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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 1948

EXETER :

BESLEY & COPP, LTD., COURTENAY ROAD,

1949



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ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH

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 1948.

The Report has been prepared in accordance with instructions contained in Ministry of Health Circular 3/49, dated 17th January, 1949, and in accordance with the Sanitary Officers (Outside London) Regulations, 1935, and the Sanitary Officers Order, 1926.

The changes to be brought about by the National Health Service Act, 1946, were outlined in the preface to my report for the year 1947. As everybody knows, the Act came into force on 5th July, 1948, and this has made it necessary to recast the form of the report to some extent so that the work of the department may be presented as a continuous and orderly sequence throughout the year and in a manner which the general reader may follow easily. The report opens with the customary statistical information, followed by some general information and the report of the Chief Sanitary Inspector which is concerned mainly with environmental hygiene. There then follows the various sections of Part III of the Act, beginning with section 22 (Care of Mothers and Young Children) and describing the work done during the year under each heading. On the appointed day, the hospital functions of local authorities were transferred to the appropriate Management Committees of the Regional Hospital Boards, but as the officers of the Council continued their duties as agents for varying periods it is fitting to provide information for the whole year. To make the position quite clear, I have divided the hospital reports into two parts, viz :— the work carried out up to the appointed day and the work carried out thereafter. Thus continuity of statistical information has been maintained. It is a matter of regret in many ways that I shall not have the privilege of presenting this section of the report to you again. This report will show that the change to the new order has been effected satisfactorily and smoothly. No major difficulties have been encountered. It will take time, of course, for some of these services to develop their fullest value.

Dealing with the year under review, the general health of the City has been satisfactory. There has been no major epidemic. A mild type of scarlet fever was prevalent during the autumn and early winter. Only one case of diphtheria is recorded, an adult, and there were no deaths from this disease, nor from measles, whooping cough, scarlet fever or typhoid fever. In fact, there was only one death from notifiable infectious disease, a case of erysipelas. Three cases of enteric fever were notified by one of the general hospitals in the City, but none belonged to Exeter or were infected here.

The Registrar General's vital statistics for the City are encouraging. Previous to the war the death rate for Exeter was always below that of the country generally, but since 1940 it has exceeded the general rate. The rate has now fallen again. The tuberculosis death rate shows a further decline. A maternal mortality rate of 1.5 is satisfactory and an infantile mortality rate of 18.2 is the lowest ever recorded. These figures are the subject of further comment in the text.

In concluding this introduction, I desire to thank the members of the Health Committee for their interest and help during the year, and particularly the Chairman and the Chairmen of the several sub-committees for the time and consideration they have given to the work. I desire to thank my colleagues in the various departments of the Council for their ready assistance at all times. In recording my most sincere appreciation of the work of the staff during the year, I would mention especially the Chief Sanitary Inspector, Mr. F. G. Davies, the Chief Clerk, Mr. E. S. Howells, and the Mental Welfare Officer, Mr. R. W. Stiles.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

G. F. B. PAGE.

CITY AND COUNTY OF THE CITY OF EXETER.

Public Health Committee.

Mayor—

ALDERMAN W. T. SLADER, J.P.

Chairman—

COUNCILLOR W. R. NORTHCOTT.

Deputy Chairman—

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

Alderman W. T. BAKER
Alderman H. C. PEDRICK,
(To 23.11.48)
Alderman F. H. TARR, J.P.
Councillor P. F. BROOKS,
(From 28.9.48).
Councillor J. COOMBES
Councillor Lt.-Col. R. H. CREASY
Councillor W. A. DOCKER,
(From 25.5.48).
Councillor J. A. GRAVES.
Councillor W. J. HARRISON,
(To 25.5.48).
Councillor Mrs. R. M. A. HODGE
Councillor W. HUNT.
Councillor J. B. MARTIN.
Councillor Mrs. M. NICHOLS.

