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City and County of the City of Exeter.



# ANNUAL REPORT

(abridged interim report)

OF THE MEDICAL OFFICER  
OF HEALTH  
FOR 1942.

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EXETER :

BESLEY & COPP, LTD., COOMBE STREET,  
1943.



I have the honour to present to the Right Worshipful the Mayor, Aldermen and Councillors of the City of Exeter, an abridged Annual Report for the year 1942.

This report has been prepared in accordance with instructions contained in Ministry of Health's Circular 2773 of 10th March, 1943. The Circular imposes restrictions similar to those affecting previous reports during the war years.

Judged statistically, the year has been a healthy one in spite of the stresses and strains of the war, and in particular, the air raids of April and May. There were very few cases of measles and whooping cough, and no deaths from those diseases. This is always one of the principal factors in a favourable infantile mortality rate. The rate recorded of 49.8 was low, but by no means the lowest recorded in the City. In 1935 Exeter was able to show an infantile mortality rate of 33.6, and in 1940 a rate of 38.7.

The maternal mortality rate of 2.7 represents three maternal deaths. It is an improvement on the previous year and represents the average rate for the City. In the year 1931 a "nil" rate was recorded.

The death rate again exceeds the birth rate. The position regarding infectious diseases is even more satisfactory than in 1941, which was quite a good year. In fact, with one small exception, notifications were substantially less under all heads. It is particularly satisfactory to be able to record that no epidemic disease followed the disturbance due to enemy action in the early part of the year.

Matters which have attracted attention are diphtheria immunisation, tuberculosis and venereal disease. These are dealt with briefly in the report. Scabies has been dealt with in my report as School Medical Officer.

The general standard of cleanliness of milk coming into the City is unsatisfactory. At the same time, it is reassuring to note that 36 samples examined for the bovine tubercle bacillus were all negative. The problem of cleanliness, quality and keeping properties should not be confused with the problem of tuberculous infection.

Once again I would like to record my appreciation of the work of the Staff, who have overtaken a great deal of work under difficulties.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

G. F. B. PAGE.



# CITY AND COUNTY OF THE CITY OF EXETER.

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## Public Health Committee.

### MAYOR—

R. GLAVE SAUNDERS, ESQUIRE.

### CHAIRMAN—

COUNCILLOR W. W. BEER.

### DEPUTY CHAIRMAN—

ALDERMAN W. HEALE.

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

Alderman G. G. DAW.

Councillor W. T. BAKER.

Councillor W. H. C. BISHOP.

Councillor G. C. HEYWOOD.

Councillor B. S. MILLER.

Councillor Mrs. E. E. POLLARD

Councillor Mrs. E. W. REED.

Councillor C. REW.

Councillor J. D. SEWARD.

Councillor R. G. SAUNDERS.

Councillor Mrs. E. E. TINKHAM

*Town Clerk*—C. J. NEWMAN, Esq.

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## Maternity and Child Welfare Committee.

### CHAIRMAN—

COUNCILLOR MRS. E. E. TINKHAM.

### DEPUTY CHAIRMAN—

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

Alderman F. H. TARR, J.P.

Councillor G. G. DAW.

Councillor J. W. ACKROYD.

Councillor L. A. GROSE.

Councillor W. W. BEER.

Councillor B. L. THOMAS.

Councillor Mrs. E. E. POLLARD.

*Non-Members of the  
Council :*

Lady DAVY.

Mrs. DEPREE.

Mrs. MILLER.

Mrs. PICKARD.

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.*

GEORGE F. B. PAGE, M.D., D.P.H. (Edin.).

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

ROBERT P. BOYD, M.B., Ch.B., D.P.H. (Glas.), F.R.F.P.S.G.

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

JESSIE SMITH, M.B., Ch.B., D.P.H. (Leeds).

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

ELEANOR PATTERSON, M.B., B.S., B. Hyg., D.P.H. (Durham).  
(Left 30/4/1942.)

IRIS V. T. WARD, M.D. (Lond.), M.R.C.S., L.R.C.P. (appointed 1/6/1942).

*Venereal Disease Medical Officer (part-time).*

T. M. PREECE, M.A., M.B., B.Chir. (Camb.), M.R.C.S., L.R.C.P.

*Medical Officer Ante-Natal Clinic (part-time).*

BERTHA HINDE, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P.

*Dental Surgeon.*

\*G. V. SMALLWOOD, L.D.S. (Eng.).

*Assistant Dental Surgeons.*

\*†C. A. REYNOLDS, L.D.S. (Eng.)

\*T. L. FIDDICK, L.D.S. (Eng.)

\*H. V. WEBSTER, L.D.S. (Eng.)

} Temporary.

\*Duties mainly in connection with the Education Committee.

*District Medical Officers under the Public Assistance Committee.*  
(part-time).

- †No. 1 District. C. W. MARSHALL, M.D. (Lond.), M.R.C.S.,  
L.R.C.P.  
†No. 2. District. G. S. STEELE-PERKINS, B.A., M.B., B.Chir.  
(Camb.), M.R.C.S., L.R.C.P.  
†No. 3 District. J. R. BRADSHAW, M.A., M.B., B.Ch., B.A.O.  
(Dublin).  
No. 4 District. J. C. HEAL, M.B., Ch.B. (Liverpool), M.R.C.S.,  
L.R.C.P.

*Public Vaccinator (part-time).*

S. J. P. GRAY, M.A., M.B., B.Chir. (Camb.), F.R.C.S. (Ed.).

(b) **Others.**

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

ARTHUR E. BONHAM, M.B.E.

*Deputy Sanitary Inspector.*

A. E. TROUNSON.

*Assistant Sanitary Inspectors.*

T. COATES.  
G. E. BORLACE.  
A. C. LEWIS.  
†H. R. AMBROSE.

*Public Analyst.*

T. TICKLE, B.Sc., F.I.C.

*Vaccination Officer.*

E. S. HOWELLS.

*Superintendent Health Visitor*

MISS C. A. KNUCKEY.

*Health Visitors.*

MISS B. M. KNUCKEY.  
MISS M. M. FOY.  
MISS D. HICKSON.  
MISS A. H. EDDS.  
MISS M. E. HARRIS.  
MISS T. L. GRAY, appointed 4/1/1942.  
MRS. F. M. HOCKING. }  
MISS M. E. BLACK } Temporary.

*Tuberculosis Dispensary Nurse.*

MISS E. K. SHEPPARD.

*Matron of Isolation Hospital.*

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

*Matron of Honeylands Tuberculosis Children's Sanatorium.*

MISS F. JONES.

