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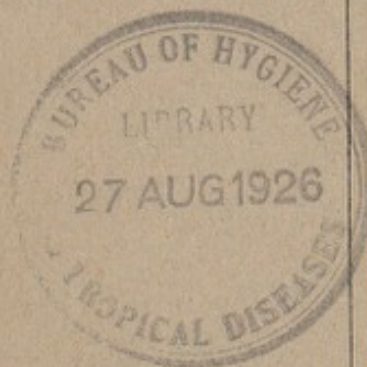
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City & County of the City of Exeter.



Annual Report for 1925,
Vital Statistics,
Sanitary Work, etc.,

BY

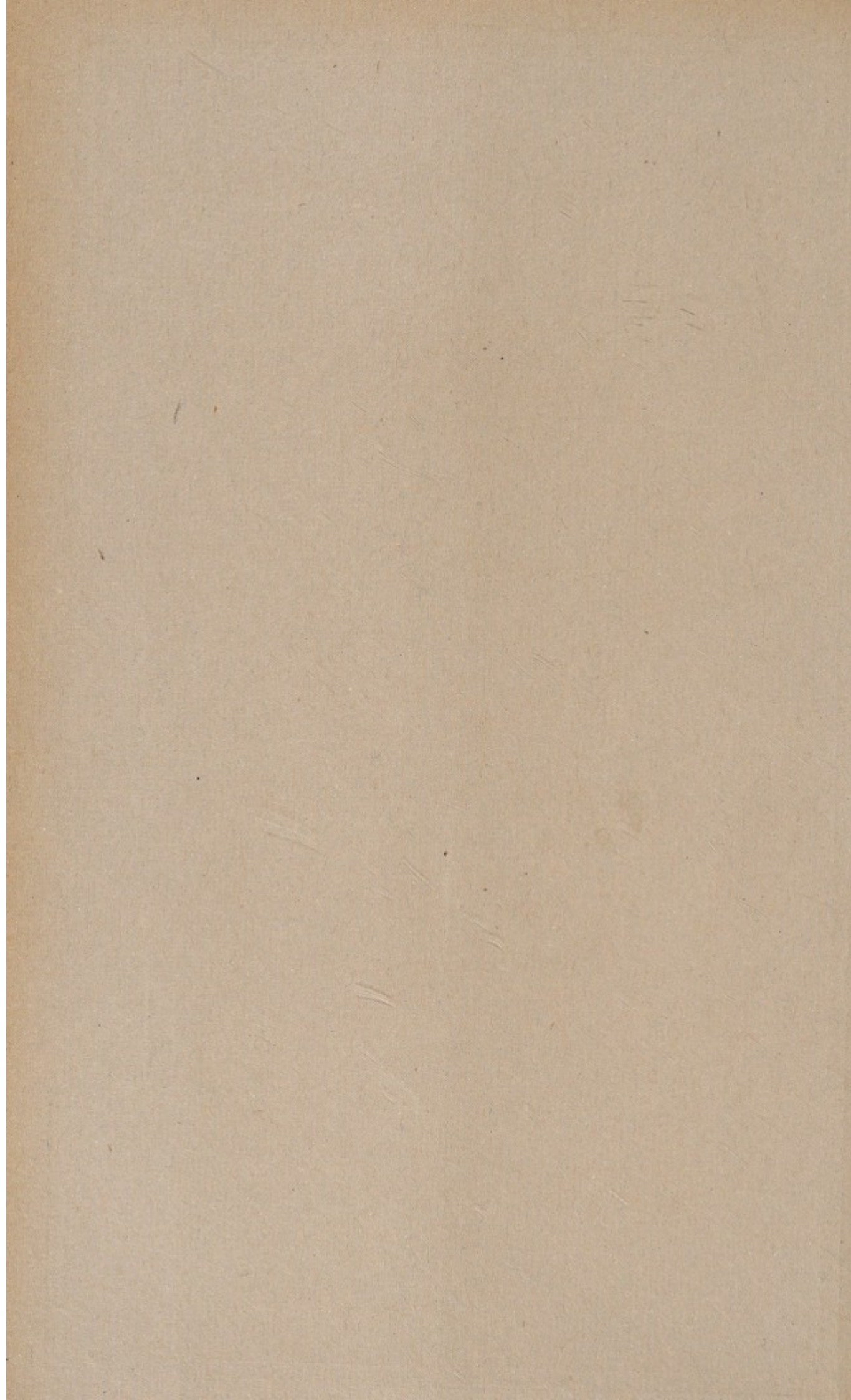
P. H. STIRK, M.R.C.S., L.R.C.P., D.P.H., Eng.,

Medical Officer of Health.

EXETER :

BEARNE BROS., PRINTERS, SIDWELL STREET,

1926.



27 AUG 1926
TROPICAL DISEASES

City & County of the City of Exeter.



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Vital Statistics,
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BY

P. H. STIRK, M.R.C.S., L.R.C.P., D.P.H., Eng.,
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I have the honour to present to the Right
Worshipful the Mayor, Aldermen, and Councillors
of the City of Exeter my Annual Report for the
Year 1925.

P. H. STIRK.



City and County of the City of Exeter.

PUBLIC HEALTH COMMITTEE.

Mayor—

ARTHUR NORTHCOTE PITTS, Esq.

Chairman—

Councillor F. J. HANCOCK.

Deputy Chairman—

Councillor J. S. S. STEELE-PERKINS.

Alderman R. M. CHALLICE.	Councillor F. HOULT.
Alderman J. R. NETHERCOTT.	Councillor Miss E. SPLATT.
Alderman P. KELLAND.	Councillor H. VENTON.
Alderman C. J. VLIELAND.	Councillor E. SELWAY.
Councillor Mrs. F. G. BROWNE.	Councillor J. PASSMORE.
Councillor W. T. BAKER.	Councillor C. B. KELLY.

*Town Clerk—*H. LLOYD PARRY, Esq.

MATERNITY & INFANT WELFARE COMMITTEE.

Chairman—

Councillor Mrs. F. G. BROWNE.

Deputy Chairman—

Councillor W. HEALE.

Alderman. C. H. HARDING.	Councillor F. J. HANCOCK.
Councillor J. S. S. STEELE-	*Mrs. DEPREE.
PERKINS.	*Mrs. MILLER.
Alderman A. HIPWELL.	*Mrs. VLIELAND.
Councillor Miss E. SPLATT.	*Mrs. ALLEN.

* Non-Members of the Council.

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The Minister of Health in Circular 269 issued in December, 1921, gave definite instructions as to the contents and arrangement of the Annual Reports of Medical Officers of Health.

In the Circular it is intimated that he requires a full survey Report at intervals of five years, the intervening Reports to be of a more simple character.

The last full survey Report was made for the year 1920. A similar Report is, therefore, due for 1925, and is now presented in the order as laid down.



Annual Report, 1925

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

(1.)	Area. (Acres)	...	...	...	4,702
(2.)	Population. (Civilians)	...	...	...	59,820
	(Including Military, etc.)	...	...	...	60,410
(3.)	Number of Inhabited Houses (1921)	...	...	...	14,650 (Estimated.)
(4.)	Number of families of separate occupiers (1921)	...	...	...	14,843
(5.)	Rateable value	...	...	...	£453,999
(6.)	Sum represented by a Penny Rate	...	...	...	£1,728

GEOLOGICAL FORMATION.

The ancient City is situated on either side of the river Exe, about ten miles from the mouth of the estuary. On either side of the river, there is a strip of land varying in width of alluvial character, bordered in places by valley gravels. St. Thomas's, St. David's and the northern parts of the City consist of carboniferous grits and shales. The greater part of Heavitree, and the neighbourhood of Cowick Barton, of permian breccia and conglomerate. The part of the City situated on the north side of the river is built on a good slope, has a good natural fall, and is easily drained. The St. Thomas area on the other side of the river has a very slight fall, and is consequently difficult to satisfactorily drain.

CLIMATE.

The City is situated 50 degrees 45 minutes north latitude and 3 degrees 41 minutes west longitude, and occupies a flat summit and declivities of a ridge-like hill which rises from 25'9 feet above Ordnance Datum at the Quay, to 136'5 feet at the Guildhall (centre of the City), and to 433'5 at the top of Pennsylvania Hill; the average height being about 150 feet above sea level.

The climate is soft, warm, mild, calm, equable and comparatively free from storms ; from its latitude and position as regards the Atlantic it is essentially oceanic.

The air, though very often humid from the general prevalence of warm, westerly winds, is neither cold nor raw. This kind of weather is relaxing, and though the air is saturated with vapour, the accompanying warm temperature takes from it the injuriousness of a moist cold climate.

During the winter season, the temperature is rarely maintained for any length of time at a degree so low as to render the climate particularly inclement—frost and snow only occasionally occurring, and then not for any long continuance.

SOCIAL CONDITIONS, INCLUDING THE CHIEF
OCCUPATIONS OF THE INHABITANTS,
AND THE INFLUENCE OF ANY PARTICULAR
OCCUPATION ON PUBLIC HEALTH.

Exeter, the capital of the West, is the centre of a large residential and agricultural community, and is surrounded by many country and seaside towns, the latter being well known holiday resorts.

It is exceedingly well served with both rail and road transport, and its floating population is, in consequence, very considerable, especially so during the summer months, and weekly on Friday, which is Market day.

Social Conditions.

The trade of the City is largely dependent upon agriculture, its fine Cattle Market, centrally situated and well constructed, furnishing evidence as to this. There are several large Engineering Works which provide fairly constant employment, and there is a considerable amount of Tailoring Work done in the City. The City has many fine shops, and it serves as a shopping centre for a considerable area of the County.

Exeter is adequately supplied with open spaces, these having a total area of 54 acres, with a playing area of 29 acres. Until recently, Northernhay, occupying the breezy slope where the

outworks of the Castle fell steeply down to the long brook, was Exeter's Chief public promenade and garden, but in 1912, the Corporation acquired the lovely Rougemont grounds.

Northernhay, which adjoins the Rougemont Grounds, is a well-wooded and tastefully laid-out open space, comprising several terraces built on the sloping bank of the Castle fosse.

Other pleasure grounds are Belmont, in the higher part of the City, part of which is laid out as a botanical garden, Pines Gardens, St. Thomas's; Bury Meadow, midway between the two Railway Stations, and Heavitree Pleasure Ground (19 acres.)

Most of these pleasure grounds are now provided with tennis courts and bowling greens for the use of the public.

Additional space is needed for playing fields.

It is regrettable to have to record that there is much overcrowding in inhabited houses, and this will not, I fear, be possible of abatement until more houses become available for the working classes.

There is still much congestion of old property within the City, and a very large number of houses are not only condemnable, but quite beyond reasonable repair, and it will not be possible to deal with these by Closing Orders and demolition, until other accommodation is available.

VITAL STATISTICS.

BIRTH RATE.

The Population for the Birth Rate is 60,410.

The total number of births registered in Exeter in the year 1925 was 1,101, divided as follows:—576 males and 525 females.

Of this number, 45 male and 43 females births were certified as illegitimate, being 7·9 per cent. of the total births.

To the 1,101 births must be added 9 male and 13 female (4 of whom were illegitimate), and deducted 67 male 71 female (43 of

which were illegitimate) transferable births, giving a net number of 985. (518 males and 467 females).

The Birth Rate is the number of Births per 1,000 of the population.

The Birth Rate for 1925 was therefore 16'29, being '5 below that of last year, 2'01 below that of England and Wales, and 2'51 below that of the 105 Great Towns in which Exeter is classed.

Below is a Table giving the Birth Rate and percentage of illegitimate births to total births for the past 10 years:—

Year.	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
England & Wales.	21'6	17'8	17'7	18'5	25'4	22'4	20'6	19'7	18'8	18'3
Exeter ...	16'95	14'7	15'1	14'68	22'46	18'89	17'00	16'94	16'79	16.29
Percentage of Illegitimate births, to total births	(Not	avail	able)	13'74	8'6	8'3	7'05	9'03	9'1	7'9

DEATH RATE.

The Population for the Death Rate is 59,820.

The total number of deaths registered as occurring during the year 1925 was 827, divided as follows:—396 males and 431 females.

The Death Rate is the number of Deaths per 1,000 of the population.

The Crude Death Rate for 1925 was 13'82, and the corrected Death Rate 11'29.

CORRECTED DEATH RATE.

In order that the Death Rate of various places may be fairly compared, it is essential to correct the Death Rate for age and sex distribution. To correct a Death Rate for age and sex distribution, the Registrar General has published Tables giving factors by which the Death Rate has to be multiplied. The factor for Exeter is '817, and the corrected Death Rate is therefore 11'29.

Following is a Table giving the Corrected Death Rate for the past ten years :—

Year.	1916.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.
England & Wales	14'0	14'4	17'7	18'5	12'4	12'1	12'9	11'6	12'2	12'2
Exeter ...	14'63	14'92	15'9	12'28	10'91	11'66	13'22	11'02	11'8	11'29

CAUSES OF DEATH AT DIFFERENT PERIODS OF
LIFE IN THE COUNTY BOROUGH OF EXETER
DURING 1925.

CAUSES OF DEATH.	SEX.	ALL AGES.	0	1	2	5	15	25	45	65	75
All Causes ...	M	396	48	5	4	8	16	35	102	71	107
	F	431	25	8	5	8	15	35	81	94	160
1 Enteric fever ...	M	...	...	...	...	...	...	...	...	...	...
	F	2	...	...	...	...	...	2	...	...	...
2 Small-pox ...	M	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...
3 Measles ...	M	...	...	...	...	...	...	...	...	...	...
	F	4	...	3	...	1	...	...	...	...	...
4 Scarlet fever ...	M	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...
5 Whooping cough ...	M	4	4	...	...	...	...	...	...	...	...
	F	3	1	2	...	...	...	...	...	...	...
6 Diphtheria ...	M	...	...	...	...	...	...	...	...	...	...
	F	1	...	...	1	...	...	...	...	...	...
7 Influenza ...	M	10	...	...	...	...	1	1	4	0	4
	F	6	...	...	...	...	...	...	2	...	4
8 Encephalitis lethargica	M	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...
9 Meningococcal meningitis	M	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...
10 Tuberculosis of respiratory system	M	31	...	...	2	1	7	11	9	1	...
	F	27	...	...	...	1	9	10	6	1	...
11 Other tuberculous diseases	M	7	...	...	...	3	1	2	...	1	...
	F	7	2	1	2	1	1	...	...	...	...

