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REPORT

OF THE

CITY MEDICAL OFFICER
CITY OF DUBLIN

FOR THE YEAR 1953

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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CONTENTS.

"Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people."

—WORLD HEALTH ORGANISATION.

PREFACE

Municipal Buildings,
Dublin.

P. J. Hernon, Esq., B.Comm., LL.D.,
City Manager and Town Clerk.

I have the honour to present my Annual Report on the health of the City of Dublin during the year 1953. This report, the sixth of my series, shows a steady increase in the efficiency of our Public Health Services. This, to some extent, is reflected in the vital statistics of the different sections in the service, but statistics alone cannot show the added happiness which the preservation of health and the prevention of disease have brought to homes through the operation of the services devoted to public health. The further wise and intelligent use of these services by our citizens will bring greater happiness to them in added health, and will bring greater satisfaction to those who serve them in the results which their labours must produce.

Vital Statistics.

The population figure does not include the area added at 1st April, 1953, and the population therein, but as it is the figure on which the Return of the Registrar-General is based and is more convenient for comparison with previous years, it is given here.

	1952	1953
Population	522,183	522,183
Births (Registered)	16,739	16,155
Births (assigned to mothers normally resident in Dublin Co. Borough)	13,071	12,463
Birth Rate	25·0	23·9
Deaths (all causes)	5,261	5,219
Death Rate	10·1	10·0
Infant Deaths	439	484

Infant Mortality Rate	34	39
Neo-Natal Mortality Rate (Deaths of infants under 1 month per 1,000 live births)	19	24
Stillbirths	587	552
Deaths from Principal Epidemic Diseases	34	51
Death Rate from Principal Epidemic Diseases	0·07	0·09
Deaths from Tuberculosis (all forms)	307	268
Death rate from Tuberculosis (all forms)	0·59	0·51
Deaths from Pulmonary Tuberculosis	259	234
Death rate from Pulmonary Tuberculosis	0·50	0·45
Deaths from Cancer	743	796
Death rate from Cancer	1·42	1·52

The above figures which show comparison with 1952 invite comment under several headings. The figure for Cancer mortality continues to increase, despite very extensive research in Britain, America and other countries. One form, Cancer of the lung, has been inviting special attention. The question arises here as to what agents may contribute to this. Not only smoking, but the whole question of smoke pollution and the discharge into the atmosphere industrially or even domestically in towns of carcinogenic elements in smoke that are playing a part, must be considered. Public Health must await a stimulus furnished by research on a wide international basis, for the problem is so wide, so varied and so frequently occurring among the groups in which the extension of life expectation appears, that we must look to expert analysis national and international to guide such future action as a Public Health programme may offer in the conquest of this grim spectre, which, here as elsewhere, claims increasing victims.

To face page 6.

Table No. I—Table showing Annual Rate of Mortality, and Deaths from Certain Causes, City of Dublin, 1926—1953.

	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			
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	2	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	80	4	573	117	666	247	277
1949 ...	11·3	0·4	5,969	828	65	—	1	18	4	47	—	132	—	455	86	731	326	311
1950 ...	11·0	0·15	5,894	609	48	—	—	19	2	15	1	41	—	390	96	707	258	296
1951 ...	11·9	0·09	6,219	575	45	—	—	10	—	16	—	22	—	367	67	728	333	311
1952 ...	10·1	0·07	5,261	439	34	—	—	9	2	4	—	19	—	259	48	743	236	344
1953 ...	10·0	0·09	5,219	484	39	—	—	11	1	12	—	28	—	234	34	796	224	322

The birth rate which had been steadily rising over the previous few years drops from its highest figure of 25·0 in 1952 to 23·9 for 1953. The total deaths show a further fall of 42 for 1953 and the lowest figure ever recorded for Dublin City in a death rate of 10·0 per 1,000 of population. The rapid fall in Infant Mortality from 45 to 34 in 1952 was not maintained. Of the total increase of 45 infant deaths in 1953, there was an increase of 29 in deaths of infants under six weeks. The causes of death of the 320 infants show the following figures as compared with 1952 :

Cause of Death	1952	1953
Prematurity	93	69
Cerebral and intra cranial haemorrhage	36	47
Atelectasis	31	42
Pneumonia (all forms)	38	36
Congenital Malformations	8	33
Congenital Heart Disease	14	17
Spina Bifida	10	15
Asphyxia	17	11
Hydrocephalus	3	7
Haemolytic Disease	13	5
Inattention at birth	1	5
Sepsis neonatorum	—	3
Other causes (ill defined)	12	30

Despite increase under other headings it is satisfactory to note a decline in deaths from prematurity, for which our neo-natal units may claim some credit. Whilst prematurity is usually attributed to infants under 5½ lbs. weight, estimation of the age of a new-born child must take into consideration statements of the mother and description of signs and symptoms of duration, all subject to error, and so render weight just one pointer, even if a valuable one. Perhaps in view of the percentage of neo-natal deaths in Dublin attributed to prematurity it might be well to attempt to have the weight at birth stated on the notification of birth forms. Prematurity as a main cause of death is accepted by the Registrar-General in the early

months of life, and so this group must include infants dying from causes unstated because of the difficulty of their detection. A study of recent statistics supplied by the Registrar-General also shows that deaths in the first week of life are forming a steadily increasing proportion of deaths in the first 28 days and these deaths must be allied in aetiology to still births.

The figure for still births is 552, compared with 588 in 1952. This figure is still too high when considered with the neo-natal figure of 320. Clinical explanation of the causes of infant death immediately before or after birth may often be inconclusive, and whilst the figure for prematurity falls, that for congenital abnormalities increases. Research into the causes of pre-natal, natal and neo-natal deaths is at present being pursued and will, we hope, indicate where a saving in pre- and post-natal life may be made.

We still await registration of still births which, when implemented and requiring a certificate of a registered medical practitioner or state registered midwife may assist the study of pre- and post-natal mortality.

The neo-natal units in the Maternity Hospitals continue to show good results, but we still have the problem of provision of similar neo-natal care for cases attended by private practitioners or born in private maternity homes.

St. Clare's Hospital continues to be an essential factor in our efforts to reduce infant mortality and has saved many lives of infants subject to early infections, or suffering from serious dietetic disturbances.

Deaths from deliveries and complications of pregnancy and childbirth are 6 compared to 11 in 1952, a welcome reduction.

The number of births registered was 12,463, whereas the number notified was 16,155. Thus about 23% of the births occurring in Dublin are of children whose mothers do not normally reside in the City of Dublin. The birth rate of 23·9 although a decrease on 1952, compares favourably with the birth rate of 21·1 for the Republic of Ireland. The following figures show

comparison of Dublin with those for Ireland (26 Counties):

	Dublin	Ireland (26 Counties)
Population	521,322	2,948,000
Birth rate	23·9	21·1
Death rate (General)	10·0	11·8
Death rate from Tuberculosis (all forms)	0·5	0·4
Death rate from other Infectious Diseases	0·04	0·03
Infant Mortality rate	39	39

The reduction in death rate (which in 1952 had been reduced from 11·9 to 10·1) has been maintained and even slightly improved.

Infectious Diseases.

The following is a summary of the cases of Infectious Diseases notified in Dublin County Borough in 1953 :—

Acute Anterior Poliomyelitis	28
Cerebro Spinal Fever	25
Diarrhoea and Enteritis	908
Diphtheria	—
Dysentery	22
Encephalitis Lethargica	1
Erysipelas	118
Infective Hepatitis	200
Infective Mononucleosis	45
Influenzal Pneumonia	32
Measles	3,443
Ophthalmia Neonatorum	1
Paratyphoid B.	2
Puerperal Sepsis	6
Rubella	334
Salmonella Infection	11
Scabies	259
Scarlet Fever	620
Tinea Capitis	92
Trachoma	2
Typhoid	—
Whooping Cough	2,203

In regard to above figures, it may be noted that in a majority of the cases notified as diarrhoea and enteritis and admitted to St. Clare's Hospital, the diagnosis was not confirmed, as gastro-enteric symptoms are often the early exhibition of other diseases in infants. The figure as will be seen from Table II is less than one-third those of the epidemic years of 1948 and 1949.

No case of diphtheria was notified. Table II shows the striking decrease in incidence of this disease.

Measles and Whooping Cough both showed heavy incidence in which overcrowding in housing may have played a part. The early infectivity of measles before rash appears helps the spread of this disease. Combined immunisation against whooping cough and diphtheria will we hope establish a permanent reduction in the incidence of the former disease. Owing to the fall in the numbers of other infections, much of the space available in the infectious disease hospitals was given to measles and whooping cough. No case of typhoid occurred during 1953.

Diphtheria

For the first time we report an absence of diphtheria notifications, but we realise that only by maintaining the immunity of the child population can we continue this happy state of affairs, and every effort is made to induce parents, who are offered combined immunisation against whooping cough and diphtheria to encourage diphtheria immunisation. The record of immunisation for 1953 is set out in Dr. Horan's report.

Influenza

Influenza is not a notifiable disease, but from reports of the District Medical Officers, its incidence in 1953 was much lighter than in previous years. There were 32 cases of influenzal pneumonia notified.

Trachoma

Only two cases were notified in 1953. The system of dealing with these cases was detailed in a previous report.

To face page 10.

Table No. II—Table showing the number of Notifications of Infectious Diseases, City of Dublin, 1925—1951.

	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.	Pemphigus Neonatorum.
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	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	—	—	·	·	·	—	·	·
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	—	—	·	975	428	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	767	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
1949 ...	—	1	21	2,601	40	—	—	159	6	621	6	17	—	2,217	3,478	2,512	18	2	1
1950 ...	—	4	4	1,686	32	—	3	181	4	·	2	9	—	625	2,768	1,894	51	8	1
1951 ...	—	—	5	695	32	—	3	129	11	·	3	14	—	930	2,618	1,405	15	5	—

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

Poliomyelitis.

There were 28 cases notified during 1953 as compared with 10 in 1952. No deaths from this disease were recorded. Although the incidence increased it did not indicate epidemic proportions in any area.

In general it may be said that with the exception of measles and whooping cough the prevalence of notifiable infectious disease in Dublin is exceedingly low.

Tuberculosis.

The reports of the Resident Medical Superintendents of our Sanatoria and our Medical Officers in the field service show a record of firm achievement in our efforts to further reduce the ravages of " the white scourge ". The expansion of therapeutic facilities in our institutions and dispensaries is a useful contribution to the curative side, whilst B.C.G. and extension of our radiological facilities tell their own tale in the reports presented by the Medical Officers in charge of them. Our new low record in deaths is 268 from all forms of Tuberculosis, as compared with 307 last year and 434 the year before. The staffs, as pointed out in their excellent reports, have had to contend with many difficulties, and to their efforts we pay well deserved tribute. It is heartening to read that at last cases are coming under treatment at an earlier stage in the disease than formerly. Whilst increased accommodation with shorter waiting lists, and prophylaxis through persistent contact examination, B.C.G. and mass radiography, may hope to even further reduce this year's figure, the social and scientific factors which affect the incidence in the struggle between infection and resistance must be remembered. Housing, nutrition, occupational hygiene and recreational facilities all play their part, and the extent to which satisfactory provision is made in these factors must influence our tuberculosis morbidity and mortality rate.

Dr. MacArdle has drawn attention to the importance of the part chemotherapy has played in mortality reduction, and Dr. Godfrey points to the possibility

that Isonicotinic Acid Hydrazide may play a part in warding off drug resistance in chemotherapy.

The progress of the field work in ascertaining more accurate estimation of morbidity and the postponement of mortality by chemotherapy and other newer measures of treatment must give a new outlook on the morbidity and mortality from this disease.

Geriatrics.

Introducing Old Age Pensions legislation a former British Minister declared :

> " How we treat our old people is a crucial test of national quality. A nation that lacks gratitude to those who have honestly worked for her in the past while they had strength to do so, does not deserve a future, for she has lost her sense of justice and her instinct of mercy."

In previous reports we have drawn attention to the increasing number of citizens in the 65 and over age group and the problems which the care of a large number of these people present. Happily many are still active and have their homes and families to look after them, but a growing number of these are arbitrarily retired and become and remain unproductive. Whilst tastes vary, the needs of the aged are usually uniform and simple. Privacy, companionship, and simple hobbies are required by all. Some will need varying degrees of medical and nursing care, especially when living on their own. The real problems among this age group are presented by those homeless aged who find poverty, fear and loneliness their constant companions. The Little Sisters of the Poor and the Irish Red Cross Society have done valuable work in the field of voluntary effort, whilst the Dublin Board of Assistance is steadily expanding its programme of care and re-habilitation of the aged. The Dublin Corporation will, we feel, add its quota in special housing provision and facilities in other ways required in this growing problem.

Child Health Services

We deeply regret to record in February, 1953, the death of Dr. Kerry Reddin, then Chief Medical Officer for Maternal and Infant Services. In the passing of Dr. Kerry Reddin, not only did the Health Services of Dublin Corporation lose a very efficient and experienced Medical Officer, but the medical profession of Dublin and beyond is the poorer for the loss of an outstanding personality, who had endeared himself to his colleagues not merely because of proficiency in his profession, but by that natural charm, kindly spirit and ready unselfishness which permeated his every action. As Chief Medical Officer of the Maternal and Child Welfare Section of the Corporation he found not only wide scope for his great talents as a paediatrician and as an administrator but also a constant outlet for that true human kindness which was so essentially part of him and the memory of which has drawn many a tear from the poor among whom he worked and who loved to see him come among them.

On the sudden passing of Dr. Reddin it was decided that Dr. O'Brien, Chief School Medical Officer, should then take control of all Child Health Services, as the Health Act of 1953 envisaged a common health service for school and pre-school age alike. Dublin Corporation were lucky in having one whose keen insight into child needs and whose deep human sympathy with every programme for child care was available at a juncture when our application of social science through a new Health Act called for such guidance as she was so well equipped to afford. Dr. O'Brien has kindly undertaken in the circumstances to submit the Annual Reports for both sections. These Reports form a very valuable contribution to this our annual public health survey and set out in detail the operation of the services established to preserve the health of our child population.

Sanitary Services.

The organisation of Sanitary Services is constantly adjusted to meet the demands of recent legislation and the administrative measures involved in consequence.

The operation of the Local Government (Sanitary Services) Act, 1948, which consolidates much of the legislation regarding these services in previous Public Health Acts, has provided more effective means of dealing with problems such as water supplies, drainage, temporary dwellings, and even the regulation of burial grounds. Details of the many inspections in the activities of our Sanitary Services are set out in the Chief Health Inspector's Report. From this it will be realised what a wide field is covered by the Inspectors in this Department. These Inspectors are supervised and directed by the Supervising Health Inspectors who continue to impress on them the importance of the educational side of their duties. The recent expansion of the City area as from 1st April, 1953, by the Local Government (Dublin) Act, 1953, has thrown a strain on inspection in the areas concerned, especially on the North side. This was perhaps heaviest in the work of persuading occupiers of food premises to comply with the Food Hygiene Regulations. In this work the number of premises to which Provisional Registration was given, and the number of same who complied with Regulations within the specified term and were given permanent registration, is a credit to the Inspectors concerned. Attention to Food Manufacturing premises has been pursued and, it is expected, will show equally satisfactory results. Despite the educational efforts of our Health Inspectors, it has been necessary during the year to bring recalcitrant offenders under the Food Hygiene Regulations to Court, and the serious view taken of these offences has been shown by the heavy fines imposed.

One of the problems which has vexed the Sanitary Department over the years has been the control of piggeries. The existing legislation for dealing with this problem is quite unsatisfactory, and a system which prescribes the necessity for licence in regard to the keeping of animals, particularly swine, is overdue.

The routine continuous inspection of the Corporation Markets was maintained during the year, and the necessity for the hygienic handling of all food products impressed on vendors.

Abatement of Nuisances : The abatement of nuisances is one of the primary functions of health inspectors. Personal approach to those responsible for the conditions creating nuisance has obviated the necessity for legal proceedings in many of these cases.

During the year attention was especially directed to the selling or keeping for sale of food unfit for human consumption. This has had a salutary effect. The manufacture of sweets, under undesirable conditions and used for sale to school children has received special attention.

The campaign for mosquito control so successfully established a few years ago, has been effectively pursued and no complaints in regard to this nuisance are now received.

In general the control of environmental hygiene by the Sanitary Services has been effective, and has reflected the highest credit on the Chief Health Inspector, his Supervising Health Inspectors, and the efficient band of Inspectors who serve the Sanitary Department.

Housing.

As the proportion of the population dependent on the Local Authority for housing has increased so does the problem of provision of Local Authority Housing become more complicated and acute. Firstly, there is the problem of provision in housing for the normal annual increase in the number of families requiring housing provision, and this in Dublin must create a demand at present for **at least** one thousand houses per annum. To this must be added the demand which must be created by the demolition of insanitary houses and the clearance of insanitary areas. The clearance thus effected can only make limited site provision for re-housing of the occupants of the congested tenements demolished. This leaves but limited provision of alternative accommodation within the areas where demolition removes outmoded slum conditions, and compels the Local Authority to seek on their periphery

or beyond it sites for housing schemes of the cottage type, to re-house the displaced families. In Dublin this problem is so acute that a Central City Survey has been decreed in 1953 in which a detailed survey of the City area lying between the two Canals has been ordered, so that central city Housing requirements may be estimated and a housing programme in consequence evolved. This, of course, must raise questions as to the adequacy of main drainage, water supply, and the other problems which alteration or movement of populations to peripheral areas involve.

This Survey must, of course, raise many other questions, such as the conservation of land within the central city area for housing, to avoid further sprawl into the country and reduce time and expense in travelling to and from work. Then there will be the control of houses, no longer maintained as single family establishments so that they may be made suitable for multiple family use in a proper manner. The Survey will also include many small houses which by reason of their age, amenities and congestion on their sites, will raise the question as to what can be done to prevent them becoming slummy or using them, where possibly capable of even limited extension of life by repair, for families which demolition elsewhere demands alternative accommodation. Such sub-standard houses must be taken over and repaired pending ultimate demolition. Although some may hold this a doubtful addition to a true housing programme, existing demands must compel it, and many tenants will prefer it to displacement even to larger dwellings. The question of reconditioning the large type houses for the provision of flat accommodation although admittedly expensive, will again be brought into bold relief by the Survey when the relationship between central and peripheral housing, with all its many facets, receives consideration in a new light.

ACCOMMODATION PROVIDED—YEAR 1953.

	1R	2R	3R	4R	5R	Total
Cottages :						
Ballyfermot Lr. (Sec. 2) ...	—	—	30	50	—	80
Bluebell	—	—	18	114	34	166
Philipsburgh Ave. ...	—	—	—	—	60	60
Finglas East	—	—	128	346	36	510
Walkinstown	—	—	38	130	30	198
Ballyfermot Upr. (Sec. 3) ...	—	—	44	140	12	196
Donnybrook	—	—	20	96	26	142
Total Cottages	—	—	278	876	198	1,352
Flats :	—	—	—	—	—	—
Reconditioning :						
Upr. Sean McDermott St. (Extn.)	5	4	1	11	—	21
Summerhill	4	9	12	4	—	29
York St. (Sec. 1) ...	9	—	—	9	—	18
Total Reconditioning	18	13	13	24	—	68
Gross Totals ...	18	13	291	900	198	1,420

Total Number of Dwellings provided by Dublin Corporation to 31/12/53 34,609

Total Number of Dwellings provided under 1932 Act to 31/12/53 25,218

General.

The detailed activities of the various services are set out under their respective divisions. I take this opportunity of expressing my sincere thanks to all the staffs, and their Chiefs, in each of the divisions for their zeal and loyalty during the year. To the City Manager, the Assistant City Manager, under whose direction the Health Services are administered, and the chief officials of the other Corporation departments, I can never be sufficiently grateful for their co-operation and help during 1953.

J. A. HARBISON,
City Medical Officer.

MATERNITY AND CHILD WELFARE.

"Preventive Medicine has advanced out of all knowledge."

SIR F. WALSHE, F.R.S.

The Maternity and Child Welfare Service established to look after the health of mothers and children in Dublin County Borough has continued to be one of the major beneficial influences on the health of our people. In accordance with the terms of the Health Act, 1953, this Service will be put into operation throughout the country. It will undoubtedly help women and children. The remarkable decline in the infant death rate since the early years of this century may be attributed to the generally improved and extended health services, environmental, social and economic, and, perhaps more especially, to the Maternity and Child Welfare Schemes which are so closely concerned with the actual care of mothers and children.

PRE-NATAL.

Care of mothers before, during, and after childbirth is undertaken by the three Maternity Hospitals in the City. Extra nutrients, milk and dental treatment are supplied by the Corporation, as well as maternity appliances. There is, too, a scheme for the provision of dinners for expectant and nursing mothers by the Catholic Social Service Conference in Dublin, and women are advised to avail themselves of this excellent service.

POST-NATAL.

Care of infants up to the age of six weeks is undertaken by the Neo-natal Departments of the three City Maternity Hospitals. Their records are then sent to the Child Welfare Department, and home visiting of these babies is begun, and mothers are urged to take them to the nearest Clinic for weighing and regular supervision and advice.

Child Welfare Clinics.

These are held at various centres throughout the City, mornings and afternoons. Twenty-seven such sessions are held each week in the Dublin County Borough including Howth, and are staffed by Medical, Nursing and Clerical personnel. Children up to the age of five years attend with their mothers. Extra nutrients, calcium, cod liver oil, vitamin preparations, tonics etc., are provided. Moro testing is carried out, and prophylaxis against Diphtheria and Whooping Cough is available. Ult a Violet light treatment is also provided. The Dublin B ard of Assistance very kindly facilitates us by permitt ng Maternity and Child Welfare Clinics to be held in Lispensaries during the afternoons when the premises a e not required for other purposes. The Hospitals at Temple St. and Holles Street have also allowed us to hold Maternity and Child Welfare sessions in their Out-Patients' Departments in the afternoons. Special reference must be made to the excellent new dispensary in Curlew Road, Drimnagh, erected by the Dublin Board of Assistance in recent years to serve the needs of large housing estates in that area. As these housing schemes extend, the numbers attending the Clinics increase, and the once weekly session of heretofore has had to be increased to twice weekly. Indeed with further development of the City outskirts a thrice weekly session must be considered, pending the building of special Clinics to serve the rehoused families, convenient to the homes of the people. It is not easy for an expectant mother with several young children to attend a clinic situated at a distance from her, eager though she may be to see the Doctor and have the children's health supervised and protected by immunisation. New buildings are under consideration to meet the needs of large young families in Finglas and Cabra. Adequate waiting space and pram shelters are as essential as proper weighing rooms, and facilities for Dental, Ear, Nose and Throat and Orthopaedic Departments. The holding of afternoon sessions should help mothers who are taken up with multifarious household duties until dinnertime.

Nutrition.

It is a pleasure to see the many lovely babies who are taken to the Clinics, so well cared and clean, but there is nowadays, in particular, the difficult problem of rearing the sickly infant who would most likely not have survived in the early years of the century, when the infantile mortality rate more than trebled the figure to-day. The incidence of congenital defects in children, too, seems relatively higher. Modern antibiotic treatment saves infants and prolongs the life-span of even those born with handicap of varying degrees. Modern methods of food handling, cleanliness, bottled milk, pasteurisation, improved standard of living, housing, sanitation, the work of the Public Health Department in combating the fly menace—all these have contributed to saving infant life. Poverty, insecurity, and unemployment in the homes have a deleterious effect on the mothers' health. One marvels at the patient uncomplaining way in which they accept what comes. If they are discouraged and anxious about themselves and their children, it is only very occasionally they speak of it. Their own pallor, anaemia and carious teeth may indicate a poor standard of health, and the relatively increased incidence of premature births and neo-natal deaths cannot be entirely divorced from the problem of adverse socio-economic circumstances. One hoped that peace-time would mean that husbands would again be at home with their wives and families, but so many of them are still away at work elsewhere or continuing to leave home to find employment. The time-lag between their departure and the receipt of the first money they can send to their wives are no less a cause of distress, physical and mental, than any period which is allowed to elapse between the date when wages stop and money or food is available from alternative sources, either Home Assistance, Unemployment or Sick Benefit. Sudden deprivation of weekly income in the case of an expectant mother or the mother of a large young family must be bewildering. She knows what moneys must be paid out each week, apart from expenditure on food, clothing and footwear.

Savings may well have proved too difficult for her to have achieved anything in that way. Benumbed, bemused, debts are contracted, and so the former regular way of life gradually becomes undermined and disrupted.

Voluntary Services.

Words are inadequate to convey warmest thanks and praise to all the voluntary services in Dublin which help mothers and children, spiritually, psychologically and materially. There are many such agencies. In a large city there are naturally frequent demands upon them, yet their beneficial activities and interests are constantly extending. The seaside holiday scheme for children perhaps means more than anything imaginable to their mothers and to the children themselves. Boys' and Girls' Clubs for school-leavers are only two of the many excellent schemes whose influence must assuredly benefit the fathers and mothers of the future.

Treatment Service.

Children found at Clinics to require treatment for medical, surgical or " special " conditions are referred to the City Hospitals, or they may be seen by the Consultants in the Ear, Nose and Throat and Orthopaedic Departments at Lord Edward Street. Middle Ear Disease in debilitated babies requires prolonged treatment. It is a difficult problem therefore for mothers, as regular attendance is essential in order to prevent the onset of permanent damage to the child's hearing apparatus.

Dental treatment for mothers, as well as for children of all ages, is available at Cornmarket Central Dental Clinic, and also at the Welfare Centres in Howth, Killarney Street and Keogh Square. The modern premises in Curlew Road Dispensary are also used as a Dental Clinic. The provision of treatment nearer to the people's homes obviates the long journey to and from the central Dental Clinic and should eventually lead to an improvement in the condition of mothers' and children's teeth. Until, however, the dietary

consists of less starchy, less soft and less easily-chewed food, and until more babies are breast fed, one cannot hope for a marked lessening in the amount and degree of dental caries. The provision of dentures for mothers and the fillings of cavities in children's teeth are such a boon that one hopes that the Dental Service will be generally utilised.

Parents are less reluctant to have their children's squints treated and at an earlier age. Glasses are being worn by much younger children than heretofore, and there seems to be a better general understanding of the need for correction of eye and other defects. It is regrettable, however, that rechitic deformities are still evident in children, though cases of florid rickets of the early years of the century are now rarely, if ever, seen. More milk, more foods containing calcium, a mixed diet of freshly cooked vegetables and meat, regular meal-times and rest hours, less ice creams, sweets, pastries and biscuits in between times, all these would promote a higher general standard of nutrition in children. Of primary importance, of course, is the question of breast-feeding in infancy.

CONTINUITY.

Records of children who have been visited in their own homes by the Nurses are passed to the School Health Service when children start to attend school. Thus it is that any treatment still required is provided for them ; this is continued and maintained by the School Health Service, and mothers are urged to avail themselves of the facilities available. Convalescence is provided for babies and children of pre-school and school ages, as well as a period in Hospitals or Special Institutions where dietary etc., regimes adapted to their requirements, is given, and where undoubted improvement occurs. Tables showing the work done during the year are included in this report.

A SICK BABIES SERVICE is in operation throughout the City. Special sessions are held at certain centres each day for the examination and treatment of children suffering from the illnesses of infancy and childhood.

Babies discharged from St. Clare's Hospital are referred to these special clinics for supervision until such time as they are transferred to the Welfare Clinic in their own areas. We thank very specially the doctors who conducted this Sick Baby Service.

FOLLOW-UP.

Nurses from Carnegie Welfare Centre, Lord Edward Street, visit babies and children in their own homes from sixth week of life until they attain school-going age, and advise mothers in the care of these children. Each Nurse has an area allotted to her for this work, and so the people get to know her and to look to her for the guidance and help which she is peculiarly fitted to give. A trained Health Visitor is of inestimable benefit to the Community. Her experience and knowledge and training serve to make her specially suited to the needs of her work. "Newsholme stated dogmatically that child welfare work was based on home visiting and all other activities were secondary to this." The Nurse comes to be the friend and confidante of the mothers in her particular district. Her responsibility and the importance of her work cannot be over-estimated. She should not have too many families to look after, at any one time, nor should a young nurse fresh from Hospital, lightly embark on such onerous duties with their associated tedium of case-recording, without duly weighing the prospect ahead of her, and considering the question of preparatory training.

Special recognition is given to the Nurses of the Child Welfare Department for the kindly, careful, gentle, conscientious manner in which they have done their work since the inception of the Scheme. Their interest in the mothers and children under their care is quite obvious. Their knowledge of the home circumstances are invaluable and their memories of each family astonishing.

REPORTS.

Included are records of the year's work sent us by the Paediatricians attached to the three Maternity

Hospitals, and by the Resident Medical Officer, St. Clare's Hospital for Sick Infants and Children under two years of age. We gratefully acknowledge the receipt of these reports and thank very specially the Masters of the Maternity Hospitals, the Paediatricians, and the Visiting and Resident Staff of St. Clare's Hospital—all of whose skill has contributed to the decline in mortality of mothers and babies.

STAFF.

Miss Healy, who was Superintendent in the Welfare Service for so many years, retired at the end of 1953. In welcoming Miss Sheil, who has taken over the duties of Superintendent, and wishing her happiness and success, we pay tribute to those qualities we all recognised and admired in her predecessor, and hope that memory of work well done may gladden her years of retirement.

DR. KERRY REDDIN, R.I.P.

The death of Dr. Reddin, R.I.P., has deprived the Public Health Department of the Dublin County Borough of an outstanding member of the Medical Profession in the City. He was appointed Chief Medical Officer of the Child Welfare Scheme when this was established by the Corporation, and during the years was instrumental in promoting the growth and extension of the service throughout greater Dublin. He was intensely interested in the care of mothers and children, and his sympathetic insight into their needs and problems gave him an extraordinary understanding, and made him fitted in a very special way for the work to which he devoted himself so whole-heartedly all his life. He was always ready to help, and his sound judgement and sense of proportion enabled him to consider matters from a broad standpoint, and to pursue a line of action calculated to improve the lot of his patients. His courtesy in dealing with mothers, his patience, toleration, and humour too, were qualities which endeared him to all those with whom he came into contact. The widespread grief of parents and staff

on learning that Dr. Reddin, who had been working as usual the previous afternoon, would not be coming into the Clinic that morning, that he had left it all, so quietly and unostentatiously, was proof of the esteem and affection in which he was held. His presence invariably graced farewells to members of the staff on their retirement after years of service, for he was a generous colleague, glad to make others happy. His invariable cheerfulness in disregarding any thought for himself, preferring instead to consider others, was characteristic ; even in the manner of his withdrawal from life. His name was on the lips of many thousands of city mothers every year ; their prayers and blessings are a reward and memorial to his life work.

We offer our thanks to the City Hospitals and to all the voluntary Societies which have done such excellent work throughout the year—to the Infant Aid Society, Catholic Social Service Conference, Society of St. Vincent de Paul and the National Society for the Prevention of Cruelty to Children—to enumerate only a few of the many services.

We record our debt of gratitude towards Dr. Harbison, City Medical Officer, and to the Doctors, Nurses and Clerical Staff of the Child Welfare Department.

Pre-Natal Care at City Maternity Hospitals.

Hospital	No. of Patients	No. of Attendances
Coombe Lying-in	2,701	13,594
National Maternity, Holles Street	1,929	13,191
Rotunda	5,175	33,601

Births—City Maternity Hospitals.

No. of Deliveries—Intern	11,267
,, ,, ,, —Extern	3,748
No. of Maternal Deaths—Intern	17
,, ,, ,, ,, —Extern	Nil
Maternal Death Rate per 1,000—Intern	1·5

With regard to the number of maternal deaths, the following quotation from a letter from the Master of the Coombe Lying-in Hospital, where 4 of the deaths occurred, is of interest :—

"Only one patient who had received ante-natal care in our service died. Even at that, she had not attended regularly during the last month although she had been written for. She died as a result of accidental haemorrhage. Of the remaining three, one woman was admitted moribund from kidney failure having been delivered several days previously outside our service. A second woman was admitted in extremis from ante-partum haemorrhage and died just as she was removed from the ambulance. The third was a patient from the country suffering from Krohns disease, self-induced malnutrition and megaloblastic anaemia."

NOTIFICATION OF BIRTHS.

No. of Infants visited by Public Health Nurses	9,755

HOME VISITING BY PUBLIC HEALTH NURSES.

Average No. of Families etc., on each Public Health Nurse's Register on 31st December, 1953 :—

Families	618
Infants	252
Children	729
Total number of domiciliary visits	179,536
Total number of mothers, infants and children under 5 years of age on Public Health Nurses' Registers	63,215
(N.B.—Families living in areas of Baldoyle, Ballyfermot Nth., Bluebell, Coolock, Finglas and Walkinstown, which were added to the City on 1st April, 1953, are not included in above figure).	
No. of special visits	4,920
,, ,, Sick Infants visited	1,441
,, ,, Measles cases visited	2,191
,, ,, Pertussis cases visited	1,721
,, ,, Stillbirths	142

Child Welfare Clinics.

1,385 Clinics were held during the year, at which the total number of attendances were :—

Mothers	....	118,506
Infants	....	49,959
Children	....	57,399

The number of medical consultations at these Clinics were :—

Mothers	....	36,807	Pre-natal	....	20,803
			Post-natal	....	16,004
Infants	....	25,159			
Children	....	29,894			

Sick Baby Clinics.

656 Clinics were held during the year, at which the total number of attendances were 9,027.

Specialists' Clinics.

Orthopaedic :—

Number of sessions	....	....	....	49
,, attendances by pre-school children	....	....	....	349
Number of attendances by Post-polio-myelitis patients	....	....		57

Ear, Nose and Throat :—

Number of sessions	....	....	204
,, attendances	....	....	1,527

Ultra Violet Light Clinics.

244 sessions for the treatment of children suffering from Rickets or Debility were held during the year—136 sessions at Carnegie Centre, Lord Edward Street, and 108 at St. Joseph's Clinic, Killarney Street. The number of attendances was :—

Carnegie Centre	....	3,231
St. Joseph's Clinic	....	2,342

Anti-Diphtheria & Whooping Cough Immunisation Clinics.

Number of pre-school children who received

Anti Diphtheria Injections :—	
First Injection	1,052
Second Injection	1,272
Anti-Pertussis Injections :—	
First Injection	110
Second Injection	89
Combined Anti-Diphtheria and Anti-Pertussis Injections :—	
First Injection	2,621
Second Injection	2,037
Third Injection	1,914

" Moro " Tests.

Number of children " Moro " tested	15,541

Trachoma Cases :—

Notifications	2 (1 re-notified)
Reported for follow-up	2
Active	21
Contract	168
Suspect	3
Quiescent	37
Attending Hospital for treatment	21
Unable to attend Hospital	4
Refusal to attend Hospital	4
Discharged	4
Under observation	252

Hospital Treatment.

Hereunder are particulars of the number of children referred for hospital treatment :—

Medical :—	
Heart and Lungs :—	
Upper Respiratory Tract Infection	6
Asthma	10

Atelectasis	1
Stridor	2
Bronchitis	88
Pneumonia	26
Rheumatic Heart Disease	3

General :—

Anaemia	17
Leukaemia	1
Enteritis	17
Malnutrition	27
Coeliac Disease	12
Marasmus	5
Convulsions	2
Eneuresis	1
Fibro-Cystic Disease	2
Nephritis	5
Erythema Nodosum	1
Adenitis	1
Pyelitis	1
Rectal Prolapse	1
Epilepsy	1
Tetany	4

Surgical :—

Phimosis	61
Hernia	31
Tongue Tie	6
Intussusception	1
Hydrocele	2
Intracranial Lesion	1
Cysts	2
Abscess	2

Orthopaedic :—

Paralysis	2
Talipes	10
Rickets	7
Torticollis	1
Osteomyelitis	2
Congenital Dislocation of Hip	4
Fragilitas Ossium	1

Eye :—	
Strabismus	10
Ear, Nose and Throat :—	
Enlarged Tonsils and Adenoids	300
Sinusitis	2
Otitis Media	3
Malformed Ear	2
Epistaxis	2
Skin :—	
Naevus	14
Eczema	1
Urticorial Rash	2
Congenital Defects :—	
Cleft Palate	13
Hypospadias	3
Harelip	9
Imperforate Anus	1
Congenital Heart	4
Mental Defect	4
Cerebral Palsy	2
Other Defects	1

CONVALESCENT HOME TREATMENT.

274 children who were suffering from malnutrition, debility etc., and in need of period in Convalescent Home, were admitted during the year to the various institutions approved under the Scheme.

APPLIANCES FOR MOTHERS AND CHILDREN :—

Number of Orthopaedic Appliances supplied	453
Number of Spectacles supplied to children under 5 years of age	330
Number of Trusses supplied	17
Number of Elastic Stockings and Crepe Bandages supplied	233

FREE MILK SCHEME.

Number of pints of milk supplied to children under 5 years of age	1,642,897
Number of pints of milk supplied to expectant mothers	82,849
Number of expectant mothers who received milk	1,355

CATHOLIC SOCIAL SERVICE CONFERENCE.

Number of meals supplied to expectant and nursing mothers	168,253
Number of pints of milk supplied by the Conference to expectant and nursing mothers	166,381
Average number of mothers on roll for 1953	720

CATHERINE O'BRIEN,
M.B., D.P.H., B.SC. (P.H.)

Dental Service.

In the year 1953 there were 8 Dentists working in the Dental Service of the Dublin Corporation. This included 5 in Cornmarket, 1 in Killarney Street and 1 in Keogh Square, and 1 for the T.B. Service, i.e., Rialto, St. Mary's, Crooksling, Ballyowen, Pigeon House and Charles Street. An additional temporary Dentist was also employed for the latter half of the year.

In 1952, when there were 6 Dentists in the service, the total number of patients treated was 9,941. This number increased to 19,309 in 1953, due to the fact that there were two permanent Dentists added to the staff during the year.

