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City and County of the City of Exeter.



# ANNUAL REPORT

For 1937.

VITAL STATISTICS,  
SANITARY WORK, ETC.,

BY

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

Medical Officer of Health.

---

EXETER :

F. E. RADDAN & SON, LTD., COOMBE STREET,

1938



COPY

CITY OF EXETER.

Public Health Department,  
5 Southernhay W.,  
Exeter.

2nd June, 1938.

Sir,

In submitting my Annual Report for 1937 I wish to draw attention to a slight increase in the area of the City. The area of the City is now 4,718.578 acres as against 4,702 in 1936; this increase is entirely due to the inclusion of agricultural land for the proposed cattle market and abattoir as approved by the Ministry.

Yours faithfully,

(Sgd.) G.B. PAGE.

Medical Officer of Health.

The Secretary,  
Ministry of Health,  
Whitehall, S.W.1.

City and County of the City of Exeter.



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1938



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 1937.

G. B. PAGE.

## CITY AND COUNTY OF THE CITY OF EXETER.

---

### Public Health Committee.

#### MAYOR—

A. ANSTEY, Esq.

#### CHAIRMAN—

ALDERMAN J. S. S. STEELE-PERKINS, J.P.

#### DEPUTY CHAIRMAN—

ALDERMAN R. M. CHALLICE, J.P.

Alderman J. R. NETHERCOTT	Councillor H. GATER
Alderman W. HEALE	Councillor G. C. HEYWOOD
Councillor W. T. BAKER	Councillor J. PASSMORE
Councillor W. W. BEER	Councillor Mrs. E. W. REED
Councillor P. F. BROOKS	Councillor J. D. SEWARD
Councillor G. G. DAW	Councillor Mrs. E. E. TINKHAM

*Town Clerk*—C. J. NEWMAN, Esq.

---

### Maternity and Child Welfare Committee.

#### CHAIRMAN—

COUNCILLOR W. H. APLIN.

#### DEPUTY CHAIRMAN—

ALDERMAN F. H. TARR, J.P.

Ald. J. S. S. STEELE-PERKINS, J.P.	<i>Non-Members of the Council :</i>
Councillor G. G. DAW	Lady DAVY
Councillor H. GATER	Mrs. DEPREE
Councillor R. G. SAUNDERS	Mrs. MILLER
Councillor Miss E. SPLATT	Mrs. PICKARD
Councillor Mrs. E. E. TINKHAM	Mrs. SMITH, J.P.



## 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.*

A. DICK, M.D., D.P.H. (To 15-12-37).

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

JESSIE SMITH, M.B., Ch.B., D.P.H.

*Medical Officer, City Hospital. (Temporary).*

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

*Venereal Disease Medical Officer.*

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

*Medical Officer, Ante-Natal Clinic.*

†BERTHA HINDE, M.R.C.S., L.R.C.P., M.B., B.S.

*Medical Officer, Northern Infant Welfare Centre.*

†H. TEMKIN, M.R.C.S., L.R.C.P., M.B., B.S.

*Dental Surgeon.*

†G. V. SMALLWOOD, L.D.S. Eng.

*District Medical Officers under the Public Assistance Committee.*

†No. 1 District. C. W. MARSHALL, M.D., M.R.C.S., L.R.C.P.

†No. 2 District. G. S. STEELE-PERKINS, M.A., M.B., B.Ch.,  
M.R.C.S., L.R.C.P.

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

†No. 4 District. J. C. HEAL, M.B., Ch.B., M.R.C.S., L.R.C.P.

*Public Vaccinator.*

†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.

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

Cert. London Sanitary Inspectors' Exam. Board,

Cert. Royal Sanitary Institute,

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

*Deputy Sanitary Inspector.*

A. E. TROUNSON.

*Assistant Sanitary Inspectors.*

T. COATES.

G. E. BORLACE.

A. C. LEWIS.

H. R. AMBROSE.

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

*Veterinary Surgeon.*

†H. MACDONALD, F.R.C.V.S.

*Public Analyst.*

†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 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,  
General Training, C.M.B., Cert. R. San. Inst. for Health Visitors  
issued by Ministry of Health, R.S.C.N. (To 14-5-37).

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

MISS E. M. E. ARSCOTT,  
General Training, C.M.B., Cert. R. San. Inst. for Health Visitors  
issued by Ministry of Health (From 18-5-37 to 20-11-37).

*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. (To 31-7-37).

MISS G. JONES. (From 1-8-37).

*Clerks.*

E. S. HOWELLS (Chief Clerk).

C. A. MERRICK.

H. TUCKER (Tuberculosis Clerk).

MISS G. ROOKE } Maternity and Child Welfare  
MISS S. R. TAYLOR } Clerks.

E. W. H. ELLCOME.

R. W. STILES.

W. J. POTTER.

R. SNELL.

† Denotes part-time Officers.

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# ANNUAL REPORT, 1937.

## General Statistics.

1. Area (acres)	4,718.578
2. Population (as given by the Registrar-General)	69,240
3. Number of Inhabited Houses (1931)	15,686
4. Number of Inhabited Houses (end of 1937) according to Rate Books	18,100 (estimated)
5. Number of Families or Separate Occupiers (1931 Census)	17,025
6. Rateable Value	£672,981
7. Sum represented by a Penny Rate	£2,664

## Vital Statistics.

	Total	M.	F.	<i>Birth Rate per 1,000 of the estimated resi- dent population 14.1</i>
Live Births { Legitimate	933	470	463	<i>Rate per 1,000 total (live and still) births 40.1</i>
Illegitimate	47	27	20	
Stillbirths	41	22	19	
Deaths	885	416	469	<i>Death Rate per 1,000 of the estimated resi- dent population 11.1</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	0.9
No. 30 Other puerperal causes	0	0.0
Total	1	Rate 0.9

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

All infants per 1,000 live births	56.1
Legitimate infants per 1,000 legitimate live births	55.7
Illegitimate infants per 1,000 illegitimate live births	63.8
Deaths from Measles (all ages)	Nil
"    "    Whooping Cough (all ages)	2
"    "    Diarrhoea (under 2 years of age)	3

## BIRTH RATE.

The population for the Birth Rate is 69,240.

The total number of births registered in Exeter in the year 1937 was 1,175 divided as follows :—580 males and 595 females.

Of this number 54 male and 49 female births were certified as illegitimate, being 8.8 per cent. of the total births. To the 1,175 births must be added 20 male and 11 female (4 of whom were illegitimate) and deducted 103 male and 123 female (60 of whom were illegitimate) transferable births, giving a net number of 980 (497 males and 483 females).

The Birth Rate is the number of births per 1,000 of the population. The Birth Rate for 1937 was therefore 14.1, being 0.8 above that of last year, 0.8 below that of England and Wales, and 0.8 below that of the 125 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.	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
England and Wales	16.7	16.3	16.3	15.8	15.3	14.4	14.8	14.7	14.8	14.9
Exeter	15.4	15.7	15.2	14.2	14.3	13.9	15.05	14.3	13.3	14.1
Percentage of Illegitimate Births to total births	5.8	6.6	5.6	5.03	4.6	5.8	6.07	6.1	4.8	4.8

## DEATH RATE.

The population for Death Rate is 69,240.

The total number of deaths registered as occurring during the year 1937 was 885, divided as follows :—416 males and 469 females.

The Death Rate is the number of deaths per 1,000 of the population. The crude Death Rate for 1937 was 12.8 and the corrected Death Rate 11.1.



## 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, 11.1. Below is a table giving the corrected Death Rate for the past 10 years :—

Year.	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
England and Wales	11.7	13.4	11.4	12.3	12.0	12.3	11.8	11.7	12.1	12.4
Exeter	10.2	11.5	10.04	10.8	9.8	10.7	10.00	10.3	11.3	11.1

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 55 deaths under one year, and this gives an Infantile Mortality Rate for the year 1937 of 56.1 (legitimate 55.7, illegitimate 63.8), as compared with 62.3 for the previous year.

The Infantile Mortality Rates for the year 1937 were as follows :—

England and Wales .....	58
125 Great Towns, including London (census populations exceeding 50,000) .....	62
148 Smaller Towns (census populations 25,000— 50,000) .....	55
London .....	60
Exeter .....	56

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

Year.	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
England and Wales .....	65	74	60	66	65	64	59	57	59	58
Exeter .....	69.04	53.2	49.7	56.7	53.6	47.8	55.8	33.6	62.3	56.1

## 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
Whooping Cough .....	—	—	—	—	1	1
Pneumonia.....	—	4	1	1	3	9
Bronchitis .....	—	1	—	—	—	1
Cerebro-spinal fever .....	—	—	1	—	—	1
Convulsions .....	1	1	—	—	—	2
Diarrhoea .....	—	1	1	—	—	2
Accidental death .....	—	1	—	—	—	1
Congenital Debility, Premature Birth, Malformation, etc.	33	2	—	—	—	35
Other defined Diseases .....	—	1	—	1	—	2
Total .....	34	11	3	3	4	55

The following composite table is reproduced as it gives more valuable information than figures for a single year :—

Year.	Maternal Deaths.	Mortality Rate.	Neo-natal Deaths.	Infantile Mortality Deaths.	Infantile Mortality Rate.
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
1935	1	0.9	25	33	33.6
1936	2	2.09	29	57	62.3
1937	1	0.9	34	55	56.1

It will be observed that the population has increased by 590 over that of 1936, the difference between that year and 1935 being 350. The estimated number of inhabited houses in the City is increasing at the rate of between 300 and 400 a year.

The Death Rate is nearly the same as that for 1936, but the Birth Rate has risen by 0.8, to 14.1. The recorded deaths include 5 from enteric fever, 2 from whooping cough and 31 from influenza, but none from measles, scarlet fever or diphtheria. The tuberculosis death rate remains the same at 69 per 100,000. The maternal mortality rate of 0.9 is again favourable and represents 1 death from septicaemia. Theoretically sepsis is preventable and practically it is possible to prevent the introduction of sepsis from without by doctor, midwife or attendants. This was a case of autogenous sepsis which is not preventable in many cases.

During the past ten years Exeter has enjoyed a maternal mortality rate of under 4, except in 1930, when it was 4.2. This is a statistical tribute to the work of the doctors, midwives and nursing services in the City.

The infantile mortality rate at 56.1 is satisfactory when it is realised that 34 of the 55 deaths were neo-natal, that is to say, occurred within the first 28 days of life and were attributable to



causes arising before birth. It is generally conceded that our efforts to reduce infantile mortality along the accepted lines of welfare work have almost reached their limit, but that attention to the expectant mother promises further valuable results. It is significant that two-thirds of the infant deaths occurring under the age of one year should take place within the first four weeks of life, and it will be interesting to observe what effect the improved ante-natal services in the City are able to bring about. That there is still room for improvement is shewn by the low rates recorded in 1935 and 1933 of 33.6 and 47.8 respectively.

Apart from the 34 neo-natal deaths, only 6 of the remaining 21 occurred in breast-fed babies and only 7 out of the whole 55 regularly attended the Child Welfare Centres. It is hoped that the increased staff of Health Visitors provided by the Council will play an important part in helping and educating mothers, and bringing them to the Centres.



## 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 67)	By agreement with 16 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 Asst. Nurses 8 Probationers
Municipal Maternity Home, City Hospital	Heavitree Road	Maternity cases	6	—	Maternity and Child Welfare Committee Staff— See City Hospital.
Royal Devon and Exeter Hospital	Southernhay	General	Total beds 280 Children's beds 46	City cases 1,751 From outside areas 2,544	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 17 for children	City cases 61 From outside areas 229	Voluntary
City Hospital	Heavitree Road	General—largely senility	134	—	Public Assistance Committee. Staff—Medical—1 (non-resident) Nursing—Matron 15 Nurses 8 Nurse Attns.
The Princess Elizabeth Devonian Orthopaedic Hospital	Buckerell Bore	Orthopaedic cases	70, including 54 for children	City cases 38 From outside areas, 351	Voluntary
Gladstone Nursing	Gladstone Road	Medical and surgical	20	—	Public Assistance Committee. Staff—Medical—Own Doctor Nursing—(see City Hospital)

## NUMBER OF BEDS AVAILABLE FOR :—

	Male.	Female.	Institution.
General Medical .....	60		Royal Devon & Exeter Hosptl.
General Surgical .....	144		do. do.
Children .....	10	— 10	Honeylands Children's Sanatorium.
	46		Royal Devon & Exeter Hosptl.
	12		City Hospital
Maternity .....	—	10	Royal Devon & Exeter Hosptl.
	—	6	Municipal Maternity Home
Venereal Diseases .....	5		Royal Devon & Exeter Hosptl. jointly with Devon C.C.
	—	6	St. Mary's Home
Tuberculosis .....	19	— 12	Tuberculosis Wards, Exeter Isolation Hospital
Chronic Sick .....	24		Ernsborough Home--House for Incurables
Mental .....	384		Exeter Mental Hospital
Mental Deficiency .....	12	— 12	City Hospital, also varying number of beds at Royal Western Counties Institution, Starcross
Orthopaedic .....	—		As required at Orthopaedic Hospital (deformities and surgical tuberculous children)
Ear, Nose and Throat	15		Royal Devon & Exeter Hosptl.
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 St. ....	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 .....	67 Beds
St. Lawrence's Home for Waifs and Strays .....	Polsloe Road .....	30 Beds

AMBULANCE FACILITIES.