CAUSES OF DEATH (continued).

CAUSES OF DEATH.	SEX	ALL AGES.	0	1	2	5	15	25	45	65	75
12 Cancer, malignant disease	M	32	...	...	...	1	1	...	11	10	9
	F	67	...	...	...	...	...	7	25	21	14
13 Rheumatic fever ...	M	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...
14 Diabetes ...	M	3	...	...	...	...	...	...	...	2	1
	F	7	...	...	...	1	...	...	1	3	2
15 Cerebral hæmorrhage, etc. ...	M	21	...	...	...	...	...	...	5	8	8
	F	46	...	...	...	...	...	...	7	14	25
16 Heart disease ...	M	60	...	...	...	...	2	3	28	13	14
	F	60	...	...	...	...	1	2	15	22	20
17 Arterio-sclerosis ...	M	16	...	...	...	...	...	...	4	6	6
	F	17	...	...	...	...	...	...	1	4	12
18 Bronchitis ...	M	32	3	...	...	...	...	...	2	9	18
	F	40	2	...	...	...	...	...	2	13	23
19 Pneumonia (all forms)	M	23	5	2	...	...	...	3	4	3	6
	F	17	1	2	...	...	...	1	4	3	6
20 Other respiratory diseases	M	5	...	...	...	...	...	...	2	1	2
	F	5	...	...	...	...	...	1	1	...	3
21 Ulcer of stomach or duodenum	M	6	...	...	...	...	1	2	3	...	...
	F	1	...	...	...	...	...	1	...	...	...
22 Diarrhœa, &c. ...	M	6	4	1	...	...	...	...	...	...	1
	F	4	2	...	...	...	...	1	...	...	1
23 Appendicitis and typhlitis	M	2	...	...	...	...	...	...	1	1	...
	F	2	...	...	...	...	...	...	1	1	...
24 Cirrhosis of liver	M	1	...	...	...	...	...	...	1	...	...
	F	1	...	...	...	...	...	...	1	...	...

CAUSES OF DEATH (continued).

[illegible]

INFANTILE MORTALITY.

The Infantile Mortality Rate is the number of deaths under one year per 1,000 births. There were 73 deaths under one year, and this gives an Infant Mortality Rate for the year 1925 of 74'1 (Legitimate 71'5, Illegitimate 122'4) as compared with 59'405 for the previous year, which was the lowest on record.

The Infantile Mortality Rates for the year 1925 were as follows :—

England and Wales	...	...	75
105 Great Towns, including London (Census Populations, exceeding 50,000)	...	...	79
157 Smaller Towns (Census Populations 20,000—50,000)	...	...	74
London	...	...	67
Exeter	...	...	74'1

The following Table shows the Infantile Mortality Rate in Exeter for the past ten years :—

Year.	1916.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.
England & Wales	91	97	97	89	80	83	77	69	75	75
Exeter ...	86'52	78'10	61'10	78'62	67'14	96'07	66'99	60'72	59'405	74'1

TABLE SHOWING INFANTILE MORTALITY
FOR THE YEAR 1925.

Net Deaths from Stated Causes at Various Ages under
1 Year of Age.

Cause.	Under 1 month	1 to 3 months.	3 to 6 months.	6 to 9 months.	9 to 12 months.	Total.
Erysipelas ...	...	1	...	...	...	1
Whooping Cough ...	...	2	...	1	1	4
Tubercular Diseases ...	...	...	...	1	1	2
Bronchitis ...	...	1	1	1	3	6
Pneumonia ...	...	...	3	1	1	5
Diarrhoea, etc. ...	1	1	4	...	...	6
Congenital Debility and Malformation, Pre- mature Birth ...	26	7	2	...	2	37
Icterus Neonatorum ...	1	...	...	...	...	1
Accidental (Asphyxia due to overlaying ...	1	...	...	...	...	1
Diseases of Thymus Gland ...	...	...	1	...	...	1
Infantile Convulsions ...	1	...	3	2	...	6
Gastritis ...	...	...	1	...	...	1
Haematemesis ...	1	...	...	...	...	1
Meningitis Streptococcal ...	...	...	...	1	...	1
Total ...	31	12	15	7	8	73

Of these 73 deaths, it is noteworthy that only three occurred amongst children attending the Infant Welfare Centres of the City. Nearly 50% occurred during the first month of life, and over 50% were due to Congenital Debility, Malformation, and Premature Birth. 4 were due to Whooping Cough, and 6 to Infantile Diarrhoea.

The reduction which has taken place in recent years of the Infant Mortality rate, is largely during the later months of the year, and our efforts, so far, have little effect on the deaths during the early months. If adequate ante-natal attention was the rule rather than the exception, the deaths caused by Congenital Debility and Premature Birth, would in my opinion, be considerably reduced.

An ante-natal Centre has been started in connection with the District Nursing Association and the Maternity Home, and this should have a distinct effect upon the number of those cases attributed to Congenital Debility and Premature Birth. Not only will it affect those cases attended by the District Nursing Association, but will tend to educate the other mothers into the desirability for having adequate ante-natal attention during the pregnancy period.

It is regrettable to record that one death was due to over-laying, in spite of the propaganda work which is being done by the Health Visitors, and at the Infant Welfare Centres, to induce mothers not to have their children in the same bed.

POOR LAW RELIEF.

During the year, the amount expended in Poor Law Relief in the City by the two Unions concerned was £26,381, and I am indebted to the Clerks to the Guardians for particulars of the persons receiving relief, which were as follows :—

Indoors	...	279
Out-relief	...	420

During the year, there were no special epidemics or conditions of employment or environment, which appear to have had a serious prejudicial effect on the general health of any section of the Citizens,

HOSPITALS PROVIDED OR SUBSIDISED, BY THE LOCAL AUTHORITY.

Name.	Address.	Whether supported Wholly or Partly by the Council.	Accommodation.
Tuberculosis Sanatorium	Pinhoe* ...	Wholly ...	7 Male and 7 Female Beds
Tuberculosis Hospital ...	Whipton*	Wholly ...	7 Male and 7 Female Beds
Honeylands Tuberculosis Children's Hospital ...	Whipton ...	Wholly ...	10 Male and 10 Female Beds
Pensions Ministry and Red Cross Pavilion for Tuberculosis ...	Whipton*	Wholly ...	12 Male Beds
Maternity Home ...	Southernhay West ...	Partly ...	Council contribute £50 per annum, and reserve 2 Beds for the reception of necessitous and complicated cases, and cases in which the home surroundings are unsuitable. For these cases the Council pay £2 12s. 6d. per week each.
Isolation Hospital ...	Whipton*	Wholly ...	24 Beds for Scarlet Fever; 14 Beds for Diphtheria; 10 Beds for Enteric Fever and used at present for 14 Tubercular cases; 20 Beds interchangeable as required; 8 Beds for observation cases. Cases are admitted from a very considerable area around the City by Agreement with the various Local Authorities.
Smallpox Hospital ...	Ide* ...	Wholly ...	—

HOSPITALS AVAILABLE FOR THE DISTRICT AND IN THE AREA.

Name.	Address.	Accommodation.
Royal Devon & Exeter Hospital ...	Southernhay ...	Total beds 222. Children beds 36, only keep 200 occupied
West of England Eye Infirmary ...	Magdalen Street ...	64 Beds including Cots
Poor Law Infirmary ...	Heavitree Road ...	100 Beds
Poor Law Infirmary ...	St. Thomas ...	84 Beds

*Situated in the area of the R.D.C. of St. Thomas.

INSTITUTIONAL PROVISION FOR UNMARRIED
MOTHERS ILLEGITIMATE INFANTS AND
HOMELESS CHILDREN.

Name.	Address.	Accommodation.
St. Olave's Maternity Home ...	33, Bartholomew Street, East ...	17 Beds for unmarried mothers
St. Mary's Home ...	25, Mary Arches Street	6 Beds for female V.D.
St. Elizabeth's Home (Home of Refuge)	36, Bartholomew Street, West ...	6 Beds for girls in temporary difficulties, or from Police Court
Dr. Barnardo's Home for Girls ...	Clifton Hill ...	55 Beds
St. Lawrence's Home for Waifs and Strays ...	Polsloe Road ...	30 Beds

AMBULANCE FACILITIES.

(a) For infectious cases :—

One Motor Ambulance provided by the Council.
One Horse Ambulance for tubercular cases.

(b) For non-infectious and accidental cases :—

3 Motor Ambulances provided by St. John Ambulance Association. Council contributes £100 per annum.

CLINICS AND TREATMENT CENTRES.

Name.	Address.	When Held.	Arrangements for Medical Supervision.	Whether provided by the Council or not.
Central Infant Welfare Centre	51 Magdalen Street	Weekly on Tuesdays at 2.30	Dr. H. T. Depree (temporary)	Yes
Western Infant Welfare Centre	138 Cowick Street	Weekly on Thursdays at 2.30	Dr. C. Mathew Asst. M.O.H.	Yes
Eastern Infant Welfare Centre	Church Street Heavitree	Fortnightly on Wednesdays at 2.30	Dr. P. H. Stirk. M.O.H.	Yes
Eastern Infant Welfare Centre	St. Sidwell's Institute, Summerland Crescent	Fortnightly on Wednesday at 2.30	Do.	Yes
Impetigo School Clinic	5 West Southernhay	Daily at 4.30	S.M.O.	Yes
Ringworm School Clinic	Do.	Do.	Do.	Yes
Scabies School Clinic	Baths & Wash-houses, King St.	When required	Do.	Yes
Diseases of Ears and Eyes School Clinic.	5 West Southernhay	Daily at 9.30 a.m.	Do.	Yes
Treatment Centre for Tonsils & Adenoids Operations	Poor Law Infirmary, Heavitree Road	When required	Private Practitioner.	By agreement with the Board of Guardians.
Treatment Centre for Errors of Refraction (including Squint) and other defects or disease of the eyes, not treated at Daily Clinic, 5 West Southernhay	Eye Infirmary Magdalen St.	Mondays and Tuesdays at 10 a.m.	Eye Infirmary Staff	By agreement with the Eye Infirmary Committee.
Tuberculosis Dispensary	4 West Southernhay	Daily from 9 to 5.30 (except Saturdays 9 to 12.30)	Dr. J. H. Acheson, Asst. T.O.	Yes
Venereal Disease Clinic	Royal Devon and Exeter Hospital	MEN. Mondays, 4 p.m. Fridays, 7 p.m. WOMEN. Fridays, 4 p.m.	Dr. P. D. Warburton	Yes, jointly with the Devon County Council
Cleansing Station	Baths & Wash-houses, King St.	When required	M.O.H.	Yes

8. PUBLIC HEALTH STAFF.

*Medical Officer of Health, School Medical Officer,
Chief Tuberculosis Officer, Medical Officer to the Mental Deficiency
Committee, and Medical Superintendent to the
Isolation Hospitals—*

P. H. STIRK, § M.R.C.S., L.R.C.P., D.P.H., Eng.

*Assistant Medical Officer of Health and Assistant School
Medical Officer—*

C. MATHEW, § L.R.C.P., M.R.C.S., L.S.A.

*Assistant Medical Officer of Health and Assistant Tuberculosis
Officer—*

J. H. ACHESON § M.B., Ed. and C.M., D.P.H.

Medical Officer to the Central Infant Welfare Centre—

H. T. DEPREE, || § B.A., M.B., B.C., M.R.C.S., L.R.C.P.

Matron of Isolation Hospital—

MISS R. E. A. HUTTY. §

Matron of Tuberculosis Sanatorium—

MISS A. AVERY. §

Matron of Tuberculosis Children's Hospital—

MISS. A. M. PHILLIPS. §

*Chief Sanitary Inspector and Inspector under the Food
and Drugs Acts—*

ARTHUR E. BONHAM, § F.S.I.A.

Cert., London Sanitary Inspector's Exam. Board.

Cert., Royal Sanitary Institute.

Cert., Royal Sanitary Institute, Meat and Foods; etc.

Inspectors—

- R. B. PEARSE, M.S.I.A., Cert. R. San. Inst.,
Cert. R. San. Inst., Meat and Foods.
- A. E. TROUNSON, Cert. R. San. Inst.,
Cert. R. San. Inst., Meat and Foods.
- C. H. WATTS, Cert. R. San. Inst.
- T. COATES, Cert. R. San. Inst.,
Cert. R. San. Inst., Meat and Foods.

Clerks—

- E. S. HOWELLS§ (*Chief Clerk*).
- H. TUCKER§ (*Tuberculosis Clerk*).
- MISS G. ROOKE (*Shorthand Typist*).
- W. G. LOTT (*Junior Clerk*).

Health Visitors—

- MISS C. A. KNUCKEY, § C.M.B. and Cert. R. San. Inst.
for Health Visitors.
- MISS H. M. PAIN, § C.M.B., Cert. R. San. Inst. for Sanitary
Inspectors and for Health Visitors.
- MISS B. M. KNUCKEY, § C.M.B. and Cert. R. San. Inst.
for Health Visitors.
- MISS S. L. DAWKINS, § C.M.B.
- MISS M. E. BLACK, § C.M.B. and Cert. R. San. Inst.
for Health Visitors.

|| Denotes part-time officers.

§ Denotes salary contribution by Exchequer Grants.

PROFESSIONAL NURSING IN THE HOME.

(a) GENERAL.

The Exeter and District Nursing Association provides Nurses who visit patients daily for nursing, dressings, etc., for which payment is required according to the means of the patient.

(b) FOR INFECTIOUS DISEASES.

The Royal Devon and Exeter Hospital provides Nurses for fever cases, as also do the private Institutions.

No home nursing arrangements are made, or partially provided, by the Local Authority, but in the event of Measles becoming epidemic, the Medical Officer of Health is authorised to obtain Nurses should occasion arise, and this arrangement also holds good should a case of Pneumonia arise in a family whose circumstances are such as would not enable them to provide proper nursing.

MIDWIVES.

32 Midwives notified their intention of practising in the City; of these 17 belonged either to the Exeter and District Nursing Association or St. Olave's Home; 29 were trained Midwives and certified by the Central Midwives' Board, and 3 were registered by reason of their being in practice prior to the Act coming into force.

The conduct and work of the Midwives has been good. The rules of the Central Midwives Board have been observed and in only 2 or 3 instances has the attention of Midwives had to be drawn to minor faults in connection therewith.

