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City and County of the City of Exeter.



ANNUAL REPORT

For 1934.

VITAL STATISTICS,
SANITARY WORK, ETC.,

BY

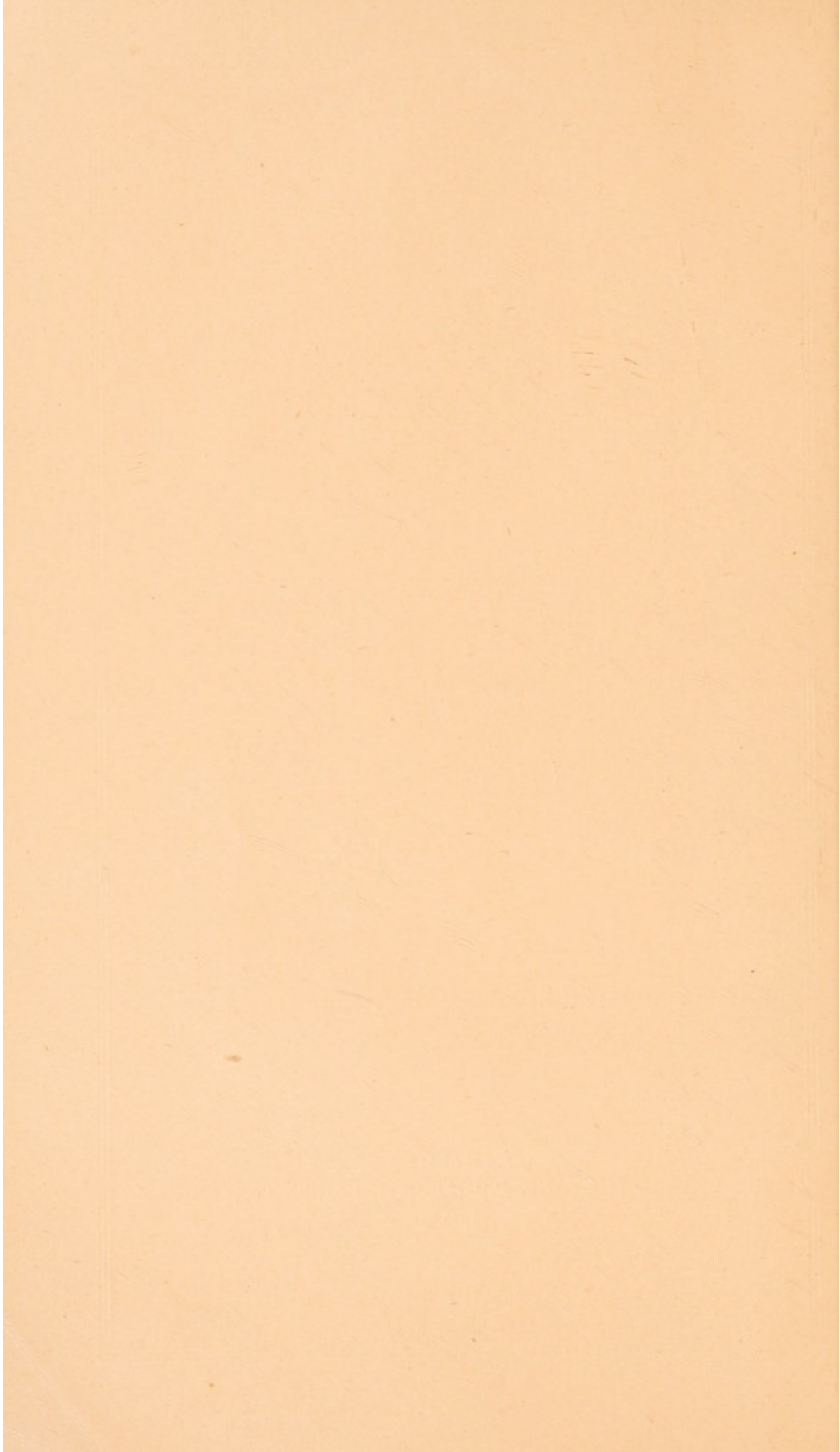
G. B. PAGE, M.D., D.P.H.,

Medical Officer of Health.

EXETER:

BEARNE & EVANS, PRINTERS, 4, PARIS STREET,

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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 1934.

G. B. PAGE.

CITY AND COUNTY OF THE CITY OF EXETER.

Public Health Committee.

MAYOR—

Councillor T. J. W. TEMPLEMAN.

CHAIRMAN—

Councillor J. S. S. STEELE-PERKINS.

DEPUTY CHAIRMAN—

Alderman R. M. CHALLICE.

Alderman J. R. NETHERCOTT

Councillor W. T. BAKER

Councillor W. W. BEER

Councillor S. CHILCOTT

Councillor G. G. DAW

Councillor H. GATER.

Councillor K. GATEY

Councillor F. J. HANCOCK

Councillor W. HEALE

Councillor G. C. HEYWOOD

Councillor J. PASSMORE

Councillor Mrs. E. W. REED

Town Clerk—C. J. NEWMAN, Esq.

Maternity and Infant Welfare Committee.

CHAIRMAN—

Councillor R. G. SAUNDERS.

DEPUTY CHAIRMAN—

Councillor F. H. TARR.

Councillor W. H. APLIN

Coun. Mrs. F. G. BROWNE

Councillor G. G. DAW

Councillor H. GATER

Councillor F. J. HANCOCK

Councillor Miss E. SPLATT

Councillor C. J. S. HILL

Coun. J. S. S. STEELE-PERKINS

*Non-Members of the
Council :*

Lady DAVY

Mrs. DEPREE

Mrs. MILLER

Mrs. PICKARD

Mrs. SMITH

STAFF.

Public Health Officers of the Authority.

(a) **Medical.**

*Medical Officer of Health, School Medical Officer,
Chief Tuberculosis Officer, Medical Officer to the Mental Deficiency
Committee, and Medical Superintendent of the Isolation
Hospital and Honeylands Children's Sanatorium.*

G. B. PAGE, M.D., D.P.H.

*Deputy Medical Officer of Health and Clinical Tuberculosis
Officer.*

B. W. ANDERSON, M.A., M.D., D.P.H.

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

MISS J. SMITH, M.B., Ch.B., D.P.H.

Medical Officer, City Hospital.

JOSEPH A. W. PEREIRA GRAY, M.D., M.R.C.S.

Venereal Disease Medical Officer.

†P. D. WARBURTON, M.R.C.S., L.R.C.P., D.P.H.

Dental Surgeon.

†G. V. SMALLWOOD, L.D.S. Eng.

District Medical Officers under the Public Assistance Committee

†W. BROMILOW, M.B., C.M. No. 1 District.

†F. H. HUDSON, M.R.C.S., L.R.C.P. No. 2 District.

†J. R. BRADSHAW, M.A., M.B., B.Ch., B.A.O. (Temporary)
No. 3 District.

†J. FAYLE SEALE, M.R.C.P., F.R.F.P.S., D.P.H.
(Temporary). No. 4 District.

Public Vaccinator.

†DR. S. J. P. GRAY, M.A., M.B., F.R.C.S.

(b) Others.

*Chief Sanitary Inspector and Officer under the Food and
Drugs Adulteration Act, etc.*

ARTHUR E. BONHAM,

Médaille d'Honneur en Vermeil, F.S.I.A., M.R.S.I.,

Cert. London Sanitary Inspectors' Exam. Board,

Cert. Royal Sanitary Institute,

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

Inspectors.

R. B. PEARSE,

A. E. TROUNSON,

C. H. WATTS, (to 7/4/34)

T. COATES,

C. R. HARRIS, (from 25/7/34)

Cert. R. San. Inst.

Cert. R. San. Inst. Meat
and Foods.

Cert. R. San. Inst.

Veterinary Surgeon.

†W. ROACH, F.R.C.V.S.

Public Analysts.

†W. A. ROBB, M.B., Ch.B.

†T. TICKLE, B.Sc.

Vaccination Officer.

E. S. HOWELLS.

Health Visitors.

MISS C. A. KNUCKEY,

C.M.B. and Cert. R. San. Inst. for Health Visitors.

MISS B. M. KNUCKEY,

C.M.B. and Cert. R. San. Inst. for Health Visitors.

MISS R. M. BRADY, (to 5/5/34).

General Training, C.M.B., Cert. R. San. Inst. for Health Visitors,
issued by Ministry of Health.

Health Visitors—continued.

MISS M. M. FOY,

General Training, C.M.B., Cert. R. San. Inst. for Health Visitors,
issued by Ministry of Health.

MISS D. HICKSON,

General Training, C.M.B.

MISS D. ARCHER, (from 7/5/34),

General Training, C.M.B., Cert. R. San. Inst. for Health Visitors,
issued by Ministry of Health.*Tuberculosis Dispensary Nurse.*

MISS L. KEEN.

Matron of Isolation Hospital.

MISS R. E. A. HUTTY, A.R.R.C.

Matron of Tuberculosis Children's Sanatorium.

MRS. A. SUTTERS.

Clerks.

E. S. HOWELLS (Chief Clerk).

H. TUCKER (Tuberculosis Clerk).

MISS G. ROOKE (Maternity & Child Welfare Clerk).

C. STUART.

R. W. STILES.

A. H. LOVELL.

W. J. POTTER.

†Denotes part-time Officers.

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ANNUAL REPORT, 1934.

General Statistics.

1. Area (acres)	4,702
2. Population(as given by the Registrar-General)	67,800
3. Number of Inhabited Houses (1931)	...	...	...	15,686
4. Number of Inhabited Houses (end of 1934) according to Rate Books	...	...	...	17,000 (estimated)
5. Number of Families or Separate Occupiers (1931 Census)	...	...	...	17,025
6. Rateable Value	...	...	...	£619,166
7. Sum represented by a Penny Rate	...	...	...	£2,460

Vital Statistics.

	Total	M.	F.	
Live Births { Legitimate	959	483	476	} <i>Birth Rate per 1,000 of the estimated resi- dent population 15.05</i>
Illegitimate	62	36	26	
Stillbirths	42	26	16	<i>Rate per 1,000 total (live and still) births 39.5</i>
Deaths	785	376	409	<i>Death Rate per 1,000 of the estimated resi- dent popul't'n 10.005</i>

Deaths from puerperal causes (Headings 29 and 30 of the Registrar-General's Short List) :—

	Deaths.	<i>Rate per 1,000 total (live and still) births</i>
No. 29 Puerperal sepsis	1	.9
No. 33 Other puerperal causes	2	1.8
Total	3	2.8

Death-rate of Infants under one year of age:—

All infants per 1,000 live births	...	...	55.8
Legitimate infants per 1,000 legitimate live births	...	...	52.1
Illegitimate infants per 1,000 illegitimate live births	...	...	112.9
Deaths from Measles (all ages)	...	...	10
„ „ Whooping Cough (all ages)	...	...	1
„ „ Diarrhoea (under 2 years of age)	...	...	3

BIRTH RATE.

The population for the Birth Rate is 67,800.

The total number of births registered in Exeter in the year 1934 was 1,155 divided as follows:—581 males and 574 females.

Of this number, 51 male and 47 female births were certified as illegitimate, being 8.5 per cent. of the total births. To the 1,155 births must be added 14 male and 14 female (5 of whom were illegitimate) and deducted 76 male and 86 female (41 of whom were illegitimate) transferable births, giving a net number of 1021 (579 males and 502 females).

The Birth Rate is the number of births per 1,000 of the population. The Birth Rate for 1934 was, therefore, 15.05, being 1.05 above that of last year, 0.15 above that of England and Wales, and 0.25 above that of the 121 Great Towns in which Exeter is classed.

The following table gives the Birth Rate and percentage of illegitimate births to total births for the past 10 years:—

Year.	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
England and Wales ...	18.2	17.8	16.7	16.7	16.3	16.3	15.8	15.3	14.4	14.8
Exeter ...	16.29	16.49	15.5	15.4	15.7	15.2	14.2	14.3	13.9	15.05
Percentage of Illegitimate Births to total births	7.9	8.6	8.4	5.8	6.6	5.6	5.03	4.6	5.8	6.07

DEATH RATE.

The population for Death Rate is 67,800.

The total number of deaths registered as occurring during the year 1934 was 785, divided as follows:—376 males and 409 females.

The Death Rate is the number of deaths per 1,000 of the population. The crude Death Rate for 1934 was 11.5 and the corrected Death Rate 10.005.

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 '87, and the corrected Death Rate is, therefore, 10'005. Below is a table giving the corrected Death Rate for the past 10 years :—

Year.	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
England and Wales ...	12·2	11·6	12·3	11·7	13·4	11·4	12·3	12·0	12·3	11·8
Exeter ...	11·29	10·71	10·1	10·2	11·5	10·04	10·8	9·8	10·7	10·005

Following is an analysis of the deaths for the various ages together with the cause of death.

[illegible]

[illegible]

INFANTILE MORTALITY.

The Infantile Mortality Rate is the number of deaths under one year per 1,000 births. There were 57 deaths under one year, and this gives an Infantile Mortality Rate for the year 1934 of 55·8 (legitimate 52·1, illegitimate 112·9), as compared with 47·8 for the previous year, which was the lowest ever recorded in Exeter.

The Infantile Mortality Rates for the year 1934 were as follows:—

England and Wales	...	...	...	59
121 Great Towns, including London (census populations exceeding 50,000)	...	...	...	63
135 Smaller Towns (census populations 20,000—50,000)	...	...	...	53
London	...	...	...	67
Exeter	...	...	...	55

The following table shows the Infantile Mortality Rate in Exeter for the past ten years.

Year.	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
England and Wales ...	75	70	69	65	74	60	66	65	64	59
Exeter ...	74·1	68·5	60·0	69·04	53·2	49·7	56·7	53·6	47·8	55·8

DEATHS UNDER ONE YEAR.

