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DEVON COUNTY COUNCIL

(MEDICAL DEPARTMENT).



ANNUAL REPORT

OF THE

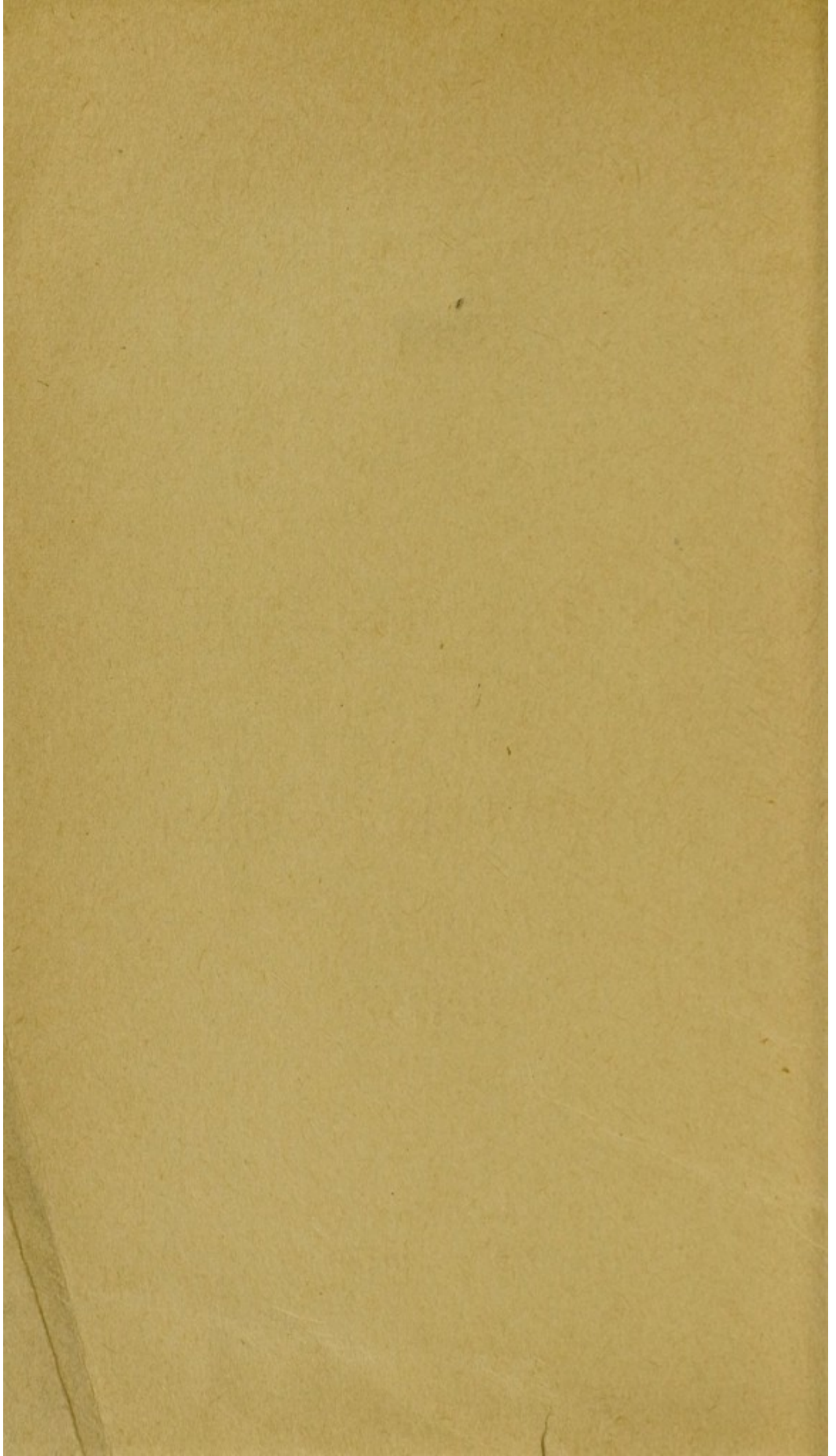
County Medical Officer

FOR THE YEAR

1937

EXETER :

BEARNE & EVANS, 43, SIDWELL STREET.



DEVON COUNTY COUNCIL

(MEDICAL DEPARTMENT).



ANNUAL REPORT

OF THE

County Medical Officer

FOR THE YEAR

1937

EXETER

BEARNE & EVANS, 43, SIDWELL STREET.

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4, BARNFIELD CRESCENT,
EXETER.

July, 1938.

To the Chairman, Aldermen, and
Members of the Devon County Council.

MR. CHAIRMAN, MY LORDS,
LADIES AND GENTLEMEN,

I have the honour to present my ninth Annual Report upon the Public Health of the County of Devon.

The Report conforms as far as possible with the requirements of the Ministry of Health and should be read in conjunction with my Survey Report for 1936.

The Maternal Mortality Rate, 3.2 per 1,000 live births is the lowest recorded, with the exception of the year 1922. The rate for 1936 was 3.3 per 1,000. There has been an increase in the Infant Mortality Rate, 51.6 per 1,000 births compared with 47.7 for 1936. The rate for England and Wales was 58.

The Birth Rate, 12.2 per 1,000 population, is slightly lower than for 1936, 12.4, and the Death Rate is 11.0 per 1,000 population compared to 10.4 for last year.

The largest number of deaths was again from Heart and Circulatory Diseases, 2196. Deaths from Tuberculosis numbered 292, compared to 288 for 1936. Cancer deaths numbered 850 being 1 more than for last year. There were 302 deaths from Influenza compared to 66 for 1936.

The amount of work done at the County Laboratory still continues to increase, the number of specimens examined being 16,729 compared to 14,472 in 1936 and 13,837 in 1935.

During the latter part of the year an extensive outbreak of Bacillary Dysentery occurred in the County. Further reference to this is made under "Bacteriology."

An outbreak of Infantile Paralysis occurred during the last quarter of the year. A special statement on this is embodied in the Report.

A Health Service Campaign was started by the Minister of Health in October and on the instruction of the Public Health Committee I have prepared a booklet setting out the Health Services provided in the Administrative County of Devon. A copy of this is being circulated to all County Councillors. A poster showing certain local health services was distributed to every Post Office and Sub-Post Office in the County for public display.

I again take this opportunity of expressing my appreciation of the loyal co-operation and work of all members of my staff.

I have the honour to be,

Your obedient Servant,

L. MEREDITH DAVIES.

INTRODUCTION.

One is often asked whether the money spent on the Health Services is worth while. It is difficult, if not impossible, to assess with accuracy the value of the Health Services, as one cannot measure health in recognised units. "Health means more than not being ill." Comparisons based on the incidence of diseases and on mortality rates are inadequate since the prevention of specific diseases and the reduction of the death rates are not the only functions of a Health Service. Of equal importance is the maintenance of a certain standard of health so that the individual may be of service to the community and not a burden.

Statistics show how, generally speaking, the mortality and incidence of disease have decreased (see page 7). To assert that this is due to a particular branch of the work would be misleading. The improvement is due to a combination of factors, such as better environment, a higher standard of living, a knowledge of the causation and treatment of disease and a general health conscience.

Owing to the differences in local circumstances and the great variation in standards of progress, comparisons of expenditure between one Authority and another are equally misleading. In sparsely populated districts like Devon, the largest administrative county, administration will inevitably be more difficult and more expensive than in smaller and densely populated areas. Larger staffs must be employed to deal with smaller groups of individuals, and the amount of travelling is increased.

* "In 1910 the social services of the State (insurance, pensions, education, health, housing, poor relief, lunacy) involved a total expenditure of £55,000,000, but in 1934 this had risen to the enormous figure of £427,000,000. No other nation in the world is providing out of current revenue, social and health services on this scale.

In 1933, there was lost to the Nation through sickness of insured persons in benefit, the equivalent of 12 months work of 558,000 persons."

Public Health is the youngest of the social services and is consequently in a stage of development which must result in increasing expenditure. The School Medical

* Annual Report, Ministry of Health.

Service was started at the end of 1908, while the Maternity and Child Welfare Act came into force in 1916. The County Council undertook the responsibility for the diagnosis and treatment of Tuberculosis in 1913. Vaccination and Infant Life Protection were transferred by the Local Government Act to the County Council in 1929. By the Milk (Special Designations) Order, 1936, the issuing of licences for the production and bottling on the premises of all designated milks became the duty of County and County Borough Councils. The Housing (Rural Workers) Act came into force in 1926.

† "On this account it is economically unsound to take a narrow or immediate view on health expenditure, because £1 of new expenditure at a strategic point, although apparently difficult to "afford," may well save several pounds worth of existing expenditure already falling at some remote point on say public assistance or private incomes, or as a charge on industry."

The standard of hospital accommodation provided by the County Council is low. For the treatment of Tuberculosis private houses have been acquired and adapted. These are quite unsuited for the treatment of sick persons, and their use should not be perpetuated.

Adequate medical, dental and nursing staffs should be provided and I anticipate increasing expenditure until the health services are fully developed.

Some of the more urgent requirements are:—

1. The provision and maintenance of new County Hospitals at Exeter, Okehampton and Bideford.
2. The erection of a nurses' training home at Newton Abbot.
3. The provision by the Plymouth City Council of 30 hospital beds for South Devon.
4. The appointment of one additional dental surgeon and nurse.
5. The appointment of two additional Health Visitors.
6. The erection of a new Tuberculosis Hospital in place of Ivybank.
7. The erection of a new County Laboratory.
8. The provision of additional accommodation for mental defectives.

9. The equipment of the new building and Nurses' Home at Hawkmoor.
10. The provision of a new X-Ray plant and U.V.R. lamps at Hawkmoor.

The following extracts from the Ministry of Health Reports indicate the general improvement in the Public Health of the Country as a whole:—

“The general death rate, the infant and child mortality rates, and the particular death rates for measles, whooping cough, tuberculosis, diphtheria, typhoid, scarlet fever, small-pox, syphilis, and rickets have steadily declined for a generation past; and while it is obviously true that many other diseases have not declined in incidence or mortality, the evidence set out in the Report indicates that, generally speaking, the high standard of national health continues to be maintained.”

In 1901-10 the Infant mortality rate was 128, in 1936 it was 59 per thousand live births. In 1936, 35,425 infants died under one year of age. If the 1901-10 mortality rate had obtained in 1936, 77,477 infants would have died in the latter year. There has, therefore, been a saving to the country of about 42,000 lives of the newly born.

In 1926-32 the mortality at each single year of life between 1 and 5 was less than one quarter of the mortality in 1861-70.

In children of school age, 5-10, 10-15, the rates of mortality in 1910 were 3.0 and 1.9 per thousand, in 1936 they were 2.0 and 1.2, improvements of nearly 33 and 37 per cent in each case.

In young adults 18-25, improvement has been less striking, but at ages from 25 to 65 it has been great.

In the physical prime of life, the age group 25-35, the male rate of mortality in 1910 was 4.7; in 1936 it was 3.0, an improvement of nearly 36 per cent.

The death rate of Infectious diseases in 1936 was one tenth that of 1881.

The Tuberculosis death rate of 1936 was one quarter that of 1881, while the incidence of Tuberculosis has been halved since 1913.

The infant death rate from syphilis in 1912 was more than 8 times that of 1936.

In 1936 the chief causes of death in England and Wales were:—

Heart and Circulation ...	311	per thousand deaths.
Cancer ...	134	” ” ”
Respiratory Disease ...	102	” ” ”
Nervous System ...	82	” ” ”
	<hr/>	
Total ...	629	
	<hr/>	

The following information applies to the Administrative County of Devon:—

The General Death Rate.

While there was a considerable drop in the crude general death rate between 1900 and 1908, since 1908 the figure has remained almost stationary, viz., 13.6. As a means of determining the comparative healthiness of two or more districts the crude death rates are almost valueless. The Registrar-General issues comparability factors for adjusting Local Death Rates. The factors represent the extent to which the ordinary crude death rates should be modified in order to provide a valid mortality comparison as between one population and another, the reason for the modification being that the populations of all areas are not similarly constituted as regards the proportions of their sex and age groups components. The adjusted death rate for Devon in 1936 was 10.4 compared with 12.1 for England and Wales.

Between 1912 and 1936 there has been a great reduction in the number of deaths of all age groups up to 45 years. The number of deaths, however, has increased in the age groups 45-65 and 65 and over.

On studying the figures of the 1911, 1921 and 1931 Census it will be seen that the populations of the age groups have changed considerably. The age group 0-45 years shows a big reduction, while the populations in the age groups 45-65 and 65 and over show big increases. These changes in populations are shown in the following table:—

Age Group.	1911.	1921.	1931.
0-45	333,286*	297,469	294,395
45-65	86,728*	100,594	112,438
65 and over	37,317*	41,933	51,924

* Includes Heavitree and Stonehouse Urban Districts, now included in the County Boroughs of Exeter and Plymouth.

It is not possible to give the death rates in the different age groups for 1911, but the following table compares the rates for the years 1921 and 1931:—

<i>Age Group.</i>	1921.	1931.
0-45	4.9	4.2
45-65	11.6	12.5
65 and over	65.2	65.7

The chief causes of death were, in order of mortality, heart and circulation, cancer, and respiratory diseases. In each of these groups most deaths occurred at 45 years and over. Of the 725 deaths from cancer in 1931, 688, or 94.8 per cent occurred over the age of 45. The cancer death rate per 1,000 of the population over 45 was 4.1.

It is well known that a large number of persons come to Devon to retire or on account of ill health. It is not surprising, therefore, that the number of deaths in the middle age group has increased.

Infant Mortality.

In 1900 the number of deaths of children under 1 year per 1,000 live births was 114. In 1935 the number was 43. This represents a saving of 408 infant lives in the year.

Infectious Diseases,

Deaths from the Principal Infectious Diseases in 1900 were 10 times more than in 1935. The number of notified cases of scarlet fever, diphtheria and enteric fever in 1908 was 1,333, and in 1936 this number was 624, less than half. It is not possible to compare the incidence of measles and whooping cough, as these diseases are not notifiable, but the number of deaths from measles in 1908 was 50 compared to 3 in 1936, and from whooping cough, 70 compared to 13.

Tuberculosis,

The death rate from Tuberculosis in 1908 was 1.38, in 1936 this was reduced to 0.6—less than half. It should be noted that of the deaths which occurred from Tuberculosis during 1936, 41 per cent were not natives of the County but came to Devon on account of ill health. The notifications of Tuberculosis per 1,000 of the population in 1936 was 0.99 compared with 1.25 for England and Wales.

STAFF OF THE MEDICAL DEPARTMENT.

(A) Whole Time Officers.

County Medical Officer.

- L. Meredith Davies, M.A., M.D., B.Ch. (Oxon), D.P.H. (Oxon), M.R.C.S. (Eng.), L.R.C.P. (Lond.).

Deputy County Medical Officer.

- J. Liddell Dunlop, M.D., Ch.B. (Glas.), D.P.H., D.T.M.&H. (Camb.).

Tuberculosis Officers.

- E. Ward, M.A., M.D., B.Ch. (Camb.), F.R.C.S. (Eng.)
Also M.O. of Whitecliff Hospital.
Colin J. Galbraith, M.B., B.S. (Lond.), D.P.H. (Lond.),
M.R.C.S. (Eng.), L.R.C.P. (Lond.). Also M.O. of
Ivybank Hospital.
A. J. McMillan, M.R.C.S. (Eng.), L.R.C.P. (Lond.). Also
M.O. of Sydney House.

Hawkmoor Sanatorium.

(MEDICAL SUPERINTENDENT.)

- R. L. Midgley, M.D., B.S., M.R.C.P. (Lond.).

(HOUSE SURGEON.)

- J. F. E. Johnson, M.B., Ch.B. (Manchester) Resigned
30.6.37.
O. H. Swede, M.B., Ch.B. (Apptd. 1.7.37) Resigned
31.10.37.
T. A. Shaw, M.B., B.S. (Apptd. 28.10.37.).

County Bacteriologist.

- T. Lawson McEwan, B.Sc., M.B., Ch.B., D.P.H. (St. Andrew), F.I.C.

County Psychiatrist.

- Alice Cox, M.D., Ch.B. (Glas.).

School Ophthalmic Surgeons.

- J. L. Wilson, B.A., M.B. (Toronto), M.C.P.S. (Ont.)
Retired 31.8.37.
M. L. Foxwell, M.R.C.S. (Eng.), L.R.C.P. (Lond.),
D.P.H. (Lond.).
W. G. Hutton, B.A., M.R.C.S. (Camb.), L.R.C.P. (Apptd.
30.8.37.).

Assistant County Medical Officers.

(COMBINED APPOINTMENTS.)

Newton Abbot Area—

W. H. Scott, M.C., M.R.C.S. (Eng.), L.R.C.P. (Lond.),
D.P.H. (Brist.).

Okehampton Area—

E. D. Allen Price, M.B., Ch.B. (Birm.), D.P.H.
(Birm.).

Plympton Area—

W. C. Smales, D.S.O., O.B.E., M.R.C.S. (Eng.),
L.R.C.P. (Lond.), D.P.H. (R.C.S.I.).

St. Thomas Area—

W. J. Doyle, M.B., B.Ch., B.A.O., L.M., B.Sc.
(Public Health), D.P.H.*Assistant County Medical Officers.*

Barnstaple Area—

F. M. Rhodes, M.R.C.S. (Eng.), L.R.C.P. (Lond.),
D.P.H. (Lond.).

Tiverton Area—

R. A. Hosegood, L.R.C.P., L.R.C.S. (Edin.).

Paignton Area—

E. M. Davies, M.B., B.Ch., B.Sc. (Wales), M.R.C.S.
(Eng.), L.R.C.P. (Lond.), D.P.H. (R.C.P. & S.).

Honiton Area—

H. Mackenzie Wintle, M.R.C.S., L.R.C.P., D.P.H.
(Apptd. 1.9.37) (Addl).*School Dental Surgeons.*

Barnstaple Area—R. J. Inder, L.D.S. (Eng.).

Honiton Area—J. M. Raymont, L.D.S. (Eng.).

Holsworthy Area—A. G. Smith, L.D.S. (Eng.).

Newton Abbot Area—J. E. B. Smith, L.D.S. (Eng.).

Okehampton Area—B. J. Shapland, L.D.S. (Eng.).

Kingsbridge Area—H. J. Fooks, L.D.S. (Eng.).

Tavistock Area—R. J. Baker, L.D.S. (Eng.). (Retired
31.8.37.). W. R. Myers, L.D.S. (Eng.). (Apptd.
1.9.37.).

Tiverton Area—J. Fletcher, L.D.S. (Eng.).

Chief Veterinary Officer.

D. S. Barbour, M.R.C.V.S.

Assistant Veterinary Officers.

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

Barbara Hutton, M.R.C.V.S. (commenced 1.1.37). (Addl.)

Sanitary Inspector and Radiographer.

T. R. James, Cert. R.S.I., M.I.H.

Assistant Sanitary Inspector.

H. J. Brooks, Cert. R.S.I.

Inspector of Midwives and Chief Health Visitor.

Miss L. M. Brooker, 1, 2, 3 and 4.

Health Visiting Staff.

Area.	Name of Health Visitor.
Axminster—	Mrs. Rogers, 1.2.
Barnstaple U.—	Mrs. Armitage, 1.2.
Barnstaple R.—	Miss Edwards, 1.2.3.
Bideford—	Miss Lee, 1.2.4.
Crediton—	Miss O. Walters, 1.2.3.
Crownhill—	Miss Thompson, 2.4.
Dartmouth and Brixham—	Miss Rickman, 1.2.
Exmouth—	Miss Frayling, 1.2.
Honiton—	Mrs. Butler, 1.2.3.
Holsworthy—	Miss Mason, 1.2.3.
Ilfracombe—	Miss Caffyn, 1.2.3.
Kingsbridge—	Miss Sercombe, 1.2.3.
Newton Abbot U.—	Miss Parsons, 1.2.4.
Newton Abbot R.—	Miss M. Walters, 1.2.
Okehampton—	Miss Rata, 1.2.3.
Paignton—	Miss Bishop, 1.2.
Plympton—	Miss Honeywell, 1.2.3.
St. Thomas—	Miss James, 1.2.3.
St. Thomas West—	Miss Ellis, 1.2.
South Molton R.—	Miss Weeks, 1.2.3.
Tavistock—	Miss Stone, 1.2.3.
Tiverton—	Miss Ryall, 1.2.3.
Tiverton R.—	Miss Pester, 1.2.3.
Torrington R.—	Miss Goddard, 1.2.3.
Totnes U.—	Miss Acton, 1.2.
Totnes R.—	Miss Cottle, 1.2.3.

1—S.R.N.—State Registered Nurse.

2—S.C.M.—State Certified Midwife.

3—H.V.C.—Health Visitor's Certificate.

4—S.I.C.—Sanitary Inspector's Certificate.

Dental Attendants.

Barnstaple Area—Miss E. Longney.
 Holsworthy Area—Miss F. Featherstone.
 Honiton Area—Mrs. W. L. Wedgery.
 Newton Abbot Area—Mrs. W. Sabine.
 Okehampton Area—Mrs. A. M. Foley.
 Kingsbridge Area—Miss C. B. Golding.
 Tavistock Area—Miss E. D. Brown.
 Tiverton Area—Miss F. Mann.

(B) Part Time Officers.*Medical Officers in Charge of Maternity and Child Welfare Centres.*

H. C. Jonas (Barnstaple), M.D. (Lond.), M.B., B.S.,
 M.R.C.S., M.R.C.P. (Lond.).
 E. Pearson (Bideford), F.R.C.S. (Edin.), L.R.C.P.
 (Edin.).
 J. C. Dickinson (Braunton), M.R.C.S. (Eng.), L.R.C.P.
 (Lond.).
 A. Glen (Broadclyst), M.R.C.S. (Eng.), L.R.C.P. (Lond.).
 R. B. Thompson (Brixham), M.B., Ch.B. (Manch.).
 H. F. Hugo (Crediton), M.B., B.S. (Lond.).
 F. N. Adams (Crownhill), M.R.C.S., L.R.C.P. (Lond.).
 K. M. Purves (Chagford), M.B., Ch.B. (Edin.), F.R.C.S.
 (Edin.).
 W. H. Green (Dartmouth), M.R.C.S. (Eng.), L.R.C.P.
 (Lond.).
 C. Beesley (Exmouth), L.R.C.P., L.R.C.S. (Edin.),
 L.R.F.P.S. (Glas.), D.P.H. (Camb.).
 A. King (Ilfracombe), M.B., Ch.B. (Edin.).
 J. R. Hatfield (Ipplepen and Kingskerswell) M.R.C.S.
 (Eng.), L.R.C.P. (Lond.).
 G. C. MacVicker (Ipplepen and Kingskerswell), M.R.C.S.
 (Eng.), L.R.C.P. (Lond.).
 M. B. Dixey (Moretonhampstead), M.B., Ch.B. (Edin.).
 F. N. Sidebotham (Ottery St. Mary), M.D. (Camb.),
 B.Ch., M.R.C.S. (Eng.), L.R.C.P. (Lond.).
 Miss F. L. Morris (Paignton), O.B.E., M.D., B.S. (Lond.).
 Also M.O. Ante-Natal Clinic.
 J. J. Landers (Princetown), M.B., B.Ch., B.A.O., D.P.H.
 R. G. Michelmores (Sidmouth and Sidbury), M.R.C.S.
 (Eng.), L.R.C.P., B.S.

- W. H. Simonds (Slapton), M.R.C.S. (Eng.), L.R.C.P. (Lond.), M.B., B.Ch. (Camb.).
 P. H. Seal (South Molton), M.B. (Lond.), M.R.C.S., L.R.C.P. (Lond.).
 G. Lowe (Tiverton), M.B., Ch.B. (Liverpool), F.R.C.S. (Edin.).
 A. McDowell Davies (Totnes), M.R.C.S. (Eng.), L.R.C.P. (Lond.).

Medical Officer in Charge of Hawley Tuberculosis Hospital
 J. C. Dixey, B.A., M.B., B.Ch. (Oxon.).

Medical Officers in Charge of M.D. Institutions.

STOKE LYNE, EXMOUTH:

- C. Beesley, L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S. (Glas.), D.P.H. (Camb.).

WESTERN LODGE, CREDITON:

- W. H. Soady, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.

BOX HOUSE, AXMINSTER:

- A. D. Morton, B.A., M.B., B.Ch. (Camb.), M.R.C.S. (Eng.), L.R.C.P. (Lond.).

County Analyst.

T. Tickle (Exeter), B.Sc., F.I.C.

Medical Officers in Charge of Venereal Diseases Clinics.

- E. J. Hynes (Plymouth), F.R.C.S. (Edin.), L.R.C.P. (Lond.), D.P.H. (London).
 H. C. Jonas (Barnstaple), M.D. (Lond.), B.S., M.R.C.S., L.R.C.P. (Lond.).
 P. D. Warburton (Exeter), M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Sheffield).
 R. H. Robinson (Torquay), M.B., B.S. (Durh.).

Orthopaedic Surgeons.

- C. M. Kennedy, M.B.E., F.R.C.S. (Eng.), L.R.C.P. (Lond.).
 N. Capener, F.R.C.S. (Eng.), L.R.C.P. (London).

CHANGES OF DISTRICT MEDICAL OFFICERS (PUBLIC ASSISTANCE), PUBLIC VACCINATORS, AND VACCINATION OFFICERS DURING 1937.

District Medical Officers (Public Assistance)—

Appointments.	Resignations.
AXMINSTER-HONITON AREA—	
R. A. M. Humphrey 24.2.37	E. Tonge (deceased) 23.2.37.
BARNSTAPLE AREA—	
M. Killard-Leavey 1.1.37	C. Meaden, 31.12.37
HOLSWORTHY-OKEHAMPTON AREA—	
R. M. Forsayeth 1.10.37	D. N. Gibbs, 30.9.37
NEWTON ABBOT—	
J. C. Entrican 1.10.37	D. Cromie, 30.9.37
NEWTON ABBOT SCATTERED HOMES—	
J. Maitland Steele 1.12.37	J. J. Brown (deceased) 13.11.37
ST. THOMAS AREA—	
J. Carlton Heal 1.1.37	L. P. Black, 31.12.37
C. M. B. Case 30.12.37	H. Case, 29.12.37
TIVERTON—	
J. V. Mainprise 20.1.37	R. Sanderson
E. G. Morgan 1.11.37	F. G. L. Dawson, 31.10.37

Public Vaccinators—

Appointments.	Resignations.
BIDEFORD AREA—	
W. Ruddock 1.8.37	J. S. Grose, 31.7.37
HOLSWORTHY-OKEHAMPTON AREA—	
M. C. H. Kingdon 1.4.37	C. W. Evans, 31.3.37
S. J. Hadfield 1.9.37	E. Tonge, 23.2.37.
J. M. Lea 1.11.37	D. N. Gibbs, 31.10.37
NEWTON ABBOT AREA—	
J. C. Entrican 1.10.37	D. Cromie, 30.9.37
J. M. Harrisson 1.10.37	T. F. Arnott, 30.9.37
J. Maitland Steele 1.12.37	J. J. Brown (deceased) 13.11.37.