No Midwives are employed or subsidised by the Local Authority.

6. LABORATORY WORK.

In suspected cases of Diphtheria no charge is made. All V.D. work done without payment. The examination of swabs from Diphtheria contacts is only undertaken free if it is done after consultation with the Medical Officer of Health and the work is undertaken as a Public Health measure.

Pathological and Bacteriological work (V.D. only) is carried out for the Local Authority at Royal Devon and Exeter Hospital by Dr. Solly; and Bacteriology (other than sputa examinations) is done partly by the City Analyst and partly by the Lister Institute. Sputa examinations are made by the Assistant Tuberculosis Officer.

EXAMINATIONS AT V.D. DEPARTMENT.

For detection of Spirochetes	...	...	12
For detection of Gonococci	...	...	157
For Wasserman re-action	...	...	215

BACTERIOLOGICAL EXAMINATIONS.

For Tuberculosis—

Sputum.

Positive	...	...	...	82
Negative	...	...	...	247
Total				<u>329</u>

For Enteric Fever—

Positive	...	...	...	5
Negative	8
Sample insufficient	2
Total				<u>15</u>

For Cerebro-spinal Fever—

Negative	Nil
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For Diphtheria, for primary investigation—

Positive	94
Negative	342
Total				<u>436</u>

For Diphtheria, investigation before discharge from
isolation, of cases treated at home—

Positive	...	...	...	22
Negative	...	...	...	46
Total				<u>68</u>

For Diphtheria, investigation before discharge from Hospital—

Positive	...	...	...	123
Negative	...	...	...	314
Total				<u>437</u>

Diphtheria Anti-toxin and Anti-Meningococci Serum, are
issued from the Public Health Department.

LOCAL ACTS, ORDERS, ETC.

Adopted—

- Infectious Disease (Prevention) Act, 1890.
- P.H.A. (Amend.) Act, 1890.
- Museum and Gymnasium Act, 1891.
- Cleansing of Persons Act, 1897.
- Public Library Acts.
- Baths and Washhouses Acts.
- P.H.A. (Amend.) Act, 1907 (all adopted 1909).
- P.H.A. 1925 Part II. except Sections 20 and 34; and
Parts III., IV. and V.

BYE-LAWS AND REGULATIONS.

- Houses Let in Lodgings, 1924.
- Regulations under Dairies, Cowsheds and Milk Shops
Order, 1889.
- Public Abattoir and Private Slaughterhouse, 1913.
- Removal of Snow and Keeping of Animals, 1892.
- Common Lodging Houses, 1902.
- Prohibiting the Admission into the Cattle Market of
Animals Unfit for Food, 1911.
- Building Bye-laws, 1912.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER.

The water supply of the City is taken from the River Exe, which has the usual advantages and disadvantages of river water. The intake is situated some miles above the City, and the plant consists of Settling Tanks and Sand Filters. The supply of water is ample for all purposes, even in the dry season, but, hitherto, the filtering area has not been entirely sufficient for the needs of the City. This has been rectified by the installation of Mechanical Filters in addition to the sand filtration. This filtration, combined with chlorination, gives a supply of very great purity. The bacteriological analyses of the water made after filtration and chlorination, have been, during the past year, quite satisfactory.

There has been at times a certain amount of pollution of the river in the higher reaches, but inasmuch as the river is rapidly flowing and largely gravelly bottomed, there is ample opportunity for purification. The water is a soft one; it is, therefore, eminently suited for all domestic purposes and has no solvent action on lead pipes.

Goitre is not very prevalent in the City, and has shown a distinct decline during recent years, judging from the Reports of the School Medical Inspector.

DRAINAGE AND SEWAGE DISPOSAL.

The same method of Sewage Disposal remains in operation, viz :—By Septic Tank filtration, which is now far from satisfactory. The question of Sewage Disposal is receiving the earnest attention of the Public Health Committee, and an experimental tank for the treatment of sewage on the activated sludge method is now being built at the Wonford Sewage Works.

In conjunction with the City Surveyor, I have, during the past year, visited Sewage Disposal Works at Worcester, Stoke. Sheffield, and Bolton, and together with him, have made a report thereon to a Sub-Committee.

CLOSET ACCOMMODATION.

The City generally is well provided with Closet Accommodation, upon the water carriage system, there being no privy middens, and only about twenty pail closets, which are in a small low-lying locality which cannot be connected to the sewerage system. They are regularly scavenged, and the contents disposed of by emptying same into a sewer, accompanied with flushing from a hydrant.

There were 26 additional W.C.'s provided or reconstructed, and 93 repaired, during the year. The W.C. accommodation in the scheduled unhealthy areas, and in congested yards and courts, while mainly fair if calculated upon the number of persons it serves, is much below the proper standard which should be a minimum of one per house, or tenement. This requirement is being enforced in all cases where the houses concerned are not condemnable.

SCAVENGING.

This work is under the City Surveyor's Department. House and trade refuse is collected daily from all central main roads, and two central congested areas, three times weekly from all secondary main roads, and bi-weekly from all other areas.

Owners (in the case of yards and courts and tenement houses) and occupiers are required to provide galvanised iron dust receptacles, with covers, for their refuse, but it is surprising how occupiers in the congested areas dislike them. Instances have come to my notice where bins have been used for coal or other material, or where they have stood in yards unused, while the refuse was still dumped into old boxes or tins. The use of bins should be made compulsory, and all insanitary vessels that are used for the reception of house refuse should be taken away by the Scavengers at the risk of a claim for their loss. This action would, I think, stop the objectionable practice of the placing on the footpaths in our City of filthy, disgusting, and uncleanable receptacles.

The refuse is dumped and sorted, and afterwards spread on a low-lying area west of the River Exe which will, in the course of time, become level and useful for other purposes.

SANITARY INSPECTION OF THE AREA.

STATEMENT OF CHIEF SANITARY INSPECTOR.

NOTICES—

Number Served—Informal	...	...	450
Statutory	...	...	19
Number Uncomplied with at End of Year	...	...	5

HOUSES AND PREMISES—

Number Inspected upon Complaint	...	...	759
Number of Defective Yards Paved	...	...	46
Number of Defective Eaves and Gutters Rectified	...	...	67
Number of Walls, Floors, and Ceilings Repaired	...	...	219
Number of Roofs Repaired	...	...	64
Number of Rooms Cleansed and Limewashed	...	...	155
Number of Fire Grates Provided or Repaired	...	...	26
Number of Coppers and Stoves Repaired	...	...	2
Number of Sash Cords Provided	...	...	7
Number of New Stoneware Gullies Provided	...	...	22
Number of Windows Repaired or Made to Open	...	...	58
Number of Staircases and Doors Repaired	...	...	12
Number of Chimneys repaired	...	...	2

BATHS, LAVATORIES, AND SINKS—

Number of Glazed Sanitary Sinks provided	...	...	29
Number of Waste Pipes Trapped	57

WORK IN PROGRESS—

Number of Visits made thereto	2653
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OVERCROWDING—

Number of Cases Abated	1
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DRAINS—

Number of Smoke Tests Made	225
Number of Water Tests Made	235
Number Laid or Re-laid or Repaired	110
Number Cleansed, Trapped and Ventilated	...	...	108

DRAINS (continued)—

Number of Defective Bell and D Traps Replaced by Stoneware Gullies	...	...	22
Number of Rainwater Pipes Disconnected	...	...	11
Number of Cesspools Rectified	...	...	2
Number of Inspection Pits Repaired	...	...	26
Number of Gully Gratings Provided	...	...	3

COURTS AND PASSAGES—

Number of Visits made thereto	...	...	365
Number Re-paved	...	...	10
Number Limewashed	...	...	26

WATER CLOSETS—

Number of additional W.C.'s Provided or Recon- structed	...	...	...	26
Number Repaired, Ventilated, etc.	...	...	...	93
Number of Soil Pipes Repaired, Ventilated or Recon- structed	...	...	...	22
Number of Flushing Apparatus Improved	...	...	...	57
Number Limewashed	...	...	...	174

DUST RECEPTACLES (PORTABLE)—

Number of Visits	...	...	...	22
Number of New Dust Receptacles Provided	...	...	...	90

SLAUGHTER HOUSES—

Number of Visits to Public Abattoir	...	...	464
Number of Visits made to Private Slaughter Houses	...	...	688
Number of Contraventions Found and Remedied	...	...	13

BAKEHOUSES—

Number Inspected	...	...	...	55
Number of Contraventions Found and Remedied	9

OUTWORKERS—

Number of Premises	269
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DAIRIES, COWSHEDS AND MILKSHOPS—

Number of Inspections Made	412
Number of Contraventions of Acts, Orders and Bye laws dealt with	30
Number Remodelled	1

OFFENSIVE TRADES—

Number of Inspections Made	—	...	97
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FOOD—

Number of Preparation and Storage Premises Visited	...	65
Number of Defects Discovered and Remedied	...	7

ANIMALS KEPT SO AS TO BE A NUISANCE—

Number of Cases Abated	24
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ACCUMULATION OF OFFENSIVE REFUSE—

Number of Removals	72
Number of Dung-pits Provided or Re-modelled	1
Number of Dung-pits Inspected	5

MEETINGS OF OWNERS—

Number of Interviews and Appointments Kept	...	327
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RATS—

Premises Inspected upon Complaint	...	29
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INFECTIOUS DISEASE—

Enquiries	...	247
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MENTAL DEFECTIVES—

Enquiries and Visits Made	...	76
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FACTORIES, WORKSHOPS AND WORKPLACES.

I.—Inspection of Factories, Workshops and Workplaces, including Inspection made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Occupiers Prosecuted. (4)
Factories ... (Including Factory Laundries)	69	3	—
Workshops ... (Including Workshop Laundries)	301	4	—
Workplaces ... (Other than Outworkers' premises)	—	—	—
Total ...	370	7	—

2.—Defects found in Factories, Workshops and Workplaces.

Particulars. (1)	Number of Defects.			Number of Prosecutions. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector (4)	
Nuisances under the Public Health Acts—*				
Want of cleanliness ...	13	13	—	—
Want of Ventilation ...	2	1	—	—
Overcrowding ...	—	—	—	—
Want of drainage of floors ...	—	—	—	—
Other nuisances ...	15	7	—	—
Sanitary accommodation—				
Insufficient ...	3	3	—	—
Unsuitable or defective ...	15	6	—	—
Not separate for sexes ...	2	—	—	—
Offences under the Factory and Workshop Acts—				
Illegal occupation of underground bakehouse (s. 101) ...	—	—	—	—
Other offences ... (Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories & Workshops Transfer of Powers) Order, 1921)	4	—	4	—
Abstracts not affixed ...	—	—	—	—
Total ...	54	30	4	—

* Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts,

OUTWORK IN UNWHOLESOME PREMISES
SECTION 108.

NATURE OF WORK.	Instan- ces.	Notices served.	Prose- cutions.
(1)	(2)	(3)	(4)
Wearing Apparel—			
Making, &c.	*12	6	—
Cleaning and washing			
Household linen			
Lace, lace curtains and nets			
Curtains and furniture hangings			
Furniture and Upholstery			
Electro-plate			
File making			
Brass and brass articles			
Fur pulling			
Cables and chains			
Anchors and grapnels			
Cart gear			
Locks, latches and keys			
Umbrellas, &c.			
Artificial flowers			
Nets, other than wire nets			
Tents			
Sacks			
Racquet and tennis balls			
Paper, etc., boxes, paper bags			
Brush making			
Pea picking			
Feather sorting			
Carding, &c., of buttons, &c.			
Stuffed toys			
Basket making			
Chocolates and sweetmeats			
Cosaques, Christmas crackers, Christmas stockings, etc.			
Textile weaving			
Total	12	6	—

* Six were dealt with by verbal notice,

HOUSING ACTS.

Houses inspected	...	...	...	276
Houses closed	...	...	...	6
Rooms cleansed, whitewashed, etc.	...	...	...	61
Rooms closed for use as a bedroom	...	...	...	1
External woodwork, eaves guttering, etc., painted	...	...	...	3
Floors re-laid or repaired	...	...	...	36
Walls, ceilings, etc., repaired	...	...	...	136
Roofs repaired or reconstructed	...	...	...	21
Stairs and doors repaired	...	...	...	10
Windows provided to rooms	...	...	...	3
Windows of rooms made to open	...	...	...	5
Windows of rooms, repaired, etc.	...	...	...	54
Yards repaved or repaired	...	...	...	10
Drains reconstructed	...	...	...	8
Defective or insufficient eaves gutters or rainwater pipes	...	...	...	9
Scullery troughs provided	...	...	...	3
Waste pipes trapped	...	...	...	5
Water closets repaired	...	...	...	12
Defective water closet pans re-placed with pans of wash-down pattern and flush improved	...	...	...	6
Flushing of water closets improved	...	...	...	1
Water closets limewashed	...	...	...	11
Coppers, stoves, and gates repaired	...	...	...	25
Water tap provided on pipe direct from main	...	...	...	1
Inspection chamber provided	...	...	...	1
Decayed, etc., house, practically rebuilt	...	...	...	1
Chimneys repaired	...	...	...	1

SMOKE ABATEMENT.

A few observations of factory chimneys were made, but no case of bad emission of black smoke was reported, nor was any complaint of nuisance from factory chimneys received.

HOUSES LET IN LODGINGS.

A new set of Bye-laws controlling these premises were made, and allowed by the Minister of Health in May, 1924. They define the responsibilities of Owner and Occupier, and provide penalties for non-compliance of Notices. On the whole, the houses registered under these Bye-laws are well-conducted, but there are many that should be closed and demolished. The problem of providing accommodation for the occupiers that must soon be displaced, at present, appears to be well-nigh insolvable.

There are no underground sleeping rooms in any of these houses.

OFFENSIVE TRADES.

The number of Offensive Trades in the City is as reported in 1920, viz. :—

- 2 Fellmongers.
- 1 Tanner.
- 1 Fat Boiler, Soap Maker, and Artificial
Manure Works.
- 1 Bone Boiler, and
- 1 Gut Scraper.

Bye-laws controlling these have been made, and at the time of writing are awaiting the approval of the Minister of Health.

Complaints were fewer than usual, and it is but fair to say that the premises generally are well supervised, and the occupiers are always ready to give effect to suggested improvement, with a view to the mitigation or prevention of nuisance.