(a) For infectious diseases :—

Two motor ambulances.	}	Provided by the Council.
One horse discharging cab.		
One horse ambulance in reserve.		

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

Three motor ambulances provided by St. John's Ambulance Association. The 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	Buddle Lane	Weekly on Fridays at 2.30	Dr. J. Smith, Asst. M.O.H.	Yes.
Eastern Infant Welfare Centre	Shakespeare Road, Burnthouse Lane	Weekly on Wednesdays at 2.30	Dr. G. B. Page M.O.H.	Yes.
Northern Infant Welfare Centre	Alice Vlieland Infant Welfare Centre	Weekly on Thursdays at 2.30	Dr. H. Temkin	Yes.
Impetigo School Clinic	1a, West Southernhay	Daily at 9.30	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	1a, 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, 1aW.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. A. Dick, 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	Weekly on Mondays at 2.30 p.m.	Dr. B. Hinde	Yes.

## PUBLIC ASSISTANCE MEDICAL SERVICES.

The City is divided into four districts which correspond with the areas used for Child Welfare and other Health Work. The following medical practitioners are District Medical Officers on a part-time basis.

No. 1 District (Northern)	Dr. C. W. Marshall.
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.

The Town Clerk is Public Assistance Officer and the Medical Officer of Health is Medical Adviser to the Public Assistance Committee.

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

Number of persons in receipt of out-relief (excluding medical relief only) :—

Men	.....	151
Women	.....	286
Children	.....	182
Total	.....	<u>619</u>

Inmates of the City Hospital :—

Number in Hospital, 1.1.37	.....	233
Number of admissions during the year	.....	518
Number in Hospital, 31.12.37	.....	241

Children's Home :—

Number in Home, 1.1.37	.....	50
Number of admissions during the year	.....	80
Number in Home, 31.12.37	.....	62



## BLIND PERSONS ACT, 1920.

Number on Register, 1st January, 1937	226
Since added	20
Died, transferred, removed, etc.	28
Number on Register, 31st December, 1937	218

The age and sex of those certified during the year was as follows :—

<i>Age.</i>		
0—1		
1—		
2—		
5—		
15—		
25—		
35—	<i>Male.</i>	<i>Female.</i>
45—	1	—
55—	—	3
65—	1	7
75 and upwards	2	5
	—	—
	4	15
	—	—

Six cases were also examined, in addition to the above with the following results :—

	<i>Male.</i>	<i>Female.</i>
Certificate confirmed	1	—
Placed under observation	1	1
Not certifiable	1	2
	—	—
	3	3
	—	—

In connection with Section 176 of the Public Health Act 1936, and Circular 1621 on the Prevention of Blindness, a memorandum of the Medical Officer of Health was considered and approved by the Blind Persons Act Committee.

This memorandum stated :—

“ The situation in Exeter is dominated by the existence of the West of England Eye Infirmary. This well-equipped and financially sound Institution serves the City and a considerable area of the West of England. It has 55 beds, which are sufficient for its purposes.

“ The presence of this Hospital in the City makes it possible for a number of medical practitioners with special qualifications in ophthalmic surgery to practice here.

“ The City Council in considering its scheme under the Midwives Act, 1936, has taken steps to extend its ante-natal services through the Exeter and District Nursing Association. There are now four ante-natal centres

in the City, which, together with the four child welfare centres, have the right to recommend patients to the Eye Infirmary. The Eye Infirmary has a special department for the treatment of ophthalmia neonatorum, and it is of interest to note that one of the visiting surgeons happens to be the medical officer in charge of the venereal diseases clinic at the Royal Devon and Exeter Hospital, thus making a complete liaison between the institutions for the treatment of eye conditions related to venereal diseases. No cases of blindness or impaired vision in infants due to ophthalmia neonatorum have occurred in the City during the past ten years, and indeed, the majority of notifications are not true ophthalmia neonatorum, *i.e.*, gonococcal infection of the eye, but ophthalmia from other causes. The Education Committee has arrangements with the West of England Eye Infirmary for refraction and all forms of treatment, including operative and orthoptic. The medical officer in charge of the Isolation Hospital has complete freedom to call in any of the oculists in the City as and when occasion arises.

"It will thus be seen that there is a comprehensive scheme of treatment for eye conditions in Exeter."

The memorandum pointed out that there was no special machinery for the continued ophthalmic supervision of children with defective eyesight who had left school.

Steps taken in cases of threatened blindness were also discussed, together with methods of ascertainment and co-operation between the various branches of the public medical services.

## PROFESSIONAL NURSING IN THE HOME.

### (a) GENERAL.

The Exeter Maternity 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 Maternity and 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.

44 midwives notified their intention of practising in the City, 17 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.

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	.....	548
Positive	.....	3
Negative	.....	545
(b) Others	.....	535
Positive	.....	12
Negative	.....	523

## For Enteric Fever :—

Widal	.....	30
Positive	.....	15
Negative	.....	15
Blood culture	.....	7
Positive	.....	Nil
Negative	.....	7
Faeces culture	.....	37
Positive	.....	6
Negative	.....	31
Urine culture	.....	45
Positive	.....	4
Negative	.....	41



## For V.D. Department :—

For detection of spirochetes	.....	.....	.....	7
For detection of gonococci	.....	.....	.....	138
For Wassermann re-action	.....	.....	.....	276
Others	.....	.....	.....	36
Total				<u>457</u>

## For T.B. excluding examinations at Tuberculosis Dispensary,

<i>q.v.</i>	.....	.....	.....	.....
Sputum	.....	.....	.....	25
Positive	.....	.....	.....	4
Negative	.....	.....	.....	21
Others	.....	.....	.....	8

## Miscellaneous Examinations :—

Cerebro-spinal fluid	.....	.....	.....	4
Others	.....	.....	.....	7

## LOCAL ACTS, ORDERS, ETC.

## Adopted—

\*Infectious Diseases (Prevention) Act, 1890.

P.H.A. (Amend) Act, 1890.

Museum and Gymnasium Act, 1891.

\*Cleansing of Persons Act, 1897.

Public Library Acts.

\*Baths and Washhouses Acts.

P.H.A. (Amend) Act, 1907 (all adopted 1909).

P.H.A. 1925, Part II. (except sections 20 and 34), and Parts III,  
IV and V.

Exeter Corporation Acts, 1928 and 1935.

## BYE-LAWS AND REGULATIONS.

Houses let in Lodgings, 1924.

Public Abattoir, 1933.

Private Slaughterhouses, 1933.

Removal of Snow and Keeping of Animals, 1892.

Common Lodging Houses, 1902.

Prohibiting the Admission into the Cattle Market of Animals  
unfit for Food, 1911.

Building Bye-Laws, 1926.

Offensive Trades, 1926.

Nursing Homes, 1929.

\* Repealed in whole or in part by P.H. Act, 1936.

**SANITARY CIRCUMSTANCES OF THE AREA.****WATER.**

The City water supply is derived from the River Exe and distributed by being pumped to service reservoirs after pre-treatment with alum, filtration and subsequent chlorination. It is controlled by periodical chemical and frequent bacteriological analyses. During the year the supply has proved satisfactory as to quality and quantity. Certain extensions approved by the Ministry of Health have been in progress and were noted in the last report.

The new service reservoir at Barley Lane is finished. It will serve the higher parts of St. Thomas together with districts to the south and south-west of the City boundary. Owing to much building in the northern and eastern parts of the City, there is a greatly increased call upon the higher service system. This necessitates increased pumping and consequently increased cost at those seasons when pumping by water power is not readily available. The enlarged filter house at Pynes works has been completed. It houses 32 Bell's mechanical filters arranged in eight batteries. The filtered water reservoir mentioned in the last report has also been completed. The final stages of the works extension are now in hand. The old sand filters and the old sedimentation tanks are to be reconstructed to form new sedimentation tanks arranged in series, where the alum-treated water will undergo partial purification as it passes slowly towards the filtration plant. After filtration the reaction of the filtered water is adjusted to the alkaline side of neutral.

It has been said that no river in England is sufficiently long to render innocuous by natural means the pollution which reaches it. Natural means include oxidation, sedimentation and the beneficent action of various living things in the water. The Exe is no exception, and it should be realised that careful treatment and control are called for and are, in fact, exercised. The value of bacteriological analysis as a rapid and inexpensive check on the methods employed has been realised increasingly of recent years. For many years past, chlorination has been employed, and it may be stated that chlorination is absolutely essential to ensure safety. Even authorities fortunate enough to draw their supplies from sources beyond suspicion, chlorinate for the most part nowadays. For they realise that contamination is always a possibility, even though a remote one, if not at the



source, then perhaps on the pipe line or at the works. Exeter water examined at the filtered water reservoir contains on an average 0.2 parts of free chlorine per million.

In the past there have been taste troubles occasionally, but there have been no complaints for a considerable time. Taste troubles are not always due to a simple overdose of chlorine. Among other known causes are a change of method\* and substantial lengths of new mains. There are also other and more obscure causes. It is confidently believed that, short of mechanical breakdown, the plant at Pynes Works will give no serious trouble in this direction.

Both the City Surveyor and the Medical Officer of Health are officers of the Water Committee and attend the Committee meetings. There is free exchange of information between these departments, and with the officials of the County Council which is the Rivers Pollution Authority for Devon.

#### SWIMMING BATH.

Bacteriological examination of the water on various dates and at different times of the day shows that the purification plant has maintained a very satisfactory degree of purity. Better accommodation for swimmers is an urgent need and is receiving the consideration of the Council.

#### DRAINING AND SEWAGE.

The general system of sewers converges to the main outfall at Countess Weir. Here the sewage is treated by the activated sludge principle and the effluent passed into the river which is tidal at this point. The sludge digestion tanks which came into operation in 1936 have continued to work satisfactorily. The value of the dried sludge as a cheap and good fertiliser is only beginning to be realised.

The works continue to produce a satisfactory effluent. No complaints of serious nuisance were received until the latter half of August. It so happened that the Medical Officer of Health visited the works during the early part of August and found them in a highly satisfactory condition. There followed a period of considerable heat and drought, during which the flow of sewage to the works became far more highly concentrated than normal and more "septic." At the old St. Thomas works a chlorinating

\* Since this was written, taste troubles occurred towards the end of the long Spring drought in 1938.



plant has been installed which is able to control any ordinary amount of septic action in the raw sewage while passing along the main sewer to the works. This plant was unable to deal with the abnormal situation created by the meteorological conditions at the time, and there arose in consequence a considerable body of complaint. There is no doubt whatever that serious temporary nuisance arose, but there is equally no doubt that the works are not the only source of nuisance in this neighbourhood. The Ministry of Health sent Dr. H. T. Calvert to inspect. It is understood that the Ministry is satisfied that the works are satisfactory from a mechanical and engineering point of view. The Ministry has recommended that an expert observer be engaged to study the problem which may be created by abnormal weather conditions. The matter continues to receive the earnest attention of the City Council.

#### HOUSE REFUSE.

This is dealt with by controlled tipping on two sites. No nuisance has arisen. Three further additions have been made to the fleet of modern vehicles employed for the collection and disposal of refuse.

The provision and maintenance of proper dustbins continues to receive attention.

#### SANITARY INSPECTION OF THE AREA.

##### STATEMENT OF CHIEF SANITARY INSPECTOR.

##### HOUSES AND PREMISES.

Number Inspected upon Complaint .....	361
Number of Defective Yards paved .....	21
Number of Defective Eaves and Gutters Rectified .....	13
Number of Walls, Floors and Ceilings Repaired .....	34
Number of Roofs Repaired .....	8
Number of Rooms Cleansed and Limewashed .....	8
Number of Water Pipes Repaired .....	—
Number of Grates, Ranges Repaired .....	5

##### BATHS, LAVATORIES AND SINKS.

Number of Glazed Sanitary Sinks Provided .....	10
Number of Waste Pipes Trapped .....	15

##### WORK IN PROGRESS.

Number of visits made thereto .....	9201
-------------------------------------	------

## DRAINS.

Number of Smoke Tests made	104
Number of Water Tests made	150
Number Laid or Re-Laid or Repaired	43
Number Cleansed, Trapped and Ventilated	57
Number of Defective Bell and D Traps replaced by Stoneware Gullies	3
Number of Rainwater Pipes Disconnected	2

## COURTS AND PASSAGES.

Number of Visits made thereto	106
Number Repaved	—
Number Limewashed	1

## WATER CLOSETS.

Number of Additional W.C.'s Provided or Reconstructed	23
Number Repaired, Ventilated, etc.	35
Number of Soil Pipes Repaired, Ventilated, or Re- constructed	21
Number of Flushing Apparatus Improved	17
Number Limewashed	4

## DUST RECEPTACLES (PORTABLE).

Number of Visits	36
Number of New Dust Receptacles Provided	115

## SLAUGHTER HOUSES.

Number of Visits to Public Abattoir	375
Number of Visits to Private Slaughterhouses	242
Number of Contraventions Found and Remedied	—

## BAKEHOUSES.

Number Inspected	27
Number of Contraventions Found and Remedied	1

## OUTWORKERS.

Number of Premises	285
--------------------	-----

## DAIRIES, COWSHEDS AND MILKSHOPS.

Number of Inspections made	253
Number of Contraventions of Acts, Orders and Bye-laws dealt with	13

## OFFENSIVE TRADES.

Number of Inspections made .....	79
Number of Contraventions Found and Remedied .....	2

## FOOD.

Number of Preparation and Storage Premises Visited .....	231
Number of Defects Discovered and Remedied .....	3

## ANIMALS KEPT SO AS TO BE A NUISANCE.

Number of Cases Abated .....	8
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## ACCUMULATION OF OFFENSIVE REFUSE.