TAVISTOCK AREA—

J. M. Lea	1.11.37	D. N. Gibbs, 31.10.37
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TIVERTON AREA—

H. D. M. Miller	1.6.37	M. M. Lowsley, 31.5.37
E. G. Morgan	1.11.37	F. G. L. Dawson, 31.10.37

Vaccination Officers—

Appointments.

Resignations.

KINGSBRIDGE AREA—

H. S. Smith	1.4.37	B. O. Prettejohn (deceased) - .3.37
B. Davies	20.10.37	E. J. Chard (deceased) 15.5.37

LIST OF MEDICAL OFFICERS OF HEALTH.

District.	Name.	Date Report received.
URBAN.		
		1938
Ashburton ...	Dr. E. A. Ellis ...	8th July
Axminster ...	„ A. L. Crockford ...	14th June
Barnstaple ...	„ H. C. Jonas ...	17th June
Bideford ...	„ Ellis Pearson ...	29th June
Brixham ...	„ J. F. Falconer ...	16th July
Buckfastleigh ...	„ Sydney R. Williams ...	6th July
Budleigh Salterton ...	„ Clarence Beesley ...	11th June
Crediton ...	„ H. F. L. Hugo ...	28th May
Dartmouth ...	„ W. H. Green ...	4th July
Dawlish ...	„ W. H. Scott ...	24th June
Exmouth ...	„ U. M. Hopkins ...	24th June
Holsworthy ...	„ W. G. Gray ...	
Honiton ...	„ D. Steele-Perkins ...	9th June
Ilfracombe ...	„ D. C. Adam ...	27th June
Kingsbridge ...	„ W. C. Smales ...	17th July
Lynton ...	„ N. Anderman ...	
Newton Abbot ...	„ W. H. Scott ...	4th June
Northam ...	„ J. E. Francis ...	2nd June
Okehampton ...	„ E. D. Allen-Price ...	30th June
Ottery St. Mary ...	„ F. N. Sidebotham ...	30th May
Paignton ...	„ R. Julyan George ...	11th June
Salcombe ...	„ Daniel O. Twining ...	
Seaton ...	„ A. Kennedy ...	29th June
Sidmouth ...	„ E. L. Perry ...	9th July
South Molton ...	„ R. A. Nash ...	15th June
Tavistock ...	„ J. Leslie Watt ...	4th July
Teignmouth ...	„ F. Stanley L. Piggott ...	21st June
Tiverton ...	„ G. Nicholson ...	11th July
Torrington, Great ...	„ F. Pridham ...	14th July
Torquay ...	„ J. V. A. Simpson ...	25th June
Totnes ...	„ I. Jefferiss ...	11th June
RURAL.		
Axminster ...	Dr. A. L. Crockford ...	11th June
Barnstaple ...	„ J. R. Harper ...	17th June
Bideford ...	„ Leonard B. Betts ...	
Broadwoodwidge ...	„ E. G. Saunders ...	
Crediton ...	„ L. Powne ...	11th June
Holsworthy ...	„ W. G. Gray ...	
Honiton ...	„ D. Steele-Perkins ...	27th May
Kingsbridge ...	„ W. C. Smales ...	30th June
Newton Abbot ...	„ W. H. Scott ...	21st June
Okehampton ...	„ E. D. Allen-Price ...	24th June
Plympton St. Mary ...	„ W. C. Smales ...	
South Molton ...	„ W. G. Mortimer ...	4th June
St. Thomas ...	„ W. J. Doyle ...	2nd June
Tavistock ...	„ C. C. Brodrick ...	11th July
Tiverton ...	„ G. Nicholson ...	22nd June
Torrington ...	„ F. Pridham ...	7th June
Totnes ...	„ S. C. Jellicoe ...	8th July
PORT.		
Barnstaple ...	Dr. H. Sedgeley ...	
Dartmouth & Totnes ...	„ J. H. Harris ...	
Exeter ...	„ Clarence Beesley ...	
Kingsbridge & Salcombe ...	„ D. O. Twining ...	
Plymouth ...	„ T. Peirson ...	
Teignmouth ...	„ F. Stanley L. Piggott...	

LIST OF SANITARY INSPECTORS.

District.	Name.	Date Report received.
URBAN.		
1938		
Ashburton ...	A. Fallows, C.R.S.I.†	14th February
Axminster ...	W. H. Biggs, C.R.S.I.†	30th March
Barnstaple ...	A. E. Tucker, C.R.S.I.†	12th February
Bideford ...	John Ackland, C.R.S.I.†	9th February
Brixham ...	F. L. Godfrey, C.R.S.I.†	13th January
Buckfastleigh ...	Lionel M. Williams, C.R.S.I.†	6th January
Budleigh Salterton	John B. Holden, A.R.S.I.	4th April
Crediton ...	F. Johns, C.R.S.I.	4th March
Dartmouth ...	W. H. Jefford, C.R.S.I.†	10th March
Dawlish ...	S. F. C. Churchward, M.I.M. & C.E.	28th May
Exmouth ...	E. A. C. Long, C.R.S.I.†	5th February
Holsworthy ...	R. S. Davey, C.R.S.I.†	20th January
Honiton ...	John Wm. Jones, M.I.M. & C.E., M.R.S.I.	21st January
Ilfracombe ...	F. J. Saunders, C.R.S.I.†	4th January
Kingsbridge ...	E. Gellender, C.R.S.I.	16th February
Lynton ...	Alfred F. Gibbs, C.R.S.I.	3rd June
Newton Abbot ...	C. E. Pethick, C.R.S.I.†	11th February
Northam ...	Arthur Richards, M.S.I.A.	23rd March
Okehampton ...	R. A. Brunskill, C.R.S.I.	30th May
Ottery St. Mary ...	Ernest Rogers, M.I.M. & C.E., A.R.S.I.	28th January
Paignton ...	F. J. Thick, C.R.S.I.†	21st March
Salcombe ...	J. W. Stevens, M.I.M. & C.E., M.R.S.I.	9th May
Seaton ...	D. Rhys Price, M.R.S.I.	4th May
Sidmouth ...	S. T. Chard, C.R.S.I.†	23rd February
South Molton ...	H. Settle, C.R.S.I.	13th June
Tavistock ...	J. N. Singleton, M.I.M. & C.E., M.R.S.I.	5th February
Teignmouth ...	Norman S. Tucker, C.R.S.I.†	7th February
Tiverton ...	F. Langmead, C.R.S.I.†	25th March
Torrington, Great ...	R. W. C. Kingsley, C.R.S.I.†	13th January
Torquay ...	G. E. Body, C.R.S.I.†	15th February
Totnes ...	J. W. Smith, M.I.M. & C.E., C.R.S.I.	8th March
RURAL.		
Axminster ...	W. H. Biggs, C.R.S.I.†	14th March
Barnstaple ...	S. P. Smith, C.R.S.I.† A.M., Inst., B.E.	15th January
Bideford ...	Henry D. Dack	26th May
Broadwoodwidge ...	T. A. Judd, C.R.S.I.†	12th May
Crediton ...	E. Chell, C.R.S.I.	31st May
Holsworthy ...	E. A. Hooper, C.R.S.I.† appt. 6.12.37	15th January
Honiton ...	R. B. Bailey, C.R.S.I.†	24th May
Kingsbridge ...	R. B. Bailey, C.R.S.I.† (resigned)	24th May
Newton Abbot ...	A. Gray, C.R.S.I.	25th April
Okehampton ...	L. R. Chapman, C.R.S.I.†	2nd March
Plympton St. Mary ...	R. T. Fedrick, C.R.S.I.†	29th April
South Molton ...	A. G. Oxland, C.R.S.I.	3rd March
St. Thomas ...	W. T. Hawker, M.I.M. & C.E., C.R.S.I.	2nd March
Tavistock ...	Thos. Hy. Harris, C.R.S.I.†	22nd June
Tiverton, No. 1 ...	W. Kemp, C.R.S.I.†	8th July
Tiverton, No. 2 ...	A. J. Dennis, C.R.S.I.†	7th April
Tiverton, No. 3 ...	W. P. Roberts, C.R.S.I.†	7th April
Torrington ...	G. Knapman, C.R.S.I.	9th February
Totnes ...	A. F. Steele, C.R.S.I.†	—

† Meat Inspector's Certificate.

GENERAL TABLE I.

RATES PER 1,000 POPULATION.

District.	Populations (Estimated mid 1937)	Deaths			Principal Infectious Diseases Deaths.		Tuberculosis Deaths.		Cancer Deaths.		Heart and Circulatory Diseases.		Nephritis.		Respiratory Diseases.	
		No.	Crude Rate	Correct'd Rate	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
URBAN.																
Ashburton	2436	38	15.5	12.2	...	...	4	1.6	3	1.2	15	6.1	1	.4	4	1.6
Axminster	2333	37	15.8	12.7	...	...	3	1.2	4	1.7	8	3.4	2	.8	5	2.1
Barnstaple	14710	223	15.1	12.0	1	.06	9	.6	21	1.4	72	4.8	5	.3	21	1.4
Bideford	9361	130	14.5	11.1	1	.1	4	.4	16	1.7	56	5.9	3	.3	7	.7
Brixham	8212	131	15.9	12.7	3	.3	8	.9	22	2.6	25	3.04	8	.9	10	1.2
Buckfastleigh	2447	33	13.4	10.5	...	...	...	...	5	2.04	15	6.1	...	...	4	1.6
Budleigh Salterton	3334	54	16.1	11.4	...	...	...	...	10	2.9	18	5.3	3	.8	3	.8
Crediton	3718	54	14.5	11.2	...	...	...	...	8	2.1	18	4.8	2	.5	5	1.3
Dartmouth	5911	74	12.5	11.2	...	...	...	...	1	.1	30	5.09	4	.6	3	.5
Dawlish	5390	97	17.9	12.7	...	...	...	...	7	1.1	39	7.2	4	.7	12	2.2
Exmouth	15260	248	16.1	10.7	1	.06	6	.3	36	2.3	93	6.09	9	.5	19	1.2
Great Torrington	2794	40	14.3	11.0	...	...	...	...	5	1.7	16	5.7	2	.7	3	1.07
Holworthy	1342	19	14.1	11.5	...	...	...	...	7	5	7	5.2	1	.7	2	1.4
Honiton	3192	44	13.7	10.8	...	...	...	...	7	2.1	12	3.7	2	.6	3	.9
Ilfracombe	8328	129	15.4	10.6	1	.1	4	.4	21	2.5	55	6.6	1	.3	1	1.08
Kingsbridge	3032	48	15.8	11.3	...	...	...	...	6	1.9	14	4.6	1	.3	1	1.09
Lyton	1823	28	15.3	12.8	...	...	...	...	9	4.9	5	5.8	5	.3	27	1.8
Newton Abbot	14660	229	15.6	11.3	3	.2	9	.6	31	2.1	86	5.8	2	.3	8	1.5
Northam	5270	74	14.04	11.3	...	...	...	...	13	2.4	28	5.3	1	.2	3	.8
Okehampton	3587	46	12.8	10.7	1	.2	3	.8	7	1.9	16	4.4	...	...	5	1.4
Ottery St. Mary	3564	62	17.3	13.3	...	...	...	...	5	1.4	23	6.4	...	...	25	1.1
Paignton	21400	336	15.7	11.6	6	.2	14	.6	48	2.2	124	5.7	9	.4	3	1.3
Salcombe	2229	30	16.1	11.2	...	...	...	...	5	2.2	15	6.7	...	...	1	.4
Seaton	2481	21	8.4	5.7	1	.4	2	.8	2	.8	8	3.2	...	...	8	.9
Sidmouth	8337	129	15.4	11.3	...	...	...	...	20	2.3	42	5.03	4	.4	3	1.07
South Molton	2795	34	12.1	9.19	1	.3	2	.7	4	1.4	11	3.9	...	...	3	1.9
Tavistock	5540	85	15.3	10.8	...	...	...	...	11	1.9	31	5.5	5	.9	11	1.8
Teignmouth	9774	169	17.2	11.6	...	...	...	...	26	2.6	58	5.9	1	.1	18	1.0
Tiverton	9880	122	12.3	9.7	...	...	...	...	15	1.5	44	4.4	10	.1	10	1.3
Torquay	44630	664	14.8	11.2	7	.1	32	.7	110	2.4	234	5.2	21	.4	59	1.3
Totnes	4627	59	12.7	9.6	...	...	...	...	9	1.9	19	4.1	1	.2	4	.8
URBAN	232400	3499	15.0	11.2	26	.1	154	.6	497	2.1	1237	5.3	109	0.4	298	1.2
RURAL.																
Axminster	10090	142	14.07	10.8	2	.1	9	.8	21	2.0	48	4.7	5	.4	8	.7
Barnstaple	18760	262	13.9	10.7	3	.1	7	.3	23	1.2	102	5.4	5	.2	23	1.2
Bideford	5030	47	9.3	7.5	...	...	...	...	7	1.3	12	2.3	2	.3	5	.9
Broadwoodwidge	1995	26	13.0	11.8	...	...	...	...	6	3.0	5	2.5	1	.5	2	1.0
Crediton	9426	144	15.2	11.8	1	.1	6	.6	17	1.8	52	5.5	5	.5	14	1.6
Holworthy	6247	81	12.9	10.5	...	...	...	...	9	1.4	26	4.1	...	...	10	1.1
Honiton	6784	93	13.7	10.8	1	.1	5	.7	11	1.6	24	3.5	3	.4	8	1.1
Kingsbridge	10580	155	14.6	11.2	3	.2	6	.5	22	2.0	50	4.7	1	.09	21	1.9
Newton Abbot	21490	316	14.7	11.9	2	.09	22	1.0	32	1.4	107	4.9	11	.5	37	1.7
Okehampton	11800	150	12.6	10.2	2	.1	2	.7	20	1.6	48	4.0	2	.1	13	1.09
Plympton St. Mary	33840	426	12.5	10.0	1	.03	19	.6	71	2.09	119	3.5	21	.6	35	1.05
St. Thomas	29230	368	12.5	10.0	1	.03	6	.6	17	1.8	48	5.2	2	.2	22	2.4
South Molton	9113	137	15.0	12.4	...	...	...	...	6	2.0	50	3.6	7	.5	24	1.7
Tavistock	13870	191	13.7	11.3	1	.07	9	.6	28	2.0	77	4.0	10	.5	17	.8
Tiverton	19130	251	13.1	10.7	5	.2	7	.3	39	1.3	37	4.9	...	...	7	.9
Torrington	7495	100	13.3	10.6	1	.1	3	.4	10	1.4	47	3.7	3	.2	9	.7
Totnes	12430	143	11.5	8.9	1	.08	7	.7	18	1.4	47	3.7	...	...	...	...
RURAL	227400	3032	13.3	10.7	25	.1	138	.6	398	1.7	959	4.2	92	.4	296	1.3
ADMINISTRATIVE COUNTY	459800	6531	14.2	11.0	51	.1	202	.6	895	1.9	2196	4.7	201	.4	594	1.2

CHANGES IN GENERAL PROVISION OF HEALTH SERVICES.

Maternity and Child Welfare Centres.

The number of centres provided or subsidised by the County Council was 39. New centres were opened at Sidbury and Princetown.

CHIEF VITAL STATISTICS.

The following is a brief summary of the chief vital statistics for the year 1937.

*Births.

5,610 were registered, corresponding to a birth rate of 12.2 per 1,000 population.

†General Mortality.

6,531 deaths occurred from all causes, giving a crude death rate of 14.2 per 1,000 population. The adjusted rate being 11.0 per 1,000 population, compared to 12.4 for England and Wales.

*Infantile Mortality.

The number of deaths under one year amounted to 290, which corresponds to a rate of 51.6 per 1,000 births, compared to 47.7 for 1936.

*Maternal Mortality.

18 deaths occurred as a result of child birth, giving a rate of 3.2 per 1,000 live births, or 3.0 per 1,000 total births (live and still).

* (Further reference is made under the Maternity and Child Welfare section of the report).

† (Further reference is made later under "General Mortality.")

GENERAL STATISTICS.

Area.

The area of the Administrative County is 1,660,948 acres. It is divided into 31 Urban Districts and 17 Rural Districts.

Population.

In the Census Returns for 1931 the population of the Administrative County is given as 458,664, an increase of 18,668 over that given in the Census Returns for 1921. The estimated population given by the Registrar-General for mid 1937 was 459,800.

Rateable Value.

The rateable value of the administrative county for General Purposes is £3,106,880. A penny rate produces £12,800.

General Mortality.

The Registrar-General issues comparability factors for adjusting Local Death Rates. The factors represent the extent to which the ordinary crude death rates should be modified in order to provide a valid mortality comparison as between one population and another. The reason for the modification being that the populations of all areas are not similarly constituted as regards the proportions of their sex and age group components.

The result of applying these factors in the Administrative County will be seen in Table I, where the crude and adjusted death rates are shown for each of the Urban and Rural Districts, and in the table below, where it will be observed that whereas the crude rate for the County is 14.2 the adjusted rate for the County is 11.0, compared with 12.4 for England and Wales.

The total number of deaths registered during the year was 6,531 (urban 3,499, rural 3,032), compared with 6,192 for 1936.

The following table shows the crude and adjusted death rates in the Administrative County, compared to the rates for England and Wales, for the last 5 years.

Year	.....	.....	.....	1933	1934	1935	1936	1937
Crude rate	.....	.....	.....	13.3	13.5	13.1	13.4	14.2
Adjusted rate	.....	.....	.....	10.3	10.4	10.2	10.4	11.0
England and Wales	.....	.....	.....	12.3	11.8	11.7	12.1	12.4

Table I shows the number of deaths, with death rates per 1,000 population, from some of the more important diseases in each Urban and Rural District of the Administrative County. In the Urban Districts the highest general

death rate was in Ottery St. Mary (13.3), and the lowest Seaton (5.7). In the Rural Districts the highest death rate was South Molton (12.4), and the lowest Bideford (7.5). For the combined Urban Districts the death rate was 15.0, and for the combined Rural Districts 13.3, the adjusted rates being 11.2 and 10.7 respectively.

Tables X and XI at the end of this report show the distribution and causes of deaths in the several districts, and the causes of death at different periods of life in the administrative County for the year 1937.

Cancer.

During the year 1937 there were 895 deaths from Cancer (394 males and 501 females), corresponding to a death rate of 1.9 per 1,000 of the population, compared with 894 and 1.9 for the year 1936. Of the 895 deaths, 94.5 per cent. occurred in persons aged 45 and over.

The death rate in the combined Urban Districts was 2.1 compared with 1.7 for the combined Rural Districts.

The following table shows the death rates for the last ten years:—

Districts.	Rates per 1000 of population.									
	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Urban	1.7	1.8	1.8	1.6	2.0	1.9	1.9	2.2	2.1	2.1
Rural	1.4	1.5	1.5	1.5	1.6	1.6	1.8	1.8	1.7	1.7
Administrative County ...	1.6	1.7	1.7	1.6	1.8	1.8	1.9	2.0	1.9	1.9

The County Council have no specific agreements, but arrangements exist whereby patients can receive treatment at the Royal Devon and Exeter Hospital, Exeter, Prince of Wales Hospital, Plymouth, and Torbay Hospital, Torquay. These hospitals have facilities for diagnosis and treatment.

Infectious Diseases.

In the Administrative County there were 51 deaths from the principal Infectious Diseases, which corresponds to a rate of 0.1 per 1,000 of the population. The rates for the Urban and Rural Districts were the same, viz., 0.1.

Heart and Circulatory Diseases.

In the Administrative County there were 2,196 deaths from Diseases of the Heart and Circulatory System (1,066 males and 1,130 females), corresponding to a death rate of 4.7 per 1,000 of the population compared with 2,090 and 4.5 in 1936. Of these, 1,237, 5.3 per 1,000, occurred in the combined Urban Districts, and 959, 4.2 per 1,000, occurred in the combined Rural Districts.

In Table (I) will be found the number of deaths and death rates from these diseases for the several districts of the County.

Nephritis.

In the Administrative County there were 201 deaths from Acute and Chronic Nephritis (101 males and 100 females), corresponding to a death rate of 0.4 per 1,000 of the population compared with 233 and 0.5 in 1936. Of these 109 (0.4 per 1,000) occurred in the combined Urban Districts and 92 (0.4 per 1,000) occurred in the combined Rural Districts.

In Table (I) will be found the number of deaths and death rates from this disease for the several districts of the County.

Respiratory Diseases.

(Bronchitis, Pneumonia and other Respiratory Diseases). There were 594 deaths (323 males and 271 females) from these diseases in the Administrative County or a death rate of 1.2 per 1,000 of the population, compared with 536 and 1.1 for 1936. In the combined Urban Districts there were 298 deaths (1.2 per 1,000) and in the combined Rural Districts 296 (1.3 per 1,000).

Table (I) shows the number of deaths and the death rate for each district of the County.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

Small-Pox.

There were no cases of Small-Pox reported in the County; 4 cases were reported for the whole of England and Wales.

The Table facing this page gives an analysis of the Vaccination Officers' Returns to the Registrar-General. This Table refers chiefly to children born in the year 1936 (columns 2 to 11).

Of these children, 36.4 per cent. were successfully vaccinated and in respect of 50.4 per cent. vaccination was refused on account of "Conscientious Objection" by the parents, compared to 39.6 per cent. and 49.1 per cent. respectively for the previous year.

The Table shows the effect of the Vaccination Acts in the several districts of the Administrative County during 1937.

Encephalitis Lethargica.

5 cases were notified under the Notification Act and Regulations, and 8 deaths were reported, compared with 4 and 9 respectively for 1936.

Scarlet Fever.

There were 786 cases notified, with 6 deaths (Urban 4, Rural 2), during the year, compared with 434 cases with 2 deaths for the previous year. Cases were reported in all but 6 of the sanitary districts.

The largest number of cases occurred in Bideford Urban (191 cases), Torquay (94 cases), Paignton (53 cases), and St. Thomas Rural (53 cases).

Diphtheria.

There were 181 cases, with 16 deaths, reported during the year, compared with 160 cases, with 10 deaths, for the previous year. The largest number of cases occurred in Torquay (36), Plympton St. Mary (23), and Newton Abbot (20).

Control of Diphtheria by Immunisation.

Schemes providing facilities for the immunisation of school children and poor persons, free of charge, are in operation in most districts in the county.

Typhoid Fever.

There were 29 cases, with 5 deaths, notified during the year, compared with 30 cases and 2 deaths for the previous year. The disease was notified in 13 (Urban 7, Rural 6) of the 48 sanitary districts.

Measles.

As Measles is not a notifiable disease it is not possible to give the number of cases which occurred in the County, but during the year 1,118 cases and contacts were excluded from school on account of this disease, compared to 3,203 for 1936, and 6 schools were closed. 5 deaths were registered, compared with 3 for the previous year, and 9 for 1935.

Whooping Cough.

There were 16 deaths during the year, compared with 13 for the previous year. School notification is at present the only means of arriving at any possible idea of its prevalence. There were 4 schools closed on account of this disease and 986 patients and contacts were excluded from attendance at school, compared to 958 for 1936.

Diarrhoea.

There were 11 deaths (Urban 3, Rural 8) of children under two years of age registered during the year, compared with 15 for the previous year. Deaths were reported in 3 of the Urban and in 6 of the Rural areas.

Influenza.

There were 302 deaths (Urban 157, Rural 145) registered during the year, compared with 66 for the previous year and 57 for 1935.

Pneumonia.

There were 432 cases of Pneumonia notified during the year. This serious disease caused * 300 deaths (Urban 153, Rural 147), compared with 259 for the previous year and 207 for 1935.

* The deaths include both notifiable and non-notifiable cases.

Puerperal Fever and Pyrexia.

56 cases were notified under the 1926 Regulations, compared with 61 for the previous year. There were ~~44~~ deaths

4

TABLE II

Return respecting the Vaccination of Children whose births were registered from 1st January to 31st December, 1936.

GUARDIANS COMMITTEE AREAS.	No. of Births on Lists.	No. of these Births duly entered in Vaccination Register by 31st Jan., 1938.					No. of these Births unentered Vac. Reg. on 31-1-38.			No. of these Births unaccounted for in Cols. 3 to 10.	Total No. of certif. of primary Vaccination of children under 14 received in 1937.	No. of Statutory Declarations of Conscientious Objection received in 1937.
		Successfully Vaccin.	Insusceptible of Vaccin.	Had Small Pox	Conscientious Objections received.	Died Unvaccinated	Postponed by Med. Certif.	Removed elsewhere and Vac. Officer apprised.	Removed to place unknown.			
I	2	3	4	5	6	7	8	9	10	11	12	13
Axminster ..	172	76	..	..	60	7	2	6	3	18	75	67
Barnstaple ..	595	81	1	..	428	19	29	8	19	10	65	384
Bideford ..	232	48	..	..	150	6	1	1	6	20	37	135
Crediton ..	157	94	..	..	56	2	2	2	1	..	96	66
Holsworthy ..	107	29	..	..	72	2	1	..	1	2	28	67
Honiton ..	231	107	2	..	101	1	5	2	7	6	108	108
Kingsbridge ..	168	78	..	..	29	7	1	51	..	2	78	37
Newton Abbot ..	1157	327	1	..	715	54	5	11	32	12	324	686
Okehampton ..	206	96	2	..	82	6	1	..	10	9	63	69
Plympton ..	284	123	1	..	81	10	22	12	17	18	164	100
South Molton ..	146	49	3	..	85	8	1	..	..	..	46	96
St. Thomas ..	525	304	3	..	172	21	4	1	10	10	298	192
Tavistock ..	202	67	1	..	105	5	..	4	4	16	73	117
Tiverton ..	339	178	3	..	109	15	2	8	10	14	187	124
Torrington ..	105	29	..	..	65	4	..	..	7	..	16	48
Totnes ..	606	222	..	..	326	19	6	8	18	7	212	349
TOTALS ..	5232	1908	17	..	2636	186	82	114	145	144	1870	2645

TABLE II

Return resulting from vaccination of children for January to September

Year	Total	Males		Females	
		No.	Value	No.	Value
1911	100	50	50	50	50
1912	100	50	50	50	50
1913	100	50	50	50	50
1914	100	50	50	50	50
1915	100	50	50	50	50
1916	100	50	50	50	50
1917	100	50	50	50	50
1918	100	50	50	50	50
1919	100	50	50	50	50
1920	100	50	50	50	50
1921	100	50	50	50	50
1922	100	50	50	50	50
1923	100	50	50	50	50
1924	100	50	50	50	50
1925	100	50	50	50	50
1926	100	50	50	50	50
1927	100	50	50	50	50
1928	100	50	50	50	50
1929	100	50	50	50	50
1930	100	50	50	50	50
1931	100	50	50	50	50
1932	100	50	50	50	50
1933	100	50	50	50	50
1934	100	50	50	50	50
1935	100	50	50	50	50
1936	100	50	50	50	50
1937	100	50	50	50	50
1938	100	50	50	50	50
1939	100	50	50	50	50
1940	100	50	50	50	50
1941	100	50	50	50	50
1942	100	50	50	50	50
1943	100	50	50	50	50
1944	100	50	50	50	50
1945	100	50	50	50	50
1946	100	50	50	50	50
1947	100	50	50	50	50
1948	100	50	50	50	50
1949	100	50	50	50	50
1950	100	50	50	50	50

TABLE III.

