must be intercepted, ventilated and provided with proper deep seal surface water traps.
 - (d) There shall be no Ashpits—Dustbins only must be provided.
 - (e) Proper and sufficient W.C. accommodation must be provided.
 - (f) The entire house must be kept clean, white-washed, and in good general repair, with unbroken windows, staircases, balustrades, lobbies and fireplaces.

ABANDONED HOUSES.

There were 15 abandoned tenement houses dealt with in 1948. These premises generally, were in a state of advanced decay, and abandoned by their owners because of their inability to maintain them in a satisfactory state. The labouring staff of this Department regularly cleanse the yards, sanitary accommodation, etc., of these houses.

COMMON LODGING HOUSES.	Total—1948.
Number on Register at 1st January, 1948	10
New Registrations effected during the year	—
Removals from Register during the year	—
Number of visits during the year	64

The accommodation varies from 8 to 508 persons to a house.

On visiting the Lodging Houses, special attention was directed to the general condition of the premises, including cleanliness, lighting and ventilation, as well as the beds and bedding. The prevention of overcrowding was rigidly enforced and immediate measures adopted for the abatement of any nuisance or the repairs of structural defects.

A Common Lodging House is defined as “a house in which or in any part of which persons are harboured or lodged for hire for a single night, or for less than a week at a time.”

WORKSHOPS.

Number of Workshops—474.

The establishment and subsequent workings of these workshops engage the attention of Sanitary Inspectors. Some occupiers, through no fault of their own, are generally not very conversant with the regulations from a sanitary standpoint, and this branch

of the service is in constant co-operation with the Department of Industry and Commerce, in securing observance of requirements. Fifty-seven notices were served resulting in 11 prosecutions.

Re SECTION 9 OF THE FACTORY AND WORKSHOPS ACT,
1901.

The Notices served under this Act were as follows :

	1948.
1. No sanitary accommodation provided	3
2. Sufficient sanitary accommodation not provided	12
3. Sanitary accommodation opening directly into Factory	11
4. Separate approaches not provided for male and female sanitary accommodation	1
5. Sanitary accommodation not sufficiently lighted	10
6. Workshops not kept in a cleanly state	15
7. Other defects	4

FACTORY AND WORKSHOPS ACT, 1901.

Section 107 deals with "Home Work," and its purport is as follows :—

"The occupier of every Factory and Workshop and every Contractor employed by any such Occupier in the business of the factory or workshop shall :—

- (a) Keep in the prescribed form and manner, and with the prescribed particulars, lists showing names and addresses of all persons directly employed by him, either as workmen or as contractors, in the business of the Factory

or Workshop, outside the Factory or Workshop, and the places where they are employed ; and

- (b) Send to an Inspector such copies of, or extracts from these lists as the Inspector may from time to time require ; and
- (c) Send on or before the first day of February and the first day of August in each year copies of those lists to the District Council of the District in which the Factory or Workshop is situated.

In the event of a contravention of this Section by the Occupier of a Factory, Workshop or place, or by a Contractor, the Occupier or Contractor shall be liable to a fine not exceeding Forty Shillings and in the case of a second or subsequent offence, not exceeding Five Pounds.

OUTWORKERS.

Thirty-eight Firms sent in their lists in the prescribed Form, twice in the year. The number of Outworkers in the February list was 228, and the number in the August list was 221. The institution of legal proceedings was not necessary, but 4 firms were cautioned for delay in furnishing their returns.

The Outworkers were engaged at the following trades :—Wearing Apparel (Making, etc.), Household Linen, Lace, Curtains, and Furniture, Hangings, Upholstery, Filemaking, Brass, Locks, Umbrellas, Artificial Flowers, Paper Bags, Basket-making, Boot and Shoe making and repairing, and processes incidental to above.

OFFENSIVE TRADES.

There are on the Register of Offensive Trades in the City 57 businesses under this category.

The trades are as follows :—

Soap-boiler.
 Gut Scraper.
 Blood Boiler.
 Bone Boiler.
 Fellmonger.
 Tallow Melter.
 Rags, Bones, and Uncured Skins.

These trades are under constant supervision and the appropriate Acts appertaining to their working are strictly applied. In a few instances where the premises were not being kept clean, marked improvements were effected following representations from this Department.

During the year 284 inspections were made.

TENEMENT HOUSES.

	1948
No. on Register	5,744
No. of Inspections	31,240
No. of re-inspections	14,921
Rooms inspected	131,562
Rooms re-inspected	22,055
No. of Notices served for abatement of Nuisances	9,000
No. of Summonses issued	627
No. of Fines imposed	122
No. of adjournments	179

NUISANCES.

The number of complaints received during the year was 4,925. The total number of defects discovered was 19,492, of which 12,905 were abated.

PIGGERIES.

The number of piggeries in the city was 246. Many complaints of alleged nuisance were received, and

961 visits of inspection were made to pig styes. There were 56 notices served resulting in 6 prosecutions.

ATMOSPHERIC POLLUTION.

There is a considerable lack of knowledge in Dublin in regard to the degree of, and the deleterious effects arising from atmospheric pollution, the consensus of opinion being that since Dublin is a semi-industrialised city, the problem does not attain the same proportions as that obtaining in English cities.

