

DUBLIN HEALTH AUTHORITY

REPORT

OF THE

CHIEF MEDICAL OFFICER

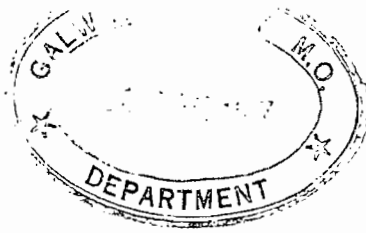
FOR THE YEAR 1966



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of the
Chief Medical Officer*

DUBLIN HEALTH AUTHORITY
MUNICIPAL BUILDINGS
16 CASTLE STREET
DUBLIN



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REPORT

OF THE

CHIEF MEDICAL OFFICER

FOR THE YEAR 1966

John B. O'Regan, B.Sc., M.D., D.P.H.

DUBLIN HEALTH AUTHORITY

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PREFACE

Municipal Buildings,
Castle Street,
Dublin, 2.

To the Manager and Members of the
Dublin Health Authority.

I have the honour to present the Annual Report on the health of the City and County of Dublin and the Borough of Dun Laoghaire for the year 1966.

In addition to the usual material presented, the doctors in charge of the other Authority hospitals have written general reports and I have included these, so that all may be found in the one publication.

BIRTHS

When the exact population of the year is only known for census years, it is difficult to estimate correctly the annual rates. The birth rate seems to be declining in the City and in Dun Laoghaire, and the total number of births for the whole year has fallen from a peak of 19,582 in 1964 to 19,183 in 1966. The number in 1961 was 17,434.

The Infantile Mortality rate for the City has fallen slightly to 26.8%, the lowest figure recorded, but that for the County and Dun Laoghaire varies from year to year. In areas of smaller populations, a few deaths cause a wider variation in the figure, but the rate over a period is quite satisfactory.

PHENYLKETONURIA

The national scheme for the discovery of this metabolic deficiency in infants, which if left untreated, may lead to mental defects, came into operation on the 1st February, 1966. This Health Authority was associated with Dr. S. Cahalane of the Children's Hospital, Temple Street, in organising it. A small sample of blood from infants within a few days of birth is sent to the hospital laboratory for test by the Guthrie method. Ninety per cent of children from the Health Authority area have been tested and three new cases of this disorder found. This is approximately one new case in 6,000 births and is equal to the incidence through the rest of the country. In the case of infants not tested at birth, the Phenistix method of testing is offered when the infant is approximately six weeks old.

PUBLIC HEALTH NURSES

For some years, two Public-Health Nurses have been engaged in social work for patients attending Ballyfermot Mental Health Clinic. This service was extended to Dun Laoghaire and Crumlin during 1966. These nurses now visit and attend to the social problems of patients who are not so seriously ill as to demand hospital treatment, and they are extending the work to others who have had a period of In Patient treatment. A population of 150,000 is now covered.

During the year, the general body of nurses began visiting the old people in their areas, assisting them, and assessing their need for social aid or medical treatment. The entire City will not be covered before the early months of 1967, but already much good work is being done in this field, which had been beyond the reach of existing services for so many years.

INFECTIOUS DISEASES

There was no case of Poliomyelitis and only two cases of Diphtheria during the year. One of the latter was an immunised child, and the disease was mild, evidently very much modified by immunisation. Once again I feel compelled to point out the grave neglect on the part of many parents in not bringing their children for diphtheria immunisation and polio vaccination.

Infective Hepatitis and Rubella were widespread. The former can be a very serious illness in under-nourished persons. For most of the year, the incidence of this disease was high in the City and on the seaboard, but towards the end of the year, it extended to the western portion of the County.

Smallpox in England in May led to a prolonged period of Health Control at the ports and airport. Unfortunately, this coincided with the beginning of the holiday season, and as large numbers of persons had to be dealt with, the strain on the Health Inspectors was at times, considerable.

TUBERCULOSIS

The old dispensary at 37/41 Castle Street was altered and converted into a clinic and X-Ray Department. The clinics at Nicholas Street, rear of the Meath Hospital, Clarendon Row and Central X-Ray building at Lord Edward Street were abandoned. The new premises fills the need that was apparent for many years in bringing clinics and X-Ray facilities under the one roof. It is proving to be more convenient and comfortable for the patients and staff.

In the year 1965, the number of new cases of Tuberculosis recorded appeared to be out of line with the rate of decrease that has been apparent over the last ten years. The figures for 1966 indicate that the previous year was similar to that of 1957 when the same variation occurred. The slight increase in new cases

and the number of deaths from this disease in 1966 should not be regarded as a reverse in the decline of this disease.

CANCER

I thought it would be instructive to set out numbers of deaths from Cancer in the three administrative districts of the Health Authority over the last eleven years. It will be noted from the Table that deaths from Cancer of the Respiratory Organs have nearly doubled in 11 years. The deaths from Cancer of the other organs have only increased in numbers which might be expected in relation to the increasing life expectancy of the population. The connection between lung cancer and cigarette smoking cannot be over emphasised.

J. B. O'REGAN

VITAL STATISTICS

	Dublin City	Dublin County	Dun Laoghaire Borough
Population (793,790)	568,271	173,748	51,771
Births	12,779	5,349	1,055
Birth Rate	22·5	30·8	20·4
Deaths (all causes)	5,814	1,247	630
Death Rate (crude)	10·2	7·2	12·2
Infant Deaths	342	121	31
Infant Mortality Rate	26·8	22·6	29·4
Deaths from Measles	5	1	1
Deaths from Influenza	92	21	8
Deaths from Tuberculosis (all forms)	84	9	7
Death Rate from Tuberculosis (all forms) per 100,000 population	14·7	5·1	13·5
Deaths from Tuberculosis (Pulmonary)	79	9	6
Death Rate from Tuberculosis (Pulmonary) per 100,000 population	13·9	5·1	11·5
Deaths from Cancer	1,043	212	101
Death Rate from Cancer	1·8	1·2	1·9
Stillbirths	246	52	16
Stillbirth Rate	19·2	9·7	15·1

Table showing Annual Rate of Mortality and Deaths from Certain Causes, City of Dublin 1935—1966. Population 568,271—1966 Census. (Preliminary Report)

Year	Annual Rate of Mortality		Total Deaths	Deaths under one Year	Infant Mortality Rate	Typhoid	Measles	Whooping Cough	Diphtheria	Diarrhoeal Diseases	Tuberculosis		Cancer		Road Casualties	
	From all Causes	From Principal Epidemic Diseases									Pulmonary	Other Forms	Total	Respiratory	Fatal	Non-Fatal
1935	15.2	1.0	6,506	1,067	93	11	87	18	89	203	565	164	527	—	—	—
1945	14.0	1.3	7,036	1,424	114	8	5	30	36	557	643	181	622	—	—	—
1955	11.1	0.18	5,801	435	34	—	5	7	13	24	141	13	918	—	56	1,254
1960	10.2	0.02	5,393	383	30	—	2	—	2	10	108	6	982	217	58	1,121
1961	10.7	0.08	5,747	435	34	—	16	3	2	25	119	8	980	220	65	1,077
1962	10.5	0.05	5,627	452	34	—	—	—	1	23	80	4	1,049	223	54	1,081
1963	10.4	0.06	5,609	388	28	—	5	—	2	13	112	5	997	208	50	746
1964	9.7	0.04	5,364	387	28.5	1	4	1	5	17	82	7	1,029	227	74	1,305
1965	10.3	0.06	5,650	365	28	—	1	—	1	35	68	3	1,056	263	80	1,195
1966	10.2	0.05	5,814	342	26.8	—	5	1	—	22	79	5	1,043	268	81	1,044

From yearly summaries compiled by the Central Statistics Office.

With regard to road casualties, figures relate to the area covered by Dublin Metropolitan Division, which was enlarged in 1964. (Figures supplied by Garda Síochána).

INFANTS DEATHS 1966—DUBLIN CITY

Cause of Death	Under One Month			One month and over			Total	Approximate Percentages				
	Males	Females	Sub Total	Males	Females	Sub Total		1966	1965	1964	1963	1962
Respiratory Infections	24	16	40	26	19	45	85	24.9	15.7	19.7	18.9	23.3
Gastro-Enteritis	—	—	—	12	10	22	22	6.5	8.5	3.3	3.7	4.7
Other Infections	3	1	4	6	2	8	12	3.5	4.1	4.3	3.4	2.2
Prematurity	24	15	39	—	—	—	39	11.4	19.8	17.7	11.3	14.9
Birth Injury	23	9	32	—	2	2	34	9.9	5.8	5.6	5.6	7.8
Asphyxia	4	1	5	4	—	4	9	2.6	5.0	3.8	0.8	1.4
Atelectasis and Hyaline Membrane	20	13	33	—	1	1	34	9.9	9.6	7.4	12.1	10.3
Congenital Malformations	16	31	47	12	14	26	73	21.4	21.9	25.3	32.6	23.9
Haemolytic Disease	6	3	9	1	—	1	10	2.9	3.2	3.3	2.4	2.7
Other Diseases	5	4	9	8	6	14	23	6.7	5.5	7.1	5.8	6.1
Accidents	—	—	—	—	—	—	—	—	0.9	2.5	3.4	2.7
NEO-NATAL TOTAL 218							GRAND TOTAL 341					

Based on weekly returns from the Department of Health.

DEATHS OF INFANTS UNDER ONE YEAR

Total of 6 years 1961—1966

	Under one month		One month and over	
	M.	F.	M.	F.
Respiratory Infections	107	74	156	133
Gastro Enteritis	21	10	56	36
Other Infections	19	10	33	15
Prematurity	203	151	1	1
Birth Injury	104	54	—	3
Asphyxia	20	14	15	10
Atelectasis and Hyaline Membrane	139	86	2	3
Congenital Malformation	168	195	115	118
Haemolytic Disease	37	34	6	—
Other Diseases	26	22	48	31

Proportion of male to female births was 13.5 to 10.9.

This table shows clearly the excess mortality of males over females in all the common causes of death in the first twelve months of life with the exception of those from Congenital Malformation.

CANCER DEATHS—DUBLIN CITY, COUNTY AND DUN LAOGHAIRE

Year	Digestive System			Respiratory System			Other		
	City	Dun Laoghaire	County	City	Dun Laoghaire	County	City	Dun Laoghaire	County
1956	367	28	61	184	12	23	328	35	61
1957	406	38	63	192	15	32	332	36	63
1958	378	47	66	186	13	26	343	44	58
1959	402	39	60	182	20	25	302	30	56
1960	414	32	70	217	21	29	351	27	56
1961	380	44	66	220	24	30	380	35	56
1962	439	44	64	223	17	28	387	37	54
1963	417	42	82	208	27	28	372	35	63
1964	404	47	80	227	25	25	398	38	77
1965	413	28	80	263	20	40	380	29	85
1966	388	35	88	268	23	48	387	43	76

TABLE SHOWING THE NUMBER OF NOTIFICATIONS OF INFECTIOUS DISEASES—City of Dublin 1935-66

	Infective Hepatitis	Typhoid and Paratyphoid B	Diphtheria	Scarlet Fever	Cerebro-Spinal Fever	Puerperal Sepsis	Dysentery	Diarrhoea and Enteritis	Measles	Whooping Cough	Acute Anterior Poliomyelitis	Acute Lymphocytic Meningitis	Rubella
1935	—	22	936	907	19	23	—	.	.	.	2	.	.
1940	—	65	720	627	27	13	1	.	.	.	1	.	.
1945	—	14	861	303	20	14	28	1,837	2,112	1,275	19	.	.
1950	—	4	4	1,686	32	2	9	625	2,768	1,894	51	.	.
1955	123	1	64	393	16	2	41	973	3,628	1,699	25	.	288
1960	510	—	55	365	6	4	179	917	832	645	83	52	228
1961	364	—	36	229	4	1	217	990	5,486	688	12	29	2,085
1962	271	8	12	254	7	2	54	1,136	2,128	184	12	30	462
1963	246	2	8	299	4	1	87	938	2,626	474	3	36	255
1964	545	3	30	287	5	1	81	800	3,248	503	2	25	553
1965	342	1	3	247	2	4	58	968	2,480	176	1	29	297
1966	327	4	2	163	3	1	116	1,040	2,056	261	—	12	674

TABLE SHOWING THE NUMBER OF NOTIFICATIONS OF INFECTIOUS DISEASES—Dublin County and Dun Laoghaire 1961-66

1961	176	—	3	58	2	—	38	133	1,816	103	5	6	760
1962	46	1	2	74	—	2	9	133	759	39	5	9	186
1963	103	—	5	85	—	—	10	178	775	115	4	12	133
1964	137	—	3	92	2	—	30	155	1,166	154	1	3	181
1965	117	—	2	111	1	1	11	223	1,343	97	1	7	313
1966	69	1	—	95	3	—	22	267	1,201	52	—	8	182

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

INFECTIOUS DISEASES

M. CROWE, F.R.C.P.I., D.P.H., T.D.D.

Deputy Chief Medical Officer

Article 12 of the Infectious Diseases Regulations, 1948, imposes the obligation of making arrangements for the diagnosis and treatment of infectious diseases in persons living in Dublin City and County and Dun Laoghaire Borough. Over forty 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 Vergemount Fever Hospital (105 beds plus a smallpox unit) and Dublin Fever Hospital (282 beds) in which free institutional treatment is provided.

A general practitioner and consultant service is available to those eligible under Section 14 of the Health Act, 1953. The average number of persons eligible in the Health Authority area in 1966 was 116,000 (including dependants). The general practitioner attention is provided by seventy-seven district medical officers.

The Home Nursing Service has been extended, there being now thirty-six wholetime nurses, i.e., nineteen 'Public Health' and seventeen Jubilee, plus nine from St. Patrick's Home, (part time) to cover forty-one of the forty-five Health Authority dispensary districts.

DIPHTHERIA

Two notifications—the lowest since 1954—were received during the year. The two were hospitalised and recovered. One had received a standard course of immunisation in 1964. The other was unimmunised. There were fourteen home contacts and all were swabbed. Five children and one adult were positive, (gravis), i.e., 42%. Two had been immunised, one partly immunised, and three unimmunised. One was given serum and the active immunisation of another started. The five children were hospitalised but none developed clinical diphtheria. Three home contacts were excluded from school pending the results of swabbings.

Our finding of 42% positive home contacts is higher than ever before, the previous highest being 14% in 1962 and 1963.

One hundred and thirteen schoolroom contacts in the schools attended by the two cases were swabbed and three found positive in one of the schools. These three were hospitalised but none developed clinical diphtheria.

POLIOMYELITIS

This year—the first since 1939—no notification of Poliomyelitis was received.

Eleven notifications of lymphocytic meningitis were received during the year. Faeces from five were examined for E.C.H.O., Coxsacki, and Poliovirus—all with negative results.

DYSENTERY

One hundred and thirty six (136) notifications of dysentery (40 from institutions) were received during the year, an incidence of 0.2 per 1,000 population. 124 (91%) were treated in hospital. There were no deaths. Actually, mild dysentery had 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 58, and Flexner 21 cases. Excreta. were examined from 84 of 194 home contacts. Ten were found positive (6 Sonne and 4 Flexner), of whom 4 were hospitalised.

ENTERIC FEVER

There were four sporadic incidents of enteric fever (all typhoid) during the year. All were hospitalised. There were no deaths.

The first case (phage E.1.) was a commercial traveller, (male) who spent all but the week-ends away from home. An examination of the excreta from all and blood from four of the seven home contacts proved negative. It is concluded that the infection was contracted outside Dublin.

The second case (phage D.1.) was a woman who worked in a laboratory in which there were cultures of phage D.I. organisms and it is presumed that she contracted the infection in the laboratory. Examination of excreta and blood from two home contacts was negative.

The third case was a man who became ill within two weeks of returning from a holiday in Italy. Typhoid bacilli were not isolated. It is presumed that he contracted the infection outside this country. Examination of excreta and blood from his three home contacts proved negative.

The fourth case was a man who fell ill three days before returning to Ireland from a three months stay in Spain and Tangiers. The history suggested that the disease was contracted in Tangiers. Typhoid bacilli were not isolated in this case. There was a history of abdominal upset among the two home contacts but excreta and blood from both was examined with negative results.

Following receipt of information from the Louth County Medical Officer, another Typhoid carrier, (phage D.1.) was added

to our register. This was a lady who kept boarders, and a man who had lodged with her had become ill with Typhoid. An examination of the excreta and blood of the landlady and two other lodgers was carried out. None gave a history of illness, but Typhoid bacilli were isolated from her excreta. Just prior to her admission to hospital, she was vaguely unwell, but it is doubtful whether she had clinical disease. O agglutinins were never found in her blood. She continued to excrete typhoid bacilli on discharge from hospital, and is regarded as a chronic carrier. One of the lodgers had a Widal 1 in 25 (Ty.H.) and the other one 1 in 125 (Ty.H)—the latter had received T.A.B. a few years previously. Both were hospitalised but neither became ill.

Our four known typhoid carriers (1 phage D.1; 1 phage E.1; and 2 phage F.1) continue under observation.

RUBELLA

Eight hundred and fifty six (856) notifications of Rubella (39 females over 18 years) were notified during the year, an incidence of 1 per 1,000 population. 38 (4%) were hospitalised. There were no deaths.

This year the incidence was more than double that of 1965.

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

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 while pregnant during the 1956 epidemic, that “the incidence of congenital deformities in women who contracted the disease was nearly ten times the expected level, and in women who were exposed to infection, but did not develop Rubella, about 2.5 times.”

Gamma Globulin, particularly if prepared from convalescent serum, is considered of prophylactic value to susceptible female contacts in the first months of pregnancy.

Gamma Globulin (not from convalescent serum) was provided during the year by the Health Authority for 1,001 expectant mothers who were contacts of Rubella during early pregnancy at a cost of approximately £3,900.

SCARLET FEVER

Two hundred and fifty eight (258) notifications of Scarlet Fever were received during the year, an incidence of .3 per 1,000 population. One hundred and thirty four (134)—52%—were treated in hospital. There were no deaths.

The notifications were in the following age groups :—

Year	Year	Year	Year	Year
0—4	5—9	10—14	15—20	Over 20
130	96	21	6	5

Incidence was fairly even throughout the year.

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

52% of notified cases were hospitalised as compared with 13% of measles and 33% of pertussis—at present much more serious diseases. (Five deaths from Measles and one from Pertussis).

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 Dublin.

INFECTIVE HEPATITIS

Three hundred and ninety six (396) notifications were received during the year, an incidence of .5 per 1,000 population. Two hundred and twenty nine (58%) were treated in hospital. There were two deaths.

The notifications and deaths were in the following age groups :

Years	Years	Years	Years
0—4	5—9	10—14	Over 14
57	166	68	105
(1 death)		(1 death)	

The disease which is caused by a virus, presents itself in varying degrees of severity from being asymptomatic (often in children), through vague ill-health without observable jaundice, to intense icterus with severe hepatitis.

Twenty nine families had each two cases, eight had three cases, five had four cases, and one had six cases.

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

As a clinically similar condition may be caused by inadequately sterilised syringes, routine enquiry was made as to any injections received within the previous four months. In nineteen cases (ten of which were under eight years), there was such a history. Eight followed injections, probably of antibiotics, and eleven followed prophylactics of one type or another. The period between injection and onset of symptoms were as follows :

Under 1 mth.	1-2 mths.	2-3 mths.	3-4 mths.
3	9	5	2

During the year sterile "single use" syringes were used in all our immunisation clinics at a cost of some £1,000.

This year's incidences are a good deal lower than 1965 (459) though the percentage hospitalised is higher than 1965 (50%) while the immediate case mortality is low (in the previous two years there were two certified deaths). If infection is severe or prolonged, cirrhosis of the liver may result in later years. Also, virus may be present in the blood stream before and after manifest illness, and blood taken from a donor in this state could cause hepatitis in a recipient though none of our cases gave a history of receiving or donating blood.

This disease has been statutorily notifiable in this country since 1948. It is statutorily notifiable in only certain areas of Britain though the "Medical Officer" of 22/2/63 states that increasing incidence makes a good case to extend compulsory notification throughout that country. At a meeting of the Regional Office for Europe, of the World Health Organisation in Prague in September-October of this year, it was considered that more precise notification was needed to permit a comparison of national incidence in Europe. The view was expressed that control measures must be based on the fact that the disease is usually conveyed via the alimentary tract and that, apart from hygienic measures, the only known preventative is Gamma Globulin. In a field trial in Czechoslovakia the incidence of hepatitis was found to be four times greater among exposed school children who did not have Gamma Globulin as compared with those who did. Gamma Globulin was also used in the Bristol outbreak in 1960-61.

The Health Authority provides Gamma Globulin for "debilitated persons" and women during pregnancy exposed to infection with infective hepatitis and during the year, it was given to 37 such persons.

FOOD POISONING

No outbreak of food poisoning came to knowledge during the year.

There were thirty one (31) unconnected incidents of Salmonellosis notified during the year as follows: Typhi-Murium 19; Dublin 1; London 1; Stanley 1; and 9 unspecified "Salmonellosis". Excreta was examined from thirty-one contacts, 2 being found with Typhi-murium, and 1 unspecified "Salmonellosis". All three were hospitalised.

MEASLES

3,257 notifications of measles were received during the year, an incidence of 4 per 1,000 population. Four hundred and thirty five, (13%) were treated in hospital. There were five deaths, three in hospital and two at home.

The notifications and deaths 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
45 (1 death)	200 (1 death)	952 (3 deaths)	1,046	926	88

Two of the children who died came from good class Corporation houses, two from good class private houses, and one from a good class Corporation flat.

The notifications were received as follows:

Jan.	Feb.	March	April	May	June
427	452	465	468	306	269
July	Aug.	Sept.	Oct.	Nov.	Dec.
161	119	65	101	159	266

Incidence was highest during Jan.—April, whereas in 1965 it was highest in April-July.

Mortality was higher this year than last (one death). However, the baneful effects of this disease cannot be estimated from mortality alone, because among those recovering, many are left with chronically damaged chests.

There is, as yet, no generally applicable method of actively immunising children against measles. Attenuated live virus vaccines have recently been employed in various parts of the world, including England, but the results have not, as yet, been sufficiently satisfactory to make this a standard immunising procedure. Certainly, an effective vaccine would be valuable in dealing with this disease which, even though not particularly lethal, makes large demands on hospital accommodation here

and for those treated at home, creates parental worry and a strain on doctors time. 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 have a wide field of use and would be of inestimable value. For this reason, the Health Authority provides Gamma Globulin free of charge to young children under two years and older children and adults who for various reasons are not considered "good risks". During the year, 381 children—156 in hospital and 225 at home—were provided with it, at a cost of £1 per child.

In the British Medical Journal of 7/11/64, Dr. McLeon gives statistics of Belfast's experience of Measles during 1957-63 with which it will be of interest to compare Dublin's figures. During these seven years from notifications and history of school entrants, it is estimated that Belfast had 48,000 cases (4% hospital admissions) with four deaths. During this same period, Dublin City had 19,000 notifications (13% hospital admissions) with thirty-two deaths.

PERTUSSIS

Three hundred and thirteen (313) notifications of Pertussis were received during the year, an incidence of .04 per 1,000 population. One hundred and two (33%) were treated in hospital. There was one death.

The notifications were in the following age groups :

Under 6 mths.	6 mths. to 1 year	Year 1—2	Year 3—4	Year 5—9	Year Over 9
42	44	92	68	62	5

(1 death)

Thirty two families had each two cases, eight had three cases, five had four cases, and one had five cases.

Pertussis is most lethal in early life and this year, 27% of cases were under one year (13% under 6 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 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 because of doubt about degree and longevity of protection afforded. 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 1966, 11,699 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. Actually, of the fifty seven children aged 8 months to four years, who were hospitalised because of Pertussis during the year, in only two was there history of immunisation against this disease. The infant who died had not been immunised.

Unfortunately, there is no method by which protection can be quickly afforded to 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 hyper-immune 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.

GASTRO ENTERITIS

1,307 notifications of Gastro Enteritis (in children under 2 years) were received during the year, an incidence of 1.8 per 1,000 population. 1,029 (79%) were treated in hospital.

There were thirty five deaths, thirty four in hospital and one B.I.D.

The notifications and deaths occurred in the following age groups :

Under 1 mth.	1-3 mths.	4-6 mths.	7-12 mths.	13-24 mths.
122	349	231	314	291
(2 deaths)	(21 deaths)	(7 deaths)	(4 deaths)	(1 death)

There were five less deaths this year than last, when seventeen occurred during a protracted gastro-enteritis outbreak in a neonatal unit.

Last year the incidence was highest in Sept-Nov., while this year it was highest in July-Sept.

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. Thus, while controlled virological study of infants admitted to Belvedere Hospital, Glasgow, in 1958-59, indicated an association with E.C.H.O. virus and juvenile Gastro-Enteritis, it is usually diagnosed symptomatically because of

diarrhoea and vomiting symptoms common to many ailments of children. Any study of Gastro-Enteritis, therefore, 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 a decrease in its incidence.

BRUCELLOSIS

There were two notifications of Brucellosis during the year. A hospital nurse and a boy, became ill within two weeks and ten days respectively, of returning from a holiday in a rural area. There was no relevant illnesses among their City contacts. As only pasteurised milk was consumed in the City, it is concluded infection was contracted while on holiday. There was no connection between these two cases.

WEIL'S DISEASE

One case of Weil's Disease was notified during the year, a man who became ill within two weeks of accidental immersion in a river.

IMMUNISATION AND VACCINATION SCHEME

DR. M. DUNLEVY

The principal childhood infectious diseases which have yielded to medical advance during the past 30 years, are Diphtheria, Poliomyelitis, Whooping Cough and Tuberculosis. Over the years vaccines have been improved and although it is not claimed that any vaccine is completely perfect, their value is shown by the contrast in notifications in the City area in three of the once common diseases in the following table.

Year	Diphtheria	Poliomyelitis	Whooping Cough
1946	403	21	1,288
1956	211	85	2,300
1966	2	0	274

The reduction in the incidence of these diseases marks the great advance in Medical Science in the last two decades. It is very important that parents take full advantage of these advances.

DIPHTHERIA, WHOOPING COUGH & TETANUS

A combined vaccine is used for Diphtheria, Whooping Cough and Tetanus which is given in a course of three injections, spaced at four week intervals in early childhood. A booster dose against Diphtheria and Tetanus is given later at school entry.

The Health Authority provides facilities for immunisation as follows :

(a) Weekly sessions at 17 centres, fortnightly sessions at Baldoyle, Blackrock, Raheny, Rathfarnham and Terenure Dispensaries and Our Lady's Clinic, Dun Laoghaire, and monthly sessions at Scouts' Hall, Donnybrook.

(b) Through District Medical Officers in the County and Dun Laoghaire areas.

(c) Visits to the schools—during the year 301 visits were made to 158 schools.

The next Table gives particulars of the number of children who attended for this immunisation during 1966,

DIPHTHERIA, PERTUSSIS AND TETANUS—Completed Courses 1966

District Medical Officers	Pre-School Children	School-Going Children	Booster Doses
Balbriggan	100	5	4
Castleknock	93	—	11
Clondalkin	160	—	—
Curlew Road	82	—	10
Dundrum	372	4	43
Glencullen	48	5	—
Holmpatrick	47	—	28
Howth	108	—	1
Lucan	71	1	—
Lusk/Rush	82	2	—
Malahide	37	—	1
Portmarnock	71	—	1
Rathcoole	44	—	1
Rathfarnham	52	—	15
Oldtown/Killsallaghan	—	—	—
Shankill	85	1	10
Stillorgan	168	—	57
Swords	87	—	—
Tallaght	113	11	5
Terenure	3	—	3
Dalkey/Killiney	130	—	3
Sallynoggin	278	4	78
Total—District Medical Officers	2,231	33	271
Private Practitioners	214	—	—
Clondalkin Clinic	106	12	19
Palmerstown Clinic	275	—	12
Rathfarnham Clinic	148	9	20
Blackrock Clinic	206	16	30
Dun Laoghaire	365	62	48
Booster Doses done at Schools	—	—	2,138
Total for County and Dun Laoghaire Areas	3,545	132	2,538
City Area :			
Clinics	8,368	434	983
Schools	—	1,618	11,670
Total for City	8,368	2,052	12,653
Grand Total	11,913	2,184	15,191

This shows that 14,097 children completed their immunisation, but it will be noted from the above Table that 2,184 children were not given this protection until they reached school age. It is regrettable that parents do not fully realise the importance of protection of infants against these diseases—Whooping Cough, in particular, is most dangerous in infancy.

Some children have a reaction to this prophylactic which is caused by the Whooping Cough fraction in it. A survey was made, and 4% were found to have some swelling at the site of the injection, and 2% had persistent screaming for up to twelve hours or so. It was noted that the latter effect only occurred in children under six months of age.