Cause.	Under 1 month	1 to 3 months.	3 to 6 months.	6 to 9 months.	9 to 12 months.	Total.
Tuberculosis ...	...	...	1	1	1	3
Measles ...	...	...	...	1	2	3
Whooping Cough ...	...	...	...	...	1	1
Diarrhoea ...	...	1	...	...	1	2
Bronchitis ...	...	1	1	...	...	2
Pneumonia ...	2	2	2	1	3	10
Congenital Debility and Malformation, Pre- mature Birth ...	24	5	...	...	...	29
Accidental Death ...	...	1	1	1	1	4
Convulsions ...	1	...	...	...	...	1
Other Defined Diseases ...	...	1	1	...	...	2
Total ...	27	11	6	4	9	57

Excluding those who died during the first month, the deaths of whom were almost entirely due to prematurity, or accidents at birth, of the remaining 30 only 8 occurred amongst breast fed babies, and it is noteworthy that of the total of 57 deaths only 6 occurred in infants who regularly attended the Infant Welfare Centres.

MATERNAL MORTALITY.

No medical subject has been more in the limelight of recent years than this. Almost any statement, however wild, is accepted in some quarters, and there are those who do not scruple to make the matter a political issue. Broadly speaking there are two schools of thought and as is not uncommonly the case the truth would appear to be between them.

One faction argues that poor social conditions, overcrowding, under nutrition, and poverty in general are the causes of a high maternal mortality rate: the other that inadequate medical services and lack of proper facilities

are chiefly to blame. Neither party can explain quite satisfactorily the curious differences in rates between apparently comparable areas, or the equally curious similarity in rates between certain other areas that seem to have nothing in common. Consider, for example, the maternal mortality rates for 1933 for the following:—

Buckinghamshire	.....	.....	2.53
Westmorland	.....	.....	8.83
Yorkshire (W. Riding)	.....	.....	5.94
Cardiganshire	.....	.....	9.60
Exeter	.....	.....	3.07
Bath	.....	.....	5.19
Bournemouth	.....	.....	6.03
Carlisle	.....	.....	11.38
Blackburn	.....	.....	2.60
Northampton	.....	.....	0.84
West Ham	.....	.....	1.75

Such figures as these and many more published in the Annual Report of the Chief Medical Officer of the Ministry of Health (page 280, Appendix D) are likely to shake the preconceived ideas of most amateur social reformers, though, no doubt, each rate is capable of explanation. Almost certainly many factors play their part in determining the maternal mortality rate and it is probable that the investigations now proceeding under the Ministry's direction, particularly of apparently anomalous rates, will discover those factors that are of fundamental importance. Two other points are often overlooked. No matter how good the environment or how perfect the maternity service, there is always a small number of persons who, for one reason or another, fail to take advantage of the facilities provided. The routine investigation of maternal deaths nearly always provides examples of such cases. The other point is that knowledge as to the cause and prevention of some of the risks of pregnancy and childbirth is incomplete or lacking, and that research in obstetrics is just as important as in many other branches of medicine that have received more attention. A good deal has been done to

improve the education and work of midwives, and something is now due to the midwives in the shape of better prospects and greater security. The bulk of maternity work should remain in the hands of the midwife and the family doctor, the function of the municipality being to supply certain facilities, institutional and domiciliary, which would not be forthcoming otherwise.

The statistics of maternal mortality are open to criticism, and at least one eminent obstetrician has suggested that they magnify the evil and further that they are not comparable with the figures of 25 to 30 years ago. We know in the case of cancer, for example, that greater accuracy of diagnosis and certification has tended to exaggerate the increase in the incidence and mortality of the disease. Something of the same sort may have occurred in the maternal mortality figures. The maternal mortality rate is expressed as the number of deaths classed to pregnancy and child bearing per 1,000 births, live and still. Should the fertility of the country or any area increase it is probable that the maternal mortality rate would fall, although the actual number of fatalities might remain the same. This happened to a minor extent in Exeter in 1933 and 1934. In the year 1933 there were three maternal deaths which gave a rate of 3.07. In 1934 there were also three maternal deaths, but the rate was 2.8 because there happened to be 81 more births. Furthermore, the classification of deaths to pregnancy and childbirth is to some extent arbitrary, but since the arbiter is the Registrar General, who is consistent and works to rule, figures for different parts of England and Wales are more or less comparable. One has, however, a strong suspicion that many of the foreign statistics so glibly quoted against this country are compiled on a different basis, are not comparable, and therefore are relatively worthless from a statistical point of view. Other fallacies might be quoted, such as the fallacy of small numbers, which are ignored entirely by the amateur hygienist.

The rate experienced by Exeter during 1934 was 2.8, being 0.9 on account of sepsis and 1.8 on account of other causes. The three deaths were investigated and reports submitted to the Ministry, one being regarded as unavoidable. In the other two, the serious aspect of the situation does not appear to have been realised early enough.

During the previous ten years the rate in the City has generally been low, certain fluctuations being commonly found where small numbers are under consideration. The following table also shows the neo-natal mortality (deaths of infants in first 28 days of life) and the infant mortality (deaths of infants in first 12 months of life). The falling infantile mortality rate may be regarded as a rough index of the improving health of the City, but dealing, as we are, with comparatively small numbers, the fall is naturally irregular.

Year.	Maternal Deaths.	Mortality Rate.	Neo-natal Deaths.	Infantile Mortality Deaths.	Infantile Mortality Rate.
1924	3	2.9	21	60	59.4
1925	5	4.8	31	73	74.1
1926	3	2.8	28	69	68.5
1927	5	5.1	28	57	60.0
1928	4	3.9	23	66	69.04
1929	3	3.07	25	52	53.2
1930	5	4.2	21	47	49.7
1931	0	0	30	53	56.7
1932	3	3.02	35	51	53.6
1933	3	3.07	23	45	47.8
1934	3	2.8	27	57	55.8

It should be noted that the maternal mortality rate, while usually low, has not fallen: also that while the infantile mortality rate tends to fall, the number of neo-natal deaths remains much the same.

The Ministry has requested that particular attention should be directed to certain points. These will now be considered in order.

1. *Improving the Ante-Natal Service.*

Since the 1st January, 1934, the Municipal Ante-Natal Centre has met weekly instead of fortnightly and

is under the direction of a practitioner in the actual practice of obstetrics. Most desirable as ante-work is, too much should not be expected from it towards the reduction of maternal mortality. That it plays a part is unquestioned. On the other hand, good ante-natal work should do much to reduce the neo-natal portion of infant mortality.

2. Ensuring that the services of a trained midwife are available for all confinements.

There is no reason to believe that there is any difficulty in this matter in Exeter or that "handy women" are encouraged in the City. The Exeter District Maternity Association does exceedingly valuable work in this direction which is noted with appreciation elsewhere in this Report. In addition there are 24 midwives in private practice.

3. Securing the provision of maternity beds for complicated cases and for patients with unsuitable home conditions, such beds to be associated where practicable with general hospitals, preferably in small units readily supervised, and for which prompt specialist services for serious cases may be made available.

Some three or four beds are available for complicated cases by arrangement with the Royal Devon and Exeter Hospital, and six beds for normal cases in the Temporary Municipal Maternity Home at the City Hospital. It is estimated that at least 30 beds are needed, and that the present accommodation must be regarded as a temporary arrangement only and inadequate.

This does not take into consideration private nursing homes.

4. Providing facilities for adequate isolation and separate nursing of cases of puerperal sepsis.

At present these are admitted to the Royal Devon and Exeter Hospital. Hitherto there has been no difficulty in securing prompt and skilled treatment for these cases, but with the revision of the City's maternity services it is possible that some other arrangement may be proposed.

5. Obtaining the services of a consultant for doctors needing assistance in difficult or complicated cases.

The majority of such cases are sent into Hospital. The provision of a domiciliary consultant service should be provided as part of the revised maternity arrangements now under consideration.

HOSPITALS.

Name.	Situation.	Purpose.	Beds available.	Proportion used by residents outside area.	Management.
Tuberculosis Wards, Isolation Hospital	Whipton	Pulmonary cases	19 male and 12 female	—	See Isolation Hospital
Honeylands Tuberculosis Children's Sanatorium	Whipton	Tuberculosis in Children (School)	10 male and 10 female	—	Public Health Cte. Staff— Medical: M.O.H. Nursing: Matron 2 Nurses
Isolation Hospital	Whipton	Infectious Disease cases	78 beds and 10 cots for fevers and 31 beds for Tuberculosis (see page 69)	By agreement with 26 Local Authorities and other Bodies in the County of Devon, their cases are admitted to the Isolation Hospital, which is capable of expansion in times of necessity.	Public Health Committee. Staff— Medical : M.O.H. Nursing : Matron 1 Sister 2 Staff Nurses 2 Ast. Nurses 8 Probationers
Municipal Maternity Home, City Hospital	Heavitree Road	Maternity cases	6	—	Maternity and Child Welfare Committee Staff : See City Hospital.
Royal Devon & Exeter Hospital	Southernhay	General	Total beds 225 Children's beds 37	City cases 1760 From outside areas 1919	Voluntary

HOSPITALS—CONTINUED.

Name.	Situation.	Purpose.	Beds available.	Proportion used by residents outside area.	Management.
West of England Eye Infirmary	Magdalen Street	Eye cases	55, including 20 for children	City cases 58 From outside areas 207	Voluntary
City Hospital	Heavitree Road	General—largely senility	102	—	Public Assistance Committee Staff— Medical: 1 (non-resident) Nursing: Matron 15 Nurses 8 Nurse Attns.
The Princess Elizabeth Devonian Orthopædic Hospital	Buckerell Bore	Orthopædic cases	66, including 54 for children	City cases 10·7% From outside areas 53·7%	Voluntary
Gladstone Rd. Nursing Home.	Gladstone Road	Medical and surgical	20	—	Public Assistance Committee Staff— Medical: Own Doctor Nursing (see City pital)

NUMBER OF BEDS AVAILABLE FOR :—

	Male.	Female.	Institution.
General Medical ...	50		Royal Devon & Exeter Hospital
General Surgical ...	115		do. do.
Children ...	10	10	Honeylands Children's Sanatorium
	37		Royal Devon & Exeter Hospital
	12		City Hospital
Maternity ...		5	Royal Devon & Exeter Hospital
		6	Municipal Maternity Home
Venereal Diseases ...	2		Royal Devon & Exeter Hospital jointly with Devon C.C.
		6	St. Mary's Home
Tuberculosis ...	19	12	Tuberculosis Wards, Exeter Isolation Hospital
Chronic Sick ...	24		Ernsborough House—Home for Incurables
Mental ...	384		Exeter Mental Hospital
Mental Deficiency ..	12		City Hospital, also varying number of beds at Royal Western Counties Institution, Starcross
Orthopædic ...	—		As required at Orthopædic Hospital (deformities and surgical tuberculous children)
Ear, Nose and Throat	16		Royal Devon & Exeter Hospital
Puerperal Fever and Pyrexia ...	—		As required at Royal Devon & Exeter Hospital
Ophthalmia Neonatorum ...	—		Treated, by arrangement, at Eye Infirmary

INSTITUTIONAL PROVISION FOR UNMARRIED
MOTHERS. ILLEGITIMATE INFANTS AND
HOMELESS CHILDREN.

Name.	Address.	Accommodation.
St. Olave's Maternity Home ...	32 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)	Melbourne House Holloway Street	6 Beds for girls in temporary difficulties, or from Police Court
Dr. Barnardo's Home for Girls ...	Feltrim, Topsham Road ...	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 tuberculosis cases.

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

2 Motor Ambulances provided by St. John Ambulance Association. Council contributes £300 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	Alice Vlieland Infant Welfare Centre	Weekly on Tuesdays at 2.30	Dr. J. Smith, Asst. M.O.H.	Yes
Western Infant Welfare Centre	Exe Island Mission Hall	Weekly on Fridays at 2.30	Dr. J. Smith Asst. M.O.H.	Yes
Eastern Infant Welfare Centre	Alice Vlieland Infant Welfare Centre	Fortnightly on Wednesdays at 2.30	Dr. G. B. Page M.O.H.	Yes
Northern Infant Welfare Centre	Alice Vlieland Infant Welfare Centre	Fortnightly on Thursdays at 2.30	Dr. H. Temkin	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	City Hospital	When required	Private Practitioner.	By agreement with the Public Assistance Committee
Treatment Centre for Errors of Refraction (including Squint) and other defects or disease of the eyes, not treated at Daily Clinic, 5 W. Southernhay	Eye Infirmary Magdalen St.	Mondays and Tuesdays at 10 a.m.	Eye Infirmary Staff	By agreement with the Eye Infirmary Committee
Tuberculosis Dispensary	1 West Southernhay	Daily from 9 to 5.30 (except Sats. 9 to 12.30)	Dr. B. W. Anderson, Clinical T.O.	Yes
Venereal Disease Clinic	Royal Devon and Exeter Hospital	MEN. Mondays, 3 to 5 Fridays, 6 to 8 WOMEN. Fridays, 3 to 5	Dr. P. D. Warburton,	Yes jointly with the Devon County Council
Cleansing Station	Baths & Wash-houses, King St.	When required	M.O.H.	Yes
Orthopaedic Clinic	Southernhay Congregational Rooms, Castle Street	Twice a month	Orthopaedic Surgeon	In conjunction with Devon County Council
Ante-Natal Clinic	Alice Vlieland Infant Welfare Centre	Fortnightly on Mondays at 2.30 p.m.	Dr. B. Hinde	Yes

PUBLIC ASSISTANCE MEDICAL SERVICES.

There are three methods of providing a domiciliary medical service:—

1. Whole time medical officers.
2. Part time medical officers.
3. A panel of medical practitioners.

The second method has worked well in Exeter and is being continued as best meeting the needs of the City. The two senior district medical officers were due to retire during the year and the other temporary appointments were terminated on 31st December. The opportunity was taken of making new districts identical with those used by the Public Health Department in apportioning the Child Welfare and other health work, and approximately equal. Four District Medical Officers were appointed to begin duty on 1st January, 1935:—(See also Maternity and Child Welfare Section).

- No. 1 District (Northern): Dr. W. J. Walter.
 No. 2 District (Central): Dr. G. Steele-Perkins.
 No. 3 District (Eastern): Dr. J. R. Bradshaw.
 No. 4 District (Western): Dr. J. C. Heal.

Domiciliary nursing services are provided free for all poor persons by arrangement with the District Nursing Association.

Experience has shown that a number of non-tuberculous orthopaedic cases over school age and not provided for by other schemes are encountered from time to time. In future these will be assisted according to their needs through the Devonian Association for Cripples' Aid provided they are recommended by the Public Assistance Medical Officers.

