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REPORT

OF THE

CITY MEDICAL OFFICER

CITY OF DUBLIN

FOR THE YEAR 1958

DUBLIN :
PRINTED BY SEALY, BRYERS & WALKER
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JOHN B. O'REGAN, B.Sc., M.D., D.P.H.,
City Medical Officer

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PREFACE

Municipal Buildings,
Dublin.

T. C. O'Mahony, Esq.,
City Manager and Town Clerk.

I have the honour to present the Annual Report on the health of the City for the year 1958.

The number of births has fallen, and the infant mortality rate has risen to 40 per 1,000 live births. The increase was mainly in deaths occurring during the neo-natal period.

The year gave the second highest incidence of poliomyelitis. The upper age limit was extended, but the income level for free vaccination was reduced during the year.

The medical staffing in the Child Health Service is still very much below the desirable level, and the proposal to augment it is taking a long time to reach fruition.

Vital Statistics

	1957	1958
Population	539,476	539,476
Births	12,620	12,012
Birth Rate	23·4	22·3
Deaths (all causes) ...	5,584	5,440
Death Rate (crude)	10·4	10·1
Infant Deaths	421	487
Infant Mortality Rate ...	33·3	40·5
Neo-Natal Mortality Rate ...	21·9	26·1
Deaths from Principal Epidemic Diseases (excluding Influenza)	16	6
Death Rate from Principal Epidemic Diseases (excluding Influenza)	0·03	0·01
Deaths from Tuberculosis (all forms)	140	129

	1957	1958
Death Rate from Tuberculosis (all forms) per 100,000 population	26·1	23·9
Deaths from Tuberculosis (Pulmonary)	128	116
Death Rate from Tuberculosis (Pulmonary) per 100,000 population	23·7	21·5
Deaths from Cancer ...	930	907
Death Rate from Cancer ...	1·72	1·68

Reproduction Rates for Dublin City

(Related to the year 1956)

Gross Reproduction Rate	1·510
Net Reproduction Rate	1·394

DEATHS OF INFANTS UNDER 1 YEAR

Cause of Death	Under 1 Month		Sub-Total	1 month and under one year		Sub-Total	Total Deaths	%
	Males	Females		Males	Females			
Respiratory Infections ...	26	18	44	29	29	58	102	21
Gastro-Enteritis...	3	1	4	15	9	24	28	6
Other Infections	2	1	3	2	2	4	7	2
Prematurity Alone	31	26	57	2	2	4	61	14
Birth Injury ...	25	15	40	1	1	2	42	8
Asphyxia ...	7	5	12	2	1	3	15	3
Atelectasis and Hyaline Membrane	27	10	37	1	1	2	39	8
Congenital Malformation ...	34	39	73	16	13	29	102	21
Other Diseases ...	16	17	33	16	16	32	65	14
Accidents ...	4	4	8	5	1	6	14	3
	Neo-Natal Total: 311			Grand Total:			475	

Infant Mortality

The Infant Mortality Rate has increased to forty per thousand this year, and an analysis of the deaths shows that, while there are increases under most headings, the greater proportion of them are deaths due to asphyxia, birth injury, congenital malforma-

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Table No. I—Table showing Annual Rate of Mortality, and Deaths from Certain Causes, City of Dublin, 1929—1958.

	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		
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	54	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
1958 ...	10·1	0·01	5,347	487	41	—	—	—	—	1	4	29	—	116	13	907	298

tions, etc. in the neo-natal period. It is not possible to state whether there was a greater mortality among those born at home or those born in hospital.

In the first half of the year there was an increase in respiratory infections, and it was noted that in many cases the symptoms differed from those of the usual type of bronchial pneumonia. Over the whole year, fourteen more babies died from this cause than in 1957.

Gastro-Enteritis

For many years, Dublin has been noted for the high incidence of Gastro-Enteritis in those under two years of age. This was so high in the 1940s. that a special hospital was opened for the treatment of these children. From Table No. II it will be seen that notifications of this disease vary between 600 and 1,000 each year ; many of these infants are sent to hospital.

A small survey made by the Public Health Nurses indicates that there may be a connection between the incidence of this disease and hospital confinement and treatment. Of the cases surveyed, 70% of the infants aged less than three months had been born in hospital, and in 45% a brother or sister had been in hospital within six weeks of the notification. In older children the latter figure was 25%. Of 500 cases investigated only two were totally breast fed but in the majority of cases the feeds were prepared cleanly. Breast feeding in this City has virtually become a thing of the past.

Dr. Elcock, Vergemount Fever Hospital, made a special survey of his Gastro-Enteritis admissions and it is of interest to note that he has classified nearly 60% of them as infective. Dietetic enteritis and symptomatic enteritis account for approximately 16% each. A detailed analysis is given in his contribution of this report.

The only improvement that can be recorded over the years for this disease is in its treatment. Case mortality has fallen from 30% to 3%.

Deaths from Certain Causes

Year ...	1939		1944		1949		1954		1958	
Population ...	468,103		495,074		506,051		522,183		539,476	
Causes of Death	Deaths	Rate per 1,000	Deaths	Rate per 1,000	Deaths	Rate per 1,000	Deaths	Rate per 1,000	Deaths	Rate per 1,000
Cancer (all forms)	594	1.3	656	1.3	747	1.5	823	1.6	907	1.7
Vascular lesions of central nervous system	379	0.8	443	0.9	454	0.9	657	1.3	605	1.1
Heart Disease ...	1,284	2.7	1,627	3.4	1,676	3.3	1,654	3.2	1,599	3.0
Tuberculosis (all froms) ...	714	1.5	814	1.6	541	1.1	222	0.4	129	0.2
Accidents ...	152	0.3	129	0.3	159	0.3	159	0.3	164	0.3

Poliomyelitis

In last year's Report it was mentioned that there was an unusually high incidence in November and December, 1957, and in January, 1958. Twenty cases were notified in these months. In February there was one only, but the number notified thereafter increased steadily to July. It continued at the same level for August and September and then fell sharply when previous experience led to the belief that it would continue to the end of November. In May, through the Press, parents were strongly advised to have their children vaccinated as it appeared then that 1958 was going to be a year of high incidence.

The Corporation were only allowed by the Department of Health to give free vaccination to children whose parents were in the lower income group. A charge was made for those in the middle income group. Any others had to make their own arrangements. This was the first time that prophylactics against infectious disease were not free to anyone who cared to avail of them. It is impossible, therefore, to estimate how many children were vaccinated privately, but it is presumed that the number was at least equal to that dealt with by the Corporation.

There were two outbreaks in semi-closed communities that were interesting from the epidemiological angle. In the first, there were twenty-nine children and seven adults in addition to the index case. A

second child got non-paralytic disease and was removed to hospital two/three days after the first case. A third child, who was a little mentally retarded, had slight weakness in one lower limb and was removed to hospital about four weeks later. Throat swabs and faeces were examined from all the contacts, and repeat faeces were examined over a period of four weeks. None of the fifteen originally negative became positive, and while these were mainly the adults and the older children, they also included four younger children who were of two families. From this it would appear that while at first the 'negatives' were exposed to the virus from the index case, they were later, over a period of weeks, exposed to the virus from twenty others. It can be assumed that they were all re-infected but that their immunity must have prevented the virus from multiplying to any great extent in the bowel.

The other case was an adult living with twelve other adults and six infants. The infants were aged 2/12, 3/12, 3/12, 6/12, 6/12 and 14/12. The index case had not contact with the children, but worked, sat, ate and lived with the other adults. Two specimens of faeces were examined from all the contacts, and in no case was the virus isolated. Here again, if the twelve adults were infected, the amount of virus excreted was too small to be recovered, and too small (or the standard of personal hygiene too good) to infect the infants who were subjected to the normal close contact, as between mother and child.

If it can be assumed that the great majority of adults have already had a polio infection, the results of these investigations would lend weight to current practice of not isolating adults or putting any restriction on their movements.

Tuberculosis

In five years there has been a reduction of 35% in new cases of adult disease, of 57% in primary disease, and of 55% in the death rate.

The organisation built up in the middle 1940s to deal with the problem of tuberculosis is now being

weakened. Already, more than 500 beds have been given over to other uses. Two doctors on the permanent establishment have gone to other jobs, and others are being facilitated to gain new experience, or diplomas, so that they may find openings in other branches of practice.

The rate of self-discharge has not decreased over the years, and between 25% and 30% of patients go home before their sanatorium treatment has been completed. However, many of these discharges concern men with old chronic disease who are not amenable to any discipline. They are admitted twice and three times each year because of complications occurring, or deterioration in their disease, and they invariably discharge themselves when they feel fit enough to get on their feet again.

The development of resistance to drugs has been mentioned in the reports of Drs. MacArdle and Gallen, and is causing some anxiety. The situation has not yet become serious, but it demands increasing attention. The present position is set out in detail in Dr. Gallen's report.

Co-operation

Moore Street and its contiguous laneways have a long history of rat infestation, largely due to the great number of butchers' shops and old-established slaughterhouses in the vicinity.

A combined drive was made by the Veterinary and Health Inspectors, and the Rodent Control Section. Each premises was inspected and the occupier told, in detail, of the work that was considered necessary to exclude rodents. It was explained to them that the only sure method of combatting rats was to build them out. In this, full co-operation was received from the property owners concerned, and from other Corporation departments indirectly involved.

The repairs and alterations took nearly a year to effect. The Rodent Control Section now gives the sewers quarterly treatment, and I think it can be said that the success of the operation is still being maintained.

Food Standards

With the exception of milk, butter, ice cream, margarine, whiskey, and a few other foodstuffs, there is no legal requirement whereby food manufacturers are obliged to produce a product which complies with a minimum standard. From the large number of samples analysed each year we know that there is a degree of inferiority in many of the products offered for sale.

In Great Britain, for example, sausages must have a meat content of 65% ; but in Dublin few manufacturers reach this standard.

It would appear that the lowering of prices, due to competition, is also lowering the quality of the products. It is time that the existing regulations governing standards of foodstuffs were extended, or, at least, that more informative labelling was made compulsory.

Maternity and Infant Services Scheme
(Confinements)

	1957/58		1958/59		
	Births	Cost	Births	Abs. and Misc.	Cost
Domciliary (family doctor) ...	2,297	£15,268	2,493	360	£18,402
Domiciliary cases referred to Hospital ...	274	£1,233	273	—	£1,228
Institutional ...	7,561*	£79,709	5,495	370	£62,258
District cases under Hospital care ...	1,896	£3,832	1,297	540	£4,383

The number of cases admitted to institutions during the year decreased by 1696 as compared with the previous year. This is mainly attributable to (a) an increase of 556 in domiciliary confinements and (b) a drop of over 600 in the overall number of births in 1958/59 as compared with 1957/58. (See also note below).

*This was an estimated figure. On recheck it has been found that for three months of the year each admission to a Maternity Institution was in error counted as indicating a birth. The figure must therefore be regarded as excessive.

Last year an analysis was kept of the number of Abortions and Miscarriages and these totalled 1,270 or 11·7% of the total number of pregnancies dealt with under the Scheme.

There was a total of approximately 12,500 births in the City in 1958/59 and of those 9,558 or approx. 76% were dealt with under the Maternity and Infant Services Scheme. The Scheme is free to mothers in the lower and middle income groups.

In addition to the cost set out above, a total of £8,582 was paid to midwives who assisted at domiciliary confinements and £12,617 was paid to Maternity Institutions in respect of infants who were detained for further treatment.

Disabled Persons Allowances

New Applications		Medical Exams. and Reviews	Medical Rejects	No. Paid	Total Yearly Payments
Year to 28/3/59	716	747	107	1294 at 28/3/59	£60,233

INFECTIOUS DISEASES

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

Article 12 of the Infectious Diseases 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 Dublln 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. This includes three Washington-Lyon disinfectors (one of which can be adapted for disinfection with formaldehyde), a 'formalin' room, and 2 reclining baths.

The rooms from which patients with tuberculosis, poliomyelitis, enteric, and diphtheria, are vacated are sprayed with a disinfectant—Roccol—and their clothing, bedding, etc. transmitted to the centre for steam pressure disinfection.

Persons are also disinfested at the Centre at a doctor's request.

A general practitioner and consultant service is available to those eligible under Section 14 of the

Health Act, 1953. The persons eligible total 106,000 (including dependants). The general practitioner attention is provided by 50 district medical officers, and a consultant's opinion, by reference to a hospital extern department.

There is no general practitioner, but there is a consultant, service for those eligible under Section 15 of the Health Act, 1953. The consultant service is available only for those who can attend hospital extern departments. It does not provide for domiciliary consultations.

Five nurses are engaged on home nursing duties but the greater part of the City is unprovided with this most important health service. There is no 'home help' service.

For these reasons, and the fact of large families and still existent unsatisfactory housing circumstances, home treatment is difficult, and there is a relatively high incidence of hospitalisation for the common infectious diseases of childhood.

Hospital treatment for these diseases is provided in Vergemount or Dublin Fever Hospitals.

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

82 notifications of Poliomyelitis were received during the year, an incidence of ·15 per 1,000 population. All were treated in hospital. There were two deaths.

The notifications were in the following age groups :—

years under 1	years 1–2	years 3–4	years 5–8	years 9–17	years over 17
14 (1 death)	26	10	13	8	11 (1 death)

Poliovirus, type 1, was recovered from the faeces of 48. E.C.H.O. virus, but no poliovirus, was recovered from another paralysed patient.

This year's incidence was the second highest (85 cases in 1956) the City has experienced. Fortunately mortality was low.

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

The hospital assessment was ' severe ' in 11, and ' moderately severe ' in 24, patients. 9 patients had bulbospinal involvement, and another 29 had two or more limbs affected.

56 patients had been discharged from hospital by 31st March, 1959 to continue physiotherapy, etc., as outpatients.

The cases occurrred as follows :—

Jan.	Feb.	Mar.	April	May	June
10	1	5	6	9	11

July	Aug.	Sept.	Oct.	Nov.	Dec.
13	10	9	5	2	1

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 belief in spread by anal-oral contact. This tendency was evident here, 53 of the 82 cases occurring during Summer and Autumn. This was also evident in 1956.

30 cases occurred in three large new Corporation housing estates.

The environmental circumstances of each patient was the subject of detailed enquiry. There were two cases in each of two families, but otherwise 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. Nevertheless, inability to unearth such contact, except in rare instances, has been our experience year after year despite exhaustive personal follow-up.

There were 388 home contacts to the 82 cases. All were kept under observation for 3 weeks, but none sickened.

In a children's home of 37 occupants, three children were removed to hospital and subsequently found with faecal virus. Examination of the others revealed 21 with faecal virus of whom 9 also had it in the throat and 3 in saliva.

In another children's home of 19 occupants, one adult was removed to hospital and subsequently found with faecal virus. Examination of the others revealed none with virus.

Throat and buccal swabs were taken of 98 contacts in 35 households. 4 contacts, each from a different household, were found positive—4 with throat virus of whom 2 had also salivary virus.

The virology of these contact studies was done by Dr. Meenan in the Research Unit, U.C.D., and the poliovirus recovered was in all cases type 1.

A study of inoculated children by the British Medical Research Council showed instances of poliomyelitis directly attributable to inoculation against Pertussis and/or Diptheria. The rate of paralytic disease occurring within a month of inocuation varied with different prophylactics from one case per 19,000 injections of D.P.P. to one per 1,000,000 F.T. and T.A.F.

24 of our cases developed paralysis within a month of an injection.

In 16 it followed Penicillin, but 15 had actually sickened before receiving it. In 8 the limb injected was affected either alone or as part of a more extensive paralysis.

In 3 it followed D.P.P., and in 2, F.T., the limb injected being affected in 1.

In 2 it followed B.C.G., and in 1, A.T.S., the limb injected being affected in the latter.

During the year immunisation was administered under Corporation auspices to children up to 5, and later up to 10, years. 1,330 had one injection, 11,588 two injections, and 3,411 completed the course. In addition, many were done by private arrangement but, as with diptheria and pertussis, the number is unknown to us.

School-going contacts are excluded from school for 3 weeks, and three foodhandling contacts had to cease work for a similar period.

52 notifications of Lymphocytic Meningitis were also received. From 5, Poliovirus type 1 was recovered. The cause of lymphocytic meningitis can only with certainty be established by laboratory examination since, in addition to Poliomyelitis, similar clinical states can be caused by other encephalitides, mumps, leptospirosis, etc. On occasions, mice have been incriminated as the natural reservoir of a virus causing a like illness in man.

Diphtheria

40 notifications of diphtheria were received during the year, an incidence of 0·07 per 1,000 population. All were treated in hospital. There were four deaths.

The notifications were in the following age groups:—

years under 1	years 1–2	years 3–4	years 5–9	years 10–14	years 15–24	years over 24
—	4 (1 death)	9 (2 deaths)	18 (1 death)	6	3	—

Three patients had received a standard course of immunisation at our clinics, one in 1952, one in 1953, and one in 1956. None of those who died had been immunised.

This year most of the cases occurred in the south City, twelve being in the Crumlin area. Incidence was on the whole fairly even throughout the year, though nine occurred in October.

That feature of recent outbreaks in other cities, i.e. a significant proportion of adults affected, was not so evident in this City this year, 7% of patients being over 15 years compared with 11% in 1957 and 2% in 1956.

Two families had each two cases, and another two families three cases. Four cases occurred among children in an orthopaedic hospital.

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., in the early nineteen twenties revealed no less than 23% of home contacts carrying virulent bacilli for varying periods.

There were 180 home contacts to our 40 cases. 147 were swabbed on one occasion and 6 (some 3%) found positive. These 6 were hospitalised and 2 developed clinical diphtheria.

Our finding of 3% positives among household contacts (4% in 1957 and 2% in 1956) is well under that found in Baltimore. However, if our contacts had been swabbed more than once, the percentage of positives would almost certainly have been higher.

No schools were affected during the year.

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

(a) By arrangements with the 49 District Medical Officers.

(b) 15 weekly sessions at 14 different centres.

(c) Visitation of schools—during the year 213 visits were made to 95 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 four months.

(3) Radio Eireann talks and newspaper notices at three-monthly intervals.

During the year 11,735 children completed the full course, and another 5,089 received 'booster' doses as a result of these arrangements. Children are also immunised by private practitioners but health authorities in this country have no arrangements—as they have in Britain—to record how many. This number is, therefore, unknown but is believed to be considerable.

The Corporation makes available to practitioners anti-diphtheria serum for the protection of contacts, but there was little demand for this prophylactic during the year. Formol toxoid was provided to 'booster' the contact children in the orthopaedic hospital in which the four cases occurred.

59 household contacts were excluded from school pending the result of swabbing. The occasion to exclude a foodhandler from work did not arise.

Enteric Fever

Four cases of typhoid were notified during the year —a seaman, hospital domestic, hospital nurse, and a boy living in a Corporation flat. All were treated in hospital. There were no deaths.

The seaman was ill on arrival. He contracted infection outside this country. Typhoid organisms were not isolated from him.

The domestic presents an interesting story. When it was discovered she had typhoid it was decided to seek the origin and/or the sequelae among these patients and hospital personnel, with whom she had significant contact during the relevant periods.

Most of the patients, 66 in all, had by now left the hospital and returned home. Thirty-two lived

in the City, and were all followed up. These, together with the hospital personnel, had serological and excretion tests, with negative results.

The County Medical Officers of the Counties in which the others lived were notified of the position. We were subsequently informed that one of these non-Dublin patients, Mrs. X, who had suffered a mild equivocal type of illness while in hospital, was now excreting typhoid bacilli, phage E.1., and considered to have had typhoid.

A Nurse in the same hospital sickened some six months later. Typhoid was diagnosed, but no typhoid organisms were found—probably because of energetic chemotherapy.

It was then learned that the domestic had gravitated back to work in the hospital. She was further scrutinised, and this time typhoid bacilli, phage E.I., were found in her urine—during her illness some months previously her faeces and urine were examined on twelve occasions with negative results.

It is reasonable to assume these three cases were connected. Whether Mrs. X or the domestic was the initial case is not clear, but certainly the domestic must have infected the Nurse.

The boy was one of a household of 7. Typhoid organisms were not isolated from him. All his home contacts were examined and his grandmother found to be a faecal carrier, phage E.I. The remaining members of the family were given T. A. B.

One of our three known typhoid carriers died during the year, but as two more were discovered there are now four female carriers under supervision—3 faecae and 1 urinary. Two are phage F.I., and two phage E.I.

This number of carriers is small and it may be, of course, that 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 now, but one positive result. They were not tried this year, but last year nine such examinations were made with one positive result—from a sewer into which fed the drainage of a dwelling in which a 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 incidence of carriers found in other cities in previous years does not hold in Dublin City to-day.

Dysentery

173 notifications were received during the year, an incidence of ·3 per 1,000 population. 92 were treated in hospital. There were no deaths.

This year's incidence is by far the highest since the disease became notifiable, the previous highest being 43 cases in 1958 and 1957.

Actually, mild dysentery has become so common that the notifications bear no relationship to the real extent of the disease. It usually responds to chemotherapeutic and antibiotic agents which can also be administered prophylactically to household contacts.

Flexner organisms caused 46, and Sonne 43, cases. Many of the remaining cases were treated at home by their own doctors, and we do not know the result of excretal examinations carried out.

There were 285 household contacts to cases coming under our supervision. Excreta from 205 were examined and 17 found positive (Flexner—3 ; Sonne—14).

Rubella

88 notifications of Rubella (1 female over 18 years) were received during the year, an incidence of ·1 per 1,000 population. 5 were treated in hospital. There were no deaths.

Rubella is characteristically a very mild disease. It reaches epidemic prevalence at longer intervals than Measles and Pertussis and, possibly for this reason, tends to affect a wider age group.

In 1956 there were 3,538 cases—the highest since the disease became notifiable in 1948—and in 1957, 127 cases.

Rubella has only attained significance in recent years since an association was observed with congenital defects in babies whose mothers contracted it early in pregnancy.

Drs. Coffey and Jessop, in an article in The Irish Journal of Medical Science—January, 1959—conclude from their study of Dublin mothers who developed, or were in contact with, Rubella in 1956 that "the incidence of congenital deformities in women who contracted the disease was nearly 10 times the expected level, and in women who were exposed to infection but did not develop Rubella about 2·5 times."

Gamma Globulin, preferably prepared from convalescent serum, is thought to be of prophylactic value to susceptible female contacts in the first few months of pregnancy.

Pertussis

517 notifications of Pertussis were received during the year, an incidence of 1 per 1,000 population. 50 patients (10% of notifications) were treated in hospital. One death occurred in hospital—a girl aged 5 years with post-pertussis encephalitis.

The notifications were in the following age groups :—

years under 1	years 1–2	years 3–4	years 5–9	years over 9
93	149	133	123 (1 death)	19

The year was very satisfactory in regard to Pertussis. Only thrice since it became notifiable has

the incidence been lower, i.e. 1941, 1954, and 1957. Mortality has also diminished greatly and the one death is, as in 1957, the lowest recorded. There were 123 deaths in 1947.

While incidence was fairly even during the year, there was a slight 'peak' towards the end with 43 notifications for one week in November.

73% of patients were of pre-school age, and were infected in home or its environment. On the other hand many of those of school age would have been infected at school and, in turn, secondarily infect home siblings of pre-school age.

Pertussis is most lethal in early life and actually 18% of cases were under a year. 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. 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.

During 1958, 7,767 children—4,499 aged a year or so—received this combined prophylactic through Corporation arrangements. The number receiving it from private practitioners is not recorded but is believed to be considerable. In an effort to protect the youngest age group, combined prophylactics are given to infants aged four months at 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

1,270 notifications of Measles were received during the year, an incidence of 2·3 per 1,000 population. 130 cases (10% of notifications) were treated in hospital. There were no deaths.

The notifications were in the following age groups :—

years under 1	years 1–2	years 3–4	years 5–9	years over 9
75	289	382	479	45

The year was particularly satisfactory in regard to Measles. The incidence was the lowest since 1946 and, as far as can be seen, this is the first year in which no death has been recorded.

There were disease 'peaks' in November and December with 301 and 646 notifications respectively.

58% of patients were of pre-school age and would have been infected in home or its environment. On the other hand, many of the remaining 42% would have been infected at school and, in turn, secondarily infected younger home siblings.

6% of patients were under a year and, as with Pertussis, Measles is most lethal in early life. Also, as with Pertussis, its baneful effects 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, any pro-

cedure which would even postpone Measles for a few years would be of inestimable value and there is, therefore, a wide field for its use.

For this reason, the Corporation provides Gamma Globulin free of charge, and during the year 110 children were protected with it at a cost of 23s. per child. These 110 children were mostly hospital contacts, and received the Gamma Globulin while in hospital. It is disappointing to observe that it was little used in the home for infant contacts of this disease.

Scarlet Fever

432 notifications of Scarlet Fever were received during the year, an incidence of ·8 per 1,000 population. 315 patients (73% of notifications) were treated in hospital. There were no deaths.

The notifications were in the following age groups :—

years 0–4	years 5–9	years 10–14	years 15–20	years over 20
178	190	46	10	8

Incidence remained even throughout the year.

Whereas in 1937, 66 deaths were certified to Scarlet Fever in this City, no death has been ascribed to it since 1954. Scarlet Fever, therefore, as it affects Dublin nowadays, is no longer a killing disease.

During the year 73% of the notified cases were treated in hospital as compared with 10% of Measles and Pertussis—the latter at present much more serious diseases.

The streptococcus that causes Scarlet Fever in one person may cause a sore throat without a rash or even skin or wound sepsis, in another.

The significant factor as far as such persons are concerned is the presence of the streptococci rather than the rash. Yet it is the rash that decides the issue in favour of hospitalisation.

This is but to continue—perhaps rather too slavishly—the tradition of earlier years when Scarlet Fever was a serious disease. Because of its present

mildness, a problem for serious consideration is whether it needs the extent of hospitalisation it still receives in this City.

Infective Hepatitis

175 notifications of Hepatitis were received during the year, an incidence of ·3 per 1,000 population. 65 were treated in hospital. There were no deaths.

The notifications were in the following age groups :—

years	years	years	years
0–4	5–9	10–14	Over 14
43	79	18	35

The patients, of whom 45% were of early school age, were in the main living in municipal rehousing areas. One family had 4 cases, four families had 3 cases, and ten families had 2 cases.

The disease is a virus infection, but our 175 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 notifications were received as follows :—

Jan.	Feb.	Mar.	April	May	June
4	8	14	10	7	12
July	Aug.	Sept.	Oct.	Nov.	Dec.
12	17	13	22	25	31

This seasonal incidence suggests transmission of virus by 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 5 of an antibiotic, and in 5 an immunising agent, usually about a month beforehand.

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

To face page 26.

Table No. II—Table showing the number of Notifications of Infectious Diseases, City of Dublin, 1929—1958.

	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.	Pemphigus Neonatorum.	Acute Lymphocytic Meningitis
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	—	—	·	·	·	—	·	·	·
1936 ...	—	53	870	1,768	33	3	188	1	120	18	—	—	·	·	·	2	·	·	·
1937 ...	—	44	810	1,075	38	2	130	—	156	13	1	—	·	·	·	2	·	·	·
1938 ...	—	19	958	1,154	25	6	148	2	136	15	—	—	·	·	·	—	·	·	·
1939 ...	—	27	913	761	13	4	85	1	151	16	3	1	·	·	·	—	·	·	·
1940 ...	—	65	720	627	27	3	94	11	200	13	1	—	·	·	·	3	·	·	·
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
1958 ...	—	4	40	432	7	—	55	—	·	1	173	1	1,083	1,270	517	82	—	—	56

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

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.

Gastro-Enteritis

1,083 notifications of Gastro-Enteritis (in children under 2 years) were received during the year, an incidence of 2 per 1,000 population. 473 were treated in hospital. There were 29 deaths, 28 of which occurred in hospital.

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

under a month	1–3 months	4–6 months	7–12 months	13–24 months
38	179	181	308	377
(6 deaths)	(18 deaths)	(4 deaths)	(1 death)	—

8 of the children who died came from good type private houses ; 17 from modern Corporation dwellings ; 3 from poor type Corporation flats ; and 1 from a bad Corporation tenement.

It will be seen from Table No. 1 that of the principal epidemic diseases, the condition coming under the designation of Diarrhoea and Enteritis (Gastro-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 ; in 1957, 2·5 ; and in 1958, 2·4, per 1,000 births.

Earlier in this century an increasing incidence of this disease was associated with hot weather. Nowadays this association is not so noticeable, notifications coming in being some 15–20 per week though there were peaks with 55 and 45 during two weeks in September, and 45 for one week in October.

There was a reduction from 1957 of 67 to 38 cases under a month. This is particularly welcome as the case mortality of this group—15%—is very high. There was no particular worry during the year from that lethal type which affects infants in maternity homes.

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 rising incidence of the past few years is disturbing, the decreasing mortality will be viewed with particular satisfaction by those concerned with the welfare of children.

Tinea Capitis

Nineteen cases of Tinea Capitis were notified during the year. It is the practice in Dublin City to have all child contacts of Tinea Capitis examined under the wood lamp, and during the year under review 43 contacts were so examined. No positive cases were discovered. One cat from an infected house was also examined with negative results.

Food Poisoning

There was nothing significant in the way of food poisoning during the year.

DIPHTHERIA AND WHOOPING COUGH IMMUNISATION AND POLIOMYELITIS VACCINATION

Diphtheria and Whooping-Cough

Two whole-time doctors are employed in this Branch and, in addition, on an average four other doctors are engaged on a sessional basis. One of the whole-time doctors works almost exclusively on vaccinations against poliomyelitis.

Pre-school Children :

For the first three months there were fifteen sessions a week held at thirteen centres, and from 23rd April a weekly clinic was held in the Coombe and a similar clinic from 2nd May in Raheny Dispensary. At the present time there are fourteen centres in operation with an average of fifteen clinics each week. Twice monthly clinics were held at Baldoyle from April to August. A special effort was made to facilitate parents in St. Theresa's Gardens, and three sessions were held in the Estate Office there.

The usual methods of propaganda need to be boosted periodically through the press and radio, but in some cases all efforts fail and not even the occurrence of a death in the neighbourhood is sufficient to shake the apathy of some parents.

School Children :

Each national school was visited, and because many children had to be immunised in full 213 visits to schools were made. 2,289 were fully immunised, and a booster injection given to 4,860.

Of the forty cases of diphtheria which occurred in 1958 three were fully immunised—one in 1952, one in 1953, and one in 1956. The child immunised in 1953 had, in addition, a booster injection in 1957. Four others were not fully immunised, and in two no definite information could be obtained even though their parents stated that they had been immunised in the 1940s.

Immunisation Reagents and Poliomyelitis

In March the Department of Health withdrew their approval of the use of antigens in combination and to alum-precipitated prophylactics as there was some evidence that their use was associated with a higher incidence of poliomyelitis. Until the end of the year infants and young children were given five injections, later changed to six. On each visit Formol Toxoid was given in to an arm and Soluble Pertussis vaccine in to a leg. Parents accepted this arrangement without any trouble when it was explained to them that, while there was poliomyelitis in the City, this method of giving separate injections was safer than giving them in combination.

Early in 1959 the Department of Health gave limited approval to the use of combined prophylactic and, as there was no case of poliomyelitis in the City since October 1958, it was used again.