To some extent this complacency has been dispelled by the pioneer surveys carried out some years ago by Professor Leonard of the College of Science. These surveys indicated that the degree of pollution in Dublin approximated to that obtaining in London. Investigations in Dublin showed a remarkable correlation between deaths from respiratory diseases and the amount of pollution. It has been established that in London there is a striking correspondence between pollution and the death-rate both general and from respiratory diseases.

The degree of pollution in Dublin has been found to be in the proportion of 3.3 domestic to 1 of industrial, whereas in industrial English cities these figures are practically reversed.

Professor Leonard's figures are disquietening from our point of view since we are precluded from dealing with domestic pollution under public health legislation. The inference to be drawn from this situation is that smoke abatement measures in Dublin will have proportionately less effect on the reduction of total pollution than is the case in England.

The high ratio of domestic pollution produces other ill effects since the proportion of soot and tar emitted is

generally greater than that produced with equal amounts of fuel in the more efficient combustion plants used in industry. The emission of sulphur dioxide is approximately equal in each case, but the corrosive effect is worse from domestic sources, having regard to the inadequate diffusion from chimneys which are much lower than their industrial counterparts.

The deficiency in ultra-violet light as the result of pollution of the atmosphere is regarded as a contributory cause in connection with the incidence of rickets. The discrepancy in ultra-violet radiation on winter days between Dublin urban and rural area is 45% as measured with the potassium iodide method.

Proposed Measurement of Atmospheric Pollution.

The inauguration of a scheme for the measurement of atmospheric pollution has been deferred owing to the difficulty in obtaining the requisite apparatus. The preliminary work was carried out in regard to the establishment of 5 measuring stations, the orientation of which in relation to the centre of the city would allow for variations in wind direction. The proposed apparatus at each station would consist of the standard deposit gauge for the gravimetric measurement of deposited solids and the lead peroxide apparatus for the measurement of SO_2 .

Provision would eventually be made for the measurement of suspended pollution by special volumetric apparatus designed by the Department of Scientific and Industrial Research in England whose valued co-operation and advice were always available.

Smoke Abatement.

It was decided, pending the completion of the atmospheric pollution measurement project, that immediate practical effect be given to the initiation of

measures to secure a reduction in the amount of pollution. Towards this end it was decided to send two inspectors to England in order to acquire the necessary technical experience.

Hitherto the "abatement" methods consisted mostly of having chimneys raised to a "sufficient height." These methods, although laudable enough having regard to the limited knowledge of the problem, merely served to alleviate the nuisance in the immediate vicinity of the emission. They certainly served no useful purpose in reducing or eliminating the emission of black smoke.

The following is a summary of the smoke nuisances abated with particular reference to the types of plant encountered :—

SMALL COMMERCIAL PREMISES.

Smoke nuisances arising from shops, retail bakeries, fish and chip shops, etc., generally arose from the use of bituminous coal of a highly volatile type. In all cases a change to smokeless fuel was achieved. The total number of cases dealt with under this heading was 72.

SMALL INDUSTRIAL UNDERTAKINGS.

Most of the plants encountered consisted of old-fashioned vertical boilers. These boilers are regarded as the most inefficient steam-raising units in operation. Their efficiency in most cases is only about 50%.

Defects observed included :—

- Absence of insulation and lagging.
- Inefficient damper control.
- Feed water not preheated.
- Unsuitable firing methods.

Practically all of the cases were dealt with by conversion to oilfiring or smokeless solid fuel. The

total number of nuisances abated under this heading amounted to 12.

LARGE INDUSTRIAL UNDERTAKINGS.

All of the plants dealt with consisted of horizontal boilers of the Lancashire type. One particular case (Large flour mills) was outstanding in regard to its "contribution" to atmospheric pollution. A series of observations indicated an aggregate of 15 to 20 mins. black smoke in half-hour periods. Serious grit emission also arose. Investigation revealed the following defects :

- Inadequate boiler plant resulting in forcing of boilers.
- Defective insulation.
- Defective brickwork and leaking flues.
- Inefficient boiler house technique.
- Unsuitable fuel of the coke breeze type.

The plant consisted of two decrepit Lancashire boilers which at one stage in their history had been fitted with mechanical stokers. The "firing doors" consisted of loosely-fitted sheets of steel resulting in a low degree of efficiency. The plant had reached such a stage of dilapidation that total scrapping was necessary. After considerable pressure the firm decided to operate the mill electrically and a small boiler eventually sufficed for their steam requirements.

The other cases dealt with were large laundries and improvements in fuel and firing technique sufficed as remedial measures.

The total number of nuisances abated in this category amounted to 4.

The two inspectors engaged on smoke abatement carried out this work in addition to their ordinary duties. In the case of smoke nuisances from small commercial premises they were assisted by the district inspectors.

PORT SANITARY ADMINISTRATION.

The following is a report of activities at Dublin Port for the year 1948.

Infectious Diseases :

No case of infectious diseases—(under the Infectious Diseases (Shipping) Regulations, 1948)—was reported from, or detected on any vessel entering the port during the year.

Infected Ports :

79 ships arrived from ports which are on the list of Infected Ports.

Infectious Diseases Regulations, 1948, Article 20 :

495 packages of rags and used clothing were imported from Great Britain without suitable evidence of previous disinfection, or from other places abroad. These were disinfected at Marrowbone Lane before being released.

Foreign-going Ships :

765 foreign-going ships (totalling 1,298,994 net registered tons) arrived and were inspected by the Health Inspector.

Cross-channel Ships.