It is gratifying to note that the number of immunisations in both the City and County were higher than in previous years and the number of Booster Doses had also increased.

A weak point in the chain of defence against these diseases is that 20% who started the course failed to complete it. These children defaulted despite a reminding letter and a home call by the District Nurse. It cannot be said, therefore, that it was due to parental ignorance that these children did not complete their immunisation.

POLIOMYELITIS

The most outstanding feature of this year is that no case of Poliomyelitis occurred in the area. This is the first time since 1938 that the City has been free from Poliomyelitis.

Oral-Polio vaccine is given to the age group, 6 months to 18 years, and the full course is three doses spaced at 8 week intervals.

Since this scheme was introduced in March 1965, 198,654 persons have completed the full course of immunisation. During 1966, 27,561 children were fully immunised.

Again, we have to note with regret, that some parents neglected to complete this form of immunisation.

SMALLPOX VACCINATIONS

The number who attended for vaccination, and re-vaccination, against Smallpox is shown in the following Table.

SMALLPOX VACCINATIONS 1966—DUBLIN HEALTH AUTHORITY

	0-5 years	5-14 years	Others
Primary Vaccinations	402	181	817
Re-Vaccinations	14	112	1,382
Total	416	293	2,199

A glance at this Table shows that it is mainly confined to adults due to the fact that it is necessary to have this vaccination completed by those travelling to certain countries. With the expansion of air travel and increased movement of people, the danger of Smallpox coming into this country becomes greater each year. It is recommended that Primary vaccination be done in a child's second year. Vaccination at an early age is less severe, has fewer complications and usually modifies the effect of re-vaccination in adult life.

VACCINATION AGAINST TUBERCULOSIS

The salient points of the 1966 B.C.G. scheme are :

1. A new high record in the number of vaccinations made this year.
2. The number of infants vaccinated at the Maternity Hospitals was greater than in any previous year.
3. Tuberculin surveys show a sharp decrease in the infection rate in children.

Nowadays, tuberculosis is not being allowed to perpetuate itself as it did since emerging from antiquity.

CHILDHOOD TUBERCULOSIS DEATHS—CITY AREA 0-14 YEARS

	1947	1952	1957	1962	1963	1964	1965	1966
Pulmonary Tuberculosis	27	6	1	—	—	—	1	—
Tuberculosis Meningitis	81	17	4	2	1	—	—	—
Other forms	30	2	1	—	—	2	—	1
Total	138	25	6	2	1	2	1	1

The child who died was aged 2 years. This was the only death under the age of 34 from this disease in 1966 and is referred to in the section dealing with tuberculosis.

B.C.G. VACCINATIONS—1966

	Clinics	Infants in Maternity Hospitals & Nursing Homes	Total
<i>City Area :</i>			
D.H.A., B.C.G. Scheme	8,214	8,003	16,217
National B.C.G. Committee	664	7,243	7,907
Total for City Area	8,878	15,246	24,124
<i>County and Dun Laoire Areas:</i>			
National B.C.G. Committee	138	1,067	1,205
Total	9,016	16,313	25,329

B.C.G. vaccination has been in use here since 1948 and it is interesting to compare the results in reducing childhood tuberculosis with Birmingham where B.C.G. vaccination has been in use since 1953,

In 1949 Dublin had 46 childhood tuberculosis deaths and Birmingham had 35 childhood tuberculosis deaths. In each City the figure is now reduced to one annual childhood tuberculosis death.

In the U.S.A. where B.C.G. vaccination is not used, except for contacts, the decrease in the number of new cases of tuberculosis in children has not kept pace with that of adults. A text book, *Clinical Tuberculosis—Essentials of Diagnosis and Treatment* by K. H. Pfyetze and D. B. Radner published in 1966, states that actually since 1959, in the U.S.A. there has been a progressive increase in the new cases of tuberculosis in children; for example, 6,036 new cases in 1962 as compared with 4,322 in 1959.

The infection rate as shown by tuberculin surveys in Dublin Schools indicated a marked decrease and it is very encouraging as may be seen from the next Table, that in 1966 the tuberculin positivity in the 10-14 year age group has revealed considerable reduction compared with 1962.

TUBERCULIN SURVEYS IN DUBLIN CITY 1966

10—14 Years Inclusive

Age	No. Treated	Percentage Pos. 1966	Percentage Pos. 1962
10	692	4.5	12.9
11	1,379	6.6	13.8
12	1,330	8.5	18.9
13	900	11.0	31.9
14	516	20.6	47.6
Total	4,817	9.2	19.8

The latest available figures from Birmingham is 8.8% tuberculin positive at 13 years of age, so that infection rate of 11% in Dublin children of the same age is approaching the same figure.

In attempting to protect the 15-25 year age group, 876 persons were tuberculin tested and it is pleasing to see that the number of positive reactors had decreased since the previous year, and it was possible to vaccinate 435 persons, that is 50% of the group tested.

As natural infection declines and the numbers of vaccinated persons increase, we hope for a continuing reduction in the adult tuberculosis figures.

Last year's report showed that 8% of the previously vaccinated persons require re-vaccination after a period of ten years. This necessitates much tuberculin testing as we find that in the 10-14 year age group in schools more than 50% have already been vaccinated. In all, there was a total of over 23,000 tuberculin tests made during 1966 of which many thousands were follow-up tests, to ensure that the previous vaccinations were still effective.

For another year we wish to thank those who have co-operated in the work, the teachers, nurses and doctors, and above all the parents who have helped in the realisation of our almost clear childhood tuberculosis picture. A special word of thanks is due to the clerical staff for their painstaking care of the records.

VERGEMOUNT FEVER HOSPITAL

DR. L. M. CUSACK, L.R.C.P. & S., D.C.H. & L.M.

Acting Medical Superintendent

The total number of admissions for the year was 1,698. 62 patients remained in hospital at the close of the year 1965, and the total number under treatment was 1,760. The number discharged cured was 1,682. There were 23 case fatalities, giving a mortality rate of 1.35%.

The number of admissions showed an increase of 259 on the previous year. Gastro Enteritis still heads the list of admissions with 468, (27.5% of all admissions.)

Three hundred and twenty-seven patients were admitted who were non-infectious.

During the year ending 31/12/66, there was an unprecedented demand for beds for infectious cases, especially for Gastro Enteritis under 2 years of age.

I am glad to report that recommendations made by the Visiting Committee were carried out successfully in the majority of instances.

My thanks are again due to the Medical, Nursing and Administrative staff for their co-operation and loyalty during the year.

TABLE 1

SHOWING THE NUMBER OF ADMISSIONS, THE NUMBER OF DEATHS,
AND THE CASE MORTALITY FOR THE YEAR ENDING 31ST
DECEMBER, 1966

Disease	1966	Number Died	Case Mortality
Gastro Enteritis			
428 under 2 and 40 over 2	468	4	0.85
Measles	288	1	0.34
Scarlet Fever	60	—	—
Varicella	84	—	—
Pneumonia	141	11	7.80
Acute Tonsillitis/Strep.			
Throat	49	—	—
Acute Enteritis	47	—	—
Infective Hepatitis	88	2	2.27
Croup	53	—	—
Pertussis	29	1	3.44
Dysentery	27	—	—
Influenza	12	—	—
Scabies	19	—	—
Meningitis	23	2	8.69
Epidemic Parotitis	23	—	—
Impetigo Contagiosa	3	—	—
Infective Mononucleosis	2	—	—
Rubella	14	—	—
Salmonellosis			
(4 Salmonella Typhi Mirium)	4	—	—
Erysipelas	1	—	—
Diphtheria			
} 2 cases			
} 8 carriers	10	—	—
U.R.T.I.	84	—	—
Ringworm	22	—	—
Miscellaneous	327	2	0.61
Total	1,878	23	1.35 (for 1,698 cases)

NOTE : The discrepancy between the above total (1,878) and the total number of admissions (1,698) arises from the fact that 180 patients were admitted with two infectious diseases.

SCARLET FEVER

There were sixty cases admitted, which was a decrease of 52 on the previous year. No deaths recorded.

MEASLES

Two hundred and eighty-eight cases were admitted. This shows an increase of 69 cases over the previous year. Thirty-seven cases had complications. One case died with Bronchopneumonia. The mortality rate was .34%. Hereunder Measles cases classified in age groups.

TABLE 2

Under 1 year	1—5	5—15	15 and over	Total
43	210	29	6	288

PERTUSSIS

Twenty-nine cases were admitted. One death occurred from Bronchopneumonia and urinary infection. This baby was aged four months. The mortality rate was 3.44%.

DIPHTHERIA

Two children were admitted during the year. One of these was immunised, the disease was mild and obviously modified by immunisation. The second was not immunised but responded well to treatment. Both had organisms of the Gravis type.

Seven contacts of the above children were admitted as carriers. Six had positive nose swabs and the other a positive throat swab. The tenth admission was a nasal carrier of the Mitis type.

GASTRO ENTERITIS

Four hundred and sixty-eight cases of Gastro Enteritis were admitted, showing an increase of 172 cases over last year. There were four deaths, giving a mortality rate of .85% as compared to .34% last year. All of these deaths were under two months of age.

TABLE 3

CASES OF GASTRO ENTERITIS CLASSIFIED IN AGE GROUPS

Under 1 mth.	1—2 mths.	2—6 mths.	6 mths. —1 yr.	1—2 yrs.	2 years and over	Total
34	52	160	98	84	40	468

MENINGITIS

There were 23 cases admitted during the year, an increase of three cases over the previous year. There were two deaths, and this represents a case mortality of 8.69%.

Haemophilis Meningitis	.....	.....	1
Lymphocytic Meningitis (1-death)	.....	.....	15
Pneumococcal Meningitis	.....	.....	2
Meningococcal Meningitis	.....	.....	2
Purulent Meningitis (no organism isolated)	.....	.....	1
Tuberculous Meningitis	.....	.....	1
Pseudomona Pyocyaneous Meningitis (1 death)	.....	.....	1

INFECTIVE HEPATITIS

There were 88 cases admitted, showing an increase of 27 cases over the previous year. Two deaths occurred, aged 5 years and 6 years. These children progressed into acute yellow atrophy despite all therapy. The interesting feature here was the background of a low protein diet and bad social conditions. The case mortality was therefore 2.27%.

DYSENTERY

During the year 27 cases were admitted, a decrease of 3 compared with the year ending 31st December, 1965.

Shigella Sonnei. Dysentery	.....	.....	22
Shigella Flexner.	.....	.....	2
Enterocolitis	.....	.....	3

All responded well to treatment and were discharged free from infection.

SALMONELLA INFECTION

Salmonella Typhi Murium	4 cases
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There were 3 cases more than last year. The interesting feature with this type of infection was its resistance to the current antibiotics, and the difficulty therefore of obtaining negative faeces.

PNEUMONIA

One hundred and forty-one cases were admitted during the year. This showed a sharp increase of 54 cases over the previous year. There were eleven deaths, showing a mortality rate of 7.80%.

Bronchopneumonia.	50 cases—(2 deaths under the age of 2 years).
Virus Pneumonia.	80 cases—(9 deaths ranging from 9 days to 74 years of age).
Lobar Pneumonia.	11 cases—All recovered.

MISCELLANEOUS

During the year 327 cases were admitted which were non-infectious, an increase of 95 over last year. There were two deaths in the section showing a mortality rate of 0.61%.

One man, aged 66, died of acute encephalomyelitis within 12 hours of admission.

A woman of 72 years, admitted as Acute Enteritis, died of Cardiac Failure and Entero-Colitis.

CHERRY ORCHARD HOSPITAL

F. C. O'HERLIHY, *Resident Medical Superintendent*

During the year ending 31st December, 1966, 2,517 patients were admitted to the wards from Dublin City and County and 2,476 were discharged. There were 41 deaths, giving a general case fatality rate of 1.63%.

A noteworthy feature was the fact that no case of diphtheria, tuberculous meningitis or anterior poliomyelitis was admitted during the year under review. The increasing number of admissions of gastro-enteritis in young children, referred to in recent annual reports, continues and, during the year 1966, a total of 863 admissions of gastro-enteritis were recorded compared with 606 in 1965, which itself was a record number of admissions of this disease.

MEASLES

There were 247 cases of measles and its complications treated in the wards, 1 of whom died, a case fatality rate of 0.04%.

The fatal case of measles, a child of 1 year, was complicated by bronchopneumonia and died five days after admission.

Four of the cases who recovered had other conditions in addition to measles, viz. whooping cough (2) and one each of chickenpox and Stevens Johnson syndrome.

Of the 246 cases who recovered, 127 manifested one or more complications. The complications numbered 163 in all and were classified as follows:

Rhinitis	65
Conjunctivitis, blepharitis and other eye conditions	51
Bronchopneumonia	26
Gastro-enteritis	11
Convulsions	6
Otorrhoea	3
Encephalitis	1
Ulcerative stomatitis	1
Abscesses and septic skin conditions	1

WHOOPIING COUGH

There were 66 cases of whooping cough treated in the wards, all of whom recovered.

The following 36 complications occurred among the cases treated:

Rhinitis	25
Gastro-enteritis	4
Conjunctivitis, blepharitis and other eye conditions	3
Bronchopneumonia	1
Adenitis	1
Abscesses and septic skin conditions	1
Atelectasis	1

The age grouping of the whooping cough cases is set out in Table I.

TABLE I

	Months 0—6	6 Mths. to 1 Year	Years 1—2	Years 2—5	Over 5 years	Totals
RECOVERED :						
Male	11	9	5	3	2	30
Female	10	7	11	6	2	36
TOTALS	21	16	16	9	4	66

ENTERITIS AND GASTRO-ENTERITIS

There were 863 cases of gastro-enteritis treated during the year, of whom 23 died, a case fatality rate of 2.67%.

Sixteen of the 23 fatal cases of gastro-enteritis were aged 2 months or under. Of these, 2 survived admission by less than twenty-four hours (both infants aged 5 weeks) and a third was complicated by convulsions and died fifty-eight hours after admission.

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

TABLE II

	1 month and under	Over 1 month and under 1 year	Years 1—2	Years Over 2	Totals
RECOVERED :					
Male	48	288	82	53	471
Female	38	226	70	35	369
DIED :					
Male	4	11	2	—	17
Female	2	3	1	—	6
Totals	92	528	155	88	863

OTHER INTESTINAL INFECTIONS

There were 187 cases admitted, of whom 2 died, a case fatality rate of 1.07%.

The fatal cases were a man of 66 years with Bacillary Dysentery (Sh. Flexneri), congestive heart failure and chronic bronchitis and emphysema; and a woman of 75 years with Salmonellosis (Salm. typhimurium), congestive heart failure and myocardial degeneration.

The infections were classified as follows :

Bacillary dysentery (Sh. Sonnei 66; Sh. Flexneri 22)	88
Salmonellosis (Salm. typhimurium 14; Salm. Stanley 1)	23

Food Poisoning (Staphylococcal 1)	4
Acute Entero-colitis (no organism isolated)	72

The age incidence was as follows :

TABLE III

	Years 0—5	Years 5—10	Years 10—15	Years 15—25	Years 25—45	Years over 45	Totals
RECOVERED :							
Male	32	22	10	7	8	8	87
Female	28	23	7	12	13	15	98
DIED :							
Male	—	—	—	—	—	1	1
Female	—	—	—	—	—	1	1
TOTALS	60	45	17	19	21	25	187

TABLE IV

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 ending 31st December, 1966.

Disease	No. of Admissions	No. of Deaths	Case Fatality %
Scarlet Fever	70	—	—
Diphtheria	—	—	—
Measles (and complications)	247	1	0·04
Whooping Cough (and complications)	66	—	—
Erysipelas	10	—	—
Enteric Fever	5	—	—
Puerperal Sepsis	2	—	—
Lobar Pneumonia	13	—	—
Bronchopneumonia	16	2	12·50
Influenza	121	2	1·65
Tuberculous Meningitis	—	—	—
Meningococcal Meningitis	2	—	—
Pneumococcal Meningitis	16	1	6·25
Lymphocytic Meningitis	15	1*	6·67
Pyogenic Meningitis (No organism isolated)	4	1	25·00
Rubella	19	—	—
Mumps	41	—	—
Chickenpox	50	1†	2·00
Acute Anterior Poliomyelitis	—	—	—
Encephalitis and other infections of C.N.S.	2	1	50·00
Gastro-Enteritis	863	23	2·67
Tuberculosis (non-meningitic)	2	—	—
Tonsillitis and Quinsy	253	—	—
Other Intestinal Infections	187	2	1·07
Infective Hepatitis	167	1	0·59
Infectious Mononucleosis	34	—	—
Brucellosis	2	—	—
Other Diseases (non-infectious conditions)	310	5‡	1·61
TOTALS	2,517	41	1·63

*Chickenpox, Herpes Zoster and toxic myocarditis in a man of 70 years.

†Lymphocytic Meningitis and convulsions.

‡Subarachnoid Haemorrhage

Acute Lymphoblastic Leukaemia

Stills Disease

Status Epilepticus

Congestive heart failure, Myocardial degeneration, diabetes mellitus and gastro-enteritis

TUBERCULOSIS

DR. COLM S. GALLEN

In 1966, deaths from all forms of Tuberculosis reported as having occurred in patients resident in Dublin City, numbered 77—the Registrar General credits the City with two more). The previous seven-year average being 71, this figure is what we have come to expect; little change from year to year. Pulmonary deaths among the females, started in the 40–44 age groups, and were distributed more or less evenly in five year age groups up to 75–79. Among the males the usual pattern was apparent. In five year age groups, the number of deaths rose to a peak between 59 and 69 years, and fell away similarly. There were 5 deaths from non-pulmonary disease. A two year old death was that of a child who had B.C.G. Vaccination at birth. The case had not been fully investigated, at least in the typing of the organism at the time of going for publication.

	1	2	3–19	24	29	34	39	44
Pulmonary :								
Male	—	1	—	—	—	2	4	3
Female	—	—	—	—	—	—	—	3
	49	54	59	64	69	74	79	Total City
Pulmonary :								
Male	5	6	12	8	9	6	2	58
Female	2	2	2	5	2	2	1	19

Non-Pulmonary : Renal 3; Peritonitis 1; Generalized 1.

NEW DIAGNOSIS OF TUBERCULOSIS

In this report a new departure in presentation is that new diagnosis of all ages will be set out and discussed together.

The new childhood cases of tuberculosis—up to 15 years of age—numbered 119 made up of 113 primary diseases, and 6 non-pulmonary. For the second successive year no case of tuberculous meningitis was notified. The primary figure is considerably above last year's and among these cases are 44 who had been previously vaccinated with B.C.G. In 36 of these the site of the infection was not established. No definite signs of the disease was present in the lungs on radiological assessment. Below is set out in tabular form these cases and the relationship of index cases with which they were in contact.

CONTACT HISTORY OF NEW PRIMARY CASES, 1966

Contact of :

	Previously given B.C.G.
Father	19
Mother	13
Brother/Sister	8
Aunt/Uncle	2
Not traced	2
Total	44

	Not previously given B.C.G.
Diagnosed by contact Exam.	45
Referred by private doctor	6
D.M.O.	4
Hospital	10
Mass X-Ray	4
Total	69

In all but two of the cases which had had B.C.G. Vaccination, and in the majority of the others, contact with infectious adult disease cases has been established. The infection in the B.C.G. Vaccination subjects was mild and it was influenced, undoubtedly, by the protection afforded by vaccination.

PRIMARY CLINIC

In the Primary Clinic during 1966, a number of group investigations have been under way. Over the year skin tests, 'Mantoux I.Tu.' were offered to persons attending seriatim, the majority being contacts—48 were 15 years and over.

The results of this survey are stated below.

Total number of attendances covered	766
Total number not tested—refusals, outside hospital diagnosis, etc.	210
Not tested but had B.C.G.	35

This leaves 521 patients on whom skin tests were performed and read. This is not a large figure but it suffices to show what trends may be expected in a bigger survey.

The test was the Mantoux test with I.Tu. of P.P.D. Subsequent to the tests the patients were divided into those who were eventually diagnosed as tuberculous, and those who were not so diagnosed, the latter sub-divided into those who had had B.C.G. and those who had not. The results are shown below graphically tabulated.

Total patient skin tests performed and read	521
Total showing no induration	224
Total showing measurable indurations	247
Total of these who had had B.C.G.	167
Total non-B.C.G. reactors	80

These 80 non-B.C.G.'d reactors, therefore, represent the group of persons who have been naturally infected with the tubercle bacillus in our study.

These 80 persons produced 63 subsequently diagnosed active cases. There were also 50 who had had B.C.G. Of the 113 cases, 92 demonstrated a Mantoux induration to I.Tu. P.P.D. of more than 12 mm. The Mantoux reaction to I.Tu. of P.P.D. has, therefore, demonstrated its value again, as in previous years, as a diagnostic tool in Primary Tuberculosis.

Another investigation carried out, this time by the Child Welfare Nursing Staff, as a routine, on the under 5's is tuberculin skin testing by Moro skin test. Those who develop a positive reaction are referred to the Primary Clinic for further investigation while the negative reactors are referred to the B.C.G. Branch. The true positive reactors comprise three types of child, those who have had B.C.G.; naturally Morò positive with no X-Ray findings and frank recent convertors. I append below the break-down of the gross figures for 1961-66.

CHILD WELFARE 0-6 REFERRALS

Total No. Moro Tests	Total No. B.C.G.'d	Attendances at Primary Clinic	Found Moro — and Ref. for B.C.G.	Confirmed Moro	No. previously B.C.G.'d.	No. of cases of Primary Tuberculosis	
						Pr.	Cervical Adenitis
61/6,530	1,043	39	13	26	2	12	3
62/6,286	813	30	12	18	3	11	—
63/6,355	876	32	13	17	3	14	—
64/5,408	827	19	4	14	—	13	—
65/3,431	1,586	6	—	6	4	2	—
66/2,859	476	9	3	6	3	4	—

NEW DIAGNOSIS

1948	....	335	1954	....	490	1960	....	110
1949	....	1,279	1955	....	400	1961	....	162
1950	....	759	1956	....	319	1962	....	160
1951	....	802	1957	....	278	1963	....	123
1952	....	510	1958	....	229	1964	....	124
1953	....	534	1959	....	269	1965	....	90
						1966	.....	119*

*This figure includes 36 in whom no disease of the lungs was found on radiological examination, and in whom no other locus was suspected.

Non-pulmonary disease numbers this year were 6.

	—59	—60	—61	—62	—63	—64	1965	1966
Non-Pulmonary	24	20	37	14	17	16	3	6
Meningitis	7	6	3	5	1	2	—	—

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

1966—MALES—ADULTS

	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70	Total
Positive Direct	5	1	5	—	6	6	5	11	8	9	5	8	69
Positive Culture	2	1	2	6	2	4	8	9	2	3	4	3	46
Positive L. Swab	—	—	—	—	—	—	—	—	1	—	—	—	1
Negative, direct no sputum, etc.	5	10	6	3	5	5	6	5	3	6	2	6	62
Negative Culture	1	8	4	2	3	2	3	7	6	4	—	2	42
Negative L. Swab	—	—	—	—	3	1	—	—	—	—	—	—	4
TOTALS	13	20	17	11	19	18	22	32	20	22	11	19	224
PRIMARY DISEASE :													
(a) Bipolar	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Unipolar	3	1	—	—	—	—	—	—	—	—	—	—	4
(c) Unipolar with lung inf.	—	—	—	—	—	—	—	—	—	—	—	—	—
Pleural Effusion	—	5	2	—	1	1	—	1	1	—	—	—	11
Unilateral Disease	3	5	8	6	7	7	6	17	3	7	2	1	72
Bilateral Disease	3	5	4	4	4	5	8	8	5	6	6	11	69
Unilateral Disease with unilateral cavitation	2	1	3	—	1	1	5	2	3	5	1	4	28
Bilateral Disease with unilateral cavitation	—	3	—	—	4	2	1	3	4	2	1	1	21
Bilateral Disease with bilateral cavitation	2	—	—	1	2	2	2	1	2	2	1	2	17
Miliary Disease	—	—	—	—	—	—	—	1	1	—	—	—	2
TOTALS	13	20	17	11	19	18	22	33	19	22	11	19	224

Total number of Children to 15 years of age—56.

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

1966—FEMALE—ADULTS

	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70	Total
Positive Direct	1	6	2	3	3	1	2	1	1	—	—	3	23
Positive Culture	1	4	2	1	2	1	4	2	—	2	—	—	19
Positive L. Swab	—	1	—	—	—	1	—	—	—	—	—	—	2
Neg. Direct No Sputum, etc.	10	5	3	6	5	1	3	3	3	2	—	2	43
Negative Culture	4	3	1	1	6	2	1	1	3	1	2	2	27
Negative L. Swab	—	1	2	—	—	—	—	—	—	—	—	—	3
TOTALS	16	20	10	11	16	6	10	7	7	5	2	7	117
PRIMARY DISEASE :													
(a) Bipolar	1	—	—	—	—	—	—	—	—	—	—	—	1
(b) Unipolar	2	—	2	—	—	—	—	—	—	—	—	—	4
(c) Unipolar with lung inf.	—	—	—	—	—	—	—	—	—	—	—	—	—
Pleural Effusion	3	1	—	1	—	1	—	—	—	—	—	—	6
Unilateral Disease	8	9	3	3	6	2	5	3	3	1	2	2	47
Bilateral Disease	1	2	4	4	2	—	1	3	2	3	—	4	26
Unilateral Disease with unilateral cavitation	—	4	—	—	2	3	2	1	1	1	—	—	14
Bilateral disease with unilateral cavitation	—	2	1	3	3	—	—	—	1	—	—	1	11
Bilateral Disease with bilateral cavitation	1	2	—	—	3	—	2	—	—	—	—	—	8
Miliary Disease	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	16	20	10	11	16	6	10	7	7	5	2	7	117

Total number in Children to 15 years of age—57.

TABLE SHOWING NEW CASES OF NON-PULMONARY TUBERCULOSIS IN AGE GROUPS AND SITE OF INFECTION—1966

MALES	CHILDREN					ADULTS													Gr'nd Total
	-1	1-4	5-9	10-14	Total	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70	Total	
Meningitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Abdominal	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1
Bones and Joints :																			
(a) Spine	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1
(b) Hip	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(c) Knee	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(d) Other joints	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1
Cervical Glands	-	-	1	2	3	2	-	2	1	-	2	-	-	2	-	-	-	9	12
Genito-Urinary	-	-	-	1	1	2	1	-	2	3	-	1	1	-	-	1	1	12	13
Other forms	-	-	-	-	-	-	2E & S	-	-	-	-	-	-	1P	-	-	1L	4	4
Totals	-	-	1	3	4	4	4	3	3	3	2	2	1	3	-	1	2	28	32
FEMALES																			
Meningitis	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1
Abdominal	-	-	-	1	1	-	1	-	2	1	-	1	-	-	-	1	-	6	7
Bones and Joints :																			
(a) Spine	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1
(b) Hip	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1
(c) Knee	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
(d) Other joints	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	1	-	3	3
Cervical Glands	-	-	-	-	-	3	1	3	3	3	1	1	1	4	1	1	1	23	23
Genito-Urinary	-	-	-	-	-	1	3	-	3	4	2	-	-	1	-	-	-	14	14
Other forms	-	-	-	-	-	-	-	-	1E	-	-	-	1S	-	-	-	-	2	2
Totals	-	-	1	1	2	5	6	4	9	8	3	3	2	5	2	3	1	51	53

E—Eye.

S—Skin.

P—Pericarditis.

L—Larynx.

ADULT DISEASE

The adult pulmonary figures show an increase this year for the first time for many years. The gross percentage increase on 1965 was 2.4%. Last year's figures were 18% down on the previous years, and the five years back to 1961 showed a yearly average fall of 7%. This increase in the year 1966 underlines the necessity for keeping the anti-tuberculosis effort of the Health Authority at the highest pitch, and allows of no slackening in the standards of the Service.

A noteworthy point is the breakdown of this increase into sex distribution. All the increase lay with the males, who were 8.2% up (16% down in 1965); the females registering a drop of 7.7% (21% in 1965). The males in 5 year age grouping are again haphazardly distributed—percentage per group varying from, 4.9 to 14.7. 59.5% of the cases fell between 35 and 64 years, (57.6% in 1965), while 27.1% fell between 15 and 34 years, (30.9% in 1965).

X-Ray findings show that unilateral noncavitatory disease, together with primary disease and pleurisy, accounted for 39.4% of the new diagnoses. Bilateral non-cavitatory cases bring this total to 70%; 51.9% of the cases presented with positive bacteriological findings. This increased from 43% last year, and taken together with the increase in male pulmonary cases reported above, is very disturbing.

Among female new cases each year, I have commented on the different shape the age distribution curve takes. Classically female cases presented with a sharp peak at the vulnerable 20-29 year point. For the third year now this peak has been spread and flattened, and we may be justified in thinking that the fact that the new cases tend to occur now more equally in all age groups up to the late forties, means that the young female is no longer so vulnerable to the disease as she was in the not so distant past.