1958	Clinics				Dispensaries			
	PTAP	DPP	FT+PSV	FT	PTAP	DPP	FT+PSV	FT
No. of Pre-School Children fully immunised against Diphtheria	42	2,130	4,797	475	60	619	1,023	216
No. of School Children fully immunised ...	929	—	—	1,358	9	—	—	74
No. of Booster Doses ...	—	—	—	4,860	—	—	—	229

1958	Pre-school			School Age		
	Clinics	Dispensaries	Total	Clinics	Dispensaries	Total
Total number immunised against Diphtheria and Whooping-Cough ...	6,041	1,642	7,683	—	—	—
Total number immunised against Diphtheria alone	517	276	793	2,289	83	2,372

CHILD HEALTH SERVICE

C. O'Brien, M.B., D.P.H., B.Sc. (P.H.),

Senior Medical Officer

" Paediatrics which was a small island, is developing into a Commonwealth of interrelated large territories. Public Health is rooted in the environment, in the way people live, and in the social factors of the home and workshop."

The report of the Department of Local Government and Public Health, Saorstat Eireann, 1925/1927, notes as follows :—" A grant of £25,000 was received from the Carnegie United Kingdom Trust for the erection of a model Welfare Centre in Lord Edward Street, and this building has been completed, and will shortly be opened for the purpose for which it is intended." The Carnegie Trust Building became the Headquarters of the Maternity and Child Welfare Scheme for the City, thirty years ago. Thanks are due to the generosity of the Carnegie Trust Fund for this gift. Dr. Reddin's first Annual Report notes that 16,000 families were known to the Child Welfare Department and visited regularly. The Infantile Mortality Rate was 107 per 1,000 births, and the population of the City was 319,700. The density of population was 40·4 persons per acre. To-day, the number of families on the Public Health Nurses' Registers, including Baldoyle and Howth, is more than double the number known to the Health Visiting Staff when the Child Welfare Service was established in the Carnegie Centre. The description of the Carnegie Centre as being " built on the border of one of the City's densest slums," no longer applies, for the whole face of the City has been changed, and families who attended the Carnegie Clinics thirty years ago, are now living under better conditions in houses or flats provided by the Corporation. Dr. Reddin's first Report notes " that two of the largest Clinics, catering for the people of this area, are held in the Carnegie Centre

weekly, with an average attendance of well over one hundred at each session." To-day, one Clinic per week is held in the Carnegie Centre, and in the newer housing districts there are four per week in Ballyfermot, two in Finglas, two in Drimnagh, two in Crumlin, and once weekly Clinics in other Centres There were nine Baby Clubs in the City, carried on by a Voluntary Committtee, with its two sub-committees, when the Carnegie Child Welfare Centre was first opened. These nine "Clubs," situated in dense slum areas of the City, served as Centres for holding weekly Child Welfare Clinics. Now-a-days, twenty-nine Child Welfare Clinic Sessions are held each week. The "old" City has gradually been depleted of its population, and parents are now living under conditions, in modern blocks of flats, or in houses in the outskirts of the City, which must benefit their own and their children's health. Thanks to the work done by Dr. Reddin and the Health Visitors in the apparently far off early days of the Child Welfare Service thirty years ago, our task has been made easy, and the Nurses are welcomed in the homes of our people. A reference to the reluctance in accepting methods now regarded as standard procedure, seems strange to-day. Dr. Reddin reports that "when we proposed weighing the babies without clothes, it was not too favourably received by some of the mothers, but by careful handling and propaganda by lecture, etc., the mothers very gladly appreciated the sense in such weighing, and we have now very little trouble." An appreciation of the difficulties always associated with the introduction of new schemes, the strength of age-old beliefs and taboos, encountered by those embarking on improvements, should serve us as a stimulus to maintain the high standard set by our predecessors of thirty years ago. The infantile mortality rate has fallen more than three times. The Annual Reports of the Registrar-General for those years disclose that the "mortality rate amongst infants born out of wedlock, was about five times greater than that of legitimate infants, and that one out of every three of the first mentioned

class died before the completion of the first year of life." Conditions to-day have entirely changed for the better.

The recorded population in the Dublin County Borough of children and young persons under the age of fifteen years on 8th of April, 1951, was 145,715. This number has continued to increase despite the emigration of families to England, Scotland, Wales, Canada and the United States, which has been a feature of our way of life since the end of the war. Ten years ago, the breadwinner went away to find work, leaving his wife and children here, and returned for leave periods in accordance with the requirements of his employment. The money sent by the wage-earner was indeed a very great help to mothers and children, but it was a break-up of families, and not entirely satisfactory. Now-a-days, the parents and children are leaving, and setting up a new home elsewhere, according as the housing situation has become easier in England.

The incidence of childhood illness during the year 1958 was high. The weather during the Summer and Autumn was wet and cold, and the whole year characterised by a lack of sunshine. The incidence of Gastro Enteritis in the general child population was not as high as that associated with a warm August, September, October, but the amount of Upper Respiratory Disease in infants and children was high. This took its inevitable toll on child life. Signs of minor degrees of rickets are still appearing, and children seen at the Clinics are in many instances anaemic. Prematurity still continues to be one of our most serious problems. It was again noted during 1958 that discharging ears in babies and children had returned. During the successful anti-biotic era, discharging ears had largely disappeared, but with the increase in the resistance of organisms to drugs, otorrhoea has once more appeared. Discharging ears is one of the most distressing conditions of childhood. It is slow to clear up ; they are associated with debility and anaemia, and, if neglected, may go on to eventual

hearing loss. It is not easy for a mother with a large young family to attend daily for the necessary treatment for her baby's ears, however anxious she may be to have the condition cured. In this connection, it is noted that there is now a special bus service from Ballyfermot to the new hospital at Crumlin, and this is a very great benefit to the mothers and children in that area. We offer our sincere thanks to the staffs of all the Hospitals who have so generously helped us during the year.

The Dental Service for mothers and children has been of untold benefit, and the provision of Dental Clinics near the homes of the people, has made it easier for them to attend for examination and treatment. Prevention of dental caries in children, and the formation of good sound teeth in a well-developed jaw, must begin during pregnancy, so it is very important that the nutrition of the pregnant woman should be carefully supervised, and that her own teeth should have the maximum attention available.

Special Home Visiting of children whose mothers during their pregnancy were contacts of or had German Measles was continued during the year, and the hearing of the babies was specially noted, with a view to early discovery of possible hearing loss. The problem of congenital defects in the child population is of major importance, medically, socially and educationally, and the Health Visitors are alert, sympathetic and understanding in these matters. With the gradual decline in the infantile mortality rate during the past thirty years, the incidence of congenital defects appears, at first sight, to be relatively higher. Thanks to the care of children, especially in the first month of life, and throughout the first year of life, more children are surviving to-day than formerly, and in those who do survive the possible presence of congenital or other serious mental or physical defect must always be borne in mind. Neonatal B.C.G. has effected a great change in the picture of childhood Tuberculosis in this City. The incidence is low and deaths rare. Its crippling sequelae have come to be associated with an era long since past.

The excellence of the three Maternity Hospitals, and the Maternity Unit—St. Kevin's Hospital, is always appreciated and we are deeply indebted to the Masters and staffs for all their help throughout the year. The work done in the Paediatric Units of these Hospitals has been the greatest single factor in the saving of child life in Dublin, and we acknowledge with gratitude the service rendered by these Paediatric Departments.

The Ante-natal care of the mothers is conducted by these Hospitals at their central and branch clinics, and to this has been added that done by the family doctors under the Maternity and Infant Services Scheme. The nutrition of the pregnant woman, however, it not as good as one would wish. Anaemia and dental caries still continue to detract from the well-being of many women during pregnancy.

Nutrition

Liquid Milk continued to be available for children in accordance with the specifications of the Milk Regulations, Health Act, 1953. Bottled, pasteurised milk is available at depots in the City and in the suburbs. Dried milk, formerly available at Child Welfare Clinics, is now distributed at Milk Depots, and only on Doctor's certificate. Otherwise, liquid milk is given, the quantity depending on the age of the child, and the number of children in the family, and eligibility depends on whether they comply with the economic scale laid down in order to obtain free pasteurised bottled milk. The scheme for the provision of Vitamin Preparations etc. at Child Welfare Clinics is governed by such factors as economic scale of parents or guardians, and age of child.

Home Visiting

In a City with a population of more than half a million, and where the child population, compared with the rural areas, is so much higher,

there is always a section of the community showing evidence of ill-health and mal-nutrition, especially in certain areas of the City. It is these particular families whom one would welcome at Child Welfare Clinics but it is only too often that this is the particular group who attend less well for one reason or another. It is not due to lack of interest or love for their children that they do not take them to Clinics, or Health Centres; rather can it be ascribed to one or more of the various factors associated with poverty and ill-health. The continuation of the Building Schemes in Upper Ballyfermot, in Finglas East and West, in Coolock, Raheny, etc., means that the Nurses have a much wider area to cover now than in the past, and the time taken in travelling means that fewer visits can be fitted in to the day, and there is also the problem of the Nurses' lunch hour in the more remote housing estates. The better living conditions, however, provided for parents and children, more than compensate for the extra travel involved in carrying out day to day visiting of families. One of greatest single factors in the improvement of the health of children is home visiting, and we gratefully acknowledge the work being done by the Nursing Staff of the Department.

PRE-NATAL CARE AT CITY MATERNITY HOSPITALS :

Hospital	No. of Patients	No. of Attendances
Coombe Lying-in	3,020	18,120
National Maternity, Holles Street	2,322	12,363
Rotunda	5,005	39,541
Maternity Unit, St. Kevin's Hospital	1,310	12,516

BIRTHS—CITY MATERNITY HOSPITALS :—

No. of deliveries—Intern	....	12,445
No. of deliveries—Extern....	....	1,949

No. of Maternal Deaths—Intern	17
No. of Maternal Deaths—Extern	2
Maternal death Rate per 1,000—Intern	1·36
Maternal Death Rate per 1,000—Extern	1·02
No. of Infant Deaths—Intern (excluding Coombe Hospital)	546*
No. of Infant Deaths—Extern (excluding Coombe Hospital)	24*
No. of Infant Deaths—Coombe Hospital (Intern and Extern)	59*

*In the case of the Rotunda Hospital, the number of deadborn babies was :—Intern 136 ; Extern 8. In the case of the National Maternity Hospital, the number of stillbirths was :—Intern 118 ; Extern 2. In the case of the Coombe Hospital, the infant deaths included 38 premature babies.

VISITING OF INFANTS.

No. of Infants visited by Public Health Nurses	11,801
No. of Stillbirths visited	143

HOME VISITING BY PUBLIC HEALTH NURSES.

Total No. of mothers, infants and children under 6 years of age on Public Health Nurses' Registers (including Howth and Baldoyle)	90,699

Average No. of Families etc. on each Public Health Nurses' Register on 31st December, 1958, excluding families in Districts of Baldoyle and Howth :—

Families	645
Infants	274
Children	931
Total No. of Visits to Mothers, Infants and Children	333,102
No. of Special Visits (including to cases of Measles and Pertussis)	5,522

Child Welfare Clinics

1,636 Clinics were held during the year, at which the total number of attendances was :—

Mothers	32,917
Infants	24,785
Children	18,527

The Number of Medical Consultations at these Clinics was :—

Mothers	29,718
Infants	21,843
Children	14,647

Specialists' Clinics

Ear, Nose and Throat Clinics :—

No. of Sessions	192
No. of Attendances by Pre-school Children	1,724

Orthopaedic Clinics

No. of Sessions	47*
No. of Attendances by Pre-school Children	11

*See also Report re A.P.M. and re School Health.

Ultra Violet Light Clinics

126 Sessions for the treatment of children suffering from Rickets or Debility were held during the year—61 Sessions at Carnegie Centre, 68 Sessions at St. Joseph's, Killarney Street.

The Number of attendances was :—

Carnegie Centre	1,386
St. Joseph's, Killarney Street	478

Trachoma Cases :—

Notifications	—
Active	5
Contact	19
Suspect	1
Quiescent	8
Attending Hospital for treatment	6
Refusal to attend....	3
Discharged	—

TREATMENT OF SEQUELAE OF ANTERIOR POLIOMYELITIS (ALL AGES) ORTHOPAEDIC CLINIC, LORD EDWARD STREET.

Total No. of Sessions	47
Total No. of attendances at Orthopaedic Clinic, Carnegie Centre, Lord Edward Street	541
Total No. of visits at home by Nurses from this Department	1,209
Total No. of patients treated at Central Remedial Clinic	59
Total No. of patients treated at Hospitals Out-patients' Departments	52
Total No. of patients treated in Hospital (Intern)	124
Total No. of orthopaedic appliances supplied, renewed and repaired	916
Total No. of X-Rays	47

PHYSIOTHERAPY

Total No. of treatments	5,180

HOSPITAL TREATMENT—CHILDREN SUFFERING FROM DISEASES

Particulars of the number of children who received Treatment :—

MEDICAL :—

Pneumonia	4
U.R.T.I.	2
Rheumatism, etc.	15
Congenital Heart	4
Coeliac Disease	10
Anaemia	9
Marasmus, debility, etc.	11
Adenitis	1
Observation and investigation	5

SURGICAL

Phimosis	8
Hernia	7
Cyst	3
Tumour	1
Other Conditions	3

ORTHOPAEDIC

Club Feet	15
Congenital Dislocation of Hip	14
Spina Bifida	1
Torticollis	1
Fragilitas Ossium	1
Cerebral Palsy	46
Deformities (chest, limbs, feet)	8
Perthes Disease	5
Ganglion	1

EXTERN

Physiotherapy	592
Manipulation	243
X-Ray Examinations	68

EYE

Strabismus	22
Conjunctivitis	1

EAR, NOSE AND THROAT

Enlarged Tonsils and Adenoids	204
Otitis Media	2
Antrum Lavage	1
Nasal Polypus	1
Cleft Palate	1
Tongue Tie	1

CEREBRAL PALSY

Intern	18
Extern	26
Attendances at Central Remedial Clinic	92
Attendances at Cerebral Palsy Clinic	2,799

Child Guidance Clinic

No. of Attendances by Pre-school Children	49

Convalescent Home Treatment

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

Appliances for Children

No. of Orthopaedic Appliances, supplied renewed and repaired	302
No. of Spectacles supplied to Children under 6 years of age who attend Child Welfare Clinics	466
No. of Repairs to Spectacles	455
No. of Occluders supplied	13
No. of Artificial Eyes Supplied	1

Free Milk Scheme

No. of pints of milk supplied to children under 5 years of age	1,785,133
No. of pints of milk supplied to Expectant Mothers	88,468
No. of Expectant Mothers who received Milk	1,295
Quantity of Dried Milk distributed to children under 6 months	1,736 (1–lb. packets)

Catholic Social Service Conference

No. of meals supplied to Expectant and Nursing Mothers	124,513
No. of pints of milk supplied to Expectant and Nursing Mothers	116,971
Average No. of Mothers on Roll	533

National Maternity Hospital

Extern Paediatric Unit

Number of Babies Breast Fed	644
Number of Babies Breast Fed with Comp. Feed.	623
Number of Babies Artificially Fed	887
Number of Babies Visited	2,144
Number of Visits made by the Nurses	8,179
Out-Patients seen	826
Out-Patients' Abscesses incised	54

Deaths

1. 1/3/58.—Septicaemia.
2. 18/3/58.—Cerebral Haemorrhage. Tentorial Tear.
3. 19/3/58.—Cerebral Oedema. Tentorial tear.
4. 28/5/58.—Congenital heart lesion.
5. 22/8/58.—Renal vein thrombosis. Septicaemia.

Operations

1. Osteomyelitis of Calcaneous.
2. Severe infection of finger (partially amputated).
3. Osteomyelitis and drainage.

Reasons for Admission

Dietetic
Upper respiratory tract infection
Haemolytic disease
Pyelitis
Pneumonia
Umbilical infection
Cong. Abnormalities
Cerebral Palsy
D. & V.
Neonatal Sepsis
Septic finger
Hyperbilirubinaemia
Atelectasis
Pneumonia
Prematurity
Septicaemia
Intra-cranial Haemorrhage
Pyloric Stenosis
Cervical Adenitis
Meningitis
Stomatitis
Skin Postules
Osteomyelitis
Purulent Conjunctivitis
Abscesses
Observation

Transfusions

Simple Transfusions	....	4
Exchange Transfusions	....	3

There were 4 Pyloric Stenosis infants transferred to Our Lady's Hospital, Crumlin.

There was 1 Cervical Adenitis infant transferred to the Children's Hospital, Temple Street.

Coombe Lying-in Hospital

Paediatric Department

William Kidney, M.D., D.P.H., D.C.H.,
Director

The general statistics of the Paediatric Department for the year 1958 are as follows :—

Total for the year of New Cases	2,387
Total for the year of District Cases	351
Total for the year of Clinic Attendance	6,715
Total for the year of Attendances at the Ballyfermot Clinic	361
Total for the year of Nurses' District Visits	7,794
Total for the year of Babies seen daily on the wards by Doctors	13,621
Total for the year of Admissions to Unit	377
Total for the year of Re-Admissions to Unit	19
Total for the year of Discharges from Unit	310
Total for the year of Deaths in Unit	39
Total for the year of Deaths in Unit of Nursing Home babies	4
Total for the year of Deaths in Wards	6
Total for the year of Babies brought in dead	3
Total for the year of Total deaths (Coombe babies)	48

Neo-Natal mortality was 21·9 per 1,000 births.

Total attendance by Paediatric Staff (excluding attendance on infants in the Paediatric Unit)	28,491
Average attendance on each infant	11·5
Average medical attendance per infant	8·6
Average district visits by Nurses per infant	3·2

Summary of Chief Causes of Death

Disorders of Respiration....	19
Congenital Deformities	11
Infection (all causes)	11
Haemolytic Disease	5
Intracranial Haemorrhage	2

Admissions to the Paediatric Unit

There was a marked fall in the number of infants admitted to the Unit. It was found that the chronic overcrowding resulted in excessive cross infection. Admissions are now kept to a minimum and many cases are treated in the wards, O.P.D., or sent to the Children's Hospitals or Fever Hospitals.

Table 1 gives a summary of the various causes for admission to the Unit. It is shown in relation to the various months of the year.

ADMISSIONS TO PAEDIATRIC UNIT

TABLE 1.

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
Prematurity	12	9	8	6	12	4	5	3	7	5	6	11	88
Gastro	7	6	14	3	14	8	15	12	9	2	6	17	113
Haemolytic Disease	2	1	—	6	1	—	2	2	4	3	1	2	24
Haemorrhagic	—	—	1	1	—	1	—	—	—	—	—	—	3
Asphyxia	1	3	—	—	—	1	2	2	2	3	2	1	17
Anoxia	1	—	—	2	1	2	2	1	—	—	1	—	10
Atelectasis	—	—	—	1	1	—	—	—	—	—	—	—	2
Dietetic Disorders	6	1	—	2	—	—	1	4	—	—	—	—	14
Cong. Deformities	—	3	2	1	1	1	2	4	—	—	—	—	14
Birth Injuries	2	—	—	—	—	2	—	—	—	1	—	—	5
Rhesus Investigation	—	—	2	2	2	1	3	1	2	—	2	—	15
Abscess	—	—	—	—	2	—	1	1	1	—	—	—	5
Pneumonia	1	1	—	—	—	—	—	—	—	—	—	—	2
Pyelitis	1	1	—	—	1	—	1	—	—	—	—	—	4
Vomiting	—	1	2	—	—	2	—	—	—	—	2	—	7
U.R.T.I....	—	—	5	2	1	1	3	1	—	—	—	1	14
Thrush	—	—	7	1	—	1	1	3	—	—	—	—	13
Social Case	1	—	3	2	—	—	—	—	—	—	—	—	7
B.C.G.	3	—	3	2	—	—	—	—	—	—	—	—	8
Neonatal Tetany	—	—	—	1	—	—	—	—	—	—	—	—	1
Cong. Heart	—	—	—	—	—	—	—	1	—	—	—	—	1
Laryngeal Stridor	—	—	—	—	—	—	1	—	—	1	—	—	2
Over Weight	1	—	1	—	—	—	—	—	—	—	—	—	2
Bleeding Cord	—	—	—	—	—	—	—	—	—	1	—	—	1
N.A.D. Admitted for Observation ...	—	1	—	—	2	—	—	—	—	—	—	—	3

Haemolytic Disease

There were 24 cases of Haemolytic disease of the newborn, an incidence of 1.0%. There were 5 deaths, a mortality of 20·8%. Two of the deaths were premature and 3 were mature.

There were no cases of kernicterus among the survivors.

Circumcision

No circumcisions were carried out, by the Department, during the year. A small number of mothers asked about it, but were satisfied with arguments against it. No one was refused it and no complaints were received, that it should have been done.

Age at Death (All Infants)

		% of Total
Under 1 Day	26	44%
1—2 Days	7	11·8
3—7 ,,	12	20·4
8—14 ,,	7	11·9
15—21 ,,	1	1·7
22—28 ,,	6	10·2

Prematurity

There were 178 premature infants, an incidence of 7·03% of all live births. There were 34 deaths, making a premature death rate of 19·1%.

These figures include all living infants over an estimated maturity of 28 weeks, of any birth weight under 5 lbs. 8 ozs.

The mortality for each weight group is as follows :—

Weights	Living	Died	Total	Mortality
2 Lbs. 0 Ozs. to 2 Lbs. 7 Ozs.	Nil	1	1	100%
2 ,, 8 ,, ,, 2 ,, 15 ,,	5	3	8	37·5%
3 ,, 0 ,, ,, 3 ,, 7 ,,	8	8	16	50%
3 ,, 8 ,, ,, 3 ,, 15 ,,	10	3	13	23%
4 ,, 0 ,, ,, 4 ,, 7 ,,	21	5	26	19·2%
4 ,, 8 ,, ,, 4 ,, 15 ,,	27	1	28	3·5%
5 ,, 0 ,, ,, 5 ,, 8 ,,	72	13	85	15%

The causes of death among premature infants was as follows :—

PRINCIPAL CAUSES OF DEATH

Disorders of respiration	14
Infection	6
Gastro Enteritis....	3
Pneumonia	2
Other	1
Congenital Deformities	4
Haemolytic disease	2
Intracranial Haemorrhage	2

The age of prematures at time of death was as follows :—

1 Day or less	16 Cases
2 Days	6 ,,
7 ,,	5 ,,
28 ,,	7 ,,

GASTRO ENTERITIS

This continues to be a big problem. Fortunately not many infants died of this condition during the year, but many required intensive treatment.

The seasonal incidence of the various forms is given in the table below.

	E. Coli 026	E. Coli 055	E. Coli 0111	E. Coli 0119	E. Coli 0125	E. Coli 0127	E. Coli 0128	Coag. Pos. Staph.	Non Spec.
Jan. ...	2	—	—	—	2	—	—	2	2
Feb. ...	4	—	1	1	1	1	—	2	1
March ...	5	1	—	—	3	—	—	3	1
April ...	1	—	—	—	1	—	—	1	—
May ...	4	—	1	—	3	—	—	3	5
June ...	4	—	—	—	4	—	—	2	—
July ...	2	—	—	—	7	—	—	3	2
Aug. ...	2	—	—	—	2	—	—	2	1
Sept. ...	—	—	—	—	1	—	1	4	1
Oct. ...	—	—	—	—	1	1	—	1	—
Nov. ...	—	—	—	—	—	—	—	5	4
Dec. ...	—	—	—	—	5	—	—	6	3
	24	1	2	1	30	2	1	34	20

SOURCE OF PATIENTS WITH GASTRO ENTERITIS

Maternity Unit O.L.S.	48 Cases
,, ,, No. 8	55 ,,
District	3 ,,

NEO-NATAL DEATHS

Baby's Reg. No.	Mother's Reg. No.	Age at Death	Maturity	Birth Weight	P.M.	Cause of Death
62	72	6 Days	37 Weeks	3 Lbs. 14 Ozs.	Yes	(1) Intracranial Haemorrhage (2) Rhesus Incompatibility Baby was breech extraction and prolapsed cord.
78	74	9 „	40 „	5 „ 0 „	Yes	Asphyxia following inhalation of food Baby was B.I.D.
128	123	45 Mins.	40 „	5 „ 3 „	No.	Meningocele ; Cong. Deformity
188	182	26 Days	40 „	7 „ 3 „	No.	Pneumonia
245	240	2 „	30 „	2 „ 4 „	No.	Prematurity
279	249	1 Hour	40 „	5 „ 0 „	„	Spina Bifida
264	262	7 „	39 „	7 „ 5 „	„	Haemolytic disease of new born
278	266A	10 Mins.	40 „	3 „ 3 „	„	Anencephalic
287	274	4 Wks.	40 „	6 „ 12 „	Yes	Gastro Enteritis Bronchitis
331	314	20 Mins.	40 „	8 „ 4 „	No.	Anoxia due to A.P.H. (Mother and baby died)
415	396	2 Hrs.	30 „	1 „ 2 „	No.	Prematurity

Baby's Reg. No.	Mother's Reg. No.	Age at Death	Maturity	Birth Weight	P.M.	Cause of Death
433	414	10 Days	34 Weeks	5 Lbs. 0 Ozs.	Yes	Prematurity
501	480	1 Day	36 ,,	4 ,, 0 ,,	No.	Anoxia Atelectasis
	483	15 Mins.	40 ,,	7 ,, 10 ,,	No.	Anencephalic
510	488	16 Days	40 ,,	7 ,, 4 ,,	Yes	(1) Lobar Pneumonia (2) Gastro Enteritis (3) Pyelitis
551	533	1 Day	35 ,,	2 ,, 10 ,,	No.	Prematurity
624	597	36 Hrs.	34 ,,	2 ,, 10 ,,	No.	Anoxia
623	597	28 Days		2 ,, 12 ,,	No.	Gastro Enteritis and Prematurity
743	714	2 ,,	36 ,,	5 ,, 6 ,,	Yes	Anoxia due to consolidation of right lung Pulmonary hypervolaemia in a premature child
762	726	2 ,,	36 ,,	4 ,, 2 ,,	No.	Anoxia Prematurity
837	782	5 Hrs.	40 ,,	5 ,, 5 ,,	,,	Anoxia (Following C. Section) and Immaturity
883	859	1 Day	36 ,,	3 ,, 4 ,,	,,	Prematurity Atelectasis

Baby's Reg. No.	Mother's Reg. No.	Age at Death	Maturity	Birth Weight	P.M.	Cause of Death
900	876	8 Days	29 Weeks	2 Lbs. 13 Ozs.	,,	Prematurity Anoxia
973	941	3 Hrs.	40 ,,	7 ,, 5 ,,	,,	Anencephalic ; Cong. Deformity
982	952	5 Mins.	32 ,,	3 ,, 0 ,,	,,	Anoxia ; Immaturity
1,018	1,004	1 Week	40 ,,	9 ,, 2 ,,	Yes	Bilateral Lobar Pneumonia
1,075	1,056	26 Days	40 ,,	4 ,, 8 ,,	No.	Gastro Enteritis Prematurity
1,092	1,066	1 Day	32 ,,	2 ,, 4 ,,	,,	Prematurity and Anoxia
1,116	1,095	4 Days	36 ,,	6 ,, 1 ,,	Yes	Anoxia due to pulmonary hypervolaemia
1,145	1,118	1 Day	33 ,,	4 ,, 1 ,,	No.	Prematurity Mongol
1,250	1,215	1 ,,	34 ,,	4 ,, 4 ,,	,,	Prematurity and Anoxia
1,337	1,299	8 Hrs.	40 ,,	6 ,, 11 ,,	Yes	Atelectasis
1,363	1,337	9 Days	40 ,,	9 ,, 6 ,,	,,	Pneumonia
1,756	1,744	5 ,,	31 ,,	3 ,, 11 ,,	,,	(1) Consolidation of lungs (Probably pneumonia) (2) Bi-lateral suprarenal haemorrhage
1,811	1,798	2 ,,	30 ,,	3 ,, 1 ,,	No.	Prematurity
1,812	1,798	2 ,,	30 ,,	3 ,, 5 ,,		Atelectasis

Baby's Reg. No.	Mother's Reg. No.	Age at Death	Maturity	Birth Weight	P.M.	Cause of Death
1,904	1,881	8 Hrs.	38 Weeks	5 Lbs. 3 Ozs.	No.	Haemolytic Disease Prematurity
1,935	1,920	3 Days	38 ,,	4 ,, 4 ,,	Yes	Prematurity Anoxia
1,986	1,953	30 Mins.	37 ,,	3 ,, 0 ,,	No.	Anencephalic
1,981	1,970	2 Hrs.	34 ,,	3 ,, 0 ,,	,,	Cong. Deformity Immaturity
2,049	1,998	10 Mins	40 ,,	4 ,, 5 ,,	,,	Cong. Abnormalities
2,052	2,045	40 ,,	40 ,,	7 ,, 8 ,,	,,	Cong. Deformities (" Siamese Twins ")
2,064	2,053	4 Days	40 ,,	7 ,, 8 ,,	No.	(1) Enlarged Heart (2) Congestion of Lungs
2,152	2,157	7 Days	39 ,,	7 ,, 13 ,,	Yes	Haemolytic Disease
2,253	2,259	3 ,,	38 ,,	5 ,, 8 ,,	No.	Anorexia due to pulmonary hypervolaemia
2,270	2,275	1 Day	32 ,,	3 ,, 12 ,,	No.	Prematurity
1,998	1,983	2 Days	38 ,,	5 ,, 8 ,,	Yes	Haemolytic Disease

Rotunda Hospital

Paediatric Service

P. C. D. MacClancy AND E. E. Doyle

Intern Deliveries

Total live births	4,138
Total dead-born infants (stillbirths)	122
Infants dying in Nursery and Labour Ward (including previables)	63
Total Infant Mortality rate (deaths of infants born, excluding abortions, but including dead-born infants, still-births, etc.)	4·42%
Dead-born (stillbirth) rate	2·95%
Infant death rate (against total live births)	1·52%
Corrected infant death rate amongst live births :—	
Live births viable (over $2\frac{3}{4}$ lbs.)	4,125
Infant deaths in this group	51
Infant death rate of viables	1·24%
Premature births (viable) :—	
(8% of live births)	331
Number of Deaths	29
Mortality Rate	8·76%
Previable Prematures :—	
Number of Cases	13
Number of Deaths	13
Mortality Rate	100%
Total Premature Death Rate (including previable infants) :—	
Number of Cases	344
Number of Deaths	42
Mortality Rate	12·21%
Corrected Premature Death Rate	2·91%

(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	397	20	5·04
Premature Infants	251	25	9·96
Previable Premature Infants	11	11	100·00
Total	659	56	8·5

There were 7 deaths in the Labour Ward : 1 Mature, 4 Premature and 2 Previable Premature Infants. There was 1 Mature Infant death on the Corridors

Summary.

INTERN PAEDIATRIC DEPARTMENT

Condition or Classification	Mature Infants			Premature Infants			Previable Premature Infants		
	A	L	D	A	L	D	A	L	D
Acute Bronchopneumonia ...	3	—	3	—	—	—	—	—	—
Acute Haemorrhagic Bronchopneumonia ...	1	—	1	—	—	—	—	—	—
Anencephalic Monster ...	1	—	1	2	—	2	—	—	—
Asphyxia Neonatorum ...	15	14	1	—	—	—	—	—	—
Asphyxia Neonatorum, Pulmonary Haemorrhage	1	—	1	—	—	—	—	—	—
Atelectasis	6	4	2	12	1	11	—	—	—
Atelectasis, Diaphragmatic Hernia	1	—	1	—	—	—	—	—	—
Atelectasis, Multiple Congenital Abnormalities	—	—	—	1	—	1	—	—	—
Atelectasis, Spina Bifida ...	1	—	1	—	—	—	—	—	—
B.C.G. Vaccination ...	1	1	—	—	—	—	—	—	—
Birth Shock	8	8	—	1	1	—	—	—	—
Breech Delivery–Observation	16	16	—	5	5	—	—	—	—
Brow Presentation–Observation	1	1	—	—	—	—	—	—	—
Cerebral Syndrome ...	5	4	1	—	—	—	—	—	—
Congenital Heart Disease ...	2	—	2	—	—	—	—	—	—
Coombs Negative–Observation	25	25	—	1	1	—	—	—	—
Cyanosis	9	9	—	1	1	—	—	—	—
Diaphragmatic Hernia ...	—	—	—	1	—	1	—	—	—
Erbs Paralysis	1	1	—	—	—	—	—	—	—

EXTERN PAEDIATRIC DEPARTMENT—contd.