Inspections to the number of 174 were made of Cross-channel or coastwise vessels.

Notices :

120 Notices were issued to provide rat guards, or to lay rat-traps or poisons. These were complied with. 57 Notices were issued in respect of sanitary defects, etc. 44 of these were complied with. In 13 cases the

repairs were to be carried out in dry-dock in Great Britain, to which the vessels were proceeding.

21 cases of sickness on ship-board came to the notice of the Authority. One of these had been landed and sent to hospital at Limerick and later died there. One was landed and sent to hospital at Rosslare. 2 were sent to hospital at Dublin.

Rats and Mice Destruction Act, 1919 :

221 yards or sheds were inspected.

**Infectious Diseases (Shipping) Regulations, 1948,
Articles 19, 20, 21 :**

Six vessels were fumigated here by cyanide, and deratisation certificates issued. Deratisation exemption certificates were issued to 36 vessels.

Food was examined at the port and samples taken under the Unsound Food Regulations, 1908.

BACTERIOLOGICAL LABORATORY.

Report by Dr. J. H. Stritch, M.D.

The accompanying table shows the number of the various Bacteriological examinations made during the year.

Owing to the continued low incidence of Diphtheria, the number of swabs examined for *C. diphtheriæ* is comparatively small, 1,591 as compared with 5,000 odd, during 1944, and even in the small numbers now received it is becoming a rarity to find *C. diphtheriæ*.

Sixty-nine samples of sewage and sewage effluent from the Pigeon House works were examined during the year, with the extremely surprising result that no organisms of the Salmonella or Dysentery groups were found.

Return of Examinations carried out by Bacteriological Laboratory during year ended 31st December, 1948.

Samples of—

Water	....	....	....	....	1,142
Milk	....	....	....	....	2
Food, Shellfish, etc.	....	....	....	....	17

Swabs for—

<i>C. Diphtheriæ</i>	....	....	....	....	1,591
Hæmolytic Streptococci	....	....	....	....	39
Vincent's Angina	....	....	....	....	19
Various	....	....	....	....	6
Naso-Pharyngeal Swabs for Meningococci					75

Specimens of—

Cerebro Spinal Fluid	....	....	99
Pleural Fluids	....	....	64
Blood for Culture	....	....	23
Blood for Widal Reaction	....	....	51
Blood for Vi Agglutination	....	....	9
Urine	....	....	212
Faeces	....	....	216
Sputum for T.B. (direct)	....	....	3,397
Sputum for T.B. (cultural)	....	....	542
Gastric Lavages for T.B. (cultural)	....	....	145
Pus	....	....	12
Rats for Evidence of Plague	....	....	4
Rats for Evidence of Salmonella infection	....	....	6
Dilutions of Tuberculin	....	....	13
Animal inoculations :—			
Blood for Hæmatological examination (Red and white cell counts, etc.)			26
Sewage for Salmonella organisms	....	....	69
			<hr/>
TOTAL	....	....	7,782

Return of Examinations carried out by Bacteriological
Laboratory during year ended 31st December

1948

1,143	....	....	....	Water
2	....	....	....	Milk
17	....	....	....	Food, Shellfish, etc.
1,591	....	....	....	Swabs for—
39	....	....	....	<i>O. Dysenteriae</i>
19	....	....	....	Hemolytic streptococci
8	....	....	....	<i>Vibrio Cholerae</i>
75	....	....	....	Various
				Various swabs for Meningococci

DEPARTMENT OF THE CITY ANALYST.

By B. G. Fagan, City Analyst.

GENERAL STATEMENT OF WORK FOR DUBLIN CORPORATION AND CITY OF DUBLIN.

Nature of Article	Number of Samples	Department
Food and Drugs	2,833	Public Health
City Water Supplies	72	Engineers
Sewage	321	"
Effluent	268	"
Sludge	41	"
Water (Special analyses)	3	"
Aluminium Sulphate	1	"
Mastic Asphalt	3	"
Dripping	3	Veterinary
Milk	5	"
Cheese	2	School Meals
Milk	15	"
Water	3	Law Agent's
D.D.T.	5	Disinfecting
Water	2	Tara St. Baths
Rag Flock	17	Public Health
Miscellaneous	114	
TOTAL (Dublin Corporation)	3,708	

FOOD AND DRUGS ACTS

AND

PRESERVATIVE REGULATIONS.

Details of articles submitted by the Food and Drugs Inspectors of the Dublin Corporation, and analysed under the above headings are set out below.

The total number of articles submitted were 2,731 of which 55 were informal samples.

Nature of Sample	Number of Samples	Number Adulterated
Milk	1,866	117
Butter	819	—
Margarine	81	—
Whiskey	1	—
Cheese	1	—
Sago	1	—
Tapioca	1	—
Sugar	1	—
Olive Oil	1	—

INFORMAL SAMPLES.

Milk	52	6
Aspro	1	—
Custard Powder	2	—
Aspirin	1	—
Plum Jam	1	—
Rice	1	—
Coconut	1	—
Smacks	1	—
Gelatine	1	—

MILK.

1,866 samples of milk were taken during the year in accordance with the provisions of Section 14 of the Sale of Food and Drugs Act, 1875, and of these 117 were found to be adulterated, including one sample which contained Formaldehyde present as a preservative.

The presence of a preservative in milk is forbidden by the Public Health (Saorstát Éireann) (Preservatives &c. in Food) Regulations, 1928.