Howth Clinic and Keogh Square Clinic opened early in the year.

Howth Clinic commenced operations in February, 1953, and since then has operated on 2 whole days each week.

The Dental Clinic at Keogh Square opened in February, 1953, and the numbers attending are increasing. In this Clinic mothers, schoolchildren and pre-schoolchildren are treated.

As regards the Dental Clinic at Killarney Street, the patients attending are mainly resident in the neighbourhood of the Clinic and in residential areas on the north side of the city, which have a direct bus service through Amiens Street, i.e., Artane, Donnycarney, Killester, etc. All patients treated are mothers, but I hope to make a start in treating school children in the near future.

Two Visiting Specialist Anaesthetists have been giving General Anaesthetics every morning at Cornmarket, and the number of attendances averages 16 per session.

The number attending for scaling and dressing treatment has remained almost the same as in 1952. Fillings have increased to almost four times the 1952 figure.

Proposals for developing the Dental Service include the opening of two Clinics in Crumlin area and another in the Health Centre, Old County Road, in the early Spring. These Clinics are urgently required, firstly because the area is densely populated and secondly because the patients attending will be saved expenses in travelling. Consequently it is anticipated that the attendances at these Clinics will be large.

Details of the work of the Service are set out hereunder.

DENTAL TREATMENT—Mothers and Pre-school Children.

Number of Clinics held during year :—

Cornmarket	564	
Howth	87	
Killarney Street	371	
	———	 1,022

Number of Attendances :—

Cornmarket	 9,348	
Howth	 343	
Killarney Street	 4,129	
		 13,820

Number of Extraction Cases per General Anaesthesia 1,415

Number of Dentures supplied 1,163

DENTAL TREATMENT—School Children.

DENTAL TREATMENT—SCHOOL CHILDREN.

1953	Extractions Local Anaesthetic	Extractions General Anaesthetic	Fillings	Dressings and Scalings	X-Rays
Dental Hospital ...	1,005	4,398	3,517	1,617	75
Dental Clinics ...	16,399	14,924	988	1,070	—

Total number who attended for examination ... 16,646
Total number treated 19,309

G. HYLAND,
Chief Dental Officer.

St. Clare's Hospital.

Number of Patients	in Hospital on 1/1/53	65
,, ,,	admitted during year	761
,, ,,	discharged during year	730
,, ,,	died during year	14
,, ,,	in Hospital on 31/12/53	82

The diagnosis of the discharges were :—

	cases
Bronchitis	42
Lobar Pneumonia	6
Broncho-Pneumonia	8
Acute Upper Respiratory Tract Infection	402

Tonsillitis and Pharyngitis	97
Otitis	37
Marasmus	16
Dietetic Vomiting and Diarrhoea	20
Measles	6
Coryza	7
Dysentery	8
Stomatitis	6

Amongst the remaining discharges were cases of Meningitis, (Meningococcal and Pneumococcal) Salmonella Typhi-Murium, Congenital Heart Disease, Mongolism, Miliary Tuberculosis, Primary T.B., Pylorospasm, Pyloric Stenosis, Encephalitis, Prematurity, Impetigo, Asthma, Rickets and Pertussis.

The mortality rate was 1·8% and an analysis of the 14 deaths showed the following :—

1 case	died from Marasmus and Broncho-Pneumonia.
1 ,, ,, ,,	Toxaemia and Convulsions.
1 ,, ,, ,,	Enteritis and Toxaemia.
1 ,, ,, ,,	Enteritis and Vasomotor Failure.
1 ,, ,, ,,	Inanition and Congenital Debility.
1 ,, ,, ,,	Enteritis and Congenital Debility.
1 ,, ,, ,,	Broncho-Pneumonia and Gastro-Enteritis.
1 ,, ,, ,,	Post Jaundice (Neo-Natal) and Congenital Debility.
2 cases ,, ,,	Broncho-Pneumonia and Convulsions.
2 ,, ,, ,,	Broncho-Pneumonia and Congenital Debility.
2 ,, ,, ,,	U.R.T.I. and Toxaemia.

The number of Cots was 82 rising to 85 and the occupancy was practically 100% the whole year. The average period of stay in Hospital of each baby was approximately 7 weeks.

Of the 761 admissions, 143 came from Sick Babies' Clinics, 194 from the Bed Bureau and the remainder

from Dispensary Doctors, Private Practitioners and from the O.P.D's of the Childrens' Hospitals.

St. Clare's Hospital is for the treatment of infants under 2 years. During the year January 1953 to December 1953 not one case of Acute Specific Gastro-Enteritis was admitted. Practically all the babies had Vomiting and Diarrhoea as their presenting symptoms. This is the criterion of admission, although during the slack periods other medical cases were admitted where alternative hospital accommodation was not available.

There were 760 admissions during the year as compared with 600 in 1952 and 764 in 1951. The mortality rate was 1·8% as compared with 2% in 1952 and 6·5% in 1951.

Cases were referred for admission from the Sick Baby's Clinics, the Childrens' Hospitals and Out Patient Departments, Maternity Hospitals, Paediatric Units, Dispensary Doctors and Private Practitioners. From time to time, patients arrived at the hospital doorstep without admission notes. Most of those were admitted because of their poor condition. When discharged all babies are referred to the Sick Baby Clinics in their own districts.

There is accommodation in St. Clare's for 82 babies, although this number is very often surpassed. The Cot occupancy was nearly 100% for the whole year. The average stay of a baby in hospital was 7 weeks.

The Nursing Staff of fifty-four (including Matron, Assistant Matron and three Ward Sisters) are all General Trained Nurses, with the exception of 5% who are Childrens' Trained only. One Nurse has complete charge of six babies, although during the busy periods each Nurse may have an extra baby under her care. Barrier Nursing is strictly observed throughout the Hospital.

There are two Visiting Consultants who attend the Hospital daily, two Resident Doctors, and an Ear, Nose and Throat Surgeon visit the Hospital each week. All Pathology and Bacteriology during 1953 was done

by the College of Surgeons. X-Rays when required were done by the X-Ray Dept. in Temple Street.

Of the 760 admissions, the vast majority were cases of Upper Respiratory Tract Infection, ranging from the mildest degree to extreme Toxaemia. Other cases admitted during the year included Lobar Pneumonia, Broncho-Pneumonia, Otitis Media, Marasmus, Dietetic Vomiting and Diarrhoea, Measles, Dysentery, Stomatitis, Meningitis (Meningococcal and Pneumococcal) Salmonella Typhi-Murium, Congenital Heart Disease, Mongolism, Miliary T.B., Primary T.B., Pylorospasm, Pyloric Stenosis, Encephalitis, Prematurity, Impetigo, Asthma, Rickets and Pertussis.

All babies are first admitted to Cubicles, where they are left in isolation before being transferred to a Ward. Neonatal babies are left in cubicles until they are over six weeks and have attained 7 lbs. in weight. As there are only 14 Cubicles (in a Hospital for 82 babies) it is often impossible to keep some babies in isolation for longer than 12 hours after admission.

All feeds are prepared in the Diet Kitchen and from there they go straight to the wards. The milk is of the highest grade. Specimens of milk and all other bottle feeds in current use are sent for bacteriological examination.

Antibiotics and Intravenous therapy were the chief forms of treatment. Aureomycin appeared to be the drug of choice—succeeding in most cases where Penicillin, Sulpha therapy had failed. Intravenous therapy was only used in severe cases of dehydration that failed to hydrate on oral fluids or where, due to persistent vomiting, they were unable to retain fluids. Intravenous Aureomycin or Terramycin were used in cases of severe toxaemia.

R. POWER, M.B., B.CH., B.A.O.,
Acting R.M.O.

Coombe Lying-in Hospital.

(Paediatric Department).

The infant mortality continues to show a satisfactory improvement and as infections have been dealt with by the newer treatments, my attention is directed to other problems of the neonatal period. I am particularly concerned with anoxic conditions causing death in the first few hours of life. A satisfactory form of treatment might reduce the neonatal mortality by nearly 50%. There has been an increase in the number of congenital deformities. During the year, Dr. Philomena Guinan carried out a survey of small prematures for retrolental fibroplasia. No case was found during 1953 but one has been discovered in 1954. Oxygen is not used routinely for prematures; only when there is clinical evidence of cyanosis or dyspnoea.

I am grateful to the doctors, sisters and nurses for the good work which they have performed and to the medical officers of the Dublin Corporation and Department of Health for their co-operation.

Total number of deliveries (2,254 Intern and 1,495 Extern)	3,749
Total number of live births (2,025 Intern and 1,183 Extern)	3,208
Stillbirths (Intern and Extern)	113
Neonatal deaths Intern 57 / Extern 19	76
Neonatal death rate : Intern	2·8%
Extern	1·6%
Intern and Extern	2·4%
Number of examinations carried out in Paediatric Out Patients' Department	11,100
Number of district visits	11,247
Total attendances on 3,208 infants	22,347
Average attendance per infant	7
Admissions to Paediatric Unit	569

Causes of Death (Intern Cases).

Mature Infants.

Atelectasis and Asphyxia	8

Intracranial haemorrhage	7
Congenital deformities	4
No cause found at autopsy	3
Suprarenal haemorrhage	2
Pneumonia	1
Meningitis	1
Enteritis	1
	27

Premature Infants (Viable).

Atelectasis and Asphyxia	10
Prematurity (no other cause found)	4
Congenital deformities	3
Intracranial haemorrhage	3
Suprarenal haemorrhage	1
Pneumonia	1
Heart failure (autopsy)	1
	23

Previables	7

Prematurity.

The incidence of prematurity in 1953 was 9·1% (195 cases including 8 previable infants). The mortality among these 195 cases (viable and previable) was 30 i.e., 15·4%. The corrected premature death rate excluding previables (7); hopeless congenital deformities (3) and deaths within 48 hours (15) was 2·9%. The major cause of death among the prematures was atelectasis and asphyxia. This group, however, includes some infants in whom asphyxia and atelectasis were associated with some degree of intracranial haemorrhage. There were 8 previable infants (under 2 lb. 12 oz.) of whom 7 died.

Anoxia and Asphyxia.

Thirty-six of the deaths (61·4%) occurred in the first 48 hours, and might be considered to be due to anoxia.

14	deaths	occurred	within	1	hour of birth.
22	,,	,,	,,	8	hours ,, ,,
27	,,	,,	,,	12	,, ,, ,,
36	,,	,,	,,	48	,, ,, ,,

Analysis of these cases showed 20 had marked clinical or pathological evidence of anoxia or hypoxia. Post-mortem examinations were carried out on 9 of these. All had lung involvement such as atelectasis, extensive congestion, inhaled mucus, etc. In five of these there was brain involvement in the form of haemorrhage or oedema.

Summary of the methods of delivery and the presentations were as follows :

Spontaneous delivery (vertex)	21
Breech presentation	9
Caesarean section (1 placenta praevia)	3
Forceps	2
Face presentation	1
	36

Haemolytic Disease.

Excluding stillbirths, there were 23 known cases of haemolytic disease of the newborn, of whom 2 died (a mortality of 8·7%). The incidence was 1 case per 152 live births or 0·7%. In 6 cases, Rhesus sensitisation of the mother occurred in previous pregnancies (i.e., there were one or more siblings who had had haemolytic disease). Although the disease is usually more severe in this group, there were no deaths. In the remaining cases, the present pregnancy was the first in which immunisation of the mother had occurred. These are usually milder in type but, in the absence of routine Rh typing, are more likely to be overlooked. Eight of the cases were born on the district. Both of the deaths occurred in this group. One was moribund on admission and had bilateral pneumonia on post-mortem. The other was premature. Exchange transfusion was given in four cases. Multiple simple transfusions were administered in 7 cases (including 2 which had exchange transfusion).

Intravenous Blood and Fluids.

There were 36 blood transfusions during the year and there were 11 intravenous drips. Some of these cases received more than one transfusion and some received both blood and fluid.

EXTERN CASES.

Total live births	1,183
Total deaths	19
Death rate	1·6%

Cause of Death.

Congenital deformity	5
Prematurity	4
Asphyxia (accidental)	3
Haemolytic disease	2
Intracranial haemorrhage	2
Meningitis	1
Atelectasis	1
Sepsis	1
	19

W. C. KIDNEY, M.D., D.P.H., D.C.H.

National Maternity Hospital.

Neo-Natal Unit, Holles Street.

Statistical Tables.

Normal cot complement	8
Average daily complement available during the year	8
Average daily number occupied during year	5·7
Average daily number not occupied during year	2·3
Percentage Occupancy	71·2

IN-PATIENTS :

Number of infants in Hospital at beginning of year	8
Admitted during year	153
Number of infants in Hospital at end of year	6
Number of infants treated in the year	161
Total number of cot days	2,082
Average number of days each baby was resident	12·9

OUT-PATIENTS :

Number of infants visited in their own homes by our Nurses	2,681
Total visits paid by our Nurses to these infants	12,616
Infant attendances at our O.P.D. Clinic	1,929

C. M. SAUNDERS,
B.SC., M.B., B.CH., B.A.O.

Rotunda Hospital—Paediatric Service.

DR. W. R. F. COLLIS AND DR. P. C. D. MACCLANCY.

The Paediatric Service is now divided into three sections : (1) The House, including the Nursery which serves the Labour Wards, the Puerperal Wards, single, curtained and open. (2) The Extern Paediatric Unit which primarily serves the district from which newborn babies are admitted or any baby going sick during the first six weeks of life. Recently the rule restricting admissions strictly to these cases has been relaxed and a few selected cases have been admitted from outside the Hospital district with great advantage to the babies and help to the outside doctors. (3) The Paediatric Out-Patient Department which supervises the babies in their homes and holds special clinics and welfare clinics each day.

THE HOUSE.

The supervision of all babies from birth is now part of the Paediatric Service, though the management of all normal babies still remains part of the Obstetrical Service. This arrangement has worked very well during the last year and the liaison seems excellent. The old custom of keeping the babies in unlined cots hung at the foot of the mothers beds is such a tradition of the Rotunda Hospital that one fears any criticism of it might be misunderstood. Yet clearly a method whereby the baby was less exposed to cold draughts and infection without being removed from the mother could be easily introduced while the provision of a noise proof cubicle in each ward where crying babies who are keeping all the mothers in the ward awake should be provided.

The Labour Wards and Baby Reception room off them, are being reconstructed at present together with special arrangements for resuscitation. These changes will greatly improve the arrangements for the management of infants immediately after birth.

THE NURSERY.

If the tables giving the figures for the babies in the Nursery are studied, particularly the tables for premature babies, a very satisfactory state of affairs is revealed. The corrected death rate for premature babies is the best we have ever attained—2·75%. This corrected rate is held by many as the best index of the efficiency of any nursing staff engaged in this work, and any figure below 5% is regarded by these authorities as quite satisfactory. A figure therefore of 2·75% can be seen to be very good indeed and to reflect great credit upon Sister Moran and her staff. A general premature death rate, including what are called previables, of 17·13% is also exceptionally good.

In general the management of prematurity, the resuscitation measures for babies arriving in varying degrees of birth trauma, asphyxia and toxaemia from the Labour Wards seems satisfactory both as regards equipment and method used. Indeed the Nursery has at last attained its ambition. It now only admits from

the Labour Wards. Babies, who go sick in the Puerperal Wards from whatever cause, are now admitted to the Extern Paediatric Unit thus greatly limiting the possibility of introducing infection into the Nursery.

The Extern Paediatric Unit.

Here the very opposite obtains from that in the Intern Nursery. Into the Extern Unit is admitted every variety of case. Almost all are potential sources of infection. Many are admitted with acute respiratory and alimentary infections. It is therefore enormously to the credit of Sister McDonald and her staff that very little cross infection has occurred in the Unit and seldom with fatal results. This is due to the stringent precautions taken and the fact that every baby is nursed in a single ward.

In such a Unit one milk kitchen is inadequate and dangerous and at least one for clean and one for infected babies should be provided.

So far we have only been feeling our way in this department. A Unit which admits newborn babies indiscriminately whether infected, injured or needing surgical interference, which varies enormously in type and number of cases each day, where seldom half a day passes without some emergency arising is very difficult from both the doctors and nurses point of view. One's natural tendency would be to refuse admission to all infected cases but there being nowhere else where these babies can be treated, the only thing to be done is to admit and isolate as best one can.

Paediatric Out-Patients Department.

This department is supervised by Sister O'Dwyer who has three nurses under her command. With this staff she has carried out some ten thousand home visits and recorded some fifteen thousand attendances in the department, a feat of extraordinary hard work. This department can claim to do more towards improving the hygiene of babies in the city than is actually expected of it.

The careful supervision of all the babies now born on the Rotunda Service is so individual and conscientious as to be almost unbelievable and all credit goes to Sister O'Dwyer who for many years has studied the needs of the mothers and babies in our district.

The department itself and its working, however, is to a large extent marred by a number of structural faults which have never been remedied. The whole flow of cases from the waiting room to the consulting rooms has had to be abandoned as the weighing room cannot be used and a consulting room has to be used in its place. The reason for this is due to failure in the completing of the sound proofing of the consulting rooms. All babies yell when undressed and hence to have the consulting rooms open to sound from the weighing room is a serious defect. The whole circulation of cases on which the scheme of the infant out-patient department was planned has had to be abandoned adding greatly to the work and causing much inconvenience. It is hoped that this state of affairs will be remedied shortly.

Laboratory Service.

During the last year a completely new era has opened in the management of many acute conditions associated with infantile dehydration due to the liaison with Dr. Moore, Director of Pathology, and the reorganised pathological laboratories in the hospital. Dr. Moore now comes over for a weekly consultation and discusses our problems with us on the spot. His electrolyte balance reports have revolutionised much of our treatment. This liaison both in the clinical, haematological and morbid anatomy fields open up great possibility for study and research on the exceptional material always available in Dublin.

INTERN DELIVERIES.

Total live births	3,816
Total dead-born infants (stillbirths) ...	149
Infants dying in Nursery and Labour Ward (including previables)	80

Total infant mortality rate (deaths of infants born, excluding abortions, but including dead born infants, stillbirths, etc.)	...	5·78 per cent.
Deadborn (stillbirth) rate	... ...	3·76 per cent.
Infant death rate (against total live births)		2·09 per cent.
Corrected Infant death rate amongst live births :—		
Live births viable (over 2¾ lbs.)	...	3,790
Infant deaths in this group	...	57
Infant death rate of Viables	...	1·51 per cent.
Premature Births (viable) :—		
(7·89% of live births)	... ...	301
Number of deaths ...	... ...	33
Mortality Rate ...	... ...	10·96 per cent.
Previable Prematures :—		
Number of Cases ...	... ...	26
Number of Deaths ...	... ...	23
Mortality Rate ...	... ...	88·46 per cent.
Total Premature Death Rate (including previable infants) :—		
Number of Cases ...	... ...	327
Number of Deaths ...	... ...	56
Mortality Rate ...	... ...	17·13 per cent.
Corrected Premature Death Rate ... (i.e. percentage death rate of premature (viable and previable) infants excluding infants dying within 48 hours of birth, and those born with hopeless congenital conditions).	...	2·75 per cent.

CAUSES OF INFANT DEATHS.

There were 12 Infant deaths in the Labour Ward. 2 being mature infants and 10 being premature infants (5½ lbs. or less).

There were 68 Infant deaths in the Nursery, 22 being mature infants and 46 being premature infants (5½ lbs. or less).

1. Full Term Infants :

Asphyxia	1
Atresia of Large Intestine	1
Haemorrhagic Bronchopneumonia	1
Haemorrhagic Pneumonia	1
Atelectasis	9
Intra Uterine Infection	1

Atelectasis Spina Bifida Hydrocephalus	2
Suprarenal Haemorrhage	1
Haemolytic Disease Kern-Icterus	1
Anencephalus	1
Congenital Heart	2
Cerebral Haemorrhage Fracture of Left Humerus	1
	22

2. Premature Infants (viable).

Prematurity	8
Asphyxia Neonatorum	1
Exomphalus Congenital Heart	1
Hydrocephalus	1
Atelectasis	14
Congenital Heart Disease	1
Spina Bifida Hydrocephalus	1
Mongol	1
Cerebral Haemorrhage	1
Cardiac Failure Atelectasis Haemolytic Disease	1
	30

EXTERN PAEDIATRIC DEPARTMENT.

EXTERN PAEDIATRIC DEPARTMENT.

Group	Admissions	Deaths	Mortality Rate per cent.
Mature Infants	236	28	11·440
Premature Infants ...	134	14	10·447
Previable Premature Infants	6	5	83·333
Total ...	376	47	12·500

EXTERN PAEDIATRIC DEPARTMENT.

Summary of Admissions.

Condition or Classification	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Abscess, miscellaneous ...	8	8	—	1	1	—	—	—	—
Anus, ectopic	1	1	—	—	—	—	—	—	—
Anus, imperforate ...	1	1	—	—	—	—	—	—	—
Asphyxia Neonatorum ...	3	3	—	1	1	—	—	—	—
Aspiration Pneumonia ...	—	—	—	1	—	1	—	—	—
Aspiration Pneumonia and Pyelitis	1	—	1	—	—	—	—	—	—
Atelectasis	3	2	1	4	1	3	—	—	—
Atelectasis and Pneumonia ...	1	1	—	—	—	—	—	—	—
B.C.G.	16	16	—	1	1	—	—	—	—
Birth Fracture left Femur ...	1	1	—	—	—	—	—	—	—
Birth Shock	—	—	—	1	1	—	—	—	—
Blepharitis	1	1	—	—	—	—	—	—	—
Bronchitis	15	15	—	3	3	—	—	—	—
Broncho-Pneumonia ...	12	7	5	5	3	2	—	—	—
Broncho-Pneumonia and Intestinal Atresia ...	1	—	1	—	—	—	—	—	—
Broncho-Pneumonia and Neo-Natal Infection ...	1	—	1	—	—	—	—	—	—
Buttock Rash	1	1	—	—	—	—	—	—	—
Cellulitis	2	2	—	—	—	—	—	—	—
Cerebral Syndrome ...	1	1	—	—	—	—	—	—	—
Cerebral Thrombosis ...	1	—	1	—	—	—	—	—	—
Circumcision	4	4	—	—	—	—	—	—	—
Cleft Palate	1	1	—	—	—	—	—	—	—
Congenital Goitre ...	1	1	—	—	—	—	—	—	—
Congenital Heart Disease ...	6	4	2	2	1	1	—	—	—
Congenital Specific Disease ...	—	—	—	1	1	—	—	—	—
Conjunctivitis	1	1	—	—	—	—	—	—	—
Empyema Thoracis ...	2	—	2	—	—	—	—	—	—
Haemolytic Disease ...	9	9	—	3	3	—	—	—	—
Hare Lip	2	2	—	—	—	—	—	—	—
Hare Lip, Cleft Palate ...	2	2	—	—	—	—	—	—	—
Hernia, Left Inguinal ...	—	—	—	1	1	—	—	—	—
Hirschsprung's Disease ...	2	2	—	—	—	—	—	—	—
Hydro ephalus, etc. ...	7	3	4	1	1	—	—	—	—
Intra-Cranial Haemorrhage	1	1	—	—	—	—	—	—	—
Klumpke's Paralysis ...	—	—	—	1	1	—	—	—	—
Lobar Pneumonia and Empyema	—	—	1	—	—	—	—	—	—
Malnutrition	—	—	—	1	1	—	—	—	—
Mismanagement	18	18	—	5	5	—	—	—	—
Mongolism	—	—	—	2	1	1	—	—	—
Neo-Natal Infection ...	29	28	1	19	18	1	—	—	—
Nutritional Anaemia ...	1	1	—	1	1	—	—	—	—
Observation	35	35	—	6	6	—	—	—	—
Oesophageal Atresia ...	1	—	1	—	—	—	—	—	—
Otitis Media	4	4	—	—	—	—	—	—	—
Paraphimosis	1	1	—	—	—	—	—	—	—
Pemphigus Neonatorum ...	2	2	—	—	—	—	—	—	—

Pertussis ?	1	1	—	—	—	—	—	—	—
Pneumonia	5	1	4	—	—	—	—	—	—
Pneumonitis	2	2	—	—	—	—	—	—	—
Prematurity	—	—	—	69	66	3	6	1	5
Pyelitis	2	2	—	1	1	—	—	—	—
Pyloric Stenosis	8	7	1	—	—	—	—	—	—
Pyloric Stenosis, Bronchial Obstruction	1	—	1	—	—	—	—	—	—
Pyloric Stenosis, Lipoid Pneumonia	—	—	—	1	—	1	—	—	—
Pylorospasm	1	1	—	—	—	—	—	—	—
Pyrexia, unknown origin ...	2	2	—	—	—	—	—	—	—
Shock and Toxaemia from Extensive Burns ...	1	—	1	—	—	—	—	—	—
Septic Thumb	1	1	—	—	—	—	—	—	—
Staphylococcal Septicaemia	1	1	—	—	—	—	—	—	—
Sub-lingual Glands Inflamation	1	1	—	—	—	—	—	—	—
Talipes	4	4	—	1	1	—	—	—	—
Thrush	1	1	—	1	1	—	—	—	—
Thymus, enlarged ...	2	2	—	—	—	—	—	—	—
Tonsilitis, Neo-Natal Infection	1	1	—	—	—	—	—	—	—
Tracheo-oesophageal fistula and Broncho-pneumonia ...	—	—	—	1	—	1	—	—	—
Umbilical Cord Stump Haemorrhage	1	1	—	—	—	—	—	—	—
Upper Respiratory Infection	2	2	—	—	—	—	—	—	—
TOTALS ...	236	209	28	134	120	14	6	1	5

Surgical Operations were performed on 13 infants; Post Mortems were obtained in 22 cases; there being 47 deaths.

INTERN AND EXTERN DEPARTMENTS.

There were 57 cases of suspected Haemolytic Disease and 18 of these were confirmed.

There were 13 Exchange Transfusions.

PAEDIATRIC O.P.D.

Report for the period 1st November, 1952 to 31st October, 1953.

Total Attendances	15,621
Initial Attendances	2,782
District Visits	10,147

EXTERN PAEDIATRIC DEPARTMENT.

(Extern admissions of Infants who were not born on the Rotunda Service).

REPORT FOR THE PERIOD FROM 1st NOVEMBER, 1952 TO 31st OCTOBER, 1953.

Group	Admissions	Deaths	Mortality Rate per cent.
Mature Infants	7	1	14·285
Premature Infants ...	4	3	75·000
Previable Premature Infants	3	3	100·000
Total ...	14	7	50·000

SUMMARY

Condition or Classification	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Atelectasis and Marasmus ...	—	—	—	1	—	1	—	—	—
Birth Trauma	1	1	—	—	—	—	—	—	—
Broncho-Pneumonia ...	—	—	—	1	—	1	—	—	—
Haemorrhagic Disease of the Newborn	1	1	—	—	—	—	—	—	—
Observation	3	3	—	—	—	—	—	—	—
Patent Urachus	1	—	1	—	—	—	—	—	—
Prematurity	—	—	—	2	1	1	3	—	3
Wrist Drop Right Arm ...	1	1	—	—	—	—	—	—	—
Totals ...	7	6	1	4	1	3	3	—	3

No Surgical Operations were performed : Post Mortems were obtained in 3 cases : there being 7 deaths.

SCHOOL MEDICAL SERVICE.

CATHERINE M. O'BRIEN, M.B., D.P.H., B.SC.P.H.

"For we exist, the whole world exists, and every department of life, solely for the worship and praise of God. Only to the dire peril of mankind and of human life and activity may the service of man be preferred to it."

—DOM DENYS RUTLEDGE.

The School Health Service, Dublin County Borough, was established in the year 1928 to look after the health and physical condition of children attending City National Schools. We have accordingly completed the 25th year of work. We now extend our thanks to the Parents and Teachers and the School Managers who have so kindly received us all these years and to the Members of the Corporation, City Medical Officer and the Officials of the Local Health Authority. Thanks are due in a very special way to the City Hospitals where the treatment of defects found in children, was carried out. The Staffs of these Hospitals have placed their skill and time and experience and knowledge at the disposal of parents and children unremittingly and unhesitatingly. The services of all the leading Specialists in the City have continued to be available for the schoolgoing members of the community. Since the service was first established the doctors in the hospitals received the parents and children in such a friendly easy way that their work is accepted very readily—and taken for granted almost, rather than having to be sought out. Assuredly the whole child community and the School Health Service is deeply indebted to the Voluntary Hospitals and their staffs for all their endless kindness and attention. We appreciate too, very much indeed, the interest taken in our cases, and value very specially the reports sent to us. These reports contribute in no small way to the maintenance of our Follow-Up Service, both in the homes and at the Clinic,

by helping to keep up continuity of treatment until child is cured. They add enormously to the interest of our work, too, of course. Dublin is indeed fortunate in possessing a treatment service of such high standard, and one so readily available. We take this opportunity, therefore, on the completion of the 25th year of work to return our sincere thanks to the honorary staffs, to the doctors, matrons, nurses, almoners and clerical personnel of the city hospitals.

The Public Health (Ireland) Act, 1919 which provided a scheme to improve the health and physical condition of children attending National Schools has now been superseded by the Health Act, 1953, which makes provision for a complete service of child care in the homes and in the schools.

Housing.

We are glad that Houses for large families and for people living in overcrowded and insanitary tenements, are continuing to be built. The Ballyfermot and Finglas Housing Estates may perhaps appear new, and too far from the city centre, shops, schools etc., but they are beautifully situated on high ground amidst excellent surroundings. There is ample open space and lovely country, and the Houses are designed in the interest of the health and well-being of the people and of future generations. The Cabra and Crumlin housing estates presented a similar bleak appearance when they were first built. Children spoke nostalgically of the " City ". But now after a lapse of comparatively short time, these housing estates have become a part of the landscape. Gardens with flowers and shrubs, gaily curtained windows, happy suntanned children playing in the gardens, all this gives the impression that the families living there are proud of their homes. The type of house being provided recently is more commodious than heretofore, which is an excellent advance. The problem of crowded families has been recognised and provision is being made to cater for them. Improvements in places of employment which provide Canteen facilities, is the answer to the question regarding long

journeys to and from home to the place of work. Modern flats, too, are being built in the city, for that section of the community for whom they are best suited. The reconditioning of old Georgian houses has also fulfilled the need. Some families still find they cannot live elsewhere, just as some children seem to prefer the roadways for playing and the lamp-posts for swinging on. The demolition of old unsafe dilapidated tenement dwellings has continued during 1953. Cleared sites replace squalor and gradually become more frequent in the city.

NUTRITION.

Women released from the drudgery of bringing up a family in a tenement room and all that it entails, must welcome the hot and cold water system, baths and sanitation and cooking facilities in their new homes, the means for washing and drying clothing, the garden where children can play in safety while the older brothers and sisters are at school and where the baby can be put in its perambulator. It is not always easy however, to adapt oneself to a new way of life. Old habits die hard and the associations of years are not easily relinquished. There may well be a sense of loneliness for women moved into a house on a suburban road, and the days may appear long and dull in such unnaturally quiet surroundings. Compared with the changing scene in a busy city thoroughfare as viewed from the large window of her old room, or surveyed in the friendly company of neighbours at Georgian doorways, the prospect in a housing estate may seem dreary and even monotonous. Leisure resulting from labour-saving fittings in modern houses may only accentuate the contrast between the new life and the old, and cause further discouragement instead of affording welcome relief from endless toil. There is a need therefore, for a Community Centre in all these new housing estates where mothers can meet under pleasant conditions, where there is scope for dress-making and mending, a cutting-out table, scissors etc., needles safe from meddling little fingers—with guidance

in the making of childrens' clothes, knitting for the baby who is expected, and where demonstrations of the best method of washing and drying precious woollies belonging to the older children, would be given. It is surprising to find that some women cannot do even simple knitting though it appears to be taught in the schools nowadays. Encouragement and help are needed, not formal lectures, least of all the impression that mothers are being talked at. Indeed, they may even resent endless directing and close their ears to repetition of " uplift ". After all they have known their children longer than anybody else. The father is perhaps more fortunate. He is out at work, or away, and escapes from it all.

At a well-run, sympathetic Community Centre mothers would have an opportunity of listening to wireless discussions on topics of general interest, or to simple talks. There would be intelligible explanations of the need for strict precautions regarding cleanliness etc., the upbringing of children ; caring for their own health ; the importance of adequate sleep for themselves and their children, the preparation of childrens' meals, breast feeding, care of milk and utensils, food handling, immunisation etc., etc. Information would be given concerning the social and medical services available—how these could be availed of, and the reason why. Most of all perhaps, for the mothers' peace of mind might helpful suggestions be made concerning the best outlay of the weekly income. How often must the Health Visitor suspect that a mother is unable to listen to her advice, on the occasion when she calls. The gas is on. The kettle is nearly boiling. The instalment on hire-purchase is due that very day perhaps, and there is not enough money to meet it unless something is pawned. Balancing the budget must be a source of recurring anxiety, especially in the new housing estates where homes have to be furnished —the contents of the former tenement rooms suddenly become hopelessly inadequate-seeming.

A Toddler's and small childrens' room with staff in charge would of course be provided in a Community Centre, and a kindly sensible trained nurse in charge.

A cup of tea would be an attraction, but cigarettes might well be regarded with disfavour. Indeed if the session were sufficiently interesting they would easily be forgotten for the time being. A subject which might be discussed in detail in the Community Centre would be the art of so choosing food that the best value for the money available is obtained by the housewife. Of special importance is selecting the most economical, the most digestible and the most nourishing cuts of meat. It is essential that women come to realise that they are entitled to inspect and choose the portions of meat that they themselves consider give the best value for the amount of money they can afford to spend. Money is not in any way affected by the person who tenders it in a shop, be she welldressed or ill-clad. Indeed the value of money to the poorer section of society is relatively of much more importance than to the other members of the community who can afford to spend more freely. The art of shopping has not been fostered by wartime restrictions. Perhaps the habit of mind of being thankful and indeed glad to accept what the shops could supply, is still with us ? Housewives must now come to realise, however, that they are the persons to choose and decide. The importance of food is a factor which must be stressed at any Community Centre and proper methods of preparing meat and vegetables explained so that meals may be appetising and sustaining. The tea and bread and butter meal is too easy to prepare and not satisfying. It is a habit too easily acquired and one feels that perhaps cigarettes have dulled the appetite of many mothers and spoiled their zest for food. The children and bread-winner get first preference at meal time, one suspects. The mother who requires all the possible proteins and calcium, mineral salts and vitamins available, is too often weary perhaps and only able for a cigarette and a cup of tea. The modern Friday queue outside the Fish and Chip shops in the city, is surely a change from the old idea of family dinner. It is difficult to understand in a seaport city, the capital of an agricultural country. Do people view with distaste the dinner meal on days of abstinence ?

The preparation of an adequate meal at home ought surely to be possible now that wartime restrictions have disappeared.

School children are still coming home to afternoon dinners. Reference has already been made to this custom in previous reports. It is incredible that even new schools in modern housing estates on the outskirts of the city should have adopted the belated dinner hour system. It seems to show a disregard for accepted teaching regarding the deterioration in nutrient value of food kept over from the family dinner. Yet this is probably the meal given to the school-going members of the family on their return home in the afternoon.

Arguments have been put forward against letting children home to eat their dinner on week days at the same time as they get it on Saturdays, Sundays and during school holidays. But children need a good meal at a reasonable hour if they are to grow and be healthy. If a make-do lunch is considered adequate for girls from five to fourteen years, how can they be convinced later on that the preparation and cooking and eating of a dinner each day is essential.

Calcium added to bakers' flour in recent years will benefit health, more especially in the case of those city families where bakers' bread constitutes a large part of the dietary. Rural households where milk is used in breadmaking get calcium from that source also.

The amount of sleep and the conditions under which it is obtained, constitutes a major factor in growth and nutrition. In the case of large young families living under adverse housing and economic conditions, it is doubtful whether the requisite mid-morning and afternoon sleep, is feasible for a child once it has ceased to be the baby in the household. The perambulator or cot is taken up by the new infant. The family bed may be occupied by the father home from night work. It is easier and less disruptive of family peace to send the children out to play together anywhere, though it means the loss of those hours of sleep and rest which are regarded as an integral part of the more privileged child's daily routine. And indeed one may see children overcome with sleep, sat

upright in a go-car or push chair, in what appears to be far removed from a normal physiologically restful attitude. Hence, perhaps the lack of muscle tone, the relatively small gain in height and weight during childhood, the diminished resistance to infection, the slow recovery from illness, the anaemia, and the poor bone and teeth development of so many children. Signs of fatigue and listlessness, faulty posture and gait are still prevalent in the school-going population of our city. Better housing in the clear air and open spaces of Finglas, Walkinstown and Ballyfermot will lead ultimately to increased mental and physical strength and dispel the inertia due to long years of overcrowding.

DENTAL.

It is indeed good to record the gradual improvement in the condition of school children's teeth. The many large cavities are now less common, and parents are more ready to use the dental service available. The provision ot modern general anaesthesia has already effected an appreciable betterment, and children are less reluctant to undergo dental treatment. We return well deserved thanks to the dentists and anaesthetists for the skill and attention they devote to the work, and record our appreciation of the way in which they co-operate with us. The staff of the Dental Hospital are specially thanked.

POSTURE.

Reference has been made in previous reports to the faulty posture which one notices in so many children. Round shoulders, flat foot and knock knee are still far too common in the school population and might well be prevented by dietary, adequate rest and fresh air, rather than being discovered at the stage when corrective appliances and remedial exercises are required. Overcrowded school rooms and unsuitable school furniture do not help and one hopes for the day when adequate modern schools will be opened in all the new housing estates and children will be freed from the necessity of journeying to and from city schools.

CLEANLINESS.

