THE SCOTTISH BOARD OF HEALTH.

ANNUAL REPORT.

THE sixth annual report of the Scottish Board of Health, for the year 1924, has recently been issued. The report deals in sequence with the subjects of general hygiene, housing, tuberculosis, venereal diseases, other infectious diseases, maternity and child welfare, school health administration, supervision of food supply, national health insurance, the Poor Law, and the maintenance of aged and blind persons. In the introduction it is pointed out that, as the death rate for 1923 had been the lowest ever recorded, it was not surprising that for the year 1924 the rate had increased, the actual figure being 14.4 per 1,000. This increase was attributable, it is believed, to an epidemic of influenza which occurred in the early part of the year. It is satisfactory to note that the death rate from tuber-culous diseases, and from pulmonary tuberculosis in particular, were both the lowest on record. The Board anticipates that the Milk and Dairies (Scotland) Act, which comes into operation on September 1st next, will still further reduce the incidence of tuberculosis, as it will enable local authorities to control the milk supply and to effect a regular inspection of all dairy cows.

Smoke Abatement.

With regard to pollution of the air by smoke, the report states that a good deal has been done during the last generation; in the Clyde Valley a decided improvement has been effected, partly through the evolution of methods of conservation and partly by means of smoke-consuming apparatus. It was agreed on all sides that there was a considerable amount of preventable pollution of the air, both by the use of small coal for the purpose of keeping down the cost of ordinary coal and also by domestic fires. It is expected that a Smoke Pollution Bill will be introduced into Parliament shortly, giving powers to local authoritics to make by-laws on the matter.

Disposal of Refuse.

The report states that during the war the need for cconomy led local authorities to consider more closely whether costs could not be reduced by further utilization of waste materials and refuse, and much had been done in this respect. Reference is made to the utilization plant at Falkirk, which is providing satisfactory material in the form of screened dust for road-making. Reference is made also to the fact that in Glasgow it has been decided to proceed with a large refuse disposal scheme in which electrical energy will be produced by the utilization of the heat generated from the refuse, amounting approximately to 1,000 tons a day. It is anticipated that this will result in a substantial annual revenue of £42,000, while from a plant introduced to deal with clinker it is expected that £11,000 per annum will be derived.

Housing Schemes.

Attention is drawn to the important stage in housing legislation reached by the passing of the Housing Act of 1:24, which contains the fifth form of Government assistance offered to aid the erection of houses. Under the various schemes of financial assistance 28,015 houses had been completed up to the end of 1924, while a total of 49,758 houses were either completed, in course of erection, or immediately contemplated. This was a step towards the estimated shortage of over 180,000 houses which existed at the end of 1924. It is pointed out that during 1924 only some 4.384 houses were completed under State-aided schemes; this was far short of the desired programme of 20,000 per annum for the working classes. The building trades industry was, however, at the close of the year actively devising schemes for augmenting the supply of labour. The Government had set up a special committee to inquire and report on different methods of construction at present on the market. In the two previous years a fall in the cost of house building had been recorded, but, unfortunately, during the past year contracts have had to be placed in a constantly rising market, owing chiefly to increase in the cost of labour and of certain materials. With regard to the slum clearance grant, thirty-four local authorities were proceeding with schemes for the improvement of insanitary

areas with the assistance which the Scottish Board of Health offered them from the slum clearance grant, and the involved 6,573 reconstructed houses, of which 829 had been completed at the end of the year. The report states that 8 very general demand had been made by local authorities to be allowed to build a large proportion of two-apartment houses, and conferences had been held on two occasions with representatives of local authorities on the matter, It was decided, however, that, in accordance with the Housing and Town Planning Act of 1919, no houses of fewer than three apartments were to be erected save in exceptional circuni stances. Subsequently, in view of the delay that was taking place, the Board had decided to relax its regulations some what. With regard to the provision of baths, the Housing Act of 1924 had required the provision of a bath in a bath room; and in only seventeen houses in different areas where water and drainage were inadequate was omission of the bath allowed by the Board.

Tuberculosis.

