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DUBLIN HEALTH AUTHORITY

REPORT

OF THE

CHIEF MEDICAL OFFICER

FOR THE YEAR 1960

DUBLIN:

PRINTED BY WM. WARREN & SON LTD.

1962

With the Compliments

of the

Chief Medical Officer

DUBLIN HEALTH AUTHORITY
MUNICIPAL BUILDINGS
16 CASTLE STREET
DUBLIN

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PREFACE

Municipal Buildings,
Dublin.

The Chairman, Members and Chief Executive Officer,
Dublin Health Authority.

I have the honour to present the Annual Report on the health of the City and County of Dublin for the year 1960.

On 1st July, 1960, the Dublin Health Authority was formed to administer all the health services, personal and environmental, previously the responsibility of Dublin Corporation and Dublin County Council. The date coincided with the retirement of the Dublin County Medical Officer and the Dublin City Medical Officer became Chief Medical Officer of the new Authority. In addition, he is Chief Medical Officer to the above-mentioned bodies and the Dun Laoghaire Corporation for sanitary duties and, through him, all the other officers function likewise. The veterinary departments were the only ones not transferred and these still work to their different authorities under the general direction of the Chief Medical Officer, except where the management of the City Abattoir is concerned, which is the direct responsibility of the Chief City Veterinary Inspector.

The progress of integration is slow and will be so for another year or more due to lack of clinic and office accommodation near to the centre of the city where the administration of the four main pillars of the Service—Infectious Disease Control, Child Health, Tuberculosis and Sanitary Services—must remain.

The absence of a County Medical Officer and the consequent reduction in the amount of time that I am able to give to the general supervision of the work formerly done through the County Medical Officer necessitated a reorganisation of all the staffs and in the distribution of work so as to give each Assistant or Acting Assistant County Medical Officer more responsibility and a greater variety of work in his own area.

While the Chief Medical Officer has to advise the Chief Executive Officer on all problems connected with hospital or clinic services, it has been necessary, because of the magnitude of the task, to withdraw somewhat from the overall control of the tuberculosis and infectious disease hospitals for which he previously had a direct responsibility but, at the same time, to keep in touch with the conditions obtaining in each hospital.

As far as is possible there is no interference in the work of the several Medical Superintendents, unless any proposed change in the services provided by any of them would have an effect on other hospital or clinic services.

It will be impossible, therefore, to merge the Annual Report for the three areas for some time because the new Health Authority embraces a population both highly urbanised and rural. Vital statistics for the whole area would not give a true picture of the conditions obtaining in each part of it.

Vital Statistics, 1960	Dublin City	Dun Laoghaire Borough	Dublin County (Remainder)
Population	528,400 (Estimated)	47,553	118,752
Births	12,848	1,045	3,454
Birth Rate	24.4	22.1	24.2
Deaths (all causes)	5,393	562	914
Death Rate (crude)	10.2	11.9	6.4
Infant Deaths	383	29	89
Infant Mortality Rate	30	28	26
Neo-Natal Mortality Rate	21	19	18
Deaths from Principal Epidemic Diseases (excluding Influenza)	11	1	1
Death Rate from Principal Epidemic Diseases (excluding Influenza)	0.02	0.02	0.008
Deaths from Tuberculosis (all forms)	114	7	12
Death Rate from Tuberculosis (all forms) per 100,000 population	21.6	15.0	10.2
Deaths from Tuberculosis (Pulmonary)	108	7	9
Death Rate from Tuberculosis (Pulmonary) per 100,000 population	20.4	15.0	7.5
Deaths from Cancer	982	80	155
Death Rate from Cancer	1.86	1.70	1.31
Stillbirths	573	Not	Not
Stillbirth Rate	44.6	available	available

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TABLE No. 1—Table showing Annual Rate of Mortality, and Deaths from Certain Causes, City of Dublin, 1931-1960.

	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
	From all Causes	From Principal Epidemic Diseases												Pulmonary	Other Forms	
1931	15.9	1.2	6,562	977	94	—	1	223	7	31	72	144	—	617	197	439
1932	15.6	1.1	6,536	1,067	102	—	4	42	19	121	82	190	—	551	144	484
1933	15.3	0.9	6,405	891	83	—	14	72	24	42	110	152	2	584	157	478
1934	13.6	0.7	5,748	578	79	—	9	11	9	88	76	124	—	570	144	544
1935	15.2	1.0	6,506	1,067	93	—	11	87	4	18	89	203	—	565	164	527
1936	15.0	1.3	6,996	1,337	115	—	2	90	18	57	110	254	—	602	137	540
1937	14.9	1.0	7,023	1,231	106	—	11	46	66	73	84	242	—	565	156	563
1938	13.3	0.8	6,355	1,144	98	—	1	37	26	33	92	214	—	558	135	581
1939	13.3	0.8	6,403	1,036	90	—	2	51	22	26	84	209	—	568	148	585
1940	14.5	0.7	7,065	1,039	92	—	7	23	5	43	56	233	—	636	153	584
1941	14.1	1.3	6,903	1,339	118	—	3	32	7	38	54	506	—	610	151	582
1942	14.0	1.3	6,855	1,311	105	—	4	17	5	72	56	465	—	762	162	626
1943	14.5	1.5	7,268	1,617	128	—	6	5	6	63	84	609	—	733	174	631
1944	14.1	1.3	7,141	1,509	125	—	3	47	7	39	74	513	—	604	195	643
1945	14.0	1.3	7,036	1,424	114	—	8	5	—	30	36	557	1	643	181	622
1946	13.2	1.0	6,690	1,266	96	—	3	13	—	43	13	461	5	594	176	602
1947	14.1	0.8	7,253	1,194	88	—	2	22	—	120	5	282	—	651	193	648
1948	10.9	0.2	5,660	624	48	—	—	12	—	16	1	80	1	573	117	666
1949	11.3	0.4	5,969	828	65	—	2	18	2	47	—	132	4	455	86	731
1950	11.0	0.15	5,894	609	48	—	1	19	4	15	1	41	—	390	96	707
1951	11.9	0.09	6,219	575	45	—	—	10	2	16	—	22	—	367	67	728
1952	10.1	0.07	5,261	439	34	—	—	9	—	4	—	19	—	259	48	743
1953	10.0	0.09	5,219	484	39	—	—	11	2	12	—	28	—	234	34	796
1954	10.4	0.06	5,420	449	35	—	—	11	1	2	4	24	—	208	28	823
1955	11.1	0.18	5,801	435	34	—	—	5	—	7	13	24	—	141	13	918
1956	9.9	.07	5,347	457	36	—	—	8	—	13	12	39	—	134	20	879
1957	10.4	0.03	5,584	421	33	—	—	5	—	1	6	33	—	128	12	930
1958	10.1	0.01	5,347	487	41	—	—	—	—	1	4	29	—	116	13	907
1959	10.4	0.03	5,502	433	36	—	—	5	—	6	8	23	—	94	11	886
1960	10.2	0.02	5,393	383	30	—	—	2	—	—	2	10	—	108	6	982

From yearly summaries compiled by the Central Statistics Office.

Infant Mortality Rate

The Infant Mortality Rate has fallen a little and the ratio of neo-natal deaths to those occurring from one to twelve months has now risen to seventy per cent.

In last year's Report it was shown that almost seventy per cent of the deaths occurred to infants of parents in the lower income group. Births in this group represented thirty-three per cent only of the total births. A more sustained drive for the better education and nutrition of these families, combined with intensive and most careful ante-natal care of the mothers, is needed.

Infant Deaths

Cause of Death	Under 1 Month			1 Month and over			Total	%
	Male	Female	Sub-Total	Male	Female	Sub-Total		
Respiratory Infections	13	14	27	28	24	52	79	20
Gastro-Enteritis ...	2	—	2	4	4	8	10	2½
Other Infections ...	1	1	2	2	1	3	5	1
Prematurity	62	40	102	--	1	1	103	25½
Birth Injury	26	3	29	-	—	--	29	7
Asphyxia	2	5	7	—	1	1	8	2
Atelectasis and Hyaline Membrane	18	12	30	2	--	2	32	8
Congenital Malformations ...	22	39	61	17	15	32	93	23
Haemolytic Disease	7	4	11	--	1	1	12	3
Other Diseases ...	5	3	8	8	9	17	25	6
Accidents	4	1	5	3	1	4	9	2
Totals	162	122	284	64	57	121	405	100

Based on weekly returns from the Department of Health.

Maternity and Infant Services Scheme

Confinements—1960/61

(Dublin City and County, including Dun Laoghaire Borough)

	Births	Abs. and Misc.	Cost
			£
Domiciliary (family doctor)	3,391	478	26,340
Domiciliary cases referred to Hospital	759	174	4,198
Institutional	8,427	369	81,799
District cases under Hospital care	1,275	522	4,291

Abortions and Miscarriages totalled 1,543 or 10.02% of the total number of pregnancies dealt with under the Scheme. The corresponding figure in 1959/60 was 11.08%. See Note below.

There was a total of approximately 17,347 births during 1960/61, and of these 13,852 or 79.9% were dealt with under the Scheme, as compared with 83% in 1959/60. The Scheme is free to mothers in the lower and middle income groups.

In addition to the cost shown above, a total of £11,832 was paid to midwives who assisted at domiciliary confinements (£8,459 in 1959/60), while £13,749 was paid to Maternity Institutions in respect of 966 infants who were detained for further treatment (£10,398 for 728 infants in 1959/60).

Note.—The figures given for 1959/60 are in respect of the City Area only.

Disabled Persons Allowances

The following figures are in respect of Dublin City and County (including Dun Laoghaire Borough):

New Applications		Medical Exams. and Reviews	Medical Rejects	Number Paid	Total Yearly Payments
					£ s. d.
Year to 25/3/61	541	814	50	1,546	74,597 14 4

Deaths from Certain Causes—Dublin City

Year	1939		1944		1949		1954		1960	
Population	468,103		459,074		506,051		522,183		528,400 (approx.)	
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	982	1.8
Vascular Lesions of Central Nervous System	379	0.8	443	0.9	454	0.9	657	1.3	662	1.2
Heart Disease	1,284	2.7	1,627	3.4	1,676	3.3	1,654	3.2	1,604	3.0
Tuberculosis (all forms)	714	1.5	814	1.6	541	1.1	222	0.4	114	0.2
Accidents	152	0.3	129	0.3	159	0.3	159	0.3	181	0.3

Poliomyelitis

Eighty-three cases of poliomyelitis occurred in the City and eighteen in the County. Nine of the latter were in Dun Laoghaire County Borough. A large number of cases were caused by the type 3 virus and, as far as is known, 1960 was the first year during which this virus was so prominent.

Eight children who had a full course of poliomyelitis vaccine fell ill with the disease. Seven of these had three properly spaced doses and one had four. In addition to the eight, one other child had two injections and one had one. Forty-eight cases occurred before the end of June and all the vaccinated children fell ill in this period. We became perturbed about the possible failure of the protection given by the vaccine and parents were advised to seek a fourth injection for children who had received their third two years previously. There was a good response from these and from others who had never been vaccinated.

Poliomyelitis, when it is in an epidemic year, appears to be occurring earlier in the year than was usual ten to fifteen years ago.

Diphtheria

There has been no improvement in the incidence of this disease. Although it is estimated that eighty per cent of the children have been immunised it continues to occur nearly always in the other twenty per cent.

Dublin was particularly unfortunate in that its re-appearance in 1954 corresponded with an extensive housing drive. Schools were not provided in the new housing areas at the same time as were houses and, therefore, children had to be transported to their old schools in the centre of the City. This led to contacts being made with children attending many schools but residing in the same area and the infection quickly spread throughout the City.

Those who read this report might ponder on our experience and our failure to eradicate the disease when it has become endemic, even with eighty per cent of our children immunised.

Tuberculosis

It will be noted from Dr. Gallen's Report that the number of new cases coming for treatment has fallen in all three divisions—pulmonary, non-pulmonary and primary. The death rate has not improved over last year but occasional checks to its downward trend are to be expected.

The number of new cases notified from the County Area has not fallen in step with those from the City.

The James Connolly Memorial Hospital, Blanchardstown, will soon be sufficiently large to accommodate all tuberculous patients in the Authority's Area. It has five hundred and twenty-five beds. Six years ago, City patients alone occupied thirteen hundred and fifty beds in four sanatoria.

Hospitals

It will be seen from Dr. MacArdle's Report that the type of patient admitted to St. Mary's has changed. To relieve overcrowding in St. Brendan's Mental Hospital, one hundred and forty old male patients were admitted to the hutted section of St. Mary's. Later, one hundred and eighty very old bedridden patients were transferred from St. Kevin's Hospital and accommodated in the main block. Only two hundred beds remained. Over one hundred and forty of these were used for the accommodation of tuberculous patients over the winter of 1960/1961 and the remainder were utilised for the admission of persons acutely ill with any disease of the heart and lungs. It is hoped that a substantial number of beds in this block will continue to be used for the treatment of acute cases.

Fever Hospitals

Towards the end of the year units in both fever hospitals had to be closed because of lack of nursing staff. This happened at the beginning of a measles epidemic, which produced a more severe type of disease than has been experienced for many years and some children in need could not be admitted to hospital. This shortage of nurses for the fever hospitals has continued to mid-1961.

An investigation was made into the circumstances of nearly one hundred cases admitted. Where there was not a clear medical reason for the admission there was a compelling social one. Families of five young children under eight years of age are common. The children sleep in one bed. The mother has to take them with her when she goes shopping and sometimes the father is on night work. These are some of the physical difficulties. The financial ones are that many families have an income just above that which would make them eligible for free domiciliary medical attention and they are, in addition, burdened with hire-purchase repayments. There is no money to meet any emergency. They are able to pay a medical fee for one visit but not for more nor for the necessary medicine. Sick members of such families must therefore be treated in hospital.

Hire purchase is an evil in the lives of many working and lower income class families. The parents are unable to resist the H.P. salesman and often nearly fifty per cent of the income is paid in rent and repayments. Much of the remainder is

spent unwisely on non-essentials and, consequently, the diet of the children is deficient in many of the foods necessary for good health.

Food Hygiene Regulations

The great majority of shopkeepers are as anxious as we are to improve their methods of storage and presentation of food so that it reaches the customer in as clean a condition as is possible. The efforts of suburban shopkeepers in this direction are being nullified by the increasing habit among housewives of bringing their dogs with them when they go shopping.

It is an offence for the shopkeeper to allow dogs on his premises. Many have notices to this effect prominently displayed but some ladies continue to pay no heed—in fact, in many cases, shops' personnel have been openly defied.

It is from these same ladies that we get indignant letters of complaint when they see others offending against these regulations or other sanitary laws.

JOHN B. O'REGAN,
Chief Medical Officer.

DUBLIN CITY

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 Dublin Health Authority the obligation of making arrangements for the diagnosis and treatment of infectious diseases in persons living in Dublin City and County. Over 40 diseases are specified to be infectious diseases for the purpose of these Regulations.

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

(1) (a) Vergemount Fever Hospital, an institution of 200 beds for the treatment of infectious disease.

(b) Dublin Fever Hospital, an institution of 282 beds (came under the administration of Dublin Health Authority on 1/7/60).

(2) An ambulance service consisting of 5 ambulances for the transport of patients with infectious disease — 2 ambulances being housed in Vergemount and 3 (one for polio cases) in Dublin Fever Hospital.

(3) A bacteriological laboratory located in the Crumlin Health Centre, and an analytical laboratory at 10 Cornmarket.

(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—Izal—and their clothing, bedding, etc., transmitted to the centre for steam pressure disinfection.

During the year 125 persons were disinfested at the Centre.

A general practitioner and consultant service is available to those eligible under Section 14 of the Health Act, 1953. The persons eligible in Dublin City total 94,000 (including dependants). The general practitioner attention is provided by 50 district medical officers.

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. In this respect, the British Medical Journal of 19th December, 1959, in a leading article, states: "The introduction of domiciliary visits by consultants in Great Britain is one of the outstanding medical advantages attributable to the National Health Service, the benefits it has brought being out of all proportion to the cost."

Five nurses are engaged in City home nursing duties but the greater part of the City is unprovided for 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 and 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, likely that some parents take for granted the occurrence of childhood ailments and do not call in a doctor. For this reason, it is to be expected that our notification figures, at least for the everyday notifiable diseases, err on the small side.

This section on infectious diseases only covers this problem as it affected Dublin City. The attempt is not made to present this problem, and the steps taken to meet same, in the Health Authority area outside Dublin City.

Poliomyelitis

83 notifications of Poliomyelitis were received during the year, an incidence of ·15 per 1,000 population. This year's incidence was the second highest (85 notifications in 1958) the City has experienced. All patients were treated in hospital. There were six deaths.

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

years	years	years	years	years	years
under 1	1–2	3–4	5–8	9–17	over 17
12	25	17	12	7	10
(1 death)	(1 death)	(1 death)			(3 deaths)

Poliovirus was recovered from fifty—type I from 21, and type III from 29—of the eighty-three patients.

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TABLE No. II—Table showing the number of Notifications of Infectious Diseases, City of Dublin, 1931-1960.

	Typhus	Typhoid	Diphtheria	Scarlet Fever	Cerebro-Spinal Fever	Encephalitis Lethargica	Erysipelas	Ophthalmia Neonatorum	Pneumonia	Puerperal Sepsis	Dysentery	Malaria	Diarrhoea and Enteritis	Measles	Whooping Cough	Acute Anterior Poliomyelitis	Trachoma	Penphigus Neonatorum	Acute Lymphocytic Meningitis
1931	—	26	634	1,015	3	5	55	—	289	10	—	—	.	.	.	—	.	.	.
1932	2	96	862	1,082	8	1	105	1	253	12	—	—	.	.	.	—	.	.	.
1933	—	49	1,073	714	6	5	117	—	196	12	—	—	.	.	.	—	.	.	.
1934	—	38	983	661	15	1	128	—	134	15	—	—	.	.	.	—	.	.	.
1935	—	22	936	907	19	—	158	—	135	23	—	—	.	.	.	2	.	.	.
1936	—	53	870	1,768	33	3	188	1	120	18	—	—	.	.	.	2	.	.	.
1937	—	44	810	1,075	38	2	130	—	156	13	1	—	.	.	.	—	.	.	.
1938	—	19	958	1,154	25	6	148	2	136	15	—	—	.	.	.	—	.	.	.
1939	—	27	913	761	13	4	85	1	151	16	3	1	.	.	.	3	.	.	.
1940	—	65	720	627	27	3	94	11	200	13	1	—	.	.	.	1	.	.	.
1941	—	53	451	511	34	3	117	12	213	18	—	—	.	975	428	8	100	3	.
1942	—	33	624	678	33	2	130	13	358	22	1	1	2,657	1,427	1,423	53	42	1	.
1943	—	23	1,351	658	38	2	163	7	346	15	2	—	2,031	419	586	7	64	1	.
1944	—	*148	1,330	355	50	6	212	3	448	17	8	1	1,279	3,548	1,267	3	47	—	.
1945	—	14	861	303	20	8	207	10	452	14	28	1	1,837	2,112	1,275	19	48	—	.
1946	—	15	403	341	6	1	205	5	767	12	8	—	1,853	798	1,288	21	15	1	.
1947	—	10	185	476	32	—	200	6	633	9	8	1	1,868	3,440	2,293	28	22	—	.
1948	—	10	98	2,728	33	1	219	8	663	9	13	1	1,175	1,558	851	5	9	2	.
1949	—	1	21	2,601	40	—	159	6	621	6	17	—	2,217	3,478	2,512	18	2	1	.
1950	—	4	4	1,686	32	3	181	4	.	2	9	—	625	2,768	1,894	51	8	1	.
1951	—	—	5	695	32	3	129	11	.	3	14	—	930	2,618	1,405	15	5	—	.
1952	—	—	2	458	33	3	133	3	.	7	27	1	623	3,514	2,063	10	10	—	.
1953	—	—	—	620	25	1	118	2	.	6	22	—	908	3,443	2,203	28	2	—	.
1954	—	4	17	532	22	—	80	—	.	3	39	—	459	3,847	419	20	—	—	.
1955	—	1	64	393	16	—	70	—	.	2	41	—	973	3,628	1,699	25	—	—	.
1956	—	5	211	418	16	—	70	2	.	4	30	1	706	3,607	2,300	85	1	1	13
1957	—	1	81	407	13	—	67	—	.	2	43	—	916	2,528	491	20	—	1	46
1958	—	4	40	432	7	—	55	—	.	1	173	1	1,083	1,270	517	82	—	—	56
1959	—	3	60	489	21	—	50	1	.	1	166	—	1,164	4,155	1,976	11	—	—	29
1960	—	—	55	365	6	—	36	—	.	4	179	—	917	832	645	83	—	—	52

Dot (·) indicates that the disease in question was not notifiable in that particular year.

* Includes 83 cases Paratyphoid Fever B.

The six who died—none immunised—suffered involvement of their respiratory muscles. Poliovirus, type I, was recovered from one and type III from another.

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

Actually, 19 patients suffered extensive paralysis, including involvement of intercostal and/or diaphragm muscles. Among the others, 23 had one limb, 24 two limbs, 4 three limbs, and 4 four limbs, affected. Hospital assessment was "mild" in 40, "moderate" in 22, and "severe" in 21, patients. Poliovirus, type I, was recovered from 10 and type III from 20 of the "mild" ; type I from 8 and type III from 2 of the "moderate" ; and type I from 3 and type III from 7 of the "severe".

17 patients had left hospital by 31st March, 1961, to receive, as externals, such physiotherapy as required.

6 patients received courses of three injections of inactivated Anti-Polio Vaccine two to three years previously. Hospital assessment was "mild" in two and "moderate" in four. Poliovirus, type I, was found in two and type III in two.

The cases occurred as follows:—

Jan.	Feb.	March	April	May	June
1	6	1	6	5	15
(type III)	(2 type I)	(type III)	(1 type I)	(1 type I)	(3 type I)
	(1 „ III)		(3 „ III)	(3 „ III)	(9 „ III)

July	Aug.	Sept.	Oct.	Nov.	Dec.
14	14	9	9	3	—
(5 type I)	(4 type I)	(1 type I)	(3 type I)	(1 type I)	—
(3 „ III)	(5 „ III)	(1 „ III)	(3 „ III)		

There is a known tendency for Poliomyelitis to occur in Summer and Autumn, transmission being seemingly facilitated by warmth. This tendency brings it into line with enteric diseases and provides a basis for belief in its spread by ano-oral contact. As sixty-six of the eighty-three cases occurred during May to October this tendency manifested itself in Dublin this year but it has not been a constant feature in previous years.

The environmental circumstances of each patient was the subject of detailed scrutiny.

38 patients came from Corporation houses, 24 from private houses, 9 from Corporation flats, 6 from poor tenements, 3 from a hospital (this outbreak is referred to in the 1959 Report), and 1 each from a basement, a hut, and a night-lodging house

Cases were not localised to any particular area. There were two instances of cases occurring on the one road ; in one instance, in opposite houses and in the other separated by some 150 houses. In this latter instance, Poliovirus type I was recovered from each case.

There were 521 home contacts and all were observed for three weeks, none sickening while under observation. From 100 of these contacts throat, nasal and mouth, swabs were examined and poliovirus recovered from 14. These 14 persons manifested no illness.

Apart from two cases in one household who sickened about the same time, 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 twenty per cent of cases. As a matter of fact in the "Medical Officer" of 23rd June, 1961, Dick and Dane of Belfast mention the experience of the Rhode Island epidemic of 1960 in which fifty per cent of cases had traceable contact with another case, thirty per cent being direct contact between patient and patient.

No case was associated with operations on nose, throat or mouth.

During the year immunisation was administered under Health Authority auspices to expectant mothers and those aged six months to twenty-five years (extended from eighteen years since 1st May, 1960) qualifying on financial grounds, i.e., classified as coming within the "lower" and "middle" income groups. The Health Authority does not undertake responsibility for the immunisation of persons outside these groups.

5,000-odd "eligible" persons completed a course of three injections of inactivated vaccine under these arrangements—a significant reduction from the 12,000 completed during 1959.

An explanation of this reduction is the fact that it takes nine months to complete a course and many completed during 1959 started in 1958. 1958 was a high incidence year (eighty-two cases) and alarm would have been a potent factor in stimulating parents to get children immunised. In contrast, 1959 was a low incidence year (eleven cases) with consequent less alarm and, therefore, less stimulus to get children immunised.

Of course many persons not coming within the "lower" and "middle" income groups were immunised by private arrangement with family medical attendants. As with Diphtheria and Pertussis, the number immunised by private arrangement is unknown to the Health Authority but is believed to be considerable.

Five patients received prophylactic inoculation—3 with "Triple Antigen", 1 Diphtheria Pertussis, and 1 Anti-Polio

Vaccine—ten days to three weeks before onset of paralysis. In two cases all limbs were affected, while in three the limb into which the prophylactic was injected was not affected.

42 notifications of Lymphocytic Meningitis were also received, none of whom were subjected to virological study. 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, leptospitosis, etc. On occasions, mice have been incriminated as the natural reservoir of a virus causing a like illness in man.

What is claimed by Professor Anderson, in the Annual Report of the Scottish Western Region, as the outstanding event of 1959, was the disappearance of Poliovirus from this part of Scotland. During this year 204 patients, thought clinically to be cases of poliomyelitis or aseptic meningitis, were encountered there. No virus was recovered from 100. Frater was recovered from 48 cases of aseptic meningitis. Coxackie was found in 18 of whom 6 were paralysed and E.C.H.O. in 7. Poliovirus was isolated from none of these cases and the view is expressed that other viruses were assuming a more important role in this region.

Since Poliovirus was found in 50 of 83 cases, Dublin is far from this happy position. Nevertheless, among the 33 cases from whom poliovirus was not recovered, other viruses may have been a causative factor.

If this were so a peculiar situation would manifest itself here. Under the Infectious Diseases Regulations, 1948, free institutional treatment is provided for those with "acute anterior poliomyelitis." The Regulations do not specify free institutional treatment for those with central nervous system derangement caused by Coxackie and other viruses.

Developments in Virology have established that paralysis may be caused by Coxackie and other viruses as well as by Poliovirus. The question will arise, therefore, as to whether the legislature intends to differentiate between paralysis caused by Poliovirus and Coxackie, etc., by providing free institutional treatment for the victims of one and not the other.

It is timely, therefore, to review the Infectious Diseases Regulations, 1948, with a view to extending their benefits to those afflicted with paralysis irrespective of the causative agent.

Diphtheria

56 notifications of diphtheria were received during the year, an incidence of 0.1 per 1,000 population. All were treated in hospital. There were three deaths.

The notifications and deaths 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	10 (1 death)	28 (2 deaths)	12	2	—

39 notifications were received in January to March.

Six patients are known to have received a standard course of immunisation, one in each of the following years: 1948, 1950, 1954, 1955, 1956 and 1957. Two others were said to have been "fully" immunised in Britain but no details were available. None of those who died had been immunised.

This year saw no localisation of cases to any one area. 27 cases were from Corporation houses, 19 from Corporation flats, 5 from bad tenements, 4 from private houses and one, an itinerant.

That feature of recent outbreaks in other cities, i.e., a significant proportion of adults being affected, was not so evident in Dublin this year, viz., four per cent of patients being over fifteen years compared with seven per cent in 1958 and eleven per cent in 1957.

Two families each had three cases and three families had two cases.

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

There were 290 home contacts to our 56 cases. 248 were swabbed on one occasion and 18 (seven per cent) found positive. The 18 were hospitalised and of these, six developed clinical diphtheria.

Our finding of seven per cent positive among household contacts (9% in 1959, 3% in 1958 and 4% in 1957) is well under that of Baltimore. However, as may be seen, this is a finding which in Dublin is subject to much variation. Moreover, had our contacts been swabbed more than once, the percentage positive would certainly have been higher.

Sixty-four household child contacts were found unimmunised. Eleven were given serum followed by active immunisation. Active immunisation of the other fifty-three was commenced straightaway. Another twenty-one child contacts had been immunised some years back and to those a "booster" was administered.

Two cases occurred in a school of some eight hundred pupils. One hundred and ten children were swabbed from the two relevant classes with negative results.

The Health Authority provides facilities for immunisation against diphtheria as follows:—

(a) By arrangement with the 50 District Medical Officers.

(b) 14 weekly sessions at 13 different centres. In addition, 4 sessions were held in the estate offices of blocks of Corporation flats, 3 in the Regina Coeli Hostel, and 3 in each of two Day Nurseries.

(c) Visitation of schools : during the year 219 visits were made to 94 national 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.

During the year 10,483 children (9,143 pre-school and mainly babies, and 1,340 of school-going age) completed an immunising course, and a further 9,030 received a "booster" dose, as a result of these arrangements. Children are also immunised by private practitioners but the Health Authority has no arrangement—as there is in Britain—to obtain information as to the number. This number is, therefore, unknown to us but is believed to be considerable.

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

Ninety-seven house contacts were excluded from school, and two adults, a dairyman and a hotel worker, from work, pending the result of swabbing.

Enteric Fever

There was no case of enteric during the year.

Our four known chronic typhoid carriers—3 faecal and 1 urinary (2 phage F.1 and 2 phage E.1)—remain under supervision.

In an effort to discern to what extent typhoid bacilli might be conveyed by casual hand contact, swabs were taken on one occasion from toilet door handles in these four homes, with negative results.

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, sewerage 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 in 1957 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

179 notifications of Dysentery were received during the year, an incidence of ·3 per 1,000 population. 138 were treated in hospital. There were no deaths.

This year's incidence is the highest since the disease became notifiable.

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

Sonne organisms caused 74, and Flexner 38, cases. Many of the remaining cases were treated at home, and the results of any excretal examinations are unknown. Excreta was examined from 211 of 279 home contacts, and 8 found positive were subjected to treatment.

There was nothing in the nature of an institutional outbreak during the year.

Rubella

227 notifications of Rubella (20 females over 18 years) were received during the year, an incidence of ·4 per 1,000 population. 49 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.

This year saw a big increase in notifications as against last year (124) though still a long way below the 3,538 cases that occurred in 1956.

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 considered of prophylactic value to susceptible female contacts in the first few months of pregnancy.

Gamma Globulin (not prepared from convalescent serum) was provided by the Health Authority for four expectant mothers who were contacts of Rubella during early pregnancy, at a cost of £2 10s. 0d. per mother.

Pertussis

645 notifications of Pertussis were received during the year (against 1,076 last year), an incidence of 1.2 per 1,000 population. 158 patients (twenty-five per cent of notifications) were treated in hospital. There were no deaths this year as against six last year.

The notifications were in the following age groups:—

under 6 months	6 months to 1 year	years 1–2	years 3–4	years 5–9	years over 9
91	75	183	136	148	12

This is the first year in which there was no death from Pertussis. Incidence was highest towards the end of the year, 430 of the cases occurring in the period from September to December.

75% of the patients were of pre-school age and were infected in home or in its environment. On the other hand, many school-goers would have been infected at school and, in turn, secondarily infected home siblings of pre-school age.

Pertussis is most lethal in early life and actually 26% of cases were under six months. The likelihood 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 Health Authority clinics, and by district medical officers and private practitioners, for a good many years with impressive results.

During 1960, 6,644 pre-school children, mainly infants, received this combined prophylactic through Health Authority 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 Health Authority 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. Latterly, favourable reports from America have followed the use of human hyperimmune serum from recently vaccinated adults, or gamma globulin from such serum.

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

832 notifications of Measles were received during the year (against 4,155 last year), an incidence of 1.5 per 1,000 population. 138 patients (16% of notifications) were treated in hospital. One child died at home.

The notifications were in the following age groups:—

under 6 months	6 months — 1 year	1–2 years	3–4 years	5–9 years	over 9 years
12	59	197 (1 death)	296	257	11

Incidence was highest towards the end of the year, 730 of the cases occurring in October–December.

66% of patients were of pre-school age and would have been infected in home or its environment. On the other hand, many

of the school-goers would have been infected at school and, in turn, secondarily infected younger home siblings.

In contrast to Pertussis only 1.4% of cases were under six months, and 8% under a year, but, 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.

The child who died came from a poor class tenement.

There is, as yet, no generally applicable method of actively immunising children against Measles, but as the virus can now be grown on certain tissues, it may be that an anti-Measles vaccine will be available in the near future. Temporary protection can be afforded by the use of Gamma Globulin. Although its effect is transitory, any procedure 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 Health Authority provides Gamma Globulin free of charge, and during the year 38 children—30 in hospital and 8 at home—were protected with it at a cost of 25/- per child.

Scarlet Fever

365 notifications of Scarlet Fever were received during the year, an incidence of ·7 per 1,000 population. 273 patients (75% 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
199	126	29	6	5

Incidence was even throughout the year.

Whereas in 1937, 66 City deaths were certified to Scarlet Fever, no death has been ascribed to it since 1954. Scarlet Fever, therefore, as it affects Dublin City nowadays, is no longer a killing disease, though, of course, this may not always be so.

During the year 75% of notified cases were treated in hospital, as compared with 12% of Measles and 20% of Pertussis—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 killing disease. Because of its present mildness, a problem for consideration is whether it needs the extent of hospitalisation it still receives in this City.

Infective Hepatitis

510 notifications of Infective Hepatitis were received during the year (as against 213 last year), an incidence of ·9 per 1,000 population. 173 (35%) 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 over 14
88	271	81	70

The patients, of whom 53% were of early school age, were, in the main, living in municipal rehousing areas.

The disease is caused by a virus, but this virus cannot as yet be recognised by laboratory techniques. It presents with varying degrees of severity, from being asymptomatic (often in children), through vague ill-health without observable jaundice, to intense icterus with severe hepatitis.

Two families had four cases, eleven had three cases, and twenty had two cases.

From an epidemiological viewpoint, however, the first case of jaundice is not necessarily the first of infective hepatitis, and if virus investigation was possible, more cases, especially among household contacts, would undoubtedly be unearthed.

The notifications were received as follows:—

Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
33	32	35	44	28	57	41	38	51	52	52	47

The seasonal incidence was, on the whole, higher towards the end of the year, suggesting transmission of virus by respiratory rather than intestinal routes.

Routine inquiry is made as to injections received within the previous four months. In 59 there was such a history, in 32 of an antibiotic, and in 11 an immunising agent, usually about a month beforehand.

While this may raise the possibility of transmission by inadequately sterilised syringes or needles, the incubation period suggests the virus was that of Infective Hepatitis rather than homologous serum jaundice.

There is a large increase in incidence of Infective Hepatitis this year as compared with previous years. 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 bloodstream before and after manifest illness, and blood taken from a donor in this state could cause Hepatitis in the recipient.

Gastro-Enteritis

917 notifications of Gastro-Enteritis (in children under 2 years) were received during the year, an incidence of 1.7 per 1,000 population. 536 were treated in hospital. There were 11 deaths (as against 23 last year), 9 of which occurred in hospital and 2 at home.

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
30	212	141	278	256
(2 deaths)	(3 deaths)	(4 deaths)	(1 death)	(1 death)

This year saw the lowest number of deaths recorded in the City from this condition.

One of the children who died came from a good type private house, and ten from modern Corporation dwellings.

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 1959, 2 ; and in 1960, 0.9, per 1,000 births.

Earlier in this century an increasing incidence of Gastro-Enteritis was associated with hot weather ; nowadays this association is not so noticeable, incidence throughout the year being fairly even. 32 notifications were received during a December week and 30 during a June and July week.

Last year there was a sharp increase in cases in the first month of life, an age group carrying high case mortality. This year saw a reduction from 60 to 30 in this group.

There was no particular worry during the year from that explosive and lethal type—possibly viral in origin—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 and care. It is to be expected that improvements in living conditions generally would be associated with decrease in its incidence.

While the increasing incidence of the past few years—checked to an extent this year—is disturbing, the decreasing mortality—very marked this year—will be viewed with particular satisfaction by those concerned with the welfare of children.

Tinea Capitis

12 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 10 children were so examined. In this way two cases were discovered and referred for treatment. No animals were examined.

Food Poisoning

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

IMMUNISATION AND VACCINATION

Diphtheria Immunisation

The age-pattern of children affected by diphtheria over the past four years suggested forcibly that the infection was conveyed almost entirely through the schools. A greater effort was made this year to bring the state of immunity of school children to a higher level.

Hitherto, twenty-seven per cent of the children did not bring back signed consent forms, or their parents refused to give consent to boosting injections or to the initiation of a full course of immunisation, where this was needed.

More constant visiting by nurses and a change in clerical methods has reduced this figure to six per cent.

Unfortunately, this change caused a slowing-up of the programme and all schools could not be covered within the year. It is hoped to remedy this in the future.

Year, 1960	Pre-School			School Age		
	Clinics	Dispensaries	Total	Clinics	Dispensaries	Total
Total number immunised against Diphtheria	7,251	1,892	9,145	1,298	42	1,340
Number of booster doses	—	—	—	8,661	369	9,030
Total number immunised against Whooping Cough	6,655	1,860	8,515	—	19	19
Total number immunised against Tetanus	6,613	1,740	8,353	—	17	17

Poliomyelitis Vaccination

It is not possible to tell how many were vaccinated against poliomyelitis. Persons in the lower income group are entitled to free vaccination. A charge is made in respect of applicants who are in the middle income group, and those who do not come into either category must make their own arrangements with private practitioners.

With so many cases of poliomyelitis occurring during the year, there was a continuous "scare" and a much greater number of applications was expected than was actually received. The lack of response from the lower income group was particularly disappointing.

It will be noted from the table that very few over the age of fifteen years were vaccinated.

Number of Injections given during the year:—

First Injections	18,107		
Second Injections	17,214		
Third Injections	5,160	Under 15 years	4,968
		Over 15 years	144
		Expectant Mothers	48

Vaccination against Smallpox

One session is held each week at the Carnegie Centre, Lord Edward Street. 222 persons were vaccinated at this clinic and, of these, 111 had primary vaccinations.

3,175 International Vaccination Certificates were authenticated during the year—1,270 primary vaccinations and 1,905 re-vaccinations.

CHILD WELFARE SERVICE

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

"There is no service like his who serves because he loves."
—SIR PHILIP SIDNEY.

The scheme for the supervision of women during pregnancy and in childbirth, as well as in the post-natal and puerperal period, by the three Maternity Hospitals and the Maternity Unit, St. Kevin's Hospital, and also by the general practitioners and midwives in the City, has continued during the year. This service, when still more fully availed of, will be one of the greatest single factors in safeguarding the life and health of mothers and infants in the City. Prematurity and congenital malformations are responsible for many of the neo-natal deaths. This neo-natal death rate will be reduced when more mothers fully utilise the ante-natal services available to them. It is not always easy for mothers to combine attendance at ante-natal sessions with the care of young children and their household duties, shopping and other obligations. The ante-natal sessions held in the health centres on the outskirts of the City are an inestimable boon to women and must in time make a big difference to the health and well-being of mothers and babies.

An adequate dinner and milk are essential for the pregnant woman, and the dinner centres in the City continue to make an outstanding contribution towards the maintenance of health. It may require an effort to attend the dinner centres more especially if a mother is not feeling well. The encouragement to partake of the nourishing meal provided at the dinner centres is very important and must be gently maintained lest the easier way out—a snack and cigarette—gradually becomes a substitute. To convince a young mother that ante-natal care and special diet are really essential, all available aids must be enlisted. It is essential that we counter the misguided advice of the older women who may think that all of these modern new-fangled ideas are nonsense. The number of young mothers with very bad teeth is not reassuring, and the answer to the problem of anaemia in women and children is essentially a question of good nutrition during pregnancy.

During the past three years the consumption of sugar per head of the population has risen from 91.3 pounds per person to 95 pounds per person, and it is very doubtful whether this increase has been accompanied by a proportionate increase in the consumption of meat, vegetables, butter, eggs and milk.

The neo-natal care of infants is a vital factor in the lowering of the Infantile Mortality Rate. Last year's figure of 30 per thousand was the lowest recorded in the City. This Neo-Natal Mortality Rate of 21 was also correspondingly low.

Though the scale for eligibility for Free Milk for mothers and children was lowered during 1960, the falling off in the amount of free milk availed of in Dublin County Borough has continued. This decline in quantity, of both liquid and dried milk, is most disturbing. Opinions concerning the cause of this decline have been varied. In some cases mothers go out early to work and may be unable to collect the milk from the depots ; their wage earnings are important to them and to their children. Some will not bother to apply, while in other—needy—cases, it would seem that the income limit of eligibility is too low to allow them to benefit. It is distressing to note that the quantity of milk taken during the past year was only 1,090,297 pints compared with a total of 1,905,755 pints in 1955 and 2,069,288 pints in 1957. The quantity of dried milk given has also fallen during the past year. The amount of free milk available for children of varying ages is set out by Regulation. One hopes earnestly that the consumption of milk per head of the child population in the City will gradually increase. The substitution of sugar and sugar products is not the answer to the needs of growing active children who are early on their feet standing and walking and many of whom may not have the space and ease provided by the old-fashioned perambulator. The modern folding prams are convenient for taking children about but they are not sufficiently supporting or roomy for children to rest properly.

The loss of child life contributable to accidents during 1960 is a factor that cannot be lightly passed over and all the propaganda available to remind those in charge of young children must be utilised in order to continually keep before adults the necessity for safeguarding young children from danger in the homes and elsewhere.

The Home Visiting of infants and children was continued during the year. The extension of the City to Finglas, Walkinstown, Ballyfermot, and the other new housing estates, means that it takes longer for the nurses to get out to the families in these areas, but the benefit to those moved to better houses and flats is a big factor in the improvement in child health. Thirty-one child welfare clinics are held in the City and suburbs each week and the availability of vitamin preparations for infants and children has now been made easier. Iron preparations too have been provided for infants and children. The attendances at the child welfare clinics have increased last year despite the introduction of a means test for eligibility for certain Hospital and Specialist Services.

On attaining school-age, free Hospital and Specialist Services is available for children who are examined in national schools.

We are deeply grateful to all the Hospitals Staffs and to the General Practitioners and Midwives, and to the Voluntary

Organisations, for their help during the year under review and we offer to them our sincere thanks. The staff of the Child Health Branch has maintained the high standard of efficiency, courtesy and kindliness which has always characterised their work and they have maintained the tradition so well established by our predecessors in the Service.

PRE-NATAL CARE AT CITY MATERNITY HOSPITALS:

Hospital	No. of Patients	No. of Attendances
Coombe Lying-in	3,328	18,469
National Maternity, Holles Street	2,492	14,416
Rotunda	5,218	43,992
Maternity Unit, St. Kevin's Hospital	1,299	12,418

BIRTHS—CITY MATERNITY HOSPITALS:

No. of deliveries—Intern	14,074*
No. of deliveries—Extern	1,893†
No. of Maternal Deaths—Intern	15
No. of Maternal Deaths—Extern	Nil
Maternal Death Rate per 1,000—Intern	1.06
Maternal Death Rate per 1,000—Extern	Nil
No. of Infant Deaths—Intern	303*
No. of Infant Deaths—Extern	22†

STILLBIRTHS:

Rotunda Hospital	179	(Intern)
	23	(Extern)
National Maternity Hospital	151	(Intern)
	3	(Extern)
Maternity Unit, St. Kevin's Hospital	26	

* Including Maternity Unit, St. Kevin's Hospital.