I am indebted to the Public Assistance Officer for the following figures:—

Number of persons in receipt of out relief:—

Men	.....	.....	.....	152
Women	.....	.....	.....	295
Children	.....	.....	.....	275
				<hr/>
Total	.....	.....	.....	722
				<hr/>

Inmates of the City Hospital:—

Number in Hospital 1.1.34	.....	249
Number of admissions during the year		1162
Number in Hospital 31.12.34	.....	254

Children's Home:—

Number in Home 1.1.34	.....	45
Number of admissions during the year		59
Number in Home 31.12.34	.....	60

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.

Trained Nurses from the Royal Devon and Exeter Hospital and private Institutions.

(b) FOR INFECTIOUS DISEASES.

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

The Local Authority makes a grant of £150 per annum to the Exeter District Nursing Association to cover nursing services on behalf of the Public Health and Public Assistance Departments. The Association's nurses undertake the nursing of measles, whooping cough, and pneumonia in addition to their general work.

MIDWIVES.

40 midwives notified their intention of practising in the City, 16 of whom were working in institutions or nursing homes. All were State Certified Midwives by examination, there being no midwives practising in the City by virtue of being in practice before the Act.

The new Rules (Section E) of the Central Midwives Board were distributed to all on the register. No disciplinary cases were reported to the Board.

LABORATORY WORK.

With the approval of the Ministry all pathological and bacteriological work is now carried out at the Laboratory of the Royal Devon and Exeter Hospital under the direction of Dr. W. A. Robb, with the exception of those examinations which are made at the Tuberculosis Dispensary.

In the City the usual routine examinations are carried out free, but swabs from diphtheria contacts are only undertaken without charge if the Medical Officer of Health has been first consulted. Other Local Authorities are charged the actual cost of examinations done on behalf of their patients whilst in the Exeter Isolation Hospital.

Examinations made:—

For diphtheria:—

(a) Primary investigations, including contacts—

Positive	.....	.....	.....	35
Negative	.....	.....	.....	467
Total	.....	.....	.....	<u>502</u>

(b) Others—

Positive	.....	.....	.....	42
Negative	.....	.....	.....	312
Total	.....	.....	.....	<u>354</u>

For enteric fever:—

Widal—

Positive	.....	.....	.....	2
Negative	.....	.....	.....	4
Total	.....	.....	.....	<u>6</u>

Blood culture—

Positive	.....	.....	.....	2
Negative	.....	.....	.....	3
Total	.....	.....	.....	<u>5</u>

Faeces culture—			
Positive	.....	.....	2
Negative	.....	.....	15
Total	.....	.....	17
Urine culture—			
Positive	.....	.....	Nil
Negative	.....	.....	14
Total	.....	.....	14
For V.D. Department:—			
For detection of spirochetes	.....	.....	6
For detection of gonococci	.....	.....	136
For Wassermann re-action	.....	.....	220
Others	.....	.....	34
For tuberculosis (excluding examinations made at Tuberculosis Dispensary, q.v.):—			
Sputum—			
Positive	.....	.....	2
Negative	.....	.....	10
Total	.....	.....	12
Miscellaneous examinations:—			
Cerebro-spinal fluid:			
Negative	.....	.....	4

SANITARY CIRCUMSTANCES of the AREA.

WATER.

Two very dry summer seasons in succession, with a fairly dry autumn and winter intervening, might well over-tax any water supply. Nevertheless, the supply was amply maintained, and although advertisements warning the public against waste had to be issued by the City Surveyor, no compulsory restriction was imposed.

Periodical chemical and bacteriological analyses have proved satisfactory: there have been no complaints of taste during the year, and no case of disease traced to the water supply.*

*Complaints of taste were received on 25-12-33 and 5-2-35 but not during the period covered by this report.

Judging by the analyses, the filtration and purification plant has dealt successfully with the problems involved by the drought period, and produced a pure water supply varying but little in quality.

On 26th September, the Ministry of Health held an Enquiry concerning the extension of the works noted in the last report and provisional sanction to the scheme has now been given.

SWIMMING BATH.

Exeter possesses an old-fashioned and somewhat unattractive swimming bath. In the summer months it is necessarily occupied for the greater part of the day by classes of school children, and in the winter months it has to close down for lack of support. The bath water is cleansed by a continuous filtration and chlorination plant installed a few years ago.

The last two hot summers have produced something like a boom in swimming baths and no doubt considerable profits have been made both by public and private owners. The majority of these baths are open-air establishments and it is obvious that their prosperity is dependent upon the season. The bacteriological standard of the water in modern swimming baths is very high presumably because the bath water is really a mild disinfectant solution. What effect these sophisticated waters have on the delicate mucous membrane of the eyes, nose, etc., remains to be seen.

I have no doubt that if sufficient support were forthcoming Exeter could have an up-to-date bath, and it is understood that the matter is under consideration.

DRAINAGE AND SEWERAGE.

The whole of the City sewage is now dealt with by the activated sludge process at the new works at Countess Wear. These works were opened officially 30th September, 1933. During the year certain troubles arose in connection with offensive effluvia.

A Ministry of Health Enquiry was held on the 19th June, 1934.

The provision of sludge digestion tanks has been recommended by the experts and endorsed by the Ministry of Health and it is hoped that these will remove any cause for complaint.

During the last month of the year the protection against flooding was well tested and proved adequate.

HOUSE REFUSE.

The scavenging and cleansing of the City is under the City Surveyor. Refuse is collected twice weekly at least in all areas and disposed of by the method of controlled tipping. A fleet of modern closed motor vehicles is being gradually assembled. The work is carried out satisfactorily and without nuisance.

Complaints are sometimes heard that the dustmen empty the dustbins in an untidy manner leaving portions of refuse in back lanes and yards. From observations made it is found that the common cause of this nuisance is dogs being permitted to rummage among the bins and disturb the contents before the scavengers arrive.

A great deal more could be done by the citizens themselves towards the decent and cleanly appearance of the City if they would refrain from throwing down waste paper in the street. Waste paper noted in the streets includes newspapers, bags, cigarette cartons, and *particularly paper coverings from errand boys' baskets.*

SANITARY INSPECTION of the AREA.

STATEMENT OF CHIEF SANITARY INSPECTOR.

HOUSES AND PREMISES.

Number Inspected upon Complaint	992
Number of Defective Yards Paved	17
Number of Defective Eaves and Gutters Rectified	10
Number of Walls, Floors and Ceilings Repaired	39
Number of Roofs Repaired	17
Number of Rooms Cleansed and Limewashed	31

BATHS, LAVATORIES AND SINKS.

Number of Glazed Sanitary Sinks Provided	27
Number of Waste Pipes Trapped	26

WORK IN PROGRESS.

Number of Visits made thereto	3221
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OVERCROWDING.

Number of Cases Abated	16
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DRAINS.

Number of Smoke Tests Made	57
Number of Water Tests Made	126
Number Laid or Re-laid or Repaired	55
Number Cleansed, Trapped and Ventilated	116
Number of Defective Bell and D Traps replaced by Stoneware Gullies	5
Number of Rainwater Pipes Disconnected	8

COURTS AND PASSAGES.

Number of Visits made thereto	205
Number Repaved	4
Number Limewashed	4

WATER CLOSETS.

Number of Additional W.C's Provided or Reconstructed	.....	.....	.....	12
Number Repaired, Ventilated, etc.	.....	.....	.....	38
Number of Soil Pipes Repaired, Ventilated or Reconstructed	.....	.....	.....	16
Number of Flushing Apparatus Improved	.....	.....	.....	19
Number Limewashed	.....	.....	.....	32

DUST RECEPTACLES (PORTABLE).

Number of Visits	.....	.....	.....	160
Number of New Dust Receptacles Provided	.....	.....	.....	40

SLAUGHTER HOUSES.

Number of Visits to Public Abattoir	.....	.....	.....	417
Number of Visits to Private Slaughterhouses	.....	.....	.....	396
Number on Contraventions Found and Remedied	.....	.....	.....	9

BAKEHOUSES.

Number Inspected	.....	.....	.....	69
Number of Contraventions Found and Remedied	13

OUTWORKERS.

Number of Premises	208
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DAIRIES, COWSHEDS AND MILKSHOPS.

Number of Inspections Made	441
Number of Contraventions of Acts, Orders and Bye-laws dealt with	39

OFFENSIVE TRADES.

Number of Inspections Made	.....	.....	.....	194
Number of Contraventions Found and Remedied	.....	.....	.....	3

FOOD.

Number of Preparation and Storage Premises Visited	.....	.....	.....	429
Number of Defects Discovered and Remedied	.....	.....	.....	24

ANIMALS KEPT SO AS TO BE A NUISANCE.

Number of Cases Abated 15

ACCUMULATION OF OFFENSIVE REFUSE.

Number of Removals 45

Number of Dung-Pits Provided or Re-modelled ---

MEETINGS OF OWNERS.

Number of Interviews and Appointments Kept 169

MENTAL DEFECTIVES.

Enquiries and Visits Made to Male Defectives 120

RATS AND PESTS.

Enquiries and Visits 132

MERCHANDISE MARKS ACTS.

Inspections are Made during Visits to Food Shops
and Stores.

FACTORIES, WORKSHOPS AND WORKPLACES.

1.—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)	145	1	—
Workshops ... (Including Workshop Laundries)	297	—	—
Workplaces ... (Other than Outworkers' premises)	—	—	—
Total ...	442	1	—

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 ...	27	27	—	—
Want of ventilation ...	1	—	1	—
Overcrowding ...	—	—	—	—
Want of drainage of floors ...	1	1	1	—
Other nuisances ...	2	2	—	—
Sanitary accommodation—				
Insufficient ...	5	4	—	—
Unsuitable or defective ...	5	5	—	—
Not separate for sexes ...	5	4	—	—
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)				
Abstracts not affixed ...				
Total ...	46	43	2	—

* 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.		
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		
Leather bag making		
Total ...	Nil	Nil	Nil

Houses inspected—(a) under Regulations	130
(b) on Complaint	49
Tenements cleansed, whitewashed, etc.	30
Houses closed	—
Houses voluntarily converted into Stores	—
Floors relaid or repaired	73
Walls, ceilings, etc., repaired	154
Roofs repaired or reconstructed	54
Stairs and doors repaired	62
Windows provided to rooms	10
Windows of rooms made to open	11
Windows of rooms repaired, etc., and sash cords renewed	57
Yards repaved or repaired	28
Drains reconstructed	41
Drains repaired	4
Defective or insufficient eaves, gutters or rainwater pipes	25
Bell or D traps replaced with stoneware gullies	3
Scullery troughs and baths provided	32
Waste pipes trapped	24
Water closets provided	16
Water closets, repaired, etc.	17
Water closets reconstructed	9
Defective water closet pans replaced with pans of wash-down pattern and flush improved	20
Flushing of water closets improved	9
Water closets provided with a window	2
Water closets limewashed	10
Coppers, stoves and grates repaired	41
Water taps provided on pipe direct from main	3
Rooms closed for use as bedrooms	6
Smoke tests	42
Water tests	78
Food cupboards provided	32

SMOKE ABATEMENT.

One complaint of nuisance from falling grit near a factory chimney was received and dealt with. The trouble was due to the use by the factory owner of inferior fuel, which, at request, was discontinued. No further complaint has been made.

A complaint of nuisance from black smoke, made by a solicitor on behalf of several inhabitants in the vicinity of some brickworks, was investigated, when it was found that dense black smoke was emitted from time to time from one or more of the chimneys of six circular side-fired brick-kilns.

Observations were taken, and the matter was reported to the Public Health Committee, who directed the service of Statutory Notice requiring abatement of the nuisance.

At the end of the year, three of these kilns were connected by an underground flue to a very tall boiler chimney, in the hope that the smoke, through being discharged at a much higher altitude, would not remain in such volumes in the immediate neighbourhood, as was formerly the case.

The conversion was in its experimental stage, and it will not be possible to see whether a permanent cure has been effected until further observations have been taken.

HOUSES LET IN LODGINGS.

All of the registered houses were regularly inspected, and it was only necessary to issue Informal Notices under the Bye-laws to require certain repairs to be carried out, and the abatement of nuisances.

OFFENSIVE TRADES.

The offensive trades upon the register comprise:—

Tanner	.....	.....	.....	.....	1
Fat Boiler, Soap Maker, Cattle Feeding Stuffs, and Artificial Manure Works	.....	.....	.....	.....	1
Bone and Fat Boiler	.....	.....	.....	.....	1
Gut Scraper	.....	.....	.....	.....	1
Fish Friers	.....	.....	.....	.....	35

The number of premises registered for fish-frying has increased by six.

The only complaints of nuisances from these trades were in respect of the fat-boiler, etc., works, and from the bone and fat boiler works. They were numerous during the hot months, and were most troublesome on Mondays. This was mainly because organic material collected and kept over the week-ends became very decomposed, and in dealing with materials of this nature it is well-nigh impossible to entirely prevent nuisance. To meet this, the larger of the two works put on Sunday shifts during the summer months.

One of these complaints was found to be occasioned by the temporary breakdown of the condensers, which matter was rectified as soon as it was discovered.

There was also a temporary derangement in the fat-boiling plant, which caused an overflow of fat into the condensers and thence to the river. As this was the second occurrence of this nature, the firm concerned, at my request, connected the particular portion of the plant to the drainage system, thus preventing an overflow of such material into the river in future.

It is very disconcerting to the Department that, notwithstanding regular inspection, in one case the almost complete renewal of machinery, and the installation of water condensers to collect the fumes, complaints were received during the summer months. The fact is that owing to the growth of the City, these old-established works are now almost centrally situated, and the question of their ultimate removal to a suitable site away from business premises and residences might well be considered by the City Council in the near future.

SCHOOLS.

A complete sanitary survey of the Council Schools has been made and is published as an Appendix to the School Medical Officer's report for the year.

HOUSING.