Condition or Classification	Mature Infants			Premature Infants			Previable Premature Infants		
	A	L	D	A	L	D	A	L	D
Face Presentation–Observation	2	2	—	—	—	—	—	—	—
Forceps Delivery–Observation	39	39	—	5	5	—	—	—	—
Haemolytic Disease ...	7	7	—	1	—	1	—	—	—
Haemorrhagic Pneumonia ...	1	—	1	—	—	—	—	—	—
Hyaline Membrane Disease	2	—	2	4	—	4	—	—	—
Hydrocephalus, Spina Bifida	1	—	1	1	—	1	—	—	—
Hydrops Foetalis	1	—	1	—	—	—	—	—	—
L.S.C.S.–Observation ...	132	132	—	9	9	—	—	—	—
Meconium Aspiration ...	1	1	—	—	—	—	—	—	—
Melaena Neonatourm ...	3	3	—	—	—	—	—	—	—
Microcephaly	1	1	—	—	—	—	—	—	—
Mongolian Features ...	1	1	—	—	—	—	—	—	—
Mucus Plug–Observation ...	1	1	—	—	—	—	—	—	—
Observation	45	45	—	—	—	—	—	—	—
Obstructive Jaundice ...	—	—	—	1	1	—	—	—	—
Pneumonia	—	—	—	2	—	2	—	—	—
Premature	—	—	—	173	171	2	11	—	11
Pyelonephritis	—	—	—	1	1	—	—	—	—
Sub-dural Haemorrhage ...	1	—	1	—	—	—	—	—	—
Tetany	1	1	—	1	1	—	—	—	—
Urinary Infection ...	1	1	—	—	—	—	—	—	—
Transferred to Unit ...	60	60	—	29	29	—	—	—	—
Total ...	397	377	20	251	226	25	11	—	11

There were no Surgical Operations.
There were 56 deaths in the Nursery.
Postmortems were obtained in 19 cases.

EXTERN PAEDIATRIC DEPARTMENT.

Group	Admissions	Deaths	Mortality Rate per cent.
Mature Infants	328	56	17·07
Premature Infants	96	18	18·75
Previable Premature Infants	7	6	85·71
Total	431	80	18·56

Summary.

EXTERN PAEDIATRIC DEPARTMENT.

Condition or Classification	Mature Infants			Premature Infants			Previable Premature Infants		
	A	L	D	A	L	D	A	L	D
Abscess of Left Arm ...	1	1	—	—	—	—	—	—	—
Abscess of Left Groin ...	1	1	—	—	—	—	—	—	—
Abscess of Scalp	—	—	—	1	1	—	—	—	—
Acute Blepharitis	1	1	—	—	—	—	—	—	—
Acute Bronchopneumonia ...	10	—	10	5	—	5	—	—	—
Acute Haemorrhagic Broncho-pneumonia	2	—	2	—	—	—	—	—	—
Acute Hepatitis	1	—	1	—	—	—	—	—	—
Acute Mastitis	2	2	—	—	—	—	—	—	—
Acute Peritonitis, Acute Pneumonitis	1	—	1	—	—	—	—	—	—
Acute Pneumonia	5	—	5	—	—	—	—	—	—
Anencephalic : Meningocele	1	—	1	—	—	—	—	—	—
Anencephalic Monster ...	2	—	2	—	—	—	—	—	—
Asphyxia Neonatorum ...	4	3	1	—	—	—	—	—	—
Atelectasis	1	—	1	2	—	2	—	—	—
B.C.G. Vaccination ...	24	24	—	—	—	—	—	—	—
B. Coli Infection of Mouth ...	1	1	—	—	—	—	—	—	—
Bi-lateral Inflammation of Mammary Glands ...	1	1	—	—	—	—	—	—	—
Breast Abscess	2	2	—	—	—	—	—	—	—
Breech Delivery–Observation	2	2	—	—	—	—	—	—	—
Bronchitis	3	3	—	—	—	—	—	—	—
Bronchitis : Neo-Natal Infection	1	1	—	—	—	—	—	—	—
Bronchopneumonia ...	11	11	—	3	3	—	—	—	—
Bronchopneumonia : Neo-Natal Infection ...	3	2	1	—	—	—	—	—	—
Cerebral Haemorrhage ...	1	—	1	—	—	—	—	—	—
Cerebral Syndrome ...	7	7	—	—	—	—	—	—	—
Circumcision	10	10	—	1	1	—	—	—	—
Cleft Lip and Plaate ...	1	1	—	—	—	—	—	—	—
Congenital Deformity of Nasal Passages	1	1	—	—	—	—	—	—	—
Congenital Heart Disease ...	8	3	5	1	1	—	—	—	—
Coombs Negative—Observation	2	2	—	2	2	—	—	—	—
Cyanosis	1	1	—	—	—	—	—	—	—
Depressed Fracture of Skull	—	—	—	1	1	—	—	—	—
Ectopia of Bladder ...	1	1	—	—	—	—	—	—	—
Empyema Thoracis ...	1	—	1	—	—	—	—	—	—
Enlarged Thymus ...	1	1	—	—	—	—	—	—	—
Epidermolysis Bullosa ...	1	—	1	—	—	—	—	—	—
Facial Paralysis	2	2	—	—	—	—	—	—	—
Fracture of left Humerus ...	1	1	—	—	—	—	—	—	—
Haemolytic Disease ...	4	4	—	—	—	—	—	—	—
Haemolytic Disease : Exchange Transfusion ...	36	32	4	6	5	1	—	—	—

EXTERN PAEDIATRIC DEPARTMENT—Contd.

Condition or Classification	Mature Infants			Premature Infants			Previable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Haemolytic Disease : Exchange Transfusion, Kernicterus	2	—	2	—	—	—	—	—	—
Haemoptysis	1	1	—	—	—	—	—	—	—
Haemorrhage from Cord ...	1	1	—	—	—	—	—	—	—
Hydrocephalus	2	1	1	—	—	—	—	—	—
Hydrocephalus : Spina Bifida	11	5	6	—	—	—	—	—	—
Hypospadias	1	1	—	—	—	—	—	—	—
Icterus	3	3	—	—	—	—	—	—	—
Infantile Eczema	1	1	—	—	—	—	—	—	—
Influenza	1	1	—	—	—	—	—	—	—
Imperforate Anus	1	1	—	—	—	—	—	—	—
Imperforate Anus : Recto-Vaginal Fistula ...	1	1	—	—	—	—	—	—	—
Inflammation of Buttocks ...	1	1	—	—	—	—	—	—	—
Inguinal Hernia	1	1	—	1	1	—	—	—	—
Intra Peritoneal Haemorrhage	1	—	1	—	—	—	—	—	—
Marasmus	1	—	1	—	—	—	—	—	—
Meningocele	2	2	—	—	—	—	—	—	—
Meningo-Myelocele ...	1	—	1	—	—	—	—	—	—
Mismanagement of Feeding ...	11	11	—	2	2	—	—	—	—
Mongolian Idiot	5	5	—	—	—	—	—	—	—
Mucus Gastritis	1	1	—	—	—	—	—	—	—
Multiple Congenital Abnormalities	1	1	—	1	—	1	—	—	—
Myocardialatony	—	—	—	1	—	1	—	—	—
Neo-Natal Infection ...	47	44	3	7	5	2	—	—	—
Observation (Miscellaneous)	33	33	—	—	—	—	—	—	—
Oesophageal Atresia ...	—	—	—	1	—	1	—	—	—
Osteomyelitis of Right Maxilla	1	1	—	—	—	—	—	—	—
Patent Vitello Intestinal Duct	1	1	—	—	—	—	—	—	—
Pneumonia	2	2	—	1	1	—	—	—	—
Post Circumcision Haemorrhage	2	2	—	—	—	—	—	—	—
Premature	—	—	—	53	52	1	7	1	6
Protein Dyspepsia ...	1	1	—	—	—	—	—	—	—
Pyelitis	1	1	—	—	—	—	—	—	—
Pyelonephritis	1	1	—	—	—	—	—	—	—
Pyloric Stenosis	5	5	—	—	—	—	—	—	—
Repair of Cleft Lip ...	3	3	—	—	—	—	—	—	—
Right Mammary Abscess ...	1	1	—	—	—	—	—	—	—
Right Otitis Media ...	—	—	—	1	1	—	—	—	—
Seborrhoeic Dermatitis ...	1	1	—	—	—	—	—	—	—
Spina Bifida	6	5	1	1	—	1	—	—	—
Spina Bifida : Meningocele ...	2	—	2	—	—	—	—	—	—
Thrombosis of Renal Veins ...	—	—	—	1	—	1	—	—	—
Umbilical Hernia	1	1	—	—	—	—	—	—	—
Upper Respiratory Infection	2	2	—	2	2	—	—	—	—
Urachal Cyst : Obstructive Jaundice	—	—	—	1	—	1	—	—	—

EXTERN PAEDIATRIC DEPARTMENT—Contd.

Condition or Classification	Mature Infants			Premature Infants			Previable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Uraemia	—	—	—	1	—	1	—	—	—
Urethral Discharge ...	1	1	—	—	—	—	—	—	—
Virus Encephalitis ...	1	—	1	—	—	—	—	—	—
Vomiting	8	8	—	—	—	—	—	—	—
Total	328	272	56	96	78	18	7	1	6

There were 88 Surgical Operations. There were 80 Deaths. Postmortems were obtained in 39 cases.

PAEDIATRIC O.P.D.

Total Attendances 11,492

Initial Attendances 3,142

District Visits 3,015

EXTERN PAEDIATRIC DEPARTMENT

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

Group	Admissions	Deaths	Mortality Rate per cent.
Mature Infants	58	13	22·41
Premature Infants ...	24	4	16·67
Previable Premature Infants	1	—	—
Total	83	17	20·48

Summary.

Condition or Classification	Mature Infants			Premature Infants			Previable Premature Infants		
	A	L	D	A	L	D	A	L	D
Acute Bronchopneumonia ...	1	—	1	—	—	—	—	—	—
Acute Haemorrhagic Pneumonia	—	—	—	1	—	1	—	—	—
Acute Meningitis, Broncho-pneumonia	1	—	1	—	—	—	—	—	—
Acute Peritonitis	2	—	2	—	—	—	—	—	—
Acute Pneumonia	1	—	1	—	—	—	—	—	—
Asphyxia Neonatorum, Neo-Natal Infection	1	1	—	—	—	—	—	—	—
Atelectasis	—	—	—	4	1	3	—	—	—
Atresia of Anal Canal with Fistula	1	1	—	—	—	—	—	—	—
Cerebral Syndrome ...	1	—	1	—	—	—	—	—	—
Cleft Lip	2	2	—	—	—	—	—	—	—
Congenital Heart Disease ...	2	1	1	—	—	—	—	—	—
Cyanosis	1	1	—	—	—	—	—	—	—
Empyema Thoracis ...	1	—	1	—	—	—	—	—	—
Endocardial Fibrosis ...	1	—	1	—	—	—	—	—	—
Genito Urinary Infection, Neo-Natal Infection ...	1	—	1	—	—	—	—	—	—
Haemolytic Disease ...	1	1	—	—	—	—	—	—	—
Haemolytic Disease, Exchange Transfusion ...	1	1	—	3	3	—	—	—	—
Haemolytic Disease, Exchange Transfusion, Kernicterus	1	—	1	—	—	—	—	—	—
Haemorrhagic Disease ...	1	1	—	—	—	—	—	—	—
Haemorrhagic Pneumonia ...	1	—	1	—	—	—	—	—	—
Icterus–Observation ...	2	2	—	—	—	—	—	—	—
Intestinal Obstruction ...	1	1	—	—	—	—	—	—	—
Melaena Neonatorum ...	1	1	—	—	—	—	—	—	—
Mismanagement of Feeding ...	1	1	—	—	—	—	—	—	—
Neo-Natal Infection ...	1	1	—	—	—	—	—	—	—
Neo-Natal Infection, Cleft Palate	1	—	1	—	—	—	—	—	—
Observation	10	10	—	—	—	—	—	—	—
Pneumonia	—	—	—	1	1	—	—	—	—
Premature	—	—	—	13	13	—	1	1	—
Pyloric Stenosis	3	3	—	—	—	—	—	—	—
Repair of Cleft Lip... ...	17	17	—	2	2	—	—	—	—
Total	58	45	13	24	20	4	1	1	—

There were 26 Surgical Operations.

There were 17 Deaths.

Postmortems were obtained in 10 cases.

SCHOOL HEALTH SERVICE

C. O'Brien, M.B., D.P.H., B.Sc. (P.H.).
Senior Medical Officer

> " . . . the most important foe we have to fight is apathy—indifference from whatever cause, not from lack of knowledge, . . . but from absorption in other interests, from a contempt bred of self-satisfaction."
>
> Sir William Osler.

The Report of the Department of Local Government and Public Health 1925/1927, referring to the introduction of a general School Medical Service for Saorstat Eireann, states as follows :—" In Dublin a scheme has been formulated and it is intended to inaugurate the Service by the appointment of two School Medical Officers, and two trained Nurses, who will make a general survey of the physical condition of the children." The actual School Health Service was established in Dublin County Borough in 1928, and the inspection of children was begun early that year. The changes which have taken place during the past thirty years in the housing conditions of families in the City are so vast that the whole pattern of the City has been changed, and the lay-out of the Capital radically altered. New schools, too, have been built to cater for the large families moved to housing estates on the outskirts of the City. The old school buildings in the former over-crowded districts of the City had gradually fallen into disrepair. The design did not satisfy modern requirements, though the buildings served as schools for many years before our country became independent. The movement of population away from the over-crowded areas in the " old " City, reduced the numbers attending these old-fashioned unsuitable schools, and they have gradually been given up for use as educational centres. Some of them still serve the need for temporary accommodation for children while awaiting places

in new schools, but others have had to be closed because they were entirely unsuitable, and even some of them had become unsafe from age and by reason of structural defects. The County Borough Boundary has been greatly expanded during the thirty years which have elapsed since the City School Health Service was established, and during the intervening years, the City school population has increased from 53,900 to 87,399, the latter being the figure for the 1st of June, 1957.

The largest single factor in the improvement of the health of the children in Dublin has been the enormous progress made by the Corporation in slum clearance, the provision of open spaces in the City, and the building of blocks of modern flats, together with the houses erected in the outskirts of Dublin.

The year 1958 was the 30th birthday of the School Health Service in Dublin County Borough. It was also the Jubilee Year of the School Health Service in England. The Chief Medical Officer's introduction to the special report on fifty years' work, states as follows :—" The work of the School Health Service has been one of many factors that has contributed to improved child health and reduced mortality in the past fifty years . . . The health and welfare of the school child will be best served only if the staff of the service and teachers work as colleagues in the joint enterprise, and together obtain the assistance of the parents. Their common objective is that boys and girls should grow up into healthy men and women and become good parents and neighbours."

Mindful of the kindly way in which we have always been received in schools, we extend our gratitude and sincere thanks to the Reverend Managers of schools, and to the teachers, for all their help. We thank, too, very specially, the Hospital Staffs, Voluntary Organisations, and all the other Societies who have assisted us. It is our earnest hope that the improvement in health, for which the Schools' Service was designed, will be a recompense for the kindliness, toleration, and courtesy extended to us.

The photographs included in the Jubilee Report of the School Health Service in England are a striking indication of the advances made in child care. Blind children acting in plays, deaf and partially deaf children attending Grammar Schools, and learning modern languages, crippled boys playing cricket, children with severe speech defects and others with multiple handicaps being taught in schools which cater specially for each of these various defects, and during all these years, the School Health Service continues to supervise the health of the large section of the child population who attend normal schools. Here, we too can be grateful for the Special Schools, day and residential, opened in or near the City during the past thirty years, and we note with satisfaction, the expansion and modernisation of Special Residential Schools for Handicapped Children, already established since the last century. Provision for the education and care of handicapped children is a true indication of a Christian appreciation of the problems of the handicapped, and it is the privilege of enlightened communities to cater for our less fortunate young brethren. Hospital schools, too, are a feature of child care in Dublin to-day, and the Child Guidance Clinic continues to be of inestimable help to maladjusted children. Parents are accepting the special facilities available for their children more readily now-a-days. They are gradually beginning to realise that it is in the child's own interest to accept the particular type of education and training best suited to its needs, and they are less inclined to regard education and training in Special Residential Schools as a hardship for the child, and as a painful separation from family life. Week-end home leave, and Christmas and Summer holidays, from Residential Schools, has served to break down the inevitable prejudices, and is a major factor in overcoming the reluctance of parents to be parted from their children. Realisation of mental handicap is such a grief for parents, that the associated shock is surely a heartache that only the most sympathetic and patient understanding can assuage.

It seems particularly hard that young children require to start education and training relatively earlier than normal children, if the maximum benefit is to be obtained, and this must perplex mothers when it is first suggested to them.

The Child Guidance Service caters for maladjusted children, who, emotionally disturbed, are unable to get on with other children at school or with their brothers and sisters, and, who are so upset by their own difficulties, that their educational progress is impeded. They may even convey an impression of mental handicap. These are the children who really benefit by the attention that only Child Guidance Clinics can give them, and who, if they are left without proper facilities, only create more unhappiness for themselves and others, and who disrupt the tranquillity and peace of their family surroundings. It is good to note that Child Guidance is available for children under the G.M.S. Card Service, and now that the true purpose of Child Guidance Service is understood, parents no longer expect that their mentally handicapped children will be cured by attendance at Child Guidance Clinics. An adequate degree of intelligence is essential in order that the child, and the parents, may profit by attendance at such Clinics. Nor is it always easy to convince parents that speech disorders, or behaviour problems, may be a result of inherent lack of intelligence. So much literature is available concerning Hearing Aids and the benefits they confer on suitable cases, that parents are only too ready to believe that if their handicapped child is only given a Hearing Aid, its speech defects, and even its behaviour disorders, will disappear. Retarded children, who are emotionally unstable, may be upset, rather than benefited, by the wearing of a Hearing Aid. Audiometry serves a most useful purpose in distinguishing speech disorders, or the lack of speech due to hearing defect, from those due to deafness of major or less marked degree.

Trachoma has virtually disappeared in Dublin. Thirty years ago, it was one of the common causes

of blindness. Phylctenular Disease and Corneal Ulcer is now much less frequent than in the past, thanks to the work done by the City Tuberculosis Service. The children are wearing spectacles at a much earlier age than heretofore, and parents are more anxious to have their children's defects remedied. Thanks to the excellent manner in which school work was first started here by the late Doctors M. M. O'Leary and Kerry Reddin, we are well received in schools, and, indeed, made welcome, despite the fact that our visits must necessarily cause a disruption of school routine, more especially in schools where accommodation for health examination constitutes a problem. Yet, the teachers always facilitate us in a most gracious manner.

The general standard of living of our people seems to have improved, though poverty, unemployment, and illness still continue to be the enemies of health. Reading the first Annual Report of the School Health Service for the year 1928, statistics showing the extent of unsatisfactory clothing, footgear and cleanliness, are higher than those shown in our records for 1958. Thirty years ago, it was noted that 24% of boys' clothing, and 41% of the boys' footgear, were classified as poor. Tables showing the extent of the problem for girls were even more marked. 59% of the girls' clothing, and 63% of their footgear, were classified as poor. During the year 1958, a total of 20,478 children were examined in the course of routing School Health Examination. The numbers examined during the first year of the Service were 12,000. Tables showing the height and weight for age and sex in City School Children examined in 1928 are included in this Report. " These tables were compiled from figures obtained in six large schools situated in good, mixed, and poor locality." The statistics compiled thirty years ago are not strictly comparable with those for the year 1958, as the numbers comprising this table are not stated, and the children have been grouped under three headings, whereas, in our tables for average height and weight for age and sex compiled

for us each year since 1944, all the children seen at routine School Health Examination are included. It is interesting, however, to compare the findings in 1928 with those of 1958, and to continue to build on the foundations of the Service, so well laid by those pioneers of the School Health Service in Dublin.

Some changes in School Health Examination procedure were started in the Autumn of 1958. Younger age groups were examined in schools, so the numbers making up the average height and weight table is somewhat different from those in previous years. Heretofore, the largest numbers in the tables were those children aged 6 to 8, and those aged 11 to 13 years. Since the third quarter of 1958, the numbers have been distributed into age groups—5 to 6, 8 to 9, and 11 to 12 years. A table is presented which shows the increase in height and weight of a group of children. We have been anxious for some time to find out what is the rate of increase in weight, and the rate of growth in City children during their school years. We have had the actual records of average weight and height for age and sex of those children examined at routine School Health Examinations each year, but we have not been able to determine statistically how rapidly these children gained in weight, or whether their increase in height has been proportionate to their increase in weight. Now that a beginning has been made by a small survey of this aspect of nutrition of school children, we hope that tables will be available in due course.

School Premises

The building of new schools in the outskirts of the City where adequate space is available for playgrounds, and where the question of noise, overcrowding, traffic, etc., no longer constitute a problem in school design, has resulted in the erection of large modern attractive schools in Finglas, Ballyfermot, Walkinstown, and Raheny, where children are being taught under conditions undreamed of by their grandparents. The schools are beautifully situated,

well planned, comfortable, spacious and attractive, so it is not surprising that the pupils appear independent, happy and active. The large child population in Dublin still presents a problem, however, for those concerned in providing sufficient accommodation for all the pupils who must be admitted. Children are still being carried in buses from the perimeter to schools in the centre of the City. These schools are too far away from their homes for the children to go home at mid-day to share the family dinner. Their dinner hour is later on weekdays than on Saturdays and Sundays, when they are able to share the family dinner while it is hot, appetising, and nourishing. The afternoon meal may be reheated left-overs from the family dinner with the inevitable loss of vitamin and food value. The cost of living is considerable. Nourishing food is so important for growing children that they should be able to derive the maximum benefit from it, more especially during the growing years of childhood and adolescence. When sufficient schools are provided to serve the families living in the outskirts of the City, there will be less strain on children and their parents if sufficient time is given to enable the children to go home from school at mid-day to eat their dinner, at a time when it is being served to the other members of the family. It is regrettable that so many schools now only give a short mid-day break. It is alleged that parents prefer that arrangement. This would be understandable if children had to undertake a long journey to and from school four times a day, but this is not necessary where the schools are situated near the children's homes on the housing estates. We look forward most earnestly to the time when the transport of children from their new homes in pleasant healthy surroundings to old schools in the centre of the City, will no longer be necessary. The present system is undesirable.

Treatment

Treatment of defects found during the course of School Health Examinations is arranged in accordance

with the Hospital and Specialist Section, Health Act, 1953. Parents are notified of defects found which, in the opinion of the examining Doctor, require attention, and parents are invited to accept treatment. It is customary to note in the Annual Report of the School Health Service, the numbers of children treated during the year under review, and the conditions for which treatment has been given. It has not been possible, however, to get the record of all the children treated during 1958. The usual tables are included in this Report, showing the defects found, and the incidence of the various conditions. A true assessment of the progress being made in the care of school children, and in the value of the School Health Service to the community, can only be made if the numbers treated, and the types of treatment afforded, are known to us. The Follow-Up Service is small, relative to the large numbers of children of school age. Forms and printed notices to parents have a limited sphere of usefulness. It is the actual home visit made by the Nurse to the parent, and the sympathetic, detailed, simple explanation of the need for treatment which will ultimately decide whether the parents will really accept treatment for a child's defects, and whether the parents will continue with the treatment until the defect has been remedied. It is on the human contact, between the Nurse and the parent and the Doctor and the teacher, that we rely in order to derive maximum benefit from the School Health Service.

SCHOOLS INSPECTED DURING 1958

Artane C.B. ... ... Boys

Baggot St. ... ... Girls, Infants

Donnycarney C.B. ... Boys

Crumlin C.B. ... ... Boys

Coolock ... ... Infants

Gloucester St. ... ... Boys, Girls, Infants

Larkhill ... ... Boys

Rutland St. ... ... Infant, Boys

Donore Avenue C.B. ... Boys

Harold's Cross, Mt. Jerome Boys, Girls, Infants

Sherrard Street ... Boys, Girls, Infants

Mountjoy St., St. Mary's Boys, Girls, Infants

Northumberland Road ... Boys, Girls, Infants

Leeson Park ... ... Boys, Girls, Infants

Ringsend ... ... Girls

Donnybrook ... ... Boys

Bloomfield Avenue ... Boys, Girls, Infants

North Strand ... ... Boys, Girls, Infants

Larkhill ... ... Girls, Infants

Blackpitts ... ... Boys

Merrion Blind ... ... Girls, Infants

Nth. Richmond St. C.B. ... Boys

Howth Road ... ... Boys, Girls, Infants

Dorset St., St. Francis Xavier ... ... Girls, Infants

Church Avenue ... Boys, Girls, Infants

Glasnevin C.B. ... ... Boys

Donnycarney ... ... Girls, Infants

Rutland St. ... Boys

Raheny No. 2. ... Boys, Girls, Infants

Gardiner St. ... ... Girls, Infants

Ballyfermot ... ... Girls, Infants

Weaver Square ... Girls, Infants

Sutton, The Burrow Boys, Girls, Infants

Howth ... ... Boys, Girls, Infants

Hill Street ... ... Girls, Infants

Cabra West ... Boys

Kings Inn Street ... Girls, Infants

Lindsay Road ... ... Boys, Girls, Infants

Killester ... ... Boys

Killester ... ... Girls, Infants

Raheny No. 1 ... Boys, Girls, Infants

Inchicore Oblate ... Boys

Nth. Brunswick St. C.B.... Boys

SCHOOLS INSPECTED DURING 1958 Continued.

Clarendon St. ... ... Girls, Infants

Leeson Lane ... ... Girls, Infants

Inchicore Model ... Boys, Girls, Infants

Seville Place ... ... Girls, Infants

Glasnevin Model ... Boys

Drimnagh ... ... Girls, Infants

Greenlanes, Clontarf ... Boys, Girls, Infants

St. Canices C.B. ... Boys

Stanhope Street ... Girls, Infants

Marino, St. Mary's C.B. ... Boys

Sandford Road ... ... Boys, Girls, Infants

Drimnagh ... ... Boys

Harold's Cross, St. Clares Girls

Haddington Road ... Boys

Francis Street ... ... Girls, Infants

Townsend Street ... Girls, Infants

Belgrove, Clontarf ... Boys, Girls, Infants

Drumcondra, St. Patrick's No. 1 Boys

Drumcondra, St. Patrick's No. 2 Boys

Sandymount, Lakelands Con. Girls, Infants

Haddington Road ... Girls, Infants

Rialto Boys ... ... Boys

Denmark Street ... Boys, Girls, Infants

Sandymount ... ... Boys

James St. C.B. ... Boys

Walkinstown C.B. ... Boys

Fairview, St. Joseph's C.B. Boys

Goldenbridge ... Girls, Infants

Phibsboro Boys, Girls, Infants

Crumlin, St. Agnes' ... Girls, Infants

Keogh Square C.B. ... Boys

Cabra Convent ... Girls, Infants

Ballyfermot ... ... Boys

DEFECTS FOUND DURING THE YEAR ENDED 31st DECEMBER, 1958
Total number examined during the year, 20,478

Defects	Defects Requiring Treatment	Defects Requiring Observation
Speech	78	102
Mental Condition	30	115
Hearing	27	80
Vision	3,697	2,363
Clothing	696	1,635
Footgear	1,338	2,189
Hair and Scalp } Uncleanliness	2,029	2,064
Body } Uncleanliness ...	529	2,251
Vaccination Nil	19,016	—
Nutrition	255	1,991
Glands Enlarged	118	2,761
Teeth	14,520	394
EAR :—		
Otitis Media	69	73
Other Diseases	27	15
NOSE AND THROAT :—		
Enlarged Tonsils and Adenoids ...	1,316	5,782
Other Defects	147	260
EYE :—		
Blepharitis	73	429
Conjunctivitis	32	57
Squint	636	670
Other Diseases	64	82
SKIN :—		
Ringworm-Head	1	—
Ringworm-Body	3	1
Scabies	13	3
Impetigo	14	35
Other Diseases	271	806
HEART AND CIRCULATION :—		
Organic Heart Disease	38	68
Functional Heart Disease	24	342
Anaemia	51	1,099
LUNGS :—		
Bronchitis	89	584
Other Defects	26	85
*Definite Pulmonary T.B.	45	115
Definite Non-Pulmonary T.B. ...	2	5
NERVOUS SYSTEM :—		
Epilepsy	7	4
Other	18	108
DEFORMITIES :—		
Spinal Curvature	4	9
Other	110	714

*Includes Primary T.B. cases found at School Health Examination.

DEFECTS FOUND DURING THE YEAR ENDED 31st DECEMBER, 1958—Continued.