Of the samples examined 72 were found to be deficient in non-fatty solids in amounts varying

between 4.7% to 26.66%, 29 in milk fat in amounts varying between 8.33% to 60%, and 16 samples were found to be deficient in both milk fat and non-fatty solids, the worst being 35.29% non-fatty solids and 23.33% milk fat.

Informal samples numbered 52, that is they were not divided into three parts as required by the Section. Of these, 6 were found not to satisfy the requirements of the Milk (percentage of milk fat and milk solids) Regulations, 1936.

These Regulations require that milk should contain not less than 3% milk fat and not less than 8.5% milk solids other than milk fat.

BUTTER, MARGARINE, WHISKEY, Etc.

All proved to be genuine.

ENGINEER'S DEPARTMENT.

During the year 787 samples were received from the various sections of this Department. Of this number 72 were samples of water in connection with the chemical control of the City Water Supplies, that is, samples of the finished waters delivered to the consumer from the three sources supplying the City, namely, Vartry, Bohernabreena and Poulaphouca.

In connection with the routine control of the Sewage Disposal Scheme, 264 samples of effluent, 318 of sewage, and 111 of sludge were examined.

The three special samples of sewage were submitted in reference to a complaint that the sea was entering the sewage system in the Sandymount area. The evidence from the samples submitted was not conclusive.

The "factory material" proved to be hydrated lime which was getting into the sewers in considerable quantity as proved by the sample of "sewage material."

The special water samples and effluents were connected with the drainage from the coal dump situated in the Phoenix Park. The drainage water was quite acid in character, and contained a considerable amount of iron in solution.

The sample of solder was analysed for its content of tin and antimony, the asphalts for their content of bitumen, and the aluminium sulphates for their content of alumina or aluminium oxide.

There was a complaint that certain stains on the pillow slip and linen base were caused by the City Water Supply. An examination of the stains and an analysis of the water supply proved there could not have been any connection between the two.

PUBLIC HEALTH DEPARTMENT.

Samples of Rag Flock to the number of 17 were submitted under the Rag Flock Act, 1911. All were found to comply with the regulations in regard to the content of soluble chlorine in the form of chlorides. The amount should not exceed 30 parts per 100,000. One sample each of flour, jam, sago, cornflour, pearl barley, cocktail vegetable soup, plum pudding, coconut and two each of canned fish and sultanas were taken under the Public Health (Unsound Food) Regulations, 1908, at the port of Dublin. All were found to be genuine, and in sound condition.

HOUSING DEPARTMENT.

One sample of putty received from this Department proved to be made with genuine linseed oil. In

the case of second sample the oil was adulterated with about 20% mineral oil. The six samples of paint were examined for the presence of lead and the specimen of concrete to ascertain the approximate proportion of sand which it contained.

MOTOR REGISTRATION DEPARTMENT.

The specimen of ink and cancelled motor licence received were in connection with a complaint that the ink tended to fade in use. It was found that the ink was not permanent when exposed to active rays, and consequently unsuitable for use on documents likely to be exposed to sunlight.

TARA STREET SWIMMING BATHS.

The two samples of water were chlorinated waters made by mixing chloride of lime with tap water, allowing the solid matter to settle, and decanting the clear supernatant liquid. The liquids were used to chlorinate the swimming pool, and were analysed for their content of available chlorine.

This was a temporary method employed pending the installation of a chlorinating plant.

VETERINARY DEPARTMENT.

The samples of milk were examined by the Phosphatase Test to ascertain if they were pasteurised. The three specimens of dripping contained free fatty acids much in excess of 2%, and therefore, should not have been classified as dripping.

DISINFECTING DEPARTMENT.

The D.D.T Powders submitted were all found to contain the requisite proportion of D.D.T., namely, 5%. The spray also contained the correct quantity in Kerosene.

CHILD WELFARE CENTRE.

Seven samples of dried milk powders were submitted in connection with complaints that they had caused illness and were unfit for use. In all cases the foods were found to be quite normal, and when made up in accordance with the directions on the packages, were found to have a good flavour and appearance.

SCHOOL MEALS COMMITTEE.

The samples of milk and cheese received from this Committee were all found to be of satisfactory quality.

ANALYSIS FOR OTHER PUBLIC BODIES, PRIVATE INDIVIDUALS, Etc.

The total number of articles received from all sources, under the above heading during the year was 8,078.

The fees received in the same period amounted to £4,252 16s. 0d. This sum was lodged to the credit of the Corporation.

The following table compares the number of samples

analysed under the above heading, and the fees received, with those recorded in previous years.

Year	Number of Samples	Fees for Analyses		
		£	s.	d.
1922-1926	53,751	6,668	18	1
1927-1931	45,094	10,011	11	4
1932-1936	50,230	9,033	18	5
1937-1941	48,681	10,611	5	6
1942	7,854	2,379	8	2
1943	7,415	2,700	0	6
1944	7,476	3,473	10	10
1945	7,905	3,655	18	10
1946	7,638	3,717	6	1
1947	7,298	3,987	15	8
1948	8,078	4,252	16	0

In conclusion, I wish to express my appreciation of the loyal and capable manner in which the members of my staff carried out their duties.

BLIND PERSONS ACT, 1920.

SCHEME FOR THE WELFARE OF THE BLIND.