† Excluding Maternity Unit, St. Kevin's Hospital.

VISITING OF INFANTS:

No. of Infants visited by Public Health Nurses	11,600
No. of visits re Stillbirths	126

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), on 31st December, 1960	91,478

Average No. of Families, etc., on each Public Health Nurse's Register on 31st December, 1960, excluding families in Districts of Baldoyle and Howth:

Families	652
Infants	227
Children	976
Total No. of Visits to Mothers, Infants and Children	368,926

No. of Special Visits:

Defaulters, Contacts, Sequelae A.P.M., Other Infectious Diseases, Surveys, etc., etc.	7,230

CHILD WELFARE CLINICS:

1,506 Clinics were held during the year, at which the total number of attendances was:

Mothers	34,301
Infants	25,658
Children	19,613

The number of Medical Consultations at these Clinics was:

Mothers	29,577
Infants	22,367
Children	16,218

SPECIALISTS' CLINICS:

Ear, Nose and Throat Clinics:

No. of Sessions	191
No. of Attendances by Pre-School Children	1,858

Orthopaedic Clinics:

No. of Sessions	46*
No. of Attendances by Pre-school Children	54

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

ULTRA VIOLET LIGHT CLINICS:

119 Sessions for the treatment of children suffering from Rickets, etc., Debility, etc., were held during the year—59 Sessions at Carnegie Centre, 60 Sessions at St. Joseph's, Killarney Street.

The Number of Attendances was:

Carnegie Centre	729
St. Joseph's, Killarney Street	482

SPECIAL TESTS:

No. of Moro Tests	8,118
No. of positive results found	24
No. of Pk Tests	6,031

B.C.G. VACCINATION:

872 children from 0-6 years were referred from Child Welfare Clinics.

Neo-Natal B.C.G.:

Rotunda and Coombe Hospitals, and St. Kevin's Maternity Unit, used the Dublin Health Authority Scheme for B.C.G.

The National Maternity Hospital, Holles Street, is served by the National B.C.G. Scheme.

ATTENDANCES:

Orthopaedic Hospital (Out-Patients' Department):

Physiotherapy	175
Manipulation	216
X-ray Examinations	67
Cerebral Palsy Clinic	1,178

CEREBRAL PALSY:

Nine children were treated as Intern cases, and fifteen were treated as Extern cases.

TREATMENT OF SEQUELAE OF ANTERIOR POLIOMYELITIS (ALL AGES), ORTHOPAEDIC CLINIC, LORD EDWARD STREET, CENTRAL REMEDIAL CLINIC, AND CITY HOSPITALS

Total number of Sessions, Lord Edward Street	46
Total number of attendances at Orthopaedic Clinic, Carnegie Centre, Lord Edward Street	547
Total number of home visits by Nurses from this Department	1,372

Central Remedial Clinic:

Total number of patients treated at Central Remedial Clinic	47

Hospitals:

Total number of patients treated at Hospitals' Out-patients' Departments	55
Total number of patients treated in Hospital (intern)	89
Total number of orthopaedic appliances supplied, renewed and repaired	843
Total number of X-rays	78

PHYSIOTHERAPY:

Total number of treatments	4,116

APPLIANCES FOR CHILDREN:

No. of orthopaedic appliances supplied, renewed, and repaired	179
No. of Spectacles supplied to Children under 6 years of age who attend Child Welfare Clinics	441
No. of repairs to Spectacles	549
No. of Occluders supplied	24
No. of Artificial Eyes supplied	Nil

FREE MILK SCHEME:

No. of pints of milk supplied to children under 5 years of age	1,123,299
No. of pints of milk supplied to Expectant Mothers	80,391
No. of Expectant Mothers who received Milk	1,194
Quantity of Dried Milk distributed	1,175 lbs.

CATHOLIC SOCIAL SERVICE CONFERENCE:

No. of meals supplied to Expectant and Nursing Mothers	114,992
No. of pints of milk supplied to Expectant and Nursing Mothers	111,078
No. of mothers in receipt of these meals	6,046

TREATMENT OF HANDICAPPED CHILDREN

RESIDENTIAL SCHOOLS:

Physically Handicapped:

	Admissions	Discharges
St. Joseph's School for the Blind, Drumcondra—Boys	3	–
St. Mary's School for the Blind, Merrion Road—Girls	1	1
St. Joseph's School for the Deaf/Deaf Mutes, Cabra—Boys	3	7
St. Mary's School for Deaf/Deaf Mutes, Cabra—Girls	4	3
Mary Immaculate School for Deaf, Stillorgan—Boys	1	1

Mentally Handicapped:

	Admissions	Discharges
Stewart's Hospital, Palmerstown	1	–
St. Vincent's Home, Navan Road, Cabra	8	4
Holy Angels, Glenmaroon	19	15
Holy Family, Clonsilla	–	–
St. Augustine's Colony, Blackrock	30	26
St. Raphael's, Celbridge	14	11
St. Mary's, Drumcar	10	3

OTHER CONDITIONS:

Rheumatic/Cardiac/Chorea:

St. Gabriel's, Cabinteely	61	45
Linden, Blackrock	30	children

General Debility, etc.:

*Cheeverstown	453
Linden	255

†*Orthopaedic Defects*:

Orthopaedic Hospital, Clontarf	174	121
Orthopaedic Hospital, Cappagh	31	35
Orthopaedic Hospital, Baldoyle	41	31
Marino Clinic, Bray	4	4

* Includes I.S.A., School Health Service and Child Welfare.

† Includes I.S.A., and post A.P.M. cases, as well as School Health and Child Welfare.

Admissions to the Sunshine Home, Stillorgan, during the past year were 149. The discharges were 148. The numbers admitted to Fairy Hill Hospital were 199 and the discharges 158—the children having been referred by the Tuberculosis-Treatment and Preventative Service, as well as the I.S.A. and Child Welfare Dept. One child was admitted to the Sunbeam Home, Bray.

TRACHOMA:

Notifications	Nil
Active	3
Contacts	5
Suspect	5
Quiescent	8
Attend Hospital	2
Refused to attend Hospital	4
Discharged	10

Defects Treated, Children Age-Group 0-5 Years

Debility:

Admitted to Convalescent Homes	60

Eye:

Admitted to Hospitals:

Strabismus	48
Congenital Cataract	4
Cyst	6
Ptosis	1
Eneucleation	2

Extern Department:

Defective Vision including Squint	190
Ptosis	2
Cataract	1
Albinism	1
Blepharitis	5
Conjunctivitis	8
Blocked Tear Duct	4
Cyst	2

Ear, Nose and Throat:

Admitted to Hospitals:

Tongue Tie	1
Cleft Palate	3
Sinusitis	5
Tonsils and Adenoids	266
Other Conditions	3

Extern Department:

Otitis Media	7
Deafness	1
Sinusitis	2
Other Conditions	19

Orthopaedic:

Admitted to Hospitals:

Club Feet	15
Pes Planus	15
Genu Varum	5
Congenital Dislocated Hip	4
Perthes Disease	2
Torticollis	4
Paralytic Conditions	4
Congenital Defects	1

Extern Department:

Club Feet	15
Pes Planus	15
Congenital Dislocation of Hip	1
Paralytic Conditions	16
Amputation Fingers	1
Torticollis	3

The following Conditions were treated—Hospitals:

Cardiac Disease	9
Marasmus	2
Anaemia and Debility	53
U.R.T.I.	9
Rheumatism	3
Coeliac Syndrome	9
Gastro Enteritis	6
Peptic Ulcer	1
Haemorrhage	1
Helmenthiasis	1
Epilepsy	4
Hydrocephalus	1
Convulsions	2
Cyst	1
Hernia	23
Pyelonephritis	4
Phimosis	35
Hypospadias	2
Hydrocoele	3
Eneuresis	3
Alopecia	2
Eczema	23
Impetigo	3
Naevi	9
Warts	2
Dermatitis	15
Scabies	5
Ringworm	3
Urticaria	3

Forty-one Children (41) were also admitted to Hospital for investigation.

National Maternity Hospital, No. 1 Holles Street

Extern Paediatric Unit

Number of Babies Breast Fed	633
Number of Babies Breast Fed with Comp. Feed.	386
Number of Babies Artificially Fed	1,267
Number of Babies Visited	2,286
Number of Visits made by the Nurses	8,785
Number of Babies admitted to No. 1 Holles Street	82
Out-Patients seen	446
Out-Patients Abscesses incised	7

Deaths

1. 18/1/'60.—Congenital Heart Lesion.
2. 28/1/'60.—Entro Colitis.
3. 11/2/'60.—Cold Injury.
4. 15/2/'60.—Septicaemia.
5. 15/3/'60.—Congenital Heart Lesion.
6. 26/4/'60.—Spina Bifida, Hydrocephalus.
7. 28/4/'60.—Proteus Meningitis.
8. 28/5/'60.—Prematurity. (Previable).
9. 9/12/'60.—Pulmonary, Hyaline Membrane.

Coombe Lying-in Hospital

Paediatric Department

Figures for the year 1960:

Total number of New Cases	2,880
Total number of Clinic Attendance	6,339
Total number at Ballyfermot Clinic	568
Total number of Nurses District Visits	6,224
Total number of Admissions to Unit	409
Total number of Discharges from Unit	318

NEO-NATAL DEATHS IN PAEDIATRIC UNIT FOR THE YEAR 1960

Mother's No.	Baby's No.	Sex	Date of Birth	Date of Admission	Date of Death	Born in	Maturity	Weight	Cause of Death	Lived	P.M. Done
88	84	M.	14/1/60	14/1/60	15/1/60	No. 8	42 Wks.	4 lbs. 11 ozs.	Resorption Atelectasis	Few Hours	No
259	246	M.	6/2/60	6/2/60	7/2/60	O.L.S.	31 ,,	4 ,, 0 ,,	Anoxia due to Asphyxia	1 Day	No
171	153	F.	25/1/60	25/1/60	7/2/60	O.L.S.	40 ,,	5 ,, 3 ,,	Spina Bifida and Multiple Cong. Def.	13 Days	Yes
327	313	M.	16/2/60	16/2/60	16/2/60	No. 8	38 ,,	7 ,, 9 ,,	Intra Uterine Anoxia	1 Day	Yes
403	365	F.	24/2/60	26/2/60	27/2/60	O.L.S.	40 ,,	5 ,, 4 ,,	Atelectasis	2 Days	Yes
427	384	M.	28/2/60	28/2/60	28/2/60	No. 8	30 ,,	3 ,, 15 ,,	I.C.H. Atelectasis	Few Hours	Yes
413	383	F.	26/2/60	27/2/60	1/3/60	No. 8	40 ,,	7 ,, 6 ,,	Pulmonary Syndrome	2 Days	Yes
477	447	F.	6/3/60	6/3/60	6/3/60	O.L.S.	40 ,,	7 ,, 4 ,,	Anoxia Post Mature	Few Hours	No
564	522	F.	16/3/60	16/3/60	16/3/60	No. 8	33 ,,	2 ,, 4 ,,	Prematurity; Atelectasis	5 Mins.	No
454	422	M.	3/3/60	5/3/60	19/3/60	No. 8	40 ,,	9 ,, 12 ,,	Cong. Deformities	16 Days	No
756	711	M.	7/4/60	7/4/60	7/4/60	No. 8	32 ,,	4 ,, 8 ,,	Mongol; Anoxia	Few Hours	Yes
762	719	M.	8/4/60	8/4/60	8/4/60	No. 8	32 ,,	3 ,, 9 ,,	Prematurity and Hyaline Membrane Disease	Few Hours	Yes
766	738	F.	9/4/60	9/4/60	9/4/60	O.L.S.	42 ,,	6 ,, 11 ,,	Hyaline Membrane Disease	Few Hours	Yes
832	777	M.	18/4/60	18/4/60	18/4/60	No. 8	36 ,,	4 ,, 14 ,,	Anoxia	Few Hours	Yes
888	835	M.	25/4/60	25/4/60	28/4/60	No. 8	40 ,,	5 ,, 12 ,,	I.C.H.	3 Days	No
971	738	F.	3/5/60	3/5/60	7/5/60	O.L.S.	32 ,,	3 ,, 6 ,,	Prematurity and Anoxia	4 Days	No
1052	1013	M.	13/5/60	13/5/60	13/5/60	No. 8	29 ,,	2 ,, 12 ,,	Prematurity & Atelectasis		Yes
1052	1014	M.	13/5/60	13/5/60	13/5/60	No. 8	29 ,,	2 ,, 10 ,,	Hyaline Membrane Dis.; Atelectasis and Anoxia; Adrenal Haemorrhage	Few Hours	Yes
1056	1017	F.	13/5/60	14/5/60	14/5/60	No. 8	40 ,,	4 ,, 10 ,,	Anoxia. Hyaline Membrane Disease	1 Day	Yes
1086	1057	F.	16/5/60	16/5/60	16/5/60	No. 8	30 ,,	2 ,, 10 ,,	Prematurity; Atelectasis	Few Hours	No
1204	1174	M.	31/5/60	31/5/60	1/6/60	O.L.S.	38 ,,	7 ,, 10 ,,	Haemolytic Disease	12 Hours	No
1281	1254	F.	9/6/60	9/6/60	10/6/60	No. 8	34 ,,	3 ,, 11 ,,	Atelectasis	1 Day	Yes
1314	1316	F.	12/6/60	13/6/60	14/6/60	O.L.S.	32 ,,	3 ,, 4 ,,	Prematurity; Anoxia	1 Day	No
1321	1303	F.	13/6/60	13/6/60	14/6/60	No. 8	36 ,,	3 ,, 10 ,,	Anoxia	Few Hours	No
1362	1325	M.	19/6/60	26/6/60	27/6/60	No. 8	40 ,,	7 ,, 6 ,,	Spina Bifida	8 Days	No
1650	1628	M.	25/7/60	25/7/60	25/7/60	No. 8	32 ,,	4 ,, 2 ,,	Cold Injury; Anoxia	Few Hours	No
1654	1627	M.	24/7/60	24/7/60	25/7/60	No. 8	32 ,,	3 ,, 10 ,,	Anoxia; Atelectasis	1 Day	No
1704	1669	M.	31/7/60	1/8/60	1/8/60	No. 8	42 ,,	7 ,, 0 ,,	Anoxia	1 Day	Yes
1749	1723	M.	5/8/60	5/8/60	6/8/60	O.L.S.	32 ,,	2 ,, 5 ,,	Prematurity; Atelectasis	1 Day	No
1721	1692	F.	3/8/60	5/8/60	6/8/60	No. 8	40 ,,	7 ,, 4 ,,	Pneumonia; Atelectasis	3 Days	Yes
1871	1848	M.	18/8/60	19/8/60	19/8/60	No. 8	34 ,,	5 ,, 0 ,,	Anoxia (Placenta Praevia)	7 Hours	No
	1909	M.	26/8/60	26/8/60	26/8/60	O.L.S.	34 ,,	2 ,, 12 ,,	Prematurity	Few Hours	No
1804	1763	M.	10/8/60	10/8/60	27/8/60	O.L.S.	34 ,,	2 ,, 14 ,,	Prematurity	7 Days	No
1948	1947	M.	31/8/60	31/8/60	3/9/60	No. 8	33 ,,	2 ,, 12 ,,	Anoxia; Prematurity	3 Days	No
2043	2033	F.	13/9/60	13/9/60	14/9/60	O.L.S.	41 ,,	10 ,, 4 ,,	Anoxia; Impacted shoulders	12 Hours	Yes
2259	2263	M.	6/10/60	6/10/60	11/10/60	No. 8	31 ,,	3 ,, 0 ,,	Anoxia; Prematurity	5 Days	No

Mother's No.	Baby's No.	Sex	Date of Birth	Date of Admission	Date of Death	Born in	Maturity	Weight	Cause of Death	Lived	P.M. Done
2425	2410	F.	27/10/60	27/10/60	27/10/60	O.L.S.	33 ,,	2 ,, 14 ,,	Anoxia	1 Day	No
2462	2438	F.	2/11/60	2/11/60	2/11/60	O.L.S.	41 ,,	7 ,, 7 ,,	Cong. Def.	1 Day	No
2479	2462	F.	4/11/60	4/11/60	14/11/60	No. 8	29 ,,	2 ,, 9 ,,	Hyaline Membrane Dis.; Prematurity	10 Days	No
2543	2521	F.	13/11/60	13/11/60	14/11/60	No. 8	31 ,,	4 ,, 0 ,,	Hyaline Membrane Dis.; Prematurity	1 Day	No
2594	2569	M.	20/11/60	20/11/60	21/11/60	No. 8	37 ,,	3 ,, 9 ,,	Anoxia	1 Day	No
2613	2594	M.	23/11/60	23/11/60	23/11/60	O.L.S.	40 ,,	9 ,, 4 ,,	Atelectasis	4 Hours	No
2653	2623	F.	28/11/60	28/11/60	28/11/60	O.L.S.	36 ,,	2 ,, 7 ,,	Hyaline Membrane Dis.	4 Hours	No
2653	2624	F.	28/11/60	28/11/60	28/11/60	O.L.S.	36 ,,	2 ,, 4 ,,	Atelectasis	1 Day	No
2786	2751	M.	15/12/60	15/12/60	15/12/60	G. Wing	29 ,,	2 ,, 10 ,,	Anoxia; Prematurity	Few Hours	No
2804	2767	M.	17/12/60	17/12/60	18/12/60	O.L.S.	30 ,,	3 ,, 2 ,,	I.C.H.; Prematurity	2 Days	No
2801	2796	M.	16/12/60	21/12/60	22/12/60	G. Wing	40 ,,	5 ,, 12 ,,	Anoxia; Pneumonia	6 Days	No
2857	2824	F.	23/12/60	23/12/60	23/12/60	G. Wing	34 ,,	4 ,, 11 ,,	Atelectasis; Post-Mortem Section	15 Hours	No
2895	2871	M.	29/12/60	29/12/60	29/12/60	G. Wing	42 ,,	6 ,, 4 ,,	Cong. Heart Disease	Few Hours	No
2880	2838	M.	27/12/60	27/12/60	29/12/60	No. 8	30 ,,	3 ,, 8 ,,	Anoxia; Prematurity	2 Days	No

NEO-NATAL DEATHS OF BABIES ADMITTED TO UNIT FROM DISTRICT

Mother's Reg. No.	Baby's No.	Sex	Date of Birth	Date of Admission	Date of Death	Maturity	Delivery	Weight	Cause of Death	Age at Death	P.M. Done
44	48	M.	7/1/60	7/1/60	8/1/60	30 Wks.	Spon.	3 lbs. 4 ozs.	I.C.H. Hyaline Membrane Disease; Prematurity	1 Day	Yes
37	217	M.	30/1/60	30/1/60	4/2/60	34 ,,	Spon.	2 ,, 0 ,,	Prematurity and Anoxia	6 Days	No
190	495	F.	6/6/60	6/6/60	22/6/60	40 ,,	Spon.	7 ,, 8 ,,	Cong. Deformities	15 Days	No
280	2133	F.	9/8/60	9/8/60	11/8/60	40 ,,	Spon.	5 ,, 4 ,,	Multiple Cong. Def.	3 Days	No

TABLE OF BABIES WHO DIED IN HOUSE

Mother's Reg. No.	Baby's Reg. No.	Sex	Date of Birth	Date of Death	Born in	Maturity	Delivery	Weight	Cause of Death	Age at Death	P.M. Done
108	97	F.	15/1/60	15/1/60	No. 8	40 Wks.	Section	9 lbs. 6 ozs.	Atelectasis	5 Mins.	Yes
255	247	F.	5/2/60	5/2/60	No. 8	41 ,,	Section	4 ,, 13 ,,	Asphyxia	5 Mins.	No
282	262	M.	10/2/60	11/2/60	O.L.S.	40 ,,	Spon.	9 ,, 4 ,,	Anoxia	1 Day	No
312	281	F.	14/2/60	15/2/60	O.L.S.	31 ,,	Spon.	2 ,, 8 ,,	Anencephalic	5 Mins.	No
536	569	M.	12/3/60	12/3/60	No. 8	40 ,,	Forceps	7 ,, 0 ,,	Hydrocephalus	5 Mins.	No
599	567	M.	19/3/60	19/3/60	O.L.S.	38 ,,	Spon.	6 ,, 8 ,,	Cong. Deformities	5 Mins.	No
800	832	M.	13/4/60	13/4/60	O.L.S.	34 ,,	Breech Assisted	8 ,, 8 ,,	Hydrops Foetalis	5 Mins.	No
904	851	M.	26/4/60	26/4/60	No. 8	42 ,,	Breech Assisted	6 ,, 0 ,,	Anencephalic	3 Days	No
1144	1137	F.	23/5/60	23/5/60	No. 8	35 ,,	Spon.	7 ,, 10 ,,	Hydrops Foetalis	5 Mins.	No
1158	1134	M.	25/5/60	25/5/60	No. 8	42 ,,	Section	7 ,, 6 ,,	Broncho Pneumonia	Few Hours	Yes
1193	1189	F.	31/5/60	31/5/60	No. 8	34 ,,	Spon.	4 ,, 10 ,,	Prematurity & Atelectasis	Few Hours	No
1578	1566A	F.	16/7/60	17/7/60	O.L.S.	40 ,,	Spon.	5 ,, 6 ,,	Anencephalic	10 Mins.	No
2265	2269	F.	7/10/60	7/10/60	No. 8	34 ,,	Spon.	3 ,, 4 ,,	Anencephalic	20 Mins.	Yes
2257	2261	F.	5/10/60	5/10/60	No. 8	40 ,,	Spon.	6 ,, 0 ,,	Hydrocephalus	5 Mins.	No
2565	2549	M.	16/11/60	19/11/60	No. 8	38 ,,	Spon.	4 ,, 14 ,,	Asphyxia Neo	3 Days	Yes
2730	2708	F.	8/12/60	8/12/60	No. 8	39 ,,	Breech	5 ,, 2 ,,	? I.C.H. and Anoxia Atelectasis	1½ Days	No
2710	2696	F.	5/12/60	5/12/60	O.L.S.	34 ,,	Breech	4 ,, 7 ,,	Cong. Def.	Few Hours	No
2821	2793	M.	19/12/60	19/12/60	No. 8	37 ,,	Section	4 ,, 9 ,,	Cong. Def.	10 Mins.	No

Rotunda Hospital

DEPARTMENT OF PAEDIATRICS

P. C. D. MACCLANCY and E. E. DOYLE

INTERN DELIVERIES

Total live births	4,320
Total dead-born infants (stillbirths)	175
Infants dying in Nursery and Labour Ward (including previables)	58
Total Infants Mortality Rate (deaths of infants born, excluding abortions but including dead-born infants, stillbirths, etc.)	5.39%
Dead-born (stillbirth) rate	4.05%
Infant death rate (against total live births)	1.34%
Corrected infant death rate amongst live births :	
Live births viable (over 2¾ lbs.)	4,308
Infant deaths in this group	51
Infant death rate of viables	1.18%
Premature births (viable) :	
6.92% of live births	299
Number of deaths	37
Mortality Rate	12.37%
Previable Prematures :	
Number of Cases	12
Number of Deaths	7
Mortality Rate	58.33%
Total Premature Death Rate (including previable infants) :	
Number of Cases	311
Number of Deaths	44
Mortality Rate	14.15%
Corrected Premature Death Rate (i.e. percentage death rate of premature (viable and previable infants), excluding infants dying within 48 hours of birth, and those born with hopeless congenital abnormalities.)	3.54%

INTERN PAEDIATRIC DEPARTMENT

Group	Admissions	Deaths	Mortality Rate per cent
Mature Infants	479	7	1.46
Premature Infants	231	29	12.55
Previable Premature Infants	11	6	54.55
Total	721	42	5.83

There were 14 deaths in the Labour Ward : 5 Mature, 8 Premature and 1 Previable Premature Infants.
There were 2 Mature Infants' deaths on the Corridors.

Summary

Condition or Classification	Mature Infants			Premature Infants			Previable Premature Infants		
	A	L	D	A	L	D	A	L	D
Acute Bronchopneumonia	—	—	—	4	—	4	—	—	—
Asphyxia Neonatorum	6	6	—	—	—	—	—	—	—
Atelectasis	11	10	1	10	1	9	—	—	—
Atelectasis, Renal Agenesis	—	—	—	1	—	1	—	—	—
Atelectasis, Sclerema, Staphylococcal Skin Infection	1	1	—	—	—	—	—	—	—
Birth Shock	3	3	—	—	—	—	—	—	—
Breech Delivery—Observation	12	12	—	3	3	—	—	—	—
Brow Presentation—Observation	1	1	—	—	—	—	—	—	—
Cerebral Haemorrhage	1	—	1	—	—	—	—	—	—
Cerebral Syndrome	3	3	—	1	1	—	—	—	—
Cleft Lip and Palate	1	1	—	—	—	—	—	—	—
Compound Presentation	1	1	—	—	—	—	—	—	—
Congenital Heart Disease	1	1	—	2	—	2	—	—	—
Coombs Negative—Observation	27	27	—	—	—	—	—	—	—
Cyanosis—Observation	20	20	—	—	—	—	—	—	—
Enlarged Thymus—Stridor	1	1	—	—	—	—	—	—	—
Erbs Paralysis	1	1	—	—	—	—	—	—	—
Face Presentation	1	1	—	—	—	—	—	—	—
Facial Paralysis	2	2	—	—	—	—	—	—	—
Fissure Fracture of Occiput	1	1	—	—	—	—	—	—	—
Forceps Delivery — Observation	58	58	—	7	7	—	—	—	—
Haemolytic Disease	16	16	—	—	—	—	—	—	—
Haemolytic Disease, Enlarged Liver and Spleen	1	—	1	—	—	—	—	—	—
Haemorrhagic Disease	2	2	—	—	—	—	—	—	—
Hyaline Membrane Disease	7	5	2	7	1	6	—	—	—

Condition or Classification	Mature Infants			Premature Infants			Previable Premature Infants		
	A	L	D	A	L	D	A	L	D
Interstitial Emphysema	—	—	—	1	—	1	—	—	—
Intra-Ventricular Haemorrhage	—	—	—	1	—	1	—	—	—
L.S.C.S.—Observation	153	153	—	3	3	—	—	—	—
Melaena Neonatorum	1	1	—	—	—	—	—	—	—
Meningocele	1	1	—	—	—	—	—	—	—
Mongol	—	—	—	2	2	—	—	—	—
Multiple Congenital Defects	2	—	2	—	—	—	—	—	—
Observation—Miscellaneous	55	55	—	—	—	—	—	—	—
Observation — Fibrocystic Disease	—	—	—	1	1	—	—	—	—
Observation—Hyaline Membrane Disease	2	2	—	1	1	—	—	—	—
Pneumonia	2	2	—	—	—	—	—	—	—
Polycystic Kidneys	—	—	—	1	—	1	—	—	—
Premature	—	—	—	162	159	3	10	4	6
Pylorospasm	2	2	—	—	—	—	—	—	—
Sub-dural Haemorrhage	—	—	—	1	—	1	—	—	—
Tetany Neonatorum	—	—	—	1	1	—	—	—	—
Vacuum Extraction—Observation	12	12	—	—	—	—	—	—	—
Transferred to Unit	71	71	—	22	22	—	1	1	1
Total	479	472	7	231	202	29	11	5	6

There were no Surgical Operations.

There were 42 deaths in the Nursery.

Postmortems were obtained in 23 cases.

EXTERN PAEDIATRIC DEPARTMENT

Group	Admissions	Deaths	Mortality Rate per cent
Mature Infants	354	37	10.45
Premature Infants	84	19	22.62
Previable Premature Infants	4	2	50.00
Total	442	58	13.12

Summary

Condition or Classification	Mature Infants			Premature Infants			Previable Premature Infants		
	A	L	D	A	L	D	A	L	D
Acute Haemorrhagic Bronchopneumonia	1	—	1	1	—	1	—	—	—
Acute Infection Maxillary Sinus (L)	1	1	—	—	—	—	—	—	—
Acute Otitis Media	1	1	—	—	—	—	—	—	—
Acute Peritonitis, Nephrosis	1	—	1	—	—	—	—	—	—
Acute Pyelonephritis	6	3	3	1	—	1	—	—	—
Acute Ulcerative Colitis and Ileitis, Peritonitis, Bronchopneumonia	1	—	1	—	—	—	—	—	—
Atelectasis	7	5	2	3	—	3	—	—	—
B.C.G. Vaccination	10	10	—	—	—	—	—	—	—
Bronchitis	4	4	—	—	—	—	—	—	—
Bronchopneumonia	17	13	4	6	3	3	—	—	—
Cellulitis	1	1	—	—	—	—	—	—	—
Cerebral Syndrome	5	5	—	1	1	—	—	—	—
Circumcision	17	17	—	1	1	—	—	—	—
Cold Syndrome	2	2	—	—	—	—	—	—	—
Congenital Absence of Kidney, Bronchopneumonia	—	—	—	1	—	1	—	—	—
Congenital Defect of Lip and/or Palate	2	1	1	—	—	—	—	—	—
Congenital Dislocation of Hip	2	2	—	—	—	—	—	—	—
Congenital Heart Disease	8	5	3	2	1	1	—	—	—
Conjunctivitis	2	2	—	1	1	—	—	—	—
Cyanosis	7	7	—	—	—	—	—	—	—
Dermatitis	1	1	—	1	1	—	—	—	—
Dermoid Cyst of Forehead	1	1	—	—	—	—	—	—	—
Encephalocele, Meningocele	1	—	1	—	—	—	—	—	—
Enlarged Thymus	1	1	—	—	—	—	—	—	—
Erb Duchenne Syndrome	2	2	—	—	—	—	—	—	—
Facial Paralysis	1	1	—	—	—	—	—	—	—
Fracture of Skull	1	1	—	1	1	—	—	—	—
General Mismanagement	12	12	—	2	2	—	—	—	—
Haemoyltic Disease	8	8	—	2	—	2	—	—	—
Haemolytic Disease, Exchange Transfusion	54	48	6	5	4	1	—	—	—
Haemolytic Disease, Exchange Transfusion, Bronchopneumonia	1	—	1	2	—	2	—	—	—
Haemolytic Disease, Exchange Transfusion, Neo-Natal Infection	1	—	1	—	—	—	—	—	—
Hirschsprungs Disease	2	1	1	—	—	—	—	—	—
Hydrocephalus	2	1	1	—	—	—	—	—	—
Hydrocephalus, Spina Bifida	6	4	2	1	—	1	—	—	—
Infarction of Small Intestine	1	—	1	—	—	—	—	—	—
Internal Hydrocephalus	—	—	—	1	1	—	—	—	—
Intertrigo of Neck	1	1	—	—	—	—	—	—	—
Jacksonian Epilepsy	1	1	—	—	—	—	—	—	—
Jaundice	2	2	—	—	—	—	—	—	—

Condition or Classification	Mature Infants			Premature Infants			Previable Premature Infants		
	A	L	D	A	L	D	A	L	D
Laparotomy—Vomiting	1	1	—	—	—	—	—	—	—
Mastitis	3	3	—	—	—	—	—	—	—
Melaena Neonatorum	1	1	—	—	—	—	—	—	—
Meningo-Myelocele	3	2	1	—	—	—	—	—	—
Mongol	2	2	—	2	—	2	—	—	—
Neo-Natal Infection	27	26	1	12	12	—	—	—	—
Observation—Miscellaneous	50	50	—	—	—	—	—	—	—
Paresis of Left Upper Limb	1	1	—	—	—	—	—	—	—
Pneumonia	6	5	1	2	2	—	—	—	—
Premature	—	—	—	34	33	1	1	—	1
Pulmonary Moniliasis	2	2	—	—	—	—	—	—	—
Pyelitis	6	6	—	—	—	—	—	—	—
Pyloric Stenosis	4	4	—	—	—	—	—	—	—
Recto-Perineal Fistula	1	1	—	—	—	—	—	—	—
Removal of Mesodermal Tumour	1	1	—	—	—	—	—	—	—
Repair of Cleft Lip	2	2	—	—	—	—	—	—	—
Repair of Hypospadias	1	1	—	—	—	—	—	—	—
Repair of Inquinal Hernia	5	5	—	—	—	—	—	—	—
Repair of Umbilical Hernia	11	11	—	2	2	—	—	—	—
Rhinitis-Staphylococcal	1	1	—	—	—	—	—	—	—
Ritter's Disease, Broncho-pneumonia	1	—	1	—	—	—	—	—	—
Rupture of Lung Cyst	1	—	1	—	—	—	—	—	—
Simple Blood Transfusion	10	10	—	—	—	—	—	—	—
Spina Bifida	3	2	1	—	—	—	1	—	1
Staphylococcal Impetigo of Buttocks	1	1	—	—	—	—	—	—	—
Stenosis of Anus	1	1	—	—	—	—	—	—	—
Stridor	1	1	—	—	—	—	—	—	—
Sub-Dural Haemorrhage	1	—	1	—	—	—	—	—	—
Tetany Neonatorum	1	1	—	—	—	—	—	—	—
Thrush, Infection of Finger	1	1	—	—	—	—	—	—	—
Tracheitis	1	1	—	—	—	—	—	—	—
Traumatic Perforation of Cornea	1	1	—	—	—	—	—	—	—
Umbilical Infection	3	3	—	—	—	—	—	—	—
Upper Respiratory Infection	6	6	—	—	—	—	2	2	—
Total	354	317	37	84	65	19	4	2	2

There were 107 Surgical Operations.
There were 58 Deaths.
Postmortems were obtained in 35 cases.

PAEDIATRIC O.P.D.

Total Attendances	13,360
Initial Attendances	3,315
District Visits	2,376

EXTERN PAEDIATRIC DEPARTMENT

(EXTERN ADMISSIONS OF INFANTS WHO WERE NOT BORN ON THE ROTUNDA SERVICE.)

GROUP	Admissions	Deaths	Mortality Rate per cent
Mature Infants	57	5	8.77
Premature Infants	28	5	17.85
Previable Premature Infants	2	2	100.00
TOTAL	87	12	13.79

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 Bronchopneumonia	1	—	1	—	—	—	—	—	—
Asphyxia Neonatorum	2	2	—	—	—	—	—	—	—
Asphyxia Neonatorum, Atelectasis	1	—	1	—	—	—	—	—	—
Atelectasis	5	5	—	3	—	3	—	—	—
Bronchopneumonia	2	2	—	—	—	—	—	—	—
Cerebral Syndrome	3	3	—	—	—	—	—	—	—
Cleft Lip and Palate	1	1	—	—	—	—	—	—	—
Coombs Negative — Observation	4	4	—	—	—	—	—	—	—
Dextrocardia	—	—	—	1	1	—	—	—	—
Elevation of Depressed Fracture of (L) Frontal Bone	1	1	—	—	—	—	—	—	—
Haematemesis	1	1	—	—	—	—	—	—	—
Haemolytic Disease	—	—	—	1	1	—	—	—	—
Haemolytic Disease, Exchange Transfusion	3	3	—	—	—	—	—	—	—
Hirschsprungs Disease	1	1	—	—	—	—	—	—	—
Hyaline Membrane Disease	—	—	—	1	—	1	—	—	—
Melaena Neonatorum	1	1	—	—	—	—	—	—	—
Mongolian Idiot, Cleft Lip and Palate	1	—	1	—	—	—	—	—	—
Multiple Congenital Defects	—	—	—	1	—	1	—	—	—
Neo-Natal Infection	2	2	—	—	—	—	—	—	—
Observation (Miscellaneous)	4	4	—	—	—	—	—	—	—
Otitis Externa	—	—	—	1	1	—	—	—	—
Post Operative Marasmus	1	—	1	—	—	—	—	—	—
Premature	—	—	—	18	18	—	2	—	2
Pyloric Stenosis	1	1	—	1	1	—	—	—	—

Condition or Classification	Mature Infants			Premature Infants			Previable Premature Infants		
	A	L	D	A	L	D	A	L	D
Repair of Cleft Lip	8	8	—	—	—	—	—	—	—
Repair of Cleft Lip and Palate	8	8	—	1	1	—	—	—	—
Repair of Imperforate Anus	1	1	—	—	—	—	—	—	—
Simple Transfusion	1	1	—	—	—	—	—	—	—
Staphylococcal Dermatitis	1	1	—	—	—	—	—	—	—
Umbilical Infection	2	2	—	—	—	—	—	—	—
Total	57	52	5	28	23	5	2	—	2

There were 18 Surgical Operations.

There were 12 Deaths.

Postmortems were obtained in 4 cases.

SCHOOL HEALTH SERVICE

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

"He does not regard as desirable the development of large school buildings for 2,000 or more children. The first principle in the provision of new school buildings should be to provide for the children the shortest possible routes, and ones free of interference from road traffic."

The above-quoted press report statement of the Minister for Education's excellent views on the provision of schools concerns the Dublin County Borough in particular where the numbers of children of school age are relatively very much greater than in other areas. The provision of new schools in the housing estates in the outskirts of the City has been going on during the past two decades and is still continuing. The buildings in Finglas, Coolock, Raheny, Ballyfermot, Walkinstown, Milltown, Churchtown and Rathfarnham are well laid out and the whole setting of these schools is most attractive, in particular the new school in Raheny with its charming gardens set against the background of evergreen oaks in St. Anne's Estate. The hand-drying installation in this school merits special comment and will eventually be the installation provided in all City National Schools. The new school in South-West Dublin for Girls and Infants is also of excellent design and serves the housing estate in the Clogher Road area where so many families have settled in houses of modern design with well-kept gardens. This school fulfils a long-felt want in this area. The movement of families from the old, dilapidated, overcrowded, dwellings in the City to the outskirts has created a grave problem as regards the provision of schools for the families moved to the new housing estates and the re-housing needs of the City population have not yet been satisfied. The schools provided have been taxed to the utmost in order to take in the children in the areas. Some of the schools have dealt with this need by taking two groups of children each day, a morning and an afternoon group, while another way of meeting the demand has been in the provision of temporary school premises. Gradually, however, the position will become stabilised when all new building has been completed and places will be available for all the children. It has been asserted that school buildings in the "new" housing estates would become redundant and this view was held more than twenty years ago when the new large schools were built in Crumlin, yet vacancies in both these schools still continue to be in great demand to-day. I have already commented on the fact that children are still coming to schools in the City from the outskirts, and look forward greatly to the time when this practice will no longer be necessary.

Tables showing the findings during the School Health Examinations (1960) are included in this Report, together with the table showing the average height and weight for age

and sex of those children examined in the City National Schools last year. The records of the heights and weights of the children examined in 1960 do not differ very widely from those found during previous years. A table showing the rate of growth and the rate of weight increase in boys and girls of school age is being prepared. The continuity of this undertaking has not been easy to maintain. The movement of families and the transfer of children from one school to another, sometimes even to various schools, inevitably means that the steady continuity of the records is disrupted.

The improved housing conditions have benefited the children and this will in turn reflect on the health of future generations ; but the amount of dental caries, and of faulty posture and gait, of so many growing boys and girls is still far too common.

Lack of adequate sleep and rest continues to take from the well-being of children. In the past the cinema was considered to be one of the major difficulties. Now one hears television being blamed more often. It is not easy for parents to apportion the time left for school children's outdoor games and indoor viewing, home lessons and sleep. The milk and sandwich given in schools help children during the day, especially now that so few of the schools have a sufficiently long mid-day interval to enable children to go home and eat the family dinner. Furthermore, the quantity of the milk given to children at home may be so scanty that were it not for the milk in school they would lack still more the special nutriment which only milk can provide. Giving children pre-packaged carbohydrates is a labour-saving device and is quicker for the mother of a large family who may herself have to go out to work, and children nowadays seem to like these pre-packaged foods but the necessity for a dinner of meat and vegetables cannot be overstressed nor can milk, eggs, butter, cheese and fruit be safely omitted over long periods from the diet of growing children.

Treatment for defects found during School Health Examination is provided by the family doctor and by the hospitals and treatment centres in the City and County, day and residential. This treatment is free. The service provided at the Child Guidance Clinic and at the Cerebral Palsy and Central Remedial Clinics is of inestimable benefit to children. There are Dental Examination and Treatment Clinics now in Ballyfermot and Finglas as well as in other parts of the City. The availability of free D.D.T. Powder and Emulsion helps towards combating infestation of children's hair and the hot and cold water and bathing facilities in the new houses and flats are essential to the self-respect and well-being of children.

The opportunities for employment of women in the City are greater than in the past. Many mothers now go out to daily

work. This aspect of life to-day cannot be disregarded in any report on school children. The mental strain on a woman who wants to be at home to give the children a cooked dinner when they return from school, or the knowledge that she may have to leave them in the evening to do office cleaning, is not easy for her or the children. Their time together is limited and there are fewer grannies and aunts unemployed nowadays. Where the employment of women is a necessity, there is no proper home environment for children. The financial gain for mothers who go out to work in order to earn that little extra for the family cannot be set against the more permanent values of home life.

We offer our sincere thanks to the Reverend Managers and Teachers for the help and courtesy which they have always extended to us, and we thank also very specially the staffs of the Hospitals and the Voluntary Organisations in Dublin for all that they have done for us during the past year.