Councillor S. J. PAGE,
(From 23.11.48).
Councillor E. PEDLAR,
(To 5.7.48).
Councillor A. S. POWLEY,
(From 29.1.48).
Councillor A. H. ROBERTS.
Councillor R. R. ROBINSON.
Councillor P. D. ROWSELL.
Councillor Miss O. M. RUDD,
(To 27.1.48).
Councillor E. RUSSELL.
Councillor W. J. TROKE
Councillor E. C. L. TOZER.
Councillor Mrs. E. E. TINKHAM.
Councillor B. WHEATON.
Councillor S. W. WOODCOCK

Co-Opted Members—

Mr. W. R. B. ARNOLD.
Mrs. A. BARTLETT.
Mrs. M. COLLINGS.
Dr. A. H. G. DOWN.
Dr. R. GRAY.

Mr. W. H. B. HAWKEN
Dr. J. RUSSELL.
Mrs. S. J. SMITH, J.P.
Mrs. B. STEELE-PERKINS.
Mr. W. J. SELLEY.

Town Clerk—C. J. NEWMAN, Esq., O.B.E.

SUB-COMMITTEES. GENERAL PURPOSES.

Chairman—

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

Deputy Chairman—

COUNCILLOR J. COOMBES.

Alderman W. T. BAKER.
Alderman H. C. PEDRICK,
(To 23.11.48).
Alderman F. H. TARR, J.P.
Councillor W. A. DOCKER,
(From 25.5.48).
Councillor J. A. GRAVES.
Councillor W. HUNT.
Councillor W. J. HARRISON,
(To 25.5.48).

Councillor S. J. PAGE,
(From 23.11.48).
Councillor A. S. POWLEY,
(From 29.1.48).
Councillor E. RUSSELL.
Councillor E. C. L. TOZER.
Councillor Miss O. M. RUDD.,
(To 27.1.48).

Co-Opted Members—

Mr. W. R. B. ARNOLD.
Dr. A. H. G. DOWN.

Mr. W. J. SELLEY.

together with the Right Worshipful the Mayor of Exeter and the Chairman and Deputy Chairman of the Health Committee—*ex-officio*.

MATERNITY AND CHILD WELFARE

Chairman—

COUNCILLOR MRS. E. E. TINKHAM.

Deputy Chairman—

COUNCILLOR MRS. M. NICHOLS.

Councillor P. F. BROOKS,

(From 28.9.48).

Councillor J. COOMBES.

Councillor Mrs. R. M. A. HODGE

Councillor E. PEDLAR,

(To 5.7.48).

Councillor P. D. ROWSELL.

Councillor W. J. TROKE.

Councillor B. WHEATON.

Councillor S. W. WOODCOCK.

Co-Opted Members—

Mrs. A. BARTLETT.

Mrs. M. COLLINGS.

Mr. W. H. B. HAWKEN.

Mrs. S. J. SMITH, J.P.

Mrs. B. STEELE-PERKINS.

together with the Right Worshipful the Mayor of Exeter and the Chairman and Deputy Chairman of the Health Committee—*ex-officio*.

MENTAL HEALTH

Chairman—

COUNCILLOR B. WHEATON.

Deputy Chairman—

COUNCILLOR MRS. E. E. TINKHAM.

Alderman H. C. PEDRICK,

(To 23.11.48).

Councillor Lt.-Col. R. H. CREASY

Councillor Mrs. R. M. A. HODGE.

Councillor J. B. MARTIN.

Councillor S. J. PAGE,

(From 23.11.48).

Councillor A. H. ROBERTS.

Councillor R. R. ROBINSON.

Co-Opted Members—

DR. J. RUSSELL.

together with the Right Worshipful the Mayor of Exeter and the Chairman and Deputy Chairman of the Health Committee—*ex-officio*.

AMBULANCE

Chairman—

COUNCILLOR A. H. ROBERTS.

Deputy Chairman—

COUNCILLOR LT.-COL. R. H. CREASY.

Alderman W. T. BAKER.

Alderman F. H. TARR, J.P.

Councillor P. F. BROOKS,

(From 28.9.48).

Councillor J. B. MARTIN.

Councillor E. PEDLAR,

(To 5.7.48).

Co-Opted Members—

Dr. A. H. G. DOWN.

Dr. R. GRAY.

together with the Right Worshipful the Mayor of Exeter and the Chairman and Deputy Chairman of the Health Committee—*ex-officio*.