*Clerks.*

E. S. HOWELLS (Chief Clerk).

C. A. MERRICK (Senior Assistant Clerk).

H. TUCKER (Civil Defence Casualty Services Clerk and Tuberculosis Dispensary).

†E. W. H. ELLCOMBE.

†R. W. STILES.

†R. J. BARKER (Tuberculosis Clerk).

†S. SNELL.

†C. G. SEAMARK.

I. ALFORD.

B. PESTER.

H. J. SYDENHAM.

W. H. WEST.

W. J. STAMP.

MISS M. M. MILTON.

MISS B. J. HANKS.

MISS D. M. MORGAN.

MRS. D. WILSON.

MISS G. KEATING.

MISS L. CHANNING

MISS J. CHAPPLE.

MRS. D. MARSDEN

} Temporary.

} Temporary { Maternity and  
Child Welfare  
Department.

### Vital Statistics.

Birth Rate	.....	14.4
Death Rate	.....	15.8
Maternal Mortality Rate	.....	2.7
(sepsis 0.9, other 1.8)		
Tuberculosis Mortality Rate	.....	0.66
(pulmonary 0.55, non-pulmonary 0.108)		

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

All infants per 1,000 live births	.....	49.8
Legitimate infants per 1,000 legitimate live births	.....	42.7
Illegitimate infants per 1,000 illegitimate live births		135.8
Deaths from Measles (all ages)	.....	nil.
„ „ Whooping Cough (all ages)	.....	nil.
„ „ Diarrhoea (under 2 years of age)	.....	4

### INFANTILE MORTALITY.

The Infantile Mortality Rates for the year ended 1942 were as follows :

England and Wales	.....	49
126 Great Towns, including London (census populations exceeding 50,000)	.....	59
148 Smaller Towns (census populations 25,000—50,000)	.....	46
London	.....	60
Exeter	.....	49.8

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

Year.	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942
England and Wales	64	59	57	59	58	53	50	55	59	49
Exeter	47.8	55.8	33.6	62.3	56.1	56.4	42.1	38.7	68.04	49.8

32 of the 53 deaths were due to congenital causes and prematurity, 33 being deaths under one month.

## HOSPITALS, CLINICS AND TREATMENT CENTRES.

Up to the out-break of War there was no change. Thereafter the principal hospitals became part of the Emergency Medical Scheme of the Ministry. See also M. & C. W. Section.

## AMBULANCE FACILITIES.

## (a) For infectious diseases :—

Two motor ambulances.	}	Provided by the Council.
One utility motor van for discharging cases.		

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

One motor ambulance provided by the Police and three motor ambulances provided by St. John Ambulance Association. The Council contributes £100 per annum towards the latter. The provision is adequate for the ordinary needs of the City and surrounding district.

Civil Defence ambulance provision is not included.

## BLIND PERSONS ACT, 1920.

Number on Register 1st January, 1942	.....	200
Since added	.....	21
Died, transferred, removed, etc.	.....	21
Number on Register, 31st December, 1942	.....	200

20 of those certified were over 50 years of age.

*Evacuation.* At the end of the year there were 58 evacuated blind persons residing in the City. This figure relates to registered blind and does not include unregistered persons or dependents.

## LABORATORY WORK.

All pathological and bacteriological work is 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. 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,

*Examinations made :—*

## For diphtheria :—

(a) Primary investigations, including contacts	.....	913
(b) Others	.....	1037
For streptococci	.....	135

## For Enteric Fever :—

Widal	.....	40
Blood Culture	.....	9
Faeces culture	.....	97
Urine culture	.....	53

## FOR V.D. DEPARTMENT :—

For detection of spirochetes	.....	10
For detection of gonococci	.....	601
For Wasserman reaction	.....	443
Others	.....	8

For T.B., excluding examinations at Tuberculosis Dispensary,  
*q.v.* :—

Sputum	.....	Nil.
Others	.....	Nil.

## Miscellaneous Examinations :—

Cerebro-spinal fluid	.....	21
Others	.....	25

## HOUSING.

*(a) Statistics.*1. *Inspection of Dwelling-houses during the year :—*

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	.....	85
(b) Number of inspections made for the purpose	.....	89
(2) (a) Number of dwelling-houses (included under sub-head (1) of above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1932	.....	3
(b) Number of inspections made for the purpose	.....	3

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .....	3
(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 .....	80
2. <i>Remedy of defects during the year without Service of Formal Notices :—</i>	
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers .....	63
3. <i>Action under Statutory Powers during the year :—</i>	
(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.....	2
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners .....	—
(b) By local authority in default of owners .....	—
(b) Proceedings under Public Health Acts :—	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied .....	3
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners .....	—
(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 .....	—
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders .....	—
(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 .....	—
(2) Number of separate tenements or underground rooms of which Closing Orders were determined the tenement or room having been rendered fit .....	—

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

(a) (1) No. of dwellings overcrowded at end of year	.....	16
(2) No. of families dwelling therein	.....	19
(3) No. of persons dwelling therein	.....	102
(b) No. of new cases of overcrowding reported during the year	.....	14
(c) (1) No. of cases of overcrowding relieved during the year		22
(2) No. of persons concerned in such cases	.....	115
(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	.....	—

## ERADICATION OF BED BUGS.

1. (a) No. of Council Houses found to be infested	.....	29
No. of Council Houses dis-infested	.....	29
(b) No. of other houses found to be infested	.....	57
No. of other houses dis-infested	.....	57

2. *Methods Employed.*

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 fumigation cannot be carried out, the treatment is spraying with Solution "D," obtained from Messrs. R. Sumner & Co., Liverpool.

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. The work of disinfection is carried out by the Local Authority free of cost.

## 5. In cases where it is 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 enquiries to ascertain if the measures taken were successful. Up to the present, their visits have been appreciated by the tenants.

## DAIRIES, COWSHEDS, AND MILKSHOPS.

There are now on the register 78 Dairies, Milkshops and Milkstores (where cattle are not kept) for the sale of milk by retail.

The reduction from 106 last year is mainly due to traders going out of business as a result of the war.

For the production of milk for sale wholesale and/or retail, there are 32 Dairies where cattle are kept.

The number of producer-retailers occupying farms situated outside the District who sell milk in Exeter is approximately 21. Producers supplying wholesale to Exeter traders number 218.