DUBLIN CITY NATIONAL SCHOOLS—AVERAGE HEIGHT AND WEIGHT FOR AGE AND SEX OF THOSE CHILDREN WHO WERE EXAMINED DURING THE COURSE OF ROUTINE SCHOOL MEDICAL EXAMINATION, YEARS 1950 AND 1960

Age in Years	Height in Inches				Weight in Lbs.			
	Girls		Boys		Girls		Boys	
	1950	1960	1950	1960	1950	1960	1950	1960
5	43	41¾	43¼	41¼	41	41¾	42	41½
6	44	44½	44½	44¾	43½	45	44¾	47¼
7	46	46	45¾	46¼	47¼	48	47¾	50
8	48	48½	48	49	51	53¼	52½	56¾
9	49½	49¾	50	50½	55¼	56¼	57½	59½
10	52	51½	52	51¾	61½	61¼	63½	65
11	53	55	53¾	54½	67	71¾	68½	74
12	56	56	55½	55¾	75	75¼	73¾	77½
13	58	57¼	57	56¼	82½	82½	80½	81¾
14	59	56¾	59	57¾	90	89½	88½	89¾

Number of Children Examined in 1950 18,767

Number of Children Examined in 1960 22,072

LIST OF SCHOOLS IN WHICH SCHOOL HEALTH EXAMINATIONS WERE HELD DURING 1960

(See footnote)

Artane C.B.	(1)	Boys
Cabra Convent	(3)	Girls, Infants
Church Ave.	(1)	Boys, Girls, Infants
Belgrove, Clontarf	(2)	Boys, Girls, Infants
Crumlin, St. Agnes	(7)	Boys, Girls, Infants
Denmark St.	(2)	Boys, Girls, Infants
Drimnagh Boys	(2)	Boys
Drimnagh Convent	(2)	Girls, Infants
Drumcondra, St. Patrick's	(2)	Boys, Infants
Drumcondra, St. Joseph's	(1)	Boys
Fairview, St. Mary's	(2)	Girls, Infants
Francis St. Girls	(2)	Girls, Infants
Glasnevin Model	(1)	Boys
Goldenbridge Convent	(1)	Girls, Infants
Haddington Road Boys	(1)	Boys
Haddington Road Convent	(1)	Girls, Infants
Harold's Cross—Mt. Jerome Boys	(1)	Boys, Girls, Infants
Harold's Cross—St. Clare's Girls	(1)	Girls, Infants
Hill St. Convent	(1)	Girls, Infants
Homefarm Road	(1)	Girls, Infants
James's St. C.B.	(1)	Boys
Keogh Square C.B.	(1)	Boys
Lindsay Road	(1)	Boys, Girls, Infants
Marino, St. Mary's	(1)	Boys
Marlboro' St., Sg. Colmcille	(1)	Boys
Marlboro' St., Sg. Gaolach	(1)	Infants
Clogher Rd., Marist	(1)	Girls, Infants
Merrion Blind	(1)	Boys, Girls, Infants
Orthopaedic Hospital, Clontarf	(1)	Boys, Girls, Infants
Pearse St., St. Andrew's	(2)	Boys, Infants
Phibsboro', St. Peter's	(3)	Boys, Girls, Infants
Queen St. Boys	(1)	Boys
Raheny No. 2	(1)	Boys, Girls, Infants
Rathfarnham de la Salle	(1)	Boys, Infants
Rialto Boys	(1)	Boys, Infants
Sandymount Boys	(2)	Boys, Infants
Sandymount Convent	(1)	Girls, Infants
Seville Place Boys	(1)	Boys, Infants
Seville Place Girls	(3)	Girls, Infants
Synge St. C.B.	(1)	Boys
Townsend St. Con.	(1)	Girls, Infants
Walkinstown C.B.	(1)	Boys
Whitefriar St.	(4)	Girls, Infant G, Boys, Infant B
Stanhope St. Convent	(1)	Girls, Infants
Marlboro' St. Central Model	(3)	Boys, Girls, Infants

LIST OF SCHOOLS IN WHICH SCHOOL HEALTH EXAMINATIONS WERE HELD DURING 1960—Continued

Grantham St.	(2)	Boys, Girls, Infants
Marlboro' St., Sg. Mhuire	(1)	Girls, Infants
Basin Lane Convent	(1)	Girls, Infants
Donnycarney C.B.	(1)	Boys
Coombe Convent	(1)	Girls, Infants
Rathmines Township	(1)	Boys, Girls, Infants
Wellington St.	(2)	Girls, Infants
Finglas, de la Salle	(1)	Boys
Cabra, Christ The King	(4)	Boys, Girls, Infants
Warrenmount	(1)	Girls, Infants
Rathmines Tranquilla	(2)	Boys, Girls, Infants
Howth	(3)	Boys, Girls, Infants
Rathfarnham Village	(1)	Boys, Girls, Infants
Fishamble St.	(1)	Boys, Girls, Infants
St. Mary's Place	(1)	Boys
Raheny No. 1	(3)	Boys, Girls, Infants
Herbert Ave.	(1)	Boys, Girls, Infants
Sandymount, St. Brendan's	(1)	Boys, Girls, Infants
Orthopaedic, Baldoyle	(1)	Boys, Girls, Infants
Marino, St. Vincent de Paul	(2)	Girls, Infants
Rathfarnham Loreto	(1)	Girls, Infants
Baldoyle Convent	(1)	Girls, Infants
Rathfarnham Nutgrove	(1)	Girls, Infants
Baldoyle Boys	(1)	Boys
Donnycarney Convent	(2)	Girls, Infants
Rutland St. Girls	(2)	Girls, Infants
Westland Row C.B.	(1)	Boys
Sutton Burrow	(1)	Boys, Girls, Infants
O'Brien Institute	(1)	Boys
Rathfarnham Boys	(1)	Boys
Crumlin, Loreto	(2)	Boys, Girls, Infants
Parnell Road	(1)	Boys
Strand St. C.B.	(1)	Boys
Ballyfermot, de la Salle	(3)	Boys
Cook St.	(2)	Boys, Girls, Infants
Mountjoy St., Josephian	(1)	Girls, Infants
Navan Road Boys	(1)	Boys
Larkhill Convent	(2)	Girls, Infants
Larkhill Boys	(1)	Boys, Infants
Francis St. C.B.	(1)	Boys
Rathmines Boys	(1)	Boys
Coolock Convent	(1)	Girls, Infants
Cabra, St. Joseph's Deaf and Dumb	(1)	Boys, Infants
Crumlin, St. Mary's	(1	Boys, Girls, Infants
Terenure Boys	(1)	Boys

LIST OF SCHOOLS IN WHICH SCHOOL HEALTH EXAMINATIONS WERE HELD DURING 1960—Continued

Strand St. Convent (1) Girls, Infants
Finglas, St. Fergal's (1) Boys
Clareville Road ..... (2) Boys, Girls, Infants
Harold's Cross, Marymount ..... (1) Girls, Infants
Nth. Strand ..... (2) Boys, Girls, Infants
Finglas, St. Canice's (1) Boys, Girls, Infants
Aughrim St. ..... (4) Boys, Girls, Infants
Donnybrook Boys ..... (1) Boys
George's Hill Convent ..... (1) Girls, Infants
Beaver Row ..... (1) Boys, Girls, Infants
Iona Road Girls ..... (1) Girls, Infants
Seville Place C.B. ..... (1) Boys
Dorset St., St. Joseph's ..... (2) Boys, Infants
Blacquiere Bridge ..... (1) Boys, Girls, Infants
Walkinstown Convent ..... (5) Girls, Infants
Chapelizod 1 ..... (2) Boys, Girls, Infants
Phoenix Park Girls (1) Girls, Infants
Rathmines, St. Louis (2) Girls, Infants
Nth. Gloucester St. (1) Boys, Girls, Infants
Chapelizod 2 ..... (1) Boys, Girls, Infants
East Wall Boys ..... (1) Boys
Belmont Ave. ..... (1) Boys, Girls, Infants
Rialto, St. Andrew's (1) Boys, Girls, Infants
Donore Ave., St. Catherine's ..... (1) Boys, Girls, Infants
Ringsend .... (3) Boys, Girls, Infants
Camden Row ..... (1 Boys, Girls, Infants

NOTE.—The number in brackets after the name of each School denotes the number of Schools according to Department of Education's Classification.

DEFECTS FOUND DURING THE YEAR

Total Number Examined—22,072

DEFECTS	Defects Requiring Treatment	Defects Requiring Observation
Speech	273	187
Mental Condition	38	208
Clothing	483	1,057
Footgear	1,130	1,915
Hair and Scalp	1,159	1,978
Body	373	1,657
Vaccination Nil	20,430	
General Condition	185	1,917
Teeth	15,960	1,054
Glands	184	2,535

DEFECTS FOUND DURING THE YEAR—Continued

Defects	Defects Requiring Treatment	Defects Requiring Observation
Ears:		
Defective Hearing	76	149
Otitis Media	34	32
Other Defects	51	57
Nose and Throat:		
Tonsils and Adenoids	1,858	5,800
Other Defects	155	283
Eyes:		
Blepharitis	117	563
Conjunctivitis	31	81
Defective Vision	3,704	3,560
Squint	874	697
Other Defects	58	134
Skin:		
Ringworm—Head	2	1
Ringworm—Body	4	2
Scabies	8	2
Impetigo	19	15
Other Diseases	274	1,153
Heart and Circulation:		
Organic Heart Disease	54	79
Functional Heart Disease	15	297
Anaemia	65	1,401
Lungs:		
Bronchitis	60	628
Other Defects	38	86
Definite Pulmonary T.B.	18	131
Nervous System:		
Epilepsy	3	11
Other	17	42
Deformities:		
Spinal Curvature	3	41
Other	209	1,023
Postural Defects:		
Round Shoulders	249	3,142
Scoliosis	21	130
Flat Feet	667	2,296
Other Conditions:		
Rickets	10	971
Infectious Diseases	4	19
Rheumatism/Chorea	9	69
Other Diseases	246	2,036

DEFECTS TREATED, SCHOOL CHILDREN

DEBILITY

Admitted to Convalescent Homes:

Linden	8
Cheeverstown	81

EYE:

Admitted to Hospitals:

Strabismus	119
Cyst	3

Extern Department:

Defective Vision including Squint	1,464
Ptosis	1
Cataract (Congenital)	1
Blepharitis	17
Styes	1
Blocked Tear Duct	1

EAR, NOSE AND THROAT:

Admitted to Hospitals:

Otitis Media	5
Epistaxis	1
Mastoid	3
Sinusitis	5
Congenital Malformation	1
Tonsils and Adenoids	583

Extern Department:

Otitis Media	16
Deafness	6
Mastoid	1
Sinusitis	1
Nasal Discharge	1
Epistaxis	2
Other Defects	135

ORTHOPAEDIC:

Admitted to Hospitals:

Congenital Dislocation Hip	8
Congenital Absence Arms	2
Club Feet	19
Pes Planus	6
Hallux Valgus	4
Perthes Disease	6
Torticollis	4
Spina Bifida	3
Cerebral Palsy	10
Muscular Dystrophy	6
Klippel Feil Syndrome	1
Other Defects	10

The following conditions were treated in the Extern Departments:

Cerebral Palsy	76
Club Feet	29
Pes Planus	110
Genu Varum	5
Torticollis	7
Kyphosis	35
Spina Bifida	1
Scoliosis	2
Ingrowing Toe Nails	1
Klippel Feil Syndrome	2
Muscular Dystrophy	1
Other Conditions	10

GENERAL:

Admitted to Hospitals:

Cardiac Lesion	24
Rheumatism	33
Bronchitis and Asthma	9
Anaemia	4
Coeliac Disease	1

Treated in Extern Department:

Cardiac Lesion	19
Bronchitis and Asthma	8
Anaemia	9
Coeliac Disease	2

Children suffering from the following conditions were admitted to Hospitals during 1960:

Hypocalcaemia	1
Epilepsy	1
Bell's Palsy	1
Goitre	1
Enlarged Glands	1
Hernia	3
Appendicitis	1
Genito Urinary Disorders	6
Skin Affections	4
Other Conditions	16

Children suffering from the following conditions were treated in Extern Department of Hospitals during 1960:

Dystropha Adiposa	1
Chorea	1
Eneuresis	2
Skin Affections	19
Genito Urinary Disorders	2
Investigation	2
X-ray Examinations	151
Attendances for Physiotherapy	3,358
Orthopaedic Appliances Supplied (including renewal and repairs)	430
Attendances at Cerebral Palsy Clinic	10,809

SPECTACLES:

Spectacles supplied	1,849
Spectacles repaired	2,675
Occluders supplied	34
Artificial Eyes supplied	6

ATTENDANCES:

Ear, Nose and Throat Clinic	3,332
*Orthopaedic Clinic	64

CHILD GUIDANCE CLINIC:

Total Number who attended during the year	408

(Of these 155 were known to the Child Health Service, Dublin Corporation, pre-school and school age.)

* See report A.P.M. Scheme.

DENTAL SERVICE

G. HYLAND,
Chief Dental Officer.

There are thirteen dental surgeons. One is mainly employed in affording treatment to tuberculous patients; others treat school children, pre-school children and mothers; five are attached to the Central Clinic, Cornmarket, and the remainder are in the following Clinics: Larkhill, Howth, Killarney Street, Crumlin, Curlew Road and Ballyfermot.

Towards the end of August the Keogh Square Clinic was closed as the building was in a dangerous condition and Mr. Fortune, the Dental Surgeon attached to this Clinic, was transferred to Cornmarket. Patients formerly treated in Keogh Square are now attended at either Cornmarket or Ballyfermot.

The new Clinic in Finglas was opened at the end of August and Dr. Matthews was transferred to Finglas. The old equipment from Keogh Square was sent out to the new Clinic but it is hoped to instal a new unit in the near fuutre. The opening of this new Clinic in Finglas is a great addition to the Service and to the public. Originally the residents of Finglas had to travel to Cornmarket for dental treatment.

Larkhill Dental Clinic is working satisfactorily. The Dental Surgeon attending there also attends Howth Clinic on Wednesday and Friday mornings.

There is now no waiting list in Killarney Street Clinic as arrangements have been made to have these cases attended to at a weekly session in the Incorporated Dental Hospital, Dublin. This arrangement is for a trial period of one year from November. Arrangements are being made to supply the Dental Hospital with patients from nearby schools.

The Clinics in Crumlin, Ballyfermot and Curlew Road are working satisfactorily.

An X-ray Unit is to be installed in the Central Dental Clinic in the near future. This is the first of its kind in the Dental Service.

Sixty-eight orthodontic cases were given treatment at the Central Dental Clinic, Cornmarket, up to the 31st September, 1960. The number of cases referred to the Dental Hospital for major orthodontic treatment during the year was ten.

The number of attendances for treatment of mothers in the General Dental Service for the year was 4,790. The total number of dentures supplied was 752. We also supplied 155 dentures for school children. The total number of fillings for mothers was 501. The number of attendances for treatment of pre-school children was 2,085. The number of attendances for

treatment of school children was 46,417. The total number of fillings for school children was 19,253.

The following numbers were x-rayed during the year : 27 mothers, 288 school children and 10 pre-school children.

The total number of general anaesthetic sessions throughout the year was 456—seven per week in Cornmarket and two per week in Crumlin Clinic. The average attendance per session was fourteen. The anaesthetists were Dr. Gilmartin, Dr. Nagle and Dr. O'Toole. The valuable services of all three anaesthetists were much appreciated.

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

Dental Services

Treatment	Mothers	Pre-School Children	School-Children	T.B.
Attendances for treatment	4,790	2,085	46,417	3,826
Extractions : Local Anaesthetic	3,023	181	17,836	2,067
Extractions : General Anaesthetic	1,295	4,788	20,612	28
Fillings	501	404	19,253	739
Scalings, Polishings, Gum Treatment, Dressings	684	715	11,818	366
Examinations	1,862	1,997	30,669	264
X-rays	27	10	288	—
Dentures	752	—	155	422

MIDWIVES AND MATERNITY HOMES

Miss E. M. Blayney, S.R.N., S.C.M., H.V.

Midwives Act, 1944:

During the year, two hundred and fourteen (214) 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 appliances and personal cleanliness.

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

The number of visits made to midwives and nursing homes was nine hundred and eleven (911).

Maternity Homes registered in the City on 31st December, 1960, were 25, and 4 Hospitals.

Nursing Homes closed	1
Nursing Homes Registered	Nil

General Standard—Satisfactory.

Maternal deaths	9
Infant deaths	357
Stillbirths Notified	573
Infectious Notifications	4

VERGEMOUNT FEVER HOSPITAL

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

During the year ended 31st December, 1960, one thousand, one hundred and ninety cases were admitted to Vergemount Fever Hospital. 81 cases remained in hospital at the close of the year 1959, and the total number under treatment was 1,271. There were 9 deaths and 1,165 were discharged cured.

The mortality rate for all cases under treatment was 0.71 per cent, as compared with 0.73 per cent in 1959 and 1.07 per cent in 1958.

The number of admissions for the year showed a decrease of 85 from the previous year.

Doctors Cusack and Crowley left the staff at the end of June, and Doctors Collins and Ryan were appointed in their places.

The death occurred early in the year of Mr. T. A. Bouchier-Hayes, who had acted as consultant surgeon for the past twenty-three years.

Numerous repairs were carried out in the Hospital and Nurses' Home. A and B Blocks were painted, also the Gate Attendant's Lodge. The offices, diningrooms and living quarters in the Administration Block were also painted.

On 1st July the Hospital came under the Dublin Health Authority.

I would like to thank both the medical and clerical staffs for their loyal co-operation, and also the Nursing Staff under the supervision of Miss Cusack.

TABLE 1.

SHOWING THE NUMBER OF ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY, FOR THE YEAR ENDING 31ST DECEMBER, 1960.

DISEASE	Number of Cases Admitted	Number Died	Case Mortality
Gastro Enteritis (under 2 years)	219	—	—
Scarlet Fever	129	—	—
Acute Tonsillitis (Streptococcal Throat)	95	—	—
Epidemic Parotitis	70	—	—
Varicella	68	—	—
Infective Hepatitis	54	—	—
Scabies	48	—	—
Croup	47	—	—
Pneumonia	44	3	6.84
Pertussis	43	—	—
Dysentery	38	—	—
Measles	35	—	—
Diphtheria	23	—	—
Acute Enteritis (over 2 years)	22	—	—
Meningitis	21	3	14.28
Rubella	17	—	—
Acute Meningism	14	—	—
Erysipelas	10	—	—
Infective Mononucleosis	4	—	—
Tinea Capitis	4	—	—
Enteric Fever	2	—	—
Puerperal Sepsis	2	—	—
Acute Anterior Poliomyelitis	2	—	—
Influenza	2	—	—
Malaria	1	—	—
Miscellaneous	176	3	1.70
TOTAL	1,190	9	0.75

Scarlet Fever

One hundred and twenty-nine cases were admitted which shows a decrease of 14 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,
Arthritis, Whitlows, Abscesses,
Nephritis.

TABLE 2.

Showing the Number of Scarlet Fever Cases Classified in Age and Sex Groups for the Year 1960.

	0–4	5–9	10–14	15–24	25 and over	Total
Male	36	18	2	4	—	60
Female	43	21	2	3	—	69
Total	79	39	4	7	—	129

TABLE 3.

Showing the Number of Scarlet Fever Admissions, the Number of Deaths and the Case Mortality for the Years, 1950-1960.

Year	Number of Cases Admitted	Number Died	Case Mortality
1950	695	—	—
1951	346	—	—
1952	292	1	0.34
1953	381	—	—
1954	309	—	—
1955	238	—	—
1956	175	—	—
1957	183	—	—
1958	220	—	—
1959	143	—	—
1960	129	—	—

MEASLES

Thirty-five cases were admitted, which shows a decrease of 171 from the previous year. There were no deaths. Complications were few and those noted in some of the cases were:

BRONCHITIS.
LARYNGITIS.
RHINITIS.
OTITIS MEDIA.
ENTERITIS.

One case, a baby of one year, had a marked haemorrhagic staining which persisted for over two weeks.

TABLE 4.

SHOWING THE NUMBER OF MEASLES ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEARS, 1950-1960.

Year	Number of Cases Admitted	Number Died	Case Mortality
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	—	—
1959	206	1	0.48
1960	35	—	—

PERTUSSIS

Forty-three cases were admitted, showing a decrease of 184 from the previous year. There were no deaths. The complications noted in some of the cases were as follows:—

BRONCHITIS.
LARYNGITIS.
BRONCHOPNEUMONIA.
EMPHYSEMA.
ENTERITIS.

The antibiotics appear to have reduced the mortality rate in this infection, but the complications and sequelae still give rise (in spite of modern treatment) to long periods of invalidism.

TABLE 5.

SHOWING THE NUMBER OF WHOOPING COUGH ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY, FOR THE YEARS, 1950-1960.

Year	Number of Cases Admitted	Number Died	Case Mortality
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	—	—
1959	227	3	1.32
1960	43	—	—

DIPHTHERIA

Twenty-three cases (including 7 carriers) were admitted, showing an increase of one patient from the previous year. There were no deaths. There were seven carriers, leaving 16 cases of Clinical Diphtheria, viz., 15 Faucial and one Nasal. The Gravis type was responsible for all these cases. The complications noted were three cases of Palatal Paresis and two cases of Cardiac Failure. Of the sixteen cases of Diphtheria admitted, two were immunised; one in 1949 and the other in 1956.

TABLE 6.

SHOWING THE NUMBER OF DIPHTHERIA ADMISSIONS AND DEATHS FOR THE YEARS 1950-1960.

Year	Number of Cases Admitted	Number Died	Case Mortality
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**	—	—
1959	22	1	4.54
1960	23***	—	—

* Including 4 carriers. ** Including 8 carriers.

*** Including 7 carriers.

Diarrhoea and Enteritis (Under Two Years)

Two hundred and forty-two cases were admitted as suffering from Gastro-Enteritis. There were no deaths.

Of the 242 cases—Classification:—

Infective Gastro-Enteritis	122
Dietetic Enteritis	73
Dysentery (Sonne and Flexner)	20
Dysentery (Newcastle)	2
Bacterial Food Poisoning (Salm. Typhi Murium)	1
Symptomatic of other diseases	24

Pathogenic Organisms Isolated in Infective Gastro-Enteritis Group

E. Coli	055	in 10 cases
E. Coli	0119	in 7 cases
E. Coli	026	in 2 cases
E. Coli	0111	in 1 case

TABLE 7.

Showing the Number of Cases of Infective Gastro-Enteritis Classified in Age Groups.

Under 1 Month	Under 3 Months	Under 6 Months	Under 1 Year	Under 2 Years
15	46	25	22	14

TABLE 8.

Showing the Number of Diarrhoea and Enteritis (Under 2 Years) Admissions for the Years, 1950-1960.

Year	Number of Cases Admitted	Number Died	Case Mortality
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
1959	107	1	0.92
1960	122	—	—

MENINGITIS

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

Acute Lymphocytic	9 cases
Tuberculous	6 ,,
*Purulent	4 ,,
Meningococcal	2 ,,

* No organism isolated.

Two deaths occurred in the Tuberculous series.

(1) A man of 39 years (ill 3 weeks prior to admission) who died three days after admission. He was semi-conscious on admission and both lungs were riddled with tuberculosis.

(2) A girl of 6 years (ill 14 days before admission) became comatose shortly after admission and died within 4 days.

Both these cases were admitted beyond medical aid.

One death occurred in the meningococcal series—a baby of one year from an acute fulminating meningococcal septicaemia, who died one hour after admission.

TABLE 9.

SHOWING THE NUMBER OF TUBERCULOUS MENINGITIS ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY, FOR THE YEARS, 1950-1960.

Year	Number of Cases Admitted	Number Died	Case Mortality
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	—	—
1959	2	—	—
1960	6	2	33.33

TABLE 10.

SHOWING THE NUMBER OF MENINGOCOCCAL MENINGITIS ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEARS, 1950-1960.

Year	Number of Cases Admitted	Number Died	Case Mortality
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	—	—
1959	3	—	—
1960	2	1	50.00

PNEUMONIA

Forty-four cases of pneumonia were admitted during the year and were classified as follows:—

Bronchopneumonia	24 cases
Lobar Pneumonia	14 ,,
Influenzal Pneumonia	6 ,,

There were two deaths from Bronchopneumonia, one a baby of four months (1 week ill prior to admission) who was practically moribund on admission and lived only 3 hours; the second, an infant of 2 years (7 days ill before admission) who died thirty-six hours after admission. There was no response to treatment.

There was one death from Lobar Pneumonia—a baby of eleven months (7 days ill before admission) who died 3 hours after admission.

ACUTE TONSILLITIS—STREPTOCOCCAL SORE THROAT

Ninety-five cases were admitted as suffering from Diphtheria or Suspected Cases. All made good recoveries.

CROUP

There were thirty cases of Catarrhal Laryngitis and seventeen cases of Acute Laryngo-Tracheo-Bronchitis admitted. All these cases were admitted as suffering from suspected Laryngeal Diphtheria. All made good recoveries. One case (a boy of 3 years), of Acute Laryngo-Tracheo-Bronchitis, required a tracheotomy.

Infective Hepatitis

Fifty-four cases were admitted, showing an increase of 32 from the previous year. All cases responded to treatment.

Erysipelas

Ten cases were admitted. Nine were facial in origin and one crural. All made good recoveries.

Scabies

Forty-eight cases were admitted showing an increase of 33 over the previous year. Many of these cases were secondarily infected with Staphylococci.

Varicella, Mumps, and Rubella

Sixty-eight cases of Varicella, seventy cases of Epidemic Parotitis, and seventeen cases of Rubella, were admitted during the year. All made good recoveries. Orchitis occurred in ten of the Mumps cases.

Infective Mononucleosis

Four patients were treated during the year. No complications were noted.

Dysentery and Bacterial Food Poisoning

Thirty-eight cases of Dysentery were admitted; twenty-two being caused by Shigella Sonnei, fourteen by Shigella Flexner, and two by Shigella Newcastle.

There was one case of Food Poisoning due to Salmonella Typhi-Murium.

All these cases made good recoveries.

Meningism

Fourteen cases were admitted as suspected cases of Meningitis.

Acute Enteritis (Over 2 Years)

Twenty-two cases were admitted as suffering from Dysentery. All made good recoveries.

Tinea Capitis

Four cases were admitted. They all responded to the modern drug Griseolfulvin.

Enteric Fever

Two cases of Para B were admitted—both in the convalescent stage.

Puerperal Sepsis

Two cases of Puerperal Sapraemia—one caused by B Haemolytic Streptococci (Group A) and the other by Staphylococcus Aureus. Both made good recoveries.

Acute Anterior Poliomyelitis

Two cases were admitted as Meningitis and transferred to the Poliomyelitis Centre (Dublin Fever Hospital).

Malaria

One case was admitted who contracted the infection in Nigeria. The parasites identified were Schizonts of Plasmodium Falicparum. His condition quickly cleared up with Paludrine therapy.

Miscellaneous Cases

One hundred and seventy-six cases were admitted as suffering from various infectious diseases. There were three deaths.

(1) Uraemia and Chronic Nephritis in a woman of 60 years (blood urea 355 mgs %) who died four days after admission.

(2) Pernicious Anaemia and Myocarditis in a woman of 75 years.

(3) Cerebral Thrombosis and Hypostatic Congestion of lungs in a woman of 55 years.

Transfer of Cases to Other Hospitals

Mercer's Hospital:

One case of Alveolar Abscess.
Two cases of Pancreatic Neoplasm.
Two cases of Varicose Ulceration.
Two cases of Acute Appendicitis.

St. Laurence's Hospital:

One case of Nenoch's Purpura.
One case of Subarachnoid Haemorrhage.

Dublin Fever Hospital:

Two cases of Acute Anterior Poliomyelitis.

National Maternity Hospital:

One case full term pregnancy.

James Connolly Memorial Hospital:

One case of Pulmonary Tuberculosis.

Royal Victoria Eye and Ear Hospital:

One case of Acute Mastoiditis.

Children's Hospital, Harcourt Street:
One case of Pyloric Stenosis.

St. Kevin's Hospital:
One case of Papular Urticaria.
One case of removal of foreign body.

Our Lady of Lourdes Hospital, Crumlin:
One case of Chronic Enteritis for investigation.

Children's Hospital, Temple Street:
One case of Duodenal Obstruction.
One case of Hirchsprung's disease.

Rotunda Hospital (Paediatric Unit):
One case of Acute Ileus.

Sunshine Home, Stillorgan:
Two cases of post Dietetic Enteritis.

ADMISSIONS

1939	593
1949	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
1959	1,275
1960	1,190

CHERRY ORCHARD HOSPITAL

F. C. O'Herlihy,

Resident Medical Superintendent.

During the twelve months ending 31st December, 1960, 2,854 patients were admitted from Dublin (City and County) and 2,815 were discharged. There were 35 deaths, giving a general case fatality rate of 1.23%.

The year under review was again associated with a high admission rate due, chiefly, to poliomyelitis (confined mainly to Dublin), influenza (mostly in the first quarter of the year) and, also, to the increasing incidence of intestinal infections such as gastro-enteritis and food poisoning.

Anterior Poliomyelitis

There were 102 cases of anterior poliomyelitis admitted during the year, of whom 8 died, giving a case fatality rate of 7.84%. An unusual feature of this outbreak was the high incidence of severe paralytic cases which were mainly associated with Type III infection. Poliovirus was isolated from the faeces of 59 patients—36 being due to Type III strain and 23 to Type I strain.

Of the 102 cases of paralytic poliomyelitis, 24 (23.53%) had respiratory or bulbar, or combined respiratory and bulbar paralysis, and 8 died, giving a case fatality rate of 33.33% for these severe forms of poliomyelitis. None of the patients who died had received previous inoculation against poliomyelitis.

The classification of the cases treated is shown in the following table:—

TABLE 1.

Variety	No. of Cases	Deaths	Case Fatality per cent
Paralytic (one or more limbs affected)	78	0	—
Respiratory (diaphragm and/or intercostals affected)	13	2	15.38
Bulbar (pharyngeal paralysis)	3	0	—
Respiratory and Bulbar paralysis	8	6	75.00
Total	102	8	7.84

The age grouping of the anterior poliomyelitis cases is shown in the following table:—

TABLE 2.

	Years 0-1	Years 1-5	Years 5-10	Years 10-15	Years 15-25	Years 25-45	Years over 45	Totals
Recovered:								
Male	6	21	9	2	4	3	—	45
Female	7	28	7	1	3	3	—	49
Died:								
Male	—	—	—	—	1	2	—	3
Female	2	2	—	—	—	1	—	5
Totals	15	51	16	3	8	9	—	102

DIPHTHERIA

During the year 50 cases of diphtheritic infection were admitted to the wards, of whom 10 were carriers, leaving 40 cases of clinical diphtheria. Of the latter, 3 died, which gives a case fatality rate of 7.5%.

The following table shows the frequency and fatality of the different varieties of diphtheria treated in 1960:—

TABLE 3.

Variety	No. of Cases	No. of Deaths	Case Mortality per cent
Faucial (F)	35	2	5.71
Nasopharyngeal (F & N)	2	0	—
Faucial and Laryngeal (F & L)	1	0	—
Faucial, Nasal and Laryngeal	1	1	100.00
Faucial and Aural	1	0	—
Carriers	10	0	—
Totals	50	3	6.00

Twelve cases admitted with clinical diphtheria suffered from one or more variety of diphtheritic paralysis. The paralysis rate was, therefore, 27.50%. The total number of paralytic complications exhibited by the 12 patients was 19 as shown hereunder:—

Palatal	9
Peripheral	9
Facial	1

In 6 cases cardiovascular failure occurred and in 5 it was of the severe type. The three fatal cases during the year died from this cause. The sixth case, presenting slighter cardiac complications, eventually recovered.

The age grouping of the diphtheria cases is set out in the following table:—

TABLE 4.

	Years 0-5	Years 5-10	Years 10-15	Years 15-20	Years 20-25	Years 25-45	Years over 45	Totals
Recovered:								
Male	6	11	2	—	—	—	—	19
Female	5	11	10	—	2	—	—	28
Died:								
Male	1	—	—	—	—	—	—	1
Female	1	1	—	—	—	—	—	2
Totals	13	23	12	—	2	—	—	50

Intestinal Infections

There were 200 cases admitted, of whom 1 died, a case fatality rate of 0.41%. The patient who died was an elderly woman of 77 years where the immediate cause of death was acute myocarditis associated with an infective type of enteritis.

The infections were classified as follows:—

Bacillary dysentery (Sh. Sonnei)	68
Bacillary dysentery (Sh. Flexneri)	37
Bacillary dysentery (Newcastle)	1
S. Enteritidis (Gaertner)	1
Food Poisoning	2
Salmonellosis	2
Acute enterocolitis (no organism isolated)	89

Gastro-Enteritis

There were 434 cases of gastro-enteritis treated during the year, of whom 4 died, a case fatality rate of 1.02%.

The age grouping of the gastro-enteritis cases is set out in the following table:—

TABLE 5.

	1 month and under	Over 1 month and under 1 year	1-2 years	Over 2 years	Totals
Recovered:					
Male	9	166	53	22	250
Female	5	113	42	20	180
Died:					
Male	—	2	—	—	2
Female	—	2	—	—	2
Totals	14	283	95	42	434

TABLE 6.

SHOWING THE NUMBER OF ADMISSIONS OF THE PRINCIPAL DISEASES AND THE NUMBER OF DEATHS AMONGST THE CASES ADMITTED FROM DUBLIN CITY AND COUNTY DURING THE YEAR.

DISEASE	No. of Admissions	No. of Deaths	Case Fatality per cent
Scarlet Fever	201	0	—
Diphtheria (including 10 carriers)	50	3	6.00
Measles (and complications)	122	1	0.82
Whooping Cough (and complications)	143	1	0.69
Erysipelas	18	0	—
Puerperal Sepsis	3	0	—
Lobar Pneumonia	27	1	3.70
Bronchopneumonia	32	2	6.25
Influenza	142	1	0.73
Influenzal Pneumonia	4	2	50.00
Tuberculous Meningitis	4	0	—
Meningococcal Meningitis	6	0	—
Pneumococcal Meningitis	7	4	5.71
Lymphocytic Meningitis	50	0	—
Staphylococcal Meningitis	2	0	—
Friedlanders Meningitis	2	0	—
Influenzal Meningitis	3	0	—
Pyogenic Meningitis (no organism isolated)	1	0	—
Rubella	56	0	—
Mumps	123	0	—
Chickenpox	174	0	—
Acute Anterior Poliomyelitis	102	8	7.84
Encephalitis and other infections of the C.N.S.	5	1	20.00
Gastro-enteritis	434	4	1.02
Tuberculosis (non-meningitic)	3	0	—
Tonsillitis (36 with quinsy)	279	0	—
Vincent's Angina	4	0	—
Food Poisoning	200	1	0.41
Infectious Mononucleosis	51	0	—
Infective Hepatitis	150	2	1.33
Other Diseases (all non-infectious conditions)	456	4*	0.88
TOTALS	2,854	35	1.23

* *Deaths*: (1) Acute laryngotracheobronchitis in a child of 2 years.

(2) Fulminating staphylococcal septicaemia in a child of 3 years 11 months.

(3) Auricullar fibrillation and pulmonary congestion in a woman of 64 years.

(4) Leukaemia in a woman of 75 years.

TUBERCULOSIS CLINICS

DR. COLM S. GALLEN,
Asst. Chief Medical Officer.

During the last war in 1942 the total of Tuberculosis deaths in Dublin City reached 822 in the year. Last year the total was 99. When we record that during 1960 105 deaths were certified, I think the inference is that with the present criteria of certification and the incidence of chronic cardiac complications in ageing patients who have had tuberculosis, we have reached the figures around which our yearly death numbers fluctuate, now up a few, now down, while continuing a slow yearly overall fall.

DEATHS

	MALE	FEMALE	TOTAL
Pulmonary Disease	76	24	100
Non-Pulmonary Disease	—	—	—
Meningitis	2	3	5
TOTAL	78	27	105

In Pulmonary disease the proportion of male to female is 3 to 1 as against the 1959 ratio of 2 to 1.

In Pulmonary cases the youngest death was a female of 30, while the male deaths were all above 34 years. The distribution in the males was again symmetrical around the 64 age group. In the females no one age group appeared at greater risk than any other. One male and one female death reported as in the 84-89 group is, to say the least, remarkable.

Non-Pulmonary disease claimed no victim in this year.

Meningitis deaths are reported separately and these comprise five, an eight month, six year old and a forty-eight year old among the females and a four year old and a thirty-nine year old male. The older patients here had old tuberculous non-pulmonary disease which, presumably, gave rise to the meningitic spread.

Tuberculosis Deaths, 1960

	0–1	–2	–3	–4	–5	–9	–14	–19	–24	–29	–34	–39	–44	–49	–54	–59	–64	–69	–74	–79	–84	–89	Totals	
Respiratory :																								
Male	—	—	—	—	—	—	—	—	—	—	—	4	5	12	8	8	15	6	13	3	1	1	76	—
Female	—	—	—	—	—	—	—	—	—	1	5	—	3	3	3	2	2	1	2	1	1	—	24	100
N/Respiratory :																								
Male	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Female	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis :																								
Male	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	2	—
Female	1	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	3	5
Totals	1	—	—	1	—	1	—	—	—	1	5	5	8	16	11	10	17	7	15	4	2	1	—	105

New Diagnoses of Tuberculosis

New pulmonary cases in 1960 show the usual trend of more male than female at the present in a proportion of 3 males approximately to 2 females.

The span 35-64 years contains six five-year age groups This year 60% of new male pulmonary cases fall here at almost exactly 10% per five years. 15-34 years covers four five-year groups with a total of 31% of cases. The five-year groups here vary between 11% and 5.5%, the high group being 20-24 years.

In as much as our population is yearly growing older, the figures of 11% new cases arising in the 50-54 age group is caused in greater part by the fact that more adult males of 50-54 are at present alive in the population than were proportionately to other age groups, say, ten years ago.

From the tables it can be seen that in the males 42% of new cases can be regarded as of early disease ; 23% are classified as bilateral non-cavitary disease. At the same time, only in 32% of cases were positive bacteriological findings obtained.

The female picture shows its usual sex related variation from the male. New cases occur mainly under 35 years, just under 60%. The most heavily hit group, at 20%, is 20-24 years. This is twice as high a percentage than any male group.

52% of the cases can be termed early, 21% bilateral disease without cavity are recorded, while the remaining 23% are cavitatory cases.

Bacteriological findings in the females are slightly over 25% positive on diagnosis.

17 cases, just over 7% of the total among the females were primary disease, extending to the 29-year group, while only two cases, 0.6% of the males, were in this category.

Female pleural effusions at 9 cases made up a percentage of over 4%, while in the males 9 cases again only represented 2.4% of the total.

The non-pulmonary cases are distributed in the opposite sense to the pulmonary. Here, as has been usual for the last few years, the proportions mentioned in pulmonary disease are almost exactly reversed, 2 male cases to 3 female. The total of 111 cases shows a return to pre-1959 levels as was surmised in last year's report.

In the males the largest division of cases is as usual the genito urinary at 35% (15 cases). It is the same order as last year. Next largest division is cervical glands which makes up 26% (11 cases). Two cases of meningitis were registered—on each on the 35-54 and 55-59 age groups.

Females non-pulmonary numbers at 68 present a welcome fall over last year's 105. Again, cervical glands 38% (26 cases) forms the biggest single group, while the combined abdominal and genital cases 27% (19 cases) come second. This is the usual female pattern of non-pulmonary disease. Again, as in the males, two cases of meningitis were reported, one in 20-24 and one in 30-34 age group.

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

MALE, 1960	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–	Total	Per-centage
Meningitis	—	—	—	—	1	—	—	—	1	—	—	—	2	4.6
Abdominal	—	1	—	—	—	—	—	—	—	—	—	—	1	2.3
Bones and Joints :														
(a) Spinal	—	2	—	1	—	1	2	—	1	—	—	—	7	16.0
(b) Hip	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Knee	—	—	—	—	1	—	—	—	—	1	—	—	2	4.6
(d) Other joints	—	1	—	1	—	1	—	—	—	—	—	—	3	6.9
Cervical glands	2	3	3	—	1	1	—	1	—	—	—	—	11	26.0
Renal	—	2	4	3	1	2	1	1	1	—	—	—	15	35.0
Lupus or other	—	—	1 Skin	—	—	1 Dis.	—	—	—	—	—	—	2	4.6
Erythema Nodosum	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	2	9	8	5	4	6	3	2	3	1	—	—	43	100.0
FEMALE, 1960														
Meningitis	—	1	—	1	—	—	—	—	—	—	—	—	2	2.9
Abdominal	—	2	2	3	1	—	1	—	—	—	—	—	9	13.2
Genital	—	1	7	1	—	—	—	1	—	—	—	—	10	14.5
Bones and Joints :														
(a) Spinal	1	1	—	—	—	—	1	—	—	—	—	—	3	4.4
(b) Hip	—	—	—	—	1	—	—	—	—	—	—	—	1	1.5
(c) Knee	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Other Joints	—	—	—	1	—	—	1	—	—	1	—	—	3	4.4
Cervical glands	5	4	6	1	3	—	2	—	—	4	1	—	26	38.5
Renal	1	2	1	1	1	2	—	1	1	1	—	—	11	16.2
Lupus or other	—	—	—	—	—	—	1	—	—	—	—	—	1	1.5
Erythema Nodosum	2	—	—	—	—	—	—	—	—	—	—	—	2	2.9
TOTALS	9	11	16	8	6	2	6	2	1	6	1	—	68	100.0

TABLE SHOWING NEW CASES OF PULMONARY TUBERCULOSIS IN AGE GROUPS AND INFECTIVITY ON DIAGNOSIS. FEMALE, 1960.

	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–	Total	Per-centage
Positive Direct	2	5	7	2	5	—	4	6	3	—	1	1	36	16.6
Positive Culture	3	—	—	2	2	7	—	2	—	—	—	—	16	7.4
Positive Laryngeal Swab	1	1	1	—	—	—	1	—	—	—	—	—	4	1.8
Neg. Direct, no sputum, etc.	28	35	19	11	15	12	6	5	4	2	1	1	139	64.1
Negative Culture	—	2	3	2	1	2	1	1	2	—	1	—	15	6.9
Negative Laryngeal Swab	—	—	2	2	—	—	1	—	1	—	1	—	7	3.2
TOTALS	34	43	32	19	23	21	13	14	10	2	4	2	217	100.0

PATHOLOGICAL TYPE CLASSIFICATION.

Primary Disease :														
(a) Bipolar	3	1	3	—	—	—	—	—	—	—	—	—	7	3.2
(b) Unipolar	4	2	2	—	—	—	—	—	—	—	—	—	8	3.7
(c) Unipolar with lung inf.	1	1	—	—	—	—	—	—	—	—	—	—	2	0.9
Pleural Effusion	4	3	—	—	2	—	—	—	—	—	—	—	9	4.1
Unilateral Disease	13	21	11	10	11	9	6	1	2	1	2	—	87	40.1
Bilateral Disease	3	8	7	6	4	5	4	4	3	—	1	2	47	21.7
Unilateral Disease with Unilateral Cavitation	—	6	3	—	1	3	—	3	2	—	—	—	18	8.3
Bilateral Disease with Unilateral Cavitation	5	1	5	1	3	2	3	5	2	1	1	—	29	13.4
Bilateral Disease with Bilateral Cavitation	1	—	—	—	1	2	—	1	1	—	—	—	6	2.8
Miliary Disease	—	—	1	2	1	—	—	—	—	—	—	—	4	1.8
TOTALS	34	43	32	19	23	21	13	14	10	2	4	2	217	100.0

TABLE SHOWING NEW CASES OF PULMONARY TUBERCULOSIS IN AGE GROUPS AND INFECTIVITY ON DIAGNOSIS. MALE, 1960.

