[Report 1957] / Medical Officer of Health, Dublin City.

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

REPORT

OF THE

DUBLIN

CITY MEDICAL OFFICER

FOR THE YEAR 1957

DUBLIN:
Printed by SEALY, BRYERS & WALKER
1958.

REPORT

OF THE

DUBLIN

CITY MEDICAL OFFICER

FOR THE YEAR 1957

JOHN B. O'REGAN, B.Sc., M.D., D.P.H.
City Medical Officer

DUBLIN :
PRINTED BY SEALY, BRYERS & WALKER
1958

CONTENTS.

PREFACE

Municipal Buildings,
Dublin.

J. P. KEANE, ESQ.,
City Manager and Town Clerk.

I have the honour to present the Annual Report on the health of the City for the year 1957.

It was an uneventful year where infectious diseases were concerned. The diphtheria epidemic is on the wane ; the incidence of measles, whopping-cough and poliomyelitis was low.

There was a temporary deficiency in the Child Welfare Nursing Staff, and the number of home visits consequently declined. The Medical Staffing in the School Medical Service is also very much below the desirable level and if this need could be remedied, a re-organisation of both Services would be possible.

The demand for beds for the treatment of Pulmonary Tuberculosis continues to decline and the desirability of closing Ballyowen Sanatorium was under consideration at the end of the year.

VITAL STATISTICS.

	1956	1957
Population	537,878	539,476
Births	12,654	12,620
Birth Rate	23·5	23·4
Deaths (all causes)	5,347	5,584
Death Rate (crude)	9·9	10·4
Infant Deaths	457	421
Infant Mortality Rate	36·1	33·3
Neo-Natal Mortality Rate	22·3	21·9
Stillbirths notified	—	310
Deaths from Principal Epidemic Diseases (excluding Influenza)	35	16
Death Rate from Principal Epidemic Diseases (excluding Influenza)	0·065	0·03
Deaths from Tuberculosis (all forms)	149	140

	1956	1957
Death Rate from Tuberculosis (all forms) per 100,000 population	27·9	26·1
Deaths from Tuberculosis (Pulmonary)	134	128
Death Rate from Tuberculosis (Pulmonary) per 100,000 population	25	23·7
Deaths from Cancer	879	930
Death Rate from Cancer	1·62	1·72

There was little change in the crude death rate, which at 10·4 per 1,000 persons is about the average for the City for some years past. To standardize this rate to that for Ireland one should multiply it by 1·392.

There is a slight increase in the number of deaths from malignant disease, and there were 192 deaths from cancer of the lung. This figure should be compared with 128 deaths from pulmonary tuberculosis. The decrease in the deaths from infectious diseases, excepting influenza, was counter balanced by an increase from heart disease and vascular lesions of the central nervous system.

The figure of 133 deaths from external causes, including accidents, is the lowest for many years, and is worthy of note.

There is a fall of 2·8 per 1,000 in the infantile mortality rate, and the following table may be of interest. It indicates the rates for infantile mortality and deaths from tuberculosis for 1950 and 1957.

	1950		1957	
	I.M.	T.B.	I.M.	T.B.
Ireland	45	79	33	24
Scotland	39	54	29	13
England and Wales	30	36	23	10·7

To face page 6.

Table No. I—Table showing Annual Rate of Mortality, and Deaths from Certain Causes, City of Dublin, 1928—1957.

	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
	From all Causes	From Principal Epidemic Diseases												Pulmonary	Other Forms		
1928 ...	15·0	1·3	4,791	845	103	1	5	171	2	15	44	174	1	466	112	368	391
1929 ...	16·0	1·0	5,103	866	107	—	3	3	9	83	56	159	2	443	113	353	520
1930 ...	15·0	0·9	6,161	1,031	98	1	1	86	8	66	77	151	—	586	162	471	606
1931 ...	15·9	1·2	6,562	977	94	—	1	223	7	31	72	144	—	617	197	439	773
1932 ...	15·6	1·1	6,536	1,067	102	—	4	42	19	121	82	190	—	551	144	484	638
1933 ...	15·3	0·9	6,405	891	83	—	14	72	24	42	110	152	2	584	157	478	696
1934 ...	13·6	0·7	5,748	578	79	—	9	11	9	88	76	124	—	570	144	544	521
1935 ...	15·2	1·0	6,506	1,067	93	—	11	87	4	18	89	203	—	565	164	527	665
1936 ...	15·0	1·3	6,996	1,337	115	—	2	90	18	57	110	254	—	602	137	540	662
1937 ...	14·9	1·0	7,023	1,231	106	—	11	46	66	73	84	242	—	565	156	563	656
1938 ...	13·3	0·8	6,355	1,144	98	—	1	37	26	33	92	214	—	558	135	581	586
1939 ...	13·3	0·8	6,403	1,036	90	—	2	51	22	26	84	209	—	568	148	585	431
1940 ...	14·5	0·7	7,065	1,039	92	—	7	23	5	43	56	233	—	636	153	584	457
1941 ...	14·1	1·3	6,903	1,339	118	—	3	32	7	38	54	506	—	610	151	582	368
1942 ...	14·0	1·3	6,855	1,311	105	—	4	17	5	72	56	465	—	762	162	626	374
1943 ...	14·5	1·5	7,268	1,617	128	—	6	5	6	63	84	609	—	733	174	631	385
1944 ...	14·1	1·3	7,141	1,509	125	—	3	47	7	39	74	513	—	604	195	643	406
1945 ...	14·0	1·3	7,036	1,424	114	—	8	5	—	30	36	557	1	643	181	622	381
1946 ...	13·2	1·0	6,690	1,266	96	—	3	13	—	43	13	461	5	594	176	602	338
1947 ...	14·1	0·8	7,253	1,194	88	—	2	22	—	120	5	282	—	651	193	648	448
1948 ...	10·9	0·2	5,660	624	48	—	—	12	—	16	1	80	1	573	117	666	247
1949 ...	11·3	0·4	5,969	828	65	—	2	18	2	47	—	132	4	455	86	731	326
1950 ...	11·0	0·15	5,894	609	48	—	1	19	4	15	1	41	—	390	96	707	258
1951 ...	11·9	0·09	6,219	575	45	—	—	10	2	16	—	22	—	367	67	728	333
1952 ...	10·1	0·07	5,261	439	34	—	—	9	—	4	—	19	—	259	48	743	236
1953 ...	10·0	0·09	5,219	484	39	—	—	11	2	12	—	28	—	234	34	796	224
1954 ...	10·4	0·06	5,420	449	35	—	—	11	1	2	4	24	—	208	28	823	228
1955 ...	11·1	0·18	5,801	435	34	—	—	5	—	7	13	24	—	141	13	918	284
1956 ...	9·9	·07	5,347	457	36	—	—	8	—	13	12	39	—	134	20	879	222
1957 ...	10·4	0·03	5,584	421	33	—	—	5	—	1	6	33	—	128	12	930	275

DEATHS OF INFANTS UNDER 1 YEAR

Causes of Death	Under 1 Month		Sub-Total	1 month and under one year		Sub-Total	Total Deaths	%
	Males	Females		Males	Females			
Respiratory Infections ...	24	17	41	30	17	47	88	21
Gastritis and Enteritis ...	8	3	11	15	4	19	30	7
Other Infectious Diseases ...	—	—	—	4	5	9	9	2
Prematurity alone ...	56	27	83	3	1	4	87	21
Birth Injury (incl. Asphyxia & Prematurity ...	22	6	28	—	1	—	29	7
Congenital Malformation (incl. Atelectasis)	37	42	79	20	17	37	116	27
Other Diseases	13	13	26	9	8	17	43	10
Accidents ...	1	—	1	—	2	2	3	1
Other Infections ...	5	2	7	6	3	9	16	4
	Neo-Natal Total:		276		Grand Total:		421	

Diphtheria

There were 81 cases with 6 deaths, a decrease from 211 in 1956, which was the peak year of the present epidemic. The death rate rose slightly from 6 to 7 per cent. Approximately 75 per cent of new cases occurred in school children, as in 1956, even though there was no relaxation in our efforts to immunise all in that age group. There was a reduction in the number of pre-school children immunised, and the figure fell below that considered desirable in order to maintain a good level of immunity.

Poliomyelitis

The year was one of low incidence with 20 cases. In November and December there was an unusual outbreak which continued into January, 1958. These

three months produced 18 cases, in four of which the site and severity of the paralysis was related to an injection given within ten days of the onset. In two, the injection was of penicillin, and the others were anti-tetanic-serum and D.P.P. As the M.R.C's. report dealt only with immunising agents, one is inclined to forget that any injury to muscle may have a like effect. Because penicillen is so frequently used, it is likely to figure in such case histories.

TUBERCULOSIS

It will be noted from Dr. Gallen's report that the number of new cases coming for treatment has shown a further fall.

At the close of this year a decision was taken to close Ballyowen Sanatorium. In two years five hundred beds will have been given over from tuberculosis to other uses. That is nearly a third of our bed accommodation in 1955

This fall in the number of new cases coming forward can be attributed in part to the effect of anti-tuberculous drugs and surgery over the past seven years. New cases are now healing for good and all, and few break down again, and so the reservoir of infection is kept smaller each year. The effects of B.C.G. vaccination, which first began here in 1948, should now be adding its share in preventing new infection in adolescents and young adults.

I feel, however, that some new cases may now be treated at home by their own doctors. I agree that this may safely be done, but it may also throw a strain on a family having to care for an invalid in the house for several months. It is possible that streptomycin may not be used to the optimum extent, and there may be danger of emergence of drug resistant bacilli. If this can be avoided, and an adequate course of drugs given, I would have no reason to comment on the absence of a period of sanatorium treatment in the conduct of a suitable case.

Our death rate may appear to be abnormally high, but for some years it has run on parallel lines with that of Great Britain, but about four years behind in time.

INFLUENZA

The first case was reported in Dublin on September 19th by Dr. J. Barnes of Finglas, and the next on 24th idem by Dr. B. Woods of Clontarf. A few days later, reports came from Dr. P. Dwyer of Kenilworth Square, and Dr. J. MacMahon of South Circular Road. These cases had come from the North of England and had picked up their infection there.

The epidemic did not, however commence until the end of the first week in October when the attendance of the children in Milltown N.S. began to fall off, and the epidemic was generally widespread in school children by 21st October. It did not appear to affect the adults in any great numbers until two weeks later. Most of the infections were mild, and the deaths from it occurred principally at the extreme of life. Some very severe cases of influenzal pneumonia were treated in Vergemount Fever Hospital and occurred principally in men, single and over middle age, who tried to put the infection over them ' on their feet ', and in others who had chronic bronchitis or asthma.

Enquiries among Corporation staffs showed that about 25% of them had a symptomatic infection.

The following table compares deaths from influenza and the pneumonias in the last quarter of 1956 and 1957 :—

	Influenza	Diseases of Respiratory System other than Tuberculosis
1957	74	184
1956	1	139

Dublin Fever Hospital

Admissions—Year ending 31st December, 1957.

	Cases	Deaths
Acute Anterior Poliomyelitis	19	1
Acute Lymphocytic Meningitis	37	—
Acute Lymphocytic Meningitis and Infective Mononucleosis	1	—
Acute Lymphocytic Meningitis and Influenza	2	—
Cerebro-spinal Fever	9	—
Diphtheria	55	6
Dysentry	48	—
Epidemic Diarrhoea and Enteritis	240	2
Erysipelas	24	—
Impetigo Contagiosa	7	—
Infective Hepatitis	24	1
Infective Mononucleosis	16	—
Influenza	91	—
Influenzal Pneumonia	59	7
Measles	128	—
Measles and Gastro Enteritis	6	—
Primary Pneumonia	5	1
Puerporal Sepsis	1	—
Rubella	5	—
Scabies	1	—
Scarlet Fever	165	—
Scarlet Fever and Infective Mononucleosis	1	—
Streptococcal Sore-Throat	152	—
Tuberculosis	9	1
T. B. Meningitis	10	2
Whooping Cough	39	—
Whooping Cough and Gastro Enteritis	2	—
TOTAL:	1,156	21

Maternity and Infant Services Scheme

(CONFINEMENTS)

	1956/57 Nos.	1956/57 Amount	1957/58 Nos.	1957/58 Amount
		£		£
Domiciliary (Family Doctor)	977	7,267	2,297	15,268
Domiciliary referred to Hospital	121	545	274	1,233
Institutional	7,001	75,138	7,561	79,709
District (under Hospital care)	2,144	4,288	1,896	3,832

It has not been possible this year to separate abortions and miscarriages from full-term births, and the figures for cases treated on a domiciliary basis, but referred to hospital as emergencies, are also included in those given under the heading Institutional.

There are approximately 12,900 births in the City each year. This Scheme is free to mothers in the lower and middle income groups. Therefore, it is well to remember that the figures given do not refer to full term births only.

Disabled Persons Allowances

It may be of interest to give some figures which indicate the number of persons benefiting under this scheme and the cost of it.

New Applications		Medical Exams. and Reviews	Medical Rejects	No. Paid	Total Yearly Payments
Year to 30/3/57	383	666	122	1,168 at 30/3/57	£60,433
Year to 29/3/58	564	657	68	1,170 at 29/3/58	£59,172

Food Hygiene Regulations

Article 47 of the Regulations states that a person shall not now carry on any food business in a food premises which is not at the time registered, or with a registration which is at that time suspended. Up to the present, when our Health Inspectors find a person carrying on an unregistered food business, he is informed of the Law, and we do not prosecute him because, normally, a day or two following, an application is received for registration. If this registration is refused, or provisional registration given and subsequently refused, an appeal is made to the Minister to determine the issue. This usually takes a year, and the business can be carried on in very unsuitable premises, and under very unsatisfactory conditions of operation, during that time.

I feel that one or two persons are aware of the length of time it takes to close an unsatisfactory premises, and they have gone from one building to another, equally unsatisfactory, remaining within the Law, but defeating the object of it.

I feel that persons opening a new food premises should not be allowed to start until their premises are up to the required standard. After all, a draper's shop does not open until it has a sufficiency of shelves and drawers ; nor a sweet and cigarette shop likewise. It is, therefore, not too much to expect that the Kitchens of Restaurants, and the premises of Food Manufacturers or Processors, should be properly equipped before business is opened.

INFECTIOUS DISEASES

M. CROWE, F.R.C.P.I., D.P.H., T.D.D. Deputy City Medical Officer.

Article 12 of the Infectious Disease Regulations, 1948 imposes on the Corporation, being the Health Authority for Dublin City, the obligation of making arrangements for the diagnosis and treatment of infectious diseases in persons living in the City. Over 40 diseases are specified to be infectious diseases for the purpose of these Regulations.

To meet its obligations under these Regulations the Corporation, in addition to its own medical, nursing, and health inspector, personnel, own and administer :—

(1) Vergemount Fever Hospital, an institution of 200 beds for the treatment of infectious diseases. (It also has an arrangement with the Dublin Fever Hospital).

(2) An ambulance service consisting of 2 ambulances for the transport of patients with infectious diseases.

(3) A bacteriological laboratory located in the Crumlin Health Centre.

(4) A disinfecting and disinfesting centre in Francis Street.

During the year, with the opening of Our Lady's Children's Hospital, Crumlin, St. Clare's Hospital, which had functioned for a number of years for the treatment of diarrhoea and enteritis in children, ceased to function as such and reverted to the administration of the Dublin Board of Assistance. During the year also the disinfecting and disinfesting centre was transferred from Marrowbone Lane to Francis Street.

A general practitioner and consultant service is available for those qualifying under Section 14 of the Health Act, 1953, there being 49 district medical officers for some 94,000 persons (including dependants).

A consultant service is also provided for those qualifying under Section 15 of the Health Act, 1953, though in this instance such is confined to those who can attend hospital extern departments.

A home nursing service is provided in 4 of the City districts so that the greater part of the City is unprovided with this most important service. There is no 'home help' service.

This, together with large families and still existent unsatisfactory housing circumstances, accounts for the relatively high incidence of hospitalisation for the more common infectious diseases of childhood.

These infectious diseases which, because of incidence, mortality, or other potentiality for harm, are of particular concern, are enlarged upon in the following pages. (Venereal disease and Tuberculosis are covered in the relevant sections). It will be appreciated that incidence and mortality tables must be based on notification and certification by medical practitioners. It is, of course, possible that in some instances parents take for granted the occurrence of many childhood illnesses and do not call in a doctor. For this reason, there is a likelihood that our notification figures err on the small side.

Poliomyelitis

20 notifications of Poliomyelitis were received during the year, an incidence of ·04 per 1,000 population. All were treated in hospital. There were no deaths.

The cases were in the following age-groups :—

0—1 years	1—2 years	3—4 years	5—8 years	9—17 years	Over 17 years
3	5	5	4	1	2

Poliovirus, type I, was recovered from the faeces of 5.

Reference to Table 1 indicates this incidence to be lower, but mortality higher, than last year. One patient had bulbar-spinal involvement, two had paralysis of back muscles, and the others of one or more

limbs. Apart from mortality this disease must be reckoned with having regard to physical disablement, maybe of crippling and permanent nature, which is the lot of its survivors.

14 patients had been discharged from hospital by 31/3/58.

The cases occurred as follows :—

Jan.	Feb.	Mar.	April	May	June
4	2	—	2	—	2

July	Aug.	Sept.	Oct.	Nov.	Dec.
1	—	—	1	5	5

There is a known tendency for poliomyelitis to occur in Summer and Autumn, transmission being seemingly facilitated by warmth. This characteristic brings it into line with the enteric diseases and provides a basis for the belief that it is spread by anal-oral contact. However, this tendency, while in evidence here in 1956, was not so this year.

Towards the end of 1956 buccal and faucial swabs from asymptomatic home contacts were examined in the Research Unit, U.C.D., to ascertain the possibility of transmission by the oro-pharynx. Swabs from 26 contacts in five families were examined and one throat swab contained Poliovirus II.

The environmental circumstances of each patient was the subject of detailed enquiry. They were evenly distributed throughout the City, there being no instance of more than one per household, or even per street. As a matter of fact, direct contact between patients could not be established. This is, perhaps, surprising because contact of susceptible and infectious persons must be the basis of propagation, and indeed in some studies has been recorded in up to 20% of cases.

There were 111 home contacts to the 20 cases. These were kept under observation for three weeks, but none sickened. It is quite probable, of course, that many harboured the virus and, though not sickening, could spread infection. Because of this,

those of school age were kept from school for three weeks. It was not necessary to exclude any adult from work.

A study of Poliomyelitis in inoculated children has been made by the British Medical Research Council, and this showed an increase directly attributable to inoculation against Pertussis and/or Diphtheria. It showed the rate of paralytic disease occurring within a month of inoculation with different prophylactics as follows :—

D.P.P.	1	in	19,000	injections
P.T.A.P.	,,	,,	21,000	,,
A.P.T.	,,	,,	48,000	,,
Pertussis (plain)	,,	,,	170,000	,,
Formal Toxoid T.A.F.	,,	,,	1,000,000	,,

Among our patients, one developed paralysis of an arm two weeks after an injection therein of D.P.P. ; one developed paralysis of neck, back and legs two weeks after injection of an antibiotic in buttock ; one developed bulbo-spinal involvement, and another paralysis of neck, arms, and back, within a few days of antibiotics into buttocks. In these latter two cases, the children had actually sickened before administration of antibiotics.

During the year immunisation was provided by the Corporation for children 1–4 years. Glaxo vaccine was the prophylactic employed, and 2,322 children received two doses.

Lymphocytic Meningitis was declared a notifiable disease in 1956. 46 notifications were received during the year.

Diphtheria

81 notifications of diphtheria were received during the year, an incidence of ·15 per 1,000 population. All were treated in hospital. There were six deaths.

The notifications were in the following age groups :–

years 0—4	years 5—9	years 10—14	years 15—24	years 25 and over
12	40 (4 deaths)	20 (1 death)	4 (1 death)	5

Six patients had received a standard course of immunisation at our clinics, and the parents of three others, who were immunised outside Dublin, stated the children had been fully immunised. In this group two were immunised in '48, two in '51, two in '53 and one in '50, '52 and '54. None of those who died had been immunised.

This year the disease showed itself evenly throughout the City in contrast to the previous year when there were 'pockets' in St. Laurence's Gardens, St. Brigid's Gardens, and Sean McDermott Street.

That feature of recent outbreaks in other cities, i.e. a significant proportion of adults affected, was more evident here this year with 11% of patients over 15 years as against 2% last year.

In 5 families there were two, and in 1 family five cases.

One would expect familial contacts to be in particular danger of contracting this disease, and there have been many studies of the frequency with which virulent bacilli are found among such persons. One such study in Baltimore, U.S.A., revealed no less than 23% of home contacts carrying virulent bacilli for varying periods.

There were 407 home contacts to our 81 cases. 275 were swabbed and 12 (some 4%) found with virulent bacilli. 11 were hospitalised and 4 developed clinical diphtheria.

Our finding of 4% positives among household contacts, while higher than last year—i.e. 2%—is under that found in Baltimore.

Visits were made to two schools, at which attended a few cases, and swabbing of teachers and pupils carried out. In all, 81 were swabbed but none found positive. Last year 2% of school children were positive.

The Corporation provides facilities for immunisation against diphtheria as follows :—

(a) By arrangements with the 49 District Medical Officers.
(b) 16 weekly sessions at 13 different centres.
(c) Visitation of schools—during the year 311 visits were made to 135 schools.

Children are brought for immunisation as a result of :—

(1) Health Visitors' efforts during routine home visiting.
(2) Circular letter from C.M.O. to parents of children reaching six months.
(3) Radio Eireann talks and newspaper notices at three-monthly intervals.

During the year 12,400 children completed the full course, and another 9,792 received "booster" doses, as a result of these arrangements.

The Corporation makes available to practitioners supplies of anti-diphtheria serum for the protection of contacts, but there was little demand made for this prophylactic during the year.

In houses from which diphtheria is notified, children are excluded from school, and foodhandlers from work with food, until swab results are to hand. There was no occasion to compensate foodhandlers for loss of wages during the year.

Enteric Fever

One case of typhoid fever, an adult female, was notified during the year. She recovered after hospital care.

She had six home contacts all of whom were examined serologically and bacteriologically with negative results.

In an effort to locate the source of infection, enquiry was made at a house at which this patient, and one notified last year, used to visit. This house was occupied by a lady, aged eighty odd years, her daughter, and housekeeper. These three persons submitted to examination and the old lady was found excreting typhoid organisms, phage F.1. She gave no history of recent illness, and was deemed a carrier.

Last year's patient was also infected with phage F.1. organisms, but typhoid bacilli were at no time found in this year's patient.

Although the same phage type organism was not found operative in all instances it is nevertheless concluded that the old lady was the source of infection.

At the moment there are but four carriers on the register, i.e. three typhoid and one paratyphoid, all females engaged in housework. Periodic visits are made to ensure they do not wander into unsuitable employment and contacts of all but one have been inoculated with T.A.B. This latter carrier has been found unco-operative.

This number of carriers is small and it may be, of course, there are others of whose existence we are unaware. At the same time it must be borne in mind that release tests of enteric patients prior to discharge from hospital include, as well as excretal examination, a Vi agglutination test, and that those with suggestive titres remain under supervision.

Then there is the fact that from November, 1947 to May, 1948 sewage effluent was examined at weekly intervals, always with negative results. Also, sporadically, from 1954 onwards, effluent has been examined, using the "Moore Swab" technique with, up to this year, negative results. During this year, Moore's swabs were examined on nine occasions; eight were negative and one positive, this latter from a sewer into which fed the drainage of a dwelling in which a known typhoid carrier lived.

If there were many carriers in circulation, one would expect more of these specimens to have revealed enteric organisms. The negative results suggest the

much higher evidence of carriers found in other cities in previous years does not hold in Dublin City nowadays.

Dysentery

43 cases were notified during the year, an incidence of ·08 per 1,000 population. 41 were treated in hospital. There were no deaths.

Mild dysentery has become so common that the notifications bear no relation to the actual incidence.

Flexner organisms caused 18, Sonne 12, Newcastle 1, and " others " 12, of the cases.

There were 134 household contacts of the 43 cases. Excreta from 93 were examined and 4 found positive. 1 was removed to hospital and 3 treated at home.

Rubella

127 cases of Rubella (4% females over 18 years) were notified during the year, an incidence of ·3 per 1,000 population. 2 were treated in hospital. There were no deaths.

Rubella is characteristically a very mild disease and it is only in recent years, because of its observed association with congenital defects in babies whose mothers contracted it early in pregnancy, that it has attained significance.

It seems to reach epidemic prevalence at longer intervals than Measles and Pertussis and, possibly for this reason, tends to affect a wider age group.

In 1956, with 3,538 cases (8% females over 18 years), the City experienced its highest incidence since the disease was made notifiable in 1948. This year shows a very marked decline.

Pertussis

491 cases of Pertussis were notified during the year, an incidence of 1 per 1,000 population. 90 were treated in hospital. There was one death which took place in hospital.

The cases were in the following age groups :—

year	years	years	years	years
0–1	1–2	3–4	5–9	Over 9
122	144	116	101	8
	(1 death)			

The year was satisfactory in regard to this disease. Only twice previously since it became notifiable, i.e. in 1941 and 1954, was the incidence lower, and the one death is the lowest ever recorded.

While incidence was highest in the early months it was, on the whole, even throughout the year.

80% of patients were of pre-school age, and were infected in home or its environment. On the other hand many of the 20% of school age would have been infected at school and, in turn, secondarily infect home siblings of pre-school age.

The liklihood of early infection is particularly high in this City where so many families have infant, toddler, and school going, members. Moreover, many such families live in multiple dwellings and make contact in common hallways, landings, and stairways because of which, from an epidemiological viewpoint, they may all be said to occupy one field unit.

The risk to life from early infection is particularly high and last year the 13 deaths which occurred in this City were in infants under one year, a case mortality of 2½% in this age group, while this year's death was in one aged sixteen months. Any procedure, therefore, which would even postpone pertussis for a few years would be of inestimable value.

Pertussis prophylaxis has not established itself on as secure a basis as that of Diphtheria. Nevertheless, combined Diphtheria and pertussis antigens have been administered in Corporation clinics and by district medical officers and private practitioners for a good many years with impressive results. (None of the 13 who died in 1956, or the one in 1957, had been immunised).

During 1957, 6,702 children—3,635 aged a year or so—received this combined prophylactic through Corporation arrangements. The number receiving it from private practitioners is not recorded but it is believed to be considerable. During this year, in an effort to protect the youngest age group, administration of combined prophylactic at the age of 4 months was started in Corporation clinics.

Unfortunately, there is no method by which protection can be quickly afforded an unimmunised infant contact. Passive immunisation with serum from human convalescent or animal has been tried with unconvincing results. In the absence of a method of quickly affording specific protection, day-to-day supervision of infant contacts, and administration of a suitable antibiotic on the appearance of suggestive catarrhal signs, would seem the best way of combating infection acquired at a vulnerable age.

Measles

2,528 cases of Measles were notified during the year an incidence of 4·6 per 1,000 population. 382 were treated in hospital. There were 5 deaths, 3 being in hospital. All came from ' working class ' dwellings—2 from Corporation flats, 1 from a Corporation house, and 2 from bad tenements.

The notifications were in the following age groups:—

year	years	years	years	years
0—1	1—2	3—4	5—9	Over 9
240	833	749	622	84
(4 deaths)	(1 death)			

Incidence was high in the first half of the year, with peaks in February (120 notifications in one week) and May (160 notifications in one week).

72% of patients were of pre-school age and would have been infected in home or its environment. On the other hand, many of the older ones would have been infected at school and, in turn, secondarily infect younger home siblings.

As with Pertussis, the liklihood of infant disease, with its attendant danger to life, is particularly great in this City. 4 of the deaths were of children under one year, a case mortality of 1·6% in this age group.

Again, as with Pertussis, the baneful effects of Measles cannot be estimated from mortality alone, because, among those recovering, many are left with chronically damaged chests.

There is, as yet, no generally applicable method of immunising children against Measles, but temporary protection can be afforded by the use of Gamma Globulin. Although its effect is transitory, there is a wide field for the use of Gamma Globulin because much would be gained by postponing an attack of Measles from infancy to later childhood when its leathality is less pronounced.

For this purpose, the Corporation in 1948 put into practice a scheme whereby supplies of Gamma Globulin are provided free of charge. During the year, 150 children were protected in this way, the cost being 23s. per child. These 150 children were mostly hospital contacts, and received the Gamma Globulin while in hospital. It is disappointing to observe that very little of this material was used on home contacts outside of hospital.

Scarlet Fever

407 cases of Scarlet Fever were notified during the year—an incidence of 17 per 1,000 population. 315 were treated in hospital. There were no deaths.

The cases were in the following age groups :—

years 0—4	years 5—9	years 10—14	years 15—20	years Over 20
173	170	50	10	4

There were no disease peaks, the incidence remaining even through the year.

Whereas in 1937, 66 deaths were certified to Scarlet Fever in this City, no death has been ascribed to it during the past four years. Scarlet Fever, therefore, as it affects Dublin nowadays, is no longer a killing disease.

Because of its present day mildness, a question for careful consideration is whether Scarlet Fever requires the hospitalisation it now receives. During the year 75% of notified cases were treated in hospital this being, as will be seen, a much higher proportion than Pertussis or Measles, at present more serious complaints.

There is also the point that the streptococcus causing Scarlet Fever in one person may cause a sore throat without a rash, or even skin or wound sepsis in another person. The significance is the presence of streptococci rather than exanthemata.

In this respect also, streptococcal sore throat is declared an infectious disease in the Infectious Diseases Regulations, 1948, because of which the onus of providing for its treatment was placed on Health Authorities. It was subsequently deleted from the list of statutorily designated infectious diseases so that this onus no longer remains.

It, therefore, seems peculiar for Health Authorities to accept responsibility for the treatment of Scarlet Fever, and indeed maintain a set procedure, which would include restriction of personal liberty because of this disease, and not for other diseases also caused by pathogenic streptococci.

Infective Hepatitis

223 cases of Hepatitis were notified during the year, an incidence of ·4 per 1,000 population. 43 were treated in hospital. There were no deaths.

The cases were in the following age groups :—

years 0—4	years 5—9	years 10—14	years Over 14
49	102	35	37

The patients, of whom 45% were of early school age, were in the main living in municipal rehousing areas. 13% were household contacts of notified cases.

This disease is the result of a virus infection, but our 223 patients were diagnosed on clinical grounds. Very often this infection causes vague ill-health without the production of clinically observed jaundice, and it is possible that virus investigation of household contacts would have unearthed more cases.

The cases occurred as follows :—

Jan.	Feb.	Mar.	April	May	June
37	42	24	19	30	12

July	Aug.	Sept.	Oct.	Nov.	Dec.
20	10	10	11	8	—

This seasonal incidence suggests transmission of virus by the respiratory rather than intestinal routes.

Routine inquiry is made as to injections received within the previous four months. In 10 there was such a history, in 3 of an antibiotic, and in 7 an immunising agent, usually about a week beforehand.

This raises the possibility of transmission by inadequately sterilised syringes or needles, the short incubation period suggesting the virus being that of infective hepatitis rather than homologous serum jaundice.

The importance of this ailment rests on the fact that if infection is severe or prolonged, cirrhosis of the liver may result in later years. Also, virus may be present in the blood stream before manifest illness, and blood taken from a donor in this state could cause Hepatitis in the recipient.

Diarrhoea and Enteritis

916 cases (children under 2 years) of Diarrhoea and Enteritis were notified during the year, an incidence of 1·7 per 1,000 population. 489 were treated in hospital. There were 33 deaths, an incidence of ·06 per 1,000 population. All the deaths occurred in hospital.

The cases, and deaths, occurred in the following age groups :—

under 1 month	1-3 months	4-6 months
67 (11 deaths)	146 (10 deaths)	166 (5 deaths)

7-12 months	13-24 months
256 (4 deaths)	281 (3 deaths)

18 of the children who died came from modern Corporation dwellings, 8 from good class private homes, 5 from bad tenements, and one from an institution.

It will be seen from Table No. II that of the principal epidemic diseases, the condition coming under the designation of Diarrhoea and Enteritis is responsible for the majority of deaths.

Since the beginning of this century, Gastro-Enteritis has been the chief cause of infantile mortality in this City. In 1900–04, it was 28 ; in 1910–14, 38 ; in 1940–44, 38 ; in 1947, 21 ; in 1956, 3 ; and in 1957, 2·5, per 1,000 births.

In considering the statistics of Gastro-Enteritis it is well to bear in mind that diagnosis of this condition is not based on precise standards. It is usually certified from the presence of diarrhoea and vomiting, symptoms common to many ailments of children. Any study of Gastro-Enteritis should take into consideration that fashions in nomenclature tend to vary, and criteria for notification and certification to change. Particularly is this so nowadays because of the varying emphasis attached by paediatricians to the presence of pathogenic type coliform organisms.

Although there is no specific protective agent against diarrhoea in infants, the level of illness and death from this condition is a direct indication of the state of public hygiene and household sanitation. It is to be expected that improvements in living conditions generally would be associated with decrease in its incidence.

While the rise in incidence this year, as compared with last, is somewhat disturbing, the decreasing mortality will be viewed with particular satisfaction by those concerned with the welfare of children.

To face page 26.

Table No. II—Table showing the number of Notifications of Infectious Diseases, City of Dublin, 1928—1957.

	Typhus.	Typhoid.	Diphtheria.	Scarlet Fever.	Cerebro-Spinal Fever.	Encephalitis Lethargica.	Erysipelas.	Ophthalmia Neonatorum.	Pneumonia.	Puerperal Sepsis.	Dysentery.	Malaria.	Diarrhoea and Enteritis.	Measles.	Whooping Cough.	Acute Anterior Poliomyelitis.	Trachoma.	Penphigus Neonatorum.	Acute Lymphocytic Meningitis
1928 ...	4	24	407	638	—	—	73	7	201	8	—	—	·	·	·	—	·	·	·
1929 ...	1	15	500	430	3	—	55	6	256	11	—	1	·	·	·	—	·	·	·
1930 ...	—	28	646	435	4	6	31	—	334	5	—	—	·	·	·	—	·	·	·
1931 ...	—	26	634	1,015	3	5	55	—	289	10	—	—	·	·	·	—	·	·	·
1932 ...	2	96	862	1,082	8	1	105	1	253	12	—	—	·	·	·	—	·	·	·
1933 ...	—	49	1,073	714	6	5	117	—	196	12	—	—	·	·	·	—	·	·	·
1934 ...	—	38	983	661	15	1	128	—	134	15	—	—	·	·	·	—	·	·	·
1935 ...	—	22	936	907	19	—	158	—	135	23	—	—	·	·	·	2	·	·	·
1936 ...	—	53	870	1,768	33	3	188	1	120	18	—	—	·	·	·	2	·	·	·
1937 ...	—	44	810	1,075	38	2	130	—	156	13	1	—	·	·	·	—	·	·	·
1938 ...	—	19	958	1,154	25	6	148	2	136	15	—	—	·	·	·	—	·	·	·
1939 ...	—	27	913	761	13	4	85	1	151	16	3	1	·	·	·	3	·	·	·
1940 ...	—	65	720	627	27	3	94	11	200	13	1	—	·	·	·	1	·	·	·
1941 ...	—	53	451	511	34	3	117	12	213	18	—	—	·	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	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	—	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	—	·
1952 ...	—	—	2	458	33	3	133	3	·	7	27	1	623	3,514	2,063	10	10	—	·
1953 ...	—	—	—	620	25	1	118	2	·	6	22	—	908	3,443	2,203	28	2	—	·
1954 ...	—	4	17	532	22	—	80	—	·	3	39	—	459	3,847	419	20	—	—	·
1955 ...	—	1	64	393	16	—	70	—	·	2	41	—	973	3,628	1,699	25	—	—	·
1956 ...	—	5	211	418	16	—	70	2	·	4	30	1	706	3,607	2 300	85	1	1	13
1957 ...	—	1	81	407	13	—	67	—	·	2	43	—	916	2,528	491	20	—	1	46

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

DIPHTHERIA AND WHOOPING COUGH IMMUNISATION AND POLIOMYELITIS VACCINATION

Diphtheria and Whooping Cough Immunisation

PRE-SCHOOL CHILDREN

Up to the end of June of this year, there was an average of sixteen sessions a week held at thirteen centres for the immunisation of Pre-School Children. During the second half of the year there were fourteen sessions held at these thirteen centres. No new Clinics were established but the attendances at the two clinics, opened in Finglas and Ballyfermot in in 1956, continued to improve and this was further helped by both the Clinics being transferred to new premises towards the end of the year.

In addition to the above Clinics, further extra sessions were held, as in 1956, in the Estate Offices of two more groups of Corporation Flats—Pearse House (January and February) and St. Audeon's House (April, May and June). The response to these extra sessions was disappointing and no further sessions were held.

Eight thousand children should be immunised each year by either the dispensary doctor or at the Clinics to maintain a reasonable level of immunity in the child population. We surmise that there are about twelve thousand, under five years of age, not immun ised. Some of these will be met with when they begin school, but the total number must be reduced and not augmented. Last year only 7,051 attended for the full course of injections—nearly 1,000 below the desirable number.

It is worthy of note that the number of children of parents in the middle or upper income groups, who have got diphtheria, is extremely small, and these parents are fully aware of the necessity of immunisation

SCHOOL CHILDREN

During the year children continued to be immun-ised at National Schools. 135 schools were visited,

311 visits in all being made. Seven visits were made to three institutions. The number of School Children fully immunised was 5,349, and the number of Booster Injections given was 9,792.

At the end of the year we changed over to formol toxoid for boosting, but before changing a trial of it was made against P.T.A.P. to compare the local and general reactions. We found that in the 5–7 age group it gave fewer and milder reactions than P.T.A.P., but from nine years upwards the reactions were more severe. For older children the dose has been reduced to 0·5 c.c.

Twenty-five per cent. of parents either failed to return the consent forms, or refused to have full or booster injections given.