Nuisance does not arise from materials that are collected in the City, but from trade refuse and offals that are sent in from surrounding districts, and this would be obviated if the producers would salt, or otherwise treat, offal prior to despatching it. It would be more valuable, and their pockets and the Public Health would benefit.

SCHOOLS.

Exeter has a large number of Elementary Schools, considering the size of the school population. The general sanitation of the schools is fair, and they are all supplied with water from the Public Supply. There are four Secondary Schools, 2 Provided and 2 Non-provided.

HOUSING.

1. GENERAL HOUSING CONDITIONS—

There is still a shortage of houses for the middle and working classes, as evidenced by the large number of applications now lying in the Town Clerk's Office. During the five years the number of houses built in the City by Municipal and private enterprise was 255.

This number, considerable as it is, under all the circumstances, has not eased the position of the poor applicants, who can only afford to pay a small weekly rental, and who prefer to live near to their work,

2. OVERCROWDING.

As cases of overcrowding arise they are dealt with, as far as possible, by re-arranging the sleeping accommodation, but owing to the continued shortage of houses it is not considered practicable to enforce the abatement of overcrowding nuisances by application to the Justices.

FITNESS OF HOUSES.

The general standard of housing in the old portion of the City is not good, those houses occupied by the working Classes being, except in one district (Newtown) constructed of lath and plaster, and without baths. These old houses require constant inspection.

In unfit houses the general character of the defects found are :—

Externally—Defective plaster, roofs, and gutters, and

Internally—Defective floors, plaster of walls, and of ceilings.

Many of the internal defects are found to be due to acts of waste or neglect by tenants, but, in the majority of cases, they are due to lack of care and supervision by the landlord. The main difficulty experienced by the Department is when defective houses are owned by and form the sole means of livelihood of poor elderly people. There are many such houses in the City upon which it would be unwise to serve Statutory Notice under the Housing Acts requiring repairs, and in these instances it is usual for the Chief Sanitary Inspector to meet them at the property and get such repairs done (which are not enforceable under the Public Health Acts) in an informal way. It is often necessary to agree to the gradual carrying out of repairs by poor owners, and, in this way, it is possible for blocks of property to be maintained in fair condition.

HOUSING STATISTICS FOR THE YEAR, 1925.

Number of new houses erected during the year :—

- (a) Total (including numbers given separately under (b)) 210
- (b) With State assistance under the Housing Acts :
- | | | | |
|---------------------------------|-----|-----|----|
| (i) By the Local Authority | ... | ... | 49 |
| (ii) By other bodies or persons | ... | ... | 62 |

1. *Unfit dwelling-houses.*

- Inspection—(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... 276
- (2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925 ... —
- (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... 6
- (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... 270

2. *Remedy of defects without Service of formal Notices.*

- Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... 253

3. *Action under Statutory Powers.*

A.—Proceedings under section 3 of the Housing Act, 1925.

- (1) Number of dwelling-houses in respect of which notices were served requiring repairs ... 12
- (2) Number of dwelling-houses which were rendered fit after service of formal notices :—
- | | | | |
|---|-----|-----|----|
| (a) By owners | ... | ... | 12 |
| (b) By Local Authority in default of owners | — | | |

- (3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... —

B.—Proceedings under Public Health Acts.

- (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 8
- (2) Number of dwelling-houses in which defects were remedied after service of formal notices :—
- (a) By owners 7
- (b) By Local Authority in default of owners 1

C.—Proceedings under sections 11, 14 and 15 of the Housing Act, 1925.

- (1) Number of representations made with a view to the making of Closing Orders 4
- (2) Number of dwelling-houses in respect of which Closing Orders were made 4
- (3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit 2
- (4) Number of dwelling-houses in respect of which Demolition Orders were made 3
- (5) Number of dwelling-houses demolished in pursuance of Demolition Orders 3
- (6) Premises demolished after making of Closing Order but without service of Demolition Order, Closing Order withdrawn 1
- (7) Premises voluntarily closed by Owner in consequence of informal action, no statutory notices being served or representations made ... 2

Of these were :—

Demolished	...	1
Rendered fit for habitation		1

UNHEALTHY AREAS.

Conditions in the unhealthy areas, as reported in 1919, remain as then, save that the City Council is engaged on the preparation

of a reconstructed^{ION} Scheme for dealing with No. 4 Area, under Part 2 of the Housing Act, 1925. While it has not been found possible to start clearing these areas, it should be noted that they are not neglected. They are regularly inspected, and a great deal of repair work, under informal notice, is carried out by the owners.

BYE-LAWS RELATING TO HOUSES LET IN LODGINGS.

New Bye-laws relating to Houses Let in Lodgings have already been commented upon, and I am of opinion that there is no need at present for any alterations.

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

Generally speaking, the quality and quantity of milk that comes into the City is good and ample; the amount produced within the area of the City is probably one-tenth of the amount that is consumed.

At the end of the year 1925, there were on the Registers:—

Cowkeepers	...	...	30
Wholesale Purveyors of Milk			87
Retail Purveyors of Milk	...		162

All are regularly inspected, and it was found necessary, in a few instances, to serve Notices requiring the cleansing of cattle and cowsheds. Apart from this, all were well conducted.

Since the coming into operation of the Milk and Dairies (Amendment) Act, 1922, six retailers, whose premises and methods were most unsatisfactory, were struck off the Register.

Toward the end of 1925, with the coming into operation of the Milk and Dairies (Consolidation) Act, 1915, attention was given to the question of tubercle bacilli in milk, and 11 samples were sent to the Clinical Research Association for examination and all were reported upon as free from Tubercle Bacilli.

The cows within the City area were also inspected, and one was discovered as showing clinical signs of Tuberculosis. Action was taken under the Tuberculosis (in cattle) Order, and the animal was slaughtered, and found to be very extensively affected with Tuberculosis. The cowshed was cleansed and disinfected.

THE MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

In this Order are four Designations under which Milk may be sold that comply with certain standards of purity.

The first, "CERTIFIED" Milk, can only be designated as such by a Licence issued by the Minister of Health, and the conditions subject to which such Licences are issued are—"The producer shall cause every animal in his herd to be submitted to an examination, and to a prescribed tuberculin test at intervals of six months, and only the milk from animals that pass this test may be classed as "Certified." A complete Register of the animals must be kept; the herd be completely isolated from all other cattle, and the milk from these animals must be bottled on the farm immediately after production, and the bottles containing the milk be closed with a tightly fitting disc, and covered with an outer cap, so fastened so as to form a complete seal. The cap must bear the name and address of the Producer, state the day of production, and bear the words "Certified" Milk. The cleanest possible conditions must be observed in the treatment of the cows, and in the milking. "Certified" Milk must further conform to the following conditions of cleanliness:—

A sample taken at any time before delivery to the consumer may not contain more than 30,000 bacteria per c.c. and no bacillus coli in one tenth of a c.c. The milk shall not, at any stage, be treated by heat.

There is one producer in the City licensed by the Minister of Health to sell "Certified" Milk, and samples that were regularly taken during the year for bacteriological examination, were found to be well within the degree of cleanliness and purity required, as evidenced by the following Table:—

DATE.	COUNT IN $\frac{1}{10}$ C.C.	PRESENCE OF B.COLI.
1-4-25	*Uncountable	Not found
27-5-25	165	Do.
16-6-25	166	Do.
12-8-25	194	Do.
22-9-25	*Uncountable	Do.
20-10-25	202	Do.
10-12-25	138	Do.

* Sample delayed in transit to Laboratory.

DESIGNATION NO. 2 GRADE "A"

(TUBERCULIN TESTED) MILK.

A Local Authority can issue a Licence to a Producer of milk under this Designation if the following conditions are complied with :—

"A Producer shall cause every animal of the herd to be submitted to an examination, and to a prescribed tuberculin test, at intervals of six months, and produce a Veterinary Surgeon's Certificate thereon to the Licensing Authority."

If a diseased animal is found in such herd, it must be isolated or removed from the herd, and, in the case of removal, the Licensing Authority shall be informed of the manner in which it has been disposed of.

Unless the producer is also licensed to sell designated milk as a Dealer, the milk he produces for sale under this designation must be moved from his premises in unventilated sealed containers, which shall be labelled with his address, the day of production, and the word "morning" or "evening," according to the time of milking.

Assuming this milk to be sent to a Dealer's premises (which must also be specially licensed by a Local Authority), it shall be delivered to the consumer either in bottles, or in other suitable containers of not less capacity than two gallons, such bottles or containers being closed with a tightly fitting disc or cover, and suitably sealed and labelled. The degree of cleanliness required for Grade "A" (Tuberculin Tested) Milk is that on a sample of such milk being taken at any time before delivery to the consumer, it shall be found to contain :—

- (a) not more than 200,000 bacteria per c.c. and
- (b) no bacillus coli in $\frac{1}{100}$ of a c.c.

There is no Producer of Grade "A" (Tuberculin Tested) Milk within the City, but one so licensed by the Devon County Council, and situated a few miles from the City, sends his milk to a licensed Bottling Establishment within the City, where it is dealt with in complete compliance with this Order.

Arrangements for the taking of samples of "Certified," and of Grade "A" (Tuberculin Tested) Milk, have been made by the Minister of Health, who has drawn up a Scheme by which the sampling of the milk of producers is regularly carried out, either by his Department, or by Local Authorities, and communications have been sent to the Authorities whose participation in the sampling of designated milk is desired.

The third Grade of Milk is known as Grade "A," and may be produced under conditions that are not quite so stringent as the two preceding designations. An animal which, to the knowledge of the owner of the herd, has, at any time, been tested with tuberculin, and has re-acted, may not form part of, or be added to the herd. The cows must be examined once in three months by a Veterinary Surgeon, but need not be tested with tuberculin, but if any animal in such herd is certified as showing evidence of any disease which is likely to affect the milk injuriously, it shall be isolated or removed from the herd, as the case may require, and if, on sampling the milk, tubercle bacilli has been found therein, steps are to be taken to find out the diseased animal or animals in the herd, and the same are to be removed, and the Licensing Authority informed how they have been disposed of.

Grade "A" Milk, upon being sampled before delivery to the consumer must be of the same standard of purity as that for Grade "A" (Tuberculin Tested) Milk, and as set out above. No Licence for this Grade has been granted by the Exeter Local Authority during 1925.

A Retailer who advertised his milk as Grade "A," was prosecuted for selling designated milk while not being legally licensed to do so. The sample which was taken did not come within the standard of cleanliness as required for milk which is being properly sold under the special Licence. He was convicted, and fined 10/- and costs.

The fourth Designation known as Grade "A" Milk Pasteurised, requires that milk shall be pasteurised, *i.e.* retained at a temperature of not less than 145° F. and not more than 150° F. for at least half-an-hour, and be immediately cooled to a temperature of not more than 55° F. It may not be so heated more

than once, and not otherwise treated by heat, and a firm or person so licensed, must provide an apparatus for pasteurising, and employ such methods as shall be satisfactory to the Licensing Authority, which in this case, is the Minister of Health.

The degree of cleanliness for Pasteurised Milk is not more than 200,000 bacteria per c.c. At present, no Licence for the sale of milk as "Pasteurised" has been issued by the Licensing Authority.

As the supply of Designated Milk within the City appears to be greater than the demand for it, what appears to be necessary is the education of the public, as to the advantages of pure and clean milk, the cost of which, after all, is only slightly above that of ordinary milk. It is to be hoped that the demand for it will increase, as there is no doubt that more milk on the above qualities will be produced, if a Market can be found for them.

MEAT.

Arrangements for Meat Inspection are generally satisfactory. The City is fortunate in possessing a good and well equipped Public Abattoir, where, I am pleased to state, the records show a greatly increased amount of killing over pre-war years, and it is now necessary, in my opinion, to extend the lairage accommodation. Every animal slaughtered at this establishment is examined, in accordance with the suggestions laid down in the Departmental Committee's Report on Meat Inspection, 1921. Although arrangements satisfactory to the Minister of Health as to the marking of meat that has passed inspection have been made, no application for this to be done has been received from meat traders.

The Management of the Public Slaughterhouse is under the Chief Sanitary Inspector, and there is a resident Superintendent, and two assistants. It is exceedingly well conducted, and a great asset to the City.

All condemned meat is dealt with at a Fat Boiler's and Artificial Manure Manufacturer's premises in the City; it is moved under the supervision of an Assistant Sanitary Inspector, who sees same properly disposed of at the aforementioned works.

The following Tables show the number of cattle dealt with, and give particulars of the diseased conditions found :—

ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIR AND THE FEES EARNED DURING THE FINANCIAL YEAR, 1-4-25 to 31-3-26.							
ANIMALS.	Number slaughtered.	Fees earned for slaughter.	Lairage No. of days.	Fees earned for lairage.	Storage. No. of days.	Fees earned for storage.	Total fees earned.
Cattle	4096	£ s. d. 358 18 0	2386	£ s. d. 36 14 6	192	£ s. d. 2 8 0	£ s. d. 398 0 6
Calves	2892	81 13 4	3	6	149	1 4 10	82 18 8
Sheep	8089	120 5 4	76	6 4	23	1 11	129 13 7
Pigs @ 1/-	3943	197 3 0	7	1 2	—		202 9 2
" @ 2/6	42	5 5 0					
Total	19062	763 4 8	2472	37 2 6	364	3 14 9 Tripe cleaning	804 1 11 1 6
Amount received from the sale of Cartridges, £33 11s. 4d. Amount received from the sale of blood, £44 18s. 0d.							
							804 3 5

THE FOLLOWING IS A TABLE OF THE CHARGES IN FORCE UP TO OCTOBER.

Slaughtering tolls, including lairage for two days.	Lairage tolls per day, after expiration of second day.	Storage tolls per day, after expiration of second day.
For every Bull, Bullock, Cow or Heifer For every Calf ... For every Pig ... For every Sow or Boar over 14 score ... For every Sheep or Lamb ...	s. d. 1 6 ... 6 1 0 ... 6 ... 3	3d. 2d. 2d. 2d. 1d.

THE FOLLOWING IS A TABLE OF THE CHARGES IN FORCE SINCE OCTOBER.

Slaughtering tolls, including lairage for two days.	Lairage tolls per day, after expiration of second day.	Storage tolls per day, after expiration of second day.
For every Bull, Bullock, Cow or Heifer For every Calf ... For every Pig ... For every Sow or Boar over 14 score ... For every Sheep or Lamb ...	s. d. 2 0 ... 8 1 0 2 6 4	3d. 2d. 2d. 2d. 1d.