	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–	Total	Per-centage
Positive Direct	4	4	2	5	12	9	15	16	11	8	6	6	98	26.4
Positive Culture	1	1	—	1	2	5	4	5	2	4	—	—	25	6.8
Positive Laryngeal Swab	—	—	—	—	—	—	—	1	—	—	1	—	2	0.5
Neg. Direct, no sputum, etc.	20	32	14	17	21	11	13	15	19	22	9	10	203	54.7
Negative Culture	1	4	1	2	4	3	3	5	3	2	—	1	29	7.8
Negative Laryngeal Swab	1	1	4	1	2	3	—	—	—	1	—	1	14	3.8
TOTALS	27	42	21	26	41	31	35	42	35	36	16	18	371	100.0

PATHOLOGICAL TYPE CLASSIFICATION.

Primary Disease :														
(a) Bipolar	—	1	—	—	—	—	—	—	—	—	—	—	1	0.3
(b) Unipolar	—	—	—	—	—	—	—	—	—	—	—	—	—	0.0
(c) Unipolar with lung inf.	—	1	—	—	—	—	—	—	—	—	—	—	1	0.3
Pleural Effusion	2	3	1	—	—	7	—	1	—	1	—	—	9	2.4
Unilateral Disease	14	18	11	12	13	11	10	17	16	16	4	3	145	39.1
Bilateral Disease	2	12	5	7	7	6	10	4	13	6	7	8	87	23.5
Unilateral Disease with Unilateral Cavitation	1	4	1	1	10	7	3	6	1	2	2	4	42	11.2
Bilateral Disease with Unilateral Cavitation	6	1	2	6	5	4	6	7	3	8	1	1	50	13.5
Bilateral Disease with Bilateral Cavitation	1	2	1	—	6	2	6	7	2	4	2	2	35	9.4
Miliary Disease	1	—	—	—	—	—	—	—	—	—	—	—	1	0.3
TOTALS	27	42	21	26	41	31	35	42	35	37	16	18	371	100.0

Relapses

The total of new cases of Tuberculosis above contained a total of 72 persons—40 males and 32 females—who had previously been discharged from the Tuberculosis Register. The age and sex distribution of these cases is tabulated below. Just as in the new cases the females show a preponderance of relapses in the child-bearing age, while the male cases are distributed over the whole age range.

-9	-14	-19	-24	-29	-34	-39	-44	-49	-54	-59	-64	-69	-74	-79	Total
1	—	—	—	—	6	7	5	3	4	4	7	—	2	1	40
—	—	—	1	5	4	5	8	2	4	3	—	—	—	—	32
1	—	—	1	5	10	12	13	5	8	7	7	—	2	1	72

The bacteriological findings were as follows: In twelve cases sputum was directly positive; in eleven a positive culture was obtained and the remainder were distributed between thirty-nine pulmonary cases with subjective or X-ray findings and ten non-respiratory cases.

Again as previously reported in no case of relapses was there any record of adequate isoniazed treatment in these cases. There was, however, one case of a six-year-old male who, discharged in November 1959 after a Primary, displayed a skin lesion of his cheek in June, 1960. This was diagnosed as Lupus Vulgaris.

New Tuberculosis Diagnosis, 1953/'60. Gross Figures

	Pulmonary		Non-Pulmonary		Total	Primary Clinic	Deaths Total
	M	F	M	F			
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
1959 -	373	259	51	105	788	269	99
1960 -	371	217	43	68	699	110	105

Discovery of New Cases

Hospital or Sanatorium	32.6%
Applied	6.6%
Transferred into the Area	6.6%
Private Doctor	28.8%
Contact Investigation	5.4%
Mass Radiography	20.0%

The table above shows the sources from which new cases came under notice in the Clinics during the year. The figures show little variation from last year. The fact that the Contact Investigation percentage is just over double last year's figure, 5.4% as against 2.6% in 1959, only emphasises the point made over the years that most of our contacts are examined through Mass Radiography, under the aegis of a private practitioner or in General Hospital X-ray departments. The figures for these groups remain much the same.

Domiciliary and Ambulant Therapy

S.P.I.	805	T.S.P.I.	4	H.P.I.	1
P.I.	756	T.P.I.	10	D.	1
S.P.	5	T.P.	1	D.P.I.C.	1
S.I.	26	T.I.	1	C.	1
S.	7	C.S.P.I.	2	T.	20
I.	11	T.C.S.P.I.	2	P.	6
P.	6	P.D.I.	2		
T.	20	C.	1		
		Total	1,662		

1,662 individuals received treatment in the Clinics by the use of chemotherapeutic agents during the year. This figure is again greater than that reported last year. This increase is, in part, a reflection of the modern trend in therapy where the patient is kept over one year on continuous medication. As reported last year seven drugs have been utilised. The routine

combination of the three major drugs or the two oral major drugs, Streptomycin, PAS, and INAH or PAS and INAH form the large majority of regimes adopted. The emergence or persistence of resistant strains of bacteria result in the other minor drugs being used in specific cases.

	1954	1955	1956	1957	1958	1959	1960
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	14,090	23,339

Last year attention was drawn to the complete eclipse of ambulant Collapse measures as a treatment of tuberculosis. This year, with the figures of individual injection of Streptomycin and allied compounds now well above 20,000, the position is consolidated and the change-over complete. However, if the incidence of resistant strains of organisms rises to any great extent the weapon of collapse therapy, which in the past rendered such yeoman service, is still in the armoury to be brought out when indicated.

Patients with Drug Resistance on Register, 31st December, 1960

Streptomycin	P.A.S.	I.N.A.H.	99	Patients	40% resistant to 3 Drugs.
Streptomycin			50	,,	
	P.A.S.		8	,,	38% resistant to 1 Drug.
		I.N.A.H.	35	,,	
Streptomycin	P.A.S.		10	,,	
Streptomycin		I.N.A.H.	36	,,	22% resistant to 2 Drugs.
	P.A.S.	I.N.A.H.	5	,,	
195	122	175	243	,,	
80%	50%	72%			

Drug Resistance first Notified during 1960

Streptomycin	P.A.S.	I.N.A.H.	23	Patients	39% resistant to 3 Drugs.
Streptomycin			14	,,	
	P.A.S.		2	,,	39% resistant to 1 Drug.
		I.N.A.H.	7	,,	
Streptomycin	P.A.S.		2	,,	
Streptomycin		I.N.A.H.	9	,,	22% resistant to 2 Drugs.
	P.A.S.	I.N.A.H.	1	,,	
48	28	40	58	,,	
83%	48%	69%			

Resistance to Drugs

A reported S.P.I. Resistance in the year takes in the case that may have been reported firstly on S. Resistance, then subsequently either S.I., S.P. and only lastly S.P.I. Comparison of the relation between the percentage distribution of S.P. and I. Resistance in the total figures and the figures for 1960 shows a factor approximately of unity. From this it would appear reasonable to conclude that once the process of emergence of resistant strains has begun it proceeds with a rapidity measured in months rather than years and this only underlines the responsibility resting on clinicians to ensure that every known precaution against the initiation of the process be taken at all times.

The total number of 58 patients first reported resistant in the year is shown broken down in the table into those drugs against which resistance emerged.

A further point which has come to light is that in the 58 cases first reported resistant in 1960, there were ten patients whose records did not show anti-tuberculosis chemotherapy prior to the emergence of resistance. Six of these were resistant to all three drugs. It is hard to assess these facts but it is self-evident that were this situation to grow, and only careful record-keeping over the years will show this, a very serious public health problem would arise.

Table Showing New Attendances at the Clinics during Each Month of Year, 1960

Month	Charles Street Clinic	Nicholas Street Clinic	Crumlin Clinic	Primary Clinic	Total
January	103	32	11	43	189
February	107	19	8	46	180
March	111	17	12	44	184
April	114	24	16	22	176
May	167	33	8	60	268
June	106	61	7	48	222
July	141	61	14	33	249
August	86	37	8	35	166
September	77	44	4	20	145
October	78	53	6	29	166
November	92	55	7	11	165
December	57	35	8	25	125
Total	1,239	471	109	416	2,235

Table Showing Attendances at the Clinics during Each Month of the Year, 1960

Month	Charles Street Clinic	Nicholas Street Clinic	Crumlin Clinic	Primary Clinic	Total
January	1,405	946	459	626	3,436
February	1,331	940	383	726	3,380
March	1,429	1,107	425	656	3,617
April	1,384	835	422	587	3,228
May	1,632	1,015	439	625	3,711
June	1,377	943	409	624	3,353
July	1,398	999	406	535	3,338
August	1,289	976	400	481	3,146
September	1,141	992	406	577	3,116
October	1,202	980	444	474	3,100
November	1,316	1,078	428	582	3,404
December	928	871	325	606	2,730
Total	15,832	11,682	4,946	7,099	39,559

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

	Male	Female	Total	Total Pul.	%
1956	92	43	135	6,324	2.1
1957	69	36	105	6,100	1.7
1958	59	22	81	5,932	1.3
1959	67	26	93	5,561	1.6
1960	49	21	70	5,050	1.4

The total number of cases of Pulmonary Tuberculosis on the Register whose last sputum examination, reported before 31/12/'60, was positive by any test and who at that date was not in a Sanatorium, has now reached the figure of 70. As shown above, this figure is roughly half of that recorded in the year 1956. These patients comprise the total known pool of infection in the city on the given date and from this it can be seen that over the last five years this infectivity pool has been reduced to a very small figure—less than 1.4% of the total pulmonary register. It is, however, somewhat disturbing to note that of these 70 patients resistant bacteria were excreted in 30 cases. 16 cases showed resistance to Streptomycin, PAS and INAH, six patients to two drugs and eight patients to one drug. Twenty-six patients had resistance to Streptomycin, eighteen to P.A.S. and twenty-four to INAH. The only spark of cheer in these facts is that it becomes more and more likely that a resistant tubercle bacillus most evidently in the case of INAH, but also to the other drugs, causes less severe disease and may even assume the guise of an avirulent organism in certain cases.

TABLE SHOWING NEW CASES OF TUBERCULOSIS IN CHILDREN BY AGE GROUPS AND SITE OF DISEASE

	Girls								Boys							
	Under 1 year	–2	–3	–4	–5	–9	–14	Total	Under 1 year	–2	–3	–4	–5	–9	–14	Total
Bipolar Primary Complex	1	—	—	3	1	4	1	10	3	1	—	2	—	3	—	9
Unipolar Primary Complex:																
(a) Hilar lymph node enlargement	1	—	2	2	2	7	6	20	2	2	1	2	2	18	6	33
(b) Primary Pulmonary lesion	—	—	1	2	—	—	3	6	—	1	—	1	—	3	1	6
Erythema Nodosum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Phlyctenular conjunctivitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pleural Effusion	—	—	—	—	—	—	—	—	—	—	—	—	1	1	4	6
Miliary Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Adult Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Disease Totals	2	—	3	7	3	11	10	36	5	4	1	5	3	25	11	54
Meningitis	1	—	—	—	—	1	1	3	—	—	—	—	1	—	2	3
Cervical Glands	—	—	—	—	—	—	1	1	—	1	—	—	—	1	1	3
Abdominal Disease	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	1
Spine	—	—	—	1	—	—	—	1	—	—	—	—	—	—	3	3
Hip	—	—	—	—	—	1	—	1	—	—	—	—	1	—	1	2
Knee	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Joints	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Renal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Pulmonary Disease Totals	1	—	—	1	—	3	2	7	—	1	—	—	2	1	9	13
Totals	3	—	3	8	3	14	12	43	5	5	1	5	5	26	20	67

Primary Clinic

Each year some point arises on which emphasis is unnecessary because the figures speak for themselves. In 1960 it is the recorded numbers of Primary disease and disease in the under 15 age group. The drop has been so steep compared with 1959 and so unexpected when viewed against the trend over the last ten years that a certain amount of scepticism as to the accuracy of the record would be forgivable. I feel that caution in the interpretation of a drop of nearly 66% new cases in one year is in order.

The first attendances at the Primary Clinic are almost halved since last year, and when it is remembered that the greater proportion of these normally arrive as referrals for investigation or for observation, herein may lie some of the explanation of the drop in recorded new cases.

New Diagnosis

1948	.....	335	1952	.....	510	1956	 319
1949	.....	1,279	1953	.....	534	1957	 278
1950	.....	759	1954	.....	490	1958	 229
1951	.....	802	1955	.....	400	1959	 269
			1960	.....	110		

The drop of 66% in new recorded diagnosis has been mentioned. At the same time, the total of non-pulmonary diagnosis is 20. Over the past six years the non-pulmonary diagnosis read:

1955	–56	–57	–58	–59	–60
29	24	27	29	24	20

From the above it can be seen that, while the 66% drop is recorded in new pulmonary cases, non-pulmonary disease shows no corresponding drop which might be expected. Here the meningitics make up six, only one of which was under five years (a girl of one year).

Tuberculosis Register

On December 31st, 1960, the total number of cases on the Register at the Primary Clinic was 1,202, made up of 1,093 pulmonary cases and 109 non-pulmonary cases. Cases are removed from the Primary Register on clinical criteria of activity so that this total represents the number of active childhood (under 15 years) cases of Tuberculosis in the city. At the same date the total number of adult cases on the Register was 5,782, made up of 4,993 pulmonary cases and 789 non-pulmonary cases. This makes a grand total of 6,993 registered tuberculosis cases.

	Male	Female	Total
Pulmonary T.B. :			
Primary	552	470	—
Pleurisy	26	11	—
Miliary	9	14	—
Adult Type	3	8	—
Total	590	503	1,093
Non-Pulmonary :			
Meningitis	18	20	—
Adenitis	19	13	—
Other Non-Pulmonary	22	26	—
Total	59	59	118
Grand Total			1,211
Adult Pulmonary Disease	2,836	2,157	
Non-Pulmonary	309	480	
Total			1,211
Grand Total			6,993

Number of Dwellings notified for Disinfection	769
Number of X-rays taken in Charles St. Clinic	6,324
Number of X-rays taken in Crumlin Health Centre	1,630
Number of X-rays taken in Lord Edward St. (Children)	1,043
(Adults for Nicholas St. Clinic)	2,202

The Oto-Larnygologist, Mr. C. D. O'Connell, held 51 sessions at Charles Street Clinic and there were 1,193 attendances.

The Orthopaedic Surgeon, Mr. D. P. Murray, held 25 sessions at Charles Street Clinic and there were 150 attendances.

The Surgeon Dentist, Mr. J. B. Casey, held 144 sessions at Charles Street Clinic and there were 1,038 attendances.

Waiting List

At the beginning of the year the total number of beds available in our Sanatoria for tuberculosis was 744. At the end of the year the figure was 622. We lost, therefore, some 120 beds and in spite of this at no time was there any necessity to keep a case waiting. This happy circumstance arises mainly on account of the much more rapid turnover of patients which modern drug therapy allows of, compared with some years ago.

Baldoyle and Howth Clinics

Dr. Holmes continued to attend on alternate weeks at these Clinics and the attendances are shown below. These Clinics afford greater opportunities for patients to keep in contact with the Medical and Nursing Staff.

	Howth	Baldoyle		Howth	Baldoyle
January	3	6	July	5	2
February	3	3	August	2	1
March	6	4	September	4	4
April	7	2	October	11	2
May	4	5	November	7	2
June	11	4	December	2	3

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.

Last year, we expressed a hope that the Table of childhood deaths from tuberculosis could reasonably be excluded from this year's annual report. It is omitted this year. In 1958 there were 2 such deaths, in 1959 2, and in 1960 3 childhood deaths from tuberculosis. These deaths, as in each year since the commencement of the BCG Scheme, occurred in children who had not had the benefit of BCG vaccination.

At a first glance, this appears to mark successful tuberculosis control especially when we realise that the annual number of childhood tuberculosis deaths in 1947 was 138, but it should not lead to premature euphory.

The Scandinavian countries have had more success. In Sweden it is claimed that immunity to the disease is now raised to its maximum level. This is the headline before us as we set ourselves to the task of more success in preventing the disease.

It is gratifying to see that in 1960 there has been a further decrease in the percentage of natural infection in Dublin school children. The percentage of tuberculin positive reactors in the 13 year age-group is regarded as a good indication of the amount of infectious tuberculosis in the community. The tuberculin surveys made in Dublin city schools in 1960 shows that the percentage of positive reactors at 13 years of age is 28%. In comparing this figure with that reported from an English city of approximately the same population, e.g., Liverpool, we observe that a positive result was found in only 19.2% of 13-year-old children.

Table 1 indicates the downward trend in tuberculin positivity in Dublin school children in the 10-14 age-group. It will be noted that the percentage of such natural infection has been halved since 1947, as seen from the comparative figures.

TABLE 1.

Tuberculin Positivity Rate 10-14 years—Dublin City Children.

Age Group	1947	1957	1958	1959	1960
10-14 years	44.5%	39.83%	33.35%	29.54%	21.9%

The following Table gives in detail the figures of tuberculin testing and BCG vaccination in Dublin city schools according to age and sex.

TABLE 2.

Tuberculin Testing and BCG Vaccination in Dublin Schools, 1960 (10-14 years inclusive).

Age		Total Tested	Moro		Tested	Mantoux 10 TU		No. Vacc.	% Neg.	% Pos.
Yrs.	Sex		Pos.	Neg.		Pos.	Neg.			
10	M	368	53	315	315	5	310	302	84.2	15.8
	F	812	113	699	699	9	690	678	85.0	15.0
11	M	465	76	389	389	8	381	373	81.9	18.1
	F	879	154	725	725	11	714	705	81.2	18.8
12	M	432	107	325	325	14	311	309	72.0	28.0
	F	655	132	523	523	20	503	497	76.8	23.2
13	M	248	78	170	170	5	165	163	66.6	33.4
	F	351	76	275	275	8	267	265	76.1	23.9
14	M	136	56	80	80	3	77	77	56.7	43.3
	F	164	52	112	112	6	106	106	64.6	35.4
Totals: M ...		1,649	370	1,279	1,279	35	1,244	1,224	75.4	24.6
Totals: F ...		2,861	527	2,334	2,334	54	2,280	2 251	79.7	20.3
Grand Totals		4,510	897	3,613	3,613	89	3,524	3,475	78.1	21.9

Table 3 is of interest in showing the decline in positivity according to age group in 1960, compared with the year 1959.

TABLE 3.

COMPARISON OF PERCENTAGE OF POSITIVE REACTORS, DUBLIN SCHOOLS (10-14 YEARS), 1959 AND 1960.

	% Positive 1959	% Positive 1960
10 years	18.08	15.2
11 years	21.6	18.5
12 years	28.1	25.1
13 years	40.8	28
14 years	52.3	39
	29.54	21.92

Every effort has been made to interest the young adult group to avail of BCG vaccination and visits were made to the following centres which includes visits to Secondary and Vocational Schools, Novitiates and Residential Schools, Hospital staffs, Government Departments, Medical Schools and Factories.

The following shows the centres visited:—

SECONDARY SCHOOLS

Alexandra College
Ballyfermot, De la Salle
Bertrand and Rutland
Chanel College
Christchurch Girls' School
Crumlin, Loreto
Glasnevin, Holy Faith
Goldenbridge Convent
Gonzaga College
High School, Harcourt Street
James's Street C.B.
Kostka College
King's Hospital
Marian College
Milltown Convent
Mountjoy School
O'Brien Institute
Raheny, Manor House
Raheny, St. Paul's
Sandford Park
Terenure Convent
Wesley College

VOCATIONAL EDUCATION SCHOOLS

Cabra Technical School
Capel Street Technical School
Cathal Brugha Street Technical School
Crumlin Technical School
Denmark Street Technical School
Inchicore Technical School
Killester Technical School
Parnell Square Technical School
Ringsend Technical School
Atlantic College
North Gt. George's Street Commercial College
Ling Institute

RESIDENTIAL SCHOOLS

Cabra, St. Joseph's for Deaf Boys
Miss Carr's Home
St. Patrick's, N.C. Road
Sandymount, Lakelands I.D.
Stanhope Street Domestic Training College

HOSPITAL STAFFS

Dublin Fever Hospital
Hospital for Incurables
Jervis Street
Mater Misericordiae
Mercer's Hospital
Our Lady's Hospital, Crumlin
James Connolly Memorial Hospital
St. Brendan's Hospital
Harcourt Street Children's Hospital

Government Departments

Department of Agriculture
Department of Health
Department of Education
Department of Finance
Department of Lands
Central Statistics
Public Works
Revenue Commissioners
Social Welfare
Stationery Office

Department of Posts and Telegraphs:
Amiens Street
Distillery Road
Exchange Court
Exchequer Street
G.P.O.
Pearse Street
St. Andrew Street
St. John's Road

Young Adult Group

Messrs. Birds
" Liam Devlin
" Walter Edwards
" Ever-Ready

Messrs. Leetham
" Levers
" O'Dea & Co.
" Players
" Rowntrees

Garda Recruits
Gloucester St. Laundry
Royal College of Surgeons
M/s. Williams & Woods
M/s. W.D. & H.O. Wills

Table 4 gives details of tuberculin testing and BCG vaccination of the young adult group:—

TABLE 4.

Tuberculin Testing and BCG Vaccination—Adult Age Group—1960.

Age	Total Tested	Mantoux 1 TU		Tested	Mantoux 10 TU		Vacc.	% Pos.	% Neg.
		Pos.	Neg.		Pos.	Neg.			
15/19:									
M ...	294	144	150	150	15	135	135	54.1	45.9
F ...	463	202	261	261	31	230	229	50.3	49.7
20/24:									
M ...	497	274	223	223	33	190	190	62.0	38.0
F ...	223	136	87	87	24	63	63	71.7	28.3
25/29:									
M ...	117	87	30	30	13	17	17	85.5	14.5
F ...	60	36	24	24	5	19	19	68.4	31.6
30/—:									
M ...	78	68	10	10	7	3	3	96.2	3.8
F ...	49	44	5	5	4	1	1	98.0	2.0
Totals:									
M ...	986	573	413	413	68	345	345	64.9	35.1
F ...	795	418	377	377	64	313	312	60.6	39.4
Grand Totals	1,781	991	790	790	132	658	657	63.1	36.9

The target of BCG vaccination is to raise immunity against possible heavy infection. During 1960 there was a record high number of BCG vaccinations. Table 5 gives the number according to age group.

TABLE 5.

New Born Infants	5,685
Under 1 year	875
1–6 years	1,337
7–9 years	1,088
10 years	1,049
11 years	1,130
12 years	845
13 years	464
14 years	199
15–19 years	370
20–24 years	265
25–29 years	38
30 years upwards	5
TOTAL	13,350

The total number of BCG vaccinations under the city scheme to the end of December, 1960, is 113,573.

As children in the early years of life have very little resistance to tuberculosis, a child under 3 years of age with a positive tuberculin reaction is regarded as requiring active treatment, so special attention is given to prevent infection at this age, by offering BCG vaccination at the city Maternity Hospitals. The number of infants vaccinated shows an increase from 1959. In the large group of persons BCG vaccinated since the commencement of the scheme no death or case of tuberculous meningitis has occurred. A study of the number of deaths in children 0–15 years shows that 297 died from tuberculosis in the period 1948–1960, and these were all unvaccinated children.

In addition to the fall in tuberculin positivity, already referred to, it is pleasing to see that tuberculosis notifications in children 0–15 years has fallen from 269 in 1959 to 110 in 1960. This means a lesser number require hospital treatment so that financially prevention is cheaper than cure. Despite this success, there are dangerous signs confronting us which warn us to be especially careful in the protection of children. The special danger of infection to children is the number of drug-resistant infectious cases in the community. It may not be possible to guard children against drug resistant or any kind of infection, but it is comparatively easy to raise resistance

against the disease, that is, to raise immunity by BCG vaccination to the maximum level.

It is routine to refer all tuberculin positive reactors discovered in the schools for Mass Radiography. During the year the following primary schools were visited:—

PRIMARY SCHOOLS

Ballyfermot, Boys and Girls
Belgrove, Boys and Girls
Blackhall Place, Boys and Girls
Bloomfield Ave., Boys and Girls
Brunswick Street C.B.
Cabra Convent
Cabra, Christ the King, Boys and Girls
Chapelizod, Boys and Girls
Clarendon Street Convent
Clogher Road, Marist Girls
Coolock, Boys and Girls
Crumlin, Loreto
Dorset Street, Boys
Dorset Street, St. Francis Xavier, Boys and Girls
Gardiner Street Convent
Glasnevin, Holy Faith
Goldenbridge Convent
Greenlanes, Boys and Girls
Harold's Cross, Poor Clares
Harold's Cross, Our Lady's Mount
Home Farm Road, Girls
Howth Road, Boys and Girls
Inchicore Model, Girls
Iona Road, Girls
Irishtown, Boys and Girls
Keogh Square C.B.
Kildare Street, Boys and Girls
Killester, Girls
King Street North, Girls
Kings Inns Street, Girls
Marino C.B.
Marino, St. Vincent de Paul
Marlboro' Street Central Model, Boys and Girls
Milltown, Girls
Milltown, Boys
Mountjoy Street, Josephian Girls
Oblates, Inchicore
Pearse Street, Boys
Phibsboro', Boys and Girls
Raheny, Boys and Girls
Raheny, No. 2
Rathfarnham, Loreto
Rathfarnham, Boys
Rathfarnham, Church of Ireland
Rialto, Boys
Rialto, St. James's
Rialto, St. Andrew's
Ringsend, Boys and Girls
Rutland Street, Boys and Girls
Sandford Road, Boys and Girls
Sandymount (Lakelands), Girls
Sandymount, Boys
Scoil Colmcille
Scoil Mhuire
Seville Place C.B.
Seville Place, Girls
Stanhope Street Convent
Strand Street C.B.
Strand Street Convent
Terenure Convent
Terenure, Boys
Townsend Street Convent
Wellington Street, Girls
William Street North, Convent

The tuberculin positive reactors were referred to the Mass Radiography Association. The Mobile Unit visits the school when the numbers are large, otherwise we refer smaller groups or individual children to the special session held at Lord Edward Street.

For 1960, as in previous years, we gratefully acknowledge the assistance given in prevention work by the Maternity Hospitals, the teachers in the city schools and the medical and nursing staff of the allied services. The majority of parents are now fully alert to this care of children and we hope that in the early future we may see a further decrease in morbidity and mortality from a preventable disease.

It is a pleasant duty to thank the medical, nursing and clerical staff of this section for their loyalty and continued enthusiasm.

CENTRAL X-RAY DEPARTMENT

MICHAEL G. MAGAN,
Radiologist.

This X-ray department continues to be responsible for the following categories of radiography: (1) Large film recalls from Mass Radiography sessions held in the city area to which are now added since September, 1960, recalls from Dublin County with the exception of Dun Laoghaire Borough; (2) Radiography of Nicholas Street Clinic and Primary Clinic patients; (3) X-ray of patients referred by general practitioners, a work shared with Charles Street and Crumlin X-ray departments; (4) the radiographic examination of staff candidates for the Dublin Health Authority and Corporation.

Details for the working of the two Mass X-ray Units operated by the National Mass Radiography Association, one of which is used in this building for the weekly public session, are given on the page following. The figure of 84,065 miniature examinations recorded for 1960 from the city area is a substantial one and represents much work, but nevertheless there is a drop of over 16,000 examinations as compared with the previous year, which may be attributed to the organisation potentiality of the association in Dublin being diminished for 1960. Nevertheless, despite this substantial falling off in miniature chest examinations, the amount of significant tuberculosis discovered, i.e., cases at least needing chest clinic supervision and in the main receiving hospital or domiciliary chemotherapy, has not fallen off in proportion—the figure for 1960 in this category has been estimated at 165 as compared with 168 for 1959.* This clearly indicates both the value of Mass Radiography as a detector of tuberculosis and the urgency for avoiding any slackening off in the continued pressure of its application to the population at large. The weekly Lord Edward Street public sessions and the session held at Nelson Pillar approximately twice monthly have continued to yield well. By contrast, public sessions arranged in suburbs have shown a poor return, apparently such categories as housewives and the unemployed, reluctant to turn out in their own locality under their neighbour's eye, will nevertheless present themselves in the more impersonal atmosphere of central town. According to information received from the Association's Medical Director, attempts are being made to bridge this gap to which the City Medical Officer made apt reference in his preface for the 1959 annual report by the establishment of additional central town radiographic

* Eleven of the 179 cases mentioned in last year's report proved to be Sarcoidosis.

"rendezvous." One that has been developed in late 1960 at St. Stephen's Green shows promise and there are hopes for getting another intermittent X-ray base under way during 1961 at College Green.

Persons found suspect by mass miniature radiography anywhere in the area are recalled for large X-ray plate examination here at Lord Edward Street. If the large plate shows no abnormality, the individual is reassured, but if there is need for further investigation, he is invited to be seen by a clinician who attends here one morning each week for the purpose. I would like to take this opportunity of expressing our gratitude to Dr. P. J. Murray for the care he devotes to this very important preliminary investigation.

There has been a slight increase in the number of thoracic neoplasms discovered, the figures for 1960 is 26, the highest yet recorded. Two of these on thoracatomy were found to be benign, nevertheless it is most important that they should have been detected and eradicated because of the possibility of ultimate malignant change. It is a matter of regret, however, that most of the cases of lung cancer found were in an advanced and inoperable state. Cases of transient pneumonitis showed a slight decrease on the previous year, perhaps because of a mild season and numbered 59. In this condition the lung appearances are generally found to have completely cleared about one month after being detected.

Of those recalled for a full size plate 86 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 recalls from Mass Radiography	1,033
No. of recheck X-rays	1,010
Children from Primary Clinic	1,043
No. of staff examinations	147
Dentals	11
No. of Nicholas Street Films	2,202

MASS X-RAY SESSIONS — DUBLIN CITY.

Centre	Total Examined	Likely to be Clinically Significant P.T.	Other Tuberculosis Manifestations	Conditions of the Lungs other than P.T.	Cardio-Vascular Conditions	Shadowing of Doubtful Significance	Total Recalls	REMARKS
Public Sessions ...	38,197	181	42	111	55	156	545	PUBLIC SESSIONS. 20% of those attending reside outside the City, mainly in Co. Dublin.
Industry	26,193	67	10	41	13	84	215	
Colleges, Schools ...	12,689	3	11	11	7	31	63	INDUSTRY. 10% of those attending and recalled reside outside the City, mainly in Co. Dublin.
Technical School ...	3,906	1	2	1	—	2	6	
Institutions ...	985	3	1	1	2	4	11	RECALLS. Out of a total 863 Recalls 696 with Dublin addresses were recalled to the Mass X-ray Centre, Lord Edward Street. Owing to the setting up of the unified Dublin Health Authority all Recalls were dealt with at Lord Edward Street centre from 1st September, 1960, except those with addresses in the Dun Laoghaire Borough.
Mental Hospitals ...	389	3	—	1	—	2	6	
Children's Primary Clinic	769	1	2	5	—	2	10	
Universities ...	859	2	2	1	—	2	7	
Army	78	—	—	—	—	—	—	
	84,065	261	70	172	77	283	863	

ST. MARY'S CHEST HOSPITAL

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

Medical Superintendent.

The year 1960 proved to be one of major developments in St. Mary's. Due to a reduction in demand for beds for tuberculosis patients, many wards had been closed down during the preceding twelve months and the staffs allowed to go. At the beginning of 1960, the situation altered considerably, accommodation was now being sought for an entirely different type of patient. It was then decided to set apart a section of the hospital for the care of selected elderly male patients discharged on trial from mental hospitals under the care of the Health Authority.

One hundred and forty-four beds were occupied by these patients. During the first few months the nursing care was shared between the general trained staff of St. Mary's and a number of mental trained nurses seconded from St. Brendan's with a Senior Sister in charge of the whole unit. This arrangement proved satisfactory but after some months the mental nurses, because of staff shortage in St. Brendan's, had to return to that hospital. They were replaced in St. Mary's by general trained nurses and male attendants.

The medical care of this unit is carried out by a medical officer who has the advice of a psychiatric consultant. This whole scheme has worked out extremely well. The patients' various interests are catered for and they have settled very contentedly into their new environment.

In the autumn another section of the hospital was reorganised for the reception and care of 182 Geriatric Patients. There is an increasing demand for accommodation for this type of patient because the many problems associated with old age—physical, mental and social—tend to increase as the remedies for illness in earlier age groups prove more effective. These patients require a great deal of nursing attention and consequently a bigger concentration of nursing personnel than in any other part of the hospital. The work, too, is more exacting.

The remaining 200 beds are primarily for Pulmonary Tuberculosis but cases of general medical interest are admitted to vacancies in selected wards as the need arises. During the winter months, the demand for these admissions increases. The type of nursing also is more varied and interesting and a change to this section is welcomed by nurses on the other units, thus a fair balance is maintained between the three parts of the hospital. As the need for Tuberculosis beds further

diminishes it would be advisable to develop and equip this section more for acute medical cases than for chronic patients. Apart altogether from the fact that these cases provide greater interest for the medical and nursing staffs, there is the very important consideration that recruitment of staff for the nursing of chronic aged patients is most difficult and sometimes impossible. This was very clearly demonstrated during the year when because of the preponderance of chronic aged patients, wards remained very depleted of staff for several months nor did the position improve until the number of acute medical cases started to mount up. It would be well if it were borne in mind that young doctors and nurses are out to gain variety of experience in their professional work and that they are not interested in coming to any hospital where work is solely monotonous and burdensome. They have plenty of suitable alternatives.

I wish to thank the Matron and the members of all sections of the staff for their fine work under great difficulties throughout the year. I am particularly indebted to those members of the nursing staff who bore the greater burden and carried on the good work when new recruits could not be obtained.

	Male	Female	Total
Total number of patients treated	385	318	703
Total number of admissions	227	216	443
Tuberculous Cases	153	138	291
Non-Tuberculous Cases	74	78	152
Number of patients admitted	175	183	358
Tuberculous Cases	104	109	213
Non-Tuberculous Cases	71	74	145
Total number of discharges	271	239	510
Tuberculous Cases	180	146	326
Non-Tuberculous Cases	46	57	103
Temporary Discharges (to other hospitals, pilgrimages, home, etc.)	45	36	81
Number of patients discharged	221	201	422
Tuberculous Cases	176	144	320
Non-Tuberculous Cases	45	57	102
Deaths :			
Tuberculous	16	4	20
Non-Tuberculous	15	15	30
In hospital 31/12/59	158	102	260
In hospital 31/12/60	83	59	142

TUBERCULOUS CASES

Classification of Patients following Institutional Investigation:

	A1	A2	A3	B1	B2	B3	Non-Pul.	Not Classified
Male (104)	8	25	9	1	37	21	–	3
Female (109)	15	29	5	1	36	15	2	6
Total (213)	23	54	14	2	73	36	2	9

Age Groups on Admission:

	Under 15 yrs.	15/24	25/34	35/44	45/54	55/64	65 & over
Male (104)	2	5	15	17	11	36	18
Female (109)	1	29	19	23	14	11	12
Total (213)	3	34	34	40	25	47	30

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 (176)	7	7	11	13	23	31	20	64
Female (144)	1	10	12	10	20	31	15	45
Total (320)	8	17	23	23	43	62	35	109

REASON FOR DISCHARGE (Tuberculous Patients):

	Medical	Own Accord	Transferred to other Hospitals	Dismissed	Died
Male (176)	127	44	5	—	16
Female (144)	121	22	1	—	4
Total (320)	248	66	6	—	20

CONDITION ON DISCHARGE (Tuberculous Patients):

	Arrested or Quiescent	Improvement	No Improvement	Worse
Male (176)	44	104	27	1
Female (144)	51	82	9	2
Total (320)	95	186	36	3

SPUTUM OF DISCHARGE:

	Pos. to Neg.	Pos. to Pos.	Neg. Pos. Neg.	Neg. to Neg.	Not Classified	Non-Pulmonary
Male (176)	73	28	—	71	3	1
Female (144)	66	6	—	64	6	2
Total (320)	139	34	—	135	9	3

CLASSIFICATION OF NON-TUBERCULOUS CASES ADMITTED: 71 MALE CASES (74 ADMISSIONS), 74 FEMALE CASES (78 ADMISSIONS):

	Male	Female
Bronchial Carcinoma	2	1
Bronchiectasis	4	7
Bronchitis	20	15
Asthma	4	7
Lung Abscess	1	—
Spontaneous Pneumothorax	1	—
Non-Specific Pneumonias	19	14
Sarcoidosis	3	—

	Male	Female
Pleurisy	1	1
Hypertension	1	4
Thrombophlebitis	1	—
Coronary Thrombosis	3	5
Auricular Fibrillation	2	3
Mitral Stenosis	—	1
Congenital Heart Lesions	2	4
Hypertensive Heart Failure	—	1
Cerebral Haemorrhage	—	1
Luetic Aneurysm	1	—
Uraemia	—	3
Rheumatic Fever	—	1
Leukemia	—	1
Conditions of doubtful etiology	6	5

TREATMENT:

Patients who had Chemotherapy	273
Patients who had Postural Retention	14
Artificial Pneumothorax Inductions	1
Artificial Pneumoperitoneum Inductions	3
Refills	146
Diagnostic Bronchoscopic Investigations	39
Minor Operations	7

Major Operations—None were carried out in St. Mary's but patients were selected and subsequently transferred to James Connolly Memorial Hospital for:

Pneumonectomy, 5; Lobectomy, 8; Segmental Resection, 1; Thoracoplasty, 21; Plombage, 1; Decortication and Plasty, 1; Lobectomy and Valvotomy, 1; Mitral Valvotomy, 1; Closure of Atrial Septum, 1; 1 patient had bilateral resections—Lobectomy on one side, Segmental Resection on the other side.

INVESTIGATIONS:

X-ray examinations	1,634
Tomograms	98
Bronchograms	64
Fluoroscopic Examinations	218
Electrocardiograms	56
Liver Biopsies	9
Bone Marrow Biopsies	6
Gland Biopsies	4
Congo Red Tests	2
B.S.R.	2,250
Lumbar Punctures	12

SPUTUM INVESTIGATIONS:

Direct Microscopy	2,110
Cultures—Sputum	2,118
,, Laryngeal Swab	34
,, Pulmonary Lavage	248

OTHER INVESTIGATIONS INCLUDE:

Blood—Proteins, Urea, Sugar, Cholesterol, Calcium, Potassium, Sodium, Bilirubin–Van den Bergh Tests, Paul Bunnell, Full Blood Counts, Eosinophil Count.

Sputum examined for Carcinoma Cells, C.S.F. Examinations, Pleural Fluid Examinations, Special Urine Examinations, Faeces Examinations, Fractional Meal Tests.

COMPLICATIONS IN TUBERCULOUS CASES:

Pleural Effusion requiring aspiration	4
Spontaneous Pneumothorax	3
Haemoptysis (Severe)	4
T.B. Laryngitis	1
T.B. Adenitis	2
T.B. Kidney	1
T.B. Ribs	1
Chest Wall Abscess	1
Diabetes	3
Asthma	4
Carcinoma Œsophagus	1
Bronchial Carcinoma	1
Hodgkin's Disease	1
Bronchiectasis	9
Duodenal Ulcer	3
Infective Hepatitis	4
Cholecystitis	1
Amyloid Disease	1
Parkinson's Disease	1
Epilepsy	1
Disseminated Sclerosis	1
Cor Pulmonale	21
Mitral Stenosis	1
Coronary Thrombosis	1
Psychotic Conditions	6
Severe Hypochromic Microcytic Anaemia	9
Pregnancy	6
Allergy to Chemotherapy	2

PSYCHIATRIC PATIENTS ON TRIAL—144 Beds:

Admissions	186
Discharged Home	5
Returned to St. Brendan's	34
Died	7

GERIATRIC PATIENTS—186 Beds (62 Male and 124 Female):

Male:

Admissions	64
Discharged Home	1
Died	2

Female:

Admissions	125
Died	5

During the year 1960—396 examinations were carried out by the Ear, Nose and Throat Consultant.

In the Dental Department there were 912 examinations by the Dental Surgeon. 549 extractions and 204 fillings were done. 115 Dental Plates were issued to patients.

The Ophthalmologist carried out 78 examinations for eye conditions.

JAMES CONNOLLY MEMORIAL HOSPITAL

ARTHUR J. WALSH,
Medical Superintendent

In my Report for 1959 I noted that there was a big increase in the number of T.B. patients admitted to this hospital as compared with previous years. In 1960 there was a further increase. The number of T.B. patients admitted was 1,094 as compared with 1,005 in 1959. Indeed the demand for beds was such that a Unit, hitherto unoccupied, had to be opened. This was done in February and provided 40 additional beds for male patients. The type of patient availing of these extra beds was essentially the chronic type suffering from an acute respiratory infection superimposed on the chronic tuberculous disease. The provision of these extra beds brought the number of beds in use to the full capacity of the hospital, viz., 524.

But while the immediate cause for the opening of the additional Unit was the presence at the time of so many chronic cases with an acute respiratory infection, the maintained use of these beds was in no small way attributable to the increase in the number of admissions from other local authorities.

In the non-T.B. Unit of 32 beds patients admitted are those for whom surgical treatment is under consideration. There was some falling off in the number of admissions during the year—265 in 1960 as compared with 307 in 1959—but even so the figures were higher than those of 1958 (228 admissions).

At the close of the year there were 435 T.B. patients in hospital and 22 non-T.B. patients, compared with 375 T.B. patients and 23 non-T.B. patients at the close of 1959. The average length of stay was 138 days per patient. The Bed Turnover was 2.47 patients per bed per year. The Turnover Interval was 7.73 days. The percentage Bed Occupancy was 94.7.

Treatment of T.B. cases adhered to the normal routine, viz.: prolonged chemotherapy followed, if indicated, by surgery. However, the indications for surgery receded in favour of chemotherapy and there was a fall in the number of operations for T.B. cases.

Drug resistance was met with in a number of old-standing cases. There is very little that can be done for such chronic cases but the drug resistance presents a Public Health problem particularly when the organisms are resistant to all the standard drugs. Primary drug resistance, i.e., resistance in new cases, did not present itself as a problem among our patients.

Among the children, the treatment of primary tuberculosis gave the good response that might be expected. A notable point was the high number of toddlers admitted as compared with previous years. So many were on treatment at one period that the number of nurses on the Unit had to be re-adjusted to meet the extra demands. However, there was nothing noteworthy about the illness of these children from the clinical standpoint.

Side by side with the treatment of the children there must be schooling facilities. A National School was opened in September, 1958, and one teacher, Mrs. M. Foley, was called upon to teach between 25 and 30 children of widely differing standards of education. The work, in consequence, was very arduous and very difficult but very successful. There was some easing of the burden when a second teacher, Miss Ryan, took up duty in January, 1960, and took the smaller children under her care. A second classroom was made available.