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

Licences for graded milks were issued as follows :—

*Tuberculin Tested :*

Production only	.....	.....	—
Combined Production and Bottling	.....	.....	1
Dealers and Supplementary	.....	.....	14

*Accredited :*

Production only	.....	.....	4
Combined Production and Bottling	.....	.....	1
Dealers	.....	.....	1

<i>Pasteurising Establishments</i>	.....	.....	5
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## SAMPLES EXAMINED.

<i>Designation.</i>	<i>No. not Satisfactory.</i>	<i>No. within the Standard of Cleanliness.</i>	<i>Total.</i>
Tuberculin Tested	4	14	18
T.T. Pasteurised	3	1	4
Accredited	8	7	15
Pasteurised,			
Holder Type	7	18	25
H.T.S.T. Process	21	21	42

The 21 samples which failed in the H.T.S.T. process included three of T.T. milk. Amongst the 18 remaining samples, 6 contained 300,000 or more organisms per millilitre, the two highest being 1,228,000 and 3,200,000 respectively. All of the 21 which failed were positive to B.coli in 1/100 millilitre or less quantity.

*Tuberculosis and Cleanliness.*

The number of samples examined were 36, 31 being of milk produced in the County Area. Of these 26 did not reach the

standard required for graded milk. A small number of these samples were from Accredited Herds.

The organisms of Tuberculosis were not found in any of the 36 samples examined.

*Samples tested for "Cleanliness only" (other than Graded Milks.)*

There were 14 samples examined and 2 only were within the standard of cleanliness required for graded milk.

Of the 12 unsatisfactory samples, 9 were taken from milk in course of delivery to retailers. All these 12 samples failed both as regards the methylene blue test and B.coli presumptive test; the latter in most cases being positive in 1/10,000 millilitre.

### ICE CREAM.

No samples of this commodity were examined, but all manufacturers' and retailers' premises were inspected.

The manufacture of ice cream for sale was prohibited by the Ministry of Food after 1st October.

### PUBLIC ABATTOIR AND MEAT INSPECTION.

War conditions interfered with the work of the Abattoir. The Ministry of Food took over the premises as from August 31st and carried out repairs to the Beast and Pig Slaughter Halls, but not to the Sheep section; and beasts and sheep were thereafter slaughtered in the same building, often at the same time.

This arrangement is not so good as before, but everything possible is done to maintain cleanliness and keep up the standard of post-mortem inspections. Every carcase is systematically examined, and certificates are issued in triplicate stating the code number, article condemned, its weight and the reason for such condemnation.

From a study of the following tables it will be noticed that the percentage of beasts affected with tuberculosis was 13.81. This is much higher than in 1941, when it was 7.3. For pigs the figure is 4.32, against 4.22.

Carcase meat is distributed from the abattoir and the two near-by stores to the following districts in East Devon :—

City of Exeter.  
Exmouth.  
Sidmouth.  
Crediton.  
St. Thomas R.D.

Ottery St. Mary.  
Chagford.  
Dawlish.  
Budleigh Salterton.

When "Other Foods" are dealt with, the requirements of the Ministry of Food as to disposal must be met. Certificates are issued in triplicate to Government Departments classifying the foods examined as :—

1. Fit for human food.
2. Damaged, but fit for human food (a) after treatment, or (b) subject to other conditions being complied with.
3. Damaged, but suitable for human food after being re-boiled or re-refined.
4. Fit for animal food.
5. Condemned (a) for destruction, or (b) salvable for fat extraction, or (c) salvable for agricultural purposes.

The number of certificates issued were :—

To Ministry of Food, Public Abattoir .....	1,504
„ S.W. Meat Supply Association .....	152
„ Shopkeepers .....	779
„ <i>Food Executive Officer, etc.</i> .....	52
„ <i>Salvage Officers, after air raids</i> .....	266

	Beasts	Calves.	Sheep and Lambs.	Pigs.
Number killed (including emergency slaughtered animals)	2446	4766	33011	1667
Number inspected .....	2446	4766	33011	1667
<b>All Diseases except Tuberculosis :—</b>				
Whole carcasses condemned .....	34	73	182	10
Carcasses of which some part or organ was condemned .....	495	213	875	102
Percentage of number inspected affected with disease other than Tuberculosis	21.62	6.00	3.20	6.72
<b>Tuberculosis only :—</b>				
Whole carcasses condemned .....	73	4	—	5
Carcasses of which some part or organ was condemned .....	265	3	—	67
Percentage of the number inspected affected with Tuberculosis	13.81	0.14	—	4.32

In addition to the above the following were condemned at the Local South-Western Wholesale Meat Supply Association

Depots :—	Whole carcasses	2 sheep.
Part carcasses and/or organs from Beef	8	Part carcasses and/or organs from Mutton and Lamb
" " " "	58	" " " "
" " " "		Pork
" " " "		130
" " " "		13

# WEIGHT OF MEAT AND OTHER FOODS SEIZED OR SURRENDERED DURING 1942.

Description.	Tons.	Cwts.	Qrs.	Lbs.
Whole carcasses including offals on account of Generalised Tuberculosis .....	17	13	2	2
Parts of carcasses and offals, on account of Localised Tuberculosis .....	8	6	2	16
Whole carcasses including offals on account of diseases or conditions other than Tuberculosis .....	16	10	1	8
Parts of carcasses and offals, etc., on account of Local affections other than Tuberculosis .....	9	19	2	17
Imported Meat and offals .....	—	8	2	27
Other Foods, including fish .....	36	16	3	24
Total weight of Meat and other Foods seized or surrendered during 1942 .....	89	15	3	10

~~To Food Executive Officer, etc. .... 52~~

~~„ Salvage Officers, after air raids .... 266~~

## FOOD AND DRUGS ACT, 1938.

There were 35 formal and 70 informal samples of food submitted to the Public Analyst, and two formal and six others being reported as adulterated.

Of 33 samples of milk—3 being informal—2 were certified as containing 4 per cent. and 7 per cent. of added water respectively and, after enquiring, cautions were issued to the vendors.

A sample of liqueur brandy was found to be 44.8 degrees under proof. Legal proceedings were taken, when the vendor, who relied on a warranty, was dismissed from the case. The person who supplied the vendor was then charged with having given a false warranty and was fined £2 and £2 2s. costs.

The percentage of adulterated milk samples was 6.06, against 22.47 in 1941.

All samples were examined for the presence of preservatives with negative results.

## PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

Once again there was an all-round drop in the incidence of infectious diseases. With the exception of "puerperal pyrexia," which is not a disease but a combination of symptoms demanding notification and investigation, there was a substantial fall in the number of all kinds of infectious disease notified and in the number of fatal cases.