Number assisted in their own homes—			
Single or Widowed Persons :			
Males	.....	.....	247
Females	.....	.....	489
Number of Married Blind Men			
			180
Number of Married Blind Women			
			51
Total			967
Number maintained in Institutions :			
Males	.....	.....	74
Females	.....	.....	60
Total			134
Grand Total			1,101

Payments made in connection with Scheme—

Allowances to Blind Persons in their own homes	.....	£18,833 19 0
Food Vouchers issued	.....	12,256 18 1
Payments to Institutions	.....	5,615 19 5
		£36,706 16 6

PUBLIC CLEANSING.

The Public Cleansing Service comprise three important functions, namely :—

1. Street Cleansing.
2. Collection of Refuse.
3. Disposal of Refuse.

STREET CLEANSING.

The Cleansing Department are responsible for the cleaning of all the streets, of which there are 480 miles of main road, road gullies and catchpits within the City boundary and the periodic emptying of ashbins and the disposal of the refuse collected therefrom.

All the streets are swept weekly, bi-weekly or thrice weekly, depending on their location. The principal streets, and streets in congested areas receive daily attention. Patrol men provided with Litter Carts are daily employed patrolling the main thoroughfares collecting and disposing of litter.

Petrol-driven washing and sweeping machines are utilised for washing and sweeping the principal thoroughfares.

Petrol-driven vacuum gully emptying vehicles are utilised for emptying the catchpits connected with the road gullies.

For the year ending March, 1948, 29,580 tons of street sweepings were collected and disposed of at the various disposal grounds and depots.

On Sunday a limited staff is engaged on street cleansing work.

There has been a noticeable increase in the amount of waste paper left lying about, and it has been necessary to increase patrols before and after the usual hours to deal with this.

REFUSE COLLECTION.

Domestic refuse collections are made thrice weekly in the centre city area, twice weekly in other areas and once weekly in residential areas.

Petrol-driven refuse collection vehicles, varying from three to five tons and fitted with hydraulic tipping gear and with sliding covers to prevent scattering of contents (in the central city area dustless barrier-type collection vehicles are used) and a number of horse-drawn vehicles, are utilised for the collection of domestic refuse, street, refuse, etc.

For the year ending March, 1948, the total quantity of domestic and trade refuse collected was 127,257 tons, equivalent to an average yield of 13·4 cwts. per thousand of population per day. 123,200 tons were disposed of on the various disposal grounds, principally at East Wall Road (foreshore reclamation) on the North side of the City and Irishtown (foreshore reclamation) and North Crumlin (disused clay pits) on the South side, which is being filled in for use as a public park. 4,057 tons were consumed at the Stanley Street Destructor.

PUBLIC CONVENIENCES.

There are eighty-six Public Conveniences in the City which are washed and cleansed daily.

MUNICIPAL BATHS AND WASH-HOUSES.

The returns from the Baths and Wash Houses show that 135,672 persons visited the establishment during the year ended 31st December, 1948.

The income derived during the year came to £3,255 19s. 3d., an increase in the receipts, as compared with the previous year, amounting to £1,035 14s. 11d., and an increase in visitors amounting to 12,619.

During the year the Swimming Baths were used by 69,166 persons, an increase in the number of visitors amounting to 22,784.

Pupils from the "Christian Brothers," "National Schools," "Baden-Powell Scouts," "Catholic Boy Scouts," "Vocational Education," recruits from "Garda Depot," and "Defence Forces," attended for instructional purposes during the season.

Four hundred and twenty visits were made after the usual closing hours by Swimming Clubs.

The Private Reclining Baths were availed of by 45,855 Males, the number of Females being 8,586. Comparison with previous year shows a decrease of Male visitors to the number of 324, and an increase in the number of Female visitors to the number of 859.

The Public Wash House (Laundry) was utilised by 20,651 women, an increase of 604 as compared with 1947.

The water in each of the Swimming Ponds is renewed every twenty-four hours, and the ponds are now fitted with plant for chlorinating purposes.

WATER SUPPLY.

REPORT BY N. A. CHANCE, B.A.I., M.I.C.E.I.,
City Engineer.

The domestic water supplied to the City is from three sources—the River Vartry, the River Liffey, and Bohernabreena. All have upland catchment areas with large storage reservoirs. The Vartry and Bohernabreena supplies are purified with slow sand filters. The River Liffey is purified by chemical precipitation and by rapid gravity filters.

Howth area is supplied partly by Vartry water and partly by a small local reservoir at Balcill, the water from which is treated by slow sand filters.

Fortnightly chemical and daily bacteriological tests are made of all filtered water and tests of the raw water and of water at intermediate stages of purification are also made at regular intervals.

Throughout the year the chemical analyses showed only those seasonal changes which have been known to occur over a long number of years.

The average daily consumption of water at present is 29 million gallons, of which approximately 9 million gallons is drawn from the River Liffey, 3 million from the Bohernabreena catchment, and 17 million gallons from the Vartry.

DISINFECTING DEPARTMENT.

Transport, Equipment and Distribution of Staff.

The Disinfecting Depot is equipped with a Washington-Lyons Steam disinfecting machine, a formalin chamber, and ten reclining baths.

Transport consists of six motor vans, and one bicycle.

Four of the six vans are used for the collection of infected articles. One is used for the return of articles disinfected. One is used part-time for the carriage of disinfectors working on delousing and disinfection in persons' homes, and part-time for the carriage of Rodent Control operatives and their equipment to and from premises under treatment. The bicycle is used by the Superintendent in the course of his outdoor duties, and the Health Officer is supplied with bus tickets for his transport during the course of his investigations and control of contacts.