Number of Removals .....	19
Number of Dung-Pits Provided or Re-modelled .....	—

## MEETINGS OF OWNERS.

Number of Interviews and Appointments Kept .....	100
--------------------------------------------------	-----

## MENTAL DEFECTIVES.

Enquiries and Visits made to Male Defectives .....	230
----------------------------------------------------	-----

## RATS AND PESTS.

Enquiries and Visits .....	131
----------------------------	-----

## 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)	140	5	—
Workshops (Including Workshop Laundries)	183	7	—
Workplaces (Other than Outworkers' premises)	14	—	—
Total	337	12	—

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	6	6	—	—
Want of ventilation	2	1	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	4	5	—	—
Sanitary accommodation				
Insufficient	5	2	—	—
Unsuitable or defective	19	17	—	—
Not separate for sexes	—	1	—	—
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 and Workshops Transfer of Powers) Order, 1921)				
Abstracts not fixed	—	—	1	—
Total	36	32	1	—

\* 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, etc. ....			
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 sweet meats ....			
Cosaques, Christmas crackers, Christmas stockings, etc. ....			
Textile weaving ....			
Leather bag making ....			
Total ....	Nil	Nil	Nil

## HOUSING ACTS.

Houses inspected—(a) under Regulations	137
(b) on Complaint	103
Tenements cleansed, whitewashed, etc.	23
Floors relaid or repaired	111
Walls, ceilings, etc., repaired	279
Roofs repaired or reconstructed	37
Stairs and doors repaired	64
Windows provided to rooms	28
Windows of rooms made to open	25
Windows of rooms repaired, etc., and sash cords renewed	107
Yards repaved or repaired	29
Drains reconstructed	63
Drains repaired	14
Defective or insufficient eaves, gutters or rainwater pipes	36
Bell or D traps replaced with stoneware gullies	4
Scullery troughs and baths provided	74
Waste pipes trapped	26
Water closets provided	36
Water closets repaired, etc.	20
Water closets reconstructed	33
Defective water closet pans replaced with pans of wash-down pattern and flush improved	26
Flushing of water closets improved	173
Water closets provided with a window	7
Water closets limewashed	6
Coppers, stoves and grates repaired	36
Water taps provided on pipe direct from main	7
Rooms closed for use as bedrooms	1
Smoke tests	63
Water tests	140
Food Cupboards provided	75



## SMOKE ABATEMENT.

In the early part of the year complaints were received respecting the emission of grit from the chimney of a privately owned laundry. Upon inspection, it was evident from grit that could be collected from the window cills of houses nearby, that the complaint was well founded. Inquiries at the laundry showed that a stock of inferior fuel was being used. This was discontinued and better fuel taken into use, after which the complaints ceased. At the request of the Department, the old stock of coal was removed.

Smoke emissions from the side-fired kilns at the Brickworks in Monk's Road were less troublesome, only one complaint being received during the year. Occasional visits to these works were made when it was evident that everything possible was being done by the use of good fuel and careful stoking to prevent nuisance.

## HOUSES LET IN LODGINGS.

As the work of slum clearance proceeds, the number of these houses is being gradually reduced. Those that remain (55) are under constant supervision, and the bye-laws are reasonably well complied with.

## OFFENSIVE TRADES.

The number of offensive trades, other than those of fish friers, remain the same, viz. :—

Tanner .....	1
Fat and bone boiler, cattle feeding stuffs and artificial manure works .....	1
Fat and bone boiler .....	1
Gut scraper .....	1
Fish Friers.....	35

No complaints were received as to nuisance from fish frying, neither was it found necessary to take official action in respect of smells. Complaints were, however, received of offensive odours from the fat and bone boiling works (2) which adjoin each other, and are situated near Exe Bridge. During the hot months these premises were visited almost daily, and no effort was spared by the management to prevent nuisance ; night shifts being in operation at the larger of the two works in an endeavour to prevent accumulation of raw material which is received at the works from distant collecting areas, often in a state of advanced

decomposition and which is undoubtedly the cause of foul odours that are at times so troublesome in the neighbourhood of Alphington Street, when the wind is east.

### SCHOOLS.

The conveniences and sanitary fittings in the Council Schools were occasionally inspected and found at all times to be maintained in a clean and satisfactory condition.

### SLUM CLEARANCE.

Nine unhealthy areas were represented for clearance, namely :

1.	Part of Centre Street, Centre Lane—No. of houses	11
2.	Paragon Place, South Street	6
3.	Church Lane, Cowick Street	12
4.	Hamlyn's Court, Cowick Street	19
5.	Brewer's Court, Cowick Street	6
6.	Pellew's Buildings, Cowick Street	10
7.	Gray's Court, Cowick Street	5
8.	St. Olave's Place, Mary Arches Street	8
9.	Spring Place, Little Silver	6

---

83

The number of individual Demolition Orders made was ..... 34

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117

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Objections to the Orders were made in respect of Nos. 1, 3, 8 and 9, but following a Public Inquiry in July, the Minister of Health made Clearance Orders upon all the areas; no houses were excluded, but compensation for reasonable maintenance was awarded to owners of four of the condemned houses.

No appeal was lodged against any of the individual Demolition Orders.

Reconditioning is carried out where possible and where owners are willing to comply with the requirements. All sorts of difficulties have to be overcome.

Under the Housing Acts, reconditioned property has an official "life" up to 10 years. In many cases reconditioning is impossible on structural and economic grounds.

The illustration shows one of a number of properties which have been reconditioned under the Housing Acts.





#### RECONDITIONING.

A terrace of old houses in the centre of the City which were reconditioned as an alternative to demolition.





COPY

CITY OF EXETER.

Public Health Department,  
5 Southernhay W.,  
Exeter.

2nd June, 1938.

Sir,

In submitting my Annual Report for 1937 I wish to draw attention to a slight increase in the area of the City. The area of the City is now 4,718.678 acres as against 4,702 in 1936; this increase is entirely due to the inclusion of agricultural land for the proposed cattle market and abattoir as approved by the Ministry.

Yours faithfully,

(Sgd.) G.B. PAGE.

Medical Officer of Health.

The Secretary,  
Ministry of Health,  
Whitehall, S.W.1.





## 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) .....	601
(b) Number of inspections made for the purpose .....	718
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 .....	137
(b) Number of inspections made for the purpose .....	254
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .....	117
(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 .....	484

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 .....	475
-----------------------------------------------------------------------------------------------------------------------------------	-----

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

## (a) Proceedings under sections 9, 10 and 16 of the Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs .....	8
(2) Number of dwelling-houses which were rendered fit after service of formal notices :— .....	
(a) By owners .....	7
(b) By local authority in default of owners .....	1

## (b) Proceedings under Public Health Acts :—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied .....	1
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners .....	6
(b) By local authority in default of owners .....	—

## (c) Proceedings under sections 11 and 13 of the Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which Demolition Orders were made.....	34
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders .....	29

## (d) Proceedings under Section 12 of the Housing Act, 1936 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made .....	7
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .....	—

4. *Housing Act, 1936. Part IV. Overcrowding :—*

(a) I. No. of dwellings overcrowded at end of the year .....	108
II. No. of families dwelling therein .....	114
III. No. of persons dwelling therein .....	692
(b) No. of new cases of overcrowding reported during the year .....	96
(c) I. No. of cases of overcrowding relieved during the year .....	140
II. No. of persons concerned in such cases .....	588
(d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding .....	No. 40, Cowick Street, St. Thomas, Exeter. This dwelling which was found to be overcrowded on 28.4.37 was abated 14.6.37 by rehousing the family in a Council house, viz. :— No. 103, Rifford Road, Exeter. The dwelling again became illegally overcrowded on 21.9.37



## REMARKS.

Of the 140 cases of overcrowding relieved during the year—71 cases were re-housed in Council houses and the number of persons concerned in these 71 cases were 392.

This is a definite improvement on the 1936 figures, when only 104 cases were relieved, including 32 cases re-housed in Council houses.

During the year 5,225 dwellings (as against 7,906 in 1936) were measured and recorded.

## ERADICATION OF BED BUGS.

1. (a)	No. of Council houses found to be infested	.....	58
	No. of Council houses dis-infested	.....	58
(b)	No. of other houses found to be infested	.....	34
	No. of other houses dis-infested	.....	34

2. *The methods employed for freeing infested houses from bed bugs.*

Where possession can be obtained, the whole of the interior is fumigated (after easing skirting boards, picture rails, and in some instances, floor-boards), with flowers of sulphur, to which cayenne pepper is added—in the proportion of 1 oz. of cayenne pepper to 10 lbs. of flowers of sulphur—the same being evenly mixed before ignition. The dose is repeated after the expiration of seven days.

Where such fumigation cannot be carried out, the treatment is spraying with one of the proprietary liquid vermin killers.

3. *The methods employed for ensuring that the belongings of tenants are free from vermin before removal to Council houses.*

In all cases where vermin is proved to exist, articles that cannot be treated with steam are carefully sprayed with solution as described under (2) above, and are removed from the premises, while bedding, clothing, etc., is removed to the steam disinfecter and afterwards returned to the new premises.

4. *Whether the work of disinfection is carried out by the Local Authority or by a Contractor.*

By the Local Authority, free of cost.



5. In cases where it was found necessary to disinfect furniture, etc., before the removal of families from unfit houses to Council houses, the latter are visited by a Sanitary Inspector who makes tactful observations and inquiries to ascertain if the measures taken were successful. Up to the present, their visits have been appreciated by the tenants.

## INSPECTION AND SUPERVISION OF FOOD.

### MILK SUPPLY.

At the end of 1937 there were on the register :—

Cowkeepers .....	18
Wholesale purveyors of milk .....	170
Retail purveyors of milk.....	165

The cowkeepers' premises were visited quarterly by the Veterinary Inspector, and at other and irregular times by the Sanitary Inspector of the district, and, with few exceptions, the premises were found to be maintained in a reasonable state of cleanliness. Such contraventions of the Milk and Dairies Order as were discovered were promptly dealt with by informal notices, which were complied with.

One animal from a dairy herd in the City was dealt with under the Tuberculosis (Cattle) Order, 1925. This was a South Devon bull which proved to be affected with Tuberculous Emaciation within the meaning of the Order.

Of the 37 samples of milk that were sent to the bacteriologist for examination for the presence of tubercle, 36 were reported upon as "Negative after animal experiment"; and one was positive. This case was followed up by the County Veterinary Officer, who discovered in the herd a cow affected with Tuberculosis of the udder.

### THE MILK (SPECIAL DESIGNATIONS) ORDER, 1936.

Licences granted under this Order require that graded milk shall be within a definite standard of purity as follows :—

*Tuberculin Tested.* Animals in the herd to pass a tuberculin test and be marked for purposes of identification and also to pass a veterinary examination at intervals of not more than six months. Milk from such herds to satisfy a methylene blue reduction test and to be free from *B. coli* in 1/100 millilitre.

- Accredited.* Animals in the herd to be submitted to a veterinary examination once in every 3 months. The milk to satisfy a methylene blue reduction test and be free from *B. coli* in 1/100 millilitre.
- Pasteurised.* The milk to be treated by heating in accordance with the conditions laid down and upon examination to contain not more than 100,000 bacteria per millilitre.
- Certified Pasteurised.* Is Tuberculin tested milk when Pasteurised. The milk must not contain more than 30,000 bacteria per millilitre.

Licences were issued in respect of graded milks as follows :—

Producers—

of Tuberculin Tested	.....	1
of Accredited	.....	2

Dealers—

of Tuberculin Tested	.....	8
(including 1 Supplementary).		
of Accredited	.....	1

Pasteurisers—

No. of Plants licensed	.....	3
------------------------	-------	---

Samples examined—

Designation.	No. unsatisfactory.	No. within the Standard of Cleanliness.	Total.
Tuberculin Tested	2	35	37
Accredited .....	3	19	22
Pasteurised .....	2	21	23

*Ungraded Milk.*

Thirty-seven samples were examined, 17 of which (produced outside the City Area) did not reach a reasonable standard of cleanliness. The results were communicated to the appropriate Authorities from whom reports were received as to the action taken.



## ICE CREAM.

Very unsuitable premises in which ice cream had been made for many years became affected by a slum clearance scheme, and the occupier was prevailed upon to provide other accommodation, and now up-to-date premises equipped with modern machinery and a pasteurising plant are operating, from which a large quantity of this popular food is distributed in and far beyond the City.

These and other premises in which ice cream is made and from which it is retailed, are under constant supervision.

Although there is still no purity standard for this commodity, samples examined during the year—twelve—gave fair results when compared with the standard for Accredited milk.

## PUBLIC ABATTOIR AND MEAT INSPECTION.

The number of animals slaughtered at the Public Abattoir during the financial year 1937-38 was 27,790, against 33,077 in 1936, the total amount of fees earned as tolls being £1225 16s. 1d.