1937.

NOTIFIABLE DISEASES.

(Notification Act, 1899, and Regulations).

DISTRICTS.	Scarlet Fever.		Diphtheria & Membranous Croup.		Enteric Fever		Pneumonia.		Puerperal Pyrexia (including Puerperal Fever)		Poliomyelitis		Cerebro-Spinal Fever.		Encephalitis Lethargica.		Ophthalmia Neonatorum.		Total.		
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
URBAN.																					
Ashburton ...	...	...	4	...	...	...	4	2	...	...	...	...	...	...	...	...	...	1	...	9	2
Axminster ...	10	...	...	...	...	...	10	3	2	...	...	...	...	...	...	...	...	...	...	22	3
Barnstaple ...	20	1	11	...	...	...	32	12	3	...	1	...	1	...	...	...	...	...	...	69	13
Bideford ...	191	...	...	...	1	...	10	1	1	...	...	...	...	...	...	...	...	...	...	203	1
Brixham ...	8	1	7	1	...	...	24	6	2	1	...	...	...	...	...	...	...	1	...	42	9
Buckfastleigh ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Budleigh Salterton ...	...	...	...	...	1	...	...	3	...	...	...	...	...	...	...	...	...	...	...	1	...
Crediton ...	8	...	...	...	...	...	4	4	1	...	1	...	...	...	2	...	...	...	...	14	6
Dartmouth ...	2	...	1	...	...	...	3	1	...	...	...	...	...	...	...	...	...	...	...	8	1
Dawlish ...	3	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	3	7
Exmouth ...	1	...	3	...	...	...	10	10	...	...	...	...	...	...	...	...	...	...	...	14	10
Holsworthy ...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	1	2
Honiton ...	3	...	7	...	...	...	5	1	...	...	...	...	...	...	...	...	...	...	...	16	2
Ifracombe ...	1	...	...	...	...	...	14	6	...	...	...	...	...	...	1	1	...	...	...	15	6
Kingsbridge ...	1	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	...	3	1
Lynton ...	1	...	...	...	...	...	5	2	...	...	...	...	...	...	...	...	...	...	...	6	2
Newton Abbot ...	7	...	4	2	...	...	3	7	5	1	1	...	...	...	...	...	...	...	...	20	11
Northam ...	15	...	...	...	...	...	5	6	...	...	...	...	...	...	...	...	...	...	...	20	6
Okehampton ...	1	...	...	1	...	...	2	1	1	...	...	...	...	...	...	...	...	...	...	4	2
Ottery St. Mary ...	...	...	3	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	4	...
Paignton ...	53	2	12	2	1	1	21	15	1	...	1	1	...	...	...	...	...	...	...	89	21
Salcombe ...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	1	2
Seaton ...	7	...	4	...	...	...	4	1	...	...	...	...	...	...	...	...	...	...	...	15	1
Sidmouth ...	7	...	1	...	1	...	6	5	1	1	...	...	...	...	...	...	...	...	...	17	6
South Molton ...	2	...	...	...	1	...	3	1	3	...	...	...	...	...	1	...	...	...	...	9	2
Tavistock ...	2	...	1	...	3	...	6	4	1	...	1	1	...	...	...	...	...	...	...	14	5
Teignmouth ...	1	...	6	...	1	...	20	8	...	...	...	...	...	...	...	...	...	...	...	28	9
Tiverton ...	5	...	1	...	...	...	13	4	3	...	1	...	...	...	...	...	...	...	...	23	4
Torrington ...	4	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	6	...
Torquay ...	94	...	36	3	4	...	39	37	13	3	3	1	...	...	2	1	4	...	...	195	45
Totnes ...	50	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	50	2
Totals ...	497	4	103	9	12	2	247	153	38	6	10	5	1	...	4	5	10	...	...	922	184
RURAL.																					
Axminster ...	25	1	3	...	1	...	8	4	...	...	...	...	...	...	...	...	...	...	...	37	5
Barnstaple ...	38	...	4	1	...	...	42	9	...	...	...	...	...	1	...	...	...	...	...	84	11
Bideford ...	11	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	12	2
Broadwoodwidge ...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	2	1
Crediton ...	11	...	3	...	...	...	25	8	2	2	...	...	...	...	...	...	...	...	...	41	11
Holsworthy ...	10	...	...	...	...	...	5	6	3	...	...	...	...	...	...	...	...	...	...	18	6
Honiton ...	12	1	1	...	...	...	10	5	1	...	...	...	...	...	...	...	...	...	...	24	6
Kingsbridge ...	5	...	1	1	1	...	3	12	...	...	...	...	...	...	...	...	...	...	...	10	13
Newton Abbot ...	9	...	20	1	...	...	14	21	3	...	9	2†	...	...	...	...	...	...	...	55	25
Okehampton ...	6	...	4	...	1	1	2	2	1	...	6	1	...	...	...	...	...	...	...	21	4
Plympton St. Mary ...	34	...	23	...	...	...	16	20	...	3	1	...	...	1	...	...	...	...	...	74	24
South Molton ...	22	...	2	...	...	...	7	17	4	2	1	...	...	...	...	...	...	...	...	36	19
St. Thomas ...	53	...	6	...	8	...	19	14	1	1	3	...	...	...	...	...	...	...	...	92	15
Tavistock ...	6	...	4	...	1	1	8	10	2	2	1	...	1	1	...	...	...	...	...	23	15
Tiverton ...	25	...	4	3	...	...	20	10	1	2	1	...	...	...	...	...	...	...	...	51	15
Torrington ...	11	...	...	...	5	1	...	5	...	...	...	...	...	...	...	...	...	...	...	16	6
Totnes ...	11	...	3	1	...	...	4	1	...	...	...	...	...	...	...	...	...	...	...	18	2
Totals ...	289	2	78	7	17	3	185	147	18	12	22	3	1	3	1	3	...	...	...	614	180
Administrative County ...	786	6	181	16	29	5	432	300	56	18	32	8	2	3	5	8	13	...	...	1536	364

* Deaths include both notifiable and non-notifiable cases.

† Polio-encephalitis

(Urban 3, Rural 1), from Puerperal Sepsis compared with 5 for 1936. and 14 deaths from other Puerperal Causes.

Poliomyelitis.

There was an outbreak of Infantile Paralysis during the last 4 months of the year. Thirty-two cases were notified, and there were 8 deaths including 2 from Polio-encephalitis. A special report on this outbreak is given on page 30.

Cerebro-Spinal Fever.

Two cases were notified during the year and 3 deaths registered.

Dysentery.

An extensive outbreak occurred in the last quarter of the year. For details see under "Bacteriology."

Ophthalmia Neonatorum.

There were 13 cases notified, compared to 19 in 1936. (Further reference to this will be made in the Maternity and Child Welfare section of the report).

Tuberculosis.

The number of notifications under the Tuberculosis Regulations, 1930, was 548, and there were 292 deaths registered.

School Closure.

During the year 143 schools were closed on account of infectious diseases, compared with 43 in 1936.

The following are the number of schools closed for particular diseases:—

Chicken-Pox	.....	.....	.....	.....	.....	2
Diphtheria	.....	.....	.....	.....	.....	2
Influenza	.....	.....	.....	.....	.....	99
Scarlet Fever	.....	.....	.....	.....	.....	8
Infantile Paralysis	.....	.....	.....	.....	.....	15
Whooping Cough	.....	.....	.....	.....	.....	3
Measles	.....	.....	.....	.....	.....	6
Mumps	.....	.....	.....	.....	.....	2
Colds, Etc.	.....	.....	.....	.....	.....	6

16,552 children (infected and contacts) were excluded (Chicken Pox 1,284, Conjunctivitis 18, Diphtheria 146, German Measles 24, Influenza and Colds 9,889, Measles 1,118, Mumps 1,586, Scarlet Fever 737, Skin Diseases 300, Whooping Cough 986, Glandular Fever 80, Infantile Paralysis 119, Jaundice 12, Typhoid 3, Dysentery 6, other Diseases 244).

The following are the names of schools closed on account of infectious disease:—

Ashcombe: Influenza.
 Aveton Gifford: Influenza.
 Awliscombe: Influenza.
 Axminster Hamlets: Influenza.
 Axmouth: Influenza.
 Beaford: Mumps and influenza.
 Bere Alston: Influenza.
 Berry Narbor: Influenza.
 Berry Narbor: Measles.
 Bickleigh (Plym): Measles.
 Bishops Tawton: Influenza.
 Black Torrington: Influenza.
 Branscombe: Influenza .
 Bratton Clovelly: Influenza.
 Bratton Fleming: Influenza.
 Bratton Fleming: Mumps.
 Bridestowe: Scarlet fever and measles.
 Brixton: Influenza.
 Broadhembury: Scarlet fever.
 Buckland Brewer: Influenza.
 Buckland Brewer, Thornhillhead: Influenza .
 Buckland Monachorum: Influenza.
 Cadeleigh: Influenza.
 Chagford Jun.: Influenza.
 Chagford Sen.: Infantile Paralysis.
 Chittlehampton: Influenza.
 Christow: Infantile Paralysis.
 Clovelly: Influenza.
 Colyton Infants: Influenza.
 Colyton Mxd.: Influenza .
 Combe Martin Sen.: Influenza.
 Combe Martin Jun.: Influenza.
 Coryton: Chicken-Pox.
 Countess Weir: Influenza.
 Crediton, Shirley Corner: Whooping cough and influenza.

Crownhill Sen.: Influenza.
 Crownhill Jun.: Influenza and Chicken-Pox.
 Dalwood: Influenza.
 Drewsteignton: Infantile Paralysis.
 Dunchideock: Scarlet Fever.
 Dunsford: Influenza.
 East Anstey: Influenza.
 East Down: Influenza.
 East Down: Measles.
 Farway: Influenza.
 Feniton: Influenza.
 Georgeham: Influenza.
 Georgenympton: Influenza.
 Hartland, Elmscott: Influenza.
 Heanton Punchardon: Influenza.
 Hennock: Infantile Paralysis.
 Highampton: Influenza.
 Highbray: Influenza.
 Holsworthy Jun.: Influenza.
 Honiton Sen.: Diphtheria.
 Honiton Jun.: Diphtheria.
 Huntshaw: Influenza.
 Idlesleigh and Dowland: Influenza.
 Instow: Influenza.
 Ilfracombe Secondary: Influenza.
 Kenn Jun.: Influenza.
 Kentisbury: Influenza.
 Kentisbury: Measles.
 Landkey Meth.: Influenza.
 Lifton: Influenza.
 Little Torrington: Scarlet Fever.
 Little Torrington: Scarlet Fever.
 Lynton C/E: Influenza.
 Lynton, Barbrook Mill: Influenza.
 Lustleigh: Infantile Paralysis.
 Mamhead: Influenza.
 Manaton: Infantile Paralysis.
 Mariansleigh and Romansleigh: Influenza.
 Martinhoe: Influenza.
 Marwood: Influenza.
 Marwood: Influenza.
 Merton: Mumps.
 Milton Abbot: Influenza.
 Milton Abbot, Chillaton: Influenza.
 Milton Damerel: Influenza.

Modbury Sen.: Suspected Infantile Paralysis.
 Morteheo Woolacombe: Measles.
 Musbury: Influenza.
 Newton Abbot, Bearne's: Infantile Paralysis.
 Newton St. Petrock: Influenza.
 Northam Infants: Influenza.
 Northleigh: Influenza.
 Northlew: Scarlet fever.
 North Tawton Jun.: Influenza .
 Offwell: Influenza.
 Ottery, Taleford: Influenza.
 Ottery, West Hill: Influenza.
 Parkham: Influenza.
 Parracombe: Influenza.
 Petersmarland: Scarlet fever.
 Petrockstowe: Influenza.
 Plympton Sen.: Infantile Paralysis.
 Plympton, Lee Mill: Influenza.
 Plympton, Sparkwell: Influenza.
 Plympton Grammar School: Infantile Paralysis.
 Plymtree: Influenza.
 Plymtree: Whooping cough.
 Pyworthy: Influenza.
 Rackenford: Influenza.
 Rewe and Netherexe: Influenza.
 St. Mary Tavy: Influenza.
 Sandford, East Village: Measles.
 Sandford, East Village: Suspected Infantile Paralysis.
 Seaton: Chicken-Pox, Whooping Cough and Scarlet
 Fever.
 Sheldon: Influenza.
 South Huish, Galmpton: Influenza.
 South Milton: Influenza.
 South Molton Infants: Influenza.
 South Molton United: Influenza.
 Staverton: Influenza.
 Stockleigh Pomeroy: Influenza.
 Stoke Canon: Influenza.
 Sydenham Damerel: Influenza.
 Sydenham Damerel: Influenza.
 Tavistock Grammar: Infantile Paralysis.
 Tavistock Junior: Influenza.
 Tavistock Senior: Influenza.
 Tavistock, Gulworthy: Influenza.
 Tavistock, Gulworthy: Glandular fever.

Tawstock, Harracott: Influenza.
 Tawstock, Holliwell: Influenza.
 Thornbury: Influenza.
 Totnes Jun.: Scarlet.
 Uptontery: Influenza.
 Uptontery, Viscountess Sidmouth's: Influenza.
 Upton Pyne: Influenza.
 West Buckland: Influenza.
 West and East Putford: Influenza.
 Westleigh: Influenza.
 Whitchurch: Whooping cough.
 Widecombe in the Moor: Infantile Paralysis.
 Widworthy: Whooping cough.
 Winkleigh, Hollacombe: Chicken-Pox.
 Witheridge C/E: Suspected Infantile Paralysis.
 Witheridge, Cl.: Suspected Infantile Paralysis.
 Woolfardisworthy, Buckish St. Anne: Influenza.
 Woolfardisworthy West: Influenza.
 Yarcombe: Influenza.

INFECTIOUS DISEASES DEATH RATES.

The following Table compares the total death rate from the more common Zymotic diseases in the Urban and Rural Districts during the years 1928-1937.

District.	Rates per 1000 of population.										
	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	
Urban	0.2	0.1	0.1	0.1	0.1	0.09	0.09	0.1	0.06	0.1	
Rural	0.2	0.1	0.2	0.1	0.1	0.1	0.1	0.07	0.09	0.1	
Administrative County ..	0.2	0.1	0.2	0.1	0.1	0.1	0.1	0.09	0.07	0.1	

Table (III) shows the number of notified cases and the number of deaths from Notifiable Infectious Diseases in 1937 in the various districts of the County.

AMBULANCE SERVICES.

The ambulance service appears to be adequate in the Administrative County.

**STATEMENT UPON THE OUTBREAK OF ANTERIOR
POLIOMYELITIS WHICH OCCURRED DURING THE
LAST 18 WEEKS OF 1937.**

During the last eighteen weeks of 1937, 39 cases of Acute Poliomyelitis occurred in the Administrative County; of these 35 were notified—2 in the City of Plymouth and 1 in the City of Exeter. A larger outbreak occurred in Devon in 1911 with 108 cases and 21 deaths, while in 1913 there was a smaller outbreak of 22 cases with 2 deaths.

The following table shows the number of cases notified in the Administrative County during the ten years prior to 1937:—

1927	.....	8	1932	.....	9
1928	.....	7	1933	.....	9
1929	.....	7	1934	.....	4
1930	.....	4	1935	.....	13
1931	.....	3	1936	.....	5

The first known patient was an unmarried female aged 22 from the Kingsbridge Rural District, who was taken ill on the 30th August. The case was not notified. There is no evidence as to the source of infection.

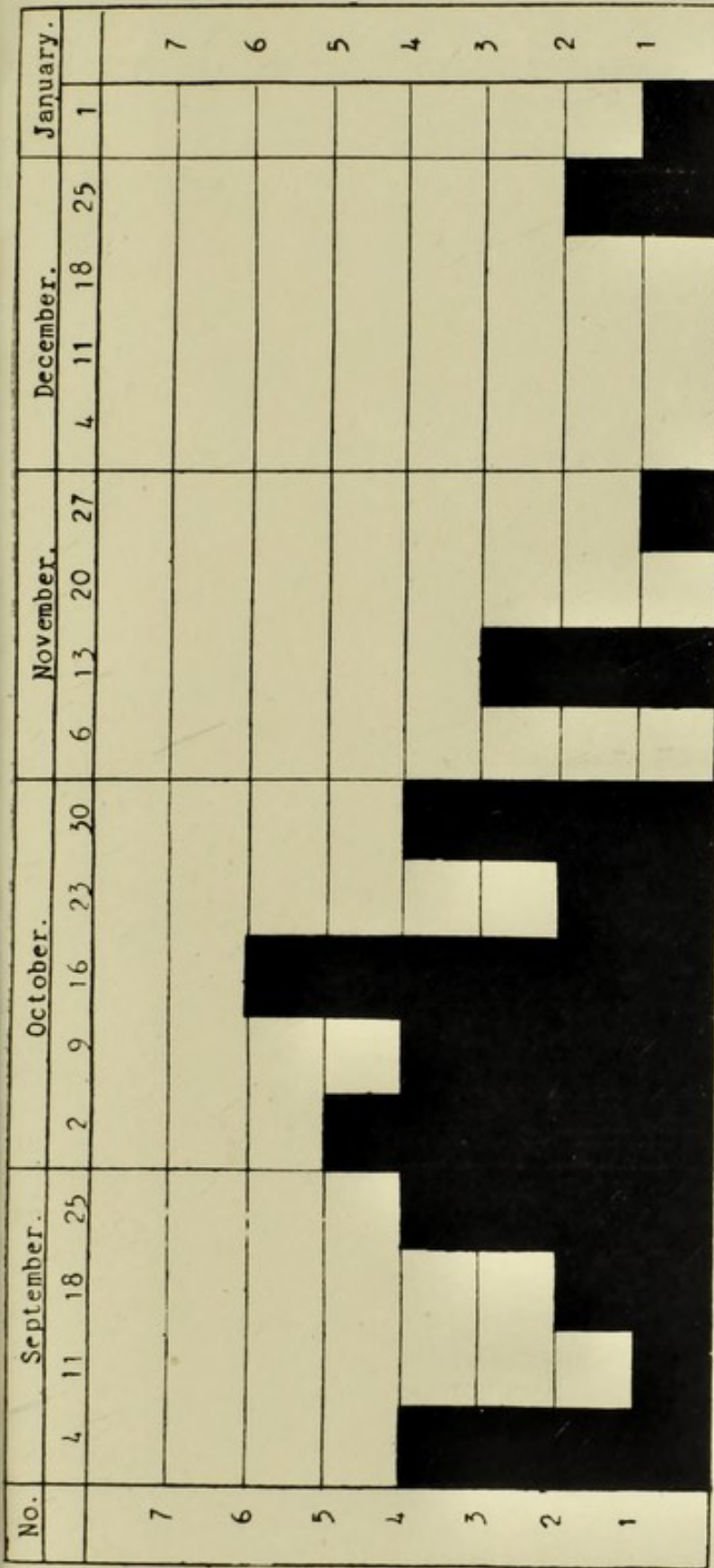
The second patient was an infant of 1 10/12 years in Okehampton Rural District who was taken ill on the 1st September. The disease was not diagnosed, however, until the 23rd.

The third patient, an unmarried female of 22, was a visitor from Ipswich, who developed the disease on the 4th September, the day on which she arrived in Bideford. During the previous week she had been in Ipswich and Southwold, where cases had been notified, but so far as she knew she had not come in contact with infection.

The fourth case, a married man of 27, was a visitor from Bristol who developed the disease on the 6th September, two days after he arrived at Torquay.

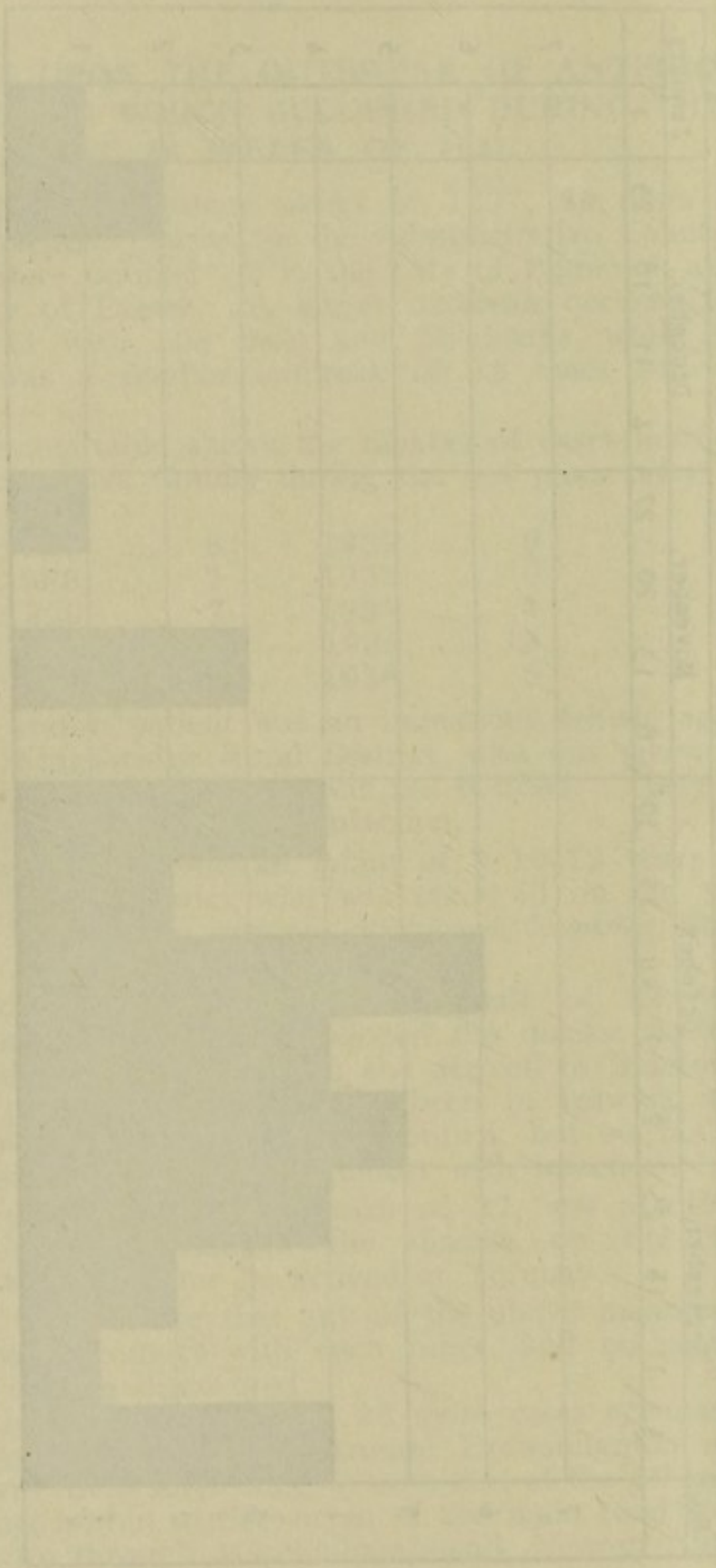
There is no evidence that any of the above mentioned patients were in contact with each other, and no sources of infection can be discovered.

During the next eight weeks, 28 more cases occurred; 3 in Torquay and 17 in and around Drewsteignton and Newton Abbot. It is interesting to note that of the 39 cases 24 were living within a mile or so of the main road from Whiddor Down through Moretonhampstead, Newton Abbot



GRAPH SHOWING INCIDENCE OF CASES FOR EACH WEEK
 FROM THE BEGINNING OF SEPTEMBER, 1937, TO THE WEEK ENDING 1st JANUARY, 1938.

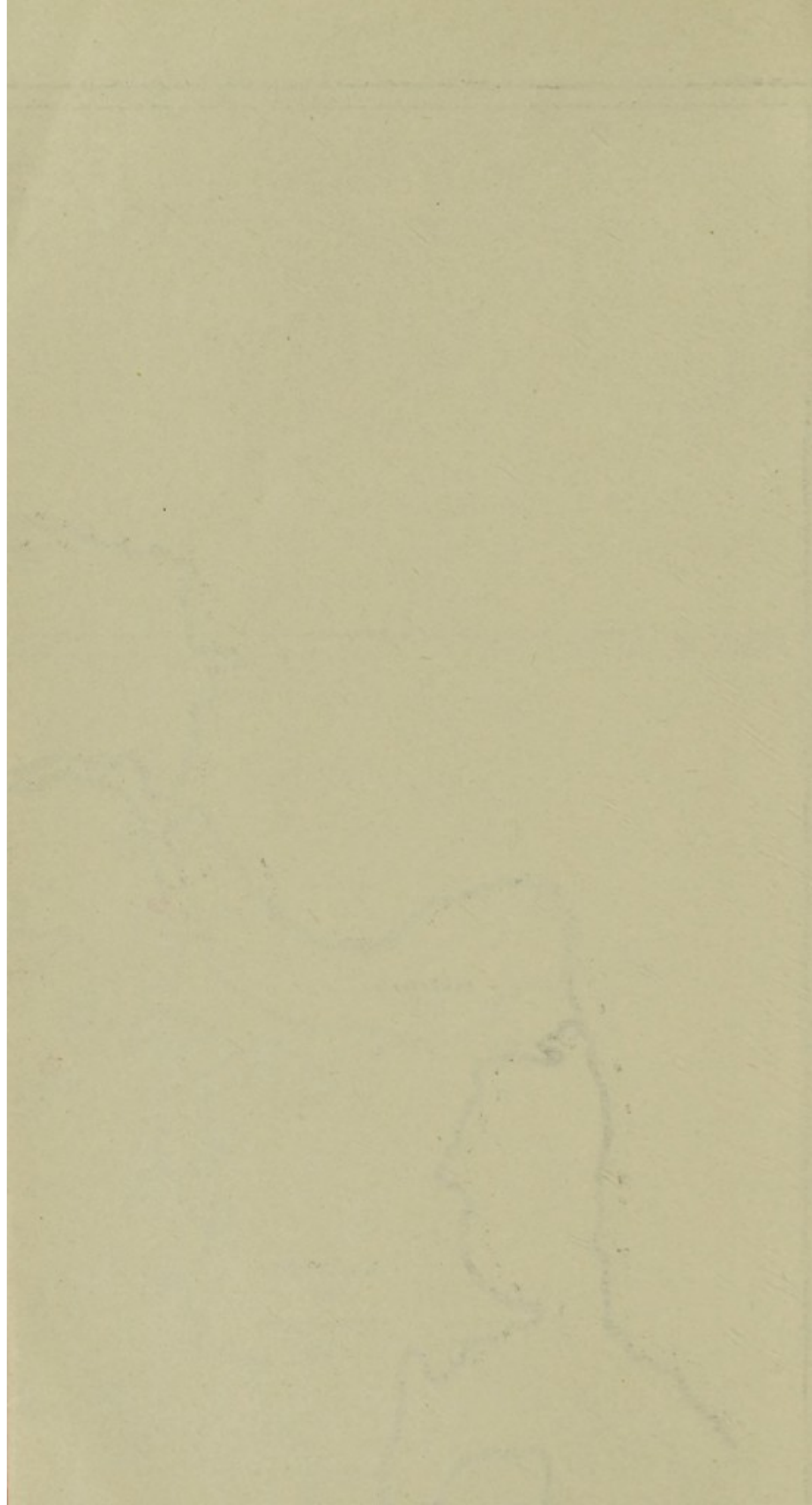
LETTER THE RESEARCH ON THE EFFECTS OF THE NEW ENERGY TECHNOLOGY ON THE ENVIRONMENT AND THE HUMAN BODY



DEVON COUNTY

(ADMINISTRATIVE AREA)





and Torquay to Paignton. Of these 24 cases, 17 resided in that part of Dartmoor which borders the main road from Whiddon Down to Bovey Tracey, a distance of $12\frac{3}{4}$ miles. This district, which is of high elevation and is moorland in character, is regarded as a beauty spot to which a large number of visitors go in the summer months.