The following is a summary of Meat and Food Inspections and Condemnations for the year :—

No. of Visits made to Slaughter Houses ... 1152

No. of Seizures and Surrenders of Diseased Meat—

(a) At the Abattoir ... 1246

(b) At Private Slaughter Houses, Shops, etc. 92

Magisterial Orders obtained ... 9

CLASSIFICATION OF DISEASES.

1925.

WHOLE CARCASSES SEIZED OR SURRENDERED ON ACCOUNT OF GENERALIZED TUBERCULOSIS.

Description.	Number of Animals.	WEIGHTS.											
		CARCASSES.				ORGANS & OFFAL.				TOTALS.			
		T	C	Q	Lbs.	T	C	Q	Lbs.	T	C	Q	Lbs.
Cows	36	7	19	0	11	2	18	0	7	10	17	0	18
Heifers	6	1	8	2	18		10	0	24	1	18	3	14
Steers	2		11	0	14		3	1	14		14	2	0
Bulls	1		3	2	0			3	16		4	1	16
Calves	2		1	2	6			1	27		2	0	5
Pigs	18	1	7	3	24		5	1	18	1	13	1	14
Totals	65	11	11	3	17	3	18	1	22	15	10	1	11

PARTS OF CARCASSES, OFFAL, ETC., SEIZED OR SURRENDERED ON ACCOUNT OF LOCALIZED TUBERCULOSIS.

Description.	Number of Animals.	WEIGHTS.											
		MEAT.				ORGANS & OFFAL.				TOTALS.			
		T	C	Q	Lbs.	T	C	Q	Lbs.	T	C	Q	Lbs.
Bovines	177		15	2	26	*3	7	0	17	4	2	3	15
Calves	1			1	0			1	20			2	20
Pigs	61		14	3	26		18	2	2	1	13	2	0
Totals	239	1	10	3	24	4	6	0	11	5	17	0	7

*Included here 60 heads.

WHOLE CARCASSES SEIZED OR SURRENDERED ON ACCOUNT OF DISEASES OR
CONDITIONS OTHER THAN TUBERCULOSIS.

Description.	Number of whole carcasses seized or surrendered.	Disease or condition which rendered meat unfit for food.																Weight, including Offal, etc.									
		Anæmia.	Anthrax.	Congestion.	Decomposed.	Dropsical.	Emaciated Casualty.	Hydræmia.	Immature.	Inflammation.	Jaundice.	Johns's Disease.	Joint Ill.	Malignant Neoplasms.	Moribund.	Oedema.	Quarter-evil.	Ricketts.	Sarcoma.	Septicæmia.	Septic Pneumonia.	Toxæmia from Double Dipping.	Uremia.	Tons.	Cwts.	Qrs.	Lbs.
Bulls	1																			1					9	2	16
Cows...	10				3	1					2									3	1			2	9	0	26
Heifers	3		1														2								12	3	20
Steers	2												1	1											7	3	20
Calves	11							1	1		1	2	1	2			1	1				1			9	3	9
Sheep	61	7		1	9	15	8	1		1				11	1				1	3	2	1		2	3	1	8
Lambs	2				1			1																		3	13
Pigs ...	4				1					1				1				1							4	0	1
Total	94	7	1	1	11	18	9	3	1	2	1	2	2	2	15	1	3	2	1	7	3	1	1	6	17	3	1

WEIGHT OF MEAT AND OTHER FOODS SEIZED OR
SURRENDERED.

	Tons.	Cwts.	Qrs.	Lbs.
Whole carcases including offals on account of Generalised Tuberculosis	15	10	1	11
Parts of Carcases and Offals, etc., on account of Localised Tuberculosis ...	5	17	0	7
Whole carcases including offals on account of diseases or conditions other than Tuberculosis ...	6	17	3	1
Parts of carcases and offals, etc., on account of Local affections ...	6	13	3	11
Imported Meat ...		15	0	8
Other Foods ...	1	0	0	5
Total weight of Meat and other Foods seized or surrendered ...	36	14	0	15

PARTS OF CARCASES, OFFAL, ETC., SEIZED OR
SURRENDERED ON ACCOUNT OF MINOR
DISEASES AND CONDITIONS (OTHER THAN
TUBERCULOSIS), SUCH AS RHEUMATISM,
PLEURISY, PARASITES, ETC.

	Weight.											
	Meat.				Offal.				Total.			
	T.	C.	Q.	L.	T.	C.	Q.	L.	T.	C.	Q.	L.
Beef ...		5	2	20	4	18	3	18	5	4	2	10
Mutton and Lamb		2	2	3		15	3	16		18	1	19
Pork ...			2	6		9	0	5		9	2	11
Veal ...				21		1	0	6		1	0	27
Total ...		8	3	22	6	4	3	17	6	13	3	11

PARTICULARS OF IMPORTED MEAT SEIZED
OR SURRENDERED.

Description.	Weight.			
	Tons.	Cwts.	Qrs.	Lbs.
Beef		10	3	19
Mutton and Lamb ...		1	3	7
Pork		2	1	10
Total ...		15	0	8

PARTICULARS OF OTHER FOODS SEIZED OR
SURRENDERED.

Particulars.	Weight.			
	Tons.	Cwts.	Qrs.	Lbs.
Bacon			3	27
Piece of Cooked Ham ...				4
3 Tins of Corned Beef ...				18
19 Pots of Cooked Tongue ...			2	20
4 Tins of Preserved Eggs ...			1	0
8 Tins of Brawn				8
11 Ox Tongues			1	16
Fresh Fruit		7	3	27
Tinned Fruit			3	11
Fresh Fish		2	5	0
Tinned Fish		5	0	17
Potted Pastes				12
Pickles				13
Totals ...	1	0	0	5

MEAT AND OTHER FOOD SEIZED OR
SURRENDERED, SHOWING WEIGHT MONTHLY.

Month.				Weight.			
				Tons.	Cwts.	Qrs.	Lbs.
January	...	...	...	4	11	3	24
February	...	...	...	4	0	1	6
March	...	...	...	2	12	2	13
April ...	...	...	...	2	19	3	27
May ...	...	...	...	3	12	0	0
June ...	...	...	...	3	2	0	24
July ...	...	...	...	3	12	3	24
August	...	...	...	2	17	0	2
September	...	...	...	1	16	0	2
October	...	...	...	1	19	3	13
November	...	...	...	2	18	3	15
December	...	...	...	2	10	1	5
Total ...				36	14	0	15

The following Table shows the number of Private Slaughter-houses in use in the City at the dates mentioned :—

		In 1920.		In January, 1925.		In Decem- ber, 1925.
Registered	...	10	...	10	...	9
Licensed	...	3	...	3	...	3
		<hr/>		<hr/>		<hr/>
		13		13		12
		<hr/>		<hr/>		<hr/>

These are well conducted, and all conform to the Public Health (Meat) Regulations, 1924.

In most instances the occupiers have notified fixed days and hours of slaughter, and in the other cases prompt and correct notices are given of slaughter.

It will be noticed that at the end of the year, there was one Registered Private Slaughterhouse less. The reason of the removal of this slaughterhouse from the Register was because it could not possibly be made to conform to the requirements of the Regulations, and when this was brought to the notice of the owner, he signed an agreement to discontinue using the premises (the only approach to which was through a Butcher's shop) as a Slaughterhouse.

Meat Shops and Premises are regularly inspected, and are generally well reported upon.

When the requirements first came into force, it was generally understood that they required the compulsory provision of shop windows, which might be movable, and open when climatic conditions were suitable, and many shopkeepers, at the request of the Department, provided these windows before the regulations came into force. The Butchers generally were in favour of shop windows, but, since the publication of a letter from the Minister of Health, dated 31st March, 1924, to the Secretary of the National Federation of Meat Traders, in which it is stated that "when the regulations were prepared, it was not contemplated that they would be construed to require the provision of glass fronts in all cases," enthusiasm in this direction has waned,

the main argument against them being that, unless all shops are glass fronted, the open ones have a decided advantage over the closed ones in the sale of cheaper Joints. It is to be hoped that if, and when, these Regulations are amended, they will definitely prohibit the exposure of meat in unprotected shops, and further, that the Regulations will be made to apply to cooked meat. It is remarkable that while fresh meat which requires cooking, and ^{is} therefore, at any rate, if not wholly, partially sterilised, has to be protected, cooked meat, which is consumed as purchased, is not required to be covered when ready for consumption.

Since the introduction of the Regulations there has been a decided improvement in the transport of meat; many new covered vehicles have been provided by butchers in the City, and, generally, the handling of meat is carried out in a more hygienic manner than was formerly the case,

OTHER FOODS.

A tabulated statement of Foods other than Meat that were condemned during the year will be found at the end of the Tables regarding meat.

It is now customary for Grocers and other food dealers to send unsound tinned goods that they may find amongst their stock to the Public Slaughterhouse for inspection. Food premises are, however, inspected as often as possible, and much good work is being done in the improvement of the sanitation of food premises.

The Bakehouses in the City are regularly inspected, and are generally kept in a satisfactory condition.

During the last five years several Bakehouses have been entirely remodelled and provided with improved lighting, ventilation, and drainage. When operations are carried out, the stoke hole is where possible, kept outside of the bakehouse, and this action results in the interior of the bakehouse, being kept in a much more cleanly condition than before. It is also very beneficial to the health of the men who work therein.

SALE OF FOOD AND DRUGS ACTS.

Article.	Examined.		Adulterated.	
	Formal.	Informal	Formal.	Informal
New Milk	111	1	8	...
Scald Milk	3	...	...	...
Cream	26	...	1	...
Camphorated Oil ... ..	...	12	...	...
Rhubarb Powder ... ..	...	13	...	...
Butter	1	37	...	...
Baking Powder ... ..	...	14	...	...
Tripe ... ..	...	1	...	...
Salmon and Chicken Paste	1	...	...	...
Chicken and Ham Paste ...	1	...	...	...
Coffee ... ..	...	5	...	...
Coffee and Chickory ... ..	...	3	...	...
White Pepper ... ..	...	8	...	...
	143	94	9	...
Total	237		9	

Two summonses were issued in respect of adulterated New Milk. In one case the summons was dismissed with a caution and on payment of the costs, and in the other case the summons was withdrawn as the Producer was summoned by the County Authorities.

PUBLIC HEALTH (MILK & CREAM) REGULATIONS,
1912 and 1917.

REPORT FOR THE YEAR ENDED 31ST DECEMBER, 1925.

1. Milk and Cream not sold as Preserved Cream—

		Number of Samples examined for the presence of a Preservative.	Number in which Pre- servative was reported to be present, and per- centage of Preservative found in each sample.
New Milk	...	111	—
Scald Milk	...	3	—
Cream	...	26	One* (Contained not less than 0·2 per cent. boric acid)

* Vendor cautioned only, as his explanation was accepted.

2. Cream sold as Preserved Cream.

(a) Instances in which samples have been submitted for analysis to ascertain if the statement on the label as to Preservatives were correct.

(1) Correct statement made	...	Nil
(2) Statements incorrect	...	Nil
(3) Percentages of Preservative found in each sample same as on label	...	Nil

(b) Determinations made of milk fat in cream sold as preserved cream.

(1) Above 35 per cent.	...	Nil
(2) Below 35 per cent.	...	Nil

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed ... Nil

(d) Particulars of each case in which the regulations have not been complied with, and action taken ... Nil

- | | | | |
|---|-----|-----|-----|
| 3. Thickening substances. Any evidence of their addition to cream or to preserved cream | ... | ... | Nil |
| 4. Other observations, if any | ... | ... | Nil |

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.

SMALLPOX.

No case of Small Pox occurred in the area during the period under review. The last year that there was any Small Pox in the City was in 1905.

No primary or re-vaccinations were performed by the Medical Officer of Health under the Small Pox Regulations, 1917, all cases being referred to the Public Vaccinators.

VACCINATION.

The position with regard to Vaccination is very unsatisfactory. I am indebted to the Vaccination Officers for the following figures:—In Exeter 515 of the children born were successfully vaccinated, which gives a percentage of 55·3. For the part of the City which is in St. Thomas Union the position is even worse, 67 being vaccinated out of 157, which gives a percentage of 42·6.

SCARLET FEVER.

At no time during the five years under review was the incidence of Scarlet Fever high.

In 1921 the number of cases notified was	...	88
In 1922	"	92
In 1923	"	48
In 1924	"	54
In 1925	"	49

and there were no deaths from this disease during the whole period.

DIPHTHERIA.

53 cases of Diphtheria were notified during 1925.

There were comparatively few cases of Diphtheria during the five years, the highest number being in 1921, when there were 95 cases notified and 13 deaths.

It is a little difficult to decide the best means of dealing with Contacts who have no symptoms of disease but are bacteriologically infected. It is to my mind unfair that these cases should be placed in an atmosphere of the disease which obtains in Diphtheria Wards, so that I have dealt with them by having them under close supervision by the Health Visitors and local treatment carried out by them. In no case so affected has true diphtheria developed, nor, as far as is known, have they given the disease to anyone else although their means of livelihood has not been interfered with. In the case of school children, as a precautionary measure, they are excluded from school attendance until found to be bacteriologically free.

ENTERIC FEVER (INCLUDING PARATYPHOID).

It is pleasing to record the low incidence of this disease, the total number of cases during the five years being 25, and of these one was withdrawn as "wrong diagnosis."

The deaths of notified cases totalled five.

Three cases were notified in 1925, and of these three cases one was admitted to the Royal Devon and Exeter Hospital with the disease from an area outside the City, and in another case the source of infection was traced to Callington in Cornwall.

The other case I was unable to trace the origin of. Unfortunately two of these cases died.

In 1921 the number of cases notified was	...	1
In 1922	"	6
In 1923	"	6
In 1924	"	9
In 1925	"	3

PUERPERAL FEVER.

During the five years, 21 cases of this disease were notified, but four were afterwards decided to be of wrong diagnosis, and six of the cases were notified in the Local General Hospital and came from outside districts. This leaves 11 cases that occurred in the City.

Of the seven cases that occurred in 1925, two were in the Local General Hospital, and were admitted from outside districts, and of the remaining five two were withdrawn as wrongly diagnosed. Of the three actual cases, one made a good recovery and the other two died. These were both cases of complicated confinements requiring operative treatment by Medical Practitioners. The deaths were fully inquired into, and in neither case could blame be attached to the Midwives in attendance.