"Puerperal pyrexia" yielded 31 notifications, against 29 in 1941, but there were only three maternal deaths, against five in the previous year.

There were no deaths from measles or whooping-cough, a fact which always contributes to a favourable infantile mortality rate.

Notifications of dysentery, which is almost invariably of the Sonne type, fell from 19 in 1941 to 1 in 1942. Notifications of enteric fever were 10, against 17 the previous year, and none of these were attributable to damage to sewers or water mains resulting from enemy action. After the heavy raids in April and May the greatest possible care was exercised in this matter and there was very close co-operation between the Department and the Department of the City Engineer and Surveyor. The caution and patience displayed at this time by all concerned was amply rewarded by the fact that no case of disease was attributable to this cause.

Of the ten cases of enteric fever notified, nine were typhoid fever and one paratyphoid fever B. The latter was not infected in Exeter, having contracted the disease in the country. The same remark applies to one of the typhoid cases. Of the remainder, three were associated with a small outbreak at the City Mental Hospital, two cases were probably due to watercress, one case was found not to be typhoid, and the origin of the other two was not traced in spite of far-reaching enquiries. One of the latter was a Type "A" infection, which is, apparently, uncommon in this part of the world, only two other cases having been reported in Devon since typing began. The watercress cases were Type 91, and the Mental Hospital cases Type E.1. The availability of facilities for typing typhoid bacilli through the local E.M.S. Laboratory is much appreciated. It is a very great help in tracing outbreaks. The almost complete absence of paratyphoid "B" is satisfactory. This disease is very frequently spread by infected food, especially confectionery containing artificial cream. If ordinary "social cleanliness," as American doctors call it, was observed invariably by those engaged in the food trades, these outbreaks would not occur. Two or three years ago a suitable pamphlet was drawn up and distributed locally with the help of the Master Bakers' Association and others interested. The pamphlet is reproduced at the end of this section.

Diphtheria may almost be regarded as a war disease. There is no doubt that overcrowding, black-out conditions and the use of air-raid shelters contribute to its spread. It is satisfactory to be able to report that excellent progress has been made in the immunisation of the juvenile population, largely due to the energy and enthusiasm of Dr. Iris V. T. Ward, who is in charge of this work, and the ready assistance of teachers and health visitors.

At the end of the year, 46.2 per cent. of all children under five years of age had been immunised, or if we take the figure for children aged twelve months to five years (no children under twelve months being offered immunisation), the percentage is 58. Of children between the ages of five and fifteen, no fewer than 80.28 per cent. had been immunised. Of the 108 notifications of diphtheria, 66 referred to children under fifteen years of age; 16 of these had been immunised at some time or another, not necessarily in Exeter. There were no deaths among immunised children. These cases of diphtheria among immunised children were mostly very mild, some being what may be called "laboratory cases," *i.e.*, sore throats without membrane or other characteristics of diphtheria, in which a swab revealed the presence of diphtheria bacilli. It cannot be too strongly emphasised that children immunised in the pre-school years should receive a further dose of antigen on admission to school. Immunity is a biological phenomenon and cannot be explained in terms of simple arithmetic. There is little doubt that it varies enormously from time to time, as between one individual and another, and as between one kind of disease and another. No sensible person buying a packet of a hundred seeds would expect to raise one hundred perfect plants; so with immunisation, no sensible person would expect a one hundred per cent. success.

Immunisation is a sound means of controlling this dangerous disease. We must press on until our goal is reached.

A disease which has achieved unenviable notoriety during the war is scabies. This has been dealt with in my report as School Medical Officer. Education and adequate treatment are the two things required here. We can keep it in check, but we cannot stamp it out. Why the incidence of the disease was rising in the years just before the war, nobody knows. The Scabies Order, 1941, has proved a most useful power to hold in the background where recalcitrant patients are concerned; legal proceedings under this Order have not been required.

#### THE IMPORTANCE OF THE DISEASE KNOWN AS PARATYPHOID FEVER TO THE CONFECTIONERY AND CATERING TRADES.

At the bedside the disease known as Paratyphoid closely resembles typhoid fever, although it is generally milder and less likely to prove fatal. The bacteriologist, however, classes Paratyphoid with other kinds of bacterial food poisoning and this gives a clue to the common method of spread.

True typhoid fever is usually spread directly by a contaminated water supply or indirectly by milk, shell-fish, watercress, etc., infected by such a water supply. Paratyphoid fever, on the other hand, is nearly always spread by food infected by a carrier; water-borne outbreaks are uncommon. Nearly all the outbreaks in this country of recent years have been traced to contaminated food, especially the products of the bakehouse, even including bread. The form of the disease found in Britain is known as Paratyphoid "B." The "A" variety occurs in hot countries, and Paratyphoid "C" is distinctly rare. The disease has become more frequent of late, or at all events is more generally recognised. It is probable that many mild cases, especially in children, pass undiagnosed, being mistaken for an attack of diarrhoea, attributed to faulty diet. The combination of headache, fever and bowel disturbance, whether constipation or diarrhoea, should raise the suspicion of infection by one of the food poisoning micro-organisms.

Carriers are of two kinds. Either they have had the disease recently, perhaps in mild and unrecognised form and remain temporary reservoirs of infection, or they have had the disease some time ago, possibly many years ago, and continue to excrete the specific micro-organisms from time to time. The infection is passed in the urine or faeces, one or both, most commonly the faeces. If carriers were absolutely clean in their personal habits they would not be dangerous. In plain language, if a carrier washed his hands thoroughly in soap and hot water after visiting the lavatory for either relieving the bladder or bowels, he could not be a source of danger to others, even if he were engaged in the food trade.

Sanitarians are conscious of the enormous improvements made by the catering trades in methods, material and machinery; but they are also aware that the standard of personal cleanliness demanded of employees is not as high as it should be. Danger to the public from this source is greater in war-time, owing to shortage of suitable staff, the employment of temporary hands, and the tendency to move staff from one job to another.

For these reasons, it is all the more important that every effort should be made to safeguard food from accidental contamination. It is suggested that new employees should be questioned closely as to their medical history, that existing employees should be encouraged to report illness in their households, and that, above all, strict habits of personal cleanliness—especially "hand hygiene"—insisted upon.

In these circumstances, outbreaks of paratyphoid fever and similar diseases would become almost impossible.

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

6th September, 1940.

*Medical Officer of Health,*

Revised 10th September, 1941.

5, Southernhay West, Exeter.

Revised 6th March, 1943.