Finally, because of the increasing incidence of Poliomyelitis all injections are now given subcutaneously and never intramuscularly, even though the M.R.C. report did not indicate that this was of advantage.

	Clinics		Dispensaries	
	P.T.A.P.	D.P.P.	P.T.A.P.	D.P.P.
No. of Pre-School children fully immunised	349	5,038	—	1,664
No. of School Children fully immunised	5,225	—	124	—
No. of Booster Doses	9,276(P.T.A.P.) 199(F.T.)		317	—
	9,475			

	Pre-school		School Age
	Clinics	Dispy.	
Total number immunised against Diphtheria and Whooping Cough	5,038 +	1,664 6,702	—
Total number immunised against Diphtheria alone	349		(5,225+126) 5,351
	7,051		5,351
Total numbers immunised in 1956	21,467		
Total number of booster doses given in 1956 ...	9,825		

Poliomyelitis Vaccination

Vaccine was released to this country by the British Ministry of Health, and the vaccination of eligible children was begun in May.

Because the amount of vaccine available was limited, and we had hoped that the response of the parents would be reasonably good, applications were invited at first for children between the ages of one and three years. The number of enquiries was disappointing, and the advertisements were renewed and later extended on two occasions to children under five years.

At the end of a year less than eight per cent of those eligible had applied. Of these, applications from parents in the lower income group were practically negligible. It would appear that just because they had to make an application in writing they would not bother to take the trouble.

From recent information it would appear that the protection given by two injections fades after a year or a little more, and that at least seven months afterwards a third injection is absolutely necessary. This is the pattern that we have insisted on from the beginning.

Age Groups	No. who received first injection	No. who received second injection
1 year and under 2 years	1,143	895
2 years and under 3 years	1,012	582
3 years and under 4 years	670	567
4 years and under 5 years	472	278
Totals :	3,297	2,322

CHILD WELFARE SERVICE

STAFF

Dr. C. O'Brien, M.O. in charge of Child Health.
Dr. B. Lyons-Thornton, Assistant City M.O.
4 wholetime temporary School M.O.'s.
5 part-time temporary Doctors for Child Welfare.
Miss M. Mattimoe, Nurse Superintendent.
Miss K. Galvin, Deputy Nurse Superintendent.
Miss E. M. Blayney, Deputy Inspector of Midwives.
54 permanent Health Visitors.
6 temporary Health Visitors.

"The social and educational approach is still of primary importance in the saving of infant life."
(Douglas and Blomfield.)

The Census carried out during the year 1956 showed that the population of Dublin County Borough had fallen from 551,555 in 1951, to 539,476. The new suburbs are being rapidly built on and the movement of the population to Santry, Finglas, Coolock and Ballyfermot is considerable. The provision of new flats in the "Old" City will, in turn, affect the over-all pattern of the distribution of population. Some of the wards in the "Old" City show a fall in population varying from 10,000 to 5,000 persons. This movement of the City population has meant that the lay-out of the Child Welfare Clinics for the City has had to be greatly amended in order to serve the area of largest population where the greatest number of young children were living. The thrice weekly Child Welfare Sessions, held at certain of the City Clinics, have been reduced to once weekly, and the number of Sessions held in outlying areas proportionately increased. New Clinics have also been opened in these districts.

Since 1956, especially, emigration from the Republic has been a cause of concern. In the past, persons leaving the country were mainly young, unmarried men and women. Of the married men who emigrated, the majority left their families here

while they went to work in England. Availibility of houses for the working classes in England is easier now than heretofore, and fathers of families are taking their wives and children across to Great Britain, and setting up a united home there. The movement of population towards Canada and the United States has also been one of families rather than single persons. A breadwinner supporting his wife and children here, while paying for himself in an hostel or rooms in England, is under considerable financial strain, even with full employment and good wages. Nor is the upbringing of a young, growing family always easy for a mother in the absence of the children's father. Normal family life is of paramount importance to a mother and to her children.

General Conditions

The findings of the national survey, (Children under Five), Great Britain, were that " in the middle range of families, the mother's care is of special importance to the child's growth because careful planning of expenditure is necessary if the child's nutritional needs are to be met. For those (families) with the lowest income—perhaps a quarter of all—no amount of careful planning can compensate for the inadequate income."

Another survey carried out to ascertain the amount and type of infant sickness, and to relate this to the social-economic background of the infant, found that the marked gradient of morbidity with social class was almost wholly due to respiratory diseases and infectious diseases . . . . . " while maternal care was an important factor in infant mortality, birth weight was also very important." The Report stresses how important it is for parents to recognise that acute respiratory sickness in babies calls for prompt medical attention, and that better supervision is needed for the unmarried mother and her child.

General

The epidemic of influenza which visited this country during the year 1957, differed from previous visitations, in the fact that many young children

were affected. The epidemic was in the news and parents were quick to recognise the symptoms in their children. The severity of the illness, however, was much less than in the pandemic of 1918–1919, and the response to modern treatment did much to diminish the alarm which may so easily accompany an illness attacking many people at the same time.

1957 was a year of uncertain weather. A poor Summer was followed by a short Autumn and a long Winter, bringing a high incidence of colds and respiratory disorders. It is easier now to get vacancies for sick children in hospitals, and this has been a significant factor in the saving of infant and child life. It has also lessened the amount of ill-health and the special conditions which may follow on the illnesses of childhood.

Congenital Conditions

While congenital abnormalities continue to be one of the causes of infant deaths, prematurity, as a cause of infantile mortality, is still high up on the list. The excellent work done for infants by the three Maternity Hospitals, and the Maternity Unit in St. Kevin's, has been responsible for saving many lives during the Neo-Natal period. It is a highly specialised service, and it is only by the provision of such skilled attention that the neo-natal mortality rate can be reduced. A five-fold reduction in the infantile mortality rate for the City has been achieved during the past thirty years. Some of the children who have survived are, however, less robust than others, and their supervision must be continued relatively longer than that given to sturdy babies.

Clinics

Thirty-three Child Welfare Sessions were held in Dublin County Borough each week during the year 1957. A four-weekly session was held, too, in an area of small population. The numbers attending the Child Welfare Clinics have, however, been on the decline. Cod Liver Oil, with or without Parrish's Syrup, Emulsion of Cod Liver Oil, Vitamin Emulsion, are

available for children and infants found at Child Welfare Clinic Sessions to be in need of these preparations. Like Farex, Liga and Bengers, however, there is a definite age limit for obtaining these preparations, and they are only given to dependants of persons whose income is below a certain level, (G.M.S. Card holders). Dried milk is no longer given at the Clinics. It is distributed instead from milk depots in the City.

STAFF

All families are now visited by the Nurses. There is no longer a tacit understanding that certain addresses are not to be included in the Nurses' visiting lists. Families in newly built flats and reconditioned houses in the City are more accessible for visiting than those in Ballyfermot, Finglas, Bluebell, Walkinstown, Raheny, Coolock, Rathfarnham, Terenure and Milltown, but the aim has been to carry out as much Home Visiting as possible in the time available for the work. The movement of population away from the Central Clinic has gradually diminished that close contact which formerly existed. This is unavoidable. The Nurses have continued to maintain the traditional link with the families in their own particular districts, a factor which is of paramount importance in our work. The Nurses in the Child Health Department assist at the following sessions :—

(a) School Health Examination.
(b) Child Welfare Clinics
(c) E.N.T. Clinics
(d) Orthopaedic Clinics
(e) Ultra-Violet Light Clinics
(f) Diphtheria and Whooping Cough Immunisation Clinics as well as Vaccination against Smallpox.
(g) Replacements when required at A.P.M. and Smallpox Vaccination Clinics.
(h) Disablement Claims' Clinics
(i) Dental Clinics, as well as Home Visiting in connection with these Specialities and the V.D. Service.

Some members of the staff resigned on completing their years of service; others left to take up work elsewhere, and some of the Nurses resigned to get married. Arrangements were made to fill these vacancies, and as many Nurses as possible were assigned to Home Visiting duties. Special efforts were made to encourage parents to take their children to the Clinic or to the family doctor for immunisation against Diphtheria and Whooping Cough, and Nurses explained to parents that the desirable age for immunisation against Diphtheria and Whooping Cough was now four months. The Nurses also followed up contacts to notified cases of Infectious Disease. Persons suffering from results of Anterior Poliomyelitis were kept under supervision, as were babies born to "Rubella" mothers. Trachoma cases and contacts were visited, and special attention given to babies with possible hearing loss.

Maternity and Infant Welfare Service

These services were maintained during the year by the three Maternity Hospitals and the Maternity Section of St. Kevin's, as well as by those General Practitioners and Midwives in Dublin who have entered into an agreement with the Dublin Corporation to carry out this work—ante-natal supervision, delivery, post-natal supervision of mothers, as well as the supervision of infants up to the age of six weeks. The Nurses from the Child Health Service then carry out Home Visiting of infants. In the case of both St. Kevin's Maternity Service and the Midwives Scheme, the Public Health Nurses undertake Home Visiting of infants at an earlier age. Arrangements have been made whereby the Dublin Board of Assistance and Corporation have granted facilities for the holding of Ante-Natal Clinics at centres convenient to the mothers' homes, and these sessions have been gladly availed of. Maternity Packs and Appliances continued to be provided during the year, and the scheme for meals and milk for pregnant women and nursing mothers was continued. Dental treatment was also available for expectant and nursing mothers in the lower income group.

Scheme for the Supply of Milk

Milk was supplied at twenty-five Depots in the Dublin County Borough for infants and children during the year, as well as for pregnant and nursing mothers. Heretofore, the milk supplied at all the Depots was required to be Highest Grade Tubercle Free Bottled Milk. The quantity given was, and still is, that laid down in the provisions of the Milk Regulations, Health Act, 1953. Persons and their dependants in receipt of this free milk were required to conform with the economic scale in operation. During the last two months of the year, it was decided to substitute pasteurised bottle milk at three Depots in the City instead of the Highest Grade Tubercle Free Bottled Milk heretofore supplied. The quantity of Dried Milk packets distributed at Milk Depots throughout the City was again small last year. This Dried Milk is only available for children on a Clinic Doctor's prescription, whereas liquid milk is available for infants and children who are the dependants of persons in the lower income group. Breast feeding has, regrettably, continued to decline. Nearly all babies are bottle fed, and dietary supplements are, in consequence, of prime importance in the rearing of children.

Reports of the Maternity Hospitals for the year, are included. Particulars of the Home Visiting, etc., of the Nursing Staff provide a record of the work done, as do the data concerning Child Welfare and Special Clinics.

Special thanks are offered to the Masters and Staff of the three Maternity Hospitals, and to St. Kevin's Hospital, as well as to the Directors and Staff of the Paediatric Units of these Hospitals. We have again received very generous help from them and from the staffs of the other hospitals in the City.

I am, in addition, deeply appreciative of the work of the clerical and nursing staff in the school Medical, Maternity and Child Welfare Sections, and I pay a special tribute to their unfailing loyalty and attention to duty.

Pre-Natal Care at City Maternity Hospitals:

Hospital	No. of Patients	No. of Attendances
Coombe Lying-in	2,932	17,945
National Maternity, Holles Street	2,409	11,806
Rotunda	5,070	38,568
Maternity Unit, St. Kevin's Hospital	1,428	8,121

Births—City Maternity Hospitals

No of deliveries—Intern	12,389
No. of deliveries—Extern	1,770
No. of Maternal Deaths—Intern	14
No. of Maternal Deaths—Extern	1
Maternal death Rate per 1,000—Intern	1·13
Maternal Death Rate per 1,000—Extern	·56
No. of Infant Deaths—Intern	318*
No. of Infant Deaths—Extern	14*

* In the case of the Rotunda Hospital, the number of deadborn babies was :— Intern 152 ; Extern 14.

In the case of the National Maternity Hospital, the number of stillbirths was :— Intern 140 ; Extern 1.

In the case of the Coombe Hospital, the infant deaths (Intern) included 2 premature babies born on district and 4 born in Nursing Homes.

Notification of Births

No. of Infants visited by Public Health Nurses	12,673

Home Visiting by Public Health Nurses

Total No. of mothers, infants and children under 6 years of age on Public Health Nurses' Registers	85,897

Average No. of families etc. on each Public Health Nurses' Register on 31st December, 1957, excluding families in Districts of Baldoyle and Howth :—

Families	631
Infants	212
Children	945

Total No. of Visits to Mothers, Infants and Children	318,856
No. of Special Visits	6,669
No. of Measles cases visited	1,056
No. of Pertussis cases visited	262
No. of Stillbirths visited	203

Child Welfare Clinics

1,624 Clinics were held during the year, at which the total number of attendances was :

Mothers	41,598
Infants	31,078
Children	29,600

The number of Medical Consultations at these Clinics was :

Mothers	35,319
Infants	25,797
Children	18,774

Specialists' Clinics

Ear, Nose and Throat Clinics :—

No. of Sessions	191
No. of Attendances by Pre-School Children	1,748

Ultra Violet Light Clinics

126 Sessions for the treatment of children suffering from Rickets or Debility were held during the year—65 Sessions at Carnegie Centre, 61 Sessions at St. Joseph's, Killarney Street.

The number of attendances was :—

Carnegie Centre	1,586
St. Joseph's Killarney Street	486

"Moro" Tests

No. of children "Moro" Tested	9,899
No. of children "Moro" positive	67

Trachoma Cases

Notifications	—
Active	6
Contact	34
Suspect	6
Quiescent	20
Attending Hospital for Treatment	9
Refusal to attend	1
Discharged	4

Treatment of Sequelae of Anterior Poliomyelitis (all ages)—Orthopaedic Clinic, Lord Edward Street.

Total No. of Sessions	48
Total No. of attendances at Orthopaedic Clinic, Carnegie Centre, Lord Edward Street	514
Total No. of visits at home by Nurses from this Department	1,472
Total No. of patients treated at Central Remedial Clinic	51
Total No. of patients treated at Hospitals Out-patients' Departments	41
Total No. of patients treated in Hospital (Intern)	75

Physiotheraphy

Total No. of treatments	4,735

Hospital Treatment—Children Suffering from Various Diseases

Particulars of the number of children who received Treatment :—

Medical

Pneumonia	1
Bronchitis	1

Bronchiectasis	1
Asthma	1
Influenza (Asian Flu)	1
Rheumatism	4
Metabolic Disorder	1
Coeliac Disease	9
Pyelitis	1
Jaundice	1
Debility	5
Observation and Investigation	2

SURGICAL

Phimosis	21
Hernia	1
Cyst	1
Meningocoele	1

ORTHOPAEDIC

Club Feet	21
Congenital Dislocation of Hip	15
Congenital Absence Arms	1
Supernumerary Digits	2
Torticollis	3
Perthes Disease	7
Rickets	1
Genu Valgum	1
Pes Planus	3
Hypotonia	1
Paralytic Conditions	33

ORTHOPAEDIC, (Extern)

Physiotherapy	250
Manipulation	224
X-Ray Examinations	66

EYE

Strabismus	13
Retinitis	1

EAR, NOSE AND THROAT

Enlarged Tonsils and Adenoids	216
Otitis Media	1
Mastoid	4
Cleft Palate	3

Cerebral Palsy

Intern	9
Extern	37
Attendances at Central Remedial Clinic	94
Attendances at Cerebral Palsy Clinic	2,541

Convalescent Home Treatment

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

Appliances for Children

No. of Orthopaedic Appliances, supplied renewed and repaired	423
No. of Spectacles supplied to Children under 6 years of age who attended Child Welfare Clinics	419
No. of Repairs to Spectacles	336
No. of Occluders supplied	16
No. of Artificial Eyes Supplied	2

Free Milk Scheme

No. of pints of milk supplied to children under 5 years of age	2,069,288
No. of pints of milk supplied to Expectant Mothers	112,272
No. of Expectant Mothers who received Milk	1,944
Quantity of Dried Milk distributed to children under 6 months	2,453 1-lb. packets

Catholic Social Service Conference

No. of meals supplied to Expectant and Nursing Mothers	136,088
No. of pints of milk supplied to Expectant and Nursing Mothers	132,287
Average No. of Mothers on Roll	571

St. Clare's Hospital

FINAL REPORT BY DR. TWOHIG, R.M.O.

This is the final report on St. Clare's Hospital, covering a period from 1st to 23rd January, 1957. During that time there were no admissions of Infants, and the cases still in the Hospital were discharged when fit, or gradually transferred to Crumlin or Temple Street Hospitals. On the morning of 14th January eight babies remained, and in the course of that day three were transferred to Temple Street, three to Crumlin, and two abandoned babies (twins) were transferred to St. Kevin's Hospital.

During this period the nursing staff was gradually reduced, and on 14th January only eleven nurses remained, together with Matron and the Assistant Matron. Most of these nurses had been in the service of the Board of Assistance when the Hospital was taken over by Dublin Corporation. These were retained pending transfer to other Institutions and most of them accepted the alternative posts offered to them. While awaiting transfer they were engaged in assisting the Matron in assembling and counting hospital stock No nurse remained in the Hospital after the 19th instant. The Staff then comprised—Matron ; The Assistant Matron ; Mr. Skelly, the Clerk in charge ; 4 Hospital Attendants ; two maids ; 1 cleaner ; a Cook and myself.

The Hospital was opened in 1944 to deal with a severe epidemic of Gastro-Enteritis, and through the years priority was given to cases diagnosed as suffering from this condition. However, as the incidence of Gastro-Enteritis decreased, the number of cases admitted suffering from other acute medical conditions increased. There has been a dramatic fall in the mortality rate since the early years as shown by the following figures :—

Oct. to Dec.	—	1944	— 33·9%
Jan. to Dec.	—	1945	— 47·4%
,, ,, ,,	—	1946	— 46·6%
,, ,, ,,	—	1947	— 32·1%

Jan.	to	Dec.	— 1948 —	15·8%
,,	,,	,,	— 1949 —	13·3%
,,	,,	,,	— 1950 —	10%
,,	,,	,,	— 1951 —	6·5%
,,	,,	,,	— 1952 —	2%
,,	,,	,,	— 1953 —	1·8%
,,	,,	,,	— 1954 —	3·3%
,,	,,	,,	— 1955 —	1·7%
,,	,,	,,	— 1956 —	3·5%

I should like here to pay tribute to the Matron, Sisters and Nursing Staff for the excellent manner in which they, at all times, performed their duties. I should like, also, to thank the Visiting Staff for their unfailing kindness and courtesy, and to express my appreciation for the help and co-operation of the Staff of the Dublin Corporation, both Medical and Clerical.

National Maternity Hospital

Paediatric Unit

Number of Babies Breast Fed	737
Number of Babies Artificially Fed	796
Number of Babies B/F with Comp.	775
Number of Visits made by nurses	10,103
Number of Babies visited	2,306
Number of Admissions to No. 1, Holles Street	132
Number of Out-Patients seen	758
Number of Out-Patients' Abscesses incised	69

Deaths

7/1/57—Scepticaemia/S. Pericarditis. Empyema and Liver Abscesses

24/5/57—Scepticaemia/Peritonitis. Pericarditis

23/10/57—Intraperitoneal Abscess

24/10/57—Intra Ventricular haemorrhage. Thrombocytopaenia.

7/11/57—Pneumonia/Mongolism

6/12/57—Pneumonia

24/12/57—Acute Septicaemia/Prematurity

Coombe Lying-in Hospital

Paediatric Department

Dr. Wm. Kidney m.d., d.p.h., d.c.h.

Total for the year of Births in the Hospital	2,012
Total for the year of Births on the District	488
Total for the year of Clinic Attendances	7,643
Total for the year of Nurses District Visits	9,390
Total for the year of Weekly Clinic at Ballyfermot .... (Started in February, 1957)	431
Total for the year of Admissions to the Unit	609
Total for the year Discharges from the Unit	575
Total for the year Deaths in the Unit	53
Deaths of babies over 28 days	5
Deaths of babies under 28 days	48
Total for the year of Deaths in the Unit of Babies admitted from Nursing Homes	4
Total for the year of Other Neo-Natal Deaths	18
Total for the year of Babies seen daily on the Wards by Doctors .... (Started in February, 1957)	11,354

Rotunda Hospital

Paedriatric Service

Dr. W. R. F. Collis AND Dr. P. C. D. MacClancy

During the year under review all departments of the Paediatric Service are able to report a satisfactory record of work. The expansion of the Service has passed through its initial phase of development and in consequence the Service can now be considered firmly established.

The opening last year of the Operating Theatre for the Surgery of Neo-Natal Conditions has been fully justified and this is reflected in the large variety and number of operations carried out during the year, i.e. Pyloric Stenosis, Intestinal Obstruction, Plastic Repair of Cleft Lip, etc.

The facilities for radiological examination in the Paediatric Unit leave much to be desired, as at present we must transport all infants across the Hospital grounds to the X-Ray plant in the main hospital. Frequently the examination has to be reluctantly omitted as the infant is too ill to withstand the disturbance and hardship of the double journey. The provision of such facilities within the Unit is long overdue.

Frequently our cots are occupied by infants born with hopeless congenital defects or well infants of ill mothers in hospital. The provision of suitable accomodation for these infants is a matter which should engage the attention of the responsible authority at an early date.

Since April, 1957, Dr. W. R. F. Collis has been on leave of absence and Dr. E. Doyle has been attached to the Service.

A detailed report of each department is set out below.

Intern Deliveries

Total live births	4,184
Total dead-born infants (stillbirths)	152
Infants dying in Nursery and Labour Ward (including previables.)	61
Total Infant Mortality rate, (deaths of infants born, excluding abortions, but including dead-born infants, still-births, etc.)	4·91%
Dead-born (stillbirth) rate	3·50%
Infant death rate (against total live births)	1·46%

Corrected infant death rate amongst live births :—

Live births viable (over $2\frac{3}{4}$ lbs.)	4,170
Infant deaths in this group	48
Infant death rate of viables	1·15%

Premature births (viable) :—

(8·72% of live births)	365
Number of Deaths	31
Mortality Rate	8·49%

Previable Prematures :—

Number of Cases	14
Number of Deaths	13
Mortality Rate	92·86%

Total Premature Death Rate (including previable infants) :—

Number of Cases	379
Number of Deaths	44
Mortality Rate	11·61%
Corrected Premature Death Rate	5·01%

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 abnormalities.)

INTERN PAEDIATRIC DEPARTMENT.

Group	Admissions	Deaths	Mortality Rate per cent.
Mature Infants	392	17	4·34
Premature Infants	276	30	10·87
Previable Premature Infants	13	12	92·31
Total	681	59	8·66

There were 2 Premature infant deaths in the Labour Ward, 1 of which was a previable premature infant.

Summary.

INTERN PAEDIATRIC DEPARTMENT.

Condition or Classification	Mature Infants			Premature Infants			re-Viable Premature PInfants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Acute Bronchitis	1	1	—	—	—	—	—	—	—
Acute Respiratory Infection	1	1	—	—	—	—	—	—	—
Asphyxia Neonatorum ...	7	4	3	—	—	—	—	—	—
Atelectasis	4	2	2	14	1	13	—	—	—
Atresia of Oesophagus, Imperforate Anus	—	—	—	—	—	—	1	—	1
Birth Shock	3	3	—	—	—	—	—	—	—

INTERN PAEDIATRIC DEPARTMENT—contd.

Condition or Classification	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Breech Delivery—Observation	9	9	—	4	4	—	—	—	—
Broncho-pneumonia ...	2	—	2	4	—	4	—	—	—
Brow Presentation—Observation	1	1	—	—	—	—	—	—	—
Cerebral Syndrome ...	1	1	—	1	—	1	—	—	—
Cleft Palate	1	1	—	—	—	—	—	—	—
Congenital Heart Disease	6	1	5	1	—	1	—	—	—
Congenital Heart Disease, Seborrhoea Dermatitis	—	—	—	—	—	—	1	1	—
Coombs Negative—Observation	32	32	—	—	—	—	—	—	—
Cyanosis	6	6	—	—	—	—	—	—	—
Facial Paralysis	2	2	—	—	—	—	—	—	—
Forceps Delivery—Observation	56	56	—	1	1	—	—	—	—
Fracture of Left Humerus	1	1	—	—	—	—	—	—	—
Fracture of Skull ...	1	1	—	1	1	—	—	—	—
Haemolytic Disease ...	3	3	—	—	—	—	—	—	—
Haemolytic Disease, Exchange Transfusion ...	1	1	—	2	2	—	—	—	—
Hyaline Membrane Disease	2	—	2	1	—	1	—	—	—
Hydrocephalus	—	—	—	1	—	1	—	—	—
Hydrocephalus, Spina Bifida	1	—	1	—	—	—	—	—	—
Hydrops Foetalis, Haemolytic Disease	1	—	1	—	—	—	—	—	—
Icterus	—	—	—	1	1	—	—	—	—
Intestinal Obstruction, Pneumonia	—	—	—	1	—	1	—	—	—
L.S.C.S.—Observation ...	159	159	—	13	13	—	—	—	—
Mongoloid Characteristics	1	1	—	—	—	—	—	—	—
Multiple Congenital Abnormalities	—	—	—	1	—	1	—	—	—
Observation	35	35	—	—	—	—	—	—	—
Occipital Meningocele ...	2	1	1	—	—	—	—	—	—
Prematurity	—	—	—	175	170	5	11	—	11
Pyelonephritis : Broncho-pneumonia	—	—	—	1	—	1	—	—	—
Pulmonary Haemorrhage ...	—	—	—	1	—	1	—	—	—
Spina Bifida	3	3	—	—	—	—	—	—	—
Urinary Infection ...	—	—	—	1	1	—	—	—	—
Transferred to Unit ...	50	50	—	52	52	—	—	—	—
Totals ...	392	375	17	276	246	30	13	1	12

There were 5 Surgical Operations. There were 59 deaths in the Nursery.
Postmortems were obtained in 21 cases.

EXTERN PAEDIATRIC DEPARTMENT.

Group	Admissions	Deaths	Mortality Rate per cent.
Mature Infants	370	47	12·70
Premature Infants	124	20	13·89
Previable Premature Infants	10	10	100·00
Total	504	77	15·28

Summary.

EXTERN PAEDIATRIC DEPARTMENT.

Condition or Classification	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Abscess of Lung	1	—	1	—	—	—	—	—	—
Acute Bronchopneumonia	11	—	11	3	—	3	—	—	—
Acute Bronchopneumonia, Congenital Heart Disease	1	—	1	—	—	—	—	—	—
Acute Bronchopneumonia, Haemolytic Disease, Exchange Transfusion ...	2	—	2	—	—	—	—	—	—
Acute Cardiac Failure, Neo-Natal Infection ...	2	—	2	—	—	—	—	—	—
Acute Haemorrhagic Bronchopneumonia ...	3	—	3	—	—	—	—	—	—
Acute Intestinal Obstruction, Neo-Natal Infection	—	—	—	1	—	1	—	—	—
Acute Peritonitis, Bronchitis	1	—	1	—	—	—	—	—	—
Acute Pyelonephritis ...	2	2	—	—	—	—	—	—	—
Acute Renal Failure : Thrombosis of Renal Veins ...	1	—	1	—	—	—	—	—	—
Anaemia	1	1	—	—	—	—	—	—	—
Asphyxia Neonatorum ...	2	2	—	—	—	—	—	—	—
Atelectasis	1	1	—	3	1	2	—	—	—
Atresia of Small Intestine	—	—	—	1	—	1	—	—	—
B.C.G. Vaccination ...	18	18	—	—	—	—	—	—	—
Benign Melanoma ...	—	—	—	1	1	—	—	—	—
Bi-lateral Mastitis ...	1	1	—	—	—	—	—	—	—
Biliary Cyst (Rupture) : Peritonitis	—	—	—	1	—	1	—	—	—

EXTERN PAEDIATRIC DEPARTMENT—contd.

Condition or Classification	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Bronchitis	5	5	—	—	—	—	—	—	—
Bronchopneumonia ...	6	6	—	2	2	—	—	—	—
Bronchopneumonia, Cleft Lip, Cleft Palate ...	1	—	1	—	—	—	—	—	—
Bronchopneumonia, Neo-Natal Infection ...	—	—	—	1	1	—	—	—	—
Cerebral Syndrome ...	2	2	—	—	—	—	—	—	—
Cervical Abscess	2	2	—	—	—	—	—	—	—
Cervical Cyst	—	—	—	1	1	—	—	—	—
Circumcision	23	23	—	—	—	—	—	—	—
Cleft Palate, Neo-Natal Infection	1	1	—	—	—	—	—	—	—
Congenital Cololoma of Iris	1	1	—	—	—	—	—	—	—
Congenital Heart Disease ...	7	3	4	1	1	—	—	—	—
Cystic Hygroma, Broncho-pneumonia	1	—	1	—	—	—	—	—	—
Depressed Fracture of Skull	1	1	—	—	—	—	—	—	—
Dermatitis Exfoliativa ...	1	—	1	—	—	—	—	—	—
Dermoid Cyst	1	1	—	—	—	—	—	—	—
Diarrhoea—Inanition ...	1	—	1	—	—	—	—	—	—
Empyema of Thorax, Fibrinous Pericarditis ...	1	—	1	—	—	—	—	—	—
Erbs Paralysis	1	1	—	—	—	—	—	—	—
Exomphalus: Adrenal Haemorrhage	—	—	—	1	—	1	—	—	—
Fracture of Left Frontal Bone	1	1	—	—	—	—	—	—	—
Fracture of Left Parietal Bone	1	1	—	—	—	—	—	—	—
General Mismanagement ...	1	1	—	—	—	—	—	—	—
Haematemesis	1	1	—	—	—	—	—	—	—
Haematoma of Right Thigh	1	1	—	—	—	—	—	—	—
Haemolytic Disease, Exchange Transfusion ...	33	29	4	3	2	1	—	—	—
Haemorrhagic Disease ...	2	2	—	—	—	—	—	—	—
Hirschprung's Disease ...	2	2	—	—	—	—	—	—	—
Hyaline Membrane Disease	—	—	—	1	—	1	—	—	—
Hydrocephalus	1	1	—	—	—	—	—	—	—
Hydrocephalus: Spina Bifida	1	—	1	—	—	—	—	—	—
Infantile Eczema	1	1	—	—	—	—	—	—	—
Inhalation Pneumonia ...	1	1	—	—	—	—	—	—	—
Inhalation Pneumonia, Haemolytic Disease, Exchange Transfusion	1	—	1	—	—	—	—	—	—
Intestinal Atresia ...	—	—	—	1	—	1	—	—	—
Intestinal Obstruction ...	1	—	1	1	1	—	—	—	—
Intestinal Obstruction, Cyst of Small Bowel ...	1	1	—	—	—	—	—	—	—
Intestinal Obstruction: Volvulus: Neo-Natal Infection	1	—	1	—	—	—	—	—	—
Kernicterus; Atelectasis ...	—	—	—	1	—	1	—	—	—
Laryngeal Stridor ...	2	2	—	—	—	—	—	—	—
Laryngeal Stridor, Monilia	1	1	—	—	—	—	—	—	—
Mammery Abscess ...	1	1	—	1	1	—	—	—	—
Meconium Ileus, Bowel Resection	—	—	—	1	—	1	—	—	—

EXTERN PAEDRIATRIC DEPARTMENT—contd.

Condition or Classification	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Meningocele	1	1	—	—	—	—	—	—	—
Meningocele ; Hydrocephalus	1	—	1	—	—	—	—	—	—
Microcephaly	1	1	—	—	—	—	—	—	—
Mismanagement of Feeding	11	11	—	7	7	—	—	—	—
Mongol	4	3	1	—	—	—	—	—	—
Moniliasis	2	2	—	—	—	—	—	—	—
Multiple Congenital Abnormalities	1	—	1	—	—	—	—	—	—
Neo-Natal Infection ...	112	108	4	14	14	—	—	—	—
Nephritis	—	—	—	1	1	—	—	—	—
Nutritional Anaemia ...	1	1	—	—	—	—	—	—	—
Observation (Miscellaneous)	36	36	—	3	3	—	—	—	—
Oesophageal Atresia ...	—	—	—	1	—	1	—	—	—
Paralysis : Soft Palate ...	1	1	—	—	—	—	—	—	—
Peritonitis, Haemolytic Disease, Exchange Transfusion	1	—	1	—	—	—	—	—	—
Pertussis ; Bronchopneumonia	1	1	—	—	—	—	—	—	—
Pertussis : Neo-Natal Infection	1	1	—	—	—	—	—	—	—
Phimosis	—	—	—	1	1	—	—	—	—
Pneumonia	11	11	—	3	3	—	—	—	—
Pneumonia, Neo-Natal Infection	—	—	—	1	1	—	—	—	—
Premature	—	—	—	61	58	3	10	—	10
Pyelonephritis, Neo-Natal Infection	1	1	—	—	—	—	—	—	—
Pyloric Stenosis	7	7	—	1	1	—	—	—	—
Pylorospasm	3	3	—	—	—	—	—	—	—
Removal of Meningocele ...	2	2	—	—	—	—	—	—	—
Repair of Cleft Lip ...	2	2	—	—	—	—	—	—	—
Simple Transfusion ...	—	—	—	1	1	—	—	—	—
Spina Bifida	1	1	—	2	—	2	—	—	—
Thrush Infection ...	1	1	—	—	—	—	—	—	—
Upper Respiratory Infection	2	2	—	1	1	—	—	—	—
Vomiting	10	10	—	2	2	—	—	—	—
Total	370	323	47	124	104	20	10	—	10

There were 94 Surgical Operations. There were 77 Deaths. Postmortems were obtained in 48 cases.

PAEDIATRIC O.P.D.

Total Attendances	....	11,214
Initial Attendances	....	3,002
District Visits	....	5,218

EXTERN PAEDIATRIC DEPARTMENT.

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

Group	Admissions	Deaths	Mortality Rate per cent.
Mature Infants	28	5	17·86
Premature Infants	19	6	31·58
Previable Premature Infants	2	1	50·00
Total	49	12	24·49

SUMMARY

Condition or Classification	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Acute Haemorrhagic Broncho-pneumonia	—	—	—	1	—	1	—	—	—
Asphyxia Neonatorum ...	1	1	—	—	—	—	—	—	—
Atelectasis	1	—	1	2	—	2	—	—	—
B.C.G. Vaccination ...	1	1	—	—	—	—	—	—	—
Bronchopneumonia ...	2	2	—	—	—	—	—	—	—
Cardio Respiratory Failure, Neo-Natal Infection ...	1	—	1	—	—	—	—	—	—
Cerebral Syndrome, Broncho-pneumonia	1	1	—	—	—	—	—	—	—
Haemolytic Disease ...	1	1	—	—	—	—	—	—	—
Haemolytic Disease, A.B.O. Incompatibility ...	1	1	—	—	—	—	—	—	—
Haemolytic Disease, Ex-change Transfusion ...	1	1	—	—	—	—	—	—	—
Haemorrhagic Disease ...	1	1	—	—	—	—	—	—	—
Hyaline Membrane Disease	—	—	—	1	—	1	—	—	—
Kernicterus	—	—	—	1	—	1	—	—	—
Micro Ophthalmia ...	—	—	—	1	1	—	—	—	—
Mismanagement of Feeding	3	3	—	1	1	—	—	—	—
Mongol	—	—	—	1	—	1	—	—	—
Neo-Natal Infection ...	1	1	—	—	—	—	—	—	—
Observation	6	6	—	—	—	—	—	—	—
Oesophageal Atresia, Imper-forate Anus	1	—	1	—	—	—	—	—	—
Peritonitis, Imperforate Anus	1	—	1	—	—	—	—	—	—
Pneumonia	—	—	—	1	1	—	—	—	—
Premature	—	—	—	9	9	—	2	1	1
Pulmonary Oedema ...	1	—	1	—	—	—	—	—	—
Repair of Cleft Lip ...	4	4	—	1	1	—	—	—	—
Total	28	23	5	19	13	6	2	1	1

There were ten Surgical Operations. There were 12 Deaths. Postmortems were obtained in 8 cases

SCHOOL MEDICAL SERVICE

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

> "A great deal of the remarkable improvement in the health of school children in the past half century, has been due to education—i.e. the willing collaboration of Teacher, Doctor and Nurse . . . . . The essential function of the School Physician is to make a skilled assessment of the health of the child at school, and, after any necessary medical treatment has been given, to see that the child makes good the advantage gained."
>
> (B. M. J.)

The new schools in Ballyfermot, Rathfarnham, Walkinstown, Finglas, and Raheny, now serve the needs of the many children living in these areas. Like Cabra, Drimnagh, and Crumlin, these schools act as centres for the district. They are focal points in these large housing estates, conferring upon them a significance which seems at first to be lacking in the expanse of houses and roads. It is, perhaps, when one sees pupils returning from school intent on safeguarding flower roots and cuttings for their parents' gardens that one comes to realise how much a school can really mean in the lives of a community. A nine-year-old boy bemoaning the depredations of stray dogs in his father's garden, where he himself had obviously been helping, judging by his hands, is very different from the attitude of a child growing up in a congested tenement area. The arrangement by which pupils can attend for after-school hobbies bears testimony to the children's interest in music, reading, games, etc., and points to encouragement given by parents, without which such effort might well be unavailing. The schools in the outskirts of the City are of good design and well sited. The buildings are well kept. They are away from smoke and dust. They have wide corridors, and are well lighted. These are factors which make for easier keeping.

Provision of new schools in the outskirts of the City has eased somewhat the requests for admission to the old schools in the centre of Dublin, but there are still numerous applications for admission to them from parents of children living in the new flats, or in the converted Georgian houses. The passage of time makes it more difficult to bring these old-fashioned schools up to modern standards. Providing adequate playground space, and sufficient lighting in the class rooms, and obtaining freedom from the dust and noise of City traffic, becomes more difficult each year. The sanitary and toilet provision can not be easily brought up to modern standards, yet, the question of securing a good site for a City school, with enough space for class rooms, cloak rooms and recreation facilities, is not easily solved. Clearance areas in the City, when they are available, are required for building flats, so it is not easy to allocate sufficient ground for a school large enough to take the children in the district.