On the medical staff, changes took place as follows:—The vacant post of Surgical Registrar was filled by Dr. Joseph McAuliffe from 22/2/'60 to 14/9/'60 and by Dr. Patrick J. Logan from 28/11/'60. Dr. Michael Kiernan, House Physician, left on 31/3/'60. He was replaced on 27/4/'60 by Dr. Philip McGovern, who remained until 16/11/'60. Other departures among the House Physician Staff were: Dr. Joseph Power (30/6/'60) and Dr. Loretta Murphy (2/11/'60). In-coming House Physicians were: Dr. Jeremiah Crowley (1/7/'60), Dr. Helena M. Fehily (26/9/'60) and Dr. Denis Keating (3/11/'60). There were no changes in the permanent Medical Staff.

I will conclude by expressing my appreciation of the loyal co-operation I have received from all the members of the Hospital Staff during the year and I offer them my most sincere thanks.

No. of patients admitted	1,094	Tuberculous cases
	265	Non-T.B. ,,
No. of patients discharged	976	Tuberculous ,,
	228	Non-T.B. ,,
Deaths	57	Tuberculous ,,
	37	Non-T.B. ,,
In Hospital, 31/12/'59	375	Tuberculous ,,
	22	Non-T.B. ,,
In Hospital, 31/12/'60	435	Tuberculous ,,
	23	Non-T.B. ,,
Bed Capacity	524	(Including 28 Surgical Beds for non-tuberculous chest cases).

No. of beds available	496	Tuberculous cases
	28	Non-T.B. ,,
Available Bed Days	179,630	Tuberculous ,,
	10,220	Non-T.B. ,,
Occupied Bed Days	170,815	
Vacant Bed Days	10,035	
Bed Turnover	2.47 patients per bed per year	
Length of Stay	138 days per patient	
Turnover Interval	7.73 days	
Total Percentage Occupancy	94.7%	

TUBERCULOUS CASES

CLASSIFICATION FOLLOWING INSTITUTIONAL INVESTIGATION:

	A1	A2	A3	B1	B2	B3	
Male	78	220	39	20	243	65	*32
Female	136	63	28	24	96	32	*13

* Admitted as T.B. Cases and found to be Non-T.B.

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.
Male	18	78	94	143	278	189	94	40
Female	4	36	49	62	99	82	40	29

The length of stay of 240 patients admitted during the first six months of 1960 was as follows:—

Remained for less than 1 month	6
,, ,, 1 month	7
,, ,, 2 months	9
,, ,, 3 ,,	22
,, ,, 4 ,,	15
,, ,, 5 ,,	13
,, ,, 6 ,,	56
,, ,, 7 ,,	33
,, ,, 8 ,,	38
,, ,, 9 ,,	20
,, ,, 10 ,,	14
,, ,, 11 ,,	7
,, ,, 12 ,,	0
	240

Age on Admission:

	Under 15 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	Over 65 years
Male	30	75	110	131	170	120	61
Female	24	78	74	86	41	19	14

Reasons for Discharge:

	Recommended	Own Accord	Transferred	Dismissed	Death
Male	461	120	60	4	45
Female	280	36	8	–	12

Results on Discharge:

	Quiescent	Improved	I.S.Q.	Worse
Male	230	330	130	7
Female	61	207	63	5

Complications and Associated Diseases:

Bronchiectasis	3	Jaundice	1
Atrial Septal Defect	1	Asthma	3
Spontaneous Pneumothorax	5	Disseminated Sclerosis	1
Hypertension	3	Cerebral Haemorrhage	2
Arthritis	1	Pneumonia	4
Diabetes	5	Bronchitis	2
Addison's Disease	1	Pleural Effusion	3
Haemorrhoids	3	Anaemia	5
Amyloid Disease	3	Pregnancy	4
Emphysema	4	Pleurisy	1
Carcinoma	5	Toxaemia	1
Congestive Cardiac Failure	6	Nephrosis	1
Sarcoidosis	5	Neuritis	1

Treatment:

Number of cases on Streptomycin, PAS and INAH	924
Number of cases on INAH and PAS	29
Number of cases on INAH and Streptomycin	21
Number of cases on PAS and Streptomycin	14

Investigations in Tuberculous and Non-Tuberculous Cases:

Direct Examinations	4,166
Concentrations and Cultures	1,720
Gastric Lavages	8
Laryngeal Swabs	584
Sputum for Malignant Cells	634

Pyrogens and Sensitivity	205
Blood: Full Blood Count	602
Haemoglobin	480
Grouping	320
Eosinophil Count	5
Blood Chemistry: Blood urea	240
sugar	70
protein	60
cholesterol	15
Van den Bergh	51
Paul Bunnell	13
Widal Reaction	7
Liver Function Tests	9
Histology	193
Fractional Meal Test	20
Serum Sodium and Potassium	101
Serum Chloride	41
Urine Examinations	202

NUMBER OF DENTAL CASES:

Extractions	651
Conservative	1,449
Dentures Supplied	167

NUMBER OF E.N.T. EXAMINATIONS	1,182

X-RAY DEPARTMENT:

Number of patients X-rayed	6,165
Number of Staff X-rayed	507
Number of screening	55
Number of Tomograms	281
Total number of films used	7,451

OPERATIONS—TUBERCULOUS CASES:

1st Stage Thoracoplasty	33	Lobectomies	23
2nd Stage Thoracoplasty	23	Segmentectomies	28
Correctoplasty	4	Pneumonectomy	11
Holst Thoracoplasty	9	Decortication	5
Roberts Thoracoplasty	1	Miscellaneous	11

In addition, there were twenty-eight Bronchoscopies.

NON-TUBERCULOUS CASES

Number of admissions	265	Male	191
		Female	74
Number of discharges	265	Male	196
		Female	69
Deaths	37	Male	35 Included with
		Female	2 discharges.

AGE ON ADMISSION:

	Under 15 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	Over 65 years
Male	10	22	21	25	46	53	19
Female	6	17	10	11	14	8	3

LENGTH OF TIME IN HOSPITAL:

	0-7 days	7-30 days	1-2 mths.	2-3 mths.	3-6 mths.	6-9 mths.	Over 12 mths.
Male	12	63	54	37	16	10	—
Female	9	29	20	4	5	1	—

CLASSIFICATION OF N.T.B. CASES:

Male:

Asthma	2
Bronchitis	23
Congestive Cardiac Failure	3
Bronchogenic Carcinoma	25
Carcinoma of Lung	50
Bronchiectasis	21
Emphysema	12
Mitral Incompetence	2
Lung Abscess	11
Carcinoma Chest Wall	1
Depressed Sternum	3
Mediastinal Tumour	1
Mitral Stenosis	3
Endocarditis	1
Pleural Effusion	3
Pneumonia	3
Carcinoma of Oesophagus	7
Hiatus Hernia	3
Tuberculosis	2
Spontaneous Pneumothorax	3
Pneumonitis	5
Sarcoidosis	4
Slipped Disc	1

Female:

Bronchogenic Carcinoma	9
Mitral Stenosis	3
Asthma	3
Bronchitis	2
Bronchiectasis	13
Hiatus Hernia	2
Carcinoma of Lung	4
Carcinoma of Oesophagus	1
Lung Abscess	1

Pneumonitis	1
Mediastinal Compression	1
Pleural Effusion	2
Hodgkins	1

OPERATIONS—N.T.B. CASES:

Lobectomy	19	Tracheotomy	2
Thoracotomy	30	Repair of Fistula	1
Segmental Resection	9	Hiatus Hernia	4
Pneumonectomy	23	Correctoplasty	1
Oesophagoscopy	21	Oesophagectomy	1
Gastrostomy	3	Repair of Depressed Sternum	1
Mitral Valvotomy	7	Laparotomy	1
Patent Ductus	1	Atrial Septal Defect	1

In addition, there were one hundred and twenty-six Bronchoscopies.

VENEREAL DISEASE SERVICE

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

A staffing re-arrangement of the clinic was made by the Dr. Steevens' Hospital Authorities consequent on the death of Dr. F. S. Bourke. Drs. Mellon, McVey, O'Grady and I now conduct this clinic. I give special attention to contact-tracing and to the reduction of the defaulter rate. It is hoped that the clinic at Sir Patrick Dun's Hospital will come into the system soon and that uniformity of records and treatment will be achieved.

Primary Syphilis has continued to be an unusual finding but in other parts of the world there are reports of an alarming increase.

As in previous years, the number of serological tests in maternity cases continues to be most disappointing in cases conducted outside the Maternity Hospitals' Service. The importance of serological testing in pregnancy cannot be over-stressed if congenital syphilis is to be eliminated.

Notification of cases of Venereal Disease under the Infectious Diseases Regulations is still unsatisfactory, making the estimation of the incidence of these conditions in the city most difficult.

There has been a universal increase in the incidence of Gonorrhoea and an increase in the resistance of the gonococci to the various antibodies. In Dublin, there was an increase in the number of such cases at two of our clinics and an unexplained decrease at the remaining clinic.

The review of serological tests has been continued. The Fluorescent Treponemal Antibody Test shows great promise, if some of the attendant technical difficulties can be overcome. The Reiter Protein Complement Fixation Test has fulfilled its early promise and now appears to be a most satisfactory test.

New City cases attending the Clinics:—

Syphilis	Gonorrhoea	Non-Venereal	City Patients' Attendances
46	169	373	6,932

Number of Patients under treatment at the Clinics:—

Syphilis	Gonorrhoea	Non-Venereal
378	236	532

PORT HEALTH SERVICE

JOHN WALKER,
Port Medical Officer

1. AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR:

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

	Number	Reg. Tonnage
Coasting Vessels	3,521	2,355,649
Foreign-going Vessels	1,266	1,645,031
Liners in Bay	3	40,188
Non-trading Vessels and Trawlers	355	—
Totals	5,145	4,040,868

(b) Port Health Service personnel carried out inspections on 1,246 foreign-going ships. This figure includes 30 inspections on foreign-going ships which engaged in cross-Channel trading (or which had come directly from other Irish ports), 4 inspections on foreign fishing vessels, 2 inspections on Foreign Fisheries Protection vessels and one inspection on a Foreign Merchant Training vessel.

(c) *Number of Naval Visitors entering the Port*:

Number	Nationality
2	French
1	Belgian
2	Federal Republic of Germany
1	Dutch
1	British
1	U.S.A. (Empire State IV)
Total: 8	

(d) *Number of Passenger Liners*:

Number	Nationality
1	Norwegian
1	British
1	Swedish
Total: 3	

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

Algeria	Great Britain	Pakistan
Argentina	Greece	Philippines
Australia	Hong Kong	Poland
Bahrein	Iceland	Portugal
Belgium	India	Romania
British West Indies	Israel	Spain
Canada	Italy	Sweden
Canary Islands	Japan	Tanganyika
China	Kenya	Thailand
Congo (Leopoldville)	Lebanon	Turkey
Cyprus	Morocco	United Arab Republic
Denmark	Mozambique	U.S.A.
Finland	Netherlands	Union South Africa
France	Nigeria	U.S.S.R.
Germany (Fed. Rep.)	Norway	Venezuela
Germany (Dem. Rep.)	Pacific Islands (U.S.A. Trusteeship)	
Ghana		

2. INFECTED PORTS :

Ships coming to Dublin from or calling at infected ports during 1960 numbered 31. These ships had made a total of 49 visits to infected ports. Details are as follows :

PORT	STATE	QUARANTINABLE DISEASE
Aden	Aden Colony	Smallpox
Alleppey	India	Smallpox
Bombay	India	Smallpox
Calcutta	India	Smallpox and Cholera
Chalna	Pakistan	Smallpox and Cholera
Dar-es-Salaam	Tanganyika	Smallpox
Madras	India	Smallpox
Pondicherry	India	Smallpox
Recife	Brazil	Smallpox
Tanga	Tanganyika	Smallpox
Visagapatam	India	Smallpox

NOTE.—"Infected Ports" are ports which have been notified by the World Health Organisation in its Daily Radio Bulletin and Weekly Epidemiological Record as places infected by one or more cases of a quarantinable disease.

No cases of quarantinable disease were discovered at Dublin.

3. RODENT CONTROL:

(a) *Certificates Issued*:

Deratting Certificates	Nil
Deratting Exemption Certificates	37
Total:	37

(b) In two cases part examination of 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.

(c) *Rodents Destroyed*:

The returns submitted by the Engineer, Dublin Port and Docks Board, showed that 211 rats had been killed by poisoning, and that 5 rats had been trapped in the Port area. Specimens of trapped rats were sent to the City Bacteriologist from time to time for examination. In no case was evidence of plague infection found.

(d) *Notices*:

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

7 verbal notices to lay traps or poison for rats.
1 verbal notice to lay poison for mice.

(e) *Miscellaneous*:

(i) Evidence of recent rodent infestation was found on board three ships which arrived at Dublin at different times and which were bound for Glasgow. Owing to the amount of cargo remaining on board and for other reasons, it was not possible to carry out at Dublin the examination prior to the issuing of a new Deratting Exemption Certificate. The ships were allowed to proceed to Glasgow in order to facilitate subsequent procedures. The Port Medical Officer of Glasgow was informed by letter of the facts.

(ii) Information concerning ships which sailed for Cork and Limerick with invalid (that is to say, out of date) Deratting Exemption Certificates, was sent to the Chief Medical Officers of Cork and Limerick Health Authorities.

(iii) A Spanish registered ship due for examination prior to the issuing of a Deratting Exemption Certificate was permitted to sail for a Spanish port so as to facilitate the examination (and deratting procedures if required).

4. IMPORTATION OF USED CLOTHING, RAGS, ETC:

(a) 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 740 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.

(b) (i) A British firm of shoddy manufacturers wrote and asked if the process of carbonisation as carried out at their factory would be accepted as an efficient method of disinfecting rags. A full description of the process was supplied. Following consultations with the City Bacteriologist, it was suggested to the firm making the enquiry, that they should arrange to have certain bacteriological tests carried out by their local Health Department. In this connection the Medical Officer of Health of the area was written to and the requirements of the Irish regulations were explained. Some time afterwards a series of bacteriological reports was forwarded to this office, and a study of these indicated that the carbonisation process provided a satisfactory degree of disinfection. A notification was then sent to the firm of shoddy manufacturers indicating that secondhand clothes or rags which had undergone carbonisation and which were accompanied by a certificate signed by the Medical Officer of Health for the area in which the factory is located, would be admitted to this country through the Port of Dublin, and that they would not require further disinfection. *Note*: The process of carbonisation involves subjecting rags to a high concentration of Hydrochloric Acid Gas for four hours at a temperature of from 80 to 90 degrees Centigrade.

(ii) Because of the increase in the quantities of rags imported from abroad, difficulties were experienced in fulfilling the requirements of the above Regulations. The Disinfecting Depot staff found it hard to keep up with the heavy demands. Delays were quite unavoidable and this was particularly true in the case of pressure-packed bales

of rags, all of which had of necessity to be opened to ensure adequate disinfection. Another cause of delay was the fact that because of lack of suitable apparatus the bales could not be repacked in the same fashion. The delays caused importers to complain. The matter was taken up with the Chief Medical Officer who reported on the problem to the Secretary, Dublin Health Authority. Later, space was set aside for disinfecting purposes at the premises of the Dublin Corporation Cleansing Department at Wood Quay. Here there is sufficient floor area to enable secondhand clothing and rags, which would be damaged by steam disinfection, to be disinfected by formalin.

5. INFECTIOUS DISEASES (AMENDMENT) REGULATIONS, 1952: (*Importation of Psittacine Birds*):

(a) Forty-nine (49) budgerigars were imported in contravention of the above Regulations. These birds were seized by the Customs authorities and were later handed over to a representative of the Health Authority. They were then painlessly destroyed and the necessary destruction certificates were sent to the Customs Officers concerned. The figure 49 shows a reduction of no less than 50 as compared with the 1959 figure for birds illegally imported.

The following birds were imported under the terms of the licence issued by the Minister for Health to the Royal Zoological Society:

24	parrots
8	budgerigars
5	parakeets
1	touraco
1	lorikeet
39	

The birds underwent a period of quarantine (duration six months) at the Dublin Zoo.

(b) The Health Inspector-in-Charge of the Disinfecting Depot reported that arising out of the seizure and destruction of birds in accordance with the terms of the above Regulations a number of cages and containers had not been claimed by the original importers of the birds. These cages had been cleaned and disinfected and made ready for collection by the owners. A circular letter was sent to those persons who had not claimed their cages. As a result, seventeen claims were received.

6. INSPECTION OF IMPORTED FOODSTUFFS:

(*Food Hygiene Regulations*, 1950: *Chapter II*):

Detention and Disposal of Unfit Foodstuffs:

The examination of cargoes of imported foodstuffs was continued on an increased scale during the year. A large proportion of the foods intended for sale for human consumption was imported in cans and, as in previous years, it was found that consignments of canned goods required very close supervision. Foodstuffs in bulk also called for careful inspection. The following are just some examples of the sort of mishaps which may occur to human foodstuffs imported through the Port of Dublin.

(a) A large consignment (6,250 cartons) of raisins was inspected. About 1½ cwts. of raisins were found to be unfit for sale for human consumption because of the growth of moulds. Permission was granted for the unsound raisins to be used as chicken feed only.

(b) A shipload of apples was detained while samples were taken and sent to the City Analyst for examination for the presence of arsenic. Sixteen of the twenty samples submitted showed the presence of traces of arsenic—but fortunately not in quantities considered to be dangerous.

(c) A cargo of 4,984 cartons of sliced peaches in water was detained. The technical standard of the canning was poor and many of the cans had not withstood some severe damage during the voyage. As a result, the contents of 822 x 5 kilogramme cans were found to be unfit for human consumption. At this stage the consignees notified that they were refusing to accept responsibility for the goods. It was then necessary to apply to a District Justice for a Destruction Order in respect of the unsound peaches. Subsequently and as a result of prolonged storage, the contents of a further 57 cans were found to have deteriorated. A total of 879 cans were destroyed by deep burying at a Dublin Corporation tiphead. Permission was given for the re-exportation of the remaining 4,105 cans.

(d) A cargo of sultanas (4,136 boxes) was detained. Part of the cargo had become contaminated in transit by a greyish powder loaded carelessly at a foreign port into the same hold. A sample of the powder was collected and sent to the City Analyst who reported that the powder contained no less than 46.5% of lead. The complete consignment was kept under detention and the importers were asked to submit their proposals for the disposal of the goods. Later, at the request of the owners, a fruit washing process in a large bakery

was studied and samples of the contaminated sultanas were run through the plant. Then chemical tests on the treated fruit were carried out by a firm of consultant analysts and the results were found to be satisfactory. The owners of the sultanas were then given permission to dispose of the goods to the bakery on the basis of a written guarantee that the fruit would undergo the full washing process that had been earlier found to be successful. The washing process was supervised at intervals by a Port Health Inspector, the sultanas being subsequently released as fit for human consumption.

(e) Part of a cargo of tea was examined. An accident during unloading had resulted in some tea chests falling in the river. Garbling of the goods was carried out and 30 lbs. of tea were found to be unfit. These were then destroyed by burying.

(f) A consignment of meat extract from Brazil was detained under Article 14 of the Food Hygiene Regulations, 1950. Then as there appeared to be some doubt as to whether the goods came within the scope of the Regulations, the matter was referred to the Department of Agriculture. This Department advised that all its requirements had been met in regard to certificates of veterinary inspection, etc., and that consequently the goods could be released to the consignee. This was done.

(g) Sixty-five boxes of imported fish (plaice) were examined. The contents were found to be unfit for sale because of advanced decomposition. The importers were given permission to dispose of the unsound goods to a firm engaged in the manufacture of fish meal.

(h) Twenty-two x 1 cwt. bags of dried peas were contaminated in transit with the poisonous chemical dinitro-orthocresol. The goods were surrendered by the importers and were destroyed by deep burying.

(i) A consignment of smoked frog legs from Japan was detained under the terms of Article 14 of the Regulations. The original veterinary certificate supplied by the packers was eventually received and was then sent to the Department of Agriculture where it was ruled that the goods could be considered as outside the scope of the Regulations.

Sampling of Imported Foodstuffs:

Samples of the following foodstuffs were taken and submitted to the City Analyst for examination:

Apples, Apple Juice, Baking Additives, Cider Vinegar,

Grapefruit Concentrate, Lemonade Crystals, Lemons, Molasses, Mandarin Oranges, Orange Juice, Orange Essence, Peaches, Pineapple, Rice Flour, Salmon, Sultanas, Tomato Juice.

The tests carried out by the City Analyst were varied. Thus the oranges and lemons were examined for the presence of thiourea. The sultanas and the molasses were examined for the presence of heavy metals (lead, copper, arsenic) in abnormal amounts. The rice flour was examined for the presence of insect fragments. Other foodstuffs were examined under the terms of the Public Health (Saorstat Eireann) (Preservatives, etc., in Food) Regulations, 1928.

Most of the materials examined gave satisfactory results and were found to be sound, wholesome and free from extraneous matter. The unsatisfactory results related to the sultanas and the peas which as already recorded above were found to be contaminated with lead and dinitro-orthocresol respectively.

Some samples of foodstuffs were sent in addition for bacteriological examination by the City Bacteriologist. These included :

Desiccated Coconut, Goose Liver Paste, Pineapple and Tomato Juice.

All were satisfactory. In view of the disturbing reports reaching us in connection with Desiccated Coconut, particular attention was paid to this foodstuff. All cargoes of Desiccated Coconut which were imported through the Port of Dublin during the months May to December were sampled. The City Bacteriologist reported that all the samples were free from infection by organisms of the Salmonella and dysentery groups.

MISCELLANEOUS :

Some of the miscellaneous items dealt with by the Port Health Service during the year were :

(i) *Icing of Fish at North Wall* :

A meeting was held with representatives of the Fisheries Branch, Department of Lands, at which were discussed the problems arising out of the unhygienic practice of icing fish on the open quayside at North Wall. The Fisheries representatives promised to take up the matter with the fish exporters concerned and with the shipping companies.

(ii) *Office Accommodation* :

Port Health Inspectors have inspected the offices of some of the industrial organisations located in the

Port and have made recommendations for improvement where necessary. The aim here is that all offices should meet the requirements of the Offices Premises Act, 1958.

(iii) *Insect Infestation*:

A foreign ship was inspected after arrival and was found to be grossly infested with cockroaches. The ship's master was instructed to have the matter attended to at once. The accommodation, provision stores, pantries, saloons, mess rooms and cabins were then treated with a suitable insecticide, the work being done by a commercial firm engaged by the ship's Dublin agents.

(iv) *Registration of Food Premises*:

The canteen provided at the new "Read Room" for dockers at East Wall Road was found to be unsuitable—as originally constructed—for registration as a food premises. Representations were then made to the Dublin Port and Docks Board. The Board's engineering department then carried out recommended alterations and improvements with the result that the canteen was accepted for registration.

DUBLIN AIRPORT

1. INFECTIOUS DISEASES (AIRCRAFT) REGULATIONS 1948:

Within the limits of the maximum measures permitted by the International Sanitary Regulations, certain health control procedures applicable to aircraft arriving in this country are provided for in the above Irish Regulations. In this connection aircraft arriving at Dublin may be divided into three categories:

(a) Aircraft which arrive directly from other airports in the State. Under normal circumstances health control measures are not applied to such aircraft.

(b) Aircraft which arrive from airports situated in what is known, under the terms of an international agreement, as the "excepted area"—that is, Belgium, France in Europe, the Federal Republic of Germany, the Republic of Ireland, Italy, Luxembourg, the Netherlands and the United Kingdom (including the Channel Islands and the Isle of Man). Health control measures are not applied to any aircraft arriving in Dublin Airport which begins its flight at any place

within the "excepted area" and does not call during its voyage at any place outside that area.

(c) Aircraft which come from airports not included in categories (a) and (b). To these aircraft are applied health control measures which ordinarily include the following requirement. The commander of the arriving aircraft must complete and sign a document known as the health part of the Aircraft General Declaration. This Health Declaration contains information as to health conditions on the aircraft during the flight. The document is presented to a "designated officer"—that is, an officer of Customs and Excise who checks the entries with the Airport Nurse on duty (the Airport Nurses are part-time health officers). If all is well, health clearance is given to the aircraft. If the designated officer is not satisfied with the answers given to him he is required to detain the aircraft, passengers and crew and to notify the Port Medical Officer at once.

During the year 1960 no detentions of aircraft were called for at Dublin Airport. The numbers of aircraft which had health control measures applied to them and the airports from which their flight began are listed in the following return :

Athens, Greece	1
Barcelona, Spain	43
Bermuda	1
Boston, U.S.A.	3
Copenhagen, Denmark	91
Chicago, U.S.A.	1
Gander, Newfoundland	4
Khartoum, Sudan	1
Lisbon, Portugal	20
Montreal, Canada	1
New York, U.S.A.	261
Oslo, Norway	2
Palma, Majorca, Spain	2
Philadelphia, U.S.A.	1
Tel Aviv, Israel	1
Tokyo, Japan	1
Zurich, Switzerland	89
Total	523

2. Hygiene and Sanitation :

The phenomenal rate of development of Dublin Airport during the past few years has brought accompanying problems. As is to be expected, many of the activities at the airport are of a very highly specialised nature, and some of them are of

particular importance from the public health point of view. For instance, the emphasis on catering is very great. So many branches of this trade are represented at the Airport (restaurants, lounges, canteens—and the extremely specialised in-flight catering) that constant supervision is necessary. This is just one example of activities with public health links which are looked after by the Supervisory Health Inspector who visits the Airport regularly.

Local public health practice now ties in precisely with our international obligations in this field. For the purposes of the International Sanitary Regulations, Dublin Airport has been designated a "Sanitary airport." This implies not only that certain important medical requirements be met, but that a very high standard of hygiene and sanitation be reached and maintained. The aim here is that the health of passengers and crews on international flights should be protected at all times by measures of better than usual quality.

So as to co-ordinate the activities of the various persons concerned with the practical application of public health requirements, an Airport Hygiene Committee was established during the past year. The Airport Manager acts as Chairman and others normally present at the meetings include the Medical Officer to Aer Lingus–Irish International Airlines, the Services Manager, the Airport Engineer, representatives from the Catering, Production and Traffic Departments and on the public health side, the Supervising Health Inspector and the Port Medical Officer. So far this Committee has proved to be a success. Some of the matters dealt with are : water supplies, refuse disposal, plans for new buildings, rodent and insect control, sewage disposal, catering services, toilet facilities, etc., etc.

3. Vaccinations against Smallpox :

Section 34 of the Health Act of 1953 reads, in part, as follows :

> "Regulations under this section may in particular require the vaccination against smallpox of persons engaged in work at or about airports or seaports."

A high vaccination state is kept up in respect of personnel employed by Aer Lingus–Irish International Airlines. During the year the airline medical officer carried out the following vaccinations :

Primary Vaccinations	177
Re-Vaccinations	456
Total	633

4. Infectious Diseases (Amendment) Regulations 1952: (*Importation of Psittacine birds*):

There were no confiscations by the Customs authorities of irregularly imported birds.

From time to time parrots and parrot-like birds are imported at Dublin Airport under the terms of the general import licence issued by the Minister for Health to the Royal Zoological Society of Ireland. In such cases the birds are collected at the airport by a representative of the Society and conveyed to the Society's premises at Phoenix Park, Dublin. Here they undergo a six-monthly period of quarantine at the end of which they are released. The importer is responsible for all costs of care and maintenance during the term of quarantine.

5. Infectious Diseases Regulations 1948: (*Article* 20: *Importation of Used Clothing, Rags, etc.*):

During the year three bales of secondhand clothing were imported at Dublin Airport without being accompanied by satisfactory evidence of disinfection as required by the above Regulations. The goods were detained by the Customs Authorities and were then brought to the Dublin Health Authority's Disinfecting Depot at Francis Street where they were disinfected by steam. Following disinfection the articles were returned to the control of the Customs Authorities at the Airport.

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:
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.
J. CORR, M.R.C.V.S.
(One position vacant since 30th September, 1958).

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

CLERICAL STAFF:
6 members.

THE DUTIES OF THE VETERINARY DEPARTMENT ARE CLASSIFIED AS FOLLOWS:

1. Milk Inspection.
2. Meat and other Food Inspection and Duties under Food Hygiene Regulations, 1950.
3. Duties under Diseases of Animals Acts.
4. Veterinary Laboratory.

MILK INSPECTION

On 31st December, 1960, 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 and Premises Registered:

Milk shops	1,708
Milk stores	78
Milk vending machines	3
Pasteurising plants	5
Milk producers inside sanitary district	93
Milk producers outside sanitary district	75

During the year new entries in the Register of Dairymen affecting 299 premises—293 milk shops, 2 dairy yards and 4 milk stores—were made.

Refusal of registration orders were served in respect of applications for 16 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	1,614
No. of licences issued for sale of pasteurised milk	1,606
No. of licences issued for sale of highest grade milk	8
No. of premises covered by licence	1,686

Refusal orders were served on 14 applicants for Dealer's Licences.

Regular inspections of milk shops and milk stores were made by inspecting officers to ensure that the provisions of the Act were being complied with ; in the course of the year 3,424 inspections were made.

Milk Sampling

During the year 92 samples of milk sold under Special Designations and 9 samples sold under General Designations were taken on the Corporation's own behalf at various places of distribution and submitted for bacteriological examination to the City Bacteriologist. The following is a summary of the results :

Total Living Organisms Per C.C.	General Designation	Special Designation
Not exceeding 1,000	–	14
Over 1,000 but not over 50,000	3	62
„ 50,000 „ „ „ 100,000	4	5
„ 100,000 „ „ „ 200,000	1	1
„ 200,000 „ „ „ 300,000	–	1
„ 300,000 „ „ „ 400,000	–	1
„ 400,000 „ „ „ 500,000	–	–
Exceeding 500,000	1	4
Result inconclusive	–	4
Total	9	92

In addition to the foregoing sampling, this Department, at the request of the Department of Agriculture, undertook, in January, 1960, to take monthly samples from each producer of Highest Grade Milk at the premises of the large milk concerns,

and to forward them to the State Chemist. This work had previously been carried out by officials of the Department of Agriculture. In all, 1,097 samples of milk of special designation 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.

Sedimentation (or Dirt) Test

This test was carried out in 108 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. The following is a summary of the results :

Year	No. of Samples	Very Clean	Clean	Fairly Clean	Dirty	Very Dirty
1960	108	68	32	8	—	—

Examination of Milch Cows in City Dairy Yards

Special visits were made to City Dairy Yards by the Veterinary Staff to clinically examine the cows housed therein. Samples of milk were taken from cows with abnormal udders and examined microscopically in the Veterinary Laboratory.

In the cases of abnormal udders, the milk from which was negative on microscopic examination, further samples were submitted to biological tests.

These precautions were adopted to ensure that no cow with a tuberculous udder would escape detection.

Notices interdicting the sale of milk from cows affected with other forms of mastitis were served on the owners.

The following is a summary of the work :

No. of cows housed in City Dairy Yards	2,047
No. of special visits to Dairy Yards	187
No. of examinations of milch cows	4,101
No. of cows in City Dairy Yards found with tuberculosis of the udder	3
No. of cows from which separate samples of milk were taken for bacteriological examination	48

Prosecutions

During the year 10 persons were prosecuted for selling milk from unregistered dairy premises. Fines totalling £12 were imposed ; costs amounted to £19 19s. 0d.

Meat Inspection

Number of animals slaughtered at the Corporation Abattoir :

Bulls	247
Bullocks	10,106
Cows	2,509
Heifers	20,152
Calves	569
Total Cattle	33,583
Sheep	227,896
Swine	21,341
Total Animals	282,820

Number of Victuallers other than Pork Butchers using the Abattoir	141
Number of Pork Butchers using the Abattoir	47

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

Incidence of Tuberculosis in Cattle Killed at Abattoir During Twelve Months Ending 31st December, 1960

Class of Animal	Total No. Killed	Total No. Affected	Percentage Affected
Bulls	247	22	8.9%
Bullocks	10,106	962	9.52%
Cows	2,509	308	12.27%
Heifers	20,152	1,162	5.76%
Calves	569	3	.53%
Total	33,583	2,457	7.316%

Cysticercus Bovis

Total number of cattle killed	33,583
Total number of cattle affected	149
Percentage affected	.44

The total amount of unsound meat condemned at the Abattoir during the year 1960 was :

Tons	Cwts.	Qrs.	Lbs.
364	18	—	5

Trichinosis

Owing to the pressure of other work on the Veterinary Staff it was not possible to carry out any microscopic examination for the presence of trichinosis in swine.

Carcases Wholly or Partially Condemned by the Corporation Veterinary Staff at the Abattoir During the Twelve Months Ended 31st December, 1960

	Cattle		Sheep		Swine	
	Whole	Partial Weight in lbs.	Whole	Partial Weight in lbs.	Whole	Partial Weight in lbs.
Tuberculosis	53	3,253	—	—	12	102
Traumatism	3	8,710	4	435	1	191
Oedamatous and Wasted	100	—	278	—	2	—
Gangrene	—	—	—	—	—	—
Redwater	4	—	—	—	—	—
Moribund & Ill Bled.	31	—	18	—	2	—
Decomposition	8	190	101	—	7	—
Septic conditions	56	40	12	—	15	48
Malignant Neoplasms	18	—	6	—	7	—
Other conditions	83	2,008	70	130	32	586
Totals	356	14,201	489	565	78	927

Abattoir Post-Mortem Examination of Tuberculous Carcases

(By Corporation Veterinary Staff)

Organs, etc., Affected	Cows	Heifers	Bullocks	Bulls	Calves	Total
Pleura	22	31	5	–	1	59
Peritoneum	16	24	10	–	1	51
Lung Substance	31	61	12	1	–	105
Liver Substance	15	43	20	–	1	79
Spleen Substance	5	30	8	1	1	45
Kidney	7	15	5	–	–	27
Uterus	5	3	—	–	–	8
Udder	1	—	—	–	–	1
Prescapular Gland	1	29	6	–	2	38
Precrural Gland	2	10	2	–	–	14
Popliteal Gland	3	17	4	–	–	24
Ischiatic Gland	—	14	1	–	–	15
Suprasternal Gland	3	16	4	–	–	23
Iliac Gland	2	7	1	–	–	10
Sublumbar Gland	—	1	2	–	–	3
Prepectoral Gland	—	5	1	–	–	6
Pharyngeal Gland	67	263	23	1	2	356
Bronchial Gland	112	406	50	1	2	571
Mediastinal Gland	76	205	34	–	1	316
Mesenteric Gland	70	144	24	1	2	241
Portal Gland	60	169	30	1	2	262
Renal Gland	6	24	3	2	–	35
Supramammary Gland	3	8	—	–	–	11
Superficial Inguinal Gland	—	—	1	–	–	1
Carcases Condemned						
Whole	18	23	10	1	1	53
Partial	11	30	5	–	–	46
Organs and Strippings	2	11	2	–	–	15
Organs only	129	528	42	–	3	702
Total Number of Animals Affected						816

RETURN OF ORGANS, ETC., CONDEMNED BY THE CORPORATION VETERINARY STAFF AT THE ABATTOIR FOR TWELVE MONTHS ENDING 31st DECEMBER, 1960

	Cattle	Sheep	Swine
LUNGS :			
Tuberculosis	631	—	144
Abscesses	11	2	9
Pneumonia	36	8	124
Pleurisy	22	19	411
Parasitism	1	—	4
Other conditions	37	2	16
HEARTS :			
Tuberculosis	608	—	144
Other conditions	63	12	404
STOMACHS :			
Tuberculosis	260	—	80
Other conditions	35	2	51
INTESTINES :			
Tuberculosis	260	—	80
Other conditions	35	—	51
SPLEENS :			
Tuberculosis	41	—	9
Other conditions	7	—	8

	Cattle	Sheep	Swine
LIVERS :			
Tuberculosis	406	—	147
Abscesses	122	2	12
Necrosis	10	—	—
Cirrhosis	35	—	172
Distomatosis	788	490	—
Cav. Angioma	66	—	—
Other conditions	76	9	288
KIDNEYS :			
Tuberculosis	43	—	9
Other conditions	42	—	34
UTERI :			
Tuberculosis	8	—	—
Other conditions	4	—	—
HEADS :			
Tuberculosis	369	—	439
Actino	25	—	—
Abscesses	8	—	3
Other conditions	80	—	5
TONGUES :			
Tuberculosis	369	—	439
Actino	25	—	—
Other conditions	89	—	8

RETURN FOR TWELVE MONTHS ENDING 31st DECEMBER, 1960, 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	148	6	10	99	42	44	45	74	5	1,485	5 (4 Septic, 1 Ill Bled & Gangrene)
Bulls	21	1	5	16	7	8	7	14	1	196	—
Bullocks	903	40	68	587	234	247	252	435	44	7,265	3 (2 Septic, 1 Moribund)
Heifers	570	16	70	413	173	183	183	256	40	5,727	—
TOTALS	1,642	63	153	1,115	456	482	487	779	90	14,673	8

Private Slaughterhouses

Number of private slaughterhouses	46
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	6,722
Number of cattle examined by Veterinary Staff in private slaughterhouses	34,301

The total number of pigs slaughtered in the three bacon factories for the year was 77,339.

Estimate of Animals Slaughtered in Private Slaughterhouses

Cattle	35,269
Sheep and Lambs	161,642
Pigs	1,196

Number of Animals Totally Condemned in Private Slaughterhouses

Cattle	46
Sheep	13
Pigs	—

The amount of unsound meat condemned as a result of visits to private slaughterhouses was 72 tons 2 cwts. 2 qrs. 10½ lbs.

Slaughter of Animals Act, 1935

Slaughter licences were issued under the Act to 128 applicants, and the fees received amounted to £32.

Scheme of Indemnification of Butchers against Loss as a Result of Condemnation of Beef because of Tuberculosis

An innovation during the year was the introduction by the Department of Agriculture of the above Scheme under their Bovine Tuberculosis Eradication Scheme.

The Indemnification Scheme came into operation on 4th July, 1960, and applies only to bullocks and heifers which have not been purchased under contract under the Department of Agriculture's Bovine Tuberculosis Eradication Scheme and which have not been certified under the Fatstock Guarantee Scheme or Calf Subsidy Scheme in Northern Ireland.

Great care must be taken to ensure that the ears have not been removed from the heads or mutilated until examined by the Veterinary Inspectors who must also see that the ear marks or ear-tags have not been removed or defaced.

The rates of indemnification paid are the average prices of bullocks and heifers at the Dublin Cattle Market in respect of the week immediately prior to slaughter, converted to pence per lb. deadweight, on the basis that 6d. per liveweight cwt. is equivalent to 0.1d. per lb. deadweight.

To qualify for indemnification animals (bullocks or heifers) must be of a quality suitable for the victualling trade and must be slaughtered at a licensed or registered slaughtering premises by or on behalf of a wholesale or retail butcher whose wholesale or retail premises, as the case may be, are registered by the appropriate local authority under the Food Hygiene Regulations, 1950.

Indemnification applies only to meat condemned because of tuberculosis.

Indemnification may apply to whole carcases or part-carcases but when a part-carcase condemned is less than a complete quarter payment will be made only in respect of certain specified portions.

Condemned carcases, or parts thereof, must be weighed under the supervision of the Veterinary Inspector on duty at the slaughtering premises.

Since the Scheme commenced on 4th July, 1960, 34 claims for whole carcases condemned and 36 claims for part-carcases condemned have been forwarded by this Department to the Department of Agriculture for payment of compensation to the victuallers concerned.

Food Complaints

During the year 29 complaints were made by members of the public concerning food purchased by them in the city. Each complaint was investigated and, where necessary, an examination was made of the food on the vendor's premises.

The following is a list of the various articles submitted for examination showing the number of complaints :

Beef	8
Bacon	5
Black and White Pudding	1
Fowl	3
Game	2
Milk	10

Veterinary Inspectors made 989 visits to food shops, depots, cold stores, wholesale premises and factories, etc. Meat supplies to Institutions of the Dublin Health Authority 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 258 occasions.

Total Weight of Unsound Food for the Year

	Tons	Cwts.	Qrs.	Lbs.
Meat and Organs, Beef, Mutton, Pork, Bacon	437	—	2	15½
Fowl and Game	—	13	—	27½

Food Hygiene Regulations, 1950

During the year 29 new applications for registration, classified as follows, were received: Beef Butchers, 11; Pork Butchers, 4; Fish and Poultry, 6; Manufacturing and Wholesale, 8. 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 1959 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	311	1	—	11	—
Pork Butcher	113	1	—	4	2
Beef and Pork Butcher	34	—	—	—	—
Fish/Poultry/ Rabbits	82	1	1	8	—
Food Manufacturing and Wholesale	47	—	1	3	1
Ice-Cream Manufacturing	3	—	—	—	—
Total	590	3	2	26	3

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, 3 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. Another appeal was regarded by the Minister as having been withdrawn as the food business was no longer being carried on.

Under Article 44, Sub-Articles 2 and 3, 10 entries were cancelled in the Register of Food Premises.

Under Article 44(1) the registration of 16 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, 8,493 inspections of food premises were made by Health Inspectors during the year.

There were three prosecutions under the Regulations during the year, 1 for storage and preparation of fish in unregistered premises, 2 for not keeping premises in clean and hygienic condition. A conviction was obtained in each case and fines were imposed.

Diseases of Animals Acts

Bovine Tuberculosis Order, 1926

No. of cows found to be affected with tuberculosis of the udder	3
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	45
Total number of animals dealt with	49

Three animals were found to come within the scope of the Bovine Tuberculosis Order. These three animals were found to be suffering from tuberculosis of the udder and were detected in City Dairy Yards.

Two of them were slaughtered by the Corporation. The agreed valuation of these two animals amounted to £105 and compensation amounting to £105 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.

When the result of the biological test on the milk of the third cow became known and the dairy yard was visited for the purpose of serving Notice of Intended Slaughter on the owner under the Bovine Tuberculosis Order, it was found that the animal had been taken up for slaughter by the Department of Agriculture under the Bovine Tuberculosis Eradication Scheme. This was later confirmed by letter from the Department of Agriculture.

Sheep Scab

During the year there was a suspected outbreak of Sheep Scab reported by the Gardai in a flock of forty-three sheep. On Veterinary examination of these sheep it was found that

four of them had Sheep Scab. The owner had the whole forty-three sheep slaughtered under Veterinary supervision and the necessary disinfection was carried out.

Another lot of sheep that were in contact with these sheep were also slaughtered by the owner under Veterinary supervision.

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

Special precautions against Foot and Mouth Disease were taken at the Dublin Cattle Market and at the Dublin Corporation Abattoir.

It is gratifying to report that neither Foot and Mouth Disease nor Swine Fever made any appearance during the year.

