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City and County of the City of Exeter.



INSTITUTE OF SOCIAL  
MEDICINE

10, PARKS ROAD,  
OXFORD

# ANNUAL REPORT

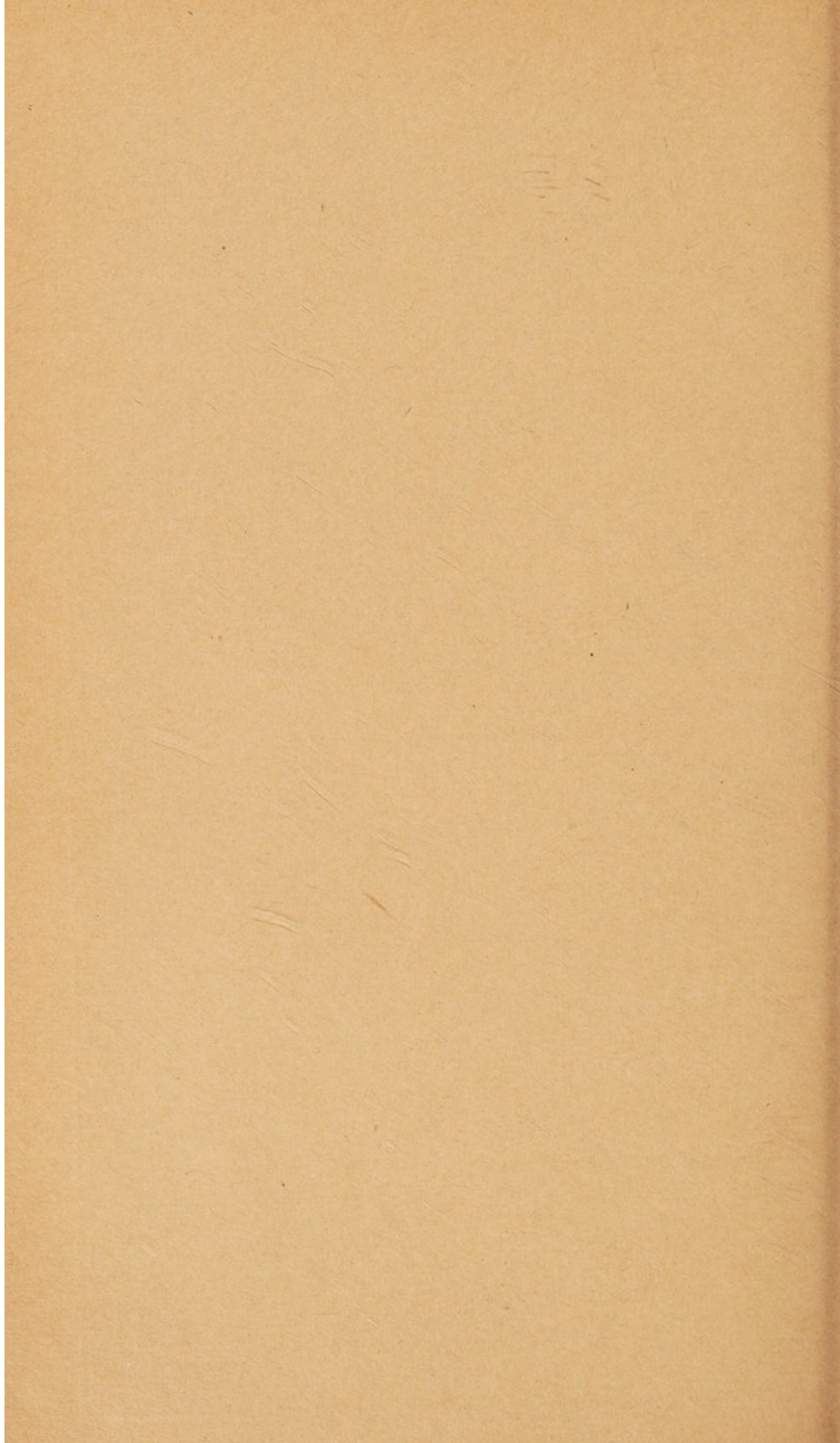
OF THE MEDICAL OFFICER  
OF HEALTH  
FOR 1947

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EXETER :

BESLEY & COPP, LTD., COURTENAY ROAD,  
1948







ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH

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**I** have the honour to present to the Right Worshipful the Mayor, Aldermen and Councillors of the City of Exeter, my Annual Report for the year 1947.

The Report has been prepared in accordance with instructions contained in Ministry of Health Circular 170/47, dated 31st December, 1947, and in accordance with the Sanitary Officers (Outside London) Regulations, 1935, and the Sanitary Officers Order, 1936.

As a great deal of time and thought have been expended by the Health Committee and myself on the Local Authority's duties under Part III of the National Health Service Act, 1946, it would seem fitting that these should receive brief notice here, although it is not possible to go into detail. Perhaps this is all the more so because the part of the Act which has excited most public discussion is Part IV which deals with medical practitioner services, dental, pharmaceutical and related matters. Rather surprisingly, there has been a good deal less said, outside the circles immediately affected, about Part II which deals with hospital and consultant services. Probably many people felt that some sort of rationalisation of the hospital services of England and Wales was overdue, and that the regional plan was as good as any and more promising as a long term policy than some of the proposals which preceded it.

The sections of the Act dealing specifically with the duties of the Local Health Authority are 21 to 29 and Section 51. The operation of Section 21 dealing with the provision and maintenance of Health Centres has been generally postponed owing to building difficulties and some differences of opinion as to what is really required. Quite clearly, the provision of Health Centres from which a team of medical practitioners will work requires a great deal of thought and some experiment. Moreover, a centre suitable for one kind of locality might be quite unsuitable for another. At a time when the majority of hospitals are badly understaffed, the staffing of such centres would be difficult. Above all, it is important that these centres should start on a proper footing. Shabby, second-rate improvisations would do incalculable damage to their prestige.



*Section 22.*—The care of mothers and young children—is designed to continue and expand the maternity and child welfare work conducted by all major local authorities as Welfare Authorities under the Public Health Act, 1936—except that the provision of institutional accommodation for maternity becomes the duty of the Regional Hospital Boards, and consultant services must be arranged with the Boards.

*Section 23.*—Midwifery—deals with the domiciliary midwifery service already provided under the Midwives Act, 1936.

*Section 24.*—Health Visiting—continues work already carried out under this heading and enlarges the scope of a health visitor's duties.

*Section 25.*—Home Nursing. This is a new duty. Hitherto, home nursing has been provided almost entirely by voluntary organisations. Many of these will continue to provide the service as agents of the local health authority.

*Section 26.*—Vaccination and Immunisation—repeals the Vaccination Acts and places vaccination on the same optional footing as immunisation against diphtheria. This is generally welcomed by the medical staffs of health authorities and is in keeping with modern ideas about these matters. The work will be carried out by the staffs of local health authorities and by medical practitioners willing to participate in the arrangements.

*Section 27.*—Ambulance Services. This section places upon local health authorities the duty of providing transport for sick persons. It is noted that the Scottish Act places the duty on Regional Hospital Boards.

*Section 28.*—The prevention of illness, care and after care, is at present limited to certain functions in connection with tuberculosis, mental illness and mental defectiveness and, with the approval of the Minister, certain other matters such as cancer. The section includes within its scope health education. When it is realised that the whole of the clinical work in connection with tuberculosis, namely the examination of suspected and notified cases, examination of contacts, institutional treatment and supervision of convalescents, becomes the duty of the Regional Hospital Boards and is taken away from the local health authorities, it will be seen that a very peculiar and unsatisfactory kind of dichotomy has been introduced. Curative and preventive medicine cannot be divided in this way. The local health authority is left with the fragments after the whole of the human interest has been removed. It will not get much inspiration from giving out sputum pots, granting some extra nourishment, lending a little bedding and doing some occasional rehousing. Somewhat similar considerations apply to the other infectious diseases. *Section 28*—is not satisfactory. In all probability experience will prove—and that before many years have passed—that the artificial separation of these two branches of medical practice is a mistake.



*Section 29.*—Domestic help—enables local health authorities to continue and expand schemes to provide domestic help in sickness, childbirth and other approved circumstances.

*Section 51*—provides for the continuing of those obligations which local authorities have under the Mental Deficiency Acts, 1913-1938, except the provision of institutional care. It also provides for the continuing of duties under the Lunacy and Mental Treatment Acts, 1890-1930, formerly carried out under the Poor Law—except the provision of institutional care. Some of this work is new ground for local authorities and there is in the section scope for valuable development if it can be guided along the right lines.

It will thus be seen that while local authorities lose their hospitals and institutions for the sick, they have old duties reimposed and expanded, and new duties added, in addition to duties under other enactments which come into force at the same time as the National Health Service Act.

Among other things, the steady expansion of the Public Health Laboratory Service will provide in time a much needed free service in connection with the investigation and control of infectious disease, the examination of water, milk, food, etc.

Obviously, it will take a long time for all these plans to mature. The most serious obstacle at present is the grave shortage of material and trained personnel.

I desire to thank the Committees associated with the work of the Health Department for their help and support throughout the year and particularly the Chairmen for the very large amount of time they have given up to the consideration of the innumerable problems which have arisen. In recording my appreciation of the work of the staff, I would like to mention my Deputy, Dr. R. P. Boyd, for his valuable work at the Isolation Hospital and at the Tuberculosis Dispensary. I would also like to record the consistent help and co-operation I have received from the Chief Sanitary Inspector, Mr. F. G. Davies, and from the Chief Clerk, Mr. E. S. Howells, for whom nothing is too much trouble.

Now that ownership of the hospitals is about to be transferred to the Government, it is fitting that I should record my deep appreciation of the work of the Matrons of the Isolation Hospital, Honeylands Children's Sanatorium, and Mowbray House Maternity Home, and thank them for the admirable way in which they have conducted these institutions in the face of many difficulties. I think it is fair to say that the reputation of our hospitals never stood higher.

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—**

ALDERMAN W. O. WILLS.

**CHAIRMAN—**

COUNCILLOR MRS. K. A. GODDARD, J.P.

**DEPUTY CHAIRMAN—**

COUNCILLOR MISS O. M. RUDD.

Alderman W. T. BAKER.

Alderman W. HEALE.

Councillor J. COOMBES.

Councillor W. R. G. HARRIS.

Councillor Mrs. R. M. A. HODGE

Councillor W. J. WESTCOTT.

Councillor P. W. INCH,

(To 27.5.47)

Councillor W. R. NORTHCOTT

Councillor R. R. ROBINSON.

Councillor P. D. ROWSELL.

Councillor E. RUSSELL.

Councillor Mrs. E. E. TINKHAM.

Councillor A. S. POWLEY,

(From 27.5.47).

*Town Clerk—*C. J. NEWMAN, Esq., O.B.E.

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## Maternity and Child Welfare Committee.

**CHAIRMAN—**

COUNCILLOR MRS. E. E. TINKHAM.

**DEPUTY CHAIRMAN—**

COUNCILLOR W. R. G. HARRIS.

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

Alderman F. H. TARR, J.P.

Councillor G. J. GREENSLADE.

Councillor Mrs. K. A. GOD-  
DARD, J.P.

Councillor Miss O. M. RUDD.

Councillor Mrs. R. M. A.  
HODGE.

Councillor Mrs. M. NICHOLS.

Councillor W. R. NORTHCOTT

*Non-Members of the  
Council :*

Mrs. M. COLLINGS.

Mrs. M. PICKARD.

Mrs. S. SMITH, J.P.

Mrs. F. E. VARLEY.

Mrs. W. A. ROBB.



## 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, Honeylands Children's Sanatorium and Mowbray House Municipal Maternity Home.*

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.

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

\*JESSIE SMITH, M.B., CH.B., D.P.H. (Leeds).

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

IRIS V. T. WARD, M.D. (Lond.), M.R.C.S., L.R.C.P.

\*W. DAVIDSON-LAMB, M.C., M.B., CH.B., D.P.H. (Aberd.)

*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 Surgeons.*

\*CLIFFORD A. REYNOLDS, L.D.S. (Eng.). Senior Dental Officer.

\*B. CONNELLY, L.D.S. (Eng.). From 1.3.47.

\*Duties mainly in connection with the Education Committee.