Defects	Defects Requiring Treatment	Defects Requiring Observation
Postural Defects :—		
Round Shoulders	202	2,049
Scoliosis	18	217
Flat Feet	528	1,826
Other Conditions :—		
Infectious Diseases	3	18
Rheumatism/Chorea	5	36
Rickets	8	705
Other Diseases	252	1,802

DEFECTS TREATED—SCHOOL CHILDREN

Medical		
	Rheumatism/Cardiac/Chorea... ...	63
	Congenital Heart	2
	Anaemia	6
	Debility	2
	Genito-Urinary Disorder	3
	Enuresis	1
	Epilepsy	1
	U.R.T.I.	3
	Investigation	4
Surgical		
	Hernia	9
	Cyst	4
	Haemostasis	1
Skin		
	Naevus	2
	Other Conditions	2
Eye		
	Defective Vision (incl. Squint) ...	68
	Cyst	3
Ear		
	Otitis Media	3
	Mastoid Disease	3
	Cyst	2
Nose and Throat		
	Tonsil and Adenoid Operation ...	419
	Antrum Lavage	4
	Nasal Polypus	1

Orthopaedic

INTERN :

Congenital Dislocation of Hip ...	12
,, Shortening of Leg ...	1
,, Absence of both arms ...	1
Spina Bifida	7
Fragilitas Ossium	1
Schlatter's Disease	1
Club Foot	14
Torticollis	2
Perthes Disease	7
Scoliosis	1
Kyphosis	2
Pes Planus	3
Hallux Valgus	4
Hammer Toe	2
Genu Valgum	2
,, Varum	4
Interphalanageal Deformity ...	1
Progressive Muscular Dystrophy ...	1
Cerebral Palsy	23

EXTERN :

Congenital Dislocation of Hip ...	4
,, Shortening of Leg ...	1
,, Absence of Arms ...	1
Klippel Feil Syndrome	3
Torticollis	2
Club Foot	18
Scoliosis	10
Kyphosis	36
Pes Planus	73
Hallux Valgus	5
Hammer Toe	3
Genu Valgum	8
,, Varum	1
Pidgeon Toe	2
Paralysis	3
Other Conditions	1
X-Ray Examinations	99
Attendances for Physiotherapy ...	3,718
ORTHOPAEDIC APPLICANCES SUPPLIED (including renewals and Repairs)	498
ATTENDANCES AT CEREBRAL PALSY CLINIC	8,573

SPECTACLES

Spectacles Supplied	2,343
,, Repaired	1,778
Occluders Supplied	16
Artificial Eyes Supplied	8

ATTENDANCES

Ear, Nose and Throat Clinic ...	3,544
*Orthopaedic Clinic	250

CHILD GUIDANCE CLINIC

No. of Patients who attended during the year ...	146

*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	3	1
St. Mary's School for the Blind, Merrion Road	Girls	—	2
St. Joseph's School for Deaf/Deaf Mutes, Cabra	Boys	5	8
St. Mary's School for Deaf/Deaf Mutes, Cabra	Girls	7	5
Mary Immaculate School for Deaf, Still rgan	Boys	6	—
Mentally Handicapped			
Stewart's Hospital, Palmerstown ...		8	—
St. Vincent's Home, Navan Road, Cabra		22	8
Holy Angels, Glenmaroon ...		24	11
Holy Family, Clonsilla		39	—
St. Augustine's Colony, Blackrock		24	22
St. Raphael's, Celbridge ...		11	12
St. Mary's, Drumcar		4	5
HOSPITAL SCHOOLS			
Linden			
Children treated :—			
Rheum/Cardiac/Chorea ...	11		
Debility	55		
Cabinteely		43	41
Orthopaedic Hospital, Clontarf		41	50
plus I.S.A. Admission Scheme, 1958 ...		26	25
,, Sequelae A.P.M. Admission Scheme ...		50	47
St. Mary's Open-Air Hospital, Cappagh, (Pre-School and School Children) ...		24	16
Orthopaedic Open-Air Hospital, Baldoyle (Pre-School and School Children) ...		39	40
Convalescent Homes			
Cheeverstown		75	
plus I.S.A. Admission Scheme ...		307	

AVERAGE WEIGHTS AND HEIGHTS—CALENDAR YEAR—1958

SEX : MALE

Year of Birth	Age Group	Card Count	Average Height Inches	Average Weight lbs.
1954 ...	4	36	41½	41¼
1953 ...	5	612	43½	44½
1952 ...	6	713	44¾	47
1951 ...	7	1,298	46¼	50
1950 ...	8	2,341	49	55½
1949 ...	9	1,602	50¼	59
1948 ...	10	510	52½	64½
1947 ...	11	779	55	73
1946 ...	12	1,239	56	77¾
1945 ...	13	1,005	57¼	82¾
1944 ...	14	506	58½	88½
1943 ...	15	137	58½	92¼
1942 ...	16	94	59¾	99¼
1941 ...	17	2	60½	102
1940 ...	18	1	55	68

SEX : FEMALE

Year of Birth	Age Group	Card Count	Average Height Inches	Average Weight lbs.
1954 ...	4	33	41	40½
1953 ...	5	556	42¾	41¾
1952 ...	6	839	44	44
1951 ...	7	1,357	45¾	47½
1950 ...	8	1,865	48¼	52¾
1949 ...	9	1,225	50	56¾
1948 ...	10	434	51¾	61¾
1947 ...	11	832	54¾	71
1946 ...	12	1,152	56	75
1945 ...	13	790	58½	84½
1944 ...	14	415	60¼	94
1943 ...	15	82	62½	103¼
1942 ...	16	15	62¾	119¾
1941 ...	17	6	58¾	91¼
1940 ...	18	2	50½	92½

TABLE OF AVERAGE HEIGHTS AND WEIGHTS—1955 AND 1957—TRIAL GROUP OF THE SAME 500 CHILDREN INSPECTED IN BOTH YEARS.

SEX—MALE.

	FOR YEAR OF INSPECTION 1955.				FOR YEAR OF INSPECTION 1957.					
Year of Birth	Age Group	Number of Children	Average Height Ins.	Average Weight Lbs.	Age Group	Number of Children	Average Height Ins.	Average Weight Lbs.	Average Increase in Height (Ins.) in 2 years	Average Increase in Weight (Lbs.) in 2 years
1949 ...	6	152	44.24	45.99	8	152	49.06	56.99	4.82	11
1948 ...	7	97	45.78	47.25	9	97	50.84	59.29	5.06	12.04
	Total	249			Total	249				

SEX—FEMALE

1949 ...	6	154	44.56	45.73	8	154	49.06	55.81	4.5	10.08
1948 ...	7	96	45.43	46.53	9	96	50.18	56.93	4.75	10.4
	Total	250			Total	250				

THE FOLLOWING TABLES WERE COMPILED FROM FIGURES OBTAINED IN SIX LARGE SCHOOLS SITUATED IN GOOD, MIXED AND POOR LOCALITIES

Locality	Sex : Male			Sex : Female		
	Age Group	Average Height Inches	Average Weight lbs.	Age Group	Average Height Inches	Average Weight lbs.
Good	6 years	43.3	44.9	6 years	43.5	43.
Fair		42.4	42.6		42.6	42.7
Poor		41.2	40.8		41.7	40.9
Good	8 years	48.	52.3	8 years	47.	51.1
Fair		47.	51.8		46.7	49.9
Poor		45.6	46.2		45.2	48.2
Good	10 years	51.5	61.7	10 years	51.3	62.2
Fair		49.9	59.3		50.1	60.
Poor		48.	55.1		49.5	57.5
Good	12 years	55.3	72.3	12 years	56.8	75.4
Fair		54.1	70.9		54.3	72.7
Poor		52.	64.2		53.2	69.3
Good	14 years	58.9	83.2	14 years	58.3	86.5
Fair		56.7	79.2		56.2	82.6
Poor		54.9	72.3		55.6	80.1

Dental Service

G. Hyland, Chief Dental Officer

There has been no change in the number of dental surgeons employed in the Dublin Corporation in the year 1958. Eleven dental surgeons were treating school children, pre-school children and mothers. One dental surgeon was employed on T.B. work. There were five dental surgeons attending at the Central Dental Clinic, Cornmarket. The remainder were working in the following Clinics :—Larkhill, Howth, Killarney Street, Keogh Square, Crumlin, and Curlew Road. The dental surgeon on the T.B. work attended St. Mary's Chest Hospital, James Connolly Memorial Hospital and also the Tuberculosis Clinic at Charles Street.

I mentioned in last year's report that the equipment which was in Crooksling Sanatorium had been transferred to the new Clinic in Ballyfermot, which, unfortunately, has not been opened. It will, as I have reported, supply a long-felt want to the Dental Service and to the parents and children in that area, saving them expense of travelling and also loss of time. Similar accommodation for a Dental Service has been provided in the new dispensary in Finglas. Here again the dental clinic, when opened, will supply the same requirements as that of Ballyfermot. It is hoped that it too will be opened in the very near future.

The number of attendances of mothers in the General Dental Services for the year was 6,472, a decrease of 1,524 on last year's figures. The total number of dentures supplied was 1,100—showing a decrease of 175 on last year's figures. We also supplied 130 dentures for school children——showing an increase of 20 cases on last year's returns. The total

number of fillings for mothers was 750—an increase of 130 on last year. The number of attendances of pre-school children was 2,047 compared with 2,378 in the year before. The number of attendances of school children was 47,736—an increase of 858. The total number of fillings was 17,211—an increase of 2,136 on the year before.

Larkhill Dental Clinic is working satisfactorily. The Dental Surgeon attending there also attends Howth Clinic on Wednesday and Friday mornings. The attendances at the Clinic in Howth have become more regular.

The Clinic in Killarney Street is working well but unfortunately the number of patients on the Waiting List is increasing. The interval between the school health examination and that of obtaining treatment is very considerable. It is most necessary that some arrangements be made to relieve this overloading.

The Dental Clinic in Curlew Road works on different lines to the others. It not only supplies dentures to mothers and children attending but also supplies dentures to patients sent from Crumlin Dental Clinic. A return visit was paid by the dental surgeon to Our Lady of Good Counsel National School and the 6–9 years group was examined as was done in 1957—treatment was given to these children during the year. The response to the appointments sent out was approximately 50%, which is not regarded as good.

The Dental Clinics in Keogh Square and Crumlin are working satisfactorily.

Orthodontic treatment has been given to a small number of school children at the Dental Hospital in the past year. Only those children who are urgently in need of treatment, having such malocclusion as to seriously interfere with the child's health were recommended for it.

Dental Services—1958

Treatment	Mothers	Pre-School Children	School-Children	T.B.
Attendances	6,472	2,047	47,736	5,252
Extractions : By Local Anaesthetic ...	4,043	89	18,721	3,123
General Anaesthetic ...	3,244	5,158	19,183	30
Fillings	750	112	17,211	876
Scalings, Polishings Gum Treatment, Dressings	987	350	11,224	962
Examinations ...	1,691	1,751	19,552	563
X-rays	63	—	254	—
Dentures	1,100	—	130	654

Sanction has been obtained to the treatment of minor orthodontic cases in Cornmarket. It is proposed to do not more than 25 cases in the first year. The first case was commenced in November. The position will be reviewed at the end of the year with a view to the continuance of the treatment and it is hoped to increase the number of these cases.

The total number of General Anaesthetic Sessions was 452, seven sessions per week in Cornmarket and two per week in Crumlin. The average attendance was 13 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.

Due to an error the number of extractions for mothers under general anaesthetic was given in last year's report as 423. This number was, in fact, the number of cases—the number of extractions done was 4,145.

MIDWIVES AND MATERNITY HOMES

Miss E. M. Blayney, s.r.n., s.c.m.

Midwives' Act, 1944

During the year two hundred and three (203) Midwives notified their intention to practise within the area of the local authority.

The midwives were visited in their homes, attention being given to the condition of their homes and appliances, also personal cleanliness.

The Register of births and their records were examined and the general standard was good.

No midwife was reported for a breach of the rules.

The number of visits made to Homes and midwives was seven hundred and thirty four (734).

Maternity Homes registered in the City on 31st December, 1958, was 27, plus 4 Maternity Hospitals.

Nursing Homes closed during 1958	2
Nursing Homes registered during 1958	3

The standard of the Homes generally was satisfactory.

Maternal deaths	12
Infant deaths	332
Stillbirths notified	369
Notification of Infection	2

VERGEMOUNT FEVER HOSPITAL

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

During the year ended 31st December 1958, one thousand, one hundred and eighty cases were admitted to Vergemount Fever Hospital. 119 cases remained in hospital at the close of the year 1957, and the total number under treatment was 1299. There were 12 deaths and 1191 were discharged cured.

The mortality rate for all cases under treatment was 1·07% as compared with 2·04% in 1957 and 2·01% in 1956.

The number of admissions for the year showed a decrease of 221 from the previous year. Scarlet Fever heads the list of admissions, a total of two hundred and twenty cases, and accounted for 20% of the total admissions. The number of Diptheria cases dropped by 50%.

Doctors Patrick Quinn and John Fitzpatrick left the staff at the end of June, and Doctors P. K. Joyce and P. McCann were appointed in their places.

Sister Murphy retired at the end of the year.

Numerous repairs were carried out in the Hospital and Nurses' Home. Cubicles One and Two and Blocks D. and E. were painted. Storage heating was installed in both D. and E. Blocks.

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 given to students of University College, Trinity College, Royal College of Surgeons, and also to candidates seeking the Diploma in Child Health. Clinical examinations in Fevers for the Diploma in Child Health were held in June.

I would like to thank both the medical and clerical staffs for their loyal co-operation during the year; also the nursing staff under the supervision of Miss Cusack. My thanks are due to Mr. T. A. Bouchier Hayes (Surgeon), Dr. Alan Mooney (Ophthalmic Surgeon), Dr. C. D. O'Connell (Ear, Nose and Throat Surgeon), Mr. J. P. Lanigan (Neurological Surgeon), Dr. Brendan McEntee (Neurologist) and to Dr. J. H. Stritch (City Bacteriologist).

TABLE 1.

SHOWING THE NUMBER OF ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEAR ENDING 31ST DECEMBER, 1958.

DISEASE	Number of Cases Admitted	Number Died	Case Mortality
Scarlet Fever	220	—	—
Diarrhoea and Enteritis (under 2 years)	126	5	3·96
Acute Tonsillitis/Streptococcal throat	116	—	—
Measles	78	—	—
Varicella	42	—	—
Epidemic Parotitis	41	—	—
Pertussis	33	—	—
Dysentery	30	1	3·33
Influenzal Pneumonia ...	30	—	—
Croup/Acute Laryngo-Tracheo Bronchitis...	29	1	3·44
Acute Enteritis (over 2 years) ...	26	—	—
Diphtheria	23	—	—
Meningitis (See Table 9) ...	22	1	4·54
Infective Hepatitis	22	1	4·54
Scabies	19	—	—
Erysipelas	18	—	—
Infective Mononucleosis ...	10	—	—
Lobar Pneumonia	8	—	—
Acute Meningism	7	—	—
Impetigo Contagiosa	4	—	—
Tinea Capitis	4	—	—
Enteric Fever	3	—	—
Acute Anterior Poliomyelitis ...	3	—	—
Rubella	2	—	—
Bacterial Food Poisoning ...	1	—	—
Miscellaneous	263	3	1·14
TOTAL	1,180	12	1·01

SCARLET FEVER

Two hundred and twenty cases were admitted which shows an increase of 37 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 CLASSIFIED IN AGE AND SEX GROUPS FOR THE YEAR 1958.

	0—4	5—9	10—14	15—24	25 and over	Total
Male ...	45	48	9	6	1	109
Female	49	42	17	2	1	111
Total	94	90	26	8	2	220

TABLE 3.

SHOWING THE NUMBER OF SCARLET FEVER ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1940–1958.

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	—	—
1958	220	—	—
TOTAL ...	6,111	4	0·06

MEASLES

Seventy-eight cases were admitted, which shows a decrease of **234** from the previous year. There were no deaths.

The following complications were noted in some of the cases :—

BRONCHITIS	ENTERITIS
LARYNGITIS	RHINITIS
BRONCHOPNEUMONIA	STOMATITIS
OTITIS MEDIA	CONJUNCTIVITIS

TABLE 4.

SHOWING THE NUMBER OF MEASLES ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEARS 1940–1958.

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
1958	78	—	—
TOTAL ...	3,877	71	1·80

PERTUSSIS

Thirty-three cases were admitted showing a decrease of 17 from the previous year. There were no deaths.

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

BRONCHITIS	RHINITIS
BRONCHOPNEUMONIA	STOMATITIS
ENTERITIS	EMPHYSEMA

TABLE 5.

SHOWING THE NUMBER OF WHOPPING COUGH ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEARS 1940–1958.

Year	Number of Cases Admitted	Number Died	Case Mortality
1940	25	5	20·00
1941	69	11	19·95
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
1958	33	—	—
TOTAL ...	2,356	178	7·55

Diptheria

Twenty-three cases were admitted (including **8** carriers), leaving **15** cases of clincial diptheria—viz. **13** Faucial, one Aural and Conjunctival. There were no deaths.

TABLE 6.

Showing the Number of Diphtheria Admissions and Deaths for the Years 1939–1958.

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
1958	23**	—	—
Total ...	2,658	206	7·75

*including 4 carriers.

**including 8 carriers,

DIARRHOEA AND ENTERITIS (UNDER TWO YEARS).

Two hundred and fourteen cases were admitted as cases suffering from Diarrhoea and Enteritis.

Of the **214** cases—Classification :—

Infective Gastro Enteritis—	....	126 cases
Dietetic Enteritis	....	36 ,,
Symptomatic of other diseases	....	37 ,,
Dysentery (Sonne and Flexner)	....	15 ,,

PATHOGENIC ORGANISMS ISOLATED—INFECTIVE GASTRO-ENTERITIS GROUP.

B Coli	026	in 13 cases
B Coli	0125	,, 9 ,,
B Coli	0111	,, 9 ,,
B Coli	055	,, 8 ,,
B Coli	0127	,, 5 ,,
B Coli	0119	,, 1 ,,

PATHOGENIC ORGANISMS ISOLATED IN THE DIETETIC GROUP

B Coli	0127	in 1 case
B Coli	026	,, 1 ,,

PATHOGENIC ORGANISMS ISOLATED IN SYMPTOMATIC GROUP—NIL

Of the 126 Cases of Infective Gastro Enteritis, 5 died giving a mortality rate of **3·96**% as compared with **5·78**% in 1957 and with **7·50**% in 1956.

The details of the **5** deaths are as follows :—

1. A baby of 3 months (7 days ill before admission) shocked and dehydrated on admission—went into Status Epilepticus—died 9 hours after admission. Gastro-Enteritis complicatd by bronchopneumonia and acute peripheral circulatory failure.

2. A baby of 10 months (3 days ill before admission) moribund on admission—marked dehydration and collapse. Died 4 hours after admission.

3. A baby of 3 months—moribund on admission, died 6 hours after admission.
4. A baby of 3 weeks—premature (5 lbs. weight), did not respond to any of the antibiotics—died on the 4th week from morasmus.
5. A baby of 4 months (7 days ill before admission) marked dehydration—moribund on admission and died 9 hours after admission.

TABLE 7.

SHOWING THE NUMBER OF CASES OF DIARRHOEA AND ENTERITIS CLASSIFIED IN AGE GOUPS.

UNDER 1 MONTH	UNDER 3 MONTHS	UNDER 6 MONTHS	UNDER 1 YEAR	UNDER 2 YEARS
12	40	28	25	21

TABLE 8.

SHOWING THE NUMBER OF DIARRHOEA AND ENTERITIS (UNDER 2 YEARS) ADMISSIONS FOR THE YEARS 1944–1958.

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
1958	126	5	3·96
TOTAL ...	1,014	131	12·91

Meningitis

TABLE 9.

Twenty-two Cases of Meningitis were Treated During the Year and were Classified as Follows :—

Type	Number	Deaths	Case Mortality
Acute lymphocytic	6	—	—
Tuberculous ...	5	—	—
Purulent* ...	4	1	25·00
Pneumococcal ...	3	—	—
Meningococcal ...	2	—	—
Staphylococcal...	2	—	—

* No organism isolated.

One death occurred in the purulent series—a boy of 5 years, Comatose on admission to hospital, who died within 8 hours.

TABLE 10.

Showing the Number of Tuberculous Meningitis Admissions, the Number of Deaths and the Case Mortality for the Years 1944–1958.

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
1958	5	—	—
Total ...	133	104	78·19

TABLE 11.

SHOWING THE NUMBER OF MENINGOCOCCAL MENINGITIS ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1944–1958.

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	—	—
1958	2	—	—
TOTAL ...	124	13	10·48

INFLUENZAL PENUMONIA

Thirty Cases were admitted during the year. All made good recoveries.

ENTERIC FEVER

Three Cases were admitted—two cases of Para B. infection (Carriers), and one case of Salmonella Typhi infection.

ERYSIPELAS

Eighteen Cases were admitted showing an increase of **6** from the previous year. Thirteen were of the facial type and the remaining five were crural in origin. All responded to treatment.

Infective Hepatitis

Twenty-two Cases were admitted showing an increase of 7 from the previous year. There was one death of an infant of three years (Three weeks ill before admission), who died from cholaemia.

Infective Mononucleosis

Ten cases were admitted showing an increase of 6 from the previous year. All made good recoveries.

Varicella, Mumps and Rubella

Forty-two Cases of Varicella, thirty cases of mumps and two cases of Rubella were admitted during the year. All made good recoveries. Orchitis occurred in five of the mumps cases.

Dysentery and Bacterial Food Poisoning

Thirty Cases of Dysentery were admitted ; nineteen being caused by Shigella Sonnei, ten by Shigella Flexneri and one by Shigella Newcastle. There was one death in the Sonnei Group—a baby of two months who did not respond to treatment.

There was one case of Food Poisoning due to Staphylococcus (coagulose positive) that made a good recovery.

Croup/Acute Laryngo-Tracheo-Bronchitis

There were eighteen Cases of Catarrhal Laryngitis and eleven cases of Acute Laryngo-Tracheo-Bronchitis admitted. All these cases were admitted as suffering from Laryngeal Diphtheria. There was one death—a baby of one year with Acute Laryngo-Tracheo-Bronchitis, complicated by Bronchopneumonia.

Acute Tonsillitis/Streptococcal Sore Throat

One hundred and sixteen Cases were admitted as suffering from Diptheria or suspected cases. All made good recoveries.

Scabies

Nineteen Cases were admitted—and increase of 18 over the previous year.

Tinea Capitis

Four Cases were admitted.

Meningism

Seven Cases were admitted as suspected cases of Meningitis.

Acute Enteritis (Over Two Years)

Twenty-six Cases were admitted as suffering from one of the types of Dysentery—all made good recoveries with modern antibiotic treatment.

Suspected Smallpox

Two Cases were admitted as suspected Cases of Smallpox—one, a case of chickenpox and the other a case of allergy with a rash centrifugal in distribution which imitated a smallpox eruption.

Miscellaneous Cases

Two hundred and sixty three cases were admitted as suffering from various infectious diseases. There were three deaths. The details were as follows :—

1. Bronchopneumonia and Hypertensive Heart Failure in a man of **70** years.
2. Septicaemia in a baby of **2** years.
3. Bronchopneumonia in a baby of **6** months—moribund on admission, lived 2 hours.

Transfer of Cases to Other Hospitals

Mercer's Hospital

Four Cases of Acute Appendicitis
One Case of Volvulus
One Case of Intussusseption
One Case of Hodgkin's Disease
One Case of Gall Stones
One Case of Carcinoma of the Pancreas
One Case of Chronic Enteritis
One Case of Breast Abscess

Children's Hospital, Temple Street

Two Cases of Pyloric Stenosis.

Our Lady's Hospital, Crumlin
One Case of Acute Mastoiditis.
One Case of Pyloric Stenosis.

Dublin Fever Hospital, Urp. Ballyfermot
Three Cases of Acute Anterior Poliomyelitis.

James Connolly Memorial Hospital, Blanchardstown
One Case of Lung Abscess.
One Case of Encysted Pleural Effusion.

Ballyroan Sanatorium
One Case of Primary Tuberculosis.

St. Mary's Chest Hospital
One Case of Pulmonary Tuberculosis.

Childrens' Hospital, Harcourt Street
One Case of Intestinal Obstruction.

St. Kevin's Hospital
One Case of Chronic Bronchitis.

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
1958	1,180

CHERRY ORCHARD FEVER HOSPITAL

ADMISSIONS—YEAR TO 31ST DECEMBER, 1958

	Cases	Deaths
Acute Anterior Poliomyelitis	78	1
Acute Lymphocytic Meningitis	50	—
Acute Lymphocytic Meningitis and Dysentery	1	—
Acute Lymphocytic Meningitis and Infective Mononucledsis	1	—
Cerebro-Spinal Fever	1	—
Diphtheria	32	2
Dysentery	43	—
Erysipelas	27	—
Gastro-Enteritis	289	1
Gastro-Enteritis and Upper Respiratory Tract Infection	16	—
Glandular Fever	3	—
Impetigo Contagiosa	17	—
Impetigo Contagiosa and Gastro-Enteritis	4	—
Infective Hepatitis	51	—
Infective Mononucleosis	36	—
Influenza	32	1
Influenza and Meningism	1	—
Influenzal Pneumonia	3	1
Measles	90	—
Measles and Gastro-Enteritis	4	—
Measles and Impetigo Contagiosa	2	—
Rubella	2	—
Rubella and Impetigo Contagiosa	1	—
Salmonella Paratyphoid "B"	4	—
Scabies	7	—
Scarlet Fever	148	—
Scarlet Fever and Lymphocytic Meningitis	1	—
Streptococcal Sore Throat	195	—
Tuberculosis	1	—
T.B. Meningitis	5	1
T.B. Pneumonia	1	—
Typhoid Fever	2	—
Whooping Cough	44	—
Whooping Cough and Gastro-Enteritis	4	—
TOTAL	1,196	7

TUBERCULOSIS CLINICS

COLM S. GALLEN

Assistant City Medical Officer

To be ~~included~~ retained on the Tuberculosis Register of the Clinics, a Pulmonary case must have exhibited clinical and/or radiological symptoms of tuberculosis which, during the five previous years, showed sputum or discharge positive for tubercle bacilli, or, with negative bacteriological results, some exacerbation of previous X-ray or clinical findings during the same five year period. Non-Pulmonary tuberculosis (and Primary tuberculosis) cases are entered on and discharged from the Register on clinical evidence of activity and quiescence.

On the 31st December, 1958 the total number of Adult patients on the Register was 6611, made up of 3159 male and 2773 female Pulmonary cases, and 285 male and 394 female Non-Pulmonary cases, details of which are set out in the tabular statement below. I have presented the Pulmonary cases in five sections, each of which comprises cases who can expect to be discharged from the Register at the end of a specific year. Those who are tabulated as having an expected date of removal of 31st December, 1962 have shown no evidence of deterioration for the past two years and have been stable for that period. These facts are arrived at by having all relevant data viz, Sputum Reports, Hospital Discharge Reports etc., for every patient posted daily in the Register by the Register Clerk.

PULMONARY

Expected date of Removal	M	F
31/12/'59	503	538
31/12/'60	499	502
31/12/'61	552	508
31/12/'62	645	513
31/12/'63	960	712
TOTAL	3,159	2,773

NON PULMONARY

	M	F
Meningitis	10	17
Spine	41	62
Hip	39	44
Knee	21	22
Other Joint	22	20
Bone	5	11
Abdominal	6	31
Renal	54	42
Epididymus	28	—
Salpinx	—	44
Cervical Glands	40	83
Other Non Pul.	19	18
Total	285	394

The year under review continues the steady fall in the overall figure for deaths. In pulmonary disease, the sharp difference between the sexes mentioned in previous years, continues to be the most obvious single fact which strikes one on looking at the age distribution table. While the female line plotted in five year age groups hardly varies, the male is practically symetrically distributed around an axis at 64 years. Another point which is worth noting is the age groups in which the earliest death occurs, 25–29. This shows the astonishing extent to which Phthisis has been tamed as a killer of the young, especially in young females.

Table of deaths for the past 8 years are set out later in this Report.

Non pulmonary disease has this year made rather an unexpected impact. 1957 figures showed two male and five female deaths, while in 1958 the total reads, ten male and one female. Five of the males were certified as Renal Tuberculosis.

Two cases of meningitis are reported, one a 3 year old girl, the other a male aged 37 years.

DEATHS

YEARS ...	...	0–1	–2	–3	–4	–5	–9	–14	–19	–24	–29	–34	–39	–44	–49	–54	–59	–64	–69	–74	–79	–84
Pulmonary T.B.																						
Male	...	—	—	1M	—	—	—	—	—	—	2	1	3	10	3	9	11	15	6	9	3	1
Female	...	1	—	—	—	—	—	—	—	—	2	1	3	5	2	4	2	4	2	7	2	—
Non Pulmonary T.B.																						
Male	...	—	—	—	—	—	—	—	—	1R	—	—	—	—	1P	1R	1R	1E	1R	—	—	1R
										1R							1Add	1Ad				
Female	...	—	—	—	—	—	—	—	—	—	1Pc	—	—	—	—	—	—	—	—	—	—	—
Meningitis																						
Male	...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Female	...	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	...	1	—	1	1	—	—	—	—	2	5	2	7	15	6	14	15	21	9	16	5	2

KEY : M.—Miliary. R.—Renal. Pc.—Pericarditis. P.—Peritonitis. Add.—Addison's Disease. E.—Enteritis. Ad.—Adonitis.

New Diagnoses of Tuberculosis

I have made a departure this year from the layout of information used previously on this question. While retaining the age, sex, infectivity and site breakdown tables as heretofore relating to new diagnoses, I set out below the gross figures of diagnoses available since 1953, divided simply into Adult Male, Adult Female Pulmonary and Non-pulmonary disease. For general information, I also set out the gross figures from the Primary Clinic, together with the Tuberculosis deaths for the same years. Little comment on the facts as such is necessary. It need only be pointed out that the gross figure of new adult and child cases of 1958 approximates to half of the gross figure for 1953, underlined in table. It would appear, therefore, that over these years the trend of new cases coming under notice is definitely downwards, a most encouraging fact. This is all the more gratifyng, when it can be taken that diagnostic efforts—mass x-ray drives, individual contact investigations, etc. —have, if anything, been intensified.

As mentioned last year, the distribution of the new Respiratory cases in age groups as between male and female remains sex specific. The males show a more or less constant distribution up to the 65 age groups, while the females demonstrate the 15–39 year spike. This year the spike is blunted, there now being more a plateau, but I feel that this is merely a statistical quirk and not a true cutting off of the spike which is the aim of our curative effort. The plateau level of approximately 15% means that over 64% of our new pulmonary cases occurred in 1958 between these years, compared with 67% last year. It is obvious, therefore, that the females between 15 and 39 years are the field in which the larger effort of case finding, mass x-ray etc., should be concentrated, at the same time as means of prevention and of contact control.

Apart from the single case of meningitis reported, a female, there is little to comment on in the new non-respiratory cases. These are more or less equally

distributed in both sexes between the broad groups of bone and joint, genito urinary and glandular disease. The two latter divisions have most of their numbers in the middle age groups and reflect the later incidence of primary infection in our city population in recent years.

NEW TUBERCULOSIS DIAGNOSES 1953—'58. GROSS FIGURES.

	Pulmonary M.	Pulmonary F.	Non-Pulmonary M.	Non-Pulmonary F.	Total	Primary Clinic	Deaths Total
1953 ...	1143		200		1343	534	268
1954 ...	542	490	68	100	1,200	490	236
1955 ...	551	406	104	81	1,142	400	154
1956 ...	451	402	45	76	974	319	149
1957 ...	403	343	45	97	888	278	139
1958 ...	383	268	56	72	779	229	122

TABLE 1A.—DEATHS.

	Males	Females	Total
Pulmonary Disease ...	74	35	109
Non-Pulmonary Disease	10	1	11
Meningitis	1	1	2
Total	85	37	122

Discovery of New Cases

Hospital or Sanatorium	34%
Applied	4%
Transferred into the Area	4%
Private Doctor	29%
Contact Investigation	3%
Mass Radiography	26%

Above is shown in tabular form the sources from which new cases came under notice of the Clinics. Little change has occurred this year apart from a movement in favour of Mass Radiography and general practioners at the expense of the general hospitals.