Advertisements of toothpastes and hair lotions are attractive. Unfortunately they do not seem as yet to have influenced appreciably the standard of cleanliness in the case of school children's hair, teeth and nails. Providing toothbrushes may be a problem, and children may not be convinced that their use is worthwhile, but it is incomprehensible that girls should be content to have nits or vermin in their hair. Handwashing facilities are not always available in schools. The new houses and flats, however, are all provided with running water, so there must eventually be an improvement. The habit of nail-biting is still common in some schools. Older children even seem to copy one another in this matter.

STAFF.

The Nurses continued to assist at the Medical Inspection in the schools, and to visit in their own homes as many children as possible in the time available for that most important aspect of our work. The longer period of school closure in the summer 1952 and 1953 was utilised for a special review of orthopaedic cases. We are glad to note the excellent way in which the nurses carried out this work. The benefit resulting from a good Follow-Up Service is inestimable and one hopes it will be more widespread.

Extension of the service such as facilities for estimation of hearing loss, and correction of stutter in children, will be welcomed. They will doubtless be provided under the Health Act, 1953.

The increased medical staff provided last year has meant that more children were examined in the schools than formerly. The unavoidable interval which elapsed between the date of replacing members who left to take up public health work in other departments and the time when their successors took up duty here has, however, caused fewer children to be seen during 1953 than was possible in 1952. The National School section of Artane, Goldenbridge and High Park, were visited last year and medical inspection carried out. The

authorities received us most kindly and we take this opportunity of expressing our gratitude to them.

Warmest thanks are extended to the Medical, Dental and Nursing Staff for their loyalty and help throughout the year, to the City Medical Officer for his unerring wisdom, and of course to the Office Staff who have again helped in every way and whose service is always so cheerfully and whole-heartedly given.

TABLE I

GRAPH SHOWING

a AVERAGE HEIGHT OF BOYS EXAMINED DURING 1933

b. MEAN AVERAGE HEIGHT OF BOYS EXAMINED DURING PERIOD 1944-1949 *

a. ———————— 1933
b. ———————— PERIOD 1944-1949

* 1944 '45 '47 '48 '49 (FIGURES FOR 1946 OMITTED SCHOOL STRIKE)

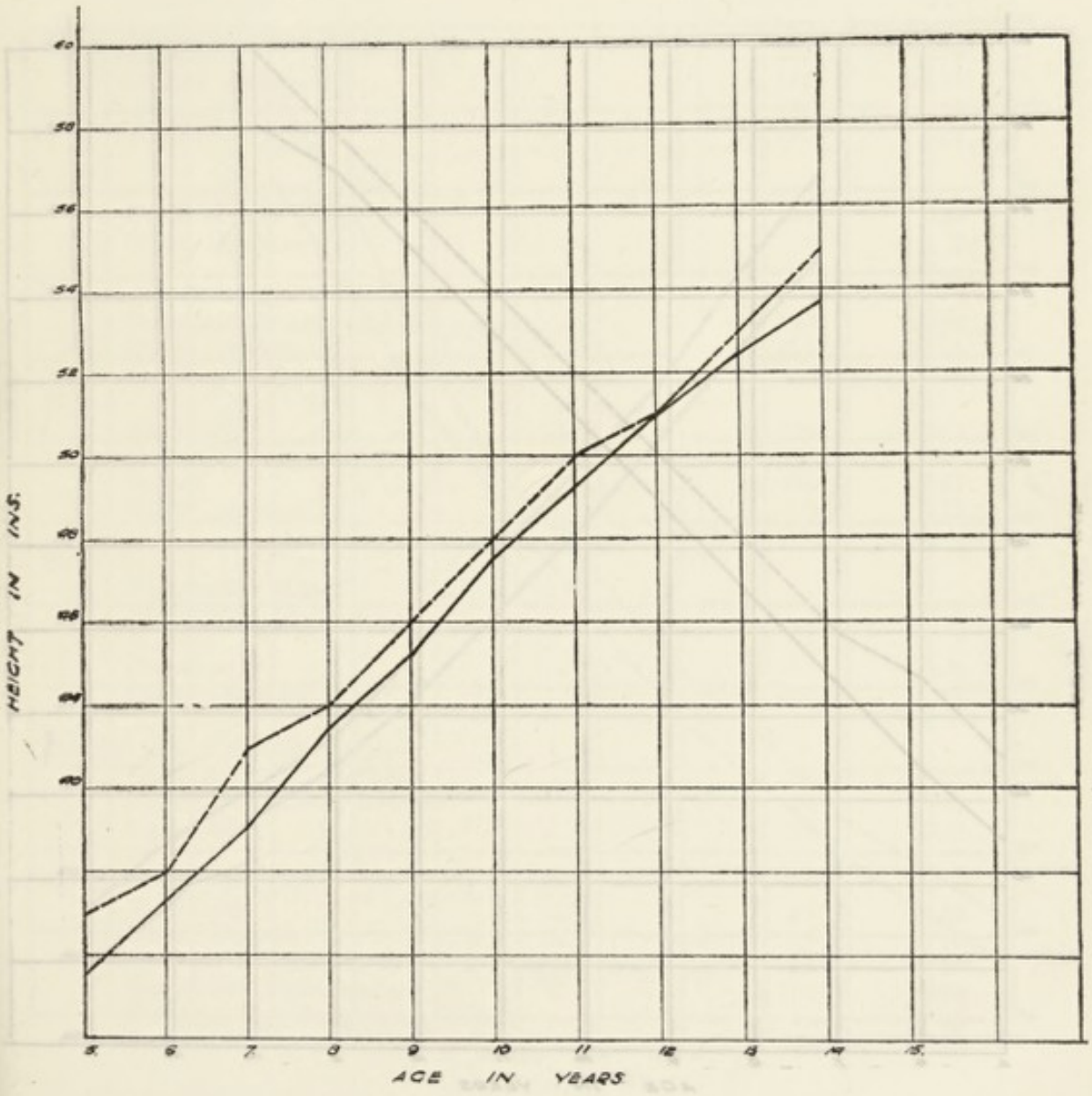


TABLE II

GRAPH SHOWING

a AVERAGE HEIGHT OF GIRLS EXAMINED DURING 1933

b MEAN AVERAGE HEIGHT OF GIRLS EXAMINED DURING PERIOD 1944 - 1949 *

a ---------- 1933

b ———————— PERIOD 1944-1949

* 1944 '45 '47 '48 '49 (FIGURES FOR 1946 OMITTED SCHOOL STRIKE).

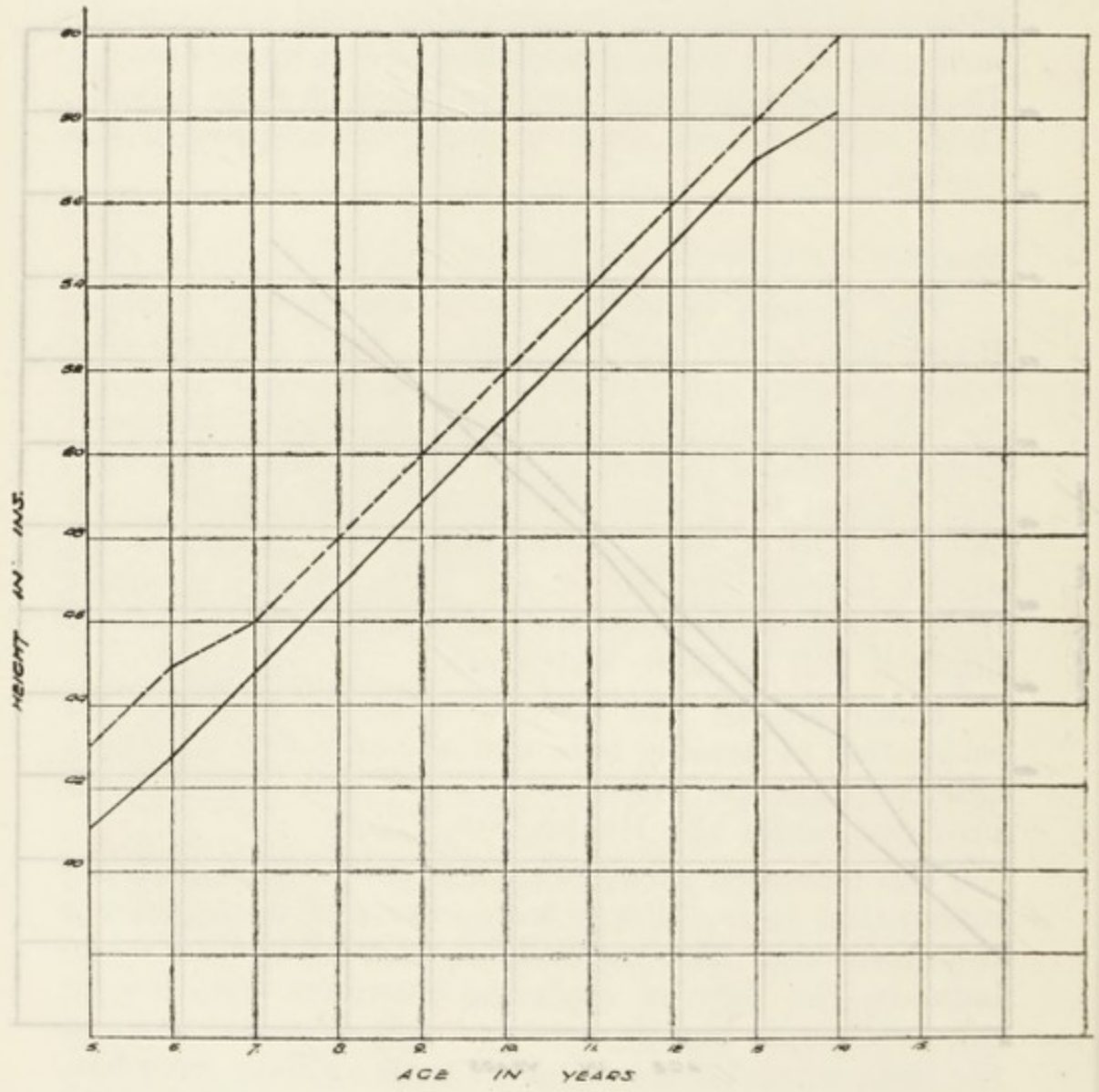


TABLE III

GRAPH SHOWING

a AVERAGE WEIGHT OF BOYS EXAMINED DURING 1933

b MEAN AVERAGE WEIGHT OF BOYS EXAMINED DURING PERIOD 1944 - 1949 *

a. – – – – – – – – 1933

b. ———— PERIOD 1944-1949

* 1944 '45 '47 '48 '49 (FIGURES FOR 1948 OMITTED SCHOOL STRIKE).

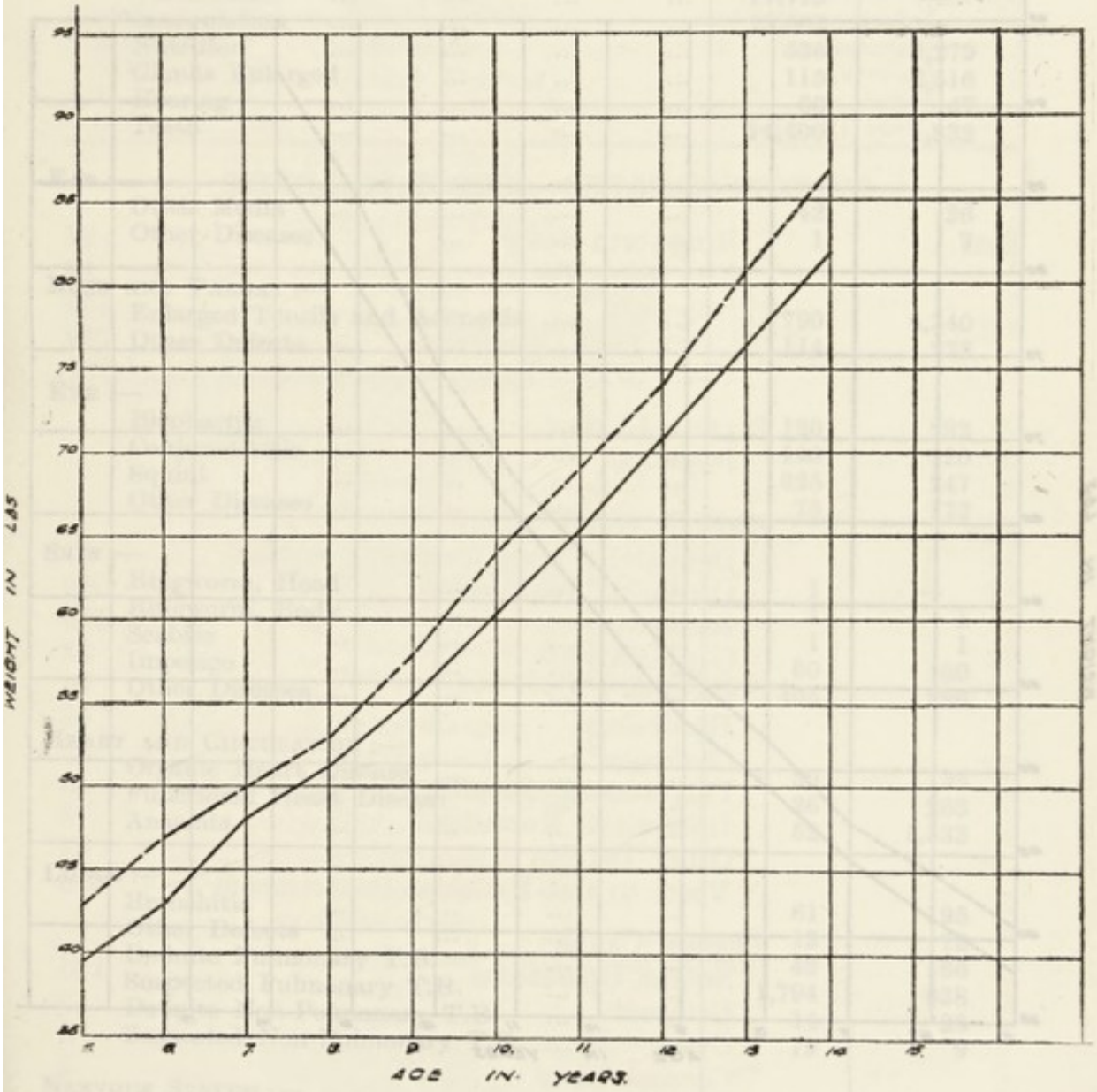


TABLE IV

GRAPH SHOWING

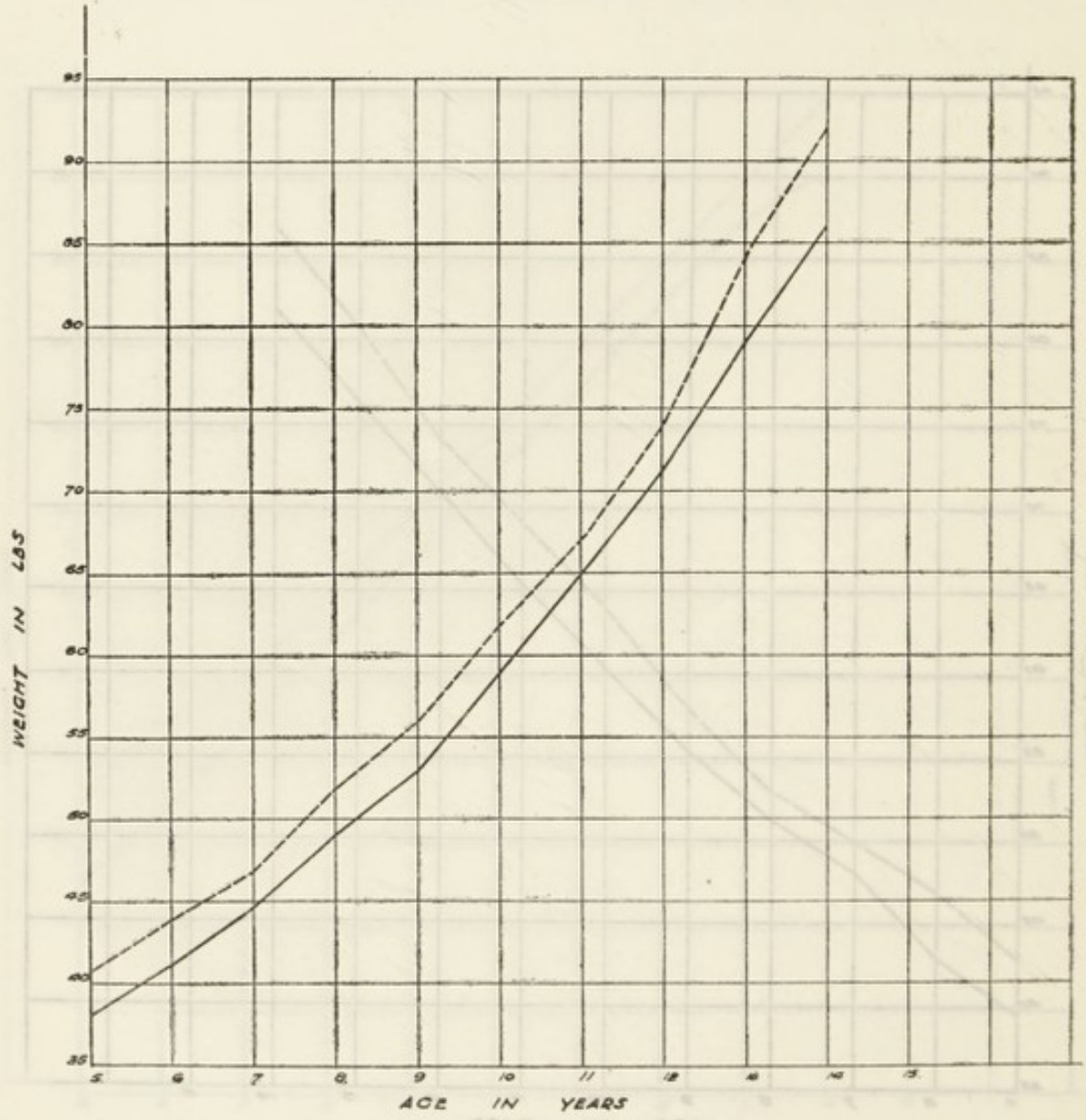
a AVERAGE WEIGHT OF GIRLS EXAMINED DURING 1933

b MEAN AVERAGE WEIGHT OF GIRLS EXAMINED DURING PERIOD 1944 – 1949

○ 1933

△ PERIOD 1944–1949

✱ 1944 45 47 48 49 (FIGURES FOR 1946 OMITTED SCHOOL STRIKE).



DEFECTS FOUND DURING YEAR ENDED 31st DECEMBER, 1953.

Total number examined during the year—20,903.

Defects	Defects requiring treatment	Defects requiring observation
Speech	169	314
Mental Condition	39	150
Vision	4,574	4,597
Clothing	656	3,908
Footgear	1,665	6,666
Hair and Scalp	988	3,997
Body	379	3,768
Vaccination	17,713	—
*Innoculation	12,502	—
Nutrition	536	3,279
Glands Enlarged	115	2,516
Hearing	60	47
Teeth	14,400	1,832
Ear :—		
Otitis Media	42	36
Other Diseases	1	7
Nose and Throat :—		
Enlarged Tonsils and Adenoids	790	4,340
Other Defects	114	272
Eye :—		
Blepharitis	120	282
Conjunctivitis	140	320
Squint	625	247
Other Diseases	75	172
Skin :—		
Ringworm, Head	1	—
Ringworm, Body	1	1
Scabies	1	1
Impetigo	60	109
Other Diseases	405	696
Heart and Circulation :—		
Organic Heart Disease	50	133
Functional Heart Disease	26	263
Anaemia	52	1,533
Lungs :—		
Bronchitis	61	195
Other Defects	13	72
Definite Pulmonary T.B.	42	86
Suspected Pulmonary T.B.	1,794	838
Definite Non-Pulmonary T.B.	14	26
Suspected Non-Pulmonary T.B.	19	9
Nervous System :—		
Epilepsy	5	—
Chorea	—	1
Other Defects	159	243

* Verbal information obtained from child at Routine S.M.I.

Defects	Defects requiring treatment	Defects requiring observation
Deformities :—		
Rach	12	254
Spinal Curvature	—	2
Others	187	610
Postural Defects :—		
Round shoulders	203	3,850
Scoliosis	25	64
Flat Feet	318	1,381
Other Conditions :—		
Infectious Diseases	8	34
Rheumatism	5	156
Rickets	54	2,745
Hernia	5	47
Other Diseases	163	1,180

DEFECTS TREATED—SCHOOL CHILDREN.

Skin	Ringworm Scalp	22
	Ringworm Body	13
	Impetigo	105
	Other Skin Conditions	249
	Visits to Out-Patients' Departments ...	1,191
	Intern Cases :	
	Impetigo	1
Eye	**Extern Cases :**	
	Defective Vision (including Squint) ...	4,067
	Orthoptic Treatments	210
	Blepharitis	119
	Conjunctivitis	52
	Corneal Ulcer	10
	Hordeolum	42
	Chalazion	3
	Phlyctenular Disease	13
	Interstitial Keratitis	8
	Other Defects	83
	Visits to Out-Patients' Departments ...	889
	Intern Cases :	
	Squint Operations	125
	Cataract	3
	Cyst	3
	Corneal Ulcer	3
	Blepharitis	1
	Phlyctenular Disease	3
	Keratitis	4
	Miscellaneous Defects	13

Ear	EXTERN CASES :	
	Otitis Media	48
	Otorrhoea	60
	Miscellaneous Defects	71
	Visits to Out-Patients' Departments ...	357
	INTERN CASES :	
	Sinusitis	Nil
	Otitis Media	3
	Mastoid	19
	Other Defects	7
Nose and Throat	EXTERN CASES :	
	Nasal Defect	66
	Epistaxis	3
	Other Defects	8
	Visits to Out-Patients' Departments ...	261
	INTERN CASES :	
	Nasal Obstruction	18
	Septum Defect	2
	Polypus	4
	Miscellaneous Defects	7
	Tonsils and Adenoids Operations ...	1,386
Orthopaedic	EXTERN CASES :	
	Talipes	40
	Pes Planus	323
	Scoliosis	15
	Round Shoulders	12
	Torticollis	11
	Post Ant. Poliomyelitis	44
	Club Hand	2
	Miscellaneous Defects	83
	Attendances for Physio-therapy ...	6,124
	INTERN CASES :	
	Perthes	12
	Spastic Paralysis	1
	Club Feet	4
	Poliomyelitis	24
	Torticollis	2
	Flat Feet	3
	Congenital Dislocation of Hip ...	4
	Scoliosis	2
	Rickets	6
	Pes Cavus	2
	Genu Valgum	2
	Double Club Feet	6
	Miscellaneous Defects	19
Orthopaedic Appliances supplied (including Renewals and Repairs)		1,677

SPECTACLES, ETC.

Spectacles supplied ...	3,229
Spectacles repaired ...	2,499
Occluders	57
Artificial Eyes	22

	Attendances
E.N.T. Clinic	5,205
Orthopaedic Clinic ...	296
Cerebral Palsy Clinic ...	4,256

DENTAL TREATMENT SCHEME.

1953	Extractions Local Anaesthetic	Extractions General Anaesthetic	Fillings	Dressings and Scalings	X-Rays
Dental Hospital ...	1,005	4,398	3,517	1,617	75
Dental Clinic	16,399	14,924	988	1,070	—

Total number who attended for examination ...	16,646
Total number treated	19,309

SCHOOLS INSPECTED DURING 1953.

Total number Examined—21,403.

George's Hill Convent ...	Girls, Infants	Pearse Street	Boys, Infants
Camden Row	Boys, Girls, Infants	Lr. Rutland St. Jn. Sect.	Boys, Infants
Kildare Place	Boys, Girls, Infants	Rathfarnham Village ...	Boys, Girls, Infants
New Bride Street ...	Boys, Girls, Infants	Strand Street Convent ...	Girls, Infants
Ballyfermot	Boys, Infants	St. Joseph's, Drumcondra	Boys
Baggot Street	Girls, Infants	Fishamble Street ...	Boys, Girls, Infants
Clareville Road ...	Boys, Girls, Infants	New Street	Boys, Girls, Infants
Meath Street	Boys, Girls, Infants	Coombe Convent ...	Girls, Infants
Botanic Avenue ...	Boys, Girls, Infants	St. Mary's, Merrion ...	Girls
		City Quay	Boys, Infants
		East Wall	Boys, Infants

High Street ... ... Boys, Girls, Infants
Cabra, Deaf and Dumb ... Boys
Grantham Street ... Boys (Inf.), Girls, Infants
Grangegorman ... Boys, Girls, Infants
Inchicore Central ... Boys, Girls, Infants
Marymount ... ... Girls, Infants
Ringsend ... ... Boys, Girls, Infants
Halston Street ... Boys, Infants
John's Lane ... ... Boys, Girls, Infants
North King Street ... Girls, Infants
St. Jame's, Rialto ... Boys, Girls, Infants
Josephian, Mountjoy St. Girls
Parnell Road ... ... Boys
Wellington Street ... Girls, Infants
St. Joseph's, Dorset St. ... Boys, Infants
St. Mary's Place ... Boys
School Street ... ... Boys, Girls, Infants
Earlsfort Terrace ... Girls, Infants
Howth Road ... ... Boys, Girls, Infants
Kings Inns St. ... Girls, Infants
Liffey Street ... ... Girls, Infants
Whitefriar Street ... Boys
East Wall Convent ... Girls, Infants
Donore Avenue ... Boys
Donnycarney ... ... Boys.
Raheny, No. 2 ... Boys, Girls, Infants
Sutton ... ... Boys, Girls, Infants
Crumlin ... ... Boys

Raheny, No. 1 ... Boys, Girls, Infants
Iona Road ... ... Girls, Infants
Larkhill ... ... Boys, Girls, Infants
Howth ... ... Boys, Girls, Infants
Goldenbridge Orphanage Girls, Infants
Grand Canal Street ... Boys, Girls, Infants
Irishtown ... ... Boys, Girls, Infants
High Park ... ... Girls, Infants
Artane ... ... Boys
North Strand ... ... Boys, Girls, Infants
Cabra West ... ... Boys
St. Francis Xavier, Dorset St. ... ... Girls, Infants
Lr. Rutland St. Sr. Sect. Boys, Infants
Hill Street Convent ... Girls, Infants
Crumlin, St. Agnes ... Boys, Girls, Infants
Leeson Park ... ... Boys, Girls, Infants
Belmont Avenue ... Girls, Infants
Donnybrook Boys ... Boys
Mount Jerome ... Boys, Girls, Infants
Mountjoy Street, St. Mary's ... ... Boys, Girls, Infants
Sherrard Street ... Boys, Girls, Infants
Nth. Gloucester Street ... Boys, Girls, Infants
Beaver Row ... ... Boys, Girls, Infants
Northumberland Road ... Boys, Girls, Infants
Weaver Square ... Girls, Infants

TREATMENT OF ABNORMAL CHILDREN, 1953.

	Admitted during 1953.
Physical Defectives :	
RESIDENTIAL SCHOOLS :	
St. Mary's Home for the Blind, Merrion	Nil
St. Joseph's Home for the Blind, Drumcondra ...	Nil
St. Joseph's Home for Deaf Mutes, Cabra ...	7
St. Mary's Home for Deaf Mutes, Cabra ...	4
HOSPITAL SCHOOLS :	
Linden Convalescent Home	100
Cabinteely	42
Orthopaedic Hospital, Clontarf	81
St. Mary's Open-Air Hospital, Cappagh	16
Auxiliary Orthopaedic Hospital, Baldoyle ...	8
CONVALESCENT HOMES :	
Cheeverstown	434
Mental Defectives :	
St. Vincent's Home, Cabra	21
St. Augustine's Colony, Blackrock (Obelisk Park) ...	12
Home for Defectives, Clonsilla	Nil
St. Joseph's, Glenmaroon	Nil
Epileptics :	
Blessed Oliver Plunkett Colony, Mulhuddart ...	3

REPORT ON DIPHTHERIA IMMUNISATION SCHEME FOR YEAR 1953.

(1) CHILDREN IMMUNISED AGAINST DIPHTHERIA (FULLY IMMUNISED).

Pre-School Children (D.P.P. & P.T.A.P.).	3815
School Children	5660
Booster Doses	3787

(2) CHILDREN IMMUNISED AGAINST DIPHTHERIA AND WHOOPING COUGH.

Vast majority Pre-School Children (D.P.P. only).	1914

(3) CHILDREN IMMUNISED AGAINST WHOOPING COUGH ALONE.

Pre-School Children	89

(a) PRE-SCHOOL CHILDREN.

During the year 1953 there were 11 centres in operation in the City for the immunisation against Diphtheria of pre-school children and 13 sessions were held each week at these centres.

The following methods were used to encourage parents to bring their children for immunisation :

(1) A circular was posted to the parent or guardian of each child who reached the age of eight months. This circular emphasised the importance of early inoculation, giving a list of the Anti-Diphtheria Clinics and the hours of attendance at them. There were 9,704 of these circulars posted during the year.

(2) The Medical Officers in charge and the nurses who assisted at the Child Welfare Clincis gave valuable help by urging mothers to bring their children for immunisation.

(3) The Health Visitors attached to the Child Welfare Department during their visits to the children's homes stressed the need for early immunisation.

The total number of Pre-School Children fully immunised against Diphtheria during the year was 3,815.

The total number of Pre-School Children fully immunised against whooping cough was 2,003 of which 1,914 were fully immunised against both.

The figures reveal a persistent decline in the attendance of pre-school children at the Anti-Diphtheria Clinics. Since it is this section of the child population which is the most vulnerable to both Diphtheria and Whooping Cough the unsatisfactory response of the parents concerned to the various appeals for early immunisation mentioned above, gave cause for concern.

Because it has been almost wiped out as a disease entity the mothers of little children to-day do not seem seem to realise the importance of Diphtheria as a possible cause of grave illness and death. They do not appreciate the fact that it is only by availing in full of the prophylaxis offered against it that this happy state of the virtual non-existence of Diphtheria can continue.

To counter their indifference it was decided, as an additional measure, that there should be a special follow-up by the Health Visitors of the parents whose babies had not been brought to the Clinic within two months of receiving the official circular re inoculation, or who, having begun it, failed to complete the immunisation course. We trust that the increased attendance at Clinics which has been noticed since this scheme came into operation will be maintained.

(b) School Children.

Throughout the year children were immunised at their schools. 55 schools were visited and the total number of visits was 153. In addition 10 visits were paid to 5 Institutions.

A consent form for signature was sent to the parent or guardian of each school going child who had never been immunised, or who had not received immunisation during the previous four years. 27,162 of these consent forms were posted to the heads of families. The total

number of school children who were fully immunised was 5,660 and another 3,787 of them received a Booster Dose of prophylactic.

REPORT ON INCIDENCE OF DIPHTHERIA FOR YEAR 1953.

There were no cases of Diphtheria reported for the year 1953.

M. HORAN,
Medical Officer for Anti-Diphtheria Immunisation.

REPORT ON OPERATION OF MIDWIVES ACT, 1944,

and the

REGISTRATION OF MATERNITY HOMES ACT, 1934.

MIDWIVES ACT, 1944.

During the year 1953, 257 Midwives gave the required notice of their intention to practise within the area of the Local Supervising Authority.

In conformity with the Rules of An Bord Altranais, the midwives were visited at 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.

No Midwife was reported for breach of the Rules and Regulations in the period.

No unregistered woman was found practising.

Inspection of Midwives.

The total number of visits made during the year 1953 was 457. In addition, 814 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, 1953, was 27. This was a decrease of 3 as compared with the previous year, 3 Registered Nursing Homes closing as the

owners wished to retire. No new application for registration was received during the period under review. The Homes on the Register at the end of the year numbered 27 and 5 Institutions.

Throughout the year the Nursing Homes were visited regularly by the Deputy Inspector. 200 inspections were made.

The condition of the Homes generally was found satisfactory.

A. TIERNEY, R.G.N., R.M.

VERGEMOUNT FEVER HOSPITAL
CLONSKEAGH.

During the year ended 31st December, 1953, one thousand eight hundred and seventeen cases were admitted to Vergemount Fever Hospital. 149 cases remained in Hospital at the close of the year 1952, and the total number under treatment was 1966. There were 38 deaths and 1,769 were discharged cured.

The mortality rate for all cases under treatment was 1·93 per cent as compared with 1·62 per cent in 1952 and 1.87 per cent in 1951.

The number of admissions for the year showed an increase of 206 from the previous year. Scarlet Fever, Measles and whooping cough accounted for approximately 57% of the total admissions. There were no cases of clinical Diptheria admitted during the year.

Dr. T. Mahon, Senior House Physician and Dr. T. Fitzgerald, Junior House Physician left the staff on 30th June, 1953 to take up other medical posts. Dr. Sean Maurer was appointed Senior House Physician and Dr. Francis Kelly appointed Junior House Physician.

Numerous repairs and paintings were carried out both in the Hospital and Nurses' Home during the year.

A new Dodge Ambulance was purchased to replace one of the older vehicles.

One block (Ward Block) was again closed during the year and was made ready for immediate admissions for cases of Smallpox or suspected cases.

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

I would like to thank Doctors Mahon, Fitzgerald, Maurer and Kelly for their loyal co-operation during a busy year ; also the Nursing Staff under the supervision of the Matron, Miss Cusack.

To Mr. T. A. Bouchier Hayes (Surgeon), to Dr. A. Mooney, (Opthalmic Surgeon) to Mr. D. P. Murray (Orthopaedic Surgeon), to Dr. C. D. O'Connell (Ear, Nose and Throat Surgeon) and to Dr. J. H. Stritch (City Bacteriologist) my thanks are due for their advice at all times during the year. Miss Tyrell, Physiotherapist to the Hospital, deserves special mention for the results obtained in the cases of Poliomyelitis.

In conclusion, I wish to thank Dr. J. A. Harbison, City Medical Officer and his staff for their help during the year.

F. N. Elcock, L.R.C.P.S.I., D.P.H.

Resident Medical Superintendent.

TABLE 1.

SHOWING THE NUMBER OF ADMISSIONS AND THE NUMBER OF DEATHS FOR THE YEAR ENDING 31ST DECEMBER, 1953.

Disease	Number of Cases Admitted	Number Died	Case Mortality
Scarlet Fever	381	—	—
Measles	363	6	1·65
Pertussis	276	6	2·17
Tonsillitis/Streptococcal throat	153	—	—
Diarrhoea and Enteritis	78	4	5·12
Varicella	62	—	—
Epidemic Parotitis	41	—	—
Erysipelas	28	—	—
Poliomyelitis	21	2	9·52
Rubella	20	—	—
Cararrhal Laryngitis	19	—	—
Infective Hepatitis	18	—	—
Dysentery	14	—	—
Bronchopneumonia	14	4	28·57
Cerebro Spinal Fever	12	—	—
Tuberculous Meningitis	12	7	58·33
Influenzal Pneumonia	9	—	—
Infective Mononucleosis	6	—	—
Enteric Fever	4	—	—
Lobar Pneumonia	4	1	25·00
Food Poisoning	4	—	—
Pneumococcal Meningitis	2	—	—
Encephalitis Lethargica	1	—	—
Diphtheria (Carrier)	1	—	—
Malaria	1	—	—
Tetanus	1	—	—
Puerperal Sepsis	1	—	—
Miscellaneous	271	8	2·95
	1,817	38	2·09

SCARLET FEVER.

Three hundred and eighty one cases were admitted for treatment which shows an increase of 89 from the previous year. There were no deaths.

The type of Scarlet Fever on the whole continues to be mild with occasional cases of subtoxic and subseptic types.

The following complications occurred in some of the recovered cases :—

ADENITIS	WHITLOWS.	ALBUMINURIA.
RHINITIS.	ARTHRITIS.	NEPHRITIS.
OTITIS MEDIA.	ENDOCARDITIS.	PYELITIS.
ABSCESSES.		

CONCURRENT INFECTIONS.

One case on admission suffered concurrently with Scarlet Fever and Varicella ; and one with Scarlet Fever and Pertussis.

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

TABLE 2.

SHOWING THE NUMBER OF SCARLET FEVER CASES CLASSIFIED IN AGE AND SEX GROUPS FOR THE YEAR 1953.

	0—4	5—9	10—14	15—24	25+>	Total
Male ...	83	75	14	4	2	178
Female	68	101	22	10	2	203
	151	176	36	14	4	381

TABLE 3.

SHOWING THE NUMBER OF SCARLET FEVER ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1940–53.

Year	Number of Cases Admitted	Number Died	Case Mortality
1940 ...	172	2	1·16
1941 ...	167	—	—
1942 ...	291	—	—
1943 ...	129	—	—
1944 ...	129	—	—
1945 ...	123	—	—
1946 ...	103	—	—
1947 ...	171	—	—
1948 ...	1,148	—	—
1949 ...	841	1	0·12
1950 ...	695	—	—
1951 ...	346	—	—
1952 ...	292	1	0·34
1953 ...	381	—	—
Total ...	4,988	4	0·08

Measles.

Three hundred and sixty three cases were admitted, which shows an increase of 113 from the previous year. There were six deaths, giving a mortality rate of 1·65 per cent as compared with 1·20 per cent in 1952. Table No. 6 shows an analysis of these measles deaths.

The type of measles was severe, and many cases needed a long convalescence in hospital following chest complications.

The following complications occurred in some of the recovered cases :—

CONJUNCTIVITIS.	LARYNGITIS.	PULMONARY TUBERCULOSIS.
CORNEAL ULCER.	BRONCHITIS.	
KERATITIS.	BRONCHO-PNEUMONIA.	OTITIS MEDIA.
STOMATITIS.		RHINITIS.
		ENTERITIS.

Concurrent Infections.

Three cases on admission suffered concurrently with measles and Pertussis.

Table 4.

Showing the Number of Measles cases Classified in Age and Sex Groups for the Year 1953.

	0—4	5—9	10—14	15—24	25+>	Total
Male	160	29	2	3	1	195
Female	129	23	3	10	3	168
	289	52	5	13	4	363

TABLE 5.