Unilateral non-cavitatory disease with primarys and pleurisies among the females total 49.6%—nearly half the total. The addition of bilateral non-cavitatory disease brings the figure to 71.8% almost exactly the same as last year (71.4%). However, here again as in the males, an increase in positive bacteriological findings has occurred—37.5% as against 27% in 1965.

NON PULMONARY NEW CASES

At 79 total, and a male/female ratio of approximately 5 : 3, 1966 figures are almost identical with those of 1965. In the males at 12 cases, Genito-Urinary conditions together with cervical gland infection, 9 cases, make up 75% of the number.

Among the females, the cervical gland cases at 23, and the combined abdominal genital and renal cases numbering 20, make up the bulk of the figure.

NEW TUBERCULOSIS DIAGNOSIS 1955-66—GROSS FIGURES

	Pulmonary		Non-Pulmonary		Total	Primary Clinic	Deaths Total
	M	F	M	F			
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
1961	326	190	52	64	632	162	109
1962	304	191	42	75	612	149	71
1963	255	179	47	66	547	123	111
1964	247	161	30	74	512	124	84
1965	207	126	29	49	411	90	61
1966	224	117	28	51	420	119*	77

*This figure includes 36 in whom no disease of the lungs was found on radiological examination and in whom no other locus was suspected.

DISCOVERY OF NEW CASES OF ADULT DISEASE

Hospital or Sanatorium	46%
Applied	3%
Contact	3%
Private Doctor	26%
Mass Radiography	22%

The services from which new patients reach the Clinics are set out above. The figures show little change, Mass Radiography providing 22% and Hospitals referrals being 46%, more or less as last year.

TOTAL PATIENTS WITH DRUG RESISTANCE ON REGISTER DECEMBER 31st, 1966.

Streptomycin	P.A.S.	I.N.A.H.	79 Patients	40%	resistant to 3 drugs
Streptomycin	P.A.S.	I.N.A.H.	52	42%	1 drug
Streptomycin	P.A.S.	I.N.A.H.	25	18%	2 drugs
Streptomycin	P.A.S.	I.N.A.H.	6		
Streptomycin	P.A.S.	I.N.A.H.	23		
Streptomycin	P.A.S.	I.N.A.H.	5		
160	94	132	194 patients		
82%	48%	67%			

The total number of patients remaining on the Register on 31st December, 1966, who have been recorded as having, at any time, organisms in sputum resistant to one or other of the standard anti-tuberculosis drugs is 194. A seven year comparative figure is shown below.

YEAR	Total Registered Resistant Patients	Percentage Resistant to		
		Three Drugs	Two Drugs	One Drug
1960	243	40	22	38
1961	255	40	17	42
1962	240	45	15	35
1963	234	44	18	32
1964	209	45	21	34
1965	205	44	17	38
1966	194	40	18	42

The fall noted in other years has continued as expected, and the reasons already mentioned in earlier reports are that the newly added resistant patients in the year, number much the same as the number of resistant patients appearing in the deaths.

Little change in the percentage of patients resistant to one, two or three drugs appears in the figures. Again the proportion of known current tubercle excretors among the 194 patients is approximately one-third, emphasising the fact that, epidemiologically, resistance is not of major significance.

DOMICILIARY AND AMBULANT THERAPY

S.P.I.	363	S.P.I.Ix.	19
S.I.	8	P.I.Ix.	17
P.I.	366	I.Ix.	93
S.P.	11	S.S.Ix.	34
		S.P.I.Ix.Tr.	1
		S.I.Tr.	} 6
		I.Ix.Tr.	

Total : 918

Key : S.—Streptomycin; P—PAS; I—INAH; Ix—Isoxyl;
Tr.—Trescatyl; M—Combination of Cycloserine, Isoxyl;
INAH and Pyrazinamide.

At 918, Domiciliary Chemotherapy patients remain at much the same numerical level as last year. The usual major drug regimens make up the bulk of the treatment, and the minor drugs, Cycloserine and Pyrazinamide, have been used sparingly.

As last year, more reliance is being placed in the Carbanilide Isoxyl, a total of nearly 200 patients being under treatment with it. It has similar effects to PAS without that drug's gastro-toxicity. As far as can be seen from clinical evaluation, this drug is becoming one of the mainstays of the ambulant treatment of tuberculosis cases in our service, it having an apparent efficacy in the prevention of emergence of new cases of resistance to the major drugs.

	1959	1960	1961	1962	1963	1964	1965	1966
A.P. and P.P. Refills	—	—	—	—	—	—	—	—
Chemo-therapy Pts. on Chemo-therapy	14,493	23,339	29,765	25,035	26,849	22,345	17,978	16,761
	1,405	1,662	1,439	1,169	1,169	1,108	933	918

The number of injections of Streptomycin and allied drugs remains a satisfactory index of ambulant therapy. The total this year of 16,761 injections is now down to the 1959/60 level. Increased use of post sanatorium and ambulant care and its consequent corollary, the more rapid turnover of sanatorium beds is the effect most noticeable in this treatment trend. This is shown in the fact that over the year at no period was there any anxiety over the immediate provision of a hospital bed for any patient in need. This is underlined by the fact that a considerable proportion of the bed time occupancy of our sanatorium is taken by Health Authority patients, suffering from diseases other than tuberculosis.

PATIENTS WHOSE DRUG RESISTANCE FIRST CAME UNDER NOTICE IN 1966

Streptomycin	P.A.S.	I.N.A.H.	7 Patients	36% resistant to 3 drugs
Streptomycin	P.A.S.		2 "	—
		I.N.A.H.	5 "	36% " " 1 drug
Streptomycin	P.A.S.		1 "	—
Streptomycin		I.N.A.H.	3 "	—
	P.A.S.	I.N.A.H.	1 "	28% " " 2 drugs
13	9	16	19 patients	
68%	47%	84%		

During the year the newly emerging resistant patients reverted to the 1964 level at 19 cases. The upward trend which was a worry last year did not materialise. Comparative figures of the resistance pattern, (1965 figures in brackets), are :

Streptomycin 68% (81%); PAS 47% (27%); INAH 84% (54%).

**POSITIVE CASES OF PULMONARY TUBERCULOSIS WHO HAD
RECEIVED NO SUBSEQUENT SANATORIUM TREATMENT BEFORE
THE 31st DECEMBER, 1966**

	Male	Female	Total	Total Pulmonary	%
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
1961	26	13	39	4,754	0.82
1962	11	10	21	4,123	0.50
1963	19	20	39	4,259	0.91
1964	19	17	36	4,233	0.85
1965	17	17	34	4,071	0.83
1966	18	15	33	4,031	0.80

The total number of pulmonary cases on the Register whose last sputum examination reported before the end of the year proved positive and who subsequent to that report had not entered a Sanatorium by December 31st, 1966 is shown over the years in the table above. The figures over the last four years show a remarkable degree of steadiness.

Total attendances at Clinics during 1966	19,622
Total new attendances at Clinics	2,339
Number of Dwellings notified for Disinfection	515
Number of X-Rays taken in Charles St. Clinic	5,194
Number of X-Rays taken in Crumlin Health Centre	1,417
Number of X-Rays taken in Lord Edward Street (Adults)	1,465
Number of X-Rays taken in Lord Edward Street, (Children for primary Clinic)	968

The Oto-Laryngologist, Mr. C. D. O'Connell, held 50 sessions at Charles Street Clinic, and there were 809 attendances.

The Orthopaedic Surgeon, Mr. D. P. Murray held 24 sessions at Charles Street Clinic and there were 60 attendances.

Mr. J. B. Casey, Surgeon Dentist, held 98 sessions at Charles Street Clinic, and there were 918 attendances.

MASS RADIOGRAPHY SURVEYS

The continuous survey of the City and County area in conjunction with the Mass Radiography Board, was kept working

through 1966. The procedure used was outlined in last year's report, and the results continued to be a justification of the idea.

The same troubles were encountered as before—weather was of paramount importance, and a rainy session meant a bad attendance. The type of housing area was also of strong influence, the bad results coming from the small terrace type houses, and the worst from the areas dominated by flats.

A total of 3,263 persons attended 51 sessions held during 39 weeks. These miniature films yielded 77 recalls, with a bias towards T.B. (a rate of 2.3%) and 49 whose likely pathology was some other chest condition (1.2%).

The increase from 1.5% to 2.3% in the recall rate of possible pulmonary tuberculosis cases re-inforces the new case figure increase referred to earlier for this year, in the report.

DUBLIN COUNTY AND DÚN LAOGHAIRE

New Cases of tuberculosis in 1966 numbered 142 as follows :

	Children up to 15 years		Adults.	
	M.	F.	M.	F.
Pulmonary	18	12	48	41
Non-Pulmonary	—	—	6	17
Total	18	12	54	58

There were 16 deaths—15 pulmonary and 1 non-pulmonary.

Particulars of age groups and the site of infection of new cases in adults are given in the following tables.

TABLE SHOWING NEW CASES OF PULMONARY TUBERCULOSIS IN AGE GROUPS AND SITE OF INFECTION—1966

COUNTY DUBLIN AND DUN LAOGHAIRE

ADULTS—MALE (M) and FEMALE (F)

	15-19		20-24		25-29		30-34		35-39		40-44		45-49		50-54		55-59		60-64		65-69		70+		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Positive Direct	-	-	-	1	2	1	-	-	1	-	-	1	2	-	2	1	-	-	1	-	2	1	-	-	10	5
Positive Culture	-	-	2	-	2	1	-	1	1	1	1	1	2	1	3	-	-	1	2	-	-	-	2	-	15	6
Positive L. Swab	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Negative direct, no sputum, etc.	3	4	1	5	2	1	1	3	1	-	1	4	-	2	2	-	1	1	1	-	-	1	-	1	13	22
Negative Culture	-	1	1	1	1	-	1	-	1	1	1	-	2	1	-	1	2	-	-	-	1	1	-	10	6	
Negative L. Swab	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Totals	3	5	4	7	7	5	2	4	4	2	3	6	6	4	7	2	3	2	4	-	2	3	3	1	48	41
Primary Disease :																										
(a) Bipolar	-	-	1	1	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
(b) Unipolar	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(c) Unipolar with lung infection	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Pleural Effusion	-	1	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Tuberculin Convertors	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Unilateral Disease	-	2	2	2	1	-	1	-	-	1	3	3	2	2	2	-	1	-	2	-	-	2	2	-	16	12
Bilateral Disease	1	-	-	3	1	3	-	2	1	-	-	1	-	1	-	-	2	1	-	-	1	1	-	6	12	
Unilateral Disease with unilateral cavitation	-	1	-	-	4	1	-	-	2	-	-	1	3	-	3	2	-	-	1	-	-	-	1	13	6	
Bilateral Disease with unilateral cavitation	1	-	1	-	-	1	1	-	1	1	-	-	1	-	2	-	-	1	-	-	2	-	-	9	3	
Bilateral Disease with bilateral cavitation	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	1	-	-	-	-	-	1	2	
Miliary Disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals	3	5	4	7	7	5	2	4	4	2	3	6	6	4	7	2	3	2	4	-	2	3	3	1	48	41

TABLE SHOWING NEW CASES OF NON-PULMONARY TUBERCULOSIS IN AGE GROUPS AND SITE OF INFECTION—1966

DUBLIN COUNTY AND DUN LAOGHAIRE

ADULTS—MALES (M) and FEMALES (F)

	15-19		20-24		25-29		30-34		35-39		40-44		45-49		50-54		55-59		60-64		65-69		70+		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Meningitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Abdominal	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1
Bones and Joints :																										
(a) Spine	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	3	
(b) Hip	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(c) Knee	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(d) Other Joints	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-
Cervical Glands	-	-	-	1	-	-	-	2	-	1	-	1	-	-	-	-	-	1	-	1	-	-	-	2	5	
Genito-Urinary	-	-	1	-	-	3	-	1	-	1	-	1	-	1	-	-	-	-	-	1	1	-	-	2	8	
Erythema Nodosum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Forms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals	-	-	2	2	-	3	-	3	-	2	-	2	-	1	-	1	-	-	1	-	2	1	1	2	6	17

During the year the Clinic at Nicholas Street, the X-Ray Department, Lord Edward Street, and the Clinic at rere Meath Hospital, were accommodated in the new premises at 37/41 Castle Street at varying dates—19th March; 17th October; 14th November, respectively.

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.

CENTRAL X-RAY DEPARTMENT

DR. MICHAEL G. MAGAN

Radiologist

The most outstanding event of the year for this X-Ray Department was its transfer to new premises in Castle Street. Twenty years previously in 1946, what came to be known as the Central X-Ray Department, was opened in a temporary wooden building in Lord Edward Street. The event was the focus of much press publicity for the X-Ray Department was Dublin's first mass radiography centre and as such the newest weapon in the fight against tuberculosis.

Miniature film-taking was subsequently handed over to the national body set up for the purpose in 1951 but an inevitably close association with mass radiography has been maintained for large film recall X-Ray examinations arising out of mass radiography in the Dublin Health Authority area. Until the beginning of 1966, all these recall X-Ray examinations were made at Lord Edward Street. By that time the ever growing number of persons being scheduled for large plate recall by the film readers at Tara Street was becoming too much for our staff to cope with (there was, fortunately, no corresponding increase of serious chest disease found) and new assignments were made in February 1966, whereby recall X-Rays for persons on the north side of the city were brought to the X-Ray Department at Charles Street and for the Crumlin region to the Crumlin Health Centre so lightening the burden for this department.

When the wooden building in Lord Edward Street was opened in 1946 it was the intention that this temporary structure should not be used for more than six months or a year. Plans were produced for a permanent miniature and large film radiography department to be constructed on the top of the Child Welfare Building adjacent. The new X-Ray Department then proposed, though seemingly structurally good in itself, had the great disadvantage of being at the top of many flights of stairs and my plea, that it was in the public interest for us to continue where we were, was accepted. That wooden building, dingy though it may have appeared and the plant it housed, served the public well. Over 4,000 fresh cases of tuberculosis were discovered there apart from other ailments. The original X-Ray apparatus, despite constant heavy work, was sufficiently sound structurally to be brought over for use in the new rooms at Castle Street.

For some years past there had been plans under way to house the Lord Edward Street X-Ray Department and the former Nicholas Street and County Chest Clinics under one roof for general convenience. The initial impression of the proposed plans for Castle Street, both from the point of view of structure

and limitation of space were anything but promising. There was, though, the great advantage of a site in the centre of Dublin convenient to the public. However, with regard to the X-Ray Department, the end result has been highly satisfactory. Eminently workable X-Ray and darkroom accommodation, clinical and clerical offices and public waiting space have been provided.

For a period of about six weeks the radiography had inevitably to be carried out in other X-Ray Departments of the Authority, so though the overall returns of X-Ray examinations for 1966 show a drop on the previous year, the monthly returns before and after the transfer indicate a continuous increase. The plant is, at present, kept very fully occupied by chest radiography and as this goes on every day it is not, at present, convenient to hold up the continuous flow of working people who come here for chest X-Rays, by turning the plant over to more time consuming forms of radiography. The department, however, is such, that if the need arises it can readily be adapted to a variety of other forms of general radiography, such as might arise with a changed image of public health requirements.

The details with regard to large X-Ray examinations are as follows :

Total number of patients	.....	.....	.....	.....	5,967
Total number of films	.....	.....	.....	.....	6,588
Number of large plate recalls	.....	.....	.....	.....	1,492
(A further 117 did not attend)					
Number of recheck X-Rays	.....	.....	.....	.....	883
Large films for practitioners	.....	.....	.....	.....	798
Children from Primary Clinic	.....	.....	.....	.....	968
Number of examinees for tuberculosis clinic, Castle St.					1,465
Number of examinees for County Clinic	.....	.....			103
Number of staff cases	.....	.....	.....	.....	258
Number of patients X-Rayed in St. Ita's Hospital, Portrane, by Castle Street radiographer					150

MASS RADIOGRAPHY SESSIONS

Centre	Total Exam- ined	Likely to be clinically signi- ficant	Other T.B. Manifes- tations	Condi- tions of the lungs other than P.T.	Cardio vascular condi- tions	Total recalls
Public Sessions	51,975	1,358	46	673	73	2,150
Industry	27,699	616	24	220	31	891
Colleges, Schools	15,214	169	10	49	10	238
Technical Schools	4,071	35	4	20	3	62
Institutions	5,614	79	6	45	16	146
Mental Hospitals	1,943	69	6	42	4	121
Children's Primary Clinic	232	9	3	2	—	14
Universities	1,457	25	—	5	2	32
Army	1,734	33	—	5	2	40
Total	109,939	2,393	99	1,061	141	3,694

JAMES CONNOLLY MEMORIAL HOSPITAL

DR. ARTHUR J. WALSH

Medical Superintendent

The drop in the number of T.B. admissions noticed in the past few years was continued in 1966 but not to the same extent. However, the drop permitted the closure of another male 30-bed unit. This unit was re-opened to take in acute non-tuberculous respiratory cases to relieve the pressure on St. Kevin's Hospital due to the influenza epidemic.

With the passing of the epidemic the admissions dropped and once again the Unit was emptied only to re-open again, this time to accommodate female psycho-geriatric cases from St. Brendan's Hospital. This increased our beds for this type of case from 60 to 90.

In my report last year I stated that a further drop in T.B. bed-occupancy should be offset by the admission of acute or chronic non-tuberculous chest cases so as to preserve the character of the hospital as a Chest Hospital. This I repeat. The general difficulty of obtaining Nursing staff experienced by all hospitals just now is aggravated in our case by the presence of these psycho-geriatric patients.

The drop in the admission of children to the Primary T.B. Unit was halted and the numbers rose somewhat but not before a further drop made the Department of Education decide to close the Hospital National School. However, this decision was revoked when the numbers rose but the decision to close can only be regarded as deferred.

The statistics for the year 1966 covering admissions and discharges were as follows :

Number in Hospital 31/12/65	.....	.....	.....	367
Number of Admissions (gross)	.....	.....	.....	1,327
Number of Discharges (gross)	.....	.....	.....	1,295
Number of Deaths	.....	.....	.....	176
Number in hospital, 31/12/66	.....	.....	.....	382
Number of beds available	.....	.....	.....	524
Available Bed Days	.....	.....	.....	191,260
Occupied Bed Days	.....	.....	.....	150,871
Vacant Bed Days	.....	.....	.....	40,389
Bed Turnover (patients per bed per year)	.....	.....	.....	2.7
Length of Stay (days per patient)	.....	.....	.....	106.54
Turnover Interval (days)	.....	.....	.....	28.52
Bed Occupancy	.....	.....	.....	78.88%

These gross figures for admissions and discharges and deaths include not only T.B. patients but also patients admitted for

observation and diagnosis, patients admitted to the non-T.B. Surgical Unit, acute respiratory cases admitted during the influenza epidemic, and psycho-geriatric cases. They include also T.B. patients who were transferred temporarily to another hospital and then re-admitted.

The 946 nett admissions to the T.B. Units were made up as follows :

	Male	Female	Total
Pulmonary Tuberculosis	451	206	657
Non-Pulmonary Tuberculosis	5	13	18
Adult Primary Tuberculosis	4	2	6
Children—Primary Tuberculosis	19	21	40
Observation	137	88	225
	<hr/> 616	<hr/> 330	<hr/> 946

The Observation cases are those who were sent in because tuberculosis was suspected, but in whom hospital investigation ruled out this diagnosis. Chronic bronchitis, emphysema, hypertension, bronchiectasis were the principal conditions found in this type of case.

Classification of Pulmonary T. B. Cases

	Male	Female	Total
A1	24	19	43
A2	84	50	134
A3	24	3	27
B1	15	11	26
B2	257	110	367
B3	47	13	60
	<hr/> 451	<hr/> 206	<hr/> 657

The extent of disease in these pulmonary cases as shown in the X-Ray films was as follows :

<i>Unilateral :</i>	Male	Female	Total
Minimal	34	25	59
Moderate	100	63	163
Advanced	12	6	18

<i>Bilateral :</i>			
Minimal	4	6	10
Moderate	233	78	311
Advanced	68	28	96
	<hr/> 451	<hr/> 206	<hr/> 657

Classification of Non-Pulmonary T.B. Cases :

	Male	Female	Total
A Skeletal	3	2	5
Abdominal	1	2	3
Other Organs	1	3	4
Peripheral Glands	—	6	6

B Skeletal	—	—	—
Abdominal	—	—	—
Other Organs	—	—	—
Peripheral Glands	—	—	—
	<hr/> 5	<hr/> 13	<hr/> 18

“Other Organs” in the above table were all referable to Genito-Urinary Tuberculosis.

AGE GROUPS OF PULMONARY T.B. ADMISSIONS :

	Male	Female	Total
15—24 years	32	28	60
25—34 „	28	35	63
35—44 „	67	47	114
45—54 „	117	41	158
55—64 „	124	29	153
65—74 „	60	20	80
75 years and over	23	6	29
	<hr/> 451	<hr/> 206	<hr/> 657

Of the above admissions 211 were newly-discovered cases—137 males and 74 females. The age-groups of these newly discovered cases were as follows :

	Male	Female	Total
15—24 years	24	22	46
25—34 „	18	21	39
35—44 „	23	10	33
45—54 „	33	9	42
55—64 „	25	4	29
65—74 „	8	7	15
75 years and over	6	1	7
	<hr/> 137	<hr/> 74	<hr/> 211

In regard to the age-groups in general it may be noted that just under 40% of the pulmonary tuberculosis cases admitted were over the age of 55 years, and of these, just over 40% were over the age of 65 years.

DISCHARGES

The figures for the nett discharges and deaths were 955 :

	Male	Female	Total
Pulmonary T.B.	475	209	684
Non-Pulmonary T.B.	5	13	18
Adult Primary	4	—	4
Children (Primary)	15	17	32
Doubtful	2	1	3
Non-T.B.	126	88	214
	<hr/> 627	<hr/> 328	<hr/> 955

It should be noted that the 214 non-T.B. cases in the above table were all admitted for investigation as possible T.B. cases. They were quite distinct from the non-T.B. cases admitted to the Surgical Block for assessment for possible operative treatment.

The "Doubtful" Cases were those in whom no diagnosis could be made to account for their transient symptoms.

Classification of Pulmonary T.B. Cases Discharged :

	Male	Female	Total
A1	27	22	49
A2	90	54	144
A3	28	2	30
B1	20	6	26
B2	252	107	359
B3	58	18	76
	475	209	684

The response to treatment of these discharged pulmonary cases is shown in the following tables, where also is shown the extent of disease before the start of treatment :

MALES

Disease On Admission	Quiescent	Im- proved	Un- changed	Worse	Died	Total
Unilateral :						
Minimal	24	12	1	—	—	37
Moderate	46	36	18	—	7	107
Advanced	4	2	3	—	2	11
Bilateral :						
Minimal	2	3	1	—	1	7
Moderate	102	83	27	—	21	233
Advanced	20	33	8	—	19	80
	198	169	58	—	50	475

FEMALES

Disease On Admission	Quiescent	Im- proved	Un- changed	Worse	Died	Total
Unilateral :						
Minimal	17	6	—	—	—	23
Moderate	43	20	2	—	3	68
Advanced	2	4	1	—	—	7
Bilateral :						
Minimal	2	1	—	—	1	4
Moderate	49	20	4	—	3	76
Advanced	6	18	1	—	6	31
	119	69	8	—	13	209

In addition to the 63 deaths listed above there were 37 other deaths of persons suffering from conditions other than tuberculosis.

SPUTUM CHANGES

The bacteriological condition of the sputum on discharge from hospital is compared with its condition on admission :

Admission	Discharge	Male	Female	Total
Pos. — Pos.		36	7	43
Neg. — Pos.		1	—	1
Neg. - Pos. - Neg.		2	4	6
Pos. — Neg.		110	69	179
Neg. — Neg.		316	112	428
Nil — Nil		10	17	27
		<hr/> 475	<hr/> 209	<hr/> 684

In "Neg.-Pos.-Neg." the sputum reports were negative for more than a month after admission before the positive result was reported.

TREATMENT

Treatment followed the usual lines, viz.: chemotherapy aided where required by surgery. The three principal drugs—Streptomycin, PAS and INAH—were used in the vast majority of cases, occasionally helped by the addition of corticosteroids for short periods. Second-line drugs—cycloserine, isoxyl, pyrazinamide, ethionamide—were substituted where patient hypersensitivity or bacterial resistance necessitated a change from the standard drugs.

Major surgery was carried out in 29 cases. As stated above this was an adjuvant to chemotherapy after the latter had produced maximum results possible.

LENGTH OF STAY

	Male	Female	Total
Less than 24 hours	4	1	5
1— 7 days	25	5	30
8—31 „	100	41	141
1— 2months	71	16	87
2— 3 „	68	30	98
3— 6 „	101	57	158
6— 9 „	59	37	96
9—12 „	33	15	48
12—18 „	6	2	8
18—24 „	1	3	4
2 years and over	7	2	9
	<hr/> 475	<hr/> 209	<hr/> 684

REASON FOR DISCHARGE

	Male	Female	Total
Recommended	333	172	505
Transferred to other hospitals	11	5	16
Left of own accord	78	19	97
Dismissed	3	—	3
Died	50	13	63
	475	209	684

OTHER PATIENTS

The 18 non-pulmonary T.B. cases discharged all did well and were classified "improved".

46 cases of primary tuberculosis were discharged, six of them being in the adolescent age-group, 15-24 years. All these primary cases did well, 36 being discharged "quiescent", and of the remaining 10, 7 were discharged "improved" and 3 "no material improvement".

In the non-T.B. Surgical Unit all cases were admitted with a view to surgery, some already selected, others for assessment. The chief condition requiring surgery was carcinoma of the lung, but all too often the condition was found to be inoperable.

SURGERY AND SURGICAL INVESTIGATIONS 1966

Operation	T.B.	N.T.B.	Total
Thorocoplasty	4	—	4
Correctoplasty	1	—	1
Pneumonectomy	2	17	19
Lobectomy	9	28	37
Segmental Resection	3	5	8
Decortication	8	—	8
Rib Resection	1	1	2
Thoracotomy	2	20	22
Repair of Hiatus Hernia	—	2	2
Oesophagectomy	—	5	5
Oesophago-gastrectomy	—	3	3
Heller's Operation	—	2	2
Gastrostomy	—	2	2
Jejunostomy	—	1	1
Thymectomy	—	1	1
Elevation of Sternum	—	3	3
Excision of Pulmonary Cyst	—	4	4
Repair of Fistula	—	4	4
Mediastinoscopy	—	1	1
Bronchoscopy	32	208	240
Oesophagoscopy	—	20	20
Tracheostomy	—	2	2
Gland Biopsy	—	5	5
Excision of Sinus	—	1	1
	62	335	397

HOSPITAL DEPARTMENTS :

Apart from the surgery carried out by Mr. Brendan O'Neill and Mr. Keith Shaw, Special Departments were run by Mr. C. D. O'Connell (Ear, Nose and Throat), Mr. D. P. Murray (Orthopaedics), Dr. Michael Magan (Radiology), Mr. W. Linehan (Respiratory Function) and Mr. J. Casey (Dental Surgery). In addition consultants have been called in from time to time to advise in dermatological, cardiac, ophthalmological, gynaecological, and psychiatric cases.

The Physiotherapy Department continued its good work under two full-time Physiotherapists but it received a set-back by the resignation of the one part-time Physiotherapist. By the close of the year the vacancy had not been filled.

The laboratory catered well for our needs in bacteriology. The number of specimens examined by direct microscopy was 6,791, and the number of cultures for T.B. was 2,680. Guinea-pig examinations numbered 28.

Occupational Therapy was well provided for by two very capable instructresses, and once again I want to express our gratitude to the Hospitals Library Council for supplying the patients with so many books.

Finally I want to thank all members of the Staff for the excellent work they have done throughout the year and for all the loyal assistance they have given me.

VENEREAL DISEASE SERVICE

DR. W. H. VERLING

Venereologist

During the year, special clinics for this service were held at the Rotunda, Sir Patrick's Dun's, Dr. Steven's and the Mater Misericordiae Hospitals. A total of 3,657 visits were made by 1,070 patients to these clinics. The following are particulars of attendances from which it will be noted that approximately twice as many males as females attended.

	Total	Male	Female
Attendances	3,657	2,418	1,239

The following are particulars of the total number of patients treated during the year, together with comparable figures for the previous three years.