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

Male 1958	–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 ...	–	–	–	–	2	14	7	17	11	7	13	12	10	4	8	105	27·4%
Positive Culture ...	–	–	–	–	–	–	–	2	3	2	2	4	1	1	3	18	4·7%
Positive L. Swab ...	–	–	–	–	–	–	3	–	–	–	1	1	–	–	–	5	1·3%
Negative Direct ...	–	–	–	1	11	16	19	11	23	12	18	11	13	8	10	153	39·9%
Negative Culture ...	–	–	–	–	–	5	3	2	5	3	1	2	6	5	2	34	8·9%
Negative L. Swab ...	–	–	–	1	5	2	5	1	6	2	3	2	3	2	2	34	8·9%
Pleural Effusion ...	–	–	–	3	2	8	1	1	3	1	–	–	1	–	–	20	5·2%
Erythema Nodosum ...	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	1	·3%
Miliary Disease ...	–	–	–	–	1	–	–	–	1	–	–	–	–	–	1	3	·8%
Primary Disease ...	–	–	1	1	6	1	1	–	–	–	–	–	–	–	–	10	2·6%
TOTAL	–	–	1	6	28	46	39	34	52	27	38	32	34	20	26	383	—
Percentage	–	–	·3%	1·6%	7·3%	12·0%	10·2%	8·9%	13·6%	7·0%	9·9%	8·3%	8·9%	5·2%	6·8%	—	100·0%

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

(FEMALE)

Female 1958 ...	...	–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	...	–	–	–	–	7	3	4	7	7	9	6	2	2	2	5	54	20·1%
Positive Culture	...	–	–	–	–	1	–	1	4	–	–	2	–	2	1	–	11	4·1%
Positive L. Swab	...	–	–	–	–	1	1	–	1	1	–	–	–	1	–	–	5	1·9%
Negative Direct	...	–	–	–	1	20	21	20	23	11	6	5	4	2	2	6	121	45·2%
Negative Culture	...	–	–	–	–	2	2	4	4	1	2	3	1	–	2	–	21	7·8%
Negative L. Swab	...	–	–	–	–	2	5	6	4	1	4	1	3	1	–	–	27	10·1%
Pleural Effusion	...	–	–	–	–	5	6	4	1	–	–	–	–	–	–	–	16	6·0%
Erythema Nodosum	...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	·0%
Miliary Disease	...	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	2	·7%
Primary Disease	...	–	–	–	–	6	2	2	–	1	–	–	–	–	–	–	11	4·1%
TOTAL ...	...	–	–	–	1	44	41	42	44	22	21	17	10	8	7	11	268	100·0%
Percentage ...	...	–	–	–	·4%	16·4%	15·3%	15·7%	16·4%	8·2%	7·8%	6·4%	3·7%	3·0%	2·6%	4·1%		

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

Male 1958	-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	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	0%
Bones and Joints																	
(a) Spine ...	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	4	7·1%
(b) Hip	–	–	–	–	–	–	–	1	1	–	–	–	–	1	–	3	5·4%
(c) Knee ...	–	–	–	–	1	–	1	1	–	–	–	–	–	1	–	4	7·1%
(d) Elbow ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	0%
(e) Other Joints ...	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	1	1·8%
(f) Bone ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	·0%
Abdominal	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	2	3·6%
Renal	–	–	–	–	1	1	1	3	1	4	–	1	–	–	–	12	21·5%
Epididymitis	–	–	–	–	–	1	–	2	3	–	1	2	2	–	–	11	19·6%
Salpingitis and Endometritis ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	·0%
Cervical Glands ...	–	–	1	3	3	1	2	3	–	–	–	–	–	–	1	14	25·0%
Other Non-Pulmonary ...	–	–	–	–	–	–	1	2	1	1	–	–	–	–	–	5	8·9%
TOTAL	–	–	1	3	7	4	6	13	6	5	2	4	2	2	1	56	100·0%

TABLE SHOWING NEW CASES OF NON-RESPIRATORY TUBERCULOSIS IN AGE GROUPS AND SITE OF INFECTION
(CONTINUED)

Female 1958 ...	...	-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	1·4%
Bones and Joints																		
(a) Spine	...	–	–	–	–	–	1	1	–	–	1	–	–	2	1	1	7	9·7%
(b) Hip	...	–	–	–	–	1	–	1	–	1	1	1	–	–	–	–	5	6·9%
(c) Knee	...	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	2	2·8%
(d) Elbow	...	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	1	1·4%
(e) Other Joints	...	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	2	2·8%
(f) Bone	...	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	1·4%
Abdominal ...	...	–	–	–	–	1	–	–	2	–	–	–	–	–	–	–	3	4·2%
Renal ...	...	–	–	–	–	1	2	1	–	2	1	1	–	–	–	–	8	11·1%
Epididymitis ...	...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	·0%
Salpingitis and Endometritis	...	–	–	–	–	2	3	6	2	–	–	–	–	1	–	–	14	19·4%
Cervical Glands	...	–	–	–	–	5	6	2	3	–	–	–	1	–	1	1	19	26·4%
Other Non-Pulmonary ...		–	–	–	–	1	2	3	1	1	–	1	–	–	–	–	9	12·5%
TOTAL ...	...	–	–	–	–	12	15	17	9	5	3	3	1	3	2	2	72	100·0%

Domiciliary and Ambulant Therapy

Over the past few years the methods of treatment available to the Chest Physician for use in dealing with Tuberculosis have become very much wider in scope. Where, in the past, a patient on discharge from a sanatorium could only be observed on his artificial collapse measures maintained, now he has a range of specific therapeutic measures whose use may be applied to his own particular case in the most suitable fashion. Full advantage was taken of this state of affairs during the past year in our Field service. I propose to report the facts in a rather different way to last year and so some co-relation with last year's figures is attempted. I repeat below the comparative table which has been published in the past years showing A.P. and P.P. Refills compared with Chemotherapy. "Chemotherapy" here, is a figure made up of the total number of streptomycin and allied compounds injected during the period. It bears a direct relation to the number of patients under Chemotherapy during the year.

	1954	1955	1956	1957	1958
A.P. and P.P. Refills	9,395	5,575	1,698	769	two visitors only
Chemotherapy ...	3,339	11,810	16,684	15,963	14,493

For the last three years the figure has remained of the same order, in or around the 15,000 injections, so it can be taken, that the same number of patients have been undergoing Chemotherapy at home in each of those years.

I now set out for this year the actual number of patients who have been treated according to our Tuberculosis Register, by chemotherapy, and have broken the figures down to show the numbers who received the different combinations of drugs in the

period. The grand total of patients treated is 1089. More than half of these received the well tried combination of P.A.S. and I.N.A.H., the actual figure being 596. 391 were treated with Streptomycin, P.A.S. and I.N.A.H. This leaves just over 100 patients on whom the changes were brought about between these three drugs, Tebafen, Viomycin and Cycloserine, as set out hereunder :—

S.P.I.	... 391	P.	... 6	T.P.	... 2
P.I.	... 596	T.	... 10	T.S.	... 1
S.P.	... 12	T.S.P.I.	... 3	T.I.	... 8
S.I.	... 21	T.S.P.	... 1	C.S.P.I.	... 5
S.	... 18	T.S.I.	... 4	V.	... 1
I.	... 5	T.P.I.	... 5		

TOTAL 1,089.

RESISTANCE TO DRUGS

In as much as drug therapy represents a new lease of life to the Chronic Tuberculosis patient, the emergence of Drug resistance in the tubercle bacillus can be regarded as more or less a failure of this line of treatment in the individual case. I say, " more or less," because a large body of opinion lays great stress on the difference between resistance arising in a patient to I.N.A.H. and resistance to other therapeutic agents—Streptomycin, etc. This opinion is to the effect that I.N.A.H. resistance in an organism can result in that organism being less virulent to the patient than the normal susceptible organism.

Below I set out the number of cases at present in the register who are harbouring resistant bacilli. The question of these patients' ultimate disposal is one which exercises the minds of phthisiologists all over the world. It should not be forgotten in this regard that before 1945, when our treatment methods were revolutionised, the old regimes of rest, etc., held out quite reasonable chances of recovery and

that there is no reason to believe they would fail in these cases again.

Resistant To			No. of Patients
Streptomycin			25
Streptomycin	P.A.S.		13
Streptomycin	P.A.S.	I.N.A.H.	22
Streptomycin		I.N.A.H.	12
	P.A.S.	I.N.A.H.	2
		I.N.A.H.	13
	P.A.S.		2
72	39	49	89

Of the 89 patients whose resistance pattern is set out individually it may be noticed that only 22 are resistant to all the common therapeutic media. On the other hand 40 still have I.N.A.H. in reserve, and of the 49 I.N.A.H. resistant patients none has been reported Catalase Positive, and as mentioned above, are therefore regarded by certain authorities as neither at as great a risk, nor to be regarded as, as great a risk to contacts, than patients whose bacteria are Catalase Positive.

Positive cases of Pulmonary Tuberculosis not in Sanatoria at 31st December, of the years set out.

	Male	Female	Total
1956	92	43	135
1957	69	36	105
1958	59	22	81

Above is set out the total number of cases of Pulmonary Tuberculosis on the Register whose last sputum examination before 31st December of each of the last three years, was found to be Positive for

tubercle bacilli by any test and who at that date were not in a Sanatorium. The gross figures therefore, can be taken to be an index in each of those years of the infective pool of known tuberculosis cases in the city. It can be seen, that in the years there has been a drop of one third in the total and that total itself is a very small figure indeed. There is little doubt that these facts are attributable, in the main, to the sterilising effects of Chemotherapy especially I.N.A.H. treatment.

Waiting List

The lack of bed accommodation has been commented on in previous reports. In 1958, even more definitely than in 1957, Bed Availability was the order of the day. Ballyowen Sanatorium was closed in the early part of the year and even the net loss of some 200 beds caused little embarrassment to the Field Service as far as hospital accommodation was concerned. This is a reflection of Tuberculosis treatment trends all over the world.

TABLE SHOWING ATTENDANCES AT THE CLINICS DURING EACH MONTH OF THE YEAR 1958

Month	Charles Street Clinic	Nicholas Street Clinic	Crumlin Clinic	Primary Clinic	Total
January ...	1,471	1,054	607	1,276	4,408
February ...	1,250	941	565	1,094	3,850
March ...	1,410	998	559	974	3,941
April ...	1,486	992	595	865	3,938
May ...	1,389	911	598	1,093	3,991
June ...	1,263	834	634	833	3,564
July ...	1,475	1,084	673	925	4,157
August ...	1,195	912	655	720	3,482
September ...	1,321	953	613	939	3,826
October ...	1,656	968	597	950	4,171
November ...	1,396	945	589	896	3,826
December ...	1,200	784	457	621	3,062
Total ...	16,512	11,376	7,142	11,186	46,216

TABLE SHOWING **NEW** ATTENDANCES AT THE CLINICS DURING EACH MONTH OF YEAR 1958

Month	Charles Street Clinic	Nicholas Street Clinic	Crumlin Clinic	Primary Clinic	Total
January ...	122	42	28	123	315
February ...	141	41	17	126	325
March ...	117	48	23	110	298
April ...	172	41	20	60	293
May ...	160	48	19	117	344
June ...	173	33	23	95	324
July ...	206	45	21	50	322
August ...	159	31	18	45	253
September ...	119	44	35	47	245
October ...	157	23	12	70	262
November ...	167	19	10	42	238
December ...	133	30	12	45	220
TOTAL ...	1,826	445	238	930	3,439

Number of Dwellings notified for Disinfection 728

Number of X-rays taken in Charles St. Clinic 11,803

Number of X-rays taken in Crumlin Health Centre 2,544

Number of X-rays taken in Lord Edward Street (Children) 1,826

The Oto-Laryngologist, Mr. C. D. O'Connell held 51 sessions at Charles St. Clinic and there were 1778 attendances.

The Orthopaedic Surgeon, Mr. D. P. Murray, held 27 sessions at Charles St. Clinic and there were 232 attendances.

The Surgeon Dentist, Mr. J. B. Casey, held 145 sessions at Charles St. Clinic and there were 1373 attendances.

Primary Clinic

During the year, the work of the Primary Clinic continued both in the diagnostic and preventive fields. The relevant tables show the first attendances and total attendances.

New Diagnoses

1948	....	335	1951	....	802	1954	....	490
1949	....	1,279	1952	....	510	1955	....	400
1950	....	759	1953	....	534	1956	....	319
		1957	....	278	1958	....	229	

The total number of new diagnoses coming on to the Register at 229 continues the drop in these cases noted in successive reports. Of the severe manifestations, I note 10 cases of Meningitis and 2 of Miliary disease. These figures vary from those of last year, but, when small numbers are the order of the day, variation occurs which has not great statistical significance.

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

	Girls								Boys								
	0–1	1–2	2–3	3–4	4–5	6–10	11–15	Total	0–1	1–2	2–3	3–4	4–5	6–10	11–15	Total	Gr. Total
Primary 1A ...	1	2	2	4	5	36	3	53	1	1	5	2(1)	6	37(1)	6	58(2)	111(2)
,, 1B ...	1	1	4	2	4	7	5	24	2	4	1	1	—	5	1	14	38
,, 1C ...	1	4	4	5	1	6	—	21	2	—	2	3	2	7	1	17	38
Er. Nodosum ...	–	–	–	–	(1)	(5)	(1)	(7)	–	(2)	–	(1)	–	(5)	–	(8)	(15)
Phlyct. Conj. ...	–	–	–	1	–	–	(1)	1(1)	–	–	–	–	–	(1)	–	(1)	1(2)
P. Effusion ...	–	–	–	–	–	5	1	6	–	–	–	–	–	2	2	4	10
Miliary ...	–	–	–	–	–	–	–	–	2	–	–	–	–	–	–	2	2
Meningitis ...	–	–	–	–	1	2	–	3	–	1	1	2	–	3	–	7	10
Adult Type ...	–	–	–	–	–	2	2	4	–	–	–	–	–	2	1	3	7
Cerv. Glands ...	1	1	–	–	–	1	–	3	–	–	–	–	–	1	–	1	4
Abd. Glands ...	(1)	–	–	–	–	3(1)	–	3(2)	–	–	1	–	–	–	–	1	4(2)
Spine	–	–	–	–	–	1	1	2	–	–	–	–	–	–	–	–	2
Hip	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1
Knee	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	1
Other Joint ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Renal	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	4	8	10	12	11	63	12	120(10)	7	7	10	8	8	57	12	109(11)	229(21)

Key :— Primary 1A—Hilar Gland Enlargement.
Primary 1B—Pulmonary Complex.
Primary 1C—Pulmonary Complex with Atelectasis.
The figures in brackets represent cases already included under other categories.

UNDER 15 YEARS OF AGE TUBERCULOSIS ON REGISTER IN PRIMARY CLINIC

	Male	Female	Total
Pulmonary Disease			
1. (a) Hilar gland enlargement alone ...	279	211	490
(b) Pulmonary complex	172	153	325
(c) Pulmonary complex with atelectasis	68	73	141
(x) Positive skin test under 2 years of age	28	33	61
(y) Erythema Nodosum	11	9	20
(z) Phlyctenular conjunctivitis ...	5	5	10
2. Pleurisy	21	12	33
3. Haematogenous disease :— (x) Miliary	12	13	25
4. Adult Type Disease	2	8	10
Totals :—	598	517	1,115
Non-Pulmonary Disease :			
3. Haematogenous disease :— (y) Meningitis	18	16	34
5. Adenitis	22	12	34
6. Other Non-Pulmonary ...	19	19	38
Totals : ...	59	47	106
Grand Total :			1,221

On December 31st, 1958, the total number of cases on the Register at the Primary Clinic was 1,221, comprised of 1,115 Pulmonary cases and 106 Non-pulmonary cases. As mentioned at the beginning of this Report, cases are removed from the Primary Register on clinical criteria of Activity so that, this total represents the number of Active Primary cases of Tuberculosis under 15 years in the city.

During the year under review Medical Staff changes occurred as follows :—

Following on the closure of Ballyowen Sanatorium Dr. A. M. McDonagh, Assistant Medical Officer, returned to the Field Service. Dr. Herlihy, Junior Medical Officer was transferred to the Child Health Service and was replaced by Dr. J. H. Sullivan, who came from the B.C.G. Branch.

Late in the year an experimental part-time Clinic was inaugurated in the Health Centre in Howth. Dr. P. J. Holmes, Assistant Medical Officer, James Connolly Memorial Hospital attends there each week.

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

B. M. Dunlevy, Assistant City Medical Officer.

The tenth anniversary of the City B.C.G. Scheme was in October, 1958, and the decade's progress in the prevention of childhood tuberculosis has been published in the Irish Medical Association Journal, March, 1959. In summary the outstanding points of main interest for the decade were :—

(1) The reduction in the number of city childhood tuberculosis deaths, from 138 in 1947 to 3 in 1958.

(2) The reduction in the incidence of tuberculous meningitis in children.

(3) The increase in the annual number of B.C.G. vaccinations from 858 in the first year of the scheme to 11,966 in 1958.

(4) The steady annual increase in the number of B.C.G. vaccinations in the Maternity Hospitals from 19 in 1950 to 4,744 in 1958.

(5) The continued high positivity rate in the 10–14 age-group.

In a recent W.H.O. report it was stated that in most countries, since the introduction of new drugs, there has been a 50% or more drop in general tuberculosis mortality 1952/1957. In our country the general reduction was 56%, but the outstanding and most pleasing reduction of 88% occurred in Dublin children in the same period. The followlng Table shows the constant annual reduction since 1947 :—

TABLE 1.

Childhood Deaths from Tuberculosis (0—15 Years)—Dublin City

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Pulmonary T.b	27	17	11	6	4	6	3	1	1	1	1	1
Tb. Meningitis	81	42	32	36	27	17	15	17	4	8	4	1
Other forms of Tuberculosis	30	18	3	4	5	2	1	1	Nil	1	1	1
Totals ...	138	77	46	46	36	25	19	19	5	10	6	3

The total number of B.C.G. vaccinations from October, 1948 to December, 1958 was 87,295, and during 1958, 11,966 vaccinations were made. This number is very satisfactory considering the difficulty of arranging B.C.G. Clinics, as the Polio Vaccination programme received priority. The following Table shows the number of B.C.G. vaccinations by age-groups during 1958.

TABLE II.

B.C.G. VACCINATIONS.

New-Borns	4,744
0–9 years	2,907
10 years	852
11 ,, ...	1,075
12 ,, ...	721
13 ,, ...	437
14 ,, ...	244
15-19 ,, ...	469
20 yrs. upwards	517
TOTAL	11,966

Special attention has been given to the prevention of tuberculosis in infants. Prior to the advent of B.C.G. vaccination the infection of children under 5 years of age was serious. The annual number of births in the city is approximately 12,000. In 1958, 7,333 live births took place in the three city Maternity Hospitals participating in the Corporation B.C.G. Scheme, and the percentage vaccinated in the Coombe, St. Kevin's and Rotunda Hospitals varied from 63–66%. Approximately 7% more consents were received, but for various reasons, such as, prematurity and congenital debility, B.C.G. vaccinations which are usually made within a few days of birth were post-poned until later and these infants were referred to one of the city B.C.G. Clinics. There are now 10 B.C.G. Clinics throughout the city so it is easy for a mother to attend at the nearest clinic to her home. The

following Table gives the yearly number of B.C.G. vaccinations of new-born infants and shows the year to year increase.

TABLE III.

YEARLY INCREASE OF B.C.G. VACCINATIONS IN NEW-BORN.

YEAR	NUMBER
1950	19
1951	749
1952	1,583
1953	1,911
1954	2,041
1955	2,766
1956	4,203
1957	4,553
1958	4,696
GRAND TOTAL	22,521

At the end of October 1958, B.C.G. vaccination at the Rotunda Hospital was extended and a special clinic is now held each Wednesday afternoon for the protection of infants born on the district served by the Hospital. With this facility, the opportunity is equally available for infants born on the district and in the Hospital. When it is known that there is tuberculosis in the infant's home provision is made for the isolation of the infant until the post-vaccinal test becomes positive. It was found necessary for this reason to isolate 42 new-born infants during 1958, whose parents were active cases, often sputa positive. It is doubtful if these infants would have escaped infection if they had not been so isolated.

Children who have not been vaccinated at birth are tuberculin tested with moro jelly by the Child Welfare Section at about the date of their first birthday and referred to the nearest B.C.G. Clinic.

In 1958, Tuberculin Surveys and B.C.G. vaccinations were made in the following Primary, Secondary and Vocational schools :—

PRIMARY SCHOOLS.

Kildare Place Boys
,, ,, Girls
Clarendon Street
Rathfarnham, Loreto
Lakelands Convent
Seville Place C.B.S.
,, ,, Girls
Rathfarnham Boys
Strand St. C.B.S.
Dominican Convent, Cabra
Greenlanes
Raheny, St. Paul's
Church Ave., Drumcondra
Lindsay Road
Iona Road
Scoil Columcille
Scoil Mhuire
Inchicore Central
Marlboro' St. Boys
,, ,, Girls
Strand St. Convent
Oblate, Inchicore
Blackhall Place
North King Street
King's Inn St.
Marino, St. Vincent de Paul
Phoenix Park
Haddington Road
Camden Row
Drimnagh Castle
Ballyfermot Convent
Ballyfermot, De la Salle
Iona Road, Glasnevin
Finglas, Holy Faith
Finglas Boys
Blackpitts
Finglas, De la Salle
,, Parochial
East Wall Boys
,, ,, Girls
Mourne Road, Boys
,, ,, Girls
Liffey St., Girls
Nt. Gr. George's St.
Drumcondra School for Blind
City Quay
Townsend Street
Irishtown, St. Matthew's
Sandymount Boys
St. Louis, Rathmines
Clareville Rd., Boys
Clareville Rd., Girls
Nt. William St.
R'farnham, De la Salle
Basin Lane
Synge St. C.B.
Howth Rd. N.S.
Sutton, The Burrow
Baldoyle, Girls
Baldoyle, Boys
Sutton, St. Fintan's
Halston St.
Holy Faith, The Coombe
George's Hall
Leeson Lane
Meath St., Boys
Meath St., Girls
Beaver Row
Belmont Ave.
Donnybrook Boys,
Grantham St.
Baggot St.
Cabra West Boys
St.Mary's, Crumlin
Crumlin C.B.S,

Secondary Schools

Clarendon St.
Loreto, Rathfarnham
High School, Harcourt St.
Wesley College
Strand St.
Marian College
Park House
Roslyn Park
Terenure College
St. Conleth's, Clyde Rd.
King's Hospital
King's Inn St.
St. Mary's College
Glandore Road
Chanel College
Haddington Rd.
Ballyfermot, De la Salle
Finglas, De la Salle
Nt. Gt. George's St.
St. Louis, Rathmines
Rathfarham, De la Salle
Marino, St. Mary's
Synge St., C.B.S.
San Sabina, Sutton
George's Hall
Terenure College
Gonzaga College
Leeson St., C.U.S.
St. Kilian's

Vocational Schools.

Marino Technical School
Capel St. ,,
Killester ,,
Crumlin ,,
Bolton St. ,,
Ringsend ,,
Cabra ,,
Rathmines ,,
Cathal Brugha St.
Harcourt St.
Kevin St.
Haddington Road, Commercial
Nt. Gt. George's Street
Atlantic College
Ling Institute

Other Centres.

Harding Boys' Home
Sacred Heart Home
High Park, Drumcondra
St. Joseph's, Baldoyle
Orthopaedic Hospital, Baldoyle

Tuberculin surveys of city children in 1947 showed that 44·5% of the 10–14 age-group were positive reactors. It is of interest to see the change in the positivity rate over the years. Five years later, in 1952, the figures had fallen to 38.1% and in another five years, i.e. at the end of 1957, we were disconcerted to find that the positivity rate in this age-group had shown no change. However, at the end of 1958, surveys in schools throughout the city have revealed a welcome change, as the figure has dropped to 33·35%. This indicates that we have now a 6% reduction in the natural infection rate in this age-group. We had hoped for this decrease and now that the descent is noted in these figures we are confident that

this trend will continue in the years ahead. The following Table shows the percentage of tuberculin positive reactors according to age-groups.

TABLE IV.

PERCENTAGE OF POSITIVE REACTORS DUBLIN SCHOOLS (10–14 YRS.)

1958.

	No. tested	No. Positive	% Positive
10 years	941	218	23·16%
11 ,, ...	1,311	340	25·93%
12 ,, ...	955	327	34·24%
13 ,, ...	706	347	49·15%
14 ,, ...	426	215	50·59%
TOTALS ...	4,339	1,447	33·35%

The next Table shows the decrease in the percentage of natural positivity in the 10–14 age-group over some years.

TABLE V.

TUBERCULIN POSTIVITY RATE 10—14 YEARS—DUBLIN CITY

AGE GROUP	1947	1952	1957	1958
10–14 years	44·5%	38·1%	39·83%	33·35%

These figures do not include children who have been vaccinated previously. In countries where the general tuberculosis picture is less overshadowed than ours, fewer children in this age-group have undergone their primary infection. In London only 14·7% of the 10–14 age-group are tuberculin positive to the tuberculin test—in Edinburgh, 20·1% and in Sweden, where childhood tuberculosis is almost eliminated, only 5% are positive reactors. It will be noted from the above Table that the percentage of positive reactors showed rapid increase from 10 years upwards, particularly between 11 and 13 years of age. It is evident from the foregoing figures that the decline in our tuberculin positivity rate in the 10–14 year age-

group has not fallen as rapidly as elsewhere. In Northern Ireland the corresponding figures fell from 46·3% in 1954 to 25·1% in 1957.

Tuberculin surveys in vocational schools, factories and other centres of youth employment were continued throughout the year. As the percentage of positive reactors increases with age, B.C.G. vaccination of adults is of limited application in a community where infection occurs at an early age. The following groups were tested :—

M/s. Bailey Son & Gibson
,, Mulcahy Brothers
,, W. D. & H. O. Wills
,, Gestetner Ltd.
,, Arnotts
,, Lipton's
,, Lee's
,, Brown Thomas & Co.
,, Hibernian Insurance Co.
Royal Globe Insurance Co.
Henrietta St. Hostel
St. Kevin's ,,
Parnell Square ,,
St. Patrick's, Mountjoy Sq.
Hibernian Bank
Garda Depot
Civil Service Depts.
Cherry Orchard Hospital
Mater Hospital
All Hallowes Novitiate
Clonliffe Col. ,,
Rathfarnham ,,
Kimmage Manor ,,
Milltown ,,
St. Joseph's, Baldoyle Novitiate
Carmelite Novitiate
Srs. of Assumption Novitiate
Ballyfermot

The special clinic for young adults held each Monday and Thursday afternoon from 5–6 p.m. was continued.

Since the B.C.G. Scheme commenced in October, 1948 there has been no tuberculous death in any vaccinated child. In the period 1948/1958, unfortunately, 291 deaths in unvaccinated children occurred from tuberculosis. The value of the vaccine is evident, but no known vaccine against any disease is accredited with full power to prevent infection. We have reviewed the number of cases of tuberculosis occurring in B.C.G. subjects, which have been brought to our notice, from 1948 to the end of December, 1958. There have been 9 cases of tertiary tuberculosis, 1 miliary, 8 pleural effusion, 1 renal tuberculosis, 8 primary and 1 query tuberculosis of hip. The mildness of the illness was the marked feature in all the vaccinated persons who developed tuberculosis in any form, and all made satisfactory recovery. When

our figures of tuberculous infection, amassed over the past 10 years are balanced against the number notified in unvaccinated children the value of the vaccine against tuberculosis is appreciated. The following Table shows the notifications of tuberculosis in children in 1958 alone.

TABLE VI.

	Tuberculosis Notifications—Children 0–15 Yrs. 1958						
Under 1 Year	1—2 years	2—3 years	3—4 years	4—5 years	6—10 years	10—15 years	Total
11	15	20	20	19	122	34	241

The encouraging results obtained in the fall in tuberculosis over the past 10 years has stimulated parents to avail of B.C.G. vaccination and childhood tuberculosis has now taken its place alongside diphtheria as a disease which may be prevented. The two outstanding records of the 1958 Report are :—

(1) The incidence of primary infection in the 10–14 year age-group has shown a 6% decrease from the previously recorded 1957 figure.

(2) For the first time in the history of childhood tuberculosis, the number of childhood tuberculous deaths in this city has dropped to a new low record figure—3 childhood tuberculous deaths in the year 1958.

The results shown in this report were made possible by the co-operation of parents and teachers in the work. The altruistic assistance in tuberculosis prevention given by the medical, nursing and almoner staffs of the Maternity Hospitals is in the highest tradition of that service. The clerical, nursing and medical staff of the B.C.G. section and the allied Corporation Health Services have contributed conscientious work and enthusiasm towards the final objective, the eradication of a preventable disease in the city.

CENTRAL X-RAY DEPARTMENT

MICHAEL J. MAGAN, Radiologist

The weekly public sessions of the National Mass Radiography Association Ltd. have continued to be held on these premises, one of the two mobile units in constant operation in the City and County areas being used. The Corporation's own x-ray plant carried out all large x-ray examinations for suspects found in the mass x-ray sessions held here and at other places in the City. The large plate x-ray examinations of persons referred by general practitioners, children referred by the B.C.G. Department and from some of the Chest Clinics, and in addition x-ray examinations for Corporation staff, are also carried out.

The National Mass Radiography Association Ltd. has carried out a total number of 97,718 miniature examinations during 1958 in the City area including 52,217 from public sessions and 25,261 from industrial groups. It is gratifying to learn that there has been an increase of approximately 6% on an average in the numbers who attend at the individual industrial concerns, the number who volunteer when the approach is made to them now stands at approximately 74%.

Persons found suspect by mass miniature radiography are called for large x-ray plates and subsequently asked to come to a special clinic held in Lord Edward Street. Sometimes much patience and tact are required persuading those recalled to have further investigation and we wish to record our gratitude to Dr. Colm Gallen and also to Dr. P. J. Murray who carry out this very important preliminary investigation. A total number of 780 persons were interviewed in this manner, and the vast majority of those found abnormal agreed to attend the Chest

Clinic subsequently. The number of persons with tuberculosis considered active was 173, and the number of persons of doubtful activity but needing further investigation was 463. Pulmonary neoplasms found totalled 15 of which one was benign. Cases of transient pneumonitis, a condition which has shown a slight increase in recent years totalled 62. In this the lung appearances are usually found to have completely cleared a month after being detected.

Information supplied by the National Mass Radiography Association Ltd. giving data for the principal groups examined is shown in table form on the following page.

Centre	Total Examined	Likely to be Clinically Significant P.T.	Other Tuberculous Manifestations	Conditions of the lungs other than P.T.	Cardio vascular conditions	Shadowing of doubtful significance	Total Recalled
Public Sessions	52,217	424	84	176	121	258	1,063
Industry	25,261	139	20	40	28	112	339
Schools	10,821	8	15	7	3	29	62
Technical Schools ...	3,731	6	4	1	—	15	26
Institutions	2,868	8	6	2	3	15	34
Mental Hospitals ...	824	10	2	6	6	6	30
Childrens Primary Clinic ...	603	1	3	1	—	3	8
Universities	481	2	—	—	—	—	2
Army	504	—	—	1	—	4	5
Others	408	—	3	11	—	—	14
Total Dublin City, 1958 ...	97,718	598	137	245	161	442	1,583

It will be appreciated that this information is based on the reading of miniature films only and the diagnostic implications must therefore be to some degree of a tentative nature.

Of those recalled for a full size plate 144 persons persistently ignored the invitation.

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

No. of Large Plate x-ray examinations	5,423

Comprised as follows :—

No. of Large Plate Recalls from Miniature Radiography	1,421
No. of Recheck X-rays	1,906
Children from Tuberculosis Clinics	1,826
No. of Staff examinations	172
No. of Dental examinations	90
No. of Orthopaedic examinations....	8

ST. MARY'S CHEST HOSPITAL

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

During 1958 the number of patients treated in St. Mary's showed a reduction on the number for the previous year—1222 as compared with 1393. The reduction was entirely amongst the Tuberculosis patients. The non-Tuberculous category showed a substantial increase.

Amongst tuberculous cases a feature of significance is the continued increase in the number of new admissions in the older age groups. The figures compared with previous years are as follows :

	Male	Female
	45 years and over	45 years and over
1958	53·2%	28·8%
1957	51·4%	18·8%
1956	38·3%	13%
1955	29·9%	11·5%

It is indeed disturbing to find so many new cases in the older age groups. When one realises that there is a natural reluctance amongst elderly patients to be separated from the family one is forced to the conclusion that many more such patients refuse hospital treatment and remain at home to the detriment of themselves and their families. These older age groups constitute a big problem that requires special handling.

A rather large number of patients—25% of discharges—left hospital of their own accord against medical advice, most of them for personal reasons connected with the home or family. Some were re-admitted later to this or to other hospitals. This stresses the need for the appointment of Almoners to the hospital staff, who will be in a position to deal with the domestic and personal problems relating to patients and their families. The position appears even more serious when

considered in relation to the state of infectivity of the patient at the time of leaving hospital. In this group of patients who left against medical advice, twenty eight had positive sputum.

TREATMENT :

Streptomycin, Para Amino-Salicylate and Iso Nicotinic Acid continue to be the chief drugs in the treatment of Tuberculosis. One problem on the increase is the emergence of strains of the Tubercle Bacillus which show resistance to one or more of these drugs. The search for suitable alternatives continues but so far none has been found satisfactory.

The number of surgical operations was much smaller than in previous years. The reasons being (1) Long term chemotherapy renders surgery unnecessary in most cases (2) The big number of patients in the older age groups are generally unsuitable for surgery.

As a result of the decreased number of operations it was decided to combine the surgical work of St. Mary's and of the James Connolly Memorial Hospital and to use the facilities of the latter hospital for major operations. Consequently the theatre in St. Mary's is now used for minor procedures and for emergencies.