SHOWING THE NUMBER OF MEASLES ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEARS 1940–1953.

Year	Number of Cases Admitted	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
1949 ...	196	4	2·04
1950 ...	340	5	1·47
1951 ...	243	3	1·23
1952 ...	250	3	1·20
1953 ...	363	6	1·65
Total ...	2,188	56	2·55

TABLE 6.

SHOWING AN ANALYSIS OF DEATHS FROM MEASLES FOR THE YEAR 1953.

Ref. No.	Age and Sex	Days ill before Admission	Observations
73	1½ Years Male	4	A Case of measles and Bronchopneumonia on admission. Patient had an attack of Pertussis previously. Developed an acute Laryngitis which cleared up with treatment. Developed an acute enteritis and died four weeks after admission.
115	4 months Female	1	Well marked measles rash on body on admission; Bronchitis and excoriated buttocks also present. Developed enteritis and rapidly went down hill.
648	7 months Male	1	Admitted from a Childrens' Hospital where under treatment for Bronchitis. Developed a Tonsillitis and subsequently an acute enteritis. Died on 15th day of disease.

Ref. No.	Age and Sex.	Days ill before Admission	Observations.
712	1 year Female	5	Almost collapsed in ambulance on way to Hospital. Acutely ill. Asphyxia pallida, well marked Bronchopneumonia; post Measles staining on trunk. Breathing very distressed. Patient did not respond to treatment (Penicillin, Terramycin, Soluseptasine, Oxygen, Stimulants, etc. Died after 4 days.
897	1½ years Female	1	Patient had been treated in a Children's Hospital for maramus due to coeliac disease for 6 months. Developed Measles and transferred here. Well marked Measles rash with Br. Pneumonia; no response to treatment. Died after 3 days. Temp. 106°. P. 168. R.68.
962	7 months Female	1	Admitted from a Children's Hospital under-nourished, pale infant. Enteritis with vomiting, well marked dehydration. Died 5 days after admission.

Pertussis.

Two hundred and seventy six cases were admitted during the year, showing an increase of 9 from the previous year. There were six deaths giving a mortality rate of 2·17 per cent as compared with 0·75 per cent in 1952.

An analysis of the deaths from whooping cough is shown on Table 8.

The type of whooping cough admitted was a virulent one.

The antibiotics were found to be beneficial especially in the treatment of Bronchopneumonia and Enteritis—two common complications in the disease. The majority of the cases admitted were in an advanced stage of the disease. Whooping cough still remains a major problem. The prevention of this disease still remains uncertain, while there is some difficulty in making an early diagnosis. The specific cure of whooping cough has not yet been established. The complications and sequelae especially chest conditions still lead to long periods of invalidism. However, the antibiotics have definitely caused a lowering of the mortality rate.

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

BRONCHITIS.
BRONCHOPNEUMONIA.
FIBROSIS OF LUNG.
BRONCHIECTASIS.
ENTERITIS.
STOMATITIS.
LARYNGITIS.
RHINITIS.
OTITIS MEDIA.
SUBCONJUNCTIVAL HÆMORRHAGE.

TABLE 7.

SHOWING THE NUMBER OF PERTUSSIS CASES CLASSIFIED IN AGE AND SEX GROUPS FOR THE YEAR 1953.

	0—4	5—9	10—14	15—24	25+>	Total
Male	122	10	—	—	—	132
Female	134	8	1	1	—	144
	256	18	1	1	—	276

TABLE 8.

SHOWING AN ANALYSIS OF DEATHS FROM PERTUSSIS FOR THE YEAR 1953.

Ref. No.	Age and Sex.	Days ill before Admission	Observations.
26	9 Weeks Male	14	Pertussis complicated by enteritis on admission—developed Bronchopneumonia—No response to Penicillin, Aureomycin or Terramycin. Patient died 5 days after admission.
371	11 Mths. Male	14	Pertussis and Br. Pneumonia on admission. Spasms very severe. No response to treatment—Terramycin, Penicillin, oxygen, Stimulants, etc. Patient died 3rd day after admission. Temp. 105°F. P.R. 160. R. 60.

764	8 Mths. Male	21	Severe spasms of Pertussis. Developed acute miliary Tuberculosis. Typical "inverse type of pyrexia" with marked perspiring and showers of moist crepitations both lungs. Died 2 months after admission. No response to streptomycin.
797	1½ Years Female	42	Debilitated child. Spasmodic cough, the remains of a Pertussis. Acute miliary Tuberculosis on admission. Typical "inverse pyrexia" perspiring and showers of crepitations both lungs. Died on 4th week after admission. No response to streptomycin.
1072	2 Years Female	7	Pertussis and Br. Pneumonia on admission. Patient had a previous attack of Br. Pneumonia in 1952. No response to treatment—penicillin, Aureomycin, streptomycin. Patient died 2 weeks after admission from acute miliary tuberculosis.
1092	3½ Years Female	14	Pertussis and Br. Pneumonia. Patient cyanosed on admission. Patient suffering from coeliac disease. Patient died 2 weeks after admission.

TABLE 9.

SHOWING THE NUMBER OF WHOOPING COUGH ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1940–1953.

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
1949 ...	161	23	14·28
1950 ...	199	10	5·02
1951 ...	188	8	4·25
1952 ...	267	2	0·75
1953 ...	276	6	2·17
Total ...	1,680	162	9·64

Diarrhoea and Enteritis.

Seventy eight babies were admitted for treatment, showing an increase of 26 from the previous year. There were four deaths giving a mortality rate of 5·12 per cent as compared with 1·88 per cent in 1952. Of the four deaths, one was a baby age 2 weeks; the second, a baby age 7 weeks; a third, a baby age 10 weeks; and the fourth, a baby of 8 months.

Table 10.

Showing the Number of Diarrhœa and Enteritis Admissions, the Number of Deaths and the Case Mortality for the Years 1941–1953.

Year	Number of Cases Admitted	Number Died	Case Mortality
1941 ...	115	70	60·87
1942 ...	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
1949 ...	32	14	43·75
1950 ...	12	—	—
1951 ...	49	3	6·12
1952 ...	53	1	1·88
1953 ...	78	4	5·12
Total ...	780	254	32·56

Meningitis.

Twenty six cases of Meningitis were treated during the year and were classified as follows :—

Type	Number	Deaths	Case Mortality
Tuberculosis ...	12	7	58·33
Meningococcal ...	12	—	—
Pneumococcal ...	2	—	—

Tuberculous Meningitis admissions show an increase of 5 cases from the previous year. There were seven deaths. An analysis of these deaths is shown in Table 11.

TABLE 11.

SHOWING AN ANALYSIS OF DEATHS FROM TUBERCULOUS MENINGITIS FOR THE YEAR 1953.

Ref. No.	Age and Sex	Days ill before Admission	Observations.
65	1 year 3 months Male	16	Well advanced stage of Tuberculous Meningitis on admission. Glucose 17 mgms. per 100 ml. Cells 85 per cmm. (lymphocytes). Chlorides 690 mgs. per 100 ml. Streptomycin 0·5 gm. twice daily and streptomycin intrathecally 0·25 gm. daily. Practically comatose during the whole of his illness. C.S.F. glucose (maximum reached) 38 mgms. per 100 ml. Died 19 days after admission.
352	7 years Male	10	Well marked Meningitis. Cerebro-spinal fluid clear and under tension. C.S.F. glucose 9 mgms. per 100 ml. Cells 160 per cmm. lymphocytes. Chlorides 650 mgs. per 100 ml. Total protein 200 mgs. per 100 ml. One acid fast bacillus present. Streptomycin intrasmuscularly (twice daily) combined with streptomycin intrathecally (daily) did not show any clinical response. C.S.F. glucose did not rise above 34 mgs. per 100 ml. Cells 160 per cmm. lymphocytes. C.S.F. culture—" acid alcohol bacilli present on culture ". Incontinence of urine and faeces. Patient became semi-comatose and died 7 weeks after admission.
635	21 years Female	28	Mentally confused on admission, delirious at times. C.S.F. glucose 10 mgms. per 100 ml. Cells 107 per cmm. lymphocytes. Chlorides 650 mgms. per 100 ml. Total protein 240 mgms per 100 ml. Acid fast bacilli (mycotuberculosis) present. Incontinence developed. Treatment by Streptomycin and Isonicotinic acid Hydrazide showed no response. Patient admitted too late in the disease to benefit by treatment.

690	4 years Female	21	Comatose on admission to Hospital. Concomitant squint, spastic paralysis left arm and left leg. C.S.F. glucose 11 mgms. per 100 ml. Cells 128 per cmm. lymphocytes. Chlorides 670 mgms. per 100 ml. One acid fast bacillus resembling myco. tuberculosis seen. Streptomycin and Isonicotinic acid Hydrazide therapy—no response. Patient died from acute miliary tuberculosis on the 4th week after admission.
726	6½ years Female	10	Undergoing treatment for Tuberculosis of Hip Joint prior to admission. Irritable, wasting and delirious. C.S.F. glucose 31 mgms. per 100 ml. Cells 48 per cmm. lymphocytes. Chlorides 680 mgms. per 100 ml. One week later C.S.F. glucose 6 mgs. per 100 ml. Cells 132 per cmm. lymphocytes. No response to treatment. Died 10 days after admission.
812	1½ years Female	14	Right facial paralysis on admission. C.S.F. glucose 14 mgs. per 100 ml. Cells 54 per cmm. lymphocytes. Chlorides 680 mgs. per 100 ml. Total protein 70 mgs. per 100 ml. Lumbar puncture repeated in two days showing C.S.F. cells 112 per cmm. lymphocytes. Chlorides 640 mgs. per 100 ml. Total protein 80 mgs. per 100 ml. C.S.F. glucose 23 mgs. per 100 ml. No response to streptomycin therapy. Patient rapidly went down hill and died on 3rd week after admission.
1142	2½ years Male	28	Thin wasted baby on admission. Meningitis signs well marked. C.S.F. glucose 36 mgs. per 100 ml. Cells 103 per cmm. lymphocytes. Chlorides 650 mgs. per 100 ml. C.S.F. glucose further reduced to 28 mgs. per 100 ml. Gradually developed into the chronic stage. Admitted too late in the disease to benefit by treatment.

Diphtheria.

There was one case of a Diphtheria carrier admitted during the year. A faucial swab was taken and "culture on selective media and biochemical tests indicate that these are true C. Diphtheriae. Guinea pig inoculation shows them to be virulent".

There were no cases of clinical Diphtheria admitted to the Hospital since 1948.

Table 12 shows the number of Diphtheria admissions (and the gradual decline of Diphtheria cases) since the year 1939.

TABLE 12.

SHOWING THE NUMBER OF DIPHTHERIA ADMISSIONS AND DEATHS FOR THE YEARS 1939–1953.

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
1949 ...	—	—	—
1950 ...	—	—	—
1951 ...	—	—	—
1952 ...	—	—	—
1953 ...	1 (Carrier)	—	—
Total ...	2,367	185	7·81

PNEUMONIA.

Twenty seven cases of Pneumonia were admitted to the wards during the year which shows a decrease of five from the previous year. They are classified as follows :—

Type	Number	Deaths	Case Mortality
Bronchopneumonia ...	14	4	28·57
Influenzal Pneumonia	9	—	—
Lobar Pneumonia ...	4	1	25·00
Total ...	27	5	18·51

Of the four deaths from Bronchopneumonia, one was a woman of fifty years with acute Bronchial Asthma on admission who died on the third week

from acute cardiac failure; the second, a baby of six months moribund on admission and died within eight hours; the third, a baby age six months admitted on 4th day of illness, died within a week from acute cardiac failure and convulsions; and the fourth, a baby of nine months, admitted in a collapsed condition and who died within two hours.

One death was due to Lobar Pneumonia, an infant of two years moribund on admission and died within six hours from acute cardiac failure.

TABLE 13.

SHOWING THE NUMBER OF CASES OF LOBAR PNEUMONIA, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1940–1953.

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
1949 ...	37	2	5·40
1950 ...	14	—	—
1951 ...	23	2	8·69
1952 ...	19	—	—
1953 ...	4	1	25·00
Total ...	451	18	3·99

POLIOMYELITIS.

Twenty one cases of Poliomyelitis were admitted for treatment during the year, which shows an increase of twenty from the previous year. There were two deaths, giving a mortality rate of 9·52 per cent. Of the two deaths, one was a man aged 42 years, a diabetic for 20 years, paralysis of both arms and right leg. Had

complete retention of urine which was relieved by Supra pubic cystostomy. He gradually went down hill and died within seven weeks from Uraemia following Polio-encephalitis. The second death occurred in a girl aged 10 years with paralysis of both legs, developed diaphragmatic paralysis—Bragg Paul Pulsatir—developed incontinence of urine and eventually died from respiratory failure.

TABLE 14.

SHOWING THE NUMBER OF POLIOMYELITIS ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1944–1953.

Year	Number of cases	Number Died	Case Mortality
1944	3	1	33·33
1945	8	1	12·50
1946	2	—	—
1947	9	3	33·33
1948	1	1	100·00
1949	4	1	25·00
1950	8	1	12·50
1951	5	1	20·00
1952	1	—	—
1953	21	2	9·52
Total	62	11	17·74

MENINGISM.

Thirty four cases of Meningism were admitted as suspected cases of Meningitis and Poliomyelitis. All made good recoveries.

ENTERIC FEVER.

Four cases were admitted—two were due to B. Paratyshosus B infection, and one to B. Typhosus. All four cases made good recoveries.

Erysipelas.

Twenty eight cases were admitted showing an increase of three from the previous year. Twenty five cases were of the facial type and the remaining three were crural in origin.

Infective Hepatitis.

Eighteen cases were admitted showing an increase of nine cases from the previous year. All made good recoveries.

Infective Mononucleosis.

Six cases were admitted. No complications were observed and all made rapid recoveries probably due to Chloromycetin therapy.

Varicella, Mumps and Rubella.

Sixty two cases of Varicella, forty one cases of mumps and twenty cases of Rubella were admitted during the year.

Six cases of mumps developed Orchitis.

Dysentery and Bacterial Food Poisoning.

Fourteen cases of Dysentery were admitted, eight being due to the Flexner type and six caused by 'Sonne' type.

Four cases of food poisoning due to Salm. Typhi Murium infection were also admitted during the year.

All these cases made good recoveries.

Encephalitis Lethargica.

One case was admitted—An infant of two years. After five months in Hospital unable to walk but could stand with aid. Spasticity of legs were fairly well marked and the typical post encephalitic syndrome viz. Parkinsonism was present. Patient was transferred to a Convalescent Home.

Tetanus.

A girl of three years was admitted. She had well marked trismus and a severe spasm shortly after admission. Her arms and legs were rigid and a slight degree of opisthotonus observed. She had been attending the O.P.D. of a General Hospital for two weeks for treatment of a septic finger. Anti-tetanus serum was administered and she was fit to leave hospital within six weeks.

Miscellaneous Cases.

Two hundred and seventy one cases were admitted as suffering from various infectious ailments. There were 8 deaths.

Table 15 shows an analysis of these deaths.

TABLE 15.

Ref. No.	Age and Sex	Notified as	Observations.
258	5 years Male	Laryngeal Diphtheria	A case of acute Laryngo Tracheo bronchitis—very distressed on admission. Tracheotomy performed. Lived 12 hours.
423	8 years Female	Diphtheria	A case of Streptococcal Septicaemia ; collapsed and shocked on admission. No response to treatment. Died 24 hours after admission.
974	14 years Female	Diphtheria	Cavernous Sinus thrombosis ; marked oedema of lids and conjunctiva (R) and complete Opthalmoplegia. Early response to Penicillin and Soluseptascine. Relapse occurred and patient died on second week of illness.
1169	29 years Female	Enteric Fever	Pulmonary Embolism. Collapsed on admission—marked cyanosis. Died 13 hours after admission.
1386	3 months Female	Measles and Broncho-pneumonia	A case of Bronchopneumonia ; undernourished infant. Enteritis on admission. Patient slowly recovering when she suddenly collapsed and died almost immediately due to acute massive collapse of lung.

1460	2 years Male	Poliomyelitis	A case of Diabetic Coma. Patient shocked on admission. Semi-Comatose. Died 16 hours after admission. Blood Sugar 149 mgs. per 100 ml. Blood 123 mgs. per 100 ml.
1542	54 years Male	Tuberculous Meningitis	A case of Cerebral Haemorrhage. Patient died within 5 days.
1749	36 years Female	Meningitis	A case of Subarachroid Haemorrhage. Blood pressure 226/130. Well marked Xanthocromia of Cerebro-spinal fluid. Patient died 5 days after admission.

Transfer of Cases to Other Hospitals.

Mercer's Hospital	Three cases of acute appendicitis. One case of acute Cholecystitis. One case of acute abdomen.
Sir Patrick Dun's Hospital	One case of Peritonitis. One case of ? Carcinoma of Bowel.
St. Ultan's Hospital	One case of Rickets. One case of Coeliac disease.
St. Laurence's Hospital....	One case of Cerebral Thrombosis.
St. Mary's Chest Hospital	One case of Pulmonary Tuberculosis.
Ballyroan Sanatorium	One case of Primary Tuberculosis.
Children's Hospital, Temple Street	One case of acute Dermatitis. One case of intussesception. One case of acute appendicitis.
St. Anne's Hospital, Northbrook Road	One case of Impetigo Contagiosa and acute Eczema.

Jervis Street Hospital .... One case of Suppurative arthritis of Hip Joint.

ADMISSIONS.

1939	....	593
1940	....	744
1941	....	1,144
1942	....	1,146
1943	....	1,348
1944	....	1,591
1945	....	1,303
1946	....	1,106
1947	....	1,407
1948	....	2,245
1949	....	1,808
1950	....	1,898
1951	....	1,569
1952	....	1,611
1953	....	1,817

TUBERCULOSIS.

ST. MARY'S CHEST HOSPITAL.

During 1953 the work of the hospital continued along the same general lines as in previous years. There was an increase in the number of admissions due to the fact that more beds became available following the discharge of patients who had completed their course of treatment. A large proportion of our beds continue to be occupied by advanced cases. These are patients discovered too late and who require very prolonged bed rest. The prospect of their return to their homes is indeed extremely remote. Each year the number of such cases gradually increases so reducing the number of beds available for the early treatable cases.

Chemotherapy in the form of Streptomycin combined with P.A.S. or Isoniazid continued to form part of the routine treatment of most patients admitted during the year. Fewer patients were treated by Artificial Pneumothorax than in any other year since the hospital opened. This is due to the good results obtained by chemotherapy combined with strict bed rest and also because a wider choice of alternatives is now available in the field of thoracic surgery.

One hundred and fifteen patients underwent major thoracic surgery operations. A larger number of patients than previously, underwent the operation for removal of a lobe or segment of the lung. The results to date have been very satisfactory. We have continued the weekly out-patient sessions for those who had surgical treatment during their stay in the hospital. There were 823 attendances at these sessions during the year.

X-Ray Department.

The need for improved x-ray facilities becomes more evident each day because of the increase in tomography and in bronchography. At present we must send most of our cases requiring tomography to

Ballyowen Sanatorium, an arrangement which is most inconvenient as well as costly. Our problem will only be solved by the addition of a second X-Ray Plant in St. Mary's. This will necessitate the extension of the X-Ray Department so as to provide more accommodation for patients and equipment. I hope that these improvements can be carried out in the coming year.

Operation Theatre.

This theatre has never been satisfactory. Even in the winter it is too warm and the atmosphere humid. Those who work in it are extremely tired by the end of the day. Several attempts have been made since 1949 to improve the ventilation but the position is still far from satisfactory. A new theatre is clearly essential.

Single Rooms.

In a hospital it is very important to provide a number of single bed rooms. Many patients, for clinical or other reasons, are not suitable for treatment in the general wards and can only be adequately dealt with in a room to themselves. Furthermore certain catagories of patients such as clergy and religious sisters who have been accustomed to a secluded life are not suitable for the public wards. There are about a dozen such single rooms in this hospital at present but it is important at least to double that number. It would help greatly in the nursing of very ill patients and constitute a facility that would be much appreciated by them. I propose to make certain recommendations regarding the provision of more single rooms in the coming year.

Staff.

Our congratulations are due to the following members of the Nursing Staff who obtained the Post Registration Diploma in Tuberculosis during 1953 :

Staff Nurses A. Bailey, J. Barrett, C. Brennan, M. Corcoran, M. V. Kerrigan, M. Dore, A. P.

Reynolds, A. J. Candon, B. McCarthy, Mgt. A. McKenna, Grace O'Donnell, Frances Sullivan, Cath. A. Flanagan, Annie Dunne, Ann Reid, K. Egan, Nora Corcoran, Kath. Hurley, Bernadette Smyth, M. E. O'Beirne.

Congratulations also to Dr. J. J. Flanagan, Assistant Medical Officer who was successful in the examination for the M.D. degree.

I wish to thank the Matron, Miss Kelly, and all the members of the staff, nursing, clerical and medical for their hard work and co-operation during 1953. It is this spirit of friendly co-operation which makes the life of the staff member here so pleasant and enables all to give of their best for the health and welfare of the patients.

C. K. MacARDLE, M.D., D.P.H.,
Medical Superintendent.

	Male	Female	Total
Total number of patients treated in 1953	436	624	1,060
Total number of admissions	212	266	478
Total number of patients admitted	210	263	473
Total number of discharges	207	252	459
Total number of patients discharged	204	251	455
Total number of deaths	11	12	23
In hospital on 31/12/52	224	358	582
In hospital on 31/12/53	218	360	578

Classification of Patients on Admission.

	T.B. Minus	T.B.+1	T.B.+2	T.B.+3
Male	67	7	127	11
Female ...	87	19	141	19
	154	26	268	30

Classification of Patients following Institutional Investigation.

	A1	A2	A3	B1	B2	B3	Non-Pul.	Non-Tub.	Not Classified
Male	6	19	1	6	135	36	—	8	1
Female ...	21	26	3	25	154	32	1	3	1
	27	45	4	31	289	68	1	11	2

Age Groups on Admission.

	Under 15 yrs.	15/24	25/34	35/44	45/54	55/64	65 and over
Male	10	70	42	42	29	13	6
Female ...	5	106	90	44	13	6	2
	15	176	132	86	42	19	8

History of Contact.

Male 61 (28·77%). Female 101 (38%).

Length of Time in Hospital—Patients discharged during year 1953.

	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	5	7	9	13	19	21	16	117
Female ...	5	9	9	14	23	22	17	153
	10	16	18	27	42	43	33	270

Condition on Discharge.

	Arrested or Quiescent	Improvement	No Improvement	Worse
Male	22	145	37	3
Female ...	38	182	31	1
	60	327	68	4

Reason for Discharge.

	Medical	Own Accord	Transferred to other hospitals	Dismissed	Died
Male	128	68	10	1	11
Female ...	167	71	14	—	12
	295	139	24	1	23

Sputum on Discharge.

	Pos. to Neg.	Pos. to Pos.	Neg. Pos. Neg.	Neg. to Neg.	Not Classified
Male	117	48	2	39	1
Female ...	141	33	3	70	5
	258	81	5	109	6

Treatment carried out during 1953.

Patients who had Postural Retention	103
Patients who had course of P.A.S. only	2
Patients who had combined Streptomycin and P.A.S.	308
Patients who had Iso Nictonic Acid only	3
Patients who had Iso Nictonic Acid, Streptomycin and P.A.S.	339
Patients who had Iso Nictonic Acid and Streptomycin	32
Patients who had Iso Nictonic Acid and P.A.S.	30
Patients who had Viomycin	6

Artificial Pneumothorax Treatment.

Inductions attempted	15
Patients admitted with A.P.	3
A.P. abandoned and failed	19
Pleural Effusions requiring aspirations	3
Refills	638

Artificial Pneumoperitoneum Treatment.

Inductions	160
Patients admitted with P.P.	4
P.P. abandoned	65
Refills	6,785

Extra Pleural Pneumothorax Treatment.

Extra Pleurals done	1
Extra Pleurals abandoned	1
Extra Pleural Refills	47
PNEUMONECTOMY	3
LOBECTOMY	34

Segmental Resection	33
Thoracoplasty (No. of Stages)	77
(No. of Patients)	41
Correctoplasty (No. of Stages)	13
(No. of Patients)	11
Plombage	1
Decortication	2

Treatment carried out during 1953.

Adhesion Section	4
Thoracoscopy only	3
Thoractomy	1
Phrenic Crush	84
Bronchoscopy	140
Thyroidectomy	1
Biopsy	2
Minor Operations	12
P.O.P.	2
Blood Transfusions	375
Aspiration of Pleural effusion	248
Lumbar Punctures	176

Investigations.

X-Ray examinations	10,614
Fluoroscopic examinations	7,467
B.S.R.	8,143
Sputum examinations :—	
Direct Microscopy	5,000
Cultures	1,800
Guinea Pig Inoculations	36
Gastric Lavages :—	
Direct Microscopy	577
Cultures	577
Guinea Pig Inoculations	1
Laryngeal Swab Cultures	61
C.S.F. Examinations	110
Pleural Fluid Examinations	30
Full Blood Count Examinations	698
Blood Sugar Examinations	109
Blood Protein Examinations	207
Blood Urea Examinations	57

Blood Culture Examinations	24
Blood Widal Examinations	9
Blood Cholesterol Examinations	12
Blood Platelet Count	2
Serum Calcium Examinations	6
Blood Chlorides	2
Urine Examinations	491
Faeces Examinations	22
Fractional Meal Tests	24
Bilirubin—Van den Bergh Tests	14
Icterus Index	8
Prothrombin Time	5
Brucella Abortus Agglutinations	12
Glucose Tolerance Test	1

Complications.

Pleural Effusion requiring Aspiration (3 of these followed A.P. Treatment)	8
T.B. Empyema (7 patients admitted with Empyema, 4 patients developed empyemas during treatment.)	11
Spontaneous Pneumathorax	7
Broncho Pleural Fistula	5
Haemoptysis (Severe)	40
T.B. Meningitis	1
Tuberculoma of the brain	1
Meningitis (non-tubercular)	1
T.B. Laryngitis	15
T.B. Adenitis	21
Lupus Vulgaris	1
Lupus Erythematosis	1
Chest Wall Abscess	3
Psoas Abscess	1
T.B. Spine	7
T.B. Hip	3
T.B. Shoulder	1
T.B. Knee	1
T.B. Kidney	6
Amyloid Disease	2
T.B. Pelvic Bones	1
T.B. Epididymitis	4

T.B. Pertonitis	5
T.B. Enteritis	3
Diabetes	9
Rheumatoid Arthritis	1
Chronic Otitis Media	4
Cholecystitis	1
Asthma	10
Mitral Stenosis	2
Severe Hypochromic Microcytic Anaemia	2
Inguinal Hernia	1
Appendicitis	2
Herpes Zoster	1
Episoleritis	1
Thrombo phlebitis	1
Dermatitis Herpitiformis	1
Pyloric Stenosis	1
Hemiplegia	1
Cirrhosis of Liver	1
Cystic disease of lungs	1
Peptic Ulcer	1
Simmond's Disease	1
Scheumann's Disease	1
Nephrolithiasis	1
Congenital Icthyosis	1
Nephritis	2
Pregnancy	8
Purpura	1
Colloid Goitre	1
Epilepsy	3
Benign Hypertension	1
Infective Hepatitis	1

Allergy to Chemotherapy.

Skin allergy due to Streptomycin	2
„ „ „ „ P.A.S.	1
Deafness due to Streptomycin	2
Vertigo due to Streptomycin	3
Paraesthesia due to I.N.A.H.	2
Tingling due to P.A.S.	1

Classification of Non-Tuberculous Cases.

Pneumonia	1
Pneumonic consolidation 1. lobe	1
Bronchitis	1
Bronchiectasis	1
Sarcoidosis	2
Carcinoma of Lung	1
Mitral Stenosis	1
Haemoptyses of unknown origin	4

During the year 1953—600 patients were examined by the Ear, Nose and Throat Consultant.

During the year 1953—1,874 patients were examined by Dental Surgeon.
417 patients had extractions.
229 patients had fillings.
89 patients had dentures.

During the year 1953—76 patients had eyes examined by Opthalmologist.

OCCUPATION OF PATIENTS ADMITTED.

	Male		Male
Apprentice (Barman's)	1	Bus Conductor	1
,, (Builder's)	1	Bus Driver	1
,, (Chemist's)	2	Butcher	1
,, (Compositor's)	2	Caretaker	1
,, (Electrician's)	1	Carpenters	6
,, (Mechanic's)	1	Car Park Attendant	1
,, (Shirt Cutter's)	1	Carter	1
Army Personnel	7	Cattle Drover	1
Artist	1	Cattle Shipper	1
Bank Clerk	1	Checkers	3
Barmen	3	Civil Engineer	1
Boot Repairer	1	Civil Servants	5
Bricklayer	1	Cleaners	2
Brush Maker	1	Clerks	14
Building Contractor	1	Coach Trimmer	1
Building Labourers	2	Compositor	1

Male	
Dairyman	1
Dentist	1
Dockers	2
Doctor	1
Electricians	3
Engraver	1
Factory Workers	5
Farrier	1
Fitters	3
Garage Helper	1
Garda Siochana	1
Glaziers	2
Grocer's Assistant	1
Haulage Contractor	1
Insurance Agent	1
Journalist	1
Labourers	24
Lorry Drivers	4
Machinist	1
Mechanic	1
Messenger	1
Musician	1
No Occupation	10
Oiler (Railway)	1
Packers	2
Painters	4
Plasterers	2
Plastic Moulderer	1
Plate Layer	1
Plumbers	2

Female	
Bank Clerk	1
Cashier	1
Cinema Worker	1
Civil Servants	8
Clerks	12
Confectioner	1
Dancing Teacher	1
Doctor	1
Domestics	13
Dressmakers	2
Dress Designer	1
Factory Workers	19
Housekeepers	2
Housewives	103
Laundresses	3
Market Gardener	1
Machinists	12
No Occupation	30

Male	
Porters	4
Post Office Learner	1
,, ,, Official	1
,, ,, Sorter	1
Postmen	2
Priests	3
Printer	1
Railway Employees	2
Sailors	2
Salesman	1
Schoolboys	15
Seamen (Merchant)	2
Ship's Naval Worker	1
Shop Assistants	2
Solicitor	1
Stableman	1
Storekeeper	1
Storemen	2
Student	1
Supervisor	1
Tailors	3
Taxi Driver	1
Teacher	1
Travellers	4
Travelling Showman	1
Van Drivers	3
Waiters	2
Watchmen	2
Welder	1

Female	
Nuns	4
Nurses	4
Packers	3
Printer's Apprentice	1
Receptionist	1
Schoolgirls	5
Seamstresses	3
Secretaries	2
Shop Assistants	9
Student	1
Shorthand Typists	2
Tailoresses	5
Teaser	1
Telephonist	1
Typist	1
Upholstress	1
Waitresses	10

RIALTO HOSPITAL

Owing to the absence of Mr. B. O'Neill, thoracic surgeon, on sick leave, the position of thoracic surgery in the hospital mentioned in last year's report continued to be most unsatisfactory until the whole-time appointment of Mr. D. V. Kneafsey as temporary thoracic surgeon as from 1st June. Prior to this date the latter's coming to Dublin from Castlerea every alternate week had enabled him to deal with only a relatively small number of the cases of thoracic surgery selected and accepted as suitable for operation at surgical conferences.

The return of Mr. O'Neill from sick leave in August helped the situation somewhat, but it was not until the appointment on October 1st of Mr. K. M. Shaw as temporary third thoracic surgeon that the work of dealing with the accumulation of surgical cases really got under way. As Mr. Shaw, however, had to spend every alternate week working in Castlerea there was still at the end of the year a number of cases awaiting surgery.

The decision taken by Dublin Corporation to accede to a request from the Department of Health to hand back Rialto Hospital to the Dublin Board of Assistance on the opening of the Dublin Regional Sanatorium now in the course of construction at Abbotstown, Blanchardstown, Co. Dublin, has meant the cancellation of the building programme—sanitary annexes and mortuary—and indeed of further development of the hospital as a centre for chest surgery. It is to be hoped that this development will continue in our new location.

The decision to close the training school for student nurses is, in my opinion, a retrograde one. So long as the right type of candidate continues to present herself for nursing training, so long will there be an opportunity to acquire nursing services on a basis of efficiency and satisfaction at least equal, if not in many ways, superior to, that of fully trained personnel. All that was wanting to make the nursing school an unqualified success was affiliation with a larger training hospital.

This latter, I am convinced, could be secured with a little good-will and a tactful approach to existing training schools. In this way a quota of well-trained nursing staff would be always available in the hospital and would be relatively untroubled by problems which affect graduate nurses.

As in previous years, but on a more systematic basis, patients from Crooksling and Ballyowen Sanatoria and from Monaghan Tuberculosis Hospital have been admitted when ready for surgery and returned after the immediate post-operative period to continue their convalescence and further rest treatment.

With regard to treatment, there is little to add to comments on this subject made in last year's report, except perhaps to say that the tendency is to continue drug treatment in chronic incurable cases for prolonged periods in the hope of ultimately rendering them sputum negative. Pulmonary resection and thoracoplasty are the operations most commonly used to complete the effects of one or more courses of combined drug therapy. Postural recumbency and artificial pneumoperitoneum have their places in treatment.

The other activities of the hospital mentioned in previous reports—concerts, patients' library (Hospital Library Service), occupational therapy, etc., have continued as usual.

A meeting of the Irish Tuberculosis Society was held in the hospital early in the year at which Dr. T. F. Ryan, Assistant M.O., read a paper on " Lung resection in pulmonary tuberculosis ". The following is a list of published work which emanated from the hospital during the year :—

1. " Spontaneous pneumathorax complicating Artificial Pneumoperitoneum " by Dr. C. Breathnach (Journal Irish Medical Association, July 1953).

2. " Lung Resection in Pulmonary Tuberculosis " by Dr. T. F. Ryan (Irish Journal of Medical Science, October 1953).

3. " Differential Diagnosis of Haemoptysis and its Management," by Dr. C. Breathnach (Journal of Irish Medical Association, November 1953).
4. " Isonicotinic Acid Hydrazid and Para Amino Salicylic Acid in the Treatment of Pulmonary Tuberculosis," by Dr. C. Breathnach (Irish Journal of Medical Science, November, 1953).

The following staff changes took place during the year :—

Dr. C. Breathnach, house physician, was appointed in April as temporary Junior Medical Officer (pending the filling of the post according to statutory regulations).

Dr. William C. Ward, R.S.O. resigned in September and was replaced by Dr. J. J. Ambrose. Dr. A. P. Roche was appointed Senior House Surgeon in November.

Dr. L. G. Meagher replaced Dr. D. Carron as house surgeon.

JOHN DUFFY,
M.D., F.R.C.P.I., D.P.H., T.D.D.

Bed Capacity	294	(including 12 beds for Non-T.B. chest cases)	
No. of patients treated ...	687		
Admissions	315	Tuberculous cases	
	101	Non-T.B.	,,
No. of patients admitted ...	311	Tuberculous	,,
	90	Non-T.B.	,,
Discharges	303	Tuberculous	,,
	102	Non-T.B.	,,
No. of patients discharged ...	296	Tuberculous	,,
	94	Non-T.B.	,,
Deaths	24	Tuberculous	,,
	5	Non-T.B.	,,
In hospital 31/12/52	278	Tuberculous	,,
	10	Non-T.B.	,,
In hospital 31/12/53	263	Tuberculous	,,
	5	Non-T.B.	,,
Daily percentage of bed occupancy	97.1		
Cost per patient per day ...	21/6d.		

Classification on admission.

	T.B.–	A1	A2	A3	B1	B2	B3	Non-T.B.	Non-pul. T.B.	Not classified
M. ...	10	2	2	1	8	93	15	48	1	56
F. ...	9	—	2	—	3	56	15	26	—	54

Classification following Institutional investigation.

	A1	A2	A3	B1	B2	B3	Non-T.B.	Non-pul. T.B.	Not classified
M. ...	9	6	2	14	109	38	51	1	6
F. ...	1	11	1	7	76	25	39	—	5

TUBERCULOSIS CASES.

Age on admission.

	Under 15 yrs.	15/24 yrs.	25/34 yrs.	35/44 yrs.	45/54 yrs.	55/65 yrs.	Over 65
M. ...	3	37	58	45	30	10	2
F. ...	1	48	44	15	13	3	2

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 12 mths.
M. ...	6	15	13	15	36	28	16	58
F. ...	8	4	5	8	21	16	11	60

Classification on discharge.

	A1	A2	A3	B1	B2	B3	Non-pul. T.B.	Not classified
M. ...	15	7	1	80	44	24	1	2
F. ...	4	10	—	41	51	12	—	4

Reasons for discharge.

	Recommended	Own accord	Transferred	Dismissed for B/D	Death
M. ...	92	31	48	3	13
F. ...	90	21	11	—	11

Results on discharge.

	Quiescent	Improved	I.S.Q.	Worse
M. ...	60	85	29	—
F. ...	40	61	20	1

Sputum investigation of patients with disease "Quiescent" on discharge :

(a)	No sputum	1
(b)	Sputum negative on direct microscopy	3
(c)	Sputum negative on culture	40
(d)	Laryngeal swab negative	1
(e)	Gastric Lavage negative	55

Patients admitted with unconfirmed diagnosis of tuberculosis.

Male	71
Female	65

Classification following Institutional investigation.

	A1	A2	A3	B1	B2	B3	Non-T.B.	Not classified
M. ...	9	6	2	6	16	23	3	6
F. ...	1	10	2	4	20	10	13	5

Basis of classification of "A" group.

Sputum negative on direct examination	6
Sputum negative on culture	9
Negative laryngeal swab	3
Negative gastric lavage	12

Complications in Tuberculosis Cases.