CEREBRO-SPINAL FEVER.

Only one case of this disease was notified during the five years, i.e., in 1925, and from its history and progress I formed the opinion that it was a case of mistaken diagnosis.

PNEUMONIA.

The two forms, Acute Primary Pneumonia, and Acute Influenzal Pneumonia, were made notifiable in March, 1919. The notifications receiving during the five years show considerable variation, viz. :—

In 1921	...	...	...	...	13
In 1922	...	...	...	...	87
In 1923	...	...	...	...	41
In 1924	...	...	...	...	59
In 1925	...	...	...	...	47

All such cases are visited as soon as the notifications are received, and where necessary, instructions are given as to nursing, etc., and steps are taken to see that the necessary medical attendance, nursing and nourishment are provided. In no case did any of these have to be provided by the Local Authority.

The notification of this disease does not appear to be entirely satisfactory in the sense that some are notified which, in the strict terms of the Order, are not notifiable, and probably the converse holds good and the majority of them when notified are quite unfit for removal to Isolation Hospital if it was thought necessary.

DYSENTERY.

One case of Amœbic Dysentery was notified in 1921, the patient being a boy of four. He was brought into the City to a Private Nursing Home, having developed the disease in the County Area.

MALARIA.

Two cases were notified in 1922 and one in 1925. There were no deaths.

The two cases notified in 1922 were not primary notifications, both having suffered from Malaria during their War Service. The one notified during last year, 1925, was Malaria induced by inoculation as treatment for a mental disorder. I do not think that such a case ought to be included in the list of notifiable diseases occurring in the District, and I have been in correspondence with the Ministry on this point, and they state that the regulations are to be amended to meet such cases. Needless to say the case was under constant observation, and precautionary measures were taken against its spread, and inasmuch as it occurred outside my district it would appear that the notification should rightly have been made to another Authority.

TRENCH FEVER.

No case of Trench Fever was notified.

ENCEPHALITIS LETHARGICA.

During the five years, 14 cases of this disease were notified:—

In 1921, six were notified, and there was 1 death.	
„ 1922, two „ „ 2 deaths.	
„ 1923, two „ „ 2 „	
„ 1924, three „ „ 1 death.	
„ 1925, one was notified and no death.	

The case in 1925 was notified from a farm within the City boundary and was treated at home. Extensive and full inquiries were made into it but it was not possible to discover any source of infection.

The notifications received are not a true index of the disease as far as the City is concerned as in six cases notifications were made from the Royal Devon and Exeter Hospital and of these five were fatal. I am of opinion that many of the slighter forms of the disease escape notification and none of the cases notified appeared to give rise to any infection to others.

Of the 8 cases, which did not prove fatal, 3 have entirely recovered, one has left the district and has been lost sight of, one it is quite clear was an error in diagnosis and of the remaining 3, 2 are at present totally incapacitated and one partially so.

ACUTE POLIOMYELITIS.

In 1921, one case of this disease was notified.

„ 1922 and 1923, none.

In 1924 two, and 1925 none.

The case that occurred in 1921 was that of a little girl aged 3 and the other two were boys, both 2 years old.

Of these 3 cases, one was fatal, 2½ years after notification; the other 2 recovered with partial paralysis.

ERYSIPELAS.

Sixteen cases were notified in 1925 and there were three deaths, one a child under one year, the others in adults of 35 to 65. Of these sixteen cases, one notification was from the Local General Hospital, and two from the Poor Law Institution.

CHICKEN POX.

During 1925, the considerable high figure of 292 cases of Chicken Pox were notified.

All were inquired into, and specially those occurring in adults, and in many instances, at the request of the General Practitioner, the Medical Officer of Health or his Deputy, examined the cases in company with the Practitioner. This was done in order to guard against a possible case of Smallpox remaining undiagnosed.

Cases of Chicken Pox are not ordinarily removed to the Isolation Hospital, but there were a few cases in which removal was urgently necessary, and these were dealt with in the Observation Wards, separate nurses being provided for same.

NON-NOTIFIABLE ACUTE INFECTIOUS DISEASES.

MUMPS.

Towards the end of the year 1925, there was a rather severe epidemic of Mumps, but this disease not being notifiable, it is not possible to give an estimate of the number of cases that occurred. It had a very detrimental effect upon school attendance.

INFLUENZA.

During the year, 16 deaths were attributed to this disease. There has been a mild epidemic each year but nothing approaching the 1918 epidemic.

WHOOPING COUGH.

This disease was prevalent during the early months of the year, and seven deaths were attributed to it, 5 being under the age of 1 year, and the remaining two under two years.

ENTERITIS AND DIARRHOEA.

There were 10 deaths from Diarrhoea, seven of which occurred in children under two years of age. None of the deaths were of children attending the Infant Welfare Centres.

As usual, during the summer months, posters and handbills of advice were published, and distributed throughout the poorer districts of the City, and through the agency of the Infant Welfare Centres.

CANCER.

The deaths from this disease during the five years were lowest in 1921, and highest in 1923, and it will be seen from the accompanying table, they are slightly higher than the figures given for the previous five years. Disinfection after Cancer is not done as a routine measure as in the view of the Ministry of Health the present state of our knowledge with regard to it does not point to infection as the source of its spread. At the same time if disinfection is asked for as it is in some cases it is considered desirable that it should be done.

Table of deaths from Cancer for the past 10 years:—

Year	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Deaths	84	67	80	79	83	72	95	108	91	99

ANTHRAX.

A case of Anthrax was reported at the Public Abattoir in November. It occurred in a beast that was purchased by a local dealer from the County, about six weeks previously, and kept in his field until November 27th, when it was exposed in the Exeter Cattle Market. The disease was discovered after slaughter on November 30th, and the carcase and premises were dealt with in accordance with the requirements of the Anthrax Order of 1910. No other case occurred. It was found necessary to send two slaughtermen who dressed the animal, and who were found to have cuts on their hands to the Hospital where they were kept under observation until it was clear that they were not infected.

MEASLES.

During 1925 measles were epidemic in the City, the worst period being from February to June, in which months I became aware of 394 cases. However, as the disease was not notifiable, it is likely the incidence more than doubled that of the cases recorded. The known cases were visited, and advice thereon was given to parents. It is the usual course of Measles

to be epidemic every second or third year, as an unprotected portion of the population is then ready for infection.

During the year there were four deaths from this disease, 3 being under the age of 5 years and the other 6 years old. It is interesting to note that there were no deaths amongst those who were visited, and in each of the four deaths notification of the death was the first intimation one had of the children being infected.

I am still of opinion that this disease should be permanently added to the list of notifiable diseases in children up to the age of 5 years, as 95 per cent. of the deaths from Measles are in children under 5 years of age. It is especially important that these children should be protected as far as possible and should have attention in the event of their contracting the disease.

ARRANGEMENTS FOR ISOLATION AND DISINFECTION.

The City Council has ample accommodation at their Isolation Hospital, Whipton, for the treatment of Infectious Diseases. Cases are removed thereto in a Motor Ambulance, and the premises from which they are taken are afterwards disinfected, generally by fumigation, and subsequent removal of the bedding, etc., for steam disinfection.

See also Isolation Hospital Report.

CLEANSING AND DISINFECTING.

The facilities available for the cleansing and disinfection of verminous persons and their belongings are as follows :— Persons can be cleaned in a small cleansing room adjoining the City Baths and Washhouses, and their clothing is dealt with in a steam disinfector of the Washington Lyons type.

Ordinary disinfection is carried out as follows :—

(a) At Isolation Hospital—all is done by steam except in the case of perishable articles, which are placed in a formalin chamber.

(b) There are similar arrangements at the Central Dépôt. House disinfection is done either with Formalin vapour or spraying, and for vermin by sulphur.

NOTIFIABLE DISEASES DURING THE YEAR.

DISEASE.	Cases Notified.														Cases admitted to Hospital.	Deaths.															
	Under 1							65 & over								Total.	Under 1							65 & over							Total.
	1	2	3	4	5	10	15	20	25	35	45	55	65	75			85	95	105	115	125	135	145	155	165	175	185	195	205		
Diphtheria (including Membranous Croup) ...	2	1	4	5	24	9	5	2	1	...	...	...	...	...	53	44	...	...	1	...	...	...	...	...	...	...	...	...	1
Scarlet Fever ...	1	...	2	4	6	21	11	2	2	...	...	...	...	...	49†	32	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever (including Paratyphoid) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	2
Puerperal Fever ...	...	...	...	...	...	...	...	...	...	...	1	4	2	...	7†	2	...	...	...	...	...	...	...	...	...	...	...	...	2
Pneumonia ...	2	2	3	2	1	5	3	3	5	8	10	3	4	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8*
Erysipelas ...	1	...	...	...	...	...	1	...	2	2	9	1	16	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	3
Encephalitis Lethargica ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken Pox ...	11	17	14	13	28	15	36	8	6	1	1	...	292	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro-spinal Fever ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...

* Deaths from cases notified and not total number of deaths from Pneumonia.

† 2 cases withdrawn as wrong diagnosis.

† Of the 7 cases notified 2 were in the local Hospital and were admitted from the County. Of the remaining 5 cases, two were withdrawn as wrong diagnosis.

TUBERCULOSIS.

AGE-PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M	F	M	F	M	F	M	F
0	—	—	—	—	—	—	—	2
1	2	2	2	3	2	—	—	3
5	4	5	6	1	1	1	—	—
10	10	4	1	—	—	—	3	1
15	3	8	3	1	4	7	—	—
20	6	6	—	—	3	2	1	1
25	10	6	1	1	9	6	1	—
35	11	5	—	2	2	4	1	—
45	5	5	—	—	6	4	—	—
55	3	4	—	—	3	2	—	—
65 and upwards	2	—	1	1	1	1	1	—
Totals ...	56	45	14	9	31	27	7	7
					72			

The above Table shows the Notifications received during the year, also the deaths. The total number of Notifications received was 134. Ten of these were duplicates, and are therefore excluded from the above table, and 8 were imported cases.

Included in the Deaths are 9 cases of which no Notification was received prior to the Death Certificate. In 4 of these the form was Cerebral, and therefore the duration of the disease was of a very short period. In 3 cases the disease was only discovered at Post Mortem, and 2 by sudden Haemorrhage, so that the Notification of Tuberculosis is now very complete in so far as the City is concerned.

NEW REGULATIONS.

Two important Regulations have been added by the Ministry to our methods of prevention during 1925, first the compulsory segregation of persons suffering from an advanced stage of the

disease (Public Health Act, 1925, Section 62). and secondly the power to prevent Tuberculous persons engaging in the Milk Trade [Public Health (Prevention of Tuberculosis) Regulations, 1925]. So far it has not been necessary to take any legal action under either of these Regulations in the City as we have been able to obtain the desired action without legal proceedings.

The following Table shows the number of Notifications received during the last ten years :—

1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	Total.
169	172	148	158	186	209	144	130	133	124	1573

The following Tables shows the Deaths from Tuberculosis for the last ten years :—

Disease.	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	Total.
Pulmonary Tuberculosis	80	84	72	43	54	45	59	46	59	58	600
Other forms of Tuberculosis	17	19	21	17	10	12	12	5	14	14	141
Total ...	97	103	93	60	64	57	71	51	73	72	741

And the following the death rate from Pulmonary Tuberculosis for the last ten years :—

Year.	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Number of Deaths from Pulmonary Tuberculosis ...	80	84	72	43	54	45	59	46	59	58
Death Rate ...	1·48	1·62	1·43	·728	·879	·756	·988	·763	·9807	·969

SURGICAL TUBERCULOSIS.

The following Table shows the number of non-pulmonary cases notified during the last ten years :—

1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	Total.
26	27	22	12	13	40	19	20	16	23	218

There are, at present, 113 non-pulmonary cases on the Register classified as follows :—

Bones and Joints	...	...	43
Abdominal	...	...	16
Other Organs	...	...	5
Glands	...	...	49

The 23 new 1925 cases, included in the above, were classified as follows :—

Bones and Joints	...	...	7
Abdominal	...	...	3
Other Organs	...	...	8
Glands	...	...	5

The arrangements for the treatment of surgical cases is at present not entirely satisfactory. A certain number of cases are sent by arrangement to the Local Hospital, but owing to pressure on the available beds they are unable to keep them (neither is it a suitable environment for them) for the necessary prolonged treatment. There is a movement on foot for the provision of a Hospital for the care of children suffering from tubercular and crippling conditions, and it is hoped that this may be established before the issue of my next Annual Report. Although it is true that there are suitable Institutions in the Country, one finds in practice that it is well nigh impossible to persuade parents to part with their children for the prolonged period of necessary treatment.

We had altogether at the end of the year 759 cases of notified Tubercular disease in the City, 646 were Pulmonary Tuberculosis and 113 Non-Pulmonary. Of these 759 cases, 608 were

attending the Tuberculosis Dispensary, either for observation or treatment, and 55 were in Institutions.

The Map on the following page shows the incidence of the disease in the greater portion of the City and the large increased incidence in the Areas marked on the Map 4, 5 and 6 will be noted. Of course, one is aware that there are other factors operating amongst the population in these areas favourable to the occurrence of Tuberculosis, but nevertheless one cannot ignore the bad housing conditions and overcrowding in these areas as being a most important factor in the causation of Pulmonary Tuberculosis.

EXTRA NOURISHMENT.

At the Tuberculosis Dispensary extra nourishment has been granted to various patients, and the total cost of same for the Financial Year 1925-26 was £35 2s. 10d.

INSTITUTIONAL TREATMENT.

The accommodation for the treatment of early cases at the Pinhoe Sanatorium (14 beds) remains the same, as also does that for advanced cases at the Isolation Hospital, where there are two Wards, one (7 male and 7 female beds) for the accommodation of general cases, and the other known as the Red Cross Pavilion (12 beds) for ex-service men in an advanced stage of the disease.

Honeylands Children's Sanatorium, Whipton, was opened for the reception of patients on the 1st July, 1924. The figures for 1925 are appended :—

Remaining under treatment 1/1/25.			Admitted during the Year.			Discharged during the Year.								Remaining under treatment 31/12/24		
M	F	TOTAL	M	F	TOTAL	Males.			Females.				M	F	TOTAL	
						Arrested.	Improved.	Worse.	Arrested.	Improved.	At Parents' Request.	Worse.	Total.			
10	10	20	15	14	29	15	-	-	12	-	2	-	29	10	10	20



An accurate account of the children's physical condition has been kept during the time they were in the Institution and the following table expresses, so far as one can express, the improvement that has taken place in their physical condition during their stay in the Institution :—

Average period of Treatment.	Average gain in Height.	Average gain in Weight.	Average gain in Chest Measurement.	Average gain in Chest Expansion.
236 days.	2 inches.	11½ lbs.	1½ inches.	·44 inches.