St. Mary's completed its tenth year as a Hospital in December. Past and present members of the staff joined with representatives of the various City Hospitals and of the Dublin Corporation to mark the occasion by a celebration in the hospital.

My sincere thanks is due to the Matron and to the members of all the staffs for their continued co-operation and excellent work throughout 1958.

	Male	Female	Total
Total number of patients treated	696	526	1,222
Total number of admissions	432	337	769
Tuberculous Cases	333	288	621
Non Tuberculous Cases	99	49	148

	Male	Female	Total
Number of patients admitted	406	331	737
Tuberculous Cases	314	283	597
Non Tuberculous Cases	92	48	140
Total number of discharges	431	342	773
Tuberculous Cases	338	295	633
Non Tuberculous Cases	93	47	140
Number of patients discharged	417	337	754
Tuberculous Cases	332	291	623
Non Tuberculours Cases	85	46	131
Deaths : Tuberculous	25	14	39
Non Tuberculous	9	5	14
In hospital 31/12/57	264	189	453
,, ,, 31/12/58	231	165	396

Bed Turnover ·647 ; Average length of stay 214 days ; Turnover Interval 22 days ; Percentage Occupancy 90·7. Total number of beds 489 (31/12/58).

TUBERCULOSIS CASES

CLASSIFICATION OF PATIENTS FOLLOWING INSTITUTIONAL INVESTIGATION :

	A1	A2	A3	B1	B2	B3	Non-Pul.	Not Classified
Male (333)	21	74	13	8	151	53	2	11
Female (288) ...	41	63	7	6	123	34	5	9
Total (621)	62	137	20	14	274	87	7	20

AGE GROUPS ON ADMISSION.

	Under 15 yrs.	15/24	25/34	35/44	45/54	55/64	65 and over
Male (333)	4	42	48	62	74	72	31
Female (288)	3	74	71	57	41	17	25
	7	116	119	119	115	89	56

FAMILY HISTORY :

Male 77 (23·1%) Female 86 (25·7%)

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 (338) ...	10	14	23	22	67	65	68	69
Female (295) ...	6	9	21	18	69	81	43	48
TOTAL (633) ...	16	23	44	40	136	146	111	117

REASON FOR DISCHARGE (Tuberculous Patients).

	Medical	Own Accord	Transferred to other Hospitals	Dismissed	Died
Male	198	105	22	13	25
Female	216	56	22	1	14
	414	161	44	14	39

CONDITION ON DISCHARGE (Tuberculous Patients).

	Arrested or Quiescent	Improvement	No Improvement	Worse
Male	55	209	72	2
Female	106	156	31	2
	161	365	103	4

SPUTUM ON DISCHARGE :

	Pos. to Neg.	Pos. to Pos.	Neg. Pos. Neg.	Neg. to Neg.	Not Classified	Non-Pulmonary
Male	141	32	—	153	11	1
Female ...	97	16	1	167	9	5
	238	48	1	320	20	6

AGE GROUPS OF DEATHS.

	0/24 yrs.	25/34 yrs.	35/44 yrs.	45/54 yrs.	55/64 yrs.	65 and over
Tuberculous ...	1	4	5	9	7	13
Non-Tuberculous	—	—	1	8	3	2

Treatment

Patients who had Chemotherapy	1,070
Patients who had Postural Retention	47

Artificial Pneumoperitoneum Treatment

Inductions	17
P.P. abandoned	8
Refills	240

Operations

Thoracotomy		20
(Including 9 Inoperable Carcinoma, 1 Dilwyn Thomas operation, 1 Thoracic Spine Abscess, 1 Evacuation of Clot, 1 Evacuation of Mediastinal Glands, 5 Repair Pleural Fistula, 2 Exploratory).		
Pneumonectomy		13
(5 Pul. T.B., 6 Carcinoma, 1 Lung Abscess, 1 Bronchiectasis).		
Lobectomy		39
(26 Pul. T.B., 7 Carcinoma, 1 Lung Abscess, 5 Bronchiectasis).		
Segmental Resection		32
(29 Pul. T.B., 2 Bronchiectasis, 1 Bronchial Polypus).		
Thoracoplasty		36
	1st Stage	15
	2nd Stage	13
	3rd Stage	1
	Holst	7
Corrective Thoracoplasty		12
Plombage		1

Decortication	5
Rib Resection and Drainage of Empyema	5
Phrenic	1
Bronchoscopy	204
Oesophagoscopy	5
Excision of Cervical Glands	2
Repair Funnel Chest	2
Appendicectomy	1
Minor Operations	21

Classification of Non-Tuberculous Cases Admitted 92 : Male Cases (99 Admissions) 49 Female Cases (48 Admissions).

	Male	Female
Bronchial Carcinoma	34	6
Carcinoma of other organs	5	2
Bronchiectasis	16	8
Bronchitis	7	10
Lung Abscess	1	1
Sarcoidosis	3	1
Congenital cardiac lesions	1	1
Asthma	2	4
Non-specific pneumonias	11	5
Spontaneous Pneumothorax	3	2
Traumatic Pneumothorax	1	—
Empyemas	3	—
Pleural Effusion	—	1
Goitre, Toxic	—	1
Congenital Depression of Sternum	2	—
Haempotysis ? cause	1	3
Conditions of doubtful etiology admitted for investigation	2	3

Investigations

X-ray Examinations	8,356
Tomograms	309 (Patients)
Bronchograms	216 (Patients)

Barium Swallow, G.B. and I.V.P.	77
Fluoroscopic Examinations	
B.S.R.	6,235

SPUTUM EXAMINATIONS

Direct Microscopy	3,606
Cultures	3,196
Guinea Pig Inoculations Sputum	1
" " " Pleural Fluid	5
Laryngeal Swab Cultures	998
Pulmonary Lavages	318

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, Serum, Cholesterol, 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....	11
T.B. Empyema	6
Broncho Pleural Fistula	5
Spontaneous Pneumothorax	7
Haemoptysis (Severe)	16
T.B. Laryngitis	10
T.B. Meningitis	2
T.B. Adenitis	7
T.B. Spine	3
T.B. Hip	4
T.B. Knee	3
T.B. Shoulder	1
T.B. Kidney	4
T.B. Prostate	1
T.B. Peritonitis	1
Diabetes	17
Chronic Otitis Media	9
Rheumatoid Arthitis	12
Bronchial Carcinoma	2

COMPLICATIONS IN TUBERCULOUS CASES—(CONTD.)

Carcinoma head of Pancreas	1
Bronchiectasis	19
Duodenal Ulcer	9
Gastric Ulcer	5
Jejunitis	1
Infective Hepatitis	2
Cholecystitis	1
Cholelithiasis	1
Ulcerative Colitis	1
Hiatus Hernia	1
Amyloid Disease	6
Severe Hypochromic Microcytic Anaemia	25
Reynaud's Disease	1
Disseminated Sclerosis	1
Thyrotoxicosis	1
Infectious Mononucleosis	1
Cerebral Palsy	2
Paralysis Agitans	2
Ankylosing Spondylitis	1
Cor Pulmonale	17
Congenital Heart Lesions	8
Thrombophlebitis	1
Corneal Ulceration	2
Keratitis	2
Glaucoma	3
Iridocyclitis	1
Herpes Zoster	8
Psychotic Conditions	9
Pregnancy	11

ALLERGY TO CHEMOTHERAPY

Skin Allergy	13
Vertigo	4

During the year 1958—747 examinations were carried out by the Ear, Nose and Throat Consultant.

In the Dental Department there were 2,339 examinations by the Dental Surgeon. 1,353 extractions and 424 fillings were done. 282 Dental Plates were issued to patients.

The Ophthalmologist carried out 184 examinations for eye conditions.

JAMES CONNOLLY MEMORIAL HOSPITAL

ARTHUR J. WALSH, Medical Superintendent.

During 1958 I was not priviliged to be Medical Superintendent of this hospital except for the last four months, so that in writing this Report I am dealing with material and figures, most of which pertain to the period before I took up duty.

I cannot proceed further without first paying a particular tribute to my old friend and colleague the late Dr. John Duffy. It was he who had to face all the worries and meet all the problems following the opening of this hospital in July, 1955. It was his organizing ability which set in motion the various services of the hospital and fashioned them into a smooth-running machine. After his untimely death in September, 1957 the control of affairs was taken over by Dr. L. B. Godfrey. In Dr. Godfrey's capable hands the hospital administration continued on its even course and when I took over on 1st September last I had merely to maintain the hospital routine as I then found it.

During the year the numbers of beds occupied remained up to standard, a situation assisted no doubt by the closure of Ballyowen Sanatorium. The transfer of part of the Ballyowen patients to this hospital necessitated the opening of another Unit. There is, however, still one more Unit to be opened.

The treatment of the tuberculosis patients reflected the general trend in regard to thoracic surgery. The enormous advantages of chemotherapy are being more and more realised, and in consequence there is an increasing number of cases where surgical treatment is deferred until the full effect of chemotherapy has been seen. In fact many patients who formerly would have received surgical treatment are being discharged to the Clinics with the recommendation that chemotherapy be continued over a prolonged period. The exact position of prolonged chemotherapy

as against surgery in the treatment of pulmonary tuberculosis has yet to be clarified but it does appear that in many instances the resort to surgery can be deferred indefinitely.

For chemotherapy the three standard drugs were used. Reports from Britain show that about 5% of new cases are infected by strains of M. Tuberculosis which are already resistant to one of the standard drugs and that about 0.5% of such cases are infected by organisms already resistant to two of the standard drugs. In consequence of this we have made it the routine to have resistance tests applied to the sputum of all newly admitted patients. However we have not any evidence of initial resistance in untreated cases. The only patients we found with resistant organisms were old-standing cases who at some period or other had been treated by streptomycin, PAS or isoniazid singly.

A certain number of old cases were found to be resistant to all the standard drugs. In such cases viomycin and cycloserine were tried but did not produce any significant improvement.

Among the non-tuberculous cases carcinoma was the most common complaint. This was nothing unusual, but it is of interest that there was an increasing number of cases in whom carcinoma was superimposed on pulmonary tuberculosis.

The Children's Unit was kept well filled. At the beginning of September a National School was opened and a National Teacher was provided by the Department of Education. This amenity was badly required and is proving its worth daily.

Apart from my own arrival to which I have referred already the following changes in the Medical Staff took place : Dr. William McKenzie commenced duty as R.S.O. on 24th May 1958. Drs. P. Quinn, K. Allman and H. Dennehy took over as House physicians on 1st July replacing Drs. J. Lyne, P. Faul and N. Condon,

The following figures set out in detail particulars of the work done during the year :—

Bed Capacity	494 (including 28 beds for non-tuberculous chest cases)	
No. of Patients admitted ...	816 Tuberculous cases	
	222 Non-T.B.	,,
No. of Patients discharged ...	772 Tuberculous	,,
	234 Non-T.B.	,,
Deaths	45 Tuberculous	,,
	18 Non-T.B.	,,
In hospital 31/12/57 ...	370 Tuberculous	,,
	19 Non-T.B.	,,
In hospital 31/12/58 ...	411 Tuberculous	,,
	14 Non-T.B.	,,
No. of beds available ...	466 Tuberculous (436 to 18/3/58).	,,
	28 Non-T.B.	,,

	T.B.	Non-T.B.
Available bed days	... 167,810	10,220
Occupied bed days	... 149,635	9,323
Bed turnover	...1·75 patients per bed per year	9 patients per bed per year
Length of stay	...183 days per patient	37 days per patient.
Turnover interval	...22 days	3·5 days
Percentage occupancy	... 89%	91%

Tuberculous Cases

Classification following institutional investigation.

	A1.	A2.	A3.	B1.	B2.	B3.	Non-T.B.	Not classified
M. ...	63	143	18	27	174	41	21	12
F. ...	57	69	6	15	77	26	15	10

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. ...	24	38	55	50	98	78	78	76
F. ...	8	17	44	50	55	51	20	30

AGE OF ADMISSION

	Under 15 yrs.	15/24 years	25/34 years	35/44 years	45/54 years	55/64 years	Over 65 years
M. ...	29	56	79	82	105	99	47
F. ...	34	78	64	52	32	9	6

REASONS FOR DISCHARGE

	Recommended	Own accord	Transferred	Dismissed for B/D	Death
M. ...	357	85	15	2	38
F. ...	209	42	17	—	7

RESULTS ON DISCHARGE

	Quiescent	Improved	I.S.Q.	Worse
M. ...	237	143	74	5
F. ...	138	85	43	2

COMPLICATIONS AND ASSOCIATED DISEASES

Mental instability	... 16	Sub acute bacterial endocarditis ...	... 1
Hypertension ...	... 8	Haematuria and uraemia ...	1
Appendicitis ...	... 5	Fracture left hip	... 1
Hypochromic anaemia	... 8	Venous thrombosis	... 1
Reaction to drugs	... 21	Cystitis ...	... 1
Diabetes mellitus	... 12	Renal calculi ...	... 1
Tuberculous meningitis	... 1	Fracture rt. fremur	... 1
Pregnancy ...	... 6	Rheumatic arthritis	... 1
Pulmonary carcinoma	... 18	Devic's Disease ...	... 1
Ca. of oesophageal	... 1	Spon. pneumothorax	... 2
Asthma and bronchitis	... 9	Herpes Zoster ...	... 1

TREATMENT

No. of cases on Streptomycin, PAS and INAH ...	635
,, ,, ,, ,, INAH AND PAS	34
,, ,, ,, ,, INAH and streptomycin ...	18
,, ,, ,, ,, PAS and streptomycin	9

INVESTIGATIONS IN TUBERCULOUS AND NON-TUBERCULOUS CASES

Direct examinations	4,210
Concentrations and cultures	1,823
Gastric lavages	48
Laryngeal swabs	683
Sputum for malignant cells	323
Pyrogens and sensitivity	239
Blood : full count	721
haemoglobin	266
Grouping	330
Eosinophil count	2

Blood chemistry : blood urea	126
sugar	45
protein	39
cholestrol	20
agglutination	3
Van den Bergh	10
Paul Brunnell	1
Wasserman reaction	19
Widal reaction	5
Liver function tests	7
Histology	165
Fractional test meal	36
Serum sodium and potassium	77
,, chloride	2
Urine examinations	393
Marrow biopsy	4
No. of check-up examinations	185
No. of dental cases—extractions	1,067
conservative	608
dentures supplied	154
No. of E.N.T. examinations	1,171

X-RAY DEPARTMENT

No. of patients X-rayed	5,498
No. of staff X-rayed	634
No. of screening	69
No. of tomograms	325
Total number of films used	7,670

OPERATIONS (TUBERCULOSIS CASES)

1st stage thoracoplasty	28
2nd stage thoracoplasty	22
Correctoplasty	13
Lobectomies, segmentectomies, lingulectomies ...	61
Pneumonectomy	4
Decortication	8
Thoracotomy	7
Plombage	1
Bronchoscopy	27

NON-TUBERCULOUS CASES

No. of admissions	222	135 Male 87 female
No. of discharges	234	146 Male 88 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.	9	14	9	12	27	52	23
F.	6	13	21	16	16	6	10

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.	7	77	46	7	6	1	—
F.	5	47	16	14	4	2	—

CLASSIFICATION OF N.T.B. CASES

Male

Carcinoma of bronchus	10
Carcinoma of Lung	43
Carcinoma of stomach	1
Carcinoma of oesophagus	2
Mitral stenosis + aortic stenosis	1
Constrictive pericarditis	2
Aortic incompetance	1
Mitral stenosis	2
Aneurism Lt. auricle	1
Pericardial murmur	1
Bronchiectasis	19
Chronic bronchitis and emphysema	5
Chronic bronchitis	6
Emphysema and bronchiectasis	1
Pigeon Chest	1
Oesophageal stricture (post-op)	1
Atelectasis	1
Lt. pleural effusion	2
Calcification of pleura	2
Lung abscess	1
Sarcoidosis	2
Pul. telangiectasis	1
Ganglioma	1
Cystic disease	6
Pneumonia + cor pulmonale	1
Pneumonitis	8
Pneumonia + cerebral thrombosis	1
Pneumonia	1
Empyema	1
Emphysema	1
Asthma	3
Hypertensive heart disease	1
Hiatus Hernia	4
N.A.D.	12

Female

Cor pulmonale	1
Mitral stenosis	12
Pericarditis	1
Patent ductus arteriosus	1
Bronchiectasis	26
Bronchiectasis + sarcoid	1
Bronchitis	10
Pneumonitis	1
Pneumonia	2
Carcinoma of lung	5
Adenoma	1
Mal. thyroid tumour	1
Hamartoma	1
Ca. of oesophagus	1
Carcinoma of ovaries	1
Hodgkin's Disease	1
Oesophageal stricture	1
Pleural effusion	1
Diabetes Mellitus	1
Asthma	4
Cyst left lung	1
Lung abscess	1
Herpes Zoster	1
Spontaneous pneumothorax	1
Granuloma	1
Atelectasis	1
Non-specific respiratory infection	1
N.A.D.	7

COMPLICATIONS IN N.T.B. CASES

Hypertension	3
Pernicious anaemia	1
Auricular fibrillation	5
Diabetes Mellitus	2
Repeated atelectasis	1
Sinus from wound	2
Intractable hiccough	1

OPERATIONS (N.T.B.) CASES

Lobectomies, segmentectomies, lingulectomies	34
Pneumonectomies	14
Mitral valvotomy	11
Pericardectomy	3
Cardiotomy	1
Patent Ductus Arteriosus	1
Thoracotomy	17
Pleurectomy	1
Decortication	4

Tracheotomy	3
Repair of hernia	4
Tonsilectomy	1
Sub-mucous resection	3
Jejunostomy	1
Angiocardiogram	4
Excision of glands	2
Plastic repair of pectus excavatum	1

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.

Early Syphilis has now become a rare finding, but occasionally cases are seen, and unless these cases are recognised and treated, together with the examination of all contacts, minor local epidemics are liable to occur.

The number of serological investigations in maternity cases during the ante-natal period continues to be very disappointing in the cases conducted outside the Maternity Hospital Service. The importance of these tests if congenital syphilis is to be wiped out cannot be overstressed.

Gonorrhoea has shown an increase over the past year, and cases of penicillin-resistant gonococci have occurred in this City. This has followed the same sequence of events as in England. A practice which is common to both countries is the treatment of patients with suspected gonorrhoea with penicillin, without prior bacteriological examination, and when the treatment fails the patients are referred to the Clinics, or come themselves. It is often impossible to make a true diagnosis of the original condition in these cases.

Serological tests for the detection of syphilis have been investigated with various antigens, with the hope that one will be found which will be as specific as the Treponemal Immobilization Test, so far without success.

CASES RESIDENT IN DUBLIN CITY TREATED AT THE TREATMENT CENTRES

1956			1957			1958		
Sy.	G.C.	N.V.D.	Sy.	G.C.	N.V.D.	Sy.	G.C.	N.V.D.
140	179	408	209	210	357	191	217	403

My thanks are due to the Mother Superioress of the Mater Misericordiae Hospital and her staff for their kindness and help ; also to 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. AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR

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

	Number	Registered Tonnage
Foreign-going	1,157	1,503,278 tons
Coastwise	3,777	2,355,323 tons
TOTALS	4,934	3,858,601 tons

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

(b) Port Health Service personnel carried out inspection on 1,369 foreign-going ships. This figure includes 212 inspections of foreign-going ships which were engaged in Cross-channel trading (or which had come directly from other Irish ports) and 46 inspections of foreign fishing vessels.

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

Algeria
Argentina
Australia
Bahrein
Belgium
British West Indies
British Guinea
Borneo
Canada
Canary Islands
Corsica
Ceylon
China
Cyprus
Cuba
Denmark
Dutch West Indies
Finland
France
Germany (Federal Republic)
Germany (Democratic Republic)
Greece
Great Britain
Hong Kong
Iceland
India
Israel
Italy
Japan
Kenya
Korea
Kuwait
Lebanon
Morocco
Mozambique

Netherlands	Sengal	United Arab Republic
Nigeria	Spain	U.S.A.
Norway	Sweden	U.S.S.R.
Pakistan	Tanganyika	Venezuela
Peru	Tunisia	
Poland	Turkey	Zanzibar
Portugal		

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
	1	French
	1	Dutch
	1	Spanish
	3	American (U.S.)
Total	6	

(e) NUMBER OF PASSENGER LINERS

	Number	Nationality
	1	Swedish
	1	British
Total	2	

3. INFECTED PORTS

Ships coming to Dublin from, or calling at infected ports during 1958 numbered 49.

Details are as follows :—

Port	State	Quarantinable Disease
Aden	Aden Colony	Smallpox
Alexandria	United Arab Republic	Typhus
Alleppey	India	Smallpox
Calcutta	India	Smallpox and Cholera
Chalna	Pakistan	Smallpox and Cholera
Chittagong	Pakistan	Smallpox and Cholera

Port	State	Quarantinable Disease
Cochin	India	Smallpox and Cholera
Dakar	Senegal	Smallpox
Dar-es-Salaam	Tanganyika	Smallpox
Freetown	Sierra Leone	Smallpox
Madras	India	Smallpox and Cholera
Mombasa	Kenya	Smallpox
Takoradi	Ghana	Smallpox
Vizagapatam	India	Smallpox

No cases of quarantinable disease were discovered at Dublin.

Rodent Control

(a) Certificates Issued

Deratting Certificates	nil
Deratting Exemption Certificates	50
Total	50

In two cases part examination of a ship was carried out at the request of another Port Health Authority. This was to facilitate the issuing of the appropriate certificate at the next port of call.

(b) Rodents Destroyed

The returns submitted by the Engineer, Dublin Port and Docks Board showed that 263 rats had been killed by poisoning and that 39 rats had been trapped in the Port area. Specimens of trapped rats were sent from time to time to City Bacteriologist for examination. In no case was evidence of plague infection found.

(c) Notices

In connection with rodent control on board ships, the following Notices were given to the Masters of the ships concerned :—

6 verbal notices to set rat traps.
3 ,, ,, ,, ,, mouse traps.
2 ,, ,, *re* defective rat proofing.
20 ,, ,, *re* rat harbourage.

Importation of Used Clothing, Rags Etc.

Article 20 of the Infectious Diseases Regulations, 1948, 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 934 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.

Inspections of Imported Foodstuffs

(Chapter II.—Food Hygiene Regulations 1950)

As has been the practice for some years, as many cargoes as possible of imported foodstuffs intended for human consumption, have been inspected. To inspect all cargoes of imported foods is physically beyond the capabilities of the inspectorial staff now available. An increase in staff would mean that this very important aspect of port health work could be given far more attention. From time to time food samples are taken and submitted to the appropriate departments for expert examination and analysis by the City Bacteriologist or City Analyst. Materials such as canned Salmon, molasses, tea, rice, palm kernel oil, etc. were sampled in 1957.

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
Pineapple juice	18 x 10 oz. cans	Holing and rusting of cans.	Destroyed
Soup, dried	8641 packets and cans.	Deterioration due to prolonged storage	Buried at tiphead
	4 x 5 lb. tins		
	2 x 3½ lb. tins		
	4 tins		

Item	Amount	Reason for Detention	Disposal
Coffee ...	2,816 tins	Deterioration due to prolonged storage	Buried at tiphead
Coffee compound	700 tins	Deterioration due to prolonged storage.	Buried at tiphead.
Margarine ...	1 qr. 20 lbs.	Contaminated by dirt.	Buried at tiphead.
Rice ...	54 tons 1 cwt. 14 lbs.	Damaged, insect infested or contaminated by oil and water.	Fumigated, animal feeding.
Italian Ravioli	120 x 7 oz. jars	Art. 14 Food Hygiene Regulations.	Buried at tiphead.
Cherries ...	35 x 58 lb. cartons.	Contaminated by dirt and other extraneous matter.	Buried at tiphead.
Onions ...	57 bags.	Damage by water.	Buried at tiphead.
Chewing gum	3 lbs. 15 ozs.	Containers burst.	Buried at tiphead.
Salmon ...	15 jars.	Contaminated by dust and dirt.	Buried at tiphead.
Salmon (Smoked)	1 qr.	General deterioration and mould formation.	Buried at tiphead.
Pig Products...	16 parcels and 27 lbs.	Confiscated by Dept. of Agriculture.	Buried at tiphead.
Orange Juice	41 cans.	Cans damaged and leaking.	Dumped or Buried at tiphead.
Chocolate (Liquid)	48 x 8 oz cans.	Deterioration due to prolonged storage.	Buried at tiphead.
Mussels ...	118 bags.	Deterioration and decomposition.	Buried at tiphead.
Cheese ...	1 cwt. 1 qr. 113 lbs.	Insect infested and Mould formation.	Buried at tiphead.
Peaches ...	5 x 6 lb. 12 oz. cans.	Cans damaged and leaking.	Buried at tiphead.
Peaches ...	3 x 8¾ oz cans.	Cans damaged and leaking.	Buried at tiphead.
Peaches ...	1 x 29 oz. can.	Cans damaged and leaking.	Buried at tiphead.
Peaches ...	4 x 1 lb. can.	Cans damaged and leaking.	Buried at tiphead.
Fruit Cocktail	8 x 1 lb. can.	Cans damaged and leaking.	Buried at tiphead.
Fruit Cocktail	1 x 30 oz. can.	Cans damaged and leaking.	Buried at tiphead.
Pears ...	1 x 29 oz. can.	Cans damaged and leaking.	Buried at tiphead.
,, ...	3 x 16 oz. cans.	Cans damaged and leaking.	Buried at tiphead.
Elderberries ...	5 cases.	Mould formation and insect infestation.	Released for industria purposes.
Bananas ...	97½ tons.	Damaged in transit.	Burning.
Tomato Puree	191 x 5 kilo tins	Cans blown, leaking or badly rusted.	Buried at tiphead.
Pineapple ...	8 x 20 oz. cans.	Cans damaged and leaking.	Buried at tiphead.
Pineapple ...	6 x 15 oz. cans.	Cans damaged and leaking.	Buried at tiphead.
Apricot Pulp...	4 x 10 lb. cans.	Unsealing of cans.	Buried at tiphead.
Apricots ...	8 x 3 oz. cans.	Damage to cans.	Buried at tiphead.
Apricots ...	6 x 27½ lb. boxes.	General deterioration and growth of mould.	Buried at tiphead.
Honey ...	3 x 61 lb. cans.	Cans burst–contaminated by dust and dirt.	Released for bee feeding.
Sugar ...	18 x 100 kilo bags.	Damaged by oil.	Released for reprocessing.
Tea ...	176 lbs.	Contaminated with vegetable oil.	Buried at tiphead.
Lemons ...	5 x 56 lbs.	Damaged in transit.	Buried at tiphead.
Raisins ...	2 qrs. 5 lbs.	Mould formation.	Buried at tiphead.

INFECTIOUS DISEASES (AMENDMENT) REGULATIONS 1952

One hundred and forty three (143) budgerigars were imported without licence in contravention of the terms of the above Regulations. Permission was given for the handing over of the birds 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 :—

Dirty Crews' Quarters	10
Dirty Wash houses and W.C.s	17
Choked W.C.s	6
W.C.s discharging on Quays	12
Defective Bilge-covers	9
Port Light Leaking	2
Gear stored in Crews Quarters	1
Cockroach Infestation	9
Dirty Galleys and Pantrys	3
Food stores dirty	6
Bedding stored in Food stores	2

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

MISCELLANEOUS

(a) ILLNESS ON SHIPS

(i) On 26 March a letter was received from the Medical Officer of Health, Port of Liverpool, indicating that a member of the crew of a ship then docked at Liverpool, had been admitted to hospital suffering from typhoid. The ship in question had visited the Port of Dublin from 20th to 26th February. Investigations showed that the only stores taken on board at Dublin were 40 lbs of ice cream and a report on the matter was sent to the City Medical Officer.

(ii) The Chief Officer of a coasting vessel was admitted to Cherry Orchard Hospital as a suspected case of poliomyelitis. His admission was arranged by the Medical Officer to the Shipping Federation Ltd. On receipt of this information arrangements were made to have the cabin, bedding and clothing used by the officer disinfected. Later it was learned that the case was not one of poliomyelitis.

(iii) In June a report was received from the Assistant Divisional Medical Officer, Glasgow, that twenty-two men (all of chicken-pox contacts) had joined a ship shortly due at Dublin. The ship was met on arrival and visited daily during her stay at Dublin. No cases of quarantinable or infectious disease were discovered.

(iv) A case of suspected Smallpox on board a Dutch vessel in the Port of Dublin was reported by the Medical Officer to a Shipping Company. The patient was seen and was then admitted to Clonskeagh Fever Hospital. Precautions against the spread of possible infectious disease were taken. Subsequent investigations showed that the patient was not suffering from smallpox.

As the Master of the above ship had not reported the case of illness to the Customs Authorities, a letter referring to this omission was sent to the ship's Dublin Agents. The Agents were also advised to make arrangements to ensure that all their representatives were vaccinated against smallpox.

(v) The m.v. "HELEMAR" arrived at Dublin on 24th July from the Port of Wismar, and sailed on 26th July for Bayonne. On 28th July the responsible company medical officer notified the Port Health Office that a member of the crew had been taken ill during the time the ship had been in Dublin and had been admitted to hospital. On 29th July it was learned that a diagnosis of Typhoid Fever had been confirmed in the case of the sick man. On receipt of this information a telegram was sent to the Port Health Authority at Bayonne giving notification of the diagnosis of typhoid. This information was confirmed by letter also sent on 29th July. The matter was then reported to the ship's owners in Cardiff who later wrote saying that the Port Health Authorities at Bayonne had carried out the usual investigations of the conditions on board the vessel and that a certificate to this effect had been issued to the Master. In addition the owners advised that arrangements had also been made to have all the crew inoculated against typhoid in the two subsequent ports visited, namely, London and Cork.

(b) Inspection of Provisions and Water for crews of Irish Ships

The Health Inspectors carry out inspections of food and water supplies on certain ships of Irish registration, and some other ships.

(c) Unification of Rodent Control

Efforts were made to initiate a unified scheme for the control of rodents in the Port

as a whole. It might appear that full control is now being achieved as the result of the employment of two full-time rodent control operatives by the Dublin Port and Docks Board. Examination of the position has revealed the fallacy here, because many of the Board's tenants make their own arrangements for the destruction of rats and mice. This system is not necessarily effective in every case, and it is therefore hoped to put into effect a scheme whereby all the efforts to rid the Port of rats are co-related. In this regard communications have been received from the Secretary, Dublin Port and Docks Board, the Harbour Master, a firm of pest control contractors who are responsible for rodent eradication in a sizeable area within the Port boundaries, and others. Later, consultations were held with the Engineer-in-Chief, Dublin Port and Docks Board with a view to organising a survey of rodent infestation in all areas and premises in the Port district which are not under the direct control of the Board. The object of the survey is to obtain (if possible) a complete picture of infestation in the Port in its entirety, and then to initiate a scheme of control which will embrace all interests in the area. All the Board's tenants have now been written to and the survey proposals have been put before them.

(d) Radio Messages

A firm of shipping agents in the City were asked to co-operate in the early transmission to the Port Health Office of any message relating to illness received from a ship bound for Dublin. The point arose because of the failure of the company concerned to transmit to this office some vital information concerning illness on board a ship due at Dublin under this firm's agency. Fortunately in this in-

stance the ship had been met on arrival in any case, and the sick person had been dealt with without undue delay of the ship.