The usual Tables, setting out findings at the School Medical Inspections carried out during the year, are included in this Report, as well as Tables showing the treatment of defects found. Free supplies of D.D.T. have now been made available for many years, yet a reduction in the extent of uncleanliness of girls' hair, does not seem to have been achieved. The water supply and bathing facilities available in the new houses and flats, has effected an enormous improvement in the general standard of cleanliness of children, so it is all the more regrettable that this improvement does not include girls' hair. Whether adults think it is worth the time and trouble involved in keeping the hair of the younger members of the household clean, if they are to be contaminated by their class-mates, is perhaps an understandable point of view, but if all the adults were prepared to undertake this care of the hair of their younger sisters regularly and persistently, then the extent of infestation would diminish markedly, and it would be only the very rare occasion on which one saw nits or vermin in a girl's hair. The mother who is ill or overburdened, may find it almost impossible to

thoroughly look after the hair of her children, if there are several girls of school-going age in the family, so it is all the more important that the children themselves should know how to look after their hair, and that they should be trained to do so unfailingly.

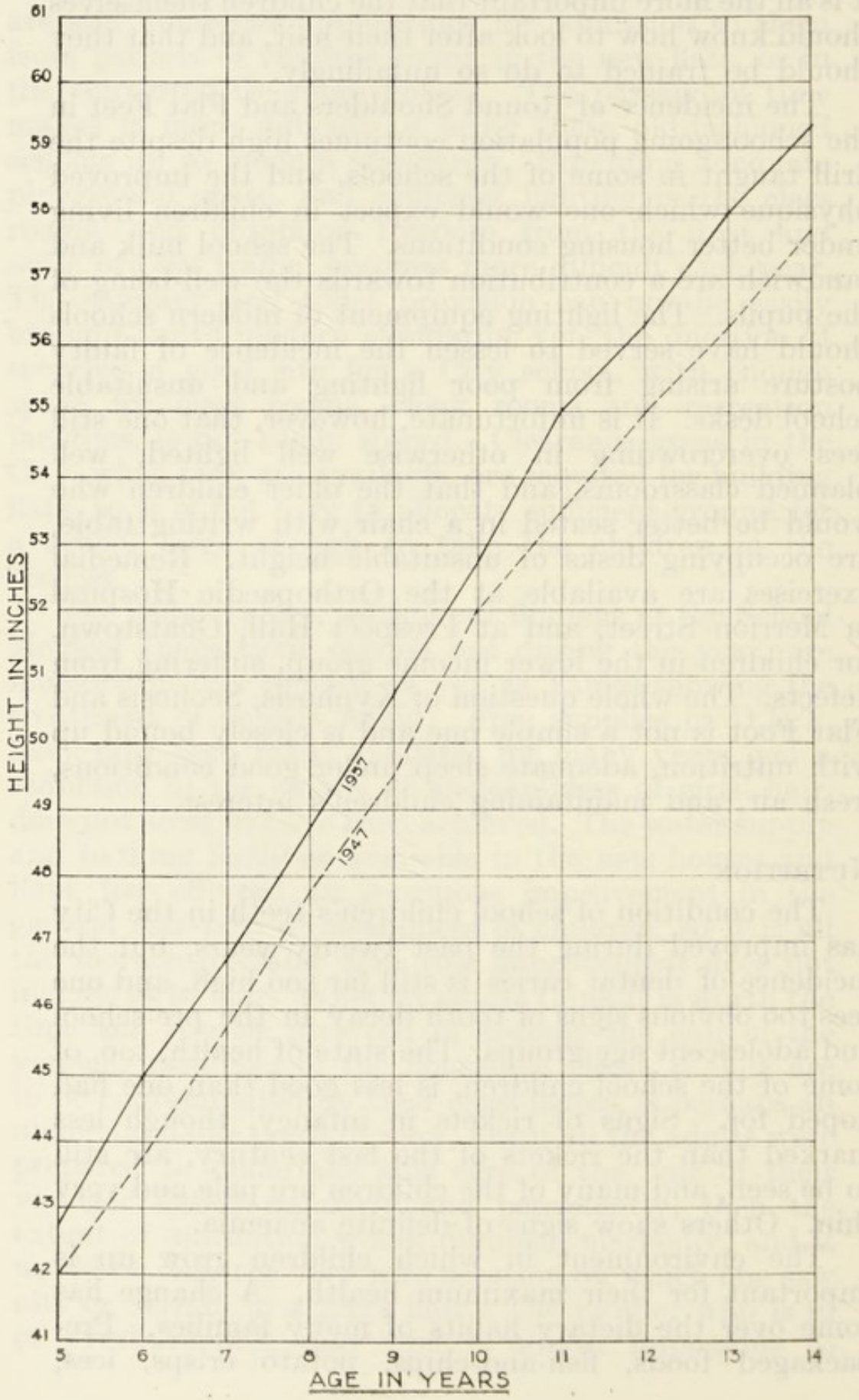
The incidence of Round Shoulders and Flat Feet in the school-going population continues high despite the drill taught in some of the schools, and the improved physique which one would expect in children living under better housing conditions. The school milk and sandwich are a contribution towards the well-being of the pupils. The lighting equipment of modern schools should have served to lessen the incidence of faulty posture arising from poor lighting and unsuitable school desks. It is unfortunate, however, that one still sees overcrowding in otherwise well lighted, well planned classrooms, and that the older children who would be better seated in a chair with writing table, are occupying desks of unsuitable height. Remedial exercises are available at the Orthopaedic Hospital in Merrion Street, and at Prospect Hall, Goatstown, for children in the lower income group, suffering from defects. The whole question of Kyphosis, Scoliosis and Flat Foot is not a simple one and is closely bound up with nutrition, adequate sleep under good conditions, fresh air, and maintaining children's interest.

Nutrition

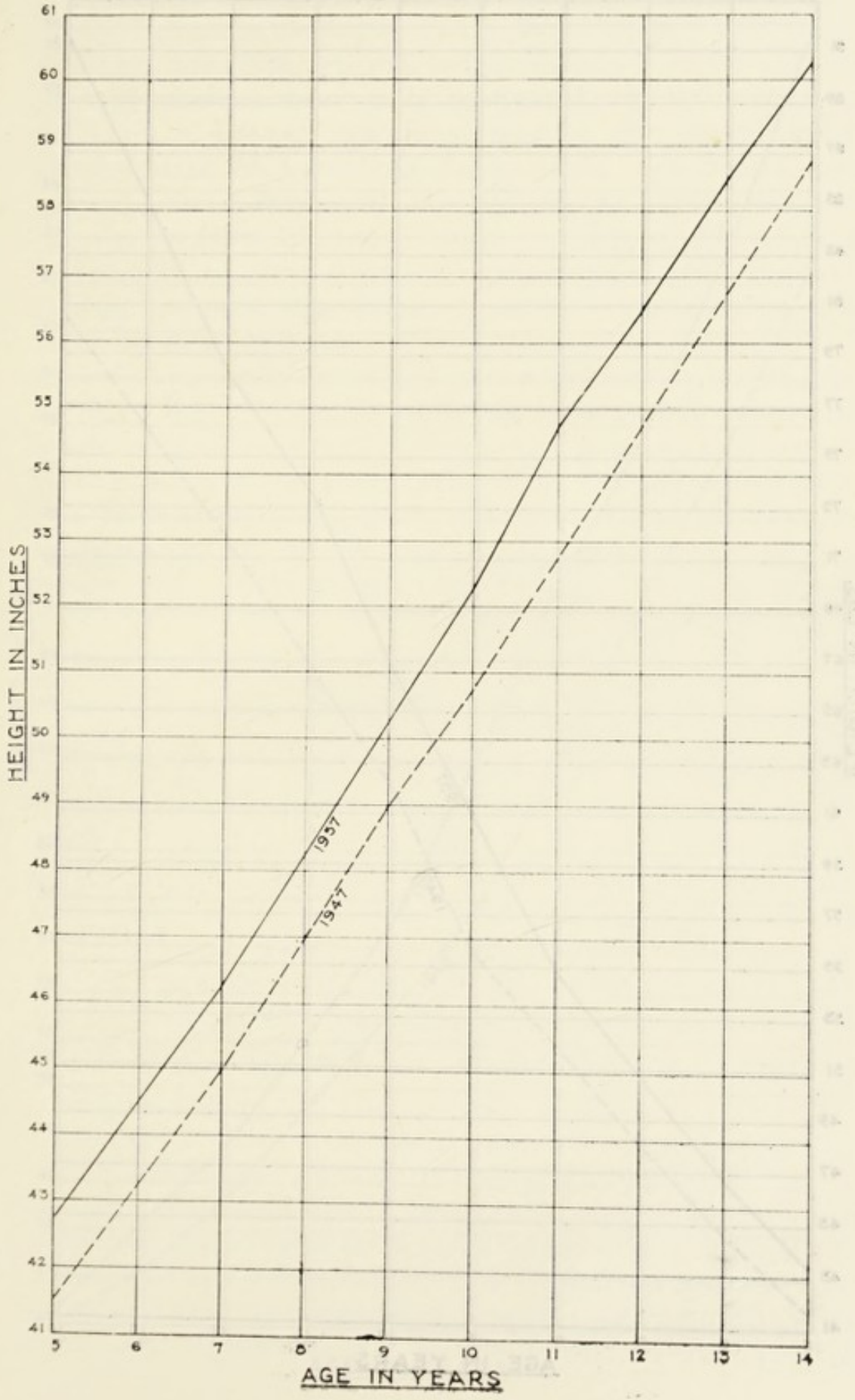
The condition of school children's teeth in the City has improved during the past twenty years, but the incidence of dental caries is still far too high, and one sees too obvious signs of tooth decay in the pre-school and adolescent age groups. The state of health, too, of some of the school children, is less good than one had hoped for. Signs of rickets in infancy, though less marked than the rickets of the last century, are still to be seen, and many of the children are pale and very thin. Others show signs of definite anaemia.

The environment in which children grow up is important for their maximum health. A change has come over the dietary habits of many families. Pre-packaged foods, fish-and-chips, potato crisps, ices,

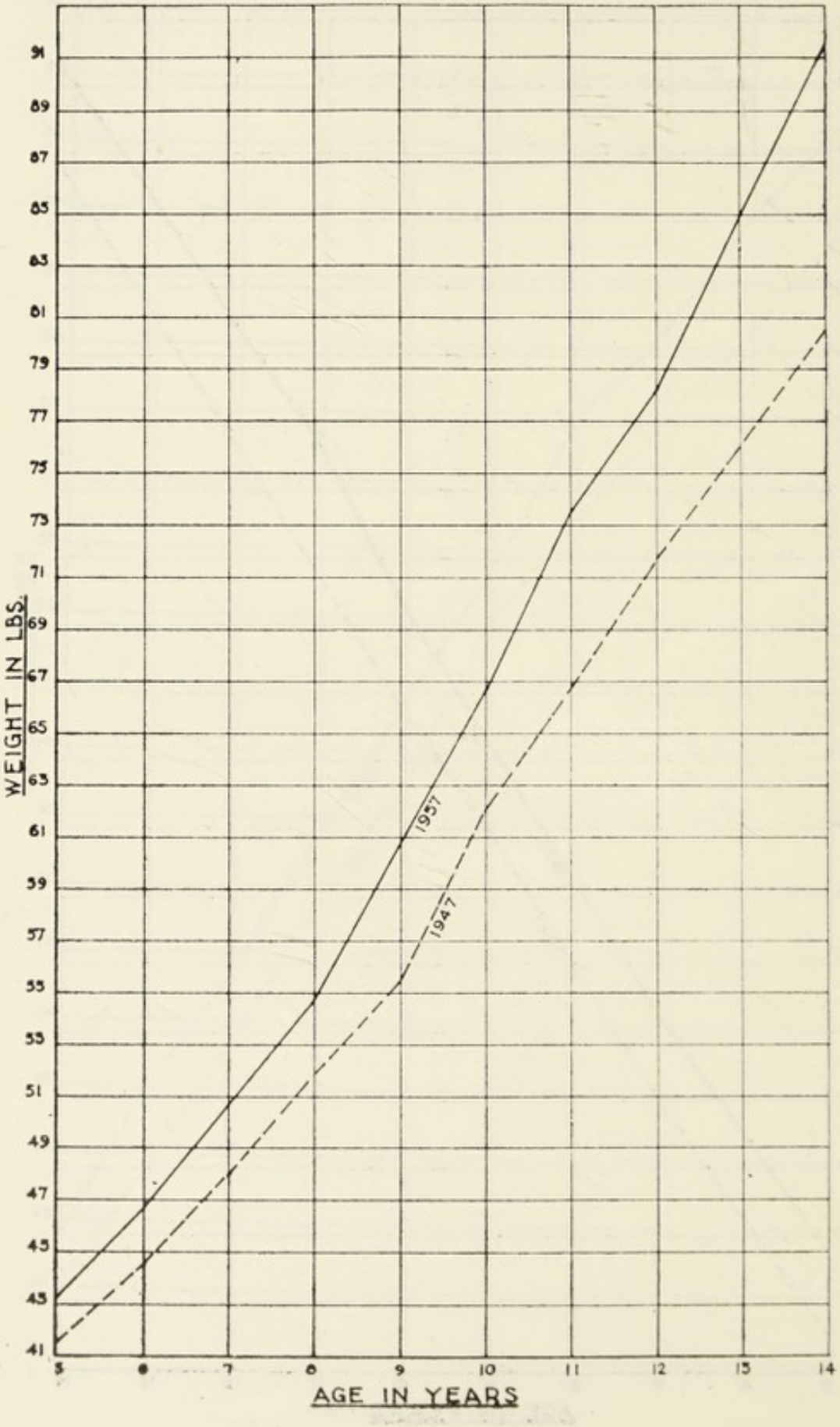
AVERAGE HEIGHT OF ALL BOYS EXAMINED IN DUBLIN CITY NATIONAL SCHOOLS DURING YEARS 1947----1957——



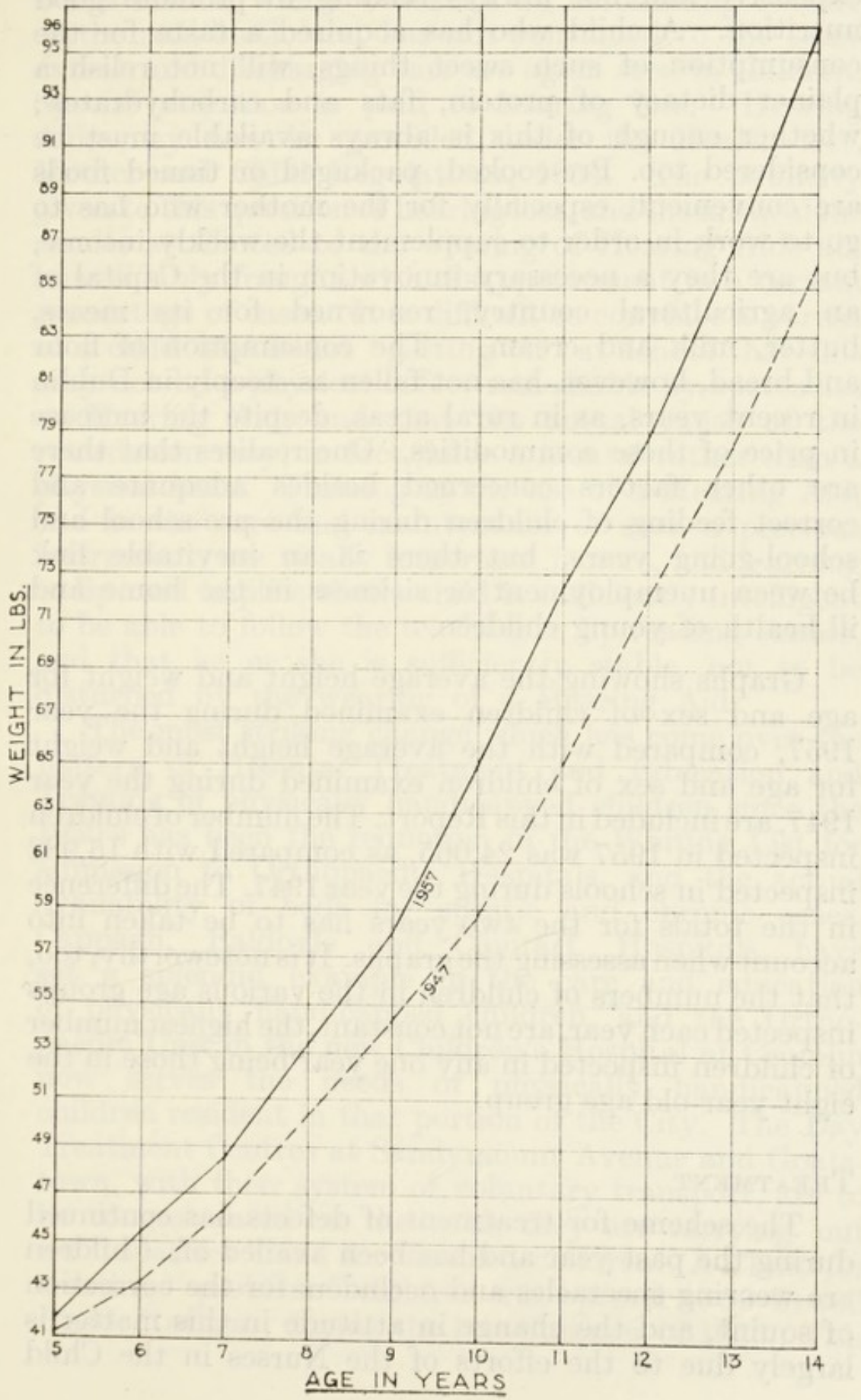
AVERAGE HEIGHT OF ALL GIRLS EXAMINED IN DUBLIN CITY NATIONAL SCHOOLS DURING YEARS 1947----1957——



AVERAGE WEIGHT OF ALL BOYS EXAMINED IN DUBLIN CITY NATIONAL SCHOOLS DURING YEARS 1947---1957———



AVERAGE WEIGHT OF ALL GIRLS EXAMINED IN DUBLIN CITY NATIONAL SCHOOLS DURING YEARS 1947----1957——



lollies, iced lollies, and the ubiquitous sugar confectionery on a stick being licked by children, these tastes are expensive and not always tending to promote good nutrition. A child who has acquired a taste for the consumption of such sweet things, will not relish a plainer dietary of protein, fats and carbohydrates; whether enough of this is always available must be considered too. Pre-cooked, packaged or tinned foods are convenient, especially for the mother who has to go to work in order to supplement the weekly income, but are they a necessary innovation in the Capital of an agricultural country, renowned for its meats, butter, milk and cream. The consumption of flour and bread, however, has not fallen as steeply in Dublin in recent years, as in rural areas, despite the increase in price of these commodities. One realises that there are other factors concerned besides adequate and correct feeding of children during the pre-school and school-going years, but there is an inevitable link between unemployment or sickness in the home and ill-health of young children.

Graphs showing the average height and weight for age and sex of children examined during the year 1957, compared with the average height and weight for age and sex of children examined during the year 1947, are included in this Report. The number of children inspected in 1957 was 24,065, as compared with 15,982 inspected in schools during the year 1947. The difference in the totals for the two years has to be taken into account when assessing the graphs. It is noteworthy, too, that the numbers of children in the various age groups inspected each year, are not constant, the highest number of children inspected in any one year being those in the eight-year-old age group.

Treatment

The scheme for treatment of defects has continued during the past year and has been availed of. Children are wearing spectacles and occluders for the correction of squint, and the change in attitude in this matter is largely due to the efforts of the Nurses in the Child

Health Staff who encourage parents to avail themselves of free treatment service for their school-going children. The almost complete disappearance of Otitis Media, which was such an astonishing feature of the anti-biotic era, has not continued to the same extent, and discharging ears are again seen in children. Special attention is paid to hearing loss. Hearing Aids may now be provided under the Health Act, Mother and Child Regulations, 1954. The publicity given to this question of hearing loss, and the miraculous results attributed to the wearing of Hearing Aids are unavoidably fraught with disappointment in a certain percentage of cases. It is difficult to convince a parent of a child who is not ' getting on ' at school that this may not be a physical defect remediable by spectacles or Hearing Aid, and that the actual cause of the retardation may, in fact, have a mental rather than a physical basis. Training in the use of a Hearing Aid, and in the care and maintenance of such a precious instrument, are vitally important factors, and learning to lip read implies that a child is sufficiently intelligent to be able to follow the teaching in lip reading classes, and that he or she is sufficiently stable, not to be disturbed by the wearing of a Hearing Aid.

The most striking change which has come over the pattern of Hospital Treatment and Education and Training of physically handicapped children since the 1930's has been the reduction in the Waiting List for admission to Orthopaedic Hospitals, and the actual availability of beds for spastic and chronic cases. Cappagh, Baldoyle and Clontarf Hospitals have set a splendid example in the care and education of physically handicapped children, and the Orthopaedic Unit in the new Children's Hospital at Crumlin now serves the needs of physically handicapped children resident in that portion of the City. The Day Treatment Centres at Sandymount Avenue and Goatstown, with their system of voluntary transport, are to be congratulated on the work they are carrying out for " spastics " and for disabled children. A Clinic for treating " problem " children was opened at 59 Orwell Road, Rathgar, during the late Summer of 1955. This

Treatment Centre has already acheived a marked improvement in those children who were referred. Children from the age of three years are eligible for attention at this Clinic and parents are grateful for the inestimable help their children have obtained at this Treatment Centre. A course of Child Guidance Therapy must, of necessity, be prolonged as each case has to be so thoroughly investigated in the first instance, and the full co-operation of parents and children is absolutely essential, if benefit is to be achieved. The two Day Education Centres for Mentally Handicapped Children are greatly appreciated by parents, and already, the number of pupils attending at both these Day Special Schools has increased rapidly. The system of transport to and from Glenmaroon is of enormous help to these children, and parents avail themselves eagerly of such a long awaited opportunity for Special Education for the less intelligent member of the family who can, at the same time, live at home and share the family life. The grading of mentally handicapped children has come to be gradually accepted by parents, and the correct placing of the different categories of handicapped in suitable Special Schools is accepted as inevitable if the maximum benefit is to be obtained. Reference has already been made to the change in administration which the Health Act has brought about. If a Mentally Handicapped child is discovered during the course of routine School Health Examination at an ordinary National School, and if the parents are willing to accept Special Education for that child in a Special Residential School, then such child is maintained free in that Residential School. This change has been of great help to many families. However, there is the large group of Mentally Handicapped children who do not attend National Schools and who are so severely retarded as to be unable to attend an ordinary school. In order to arrange for the admission of the children in this latter category to a Special Training Centre, parents may not be eligible to obtain free maintenance. There is, too, a longer Waiting List for admission to such Homes and Training Centres, than in the case of the

higher grade Mentally Handicapped children. This is particularly regrettable as it is this special group of children who require the care, supervision and constant attention, which are not always easily managed in a small house or flat or where there may be several young children in a family.

I ask the Reverend Managers and teachers in the City Schools, both Day and Residential, to accept my warmest thanks for all their help during 1957, and in the previous years. Without this help and constant co-operation our efforts would come to nought.

SCHOOLS INSPECTED

Phibsboro ... ... Boys, Girls, Infants
Harold's Cross, St. Clare's Girls, Infants
Denmark Street ... Boys, Girls, Infants
Milltown ... ... Girls, Infants
Townsend Street ... Girls, Infants
Glasnevin ... ... Girls, Infants
Haddington Road ... Boys
Marlboro St., Central Model ... ... Boys, Girls, Infants
Marino, St. Joseph's C.B. Boys
Sandford Road ... Boys, Girls, Infants
Ballyfermot ... ... Boys
James's Street C.B. ... Boys
Haddington Road ... Girls, Infants
Keogh Square C.B. ... Boys
Marlboro St., Sc. Columcille ... ... Boys
Cabra, Christ the King ... Boys, Girls, Infants
Marlboro St., Sc. Mhuire Girls
Marlboro St., Sc. Gaolach Infants
Homefarm Road ... Girls, Infants
Grangegorman ... Boys, Girls, Infants
Crumlin, St. Mary's ... Boys, Girls, Infants
Rathmines Township ... Boys, Girls, Infants
Blacquiere Bridge ... Boys, Girls, Infants
Basin Lane ... ... Girls, Infants
Blackhall Parade ... Boys, Girls, Infants
Fishamble Street ... Boys, Girls, Infants
Camden Row ... ... Boys, Girls, Infants
Rathfarnham Village ... Boys, Girls, Infants
Rathmines, St. Mary's ... Boys
Warrenmount ... Girls, Infants
Francis St. C.B. ... Boys
Finglas, De la Salle ... Boys
Rathfarnham Loreto ... Girls, Infants
Terenure ... ... Boys
Iona Road ... ... Girls, Infants
Rathmines Tranquilla ... Boys, Girls, Infants
Cook Street ... ... Boys, Girls, Infants
Rialto, St. James' ... Boys, Girls, Infants
Zion Road ... ... Boys, Girls, Infants
Dolphin's Barn ... Boys, Girls, Infants
Fairview ... ... Girls, Infants
Strand Street C.B. ... Boys
Rathmines, St. Louis ... Girls, Infants
Chapelizod No. 2 ... Boys, Girls, Infants
Queen Street ... ... Boys
Botanic Ave. ... ... Boys, Girls, Infants

Rathgar Ave. ... ... Boys, Girls, Infants
Rutland Street ... Girls, Inf.Girls
Chapelizod No. 1 ... Boys, Girls, Infants
Baldoyle ... ... Boys
Baldoyle ... ... Girls, Infants
Seville Place C.B. ... Boys
Synge St. C.B. ... Boys
Parnell Road C.B. ... Boys
Whitefriar Street ... Boys, Inf.Boys
Rathfarnham ... ... Boys
St. Mary's Place C.B. ... Boys
Whitefriar Street ... Girls
Phoenix Park ... ... Girls
Navan Road ... ... Boys
Marino, St. V. de P. ... Girls, Infants
Westland Row C.B. ... Boys
Kildare Place ... ... Boys, Girls, Infants
Strand Street ... ... Girls, Infants
Mountjoy St., Josephian, Girls, Infants
Coombe H.F. ... ... Girls, Infants
Wellington Street ... Girls, Infants
Whitefriar Street ... Inf.Girls.
Clareville Road ... Boys, Girls, Infants
Grantham Street ... Girls, Infants
Aughrim Street ... Boys, Girls, Infants
Crumlin Loreto ... Girls, Infants
Sandymount, St. Brendan's C/Palsy ... Boys, Girls, Infants
Pearse Street ... Boys

Dorset St., St. Joseph's Boys
East Wall ... Girls, Infants
George's Hill ... Girls, Infants
Cabra Deaf and Dumb ... Boys
Meath Street ... Boys, Girls, Infants
Goldenbridge Orphanage Girls
Inchicore Cent. Methodist Boys, Girls, Infants
Harold's Cross, Our Lady's Mount ... Girls, Infants
Finglas, St. Fergal's ... Boys
East Wall ... Boys
North William Street ... Girls, Infants
Finglas, St. Canice's ... Boys, Girls, Infants
Finglas H.F. ... Girls, Infants
Halston Street ... Boys
Earlsfort Terrace ... Girls, Infants
Belmont Avenue ... Girls, Infants
Drumcondra, St. Joseph's Blind Asylum ... Boys
John's Lane ... ... Boys, Girls, Infants
Liffey Street ... ... Girls, Infants
Ringsend ... ... Boys, Infants
School Street ... Boys, Girls, Infants
Terenure ... ... Girls, Infants
North King Street ... Girls, Infants
Irishtown ... ... Boys, Girls, Infants
Donore Avenue St. Catherine's ... ... Boys, Girls, Infants
Beaver Row ... ... Boys, Girls, Infants
City Quay ... ... Boys

DEFECTS FOUND DURING THE YEAR

Total number examined during the year, 24,065

Defects	Defects Requiring Treatment	Defects Requiring Observation
Speech	193	102
Mental Condition	39	128
Hearing	29	74
Vision	4,692	2,951
Clothing	520	2,494
Footgear	1,250	4,354
Hair and Scalp } Uncleanliness ...	1,543	2,049
Body }	426	2,869
Vaccination Nil	21,978	—
Nutrition	229	2,253
Glands Enlarged	129	3,705
Teeth	17,118	670
EAR :—		
Otitis Media	66	98
Other Diseases	30	8
NOSE AND THROAT :—		
Enlarged Tonsils and Adenoids ...	1,466	5,656
Other Defects	168	216
EYE :—		
Blepharitis	174	311
Conjunctivitis	47	97
Squint	623	454
Other Diseases	39	112
SKIN :—		
Ringworm-Head	2	2
,, -Body	6	1
Scabies	7	3
Impetigo	15	63
Other Diseases	259	793
HEART AND CIRCULATION :—		
Organic Heart Disease	37	108
Functional Heart Disease ...	51	307
Anaemia	60	1,521
LUNGS :—		
Bronchitis	19	371
Other Defects	23	95
Definite Primary Tuberculosis ...	33	65
Definite Non-Pulmonary T.B. ...	4	5
Suspected Non-Pulmonary T.B. ...	1	—
NERVOUS SYSTEM :—		
Epilepsy	3	16
Other	23	47
DEFORMITIES :—		
Spinal Curvature	2	7
Other	198	608

Defects	Defects Requiring Treatment	Defects Requiring Observation
Postural Defects :—		
Round Shoulders	419	3,288
Scoliosis	20	127
Flat Feet	509	1,975
Other Conditions :—		
Infectious Diseases	6	24
Rheumatism/Chorea	2	40
Rickets	4	1,908
Other Diseases	129	1,990

DEFECTS TREATED—SCHOOL CHILDREN

Medical	Intern :	
	Rheumatism/Cardiac	71
	Chorea	6
	Congenital Heart	4
	Anaemia	5
	Debility	3
	for Investigation	6
Surgical	Intern :	
	Neoplasm	1
	Cyst	5
	Haemostasis	6
Skin	Extern :	
	Verrucae	1
	Psoriasis	2
	Impetigo	1
	Visits to O.P.D.	6
	Intern :	
	Mole	1
Eye	Extern :	
	Defective Vision (including Squint) ...	55
	Conjunctivitis	1
	Visits to O.P.D.	47
	Intern :	
	Squint Operations	75
	Cyst	2
	Chalazion	2
	Cataract	1
	Enucleation	1

Ear

INTERN :

Mastoid	1
Otitis Media	1

Nose and Throat

EXTERN :

Sore Throat	2
Polypus	1
Visits to O.P.D.	12

INTERN :

Tonsil and Adenoid Operations ...	962
Antrum Lavage	3
Nasal Obstruction	2
Cleft Palate	1

Orthopaedic

INTERN :

Perthes Disease	9
Spinal Curvature	3
Rachitic Conditions	2
Osteochrondritis	1
Exotoses	1
Ganglion	1
Torticollis	4
Deformity (fingers 2, Spine 3, Feet 17)	22
Congenital Dislocation Hip	12
Congenital Absence Arms	1
Dystrophy	1
Club Feet	23
Pes Planus	2
Paralytic Conditions	70

EXTERN :

Club Feet	41
Pes Planus	76
Klippel-Feil Syndrome	2
Hallus Valgus	6
Genu Valgum	12
Deformity (rachitic deformity legs) ...	2
Deformity (congenital deformity legs)...	2
Deformity (congenital deformity spine)	1
Deformity (congenital deformity arms)	1
Scoliosis	15
Kyphosis	51
Congenital Dislocation Hip	3
Torticollis	5
Dystrophy	2
Spina Bifida	1
Paralytic Conditions	91
X-Ray Examinations	172
Attendances for Physiotherapy ...	4,665

Orthopaedic Appliances Supplied including renewals and Repairs)	632
Attendances at Cerebral Palsy Clinic	8,535

SPECTACLES

Spectacles Supplied	2,673
Spectacles Repaired	2,321
Occluders Supplied	19
Artificial Eyes Supplied	5

Attendances

Ear, Nose and Throat Clinic	3,564
*Orthopaedic Clinic	18

Child Guidance Clinic

Number of Patients who attended during the year ... 170

This includes children of pre-school and school age.

*See report A.P.M. Scheme.

TREATMENT OF HANDICAPPED CHILDREN

Residential Schools		Admissions	Discharges
Physically Handicapped			
St. Joseph's School for the Blind, Drumcondra	Boys	1	1
St. Mary's School for the Blind, Merrion Road	Girls	3	2
St. Joseph's School for Deaf/Deaf Mutes, Cabra.	Boys	2	4
St. Mary's School for Deaf/Deaf Mutes, Cabra	Girls	11	—
Mary Immaculate School for Deaf Stillorgan	Boys	3	—
Mentally Handicapped :			
St. Vincent's Home, Navan Road, Cabra		16	7
St. Augustine's Colony, Blackrock		40	3
Holy Angels, Glenmaroon ...		15	3
St. Mary's Drumcar		9	6
St. Raphael's, Celbridge ...		28	8
Hospital Schools			
Linden		106	—
Cabinteely		43	37
Orthopeadic Hospital, Clontarf		51	63
plus I.S.A. Admission Scheme 1957		20	21
,, Sequelae A.P.M. Admission Scheme ...		44	35
St. Mary's Open-Air Hospital, Cappagh ...		21	16
Orthopaedic Open-Air Hospital, Baldoyle ...		80	47
Convalescent Homes			
Cheverstown		138	—

Dental Service

G. Hyland, Chief Dental Officer

There has been no change in the number of dental surgeons employed in the Dublin Corporation Dental Service this year. Eleven dental surgeons were treating school children, pre-school children and mothers, and one dental surgeon was employed on T.B. work. There were five dental surgeons attending at the Central Clinic, Cornmarket, the remainder were working in the following clinics :— Larkhill ; Killarney St ; Howth ; Crumlin ; Curlew Road and Keogh Square. The dental surgeon on T.B. work attended St. Mary's Chest Hospital, Ballyowen Sanatorium, The James Connolly Memorial Hospital and also the Tuberculosis Clinic at Charles Street.

The equipment which was in Crooksling Sanatorium has been transferred to the new clinic at Ballyfermot. It is hoped that arrangements will be made early in the coming year for the opening of this dental clinic as it will supply a long felt want in the Dental Service and to the parents and children in that area—saving them the expense of travelling and also loss of time in having to come a great distance for treatment. Similar accommodation for a dental clinic has been provided in the new dispensary in Finglas. Here again this dental clinic, when opened, will serve the same requirements as that of Ballyfermot, and it is hoped that it will be opened in the very near future.

The number of attendances of mothers in the General Dental Service for the year was 7,996, a decrease of 355 cases on last year's figures. The total number of dentures supplied was 1,275 showing a decrease of 99 cases. We also supplied 110 dentures for school children. The total number of flllings for mothers was 620.

The number of attendances of pre-school children was 2,378. The number of attendances of school children was 46,878 showing an approximate increase of 3,000 on last year's figures. The total number of fillings was 15,075—an approximate increase of 4,000 fillings on last year's figures.

Larkhill Dental Clinic is working satisfactorily. The Dental Surgeon has increased his visits to Howth Clinic—attending now on Wednesday and Friday mornings. The extra Session was necessary on account of having increased numbers as a result of School Dental Examinations. The following schools were examined by the Surgeon :— Baldoyle Convent ; National School, Baldoyle ; Infant School, Howth ; Boys' National School Howth ; Girls' National School, Howth. The total number examined was 561 requiring the following treatment:— 1,147 fillings, 151 Permanent Extractions, 993 Temporary Extractions.

The Killarney Street Dental Clinic is working well. It is situated in a densely populated area and the dental surgeon is only able to attend to a portion of those requiring treatment and as a result a great number have to wait a considerable time before receiving treatment.

The total number of General Anaesthetic Sessions were 451—7 Sessions per week in Cornmarket Clinic and 2 in Crumlin. The average attendance was 12 cases per session. The Anaesthetists were Dr. Gilmartin and Dr. Nagle whose valuable services were much appreciated.

I wish to take this opportunity of thanking the dental surgeons, the anaesthetists, nurses and all the staff of the Dental Service for their loyal co-operation during the past year.

Dental Services

Treatment	Mothers	Pre-School Children	School Children	T.B.
Attendances	7,996	2,378	46,878	5,417
Extractions :—				
Local Anaesthetic ...	5,225	195	24,628	3,047
General Anaesthetic ...	423	6,684	18,344	—
Fillings	620	62	15,075	505
Scalings, Polishing, Gum Treatments Dressings ...	1,197	385	10,976	381
Examinations	2,148	2,990	19,186	865
X-Ray	30	—	258	—
Dentures	1,275	—	110	710

REPORT ON OPERATION OF MIDWIVES ACT, 1944, AND THE REGISTRATION OF MATERNITY HOMES, ACT, 1934

E. M. BLAYNEY, S.R.N. S.C.M.
Deputy Inspector of Midwives

During the year one hundred and ninety four Midwives notified their intention to practice within the area of the Local Authority. The Midwives were visited in their homes, attention being given to personal cleanliness, condition of their homes, and appliances.

The Registers of births attended by Midwives were examined, and the general standard was good. No Midwife was reported for a breach of the Rules.

The number of visits made to Midwives and Maternity Homes was two hundred and seventy-three.

The number of Maternity Homes registered in the City on 31st December, 1957, was twenty-six plus four Hospitals.

Nursing Homes closed	....	....	Nil.
Nursing Homes registered	....	....	Nil.

The standard and condition of the Homes generally was satisfactory.

Maternal deaths	....	....	....	13
Infant deaths	....	....	....	347
Stillbirths notified	....	....	....	310
Notification of Infection		....	....	4
Notification of Artificial Feeding			....	12

VERGEMOUNT FEVER HOSPITAL

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

During the year ended 31st December, 1957, one thousand four hundred and one cases were admitted to Vergemount Fever Hospital. 109 cases remained in hospital at the close of the year 1956, and the total number under treatment was 1510. There were 31 deaths and 1270 were discharged cured.

The mortality rate for all cases under treatment was 2·04 per cent as compared with 2·01 per cent in 1956 and 1·62 per cent in 1955.