(a) *Statistics.*1. *Inspection of Dwellinghouses during the year:—*

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| (1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) | 1171 |
| (b) Number of inspections made for the purpose | 1301 |
| (2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 | 179 |
| (b) Number of inspections made for the purpose | 309 |
| (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation | 130 |
| (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 | 1041 |

2. *Remedy of Defects during the year without Service of Formal Notices:—*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	1030
-----------------------------------------------------------------------------------------------------------------------------------	------

3. *Action under Statutory Powers during the year:—*

- | | |
|-----------------------------------------------------------------------------------------|---|
| (a) Proceedings under sections 17, 18 and 23 of the Housing Act, 1930: | |
| (1) Number of dwelling-houses in respect of which notices were served requiring repairs | 4 |

(2) Number of dwelling-houses which were rendered fit after service of formal notices:—			
(a)	By owners	.....	1
(b)	By local authority in default of owners	.....	—
(b) Proceedings under Public Health Acts:			
(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	.....	7
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices:—		
(a)	By owners	.....	12
(b)	By local authority in default of owners	.....	1
(c) Proceedings under sections 19 and 21 of the Housing Act, 1930:			
(1)	Number of dwelling-houses in respect of which Demolition Orders were made	.....	45
(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders	.....	8
(d) Proceedings under section 20 of the Housing Act, 1930:			
(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	.....	1
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	.....	—

SLUM CLEARANCE.

In the Annual Report for 1933, reference was made to the fact that seven Areas—two being in the No. 4 Area and the other five in its vicinity—were represented for clearance, and an inquiry had been held thereon by the

Minister of Health, and that at the end of the year the decision of the Minister was still awaited. The Orders were confirmed with the deletion of three small properties from the Area known as Section C (3).

During 1934, the Slum Clearance Programme was put in hand and the following Areas were represented as unhealthy, and were the subject of an inquiry by the Minister of Health:—

		<i>No. of houses.</i>
Pancras Lane Area	.....	29
Chapples Building Area	.....	10
North Bridge Terrace Area	.....	10
Friernhay Street Area	.....	19
Exe Island Area	.....	12
Mary Arches' Street Area	.....	3
		—
		83
		—

A Public Inquiry was held in July, and Orders were confirmed by the Minister, with the following exceptions:

From Pancras Lane Area—

One wooden store was excluded.

From Chapples Buildings Area—

One small tenement was excluded.

From Friernhay Street Area—

Three stores and two houses were excluded.

Unfortunately, the provision of new houses to meet the 1933 Clearance Schemes was delayed, which meant that re-housing, and the clearance of the derelict houses, did not proceed according to plan, and it was not until the end of 1934 that the tenants had been re-housed.

This delay affected the progress of clearance of houses involved in the 1934 programme, but at the time of writing, re-housing is now proceeding apace.

In addition to the number of houses condemned in the Clearance Areas, Demolition Orders were also made in respect of 45 individual houses, bringing the total number of unfit houses for demolition to 125.

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

The percentage of adulterated samples—3.4 is lower than that of the previous year, when it was 4.8, and the articles dealt with are set out in the table “Food Adulteration Act.”

At the end of 1934, there were on the register:—

Cowkeepers	.....	25
Wholesale purveyors of milk	.....	183
Retail purveyors of milk	.....	179

The cowkeepers' premises—1 more than the previous year, were visited quarterly by the Veterinary Inspector, and at other and irregular times by the Sanitary Inspector, and, with a few exceptions, the premises were found to be in a reasonable state of cleanliness. Such contraventions of the Milk & Dairies Order as were discovered were promptly dealt with by Informal Notices, which were complied with.

Under the Tuberculosis (Cattle) Order, 1925, three cows showing definite clinical signs of tuberculosis were dealt with, and all were certified, upon post-mortem examination, to be affected with advanced tuberculosis.

The number of milk samples sent to the bacteriologist for examination for the presence of tubercle was 24, and all were reported as free from infection save one. This sample—taken from a supply produced outside the City area—was the subject of a report to the County Medical Officer, who later replied that the case had had attention, with the result that the Veterinary Inspector had isolated and dealt with a cow at the farm in question which was affected with tuberculosis of the udder. The animal was destroyed.

THE MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

The number of samples of Certified Milk obtained under the above Order was 36, particulars of which are here set out:—

<i>Date.</i>	<i>Count in 1 c.c.</i>	<i>Presence of B. Coli.</i>
8-3-34	1,509	Not found.
"	920	"
"	110	"
17-4-34	26	"
"	290	"
"	460	"
16-5-34	1,600	"
"	70	"
"	560	"
6-6-34	17,600	"
"	16,800	"
"	29,200	"
3-7-34	23,400	"
"	34,600	"
"	6,900	"
10-7-34	98,600	Present in 1/10th c.c. Absent in 1/100th c.c.
"	1,200,000	Not Found.
"	4,600	"
8-8-34	1,050	"
"	120	"
"	3,500	"
15-8-34	2,160	"
"	10	"
"	4,000	"
19-9-34	3,200	"
"	10	"
"	1,120	"
27-9-34	220	"
"	10	"
"	500	"
4-10-34	900	"
"	20	"
"	3,200	"
7-11-34	80	"
"	310	"
"	55	"

In only 3 instances were the results unsatisfactory, when the cases were immediately investigated and adjusted. As the maximum bacterial count for "Certified" Milk is 30,000 in 1 c.c., and B. coli must be absent from 1/10th c.c., it will be seen from the above figures that the supply of "Certified" Milk has been maintained in a high state of purity.

Grade "A" (Tuberculin Tested) Milk.

No samples were examined, none being on sale in the City during the year.

Of Grade "A" Milk—

<i>Date.</i>	<i>Total colonies per c.c.</i>	<i>B. Coli.</i>
25-1-34	915	Not found
22-3-34	510	"
14-3-34	750	"
26-4-34	60	"
17-5-34	600	"
5-6-34	380	"
19-9-34	2,920	"
27-9-34	620	"
4-10-34	4,600	"
7-11-34	2,500	"

The above table shews the composition of 10 samples of Grade "A" Milk, and as the maximum count for this milk is 200,000 colonies per c.c., with *B. coli* absent from 1/100th c.c., it will be seen that all of these samples are very satisfactory.

Of Pasteurised Milk—

<i>Date.</i>	<i>Total colonies per c.c.</i>	<i>B. Coli.</i>
25-1-34	410	Not found
"	40	"
22-2-34	130	"
"	1,200	"
14-3-34	1,100	"
"	870	"
26-4-34	420	"
"	2,860	"
17-5-34	5,400	"
"	18,200	"
5-6-34	13,200	"
"	20,400	"
19-9-34	2,860	"
"	2,470	"
27-9-34	760	"
"	1,680	Present in 1/10th c.c.
4-10-34	6,900	Not found
"	650	"
7-11-34	6,000	"
"	5,100	"

There are two licensed "pasteurising" premises in the City, and from them 20 samples were obtained during the year. As the bacterial count for this grade must not exceed 100,000, it will be seen that all were satisfactory in this respect, but one of them contained *B. coli* in 1/10th c.c., and could not be regarded as quite satisfactory; and the attention of the producer was called to this.

ICE CREAM.

Power to register persons and premises in connection with the sale of ice cream is given by the Corporation Act of 1928. At the end of 1934, the number of persons on the register who dealt in ice cream was 137, as against 141 for 1933, and premises 144.

During the long, dry summer months there was marked activity in the sale of ice cream, and much time was given to the inspection of premises where the manufacture took place. Many inspections were made of handcarts and other vehicles distributing or hawking this foodstuff.

20 samples were taken for bacteriological examination, and if the samples are compared with the standard that is required for grade "A" milk, it will be seen that many of them were unsatisfactory. A table is set out below giving the results. In the absence of a standard for ice cream, it is doubtful whether action other than constant inspection of premises, and vigilance in the detection of actual unsoundness, can be carried out.

No. of sample.	Bacterial count per c.c.	B. coli.	Grade 'A' Milk.
1	336,000	Absent in 1 c.c.	
2	12,900	Present in 1 c.c., but not 1/10th c.c.	
3	162,400	do. do.	
4	626,000	Absent in 1 c.c.	
5	900	Absent in 1 c.c.	
6	3,300	Present in 1/100th c.c., but not in 1/1,000th c.c.	
7	806,000	Present in 1/10,000th c.c.	
8	84,600	Present in 1/10th c.c., but not in 100th c.c.	
9	232,000	Present in 1/1,000th c.c., but not in 1/10,000th c.c.	200,000 colonies per c.c. and B. coli absent from 1/100th c.c.
10	4,500	Absent in 1 c.c.	
11	608,000	Present in 1/1,000th, but not in 1/10,000th c.c.	
12	206,000	Absent in 1 c.c.	
13	98,000	Absent in 1 c.c.	
14	42,600	Present in 1/100th c.c., but not in 1/1,000th c.c.	
15	960	Present in 1/10th c.c., but not in 1/100th c.c.	
16	59,000	Absent in 1 c.c.	
17	34,600	Present in 1/100th c.c., but not in 1/1,000th c.c.	
18	3,820,000	Present in 1/10th c.c., but not in 1/100th c.c.	
19	910,000	Absent in 1 c.c.	
20	2,600	Absent in 1 c.c.	

PUBLIC ABATTOIR AND MEAT INSPECTION.

The number of animals slaughtered at the Public Abattoir during the year was 27,850 as against 26,909 for the previous year, the total amount of fees earned as tolls being £1,236-19-10.

During the heavy killing days, congestion was acute, especially in the pig-killing department.

At the end of the year the question of entirely new premises—which are so badly needed—was still receiving the attention of the City Council, for which purpose a special Committee was formed consisting of the Chairmen and Deputies of the Standing Committees of the Council, who are examining the question of the development of the whole of the area in which the Cattle Market and the Public Abattoir are situated, and, as an alternative, the removal of the Market and Abattoir to another site.

There are now ten private slaughterhouses within the City—eight registered, and two licensed—being one licensed slaughterhouse less than in 1933. These premises were regularly visited on killing days, and generally were found to have been well conducted and to comply in all respects with the requirements of the Meat Regulations and of the Bye-laws.

The surrenders of diseased meat were:—

At the Abattoirs	.....	.....	1,333
At private slaughterhouses, shops, etc.			157
Magisterial orders obtained		.....	4

and the following tables show the number of animals dealt with, and gives particulars of the diseased conditions found:—

**ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIR AND THE FEES EARNED DURING
THE FINANCIAL YEAR, 1-4-34 to 31-3-35.**

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	4588	£ 458 16 0	4765	£ 79 8 4	111	£ 1 7 9	£ 539 12 1
Calves	2842	94 14 8	39	6 6	18	3 0	95 4 2
Sheep	12774	212 18 0	339	1 8 3	42	3 6	214 9 9
Pigs @ 1/-	7588	379 8 0	164	1 7 4	—	—	380 15 4
" @ 2/6	55	6 17 6	—	—	—	—	6 17 6
Goats	3	1 0	—	—	—	—	1 0
Total	27,850	£1,152 15 2	5,307	£82 10 5	171	£1 14 3	£1,236 19 10

Amount received from the sale of Cartridges, £42 13s. 6d.

TABLE OF CHARGES.

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 ...	s. d. 2 0	4d.
For every Calf ...	8	3d.
For every Pig ...	1 0	2d.
For every Sow or Boar over 14 score ...	2 6	2d.
For every Sheep or Lamb ...	4	1d.

CLASSIFICATION OF DISEASES.

1934.

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	12	2	12	1	8	—	18	2	26	3	11	0	6
Heifers	13	2	15	3	16	—	18	1	8	3	14	0	24
Steers	7	1	10	1	6	—	8	3	4	1	19	0	10
Calves	1	—	4	2	6	—	—	3	24	—	5	2	2
Pigs	16	1	1	1	13	—	2	1	20	1	3	3	5
Totals	49	8	4	1	21	2	9	0	26	10	13	2	19

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	152		18	0	14	2	9	2	2	3	7	2	16
Calves	Nil												
†Pigs	124		10	2	22	0	13	0	21	1	3	3	15
Totals	276	1	8	3	8	3	2	2	23	4	11	2	3

*Includes 35 bullocks' heads.

†Includes 83 pigs' 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.						
		Congestion	Anæmia	Distomatosis	Decomposed.	Damaged, etc.	Dropsical.	Emaciated, wet, etc.	Fevered.	Hydræmia	Inflammation	Jaundice.	Lymphoma	Moribund	Joint Ill	Pleurisy	Empyema	Physicked	Quarter evil	Congestion	Red Water	Rheumatism	Swine Erysipelas	Septicæmia	Septic Mastitis	Swine Fever(susp'd)	Septic Pneumonia	Unborn	Uremia			
Steers	8				2			2		3	1																	21	3	1	6	
Cows ...	3						1		2																				14	0	6	
Heifers	1									1																			4	1	10	
Calves	13	1		1			2			1	1							3	1			1					2			11	1	14
Sheep	80	1	8	1	6	31	1	3		3	1		18										4			2	2		9	1	2	
Lambs	8				2	2																	3			1			2	2	27	
Pigs ...	11				2	4			1	1		1	1			1						1							9	0	17	
Total	124	2	8	4	10	40	3	3	10	2	2	2	19		1		3	1				1	8	1	1	3	2	6	14	0	26	

WEIGHT OF MEAT AND OTHER FOODS SEIZED OR SURRENDERED.

	Tons.	Cwts.	Qrs.	Lbs.
Whole carcasses including offals on account of Generalised Tuberculosis	10	13	2	19
Parts of carcasses and offals, etc., on account of Localised Tuberculosis ...	4	11	2	3
Whole carcasses including offals on account of diseases or conditions other than Tuberculosis ...	6	13	0	26
Parts of carcasses and offals, etc., on account of Local affections ...	6	6	2	14
Imported Meat ...		12	1	6
Other Foods ...	6	18	1	14
Total weight of Meat and other Foods seized or surrendered ...	35	15	2	26

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

	Weight.											
	Meat.				Offal and Organs.				Total.			
	T.	C.	Q.	L.	T.	C.	Q.	L.	T.	C.	Q.	L.
Beef ...		2	2	0	3	9	3	17	3	12	1	17
Mutton and Lamb		2	3	10		12	3	20		15	3	2
Pork ...			3	11	1	14	2	26	1	15	2	9
Veal ...		1	2	21		1	0	21		2	3	14
Total ...		7	3	14	5	18	3	0	6	6	2	14

PARTICULARS OF IMPORTED MEAT SEIZED OR
SURRENDERED, INCLUDING ORGANS, OFFAL, ETC.

Description.	Weight.			
	Tons.	Cwts.	Qrs.	Lbs.
Beef 		10	2	27
Mutton 			3	23
Pork 			2	12
Total ...		12	1	6

PARTICULARS OF OTHER FOODS SEIZED OR
SURRENDERED.