With one or two exceptions the improvement has been maintained up to the time of the issue of this report.

The children are medically attended by myself ; I visit the Institution twice weekly and at other times when required.

The minimum period that a case is ordinarily admitted for is six months.

The maximum gain in height was 4 inches in a period of 391 days, and the maximum gain in weight was 24 lbs. in a period of 391 days. A few of the children only remain a short period in the Institution for a variety of reasons, and these individuals tend to lower the average gain.

Educationally, in the opinion of the teacher, they also benefit greatly. Most of these children, owing to their physical condition, are more backward than the ordinary child, but thanks to their improved health, and hygienic conditions under which they live, and the more individual attention they are able to receive, they leave the Sanatorium School, in most cases, fit for a higher Standard than that on their admission, improvement in their response and brightness being most marked.

During the Financial year, 1925-26 the cost of running the Institution was :—

	£
Staff	683
Provisions	656
Renewals, Repairs, &c. ...	307
Lighting & Heating ...	127
Rates, Taxes, &c. ...	115
Drugs, &c.	31
Printing	20
Transport	6
Total ...	<u>£1,945</u>

which compares favourably with my estimate, before the Institution was opened, of £2,000.

The following Table gives details of patients treated at the Tuberculosis Sanatorium, Pinhoe :—

Remaining under treatment 1/1/25.			Admitted during the Year.			Discharged during the Year.									Remaining under treatment 31/12/25		
M	F	TOTAL	M	F	TOTAL	Males				Females.					M	F	TOTAL
						Arrested.	Improved.	Same.	Worse.	Arrested.	Improved.	Same.	Worse.	Total.			
7	5	12	18	17	35	8	5	3	3	12	1	3	2	37	6	4	10

An attempt has been made to trace the "after history" of all the cases that have been in the Sanatorium since it was opened in 1913 and the appended table gives the result of this inquiry :—

HOW CASES THAT HAVE BEEN ADMITTED TO TUBERCULOSIS
SANATORIUM, PINHOE, STOOD ON 31/12/25.

CASES TRANSFERRED TO OTHER DISTRICTS.								STILL IN THE CITY.								Total Cases Admitted since Institution opened 30/10/13 to 31/12/25					
In Institutions.	Not Tuberculous.	Died.	Unfit for Work.	Working.	Cured.	Not Traced.	TOTAL.	Left Exeter (Address Unknown.)	Fit for Work.	Unfit for Work.	At School.	Unfit for School.	In Pensions Institutions.	TOTAL.	Died in Exeter.		Cured.	Not Tuberculous.	TOTAL DEATHS.	In Other Tubercular Institutions.	At Pinhoe Sanatorium.
1	1	5	5	10	1	29	52	18	134	29	18	2	3	186	74	19	1	79	6	10	366

Judged by the number that have been found to be "cured" this table would be disappointing, but as the test for a cured case is 5 years without any symptoms of active disease, the number "Fit for Work" is a much more useful figure in estimating the amount of good which the Institution has done.

Table showing details of the cases treated at the Tuberculosis Hospital, Whipton, which is for advanced cases only, during 1925 :—

Remaining under treatment on 1st January, 1925.			Admitted during the year.			Discharged during the year.			Deaths during the Year.			Remaining under treatment 31st Dec., 1925.		
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
8	7	15	12	13	25	8	8	16	6	6	12	6	6	12

Table showing details of cases treated at the Red Cross Pavilion, Whipton, which is for ex-soldiers and sailors in the advanced stage of the disease during the year 1925 :—

Remaining under treatment on 1st January, 1925.	Admitted during the Year.	Discharged during the Year.	Deaths during the Year.	Remaining under treatment on 31st Dec., 1925.
12	10	10	1	11

Table showing details of cases treated in other Institutions during 1925 :—

Institution.	Remaining under treatment on 1-1-25.	Admitted during Year.	Discharged during Year.	Remaining under treatment on 31-12-25.
Cripples Hospital Alton	—	1	1	—
Preston Hall Tuberculosis Colony, Aylesford, Kent	2	2	2	2
Royal Devon and Exeter Hospital ... (cases for whom the Public Health Com- mittee have accepted financial responsi- bility.)	2	12	14	—
Total	4	15	17	2

TUBERCULOSIS DISPENSARY.

The following particulars are given of cases treated at the Dispensary by the Assistant Tuberculosis Officer, and attached is also a Report by that Officer—
Dr. J. H. Acheson.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				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	35	24	11	9	3	3	6	4	38	27	17	13
(b) Doubtfully Tuberculous	...	...	...	...	...	...	...	...	4	2	3	4
(c) Non-tuberculous	...	...	...	...	...	...	...	...	5	1	3	3
B.—Contacts examined during the year:												
(a) Definitely Tuberculous	3	2	8	2	...	...	...	...	3	2	8	2
(b) Doubtfully Tuberculous	...	...	...	...	...	...	...	...	1	...	15	12
(c) Non-tuberculous	...	...	...	...	...	...	...	...	4	3	56	38
C.—Cases written off the Dispensary Register as:												
(a) Cured ...	41	44	1	1	29	18	1	...	70	62	2	1
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ...	...	...	...	...	...	...	...	...	10	4	59	41
D.—Number of Persons on Dispensary Register on Dec. 31st:												
(a) Diagnosis completed	255	180	58	52	9	24	26	18	264	204	84	70
(b) Diagnosis not completed	...	...	...	...	...	...	...	...	5	2	18	16

TUBERCULOSIS DISPENSARY (continued).

1. Number of persons on Dispensary Register on January 1st, 1925	707	9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary	Nil
2. Number of patients transferred from other areas and of "lost sight of" cases returned	21	10. Number of consultations with Medical Practitioners (a) At Homes of Applicants (b) Otherwise	10 35
3. Number of patients transferred to other areas and cases "lost sight of" ...	24	11. Number of other visits by Tuberculosis Officers to Homes	916
4. Died during the year ...	56	12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	1004
5. Number of observation cases under A(b) and B(b) above in which period of observation exceeded 2 months ...	21	13. Number of (a) Specimens of sputum, &c., examined ... (b) X-ray examinations made in connection with Dispensary work	329 Nil
6. Number of attendances at the Dispensary (including Contacts)	2923	14. Number of Insured Persons on Dispensary Register on the 31st Dec. ...	250
7. Number of attendances of non-pulmonary cases at Orthopaedic Outstations for treatment or supervision ...	Nil	15. Number of Insured Persons under Domiciliary Treatment on 31st. Dec.	74
8. Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for (a) "Light" treatment ... (b) Other special forms of treatment	40 Nil	16. Number of reports received during the year in respect of Insured Persons : (a) Form G.P. 17 (b) Form G.P. 36	24 ...

REPORT ON TUBERCULOSIS DISPENSARY

by

DR. J. H. ACHESON, Assistant Tuberculosis Officer.

During the year the number of attendances at the Dispensary have been 2923—including 120 new Cases which have either been sent by practitioners in the City or have come of their own accord, and 144 Contacts. Among the former 95 have been found to be definitely Tuberculous (65 of these being adults—over 15 years of age— and 30 children) 13 doubtfully Tuberculous and 12 non-Tuberculous. 135 cases have been written off the Dispensary Register as Cured during the year. These have occurred among Patients who have shewn no signs of Active Disease, and have remained in health for upwards of 5 years in Pulmonary Cases, and upwards of 3 years in Non-Pulmonary Cases.

I have made 916 visits to the homes of Patients attending the Dispensary, and in a certain number of these visits have been struck by the improvement in health which, as one would expect, has followed among those whose families have succeeded in getting new houses, an increasing number of which are now being built, both by the City Council and privately for the most part on the outskirts of the City. Unfortunately, though towards the end of the year there has been some improvement, as regards Unemployment there still remains in a large proportion of Patients attending the Dispensary evidence of their health having materially suffered through insufficient nourishment following either greatly reduced wages from shortened hours of work only being obtainable, or too often, through recourse having been had to the Dole owing to Unemployment—the children, of course, suffering most severely in either case.

329 Examinations of Sputa have been carried out, of which 82 were Positive. Far too much importance is, I find, too often paid to the result of the above. Although of course the presence of Tubercle Bacilli is the only absolute proof of the existence of the Disease, on the other hand the more numerous the cases are in which Bacilli have never been demonstrated the more one is

pleased, as these, the earlier cases, are the ones we are especially looking for because in these patients there is, very frequently, a reasonable chance that with Sanatorium Treatment, or failing this, under improved conditions of living, etc., the Disease may be arrested, and eventually cured—this result being less likely to be attained, however, in the case of those Patients who cannot be made to realize that they are suffering from the Disease in an early stage, simply because, for that very reason, no Tubercle Bacilli can be found in their Sputa. These are the patients who go first to one Doctor and then to another in the hope of being eventually told they have not got Tuberculosis, and who strongly resent any suggestion that two or three months under Sanatorium treatment will give them their best chance of the Disease (which they will not admit having got) being arrested, and, in the course of time, cured.

As regards the question of deciding on what course to adopt with the various Patients who are sent to the Dispensary, or come of their own accord, the same difficulties which I have mentioned in previous years continue. I refer principally to those cases in which Sanatorium Treatment is, obviously, what one would recommend, either for purposes of further observation in Suspected Cases, or for a Course of Treatment when the symptoms and signs in Chest leave no doubt as to the existence of early Disease. Far too often one is met by a point blank refusal to go into a Sanatorium, and all that one can do is to wait—if possible keeping in touch with the Patient—until he, having started work again for the time, comes back perhaps six months or more later, having changed his mind, and consenting at last to give the Sanatorium a trial after very valuable months have been lost.

I am very far from forgetting that there may be a great deal to be argued from the Patient's point of view, in justification of the attitude he has adopted—chiefly the fear of losing the work he has already got, through having been in the Sanatorium. In a case quite recently it was only after the Employer had definitely promised that the Patient should return to the same work that consent was forthcoming, and after all my powers of persuasion had been futile.

This leads on to the question of paramount importance, which certainly seems as far from solution as ever as years pass by—granted, as one is ready to, that since 1918 we have been, and still are, going through abnormal times—I refer to the difficulty of work of any sort being got at all suitable for so many Patients later on.

Not only is this necessary from the psychological aspect and indeed important from the point of view of treatment, but also to enable, through sufficient food, the resistance to be maintained and relapses to be prevented, which one knows to occur too often, at present.

After leaving the Sanatorium, if an increased amount of money were forthcoming from National Health Insurance Funds until suitable work could be found, many a Patient would have a better chance of not losing the benefit gained while at the Sanatorium. This would indeed be money spent well and economically.

Again I would like to acknowledge the help which a number of patients and their Dependents have received from the Funds under the control of the British Legion, Devon Patriotic and United Service Funds for Disabled Soldiers, as well as to refer to the good results following the activities of the Members of the Semper Fidelis Co., Ex-Service Pensioners suffering from Tuberculosis, thanks very largely to the interest shewn in and time spent on their behalf by one or two prominent citizens.

I wish very much that by means of further help being forthcoming in the way of pecuniary assistance such an essential part of Treatment might be extended among these men. I cannot admit that, without assistance, Patients suffering from this Disease even in a quiescent form can or should aim at working sufficiently long hours as to justify their competing in the open market with any hopes of success. On the other hand, looked at from the point of view of continued Treatment, the Scheme is quite admirable and, for this reason alone, well worthy of increased support.

There are undoubtedly many cases in whom the Disease has for some time remained quiescent, but who are unable, under

the present conditions in the Country, to have any hope of obtaining any suitable employment. It is among these patients that the Colony System should afford the most hopeful solution of their not being so liable to have relapses through their being unable to find regular and suitable work of a remunerative kind. Unfortunately at the present time there are too many vacancies at Papworth in Cambridgeshire, Preston Hall in Kent (lately been placed under the direction of the British Legion), and at Barrowmore Hall in Cheshire, showing the difficulty which is experienced generally in getting these men to realise that they are unwise in not being ready to take advantage of what, up to now, has been proved to be the best solution of their condition.

As Honeylands Sanatorium has now been opened for nearly two years there has been ample opportunity for observing the good results which have followed in the great majority of children who have been admitted for Treatment. Almost invariably after the first ten days or fortnight this improvement has begun to show itself. Not only do Coughs get less or disappear, but, from being listless and often irritable, constantly complaining of feeling tired, with poor appetites and sleeping badly, these children as succeeding weeks go by, as a rule, steadily improve in all these respects. Not only do they gain rapidly in weight as well as, many of them, begin to shoot up, but they become alert and, with regular meals which they eat with relish, lessons to occupy their minds for four hours daily, rest periods both morning and afternoon, combined with long hours of sleep at night in well-ventilated rooms, they wake up ready and anxious to get up and enjoy the following day. With Breathing Exercises carried out each morning the increase in Chest Measurements and Expansion has been very noticeable. The average Period of Treatment has been between six and nine months, longer in certain cases than would have been considered necessary mainly on account of the unsatisfactory Home Conditions which the child has to return to, which are gradually, though very slowly, being improved as more new houses are being built. After leaving the Sanatorium these children are kept under observation at the Dispensary at frequent intervals, and supplied when necessary, and as far as

possible, with extra nourishment and Cod Liver Oil. Two of them have had to be re-admitted through having relapsed.

I should welcome very much if at any rate three or four beds at the Sanatorium could be reserved for a much shorter period—of a month or six weeks—for observation. There must always be a certain number of cases in which, though rightly looked upon as suspicious, they ought not to be too hurriedly notified.

As regards the age for beginning School Attendance, among all delicate children, whenever I have an opportunity, I strongly advise Parents never to send them to School under 5 years of age, and very often advise that Exclusion Certificates be issued for them when they are over five years old.

VENEREAL DISEASES.

Arrangements have been made with the Royal Devon and Exeter Hospital (with the approval of the Ministry of Health) jointly by the Devon County Council and the Council of the City of Exeter, for the treatment of these diseases at a special department of the Hospital.