Empyema thoracis	5
Primary complex with interlobar effusion	1
Acute exudative disease with pneumo hydro thorax	1
Ischio rectal abscess	1
Arterio sclerosis with mild hypertension	1
Diabetes mellitus with essential hypertension	1
Diabetes	2

Fistula with empyema after left upper lobectomy	1
Asthma	1
Miliary T.B. with pleural effusion and meningitis	1
Pleuro cutaneous fistula	1
T.B. spine and knee	1
T.B. peritonitis	1
T.B. laryngitis	6
T.B. enteritis	1
T.B. meningitis	2
T.B. epididymitis	1
Neurogenic spasmodic condition of lower bowel	1
Inoperable carcinoma of colon and ascites	1
Post-streptomycin C.N. VIII lesion	1
Mental deterioration into acute delusional insanity	1
Bronchopleural fistula	4
Acute sinusitis	1
Cystic bronchiectasis secondary to pulmonary T.B.	1
Congestive cardiac failure	1
Pregnancy	3
Syphilis	1
Miliary T.B. with meningitis and optic neuritis both eyes	1
Subacute abdomen	1
Acute abdomen	1
Spontaneous pneumothorax	2
Asthmatic bronchitis	1
Fractured femur	1
Amyloid disease	1
Simple hebephrenia and haemoptyses	1

Treatment.

E.P.P.—

Cases treated	4
No. of inductions	4
No. of refills	63
Abandoned	—
Failed	—

A.P.P.—	
Cases treated	107
No. of inductions	83
No. of refills	1,987
Abandoned	17
Aspirations of chest—	
Empyema (No. of cases)	4
Pleural effusion	5
Post-op. aspirations	267
Lumbar punctures—	
No. of cases	14
No. of treatments	233
Intra-bronchial penicillin—	
No. of cases	24
No. of treatments	319
Postural Retention—	
No. of cases	108
I.N.H., P.A.S. and Streptomycin therapy	125
I.N.H. and P.A.S.	90
I.N.H. and streptomycin	104
P.A.S. and streptomycin	109

Investigations in Tuberculous and Non-Tuberculous Cases.

Bronchoscopy examinations	143
Oesophagoscopy examinations	2
Bronchial secretion	40
Bronchial biopsies	27
Lung biopsies	43
Antibiotic sensitivity of organisms in sputum and bronchial secretion	180
Sputum—direct examinations	2,652
Sputum—culture	680
Laryngeal swabs	10
Gastric Lavage	305
Guinea-pig inoculations	3
Sputum examined for haemosiderin	6

Bacteriological examination of pleural and cavitatory fluids	61
Bacteriological examination of extra thoracic secretions	12
Cerebro spinal fluid	84
Haematological examinations	1,283
Blood chemistry	90
Wasserman reaction	25
Sternal puncture and marrow examination	3
Fractional test meals	12
Faeces examinations	2
Faeces examined for total fat	3
Faeces examined for occult blood	6
Urine examinations	371
Urinary chloride	3
Urea clearance	2
Hogben test	5
X-Ray examinations	3,941
Fluoroscopy	1,976
Bronchograms	82

Number of check-up examinations on post-operative cases	502
Number of patients seen at Non-T.B. clinic	60
Number of eye examinations in hospital	12
Number of ear, nose and throat examinations	355

Number of dental cases—Extractions		224
	Conservative treatment	424
	Dentures supplied	73

OPERATIONS (Tuberculous cases).

Thoracoplasty:	1st stage	31	
,,	2nd stage	21	
,,	3rd stage	4	
			56
Holst's thoracoplasty			1
Anterior stage thoracoplasty			1
Paravertebral thoracoplasty			1
Correctoplasty			8
Pneumoplasty			1

Pneumonectomy	8
Pneumonectomy and decortication	1
Decortication	1
Lobectomy	29
Lobectomy and decortication	2
Lobectomy and thoracoplasty	1
Segmental resection	22
Rib resection	1
Extra pleural pneumothorax	4
Adhesion section	1
Phrenic crush	17
Curretage of sinus	1
Insertion of tube	1
P.O.P. left wrist	1
Monaldi drainage	2
Exploration of wound	1
Resuturing of wound	1
Ingrown toenails incised	1

Male Cases.

THORACOPLASTY—Male patients discharged from Hospital—

Holst's thoracoplasty	1
1-stage ,, ...	4
2-stage	15
3-stage ,, ...	4
Total	24

Of the four 1-stage—one failed and patient developed infection of Semb space.

Of the four 3-stage—one developed broncho-pleural fistula following thoracoplasty with Semb space infection.

On discharge, 11 cases were sputum negative on culture ; 5 cases were negative on gastric lavage and 3 were negative on direct examination.

3 cases which had been admitted from Crooksling for operation failed to convert before transfer back to Crooksling.

LOBECTOMY—8 cases.

1 had 5-rib thoracoplasty subsequently.
1 had correctoplasty with lobectomy.
1 died 2 days post-op.

On discharge 4 were negative on culture; 1 was negative on gastric lavage; 2 were negative on direct examination on transfer back to Crooksling Sanatorium and Monaghan Tuberculosis Hospital.

SEGMENTAL RESECTION—10 cases.

2 had correctoplasty later.
1 had decortication.

On discharge 5 were negative on gastric lavage; 3 were negative on culture of sputum; 2 were negative on direct examination of sputum.

PNEUMONECTOMY.

1 case which was complicated by broncho-pleural fistula. Patient died 2 months post-op.

DECORTICATION—2 cases.

1 died 9 days post-op.

1 which had been admitted with massive effusion probably due to primary tuberculosis was discharged culture negative.

Female Cases.

THORACOPLASTY—13 cases discharged.

1–stage	1
2–stage	11
3–stage	1

Of the 11 2–stage, one was found to have a right-sided aoeta at operation; one had right pneumonectomy 1 year later.

On discharge 10 were negative on gastric lavage; 2 were negative on culture; 1 was negative on direct examination when transferred back to Ballyowen Sanatorium.

PNEUMOPLASTY (5-rib).

1 case which was followed one year later by left upper lobectomy. Patient was discharged with disease quiescent and negative gastric lavage.

LOBECTOMY—7 cases, 2 of which had also correcto-plasty.

On discharge 6 were negative on gastric lavage and 1 was negative direct on transfer back to Ballyowen Sanatorium.

EXTRA PLEURAL PNEUMOTHORAX—2 cases.

Both discharged gastric lavage negative.

SEGMENTAL RESECTION.

9 cases, one of which had also correctoplasty.

On discharge 6 were negative on gastric lavage; 2 were negative on culture of sputum; 1 was negative on direct examination of sputum.

PNEUMONECTOMY.

3 cases, one followed one month post-operatively by two-stage correctoplasty and one followed, one month later, by one-stage correctoplasty. On discharge the three cases were negative on gastric lavage.

NON-TUBERCULOUS CASES.

Male	—48 cases admitted through Non-T.B. Clinic of hospital	
	3 cases admitted as "haemoptysis"	51 cases
Female	—26 cases admitted through Non-T.B. Clinic of hospital.	
	13 cases admitted as "haemoptysis"	39 cases

Age on admission.

	Under 15	15/24	26/34	35/44	45/54	55/65	Over 65
M. ...	7	11	2	3	12	13	3
F. ...	8	8	6	8	6	3	—

Length of time in hospital.

	0/7 days	7/30 days	1/2 mths.	2/3 mths.	3/6 mths.	6/9 mths.	Over 12 mths.
M. ...	3	22	17	11	3	1	—
F. ...	7	13	10	5	5	1	1

CLASSIFICATION OF CASES.

Male.

Haemoptysis due to hypertension: 2 cases, one of which was complicated by aortic aneurysm and dilatation.

Cardiac cases: 2 cases, one pulmonary stenosis and the other mitral stenosis. The pulmonary stenosis was successfully operated on.

Carcinoma: 20 cases, 12 were inoperable—1 death. 3 had palliative lobectomy; 5 had pneumonectomy. 14 of the cases were referred for deep X-ray therapy.

Bronchiectasis: 15 cases, four of which were operated upon. Operations performed were:

Left lower lobectomy and lingulectomy with correctoplasty.

Right middle lobectomy and posterior basal segmentectomy.

Left basal segmentectomy.

Left lower lobectomy.

Eleven of the cases were treated medically, being either very early or too advanced for surgery.

Chronic bronchitis: 4 cases treated medically. All cases were investigated to exclude tuberculosis, bronchiectasis and cardiac conditions.

Emphysema: 3 cases, treated medically.

Lung abscess: 2 cases, 1 treated by dorsal lobectomy

and posterior and middle basal segmentectomy and 1 by rib resection and drainage. This patient died 3 months after operation.

Miscellaneous cases.

Chondro sarcoma of thoracic vertebrae—operated on successfully and sent for course of deep X-ray therapy.

Cystic lung—operated on successfully.

Diffuse streptococcal aspiration pneumonia
Bronchial asthma.
Enlarged thymus gland.
} No surgery.

Cystic sequestration of Left upper lobe—cured by operation.

Hiatus hernia—No surgical treatment warranted.

Neurofibroma of chest—growth successfully removed.

Sarcoidosis—medical treatment.

Female Cases.

Haemoptysis : 11 cases. The following causes were found :

4 cases of hypertension—two of these had an associated aneurysm of aorta one dying from fatal haemoptysis.
3 cases of epistaxis, one due to acute peptic ulcer.
2 cases—no cause found.
1 case secondary to a fall.
1 case due to dental sepsis.

Pulmonary haemosiderosis : 2 cases, one idiopathic—medical treatment given with slight improvement. One secondary to severe microcytic anaemia—medical treatment given with marked improvement.

Bronchiectasis : 19 cases, one of which was not confirmed on investigation.

10 of the cases were operated upon—2 had pneumonectomy ; 4 had lobectomy ; 4 had multiple segments removed.

8 of the cases were treated medically.

Carcinoma : 4 cases. Three were inoperable. One of these was referred for deep X-ray therapy and the fourth died one month after pneumonectomy, the cause of death being post-operative broncho-pleural fistula.

Miscellaneous Cases.

Chronic pleural effusion with frozen lung. Left thoracotomy and decortication performed. Decortication partially successful.

Broncho-pneumonia—patient admitted in moribund condition. Died 4 hours after admission.

Lobar pneumonia and severe hypochromic anaemia. Responded satisfactorily to medical treatment.

Complications in Non-T.B. Cases.

Carcinoma : Secondary metastases in spine. Diabetes.
Bronchiectasis : Cerebellar abscess. Mental deficiency.
Haemoptysis : Aortic aneurysmal dilatation.
Post-operative : Severe emphysema, which responded to medical treatment. Broncho-pleural fistula, which was cured by correctoplasty.

CROOKSLING SANATORIUM.

Further efforts have been made during the year to add to the improvements of the institution on the apparent acceptance by the powers that be that Crooksling Sanatorium will have a relatively important role in providing a fair share of the bed accommodation for the tuberculous patients of the City and County. An earnest of the intention to put such improvements on foot was the big advance represented by the putting into commission early in the year of heated food trolleys to serve half the institution previously hopelessly inadequately catered for by trays carried by hand. The consequent improvement in the general standard of meals served is a great boon to patients and indeed to staff which now rarely has to deal with genuine complaints on this matter.

A further group of chalets has been completely refitted and decorated, capable of accommodating, in comfort, twenty patients. Though this accommodation has been ready for some months it has been unfortunately found impossible to avail of it due to the delay in providing accommodation for the increase in number of nursing staff which would be necessitated by any further increase in the number of patients.

It is to be regretted therefore that a further year has gone by leaving the question of the provision of a nurses' home of adequate dimensions still in abeyance. The incongruity of the situation wherein so much is expected by way of work while failing to provide the necessary facilities will eventually it is hoped, be ended.

Other facilities from patients' and staff points of view are still vainly being sought. I particularly refer to the necessity for providing radio-facilities which have been requested so often. The position where patients can all too easily make adverse comparisons with other and newer institutions, which, in view of some alternative attractions they offer, could more easily than us offset the defect mentioned, is not fair

to this hospital nor to the patients who find themselves undergoing treatment therein. It is for instance still a matter for complaint by relatives, that visiting must make such a demand on their time and purses. Facilities must therefore be as good as the best offered elsewhere, if the impact of such grievances as are insurmountable is to be minimised.

Treatment this year has followed the usual lines there being no new advances. It is probably as well that we should be allowed take stock of those already made. Chemotherapy continues to be used to great effect, and probably I think Isonicotinic Acid Hydrazide may be more liberally used in combination with other drugs—at least the reports of the M.R.C. trials suggest that drug resistance may be warded off longer than was at first thought. Whether exceptionally or otherwise, we in this institution get the impression that a big number of reactions to these drugs, especially Streptomycin and P.A.S., is occurring. No reason so far can be suggested for this.

Our surgical cases we transfer mainly to Rialto Hospital for treatment. Thirty-four major operations were carried out. This represents approximately one case in ten admissions. Another nine cases already transferred will probably be operated on—this would bring the incidence of cases coming to surgery to one in eight.

The statistics also disclose that approximately one-third of the cases admitted are over 45 years of age.

It has been a source of disappointment that a unit of thirty beds suitable for ambulant patients is rarely more than half full. It seems that patients reaching ambulant state are reluctant to remain in hospital, and patients admitted for ambulant treatment will not be persuaded of the efficacy or necessity for this.

It is also a matter for concern that the number of patients leaving of their own accord is so high. An analysis of these gives no satisfactory clue to the reason —it would probably require more detailed analysis than is feasible, especially in regard to social background, to explain this, but the factors already

mentioned at the outset are relevant, e.g., distance, etc. The figures do contain a good number of patients with a record of repetition of this conduct more than once in this and other institutions. It seems certain that a big number are incapable of disciplinary restraint and cannot be regarded as an argument for relaxation on this matter. It does seem indeed latterly that the incidence is lessening and this tendency would become pronounced if such offenders did not so readily get re-admitted.

Staff changes during the year were the appointment of Dr. Brendan Callaghan as Assistant Medical Officer on 1st February. Dr. P. Corbett acted in this capacity during the month of January. House Physicians to do duty during the year were Drs. T. O'Shea, S. O'Donovan, B. Devine and S. O'Connell.

A number of nurses were entered for the Diploma examination in Tuberculosis and all were successful.

The usual precautions in regard to the health of the staff have been taken and a number of persons had B.C.G. vaccination.

Arrangements in regard to amusement facilities were the same as before, and a number of outside groups kindly contributed much appreciated efforts.

No. in Hospital 31/12/'52	182
No. in Hospital 31/12/'53	200
No. of admissions during 1953	344
No. of discharges during 1953 .... (incl. transfers).	326
No. of deaths	7
No. of transfers	60

Admissions According to Age.

—15	15—24	25—34	35—44	45—54	55—64	65 and over	Total
1	79	85	58	73	39	9	344

Classification on Admission.

A1	A2	A3	B1	B2	B3	Observation	Unclass.	Total
13	63	3	24	217	17	16	1	344

Length of Stay in Hospital.

0–7 days	7–30 days	1–2 mths.	2–3 mths.	3–6 mths.	6–9 mths.	9–12 mths.	Over 12 mths.	Total
13	15	31	28	85	62	44	48	326

Condition on Discharge in Relation to Length of Stay.

	Quiescent	Improved	I.S.Q.	Worse	Died	Total
0–7 days ...	—	—	13	—	—	13
7–30 days ...	1	—	11	1	2	15
1–2 months ...	2	8	21	—	—	31
2–3 months ...	6	15	7	—	—	28
3–6 months ...	24	50	9	—	2	85
6–9 months ...	12	45	3	—	2	62
9–12 months ...	16	27	—	—	1	44
Over 12 months	22	23	2	1	—	48
Total ...	83	168	66	2	7	326

Classification on Discharge.

A1	A2	A3	B1	B2	B3	Unclass.	Non-T.B.	Total
23	28	—	32	231	5	3	4	326

Discharges of A 1 and A 2.

It is noticed that A1 and A2 groups discharged total 51, i.e., though radiologically tuberculous there was no bacteriological confirmation. Of these, two left within seven days. Seven statistical discharges refer to three patients, due to re-admissions, and discharge ; five had resection for slight disease. Three were cases of pleural effusion or empyaema. The remainder were mainly early cases of closed lesions and a number of elderly patients with chronic fibrotic lesions. There were also a few cases of spinal lesions with minimal pulmonary lesions. The figures it is hoped may suggest that a number of very early cases are finding quick admission which is heartening from the point of view of recovery.

Reasons for Discharge.

Recommended	153
Transferred (51 for thoracic surgery)	60
Dismissed	6
Own Accord	100
Died	7

Discharged " Own Accord " : 100.

Duration of Stay :

0–7 days	7–30 days	1–2 mths.	2–3 mths.	3–6 mths.	6–9 mths.	9–12 mths.	Over 12 mths.	Total
10	11	20	13	27	10	5	4	100

Ages :

15—24	25—34	35—44	45—54	55—64	65 and over	Total
22	31	23	13	10	1	100

Classification on Discharge :

A1	A2	A3	B1	B2	B3	Non-T.B.	Unclass.	Total
1	8	—	7	77	3	1	3	100

Transferred for Surgery : 51.

Thoracoplasty	19
Segmentectomy	10
Lobectomy	4
Pneumonectomy	1
Total	34

There was one post-operative death (pneumonectomy). All other cases completely satisfactory.

Of the further 17 patients transferred, eight were provisional and eventually were not submitted to operation. The remaining nine cases are still awaiting surgery and all are expected to have it.

Treatments.

Pleural Lavage and Chest Aspirations	114
Phrenic Crush	13
Lumbar Puncture	2

Artificial Pneumothorax.

No. of patients	7 (4 extern).
No. of refills	39
No. of inductions attempted	Nil.
No. abandoned	7
No. extra-pleural refills	15

Pneumoperitoneum.

No. of patients treated	54
No. of inductions attempted	49
No. of refills	1,268
No. of P.P.s abandoned	6

4 due to adhesions ; 1 due to loss of weight ; 1 Completed.

Complications.

T. B. Empyaema	3
1 following decortication. 1 following Pneumothorax. 1 Semb space infection.	
T.B. Laryngitis (severe)	2
T.B. Knee.	2
T.B. Kidney	2
T.B. Elbow	2
T.B. Spine	2
Pleural Effusion.	3
Spontaneous Pneumothorax	2
Bronchiectasis	1
Asthma	2
Ca. Bronchus	2
Diabetes	1
Peptic Ulcer	3
Mental Conditions	3
Appendicitis	1
Renal Calculus	1
Myocarditis	1
Hemiplegia	1
Hypertension	1
Thromboangutis Obliterans	1
Post-gastrectomy macrocytic anaemia	1

X-Ray Department.

No. of X-Ray Examinations	1,480
No. of Screenings	1,181
No. of Tomograms	207

Laryngological.

No. of Examinations	573

Dental Department.

No. of Examinations including extractions	725

Pathological Examinations.

Sputum	2,768
Laryngeal Swab Cultures	137
Pleural Fluid	21
Blood Count	62

Urine—Routine and Microscopic	129
Urine—Cultures	7
Faeces—Occult Blood	5
Sputum—Grams	7
Van-den-Bergh Reaction	2
Throat Swab	5
Pus Samples	13
Teat Meal	18
Blood Sugar	24
Wasserman Reaction	11
Widal Reaction	6
Blood Urea	3
Serum Protein	1
Blood Grouping	2
Blood Culture	3
Serum Sodium	2
Sputum—Streptomycin Sensitivity	11
Urine—G.P. Inoculation T.B.	8
Sputum—G.P. Inoculation T.B.	2
Milk Sample	3
Water Sample	3

L. B. GODFREY, M.D., M.R.C.P.I., D.P.H.
Resident Medical Superintendent.

BALLYOWEN SANATORIUM.

By the end of 1952 five of the six Units had been opened and 220 beds were available for occupation. The sixth Unit was opened in March of 1953 bringing the number of beds to 243. Between June and September accommodation was made for an additional twenty patients in an effort to reduce the Waiting List. The total number of beds now available is 263.

During the past year the work of the Sanatorium has been carried on smoothly. It is pleasant to record that to a large extent the smooth-running can be attributed to the happy relationship that exists between Staff and Patients and between individual staff members. It is however, a matter for regret that I cannot yet report that all Departments are functioning. We have a fully-equipped Laboratory but so far we have not been provided with a Laboratory Staff. It is to be hoped that we shall see our own Laboratory working before the end of 1954.

An Instructor in Occupational Therapy has not yet been appointed. The vacancy for a temporary appointment was advertised but the candidate recommended was unable to get away from her post, which was a permanent one. The request for a permanent appointment was referred to the Local Appointments Commissioners but at the close of the year the vacancy was still unfilled.

Treatment followed what are now accepted as routine lines, viz., bed-rest and chemotherapy, followed in suitable cases by surgery. In all, 425 patients were treated and there were 6 deaths. Recreative facilities were provided by a number of visiting concert parties and I take this opportunity to thank them for coming here. The Anniversary of the Opening of Ballyowen was celebrated by a Garden Party for the patients and ex-patients. We were very pleased to welcome the Lord Mayor, Alderman Bernard Butler, T.D. and Lady Mayoress to this function. Cinema performances will be given weekly from the beginning of 1954.

The patients' Library has been stocked with books lent by the Hospital Library Council whose generosity I wish to acknowledge.

Dr. Maeve McDonagh joined the Medical Staff as Assistant Medical Officer in January. This was a new post, the filling of which was a matter of some urgency owing to the increased number of beds put into use. Of the House Physicians, Dr. Peter Yorke left in mid-January and was succeeded by Dr. Thomas O'Beirne ; Dr. Moira McQuaid left at the beginning of February and was succeeded by Dr. Irene Lynch.

The following are the figures relating to Admissions, Discharges, Transfers, etc., for the year under review :

Total remaining 31/12/52		197
Admitted in 1953		228
Discharged in 1953		173
Home	137	
Transferred	30	
Died	6	
Total remaining 31/12/53		252
Total number of patients treated		425

ADMISSIONS ACCORDING TO AGE.

Under 15 years	5
15—24 years	79
25—34 ,, ...	81
35—44 ,, ...	41
45—54 ,, ...	14
55—64 ,, ...	4
65 and over	4
	228

72·36% of the patients admitted were under the age of 35, and 36·84% were under the age of 25. Compared with previous years this represents a marked shift towards the older age groups in 1953. In other years the corresponding figures were approximately 80% under 35 and 55% under 25. Possibly this shift may be accounted for by a greater readiness of people to come forward for examination when doubtful symptoms

present themselves, or to avail of facilities for Mass Radiography even when there are no symptoms. Whatever the explanation, the fact remains.

CLASSIFICATION.

	Admissions	Total Treated
A 1	27	43
2	23	67
3	3	3
B 1	15	23
2	134	253
3	24	33
Observation	2	3
	228	425

EXTENT OF DISEASE.

	Admissions	Total Treated
Unilateral—		
Minimal	34	61
Moderate	37	72
Advanced	3	11
Bilateral—		
Minimal	11	15
Moderate	95	166
Advanced	46	97
Observation	2	3
	228	425

The extent of disease is defined as follows:—

MINIMAL.—Slight lesions without demonstrable excavation confined to a small part of one or both lungs. The total extent of the lesions, regardless of distribution shall not exceed the equivalent of the volume of lung tissue which lies above the second chondro-sternal junction and the spine of the fourth or body of the fifth thoracic vertebra on one side.

MODERATE.—One or both lungs may be involved, but the total extent of the lesions shall not exceed the following limits :—

(a) Slight disseminated lesions which may extend through not more than the volume of one lung, or the equivalent of this in both lungs ;

(b) Dense or confluent lesions which may extend through not more than the equivalent of one-third the volume of one lung ;

(c) Any gradation within the above limits. The total diameter of cavities, if present, estimated not to exceed 4 cms.

ADVANCED.—Lesions more extensive than Moderate.

CLASSIFICATION OF DISCHARGES.

——	Quiescent	Improved	No Material Improvement	Worse	Died	Total
A 1 ...	10	0	2	0	0	12
2 ...	12	2	5	0	0	19
3 ...	0	0	0	0	2	2
B 1 ...	7	10	2	0	0	19
2 ...	28	60	15	0	0	103
3 ...	0	6	5	0	4	15
Non-T.B. ...	0	1	2	0	0	3
TOTAL ...	57	79	31	0	6	173

A patient was considered quiescent when there was no clinical or radiological evidence of active disease and when the sputum had been negative on direct examination for at least six successive months together with at least three negative cultures.

The following table shows the result of treatment in the patients discharged set in relation to the extent of the disease present when the patient was admitted :

On Admission	Quiescent	Improved	No Material Improvement	Worse	Died	Total
Minimal ...	20	12	4	0	0	36
Moderate ...	34	43	13	0	1	91
Advanced ...	3	23	12	0	5	43
Non-T.B. ...	0	1	2	0	0	3
TOTAL ...	57	79	31	0	6	173

LENGTH OF STAY.

Over 12 months	65
9—12 ,, ...	28
6— 9 ,, ...	30
3— 6 ,, ...	25
2— 3 ,, ...	9
1— 2 ,, ...	7
7—30 days	5
0— 7 ,, ...	4
	173

REASONS FOR DISCHARGE.

Recommended	83
Transferred to other Hospitals	30
Dismissed	0
Left of own accord	54
Died	6
	173

Of the 30 patients transferred, 20 went to Rialto Hospital and 8 to St. Mary's Chest Hospital for thoracic surgical treatment, 1 went to Jervis Street Hospital for surgical treatment of tuberculous kidney, and 1 went to Cappagh.

Sputum—Admission Related to Discharge.

Admission		Discharge	
Positive		Positive	38
Negative		Positive	7
Negative — Positive —		Negative	18
Negative		Negative	35
Positive		Negative	51
Nil		Nil	24
			173

Contact History.

	Among Admissions	Among Total Treated
At Work	5	15
In Home	52	80
Relative	14	34
Lodger	4	4
	75	133
	(32·89%)	(31·29%)

Initial Symptom

	Admissions	Total Treated
Cough	76	155
Haemoptysis	14	26
Dysponea	6	9
Hoarseness	4	6
Chest Pain	38	88
Lassitude	37	70
Loss of Weight	13	17
No Symptoms	40	54
	228	425

Complications and Other Diseases.

The following figures apply to the 173 patients discharged :—

T.B. Ankle Joint	1
T.B. Laryngitis	2

T.B. Mediastinal Glands	1
T.B. Pleurisy with Effusion	3
T.B. Sacro-iliac Joint	1
T.B. Spine	1
Asthma	1
Diabetes Mellitus	3
Disseminated Sclerosis	1
Emphysema	1
Hypertension	1
Hysteria	1
Mental Deficiency	1
Mental Disease	2
Miscarriage	1
Spontaneous Pneumothorax	1
Uterine Prolapse	1

TREATMENT.

Artificial Pneumothorax—	
No. of Patients treated	10
No. of Inductions	8
No. of Refills	328
Pneumoperitoneum—	
No. of Patients treated	8
No. of Inductions	4
No. of Refills	318
Thoracoscopy	2
Adhesion Section	6
Phrenic Nerve Paralysis	9
Thoracoplasty	5
Pneumonectomy	3
Lobectomy	9
Segmental Resection	9
Bronchoscopy	2
Chemotherapy—	
Streptomycin	1
P.A.S.	12
Isoniazid	13
Streptomycin and P.A.S.	135
Streptomycin and Isoniazid	107
Streptomycin and P.A.S. and Isoniazid	17

Chemotherapy—Result of Treatment.

Of the 173 patients discharged 120 received chemotherapy. In all but seven cases drugs were used in combination. The most satisfactory combination was that of streptomycin and isoniazid, but the great majority of patients so treated were still in hospital at the close of the year as their treatment had not been completed. They do not appear, therefore, in the following table, which shows the general results only among the patients discharged.

	Quiescent	Improved	No Material Improvement	Worse	Died	Total
Streptomycin and P.A.S.	23	37	3	0	0	63
Streptomycin and P.A.S. and Isoniazid ...	3	22	3	0	2	30
Streptomycin and Isoniazid ...	2	7	3	0	1	13
P.A.S. and Isoniazid	1	4	2	0	0	7
P.A.S. ...	2	2	0	0	0	4
Isoniazid ...	2	0	1	0	0	3
Total ...	33	72	12	0	3	120

The following table shows the type of disease in which the principal combinations were used :—

	Minimal	Moderate	Advanced	Total
Streptomycin and P.A.S. ...	10	43	10	63
Streptomycin and P.A.S. and Isoniazid	4	11	15	30
Streptomycin and Isoniazid...	1	6	6	13
Total	15	60	31	106

The effect of chemotherapy on the sputum in the 106 cases referred to above is shown in the following table :—

	Streptomycin and P.A.S.	Streptomycin and P.A.S. and Isoniazid	Streptomycin and Isoniazid	Total
Pos. — Pos.	9	13	4	26
Neg. — Pos.	2	3	0	5
Neg.—Pos.—Neg.	12	1	1	14
Neg. — Neg.	8	2	2	12
Pos. — Neg.	28	11	5	44
Nil — Nil	4	0	1	5
TOTAL ...	63	30	13	106

INVESTIGATIONS.

LABORATORY EXAMINATIONS :

Sputum—Direct Microscopy	3,245
—Culture	1,119
—Streptomycin Sensitivity	416
—P.A.S. Sensitivity	35
—Isoniazid Sensitivity	36
Laryngeal Swab	128
Gastric Lavage	644
B.S.R.	2,164
Haemoglobin %	137
Blood Count	179
Blood Grouping	9
Blood Sugar	19
Blood Urea	22
Pleural Fluid Culture	6
Faeces—Direct Microscopy	4
—Culture	4
Urine —Direct Microscopy	119
—Culture	34
Fractional Test Meal	1

Throat Swab	1
Vaginal Swab....	1
Liver Function Test	10

X-RAY EXAMINATIONS :

" Straight " Films	2,188
Tomograms	237
Fluoroscopy	342

E.N.T. DEPARTMENT.

Laryngoscopies	372
Antrum Puncture and Lavage	8
Cauterization of Septum	2
Audiometer Tests	15

DENTAL DEPARTMENT.

Extractions	435
Scalings	42
Dentures	25
Repair of Dentures	10

In conclusion I wish to express my thanks to the medical, nursing, clerical and other staffs for the loyal co-operation and assistance which they have given me throughout the year.

ARTHUR J. WALSH, M.B., CH.B., D.P.H.
Medical Superintendent.

TUBERCULOSIS CLINICS.

During the year 1953 a total of seven thousand and sixteen new attendances were recorded at the Tuberculosis Clinics. These were made up of patients referred by their own doctor, contacts brought in by the visiting nurses of the Tuberculosis Service and children referred by the Schools' Medical Officers. It represents an increase of over seven hundred on the first-attendances for 1952.

There has been a further reduction in the number of deaths from tuberculosis of all forms both in the adults' and in the children's age groups.

All those who on investigation were found to be tuberculin negative were recommended to have protective vaccination and were referred to the B.C.G. Clinics.

With the help of the Mass Radiography Association special groups, e.g., in factories, schools and institutions and selected communities of flat dwellers, were investigated. It is regretted that the co-operation which one would expect is not always forthcoming from those likely to benefit most by these investigations, even when an advertising campaign is followed up by personal visits by doctors to each household. The best results were in the schools, institutions and factories. The experience gained in the investigation of the flat dwellers points to the need for an even more intensive advertising campaign in the future and a very close liaison between all sections of the teams taking part in the investigations.

More early cases are being discovered than formerly. This is indeed gratifying and points to the increased appreciation on the part of the public of the facilities available for the diagnosis and treatment of Tuberculosis. It is also indicative of the zeal with which all sections of the staff played their part in the follow up and investigation of the contacts of known cases.

From the beginning of the year, the medical staff was increased by two. This has enabled us to hold more clinical and refill sessions and to facilitate at night time those patients who cannot attend during the day.

I wish to thank all members of the staff for their co-operation and hard work in the Service throughout the year.

C. K. MacARDLE,
(Actg.) Chief Tuberculosis Officer.

TABLE SHOWING ATTENDANCES AT THE CLINIC DURING EACH MONTH OF THE YEAR.

Month	Charles St. Clinic	Nicholas St. Clinic	Primary Clinic	Total
January ...	1,265	1,160	1,406	3,831
February ...	1,045	1,015	1,178	3,238
March	1,504	936	1,343	3,783
April	1,502	822	1,159	3,483
May	1,541	921	1,140	3,602
June	1,409	903	1,286	3,598
July	1,627	1,061	1,332	4,020
August ...	1,477	885	1,101	3,463
September ...	1,579	1,062	1,340	3,981
October ...	1,712	1,003	1,372	4,087
November ...	1,395	964	1,213	3,572
December ...	1,038	774	982	2,794
TOTAL ...	17,094	11,506	14,852	43,452

TABLE SHOWING NEW ATTENDANCES FOR EACH MONTH OF THE YEAR.

Month	Charles St. Clinic.	Nicholas St. Clinic	Primary Clinic	Total
January ...	228	212	232	672
February ...	243	216	208	667
March	247	199	252	698
April	228	182	163	573
May	292	189	179	660
June	190	196	199	585
July	245	180	195	620
August ...	217	193	152	562
September ...	198	151	198	547
October ...	241	167	265	673
November ...	132	142	114	388
December ...	118	101	152	371
TOTAL ...	2,579	2,128	2,309	7,016

TABLE SHOWING CLASSIFICATION OF PATIENTS DIAGNOSED DURING YEAR.

Month	Pulmonary	Sputum Positive	Sputum Negative	Non-Pulmonary
January ...	100	41	59	26
February ...	114	41	73	20
March	109	43	66	18
April	99	36	63	24
May	120	37	83	19
June	117	45	72	20
July	117	41	76	14
August ...	92	42	50	13
September ...	69	34	35	12
October ...	93	33	60	13
November ...	61	24	37	8
December ...	52	22	30	13
TOTALS ...	1,143	439	704	200

Number of Dwellings notified for disinfection 1,213

Number of X-Rays done during 1953 :

Charles Street Clinic 8,882

Children :

St. Ultan's Hospital

Temple Street Hospital 1,424

Number of Children X-Rayed at Lord Edward Street Unit 3,111

Number of X-Rays done for General Practitioners 474

Number of Deaths from Tuberculosis 268

Bacteriological examinations :

Number of sputa examined 1,642

Number positive 442

Number of Laryngeal Swabs examined 521

Number Positive 50

Number of Artificial Pneumothorax and Pneumoperitoneum Refills administered 5,900

The Oto-Laryngologist, Mr. O'Connell, held 52 sessions and there were 862 attendances.

The Orthopaedic Surgeon, Mr. D. P. Murray, held 28 sessions and there were 252 attendances.

Weekly sessions in the Dental Department were held and the total attendances were 1,021.

PRIMARY CLINIC.

During 1953 this Clinic for the care of children suffering from Primary and Post Primary Tuberculosis continued to work on a full-time basis. The attendances increased from 8,011 in 1952 to 14,852 in 1953.

It is again a pleasure to report another decrease in the figures of childhood T.B. Mortality. In 1947 there were 138 deaths of children under 15 years; in 1953 this number was reduced to 19, showing a fall of 86·3% within six years.

Reference to Table I shows that the most marked reduction has occurred in the age groups under five years of age.

TABLE I.

Dublin Childhood T.B. Deaths 0–15 Years.

	1947			1953		
	Under 1 year	2–5 years	5–15 years	Under 1 year	2–5 years	5–15 years
Pulmonary T.B.	9	12	6	Nil	Nil	2
Other Forms ...	14	56	41	1	9	7
Total ...	23	68	47	1	9	9

The deaths which did occur were deaths of children who had not been B.C.G. Vaccinated against the disease. It is regrettable that despite intensive efforts by the Anti-Tuberculosis Service, some parents still do not appear to fully understand the necessity to have their children tuberculin tested and B.C.G. Vaccinated if suitable.

In comparing the Dublin reduction in childhood tuberculosis mortality with British Cities, it is encouraging to note that Dublin has a greater reduction in the period 1947–1953 than was experienced in any of the large Cities with the exception of Sheffield.

It is hoped that the decrease will be maintained next year, but is has been observed at the Clinic towards the end of the year that the number of serious cases of Tuberculosis in children had increased. This coincided with the increase in the adult waiting list which for some time previously had been practically wiped out. We fear that this may have repercussions in the coming year, and we look forward to the provision of additional beds for adults when the new Sanatorium is opened during 1954.

The graph on p. 142 tells the story of childhood Tuberculosis Mortality in this City since 1943.

Over 16% of the total deaths between 1 and 15 years of age in Dublin were caused by Tuberculosis in 1953.

We can look back on another year of achievement, but we cannot be complacent and forget the long course of tuberculosis and its infectious character.

Grateful acknowledgment is made of the help received from the staffs of Ballyroan, Fairyhill, Peamount, Teach Ultain and the City Hospitals.