THE NUMBER OF ANIMALS IN DUBLIN CATTLE MARKET DURING THE YEAR 1960

Period	Beasts		14-Day Tested Cattle	Calves		Sheep	Pigs	
	Fat	Dairy		Veal	Small		Large	Small
rch Quarter -	46,506	976	7,148	79	1,420	105,927	10,845	3,444
: Quarter -	29,688	915	2,016	121	2,676	92,245	13,704	3,649
:. Quarter -	47,549	1,386	2,252	192	1,473	102,441	11,036	2,529
. Quarter -	56,828	1,090	3,512	159	940	88,446	12,261	3,830
TOTAL -	180,571	4,367	14,928	551	6,509	389,059	47,846	13,452

SPECIAL SHEEP SALES AND SALES OF STORE CATTLE DURING THE YEAR 1960

Period	Store Cattle			Calves		Store Sheep
	Untested	14-Day Tested	Attested	14-Day Tested	Attested	
March Quarter -	2,241	25,049	—	—	—	—
June Quarter -	1,100	27,969	4,413	—	—	—
Sept. Quarter -	844	24,206	9,393	—	—	8,078
Dec. Quarter -	1,112	16,243	9,248	1,453	1,608	4,600
TOTAL -	5,297	93,467	23,054	1,453	1,608	12,678

VETERINARY LABORATORY

The work in the Veterinary Laboratory consists of :

(1) The microscopic examination of samples of milk taken direct from abnormal quarters of cows' udders for the detection of tubercle bacilli or for the presence of organisms causing mastitis.

(2) The biological examination of direct, group and control milk samples for the detection of tubercle bacilli.

(3) The taking of blood samples from guinea-pigs previously inoculated with milk for the detection of brucella abortus.

(4) General microscopic examination of blood films, wool samples, etc.

1—Microscopic Examination of Milk

Samples of Milk from Cows in City Dairy Yards:

Number of examinations	51
Streptococci	11
Diplococci	13
Tubercle Bacilli	1
Other organisms	3
Negative	23

2—Biological Examination of Milk

Group Samples:

Number of examinations	7
Positive	1
Negative	6

Direct Samples:

Number of examinations	11
Positive	2
Negative	9

Control Samples taken at Hospitals:

Number of examinations	12

(All Negative)

Miscellaneous Control Samples:

Number of examinations	125
Positive	2
Negative	123

3. During the year agglutination tests for the presence of Brucella Abortus were carried out on the blood of 131 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	75	2	73
(b) Milk under a General Designation	49	Nil	49
(c) Pasteurised Milk	7	Nil	7

4—Microscopic Examination

(*General*)

Blood Films for Anthrax:

Number of specimens	35

(All Negative)

In addition, microscopic examinations were carried out for the purpose of confirming tuberculosis of the udder in cows slaughtered under the Bovine Tuberculosis Order, 1926; of lesions found at post-mortem examinations in guinea-pigs for the detection of tubercle bacilli, and of samples of wool from sheep suspected of having Sheep Scab.

HOUSING

Accommodation Provided During the Year

	1-room	2-room	3-room	4-room	5-room	Total
Houses:						
Finglas West 2G	—	—	—	62	18	80
Flats:						
Buckingham St.	5	6	17	2	—	30
Railway St.	—	16	20	—	—	36
Gardiner St.	2	8	28	—	—	38
Love Lane	—	8	34	—	—	42
Lr. Dominick St.	20	—	40	—	—	60
Countess Markievicz House (converted)	1	—	1	—	—	2
Total Flats	28	38	140	2	—	208

Accommodation Provided Prior to 1960

	Houses	Flats	Total
Number of dwellings provided up to 31/12/1939	14,199	3,601	17,800
Number of dwellings provided from 1/1/1940 to 31/12/1960	19,550	5,214	24,760
Total number of dwellings provided to 31/12/1960	33,749	8,815	42,564

SANITARY DEPARTMENT

PATRICK COEN,
Chief Health Inspector

For purposes of administration, the City is divided into thirty-one sanitary districts. A Supervising Health Inspector is allotted to each quarter of the City. The sanitary districts at the end of the year were manned as follows:

DUBLIN NORTH EAST:

Thomas Watson, Supervising Health Inspector, and eight District Inspectors.

DUBLIN NORTH WEST:

James Sweeney, Supervising Health Inspector, and seven District Inspectors.

DUBLIN SOUTH WEST:

Richard Lahert, Supervising Health Inspector, and seven District Inspectors.

DUBLIN SOUTH EAST:

George Bowles, Supervising Health Inspector, and nine District Inspectors.

One Drains Inspector.

One Inspector checking maps and plans of new building proposals.

Four Food and Drugs Inspectors.

Three Port Health Inspectors.

One Superintendent Health Inspector, Disinfecting Depot.

The report of the Chief Health Inspector does not include the year's work of all these inspectors. Other returns, such as those of the Chief Veterinary Officer and the Port Medical Officer, will include the work of our inspectors in these Departments.

The following is the return of work done in GENERAL DISTRICT WORK:

Inspections of Tenement Houses	11,085
Re-inspections of Tenement Houses	3,096
Other Houses Inspected	20,147
Rooms Inspected	63,388
Rooms Re-inspected	4,499
Offensive Trade Premises Inspected including Rags, Bones and Uncured Skins	408
Factories and Workshops Inspected	688
Bakeries Inspected	370

Piggeries Inspected	1,342
Rodent Control Inspections	1,027
Outworkers' Premises Inspected	5
Cemeteries Inspected	64
Daily Inspection of Common Lodging Houses	8
Inspections of Weekly Lodging-houses	19
Rates Rebate Inspections	2,495
Other Inspections	12,878
Written Notices served to Remedy Defects	5,498
Verbal Notices served to Remedy Defects	6,392
Warning Letters issued	1,195
Interviews re Advice, etc.	8,919
Office Reports submitted	7,747
Defects discovered	12,477
Defects remedied	5,278
Nuisance from Smoke Abated	46
Drains Tested	197
House Drains Repaired	101
House Drains Cleansed	478
House Drains Inspected	1,690
Dwellings Closed	2
Infectious Diseases Investigated	632
Food Hygiene Inspections	16,379
Inspections of Street Stalls	4,852

District Court Work

For failure to undertake requested works under the Sanitary Services Acts, summonses are issued calling the transgressor to the District Court. Before legal action is taken, the Sanitary Authority, through their Manager, make a formal order that a notice be served to be followed, if necessary, by a summons. The service of a notice is not necessary in all cases. The following is a summary of the work done in this field :

Number of Summonses Issued	244
Summonses (Ordinary)	174
Summonses (Disobedience)	23
Summonses (Bye-Laws)	47
Adjourned Summonses brought forward	166
Adjourned Summonses disposed of	92
Adjourned Summonses	174
Orders obtained with costs	72
Orders obtained with penalties and costs	4
Orders obtained without costs	16
Summonses abated before Court hearing without costs	2
Summonses abated with costs	57
Summonses not served	5
Summonses dismissed	1
Summonses struck out	9

Owners fined	78
Total amount of fines and costs imposed	£453 17s. 6d.
Total number of Notices served by the Sanitary Authority since 1st July, 1960	705

Housing

The bulk of our inspector's time is spent on housing investigations and reports. A request for housing is received by the Allocations Officer and an inspector goes out and investigates and then submits a report. He inspects later to prevent overcrowding.

If the inspector's opinion on a house be that it is not fit to live in because of its age, insanitary conditions or lack of repair, he invites the City Medical Officer to inspect the house and this results in an "official representation" to the Housing Authority, who then hold a Court of Inquiry.

The following summary indicates the work done by our inspectors under the Housing Acts:

No. of Reports on Application Forms	3,070
No. of Houses officially represented as being unfit for human habitation	407
No. of Housing Inquiries	3
No. of Premises dealt with at Inquiries	425
No. of Demolition Orders made	122
No. of Closing Orders made	81
No. of Undertakings accepted	222
No. of Families in these Premises	965
No. of Persons in these Premises	2,804

Of the 122 Demolition Orders made, 29 form the subject of appeals to the Circuit Court and these appeals have yet to be determined.

The City Manager also made Orders that the City Seal be affixed to the following Compulsory Purchase Orders:

Jervis Street/Wolfe Tone Street;
Constitution Hill;
North King Street/Coleraine Street;
Macken Street/Clarence Place.

Repair Grants

The Housing Authority give grants to owners to repair houses. Here is a summary of the work done by our inspectors in this regard.

No. of Reports submitted	1,480
No. of Letters written	148
No. of Inspections carried out	1,750
No. of Cases recommended	911
No. of Cases not recommended	557
No. of Applications withdrawn	12

Multiple Dwellings

No. of Permissions extant	16
No. of New Permissions issued	4

Rebate of Rates

To owners of cottage properties of not more than £8 Poor Law Valuation, a discount of twenty per cent is given where the house is in good repair and is tenantable.

No. of Applications received	193
No. of Dwellings involved	6,245
No. of Inspections carried out	6,495
No. of Rebates recommended	6,031
No. of Rebates refused	214

Poisons and Pharmacy Act, 1908

Some seedsmen and hardware merchants serving the agricultural community are licensed under the above Act to store certain poisons. Our inspectors visit to see that the regulations are carried out.

No. of Premises licensed	14
No. of New Applications	30
No. of Inspections of Premises	43

Milk Shops

Every retailer of milk must be licensed by the Local Authority. The Dealer's Licence is valid only up to the last day of the calendar year. Application must be made for permission to sell milk each year. The renewal fee is five shillings. On receipt of the application the District Health Inspector carries out a formal inspection to see that the premises is up to the required standard and, if so, he recommends a renewal of the licence.

No. of Shops retailing milk	1,600
No. of Inspections of such	9,600

Domestic Servants' Registries

No. of Agencies registered	13
No. of Inspections of Premises	20

These premises are controlled under Bye-laws made in the year 1911. The empowering Act is the Public Health Acts (Amendment) Act, 1907, Section 85, which lays down gain, every person who carries on, for the purpose of private gain, the business of keeper of a female domestic servants' registry, shall register his name and place of abode and the business premises in a book kept at the offices of the Local Authority.

Offensive Trades

No one may establish in the city, without the consent in writing of the Corporation, any of the following offensive trades:

Blood Boiler,	Tanner,
Blood Drier,	Leather Dresser,
Bone Boiler,	Soap Boiler,
Fat Melter or Fat Extractor,	Tripe Boiler,
Tallow Melter,	Gut Scraper,
Glue Maker,	Dealer in Rags,
Size Maker,	Dealer in Bones,
Fellmonger,	Dealer in Uncured Skins,

or deal in any two or more of these trades.

No. of Offensive Trade premises in the city	45
No. of permissions given to trade	45
No. of premises asked to carry out improvements during the year	6
No. of inspections of premises	408

Baths and Wash-Houses:

Attendances	Tara Street	Iveagh Baths	Francis St. Wash-House
Swimmers (non-clubs)	52,592	43,153	—
Reclining Baths	8,742	2,714	—
Wash-house	2,414	—	37,142
Total	63,748	45,867	37,142

During the year a total of 107 Swimming Clubs, Schools and Colleges were given exclusive bookings.

Atmospheric Pollution

During the year five stations were set up for the measurement of deposited solids from the atmosphere and of the sulphur content of the air. The five stations are located at:

Station No.	*Location*	*Commenced Operation*
1	Ordnance Survey Office, Phoenix Park	August, 1960
2	Hospice for the Dying, Harold's Cross	December, 1960
3	Paving Depot, Orchard Road	May, 1960
4	Exchange Buildings, Lord Edward Street	March, 1960
5	Meteorological Office, O'Connell Street	April, 1960

Observations are made monthly and variations in measurements from month to month are due, mainly, to changing weather conditions and seasonal variations in emission from chimneys. Consequently, it is necessary to carry on observations over a period of sixty months before reliable conclusions can be drawn as to average levels of pollution. In addition, the weather conditions are observed twice daily and recorded. The results of observations at the five stations during 1960 are set out in the following tables.

Sulphur Dioxide Measurement:

Absorption Rate expressed as milligrammes SO_3/100 sq. cms./day.

Station :	1	2	3	4	5
June - -	—	—	.985	1.03	1.03
July - -	—	—	.310	.813	.845
August -	.080	—	.399	.831	.661
September -	.262	—	.935	1.482	1.277
October -	.300	—	1.365	*	1.598
November -	.160	—	1.493	1.402	.502
December -	.046	.889	1.7	3.05	1.8

* No Result.

Deposit Gauges:

DEPOSITS EXPRESSED AS TONS PER SQUARE MILE

Station :	1			2			3			4			5		
Deposits	Insol-uble	Soluble	Total	Insol-uble	Soluble	Total	Insol-uble	Soluble	Total	Insol-uble	Soluble	Total	Insol-uble	Soluble	Total
March	—	—	—	—	—	—	—	—	—	15.68	14.38	30.06	—	—	—
April	—	—	—	—	—	—	—	—	—	11.85	8.03	19.88	10.00	5.77	15.77
May	—	—	—	—	—	—	12.72	8.19	20.91	12.98	7.39	20.37	10.3	6.5	16.8
June	—	—	—	—	—	—	8.78	7.04	15.82	20.3	5.28	25.58	11.13	4.7	15.83
July	—	—	—	—	—	—	4.72	6.43	11.15	8.22	5.09	13.31	5.53	8.97	14.5
August	0.7	2.48	3.18	—	—	—	6.11	4.36	10.47	7.48	3.67	11.15	6.07	5.52	11.59
September	0.77	8.97	9.74	—	—	—	4.19	15.71	19.9	6.46	11.38	17.84	8.01	10.04	18.05
October	0.80	5.00	5.80	—	—	—	4.57	10.3	14.87	4.97	10.4	15.37	4.13	8.15	12.28
November	4.03	3.1	7.13	—	—	—	0.907	9.66	10.567	6.13	8.81	14.94	2.83	7.54	10.37
December	1.87	1.7	3.57	2.02	7.61	9.63	2.95	8.72	11.67	6.9	15.1	22.0	3.0	6.87	9.87

Plans

The number of plans dealt with in this section for new premises and alterations and additions to existing premises, totalled 428 ; an increase of one-third on last year's figure.

The number of plans for offices are largely the result of requirements under the Office Premises Act, 1958, and those dealing with food premises are due, for the most part, to operations of the District Health Inspectors, either by way of advice or warnings to owners to improve their premises.

Plans for improvement grants under Section 12, Housing (Amendment) Act, 1954, for the conversion of large private houses into flats and for additions and repairs to other houses again show a slight increase.

Six premises that, in the opinion of our inspectors, constituted a fire hazard were reported to the Fire Department.

The following is a summary of plans dealt with during the year :

Factories	75	National Schools	10
Section 12, Housing (Amendment) Act, 1954	66	Universities and Secondary Schools	9
Shops	47	Clubs, Social Centres and Halls	7
Offices and Banks	38	Dairies	6
Restaurants and Canteens	27	Bakeries	5
Licensed Premises	20	Warehouses	4
Stores	19	Hospitals and Nursing Homes	4
Food Factories	18	Laboratories	3
Commercial Garages	17	Cattle Lairage	1
Hotels	16	Laundry	1
Private Houses	12	Offensive Trade	1
Drainage	11	Slaughterhouse	1
Filling Stations	10		

Dublin Water Supply

Every day the Health Inspectors submit samples of water for bacteriological examination. Daily sampling is necessary because of faults or fissures in water bearing strata, casual contamination of gathering grounds or leakages in mains.

The waters of the three main lines supplying the city are sampled daily, i.e., Liffey water, Bohernabreena water and Vartry water. The Liffey water supplies Walkinstown, Crumlin, Inchicore, Islandbridge and Cabra areas. The Vartry supply is at Stillorgan, Leeson Street and centre city. The Bohernabreena supply comes in by Templeogue, Kimmage Cross, Harold's Cross, Castlewood Avenue, Morehampton Road and Clonskeagh. Once a month the raw water at the reservoir is sampled. The water that is sampled daily is the finished water as consumed by the citizens.

During the past year the—

No. of daily samples of finished water	536
No. of samples of raw water	108
No. of samples found faulty	9

DRAINS SECTION

We have a special staff of one Inspector and two men engaged in testing, tracing and freeing drains. If the District Inspector fails to have a drain freed privately he refers it to this staff.

No. of drains and yards of abandoned houses cleaned	1,268
No. of drains freed—single and combined	495
No. of drains examined and traced	246
No. of drains tested by :	
Smoke	32
Water	13
Fluorescence	41
No. of drains repaired	16
No. of septic tanks examined	7

In addition to the above works, the staff were engaged with district health inspectors inspecting roofs, smoke testing chimneys and examining graves.

A high proportion of the choked drains dealt with during the year were combined systems serving houses built in recent years. The numbers of houses connected to the drains varied from four to twenty.

SUPERVISORS' REPORTS

The Supervising Health Inspectors submit reports of the work done in their areas during the year. The following are the works most worthy of mention in these reports

Supervising Health Inspector, Mr. G. Bowles:

Reports on the mosquito control work with particular reference to the Howth, Sutton and Raheny areas. The campaign against the mosquito pest in this area over the past few years has borne so much fruit in 1960 that we have received fewest complaints since the operations began ten years ago.

Mr. Bowles also reports that he submitted a lengthy document recommending improved catering arrangements in the premises of our Fire Brigade Personnel. These recommendations were substantially adopted and are now being implemented.

Supervising Health Inspector, Mr. R. Lahert:

He is newly appointed and looks after the Dublin South-West area. Improvements have been carried out in this area with regard to stall trading, particularly in Thomas Street. New stalls have been provided by the stallholders and these

stalls have been built to the specification of this Department and after models provided by us.

Itinerants. Numerous sites in Dublin South-West are occupied occasionally by itinerants' caravans. The principal objection to itinerants on these sites is that they discard scrap, rubbish and rags liberally around the site. It frequently happens that these sites are undeveloped Corporation properties. The best remedy at present appears to be to keep the itinerants on the move.

Some of the licensed premises in this area were found wanting with regard to food hygiene during the year. Wash-hand basins were not provided as distinct from sinks for glass washing only. Some had not a sufficient and constant hot water supply. Some public-houses did not have intervening ventilated lobbies adjoining the sanitary amenities. This is a most useful provision even when provided at the sacrifice of space.

Supervising Health Inspector, Mr. T. D. Watson:

Has under his control our atmospheric pollution stations and he supervised the year's work in this regard. His report has received prominence elsewhere.

FOOD HYGIENE REGULATIONS

The work under the above Regulations continued during the year, and the following is a summary of prosecutions for failure to comply with the Regulations:

No. of Persons Prosecuted	65
No. of Offences Committed	167
No. of Cases Adjourned	21
No. of Fines Imposed (total)	£347 17s. 0d.
Total of Costs Imposed	£58 13s. 0d.
No. of Probation Acts	9
No. Bound to the Peace	6

FOOD AND DRUGS

We have four Inspectors wholetime on work under the Food and Drugs Acts, 1875–1936. The following are the samples submitted for analysis during the year, in which will be noted the articles that were found to be adulterated, defective or otherwise non-genuine, and the result of Court proceedings in such cases:

Bacteriological Samples:

Oysters	10
Mussels	16
Ice Cream	41
Ice Lollipops	21
Egg Pulp (yolk)	10
Egg Pulp (albumen)	10
Egg Pulp (whole)	10

Non-Genuine Samples:

Article	Number Defective	Number of Prosecutions	Number of Convictions	Penalties
Milk	8	7	7	£23 fines and £10 8s. 0d. costs.
Whiskey	3	2	2	£13 fines and £3 3s. 0d. costs.
Gin	1	1	1	£10 fines and £2 2s. 0d. costs.
Minced Meat	2	1	1	£5 fines and £3 3s. 0d. costs.
Wheat Meal	1	1	1	£5 fines and £3 3s. 0d. costs.
Dripping	2	2	2	Probation Act and £3 16s. 6d. costs.
Sausages	3	–	–	Traders warned.
Liquid Paraffin	1	1	–	Case dismissed.
Hamburger	1	1	1	Probation Act.
Butter	1	1	–	Case dismissed.
Tincture of Iodine	2	–	–	Summonses withdrawn.
Ice Cream	1	–	–	
Brawn	1	1	1	Probation Act.
Cider	1	–	–	

BACTERIOLOGICAL LABORATORY

J. H. Stritch,
City Bacteriologist

The numbers of specimens received and the sources from which they came are shown in Table I.

Table I

B.C.G. Clinic	1
Charles Street Clinic	1,657
Child Welfare Clinic	2
Clonskeagh Fever Hospital	1,645
Crumlin Chest Clinic	558
General Practitioners	174
James Connolly Memorial Hospital	1,335
Miscellaneous	2
Nicholas Street Clinic	752
Port Health Office	37
Public Health Department	1,987
St. Mary's Chest Hospital	735
Veterinary Department	19
Total	8,904

In addition, 6,395 specimens were examined in James Connolly Memorial Hospital and 4,680 in St. Mary's Chest Hospital, making a total of 19,979 for the year.

The variety of the specimens and the examinations made are shown in Table II.

Table II

Samples of :	
Milk	101
Water	659
Food (suspected of having caused illness)	35
Ice Lollipops	16
Ice Cream	41
Batches of :	
Shellfish for Bacteriological grading	28
Frozen Eggs for Salmonella organisms	27
Swabs for :	
C. diphtheriae	1,473
Beta-haemolytic streptococci	517
Vincent's Angina	416
Other organisms	133
Specimens of :	
Blood for Widal reaction and Vi tests	59
Blood for Blood Culture	19

Cerebro Spinal Fluid	114
Urine	327
Faeces for Salmonella, Dysentery, etc.	1,087
Faeces for "Pathogenic" B.coli	551
Pus	75
Pleural Fluid	41
Sputum (for organisms other than M. tuberculosis)	348
Sputum for direct examination for B. tuberculosis	3,146

Specimens for culture for M. tuberculosis :

Sputum	2,380
Gastric Contents	37
Laryngeal Swabs	940
Bronchial Swabs	7
Cerebro Spinal Fluids	45
Pleural Fluids	19
Urines	48
Various	47

Antibiotic sensitivity tests :

Organisms other than M. tuberculosis	303
M. tuberculosis	478
Catalase tests of cultures of M. tuberculosis	474
Niacin tests	65
Serological typing of Beta-haemolytic streptococci	113
Animal inoculations for Virulence testing	6
Rats from Port Health Office for Plague	4
Miscellaneous other tests	24
Total	14,203

Some of the specimens required more than one test and so the number of examinations made is greater than the number of specimens. Over the years the tendency has been towards an increase in the complexity of tests done on each specimen. For example, a specimen of sputum to be examined for B. tuberculosis in the old days was merely filmed, stained and examined microscopically. Nowadays it has, in addition, to be cultured and if a positive culture is obtained it is subjected to sensitivity tests and in some cases further tests must be done to identify the organism definitely as Myco. tuberculosis. These tests may require several months for completion.

As usual, examinations for tuberculosis were by far the most numerous of the tests done. In addition to microscopic eaxmination most of the specimens are also examined by cultural methods. Table III shows the results of culture for Myco. tuberculosis.

TABLE III

Specimen	Total No. Examined	Positive	Negative	Contaminated
Sputa	2,380	279=11.73%	2,097=88.10%	4=.17%
Gastric Contents	37	3=8.2%	34=91.8%	Nil
Laryngeal Swabs	940	40=4.26%	899=95.63%	1=.11%
Cerebro Spinal Fluid	45	10=22.2%	35=77.8%	Nil
Bronchial Swabs	7	Nil	7=100%	Nil
Pleural Fluids	19	2=10.5%	17=89.5%	Nil
Urines	48	Nil	48=100%	Nil
Various	47	7=14.8%	40=85.2%	Nil
	3,523	341=9.68%	3,177=90.18%	5=.14%

149 positive cultures were received from Blanchardstown Sanatorium for sensitivity testing and 58 from St. Mary's Chest Hospital. The total number of cultures tested for sensitivity was 478. The results are shown in Table IV.

TABLE IV

	Total No. Examined	Resistant	Sensitive
Streptomycin	478	193=40.4%	285=59.6%
Paraaminosalicylic Acid	478	130=27.2%	348=72.8%
Isonicotinic Acid Hydrazide	478	158=33.1%	320=66.9%

These results are not significantly different from those of the previous year.

Cycloserine sensitivity tests were done on four specimens. All were sensitive to the drug in a concentration of 50 micrograms per cubic centimetre but not to a concentration of 25 micrograms.

In regard to the bacteriology of tuberculosis the most interesting development of recent years is the increasing attention that is being directed to the so-called "atypical mycobacteria." These are organisms morphologically and culturally identical with Myco. tuberculosis which are isolated from specimens

from time to time but which, if subjected to certain tests, prove not to be true tubercle bacilli. The role played by these organisms in the causation of disease is not very clear, but it is known that some of them can and do in rare instances produce a disease resembling tuberculosis. The majority of them, however, are probably saprophytic and harmless and their importance lies in the confusion that they cause in the diagnosis of tuberculosis. It is now clear that the isolation by culture from a specimen of an organism which in morphological and cultural appearances resembles Myco. tuberculosis can no longer be taken as reasonably certain evidence of tuberculosis infection. Ideally all positive cultures should be subjected to further tests for final identification but this is hardly practicable in the usually understaffed routine laboratory. In this laboratory at the moment the procedure is to fully investigate only those which for one reason or another are suspect. For example, most of the atypical mycobacteria are resistant to Isoniazid, and so all organisms resistant to this drug are fully investigated by means of the Niacin and other tests. So far only a very small proportion have proved to be "atypical mycobacteria" but the procedure has not been sufficiently long in operation for detailed analysis. Dr. T. F. Ryan, of the tuberculosis service, has been keeping records during the last three years and has estimated the incidence of these organisms in his experience at about 0.5%.

Table V shows the results of the examination for the presence of serologically identifiable "pathogenic Bact coli" of the faeces of children under two years of age. The total number found shows a reduction on the previous year, types 055 and 0119 being the most numerous.

TABLE V

Total No. of faeces tested = 551

"Pathogenic" B.coli isolated:

055 = 20
0119 = 20
0127 = 3
026 = 3
} = 46 = 8.3%

28 batches of shellfish were subjected to tests for Bacteriological grading with generally satisfactory results and 27 samples of frozen eggs were examined for the presence of Salmonella organisms, none being found.

Dr. Jean Dickinson, the Bacteriological Registrar, resigned in October to take up an appointment in the London Postgraduate School of Medicine and had not been replaced at the end of the year. Otherwise there were no changes in personnel during the year.

DEPARTMENT OF THE CITY ANALYST

H. D. THORNTON,

Dublin Region Public Analyst

I have the honour to submit this report on the work of the City Laboratory for the year 1960.

The normal work of the Laboratory in analysing samples taken by Food Inspectors under the Sale of Food and Drugs Acts has continued as in previous years, as also has the analysis of samples submitted by various departments of Dublin Corporation.

The administration of the Sale of Food and Drugs Acts was one of the functions of the Corporation transferred to Dublin Health Authority on its establishment on 1st July, 1960. In previous reports it has been customary to classify the work received as being from "Dublin Corporation" or "other local authorities"; as the Authority was established midway through the year covered by this report, the old classification has been retained, but a sub-division of "other local authorities" shows the number of samples received from those of them (Dublin County Council, Dun Laoghaire Borough, Dublin Board of Assistance, and Grangegorman Mental Hospital) which are now part of Dublin Health Authority. Future samples will be segregated on the basis of "Dublin Health Authority" and "other local authorities."

The temporary arrangement—referred to in my report for 1959—by which I act as Public Analyst for the Galway Region continued throughout the year; I have been given to understand, however, that the Galway Region Laboratory will be ready to start work on 1st April, 1961, and the arrangement will then terminate.

During the year a total of 1,842 samples were analysed for the Galway Region, thereby creating a revenue to the Corporation of £1,691 17s. 0d.

The total number of Food and Drugs Acts samples submitted by the City Inspectors was 6,052 which shows little change from the previous year (6,182); details as to the nature of the samples submitted and the results of the analyses appear later in this report.

The sampling by local authorities of the Dublin Region, other than Dublin Corporation, continues to show a decrease—viz., the total for the year was 2,617, against 2,965 in 1959 and 4,736 in 1958. This figure (2,617) includes 191 Food and Drugs samples from the County Dublin inspectors, and 275 from the Dun Laoghaire Borough inspectors.

Measurement of air pollution in the city area was commenced during the year, by the end of which five stations had been established. Monthly samples are collected from these stations and analysed to determine the total insoluble solids and soluble solids deposited ; in addition, the reaction of the water collected is determined, the rainfall at the collecting station and the sulphur trioxide in the air at the station are measured. In all, 55 samples were analysed in this connection. It will be necessary to continue these analyses for several years in order to obtain accurate information of the degree of pollution of the air under varying seasonal and weather conditions.

The difficulties in the matter of staffing the Laboratory referred to in last year's report continued throughout the year, and, in fact, increased ; at the end of the year none of the analytical staff held a permanent appointment. At the time of writing (March, 1961) an advertisement by the Local Appointments Commissioners for two permanent analytical chemists has recently been published, and it is to be hoped that this marks the beginning of an improvement in the difficult situation which at present exists.

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 of city water supplies.

3. 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.

8. Air pollution samples.

Summary of Analyses Carried Out for Dublin Corporation

Nature of Article	No. of Samples	Department
Food and Drugs Samples	5,473	Public Health
Food and Drugs Samples (Informal)	579	" "
Complaint Food Samples and Waters	20	" "
Imported Foods and Waters from Ships	84	
Medical Supplies	1	" "
Food and Fuel Supplies to Corporation Institutions	4	" "
Suspected Food Poisoning	2	" "
Air Pollution Samples	55	" "
Disinfectant Materials	23	" "
City Water Supplies	75	City Engineers
Sewage	95	" "
Effluent	84	" "
Sludge	96	" "
Disinfectant Fluid	1	" "
Water Samples (Complaint and Seepage)	13	" "
Solder	1	" "
Substance found on open space	1	" "
Paints	7	" "
Solder	1	Housing Maintenance
Asphalts	3	Special Works
Lead	2	City Engineers

Sale of Food and Drugs Acts and Preservative Regulations

The total number of samples submitted by City Inspectors under the above headings was 6,052, of which 579 were "informal" samples. Details and results of analyses are set out below :

Nature of Article	No. of Samples	No. Adulterated
Milks	1,379	8
Butter	641	1
Liquid Paraffin	20	1
Gin	3	1
Hamburger	2	1
Whiskey	81	3
Sausages	56	3
Brawn	46	2
Wheatenmeal	5	1
Cider	9	1
Dripping	211	2
Minced Meat	85	2
Ice Cream	178	1

In addition, 3,336 samples (all of which proved genuine) of the following food and drugs:

FORMAL SAMPLES

Ale	20	Figs	3	Pepsi-Kola	2
Almond Icing	7	Fish Cake	7	Port Wine	3
Almonds	3	Flour (S.R.)	102	Potato Dumpling	1
Apricots	3	Flour	49	Pickled Red Cabbage	1
Baby Cereal Food	123	Frytex	38	Pressed Beef Prunes	6
Barley	33	Fish and Cutlet Dressing	3	Ribena	2
Baking Powder	2	Frylets	1	Rice (Ground)	16
Barley Wine	3	Fruit Salad	2	Rice (Puffed)	1
Bexoda	2	Gin	3	Rice Flour	1
Bisto	1	Ginger Beer	1	Rice Crispies	2
Bextartar	1	Ground Almonds	10	Rose Hip Syrup	1
Black Pudding	17	Glucose Powder	40	Raisins	32
Brown Sugar	10	Glace Cherries	7	Rissole Meat	1
Bramble Jelly	2	Golden Syrup	5	Rum	1
Bread Soda	6	Honey	4	Rusks	6
Buttermilk	6	Hamloaf	2	Sago	23
Butter Beans	2	Icing Sugar	1	Sausage Meat	7
Bread and Butter	2	Instant Whip	1	Spice (Mixed)	1
Bourn-Vita	9	Icing Mix	1	Steak Sausage	1
Cake Mixture	4	Instant Coffee	3	Soup Mixture	16
Castor Sugar	23	Jam	108	Stout	17
Calves Foot Jelly	1	Jelly	2	Suet	25
Castor Oil	2	Lard	88	Sugar	53
Caraway Seeds	1	Lager Beer	13	Sultanas	34
Candied Peel	6	Lemon Curd	15	Sweet Mineral Water	23
Christmas Pudding	1	Lemon Juice	7	Syrup of Figs	1
Cheese	132	Lemon Squash	1	Sweets	43
Cornflour	54	Lentils	22	Soya Flour	1
Corned Beef	5	Lemonade Powder	1	Sandwich Spread	8
Cheese and Butter Spread	4	Lucozade	1	Soda Bread Mix	2
Cordial	12	Margarine	175	Salad Cream	3
Coconut	4	Marmalade	47	Sugar Puffs	3
Cooking Fat	7	Malted Bran	9	Sauce	17
Cocoa	16	Malt Extract with Cod Liver Oil	3	Semolina	66
Cod Liver Oil	6	Meat Roll	34	Shredded Wheat	1
Cydrax	1	Mincemeat	85	Split Peas	9
Coffee and Chicory	9	Muscatels	2	Tea	109
Currants	31	Nuts	3	Tapioca	48
Custard Powder	46	Olive Oil	12	Treacle	3
Cream	18	Oatmeal	162	Tripe	10
Cookeen	60	Ovaltine	1	Trex	7
Cornflakes	2	Oatflour	1	Tincture of Quinine	1
Dates	7	Pancake Flour	3	Tomato Ketchup	3
Dried Apple Rings	1	Parrishes Food	1	Vermicelli	1
Drinking Chocolate	20	Paxo	4	Weetabix	1
Easter Egg	2	Peas	33	White Pudding	35
Epsom Salts	2	Piccalilli	1	Wholemeal	1
Farinoca	1	Pepper	10	Yorkshire Relish	8
Farola	50				

Informal Samples

Apricots	1	French Mustard	7	Quinine and Cinnamon	1
Ammoniated Tincture of Quinine	6	Fruit (Canned)	44	Rice	4
Apple, Prune and Custard	1	Glucose	1	Salt	1
Barley	3	Ground Ginger	1	Sausages	3
Baking Powder	3	Gravy Salt	2	Salad Cream	2
Bread Soda	1	Glycerine and Borax	1	Spice	3
Bisto	2	Glace Cherries	1	Sardines	3
Brawn	4	Glycerine, Lemon and Honey	6	Soup Mix.	3
Blackcurrant Honey and Syrup	1	Honey	1	Sauce	9
Castor Oil	5	Hydrogen Peroxide Solution	6	Spaghetti	10
Camphorated Oil	1	Herbs	1	Sulphur Ointment	7
Cidona	1	Instant Icing	1	Sandwich Spread	23
Coffee and Chicory	1	Jam	2	Sal. Volatile	1
Cod Liver Oil	7	Jiffy Jelly	1	Soup (Canned)	33
Cinnamon	3	Liquid Paraffin	8	Soup Powder	35
Cream	6	Linseed-horehound and Honey	1	Syrup of Figs	1
Curry Powder	2	Meat Tenderiser	1	Stewed Steak	4
Cream Cakes	1	Mincemeat	4	Sweets	2
Cheese Whiz	1	Milk	45	Sweet Mineral Water	11
Condensed Milk	43	Mushrooms	1	Tomato Puree	1
Dates	2	Milk of Magnesia	5	Treacle	3
Dripping	1	Nutmeg	1	Tomatoes (Canned)	
Easter Egg	2	Olive Oil	16	Tincture of Iodine	1
Epsom Salts	3	Pepper	1	Tomato-Macaroni and Beef	1
Extract of Malt and Cod Liver Oil	2	Pickled Onions	1	Vinegar	8
Fish Paste	4	Potato Crisps	2	Vegetable Mayonnaise	1
Fish (Canned)	6	Prunes (Canned)	11	Yeast Tablets	1
Fruit Salad	1	Peanut Butter	1		
		Parrishes Food	1		

The total number of formal samples found to be adulterated was 27; the nature and extent of the adulteration were as follows:

Milks (8): One of the adulterated samples was deficient in milk fat by 25.0%. Four were deficient in milk solids non-fat by amounts ranging from 3.53%–9.4%. Three were deficient in both milk fats (ranging from 8.33%–15.0%) and milk solids non-fat ranging from 4.7%–12.95%.

Butter (1): Contained 19.12% water—this article should not contain more than 16.0%.

Liquid Paraffin (1): This article did not satisfy the requirements of the British Pharmacopoeia for Liquid Paraffin B.P.

Gin (1): Gin at 30° U.P. should contain 33.375% W/W of absolute alcohol; this sample contained 30.9% W/W, and was 34.9° U.P.

Hamburger (1): Contained 640 parts per million sulphur dioxide; this article should not contain any preservative.

WHISKEY (3): Adulterated with amounts ranging from 2.5-3.15% excess water.

SAUSAGES (3): Contained preservatives without a declaration, as required by the Preservative Regulations.

BRAWN (2): Contained sulphur dioxide in amounts ranging from 120 parts per million to 320 parts per million. These articles should not contain any preservative.

WHEATENMEAL (1): Contained live mites.

CIDER (1): Contained 268 parts sulphur dioxide per million parts of sample; this article should not contain more than 200 parts per million, therefore it contained an excess of 68 parts per million.

DRIPPING (2): Contained free fatty acids in amounts ranging from 8.5-9.4%—normal dripping usually contains not more than 1.5% therefore these two samples had excess amounts of 7.0% and 7.9% free fatty acids.

MINCED MEAT (2): Contained 120 and 224 parts per million sulphur dioxide; minced meat should not contain any preservative.

ICE CREAM (1): Contained 3.75% milk fat. Ice cream should contain not less than 5.0% milk fat; it was therefore deficient of 25% of the milk fat which it should contain.

PORT HEALTH OFFICE

The Port Medical Officer submitted 78 samples having reference to imported foods. Twenty-two of these were samples of apples which were tested for the presence of arsenic; two samples were found to contain arsenic slightly in excess of the recommended maximum of 1 part per million.

Twelve samples of rice flour were examined for the presence of insect fragments with negative results in each case.

Five samples of tea suspected of having become damp in transit were analysed for moisture content; one sample was found to have more than the normal content of moisture.

Eleven samples of citrus fruits were tested for the presence of thio urea; none was found.

Three samples were analysed in connection with suspected contamination in transit of a consignment of peas; traces of di nitro ortho cresol were detected in the samples.

Four samples of molasses were found to be free from any significant traces of metallic contamination.

The remaining samples (miscellaneous canned foods and food ingredients) all proved satisfactory.

In addition to the imported foods examined, six samples of ships' drinking water were analysed for potability.

Complaint Food Samples

Thirteen samples were analysed for the Chief Health Inspector in response to complaints by members of the public.

Two (opened) cans of peas were found to contain live larvae ; one sample of cheese and butter spread was found to have undergone extensive deterioration, while a second sample of the same food proved to be sound and wholesome. A sample of flakemeal and a sample of porridge were both found to contain rodent droppings.

A sample of bread was found to have had dirt incorporated in it, and a second sample contained a portion of coloured confectionery debris. Two cans of peas were found to have an unpleasant taste, due to the presence of souring organisms.

The remaining complaint samples (jam, oxtail soup and peas) proved sound and wholesome.

Also analysed for the Chief Health Inspector were seven samples of water, one from a swimming pool and six in connection with suspected pollution of streams by factory effluents.

Suspected Food Poisoning

Two samples—one of meat and one of stomach wash—were analysed under this heading, the results were negative in each case.

Disinfectant Materials

Twenty-three samples of D.D.T. powder and D.D.T. emulsion as supplied to the Disinfectant Dept. were analysed for conformance with specification.

Corporation Departments

Samples were analysed as detailed below :

Waterworks :

2 samples of lead and 1 of solder for conformance with specification.

3 samples of water in connection with seepage into basements.

7 samples of water in connection with complaints from consumers.

Public Lighting :

7 samples of paint, for comparison with contractors' sample submitted with tender.

Sewers and Main Drainage :

1 sample of disinfectant fluid, for conformance with specification.

3 samples of water in connection with flooding in basement.

Housing Maintenance:

1 sample of solder for conformance with specification.

Cleansing Department:

1 sample of suspected corrosive substance found on open space ; this proved to be caustic soda.

Supplies to Corporation Institutions:

1 sample of butter proved sound and wholesome genuine butter ; three samples of sausages had meat contents varying between 53% and 67%.

1 sample of baby food contained a live moth larva and portions of moth webbing.

Special Works Department:

3 samples of asphalt paving materials were analysed for bitumen content.

The total number of samples analysed for all sections of the Corporation was: 6,619.

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 1960 was 6,014 and the fees received by the Corporation during the same period amounted to £5,680 1s. 6d.

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
1959	4,496	4,932	18	0
1960	6,023	5,680	1	6

Summary of Totals from all Sources

City of Dublin including Dublin Health Authority:

Dublin Corporation	6,619
Other local authorities now in Dublin Health Authority	696
Private individuals, etc.	499
Total	7,814

Outside City of Dublin:

Local Authorities (Dublin Region)	2,828
Local Authorities (Galway Region)	1,842
Private Persons, etc.	158
Total for outside City of Dublin	4,828
Grand Total for year from all sources	12,642

Comparison of the Total Samples Analysed in 1960 with the Totals of Previous Years:

Year	Total No. from all sources
1953	13,547
1954	14,938
1955	16,221
1956	14,554
1957	13,897
1958	12,140
1959	12,497
1960	12,642

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	180	
Females	456	
	—	636
Married Persons:		
Males	124	
Females	39	
	—	163
NUMBER MAINTAINED IN INSTITUTIONS:		
Males	61	
Females	53	
	—	114
TOTAL		913

PAYMENTS IN CONNECTION WITH THE SCHEME:

	£	s.	d.
Allowances to persons in their own homes	45,100	8	0
Payments to Institutions	7,742	16	0
	£52,843	4	0

SCHOOL MEALS

During the year ended December, 1960, 7,590,213 meals were provided in 103 schools at an expenditure of £121,097. Of that number, 138,603 were cooked meals served in 8 schools. Two new schools were taken into the Scheme. Two other schools were sub-divided to make 3 additional units.

COOKED MEALS SERVICE

2,349,757 cooked meals (other than School Meals) were provided during the year ended December, 1960, under the Social Welfare (Miscellaneous Provisions) Act, 1957, in 21 Centres, at an expenditure to the Corporation of £29,230.

DISINFECTING DEPOT

J. K. Shelley,
Health Inspector-in-charge

I attach herewith a statistical report of the work carried out during 1960 and hereunder my observations thereon.

1. Rodent Control

The reorganised rodent control programme was put into operation at the end of February. The staff was increased by nine.