Another interesting fact is that one of the most popular events in this particular district, the Widecombe Fair, was held on September 15th at the commencement of the outbreak in this area.

The Graph, Table I ^{of Map} show the distribution and incidence of the cases.

Age and Sex Distribution.

The following table shows the sex and ages of the patients:—

Age	Male	Female	Total	
1	1	—	1	
2	3	1	4	
3	—	—	—	
4	—	2	2	
5	—	1	1	8
6	1	—	1	
7	3	—	3	
8	1	—	1	
9	1	—	1	
10	3	—	3	9
11	3	—	3	
12	1	—	1	
13	2	3	5	
14	—	—	—	
15	—	1	1	10
16	—	1	1	
17	—	—	—	
18	—	—	—	
19	1	1	2	
20	1	—	1	4
21	—	—	—	
22	—	2	2	
23	—	—	—	
24	—	—	—	
25	—	1	1	3
26	—	—	—	
27	1	1	2	
28	—	1	1	
29	—	—	—	
30	1	1	2	5
Total	23	16	39	

It will be seen that of the 39 cases, 23 were males and 16 females, while 27 were 15 years of age and under.

Weather.

The weather immediately preceding the outbreak, which started in August, was unusually hot and dry.

Temperature.—The temperature during the first nine months of 1937, with the exception of March, was above the average of 1906 to 1935.

Rainfall.—During the first five months of 1937 the rainfall was above the normal for 1881 to 1915, while the succeeding four months was below that normal.

Infectivity.

A.—*Direct Infection.*—Although there is no definite evidence, there is reason to believe that in some instances infection was transmitted from one patient to another. Of particular interest in this connection were cases which occurred in two boarding schools.

(1) *A Preparatory School for Boys at Paignton.*—The School re-opened on the 21st September, but two brothers from Hennock, Case No. 7 aged 11, and Case No. 14, aged 13, did not return as they were unwell. On the 21st September, No. 7 was stated to have pleurisy, but the diagnosis was changed on the 23rd to rheumatism. On the 26th the parents wrote to the Headmaster stating that his condition was suspected to be rheumatic fever. On the 27th September the disease was diagnosed as Infantile Paralysis. The brother of Case No. 7 (Case No. 14) returned to school on the 23rd September and was apparently quite well. On the 25th, however, he complained of stiffness and aching in the legs which was attributed to his first game of football. His temperature however, was 100.4° on the 25th, but became normal within a few hours. He stayed in the school sick-room until September 27th when he joined the school. On that day the illness of his brother, Case No. 7, was diagnosed as Infantile Paralysis and No. 14 was isolated until his parents fetched him about 9 o'clock at night. He became unwell again on 1st October and Infantile Paralysis was diagnosed.

Case No. 19, a boy aged 11½, had a rise of temperature on the 1st October but had no other symptoms. He was removed to the sick room but his temperature dropped the

next day. It remained normal until the 6th October when he was taken ill with a temperature of 99° and stiffness in the hips. The Orthopaedic Surgeon diagnosed Infantile Paralysis on the 6th October and the boy was isolated.

Case No. 26, a boy aged 10, was removed from the school by his parents on the 7th October. He was last in contact with Case No. 19 on the morning of the 6th. The boy was perfectly well until the night of the 17th when his illness was diagnosed as Infantile Paralysis. As this boy was kept in complete isolation in the grounds of his father's house, and as his temperature was taken as a precautionary measure night and morning, the incubation period was more than $11\frac{1}{2}$ days.

Contact X, a boy aged 11, never showed any symptoms of the disease but complained of a bilious attack on the day after he returned to school, i.e., on the 22nd September. He had no rise of temperature and returned home on the 25th September as he was a weekly boarder. He returned to school again on Monday, 27th September, and never had any signs of illness. He was removed from the school by his parents on the 7th October. This boy's sister, Case No. 24, was a weekly boarder at a girls' School outside Newton Abbot. She returned home on the 8th October and being in contact with her brother was not allowed to return to school. She developed the disease on the 14th October and died four days afterwards, about 12 hours after the onset of paralytic symptoms. At first sight it appears to be a clear case of the brother Contact X "carrying" the infection from the school at Paignton and passing it on to his sister. There is, however, another possibility. The village school boy, Case No. 16, lived in a cottage 30 to 40 yards away and separated by a small orchard from the home of Case No. 24. This boy sang in the village choir on Sunday, October 3rd—Case No. 24 being in the body of the church. The boy also sold a Sunday newspaper to the girl's father at the garden gate. A further suggestion is that the child of a dairyman who lived close to Cases Nos. 24 and 16, and who was unwell, may have been the source of infection, but this child was not a diagnosed case of Infantile Paralysis.

(2) *A Girls' Boarding School at Torquay.*—In the following two cases there appears to be some evidence of direct infection. The patients were two girls who were boarders at

a Torquay school. Case No. 12 developed the disease on the 30th September and died within 24 hours of the onset of paralysis. Case No. 18 developed the disease on the 5th October, the paralysis being confined almost entirely to the cranial nerves. There is no evidence of any connection between these two cases and the other Torquay patients, Cases No. 4 and 6. Either they were both infected from the same source or Case No. 18 was infected by Case No. 12.

B.—*Multiple Cases in One Family.*—There were three instances where more than one case occurred in the same establishment:—

- (1) The Paignton school boys Cases Nos. 7 and 14 from Hennock.
- (2) The school boys at Paignton, Nos. 14, 19 and 26.
- (3) The school girls at Torquay, Nos. 12 and 18.

Although the brothers of patients Nos. 5 and 10 had identical pre-paralytic symptoms, viz., headache, sore throat and malaise, they had no paralysis and the illness was not diagnosed as Infantile Paralysis.

C.—*Carriers.*—Only one case was notified in Newton Abbot Urban District—a boy aged 11, Case No. 30. Although the most searching enquiries were made, there was no evidence of direct contact with a diagnosed case.

It is interesting to note, however, that the mother of Case No. 30 bought provisions in the Newton Abbot market from the grandmother of Case No. 10. The latter had taken charge of the patient's brother who had shown pre-paralytic symptoms before No. 10 became ill. He himself showed no further signs of the disease. It is realised that this is a very far fetched suggestion as to the source of infection, but it may merit some attention.

Another possible instance of infection by a carrier is that of the school girl No. 24 who might have been infected by her brother, the school boy Contact X, who never showed symptoms of the disease, unless the biliousness on the 22nd September was an abortive attack.

D.—*Spread of Infection.*—One of the most outstanding features of this outbreak of Infantile Paralysis is the low infectivity. As mentioned previously there were only three instances of multiple cases in a house-hold. In spite of the fact that of the 39 cases 27 were 15 years of age and under, there was no outbreak in any of the elementary and secondary schools.

A striking instance of the low infectivity of the disease amongst children is that of a senior school at Plympton where three of the teachers were notified and yet only one school child developed the disease. One of these teachers was the games mistress, and when she was in the pre-paralytic stage of the disease, was actually receiving children in apparatus work in the gymnasium. The same teacher also taught at Tavistock Grammar School, but not one case was notified from that School.

E.—Incubation Period.—The only definite evidence we have as to the duration of the incubation period is in Case No. 26. The patient was last in contact with a known case on the morning of the 6th October. He was never allowed to leave the grounds of his father's house. His temperature was taken night and morning, purely as a precaution, and his first symptoms occurred on the night of the 17th October, so that the incubation period was at least $11\frac{1}{2}$ days.

Relation to Sickness in Animals.

The following report from Dr. Allen-Price, the Medical Officer of Health of the Okehampton Rural District records a small but concurrent infection among foxhounds:—

“On September 15th, two pure bred foxhound pups, three months old, were found with their hind legs weak—this proceeded to a paraplegia, the creatures dragging themselves along with their fore paws. In four days all signs had passed away except a loss of muscular tone evidenced by the pads flattening on to the ground. Ten days later, a third pup had identical symptoms and recovered. During the whole of the time these pups were paralysed, they had no rise of temperature, neither were they off their food. The owner, a retired colonel with a life-long experience of dogs, is emphatic that the condition was not distemper, chorea, hysteria, rickets or any disease seen by him before. This was substantiated by the Veterinary Surgeon. I made extensive enquiries in the district but was unable to find any more evidence, apart from one dog going suddenly mad and a number having suffered from colds.

During the month of September, practically the whole of the neighbourhood had influenzal colds. This made the work of the practitioners very difficult in deciding which were early cases of Poliomyelitis.”

Symptoms.

Premonitory Symptoms.—Fever and malaise were the most constant premonitory symptoms, being reported in 30 of the 39 cases. Headache was a prominent feature in 11 cases. Coryza was noted in 8, and sore throat occurred in 3 cases. Gastro-intestinal disturbances varying from loss of appetite to diarrhoea and vomiting were seen in 4 cases. In one child the passing of a round worm and the administration of Santonin were reported 4 days before the onset of paresis. In 3 cases (1 child and 2 adults) there was a history of broncho-pneumonia occurring several weeks before the onset of Infantile Paralysis.

The interval between prodromal symptoms and the onset of paresis was variable, the times given varying from 24 hours to "some weeks." Aching or stiffness of muscles occurred as a feature of the premonitory malaise in 8 cases; in 3 of these cases, after a remission, the pain in the muscles returned just before the onset of the paralysis. In 5 other cases muscle pain was complained of only within 48 hours of the onset of paresis.

In 4 cases there was complete remission of the prodromal symptoms for one or two days before the appearance of paralysis.

No special prodromal feature was found to be common to the fatal cases and the duration of the prodromal symptoms in these cases varied from 24 hours to 14 days.

In Case No. 2, a child aged 1 10/12 years, the mother is insistent that there were no premonitory symptoms and that the boy was perfectly well one day and unable to use his left leg the next. Although this was one of the early cases there has so far been no improvement in his condition.

Paresis.

Paralysis of one or more limbs developed in 28 of the cases, and in 5 of these extension of the paralysis to the muscles of respiration resulted in the death of the patients. In two fatal cases the limbs escaped and paralysis was confined to the muscles of respiration. In one of these, twitching of the muscles in the arm and neck was observed 24 hours before death. In one fatal case, although no definite paralysis was observed, it was thought that weakness of arm muscles preceded respiratory paralysis. In Case No. 18, a girl of 16 years, the paralysis was confined to

to the right side of the face and neck, though some weakness of the right triceps was noted. In this case the premonitory symptoms of coryza and stiff neck, lasted for three days before the paralysis appeared. In another child with paralysis of the left leg, it is interesting to note that squint was observed. In one case, an adult, no paralysis appeared, but there was spasm of neck, back and hamstring muscles. In this case the cerebrospinal fluid showed a leucocytosis which was entirely lymphocytic.

In 9 cases no paresis occurred at any time, and diagnosis was made on premonitory symptoms. In 5 of these cases the diagnosis was confirmed by lumbar puncture and the examination of the C.S.F.

Case No. 14, brother of Case No. 7, was kept under careful observation for four days, and a diagnosis was made on the appearance of coryza accompanied by pain and tenderness of the anterior cervical muscles and deltoids. He was given serum intramuscularly and no paresis developed.

Diagnosis.

The facilities of the County Laboratory were available for the free examination of cerebrospinal fluid. The County Council appointed Mr. Capener, the Orthopaedic Surgeon, as a Consultant, and medical practitioners were invited to use his services in doubtful, necessitous cases free of charge.

Cerebrospinal Fluid.—Samples of C.S.F. were examined in 15 of these cases. The reports on the findings are not strictly comparable as lumbar puncture was done in different cases at different stages of the illness.

All the samples showed the customary increase in protein and in cells per cubic millimetre. The protein estimations varied from 35 to 155 m.g. per cent, and the cells from 20 per cubic millimetre to 308 per c.m.

Except in 2 cases the cells were mixed in type, polymorphonuclears and lymphocytes appearing in all proportions.

The two exceptions gave a pure lymphocyte count, and the number of cells were very much lower than in the other samples. In Case No. 38 which showed paralysis of the right leg and arm, the examination was probably comparatively late, certainly 48 hours after onset, and showed 30 cells per c.m.

The other case, No. 35, a young man of 19 years, complained of headache on the 27th November, vomited on

the 28th, and on the 29th showed spasm of the muscles of the neck, back and hamstrings. The number of cells in his fluid was 41 per c.m. all lymphocytes. He was given serum and no paralysis developed.

This case occurred on the eastern side of the County and it seems possible that a diagnosis of encephalitis of epidemic type might have been reached on these findings had there been no outbreak of Infantile Paralysis.

In one fatal case, No. 13, where lumbar puncture was done on the day of onset, it is interesting to note that lymphocytes already predominated at 72.5 per cent.

Treatment.

Serum.—The following shows the effect of the administration of serum:—

Of the 39 cases—

- 11 were given serum before paralysis and of these:
 - 2 developed paralysis and completely recovered.
 - 7 did not develop paralysis.
 - 2 died.
- 6 were given serum after paralysis and of these:
 - 1 died.
 - 5 partially recovered.
- 22 were not given serum and of these:
 - All developed paralysis.
 - 3 completely recovered.
 - 13 partially recovered.
 - 1 showed no improvement.
 - 5 died.

Prontosil.—One case, No. 7, was treated by the administration of Prontosil and an almost complete recovery is expected.

Physiotherapy.—Of the 31 non-fatal cases, 25 had paresis and 23 treated by physiotherapeutic methods and mechanical appliances, 2 receiving no treatment.

Prognosis.

Of the total surviving cases, in only 3 is substantial recovery unlikely. One of these was given serum treatment and 2 were not.

Deaths.

Of the 39 cases, 8 proved fatal. Of these 5 were treated in hospital and 3 were given serum. All the

cases died from respiratory paralysis except Case No. 37 who died from Polio Encéphalitis.

Case No. 4.—Male, aged 27 years. No serum given. Death 2 days after onset.

Case No. 6.—Male, aged 20 years. No serum given. Death 5 days after onset.

Case No. 12.—Female, aged 13 years. No serum given. Death 4 days after onset.

Case No. 13.—Male, aged 13 years. No serum given. Death about 48 hours after onset.

Case No. 24.—Female, aged 13 years. Serum given on day after onset. Death 3—4 days after onset.

Case No. 32.—Female, aged 19 years. Serum given. Death 7 days after onset.

Case No. 37.—Male, aged 12 years. No serum given. Death 2 weeks after onset.

Prevention of the Disease.

Institutional Treatment.—The County Council made arrangements with the Exeter City Council for a block of 24 beds in their Isolation Hospital at Whipton, to be reserved for the treatment of acute Poliomyelitis in the early stages of the disease. Whipton Hospital was chosen because of its proximity to the Princess Elizabeth Orthopaedic Hospital. The services of Mr. Capener, the Orthopaedic Surgeon, and the resources of the Orthopaedic Hospital were made available for the treatment of patients at the Whipton Hospital.

As it is clinically impossible to decide when a case of Acute Poliomyelitis ceases to be infectious and becomes an orthopaedic case, the Local Authorities concerned agreed to take responsibility for the maintenance of cases during the first three weeks of the illness. After the first three weeks, the County Council undertook responsibility for maintenance under their Orthopaedic Scheme. Those Authorities which had existing arrangements with the Plymouth Isolation Hospital sent their cases there and the resources of the Mount Gold Orthopaedic Hospital were available for treatment.

Of the 39 cases, 28 were treated in hospital and 11 at home.

The County Medical Department kept in close touch with the medical practitioners, and circularised them with regard

to facilities available for diagnosis and treatment, and kept them informed as to the progress of the outbreak.

School Closure.—Whenever a case occurred in an elementary or secondary school, the school was closed immediately. Apart from the actual effect of school closure upon the spread of infection, public opinion had to be considered. There was no spread of infection in any of the elementary or secondary schools, but whether this was due to school closure or not is doubtful.

Summary.

1. The outbreak occurred after several months of hot dry weather.
2. The majority of the cases were males and were under 16 years of age.
3. The infectivity of the disease was low.
4. In one case the incubation period appears to have been as long as $11\frac{1}{2}$ days.
5. Except in two instances, the investigation of the cerebrospinal fluids of definite cases showed a leucocytosis of mixed character.
6. A comparison of the results of cases treated by serum with those that were not fails to establish that the serum is beneficial.
7. Serious after effects would appear to have been minimised by the early reference of the majority of the cases for orthopaedic care.
8. In only 3 out of the 31 surviving cases is substantial recovery unlikely.
9. 20.5 per cent of the cases proved fatal.
10. Even if school closure did not affect the course of the outbreak, it certainly allayed public anxiety.
11. It is probable that many abortive cases occurred and were never diagnosed as Infantile Paralysis.

CONCLUSIONS.

The importance of securing early orthopaedic treatment has definitely been established in this outbreak. The advantage of close co-operation between the isolation hospitals and the orthopaedic centres has been clearly demonstrated.

Standing arrangements should be made by the Authorities concerned whereby Swilly and Whipton Isolation Hospitals are available at all times for the reception and treatment of patients suffering from Infantile Paralysis.

SCHEDULE I.
DISTRIBUTION AND DATES OF ONSET OF THE DISEASE.

Week Ending.	September.				October.				November.				December.		Jan.	Total			
	4th	11	18	25th	2nd	9th	16	23	30th	6th	13	20	27th	4th	11		18	25th	1st
Bideford Urban	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Crediton Urban	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Kingsbridge Rural—Stoke Fleming	1	..	..	..	..	..	..	..	..	..	1
Newton Abbot Urban	1	..	..	..	..	..	..	..	..	..	..	..	..	..	3
Newton Abbot Rural—Hennock	2
Lustleigh	1	..	..	..	..	..	..	..	..	..	..	..	..	1
Manaton	1	..	..	..	..	..	..	..	..	..	..	1
Kingsteignton	1	..	..	..	..	..	..	..	..	..	..	..	1
Widecombe	1
Denbury	1	..	..	..	..	..	..	1
Moreton	2
Okehampton Rural—Drewsteignton	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6
Paignton Urban	1
Plympton St. Mary Rural—Plympton	3	..	..	..	..	..	..	..	..	..	..	..	3
Shaugh Prior	1	..	..	..	..	..	..	..	..	..	1
St. Thomas Rural—Christow	1
Aylesbeare	1
Harpford	1
Exminster	1
Tavistock Urban	1
Tavistock Rural	1
Tiverton Urban	1
Torquay Urban	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	4
Torrington Urban	1	..	..	..	..	..	..	..	..	..	..	1
Totnes Rural—Harberton	1
	4	1	2	4	5	4	6	2	4	4	3	..	..	..	..	..	2	1	39

BACTERIOLOGY.

During the year, 16,729 examinations and experiments have been made at the County Bacteriological Laboratory, 7, Dix's Field, as compared with 14,472 in 1936, 13,837 in 1935 and 11,081 in 1934.

The increase of over 5,000 specimens per year, compared with 1934, has been mainly in those branches of the work which make heavy demands on laboratory space. The conditions under which the work has to be carried out are becoming increasingly unsatisfactory, and a tribute must be paid to the members of the staff who have maintained the laboratory efficiency under the conditions of increasing stress and difficulty.

The provision of a more spacious and more suitably designed laboratory building is regarded as an urgent necessity. The whole matter has been discussed fully by the Committee and plans are in process of preparation with a view to consideration of the erection of a new laboratory building. The possibility of utilizing ground available at Ivybank is being explored.

A summary of the work done during the year follows.

Routine Examinations.

	Positive.	Negative.	Total.
Diphtheria (swabs)	246	2,531	2,777
Tuberculosis (sputum)	480	1,228	1,708
Enteric Fevers (Widal test)	18	53	71
Ringworm	12	31	43

Diphtheria.

2,777 swabs from throat and nose were examined (compared with 2,667 in 1936) with 246 positive results including repeat examinations during convalescence. Numerous cases of Vincent's Angina were diagnosed by the microscopical examination applied to all swabs from new cases. 52 tests for virulence were made on the swabs from suspected carriers or from convalescents showing consistently positive cultures. In 25 cases the organism proved to be virulent *B. diptheriae* and the person was isolated for treatment as potentially dangerous.

Tuberculosis.

1,708 specimens of sputum were examined microscopically for tubercle bacilli with 480 positive. Microscopical

Districts.	Diphtheria.			Tubercle (Sputum)			Enteric Fev's. (Widal).			Water.			Total.
	Pos.	Neg.	T't'l	Pos.	Neg.	T't'l	Pos.	Neg.	T't'l	Satisfact'ry	Doubtful	Unsatisfact'ry	
URBAN.													
Ashburton ..	3	115	118	1	3	4	..	..	..	..	1	..	1
Axminster ..	..	30	30	2	23	25	..	1	1	..	..	..	..
Barnstaple ..	12	99	111	16	89	105	..	1	1	4	1	5	10
Bideford ..	32	141	173	11	43	54	2	1	3	3	..	..	3
Brixham ..	3	31	34	2	13	15	..	1	1	..	..	..	..
Buckfastleigh ..	2	16	18	1	..	1	..	..	..	1	..	..	1
Budleigh Salterton ..	..	6	6	..	1	1	..	..	..	1	..	..	1
Crediton ..	..	32	32	4	19	23	..	1	1	..	..	..	..
Dartmouth ..	..	15	15	3	10	13	..	..	..	25	6	11	42
Dawlish ..	..	11	11	1	7	8	..	..	..	..	..	4	4
Exmouth ..	2	58	60	9	40	49	..	..	..	..	..	..	..
Holsworthy ..	..	6	6	2	7	9	..	..	..	1	2	3	6
Honiton ..	8	56	64	2	8	10	..	..	..	..	..	..	..
Ilfracombe ..	..	14	14	9	21	30	..	3	3	2	1	3	6
Kingsbridge ..	..	10	10	..	4	4	1	3	4	1	..	..	1
Lynton ..	..	9	9	..	5	5	..	..	..	1	1	3	5
Newton Abbot ..	33	209	242	5	23	28	..	..	..	6	..	1	7
Northam ..	..	10	10	4	14	18	..	..	..	2	..	..	2
Okehampton ..	..	13	13	2	16	18	..	..	..	..	1	..	1
Ottery St. Mary ..	2	17	19	..	1	1	..	..	..	7	4	6	17
Paignton ..	3	67	70	11	34	45	..	..	..	5	..	..	5
Salcombe ..	..	2	2	..	10	10	..	..	..	..	..	..	..
Seaton ..	5	26	31	1	15	16	..	1	1	1	..	..	1
Sidmouth ..	..	13	13	7	18	25	..	7	7	1	1	3	5
South Molton ..	..	7	7	2	4	6	..	..	..	..	..	..	..
Tavistock ..	1	8	9	3	3	6	3	3	6	5	..	5	10
Teignmouth ..	3	38	41	4	15	19	2	..	2	11	6	9	26
Tiverton ..	15	92	107	4	30	34	..	..	..	..	..	..	..
Torrington ..	..	9	9	2	8	10	1	2	3	..	..	..	..
Torquay ..	15	76	91	7	33	40	1	3	4	4	1	..	5
Totnes ..	..	28	28	2	12	14	..	2	2	1	..	1	2
Plymouth City ..	..	..	..	..	..	..	..	..	..	2	4	..	6
Total ..	139	1264	1403	117	529	646	10	29	39	84	29	54	167
RURAL.													
Axminster ..	4	58	62	9	33	42	1	3	4	7	5	18	30
Barnstaple ..	2	70	72	9	84	93	..	3	3	21	3	16	40
Bideford ..	..	23	23	1	10	11	..	1	1	..	..	..	..
Broadwoodwiger ..	..	2	2	1	1	2	..	..	..	..	..	..	..
Crediton ..	3	48	51	1	22	23	..	..	..	1	1	4	6
Holsworthy ..	..	4	4	..	10	10	..	2	2	6	3	29	38
Honiton ..	1	20	21	1	5	6	..	1	1	6	1	10	17
Kingsbridge ..	2	33	35	2	16	18	..	..	..	2	1	5	8
Newton Abbot ..	25	202	227	7	49	56	..	2	2	22	5	7	34
Okehampton ..	4	50	54	4	26	30	..	..	..	..	..	1	1
Plympton ..	11	148	159	8	45	53	..	..	..	5	1	2	8
South Molton ..	2	42	44	4	12	16	..	..	..	..	..	..	..
St. Thomas ..	31	396	427	8	53	61	2	4	6	2	1	10	13
Tavistock ..	13	18	31	2	12	14	1	4	5	1	..	..	1
Tiverton ..	7	101	108	2	48	50	..	..	..	3	3	9	15
Torrington ..	..	20	20	1	14	15	4	..	4	9	2	35	46
Totnes ..	2	29	31	5	15	20	..	2	2	2	..	3	5
Total ..	107	1264	1371	65	455	520	8	22	30	87	26	149	262
INSTITUTIONS.													
"HAWKMOOR" ..	..	..	..	29	97	126	..	1	1	..	..	..	..
"HAWLEY" ..	..	..	..	68	19	87	..	..	..	..	..	..	..
"IVYBANK" ..	..	..	..	81	43	124	..	..	..	..	..	..	..
"SYDNEY HOUSE" ..	..	3	3	..	..	..	..	..	..	..	..	..	..
"WHITE CLIFF" ..	..	..	..	120	85	205	..	1	1	..	..	..	..
Total Institutions ..	..	3	3	298	244	542	..	2	2	..	..	..	..
GRAND TOTALS ..	246	2531	2777	480	1228	1708	18	53	71	171	55	203	429

examination for T.B. was made on 234 other types of morbid material such as urine, faeces, pus, body fluids, etc., submitted for general bacteriological investigation; 27 biological tests were made on such materials and 45 special cultures were made for the diagnosis of T.B.