Conditions at the Abattoir are much as reported before, but no effort is spared to maintain the best possible condition of order and cleanliness under the circumstances.

The site for a new Cattle Market and Abattoir has now been acquired and (at the time of writing) the plans of the Abattoir are under consideration by the Officers of the Live Stock Commission, and it is expected that the construction of the new building will be started in 1938.

The surrenders of diseased meat were :—

At the Abattoirs	.....	1673
At private slaughterhouses, shops, etc.	.....	150
Magisterial orders obtained	.....	—

The number of animals dealt with that were found to be diseased is shown in the following tables, together with details of the diseased conditions found :—



ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIR AND THE FEES EARNED DURING  
THE FINANCIAL YEAR, 1-4-37 TO 31-3-38.

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	4473	£ s. d. 447 6 0	4459	£ s. d. 74 6 4	65	£ s. d. 16 3	£ s. d. 522 8 7
Calves	2906	96 17 4	30	5 0	109	18 2	98 0 6
Sheep	12729	212 3 0	194	16 2	—	—	212 19 2
Pigs at 1/-	7605	380 5 0	122	1 0 4	—	—	390 17 10
Pigs at 2/6	77	9 12 6					
Total	27790	1146 3 10	4805	76 7 10	174	1 14 5	1224 6 1
Charge for stamping and marking 60 pigs		1 10 0					1 10 0
		1147 13 10					1225 16 1

Amount received from the sale of Cartridges, £39 13s. 9d.

## TABLE OF CHARGES.

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

CARCASSES INSPECTED AND CONDEMNED, PUBLIC ABATTOIR DURING 1937.						
	Cattle ex- cluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.	
Number killed	3780	1053	2921	12579	7744	
Number inspected	3780	1053	2921	12579	7744	
<b>All Diseases except Tuberculosis :—</b>						
Whole carcasses condemned	5	7	17	116	18	
Carcasses of which some part or organ was condemned	635		28	622	701	
Percentage of number inspected affected with disease other than Tuberculosis	13.4		1.5	5.8	9.2	
<b>Tuberculosis only :—</b>						
Whole carcasses condemned	18	18	1	—	19	
Carcasses of which some part or organ was condemned	212		—	—	96	
Percentage of the number inspected affected with Tuberculosis	5.1		0.03	—	1.5	



## CLASSIFICATION OF DISEASES.

1937.

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
Bulls .....	1	—	2	3	22	—	1	1	20	—	4	1	14
Cows .....	18	4	7	1	16	1	6	3	5	5	14	0	21
Heifers .....	15	3	0	3	22	—	19	0	8	4	0	0	2
Steers .....	2	—	10	2	10	—	3	1	10	—	13	3	20
Calves .....	1	—	1	1	18	—	—	1	2	—	1	2	20
Pigs .....	20	1	0	3	3	—	2	1	1	1	3	0	4
Totals	57	9	4	0	7	2	13	0	18	11	17	0	25

PARTS OF CARCASSES, OFFAL, ETC., SEIZED OR SUR-  
RENDERED 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
Bovies .....	232	—	16	0	12	3	9	1	2	4	5	1	14
Calves .....	—	—	—	—	—	—	—	—	—	—	—	—	—
Pigs .....	139	—	15	0	17	—	12	2	20	1	7	3	9
Totals	371	1	11	1	1	4	1	3	22	5	13	0	23





WEIGHT OF MEAT AND OTHER FOODS SEIZED OR  
SURRENDERED.

	Tons.	Cwts.	Qrs.	Lbs.
Whole carcasses including offals on account of Generalised Tuberculosis .....	11	17	0	25
Parts of carcasses and offals, etc., on account of Localised Tuberculosis .....	5	13	0	23
Whole carcasses including offals on account of diseases or conditions other than Tuberculosis .....	8	5	3	24
Parts of carcasses and offals, etc., on account of Local affections .....	5	15	0	23
Imported Meat .....	—	3	2	26
Other Foods .....	2	16	0	21
Total weight of Meat and other Foods seized or surrendered .....	34	11	2	2

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 .....	—	6	3	14	2	19	0	2	3	5	3	16
Mutton and Lamb .....	—	4	3	24	—	18	3	7	1	3	3	3
Pork .....	—	1	0	18	1	2	3	8	1	3	3	26
Veal .....	—	—	2	4	—	1	0	2	—	1	2	6
Total .....	—	13	2	4	5	1	2	19	5	15	0	23



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

Description.	Weight.			
	Tons	Cwts.	Qrs.	Lbs.
Beef .....	—	2	3	6
Mutton .....	—	—	—	6
Veal .....	—	—	3	14
Total.....	—	3	2	26

PARTICULARS OF OTHER FOODS SEIZED OR  
SURRENDERED.

Particulars.	Weight.			
	Tons	Cwts.	Qrs.	Lbs.
Fish .....	2	10	1	14
Tinned Meats .....	—	2	1	—
Cooked Meats .....	—	1	—	25
Bacon .....	—	—	—	18
Poultry.....	—	—	1	18
Prawns and Shrimps .....	—	—	2	10
Cheese .....	—	—	3	7
Sardines .....	—	—	—	14
Eggs .....	—	—	—	21
Plums (bottled) .....	—	—	—	1
Peas, Beans, etc. (tinned) .....	—	—	—	3
Tomato Soup .....	—	—	—	2
Total .....	2	16	—	21

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

Month.	Weight.			
	Tons.	Cwts.	Qrs.	Lbs.
January .....	2	13	1	8
February .....	2	0	3	1
March .....	3	10	2	2
April .....	3	12	2	23
May .....	3	4	3	25
June .....	2	9	3	4
July .....	2	17	2	7
August .....	3	12	0	22
September .....	3	8	1	6
October .....	2	2	1	11
November .....	2	8	3	23
December .....	2	10	0	10
Total .....	34	11	2	2

## FOOD ADULTERATION ACT, 1928.

Article.	Examined.		Adulterated.	
	Formal	Informal	Formal	Informal
Beer	3	—	—	—
Brandy	5	—	1	—
Butter	—	21	—	—
Cakes (Fancy)	—	8	—	—
Corned Beef	—	1	—	—
Egg Substitute	—	6	—	—
Fruit Tarts	—	2	—	—
Gin	4	—	—	—
Golden Eye Ointment	—	1	—	—
Ice Cream	—	12	—	—
Lime Water	1	4	2	2
Luncheon Ham	—	1	—	—
Mercury Ointment	1	8	1	3
New Milk	89	—	16	—
Olive Oil	—	11	—	—
Peas (tinned)	—	1	—	—
Raisins	—	2	—	—
Rum	6	—	—	—
Sal Volatile	2	7	3	5
Scald Milk	8	—	—	—
Sausages (beef)	—	6	—	—
„ (pork)	—	4	—	—
Sultanas	—	2	—	—
Whiskey	7	—	—	—
Total	126	97	23	10



The number of samples of milk reported as adulterated was 16.5%, being above that of the previous year when it was 13.1%. In all cases follow-up samples were obtained either in the City, or outside by the County Police who always willingly co-operate in cases found in the City, but which can be traced to premises or dealers in the County area.

The facts in all of the formal samples reported as adulterated were carefully considered, and under the circumstances cautions were issued.

#### LEGAL PROCEEDINGS.

For selling brandy adulterated with .3% of added water, a publican was fined £3.

#### BAKEHOUSES.

These were regularly inspected, and in no case was it found necessary to serve formal notice, such minor defects as were discovered being dealt with by informal action.

#### THE PUBLIC HEALTH (PRESERVATIVES, ETC., IN FOOD) REGULATIONS, 1925 TO 1927.

Every sample of food taken for analysis was examined for the presence of preservatives. None was found.

#### PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE.

On the whole, the year 1937 was a favourable one. Only eight cases of diphtheria occurred, none being fatal. Although scarlet fever was prevalent in many places, there were no deaths in 72 cases. During the first half of the year, nephritis was the predominant complication; towards the end of the year the type of scarlet fever was so mild that diagnosis was sometimes difficult.

In December, 1936, a few cases of typical influenza occurred in the City and epidemics were reported elsewhere. There was a sharp outbreak with 30 deaths which reached its peak towards the end of January and subsided rapidly during February. The outbreak accounts for an increase in the number of pneumonia cases notified. Two-thirds of the deaths occurred in persons over sixty years of age.

Among other non-notifiable diseases, chickenpox is always with us and was most prevalent in the summer months. Mumps was troublesome and widespread throughout the country towards the end of the year. Whooping cough was more prevalent than measles, but neither occurred on a large scale as judged by school and welfare returns.

An outbreak of acute poliomyelitis occurred in South and West Devon in September and cases continued to be notified during the three following months. The steps taken to deal with this outbreak are referred to in the section dealing with the Isolation Hospital. During this period only one case was notified in the City. A second notification was received from one of the hospitals in the City earlier in the year and refers to a County case. This outbreak received attention from some sections of the public press out of all proportion to its size and real importance. This opportunity is taken of acknowledging the services of the local press in publishing only authentic information.

The exact method of spread in this disease is unknown, nor is it possible to estimate when or where an outbreak will end. With the ready co-operation of head teachers and others interested in the welfare of children, certain precautions were taken mainly with a view to preventing unnecessary juvenile gatherings, and, of course, in respect of known contacts. A considerable number of school children travel to Exeter daily from the surrounding country. During the period of risk, the City and County officials were working in close co-operation. This close association is essential for the control of all infectious disease which has no respect for local government boundaries.

Finally mention must be made of 16 notifications of enteric fever. There were 4 deaths, but no secondary cases. Enquiry shewed that 5 out of 9 cases of typhoid fever were infected outside the City. These cases include two members of a household infected by well water in a neighbouring rural district, but diagnosed and therefore notified in Exeter. They also include a member of the crew of a Spanish warship who was temporarily lodged in Exeter Prison. The four City cases were two persons infected by cockles from the Exe Estuary (both fatal), another case of similar date suspected to be due to shell-fish, and a youth resident just outside the boundary but working in the City, the cause of whose illness could not be ascertained.



Under the Exeter Shell-fish Regulations, 1919, which are administered by the Port Health Authority, the whole of the Exe Estuary is a prohibited area, unless the shell-fish removed are subjected to a cleansing and sterilizing process approved by the Ministry of Health. In addition an absolute prohibition is in force in respect of two areas, one opposite Lymptone and the other at Starcross. These regulations apply to the removal of shell-fish for sale and are difficult to apply unless full co-operation exists between all parties concerned, including persons in the trade. The regulations cannot prevent private individuals gathering shell-fish and distributing them to their friends. It is this practice which commonly leads to trouble and last year resulted in two deaths from typhoid of a most virulent character.

Shell-fish live by filtering from the water minute particles of suspended matter, including disease germs. It is said that an oyster or mussel of average size can thus filter ten gallons of water in twenty-four hours. From this it is evident that shell-fish lying in polluted water are not only contaminated but may contain the contamination in concentrated form. If removed and placed in clean water the shell-fish will cleanse themselves, and this is the foundation of the process known as relaying. Shell-fish from clean water and relayed shell-fish are wholesome enough, although their nutritional value is exaggerated. Thoroughly cooked fresh shell-fish are also wholesome, although we have evidence that there may be risk to those engaged in their preparation and that insufficient cooking is a not uncommon source of infection. There is reason to believe that the last remark may apply to shrimps and prawns. Even dabs, if badly cleaned and imperfectly cooked, have been suspected of conveying disease.

It will be seen, therefore, that there is a very real danger in taking shell-fish from prohibited areas and in defiance of the regulations.

The remaining 7 cases were due to paratyphoid B. This disease is not "a mild form of typhoid" as is so often stated. It is true that the symptoms and complications observed in the two diseases are similar and that paratyphoid B. is often, though by no means always, a mild affair. The causative organisms are easily distinguishable in the laboratory and these two varieties of enteric fever are, in fact, distinct diseases.



One case of paratyphoid B. originating in North Devon but notified by an Exeter hospital proved fatal, two other cases were probably infected outside the City, while four must have picked up the infection in the City. All seven cases appeared to be truly sporadic and to have no connection with one another.

The comparative frequency of paratyphoid B. in sporadic form in Great Britain and the probable causes at work were commented upon in the report for 1936. It is reasonably certain that many mild cases especially those occurring in children, are missed altogether. Every case of diarrhoea with fever should be thoroughly investigated, and not lightly dismissed under such terms as "gastric influenza" and so forth.

During the past two years there has been a pronounced increase in the number of cases of enteric disease all over the country. The large outbreaks of typhoid at Bournemouth and Croydon have attracted so much attention that smaller, but nevertheless serious, outbreaks of disease elsewhere have escaped notice. These outbreaks include one or two epidemics of paratyphoid B. as well as a marked rise in the notifications of dysentery. This last term includes a number of diseases due to different micro-organisms and varying greatly in severity. They all have certain features in common, such as fever, diarrhoea and inflammation of the intestine, they are all highly infectious, and all are spread by carriers as well as by actual cases. The commonest form of dysentery in this country is due to the Sonne bacillus and is usually mild.