Particulars.	Weight.			
	Tons.	Cwts.	Qrs.	Lbs.
Tinned Meats 		3	0	27
Fish 	4	19	0	1
Pickled Meat 				17
Rabbits 		17	1	14
Poultry and Game 		16	3	11
Bacon 				7
Turkish Delights 				2
Prawns (tinned) 		1	2	19
Totals 	6	18	1	14

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

Month.				Weight.			
				Tons.	Cwts.	Qrs.	Lbs.
January	...	...	...	2	14	2	17
February	...	...	...	3	13	0	14
March	...	...	...	3	16	2	19
April	...	...	...	2	12	0	6
May	...	...	...	3	7	1	7
June	...	...	...	2	2	3	1½
July	...	...	...	2	9	0	1
August	...	...	...	3	8	3	14
September	...	...	...	3	11	3	22½
October	...	..	...	3	2	3	16
November	...	...	...	2	10	0	2
December	...	...	...	2	6	1	18
Total				35	15	2	26

LEGAL PROCEEDINGS.

A farmer was prosecuted under the Market Bye-laws for bringing into the Cattle Market certain sheep which were diseased and unfit for human consumption. The case was dismissed, evidence for the defence being that the owner was ignorant of the Bye-law, and that had he brought the animals near to the Cattle Market and sold them, the Bye-law would not have applied.

The action, however, resulted in the sheep being taken to the Public Slaughterhouse, where they were slaughtered, and their carcasses seized and destroyed.

MERCHANDISE MARKS ACT.

Under the Merchandise Marks Act and Orders, a shop-keeper was prosecuted for exposing tomatoes for sale that were not marked with the country of origin in the manner required by the said Act, and a fine of 10s. was inflicted.

PUBLIC HEALTH ACTS.

There was a prosecution against the owner of three houses for failing to comply with Notices requiring reconstruction of drains in accordance with the City Bye-laws and Regulations.

An Order was made for the work to be carried out within four weeks, and this Order was complied with.

FOOD ADULTERATION ACT, 1928.

No cases were taken under this Act during the year, but there were two instances in which milk was found to be under standard, and under all the circumstances cautions were issued.

BAKEHOUSES.

The regular inspection of bakehouses was carried out, and in the main they were found to be kept in good condition.

It was not found necessary to serve Formal Notices.

FOOD ADULTERATION ACT, 1928.

Article.	Examined.		Adulterated.	
	Formal.	Informal	Formal.	Informal.
New Milk	56	...	2	...
Scald Milk	2	...	...	...
Butter	24	...	...	...
Cream ... ..	...	10	...	...
Jam ... ..	...	5	...	...
Camphorated Oil ... ..	...	5	...	1
Seidlitz Powder	2	...	...	...
Tea ... ..	...	25	...	...
Coffee ... ..	...	15	...	...
Potted Pastes ... ..	...	24	...	...
Cocoa ... ..	...	5	...	...
Slab Cake ... ..	...	5	...	...
Sausages ... ..	...	33	...	...
Total	84	127	2	1

THE PUBLIC HEALTH (PRESERVATIVES, ETC., IN
FOOD) REGULATIONS, 1925.

All of the articles in the foregoing list were examined for preservatives and in no case was any found.

PREVALENCE OF, AND CONTROL OVER,
INFECTIOUS DISEASE.

The years 1932 and 1933 were years of very low incidence of scarlet fever and diphtheria, and of infectious disease generally, with the exception of influenza and chickenpox. During 1934 scarlet fever and diphtheria notifications were doubled and reached what is practically an average figure for the City. Erysipelas notifications were tripled and the type, particularly some of the cases from other districts treated in the Isolation Hospital, was much more severe than usual. Taking scarlet fever, erysipelas and sore throats together, there has been a distinct increase in streptococcal infections; on the other hand puerperal fever and pyrexia notifications have remained low as in previous years.

The early months of the year saw the climax of a large measles epidemic which began in St. Thomas in the first week of November, 1933. Altogether 687 cases were reported from school services alone (measles not being a notifiable disease) between 1st November, 1933, and 28th February, 1934, so that it may be safely assumed that the actual number was at least double. Of these cases 438 occurred in the first two months of 1934, the peak of the epidemic being reached in January. Thereafter there was a rapid decline, only a few intimations being received from 1st April onwards. Altogether there were twelve deaths of children 6 years old and younger, 10 of these being referable to the year 1934. As usual complicated cases were admitted to the Isolation Hospital on request or nursing services offered. The use made of the latter is somewhat disappointing, as there is little doubt that the assistance of a good visiting nurse may be the deciding factor and may even be preferable to removal

in many cases. It is desirable to again draw attention to the fact that the Medical Officer of Health has power to provide nursing services in severe cases of measles and whooping cough through the Exeter and District Nursing Association. If certain suggested arrangements with surrounding local authorities are confirmed, additional beds primarily earmarked for complicated measles cases will be provided at the Isolation Hospital.

Of the minor plagues, mumps was troublesome in the Spring, and chickenpox was prevalent but declined markedly towards the close of the year. Two cases of undulant fever came to notice, one being treated in the Isolation Hospital and the other in a voluntary hospital. The disease is due to an organism *Brucella abortus* endemic in cattle in this country and very closely related to *Brucella melitensis*, the cause of Malta Fever. The disease in human beings is usually mistaken for some other fever unless and until serological examination of the blood is made, or the characteristic relapses suggest the true nature of the complaint. In Exeter all bloods tested for the enteric group are also tested for abortus infection. In as much as 25% to 40% of samples of milk from herds in this country (in Exeter 2 out of 4 random samples of ungraded milk) show signs of infection, it is evident that the disease is very common in cattle and not particularly communicable to human beings. Nevertheless more instances of infection are being recognised and severe human cases have been reported. Efficient pasteurisation is lethal to the organism and so affords complete protection. The case treated in the Isolation Hospital was mild but characteristic. The chief features were headache, obstinate constipation, enlarged spleen and moderate fever. After apparent recovery with normal pulse and temperature for three days, there was a striking relapse with fever up to 101° or a little more for four days falling by lysis to normal and occupying a week. The patient then became convalescent with no further relapses and no complications.

In this case the suspected milk supply was very carefully investigated with the help of the City Veterinary

Officer and Chief Sanitary Inspector. It so happened that the dairyman had two herds pastured at considerable distances apart. Herd A was used for the ordinary milk round and herd B for producing scalded cream and scald milk. Actually herd A showed pronounced evidence of infection and it was found possible to transfer the suspected beasts from herd A to herd B. The organism is easily killed by heat and it was hoped in this way to prevent further trouble. At all events no more cases occurred.

Diphtheria has been of average severity. Naturally, cases in which there has been delay in obtaining treatment always give grounds for anxiety, but no "gravis" type cases have been seen locally. On the other hand two brothers admitted to the Isolation Hospital from the Midlands via Teignmouth were clinically of this severe type. Their recovery was due to the prompt giving of antitoxin in large amount including a proportion by the intravenous route.

Schick testing material and toxoid antitoxin mixture or formol toxoid are available free to all juvenile institutions in the City. The staff at the Isolation Hospital is also Schick tested, positives being subsequently inoculated.

On the whole, scarlet fever has been distinguished by its mildness. I am grateful to those medical practitioners who have brought late and missed cases to my notice as this is helpful in controlling the disease. The frequent examination of school children in affected parts of the City by the Health Visitors has also proved a very useful measure.

It is generally agreed at the present time that scarlet fever is due to several strains of the haemolytic streptococcus and probably this accounts for some of the vagaries of the disease. The admission to hospital of scarlet cases is often a matter of convenience rather than of public health necessity, at the same time proper isolation and nursing are very difficult in many households and keeping patients at home may seriously interfere with the work or education of the contacts. Mild cases first discovered peel-

ing should not be sent to hospital unless in very exceptional circumstances; to do so is a waste of public money and occupies a bed unnecessarily. Each case must be judged on its merits, not forgetting that medical practitioners who do a good deal of obstetric work may quite properly feel disinclined to attend scarlet fever cases.

Controversy has raged over the period patients should be isolated. The fact of the matter is that nobody knows with certainty how long a case may be infectious as was pointed out by Osler long ago. Peeling of itself is not important, but as the late Dr. Claud Ker, one of the ablest of teachers, used to point out, the skin, like the clothes, can be disinfected, and both can be re-infected by nasal, aural or other discharges. The general state of the patient and, above all, the absence of presumably infectious foci are the important criteria. It is senseless to boast about discharging patients in so many days or so many weeks, the aim should be to discharge them when they are reasonably well. It is fatuous to instruct a slum mother to keep the child apart from others for a fortnight after returning home. One valuable suggestion made in recent literature is the idea of convalescent wards for scarlet cases, that is to say wards where uncomplicated cases can convalesce apart from fresh and acute cases. Scarlet wards should not be too large and should never be filled beyond the recognised limits.

In Exeter a few of our cases leave hospital in the fourth week and the majority in the fifth, but there are exceptions requiring far more extended treatment.

Serum is undoubtedly useful if given early and in sufficient amount, but routine use of serum adds to the expense of treatment considerably.

Arrangements for dealing with infectious diseases in the City are the same as in former years and have proved adequate, except that the want of a second motor ambulance has been felt. The Public Health Committee has recommended the provision of a suitable vehicle.

SMALLPOX.

No cases occurred in the City.

One notification of a ship contact was received from a port. This was duly visited and kept under observation for the necessary period.

VACCINATION.

Vaccination Officer: Mr. E. S. Howells.

Public Vaccinator: Dr. S. J. P. Gray.

No primary vaccinations were carried out by the Medical Officer of Health or his staff under the Smallpox Regulations, 1917.

The latest statistics are for the year 1933, and are as follows:—

Births registered	.....	.....	1050
Vaccinated	.....	.....	489
Insusceptible	.....	.....	7
Statutory Declarations received	.....	.....	485
Died unvaccinated	.....	.....	36
Postponed	.....	.....	3
Removed to other districts	.....	.....	22
Removed to places unknown	.....	.....	5
Unaccounted for	.....	.....	3

It will be noted that 46.5% of the infants were vaccinated which is 1.8% above that of the previous year.

The partially protected condition of the population cannot be considered as satisfactory.

No cases of post vaccinal encephalitis occurred.

SCARLET FEVER.

90 cases were notified against 52 in 1933, 69 being removed to Hospital. The type remains mild and there were no deaths.

DIPHTHERIA.

40 cases were notified against 21 in 1933, all being removed to Hospital. There was one death.

Most practitioners now realise the importance of giving a sufficient dose of antitoxin at once without waiting for a laboratory report. Antitoxin is kept at the Public Health Office and the Police Station as well as at the Isolation Hospital.

ENTERIC FEVER.

5 cases were notified against 7 in 1933. 4 were treated at the Isolation Hospital and one privately, and all made a good recovery.

1 case of paratyphoid B in a child of $2\frac{1}{2}$ was admitted via the Royal Devon and Exeter Hospital, having been infected outside the City; another child developed paratyphoid B at home on returning from a holiday. The remaining 3 cases were due to bacillus typhosus and two were undoubtedly contracted outside the City. The third case could not be traced but must have been contracted in the City. The patient himself blamed a small flat fish which he had eaten fried on a date which would fit the facts of the case. Imperfectly cleansed and lightly fried dabs and other estuarine fish have been cited as a possible cause, but in this instance no proof can be given.

PUERPERAL FEVER.

9 cases were notified, 7 were treated at the Royal Devon and Exeter Hospital, 4 coming from the administrative County of Devon.

PUERPERAL PYREXIA.

14 cases were notified, 8 being treated at the Royal Devon and Exeter Hospital, 2 being from the administrative County of Devon. The County cases were notified after admission to Hospital.

PNEUMONIA.

61 cases were notified against 59 in 1933, and there were 12 deaths against 19 in 1933. Of these cases 18 were treated at the Royal Devon and Exeter Hospital.

The value of pneumonia notification was questioned in last year's report.

ERYSIPELAS.

29 cases were notified against 9 in 1933. 5 cases were removed to Hospital; there was one death.

CEREBRO-SPINAL FEVER.

2 cases were notified against 3 in 1933. All were treated at the Royal Devon and Exeter Hospital. One ended fatally.

DYSENTERY.

No cases were notified.

MALARIA.

1 case was notified, contracted abroad.

ENCEPHALITIS LETHARGICA.

1 case was notified, which proved fatal.

ACUTE POLIO-ENCEPHALITIS AND POLIOMYELITIS.

1 case was notified. The practice now is to remove these cases to the Isolation Hospital and thereafter co-operate with the Orthopaedic Surgeon, subsequently transferring the case to his care.

CHICKEN POX.

370 cases were notified to the end of September when the disease became no longer notifiable on the advice of the Ministry of Health.

DIARRHOEA.

3 infant deaths were certified as due to this cause. The public is warned by posters and announcements in "Better Health" of the necessity of keeping milk and other foods free from contamination by flies. In spite of a hot summer this disease was not prevalent, and none but trivial cases were observed at the Infant Welfare Centres.

CANCER.

Table of deaths from Cancer for the past ten years.

Year.	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Deaths	99	96	85	84	110	82	96	116	108	121

NOTIFIABLE DISEASES DURING THE YEAR.

DISEASE	Cases Notified.															I. Hospital	Deaths.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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	Under 1	1	2	3	4	5	10	15	20	35	45	65	95	Under 1	1			2	3	4	5	10	15	20	35	45	65	95	Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
Diphtheria (including Membranous Croup)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					

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

† Some of these cases were admitted to the Local General Hospital from the County Area for diagnosis and notified by the Hospital authorities.

TUBERCULOSIS.

The organisation of the Tuberculosis Department was fully described in last year's report. The early and correct diagnosis, treatment, prevention and after-care of cases of tuberculosis is one of the most important branches of public health work. In spite of much effort and the accumulation of a great deal of knowledge, tuberculosis is still one of the five principal causes of death and is still responsible for much sickness and consequent financial loss.

About ten-elevenths of the mortality are due to disease caused by the human tubercle bacillus spread from one person to another, and mainly by the advanced or moderately advanced consumptive of careless habits with living and virulent tubercle bacilli in his sputum. At present the chief hope of prevention lies in early diagnosis and the correct treatment of sufferers in all stages, backed up by the lessons in hygiene taught at the sanatorium-hospital and re-inforced from time to time by adequate dispensary supervision, together with systematic examination of contacts.