## NOTIFIABLE DISEASES DURING THE YEAR.

DISEASE.	Under 1	Cases Notified.														Cases admitted to I. Hospital	Deaths.														Under 1	Total		
		1	2	3	4	5	10	15	20	25	30	35	40	45	65 & over		Total	1	2	3	4	5	10	15	20	25	30	35	40	45			65 & over	Total
Diphtheria (including Membranous Croup)	1	4	4	7	2	25	23	11	26	4	1						108	105				1	2	1										5
Scarlet fever		2	4	9	9	55	24	9	4	2							118	113																
Enteric Fever					1	1			2	2	4						10	8																1
Dysentery						1											1																	
†Puerperal Pyrexia																	31	1																1
*Pneumonia	3	2		1	1	7	1	2	12	8	6	5	1				51																	3
Erysipelas			2		1				2	11	1	17					4																	
Cerebro-Spinal Fever			1				1	3	2	1		8					7																	
Poliomyelitis									1								1																	
Whooping Cough		4	4	8	4	13					1	34																						
Measles	1	2	3	2	2	12	1										23																	
Ophthalmia Neonatorum	7																7																	
Malaria									1								1																	

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

† Some of these cases were admitted to the Local General Hospital from the County Area for diagnosis

## VACCINATION.

Nine primary vaccinations were carried out by the Medical Officer of Health or his staff under the Smallpox Regulations, 1917. Following an outbreak of smallpox at Glasgow, with an associated case at Swindon, vaccination or re-vaccination was offered to the staffs of the Health and School Medical Departments and the various hospitals. The great majority accepted the offer.

The latest statistics are for the year 1941, and are as follows :

Births registered	.....	.....	.....	.....	1528
Vaccinated	.....	.....	.....	.....	782
Insusceptible	.....	.....	.....	.....	7
Statutory Declaration received	.....	.....	.....	.....	477
Died unvaccinated	.....	.....	.....	.....	80
Postponed	.....	.....	.....	.....	1
Removed to other districts	.....	.....	.....	.....	166
Removed to places unknown	.....	.....	.....	.....	9
Unaccounted for	.....	.....	.....	.....	6

It will be noted that 51.17 per cent. of the infants were vaccinated, which is 0.07 per cent. above that of the previous year.

The partially protected condition of the population may seem unsatisfactory, but experience shows that in the presence of an outbreak of smallpox the public readily accepts vaccination.

Cases of post-vaccinal encephalitis—*Nil*.

## CANCER.

The following table shows deaths from cancer during the past ten years.

Year.....	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942
Deaths	108	121	127	124	117	121	127	144	151	142

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

0-1		1-2		2-5		5-15		15-45		45-65		65 & over		Total	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	—	—	—	—	5	6	25	35	32	39	62	80

The facilities for diagnosis and treatment were fully described in the Report for 1936. There has been no change. A comprehensive scheme for the diagnosis and treatment of cancer for Devon, Cornwall, Plymouth and Exeter is under consideration.

## TUBERCULOSIS.

Attention has been drawn in previous reports to the shortage of beds for the treatment of cases of pulmonary tuberculosis. During the year it has been possible to meet the more urgent demands by re-arrangement of the tuberculosis wards at the Isolation Hospital, and it has been possible to staff those beds we have in an adequate manner. There is shortage of beds and shortage of nursing staff all over the country. Our problem is but a very small part of a national problem. It is estimated that about 12 additional beds would meet our requirements. It is still hoped that these may be provided as an addition to a large existing institution, such as the Devon County Sanatorium at Hawkmoor, an arrangement which might well be the beginning of an effective joint scheme for all Devon.

The following figures show at a glance the main facts of the Tuberculosis statistics for the City during 1942 :—

Total cases on Register, 1st January	.....	599
Pulmonary	.....	394
Non-Pulmonary	.....	205
Total notifications received after deduction of 8 duplicates, but including 26 inward transfers	.....	139
Pulmonary	.....	88
Non-Pulmonary	.....	51
Deaths during the year	.....	49
Pulmonary	.....	41
Non-Pulmonary	.....	8
Outward transfers	.....	97
Pulmonary	.....	63
Non-Pulmonary	.....	34
No. of cases removed from Register as " Recovered " or " Mistaken Diagnosis "		53
Pulmonary	.....	37
Non-Pulmonary	.....	16
Total cases on Register, 31st December	.....	539
Pulmonary	.....	337
Non-Pulmonary	.....	202

*Note.*—In the report for 1941 a misprint occurs. The total number of cases on Register, 31st December, 1941, should read 599, not 699, and the non-pulmonary cases 205, not 305.

The following table shows notifications and deaths during the year arranged according to ages.

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	1	1	2	—	—	—	1
5	1	1	6	5	—	—	—	—
10	2	—	5	4	—	—	—	—
15	2	5	3	2	1	2	2	—
20	6	7	—	4	3	4	—	1
25	10	4	1	3	6	—	—	1
35	5	9	—	3	6	4	1	1
45	6	4	—	3	5	—	1	—
55	4	2	—	1	7	—	—	—
65 and upwards	—	1	—	—	2	1	—	—
Totals	36	34	16	27	30	11	4	4
	113				49			

Four cases were not notified before death. These were 3 non-pulmonary cases and 1 pulmonary in which the diagnosis was made shortly before death.

## INSTITUTIONAL TREATMENT.

### *Tuberculosis Wards, Whipton Hospital.*

Remaining under treatment on 1st January 1942			Admitted during the year			Discharged during the year			Deaths during the year.			Remaining under treatment 31st Dec., 1942.		
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
10	5	15	35	29	64	23	14	37	10	5	15	12	15	27

*Honeylands Children's Sanatorium, Whipton.*

Remaining under treatment 1/1/42.			Admitted during the Year.			Discharged during the Year.			Remaining under treatment 31/12/42.		
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
12	7	19	9	7	16	12	4	16	9	10	19

*Other Institutions.*

Institution.	Condition for which treated.	Remaining under treatment on 1-1-42.			Admitted during Year.			Discharged during Year.			Deaths during the year.			Remaining under treatment on 31-12-42.		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Princess Elizabeth Orthopaedic Hospital, Exeter	Spine		3	3	3	4	7	1	4	5				2	3	5
	Hip	1		1	2	2	4							3	2	5
	Leg				1		1							1		1
	Arm and Leg		1	1											1	1
Royal Devon and Exeter Hospital, Exeter	Neck Glands				4	3	7	4	2	6				1		1
	Abdomen					2	2		1	1				1		1
	Genito-urinary				2		2	2		2						
Total		1	4	5	12	11	23	7	7	14				6	8	14