These diseases are not foreign invaders like cholera, typhus or smallpox, but are endemic. They are always waiting to find chinks in the armour of preventive medicine. The successes of preventive medicine are necessarily of a negative character and therefore not easily appreciated by the man in the street. Only by studying dull statistics recorded over long periods can we comprehend all that modern sanitary practice means to the community. The foreign invaders are kept at bay by the Port Health Authorities. The advent of rapid transport by air will not make this easier. The endemic infectious diseases are the business of every health authority, whether the council of a city or the council of a scattered rural district. Sporadic cases of the diseases we have been considering will always occur, larger outbreaks may be due to accident, but if we neglect environmental medicine for the passing glamour of public doctoring we shall without doubt invite disaster.

The immediate outlook does not appear too favourable. These repeated outbreaks must result in a number of carriers, and carriers are not easily detected. We do know that the enteric group of diseases does not spread easily when sanitary circumstances are good. It behoves local authorities, therefore, to pay attention to the sanitary circumstances of their areas and to realise the value of money spent upon sanitary improvements.

#### SMALLPOX.

No cases occurred in the City.

#### 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 1936, and are as follows :

Births registered	.....	.....	.....	1098
Vaccinated	.....	.....	.....	480
Insusceptible	.....	.....	.....	2
Statutory declaration received	.....	.....	.....	519
Died unvaccinated	.....	.....	.....	59
Postponed	.....	.....	.....	3
Removed to other districts	.....	.....	.....	25
Removed to places unknown	.....	.....	.....	4
Unaccounted for	.....	.....	.....	6

It will be noted that 44.4 per cent. of the infants were vaccinated, which is 1.8 per cent. above that of the previous year.

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

No cases of post-vaccinal encephalitis.

#### SCARLET FEVER.

72 cases were notified against 94 the previous year, 53 being removed to hospital.

There were no deaths.



## DIPHTHERIA.

8 cases were notified against 62 the previous year, all being removed to hospital.

There were no deaths.

## ENTERIC FEVER.

16 cases were notified against 8 in 1936. Of these 9 were typhoid and 7 paratyphoid B.

There were 4 deaths—3 typhoid and 1 paratyphoid B.

## PUERPERAL FEVER.

\* 9 cases were notified against 11 in 1936. 6 being treated at the Royal Devon and Exeter Hospital. 3 came from the administrative County of Devon.

No deaths of notified cases.

## PUERPERAL PYREXIA.

\* 30 cases were notified against 16 in 1936. Of these 20 were treated at the Royal Devon and Exeter Hospital, 10 being County cases.

## PNEUMONIA.

70 cases were notified against 53 in 1936, and there were 11 deaths against 3. Of these, 19 cases were treated in the Royal Devon and Exeter Hospital.

## ERYSIPELAS.

14 cases were notified against 15 the previous year, 3 being treated at the Royal Devon and Exeter Hospital, and 2 at the Isolation Hospital.

There were no deaths.

## CEREBRO-SPINAL FEVER.

1 case was notified. Treated at the Royal Devon and Exeter Hospital and came from the administrative County of Devon.

## DYSENTERY.

No cases notified.

## MALARIA.

No cases notified.

\* In accordance with the Public Health Act, 1936, future notifications will appear as puerperal pyrexia.



## ENCEPHALITIS LETHARGICA.

No cases notified.

## ACUTE POLIO-ENCEPHALITIS AND POLIOMYELITIS.

Two cases were notified. One case treated at Royal Devon and Exeter Hospital and came from the administrative County of Devon. The other case received Orthopaedic treatment privately.

## DIARRHOEA.

2 infant deaths were certified as due to this cause.

## CANCER.

The following table shews deaths from cancer during past ten years.

Year.....	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Deaths .....	84	110	82	96	116	108	121	127	124	117

The next table shews deaths from cancer during past year according to age periods and sex.

0-1		1-2		2-5		5-15		15-25		25-35		35-45		45-55		55-65		65-75		75 & over		Total	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	—	—	—	—	—	—	1	2	3	4	5	8	15	16	19	22	11	11	54	63
																						117	

The facilities for diagnosis and treatment were fully described in the report for 1936. There has been no change.





## TUBERCULOSIS.

Although all forms of tuberculosis have shown a marked decline both as regards incidence and mortality during the past seventy years or so, there are grounds for disappointment in several respects.

Far too many patients, particularly cases of pulmonary disease, are found to be advanced and even hopeless at the time of notification. We know that some types of tuberculosis progress much more rapidly than was thought to be the case formerly, but the type of patient now under consideration must have been ill, or at any rate in indifferent health, for months and sometimes years. Looking round our own and similar institutions, it is disappointing to see the same kind of cases one saw fifteen or twenty years ago. During that period much has been done to facilitate diagnosis. All local authorities provide a tuberculosis service which includes free medical examination, X-ray examination, bacteriological examination of sputum, contact examination and so on. Everyone can get a doctor, whether private, panel or public assistance, and medical practitioners can and do use the services provided to a considerable extent.

Whose fault is it that so many cases are seen at a stage that is beyond remedy? In the main, the blame for this state of affairs lies with the patients themselves. To a less extent it is due to the insidious and painless nature of the disease in its earlier stages, and to a small extent it is due to some medical practitioners failing to realise the significance of certain signs and symptoms, and consequently failing to make adequate investigation.

Dealing with the medical failure first, we must admit that there are still a few practitioners who do not seem to realise the significance of haemoptysis or blood spitting, of pleurisy with effusion or "wet pleurisy," of persistent cough and spit. The coughing up of blood must be regarded as a manifestation of pulmonary tuberculosis unless and until it is proved to be due to something else. Pleurisy with effusion is nearly always of tuberculous origin, and when it clears up under treatment (as it usually does), it is not infrequently followed in a few years' time by gross lung disease. This sequel can be prevented by treating it as definitely tuberculous from the start, by prescribing rest, fresh air and good food in the form of a period of sanatorium residence.



Persistent cough and spit calls for a full examination, including the bacteriological examination of the sputum, not once, but on a number of occasions.

The nature of the disease undoubtedly permits a large number of persons to continue at work and incidentally spreading infection while in a state of indifferent health. It may be that the breadwinner or the housewife fears to go sick, but this argument does not apply to the single young men and women whom we see too late in fairly large numbers. In spite of all sorts of propaganda so many people seem literally to enjoy bad health and fail to avail themselves of the services provided.

Most of the decline in tuberculosis morbidity and mortality is due to improvement in environmental and social circumstances—housing, wages, diet, habits, etc.—rather than to direct action; indeed the improvement had set in long before local authorities took an interest in the subject. Can anything be done to accelerate this decline? I would make four suggestions.

- (1) The treatment of tuberculosis is a long business and it is an impoverishing disease. I would suggest that all treatment for tuberculosis should be free.
- (2) Treatment has often to be curtailed because the patient must return to work too soon in order to support the family. I would suggest that by insurance or otherwise the patient's family income should be raised to a proper level during the whole period required for treatment, provided that the members of the family comply with reasonable requirements as to medical supervision as contacts.
- (3) The present practice of approved societies respecting tuberculous persons undergoing institutional treatment is unsatisfactory. Sometimes comparatively large sums of money are withheld until the period of treatment is completed. This often causes serious inconvenience or even hardship. Approved societies should be made to pay out the benefit due to patients at least every four weeks.
- (4) Medical examination of all young persons entering industry, and thereafter at least annually for a period of ten years, would go a long way to solving the problem

of the advanced case in the young adult. While in no way advocating mechanical diagnosis or penny-in-the-slot methods, it is a fact that X-ray screening by a competent operator is a rapid and effective way of detecting lung trouble. At any rate it would enable an examiner to separate those cases requiring further consideration, although it is admitted that a few cases would still be passed over. In Exeter some 700 boys and girls leave the elementary schools annually and ultimately pass into employment of one kind or another. Supposing they were all examined and that each examination occupied half an hour including time spent on administration, the time required would be 350 hours or 50 seven-hour days. This sounds a great deal, but would it not be time well spent, time better spent, in fact, than whole-time supervision of chronic and incurable cases of pulmonary tuberculosis? A very large sum of money is spent or lost (whichever way it is regarded) annually in this country upon chronic sickness. One form of chronic sickness is due to tuberculous infection and theoretically much of this is preventable. Our present administrative measures are largely ineffective.

A second source of disappointment is concerned with the examination of contacts. The idea of examining contacts goes back to the first dispensary established in Edinburgh in 1887 five years after the discovery of the tubercle bacillus. Whatever procedure is adopted, the objects are (*a*) to discover if possible the source of infection, and (*b*) to discover any early cases or individuals requiring supervision in the family. The source of infection is placed first as it is often overlooked in the enthusiasm associated with seeking "the early case." The source of infection is obviously the important thing from the preventive point of view and it is surprising how often it can be determined if enough time and trouble is taken. A good deal has been written about what should be done in the examination of contacts. Much of this is a counsel of perfection for it is necessary first to catch your contact. Having had a good many years' experience of tuberculosis work both under urban and rural conditions, I feel that there is much to be said in favour of carrying out the initial examination of contacts in their own homes rather than at the dispensary. In the end it saves time by securing more ready acquiescence and avoiding missed appointments, besides providing



the examiner with useful information about home conditions and so forth. Obviously a proportion of contacts will require extended consideration and in this connection the more frequent use of X-ray examination seems desirable. When dealing with a disease capable of lying latent indefinitely, it is impossible to say for how long or how often contacts should be supervised. The ideal plan would be supervision by their own doctors, but there are many difficulties in the way. The outstanding difficulty of contact examination is lack of co-operation on the part of the contacts themselves. Our figures for contact examination are not impressive and reflect the difficulties ; in addition the figures for 1935 and 1937 were affected by absence of members of the medical and nursing staff due to illness.

Year	Contacts.
1933	116
1934	82
1935	49
1936	104
1937	48

Even in the best years there is room for improvement.

Finally, those of us who have spent many years studying the tuberculosis problem must confess to disappointment in the matter of treatment. The main line of treatment is still expressed by that triad, Rest, Fresh Air and Good Food, designed to allow nature to cure in her own way whenever that is possible. It is a fact that these three things skilfully and patiently applied in a good institution can and do arrest the disease in a surprising number of cases. But success depends upon patience and perseverance by the sufferer and physician alike, upon the type of disease as well as upon the stage it has reached. One cannot expect general sanatorium treatment to benefit greatly many of the cases coming under notice.

At one time and another methods have changed, or greater stress has been laid upon this member of the triad or that. "Rest," more or less essential at some stage in every case, was overdone until Marcus Patterson proved the value of graduated exercise. Patterson's ideas were in turn misunderstood by people who had never troubled to study his writings and wrongly interpreted to mean that work was good for tuberculosis ! The fact is that rest is one of the important points in the treatment of all cases,



followed by graduated rest and graduated exercise as progress is made. Occupational therapy, as it is called to-day, includes employment for the mind as well as the body.

"Fresh Air" has experienced similar changes in fashion and practice. Following the seclusion treatment of a hundred years ago, there was a swing of the pendulum in the opposite direction. The older sanatoria were rather bleak places, often unheated all the year round. Some patients did very well, but those institutions were unsuitable for the very ill, the weak, the fragile and the elderly. The modern sanatorium-hospital has many things in its favour, but there is a tendency to forget the value of fresh and moving air. Our few shelters have been open throughout this winter with rather striking results. They are a comparatively cheap form of accommodation for selected cases. In my report for 1935 I drew attention to the lack of suitable accommodation for the elderly chronic cases requiring nursing rather than special treatment. The report ran as follows :—

"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 at 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 of this class require maintenance, some nursing attention and very little medical treatment. They are mainly elderly chronic cases with superadded bronchitis and such like disabilities. Their need is not met by the shelters provided some years ago, in fact, shelter treatment would be harmful and unkind."

It is to be regretted that nothing was done. This kind of case is apt to occupy for long periods beds needed for the treatment of curable cases, and through deferred admission the latter may in turn become incurable.

Diet in tuberculosis has given great scope to every kind of diet faddist. Innumerable diets have been devised and abandoned. It seems to me that more fruitful results might be obtained by studying the dyspepsias associated with the disease.

During the past quarter of a century two special forms of treatment for pulmonary tuberculosis have been introduced—collapse therapy and gold—When the enthusiasm which greets any new treatment has had time to evaporate, it is possible to form a reasonably accurate estimate of its value. Collapse therapy

includes a number of procedures varying from minor surgery to elaborate major operations demanding the highest technical skill and judgement. All are designed to put the diseased lung out of action temporarily or permanently. In properly selected cases strikingly beneficial results occur, but it has been estimated that only about 10% of all cases coming under notice are suitable for some form of collapse therapy, and that for various reasons the end results in this 10% are only 15 to 20% better than the end results in cases treated by general sanatorium measures.

It would take too long to tell the story of gold treatment. This form of treatment is beneficial and safe only in carefully selected cases. Put shortly and in popular language, gold treatment speeds up the curative processes in cases that are already undergoing cure, but it is dangerous in cases that are going downhill or at a standstill. The bold doses given ten years ago often produced alarming reactions, the minute doses favoured by some people to-day are probably useless.

Both under collapse therapy and gold treatment individuals sometimes do extremely well, as, in fact, do other individuals under general sanatorium régime, but we still lack anything approaching a specific and reliable treatment for disease produced by the tubercle bacillus.

INSTITUTIONAL ACCOMMODATION remains the same.

The following figures show at a glance the main facts of the tuberculosis statistics for the City during 1937.