There is nothing new in the examination of contacts. When the first dispensary was founded in 1887 in Edinburgh by Professor Sir Robert Phillip, the "march past of the family" was accepted as part of the routine. Not only must the children be examined, but all the members of the family so far as possible, and tactful enquiries may have to be extended to relatives, servants, and even work mates. Children, especially those accustomed to school medical inspection, come up for examination readily enough. Grown-up people often ask for an examination or go to their own doctor. But there may be a difficulty about adolescents and young adults who are the very persons the Tuberculosis Officer is most anxious to see. Complete examination of all contacts of all cases, to say nothing of re-examinations, may be an ideal but is impossible in practice. It is, however, important first to consider the general health of the family as revealed at the initial

enquiry, secondly to pay particular attention to the contacts of persons who are sputum positive, thirdly to examine carefully the children and young people in the household, and finally to keep under observation any that show deviations from health.

If contact examination consisted simply of detecting and treating those that had manifest signs of illness, it would be simple indeed; but we believe that it is desirable to discover to what extent the younger members of a family may have been infected without obvious ill-health resulting, and to that end tuberculin testing is employed. There is probably general agreement that very young children with a strongly positive tuberculin reaction should be watched, although it should be remembered that a positive reaction means infection at some time or other, and not necessarily disease. Whether the reverse is true, namely that adults with a negative reaction are susceptible and therefore stand in some danger of contracting the disease, as held by Heimbeck and other Scandinavian workers, is *sub judice*. A contrary view is taken in some recently published research work among African natives. Tuberculin testing has been used in Exeter for some years past, particularly in connection with Honeylands Children's Sanatorium. The method used at present is the intradermal or Mantoux test. In examining contacts it must be remembered that not only may infected persons be discovered but also *the real source of infection*, e.g., where a death has occurred from tuberculous meningitis, a careful enquiry is well worth while.

The remaining eleventh of the tuberculosis mortality amounting to rather more than 3,000 deaths per annum is due to the bovine tubercle bacillus, derived for all practical purposes from infected milk and to a much less extent from milk products. The bovine tubercle bacillus generally causes non-pulmonary lesions such as disease of glands, bones, joints and skin; and as a rule bovine infection is more commonly found among children and young people. Nevertheless it has been demonstrated quite clearly that the bovine tubercle bacillus can cause pulmonary disease in human beings and in adults, and that the incidence is

somewhere between one-half and two per cent. of all pulmonary cases in England, and possibly higher in Scotland. (Munro and Griffiths).

In the case of tuberculous infection of bovine origin we know the cause, the method of spread and how to prevent it, yet the country goes on permitting large quantities of infected milk to be distributed, sold and consumed. The danger is greatest among children. The risk is increased by the now well-established practice of bulking milk, that is mixing the milk from many herds in large glass-lined steel tanks for easier conveyance by road and rail to the big cities. The position would be worse were it not for the fact that many of the largest and best distributing firms submit the milk to a more or less efficient process of pasteurisation, primarily, of course, to improve its keep-qualities.

We have in what Sir George Newman calls "proper and efficient" pasteurisation a means of destroying not only tubercle bacilli but other pathogenic bacteria in milk, whether native to the milk such as those of undulant fever or accidental such as typhoid.

There is no real reason why all the milk distributed in the larger towns and cities, other than Certified or Tuberculin Tested Grades, should not be pasteurised and pasteurised properly and efficiently. Organisation in rural districts would take time, but at all events a more rapid blow would be struck at that portion of the tuberculosis mortality and morbidity due to bovine infection than appears to be contemplated by our agricultural experts.

Under the Milk (Special Designations) Order, 1923, four grades of milk were created, which, so far as the public is concerned, have the following meanings:—

- (1) Certified Milk.—Produced under exceptionally clean conditions from herds that have passed tuberculin tests, and bottled on the farm. Should be tubercle free.
- (2) Grade A. Tuberculin Tested.—As above, but may be bottled by distributor.

- (3) Grade A.—Produced under exceptionally clean conditions, but cannot be definitely guaranteed tubercle free.
- (4) Pasteurised. Provided the process is properly carried out, should be free from tuberculosis or any other milk-borne infection. Licences for designated milk are approved by the Ministry of Health.

Just as the man in the street is getting accustomed to these grades the other Government Departments have decided to introduce two more kinds of milk which must, for a time at least, cause confusion. These may be referred to as Attested and Accredited Milk, though what they will actually be called is uncertain. Attested milk will be produced under conditions closely resembling those of Designated Milks 1 and 2, and if it is intended to replace these grades such a step in the direction of simplification is welcome. Accredited Milk on the other hand is to be produced under the same conditions as those applicable to Designated Milk 3, and since the latter cannot be regarded as a perfectly safe milk quâ tubercle bacilli it follows that Accredited Milk will be equally unsafe. This, then, is a retrograde step, although we are assured it is a step forward in the cause of clean milk!*

Why wait a generation or more to rid the country of tuberculosis of bovine origin, when pasteurisation provides an immediate and certain remedy? The objections to pasteurisation are of the doctrinaire variety, and it may be asserted that those in the best position to view the problem as a whole, the Medical Officers of the Ministry of Health and the local Medical Officers of Health, know that it is the practical solution to the problem. We have recently witnessed something like an outbreak of public hysteria over maternal mortality, a problem towards the solution of which much fundamental knowledge is completely lacking. In the problem under discussion we have all the necessary knowledge but fail to apply it. It so happens that

*It appears that the Milk Marketing Board originally contemplated producing accredited milk under conditions rather more lax than those demanded for Grade A. Fortunately this was reconsidered.

the maternal deaths recorded annually are fewer than those attributable to tuberculosis of bovine origin, yet we go on permitting infected milk to be sold.

Sir George Newman, speaking with the whole experience of the Health Services behind him, says in his latest annual report:—

“The widespread contamination of milk with the organisms of tuberculosis and undulant fever makes it impossible to recommend unreservedly this excellent food unless it has been made safe by efficient pasteurisation or boiling.”

It may be added that properly pasteurised and bottled milk has better keeping qualities, and in addition to being safe from milk-borne diseases is also safe from accidental contaminations which have been known to spread such diseases as typhoid, para-typhoid, diphtheria, scarlet fever and epidemic sore throat. The interesting subject of undulant fever is noticed elsewhere in this report (see Infectious Diseases).

Grade A Tuberculin Tested Milk and Pasteurised Milk are the milks supplied to the Clinics and Institutions under the Public Health and Child Welfare and Maternity Committees, and the only milk approved for the Milk in Schools Scheme in Exeter is Pasteurised.

What are the objections to Pasteurised Milk?

(1) It is repeatedly stated even by more or less eminent “men of science” that pasteurisation encourages dirty milk. Strictly speaking all milk is dirty, that is to say it contains foreign bodies such as dust, hairs and scales from the skin as well as micro-organisms. It is better to ingest dead or pasteurised dirt than living dirt in the shape of germs. The more important milk companies (both wet and dried milk firms) have managed to devise low dirt standards and to see that their supplies keep within them.

(2) That the nutritive value is diminished or the vitamins destroyed. It has proved experimentally impossible to demonstrate either point. Since nutrition depends upon what is assimilated rather than what is ingested, it is even

possible that pasteurised milk is slightly superior to raw milk. Cows' milk is at all times an uncertain source of vitamins and no competent dietician would depend solely upon it for them.

(3) That the taste is altered. Efficiently pasteurised milk has a flavour very faintly reminiscent of boiled milk. At least 4,000 school children, together with numerous toddlers and mothers have been drinking it daily this winter in Exeter, and there has been no single complaint about taste. Many sensible people insist on pasteurised milk for the household.

Pasteurisation should be encouraged by grants to those firms willing to instal plant and maintain an efficient service. It is the master key to the problem of tuberculous infection of bovine origin.

The TUBERCULOSIS DISPENSARY is the centre of the scheme—the place where all arrangements are initiated for prevention, diagnosis, advice, institutional and other special forms of treatment. Supervision of recovered and chronic cases, the examination of contacts, and the continuous teaching of personal hygiene are among its other useful functions. The work of the dispensary is tabulated at the end of this section.

INSTITUTIONAL ACCOMMODATION remains the same as last year.

The Tuberculosis Wards at Exeter Isolation Hospital, Whipton, comprising 26 beds and 5 shelters for men and women suffering from all stages of pulmonary disease.

The Royal National Sanatorium, Bournemouth, by arrangement, up to a total of 12 cases—for men and women suffering from pulmonary disease and not requiring prolonged bed-rest. Both the above institutions provide modern treatment including chemotherapy and collapse therapy under x-ray control.

Honeylands Children's Sanatorium—20 beds for boys and girls of school age suffering from tuberculosis or suspected tuberculosis other than orthopaedic conditions or adult type phthisis.

The Devonian Association for Cripples Aid, by arrangement, treats all the tuberculosis orthopaedic conditions at all ages in the *Princess Elizabeth Hospital, Exeter*, and associated convalescent homes. A few adult cases of this class have also been treated at *Mount Gold Hospital* under the authority of the City of Plymouth.

The Royal Devon and Exeter Hospital, by arrangement, treats other forms of non-pulmonary tuberculosis, including out-patient and light treatment.

The institutional accommodation is sufficient for the needs of the City and it is exceptional to have anything but a short and temporary waiting list: nevertheless there is one addition which merits consideration. At the City Hospital (Public Assistance) there is no adequate and separate accommodation for the small number of poor persons who, happening to be phthisical, may need to be maintained there from time to time. Should these persons need treatment, they are promptly admitted to the beds of one or other of the institutions already mentioned, but it must be clearly understood that, treatment completed, they cannot occupy these valuable beds indefinitely to the exclusion of others. Most of the cases in this class require maintenance, some nursing attention and very little medical treatment. They are mainly elderly chronic cases with superadded bronchitis and suchlike disabilities. Their need is not met by the shelters provided some years ago, in fact shelter treatment would be harmful and unkind. When the hospital is next extended these patients must not be forgotten. A few carefully designed two-bedded or four-bedded wards are required.

There is complete co-operation between the Tuberculosis Department, the School Medical Department and the Maternity and Child Welfare Department.

The following figures show at a glance the main facts of the Tuberculosis statistics for the City during 1935.

Total cases on Register, 1st January	468
Pulmonary	379
Non-Pulmonary	89
Total notifications received after deduction of 9 duplicates, but including 5 inward transfers	126
Pulmonary	87
Non-Pulmonary	39
Deaths during the year	50
Pulmonary	35
Non-Pulmonary	15
Outward Transfers	22
Pulmonary	21
Non-Pulmonary	1
Total cases on Register, 31st December	487
Pulmonary	385
Non-Pulmonary	102

Table 1 shows notifications and deaths during the year arranged according to ages.

Table I.

AGE-PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	1	1	1	—	—	1	2
1	1	—	5	3	—	—	2	—
5	2	1	4	2	—	—	—	1
10	—	4	2	2	—	—	—	1
15	6	4	1	—	—	2	1	—
20	9	4	2	5	2	4	2	1
25	10	12	2	2	6	4	—	1
35	7	5	1	2	2	1	—	—
45	6	2	—	—	6	4	—	—
55	5	3	1	—	2	—	1	—
65 and upwards	4	1	1	2	1	1	1	1
Totals ...	50	37	20	19	19	16	8	7
					50			

Included in the deaths are 14 of which no notification was received prior to the death certificate. One of these cases was a transferable death; in 4 cases the diagnosis was made very shortly before death; and 2 cases were "Inward Transfers." Five cases were the result of post mortem examination, and in the remaining two cases the doctors thought they had been notified by their predecessors.

The following is the classification of new cases seen at the Dispensary during the year.

Table II.

PULMONARY.					NON-PULMONARY.				
T.B.-	T.B.+1	T.B.+2	T.B.+3	Total	Bones & Joints	Abdominal	Other Organs	Glands	Total
29	1	4	36	70	7	5	3	9	24

The number of cases referred to the Tuberculosis Dispensary either before or at the time of notification was 100 being 79.4 per cent. of total notifications.

Table III.

gives an analysis of the principal statistics for the past 10 years.

		1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Notifications	{ Pulmonary	101	104	109	99	85	74	87	90	86	87
	{ N-Pulmonary	23	24	18	35	16	22	28	24	20	39
Deaths	{ Pulmonary	58	55	53	39	45	48	48	43	48	35
	{ N-Pulmonary	14	10	12	11	12	9	10	10	7	15
Deaths per 1000 popul't'n	{ Pulmonary	.96	.91	.87	.63	.73	.78	.74	.69	.71	.51
	{ N-Pulmonary	.23	.16	.19	.17	.19	.14	.15	.15	.10	.22

Twenty years ago the death-rate for tuberculosis (all forms) was 1.32. To-day it is .73. It must be remembered, however, that the City has expanded during that time and there have been changes in the age and sex distribution of the population.

INSTITUTIONAL TREATMENT.

Table IV.

Tuberculosis Wards, Whipton Hospital.

Remaining under treat- ment on 1st January, 1934.			Admitted during the year.			Discharged during the year.			Deaths during the Year.			Remaining under treat- ment 31st Dec., 1934.		
*M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
13	7	20	28	16	44	26	14	40	4	1	5	11	8	19

*Included in this figure is one ex-service man who was discharged during the year.

Table V.

Honeylands Children's Sanatorium, Whipton.

Remaining under treat- ment 1/1/34.			Admitted during the Year.			Discharged during the Year.						Remaining under treat- ment 31/12/34		
M	F	TOTAL	M	F	TOTAL	Males.			Females.			M	F	TOTAL
						Quiescent	Not Tuberculous	Removed by Parents	Quiescent	Not Tuberculous	Total.			
9	9	18	14	11	25	11	2	2	10	1	26	8	9	17

Table VI.

Royal National Sanatorium, Bournemouth.

Remaining on 1-1-34			Admitted during the year			Discharged during the year			Remaining on 31-12-34		
M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
1	—	1	3	4	7	3	3	6	1	1	2

The total cost of the treatment of these patients was £215-7-2.

Table VII.

Other Institutions.