	Syphilis		Gonorrhoea		Non V.D.	
	M.	F.	M.	F.	M.	F.
Number of patients treated 1963	85	187	309	35	403	93
1964	66	120	282	42	228	103
1965	55	151	120	52	409	160
1966	62	162	182	55	468	146

Particulars of the new cases admitted for treatment during the year, together with comparable figures for the past three years are as follows :

		Syphilis		Gonorrhoea		Non V.D.	
		M.	F.	M.	F.	M.	F.
Admission to the Clinics of new and return cases from the Dublin Health Authority area	1963	9	37	218	20	312	64
	1964	10	18	144	30	354	87
	1965	23	43	79	27	353	126
	1966	22	13	121	24	357	80

The total number of new cases, at 617, shows a decrease of 34 on the previous year. This is in contrast to general world trends, where the number is rising.

The overall figure for new cases of Syphilis, at 35, is a decrease on the 1965 figures. The decrease in the males being 4.4% and in the females 70%. The following table gives particulars of the stages of Syphilis, on admission.

STAGE OF SYPHILIS ON ADMISSION

Primary		Early				Late						Congenital			
		Second-ary		Latent-Early		Cardio-vascular		Neuro-syphilis		Late		Under 1 yr.		Over 1 yr.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1966															
7	-	2	-	12	12	1	-	-	-	-	1	-	-	-	-
1965															
3	-	-	1	17	40	-	-	-	-	-	-	-	-	3	2

One very encouraging fact, is that no case of Congenital Syphilis was recorded during the year, as against 5 in the previous year. However, an alarming fact is that not one case of female Primary or Secondary Syphilis was recorded.

The number of new cases of Gonorrhoea was increased over the previous year. The increase in new male cases being 53.2% while the new female cases show a decrease of 11.1%. The remaining diseases which are grouped under "N.V.D."—Non Venereal Disease, show a decrease on the previous year. Here we find an increase of 1.1% in males and a decrease of 36.5% for females.

It would appear that male patients present themselves more readily for treatment. This can be seen with particular reference to Gonorrhoea and N.V.D., where there is an increase in the number of new male patients, while the number of new female cases shows a substantial decrease. This is particularly worrying because it would indicate that the reservoir of infection is not being adequately reduced.

One reason for the greater attendances of males, may be that symptoms in male patients are normally much more severe, while many of the females may be "regulars".

Here it may be well to express some worry about our methods of contact tracing and education, of the public at large. Our contact tracing has to rely solely on the co-operation and efforts of the attending patients.

One other factor which I feel sure effects the attendances at our clinics, is that we form a small community thus the risk of being recognised at a special clinic is much greater.

During the year, I spent some time attending various centres for the treatment of Venereal Diseases in London. These centres are well organised, equipped and staffed. All the departments form just another out-patient's department in a hospital, and function on the one level with the full facilities of the hospital in which they are run. These clinics are well advertised, and contact tracing is given an important place in the planning of

the clinic's work. Some hospitals have recently appointed full time contact tracers who know the area well, and who get expenses for meals, drinks and taxis. Where they have been appointed, they have proved to be well worthwhile. Investigations, examinations and treatment, are of uniform standard at each centre because each is under a director who controls the methods in the clinic under his care.

Few notifications of venereal diseases under the Infectious Diseases Notification Regulations are received. This is a pity, as it makes the estimation of the real extent of venereal disease in our community impossible to assess. Notification from doctors in private practice is negligible, and the position is not much better in our nursing homes, maternity homes and hospitals, even our teaching hospitals.

In 18 years, a total of only 138 notifications have come from Institutions, and a total of 1,097 from private practitioners.

A closer and happier liason between practitioner and the service may help to break down the apparent barrier. Advice on diagnosis, management, and treatment are available to doctors without any interference in their doctor-patient relationship. Also drugs are available free of charge, for the treatment of patients suffering from venereal diseases.

I should like to thank all those who helped me during the year, and especially Miss Smythe and Mr. Rothwell, who did much of the hard work at the clinics, and Miss McGuirk who did much in keeping excellent files, following up cases who defaulted and in contact tracing. Also I should like to mention the great co-operation received from all the Hospitals where I conduct clinics.

CHILD WELFARE AND SCHOOL HEALTH SERVICES—CITY

DR. A. F. CORBOY

CHILD WELFARE SERVICE

Having spent 38 years working in the School Medical and Child Welfare Service, Dr. Catherine O'Brien retired from the Dublin Health Authority in June 1966 much to the regret of all who worked with her. Her whole life was devoted to improving standards of child health in the city of Dublin.

The work of the Child Health service continued during the year with special emphasis on the development of the young infant. Routine home visiting of children under 2½ years was continued by the Public Health Nurses. If any deviations from normal were noted the mothers were advised to attend the family doctor or the Child Welfare Clinics. These clinics are now becoming more selective, and an effort is made to detect as early as possible the existence of any handicapping condition in order to promote earlier treatment. Counselling of the parents is also one of the functions of the clinic. Much support is needed by families with a handicapped child. Children with emotional problems are also sought out and as early as possible are referred to the Child Guidance clinics. Despite all effort, anaemia and vitamin deficiency still occur in mothers and young children.

Problem families have absorbed as much time and attention of the Public Health nurses as they can afford to give, but more intensive case work is needed to help solve the multitudinous problems of some of them.

This Authority helped in the initiation of the National P.K.U. testing scheme which was organised and is conducted by Dr. S. Cahalane of the Children's Hospital, Temple St. In its first year of operation 18,438 infants were tested, by the Guthrie method.

CHILD WELFARE SERVICE—DUBLIN CITY

Total No. of infants born in Dublin City, 1966	12,779
Birth Rate	22.5

VISITING OF INFANTS

No. of Infants visited by Public Health Nurses	12,079
No. of visits re Stillbirths	155

Average No. of families, etc., on each Nurses' Register on 31st December, 1966 :

Families	413
Infants	171
Children	334
Total No. of visits to Infants and Children	300,532

No. of Special Visits :

Defaulters from Immunisation	}	15,655
Defaulters from Polio Follow-Up Clinic		
Infectious Diseases Control		
Gastro Enteritis Survey, etc.		

CHILD WELFARE CLINICS

1501 Sessions were held during the year, at which the total number of attendances was :

Infants	21,184
Children	11,534

The number of Medical Consultations at these Clinics was :

Infants	18,920
Children	11,063

P.K.U. SURVEY

Number of blood samples for Guthrie Tests submitted to the P.K.U. testing centre, Temple St. Children's Hospital from the Health Authority Area (City, County and Dun Laoghaire).

1966		1966	
February	1,473	August	1,732
March	1,681	September	1,597
April	1,906	October	1,687
May	1,601	November	1,557
June	1,978	December	1,370
July	1,847		
			18,438

Total number of births 19,183—93%.

Three infants with Phenylketonuria were found.

PARTICULARS OF CHILDREN REFERRED FOR HOSPITAL TREATMENT (INTERN & EXTERN) FOLLOWING EXAMINATION AT CHILD WELFARE CLINICS

Orthopaedic

Torticollis	6
Club Feet	14
Congenital Dislocation of Hip	3
Spina Bifida	1
Scoliosis	1
Pes Planus	10
Knock Knees	2
Intoeing	3
Other Defects	18

Ear, Nose and Throat

Otitis Media	7
Sinusitis	5
Tonsils and Adenoids	209

Tongue Tie	2
Other Defects	25
Defective Hearing	2

Eye

Defective Vision including Squint	219
Blepharitis	2
Blocked Tear Duct	2
Other Conditions	2
Number of spectacles supplied to children who attend Child Welfare Clinics	331
Number of repairs to Spectacles	227
Number of Occluders Supplied	19
Artificial Eyes	2

General

Cardiac Disease (including Congenital)	4
Respiratory Tract Infections	4
Investigations	19
Anaemia and Debility	16
Hernia	11
Genito Urinary Disorders	16
Skin Infections	26
Phimosis	12
Asthma & Bronchitis	2

All other defects found were referred to the family doctor.

SCHOOL HEALTH SERVICE

During the year 1966, School Health Examinations were carried out in 205 National Schools in the city and 31,652 children were examined. This represents approximately one-third of the National School population in the city. School Entrants, the 8-9 year olds and School Leavers were the groups selected for examination.

Much greater attention is now being paid to the mental health of the school child, and every effort is made to find any emotionally disturbed children and refer them for treatment to the Child Guidance Clinics. Early detection and treatment during School life may prevent the subsequent development of mental illness in the adult.

Handicapped children are also looked for and placed in special classes or special schools if necessary. Two very fine new schools were opened last year for Handicapped Children, one in Ballymun by the Parents and Friends of the Mentally Handicapped Child and the other in Merrion, for Blind and Partially Sighted Girls by the Irish Sisters of Charity.

Screening for vision and hearing defects was continued in all the National Schools and any defects found were referred for investigation. Colour vision defects were also sought out in the male school leaving population.

The great lack of physical education and even simple drill is still very noticeable in the poor posture of large numbers of our city children. One gets the impression the 'Hallux Valgus' also has become more prevalent probably due to the prevailing fashion of wearing narrow pointed toe shoes.

As heretofore every assistance was given to us by the Reverend Managers and teachers in the schools and we are most grateful for their help. The voluntary organisations also co-operated with us most willingly.

The following tables give particulars of average weight, height etc. and defects found during school health examinations.

**DEFECTS FOUND DURING SCHOOL HEALTH EXAMINATION—YEAR
ENDED 31st DECEMBER 1966**

Total Number of Children Examined—31,652

DEFECTS	Defects requiring attention	Defects requiring observation
Clothing	499	1,339
Footgear	458	734
Hair and Scalp	459	1,763
Body	472	2,571
Vaccination	22,443	—
Speech	348	859
Mental Condition	41	511
General Condition	45	1,002
Teeth	15,513	4,534
Glands	47	5,224
<i>Ear :</i>		
Defective Hearing	363	110
Otitis Media	47	18
Other Diseases	42	122
<i>Nose and Throat :</i>		
Tonsils	1,274	5,689
Adenoids	276	78
Tonsils and Adenoids	27	34
Other Defects	228	1,234
<i>Eye :</i>		
Blepharitis	159	548
Conjunctivitis	13	28
Defective Vision	3,967	4,041
Squint	682	905
Other Diseases	66	161
<i>Skin :</i>		
Ringworm—Head	—	1
Ringworm—Body	—	4
Scabies	3	2
Impetigo	7	17
Other Diseases	546	3,075
<i>Heart and Circulation :</i>		
Organic Heart Disease	104	253
Functional Heart Disease	82	1,446
Anaemia	124	1,076
<i>Lungs :</i>		
Bronchitis	166	862
Other	70	313
<i>T.B. :</i>		
Def. Pulmonary	2	38
Susp. Pulmonary	4	24
<i>Nervous System :</i>		
Epilepsy	3	24
Other	15	109
<i>Deformities :</i>		
Spinal Curvature	6	48
Other	462	2,248
<i>Postural Defects :</i>		
Round Shoulders	190	2,335
Flat Feet	871	4,166
Scoliosis	4	7
Rickets	13	234
Infectious Diseases	1	4
Hernia	31	114
Rheumatism	1	25
Chorea	1	1
Rheumatism and Chorea	4	20
Other Diseases	826	3,795
Parents present at examinations—284.		

DUBLIN CITY NATIONAL SCHOOLS

Average height and weight for age and sex of children who were examined during the course of routine S.M.I.—1956 and 1966

Total number of children examined : 1956—25,171; 1966—31,652.

Age Group Years	MALE				FEMALE			
	Average Height in Inches		Average Weight in Lbs.		Average Height in Inches		Average Weight in Lbs.	
	1956	1966	1956	1966	1956	1966	1956	1966
5	43½	43¼	44	43	43	43	41	42
6	44½	45	47	46½	45	44½	44	44½
7	46½	47	50	50	46	46½	47	47½
8	48½	49¾	54½	56½	48	49	52	54
9	50½	51½	60½	61½	50	50¾	56	58½
10	53	53	66½	66½	52	52½	62	63
11	55	55	73½	73½	54	54¾	67	71½
12	56½	57	80	81	56	57½	74	82½
13	57	58½	85½	87½	58	59½	84	87½
14	58	59½	88½	92½	60	60¼	92	94½

PARTICULARS OF CHILDREN REFERRED FOR HOSPITAL TREATMENT (INTERN AND EXTERN) FOLLOWING EXAMINATION UNDER THE SCHOOL HEALTH SCHEME

Orthopaedic

Congenital Dislocation of Hip	.....	.....	.....	2
Club Feet	.....	.....	.....	12
Hammer Toe	.....	.....	.....	2
Pes Planus	.....	.....	.....	81
Torticollis	.....	.....	.....	2
Cerebral Palsy	.....	.....	.....	80
Genu Varum	.....	.....	.....	35
Scoliosis/Kyphosis	.....	.....	.....	5
Paralytic Conditions	.....	.....	.....	6
Faulty Posture	.....	.....	.....	71
Hallux Valgus	.....	.....	.....	13
Perthes	.....	.....	.....	2
Other Defects	.....	.....	.....	65
X-Ray Examinations	.....	.....	.....	42
Orthopaedic Appliances supplied, renewed and repaired	.....	.....	.....	225

Ear, Nose and Throat

Antra Lavage	.....	.....	.....	1
Otitis Media	.....	.....	.....	13
Tonsils and Adenoids	.....	.....	.....	719
Sinusitis	.....	.....	.....	3
Defective Hearing	.....	.....	.....	11
Epistaxis	.....	.....	.....	2
Other Defects	.....	.....	.....	209

Eye

Defective Vision including Squint	1,274
Blepharitis	15
Ptosis	2
Conjunctivitis	3
Strabismus	53
Other conditions	7
Spectacles supplied	1,836
Spectacles repaired	2,513
Occluders supplied	23

General

Cardiac (including Congenital Hearts and Rheumatism/ Chorea)	43
U.R.T.I. -	15
Anaemia and Debility	24
Hernia	16
Genito Urinary Disorders (including Enuresis)	28
Skin Infections	73
Hydrocele	1
Obesity	2
Alopecia	2
Investigation	34
Other defects	11

All other defects found were referred to the family doctor.

ORTHOPAEDIC SERVICE

Lord Edward Street Specialist Clinic

Total number of Sessions	48
Attendances—Post Poliomyelitis	379
Pre-School Children	471
School Children	300
	1,150
Total number of home visits by Nurse	916
Number of post polio patients referred to hospital for treatment :	
Intern	14
Extern—Physiotherapy	37
Appliances supplied, renewed or repaired	413

EAR, NOSE AND THROAT

Specialist Clinics at Lord Edward St. and Crumlin

Number of Sessions	183
Number of pre-school age children who attended	676
Number of school age children who attended	2,632
Number of Hearing Aids supplied through E.N.T. Clinic Service	78

SCHOOL AUDIOMETRY

Total number examined 1966	12,865
Number found defective on screening test in school	806
Number examined at E.N.T. Clinic	570
Number found defective at E.N.T. Clinic	521
Number referred for special education	3

CLINICAL FINDINGS

Chronic Eustachion Obstruction	102
Chronic Catarrhal Otitis Media	158
Chronic Suppurative Otitis Media	34
Cerumen	120
Foreign Bodies	6
Nerve Deafness (Unilateral)	17
Partially Deaf	6
Cleft Palate	7
Speech Defects—Recommended Speech Therapy	52
Mentally Defective	6
Normal on E.N.T. examination	49
On Waiting List for Clinical Examination	160
Did not keep appointments at Clinic	76
Attending own Doctor or Hospital	13
Number of Special Classes conducted in Ordinary National Schools for hard-of-hearing Children	4
Total number in these Classes (boys 32, girls 15)	47

Education, Training, Treatment, Care—Handicapped Children All Ages

RESIDENTIAL SCHOOLS	Admis- sions	Dis- charges
<i>Physically Handicapped :</i>		
St. Joseph's School for the Blind, Drumcondra—Boys	4	3
St. Mary's School for the Blind, Merrion Road—Girls	2	2
St. Joseph's School for the Deaf Cabra—Boys	4	5
St. Mary's School for Deaf Cabra—Girls	5	4
Mary Immaculate School for Deaf, Stillorgan—Boys	7	1
<i>Mentally Handicapped :</i>		
Stewart's Hospital, Palmerstown	6	2
St. Vincent's Home, Navan Road, Cabra	24	11
Holy Angels, Glenmaroon	25	18
St. Augustine's Colony, Blackrock	31	28
St. Raphael's, Celbridge	10	15
St. Mary's, Delvin	—	—
St. Mary's, Drumcar	7	8
St. Teresa's, Temple Hill	4	1
Lota, Glanmire	—	7
OTHER CONDITIONS :		
<i>Rheumatic/Cardiac/Chorea :</i>		
St. Gabriel's, Cabinteely	36	41
Linden, Blackrock	46	24
<i>General Debility, etc.:</i>		
Cheeverstown	680	—
Linden	448	442
<i>Orthopaedic Defects :</i>		
Orthopaedic Hospital, Clontarf	169	177
Orthopaedic Hospital, Cappagh	222	219
Orthopaedic Hospital, Baldoyle	94	92
<i>Child Care Scheme</i>		
Sunshine Home, Stillorgan	154	152
Fairy Hill	33	30

CHILD GUIDANCE CLINICS

Total number of Pre-School and School age Children who attended during the year :

Child Guidance Clinic, Orwell Road	744
Mater Hospital	57
St. Francis's Clinic, Temple St.	90

CATHOLIC SOCIAL SERVICE CONFERENCE

Number of meals served to Expectant and Nursing Mothers	101,549
Number of pints of milk given to Expectant and Nursing Mothers	95,084
Number of mothers in receipt of these meals	5,489

FREE MILK SCHEME

Quantity of liquid milk distributed to children under 5 years of age	302,880½ pints
Quantity of dried milk distributed to children under 5 years of age	5,893 lbs.
Quantity of milk distributed during the year to Expectant Mothers	31,209 pints
Number of Expectant Mothers who received milk	4,499 Mothers

GERIATRIC HOME VISITING SERVICE

Geriatric visiting commenced in September 1966 in the Centre City area and since then it has been extended to other areas. In the short time in which the Public Health Nursing staff have undertaken preventive work in this field, a variety of health and social problems have received attention. Frequency of visiting is determined by individual needs and may involve contacting the Family Doctor, Assistance Officer, Welfare Section and voluntary agencies. To be successful, Geriatric visiting requires time and an unhurried atmosphere. The work by its very nature is time-consuming and districts have had to be re-organised in order to meet the new demands. However, it is essential that community services be developed to the full if old people are to be helped to retain their independence within the community.

HOME VISITING OF PSYCHIATRIC PATIENTS

The following are particulars of visits carried out by the Public Health Nurses.

	Crumlin Area	Ballyfermot Area
No. of Nurses involved	2	2
No. of Patients visited	251	535

Visiting in the Crumlin area commenced in April, 1966.

MIDWIVES AND MATERNITY HOMES

Midwives Act, 1944

During the past year, two hundred and eighteen (218) midwives notified their intention to practice in this area.

Visits were made to Maternity Homes and Hospitals. The general standard of record keeping and equipment was satisfactory.

On 31st December 1966, there were twenty (20) Maternity Homes and five (5) Hospitals registered.

Nursing Homes closed	2
Nursing Homes registered	Nil

CHILD WELFARE AND SCHOOL HEALTH SERVICES

County and Dun Laoghaire

CHILD WELFARE SERVICE

Child Welfare is the responsibility of everybody, and not of any special group. It is a community service and the Health Authority has a special part to play by reason of the Acts of the Oireachtas. The Authority provides clinics where families attend for consultations and advice. In addition, nurses visit and advise mothers on their problems.

Experience shows that, by combining Immunisation with Child Welfare, an increased number of children are brought for examination and advice. However, this is not feasible at all clinics due to insufficient accommodation, and in addition, it sometimes increases the waiting time for mothers.

At one of these clinics, voluntary staff assists, and our best thanks are due to them for their regular attendance and invaluable help.

In general, the standard of nutrition and care of the infants and children is very good.

The following are particulars of numbers who attended Child Welfare Clinics during 1966.

Clinic	Infants	Children
Balbriggan	119	41
Clondalkin	545	284
Dundrum	142	98
Lucan	191	351
Palmerstown	606	164
Stillorgan	129	55
Rathfarnham	136	69
Blackrock	98	46
Dun Laoghaire	836	653
Sallynoggin	2,150	1,731
Total	4,952	3,492

The following defects were discovered :

Infestation (head)	4
Ringworm	10
Impetigo	24
Scabies	5
Other skin defects	229
Defective Tonsils and Adenoids	94
Other Throat and Nose Defects	25
External Eye Disease	184

Defective Vision	.....	.....	.....	.....	31
Defective Hearing	.....	.....	.....	.....	31
Orthopaedic defects (posture)	.....	.....	.....	.....	17
Orthopaedic defects (foot)	.....	.....	.....	.....	89
Speech	.....	.....	.....	.....	12
Heart	.....	.....	.....	.....	21
Circulation	.....	.....	.....	.....	2
Lungs	.....	.....	.....	.....	89
Nervous System	.....	.....	.....	.....	6
Hernia	.....	.....	.....	.....	28
Mental Condition	.....	.....	.....	.....	34
Other defects	.....	.....	.....	.....	75

Children found with defects were referred to their family doctor, or in exceptional cases, to hospital for treatment.

SCHOOL HEALTH SERVICE

School Medical Examinations take place in each School at yearly intervals.

Routine examinations are done on entrants and again between 8 and 9 years, but school-leavers are done by selection and interview. Colour-vision testing is done on boys at 12 years. Screening of all children by Audiometric examination is now routine. All who fail the screening test are referred to an E.N.T. Clinic for further testing and those with no abnormality or only slight hearing loss are kept under observation. Those requiring treatment by operation, special aids, or education, are seen to as soon as possible.

Much progress has been made with the school-building programme, both in new schools and improvements to existing buildings, but there is still resistance to recognising the necessity for a general purpose room suitable for the Medical Inspection.

To the School Managers, Teachers, Nursing and Clerical Staff sincere thanks are due for their never failing courtesy and help during the year.

During 1966, 109 schools were visited and 10,166 children were examined. The state of health of these children was :

Good—9,897; Fair—255; Poor—14.

The following defects were discovered :—

Nature of Defects	County Area		Dun Laoghaire Area	
	Defects requiring treatment	Defects requiring observation	Defects requiring treatment	Defects requiring observation
Vision	497	91	231	31
Squint	223	54	66	26
Uncleanliness (a) Head	42	—	93	—
(b) Body	35	—	11	—
Other eye defects	53	70	8	36
Teeth	3,192	477	805	462
Ringworm—(a) Head	3	4	—	—
(b) Body	1	1	—	—
Impetigo	7	24	—	5
Scabies	4	2	—	—
Other skin diseases	93	309	41	116
Tonsils and Adenoids	430	790	137	211
Other N. and T. conditions	15	65	11	42
Hearing	122	17	10	10
Ear Disease	12	15	12	14
Speech	111	101	32	57
Glands—(a) Cervical	4	1,030	3	91
(b) Sub-max	—	49	2	34
(c) Other	1	5	1	—
Heart (a) Functional	21	234	15	86
(b) Organic	41	17	29	9
Rheumatic Disease	2	1	1	1
Anaemia	15	25	10	27
Lungs	122	95	21	46
Tuberculosis—Pulmonary	—	—	—	—
Other	—	—	—	—
Rickets	—	39	—	1
Nervous Diseases	28	21	7	17
Postural Defects	197	424	47	169
Deformities	61	124	24	72
Mental Condition	182	53	164	44
No. of children examined	7,484		2,682	
No. of children unvaccinated	4,374		1,366	
No. of children free from defect	1,958		696	
No. of parents present	725		548	

Intern hospital treatment was provided for :

199 children for tonsils and adenoids.

10 children for orthopaedic defects.

35 children for other defects.

Children found with defects, other than those of vision, ear, nose, or throat, or orthopaedic, were referred to their family doctor.

MATERNITY AND CHILD WELFARE SERVICES SCHEME

CONFINEMENTS

Services	Area	Births	Abs. and Miscars.
Domiciliary and Nursing Home Cases	City	2,125	274
	County	849	94
	D/Laoire	241	34
	Total	3,215*	402
Domiciliary Cases referred to Hospital	City	946	147
	County	700	81
	D/Laoire	465	40
	Total	2,111	846
Institutional	City	7,978	672
	County	1,608	133
	D/Laoire	414	41
	Total	10,000	846
District Cases under Hospital care	City	453	168
	County	5	9
	D/Laoire	2	—
	Total	460	177

Abortions and Miscarriages, totalled 1,639 or 9.68% of total number of pregnancies dealt with under the scheme compared with 1,650 or 9.51% last year.

There was a total of 19,874 births during 1966 of which 15,786 or 79.4% were dealt with under the scheme. Last year 15,687 or 78.73% of total births were dealt with under the scheme.

*Does not include Nursing Home cases where doctor concerned has not entered into agreement with Dublin Health Authority under M. & C.H. (Amendment) Regulations, 1964.

DENTAL SERVICES

B. L. PIGOTT, B.D.S., F.F.D.R.C.S.I.

Chief Dental Surgeon

On the 1st January 1966 the Dental Staff in the School Dental Service, Maternity and Child Welfare Service and T.B. Service, consisted of 20 full-time and 4 part-time dentists. During the year sanction was sought for 5 more full-time posts and one post as Senior Dental Surgeon. These posts were sanctioned towards the end of the year but due to the time factor only one post was filled.

New surgeries were equipped in Millmount Avenue Health Centre and in Old County Road Clinic in Crumlin. Treatment of school children commenced in Millmount Avenue in November 1966 and this relieved some of the pressure of numbers on Larkhill Dental Clinic, which had been dealing with children from this area prior to this. It was not possible to put the surgery in Crumlin into operation because of the shortage of dentists. There are now 5 surgeries in Old County Road. One is used exclusively for General Anaesthetic Sessions which are held on three afternoons. It was decided to purchase a Mobile Dental Clinic during the year and delivery was promised in November 1966. However, due to delays in manufacturing, it was not delivered before the end of the year. New equipment was installed in the following Dental Clinics: Howth, Balbriggan, No 1 Cornmarket, No. 3 Crumlin, and in addition, lighting facilities were improved in Blackrock, Dundrum, Dun Laoghaire, Crumlin No. 5 (G.A. Room) and Stillorgan.

Three permanent full-time officers resigned during the year—they were replaced by two temporary and one permanent full-time dentist. Temporary posts were advertised on two occasions during the year but the response has been disappointing. Most of the younger graduates prefer to go to England instead of going into the public service. The time may be opportune to introduce newly qualified dentists into the service by giving them short-term appointments for 3/5 years. This may help to keep some of the young graduates in the Public Dental Service.

The demand for dental treatment is increasing each year, and in many of our Clinics there are considerable waiting lists especially for conservative treatment. Further expansion of services will be necessary to provide an adequate service for all who are eligible. Since August, two extra sessions have been held weekly in St. Kevin's Hospital Dental Clinic to treat Nursing and Expectant Mothers. The waiting list for these patients has been reduced considerably as a result of these extra sessions.

During the year 5 new dental attendants commenced duty. These girls were given an 8 week course before being sent on duty in the surgeries. This course was of value in training these girls and was conducted mainly in Health Authority Clinics. In addition the Dublin Dental Hospital, the Irish Dental Association, the Dental Advisor, Department of Health, and private practitioners, co-operated in this course. Lectures and demonstrations were given by the dental and administrative staff of the Health Authority, and the participants attended in the Dental Hospital for a number of days. Lectures and demonstrations on Oral Hygiene instruction were given by Miss D. Lande of the Oral Hygiene Service, who was in Dublin in connection with the Dental Health Campaign.

The Dental Health Campaign commenced on October 17th and the lecture programme to schools continued until October 28th. All National Schools in the Dublin postal areas 3, 5, 9 and in parts of Co. Dublin including Swords, Portrane, Donabate and Malahide were visited and lectures on Dental Health and demonstrations on Oral Hygiene given. In all about 18,000 school children attended these lectures. In the course of this campaign the necessity for adequate home dental care and for proper dietary habits was stressed. Instruction in proper tooth brushing technique was given at all lectures.

In March/April as a follow up to the 1965 Dental Health Campaign a number of schools in the Dublin 12 area were visited by dentists and dental attendants, and using a classroom technique, short lectures and demonstrations were given. This follow-up is necessary if the dental health campaign is to be effective.

General Anaesthetic sessions for children were held in Crumlin Health Centre, Cornmarket Dental Clinic, The Children's Hospital, Temple Street and in the Dublin Dental Hospital. In all, almost 6,600 General Anaesthetics were administered for extractions. Orthodontic treatment in the Dental Hospital was sanctioned for 47 children and the full-time dental staff provided minor orthodontics for 144 children.

The Dublin Dental Hospital provided dental treatment for 1,003 children during the year. This treatment varies from simple extractions to specialised treatments such as endodontics, crowns or oral surgery and this service is a valuable adjunct to the School Dental Service. During the year 49 children received endodontic treatment in the Dental Hospital.