Enteric and Abortus Fevers and Dysentery.

71 Widal Agglutination tests were made on specimens of blood serum, each specimen being tested against *B. typhosus*, *B. paratyphosus* A, *B. paratyphosus* B, *Brucella Abortus* and *Brucella Melitensis*. 18 tests gave a presumptive positive result (Typhoid 9; Paratyphoid B 5; Abortus Fever 4). It is recommended in all cases showing a positive Widal test, that confirmation of the diagnosis should be sought by cultural methods from the blood and the excreta.

In the last quarter of the year a widespread epidemic of bacillary dysentery occurred in the County concurrently with a very greatly increased incidence of the disease in other parts of the country. The first case referred to the County Laboratory was on 13th November and was diagnosed as due to the Sonne type of Dysentery bacillus. Two further specimens were referred from other parts of the County in the succeeding week and thereupon all Medical Officers and all Medical Practitioners were circularised notifying them of the main features of the disease, asking them to treat all cases of diarrhoea as being of this type of infection and asking them to send specimens to the laboratory in such cases. Stress was laid on the highly infectious nature of the malady and the necessary precautions as to isolation and notification were indicated. By the end of the year 360 specimens had been submitted from patients showing symptoms suggestive of this disease and in 185 specimens the Sonne bacillus was found by cultural methods. All the specimens were examined exhaustively for other organisms of the Dysentery, Enteric and Food-poisoning groups but the Sonne bacillus was the only disease producing type recovered. In total during the year the following specimens have been examined culturally for enteric and abortus fevers, dysentery and food-poisoning.

Faeces 493, Urine 92, Blood 6, Milk 9, Water 5, Butter 3, Tomato juice 1, Ham 1, Total 610.

Milk Cleanliness.(a) *Public Supplies.*

		<i>Passed.</i>	<i>Failed.</i>	<i>Total.</i>
Ordinary	1,012 (41.3%)	1,441	2,453	
Accredited	958 (53.8%)	822	1,780	
Tuberculin Tested	288 (72.4%)	110	398	
Pasteurised	4	5	9	
Totals	2,262 (48.7%)	2,378	4,640	

(b) *Schools and Institutions.*

School supplies	130 (46.6%)	149	279
Public Assistance Institutions	98 (51%)	94	192
Public Health Institutions	36 (70.5%)	15	51
Totals	264 (50.5%)	258	522

	<i>Passed.</i>	<i>Failed.</i>	<i>Total.</i>
Total all sources	2,526 (49.0%)	2,636	5,126

It will be noted that, compared with former years, there has been a considerable fall in the number of samples of all classes which passed the bacteriological tests. This is mainly due to an increased severity in the conditions of testing imposed by the Milk (Special Designations) Order 1936 which came into force on 1st January, 1937.

These regulations, in addition to abolishing the plate count as a prescribed test for milk other than pasteurised milk, introduced the Methylene Blue Test and in addition prescribed that samples of unbottled milk taken at production should be kept at ordinary shade temperature for a given time before commencing test. This has the effect that samples from morning milking are not tested until they are approximately 12 hours old and samples from afternoon milking approximately 18 hours old. Previously the samples tested at the County Laboratory were on the average approximately 6 hours old so that the increase in age of the samples of 6 hours before testing permits of greater multiplication of the bacteria and this is greater in warm weather. Some allowance is made for the difference between summer and winter average atmospheric temperatures by making the prescribed limits for the Methylene Blue Test less stringent from May to October. The Methy-

lene Blue Test itself does not appear on the whole to be more severe than either the plate count or the coli test, but it is probably more reliable than these tests as an indicator of bacterial contamination, having regard to the fact that both the coli test and the plate count are extremely inaccurate measures. Under the new conditions of testing greater attention to detailed cleanliness in methods of milk production is necessary in order to produce milk which will consistently pass the tests.

Milk Tuberculosis.

(a) <i>Biological Tests.</i>	<i>Positive</i>	<i>Negative</i>	<i>Incon- clusive</i>	<i>Total</i>
Bulk public supplies	4	474	50	528
Individual cows	13	898	142	1,053
Totals	17	1,372	192	1,581

Among the 13 positive results from individual cows is included 1 duplicate test on the same cow making a total of 12 different "positive" cows.

(b) *Microscopical Examinations.*

Samples submitted by Veterinary Inspectors at Clinical inspection of herds.

Total samples submitted	1,622
T.B. found microscopically	6
Non-tuberculous disease of udder	704 (43.4%)

Of the 6 positive samples, 2 were not submitted to biological confirmation; the other 4 were confirmed biologically and are included in the table of Biological Tests above.

Total positive results, therefore, are—

Bulk supply	4
Individual cows	14 (12 biological, 2 microscopical).

Disregarding the "Inconclusive" tests where the test guinea-pig died from intercurrent disease too soon to exclude tuberculosis, the percentages of positive results are as follows.

	<i>No. completed Test.</i>	<i>No. Positive.</i>	<i>Per cent. Positive.</i>
Bulk samples	478	4	0.83
Individual cows (Biological)	911	12	1.38
Individual cows (Micro. only)	569	2	0.35
Total	1,958	18	0.92

Venereal Diseases.

The following table shows the numbers of specimens examined and the sources from which they were submitted.

(a) Clinics.

	<i>Wasser- man.</i>	<i>Gono- coci.</i>	<i>Complement Fixation.</i>	<i>Total.</i>
Barnstaple	60	20	4	84
Exeter (Hospital)	81	85	22	188
Exeter (St. Mary's)	6	24	6	36
Plymouth	52	118	3	173
Torbay Hospital	231	124	128	483

(b) Medical Practitioners, etc.

	619	101	21	741
Totals	1,049	472	184	1,705

Water.

(a) Public supplies.

	<i>Satis- factory.</i>	<i>Doubt- ful.</i>	<i>Unsatis- factory.</i>	<i>Total.</i>
Urban Districts	84	29	54	167
Rural Districts	87	26	149	262
Totals	171	55	203	429

Metals were detected in these samples as follows:—

Lead—19; Copper—Nil; Zinc—14.

(b) Water examinations other than Public Supply.

Suitability for dairying	10
Hardness	2
Total water samples	441

General Bacteriology.

General examination (including Tuberculosis).		
Urine 92; Faeces 47; Pus 43; Cerebrospinal fluid 31; pleural fluid 19; other body fluids 2; sputum 25; swabs (various) 74	.....	333
Typhoid, Dysentery, Food-poisoning and Abortus.		
Faeces 493; urine 92; blood 6; Milk 9; water 5; Butter 3; Tomato juice 1; ham 1	.....	610
Amoebic dysentery and parasites. Faeces	.....	12
Scarlet fever. Swabs throat, nose etc. 404; Milk 6		410
Puerperal fever. Swabs 11, urine 2; blood 1	.....	14
Diphtheria Virulence Tests	.....	52
Biological tests for T.B. (urine 15, pus 6, sputum 4, glands 2)	.....	27
Special cultures for T.B.	.....	45
Vaccines 17; Shellfish 2; Hair 1; Miscellaneous 2		22
Milk investigation for abnormalities	.....	8
Postmortem 1; Histology 26; Clinical chemistry 3		30
Blood counts 27; whooping cough 2; leptospiral jaundice 4	.....	33
Urine, superanuation examination	.....	23
Total		1,619

Summary.

		1937	1936
Diphtheria	.....	2,777	2,667
Tuberculosis (sputum)	.....	1,708	1,686
Enteric fever (Widal)	.....	71	82
Ringworm	.....	43	71
Milk Cleanliness	.....	5,162	3,978
Milk T.B. Biological	.....	1,581	1,657
Milk T.B. Microscopical	.....	1,622	1,417
Venereal Diseases	.....	1,705	1,688
Water	.....	441	280
General Bacteriology	.....	1,619	946
Total	.....	16,729	14,472

Tables are attached showing for each Urban and Rural District the numbers of specimens received under the headings Diphtheria, Tuberculosis (sputum), Enteric Fevers (Widal Tests), Water, Milk Cleanliness Tests (Ordinary, Tuberculin Tested and Accredited milk).

ORTHOPAEDIC TREATMENT.

During the year ending 31st March, 1938, the following payments were made by the County Council in respect of Orthopaedic Treatment under the Devonian Scheme only:—

	£	s.	d.
Hospitals	8,866	19	7
Clinics	1,599	17	4
Other Expenses.....	725	7	3

The following shows the amount incurred by the various services:—

	<i>Hospitals.</i>			<i>Clinics</i>			<i>Other Expenses</i>			<i>Total.</i>		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Tuberculosis ...	2,203	17	7	184	16	4	138	9	0	2,527	2	11
Education, Elem. ...	4,340	17	0	1,002	4	10	384	9	11	5,717	11	9
Higher ...	212	14	8	74	1	7	9	13	3	296	9	6
Child Welfare ..	1,831	14	2	263	5	0	69	14	10	2,164	14	0
Mental Deficiency ...	1	11	2	1	16	0	4	2	0	7	9	2
Public Assistance ...	213	4	0	57	0	4	111	5	8	381	10	0
Public Health (Adults)	73	1	0	16	13	3	7	12	7	97	6	10
Totals	£ 8,866	19	7	1,599	17	4	725	7	3	11,192	4	2

In addition to the above the County Council arrange for the institutional treatment of non-pulmonary tuberculosis in hospitals other than their own and those included in the Devonian Scheme. The amount spent during the financial year 1937-1938 was £2,290 5s. 7d.

The following table shows the number of cases treated or on the registers of the Hospitals and Clinics, under the control of the Medical Department:—

	Maternity and Child Welfare.	Education.	Public Health (Treatment of Tuberculosis).
<i>Hospitals—</i>			
Exeter, Princess Elizabeth	32	102	38
Ivybridge	13	29	11
Tipton St. John, Angela Convalescent Home	1	41	7
Morland Hall, Alton ...	—	1	1
Plymouth, Mount Gold	1	2	60
	47	175	117

<i>Clinics—</i>				
Barnstaple	64	237	35	
Exeter	46	158	39	
Honiton	22	66	15	
Kingsbridge	17	52	6	
Launceston	5	10	1	
Okehampton	28	82	15	
South Western (Plymouth)	24	78	7	
Tiverton	27	50	17	
Torquay	62	183	63	
	295	916	198	

TUBERCULOSIS.

Notifications.

The following table shows the total number of cases of Tuberculosis remaining on the registers kept by the District Medical Officers of Health at the end of 1937:—

<i>Pulmonary</i>			<i>Non-Pulmonary</i>			TOTAL CASES
Males	Females	Total	Males	Females	Total	
1,756	1,667	3,423	501	502	1,003	4,426

The following is a summary of notifications during the period from the 1st January, 1937, to the 31st December, 1937, as furnished to the Minister of Health.

Notifications on Form A.

Age periods.	Number of Primary Notifications of new cases of tuberculosis.											Total (all ages)	Total Noti- fications on Form A.
	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 and upw'ds		
Pulmonary Males	1	3	7	13	36	65	47	29	23	5	229	233	
„ Females	2	5	6	23	29	62	37	15	17	7	203	206	
Non-Pulmonary Males	9	9	3	7	7	7	3	1	3	1	50	50	
Non-Pulmonary Females	9	10	6	6	5	15	8	3	1	3	66	69	

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health or Chief (Administrative) Tuberculosis Officer during the period from the 1st January, 1937, to the 31st December, 1937, otherwise than by formal notification under the Public Health (Tuberculosis) Regulations, 1912, or by notification in pursuance of 5 (b) of the Local Government (Emergency Provisions) Act, 1916.

Age periods.	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 and upwa'ds	Total cases
Pulmonary Males	...	...	...	...	...	3	4	2	9	4	...	22
„ Females	...	...	...	...	1	...	2	1	...	2	4	10
Non-Pulmonary Males	...	...	1	...	...	...	...	...	...	...	...	1
„ „ Females	1	...	1	...	...	...	...	...	...	...	...	2

The primary notifications of Tuberculosis on Form A (all forms) amounted to 548 (279 males, 269 females). Of this number 432 (229 males, and 203 females), suffered from Respiratory forms of Tuberculosis, and 116 (50 males, 66 females) from other forms of Tuberculosis. The number of notifications (548) is 93 higher than the corresponding figure for 1936 (455):—number of Pulmonary cases shows an increase of 55 and Non-Pulmonary cases an increase of 38.

Mortality.

(a) Pulmonary.

During the year 1937, 249 deaths (134 males and 115 females) occurred; of these, 133 occurred in the Urban Districts and 116 in the Rural Districts.

(b) Non-Pulmonary.

43 deaths occurred (17 males and 26 females). Of this number 21 occurred in the Urban Districts and 22 in the Rural Districts.

Deaths from all forms of Tuberculosis.

There were 292 deaths (151 males and 141 females), 154 in the Urban Districts and 138 in the Rural Districts.

Table (I) gives the number of deaths and death rates in the various districts in the County.

The Tuberculosis death rate for the County as a whole is 0.6 per 1,000 of the population.

In the combined Urban Districts the death rate was 0.6 and in the combined Rural Districts 0.6. In the Urban Districts the highest death rate was in Ashburton (1.6) and in the Rural Districts the highest death rate was in Newton Abbot (1.0).

The following table shows the death rates from Tuberculosis (all causes) for the last five years:—

Year	.....	1933	1934	1935	1936	1937
Rate	.....	0.7	0.6	0.6	0.6	0.6

The following table shows the sex, age, and number of deaths from Tuberculosis (all causes) amongst Children and Infants during the year 1937.

Under 5 years.		5 years and under 16 years		Total	
Male	Female	Male	Female	Male	Female
1	3	3	7	4	10

New Cases and Mortality during 1937.

(Returns from Local Registrars).

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0—	...	...	...	...	...	...	...	2
1—	1	2	9	9	1	1	...	2
5—	3	5	9	10	...	1	2	1
10—	7	6	3	6	...	3	...	...
15—	13	23	7	6	5	5	1	...
20—	36	29	7	5	17	15	...	1
25—	65	62	7	15	21	36	5	1
35—	47	37	3	8	30	19	1	1
45—	29	15	1	3	28	9	1	...
55—	23	17	3	1	23	12	...	...
65 and upwards	5	7	1	3	11	13	1	1
TOTALS	229	203	50	66	136	114	11	9

Of the 270 deaths of Tuberculosis (all forms) returned by the Local Registrars, 47 (17.4 per cent.) were of un-notified cases, the reasons given being:—

Visitors	.....	.....	.....	.....	.....	7
Diagnosed on Post Mortem Examination	.....	.....	.....	.....	.....	15
Regarded by Medical Attendant as already notified	.....	.....	.....	.....	.....	25

This table shows the occupations of 259 adults who died from Tuberculosis in 1937.

Adults—16 years of age and upwards.

MALES.				
Advertising Agent	1	Holiday Camp	
Attendant	1	Proprietor	1
Baker	3	Insurance Agent	..... 1
Bootmaker	1	Labourer, Farm,	..... 6
Bricklayer and Mason		6	Labourer, General,	..... 7
Bus Conductor	2	Licensed Victualler	..... 1
Butcher	2	Millhand	..... 1
Caretaker	1	Miner	..... 2
Carpenter and Joiner		5	Motor Driver	..... 5
Chauffeur	1	No occupation	..... 9
Chef	1	Painter	..... 1
Chemist	1	Plumber	..... 1
Clerk	13	Poultryman	..... 2
Contractor	1	Retired	..... 1
Dental Mechanic	1	Sailor	..... 3
Domestic	1	Shop Assistant	..... 1
Electrician	3	Shop Keeper	..... 7
Engine driver and cleaner		2	Sign Writer	..... 1
Engineer	3	Steward	..... 1
Ex-sailor	6	Student	..... 2
Ex-soldier	9	Tailor	..... 3
Farmer	5	Transport Worker	..... 1
Fisherman	3	Traveller	..... 4
Garage Proprietor	1	Waiter	..... 2
Ganger	1	Welder	..... 1
Gardener	3	Public Works Foreman	1
Golf Caddy	1		
Groom	1		
			Total	144

FEMALES.				
Barmaid	1	Schoolmistress	..... 1
Clerk	1	Shop Assistant	..... 1
Domestic	15	Waitress	..... 1
Dress Fitter	1	Washerwoman	..... 1
Housewife	50	Widow	..... 4
Laundress	4		
Manageress	1		
No occupation	33	Total	115
Nurse	1		

TABLE V.

Showing the Work of the Dispensaries during the year 1937

DIAGNOSIS.	PULMONARY.		NON-PULMONARY		TOTAL.		TOTAL.	GRAND Total.							
	Adults.	Children	Adults.	Children	Adults.	Children									
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.									
A.—New Cases examined during the year (excluding contacts) :															
(a) Definitely tuberculous ..	160	146	11	6	24	22	8	15	184	168	19	21	392		
(b) Doubtfully tuberculous ..	—	—	—	—	—	—	—	—	30	22	12	8	72		
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	184	253	180	125	742	1206	
B.—Contacts examined during the year :															
(a) Definitely tuberculous ..	7	6	—	4	—	—	—	—	7	6	—	4	17		
(b) Doubtfully tuberculous ..	—	—	—	—	—	—	—	—	—	2	—	—	2		
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	103	297	339	353	1092	1111	
C.—Cases written off the Dispensary Registers as :															
(a) Recovered ..	26	41	11	10	9	4	5	5	35	45	16	15	111	237	
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ..	—	—	—	—	—	—	—	—	290	551	521	480	1842	1953	
D.—Number of Persons on Dispensary Registers on December 31st :															
(a) Diagnosis completed ..	918	883	107	93	98	103	72	76	1016	986	179	169	2350		
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	30	24	12	8	74	2424	
1. Number of persons on Dispensary Registers on January 1st														2411	
2. Number of patients transferred from other areas and of "lost sight of" cases returned ..														83	
3. Number of patients transferred to other areas and cases "lost sight of" ..														228	
4. Died during the year ..														206	
5. Number of attendances at the Dispensary (including Contacts) ..														3230	
6. Number of consultations with medical practitioners :															
(a) Personal ..														446	
(b) Others ..														2407	
7. Number of visits by Tuberculosis Officers to Homes (including personal consultations)														4305	
8. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes ..														1569	
9. Number of :															
(a) Specimens of sputum, &c., examined ..														1708	
(b) X-ray examinations made in connection with Dispensary work ..														5222	
10. Number of Insured Persons under Domiciliary Treatment on the 31st December ..														1228	
11. Number of "Recovered" cases restored to Dispensary Registers, and included in A (a) and B (b) above ..														8	
12. Number of "T.B. Plus" cases on Dispensary Registers on December 31st ..														783	

The following information with regard to the localisation of the deaths from Tuberculosis in 1937 has been obtained from the Returns of the Local Registrars (not those from the Registrar-General).

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Lungs	139	112	251
Meningitis	6	3	9
Generalised	—	—	—
Peritoneum and Intestines	—	—	—
Spinal Column	3	—	3
Joints	1	—	1
Other Forms	3	3	6
	152	118	270

Of the 270 deaths, 14 (5.2 per cent.) occurred amongst children under 16, and 251 (94.8 per cent.) amongst adults.

Prevention of Tuberculosis Regulations, 1925.

No action has been taken by the County Council under these Regulations.

Dispensary Work.

There are three County Tuberculosis Dispensaries situated at:

- (1) Exeter: 4, Barnfield Crescent, Exeter.
(10 a.m. to 5 p.m. Fridays).
" X-rays and Ultra Violet Rays Clinic.
- (2) Barnstaple: North Devon Infirmary (Annexe),
Barnstaple.
(10 a.m. to 4.30 p.m. Tuesdays).
- (3) Torquay: Whitecliff Hospital, Torquay.
(2 p.m. to 5 p.m. Mondays).

Table (V) shows that 1,206 new patients were examined for the first time during 1937. Of these 392, or 32.5 per cent., were found to be "definitely tuberculous," and 742 or 61.5 per cent., either revealed no evidence of tuberculosis or, after a period of observation, were considered to be "non-tuberculous." It further shows that 1,111 contacts were examined during the year in addition to the 1,206 new cases. Of these, 17, or 1.5 per cent. were found to be "definitely tuberculous" and 1,092, or 98.3 per cent., were considered to be "non-tuberculous."

It will be seen that the total number of individuals examined during the year for the first time was 2,317 as compared with 1,943 in the previous year. Of these, 1,256 were adults and 1,061 were children. In all, 409 new cases of Tuberculosis were discovered.

The number of visits made by the Tuberculosis Officers to patients in their own homes during the year, was 4,305. The number of consultations of Tuberculosis Officers with the patients' own Doctors was 2,853.

The Diagnosis of Pulmonary Tuberculosis.

During the year, 111 cases were written of the Dispensary Register as "recovered."

Of the 2,317 new cases who presented themselves for examination for the first time during 1937, 348 were found to be suffering from Pulmonary Tuberculosis, and were placed in the following categories:—

Sputum negative for Tubercle Bacilli	187 or 53.7%
„ positive „ „ Group I	20 or 5.8%
„ „ „ „ „ II	79 or 22.7%
„ „ „ „ „ III	62 or 17.8%

It will thus be seen that 161 or 46.3 per cent. of the cases had a positive sputum when they first came to the notice of the Tuberculosis Officer.

X-Rays.

The value of X-rays in the diagnosis of pulmonary tuberculosis in its early stages is definitely established, particularly in the examination of contacts.

For particulars of cases treated see page 66.

Institutional Treatment.

The number of patients in receipt of residential treatment at the beginning of the year was 258.

During the year, 525 patients were admitted, 477 discharged, while 61 died.

The number of patients in Institutions on December 31st, 1937, was 245.

TABLE #VI.

The following table shows the immediate Results of Treatment of definitely Tuberculous Patients discharged during the year 1937 from Institutions approved for the treatment of Tuberculosis.

Condition at Time of Discharge.	Duration of Residential Treatment in the Institution.															Grand Total
	Under 3 mos.			3 to 6 mos.			6 to 12 mos.			Over 12 mos.			TOTAL			
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.																
CLASS T.B. MINUS																
Quiescent ..	1	1	-	3	2	1	-	1	-	1	1	-	5	13	1	11
Not quiescent ..	22	15	1	7	12	1	4	17	3	2	2	-	35	46	5	86
Died in Institution	-	-	-	-	-	-	-	2	-	-	-	-	-	2	-	2
CLASS T.B. PLUS																
Group I.																
Quiescent ..	-	-	-	1	1	-	-	-	-	-	-	-	1	1	-	2
Not quiescent ..	1	-	-	2	2	2	-	-	-	-	-	-	3	3	-	7
Died in Institution	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Group II.																
Quiescent ..	1	-	-	-	-	-	-	2	-	-	1	-	1	3	-	4
Not quiescent ..	9	15	-	8	8	-	8	13	-	1	5	-	26	41	-	67
Died in Institution	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Group III.																
Quiescent ..	-	-	-	-	-	-	4	1	-	-	1	-	4	2	-	7
Not quiescent ..	15	10	-	10	9	-	16	13	-	11	9	-	52	41	-	93
Died in Institution	11	9	-	2	7	-	7	1	-	3	6	-	23	23	1	46
NON-PULMONARY TUBERCULOSIS.																
BONES & JOINTS.																
Quiescent ..	4	3	-	4	3	2	5	2	9	1	2	4	14	10	15	39
Not quiescent ..	1	2	-	2	1	2	1	-	3	1	2	2	5	5	7	17
Died in Institution	-	-	1	-	1	-	-	1	-	1	-	-	1	1	-	2
ABDOMINAL																
Quiescent ..	1	-	-	1	1	-	-	-	-	-	-	-	2	1	-	3
Not quiescent ..	-	-	-	1	1	-	-	-	-	-	1	-	1	2	-	3
Died in Institution	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OTHER ORGANS.																
Quiescent ..	-	1	-	-	1	-	1	1	-	-	-	-	1	3	-	4
Not quiescent ..	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	1
Died in Institution	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PERIPHERAL GLANDS																
Quiescent ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Not quiescent ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Died in Institution	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE VI

The following table shows the percentage results of treatment of tuberculous patients who were treated during the year 1937 from institutions approved for the treatment of tuberculosis.

Institution	Percentage of tuberculous patients in the institution											
	Under 15 years			15 to 25 years			25 to 35 years			35 to 45 years		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
1	1	1	2	1	1	2	1	1	2	1	1	2
2	1	1	2	1	1	2	1	1	2	1	1	2
3	1	1	2	1	1	2	1	1	2	1	1	2
4	1	1	2	1	1	2	1	1	2	1	1	2
5	1	1	2	1	1	2	1	1	2	1	1	2
6	1	1	2	1	1	2	1	1	2	1	1	2
7	1	1	2	1	1	2	1	1	2	1	1	2
8	1	1	2	1	1	2	1	1	2	1	1	2
9	1	1	2	1	1	2	1	1	2	1	1	2
10	1	1	2	1	1	2	1	1	2	1	1	2
11	1	1	2	1	1	2	1	1	2	1	1	2
12	1	1	2	1	1	2	1	1	2	1	1	2
13	1	1	2	1	1	2	1	1	2	1	1	2
14	1	1	2	1	1	2	1	1	2	1	1	2
15	1	1	2	1	1	2	1	1	2	1	1	2
16	1	1	2	1	1	2	1	1	2	1	1	2
17	1	1	2	1	1	2	1	1	2	1	1	2
18	1	1	2	1	1	2	1	1	2	1	1	2
19	1	1	2	1	1	2	1	1	2	1	1	2
20	1	1	2	1	1	2	1	1	2	1	1	2
21	1	1	2	1	1	2	1	1	2	1	1	2
22	1	1	2	1	1	2	1	1	2	1	1	2
23	1	1	2	1	1	2	1	1	2	1	1	2
24	1	1	2	1	1	2	1	1	2	1	1	2
25	1	1	2	1	1	2	1	1	2	1	1	2
26	1	1	2	1	1	2	1	1	2	1	1	2
27	1	1	2	1	1	2	1	1	2	1	1	2
28	1	1	2	1	1	2	1	1	2	1	1	2
29	1	1	2	1	1	2	1	1	2	1	1	2
30	1	1	2	1	1	2	1	1	2	1	1	2
31	1	1	2	1	1	2	1	1	2	1	1	2
32	1	1	2	1	1	2	1	1	2	1	1	2
33	1	1	2	1	1	2	1	1	2	1	1	2
34	1	1	2	1	1	2	1	1	2	1	1	2
35	1	1	2	1	1	2	1	1	2	1	1	2
36	1	1	2	1	1	2	1	1	2	1	1	2
37	1	1	2	1	1	2	1	1	2	1	1	2
38	1	1	2	1	1	2	1	1	2	1	1	2
39	1	1	2	1	1	2	1	1	2	1	1	2
40	1	1	2	1	1	2	1	1	2	1	1	2
41	1	1	2	1	1	2	1	1	2	1	1	2
42	1	1	2	1	1	2	1	1	2	1	1	2
43	1	1	2	1	1	2	1	1	2	1	1	2
44	1	1	2	1	1	2	1	1	2	1	1	2
45	1	1	2	1	1	2	1	1	2	1	1	2
46	1	1	2	1	1	2	1	1	2	1	1	2
47	1	1	2	1	1	2	1	1	2	1	1	2
48	1	1	2	1	1	2	1	1	2	1	1	2
49	1	1	2	1	1	2	1	1	2	1	1	2
50	1	1	2	1	1	2	1	1	2	1	1	2

Table VI.