Institution.	Condition for which treated.	Remaining under treatment on 1-1-34.			Admitted during Year.			Discharged during year			Deaths during the year.			Remaining under treatment on 31-12-34.		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Princess Elizabeth Orthopaedic Hospital, Exeter	Spine ...	1		1	3	3	3	3		3				1		1
	Hip ...		2	2	*1	1	1	*2	2		1	1				
	Ankle ...	1		1				1		1						
	Multiple Bone ...		1	1				1		1						
	Knee ...				2	2	1	1		1				1		1
Mount Gold Orthopaedic Hospital, Plymouth	Shoulder ...				1	1	1							1		1
	Spine ...	2	1	3	1	1	2	2	1	3				1	1	2
Royal Devon and Exeter Hospital, Exeter	Abdominal ...	1		1	2	1	3	3	1	4						
	Neck Glands ...		1	1	2	1	3	2	2	4						
	Genito- urinary ...				2	1	3				1	1	2	1		1
Total	...	5	5	10	13	2	18	12	7	19	1	2	3	5	1	6

*Mistaken Diagnosis.

The total cost of the treatment of these patients was £662-14-0. Princess Elizabeth Orthopaedic Hospital, £343-1-1, Mount Gold Orthopaedic Hospital £209-5-0, Royal Devon and Exeter Hospital £110-7-11.

TUBERCULOSIS DISPENSARY.

The following particulars are given of cases under supervision at the Dispensary by the Clinical Tuberculosis Officer, Dr. B. W. Anderson.

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	54	32	2	1	4	7	6	5	38	39	8	6
(b) Doubtfully Tuberculous	...	...	...	...	...	...	...	...	5	6	4	3
(c) Non-tuberculous	...	...	...	...	...	...	...	...	18	15	11	9
B.—Contacts examined during the year:												
(a) Definitely Tuberculous	...	...	...	1	...	...	1	1	...	...	1	2
(b) Doubtfully Tuberculous	...	...	...	...	...	...	...	...	...	1	6	16
(c) Non-tuberculous	...	...	...	...	...	...	...	...	4	8	21	23
C.—Cases written off the Dispensary Register as:												
(a) Recovered ...	10	3	3	3	1	3	3	4	11	6	6	6
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as Tuberculous) ...	...	...	...	...	...	...	...	...	25	25	36	37
D.—Number of Persons on Dispensary Register on Dec. 31st:												
(a) Definitely Tuberculous	123	82	19	23	13	17	21	15	136	99	40	38
(b) Diagnosis not completed	...	...	...	...	...	...	...	...	9	8	15	22

TUBERCULOSIS DISPENSARY (continued).

1. Number of persons on Dispensary Register on January 1st, 1933	324	8. Number of visits by Tuberculosis Officers to Homes (including personal consultations)	196
		various Institutions	491
2. Number of cases transferred from other areas and cases returned after discharged under Head 3 in previous years	11	9. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	649
3. Number of cases transferred to other areas, cases not desiring further assistance under the Scheme, and cases "lost sight of"	35	10. Number of (a) Specimens of sputum, &c., examined	Dis pensary 145 (Total 483)
		(b) X-ray examinations made in connection with Dispensary work	235
4. Cases written off during the year as dead (all causes)	25	11. Number of "Recovered" cases restored to Dispensary Register and included in A (a) and A (b)	1
5. Number of attendances at the Dispensary (including Contacts)	1760	12. Number of T.B. plus cases on Dispensary Register on the 31st Dec.	113
6. Number of Insured Persons under Domiciliary Treatment on 31st. Dec.	14		
7. Number of consultations with Medical Practitioners (a) Personal	14		
(b) Other	90		

X-RAY EXAMINATIONS.

During the year, 235 X-Ray examinations had been made (83 for screen only).

EXTRA NOURISHMENT.

Extra nourishment has been granted to various patients and the total cost of same for the financial year 1934/35 was £52-7-11

VENEREAL DISEASES.

With the approval of the Ministry of Health, arrangements have been made between the Royal Devon and Exeter Hospital, the Devon County Council and the City Council of Exeter, for the treatment of these diseases at a special department of the Hospital.

The hours of attendance are as follows:—

Men Mondays, 3 to 5 p.m., and Fridays, 6 to 8 p.m.

Women Fridays, 3 to 5 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 cases 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	.....	.....	.....	17
(b) Soft Chancre	.....	.....	.....	—
(c) Gonorrhoea	.....	.....	.....	63
(d) Conditions other than Venereal	.....	.....	.....	25
				<hr/> 105 <hr/>

Total attendances of cases during the year at the out-patient clinic 2809

Aggregate number of "in-patient days" of treatment during the year 18

Examination of pathological material—

For detection of Spirochetes	.....	.....	6
For detection of Gonococi	.....	.....	136
For Wassermann Re-action	.....	.....	220
Other examinations	.....	.....	34

The City's share of the expenses for the year amounted to £728-17-10.

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

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

Before completing a course of treatment	83
Number of cases transferred to other Treatment Centres after treatment or to care of private practitioners	28
Number of cases discharged from out-patient Clinic after completion of treatment and observation	83
Number of cases which ceased to attend after completion of treatment but before final tests of cure	27
Number of cases who, on 31-12-33, were under treatment or observation	113
	<hr/> 334 <hr/>

The total number of cases under treatment at the end of the year showed a decrease of 22.

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

Notices are exhibited in all the Public Conveniences, setting out the facilities available and judging from the number of enquiries originating from these notices, they are undoubtedly doing a good and valuable work.

These arrangements are intimated to all doctors commencing practice in Exeter. Six medical practitioners were supplied with arseno-benzol compounds free amounting to 62 doses in all.

The number of patients who failed to complete treatment, or else failed to attend until definite tests of cure have been made, varies from year to year. Careful education of young adults in these matters is the only sure way of reducing these figures. Other plans which have been suggested are only too likely to drive the diseases underground, and the patients into the hands of quacks.

INFANT LIFE PROTECTION.

On the 31st December, 1934, there were 102 foster children in the City, and the number of registered foster mothers was 85. The Health Visitors paid 603 visits to foster mothers during the year. The figures for the previous year were 124, 97 and 738 respectively. Necessary action was taken wherever conditions were found to be unsatisfactory, and everything possible was done to encourage foster mothers to attend the Child Welfare Centres regularly with their children when these were of appropriate age.

Legal proceedings were taken in three cases. In one case the Court decided that a technical offence had been committed and recorded a conviction but no penalty. In a second case the foster parent was fined and the child removed; and in the third case, where the circumstances were aggravated by reason of a previous conviction, the two children were removed and the foster mother received a sentence of imprisonment.

MATERNITY AND CHILD WELFARE.

Exeter has been a pioneer in this important work. It was discussed with a view to action as long ago as 1907 at a meeting where the then Town Clerk stated that one child in every seven died before reaching the end of the first year. At the present time a child's prospect of survival is about three times better, thanks to the united efforts of voluntary and official agencies on behalf of child welfare.

In 1908 there was started the "Babies Welcome Club," and following the Notification of Births (Extension) Act, 1915, the Maternity and Child Welfare Committee of the City Council came into being. In May, 1930, the Alice Vlieland Welfare Centre was opened with a view to housing as many as possible of the Centres. At the present time three Welfare Centres and the Ante-Natal Centre meet there each week, the Western Centre alone having separate and temporary accommodation at the Exe Island Mission Hall. More suitable accommodation for

this Centre is badly needed. The Eastern Centre will be prepared to start a branch in the Burnthouse Lane and St. Loye's Housing Estates area as soon as a building can be provided, for the greater convenience of families displaced from the Centre of the City to these suburbs.

About two years ago the City was re-divided into four approximately equal health areas, each having its Health Visitor and Welfare Day. Towards the end of 1934 it became necessary to revise the appointments of the Public Assistance District Medical Officers, and the suggestion that their districts should correspond to the new Health Districts was adopted. The new District Medical Officers have been given the fullest information as to facilities available through the various Committees of the Council to the inhabitants of their districts, and it is hoped that an important step forward has been taken to co-ordinate the medical services of the City.

Up to June, 1931, such Ante-Natal work as was done by the Local Authority was carried out at the ordinary welfare sessions. No one will pretend that this was satisfactory, but it was better than nothing at all. At that time Dr. Jessie Smith, one of the Assistant Medical Officers, undertook to organise a separate ante-natal centre under the general direction of my predecessor, Dr. Stirk. The Centre was equipped at the Alice Vlieland Centre and met fortnightly, patients being seen by appointment. The Centre continued to do useful work until the end of 1933 when it became evident in the first place that a weekly clinic was essential, secondly that it should deal so far as possible with both ante-natal and post-natal conditions, and thirdly that it should be conducted by someone in the active practice of obstetrics. After consideration the Committee decided to appoint Dr. Bertha Hinde on a part-time basis to carry out the work, and further that the Centre should meet once a week. This arrangement began on 1st January, 1934, and has proved entirely satisfactory.

The ante-natal and post-natal Centre enjoys exactly the same privileges as the other Centres. Cases may be referred to the Royal Devon and Exeter Hospital for specialist

advice or treatment, and to other Institutions in the City; milk is provided free or at less than cost price where necessary in accordance with a scale approved by the City Council and the Ministry's regulations; also dental treatment is available.

There is in Exeter a lack of beds for ante-natal cases. The voluntary institutions do what they can to accommodate the more urgent cases, but there are not sufficient facilities, and no beds at all where general practitioners can observe their own patients under hospital conditions. The provision of a Municipal Maternity Hospital is under consideration and such accommodation would be an essential part of it. Attendance at the Ante-Natal Clinic is a condition of booking for the Municipal Maternity Home. The latter is a temporary arrangement with the Public Assistance Committee and comprises only six beds intended primarily for normal and quasi-normal cases where home conditions are unsuitable for a confinement. It has now run for three years with increasing and sometimes embarrassing popularity and without a maternal death. The absence of complaints and the many expressions of gratitude received speak volumes for the good work of the staff. Already the Committee has had to consider the restriction of booking and the danger of even temporary overcrowding. This, again, points to the necessity of a sufficient and properly equipped Maternity Unit.

A note will be found below of the amount of milk and dried milks distributed at the Centres under the approved scale. It would be well to make it clear that being in the middle of an agricultural district we do not use any unmodified dried milk. All the dried milks used, four in number, are modified for particular purposes, and the Committee recently decided that these too should be Devonshire products. The usual accessory foodstuffs such as cod liver oil emulsion are also available in suitable cases.

The primary objects of the Welfare Centres are supervision, advice and guidance for the mothers and children attending them. So far as treatment is concerned I am of opinion that the Centres should act as a sign-post either

to the family doctor or hospital or whatever is suitable. To say, however, that there should be no treatment at all is to tie the hands of the Welfare Officers rather too tightly. As with school children, so with infants and toddlers, there are a number of "minor ailments," which are likely to go untreated and become major disabilities. It has been customary at the Exeter Welfares to treat these minor ailments. It is up to the Welfare Medical Officers to use discretion and to see that the original purposes of the Welfares are not forgotten.

The attendance of a large proportion of toddlers has always been a feature of the Exeter Centres and is encouraged. Supervision under the Child Welfare Scheme and the School Medical Scheme should be continuous, and the passage from one to the other imperceptible.

Each Welfare has a secretary and staff of voluntary workers, and I should like to take this opportunity of expressing my thanks to them for their services.

The following table gives the organisation and days of meeting:—

<i>Centre</i>	<i>Day</i>	<i>Medical Officer</i>	<i>Health Visitor</i>	<i>Secretary</i>
Ante- & Post-Natal Clinic	Mondays 2-30	Dr. Bertha Hinde	Each in turn for 3 months	...
Central Child Welfare	Tuesdays 2-30	Dr. J. Smith	Miss B. M. Knuckey	Mrs. Pickard
Northern Child Welfare	Thursdays 2-30	Dr. H. Temkin	Miss H. Archer	Mrs. Smith
Eastern Child Welfare	Wednesdays 2-30	M.O.H.	Miss M. M. Foy	Mrs. Miller
Western Child Welfare	Fridays 2-30	Dr. J. Smith	Miss D. Hickson	Mrs. Depree

The Central and Western Centres have an additional non-medical day each week.

The Exeter District Maternity and Nursing Association is a voluntary body which began its career in 1910. In addition to sick nursing the Association conducts an ante-natal centre in connection with its maternity work. This centre was started in 1925.

The activities of the Association are parallel with and complementary to those of the City Health Services. Several members of the City Council and the Medical Officer of Health are on the Executive Committee of the Association. The Association is subsidised by the Council to the amount of £350 per annum, and in return gives free nursing services to poor persons on the recommendation of the Medical Officer of Health and his Assistants, and also on demand by the District Medical Officers. These services are available on request to the Public Health office by medical practitioners and wider use might be made of them. During the severe measles epidemic of the winter 1933-34 only 17 cases of measles or measles-pneumonia in 11 households were nursed by the Association's nurses, to which must be added 11 cases removed to the Isolation Hospital from City addresses. This outbreak was responsible for 12 deaths of children of 6 years of age or under, 8 being under 3. The use made of home nursing services was disappointing on this occasion. The Association is staffed by Queen's nurses who have an enviable record for good work.

The public is somewhat inclined to take nursing services for granted, and the support received by the Association is not so wide or so encouraging as it should be. It would be difficult to supply a better nursing service and a municipal service would be very much more expensive. Some people continue to confuse health visitor's work with nursing work, and for this reason a comprehensive memorandum on the former was issued during the year. For the purposes of this report the statement that the two are complementary but not synonymous must suffice.

During the year 333 mothers attended the Association's Ante-natal Centre making 1,270 attendances.

1,307 nursing visits were made on behalf of the Public Assistance Committee and 514 on behalf of the Health Department.

Since the days of the Babies' Welcome Club in 1908, Infantile Mortality has fallen by nearly two-thirds of the figure then recorded, but here, as elsewhere, the fall is chiefly

due to a saving of life in the later months of the first year. *Comparatively little impression has been made on the neonatal mortality*, i.e., the deaths in the first four weeks of life. One thing that may be expected from better antenatal supervision is a reduction of this rate, particularly if this is coupled with provision for dealing with premature and difficult infants in a new Maternity Unit (see Infantile Mortality tables).

BIRTHS.

1,158 notifications of live births were received during the year. 79.6% of the notifications were made by Midwives and 20.4% by medical practitioners or relatives.