Special sessions for Mentally and Physically handicapped children were held in the following institutions: St. Michael's, Glasnevin; St. Joseph's, Baldoyle; St. Brendan's, Sandymount; School for Deaf, Cabra; School for Blind, Merrion; St. Michael's, Grosvenor Square; St. Teresa's Blackrock. Over 100 sessions were held and children treated during this period numbered 600.

Treatment of these children is difficult, slow and tedious and both parents and teachers appreciate what the dentist is doing for these children.

Treatment for T.B. patients is carried out in Charles St. Clinic and in St. Mary's Hospital in the Phoenix Park and the James Connolly Memorial Hospital, Blanchardstown. Four sessions are provided each week for these patients.

Finally I wish to thank the Dental Staff, the Dental Surgery Assistants, the Clerical Staff, Medical and Administrative staff of the Dublin Health Authority for the assistance they have given me during the year.

A summary of the work carried out in the Dental Services is given below.

Treatment	Mothers	Pre-School Children	School Children		T.B.
			Dental Service	Dental Hospital	
Attendances for Treatment	3,425	355	75,019	3,216	2,155
Extractions : Local Anaesthetic	1,787	45	29,383	257	1,059
Extractions : General Anaesthetic	415	69	27,253	738	—
Fillings	616	44	38,737	924	242
Other Treatments	559	236	36,290	1,704	422
Examinations	1,355	453	53,488	1,003	—
Dentures :					
Full Denture	251	—	—	—	239
Part Denture	126	—	250	4	82
Repairs	49	—	—	—	—

DUBLIN SEAPORT AND AIRPORT

DR. J. WALKER

Dublin Port Medical Officer

Amount of shipping entering the port during the year :

	Number	Net Tonnage
Foreign-going (including four cruise liners coming alongside)	1,603	2,120,322
Coastwise	3,888	2,765,341
Non-trading	354	—
In Bay	6	—
Total	5,851	4,885,663

(The number of ships arriving shows a reduction from the previous year. The reason is probably to be found in the occurrence of two strikes by dockers here, and the prolonged strike of British seamen).

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

Port Health Service personnel carried out inspections on 1,845 foreign-going ships. This figure includes 199 inspections on foreign-going ships which engaged in cross-channel or coastwise trading, and 52 foreign fishing vessels. In addition 16 foreign naval vessels arrived at the port and were visited by the Port Health Inspectors.

INFECTED PORTS

Thirty-one ships arrived from infected ports. Details of the ports are as follows :

PORT	STATE	QUARANTINABLE DISEASE
Bangkok	Thailand	Cholera
Bombay	India	Smallpox
Calcutta	India	Smallpox and Cholera
Chalna	Pakistan	Smallpox and Cholera
Chittagong	Pakistan	Smallpox and Cholera
Cochin	India	Cholera
Freetown	Sierra Leone	Smallpox
Karachi	Pakistan	Smallpox
Lome	Togo	Smallpox
Madras	India	Smallpox and Cholera
Manila	Philippines	Cholera
Porto Alegre	Brazil	Smallpox
Rangoon	Burma	Cholera
Santa Fe	Argentina	Smallpox

NOTE : "Infected Ports" are ports which have been notified as places in which one or more cases of quarantinable disease have occurred.

RODENT CONTROL

Certificates Issued :

Deratting Certificates	Nil
Deratting Exemption Certificates	54
Partial Inspections under Article 52, International Sanitary Regulations, 1951	27

Rodent Control in the Port and Docks Board area is carried out by their Rodent Control Staff and monthly reports are submitted to this office.

IMPORTATION OF USED CLOTHING, RAGS, ETC.

(Infectious Diseases Regulations 1948, Art. 20)

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 such 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 at the Dublin Health Authority's Disinfecting Depot on arrival. During the year 240 bales of rags coming through the seaport and two consignments of second-hand clothing from Dublin Airport were disinfected. Following disinfection the goods were returned to the control of the Customs Authorities for subsequent release to the importers.

IMPORTATION OF PSITTACINE BIRDS

(Infectious Diseases (Amendment) Regulations 1952)

Notices were received from the Department of Health to the effect that nineteen licences were issued for the private importation of twenty-one birds of the parrot species. Twenty-six birds were imported by the Royal Zoological Society of Ireland and were quarantined at the Zoological Gardens. Eighteen birds illegally imported through the seaport and two through the airport, were painlessly destroyed at the Dublin Health Authority's Disinfecting Depot.

INSPECTION OF IMPORTED FOODSTUFFS

(Food Hygiene Regulations 1950—Chapter 11)

The inspections, and where necessary, the detention of cargoes of imported foodstuffs, continued as before. Unfortunately, it is not possible to examine all incoming foodstuff cargoes,

FOODSTUFFS UNFIT FOR HUMAN CONSUMPTION

<i>Type of Foodstuff</i>	<i>Amount</i>
Apples	337 cartons
Apricots	126 lbs.
Apricot Pulp (Canned)	22 lbs.
Bananas	583 cartons
Beans	6 only bags
Chicory	8 cartons
Chocolates	882 lbs.
Coffee Beans	1,980 lbs.
Cucumbers	34 trays
Currants	23 cartons
Fish	1 box
Fruits Assorted (Canned)	17 cwts.
Fruit Cocktail (Canned)	276 lbs.
Fruit Salad (Canned)	58 lbs.
Grapefruit (Canned)	4,824 lbs.
Lentils	2 cwts.
Margarine	150 cartons
Orange Juice (Canned)	2,697 lbs.
Pea Processing Material	7 cartons
Peaches (Canned)	204 lbs.
Pineapple Crushed (Canned)	2,257 lbs.
Pineapple Juice (Canned)	99 lbs.
Pineapple Rings (Canned)	124 lbs.
Prunes	5 cartons
Sultanas	2 cartons
Tomatoes (Fresh)	130 trays
Tomatoes Puree (Canned)	4,048 lbs.
Yeast	80 cartons

Ten consignments of various foodstuffs were released to the importers following suitable treatment.

SAMPLES OF FOODSTUFFS

205 samples of various foodstuffs were submitted for bacteriological and chemical examination under the Food Hygiene Regulations 1950.

INSPECTION OF FOOD AND WATER ON IRISH REGISTERED SHIPS (Section 24 of the Merchant Shipping Act of 1906 and Section 68 of the Health Act, 1953)

The Port Health Inspectors, who are Authorised Officers for the purposes of the above Acts, carry out inspections of food and water supplies on ships registered in Ireland.

The food supplies on 17 ships were examined. The water on 21 ships was sampled for chemical analysis and on 20 ships for bacteriological examination.

Each year a report on the above work is prepared by the Authorised Officers and is sent as required to the Secretary, Department of Transport and Power.

MISCELLANEOUS

Inspections re Swill	137
Inspections of Office Premises	6
Inspections of Factory Premises	12
Inspections of Food Premises	26
Rodent Control Inspections	62
Verbal Notices issued re defects in Factories, Offices	2
Verbal Notices complied with	2
Building Plans examined and recommendations made	8
Notices re nuisances on board ship	165
Notices re nuisances on board ship complied with	131

HEALTH CONTROL (SMALLPOX)

Because of the occurrence of cases of smallpox in several areas in Britain, it was necessary to put into effect the routine procedures designed to control the possible spread of the disease to this country. At the seaport, by arrangement with certain shipping companies, incoming passenger ships were boarded on arrival by Health Inspectors. By means of loudspeaker announcements and by personal interviewing and questioning, efforts were made to locate and identify persons who had come from the areas which had been notified as infected with smallpox. At Dublin Airport, health control measures were applied to persons on certain incoming flights only. As the situation in Britain changed, so did the emphasis on particular arriving flights. When such persons came forward, details of their journey were recorded and transmitted on the same day to the Chief Medical Officer of the area to which they indicated they were travelling. A note was made of the vaccination state of the travellers coming from infected local areas and such persons were given a copy of the Special Notice published by the Department of Health. It was necessary during the period April to late August to call on the services of extra Health Inspectors so that the health control measures outlined above could be carried out with success. No case of smallpox or suspected smallpox was discovered.

THE INFECTIOUS DISEASES (CERTIFICATES OF VACCINATION AGAINST SMALLPOX) REGULATIONS, 1966

The above regulations came into effect during the year. Briefly, they require persons arriving in Ireland from smallpox infected local areas or from Africa, Asia or America (except Canada or the United States of America) to produce a valid certificate of vaccination against smallpox. Failure to produce a certificate may result in the detention of the passenger for examination or other appropriate measures. Because of the difficulty of locating with certainty all persons to whom these new regulations refer, the administration of these requirements has proved arduous. The main burden has fallen on the Health Inspectors who are now required to meet on arrival, all ships known to have called

at ports in any of the areas listed in the above regulations, and to meet on arrival aircraft whose journey commenced in a place to which the regulations at the time apply. The administration of these regulations necessitates great irregularity in the Health Inspectors' hours of duty.

DUBLIN AIRPORT—INFECTIOUS DISEASES (AIRCRAFT) REGULATIONS 1948

Health Control measures (as laid down in the above regulations) may be applied to aircraft arriving at Dublin Airport. Under normal circumstances no special health control measures are applied to aircraft which fly exclusively between airports in Northern Ireland, Great Britain, the Isle of Man or the Channel Islands and Dublin Airport, nor to aircraft which arrive at Dublin Airport from airports located in what is known, under the terms of an international agreement, as the "excepted area".

An aircraft to which the appropriate health control measures are applicable, may be detained as may its stores, equipment and cargo, passengers and crew. No detentions took place during 1966.

Health control measures were applied in the case of 1,216 arriving aircrafts.

VACCINATIONS AGAINST SMALLPOX

At the Medical Centre, Dublin Airport the following vaccinations against smallpox were carried out by the Medical Staff of Aer Lingus—Irish International Airlines :

Primary Vaccinations	.....	.....	.....	.....	.....	186
Re-Vaccinations	.....	.....	.....	.....	.....	968
						<hr/> 1,154

DUBLIN AIRPORT—HYGIENE AND SANITATION

The usual inspections of buildings and installations were carried out, and particular attention was paid to catering premises. The supervision of the sanitary state of the airport embraced such activities as pest control (rodents and insects), water supplies, food supplies (including storage facilities), building sites, sewage disposal, refuse disposal, etc. Much of the work concerned was dealt with through the Airport Services Working Committee. Detail inspections were carried out by the Supervising Health Inspector.

DUBLIN AIRPORT—FOOD HYGIENE REGULATIONS, 1950

A reassessment of the position regarding catering premises was made. Applications for registration of individual catering premises under the terms of the above regulations were received from Aer Lingus—Irish International Airlines. Full registration was granted by the Health Authority to three catering units;

provisional registration was effected in the case of four other units and there was one refusal of registration.

DUBLIN AIRPORT—HEALTH CONTROL ROOM

A new location was provided for the Health Control Room. This followed building alterations which resulted in the provision of a completely new first floor in the North Terminal (the building which is used for the reception of arriving passengers). The Health Control Room is now located on the new floor. The original room was strategically placed on the ground floor. The advantages provided by this have now been lost.

HEALTH INSPECTORS DEPARTMENT (CITY)

PATRICK COEN

Chief Health Inspector

As there are four Supervising Health Inspectors, the City has been quartered for ease of inspection into Dublin North East, North West, South East and South West. The supervisors for these areas are respectively, Thomas Watson, James Sweeney, Richard Lahert and John Furey. The first has nine health inspectors, the second seven, the third nine and the fourth has seven. Apart from these thirty-two District Health Inspectors we have three inspectors engaged wholetime on food and drugs sampling, another inspector wholetime examining planning proposals to ensure that they comply with the public health requirements and another in charge of the Disinfection Service. All our district inspectors save five are permanently employed.

The following is a summary of the work done by the district health inspectors during the year.

Houses Inspected	.....	33,343
Rooms Inspected	.....	75,442
Defects Discovered	.....	11,514
Defects Remedied	.....	6,887
Nuisance Notices Served	.....	3,815
Milk Shops Inspected	.....	9,097
Bye-Law Notices Served	.....	434
Other Notices Served	.....	4,486
Factories Inspected	.....	370
Piggeries Inspected	.....	1,571
Cemeteries Inspected	.....	396
Common Lodging Houses Inspected	.....	59
Offensive Trades Premises Inspected	.....	334
Street Traders Stalls Inspected	.....	1,887
Shops Inspected	.....	5,951
Shops Notices Served	.....	217
Written Reports Submitted	.....	10,452
Offices Inspected	.....	1,155
Other Inspections	.....	9,745
Food Premises Inspected	.....	14,953
Inspections regarding Rodents	.....	5,862
Infectious Diseases Inspections	.....	839

SUMMONSES

Summonses are issued because owners and agents have failed or refused to comply with notices requiring abatement of nuisances or works of repair. The hearing normally results in a Court Order which secures compliance. The following is a summary of the work done in this regard.

Summonses Heard	....	....	....	....	267
Summonses (Ordinary)	....	....	....	....	186
Summonses (Disobedience)	....	....	....	....	64
Summonses (Bye-Laws)	....	....	....	....	16
Summonses factory	.....	.....	.....	.....	1
Orders obtained with costs	....	....	....	....	108
Orders obtained without costs	....	....	....	....	4
Nuisance abatement—costs awarded	....	....	....	....	57
Nuisance abatement—no cost awarded	....	....	....	....	4
Owners fined	....	....	....	....	64
Summonses not served	....	....	....	....	8
Summonses dismissed	....	....	....	....	20
Summonses Adjourned	....	....	....	....	259
First Summonses Issued	....	....	....	....	249
Total amount of fines imposed	....				£401 5 0

REBATE OF RATES

In accordance with the Local Government (Dublin) Act 1930 a rebate of 20% of the rates is given in the case of small dwellings of £8 Poor Law Valuation or less provided that the City Medical Officer has certified that the dwelling is occupied by persons of the working classes, that it is in good repair and is fit for human habitation. The following is a summary of the work done in this regard.

No. of Applications	....	....	....	....	159
No. of Dwellings involved	....	....	....	....	5,249
No. of Rebates granted	....	....	....	....	5,369
No. of Rebates refused	....	....	....	....	60
No. of Inspections carried out	....	....	....	....	5,614

FACTORIES ACT 1955

Our health inspectors visit factories to see that suitable and sufficient sanitary conveniences for the persons employed in them are provided, maintained and kept clean. Before a factory may be constructed the Local Authority approves the plans. A scrutiny of the plans at this stage by a health inspector ensures initial compliance. Thereafter inspections are carried out normally after receipt of notification to us from the factory inspector that there has been a breach of maintenance of the sanitary code.

Notice is then served by our health inspector. If the notice is not complied with court proceedings will follow.

Inspections of factories	.....	.....	.....	.....	370
Notices served	.....	.....	.....	.....	56
Prosecutions	.....	.....	.....	.....	1

DRAINS

One of our most serious nuisances is that of a choked drain. Nowadays we get many complaints of choked drains from suburban

dwellers because of the large number of houses on combined drainage systems. The ideal is to have one house on one drainage system and then the liability for clearing is undisputed. In combined drainage systems the innocent often pay for the negligence of the guilty.

In order to cope with the great number of drains nuisances we have a mobile staff engaged wholetime in the freeing of drains. The following is a summary of their work.

Drains cleared	1,093
Drains tested	566
Abandoned house drains cleared regularly	22
Drains referred to the Sewers Department for works of a more serious nature	86

PLANS SUBMITTED TO THIS DEPARTMENT

Plans submitted to this Department	598
New flats, conversion of existing houses to flats and bedsitting rooms	193
New licensed premises, alterations and additions to existing licensed premises	21
Food Shops	67
Non-food Shops	70
Hotels and Guest Houses	22
Restaurants, Cafes, Fish & Chip Shops	16
Offices	93
Schools, Institutions, Convents and Hospitals	58
Garages and Filling Stations	13
Septic Tanks	15
Repair Grant Works, Alterations and Additions to Houses	21
Launderettes	24
Other Plans	84
Consultations with Architects and Engineers	65

PEST CONTROL AND DISINFECTION SERVICES—SUMMARY OF WORK CARRIED OUT DURING 1966

	No. of disinfections
Disinfection	
Disinfection carried out after the following diseases:	
Tuberculosis	357
Diphtheria (Suspected)	4
Scarlet Fever	12

Rooms of houses disinfected (requested by Housing Dept. Health Inspectors, Nurses)	134
Hospital rooms disinfected	560
Hospital bedding disinfected	251
Household bedding disinfected	53

INFECTIOUS DISEASES REGULATIONS 1948 (ART. 20)

No. of imported consignments of rags, used clothing etc. disinfected	32
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FOOT AND MOUTH DISEASE (DISPOSAL OF SWILL) ORDER 1937

No. of vessels from which swill was removed	26
No. of disinfections	32

INFECTIOUS DISEASE (AMENDMENT) REGULATIONS 1952

(IMPORTATION OF PSITTACINE BIRDS)

No. of birds painlessly destroyed	19
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DISINFESTING

No. of rooms disinfested of Bugs	81
Fleas	527
Flies	9
Other disinfestations	236

INFECTIOUS DISEASES REGULATIONS 1948 (ART. 19)

No. of persons de-loused at disinfecting station	329
No. of persons treated for scabies	39

MOSQUITO CONTROL

No. of localities treated	29
Miscellaneous jobs	468

FREE D.D.T. DISTRIBUTION SCHEME

No. of 2 oz. bottles D.D.T. emulsion distributed	1,668
No. of 4 oz. packets D.D.T. powder distributed	2,816
(Compared with 1965 there has been a drop of 87% in the amount of emulsion distributed and 74% in the case of powder).	

RODENT CONTROL

Overground

Total No. of complaints received and dealt with	2,335
Total No. of premises treated	3,819
Total No. of premises test baited	194

Sewers

Total No. of baitings	19,591
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HEALTH INSPECTORS DEPARTMENT

Dublin County and Dun Laoghaire

MICHAEL MAGUIRE

Supervising Health Inspector

I submit a report showing the work being done by the Health Inspectors under my supervision for the year 1966, in Dublin County and Dun Laoghaire Borough areas. Within this area we have Dublin Airport and Dun Laoghaire Sea Port. The staff covering this area consists of one Supervising Health Inspector and seven Health Inspectors.

FOOD & DRUGS ACT (PRESERVATIVE IN FOOD REGULATIONS)		
	Dublin County	Dun Laoghaire
Samples taken	304	405

RATS & MICE DESTRUCTION ACT 1919		
	Dublin County	Dun Laoghaire
Inspections	383	566

The figures this year represent more widespread rodent infestation and a greater public awareness of the problem. The service provided by the Health Authority is excellent and it is a public service which should be cultivated and provided with up-to-date legislation. After half a century the Rats & Mice Destruction Act needs review.

FOOD HYGIENE REGULATIONS		
	Dublin County	Dun Laoghaire
Inspections	677	1,049

SANITARY SERVICES ACTS 1878/1964		
	Dublin County	Dun Laoghaire
Inspections	1,783	1,225

Dublin County Council continues to provide an excellent drain clearing service which results in the abatement of nuisances speedily and at a relatively low cost. Two of our activities during the past year in relation to these Acts was firstly to prevent the pollution of streams and water courses in the County Area and secondly in dealing with nuisances arising from the operation of Mink Farms. Although the Department of Agriculture recognises Mink Farming as an agricultural pursuit and issues licences for this business the problem of dealing with nuisances arising from this inherently offensive trade rests with the Local Sanitary Authority. It would be desirable that a code of practice concerning the construction and operation of Mink Farms be drafted before further licences are issued.

HOUSING ACTS

	Dublin County	Dun Laoghaire
Inspections	2,919	904

The Health Inspector is engaged in all aspects of housing activity. He assesses the housing needs, carries out the housing inspections and reports on the housing conditions of all applicants. In Dublin County in particular, area surveys are carried out from time to time and reports are made on unfit houses.

TEMPORARY DWELLINGS

	Dublin County	Dun Laoghaire
Inspections	95	—

Owing to pressure of other work the staff were unable to deal adequately with this aspect of work. However, there is need for control, not only on aesthetic grounds, but also on public health grounds. Temporary dwellings spoil our county beauty spots and the majority of these habitations are in unserviced areas where the risk of polluting water supplies is great.

FACTORY ACT 1965

	Dublin County	Dun Laoghaire
Inspections	39	173

SHOP (CONDITIONS OF EMPLOYMENT) ACT 1938

	Dublin County	Dun Laoghaire
Inspections	—	142

No clear picture can be given in Dublin County of the operation of this Act. The premises to which the Act applies are frequently either food premises or registered dairies. In either case the Health Inspector would normally deal with any enactment which applies to his office.

OFFICE PREMISES ACT 1958

	Dublin County	Dun Laoghaire
Inspections	2	58

PLANNING PROPOSALS

	Dublin County	Dun Laoghaire
Inspections	1,046	4

MILK & DAIRIES ACTS 1936/1956

	Dun Laoghaire
Inspections	28

SLAUGHTER OF ANIMALS ACTS

	Dun Laoghaire
Inspections	28

As can be seen from these figures little or no development takes place in the Dun Laoghaire Borough area which would be likely to be affected by any of the legislation operated by Health Inspectors.

INFECTIOUS DISEASES

	Dublin County	Dun Laoghaire
Inspections	62	133

Where requested the Health Inspector investigated and submitted reports on notifiable Infectious Diseases.

BUILDING DEVELOPMENT

Building development continues in Dublin area at a faster rate than Local Authorities can provide water and sewerage services. The existing services are stretched beyond capacity. A great debt is due to previous planners who gave Dublin such wide streets and capacious main sewers.

Plans are in hands for the immediate improvement of drainage facilities in Clondalkin and Tallaght. It is to be presumed that the major schemes for services will be designed to cater for the estimated increases in population for the next quarter to half century.

FOOD HYGIENE REGULATIONS 1950

During the year 105 new applications for registration were received. Each premises was inspected and the applicant notified of the Authority's decision to register, provisionally register, or to refuse registration of his premises.

Thirty-three premises which were provisionally registered at the close of 1965 were also dealt with. The position at 31st December, 1966 was as follows :

	City	County	Dun Laoghaire	Total
New applications received from 1st January, 1966	65	32	8	105
Provisionally registered at 1/1/66	25	5	3	33
Registered during 1966	41	21	4	66
Refused registration during 1966	28	8	8	44
Cancelled during year	40	7	3	50
Appeals not decided at 31/12/65	20	7	4	31
New appeals lodged during 1966	8	5	1	14
Number decided	6	6	1	13
Number of prosecutions at 31/12/65	—	3	6	9
New prosecutions instituted during year	32	13	8	53
Number decided in 1966.....	30	15	14	59
Amount of fines imposed	£300 10 0	£107 0 0	£186 0 0	£593 10 0
Amount of costs imposed	£96 17 6	£46 4 0	£38 17 0	£181 18 6

During the year 14 new appeals were made to the Minister against the decision of the Authority to refuse registration. Seven appeals were allowed the appellants having complied with the requirements of the Authority for registration.

The Minister upheld the decision of the Authority in 2 cases and 4 appeals were withdrawn.

HOUSING

Dublin Corporation

Number of dwellings built during 1966 :	
Houses	826*
Flats	436*
Number of dwellings under construction at the end of the year :	
Houses	444*
Flats	3,313*
Number of families rehoused in new and old buildings	1,721

*Includes Ballymun Housing project.

Borough of Dun Laoghaire

Total number of houses in Corporation's Estate at 31/12/66	3,557
Total number of "casual" vacancies in Corporation's Estate during 1966	53
Number of new houses completed during 1966	Nil
Number of houses under construction at 31/12/66	26
Number of dwellings for which land is in possession of the Corporation	900

Dublin County Council

Number of houses built during 1966	248
Number of houses under construction at end of 1966	307
Number of houses under tender at end of 1966	190
Number of sites for leasing for private housing at end of 1966	58
Number of houses for which plans have been prepared	98
Other lands for which houses are at present being planned (acres)	112½
Number of lettings during 1966 :	
First lettings	248
Chalets	19
Caravans	2
Other lettings :	
Houses	5
Flats	4
Number of applications for housing accommodation at end of 1966	2,015
Estimated number of applicants in need	1,738

The County Council has decided that all future housing schemes should include the provision of suitable accommodation for old persons and childless couples and also that sites should be made available in local authority housing schemes for persons desiring

to build their own houses. In accordance with this policy flats were being constructed at the end of 1966 in Santry, Skerries, Saggart, Cabinteely, Balbriggan, Stillorgan, Willbrook and a five-story block of flats was being planned for erection at Churchtown Road.

Six sites at Fancourt, Balbriggan, were leased during the year to private persons to build their own houses, and the County Council has received tenders for the development of 58 other sites. It is also proposed to provide sites for private housing in Portrane, Rush, Coolmine, Clonsilla and Malahide where lands have been acquired.

The County Council's housing programme is being pressed ahead with urgency because of the increasing demand for housing accommodation and lands were acquired during 1966 in Rush (30 acres), Ballymun ($5\frac{1}{4}$ acres), Ballyboden ($7\frac{3}{4}$ acres), Malahide ($12\frac{1}{2}$ acres). The lands at Malahide were acquired by compulsory purchase order which was confirmed by the Minister for Local Government. Further compulsory orders have been made and submitted for confirmation of the Minister for acquisition of lands at Garristown, Portmarnock, Skerries and Turnapin and proceedings to compulsorily acquire lands at Loughshinney have been commenced. Negotiations for the acquisition by agreement of lands at Rush (61 acres), Portrane (51 acres) and Rathcoole ($8\frac{1}{2}$ acres) have been undertaken and the County Council is continuing its efforts to acquire lands for housing throughout the county.

During the year 19 temporary dwellings were provided on site at Ard Lorcan, Stillorgan to accommodate families displaced by the development of the shopping centre.

ATMOSPHERIC POLLUTION

The measurement of Atmospheric Pollution in co-operation with the Departments of Local Government and Health, continued at the six stations set up by the Dublin Corporation. The stations are located as follows :

Station	Site	
1	Meteorological Office, O'Connell Street	D.G. & L.P.
2	Exchange Bldgs., Lord Edward Street	"
3	Paving Depot, Orchard Road	"
4	Ordnance Survey Office, Phoenix Park	"
5	The Hospice for the Dying, Harold's Cross	"
6	City Laboratory, Cornmarket	D.V.A.

D.G. & L.P.—Deposit Gauge and Lead Peroxide Instrument.

D.V.A.—Daily Volumetric (Smoke & SO₂) Apparatus.

The stations are sited generally along the prevailing wind with the exception of station No. 4 which is situated away from and to the windward of the built-up area of the City and in open parkland. Thus it is in a good position to act as a control and provide a basis for comparison.

The deposit gauges and lead peroxide instruments are operated on a monthly basis but the results obtained are expressed "per day" using the metric system, which is now used internationally in air pollution research. This does present some difficulty in relation to the figures returned for the deposit gauges up to two years ago, which were then expressed as "Tons per Square Mile per month". This terminology was somewhat misleading as it has now been established that such results might be said to be only representative of an area within a quarter of a mile radius of any site.

The results obtained during the year are shown in the accompanying tables.

Two further tables show estimated rainfall and cloudiness at the sites during the same period.

The five year period is used as it is considered the minimum time over which observation is necessary to cancel out the effects of weather variations on the results obtained. However, the results over the 1961-65 period have been of a fluctuating nature and this may be largely due to the comparatively high winds which the area is periodically subjected to and the "cleansing" effect they produce. It would appear probable that a longer period of observation is required to establish reasonably reliable average figures for the station sites. Despite the fluctuations, the returns indicate that the trend is for pollution to increase.

This is only to be expected in an expanding city. The yearly average figures for the central city stations show average deposits three to four times greater than those at the Control Station (No. 4) indicating pollution of some significance in the vicinity of these stations. On the other hand the average results obtained at the stations (1 to 5 incl.) appear in all cases to be lower than those anticipated in similar type areas in Britain.

Nevertheless, as returns for Station 6 indicate, the pollution can rise considerably on the odd morning when calm foggy conditions obtain. All in all, indications are that the pollution at the stations is such that might give rise to concern but not great concern. Pollution exists and tends to increase, and therefore must continue to be observed and evaluated. This is being done continuously by the Departments of Local Government and Health in cooperation with the Local Authorities who are continually endeavouring to effect wider coverage of pollution measurement in our cities and towns.