*District Medical Officers under the Social Welfare Committee (part-time).*

- No. 1 District. C. W. MARSHALL, M.D. (Lond.), M.R.C.S.,  
L.R.C.P., (To 30.4.47).  
GWENDOLEN M. HIGGINS, M.B., Ch.B. (Bristol),  
(From 1.5.47.).
- No. 2 District. G. S. STEELE-PERKINS, M.A., M.B., B.Chir.  
(Camb.).
- No. 3 District. J. R. BRADSHAW, M.A., M.B., Ch.B., B.A.O.  
(Dub.).
- No. 4 District. J. C. HEAL, M.B., Ch.B. (Liverp.), 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.*

F. G. DAVIES, M.R.S.I., A.M.I.S.E.

*Deputy Sanitary Inspector.*

A. E. TROUNSON.

*Assistant Sanitary Inspectors.*

T. COATES.  
A. C. LEWIS.  
H. R. AMBROSE.  
G. C. HOPKINS.  
G. PAWSON (Temporary). (To 27.9.47).

*Public Analyst:*

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

*Vaccination Officer.*

E. S. HOWELLS.

*Senior Health Visitor.*

Miss M. M. FOY.

*Non-Medical Supervisor of Midwives (part-time).*

Miss L. A. CULVERHOUSE (Devonshire Nursing Association).

*Health Visitors.*

Miss D. HICKSON (To 23.6.47).  
 Miss A. H. EDDS.  
 Miss F. L. GIBBONS.  
 Miss N. E. SMITH.  
 Miss M. E. BLACK (Temporary) (to 21.6.47)  
 Miss E. M. SMART (from 20.1.47 to 9.9.47).  
 Miss C. H. ATKINSON (from 20.1.47 to 9.9.47).  
 Miss M. A. GRIMM (from 17.3.47).  
 Miss P. M. HARPER (from 3.6.47 to 13.12.47).  
 Mrs. E. STANNARD (from 15.9.47). (part-time).

*Clinic Nurses.*

Mrs. E. A. M. KNEE, G.M.  
 Mrs. T. S. TILLER (part-time).

*Tuberculosis Dispensary Nurse.*

Miss E. K. SHEPPARD.

*Matron of Isolation Hospital.*

Miss G. HENSON.

*Matron of Honeylands Tuberculosis Children's Sanatorium.*

Miss F. JONES.

*Matron of Mowbray House Municipal Maternity Home.*

Miss O. STRINGER (To 12.6.47).  
 Miss L. HARCOURT (From 12.6.47).

*Superintendent of Day Nurseries.*

Miss C. STREET, (From 9.10.47).

*Organiser of Home Helps Scheme.*

Miss M. I. HUMPHERSON (From 2.6.47).

*Clerks.*

E. S. HOWELLS ((Chief Clerk).  
 R. W. STILES (Senior Assistant Clerk).  
 H. TUCKER.  
 S. SNELL,  
 R. J. BARKER,  
 C. G. SEAMARK,  
 I. C. ALFORD,  
 W. H. STAMP,  
 A. H. WEST,  
 H. FAIRCHILD,  
 R. BIRKS (Temporary)  
 MISS M. M. MILTON,  
 MISS L. CHANNING (To 31.8.47).  
 MISS M. DE CAS (From 28.7.47) { Maternity and  
 MISS J. CHAPPLE, { Child Welfare  
 MRS. D. MARSDEN, { Department.  
 MISS M. CRABTREE (part-time, temporary).  
 MISS D. M. E. BARROW (part-time, temporary).



## General Statistics.

Area in acres, 9,127.025.

Population, 74,160.

Rateable Value, £686,421.

Sum represented by a penny Rate, £2,825 0s. 0d.

## Vital Statistics.

Live Births—

Legitimate, total 1,339 ; male 695, female 644.

Illegitimate, total 89 ; male 45, female 44.

Stillbirths, 34.

*Birth Rate*, 19.2.

Deaths. Total 994. Male 462. Female 532.

*Death Rate*, 13.4.

Maternal Mortality Rate, 2.7 (sepsis, 1.35 ; other 1.35).

Tuberculosis Mortality Rate, 0.52 (pulmonary 0.47, non-pulmonary 0.05).

*Infantile Mortality Rate*, 57.4 (legitimate 55.3, illegitimate, 89.9).

Deaths from	Measles (all ages)	.....	.....	11
„	Whooping-cough (all ages)	.....	.....	33
„	Diarrhoea (under 2 years of age)	.....	.....	168
„	Diphtheria (all ages)	.....	.....	11
„	all other Notifiable Infectious Diseases (all ages)	.....	.....	33

The following tables provide some statistical information which was not available for publication during the war years :—

### BIRTH RATE.

Year	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
England and Wales	15.1	15.0	14.6	14.2	15.8	16.5	17.6	16.1	19.1	20.5
Exeter	14.6	13.4	13.7	12.8	14.4	15.3	19.5	18.04	19.8	19.2
Percentage of Illegitimate Births to total births	4.9	3.5	6.4	6.9	7.5	10.4	10.5	15.6	8.7	6.2



POPULATION.  
Exeter, mid-year.

1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
69,160	69,890	73,830	81,430	73,800	68,520	68,180	69,070	72,910	74,160

(Note.—Following the Boundary Extension on 1st April, 1940, the Registrar-General estimated the population as 79,960 as at 31st December, 1940.)

DEATH RATE.

Year	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
England and Wales	11.6	12.1	14.3	12.9	11.6	12.1	11.6	11.4	11.5	12.0
Exeter	11.1	11.1	13.3	13.4	15.8	13.4	13.7	13.8	12.7	13.4

INFANTILE MORTALITY.

The Infantile Mortality Rates for 1947 were as follows :—

England and Wales	41
126 Great Towns, including London (census populations exceeding 50,000)	47
148 Smaller Towns (census populations 25,000 to 50,000)	36
London	37
Exeter	57.4

The following table shows the Infantile Mortality Rate in Exeter for the past ten years compared with the country as a whole :—

Year	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
England and Wales	53	50	55	59	49	49	46	46	43	41
Exeter	56.4	42.1	38.7	68.04	49.8	48.5	44.2	56.2	48.5	57.4



The following composite table gives useful information regarding Child-bearing and Infancy for the past ten years :—

Year.	Maternal Deaths.	Maternal Mortality Rate.	Neonatal Deaths.	Deaths under 1 year.	Infantile Mortality Rate.	Registered Births nett.
1938	1	0.9	32	57	56.4	1,010
1939	3	3.1	24	40	42.1	936
1940	2	1.8	26	41	38.7	1,012
1941	5	4.1	42	79	68.04	1,027
1942	3	2.7	32	53	49.8	1,065
1943	3	2.8	35	51	48.5	1,051
1944	8	5.8	32	59	44.2	1,334
1945	4	3.1	33	70	56.2	1,246
1946	4	2.7	45	70	48.5	1,444
1947	4	2.7	47	82	57.4	1,428

It will be noticed that the maternal mortality rate remains unchanged and is again attributable to four maternal deaths. But whereas there were no deaths due to sepsis in 1946, there were two such deaths in 1947. Both these deaths were caused by pulmonary embolism, one following "white leg" rather late in the puerperium, and the other following miscarriage. One of the two other deaths appeared to be inevitable, and the other might possibly have been avoided by better management.

It is very disappointing to have to record again an infantile mortality rate above that of the other "great towns" in the Registrar-General's classification, and higher than that of the Country as a whole. It will be seen that more than half the infant deaths are neo-natal, that is to say they occurred in the first twenty-eight days following birth. One would not expect the work of the welfare centres to have any influence on neo-natal mortality. Children of this age are rarely brought to the welfare centres, and in fact, none of these infants did attend a centre. On the other hand, ante-natal care, social conditions and the habits of the mother may exert considerable influence. Actually, no less than 32 of these 47 infants failed to survive a week, and 37 of the 47 deaths were ascribed to prematurity and congenital defects. An examination of the infant death enquiry cards does not reveal any particular cause such as overcrowding or un-



satisfactory social circumstances, indeed, such conditions were not present in the majority of cases. One wonders if expectant mothers are as careful of their health as they ought to be, especially during the later months of pregnancy. There is no doubt that some do too much, and others have too much to do. No one would suggest returning to the regime advocated a generation or so ago, but as one welfare worker expressed it, some of these expectant mothers do get about a lot. Late hours, too much entertainment and excitement are not in the best interests of the mother and her unborn child. In these strenuous times adequate rest and relaxation, and above all a good night's sleep, are essential for health at all times and especially during pregnancy.

The proportion of neo-natal deaths, and particularly those due to prematurity, is striking.

Of the infant deaths in the other eleven months of the first year, three were due to whooping cough and one to measles.

Cause.	Within 28 days.	Total	During remaining eleven months.	Total
Gastro enteritis .....	—		11	
Disease of respiratory system	5		16	
Prematurity and congenital defects	37		2	
Miscellaneous .....	5	47	6	35

As from the 1st January, 1948, a new infant death enquiry card has been introduced. If health visitors will complete these cards with thought and understanding, rather than mechanically, we should be in possession of valuable information concerning the causes of the high infantile mortality rate in this City.

## RESIDENTIAL MEDICAL INSTITUTIONS.

<i>Local Authority Hospitals.</i>	<i>Beds.</i>
Isolation Hospital, Whipton (Fever) .....	98
do. do. (Tuberculosis).....	36
Honeylands, Children's Sanatorium, Whipton .....	20
Mowbray House Maternity Home .....	18
do. do. do. (Isolation) .....	2
City Hospital, 77 Heavitree Road (Public Assistance)	295
Mental Hospital (requisitioned by R.A.M.C.) .....	384
Redhill House (Devon County Council, Public Assist- ance .....	265



*Voluntary Hospitals.*

Royal Devon and Exeter Hospital	.....	349
West of England Eye Infirmary	.....	50
Princess Elizabeth Devonian Orthopaedic Hospital	.....	133
Wonford House Mental Hospital	.....	130

*Private Nursing Homes.*

Argyll Road, Duryard (medical)	.....	6
Belmont, 1 Baring Crescent (surgical)	.....	9
14 Blackall Road (maternity)	.....	2
Ernsborough House, Colleton Crescent (chronic)	.....	26
Woodhayes, 36 St. Leonard's Road (maternity)	.....	11
Stork's Nest, 98 Topsham Road (maternity)	.....	4
Southcroft, 87 Heavitree Road (medical)	.....	4
St. David's, 31 St. David's Hill (medical and surgical)	.....	11
St. Mary's, 25 Mary Arches Street (Diocesan Society for Girls)	.....	6
St. Olave's, 32 Bartholomew Street East (Diocesan Society for Girls)	.....	17

## 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.

## BLIND PERSONS ACT, 1920.

Number on Register 1st January, 1947	.....	196
Since added	.....	11
Died, transferred, removed, etc.	.....	18
Number on Register, 31st December, 1947	.....	189
45 of those certified were under 50 years of age.		

*Evacuation.* At the end of the year there was no evacuated blind person residing in the City. This figure relates to registered blind and does not include unregistered persons or dependents.



**MENTAL DEFICIENCY ACTS 1913—1938**  
**WORK CARRIED OUT DURING THE YEAR.**

Disposal.	As on 1st January, 1947			As on 1st January, 1948		
	Male	Female	Total	Male	Female	Total
<i>In Institutions—</i> (Excluding those on Licence). .....	67	51	118	66	57	123
<i>On Licence—</i> (From Institutions) .....	11	18	29	10	12	22
<i>Under Guardianship—</i> .....	2	1	3	2	1	3
<i>In "Place of Safety."—</i> .....	1	—	1	1	1	2
<i>Under Statutory Super- vision—</i> .....	31	32	63	33	38	71
<i>Under Voluntary super- vision—</i> .....	64	66	130	61	64	125
<i>Social Welfare Cases—</i> (In City Hospital, not under Order) .....	3	2	5	2	3	5
	179	170	349	175	176	351

Cases awaiting admission to Institutions 11

\* New Cases reported during 1947 14

\*Method of (A) Reporting, and (B) Disposal :—

(A) *Reported by :—*

	Male.	Female.
(i) L.E.A. under Sec. 57(3) of Education Act 1944. ....	4	2
L.E.A. under Sec. 57(5) of Education Act 1944. ....	2	2
(ii) Police .....	—	1
(iii) Other Local Authorities .....	—	3
	6	8=14

(B) *Method of Disposal :—*

	Male.	Female.
Sent to Institutions (By Order) .....	2	—
Placed under Guardianship .....	—	—
Placed under Supervision .....	4	7
Taken to "Place of Safety." .....	—	1
	6	8=14

*Royal Western Counties Institution, Starcross.*

Exeter is entitled to 63 beds, including 8 lent by Devon  
County Council.