## 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.
Number of NEW CASES diagnosed as Tuberculous during the year .....	31	28	4	3	5	14	11	10	36	42	15	13
Third Transfers .....	11	7	—	2	1	3	—	—	12	10	—	2
Cases Returned .....	3	—	—	—	—	—	—	—	3	—	—	—
Number of cases written off the Dispensary Register as :—												
1 Recovered .....	13	14	5	1	1	1	7	4	14	15	12	5
2 Dead (all causes)....	32	13	—	—	1	—	1	—	33	13	1	—
3 Removed to other areas .....	31	23	3	6	8	11	11	5	39	34	14	11
4 For other reasons .....	13	11	4	6	1	3	4	7	14	14	8	13
Number of Persons on Dispensary Register on December 31st :—												
Definitely Tuberculous	72	54	15	15	26	32	20	20	98	86	35	35

## BACTERIOLOGICAL EXAMINATIONS.

During the year 533 specimens of sputum and 12 other specimens were examined at the Dispensary.

## X-RAY EXAMINATIONS.

During the year 400 X-ray examinations were made (109 for screen only). Of this total, 59 examinations were made on behalf of the Ministry of Labour and National Service.

## 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—5 p.m., and
			Fridays, 6—8 p.m.
Women	.....	.....	Fridays, 3—5 p.m.

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

During the war the incidence of syphilis has about doubled. The incidence of gonorrhoea fluctuates from year to year, but has not increased. This applies to the Clinic. Probably a good many cases of gonorrhoea are treated privately, so that an accurate estimate of its incidence is impossible.

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

These arrangements are intimated to all doctors commencing practice in Exeter.

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 : (figures for 1941 are printed in brackets)—

(a) Syphilis	.....	.....	.....	23	(16)
(b) Chancroid	.....	.....	.....	—	(—)
(c) Gonorrhoea	.....	.....	.....	42	(31)
(d) Conditions other than venereal	.....	.....	.....	65	(78)

Total attendance of cases during the year at out-patient clinic, 1,230 (1,410).

Examination of pathological material :—

For detection of spirochetes	.....	10	(8)
For detection of gonococci	.....	601	(828)
For Wassermann and Kahn reaction	.....	443	(398)
Other reactions	.....	8	(65)

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

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

Before completing a course of treatment	47	(43)
---	----	------

Number of cases transferred to other treatment centres or to care of private practitioners	190	(225)
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Number of patients discharged from out-patient clinic after completion of treatment and observation	124	(173)
---	-----	-------

Number of cases which ceased to attend after completion of treatment, but before final tests of cure	6	(4)
--	---	-----

Number of cases who, on 31st December, 1942, were under treatment or observation	129	(112)
--	-----	-------

	496	(557)
--	-----	-------

The total number of cases under treatment at the end of the year showed an increase of 17.

### INFANT LIFE PROTECTION.

On the 31st December, 1942, there were 60 foster children in the City, and the number of registered foster mothers was 50.

The Health Visitors paid 354 visits to foster mothers during the year. The figures for the previous year were 70, 61 and 303 respectively. Necessary action was taken whenever 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.

No legal proceedings were taken.

## MATERNITY AND CHILD WELFARE.

The arrangements for Child Welfare Centres, Ante-Natal and Post-Natal Clinics and associated activities have remained the same as in 1941 and have proved adequate.

The staff of Health Visitors, who also act as School Nurses, remains the same as last year, viz., a superintendent, six permanent officers and two temporary ones. The London County Council lent two school nurses, for school medical duties only. These were withdrawn during the year.

## 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 .....	157	44.6	0.9
Western District .....	293	63.3	1.4
Northern District .....	282	47.1	0.7
Eastern District .....	292	58.1	0.5

Altogether 1,207 children under school age attended the centres making 10,855 attendances. 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 .....	1377	488	294	285	76	2520
Western .....	2013	382	259	229	155	3038
Northern .....	1450	384	217	158	126	2335
Eastern .....	1884	343	242	324	169	2962
Total .....	6724	1597	1012	996	526	10855

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

No. of sessions held	98
No. of mothers attending	341
Total attendances	1026

## Of new cases :—

Ante-Natal	277
For diagnosis	4
Post-Natal	7

## Referred by :—

Doctors at Welfare Centres	6
Health Visitors	2
Midwives	2
Private practitioners	9

Miscellaneous ( <i>e.g.</i> , by office staff in cases already sanctioned by the Committee for the Maternity Home, by other mothers attending the Clinic)	269
---	-----

## Referred for treatment :—

Dental treatment	59
Royal Devon and Exeter Hospital	20
Birth Control Clinic	—
Eye Infirmary	1
Dispensary	—
V.D. Clinic	12

## III.—MIDWIVES ACT, 1936.

Summary of work carried out by the Exeter Maternity and District Nursing Association on behalf of the City Council during the year.

	Total.
No. of cases attended as midwives	215
No. of visits as midwives	3849
No. of cases attended as Maternity Nurses	75
No. of visits to cases as Maternity Nurses	1434
Total number of cases seen at the Clinics	315
Attendances at the Clinics	1184
Examined by Doctor	338
Visits to patients' homes	985
Total number of cases seen at the Post-Natal Clinics	45
Total number of attendances	45
Examined by Doctor	8
Total number of Medical Aid Forms, for Mother or Baby	45
Total number of Medical Aid Forms, for Mother or Baby, ante-natal	3
Total number of cases referred to Hospital	10
Total number of cases referred to Hospital, ante-natal	Nil.
No. of cases dealt with under lying-in-charity	18

During the year 359 mothers attended the Association's Ante-Natal and Post-Natal Clinics, making 1,228 attendances. Of this total, 346 attendances were to see the Association's medical officers, and 882 to see nurse-midwives.

The Association also undertakes nursing of the sick poor on behalf of the Public Health Committee. During the year, 1,742 nursing visits were made at the instance of various medical officers employed by the Council.

#### IV. PROVISION OF MILK AND FOODSTUFFS.

The Government National Milk Scheme came into being on 1st August, 1940, and thereafter the Council ceased to distribute liquid milk. The Council has continued to supply dried milks modified for infant feeding under its previous arrangements and on medical certificate. At the same time, the income scale under the National Milk Scheme was adopted for all kinds of milk. This is,

Free of cost when the total income of both parents, or of the surviving parent, from all sources, does not exceed :—

Two parents,	One parent,
40/- per week.	27/6 per week.

To these sums are added 6/- per week in respect of each non-earning dependant.