EXECUTIVE

The Chairman of the Health Committee together with the Chairmen of Sub-Committees.

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.

Deputy Medical Officer of Health and Assistant School Medical Officer.

HENRY G. MAGILL, M.B., B.Ch., B.A.O., D.P.H.
(From 1.10.48)

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. I. 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.)
(To 30.6.48)

Venereal Disease Medical Officer (part-time).

T. M. PREECE, M.A., M.B., B.Chir. (Camb.), M.R.C.S., L.R.C.P.
(To 4.7.48).

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.). (To 25.3.48).

*M. RADFORD, L.D.S. (Eng.). (From 13.9.48).

*Duties mainly in connection with the Education Committee.

†These duties and offices were as stated up to 4th July and thereafter under agency arrangements with the appropriate Management Committees of the South Western Regional Hospital Board as follows:— in respect of the Municipal Maternity Home up to 31st January, 1949, and in respect of the Isolation Hospital and Honeylands Sanatorium up to 28th February, 1949.

Dr. Boyd became a whole-time officer of the Regional Board on 5th July, but continued to act as Deputy Medical Officer of Health up to 30th September.

District Medical Officers under the Social Welfare Committee (part-time). (To 4.7.48).

- No. 1 District. GWENDOLEN M. HIGGINS, M.B., Ch.B. (Bristol),
 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.).
 (To 4.7.48).

(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. | H. R. AMBROSE. |
| A. C. LEWIS. | G. C. HOPKINS. |

Pupil Sanitary Inspector.

- K. F. BOLT. (From 1.5.48).

Public Analyst.

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

Vaccination Officer.

- E. S. HOWELLS. (To 4.7.48).

Senior Health Visitor.

- Miss M. M. FOY.

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

- Miss L. A. CULVERHOUSE (Devonshire Nursing Association)
 (To 4.7.48).

- Miss L. REYNOLDS (Devonshire Nursing Association) (From 5.7.48)

Health Visitors.

- Miss A. H. EDDIS.
 Miss F. L. GIBBONS (To 28.2.48).
 Miss N. E. SMITH.
 Miss M. A. GRIMM.
 Miss L. E. WATHEN (From 12.4.48).
 Miss H. TODD (From 1.6.48).
 Miss D. REED-LETHBRIDGE (from 16.2.48 to 30.4.48).
 Mrs. E. STANNARD (part-time).
 Miss M. E. BLACK (part-time from 23.2.48).

** 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 (To 4.7.48).

Matron of Honeylands Tuberculosis Children's Sanatorium.

Miss F. JONES (To 4.7.48).

Matron of Mowbray House Municipal Maternity Home.

Miss L. HARCOURT (To 4.7.48).

Superintendent of Day Nurseries.

Miss C. STREET.

Organiser of Home Helps Scheme.

Miss M. I. HUMPHERSON.

Assistant Organisers of Domestic Help Scheme.

Miss J. KENDALL (part-time from 1.3.48 to 17.7.48).

Miss E. R. NASH (part-time from 3.8.48).

Clerks.

E. S. HOWELLS (Chief Clerk).

R. W. STILES (Senior Assistant Clerk).

H. TUCKER (To 14.2.48).

S. SNELL (To 31.8.48).

R. J. BARKER.

C. G. SEAMARK (To 21.11.48).

I. C. ALFORD (To 31.8.48).

W. H. STAMP

A. H. WEST.

H. FAIRCHILD.

D. A. TAYLOR (From 28.7.48).

G. H. WHITLEY (From 13.9.48)

G. A. GIBSON (From 15.11.48).

R. BIRKS (Temporary) (To 4.12.48).

M. BAILEY (Temporary) (From 8.12.48).

Miss M. M. MILTON.

Miss M. DE CAS (To 9.6.48)

Miss B. M. COLE (From 1.8.48)

Miss J. CHAPPLE.

Mrs. D. MARSDEN.

Miss M. CRABTREE (part-time, temporary).

Miss D. M. E. BARROW (part-time, temporary).

{ Maternity and
Child Welfare
Department.