Total cases on Register, 1st January	.....	.....	467
Pulmonary	.....	.....	347
Non-Pulmonary	.....	.....	120
Total notifications received after deduction of 3 duplicates, but including 10 inward transfers	.....	.....	141
Pulmonary	.....	.....	95
Non-Pulmonary	.....	.....	46
Deaths during the year	.....	.....	56
Pulmonary	.....	.....	49
Non-Pulmonary	.....	.....	7
Outward Transfers	.....	.....	28
Pulmonary	.....	.....	24
Non-Pulmonary	.....	.....	4
Total cases on Register, 31st December	.....	.....	504
Pulmonary	.....	.....	357
Non-Pulmonary	.....	.....	147



Table I. 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	—	7	—	—	—	2
5	—	1	3	4	—	—	—	—
10	2	5	2	3	—	—	—	1
15	4	6	1	4	1	2	—	—
20	7	6	—	2	1	4	—	—
25	17	14	4	4	6	4	—	—
35	2	7	3	1	3	6	—	—
45	9	3	1	1	5	1	—	2
55	5	4	2	—	2	2	—	—
65 and upwards	—	2	2	1	1	3	1	—
Totals	46	49	19	27	19	22	2	5
					48			

This year two special tables have been introduced elaborating the above figures. Table IA shows the period of illness before formal notification as ascertained by the Clinical Tuberculosis Officer in the case histories of patients **coming under notice for the first time during the year.**

TABLE IA.

						Pulmonary	Non-Pulmonary
Under 1 month	.....	.....	.....	.....	.....	16	11
Between 1 and 2 months	.....	.....	.....	.....	.....	5	5
„ 2 and 3 „	.....	.....	.....	.....	.....	9	6
„ 3 and 6 „	.....	.....	.....	.....	.....	21	4
„ 6 and 12 „	.....	.....	.....	.....	.....	12	5
„ 1 and 3 years	.....	.....	.....	.....	.....	2	4
Over 3 years	.....	.....	.....	.....	.....	3	2
						68	37



Table IB shows the period of survival after notification of persons who died during the year.

TABLE IB.

	Certified as Pulmonary Tuberculosis.			Certified as Non-Pulmonary Tuberculosis.			Other causes			Total.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Not notified before death	1	6	7	1	5	6				2	11	13
Died in less than 3 months	4	3	7	1	—	1		1	1	5	4	9
"  between 3 & 6 mths.	2	1	3				1	—	1	3	1	4
"  "  6 & 9 "	2	2	4							2	2	4
"  "  9 & 12 "	—	—	—							—	—	—
"  "  12 & 15 "	1	—	1							1	—	1
"  "  15 & 18 "										—	—	—
"  "  18 & 24 "	2	3	5				1	—	1	3	3	6
"  "  2 & 3 years	3	1	4					1	1	3	2	5
"  "  3 & 4 "	1	1	2							1	1	2
"  "  4 & 5 "	1	—	1							1	—	1
"  over 5 years	2	5	7				3	1	4	5	6	11
	19	22	41	2	5	7	5	3	8	26	30	56

This Table includes 13 cases not notified before death. Of these 5 were inward transfers and had probably been notified elsewhere, 1 was diagnosed two days before death and another was thought to have been notified, but, in fact, had not been notified in Exeter. These were pulmonary cases.

The remaining 6 cases were examples of non-pulmonary tuberculosis, 1 was an inward transfer, 3 being examples of acute generalised infection in children and 2 of old standing spinal cases in which tuberculosis was a contributory cause of death.

Medical practitioners are required to notify all forms of tuberculosis to the medical officer of health of the district in which the case occurs as soon as possible after the diagnosis is made, unless there is good reason for believing that the case has been previously notified in that district. The fact that a patient has been notified in some other place does not absolve a medical practitioner from the duty of notifying in Exeter.

Table II.

Classification of new cases seen at the Dispensary during the year.

PULMONARY.					NON-PULMONARY.				
T.B.--	T.B.+1	T.B.+2	T.B.+3	Total	Bones & Joints	Abdominal	Other Organs	Glands	Total
28	2	7	34	71	10	2	5	21	38

The number of cases referred to the Tuberculosis Dispensary either before or at the time of notification was 104, being 86.6 per cent. of primary notifications.

Table III.

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

		1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Notifications	{ Pulmonary	99	85	74	87	90	86	87	79	80	95
	{ N-Pul'ary	35	16	22	28	24	20	39	28	30	46
Deaths	{ Pulmonary	39	45	48	48	43	48	35	42	38	41
	{ N-Pul'ary	11	12	9	10	10	7	15	7	10	7
Deaths per 1,000 pop'tn	{ Pulmonary	.63	.73	.78	.74	.69	.71	.51	.61	.55	.59
	{ N-Pul'ary	.17	.19	.14	.15	.15	.10	.22	.10	.14	.10

## INSTITUTIONAL TREATMENT.

Table IV.

*Tuberculosis Wards, Whipton Hospital.*

Remaining under treatment on 1st January 1937			Admitted during the yr			Discharged during the year			Deaths during the year.			Remaining under treatment 31st Dec., 1937.		
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
17	8	25	30	17	47	25	12	37	5	3	8	17	10	27



*Honeylands Children's Sanatorium, Whipton.*

Remaining under treatment 1/1/37.			Admitted during the Year.			Discharged during the Year.											Remaining under treatment 31/12/37			
M	F	TOTAL	M	F	TOTAL	Males						Females					M	F	TOTAL	
						Improved	Quiescent	Not Tuberculosis	To R.D. & E.H.	Not Diagnosed	Total	Quiescent	Much Improved	R'm'd by P'rents	Mistaken Diagnosis	Not Diagnosed	Total			
10	9	19	10	12	22	4		1		4	10	3	2	1	1	4	11	10	10	20

*Royal National Sanatorium, Bournemouth.*

Remaining on 1-1-37			Admitted during the year.			Discharged during year.			Remaining on 31-12-37.		
M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
—	3	3	6	6	12	5	7	12	1	2	3

The total cost of the treatment of these patients was £504 0s. 9d.

Table VII.

*Other Institutions.*

Institution.	Condition for which treated.	Remaining under treatment on 1-1-37.			Admitted during Year.			Discharged during Year.			Deaths during the year.			Remaining under treatment on 31-12-37.		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Princess Elizabeth Orthopaedic Hospital, Exeter	Spine	2		2	1		1	1		1				2		2
	Hip			—		1	1		1	1						
	Ankle	1		1				1		1						
	Knee		1	1	1		1	1	1	1				1		1
	Shoulder				1		1	1		1						
	Rib				1		1	1		1						
Mount Gold Orthopaedic Hospital, Plymouth	Multiple Bone	1		1					1	1						
	Spine					1	1							1		1
	Shoulder					1	1		1	1						
	Abdomen				1		1	1		1						
	Elbow				1		1	1		1						
Royal Devon and Exeter Hospital Exeter	Leg				1		1							1		1
	Spine				1		1	1		1						
	Neck Glands				2	6	8	1	6	7	1		1			
	Abdominal				2	1	3	2	1	3						
	Genito-urinary				1	1	2	1	1	2						
	Sacro-iliac															
	Joint				1		1	1		1						
	Ankle				1		1	1		1						
Total		3	2	5	15	11	26	13	12	25	1	1	2	4	1	5

The total cost of the treatment of these patients was £644 4s. 6d. Princess Elizabeth Orthopaedic Hospital, £406 5s. 1d., Mount Gold Orthopaedic Hospital, £99 8s. 2d., Royal Devon and Exeter Hospital, £138 11s. 3d.



## TUBERCULOSIS DISPENSARY.

The following particulars are given of cases under supervision at the Dispensary by the Clinical Tuberculosis Officer.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY				TOTAL.			
	Adults.		Children		Adults.		Children		Adults.		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—New cases examined during the year (excluding contacts:)												
(a) Definitely Tuberculous .....	35	27	2	5	10	12	6	9	45	39	8	14
(b) Doubtfully Tuberculous .....	—	—	—	—	—	—	—	—	12	5	2	5
(c) Non-tuberculous .....	—	—	—	—	—	—	—	—	17	16	12	5
B.—Contacts examined during the year :												
(a) Definitely Tuberculous .....	—	1	1	—	—	—	—	1	—	1	1	1
(b) Doubtfully Tuberculous .....	—	—	—	—	—	—	—	—	—	—	1	1
(c) Non-tuberculous .....	—	—	—	—	—	—	—	—	3	13	11	17
C.—Cases written off the Dispensary Register as :—												
(a) Recovered .....	6	6	—	1	2	1	2	3	8	7	2	4
(b) Non - Tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as Tuberculous) .....	—	—	—	—	—	—	—	—	23	35	23	27
D.—Number of Persons on Dispensary Register on Dec. 31st. :												
(a) Definitely Tuberculous .....	126	73	20	26	22	20	31	23	148	93	55	45
(b) Diagnosis not completed .....	—	—	—	—	—	—	—	—	14	11	8	10

TUBERCULOSIS DISPENSARY.—*continued.*

1. Number of persons on Dispensary Register on January 1st, 1937 .....	339	8. Number of visits by Tuberculosis Officers to Homes (including personal consultations) .....	188
2. Number of cases transferred from other areas and cases returned after discharged under Head 3 in previous years .....	8	9. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes .....	775
3. Number of cases transferred to other areas, cases not desiring further assistance under the Scheme, and cases "lost sight of" .....	29	10. Number of— (a) Specimens of sputum, &c., examined .....	Dis- pen- sary 131 TOTAL 630
4. Cases written off during the year as dead (all causes) .....	34	(b) X-ray examinations made in connection with Dispensary work .....	169
5. Number of attendances at the Dispensary (including Contacts) .....	1601	11. Number of "Recovered" cases restored to Dispensary Register and included in A (a) and A (b) .....	3
6. Number of Insured Persons under Domiciliary Treatment on 31st Dec. ....	13	12. Number of T. B. plus cases on Dispensary Register on the 31st December .....	123
7. Number of consultations with Medical Practitioners : (a) Personal .....	6		
(b) Other .....	168		

## X-RAY EXAMINATIONS.

During the year 169 X-ray examinations had been made (38 for screen only).

## EXTRA NOURISHMENT.

Extra nourishment has been granted to various patients and the total cost of same for the financial year 1937-38 was £22. 13s. 10d.



### VENEREAL DISEASE.

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	.....	12
(b) Soft Chancre	.....	—
(c) Gonorrhoea	.....	54
(d) Conditions other than venereal	.....	29
		—
		95
		—

Total attendance of cases during the year at out-patient clinic ..... 2052

Aggregate number of "in-patient days" of treatment during the year ..... 93

Examination of pathological material :—

For detection of spirochetes	.....	7
For detection of gonococci	.....	138
For Wasserman and Kahn reaction	.....	276
Other examinations	.....	36

The City's share of the expenses for the year amounted to £612 16s. 0d.

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

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

Before completing a course of treatment .....	44
Number of cases transferred to other treatment centres or to care of private practitioners .....	36
Number of patients discharged from out-patient clinic after completion of treatment and observation .....	75
Number of cases which ceased to attend after completion of treatment, but before final tests of cure .....	21
Number of cases who, on 31-12-37, were under treatment or observation .....	123
	<hr/>
	299
	<hr/>

The total number of cases under treatment at the end of the year showed an increase of 13.

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 doing useful work.

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



## INFANT LIFE PROTECTION.

On the 31st December, 1937, there were 90 foster children in the City, and the number of registered foster mothers was 71.

The health visitors paid 404 visits to foster mothers during the year. The figures for the previous year were 100, 71 and 507 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.

In addition there were 23 children at the Dunraven (voluntary) Home.

It was not found necessary to take any legal proceedings.

## MATERNITY AND CHILD WELFARE.

The Midwives' Act, 1936, came into operation so far as Exeter is concerned on the appointed day, viz. 30th July. As already reported, the Exeter City Council on the recommendation of the Maternity and Child Welfare Committee decided to enter into an agreement with the Exeter Maternity and District Nursing Association. This Association was already undertaking a considerable amount of nursing and maternity work in the City, some of it in return for grants from various Committees of the Council. The opportunity was taken to assist the Association to extend its ante-natal and general nursing work.

The heads of agreement were published as an appendix to the last report.

There was some delay in the final settlement of certain details between the Ministry, the Council and the Association, nevertheless the Association announced that it was able and willing to start on the 30th July.

Work was begun with 5 out of the 7 midwives stipulated in the agreement, but by 14th October the full complement was available. In addition to their headquarters in Dix's Field, the Association has a branch house in the Western District. This house will be replaced by a more commodious nurses' home provided by the Council at the earliest opportunity. The Council arranged temporary accommodation on the St. Loye's Housing Estate in the Eastern District. This will be exchanged shortly for permanent quarters in the neighbourhood.

The Association also undertook to open two ante-natal centres in addition to the weekly clinic at Dix's Field, these to be equipped by the Council and to share the same privileges as the municipal ante-natal and post-natal centre. Accordingly one centre was opened at the Buddle Lane Community Centre for the Western District on 1st September, and another at the Shakespeare Road Community Centre for the Eastern District on 1st October.

It will thus be seen that the essential parts of the agreement were rapidly brought into being. In a full year the Association will receive a grant of £500 for its services, in addition to certain sums already paid for other work. Fees for midwifery or maternity nursing are collected by the Association in accordance with an agreed scale.