1 (a). Sewers

Previous to February, 1960, only the sewers in the central city were treated, the cycle taking about nine months. This work has now been extended and during the nine months to the 31st December, 1960, all the sewers on the south side of the city and those in the central city and inner suburbs on the north side have been test-baited and poison-baited where required. There were heavy infestations in Ringsend, Sandymount and Ballsbridge and scattered infestations in other areas.

It was hoped to be able to treat infested sewers every six months. So far this has not been possible. The sewers in Newmarket, Moore Street and St. Michan's Street areas are done every three months.

The sewers in the outer suburbs on the north side of the city have yet to be examined.

1 (b). Overground

There are now 2 teams carrying out overground operations, one covering the south city and one the north city. Previously there was one team of three men for the entire city. The introduction of the free scheme for treating blocks of houses has led to an increase in this work and consequently to more effective control.

As the result of the C.M.O.'s instruction we were requested to derat 3 private dumps. The dumps owned by the Dublin Corporation are treated monthly.

1 (c). Dublin County

In co-operation with the Dublin County Council rodent control operator a large scale de-ratting programme was carried out in the Manor Estate/Cromwellsfort Road area.

2. Disinfestation (Insects)

There has been a large increase in this work over last year. Most of the infestations of fleas and bugs occurred in Corporation flats and houses. The number of infestations treated has increased by approximately 100% over 1959.

3 (a). Office Work

There has been a considerable increase in office work due to :

(i) The extension of the rodent control work necessitating the keeping of more detailed records than heretofore.

(ii) The introduction of a daily journal for all work carried out.

(iii) The increase in the disinfestation (insects) work.

(iv) Certain work not previously charged for, now being charged, e.g., Housing Maintenance Department is now required to pay for the disinfestation of Corporation dwellings.

3 (b). Additional clerical assistance for costing jobs has been provided. Although this has been welcome, I feel that the volume and nature of the work requires the services of a full-time clerical officer. At present I have to call upon the services of a second disinfector to carry out office duties. This is not a satisfactory arrangement as the person concerned is a very sound and reliable "field" worker.

Infectious Diseases	No. of Disinfections Actually Carried Out
Tuberculosis	401
Diphtheria	52
Poliomyelitis	83
Lymphocytic Meningitis	1
*Scarlet Fever	34
*Measles	1
*Scabies	1
*Erysipelas	1
*Dysentery	14
*Chicken Pox	1
*Tonsilitis	1
*Streptococcal Sore Throat	1
*Infectious Hepatitis	1
Total	592

* Disinfection of rooms on request only.

DISINFECTION OF HOSPITALS, ETC.:

INSTITUTIONS	No. Disinfected	Wards/Rooms Disinfected	Bedding Removed for Disinfection
Hospitals	6	53	210
Clinics	5	292	—
TOTAL	11	345	210

INFECTIOUS DISEASES REGULATIONS 1948:

Article 19:

No. of persons disinfested in Depot 125

Article 20:

No. of consignments of rags disinfected 432

Disinfection of articles at owner's request 111

INFECTIOUS DISEASES (AMENDMENT) REGULATIONS 1952:

No. of birds of "Parrot" species destroyed 47

DISINFESTATION:

Type of Infestation	Premises	Rooms Disinfested
Flies	6 houses	20 rooms
Flies	2 hospitals	18 rooms
Bugs	91 houses	213 rooms
Fleas	61 houses	191 rooms
Wasps	19 houses	—
Cockroaches	3 hospitals	4 rooms
Cockroaches	3 houses	6 rooms
TOTALS	185	452

MOSQUITO CONTROL:

Stagnant pools in Finglas East sprayed.

FREE D.D.T. DISTRIBUTION SCHEME:

¼ lb. packets of D.D.T. Powder distributed	19,355
1 oz. bottles of D.D.T. Emulsion distributed	17,630

* RODENT CONTROL:

Overground:

Total No. of operations	828
Estimated No. of rats killed	12,645

Sewers:

Estimated No. of rats killed	33,597

* Includes certain areas in Dublin County.

DUBLIN COUNTY

including

Dun Laoghaire Borough

INFECTIOUS DISEASES — Summary of Notifications received during the Year

DUBLIN COUNTY (excluding Dun Laoghaire Borough)	DISPENSARY DISTRICTS																					Totals for 1960	Totals for 1959
	Balbriggan	Baldoyle (part of)	Bray No. 2	Castleknock	Clondalkin	Crumlin	Dundrum	Finglas (part of)	Garristown (Kilsallaghan)	Glencullen	Lucan	Malahide	Rathcoole	Rathfarnham	Rush	St. Margaret's	Skerries	Stillorgan	Swords	Tallaght			
Acute Anterior Poliomyelitis				1	2		2						1				1		1			8	2
Cerebro-Spinal Fever																							1
Diarrhoea and Enteritis			1	2	22	14	6				3	2	5	2	1			3	1	3		65	95
Diphtheria				7			1															8	5
Dysentery				3	12	1	4							1				2				23	37
Erysipelas					1									1								2	12
Infective Hepatitis			1	2	14	19	6	1		1			8		6	3	3	9	5	7		85	55
Infective Mononucleosis	1			2	3	3			1				1					5	2			18	18
Influenzal Pneumonia				1		1	1		1										1			5	2
Measles	1			13	5	30	5			1			2	1				3	1	2		64	1191
Rubella		2		9	12	10	1	3					5		1			10		1		54	25
Scarlet Fever			1	1	2	19	4			3	1	1	5	4			1	5	5	14		66	123
Tinea Capitis																							
Typhus																							
Para-Typhoid																							
Meningococcal Meningitis												1								1		2	2
Puerperal Sepsis																							1
Puerperal Pyrexia					1																	1	
Whooping Cough			2	1	30	13	4		1	2	7	1	16	1	4			3				85	388
Lymphocytic Meningitis	1				3	3	3								1							11	5
Pyogenic Meningitis																	1					1	
Brucellosis	1																					1	
Pneumococcal Meningitis						1														1		2	
Pemphigus						1																1	
Enteric Fever																							2

DUN LAOGHAIRE BOROUGH	DISPENSARY DISTRICTS			Totals for 1960	Totals for 1959	Grand Totals for 1960	Grand Totals for 1959
	Blackrock	Dalkey–Killiney–Ballybrack	Dun Laoghaire Nos. 1, 2 & 3.				
Acute Anterior Poliomyelitis		2	8	10		18	2
Cerebro-Spinal Fever							1
Diarrhoea and Enteritis	5	4	35	44	44	109	139
Diphtheria					1	8	6
Dysentery	2		2	4	6	27	43
Erysipelas			3	3	1	5	13
Infective Hepatitis	8	8	25	41	16	126	71
Infective Mononucleosis	4	8	12	24	24	42	42
Influenzal Pneumonia			1	1	3	6	5
Measles	11	21	11	43	634	107	1825
Rubella	6	6	33	45	19	99	44
Scarlet Fever	6	11	22	39	44	105	167
Tinea Capitis			2	2		2	
Typhus							
Para-Typhoid							
Meningococcal Meningitis			1	1	1	3	3
Puerperal Sepsis							1
Puerperal Pyrexia						1	
Whooping Cough	1	5	3	9	128	94	516
Lymphocytic Meningitis		1	4	5		16	5
Pyogenic Meningitis						1	
Brucellosis						1	
Pneumococcal Meningitis						2	
Pemphigus						1	
Enteric Fever							2

IMMUNISATION AND VACCINATION

Immunisation

During the year 1,498 pre-school and 699 school-going children received a full course of immunisation against diphtheria. In addition, 1,356 children were given booster injections.

In July, doctors in Dun Laoghaire were advised to discontinue diphtheria immunisation due to the prevalence of poliomyelitis in the area.

Vaccination

The following are the numbers vaccinated against poliomyelitis. As in the city, very few over the age of fifteen years came forward for vaccination.

Dublin County (excl. Dun Laoghaire)	Under 15 Years	15 Years and Over	Totals
First Injections	1,091	112	1,203
Second Injections	1,073	138	1,211
Third Injections	1,117	85	1,202

Dun Laoghaire Borough	Under 15 Years	15 Years and Over	Totals
First and Second Injections	7,659	474	8,133
Third Injections	1,610	236	1,846

CHILD WELFARE SERVICE, DUN LAOGHAIRE AND SALLYNOGGIN

M. C. McKenna Kennedy,

Medical Officer

Clinics were held twice weekly at Dun Laoghaire and Sallynoggin.

	Mothers	Children	Infants
Attendances	2,920	2,952	2,266

(Included in these numbers are 128 mothers, 96 children and 221 infants who attended for the first time during the year.)

Among those referred for specialist treatment were the following cases:

Skin Infections	20
Orthopaedic Defects	4
Dental Defects	66
Vision Defects	40
E.N.T. Defects	38

(Thirteen others were referred for hospital treatment.)

On the whole, the health of the children is good and a satisfactory feature is the number of mothers, non-medical card cases, who now come for advice.

CHILD WELFARE SERVICE, BLACKROCK

Michael MacCarthy,

Medical Officer

Sessions are held each Tuesday and Thursday afternoon. Children from infancy to the age of five years are attended.

The average number seen by me is ten to twelve and, of course, immunisations and vaccinations are also performed.

Sick children, irrespective of means, are examined and supplied with the necessary medicines—those with medical cards free and those not holding cards by prescription. A comprehensive supply of medicines is always in stock. All necessary advice is given to mothers.

Children and infants are referred to hospital when such treatment is required.

Attendances at Clinics

No. of Clinics	Mothers	Children
101	1,631	2,963

SCHOOL HEALTH SERVICE

Defects	No. Requiring Treatment
Speech	27
Mental Condition	10
Hearing	43
Vision	446
General Appearance (clothing and foot gear) poor	2
Uncleanliness	5
Unvaccinated	2,943
Glands	33
Teeth	2,399
Nose and Throat:	
Tonsils and Adenoids	525
Rhinitis	36
Eye:	
Squint	208
Other Eye	31
Skin	44
Heart and Circulation:	
Organic Heart Disease	8
Functional Heart	121
Anaemia	121
Lungs:	
Bronchitis	1
Other	12
Postural Defect	6
Orthopaedic	9
Ear	1

List of Schools Visited

	Boys	Girls	Total
Dun Laoghaire:			
Dominican Convent	175	477	652
Blessed Oliver Plunkett	34	59	93
St. Paul's, Glenageary	13	13	26
Mariners	11	5	16
Harold Convent	60	183	243
Sallynoggin	30	32	62
	323	769	1,092
Dalkey/Killiney/Ballybrack/ Bray/No. 2:			
Tillystown	73	67	140
Loughlinstown	48	25	73
Rathmichael	7	8	15
Ballycorus	9	14	23
St. Gabriel's, Cabinteely	39	63	102
	176	177	353
Blackrock:			
Booterstown—Boys	30	—	30
Booterstown Convent	93	206	299
Booterstown—Mixed	65	67	132
Carysfort	82	395	477
	270	668	938
Rush and Lusk:			
Hedgestown	15	12	27
	15	12	27
Holmpatrick:			
Skerries (2)	167	132	299
Holmpatrick	4	3	7
Loughshinney	41	38	79
Milverton	32	28	60
	244	201	445
Stillorgan:			
St. Philomena's	23	—	23
Cornelscourt	159	119	278
St. Brigid's	16	16	32
Kilmacud	60	—	60
	258	135	393
Clondalkin:			
Clondalkin Village	13	6	19
	13	6	19
Tallaght:			
Glenasmole (2)	13	13	26
Tallaght (2)	221	88	309
	234	101	335
Rathcoole:			
Rathcoole	26	35	61
Newcastle	37	32	69
	63	67	130
Castleknock:			
Deaf School, Cabra	42	—	42
Lower Road	9	6	15
Mount Sackville	25	69	94
Glenmaroon	—	228	228
	76	303	379

	Boys	Girls	Total
Balbriggan:			
Ring	19	11	30
Naul	20	19	39
Balbriggan (3)	51	86	137
Balbriggan—Mixed	19	3	22
Damastown	6	8	14
	115	127	242
Malahide:			
St. Andrew's	30	23	53
	30	23	53
Swords:			
Church of Ireland, Donabate	3	5	8
	3	5	8
Finglas:			
Clonshaugh	15	13	28
St. Pappin's	45	32	77
St. Margaret's	23	25	48
Kilcoscan	14	10	24
Cappagh			
	97	80	177
Rathfarnham:			
Kilmashogue	29	20	49
Edmondstown	34	50	84
Whitechurch	4	4	8
	67	74	141
Dundrum:			
Central Remedial	8	5	13
Columbanus Road	121	94	215
	129	99	228
Kilsallaghan:			
Ballyboughal	23	35	58
Rolestown	78	65	143
Oldtown	15	38	53
	116	138	254
Totals	2,229	2,985	5,214

No. of schools examined : 58.

In 1959 6,510 children were examined in 47 schools.

In 1960 5,214 children were examined in 58 schools.

From September 1960 onwards, only children in age groups were examined : entrants ; 8–9 years ; 12–13 years.

DENTAL SERVICE

V. J. McGowan, L.D.S.,
Dental Surgeon

During the year 1960 the children in the national schools in Swords, Donabate, Lucan, Palmerstown, Portmarnock, Rolestown, Ballyboughal and Garristown were examined and all necessary dental treatment was completed.

In Blackrock and Curlew Road, Drimnagh, the usual regular weekly sessions were continued throughout the year and dental clinics were also held at Cloghran and Clondalkin for children of these districts attending city national schools.

Towards the end of the year, treatment was commenced in Tallaght for the children attending the local schools and continued in the early months of 1961. The recent improvements in Tallaght Dispensary has indeed made working in this centre much more of a pleasure than on the previous occasion. The Dispensary building would be adequate if toilet facilities were added.

On the whole one may say that the general dental condition of the children examined is improving particularly in those areas that have been treated within the previous two years, as up to this it has not been possible to follow up previous treatment within a shorter period.

The number of permanent teeth needing extraction is steadily decreasing while, at the same time, the number of permanent teeth which it is possible to conserve by fillings is increasing each year, as may be seen from the yearly summaries submitted.

Finally, I feel that I must draw attention to the cost of orthodontic treatment which is now reaching a considerable sum each year as I cannot help but feel that this money could be put to more advantageous use if used to provide more up-to-date dental equipment at the fixed clinics such as air rotors and X-ray equipment. This is now stock equipment in all school clinics in most European cities, including Cork City.

SUMMARY OF TREATMENT

Centres	No. of Clinics	No. Examined	Dentally Fit on Examination	No. Treated	Attendances	Extractions		Conservations		Topical Treatments	Sundry Treatments	Referred for General Anaesthetics	No. of Treatments Completed
						Temporary Teeth	Permanent Teeth	Temporary Teeth	Permanent Teeth				
Blackrock	159	673	89	584	1,369	215	181	77	998	183	87	121	433
Curlew Road, Drimnagh	91	314	42	340	790	161	73	5	696	134	55	74	315
Swords	69	254	14	240	658	148	103	—	478	109	47	54	192
Lucan	26	61	2	75	214	33	36	—	160	39	13	10	57
Donabate	19	76	3	73	181	44	31	—	130	24	14	14	60
Tallaght	18	134	10	88	216	45	47	—	109	17	10	30	61
Portmarnock	15	6	—	40	106	16	15	—	126	22	9	3	32
Rolestown	10	64	14	45	110	36	16	—	58	9	3	8	42
Cloghran	7	30	5	23	57	6	19	—	33	10	3	3	19
Ballyboughal	7	25	2	22	61	8	8	—	38	12	2	2	17
Garristown	7	29	4	25	65	18	14	—	31	15	6	1	15
Clondalkin	4	22	1	20	44	12	10	—	29	1	1	3	16
Totals	432	1,688	186	1,575	3,871	742	553	82	2,886	575	250	323	1,259

SCHOOL DENTAL SERVICE

L. Barry Walsh, B.D.S.

Dental Officer

During the year Dental Treatment was afforded in the following areas: Rathfarnham, Skerries, Castleknock and Balbriggan.

The Summary of Treatment shown below indicates clearly that the pattern of Dental Health in these areas is not what it should be. As in former years, the relatively enormous numbers of extractions tells its own tale. It is quite usual to extract permanent first year molar teeth within a couple of years of their eruption because of gross decay, and it is unfortunately quite a common occurrence to see also serious orthodontic troubles as a result of necessary extractions. I have noted over the past few years a very great improvement in oral hygiene. The children nearly all have their own tooth brushes and use them to a greater or lesser extent, but I cannot say that there appears to be any less dental decay. It would seem that the good work of the tooth brush is being offset by the increased consumption of foods and sweets which have a disastrous effect on the dentition. Modern bread which is made from highly refined flour is just about the worst food that could lie in the crevice of the teeth, and this is the staple food of a great number of the children. There is also a marked rise in the amount of sweets eaten, but here I think that this is not as serious as it is sometimes said to be.

A great step forward was made this year with the passing of the Fluoridation Bill. This is the first step in a breakthrough to reduce the awful incidence of dental decay. There is no doubt whatever that the introduction of fluoridation will save many thousands of children's teeth in the future. There should be no delay in preparing a Pilot Scheme, and as soon as possible to have all the water supplies of our towns treated.

Once again the facilities afforded at Temple Street Hospital were greatly appreciated, and a number of cases were treated there. These were as a rule very young children, or those with gross dental decay.

No orthodontic cases were treated for me during the year as any that applied did not fulfil the stringent measures required in these cases.

In conclusion, I would like to thank the Officers, Nurses and Staff who were so helpful and co-operative to me during the year.

SUMMARY OF TREATMENT

District	No. of Clinics	No. of Attend-ances	Temp-orary Extrac-tions	Per-manent Extrac-tions	Total Fillings Com-pleted	Miscel-laneous
Balbriggan -	38	584	237	274	99	102
Rathfarnham -	38	467	99	125	251	65
Skerries -	40	602	244	144	242	98
Castleknock -	37	545	207	127	214	86
TOTAL	153	2,198	787	670	806	351

DENTAL SERVICE

M. O'BEIRNE,

Dental Officer, Dundrum

ATTENDANCES		EXTRACTIONS		FILLINGS		Topical Treat-ment	Sundry Treat-ment	Treat-ment Com-pleted
New Cases	Recalls	Temp.	Perm.	Temp.	Perm.			
407	892	102	68	52	826	38	307	289

A total of 390 clinic hours were worked during the year. 78 patients failed to attend.

188 patients were referred for general anaesthetics and 3 for partial dentures. One was referred to the Dental Hospital for special treatment.

DENTAL SERVICE

P. J. O'GORMAN,

Dental Officer, Dun Laoghaire

During the year I held 481 clinics in Our Lady's Clinic, Patrick Street, Dun Laoghaire. The children from the following Schools attended :

1. Christian Brothers, Dun Laoghaire.
2. Christian Brothers, Mt. Merrion.
3. Harold Boys, Dun Laoghaire.
4. Harold Boys, Dalkey.
5. Church of Ireland (Boys), Dalkey.
6. Mariners, Church of Ireland, Dun Laoghaire.
7. Dominican Convent, Dun Laoghaire.
8. St. Joseph's Orphanage, Dun Laoghaire.
9. Blessed Oliver Plunkett (Mixed), Monkstown.
10. Cornelscourt, Foxrock (Mixed).
11. Loreto Abbey, Dalkey (Mixed).
12. Scoil Lorcain, Monkstown.
13. National School, Ballybrack.
14. National School, Shankill.
15. St. Gabriel's Hospital, Cabinteely.
16. National School, Loughlinstown.
17. National School, Sallynoggin.
18. St. Laurence's, Kilmacud.
19. St. Paul's, Glenageary (Church of Ireland).

The great majority of patients attended the dental clinic as a result of the School Medical Examinations, the Dental Attendant then sending out appointment cards in rotation. I, personally, held one School Dental Examination at the Christian Brothers' School, Dun Laoghaire. Out of a total of 700 on the school roll, I examined 150 ; 77 boys in the 7–8 age group and 73 in the 12–14 age group.

No. called from School Medical Inspections	926
No. who did not attend	226
No. attended under Mother and Child Welfare Service	69
No. referred to Dental Hospital for Specialist treatment	26
No. of these last sanctioned for treatment	22
No. of patients referred to St. Michael's Hospital, Dun Laoghaire	49

It gives me much pleasure to record that the girls and boys attending the clinic generally have well-formed teeth. They have a high standard of physique and every sign of excellent home care in all respects, except in respect of dental care and oral hygiene. The deciduous teeth were, for the most part, in a very advanced state of decay. If dental caries is ever to be attacked with hope of success, it must be started with the 3-5 year olds and a recall system maintained to check on further incipient caries.

The assistance and co-operation of medical, nursing and administrative personnel, especially that of my Dental Attendant, Miss O'Meara, is gratefully acknowledged.

SUMMARY OF TREATMENT

No. of Clinics	Hours	No. of Cases		Extractions		Fillings		Topical Treatments	Sundry Treatments	Treatment Completed
		New	Recalls	Perm.	Temp.	Perm.	Temp.			
481	1,491¼	926	4,676	744	1,403	1,479	366	47	1,261	487

In addition, 49 patients were referred to St. Michael's Hospital for general anaesthetics and 26 to the Dental Hospital for special treatment. A total of 897 patients failed to attend during the year.

MIDWIVES AND MATERNITY HOMES

A total of seventy-nine midwives notified their intention to practice in the county area. Seven live in Dun Laoghaire, thirty-one elsewhere in the county and eleven are attached to the Maternity Unit of St. Columcille's Hospital. Twenty-seven live in Dublin City, one in County Wicklow and two in County Kildare.

There are three registered Maternity Homes in County Dublin.

TUBERCULOSIS CLINICS

F. O SIOCHFHRADHA, *Assistant County Medical Officer*

RETURN OF NUMBER OF PATIENTS REGISTERED IN THE COUNTY (INCLUDING DUN LAOGHAIRE BOROUGH) IN THE YEAR ENDED 31st DECEMBER, 1960

	Respiratory Tuberculosis			Non-Respiratory Tuberculosis			Total
	Children Under 15 Years	Other Persons		Children Under 15 Years	Other Persons		
		Males	Females		Males	Females	
1. On Register on 31st December, 1959	135	506	479	75	59	74	1,328
2. Additions to Register during year ended 31st December, 1960:							
(a) Patients not stated to have been previously on a Tuberculosis Register	10	73	74	12	13	20	202
(b) Previously on a Tuberculosis Register, i.e., re-activated and not already reckoned above	1	6	3	1	—	—	11
3. Total of 1 plus 2 (a) and (b)	146	585	556	88	72	94	1,541
4. Removals from Register during year ended 31st December, 1960:							
(a) Discharged quiescent	2	2	1	1	1	2	9
(b) Died	—	15	2	1	—	1	19
(c) Other reasons	6	13	11	1	2	5	38
TOTAL REMOVALS	8	30	14	3	3	8	66
5. On Register on 31st December, 1960, i.e., 3 less 4 above	138	555	542	85	69	86	1,475

NEW CASES REGISTERED 1950–1960

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Central Clinic	—	—	270	262	231	265	218	157	115	134	116
Dun Laoghaire Clinic	—	—	195	187	215	125	123	120	96	89	86
TOTAL	476	467	465	449	446	390	341	277	211	223	202

The total gross figure of 202 shows a slight drop on last year's figure. It will be noted that in 1959 there was a slight increase.

NEW CASES REGISTERED IN COUNTY DUBLIN IN 1960

	Sex	All Ages	Under 1 Year	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75 and Over
Pulmonary Tuberculosis (other than primary)	M	76	—	—	—	19	8	14	13	14	5	3
	F	70	—	—	—	26	21	16	1	1	5	—
Primary Tuberculosis	M	6	1	1	4	—	—	—	—	—	—	—
	F	5	1	2	2	—	—	—	—	—	—	—
Non-Pulmonary Tuberculosis	M	20	—	—	5	4	8	1	2	—	—	—
	F	25	—	1	5	7	4	3	—	1	4	—
TOTAL		202	2	4	16	56	41	34	16	16	14	3

It will be seen from the above table that the highest incidence of tuberculosis is still in the 15-24 age group. Of the newly registered male pulmonary cases 46% are in the over 45 age group. Only 10% of the newly registered female pulmonary cases were over 45 years of age.

During the year 19 deaths from tuberculosis (all forms) were registered in County Dublin. This represents a death rate of 0.11 per 1,000 population. The national death rate from tuberculosis in 1960 was 0.17 per 1,000.

Maintenance Allowances

The number of patients in receipt of Maintenance Allowances during the year is set out hereunder :

Number who received I.D.M. Allowances during the year ended 31/12/1960	44
Number in receipt of Allowances on 31/12/1960	90
Total amount paid during the year ended 31/12/1960	£7,997 0s. 1d.

Domiciliary Welfare Scheme

Number of patients who received Extra Nourishment during the year ended 31st December, 1960	25
Number in receipt of Extra Nourishment on 31st December, 1960	12
Number of persons who received Clothing during the year ended 31/12/1960	48
Number of persons who received Bed and Bedding during the year	5
Number of persons who received Bedding	7

X-ray Facilities

The following Radiological examinations were carried out during the year :

X-ray Department Central Clinic	2,169
X-ray Department, St. Michael's Hospital	720
X-ray Department, St. Columcille's Hospital	64
X-ray Department, Monkstown Hospital	23
M. M. R. Unit, Dun Laoghaire	99
Total	3,075

Laboratory Investigation

The following investigations were carried out in the Department of Pathology, St. Kevin's Hospital :

Sputa :

Direct Microscopy	....	32
Direct and Culture	....	438
Sensitivity Tests	....	16

Attendances at Clinics

The average attendance per session at each tuberculosis dispensary was as follows:

Central Clinic Area:

Central Day Session	25	(Twice weekly)
Central Night Session	10	(Once a week)
Balbriggan Session	10	(Once a month)

Our Lady's Clinic, Dun Laoghaire:

Day Session	18	(Twice weekly)
Night Session	9	(Once a week)

Attendances of Contacts

The average number of contacts examined per month in the Central and Dun Laoghaire Clinic areas was as follows:

Central	*Dun Laoghaire*
65	50

B.C.G. VACCINATION SCHEME

Work Carried Out in County Dublin from January to December, 1960, by the National B.C.G. Committee

Month	New Attendances	Pre-Tests	B.C.G. Vaccinations	Post-Tests	Follow-up Tests
January	602	1,162	231	108	412
February	1,052	1,894	763	13	881
March	619	1,157	424	75	439
April	82	292	182	601	67
May	792	1,453	509	175	317
June	764	1,381	427	3	613
July	649	1,156	281	—	169
August	65	72	25	3	—
September	1,186	1,942	470	14	768
October	482	1,179	481	4	426
November	546	1,040	465	9	357
December	159	278	146	—	155
Total	6,998	13,006	4,404	1,005	4,604

MASS RADIOGRAPHY

Dublin County

January, 1960:	No. X-rayed	A, B & C	D	E	F	Z	Total Recalls
Public Sessions	161	2	1	2	1	2	8
Schools	826	1	2	—	—	—	3
Industries	321	3	1	1	—	—	5
Hospitals	166	3	—	1	—	—	4
Totals	1,474	9	4	4	1	2	20
February, 1960:							
Public Sessions	161	—	—	2	—	2	4
Schools	233	1	1	1	—	1	4
Totals	394	1	1	3	—	3	8
March, 1960:							
Public Sessions	378	—	—	3	—	1	4
Schools	906	—	—	—	—	4	4
Industries	244	—	—	1	—	—	1
Totals	1,528	—	—	4	—	5	9
April, 1960:							
Public Sessions	533	7	—	3	—	5	15
Hospitals	1,401	34	—	9	1	11	55
Schools	15	—	—	—	—	—	—
Totals	1,949	41	—	12	1	16	70
May, 1960:							
Public Sessions	176	5	3	2	—	4	14
Schools	865	1	—	—	—	4	5
Totals	1,041	6	3	2	—	8	19

DUBLIN COUNTY—*contd.*

June, 1960:	No. X-rayed	A, B & C	D	E	F	Z	Total Recalls
Public Sessions	372	2	1	2	—	4	9
Schools	300	—	—	1	—	—	1
Industries	516	1	1	—	—	2	4
Hospitals	98	—	—	1	—	—	1
TOTALS	1,286	3	2	4	—	6	15
July, 1960:							
Public Sessions	563	3	—	5	2	3	13
Schools	78	—	—	—	—	1	1
TOTALS	641	3	—	5	2	4	14
August, 1960:							
Public Sessions	1,079	5	—	3	3	2	13
Industries	46	—	—	1	—	—	1
TOTALS	1,125	5	—	4	3	2	14
September, 1960:							
Public Sessions	735	7	2	—	—	4	13
Schools	85	—	—	—	—	1	1
Industries	295	—	—	—	—	—	—
TOTALS	1,115	7	2	—	—	5	14
October, 1960:							
Public Sessions	512	—	—	5	1	1	7
Industries	452	1	2	—	1	2	6
Schools	1,072	—	—	2	2	—	4
TOTALS	2,036	1	2	7	4	3	17

COUNTY DUBLIN—*contd.*

November, 1960:	No. X-rayed	A, B & C	D	E	F	Z	Total Recalls
Public Sessions	168	1	—	2	1	—	4
Schools	957	1	—	—	—	2	3
Hospitals	14	—	—	—	—	—	—
Industries	80	—	—	—	—	—	—
TOTALS	1,219	2	—	2	1	2	7
December, 1960:							
Public Sessions	89	—	—	—	—	1	1
TOTALS	89	—	—	—	—	1	1

DUN LAOGHAIRE PUBLIC SESSIONS

January	161		
February	161		
March	216		
April	400		
May	176		
June	154		
July	154	+	Dalkey 11.
August	123	+	Cabinteely 12, Goatstown 108, Foxrock 14, Ballyboden 51, Sandyford 21, Glencullen 59, Ballybrack and Dean's Grange 121, Killiney 84, Stillorgan 75, Mt. Merrion 135.
September	107		
October	167		
November	128	+	Tallaght 9.
December	89		
	2,036		

VETERINARY SERVICE DUBLIN COUNTY

The year 1960 was probably one of the wettest on record, at least as far as County Dublin was concerned. With the exception of a couple of weeks in June rain fell almost continuously impeding farming operations and ruining crops. The quality of hay saved was very poor and there appeared to be a likelihood of a shortage of animal feeding stuffs during the winter. The continued wet weather added to dairymen's problems and made it difficult to keep cows clean, particularly where it is customary to put the cows out of the byres for a few hours.

The Bovine Tuberculosis Eradication Scheme, which was extended to County Dublin a couple of years ago, is making satisfactory progress. Full particulars are given in the Diseases of Animals Section of this report. The eradication of tuberculosis from our cattle is of importance not only from an economic standpoint but also in the interest of public health. The danger to humans of contracting the disease from drinking milk containing tubercle bacilli has greatly diminished with the extension of pasteurisation of milk supplies. Virtually all the milk produced in the county goes to pasteurising plants before reaching the consumer. There is still the danger to individual families where milk is consumed on farms in its raw state. This danger will not disappear until tuberculosis has been completely eradicated.

STAFF

Veterinary

Central

John A. Flynn, M.R.C.V.S., Chief Veterinary Officer.

Sean Curtin, M.R.C.V.S., Assistant Veterinary Officer.

Local (Part-time)

Celbridge No. 2 District—Wm. E. McDonald, M.R.C.V.S., Black Lion, Maynooth, all services.

South Dublin District—Gerald T. O'Reilly, M.R.C.V.S., Air Park, Rathfarnham, all services.

Health Inspectors

Balrothery and North Dublin Districts—Ernest Marsland, Dromard Road, Crumlin.

Celbridge, South Dublin and Rathdown Districts—Christopher Nolan, Lansdowne Park, Drimnagh Road, Crumlin.

Clerical Staff

Miss M. Archer.

MILK AND DAIRIES ACTS 1935 AND 1956

Registration of Dairymen Regulations 1936

The Milk and Dairies Act 1935 provides for the registration of milk producers and all persons who sell milk or who process milk for sale. There are certain exemptions to this general provision particulars of which are given in Section 11 of the Milk and Dairies (Amendment) Act 1956. Ordinarily suppliers to creameries who do not sell milk as whole milk need not register but in times of scarcity certain creameries are licensed by the Minister to sell whole milk and in these circumstances suppliers to these creameries must be registered with the local authority.

When an application for registration is received the premises are inspected and if found unsuitable a Refusal Order is issued setting out the grounds for refusal. The applicant may appeal to the Minister against this Order within three weeks of service and the Minister may confirm the Order or allow the appeal unreservedly or subject to compliance with certain conditions. Registration may also be cancelled if the premises have become unsuitable or the registered person fails to exercise adequate control or if he has been convicted of offences under the Milk and Dairies Act or Food and Drugs Act on three occasions within five years. In the latter case cancellation is obligatory.

The standards laid down for producers' premises can usually be attained and are now widely known. The registration of milk shops is more difficult owing to the wide variety of goods being sold in same nowadays. It has been the practice to refuse registration of shops where vegetables are sold. The pre-packing of vegetables has altered the position. The virtual disappearance of "loose" milk, at least in the Dublin area, has also altered the picture.

In order to avoid duplication of inspections by different officers an arrangement was made whereby the Food Hygiene Regulations would be enforced in shops registered for the sale of milk by Health Inspectors of the Veterinary Department.

Table No. 1 sets out particulars of registration of producers' premises, milk shops and cow population for the year 1960. The figures for producers and cow population has remained almost static but each year shows an increase in the number of milk shops registered.

TABLE No. 1
Registered Premises

District	Milk Producers' Dairy Premises	Shops, Stores, etc.	Dairy Cattle
Balrothery	164	85	3,585
North Dublin	67	17	1,837
Celbridge	113	15	1,972
South Dublin	151	90	2,929
Rathdown	64	101	1,135
TOTALS	559	308	11,458

Tables Nos. 2 and 3 give details of new dairy registration during 1960 and retirals from business during the same period.

TABLE No. 2
New Registrations during 1960

District	Milk Producers' Dairy Premises	Shops, Stores, etc.	Dairy Cattle
Balrothery	6	3	36
North Dublin	3	—	26
Celbridge	4	—	291
South Dublin	7	13	61
Rathdown	6	14	30
TOTALS	26	30	444

TABLE No. 3
Retirals from Dairy Business

District	Milk Producers' Dairy Premises	Shops, Stores, etc.	Dairy Cattle
Balrothery	7	5	97
North Dublin	9	1	188
Celbridge	6	—	76
South Dublin	7	9	71
Rathdown	6	5	81
TOTALS	35	20	513

It will be observed from the above tables that retirals from business exceeded new registrations except in the case of shops where there was an increase. The position at the end of the year, December 31st, 1960, was as follows :

Registered producers' premises	524
Registered milk shops	288
Milch cow population	10,811

A comparison with the previous year reveals a reduction of 9 producers with a drop in the cow population of about 200. There was an increase of 10 in the number of milk shops.

Refusal of Registration

Three Refusal Orders were served—all in respect of applications for registration of shops for the sale of milk. (1) In this case paraffin oil was being sold in the shop. No appeal was made against the Order and the applicant ceased selling milk. (2) In this case there was a lending library and post office business carried on in the shop with only one attendant. The applicant appealed to the Minister against the Order but the appeal was refused. (3) This case also concerned a lending library in a shop. No appeal was made but the applicant discontinued selling milk.

Cancellation Orders

It was found necessary to apply to the Minister for Agriculture for permission to cancel registration in three cases. (1) Shop used for hairdressing business. The Minister gave his consent to the making of the Order but in the meantime the sale of milk had ceased. (2) Lending library installed in shop after registration had been granted. The Minister gave his consent to serving the Order but the registered person had the library removed beforehand, making service unnecessary. (3) This case concerned a producer's premises where pigs were being kept contrary to Article 31 of the Milk and Dairies Regulations. The Minister approved service of the Order and the person concerned gave up dairy business.

Milk and Dairies Regulations 1937

Part IV of these regulations require the Sanitary Authority to arrange for veterinary examination of milch cows in registered dairies once every six months and at such other times as may be necessary for the enforcement of the Milk and Dairies Act. The veterinary staff endeavour to arrange the timing of clinical examination to take place immediately after milking when the udder is empty and abnormalities can easily be detected. The frequency of inspection is important and the ideal would be quarterly inspection. This has not been found

possible in practice owing to the limited staff and the difficulty of having cows housed for examination during the summer months. Table No. 4 summarises reports received from the veterinary staff on the inspection of dairies and examination of dairy cows.

TABLE NO. 4

Veterinary Officers' Reports on Dairy Inspection

District	No. of Reports	Cows in Milk	Dry Cows and Heifers	Totals	Septic Mastitis		Milk Samples Taken	
					Acute	Chronic	Positive	Negative
Balrothery	639	6,350	359	6,709	13	156	—	7
North Dublin	255	3,512	185	3,697	2	90	1	6
Celbridge	236	2,584	761	3,345	—	—	—	—
South Dublin	513	6,464	237	6,701	—	171	—	—
Rathdown	275	2,107	185	2,292	—	63	—	—
TOTALS	1,918	21,017	1,727	22,744	15	480	1	13
Year 1959	1,840	18,044	1,711	19,755	7	458	2	6

It may be seen from the comparative figures given in the above table that there was an all-round increase in inspections and clinical examination in 1960 compared with 1959. Fourteen milk samples were taken from cows with indurated udders suspected to be due to tuberculosis. One of these samples was found to contain tubercle bacilli.

Cases of septic mastitis detected during clinical examinations showed an increase over the previous year but the actual incidence is probably much higher than the table indicates as special methods of detection were not employed.

IMPROVEMENTS TO PREMISES

Table No. 5 attempts to analyse the improvements to dairy premises carried out during the year under review. Thus 31 new cowbyres were built compared with 13 in 1959. Seven byres were reconstructed compared with 16 the previous year. Electric light is now a feature of all farm buildings due to the rural electrification scheme. Water is being pumped by electricity, roots cut and grain ground by the same method. The use of milking machines has gradually extended because of shortage of labour. Unfortunately, machine milking is not always a satisfactory substitute for hand milking. The milking machine requires thorough cleansing, sterilising and intelligent use to produce milk free from contamination.

TABLE NO. 5

Improvements to Premises

	Bal-rothery	North Dublin	Celbridge	South Dublin	Rath-down	Totals
New cowbyres	6	—	7	7	1	21
Reconstructed byres	6	1	—	—	—	7
New utensils stores	4	1	1	2	—	8
Reconstructed stores	1	—	—	—	—	1
Milking machines installed	2	2	—	—	—	4
Coolers installed	3	4	—	—	—	7
Water supply laid on	2	1	—	—	—	3
Yards concreted	2	1	9	10	2	24
Covered courts	—	1	—	—	—	1
Milking parlours	2	1	—	—	—	3
Electric lighting installed	5	—	—	—	—	5
Hot water boiler installed	—	1	—	—	—	1
Electric water pumps	7	3	—	—	—	10

HEALTH INSPECTORS' REPORTS

Two Health Inspectors were seconded to the Veterinary Section some years ago, one for the northern portion of the county which comprises the former rural districts of Balrothery and North Dublin, and the other for the southern part of the county, viz., Celbridge No. 2, South Dublin and Rathdown No. 1. Their duties include the routine inspection of registered milk producers' premises, milk shops, milk stores, pasteurising premises, sampling milk for bacteriological examination, inspection of slaughter-houses and meat shops, meat inspection, etc.

Generally speaking, applications for registration of milk shops, milk stores, etc., are referred to the Health Inspectors as they can also deal with other foodstuffs sold in shops to see that the requirements of the Food Hygiene Regulations are observed. Follow-up inspections constitute a fair proportion of their duties, that is revisiting premises where hygienic conditions were found unsatisfactory by the veterinary officers. They do not, of course, carry out clinical examination of dairy cows but attend to the hygienic side of milk production.

Table No. 6 summarises reports made by the Health Inspectors on the inspection of dairies together with comparative figures for 1959.

TABLE NO. 6

Health Inspectors' Reports

Districts	Bal-rothery	North Dublin	Celbridge	South Dublin	Rath-down	Total
Number of Inspections	1,226	413	606	862	639	3,746
Year 1959	1,206	480	690	854	721	3,951

MILK AND DAIRIES (SPECIAL DESIGNATIONS) REGULATIONS

Under these Regulations four grades of milk are specified, viz., Highest Grade, Standard, Grade I Pasteurised and Pasteurised. The Department of Agriculture is the licensing authority but Dealers' Licences to sell all three grades of milk are issued by the Local Authority.

Highest Grade Milk: The essential requirements for this grade of milk are that all cows in the producer's herd must have passed the Tuberculin Test and be kept isolated from all other untested stock. The premises must be registered with the local authority but equipment must satisfy officers of the Department. Records of tests, additions and removals in the herd are kept in a Herd-book. Milk must be bottled on the premises or on other licensed bottling premises or sold in bulk in sealed containers.

There were 17 herds licensed by the Department of Agriculture for the production and sale of Highest Grade milk during 1960. Table No. 7 shows the disposition of these herds in the various districts. There was no change compared with the previous year.

Standard Milk: No licence for the production and sale of Standard milk has been issued for some time.

Pasteurised Milk: There was one pasteuriser's licence issued to a dairyman in the North County. The large pasteurising establishments of Hughes Bros., Rathfarnham, and Merville Dairy Ltd., Finglas, were transferred some years ago to the city.

Dealers' Licences: Dealers' licences at 279 for the sale of pasteurised milk showed an increase of 4 over 1959.

TABLE NO. 7

Licences issued under the Special Designations Regulations

LICENCES	DISTRICTS					
	Balrothery	North Dublin	Celbridge	South Dublin	Rathdown	Totals
Producer's Licence to sell bottled Highest Grade Milk	2	—	—	—	2	4
Producer's Licence to sell unbottled Highest Grade Milk	3	—	3	1	6	13
Pasteuriser's Licence to sell bottled Pasteurised Milk	—	1	—	—	—	1
Dealer's Licence to sell Pasteurised Milk	77	15	13	81	93	279

SLAUGHTER-HOUSES, MEAT SHOPS AND MEAT INSPECTION

All meat inspection activities are covered under this section of the report and include treatment of animals in slaughter-houses prior to slaughter, stunning and slaughtering by licensed

butchers, ante and post-mortem inspection of animals and carcasses, transport of meat to butchers' shops and care of meat therein before and during sale. These matters are covered by the Slaughter of Animals Act, Slaughter-house Bye-laws and Food Hygiene Regulations respectively.

There are 17 slaughter-houses in County Dublin, of which 3 were unlicensed during the year.

The inspecting officers were instructed to collect details of all animals slaughtered on each premises for the purpose of this report and to furnish the Central Statistics Office with the information.