In 285 instances the midwives summoned medical help, which indicates the thorough manner in which the midwives are doing their work, while 47 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 £346-14-6 of which £147-10-9 was received back from patients in part payment.

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

Ruptured perineum	.....	59
Prolonged labour	.....	56
Abnormal presentation	.....	28
Ante-partum haemorrhage	.....	14
Post-partum haemorrhage	.....	5
Premature labour	.....	3
Adherent placenta	.....	5
Stillbirth	.....	1
Albuminuria	.....	16
Miscarriage	.....	7
Rise of temperature	.....	10
Unsatisfactory condition of mother	.....	48
Unsatisfactory condition of baby	.....	33

STILL-BIRTHS.

The number of still-births registered during the year was 58, 16 of which came from the County. Of the remaining 42 still-births, 19 were attended by doctors and 23 by midwives.

These may be classified as follows:—

	<i>Macerated, i.e., died at some time prior to birth.</i>	<i>Non-Macerated</i>
Difficult, labour and abnormal presentations	—	12
Malformation of Infant	1	—
Toxaemia of pregnancy and albuminuria ...	3	7
Ante-Partum Haemorrhage ...	1	5
Ill health of, or accident to mother ...	1	7
No cause assigned ...	4	1
Totals ...	10	32

HOME VISITS UNDER THE NOTIFICATION OF
BIRTHS ACT.

During the year the Health Visitors paid 848 first visits and 3,614 subsequent visits to children under the age of 12 months, and 3,546 visits to children between the ages of 12 months and five years.

WORK OF ANTE-NATAL CENTRES.

No. of sessions held	.....	45
No. of mothers on books at end of previous year	.....	25
No. of new names added	.....	146
Total No. of mothers attending	.....	171
Total attendances	.....	443
Of new cases:—		
Ante-Natal	.....	135
For diagnosis	.....	7
Post Natal	.....	3
Ante-Natal and Post Natal	.....	1
Referred by:—		
Doctors at Welfare Centres	.....	14
Health Visitors	.....	2
Midwives	.....	14
Private practitioners	.....	5
Miscellaneous (e.g., by office staff in cases already sanctioned by the Committee for the Maternity Home, by other mothers attending the Clinic)	.....	111
Referred for treatment:—		
Dental treatment	.....	47
R.D. & E. Hospital for advice	.....	5
Eye Infirmary	.....	0
V.D. Clinic	.....	3
Birth Control Clinic (post-natal cases)	.....	1

INFANT WELFARE CENTRES.

During the year the average number on books and the average number of attendances at the Centres were as follows:—

Centre.	Average No. of Infants on Books.	Average No. of Attendances of Children.	Average No. of Attendances of Expectant Mothers.
Central District ...	171	92	4
Western District ...	196	76	2
Northern District ...	204	83	1
Eastern District ...	219	61	1

Expectant Mothers are now referred, so far as possible, to the Ante-Natal Clinic.

PROVISION OF MILK AND FOODSTUFFS.

Fresh and dried milks are supplied by the Council in those cases where the condition of the infants show that extra nourishment is required and the parents are unable to provide it. It is supplied either at half-price or free, according to circumstances. During the financial year 1934-35, the cost of milk supplied was £792-14-8. In respect of this sum, £147-10-2 was received from the mothers in part payment. Net cost £645-4-6 being a decrease of £148-7-10 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	8/-	9/-
3	7/-	8/-
4	6/-	7/-
5 or more.	5/-	6/-

MATERNITY HOME.

The arrangement made with the Public Assistance Committee for the use of the maternity accommodation at the City Hospital as a Municipal Maternity Home has worked satisfactorily throughout the year. The number of cases admitted has been 104 which is an increase of 31 over the previous year.

BIRTH CONTROL.

A Birth Control Clinic is carried on by the Exeter and District Women's Welfare Association. Cases suitable in the sense of the Ministry of Health's memorandum 153/MCW are referred by the Local Authority.

Since 1930 a total of 41 cases have been so referred; of these, 7 failed to attend, 2 have left the City, 7 are known to have become pregnant, and 25 have remained satisfactory. It should be remembered that the avoidance of pregnancy for a time rather than altogether may meet the medical requirements.

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.

The provision of a continuous gas-oxygen apparatus is proving valuable and enables the dental surgeon to carry out multiple extractions more satisfactorily.

Summary of the work done during the year 1934:—

No. of patients seen	88
No. of visits paid by patients	345
No. of administrations of gas	54
No. of teeth extracted under gas	490
No. of teeth extracted otherwise	11
No. of dentures fitted	62
No. of teeth replaced	609
Other operations	22

Total cost of dental treatment for 1934-5 was £202-12-5 of which £6-18-6 was received back from patients.

ORTHOPAEDIC TREATMENT.

During the year 19 children from the Infant Welfare Centres received treatment for the following conditions:—

Congenital deformities	8
Injuries at birth	6
Rickets and sequelae	5
Poliomyelitis	—
Miscellaneous	—

and were dealt with as follows:—

7 recommended for in-patient treatment (5 have been admitted and 2 are awaiting admission), and 12 received out-patient treatment at the Clinic.

Of the two cases awaiting admission at the end of 1933, one has been admitted and has been discharged as cured, and the other has been transferred to another area. Of the 5 cases admitted during 1934, two are still in hospital, one was discharged as cured and the other two have been discharged and recommended to attend the Clinic for observation.

Of the 12 cases treated at the Clinic, together with the 31 cases on the books at the Clinic at the end of 1933, and 2 cases re-admitted to the Clinic, 4 were discharged as cured, 1 was discharged improved, 4 were transferred to the School Medical Department on reaching the age of five, 2 have left the District, and 5 have been removed from the register for non-attendance, leaving 29 cases on the register at the end of 1934.

Cost of in-patient treatment £387-7-3, and of this sum £22-8-1 was received back in part payment by patients.

Cost of out-patient treatment £72-18-5, of which £16-15-10 was contributed by parents.

OPHTHALMIA NEONATORUM.

Year	Cases.			Vision Unimpaired	Vision Impaired	Total Blindness	Re-moved from district	Dths.	Total
	Notified	Treated.							
		At Home	In Hospital						
1925	17	...	17	17	...	...	...	...	17
1926	12	...	12	12	...	...	...	...	12
1927	6	2	4	6	..	...	...	...	6
1928	13	5	8	13	...	...	...	...	13
1929	8	4	4	7	...	...	1	..	8
1930	4	1	3	4	...	...	...	...	4
1931	6	2	4	6	...	...	...	...	6
1932	11	8	3	11	...	...	..	...	11
1933	7	5	2	7	...	...	...	...	7
1934	6	2	4	5	...	...	...	1	6

Under the Midwives' Rules a Midwife has to notify any discharge from the eye however slight. 12 notifications of discharge from the eye were received, 6 of which were subsequently notified by Medical Practitioners as cases of Ophthalmia Neonatorum. In the course of time the attention now being directed to this disease and its treatment should lead to a considerable reduction in the number of blind persons in the future. The death recorded was certified as due to marasmus and prematurity.

NURSING HOMES REGISTRATION ACT, 1927.

11 Homes are now registered under the Act and 2 Institutions.

Nursing and Maternity Homes.

St. Olave's Home. (17 beds).
 St. Mary's Home. (6 beds).
 Southcroft, Heavitree Road. (4 beds).
 Stokeleigh, Old Tiverton Road. (5 beds).
 Belmont, Southernhay West. (12 beds).
 1, Baring Crescent. (8 beds).
 Mowbray, Fore Street, Heavitree. (12 beds).
 St. David's, 31, St. David's Hill. (11 beds).
 Ernsborough House, Colleton Crescent. (24 beds for incurable invalids).
 Stork's Nest, Topsham Road. (4 beds).
 15, Blackall Road. (5 beds).

Exempted.

Royal Devon & Exeter Hospital.
 Eye Infirmary.

EXETER ISOLATION HOSPITAL.

The present accommodation consists of 78 beds and 10 cots for fevers and 31 beds for tuberculosis arranged as follows:—

Scarlet Fever.—22 beds, 6 cots (2 side wards).
 Diphtheria.—14 beds, 4 cots (2 side wards).
 Reserve Ward.—34 beds (2 side wards).
 Observation.—8 beds in 8 separate wards.
 Tuberculosis.—14 beds (former enteric block).
 Tuberculosis.—12 beds "Red Cross Pavilion."
 Tuberculosis Shelters.—5 beds in 5 shelters.

The Hospital has a good administrative block, and it is recognised that in case of necessity the number of patient beds can be increased, without detriment to the efficient working of the wards and the well-being of the patients. Up to the end of 1934 contracts for the admission of patients existed with the following local authorities and other public bodies:—

Borough Council.

Okehampton.

Urban District Councils.

Holsworthy.

Exmouth.

Ottery St. Mary.

Crediton.

Budleigh Salterton.

Axminster.

Dawlish.

Sidmouth.

Seaton.

Teignmouth.

Rural District Councils.

Newton Abbot.

Honiton.

Axminster.

Okehampton.

Crediton.

South Molton.

St. Thomas.

Holsworthy.

Barnstaple.

Town Councils.

Honiton.

South Molton.

Exeter Port Sanitary Authority.

Kelly College, Tavistock.

Secretary of State for War.

Prison Authorities, Princetown.

Revision of these arrangements is now under consideration.

Excluding tuberculosis cases, which are dealt with under a separate heading, at the beginning of the year 20 cases remained under treatment, 5 of whom were from the County. 249 cases were admitted during the year, 116 of these coming from the County and 133 from the City; and at the end of the year 1934, 33 cases were under treatment, of whom 18 were from the County and 15 from the City.

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

<i>Year</i>		<i>County</i>	<i>City</i>	<i>Total</i>
1925	Treated at Isolation Hospital	112	95	207
1926	" "	89	231	320
1927	" "	82	186	268
1928	" "	97	125	222
1929	" "	167	151	318
1930	" "	279	361	640
1931	" "	108	161	269
1932	" "	84	107	191
1933	" "	60	86	146
1934	" "	116	113	249

Average number of cases admitted

for the ten years 119 163 283

The following was the mortality amongst the 249 cases:—

<i>County.</i>	<i>City.</i>
4	2

This gives a case mortality of 2.42.

The average duration of each patient's stay in the Isolation Hospital was 31.5 days.

	<i>Days.</i>
Against in 1925	43
" 1926	45
" 1927	38
" 1928	38
" 1929	40
" 1930	52
" 1931	31
" 1932	35
" 1933	36
" 1934	31

Average stay for the 10 years 38

The average number of fever patients per day was 21.7.

During the financial year 1934-5, a total of £1,906-8-3. was received for the treatment of infectious disease, being £1,424-17-6 from outside authorities and £481-10-9 from City patients.

DISEASE.	REMAINING.	ADMITTED.	DISCHARGED.		DEATHS.	REMAINING.
			Diagnoses Confirmed.	Diagnoses not Confirmed.		
Scarlet Fever ...	12	129	109	7	...	25
Diphtheria ...	4	74	56	11	4	7
Typhoid Fever ...	1	4	5	...	...	...
Para-Typhoid B.	...	3	3	...	...	...
Cerebro-Spinal Meningitis ...	...	1	...	...	1	...
Anterior Poliomyelitis ...	...	1	1	...	...	...
Erysipelas ...	...	13	12	...	...	1
Measles ...	3	15	17	...	1	...
Mixed Infections	...	1	1	...	...	...
Miscellaneous ...	...	8	8	...	...	...

Miscellaneous.—Mumps 2, chicken pox 1, scabies 1, broncho-pneumonia 1, undulant fever 1, tonsillitis 1, and parotid abscess 1.

The four deaths from diphtheria include two where the cause was otherwise, viz. uraemia and septicaemia. The death from measles was due to tuberculous meningitis.

SMALL POX HOSPITAL.

By agreement with the County Council it has been arranged that any Smallpox cases arising shall be treated at the County Council's Smallpox Hospital at Upton Pyne.

MENTAL DEFECTIVES.

The educable mentally defective children under the age of 16 are under the supervision of the Education Committee; the other mental defectives are supervised by a Statutory Committee appointed by the City Council, composed partly of members of the Council and partly of co-opted Members. The number placed on the Register since the passing of the Mental Deficiency Act, 1913, is 267. Of these, 43 have died, 40 have left the City, 14 have been transferred to the Mental Hospital, and 1 certified under the Lunacy Acts, leaving 169 at present on the Register. These are placed as follows:—

In Certified Institutions	.....	.....	76
In Non-Certified Institutions	.....	.....	3

4 are under Statutory Guardianship and the remaining 86 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.

Numbers remain much the same from year to year, and as ascertainment is reasonably good in Exeter no great variation need be anticipated.

The arrangements between certain local authorities, including Exeter, and the Royal Western Counties Institution at Starcross are at last taking shape, tenders have been accepted, and it should not be long before much needed additional accommodation for all grades of mental defectives is ready. When this time arrives it will be necessary to consider the proper disposal of the patients now housed

at the City Hospital. Future accommodation there ought to be temporary, defectives being retained just as long as is necessary for their safety and classification, and subsequently drafted to suitable institutions.

The law still permits young defectives to remain in charge of their parents without any proper training or education, unless it can be proved that they are abandoned, neglected or ill-treated. Many such parents, themselves of low mental calibre, refuse to let their children go to institutions such as Starcross, where they can be trained and made useful, happy and contented individuals. The children remain in houses and among relatives often far from satisfactory, the valuable and impressionable period of youth is lost or rather misused, and the result may be tiresome and unemployable individuals who, one way and another, are a permanent burden to the community.

The parents of normal children must satisfy the authorities that proper education is provided when the children reach the age of five. Mentally defective but educable children have often to be allowed to go on attending the ordinary schools for want of some more appropriate form of training; ineducable children or children excluded from school for various reasons may get no training at all if their parents decline institutional care. This is a very unsatisfactory situation.

Future legislation should aim at simplifying the whole code for the care and training of mental defectives.

The total expenditure for the financial year 1934-5 was £5,362-8-6 the bulk of which is for maintenance of patients in institutions, the amount being £4,113-8-0.

SUPERANNUATION.

During the year 140 persons were medically examined under the Superannuation Scheme, 58 as to fitness for inclusion in the Scheme, and 82 as to fitness for returning to work after sickness or injury. In some cases several examinations of an individual were necessary before an opinion could be given.