The number of admissions for the year showed a decrease of 279 from the previous year. Measles, Scarlet Fever, Gastro-enteritis and Influenzal Pneumonia accounted for over fifty per cent of the total admissions.

During the last quarter of the year over one hundred cases of Influenzal Pneumonia were admitted–this notifiable disease attacked mainly the extremes of life (see Table 12) and it put a severe strain on the limited number of nursing staff. Many patients required continuous oxygen (day and night).

The number of Diphtheria cases dropped by one third, while the number of cases of Gastro-enteritis were doubled.

Doctors A. F. Lee and R. P. McQuillan left the staff to take up other medical posts. Doctors Patrick Quinn and John Fitzpatrick were appointed in their places. Sister McDonagh, Home Sister, retired, having reached the age limit.

Numerous repairs and painting were carried out in the Hospital, Nurses' Home and Doctors' quarters. The older Blocks (A and B, C, D and E) all require decorating—the heating in these blocks is antiquated and frequently causes smoking of flues etc.

One Block was again closed for the year and was held ready for admission of cases of Smallpox or suspected cases.

Clinical instruction in Infectious Diseases was again given to students of National University, Trinity College, Royal College of Surgeons and also to candidates seeking the Diploma in Child Health. Clinical examinations in Fevers for both the Diploma in Public Health and Child Health were held in June and December.

I would like to thank both the medical and clerical staffs for their loyal co-operation during the year. My thanks are due to Mr. T. A. Bouchier Hayes (Surgeon), Dr. A. Mooney (Ophthalmic Surgeon), Dr. C. D. O'Connell (Ear, Nose and Throat Surgeon), Mr. J. P. Lanigan (Neurological Surgeon) and to Dr. Stritch (City Bacteriologist).

Once again, I wish to thank the Nursing Staff under the capable supervision of Miss M. J. Cusack, Matron, for their help during the year.

TABLE 1

SHOWING THE NUMBER OF ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEAR ENDING 31ST DECEMBER, 1957

DISEASE	Number of Cases Admitted	Number Died	Case Mortality
Measles	312	2	0.64
Scarlet Fever	183	—	—
Diarrhoea and Enteritis (under 2 years)	173	10	5.78
Influenzal Pneumonia	118	6	5.08
Acute Tonsilitis/Streptococcal throat	118	—	—
Pertussis	50	1	2.00
Diphtheria	47	2	4.25
Croup/Acute Laryngo-Tracheo Bronchitis	29	—	—
Influenza	25	—	—
Varicella	22	—	—
Acute Enteritis (over 2 years) ...	20	—	—
Dysentry	18	—	—
Meningitis (See Table 10)	17	1	5.88
Infective Hepatitis	15	1	6.66
Epidemic Parotitis	14	—	—
Erysipelas	12	—	—
Acute Meningism	9	—	—
Bronchopneumonia	6	1	16.66
Lobar Pneumonia	5	—	—
Rubella	5	—	—
Infective Mononucleosis	4	—	—
Impetigo Contagiosa	4	—	—
Bacterial food poisoning	3	—	—
Enteric Fever	1	—	—
Peurperal Sepsis	1	—	—
Brucellosis	1	—	—
Scabies	1	—	—
Pemphigus Neonatorum	1	—	—
Miscellaneous	187	7	3.74
TOTAL ...	1,401	31	2.21

Scarlet Fever

One hundred and eighty three cases were admitted which shows an increase of 8 from the previous year. There were no deaths. The type in general was mild. The following complications were noted in some of the cases :—

Adenitis, Rhinitis, Otitis Media, Abscesses, Whitlows, Arthritis, Endocarditis, Nephritis.

Table 2.

Showing the Number of Scarlet Fever Cases Classifid in Age and Sex Groups for the Year 1957.

	0—4	5—9	10—14	15—24	25 and over	Total
Male ...	40	34	11	6	–	91
Female	39	35	14	2	2	92
Total	79	69	25	8	2	183

Table 3.

Showing the Number of Scarlet Fever Admissions, the Number of Deaths and the Case Mortality for the Years 1940–57.

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	—	—
1954	309	—	—
1955	238	—	—
1956	175	—	—
1957	183	—	—
Total ...	5,891	4	0·06

MEASLES

Three hundred and twelve cases were admitted, which shows a decrease of 2 from the previous year. There were two deaths, giving a mortality rate of 0·64 per cent, as compared with 1·59 per cent in 1956, and with 0·45 per cent in 1955.

Of the two deaths, one was a baby of 5 months, who developed Bronchopneumonia and died on the fourteenth day of illness; and the second a baby of 6 months who died from Enteritis.

The type of measles admitted was a severe one' especially among the infants who all required expert nursing which could not have been carried out in their homes. Many of them required oxygen and a long convalescence in hospital, following chest complications.

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

BRONCHITIS,
LARYNGITIS,
BRONCHOPNEUMONIA,
BRONCHIECTASIS,
ADENITIS,
OTITIS MEDIA,
ENTERITIS,
STOMATITIS,
RHINITIS,
CONJUNCTIVITIS,
SEPTIC CONDITIONS OF SKIN.

TABLE 4.

SHOWING THE NUMBER OF MEASLES ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEARS 1940–1957.

Year	Number of Cases Admitted	Number Died	Case Mortality
1940	46	4	8·70
1941	108	7	6·48
1942	45	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
1954	538	6	1·11
1955	447	2	0·45
1956	314	5	1·59
1957	312	2	0·64
TOTAL ...	3,799	71	1·87

PERTUSSIS

Fifty cases were admitted showing a decrease of 216 from the previous year. There was one death, giving a mortality rate of 2 per cent, as compared with 3·07 per cent in 1956, and with 1·10 per cent in 1955.

The death occurred in a baby of one year from Cerebral haemorrhage.

The use of the newer Antibiotics while indicating a reduction in the fatality rate, does not appear to shorten the period of convalescence, unless these products are administered early in the catarrhal stage of the disease.

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

Bronchitis, Broncho-Pneumonia, Laryngitis, Enteritis, Rhinitis, Otitis Media, Subconjunctival Haemorrhage, Ulcer Fraenum Tongue, Stomatitis, Emphysema.

Table 5.

Showing the Number of Whooping Cough Admissions, the Number of Deaths, and the Case Mortality for the Years 1940–1957.

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	108	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
1954	56	1	1·78
1955	271	3	1·10
1956	266	8	3·07
1957	50	1	2·00
Total ...	2,323	178	7·66

Diphtheria

Forty-seven cases were admitted (including 4 carriers) leaving 43 cases of clinical diphtheria. There were two deaths giving a mortality rate of 4·65 per cent, as compared with 6·33 per cent in 1956. Of the two deaths, one occurred in a boy of 7 years—a Bull neck diphtheria (Faucial and Nasal) who died five days after admission from Toxic Myocarditis, and the

second death occurred in a girl of six years who died on the fifteenth day of illness from acute cardiac failure. One of these fatal cases had received one injection of P.T.A.P. in 1956.

TABLE 6.

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

	0—4	5—9	10—14	15—24	25 and over	Total
Male ...	3	10	5	1	1	20
Female	4	11	7	3	2	27
TOTAL	7	21	12	4	3	47

The greatest number of admissions occurred in the 5–9 age group.

TABLE 7.

SHOWING THE NUMBER OF DIPHTHERIA ADMISSIONS AND DEATHS FOR THE YEARS 1939–1957.

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)	—	—
1954	26	4	15·38
1955	53	6	11·32
1956	142	9	6·33
1957	47*	2	4·65
TOTAL ...	2,635	206	7·81

* Including 4 carriers.

DIARRHOEA AND ENTERITIS (UNDER TWO YEARS).

One hundred and seventy three cases were admitted showing an increase of 93 over the previous year. There were 10 deaths giving a mortality rate of 5·78 per cent as compared with 7·50 in 1956 and with 11·25 per cent in 1955. This type of Gastro-enteritis continues to be a severe type and many babies under two months were attacked.

The details of the 10 deaths are as follows :—

1. A baby of 1½ years (male) 3 weeks ill before admission, died after three weeks. This baby did not respond to treatment. Faeces persistently green.
2. A baby of 2 weeks (male) 4 days ill before admission, died on the fourteenth day of illness, no response to treatment.
3. A baby of two weeks (male) weight 5lbs. 8ozs. some slight improvement for a week and then dehydrated, died on the third week of illness.
4. A baby of six months (female)—persistent green motions—very slow feeder—died on the third week from acute peripheral circulatory failure.
5. A baby of 7 days (male), weight 5lbs. 10ozs. persistent green motions—no response to treatment—died on the nineteenth day of illness from acute peripheral circulatory failure.
6. A baby of 2 weeks (male) 6 lbs. 2 ozs. On admission—persistent green motions—died on the 11th week of illness from Marasmus—No gain in weight. (Faeces B. Coli 0119).
7. A baby of 2 weeks (male) 5 days ill before admission. Died on 11th week of illness from acute peripheral circulatory failure.
8. A baby of 14 months (male) 3 days ill before admission. Moribund on admission—died 21 hours after admission.
9. A baby of 1½ years (male) 2 days ill before admission—moribund state—Rice water stools (Cholera infantum) Faeces B. Coli 0125. Died 5 hours after admission.

10. A baby of 5 months (operation performed at birth for imperforate anus)—died on 5th week of illness—Gastro-enteritis complicated by Nephritis.

TABLE 8

SHOWING THE NUMBER OF CASES OF DIARRHOEA AND ENTERITIS CLASSIFIED IN AGE GROUPS

UNDER 1 MONTH	UNDER 3 MONTHS	UNDER 6 MONTHS	UNDER 1 YEAR	UNDER 2 YEARS
30	54	30	34	25

TABLE 9

SHOWING THE NUMBER OF DIARRHOEA AND ENTERITIS (UNDER 2 YEARS) ADMISSIONS FOR THE YEARS 1944–1957

Year	Number of Cases Admitted	Number Died	Case Mortality
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
1954	30	2	6·66
1955	80	9	11·25
1956	80	6	7·50
1957	173	10	5·78
TOTAL ...	888	126	14·18

MENINGITIS

TABLE 10

SEVENTEEN CASES OF MENINGITIS WERE TREATED DURING THE YEAR AND WERE CLASSIFIED AS FOLLOWS :—

Type	Number	Deaths	Case Mortality
Acute lymphocytic	8	—	—
Tuberculous ...	4	1	25·00
Meningococcal	3	—	—
Pneumococcal ...	1	—	—
Purulent * ...	1	—	—

* No organism isolated.

One death occurred in the Tuberculous series—a baby of 11 months (1 week ill before admission) who died on fifth week of illness from hydrocephalus.

TABLE 11.

SHOWING THE NUMBER OF TUBERCULOUS MENINGITIS ADMISSIONS THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1944–1957.

Year	Number of Cases Admitted	Number Died	Case Mortality
1944	13	13	100·00
1945	28	28	100·00
1946	13	13	100·00
1947	15	15	100·00
1948	5	5	100·00
1949	1	1	100·00
1950	6	6	100·00
1951	6	6	100·00
1952	6	5	83·33
1953	12	7	58·33
1954	10	1	10·00
1955	5	2	40·00
1956	4	1	25·00
1957	4	1	25·00
TOTAL ...	128	104	81·25

TABLE 12.

SHOWING THE NUMBER OF MENINGOCOCCAL MENINGITIS ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEARS 1944–1957.

Year	Number of Cases Admitted	Number Died	Case Mortality
1944	17	2	11·76
1945	10	—	—
1946	6	—	—
1947	13	2	15·38
1948	6	1	16·66
1949	3	1	33·33
1950	10	—	—
1951	13	1	7·70
1952	15	2	13·33
1953	12	—	—
1954	8	3	37·50
1955	5	1	20·00
1956	1	—	—
1957	3	—	—
TOTAL ...	122	13	10·65

INFLUENZAL PNEUMONIA

One hundred and eighteen cases were admitted during the last quarter of the year. There were six deaths, giving a mortality rate of 5·08 per cent. The organisms found in some of the sputa were Staphylococcus aureus, haemolytic streptococci, pneumococci, Haemophulus Influenzal, Friedlanders Bacillus and Streptococcus Viridans. The details of the six deaths are as follows :—

1. A boy of 16 years (5 days ill before admission) admitted with marked cyanosis and dyspnoea, died within 8 hours from acute cardiac failure.
2. A man of 72 years (4 days ill before admission), complicated by arteriosclerosis, fibrillation and emphysema. Died 5 days after admission.

3. A man of 62 years (chronic asthmatic since 1919) cyanosis and dyspnoea on admission—oedematous lungs. Continuous oxygen. Eventually heart fibrillated—died 4 weeks after admission.
4. A man of 47 years (7 days ill before admission) Emphysematous chest, Orthopnoeic, cyanosis and Pulsus Alternans. Died 36 hours after admission.
5. A man of 50 years (7 days ill before admission) Previous history of heart attacks. Shortly after admission a sudden attack of coronary thrombosis. Patient died 10 hours after admission.
6. A baby of 14 days (male)—moribund on admission—premature—cyanosed and marked dyspnoea and tachycardia, shallow respirations, died 4 hours after admission.

TABLE 13.

SHOWING THE NUMBER OF INFLUENZAL PNEUMONIA CASES CLASSIFIED IN AGE AND SEX GROUPS FOR THE YEAR

	0—5	5—9	10—24	25—34	35—59	60 and over	Total
Male	20	3	1	2	13	21	60
Female	21	3	9	3	12	10	58
TOTAL	41	6	10	5	25	31	118

INFLUENZA

Twenty-five cases admitted. All made good recoveries.

ENTERIC FEVER

One case was admitted—a woman of 53 years due to Salmonella Typhi infection (vi untypable). This patient made a good recovery.

ERYSIPELAS

Twelve cases were admitted showing a decrease of seven from the previous year. Seven were of the facial type and the remaining five were crural in origin. All made good recoveries.

Infective Hepatitis

Fifteen cases were admitted showing a decrease of four from the previous year. There was one death in a child of 5 years (prolonged illness).

Infective Mononucleosis

Four cases admitted showing a decrease of fifteen from the previous year. All made good recoveries.

Varicella, Mumps and Rubella

Twenty-two cases of Varicella, fourteen cases of mumps and five cases of Rubella were admitted during the year. All made good recoveries.

Dysentery and Bacterial Food Poisoning

Eighteen cases of Dysentery were admitted; nine being caused by Shig. Sonnei, eight by Shig. Flexner, and one by Shig. Newcastle—all made good recoveries. There were three cases of food poisoning due to Salmonella Typhi Murium.

Impetigo Contagiosa

Four cases were admitted—all responded to Achromycin ointment.

Croup (Laryngitis) and Acute Laryngo-Tracheo-Bronchitis

There were twenty cases of croup (catarrhal laryngitis) and nine cases of acute Laryngo-Tracheo-Bronchitis admitted. All the cases were sent to hospital as cases suffering from Laryngeal Diphtheria—all made good recoveries.

Lobar Pneumonia and Bronchopneumonia

Five cases of Lobar Pneumonia and six cases of Bronchopneumonia were admitted. There was one death from Bronchopneumia in a baby of 14 months (moribund on admission) who died five hours after admission.

Meningism

Nine cases were admitted during the year. These were admitted as possible cases suffering from either Cerebro-spinal Fever or Tuberculous Meningitis.

Acute Tonsillitis/Streptococcal Sore Throat

One hundred and eighteen cases were admitted as suffering from suspected Diphtheria. Many of these cases simulated closely the clinical appearance of Diphtheria and in some of the cases it was necessary to administer Diphtheria antitoxin. All were subjected to bacteriological examination before discharge.

Puerperal Sepsis

One case of Sepsis (Sapraemia) was admitted and made a good recovery.

Brucellosis

One case of Brucellosis admitted which responded readily to antibiotic " Terramycin ".

Scabies

One case was admitted—Norwegian type.

Pemphigus Neonatorum

One case—a baby of six months was admitted and made a good recovery.

Acute Enteritis (over 2 Years)

Twenty cases were admitted as suffering from one of the types of Dysentry—all made good recoveries with the modern antibiotics.

Miscellaneous Cases.

One hundred and eighty-seven cases were admitted as suffering from various infections diseases. There were seven deaths. The details were as follows :—

1. Acute cardiac failure from a congenital heart in a baby of 6 months.
2. Uraemia and cerebral thrombosis in a man of 54 years.
3. Staphylococcal Septicaemia in a baby of 5 months.
4. Uraemia and carcinoma of Oesophagus in a man of 51 years.
5. Cerebral thrombosis in a man of 57 years.

6. Uraemia following chronic Nephritis in a man of 51 years.
7. Intracranial haemorrhage in a baby of 8 months.

Transfer of Cases to Other Hospitals

Mercer's Hospital:
One case of acute intrussusception.
One case of Haematemesis.
One case of acute Appendicitis.
One case of acute Osteomyelitis.

St. Ultan's Hospital:
One case of Anaemia and debility.

Grangegorman Hospital:
One case of Schizophrenia.

Dr. Steven's Hospital:
One case of transverse myelitis.

St. Mary's Chest Hospital:
One case of primary Tuberculosis.

Ballyowen Sanatorium:
One case of pulmonary tuberculosis.

James Connolly Memorial Hospital:
One case of pulmonary tuberculosis.

St. Laurence's Hospital (Richmond):
One case of Cerebral abscess.

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
1954	....	....	1,697
1955	....	....	1,913
1956	....	....	1,680
1957	....	....	1,401

TUBERCULOSIS CLINICS

Colm S. Gallen.

Assistant City Medical Officer

For the last few years, published papers on tuberculosis problems have usually contained the remark that the death rate no longer is a reliable index to the problem of tuberculosis control in any given area. To the clinician however a continual drop in this rate is very gratifying in as much as it represents so many more people alive. For the last three Annual Reports, the bulk figure of deaths from Tuberculosis in the Dublin Corporation Clinic service area has been creditably low. I feel that now a few remarks on the significance of this would not be amiss. As tuberculosis in all its manifestations has a lifelong coverage—deaths occur at under one year and over 80 years—what is the relative significance of deaths at these extremes ?

The simple pulmonary complex can result in death. Post primary spread in the lungs can result in fatal complications. Miliary and meningeal complications arise and in the main, these four conditions account for deaths under 15 years of age. Non-pulmonary skeletal and visceral tuberculosis and last but not at all least, phthisis, make up the rest of the total. These last also involve outside factors. Is a death, as one clinician described it to me as from cardio respiratory failure arising from cor pulmonale resultant from chronic phthisis (which had shown a positive sputum immediately before death) really a tuberculous or a cardiac death ? Do old people who die from pulmonary disease which has a tuberculosis content die from tuberculosis or bronchitis ? It is in the light of thoughts like these that the figures should be viewed. In 1957 the figures for deaths from Tuberculosis in Dublin totalled 140. Below is tabulated the totals since 1951. As the last three years show totals which vary only in the tens, a similar increase inthe future should not be regarded as catastrophic should it occur. Table 1 sets out the 1957 figures in age, sex and site distribution.

1951	434
1952	307
1953	268
1954	236
1955	154
1956	149

The total of meningitis deaths is five, three male and two female. Two were under five years which continues the drop in this age group. An eight year old male was diagnosed as a meningitis possibly as a complication of a tuberculoma of the brain. The male of 30 years was a miliary disease with terminal meningitis while 35 year old female was an old quiescent hip who presented as meningitis. This year we have decided to expand Table 1 to take in the five year age groups up to 90 years. This makes a comparison of male and female deaths very interesting. While the female deaths are spread more or less evenly from 20 years to 80 years without any obvious peak the male deaths show a gradual rise and fall with age. The mean of the male deaths occurs at the –64 age group falling off on each side. As this age is the life expectation in the male it is obvious that tuberculosis is not any more the acute killing disease it was in men. The flat female distribution could be accounted for, as was mentioned last year, by the death in the vulnerable 35–45 group, of 20 years or so ago, of those whose deaths would make a similar peak to that evident in the male curve of today.

We have given the break-up of the 64+ group for 1955 and 1956 so that they can be correlated with the reports of these years and these figures show a similar dissimilarity in each year male as against female.

DEATHS

	Males	Females	Total
Pulmonary Disease	78	50	128
Non-pulmonary Disease	2	5	7
Meningitis	3	2	5
TOTAL	83	57	140

TABLE 1. DEATHS 1957

YEARS	-1	-2	-3	-4	-5	-9	-14	-19	-24	-29	-34	-39	-44	-49	-54	-59	-64	64+	Total
Pulmonary T.B. Male ...	–	1M	–	–	–	–	–	–	–	2	2	3	6	8	9	10	13	24	78
Female	–	–	–	–	–	–	–	1	2	6	2	6	4	4	3	4	6	12	50
Non-Pulmonary T.B. Male ...	–	–	–	–	–	–	–	–	–	1R	–	–	–	1Ad	–	–	–	–	2
Female	–	–	–	–	–	–	1G	–	1Sp	–	–	–	1R	1P	–	–	1Add	–	5
Meningitis Male ...	1	–	–	–	–	1	–	–	–	–	1M	–	–	–	–	–	–	–	3
Female	–	–	–	–	1	–	–	–	–	–	–	1TB Hip	–	–	–	–	–	–	2
TOTAL ...	1	1	–	–	1	1	1	1	3	9	5	10	11	14	12	14	20	36	140

KEY: M—Miliary. G.—Generalized. Sp.—Spine. R—Renal. Ad.—Adenitis. Add.—Addison's Disease. P—Peritonitis.

TABLE 1A

		-69	-74	-79	-84	-89	Total
Pulmonary T.B. ...							
Male	1955...	10	6	3	—	—	19
	1956...	15	10	2	—	—	27
	1957...	10	8	5	—	1	24
Female	1955...	5	5	5	—	—	15
	1956...	2	2	2	—	—	6
	1957...	4	5	3	—	—	12
Non-Pulmonary T.B. ...							
Male	1955...	—	—	—	—	—	—
	1956...	—	—	—	—	—	—
	1957...	—	—	—	—	—	—
Female	1955...	—	—	2	—	—	2
	1956...	1	—	—	—	—	1
	1957...	—	—	—	—	—	—

New Cases of Tuberculosis

The total gross figure of 1166 again shows a drop on last years figures. In as much as the efforts being put into case finding are certainly no less in the last year than in previous years, it would appear that at the present time fewer cases of tuberculosis are occurring in Dublin City than formerly. The drop in the figures over the past three years is small but consistent year by year. At the same time figures collated by other agencies notably the Mass Radiography Association seem to infer that numbers of cases exist unknown to the patients themselves and to the Tuberculosis Authorities.

Table II sets out the new diagnoses of adult type cases in the manner adopted over the last two reports so that comparisons are now possible under headings of age, sex, infectivity and site of disease. A striking fact emerges when male and female age distribution of new pulmonary cases are viewed side by side. It is really striking how the spike in the 20-34 female age groups differs from the comparatively level line of the male cases, level, however, as far as the 55 age group, which in the female reads practically nil.

It is interesting to note that in Copenhagen in 1956 when the morbidity was only quarter that of Dublin the distribution of the new cases showed a very similar trend to Dublin when plotted as a percentage of the

total in similar age groupings. In other words our modern mode of attack on the Tuberculosis problem depresses the numbers of new cases to an extent but has little effect on the distribution of these cases with reference to their age and sex groupings. In 1956 in Copenhagen, as in Dublin, the risk of new infection is greatest in the early adolescent group. In both cities the female is at much greater risk in this group than the male. In both cities the male risk tends to rise, though well distributed, from 30 years onwards.

Non-pulmonary cases are tabulated in Table IIB. As has become evident in late years the males show the major site of disease to be the kidney and genital organs. The figure is of the same order as last year approximating to 30%

In females the grouping genital and abdominal continues to account for a large number of cases though cervical adenitis has moved up this year. The total of three adult cases of meningitis is a matter of satisfaction but some years must elapse before it can be taken as the normal number.

Discovery of New Cases

Hospital or Sanatorium	....46·5%
Applied	.... 3·0%
Transferred into the area	.... 6·0%
Private Doctor	....24·0%
Contact Investigation	.... 3·0%
School Medical Service	.... 0·5%
Mass Radiography	....17·0%

Above is shown in tabular form the sources from which new cases arrived at the clinics. No great change has to be noted here and as in the recent reports it is obvious that the majority of patients are referred from the general practitioners, the hospitals or the Mass X-ray Department. Contact investigation is often carried out through these avenues and so our figures in this regard are correspondingly low.

TABLE II (A).

TABLE SHOWING NEW CASES OF RESPIRATORY TUBERCULOSIS IN AGE GROUPS AND INFECTIVITY ON DIAGNOSIS. (**Male**).

Male 1957.	-1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65	Total	Per-centage
Positive Direct	-	-	-	-	9	11	10	15	11	20	12	13	20	13	9	143	35·5%
Positive Culture	-	-	-	-	-	1	2	2	4	3	-	4	5	1	5	27	6·7%
Positive L. Swab ...	-	-	-	-	-	1	-	1	2	4	-	-	-	1	-	9	2·2%
Negative Direct	-	-	-	2	11	21	8	5	14	10	12	16	11	11	8	129	32·0%
Negative Culture ...	-	-	-	-	1	7	1	-	3	5	4	6	3	6	3	39	9·7%
Negative L. Swab ...	-	-	-	1	2	3	4	-	-	3	6	2	4	-	1	26	6·5%
Pleural Effusion	-	-	-	2	2	4	2	2	-	3	1	-	1	1	-	18	4·5%
Erythema Nodosum ...	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	·2%
Miliary Disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary Disease ...	-	-	-	3	3	4	1	-	-	-	-	-	-	-	-	11	2·7%
TOTAL	-	-	-	9	28	52	28	25	34	48	35	41	44	33	26	403	100%
													Total for 1956			451	
Percentage	-	-	-	2·5%	7%	13%	7%	6·5%	8%	12%	9%	10%	11%	8%	6%		

TABLE II (A).

TABLE SHOWING NEW CASES OF RESPIRATORY TUBERCULOSIS IN AGE GROUPS AND INFECTIVITY ON DIAGNOSIS. (Female.)

Female 1957	-1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65	Total	Percentage
Positive Direct	–	–	–	1	6	11	9	6	4	8	1	2	2	2	5	56	16·3%
Positive Culture	–	–	–	1	–	3	2	5	–	4	1	–	1	1	1	19	5·5%
Positive L. Swab ...	–	–	–	1	–	2	4	–	1	1	–	1	–	1	1	12	3·5%
Negative Direct	–	–	–	1	20	38	29	21	11	7	3	2	4	2	5	143	41·7%
Negative Culture ...	–	–	–	–	1	5	2	2	4	3	2	3	–	2	1	25	7·3%
Negative L. Swab ...	–	–	–	–	6	14	8	5	5	4	2	3	1	–	–	50	14·6%
Pleural Effusion	–	–	–	2	5	7	3	–	1	–	–	–	–	–	–	18	5·3%
Erythema Nodosum ...	–	–	–	2	1	1	–	–	–	–	–	–	–	–	–	4	1·2%
Miliary Disease	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	1	0·3%
Primary Disease ...	–	–	2	3	8	1	1	–	–	–	–	–	–	–	–	15	4·4%
TOTAL	–	–	2	11	48	82	58	39	26	27	9	11	8	7	15	343	100%
													Total for 1956			402	
Percentage	–	–	0·5%	3%	14%	24%	17%	11%	7·5%	7·5%	2·5%	3%	2·5%	2%	4%		

TABLE II (B).

TABLE SHOWING NEW CASES OF NON-RESPIRATORY TUBERCULOSIS IN AGE GROUPS AND SITE OF INFECTION.

Male 1957	-1	-14	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65	Total	Percentage
Meningitis	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	2	4·4%
Bones and Joints.																	
(a) Spine	-	-	1	-	1	2	-	-	-	1	-	1	1	-	-	7	15·6%
(b) Hip	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	2	4·4%
(c) Knee	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	2	4·4%
(d) Elbow	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	2·2%
(e) Other Joint	-	-	-	1	1	-	2	-	-	-	-	-	1	-	1	6	13·4%
(f) Bone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Abdominal	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	2·2%
Renal	-	-	-	-	-	1	2	1	1	2	1	1	-	1	-	10	22·2%
Epididimitis	-	-	-	-	-	-	1	1	-	-	-	-	-	-	1	3	6·7%
Salpingitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cervical Glands	-	-	1	2	2	1	1	-	-	-	-	-	-	-	1	8	17·8%
Other Non-Pulmonary	-	1	-	-	-	-	1	-	1	-	-	-	-	-	-	3	6·7%
TOTAL	-	1	2	3	8	5	7	2	3	4	2	2	2	1	3 (1956) 45	45	100%

TABLE II (B).

TABLE SHOWING NEW CASES OF NON-RESPIRATORY TUBERCULOSIS IN AGE GROUPS AND SITE OF INFECTION.

Female 1957	-1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65	Total	Per-centage
Meningitis	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	1%
Bones and Joints																	
(a) Spine	-	1	-	1	2	2	2	-	-	-	-	-	-	-	2	10	10·3%
(b) Hip	-	-	1	2	3	-	1	-	1	-	-	-	-	-	-	8	8·3%
(c) Knee	-	-	1	-	-	1	-	-	-	1	-	-	-	1	-	4	4·1%
(d) Elbow	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(e) Other Joint	-	-	-	2	1	1	1	-	-	-	-	-	-	-	-	5	5·1%
(f) Bone	-	-	-	-	-	1	-	-	1	1	-	-	-	-	-	3	3·1%
Abdominal	-	-	1	-	5	1	1	2	-	2	-	-	-	-	-	12	12·4%
Renal	-	-	-	-	-	2	1	1	2	1	2	-	-	1	1	11	11·3%
Epididimitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Salpingitis	-	-	-	-	-	3	2	4	3	1	-	-	-	-	-	13	13·4%
Cervical Glands	-	-	-	3	5	6	3	3	1	-	1	1	1	1	1	26	26·8%
Other Non-Pulmonary	-	-	-	-	1	1	-	1	-	-	1	-	-	-	-	4	4·1%
TOTAL	-	1	3	8	17	18	11	12	8	6	4	1	1	3 (1956)	4	97 76	100%

Table showing total attendances at the clinics during each month 1957.

Month	Charles Street Clinic	Nicholas Street Clinic	Crumlin Clinic	Primary Clinic	Total
January ...	1,757	1,066	739	1,428	4,990
February ...	1,446	897	719	1,397	4,459
March ...	1,432	957	674	1,431	4,494
April ...	1,457	826	532	1,324	4,139
May ...	1,692	911	646	1,458	4,707
June ...	1,415	811	457	1,212	3,895
July ...	1,359	1,217	517	1,050	4,143
August ...	1,412	1,132	592	1,000	4,136
September ...	1,237	1,056	434	1,014	3,741
October ...	1,589	1,216	549	1,281	4,635
November ...	1,375	1,027	552	1,080	4,034
December ...	1,022	834	483	887	3,226
TOTAL ...	17,193	11,950	6,894	15,462	50,599

Table showing new attendances at the Clinics during each month of year 1957

Month	Charles Street Clinic	Nicholas Street Clinic	Crumlin Clinic	Primary Clinic	Total
January ...	183	50	31	141	405
February ...	163	40	30	182	415
March ...	157	75	34	170	436
April ...	173	41	15	193	422
May ...	188	54	16	191	449
June ...	141	56	18	188	403
July ...	136	56	27	105	324
August ...	101	50	21	157	329
September ...	99	40	14	117	270
October ...	166	46	24	80	316
November ...	179	47	23	82	331
December ...	126	14	11	117	268
TOTAL ...	1,812	569	264	1,723	4,369

Waiting Lists

During 1957 it might be more accurate to speak of bed availability in this regard. Only in February and March could any waiting list be indicated and this only for males for one institution. The transfer of sixty male beds from the male to the female side in St. Mary's resulting in a more equitable sex distribution effected the necessary modification and for the rest of the year the number of unallocated beds in our sanatoria was the figure quoted. Both on the male and female side waiting time was nil.

The main factor in this change evident over the last three years in bed availability is the average time the patients remain in the sanatorium. This has been reduced to around nine months and as a result each sanatorium bed can deal with 1·3 patients per year.

Artificial collapse therapy continues to recede as a common measure of treatment. Chemotherapy continues to take its place. The fact that this latter figure is below last years when linked with the halving of the refill may be a pointer that active disease is so much rarer in the past year than in previous years, reflecting the efficacy of modern treatment.

	1954	1955	1956	1957
A. P. and P. P. Refills	9,395	5,575	1,698	769
Chemotherapy	3,339	11,810	16,684	15,963

TABLE SHOWING NEW CASES OF TUBERCULOSIS AND PRIMARY CLINIC BY AGE GROUPS AND SITE OF DISEASE. 1957.

	GIRLS.								BOYS.								
	0–1	1–2	2–3	3–4	4–5	5–10	10–15	Total	0–1	1–2	2–3	3–4	4–5	5–10	10–15	Total	Gr. Total
Primary 1A	2	4	9	8	9	22	8	62	1	9	4	4	12	38	9	77	139
„ 1B	–	3	2	4	1	6	2	18	1	1	2	1	3	11	4	23	41
„ 1C	2	3	3	3	–	6	2	19	1	3	–	2	1	5	1	13	32
„ 1X	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Er. Nodosum	–	1	1	1	–	6	3	12	–	–	–	2	2	10	3	17	29
Phlyct. Conj.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1
Miliary	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	1
Pl. Effusion	–	–	1	–	–	1	2	4	–	–	1	–	1	–	2	4	8
Meningitis	–	1	–	2	1	–	–	4	–	1	–	1	–	1	–	3	7
Adult Type	–	–	–	–	–	1	1	2	–	–	–	–	–	1	–	1	3
Glands	–	–	–	–	–	1	1	2	–	1	–	–	2	4	1	7	9
Spine	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	1
Hip	–	–	–	–	–	1	1	2	–	–	–	–	–	–	1	1	3
Knee	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	2
Elbow	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other Joint	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	2	2
TOTAL	4	12	16	18	11	45	20	126	4	15	8	11	21	71	22	152	278
														TOTAL 1956			319

Key :— Primary 1A—Hilar Gland Enlargement.
Primary 1B—Pulmonary Complex.
Primary 1C—Pulmonary Complex with Atelectasis.
Primary 1X—Skin Test Positive only.

Number of dwellings notified for disinfection	948
Number of X-rays taken in Charles Street	11,848
Number of X-rays taken in Crumlin	2,541
Number of X-rays taken in Lord Edward St. (Children)	2,556
Number of deaths from Tuberculosis	139

The Oto-Laryngologist Mr. O'Connell held 55 sessions and there were 1,995 attendances.

The Orthopaedic Surgeon Mr. D. P. Murray held 30 sessions and there were 299 attendances.

Mr. Casey, Surgeon Dentist, held 131 sessions and there were 1,142 attendances

Total number of new diagnoses (Adult)	888
Total number of new diagnoses (Under 15 yrs.)	278
Total number of contacts of above	2,597
Total number of contacts of above examined during year	1,664

PRIMARY CLINIC

The Primary Clinic in Clarendon Row continued to receive cases for investigation during the year. The total attendances showed a slight drop on last year. However, as School Cards examinations were not carried out for some months this accounts for this drop. The number of new attendances however shows a slight rise. Tables III and IV refer.

The total of new diagnoses of tuberculosis under 15 years of age continues the downward trend of late and totals 278. This trend has been present since 1951 and although never spectacular has been steady.

Seven cases of meningitis and one of miliary disease make a total of the most severe manifestations again lower than last year.

The only other notable figure apart from normal primary disease is the total of Erythema Nodosum cases. In both males and females, this totals almost exactly 10% of the total new cases. This is an increase on the last years figures.

In conclusion I wish to express my sincere thanks to the Medical, Nursing, Clerical and other staffs for the loyal co-operation and assistance which they have given me throughout the year.

B.C.G. VACCINATION SCHEME

Dr. B. M. Dunleavy, Assistant City Medical Officer.

Tuberculosis is not merely a problem for the people suffering from the disease but also for the community in which they live. There has been an almost dramatic decrease in tuberculosis deaths in Dublin city and some of our Sanatoria have been closed, but fortunately even these facts have not lulled parents to complacency to the disease. The attendances for B.C.G. vaccination during 1957 were greater than any year since the commencement of the scheme—the total being 70,788. Parents who have been educated to the value of prevention of tuberculosis were fully alert and watchful during the year. It was pleasing to note that in 1956 the total attendances for B.C.G. vaccination was greater than the total attendances at all the clinics for treatment of tuberculosis. The same preponderance was noted for 1957 and serves as a pointer to the emphasis now placed on prevention.

A child's right to protection, to education, to live in a world at peace, and to be spared starvation and disease is universally recognised. In 1955, a newspaper launched an enquiry questioning a thousand people on their conception of happiness. One of the questions asked was " Among the elements of daily life, which gives you personally the most happiness " The figures returned indicated that the majority considered health the foremost element in daily happiness. To preserve health it is necessary to use prophylactic measures against such avoidable diseases as tuberculosis and diphtheria—diseases which steal the heritage of health which should be guarded for all children.

In order to obtain the maximum benefit from B.C.G. vaccination as a public health measure against tuberculosis, the highest possible proportion of infants should be vaccinated before they are exposed to the chance of possible infection. Ten years ago the annual number of childhood tuberculosis deaths in Dublin city was 138, and 91 of these children were under 5 years of age. Because of the concern of this alarming

tuberculous infection in the under 5 age group, the B.C.G. Scheme for new-born infants at the Maternity Hospitals was set up. Vaccinations commenced at the Rotunda September, 1950, at the Coombe July, 1952 and at St. Kevin's, November, 1954. The following Table shows the number of infants vaccinated at these three Maternity Hospitals to the end of 1957.

TABLE I

	Rotunda	Coombe	St. Kevin's
1957	2,678	1,155	720
Total of previous years	9,135	3,376	824
Total to end of 1957	11,813	4,531	1,544

It will be realised that with the passage of years many children in the younger age-groups have received this protection. It is interesting to note from the following table that the number of tuberculous deaths under 5 years of age have fallen from 91 deaths in 1947 to 4 deaths in 1957.