MENTAL HEALTH SECTION*Mental Welfare Officer and Authorised Officer.*

R. W. STILES.

Authorised Officers.

M. N. CLARKE (From 1.5.48). Mrs. L. BRUNT (From 1.6.48).

Duties mainly in connection with the Education Committee.

General Statistics.

Area in acres, 9,127.025.

Population, 75,150.

Rateable Value, £722,424.

Sum represented by a penny Rate, £2,934 0s. 0d.

Vital Statistics.

Live Births—

Legitimate, total 1,255 ; male 641, female 614.

Illegitimate, total 61 ; male 28, female 33.

Stillbirths, 42.

Birth Rate, 17.5.

Deaths. Total 807. Male 386. Female 421.

Death Rate, 10.7.

Maternal Mortality Rate, 1.5 (sepsis, Nil. ; other 1.5).

Tuberculosis Mortality Rate, 0.46 (pulmonary 0.41, non-pulmonary 0.05).

Infantile Mortality Rate, 18.2 (legitimate 16.7, illegitimate, 49.2).

Deaths from	Measles (all ages)	.....	.....	.....	Nil.
„	Whooping-cough (all ages)	.....	.....	.....	Nil.
„	Diarrhoea (under 2 years of age)	.....	.....	.....	2
„	Diphtheria (all ages)	.....	.....	.....	Nil.
„	all other Notifiable Infectious Diseases (all ages)	.....	.....	.....	1

The following tables provide some statistical information covering a period of ten years.

POPULATION.

Exeter, mid-year.

1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
69,890	73,830	81,430	73,800	68,520	68,180	69,070	72,910	74,160	75,150

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

BIRTH RATE.

Year	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
England and Wales	15.0	14.6	14.2	15.8	16.5	17.6	16.1	19.1	20.5	17.9
Exeter	13.4	13.7	12.8	14.4	15.3	19.5	18.04	19.8	19.2	17.5
Percentage of Illegitimate Births to total births	3.5	6.4	6.9	7.5	10.4	10.5	15.6	8.7	6.2	4.6

DEATH RATE.

Year	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
England and Wales	12.1	14.3	12.9	11.6	12.1	11.6	11.4	11.5	12.0	10.8
Exeter	11.1	13.3	13.4	15.8	13.4	13.7	13.8	12.7	13.4	10.7

INFANTILE MORTALITY.

The Infantile Mortality Rates for 1948 were as follows :—

England and Wales	34
126 Great Towns, including London (census populations exceeding 50,000)	39
148 Smaller Towns (census populations 25,000 to 50,000)	32
London	31
Exeter	18.2

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

Year	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
England and Wales	50	55	59	49	49	46	46	43	41	34
Exeter	42.1	38.7	68.04	49.8	48.5	44.2	56.2	48.5	57.4	18.2

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.
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
1948	2	1.5	15	24	18.2	1,316

The welcome and very low infantile mortality rate of 18.2 per 1,000 live births is, so far as I am aware, a record for the City, at all events since the City reached anything like its present size. The next lowest rate was almost double, being 33.6 in 1935. The rate has fluctuated a good deal in the past thirty years and it is necessary to bear in mind the fact that rates founded upon comparatively small numbers are apt to be misleading. As I pointed out in last year's report, the infantile mortality rate in Exeter has tended to be higher than it should be when compared with the rate of the country as a whole or with the rates of the other "great towns" in the Registrar-General's list. A more accurate picture of the trend of the rate is shown when ten year periods are considered, thus :—

<i>Period.</i>	<i>Total live births.</i>	<i>Total deaths under one year old.</i>	<i>Rate</i>
1919-1928	10,370	730	70.395
1929-1938	9,653	507	52.522
1939-1948	11,859	569	47.980

It is evident from consideration of these figures that we are reaching a position when it will be more and more difficult to secure a reduction. This is because there is still much to learn about the cause of congenital malformation, prematurity and

immaturity which together account for the great majority of neo-natal deaths (deaths during the first 28 days of existence), which in turn account for two thirds of all infant deaths at the present time. The following table shows the neo-natal deaths separated from those occurring in the rest of the first twelve months.