No applications have been received hitherto from midwives desiring to surrender their certificates, nor have any certificates been cancelled on account of old age or infirmity. While the necessity for good ante-natal work is generally appreciated, and the facilities provided are fairly well used, the importance of post-natal examination is difficult to drive home. Great difficulty is experienced in impressing upon the average mother the value of post-natal examination and care.

The provision of a fully equipped maternity home remains under consideration. This is bound up with the problem of the appropriation of the City Hospital as a Public Health Hospital under the Local Government Act of 1929. Progress has been made in dealing with various preliminary considerations and it is hoped that the coming year will see the matter reach a more impressive stage.

At one time three of the four Welfare Centres met at the Alice Vlieland Welfare Centre in Bull Meadow Road on different days. Increasing distances due to the growth of the Council Housing Estates made it imperative that accommodation should be found in the suburbs. In December, 1936, the Eastern Centre was moved to the new Community Centre in Shakespeare Road, Burnthouse Lane. On 3rd September, 1937, the Western Centre removed from Exe Island Mission Hall to the new Community Centre in Buddle Lane. Both these new centres are constructed primarily as welfare centres and contain besides a large hall, store room, weighing room and doctor's room. In time it will be necessary to make similar provision in the Northern District.



The preventive aim of welfare work must always be kept in view. Printed cards are handed to all mothers attending for the first time which give full information regarding the object of the work.

Although welfare work has been carried on in Exeter since 1907, the number of families attending the centres regularly is not as high as it should be. The percentage of notified births represented by first attendance at the welfares varies from 42—44 or thereabouts. In some places this is much higher, and the figure for the whole country is stated in the Ministry of Health's Annual Report for 1936-7 to be 60.5. Some experienced welfare workers find it difficult to accept this figure. It should be noted that the denominator is the number of **notified** births, not the net number of registered live births after adjustment for inward and outward transfer. In places where the Notification of Births Act is badly observed, the welfare figure quoted above will be raised; whereas in Exeter where notification is one hundred per cent. (owing to complete co-ordination between the Registration and Public Health Departments) the figure will be accurate, but will appear low relatively. One is rather surprised that statistics of some importance should be founded upon a basis which is misleading. The Notification of Births Act is not observed in many areas to the extent of one hundred per cent. or anything like it. The net number of live births registered is surely the proper basis of comparison. Nevertheless there are families that do not make use of the welfares and as a rule they are the very ones that would profit most by adopting the welfare habit.

I desire to take this opportunity of again thanking the staff of voluntary workers at each centre for the help they have given during the year, and of thanking the Exeter Maternity and District Nursing Association for their cordial co-operation.

The following tables record the work of the Department during the year, including the work carried out by the Exeter Maternity and District Nursing Association under the Midwives' Act, 1936 :

#### I.—CHILD WELFARE CENTRES.

Centre.	Average No. of Infants on Books.	Average No. of Attendances of Children.	Average No. of Attendances of expectant Mothers.
Central District .....	156	67	3
Western District .....	179	79	2
Northern District .....	223	87	2
Eastern District .....	329	87	2

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

Altogether 1,106 children under school age attended the centres making 14,742 attendances. The figures for the previous year were 1,067 and 14,092. The attendances of the various age groups were as follows :—

Centre.	Under 1.	1 to 2	2 to 3	3 to 4	4 to 5	Total.
Central .....	1427	865	470	241	165	3168
Western .....	1611	866	792	500	171	3940
Northern .....	1614	1436	532	120	66	3768
Eastern .....	1800	1057	674	242	93	3866
Total .....	6452	4224	2468	1103	495	14742

## II.—MUNICIPAL ANTE-NATAL AND POST-NATAL CENTRE

No. of sessions held .....	49
No. of mothers attending .....	157
Total attendances .....	485

Of new cases :—

Ante-Natal .....	112
For diagnosis .....	1
Post-Natal .....	21

Referred by :—

Doctors at Welfare Centres .....	25
Health Visitors .....	4
Midwives .....	5
Private practitioners .....	—

Miscellaneous (*e.g.*, by office staff in cases already sanctioned by the Committee for the Maternity Home, by other mothers attending the Clinic) .....

100

Referred for treatment :—

Dental treatment .....	40
Royal Devon and Exeter Hospital .....	2
Birth Control Clinic .....	1
Eye Infirmary .....	1



## III.—MIDWIVES' ACT, 1936.

The work carried out by the Exeter Maternity and District Nursing Association since 30th July when the agreement with the City Council came into force is as follows :—

	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
No. of cases attended as Midwives	20	8	20	16	13	77
No. of Visits to ditto.	370	178	309	275	237	1369
No. of cases attended as Maternity Nurses	11	10	5	1	8	35
No. of Visits to ditto.	242	157	131	29	117	676
No. of ante-natal visits to the patients' homes	52	62	124	125	121	484
No. of ante-natal attendances at Clinic	79	99	105	92	73	448
No. of ante-natal cases examined by Doctor	13	24	35	29	26	127
No. of post-natal cases seen	3	1	6	—	1	11
No. of post-natal cases examined by Doctor	2	1	—	—	1	4
No. of cases in which a medical aid form was sent	4	5	4	4	6	23
No. of maternity cases referred to Hospital	—	1	—	1	2	4
No. of ante-natal cases referred to Hospital	—	—	—	1	—	1
No. of post-natal cases referred to Hospital	—	1	—	—	1	2
No. of cases dealt with under the lying-in-charity	6	1	2	3	3	15
No. of cases referred to Maternity Home on grounds of poverty	—	—	—	1	—	1

During the year 311 mothers attended the Association's Ante-Natal and Post-Natal Clinics making 1,248 attendances. Of this total, 251 attendances were to see the Association's medical officers and 997 to see nurse-midwives.

The Association also undertakes nursing of the sick poor on behalf of the Public Health Committee.

During the year, 1,559 nursing visits were made at the instance of various medical officers employed by the Council.

## IV.—PROVISION OF MILK AND FOODSTUFFS.

Fresh and dried milks are supplied by the Council in those cases where the condition of the infant shews that extra nourishment is required and the parents are unable to provide it. It

is supplied either at half-cost or free, according to circumstances. During the financial year 1937-8, the cost of milk supplied was £756 1s. 5d.

In respect of this sum £184 19s. 4d. was received from the mothers in part payment. Net cost, £571 2s. 1d., being an increase of £124 17s. 3d. 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/-

#### V.—BIRTHS.

1,137 notifications of live births were received during the year, 96.27 of the notifications were made by midwives and 3.72 by medical practitioners or relatives.

In 290 instances the midwives summoned medical help, in accordance with the rules of the Central Midwives' Board, while 54 other notifications in connection with still births, artificial feeding, etc., were received.

The amount paid by the Local Authority to doctors under the Midwives' Act was £343 17s. 8d. of which £172 19s. 9d. was received back from patients in part payment.

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

Ruptured perineum	75
Prolonged labour	44
Abnormal presentation	21
Ante-partum haemorrhage	16
Post-partum haemorrhage	6
Adherent placenta	1
Stillbirth	4
Albuminuria	9
Miscarriage	5
Rise of temperature	6
Unsatisfactory condition of mother	63
Unsatisfactory condition of baby	40



## VI.—STILLBIRTHS.

The number of stillbirths registered during the year was 53 of which 14 came from the County. There were 2 inward transfers. Of the remaining 39 stillbirths, 22 were attended by doctors and 17 by midwives.

These may be classified as follows :—

	Macerated, <i>i.e.</i> , died at some time prior to birth.	Non- Macerated.
Difficult labour and abnormal presentations	1	13
Malformation of Infant .....	1	1
Toxaemia of pregnancy and albuminuria .....	2	4
Ante-Partum Haemorrhage .....	—	2
Ill-health of, or accident to mother .....	3	4
No cause assigned .....	4	4
<b>Totals</b> .....	<b>11</b>	<b>28</b>

## VII.—HOME VISITS UNDER THE NOTIFICATION OF BIRTHS ACTS.

During the year, the health visitors paid 718 first visits and 2,852 subsequent visits to children under the age of 12 months and 3,562 visits to children between the ages of 12 months and five years.

The health visitors staff the various centres and clinics and are also school nurses under the Education Committee.

## VIII.—MATERNITY HOME AND SERVICES.

The arrangement made with the Public Assistance Committee for the use of the maternity accommodation at the City Hospital as a Temporary Municipal Maternity Home has continued to work satisfactorily. The number of cases admitted was 103 compared with 88 the previous year.

Complicated and difficult cases are admitted to the Royal Devon and Exeter Hospital, the admissions numbering 58 compared with 54 in 1936. It is agreed that the number of beds

available for maternity and ante-natal patients in Exeter is insufficient. The provision of adequate accommodation is under consideration.

#### IX.—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 and granted financial assistance.

Since 1930, a total of 74 cases have been referred ; of these, 9 failed to attend, 3 have left the City, 3 have died, and 24 are known to have become pregnant. This statement does not include others who decline to make use of the clinic's services.

#### X.—DENTAL TREATMENT.

Arrangements have been made, with the approval of the Ministry and with the consent of the Education Committee, for the dental treatment of expectant and nursing mothers by the School Dental Surgeon.

Summary of the work done during the year 1937 :—

No. of patients seen	95
No. of visits paid by patients	362
No. of administrations of gas	47
No. of teeth extracted under gas	486
No. of teeth extracted otherwise	12
No. of dentures fitted	73
No. of teeth replaced	701
Other operations	18

Total cost of dental treatment for 1937-38 was £229 4s. 7d., of which £16 1s. 0d. was received back from patients.

#### XI.—ORTHOPAEDIC TREATMENT.

During the year 16 children from the Infant Welfare Centres received treatment for the following conditions :—

Congenital deformities	4
Injuries at birth	1
Rickets and sequelae	5
Polio-myelitis	1
Miscellaneous	5

and were dealt with as follows :—



12 received out-patient treatment at the clinic of whom three have been recommended for in-patient treatment and are awaiting admission. The remaining four were recommended for in-patient treatment, and of these two are still in the hospital and two are now attending the clinic on discharge from hospital.

The following table gives particulars of cases on the clinic register during the year :—

On Clinic Register at end of 1936.	New cases during 1937.	Cases re-admitted during 1937.	Total cases during 1937.	Discharged.				Remain ing on register at end of 1937
				Cured.	Trans-ferred to S.M. Dept.	Non-attend-ance.	Total.	
26†	14*	3	43	6	3	3	12	31

† 3 of this number received in-patient treatment during the year.

\* Excluding the two cases in the Orthopaedic Hospital on 31.12.37.

The cost of in-patient treatment was £479 2s. 1d., and of this sum £51 5s. 0d. was received back in part payment by patients.

The cost of out-patient treatment was £84 19s. 3d., of which £17 3s. 4d. was contributed by patients.

There can be no question of the valuable work done by the Devonian Association for Cripples' Aid. It is pleasing to note that the Association has recently received substantial financial assistance from Lord Nuffield and from public subscriptions. These additions to the Association's resources are of a capital nature and will enable much needed extensions to be made.

Maintenance charges in respect of children of and under school age remain largely the responsibility of the local authorities within the area of the scheme as before.

## OPHTHALMIA NEONATORUM.

Year.	Noti- fied	Cases.		Vision unim- paired	Vision im- paired	Total Blind- ness	Re- moved from dis- trict	Deaths.	Total
		Treated.							
		At Home	Hos- pital						
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
1935	7	4	3	6	—	—	1	—	7
1936	7	6	1	7	—	—	—	—	7
1937	1	1	—	1	—	—	—	—	1

It is many years since a case of this disease resulted in injury to vision. There are special facilities for treatment at the West of England Eye Infirmary and there is good co-ordination between this Institution and the V.D. Clinic at the Royal Devon and Exeter Hospital.

Most of the cases reported by midwives under the Board's rules are examples of conjunctivitis due to other causes.

## NURSING HOMES REGISTRATION ACT, 1927.

During the year the City Council revoked the licence of one nursing home for repeated failure to observe the bye-laws made under the Act. Medical practitioners practicing in the district are warned not to make use of unregistered homes and should intimate the existence of such establishments to the Local Authority (Ministry of Health's Circular No. 1574).

The following is a list of registered nursing and maternity homes in the City.

- St. Olave's Home. (17 beds).
- St. Mary's Home. (6 beds).
- Southcroft, Heavitree Road. (4 beds).
- Belmont, Southernhay West. (16 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).

St. Mary's, Blackall Road. (6 beds).

36, St. Leonard's Road. (7 beds).

Duryard Park, Argyll Road. (5 beds).

All the above are visited periodically by the Medical Officer of Health and the maternity homes also by the Supervisor of Midwives.

The following are exempted under the Act :—

Royal Devon and Exeter Hospital.

Eye Infirmary.

#### EXETER ISOLATION HOSPITAL.

Accommodation and ambulance arrangements remain the same.

At the end of the year contracts with South Molton Town Council, South Molton Rural District Council, and Teignmouth Urban District Council lapsed, thus bringing the area served by the hospital into conformity with a scheme approved by the Ministry of Health for the re-arrangement of Isolation Hospital accommodation in Devon.

In addition to the City, the hospital now serves the following local authorities by contracts with the City Council :—

St. Thomas R.D.C.

Dawlish U.D.C.

Exmouth U.D.C.

Budleigh Salterton U.D.C.

Ottery St. Mary U.D.C.