Persons actually in the Institution on 1/1/48 = 95

On Licence from Institution ..... = 18

Total ..... 113

There has been a serious lack of institutional places for all grades of  
mentally defective persons for many years.



## 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	.....	729
(b) Others	.....	94

FOR STREPTOCOCCI	.....	15
------------------	-------	----

## FOR ENTERIC FEVER :—

Widal	.....	4
Blood Culture	.....	20
Faeces culture	.....	61
Urine culture	.....	33

## FOR V.D. DEPARTMENT :—

For detection of spirochetes	.....	27
For detection of gonococci	.....	577
For Wasserman reaction	.....	1244
Others	.....	113

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

Sputum	.....	31
Others	.....	10

## Miscellaneous Examinations :—

Cerebro-spinal fluid	.....	32
Others	.....	41

## WATER SUPPLY.

The following information is given in accordance with instructions contained in Ministry of Health Circular 170/47 dated 31st December, 1947.

The City water supply is derived from the river Exe. The Waterworks, which are under the direction of the City Engineer and Surveyor, were described in detail in the Annual Report of



for 1938. There has been no substantial change in the arrangements, which may be represented briefly thus:—River Exe→intake near Stoke Canon→pipe line to works→alumina treatment→sedimentation→further alumina treatment→pressure filters, consisting of 32 Bell mechanical filters in eight batteries of four→sterilisation by chloramine treatment→adjustment of alkalinity by added lime water→filtered water reservoir→service reservoir→mains and branch mains→consumer.

During the year the supply has proved satisfactory in quality and quantity. A qualified member of the Surveyor's staff carried out 18 bacteriological tests taking samples in various parts of the City. In addition, the Public Analyst carries out routine chemical and bacteriological tests of the supply at approximately quarterly intervals, including examinations of the raw water. All examinations of the treated water proved satisfactory. A detailed analysis of the raw water is set out below. No plumbo-solvent action has been reported.

*Report on Examination of raw water from Pre-Treatment House. Sample taken at 11.15 a.m., 8th September, 1947.*

*Characters.*

Colour	.....	.....	yellow green tint.
Turbidity	.....	.....	clear.
Taste	.....	.....	natural.
Odour	.....	.....	none.
Suspended matters	.....	.....	traces of detritus of vegetation, diatoms and infusorians.

*Bacteria.*

Bacillus coli	.....	absent from 0.1 cms. ; present in 0.25 cms.
Streptococcus	.....	absent from 25 cms. ; present in 50 cms.

Colonies visible at the end of 72 hours on beef-peptone-agar at 22 deg. C.	.....	} 950 per cm.
--	-------	---------------

Colonies visible at the end of 48 hours on beef-peptone-agar at 37 deg. C.	.....	} 140.
--	-------	--------



*Chemical Analysis*—parts per hundred thousand.

Chlorine present as chlorides	1.6
Nitrogen present as nitrites	0
Nitrogen present as nitrates	0.15
Phosphates	0
Total hardness equivalent to calcium carbonate	8.9
Temporary hardness (annulled by boiling)	6.8
Permanent hardness (not altered by boiling)	2.1
Saline ammonia	0.0032
Albuminoid ammonia	0.0040
Oxygen absorbed in 4 hours at 27 deg. C.	0.09
Lead	0
Copper	0
Zinc	0
Iron	0
Total solid constituents	15.0
Organic matter observed on igniting solids	trace
Suspended solids dried at 105°C.	0.5
Hydrogen ion concentration equivalent to pH	7.4

*Particulars of houses not being on individual supply, i.e., supplied by standpipes :—*

Number of standpipes	83
Number of houses	173
Number of persons	499

*Particulars of dwelling houses supplied otherwise than by the public mains :—*

Number of wells	38
Number of houses	47
Number of persons	186

*Also,*

Houses supplied by springs	1
Number of persons	5
Houses supplied by filtered canal water	1
Number of persons	2
Houses supplied by wells but unoccupied	2

An account of the survey of wells undertaken by the Department is contained in the next section.



## ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR 1947.

### SANITARY ADMINISTRATION.

#### *General Summary.*

Number of visits made during the year	14,067
Number of samples taken	1,842
Number of carcasses examined	46,333
Total weight of foodstuffs condemned	144½ tons.

### SUPERVISION OF FOOD SUPPLIES.

#### 1.—*Milk.*

##### (1) *Milk Production.*

The general standard of hygiene observed in the production of milk still causes some concern and during the last eighteen months all Accredited Producers in the City have had their licences revoked because the milk failed to satisfy the prescribed tests.

We have endeavoured during the year to effect improvements in the methods of production by education and by handing to each producer printed cards setting out the requirements for the production of clean milk.

The improvement effected in the bacterial quality of milk sold in the City is shown by the following table :—

Classification	Percentage Satisfactory.	
	1946	1947
Pasteurised (School supplies)	77	90
Pasteurised (Other than School)	95	95
T.T.	69	77
T.T. (Cert.) *	74	71
Raw	47	55
*An analysis of the T.T. (Cert.) Milk produced in the City gives the following percentage satisfactory :— 1946—59%.      1947—75%.		

##### (2) *School Milks (Pasteurised)*

Number of samples taken	42
Number of samples satisfactory	38



(3) *Designated Milks other than School Milks.*(a) *Pasteurised Milk.*

Number of samples taken	59
Number of samples satisfactory	56

(b) *Tuberculin Tested.*

Number of samples taken	108
Number of samples satisfactory	83

(c) *Tuberculin Tested (Certified).*

Number of samples taken	101
Number of samples satisfactory	78

(d) *Accredited.*

Number of samples taken	17
Number of samples satisfactory	12

(4) *Raw Milks.*

Number of samples taken	121
Number satisfactory	67

(5) *Ministry of Agriculture and Fisheries. National Milk Testing Scheme.*

Number of samples taken	656
Category "A" (Good keeping quality)	434
Category "B" (Moderate keeping quality)	90
Category "C" (Poor keeping quality)	132

(6) *Biological Tests for Tubercle Bacilli.*

All undesignated milks consumed raw in the City are sampled twice a year for the presence of tubercle bacilli and raw designated milks are sampled once a year for this purpose.

During the year 31 undesignated and 20 designated milks were sampled in this connection and it is noteworthy that the presence of the bacillus was not demonstrated in a single instance.

(7) *Test Rinses of Bottles, Dairy Utensils, etc.*

We continue to take test rinses of dairy equipment and during the year 297 were taken. 50% of these were satisfactory compared with 38% in 1946.

(8) *Cowsheds.*

Many of the cowsheds in the City need reconstruction but in view of the acute shortage of materials it will be many years before they can be brought up to a modern standard.

We have been successful, however, in getting one shippen modernised.



(9) *Dairies.*

Minor improvements were effected in 4 dairies and one building was modernised to meet our requirements. In another case a new dairy is in course of construction because the old premises could not be made satisfactory.

Number of persons registered .....	61
Number of premises registered .....	61
Number of inspections made .....	689
Number of contraventions found .....	10
Number of contraventions remedied .....	10

2.—*Meat.**Tuberculosis in Calves.*

A feature of the Abattoir Returns this year is the high incidence of generalised tuberculosis in calves, 26 being affected as compared with 4 last year. Laboratory reports confirmed in each case that the infection was tuberculosis and that it was of Bovine type.

As soon as tuberculosis is detected in a calf the Animal Health Division of the Ministry of Agriculture and Fisheries is notified and they inspect the dam and the herd to which it belongs.

As a result of this co-operation, 15 cows were sent in for slaughter under the Tuberculosis Order.

Unfortunately, due to the calves being passed through the hands of dealers it was impossible to trace the dam in 4 cases. In the remaining 7 cases the Veterinary examination proved inconclusive.

*Record of animals examined at the Municipal Abattoir :—*

	Beasts.	Calves.	Sheep and Lambs.	Pigs.
No. slaughtered .....	5,417	8,038	31,444	321
No. inspected .....	5,418	8,039	32,563	329
<i>Diseases except Tuberculosis.</i>				
Whole carcasses condemned	54	64	378	10
Carcasses of which some part or organ was condemned	3,257	124	8,418	61
Percentage of number inspected affected with disease other than Tuberculosis .....	61.11	2.34	27.01	21.58
<i>Tuberculosis.</i>				
Whole carcasses condemned	146	26	0	8
Carcasses of which some part or organ was condemned	668	2	0	14
Percentage of number inspected affected with tuberculosis .....	15.02	.35	0	6.69



*The Lucas Report.*

In view of the criticisms made of the Municipal Abattoir during the year, a report on "The Review of the working of Agricultural Marketing Acts" by a Committee presided over by Lord Lucas is not without interest.

The Report recommends the establishment of Commodity Commissions for the Marketing of Agricultural Commodities and in connection with meat it is suggested that a Livestock Commission should prepare plans without delay for :—

"complete re-organisation of the existing slaughtering arrangements, directed towards the establishment of a series of modern factory abattoirs of suitable size and location, in which the functions of slaughtering and processing have been fully integrated. The minimum throughput for these factory abattoirs would probably be in the neighbourhood of 3,000 head a week. The Commission might itself establish some factory abattoirs in addition to licensing producers' organisations, municipalities, consumers' co-operative societies, and private enterprise to establish others."

Some appreciation of this suggestion may be formed when we realise that such an abattoir will have a throughput of between three and four times that of the City Abattoir under the present system.

The following areas are supplied through the abattoir at the moment :—

St. Thomas R.D.C., Dawlish, Chagford, Crediton U.D.C., and R.D.C., Exmouth, Budleigh Salterton and Sidmouth.

There will be collecting and grading centres closely related to the proposed new abattoirs and in view of our modern cattle market and our excellent road and rail transport facilities we must ensure that the claims of the City for consideration as a slaughtering centre are not overlooked.

*3.—Other Foods.**Inspection of Foodstuffs, other than Milk and Meat.*

Number of Fish inspections .....	111
Number of Provision inspections.....	494
Number of miscellaneous inspections .....	108
Total weight of Meat and Other Foods Condemned—144 tons, 12 cwts.	

*4.—Ice-Cream.*

On 1st May, the Ice-Cream (Heat Treatment) Regulations came into operation. These Regulations, which were long overdue, are designed to safeguard the consumer and prescribe certain



conditions which must be observed in the manufacture of ice-cream. Briefly, they provide for the manufacture of ice-cream from :—

- (1) A mix which has satisfied the time, temperature combination specified ;

*or*

- (2) A powder which has been pasteurised, and to which water only must be added before the mix is frozen.

The Regulations also prescribe temperatures at which ice-cream must be stored in order to inhibit the growth of organisms.

Owing to the scarcity of equipment and supplies, the traders were unable to comply with these Regulations and the Public Health Committee decided to grant a period of grace ending 30th September, 1947. Towards the end of the year only two firms were manufacturing ice-cream and these were complying with the Regulations with regard to pasteurisation of the mix.

The Ministry also inaugurated a provisional test for the bacterial cleanliness of ice-cream, with grades numbered 1—4.

177 samples were procured in the City during the year and the classification was as follows :—

Grade 1	.....	68
Grade 2	.....	34
Grade 3	.....	39
Grade 4	.....	36

During the year one producer modernised old premises and complied with our requirements in respect of sanitary accommodation, washing facilities for the staff and sterilising equipment for the utensils.

Six producers have ordered the necessary equipment for pasteurising the mix, the remainder intend to rely on the use of complete cold mix powders.

#### 5.—*Shell Fish.*

Bacteriological reports on samples of shell fish taken during the year indicated that shell fish procured from Teignmouth, Norfolk and South Wales were potentially dangerous. The officers of the Local Authorities concerned were asked to make investigations and these are still proceeding.