TABLE II

Annual number Childhood Tb. deaths

1947 & 1957

	Under 1 year	1–5 years	5–15 years
1947	23	68	47
1957	1	3	2

This shows 95·6% decrease since 1947.

The next Table shows how the decrease has occurred year by year.

TABLE III

CHILDHOOD TB. DEATHS 0—15 YEARS, 1947—1957

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Pulmonary Tb.	27	17	11	6	4	6	3	1	1	1	1
Tb. Meningitis	81	42	32	36	27	17	15	17	4	8	4
Other forms Tb.	30	18	3	4	5	2	1	1	Nil	1	1
TOTALS :	138	77	46	46	36	25	19	19	5	10	6

It is noteworthy that in 1947, 15·6% of the city's tuberculous deaths occurred in children 0—15 years, whereas in 1957 only 4·4% of the total tuberculous deaths occurred in this age group, and the most dramatic reduction has occurred in the 0—5 age group which has received most attention for BCG vaccination Since the BCG Scheme commenced, no child vaccinated under the scheme has died from Tuberculosis, and the 6 deaths which occurred in 1957 were in unvaccinated children. Every credit must be given to the doctors, nurses and almoners of the Maternity Hospitals, who have co-operated so willingly in this protective work, and also to the Staff of the Child Welfare Department and Nursery Centres throughout the city for their help. There are now ten BCG clinics in various parts of the City which makes it much easier for mothers, as the frequent visits that are so necessary might otherwise be difficult.

Tuberculin Surveys, BCG Vaccinations and Mass Radiography were carried out at the following Primary, Secondary and Vocational Schools. Throughout 1957, this part of the scheme was confined to children from 10 years upwards, and the number referred for Mass Radiography was 3,413.

NATIONAL SCHOOLS

Aughavanagh Rd.
Aughrim St. Boys
Aughrim St. Girls
Bloomfield Ave.
Brunswick St. C. B.
Cerebral Palsy

NATIONAL SCHOOLS—*continued*

Christ the King, Boys
Christ the King, Girls
Chapelizod, Boys
Chapelizod, Girls
Chapelizod, No. 11
Colaiste Muire
Cook St., Boys and Girls
Crumlin, Loreto
Crumlin, St. Agnes'
Donore Ave., C.B.
Dorset St., Girls
Dorset St., Boys
East Wall, Boys
Fairview, St. Joseph's
Fairview, St. Mary's
Fishamble St.
Francis St., Girls
Gardiner St.
Glasnevin, St. Vincent's
Goldenbridge Convent
Goldenbridge Industrial
Haddington Rd., Boys
Haddington Rd., Girls
Home Farm Road
Howth Rd.
James St., C.B.
John's Lane ,Boys
John's Lane Girls
Josephian
Keogh Sq., C.B.
Killester, Boys
Killester, Girls
King's Inn St.
Marino C.B.
Milltown Convent
Milltown, Boys
Mountjoy St.
Northumberland Rd.
O'Connell Schools
Our Lady's Mount
Pearse St., Boys
Phibsboro', Boys
Phibsboro', Girls
Raheny, Boys and Girls
Raheny, No. 11
Rathgar Avenue
Rathmines, Boys
Rialto, Boys
Rialto, St. Andrew's
Rialto, St. James'
Ringsend, Boys
Ringsend, Girls
Rutland St., Infants
Rutland St., Boys
Rutland St. Girls
St. Canice's C.B.
St. Clare's
St. Mary's Place
Sandford Parish
School St., Boys
School St., Girls
Stanhope St., Convent
Terenure, Boys
Terenure, Girls'
Tranquilla
Warrenmount
Weaver Square
Wellington St.
Westland Row, C.B.
Whitefriar St., Boys
Whitefriar St., Girls
Zion Rd., Rathgar

SECONDARY SCHOOLS :

Alexandra College
Bertrand and Rutland High School
Brunswick St. C.B.
Clontarf, Holy Faith
Colaiste Mhuire
Crumlin, Loreto College
Catholic University School
Dalton Tutorial College
Dominick St., Holy Faith
Fairview, St. Joseph's C.B.
Glasnevin, St., Vincent's C.B.
Glasnevin, Holy Faith
Haddington Road, Holy Faith
James St., C.B.
Kildare Place Training College
King's Inn St.
O'Brien Institute
O'Connell Schools

SECONDARY SCHOOLS—*continued*

Raheny, Manor House
Rathfarnham, Loreto
St. Conleth's, Clyde Rd.
St. Margaret's Hall
St. Mary's College, Rathmines
Sandford Park
Stratford College
Stanhope St., Training School
Synge Street C.B.
Westland Row, C.B.
Wesley College

VOCATIONAL SCHOOLS :

Atlantic College
Ballsbridge
Bolton St.
Cabra
Cathal Brugha St.
Clogher Road
Crumlin
Denmark St.
Harcourt St.
Inchicore
Kevin St.
Killester
Marino
Mount St.
North Strand
O'Donnell's Commercial College
Parnell Square
Rathmines
Ringsend

Vaccinations of Medical Students, Novices in Religious Communities, Nurses, Garda Recruits, Civil Service personnel and young adults at centres of employment was continued as in previous years.

During the year under review, BCG teams visited the following centres of employment :—

Batchelor's
Bird's
Cassidy's
Eason's
W. Edwards
Ever-Ready
Gardai
Guinness'
Lemon's
Lever Bros.
Metropolitan Laundry
Magdalen Laundry
Phoenix Laundry
Roche's Stores
Rowntrees
Two Owls
Wills
Williams & Woods

The next Table indicates the number of pre-vaccinal, post-vaccinal tests and BCG vaccinations in 1957.

TABLE IV

	Pre-vaccinal Tests	BCG Vaccina-tions	Post-Vaccinal Tests	Follow-up tests
1957	36,498	13,112	10,524	4,143

In addition to visiting the larger centres of youth employment, a special clinic for young adults is opened from 5 p.m. to 6·30 p.m. at the Carnegie Centre, Lord Edward Street every Monday and Thursday. Young people seldom think of health until struck by disease. It is this group which is difficult to reach, and it is this group which forms the majority of our emigrants.

An investigation carried out in Britain has suggested that the number of Irish born tuberculous patients in an English centre was three times higher than the number expected by comparison with tuberculous patients born in Greater London. Another English investigation of Mass Radiography found three to seven times greater incidence of tuberculosis in Irish emigrants than in a comparative group. In 1954, no less than 10% of cases on the Irish Register were those who had returned from England with disease. These facts indicate how vital it is that intending emigrants protect themselves by BCG vaccination. There is no mysterious weakness inherent in our race—any lack of immunity is due to having no previous contact with tuberculosis and these young people may meet their first contact with tuberculosis in an English industrial city and so acquire the disease. This rural lack of immunity may be replaced by artificial means, that is by BCG vaccination. Every opportunity is available in our country but we are not satisfied with the numbers availing of this measure. Most emigrants do not realise the danger of infection or the bad housing conditions which they may have to face when they leave Ireland.

Another attempt made to reach this special group was the distribution of propaganda leaflets, on the value of BCG vaccination, at the City Labour Exchanges.

Glancing back at the busy year 1957, the emigrant infection problem is the main unsatisfactory part in a year of progress in this preventive field.

The success achieved in the reduction of infection, particularly tuberculous meningitis, encourages the medical, nursing and clerical staff of the BCG Section and enhances their faith in their work. It is a great pleasure to record appreciation of the unstinted help given by the teachers in the city schools without whose continued co-operation this work could not have proceeded.

CENTRAL X-Ray DEPARTMENT

MICHAEL J. MAGAN, Radiologist

These premises have continued to provide house room for the National Mass Radiography's weekly public sessions and sessions for certain special groups throughout the year ; likewise there has been virtually no change in the Central X-Ray Department's own work, which includes the taking of large X-ray plates for all suspects detected by mass miniature radiography, and follow up X-ray examinations for such such of these that are not referred to Chest Clinics ; the X-raying of children referred by the B.C.G. Department and also some from the Chest Clinics ; and also candidates for Corporation Staff. In addition this year the City Medical Officer arranged that general practitioners wishing to refer their patients for x-ray could have this carried out here.

There is one change to report, and a very striking one—the number of persons examined by miniature radiography in the City Area has leaped up by over 41,000 (forty-one thousand) persons. This is the work of the same two sets as have hitherto operated. The total number of miniature examinations in 1957 stands at 105,538 (one hundred and five thousand, five hundred and thirty-eight). Years of propaganda can easily end up with apathy and diminished returns as the only fruits, so that the increase recorded is no mean achievement, and Dr. Magner and his tiny organising staff at Tara Street deserve well of the Corporation for their work. Special public sessions were held at Nelson Pillar in May, August, September and October ; the publicity value of the place and its easy accessibility resulted in very large numbers. The increase in persons mass x-rayed is reflected in the corresponding increase in the number of tuberculous cases found. After preliminary investigation at this centre our figures for cases of persons with tuberculosis considered active was 331 (three hundred and thirty one) and for persons who had tuberculosis and who only needed observation was 423 (four

hundred and twenty-three). These figures are higher by 7 (seven) and 104 (one hundred and four) since last year. It has been estimated that 19·5% of the overall population of the City had miniature x-rays in 1957. The Medical Director has also calculated that there is something in the region of 2,400 (two thousand four hundred) persons who are infected with tuberculous disease of likely activity going about their business and not availing of any treatment. If this is so, the work of mass radiography must be increased many times over in order to bring the lung disease of Dublin into knowledge initially and control eventually. It is my opinion that the x-ray equipment and technical staff at present available are sufficient for the purpose but there is inadequacy in organising personnel, and any supplimentary assistance that the Local Authority can give in the last mentioned field should greatly repay.

Persons found suspect by mass radiography are seen at a special clinic held here in Lord Edward Street. These are people in the main who have hitherto considered themselves in good health, so all are apprehensive when recalled here and a few at first almost hostile. Particular care is therefore required at the preliminary interview, and our gratitude is due to Dr. Colm Gallen for his sympathetic and able handling of this aspect and for arranging their ultimate disposal.

The following information has been supplied by the National Mass Radiography Association Ltd. giving data for the principal groups examined :—

CENTRE	NO. X-RAYED	ABC	D	E	F	Z	TOTAL RECALLS	% OF RECALLS
Schools	19,448	17	20	11	7	48	103	.5
Closed Institutions ...	1,185	2	6	1	—	3	12	1.0
Public Sessions & Adults ...	55,797	551	109	193	94	210	1,157	2.0
Industries.	26,881	148	15	52	22	93	330	1.2
Mental Hospital Groups ...	2,227	51	3	31	17	16	118	5.3
Total for year ending 31/12/'57....	105,538	769	153	288	140	370	1,720	1.6

Class ABC :	Respiratory tuberculosis considered clinically significant.
Class D :	Other tuberculous manifestations.
Class E.:	Conditions other than tuberculosis.
Class F.:	Cardio vascular conditions, chest.
Class Z :	Indefinite shadowing—possibly artefact etc.

Of those recalled for a full size x-ray plate 114 persons persistently ignored the invitation (6·6% of the total).*

Attention should perhaps be drawn to the fact that the number of cases of thoracic neoplasm detected was 22 (twenty-two) while it was only 7 (seven) the previous year. This is a rather startling increase and is largely accounted for by better attendance in the middle and older age groups. One cannot be unduly surprised if the practice of excessive cigarette smoking initiated in the last thirty years or so should begin by now to visibly claim its victims.

The number of examinations by the Corporation large x-ray apparatus under the various categories was as follows :—

No. of Large-Plate X-rays	6,308
Comprised as follows :—	
No. of Large Plate Recalls from Miniature Radiography	1,475
No. of Recheck X-rays	2,138
Children from Tuberculosis Clinics	2,556
No. of Staff Examinations	139

* This figure does not include persons who co-operated to the extent of informing us that they were already having attention elsewhere.

ST. MARY'S CHEST HOSPITAL

C. K. MacArdle, M.D., D.P.H.

Resident Medical Superintendent

During 1957 the need for accommodation for tuberculous patients became less urgent than in previous years. In a number of the Corporation's Institutions a redundancy occurred, particularly in beds for females and also to some extent in beds for male patients. In the Autumn of the year it was decided that as St. Mary's had over six hundred beds, a reduction in that number could readily be achieved without risk of creating a shortage. Forty beds for male patients and sixty for female patients were withdrawn from the hospital complememt. Nevertheless the total number of patients treated (1,393) was only forty short of the number for the record year 1956 when 1,433 patients were treated in St. Mary's.

The percentage of tuberculous patients admitted for treatment who were 45 years of age and upwards showed a substantial increase compared with the same age groups for 1956 and 1955. The increase was most marked amongst men and to a lesser extent amongst women. The figures are as follows :—

	Male 45 years and over	Female 45 years and over
1957	51·3%	18·8%
1956	38·3%	12·9%
1955	29·9%	12·9%

It will be noted from the figures of the section dealing with condition of sputum on discharge that 53 patients were still positive on leaving the hospital. The majority of these were patients who failed to persevere with their treatment and took their own discharge prematurely. A few were in the category of those who after prolonged chemotherapy with or without surgical intervention remained positive and for domestic and other reasons were permitted to go after the position had been fully explained to them and advice given on the control of infection.

It is indeed very regrettable that at the present day so many patients suffering from Tuberculosis should first be discovered in the more advanced stages of the disease despite the facilities for early diagnosis available in the Clinics of the Tuberculosis Service and the opportunities offered so liberally by the National Mass Radiography Association. A glance at the Table on Classification will show the small number of relatively early cases (A1. B1.) amongst the admissions.

TREATMENT

There has been no change in the main lines of treatment during the year. The established procedure of rest, combined with specific chemotherapy followed when necessary by surgery continued to give satisfactory results, the earlier type of case responding much better as would be expected than the more advanced types.

A list of the surgical operations performed is given in the pages following. In all there were 157 Major Thoracic operations and 25 other operations including minor procedures.

The non-tuberculous patients totalled 103. Over 55 per cent of these patients suffered from carcinoma or from bronchiectasis.

Owing to the need for greater economy in the running of hospitals the staff was reduced in all categories.

As in previous years I am deeply indebted to the Matron and to members of all staffs for their help and devoted co-operation throughout the year.

	Male	Female	Total
Total number of patients treated	767	626	1,393
Total number of admissions	468	388	856
Total number of patients admitted	452	379	831
Total number of discharges	471	422	893
Total number of patients discharged	463	417	880
Total number of deaths	32	15	47
In hospital on 31/12/56	299	238	537
In hospital on 31/12/57	264	189	453

Bed Turnover 1·847; Average length of stay 209·7 days; Turnover Interval 13·8 days; Percentage Occupancy 95·05. Total number of beds 511 (31/12/57).

CLASSIFICATION OF PATIENTS FOLLOWING INSTITUTIONAL INVESTIGATION:

		A1	A2	A3	B1	B2	B3	Non-Pul.	Non-Tub.	Not Classified
Male	(468)	38	79	7	12	166	82	1	75	8
Female	(388)	45	106	7	13	142	33	5	32	5
		83	185	14	25	308	115	6	107	13

AGE GROUPS OF TUBERCULOUS PATIENTS ON ADMISSION.

		Under 15 yrs.	15/24	25/34	35/44	45/54	55/64	65 and over
Male	(393)	4	42	64	81	87	88	27
Female	(356)	28	87	106	68	43	13	11
		32	129	170	149	130	101	38

FAMILY HISTORY:

Male 73 (18.5%) Female 77 (21.6%)

LENGTH OF TIME IN HOSPITAL (Tuberculous patients discharged during the Year).

		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	(395)	13	10	20	31	88	74	73	86
Female	(383)	5	19	33	46	80	50	53	97
Total	(778)	18	29	53	77	168	124	126	183

REASON FOR DISCHARGE (Tuberculous Patients).

		Medical	Own Accord	Transferred to other hospitals	Dismissed	Died
Male	...	261	97	21	16	23
Female	...	231	63	89	—	13
		492	160	110	16	36

CONDITION ON DISCHARGE (Tuberculous Patients).

	Arrested or Quiescent	Improvement	No Improvement	Worse
Male	86	253	54	2
Female	127	205	48	3
	213	458	102	5

SPUTUM ON DISCHARGE :

	Pos. to Neg.	Pos. to Pos.	Neg. Pos. Neg.	Neg. to Neg.	Not Classified	Non-Pulmonary
Male ...	148	35	—	201	9	2
Female	112	18	—	242	6	5
	260	53	—	443	15	7

AGE GROUPS OF DEATHS.

	0/24 yrs.	25/34 yrs.	35/44 yrs.	45/54 yrs.	55/64 yrs.	65 & over
Tuberculous	2	1	7	10	11	5
Non-Tuberculous	1	1	2	—	6	1

Treatment

Patients who had Chemotherapy 1,280
Patients who had Postural Retention 96

Artificial Pneumothorax Treatment

Inductions Attempted 7
Abandoned and failed 2
Refills 153

Artificial Pneumoperitoneum Treatment

Inductions 24
P.P. abandoned 15
Refills 383

Operations

Thoracotomy 18
(including 2 Diaphragmatic hernial repairs, 1 Enucleation Neurofibroma, 1 inoperable carcinoma).

Pneumonectomy 24
(16 Pul. T.B., 8 Carcinoma).

Lobectomy	55
(38 Pul. T.B., 5 Carcinoma, 9 Bronchiectasis, 3 other non-tuberculous conditions).	
Segmental Resections	45
(43 Pul. T.B., 1 Bronchiectasis, 1 Lung Abscess).	
Thoracoplasty .... Stages	116
1st Stage	52
2nd Stage	33
3rd Stage	2
Anterior Stage	2
Holst 'Plasty	25
Roberts 'Plasty	1
Revision 'Plasty	1
Corrective Thoracoplasty	10
Plombage	1
Decortication	10
Rib Resection and drainage of empyema	5
Thoracoscopy and Adhesion Section	5
Excision Scapula	1
Phrenic	1
Laparotomy	1
Appendicectomy	1
Tracheotomy	2
Biopsy glands	3
Nasal Septum	1
Bronchoscopies	202
Oesophagoscopies	3
Minor Operations	15
Blood Transfusions	451
Aspiration of Pleural Effusion	298

Classification of Non-Tuberculous Cases Admitted 71 Male Cases (75 admissions) 32 Female Cases (32 admissions).

	Male	Female
Bronchial Carcinoma	23	9
Carcinoma of other organs	2	1
Plummer Vinson Syndrome	—	1
Bronchiectasis	15	7

	Male	Female
Bronchitis and Emphysema	1	—
Lung Abscess	1	1
Sarcoidosis	2	2
Congenital cardiac lesions	3	—
Acquired cardiac lesions	1	—
Diaphragmatic Hernia	—	2
Asthma	1	1
Non-specific pneumonias	7	2
Tumours or disease of other organs	1	—
Spontaneous Pneumothorax	3	1
Empyemas	2	—
Pulmonary Suppuration	1	1
" Farmer's Lung "	1	—
Pulmonary Embolism	1	—
Hypertension	—	1
Nephritis	—	1
Haemoptysis cause	2	—
Conditions of doubtful etiology admitted for investigation	4	2

Investigations

X-ray Examinations	12,546
Tomograms	349 (patients)
Bronchograms	343 (patients)
Barium Swallow	24
G.B. and I.V.P.	93
Fluoroscopic Examinations	870
B.S.R.	8,024

Sputum Examinations

Direct Microscopy	3,324
Cultures	3,330
Guinea Pig Inoculations	8
Laryngeal Swab cultures	561
Pulmonary Lavages	54

Other examinations included sputum examined for Carcinoma Cells, C.S.F. Examinations, Pleural Fluid Examinations, Full Blood Counts, Blood Sugar, Blood Proteins, Blood Urea, Blood Cultures, Blood Widals, Blood Cholesterols, Serum Calcium, Serum Potassium and Chlorides, Serum Potassium and Sodium, Special Urine Examinations, Guinea Pig Inoculations of Urine, Faeces Exams., Fractional Meal Tests, Bilirubin—Van den Bergh Tests, Paul Bunnell Tests, Prothrombin Time, Eosinophil Count, Sensitivity Drug Tests etc.

Complications in Tuberculous Cases

Pleural Effusion requiring aspiration	6
T.B. Empyema	8
Broncho Pleural Fistula	9
Spontaneous Pneumothorax	11
Haemoptysis (Severe)	23
T.B. Laryngitis	12
T.B. Meningitis	2
T.B. Adenitis	8
T.B. Spine	9
T.B. Hip	2
T.B. Knee	1
T.B. Wrist	1
T.B. Kidney	3
T.B. Pelvic Infection	1
T.B. Peritonitis	1
T.B. Ischio Rectal Abscess	3
Psoas Abscess	1
T.B. Enteritis	1
Tabes Mesenterica	1
Diabetes	11
Asthma	12
Endobronchitis	2
Chronic Oitis Media	7
Rheumatoid Arthritis	10
Auricular Fibrillation	4
Mitral Stenosis	1
Bronchial Carcinoma	3
Bronchiectasis	7
Duodenal Ulcer	6

Gastric Ulcer	2
Peptic Ulcer	1
Amyloid Disease	2
Hepatitis	1
Epilepsy	3
Cholecystitis	2
Colitis	1
Hiatus hernia	1
Inguinal hernia	3
Severe Hypochromic Microcytic Anaemia	27
Disseminated Sclerosis	1
Hydronephrosis	1
Osteomyelitis	1
Fallots Tetrology	1
Conjunctivitis	3
Acute appendicitis	3
Cor pulmonale	2
Epilepsy	4
Pregnancy	9

Allergy to Chemotherapy

Skin Allergy	15
Vertigo	2

During the year, 859 examinations were carried out by the Ear, Nose and Throat Consultant.

In the Dental Department there were 2,112 examinations by the Dental Surgeon. 1,208 extractions and 169 fillings were done. 246 Dental Plates were issued to patients.

The Ophthalmologist carried out 192 examinations for eye conditions.

Number of staff medically examined during the year was 678.

JAMES CONNOLLY MEMORIAL HOSPITAL

L. B. GODFREY, M.D., M.R.C.P., Assistant Medical Superintendent

The past year has seen the completion of construction of hospital buildings, and the boiler house and church are both in use for the past several months. Much clearing of the site, however, remains to be done before the Hospital precincts generally take on the appearance of tidiness which is desirable.

In regard to the work of the Hospital there has been notable development in the type of work being done. In common with other similar hospitals, there is a noticeable fall in the number of cases of tuberculosis which need surgical intervention, and there is a continuing tendency to rely more on drugs to achieve a final arrest of activity. As in other centres, the ratio of males is increasing in the upper age groups.

An increasingly pressing problem is that of transport. This is one whose development might have been foreseen, as I am certain that the vehicles provided originally—a Lister truck and a Volkswagen, and later a very defective old ambulance—could not have been intended to meet the requirements here. Because these vehicles were kept mobile, and made to perform the tasks required of them, the problem did not become acute until two years after the opening of the Hospital. However, in addition to being unsuited to their purpose, they are now much the worse for wear, and the smooth running of the Hospital activities remains very much a question of chance owing to the numerous breakdowns in service. I am convinced that the Institution demands electrically propelled vehicles and heated food boxes.

A number of publications emanated from the Hospital during the year. This, if maintained, will serve a very useful stimulant to the standard of work in the Hospital, which is already creditably high.

Staff changes during the year were the departures of Dr. B. Foy, Surgical Registrar, and his replacement by Dr. P. Feeney, Dr. A. J. Stynes, House Physician, Dr. M. Lernihan, House Physician, Dr. E. M. Beirne, House Physician, and the employment of Dr. N. I. Condon.

No resumé of the year would be complete without reference to the much regretted and untimely passing of Dr. J. Duffy who had laboured so many years in the service of Dublin Corporation for the eradication of tuberculosis, and who brought a keen mind and high erudition to bear on a great problem. As I am sure he would not have had it otherwise, he died in the midst of his work while still engaged in guiding the early path of this new Institution. He will indeed long remain, as he deserved, in the high esteem of his colleagues.

I wish to take this opportunity to express my deep appreciation of the co-operation of the staff during the past year, and especially for the past four months when many pressing difficulties might well have been worse without the welcome help so freely given by all.

Bed capacity	464 (including 28 beds for non-tuberculous chest cases)	
Admissions	711 Tuberculous cases	
	189 Non-T.B.	,,
No. of patients admitted ...	616 Tuberculous	,,
	168 Non-T.B.	,,
Discharges	671 Tuberculous	,,
	220 Non-T.B.	,,
No. of patients discharged ...	648 Tuberculous	,,
	208 Non-T.B.	,,
Deaths	30 Tuberculous	,,
	15 Non-T.B.	,,
In Hospital 31/12/'56 ...	377 Tuberculous	,,
	21 Non-T.B.	,,
In Hospital 31/12/'57 ...	370 Tuberculous	,,
	19 Non-T.B.	,,

	T.B.	Non-T.B.
No. of beds available	436	28
Available bed days ...	159,140	10,220
Occupied bed days ...	144,534	9,152
Bed turnover ...	1·3 patients per bed per year	7·2 patients per bed per year
Length of stay ...	206 days per patient.	45½ days per patient.
Turnover interval ...	20 days	5 days
Percentage Occupancy	91%	90%

TUBERCULOUS CASES

Classification following institutional investigation.

	A1.	A2.	A3.	B1.	B2.	B3.	Non-T.B.	Not Classified
M. ...	71	70	13	20	229	56	20	13
F. ...	32	34	3	8	76	20	3	3

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. ...	20	51	42	45	102	105	53	64
F. ...	5	16	8	22	43	24	21	40

Age on admission.

	Under 15 yrs.	15/24 yrs.	25/34 yrs.	35/44 yrs.	45/54 yrs.	55/65 yrs.	Over 65 yrs.
M. ...	35	70	72	79	99	95	32
F. ...	6	55	60	29	15	11	3

Reasons for discharge.

	Recommended	Own accord	Transferred	Dismissed for B/D	Death
M.	307	130	8	20	26
F. ...	113	47	15	—	4

Results on discharge.

	Quiescent	Improved	I.S.Q.	Worse
M. ...	140	201	108	7
F. ...	68	71	31	4

Complications in tuberculous cases.

Mental instability	10	Tuberculous meningitis	1
Hypertension	6	Pregnancy	7
Cerebral haemorrhage	1	Blindness	1
Appendicitis	3	Mitral stenosis	2
Hypochromic anaemia	5	Cholecystitis	1
Carcinoma of the stomach	2	Amyloid disease	1
Jaundice (post-op)	3	Cerebral arteriosclerosis	1
Chicken pox	3	Carcinoma of epiglottis	1
Epilepsy	3	Cerebellar ataxia	1
Cardiac insufficiency	3	Cirrhosis of liver	1
Laryngeal carcinoma	1	Pulmonary carcinoma	5
Peptic ulcer	4	Glaucoma	1
Aortic stenosis	2	Haematuria and uraemia	1
Diabetes mellitus	4	Enteritis	1
Reaction to drugs	14	Acne vulgaris	1
Haemorrhoids	1	Asthma and bronchitis	3
Hepatitis	1	Thrombosis	1
Corpulmonale	2		

TREATMENT.

No. of cases on I.N.A.H., P.A.S. and streptomycin	760
,, ,, ,, ,, I.N.A.H. and P.A.S.	19
,, ,, ,, ,, I.N.H. and streptomycin	25
,, ,, ,, ,, P.A.S. and streptomycin	13

Investigations in tuberculous and non-tuberculous cases.

Direct examinations of Sputum	4,930
Concentrations and cultures of Sputum	1,975
Sputum for malignant cells	310
Pyrogens and sensitivity	180
Blood : full count	703
haemoglobin	420
grouping	323
Eosinophil count	13
Blood chemistry : Blood urea	62
sugar	27
protein	63
chlorides	28
agglutionation	25
Van Den Bergh	19
Paul Brunnell	4
Wassermann reaction	25
Widal reaction	8
Liver function tests	12
Urine examinations	685
Histology	139
Fractional test meal	54
Serum sodium and potassium	79
Serum chloride	10
Prothrombien time	41

No. of dental cases—extractions	897
conservative treatment ...	238
dentures supplied	127
No. of ear, nose and throat examinations ...	1,200

X-ray Department.

No. of patient x-rays	5,127
No. of staff x-rays	655
No. of screening	204
No. of tomograms	403
Total number of films used	7,818

Operations (tuberculosis cases) ...

1st stage thoracoplasty	27
2nd ,, ,, ...	25
3rd ,, ,, ...	1
Correctoplasty	7
Holst thoracoplasty	3
Lobectomies, segmentectomies, lingulectomies ...	79
Pneumonectomy	8
Decortication	1
Thoracotomy	2
Plombage	1
Bronchoscopy	34

NON-TUBERCULOUS CASES.

No. of admissions	189	130	male
		59	female
No. of discharges	230	162	male
		68	female

Age on admission.

	Under 15 years	15/24 years	25/34 years	35/44 years	45/54 years	55/64 years	Over 65 years
M. ...	10	19	6	13	30	44	40
F. ...	11	10	15	12	10	3	7

Length of stay.

	0/7 days	7/30 days	1/2 mths.	2/3 mths.	3/6 mths.	6/9 mths.	Over 12 mths.
M. ...	16	56	65	12	13	—	—
F. ...	8	30	15	10	2	1	—

CLASSIFICATION OF NON-T.B. CASES.

MALE.

Mitral stenosis	2
Pulmonary stenosis	2
Aortic aneurysm	1
Mitral valvular disease	1
Aortic stenosis + regurgitation	1
Aortic & innominate aneurysm	1
Bronchiectasis	27
Bronchitis	28
Pneumonitis	8
Pneumonia	5
Bronchial asthma	1
Pleural effusion	3
Lung abscess	2
Cystic disease	4
Thymona	1
Hypertension	1
Bronchial carcinoma	47
Carcinoma oesophagus	3
Carcinoma of bronchus + larynx	1
Carcinoma of stomach + secondaries—left lung and liver	1
Pectus excavatum	1
Haematemesis	1
Renal tumour	1
Hernia of splenic flexure of colon	1
Sarcoidosis	2
N.A.D.	13

FEMALE.

Mitral stenosis	8
Bronchogenic carcinoma	3
Hypertension and fibroma	1
Bronchiectasis	31
Bronchitis	8
Haemoptysis	1
Pneumonitis	3
Pleural effusion ? malignant	1
Carcinoma of oesophagus	1
Constrictive pericarditis	1
Pneumonia	1
Sarcoidosis	1
Pneumonitis + pulmonary eosinophilia	1
Aortic rheumatic lesion	1
N.A.D.	6

Complications in Non-T.B. cases.

Asthma	2
Reaction to streptomycin	3
Anaemia	5
Pul. arthropathy	1
Valvular lesions	1
Calcification of large vessels of lower limbs ...	1
Hypertension	3
Cardiac failure	5

Operations (Non-T.B. cases).

Lobectomies, segmentectomies, lingulectomies ...	27
Pneumonectomies	19
Mitral valvotomy	7
Trisuspid valvotomy	1
Thoracotomy	9
Pericardectomy	1
Gastrectomy and oesophagectomy	1
Oesophagectomy	2
Plastic repair of pectus excavatum	1
Haemorrhoidectomy	1
Pleurodesis	2
Drainage of cyst	1
Repair of Femoral hernia	1
Enucleation of cyst	1
Rib resection	1
Monaldi drainage	1
Bronchoscopy	77
Oesophagoscopy	5
Laryngoscopy	1

List of articles published from the hospital.

Owen Shiel, Dr. P. Logan (Irish J. M. Sc.)
Luke Wadding ,, ,,
Folk Medicine ,, ,,
Nutritional Anaemia ,, ,,

E.C.G. Changes in pulmonary tuberculosis, Dr. P. Logan (J. Lancet, Minnesota)

Aspergillosis in the Lung, Dr. L. B. Godfrey (Irish J. of M. Sc.)

Cerebellar ataxia in Pul. Tuberculosis, Dr. P. Feeney, (Irish J. of M. Sc.)

Purpura and Pulmonary Tuberculosis, Dr. C. Breathnach, (I. J. of M. Sc.)

Sarcoidosis—a recension, Dr. C. Breathnach, (I. J. of M. Sc.)

Miliary Calcification of the Spleen, Dr. J. Duffy and Dr. C. Breathnach, (Tubercle).

BALLYOWEN SANATORIUM

ARTHUR J. WALSH, Resident Medical Superintendent

In presenting this sixth annual report on the work done at Ballyowen it is with regret that I have to say it will also be the last report. Ballyowen is to be closed early in 1958.

The closure of Ballyowen, following so closely on the closure of Crooksling, was certainly not envisaged twelve months ago. The fact that the closure is occasioned by the number of empty beds in the Dublin Corporation's Sanatoria might perhaps create the quite erroneous impression that pulmonary tuberculosis has been conquered and that there are now fewer cases to be treated. Instead the situation could possibly be explained by the fact that chemotherapy has reduced the period of sanatorium treatment required by certain types of case, although this is perhaps offset by the fact that chemotherapy is prolonging the lives of other patients who formerly would have died after a comparatively short period of sanatorium treatment. The most likely explanation is that the availability of chemotherapy has resulted in more patients being treated at home now than was the case formerly.

Ballyowen was opened on 14th July, 1952. Originally intended to be a National Children's Sanatorium it was built for the Hospitals' Association, a Body established for this purpose by the then Minister for Health, Dr. Noel Browne. On completion the hospital was handed over to the Dublin Corporation to be a sanatorium for adult female cases of pulmonary tuberculosis owing to the pressing need to provide beds for such patients and reduce a long waiting list. Now the remarkable situation has arisen whereby these 263 new beds have become superfluous after a few short years.

Coming to the matter more associated with an annual report 412 patients received treatment during 1957. Of these 179 were new admissions and 261 were discharged, of whom 11 died. Owing to the

decision to close Ballyowen admissions were stopped in the last quarter of the year and as discharges were not replaced the numbers gradually fell, so that at the end of the year only 151 beds out of 263 were occupied.

Of the new patients, 33 (18%) were symptomless and found as the result of routine investigations: of the total 412 patients treated 81 (20%) were patients of this type. Of the 179 admissions in 1957 minimal lesions occurred in 43 (24%): of the total 412 patients treated 113 (27%) had minimal lesions on admission. Among the discharges there were 7 patients whose illness was found not to be due to tuberculosis: 5 of these were discharged for treatment at home but 2, who died, were too ill to move. Of the remaining patients discharged 175 (65%) went home with healed lesions.

Treatment consisted of bed-rest and standard chemotherapy. This was augmented by thoracic surgery in suitable cases, the patients being transferred to St. Mary's Chest Hospital or to the James Connolly Memorial Hospital. The normal procedure has been to re-admit the surgical cases after operation whenever the Surgeon decided they were ready to return, and the final four months or so of convalescence was spent at Ballyowen. This procedure was abandoned towards the end of the year when the closure of Ballyowen had been decided upon.

The health record of the staff was good. In the main there were no serious illnesses. The re-habilitated members showed no relapse, but in one instance an old primary infection incurred during hospital training ten years previously showed re-activation with cavitation.

The Medical Staff showed changes among the the House Physicians. Dr. Una Atkins commenced duty on 1st January replacing Dr. John A. Kelly. On 1st July Dr. James Brosnan commenced duty replacing Dr. Maura Lernihan. Dr. Maeve McDonagh continued as Assistant Medical Officer.

The following are figures for the admission, discharges, deaths etc. for the year :—

No. of patients remaining 31/12/56	233
No. of new patients admitted	179
No. of patients discharged home	222
No. of patients transferred permanently for surgery	25
No. of patients transferred for other reasons ...	3
No. of Deaths	11
No. of patients remaining 31/12/57	151
Total No. of patients treated	412

As the transfer and re-admission of cases for thoracic surgery are matters merely incidental in the course of treatment they are not included in the following tables. The only surgical cases included are those already mentioned who were transferred permanently.

Classification on Admission.

	Admitted 1957	Total Treated 1957
A1	38	95
A2	42	84
A3	2	2
B1	7	18
B2	70	176
B3	14	27
Non-Pulmonary	2	2
Observation ...	4	8
	179	412

Extent of Disease :

	Admitted 1957	Total Treated 1957
Unilateral—		
Minimal ...	32	83
Moderate ...	36	89
Advanced ...	1	1
Bilateral—		
Minimal ...	13	30
Moderate ...	56	119
Advanced ...	35	80
Non-Pulmonary	2	2
Observation	4	8
	179	412

The extent of disease is defined as follows :—

" MINIMAL—

Slight lesions without demonstrable excavations, confined to a small part of one or both lungs. The total extent, 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."

Age Groups of Patients on Admission.

		Admitted 1957	Total Treated 1957
Under 15	...	6	21
15—24	...	65	155
25—34	...	41	102
35—44	...	25	64
45—54	...	18	35
55—64	...	15	23
65 and over	...	9	12
		179	412

62·57% of the patients admitted were under the age of 35, and 39·66% were under the age of 25. Compared with 1956 there was a slight fall in the percentage of patients under 35 but the percentage of patients under 25 remained much the same.

Contact History.

	Admitted 1957	Total treated 1957
In Home ...	55	134
Relative ...	13	29
At Work ...	7	20
Lodger ...	0	0
Doubtful ...	8	15
	83	198

Contact classed as "doubtful" when the person from whom the patient may have acquired his tuberculosis has suffered, or died, from a disease described by the patient as bronchitis, asthma, pneumonia etc. and which may in fact have been pulmonary tuberculosis.