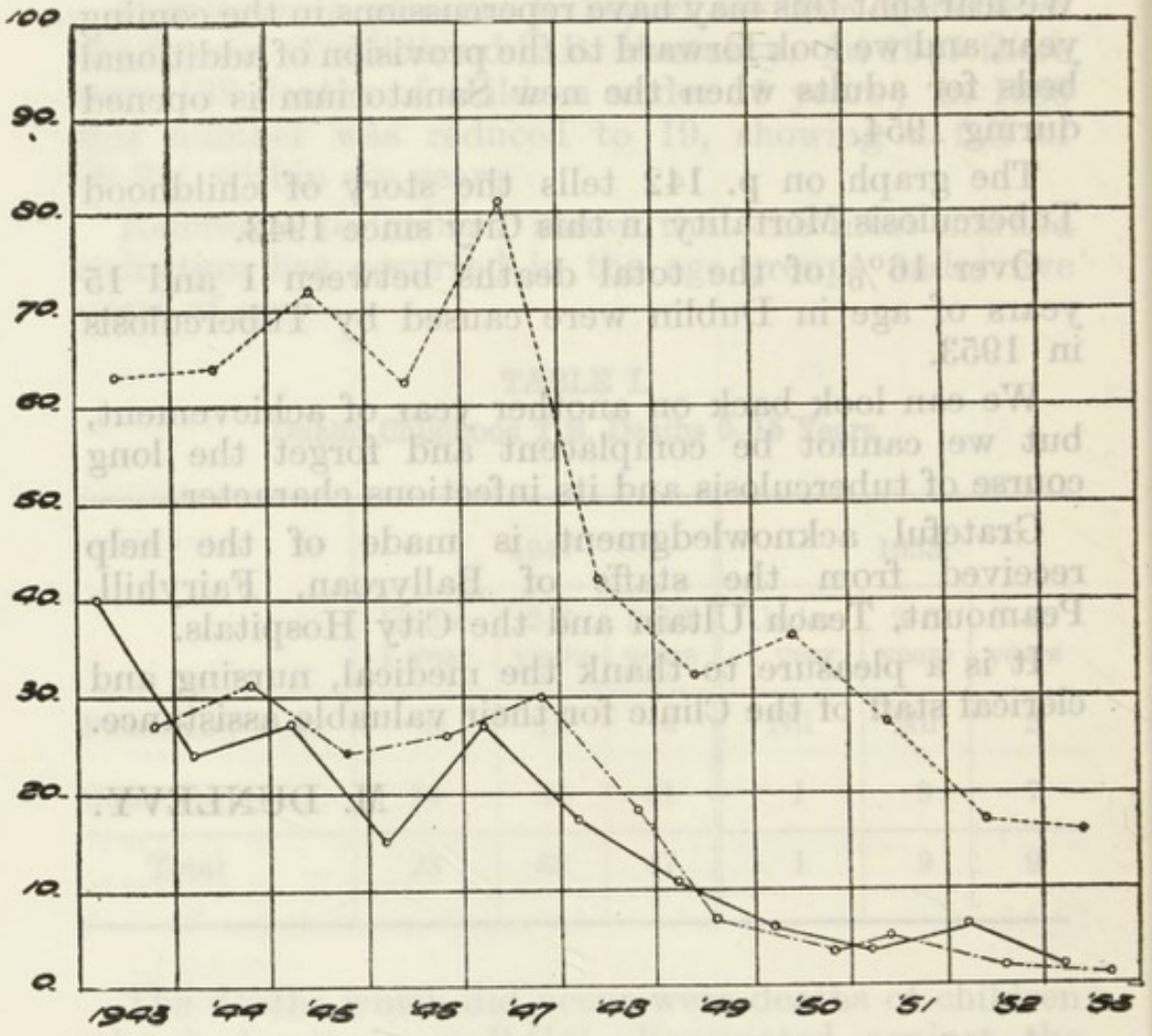
It is a pleasure to thank the medical, nursing and clerical staff of the Clinic for their valuable assistance.

M. DUNLEVY.

DUBLIN CITY

CHILDHOOD TUBERCULOSIS DEATHS

0 to 5 YEARS.



PULMONARY T.B. ——

T.B. MENINCITIS ----------

OTHER FORMS T.B. -·-·-

B.C.G. SCHEME.

The increase in public demand for B.C.G. vaccination against tuberculosis during 1953 may be noted from Table I.

The figures showing the number of vaccinations each year since the commencement of the Scheme at the end of October, 1948, are included in the Table.

TABLE I.

1948–1953 B.C.G. Vaccinations.

Year	New-born Infants.	Other age Groups	Total
1948 ...	2	43	45
1949 ...	10	848	858
1950 ...	49	2,016	2,065
1951 ...	788	3,346	4,134
1952 ...	1,606	7,417	9,023
1953 ...	1,911	10,190	12,101
	4,366	23,860	28,226

Until the end of 1950 attention was concentrated on contacts and potential contacts, but since September 1950, the Scheme has been extended to new-born infants and to school leavers. The extension to new-born infants was aimed to protect the vulnerable age group under five years of age. Throughout 1953, these vaccinations have been made twice weekly at the Rotunda and Coombe Maternity Hospitals. The infants are vaccinated within a few days of birth. They leave Hospital with the Mothers, except when there is a history of tuberculosis in the home. In the latter case special care is taken for the segregation of the infant in the Paediatric Unit of the Hospital until the post-vaccinal test becomes positive.

No child who has been B.C.G. vaccinated has died from Tuberculosis since the commencement of the

Scheme. The increase in public demand for vaccination of new-born infants may be seen from the above Table.

The following Table shows the number of Pre-Vaccinal and Post-Vaccinal tests in 1953 and the total since commencement.

TABLE II.

	Pre-Vaccinal Tests.	Post-Vaccinal Tests.
1953	28,805	10,278
Grand Total ...	62,255	23,822

The post vaccinal tests are made to ensure the satisfactory " take " of the vaccinations. With the constant expansion of the Scheme, difficulties arise in ensuring that all children have these tests. Mothers with small children find it difficult to attend the Clinic especially during the winter months. This entails considerable follow up work for the B.C.G. staff and necessitates repeated appointments and extra visits by the Nursing Staff to houses throughout the City.

Intensified attention has been given to the B.C.G. Vaccination of School Leavers during 1953 in order to prevent illness and fatality due to tuberculosis so common in the 15–30 age group.

It is gratifying to note that with the co-operation of School Managers and Teachers many School Leavers have availed of this protective vaccination in our City Schools.

Tuberculosis Survey, Mass Radiography and B.C.G. Vaccination have been made in the following Primary Schools :—

TABLE III.

Ballyfermot Boys'.
Blackpitts Boys'.

Cabra Convent.
Cabra West Boys'.
Cabra, Deaf and Dumb Boys'.
Cabra, Deaf and Dumb Girls'.
Cabra, Christ the King.
Clareville Road.
Crumlin, Loretto.
Crumlin C.B.S.

Donore Avenue, C.B.S.
Drumcondra, St. Patrick's.

East Wall Boys'.
East Wall Convent.

Francis Street Girls'.

Gardiner Street Convent.
Goldenbridge Convent.
Goldenbridge Orphanage.

Haddington Road.
High Street.

Inchicore Model.
Iona Road.
Irishtown.

James Street C.B.S.
Johns Lane.

Keogh Square C.B.S.
King Street, North.

Leeson Park.

Marino, St. Joseph's.
Marino, St. Mary's.
Marlboro St., Model, Boys'.
Marlboro St. Model, Girls'.
Meath Street.
Milltown Boys'.
Milltown Convent.
Mountjoy St. Convent.
Mourne Road Boys'.

Rathmines Boys'.
Raheny No. 1.
Raheny No. 2.
Ringsend Boys' and Girls'.
Rutland Street.

Scoil Brighde.
Scoil Colmcille.
Scoil Mhuire.
St. Canice's C.B.S.
School Street.
Sutton, The Burrow.
Synge St. C.B.S.

Terenure Boys'.
Terenure Convent.

Warrenpoint.
Weaver Square.
Westland Row C.B.S.
Whitefriar St. Boys'.
Whitefriar St. Girls'.

The Scheme was extended, with satisfactory response to Secondary and other Continuation Schools, during the year.

The Vocational Education Committee kindly granted facilities, and the following Schools under their management gave full co-operation during 1953.

TABLE IV.

Ballsbridge.	Marino.
Bolton Street.	Mount Street.
Cabra.	North Strand.
Clogher Road.	Parnell Square.
Denmark Street.	Rathmines.
Kevin Street.	Ringsend.
Capel Street.	St. Mary's, Cathal Brugha St.

Student Nurses were vaccinated at the following Hospitals :—

TABLE V.

Ballyowen Sanatorium.	Orthopaedic Hospital.
Cork Street, Hospital.	Portrane Mental Hospital.
Crooksling Sanatorium.	Rialto.
Drumcondra Hospital.	Royal Victoria Eye and Ear.
Grangegorman Mental Hospital.	Royal Hospital for Incurables.
Mater Hospital.	St. Kevin's Hospital.
National Children's, Harcourt St.	St. Mary's Chest Hospital.
	St. Vincent's, Fairview.

The vaccination of Medical Students was continued as in former years.

In July and August Tuberculin Surveys, Mass Radiography, and B.C.G. Vaccination were extended to a group of Corporation Flats in order to give the protective value of the vaccine to the younger people.

A house-to-house visit was paid by a team composed of B.C.G. and Mass Radiography staff. A detailed census of the flats was taken and propaganda leaflets distributed in each house. Evening sessions were arranged to give workers an opportunity to avail of the Scheme. There was an excellent response for the vaccination of children, but a low response from the 15–30 age group, for whom the Scheme was primarily intended.

Much more propaganda is necessary to educate young adults in preventive care against tuberculosis.

The number of children and young adults referred for Mass Radiography from this section during 1953 was 7,114, an increase of over, 1,400 compared with 1952.

In response to public request, an outlying B.C.G. Clinic was opened at Quarry Road Dispensary, Cabra, in order to serve this large housing area, and afternoon sessions have been held twice weekly since January, 1953.

All new recruits at the Garda Depot have had tuberculin testing and B.C.G. Vaccination during the year. We are indebted to Doctor V. Ellis for the smooth and efficient organisation of this work.

It was noted that there was a greater percentage of negative tuberculin reactors in the men recruited from rural areas. This was also found in our work in factories and Colleges—many of the young people from rural areas were tuberculin negative, and so had no natural protection against tuberculosis. With B.C.G. Vaccination we hope to reduce the incidence of tuberculosis so dangerous to young rural people who come to reside in the City.

The progress of the City B.C.G. Scheme owes much to the co-operation received from all those who have the care of children and young people.

The following staff changes in the B.C.G. Clinic occurred during the year :—

Doctor K. Piert commenced duty as permanent Medical Officer on 2nd January, 1953.

Doctor D. Meagher, permanent Medical Officer, resigned and left the service on the 28th February, 1953. He was succeeded by Doctor K. Quinn, temporary Medical Officer, and later by Dr. J. Kidney, temporary Medical Officer.

Thanks are due to the Medical, Nursing, and Clerical Staff for their interested help in the development of the City B.C.G. Scheme.

M. DUNLEVY.

MASS RADIOGRAPHY CENTRE.

From the end of the previous year 1952, The National Mass Radiography Association, Ltd., to which the Corporation makes a financial contribution has carried out all mass miniature radiography work in Dublin. The Association installs its X-Ray apparatus in the Corporation's Lord Edward Street premises for the Public Session held each Monday afternoon and each Monday night. In addition special sessions are held here by the Association, for mothers attending ante-natal clinics and maternity hospitals, and also for children who are referred by the Corporation's B.C.G. service.

When not so occupied, the Mass Radiography apparatus, being mobile is occupied with visiting factories, institutions, etc., throughout the City. There is, in addition, a 2nd miniature X-Ray Unit engaged all the time on mobile work. The Mass Radiography facilities for Dublin, have, in this way been greatly improved. In the past year **48,653** miniature X-Ray examinations were carried out. In the last year that the static Corporation Miniature Unit was in use the total number of miniature X-Rays was **14,458. 128** more cases of active pulmonary tuberculosis were discovered in the City in 1953 than in 1952. The miniature X-Ray films are read by the Association's radiologists in Tara Street. Where a full sized film is considered necessary for a suspected abnormality, an appointment is arranged for the person concerned to attend for this X-Ray in Lord Edward Street and the Corporation's radiologist interprets the large plates.

Likely cases of tuberculosis needing further supervision are seen by a tuberculosis officer at a weekly clinic here. As the majority of these cases have been well enough to be working up to the time of their X-Ray examination, a careful approach is very necessary in order to persuade them to have treatment and we are indebted to Dr. Costello, the Tuberculosis Officer concerned, for his diplomatic handling of this

aspect of our work. Where the question arises as to whether a person has a neoplasm or other non-tuberculous condition, an arrangement is usually made to refer the individual concerned to a special clinic in Rialto Hospital and we are indebted to the Physicians and Surgeons there for their valuable services in this respect.

Since the begining of April, 1953, all the large plate X-Raying of children which the Corporation previously had carried out at outside hospitals, now takes place in the Lord Edward Street Department, no doubt a considerable economy is thus effected. The number of large plate X-Ray examinations carried out in 1953 was **7,176** showing an increase of **2,644** on the previous year.

The number of examinations under the various categories was as follows :—

No. of Large Plate X-Ray Examinations .... comprised as follows :	7,176
No. of Large Plate Recalls from Miniature Radiography	2,320
No. of Recheck X-Rays	1,636
Children from Tuberculosis Clinics	3,111
No. of Staff Cases	109
Pulmonary Tuberculosis, Active	397
Pulmonary Tuberculosis, Observation	538
Miscellaneous Conditions	1,020

MICHAEL G. MAGAN,
Medical Director.

VENEREAL DISEASE SERVICE.

During the year clinics were conducted on behalf of the Corporation at the following Hospitals :—Dr. Steeven's Hospital, Sir Patrick Dun's Hospital, and the Mater Misericordiae Hospital, in addition to the Corporation's own clinic at the Hospital of St. Margaret of Cortona.

Within the year two new clinics were commenced. A special Ante-Natal Clinic at the Rotunda Hospital for pregnant women attending the ante-natal Department of that Hospital, and a clinic for children at the National Children's Hospital, Harcourt Street.

The Rotunda Hospital Clinic is reserved for patients attending the Ante-Natal Clinic and are referred by that Department for investigation. The routine which is followed is that every patient attending the Ante-Natal Department has at least one serological investigation during each pregnancy, and any found to be positive are referred for further investigation and possible treatment. This investigation includes repeat serological testing and a full clinical examination for Venereal Disease. Treatment is commenced immediately a diagnosis is confirmed. I am pleased to report to date that no child of a mother treated at this Clinic has been found either clinically or serologically to have Syphillis. The other Maternity Hospitals have not yet accepted the Corporation's Scheme.

The Clinic at the National Children's Hospital serves a most useful purpose in providing a suitable place where the older children of mothers discovered at the Ante-Natal Clinics can be examined, in addition to patients referred by other sources. A number of congenital syphilitics have by this means been found and treated.

I make no apology in repeating the observation made in last year's Report of the necessity of pre-natal serological screening for Syphillis. If every mother had at least one blood test during pregnancy, it would help to eliminate congenital syphillis. This examination

should be performed at least during each pregnancy. Fortunately in most of the ante-natal clinics this is done. However, it is unfortunately the converse in private practice, and every Practitioner should be encouraged to perform an exclusion test for Syphillis on his patients. The ideal both in clinic and private practice would be to perform two blood tests, one early and another about the 7th month.

During the year much time and thought has been given to the question of an alternative Headquarters to St. Margaret of Cortona's, and it is hoped that a new Headquarters will be established in the next year.

I wish to acknowledge my appreciation of the great help and encouragement given to me by the City Medical Officer, Dr. J. A. Harbison, and the Staff of the Public Health Department. I wish also to express my gratitude to Dr. E. W. L. Thompson, Master of the Rotunda Hospital, and Dr. W. R. F. Collis, and to Sister O'Dwyer of the Paediatric Unit, Rotunda Hospital, and Nurse V. Smythe for their co-operation and help.

F. M. LANIGAN-O'KEEFFE, M.D.
Venereologist.

VETERINARY DEPARTMEMT

REPORT

BY

P. F. DOLAN, M.R.C.V.S., D.V.S.M.

Chief Veterinary Inspector.

Deputy Chief Veterinary Inspector :
Sean O'Donovan, M.R.C.V.S., D.V.S.M.

Senior Veterinary Inspector :
J. M. Murphy, M.R.C.V.S., D.V.S.M.

Deputy Superintendent of Abattoir :
J. M. Morris, M.R.C.V.S.

Veterinary Inspectors :
D. Reeves, M.R.C.V.S., D.V.S.M.
P. J. Nolan, M.R.C.V.S.
M. O'Boyle, M.R.C.V.S.
J. A. Fallon, M.R.C.V.S.
T. Galvin, M.R.C.V.S.

Health Inspectors :
M. J. D'Arcy.
P. Doherty.
D. Byrne.
L. Nolan.
P. Walsh (Abattoir).
P. Kennedy (Milk Sampling Officer).
3 temporary Health Inspectors (Food Hygiene Inspection).

Clerical Staff :—6 members.

The duties of the Veterinary Department are classified as follows :—

1. Milk Inspection.
2. Meat and other Food Inspection and Duties under Food Hygiene Regulations, 1950.
3. Duties under Diseases of Animals Acts.
4. Bacteriological Laboratory.
5. Attendance on Animals the Property of the Corporation.

The extension of the City Boundaries on 1st April, 1953 incorporated in the City large areas of Finglas, Santry and Baldoyle, and a few smaller sections on the south side of the City. The duties under Milk Inspection, Food Hygiene Inspection and Diseases of Animals Acts were taken over in the added areas by the Veterinary Department.

Milk Inspection.

On the 31st December, 1953, the following were entered in the Register of Dairymen kept by the Corporation in accordance with the requirements of the Milk and Dairies Act, 1935 :—

No. of Dairymen registered	2,098
No. of Premises registered	2,178
No. of Producers of milk registered	131

During the year 340 premises comprising 255 milk shops, 45 milk stores, 38 dairy yards and 2 pasteurisation plants, and one vehicle were registered. Refusal of registration orders were served in respect of applications for 23 premises.

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

No. of licences issued	1,125
No. of premises licensed	1,140
No. of licences issued for sale of Pasteurised Milk	1,117
No. of licences issued for sale of Highest Grade Milk	8

Refusal Orders were served on 20 applicants for Dealers' Licences. Regular inspections of milk shops and milk stores were made by inspecting officers to ensure that the provisions of the Act were being complied with; in the course of the year 8,763 inspections were made. When any breach of the conditions was observed, the matter was reported, and, if the Law Agent deemed it advisable, legal proceedings were instituted against the offender.

MILK SAMPLING.

During the year 16 samples of milk sold under General Designation and 231 samples sold under Special Designation were taken on the Corporation's own behalf at various places of distribution and submitted for bacteriological examinations to an official bacteriologist appointed under the Act. The samples of milk sold under special designation were taken from persons selling under the designation "Pasteurised Milk" and who were empowered to do so by virtue of a Dealer's Licence issued by the Corporation, and from persons selling milk under the designation "Highest Grade Milk" and who were empowered to do so by virtue of a Producer's Licence issued by the Department of Agriculture. A summary of the results is shown below:

Total Living Organisms per c.c.	General Designation		Special Designation	
	Winter	Summer	Winter	Summer
Not exceeding 1,000	—	1	3	2
Over 1,000 but not over 50,000	6	6	65	34
,, 50,000 ,, ,, ,, 100,000	1	—	21	19
,, 100,000 ,, ,, ,, 200,000	2	—	12	12
,, 200,000 ,, ,, ,, 300,000	—	—	6	8
,, 300,000 ,, ,, ,, 400,000	—	—	3	9
,, 400,000 ,, ,, ,, 500,000	—	—	1	3

,, 500,000 ,, ,, ,, 600,000	—	—	1	3
,, 600,000 ,, ,, ,, 700,000	—	—	—	4
,, 700,000 ,, ,, ,, 800,000	—	—	—	—
,, 800,000 ,, ,, ,, 900,000	—	—	—	2
exceeding 900,000	—	—	6	11
Samples uncounted due to the spreading nature of organisms ...	—	—	—	1
Failed due to sterile plate ...	—	—	1	3
TOTALS	9	7	120	111

SEDIMENTATION (OR DIRT) TEST.

This test was carried out in 477 cases. It has a strictly limited value. It is easily applied and the results can be demonstrated to the vendor at the time of examination. It reveals only gross contamination by Physical dirt, (e.g., dust, hair, etc.), and gives no indication of the amount of bacterial contamination. A summary of the results is given below :—

Year	No. of Samples	Very Clean	Clean	Fairly Clean	Dirty	Very Dirty
1953	477	124	291	59	3	—

In addition to the foregoing sampling, 513 samples were forwarded to the State Chemist, on behalf of the Minister for Agriculture, who is the licensing authority for the production or pasteurising or bottling of all milk for sale under special designation. This total comprised 149 samples of Highest Grade Milk and 364 samples of Pasteurised Milk. For the year, 52 persons were the holders of licences for either the production or bottling of Highest Grade Milk. From 37 of these licence holders, milk was distributed in the City. 31 persons were holders of licences for either the pasteurisation of milk or the bottling of pasteurised milk, and nine 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 purpose of examination of the cows housed therein. Animals found to come within the Bovine Tuberculosis Order, 1926, provisions were immediately slaughtered. Samples of milk were taken from cows with abnormal udders and microscopically examined. Those found affected with tuberculosis were slaughtered and notices interdicting the sale of milk from those affected with other forms of mastitis were served on the owners. In cases of abnormal udders, which were negative on microscopic examination, samples of milk were submitted to biological test. These methods were adopted to ensure that all cows with tuberculous udders were detected.

Notices interdicting the sale of milk from cows affected with other scheduled diseased conditions, were served on the owners also.

The following is a summary of the work :—

No. of cows housed in City Dairy Yards	3,218
No. of special visits to Dairy Yards	189
No. of examinations of milch cows	5,937
No. of cows from which separate samples of milk were taken for bacteriological examination	78
No. of samples taken and bacteriologically examined	94
No. of cows for which notices interdicting the sale of milk were served	53
No. of cows in City Dairy Yards found with tuberculosis of the udder	1
No. of cows in City Dairy Yards found with definite clinical symptoms and chronic cough	—

SUMMARY OF PROSECUTIONS FOR OFFENCES IN CONNECTION WITH SALE OF MILK.

Offence	Number of Cases	Fines	D.P.O.A.	Court Poor Box
Selling Milk labelled "Standard Milk" without holding a Special Designation Licence ...	1	£4	—	—
Cows udders and quarter not clipped. No artificial lighting in cow shed or milk store. No provision for boiling water. No proper drainage; Headwall rough	1	—	—	10/-
Keeping cows in an unregistered dairy shed. Shed unsuitable due to lack of space and proper ventilation	1	£4	—	—
Not wearing protective clothing, etc.	1	—	1	—
Worms in a bottle of Pasteurised Milk	1	£6	—	—
Sale of Pasteurised Milk in unregistered premises. No licence for the sale of Pasteurised Milk ...	1	—	1	£1
TOTALS	7	£14	2	£1 10s.

MEAT INSPECTION.

Number of animals slaughtered at the Corporation Abattoir :—

Bulls	2,364
Bullocks	18,398
Cows	9,467
Heifers	16,312
Calves	368
TOTAL CATTLE	46,909
Sheep	60,415
Swine	14,665
TOTAL ANIMALS	121,989

Number of Victuallers using the Abattoir 130

Wholetime inspection was carried out at the Abattoir and inspection of the weekly Cattle Market was made. Weekly store cattle sales and special sheep sales were also inspected.

The amount of unsound meat condemned at the Abattoir was :—567 tons, 9 cwts., 2 qrs.

Cysticercus Bovis.

Total number of cattle examined by Corporation Veterinary Officers	17,455
Total number of cattle affected	29
Percentage affected	·16%

CARCASES WHOLLY OR PARTIALLY CONDEMNED BY THE CORPORATION STAFF AT THE ABATTOIR DURING THE TWELVE MONTHS ENDED 31st DECEMBER, 1953.

—	Cattle		Sheep		Swine	
	Whole	Partial Weight in lbs.	Whole	Partial Weight in lbs.	Whole	Partial Weight in lbs.
Tuberculosis ...	125	3,626	—	—	19	371
Traumatism ...	13	2,154	1	346	—	39
Oedematous and Wasted ...	23	—	19	—	—	—
Gangrene ...	—	—	1	—	—	—
Redwater ...	—	—	—	—	—	—
Moribund and Ill Bled	11	—	6	—	1	—
Decomposition ...	3	100	36	1	15	55
Septic conditions	73	447	4	45	17	39
Carcinoma ...	18	—	6	—	2	—
Swine Erysipelas	—	—	—	—	—	—
Other conditions	43	4,208	13	486	10	798
Totals ...	309	10,535	86	878	64	1,302

RETURN OF ORGANS, Etc., CONDEMNED BY THE CORPORATION STAFF AT THE ABATTOIR FOR TWELVE MONTHS ENDING 31st DECEMBER, 1953.

	Cattle	Sheep	Swine
LUNGS :			
Tuberculosis ...	1,207	—	255
Abscesses	10	8	4
Pneumonia ...	41	6	621
Pleurisy	104	17	184
Parasitism ...	—	1	—
Cysts	1	—	—
Other conditions ...	64	10	110
HEARTS :			
Tuberculosis ...	799	—	253
Other conditions ...	28	26	231
SKIRTS :			
Tuberculosis ...	—	—	—
Other conditions ...	3	—	—
STOMACHS :			
Tuberculosis ...	505	—	155
Other conditions ...	64	4	37
INTESTINES :			
Tuberculosis ...	505	—	152
Other conditions ...	64	3	38
SPLEENS :			
Tuberculosis ...	120	—	39
Other conditions ...	2	—	3

	Cattle	Sheep	Swine
LIVERS :			
Tuberculosis ...	540	—	254
Abscesses	128	—	10
Necrosis	32	—	2
Cirrhosis ...	51	—	230
Echinococcus ...	9	—	—
Distomatosis ...	646	71	15
Cav. Angiona ...	50	—	—
Other conditions ...	71	28	150
KIDNEYS :			
Tuberculosis ...	73	—	18
Nephritis ...	25	—	18
Cysts	10	—	19
Other conditions ...	37	4	29
UTERI :			
Tuberculosis ...	12	—	—
Other conditions ...	—	—	—
HEADS :			
Tuberculosis ...	591	—	854
Actino	91	—	—
Abscesses	9	1	5
Other conditions ...	88	6	1
TONGUES :			
Tuberculosis ...	591	—	854
Actino	91	—	—
Other conditions ...	94	6	6

RETURN FOR 1953 OF ANIMALS EXAMINED BY DEPARTMENT OF AGRICULTURE VETERINARY STAFF AT CORPORATION ABATTOIR.

Class of Animal	No. Killed	Carcases Affected	Condemnations for Tuberculosis							Condemnations for other conditions		
			Carcases	Part Carcases	Hearts and Lungs	Stomachs	Intestines	Livers	Heads	Heads C. Bovis	Livers Parasitic, etc.	Carcases
Cows ...	5,687	1,172	180	30	1,033	472	475	388	580	8	1,180	23 (5 oedema and wasting, 4 cancer, 4 septic, 10 other conditions).
Bulls ...	2,324	383	6	11	287	40	39	58	171	2	100	—
Bullocks	15,679	1,330	31	28	896	214	226	231	598	24	740	2 (1 oedema and wasting, 1 cancer).
Heifers ...	5,764	348	11	8	252	58	63	63	149	19	208	2 (C. Bovis.)
TOTAL ...	29,454	3,233	228	77	2,468	784	803	740	1,498	53	2,228	27

PRIVATE SLAUGHTERHOUSES.

Number of private slaughterhouses	54
Number of victuallers using private slaughterhouses	146
Number of inspections of slaughterhouses	8,314

There were no prosecutions re slaughterhouses for the year, 1953.

ESTIMATE OF ANIMALS SLAUGHTERED IN PRIVATE SLAUGHTERHOUSES AND FACTORIES.

Cattle	35,880
Sheep and Lambs	128,752
Pigs	108,128

The amount of unsound meat condemned as a result of visits to private slaughterhouses was 139 tons, 2 cwts., 3 qrs., 2½ lbs.

CYSTICERCUS BOVIS.

Total number of cattle examined	27,967
Total number of cattle affected	84
Percentage affected.....	·3%

SLAUGHTER OF ANIMALS ACT, 1935.

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

CONVEYANCE OF MEAT—PROSECUTIONS.

No. 1. D.P.O.A. and 10/– in Court Poor Box (for sale of uncovered meat).

No. 2. £4 fine. Prosecuted for sale of uncovered meat.

No. 3. Meat with Dirty Covering. Food Handlers' Clothing Dirty. Total fines of £8 10s. 0d.

No. 4. Unclean vehicle. Meat not properly covered. Food handlers' without clean outer clothing, etc. Fined £5. Dismissed on appeal to Circuit Court.

No. 5. Fine of £40. Prosecuted for sale of uncovered meat.

Number of Knacker's Yards—1.

Number of Horse-slaughterhouses—1.

Food Complaints.

During the year 50 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 :—

Meat (18).	Milk (21).
Fish (2)	Dripping (1).
Fowl (1).	Sausage (1).
Rabbit (2).	Bread (2).
Beans (1).	Ice Cream (1).

Total Weight of Unsound Food for the Year.

	Tons	Cwts.	Qrs.	Lbs.
Meat and Organs, Beef, Mutton, Pork, Bacon	706	12	1	21½
Fowl and Game	1	3	2	15
Fish	—	—	—	—
Rabbits	1	11	1	22
Miscellaneous	14	18	2	2

Food Inspection and Prosecutions for Unsound Food.

During the year 310 visits were made to Food Shops. There were no prosecutions in respect of unsound food.

There were 83 visits to Depots, Cold Stores and Factories. Markets were inspected on 283 occasions.

The number of occasions on which unsound food was reported to the Department and was condemned as a result of visits to depots etc., was 50.

Food Hygiene.

At the beginning of the year the following applications for registration under Food Hygiene Regulations, 1950, were in hand :

Ice Cream Manufacture : 30 ; Fish/Poultry/Rabbits : 75 ; Pork Butcher : 106 ; Beef

Butcher : 309 ; Food Manufacturing and Wholesale Premises : 27,

and further applications were received during the year. The position regarding these applications throughout the year is shown in tabular form hereunder :

Type of Food Business	No. of Applications		Extension Prov. Registration	Registered Unprovisionally	Refusals	Appeals to Minister	Withdrawn/ Transferred
	At 1/1/53	Received 1953					
Ice Cream Manufacture	30	3	1	20	—	—	7
Fish/Poultry/Rabbits	75	15	7	60	13	12	7
Pork Butcher	106	6	56	57	3	3	3
Beef Butcher	309	18	213	87	5	4	14
Food Manufacturing and Wholesale Premises	27	2	19	8	—	—	—

During the year repeated inspections were made by Health Inspectors and Veterinary Officers to advise and assist applicants in their efforts to comply with the requirements for registration. In cases, where, at the end of the period of provisional registration, one or more of the provisions were still not complied with, and it was considered expedient to permit the food business to be carried on pending the completion of the requirements, an extension of provisional registration for a further maximum period of six months was granted.

Where an application was refused the applicant was notified of his right of appeal to the Minister for Health. At the end of the year 19 appeals had been made to the Minister of which one appeal had been allowed on satisfactory completion of the requirements, whereupon the premises was duly registered.

New applicants during the year were either registered outright or notified within one month after application of the required alterations and conditions for registration, and given six months provisional registration.

The names of applicants who withdrew their applications or transferred their business were cancelled in the Register of Food Premises.

Apart from the Supervisory visits of Veterinary Inspectors, 7,187 inspections were made by Health Inspectors during 1953.

Diseased and Suspected Animals Dealt with in Markets, Lairs, Etc., under Food Inspection During the Year 1953.

Animals dealt with	How Carcases were dealt with				
		Condemned			Removed outside our Jurisdiction
	Passed	Total	Partial	Organs only	
Cattle ... 88	48	27	5	6	2
Sheep ... 20	15	5	—	—	—
Pigs ... —	—	—	—	—	—
Total ... 108	63	32	5	6	2

Diseases of Animals Acts.

Bovine Tuberculosis Order :

No. of cows found to be affected with tuberculosis of the udder	4
No. of animals found to be showing definite clinical symptoms of tuberculosis with chronic cough	2
No. of cows with abnormal udders in City Dairy Yards on samples of milk being bacteriologically examined found not to be affected with tuberculosis of the udder	77
Total number of animals dealt with	83

Five animals were found to come within the scope of the Bovine Tuberculosis Order. Four of these animals were slaughtered by the owners. For the remaining one, the agreed valuation amounted to £35

and compensation of £27 11s. 5d. was paid to the owner.

Routine work was carried out under the following Orders :

Sheep Scab Order, 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 preventative nature.

THE NUMBER OF ANIMALS IN CATTLE MARKET DURING THE YEAR.

Period	Beasts		Calves	Sheep	Pigs
	Fat	Dairy			
March Quarter	41,865	1,517	133	58,440	16,365
June Quarter	31,897	1,613	137	82,522	21,529
September Quarter ...	48,316	2,666	208	95,292	19,405
December Quarter ...	49,938	2,528	271	62,789	18,256
Totals	172,016	8,324	749	299,043	75,555

SPECIAL SHEEP SALES AND SALES OF STORE CATTLE DURING THE YEAR 1953.

Period	Sheep	Store Cattle
March Quarter	—	12,424
June Quarter	—	17,097
September Quarter	13,330	17,959
December Quarter	8,358	16,321
Totals	21,688	63,801

BACTERIOLOGICAL LABORATORY.

Microscopic Examination of Milk.

Samples of Milk from cows in City Dairy Yards:

Number of examinations	94
Streptococci	47
Diplococci	9
Staphylococci	1
Tubercle Bacilli	2
Other organisms	6
Negative	29

Samples of Sputum:

Number of Examinations	3
Tubercle Bacilli	3
Negative	—

Samples of milk or Secretion from Cows other than in City Dairy Yards:

Number of Examinations	1
Tubercle Bacilli	1
Other organisms	—
Negative	—

Samples of Sputum:

Number of examinations	5
Tubercle Bacilli	5
Negative	—

Biological Examination of Milk.

Group Samples:

Number of Examinations	1
Positive	—
Negative	1

Direct Samples:

Number of Examinations	6
Positive	—
Negative	6

Control Samples Taken at Infant Aid Depots:

Number of examinations	14
Positive	—
Negative	14

Control Samples Taken at Hospitals:

Number of examinations	25
Positive	1
Negative	24

Miscellaneous Control Samples:

Number of Examinations	89
Positive	2
Negative	87

Microscopic Examination
(General)

Skin Scrapings for Parasitic Mange:

Number of specimens	1
Positive	—
Negative	1

Blood Films for Anthrax:

Number of specimens	35
Positive	—
Negative	35

Attendance on Animals the Property of the Corporation.

During the year 1953, seventy-seven visits were made by Veterinary Inspectors to Crooksling Sanatorium Farm and the cattle, pigs and horses thereon received Veterinary attention when necessary.

At the end of December, 1952, the single comparative tuberculin test using Weybridge Tuberculin was initiated at the farm. Each animal of the dairy herd was subjected to this test which was completed in early January, 1953. Any animal giving a positive reaction to this test was slaughtered at the Dublin Corporation Abattoir.

The entire herd was also subjected to the single intradermal tuberculin test using Weybridge Tuberculin in April, 1953, and again in October, 1953, and as previously any animal giving a positive reaction was slaughtered at the Dublin Corporation Abattoir.

The herd was vaccinated with Strain 19 as a preventative against Contagious Abortion with satisfactory results.

During the Summer season the dry cows were given, at intervals of two weeks, 100,000 units penicillin in a one c.c base into each quarter, as a preventative against " Summer Mastitis ".

The results were very gratifying as there was not a single case of " Summer Mastitis " during the year.

The number of animals purchased during the year was twenty-three, and the number of animals eliminated was twenty-nine.

On 31st December, 1953, the herd numbered 57 Cows, 2 Bulls, 20 Heifers, 1 Bull Calf and 1 Heifer Calf.

The following Tables give :—

(1) An analysis of the causes of the elimination of animals since the formation ot the herd in the month of October, 1926, to the end of 1953, and,

(2) A summary of the results of post mortems on 219 of the eliminated animals during the period :—

POST MORTEM EXAMINATIONS HELD ON 219 OF THE 337 ELIMINATED ANIMALS.

	Post Mortem Examinations	Evidence of Tuberculosis Found				No Microscopic lesions of Tuberculosis
		Mesenterics	Bronchial & Mediastinal	Pharyngeal only	Pseudo-Tuberculosis	
Reactors : 64 ...	60	12	27	2	3	16 (In one of these cases Biological proved positive)
Doubtful Reactors : 11	6	1	1	—	—	4
Remaining Eliminated Animals : 262 ...	153	—	2	—	1	150

ELIMINATION OF ANIMALS IN HERD FROM OCTOBER, 1926 TO 31st DECEMBER, 1953.

Reactors	Doubtful Reactors	Mastitis	Defective Quarters	Sterility	Milk Records	Bulls	Reactors to Agglutination Test	Other Causes	Total
64	11	90	15	27	56	11	7	56	337

SANITARY DEPARTMENT.

I have pleasure in presenting the Annual Report of the Chief Health Inspector for the year 1953. A new feature in this Report is an account of the Survey carried out on the Burial Grounds of the City.

The work of our Inspectors in general has expanded during the year due to the added areas and due to the extra responsibilities given to the District Health Inspector with regard to Rodent Control and Infectious Diseases Investigations. Further responsibilities are added this year with regard to drainage works.

It gives me great pleasure to say that our Supervising Health Inspectors and the District Health Inspectors, with the assistance of the Clerical Staff, have shown a very fine spirit of team work during the past year, and I am grateful to them and to the City Medical Officer for his kind advice and directions unstintingly given at all times.

Many of our young men are also attending educational courses in the Technical Schools and in the Universities, and as a result of same the quality of their assistance to us in the running of Rodent Control Courses and Public Health Courses has improved.

PATRICK COEN,
Chief Health Inspector.

TECHNICAL STAFF.