It was found that shell fish taken from the River Exe and marketed by a certain firm were not subjected to the treatment specified in the Public Health (Shellfish) Regulations, 1934, and the Port Health Authority was notified.



#### 6.—*Water Cress.*

Some attention was given to water cress during the year and investigations were made in respect of 12 sources of supply. In 10 cases we received a bacteriological report that the water in which the cress was grown must be regarded as of doubtful cleanliness and the retailers were warned of the potential risk to health.

#### 7.—*Hygiene in Food Premises.*

We continue to co-operate with the Food Executive Committee whereby, before new premises are licensed, our requirements with regard to sanitary accommodation and washing facilities must be met.

During the year washing facilities were installed in 11 premises where food is handled and 3 premises were provided with new sanitary accommodation.

In order to make persons handling food, hygiene conscious some 800 "Wash your hands Now" cards were distributed to Hotels, Boarding Houses, Inns, Restaurants and Grocery Stores, etc.

#### 8.—*Food and Drugs Act, 1938.*

During the year 98 samples of milk and 59 samples of miscellaneous foodstuffs and drugs were procured, a total of 157. Of these, 42 were formal and 115 informal.

#### *Legal Proceedings.*

Only one prosecution was taken this year and the offender was fined £10 for selling milk which was 5% deficient in fat.

Nine informal samples of milk showed small deficiencies in milk fat and the offenders were warned by the Legal Department.

Seven informal samples of milk showed slight deficiencies in solids not fat, but follow-up samples by the Devon County Council on our behalf proved satisfactory.

### HOUSING.

The housing position continues to cause concern and, in view of the shortage of houses and the unlikelihood of the shortage being made good for many years, it is perhaps time to consider whether or not more could be done in affecting repairs to existing houses before they too need replacement.

During the year a survey of the premises in a "Compulsory Purchase Order" area under the Town Planning Act resulted in a "Declaration of Unfitness" Order in respect of 92 houses being submitted to the Ministry of Health for confirmation.



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

Number of dwelling houses rendered fit in consequence of informal action .....	151
--	-----

(A) *Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936.*

(1) Number of dwelling-houses in respect of which formal notices were served requiring repairs .....	4
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners .....	4
(b) By Local Authority in default of owners .....	0

(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 .....	3
(b) By Local Authority in default of owners .....	0

(c) *Proceedings under Sections 11 and 13 of Housing Act, 1936.*

(1) Number of dwelling-houses in respect of which Demolition Orders were made .....	6
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders .....	0
(3) Number of dwelling-houses rendered fit in consequence of undertaking given by owner .....	0
(4) Number of dwelling-houses in respect of which undertaking from owners accepted not to re-let houses for human habitation .....	6

(d) *Proceedings under Section 12 of Housing Act, 1936.*

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made .....	3
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .....	0



(E) *Housing Act, 1936. Overcrowding.*

(1) (a) Number of dwellings known to be overcrowded at end of year .....	43
(b) Number of families dwelling therein .....	61
(c) Number of persons .....	302
(2) Number of new cases reported during year .....	39
(3) (a) Number of cases of overcrowding relieved during year .....	50
(b) Number of persons concerned in such cases .....	337
(4) Particulars of any cases in which dwelling-houses again became overcrowded after the Local Authority have taken steps for the abatement of overcrowding .....	0

## RENT AND MORTGAGE INTEREST RESTRICTION ACTS.

We received no applications for certificates of disrepair under the provisions of these Acts during the year under review.

*General.**Water Supplies.**Survey of Wells.*

During the year we made a survey of all premises where the occupants are known to rely on well or spring water and the position at the end of the year was as follows :—

(1) Dwelling houses supplied entirely with water from wells.	
Number at beginning of 1947 .....	52
Number since added .....	2
TOTAL .....	54
Number now connected to public supply .....	5
NETT TOTAL .....	49
(2) Number of preliminary tests made .....	47
Number of full analyses made in respect of 5 wells .....	5
Number of these which can be or will be connected to the public supply .....	25
Of the remainder 10 are reasonably satisfactory and 12 are unsatisfactory and will be the subject of further investigation.	
(3) Number of nett total from para (1) which have not yet been investigated .....	2



*Rodent Control.*

During the year we completed the comprehensive treatment of the City on the "Block Control" lines specified by the Ministry of Food. The "estimated kill" based on the Ministry's Formula is :—

Sewers .....	14,000
Surface .....	20,750
	<hr/>
TOTAL .....	34,750
	<hr/>

During this treatment some  $3\frac{1}{2}$  tons of bait and 3 cwts. of poison was consumed by the rodents.

The kill in the sewer in that part of the City adjacent to the river was less than at first expected and we have formed the opinion that this is due to the surcharging of the sewers. The areas most heavily infested were found to be Shillhay, and between North and South Street and the River.

*Rivers Pollution.*

In the early part of the year complaints were received of pollution in the River Exe. The pollution was certified by the Public Analyst as being insufficient to be injurious to fish life but there is no doubt that it had an adverse effect on the salmon fishing.

The pollution was traced to the River Culm and the Authority responsible for the prevention of pollution in that area was notified.

A further complaint of pollution was received in October and this was traced to the accidental tipping of oil at the Motor Repair Depot belonging to the Devon Agricultural Executive Committee.

*Smoke Abatement.*

Exeter, at the moment, is not troubled with a serious smoke problem, but it is to be hoped that the City Council will not overlook the need for giving this matter serious consideration in the replanning of the future.

In connection with the new industrial estate at Marsh Barton, it might be well to consider a communal power plant.

It is not generally realised that the greatest culprit in the generation of smoke is the domestic chimney and with the building of our new housing estates due consideration should be given to this.

Following our representations on the smoke nuisance caused by the Electricity Power Station, the Electrical Engineer was able to obtain the supply of fuel for which the furnaces had been designed and this has resulted in a very marked improvement.



*Noise Nuisance.*

We investigated 3 complaints of Noise Nuisance during the year.

*Bakehouses.*

Number in district .....	30
Number of underground bakehouses in district .....	2
Number of inspections made .....	111
No. of contraventions found .....	5
Number of contraventions remedied .....	4
Number of contraventions outstanding at end of year .....	1

*Bed Bugs.*

Number of inspections made .....	119
Number of Council Houses :—	
(1) Found to be infested .....	56
(2) Disinfested by this Department .....	56
No. of other houses :—	
(1) Found to be infested .....	40
(2) Disinfested by this Department .....	40

Infested rooms are sprayed with a solution containing D.D.T., and verminous bedding is treated at the Disinfecting Station.

*Cesspools.*

Number emptied, cleansed, etc. ....	5
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*Cinemas, etc.*

Number of cinemas, etc., in district .....	4
Number of inspections made .....	9

*Closets.*

Number of water closets repaired or reconstructed .....	30
Number of walls, etc., cleansed .....	8
Number of new flushing apparatus provided, repaired or renewed .....	25
Number of new water closet pans or pedestals provided .....	51
Number provided with supply of water .....	1

*Drains.*

Drains constructed or reconstructed .....	54
Tests to new drains .....	52
Tests to existing drains .....	41
Repaired or cleansed .....	77
New inspection chambers .....	28
Additional gulleys .....	50
Sink waste pipes repaired or renewed .....	32
Soil and ventilating pipes repaired or renewed .....	19



*Offensive Trades.*

Number of businesses in district	.....	.....	14
Number of inspections made	.....	.....	36
Number of contraventions found	.....	.....	1

*Fried Fish Shops.*

Number of fried fish shops in district	.....	.....	26
Number of inspections made	.....	.....	123
Number of contraventions found	.....	.....	7
Number of contraventions remedied	.....	.....	7

*Infectious Diseases, Disinfections, etc.*

Number of visits made	.....	.....	40
Number of rooms disinfected	.....	.....	186
Number of chambers of clothing, etc., disinfected	.....	.....	917

*Removal of Household Refuse.*

Number of new dustbins provided	.....	.....	7
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*Sanitary Defects remedied.**Dampness.*

Number of roofs renewed or repaired	.....	.....	102
Number of rainwater gutters and pipes repaired	.....	.....	57
Yard surfaces repaired or relaid	.....	.....	39
Yard drainage improved	.....	.....	21

*Interior Work.*

Number of rooms cleansed and limewashed	.....	.....	25
Number of walls repaired	.....	.....	70
Number of ceilings repaired	.....	.....	18
Number of floors repaired	.....	.....	49
Number of chimney stacks repaired or rebuilt	.....	.....	14
Number of fire grates repaired or renewed	.....	.....	28
Number of washboilers repaired or renewed	.....	.....	9
Dampness remedied	.....	.....	23
Lighting remedied	.....	.....	1
Offensive accumulations removed	.....	.....	18



*Factories (including Bakehouses).*

## 1. INSPECTIONS for purposes of provisions as to Health.

Premises.	No. on Register	Number of		
		In-spections	Written Notices.	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .....	81	150	24	—
(ii) Factories not included in (1) in which section 7 is enforced by the Local Authority .....	289	625	73	—
(iii) Other premises in which section 7 is enforced by the Local Authority (excluding Out-workers premises) .....	8	8	1	—
Totals .....	378	783	98	—

## 2. Cases in which DEFECTS were found :—

Particulars.	No. of cases in which defects were found.				No. of cases in which prosecutions were instituted.
	Found.	Re-medied.	Referred		
			To H.M. In-spector.	By H.M. In-spector	
Want of cleanliness (S. 1)	3	1	—	—	—
Overcrowding (S. 2) .....	4	3	—	—	—
Unreasonable tempera- ture (S. 3) .....	4	4	—	—	—
Inadequate ventilation (S. 4) .....	2	—	—	—	—
Ineffective drainage of floors (S. 6) .....	—	—	—	—	—
Sanitary Conveniences (S. 7) :—					
(a) Insufficient .....	13	10	—	2	—
(b) Unsuitable or de- fective .....	67	37	—	6	—
(c) Not separate for sexes .....	5	3	—	—	—
Other offences (not in- cluding offences rela- ting to home work) .....	—	—	11	—	—
Total .....	98	58	11	8	—



## PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.

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The most noteworthy epidemiological feature of the year was the widespread occurrence of *acute anterior poliomyelitis* (infantile paralysis) in Britain. Exeter was fortunate in having only 10 cases with 1 death. Omitting any notifications which were not confirmed after investigation, the cases occurred as follows :—

January	1 case notified by local voluntary hospital— home address, Exton.
February	—
March	—
April	—
May	—
June	—
July	1 case notified by local voluntary hospital— home address, Cullompton.
August	—
September	—
October	3 (1 fatal)
November	3
December	2

Thus it will be seen that only 8 cases originated in the City and one of these was fatal. The first of the City cases occurred early in October. The case notified in January would appear to be a sporadic one; the one in July also from the County area would appear to be related to the beginning of the more general outbreak. It was in July that the first case—a severe one from Seaton—was admitted to the Exeter Isolation Hospital. An account of the cases admitted to the Isolation Hospital is given in another part of this report. This account gives a more comprehensive picture of the outbreak than can be derived from a consideration of the Exeter cases alone, and, accordingly, the reader is referred to it. (See page 59).

The incidence of *scarlet fever* was about the average for recent years. The type was mild, there were few complications and no deaths. No cases of *enteric fever* were notified in the City. *Whooping Cough* was three times more prevalent than in 1946 and



*measles* twice as prevalent. The not inconsiderable outbreak of measles began towards the end of 1946, no less than 50 cases being notified in the week ending 7th December. The epidemic rapidly reached its peak in January and declined gradually thereafter. The incidence of whooping cough was spread more evenly over the months with two small peaks, one in January and one in July. Whooping cough accounted for 3 deaths and measles for 1 against none from these diseases in 1946. All these deaths occurred in children under 1 year old. As usual, complicated cases of these diseases were admitted to the Isolation Hospital.

#### INCIDENCE OF MEASLES AND WHOOPING COUGH DURING 1947.

	<i>Measles.</i>	<i>Whooping Cough.</i>
January .....	523	74
February .....	290	60
March .....	77	28
April .....	27	13
May .....	48	33
June .....	27	64
July .....	39	71
August .....	14	26
September .....	2	11
October .....	2	10
November .....	1	4
December .....	2	4
TOTALS .....	1,052	398

There were 8 cases of *diphtheria* during the year, including 1 fatal case, and involving 3 households. No less than 6 of these cases came from 1 household including the fatal case. This patient, a child six years old, had not been immunised; 4 other individuals in this house had not been immunised, but the sixth, a child of twelve years had been immunised on 10th March, 1943,



and had a mild attack. The other two cases came from different households ; one, a child of five years, had been immunised, and the other, a youth of twenty years, had not. Thus of 8 cases, 2 had been immunised, and 6 were not immunised, 1 of these ending fatally.