The hours of attendance are as follows :—

Men	...	Mondays, 4 p.m. and Fridays, 7 p.m.
Women	...	Fridays, 4 p.m.

If in-patient treatment is necessary, special beds are available in the Hospital.

Unmarried female patients are admitted to St. Mary's Home, by arrangement with the Authorities of the Home, for in-patient treatment by the Surgeon in charge of the Clinic,

The following figures relate to the City only :—Number of persons dealt with during the year at, or in connection with, the out-patient clinic for the first time, and found to be suffering from :—

(a) Syphilis	...	47
(b) Soft Chancre	...	—
(c) Gonorrhoea	...	53
(d) Conditions other than Venereal	...	1
		<hr/>
		101
		<hr/>

Total attendances of patients during the year at the out-patient clinic	...	...	2,212
Aggregate number of "in-patient days" of treat- ment during the year	...	...	208
Examination of Pathological Material—			
For detection of Spirochetes	...	...	12
For detection of Gonococci	...	...	157
For Wassermann Reaction	...	...	215

The following figures apply to the entire department and are not given separately for the City and County :—

Number of persons who ceased to attend the out-patient clinic :—

(a) Before completing a course of treatment	...	60
(b) After one or more courses, but before com- pletion of treatment	...	16
(c) After completion of treatment, but before final tests as to cure	...	59
Number of persons transferred to other Treat- ment Centres after treatment	...	39
Number of persons discharged from out-patient clinic after completion of treatment and observation	...	33
Number of persons who, on 31-12-25, were under treatment or observation	...	232
		<hr/>
		439
		<hr/>

Attendances are not limited to Clinics, but patients attend on other days and hours for interim treatment.

I am indebted to Mr. P. D. Warburton, Surgeon in charge of the Venereal Disease Clinic, for the following explanatory report :—

“The new cases of V.D. attending the Clinic for the first time in 1925 was 100 against 83 in 1924, thus showing an increase of 17.

TOTAL ATTENDANCES.

Amounted in 1924 to 1756, whilst in 1925 the figures were 2,212, being an increase of 456. This is gratifying as showing that the importance of prolonged and regular treatment is being realised.

IN-PATIENTS.

The total In-Patient days in 1924 were 28, whilst in 1925 they came to 208. The large increase is due to the fact that severe acute infections were, if possible, isolated at once for a period of a week or two in the hope of preventing the contamination of uninfected individuals. Also, in one or two cases, severe complications arose.

(Signed) P. D. WARBURTON,
M.O., i/c V. D. Clinic.”

Some years ago, in conjunction with the County Council, we had an Exhibition, with Films, in a publicity campaign for one week. I am very doubtful whether any good was done by this.

Also notices are exhibited in all the Public Conveniences, setting out the facilities available for the diagnosis and treatment of these diseases. Judging from the number of enquiries one has had originating from these notices they are undoubtedly doing a good and valuable work.

On the commencement of work at the Clinic all the Medical Practitioners were informed of the arrangements for diagnosis, treatment and consultation by the Medical Officer of the Treatment Centre. Every New Medical Practitioner is also informed,

Seven Medical Practitioners in the City, who being fully qualified, were supplied with free supplies of Arsenobenzol compounds, and the number of doses of these compounds supplied to Medical Practitioners by the Council was 107.

The number of Pathological specimens examined for Medical Practitioners is as follows :—

For detection of Spirochetes	...	...	1
For detection of Gonococci	...	...	33
For Wassermann reaction	...	...	122

It has been unnecessary to take any action under the Venereal Disease Act, 1917.

MATERNITY AND CHILD WELFARE.

ANTE-NATAL WORK.

The Ante-Natal work in connection with the Infant Welfare Centres continues. During the year 124 Expectant Mothers attended, making 743 attendances.

Ante-Natal work has now been undertaken by the District Nursing Association for cases attended by their nurses, and 216 mothers attended during the 12 months ending 31-3-26.

BIRTHS.

1,107 Notifications of live births were received during the year. 11'07 of the notifications were made by Medical Practitioners, 80'1 by Midwives, and 8'8 by relatives, etc.

In 203 instances the Midwives summoned medical help for a variety of conditions affecting mother or child, while 36 other notifications in connection with still-births, artificial feeding, etc., were received from Midwives.

The amount paid by the Local Authority to Doctors under the Midwives' Act was £94 18s. 6d., practically the same as last year.

The conditions for which the Midwives summoned medical aid were as follows.—

Ruptured Perineum	...	...	62
Prolonged Labour	..	...	56
Abnormal Presentation	...	...	14
Ante-Partum Haemorrhage	...	...	10
Rise of Temperature	...	...	8
Post Partum Hæmorrhage	...	...	6
Premature Labour	...	...	5
Adherent Placenta	...	...	3
Albuminuria	...	...	3
Previous history	...	...	2
Threatened miscarriage	...	...	1
Various	...	...	8
Condition of Baby	...	...	25
Total			<u>203</u>

PUERPERAL SEPSIS.

This is dealt with under the heading of notifiable Diseases.

MEASLES, WHOOPING COUGH, EPIDEMIC DIARRHOEA, ETC.

These are dealt with under the heading of Non-Notifiable Acute Infectious Diseases.

STILLBIRTHS.

The number of Stillbirths that occurred during the year was 44, of which 15 were attended by Midwives and 29 by Doctors. 19 were first pregnancies and 25 were subsequent pregnancies. 7 were illegitimate, Of this number, 2 appear, from information obtained, not to have passed the 28th week of pregnancy, and therefore were not really stillbirths.

Of the 42 rightly notified as stillbirths :—

11 were macerated, showing they died some period anterior to the birth, and of this number :—

5 were due to accident or shock to Mother.

4 were due to bad general health of Mother.

1 was due to venereal disease.

1 was due to Malformation of Foetus.

Of the non-macerated infants, i.e., those who had not died previous to the time of birth :—

- 10 were premature births
- 9 were connected with instrumental labour
- 6 were abnormal presentations
- 3 were due to ill-health of mother
- 1 was born before arrival of Midwife
- 1 was due to accident to mother

and there was 1 case in which no cause could be assigned.

HOME VISITS UNDER THE NOTIFICATION OF BIRTHS ACTS.

During the year the Health Visitors paid 765 first visits and 2,944 subsequent visits to children under the age of 12 months, and 497 visits to children between the ages of 12 months and 5 years.

INFANT WELFARE CENTRES.

During the year there were recorded at the Centres 10,317 attendances of children, being an increase of 222 over the previous year.

PROVISIONS OF MILK AND FOODSTUFFS.

The Council is responsible for the issue of fresh and dried milk. During the financial year 1925-26 the cost of milk issued either free or at half-cost was £478 1s. 10d. In respect of this sum £56 10s. 1d. was received from the mothers in part payment. Net cost £421 11s. 9d., being an increase of £75 7s. 8d. over the previous year.

The scale approved by the City Council for the issue of milk is as follows :—

No. in Family.	Free of cost.	At half cost price.
	Income not exceeding per head, less rent.	Income not exceeding per head, less rent.
1 or 2	9/-	10/-
3	8/-	9/-
4	7/-	8/-
5 or more	5/6	7/-

MATERNITY HOME.

30 Cases were admitted to the Home by the City Council at a cost of £159, of which £31 13s. 6d. was received back in part payment. Net cost £127 6s. 6d., plus subsidy of £50, being an average of £5 18s. 7d. per case.

DENTAL TREATMENT.

Arrangements have been made with the approval of the Ministry and with the consent of the Education Committee for dental treatment and supply of dentures for expectant and nursing mothers by the School Dentist. This was only in operation the latter half of the year, and 17 mothers availed themselves of the opportunity and received treatment.

OPHTHALMIA NEONATORUM.

Ophthalmia Neonatorum	Cases.				Vision unimpaired	Vision impaired	Total blindness	Still under treatment	Deaths	Removed from District
	Notified	Treated.								
		At Eye Infirmary	At Poor Law Infirmary	Privately						
	17	17	—	—	14	—	—	3	—	—

Under the Midwives Rules, a Midwife has to notify any discharge from the eye. 30 Notifications of discharging eye were received, but these would not be all cases of true Ophthalmia Neonatorum. Of this number 17 were subsequently notified by Medical Practitioners, and therefore may be regarded as the correct return of the number of cases of Ophthalmia Neonatorum. All 17 cases were treated at the Eye Infirmary, and in no case was the vision left in an impaired condition. In the

course of time this should lead to a considerable reduction in the number of blind persons.

EXETER ISOLATION HOSPITAL.

REPORT FOR THE YEAR 1925.

I have the honour to present the following Report of the work of the Exeter Isolation Hospital during the year :—

The accommodation consists of 88 adult beds, arranged in blocks as follows :—

One block of 24 beds for Scarlet Fever.

One block of 14 beds for Diphtheria.

One block of 10 beds for Enteric Fever, and used at present for Tubercular cases.

One block of 20 beds, interchangeable as required.

One block of 8 beds for observation cases.

One block of 12 beds provided by the Ministry of Pensions and Red Cross Society for the accommodation of 12 tubercular ex-soldiers or sailors.

The Hospital has a good administrative block, with ample accommodation for extension of Staff, and it is recognised that in case of necessity the number of beds can be considerably increased without detriment to the efficient working of the Wards, and the well-being of the patients. The whole is of modern construction and design, and is an Institution far above the average.

At present, contracts for the admission of patients exist with the following Local Authorities and others :—

URBAN DISTRICT COUNCILS—

Holsworthy
Ottery St. Mary
Budleigh Salterton
Dawlish
Seaton
Exmouth
Crediton
Axminster
Sidmouth

RURAL DISTRICT COUNCILS—

Newton Abbot
Honiton
Axminster
Crediton
St. Thomas
Okehampton
South Molton

TOWN COUNCILS—

Honiton
Exeter Port Sanitary Authority
Kelly College, Tavistock
Secretary of State for War
Prison Authorities, Princetown

Excluding Tubercular cases, which are dealt with under a separate heading, at the beginning of the year 15 cases remained under treatment, 8 of whom were from the County. 192 cases were admitted during the year, 104 of these coming from the County and 88 from the City, and at the end of the year 1925, 14 cases were under treatment, of whom 7 were from the County and 7 from the City.

The following Table shows the number of cases treated at the Exeter Isolation Hospital during the past ten years :—

Year.		County.	City.	Total
1916	Total treated at Isolation Hospital	93	176	269
1917	do. do.	59	98	157
1918	do. do.	40	72	112
1919	do. do.	61	68	129
1920	do. do.	91	108	199
1921	do. do.	90	190	280
1922	do. do.	126	152	278
1923	do. do.	119	98	217
1924	do. do.	108	99	207
1925	do. do.	112	95	207

The following is the mortality amongst the 207 cases during the year :—

		County.	City.
From Diphtheria	...	2	1
From Typhoid	...	2	2
From Erysipelas	...		1

This gives a death rate of 3'8 per 100 cases treated.

The average duration of each patient's stay in the Isolation Hospital was 43'01 days.

			Days.
Against in 1916	...	...	47
„ 1917	...	...	35
„ 1918	...	...	36
„ 1919	...	...	44
„ 1920	...	...	35
„ 1921	...	...	43
„ 1922	...	...	38
„ 1923	...	...	39
„ 1924	...	...	42
„ 1925	...	...	43

The average number of Fever patients per day was 22'68.

DIPHTHERIA.

73 cases of Diphtheria were admitted during the year, of whom 3 died, 64 were discharged cured, and 6 remained under treatment at the end of the year. This gives a mortality of 4.1 per 100 cases. In 3 cases Tracheotomy was necessary, all recovering.

SCARLET FEVER.

100 cases of Scarlet Fever were admitted during the year. 92 were discharged cured, and 8 remained under treatment at the end of the year. There was no deaths from this disease.

MEASLES AND GERMAN MEASLES.

2 cases of Measles and 1 case of German Measles were admitted during the year and discharged cured.

TYPHOID FEVER.

7 cases of Typhoid Fever were admitted during the year, of whom 4 died and 3 were discharged cured.

CHICKEN POX.

One case of Chicken Pox was admitted from the Royal Devon and Exeter Hospital and discharged cured.

ENCEPHALITIS LETHARGICA.

2 cases of suspected Encephalitis Lethargica were admitted during the year, 1 from the County and 1 from the City. Neither of them proved to have the disease and were discharged after a few days observation.

MUMPS.

1 case was admitted during the year and discharged cured.

PUERPERAL FEVER.

3 cases were admitted during the year from St. Olave's Home, and proved to be cases of slight local infection only. They were discharged after a short period in the Hospital.

ERYSIPELAS.

2 cases were admitted during the year, 1 of whom died and the other was discharged cured.

The Observation Block has again been of great advantage in the efficient working of the Institution, and has afforded satisfactory isolation for several diseases at the same time, although in close contact, and it gives me great satisfaction to report that no cases of cross infection arose in this Block.

During the financial year 1925-6 a total of £1,817 12s. 7d. was received for the treatment of Infectious Disease, being £1,521 9s. 1d. from outside Authorities, and £296 3s. 6d. from City patients.

SMALLPOX HOSPITAL.

The accommodation remains the same. The interior has been cleaned, window blinds fixed, stoves for heating installed, and oil lamps provided, and the Institution is ready at any time for the reception of patients.

It is curious that, concurrent with the occurrence of Smallpox in many parts of the Country, we have been visited in Exeter by a considerable epidemic of Chicken Pox, the differentiate diagnosis between Chicken Pox and Smallpox has given rise to some anxiety with a large amount of additional work, but so far there has been no case of Smallpox, and the Institution has not been needed.

MENTAL DEFECTIVES.

The Supervision of Mental Defectives is in the hands of a Statutory Committee appointed by the City Council, composed partly by Members of the Council and partly by co-opted Members. The number placed on the Register since the passing of the Mental Deficiency Act, 1913, is 152. Of these 26 have died, 21 left the City, and 9 have been transferred to the Mental Hospital, leaving 96 at present on the Register. These are placed as follows :—

In Certified Institutions	...	...	28
In Non-Certified Institutions	...	...	8
At home under good social conditions and considered unnecessary to visit	...	...	1

The remaining 59 are well cared for in their own homes and visited from time to time by my staff in order to ascertain if these satisfactory conditions are maintained. The total expenditure for the Financial year 1924-25 was £1,149 3s. 11d., the bulk of which is for the maintenance of patients in Institutions, the amount being £1,017 7s. 0d.