Each of the four vans working on disinfection is manned by a Disinfector and a driver who assists him, and it carries the necessary sprayers, mops, cloths, buckets, canvas bags, etc., and supplies of disinfectants.

The delivery van is manned by a driver and helper.

The sixth van distributes and collects the four disinfection operatives with their equipment of sprayers, canisters and supplies of D.D.T. powder, solution and emulsion. It also distributes and collects two Rodent Control operatives with their equipment of cans of baits and poisons, gas pump and cyanide powder.

Stocks of sulphur, sulphur pots and trays (for deratization of ships), sprayers (bucket, hand and atomizing), chemical disinfectants (cyllin, lysol and formalin), baits (sausage rusk, groats, bread, etc.),

poisons (zinc phosphide, arsenious oxide, red squill and barium carbonate, etc.), rat and mouse traps, etc., are held in the Depot stores and issued as required.

DISTRIBUTION OF STAFF.

Superintendent
(Health Inspector).

DISINFECTION	RODENT CONTROL	DISINFESTATION
1 Enquiry Officer (Health Inspector)		
6 Disinfectors— (On Vans 4, On machine 2)	2 Rodent Control Operators	4 Disinfectors
5 Motor Drivers— (On disinfecting vans 4, On delivery van 1).	6 Disinfectors 4 Labourers	
2 Labourers— (1 on delivery van. 1 Yardman).	1 Motor driver serving Rodent Control and Disinfestation.	
1 Boilerman		
2 Charwomen		
1 Time-keeper Clerk.		

At the Disinfecting Depot, Marrowbone Lane, the following works are carried out, viz. :—

Disinfection, Disinfestation and Rodent Control.

DISINFECTION.

On receipt of notification of admission of a case of infectious disease into a hospital, or the termination of illness of a case treated at home, a van is dispatched to the patient's home and the necessary disinfection is carried out.

If the disease is pulmonary tuberculosis all the surfaces of the room are sprayed with a 2% solution of

Cylin and the furniture cleansed with cloths soaked in the same solution. The patient's bedding and apparel are removed to the Depot and disinfected by steam in a Washington-Lyons disinfecting apparatus. A Brown Sterilization Control tube is inserted with the goods in order to check on the time-temperature equation. Articles which would be injured by steam are dealt with appropriately by the use of formalin spray or gas.

If the disease belongs to the enteric group (typhoid, para-typhoid), dysentery, poliomyelitis, the same procedure is followed, except that it is not considered necessary to spray all room surfaces. The dwelling, and fly-breeding places adjacent are sprayed with a 5% solution of D.D.T.

If the disease is diphtheria or scarlatina, the bedding and clothing are not removed for disinfection.

Hospitals and dispensaries, etc., are disinfected on receipt of requests from the Medical Officers concerned, in the manner indicated by them. Bedding and clothing belonging to hospitals are disinfected as required.

Bales and parcels of imported second-hand clothing and rags are collected at the Port, disinfected and returned to the Customs Officers with a certificate of disinfection.

DISINFESTATION.

Commencing in July, 1945, a campaign was initiated with the object of eradicating lice, bed-bugs, fleas, flies and other insect pests from the poorer quarters of the City, common lodging-houses, Corporation housing schemes, etc., by the use of D.D.T. This work continued throughout the year under review.

Requests for treatments are also received from Hospitals, Institutions, Food-producing concerns, Doctors, Health Inspectors, Child Welfare Nurses, etc.

The furniture and effects of families being rehoused are disinfested before removal from the old dwelling.

STATEMENT SHOWING WORK PERFORMED BY DISINFECTING BRANCH FOR YEAR 1948.

Quarter of Year	Dwellings Disinfected	Rooms Disinfected	Removals of Clothing	Articles Disinfected	Articles Washed	Disinfections after Phthisis	Beds Supplied	Mattresses Supplied	Persons Using Baths in Depot
1	580	977	660	47,562	128	221	—	—	803
2	728	1,225	688	44,278	144	323	—	—	932
3	918	1,391	592	40,805	180	222	—	—	1,128
4	1,589	2,051	519	37,745	232	240	—	—	1,849
Total for 1948	3,815	5,651	2,459	170,390	684	1,006	—	—	4,712

RODENT CONTROL.

It is acknowledged that the world shortage of food makes the destruction of food pests exceptionally urgent.

DAMAGE caused by rats includes the consumption of almost any kind of food consumed by man or beast, the fouling of food, the gnawing of containers, sacks, etc., and structural damage to property.

DISEASE—Bubonic Plague is carried by rats and transmitted to man by certain fleas. Although the cumulative effects of rat control measures at seaports have reduced the danger, it is still possible that ship-borne rats may bring disease to this country. The dangerous *Trichina* worm is primarily at home in the rat, and causes trichinosis in man. The tapeworm *hymenolepsisnana* has the rat as its preliminary host. Rats disseminate the organism of spirochaetal jaundice or weil's disease which is capable of remaining infective in water for some time after it has left the body of the rat. Rat-bite may cause a peculiar and serious fever.

Issuing from filthy places, the rat may contaminate the food of man and beast with germ-laden droppings which may contain the bacteria that causes dangerous food poisoning in man.