At the end of the year it was estimated that 51.3% of children under five years of age and 86.4% of children aged from five to fourteen had been immunised by the Health Department, making no allowance for children immunised privately about which we have no accurate information. The Central Immunisation Clinic meets weekly and the Eastern and Western Clinics fortnightly. Children are accepted for immunisation at about the age of nine months. Emphasis is placed on the importance of " re-inforcement " doses approximately every three years up to school leaving age. The antigen used for the routine immunisation of the younger age groups is Alum Precipitated Toxoid, the initial dose being 0.2 cc. and the final dose after an interval of a month or more 0.5 cc. For older children and for re-inforcement, Toxoid Antitoxin Floccules are used, the dose being 1 cc. Both these substances are supplied by the Ministry of Health through the Public Health Laboratory Service. Dr. I. V. Ward reports that since using T.A.F. instead of A.P.T. for re-inforcement reactions have been uncommon. A.P.T. is apt to produce reactions in older children. During the year, 926 children in the under five group were immunised, 153 in the five to fourteen age group received primary immunisation and 2,050 received re-inforcement doses, having been immunised originally when under the age of five. A small number of children were Schick tested, three months or more after the completion of immunisation. Of 347 so tested, 2 were still positive, i.e. susceptible to diphtheria, and 345 were negative.

Every effort is made to draw the attention of parents to the dangers of diphtheria and the undoubted value of immunisation. At the end of each quarter a careful check is made of all children attaining the age of one year during the quarter. These children whose parents for one reason or another decline or postpone immunisation are listed and followed up.

The value of immunisation against diphtheria seems to be well appreciated by the public in general, as well as the importance of re-inforcement doses during school life.



## NOTIFIABLE DISEASES DURING THE YEAR.

DISEASE.	Cases Notified.													Cases admitted to I. Hospital	Deaths.													Total				
															Under 1																	
	Under 1	1	2	3	4	5	10	15	20	35	45	65 & over	Total			Under 1	1	2	3	4	5	10	15	20	35	45	65 & over					
Diphtheria, including Membranous Croup		1		1	1	2	1		2				8													1						
Scarlet fever		4	2	1	3	33	32	12	7	4			98																			
Dysentery		1		1		3			2			1	8																			
† Puerperal Pyrexia									23	7	2		32																			
Pneumonia		2		1	2	2	1	1	4	2	10	5	30																			
Cerebro-Spinal Fever		1	1						1				4																			
Erysipelas							1						13																			
Poliomyelitis			2	1		1	1	2	2	1			10																			
Whooping Cough		54	51	50	59	56	114	7	3	1	3		398																			
Measles		40	126	142	122	158	395	25	19	18	6	1	1052																			
Ophthalmia Neonatorum		6											6																			
Malaria													1																			

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

\* There was 1 death in this age group, a case notified the previous year.



## VACCINATION.

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

The latest statistics available are for the year 1946 and are as follows :—

Births registered—gross	.....	.....	1787
Vaccinated	.....	.....	1088
Insusceptible	.....	.....	6
Statutory Declaration received	.....	.....	474
Died unvaccinated	.....	.....	67
Postponed	.....	.....	4
Removed to other districts	.....	.....	139
Removed to places unknown	.....	.....	2
Unaccounted for	.....	.....	7

It will be noted that 60.8 per cent. of the infants were vaccinated, which is 3.5 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.....	.....	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
Deaths	.....	121	127	144	151	142	116	143	114	129	128

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
—	—	—	—	—	—	—	—	2	5	16	26	29	50	47	81

Towards the end of the year, the Cancer Scheme for the South-West (Devon, Cornwall, Exeter and Plymouth) received approval in principle by the Ministry of Health, but no operative



date was fixed, presumably because the Scheme would be incorporated in the National Health Service Act on the appointed day. The Joint Cancer Committee was able to appoint a Director and to initiate the working of the Scheme, including the registration of cancer patients in order to ensure the keeping of proper records and the necessary follow-up arrangements. For the time being, the Administrative Centre of the Scheme is the Prince of Wales' Hospital, Plymouth, which together with the Royal Devon and Exeter Hospital at Exeter is a major centre for surgical and radiotherapeutic treatment. Certain other hospitals in the area are approved for surgical treatment with or without limited provision for radiotherapy for the time being. The whole scheme is closely linked to Bristol University and the Bristol Royal Hospital as the medical centre of the region.

The Scheme provides for the transfer of patients to special hospitals dealing with such matters as neuro-surgery, thoracic and plastic surgery, and specialised forms of radiotherapy. Arrangements are to be set up for the formation of cancer teams, for visiting specialists and for the interchange of medical and surgical staff between the Bristol Centre and the other hospitals in the Scheme. There are also arrangements for the examination of pathological specimens at Plymouth, Exeter, and Truro and at associated reference laboratories. In addition, the Scheme provides for the formation of any necessary subcentres, after-care, hostel accommodation for outpatients from rural areas, assistance with travelling expenses and appropriate publicity.

On 24th September, the City Council approved a recommendation of the Health Committee that Exeter should participate in a Thoracic Surgery Scheme for the South-West sponsored by the Ministry and organised by Bristol at Frenchay Hospital. Thoracic surgery is a highly specialised branch of medical practice requiring a specially trained team of surgeons, anaesthetists, assistants and nurses. It includes within its scope the treatment of many conditions which are malignant and for this reason it is mentioned here ; but it also deals with many conditions of quite different origin which require the particular knowledge, skill and experience of the thoracic surgery team. There are many senior medical practitioners alive today who can easily recall the time when the only common major operation upon the chest cavity was the removal of a rib for the purpose of draining an empyema or abscess of the pleural sac. It is not so many years ago that the removal of the lobe of a lung or operations upon the heart or deeper tissues of the thorax were regarded as impracticable surgical procedures. Thanks to advances in surgery and in diagnostic methods steps can be taken today to deal effectively with conditions which were regarded as inevitably fatal less than a generation ago, and indeed, many of those conditions could not then be diagnosed accurately during life.



## TUBERCULOSIS.

At the end of the year there were 430 persons on the Tuberculosis Register against 441 the previous year. There were 140 notifications in 1947 against 129 in 1946, but fewer deaths, namely 39 against 43. The deaths from pulmonary tuberculosis were almost the same in the two years, being 35 in 1947 and 33 in 1946, so that deaths from non-pulmonary tuberculosis accounted for the difference. The death rate from all forms of tuberculosis at 0.52 per 1,000 is thus slightly down, but the death rate from pulmonary tuberculosis shows little change.

There was no difficulty in providing beds for sanatorium treatment, although the serious shortage of nursing staff continues to cause anxiety. *Actually, the low incidence of other infectious diseases was the factor which made it possible to staff all the beds in the Tuberculosis Unit at the Isolation Hospital throughout the year.*

The following table shows at a glance the tuberculosis statistics for the City during 1947.

*Tuberculosis Statistics for the City during 1947.*

Total cases on Register, 1st January .....		441
Pulmonary .....	330	
Non-Pulmonary .....	111	
Total notifications received after deduction of 7 duplicates, but including 36 received otherwise than by formal notification .....		140
Pulmonary .....	111	
Non-Pulmonary .....	29	
Deaths during the year from tuberculosis .....		39
Pulmonary .....	35	
Non-Pulmonary .....	4	
Deaths during the year of tuberculous patients from other causes .....		3
Pulmonary .....	2	
Non-Pulmonary .....	1	
Outward Transfers .....		25
Pulmonary .....	18	
Non-Pulmonary .....	7	
No. of cases removed from Register as "Recovered" or "Mistaken Diagnosis" .....		50
Pulmonary .....	28	
Non-Pulmonary .....	22	
Taken off Register under "The Public Health (Tuberculosis) Regulations, 1930" .....		34
Pulmonary .....	17	
Non-Pulmonary .....	17	
Total cases on Register, 31st December .....		430
Pulmonary .....	341	
Non-Pulmonary .....	89	



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	—
5	2	3	6	3	—	—	—	—
10	2	—	2	—	—	—	—	—
15	6	3	1	4	1	3	—	1
20	4	10	—	1	3	6	—	—
25	6	11	1	3	7	3	—	1
35	12	7	1	—	2	—	—	—
45	6	—	—	1	1	1	—	—
55	3	1	—	—	2	2	—	1
65 and over	1	2	—	1	4	—	—	—
Totals	42	38	11	13	20	15	1	3
	104				39			

Three pulmonary cases were notified after death. In addition, there were two pulmonary cases and one non-pulmonary case, in which the diagnosis of tuberculosis was made shortly before death.

In my last Report a statistical table showing the mortality in Exeter from tuberculosis during the war years was given. This is now reproduced and brought up to date :—

Year	DEATHS.			DEATH RATES.			DEATHS OF CHILDREN UNDER 5.
	Pulmonary	Non-Pulmonary	Total	Pulmonary	Non-Pulmonary	Total	
1939	42	10	52	0.59	0.14	0.73	2
1940	46	3	49	0.62	0.04	0.66	1
1941	47	13	60	0.57	0.16	0.73	3
1942	41	8	49	0.55	0.108	0.658	1
1943	44	11	55	0.64	0.16	0.80	2
1944	47	7	54	0.68	0.1	0.78	1
1945	42	10	52	0.62	0.14	0.76	0
1946	33	10	43	0.45	0.14	0.59	0
1947	35	4	39	0.47	0.05	0.52	1



*Maintenance Allowances—Memorandum 266/T.* During the year, 22 maintenance allowances were granted under the above Memorandum, the average grant made at the time of application being 37s. 4d. per week for applicants with dependants, and 12s. 7d. per week for those without dependants. These grants are, of course, subject to alteration from time to time, to allow for any reduction in National Health Insurance benefits, admission to sanatoria, etc., Two special payments and 1 discretionary allowance were also granted.

The arrangements continue to work satisfactorily.

The total expenditure for the year was £991 8s. 8d. all of which will be reimbursed by the Ministry.

After 5th July, 1948, the payment of these allowances will be made by the Assistance Board.

### INSTITUTIONAL TREATMENT.

#### *Tuberculosis Unit, Exeter Isolation Hospital.*

Remaining under treatment on 1st January 1947			Admitted during the year			Discharged during the year			Deaths during the year.			Remaining under treatment 31st Dec., 1947.		
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
13	10	23	32	33	65	22	21	43	10	7	17	13	15	28

#### *Honeylands Children's Sanatorium, Whipton.*

Remaining under treatment 1/1/47.			Admitted during the Year.			Discharged during the Year.			Remaining under treatment 31/12/47.		
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
13	5	18	8	9	17	9	6	15	12	8	20

During the year 6 patients were transferred to the Royal Devon and Exeter Hospital from the T.B. Unit of the Exeter Isolation Hospital, and the following operations were performed:—

	Men.	Women	Total.
Thoracoplasty	—	—	—
Adhesion Section	3	1	4
Phrenic nerve crush or evulsion	—	2	2
	3	3	6



## OTHER INSTITUTIONS.

Institution.	Condition for which treated.	Remaining under treatment on 1-1-47.			Admitted during Year.			Discharged during Year.			Deaths during the year.			Remaining under treatment on 31-12-47.		
		M	F	Total	M	F	Total	M	F	Total	M	F	T'l	M	F	T'l
Princess Elizabeth Orthopaedic Hospital, Exeter	Spine .....	0	0	0	2	5	7	2	5	7	0	0	0	0	0	0
	Hip .....	1	1	2	0	0	0	0	0	0	0	0	0	1	1	2
	Ankle .....	1	0	1	0	0	0	0	0	0	0	0	0	1	0	1
	Knee .....	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
Royal Devon and Exeter Hospital Exeter	Genito-urinary .....	0	0	0	2	0	2	2	0	2	0	0	0	0	0	0
	Neck Glands .....	0	0	0	2	5	7	2	5	7	0	0	0	0	0	0
	Abdomen .....	0	0	0	1	0	1	1	0	1	0	0	0	0	0	0
	Lupus Vulgaris .....	0	0	0	0	1	1	0	0	0	0	1	1	0	0	0
	Lungs .....	1	0	1	3	3	6	4	3	7	0	0	0	0	0	0
City Hospital, Exeter	Hip .....	0	1	1	0	0	0	0	1	1	0	0	0	0	0	0
	Abdomen .....	0	0	0	1	0	1	1	0	1	0	0	0	0	0	0
Hawkmoor Sanatorium, Bovey Tracey	Lungs .....	0	4	4	4	9	13	3	11	14	0	0	0	1	2	3
Preston Hall, Maidstone, Kent	Lungs .....	3	0	3	0	0	0	1	0	1	0	0	0	2	0	2
Douglas House, Bournemouth	Lungs .....	0	0	0	1	0	1	0	0	0	1	0	1	0	0	0
Royal National Sanatorium, Bournemouth	Lungs .....	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
Total .....	.....	6	6	12	18	23	41	16	25	41	1	1	2	7	3	10

The 20 admissions of non-pulmonary cases in this table refer to 16 patients, 4 of whom were admitted more than once.