TABLE VIa

Number of patients discharged in the during the year
 Number of patients hospitalized in the year
 Average number of days occupied
 per patient per year

Notes showing the immediate results of treatment of patients hospitalized

Classification of patients	Number of patients	Number of patients discharged in the during the year					Number of patients hospitalized in the year	Average number of days occupied per patient per year
		1950	1951	1952	1953	1954		
Class I Total	100	100	100	100	100	100	100	
Class II Total	100	100	100	100	100	100	100	
Class III Total	100	100	100	100	100	100	100	
Class IV Total	100	100	100	100	100	100	100	
Class V Total	100	100	100	100	100	100	100	
Class VI Total	100	100	100	100	100	100	100	
Class VII Total	100	100	100	100	100	100	100	
Class VIII Total	100	100	100	100	100	100	100	
Class IX Total	100	100	100	100	100	100	100	
Class X Total	100	100	100	100	100	100	100	
Class XI Total	100	100	100	100	100	100	100	
Class XII Total	100	100	100	100	100	100	100	
Class XIII Total	100	100	100	100	100	100	100	
Class XIV Total	100	100	100	100	100	100	100	
Class XV Total	100	100	100	100	100	100	100	
Class XVI Total	100	100	100	100	100	100	100	
Class XVII Total	100	100	100	100	100	100	100	
Class XVIII Total	100	100	100	100	100	100	100	
Class XIX Total	100	100	100	100	100	100	100	
Class XX Total	100	100	100	100	100	100	100	

Table VIa.

Details of the residential treatment provided during the year are given below.

RESIDENTIAL TREATMENT.

		In Institutions on 1st Jan., 1937	Admitted during the year	Discharged during the year.	Died in the Institutions	In Institutions on 31st Dec., 1937
Tuberculous Patients	Adults. M.	110	185	163	26	106
	F.	115	214	189	28	112
	Children	31	41	48	1	23
Observation Cases	Adults. M.	—	43	37	4	2
	F.	2	35	35	1	1
	Children.	—	7	5	1	1
TOTAL ...		258	525	477	61	245

This table shows the extent of Residential Treatment provided for Ex-Service Pensioners and paid for by the Ministry of Pensions.

Disease Quiescent	Condition on Discharge.		Died	In Institutions 31st Dec.	Total
	Improved	No Improvement			
...	6	1	...	1	8

SPECIAL FORMS OF TREATMENT.

The following shows the amount of Special forms of treatment provided at the various Institutions of the County during 1937.

	Hawkmoor	Whitecliff	Hawley	Ivybank	Total
Artificial Pneumothorax	41	40	6	2	89
Phrenic Nerve Operation	36	10	...	2	48
Injection of Sancrysin ...	...	...	...	...	...
Other Gold Preparations	21	12	10	3	46
Other forms of Treatment	5	20	9	2	36
TOTAL ...	103	82	25	9	219

HAWKMOOR SANATORIUM.

1937 has seen the commencement of great changes at Hawkmoor. Building operations were begun upon the New Treatment Block and Nurses Home. The work of connecting the Sanatorium to the Public Electric Supply was also started. A new bowling green and a croquet lawn have been laid down for the patients, and a tennis court for the staff is in the process of construction.

Some of these operations have caused a temporary reduction in the number of beds, with the result that the patient days show a slight decrease on 1936.

The outstanding social event of the year was the Coronation, which was celebrated in loyal fashion by the patients and staff.

Treatment has continued to follow modern lines, and the subjoined tables present in concise form the number of patients and types of cases, together with the treatment given.

Total number of patients admitted	.....	.....	153
Total number of Beds available	.....	.....	114

Age Classification on Admission.

			<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Under 15 years	.....	.....	4	4	8
„ 25	„	.....	28	34	62
„ 35	„	.....	22	27	49
„ 45	„	.....	14	9	23
„ 55	„	.....	7	2	9
Over 55	„	.....	1	1	2
			<hr/>	<hr/>	<hr/>
			76	77	153
			<hr/>	<hr/>	<hr/>

Disease Classification on Admission.*Pulmonary only.*

			<i>Males.</i>	<i>Females.</i>	<i>Children.</i>	<i>Total.</i>
Observation	.....	.....	10	7	6	23
Class T.B. Minus	.....	.....	29	29	1	59
Class T.B. Plus—						
Group 1	.....	.....	1	3	—	4
Group 2	.....	.....	13	14	—	29
Group 3	.....	.....	18	20	1	39

Non-Pulmonary only.

Bones and Joints	.....	.....	—	—	—	—
Abdominal	.....	.....	—	—	—	—
Other Organs	.....	.....	1	—	—	1
Glands	.....	.....	—	—	—	—

 153

Special Treatments.

Artificial Pneumothorax was attempted in 41 cases, 23 being successful and 18 failed. Besides these, 57 patients whose pneumothorax had been induced elsewhere continued having refills. There were 7 cases of bilateral pneumothorax in the sanatorium during the year.

Phrenic evulsion operations were performed on 36 patients, some being used to terminate pneumothorax treatment, others as an alternative after pneumothorax had failed.

Twenty-one patients had Gold Therapy. In all cases Crisalbine intravenously was the substance used and method employed.

Ultra Violet Rays have been used in 7 cases. Two cases of tuberculous peritonitis, 2 cases of tuberculous enteritis, 1 case of tuberculous axillary adenitis, 1 case of arthritis of the ankle (?tuberculous), and 1 case of tuberculous epididymitis.

Five unclassified special treatments:—1 excision of anal fistula, 2 removals of tuberculous axillary glands, 2 incisions of tuberculous abscesses.

Two patients had cystoscopy and pyelography at the Torbay Hospital for suspected renal tuberculosis. In one case no abnormality was found, in the other a renal calculus was discovered.

X-Rays.

There were 1,895 screenings and 470 X-Ray films taken during the year. Of the films, 445 were plain chest, 13 after lipiodol injections, and 12 of other parts.

Ophthalmic Treatment.

Minor errors of refraction which might pass unnoticed in the normal healthy person, become of importance to those who are confined to bed for long periods, and whose activities are consequently restricted to such things as reading, writing, and sewing. This aspect of treatment has continued to receive special attention, the County Ophthalmic Surgeon having examined 12 cases.

Dental Treatment.

Dental treatment has continued to play an important part in the scheme of treatment. 146 patients were examined, of whom 108 had treatment. The analysis of this treatment gives 157 extractions, 95 fillings, 51 scalings and dressings. 5 dentures were supplied. General anaesthetic was given in one case only.

After Histories.

With the help of the Tuberculosis Officers this most interesting part of the work has been pursued with vigour. The number of cases untraced still remains rather large, but it is hoped that a substantial reduction may be brought about during the next twelve months.

The patients are grouped under the following headings: 1—Cured; 2—Not cured but able to work; 3—Too ill to work; 4—Dead.

Year of Discharge	Un-traced	1	2	3	Died	Total	Grand Totals
1929							
T.B.—	13	35	22	3	8	81	
T.B.+							
Group 1	3	7	7	6	7	30	
" 2	2	...	4	2	24	32	
" 3	...	...	...	1	4	5	148
1930							
T.B.—	10	23	27	5	10	75	
T.B.+							
Group 1	2	3	11	5	6	27	
" 2	4	1	2	2	28	37	
" 3	...	...	...	...	4	4	143
1931							
T.B.—	7	33	35	9	6	90	
T.B.+							
Group 1	...	2	6	3	3	14	
" 2	4	...	2	5	21	32	
" 3	...	...	...	1	10	11	147
1932							
T.B.—	4	19	54	6	9	92	
T.B.+							
Group 1	1	1	3	...	3	8	
" 2	3	...	3	12	15	33	
" 3	...	...	...	2	8	10	143
1933							
T.B.—	2	8	51	7	5	73	
T.B.+							
Group 1	1	2	6	3	1	13	
" 2	4	1	14	12	13	44	
" 3	...	1	2	...	5	8	138
1934							
T.B.—	4	14	53	9	3	83	
T.B.+							
Group 1	...	1	...	...	...	1	
" 2	...	...	17	10	16	43	
" 3	...	...	...	...	3	3	130
1935							
T.B.—	5	33	51	11	3	103	
T.B.+							
Group 1	...	...	2	1	...	3	
" 2	2	...	15	10	8	35	
" 3	...	...	1	5	6	12	153

1936								
T.B.—	1	11	58	4	3	77		
T.B.+								
Group 1	...	...	1	1	...	2		
" 2	...	...	8	23	2	33		
" 3	...	...	4	22	5	31	143	
Totals	72	195	459	180	239	1145	1145	

The patients' social club has continued to flourish, and the various ingenious schemes which have been tried to fill the idle moments with something interesting or amusing, are to be regarded as a most important psychological aspect of treatment.

We are grateful to numerous friends who have provided concerts, cinemas, and other entertainments during the year.

The Nurses' Training School has continued its good work. One out of three candidates passed Part 1, and one out of one obtained the certificate of the Tuberculosis Association.

HOSPITALS FOR THE TREATMENT OF TUBERCULOSIS.

Acute, observation, and advanced cases, and patients for special treatment are accommodated at Ivybank Hospital, Exeter (26 beds); Whitecliff Hospital, Torquay (52 beds); and Hawley Hospital, Barnstaple (28 beds). The County Council have made arrangements for the closure of Whitecliff Hospital and the provision of 40 additional beds at Hawkmoor.

The following tables show the extent of treatment provided at these institutions;—

Table showing the extent of Residential Treatment in Ivybank Hospital during 1937:—

		In the Institution on 1st Jan.	Admitted during year	Discharged during the year	Died in the Institution	In the Institution on 31st Dec.	
Number of Patients	Adults	M.	11	16	10	6	11
		F.	13	29	23	6	13
	Children	1	2	—	1	2	
Number of Observation Cases	Adults	M.	1	—	1	—	—
		F.	—	—	—	—	—
	Children	—	—	—	—	—	
TOTAL	...	26	47	34	13	26	

Table showing the extent of Residential Treatment in Hawley Hospital during 1937:—

		In the Institution on 1st Jan.	Admitted during the year	Discharged during the year	Died in the Institution	In the Institution on 31st Dec.	
Number of Patients	Adults	M.	15	15	13	6	11
		F.	11	19	10	5	15
	Children	...	1	1	...	...
Number of Observation Cases.	Adults	M.	...	1	...	1	...
		F.	...	...	...	...	...
	Children	...	1	...	1	...	
TOTAL	...	26	37	24	13	26	

Table showing the extent of Residential Treatment in Whitecliff Hospital during 1937:—

			In the Institution on 1st Jan.	Admitted during the year	Discharged during the year	Died in the Institution	In the Institution on 31st Dec.
Number of Patients	Adults	M.	29	56	47	14	24
		F.	21	62	46	15	22
	Children		1	...	1	...	...
Number of Observation Cases	Adults	M.	...	32	29	3	...
		F.	1	28	28	1	...
	Children		...	...	...	...	...
TOTAL	...		52	178	151	33	46

Diagnosis and Treatment of Non-Pulmonary Tuberculosis.

Of the 2,317 total new cases examined for the first time during 1937, 70 were found to be suffering from non-pulmonary tuberculosis and were classified as follows:—

Bones and Joints	.....	.....	.....	.....	18
Abdominal	.....	.....	.....	.....	8
Other Organs	.....	.....	.....	.....	12
Peripheral Glands	.....	.....	.....	.....	32

During the year 153 patients suffering from non-pulmonary tuberculosis were treated in various institutions not belonging to the County Council. Of this number, 46 were in institutions at the commencement of the year, 107 patients were admitted during the year, and 110 were discharged, leaving 43 still in institutions at the close of the year.

The following are the institutions at which patients were treated during 1937:—

	M.	F.	Ch.	Total
The Princess Elizabeth Orthopaedic Hospital, Exeter	3	5	30	38
Dame Roger's Orthopaedic Hospital, Ivybridge	—	—	11	11
Royal Devon and Exeter Hospital, Exeter	9	15	9	33
Morland Hall, Alton	—	—	1	1
Mount Gold Orthopaedic Hospital, Plymouth	30	29	1	60
Angela Convalescent Home, Tipton St. John	—	—	7	7
Torbay Hospital	2	—	—	2
North Devon Infirmary	—	1	—	1
Total	44	50	59	153

Ultra-Violet Rays.

Lamps for the application of Ultra Violet Rays are available at Exeter, Hawkmoor, Hawley and Whitecliff.

The various tuberculous conditions from which the 26 patients treated by Ultra Violet Rays were suffering, and the area where treated, are given below.

	Whitecliff	Hawley	Hawkmoor	North Devon Infirmary	Exeter
Bones and Joints	—	—	1	—	—
Abdominal Organs	1	3	4	—	—
Other Organs	—	6	1	1	—
Spine	—	—	—	—	—
Glands	—	1	1	2	5
General Debility	—	—	—	—	—
	1	10	7	3	5

Home Visitation by Health Visitors.

The total number of visits paid by the Health Visitors to the homes of the tuberculous patients was 1,569. As the Tuberculosis Officers make regular visits to the homes of the patients, home visits by the Health Visitors are only

made in connection with the inspection of shelters and extra nourishment, or if specially instructed to do so by the Tuberculosis Officers.

Grants of Extra Nourishment, etc.

The following grants were made by the Tuberculosis and Accounts Sub-Committee during the year:—

- (1) Extra Nourishment—653 grants at 2/6 per week, and 5 grants at 5/- per week, each for three months to 284 patients.

Except in a very few instances where the Tuberculosis Officer specially recommended cream or butter, milk and eggs only have been granted.

- (2) Dentistry—20 grants.
 (3) Surgical Appliances—153 grants.
 (4) Nursing—4 grants.
 (5) Fares—104 grants.

Shelters.

Shelters are loaned to patients on the advice of the Tuberculosis Officers, and are inspected at regular intervals by the Tuberculosis Officers and Health Visitors. The number of shelters available is 83; at the end of the year, 80 were occupied.

Home Nursing of Tuberculous Patients.

An arrangement has been made with the Devon County Nursing Association whereby certain patients suffering from Tuberculosis can be nursed by the nurses of the District Nursing Association at the rate of 1/- per visit—the total weekly amount not to exceed 10/- per patient. In 1937 grants were made in respect of the nursing of four patients amounting to £11 12s. 0d.

Preventorium (Sydney House).

During the year 73 children were admitted, 72 discharged, and 40 were in the institution at the end of the year.

The following table shows the After History of the 278 children who completed a course of treatment during the period from 1st January, 1933, to 31st December, 1937, (5 years).

PRESENT CONDITION		Non-tuberculous	Notified as tuberculous since discharge	Totals
In good health	(a) At school or at work ...	198	3	201
	(b) Not at school or at work ...	2	Nil	2
In fair health	(a) At school or at work ...	27	Nil	27
	(b) Not at school or at work ...	5	Nil	5
Too ill to go to school or work ...		1	Nil	1
Left district		41	Nil	41
Deceased		1	Nil	1
TOTALS ...		275	3	278

X-RAYS.

During the year the following patients from the Administrative County, excluding North Devon, were examined by the County Radiographer—4,458.

Table I shows the number of Pulmonary and Non-Pulmonary patients and Table II classifies these patients according to sex and age:—

Table I.

	Mid. Devon and Ivybank	South Devon and Whitecliff	Hawkmoor	Ortho. Hosp. and other Clinics	Total
Pulmonary T.B.	903	1415	1986	—	4304
Non-Pulmonary	5	37	11	101	154
Total	908	1452	1997	101	4458

Table II.

	Mid. Devon and Ivybank	South Devon and Whitecliff	Hawkmoor	Ortho. Hosp. and other Clinics	Total
Males ...	368	597	731	21	1717
Females ...	517	781	1251	7	2556
Children ...	23	74	15	73	185
Total ..	908	1452	1997	101	4458

The following table shows the number of examinations of these patients for each area of the County:—

Table III.

	Mid. Devon and Ivybank	South Devon and Whitecliff	Hawkmoor	Ortho. Hosp. and other Clinics	Total
Screenings ...	849	1532	1895	—	4276
Films ..	943	904	469	160	2476
Total ...	1792	2436	2364	160	6752

Other X-Ray Examinations.

691 examinations were carried out by the North Devon Infirmary of cases referred from the North Devon Area of the County, and 74 examinations were made by the Plymouth Corporation of patients who could not conveniently be brought to the County Council's own clinics.

X-Ray Examinations for other Authorities.

During the year, 170 patients were X-rayed for the Exeter City Council.

MATERNITY AND CHILD WELFARE.

Births.

During the year 1937, 5,610 (5,362 legitimate, 248 illegitimate) births were registered in the Administrative County, including Torquay (2,873 males and 2,737 females); this is a decrease of 132 on the year 1936. Of the total number of births, 2,640 occurred in the Urban Districts and 2,970 in the Rural Districts.

The birth rate for the County for 1937 was 12.2 per 1,000 of the population, compared with 12.4, 12.4, 12.6, 13.3 and 12.4 for the five previous years.

In the combined Urban Districts the birth rate was 11.3 and in the combined Rural Districts 13.0, decreases of .1 and .5 respectively as compared with 1936. Table VII shows the number of births and the birth rate in each of the Urban and Rural Districts.

In the Urban Districts the highest rate was in Brixham and the lowest in Seaton. In the Rural Districts the highest rate was in Bideford and the lowest in Totnes.

The rate for England and Wales for 1937 was 14.9 compared with 14.8 in 1936.

Illegitimate Births.

There were 248 illegitimate births (Urban 155, Rural 93; males 129, females 119) registered, giving a rate of 5.8 per cent. for the Urban and 3.1 per cent. for the Rural births, with a general rate of 4.4 per cent. for the County, compared with 4.4 for last year.

Stillbirths.

There were 214 stillbirths (112 males, 102 females), registered in the County, giving a rate of 38.1 per 1,000 total births.

Notification of Births.

Under an Order made by the Ministry of Health in 1917, under Section 2 (4) (b) of the Notification of Births Act, 1907, all births in the Administrative County, other than Torquay, must be notified within 36 hours to the County Medical Officer.

In the County, other than Torquay, 4,575 live births were notified, compared with 5,103 registered, a difference of 528. Of this number, 486 were of births transferred to the Administrative County of Devon from other 'Local Authorities.

	1936	1937
Notified by Medical Practitioners	1,267	1,268
Notified by Midwives	3,016	3,110
Totals	4,283	4,378
Reported by the Registrars as Non-Notified	246	197
Totals	4,529	4,575

GENERAL TABLE VII.

Districts.	Populations.	Births. Rates per 1000 Population.		Infant Deaths. (Rates per 1000 live births.)		Maternal Deaths. (Rates per 1000 live births.)	
		No.	Rate.	No.	Rate.	No.	Rate.
		URBAN.					
Ashburton ...	2436	26	10.6	1	38.4	—	—
Axminster ...	2333	35	15.0	4	114.2	—	—
Barnstaple ...	14710	181	12.3	17	93.9	—	—
Bideford ...	9361	121	12.9	7	57.8	—	—
Brixham ...	8212	125	15.2	5	40.0	1	8.0
Buckfastleigh ...	2447	20	8.1	1	50.6	—	—
Budleigh Salterton ...	3334	30	8.9	4	133.3	—	—
Crediton ...	3718	51	13.7	1	19.6	—	—
Dartmouth ...	5911	74	12.5	4	54.0	—	—
Dawlish ...	5390	52	9.6	2	38.4	—	—
Exmouth ...	15260	166	10.8	6	36.1	—	—
Great Torrington ...	2794	37	13.2	4	108.1	—	—
Holsworthy ...	1342	18	13.4	2	111.1	—	—
Honiton ...	3192	40	12.5	2	50.0	—	—
Ifracombe ...	8328	95	11.4	4	42.1	—	—
Kingsbridge ...	3032	32	10.5	—	—	—	—
Lypton ...	1823	17	9.3	2	117.6	—	—
Newton Abbot ...	14660	151	10.3	10	66.2	1	6.6
Northam ...	5270	53	10.0	3	56.6	—	—
Okehampton ...	3587	37	10.3	2	54.0	—	—
Ottery St. Mary ...	3564	49	13.7	2	40.8	—	—
Paignton ...	21400	233	10.8	5	21.4	—	—
Salcombe ...	2229	22	9.8	—	—	—	—
Seaton ...	2481	20	8.0	2	100.0	—	—
Sidmouth ...	8337	77	9.2	8	103.8	1	12.9
South Molton ...	2795	32	11.4	3	93.7	—	—
Tavistock ...	5540	63	11.3	1	15.8	—	—
Teignmouth ...	9774	93	9.5	4	43.0	—	—
Tiverton ...	9880	116	11.7	4	34.4	—	—
Torquay ...	44630	507	11.3	23	45.3	3	5.9
Totnes ...	4627	67	14.4	3	44.7	—	—
URBAN ...	232400	2640	11.3	136	51.5	6	2.2
RURAL.							
Axminster ...	10090	126	12.4	4	31.7	—	—
Barnstaple ...	18760	242	12.89	19	78.5	—	—
Bideford ...	5030	79	15.7	1	12.6	—	—
Broadwoodwidge ...	1995	31	15.5	1	32.2	—	—
Crediton ...	9426	136	14.4	4	29.4	2	14.7
Holsworthy ...	6247	76	12.1	7	92.1	—	—
Honiton ...	6784	102	15.0	7	68.6	—	—
Kingsbridge ...	10580	119	11.2	4	33.6	—	—
Newton Abbot ...	21490	297	13.8	18	60.6	—	—
Okehampton ...	11890	133	11.1	7	52.6	—	—
Plympton St. Mary ...	33840	475	14.0	21	44.2	3	6.3
St. Thomas ...	29230	379	12.9	19	50.1	2	5.2
South Molton ...	9113	128	14.0	5	39.0	1	7.8
Tavistock ...	13870	164	11.8	8	48.7	2	12.1
Tiverton ...	19130	261	13.6	17	65.1	2	7.6
Torrington ...	7495	89	11.8	2	22.4	—	—
Totnes ...	12430	133	10.6	10	75.1	—	—
RURAL ...	227400	2970	13.06	154	51.8	12	4.04
ADMINISTRATIVE COUNTY ...	459800	5610	12.2	290	51.6	18	3.2

Stillbirths.

In the Administrative County other than Torquay, 147 Stillbirths were notified during the year.

	1936	1937
Notified by Medical Practitioners	62	68
Notified by Midwives	84	79
	<hr/>	<hr/>
	146	147
	<hr/>	<hr/>

In addition 23 Stillbirths have been transferred to the Administrative County of Devon from other Authorities.

In the case of all Stillbirths attended by medical men, a letter is addressed to the Medical Practitioner concerned suggesting the application of a Wassermann test.

In 1937 this was considered desirable in 8 cases. In midwives' cases special enquiries are made by the Health Visiting Staff, and where it is thought necessary medical advice is suggested.

Stillbirths were reported on by the Health Visitors in 54 cases, and from the information so obtained the causes of death were as follows:—

Ante partum haemorrhage	5
Premature birth	4
Eclamptic Fits	1
Induction	1
Shock or injury to mother	6
Strangled by cord	2
Instrumental delivery	3
Born before the arrival of Doctor or Midwife	4
Maternal ill-health	5
Breech presentation	3
Transverse presentation	1
Maceration	1
Mother deformed	3
Foot presentation	1
Cause unknown	14
	<hr/>
Total	54
	<hr/>

Infantile Mortality.

The number of deaths of infants under one year during 1937 was 290 (156 males and 134 females) and of this

number 14 or 4.8 per cent. were illegitimate. Of the total deaths, 136 occurred in the Urban Districts and 154 in the Rural Districts.

The infantile mortality, i.e., the number of deaths under one year per 1,000 live births, for the Administrative County was 51.6 compared with 47.7 for 1936. This compares favourably with that for England and Wales, viz., 58.

In the Urban Districts the infantile mortality rate was 51.5. In the Rural Districts the infantile mortality rate was 51.8. Table VII shows the number of infantile deaths with rates per 1,000 births for each district in the Administrative County.

The following table compares infantile mortality rates in the County with England and Wales during the last ten years.

Districts	Rates per 1,000 Registered Births									
	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Urban	56	52	48	52	54	41	53	43	47	51
Rural	45	55	47	48	56	47	44	42	48	51
Administrative County ...	50	53	47	50	55	44	48	43	47	51
England and Wales ...	65	74	60	66	65	64	59	57	59	58

Ophthalmia Neonatorum Regulations and Public Health Act, 1936.

Ophthalmia Neonatorum is a notifiable disease of the eyes of infants acquired during birth. Under the above named Regulations, there were 13 cases notified during the year, including Torquay (10 Urban, 3 Rural), compared with 19 in 1936.

As from the 1st April, all notifications of this disease have to be sent direct to the County Medical Officer by the Medical Practitioners, instead of to the District Medical Officers of Health.

The following shows the number of cases of Ophthalmia Neonatorum notified during each of the last 5 years:—

Year	1933	1934	1935	1936	1937
Number	23	12	14	19	13

The Inspector of Midwives investigated 12 cases occurring in the Administrative County, other than Torquay, and reported as follows:—

Cases Investigated	Treated		Vision		Total Blindness
	At Home	In Hosp.	Unimpaired.	Impaired.	
12	9	3	12	Nil	Nil

8 cases occurred in the practice of midwives, and in 4 cases doctors were present at the birth.

Orthopaedic Treatment of Defects.

The following table gives the number of children who received treatment or were on the register at the various Hospitals and Clinics:—

Devonian Association for Cripples' Aid.