TABLE A.—SOLID MATTER DEPOSITED IN MILLIGRAMS PER SQUARE METRE PER DAY

Station	Jan.	Feb.	March	April*	May*	June	July	August	Sept.	Oct.	Nov.	Dec.	Total	Average
1	348.8	268.0	177.0	383.5	116.0	219.0	257.5	167.0	147.1	169.8	265.0	128.0	2646.7	220.6
2	402.8	346.0	231.0	398.2	115.0	225.0	160.0	164.1	131.3	280.0	274.0	303.0	3035.4	253.0
3	204.0	361.0	160.6	284.9	173.4	240.0	129.0	227.4	126.6	233.0	270.0	199.5	2609.4	217.5
4	163.8	121.0	61.1	115.0	84.0	154.0	55.0	48.2	69.0	71.0	108.0	42.4	1092.5	91.0
5	323.8	133.5	70.8	171.1	88.0	125.0	73.0	81.2	84.9	107.2	121.0	76.7	1456.2	121.4
Total	1443.2	1229.5	700.5	1348.7	576.4	963.0	674.5	687.9	558.9	861.0	1038.0	749.6		
Monthly Average	288.6	245.9	140.1	269.7	115.3	192.6	134.9	137.6	111.8	172.2	207.6	149.9		180.6

Average : *Summer—160 mgs/mr/day. *Winter—201 mgs/mr/day.

Heaviest Pollution—Station No. 2 (Exchange Buildings)—Jan. Lightest Pollution—Station No. 4 (Ordnance Survey Office)—Dec.

*April Period—34 days. May Period—28 days. Summer : April—Sept. (incl.). Winter : Oct.—March (incl.).

TABLE B.—SULPHUR MEASURED IN MILLIGRAMMES SO₃/DAY ABSORBED BY 100 SQ. CMS. LEAD PEROXIDE

Station	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Total	Average
1	2.47	2.21	1.35	1.17	0.98	0.90	0.74	1.00	1.12	1.20	1.80	1.76	16.70	1.39
2	2.90	2.52	2.69	2.55	0.95	0.71	0.66	1.09	1.07	1.70	3.10	3.10	23.04	1.92
3	1.98	1.98	1.30	1.22	0.73	0.80	0.36	0.94	0.87	1.19	1.45	1.35	14.17	1.18
4	0.71	0.64	0.11	0.60	0.24	0.30	0.12	0.35	0.12	0.27	0.02	0.17	3.65	0.30
5	1.47	1.13	0.52	1.29	0.36	0.44	0.29	0.77	0.21	0.01	0.91	0.84	8.24	0.69
Total	9.53	8.48	5.97	6.83	3.25	3.14	2.17	4.15	3.39	4.37	7.28	7.22		
Monthly Average	1.91	1.70	1.19	1.37	0.65	0.63	0.43	0.83	0.68	0.87	1.46	1.44		1.10

Average : *Summer—0.76 mgs So₃/day/100 cms² lead peroxide. *Winter—1.43 mgs So₃/day/100 cms² lead Peroxide.

Heaviest Pollution—Station No. 2 (Exchange Buildings)—Jan. Lightest Pollution—Station No. 5 (Hospice, Harold's Cross)—Oct.

*Summer : April—Sept. (incl). Winter : Oct.—March (incl.).

TABLE C.—RESULTS OF DAILY VOLUMETRIC INSTRUMENT
(Concentrations of smoke and sulphur in microgrammes per cubic metre per day)

Station No. 6		Jan.	Feb.	Mar.	*April	May	June	July	Aug.	Sept.	Oct.	Nov.*	Dec.*	Sum'r	Win'r	Year
SMOKE	Monthly Average	234	178	232	133	70	47	31	39	93	190	279	231	69	224	146
	Highest daily reading	380	284	436	268	130	116	56	80	352	284	504	456			
SO ₂	Monthly Average	124	63	171	55	35	34	31	38	64	87	250	286	43	164	103
	Highest daily reading	235	114	385	159	98	104	43	61	149	189	634	584			

Heaviest Pollution	24th Nov.	504	microgrms./cu. metre/day—Smoke	(1965—19th Jan.	612	microgrms./cu. metres/day)
	29th Nov.	634	" " —SO ₂	(1965—19th Jan.	485	" ")

Highest Pollution	{	10th Aug.	12	,,	,,	—smoke (1965	6th Aug.	12	,,	,,)				
		18/19/20th June	16			,,	,,	—SO ₂ (1965—9th June				13	,,	,,)
								(1965—6th Aug.				13			

*April—25 days. November 16 days. (Smoke only) December—26 days. *Summer : April—Sept. (incl.).

Station No. 6	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Sum'r (April- Sept. incl.)	Win'r	Year
Ratio Smoke : SO ₂ (Monthly Average)	1.9	2.8	1.3	2.4	2.0	1.4	1.0	1.0	1.5	2.2	1.1	0.8	1.6	1.4	1.4

TABLE D.—CLOUDINESS (EIGHTS OF SKY COVERED) OBSERVATION AT 10.00 AND 14.30 HOURS DAILY

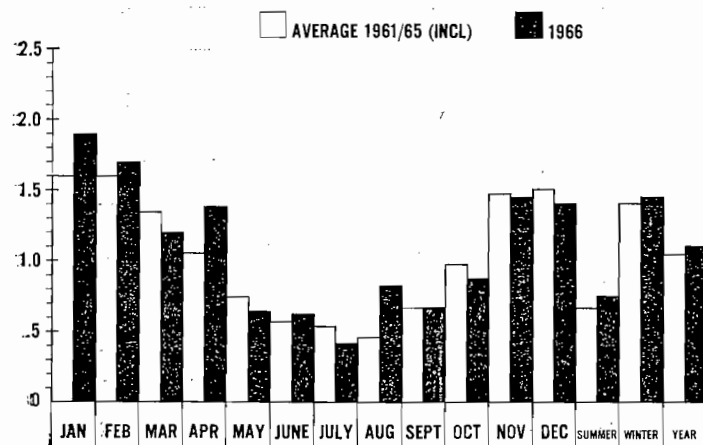
	Jan.	Feb.	March	*April	*May	June	July	August	Sept.	Oct.	Nov.	Dec.
1965	6·6	6·9	5·3	5·2	6·5	6·8	6·0	5·3	5·8	5·5	5·3	5·6
1966	7·0	6·2	5·7	6·3	4·6	5·7	5·4	5·9	5·2	5·5	6·4	5·8

TABLE E.—RAINFALL AT DEPOSIT GAUGE STATIONS

RAINFALL IN Millimetres												
Stat on	Jan.	Feb.	March	*April	*May	June	July	August	Sept.	Oct.	Nov.	Dec.
1	105·6	113·8	33·6	135·3	25·6	123·0	35·8	50·0	33·8	121·2	43·6	78·1
2	110·7	117·0	30·0	138·3	23·0	121·0	36·8	42·9	35·3	122·8	42·3	80·2
3	96·6	109·2	35·4	121·3	28·9	118·0	33·0	46·1	34·4	120·6	45·2	83·5
4	96·7	98·0	44·7	130·0	42·7	106·0	54·0	60·9	53·1	123·8	54·4	91·6
5	106·5	105·5	23·2	134·8	27·5	101·0	48·0	50·0	41·3	121·6	35·4	74·6
Monthly Average	103·2	108·7	33·4	131·9	29·5	113·8	41·5	50·0	39·6	122·0	44·2	81·6

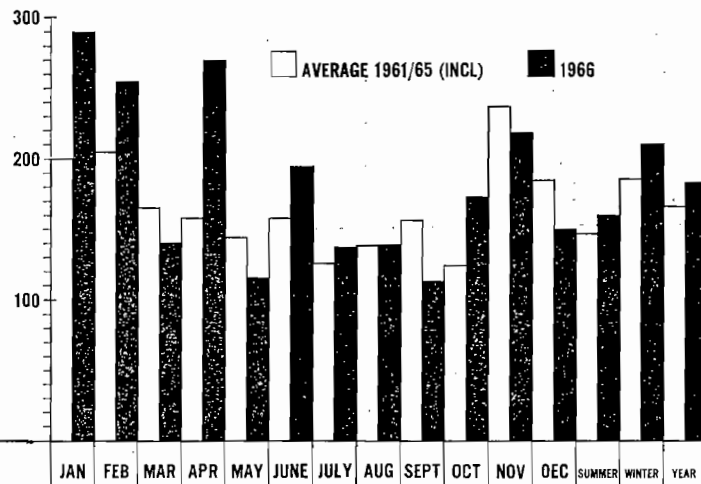
*April—34 days. May—28 days.

GRAPH B—Monthly average of Sulphur measured in mgs. SO_3 /day/100 sq. cms. Lead Peroxide



GRAPH A—Monthly average of Solid Matter deposited in $\text{mgs}/\text{m}^2/\text{day}$.

SUMMER—April to September. WINTER—October to March incl



VETERINARY DEPARTMENT (CITY)

DENIS REEVES, M.R.C.V.S., D.V.S.M.

Chief Veterinary Officer and Superintendent of Abattoir

The duties of this Department are classified under the following headings and are carried out by eight Veterinary Officers and seven Health Inspectors.

1. Milk Inspection.
2. Inspection of meat and meat products including poultry and fish.
3. Duties under the Diseases of Animals Acts.
4. Veterinary Laboratory.
5. Duties under the Food Hygiene Regulations, 1950.

MILK INSPECTION

On 1st January, 1963, the Milk and Dairies Act, 1935 (Sale of Milk in the County Borough of Dublin) Order, 1962, came into operation. The effect of this Order is to prohibit the sale of milk in the County Borough of Dublin unless such milk is sold under a Special Designation.

On 31st December, 1966, there were 1,644 entries in the Register of Dairymen kept by the Corporation in accordance with the requirements of the Milk and Dairies Act, 1935.

These comprised :

Registrations of Milk Shops	.....	.....	.....	1,454
Registrations of Milk Stores	.....	.....	.....	64
Registrations of Pasteurising Plants	.....	.....	.....	4
Registrations of Milk Producers inside sanitary district	.....	.....	.....	55
Registrations of Milk Producers outside sanitary district	.....	.....	.....	67

During the year, new entries in the Register of Dairymen affecting 89 premises—86 milk shops, and 3 milk stores—were made.

Refusal of Registration Orders were served in respect of applications for three 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	1,373
No. of licences issued for sale of pasteurised milk	1,361
No. of licences issued for sale of pasteurised milk (Grade 1)	1
No. of licences issued for sale of highest grade milk	11
No. of premises covered by licence	1,444

Refusal Orders were served on 3 applicants for Dealer's Licences.

Regular inspections of milk shops and milk stores and dairy yards were made by inspecting officers to ensure that the provisions of the Act were being complied with; in the course of the year 1,013 inspections were made.

PROSECUTIONS : MILK AND DAIRIES ACT, 1935

In January 1966 the cases of 6 of 1965 defaulters were heard. During the year, 18 persons were prosecuted for offences under this Act.

MILK SAMPLING

During the year 230 samples of milk sold under Special Designations were taken on the Corporation's own behalf at various places of distribution and submitted for bacteriological examination. The following is a summary of the results :

Total Living Organisms Per C.C.	No. of Samples
Not exceeding 1,000	9
Over 1,000 but not over 50,000	171
Over 50,000 " " " 100,000	37
Over 100,000 " " " 200,000	7
Over 200,000 " " " 300,000	—
Over 300,000 " " " 400,000	1
Over 400,000 " " " 500,000	1
Exceeding 500,000	1
Result inconclusive	2
Not satisfactory for plate count	1
Total	230

In addition to the foregoing sampling, this Department, at the request of the Department of Agriculture, took monthly samples from each producer of Highest Grade Milk at the premises of the large milk concerns, and forwarded them to the State Chemist. In all, 793 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.

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. When the result was negative, further biological tests were done. These precautions were adopted to ensure that no cow with a tuberculous udder would escape detection.

The following is a summary of the work :

Average No. of cows housed in City Dairy Yards	945
No. of special visits to Dairy Yards	101
No. of examinations of milch cows	1,735
No of cows in City Dairy Yards found with tuberculosis of the udder	Nil
No of cows from which separate samples of milk were taken for bacteriological examination	10

DUBLIN CORPORATION ABATTOIR

Number of animals slaughtered at the Corporation Abattoir :

Bulls	....	....	....	....	57
Bullocks	....	....	....	....	11,083
Cows	....	....	....	....	2,761
Heifers	....	....	....	....	33,218
Calves	....	....	....	....	682
TOTAL CATTLE	....	....	....	....	47,801
Sheep	....	....	....	....	178,385
Swine	....	....	....	....	21,462
TOTAL ANIMALS	....	....	....	....	247,648
Home Trade :					
Cattle	....	....	....	....	31,648
Sheep	....	....	....	....	142,371
Swine	....	....	....	....	21,462
TOTAL	....	....	....	....	195,481
Export : Great Britain :					
Cattle	....	....	....	....	16,128
Sheep	....	....	....	....	30,319
TOTAL	....	....	....	....	46,447

Export : Continental Countries:

Cattle	....	....	....	25
Sheep	....	....	....	5,695

TOTAL 5,710

Number of Victuallers other than Pork Butchers using
the Abattoir 151

Number of Pork Butchers using the Abattoir 51

**INCIDENCE OF TUBERCULOSIS IN CATTLE KILLED AT ABATTOIR
DURING TWELVE MONTHS ENDING 31st DECEMBER, 1966.**

CLASS OF ANIMAL	Total No. Killed	Total No. Affected	Percentage Affected
Bulls	57	—	—
Bul'ocks	11,083	31	0.28%
Cows	2,761	17	0.61%
Heifers	33,218	42	0.13%
Calves	682	—	—
TOTAL	47,801	90	0.19%

CYSTICERCUS BOVIS

Total number of cattle killed	....	....	47,801
Total number of cattle affected	....	....	259
Percentage affected	....	....	0.54%

The total amount of unsound meat condemned at the Abattoir during the year 1966, was :

Tons	Cwts.	Qrs.
360	11	3

CARCASES WHOLLY OR PARTIALLY CONDEMNED BY THE CORPORATION VETERINARY STAFF AT THE ABATTOIR DURING THE TWELVE MONTHS ENDED 31st DECEMBER, 1966.

	CATTLE		SHEEP		SWINE	
	Whole	Partial Weight in lbs.	Whole	Partial Weight in lbs.	Whole	Partial Weight in lbs.
Tuberculosis	3	121	—	—	—	—
Traumatism	25	2,555	7	246	1	96
Oedematous and Wasted	148	—	331	—	2	—
Redwater	7	—	—	—	—	—
Moribund and Ill Bled	28	—	45	—	10	—
Decomposition	2	—	37	—	2	—
Septic conditions	161	50	87	—	82	109
Carcinoma	10	—	4	—	—	—
Swine Erysipelas	—	—	—	—	—	—
Other conditions	46	435	3	—	2	110
TOTALS	430	3,161	514	246	99	315

**RETURN FOR TWELVE MONTHS ENDING 31st DECEMBER, 1966, OF ANIMALS EXAMINED BY DEPARTMENT OF
AGRICULTURE VETERINARY STAFF AT CORPORATION ABATTOIR**

Class of Animal	Carcases Affected	Condemnations for Tuberculosis								Condemnations for other conditions	No. of Livers rejected as unfit for export due to distomatosis, parasitism, etc.
		Whole	Part	Hearts and Lungs	Stom- achs	Intes- tines	Livers	Uteri	Heads	Carcases	
Cows	11	1	—	7	2	2	1	1	8	1 cancer, 1 septic	1,826
Bulls	—	—	—	—	—	—	—	—	—	—	23
Bullocks	30	—	—	19	—	—	2	—	11	—	8,683
Heifers	24	—	1	12	2	2	1	—	11	—	6,389
TOTALS	65	1	1	38	4	4	4	1	30	—	16,921

PRIVATE SLAUGHTERHOUSES

Number of private slaughterhouses	....	....	36
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	....	....	....	....	....	101
Number of inspections of slaughterhouses	....	....	....	....	....	6,651
Number of cattle examined by Veterinary Staff in private slaughterhouses	....	....	....	....	....	41,014

The total number of pigs slaughtered in the three bacon factories for the year was 91,727

ESTIMATE OF ANIMALS SLAUGHTERED IN PRIVATE SLAUGHTERHOUSES

Cattle	....	....	....	....	....	....	41,014
Sheep and Lambs	....	....	....	....	....	....	134,588
Pigs	....	....	....	....	....	....	Nil

NUMBER OF ANIMALS TOTALLY CONDEMNED IN PRIVATE SLAUGHTERHOUSES

Cattle	....	....	....	....	....	....	3
Sheep	....	....	....	....	....	....	1
Pigs	....	....	....	....	....	....	Nil

The amount of unsound meat condemned as a result of visits to private slaughterhouses was 23 tons, 16 cwts., 3 qr., 22 lbs.

SLAUGHTER OF ANIMALS ACT, 1935

Slaughter licences were issued under the Act to 71 applicants, and the fees received amounted to £17 15 0d.

FOOD COMPLAINTS

During the year 52 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.

Veterinary Inspectors made 1,232 visits to food shops, depots, cold stores, wholesale premises and factories, etc. Meat supplied 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 regularly during the year.

Total weight of unsound meat for the year from private slaughterhouses and Dublin Corporation Abattoir :

Tons	Cwts.	Qrs.	Lbs.
384	18	2	22

FOOD HYGIENE REGULATIONS, 1950

During 1966 there were 20 new applications for registration, viz.: beef butcher 5, beef and pork butcher 6, pork 1, fish and poultry 2, manufacturing and wholesale 4, horse meat Nil, beef and poultry 1. The relevant premises were inspected and each applicant was granted registration, provisional registration or registration was refused. One applicant already granted provisional registration, later withdrew his application for registration. Two applications were withdrawn after the dates of application but before provisional registration was granted. Business ceased in 9 premises and the registrations were cancelled. In addition premises which were provisionally registered at the close of 1965 were dealt with. The following table gives the position at the end of the year :

Type of Food Business	Registered	Provisionally Registered	Extended Provisional Registration	Refused Registration During Year	Appeals not Determined at 31/12/1966
Beef Butcher	323	1	2	—	1
Pork Butcher	111	—	—	1	1
Beef and Pork Butcher	54	—	—	1	1
Fish/Poultry/Rabbits	79	—	—	—	1
Food Manufacturing & Wholesale	53	1	—	1	1
Ice-cream Manufacturing	3	—	—	—	—
Horse Meat	—	—	—	—	—
Total	623	2	2	3	5

Under Article 44, Sub-Articles 2 and 3, 9 entries were cancelled in the Register of Food Premises.

Under Article 44, Sub-Articles 1 and 2, the registration of 15 applicants who transferred their business was cancelled, and the new proprietors' names were entered in the Register.

Apart from the supervisory visits of Veterinary Inspectors, 7,065 inspections of food premises were made by Health Inspectors during the year.

PROSECUTIONS

There were 4 prosecutions brought during the year for the contravention of the Food Hygiene Regulations.

DISEASES OF ANIMALS ACTS

During the year 1966, there were 41,014 cattle examined by the Veterinary Staff of this Department in private slaughter-houses and only 43 of them were affected with tuberculosis.

Thus the total figures for the cattle slaughtered in the City of Dublin for the year 1966 show that 88,815 cattle were slaughtered during the year and 133 of them were affected with the disease, which gives an overall incidence of 0.149% for the large number of cattle.

BOVINE TUBERCULOSIS ORDER, 1926

No. of cows found to be affected with Tuberculosis of the udder	....	....	....	....	....	Nil
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						10
Total number of animals dealt with	....	....				10

No animal was found to come within the scope of the Bovine Tuberculosis Order.

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

Inspections of the weekly Cattle Markets were made. Store cattle sales, lairages and special sheep sales were also inspected.

VETERINARY LABORATORY

The work in the Veterinary Laboratory consists of :

- (1) The microscopic examination of milk samples from cows in the city dairy yards.
- (2) The biological examination of samples of milk for the presence of tubercle bacilli and brucella abortus.
- (3) The taking of blood samples and post mortem examination of guinea-pigs previously inoculated with milk for the detection of brucella abortus.
- (4) General microscopic examination of blood films, etc.
- (5) Phosphatase Test.

MICROSCOPIC EXAMINATION OF MILK

Number of examinations	....	....	....	....	10
Streptococci	....	....	....	....	3
Diplococci	....	....	....	....	2
Tubercle Bacilli	....	....	....	....	Nil
Other Organisms	....	....	....	....	Nil
Negative	..	....	....	....	5

BIOLOGICAL EXAMINATION OF MILK FOR THE PRESENCE OF TUBERCLE BACILLI

Control Samples	.....	.....	.....	.....	106
Positive	.....	.....	.....	.....	Nil
Negative	.....	.....	.....	.....	106
Group Samples	.....	.....	.....	.....	1
Positive	.....	.....	.....	.....	Nil
Negative	.....	.....	.....	.....	1

BIOLOGICAL EXAMINATION OF MILK FOR THE PRESENCE OF BRUCELLA ABORTUS INFECTION

During the year agglutination tests for the presence of Brucella abortus infection were carried out on the blood of 104 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	....	....	81	1	80
(b)	Pasteurised Milk	....	....	20	—	20
(c)	Grade I Pasteurised Milk	....	....	3	—	3

MICROSCOPIC EXAMINATIONS (GENERAL)

Examinations for Anthrax :

Number of Examinations	.....	.....	.....	7
				(All negative)
Other microscopic examinations	.....	.....	.....	1

PHOSPHATASE TEST

The Phosphatase Test was carried out on nine samples of milk during the year.

In one case the Test showed that the milk had not been efficiently pasteurised and action was taken in this case.

EXAMINATION OF MILK FOR THE PRESENCE OF ANTIBIOTICS

Twenty-seven samples of milk were examined for the presence of antibiotics during the year. Two samples were found to contain evidence of antibiotics. Further samples of milk from these two sources revealed no evidence of antibiotics.

VETERINARY DEPARTMENT (COUNTY)

JOHN A. FLYNN, M.R.C.V.S.

Chief Veterinary Officer

The duties of the Veterinary Department are classified as follows :

1. Milk and Dairy Inspection under the Milk & Dairies Act, 1935—1956 and various Regulations made thereunder.
2. Slaughterhouse, Meat Shop, Meat & Food Inspection under Food Hygiene Regulations 1950.
3. Duties under Diseases of Animals Acts and Orders made thereunder.
4. Slaughter of Animals Act—Licensing of Slaughtermen and enforcement of Regulations concerning treatment of animals in Slaughterhouses and use of humane killer.

MILK AND DAIRIES ACTS 1935 AND 1956

REGISTRATION OF DAIRYMEN REGULATIONS 1936

The following table (No. 1) sets out particulars of persons registered with the Dublin County Council for the production or sale of milk.

TABLE NO. 1—REGISTERED PREMISES

District	Milk Producers' Dairy Premises	Shops, Stores, Etc.	Dairy Cattle
Balrothery	131	91	3,582
North Dublin	52	24	1,657
Celbridge	100	16	1,801
South Dublin	115	96	2,310
Rathdown	38	107	639
Totals	436	334	9,989

During the year the registration of 32 milk producers was cancelled but there were 14 new producers registered—a net loss of 18 producers. There were 26 new milk shops registered and 21 gave up business—at net gain of 5.

CANCELLATION AND REFUSAL OF REGISTRATION

There were no penal cancellations during 1966.

MILK AND DAIRIES REGULATIONS 1936

These Regulations prescribe standards for cow-byre and dairies, the inspection of same, protection of milk from contamination, clinical examination of dairy cows and other matters concerned with clean milk production. Dairies must be inspected quarterly and dairy cows examined once in each six months. Table No. 2 gives particulars of clinical examination of dairy cows by the Veterinary Staff.

TABLE NO. 2—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	698	8,319	1,894	10,213	—	21	—	8
North Dublin	348	3,516	82	3,598	—	72	—	9
Celbridge	196	2,956	875	3,831	—	—	—	—
South Dublin	465	5,415	345	5,760	—	92	—	—
Rathdown	239	1,648	132	1,780	—	46	—	—
Totals	1,946	21,854	3,328	25,182	—	231	—	17

There were increases under all headings compared with the previous year. Mastitis is still very prevalent, and the number of cases detected during clinical examinations is only a pointer to the incidence of the disease. Antibiotics are used indiscriminately by farmers for this condition, and they have been detected in 16 per cent of samples of raw milk.

It is regretted to have to report the death of one of the Health Inspectors, Mr. Ernest Marsland, who was attached to the Veterinary Department for many years. He was replaced on November 1st by Mr. Fergal Keane, late Dublin Corporation. Due to absence of an Inspector for two months, the inspections for the year were reduced by about four hundred compared with 1965. Table No. 3 gives particulars of inspection in the various districts.

TABLE NO. 3—HEALTH INSPECTORS' REPORTS

Districts	Bal-rothery	North Dublin	Cel-bridge	South Dublin	Rath down	Total
Number of Inspections	720	247	378	768	506	2,619
Year 1965	891	321	309	924	595	3,040

The Health Inspectors take milk samples regularly at Institutions under the control of the Dublin Health Authority and also from the supplies of some holders of licences for the production of Highest Grade Milk at the request of the Department of Agriculture. Table No. 4 analyses the results of plate counts

and coliform tests on samples submitted. No samples of pre-pasteurised milk were taken as the two holders of pasteurisers licences in the County ceased operations and sold out to a large pasteurising firm in the City.

TABLE NO. 4—PLATE COUNTS AND B.COLI TESTS

Total living organisms per C.C.	Number of Samples		
	Pre-Pasteurised	Pasteurised	Highest Grade
Under 1,000	—	2	—
1,000 but not over 50,000	—	22	23
50,000 " " " 100,000	—	7	3
100,000 " " " 200,000	—	1	7
200,000 " " " 300,000	—	—	—
300,000 " " " 400,000	—	—	—
400,000 " " " 500,000	—	—	1
Exceeding 500,000	—	1	—
Total	—	33	34

MILK AND DAIRIES (SPECIAL DESIGNATIONS) REGULATIONS 1938 AND 1953 (AMENDMENT REGULATIONS)

The following grades of milk are prescribed by these Regulations:

- (1) Highest Grade Milk.
- (2) Standard Milk.
- (3) Pasteurised Milk.
- (4) Grade 1 Pasteurised Milk.

Since January 1963 only the above grades may be sold in the City of Dublin by order of the Minister for Agriculture. The Order does not apply to County Dublin. The following licences were in operation during the year.

TABLE NO. 5—LICENCES ISSUED UNDER THE SPECIAL DESIGNATIONS REGULATIONS

Licences	Districts					Totals
	Bal-rothery	North Dublin	Cel-bridge	South Dublin	Rath-down	
Producer's Licence to sell bottled Highest Grade Milk	—	—	1	—	1	2
Producer's Licence to sell unbottled Highest Grade Milk	3	—	1	—	6	10
Pasteuriser's Licence to sell bottled Pasteurised Milk	—	—	—	—	—	—
Dealer's Licence to sell Pasteurised Milk	91	23	16	86	98	314

SLAUGHTER-HOUSE AND MEAT INSPECTION

There are 20 licensed private slaughterhouses, an abattoir owned by the County Council, and one meat factory in the County. The abattoir is located in Balbriggan and caters for meat traders in that town and part of Skerries. The meat factory, situated at Ballymun, is privately owned, and is licensed by the Department of Agriculture for the slaughter of meat for export. It is also licensed by the County Council for the slaughter of cattle and sheep for sale in the City. The stamping of this meat is by arrangement carried out by the Veterinary Staff of the Department of Agriculture. Table No. 7 gives particulars of slaughterhouses, meat traders using same, and meat shops in the County.

TABLE NO. 6—SLAUGHTER-HOUSES AND MEAT TRADERS IN THE COUNTY

District	Number of Licensed Slaughter-houses	Number of Meat Traders Using Slaughter-houses	Number of Meat Shops
Balrothery	8	14	18
North Dublin	3	4	4
Celbridge	3	3	5
South Dublin	3	12	44
Rathdown	3	7	34
Totals	20	40	105

All carcasses for sale in the City must be inspected and stamped by a member of the veterinary staff. This regulation has been in force since 1964.

TABLE NO. 7—SLAUGHTERINGS IN ALL DISTRICTS DURING THE YEAR

Districts	Heifers	Cows	Bul- locks	Calves	Sheep	Lambs	Pigs
Balrothery	1,480	21	36	—	3,594	988	221
North Dublin	920	—	6	5	6,815	999	68
Celbridge	547	—	—	4	2,815	340	—
South Dublin	2,174	203	62	—	7,957	2,749	—
Rathdown	522	—	4	—	2,456	355	72
Totals	5,643	224	108	9	23,637	5,431	361
Year 1965	5,778	203	126	207	19,825	8,628	283

The above table does not include slaughterings for export at the County factory. It is estimated that over 200,000 sheep were slaughtered there last year for shipment to Great Britain and

the Continent. There was little variation in the numbers of animals slaughtered compared with 1965. The seeming increase in the number of sheep and decrease in the number of lambs slaughtered is probably due to difference in classification rather than numbers. Opinions vary as to the time when a lamb becomes an adult to be classified a sheep. According to meat traders it is a lamb up to a year old, but that of course is disputable. Table No. 8 contains details of inspections of slaughterhouses and meat shop, the inspection of food animals both ante and post mortem carried out by the veterinary officers.