## TUBERCULOSIS DISPENSARY.

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

	PULMONARY.				NON-PULMONARY				TOTAL				GRAND TOTAL
	Adults		Children		Adults		Children		Adults		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Number of definite cases of tuberculosis on Dispensary Register at the beginning of the Year .....	143	118	18	12	21	22	20	18	164	140	38	30	372
Number of new cases diagnosed as Tuberculous during the Year .....	37	32	4	4	3	9	6	3	40	41	10	7	98
Deaths and Transfers .....	16	8	—	1	1	3	—	—	17	11	—	1	29
Deaths returned .....	2	1	—	—	—	—	—	—	2	1	—	—	3
Number of cases written off Dispensary Register —													
Recovered .....	9	8	3	4	6	2	5	5	15	10	8	9	42
Dead (all causes) .....	20	14	—	—	—	2	—	—	20	16	—	—	36
Removed to other areas .....	3	14	—	—	1	4	1	—	4	18	1	—	23
For other reasons .....	14	5	2	—	—	2	1	—	14	7	3	—	24
Number of Persons on Dispensary Register on December 31st :—													
Totally Tuberculous .....	152	118	17	13	18	24	19	16	170	142	36	29	377

In addition to the notified cases shewn above, a further 249 new cases (209 adults and 40 children) were referred to the Tuberculosis Officer for examination during the year. Of these 241 (205 adults and 36 children) were diagnosed as not suffering from tuberculosis and removed from the Dispensary List, the remaining 8 being kept under observation at the Dispensary pending definite diagnosis. 125 new contacts were examined and 312 attendances were made by other contacts already known to the Department.

In all, 1,877 attendances were made by patients and contacts at the Dispensary during 1947. 214 home visits were made by the Tuberculosis Officer, and 866 by the Tuberculosis Dispensary Nurse.

## BACTERIOLOGICAL EXAMINATIONS.

During the year 619 specimens of sputa were examined at the Dispensary. Other examinations are carried out at the Pathological Department of the Royal Devon and Exeter Hospital.



## X-RAY EXAMINATIONS.

During the year 1,106 X-ray examinations were made (906 films and 200 screens). Of this total, 17 films were taken on behalf of the Ministry of Labour and National Service, and 37 films were taken in accordance with the instructions contained in Ministry of Health Circular 33/44, dated 21st March, 1944, referring to the medical examinations of hospital staffs.

## VENEREAL DISEASE.

With the approval of the Ministry of Health, the special clinic for these diseases is held at the Royal Devon and Exeter Hospital. The clinic deals with patients from the City and the County.

The hours of attendance are :—

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

Women ..... Fridays, 3—5 p.m., and  
Mondays, 6—7 p.m.

Attendances are not limited to clinic hours, but patients attend at other times for interim treatment. These arrangements are made known to all medical practitioners in the City.

There is also an arrangement with the authorities of St. Mary's Home (voluntary) for the treatment of unmarried mothers.

The incidence of venereal disease has never been particularly high in Exeter. In common with the rest of the country, there was a fairly sharp rise during the war, but it would appear that the peak has been reached. The following table shows the position from 1939 to 1947. The number of persons attending the clinic for examination, having presumably been exposed to the risk of infection, is notable. No doubt, this reflects the increasing public awareness concerning the dangers of venereal disease thanks to persistent and well directed propaganda. Most adolescents today have some knowledge of this matter and that is all to the good. Nevertheless, continued instruction of the public is essential.

*Venereal Disease. Exeter.*

Year	New cases of Syphilis.	New cases of Gonorrhoea.	New cases of Chancroid.	Examined and found not to be suffering from V.D.
1939	13	52	—	58
1940	9	36	—	66
1941	16	31	—	78
1942	23	42	—	65
1943	11	23	1	99
1944	34	19	—	134
1945	30	25	—	116
1946	53	56	—	202
1947	31	46	—	115



The total attendances of out-patients during the year amounted to 2,215, against 2,160 the previous year.

Examination of pathological material (1946 figures in brackets) :—

For spirochetes .....	27	(37)
For gonococci .....	577	(669)
Wasserman and Kahn reaction .....	1244	(1222)
Other tests .....	113	(103)

The following figures apply to the entire department and are not given separately for the City and County (1946 figures in brackets) :—

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

Before completing a course of treatment	40	(35)
---	----	------

Number of cases transferred to other treatment centres or to care of private practitioners	51	(75)
--	----	------

Number of patients discharged from out-patient clinic after completion of treatment and observation	286	(461)
---	-----	-------

Number of cases which ceased to attend after completion of treatment, but before final tests of cure	18	(4)
--	----	-----

Number of cases who, on 31.12.47 were under treatment or observation	223	(197)
--	-----	-------

	618	(772)
--	-----	-------

The total number of cases under treatment at the end of the year showed an increase of 26. The Clinic Medical Officer has the services of an almoner to assist in the following up of defaulters. He reports that the arrangement is satisfactory.

Everything possible is done to persuade patients to complete a proper course of treatment and final tests of cure. It is not sufficiently appreciated by some patients that incomplete treatment merely masks symptoms and that serious results may follow at a later date, even many years after disease has apparently disappeared.



*Defence Regulation 33B.*

In no case were two Forms I received in respect of a contact. Altogether 9 single Forms I were received in respect of alleged contacts. It was possible to take informal action in 5. The particulars in the remaining forms were too vague to permit of enquiries being made.

Informal action outside the scope of the regulations resulted in 5 contacts being traced, 3 of which submitted to examination or were already under treatment.

This regulation came to an end on 31st December. It was designed to trace sources of infection and bring them under treatment. If two complaints about an individual were received on the appropriate form it was possible to take statutory action even to the extent of bringing a recalcitrant person before a court with a view to securing treatment by court order. At a later stage the Ministry suggested that Health Departments might endeavour to take informal action upon a single complaint. Such action needs great care and the whole business must be regarded as strictly confidential. During the currency of the regulation, no court cases occurred in Exeter ; a considerable number of investigations of single complaints were undertaken with useful results. The Ministry has now suggested that a modified follow-up scheme should operate and that certain officers should be nominated by the Local Authority to act. Only officers so nominated will undertake this rather delicate and at times difficult task.

**INFANT LIFE PROTECTION.**

On the 31st December, 1947, there were 41 foster children in the City, and the number of registered foster mothers was 36.

The Health Visitors paid 206 visits to foster mothers during the year. The figures for the previous year were 42, 38 and 258 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.

During the past few years there has been a gradual fall in the number of children boarded out for gain and coming under the Child Life Protection sections of the Public Health Act, 1936. This is all the more surprising when one considers the substantial rise in illegitimacy during the war. When the Children Bill now before Parliament becomes law, these children will come under the care of the Local Authority's Children's Officer together with other children who are now the care of sundry committees under various statutes. Health Visitors will, however, continue their duties in respect of these children and form the link between the Children's Committee and the Health Services of the Council.



## MATERNITY AND CHILD WELFARE.

During the early part of the year a branch of the Northern Child Welfare Centre was opened at the Whipton Village Institute and I would like to take this opportunity of thanking the Managers of the Institute for their ready co-operation and the voluntary workers for undertaking additional duties. The first meeting was held on the 10th January, 1947, and the arrangement has been an outstanding success from the first. The original Northern Centre meets at the Alice Vlieland Welfare Centre, Bull Meadow Road, on Thursday afternoons, and the Whipton branch on Friday mornings. Attendances at the latter are frequently in the neighbourhood of 70 mothers. The Central Welfare continues to meet at the Alice Vlieland Welfare Centre on Tuesday afternoons, the Eastern at the Shakespeare Road Community Centre on Wednesday afternoons, and the Western at the Merrivale Road Community Centre on Friday afternoons. Consideration has been given by the Committee to the establishment of a branch welfare centre in Heavitree, but shortage of trained staff makes this impossible at present.

The Municipal ante- and post-natal clinic meets twice a week at the Alice Vlieland Centre, and this is supplemented by clinics conducted by the Exeter Maternity and District Nursing Association at various centres on behalf of the Council.

A folder giving full details of the Council's Maternity and Child Welfare Services has been available for a number of years, and should be handed to all mothers by Health Visitors at the first visit as well as to expectant mothers calling at the Health Office.

Health Visitors give approximately one-third of their time to the work of the Public Health Department, including the investigation of cases of infectious disease, one-third to Maternity and Child Welfare duties, and one-third to the work of the School Health Department.

## I.—CHILD WELFARE CENTRES.

Centre.	Average No. of Infants on Books.	Average No. of Attendances of Children.
Central District .....	278	66.8
Western District .....	304	73.0
Northern District .....	514	82.2
Eastern District .....	282	66.5



Altogether 1,828 children under school age attended the Centres, making 16,784 attendances. The attendances of the various age groups were as follows :—

	Under 1	1 to 2	2 to 3	3 to 4	4 to 5	Total.
Central .....	2292	556	277	221	116	3462
Western .....	2967	424	186	107	45	3729
Northern .....	4365	816	442	296	236	6155
Eastern .....	2514	516	191	136	81	3438
Total .....	12138	2312	1096	760	478	16784

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

No. of sessions held .....	103
No. of mothers attending .....	269
Total attendances .....	1166

### Of new cases :—

Ante-Natal .....	246
For diagnosis .....	—
Post-Natal .....	6

### Referred by :—

Doctors at Welfare Centres .....	4
Health Visitors .....	—
Midwives .....	2
Private practitioners .....	2

Miscellaneous (e.g., by office staff in cases already sanctioned by the Committee for the Maternity Home, by other mothers attending the Clinic) .....	244
--	-----

### Referred for treatment :—

Dental treatment .....	85
Royal Devon and Exeter Hospital .....	10
Birth Control Clinic .....	—
Eye Infirmary .....	1
Dispensary .....	—
V.D. Clinic .....	9



## 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 .....	283
No. of visits as midwives .....	6293
No. of cases attended as Maternity Nurses .....	161
No. of visits to cases as Maternity Nurses .....	3479
Total number of cases seen at the Clinics .....	479
Attendances at the Clinics .....	2365
Examined by Doctor .....	714
Visits to patients' homes .....	1728
Total number of cases seen at the Post-Natal Clinics .....	120
Total number of attendances .....	290
Examined by Doctor .....	120
Total number of Medical Aid Forms, for Mother or Baby .....	133
Total number of Medical Aid Forms, for Mother, ante-natal .....	26
Total number of cases referred to Hospital .....	28
No. of cases dealt with under lying-in-charity .....	6

During the year 599 mothers attended the Associations' Ante-Natal and Post-Natal Clinics, making 2,655 attendances. Of this total, 834 attendances were to see the Association's medical officers, and 1,821 to see nurse-midwives.

The Association also undertakes nursing of the sick poor on behalf of the Public Health Committee. During the year, 2,195 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 up to 26th February, 1943.

The Ministry's scheme for the distribution of fruit juices and vitamin-containing preparations came into being on 8th December, 1941.

The Council has continued to supply certain medicinal foods and special preparations. These are available at cost price, or free on the basis of the National Milk Scheme scale.