Sidmouth U.D.C.

Seaton U.D.C.

Axminster U.D.C. and R.D.C.

Honiton T.C. and R.D.C.

Credition U.D.C. and R.D.C.

Okehampton T.C. and R.D.C.

Princetown Prison Authorities.

The final part of the scheme involving additional beds and staff accommodation is under consideration. Cases of pulmonary tuberculosis are admitted from Exeter only. Puerperal

cases and cases of venereal disease are not admitted. Fever cases are admitted only on the authority of the medical officer of health concerned.

At the beginning of the year 24 fever patients remained under treatment, 11 of these being from the County. During the year 264 patients were admitted, 168 County and 96 City. At the end of the year, 19 patients remainder under treatment, 9 County and 10 City.

Cases of pulmonary tuberculosis are dealt with under a separate section of this report.

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

Year.		County	City	Total
1928	Treated at Isolation Hospital	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	229
1935	„ „ „	119	174	293
1936	„ „ „	126	179	305
1937	„ „ „	168	96	264

Average number of cases admitted for the ten years	.....	.....	132	155	287
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The following was the mortality amongst the 264 cases :—

County.	City.
3	5

This gives a case mortality of 3.03.



The average duration of each patient's stay in the Isolation Hospital was 36.6. days.

	Days.
Against in 1928	38
„ 1929	40
„ 1930	52
„ 1931	31
„ 1932	35
„ 1933	36
„ 1934	31
„ 1935	34
„ 1936	35
„ 1937	36

Average stay for the ten years, 36.

The average number of fever patients per day was 28.3.

It will be observed that the number of patients admitted was below the average for the past ten years. The number of days spent in hospital would have been less but for the number of cases of nephritis complicating scarlet fever during the first half of the year.

During the financial year 1937-38, a total of £2,665 2s. 8d. was received for the treatment of infectious disease, being £2,400 11s. 5d. from outside authorities, and £264 11s. 3d. from City patients.

Disease	Remain- ing.	Ad- mitted.	Discharged.		Deaths.	Remain- ing.
			Diag- nosis con- firmed.	Diag- nosis not con- firmed.		
Scarlet Fever	17	153	155	6	—	9
Diphtheria	2	54	40	10	1	6
Enteric Fever	3	17	16	1	4	3
Erysipelas	—	3	3	—	—	—
Measles	—	—	—	—	—	—
Whooping Cough	—	4	2	—	2	—
Chicken Pox	1	2	3	—	—	—
Poliomyelitis	—	17	11	5	1	1
Cerebro-spinal Fever	1	—	1	—	—	—
Miscellaneous	—	15	15	—	—	—

## EXPLANATORY NOTES :—

**SCARLET FEVER.** No less than 17 or nearly 11% of the 155 cases discharged were complicated by nephritis, while 11 showed simple or febrile albuminuria only. This complication began to appear in December, 1936, and persisted until September, 1937. One patient, a missed case, was admitted with uraemia, but recovered. During the last three months of the year the cases were exceptionally mild. A majority of the cases were treated with serum. Sulphonamide was used in some cases but its action in scarlet fever is curiously irregular and uncertain. Nephritis occurred irrespective of the method of treatment employed and was probably due to the type of streptococcus prevalent at the time.

**DIPHTHERIA.** One case of faucial diphtheria died from cardiac paralysis on the eleventh day of the disease being the ninth day after admission. Of the 50 cases discharged, 4 were "bacteriological cases" or temporary carriers. There were very few nasal cases and no laryngeal cases sufficiently severe as to require surgical treatment.

The cases in which the diagnosis was not confirmed comprised 8 cases of tonsillitis and 2 examples of Vincent's angina.

**ENTERIC FEVER.** The number of cases under treatment was larger than usual. No less than 11 were examples of typhoid fever and of these 4 died, being desparately ill on admission. One group consisted of a household of four persons from one of the rural areas, their ages ranging from 11 to 71. They contracted the disease from polluted well water. Another member of the family was also infected, and treated elsewhere. All recovered.

Two other cases from different rural areas were infected in a similar way, one proving fatal.

Two City cases were due to contaminated shellfish and were fatal. Another case came from the crew of a Spanish warship who were temporarily lodged in Exeter Prison. The origin of the remaining two cases was uncertain. In addition there were 5 cases of Paratyphoid B., and one of non-specific enteritis admitted for observation.

Paratyphoid B. appears to be favourably influenced by sulphonamide, but this drug has very little effect in typhoid fever. The Lister Institute serum has been given a trial, but our experience of it is insufficient to warrant an opinion.

**ERYSIPELAS.** Admissions of this disease were much below the average : possibly more cases are being treated at home now that the sulphonamide group of drugs has come into general use. In the past most of our cases have come from the country, where nursing facilities may be poor.

**ACUTE POLIOMYELITIS.** Towards the end of September, cases of this disease were notified in the Administrative County. It was feared that a considerable outbreak might occur and steps were taken to provide against this contingency in accordance with the suggestions laid down in Ministry of Health's Circular 1586. The main requirements are early and accurate diagnosis, isolation and early orthopaedic treatment where paralysis supervenes. The



initiative must rest with the family doctor and if he feels unable to come to a decision it is his duty to obtain a second opinion. To rush cases to Hospital for observation is not in the best interests of the patient and is unnecessary from a public health point of view. The disease does not appear to be very infectious, second cases in a household being rare. It has been taught for a long time that the disease is commonly conveyed by a third party who appears to be perfectly healthy. The exact method of infection is still in doubt. At all events there is plenty of time for a careful clinical examination and in doubtful cases a delay of eight to twelve hours with ordinary domestic isolation will do no harm. The most useful single procedure is lumbar puncture, but this cannot replace proper enquiry at the bedside.

The exact period during which a patient remains infectious is not known: the official figure of six weeks probably errs on the safe side. Once diagnosed, the main requirements are to bring the cases into convenient centres where they can be isolated temporarily and receive immediate orthopaedic as well as medical treatment.

During the outbreak Plymouth and Exeter Isolation Hospitals acted as centres under a scheme devised by the County Medical Officer of Health and the Devonian Association for Cripples' Aid. Altogether 17 cases were admitted to Exeter Isolation Hospital under the scheme, 5 of which were found to be suffering from other conditions. All these cases came from the County area. During the outbreak only one mild case was notified in Exeter and this case was treated privately. None of the poliomyelitis cases died, the fatal case recorded being due to pneumococcal meningitis.

Consequent paralysis varied from instances where all four limbs were more or less affected to a case with slight weakness of the abdominal muscles of one side. There was one case of encephalitis with facial paralysis. Two cases escaped paralysis although the history, symptoms, and cerebro-spinal fluid were typical.

It is desirable that all convalescents should be examined by an orthopaedic surgeon before discharge, as it is easy to overlook slight paralysis of trunk muscles. Unless treated this may lead to postural deformities later on.

Thanks to the foresight of Mr. Capener, Surgeon to the Devonian Association for Cripples' Aid, and of Dr. W. A. Robb, our Pathologist, a good supply of convalescent serum was available. So far as our limited experience goes, this serum appeared to do good if given early and in sufficient amount. The minimum effective dose was about 20 c.c., and, as no unfavourable reaction is to be anticipated following serum of human origin, there need be no hesitation about using large amounts.

#### MISCELLANEOUS.

This group includes 1 case of abortus fever 1 rubella, 1 pleurisy (tuberculous), 2 cases of tonsillitis and 10 of mumps.

Fatality Rates :	Scarlet Fever	.....	Nil
	Diphtheria	.....	1.8
	Enteric Fever	.....	20.0

## SMALLPOX 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.

## SUPERANNUATION.

During the year, 141 persons were medically examined under the scheme against 201 the previous year. Of these, 113 were examined as to fitness for inclusion in the scheme, and 28 as to fitness for returning to work after sickness or injury. In some cases several examinations of an individual were necessary.

## MENTAL DEFECTIVES.

## ASCERTAINMENT, CLASSIFICATION AND SUPERVISION.

Educable defectives under the age of 16 are supervised by the Education Committee. All other mental defectives with the exception of those in receipt of poor law relief or who have been dealt with under the provisions of the Lunacy and Mental Treatment Acts, are under the care of a Statutory Committee appointed by the City Council.

The number reported to the Statutory Committee since the passing of the Mental Deficiency Act, 1913, is 355. Of these 51 have died, 60 have left the City or been de-certified, 12 have been transferred to the Mental Hospital, and eight are in the City Hospital and Children's Home as the responsibility of the Public Assistance Committee (one being certified under the Lunacy Acts). The remaining 224 cases are placed as follows :—

In certified institutions	94
*In the Rampton State Institution	3
On licence from certified institutions	7
Under guardianship	5
Under statutory supervision	33
In receipt of poor relief, but under supervision	15
Under voluntary supervision	67
	<hr/>
	224

\* It should be noted that these cases are the responsibility of the State so long as they are detained at the Rampton State Institution)



Of the cases under statutory supervision, six were awaiting vacancies at the Royal Western Counties Institution on the 1st January, 1938, one having been on the waiting list since April 1933.

There has been an insuperable difficulty in finding places for the lower grade mental defectives. It is hoped that the extension of the Royal Western Counties Institution, Starcross, will solve this problem.

Thirty-nine new cases were investigated during the year. The following tables show (a) the agencies by which the case were reported, and (b) the action taken :—

NUMBER OF CASES REPORTED BY :—

	(a) Under the Mental Deficiency (Notifica- tion of Child- ren) Regulations	
1. The Local Education Authority		11
	(b) Informally for general supervision	14
2. The Police		6
3. The Public Assistance Authorities		3
4. Other Local Authorities		3
5. Other sources		2
		—
		39

ACTION TAKEN :—

1. Sent to Certified Institutions	8
2. Awaiting admission to a Certified Institution	2
3. Placed under guardianship of relative	1
4. Placed under statutory supervision	4
5. Placed under voluntary supervision	16
6. On examination found to be not certifiable	5
7. No action in view of age	1
8. Left City	2
	—
	39

The situation in Exeter regarding ascertainment, classification and supervision of mentally defective persons is more satisfactory at the present time than it has ever been before. It will be noted that the majority of mental defectives are discovered in school (which is as it should be), and that only two cases were ascertained from other than normal public sources.

The importance of accurate work and correct action under the Mental Deficiency Acts is only just being recognised by the more intelligent members of the general public and is not yet appreciated by the masses. While mental deficiency problems may not require the limelight of excessive publicity, they need to be tackled openly and boldly rather than hidden away as if they were something unseemly or indelicate.

#### LICENCE.

The Board of Control frequently emphasises the value of licence, and a further circular dealing with this matter was sent to Local Authorities in May last. During the year four female defectives were granted licence (three to resident situations and one to the care of her relatives), and two females had to be recalled to the Institution (one absconded from her situation, and in the other case the employer's health improved and she no longer needed assistance).

There were seven defectives on licence on the 1st January, 1938. The following table shows how they were placed :—

	Male.	Female.	Total.
In resident situations .....	3	2	5
In care of relatives, and in daily situations .....	1	1	2
	—	—	—
	4	3	7
	—	—	—

#### EMPLOYMENT.

The Board of Control also emphasises the value of employment in the cases of all defectives where this is in any way possible. This matter has been carefully investigated in Exeter and it is found that a surprisingly large number of defectives are employed, either for wages or as domestic help in the homes of their relatives. To meet the needs of the very small number of male defectives not so employed, arrangements have been made with the Public



Assistance Committee to open an employment centre at their institution. Here instruction is given in suitable work, and the defectives are allowed a small weekly sum for pocket money by way of encouragement. In some cases the training so given may lead later to the possibility of remunerative employment, but in the majority of cases its real value is in giving the defective person some occupation for mind and body.

#### EXPENDITURE.

The expenditure for the financial year was £6,433 1s. 10d., the bulk of which was for maintenance of patients in institutions, this amount being £5,731 4s. 0d.

The first of these is the fact that the United States is a young nation, and its history is therefore a history of growth and development. The second is the fact that the United States is a large nation, and its history is therefore a history of expansion and conquest. The third is the fact that the United States is a diverse nation, and its history is therefore a history of conflict and compromise. The fourth is the fact that the United States is a nation of immigrants, and its history is therefore a history of assimilation and adaptation. The fifth is the fact that the United States is a nation of pioneers, and its history is therefore a history of exploration and discovery. The sixth is the fact that the United States is a nation of inventors, and its history is therefore a history of innovation and progress. The seventh is the fact that the United States is a nation of reformers, and its history is therefore a history of change and improvement. The eighth is the fact that the United States is a nation of idealists, and its history is therefore a history of hope and aspiration. The ninth is the fact that the United States is a nation of dreamers, and its history is therefore a history of vision and ambition. The tenth is the fact that the United States is a nation of doers, and its history is therefore a history of action and achievement.

The history of the United States is a story of a nation that has grown from a small colony to a great power. It is a story of a nation that has expanded its territory from the Atlantic coast to the Pacific Ocean. It is a story of a nation that has fought for its freedom and independence. It is a story of a nation that has struggled for equality and justice. It is a story of a nation that has achieved great things. It is a story of a nation that has made a difference in the world. It is a story of a nation that has inspired others. It is a story of a nation that has shown the way. It is a story of a nation that has led the world. It is a story of a nation that has changed the world. It is a story of a nation that has made the world a better place.

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