Initial Symptom

	Admitted 1957	Total Treated 1957
No symptom ...	33	81
Erythema Nodosum ...	1	7
Cough	63	117
Haemoptysis ...	10	21
Dyspnoea	5	9
Hoarseness ...	0	3
Anorexia	0	1
Chest Pain	39	89
Lassitude	19	63
Loss of Weight ...	6	10
Malaise	1	2
Diarrhoea ...	1	2
Leucorrhoea ...	1	1
Dyspepsia	0	1
Cervical Adenitis ...	0	2
Abdominal Pain ...	0	1
Amenorrhoea ...	0	1
Pain in Thigh ...	0	1
	179	412

Of the patients who displayed no symptom at all and whose diagnosis was made as a result of routine examination the extent of disease actually present in the lungs at the time of admission is shown in the following :—

	Admitted 1957	Total Treated 1957
Minimal ...	15	38
Moderate ...	18	40
Advanced ...	0	3
	33	81

Tubercle Bacilli Present for the First Time

94 of the patients admitted and 228 of all patients treated were proved bacteriologically to be cases of pulmonary tuberculosis. This bacteriological proof—the finding of tubercle bacilli for the first time—occurred mainly either just before or just after admission and in the following circumstances :—

	Admitted 1957	Total Treated 1957
Sputum—Direct ...	64	156
,, —Culture	22	44
Laryngeal Swab ...	6	19
Gastric Lavage ...	1	7
Pus—Direct ...	0	1
,, —Culture ...	1	1
	94	228

Classification on Discharge

261 patients were discharged. Out of these there were 11 deaths. The following Table gives the classification of the patients discharged together with the results of treatment :—

Class on Discharge	Quiesc.	Improved	No Material Improvement	Worse	Died	Total
A1 ...	59	1	1	0	0	61
A2 ...	23	10	10	0	0	43
A3 ...	1	0	0	0	0	1
B1 ...	25	3	0	0	0	28
B2 ...	63	35	5	0	0	103
B3 ...	3	2	2	0	9	16
Non-Pulm. ...	1	0	1	0	0	2
Non-T.B. ...	0	3	2	0	2	7
Total ...	175	54	21	0	11	261

A patient was considered quiescent when there was no longer any clinical, radiological or bacteriological evidence of active disease and when the sputum, if present, had been negative on direct examination for at least six successive months prior to discharge, together with at least three negative cultures over the same period. In the absence of sputum negative cultures of laryngeal swab and/or gastric lavage are required instead. The 175 quiescent patients represent 70% of the tuberculous patients discharged. If the transferred patients are deducted, i.e. patients who are still continuing treatment elsewhere, the 175 quiescent patients represent 77% of the tuberculous patients completing treatment.

The following Table co-relates the results of treatment with the extent of disease present on admission.

Extent on Admission	Quiesc.	Improved	No Material Improvement	Worse	Died	Total
Minimal ...	70	4	1	0	0	75
Moderate ...	91	23	15	0	0	129
Advanced ...	13	24	2	0	9	48
Non-Pulm. ...	1	0	1	0	0	2
Non-T.B. ...	0	3	2	0	2	7
Total ...	175	54	21	0	11	261

Of the quiescent cases 58 received surgical treatment and it is of interest to note that 9 of them were advanced cases when admitted. Surgical treatment for these 9 cases became possible only after prolonged chemotherapy and bed rest. The treatment they received was as follows :—

Thoracoplasty	4
Segmental Resection	3
Lobectomy	1
Pneumonectomy	1
	9

Reasons for Discharge.

Recommended	196
Transferred	3
Transferred for Surgery	25
Own Accord...	26
Died	11
Dismissed	0
	261

26 patients (10%) left against medical advice. Most of them were temperamentally unsuited to sanatorium life in that they either made no effort to accustom themselves to sanatorium routine or else having made the effort they gave up and went home because they " could not settle ". As often as not this decision was the outcome of a quarrel with another patient. A large minority however left because of domestic worries. The chief reason was concern over their children. Either the person looking after the children tired of doing so or was unable to continue doing so, or else news was brought by a visitor that " the children were running wild ". This problem of the care of the family during the absence of the mother in hospital with a prolonged illness is one which requires more attention by the Public Health Authorities. It is a very real source of anxiety to

the patients concerned. Monetary allowance for Domestic Help is granted to T.B. patients but this does not meet the difficulty of securing the Domestic Help. Moreover the anxiety is present among those who remain as well as among those who take their discharge.

Length of Stay.

		(Quiescent)
Over 2 years...	20	(17)
1½ to 2 years	40	(34)
1 to 1½ years	95	(85)
9 to 12 months	31	(19)
6 to 9 months	20	(8)
3 to 6 months	23	(9)
2 to 3 months	16	(2)
1 to 2 months	7	(1)
7 to 30 days	6	(0)
0 to 7 days	3	(0)

Sputum—On Admission and on Discharge.

Admission.	Discharge	
Positive	Positive ...	14
Negative	Positive ...	0
Negative—Positive—	Negative ...	21
Negative	Negative ...	72
Positive	Negative ...	92
No Sputum	No Sputum ...	62
		261

Final T.B. Negative (247 patients)

Sputum—Direct	4
,, —Culture	128
Laryngeal Swab & Gastric Lavage ...	96
Laryngeal Swab Only	15
Gastric Lavage only	1
Not Examined	3
	247

Final T.B. Positive—Reasons for Discharge.

Recommended	3
Transferred	1
Own Accord...	4
Died	6
	14

Complications and other Diseases

T.B. Cervical Adenitis	1
T.B. Hip Joint	1
T.B. Laryngitis	5
T.B. Peritonitis	4
T.B. Pleurisy	19
T.B. Salpingitis	4
T.B. Spine	3
Alopoecia	1
Asthma	3
Aural Polyp	1
Bronchial Asthma	2
Cataract	2
Chronic Bronchitis	4
Chronic Conjunctivitis	1
Chronic Nephritis	1
Chronic Rhinitis	1
Chronic Suppurative Otitis Media	4
Cholecystitis	1
Diabetes Mellitus	7
Emphysema	8
Epilepsy	2
Herpes of Hard Palate	1
Hydronephrosis	1
Hyperthyroidism	2
Laryngitis (simple)	3
Malignant Granuloma of Larynx	1
Mental Deficiency	1
Otosclerosis	2
Peptic Ulcer	1
Pharyngitis (Catarrhal)	2
Pneumococcal Pneumonia	1
Schizophrenia	2
Sinusitis (frontal)	1
Spontaneous Pneumothorax	1
Transverse Myelitis	1
Visceroptosis	1

Treatment.

Chemotherapy	401 persons
Thoracoplasty	22
Segmental Resection	33
Lobectomy	18
Pneumonectomy	6
Thoracoscopy	1
Bronchoscopy	2
Chest Aspirations	4

During chemotherapy drug resistance developed in cases as follows :—

Streptomycin	13
P.A.S.	9
I.N.A.H.	10

With the emergence of resistance other drugs such as Viomycin, Tebafen, Conteben, etc. were brought into use.

Laboratory

Most specimens are sent to outside laboratories such as the Dublin City Bacteriological Laboratory, St. Kevin's Hospital Pathology Department, and Trinity College Pathology Department, and I acknowledge with thanks the assistance we have received from these Laboratories. The investigations carried out during the year were as follows :—

Sputum—Direct Microscopy	1,635
,, —Culture	1,517
Laryngeal Swab	611
Gastric Lavage	426
Streptomycin Sensitivity	60
P.A.S. Sensitivity	60
I.N.A.H. Sensitivity	59
E.S.R.	2,590
Blood Count	115
,, Eosinophil Count	3
Blood—Haemoglobin %	57
,, —Grouping	11
,, —Rhesus	9
,, —Sugar	24
,, —Urea	21
Urine Clearance Microscopy	12
Pleural Fluid—Culture	1
C.S.F.	1
Urea—Direct	60
,, —Culture	16
,, —Guinea Pig	3
Liver Function Test	13
Fractional Test Meal	4
Faeces—Direct Microscopy	6
Vaginal Swab	3
W.R.	3
Khan Test	3
Sinus Track Swab	3

E. N. T. Department.

Laryngoscopy	791

Dental Department.

Extractions	291
Conservative Treatment	568
Dentures	89

X-Ray Department.

Straight Films	2,298	
Tomograms	2,121	Films
Bronchograms	243	,,
Barium Meals	69	,,
Screen Examinations	23	

Occupational Therapy Department

The work of the Occupational Therapy Department continued as in previous years. Instruction was in the hands of Miss O. B. McNair.

Recreational Facilities

Regular cinema performances were held throughout the year at weekly intervals. During the autumn and winter months a number of concert parties visited the Sanatorium and provided entertainment for the patients. These concerts took place on an average of once per fortnight during the season. I take this opportunity to thank all the artists concerned for coming here and providing so much enjoyment.

Once again I thank the Hospitals Library Council for their generosity in keeping our library so well stocked.

In conclusion I thank the medical, nursing, clerical, and all other staffs for the loyal co-operation and assistance which they have given me throughout the year.

DEPARTMENT OF THE CITY ANALYST

H. D. Thornton, Dublin Region Public Analyst

In my report for the year 1956, I referred to the proposal to transfer the City Laboratory from Castle Street to Cornmarket, and stated that it was hoped that the work involved in converting the premises at Cornmarket would be completed in time to allow the transfer of the Laboratory to take place in June, 1957.

Unforeseen delays and difficulties were encountered, and the work has not yet been completed ; it is now hoped that the transfer may take place in May, 1958.

An order made by the Minister for Health, with effect from 1st August, 1956, amalgamated the offices of Public Analyst for the counties of Carlow, Cavan, Dublin, Kildare, Kilkenny, Laoighis, Louth, Meath, Monaghan, Wexford and Wicklow and for the Boroughs of Drogheda, Dun Laoghaire, Kilkenny and Wexford and the offices of Analyst for Dublin, Balrothery and Rathdown Boards of Assistance and for Grangegorman Mental Hospital Board with that of City Analyst. The areas served by these local authorities constitute the Dublin Region and all the analytical services required to be provided for these local authorities by their Analyst are now supplied by the City Laboratory.

During the year, mutually satisfactory arrangements for recoupment to the Corporation by the other local authorities for these services were concluded ; for the year, the recoupment which thus became due to the Corporation amounted to £4,864 4s. 0d.

An important part of the service so provided is the analysis of medicines purchased under contract by local authorities for use in their dispensaries and hospitals.

Random samples are taken by the dispensary officers from consignments of medicines delivered to them, and submitted for analysis to ascertain if the substance delivered satisfies requirements. In a normal year, approximately 1,000 samples are so submitted for analysis in the City Laboratory.

In September, 1957, it became known that the Minister for Health had issued a circular to all Health Authorities informing them that he had decided to introduce revised arrangements under which his Department would arrange to have appropriate samples taken periodically from the despatch department of the official contractor and analysed in the State Laboratory; Medical Officers and Compounders were to be instructed to discontinue the procedure previously followed of sending routine samples of medicines to the local authority analyst.

This will involve a reduction of approximately £750 per annum in the recoupment received by the Corporation from the local authorities of the Region.

Analyses and investigations were carried out on samples submitted under the following headings:—

1. By Inspectors under the Sale of Food and Drugs Acts, the Public Health Preservative Regulations, 1928, and the Food Hygiene Regulations, 1950, for Dublin Corporation and the other local authorities within the Region.
2. Medicines purchased by the Public Assistance Sections of the County Councils, and by the Boards of Assistance.
3. Fortnightly control samples of the City water supplies.
4. Daily control samples of sewage, effluent and sludge, from the Outfall Works, Pigeon House Road.
5. Water samples from local authority supplies throughout the Region.
6. Samples submitted by the Dublin Port Medical Officer.
7. Materials purchased by Corporation Departments.
8. Miscellaneous Materials submitted by public institutions, commercial concerns and private individuals.

Summary of Analyses carried out for Dublin Corporation.

Nature of Article	No. of samples	Department
Food and Drugs Samples ...	5,546	Public Health
Food and Drugs Samples (Informal)	323	,, ,,
Complaint Food Samples ...	9	Chief Health Inspector
Specimens examined under Food Hygiene Regs. ...	3	,, ,, ,,
Imported Foods	22	Port Medical Officer
Medical Supplies	5	Child Welfare Centre.
City water supplies ...	72	Waterworks.
Sewage	333	Main Drainage
Effluent	333	,, ,,
Sludge	326	,, ,,
Solders	2	Waterworks
Lead	1	,,
Fuels : Coal	2	(For use in Corporation establishments)
Waters : River Liffey ...	17	Public Health
,, Dodder	5	,, ,,
Waterworks Dept.	7	City Engineer's
Sewers Dept.	2	,, ,,
MISCELLANEOUS :		
Oil Waste from Outfall Works	2	,, ,,
Plastic Ball-cock floats ...	5	,, ,,
Hydrated Lime	2	,, ,,
Foreign matter in milk ...	1	Veterinary
Deposit from water ...	1	City Engineer's
Specimens from bed of R.Liffey	8	,, ,,
Floating matter from R. Liffey	1	,, ,,
Foodstuffs (Suspected food poisoning)	8	Public Health
Food supplies to Corporation Institutions	17	,, ,,
D.D.T. Powder (Disinfecting Depot)	1	,, ,,

Sale of Food and Drugs Acts and Preservative Regulations

The total number of samples submitted by Corporation Inspectors under the above headings was 5,869 of which 323 were "informal" samples. Details and results of analyses are set out below :—

Nature of Article	Number of Samples	Number Adulterated
Milk	2,026	20
Butter	387	2
Ice Cream	252	4
Whiskey	130	2
Jam	78	9
Vinegar	95	4
Minced Meat	57	8
Suet	20	1
Lime Water	2	2

In addition, 2,822 samples (all of which proved genuine) of the following foods and drugs :—

Cheese	53	Semolina	53
Lard	78	Bread Soda	14
Brawn	9	Farola	49
Flour	26	Cocoa	20
Tapioca	34	Cake Mixture	16
Sago	35	Barley	25
Drinking Chocolate ...	18	Castor Sugar	19
Cookeen	42	Ovaltine	6
Dripping	87	Peas	49
Tripe	2	Dresso	8
Self R. Flour	36	Soda Water	7
Cornflour	50	Marmalade	16
Tea	39	Stout	27
Corn Flakes	2	Raspberry	6
Frytex	15	Lemonade	29
Black Pudding	15	Cream Soda	9
Rice	109	Linseed Oil	8
Lentils	15	Sausage Meat	9
Macaroni	13	Glycerine	2
Coffee	10	Sister Laura's Food ...	2
Flake Oatmeal	101	Pablum	9
White Pudding	43	Sauce	16

Yorkshire Relish	...	4	
Cider	...	9	
Ice Lollipop ...	...	3	
Tincture of Iodine	...	2	
Glacé Cherries ...	...	8	
Pop Corn ...	...	2	
Appleade ...	...	1	
Cooking Figs ...	...	3	
Ale	...	10	
Vimto ...	...	7	
Lucozade ...	...	10	
Bramble Jelly ...	...	1	
Cough Syrup ...	...	2	
Synthetic Cream	...	1	
Glucose Sugar ...	...	1	
Wheaten Meal ...	...	1	
Glucose ...	...	35	
Luncheon Roll ...	...	6	
Split Peas ...	...	2	
Pepper ...	...	12	
Salt	...	16	
Sherry	...	6	
Orange Squash	...	29	
Orange Flash ...	...	2	
Liquid Paraffin ...	...	48	
Castor Oil ...	...	3	
Bourn-Vita ...	...	11	
Demerara Sugar	...	3	
Malted Bran ...	...	2	
Rice Crispies ...	...	3	
Carrageen Moss	...	2	
Fish Cake ...	...	1	
Glucodin ...	...	2	
Bextartar ...	...	2	
Liniment of Camphorated Oil	...	3	
Instant Whip ...	...	3	
Icing Sugar ...	...	25	
Glycerine, Lemon and Honey ...	...	1	
Ground Rice ...	...	4	
Rum	...	2	
Christmas Pudding	...	1	
Fruit Mixture ...	...	2	
Butter Beans ...	...	1	
Spaghetti ...	...	1	
Sugar	...	55	
Custard Powder...	...	38	
Baking Powder ...	...	5	
Sweets ...	...	60	
Currants ...	...	21	
Mustard ...	...	8	
Chocolate ...	...	5	
Wine	...	5	
Lemon Soda ...	...	16	
Cidona ...	...	17	
Olive Oil ...	...	13	
Fried Chips ...	...	2	
Paxo	...	1	
Jelly	...	11	
Coconut ...	...	6	
Bisto	...	6	
Lager	...	5	
Port Wine ...	...	1	
Epsom Salts ...	...	4	
Lemon Curd ...	...	5	
Ground Almonds	...	10	
Treacle... ...	...	2	
Farex	...	27	
Kola	...	4	
Brandy ...	...	2	
Cydrax... ...	...	8	
Trex	...	3	
Nuts	...	1	
Bavita ...	...	3	
Sausages ...	...	73	
Porter ...	...	2	
Margarine ...	...	128	
Brown Sugar ...	...	9	
Neaves Food ...	...	5	
Rusks	...	9	
Candied Peel ...	...	6	
Raisins... ...	...	47	
Dates	...	8	
Grape Fruit ...	...	16	
Glucose Mi-Wadi	...	3	
Lime Soda ...	...	16	
Pineapple ...	...	6	
Pancake Flour ...	...	1	
Cod Liver Oil ...	...	32	
Coffee and Chicory	...	10	
Soup Mixture ...	...	1	
Apple Juice ...	...	7	
Prunes ...	...	6	
Honey ...	...	4	
Pepsi-Cola ...	...	6	
Ciderette ...	...	17	
Glauber Salts ...	...	2	
Almond Icing ...	...	3	
Vermicelli ...	...	3	

Red Currant Jelly	...	1	Extract of Malt and Cod Liver Oil	...	2
Sultanas ...	...	23	Cream ...	...	23
Orange Curd ...	...	1	Pineapple Preserve	...	1
Gin	...	4	Liniment of Turpentine	...	1
Potato Crisps ...	...	4	Mushroom Soup	...	1
Mincemeat ...	...	7	Chocolate Ice ...	...	1
Ginger Beer ...	...	6	Sherbet ...	...	1
Lemon Juice ...	...	4	Flake Almonds	...	1
Gripe Water ...	...	4	Pickled Beetroot	...	1
Instant Coffee ...	...	1	G. Brand Baby Food	...	1
Buttermilk. ...	...	14	Borax	...	1
Ryvita ...	...	1	Sulphur ...	...	1
Marshmallow ...	...	1	Kia-Orange ...	...	1
Twin Pack Oats	...	1	Noodle Soup ...	...	1
Parrish's Food ...	...	1	Mushroom Ketchup	...	1
Liga	...	3	Baby Flake Meal	...	3
Shredded Wheat	...	1	Beecham's Powder	...	1
Rissole ...	...	1	Black Draught ...	...	2
Blackberry Jelly	...	1	Curry Powder ...	...	1
Plato	...	1	Milk of Magnesia Tablets		1
Sponge Cake ...	...	1	Casilan ...	...	1
Royal Desert ...	...	1	Erinox ...	...	3
Hamburger ...	...	2	Oxo	...	2
Chewing Gum ...	...	1	Cloves ...	...	1
Aungiers Emulsion	...	1	Aspirin... ...	...	1
Candy Rock ...	...	1	Weetabix ...	...	1
Raisin Fudge ...	...	1	Hazlett ...	...	1
Benger's Food ...	...	1	Horlicks ...	...	2
Golden Syrup ...	...	3	Spice	...	1
Twin Pack Wheat	...	2	Corex	...	1
Skimmed Milk Powder	...	1	Kavli Bread ...	...	1
Rice Flour ...	...	1	Magic Powder ...	...	1
Sage and Onion Stuffing...		1	Seven-up ...	...	1
Flaked Rice ...	...	3			
Lemon Fruit ...	...	1			

Informal Samples.

Condensed Milk	...	18	Egg Substitute ...	...	2
Milk	...	5	Peas	...	11
Pepper ...	...	12	Vinegar ...	...	5
Jelly	...	4	Nutmeg ...	...	1
Camphorated Oil	...	1	Cinnamon ...	...	1
Zinc Ointment ...	...	4	Honey	...	1
Stout	...	1	Castor Oil ...	...	3
Jam	...	2	Gravy Salt ...	...	2
Salad Cream ...	...	7	Extract Malt and Cod Liver Oil	...	5
Tomato Ketchup	...	3	Chicken and Ham Paste	...	5
Soln. Hydrogen Peroxide		6	Spice	...	3
Baking Powder ...	...	8			

Milk of Magnesia	...	1	Milk Powder	...	1
Boracic Acid Powder	...	4	Sandwich Spread	...	1
Marmalade ...	...	1	French Mustard...	...	1
Mustard ...	...	7	White Precipitate Ointment	...	4
Bextartar ...	...	1	Glycerine, Lemon and Honey	...	6
Olive Oil ...	...	5	Cinnamon and Quinine	...	1
Mince Pie ...	...	1	Beef and Liver Soup	...	1
Golden Syrup ...	...	1	Mince Meat ...	...	3
Sardines ...	...	1	Potassium Permanganate		1
Beans	...	11	Linseed Oil ...	...	1
Sauce	...	18	Glucose and Rose water	...	1
Ice Lollipop ...	...	3	Bread Soda ...	...	2
Yorkshire Relish	...	1	T.C.P. ...	...	1
Candied Peel ...	...	4	Opas Powder ...	...	1
Barley ...	...	2	Tayto Crisps ...	...	1
Oxtail Soup ...	...	4	Pickled Onions	...	2
Cod Liver Oil ...	...	5	Kidney Soup ...	...	1
Bisto	...	12	Crispin ...	...	1
Tincture of Iodine	...	11	Creamed Rice ...	...	2
Calamine Lotion	...	11	Stewed Steak ...	...	2
Peaches ...	...	3	Jelly Crystals ...	...	1
Coffee and Chicory	...	7	Pepper Compound	...	1
Ice cream ...	...	1	Sulphur Ointment	...	5
Cream ...	...	1	Am. Tinc. of Quinine	...	1
Boracic Ointment	...	1	Seidlitz powder ...	...	2
Glauber Salts ...	...	3	Petrolagar ...	...	1
Fish Paste ...	...	2	Codeine Tablets	...	1
Glacé Cherries ...	...	1	Colouring Essence	...	2
Tea	...	1	Zinc and Castor Oil	...	1
Curry Powder ...	...	1	Soup Powder ...	...	3
Liniment Iodine	...	2	Tinned Salmon ...	...	1
Beetroot ...	...	3	Cream Pies ...	...	2
Peanut ...	...	1	Glycerine ...	...	6
Royal Desert ...	...	1	Iodoform ...	...	1
Cascara Sagrada	...	1	Lager	...	1
Lucozade ...	...	1	Marshmallow Eclair.	...	3
Blancmange ...	...	1	Milk Food G. Brand	...	1
Lemon Juice ...	...	2	Nestles Food ...	...	1
Dates	...	2	Browning ...	...	1
Cheese and Onion Spread...		1	Aspirin Tablets	...	1
Spaghetti-in-Tomato-Sauce		2			
Culminars Herbs	...	1			
Ground Ginger ...	...	1			

The total number of adulterated samples was 52; the nature and extent of the adulteration was as follows :—

Milk (20) Fifteen of the adulterated samples were deficient in milk fat by amounts ranging from 5% to 46·66%. Three were deficient in milk solids-non-fat by amounts ranging from 8·23% to 21·17%. One was deficient in both fat (5·0%) and solids-non-fat (15·29%). One contained formaldehyde as a preservative; milk is not permitted to contain any preservative.

Butter (2) Butter is permitted to contain 16% of water; one of the adulterated samples contained 18·2%, the other 17·2%.

Ice Cream (4) The "Food Standards (Ice Cream) Regulations, 1952" require ice cream to contain not less than 5% of milk fat; the adulterated samples were found deficient of milk fat by amounts ranging from 18—50%.

Whiskey (2) The adulterated samples contained excess water to the extent of 17·3% and 4·3% respectively.

Jam (9) These jams were found to contain approximately equal parts of the fruit named on the label and apple; 4 were sold as Strawberry Jam, 3 as Blackcurrant Jam, 1 as Plum Jam and 1 as Gooseberry Jam. The presence of the second fruit (apple) should be disclosed, by labelling the articles "Strawberry and Apple Jam", "Blackcurrant and Apple Jam" etc.

Vinegar (4) Vinegar should contain not less than 4% of Acetic Acid; four samples were found to be deficient in this respect by amounts ranging from 12·5% to 14·5%.

Minced Meat (8) This article is not permitted to contain any preservative; eight samples were found to contain sulphur dioxide preservative in amounts ranging from 185 to 2,800 parts per million.

Lime Water (2) This article is required by the British Pharmacopoeia to contain not less than 0·15% W/V of Calcium Hydroxide; two samples were found deficient in this respect by 73·3% in each case.

Suet (1) One sample was found to be contaminated with rodent droppings.

Complaint Samples of Food

These samples are submitted by the Chief Health Inspector as a result of complaints received by him from members of the public.

They numbered 9, of which the following are the details and findings :—

Bread (3) In each case particles of dirt were found, which had been incorporated in the dough, previous to baking.

Sweets (2) In one was found a portion of hair and of brush bristle, the other was free from extraneous matter.

Syrup (1) This article was intended for use in making ice lollies ; it was found to be free from prohibited colourings matter.

Sugar (1) Found to contain particles of grit or dust.

Baby Food (1) Found to contain one portion of hair (human).

Whiskey (1) proved to be genuine.

In addition to these samples, work carried out for the Chief Health Inspector included examination of three materials taken by the Health Inspectors in connection with the Food Hygiene Regulations :—

One sample taken from retail food premises contained rodent droppings.

One taken from a bakery contained rodent droppings ; one also taken from a bakery, contained the webbing and live larvae of a moth, probably Mill Moth.

Port Health Office

Twenty-two samples of foods, taken on importation, were examined for the Port Medical Officer.

These comprised : Dried Fruits (8) ; Treacle (3) ; Molasses (6) ; Golden Syrup (1) ; Yeast Powder (1) ; Vanillin (1) ; Ground Nutmeg (1) ; Rice (1).

The dried fruits were all found to be free from extraneous matter ; two of the treacles were found to contain excessive amounts of metallic contamination—copper 100, and 40 parts per million respectively. One sample of molasses was similarly found to contain—copper 30 parts per million.

The rice was contaminated with an extraneous colouring matter which could not be identified.

The remaining samples proved satisfactory.

Child Welfare Centre

The following samples of supplies to the Centre were examined and found genuine :—

Farex (2) ; Benger's Food (1) ; Cod Liver Oil Emulsion (1) and Acriflavine Emulsion (1).

Food Supplies to Corporation Institutions

In all, seventeen samples were examined under this heading ; flake oatmeal (12), farola (2), sausages (1), bread (1), foreign matter in porridge (1).

One sample of oatmeal was found to contain a portion of rodent droppings, the remainder were genuine and free from extraneous matter. Both samples of farola contained microscopic particles of dark mineral matter.

The sausages were proved to contain 45% of meat ; the bread was found to contain particles of dirt, incorporated in the dough previous to baking ; the foreign matter in the porridge proved to be rodent droppings.

Miscellaneous Samples Analysed for Public Health Department

Seventeen samples of water from the River Liffey, and five from the River Dodder, were analysed in the course of investigating allegations of the pollution of these rivers by sewage from Corporation sewers. One sample of D.D.T. powder, as supplied to the Disinfecting Depot, was analysed and found to satisfy the specification.

One sample of foreign matter in milk was examined for the Veterinary Section in an unsuccessful effort to trace its origin.

Eight samples of foodstuffs, submitted in connection with cases of illness attributed to food poisoning, were examined ; in no case was anything of a deleterious nature found.

Samples Analysed for City Engineer's Department

In addition to the routine control samples of the City water supplies, and of sewage, effluent and sludge from the Outfall Works listed earlier, the following analyses were carried out for this Department :—

Solders (2) and lead (1) for compliance with Corporation specifications (Waterworks).

Waters (7) in connection with complaints received by Waterworks Department.

Waters (2) in an endeavour to trace source of flooding for the Main Drainage Department.

Plastic ball-cock floats (5)—water absorption tests for Waterworks Department.

Hydrated limes (2)—for use in water purification.

Deposit from water (1)—to determine its composition.

Specimens from bed of River Liffey (8) and floating matter from the river (1)—in connection with an investigation into the condition of the river.

Oil wastes (2) from Outfall Works to trace origin.

Coals (2) for use in Corporation establishments.

The total number of samples analysed for all sections of the Corporation was : 6,754.

Analyses for Public Bodies (other than Dublin Corporation) and for Private Persons, Commercial Concerns, etc.

The total number of samples received from these sources during the year 1957 was 7,143 and the fees received by the Corporation during the same period amounted to £5,437 3s. 4d.

The following table shows the figures for previous years :—

Year	No. 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
1942–1946	38,288	10,926	4	5
1947–1951	39,165	22,972	5	9
1952	8,674	6,059	15	6
1953	8,404	5,674	13	0
1954	8,474	6,084	6	4
1955	9,716	6,045	17	0
1956	8,125	4,786	15	5
1957	7,143	5,437	3	4

Summary of Totals from All Sources

CITY OF DUBLIN

Dublin Corporation	6,754
Dublin Board of Assistance	100
Grangegorman Mental Hospital	80
Private Individuals etc.	428
Total for City of Dublin	7,362

OUTSIDE CITY OF DUBLIN

Local Authorities	6,317
Private persons, etc.	218
Total for outside City of Dublin	6,535
Grand total for year from all sources	13,897

Comparison of the Total Samples Analysed in 1957 with the Totals of Previous Years :—

	Total Number from all Sources
1922–26 (both inclusive)	53,751
1927–31 ,, ,, ...	68,002
1932–36 ,, ,, ...	74,209
1937–41 ,, ,, ...	73,758
1942–46 ,, ,, ...	57,603
1947–51 ,, ,, ...	58,308

1952	....	13,370
1953	....	13,547
1954	....	14,938
1955	....	16,221
1956	....	14,554
1957	....	13,897

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

VENEREAL DISEASE SERVICE

F. M. Lanigan-O'Keeffe, M.D., City Venereologist

During the year the Service was conducted as before. The Clinics at the Mater Misericordiae Hospital and the Rotunda Hospital were conducted directly by the Corporation, and those in Dr. Steevens' and Sir Patrick Dun's Hospital on behalf of the Corporation.

There has been a continued reduction in the number of cases of early syphilis seen at the Clinics. It should be pointed out, however, that it has not disappeared, and unless Medical Practitioners still keep a look out for it in their examinations, it may be overlooked. Occasionally cases are seen which have contracted the infection overseas, and unless adequately treated could start new foci of infection and give rise to minor epidemics. These minor epidemics have been described frequently in the Medical Press, and the number of contacts, both direct and indirect, which one promiscuous person has, is amazing.

There is still a very great need for Pre-Natal Serological testing in pregnant women if Congenital Syphilis is to be wiped out. The number of Serological tests taken and sent to the Pathological Laboratories by Doctors conducting Domiciliary Midwifery is most disappointing. It would appear that very few are doing so as a routine.

Re Gonorrhoea, it will be noticed that there has been an increase in the incidence of this condition. There has been a corresponding increase in those reported from the English Clinics. One interesting aspect of these cases, which we had observed clinically, has now been confirmed Bacteriologically is that the gonococcus is acquiring resistance to Penicillin.

Cases Resident in Dublin City Treated at the Treatment Centres

1955			1956			1957		
Sy.	G.C.	N.V.D.	Sy.	G.C.	N.V.D.	Sy.	G.C.	N.V.D.
243	137	—	140	179	408	209	210	357

My thanks is due to the Mother Superioress of the Mater Misericordiae Hospital and her staff for their kindness and help; also the Master of the Rotunda Hospital, Dr. E. W. L. Thompson, and his staff, for their co-operation, and in particular, Sister A. O'Dwyer.

PORT HEALTH SERVICE

JOHN WALKER, Port Medical Officer

1. LEGISLATION RELATING TO THE ADMINISTRATION OF THE PORT HEALTH SERVICE

(a) The Health Act, 1947.
(b) The Health Act, 1953.
(c) Infectious Diseases Regulations 1948.
(d) Infectious Diseases (Amendment) Regulations 1952.
(e) Infectious Diseases (Shipping) Regulations 1948.
(f) Infectious Diseases (Aircraft) Regulations 1948.
(g) Food Hygiene Regulations 1950.
(h) Rats and Mice Destruction Act 1919.
(i) Foot and Mouth Disease (Disposal of Swill) Order 1937.
(j) Public Health (Ireland) Act, 1878.
(k) Public Health (Saorstat Eireann) (Preservatives, etc., in Food) Regulations 1928.
(l) Public Health (Preservatives, etc., in Food) (Amendment) Regulations 1943.
(m) Anthrax Prevention Act 1919, and Orders made under this Act.
(n) International Sanitary Regulations 1951 as amended in 1955 and 1956. (Annotated Edition, 1957).

2. AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR 1957

(a) Number and register tonnage of vessels which entered the Port of Dublin for trading purposes :—

	Number	Register Tonnage	
Foreign-going	1,059	1,358,044	tons
Coastwise	3,642	2,254,573	,,
TOTALS	4,701	3,612,617	,,

The above figures were kindly supplied by the Secretary, Dublin Port and Docks Board.

(b) Port Health Service Personnel carried out inspections on 1,476 foreign-going ships. This figure includes 200 inspections of foreign-going ships which at time of inspection were engaged in Cross-Channel trading (or which had come directly from other Irish ports) and 197 inspections of foreign fishing vessels.

(c) Ships arrived at Dublin from the principal ports in the following territories :—

Aden
Algeria
Argentina
Australia

British West Indies
Borneo
Belgium

China
Canada
Costa Rica
Colombia
Ceylon
Cuba
Canary Islands
Crete
Chile
Cyprus
Curaçao

Dutch West Indies
Dominican Republic
Denmark

Dominica

Egypt

French West Africa
France
Finland

Greenland
Ghana
Germany (Federal Republic)
Germany (Democratic Republic)
Greece
Great Britain

Holland
Hong Kong

India
Iceland
Indonesia
Italy
Israel

Japan

Kenya

Lebanon
Libya
Latvia

Morocco
Mozambique
Malaya
Madeira

Norway
Nigeria

Persia
Pakistan
Puerto Rica
Philippines
Portugal
Poland

Sweden
Spain
Sierra Leone
Senegal
South Africa

Trinidad
Tanganyika
Thailand
Turkey

Uruguay

United States of America

Venezuela

Zanzibar

NOTE.—Ports in the State, Northern Ireland, Great Britain, the Isle of Man or the Channel Islands, are not considered to be foreign ports.

(d) NUMBER OF NAVAL VISITORS ENTERING THE PORT

Number		Nationality
5	....	French
2	....	American (U.S.)
1	....	Argentinian
Total 8		

(e) NUMBER OF PASSENGER LINERS

Number		Nationality
1 (anchored in Bay)	....	British
4 (alongside Quay)	....	Greek
1 (anchored in Bay)	....	Swedish
Total 6		

3. INFECTED PORTS

(a) Infected Ports are ports which the World Health Organization notifies from time to time as being infected with one or more cases of a quarantinable disease. Quarantinable disease means plague, cholera, smallpox, yellow fever, typhus or relapsing fever.

(b) An up-to-date list of Infected Ports is prepared fortnightly at the Port Health Office. Copies are sent to the Customs Authorities for distribution to the various stations, and to the Harbour Master, Airport Manager and other interested parties. The Harbour Master arranges for copies of the list to be sent to the Master Pilots and Pilots on duty. (Article 33 of the Infectious Diseases (Shipping) Regulations embodies the relevant legislation).

(c) Information as to the occurrence of a quarantinable disease in a foreign port or airport is obtained from the following sources :—

(i) The Daily Epidemiological Radio Bulletin. This is broadcast from the Headquarters of the World Health Organisation at Geneva, received at Shannon Airport, transmitted by teleprinter to Dublin Airport. The printed bulletin is delivered to the Medical Room at Dublin Airport whence the information is sent by telephone to the Port Health Office.

(ii) The Weekly Epidemiological Record. This is published by the World Health Organisation at Geneva on Friday and received at the Port Health Office on the following Monday.

(d) Ships coming to Dublin from, or calling at infected ports during 1957, numbered 62.

Details are as follows :——

Port	State	Quarantinable Disease
Aden	Aden Colony	Smallpox
Alexandria	Egypt	Typhus
Algiers	Algeria	Smallpox
Barranquilla	Colombia	Smallpox
Beirut	Lebanon	Smallpox
Calcutta	India	Cholera and Smallpox
Chalna	Pakistan	Cholera and Smallpox
Chittagong	Pakistan	Smallpox
Colombo	Ceylon	Smallpox
Cochin	India	Smallpox
Dakar	Senegal	Smallpox
Dar-es-Salaam	Tanganyika	Smallpox
Freetown	Sierra Leone	Smallpox
Istanbul	Turkey	Typhus
Lagos	Nigeria	Smallpox
Madras	India	Smallpox
Mombassa	Kenya	Smallpox
Montevideo	Uruguay	Smallpox
Naples	Italy	Smallpox
Oran	Algeria	Smallpox
Port Harcourt	Nigeria	Smallpox
Takoradi	Ghana	Smallpox
Vizagapatnam	India	Cholera and Smallpox

The 62 ships which came from the above ports were boarded on arrival at Dublin by the Port Medical Officer. No cases of quarantinable disease were discovered.

It is also the practice to board ships coming directly to Dublin from ports in Africa, Asia and South and Central America. This is done as an extra safeguard in case up-to-date epidemiological information is not available or is delayed, or because a fully detailed ship's itinerary may not be available in advance at the office of the ship's Dublin agents. Although naval vessels and passenger liners do not as a rule come from infected ports, such ships are usually met and boarded and the surgeons interviewed.

Rodent Control

1. Ships

The standard of rodent control on board ships remains high, and gross infestation is not met with nowadays. Although infestation by rats is no longer a problem, considerable attention continues to be paid to the routine inspection of foreign-going ships especially where cargoes of foodstuffs are carried. In most cases trouble from rats can be avoided by the carrying out of relatively simple precautionary measures. Ships' crews are encouraged to take a direct interest in keeping their vessels rat-free by applying preventive action such as the turning over and proper stacking of dunnage and other ship's gear, the elimination of harbourages for rats, and methods of trapping and inspection. On the whole it is found that crew members appreciate quite readily the reasons behind such measures.