## V.—BIRTHS.

1,405 notifications of live births were received during the year; 98.08 per cent. of the notifications were made by midwives, and 1.92 per cent. by medical practitioners or relatives.

In 324 instances the midwives summoned medical help, in accordance with the rules of the Central Midwives Board, while 85 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	.....	7
Ruptured perineum	.....	101
Prolonged labour	.....	32
Abnormal presentation	.....	26
Ante-partum haemorrhage	.....	13
Post-partum haemorrhage	.....	8
Adherent placenta	.....	4
Stillbirth	.....	—
Albuminuria	.....	9
Miscarriage	.....	6
Rise of temperature	.....	21
Unsatisfactory condition of mother	.....	22
Unsatisfactory condition of baby	.....	75
Patient's wish	.....	—
		<hr/>
		324

## VI.—STILLBIRTHS.

The number of stillbirths during the year was 34, including 3 inward transfers. Of the 31 stillbirths, 28 were attended by doctors and 3 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	3	12
Malformation of Infant	—	2
Toxaemia of pregnancy and albuminuria	1	1
Ante-Partum Haemorrhage	—	3
Ill-health of, or accident to mother	4	1
No cause assigned	4	—
Totals	12	19



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

During the year, the health visitors paid 1,221 first visits and 5,191 subsequent visits to children under the age of 12 months and 5,717 visits to children between the ages of 12 months and 5 years. This is an increase on the figures reported last year.

## VIII.—MATERNITY HOME AND SERVICES.

At Mowbray House, Heavitree, 18 beds, together with 2 observation beds are provided. The part-time medical officer, in charge of the clinical work is Dr. Bertha Hinde. 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	.....	359
Patients admitted to Royal Devon and Exeter Hospital	.....	184
Other Institutions	.....	Nil.
		—
Total	.....	543
		—

## 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 220 cases have been referred. Of these, 11 failed to attend, 17 have left the City, 8 have died, 39 are known to have become pregnant, and 41 have been taken off the books for non-attendance. The work of the Clinic is useful in appropriate cases, particularly when it is desirable to postpone the possibility of pregnancy for a time.

## X.—DENTAL TREATMENT.

Expectant and nursing mothers are referred for dental treatment by the Medical Officers of the Ante-Natal Clinics, the Welfare Centres and the associated clinics of the Exeter Maternity and District Nursing Association.

Mr. C. A. Reynolds, Senior Dental Surgeon, reports as follows :—



The two dental officers employed by the Authority devote approximately a quarter of their time to dental treatment other than that of school children.

	<i>Expectant &amp; Nursing Mothers.</i>	<i>Pre-school Children.</i>
Number treated .....	138	80
Attendances .....	542	118
N <sub>2</sub> O .....	89	42
Extractions .....	687	114
Fillings .....	112	45
Dentures .....	86	—
Scaling .....	21	—

Nursing and expectant mothers who are recommended from the Welfare Centres and the Ante-Natal Clinics form the greatest part of this work, and during the last two years the number treated has almost doubled—138, compared with 118 in 1946 and 72 in 1945.

A considerable number of patients were made dentally fit without the provision of dentures. The 86 dentures were fitted for 51 patients and included 58 full dentures. 23 patients had full upper and lower dentures fitted.

Extractions are generally carried out under general anaesthetics, and I would here express my appreciation to Dr. Ward for her work in this connection, not only with mothers, but also pre-school children. The new Walton nitrous oxide and oxygen apparatus has contributed much to the comfort of the patients and to the satisfaction of anaesthetist and operator.

Figures of work for pre-school children show some decline on the previous year, particularly in the number of fillings. It is only where one or two fillings in deciduous teeth will preserve a perfect arch that such work can be justified while so many school children are awaiting fillings of *permanent* teeth.

Four patients received emergency treatment at the Isolation Hospital.

Seventeen patients of the City Hospital were treated. Twelve general anaesthetics (mostly intravenous) were administered at the Hospital by Dr. Laird and 117 teeth were extracted. Two dentures were fitted, six teeth filled and two scalings carried out.

## XI.—ORTHOPAEDIC TREATMENT.

During the year 37 children from the Infant Welfare Centres received treatment for the following conditions :—

Congenital deformities .....	10
Injuries at birth .....	—
Rickets and sequelae .....	24
Polio-myelitis .....	1
Miscellaneous .....	2



## XII.—OPHTHALMIA NEONATORUM.

Year.	Cases.			Vision unimpaired	Vision impaired	Total Blindness	Re-moved from district	Deaths	Total
	Notified	Treated.							
		At Home	Hospital						
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
1943	3	2	1	3	—	—	—	—	3
1944	3	1	2	2	—	—	1	—	3
1945	2	1	1	1	—	—	1	—	2
1946	2	—	2	2	—	—	—	—	2
1947	6	5	1	6	—	—	—	—	6

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.

## XIII.—DAY NURSERIES.

The Council's three day-nurseries remain the responsibility of the Maternity and Child Welfare Committee (now the Maternity and Child Welfare Sub-Committee of the Health Committee) on a grant-aided basis, the Government grant being 48.5% of approved expenditure.

Each is a 40 place nursery. Two operate six days a week and take children aged from one to five; the third operates five days a week and takes children aged from two to five. 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 minor ailment and dental clinics. The whole-time nurseries are visited and the children examined by one of the assistant medical officers every month, and the part-time nursery quarterly. In addition, the Medical Officer of Health visits the nurseries in a supervisory capacity at frequent intervals, and the nursery staff are in close touch with the health visitors of the district. The charges to parents have remained the same, viz. :— 1/- per day for the whole-time nurseries and 6d. per day for the part-time nursery.

Early in the year, the nurseries were approved as training nurseries for the certificate of the National Nursery Examination Board, the 0—1 age range work being carried out by arrangement with the Dunraven Babies' Home (voluntary) which home has been approved provisionally.



The first batch of students began work in April. Each student spends two days a week in the various studies set out in the Board's syllabus, and the remainder of her time in practical work in the nurseries. The course is conducted by the Education Authority as part of the "further education" arrangements under the Education Act, 1944.

The nurseries remain full, and there is a substantial waiting list. It is obvious that they supply a need and serve a useful purpose. The fear that epidemic diseases would be increased by bringing so many young children together has not been justified. On the contrary, the children are better in every way for the care they receive while their parents are at work, and for mixing with one another and learning the lessons of life in the community at an early age.

#### XIV.—CARE OF PREMATURE INFANTS.

Under Circular 20/44, dated 22nd March, 1944, steps have been taken to obtain the birth weight of infants on the notification of birth forms, thus enabling Health Visitors to pay special attention to underweight babies.

Additional cots and other apparatus have been provided to the Exeter Maternity and District Nursing Association (responsible for the domiciliary midwifery service under the Midwives Act, 1936) for loan in suitable cases. The police ambulance is equipped with an electrically-heated blanket. An infant oxygen tent has been supplied to the Municipal Maternity Home.

It has not been possible to arrange any special hospital accommodation other than that provided by the Maternity Unit of the Royal Devon and Exeter Hospital.

#### XV.—CARE OF ILLEGITIMATE CHILDREN.

The Maternity and Child Welfare Committee has continued to give attention to the recommendations in Circular 2866, dated 1st October, 1943. The majority of illegitimate children are cared for by their relatives and come within the ordinary machinery of the Department. There are a few, however, where various social problems arise which can best be met by the existing voluntary and Service associations dealing with these matters. The real need, as the circular suggests, is for someone to co-ordinate existing services and to be in close touch with the Health Visitors and the Maternity Department. An arrangement has been made with the Diocesan Association for the Care of Girls for the Association's Welfare Officer to carry out the necessary work on behalf of the Council. The duties of this officer are important, though possibly not widely understood or appreciated. She has to work in close touch with the Senior Health Visitor, the Matron of the Municipal Maternity Home, the Clerk in charge of the Department, officers of the Social Welfare Committee and various voluntary bodies.



Every effort is made to persuade mothers to bring their children regularly to the Child Welfare Centres, and attendance at the Centres is a condition of registration of foster-mothers.

Reference to the vital statistics at the beginning of this report will show that the death rate of illegitimate infants is substantially higher than that of legitimate.

#### XVI.—SUPPLY OF SHEETS FOR EXPECTANT MOTHERS.

Circular 154/44, dated 3rd November, 1944. This scheme, whereby expectant mothers can obtain priority dockets up to a maximum of three sheets in certain circumstances, is in operation.

#### XVII.—HOME AND DOMESTIC HELPS SCHEME.

During the latter part of 1946 and the early part of 1947, the Maternity and Child Welfare Committee had under consideration a scheme to supply Home Helps and Domestic Helps in certain circumstances. The powers to provide Home Helps for expectant and nursing mothers and for cases where children under the age of five years have to be cared for are derived from Section 204 of the Public Health Act, 1936, whilst the power to provide Domestic Help in any other type of case is derived from Defence Regulation 68E, and it is the cost of the latter cases only which are reimbursable by the Ministry. It was decided to operate a combined scheme and to keep appropriate records of the numbers of each type of case assisted so that the cost could be apportioned between the two services. During the year details of the scheme were worked out and the approval of the Council and the Minister obtained. The Scheme, which came into being on 1st July, is intended to help the following types of case in order of priority :—

- (a) Lying-in mothers who have their confinements at home.
- (b) Illness during the ante-natal period necessitating rest or admission to hospital.
- (c) Any other approved case connected with pregnancy or child-birth.
- (d) Illness of housewife or person acting as such, including admission to hospital where the care of children is necessary.
- (e) Elderly people who are infirm or ill.



- \* (f) Where several members of a family are ill at the same time.
- (g) Other approved cases, e.g., essential temporary absence of housewife.

\*(Cases of infectious disease will require special consideration. It is emphasised that the Home Help is not a nurse; moreover, she is precluded by the Midwives Act, 1936, from taking any professional part in the conduct of a confinement for reward, other than in an emergency.)

It was decided to appoint a whole-time Organiser with the following duties :—

- (a) To recruit and supervise Helps
- (b) To allocate Helps
- (c) Assessment of householders' contributions according to a scale
- (d) Collection of contributions—with assistance
- (e) Payment of Helps
- (f) Co-operation with voluntary bodies
- (g) Maintenance of proper records, accounts, etc., and submission of reports as required.
- (h) Publicity.

The Helps are regarded as temporary servants of the City Council and are paid on a scale related to the National Minimum for Domestic Workers in Hospitals, Institutions, etc. Helps provide their own food. Where a Help has to travel between the households, remuneration is given for reasonable time so spent. No retaining fees are paid.

The scale of recovery from householders is based upon the scale recommended by the Metropolitan Boroughs Standing Joint Committee. In practice, this varies from nothing in the case of the lowest incomes to the full cost of the Help plus a small charge to meet overhead expenses in the case of those who are reasonably well off. The scheme is still in its early stages and it is probable that the scale of charges may need revision in the light of experience.

At the end of the year the Organiser reported as follows :—



## REPORT FOR THE PERIOD 1-7-47 TO 31-12-47.

*Helpers :*

No. of workers at	1st July	.....	1
„ „ „ „	1st August	.....	5
„ „ „ „	1st September	.....	7
„ „ „ „	1st October	.....	9
„ „ „ „	1st November	.....	12
„ „ „ „	1st December	.....	15
„ „ „ „	31st December	.....	16
	(Full-time)	.....	9
	(Part-time)	.....	7

*Applications for Help :*

No. of cases helped	.....	56
No. of maternity cases booked for 1948	.....	17
No. of Home Helps supplied	.....	32
No. of Domestic Helps supplied	.....	24
No. of hours worked by Home Helps	.....	3,879
No. of hours worked by Domestic Helps	.....	2,161½

Until 6th December, 1947, no genuine applications were refused, but on that date the winter rush began and on that and subsequent days two or three applications for immediate help were refused as all the workers were engaged.

Previous to 6th December, 1947, the only applications refused were those from outside the City boundaries and from applicants requiring permanent or resident help.

*Charges for Help :*

Approximately £150 has been received from householders and paid to the City Treasurer.

Charges for Help, based on income, vary from free help to a maximum of 2/- per hour or £4 per week. Two cases only, both Domestic Helps, have qualified for free help and five cases (4 Home and 1 Domestic) have paid the maximum charge.