Lectures and demonstrations very kindly offered by the British Ministry of Food and availed of by the Corporation explained and showed the latest methods used in Britain for the destruction of various pests, particularly rodents. These methods are based on rigorous scientific research, and have been tested in large scale practice over a period of six years.

It has been proved that these methods depend largely for their success, as elements in a national

campaign, upon their employment within an adequate administrative organisation. Sound and logical planning is essential.

Owing to the absence of a national organisation for dealing with the menace in this country, and having regard to the fact that we must, at the moment, take action under the Rats and Mice (Destruction) Act, 1919, a start was made in Dublin by cleaning before our own doorstep first.

In fact, there is a statutory obligation on the Corporation to do so. Under Section 1 of the above-mentioned Act, Local Authorities are the legal "occupiers" of sewers, and are required "to take such steps as may from time to time be necessary and reasonably practicable for the destruction of rats and mice."

It has been demonstrated in Britain that the treatment of sewers is one of the essential measures necessary in securing diminution of the rat population in Borough and Urban areas.

This is suggested, therefore, that our first steps in Dublin should include —

- (1) Treatment of sewers
- (2) Treatment of any other Corporation property which may be infested, such as refuse dumps, markets, abattoir, stores and buildings.

Initial treatment of sewer rats.

This includes the mapping of all manholes in the area. Separate storm water sewers may be omitted. If there is no benching at the bottom of any of the inspection chambers, bait will have to be laid on trays installed for the purpose. Trays must be fitted at least a week before baiting begins.

Squads should normally be of three men, including one sewer man and one man who can be relied upon to take accurate records. Each squad will require receptacles for bait, tackle for lifting covers, and a bait depositor. A squad should be able to bait at least 50 manholes a day.

Treatment.

PART 1.—Prebaiting is carried out on two days following by poison baiting on the third. The days may be consecutive, or there may be an interval of a day between them; that is, starting on Monday, baiting can be continued on the Tuesday and Wednesday or on Wednesday and Friday.

4 oz. damp sausage rusk is laid in each inspection chamber on each of the first two days, and, on the third day, 8 oz. poison bait (damp sausage rusk 2½% zinc phosphide) but only 4 ozs. where plain bait has not been completely taken. It is desirable to remove untaken plain bait before poison bait is laid; in shallow manholes this may be done with a stiff broom on a long handle.

PART 2.—About four weeks after the first treatment, a second similar treatment is done with bread mash and 10% arsenious oxide. The same quantities are used as in the first part of the treatment. In this treatment large areas which showed no take in the first part may be omitted. This does not mean that individual manholes, within an infested area, which show no take, are omitted.

Records: The “bait take” and results of treatments in terms of numbers of rats killed are made and filed.

Maintenance treatments.

The method for maintenance treatments is the same as for initial treatments, except that only one poisoning

campaign need be done. If the whole system is infested, the treatment should include all manholes. Where it is known that part only of the system is infested, treatment may be restricted to the infested areas, subject to an annual test baiting of the whole system, but treatment should extend to two or three of the manholes beyond the infested area, according to the layout of the sewer system.

Test baiting.

Where there is some doubt whether a sewer system or part of a system is infested, it is recommended that test baiting be carried out.

At least 10% of all manholes should be tested; they may be scattered evenly throughout the area, or concentrated in groups in the places where the sewers would normally be expected to be infested (e.g., in slums). In each manhole to be tested 2 oz. damp sausage rusk should be laid: two days later the bait should be inspected. If trays have to be installed, they should be fixed at least a week before baiting is done. A test is not a treatment and no poisoning is involved.

If a test shows no take at all points treatment is unnecessary. If takes are localised in certain districts, treatment may be carried out in those districts only. If takes, whether few or many, are scattered throughout the area, the whole area should be treated.

Sewer systems found to be clear, or cleared by treatment, should receive an annual test baiting.

Where, as a result of test baiting or of previous treatment, it is known that sewers are lightly infested, or where infestation is localised, treatment of the sewers in conjunction with the treatment of surface properties may be better than a general treatment of sewers.

Since almost all sewerage systems are infested, and as the Moore Street area was apparently one of the worst affected, a start was made there, and a careful computation of the "kill" recorded.

Overground operations.

Overground operations were performed on all Corporation tipheads, where reservoirs of rat infestation existed. Excellent results were obtained in that a rapid diminution of the rat population ensued.

Other Corporation properties treated included hospitals, sanatoria, dwelling houses vacant sites, abattoir and offices. Business premises (137) were cleared of rats on request, and at the cost of the occupiers thereof. The cost was made out by charging men's wages, cost of baits and poisons and transport plus 10% for overheads. Private dwelling houses and tenements were dealt with on the same basis.

In all cases the measures taken were effective in that the existing rat populations were destroyed. The rat-proofing measures necessarily required were, in most cases carried out properly, and as a consequence freedom from rats resulted. However, in some cases, the rat proofing was delayed or neglected; necessitating a further treatment or treatments. It is obvious that the best answer to the rat is "keep him out." Proper rat-proofing, combined with strict attention to hygiene, storage of food-stuffs in rat-proof containers and the abolition of rat harbourage are the measures best adopted.

DISINFECTING DEPARTMENT.
RETURN SHOWING WORK CARRIED OUT BY DISINFESTATION BRANCH
FOR THE YEAR 1948.