During the year deratting by fumigation was required in only one instance. The work was carried out by skilled operatives from a commercial firm who worked under the general supervision of the Port Health Staff. The fumigant used was Hydrocyanic Acid Gas employed in a concentration of 2 ounces per 1,000 cubic feet of space for a minimum period of two hours exposure.

2. Certificates Issued

Deratting Certificates	1
Deratting Exemption Certificates	36
Total	37

In four cases part examination of a ship was carried out at the request of another Health Authority. This was to facilitate the issuing of the appropriate certificate at the next port of call. In two instances ships which were found to be carrying an out-of-date certificate were permitted to proceed directly to their home ports without obtaining a new certificate at Dublin. In these cases preliminary inspection showed no evidence of rodent infestation.

2. Shore Premises

The position here also remains satisfactory. Systematic inspection of the transit sheds and dock-side premises was continued, and where indicated, repairs and rat-proofing measures were recommended, the necessary work being carried out by the Port and Docks Board. The Board continues to employ a full time rodent operative in the docks generally and his activities are mainly responsible for the decrease in the number and extent of rodent infestations. Another operative is employed in the area known as Custom House Docks. This year no foodstuffs were condemned because of rodent contamination known to have occurred in the Port of Dublin. Of the three instances of rodent contamination of foodstuffs recorded later in this report, two were known to have taken place in warehouses in a foreign port, and the third on a ship which was subsequently fumigated at another port in the State. The poisoning agent used at Dublin Port is the synthetic product "Warfarin" and it continues to give good results.

The returns submitted by the Engineer, Dublin Port and Docks Board showed that during the year 194 rats had been killed by poisoning and that 36 had been trapped in the Port area. Specimens of trapped rats were sent from time to time to the City Bacteriological Laboratory for examination. In each case no evidence of plague infection was found.

Infectious Diseases Regulations, 1948

ARTICLE 20

This article requires that rags and used clothing imported from any place outside Great Britain or Northern Ireland shall be effectually disinfected on arrival at the Port. If the goods are imported from Great Britain or Northern Ireland and are not accompanied by a certificate of prior disinfection by steam, signed by the Medical Officer of Health of their place of origin, they must be disinfected on arrival. During the year 352 bales of such materials were disinfected at the Corporation's Disinfecting Depot. Following disinfection the goods were returned to the control of the Customs Authorities for subsequent release to the Importers.

Food Hygiene Regulations, 1950

FOOD INSPECTIONS

Attention continues to be paid to the condition of cargoes of imported foodstuffs. The goods are as far as practicable, examined on arrival and if necessary they are detained for further detailed inspection and subsequent action as indicated. In all a total of 144 varieties of food for human consumption was examined.

Samples are taken regularly and the items sampled included the following :—

Apricots	(1)	Nutmeg (broken)	(6)
Apples	(10)	Oysters	(5)
Dried Fruit (mixed)	(4)	Prunes	(1)
Figs	(1)	Rice	(2)
Grapefruit (canned)	(1)	Escallops	(1)
Lemons	(8)	Sultanas	(1)
Molasses	(9)	Treacle	(1)
Nigerian Chillies	(1)	Vanillin	(1)
Nutmeg (ground)	(1)	Yeast Powder	(2)

NOTE.—Samples are still taken from consignments of imported crude blackstrap molasses. This is in accordance with instructions issued by the Department of Health. The samples are forwarded to the Dublin Region Public Analyst for examination as to the amounts of arsenic, copper and lead present in each sample. Usually the heavy metal contaminants are not found to be present in excess.

Seizure and Destruction of Unfit Foodstuffs

The following items of foodstuffs imported for human consumption were detained for the reasons given below and were subsequently disposed of as indicated.

Item	Amount	Reason for detention	Disposal
Rice ...	2¼ tons (from various cargoes)	Sweepings or contaminated by water, oil or dyestuffs.	Animal feeding or buried at tiphead
Sultanas ...	500 lbs.	Mould formation and general deterioration. One lot contaminated by faeces.	Animal feeding or buried at tiphead
Prunes ...	119 cartons	Insect infestation	Fumigation and mechanical cleaning. Some buried at tiphead.
Raisins ...	11 cwts. (various cargoes)	Mould formation. Contamination by dirt and dust	Buried at tiphead
Tomato Juice	14 x 10 lb cans	Cans holed	Buried at tiphead
Margarine ...	4 cwt.	Contamination by dirt and water.	Buried at tiphead
Item	Amount	Reasons for detention	Disposal
Tomato Purée	35 x 10 lb cans	Cans defective and holed	Buried at tiphead
Orange Juice	66 cans	Cans holed or broken	Buried at tiphead
Grapefruit (canned)	30 cans	Cans holed or blown	Buried at tiphead
Shortening ...	320 cartons	Damage by fire, water and dirt.	Filtered, neutralised and steamdeodorised under vacuum at high temperature. Released for human consumption.
Tomatoes ...	7 boxes	Contaminated by a toilet preparation.	Buried at tiphead
Cheese ...	7 rolls and 12 boxes	Rodent contamination	Garbled and released for human consumption.
Tomato Powder	1 x 7 lb. can	Can holed	Buried at tiphead
Aspic Jelly ...	1 carton	General deterioration	Destroyed by burning
Tomato Soup	1 carton	General deterioration	Destroyed by burning
Pears ...	7 boxes	General deterioration	Buried at tiphead
Nigerian Chillies	7 sacks	Rodent contamination and insect infestation	Buried at tiphead
Fresh grapefruit	80 lbs.	Rodent contamination	Buried at tiphead
Pineapple Juice	40 cartons (6 x 6½ lbs.)	Cans holed or blown	Buried at tiphead
Canned Fruit (mixed)	15 cans	Cans holed or blown	Buried at tiphead
Currants ...	48 lbs.	Sweepings	Buried at tiphead
Clove Stems...	2 qrs. 23 lbs.	Contaminated by oil	Buried at tiphead
Apricot Pulp	93 x 5 kilo cans	Cans damaged or blown	Buried at tiphead
Fig Paste ...	85 lbs.	Contaminated by dust and dirt	Buried at tiphead
Peanuts ...	334 bags	General deterioration, mould and grubs in respect of 4 cwts. 2 qrs. 6 lbs.	Buried at tiphead
Coffee in tins	977 tins	Deterioration due to prolonged storage	Buried at tiphead
Tapioca ...	21 lbs.	Contaminated by dust and dirt	Dumped
Cornflour ...	1 bag	Contaminated with oil	Buried at tiphead
Desiccated Coconut	2 lbs.	Contaminated by dust and dirt	Dumped
Dates ...	4 lbs.	Contaminated by dust and dirt	Buried at tiphead
Food flavouring agent	3 x 22 lb. cans	Contaminated by dust and dirt	Buried at tiphead

Foot and Mouth Disease (Disposal of Swill) Order, 1937

This Order prohibits the landing or casting into the waters of the Harbour of refuse from foreign-going ships. In the case of Naval vessels and certain other ships visiting the Port, it has been the practice for some years to make special arrangements for the removal and disposal of garbage. The removal and destruction of the swill is carried out by the Corporation Cleansing Department, the refuse being either burned or destroyed by deep burying at a tiphead. The containers for swill and the vehicles used are disinfected after use.

During the year swill from eight naval ships, two cargo vessels and one training ship (naval reserve) was removed and the number of days on which such work was carried out was twenty-six.

Infectious Diseases (Amendment) Regulations 1952

One hundred and ninety-five budgerigars and four parrots were imported without licence in contravention of the terms of the above Regulations. One of the budgerigars was destroyed by chloroforming and the remainder of the birds was handed over by the Customs Authorities to the Royal Zoological Society. In each case the birds were collected at the Port by an official of the Society.

Inspections of Ships for Nuisances

Nuisances discovered on board ships were as follows:—

Bedding stored in Food Stores	1
Bug Infestation	1
Crews' Quarters dirty	12
Cockroach Infestation	18
Defective Bilge Covers	3
Defective Rat Proofing	2
Food Presses dirty	13
Food Stores dirty	7
Galley dirty	11

Mouse Infestation	4
Pharaoh Ant Infestation	1
Rat Harbourage	13
Rat Infestation	5
Wash Houses and W.C's. dirty	27
W.C's. choked	2

In each case verbal notice to have the nuisance abated was given to the Master.

MISCELLANEOUS

1. International Health Control: Consultations were held with the Harbour Master, Port of Dublin in connection with the carrying out of certain instructions embodied in the Infectious Diseases (Shipping) Regulations 1948. It had been noted from time to time that Masters of foreign ships entering the Port were not always observing the terms of the Regulations, especially in regard to the showing of signal flags and lights. The Harbour Master was good enough to instruct pilots to refuse to bring a ship into the Port of Dublin unless the Master complied with the Regulations.

A further arrangement made with the full co-operation of the Harbour Master, was that Pilots on boarding a foreign-going vessel in the Bay, would deliver to the Master a blank copy of the Maritime Declaration of Health, with a request that the document be completed and signed before the ship tied up at her berth. The effect of this arrangement is to speed up the health clearance of ships on their arrival at Dublin. The Customs Authorities have approved of the change.

2. A notification was received in March from the Department of Health indicating that a Maritime Declaration of Health would not in future be required from the Master of a ship trading solely between ports in the United Kingdom, Northern Ireland, France, Belgium, Holland, the Federal Republic of Germany and this country. At this time the admission of the Federal Republic of Germany to these reciprocal arrangements was new. Later in the year the agreed facilities were extended so as to include Italy.

3. The Department of Health notified a change in the arrangements affecting the transmission of the Radio Epidemiological Bulletin from the World Health Organisation at Geneva. Consequent on the change the Department requested that the information contained in the daily Radio Bulletin should be telephoned on receipt by the Airport Nurse on duty to the Port Medical Officer. Instructions were issued that the Department should be informed without delay of any urgent quarantine matter appearing in the Bulletin. The instructions given by the Department were put into effect at once (that is to say in April, 1957) and it has been found that the system is working satisfactorily.

4. In May a large consignment of birch sticks for use in the manufacture of iced lollipops arrived. On examination by the Port Health Inspectors the goods were found to have suffered considerable damage in transit, resulting in bursting of the cartons with spillage of the contents and consequent widespread contamination by dirt and dust. Concern was therefore felt at the probability of contamination of the end product. A total of ten cartons, each containing 10,000 sticks was affected.

As the goods were consigned to an importer in the administrative area of another Local Authority, a report on the matter was sent to the City Medical Officer concerned. It was not possible to take any other action at the Port of Dublin as the goods at that stage could not rightly be defined as a " food material " for the purposes of the Food Hygiene Regulations, 1950. It was thought probable that action at the place of final manufacture of the iced lollipops could be taken under Article 25, Paragraph 24 of the Food Hygiene Regulations.

5. Export of Rags and Used Clothing : Following many complaints that consignments of rags exported through the Port of Dublin were found to be flea infested on arrival at Manchester, it was arranged to extend a scheme already in operation for the treatment of these rags with D.D.T. powder before baling. The

materials are inspected at the time of packing by a Health Inspector from the City Health Department. If the Inspector is satisfied that the rags and old clothing have been adequately treated he issues a Certificate to that effect to the exporter. The exporter then brings the Certificate to the Port Health Office where the details are recorded in a register and the certificate is stamped. When the goods reach the docks and before they are actually loaded on a ship they may be inspected again, this time by a Port Health Inspector. A number of exporters are engaged in this trade but it is regretted that all of them are not co-operating in this scheme.

6. In October a notification was received from the Department of Health that the World Health Organisation had authorised the use of a new form of Certificate of Vaccination or Re-vaccination against Smallpox, and that the new certificate was to be employed as from 1st October. A letter embodying this information was sent to all Shipping Agents, Air Transport Companies and Travel Agents in the City.

7. Oysters: There is a fairly extensive trade in imported oysters during certain months of the year. The oysters come from layings situated off the Coast of Holland. Every consignment is accompanied by a certificate of purity, the certificate being signed by a bacteriologist and by the President of the local board of fisheries. Frequent inspections of consignments of oysters were made and routine sampling was carried out during the season. The samples were sent to the City Bacteriologist for examination. The subsequent reports showed that the oysters were of a high standard of bacteriological purity and that no organisms of the Salmonella or Dysentery groups had been found.

8. Precautions against Anthrax: A small cargo of goat hair from India was detained by the Customs Authorities who then sought instructions as to whether the goods should be admitted to this country. It was decided that the goat hair could be admitted if the

importer could prove that it had been adequately treated so as to prevent the transmission of anthrax. On receipt of a certificate indicating that the goods had been disinfected at Liverpool in accordance with the Anthrax Prevention Act of 1919, the Customs Authorities were advised that the goat hair might be admitted.

INFECTIOUS DISEASES

1. Suspected Typhoid: On May 30th the Port Medical Officer at Belfast telephoned to say that a coloured fireman had been landed at Belfast from a ship due in Dublin on the same day. The man was suspected to be suffering from typhoid.

Investigations were carried out on the vessel after her arrival at Dublin. No further cases of illness were discovered. Special attention was paid to the members of the catering staff and appropriate instructions were given to them. Bedding and clothing used by the sick man were taken ashore and steam sterilised. Samples of water for bacteriological examination were taken from certain water points on the ship. A full report on the investigations carried out and on the precautions taken at Dublin, was sent to the Port Medical Officer at Glasgow, the ship's next port of call. The bacteriological reports on the water samples were satisfactory, and copies were forwarded to Glasgow. Later it was learned that the original diagnosis of typhoid had not been confirmed.

2. The Master of a ship from Chalna sent a radio message while the vessel was at anchor in Dublin Bay. The message indicated that there was a seriously ill man on board. The Master did not wish to bring the vessel to her berth before having medical advice as he thought the ill man might be suffering from a quarantinable disease. Under the circumstances it was considered advisable to board the ship at her anchorage. The Port Medical Officer therefore boarded the ship in the Bay. There was no case of quarantinable or infectious disease on board but an Indian seaman was found to be so ill with a surgical condition as to require immediate admission to a City Hospital.

3. Owing to the presence of Smallpox in the London area a special watch was made on ships coming to Dublin from the Port of London during the month of July. In this way an extra thirty-five ships were visited by the Port Health Inspectors.

4. A ship arrived with a case of pulmonary tuberculosis on board. The sick man was described as a D.I.S. (Distressed Irish Seaman). Following admission of the patient to hospital, his cabin and bedding were disinfected.

5. On 4th September the Medical Officer to the Shipping Federation Ltd. arranged the admission to Clonskeagh Fever Hospital of a case of diphtheria. The patient was a seaman on a small coal-boat which pays regular visits to Dublin. When confirmation of the diagnosis of diphtheria was received, the facts of the case were reported by telegram and letter to the Medical Officer of Health of Newport, Monmouthshire. At this time the ship was at Newport. Subsequently the Medical Officer of Health, Newport, reported by letter that nose and throat swabs had been taken from all crew members, and five days later a further report was received to the effect that all swabs were negative for diphtheria and haemolytic streptococci. The ship was visited and inspected during her next three visits to Dublin and no further cases of infectious disease were discovered.

World Health Organisation Fellowship

During October and November the Port Medical Officer paid a study visit to the Ports of London, Southampton and Liverpool and to London Airport. The visits to these centres were arranged by the World Health Organisation under its short-term Fellowships scheme.

Change of Address

The Port Health Office was transferred on 30th July from 14 Hawkins Street, to Tennis Court, Townsend Street.

ACKNOWLEDGMENT

Thanks are due to many people for their collaboration and assistance. In particular the courtesy and help extended by the Officers of Customs and Excise, the Officers and staff of the Dublin Port and Docks Board, and the staffs of Shipping Companies and Agents is recorded. The work done by the staff of the Port Health Service has been greatly appreciated.

VETERINARY DEPARTMENT

SEAN O'DONOVAN, M.R.C.V.S., D.V.S.M.,

Chief Veterinary Inspector and Superintendent of Abattoir

STAFF

DEPUTY CHIEF 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.
O. C. O'Hare, M.R.C.V.S.
J. A. Fallon, M.R.C.V.S.
John Corr, M.R.C.V.S.

HEALTH INSPECTORS
7 (including 1 at Abattoir and 1 Milk Sampling Officer).

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.

Work under this section has now virtually ceased. Since the disposal of the herd at Crooksling Farm in November, 1956, the number of animals owned by the Corporation has been reduced to three horses.

Milk Inspection

On 31st December, 1957, 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	1,660
No. of Premises registered	1,732
No. of City Producers of Milk registered	114

The reduction in the above figures, compared with those of 1956, is the result of an intensive check on the Register of Dairymen in order to eliminate obsolete entries.

211 vehicles were registered for 175 producers of milk outside the city.

During the year 282 premises, comprising 262 milk shops, 20 milk stores and dairy yards, were registered. Refusal of registration orders were served in respect of applications for 16 premises.

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

No. of licences issued	1,453
No. of premises licensed	1,486
No. of licences issued for sale of Pasteurised Milk	1,435
No. of licences issued for sale of Highest Grade Milk	5

Refusal Orders were served on 15 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 3,659 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 95 samples of milk sold under General Designations and 256 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	—	7	4
Over 1,000 but not over 50,000	34	27	129	63
,, 50,000 ,, ,, 100,000	3	6	13	16
,, 100,000 ,, ,, 200,000	—	7	6	4
,, 200,000 ,, ,, 300,000	2	3	—	3
,, 300,000 ,, ,, 400,000	—	1	—	3
,, 400,000 ,, ,, 500,000	1	2	—	—
,, 500,000 ,, ,, 600,000	—	2	—	3
,, 600,000 ,, ,, 700,000	—	1	—	1
,, 700,000 ,, ,, 800,000	—	1	—	—
,, 800,000 ,, ,, 900,000	—	1	—	—
exceeding 900,000	—	3	—	4
Totals	41	54	155	101

Sedimentation (or Dirt) Test

This test was carried out in 96 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 :—

No. of Samples	Very Clean	Clean	Fairly Clean	Dirty	Very Dirty
96	50	39	7	—	—

In addition to the foregoing sampling, 429 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 126 samples of Highest Grade Milk and 303 samples of Pasteurised Milk. During the year, for the whole country, 68 persons were the holders of licences for either the production or bottling of Highest Grade Milk. From 13 of these licence holders, milk was delivered in the City. Similarly, 45 persons were the holders of licences for either the pasteurisation of milk or the bottling of Pasteurised Milk, and 7 of these delivered milk in the City.

Examination of Milch Cows in City Dairy Yards

Special visits were made to City Dairy Yards for the purpose of examination of the cows housed therein. Samples of milk were taken from cows with abnormal udders and microscopically examined. In three cases tubercle bacilli were found and the animals were immediately slaughtered under the Bovine Tuberculosis Order, 1926. No animal was found to be suffering from chronic cough and showing definite clinical symptoms of tuberculosis.

Notices interdicting the sale of milk from cows affected with other forms of mastitis were served on the owners. In the cases of abnormal udders, the milk from which was negative on microscopic examination, samples were submitted to biological tests. These precautions were adopted to ensure that all cows with tuberculous udders were detected.

The following is a summary of the work :—

No. of cows housed in City Dairy Yards	2,919
No. of special visits to Dairy Yards	266
No. of examinations of milch cows	6,289
No. of cows from which separate samples of milk were taken for bacteriological examination	111
No. of samples taken and bacteriologically examined	129
No. of cows for which notices interdicting the sale of milk were served	39
No. of cows in City Dairy Yards found with tuberculosis of the udder	3
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	No. of Cases	Fines	Costs	Dismissed
Sale of pasteurised milk without licence ...	1	1/-	£1 1s.	—
Dirty milk bottle ...	1	—	—	1
TOTAL ...	2	1/-	£1 1s.	1

Meat Inspection

Number of animals slaughtered at the Corporation Abattoir :—

Bulls	828
Bullocks	5,515
Cows	14,320
Heifers	18,347
Calves	512
Total Cattle	39,522
Sheep	145,181
Swine	25,149
Total Animals	209,852

Number of Victuallers other than Pork Butchers using the Abattoir	122
Number of Pork Butchers using the Abattoir	41

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 :—

Tons	Cwts.	Qrs.	Lbs.
543	10	—	—

In the Annual Report of last year, 1956, a mistake occurred in these figures. They should have read as follows :—

Tons	Cwts.	Qrs.	Lbs.
481	15	2	—

With the added weights for private slaughter-houses etc., the consequential figures on page 169 should have read :—

Tons	Cwts.	Qrs.	Lbs.
574	—	1	—

Cysticercus Bovis

Total number of cattle examined by Corporation Veterinary Officers	16,617
Total number of cattle affected	90
Percentage affected	·54%

Trichinosis

Microscopic examination for the presence of trichinosis in swine was carried out in 93 cases, the vast majority of which were sows, with a negative result in each case.

Carcases Wholly or Partially Condemned by the Corporation Staff at the Abattoir during the Twelve Months ended 31st December, 1957.

	Cattle		Sheep		Swine	
	Whole	Partial Weight in lbs.	Whole	Partial Weight in lbs.	Whole	Partial Weight in lbs.
Tuberculosis ...	138	3,157	—	—	12	320
Traumatism ...	16	7,019	3	502	—	408
Oedematous and Wasted ...	34	—	36	—	—	—
Gangrene ...	—	—	—	—	1	—
Redwater ...	2	—	—	—	—	—
Moribund and Ill Bled ...	17	—	17	—	2	—
Decomposition ...	7	—	54	—	4	—
Septic conditions	37	265	27	45	10	40
Carcinoma ...	24	—	18	—	1	—
Swine Erysipelas	—	—	—	—	3	—
Other conditions	104	3,855	90	642	23	305
Totals ...	379	14,296	245	1,189	56	1,073

Abattoir Post Mortem Examination of Tuberculous Carcases (By Corporation Staff)

Organs, Etc., Condemned	Cows	Heifers	Bullocks	Bulls	Calves	Total
Pleura ...	97	41	12	—	1	151
Peritoneum ...	67	35	9	—	2	113
Lung Subst. ...	137	66	37	—	4	244
Liver Subst. ...	69	53	23	2	4	151
Spleen Subst. ...	46	20	11	—	4	81
Kidney ...	33	10	7	1	—	51
Uterus ...	39	11	—	—	—	50
Udder	12	—	—	—	—	12
Prescapular ...	10	25	13	—	1	49
Precrural ...	6	10	4	—	4	24
Popliteal ...	9	14	10	—	2	35
Ischiatic ...	1	5	1	—	—	7
Suprasternal ...	36	12	8	—	2	58
Iliac ...	16	13	4	—	3	36
Sublumbar ...	6	—	2	—	—	8
Pharyngeal ...	134	268	67	2	8	479
Prepectoral ...	3	7	2	—	1	13
Bronchial ...	311	458	124	1	19	913
Mediastinal ...	189	250	73	2	11	525
Mesenteric ...	192	157	58	1	8	416
Portal ...	170	192	72	1	9	444
Renal ...	24	24	11	—	1	60
S. Mammary ...	10	13	—	—	2	25
Condemned						
Whole	84	32	16	1	5	138
Partial... ...	23	36	16	—	2	77
Strippings ...	10	10	4	—	—	24
Organs only ...	289	600	123	2	16	1,030
	TOTAL NUMBER OF ANIMALS AFFECTED ...					1,269
No. of Animals killed	2,108	12,672	1,283	42	512	
	TOTAL NUMBER OF ANIMALS KILLED ...					16,617
Percentage Affected	19.26	5.35	12.39	7.14	4.5	
	PERCENTAGE OF TOTAL AFFECTED ...					7.63

Return of Organs, etc., Condemned by the Corporation Staff at the Abattoir for Twelve Months Ending 31st December, 1957.

	Cattle	Sheep	Swine
LUNGS :			
Tuberculosis ...	1,010	—	265
Abscesses ...	14	27	7
Pneumonia ...	72	2	108
Pleurisy	28	24	342
Parasitism ...	1	—	—
Cysts	4	—	3
Other conditions ...	79	12	20
HEARTS :			
Tuberculosis ...	981	—	267
Other conditions ...	137	48	433
STOMACHS :			
Tuberculosis ...	457	—	154
Other conditions ...	81	11	80
INTESTINES :			
Tuberculosis ...	457	—	154
Other conditions ...	81	11	80
SPLEENS :			
Tuberculosis ...	82	—	26
Other conditions ...	9	1	1

	Cattle	Sheep	Swine
LIVERS :			
Tuberculosis ...	506	—	260
Abscesses ...	184	4	12
Necrosis	7	—	2
Cirrhosis	262	—	100
Echinococcus ...	—	—	1
Distomatosis ...	674	61	—
Cav. Angioma ...	24	—	—
Other conditions ...	140	86	358
KIDNEYS :			
Tuberculosis ...	80	—	35
Nephritis	13	—	—
Cysts	—	—	13
Other conditions ...	48	2	24
UTERI :			
Tuberculosis ...	47	—	—
Other conditions ...	3	—	—
HEADS :			
Tuberculosis ...	534	—	698
Actino	74	—	—
Abscesses ...	8	—	3
Other conditions ...	141	3	4
TONGUES :			
Tuberculosis ...	534	—	698
Actino	74	—	—
Other conditions ...	140	3	7

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		
			Whole Carcases	Part Carcases	Hearts and Lungs	Stomachs	Intestines	Livers	Heads	Heads C. Bovis	Livers for Distom. Paras. etc.	Carcases
Cows ...	12,212	2,412	70	52	2,032	659	659	624	883	13	8,514	4 (1 Emaciation, 1 Septic condition, 2 Cancer).
Bulls ...	786	97	5	3	70	14	14	18	39	2	307	—
Bullocks	4,232	414	12	24	303	114	114	118	183	5	1,491	—
Heifers	5,675	599	18	23	410	155	184	168	255	10	1,667	—
TOTAL ...	22,905	3,522	105	102	2,815	942	971	928	1,360	30 (=.13%)	11,979	4

Number of Sheep killed for export : 66,574

PRIVATE SLAUGHTERHOUSES

Number of private slaughterhouses	48
Number of bacon factories	3
Number of export meat factories	1

(NOTE: The bacon factories and the export meat factory are supervised by the Veterinary Staff of the Department of Agriculture).

Number of horse slaughterhouses (for proprietary dog food)	1
Number of knackers' yards	1
Number of victuallers using private slaughterhouses	136
Number of inspections of slaughterhouses	7,363

ESTIMATE OF ANIMALS SLAUGHTERED IN PRIVATE SLAUGHTERHOUSES

Cattle	35,490
Sheep and Lambs	148,330
Pigs	672

The total number of pigs slaughtered in the three bacon factories for the year was 74,875.

There were 24,304 cattle and 300 sheep slaughtered at the export meat factory during the year.

NUMBER OF ANIMALS TOTALLY CONDEMNED IN PRIVATE SLAUGHTERHOUSES

Cattle	57
Sheep	10
Pigs	—

The amount of unsound meat condemned as a result of visits to private slaughterhouses was 78 Tons 2 Cwts. 0 Qrs. 15½ Lbs.

CYSTICERCUS BOVIS

Total number of cattle examined	34,914
Total number of cattle affected	103
Percentage affected	·298

SLAUGHTER OF ANIMALS ACT, 1935

Slaughter licences were issued under the Act to 139 applicants, and the fees received amounted to £34 15s. 0d.

Food Complaints

During the year 29 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 showing the number of complaints :—

Meat	13
Fish	4
Milk	9
Fowl	3

On five occasions unsound food was reported for inspection and condemned as a result of consequent visits. Veterinary Inspectors made 343 visits to food shops, depots and cold stores. Wholesale premises and factories etc., were visited also. Meat supplies to Municipal Hospitals, both inside and outside the city, were inspected periodically, as were the supplies to the schools under the School Meals Scheme. The Corporation Wholesale Fish Market was inspected by Veterinary and Health Inspectors on 262 occasions.

Total Weight of Unsound Food For the Year

	Tons.	Cwts.	Qrs.	Lbs.
Meat and Organs, Beef, Mutton, Pork, Bacon	622	18	3	19½
Fowl and Game	—	8	1	7
Fish	8	—	2	14

Food Hygiene Regulations, 1950

During the year 26 new applications for registration, classified as follows, were received : Beef Butchers : 11 ; Pork Butchers : 2 ; Beef and Pork Butchers : 3 ; Fish and Poultry : 5 ; Manufacturing and Wholesale : 5. The premises in each case were inspected, and the applicant was notified of registration, provisional

registration or refusal. In addition premises which were provisionally registered at the close of 1956 were dealt with. The following table gives the position at the end of the year.

Type of Food Business	Registered	Provisionally Registered	Extended Provisional Registration	Refused	Appeal
Beef Butcher	311	—	—	8	2
Pork Butcher	106	1	—	4	2
Beef and Pork Butcher ...	20	1	—	—	—
Fish, Poultry, Rabbits ...	82	—	—	7	—
Food Manufacturing and Wholesale	48	—	1	4	1
Ice-Cream Manufacturing	16	—	—	—	—
Milk Bar, Café etc. ...	6	—	—	—	—
Fish and Chip Saloon ...	1	—	—	—	—
Total	590	2	1	23	5

Under the Regulations an applicant who is refused registration has the right of appeal to the Minister for Health. At the close of the year, of a total of 23 refusals shown in the register of Food Premises, 5 cases were under appeal.

During the year 3 appeals were allowed by the Minister on satisfactory completion of the requirements, and the premises were duly registered.

Under Article 44, Sub-Articles 2 and 3, 27 entries were cancelled in the Register of Food Premises.

Under Article 44 (1) the registration of 6 applicants who transferred their business was cancelled, and the new proprietors' names were entered in the Register.

Apart from the supervisory visits of Veterinary Inspectors, 5,383 inspections of food premises were made by Health Inspectors during the year.

There was one prosecution under the Regulations during the year. This was in respect of continued trading in spite of refusal of registration, and was struck out, the requirements in the meantime having been satisfactorily completed.

Diseased and Suspected Animals dealt with in Markets, Lairs, etc., under Food Inspection during the Year

Animals dealt with		How Carcases were dealt with				
		Passed	Condemned			Removed outside our Jurisdiction
			Total	Partial	Organs only	
Cattle	... 52	8	12	1	4	27
Sheep	... 3	2	—	—	1	—
Pigs	... —	—	—	—	—	—
TOTAL	... 55	10	12	1	5	27

DISEASES OF ANIMALS ACTS

During the year, 28 outbreaks of Swine Fever were notified by the Department of Agriculture as having occurred in the City area.

The first outbreak of the year occurred in February, and there were no further outbreaks until 3rd June, when three were notified. Further outbreaks occurred during June and July. The next outbreaks occurred in November, and the final one for the year was notified on 17th December.

The work of the cleansing and disinfection of these 28 infected premises was supervised by this Department at the request of the Department of Agriculture.

BOVINE TUBERCULOSIS ORDER

No. of cows found to be affected with tuberculosis of the udder	6
No. of animals found to be showing definite clinical symptoms of tuberculosis with chronic cough	Nil
No. of animals reported by owner under the Bovine Tuberculosis Order and found not to come within its provisions	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	108
Total number of animals dealt with	116

Six animals were found to come within the scope of the Bovine Tuberculosis Order. These six animals were slaughtered by the Local Authority. The agreed valuation of the six animals amounted to £180, and compensation amounting to £137 10s. 0d. was paid to the owners.

Routine work, mainly of a preventive nature, was carried out under the other Diseases of Animals Acts and Orders.

THE NUMBER OF ANIMALS IN CATTLE MARKET DURING THE YEAR.

Period	Beasts		Calves	Sheep	Pigs
	Fat	Dairy			
March Quarter	74,617	1,426	358	83,772	6,248
June Quarter	46,839	936	209	88,775	6,391
September Quarter ...	48,521	1,948	214	101,230	5,946
December Quarter ...	51,767	1,569	194	85,067	9,668
TOTAL	221,744	5,879	975	358,844	28,253

SPECIAL SHEEP SALES AND SALES OF STORE CATTLE DURING THE YEAR

Period	Store Sheep	Store Cattle
March Quarter	—	28,160
June Quarter	—	30,998
September Quarter	9,800	34,543
December Quarter	10,311	26,684
TOTALS	20,111	120,385

Microscopic Examination of Milk

Samples of Milk from Cows in City Dairy Yards

Number of examinations	129
Streptococci	54
Diplococci	4
Tubercle Bacilli	2
Other organisms	—
Negative	69

Samples of Sputum

Number of examinations	2
Tubercle Bacilli	—
Negative	2

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

Number of examinations	10
Tubercle Bacilli	6
Streptococci	4

Biological Examination of Milk

Group Samples

Number of examinations	19
Positive	1
Negative	18

Direct Samples

Number of examinations	24
Positive	1
Negative	23

Control Samples taken at Infant Aid Depots

Number of examinations	16
Positive	—
Negative	16

Control Samples taken at Hospitals

Number of examinations	25
Positive	2
Negative	23

Miscellaneous Control Samples

Number of examinations	113
Positive	4
Negative	109

Microscopic Examination (General)

Examination of Wool for Sheep Scab: 1. (Negative)

Blood Films for Anthrax

Number of specimens: 25. (All Negative)

SANITARY DEPARTMENT

Staff

Chief Health Inspector :—Patrick Coen.

North East Area

Supervising Health Inspector :—James Sweeney and nine District Inspectors.

North West Area

Supervising Health Inspector :—Patrick Lee and eight District Inspectors.

South West Area

Supervising Health Inspector :—George Bowles and nine District Inspectors.

South East Area

Supervising Health Inspector :—Laurence Gaffey and nine District Inspectors.
A Senior Inspector in charge of Disinfecting and Deratting.
One Drains Inspector (Temporary).
Four Food and Drugs Inspectors.
Two Inspectors on Port Health duties.
One Inspector checking new building proposals.

District Work

The health inspector was previously called a sanitary inspector, and before that an inspector of nuisances. His work still, despite the calls made under new legislation, is fundamentally the abatement of nuisances. Complaints are made by the citizens about nuisances that injure them. The following is a summary of the work done by our inspectors in this regard :—

Complaints entered in complaint books	4,296
Reports of our inspectors on complaints	1,475
Written notices to abate nuisances	2,351
Verbal notices given to abate nuisances	1,974
Written notices to limewash premises	2,500

The abatement of most public health nuisances is the outcome, not of complaints, but of action taken on the inspector's initiative during routine inspections on his district.

Inspections of tenement houses	5,275
Re-inspections of tenement houses	2,352
Inspections of other houses	7,729
Inspections of offensive trades	119
Inspections of factories	500
Inspections of piggeries	728

Drainage Inspections

Drains examined	1,181
Drains smoke tested	264
Drains water tested	2
Drains tested by fluorescence	10
Drains freed	400
Drains repaired	10

Much of the routine work of the inspectors arises in connection with tenement dwellings, registered food premises, offensive trades, etc. Figures for these are included in the following table :—

	Area				Total
	N.E.	N.W.	S.E.	S.W.	
Tenements	1,157	967	948	744	3,816
Prosecutions to maintain in good order	168	67	30	64	329
Registered Multiple Dwellings	173	160	1,148	163	1,644
Houses recommended for demolition	63	137	103	157	460
Registered Food Premises	332	197	367	206	1,102
Licensed Shops under Milk Regulations ...	376	325	272	406	1,379
Offensive Trades ...	7	11	6	18	42
Premises (Offensive Trades) Improved	7	7	4	15	33
Piggeries	81	98	31	85	295
Cottages subject to Rebate of Rates	801	1,656	264	2,299	5,020
Rebates Refused ...	92	48	25	117	282

Rebate of Rates

Under Section 72 of the Local Government (Dublin) Act, 1930, owners of houses of not more than £8 Poor Law Valuation, and which houses are occupied by members of the working classes, secure a rebate of 20 per cent of their rates on these houses, provided that these houses are certified by the City Medical Officer to be in good and tenantable repair. The purpose of this section is to encourage the owners of these cottages to keep them in good repair from year to year.

During 1957 we received 214 applications in respect of 5,659 valuations of which 313 were rejected.

Poisons and Pharmacy Act, 1908

The Regulations made under this Act deal with the granting of licences to persons other than chemists or druggists for the storage and sale of poisons containing arsenic and the alkaloids of tobacco, which are used exclusively in agriculture or horticulture for the destruction of insects, fungi, and bacteria, or as sheep-dips and also as weed-killers.

During the year twenty-four licences were operative and the licensed premises were subject to periodic inspection to ensure compliance with the Regulations governing the sale and storage of the scheduled poisons.

The Byelaws made under Section 85 of the Public Health Acts (Amendment) Act, 1907, deal with the registration of persons carrying on, for private gain, the business of keeper of a female domestic servants' registry. During the year there were eleven such businesses in operation. They were subject to regular inspection to see that our Byelaws were being observed.

District Court Sanitary Prosecutions

Once a week our inspectors have a hearing before a District Justice about complaints made under the Public Health (Ireland) Act, 1878, that persons by whose act or default a nuisance arises or persists, have failed to take the necessary steps to abate same. The normal outcome of such complaint before the District

Justice is an order of the district court that certain works be done to abate the nuisance. An equally efficient method of complaint is one submitted to the District Justice that certain byelaws have been contravened. No order is made under our byelaws. The breach is followed by a penalty. All prosecutions of the Sanitary Authority are submitted beforehand for the assent of the City Manager. The following is a summary of the work done during the year in this connection :—

Number of summonses issued	344
Summonses—Disobedience	24
Summonses—Byelaws	68
Adjourned summonses brought forward	135
Adjourned summonses disposed of	82
Orders obtained with costs	113
Orders obtained with penalties and costs	2
Orders obtained with penalties and no costs	—
Orders obtained with no costs	20
Prohibition Orders	15
Summonses abated before hearing	115
Summonses abated before hearing without costs	11
Summonses abated before hearing with penalties and costs	—
Summonses not served	10
Summonses dismissed	17
Summonses struck out	7
Summonses struck out with costs	—
Number of owners fined	21
Total amount of fines imposed	£187 19s. 6d.