Number of cases treated, or on register, arranged according to causes of Defects:—

	Con- genital Deform- ities	Injuries	Rickets	Tuber- culosis Bones and Joints	Deform- ities fol- lowing acute in- fections	Pos- tural Deform- ities	Foot and Knee Abnor- malities	Other Con- ditions	Total
<i>Hospitals.</i>				*					
Princess Eliza- beth, Exeter	9	...	7	5	6	2	6	2	37
Ivybridge ...	6	1	1	...	2	...	3	...	13
Angela Conval- escent Home, Tipton S. John	...	...	...	...	1	...	..	...	1
Mount Gold Hosp., Plymouth	...	...	...	1	...	...	...	...	1
<i>Clinics.</i>									
Barnstaple ...	13	..	7	...	1	3	33	7	64
Exeter ...	15	1	5	3	3	1	19	2	49
Honiton ...	6	1	1	1	3	...	11	...	23
Kingsbridge ...	4	...	2	...	...	...	11	...	17
Launceston ...	2	...	...	...	...	...	3	...	5
Okehampton ...	3	..	3	..	...	...	21	1	28
South Western...	5	..	3	1	2	...	13	1	25
Tiverton ...	13	1	...	1	...	...	13	...	28
Torquay ...	16	1	6	4	4	1	34	...	66
	92	5	35	16	22	7	167	13	357

*These children were treated under the Tuberculosis Scheme, and the numbers are included in the figures given in the Tuberculosis section of this report.

The amount spent on Orthopaedic Treatment (other than Tuberculosis) of crippled infants under 5 years of age during the financial year was as follows:—

	£	s.	d.
Hospitals	1,831	14	2
Clinics	263	5	0
Other Expenses.....	69	14	10
	<hr/>		
	£2,164	14	0
	<hr/>		

(Further reference to Orthopaedic treatment will be found under the heading of "Orthopaedic Treatment").

In addition to the above, one child was admitted to Rosehill Children's Home, Torquay, 2 children to Dunraven Children's Home, Alphington, and 1 (re-admission) to St. James's Hospital, London.

Maternal Mortality.

During the year 1937, there occurred in the Administrative County, including Torquay, 18 deaths as a result of Childbirth; this corresponds to a figure of 3.2 per 1,000 live births. Of these deaths, 6 occurred in the Urban Districts, and 12 in the Rural Districts, corresponding to rates of 2.2 and 4.0 per 1,000 births respectively.

The causes of death during Childbirth are classified as follows:—(1) Puerperal Sepsis; (2) Other Puerperal causes:—

In 1937, the following maternal deaths were registered:

	Puerperal Sepsis. No.	Other Puerperal Causes, No.	TOTAL.	
			No.	Rate per 1000 births
Urban	3	3	6	2.2
Rural	1	11	12	4.0
County	4	14	18	3.2

In 1900, the Maternal death-rate in the County was 4.3.

The following shows the Maternal death-rates in the County for the last 5 years, compared with the rates for England and Wales:—

Year.	Deaths from Puerperal Sepsis (Admin. County).	Deaths from other Puerperal causes (Admin. County).	Deaths from Childbirth—all causes.			
			Urban Districts.	Rural Districts	Administrative County.	England and Wales.
1933	1.3	2.8	5.2	3.6	4.4	4.4
1934	1.5	2.8	3.8	4.8	4.3	4.6
1935	1.5	3.6	5.7	4.8	5.2	4.1
1936	0.8	2.4	1.8	4.5	3.3	3.8
1937	0.7	2.4	2.2	4.0	3.2	3.2

Causes of Maternal Deaths.

During the year, 10 deaths were investigated (excluding Torquay) in which the Certificates indicated that the fatalities were associated with pregnancy or parturition.

According to the details submitted these can be classified in the following groups:—

- | | | | | | |
|-----|-------------------------|-------|-------|-------|-----------|
| (1) | Eclampsia | ..... | ..... | ..... | 1 death. |
| (1) | Puerperal Sepsis | ..... | ..... | ..... | 2 deaths. |
| (3) | Obstetrical shock | ..... | ..... | ..... | 3 deaths. |
| (4) | Post partum haemorrhage | | | | 1 death. |
| (5) | Pulmonary Embolism | | | | 2 deaths. |
| (6) | Syncope and shock | | | | 1 death. |

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Puerperal Fever and Pyrexia Regulations, 1926 and the Public Health Act, 1936.

During the year * there were 8 cases of Puerperal Fever (Urban 5, Rural 3) and 48 cases of Puerperal Pyrexia (Urban 33, Rural 15) notified, including the Borough of Torquay.

* As from October 1st, 1937, notifications of Puerperal Fever are discontinued as such, and are notified as cases of Puerperal Pyrexia.

The Inspector of Midwives investigated 42 cases of Puerperal Fever and Pyrexia (Puerperal Fever 5, Puerperal Pyrexia 37) other than Torquay. In 1936, 48 cases were investigated.

From the details obtained from her enquiries it would appear that, exclusive of the Borough of Torquay, 27 cases were attended by a Doctor and 15 cases by a Midwife. Of the total number notified 26 cases received treatment in Hospital and 16 cases were treated at home. As indicated above 2 cases died as a result of sepsis associated with childbirth.

Ante-Natal Centres.

An ante-natal Centre, distinct from the Maternity and Child Welfare Centre, was established at Paignton in 1933, and during 1937, 106 expectant mothers attended, the total number of attendances being 261. There were 35 sessions.

Ante-Natal Medical Examinations.

The County Council make payments of a fee of 5/- per examination (including report) plus mileage at the usual rate of 1/- per mile (beyond two miles each way), on the understanding that in each case there is one general and obstetrical examination early in pregnancy (about the 16th week) and one full obstetrical examination at a later stage (about the 32nd week).

In 1937, 1,416 (1,064 last year) applications were received from medical practitioners for payment of fees. The amount paid during the financial year was £895 2s. 0d.

Dental Treatment.

During 1937, 96 applications (40 last year) were granted. The Scheme applies to expectant and nursing mothers, and includes extractions, dentures and conservative treatment. The cost for the financial year was £414 13s. 0d.

Consultants.

The Honorary Physicians and Assistant Physicians, the Honorary Surgeons and Assistant Surgeons of the following Hospitals have been appointed by the County Council to be available for consultation by medical practitioners in cases of Puerperal Fever and Pyrexia and of any abnormality:—

Prince of Wales Hospital, Plymouth.

Royal Devon and Exeter Hospital, Exeter.

North Devon Infirmary, Barnstaple.

Torbay Hospital, Torquay.

Dr. Mabel L. Ramsey, Plymouth.

Dr. B. Venn Dunn, Torquay.

Dr. J. Marshall Scott, Southernhay, Exeter.
 Dr. J. Nicholson, Lailey, Taunton.
 Dr. A. K. Hamilton, Tiverton.
 Dr. G. Lowe, Tiverton.
 Dr. G. Nicholson, Tiverton.
 Dr. R. Nash, South Molton.

Before calling in Consultants, other than in cases of urgency, the County Medical Officer has to be consulted. The fixed fees for consultation are as follows:—

By day, £3-3-0, plus mileage allowance of 1/- per mile each way.

By night, £5-5-0, plus mileage allowance of 1/- per mile each way.

Patients recommended by doctors for Ante-natal consultations must, if they are able, attend the doctor's surgery or the hospital, the fee for these consultations being £1-1-0. In addition fees varying from £2-2-0 to £10-10-0 are paid for operation or manipulation or Cæsarean section carried out in the home of the patient.

In 1937 application was made and granted in respect of 63 cases (54 last year). The cost for the year 1937-38 was £501-8-6 towards which £57-16-0 was received in contributions.

BACTERIOLOGY.

This work is done at the County Laboratory.

Institutional Provision for Maternity Care.

Arrangements have been made for the Institutional accommodation of women:—(1) found to have some abnormal condition; (2) having unsuitable accommodation for confinements at home; (3) suffering from puerperal fever or pyrexia; (4) suffering from venereal diseases. The cost varies from £2-2-0 to £3-3-0 per week.

The following Hospitals admit patients coming within one or more of the above categories:—

The Torbay Hospital, Torquay.
 The Royal Devon and Exeter Hospital, Exeter.
 The North Devon Infirmary, Barnstaple.
 The Prince of Wales Hospital, Plymouth.
 The City Hospital, Plymouth.
 The Maternity Home, Durnford St., Plymouth.
 The District Hospital, Paignton.

The Victoria Cottage Hospital, Sidmouth.
 The Cottage Hospital, Lynton.
 The Cottage Hospital, Exmouth (emergency only).
 The Cottage Hospital, Dartmouth (emergency only).
 The Cottage Hospital, Moretonhampstead.
 The Cottage Hospital, Brixham.
 The Cottage Hospital, Bovey Tracey.
 The Winsford Cottage Hospital, Beaworthy.
 The District Hospital, Tavistock.
 The District Hospital, South Molton.
 Kenwyn Nursing Home, Crediton.
 The District Hospital, Tiverton.
 The Tyrrell Cottage Hospital, Ilfracombe.
 St. Mary's and St. Olaves Home, Exeter

Hospital or Maternity Home Treatment has been requested in the following cases:—

The Cottage Hospital, Moretonhampstead	3 cases
The Durnford St. Maternity Home, Plymouth	13 cases
The Victoria Cottage Hospital, Sidmouth	10 cases
The Royal Devon and Exeter Hospital	86 cases
The North Devon Infirmary, Barnstaple	63 cases
The Torbay Hospital, Torquay	27 cases
The Prince of Wales Hospital, Plymouth	8 cases
The Cottage Hospital, Bovey Tracey	3 cases
The Tiverton Hospital	20 cases
The Cottage Hospital, Brixham	1 case
The District Hospital, Paignton	4 cases
The City Hospital, Plymouth	7 cases
The Cottage Hospital, Exmouth	4 cases
The Hospital, South Molton	10 cases
The Hospital, Tavistock	2 cases
The Cottage Hospital, Lynton	4 cases
The Cottage Hospital, Dartmouth	1 case
The Tyrrell Cottage Hospital, Ilfracombe.....	1 case
St. Olaves Home, Exeter	2 cases

Total 269 cases

Arrangements have been made with the Public Assistance Committee whereby women may be admitted to Maternity Wards at the Public Assistance Institutions by making application direct to the Medical Department instead of following the usual procedure of applying to the Relieving Officers. This was done in 24 instances.

The total amount paid during the financial year by the County Council in fees was £2,236 3s. 1d. of which £446 1s. 10d. was paid by patients. The amount repaid does not include the Royal Devon and Exeter Hospital cases, as these are assessed by the Hospital Committee and payment is made direct to them by the patients.

Home Helps.

Arrangements were made by the County Council for the provision of Home Helps for a period not exceeding two weeks at 10/- per week (this is extended in exceptional cases). During 1937, 298 applications were granted (213 last year). The total amount paid by the County Council for the financial year was £362 15s. 6d., of which £6 13s. 6d. was refunded by patients.

Maternity Outfits.

Sterilised Maternity Outfits were provided by the County Council at a cost of 4/- each. In 1937, 533 outfits (441 last year) were supplied. Of this number, 340 patients paid the full cost.

Inspection of Midwives.

During the year 1937, 1,118 visits (compared with 1,050 for the preceding year) have been paid to 356 midwives, 59 special visits have been paid, compared with 53 for last year.

Seven new District Nursing Associations have been formed:—

- (1) Bratton Fleming.
- (2) Branscombe and Beer.
- (3) Bradworthy.
- (4) Stoke Rivers.
- (5) Winkleigh.
- (6) Payhembury and Plymtree.
- (7) Landkey and Swimbridge.

The position as regards midwifery service was as follows:—

Notified intention to practise	.....	.....	356
In practice at end of 1937	.....	.....	297
Left the County	.....	.....	32
Ceased to practise	.....	.....	27

Notifications, under Rules of Central Midwives' Board.

The following notifications were received from midwives:—

	1936	1937
Requisitions for medical aid.....	1,422	1,449
Still-births	38	38
Laying out a dead body	101	109
Contact with infection	78	63
Death of mother or child	23	29
Artificial feeding	132	144
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	1,794	1,832

Artificial Feeding.

The reasons for artificial feeding in the 132 notifications received from Midwives were as follows:—

Insufficient or no milk	47
Illness of mother	16
(General health 9, debility 7).	
Mother going to work	18
Doctor's advice	10
Mother does not wish to feed	20
Breast trouble	17
Baby adopted	3
Child not thriving	11
Twins	2
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Total	144

Medical Aid.

Medical aid was summoned as follows:—

During Pregnancy.

Illness of mother	19
Discharge	12
Albuminuria	59
Phlebitis	3
Abortion or miscarriage	52
Ante partum haemorrhage	76
Disproportion (14) or abnormality (2)...	16
Varicose veins	22
Previous history unsatisfactory	3
Eclampsia	1
Toxaemia	4
Miscellaneous	114
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Total	382

During Labour.

Prolapse of vaginal wall	1
Premature labour	17
Twins	5
Placenta Praevia	.....	.....	.....	7
Collapse of Mother	.....	.....	.....	3
Retained membranes	.....	.....	.....	5
Prolonged labour	.....	.....	.....	315
Uterine inertia	.....	.....	.....	41
Malpresentation	.....	.....	.....	23
Prolapse of cord	.....	.....	.....	6
Foetal distress	.....	.....	.....	2
Abherent Placenta	.....	.....	.....	26
Ruptured Perineum	.....	.....	.....	282
Miscellaneous	.....	.....	.....	21
				<hr/>
		Total	.....	754
				<hr/>

During Puerperium.

Thrombosis	.....	.....	.....	7
Post partum haemorrhage	.....	.....	.....	36
Rise of temperature	.....	.....	.....	50
Phlebitis	.....	.....	.....	11
Eclampsia	.....	.....	.....	1
Inflammation of breast	12
Purulent discharge	1
Miscellaneous	35
				<hr/>
		Total	153
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For Infants.

Stillbirth	9
Discharging eyes	41
Feeble infant	39
Spina Bigida	1
Deformities	.....	.....	.....	4
Illness of baby	.....	.....	.....	10
Asphyxia	.....	.....	.....	5
Hydrocephalus	3
Convulsions	2
Phimosis	16
Jaundice	5
Miscellaneous	25
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		Total	160
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During the year, 1,284 applications were received from Medical Practitioners for payment of fees.

The amount paid in fees during the financial year was £2,276 10s. 10d.

Contributions received from patients amounted to £585 19s. 0d.

Grants on Appointment of new Midwives.

The County Council make a grant of £30 in respect of each newly appointed midwife who has not served under any other Local Authority. This grant is made in order to cover part of the cost of training. In 1937, Appointment Grants were made in respect of 27 midwives at a total cost of £810. Of this number, 4 midwives were trained by the Devon Nursing Association.

Post Graduate Course for Midwives.

14 midwives attended a Post-graduate Course in a London Hospital for 2 weeks each. The amount paid by the Council being £83 13s. 1d.

Equipment.

Midwifery bags are paid for by the County Council at a cost of £1-9-0 to £1-12-0 for each empty bag and £3-7-0 for a bag fully equipped. In 1937, 24 bags were supplied. The total cost was £57-3-10, including equipment and repairs.

Grants.

The Devon County Council made the following annual Grants to the Devon Nursing Association.

	£
Augmentation of salaries of midwives	4,000
In lieu of Ministry of Health grant	800
New and Needy Associations	
	(Estimated) 200
Training of Midwives	(Estimated) 660
Conveyance of Midwives	(Estimated) 200
Renewal of Motor Vehicles	(Estimated) 100
Emergency Midwives	(Estimated) 2

Total	£5,962
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Midwives Act, 1936.

The County Council have delegated to the Devon Nursing Association and other Nursing Associations the

duty of providing a midwifery service in accordance with the standards laid down by the above Act.

The County Council have undertaken to bear the cost of the improved services in so far as it relates to midwifery work. Agreements have been made only with those Associations who have undertaken to abide by the scale of salaries and fees recommended by the County Council. It is hoped that ultimately each Midwife in the County will have a telephone. Where necessary, cars are being provided.

The following is an estimate of the cost for the financial year 1937-38:—

	£
Grants to unaffiliated Associations	170
Augmentation of Salaries	3,425
Compensation to Midwives	2,425
Provision of cars	4,100
Telephones	100
Post Graduate Training	100
Total	£10,320

Motor Hire.

The Devon Nursing Association take full responsibility for the nursing of un-nursed areas, and for these services are paid a block Grant of £400 per annum by the County Council. In 1937, 120 applications (82 last year) for transport facilities were granted.

Motor Conveyance.

6 midwives use motor-bicycles for their work. 64 midwives use motor cars. 34 cars were supplied by the Nursing Association.

Women's Welfare Clinics.

These are held at Exeter, Totnes, Barnstaple, and Plymouth. During 1937, 139 (Exeter 48, Barnstaple 23, Plymouth 4) applications were received for instruction in birth control. These are only granted on production of a medical certificate. 437 applications were received for the renewal of supplies.

Health Visiting.

There are 26 Health Visitors employed by the County Council.

Work of the Health Visitors.

Table VIII shows the work of the Health Visitors during 1937.

The following shows the estimated mileage covered by Health Visitors during the year 1937:—

Area	Mileage				
	Car	Train	Bus	Bicycle	Walking
Axminster	4,735	..	..	..	93
Barnstaple Rural	6,937	152	1,997	..	468
Barnstaple .. .. .	..	626	110	1,759	..
Bideford .. .. .	..	106	983	112	231
Crediton	5,894	..	..	..	..
Crownhill	1,517	292	1,415	..	171
Dartmouth	595	..	1,643	..	475
Exmouth	2,536	..	..	..	217
Holsworthy	5,876	..	..	..	..
Honiton	4,078	..	295	..	884
Ifracombe	1,911	..	575	..	102
Kingsbridge	5,441	..	..	..	..
Newton Abbot .. .. .	..	76	33	1,411	542
Newton Abbot Rural ..	8,005	..	..	..	..
Okehampton	3,868	240	..	..	243
Paignton .. .. .	..	..	1,309	..	468
Plympton	4,027	..	..	..	..
St. Thomas	6,786	..	..	..	92
St. Thomas W. .. .. .	..	3,086	470	..	642
S. Molton	4,338	68	95	..	154
Tavistock	4,395	..	..	..	..
Tiverton	599	48	60	..	703
Tiverton Rural	7,678	..	..	..	..
Torrington Rural	7,314	..	..	..	..
Totnes	327	..	3,230	..	728
Totnes Rural	4,180	..	129	..	..
TOTALS.. .. .	9,1037	4,694	12,344	3,282	6,213

Nursing Homes Registration Act, 1927.

At the end of 1937, a total of 43 Nursing Homes were on the register. Three Nursing Homes were registered for the first time, and 16 were exempted from registration, as they were not carried on for profit.

Regular inspections are made of Nursing Homes for the purpose of seeing that the Bye Laws have been duly observed.

TABLE VIII.

No. of Visits paid to:	Axminster	Barnstaple	Barnstaple R.	Bideford	Crediton	Crownhill	Dartmouth and Brixham	Exmouth	Holswerthy	Honiton	Ilfracombe	Kingsbridge	Newton Abbot	Newton Abbot R.	Okelhampton	Paignton	Plympton	South Molton R.	St. Thomas R.	Tavistock	Teignmouth, Dawlish & pt. St. Thomas	Tiverton	Tiverton R.	Torrington R.	Totnes R.	Totnes U.	Totals
Expectant Mothers	128	14	160	76	75	59	80	118	88	153	112	104	5	18	37	7	94	47	55	224	2	7	67	115	9	71	1,925
Births first time ...	141	233	113	179	245	396	148	194	171	223	144	159	210	145	170	197	233	150	195	184	170	76	160	146	145	174	4,701
Revisits ...	371	1032	1195	972	833	627	148	839	1157	1142	687	762	708	505	544	165	1041	362	489	798	575	959	932	666	465	358	18,332
Children 1-5 years	574	1607	1239	213	991	1771	265	1657	2369	1708	872	1465	2489	1336	631	535	1835	844	1337	1338	1792	1180	1137	1369	1293	1599	33,446
Boarded-out child'en	19	148	9	31	63	19	36	116	—	32	60	—	135	74	3	42	8	6	45	25	40	54	—	17	30	12	1,024
Tuberculosis cases	83	185	33	57	13	109	34	7	62	73	56	75	104	37	98	20	83	41	49	125	2	9	2	32	47	75	1,521

No. of Visits paid for:	Expectant	Puerperal	Infants	Children	Adults	Mental	Total
Expectant Mothers	128	14	160	32	75	24	333
During their time	141	233	112	172	245	306	1409
Re-visits	374	1002	1192	973	833	621	7095
Children 1-5 years	444	4607	1239	212	901	1771	20074
Boarded-out children	12	128	9	21	43	13	226
Tubercular cases	63	182	33	97	18	109	402

Maternity and Child Welfare Centres.

There are 39 Centres provided or subsidised by the County Council. All Centres other than those specially marked (*) (†) have weekly Sessions.

The following shows the attendances at the different Centres:—

Name.	Estimated Population 1935	No. of Openings.	Mothers present	Infants present.	Children 1-5 years
Appledore	5,293	42	568	399	254
Barnstaple	14,630	49	3,617	2,297	1,538
Bideford	9,561	42	2,080	1,300	1,047
*Bovey Tracey	3,053	23	345	162	362
*Braunton	3,019	20	355	111	304
*Broadclyst	1,904	20	282	143	242
Brixham	8,240	41	1,312	678	918
*Chagford	1,584	18	265	137	195
Crediton	3,739	44	945	561	513
*Crownhill .. .. .	..	22	557	330	277
*Cullompton	2,973	18	449	391	174
Dawlish	5,276	39	828	382	688
Dartmouth	6,119	42	1,465	877	814
Exmouth	15,210	40	1,338	802	736
Honiton	3,284	23	469	261	344
*Holsworthy	1,286	18	324	127	315
Ilfracombe	8,627	34	1,644	1,006	1,029
*Ivybridge	1,609	18	327	118	312
*Ipplepen	845	16	240	137	230
*Kingsbridge	3,193	18	384	113	423
*Kingskerswell	1,405	23	397	124	361
*Moretonhampstead	1,587	19	494	230	421
Newton Abbot	14,810	47	1,220	744	714
Ottery St. Mary	3,646	43	467	370	220
Okehampton	3,581	48	1,299	722	927
Paignton	20,550	44	2,770	1,681	1,610
*Plympton	6,152	20	385	189	289
*Princetown || .. .. .	2,001	5	93	53	56
*Plymstock	7,057	20	616	343	398
*Sidbury †	1,385	16	178	123	121
Sidmouth	8,014	45	830	1,281	30
†Slapton	443	10	59	30	47
South Molton	2,833	38	640	342	419
Tavistock	5,460	41	1,370	856	643
Teignmouth	10,048	46	724	534	235
Tiverton	9,831	45	1,279	682	494
*Topsham	3,437	20	530	203	490
*Torrington	2,846	20	316	146	214
*Totnes	4,450	19	548	342	332
TOTAL		1,156	32,018	19,327	18,736

†Once a month. *Once a fortnight. ‡Started 1/4/37. ||Opened 6/10/37.

In addition a Weighing Centre was started at Witheridge on 22/7/37 at which our Health Visitor assists and a grant is given by the County Council.

No. of openings=10. No. of Infants present=32.

No. of Children 1-5 years=56.

A Weighing Centre was also started at Loddiswell but this was discontinued after three months owing to the small attendances.

During the year 37 new applications for registration were received from foster parents. The homes of these persons were visited by the inspectors and 31 approved for the reception of one child, 4 for two children, and 2 for three children.

In addition sanction was given to six registered foster mothers to receive a second child, and one to receive a third child.

The following notifications were received from foster mothers during the year:—

- 30 children removed to the care of relatives.
- 8 children attained the age of 9 years.
- 9 children removed to other foster parents.
- 4 children were legally adopted.
- 11 children left the County.
- 6 children were removed to a Children's Home or a Public Assistance Institution.
- 1 child died.

Miss Booker is Chief Infant Life Protection Visitor, and the Health Visitors are also Visitors under the above Acts. During the year, 1,160 visits of inspection were paid to the homes of nurse-children.

MENTAL DEFICIENCY.

Ascertainment.

The number of individuals in the County now known to be defective within the meaning of the Act is 2,824.

This figure refers to cases in which a diagnosis of deficiency has been established by medical opinion and does not include borderline or doubtful cases.

In the work of ascertainment the services of the Devon Voluntary Association have again been of the greatest possible assistance.

Cases dealt with under the Act.

The report of the Petitioning Officer shows that during the year, 60 cases have been committed to Institutions, 14 patients were discharged from under the operation of the Act, and 12 patients died.

Guardianship and licence.

On December 31st, 1937, there were 27 cases under guardianships and 122 on licence from Institutions; both these groups have been under the close supervision of the Devon Voluntary Association.

Occupation Centres and Home Teaching.

The Occupation Centres at Barnstaple and Torquay managed by the Devon Voluntary Association continue to provide training facilities for the ineducable child. 15 Devon cases attend the Torquay Centre, and 9 the Barnstaple Centre. In the latter area Physical Training under the Margaret Morris system has been introduced for a small number of ineducable children. It is proposed at a very early date to appoint a Home Teacher for the southern and eastern districts of the County.

Institutional Care.

On December 31st, 1937, there were 42 cases under institutional care in institutions outside the County; 211 in the Royal Western Counties Institution, Starcross; 87 in the Devon and Exeter Homes; 51 in Stoke Lyne, Exmouth; 107 in Box House, Axminster, and 99 in Western Lodge, Crediton.

The 100 additional beds in the Langdon Extension of the Royal Western Counties Institution, which were expected early this year have not yet become available, and the list of patients awaiting institutional treatment has grown to a formidable length. The shortage of accommodation for the helpless type of patient has been acutely felt, and it has been necessary to arrange temporary admission to a Public Assistance Infirmary in several instances.

Institutions Controlled by the County Council.

Great difficulty has again been experienced in securing for the Institutions, female nursing and domestic staff. In spite of the shortage of nursing staff, however, all three Institutions have done successful work.

Requests have been received from several members of the staffs for the organisation of Lecture courses under the training syllabus of the Royal Medico-Psychological Association. It is hoped shortly to make arrangements for the recognition of the three Institutions as a training unit for the R.M.P.A. qualification.

At all three Institutions special attention has been paid to the condition of the fire-fighting equipment, and members of each staff have had some training in Air Raid Precautions.

Stoke Lyne, Exmouth.

We regret to report that Miss Darlington, Superintendent of this Institution, who, during the past year has been far from well, has now been compelled to take sick-leave. She stayed on duty however, to supervise the entertainment and sale of work which was held on the 1st December. This entertainment was again highly successful, the outstanding event this year being a display of physical exercises to a musical accompaniment.

The experiment, begun last year, of giving the higher grade boys lessons in simple school subjects has continued to be extremely successful, and it is hoped that at least one of the boys may prove suitable for transfer to a special School, under the Education Act.