It was not possible with the staff available to inspect the carcasses of all animals slaughtered in the county except in the case of two premises, one in South Dublin and the other in North Dublin, where all meat is sent to the city and 100% inspection was guaranteed to the Corporation authorities. The proportion inspected either by Veterinary Officers or Health Inspectors was very high and could be regarded as satisfactory. The subjoined Table No. 8 gives particulars of animals slaughtered in County Dublin slaughter-houses during the year.

TABLE NO. 8

Slaughterings in all Districts During the Year

Districts	Heifers	Cows	Bullocks	Calves	Sheep	Lambs	Pigs
Balrothery	1,407	47	10	30	3,446	1,741	164
North Dublin	855	92	13	13	3,815	1,399	—
Celbridge	436	—	1	—	2,305	354	—
South Dublin	1,581	261	51	68	5,859	3,313	275
Rathdown	1,086	10	25	13	3,846	1,176	176
TOTALS	5,365	410	100	114	19,271	7,983	615

It will be seen from the above table that out of a total of 5,989 bovine animals slaughtered there were only 410 cows which is about 7%. Sheep are divided into two classes, sheep and lambs. A lamb is a lamb according to butchers until it is shorn, which would be at least a year after birth.

All the pigs slaughtered in the county, outside premises licensed by the Department of Agriculture under the Pigs and Bacon Act, are sold as pork. It is satisfactory to record that, although the Slaughter of Animals Act has an exemption clause which excludes pigs from the provision relating to the use of a humane killer, all pigs were in fact stunned by one of these instruments before being bled.

There is only one abattoir or public slaughter-house in the county situated in Balbriggan and owned by the County Council. All the other premises are privately owned and are licensed for use. The licences are renewed annually. There are three premises unlicensed but one is registered by the Department of Agriculture under the Fresh Meat Act and is suitable for licensing. Cattle and sheep are slaughtered there for the city trade in addition to those slaughtered for export. The others are located in the Balrothery District but extensive improvements have been carried out on one which may render it fit for licensing. The second is located just behind the shop and although it is well kept it cannot be made suitable for a licence.

Table No. 9 gives the location of slaughter-houses and meat shops and also the number of butchers engaged in the sale of meat.

TABLE NO. 9

Slaughter-houses and Meat Traders in the County

District	Number of Slaughter-houses		Number of Meat Shops	Number of Meat Traders using Slaughter-houses
	Licensed	Unlicensed		
Balrothery	7	2	15	14
North Dublin	2	1	2	4
Celbridge	4	—	4	4
South Dublin	4	—	25	5
Rathdown	7	—	26	10
TOTALS	24	3	72	37

Slaughterings for the year at Balbriggan Abattoir were as follows: Cattle, 533; Sheep, 308; Lambs, 951; Pigs, 16. These figures show an increase compared with 1959. It was thought some years ago that this abattoir would, in the course of a few years, become self-supporting with the growth of the town. This has not been realised and as far as one can judge it is unlikely that Balbriggan will develop industrially or the population increase to any extent.

The abattoir provides the butchers of Balbriggan and to some extent Skerries with hygienic inexpensive facilities for slaughtering and hanging animals intended for food. There is no refrigerator but this has not proved necessary as carcasses are removed within a day or two to the shops where refrigeration is provided.

There are 72 butchers' shops in County Dublin, all of which are registered under the Food Hygiene Regulations. Most of

the meat sold in these shops is from animals slaughtered in the county but one or two obtain their requirements from the City Abattoir. Likewise some of the county slaughter-houses cater for city butchers but in these cases all carcasses are inspected before being removed. There is, of course, a legal onus on butchers to report for inspection any carcass which is diseased or abnormal in any way. Table No. 10 summarises inspections of slaughter-houses and meat shops and animals examined ante and post-mortem by the veterinary staff.

TABLE NO. 10
Veterinary Officers' Reports on Slaughter-houses and Meat Shops

District	No. of Inspections		No. of Animals Examined					
			Cattle		Sheep		Pigs	
	Slaughter-houses	Meat Shops	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
Balrothery	241	178	17	370	45	1,091	—	1
North Dublin	93	42	13	251	48	863	—	—
Celbridge	225	178	92	243	451	1,066	—	—
South Dublin	253	10	209	1,503	852	6,321	—	97
Rathdown	275	46	203	521	81	2,859	—	4
TOTALS	1,087	454	534	2,888	1,477	12,200	—	102
Year 1959	1,013	381	483	2,635	1,471	11,833	2	106

It will be noted that there were increases under all headings compared with 1959 except in the case of pigs where there was a slight drop. Slaughterings of cattle and sheep for export in premises registered under the Fresh Meat Act and pigs in premises registered under the Pigs and Bacon Act are not included as they are under the control of the Department of Agriculture who provide their own inspecting staff and do not furnish returns to the Local Authority.

Table No. 11 gives particulars of inspections made by the Health Inspectors during the year. There is no reference therein to ante-mortem inspection as these inspectors do not carry out such inspections except where animals are obviously diseased or injured or where their attention is drawn to same.

TABLE NO. 11
Health Inspectors' Reports on Slaughter-houses and Meat Shops

District	No. of Inspections		Number of Animals Examined		
			Cattle	Sheep	Pigs
	Slaughter-houses	Meat Shops	P.M.	P.M.	P.M.
Balrothery	446	612	1,265	4,052	105
North Dublin	227	57	892	4,945	—
Celbridge	171	105	130	1,481	—
South Dublin	135	244	671	3,290	168
Rathdown	229	410	933	3,769	100
TOTALS	1,208	1,428	3,891	17,537	373
Year 1959	1,294	1,060	3,639	16,608	336

It is fortunate that the two Health Inspectors operating in the county have been thoroughly trained in Meat Inspection and quite competent to carry out routine inspection. They do not make major seizures, e.g., whole beef carcasses, without having their judgment counter-checked by a veterinary officer. This has been rendered all the more necessary since the Department of Agriculture has agreed to pay compensation to butchers for whole carcasses or large parts of carcasses of bullocks and heifers which have been seized on account of tuberculosis. A detailed post-mortem report must be filled in for every case showing the disposition of lesions in the carcass. The forms must be signed by a Veterinary Officer who must, of course, conduct a complete post-mortem examination even though this may have already been done by a Health Inspector.

These officers see that the Slaughter-house Bye-laws are complied with and that regulations made under the Slaughter of Animals Act are duly observed, e.g., that butchers who slaughter animals are duly licensed ; that an approved instrument, i.e., a humane killer, is employed for the stunning of animals ; that animals are not slaughtered in sight of other animals. They also administer the Food Hygiene Regulations as they apply to butchers' shops. Meat inspection takes up much of their time and in two premises where cattle and sheep are slaughtered exclusively for the city meat trade arrangements have been made to ensure 100% inspection. Not all of this is done by the Health Inspectors but the work is divided between them and the veterinary staff.

Unsound Meat

The inspecting officers in the course of meat inspection seized 4 tons 14 cwts. 2 qrs. 10 lbs. of meat as unsound and unfit for human consumption. Table No. 12 gives the main causes of condemnation of whole or portions of carcasses and as usual tuberculosis heads the list. There was a reduction of more than 3 tons compared with 1959.

Table No. 12

Return of Carcasses Wholly or Partially Condemned

Condition	Cattle		Sheep		Pigs	
	Whole	Partial	Whole	Partial	Whole	Partial
Tuberculosis	4	5	—	—	—	—
Ill Bled & Moribund	1	—	—	—	—	—
Septicaemia	1	—	—	—	—	—
Pleurisy & Peritonitis	—	2	—	—	—	—
Traumatism	—	1	—	—	—	—
Totals	6	8	—	—	—	—

The subjoined Table No. 13 gives a return of organs seized apart from those seized with entire carcasses and the conditions warranting seizure. It is of interest to note that although 1960 was an exceptionally wet year the incidence of liver fluke and cirrhosis due to fluke was greatly below that of the previous year when the weather was exceptionally fine. These remarks apply only to cattle and sheep reaching the slaughter-houses in County Dublin. It is known that casualties from liver fluke were high but it would appear that on account of the high incidence in 1959 farmers took the precaution of dosing their animals with anthelmintic drugs.

TABLE NO. 13

Return of Unsound and Diseased Organs

CONDITION	CATTLE	SHEEP
LIVERS :		
Tuberculosis	22	—
Cirrhosis	165	12
Fluke	76	124
Abscesses	7	—
Bacillary Necrosis	2	—
Tumors and Jaundice	1	—
LUNGS :		
Tuberculosis	107	—
Abscesses	27	—
Fluke Cysts	4	—
Tumors and Jaundice	2	—
HEADS :		
Tuberculosis	31	—
Actinomycosis	2	—
TONGUES :		
Tuberculosis	30	—
Actinomycosis	2	—
HEARTS :		
Tuberculosis	34	—
STOMACHS :		
Tuberculosis	10	—
INTESTINES :		
Tuberculosis	10	—
Tumors and Jaundice	1	—
SPLEENS :		
Tuberculosis	10	—
GUT FAT :		
Tuberculosis	2	—

Disposal of Diseased Meat

Entire carcass or major portions of carcasses seized for disease or abnormal conditions were sent to O'Keefe's, Mill Street, for destruction, including the organs of the carcass. Individual organs and small parts of carcass seized were disposed of locally by burial.

Slaughter of Animals Act 1935

Before the passing of this Act its main provisions were incorporated in the Slaughter-house Bye-laws which were adopted by the Dublin County Council. The Bye-laws were amended after the Act had been implemented by Regulations and they now cover only the maintenance of slaughter-houses.

The Act prescribes measures to be taken for the humane treatment of animals in slaughter-houses, the types of instruments to be used for stunning and the licensing of butchers using these instruments. During the year 34 butchers were licensed—one less than in 1959. There were no prosecutions taken for infringements of the Act.

Food Hygiene Regulations

These regulations are concerned with the registration of certain categories of food premises and the handling of food generally. The Veterinary Department is mainly concerned with their application to meat shops and to foodstuffs sold in registered milk shops. Generally speaking the butchers' shops in County Dublin are well equipped for the hygienic handling of meat and it was not found necessary to take proceedings for non-compliance with the Regulations.

Five new registrations were granted during the year and two shops changed ownership.

DISEASES OF ANIMALS ACTS AND ORDERS

Under the Diseases of Animals Acts and Orders the following diseases are scheduled : Rinderpest or Cattle Plague, Sheep Pox, Sheep Scab, Contagious Bovine Pleuro-pneumonia, Foot and Mouth Disease, Bovine Tuberculosis, Epizootic Lymphangitis, Swine Fever, Rabies, Glanders and Farcy, Parasitic Mange, Anthrax, and for some purposes Epizootic Abortion in cattle. Most of the above diseases have been eradicated from this country with the exception of Bovine Tuberculosis, Sheep Scab, Anthrax and Epizootic Abortion.

Anthrax

One case of suspected Anthrax was reported from the Celbridge area. The animal was found dead on a Government farm with no evidence of previous illness. An ear was taken by the veterinary officer for the district and brought to the Abbotstown Laboratory for diagnosis. The presence of the disease was not confirmed.

Sheep Scab

There were five investigations made of suspected outbreaks of Sheep Scab, three of which were negative and two positive. Two flocks of sheep were examined on a farm in the Rathdown district near the city but Sheep Scab was not found in any of the sheep. The disease had been confirmed in a flock of sheep on a section of this farm inside the city boundary. There did not appear to have been any contact between the three flocks but the two flocks in the county were dipped as a precautionary measure. One flock of 10 sheep was being used for experimental purposes (medical research) and the other, comprising 45, was owned by a farmer. The third investigation was made at the request of a Government Department. A report had been made that sheep grazing on a Government farm, which had been let for grazing, were suffering from Sheep Scab. The flock, 125 in number, was examined but no evidence of Scab could be found. Many sheep were suffering from maggots but were otherwise healthy.

The fourth investigation concerned two flocks of 363 sheep grazing on two farms, one in North Dublin and the other in the Celbridge area, both owned by the same person who reported the disease on veterinary advice. On examination, 86 sheep were found to be suffering from Sheep Scab. At the owner's request the sheep on the North Dublin farm were removed under licence to the Celbridge farm for detention and treatment. Two dippings were carried out on July 2nd and July 22nd. Subsequently wool samples were taken but no psoroptic acari could be found. Restriction on movement was withdrawn in September. These sheep had been purchased at sheep sales and all the relevant information was sent to the Department of Agriculture. It would appear that the diseased sheep had been purchased in the West of Ireland but it was found impossible to trace the original owners of the sheep.

The fifth investigation concerned a flock of 132 sheep grazing on a small holding in the Rathdown area adjacent to the city boundary. The owner reported these sheep as suffering from the disease. Examination showed that about 40 sheep had active lesions of Sheep Scab. A Detention Notice was served on the owner and 130 sheep were dipped on December 9th, two having been killed by dogs in the course of three days. The sheep were still under detention at the end of the year.

Bovine Tuberculosis Order 1926

The need for this Order will gradually disappear with the progress of the Tuberculosis Eradication Scheme. As its scope is very limited it is quite ineffective in controlling the disease. The Order was amended some time ago to permit of the payment of a sum equal to full valuation for animals slaughtered by way of compensation. This provided

encouragement to farmers to report suspected animals but unfortunately by the time an animal shows symptoms of tuberculosis the disease is usually well advanced and much damage has been done.

The subjoined Table No. 14 analyses investigations carried out during the year.

TABLE NO. 14

Bovine Tuberculosis Order 1926

Number of premises where investigations were carried out	25
Number of animals examined on premises	369
Number of milk samples taken	15
Number of samples found positive for tuberculosis	1
Number of animals slaughtered :	
(a) Tuberculosis of the udder or giving tuberculous milk	—
(b) Tuberculous emaciation	2
(c) Chronic cough with definite clinical symptoms of tuberculosis	14
Number of animals showing no lesions of tuberculosis on post-mortem examination	4
Number of animals found not to come within the scope of the Order	**1**

Compensation Paid

Full compensation	£501 0 0
Total salvage	£249 19 0

Fifteen milk samples were taken from cows with indurated udders suspected to be due to tuberculosis and submitted to the Veterinary Research Laboratory for examination. All samples were negative for tuberculosis on microscopical examination but one sample proved positive on biological test. A biological test on another sample was negative for tuberculosis. Milk samples are taken only where the induration present is suggestive of tuberculous infection or where tubercle bacilli have been found in the milk on bulk sampling. The cow whose milk was found positive for tuberculosis on biological test was slaughtered with some others under the Bovine Tuberculosis Eradication Scheme before the biological test matured. Post-mortem examination revealed lesions of

tuberculosis in the udder and internal organs. The animal is not returned in Table 14 as having been slaughtered under the Order.

The total number of cattle slaughtered under the Order during 1960 was 16, of which 4 showed no lesions of tuberculosis on post-mortem examination—two were suffering from traumatic pericarditis, one from actinomycosis and the fourth from chronic pneumonia.

Compensation paid for cattle slaughtered under the Order amounted to £501 and salvage amounted to £249 19s. 0d., almost 50%. The cattle were sent to meat factories in Dublin and Kildare where prices are fixed according to condition.

Bovine Tuberculosis Eradication Scheme

This scheme which was extended to County Dublin in 1958 continues to make satisfactory progress and 1,500 herds were participating in the scheme up to December 31st, 1960. This represented 76% of the total herds in the county. The initial herd tests showed 32% of cows reacting and 6% of other stock. Re-tests showed 12% reactors among cows and 2% among other stock. There are now 110 herds attested in County Dublin.

Rapid progress is difficult in County Dublin because movement of livestock is mostly inwards as it is not a stock-producing county. Replacements for reactors have to be brought in from other counties and some of these fail the test subsequently. In addition, known reactors are moved in from the outside and add to the problem of eradication.

The following is a summary of the position on December 31st, 1960, as supplied by the Department of Agriculture :

Participation	1,500 herds or 76% of total.
Herd tests	1,312
Animals tested	38,515
Cows tested	15,779
Cows failed test	32%
Other stock tested	23,736
Other stock failed test	6%

Re-tests: Disease Incidence: Cows, 12%; other stock, 2%.

Attested herds 110

The incidence of disease in cows is up 1% on 1959 figures and about ½% for other stock including heifers. The total number of herds participating in the scheme at the end of 1959 was 1,010 compared with 1,312 in December, 1960. Bovine Tuberculosis must be eradicated from our herds as soon as possible and no one can accuse the Government of sparing

money to achieve this objective but the active co-operation of farmers in all counties is necessary. Some farmers have not yet seen the light or have turned a blind eye to it. Compulsion is not a popular word in Ireland but compulsion it must be for those farmers who are content to sit on the fence watching and criticising without making any contribution to this national problem.

Sheep Dipping Orders 1937 to 1948

Special measures are taken to enforce the sheep dipping orders in County Dublin each year. These include the making of regulations for the mountain area and the appointment of temporary sheep dipping inspectors. It has been the practice since 1933, when an extensive outbreak of Sheep Scab occurred in the mountain district of Rathdown and South Dublin, to treat this area separately. The area borders County Wicklow and part of it is Mountain Commons. Regulations are made about the month of June each year known as the "County Dublin Special Dipping Regulations." These require sheep owners to bring their sheep to dipping centres on a specified date at a fixed hour for dipping. Sheep Dip must be supplied by the owner. On completion of dipping a sheep dipping inspector issues a dipping certificate. In the remainder of the county the sheep owners give five days' notice of intention to dip in order to permit an inspector to be in attendance.

The compulsory dipping season lasts only three months—from August 1st to October 31st—and temporary sheep dipping inspectors are employed for that period—5 for County Dublin. They are paid at a fixed weekly rate instead of a per capita basis as the sheep population in County Dublin is not large. Table No. 15 gives figures for dippings which took place during 1960 under the supervision of the temporary sheep dipping inspectors.

Table No. 15

Return of Sheep Dipped During the Year

District	No. of Dippings
Balrothery	15,876
North Dublin	3,661
Celbridge	3,654
South Dublin	4,724
Rathdown	2,065
Scheduled Area	5,980
Total	35,960

Warble Fly (Treatment of Cattle) Order 1936

This Order was withdrawn several years ago and since then warble infestation of cattle hides has reverted to its pre-Order position. The damage to hides caused by warbles is considerable but as the farmer does not suffer any monetary loss by failing to treat his cattle he is not greatly worried by the condition. The dairy farmer has, of course, the problem of cows gadding in hot weather with consequent loss of milk and condition but even he does not take preventive measures.

Admittedly cattle must be dressed every month from the time the warbles first appear on the back until the last one has extended himself from his developing site. The cost is small but it calls for a little time to do the job properly.

More recently a preparation has been developed which when given by the mouth at the appropriate time (i.e., the winter), prevents the larvae in the gullet from migrating to their predilection site in the back. It is unfortunately rather expensive.

VETERINARY SERVICE—DUN LAOGHAIRE BOROUGH

M. P. Geraghty,
Veterinary Officer

Slaughter-houses, Meat Inspection and Butchers' Shops:

Duties here are concerned with the Corporation's Bye-laws, Slaughter of Animals Act, 1935, Public Health (Veterinary Inspection) Order, 1929, and the Food Hygiene Regulations, 1950.

The number of privately-owned slaughter-houses remains at eleven. These provide slaughtering facilities for the majority of butchers in the borough. There is often overcrowding making it difficult and sometimes impossible to observe reasonable standards of hygiene in the slaughtering and dressing of animals. As these slaughter-houses are situated in densely-populated areas, owners find it virtually impossible to extend their premises, and local butchers are loath to use the Dublin Abattoir for economic reasons. A suitable municipal abattoir would provide slaughtering facilities for these butchers and eliminate the dangers associated with overcrowding.

Inspections of Meat Shops

During the year 352 inspections were carried out to ensure compliance with the Food Hygiene Regulations.

Inspections of Slaughter-houses

During the year 889 inspections were made. It was necessary to withhold the annual licensing of one slaughter-house.

Slaughter of Animals Act

In accordance with the Act, persons engaged in the slaughter of animals are required to hold a licence and to use an approved instrument for the stunning of animals previous to slaughter. Fourteen such licences were issued during 1960.

Below is a summary of the animals slaughtered:

	No. Slaughtered	Partly Condemned	Wholly Condemned
Cattle	3,365	79	1
Sheep	20,565	132	Nil
Pigs	1,741	6	Nil

Unsound meat and offals, etc., condemned amounted to 2,440 lbs.

Tuberculosis infection and Cirrhotic livers accounted for most of the seizures. There were five cases of Cysticercus bovis infection.

Milk and Dairies

No. of dairymen on Register	244
No. of milk producers	13
No. of registered milk shops	183
No. of bottling premises	1
No. of dairymen whose production premises are outside sanitary district	37
No. of cows in herds of registered milk producers	253
No. of inspections of dairy premises	227

There is one pasteurising plant and one producer of "Highest Grade Milk" in the borough. Both are licensed by the Minister for Agriculture.

Milk and Dairies (Special Designations) Regulations 1938

Under these Regulations there were 134 Dealers' Licences issued during the year. Frequent inspections of milk shops ensured that milk was stored and handled in a proper manner. Most milk sold retail in the borough is pasteurised.

Examination of Milk Cows in Dairy Yards

Inspections carried out aim at ensuring compliance with the Milk and Dairies Act, 1935, and Regulations thereunder. The majority of dairy cows have passed a Tuberculin Test. These tuberculin tested cows are now more readily available to producers.

Clinical examinations carried out during the year failed to reveal any cows coming within the meaning of the Tuberculosis Order, 1926. With the exception of a few cases of mastitis, all animals were free from any disease likely to infect humans.

Three individual milk samples and one biological proved negative for Tuberculosis.

HOUSING

JOHN B. O'REGAN,

Chief Medical Officer

In his report on new housing schemes, Mr. S. MacCormac, Senior Staff Officer, states :

> "The total number of post-war houses provided by the County Council up to 31st December, 1960, was 2,073. A further 184 houses, built at Coolock, Baldoyle and Finglas, are now in the city administrative area.
>
> During 1960, 56 houses were completed as follows : 42 at Lucan, 10 at Malahide and 4 single rural cottages for nominees on various sites in the county.
>
> Action has been taken, as necessary, under the Housing (Miscellaneous Provisions) Act, 1931, in respect of unfit dwellings and supplementary grants for repair and improvement have been made in a number of cases where Repairs Notices were issued under Section 19 of the Act.
>
> At the end of 1960 seventy-five houses were in course of construction at Swords (24), Stillorgan (34), Tallaght (16) and on one nominee site at Collinstown. Three new cottages were provided, by arrangement with the Department of Transport and Power, to replace Council cottages which were acquired for the extension of Dublin Airport. Tenders were accepted towards the end of the year for a scheme of 10 houses at Finglas and for 3 single rural cottages. Difficulty has been experienced in obtaining suitable tenders for single cottages on nominee sites and cottages have yet to be built on at least 8 sites. Tenders have been invited for 28 houses at Shankill and other schemes at Balbriggan, Blanchardstown and Lucan. Compulsory Purchase Orders were made in respect of lands at Clondalkin and Dundrum and in the case of Clondalkin the Minister's Confirmation Order is awaited."

In my opinion, the County Council should cease building single cottages on nominated sites. These cottages cannot be serviced and, while at first they are convenient to the applicant's work, they are usually far from schools, shops and churches. If the applicant loses his job or leaves his first employer, his next job may be very distant from his house.

Unserviced houses do not meet the needs of this modern age.

HEALTH INSPECTORS' REPORT

MICHAEL MAGUIRE,
Supervising Health Inspector

I submit my report for year ending 31st December, 1960. The Health Inspectorial service consists of :

Supervising Health Inspector	Dublin County : 2 Health Inspectors. Dun Laoghaire : 2 Health Inspectors.	Disinfect/Rodent Control Operator.

The duties which a Health Inspector in County Dublin is required to perform are covered by the following enactments. He is authorised by Dublin County Council to enter and inspect all premises and lands in the administrative county of Dublin for the purpose of the following Acts and all Acts extending, amending or replacing same and also any Bye-laws made or to be made under the said recited Acts :

(1) Local Government (Sanitary Services) Acts, 1878-1948,

(2) Factories Act, 1955,

(3) Office Premises Act, 1958,

(4) Milk and Dairies Acts, 1935 and 1956,

(5) The Slaughter of Animals Act, 1946,

(6) The Shops (Conditions of Employment) Act, 1938,

(7) The Labourers Acts, 1883 to 1960,

(8) The Housing (Miscellaneous Provisions) Act, 1931,

and is assigned the duty of acting as a Milk Sampling Officer under the Milk and Dairies Acts, 1935 and 1956, and is authorised to appear on behalf of the Dublin County Council in its capacity as housing and sanitary authority generally, before any Justice or Justices and in any legal proceedings which may be instituted by or against the said housing and sanitary authority.

In addition, he is an Appointed Officer of the Dublin Health Authority in respect of the following enactments :

(1) a Food and Drugs Inspector for the purposes of the Sale of Food and Drugs Acts, 1875-1936 ;

(2) an authorised person for the purposes of the Rats and Mice (Destruction) Act, 1919 ;

(3) an authorised officer and health inspector for the purposes of the Health Acts, 1947-1958, and regulations thereunder ;

(4) an authorised officer for the purposes of the Public Health (Saorstat Eireann) (Preservatives, etc., in Food) Regulations 1928 ;

and he is authorised to appear on behalf of the Dublin Health Authority before any District Justice and in any legal proceedings which may be instituted by or against the Dublin Health Authority and to institute and carry on any proceedings which such Authority is authorised to institute and carry on.

INSPECTIONS MADE

Applications for re-housing	1,188
Factories—Inspections	57
(In three (3) instances it was necessary to take Court Action to secure compliance.)	
Rodent Control—Complaints investigated by test baiting and advice given	561
Disinfections after Infectious Diseases	34
Disinfestations	44
Shops and Conditions of Employment Act—No. of Inspections	10
Sewerage and Drainage—No. of Inspections	398
B.O.D.—Samples of	11
Seaside Resorts—No. of Inspections	33
Water Supplies—No. of Inspections	182
Water Samples—No. of Inspections	114
Burial Grounds—No. of Inspections	43
Tipheads and Dumps—No. of Inspections	35
Investigations re Indiscriminate Dumping on Open Spaces—No. of Inspections	79
Sanitary Conveniences—No. of Inspections	39
Piggeries—No. of Inspections	47
Temporary Dwellings and Camping Sites—No. of Inspections	539
Nuisance Inspections	49
Mass X-ray Calls (re Posters)	32
Building Proposals Examined and Sites Visited—No. of Inspections	115
Schools—No. of Inspections	22
Cinemas—No. of Inspections	30
Rodent Control—Inspections and Advice re Rodent Infestation	68
Food Hygiene Inspections—No. of Inspections	292
Rivers Pollution Inspection—No. of Inspections	36
B.O.D.—Samples of	10
Re-inspection of Premises to determine if Undertakings not to re-let are being complied with —No. of Inspections	45
Mosquito Control Service	27
Outdoor Amusement Centres Visited—No. of Inspections	3
Offensive Trades—No. of Inspections	2

As will be seen from the above breakdown of the Health Inspectors' activities in the county area a considerable volume of work is carried out. There are two Health Inspectors engaged on general duties in County Dublin. This is inadequate. The population of the county continues to increase and the private and industrial development in the county is also increasing. This is a trend I have noticed in my few years working in the county area and it is a trend which is apparent to any layman. The inadequate inspectorial system results in second class service to the county and to the members of the public who reside in the county. The pressure of work is such as to prevent any sensible organisation of daily itineraries. More inspectors are badly needed so that each aspect of their work may receive adequate attention.

Office Staff

Prior to the formation of the Dublin Health Authority on the 1st July, 1960, the Health Inspectors formed part of the Public Health team within the Dublin County Council, and was then without an organised and efficient clerical system which is so necessary for the field officer. The birth of the Dublin Health Authority did nothing to improve the administrative machine directly behind the Health Inspectors; this is to be expected with the organisation of such a large complex body, but it is hoped that the difficulties experienced will be appreciated and satisfactorily dealt with in due course.

Housing

The housing programme of the Dublin County Council continued to be pressed with its usual vigour. This means a considerable portion of the Health Inspector's time is devoted to housing in its many aspects. He is required to survey his area to indicate the potential housing needs. He is required to inspect and report on all housing applicants within the area, and, in addition, to consider these housing applicants for vacant houses as they arise, and also to ensure that his reports are submitted in respect of unfit houses. On the Health Inspector is placed the responsibility of sorting the housing applicants in order to reduce the many hundreds (in many cases) of applicants to a short manageable list, which can be inspected by the Chief Medical Officer. With the improved social conditions in this country and the gradual increase in housing standards, coupled with the natural wear and tear on housing property, the housing problem will be with us for many years and it is unlikely that the activities of two Health Inspectors will produce the results envisaged by the legislature.

Temporary Dwellings

The past year has shown an improvement in the general appearance of temporary dwellings in the county; this is to the credit of the Planning Section. As this type of dwelling

becomes popular, annually there is a trend towards the formation of shanty towns, and this type of development produces a potential public health hazard. Fortunately, this country is comparatively free from enteric diseases, but there is a likelihood that the careless disposal of dry closets' contents will lead to the contamination of unprotected private water supplies in some of these popular camping places along the coast. It would be desirable for the Council to set an even higher standard in the years to come in the control of temporary dwellings to remove as far as possible the explosive outbreaks of disease this way of life can be subject to.

Food Hygiene

It is now ten years since the Food Hygiene Regulations 1950 came into operation, and it is with horror that we look back to the days prior to the introduction of this enlightened piece of legislation. I am of the opinion that we are becoming complaisant with the standard we have now attained in some premises. As we look upon our food premises we place them within their different categories—good, fair, and the bad. Our hopes are that the good will remain good, the fair ones will eventually reach good standard and that the bad ones will be painfully encouraged to improve. I fear our good standard is too low and that in many of our allegedly good premises we are deceived by the excellent structural layout and design, the wealth of equipment and the proud expression of the management. Behind this façade stands the individual food handlers who are generally, I am satisfied, of exactly the same mentality as existed ten years ago. These people through lack of education, training and in many cases inadequate remuneration, have not got in their handling and preparation of food the respect that food intended for human consumption deserves. I am of the opinion that a closer liaison is required between these people, their trade unions, Bord Failte and Health Authority.

Food and Drugs Samples Taken During the Year

5 pkts. Jelly
10 pkts. Soup
2 lbs. Farola
2 oz. Bovril
1 lb. Flour
6½ pkts. Peas
1 tin Strawberries
4 pkts. Bisto
6 bottles Iodine Tincture
1 bottle Milk of Magnesia
5 tins Beans
6 tins Soup
1 tin Chicken, Ham and Tongue
2 bottles Vinegar
2 jars Cranberry Sauce
1 tin Beans in Tomato Sauce
1 lb. Cookeen
3 lbs. Margarine
2 pkts. Pepper
Baking Powder
1 pkt. Glucose
1 pkt. Semolina
Irish Soda Bread
2 tins Sardines
1 pkt. Gravy Salt
1 tin Irish Stew
Skimmed Milk
3 pts. Milk (loose)
10 bottles Milk
5 tins Condensed Milk
3 tins Full Cream Milk
1 tin Condensed Cream
Ice Cream
1 tin Tomato Puree
1 tin Peaches
2 pkts. Rice
2 tins Creamed Rice
1 lb. Ground Rice
1 lb. Whole Rice
Rice Pudding
2 tins Pineapple
1 tin Bone Broth
2½ lbs. Butter
1 jar Peanut Butter
¾ lb. Sausages
1 jar Horseradish Relish
¼ lb. Ground Coffee
1 pkt. Coffee
1 bottle Coffee
1 pkt. Nibbit
2 bottles Liquid Paraffin
1 bottle Cod Liver Oil

10 bottles Castor Oil
1 bottle Syrup of Figs
1 pkt. Glauber Salts
1 pkt. Epsom Salts
1 pkt. Kruschen Salts
2 pkts. Seidlitz Powder
2 oz. Soda Bi-Carb.
1 jar Pickles
2 jars Chicken and Ham Paste
1 pkt. Neaves Food
2 oz. Flowers of Sulphur
¼ lb. White Pudding
1 tin Carrots
1 tin Celery Sticks
1 jar Sandwich Spread
1 pkt. Macaroni
1 pkt. Chip Potatoes
3 pkts. Cornflour
3 tins Mustard
1 tin Creamed Mushrooms
5 lbs. Jam
3 pkts. Custard
2 oz. Tincture of Quinine
1 pkt. Boracic Acid
2 oz. Borax
2 oz. Zinc Boric Starch
1 pkt. Tapioca
2 cartons Glace Cherries
1 pkt. Lentils
4 tins Spaghetti
1 bottle Hydrogen Peroxide
1 pkt. Cocoa
1 jar Brawn
1 tin Pork Brawn
1 tin Raspberries
1 pkt. Instant Pudding
1 pkt. Blancmange
1 pkt. Dates
1¼ pkts. Semolina
1 tin Fruit
½ lb. Corned Beef
1 tin Meat Tenderizer
1 bottle Essence
10 oz. Tea
8 oz. Prunes
2 oz. Cinnamon
1 pkt. Cheese
1 bottle Salad Cream
1 jar Honey
1 tin Treacle
1 pkt. Lemon Pie Filling
1 tin Meat Paste

Water Supplies

The Health Inspector continues to take numerous samples of water from public supplies for chemical and bacteriological examination. The results of these analytical reports are interpreted by the Chief Medical Officer and forwarded to the County Council. There are county areas which are serviced by a piped public water supply, in which the residents have not taken advantage to avail of this supply by having it piped into their houses. This is a function which normally comes within the ambit of the Health Inspector on the routine systematic examination of his district, but unfortunately the pressure of work prevents this routine and systematic inspection from being carried out. Nowadays when these premises come to light it is more through accident than design.

National Schools

Periodic inspections are carried out by the Health Inspector on the sanitary accommodation in National Schools. Quite a number of schools in rural areas still resort to dry closets. As a minimum standard in schools which are unserviced, chemical closets should be provided. These are most unsatisfactory and must receive daily or weekly attention.

Rodent Control

With the development of the county area by industrial developers and the erection of houses by speculative builders, a greater awareness is noticed of rat infestation. This is particularly noticeable where the county joins the perimeter of the city and along the eastern portion of the county, including the outskirts of Dun Laoghaire Borough. Our main operation consists in investigation, and test baiting and advice to householders. From time to time we are requested to de-rat premises and a charge is made for this service. Our rodent control staff consists of one employee who also acts as disinfector. Unfor-

tunately the staff is inadequate and there is little that we can do to provide really effective treatment. I am of the opinion that the rat is a potential disease carrier whose effect on the community is not solely a health problem, and therefore the base of our operation being an Act introduced into this country in the year 1919, is long overdue a review. Rodent infestation is a national problem and should be treated as such.

Disinfection

In my previous report I stated that where an infectious disease was notified disinfection service should be on a par with the service in Dublin City. We have endeavoured to provide such a service but as a long-term policy centralisation of the disinfecting service is desirable.

Mosquito Control

Owing to the character of the land in the Portmarnock and Malahide area there has arisen a very serious mosquito problem. Numerous complaints have been made particularly from residents in the Malahide area. When this fact was brought to the attention of the Assistant County Manager, he directed that these areas receive special treatment with the object of controlling this pest. This programmme is in progress and to date has proved very satisfactory. We are also fortunate in having a wide range of suitable and effective insecticides to choose from, and the County Council have earned the gratitude of the people in the respective areas.

Mass Radiography

In Dublin County and the Dun Laoghaire Borough the Mass Radiography Unit provides an excellent service to the community. An examination of their programme for the year 1960 for this area will show extensive coverage. To ensure the success of attendances at the mobile units an amount of preparation must be made in advance. The District Health Inspector assists in this work by distributing leaflets and posters in the area immediately prior to the arrival of the mobile unit. It has been found that by soliciting the assistance of the local Red Cross Units and the local Boy Scout troops that these bodies add tremendously to the success of the programme. An examination of the annual reports of the Mass Radiography Unit since 1958 will show the increase in the attendances in Dublin County. Since 1958 the Health Inspector has taken a greater interest in the operation of the Unit and on their behalf I unashamedly take some credit for this increase. Since the effort expended by the Health Inspector can result in increased figures in the operation of the Mass X-ray Unit, it should be taken as an indication that this line of preparation is worthy of greater support, with possibly the

appointment of an Officer who would be employed by a number of Local Authorities to act as Liaison Officer with the National Mass Radiography Association.

Refuse Disposal

The Dublin County Council and Dun Laoghaire Borough have within their respective areas open spaces on which they dump refuse. The system used is that of uncontrolled tipping. This method of refuse disposal has nothing to recommend it from the public health point of view. An examination of the several tipheads will show the undesirable conditions that arise from this type of disposal which is half-heartedly defended on economic grounds. Too often we find a tip face smouldering and belching clouds of smoke sweeping across the countryside into gardens and dwellings. There is also to be found considerable insect infestation and, in addition, there is evidence of a very heavy rat infestation. We have endeavoured during the summer months to spray each tiphead with insecticide to control the insect problem, but our efforts are a waste of time and material. We have also provided a rodent control service to all Council tips and again our efforts are nullified by the system of tipping.

HOUSING AND SANITARY SERVICES DUN LAOGHAIRE BOROUGH

P. W. Fitzpatrick,

Supervisory Housing and Sanitary Services Inspector

Inspection Staff

During the year under review one Health Inspector was seconded by the Health Authority for a period of eleven months ending 30th November, to assist the Corporation's Supervisory Housing and Sanitary Services Inspector in carrying out all duties in the borough connected with Public Health, Housing, Bye-laws, etc.

Food and Drugs Act

No. of samples analysed during 1960	275
No. of samples found to have been adulterated	7

In one case, legal proceedings were taken. The terms of the Probation Act were applied and costs were imposed. In the other six cases (which were first offences) the offenders were warned that they would be prosecuted if any further samples taken from them were found to be deficient.

Slaughter-houses

No. of Inspections during the year :

Veterinary Officer	402
Other Inspectors	57

Milk and Dairies Act

144 inspections of dairy premises were carried out during the year. In addition to other milk sampling, two samples of Highest Grade Milk were sent monthly to the State Analyst. These samples were taken from supplies from a dairy in County Wicklow and were taken at the request of the Department of Agriculture.

Housing

No. of Inspections during the year :

Survey of housing applications graded "Deemed sufficient" and "Potentially in need"	203
Multiple dwellings	186
Applications for rehousing	187
Unfit houses	97

Investigation of alleged breaches of Letting Regulations	189
Other visits to Corporation houses (these include visits in connection with allocations and transfers)	64
Old premises purchased under Small Dwellings Acts inspected	6
Town Planning proposals examined	2
No. of dwellings under construction at 31/12/'60	54
No. of dwellings for which plans have been prepared	44

LOCAL GOVERNMENT (SANITARY SERVICES) ACTS

No. of cases dealt with 228

Of the 228 cases dealt with during the year, 16 necessitated Court action for non-compliance with Notices served. In 6 of these, work was done and cases were struck out. In 10 cases, fines and costs totalling £16 5s. 6d. were imposed.

RATS AND MICE (DESTRUCTION) ACT

No. of inspections 102

Proceedings were not instituted in any case under this Act. Where infestation of these rodents was found, the owners or occupiers of property were advised as to treatment and they successfully treated their premises.

FACTORIES ACT

No. of inspections 50

In three cases, the owners of factories were required to carry out certain works to their premises to comply with requirements of this Act.

SHOPS (CONDITIONS OF EMPLOYMENT) ACT

No. of inspections 128

Perseverance in the matter of adequate heating (the major difficulty experienced here) has resulted in general satisfaction in this regard. Shop premises in Dun Laoghaire were bad in this respect. It is now considered that the Act, in the main, is well observed.

BURIAL GROUNDS

No. of inspections 2

There are three burial grounds in the borough—one each in Killiney, Dalkey and Stradbrook. The latter is confined and is kept in model condition. The other grounds are now rarely used as most interments in the borough are at Dean's Grange. They are, however, reasonably well maintained.

PIGGERIES

No. of inspections 15

In two instances, owners of piggeries were required to carry out certain works to their premises and to maintain them in better condition.

MUSIC, SINGING AND DANCING LICENCES

No. of inspections investigated 17

Seventeen premises were examined for suitability following applications for renewal of licences. There was nothing found against the renewals but a condition setting out the maximum number allowed in the various premises was imposed in each case.

CINEMATOGRAPH ACT

No. of inspections 87

Cinemas were inspected during and outside opening hours and in all cases it was found that the conditions under which licences were issued were observed and that premises were maintained in clean and hygienic conditions.

WATER

No. of samples sent for analysis 14

All samples (fourteen) taken during the year for analysis were found to be of good potable quality. The supply service in the borough is excellent and no difficulty arose during the year in connection with it.

LANEWAYS

No. of Notices served 30

In two instances lanes were found to be used as dumping grounds and in this connection thirty Notices were served requiring occupiers of premises fronting or abutting on to laneways to clear the laneways and cease to misuse them.

SCHOOL MEALS

No. of visits to schools during School Meal hours 125

There are seven School Meal Centres in the borough and the meals issued are similar to those issued in Dublin, i.e., one-third pint of milk and sandwiches which vary each day.

Total No. of sandwiches served 195,283

Total No. of one-third pints of milk served 165,828

	£	s.	d.
Total cost of sandwiches	1,926	2	11
Total cost of milk	1,382	1	6
Total cost of transport	170	17	0
Total cost of administrative expenses	252	13	11
Total cost of wages paid to Lawlor's	39	2	7
Total cost of scheme	£3,770	17	11

ITINERANTS

No. of visits to itinerant camps 64

Very considerable difficulty was experienced with itinerants during the year. These set up encampments in every available piece of open land, public and private, leaving grounds soiled and in very dirty condition. The difficulty of taking legal action against them was such as to rule this out. Instead, they were kept on the move by the police and the Corporation's Inspector.

BEACHES

Due to the very unseasonable weather which prevailed since early in July the beaches which the public generally use were deserted and did not require a continued effort, as in other years, to maintain them to the required standard.

Arrangements for collection of litter, etc., and the maintenance of chutes carrying effluent from septic tanks across the beach at Killiney were much improved.

BLIND WELFARE

NUMBER ASSISTED IN THEIR OWN HOMES

Single or Widowed Persons:		
Males	25	
Females	34	
	—	59
Married Persons:		
Males	5	
Females	3	
	—	8
NUMBER MAINTAINED IN INSTITUTIONS		
Males	2	
Females	5	
	—	7
TOTAL		74

PAYMENTS IN CONNECTION WITH THE SCHEME

	£	s.	d.
Allowances to persons in their own homes	2,442	0	0
Payments to Institutions	1,660	10	6
	£4,102	10	6