TABLE NO. 8—VETERINARY OFFICERS' REPORTS ON SLAUGHTER-HOUSES AND MEAT SHOPS

Districts	No. of Inspections		Number of Animals Examined					
	Slaughter-houses	Meat Shops	Cattle		Sheep		Pigs	
			A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
Balrothery	325	317	24	1,183	53	3,427	—	29
North Dublin	108	52	2	373	161	2,264	—	53
Celbridge	299	349	209	807	532	3,946	—	52
South Dublin	448	310	475	2,651	2,979	8,865	—	129
Rathdown	187	484	76	971	230	4,203	—	12
Totals	1,367	1,512	786	5,985	3,955	22,705	—	275

The Health Inspectors assist the Veterinary Staff in the inspection of slaughterhouses, meat shops, and meat. They were actively engaged during the year in an all-out drive to improve vehicles for carrying meat—chiefly carcass meat. In spite of regulations for the decent and seemly conveyance of meat through public thoroughfares, one frequently saw meat being carried in open vehicles without proper removable flooring or covered with a dirty tarpaulin. A circular was issued to all butchers as to their obligations to see that meat at all stages was protected from contamination.

Table 9 summarises inspections made by the Health Inspectors of slaughterhouses and food animals. There was a reduction under all headings compared with 1965 due to circumstances referred to earlier.

TABLE NO. 9 —HEALTH INSPECTORS' REPORTS ON SLAUGHTER-HOUSES AND MEAT SHOPS

Districts	No. of Inspections		No. of Animals Examined		
	Slaughter houses	Meat Shops	Cattle	Sheep	Pigs
			P.M.	P.M.	P.M.
Balrothery	320	489	1,052	2,843	186
North Dublin	107	54	638	5,398	42
Celbridge	127	151	537	2,825	—
South Dublin	220	295	1,116	3,322	—
Rathdrum	82	210	444	2,424	49
Total	856	1,199	3,787	16,812	277

UN SOUND MEAT

With the eradication of tuberculosis completed, the major cause of seizure of carcasses has been eliminated. Liver fluke infestation with consequent cirrhosis of the liver and abscess formation appears to be on the increase, particularly in cattle. Treatment of these animals with fluke remedies has not apparently been carried out as almost 90 per cent of livers are affected. The position in the case of sheep is little better, but some farmers at least carry out treatment.

The total weight of meat seized during 1966 amounted to 67 cwt. 1 qr. 13 lbs. Table No. 10 gives particulars of carcass seizures whole and partial, together with condition warranting seizure.

TABLE NO. 10 —RETURN OF CARCASSES WHOLLY OR PARTIALLY CONDEMNED

Condition	Cattle		Sheep		Pigs	
	Whole	Partial	Whole	Partial	Whole	Partial
Traumatism	1	2	1	4	—	—
Ill-Bleeding	1	—	—	—	—	—
Emaciation	—	—	2	—	—	—
Malnutrition	—	—	2	—	—	—
Redwater	1	—	—	—	—	—
Septic Pneumonia	—	—	1	—	—	—
Tuberculosis	—	1	—	—	—	—
Cysticercus Bovis	—	1	—	—	—	—

It was usual to classify diseased or abnormal conditions for organ seizure but this is being omitted to save space. Briefly most of the organs seized were livers affected with fluke disease. Entire carcasses were removed to O'Keefe's, Mill Street, for destruction, but parts of carcasses and organs were disposed of locally by burial.

SLAUGHTER OF ANIMALS ACT 1935

This Act requires, inter alia, all persons carrying out slaughter of animals to hold slaughter licences. During the year 32 butchers were issued with slaughter licences. There were no proceedings taken for breaches of the Act or Regulations.

FOOD HYGIENE REGULATIONS 1950

Six applications for registration were received during the year, three of which were recommended for outright registration, two for provisional registration (both supermarkets) and the third was refused. Three applications which were refused during 1964 were reconsidered during 1966 when the necessary improvements had been effected and full registration was granted. A fourth application also refused during 1964 is under appeal.

DISEASES OF ANIMALS ACTS AND ORDERS

BOVINE TUBERCULOSIS ORDER 1926

One notification of a suspected case of bovine tuberculosis was received and investigated. A veterinary practitioner reported a bullock which he attended in the course of his private practice as apparently suffering from tuberculosis. This animal had passed a tuberculin test applied earlier in the year but had developed a chronic cough and was wasting. On examination it was decided that it was suffering from chronic septic pneumonia. The case was reported to the Department of Agriculture and the animal was removed to the City Abattoir where postmortem examination confirmed the lung condition to be due to non-tuberculous pneumonia.

SHEEP SCAB ORDER 1908

One outbreak of sheep-scab was confirmed in the Celbridge area during the year. This outbreak was detected at the City Abattoir where some debilitated sheep were sent for slaughter. Wool samples from these sheep were found to contain psoroptic acari and the carcasses were seized. The owner had two farms, one in Lucan and the other in Rathcoole, with sheep grazing on both. The sheep on the Lucan farm were free from disease, but those at Rathcoole were badly affected. A detention notice was served on the owner in respect of the sheep at Rathcoole and dipping was carried out. Wool samples were taken later and being found free from ecto parasites, the detention notice was withdrawn.

This outbreak apparently resulted from stray sheep being driven on to the farm. They were removed after about a week during the night and the owner was untraced although the Gardai were notified.

SHEEP DIPPING ORDER 1965 (AMENDMENT ORDER) 1966

The Sheep Dipping Order 1965 which prescribed two dippings, one between July 1st and August 7th and the second between October 1st and November 30th, was amended in 1966, altering the first dipping period to June 1st to August 7th, and the second to September 15th to November 30th. The first dipping period is now more satisfactory as sheep are usually dipped a short time after shearing to protect against sheep-scab and fly-strike.

Five temporary sheep-dipping inspectors were appointed to supervise dippings and issue dipping certificates. The mountain area of South Dublin and Rathdown was again dealt with by making special regulations to regulate the time and place of dippings. The following table No. 11 gives particulars of numbers of sheep dipped under supervision during 1966.

TABLE NO. 11—RETURN OF SHEEP DIPPED DURING THE YEAR

District	First Period	Second Period	Total
Balrothery	30,194	24,158	54,352
North Dublin	5,378	2,043	7,421
Celbridge	4,894	2,509	7,403
South Dublin	7,796	6,048	13,844
Rathdown	2,369	2,105	4,474
Scheduled Area	6,233	4,295	10,528
Total	56,864	41,158	98,022

The reduction in the number of dippings in the second compared with the first dipping period was due to the sale of lambs and in some cases total disposal of flocks.

WARBLE FLY ORDERS 1966-1967

The Warble Fly scheme was initiated by the Minister for Agriculture on September 1st, 1965. The Order requires all cattle to be treated for warble fly infestation within the period August 22nd to November 30th. All animals must be ear-tagged for identification and a certificate of treatment must be produced on demand, outside the treatment period. A close watch is being kept on cattle in registered dairies and in slaughterhouses for the appearance of warbles. In the period under review no warbles were detected.

VETERINARY SERVICE—DUN LAOGHAIRE BOROUGH

M. F. GERAGHTY,

Veterinary Officer

The duties of this service are concerned with the Diseases of Animals Acts; Slaughter of Animals Act, 1935; Public Health (Veterinary Inspection) Order, 1929; Slaughter House Bye-Laws, 1941; Food Hygiene Regulations, 1950; Milk and Dairies Acts, 1935 and 1956, and Regulations thereunder.

INSPECTION OF MEAT SHOPS

During the year 226 inspections were carried out to ensure compliance with the Food Hygiene Regulations.

SLAUGHTERHOUSES

There are 10 privately owned slaughterhouses. During the year 1,160 inspections were carried out.

	Number Slaughtered	Partly Condemned	Wholly Condemned
Cattle	3,027	155	Nil
Sheep	16,579	423	Nil
Pigs	3,326	129	Nil

Unsound meat and offals etc. condemned amounted to approximately 2,669 lbs. Infections of livers in cattle and sheep and pleurisy and pericarditis in pigs accounted for most of the seizures. Cysticercus bovis infection was encountered in only one heifer. There was no case of tuberculosis encountered.

SLAUGHTER OF ANIMALS ACT

In accordance with this 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.

Fifteen licences were issued during 1966.

MILK AND DAIRIES

No. of dairymen on Register	....	....	119
No. of registered milk shops	....	....	115
No. of bottling premises	....	....	1
No. of milk producers	....	....	4
No. of cows in herds of milk producers	....	....	91
No. of inspections of dairy premises	....	....	126

EXAMINATION OF COWS IN DAIRY HERDS

Clinical examinations failed to reveal any cows coming within the meaning of the Tuberculosis Order 1926. Eight individual samples from cows with indurated udders were examined microscopically for tubercle bacilli with negative results.

MILK AND DAIRIES (SPECIAL DESIGNATIONS) REGULATIONS

Under these regulations 114 dealers' licences were issued during the year to sell pasteurised milk. Inspections ensured that milk was stored and handled in a proper manner.

PASTEURISED MILK

There is one pasteurising plant licensed by the Minister of Agriculture. During the course of inspection of the plant 14 samples were taken and submitted to the State Laboratory. These samples proved satisfactory on examination.

BACTERIOLOGICAL LABORATORY

DR. M. F. O'GRADY

The following table shows the number of specimens and samples received during 1966 and the sources from which they came.

Laboratory, Old County Road	Specimens
St. Mary's Chest Hospital	2,654
James Connolly Memorial Hospital	1,562
Clonskeagh Fever Hospital	2,204
Charles Street Clinic	1,487
Nicholas Street Clinic	354
Field Service—City	591
Field Service—County	22
General Practitioners	182
Our Lady's Clinic, Dun Laoghaire	259
Central Clinic	257
Crumlin Clinic	628
St. Kevin's Hospital	7
B.C.G. Clinic	3
Primary Clinic	10
Samples of foods for bacteriological examination	1,612
Laboratory, James Connolly Memorial Hospital	7,264
Total	19,096

Particulars of the examinations made at the Bacteriology Laboratory, Old County Road, are as follows :

Throat and Nose Swabs for :	
C. Diphtheriae	692
Beta-haemolytic Streptococci	376
Throat Swabs for :	
Vincent's Angina	303
Swabs for Staph and other organisms	132
Specimens of :	
Blood for Widal Reaction	160
Blood for Blood Culture	11
Cerebro Spinal Fluids	68
Urines	1,344
Faeces—examined for Entero pathogenic organisms	1,498
Sewer Swabs	15
Pus	20
Pleural Fluids	26
Sputums for Myco. tuberculosis—direct examination	4,826
Sputums for Myco. tuberculosis—culture	4,311
Sputums—examined for non-tuberculosis organisms	1,124
Antibiotic Sensitivity tests :	
Mycobacteria Tuberculosis	577
Other Organisms	1,125

Other tests :

Catalase test on Myco-tuberculosis	.....	.....	572
Niacin test on Myco-tuberculosis	.....	.....	561
Animal Inoculations	.....	.....	28
Miscellaneous other tests	.....	.....	14

Number of specimens examined for Myco-tuberculosis at Laboratory, James Connolly Memorial Hospital :

Direct examination	.....	.....	6,791
Culture	.....	.....	2,680

The following shows the specimens which were cultured for Myco-tuberculosis, and the numbers and percentages of positives and negatives obtained.

	Total No.	Positive	Negative
Sputum	3,160	215=7%	2,945=93%
L. Swabs	743	19=3%	724=97%
C.S.F.	33	1=3%	32=97%
Pleural Fluids	17	1=6%	16=94%
Urines	294	4=1%	290=99%
Bronchial Secretions	3	Nil	3=100%
Various, Pus, etc.	61	3=5%	58=95%

A further 2,680 specimens were cultured for Myco-tuberculosis at the Laboratory in James Connolly Memorial Hospital, of which 357 were found positive, a percentage of 13.03%.

Sensitivity tests to Streptomycin, PAS and INH were done on all growths of Myco-tuberculosis obtained and with the following results.

	Total No.	Sensitive	Resistant
Streptomycin	577	486=84%	91=16%
PAS	577	513=88%	64=12%
INH	577	475=82%	102=18%

The Intestinal Pathogens isolated are listed below :

Shigella Sonnei	.....	19
Shigella Flexneri	.....	16
Salmonella Typhi Murium	.....	24
Salmonella Typhi	.....	1
Salmonella Meleagridis	.....	3

68 E. coli were isolated from Faeces of infants under 2 years of age, and of these :

26	were E. coli 0111
19	were E. coli 055
11	were E. coli 0119

5 were E. coli 0126
 4 were E. coli 0125
 2 were E. coli 026
 1 was E. coli 0127
 1 was E. coli 1028

C. Diphtheriae was isolated on 17 occasions during the past year. 14 of the organisms isolated were of the Gravis Type and 3 of the organisms isolated were of the Mitis Type.

The following routine examinations were carried out :

Milk	319
Ice Cream	165
Water (including 67 samples of sea water)	859

Eight of Ice Cream samples were found to be unsatisfactory.

The following are particulars of 264 samples of foods which were examined for control and food poisoning :

Sample		Sample	
Whiting	190	Jar of Brawn	1
Frozen Egg	24	Salad and Sardine	
Oysters	23	Sandwiches	1
Cockles	2	Salmon	1
Mussels	5	Gelatine	1
Meat Rissoles	1	Vegetable Salad	1
Chicken	1	Tomato Paste	2
Rusk Meal	1	Corned Beef	1
Seasoning	1	Peas	1
Hamburgers	2	Cheese	1
Salad Cream	1	Herrings in Sauce	1
Milk	1	Cooked Turkey	1

The whiting was examined at the request of the Port Medical Officer. They were samples from consignments of frozen fish for export. About 20 samples were taken from each consignment. Twenty-three (23) of the 190 samples examined had Shigella in small numbers.

Six of the 30 samples of shellfish examined were unsatisfactory.

Dr. Stritch continued to work as Bacteriologist on a sessional basis during the year.

We are still without a technician at the Laboratory in James Connolly Memorial Hospital, and it continues to be serviced on a rotation basis by the technical staff at the City Bacteriology Laboratory.

I would like to express a word of appreciation to all the staff for their work during the year.

DEPARTMENT OF THE CITY ANALYST

H. D. THORNTON

Dublin Region Public Analyst

The total number of samples analysed in the Laboratory during the year was 10,617, consisting of 6,786 for Dublin Health Authority, 3,108 for other local authorities (including Dublin Corporation) and 723 for private persons, industrial concerns, etc.

Details of the number of samples analysed, and the results of the analyses appear later in this report.

This is the last occasion upon which it will be my duty to present this report; I notified the Authority in March 1966 of my wish to retire on the 30th September 1966 and my successor, Dr. Fergus Hill took up duty on 3rd January 1967, when I handed over the duties to him. It is a pleasure in these circumstances to be able to record for the first time in many years, that the staff situation had improved during the year under review; at 31st December 1966, the analytical staff consisted of the Public Analyst, three permanent chemists and three temporary chemists. Steps to obtain a deputy Public Analyst, and at least one more permanent chemist had been approved and it is expected that these appointments will be filled early in 1967.

It is very probable that, during 1967, long awaited changes in our food legislation will be made, to bring the legal requirements in this field more closely into agreement with those in other countries with which we have commercial and other ties. These changes will increase considerably the amount of analytical work which will be involved in the examination of samples taken under the Sale of Food & Drugs Acts, and it will be essential to take every possible step to strengthen the staff of the Laboratory so that it may be capable of coping with the increase.

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

- (1) By Inspectors under the Sale of Food & Drugs Acts, the Public Health Preservative Regulations, 1928, and the Food Hygiene Regulations, 1950, for Dublin Health Authority and the other local authorities within the region.
- (2) Twice-monthly 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) Water samples submitted under the Health (Fluoridation of Water Supplies) Act, 1960.
- (6) Samples submitted by the Dublin Port Medical Officer.
- (7) Miscellaneous materials submitted by public institutions commercial concerns and private individuals.
- (8) Air pollution samples.

A total of 10,617 samples were analysed as follows :

Dublin Health Authority	6,786
Other local authorities (incl. Dublin Corporation)	3,108
Private individuals, commercial concerns, etc.	723

The corresponding total for the preceeding five years was :
1965—9,160; 1964—11,111; 1963—10,293; 1962—10,384;
1961—11,048.

A total of 6,786 samples were analysed for the Dublin Health Authority as follows :

Food and Drugs Act Samples (Formal)	4,874
Food and Drugs Act Samples (Informal)	1,638
Complaint Samples	51
Port Medical Officer	
Imported Foods	6
Ships Water Supplies	28
Analyses for Dublin Health Authority Institutions and Sections	79
Water Supplies	110

The articles most frequently sampled were butter 445; baby cereal foods 205; dripping 95; ice cream 204; jam 102; lard 84; margarine 188; milk 818; mince meat 87; oatmeal 174; semolina 91; tea 64; whiskey 177.

Twenty two (22) samples were found to be adulterated as follows:

Milk (3) : One sample was deficient by 13.52% of the minimum amount of milk solids other than milk fat which it should contain; it was also deficient by 5% of the minimum amount of milk fat which it should contain. The remaining two samples were deficient by 8.23% and 9.41% respectively of the minimum amounts of milk solids other than milk fat which they should contain.

Barley (2) : Contained live mites.

Butter (2) : Contained 17.24% and 17.4% of water respectively; butter should not contain more than 16% of water.

Sausages (2) : One sample contained 179 parts of sulphur dioxide per million parts of sample, without having its presence declared as required by the Preservative Regulations. The other sample contained 736 parts of sulphur dioxide per million parts of sample; the Regulations prescribe a limit of 450 parts per million.

Semolina (2) : Both samples contained live mites.

Tea 2) : Contained approximately 20 fragments of mineral grit.

Flaked Rice (1) : Contained numerous live insects of the grain beetle type.

Lard (1) : Contained 3.03% of free fatty acids; lard should not contain more than 1%.

Mince Meat (1) : Contained 3,232 parts of sulphur dioxide per million parts of sample; this article should not contain any preservative.

Suet (1) : Contained 5.89% of free fatty acids; edible fats should not contain more than 1%.

Steak Burger (1) : Contained 1,542 parts of sulphur dioxide per million parts of sample. The current Preservative Regulations do not specifically include steak burgers as being permitted to contain preservative. Those in force in Britain have extended the definition of "sausage, sausage meat" to include this type of article and have set a limit of 450 p.p.m. of sulphur dioxide.

Sausage Meat (1) : Contained 602 parts of sulphur dioxide per million parts of sample; this article—as in the case of sausages—should not contain more than 450 parts per million.

Hydrogen Peroxide (1) : Found to be deficient by 14% of the minimum amount of hydrogen peroxide which it should contain.

Vinegar (1) : This sample was labelled "Non-brewed Vinegar". Vinegar is the produce of alcoholic and acetous fermentations; in my opinion, the word "vinegar" should not be applied to an article not so produced. This sample was not the produce of alcoholic and acetous fermentations.

Whiskey (1) : Adulterated with 5.2% of excess water, being 33.4°U.P.

COMPLAINT FOOD SAMPLES

48 samples were examined in consequence of complaints made by members of the public. The details of the samples and the results of the analyses were :

Bread (7) (a) A sliced brown loaf had extensive mould growth; as one week had elapsed between the time of purchase and its arrival in the Laboratory, it was not possible to form an opinion as to its condition at the time of purchase.

(b) Two samples were found to have mould growth and to be unsound.

(c) This sample consisted of a few fragments of mouldy bread; no information was supplied as to its date of purchase.

(d) Two samples were found to have particles of dirt incorporated in the dough prior to baking.

(e) A sliced loaf was found to contain two pieces of cotton cloth embedded in adjoining slices.

Taked Rice (1) : Found to contain numerous live insects of the grain beetle type.

Rice (1) : Found to contain numerous live insects of the grain beetle type in the outer container; they had not gained access to the rice which was packed in an inner container.

Cornflakes (1) : Carton and contents contaminated by paraffin oil.

Shredded Wheat (2) : The complaint sample contained two dead insects of the grain beetle type. A follow-up sample taken from the same stock was free from extraneous matter.

Biscuits (1) : Found to have a slightly rancid odour due to deterioration of the fat used in making the biscuits.

Sherry (3) : One sample was found to contain the remains of numerous small insects and of a wasp. The second sample, which had been poured by the vendor into a small bottle for consumption off the premises, was found to have an off-flavour suggestive of pine oil disinfectant. A follow-up sample, of the same brand from the same vendor was found to be free from off-flavour.

Potato Crisps (2) : One sample contained a piece of substance thought by the complainant to be a worm; it was found to be over-cooked fat.

The other sample contained a large portion of unsliced partly-cooked potato.

Apples (3) : One sample was found to be unripe; the other two were normal.

Canned Peeled Shrimps (2) : One sample was found to be no longer wholesome, the other was found to be sound and wholesome.

Fruit Pie (2) : Both were found to have mould growth and to be unsound.

Semolina (1) : found to contain live mites.

Salad Cream (1) : Found to have separated into two layers due to inefficient emulsification.

Bottled Beetroot (2) : The two samples were sound and wholesome.

Toffee Bars (1) : The sample was free from pieces of glass.

Butter (1) : Found to be slightly rancid and no longer wholesome.

Orange Drink (1) : Found to contain 28 parts per million of iron, possibly derived from erosion of the metal cap.

The remaining samples received under this heading were all found to be sound and wholesome, and free from extraneous matter. They included : Jam, Corn Oil, Canned Beans, Baby food, Butter (2), Glucose (3), Sausages (2), Cake, Porridge Meal (2), Cornflour, Orange Drink.

PORT HEALTH OFFICE

Samples analysed for the Port Medical Officer included 28 samples of ships' water supplies, one sample of gelatine and 5 samples of canned tomato paste.

The container in which the gelatine was packed was suspected of having been contaminated with tar or creosote; no trace of either substance was detected in the gelatine.

The samples of tomato paste were analysed for the presence of sulphur dioxide and metallic contaminants; they were found to be free from sulphur dioxide, lead and arsenic; the amounts of copper and zinc found were within acceptable limits.

DUBLIN HEALTH AUTHORITY INSTITUTIONAL & GENERAL SERVICES

An investigation was carried out into the keeping quality of wrapped sliced bread; a total of 60 loaves were purchased from the different bakers in the city. Half of them were kept unopened at room temperature for 4 days, the remainder were similarly kept for 5 days. In no case was any trace of mould growth found when the loaves were unwrapped.

Other items analysed under this heading included 10 samples of water in connection with suspected pollution of streams; a specimen of stomach contents for the presence of barbiturates and phenytoin with negative results; a sample of deposit which formed on surgical instruments in a steriliser, was found to be calcium carbonate probably derived from the use of "hard" water; two food samples (beef-burger and salad cream) were analysed in connection with suspected food poisoning, with negative results in each case.

A deposit in a bottle of milk was found to be a mixture of grit and coal-dust.

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.

ST. MARY'S HOSPITAL

L. B. GODFREY, M.D., M.R.C.P.I.

Medical Superintendent

The circumstances and development in the hospital during the past year call for little further comment except in regard to a few items.

It is noted that a further increase in admissions over the previous year has emerged, thus continuing the trend for the two previous years. While one third of this increase was in respect of General Medical Cases, two thirds was in respect of Geriatric and Psycho-geriatric patients, accounted for by allotting a further 38 beds for Geriatric patients transferred from St. Brendan's and the opening of seventeen beds for quick-turn-over Geriatric patients of a particular character.

The latter unit opened in May 1966 has up to the end of the year under review dealt with 64 patients. The functioning of this unit might be regarded as an essay in preventive Geriatrics in so far as a number of these patients are admitted for short intervals, often having been discharged from the hospital units and known to be poor risks; or persons with occasional acute short-term difficulties of a social or Medico-social character. A few were admitted by request from other general hospitals to permit of a convalescent or recuperative interval and some other instances of a myriad of problems relevant to the circumstances of old people.

It has been possible to maintain a strict maximum limit of six-weeks on the length of stay and the successful operation of the unit makes this limitation imperative.

It may be noted that again the number of acute medical cases treated has increased despite a reduction in the number of beds for this category of patient to some extent due to periodic nursing shortages necessitating curtailment of admissions. There is a bed turn-over of 9 such patients per bed per year and this includes tuberculous cases albeit a small number. The acknowledgement that chronic respiratory cases are of a recurring character and are often likely to require frequent re-admission does not argue against their ready discharge on recovery or improvement and does not disturb the patient psychologically when advised to seek re-admission at first signs of relapse, together with follow-up at O.P.D.

The respiratory function laboratory continues to provide valuable assistance in the assessment and treatment of patients and in this regard it has been found possible and advantageous to extend the scope of investigations in the hospital by estimating blood-ureas, blood sugars, etc. at least as a screening service,

thus reducing drastically the necessity to avail of outside laboratory services. Any further extension, if not indeed the maintaining of present services, is dependent on an increase in assistance in the laboratory.

As usual I would wish to thank the medical, nursing, clerical and other ancillary staffs for the customary diligent performance of their various activities.

Total number of patients admitted	....	....	....	1,249
Tuberculous	....	....	....	35
General Medical Cases	....	....	....	957
Geriatric	....	....	....	194
Psycho-Geriatric	....	....	....	63
Total number of patients discharged	....	....	....	971
Tuberculous	....	....	....	46
General Medical Cases	....	....	....	771
Geriatric	....	....	....	121
Psycho-Geriatric	....	....	....	33
General Medical Cases transferred to Geriatric Section				50
Total number of deaths	....	....	....	226
Tuberculous	....	....	....	3
General Medical Cases	....	....	....	134
Geriatric	....	....	....	79
Psycho-Geriatric	....	....	....	10
Total number of patients in hospital 1/1/66	....	....	....	416
Tuberculous	....	....	....	18
General Medical Cases	....	....	....	79
Geriatric	....	....	....	174
Psycho-Geriatric	....	....	....	145
Total number of patients in hospital 1/1/67	....	....	....	468
Tuberculous	....	....	....	4
General Medical Cases	....	....	....	81
Geriatric	....	....	....	218
Psycho-Geriatric	....	....	....	165
Number of beds available : 563 (38 tuberculous, 116 general medical cases, 229 geriatric, 180 psycho-geriatric).				
Total number of occupied Bed Days	.....	.....	.....	163,704
Tuberculous and General Medical Cases	.....	.....	.....	33,456
Geriatric	.....	.....	.....	72,107
Psycho-Geriatric	.....	.....	.....	58,141
Total number of available Bed Days	.....	.....	.....	179,657
Tuberculous and General Medical Cases	.....	.....	.....	39,420
Geriatric	.....	.....	.....	74,537
Psycho-Geriatric	.....	.....	.....	65,700

Total number of vacant Bed Days	15,953
Tuberculous and General Medical Cases	5,864
Geriatric	474
Unit O	1,958
Psycho-Geriatric	7,559

Bed Turnover

9.3 tuberculous and general medical patients per bed.
0.9 geriatric patient per bed.
0.24 psycho-geriatric patient per bed.

Length of Stay

33 days per tuberculous and general medical patients.
360 days per geriatric patient.
1,352 days per psycho-geriatric patient.

Turnover Interval

6 days per tuberculous and general medical patients.
2 days per geriatric patient.
176 days per psycho-geriatric patient.

Percentage Occupancy

85% tuberculous and general medical patients.
99% geriatric patients.
89% psycho-geriatric patients.

CLASSIFICATION OF GENERAL MEDICAL CASES ADMITTED DURING 1965

Respiratory Infection	398
Respiratory and Cardio Vascular Disease	129
Cardio Vascular Disease	176
Disease of the Central Nervous System	78
Disease of the Gastro Intestinal Tract	25
Disease of the Genito Urinary System	17
Neoplasms	45
Other Conditions	89

INVESTIGATIONS :

X-ray examinations (straight films)	1,964
Tomograms	31
Bronchograms	35
Barium Meals and Enemas	56
Cholecystograms	11
Pyleograms	19
Portables	265
Skeletons	409
Electrocardiograms	1,111
PCO ₂ examinations	1,323
Spirometry	605
B.M.R.	16
Haematocrit, Haemoglobin & MCHC	1,312
Blood Ureas	401
Acid bases and blood gases	205

During the year 1966, 375 examinations were carried out by the Ear, Nose and Throat Consultant.

In the Dental Department there were 488 examinations by the Dental Surgeon. There were 289 extractions, 45 fillings and 55 dental plates were issued to patients.

The Ophthalmologist carried out 49 examinations for eye conditions.

The Chiropodist carried out 922 treatments.

There were 427 patients examined at the Out Patients Department.

Social Worker : History taken of 1,191 admission, Home Visits 266, social help given to 403 cases.

Physiotherapists : Total patients treated 756.

Occupational Therapy : Instruction given to 420 patients.

ST. KEVIN'S HOSPITAL

DR. JAMES ST. L. O'DEA

The following is a condensed report of the events and activities of the hospital during the year 1966.