(e) Rodent Damage to Exported Foodstuffs

The Medical Officer of Health, Port of Liverpool wrote to record a complaint of rodent damage to consignments of cakes received at Liverpool from a firm of confectionery manufacturers in Dublin. It was indicated that it had not been possible at Liverpool to determine the exact point at which the damage had occurred. The matter was promptly investigated at the Dublin end, and special attention was paid to the ship which brought the goods to the English port. It was found on inspection that the compartment in which the goods had been carried was a refrigerated hold. No evidence of rodent infestation was discovered on the ship. Examination of the transit shed involved showed no traces of rats or mice. It was further ascertained that the goods concerned were never stored overnight in the particular shed examined, but the trade being a regular and established one, the consignments were loaded on to the ship immediately on arrival by lorry at the quayside. To complete the investigation the premises of the manufacturing company were inspected by a Health Inspector from the City Health Department accompanied by a Port Health Inspector. No evidence of rodent infestation was found at the factory and the system of rodent control practised there was considered to be satisfactory. A full report on the above investigations was sent to the Port Medical Officer, Liverpool.

(f) Water Supplies to Ships

As a result of complaints received water samples were taken from the galley taps of

two Dublin registered ships. The samples were sent to the City Analyst for detailed chemical analysis. In both instances the results of the analysis were satisfactory and the samples of water were found to be of good potable quality.

(g) Certificates of Vaccination against Smallpox

A shipping company was in the habit of issuing forms of certificates of vaccination against smallpox which were not in conformity with the model authorised for international use by the World Health Organisation, and which therefore could not—by definition—be considered valid. When the facts were brought to the notice of the shipping company concerned, they arranged to obtain supplies of the authorised form of certificate. The company then gave an assurance that only the authorised certificates would be used from then on.

(h) Nuisances

(i) Swill was found to be stored unhygienically on one ship undergoing repairs in dry dock. A verbal notice was served on the Master of the ship, and shortly afterwards the nuisance was abated.

(ii) Water closets in the vicinity of the new graving dock were found to be choked and filthy. On request they were freed and cleared.

(iii) A large cargo vessel from Buenos Aires was found to be storing so much galley refuse on deck as to constitute a nuisance to public health. A request was made to the City Manager to Make an Order permitting removal

and destruction of the swill. Later the garbage was removed and buried by the Corporation Cleansing Department.

(iv) During random inspection of the dock areas it was discovered that large wooden stringers at the berths on Alexandra Quay were being fouled by discharges of waste from ships. The matter was taken up with the Harbour Master who immediately arranged to have the nuisance abated, and who also made arrangements to have the area kept free of soiling in future.

VETERINARY DEPARTMENT

JOSEPH M. MURPHY, M.R.C.V.S., D.V.S.M.

Chief Veterinary Inspector and Superintendent of Abattoir.

STAFF.

DEPUTY CHIEF VETERINARY INSPECTOR

J. M. Morris, M.R.C.V.S.

DEPUTY SUPERINTENDENT OF ABATTOIR : (ACTING)

P. J. Nolan, M.R.C.V.S.

VETERINARY INSPECTORS

D. Reeves, M.R.C.V.S., D.V.S.M.
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.
(One position vacant since 30th Sept., 1958).

HEALTH INSPECTORS

7 (including 1 at Abattoir and 1 Milk Sampling Officer).
(One position vacant since 1st Sept., 1958).

CLERICAL STAFF

6 members

Retiral of Senator O'Donovan

The year 1958 was marked by the retiral on 30th September of Senator O'Donovan, M.R.C.V.S., D.V.S.M., from the position of Chief Veterinary Inspector and Superintendent of Abattoir after a period of thirty-six years service with the Corporation. In 1922, he was appointed as assistant to the then Chief Veterinary Inspector, Mr. P. F. Dolan. After many years of service in that role, he was appointed Deputy Chief Veterinary Inspector and, on the retiral of Mr. Dolan in 1954, he was appointed Chief Veterinary Inspector and Superintendent of Abattoir.

Senator O'Donovan has won for himself a very high place of honour in the Veterinary Profession. Throughout his long career in the service he was particularly noted for the enthusiasm and earnestness with which he devoted himself to duty, and he was deeply in love with his work. His great interest and vast experience in the clinical examination of animals under the Bovine Tuberculosis Order was unique. This, coupled with the examination of samples of secretion from indurated udders, made his opinion very valuable as to which induration was likely to be tuberculous.

On the establishment of Seanad Eireann in 1938, the Veterinary Council honoured Senator O'Donovan by nominating him to represent the Veterinary Profession, and he was duly elected on the Cultural and Educational Panel, and represented the Profession there until 1948. In 1951 he was appointed to the Senate by An Taoiseach, and in 1957 he again received the same signal honour. He has on many occasions advocated the importance of the elimination of contagious and other diseases from our livestock, and has stressed as a special objective the importance of reducing and finally eradicating bovine tuberculosis. All the members of the staff of this department wish him many happy years of retirement.

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.

Milk Inspection

On 31st December, 1958, 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	1,856
No. of Premises registered	1,787
No. of City Producers of milk registered	106

93 vehicles were registered for 73 producers of milk outside the city.

During the year 226 premises, comprising 203 milk shops, 8 vehicles, 15 milk stores and dairy yards, were registered. Refusal of registration orders were served in respect of applications for 17 premises.

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

No. of licences issued	1,477
No. of premises licensed	1,545
No. of licences issued for sale of Pasteurised Milk	1,471
No. of licences issued for sale of Highest Grade Milk	6

Refusal Orders were served on 17 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 1,815 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 111 samples of milk sold under General Designations and 254 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	1	2	1
Over 1,000 but not over 50,000	35	32	99	88
,, 50,000 ,, ,, ,, 100,000	9	9	18	22
,, 100,000 ,, ,, ,, 200,000	3	7	7	8
,, 200,000 ,, ,, ,, 300,000	2	6	2	3
,, 300,000 ,, ,, ,, 400,000	–	–	–	–
,, 400,000 ,, ,, ,, 500,000	1	–	–	1
,, 500,000 ,, ,, ,, 600,000	1	–	–	–
,, 600,000 ,, ,, ,, 700,000	–	–	–	–
,, 700,000 ,, ,, ,, 800,000	–	–	–	1
,, 800,000 ,, ,, ,, 900,000	1	–	–	1
Exceeding 900,000 ...	–	3	–	1
Totals	53	58	128	126

Sedimentation (or Dirt) Test

This test was carried out in 92 cases. It has a strictly limited value. It is easily applied and the results can be demonstrated to the vendor at the time of examination. It reveals only gross contamination by physical dirt, (e.g. dust, hair, etc.), and gives no indication of the amount of bacterial contamination. A summary of the results is given below :—

Year	No. of Samples	Very Clean	Clean	Fairly Clean	Dirty	Very Dirty
1958 ...	92	53	30	9	—	—

In addition to the foregoing sampling, 565 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 107 samples of Highest Grade Milk and 458 samples of Pasteurised Milk.

Examination of Milch Cows in City Dairy Yards

Special visits were made to City Dairy Yards to examine the cows housed therein. Samples of milk were taken from cows with abnormal udders and microscopically examined. In two cases tubercle bacilli were found and the animals were immediately slaughtered under the Bovine Tuberculosis Order, 1926. One 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	2,649
No. of special visits to Dairy Yards	246
No. of examinations of milch cows	5,491
No. of cows from which separate samples of milk were taken for bacteriological examination	89
No. of samples taken and bacteriologically examined	110
No. of cows for which notices interdicting the sale of milk were served	16
No. of cows in City Dairy Yards found with tuberculosis of the udder	2
No. of cows in City Dairy Yards found with definite clinical symptoms and chronic cough	1

SUMMARY OF PROSECUTIONS FOR OFFENCES IN CONNECTION WITH SALE OF MILK

Offence	No. of Cases	Fines	Costs	Dismissed
Sale of milk from stationary van	5	10/-	10/-	4
Sale of pasteurised milk without licence	5	£1	10/-	4
Total :—	10	£1 10s. 0d.	£1 0s. 0d.	8

Meat Inspection

Number of animals slaughtered at the Corporation Abattoir :—

Bulls	205
Bullocks	4,451
Cows	3,549
Heifers	15,525
Calves	259
Total Cattle	23,989
Sheep	162,370
Swine	21,570
Total Animals	207,929

Number of Victuallers other than Pork Butchers using the Abattoir 121

Number of Pork Butchers using the Abattoir 40

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.
393	8	—	—

Cysticercus Bovis

Total number of cattle examined by Corporation Veterinary Officers 16,797

Total number of cattle affected 92

Percentage affected .... ·54%

Trichinosis

Microscopic examination for the presence of trichinosis in swine was carried out in 36 cases, most 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, 1958.

	Cattle		Sheep		Swine	
	Whole	Partial Weight in lbs.	Whole	Partial Weight in lbs.	Whole	Partial Weight in lbs.
Tuberculosis ...	129	4,237	–	–	16	378
Traumatism ...	8	6,676	1	410	–	308
Oedematous and Wasted	29	–	106	–	6	–
Gangrene	1	–	–	–	–	–
Redwater	2	–	–	–	–	–
Moribund and Ill Bled	7	–	18	–	–	–
Decomposition ...	22	–	60	–	5	–
Septic conditions ...	38	370	11	15	5	–
Carcinoma	32	–	9	–	3	–
Other conditions ...	112	3,257	89	574	27	565
Totals	380	14,540	294	999	62	1,251

ABATTOIR POST-MORTEM EXAMINATION OF TUBERCULOUS CARCASES (BY CORPORATION STAFF)

Organs Etc., Affected	Cows	Heifers	Bullocks	Bulls	Calves	Total
Pleura	61	40	16	—	3	120
Peritoneum ...	50	27	12	—	3	92
Lung Subst. ...	110	58	25	1	3	197
Liver Subst. ...	59	47	22	—	3	131
Spleen Subst. ...	30	25	14	—	5	74
Kidney	24	15	9	—	2	50
Uterus	28	6	—	—	—	34
Udder	6	—	—	—	—	6
Prescapular ...	11	29	14	—	1	55
Precrural	4	5	8	—	—	17
Popliteal	7	11	7	—	—	25
Ischiatic	7	1	—	—	—	8
Suprasternal... ...	22	6	7	—	1	36
Iliac	10	8	7	—	—	25
Sublumbar	—	3	—	—	—	3
Pharyngeal	142	298	50	1	4	495
Bronchial	278	404	92	2	11	787
Mediastinal	168	209	46	2	8	433
Mesenteric	176	153	56	—	4	389
Portal	140	177	49	—	6	372
Renal	10	18	13	—	—	41
S. Mammary ...	8	5	—	—	—	13
Carcases Condemned						
Whole	62	38	22	—	7	129
Partial	24	26	13	1	1	65
Strippings	13	9	5	—	—	27
Organs only	285	545	79	1	8	918
	Total Number of Animals Affected ...					1,139
No. of Animals Killed	2,120	13,360	1,008	50	259	—
	Total Number of Animals Killed ...					16,797
Percentage Affected	18·1	4·62	11·8	4	6·12	—
	Percentage of Total Affected ...					6·78

RETURN OF ORGANS, ETC., CONDEMNED BY THE CORPORATION STAFF AT THE ABATTOIR FOR TWELVE MONTHS ENDING 31st DECEMBER, 1958

	Cattle	Sheep	Swine
LUNGS :			
Tuberculosis ...	872	—	216
Abscesses ...	6	14	6
Pneumonia ...	63	5	93
Pleurisy	40	21	305
Parasitism ...	1	—	2
Cysts	2	—	—
Other conditions ...	55	11	15
HEARTS :			
Tuberculosis ...	855	—	216
Other conditions ...	127	33	414
STOMACHS :			
Tuberculosis ...	398	—	132
Other conditions ...	61	21	79
INTESTINES :			
Tuberculosis ...	398	—	132
Other conditions ...	61	21	79
SPLEENS :			
Tuberculosis ...	69	—	22
Other conditions ...	5	2	—

	Cattle	Sheep	Swine
LIVERS :			
Tuberculosis ...	540	—	216
Abscesses	145	55	91
Necrosis	5	—	11
Cirrhosis	99	1	353
Echinococcus ...	1	—	—
Distomatosis ...	341	265	—
Cav. Angioma ...	33	—	—
Other conditions ...	112	70	91
KIDNEYS :			
Tuberculosis ...	66	—	34
Other conditions ...	34	1	34
UTERI :			
Tuberculosis ...	34	—	—
Other conditions ...	2	—	—
HEADS :			
Tuberculosis ...	407	—	675
Actino	45	—	—
Abscesses	5	—	3
Other conditions ...	109	1	3
TONGUES :			
Tuberculosis ...	407	—	675
Actino	45	—	—
Other conditions ...	112	1	6

RETURN FOR THE YEAR 1958 OF ANIMALS EXAMINED BY DEPARTMENT OF AGRICULTURE VETERINARY STAFF AT CORPORATION ABATTOIR

Class of Animal	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 ...	524	18	73	433	169	188	181	193	3	1,229	3 (2 Septic) (1 Ill Bled)
Bulls ...	20	1	2	19	9	9	9	3	—	94	—
Bullocks ...	333	17	31	253	94	97	102	138	12	1,163	3 (2 Sceptic) (1 Moribund)
Heifers ...	391	15	33	340	108	112	114	169	24	1,321	3 (2 Septic) (1 Cancer)
TOTAL ...	1,268	51	139	1,045	380	406	406	503	39	3,807	9

PRIVATE SLAUGHTERHOUSES

Number of private slaughterhouses	47
Number of bacon factories	3
Number of export meat factories	1

(NOTE: The bacon factories and the meat export 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	140
Number of inspections of slaughterhouses	6,923

ESTIMATE OF ANIMALS SLAUGHTERED IN PRIVATE SLAUGHTERHOUSES

Cattle	33,800
Sheep and Lambs	139,984
Pigs	2,392

The total number of pigs slaughtered in the three bacon factories for the year was 79,201.

The figures for cattle and sheep slaughtered at the export meat factory during the year were not available.

NUMBER OF ANIMALS TOTALLY CONDEMNED IN PRIVATE SLAUGHTERHOUSES

Cattle	55
Sheep	11
Pigs	—

The amount of unsound meat condemned as a result of visits to private slaughterhouses was 87 Tons 14 Cwts. 3 Qrs. 23 Lbs.

CYSTICERCUS BOVIS

Total number of cattle examined	33,363
Total number of cattle affected	81
Percentage affected	·243

Slaughter of Animals Act, 1935

Slaughter licences were issued under the Act to 127 applicants, and the fees received amounted to £31 15s. 0d.

During the year a prosecution was brought against a person in connection with the shooting of two sheep while not holding a current slaughter licence. The owner of the slaughterhouse was also prosecuted. Both cases were dismissed under the Probation of Offenders Act.

Food Complaints

During the year 38 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	20
Fish	3
Milk	13
Fowl	1
Jam	1

On four occasions unsound food was reported for inspection and condemned as a result of consequent visits. Veterinary Inspectors made 510 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 260 occasions.

Total Weight of Unsound Food for the Year

	Tons.	Cwts.	Qrs.	Lbs.
Meat and Organs, Beef, Mutton, Pork, Bacon	481	1	—	11
Fowl and Game	—	3	—	10
Fish	—	2	2	2

Food Hygiene Regulations, 1950

During the year 30 new applications for registration, classified as follows, were received : Beef Butchers : 14 ; Pork Butchers : 3 ; Beef and Pork Butchers : 4 ; Fish and Poultry : 6 ; Manufacturing and Wholesale : 3. 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 1957 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	Refusal	Appeal
Beef Butcher ...	312	3	1	9	1
Pork Butcher ...	107	—	—	5	3
Beef and Pork Butcher ...	23	—	—	—	—
Fish/Poultry/ Rabbits ...	85	1	—	8	1
Food Manufacturing and Wholesale ...	49	2	—	4	—
Ice Cream Manufacturing ...	14	—	—	—	—
Milk Bar, Cafe Etc. ...	6	—	—	—	—
Fish and Chip Saloon ...	1	—	—	—	—
Total ...	597	6	1	26	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 26 refusals shown in the Register of Food Premises, 5 cases were under appeal.

During the year 1 appeal was allowed by the Minister on satisfactory completion of the requirements, and the premises was duly registered.

Under Article 44, Sub-Articles 2 and 3, 19 entries were cancelled in the Register of Food Premises.

Under Article 44(1) the registration of 15 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, 7,387 inspections of food premises were made by Health Inspectors during the year.

There was one prosecution under the Regulations during the year. This was for carrying on an unregistered food business, and resulted in a fine of 1/-, and £1 1s. 0d. costs. The premises were subsequently registered.

Diseased and Suspected Animals dealt with in Markets, Lairs, etc., under Food Inspection during the Year, 1958.

Animals dealt with	How Carcases were dealt with				
	Passed	Condemned			Removed outside our Jurisdiction
		Total	Partial	Organs only	
Cattle ... 37	4	3	3	2	25
Sheep ... 3	3	–	–	–	–
Pigs ... 3	–	–	3	–	–
Total ... 43	7	3	6	2	25

Diseases of Animals Acts

Bovine Tuberculosis Order

No. of cows found to be affected with tuberculosis of the udder	2
No. of animals found to be showing definite clinical symptoms of tuberculosis with chronic cough	1
No. of animals reported by owner under the Bovine Tuberculosis Order and found not to come within its provisions	1
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	87
Total number of animals dealt with	91

Three animals were found to come within the scope of the Bovine Tuberculosis Order. These three animals were slaughtered by the Local Authority. The agreed valuation of the three animals amounted to £81, and compensation amounting to £81 was paid to the owners in accordance with the terms of the circular from Department of Agriculture, dated 7th March, 1958, ref. no. 8/2/27.

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

It is gratifying to report that there were no cases of Swine Fever during the year.

THE NUMBER OF ANIMALS IN CATTLE MARKET DURING THE YEAR

Period	Beasts		Calves	Sheep	Pigs
	Fat	Dairy			
March Quarter	49,987	1,088	64	81,944	7,833
June Quarter	36,343	951	69	96,896	9,989
September Quarter ...	36,747	1,725	118	105,872	8,363
December Quarter ...	46,231	1,541	131	93,337	8,548
TOTAL	169,308	5,305	382	378,049	34,733

SPECIAL SHEEP SALES AND SALES OF STORE CATTLE DURING THE YEAR

PERIOD	STORE SHEEP	STORE CATTLE
March Quarter	57	28,376
June Quarter	—	33,115
September Quarter	10,509	34,623
December Quarter	10,101	29,929
TOTALS	20,667	126,043

Microscopic Examination of Milk

Samples of Milk from Cows in City Dairy Yards

Number of examinations	110
Streptococci	28
Diplococci	7
Tubercle Bacilli	4
Other organisms	1
Negative	70

Samples of Sputum

Number of examinations	2
Tubercle Bacilli	1
Negative	1

Biological Examination of Milk

Group Samples

Number of examinations	16
Positive	1
Negative	15

Direct Samples

Number of examinations	15
	(All Negative)

Control Samples Taken at Infant Aid Depots

Number of examinations	17
	(All Negative)

Control Samples Taken at Hospitals

Number of examinations	31
Positive	1
Negative	30

Miscellaneous Control Samples

Number of examinations	130
Positive	3
Negative	127

During the year agglutination tests for the presence of Brucella Abortus were carried out on the blood of 50 guinea-pigs previously inoculated with milk.

The following is a summary of the results

Guinea-pigs inoculated with :	No. of blood samples examined	No. Positive	No. Negative
(a) Highest Grade Milk...	26	10	16
(b) Milk under a General Designation ...	17	7	10
(c) Pasteurised Milk ...	7	1	6

MICROSCOPIC EXAMINATION

(General)

Blood Films for Anthrax :

Number of specimens ... ... 26 (All Negative).

Attendance on Animals the Property of the Corporation

During the year one horse attached to James Connolly Memorial Hospital at Blanchardstown was sold by this Department.

HOUSING

Accommodation Provided Year 1/4/'58—31/3/'59

	2R	3R	4R	5R	Total
Cottages :					
Finglas West 11. ...	—	4	36	—	40
Coolock/Raheny ...	—	2	40	—	42
Wilkinstown	—	4	54	—	58
Ballyfermot 4F. ...	—	8	62	46	116
Finglas East 1E. ...	—	3	35	—	38
Total Cottages ...	—	21	227	46	294
Flats :					
Bluebell	45	70	5	—	120
Hogan Place ...	8	12	26	—	46
Total Flats ...	53	82	31	—	166

Total No. of New Dwellings 460

Total No. of Corporation Dwellings at 1/4/'59 41,853

Number of families who accepted accommodation in the 460 new dwellings from :—

(i) Overcrowded apartments ... ... 165 families.

(ii) Unfit dwellings ... ... 105 ,,

(iii) Other categories ... ... 190 ,,

SANITARY DEPARTMENT

Staff

Chief Health Inspector :—Patrick Coen.

Dublin North East

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

Dublin North West

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

Dublin South West

Supervising Health Inspector :—George Bowles and nine District Inspectors.

Dublin South East

Supervising Health Inspector :—Laurence Gaffey and eight District Inspectors.

One Drains Inspector.

Four Food and Drugs Inspectors.

Two Inspectors on Port Health duties.

One Inspector checking new building proposals.

District Work

Each inspector is allotted a sanitary district with which he becomes quite familiar and in which he is well-known as a result of his continuous routine inspections. By his inspections, he keeps himself informed of any conditions injurious to health in his district. He takes action to abate nuisances and ensures compliance with the Housing Acts and Bye-laws. House repairs are carried out and a greater comfort of living standard is assured as a consequence of his endeavours. He supervises food premises and constantly tries to raise the standard of cleanliness in dealing with food. He oversees the sale of food-

stuffs and seizes and destroys what is unfit for consumption. The following summaries give an idea of the year's work in this regard :—

Formal complaints of nuisances	3,416
Reports of our inspectors on complaints	1,119
Written notices to abate nuisances	3,608
Verbal notices to abate nuisances	4,740
Written notices to limewash yards	2,354
Routine inspections of tenement houses	11,603
Re-inspections of tenement houses	3,954
Inspections of other houses	12,074
Offensive trades inspections	232
Inspections of piggeries	1,112

DRAINAGE INSPECTIONS

Drains examined	367
Drains smoke tested Drains water tested Drains tested by fluoroscene	155
Drains freed	411
Drains repaired	8
Drains and yards of abandoned houses cleaned	1,092

PROSECUTIONS

No. of Summonses issued	344
Summonses (Ordinary)	196
Summonses (Disobedience)	28
Summonses (Bye-laws)	112
Adjourned Summonses brought forward....	195
Adjourned Summonses disposed of	107
Adjourned Summonses	178
Orders obtained with costs	111
Orders obtained with penalties and costs	3
Orders obtained with no costs	10
Prohibition Orders	9
Summonses abated before Court hearing	50
Summonses abated before Court hearing without costs	46
Summonses abated before Court hearing with penalties and costs	21

Summonses not served	4
Summonses dismissed	1
Summonses struck out	14
Owners fined	58
Total amount of fines imposed	£234 11s. 6d.

Rebate of Rates

Certain benefits are given under the Local Government (Dublin) Act, 1930 to owners of dwellings of not more than £8 0s. 0d. Poor Law Valuation. These dwellings must be occupied by artisans or labourers. The City Medical Officer must certify the dwellings as being suitable, that is, the house must be clean and in good general repair, sufficient water closet accommodation must be provided, and the yard must be paved and drained before the Corporation will grant a rebate of twenty per cent of the rates.

No. of applications received during the year	209
No. of dwellings involved	6,101
No. of rebates refused	163

Poisons and Pharmacy Act, 1908

Regulations made under this Act empower the local authority to grant licences to persons, other than chemists and druggists, for the storage and sale of poisons containing arsenic, tobacco and alkaloids of tobacco, which are used exclusively in horticulture or agriculture for the destruction of insect pests, fungi and bacteria, or as sheep dips and weedkillers.

During the year thirty-two licences were operative and routine inspections revealed that the premises licensed complied with the Regulations.

Explosives Act, 1875

Any persons wishing to store gunpowder must have the permission of the local authority. This licence is renewable annually on payment of a fee of one shilling.

The principal rules for these stores are that the gunpowder must be stored in a fireproof safe at a

reasonable distance from a public thoroughfare, only small quantities may be stored at any one time, and when stored must be kept in a substantial bag or cannister.

A register of licences is kept by the local authority. Our register shows that licences have been issued to five parties.

Activities Under Housing Acts

Housing Inquiries held	4
Cases dealt with	172
Demolition Orders made	76
Closing Orders made	37
Undertakings accepted	59
Families in Premises	311
Persons in Premises	990

Two cases were adjourned *sine die.*

Housing Repair Grants

Where repairs will prolong the life of the house or render it more fit for human habitation, a grant is given to encourage the owner to carry our a worthwhile scheme of repairs. The occupants of houses the subject of a repair grant are normally persons of the working classes or in the lower income group. The grant may range from £20 to £120. A like grant is given by the central authority as is given by the Corporation.

During the past year this Department reported on 1317 cases of applications for Repair Grants.

A small number of these applications came from speculators who sought grants for each flat provided in a dwelling that was fundamentally a single family dwelling, and that because of its small size, because of the surrounding type of house which were all single dwellings, because of infringement of the density regulations formulated under the Dublin Town Plan, and because the Local Authority did not consider it

expedient to permit conversion of a single dwelling into a multiple dwelling, we did not recommend the giving of more than one grant in these cases.

These fractional grants given by the local authority and the central authority have given a fillip to the building industry in the City, have given a new lease of life to old multiple dwellings, and by forestalling decay have saved future expenditure from the Rates. They are much to be encouraged.

Temporary Dwellings

The Corporation acting as the Sanitary Authority of the City have not, as yet, availed of their powers under the Sanitary Services Act, 1948, to make Bye-laws for securing cleanliness, for preventing interference with the amenities of a district, for ensuring orderly behaviour and for the prevention of nuisances in relation to temporary dwellings. Our District Health Inspector is, therefore, frequently obliged in order to secure cleanliness in or about temporary dwellings to make use of the nuisance sections of the Public Health Acts.

The staff has had a great deal of trouble from itinerants who camp in the suburbs or on sites cleared for building in the City itself.

Multiple Dwellings

The expression ' multiple dwelling ' means premises let in parts to form two or more dwellings. Under the Housing (Amendment) Act of 1948, a person shall not permit premises to be used as a multiple dwelling without the permission in writing of the Housing Authority. The knowledge of this law is not widespread in the City. Frequently, upon inquiries resulting from sale of houses or application for grants, we discover that a premises is an unauthorised multiple dwelling. Where the discovery is made through an

application for a Repair Grant, we find that had the Housing Authority been consulted before the house was converted into a multiple dwelling, our advice could have proved of great benefit to the applicant.

Following on a conference which had been convened in April, 1958, between the interested sections of the Corporation to discuss difficulties in the consideration of multiple dwellings for Repair Grants, the following standards were decided on as the minimum to qualify for a grant.

Type	Living Accommodation (Area in Sq. ft.)	Bedrooms (Area in Sq. ft.)	Bathroom and w.c.
Class A	2 Apartments	4 in Number	Sq. ft. 35
	140 | 110	135 | 110 | 110 | 70	
Class B. 1.	2 Apartments	3 in Number	35
	140 | 110	135 | 110 | 70	
Class B. 2.	200	3 in Number	
	160 living-room | 40 Scullery	135 | 110 | 70	
Class C.	200	2 in Number	35
	160 living-room | 40 Scullery	135 | 110	
Class D.	180	Single Bedroom	35
	150 Living rm. incl. cooking unit. 120 living rm. excl. cooking unit.	Double Bedroom 110	
Class E.	Living and Sleeping Room	No separate bedroom	35
	150 inclusive of cooking unit 120 exclusive of cooking unit		

Bed-sittingrooms are the lowest in the scale as they are not provided with separate sleepingroom or sanitary amenities. Under the Town Plan, eighty-

two bed-sittingrooms per acre are permitted or twelve ordinary new dwellings. Each bed-sittingroom must have its own supply of potable water. Normally the maximum number of bed-sittingrooms per floor is four.

Apart from these bed-sittingrooms, each dwelling in the multiple dwelling is a self-contained unit having livingroom, bedroom and separate full sanitary amenities. The bathroom and the water-closet in these flats may be combined.

Tenement houses called lodging houses in our bye-laws, are not affected by the above standards. Action of the Local Authority when dealing with this type of house is channeled through the Health Acts, the Sanitary Services Acts and the Housing Acts and Bye-laws. Meantime the advent of the revised bye-laws is awaited to bring them into conformity with advances in recent legislation particularly the Housing (Amendment) Act of 1952, which lays down a uniform standard in overcrowded cases.

Offensive Trades

Offensive trades are those such as blood-boiling, fat-rendering and gut-scraping, that give rise in trade processes to offensive smells. In the past year the number of such trades in the City has increased mainly because a large meat packing concern has decided to complete the meat processes incidental to the main business by processing by-products, offal and waste.

Permission was given by the Corporation to thirty-one firms to carry on the business of offensive trade during the year.

Inspection of Shops

The health inspectors visit all food and milk shops in their districts at least once a month. These inspections are carried out under the Food Hygiene Regulations and under the Milk and Dairies Regulations. Other shops such as hardware, drapery and shoe shops are inspected under the Shops Act, 1938. Under Part VI of this Act, the shop must be suitably

ventilated, have a reasonable temperature, be suitably lighted, and have washing facilities and sanitary conveniences. In large shops, seats are provided for girls—not less than one for every three girls.

Food and Drugs Acts and Regulations

Four of our Inspectors are engaged daily in the taking of samples of food and drink. Where adulteration is found the offending shopkeeper is prosecuted. Each District Health Inspector inspects the food for sale in the shops in his district. Should he discover any unfit foods in the course of his day's work, he may seize, remove or detain them. If the owner does not surrender these articles voluntarily, the inspector then seeks a Court Order to destroy them.

Food Hygiene Register

Our Food Hygiene campaign for cleanliness and safeguarding public health in the preparation, storage and sale of foodstuffs, is governed by the Food Hygiene Regulations, 1950. Under these Regulations a food business means the manufacture, preparation, importation, storage, distribution or exposure for sale of food intended for sale for human consumption. Certain categories of food premises are highlighted under these Regulations by the requirement of registration. By Order of the Minister made on the 27th September, 1951, registration is required for hotels, restaurants, fishmongers, poulterers, ice cream manufacturers, butchers, pork butchers, food manufacturers and food wholesalers. Here is a summary of our Food Hygiene Register at present of the above catering and manufacturing registrable groups.

Catering Food Premises

Cafes	Hotels	Fish and Chip Shops	Canteens	Milk Bars	Cafe/ Ice Cream	Boarding Houses
242	134	125	60	20	7	22

Food Manufacturing Premises

Ice Cream	Bakeries	Sweet Factories	Spirit and Minerals	Groceries	Wholesale	Sundry
67	126	35	32	34	85	34

Food Hygiene Prosecutions

The following is a summary of our prosecutions during the year under the Food Hygiene Regulations.

100 offences were brought before the Court for dirty premises, dirty and clogged machines, insufficiency of washing facilities and inadequacy of sanitary conveniences. A number of these offences concerned unfit foods, foods exposed to risk and improper or absence of means of disposal of waste.

The total amount of fines imposed was	£93	0s.	0d.
The total amount of costs imposed was	£82	0s.	0d.

Factories Act, 1955

Factories are inspected regularly by Inspectors attached to the Department of Industry and Commerce. When, in the course of their inspections, they find any fault in relation to drains, water-closets, water supply or public health matters, they refer it by notice to the local sanitary authority. The bulk of such complaints arises from the misuse or neglect of water-closets.

The Public Health (Ireland) Act, 1878, gave power to the local sanitary authority to control the creation of nuisances arising from an excessive quantity of black smoke emission from a factory. Several times during the year complaints were made that certain factory premises in the City were sending forth smoke and grit in such quantity as to constitute a nuisance. We had no remedy for this complaint as our powers were taken away from us by the Factories Act, 1955.