The Ministry's scheme for the distribution of fruit juices and vitamin preparations came into being on 8th December, 1941. These preparations are available at all four Welfare Centres, as well as at the Milk Office and the Branch Food Office in St. Thomas.

#### V.—BIRTHS.

999 notifications of live births were received during the year ; 98.0 per cent. of the notifications were made by midwives, and 2.0 per cent. by medical practitioners or relatives.

In 187 instances the midwives summoned medical help, in accordance with the rules of the Central Midwives Board, while 56 other notifications in connection with still births, artificial feeding, etc., were received.

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

Premature labour	3
Ruptured perineum	74
Prolonged labour	21
Abnormal presentation	5
Ante-partum haemorrhage	9
Post-partum haemorrhage	3
Adherent placenta	4
Stillbirth	5
Albuminuria	—
Miscarriage	4
Rise of temperature	7
Unsatisfactory condition of mother	19
Unsatisfactory condition of baby	32
Patient's wish	1

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 187
 

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## VI.—STILLBIRTHS.

The number of stillbirths during the year was 31, including 5 inward transfers. Of the 26 stillbirths 15 were attended by doctors and 11 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	2	5
Malformation of Infant	1	3
Toxaemia of pregnancy and albuminuria	2	3
Ante-Partum Haemorrhage	1	2
Ill-health of, or accident to mother	1	1
No cause assigned	2	3
Totals	9	17

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

During the year, the health visitors paid 873 first visits and 4,728 subsequent visits to children under the age of 12 months and 7,267 visits to children between the ages of 12 months and 5 years.

## VIII.—MATERNITY HOME AND SERVICES.

At Mowbray House, Heavitree, 18 beds, together with 2 observation beds are provided. The part-time medical officer, Dr. M. Y. Paget, joined H.M. Forces on 30th November. His work is being carried out for the time being by the Medical Officer of the City Hospital. Doctors' cases are, of course, attended by their own medical practitioner. The Home is primarily intended for those mothers who cannot conveniently remain at home during childbirth or afford to go to a private maternity home. Complicated and difficult cases are admitted by arrangement to the maternity unit of the Royal Devon and Exeter Hospital.

Admissions were as follows :—

Patients admitted to Mowbray House	.....	284
Patients admitted to Royal Devon and Exeter Hospital	.....	117
Other Institutions	.....	4
Total	.....	405

Fortunately, the disturbance which occurred in 1941 due to outbreaks of *pemphigus neonatorum* was not repeated. Only one small group of four cases occurred at the end of August and beginning of September. These were all mild and dealt with by prompt isolation and removal.

## 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 158 cases have been referred. Of these, 13 failed to attend, 8 have left the City, 6 have died, 31 are known to have become pregnant, and 28 have been taken off the books for non-attendance. 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 Surgeons.

Summary of the work done during the year 1942 :—

No. of patients seen	.....	.....	109
No. of visits paid by patients	.....	.....	416
No. of administrations of gas	.....	.....	73
No. of teeth extracted under gas	.....	.....	503
No. of teeth extracted otherwise	.....	.....	18
No. of dentures fitted	.....	.....	69
No. of teeth replaced	.....	.....	612
Other operations	.....	.....	34

## XI.—ORTHOPAEDIC TREATMENT.

During the year 39 children from the Infant Welfare Centres received treatment for the following conditions :—

Congenital deformities	.....	.....	8
Injuries at birth	.....	.....	—
Rickets and sequelae	.....	.....	24
Polio-myelitis	.....	.....	2
Miscellaneous	.....	.....	5

## XII.—OPHTHALMIA NEONATORUM.

Year.	Cases.			Vision unimpaired	Vision impaired	Total Blindness	Re-moved from district	Deaths	Total
	Notified	Treated.							
		At Home	Hospital						
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
1938	3	—	3	3	—	—	—	—	3
1939	1	1	—	1	—	—	—	—	1
1940	4	2	2	4	—	—	—	—	4
1941	4	1	3	4	—	—	—	—	4
1942	7	3	4	7	—	—	—	—	7

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.

### XIII.—WAR-TIME NURSERIES.

The Maternity and Child Welfare Committee is responsible for three war-time nurseries. Two of these are whole-time nurseries, that is to say, they take children from twelve months old until five, and are open on six days a week from 7 a.m. to 7 p.m. The other is a part-time nursery, admitting children from two to five years old. It is open on five days a week from 9 a.m. to 5 p.m. Saturday opening was tried experimentally, but met with no response on the part of the parents.

The two whole-time nurseries are at Burnt House Lane (opened 28th September) and Buddle Lane (opened 26th October). Both are housed in specially constructed buildings. The part-time nursery is the "Dorothy Nursery" housed in Paul Street School. It had its origin in a nursery for evacuee children in connection with the Centre for Mothers which was then at the Civic Hall. When this arrangement was no longer required, it became a part-time war-time nursery. The Committee has been responsible for it from 23rd June, 1941.

Another part-time nursery was planned for the northern district of the City, but in the opinion of the Regional Offices of the Ministry of Health and Ministry of Labour is not justified at the present time.

These nurseries are intended for the care of children whose mothers are working. The approved cost is defrayed by the Ministry of Health, the Local Authority acting as agent. The whole-time nurseries provide care, education, and all meals and milk for 1/- a day. Part-time nurseries provide care, education, dinner, with morning and afternoon milk for 6d. a day. The catering is carried out by arrangement with the Education Committee. It has also been agreed that the children may make use of the Education Committee's dental and minor ailment clinics.

A Matron, who is a State registered nurse, is in charge of each whole-time nursery, and there is a qualified teacher for the older children. A certificated nursery nurse is in charge of the part-time nursery.

After the usual difficulties inseparable from all new ventures, especially in war-time, the nurseries are now firmly on their feet and should prove a great help to mothers who go to work.

## EXETER ISOLATION HOSPITAL.

Accommodation and ambulance arrangements remain the same.

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

St. Thomas Rural District Council.

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.

Crediton U.D.C. and R.D.C.

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

and for the purpose of Circular 2153 (Typhus Fever), Tiverton U.D.C. and Tiverton R.D.C.

At the beginning of the year 47 fever patients remained under treatment, 17 of these being from the County. During the year 453 patients were admitted, 190 from the County and 263 City. At the end of the year, 29 patients remained under treatment—17 County and 12 City.