The City of Dublin is divided into thirty Sanitary Districts. Each District is manned by a District Health Inspector. The names of our District Health Inspectors manning these Districts are :—

District	No. 1	.... John Shelley.
,,	No. 2	.... Helen Long.
,,	No. 3	.... John Hogarty.
,,	No. 4	.... James Kennedy.
,,	No. 5	.... Mary Tierney.
,,	No. 6	.... Laurence Mullen.
,,	No. 7	.... John Conroy.
,,	No. 8	.... James Clarke.
,,	No. 9	.... Donal Cooney.
,,	No. 10	.... Michael Dockery.
,,	No. 11	.... Thomas Watson.
,,	No. 12	.... Michael Murphy.
,,	No. 13	.... Mary Hamilton.
,,	No. 14	.... Michael McNulty.
,,	No. 15	.... Michael Maguire.
,,	No. 16	.... Sheila McCrann.
,,	No. 17	.... Michael Lee.
,,	No. 18	.... James Doherty.
,,	No. 19	.... Francis Murphy.
,,	No. 20	.... Gerald Healy.
,,	No. 21	.... Dermot Lynch.
,,	No. 22	.... George Moran.
,,	No. 23	.... Thomas O'Leary.
,,	No. 24	.... John Travers.
,,	No. 25	.... Thomas Rothwell.
,,	No. 26	.... John Byrne.
,,	No. 27	.... Michael Nugent.
,,	No. 28	.... Michael Healy.
,,	No. 29	.... Cornelius Healy.
,,	No. 30	.... Peter Duffy.

A report was submitted in June last recommending that an additional permanent post of District Health Inspector be created, and that some of the Districts be enlarged because of the expansion of the City's boundaries, which became effective as and from 1st April, 1953.

Other Inspectors in this Department are :—

2 Food and Drugs Inspectors—John Dawson and Thomas Flynn.
2 Port Health Inspectors—Patrick Conroy and Patrick Reilly.
1 Drainage Works Inspector—Thomas O'Brien.
1 Prosecuting Health Inspector—Maurice Gorman
2 Industrial Hygiene Inspectors—John Bradley and Charles Reynolds.
4 Supervising Health Inspectors—Patrick Lee, Laurence Gaffey, George Bowles and James Sweeney.

In the Housing Allocations Department we have seven Health Inspectors—James Nolan, Denis Crowe, Patrick Carmody, Patrick Cotter, Michael MacDermot and Mrs. Barrington. The senior Inspector of this group is Patrick Toal and he supervises the work of the others. He is called a Housing Liaison Officer.

In Marrowbone Lane Disinfection Depot, we have a Superintendent Health Inspector, William Tannam and one Rodent Control Inspector, Anthony McDonnell and Kieran Kiersey, a disinfector.

Two courses in Rodent Control have been held during the year. Inspectors from other Local Authorities attended, as also those of our own Staff who did not have an opportunity to attend previous courses. It is now considered that our Inspectors are adequately equipped to carry out Rodent Control inspectorial work in their own districts.

General District Inspection Work.

" A health Inspector, under the direction and supervision of the chief medical officer, shall inform himself, by inspection both systematic and as occasion may require, of any conditions injurious to health in the area in which he acts and regularly report thereon to the chief medical officer."

The above quotation from the Health (Duties of Officers) Order, 1949, states the prime duty of the health inspector. It reminds us of his original title which was that of " inspector of nuisances ". He is

the watchdog of public health in so far as the detection, prevention and abatement of public health nuisances are concerned. The following summaries show the volume of work done by our inspectors in this regard during the past year. They are compiled from weekly and monthly returns. Frequently nuisances that are not discovered in the course of routine inspections form the subject of complaint, either written or verbal, to our Department.

Complaints about Public Health Nuisance.

Two complaint books, one for the North City and one for the South City, record the complaints about Public Health nuisances made to our Department. Letters of complaints reach us from other sources and many complaints are made by telephone. These latter normally result in a report. Our Inspectors in the course of their daily visitations receive many complaints and deal with them as a matter of routine. The following is a summary of the year's work of our District Health Inspectors in this regard.

Number of complaints per Complaint Books	3,819
Number of reports of District Health Inspectors about complaints	2,438
Number of verbal notices to abate nuisances	5,752
Number of written notices to abate nuisances	5,914
Number of written notices to limewash premises	7,497
Number of inspections of tenement houses	27,333
Number of inspections of other houses	13,043
Number of inspections of rooms	105,971
Number of inspections of offensive trade premises	362
Number of inspections of factories and workshops	464
Number of inspections of piggeries	1,491
Number of inspections of common lodging houses	50

The following is a summary of the work done during the year with regard to complaints of, and nuisances arising from, choked or defective house drains.

Drains examined	2,541
Drains smoke-tested	122
Drains water-tested	190
Drains tested by fluorescene	556
Drains freed	1,163
Drains repaired	145
Drains defective and referred to Sewers Department	128
Defective drains referred to other Departments	98
Inspections of drainage work in progress	170
Drain defects discovered	2,196
Written notices	128
Verbal notices	532
Number of cases of bug infestations referred to Disinfecting Depot	329
Number of cases of rat infestation referred to Disinfestation Depot to have work done	249
Number of cases referred to the Waste Water Section for scrutiny and testing	721
Number of cases referred to our own Department by the Waste Water Section to have nuisances from leaking water supplies abated	417
Number of cases of dangerous building structures referred to the City Architect's Department	355

Sanitary Prosecutions.

It frequently happens that property owners and agents are dilatory or refuse to take such steps as are necessary, and as are intimated to them by notice of the Local Authority to abate Public Nuisances. In such cases it becomes necessary to issue prosecutions under the Public Health Acts having first obtained the permission of the City Manager therefor. In cases of especial difficulty, the Law Agent of the Corporation

is consulted before steps may be taken to have the summons issued. A representative of our Law Department usually presents these cases in Court.

Ordinary summonses issued	338
Bye-law summonses issued	46
Disobedience summonses issued	38
Court Orders obtained	168
Number of owners fined	50
Penalties imposed	£653 15s. 0d.

Sometimes persons fined appeal to the Minister against the imposition of the fine. These cases require a full report and a history of the matter in dispute to the Minister through the City Medical Officer before a mitigation of the fine would be recommended. Mitigation is recommended only in exceptional cases.

Health Inspectors' work with Regard to Notifiable Diseases.

The following is a list of the diseases investigated :— Typhoid Fever ; Para-typhoid ; Diphtheria ; Scarlet Fever ; Dysentery ; Meningococcal Meningitis ; Acute Anterior Poliomyelitis ; Infective Hepatitis ; and salmonella infection and any other investigations of an epidemiological nature, as directed by the City Medical Officer. Every morning one of the Health Inspectors receives by 'phone from the two Fever Hospitals in the City, i.e., the Dublin Fever Hospital and Clonskeagh Hospital, a list showing the names and addresses of the patients admitted to Hospitals the previous day and the diseases that they are suffering from, also a check is made of all notifications received by post by the City Medical Officer, so that each morning the Department knows exactly the number and type of infectious cases in the City. A list is made of all the cases and it is examined by each Inspector, who, if there is any case on his district will take a note of the patient's name and address and have the case investigated.

Hereunder is a list of confirmed cases investigated and reported on by the Health Inspectors since they took up this duty :—

Enteric Fever (Para. B.)	1
Scarlet Fever	404
Cerebro Spinal Meningitis	9
Poliomyelitis	27
Hepatitis	102
Dysentery	16
Food Poisoning	3

In addition to the above, three cases of Haemorrhagic Jaundice (Weils Disease) were notified and all three gave a rather interesting history. All three, a short time prior to the onset of their illness went swimming, two in the Grand Canal and one in the Royal Canal. As it is well known that these Canals are infested with rats and as the rat is known to be a carrier of this disease, there appears to be no doubt as to where they contracted the infection.

Water Samples.

Each morning water samples are taken by the Health Inspectors living in different parts of the City. These samples are taken from the three main supply lines Roundwood, Poulaphouca and Bohernabreena. Further samples are taken on the first Monday of each month from the resevoirs and flumes at the source of supply. These samples are submitted to the City Bacteriologist. Occasionally samples are taken for chemical analysis from private wells and also from the general supply. The City Medical Officer receives regular reports on the results of all these samples.

Health Inspectors in the Housing Department.

There are seven of our health inspectors attached to the Housing Department. Reports are submitted by them on housing applications. There is a standard

form of report which gives details of accommodation occupied, the conditions of the premises, the number in the family, whether overcrowding exists, the availability of sanitary facilities, the cooking facilities, the measurements of the dwelling and other relevant information. As well as visiting applicants in their homes our housing inspectors interview applicants in the Housing Department. The senior inspector in charge of this work has the added responsibility of inspections and Court evidence with regard to Demolition Orders on unfit houses. He keeps the relevant records of Orders made at Courts of Inquiry and carries out further nspections on the subjects of these Inquiries to see that the Orders made are implemented.

The following is a summary of the work done during the year in this regard :—

Housing (M.P.) Act, 1931, Section 23 Inquiries.

No. of Section 23 Inquiries	2
No. of Premises dealt with	182
No. of Families living in these houses	261
No. of Persons involved	1,120
No. of Demolition Orders made	143
No. of Closing Orders made	13
No. of Undertakings accepted	21
No. of cases adjourned	5

Section 11 and 12 Housing (Amendment) Act, 1948.

No. of premises surveyed and registered to date	6,840
No. of re-inspections	950
No. of permissions re-issued	450

Inspections re Housing Applications, etc.

Overcrowding	2,130
Sub-Tenants	753
Section 23	390
Compulsory Purchase Orders	400
Newly-weds	275
Supplementary Grants	268

Tenant Purchase Applications under all headings	750
Re-inspections	950
Evictions and special reports	150
Total	6,066

FOOD HYGIENE REGULATIONS.

By Order of the City Manager dated the 6th August, 1952, all our health inspectors are authorised officers for the purpose of Part IX of the Health Act, 1947, and for the purpose of enforcing or executing the provisions of the Food Hygiene Regulations, 1950. Our work under Part IV of the Regulations concerning registration of Food Premises continued during the year. The most important date this year with regard to Catering Premises was the 30th September after which there was not any further extension for catering premises previously registered provisionally. A certain number of owners did not appear to realise the seriousness of their position despite a number of inspections and numerous warnings over the prior two years. Refusals were issued in twenty cases of catering premises and fourteen food manufacturing premises. A picture of our position with regard to registration of food premises is given in the following schedule. The total number of premises is 1,172. The refusals amount to 3%.

Catering Establishments.

No. of applications for registration	662
No. of Premises granted Unprovisional Registration	573
Premises granted Provisional Registration	27
Premises refused Registration	20
Cancellations (business ceased).	46
Alterations (Change of ownership)	16

Food Manufacturing and Food Storage Premises.

Number of applications for Registration	510
Premises granted Unprovisional Registration	240

Premises granted Provisional Registration	226
Premises refused Registration	12
Cancellations	44
Alterations	6

It may be noted that change of ownership does not affect the above registration returns.

In cases where owners were notified that the Local Authority refused to register their premises as a food premises they were also told that appeal lay to the Minister and such appeal should be lodged within a month of the date of the Refusal Order. This procedure was adopted in accordance with the Amended Regulations and was advised in Circular letter B 4/53 of the Department of Health.

As a result of the extension of the City boundaries which came into force on the 1st April, 1953, certain food premises previously in the County Council area were now incorporated in the City. These were mainly food processing concerns and the management had previously been made aware of the requirements of the Food Hygiene Regulations.

Unsound Foodstuffs.

Under Article 11 of the Food Hygiene Regulations, an authorised officer may seize and destroy any article of food intended for sale for human consumption which is or is suspected by him to be diseased or unfit for human consumption. Normally such foodstuffs are surrendered freely by the owner. In cases of doubt or dispute the inspector secures an order from a Justice of the District Court. The inspector then supervises the denaturing or complete destruction of the seized foodstuffs. The onus of seizure and destruction is on the authorised officer acting on behalf of the Corporation. Our Law Agent advised (9/6/1953) that expenses incurred in seizure and destruction of foodstuffs could be borne by the Corporation.

Hereunder is a table shewing unfit foodstuffs that were seized or surrendered during the year.

Tinned Peaches (2)	3½ cwt. 48 doz. cans.
Fruit Salad	1½ cwt.
Icelandic Fish Pudding	10,824 cans.
Soreen	2 cwt.
Sweets	4 cases.
Fruit	108 cases.
Herrings in Tomato Sauce	32 tins.
Sweet Rock	15 lbs.
Tinned Salmon	—
Apples	790 lbs.
Cheese (2)	1 cwt. 1 roll.
Coconut Candy	5 tons.
Orange Peel	2,562 one gallon tins.
Fruit Cocktail	1 cwt.
Pineapple Pieces (2)	46 lbs. 57 cans.
Spanish Dried Apricots	48 lbs.
Tomatoes	73 cases.
Orange Juice	30 cartons.
Grapefruit	11 cans.
Aureomycin Syrup	144 lbs.
Decayed Fruit	1,230 tins.
Chicory	4 boxes.
Canned Fish and Fish Paste	2 cwt.
Rice	1 ton.
Yeast	100 baskets.
Gherkins	3 cans.
Canned meat	2½ bags.
Apricot Pulp	46 cans.
Canned fruit	34 tins.
Coconut ice	1,395 lbs.
Boiled Sweets	126 lbs.

Many complaints were made by members of the public about unfit or dirty foodstuffs. In cases of doubt the unfit article of food was submitted for analysis to the City Analyst. Other cases resulted in extensive investigations in food processing premises to find out the source of contamination.

The following is a summary of the year's work in this regard :—

Number of Complaints received about Unfit Foods	42

Number of Investigations carried out re same	55
Number of Court cases re unfit foodstuffs	1 (£10 fine imposed).
Number submitted for (a) Chemical Analysis	13
Number submitted for (b) Bacteriological Analysis	1

One case was referred to the County Medical Officer of the county from which wholesaler operated.

The commodities complained of are as under :—

Glucose.	Jelly.
Dried Apricots.	Tinned Salmon.
Cake.	Cheese.
Sugar Confectionery.	Liquid Paraffin.
Fish Pudding.	Tinned Beans.
Bread.	Honey.
Butter (2).	Lard.
Tea.	Fish.
Tinned Meats.	Self-raising Flour.
Bananas.	Flakemeal (2).
Sausages.	Tinned Peas.
Flaked Rice.	Tinned Vegetable Soup.
Suet.	Domestic Sugar.

Burial Grounds.

In February this year Circular letter No. L.3/'53 from the Department of Local Government demanded a more vigorous campaign to ensure improvement in the care and maintenance of burial grounds. In accordance with that request a fresh survey of burial grounds in the city was made. Cases of overcrowding found were referred to the City Medical Officer for his opinion concerning closure of the burial ground under Part III of the Public Health (Ireland) Act, 1878. Section 162 of this Act empowers the Department of Local Government to prevent the opening of a new burial ground in the protection of public health and to order the discontinuance of burials in burial grounds where the protection of public health, the maintenance

of public decency, and the prevention of a violation of the respect due to the remains of deceased persons would so warrant. The Minister may qualify closure in limits of time or space.

Under the Regulations for Burial Grounds :—

every burial ground must be kept sufficiently fenced,

every burial ground must be kept properly drained,

in every burial ground grave spaces must be defined,

maps of the burial ground must be kept,

in every burial ground graves must be sunk to a depth of at least eight feet and to be (for adults) at least nine feet long by four feet wide,

no interment is to be permitted unless the body be enclosed in a coffin of wood or other sufficiently strong material,

no unwalled grave to be reopened within fourteen years unless to bury another member of the same family,

in no case shall human remains be removed from the grave,

the upper surface of the coffin must be sunk to a depth of at least four feet below the ordinary level of the ground,

no grave in which a body has been interred shall be opened save for the purpose of interment,

no body may be exhumed without a licence of the Department of Local Government.

in every burial ground a proper registry book must be kept and open for inspection at all reasonable times and the registrar must enter therein the particulars of each interment.

The survey carried out revealed that the following burial grounds required attention :—

1. Drumcondra Burial Ground, Church Avenue : This burial ground must be kept under observation in the future as there is little available grave space left.
2. Killester Burial Ground, Killester Avenue : This burial ground is of great age. Is completely walled in. It requires regular attention to have the grass and weeds kept down.

3. St. Canice's Burial Ground, Finglas : This burial ground was formerly in the Dublin County Council area. On first inspection by our District Health Inspector it was reported that there was no maiden ground, no paths into the burial places, no lines of demarcation between the graves, no proper drainage and evidence of overcrowding. A map of this burial ground is prepared and then the initial steps taken towards closure.
4. St. James' Burial Ground, James' Street : On survey the general condition of this burial ground was found to be one of neglect. Some of the older graves and vaults were collapsed. A general cleaning and tidying-up was put in hands. The Drawing Office of the City Engineer's Department, has been asked to prepare a map of this burial ground and then a preparatory report for closure submitted.

Cleaning and weeding were recommended in other cases and the work was done. The greater number of the burial grounds were clean and tidy and in receipt of constant attention.

Hereunder is a list of the burial grounds surveyed :—

St. Mobhi's Burial Ground, Church Avenue, Ballymun.
St. George's Burial Ground, Whitworth Road.
Jewish Burial Ground, Fairview Strand.
Drumcondra Burial Ground, Church Avenue.
Clontarf Burial Ground, Castle Avenue.
Killester Burial Ground, Killester Avenue.
St. Michan's Burial Ground, Church Street.
St. Paul's Burial Ground, North King Street.
Protestant Graveyard, Chapelizod.
Grangegorman Military Cemetery, Blackhorse Ave.
Arbour Hill, Military Cemetery.
St. Fintan's Burial Ground, Sutton and new extension.

Kilbarrack Burial Ground.
St. Mary's Abbey, Howth.
Old Abbey Cemetery, Howth.
St. Canice's Burial Ground, Finglas.
Mount Prospect Cemetery, Glasnevin.
St. George's Burial Ground, Hill Street.
St. Mary's Burial Ground, Jervis Street.
Hibernian Schools Burial Grounds.
Raheny Burial Ground.
Goldenbridge Cemetery, Inchicore.
Officers' Cemetery, Royal Kilmainham Hospital.
Old Mens' Burial Ground, Royal Kilmainham Hospital.
St. Jerome Cemetery, Harold's Cross.
Jewish Burial Ground, Parnell Road.
St. Catherine's Burial Ground, Thomas Street.
St. Audeon's Burial Ground, High Street.
St. James' Burial Ground, James' Street.
St. John's Burial Ground, John's Lane East.
Hugeunot Graveyard, Cathedral Lane.
Burial Ground of St. Nicholas Without and St. Luke in the Coombe.
St. Patrick's Close Burial Ground.
St. Kevin's Graveyard, Camden Row.
St. Bride's Burial Ground, Werburgh Street.
St. Peter's Burial Ground, Aungier Street.
Hugeunot Cemetery, Peter Street.
St. Andrew's Burial Ground, St. Andrew Street.
Hugeunot Burial Ground, Merrion Row.
St. Mark's Burial Ground, Pearse Street.
St. Mathias Burial Ground, Irishtown.
Rathfarnham Cemetery.
Donnybrook Cemetery, Donnybrook Road.
Merrion Road, Burial Ground.
Old Ballyfermot Burial Ground, Ballyfermot Upper.
Old Bluebell Burial Ground, Inchicore.

SALE OF FOOD AND DRUGS AND MARGARINE ACTS.

Annual Returns.

Foodstuffs Sampled.	No.	No. found Adulterated.	No. of Prosecutions.	No. of Convictions.	Penalties.
					£ s. d.
Milk	2407	55	43	41	92 10 0 Fines. 3 3 0 Costs. 7 0 0 Poor Box.
		No legal action in 12 cases. 1 Case dismissed and another adjourned generally.			
Butter	441	—	—	—	—
Buttermilk ...	4	—	—	—	—
Margarine ...	83	—	—	—	—
Cheese	19	—	—	—	—
Ice Cream ...	163	4	4	4	10 0 0 Fines. 2 2 0 Costs. 2 10 0 Poor Box.
Whiskey ...	19	1	Listed for hearing.		
Lard	28	2	Trader warned.		
Sausages	23	Warning letter sent to 3 traders for not declaring preservatives in the sausages.			
Vinegar	3	1	Listed for hearing.		

	Formal Samples		Formal Samples
Cookeen	17	Dripping	19
Minced Meat	7	Flake Oatmeal	13
Rice	58	Semolina	24
Tapioca	16	Corn Flakes	1
Farola	7	Flour	6
Sago	16	Self-raising flour	6
Pearl Barley	15	Cornflour	11
Lentils	4	Bread Soda	8
Prunes	2	Jam	10
Coffee and Chicory	1	Lemonade	1
Lemon Soda	1	Pepsi Cola	1
Neave's Food	2	Coconut	1
Currants	10	Figs	1
Sugar	7	Cake mixture	1
Sultanas	11	Yorkshire Relish	1
Coffee	4	Raisins	17
Split Peas	1	Shredded beef suet ...	2
Custard Powder	8	Tripe	1
Stout	1	Porter	2
Frytex	3	Liquid Paraffin	1
Baking Powder	1	Glucose	2
Glace cherries	2	White Pudding	1
Farinoca	1	Marmalade	1
Macaroni	2	Candied Peel	3
Cocoa	1	Wheatmeal	1
Wheatmeal	1	Brown Sugar	1
Ground Almonds	3	Procea Malted Bran ...	1
Total ... 3,528.			

Informal Samples Taken During Year.

	Informal Samples		Informal Samples
Milk	36	Pepper	6
Chicken Noodle Soup ...	1	Sauce	1
Condensed Milk	6	Chicken and Ham Paste ...	1
Mustard	2	Canned Peas	3
Olive Oil	1	Shredded Beef Suet ...	1
Tincture of Iodine	1	Cream Cheese	1
Salt	1	Glucose	1
Salad Cream	2	Fruit Cake	1
Tinned Beans	1	Yorkshire Relish	1
Flour	1	Cocoa	1
Aspirin	1	Ovaltine	1
Brown Ginger	1	Beetroot in Vinegar	1
Cream	3	Jelly	2
Vinegar	1	Coffee Essence	1
Meat Paste...	1	Ice Cream	1
Tea	1	Treacle	1
Liquid Paraffin	1	Gravy Salt	1
Baking Powder	1	Fish Paste	1
Peroxide of Hydrogen ...	1	Youghourt	1
Glauber Salts	1	Strawberry in Syrup... ...	1
Castor Oil	1	Dresso	1
Canned Peaches	1	Candied Peel	1
Glace Cherries	2	Self-raising Flour	1
Ice Lollypop	3	Bisto	1
Honey	1	Spice	1
Bread Soda	1	Curry Powder	1
Ground Cinnamon	1	Nutmeg	1
Total ... 109.			

FACTORY AND WORKSHOP ACT, 1901. SECTION 5.

The Chief Inspector of Factories notifies the Corporation of defects discovered by the Factory Inspectors in the course of their visits. On receipt of these notifications our Department serves the necessary notices. The defects were as follows :—

No sanitary accommodation provided	10
Sufficient sanitary accommodation not provided	11
Sanitary accommodation opening directly into factory	2
Entrance to sanitary accommodations not not suitably screened	6
Sanitary accommodation not sufficiently lighted	1
Sanitary accommodation not sufficiently ventilated	10
Other defects	4

Inspection was also carried out and the necessary remedial action taken in thirty-six other cases following notification of neglect or default in factory premises.

As well as carrying out the above factory inspections our Inspectors inspected 557 workshops.

Outworkers.

In accordance with statutory requirements thirty firms submitted the lists of their outworkers on the prescribed form twice during the year. The number on the February list was 231 and on the August list—242.

The outworkers were engaged in the following trades: Wearing apparel, Household linens, laces, curtains, furniture, Upholstery, manufacture of glass and alloys, cart gear, locks and latches, umbrellas, sunshades and parasols, artificial flowers, toys, brushes, basket-making, boot and shoe making and repairing and other incidental processes.

THE POISONS AND PHARMACY (IRELAND) REGULATIONS, 1909.

These regulations deal with the sale of poisonous substances containing arsenic, tobacco or the alkaloids of tobacco used exclusively in agriculture or horticulture for the destruction of insects, fungi or bacteria or as sheep-dips or weed killers. The person selling such poisons must be duly licensed for the purpose by the local authority and conform to any regulations as to the keeping, transporting and selling of poisons.

No. of persons licensed	28
No. of premises	12
No. of inspections of premises	48

The regulations are being carried out in a satisfactory manner.

MOSQUITO CONTROL CAMPAIGN.

The following is a summary of the work done during the year in this regard. Anti-Mosquito measures commenced on 31st March, 1953 and ended on 30th September, 1953. The commonest species of Mosquito in the area were :—

(a) Theobaldia Annulata.
(b) Culex Pipiens.
(c) Ochlerotatus Detritus.

Eradication measures included :—

(a) Spraying with larvicide.
(b) Drip-cans on moving streams.
(c) Sowing of treated sawdust on suitable breeding grounds.

Six hundred houses were visited and advice was given on the householders' part in a mosquito eradication campaign.

Records were kept of the daily spraying operations and also of :—

(a) Larval Mosquito Collection.
(b) Adult Mosquito Collection.
(c) Entomological Report.

960 gallons of larvicide were sprayed during the season.

	£	s.	d.
The cost of the larvicide was	138	2	10
The cost of transport and wages of sprayer operators was	318	0	0

The campaign proved to be an outstanding success.

INDUSTRIAL HYGIENE.

Herewith return of operations under Industrial Hygiene for the period January 1st to December 31st, 1953.

During the year under review the work of this Section comprised :—

1. Formulating Public Health requisitions in connection with plans submitted to the City Medical Officer from the City Architect's Department.
2. Occupancy reports to the Fire Brigade relative to possible fire risk in residential premises, portions of which are used for industrial purposes.
3. Smoke abatement and investigation and abatement of nuisances caused by grit, dust, fumes, odour and effluent emission.

There is an increase in the number of plans submitted to the Public Health Department from the previous year, 1952, notably in shops and factories. The number of Architects and Technicians seeking advice as regards the erection and lay-out of industrial premises and the alteration to existing premises, is still on the increase. This aspect is more than welcome as some of the amenities suggested to the proposing Architects relative to canteen facilities, drinking fountains, cloakroom accommodation, health, cleanliness and welfare will be statutory obligations under the terms of the recently issued Factories Bill.

A very keen interest was displayed by proposing Architects and building owners in the Food Hygiene

Regulations as regards plans submitted for food premises. Particular attention was directed to such matters as washing facilities and sanitary accommodation for food handlers, lighting and lay-out of kitchen equipment, ventilation, internal surface treatment of walls and floors, sterilisation for food utensils and equipment, and rodent and insect control.

During the year the abatement of smoke nuisances arising from industrial concerns proved to be very satisfactory. The degree of co-operation received from managements as regards our suggestions as to how to abate the nuisances, particularly when the measures suggested would prove economical, was very gratifying, so much so, that it was necessary in only one case to take legal action. The number of vertical industrial boilers using raw coal causes a considerable amount of atmospheric pollution. Such boilers when fired with coal usually create a black smoke nuisance and this is recognised generally as wasteful and inefficient. A well defined improvement has been found by the use of smokeless fuel, both liquid and solid. Some firms have changed over to the use of native fuel—turf briquettes—and the results as regards steam raising and smokeless combustion were very effective.

The provision of localised exhaust ventilation in premises creating dust, fumes and steam nuisances was a noticeable feature in the abatement of such nuisances.

In general a steady improvement has been maintained in industrial hygiene.

Return of Operations under Industrial Hygiene for Period 1st January to 31st December, 1953.

	No. of Plans Lodged	Insp. of Premises	Consultations with Technicians	Rejections	Interdepartmental Reports: City Architect	Interdepartmental Reports: E. & T. Planning	Interdepartmental Reports: Fire Brigade
Factories ...	45	36	33	3	37	6	—
Workshops ...	12	16	4	—	5	—	—
Stores ...	9	2	5	—	10	—	—
Shops ...	59	29	36	3	52	6	—
Offices ...	6	4	7	1	5	—	—
Institutions ...	24	3	18	—	22	—	—
Temporary Buildings ...	16	3	4	1	19	9	—
Residential Premises ...	21	26	10	2	17	4	—
Other Premises	16	10	9	—	22	2	—
Food Premises							
Canteens and Restaurants	23	11	17	—	24	—	—
Meat Products and Canning	13	8	9	—	4	3	—
Fish and Poultry ...	2	2	3	—	2	—	—
Sweet Factories ...	4	4	6	—	4	1	—
Licensed Premises ...	6	2	2	—	5	—	—
Hotels ...	1	1	—	—	2	—	—
Bakeries ...	3	9	4	—	3	—	—
Dairies ...	2	—	—	1	1	—	—
General Food Factories ...	6	6	3	—	7	1	—
Mineral Water Factories ...	—	1	—	—	2	—	—
Egg Stores ...	—	—	—	—	—	—	—
Ice Cream Manufacturers	—	1	—	—	—	—	—
Green Grocery Shops ...	6	4	1	—	2	1	—
Grocery and Confectionery	12	9	2	—	5	—	—

INDUSTRIAL HYGIENE.

	Inspections	Statutory or Verbal Notices	Nature of Remedial Measures
Smoke Emission ...	72	50V : 6W	See attached report.
Grit Emission ...	21	—	—
Dust Emission ...	5	—	—
Fumes Emission ...	9	—	—
Odour Emission ...	2	—	—
Effluent Emission ...	1	—	—
Inspections with Inspectors re general defects in Industrial and Commercial Premises ...	7	—	—

REPORT OF THE PORT MEDICAL OFFICER.

I. Introduction.

The functional area of the Port Health Service includes the Port of Dublin and the Harbours and Airport situated in the County of Dublin. The Port Medical Officer is, therefore, responsible to both the City and the County Medical Officers for the implementation, within their respective areas, of the statutory enactments set out in Section II of the Report, in so far as they apply.

During the year, the Port Health Service has been completely reorganised. Administratively, the most notable advance has been the acquisition of a suite of offices, centrally situated and suitably equipped, and the appointment of a shorthand typist to act in the capacity of Secretary to the Port Medical Officer. Subsequently, all concerned with the work at the Port were notified of the establishment of these permanent offices and the various functions of the Service.

It has been found necessary to bring to the attention of Importers their statutory obligations, under Article 12 of the Food Hygiene Regulations, 1950, in relation to the importation of unfit food. This has resulted in the more frequent sampling, sorting and detailed examination of food cargoes by the Health Inspectors. As a further consequence, routine duties have had, at times, to be held in abeyance since the present establishment of two Inspectors is inadequate for a Port the size of Dublin.

II. Legislation Relating to Port Health.

The enactments relating to Port Health administration are :—

Health Act, 1947.
Health Act, 1953.
Infectious Diseases (Shipping) Regulations, 1948.
Infectious Diseases Regulations, 1948.
Food Hygiene Regulations, 1950.

Rats and Mice Destruction Act, 1919.
Foot and Mouth Disease (Disposal of Swill) Order, 1937.
Public Health (Ireland) Act, 1878.
Public Health (Saorstat Eireann) (Preservatives, etc., in Food) Regulations, 1928 and Amendment, 1943.
Infectious Diseases (Amendment) Regulations, 1952.
World Health Organisation, International Sanitary Regulations, No. 2.

Health Act, 1953.

This Act, the appropriate sections of which are not yet in force, is an Act to amend and extend the Health Act, 1947 and certain other enactments. The sections relevant to Port Health work are Sections 34, 60, 61 and 68.

Section 34.

This Section, which amends Section 31 of the Health Act, 1947, empowers the Minister for Health to make Regulations requiring " the compulsory vaccination against Smallpox of persons engaged in work at or about Airports or Seaports ".

Section 60.

Certain Verminicides incorporating bacteria or so-called " viruses " have been used in Rodent Control, the intention being to infect rodents with a fatal transmissable disease on the same principle as myxomatosis in rabbits. Obviously preparations containing organisms non pathogenic to man should be employed. As a safeguard, the Minister may, under this Section, issue Regulations for the prohibition or control of use of these preparations.

Section 61.

Under this Section the Minister, in consultation with the Minister for Agriculture, may by order

restrict completely or for a specified purpose the use of any fumigant save in accordance with the directions of a Chief Medical Officer.

Section 68.

This Section provides for the inspection by an authorised officer of a Health Authority of water and provisions for use of the crews of Irish ships.

III. Amount of Shipping Entering the Port During the Year.

A total of 5,054 vessels entered the Port of Dublin with a nett tonnage of 3,594,690 tons, an increase of 381 ships and 721,314 tons over 1952.

Table A.

Year	Number of Vessels			Total Vessels	Total Tonnage
		Coasting			
	Overseas	Coasters	Colliers		
1938 ...	581	2,728	2,172	5,481	2,885,958
1942 ...	90	1,481	1,504	3,075	1,076,410
1943 ...	89	1,268	1,490	2,847	952,234
1944 ...	66	1,098	1,245	2,409	872,026
1945 ...	110	1,303	1,336	2,758	1,085,801
1946 ...	340	1,796	1,801	3,937	1,673,033
1947 ...	721	1,795	850	3,366	2,374,001
1948 ...	765	1,908	1,608	4,281	2,814,086
1949 ...	814	2,014	1,601	4,429	3,062,093
1950 ...	911	2,263	1,547	4,721	3,396,401
1951 ...	1,014	2,283	1,227	4,524	3,435,719
1952 ...	882	2,578	1,369	4,673	3,522,376
1953 ...	928	—	—	5,054	3,594,690

The number of non-trading vessels entering the Port was 204 and includes the following :—

(a) Naval Visitors :

United States of America—

Destroyers 2

French—

Fisheries Protection Vessels 2

Dutch—
Destroyer 1

Spanish—
Training Vessel 1

(b) Passenger Liners anchoring :
(i) In Bay 3
(ii) At Quayside 2

IV. Duties of the Port Health Service.

(a) Prevention of the introduction of infectious disease with particular reference to the "Quarantinable Diseases" as defined in the World Health Organisation, International Sanitary Regulations, No. 2.
(b) Sanitation of vessels.
(c) Rodent Control—
(i) On Ships.
(ii) In Shore Installations.
(d) Issuing of Deratting and Deratting Exemption Certificates.
(e) Inspection of imported food cargoes and sampling.
(f) Vermin and insect repression.
(g) Duties in connection with imported used clothing and rags.
(h) Duties under Foot and Mouth Disease (Disposal of Swill) Order, 1937.
(i) Duties under Infectious Diseases (Amendment) Regulations, 1952 re Importation of Birds of the Parrot species.

V. Infectious Diseases (Shipping) Regulations, 1948 :

Article 11 : **Mooring Station**—

The practice of anchoring infected or suspected vessels in Dublin Bay during the quarantine period of

a disease is not permissable under the World Health Organisation, International Sanitary Regulations, No. 2, for a period longer than that which is necessary to carry out the " prescribed measures ". The early provision, therefore, of a suitable mooring station, preferably a shore mooring station, or alternatively, the provision of adequate and readily available marine transportation is essential.

Article 13 : **Declaration of Health**—

The revision of the existing Maritime Declaration of Health Form to comply with both International and local requirements is under consideration.

Article 16 : **Illegal Boarding of Ships**—

The attention of all concerned was drawn to the necessity for the prevention of the illegal boarding of ships prior to the granting of pratique. A note to this effect is being incorporated in the proposed revision of the Maritime Declaration of Health Form.

Article 17 : **Arrivals from infected Ports**—

(a) When a ship arrives from a Port on the " infected " list, the present practice is for the Port Medical Officer to board such a ship immediately on arrival to satisfy himself as to the health conditions on board before pratique is granted. During the year, no case of an infectious disease among passengers or crew occurred on any vessel entering the Port.

(b) All foreign going ships entering the Port, some of which arrived via cross-channel or Irish Ports, were visited and examined after berthing. Inspections of coastwise and cross-channel shipping numbered 108.

(c) The total number of ships arriving from or calling at Ports which were on the " infected " list was 33. The Ports referred to were as follows :—

Asia.

Calcutta	....	Smallpox and Cholera.
Chalna	....	Smallpox and Cholera.
Vizagapatam	....	Smallpox and Cholera.
Madras	....	Smallpox.

Africa.

Alexandria	....	Typhus (louse borne)
Dar-es-Salaam		Typhus (louse borne)

Europe.

Istanbul	....	Typhus (louse borne)

Article 19 : **Deratting/Deratting Exemption Certificates.**

The revised International Deratting/Deratting Exemption Form is now in use. Details of vessels inspected for the issuing of these Certificates are as follows :—

TABLE B.

Number of Inspections	31
Number of Fumigations	5
Number of Deratting Certificates issued	5
Number of Deratting Exemption Certificates issued	26

The fumigant used in all cases was Hydrogen Cyanide Gas. The work was carried out by commercial firms, under the supervision of the Port Health Staff. In the absence of specific regulations governing the use of such fumigants in this country, those in force in other countries were consulted and applied.

Article 22 : **Embarkation of Persons—**

The medical inspection of persons embarking was not found necessary at any time during the year.

VI. INFECTIOUS DISEASES REGULATIONS, 1948.

Article 13 : **Prevention of spread of infection.**

A notification was received from Bristol that a dockworker who had handled a consignment of hides

at that Port, portion of which had been shipped to Dublin, had developed Cutaneous Anthrax. The hides had already been unloaded and some of them distributed to tanneries in Counties Tipperary (S.R.) and Wexford. All concerned were immediately acquainted of the position and suitable precautions taken regarding the handling of the hides and disinfection. No case of Anthrax occurred among the workers concerned in this country. It is, however, of Public Health interest to record that the British docker succumbed to his infection.

Article 20 : **Importation of used clothing**—

During the year 455 packages of rags and used clothing unaccompanied by an official certificate of disinfection, were removed to the Depot at Marrowbone Lane for suitable treatment prior to being released to the consignees.

Article 21 : **Venereal Disease**—

All crews of foreign-going ships are, on arrival, advised as to the facilities available in Dublin for the diagnosis and free treatment of Venereal Disease. For this purpose, cards containing the relevant information in regard to clinics are made available to the Ships Company. On completion of the present re-organisation of the Venereal Disease Service, a revision of the existing cards will become necessary.

Article 23 : **Facilities for Laboratory Diagnosis and treatment of Smallpox.**

A smallpox diagnostic outfit has been procured for the taking of specimens from suspected cases. Such specimens will be submitted, as the necessity arises, to the Virus Laboratory, St. Vincent's Hospital, Dublin. Facilities for the treatment and isolation of cases and contacts will be available at Clonskeagh Fever Hospital and St. Catherine's Annexe, Pigeon House Road, Dublin.