No. of factory inspections during the year	949
No. of notices served on factory premises	90

Burial Grounds

The burial grounds of the City, including closed burial grounds and those under the control of the Sanitary Authority, are inspected by our Health Inspectors in the interests of the protection of public health, for the maintenance of public decency and to prevent a violation of the respect due to the remains of deceased persons. During the year no burial grounds were closed. We continue, however, to receive a number of applications for permission for interment in one of the closed burial grounds such as St. Canice's, Finglas, St. Mary's, Crumlin, St. George's, Whitworth Road, and St. James', James' Street. In such cases, application is made to the Minister for Local Government who asks us to examine the grave space and report back to him.

During the year also, much damage by vandals was done to the closed burial grounds in Kevin Street called " The Cabbage Patch " and to Old St. Mary's, Ballyfermot. The old church in St. Mary's was completely undermined and had to be demolished. Headstones were smashed, all movable crosses removed and the holy ground became a playground until the Public Health Department built a new wall around it.

Industrial Hygiene

One of our inspectors is engaged wholetime on examination of plans. The number of such examined during the year was 363. A large portion of these plans come under the Housing Act of 1954 and indicate premises the subject of a repair grant for structural repairs or alterations. Under this heading is included a number of old city houses undergoing renovation and being converted from single dwelling into multiple dwelling.

In anticipation of The Offices (Conditions of Employment) Bill, a small number of plans were submitted and all our recommendations with regard

to heating, ventilation, cloakroom and sanitary accommodation were eagerly adopted.

In the examination of plans of new foodshops, particular care is taken to ensure that the layout and structure conforms to the food hygiene code. A number of consultations with architects and proposers is a regular feature of this work. This is often followed by an on-the-spot inspection.

There has been a falling off in the number of plans submitted concerning catering premises and lounge bars. The inspector in charge of this work reports as follows :—

No. of plans submitted	363
Consultations with technicians	218
Inspections and re-inspections	209

MISCELLANEOUS

(a) Milk Depots :

The milk depots supplying milk under the Infant Aid Scheme were subject to regular inspection by our inspectors during the year because of some dirty milk bottles discovered early in the year.

(b) Iced Lollipops :

We were obliged to take measures in some cases amounting to closing the premises or forbidding the manufacture of lollies, because of bacterial contamination.

Prosecutions Under Food and Drugs Acts

Foodstuffs Sampled	No.	No. of Adulterations	No. of Prosecutions	No. of Convictions	Penalties
Milk	1,700	13	11	11	£23 11s. 0d. fines £14 11s. 6d. costs
Dripping ...	105	1	1	1	P.O. Act and £2 2s. 0d. costs.
Ice Cream ...	188	2	2	2	£2 Fines and £2 2s. 0d. costs.
Butter	376	3	2	2	£6 Fines £2 2s. 0d. costs.
Buttermilk ...	9	2	2	2	£2 fines and £1 1s. 0d. costs.
Seasoned Sausage (Mince Meat) Mince ...	1	1	1	1	£15 fine and £2 2s. 0d. costs.
Whiskey ...	13	2	2	2	£20 fine and £3 3s. 0d. costs.
Mincemeat ...	78	3	3	3	£15 fine and £4 2s. 0d. costs.
Vinegar... ...	94	9	8	8	£13 fine and £9 9s. 0d. costs.
Currants ...	21	1	No legal action.		
Sausages ...	66	1	No legal action.		

Bacteriological Examination of Samples

Article	No. of Samples	Satisfactory	Not Satisfactory
Shellfish Raw ...	19	16	3
Shellfish Cooked ...	13	10	3
Ice Lollipops ...	47	32	15
Synthetic Cream ...	3	3	—
Egg (Whole) ...	4	4	—
Egg (Yolk)	6	6	—
Egg Albumen ...	6	6	—

Baths and Wash Houses

	Tara St. Baths	Iveagh Baths	Francis St. Wash House
Swimmers	94,237	26,115	—
Reclining Baths ...	22,393	851	—
Wash House ...	15,588	—	23,944
Total attendance ...	132,218	26,966	23,944

During the year a total of 104 Clubs, Schools and Colleges were granted exclusive bookings.

CITY BACTERIOLOGY LABORATORY

J. H. Stritch, City Bacteriologist.

The number of specimens received during the year at the Central Laboratory in Crumlin and the sources from which they came are shown in Table I.

Table 1.

Ballyowen Sanatorium	254
B.C.G. Clinic, Crumlin	11
Charles St. Clinic	2,198
Child Welfare Department	3
Clonskeagh Fever Hospital	1,515
Clontarf Orthopaedic Hospital	93
Crumlin Chest Clinic	444
Dublin County Council	1,045
James Connolly Memorial Hospital	1,706
Mass X-ray Centre	4
Miscellaneous	1
Nicholas St. Clinic	361
Port Health Office	3
Primary Clinic	3
Private Practitioners	188
Public Health Department	1,560
St. Mary's Chest Hospital	1,739
Veterinary Department	15
Waterworks Department	6
Total	11,149

The nature of the specimens and the examinations made are shown in Table II. As many of the specimens required several examinations the total is greater than the number of specimens.

Table II.

Samples of Water	685
,, ,, Food, suspected of having caused illness	17
,, ,, Ice Lollipops	48

Batches of Shellfish for Bacteriological grading	37
,, ,, Frozen Eggs for Salmonella organisms	18
Swabs for C. diphtheriae	1,327
,, ,, B. Haemolytic Streptococci	454
,, ,, Vincent's Angina	352
,, ,, Other organisms	92
Specimens of Blood for Widal reaction and Vi tests	79
,, ,, Blood for Blood culture	24
,, ,, Cerebro Spinal Fluid	154
,, ,, Urine	295
,, ,, Faeces for Salmonella, Dysentery etc.	989
,, ,, Faeces for " Pathogenic " B. coli	658
,, ,, Pus	146
,, ,, Pleural Fluid	80
,, ,, Sputum (for organisms other than B. tuberculosis)	375
,, ,, Sputum for B. tuberculosis	4,634
Specimens for culture for M. tuberculosis :—	
Sputum	2,281
Gastric Contents	65
Laryngeal Swabs	1,515
Bronchial Swabs	5
Cerebro Spinal Fluid	51
Pleural Fluids	54
Urines	24
Various	70
Tests for sensitivity to Antibiotic and Chemotherapeutic Agents :—	
Organisms other than B. tuberculosis	326
M. tuberculosis (routine method)	503
Slide sensitivity tests	335
Slide sensitivity tests (Viomycin and Cycloserine sensitivity)	9

Catalase tests of cultures of M. tuberculosis	480
Serological typing of Haemolytic Streptococci	69
Rats for evidence of Plague	1
Animal Inoculations	3
Miscellaneous	23
TOTAL	16,278

As well as the specimens dealt with in the Crumlin Laboratory, 7,709 were examined in the Laboratory at St. Mary's Chest Hospital, Phoenix Park and 7,213 at Blanchardstown Sanatorium making a total for the three laboratories of 26,071 specimens during the year. The Laboratories at St. Mary's and Blanchardstown are concerned almost entirely with examinations for B. tuberculosis, other work being done in the laboratory at Crumlin. Here too examinations for B. tuberculosis form a great part of the work. The percentage of specimens found positive by direct microscopy has shown a continuous decline over the last 5 years. Table III. shows the extent of this decline in the specimens received from Dublin Tuberculosis Clinics.

TABLE III.

	Total	Positive
1954	2,169	494=22·7%
1955	2,126	339=15·9%
1956	2,095	227=10·8%
1957	1,892	154= 8·1%
1958	1,593	121= 7·5%

A total of 4,065 specimens were examined for B. tuberculosis by cultural methods. Table IV. shows the result of these examinations.

TABLE IV.

Specimen	No. Examined	Positive	Negative	Contaminated
Sputa ...	2,281	385=16·8%	1,888=82·8%	8=·4%
Gastric Contents	65	7=10·8%	58=89·2%	Nil.
Laryngeal Swabs	1,515	81=5·3%	1,434=94·7%	Nil.
Cerebro Spinal Fluid ...	51	5=9·8%	46=90·2%	Nil.
Bronchial Swabs	5	2=40%	3=60%	Nil.
Pleural Fluids ...	54	3=6%	51=94%	Nil.
Urines ...	24	1=4·2%	23=95·8%	Nil.
Various ...	70	6=8·6%	64=91·4%	Nil.
	4,065	490=12·1%	3,567=87·7%	8=0·2%

503 cultures of Myco. tuberculosis were tested for sensitivity to Streptomycin, Paraaminosalicylic Acid and Isonicotinic Acid Hydrazide. In addition 9 were tested for sensitivity to Cycloserine or Viomycin. Table V. shows the results of these tests.

TABLE V.

	Resistant	Sensitive	Total No. examined
Streptomycin ...	142=28%	361=72%	503
Paraaminosalicylic Acid ...	88=17·5%	415=82·5%	503
Isonicotinic Acid Hydrazide ...	101=20%	402=80%	503

Trial of the new method of estimating sensitivity by means of slide culture in Blood medium has been continued during the year. The results are shown in Table VI. The higher incidence of resistance found by this method may be explained by the fact that only

specimens are used in which tubercle bacilli can be seen. Many of these came from old treated cases which remain microscopically positive only because they are resistant to antibiotics etc.

TABLE VI.

	Resistant	Sensitive	Total No. examined
Streptomycin ...	95=40%	140=60%	235
Paraaminosalicylic Acid ...	70=30%	165=70%	235
Isonicotinic Acid Hydrazide ...	58=29·5%	177=70·5%	235

In a small percentage of cases, different results were obtained by the routine and slide culture methods. An attempt is at present being made, by following up the results of treatment with antibiotics, to assess which method corresponds more closely with clinical findings.

Table VII. shows the numbers and varieties of serologically identifiable Bact.coli G.E. isolated from faeces during the year.

TABLE VII.

Total Number of faeces examined = 658
Total number of B.coli isolated = 94 = 14·2%

Type	No.	Percentage
B. coli 055	13	13·9%
,, 0111	17	18·2%
,, 0119	6	6·2%
,, 026	28	29·9%
,, 0125	17	18·2%
,, 0126	2	2·1%
,, 0127	11	11·5%

Frozen Eggs

No organisms of the Salmonella or Dysentery groups were isolated from the 18 samples of frozen eggs examined.

Shellfish

Thirty-seven batches of shellfish were examined by a modification of the method recommended by the American Public Health Association. They consisted of eleven batches of Oysters, 23 of Mussels and 3 of periwinkles.

With one exception all batches of Oysters reached a high Bacteriological standard. Uncooked mussels were generally unsatisfactory but some of the batches had been cooked and were then free from Bact. coli. All three samples of periwinkles had been cooked and were Bacteriologically satisfactory.

The faecal Bact. coli isolated from these shellfish were tested to find whether any of them belonged to serologically identifiable types. The interesting result was that two such types were isolated from oysters and three from mussels.

The expected decline in the volume of work was not as great as was anticipated and indeed during the later months of the year there was a noticeable increase in the number of specimens received.

There were no changes in staff during the year and the two technicians who resigned in 1957 were not replaced.

DEPARTMENT OF THE CITY ANALYST.

H. D. Thornton, Dublin Region. Public Analyst.

The most noteworthy event of the year was the transfer of the Laboratory from Municipal Buildings to new premises at 10, Cornmarket which took place in the period 25th August—6th September. During this time, more than 200 packing cases were filled with chemicals and glass apparatus, transported and unpacked by the removal men, and their contents distributed to their new location by the staff of the Laboratory.

Thanks to the sustained effort by all concerned, it was possible to resume analytical work in the new quarters on 8th September.

The Laboratory was honoured, on 9th September, with a visit by the Lord Mayor (Councillor Mrs. Byrne), the Chairman of the Public Health Committee (Alderman J. McCann) and other members of the Committee, all of whom expressed their satisfaction with the design and workmanship incorporated in the new premises.

In my report for the year 1957, I referred to the change proposed by the Department of Health in the method of checking on the medicines purchased under contract by local authorities for use in their dispensaries and hospitals.

Hitherto, the local authorities submitted random samples from the consignments of medicines received by them to their Public Analysts for analysis, but the change made by the Department of Health withdrew this work from the Public Analysts. The loss of this work is in the main responsible for a reduction from 7,143 samples analysed for bodies other than Dublin

Corporation in 1957 to 5,791 samples in 1958, and for a reduction from £4,864 4s. 0d. in 1957 to £3,847 4s. 0d. in the recoupment which became due to the Corporation from the other local authorities served by the Laboratory.

A further aspect of the change is that, with the exception of seven samples received from the Child Welfare Centre, there has been no analytical control by the City Laboratory on the quality of the medicines purchased by the Corporation for use in health institutions under Corporation control.

In the past, it has been the practice for local authorities other than boroughs and county boroughs to utilise the services of selected members of the Garda Siochana to act as their sampling officers under the Sale of Food and Drugs Acts. During the year two of the counties comprising the Dublin Region changed this arrangement, and their Health Inspectors took over the duty of food sampling with effect from 1st July, 1958. In both cases, there was a marked reduction in the number of samples submitted—from 382 in 1957 to 252 in 1958 in one case, and from 827 to 398 in the other. It is understood that the remaining counties of the region will make a similar change with effect from 1st April, 1959. If the trend of reduced sampling already noted is extended to the other counties, the volume of work reaching the Laboratory will be seriously affected, and it will be necessary to consider the situation thus created in connection with (a) the staffing of the Laboratory, and (b) the basis of recoupments by these local authorities to the Corporation.

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. Fortnightly control samples of the City water supplies.
3. Daily control samples of sewage, effluent and sludge, from the Outfall Works, Pigeon House Road.
4. Water samples from local authority supplies throughout the Region.
5. Samples submitted by the Dublin Port Medical Officer.
6. Materials purchased by Corporation Departments.
7. 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 ...	5,067	Public Health
Food and Drugs Samples (Informal)	311	,, ,,
Complaint Food Samples ...	10	,, ,,
Imported Foods	14	,, ,,
Ships drinking water ...	2	,, ,,
Medical supplies	7	,, ,,
Food supplies to Corporation Institutions	14	,, ,,
Suspected food poisoning ...	4	,, ,,
Waters from dairy premises	7	,, ,,
Miscellaneous	3	,, ,,
City Water Supplies ...	70	City Engineers
Sewage	285	,, ,,
Effluent	280	,, ,,
Sludge	257	,, ,,
Water samples (complaint) ...	3	,, ,,
Deposit from water tanks ...	4	,, ,,
Coals	2	,, ,,
Paints	2	,, ,,
Oil waste from sewers ...	6	,, ,,
Dust samples	3	City Architects

Sale of Food and Drugs Acts and Preservative Regulations.

The total number of samples submitted by Corporation Inspectors under the above headings was 5,378 of which 311 were "informal" samples. Details and results of analyses are set out below :—

Nature of article	Number of Samples	Number Adulterated
Milk	1,700	13
Buttermilk	9	2
Butter	258	3
Ice Cream	188	2
Whiskey	113	2
Currants	26	1
Vinegar	94	9
Minced Meat	78	3
Sausages	66	1
Seasoned Sausage Mince ...	1	1
Dripping	105	1

In addition, 2,740 samples (all of which proved genuine) of the following food and drugs :—

Formal Samples

Ale	5	Bextartar	1
Almond Icing	1	Bisto	4
Almond Nibs	7	Black Pudding	24
Almond Paste	3	Blancmange	1
Almonds	2	Brown Sugar	9
Appleade	3	Browning	3
Apple Juice	2	Brandy	2
Apricots	2	Bramble Jelly	1
Apple Rings (Dried) ...	2	Bread Soda	14
Baby flakemeal	3	Broken Chocolate ...	1
Baby Food (G. Brand) ...	2	Brawn	13
Bacon Burger	1	Broken Rock (Sweets) ...	1
Banana Squash	1	Buttermilk	9
Barley (Pearl)	34	Buttered Beans ...	9
Bavita	1	Bourn-vita	12
Barley Sugar	2	Cake Mixture	14
Baking Powder	2	Cake Decorations ...	1
Bengers Food	1	Candid Peel	8
Beef Suet	1	Camphorated Oil ...	1

Caraway Seeds	1
Carrageen Moss	1
Castor Sugar	21
Chocolate	7
Chocolate Coconut Ice ...	2
Champagne Cider ...	1
Ciderette	4
Cheese	55
Cheese and Butter Spread	3
Cidona	7
Cereal Baby Food ...	26
Cider	9
Cornflakes	2
Cornflour	40
Cooking Fat	3
Coffee	1
Cod Liver Oil ...	22
Coco Kola	2
Coconut	11
Cocoa	24
Coffee (Instant) ...	1
Coffee and Chicory ...	14
Cookeen	31
Cordial	7
Cream (Synthetic) ...	10
Club Lemon	1
Cream Soda	2
Curry Powder	2
Cream of Magnesia ...	1
Currants	21
Custard Powder... ...	49
Cydrax...	6
Drinking Chocolate ...	22
Castor Oil	2
Cream	15
Dates	10
Dripping	105
Dresso	1
Dried Fruit Mixed ...	1
Easter Egg	2
Egg Substitute	1
Erinox	5
Extract of Malt and Cod Liver Oil	3
Flake Oatmeal	95
Farola	31
Flour (Self Raising) ...	52
Figs (Cooking) ...	7
Fish Cake	6
Farex	23
Frytex	21
Frylets	5
Flour	18
Gin	3
Ginger Bread Mix ...	3
Ginger Beer	2
Ginger Wine	1
Glucodin	3
Glucose Mi-Wadi ...	1
Glace Cherries	8
Glauber Salts	1
Glycerine	1
Glycerine Lemon and Honey	2
Glucose Sugar	1
Glucose Drink	3
Golden Syrup	2
Grapefruit (Mineral) ...	2
Gripe Water	1
Groats	1
Hamburger	3
Horlicks	1
Ham Roll	1
Hazlet	1
Honey	1
Instant Pudding ...	2
Instant Icing	1
Instant Whip	2
Icing Sugar	20
Jelly	9
Jam	94
Kola	2
Lard	92
Lager Beer	2
Lentils	22
Lemon Curd	12
Lemonade	9
Lemon Soda	5
Lemon Juice	11
Lemon Squash	3
Lime Soda	6
Lime Water B.P. ...	1
Lime Juice Cordial ...	1
Liga	7
Linseed Oil	1
Liquid Paraffin	22
Lucozade	12
Luncheon Roll	6
Lollipop	1
Luncheon Sausage ...	1

Macaroni	38	Rum	1
Malted Bran	1	Rusks	8
Margarine	114	Ricory	1
Marmalade	15	Sage and Onion Stuffing	2
Meat Savouries	1	Salad Cream	3
Mincemeat	18	Salt	18
Milk Pudding	1	Sago	31
Milk Powd. (Skimmed) ...	2	Sausages	66
Muscatels	1	Sauce	25
Mustard	9	Semolina	46
Neave's Food	4	Sherbet	1
Nuts	1	Sherry	12
Oatmeal (Pinhead) ...	1	Spaghetti	2
Olive Oil	16	Split Peas	7
Orange Crush	1	Sausage Meat	12
Orange Squash ...	19	Sister Laura's Food ...	3
Ovaltine	7	Spice (Mixed)	1
Pablum Cereal	5	Steak Sausage	3
Paxo	1	Soda Water	3
Pancake Flour	1	Stout	22
Pexicon	2	Soup Mixture	5
Peas	51	Suet	21
Peardrax	3	Sugar	59
Peanuts (Roasted) ...	2	Sultanas	37
Pepper	6	Sugar Candy	1
Pepsi-Cola	13	Sweets	44
Porter	1	Syrup of Figs	2
Pineapple (Mineral) ...	2	Tea	58
Potato Crisps	1	Tinct. of Iodine ...	1
Port Wine	3	Tomato Puree	1
Pork Pie	1	Tripe	3
Prunes	11	Tomato Ketchup ...	1
Quinine Tonic Water ...	1	Treacle...	4
Raisins...	26	Trex	12
Ribena	1	Vimto	4
Raspberry Cordial ...	3	Vermicelli	2
Rice (Ground)	11	Walnuts (Shelled) ...	1
Rice Crispies	1	Wheatenmeal	1
Rice (Puffed)	1	Wine	3
Rose Hip Syrup ...	2	Wine Cocktail	1
Rissole Meat	3	Wine Vinegar	1
Ryvita	1	White Pudding	39
Rice Flour	1	Yorkshire Relish ...	6
Rice	97		

Informal Samples

Almonds (Ground) ...	1	Aspirin Tablets	1
Almond Nibs	1	Baking Powder	1
Ammoniated Tincture of Quinine	2	Barley (Pearl)	4
		Beans (Canned) ...	16

Beetroot (Bottled) ...	7
Bread Soda	1
Browning	1
Bisto	4
Boracic Ointment ...	2
Butter	1
Candied Peel	1
Castor Oil	1
Candy Whirls	1
Carrots (Canned) ...	2
Cascara Sagrada ...	1
Ce-mul	1
Cheese Spread	2
Chocolate	1
Cherry Bark Cough Balsam	1
Cheese Paste	1
Ciderette	1
Cinnamon	2
Curry Powder	2
Chicken and Ham Paste	2
Coffee and Chicory ...	3
Cornflour	1
Cream	2
Cinnamon and Quinine ...	2
Corned Beef (Canned) ...	3
Cream of Celery Soup (Canned)	2
Camphorated Oil ...	3
Dates	3
Egg Substitute	1
Epsom Salts	2
Extract of Malt and Cod Liver Oil	7
Fish Paste	1
Fish (Canned)	1
French Mustard... ...	2
Fruit Salad	5
Glace Cherries	2
Glauber Salts	1
Glycerine, Lemon and Honey	7
Glycerine	6
Golden Syrup ...	1
Gelatine	1
Glycerine Honey and Blackcurrant ...	1
Gripe Water	1
Germoline Oint	1
Hydrogen Peroxide Solution	14
Ham and Tongue Paste	1
Honey	1
Ice Lollipop	2
Jam	4
Jelly	2
Kruschen Salts ...	1
Lemon Juice	2
Lime Water B.P. ...	1
Liniment of Turpentine ...	1
Liniment of Iodine ...	1
Liquid Paraffin	3
Linseed, Horehound and Honey	1
Luncham	1
Metex	1
Marmite	2
Milk	7
Milk (Condensed) ...	11
Milk Powder	1
Mincemeat	1
Molasses	1
Mushroom Ketchup ...	1
Mushroom Soup ...	1
Mustard	1
Neave's Food	1
Nescafe	2
Nutmeg	3
Nuts	1
Olive Oil	3
Oranges (Canned) ...	1
Orange Curd	1
Orange Cordial	1
Oxtail Soup	3
Peas (Canned)	15
Pears (Canned) ...	2
Pepper	5
Pickles	1
Peaches (Canned) ...	3
Prunes (Canned) ...	2
Rice (Canned)	1
Rice	3
Raspberry Cordial ...	1
Salad Cream	6
Salmon (Canned) ...	1
Sausages	18
Salmon and Shrimp Paste	1
Sandwich Spread ...	1
Sardines	1
Sauce	8
Sausage-meat	1
Spaghetti-in-Tomato Sauce (Canned)	4

Spice	2	Sulphur Ointment ...	2
Spaghetti	1	Tomato Soup	4
Stewed Steak (Canned) ...	3	Tincture of Iodine ...	10
Sultana Pudding ...	1	Tomato Cocktail ...	1
Strained Apricots with Rice (Canned)	1	Tomato Ketchup ...	3
		Vaseline	1
Sweet Pickle	1	Vegetables (Canned) ...	1
Stout (Canned) ...	1	Vinegar	3
Sister Laura's Food ...	2	White Precipitate Ointment	1
Soup Powder	1		

The total number of formal samples found to be adulterated was 32; the nature and extent of the adulteration was as follows :—

Milk (13) Four of the adulterated samples were deficient in milk fat by amounts ranging from 8.33% to 15·0%. Seven were deficient in milk solids-non-fat by amounts ranging from 5·88% to 22·35%. Two were deficient in both fats (20·0% and 18·33%) and solids-non-fat (9·3% and 5·88%).

Buttermilk (2) Both samples were deficient in the amount of milk solids this article should contain, one by 17·74%, the other by 16·13%.

Butter (3) One sample sold as butter was found to contain only 10% of butter, the remaining 90% being fats foreign to butter. One sample was rancid, having an acidity of 3.53% compared with the normal value of less than 1·0%. The remaining sample was found to contain 29·1% of water, the legal limit being 16%.

Ice Cream (2) Both samples were found to contain less milk fat than that required by the "Food Standards (Ice Cream) Regulations, 1952"—5%. One was deficient 48%, the other—16%.

Whiskey (2) The adulterated samples contained excess water to the extent of 9% and 5·1% respectively.

Currants (1) The defective sample was infested to a considerable extent with live mites.

Vinegar (9) Vinegar should contain not less than 4% of acetic acid ; eight samples were found to be deficient in amounts ranging from 7·0%—37·5%. One sample had an excessive amount of the acid —16·62%.

Minced Meat (3) This article should not contain any preservative ; three samples were found to contain a preservative—sulphur dioxide—in amounts ranging from 890—1600 parts per million.

Sausages (1) Sausages may contain sulphur dioxide as preservative in amount not exceeding 450 parts/ million, provided the presence of the preservative is declared ; one sample was found to contain 150 parts per million without declaration.

Seasoned Sausage Mince (1) One sample was found to contain 1600 parts of sulphur dioxide per million, contrary to the Preservative Regulations.

Dripping (1) A sample was found to contain 4·2% of water, whereas dripping should not have more than 1%.

Adulterated Informal Samples (4)

Rice (1) One Sample was found to be contaminated with particles of extraneous matter.

Tincture of Iodine (1) This sample failed to satisfy the requirements of the British Pharmacopoeia in respect of its contents of iodine (deficient—37·14%) and of potassium iodide (deficient 38·8%).

Hydrogen Peroxide Solution (1) This sample was deficient by 22·4% of the amount of hydrogen peroxide which it should contain.

Vinegar (1) The acetic acid in this sample was deficient by 10% of the amount which it should contain.

Complaint Food Samples

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

from members of the public. They numbered 10, and are listed below with the findings in each case :—

Butter (2) : One found to contain particles of dirt ; one free from extraneous matter.

Canned Beetroot (1) : Unsound.

Cream (1) : Genuine.

Pink Salmon (Canned) (1) : Genuine.

Bread (1) : Found to contain vegetable fibres, probably from sacking.

Chocolate Easter Egg (1) : Found to contain hairs.

Oatmeal (1) : Unsound.

Marmalade (1) : Found to contain glass particles.

Jam (1) : Genuine.

Port Health Office

Fourteen samples of foods, taken on importation, were examined for the Port Medical Officer.

These comprised : Molasses (10) ; Tea (3) ; Palm Kernel Oil (1) ; All the samples of molasses were found to be free from excessive metallic contamination ; two of the samples of tea were found to be contaminated with oil, the other being free from contamination ; the sample of palm kernel oil proved to be sound.

In addition, two samples of drinking water taken from ships in the Port were analysed, and proved to be of good potable quality.

Child Welfare Centre

The following samples of supplies to the Centre were examined with the results shown :—

Medicines 3—Genuine.

Baby Foods 4—3 Genuine, 1 Musty odour.

Food Supplies to Corporation Institutions

Fourteen samples were submitted for analysis with the following results :—

Sausages (7)—Meat content ranged from 42% to 80%.

Sausages (1)—Found to contain a small metal tack.

Flakemeal (3)—All proved genuine and free from extraneous matter.

Butter (2)—Both genuine.

Rice (1)—Found to contain particles of grit.

In addition, one sample of extract of malt and cod liver oil was tested and found to be of correct strength.

Miscellaneous Samples—Public Health Department

Two samples of water, one of corned beef and one of pickle were analysed in connection with a case of suspected food poisoning ; nothing of a deleterious nature was found.

Two samples of D.T.T. emulsion were tested for the Disinfecting Depot ; one proved to be correct strength, the other slightly deficient in D.D.T.

Seven samples of water from dairy premises, and a sample of foreign matter in bottled milk were analysed for the Chief Veterinary Officer ; the foreign matter proved to be dried adhesive of a resinous type.

Samples Analysed for City Engineer's Dept.

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 :—

Coals (2)—for use in Corporation establishments.

Waters (3) and deposits from water tanks (4) in connection with complaints received by Water-works' Department.

Paints (2)—for use by Public Lighting Department.

Oil wastes (6)—from sewers, to trace origin.

In addition, three samples of dust were analysed to assist an investigation being carried out by the City Architect's Department.

The total number of samples analysed for all sections of the Corporation was : 6,349.

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 1958 was 5,791 and the fees received by the Corporation during the same period amounted to £6,458 5s. 0d.

The following table shows the figures for previous years :—

Year	No. of Samples	Fees £	s.	d.
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	0
1958	5,791	6,458	5	0

Summary of Totals from all Sources

City of Dublin

Dublin Corporation	6,349
Dublin Board of Assistance	1
Grangegorman Mental Hospital	110
Private Individuals etc.	385
Total for City of Dublin	6,845

Outside City of Dublin

Local Authorities	5,050
Private Persons, etc.	245
Total for outside City of Dublin	5,295
Grand total for year from all sources	12,140

COMPARISON OF THE TOTAL SAMPLES ANALYSED IN 1958 WITH THE TOTALS OF PREVIOUS YEARS :—

Year	Total Number from all Sources
1952	13,370
1953	13,547
1954	14,938
1955	16,221
1956	14,554
1957	13,897
1958	12,140

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.

BLIND WELFARE

NUMBER ASSISTED IN THEIR OWN HOMES :		
Single or Widowed Persons :		
Males	176	
Females	465	
		641
Married Persons :		
Males	141	
Females	39	
		180
NUMBER MAINTAINED IN INSTITUTIONS		
Males	67	
Females	56	
		123
TOTAL :		944

PAYMENTS IN CONNECTION WITH THE SCHEME :	
Allowances to persons in their own homes	£44,368
Payments to Institutions	5,915
	£50,283

SCHOOL MEALS

During the year ended December, 1958, 7,274,615 meals were provided in 93 schools at an expenditure of £126,823. Of that number 134,661 were cooked meals in 8 schools. St. George's N.S., Lr. Sherrard St. was closed and withdrew from the scheme in December, 1958.

COOKED MEALS SERVICE

During the year ended December, 1958, 2,565,113 meals were provided in 21 centres at an expenditure of £31,184.

DISINFECTING DEPOT

GEORGE F. BOWLES : Acting Superintendent

RODENT CONTROL

Complaints and Requests Received		541
Rats Killed : Overground	....	9,239
Sewers (North)	....	16,548
Sewers (South)	....	9,495
Premises Treated by Corporation	....	381
Premises treated by occupier and Commercial Firms	....	160

Special Treatment MOORE STREET AREA

Rats Killed : Overground	....	1,840
Sewers	....	1,084
		2,924

DISINFECTING

Dwellings Disinfected	....	1,148
Rooms Disinfected	....	3,420
Clothing Collected for Treatment	....	2,396
Infested persons using baths	....	289

DISINFECTIONS AFTER :

Phthisis, 911. Diphtheria and Suspected Diphtheria, 49. Typhoid, 1. Poliomyelitis, 82. Scarlatina, 87. Acute Lymphocytic Meningitis, 4. Dysentry, 11. Others, 3.

Disinfestation (D.D.T.)

Rooms Treated for : Bugs, 206. Fleas, 698. Flies, 1,078. Other Insects, 53.
Total : 2,036.

Beds Treated for : Bugs, 103. Fleas, 328. Lice, 5.
Total : 436.

Total number of dwellings visited : 975.

Other Premises Treated

St. Mary's Chest Hospital.

Coombe Hospital.

St. Brendan's Mental Hospital.

Richmond Hospital.

Dublin Fever Hospital.