Housing (Miscellaneous Provisions) Act, 1931

The following is a summary of the work done :—

No of Housing Inquiries held	3
No. of cases dealt with	87
No. of Demolition Orders made	53
No. of Closing Orders made	20
No. of Undertakings accepted	14
No. of Families in premises dealt with	176
No. of Persons in premises dealt with	553

Housing (Amendment) Act, 1954—Housing Repair Grants

Under Section 12 of the above Act, a Grant for repairs done to houses occupied by, or suitable for occupation by, persons of the working classes is made by the Minister. The house, the subject of the Repair Grant, must suffer from structural or sanitary defects which may render it dangerous to the health of the people who live in it, or the alterations might be done for the relief of over-crowding.

As there was no clear definition of " a person of the working class ", each inspector had his own ideas as to who should or should not qualify in this regard. The problem was resolved by giving all the information to one of the assistant principal officers in the Housing Section, and he made his decision. The Law Agent gave a very comprehensive opinion for his guidance.

During the year the number of the above cases reported upon by our inspectors totalled 1,362.

New Buildings

This Department has one health inspector engaged wholetime on the examination of plans submitted for new buildings—houses, shops and factories, or alterations to existing ones.

The number of plans submitted to this Department was 370—a slight increase on the previous year.

There is a considerable increase in the number of plans submitted for the conversion of uneconomic, Georgian type dwellings into flats, and tor alterations and additions to private honses of bathrooms and extra bedrooms.

Submissions for the reconstruction of existing shops so as to conform with modern methods of hygiene are still showing an increase. This Department in all such cases indicates the requirements necessary under the Food Hygiene Regulations and Shops Acts.

In anticipation of the Offices (Conditions of Employment) Bill, particular attention was directed to sufficiency and proper sanitary accommodation, heating, lighting, ventilation and the provision of drinking water, in all plans submitted dealing with office accommodation

No. of plans submitted during year	370
Inspections of premises	161
Consultations with Technicians	206

Factories Act, 1955

The new Factories Act of 1955 replaced the Factory and Workshop Act of 1901 which it repeals. Repealed also are Section 48 of the Public Health (Ireland) Act, 1878, which empowered the Sanitary Authority to serve notice requiring the provision of water closets in factories; Section 22 of the Public Health Acts Amendment Act, 1890, which empowered the Sanitary Authority to require on a report of their surveyor a sufficiency of sanitary conveniences for both sexes in factories or workshops; and Section 107 which defines public health nuisances insofar as it relates to factories as defined under the Factories Act 1955. The term "factory" means any premises in which persons are employed in manual labour in making, altering, repairing, cleaning, or adapting for sale any article.

By the repeal of the portions of Section 107 of the Public Health (Ireland) Act, 1878, relating to factories, the power and control of the Sanitary Authority through their City Medical Officer over the health of persons engaged in and about factories, has been diminished.

The only provision of the Factories Act with which our health inspectors are concerned is Section 17, which is enforced by the sanitary authority and which deals with provision, maintenance and keeping clean of suitable and sufficient sanitary conveniences for the persons employed in a factory.

The sufficiency of sanitary conveniences is defined, in the Regulations made under the Act.

In factories employing females, there shall be provided one sanitary convenience for every fifteen females where the number of females employed is forty-five or less. If more than forty-five be employed, one convenience must be provided for every fifteen females up to the first forty-five and one for every twenty-five females thereafter.

For factories employing males there shall be one convenience for every twenty-five males up to the first hundred and one for every forty males thereafter.

There are, under the new definition of factory, some 3,000 factories in the City. 500 of these were inspected by our inspectors during the year and 140 notices were served requiring improvements to be carried out. These works were done and there were no prosecutions of factory owners.

Offensive Trades

There are certain trades operating in the City which are called offensive because of the noxious odours which arise in the course of the works carried out therein. Under Section 128 of the Public Health (Ireland) Act, 1878, no offensive trade may be established in an urban area without the consent of the Local Authority. As many trades may be regarded as being noxious or offensive the Local Authority has defined these trades. There are sixteen categories of offensive trades and fifty-seven offensive traders in the City. During the year the trade that caused most trouble was that of Rag Merchant.

Rags are collected by a Rag Dealer and brought to a sorting depot where they are cleaned, combed, sorted, disinfected and baled for export. Representations were made to us from cross-Channel Health Authorities that in some cases the bales were flea-infested. The sorters strenuously denied lack of care in this regard with the result that our inspectors were compelled to act as overseers of the disinfestation process. To satisfy exporting agents and trade union officials a certificate was issued by the Supervising Health Inspector that a designated consignment of rags had been impregnated with a suitable insecticide and that all reasonable precautions had been taken to ensure that the rags were in a sanitary condition.

The clearance of an area which had been accepted as suitable for the erection of flats had to be postponed while efforts were made to render more innocuous the waste gases from an adjoining fertiliser factory.

Offensive trades established prior to the passing of the Public Health (Ireland) Act, 1878, are still provided for by Section 130 of the same Act, wherein it is laid down that if the City Medical Officer certifies to the urban authority that a certain offensive trade is a nuisance or is injurious to the health of any of the inhabitants of the district, the urban authority must act by summoning the offender. Proceedings may be taken in a minor or in a superior Court. Such proceedings normally result in the compelling of the owner of the offensive trade to carry out the necessary works to abate the public health nuisance. The penalties that may be imposed are severe—up to £200.

Shops (Conditions of Employment) Act, 1938.

The sanitary authority under Part VI of this Act has power to inspect shops in connection with certain aspects of arrangements for the health and comfort of members of staffs of shops.

The shop must be suitably and sufficiently ventilated. A reasonable temperature must be maintained. Sanitary conveniences must be provided. The shop must be suitably lighted. Washing facilities must be made available. In certain cases, facilities shall be provided for the taking of meals.

In any shop where girls are employed in the serving of customers, it is the duty of the proprietor to provide seats for them behind the counter in the proportion of not less than one for every three girls which the girls are permitted to use provided that such use does not interfere with their work.

During the year, 342 shops were inspected and minor improvements carried out. No court proceedings were necessary.

Food Hygiene Regulations

These Regulations govern the manufacture, storage and distribution of foodstuffs and their observance ensures clean methods of handling and security against contamination. All food businesses, registered or not, are subject to inspection by authorised officers of the Local Authority. The first flush of fervour to comply

with the Regulations and to bring premises into a proper state suitable for the conduct of the business in the most hygienic manner possible, has now passed over and regular inspection, including night inspection, reveals that while the greater number of food businesses are carried on in as capable a manner as secured unprovisional registration where registration was required, there is a tendency in some cases to respond coldly to educative methods of approach and our inspectors find that they must resort to prosecution.

CATERING PREMISES—1957

No. of Premises registered unprovisionally	17
No. of Premises registered provisionally	11
No. of refusals	3
Snack Bars	4
Fish and Chip Saloons	11
Restaurants and Cafés	9
Canteens	4

FOOD MANUFACTURING PREMISES—1957

No. of premises registered unprovisionally	17
No. of premises registered provisionally	12
No. of refusals	8
Bakeries	9
Wholesale Food Premises	5
Sweet Confectionery Manufacturers	5
Potato Crisp Manufacturers	2
Ice Cream and Ice Lollie Manufacturers	3
Wholesale bottling	2
Peanut processing	1
Cereal Manufacturer	1
Delicatessen	1

Many night inspections of restaurants and hotel kitchens were carried out. Improvements that did not arise in the original registration have been effected in the leading hotels and catering establishments at the cost of many thousands of pounds. Several proposals by owners and architects for the adoption of basements and other premises for use as food businesses were refused in the initial stages.

Food Hygiene Prosecutions—1957

The following are some of the most serious prosecutions that took place during the past year under the above Regulations :—

			£	s.	d.
Breach of Article 9	Shredded Suet...	... Fine	5	0	0
,, ,, ,, 26	Food Stall ...	... ,,	4	5	6
,, ,, ,, 52	Dirty Shop ...	... ,,	7	10	0
,, ,, ,, 52	Contaminated Food	... ,,	3	3	0
,, ,, ,, 25	Dirty Shop ...	... ,,	11	5	0
,, ,, ,, 25	Dirty, Ill-kept Bakery ...	,,	2	10	0
,, ,, ,, 25	Irregular Food Business	,,	49	19	0

Other summonses issued during the year are adjourned, a number are not yet issued and there was one appeal to a higher court.

The Justices take a serious view of breaches of the Food Hygiene Regulations as is evidenced by the fines imposed and this view encourages our Inspectors in their campaign to procure and maintain a higher standard of hygiene in our food business premises.

Foodstuffs Seized Under the Food Hygiene Regulations

The following foodstuffs were seized as contaminated and unfit for human consumption :—

Cakes	14 lbs.
Apples	21 lbs.
Flakemeal	19 lbs.
Ham	15 lbs.
Bacon	47 lbs.
Butter	1 lb.
Margarine	1 lb.
Tinned Beans	2,592 lbs.
Chocolate Ices	11
Ice Lollies	20
Spanish Onions	1 sack
Chocolate	8 bars

Unfit Food Complaints

During the year we received 35 complaints about unfit foods. We received no complaints of inferior drinks which speaks well for the publicans. The

principal cause of these complaints is that foodstuffs are improperly stored or stored too long, or stored in such manner or place that they are subject to contamination. Flies, mites and mice are frequently the contaminants.

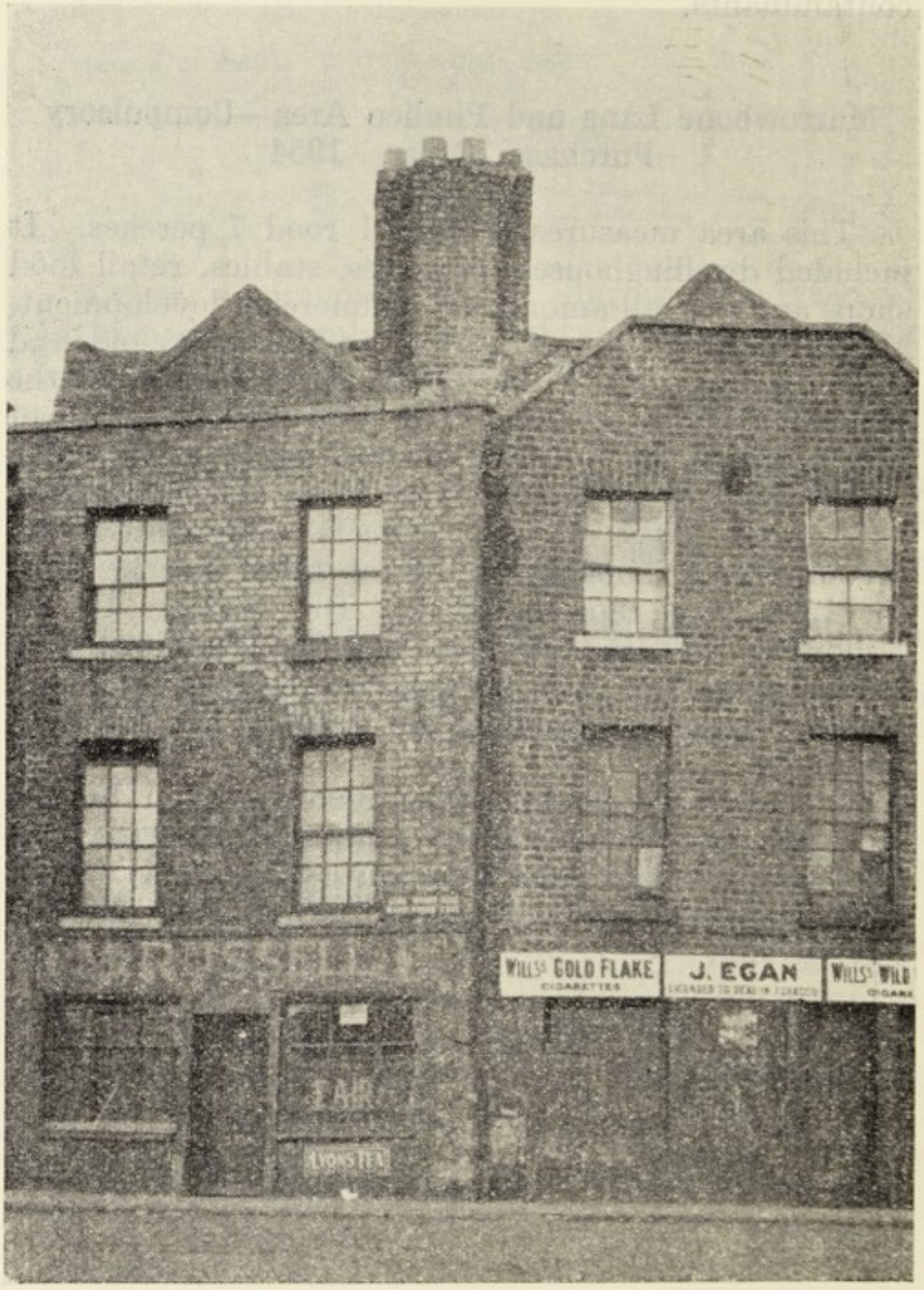
Marrowbone Lane and Pimlico Area—Compulsory Purchase Order, 1954

This area measures 6 acres 1 rood 7 perches. It included dwellinghouses, piggeries, stables, retail food shops and a small amount of commercial development. Many of the buildings were over 200 years old and the dwellinghouses in particular, retained the Huguenot characteristics. No. 18 Braithwaite Street bore until recent years a plaque dated 1724 which would indicate the approximate date of construction.

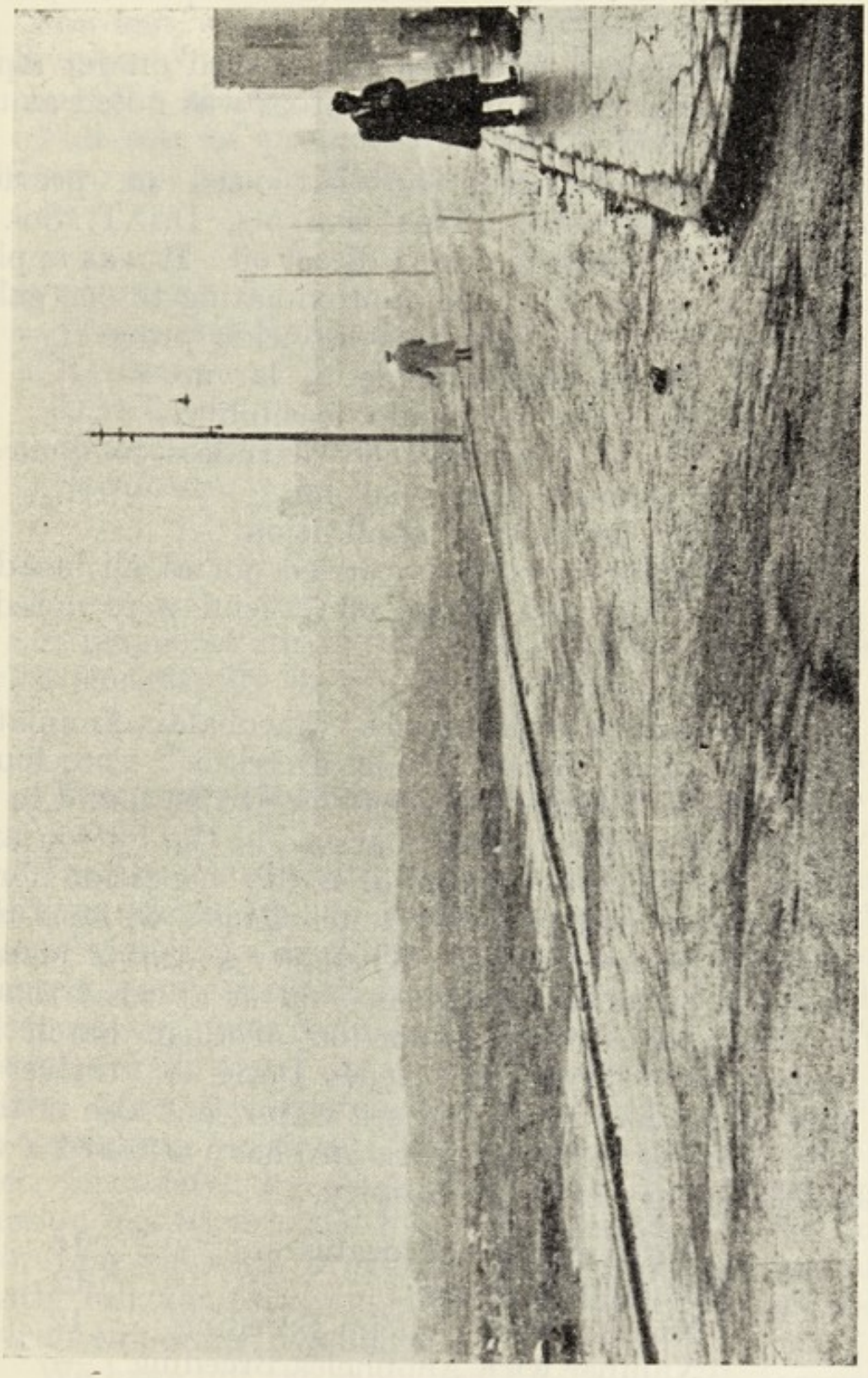
Former City Medical Officers commented unfavourably on housing conditions there and in 1951, the area was represented by Dr. Morgan Crowe. Following the usual inquiry, the forty families were rehoused, and the site is now cleared for redevelopment. It is proposed to provide 250 flats in five storeyed buildings.

Included are photographic records taken by the Health Inspector showing the course of the Marrowbone Lane and Pimlico Area Compulsory Purchase Order, 1954, showing the dwellings as they existed and the cleared site.

HOUSES IN MARROWBONE LANE BEFORE CLEARANCE



CLEARANCE COMPLETE



Mosquito Control—Howth, Sutton, Raheny

Operations for Season ended 30th September, 1957.

Anti-Mosquito measures commenced on 1st April, 1957. Larval growth of mosquitoes was noted at this time.

A similar larvicide to that used on previous occasions was used. This is a 5% D.D.T. Sol. in Kerosene to which is added diesel oil. It was applied as a mist spray at a rate approximating to one gallon per acre. In the field this larvicide proved :—

1. To be highly toxic to larvae.
2. To have economic feasibility.
3. To be comparatively harmless to domestic animals and wild life.
4. To be easy of application.

Dipping for larvae was carried out at all breeding grounds. Eggs and larvae of Culicini were noted.

Field Record

Active adults of the species " Theobaldia Annulata " were collected. Some " Aedes Detritus " were found. The eggs of " Aedes Detritus " are to be found in the vegetation of the coastal marshes in the Sutton area. They are able to remain in a dry condition for at least a year and probably much longer without their viability being affected. Whenever a resting place of the eggs becomes flooded, no matter at what time of the year, a certain proportion of them hatch into larvae. The larvae of " Aedes Detritus " thrive, not only in pools of undiluted sea water, but also in those which (owing to the Corporation) have attained a very much higher degree of salinity.

Total number of localities	16
Number infected	12
Number with Culicini Breeding	12
Number with Anopheles Breeding	—

Twice weekly spraying of the refuse dump at Sutton was carried out. It has ceased to be the prolific breeding ground for mosquitoes which it once was.

Thirty " drip-cans " were kept in position and kept " topped up " with larvicide. In this way, moving water such as streams, was kept constantly treated.

Sawdust which had been impregnated with larvicide was " sown " on marshy breeding grounds during the season.

Full sets of protective clothing were supplied to the two operators. This included rubber thigh boots.

	£	s.	d.
EXPENDITURE			
Wages and Horse and Cart	350	0	0
Kerosene	 37	0	0
D.D.T.	 70	0	0
Protective Clothing	 10	0	0
Sawdust	 5	0	0
	£472	0	0

A plague of steam flies and cockroaches was dealt with successfully in a City hospital.

Temporary Dwellings, Camps and Itinerants

The Local Authority is empowered by the Sanitary Services Act, 1948, to make bye-laws regulating the use of temporary dwellings. Temporary dwellings have caused the Health and Housing Officers of the Dublin Corporation much trouble in the last few years. The assistance of the Gardai was often invoked, but in many cases the existence of temporary dwellings is a continuing nuisance. The Corporation have not, as yet, formulated bye-laws controlling these dwellings. Action has been taken by certain sections of the Corporation towards providing fixed camping grounds with full sanitary amenities for use in connection with temporary dwellings.

We have not the same problem here with caravaners, hikers and holiday makers setting up temporary dwellings along our seaside resorts and beauty spots as exists in England and Wales. Our principal source of

trouble is itinerants commonly called "tinkers". For some time past they audaciously pitched camp in the heart of our City, on derelict sites and on proposed building sites. The places most affected were Engine Alley, Pimlico and Braithwaite Street.

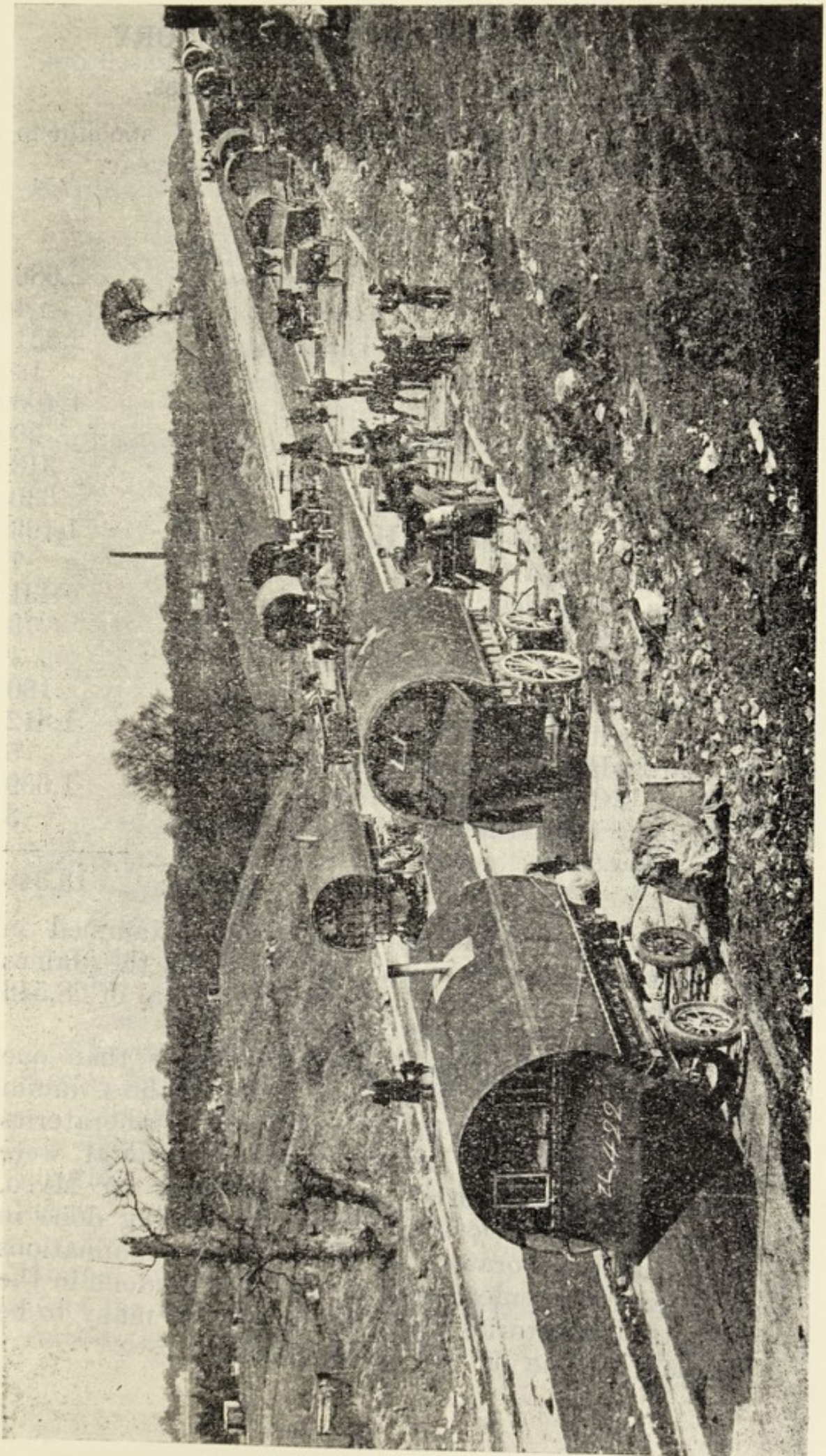
It has been found that the most effective way of excluding caravans from central City sites was to surround the sites with spud stones. Other fencing was also undertaken. At the moment there are a few sites occupied by caravans so as to be a nuisance. There are some caravans in Walkinstown and some more in Ballyfermot. Some of the Corporation sites as yet undeveloped, require extensive fencing before it is possible to exclude camping by itinerants.

Included is a photograph of a caravan itinerants' encampment on an undeveloped site in Ballyfermot, which shows the extent of the problem. Photograph by courtesy of the "Evening Mail".

BATHS AND WASH HOUSES

	Tara Street	Iveagh Baths
Swimmers (exclusive of Clubs)	85,545	24,012
Reclining Baths	24,634	1,110
Wash House	11,560	—
Total Attendance	121,739	25,122

During the year a total of 95 Swimming Clubs, Schools, and Colleges were granted exclusive bookings.



CITY BACTERIOLOGY LABORATORY

J. H. Stritch, City Bacteriologist.

Table No. 1 shows the numbers of specimens received from various sources during the year.

Table No. 1.

Ballyowen Sanatorium	2,686
B.C.G. Clinic	4
Charles St. Clinic	2,851
Child Welfare Department	14
Clonskeagh Fever Hospital	1,466
Clontarf Orthopaedic Hospital	20
Crumlin Chest Clinic	313
Dublin County Council	630
James Connolly Memorial Hospital	1,193
Mass X-ray Department	7
Nicholas St. Clinic	431
Port Health Office	73
Primary Clinic	1
Private Practitioners	180
Public Health Department	1,812
St. Clare's Hospital	5
St. Mary's Chest Hospital	1,659
Veterinary Department	3
Total :	13,348

In addition 7,035 specimens were examined in St. Mary's Chest Hospital and 8,163 in the James Connolly Memorial Hospital, making a total of 28,546 as compared with 29,389 in 1956.

Many of the specimens required more than one test, and the numbers of tests made in the Crumlin Laboratory are shown in Table No. 2. The laboratories in St. Mary's and Blanchardstown Hospital were engaged almost entirely in examinations for Myco. tuberculosis, most other examinations being done in the Central Laboratory as well as any examinations for Myco. tuberculosis which could not be done in the Hospital laboratories when there were too many to be handled by one or two technicians.

TABLE NO. 2.

Samples of Water	648
,, ,, Milk	2
,, ,, Food, suspected of having caused illness	6
Batches of Shellfish for Bacteriological grading	7
,, ,, Frozen Eggs for Salmonella organisms	13
Swabs for C. diphtheriae	1,959
,, ,, B. haemolytic Streptococci	441
,, ,, Vincent's Angina	274
,, ,, Other organisms	81
Specimens of Blood for Widal Reaction and Vi tests	52
,, ,, ,, ,, Blood Culture	8
,, ,, Cerebro Spinal Fluid	141
,, ,, Urine	278
,, ,, Faeces for Samonella, Dysentery etc.	472
,, ,, ,, ,, " Pathogenic " B. coli.	200
,, ,, Pus	126
,, ,, Pleural Fluid	36
,, ,, Sputum (for organisms other than Myco. tuberculosis)	182
,, ,, Sputum for Myco. tuberculosis	6,053
Specimens for culture for Myco. tuberculosis :—	
Sputum	3,590
Gastric Contents	411
Laryngeal Swabs	2,301
Bronchial Swabs	5
Pus	29
Swabs from operation specimens	25
Tests for Sensitivity to antibiotic and chemotherapeutic agents :—	
Organisms other than Myco. tuberculosis	183
Myco. tuberculosis	1,377
Sewer swabs for examination for Salm. typhi, Anthrax etc.	11
Animal Inoculations	12
Rats for evidence of plague infection	2
Antiseptics tested for efficiency	7

Serological typing of Haemolytic Streptococci	16
Catalase tests of cultures of Myco. tuberculosis	165
Miscellaneous tests	21
TOTAL :	19,134

A total of 6,404 specimens were examined for Myco. tuberculosis by cultural methods. Table No. 3 shows the results of these tests.

TABLE NO. 3.

Specimen	No. Examined	Positive	Negative	Contaminated
Sputa ...	3,590	441=12.3%	3,121= 87%	28= .7%
Gastric Contents	411	12= 3%	399= 97%	Nil.
Laryngeal Swabs	2,301	72= 3.2%	2,225= 96.6%	4= .2%
C.S.F. ...	39	3= 7.7%	36= 92.3%	Nil.
Bronchial Swabs	5	Nil.	5=100%	Nil.
Pleural Fluid ...	14	Nil.	14=100%	Nil.
Urines ...	7	Nil.	7=100%	Nil.
Various ...	37	5=13.5%	31= 83.8%	1=2.7%
TOTAL ...	6,404	533= 8.3%	5,838= 91.1%	33= .6%

Of the positive cultures obtained 401 were tested for sensitivity to antibiotics and chemotherapeutic agents. The results of these tests are shown in Table No. 4.

TABLE NO. 4.

	Resistant.	Sensitive	Total No. examined
Streptomycin ...	149=37·16%	252=62·84%	401
Paraminosalicylic acid	63=15·82%	335=84·18%	398
Isonicotinic acid Hydrazide ...	115=28·89%	283=71·11%	398

A trial of a new method of estimating the sensitivity of Myco. tuberculosis was commenced early in the year which is much simpler and quicker than the usual method of culture on Lowenstein-Jensen medium. It is still under trial and results so far indicate that it is likely to supersede the older method.

The batches of Shellfish examined were all from consignments imported from Holland and were of high Bacteriological purity with the exception of one sample which was taken from a broken container and was presumably contaminated in transit. They were sent to us by the Port Medical Officer, Dr. Walker.

No organisms of the Salmonella group were found in any of the Frozen egg samples examined.

Commencing at the end of July, all specimens of faeces sent for routine examination were also examined for the presence of serologically identifiable types of Bact. coli G.E. Table No. 5 shows the number and variety of types isolated.

TABLE NO. 5.

Total no. of faeces examined = 200

Type	No.	Percentage.
B. coli 055	8	4%
,, 0111	4	2%
,, 0119	5	2·5%
,, 026	7	3·5%
,, 0128	1	·5%
,, 0125	7	3·5%
	32	16%

Typing of the Bact. coli isolated from routine batches of Shellfish has just been commenced and so far three serologically identifiable types have been isolated.

One of the technicians, Mr. A. Ruane, resigned in March to go to the Sudan and another, Mr. R. Lynch, resigned in October to go to America. Owing to the expected continued decline in the number of tuberculosis patients and the closing of Ballyowen Sanatorium, these technicians have not been replaced. Dr. Jean Dickinson took up duty as Bacteriological Registrar on February 1st. At the end of the year, therefore, the staff consisted of a Bacteriological Registrar, four technicians and a Clerk-typist in the Central Laboratory in Crumlin, and one technician in each of the two Hospital laboratories.

HOUSING

Accommodation Provided

	1R	2R	3R	4R	5R	Total
Cottages						
Finglas West 2B	—	—	14	28	—	42
do. 2C	—	—	16	38	—	54
do. 2D	—	—	8	36	28	72
do. 2E	—	—	12	90	10	112
do. 2F	—	—	10	26	18	54
Coolock/Raheny 1A ...	—	—	35	143	4	182
do. 1C ...	—	—	22	176	6	204
do. 1D ...	—	—	39	175	34	248
do. 1E ...	—	—	—	42	—	42
Total Cottages ...	—	—	156	754	100	1,010
Flats						
Captain's Lane 3A ...	30	—	30	—	—	60
Dolphin's Barn, Sec. 3 ...	—	22	22	16	—	60
Whitefriar Street ...	42	21	18	15	—	96
Galtymore Road	32	—	32	—	—	64
Hardwicke Street, Sec. I. ...	18	23	14	22	—	77
do. Sec. II. ...	26	32	34	41	—	133
Total Flats ...	148	98	150	94	—	490
Reconditioning						
Summerhill	—	1	—	4	—	5
Total Reconditioning ...	—	1	—	4	—	5
GROSS TOTALS ...	148	99	306	852	100	1,505

Total No. of Dwellings. on hands at 31/12/'57 — 40,613.

The number and sizes of families accommodated during 1957 is as follows:

Size of family (No. of persons)	1	2	3	4	5	6	7	8	9 and over	Total
No of families	142	219	316	810	610	324	150	65	71	2,707

The number of transfers effected was 933.

Corporation dwellings which fell vacant: 1,229.

Lettings in 1957 totalled 3,640 including 933 transfers. To effect these lettings it was necessary to make 6,928 offers.

BLIND WELFARE

BLIND PERSONS ACT, 1920

NUMBER ASSISTED IN THEIR OWN HOMES :

Single or Widowed Persons :			
Males	180		
Females	493		
		673	
Married Persons :			
Males	143		
Females	36		
		179	
NUMBER MAINTAINED IN INSTITUTIONS :			
Males	59		
Females	54		
		113	
TOTAL :		965	

PAYMENTS IN CONNECTION WITH THE SCHEME :

Allowance to Blind Persons in their own homes	£45,934
Payments to Institutions	6,876
	£52,810

NORTH DUBLIN DRAINAGE SCHEME

E. J. Bourke, City Engineer

The construction of the North Dublin Drainage Scheme commenced in 1952 and was completed and and put into operation early this year.

The project caters for 265,000 people and drains an area of over 12,000 acres in the North-east of the City. The districts served by the scheme are—Finglas, Cabra, Glasnevin, Drumcondra, Fairview, Killester, Clontarf, Raheny, Baldoyle, Sutton and Howth, along with the outlying districts of Castleknock, Blanchardstown, Abbotstown, Santry and Portmarnock.

The last main sewer for Dublin City, with its outfall Works at Pigeon House, was constructed in 1906, and the new project was carried out to relieve this sewer which was completely overloaded due to the expansion of the City and also to allow further development of suburban areas.

The Main trunk sewer of the North Dublin Drainage Scheme runs from Finglas to Howth, a distance of 11¼ miles. Tributary sewers are connected into it at points along the line and Pumping Stations were built to deliver the sewage from the low-lying areas into it. A Screen House is situated on the City side of Howth town. The scheme is almost completely automatic in its operation due to the fact that the Main sewer flows by gravity.

The last mile of this sewer was constructed in Tunnel under the town of Howth and the hill nearby, and it terminates 200 feet out to sea at the Nose of Howth at a depth of 86 feet below sea-level. The construction of this tunnel and the making of the final connection between the tunnel and the sea was the most interesting and unusual phase of the constructional work.

SCHOOL MEALS

During the year ended July, 1957, 7,647,018 meals were provided in 94 schools at a total expenditure of £134,735. Of the total number of meals 161,655 were cooked in 9 schools. Costs were increased consequent upon the discontinuance of the bread and butter subsidies in May, 1957.

EMERGENCY MEALS

During the year ended July, 1957, 2,231,796 meals were distributed in 21 centres at a cost of £27,281. A new centre "Our Lady of Perpetual Succour", Finglas, is in operation since January, 1957 and provides about 12,000 per month.

DISINFECTING DEPOT

GEORGE F. BOWLES: Acting Superintendent

On the 26th July, 1957, the Disinfecting Depot was transferred to Francis Street from Marrowbone Lane where it had been established under Sir Charles Cameron and is referred to in his report on the State of Public Health of the City of Dublin for the year 1887. During that year the depot dealt with an outbreak of smallpox. This major change-over brought many problems in its train, but the work of the Depot proceeded without interruption.

Also during the year the Superintendent, Mr. W. J. Tannam, retired. This occurred in September.

The new Depot is equipped with three Washington–Kyous Steam Disinfecting machines. It also has a formalin chamber and reclining baths.

STAFF

There are twenty-six employees. These include motor-drivers. There is one clerk who deals with routine office matters.

There are five motor-vans.

Infected articles requiring disinfection or disinfestation are collected in the vans. Three vehicles are set aside for this purpose. One van is used exclusively for the return of articles which have been disinfected. Another van is used part-time for the transport of men engaged in disinfection and disinfestation work in dwellings. This van also transports Rodent Control workers and their equipment to and from premises undergoing treatment for rodent infestation.

The Drainage Works Unit, consisting of a van and three men, is also based in the Francis Street Depot.

SUMMARY OF RODENT CONTROL WORK

The poisoning agent used is "Warfarin". This is mixed with pigmeal. It proved very effective.

Complaints and Requests Received regarding infection and infestation	....		543
Rats Killed : Overground	....	....	7,516
Sewers (North)	....	....	14,225
Sewers (South)	....	....	8,448
Premises treated by Corporation	....	....	389
Premises treated by occupiers and Commercial Pest Control Agencies	....		154

Disinfection :

Dwellings Disinfected	....	....	1,863
Rooms Disinfected	....	....	3,826
Clothing Collected for treatment	....	....	3,718
Infested Persons Using Baths	....	....	225

Disinfections after :—

Phthisis, 1,761. Diphtheria and Suspected Diphtheria, 81. Typhoid, 1. Poliomyelitis, 19. Scarlatina, 315. Acute Lymphocytic Meningitis, 6.

Disinfestations (D.D.T.)

ROOMS TREATED FOR : Bugs, 1010. Fleas, 650. Flies, 4,496. Other Insects, 62.
TOTAL : 6,218.

BEDS TREATED FOR : Bugs, 460. Fleas, 264. Lice, 52.
TOTAL : 776.
Total number of dwellings visited : 2,460.

OTHER PREMISES TREATED

St. Mary's Chest Hospital.
Coombe Lying-in Hospital (Neo-natal unit).
Temple Street Hospital.
Grangegorman Mental Hospital (Twice) Kitchens, Wards, etc.
St. Kevin's Hospital (Three times).
Rutland Street Schools (Attic).
Dublin Fever Hospital.
St. Kevin's Home, Parnell Square (Twice).
Richmond Hospital (Kitchens, Wards, etc.).