Western Lodge, Crediton.

Miss B. T. Wilson, Superintendent of this Institution, reports a year of successful work and progress.

The new Laundry, with its up to date equipment, was opened in March of this year. For the first few weeks, approximately 1,500 articles were dealt with each week, this number has gradually increased to 4,000 articles which are received from four different Institutions. Owing to the hardness of the local water supply, great difficulty has been experienced in keeping the boilers free from scale. Arrangements have been made, however, to obviate this by the installation of a water softening plant. The Engineer, the Laundress, and the patients, are to be congratulated on the quality of the work they have produced in the face of this handicap.

Gardening has continued to be a highly useful form of occupational training, and a high proportion of the vegetables consumed at the Institution are now produced by the patients themselves.

In December, about 20 of the girls took part very creditably in a Pantomime, "Dick Whittington." This performance, however, emphasised once more, the need this Institution has for a larger room for recreation, as well as for the teaching of handicrafts.

In spite of the present cramped conditions, the Handicraft Class has done a very good year's work. At a Sale in December, the sum of £60 was realised, making £102 in all for the year's takings.

Box House, Axminster.

Mr. A. Simmons, Superintendent of this Institution, reports that nursing in this Institution has been greatly facilitated by the addition of the new Sick-Ward. There is now a complete nursing unit, comprising a ward for helpless patients, the new sick room, and a ward for epileptic cases. In addition a strong room has been prepared for the occasional troublesome patient.

A further asset to the Institution has been the acquisition of the use of a playing field, which has not only permitted the higher grade patients to take part in organised games, but has also permitted the low grade and semi-helpless patients to take outdoor exercise. Physical Training classes have been held there when the weather permitted, and on less favourable occasions, in the Institution itself.

The Scout Troop has had a busy year, including one week's camp at Seaton, and a week-end camp at Easter.

The number of patients who were allowed home on holiday leave was 28, and small groups of the patients who neither attended the scout's camp, nor went home on holiday, camped in the Institution field. A day trip to Charmouth by Char-a-banc was also arranged.

Coronation Day and Xmas Day were celebrated very happily, and a most enjoyable Concert was given by the staff and patients. For this occasion, the Carpenter, with the help of some of the patients, constructed a real stage with curtains and scenery.

This year, too, the Engineer has instructed a small squad of lads in plastering, painting, and small institutional repairs. The Tailor's Shop has again been busily occupied in making new garments, and the alteration of old ones. The Cobbler's Shop has continued to be responsible for all the repairs of boots and shoes at Box House and at Western Lodge. Even the lower grades of patients have been profitably employed in wood-chopping, and the amount of gardening done in the Institution has greatly increased. This year very few vegetables have had to be purchased for the Institution.

Proposals are now before the Board of Control for minor alterations which will enable the Institution to accommodate a further twenty patients.

BLIND PERSONS ACT, 1920.

Powers under this Act have been delegated to the Committee for the Welfare of the Blind.

Although blindness—its cause, prevention, and treatment—is essentially of medical interest, the Medical Department have taken no active part in the administration of the Act.

The Scheme of Registration contains a proviso that before the name of a blind person is entered in the Register, he must be examined by a medical practitioner with special experience. If, for one reason or another, the blind person is unable to travel, his name, together with a certificate from his own medical practitioner, is sent to the County Medical Officer for his approval before being placed on the Register.

VENEREAL DISEASES.

Arrangements were continued for the diagnosis and treatment of patients suffering from Venereal Diseases at the Royal Devon and Exeter Hospital, Torbay Hospital, North Devon Infirmary (Annexe), Barnstaple, and the City Hospital, Plymouth. Female in-patients are also sent to St. Mary's Home, Exeter, for observation and treatment.

The total number of new County cases attending for out-patient treatment at the Centres during 1937 was 370 compared with 318 in 1936: 15 new in-patients received treatment compared with 15 for 1936.

Up to the end of 1937 the names of 39 medical practitioners had been placed on the list of those qualified to administer Salvarsan substitutes, and to these, 303 supplies were sent in the Exeter area, compared with 180 for the previous year. No supply, in either year, was sent in the Plymouth or Torquay areas.

The total number of specimens examined during the year at the County Laboratory was 1,713 compared to 1,688 in 1936.

It was found necessary to repay the sum of £58-13-1 to patients for expenses incurred in travelling to the nearest clinics, compared with £43-14-9 in 1936 and £25-10-6 in 1935.

The following table shows the number of persons who attended for the first time, and the total number of attendances of all persons at the clinics during the years 1935—1937:—

	1935	1936	1937
1. Number dealt with at or in connection with the out-patient clinics for the first time	320	318	370
2. Total attendances of all persons residing in the administrative County	11,322	11,776	13,843

LOCAL GOVERNMENT ACTS, 1929 and 1933.

Combined Appointments.

There are four areas in the administrative county where the Medical Officer of Health acts as Assistant County Medical Officer, viz., in the Okehampton, St. Thomas, Newton Abbot and Plympton combined districts.

An alternative scheme was suggested by the representatives of certain Local Authorities, and as a result the original scheme of the County Council has been revised and copies of it sent to the various Local Authorities concerned.

Grants to Water Supplies and Sewage Schemes.

In connection with the County Council's scheme for contributing towards the expenses incurred by a Sanitary Authority in the provision or maintenance of sewers and sewage disposal works, and provision of improved water supplies, the following grants were approved during the year:—

Sewage Schemes—Tawstock, Bridestowe and Hemyock.
Water Supplies—Bridestowe.

Infectious Disease Hospitals.

No further action has been taken with regard to the scheme of the County Council with regard to the provision of Infectious Diseases Hospitals.

HOUSING.

The following information has been extracted from the Sanitary Inspector's returns, Tables XI and XII at the end of the Report:—

	No. of new houses erected during the year.		No. of new houses still required for the working classes. (3)	No. of Closing orders made. (4)	No. of houses closed as a result of (4) (5)	No. of houses repaired (6)
	(1) By Sanitary Authorities.	(2) By Private Enterprise.				
Urban Districts	330	684	682	44	24	267
Rural Districts	103	935	465	32	26	3
Administrative County ...	433	1619	1147	76	50	270

HOUSING (RURAL WORKERS) ACTS, 1926 and 1931.

During the year 263 applications for grants were received of which 161 were approved. The following table shows the progress which has been made during the 10 years the Acts have been in operation:—

Year.	Applications.		Amounts Authorised	Average Cost per House	Dwellings Completed	Grants Paid
	Received	Granted				
			£	£		£
1928	192	119	11,391	196	46	4,082
1929	283	172	16,927	196	106	10,039
1930	264	224	22,064	193	187	17,980
1931	337	239	23,628	200	263	25,759
1932	202	155	15,338	196	199	19,766
1933	209	152	15,094	208	136	13,242
1934	262	171	16,948	218	155	15,308
1935	198	159	15,729	239	164	16,228
1936	271	191	19,025	243	172	17,145
1937	263	161	16,069	255	167	16,475

It is worthy of note that the progress has continued in spite of the steady increase in the cost of re-conditioning caused by the policy of the Committee to secure an improvement in their standard of building requirements. One important item being the provision of an adequate supply of pure water, laid on to the cottage where possible. Shallow wells are still very common in

the rural districts, and have caused considerable difficulty when dealing with some applications. The provision of proper piped supplies, apart from other obvious benefits, would greatly facilitate the operation of these Acts.

The following is a summary of the number of applications received and grants made up to January, 1938:—

Applications received	2,554 dwellings.
" refused	176 "
" withdrawn	488 "
" approved.....	1,751 "
" approved pro- visionally	80 "
Amount spent on reconditioning above 1,751 dwellings (£209 per dwelling)	£374,672
Grants authorised	£172,868
" " provisionally	£8,000
Dwellings completed	1,595
Grants paid	£156,027
Loans authorised (50)	£6,578
Grants returned (excluding interest)	£3,726

RIVERS POLLUTION PREVENTION.

During the year the County Health Officers made 438 visits of inspection in connection with the pollution of rivers. of these, 12 were the result of specific complaints. 45 samples of river water were collected for analysis.

Milk factory wastes, sand washing and china clay reclamation are other sources of pollution calling for constant observation.

As a rule the various manufacturers are only too ready to co-operate with the Committee in order to prevent pollution.

SANITARY INSPECTORS.

The following is a summary of the inspections carried out during the year:—

Housing (Rural Workers) Acts.

Inspections and re-inspections	523
Special visits in connection therewith	45

Housing—General.

Visits of inspection	16
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Rivers Pollution.

Visits of inspection	698
Visits to investigate complaints	67
Samples of River water	.....	.....	.....	.....	124

Milk and Dairies Acts and Orders.

Accredited Herds. Inspection of premises (new applications)	.....	.....	.....	.....	92
Re-inspections	.....	.....	.....	.....	91
Samples of milk	.....	.....	.....	.....	172
Tuberculin tested herds. Inspection of premises	.....	.....	.....	.....	53
Samples of milk	.....	.....	.....	.....	57
Milk in Schools Scheme. Inspection of premises	.....	.....	.....	.....	5
Samples of milk	.....	.....	.....	.....	5
Supplies to Council's Institutions. Inspection of premises	.....	.....	.....	.....	4
Samples of milk	.....	.....	.....	.....	7
Visits to other farms regarding construction of premises	.....	.....	.....	.....	48
Surveys of water supplies and sewage disposal schemes	.....	.....	.....	.....	155

General.

Consultations with District Sanitary Inspectors, etc.	.....	.....	.....	.....	250
Investigation of other complaints	.....	.....	.....	.....	15
Samples of public water supplies	.....	.....	.....	.....	64

WATER SUPPLIES.

The following are extracts from the Annual and Special Reports of the District Medical Officers of Health, where the supply has been reported as unsatisfactory or new work commenced or completed during the year:—

Urban Districts.

CREDITON.—A proposal to construct a reservoir which could supply the eastern end of the Town is receiving consideration.

DAWLISH.—Negotiations are continuing for providing an increased supply.

OTTERY ST. MARY.—The Council have engaged qualified engineers to thoroughly investigate the source of contamination to the water supply.

SIDMOUTH.—The supply has been augmented by leasing water rights at Woolversley Farm. Tapping more springs on the Pinn Hill system is being undertaken. The private supply at Core Hill, Bickley Estate, continues to be unsatisfactory.

TAVISTOCK.—A scheme is being prepared for an extension to the water supply.

Rural Districts.

BARNSTAPLE.—*Combe Martin, Berrynarbor, Georgeham, and Croyde.* Investigations are being made with a view to augmenting supplies for these villages.

A scheme for supplying *Milltown, Muddiford* and *Higher Muddiford* has been approved by the Council.

Swimbridge, Landkey and West Down. The Council are considering the provision of supplies for these villages.

Bratton Fleming. A new piped supply is being laid and it is hoped to complete early in 1938.

HONITON.—*Branscombe.* Present water supply quite inadequate during the summer months. Means should be found to provide a piped supply.

NEWTON ABBOT.—*Trusham.* A piped supply to this village will be completed very soon.

Ipplepen. Has been connected with the Torquay, in place of the Paignton, main.

OKEHAMPTON.—*Bridestow.* Arrangements are being made to pipe spring water from a supply found at Widgery Cross.

Broadwoodkelly. A new supply is being piped into this village.

Exbourne. A new bore hole should assure this village of an unfailing supply.

SOUTH MOLTON.—*Witheridge.* A scheme for augmenting the existing supply is receiving consideration.

ST. THOMAS.—*Harpford, and Newton Poppleford.* Work is practically completed on the provision of a main supply for these villages.

TIVERTON.—*Oakford*. Scheme is in operation and has been found satisfactory.

Thorverton. Levels have been taken in connection with the proposed scheme for this village.

TORRINGTON.—*Yarnscombe and Hollacombe*. New wells with service taps have been provided.

TOTNES.—*Churston Ferrers*. The Council are preparing a scheme for the provision of a main supply.

Harberton, Rattery, Morleigh, Little Hempston. Schemes under consideration or being prepared for these villages.

DRAINAGE AND SEWERAGE.

The following are extracts from the Annual and Special Reports of the District Medical Officers of Health, where the disposal has been reported as unsatisfactory or new work commenced or completed during the year:—

Urban Districts

ASHBURTON.—Present system of disposal is not satisfactory. The matter is receiving the consideration of the Council and a scheme is being prepared.

BIDEFORD.—Extensions have been made during the year to take drainage from the new building sites.

BUCKFASTLEIGH.—A Scheme for a sewage disposal works which will meet the requirements of the district will shortly be presented to the Ministry.

CREDITON.—The conditions at Fordton continue to be unsatisfactory.

EXMOUTH.—A great improvement has been effected at Bassett's Estate by connecting house drains to the sewer. Unsatisfactory conditions, however, still exist in the Courtland and Marley areas.

NORTHAM.—It is hoped that the unsatisfactory conditions at Northam and Westward Ho! will shortly be remedied.

PAIGNTON.—Considerable attention has been given to the work of providing various relief sewers and extensions of trunk sewers to serve the continued development.

SOUTH MOLTON.—New sewer has been laid in Poltimore Road to divert the Tucking Mill outfall to the site of the proposed new purification works at Mole Bridge. New sewage purification plant is being installed at Cook's Cross.

TEIGNMOUTH.—A Scheme for re-organising the town sewage system is still occupying the attention of the Council.

TORQUAY.—280 yards of sewer have been laid to provide for new developments and about 700 yards have been laid in order to remove danger of flooding in the Chelston area. A scheme has also been approved for the removal of storm water overflows which discharge into the bay.

TOTNES.—Two storm overflows have been erected on sewers during the year, and they are working satisfactorily.

Rural Districts.

AXMINSTER.—*Colyton*. The provision of sewers and outfall works is nearing completion and the house connecting is in hand.

BARNSTAPLE.—*Bishops Tawton, Saunton*. Proposals are being considered.

Fremington, Bickington, Parracombe. Schemes are being prepared in respect of these villages.

Swimbridge. A new length of outfall sewer has been completed and is working satisfactorily.

HONITON.—*Colestock, Payhembury, Kerswell, Broadhembury*. The provision of new sewerage works for these villages is under consideration.

KINGSBRIDGE.—During the year sewerage works were completed at *Modbury* and *Slapton* and are working satisfactorily.

NEWTON ABBOT.—*Chudleigh*. Scheme completed for treating effluent.

Lustleigh. Necessary settling tanks have been installed.

OKEHAMPTON.—*Drewsteignton, Highampton*. Septic tank installations have been provided.

Exbourne. A scheme is being prepared.

TAVISTOCK.—*Milton Combe*. A scheme is being prepared.

Chillaton, Lamerton, Péter Tavy, Mary Tavy and Brentor. Schemes are required for these villages.

TIVERTON.—*Bampton*. The conditions here are bad, but it is hoped that a new scheme will be put in hand soon.

Hemyock. A scheme has been prepared for this village.

Westleigh and Burlescombe. Schemes are being prepared for these villages.

Culmstock. A scheme is urgently required for this village.

The disposal of effluents from the abattoirs and milk factory, and sewage from the Council's sewer at Tiverton Junction is receiving attention.

TOTNES.—*Buckfastleigh (West).* Extension to Scoriton System is in hand.

Churston Ferrers. A scheme for sewerage of the village is in hand.

Harbertonford. A system of sewers and new treatment works are nearing completion.

Rattery and Stoke Gabriel. Schemes under consideration.

South Brent. A scheme for disposal works has been approved by the Ministry of Health and will be carried out in 1938.

MILK AND DAIRIES ACT, 1915, AND ITS ORDER, THE MILK AND DAIRIES ORDER, 1926.

Veterinary Inspection.

The following is a summary of the work carried out by the Council's whole-time Veterinary Officers, and part-time Veterinary Surgeons.

Milk and Dairies Act.

During the year ended 31st December, 1937, 2,742 Veterinary Inspections were carried out, 45,745 cows have been examined, and 1,400 (3.06%) with indurated udders have been detected.

Examination of the milk from those abnormal udders has shown that 12 (0.26% of the total number of cows examined) were giving tuberculous milk, and 596 (1.3% of the total number of cows examined) were giving milk which was unfit for human consumption, for reasons other than tuberculosis. The cows giving tuberculous milk have been slaughtered under the Tuberculosis Order of 1925, while steps have been taken to prevent the milk from the other cows, returned as unfit, from reaching the public.

19 cows have been slaughtered under the Tuberculosis Order of 1925, and the milk from 596 cows stopped as a result of the Veterinary Inspection of dairy herds. Few, if any, of those cows would have been reported by the owner.

Accredited Milk Scheme.

222 applications have been received under the above scheme for Accredited Licences. By the end of the year, 188 had been approved, making a total of 663 Accredited Herds.

Quarterly clinical examination of the herds under the scheme have been carried out by the Part-time Veterinary Inspectors in the County, and samples from suspicious cows have been taken and sent to the County Laboratory for examination.

1,932 bulk samples of milk for cleanliness have been taken by the Local Sanitary Inspectors in the County, and of this number 870 (45%) have failed to reach the required standard. This number includes samples taken before granting the licence, and also repeat samples.

Tuberculin Tested Milk.

9 applications were received for licences during the year. 356 bulk samples of milk have been taken by the Local Sanitary Inspectors, and of this number, 116 (32.6%) have failed.

The Double Intradermal Tuberculin Test was applied to 3,708 cows, and 316 (8.5%) re-acted to the test.

Milk in Schools Scheme.

During the year the herds of producers supplying milk under this scheme have been examined. 156 samples were taken from cows with indurated udders, and of these, 31 were found to be giving milk unfit for human consumption.

166 bulk samples of milk have been taken by the Local Sanitary Inspectors for cleanliness, this number includes repeat samples, and of these, 92 have failed to meet the required standard.

Milk (Special Designations) Order, 1936.

The following Licences were in operation in the Administrative County at the end of 1937:—

Tuberculin tested	.....	.....	.....	76
Accredited	.....	.....	.....	663

SALE OF FOOD AND DRUGS ACT.

All functions relating to the sale of Food and Drugs are discharged by the Police. There are no special County inspectors.

Samples are taken regularly by the Police Officers and submitted to the Public Analyst, Mr. T. Tickle, for analysis. The latter submits a report to the Public Health Committee at the end of each quarter.

The following gives details of the specimens submitted to the County Analyst during the year.

Article	No. of Samples		No. of Adulteration		No. of Prosecutions		Amount of Fines and Costs
	1937	1936	1937	1936	1937	1936	1937
Arrowroot & Cornflour	1	..	..	..	..	..	..
Baking Powder ..	4	10	..	..	..	..	..
Beer	5	..	..	..	..	..	..
Bread	6	4	..	..	..	..	..
Butter	46	49	..	..	..	..	..
Cheese	10	11	..	..	..	..	..
Cider	2	..	..	..	..	..	..
Coffee and Chicory ..	7	10	..	..	..	..	..
Cocoa and Chocolate	4	6	..	..	..	..	..
Cream	9	11	..	..	..	..	..
Cake	3	5	..	..	..	..	..
Flour, Self-Raising ..	3	..	..	..	..	..	..
.. Plain	24	30	..	..	..	..	..
Ground Ginger ..	4	4	..	..	..	..	..
Honey	2	..	..	..	..	..	..
Lard	26	33	..	..	..	..	..
Margarine	38	34	..	..	..	..	..
Milk	477	480	42	32	12	7	£54 10 0
Miscellaneous ..	7	10	..	..	..	..	..
Mustard	4	1	..	..	..	..	..
Oatmeal	1	1	..	..	..	..	..
Preserved Meats ..	..	5	..	..	..	..	..
Pepper	34	42	..	..	..	..	..
Rice	16	18	..	..	..	..	..
Sago	4	5	..	..	..	..	..
Salmon, tinned ..	1	1	..	..	..	..	..
Spirits	4	3	..	..	..	..	..
Sugar	22	36	..	..	..	..	..
Sweets	21	29	..	..	..	..	..
Tapioca	12	18	..	..	..	..	..
Tea	8	5	..	..	..	..	..
Tumeric	1	3	..	..	..	..	..
Vinegar	18	16	2	2	..	1	..
Total number of samples taken ..	824	880	44	34	12	8	£54 10 0

The rate of samples taken per 1,000 population was 1.7 compared to 1.9 for the previous year. The rate recommended by the Ministry of Health for efficiency is 2.0 per 1,000.

SALE OF FOOD AND DRUGS ACT

The purpose of this Act is to regulate the sale of food and drugs and to protect the public health. It is enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That

Section	Description	Penalty
1	Whoever manufactures, sells, or distributes in interstate commerce any food or drug which is adulterated or misbranded shall be fined not more than \$10,000 or imprisoned not more than five years, or both.	\$10,000 or 5 years
2	Whoever manufactures, sells, or distributes in interstate commerce any food or drug which is adulterated or misbranded shall be liable to a civil penalty of not more than \$10,000.	\$10,000
3	Whoever manufactures, sells, or distributes in interstate commerce any food or drug which is adulterated or misbranded shall be liable to a civil penalty of not more than \$10,000.	\$10,000
4	Whoever manufactures, sells, or distributes in interstate commerce any food or drug which is adulterated or misbranded shall be liable to a civil penalty of not more than \$10,000.	\$10,000
5	Whoever manufactures, sells, or distributes in interstate commerce any food or drug which is adulterated or misbranded shall be liable to a civil penalty of not more than \$10,000.	\$10,000
6	Whoever manufactures, sells, or distributes in interstate commerce any food or drug which is adulterated or misbranded shall be liable to a civil penalty of not more than \$10,000.	\$10,000
7	Whoever manufactures, sells, or distributes in interstate commerce any food or drug which is adulterated or misbranded shall be liable to a civil penalty of not more than \$10,000.	\$10,000
8	Whoever manufactures, sells, or distributes in interstate commerce any food or drug which is adulterated or misbranded shall be liable to a civil penalty of not more than \$10,000.	\$10,000
9	Whoever manufactures, sells, or distributes in interstate commerce any food or drug which is adulterated or misbranded shall be liable to a civil penalty of not more than \$10,000.	\$10,000
10	Whoever manufactures, sells, or distributes in interstate commerce any food or drug which is adulterated or misbranded shall be liable to a civil penalty of not more than \$10,000.	\$10,000

Approved: _____

TABLE IX.
Causes of Death in each District during the year 1937.

DISTRICTS	All Causes.	Typhoid and Paratyphoid Fevers.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Cerebro-Spinal Fever.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Syphilis.	General Paralysis of the Insane, tabes dorsalis.	Cancer, Malignant Disease.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Aneurism.	Other Circulatory Diseases.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Peptic Ulcer.	Diarrhoea, etc. (under 2 years).	Appendicitis.	Cirrhosis of Liver.	Other Diseases of Liver, etc.	Other Digestive Diseases.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other Puerperal Causes.	Congenital Debility, Premature Birth, Malformation, etc.	Senility.	Suicide.	Other Deaths from Violence.	Other defined Diseases.	Causes ill-defined or unknown.				
URBAN.																																									
Ashburton ...	38									4				3			9		6	2	2																				
Axminster ...	37						3			2	1			4			7		1	3	3	2																			
Barnstaple ...	223			1			20			8	1	1		21		4	13		16	8	12	1																			
Bideford ...	136				1		13			4				16		3	10		6	5	1	1																			
Brixham ...	131			1		1				7				22		8	17		8	3	6	1	2																		
Buckfastleigh ...	33					1								5			12		3	3		1																			
Budleigh Salterton ...	54						2							10		2	6		9		3																				
Crediton ...	54						5							8		7	15		3	1	4		1																		
Dartmouth ...	74						6							1		6	27		3	2	1																				
Dawlish ...	97						2			3	1			12		2	7		7	5	6	1	2																		
Exmouth ...	248				1		10			6			1	36		6	16		20	5	10	4	3																		
Great Torrington ...	40						3							5		1	14		2	3																					
Holworthy ...	19													5		1	6		1	2																					
Honiton ...	44							1		2				7		1	4			2																					
Ifracombe ...	129		1				9			3	1			21		4	8		6	6	3																				
Kingsbridge ...	48						3			3				6		3	12		1	1																					
Lynton ...	28						3							9		1	2		2	2																					
Newton Abbot ...	229				2	2		1		8	1			31		6	19		28	19	7	1																			
Northam ...	74									4				13		5	19		9	6	2																				
Okhampton ...	46					1				3				7		14			6	5																					
Ottery St. Mary ...	62						3			3				5		7	17		6	5																					
Paignton ...	336	1	1	2		2	9			12		1		48		10	23		22	8	15	2	3		3	1	1	1	9												
Salcombe ...	36						3							5		4	14		1	2																					
Seaton ...	21				1					1	1			2		8				1		1																			
Sidmouth ...	129						7							20		1	6		14	2	5	1	2																		
South Molton ...	34	1					2							4		1	10		1	1	1																				
Tavistock ...	85						4			4	1			11		4	26		5	7	4																				
Teignmouth ...	169						6			9				26		3	13		18	7	8	3	1																		
Tiverton ...	122						8			2				15		2	32		12	6																					
Torquay ...	664				3	3	14	1		26	6			110		12	38		63	17	37	5	5		3	2	6	23	21	1	2	10	7	5	22	44	1				
Totnes ...	59						3			5	1			9		1	18		1	2																					
Total ...	3499	2	2	4	6	9	157	5	133	21	4	2	497	63	215	955	9	273	116	153	29	21	3	22	9	15	71	109	3	3	92	117	28	100	242	9					
RURAL.																																									
Axminster ...	142			1	1		5			7	2			21		13	43		5	4	4		1																		
Barnstaple ...	292				2	1	21		1	6	1			23		4	60		42	13	9	1	2	1	1	1	2	3	5				14	11	2	10	20				
Bideford ...	47						8			1				7		3	11		2																						
Broadwoodwidge ...	26						3			1				6			3		2		1																				
Crediton ...	144				1		4	1		5	1	1		17		2	9		4	4	8	2	1	1																	
Holworthy ...	81						2							1		9	3		5	3	6	1																			
Honiton ...	93			1			8			4	1			11		1	2		7	1	5	2																			
Kingsbridge ...	155				2	1	4			2	1			22		2	9		34	14	21	2	2																		
Newton Abbot ...	316				1	1	12	1		20	2			32		9	15		34	14	21	2	2																		
Okhampton ...	150	1	1				7			2				1		20	2		1	9	9	2																			
Plympton St. Mary ...	426			1			15			1	24	2	1	71		7	21		1	24	13	20	2	1																	
St. Thomas ...	365						14			5	3			47		4	26		82	2	23	21	17	3	4	2	4														
South Molton ...	137						6							17		10	41		6	5	14	3																			
Tavistock ...	191	1					10	1	1	6	3			28		5	8		42	1	7	10	10	4																	
Tiverton ...	251				2	3	14			5	3			39																											

IX
 in the Course of Death

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