*Type of case helped :*

Almost every type of case that comes within the scope of the service has been helped, from the birth of infants to the death of the aged, including ante-natal illness, complications following confinements, illness of mothers, illness of whole families, essential absence of the housewife and care of the infirm.



*Advertisement :*

Many applicants asked for help on their own initiative, having noted the write-up in the Express and Echo. In other cases, recommendations have been received from the Health Visitors, the Queen's Nurses, the Almoner of the Royal Devon and Exeter Hospital, from the Education Authority (to prevent children staying away from School when mothers are ill) from the Citizens Advice Bureau, Relieving Officer and Assistance Board as well as from doctors on behalf of private patients. However, many householders applied as a result of the recommendation of friends.

Early in the new year it became apparent that the availability of Helps and the demand for their services justified an approach to the City Council by the Committee with a view to increasing the establishment. It was decided to seek the Ministry's approval for an establishment of 10 whole-time and 10 part-time Home or Domestic Helps. At the same time, it was decided to appoint a part-time assistant organiser to undertake the work in the absence of the Organiser and to assist generally.

In recording that this very desirable scheme has met with greater success than was anticipated, I would like to take the opportunity of thanking the Home Helps Sub-Committee for the large amount of time and thought they have devoted to the matter, and Miss M. Humpherson, Organiser, for the work and enthusiasm she has put into it.

## 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 29 fever patients remained under treatment, 6 of these being from the County. During the year 240 patients were admitted, 61 from the County and 179 from the City. At the end of the year 15 patients remained under treatment—3 from the County and 12 from the City.

The work of the Tuberculosis Unit at the Hospital is recorded in a separate section of this Report.

1947.

Disease.	Remain- ing.	Ad- mitted.	Discharged.		Deaths.	Remain- ing at end of year.
			Diag- nosis con- firmed.	Diag- nosis not con- firmed.		
Scarlet Fever .....	18	104	108	6	—	8
Diphtheria .....	2	20	11	9	2	—
Tonsillitis .....	—	1	1	—	—	—
Enteric Fever .....	—	2	1	1	—	—
Dysentery .....	—	2	2	—	—	—
Mumps .....	—	5	3	2	—	—
Erysipelas .....	—	4	3	1	—	—
Measles .....	9	36	39	6	—	—
Pemphigus Neona- torum .....	—	8	7	—	—	1
C'bro-sp'l Meningitis .....	—	3	1	2	—	—
Whooping Cough .....	—	14	8	—	6	—
Chicken Pox .....	—	4	4	—	—	—
Rubella .....	—	3	2	1	—	—
Poliomyelitis .....	—	28	13	8	1	6
Miscellaneous .....	—	6	6	—	—	—
Totals .....	29	240	209	36	9	15

The number of patients admitted was below the average, but not the lowest in recent years. In 1932 there were 191 admissions and in 1933 only 146.

#### NOTES.

*Scarlet Fever.* 2 cases were complicated by measles, 2 by otitis media, 2 by broncho-pneumonia, 1 by bronchitis, 1 by mumps, 1 by erythema nodosum, 1 by osteomyelitis of upper end of right humerus, 1 by pneumonia and chronic nephritis, and 1 by pyelitis.

1 case was an example of "surgical scarlet fever" following a scald. In 6 cases the diagnosis was not confirmed. The correct diagnoses were as follows:— 2 streptococcal tonsillitis without rash, 1 enteritis, 1 rubella and 2 "no appreciable disease."



*Diphtheria.* There was 1 case of nasal diphtheria, not immunised. Another case was a faucial carrier, also not immunised. There were 5 cases in one family, 4 not being immunised 1 of which died: the eldest was stated to have been immunised five or six years previously. In another case, a child visitor, it was not possible to ascertain whether the patient had been immunised or not. In 10 cases the diagnosis was not confirmed. The correct diagnoses were as follows:—5 streptococcal tonsillitis, 1 Vincent's Angina, 1 bronchitis, 1 quinsy, 1 acute catarrhal laryngitis, 1 broncho-pneumonia (fatal).

*Enteric Fever.* 1 was a case of paratyphoid B. and the other a case of food poisoning due to bacillus Aerttrycke.

*Dysentery.* 2 cases of non-specific enteritis.

*Mumps.* 1 case was complicated by an abscess in the sub-maxillary gland and 2 cases were incorrectly diagnosed, being cases of streptococcal tonsillitis with secondary infection of the cervical glands.

*Erysipelas.* 1 case was incorrectly diagnosed, being a case of seborrhoeic dermatitis.

*Measles.* 8 cases were complicated by broncho-pneumonia, 2 by broncho-pneumonia and whooping cough, 7 by bronchitis and 1 by pleurisy.

In 6 cases the diagnosis was not confirmed. The correct diagnoses were as follows:—rubella 5, broncho-pneumonia without evidence of measles 1.

*Cerebro-spinal Meningitis.* 2 out of the 3 admissions were incorrectly diagnosed, 1 being a case of tonsillitis and the other osteomyelitis of the lower end of the left femur.

*Whooping Cough.* All the cases of whooping cough except one were complicated by broncho-pneumonia or bronchitis.

*Rubella.* 1 case was found to be measles.

*Poliomyelitis.* The first admission came from Seaton and was on 5th July. There were no admissions from the City until 6th October. The diagnosis was not confirmed in 8 out of the 28 admissions, but 1 of these was probably an abortive case. The other 7 wrongly diagnosed cases were as follows:—2 tonsillitis, 1 undulant fever, 1 nasal sinusitis, 1 bronchitis with congenital malformation, 1 acidosis, and 1 hysteria. Of the 13 discharged or transferred to the Princess Elizabeth Orthopaedic Hospital, 4 showed no paralysis, 3 slight paralysis and 6 more or less severe degrees of paralysis. There was 1 fatal case.

*Miscellaneous.* Included under this heading are 3 cases of food poisoning due to infection by bacillus Aerttrycke, 1 case of cerebral thrombosis, 1 case of pleural effusion (tuberculous) and 1 case of non-specific enteritis.

#### 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.



## MEDICAL EXAMINATIONS MADE ON BEHALF OF THE COUNCIL.

For admission to the Superannuation Scheme, sickness, or on return to employment after sickness or injury in the Services .....	213
For employment in Day Nurseries .....	7

In addition, all nurses employed in the nursing of pulmonary tuberculosis are medically examined, including X-ray examination, twice a year, and monthly weight records are kept.

## APPENDIX ON POLIOMYELITIS.

The following is a picture of the outbreak of acute anterior poliomyelitis as it affected the district served by Exeter Isolation Hospital (roughly, East and Central Devon) during 1947. It is interesting to note that the first case occurred at Seaton early in July, and that the first case in the City of Exeter occurred as late as October. The Seaton case may well have been related to visitors from London and elsewhere, and one of the other early cases (from Sidmouth) was actually a visitor. The first cases in Exeter arose in the Whipton—Pinhoe District on the north eastern boundary of the City, and about this time there was a doubtful case at Poltimore which is not included here.

As a matter of convenience and accuracy, the date of admission to hospital is given. As a rule, the patient was not ill for more than two or three days before admission, but in some cases the exact date of onset was vague and could not be determined. In other cases there was a history of a prodromal illness such as malaise with sore throat one or two weeks previously, the symptoms clearing up before the more definite onset of acute anterior poliomyelitis supervened.

Patients found to have been wrongly diagnosed are omitted. There would probably have been more of these if we had not insisted upon suspicious cases being seen in consultation and observed in their own homes. There is no doubt that this is the right plan whenever possible. It is unwise to fill up hospital beds with "observation" cases, particularly in these days of staff shortage. There are also difficulties about the individual isolation of suspects in hospital which must be taken into consideration. No hospital has unlimited cubicle accommodation.

The Ministry of Health film dealing particularly with diagnosis was shown in Exeter on two occasions and was much appreciated by all concerned.

When describing the smaller outbreak in 1937 I remarked that the most valuable single diagnostic measure was lumbar puncture and examination of the cerebro-spinal fluid. This still holds good. Careful history taking is also important, as well as repeated general examination and search for minor degrees of muscle weakness.



1947.

<i>Date of Admission to Hospital.</i>	<i>Age</i>	<i>Place of Occurrence.</i>	<i>Notes.</i>
5th July	20	Seaton	Severe case including respiratory paralysis. Transferred Orthopaedic Hospital 16th August.
13th August	20	Dawlish	* Severe case. Pregnant. Transferred Orthopaedic Hospital 12th September.
2nd September	15	Kenton	Severe case with much meningeal irritation. Resultant paralysis not extensive. Made outpatient Orthopaedic Hospital 27th September.
4th September	25	Ottery St. Mary	Moderate case. Resultant paresis confined to shoulder muscles one side. Made outpatient Orthopaedic Hospital 20th September.
6th September	22	Pinhoe	Slight paresis left leg.
6th September	13	Sidmouth	Slight paresis, right leg. A child visitor from London.
16th September	4½	Bridford	Considerable paralysis — discharged to Orthopaedic Hospital 18th October.
17th September	32	Pinhoe	* Meningeal type—no residual paralysis. Pregnant.
6th October	27	Whipton, Exeter	Meningeal type—no residual paralysis.
9th October	1½	Pinhoe	Considerable paralysis — discharged to Orthopaedic Hospital 28th November.
17th October	35	Whipton, Exeter	Polio-encephalo-myelitis. Fatal.
† 31st October	6	Whipton, Exeter	Home nursed—slight paresis.
1st November	12	Whipton, Exeter	Severe paralysis—discharged to Orthopaedic Hospital, 15th December.
9th November	3	Exwick, Exeter	Moderate paralysis right leg. Discharged to Orthopaedic Hospital 15th December.
25th November	15	Kenton	Slight paresis—made outpatient Orthopaedic Hospital, 13th December.
29th November	2½	St. Thomas, Exeter	Paralysis left lower limb—discharged to Orthopaedic Hospital 1st January, 1948.
1st December	18½	Heavitree, Exeter	Moderate paralysis—discharged to Orthopaedic Hospital 5th January, 1948.
7th December	34	St. David's, Exeter	Moderate paralysis—discharged to Orthopaedic Hospital 1st January, 1948.
17th December	9	Dawlish	Meningeal type—no residual paralysis.
25th December	6	Dawlish	Considerable paralysis. Discharged to Orthopaedic Hospital, 16th January, 1948.

† Date of Notification.

\* Both pregnancies ended satisfactorily, the children being healthy.



1948

<i>Date of Admission to Hospital.</i>	<i>Age</i>	<i>Place of Occurrence.</i>	<i>Notes.</i>
2nd January	10	St. David's, Exeter	Slight paresis—made out-patient Orthopaedic Hospital 7th February, 1948.
16th January	1 3/12	Dawlish	Considerable paralysis. Discharged to Orthopaedic Hospital 12th February.
27th January	5	Whipton, Exeter	Meningeal type, no residual paralysis.
10th February	9	St. James, Exeter	Meningeal type, no residual paralysis.
5th March	18	Shute, Nr. Axminster	Considerable paralysis, including respiratory paralysis.

It is now widely held that acute anterior poliomyelitis is a very common disease, especially of children, but that paralysis does not occur in the great majority of cases. If this be true and if the common manifestations are those of a vague malaise with variable and passing symptoms, diagnosis of the common and mild cases is exceedingly difficult in the absence of any easily applied test. Missed cases must be common. The peculiar sequence of cases given above could be explained on this theory.

So far as the Exeter patients were concerned, a very careful search was made for missed cases with almost completely negative results.

Throughout the outbreak we have worked in close co-operation with the orthopaedic surgeons, and they have had access to our cases at the Isolation Hospital at all times. It is no longer the fashion to apply plaster to paralysed limbs at an early stage and I think this expectant attitude has proved beneficial. In the early stages the simplest supports are sufficient to prevent discomfort and deformity. There is some evidence that repeated lumbar puncture is beneficial in the acute stage. The "iron lung" which was given to our hospital, among others, by Viscount Nuffield some ten years ago has proved useful, indeed, life saving, and was required in the first case. During all this time steps were taken to maintain it in good working order and this care has been well justified.

Suitable advice about parties and other gatherings of young people was published in the local press, but the nature of the outbreak did not justify the curtailment of ordinary activities and no schools had to be closed.