The section of the report dealing with tuberculosis is highly optimistic. It is pointed out that the death rate for pulmonary tuberculosis of 80 per 100,000 and for non pulmonary tuberculosis of 36 per 100,000 of the population in the year 1924 is the lowest yet recorded. These figures compare satisfactorily with 104 and 58 respectively in the year 1914. During the decade there has been a steady decline except for a slight temporary setback during the wa decrease of 38 per cent. in non-pulmonary tuberculosis during the same period. It is pointed out that the antion tuberculosis movement in Scotland had its inception in the year 1887 with the institution in Edinburgh, under volung year 1887 with the institution in Eulassian, and tary auspices, of the Royal Victoria Hospital for Consumptions has dupon it. This tion and the scheme of operations based upon it. movement had been gradually adopted by public health authorities. By 1911 the provision for institutional treat ment under tuberculosis schemes had provided 480 beds in hospitals and sanatoriums belonging to local authorities and 550 beds in voluntary institutions—a total provision equivag lent to one bed per 4,622 of the population. At the end-of the year 1924 there were in Scotland 111 sanatoriums hospitals, and other residential institutions approved by the Board for the treatment of tuberculosis under the schemes by local authorities, and these had provided in alg 4,154 beds. In addition to these, 30 tuberculosis dispensaries had been in operation throughout the country at the end of 1924, and patients undergoing treatment at home on at a dispensary were supplied with necessary medicines and in special cases with extra nourishment at the cost of the With regard to non-pulmonary tuberS local authority. culosis, local authorities are advised to relieve the pressure-from general hospitals by taking over the convalescent treat ment of surgical cases in sanatoriums or other suitable institutions under their control. Excellent results had been obtained also from newer methods of conservative treatments established by various local authorities. During the past few years efforts had been made by medical officers of institutions where cases of non-pulmonary tuberculosis were treated to practise heliotherapy, and lamps for the artificia production of ultra-violet rays had been installed in several sanatoriums and hospitals. General speaking, the reports received regarding the results from this method of treat ment were very favourable, especially in the case of upuand septic tuberculous sinuses.

Venercal Diseases.

Venercal diseases centres have now been established in Glasgow (12), Edinburgh (6), Dundee (2), Aberdeen (2), Lanarkshire (6), Ayrshire (3), Fifeshire (2), and at Stirling Arbroath, Dumfries, Paisley, Greenock, Perth, Banff, and Lerwick one each, to the number of 41 in all, for the treatment of these diseases. The Board makes suggestions for the establishment of clinics in other towns and remoter areas. It is pointed out that an essential feature in each area for which a scheme had been adopted consisted in the provision of laboratory facilities, and that ten institutions had been approved in Scotland for this purpose. The question of what should be the next step in respect of these diseases is discussed. The report believes that, as a number of the centres had been in operation for over six years, it might be felt that the time had come for reconsideration of the question of notification. It is pointed out that most of the bodies concerned in the matter were in favour of notification.

Other Infectious Diseases.

Measles and whooping-cough had been during 1924 both more prevalent and accompanied by a higher death rate in a number of Scottish towns than in 1923. The increase in cases of pneumonia (all forms) reported was very considerable, and for the whole year there were 14,698 cases, as against 6,698 in 1923. In spite of the continuance of small-pox in parts of England, Scotland had remained remarkably free from this disease, and only 4 cases had been reported during the year, all being at ports. There were more cases of diphtheria in 1924 than in the previous year -4,856 as compared with 3,898—though the death rate remained constant. It had now become a regular procedure to test the staffs of various infectious diseases hospitals regarding their immunity to diphtheria by the Schick test, and in Aberdeen and Edinburgh a considerable amount of work had been done by the protective inoculation of children, both of school age and under it, against this disease. As diphtheria was most fatal amongst children between the ages of 3 and 5 years, it is pointed out that the most fruitful line of work seemed to be the immunization of children of pre-school age. Scarlet fever showed 10,809 cases in 1924, as compared with 9,504 in 1923. With regard to typhoid fever there had for many years been a very considerable fall in the death rate. During the past year several "carriers" had been discovered in mental hospitals. In the treatment of these the results of operation on the gall bladder appeared to be highly successful. In regard to acute infective jaundice, 16 cases had been reported, most of which occurred among miners working in a wet part of a pit where the roof slime had been found infected with leptospira, the slime being a favourable medium for its growth.

Maternity and Child Welfare.

In the year 1924 the total number of births was 106,904, representing a birth rate of 21.9 per 1,000. The deaths of children under 1 year of age numbered 10,446. The infantile mortality rate was on the whole a decreasing one, but there was little indication that puerperal mortality was on the wane. Of the births in Scotland nearly 40 per cent. were attended by midwives, although this did not apply to the larger towns. The effect of the measures taken against ophthalmia neonatorum was now becoming clear. Every case in which material impairment of vision occurs must be notified to the department; in 1924 twelve cases were reported to the department, and in only one of these was there complete loss of vision.

School Health Administration.