To mark the fiftieth anniversary of the Easter Rising of 1916, a dialogue Mass in Irish was celebrated in the Hospital Chapel on Tuesday, 17th May, 1966. The Mass was attended by survivors and next-of-kin of those who fought in the South Dublin Union under Commandant Eamonn Ceannt and Vice-Commandant Cathal Brugha. This was followed by a most interesting lecture on the fighting in the area from Mr. Boylan, Secretary of the South Dublin Union Garrison Committee. The celebrations concluded with a ceremonial planting of trees on the lawn behind the plaque in memory of those who took part in the action.

Certain developments in the hospital services which took place during the year are recorded below :

Miss Tierney was appointed as Tutor in charge of the St. Kevin's Hospital School of Nursing and arrangements were completed to enable the School to commence its first training course on 1st January, 1967. Miss Tierney consolidated her previous experience in Ireland and abroad by a visit to some of the most modern training establishments in England.

The sluicing of all foul linen in the ward areas has now been discontinued as a result of the installation of machinery for central sluicing at the laundry. This is an advance which is in accord with the practice being adopted in all modern hospitals and is a saving of time and relief from an objectionable duty for staff.

A number of lady voluntary workers continue to attend the hospital to act as librarians and also to visit patients who have no relatives or friends to do so. The services that they render are much appreciated and worthy of our sincere gratitude.

As in other recent years, we are overwhelmed by applications for admission to hospital of old people whose needs are frequently social rather than medical and for whom a hospital can do little beyond supplying warmth, nutrition and sympathetic solace. The need for further extension of our still inadequate domiciliary services cannot be over emphasised, and the shortage of suitable dwellings for the aged must be referred to. The potential of St. Kevin's as a hospital is being crushed under the weight of social problems which it is being asked to bear.

Table I depicts the general activity of the hospital and allows a comparison to be made with recent years.

TABLE I
GROSS STATISTICS

Year	Admissions	Discharges	Deaths
1962/63	11,437	10,245	1,197
1963/64	12,472	11,291	1,193
1964/65	12,956	11,792	1,146
1965/66	12,964	11,656	1,344
1966	12,215	11,156	1,250

While the figures for the year 1966 were calculated according to the calendar year, and previous figures refer to the twelve-month period ending on 31st March, it can hardly be doubted that for the first time for many years our admissions have shown a significant reduction.

TABLE II
GENERAL ADMISSIONS

Year	Males	Females	Children 0—15 years	Total
1962/63	2,920	2,881	1,515	7,316
1963/64	3,072	3,069	1,517	7,658
1964/65	2,993	2,974	1,463	7,430
1965/66	3,082	3,010	1,600	7,692
1966	2,951	2,974	1,282	7,307

In Table II the total admissions to all departments of the hospital (excluding the Maternity Unit and Births) show an appreciable drop compared to previous years and the slow upward trend has not been sustained. The reduction in the number of children being admitted is quite marked.

A recent survey of the age/sex distribution of patients in the adult wards of the hospital (excluding the Maternity Unit) is summarised in Table III.

TABLE III

AGE/SEX DISTRIBUTION OF PATIENTS IN GENERAL ADULT WARDS

Sex	Age Group (Years)					Totals
	0—5	6—15	16—65	66—75	76 +	
Males	2	3	88	97	184	374
Females	1	5	115	157	396	674
Group Total	3	8	203	254	580	1,048
Percentage in Group	0.29	0.76	19.37	24.24	55.34	100

Table III shows that almost 80% of the patients in the general wards of the hospital are over 65 years of age. This figure is 1.45% higher than last year and the trend over several recent years is thus continuing. The diminution of active beds is, unfortunately, progressive and unless these elderly long-stay patients are distributed more fairly over all the city hospitals, St. Kevin's will shortly be totally unable to fulfil its obligations as a general hospital.

MATERNITY DEPARTMENT

A reduction in the number of admissions to this department of the hospital occurred. There were 2,314 women delivered at all stages of gestation. This shows a decrease of 138 deliveries as compared with the previous year.

Perinatal mortality rate was 33 per thousand. Deaths from trauma of labour were reduced significantly from 17 in 1965 to 8 in 1966. Of the total of 70 infant deaths, 19 were due to major congenital abnormalities incompatible with survival.

One maternal death took place in the year 1966. This was due to an acute myeloblastic leukaemia. Post-mortem Caesarian section was carried out and a live female infant weighing 2 lb. 8 ozs. was delivered. This baby was discharged alive and well and is developing normally.

Attendance at ante-natal clinics numbered 16,520 of which 2,142 were first visits. The accommodation for this number remains very inadequate and it is hoped that this deficiency will be corrected soon.

A full detailed report is issued by Dr. T. D. Hanratty annually. The above is but a very brief summary of the work of his Department.

SOCIAL SERVICE DEPARTMENT

Most of the work of this Department of the hospital is devoted to planning with the elderly patients for realistic aftercare so that as many as possible may return to normal life.

During the Winter of 1966, the average age of 100 consecutive adult admissions to the general wards was 76 years. As patients increase in age, so do their social problems. Only a minority of elderly patients are admitted for purely medical reasons. Many such find themselves in hospital because of inadequacy of the Domiciliary Services.

Every effort is made to place these patients with relatives—supported by whatever assistance may be required and available. Where this cannot be arranged, old people can sometimes be discharged to their own dwelling by mobilising the necessary community services. In other cases where patients require some care, but have no relatives able or willing to provide it, accommodation has been found in private houses with families willing to accept them as paying guests.

Unfortunately, the important work of this department is being hindered by a shortage of Medical Social Workers. Nevertheless, a remarkable amount is being achieved in spite of the depleted staff who deserve every credit for their efforts under difficult circumstances.

X-RAY DEPARTMENT

X-Ray films taken during the year totalled 21,101, representing 13,070 radiological investigations. These figures show a considerably increased activity compared to last year.

The main investigations are enumerated below :

Chests—7,152, Skeletons—2,863, Bariums—815, Abdomens—605, I.V.P.'s—385, Cholecystograms—208, K.U.B.'s—92.

Other X-Rays, made up of Placentograms, Arteriograms, Bronchograms, etc., amounted to 950.

TABLE IV
OUT-PATIENT DEPARTMENT

Clinic	In-Patients	Out-Patients	Return Patients	Total
Medical	6	159	1,594	1,759
Surgical	25	118	901	1,044
Gynaecological	45	86	646	777
E.N.T.	114	99	301	514
Paediatric	13	36	657	706
Geriatric	—	—	95	95
Diabetic	—	—	31	31
Chiropody	—	2	618	620
Psychiatric	157	15	148	320

The above table represents the number of patients seen at the various Clinics held in the Out-Patients Department during the year 1966.

The number of referred out-patients has dropped compared to the previous year. This is disappointing and raises the question whether adequate use is being made of the facilities provided in this department.

A higher total of return patients attended at the Medical, Gynaecological and Paediatric Clinics, however, and this probably indicates somewhat earlier discharge of patients from the hospital.

The Psychiatric Clinic was not operating last year, but the figures show what a need it supplies.

VISITING NURSING SERVICE

During the year under review a new service was provided for patients on the Waiting List. These are visited on a selective basis by a nurse who surveys the patient's general circumstances and tries to make things as comfortable as possible during the waiting period. Two nurses are allocated to this service and they work in close liaison with the hospital's Medical Social Workers, and Sister in Charge, Admissions Unit. Whenever necessary they inform the patient's doctor of any change in circumstances, and seek his guidance if this is indicated. They also advise relatives regarding the nursing care of patients while at home, and supply such as disposable incontinence pads, bed pans. In many cases they arrange for attention by a Home Help, etc., too. This is a development which has been most helpful, and it is intended to keep it in operation. It is not, of course, any substitute for a district nursing service.

These figures represent a summary of the work done by the Nurses during 1966.

Number of patients referred to nurses	893
Number of visits made	1,177
Number of these patients admitted to St. Kevin's	618
Number admitted to other hospitals	52
Number of whom hospital admission became unnecessary	169

PARAMEDICAL SERVICES

Although it has been necessary to limit the scope of the report for this year, I feel obliged to make reference to the work of the Paramedical Staff. The Physiotherapists, Catering and Dietetic personnel, Radiographers, Occupational Therapists, Chiropodists, Speech Therapist, and Medical Social Workers all make very important contributions towards the welfare of the patients, and are most essential—if sometimes inconspicuous—members of the hospital staff. Recognition must also be given to the good work of the Respiratory and E.C.G. Technicians.

RESIDENTIAL HOMES

The Matrons and Staffs of St. Patrick's Home, Bru Chaoimhin, St. Brigid's, Crooksling, and St. Clare's, Ballymun, deserve mention for the manner in which they complement the overall service offered by St. Kevin's Hospital. I am thankful for the effective assistance which they provide.

CONCLUSION

I wish to thank the Medical Staff, Matron, her Deputy and Assistants, the nursing personnel, as well as the general staff of the institution for their contribution to the efficient and smooth running of the hospital. My gratitude goes also to Dr. J. J. Flanagan, Assistant Medical Superintendent, and the staff of my office for their constant support.

Finally, I wish to acknowledge the co-operation of the officers of the Dublin Health Authority in the administration of the institutions under my superintendence.

ST. COLUMCILLE'S HOSPITAL

DR. W. J. ROCHE

Medical Officer

MEDICAL STAFF

1 Medical Officer (part-time); 1 Surgical Registrar; 1 Obstetrical Registrar; 1 Medical/Obstetrical Registrar; 1 Obstetrician/Gynaecologist (part-time); 2 House Physicians; 2 Surgeons (visiting); 2 Radiologists (part-time); 2 Anaesthetists (part-time).

The increasing volume of motor traffic in South County Dublin and Wicklow has resulted in an increase in the volume of casualty work undertaken at this hospital. To provide improved facilities for this service, two ward units have been converted to casualty accommodation. Recently the ambulance service at the Hospital has been considerably augmented and now provides a 24-hour service for South County Dublin and portion of North County Wicklow. With the development of the casualty work in the Hospital it has become necessary to increase the radiological and physiotherapy services.

The number of births in the Hospital are almost 700 per annum. Improvements in the standards of maintenance and facilities at this Hospital continue and include the installation of grounds lighting throughout the Hospital, provision of car park, installation of sluicing machines and gas-fired incinerator. A new Blood Bank and Recorder have been installed. Limited improvements have been provided in the matter of staff accommodation. In order to provide for improved TV reception for patients and for the radio-telephone installation a combined communal TV radio-telephone aerial has recently been installed.

GEOGRAPHICAL DISTRIBUTION OF PATIENTS

	Dublin	Wicklow	Others	Total
Number of patients treated	1,610	1,077	17	2,704

PARTICULARS OF ADMISSIONS, DISCHARGES AND BIRTHS, 1954—1966

Calendar Year	Total Births (Live and Still)	Admissions (Excl. Births)			Discharges (Excl. Births)		
		Maternity	General	Total	Maternity	General	Total
1954	50	71	1,236	1,307	63	1,211	1,274
1955	183	270	1,478	1,748	264	1,507	1,771
1956	424	562	1,391	1,953	562	1,390	1,922
1957	544	748	1,603	2,351	744	1,599	2,343
1958	552	789	1,613	2,402	786	1,628	2,414
1959	589	808	1,799	2,607	810	1,800	2,610
1960	306	442	1,480	1,922	455	1,478	1,923
1961	331	459	1,385	1,844	457	1,394	1,841
1962	378	582	1,447	2,029	574	1,419	1,993
1963	587	782	1,627	2,409	801	1,589	2,390
1964	719	968	1,788	2,756	959	1,793	2,752
1965	701	891	1,853	1,744	895	1,847	2,742
1966	674	854	1,817	2,671	862	1,842	2,704

ADMISSIONS AND DISCHARGES FOR THE YEAR 1966

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	Medical		Surgical		Children		Maternity		Total	
	Adm.	Dis.	Adm.	Dis.	Adm.	Dis.	Adm.	Dis.	Adm.	Dis.
January	41	46	75	74	27	28	78	76	221	224
February	53	45	64	59	7	8	64	73	188	185
March	55	55	62	67	5	12	76	71	198	205
April	46	51	66	64	14	18	65	67	191	200
May	41	48	84	80	10	11	66	64	201	203
June	53	50	72	80	30	29	73	72	228	231
July	54	55	82	84	38	35	80	83	254	257
August	64	66	75	71	32	30	70	64	241	231
September	52	57	69	65	35	32	73	80	229	234
October	74	68	63	69	31	36	79	70	247	243
November	68	66	70	68	38	27	73	77	249	238
December	64	68	81	82	22	38	57	65	224	253
Total	665	675	863	863	289	304	854	862	2,671	2,704

PSYCHIATRIC SERVICES

IVOR W. BROWNE

Chief Psychiatrist

From 1st January, 1966, the arrangement whereby St. Brendan's Hospital, Grangegorman, St. Ita's Hospital, Portrane, and St. Loman's Hospital, Ballyowen, formed a single administrative unit functioning as the district mental hospital was discontinued. From that date St. Brendan's was designated as the district mental hospital, St. Ita's and St. Loman's became separate approved institutions for the reception of temporary and voluntary patients.

Following this change in the administrative organisation of the three hospitals, the Dublin Health Authority adopted in March, 1966, a scheme for the development of psychiatric services centred on the community and related directly to the areas which they serve. In the psychiatric services in Dublin, as elsewhere throughout the country, the emphasis has been on the treatment of patients in hospital, while community services have been under-developed. This emphasis on hospital treatment led to serious overcrowding which, in turn, hampered the development of therapeutic activities within the hospital.

The scheme adopted by the Authority involved a number of measures to provide the necessary framework for the development of mental health services on an area basis. The following is a brief summary of the principal of these measures, with an indication of the general progress which has been made in their implementation :

Reduction of overcrowding through a more active discharge programme and effective screening of admissions. During 1966 the number of patients in the three psychiatric hospitals dropped from 3,445 to 3,089. In St. Brendan's, the number fell by 265, which afforded a considerable relief of overcrowding.

DEVELOPMENT OF AN ACTIVE THERAPEUTIC PROGRAMME WITHIN THE HOSPITAL

Offices of Clinical Director were created and it is hoped that appointments will soon be made to these senior posts. Additional junior and training posts for psychiatrists were established; qualified Occupational Therapists were appointed and the work of the Occupational and Industrial Therapy departments has developed considerably. Recreational activities were also intensified following the appointment of a Recreational Therapist. A beginning has been made in the grouping of patients and, in some wards, mixed male and female therapeutic groups have been formed.

All these measures are directed towards providing for each patient a therapeutic programme in which he or she is kept active and stimulated through the day.

DEVELOPMENT OF PROGRAMME OF REHABILITATION

The initial measures taken included the development of Industrial Therapy, the commencement of special training programmes, the establishment of a new hostel as intermediate stay accommodation, and the admission of male patients to the existing hostel at St. Mary's Hospital.

The new hostel has been set up in a residence at Ballymun Road which the Authority bought during the year for this purpose. This hostel will accommodate 20 patients and resident supervisory staff.

The hostel at St. Mary's, which was established in 1965, has accommodation for 20 persons, in four flats. It and the new hostel at Ballymun Road are used in the rehabilitation of patients who are either unable to find other accommodation or are not in a position to look after themselves in ordinary flats or lodgings.

Up to 75 patients are attending St. Brendan's on a day-care basis. Most of these patients are occupied in the Industrial Therapy Section. This is being developed as an alternative to the in-patient care which they otherwise require.

INTEGRATION OF MALE AND FEMALE HOSPITALS

The proposals adopted by the Authority provided for the abandonment of the division of St. Brendan's into separate male and female blocks, and for the gradual establishment of male and female wards in each section of the hospital. Satisfactory progress has been made in this re-distribution of accommodation. Two male wards have been set up in St. Loman's, which formerly admitted women only, and male and female wards have been established in the Admission Unit at St. Ita's Hospital.

DIVISION OF ST. BRENDAN'S INTO THREE SECTIONS

The integration of male and female hospitals was a necessary preliminary to the next stage in the scheme, which involved the division of St. Brendan's into three distinct sections, each catering for men and women and having its own psychiatric team of doctors, nurses and other staff working as a self-contained group and providing a service for the population of a specific area.

DIVISION OF DUBLIN CITY AND COUNTY INTO CATCHMENT AREAS

Following the breaking up of St. Brendan's into three sections, the establishment of male wards at St. Loman's and a Reception Unit for male and female patients at St. Ita's, the city and county have been divided into five distinct catchment areas. Each of the three sections of St. Brendan's with its psychiatric team, serves the population of its own catchment area, as follows :

Hospital I : Postal Districts 2, 4, 6, 8, 14, Dun Laoghaire and the adjoining south-east area.

Hospital II : Postal Districts 7 and 11, with Finglas as its focal point.

Hospital III : Postal Districts 1, 3, 5 and 9.

The remainder of the city and county is broken into two areas. One of these consists of Postal Districts 10 and 12 and the Western Area of the county, and is served by St. Loman's Hospital, Ballyowen. The other area consists of North County Dublin, including Howth, and is served by St. Ita's Hospital, Portrane.

DEVELOPMENT OF DOMICILIARY AND COMMUNITY SERVICES

Community programmes have been initiated in these areas by the assignment of additional nurses to community work. Public Health Nurses have also been assigned to perform duties in connection with psychiatric out-patient clinics. The services provided by the Psychiatric Social Workers have been supplemented by the introduction of a scheme for the recruitment of trainees, which will eventually bring the number of Psychiatric Social Workers up to eight.

During the year a teaching programme for psychiatrists was commenced. A number of fourth and final year medical students were employed during the summer holidays, and it is encouraging to find that the number of students displaying an interest in psychiatry is increasing.

A day centre for emotionally disturbed children was established at Garden Hill, St. Kevin's Hospital, and was formally opened by the Minister for Health in May, 1966. This centre has facilities for 28 children, is staffed by teachers and nurses and is attended by the Psychologist attached to the Children's Unit at St. Loman's. The operation of the centre is directed from St. Loman's.

The new Assessment Centre and Teaching Unit at St. Brendan's, was completed and commissioned towards the end of the year. The Teaching Unit is equipped with a closed-circuit television and video-tape recording apparatus, which has already proved of great value in our teaching programmes. Other works carried out during the year included the demolition of the first section of the high boundary wall from the main entrance to Rathdown Road.

OUT-PATIENT CLINICS

Attendance at Out-Patients Clinics continued to increase during the year as will be seen from the following figures of attendances in 1965 and 1966.

Clinics	Total Attendance	
	For year to 31/12/65	For year to 31/12/66
St. Brendan's	9,294	11,499
Crumlin	1,470	2,211
Finglas	475	814
Balbriggan	316	461
Ballyfermot	950	1,338
St. Loman's	2,647	3,138
Dun Laoghaire	728	1,240
Killester	175	398
	16,055	21,099

ADMISSIONS AND DISCHARGES

The following are particulars of the number of admissions, discharges, etc. during the year ended 31st December, 1966 :

	Male	Female	Total
Number in Hospital on 31st December, 1965	1,656	1,789	3,445
Admissions	1,599	1,580	3,089
Discharges	1,649	1,728	3,377
Deaths	107	137	244
Number in Hospital on 31st December, 1966	1,509	1,580	3,089

The 3,089 patients in hospital on 31st December, 1966, were distributed as follows :

St. Brendan's	1,363
St. Ita's	1,596
St. Loman's	132

The daily average number of patients resident in the three hospitals in 1966/67 was 3,208 as compared with 3,482 in 1965/66 and 3,583 in 1964/65.

During the year some patients from County Wicklow were transferred to Newcastle Hospital, which commenced to function as the Mental Hospital for Wicklow. It is hoped that further accommodation will be made available at Newcastle without delay for those County Wicklow patients still in our hospitals.

In conclusion, I wish to express my warm thanks to all the members of the medical, nursing and other staffs for their diligent performance of their duties and for their help and loyalty through the year.

DUBLIN HEALTH AUTHORITY

Statistical Summary 1965/66

POPULATION STATISTICS

The population of the Dublin Health Authority area was 705,781 in 1956 and was 718,322 in 1961. The provisional 1966 census figures indicate that it has now risen to 793,790. Hereunder is an analysis of these figures :

Year	Total	City	County	Dun Laoghaire
1956	705,781	539,476	118,752	47,553
1961	718,332	537,448	133,092	47,792
1966 Provisional census figures	793,790	568,271	173,748	51,771
	+75,458	+30,823	+40,656	+3,979

GENERAL MEDICAL SERVICES

There are 45 dispensary districts in the Authority's area, containing 59 dispensaries with 77 medical officers employed.

The following table indicates the average number of persons on the General Medical Register over the most recent years :

	Nos. of Cardholders	Nos. of Persons covered by cards
1961/62	31,981	97,750
1962/63	32,131	94,401
1963/64	32,968	94,457
1964/65	33,692	95,815
1965/66	36,566	101,298
Six months to 30/9/66	39,446	108,641

EXPENDITURE ON DUBLIN HEALTH AUTHORITY INSTITUTIONS

	Total £	City £	County £	Dun Laoghaire £
1961/62	1,577,959	1,290,927	189,078	97,954
1962/63	1,702,842	1,387,471	205,188	110,183
1963/64	1,774,354	1,408,595	248,186	117,573
1964/65	2,062,326	1,590,245	325,181	146,900
1965/66	2,196,087	1,599,690	416,941	179,456
1966/67 Estimated	2,536,965	1,852,815	478,795	205,355
1967/68 Estimated	2,698,115	1,975,500	509,585	213,030

SCHOOL HEALTH AND CHILD HEALTH

Number of Children
for whom Services
were provided

	Total	City	County	Dun Laoghaire
1961/62	2,284	1,751	396	137
1962/63	2,313	1,943	286	84
1963/64	2,489	2,072	333	84
1964/65	2,572	2,149	297	126
1965/66	2,383	1,900	345	138

MATERNITY HOSPITALS

Number of entitled Applications	Total	City	County	Dun Laoghaire	Expenditure
1961/62	13,029	10,725	1,840	464	£114,660
1962/63	13,905	10,791	2,516	598	£148,863
1963/64	13,746	10,936	2,275	535	£173,341
1964/65	14,096	11,017	2,451	628	£242,940
1965/66	14,828	11,298	2,715	815	£303,750
1966/67	—	—	—	—	£340,000 Est.
1967/68	—	—	—	—	£420,000 Est.

MENTAL DEFECTIVES

Nos. maintained at	Total	City	County	Dun Laoghaire
1/4/61	836	694	102	40
31/3/62	853	703	105	45
31/3/63	845	710	92	43
31/3/64	839	706	94	39
31/3/65	848	720	91	37
31/3/66	839	700	101	38

DEAF AND DUMB

Nos. maintained at	Total	City	County	Dun Laoghaire
1/4/61	86	68	13	5
31/3/62	83	64	14	5
31/3/63	80	64	13	3
31/4/64	82	69	10	3
31/3/65	83	72	9	2
31/3/66	71	61	9	1

MATERNITY AND CHILD HEALTH SERVICES

DOMICILIARY CONFINEMENTS—*Applications approved*

Doctors (Panel)	Total	City	County	Dun Laoghaire
1961/62	5,646	3,994	1,193	459
1962/63	5,753	3,721	1,401	631
1963/64	5,541	3,632	1,296	613
1964/65	6,447	4,135	1,642	670
1965/66	6,433	4,010	1,663	760

Midwives (Panel)	Total	City	County	Dun Laoghaire
1961/62	3,145	2,224	665	256
1962/63	3,075	2,274	611	190
1963/64	2,876	2,196	523	157
1964/65	2,683	2,003	525	155
1965/66	2,212	1,680	435	97

MATERNITY CASH GRANTS—*Number paid*

	Total	City	County	Dun Laoghaire
1961/62	3,292	2,760	374	158
1962/63	2,942	2,483	342	117
1963/64	3,162	2,667	350	145
1964/65	3,121	2,674	308	139
1965/66	3,012	2,549	317	146

MILK FOR MOTHERS AND CHILDREN

Number of pints issued	Total	City	County	Dun Laoghaire
1961/62	1,427,309	1,284,000	84,860	58,449
1962/63	1,599,805	1,451,732	84,008	64,065
1963/64	1,565,045	1,400,341	93,963	70,741
1964/65	1,412,545	1,264,289	81,635	66,621
1965/66	1,443,587	1,300,000	80,319	63,268

WELFARE SERVICES

TUBERCULOSIS AND OTHER INFECTIOUS DISEASES

CASH GRANTS

Numbers on Register at	Total	City	County	Dun Laoghaire
1/4/61	730	648	67	15
1/4/62	635	557	64	14
1/4/63	592	513	63	16
1/4/64	455	401	39	15
1/4/65	377	347	22	8
1/4/66	323	296	17	10

Cost

1961/62	£62,702	1965/66	£36,577
1962/63	£58,177	1966/67	£35,000 Estimated
1963/64	£45,544	1967/68	£40,000 Estimated
1964/65	£36,893		

REHABILITATION AND MAINTENANCE OF DISABLED PERSONS

Numbers on Register at	Total	City	County	Dun Laoghaire
1/4/61	1,546	1,288	166	92
1/4/62	1,545	1,257	192	96
1/4/63	1,565	1,268	201	96
1/4/64	1,601	1,319	187	95
1/4/65	1,665	1,375	189	101
1/4/66	1,768	1,466	186	116

Cost

1961/62	£80,523	1965/66	£159,069
1962/63	£85,830	1966/67	£197,000 Estimated
1963/64	£96,962	1967/68	£220,000 Estimated
1964/65	£119,880		

PUBLIC ASSISTANCE

Numbers receiving Home Assistance		Total	City	County	Dun Laoghaire
1/4/61	....	3,341	3,115	128	98
1/4/62	....	3,181	2,948	134	99
1/4/63	....	3,184	2,967	130	87
1/4/64	....	3,009	2,805	112	92
1/4/65	....	3,080	2,900	100	80
1/4/66	.....	3,172	2,943	114	115

Cost

1961/62	£114,638	1965/66	£189,821
1962/63	£128,363	1966/67	£216,000 Estimated
1963/64	£132,792	1967/68	£234,000 Estimated
1964/65	£168,127		

BLIND WELFARE

Number of Recipients at		Total	City	County	Dun Laoghaire
1/4/61	....	839	771	29	39
1/4/62	....	859	791	26	41
1/4/63	....	735	673	26	36
1/4/64	....	758	685	31	42
1/4/65	....	766	688	44	34
1/4/66	.....	666	599	27	40

Cost

1961/62	£42,219	1965/66	£45,060
1962/63	£42,211	1966/67	£46,000 Estimated
1963/64	£44,027	1967/68	£47,000 Estimated
1964/65	£42,301		

MENTAL HEALTH SERVICES
ATTENDANCES AT CLINICS

Clinics	Attendances					7 months to 31/10/66
	1961/62	1962/63	1963/64	1964/65	1965/66	
St. Brendan's Hospital	6,782	8,156	8,192	9,557	9,565	6,806
Mercer's Hospital	1,121	1,021	994	1,083	809	—
Crumlin Health Centre	659	607	972	1,517	1,615	1,281
Balbriggan Health Centre	170	180	197	279	342	260
Ballyfermot Health Centre (Feb. 63)	—	71	1,007	1,082	1,050	745
Finglas Health Centre (Mar. 63)	—	4	157	299	558	466
St. Loman's Hospital (Jan. 64)	—	—	774	2,970	2,748	1,956
Dun Laoghaire Health Centre (Mar. 64)	—	—	41	590	840	708
Killester Health Centre (Mar. 65)	—	—	—	4	252	229
	8,732	10,039	12,334	17,381	17,779	12,451

SPECIALIST SERVICES

Attendances at Clinics

				Total Attendance	City	County	Dun Laoghaire
O.P.D. Service (including E.C.G. & E.E.G.)	1961/62	.....	.....	268,089	210,905	28,971	28,213
	1962/63	.....	.....	280,067	225,265	28,453	26,349
	1963/64	.....	.....	291,875	231,838	34,832	25,205
	1964/65	.....	.....	308,885	249,266	36,193	23,426
	1965/66	.....	.....	312,518	248,552	36,509	27,457
Radiology	1961/62	.....	.....	77,663	61,575	7,571	8,417
	1962/63	.....	.....	82,560	65,552	8,673	8,365
	1963/64	.....	.....	85,373	68,591	8,552	8,230
	1964/65	.....	.....	91,283	73,664	10,696	6,923
	1965/66	.....	.....	99,575	78,633	10,814	10,128
Pathology	1961/62	.....	.....	122,293	101,710	13,224	7,289
	1962/63	.....	.....	151,952	123,322	19,224	9,406
	1963/64	.....	.....	186,720	152,234	24,278	10,208
	1964/65	.....	.....	219,247	176,930	25,690	16,627
	1965/66	.....	.....	241,819	198,872	31,220	11,727