TOTAL NUMBER OF DWELLINGS VISITED 5,048
 TOTAL NUMBER OF ROOMS INSPECTED 8,582

No. of Rooms Infested with and treated for—	No. of Beds Infested with and treated for—	No. of Beds Infested with and treated for—	Persons treated for Lice	
			Head	Body
Bugs	558	Bugs	660	—
Bugs, Fleas	542	Bugs and Fleas	1,237	—
Bugs, Flies	69	Bugs, Lice	—	—
Bugs, Other Insects	3	Bugs, Other Insects	—	—
Bugs, Fleas, Flies	632	Bugs, Fleas, Lice	7	—
Bugs, Fleas, Flies and Other Insects	26	Bugs, Fleas, Lice and Other Insects	2	—
Fleas	1,299	Fleas	4,185	—
Fleas, Flies	1,461	Fleas, Lice	1,036	—
Fleas, Other Insects	4	Fleas, Other Insects	—	—
Fleas, Flies Other Insects	42	Fleas, Lice, Other Insects	4	—
Flies	1,520	Lice	444	—
Flies, Other Insects	56	Lice, Other Insects	—	—
Other Insects	34	Other Insects	—	—
Total Number of Rooms Infested and Treated	6,246	Total Number of Beds Infested and Treated	7,575	313
			278	165
			Total Number of Persons Treated	
			...	561

OTHER WORKS.—The following Hospitals, Institutions, Buildings, etc., were treated for Fly Infestation—Rialto Hospital, Cork Street Hospital and Nurses' Home, Child Welfare Centre and Mass Radiography Department, Lord Edward Street, Corporation Abattoir, North Circular Road, St. Vincent's Orphanage, Glasnevin. 10 Piggeries, 14 Stables and 4 manure Yards. 500 Blankets and 100 Sheets were treated for Flea and Moth Infestation.

SUMMARY OF RODENT CONTROL OPERATIONS PERFORMED FOR THE YEAR 1948.

Complaints and requests received	327
Surveys made	1,001
Rats Killed—	
Overground	12,065
Sewers	16,916
Total	28,981
Statutory Notices issue	64
PREMISES TREATED :	
Corporation Property	70
Government ,,	5
Institutions	13
Business Premises	137
Private and Tenement Houses	89
CITY SEWERS :	
(Sections of Approx. 50 Manholes).	
1st part Initial Treatment	32
2nd part Initial Treatment	32
Maintenance Treatment	23

SUMMARY OF ROBERT CONTROL OPERATIONS

PLACES OF PUBLIC RESORT.

Under the Public Health (Amendment) Act, 1890, an Urban Authority is responsible for the inspection of premises used as public resorts.

During the year 87 premises were used as places of public entertainment. These included 7 theatres, 37 cinemas, 43 public dance halls, 45 local and parochial halls and one boxing stadium. The number of public dance halls showed an increase of 2 over the figure for the previous year. It was not practicable to insist on structural improvements which are considered desirable in some of the older premises owing to the continued stringency of the supply position. Lack of suitable equipment also precluded amelioration in ventilation systems which it had been hoped to secure in many cases. Regular inspection of all places of entertainment in the city was continued during the year by officers of the City Architect's, the City Engineer's, Fire and Public Health Departments. The total number of inspections was 2,035.

DISINFECTING DEPARTMENT

RETURN SHOWING WORK DONE

Total Number of Dwellings	Total Number of Rooms	Total Number of Baths	Total Number of Toilets	Total Number of Sinks	Total Number of Wash-basins	Total Number of Cisterns	Total Number of Water-closets	Total Number of Sewer-pipes	Total Number of Drain-pipes	Total Number of Chimneys	Total Number of Stoves	Total Number of Grates	Total Number of Ranges	Total Number of Boilers	Total Number of Furnaces	Total Number of Stoves	Total Number of Grates	Total Number of Ranges	Total Number of Boilers	Total Number of Furnaces
1000	2000	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

ANNUAL REPORT ON OPERATIONS UNDER THE POISONS AND PHARMACY ACT, 1908.

The 32 licences registered under the above Act complied satisfactorily with the regulations governing the sales and storage of poisonous substances used exclusively for agricultural and horticultural purposes.

Thirty licences expired during the period under review. Twenty-seven renewals were granted on payment of the prescribed fee of 1/6d. The remaining three licences lapsed as a result of staff redundancy in the various firms concerned.

Five applications for new licences were received. These licences were subsequently granted when the statutory obligations were complied with, and when the necessary approval of the police authorities was accorded.

FOOD AND DRUGS AND MARGARINE ACTS.
ANNUAL RETURN TO 31ST DECEMBER, 1948.

Articles Collected for Analysis	Number	Number Certified Adulterated	Number of Prosecutions	Number of Convictions	Penalties	Remarks
Milk	1,866	125	125	86	£171 5s. 0d. Fines £25 10s. 0d. Court Poor. Box.	} 3 dismissed. } 35 no Legal } Action taken } 1 No Service.
Butter	819	—	—	—	—	
Margarine	81	—	—	—	—	
Whiskey	1	—	—	—	—	
Olive Oil	1	—	—	—	—	
Sugar	1	—	—	—	—	
Cocoanut	1	—	—	—	—	
Flock	16	—	—	—	—	
Cheese	1	—	—	—	—	
Tapioca	1	—	—	—	—	
Sago	1	—	—	—	—	

65 informal Samples were collected for analysis.

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