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

Disease.	Remain- ing.	Ad- mitted.	Discharged.		Deaths.	Remain- ing at end of year.
			Diag- nosis con- firmed.	Diag- nosis not con- firmed.		
Scarlet Fever .....	29	204	219	7	—	7
Diphtheria .....	11	143	121	15	6	12
Vincent's Angina .....	—	7	7	—	—	—
Tonsilitis .....	—	10	8	1	1	—
Enteric Fever .....	3	24	10	6	4	7
Dysentery .....	—	4	3	1	—	—
Mumps .....	1	16	16	1	—	—
Erysipelas .....	1	5	5	1	—	—
Measles .....	—	4	3	1	—	—
Pemphigus Neona- torum .....	1	10	9	2	—	—
Puerperal Pyrexia .....	—	2	1	1	—	—
Poliomyelitis .....	—	2	—	2	—	—
Cerebro-spinal Fever .....	—	18	13	1	1	3
Miscellaneous .....	1	4	5	—	—	—
Totals .....	47	453	420	39	12	29

## NOTES.

*Scarlet Fever.* 7 cases were complicated by another disease, namely, 1 diabetes mellitus, 3 rheumatism and 3 scabies. There were 4 examples of "surgical scarlet fever": 1 case followed a tendon lengthening operation, 1 due to phosphorus burns, 1 due to accidental gunshot wound of heel, and 1 followed wound of scalp. In 7 cases the diagnosis was not confirmed. The correct diagnoses were as follows: 1 urticaria, 1 food rash (erythema), 1 common cold, 2 tonsilitis and 2 "no appreciable disease."

*Diphtheria.* 3 cases were complicated by scarlet fever. Two admissions were examples of laryngeal diphtheria, and 8 were cases of nasal diphtheria. Ten were throat carriers. Twenty-seven cases were said to have been immunised.

Of the six deaths, 2 were immunised and 1 said to have been immunised in 1941. These were not Exeter patients. In 15 cases the diagnosis was not confirmed. These were diagnosed as sore throat 1, Vincent's angina 2, tonsilitis 8 (one complicated by chronic nephritis), scarlet fever 1, quinsy 1, hysteria 1, and "no appreciable disease" 1.

*Enteric Fever.* Of the 24 cases admitted, 13 were cases of typhoid fever, and 1 of paratyphoid "B." In six cases the diagnosis was not confirmed. These were diagnosed as dysentery 1, catarrhal jaundice 1, constipation 2, common cold 1, and "no appreciable disease" 1.

The four fatal admissions were due to :—

- I. Puerperal septicaemia.
- II. Haematemesis with cirrhosis of liver.
- III. Cerebral thrombosis supervening on chronic nephritis.
- IV. Confirmed typhoid, Type "E.1."

It will be noted that three of the fatal cases were not typhoid.

Of the cases typed, 1 was "D.1," 2 were "E.1," 3 were "91," and 3 were "C."

*Tonsilitis.* The case which ended fatally was sent in as tonsilitis and found to be diphtheria. The case in which the diagnosis was not confirmed was found to be catarrhal jaundice.

*Mumps.* The diagnosis was not confirmed in 1 case, being acute otitis media with cervical adenitis.

*Pemphigus.* The diagnosis was not confirmed in 1 case, being a slightly septic thumb. One adult sent in for observation was suffering from mosquito bites.

*Cerebro-spinal Fever.* One death query "aseptic meningitis." Post-mortem examination failed to determine the cause of the meningitis.

One case not confirmed and transferred to a general hospital for investigation with provisional diagnosis of sinusitis.

*Dysentery.* 3 were cases of Sonne infection. 1 was food poisoning, due to bacillus Newport.

*Measles.* 1 case not confirmed, being pityriasis rosea.

*Poliomyelitis.* 2 cases not confirmed, one being rheumatism and one birth palsy.

*Erysipelas.* 1 case not confirmed, being eczema of face.

*Puerperal Pyrexia.* One case was thrombophlebitis alba dolens of both legs and embolism left lower lobe of lung. One case was puerperal scarlet fever. Both recovered.

*Miscellaneous.* Included in this group is 1 case of chicken-pox, 1 whooping-cough with scabies, 1 scabies, 1 urticaria, and 1 pleurodynia.

## 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.

Of the six deaths 2 were attributed and 1 said to have been  
terminating in 1911. These were not the patients. In 18 cases  
the disease was not confirmed. These were diagnosed as  
thrust 1, Vincent's angina 2, tonsillitis 2, laryngitis 1, and  
chronic nephritis 1, acute fever 1, diphtheria 1, and  
"no appreciable disease" 1.

Among these, Of these cases admitted, 12 were cases of  
typhoid fever and 1 of paratyphoid "B". In six cases the  
diagnosis was not confirmed. These were diagnosed as diphtheria  
1, catarrhal jaundice 1, conjunctivitis 2, common cold 1, and "no  
appreciable disease" 1.

The four fatal admissions were due to:  
I. Throat infection.  
II. Haematuria with phlegm of liver.  
III. Catarrhal thrombosis appearing as chronic hepatitis.  
IV. Continued typhoid fever "E.I."

It will be noted that three of the fatal cases were not typhoid.  
Of the cases typed, 1 was "D.I.", 2 were "E.I.", 3 were  
"E.I.", and 3 were "C."

Tonsillitis. The case which ended fatally was sent in as  
tonsillitis and found to be diphtheria. The case in which the  
diagnosis was not confirmed was found to be catarrhal jaundice.  
The diagnosis was not confirmed in 1 case, being  
sent in as diphtheria with catarrhal jaundice.

Throat infection. The diagnosis was not confirmed in 1 case,  
being a slightly septic thrombosis. One death sent in as observation  
was suffering from mesenteric fever.  
Catarrhal jaundice. One death sent in as observation.  
Post-mortem examination failed to determine the cause of the  
meningitis.

One case not confirmed and transferred to a general hospital  
for investigation with provisional diagnosis of meningitis.  
Typhoid. 8 were cases of bone infection. 1 was found

poisoning due to bacillus Newport.  
Measles. 1 case not confirmed, being typhoid fever.  
Typhoid fever. 2 cases not confirmed, one being the same  
and one being typhoid.

Diphtheria. 1 case not confirmed, being common cold.  
Typhoid fever. One case was thrombophlebitis with  
boils of both legs and endothoracic fever, both of them. One

case was bacterial septic fever. Both recovered.  
Meningitis. Included in this group is 1 case of diphtheria.  
Post-mortem examination failed to determine the cause of the  
meningitis.

Smallpox Hospital, 1911-1912. Vol. 1. 1912.

By agreement with the Council, Council has been arranged  
that any smallpox cases arising shall be treated at the Council's  
Smallpox Hospital at Upton Park.