VIII. Food Hygiene Regulations, 1950.

Article 12 : **Importation of unfit food—**

The attention of Importers, Agents and others concerned was directed by circular letter to the provisions of this Article as it appeared that many were not aware of their obligations in regard to the notification of the importation of unfit food. This has, undoubtedly, resulted in a much closer liaison between the Importers and the Port Health Service and a general raising of the standards of food imports. As a corollary, this has necessitated additional and more detailed sorting, sampling and examination of specific cargoes.

The necessity for the provision of suitable printed Forms for use in connection with the duties under these Regulations has been apparent. Draft Forms are in course of preparation.

Article 18 : **Inspection of articles of food—**

Cargoes of the following foodstuffs were examined :

Apples.
Apricots, canned.
Apricot, juice.
Almonds.
Asparagus.
Barley.
Bananas.
Beans.
Biscuits.
Coconuts.
Cocoabutter.
Cocoabeans.
Cocoafat.
Chocolate Mass.
Capsicums.
Chicory.
Cheese.
Corn on the Cob.
Coffee.
Cornflour.
Currants.
Cherries, canned.
Cherries, fresh.
Caviar.
Cocoa.
Cucumber.
Dates.
Fruit Pulp.
Fish, smoked.
Figs.
Fruit, mixed.
Fruit, canned.
Grapes.
Grapefruit, fresh.
Grapefruit, canned.
Gherkins, canned.
Golden Syrup.
Herrings, canned.
Kippers.
Lobster, canned.
Lemons.
Lemon Juice.
Lentils.
Muscatels.
Melons.
Molasses.
Milk Powder.
Marzipan.
Nuts, Hazel.
Nuts, Pea.
Nuts, Assorted.
Onions.
Oleo Stearine.
Oleo Oil.
Oranges.
Peel, candied.
Pineapple, fresh.
Pineapple, canned.
Peas, dried.
Pears, fresh.
Peas, canned.
Prawns, canned.
Peaches, canned.
Peaches, fresh.
Plums.
Pomegranates.
Prunes.
Rice.
Raisins.
Strawberries, canned.
Salmon, canned.
Sausage casings.
Sardines, canned.
Sultanas.
Syrup.
Sago.
Tomatoes.
Tomato juice.
Tea.
Treacle.
Tapioca.
Tuna, canned.
Virol.
Yeast.

Article 19 : **Sampling**—

The following foodstuffs were sampled :

TABLE C.

Asparagus (1).	Fat Emulsion (1).	Orange Juice (1).
Cherries in SO_2 (1).	Sugar, invert (1).	Orange Juice (1) (frozen).
Canned Fish, assorted (5).	Lemons (1).	
Canned Salmon.	Lemon peel (1).	Peaches, canned (8).
Crude Black Molasses (1).	Lemon juice (1).	Raisins (3).
Dates (1).	Milk Powder (6).	Tomatoes (2).
Fruit Pulp (2).	Oleo Oil (4).	Turtle Soup (1).

Article 11 : **Seizure and/or destruction of unfit food**—

(a) As a result of inspections, the following unfit foodstuffs were detained and subsequently destroyed by dumping or incineration :

TABLE D.

Item	Quantity	Item	Quantity
Sauerkraut	3 qrs.	Apricot pulp, 28 lbs. ...	3
Canned Meat, assorted ...	5 cwts.	Apricots, 16 oz. cans	40
Ham—uncooked ...	28 lbs.	Pears, 16 oz. ,,	552
Mince meat	96 lbs.	,, 29 oz. ,,	147
Yeast	3 tons	Fruit Salad, 29 oz. ,,	11
Chicory	1 cwt.	,, Cocktail, 16 oz. ,,	116
Rice	2 tons	Tomato juice, 29 oz. ,,	55
Tomatoes	12 cwts.	,, ,, 7 lbs. ,,	23
Cheese	14 lbs.	Peaches, 16 oz. ,,	109
Pineapple Juice, 2 oz. cans	3	,, 29 oz. ,,	152
,, pieces, 16 oz. ,,	180	Grapefruit, 20 oz. ,,	12
,, ,, 29 oz. ,,	1	Orange juice, 8 oz. ,,	1,440
,, ,, 30 oz. ,,	23	No label, 29 oz. ,,	8
,, tipbits, 16 oz. ,,	28	,, ,, 16 oz. ,,	20
,, pieces, 30 oz. ,,	23	Mixed Fruit, 16 oz. ,,	90
,, ,, 20 oz. ,,	24	Fruit cocktail, 152 oz. ,,	46
Gherkins, 28 lb. ,,	3	,, ,, 29 oz. ,,	44
Fruit Salad, 16 oz. ...	6	Milk Powder	—

(b) In addition to the foregoing, the following items, imported for human consumption, were released after treatment, as indicated :—

TABLE E.

Item	Reason for treatment	Method of treatment	Disposal
Rice, broken ...	Infestation with Calandra oryzae Tenebroides mauritanicus (cadelle) Tribolium confusum (with larvae)	Fumigation with Methyl Bromide. Aspiration. Screening.	For human consumption.
Barley, 10 cwts.	Contamination by Rodents.	Garbling—in conjunction with Cereals Officer, Dept. of Agric.	For human consumption.
Cocoamass, 2 bales ...	Contamination by Rodents.	Garbling.	For human consumption.
Pineapple, canned. 5,450 cases ...	Cases infested with Tenebroides mauritanicus (cadelle) Calandra granaria.	Fumigation with Methyl Bromide.	For human consumption.
Raisins, 3½ tons	Mould.	Processed.	For animal feeding.
Milk powder, 126 bags ...	Contamination by Rodents.	Processed.	For animal feeding.

Article 25 : **Food Premises—**

(a) Inspections were made of the three Canteens/Tea Rooms provided for the use of workers in the Port Area and detailed reports setting out a very large number of defects, with appropriate recommendations, were forwarded to the Port and Docks Board in whose area these food premises are located. No action has yet been taken to effect improvements.

(b) The desirability of storing all foodstuffs, in transit sheds at the Port, has been repeatedly referred to the Port and Docks Board. Alternatively, it was suggested that goods stored in the open must have some form of protective covering. The open storage of certain foodstuffs, particularly those in insecure

containers, gives rise to anxiety as the contents may readily be contaminated by the seepage of dirty rainwater. No action has yet been taken by the Port and Docks Board to meet our requirements in the matter.

VIII. Rats and Mice Destruction Act, 1919.

(a) The control of rodents at the Port of Dublin is the responsibility of the Port and Docks Board. Unlike some other Ports, the Board have not delegated these duties to the Health Authority and no Rodent operatives are included in the Establishment of the Port Health Service. The duties of the Port Medical Officer and his staff are, therefore, mainly advisory.

(b) The routine laboratory examination of rats has been discarded and only rats found dead in circumstances which might possibly indicate the presence of Plague are being sent to the laboratory. No dead rats were sent for examination for evidence of Plague during the year.

IX. Foot and Mouth Disease (Disposal of Swill) Order, 1938.

Domestic refuse from foreign ships is not allowed to be landed in the State or thrown overboard while within territorial waters. The swill from six naval vessels was removed, in conjunction with the Departments of Defence and Agriculture, and destroyed in the Corporation Incinerator.

X. Public Health (Ireland) Act, 1878.

Section 107–110: **Inspection of ships for nuisances—**

Table F.

	Irish owned Vessels	Foreign owned Vessels
Number of vessels on which sanitary defects were found and details reported to Master/Owners	7	21
Number of Statutory Notices issued	Nil	Nil
Number of vessels on which sanitary defects were remedied	8	49

Summary of Structural and Other Defects.

(a) On Ships—

Water Closet Foul or Choked	—	8
Water Closet defective	1	3
Defective heating	1	5
Galleys dirty	1	3
Quarters dirty	3	8
Wash places dirty	1	9
Cockroach infestation	2	8
Bedbug infestation	—	1
Flea infestation	1	1
Pharaoh's Ant infestation	2	—
Rodent infestation	5	10
Defective rat proofing	1	4
Smoke nuisances	—	4
Totals	18	64

(b) In Dock area—

Water Closets foul or choked	4
Rat infestations in shore installations	31
Defective rat proofing of sheds	14
Smoke nuisance	1
Total	50

XI. Public Health (Saorstat Eireann) (Preseratives, etc., in Food) Regulations, 1928 and Amendment, 1943.

Samples of the following were taken :—

Cherries in SO_2.
Orange Juice.
Lemon Peel.

XII. Infectious Diseases (Amendment) Regulations, 1952.

The number of birds of the parrot species imported through the Ports and the Airport during the year is as follows :—

Table G.

(a)	Number imported for Medical and Veterinary Research purposes	Nil
(b)	Number imported for Zoological stock purposes	22
(c)	Number imported by private individuals—	
	Disposal—Quarantine	6
	Re-exported	3
	Destroyed	2
	Presented by owner to Zoological Society	1
	Total	34

XIII. Miscellaneous.

The Port Medical Officer paid a visit to the Airport of London and London Docks in the Autumn. Everything possible was done by the staffs of the Medical Officer for Health, Port of London, the Medical Director of British Overseas Airways Corporation and the Officials of the British Ministry of Health to make the visit as interesting and informative as possible.

Appreciation.

I wish to record my appreciation of the collaboration and assistance rendered by the Officers of Customs and Excise, the Dublin Port and Docks Board, the

Departments of Health, Agriculture and Defence, Shipping Companies, Agents and Importers throughout the year. The kindly interest taken by the City Medical Officer and officials of the various Corporation Departments in the work of this Service is greatly appreciated. Finally, I would like to pay tribute to the work of my staff, Mr. P. J. Conroy, Mr. P. A. Reilly and Miss D. M. Duffy, who have, at all times, carried out their duties both willingly and efficiently.

J. P. O'RIORDAN, M.B., D.P.H., D.C.H.

CITY BACTERIOLOGY LABORATORY.

Mr. G. Bond was appointed as temporary technician in Rialto Hospital in July and on his departure for Canada in November, he was replaced by Miss Eva Forde. The opening of this Laboratory made it necessary for me to visit the hospital almost daily.

There were no other changes in the personnel of the Laboratory during the year.

As in all recent years, the examination of specimens for Myco. tuberculosis formed by far the greater part of the work done. Culture and antibiotic and chemotherapeutic sensitivity tests were asked for in a very high proportion of cases. C. diphtheriae was isolated on only one occasion during 1953.

J. H. STRITCH, M.D.
City Bacteriologist.

List of Bacteriological Examinations for the Year.

Samples of Water	834
Food	11
Swabs for C. diphtheriae	650
Haemolytic Streptococci	670
Organisms of Vincents Angina	563
Other Organisms	60
Specimens of Blood for Widal Reaction	34
Blood for Blood Culture	13
Cerebro Spinal Fluid	144
Pleural Fluid	116
Urine	589
Faeces	346
Pus	62
Antibiotic Sensitivity Tests	37
Specimens of Sputum for Myco. tuberculosis (Direct)	15,798

Specimens for Culture for Myco. tuberculosis :	
Sputum	4,548
Gastric Contents	1,676
Laryngeal Swabs	994
Bronchial Swabs	36
Sensitivity Tests of Myco. tuberculosis :	
Streptomycin	2,078
Isonicotinic Acid Hydrazide	119
Paraaminosalicylic Acid	131
Rats for evidence of Plague	2
Animal Inoculations	3
Various	24
Total	29,538

DEPARTMENT OF THE CITY ANALYST.

Analyses and investigations were conducted under the following headings :—

1. The Sale of Food and Drugs Acts.
2. The Public Health Preservatives Regulations 1928.
3. Food Hygiene Regulations, 1950.
4. Analysis in connection with Corporation Supplies.
5. Chemical Control of Sewage Effluent.
6. Analysis of medicines for County Homes and Hospitals.
7. Daily control and fortnightly analysis of the City Water Supply.
8. Analyses for other local authorities under the Food and Drugs Acts and Preservatives Regulations.
9. Miscellaneous analysis for public institutions, companies and private individuals.
10. Port Health Service.

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

Nature of Article.	No. of Samples	Department
Food and Drugs	3,652	Public Health
City Water Supplies	57	Engineer's
Sewage	296	,,
Effluent	298	,,
Sludge	352	,,
Water (Special Samples) ...	7	,,
Concrete Flag	1	,,
Asphalt	1	,,
Lead	1	,,
Carbon Tetrachloride ...	1	,,
Timber	1	,,
Lubricating Oil	2	,,
Scaling from boiler	1	Public Health
Water	3	,, ,,
Glucose	2	Sanitary
Jam (Black Currant) ...	1	,,

Nature of Article	No. of Samples	Department
Grapefruit	1	Sanitary
Butter	2	,,
Cherries	1	,,
Bread	2	,,
Orange Juice	1	,,
Fat Emulsion	1	,,
Water	1	,,
Milk Powder	3	,,
Tomato	1	,,
Fruit Pulp	2	,,
Sweets	2	,,
Raisins	2	,,
D.D.T. Emulsion	4	,,
D.D.T. Powder	3	,,
Glauber Salts	1	,,
Cooked Beans	1	,,
Honey	2	,,
Sludge	1	,,
Lard	1	,,
Flake Meal	1	,,
Sugar	1	,,
Coconut Ice	1	,,
Oleo Stearine	1	Medical Officer
Lemon Peel	1	,, ,,
Water	3	,, ,,
D.D.T. Solution	1	,, ,,
Cake	2	,, ,,
Stomach of a Cow	1	Veterinary
Milk	1	,,
Piece of metal	1	,,
Lysol	1	Veterinary
Water	10	,,
Milk	1	Vergemount Hospital
Peaches	1	Port Health Service
Lemons	2	,,
Bananas	3	,,
Oleo Oil	1	,,
Orange Juice	1	,,
D.D.T. Solution	14	Disinfecting Department
D.D.T. Powder	1	,,
Disinfecting Fluid	1	,,
Baby Food	4	St. Clare's Hospital
Sausages	1	Crooksling Sanatorium
Farex	1	Child Welfare
Lysol	2	City Bacteriologist

ANALYSES FOR PRIVATE INDIVIDUALS, ETC. :—

City of Dublin :—			
Private Individuals	 562		
Dublin Board of Assistance	 207		
Grangegorman Mental Hospital	 75		
Total	 844	844	
Dublin Corporation	4,766	4,766	
Grand total for City of Dublin		 5,610	5,610
Outside City of Dublin :—			
Private Individuals		 377	
Local Bodies and Hospitals....		 7,560	
Total		 7,937	7,937
Grand Total for the Year		....	 13,547

Comparison of the total samples analysed in 1953, with that of previous years :—

	Total Number from all sources.
1922–1926 (both inclusive)	53,751
1927–1931 ,, ,, ...	68,002
1932–1936 ,, ,, ...	74,209
1937–1941 ,, ,, ...	73,758
1942–1946 ,, ,, ...	57,608
1947	10,821
1948	11,786
1949	11,862
1950	11,594
1951	12,246
1952	13,370
1953	13,547

DUBLIN CORPORATION.

FOOD AND DRUGS ACTS AND PRESERVATIVES 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 was 3,652, of which 123 were " informal " samples.

Nature of Samples	Number of Samples	Number Adulterated
Milk	2,407	55
Butter	441	—
Margarine	83	—
Ice Cream	163	4
Dripping	19	—
Oatmeal	13	—
Cheese	19	—
Rice	58	—
Bread Soda	8	—
Lemon Soda	1	—
Tapioca	16	—
Sultanas	11	—
Semolina	24	—
Cornflakes	1	—
Farola	7	—
Pepsi Cola	1	—
Self-Raising Flour	6	—
Sago	16	—
Yorkshire Relish	1	—
Flour	6	—
Jam	10	—
Cornflour	11	—
Cookeen	16	—
Buttermilk	4	—
Cake Mixture	1	—
Lard	28	2
Sausages	23	3

Nature of Samples	Number of Samples	Number Adulterated
Vinegar	3	1
Barley	15	—
Coffee Essence	1	—
Coffee	4	—
Currants	10	—
Lemonade	1	—
Neaves Food	2	—
Raisins	17	—
Suet	2	—
Prunes	2	—
Mincemeat	7	2
Lentils	4	—
Coconut	1	—
Sugar...	6	—
Figs	1	—
Whiskey	19	1
Peaches	1	—
Peas	1	—
Custard Powder	8	—
Tripe	1	—
Stout	1	—
Porter	2	—
Cooking Fat	1	—
Frytex	3	—
Liquid Paraffin	1	—
Glucose	2	—
Baking Powder	1	—
Macaroni	2	—
Glace Cherries	2	—
Marmalade	1	—
Candied Peel	3	—
White Pudding	1	—
Wheaten Meal	1	—
Brown Sugar	1	—
Icing Sugar	1	—
Farinoca	1	—
Ground Almonds	3	—
Malted Bran	1	—
Cocoa	1	—
INFORMAL :		
Milk	36	—
Gravy Salt	1	—
Fruit Cake	1	—
Pepper	6	1
Sauce...	1	—

Nature of Samples	Number of Samples	Number Adulterated
Tinned Milk	6	—
Chicken and Ham Paste ...	1	—
Tinned Peas	3	—
Mustard	2	—
Treacle	2	—
Tinned Strawberries	1	—
Beans	1	—
Olive Oil	1	—
Iodine	1	—
Suet	1	—
Salt	1	—
Glucose	1	—
Salad Cream	2	—
Cocoa	1	—
Flour	1	—
Yorkshire Relish	1	—
Aspirins	1	—
Self-Raising Flour	1	—
Ovaltine	1	—
Tinned Cream	1	—
Jelly	2	—
Vinegar	1	1
Meat Paste	1	—
Coffee Essence	1	—
Tea	1	—
Liquid Paraffin	1	—
Salmon Paste	1	—
Hydrogen Peroxide	1	—
Baking Powder	1	—
Glauber Salts	1	—
Yoghourt	1	—
Ground Ginger...	2	—
Castor Oil	1	—
Mixed Peel	1	—
Cherries	3	1
Cream	2	—
Soup	1	—
Peaches	1	—
Lollipops	10	—
Bisto	1	—
Ice Cream	1	—
Beans-in-tomato-sauce	1	—
Spice	1	—
Nutmeg	1	—
Sandwich Spread	1	—
Tapioca	1	—
Beetroot-in-Vinegar	1	—
Ground Cinnamon	1	—
Curry Powder	1	—
Dresso	1	—
Chicken Soup	1	—
Bread Soda	1	—
Tinned Soup	1	—
Honey	1	—

Milk.

2,407 samples of milk were taken during the year in accordance with the provisions of the Sale of Food and Drugs Acts. 55 were found to be adulterated.

25 of the adulterated samples were found to be deficient in milk-solids other than milk fat in amounts varying between 3·53% and 14·11%. 24 were deficient in milk-fat in amounts varying between 5·0% and 38·33%, whilst 6 samples were deficient in both milk-fat and milk-solids other than milk-fat, the worst being 25% deficient in milk-fat, and 26·47% in milk solids other than milk fat.

Ice Cream.

Of the 163 ice creams submitted, 4 were found to be deficient in milk-fat, the percentages being 42, 44, 56 and 86 respectively.

The "Food Standards (Ice Cream) Regulations, 1952" requires Ice Cream to contain not less than 5% milk fat, 9% milk solids other than milk fat and 10% sugar, all calculated by weight.

Lard.

2 of the 28 samples of lard contained water, the amounts being 1·2% and 1·98% respectively. Lard should be free from any significant amount of water.

Sausages.

23 samples were submitted, of these 3 were found not to comply with the requirements of the Public Health (Saorstat Eireann) (Preservatives etc., in Food) Regulations, 1928. The three samples contained preservative, namely, Sulphur Dioxide, the presence of which had not been declared.

Vinegar.

One sample of Vinegar was deficient of 35% of the amount of Acetic Acid which it should contain. Vinegar, whether genuine or artificial, should contain not less than 4% of Acetic Acid.

MINCED MEAT.

Two samples out of the seven submitted were found to be preserved with Sulphur Dioxide in amounts equal to 900 and 380 parts per million respectively. Mince meat should not contain any preservative whatsoever.

WHISKEY.

Only one sample out of the 19 submitted was found to be adulterated. Its alcoholic strength was 30·81 degrees Under Proof, which is equivalent to the presence of 8·2 per cent. excess water. According to the requirements of Section 6 of the Sale of Food and Drugs Act Amendment Act, 1879, whiskey, brandy and rum should not be sold at an alcoholic strength below 25 degrees Under Proof, unless notice is given in the form of a label on the bottle, or by notice hung on the premises or verbally.

INFORMAL SAMPLES.

One sample of pepper was adulterated with a small proportion of starch foreign to pepper. One sample of glace cherries contained 256 p.p.m. SO_2 which was 156 parts in excess of the amount permitted by the Regulations.

ENGINEER'S DEPARTMENT.

A total of 1,017 samples were received during the year from the various sections of this Department. Of that number 57 were samples of water in connection with the 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 Liffey.

In connection with the routine chemical control of the Sewage Disposal Plant 298 samples of effluent, 296 of sewage and 352 of sludge were examined.

The specimens of timber and concrete flag were examined for their water content. The sample of pig-lead was supplied as pure lead. It proved to contain 99·96% lead, and to be satisfactory. The two

samples of lubricating oil were examined for viscosity and for the presence of fatty oil. Both proved to be genuine mineral oils. One of the (special) samples of water came from the roof of a cellar, and was submitted to ascertain if it contained potassium permanganate. Traces of manganese were found, which was probably derived from the permanganate. The presence of the latter, however, was not confirmed. The remaining samples of water were submitted in connection with leakage into basements.

Public Health Department (Sanitary) and Medical Officer of Health.

A number of the samples received from this Department had reference to complaints that the articles were contaminated, or contained foreign bodies, and had caused illness. In some cases the samples were found to be in a sound condition and no evidence was found to substantiate the claims made.

The two samples of glucose were found to be grossly contaminated with mouse dropping and to be quite unfit for human consumption. The sample of black currant jam proved to contain a fungoid growth. The specimen of sliced pan was contaminated with oil or grease in the form of dirty black streaks on a number of the slices. The sample of flake meal was found to be infested with moth to a slight extent. The worm stated to have been in the meal was probably the larvae of the moth (Ephestia Ellutella). Of the specimens of sweets (Coconut icing and lollipop), the coconut was found to be dirty in appearance and to be superficially contaminated with mineral and vegetable debris and scraps of dirty paper. Its condition suggested that, either it had been in contact with the floor, or other dirty surface, or else had been wrapped in dirty paper. The lollipop did not appear to contain any extraneous matter. Epsom Salts was found to be the contaminant of the sample of sugar. One sample of butter was not of edible quality. It was rancid and had signs of mould development. The tin of grapefruit segments was thought to be mouldy, owing to the presence of numerous white spots on the fruit. The

" white spots " however, were found to be natural to the fruit and to consist of the substance NARINGIN, the bitter principle of the fruit. The article was quite fit for human consumption.

The specimens of D.D.T. Emulsion and Powders were examined in connection with the mosquito control scheme.

The D.D.T. content varied from 1·45 to 2·95% in the emulsions. These percentages were low, but may have been due to the fact that the emulsions were not permanent and tended to separate on standing. That factor would have to be borne in mind when distributing the material from bulk.

BACTERIOLOGICAL DEPARTMENT.

The samples of lysol submitted by the City Bacteriologist were found to be low in Cresol. They contained 39% V/V, whereas the B.P. article is required to contain 50%.

CROOKSLING SANATORIUM.

The sausages submitted from this Institution were found to contain 38% meat.

RIALTO HOSPITAL.

This sample of sausages was found to contain 55% meat.

PORT MEDICAL AUTHORITY—FOOD HYGIENE REGULATIONS, 1952.

The bananas were taken from a cargo, as some of the consignment was covered with a white deposit. The deposit was found to consist largely of limestone dust, and to be free from anything of a poisonous or deleterious nature. Two samples of raisins were found to be badly affected by mould. The quantity of sulphur dioxide preservative in the specimen of cherries submitted, was found to be 1,360 parts per million, which satisfied the Regulations. Cherries are permitted to contain 3,000 parts per million of SO_2. One of the three samples of milk powder was found to be contaminated with rat droppings.

Three of four cans of Peaches were found to be 'blown' and the contents to be in an active state of fermentation. One can contained as much as 1,350 ml. of carbon dioxide at N.T.P., or three times the volume of the can. The sample of extra oleo oil was grossly contaminated with extraneous matter, consisting of woody fibre, starch and mineral debris. Other specimens were examined for the presence of poisonous metals such as Arsenic, Lead, etc. No trace was detected in any of the samples submitted.

Disinfecting Department.

14 samples of D.D.T. solution were received from this Department. The content of D.D.T. was found to vary from 2·17% to 4·01%. The solutions were expected to contain about 5%.

Veterinary Department.

The sample of beans submitted had reference to a complaint, and was found to contain a piece of metal composed of zinc and iron. It was probably a piece of galvanised iron which had dropped from the roof of a metal box through which the cans passed during processing.

The stomach contents from a cow which was thought to have died from poison, was examined for all the common chemical poisons, but no trace of any was found.

Analyses for Other Public Bodies, Private Individuals, Etc.

The total number of articles received from all sources, under the above heading during the year was 8,404.

The fees for analyses received in the same period amounted to £5,674 13s. 0d. This sum was lodged to the credit of the Corporation in accordance with the terms of my appointment.

The following table compares the number of samples analysed under above heading, and the fees received, with those in previous years.

Year	Number of Samples	Fees		
		£	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
1949	8,150	4,844	7	8
1950	7,625	4,785	6	0
1951	8,014	5,102	0	5
1952	8,674	6,059	15	6
1953	8,404	5,674	13	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.

B. G. FAGAN,
City Analyst.

BLIND PERSONS ACT, 1920.

SCHEME FOR THE WELFARE OF THE BLIND.

ANNUAL STATEMENT.

NUMBER ASSISTED IN THEIR OWN HOMES:

Single or widowed persons:	
Males	242
Females	482
Number of Married Blind Men	205
Number of Married Blind Women	40
Total	969

Number maintained in Institutions:	
Males	67
Females	52
Total	119
Grand Total	1,088

PAYMENTS MADE IN CONNECTION WITH THE SCHEME:

	£
Allowances to Blind Persons in their own homes	49,050
Payments to Institutions	8,016
Total	£57,066

EMERGENCY MEALS.

During the year 1,673,299 meals were provided in 23 Centres, at a cost of £18,958.

The following centres operated during the year :—

St. Agatha's, North Clarence Street.
St. Agnes's, Crumlin.
St. Anthony's, Seville Place.
St. Brigid's, Holles Row.
Christ the King, Faussagh Avenue.
Holy Child, Glenshesk Road.
St. Joseph's, Brickfield Lane.
St. Joseph's, Church Road.
St. Joseph's, Cumberland Street.
Sisters of Charity, Lakelands.
Lourdes House, Buckingham Street.
St. Martin's, Upper Gardiner Street.
St. Mary Magdalen's, Donnybrook.
Mater Dei, North Brunswick Street.
Matt Talbot, Townsend Street.
Mount St. Anne's, Milltown.
Our Lady of the Assumption, Ballyfermot.
Our Lady of Good Counsel, Mourne Road.
Our Lady of Mount Carmel, Longford Lane.
Our Lady's Mount, Harold's Cross.
Our Lady of the Rosary, Goldenbridge.
St. Paul's, Queen Street.
St. Vincent's, Henrietta Lane.

PUBLIC CLEANSING.

The Public Cleansing Services comprise three important functions namely :—

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

The Cleansing Department is responsible for the cleansing of all the streets—of which there are approximately 500 miles—road gullies and catchpits within the City boundary and the periodic emptying of ashbins and the disposal of the refuse collected therefrom.

Street Cleansing.

All the streets are swept weekly, bi-weekly, or thrice weekly depending upon their location. The principal streets and streets in congested areas receive daily attention. Patrols are daily employed collecting and disposing of litter from the main thoroughfares.

Petrol-driven vacuum gully emptying machines are utilised for emptying the catchpits connected with the road gullies. Petrol-driven washing and sweeping machines patrol the main streets at night-time.

There has been a noticeable increase in the amount of litter on the streets, and it has been necessary to increase patrols before and after the usual hours, to deal with this problem. The number of litter receptacles provided throughout the City areas has also been increased, and these receptacles are emptied by the street patrols.

Special attention is paid to the beaches surrounding the City. These are cleaned regularly during the Summer months and the debris is removed to the various tipheads.

For the year ended December, 1953, 31,200 tons of street sweepings were collected and disposed of at the various disposal grounds.

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

Refuse Collection.

Domestic refuse collections are made thrice weekly in the centre City area, twice weekly in certain adjoining areas, and once weekly in residential areas.

Petrol and diesel-driven refuse collection vehicles varying in capacity from 15 cwt. to 5 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) are utilised for the collection of domestic and street refuse, etc.

For the year ended December, 1953 the total quantity of domestic and trade refuse collected was 160,200 tons equivalent to an average yield of 16·8 cwt. per thousand of population per day. 156,900 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 Sundrive Park (disused and pumped out quarry) on the South side. 3,300 tons were consumed at the Stanley Street Destructor. In addition, the traders themselves transported 39,180 tons of refuse to the various tipheads.

Public Conveniences.

There are 20 dual, 2 ladies and 11 gents public conveniences, and 28 urinals in the City, which are washed and cleansed daily.

WATER SUPPLY.

The domestic water supplied to the City is from three sources: The River Vartry, the River Liffey, and the Bohernabreena headworks. All have upland catchment areas with large storage reservoirs. The Vartry and Bohernabreena supplies are purified initially using slow sand filters. Subsequently the Vartry water is chlorinated at both Roundwood and Stillorgan, and the water from Bohernabreena is dosed with chloramine at Ballyboden. Water from the River Liffey is purified by chemical precipitation, using rapid gravity filters. It is subsequently dosed with chloramine.

The Howth area is supplied partly by Vartry water and partly from a small local reservoir at Balcill. The water from the latter is treated by slow sand filters and by chlorination before distribution.

Fortnightly, chemical and weekly bacteriological tests are made of all the filtered water; and tests of the raw water and of water at intermediate stages of purification are also made regularly.

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 34·5 million gallons, of which approximately 15 millions are drawn from the River Liffey, 2½ millions from the Bohernabreena catchment, and 17 millions from the Vartry.

E. J. BOURKE, M.E., B.SC.
City Engineer.

BATHS AND WASH-HOUSES.

	Tara Street Baths	Iveagh Baths
Swimmers (exclusive of Clubs) ...	117,049	27,833
Reclining Baths (Male) ...	24,703	1,111
Reclining Baths (Female) ...	7,049	—
Wash-house	13,168	—
TOTAL ATTENDANCES ...	161,969	28,944

During the year, a total of 73 Swimming Associations, Schools and Colleges were granted exclusive bookings.

DISINFECTING DEPOT.

The works carried out in the Disinfecting Depot, Marrowbone Lane, are (1) Disinfection by Steam and and Fumigation; (2) Disinfestation, by D.D.T. Powder, Solution and Emulsion; (3) Rodent Control by poisoning, gassing and trapping.

DISTRIBUTION OF STAFF.

SUPERINTENDENT
(Health Inspector).

Disinfection	Rodent Control	Disinfestation
1 Enquiry Officer (Health Inspector)	1 Rodent Control Officer (Health Inspector)	4 Disinfectors.
6 Disinfectors—(On Vans 4, on Machine 2).	6 Disinfectors	
5 Motor Drivers—(On Disinfecting Vans 4, on Delivery Van 1).	4 Labourers	
2 Labourers—(1 on Delivery Van, 1 Yardman).		
1 Boilerman.	1 Motor-driver serving Rodent Control and Disinfestation.	
1 Charwoman.		
1 Time-keeper. 1 Clerk-Typist.		

Equipment consists of two Washington-Lyons Steam Disinfecting Machines, one of which can be used for Formalin Gas treatment, as well as for Steam Disinfection. There is also a formalin Chamber in which articles which might be damaged by heat are treated. The Depot is furnished with ten (10) reclining baths for the cleansing of persons.

DISINFECTION OF DWELLINGS AND ARTICLES.

On receipt of notification of admisson 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 Cyllin 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 the 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.

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 secondhand 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.

Persons found to be infested with body, head, or pubic lice are treated at the Depot. Their dwellings are visited and other members of the household and their bedding disinfested there.

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

RODENT CONTROL.

The staff consists of one Superintendent Health Inspector, one Health Inspector in charge of operations, which are carried out by four squads of workmen. Two of these squads work overground with two men in each, and two work underground treating the Corporation's sewers with three men in each squad. The Health Inspectors survey premises about which complaints are received, contact owners and occupiers of affected premises, and advise on their rat problems. In cases where responsibility is difficult to determine, the Corporation arrange for treatment to be carried out by them. They subsequently re-inspect and recommend the measures to be adopted to prevent re-infestation, viz., rat proofing, improved hygiene, improved storage of human and animal foodstuffs, etc. They supervise the mixing of baits and poisons, decide which are to be used and where they are to be laid. They also check up on the work of the squads engaged on sewer rat control.

W. J. TANNAM,
Superintendent.

Summary of Rodent Control Operations Performed for the Year 1953.

Complaints and requests received		680
Surveys made		1,323
Rats Killed :—		
Overground	6,634	
Sewers (North)	9,568	
Sewers (South)	11,794	
Total		27,996
Premises Treated :—		
Corporation Property		182
Institutions, Business Premises and Private Property		279
Commercial and Occupier treated		304
Statutory Notices		40
Intimation Notices		249

STATEMENT SHOWING WORK PERFORMED BY DISINFECTING BRANCH FOR YEAR—1953.

Quarter of Year	Dwellings Disinfected	Rooms Disinfected	Removals of Clothing	Disinfections after Pthisis	Beds Supplied	Mattresses Supplied	Persons using Baths in Depot
1st ...	555	1,741	587	314	—	—	15
2nd ...	581	1,628	526	357	—	—	17
3rd ...	433	851	492	328	—	—	20
4th ...	265	340	286	181	—	—	24
TOTALS ...	1,834	4,560	1,891	1,180	—	—	76

RETURN SHOWING WORK CARRIED OUT BY DISINFESTATION BRANCH FOR THE YEAR 1953.

Total Number of Dwellings Visited : 5,375.

No. of Rooms Infested with and treated for	Number Infested	Number Treated	No. of Beds Infested with and treated for	Number Infested	Number Treated	Persons treated for Lice		
						Head	Body	Pubic
Bugs	873	873	Bugs	795	795	4	—	—
Bugs, Fleas	73	73	Bugs, Fleas	80	80	—	—	—
Bugs, Flies	14	14	Bugs, Lice	—	—	—	—	—
Bugs, Other Insects ...	5	5	Bugs, Other Insects ...	—	—	—	—	—
Bugs, Fleas, Flies	92	92	Bugs, Fleas, Lice ...	5	5	—	—	—
Bugs. Fleas, Flies and Other Insects	—	—	Bugs, Fleas, Lice and Other Insects	—	—	—	—	—
Fleas	919	919	Fleas	9,159	9,159	—	—	—
Fleas, Flies	555	555	Fleas, Lice	163	163	—	—	—
Fleas, Other Insects ...	7	7	Fleas, Other Insects ...	6	6	—	—	—
Fleas, Flies, Other Insects ...	1	1	Fleas, Lice, Other Insects	177	177	—	—	—
Flies	12,552	12,552	Lice	372	372	—	—	—
Flies, Other Insects ...	—	—	Lice, Other Insects ...	—	—	—	—	—
Other Insects	197	197	Other Insects	75	75	—	—	—
TOTAL Number of Rooms Infested and Treated ...	15,288	15,288	TOTAL Number of Infested Beds Treated ...	10,832	10,832	4	—	—

Other Works Included :—

782 Pig Styes, 145 Manure Pits, 201 Stables 56 Boiler Houses.	
Crooksling Sanatorium in its entirety	Treated for flies.
Pigeon House Road Hospital in its entirety	do. (3 treatments)
Ballyowen Sanatorium in its entirety	do.
St. Mary's Chest Hospital—Male Units	do.
Vergemount Fever Hospital in its entirety	do.
St. Clare's Hospital in its entirety	do. (4 treatments)
Rialto Hospital — 4 Wards and Matrons Quarters	do.
Cork Street Fever Hospital — Kitchens and House ...	do.
Coombe Lying-in Hospital—Neo-Natal Unit	do. (4 treatments)
Bethany Home, Rathgar—3 Nurseries, 3 Kitchens, 3 Stores, 2 Reception Rooms, 2 Passages...	do.
Morning Star Hostel in its entirety	do.
Regina Coeli Hostel—10 Rooms, Toilets, etc.	do.
Rest for the Dying, Camden Row—14 Rooms	do.
Masonic School, Ballsbridge — 3 Kitchens, 3 Stores, Passages ...	do. (2 treatments)
5 Tip Heads : Keeper Rd., Broombridge, East Wall, Irishtown, Mount Argus	do.

PLACES OF PUBLIC RESORT.

During the year 2 new cinemas were opened, bringing the total of cinemas proper in the City to 41. In addition, 3 of the City's 6 theatres were licensed under the Cinematograph Act. The number of public dance halls remained at 40.

The year showed a continued increase in the number of school and other multi-purpose halls. The number of such halls used occasionally for concerts, drama, dancing and other forms of entertainment was 70.

Including the National Stadium, there were, therefore, a total of 158 places of public resort in the City. Of these, 87 were in regular commercial use.

Continued attention was given to the improvement of the arrangements for safety, hygiene and convenience at such places as the opportunity arose.

Plans for new buildings to be used as places of public entertainment were required to be in accordance with the most modern standards.

During the year officers of the several appropriate Corporation Departments made about 1,550 inspections of places of public resort.

S. F. STAPLETON.