With regard to school sanitation it is pointed out that the favourite school building was that known as the " central hall" type, which afforded great ease of supervision. The principles of school construction had now been entirely changed, and all new school buildings were being erected on the "pavilion" plan. The handicap that defects of vision presented to education was very obvious, and during the past year 13,511 children were supplied with spectacles, the parents repaying, if possible, the whole or part of the cost. With regard to dental disease and treatment there was widespread evidence of awakened interest in the problem, due largely to the steady accumulation of figures in connexion with the work of school medical inspection. With regard to the prevalence of dental disease, in Edinburgh 73.5 per cent. of the children were found to have decayed teeth; in Dundec 95 per cent.; while Aberdeen and Glasgow occupied an intermediate position. In the counties the position was found to be scarcely less formidable, so that the total of school children in Scotland requiring urgent dental attention was about 405,000, and it is pointed out that these do not include every child with decayed teeth. To meet this there were, at the close of 1924, twenty-nine whole-time and fifty-one part-time dentists at work among the school children, the highest number employed by any one local authority being six, in Lanarkshire, with a school population of about 101,000.

Supervision of the Food Supply.

It is pointed out in the report that in regard to meat the system of inspection in Scotland had greatly improved $\underset{\bigcirc}{\bigcirc}$ within recent years, since the uniform standard of meat inspection was inaugurated in 1923. The Government had -decided that a preventive measure of considerable impor-tance in connexion with milk—namely, the Milk and Dairies (Scotland) Act, 1914—was to be put in operation on D September 1st, 1925, while the grading of milk, for which D amended regulations were issued in 1923, was now in g working order and making definite progress. A depart- of mental committee on preservatives in food issued its report neutral committee on preservatives in food issued its report as last year. Its report made it plain that chemical pre-servatives were to be found in meat, butter, cream, mar- $\frac{1}{2}$ garine, sausages, bacon, potted meats, jams, mince, jellies, garine, sausages, bacon, potted meats, jams, minee, jenner, liquid eggs, wines, and even biscuits. The chemical pre-servatives in most common use were boron derivatives, sulphites, benzoates, and salicylic acid. The committee considered it undesirable that material not of the nature of food should be added to food if it could be dispensed with. Acute poisoning or possibly injury was not to be expected from the amounts of preservatives used, but there were lphainsidious effects noticeable after prolonged use, such as dyspepsia, colic, diarrhoea, wasting, and general impairment of health. It is further pointed out that in many g cases cold storage and clean methods of preparing and handling food obviated the necessity for using preservatives. $\overline{\infty}$ The committee regarded benzoates and sulphurous acid as \succeq among the least harmful of preservatives, but it recom- $\overleftarrow{\leftarrow}$ mended that if an article of food was preserved the fact $\overrightarrow{\leftarrow}$ should be stated on the label. During the year ten out- N breaks of food poisoning had been reported, the most serious of which occurred in Dundee, and resulted in 703 persons D being affected with gastro-enteritis due to the Bacillus suipestifer.

National Health Insurance: Unemployment.

The annual income from this scheme from all sources a amounted in Scotland to £4,200,000, and the yearly expenditure to £3,400,000. The department of National Health Insurance since 1911 is dealt with. It is stated that for the past two years a portion of the grant made to meet special needs of medical service had been utilized in enabling practitioners to take a post-graduate course of study at a medical school in cases where the nature of the practice precluded the practitioner from taking such a course unaided, and it is added that the success of this experiment had been gratifying. The valuation of approved societies and the question of proposed additional benefits are discussed. Various miscellaneous insurance questions and questions affecting insurance conditions are also treated. During 1924 there was a slight improvement in 1 the unemployment position in Scotland as compared with P_{1} the preceding two years. The average number of persons pregistered as unemployed for the whole year was 156,117, \square representing 12 per cent. of the total insured population, as compared with 181,491, or almost 14 per cent., in 1923.

Welfare of the Blind.

The welfare of the blind first became a function of the department in 1918, following the report in 1917 of the Department in 1918, following the report in 1917 of the Departmental Committee on the Welfare of the Blind that g the condition of the blind called for more active intervention by the State to secure control and assistance for the J existing voluntary agencies. The Blind Persons Act, 1920, T required local authorities to submit schemes for the exercise of their duty under the Act to promote the welfare of the blind. The approved schemes provided that these duties g were to be carried out through the voluntary agencies for the blind. A register of blind persons was compiled and $\stackrel{\circ}{\underline{\beta}}$ afforded valuable statistical information in regard to educaafforded valuable statistical information in regard to education, training, and employment. On April 1st, 1924, there \vec{c} were on the register 6,054 blind persons in Scotland; of \vec{c} these, 3,650 were unemployed or unemployable, but the remainder were employed or under training. Effect had been given to recommendations that technical training should be confined to that afforded by the four large institutions in Scotland which had now been recognized for the purpose by the Scottish Education Department.