Cause.	Within 28 days.	Total	During remaining eleven months.	Total
Gastro enteritis	1		1	
Disease of respiratory system	—		5	
Prematurity and congenital defects	12		—	
Miscellaneous	2		3	
	<hr/>	15	<hr/>	9

The maternal mortality rate of 1.5 may be regarded as very satisfactory, especially as there were no deaths from sepsis.

PUBLIC HEALTH ACT, 1936—SECTIONS 187—195. REGISTRATION AND INSPECTION OF NURSING HOMES.

<i>Registered Nursing Homes.</i>	<i>Beds.</i>
Argyll Road, Duryard (medical)	6
Belmont, 1 Baring Crescent (surgical)	9
14 Blackall Road (maternity)	2
Pennsylvania Nursing Home, 9 Powderham Crescent (medical, registered 1st October, 1948)	10
Southcroft, 87 Heavitree Road (medical)	4
Stork's Nest, 98 Topsham Road (maternity)	4
St. David's, 31 St. David's Hill (medical and surgical)	11
St. Olave's, 32 Bartholomew Street East (Diocesan Society for Girls)	17
Woodhayes, 36 St. Leonard's Road (maternity)	11
*Ernsborough House, 9 Fairpark Road (chronic)	26
*St. Mary's, 25 Mary Arches Street (Diocesan Society for Girls)	6

NURSES ACTS 1934 AND 1945— NURSES AGENCIES REGULATIONS

Registered Agencies.

Royal Devon and Exeter Hospital, Southernhay.
Southcroft Nurses' Co-operation, 87 Heavitree Road.
Exeter Trained Nurses Co-operation, 7 Colleton Crescent.
Exeter Nurses Co-operation, 52 St. David's Hill.

Taken over by the South Western Region Hospital Board 5th July.

LABORATORY WORK

Up to 4th July, 1948, all pathological and bacteriological work with the exception of sputum examination at the Tuberculosis Dispensary was carried out at the Laboratory of the Royal Devon and Exeter Hospital under the direction of Dr. W. A. Robb. It is with the deepest regret that I have to record the death of W. A. Robb, M.D., F.R.C.P., on 12th July. When I became Medical Officer of Health of Exeter in November, 1933, the local facilities for bacteriology and clinical pathology were not very good, much work having to be sent away. Dr. Robb re-organised and expanded the laboratory work at the Hospital, and readily assisted me to centralise the Local Authority's work in his laboratory. In the course of a year or two the Laboratory was supplying us and the local medical profession with a service equal to that found in provincial centres possessing a medical school and far superior to that of many places of comparable size. Dr. Robb kept in close touch with developments in his particular field and was always in touch with the appropriate specialist and reference laboratories. He was invariably accessible in spite of innumerable calls on his time; it was a pleasure and a privilege to discuss problems with him.

The following is a summary of examinations performed up to 4th July.

For diphtheria, tonsillitis, etc. :—

(a) Primary investigations, including contacts	.....	347
(b) Others	.....	27

FOR ENTERIC FEVER :—

Widal reaction	.....	4
Blood culture	.....	9
Faeces culture	.....	6
Urine culture	.....	16

FOR VENEREAL DISEASE :—

Detection of spirochetes	.....	4
Smears for gonococci	.....	253
Cultures for gonococci	.....	16
Wassermann and Kahn reactions	.....	684
Other tests	.....	51

For tuberculosis, excluding examinations made at the Dispensary :—

Sputum	37
Others	8

Miscellaneous Examinations :—

Cerebro-spinal fluid	1
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PARTICULARS REGARDING WATER SUPPLY

(I am indebted to the City Engineer and Surveyor, John Brierley, Esq., A.M.I.C.E., M.I.Mun.E., M.T.P.I., F.G.S., for the following notes).

The City water supply is derived from the River Exe, and the sequence of collection, treatment and distribution 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 36 Bell mechanical filters in nine batteries of four→sterilisation by chloramine treatment→adjustment of alkalinity by adding lime water→filtered water reservoir→pumping to service reservoirs→gravitation through mains and services→consumer.

There has been no substantial development or change in the system of purification and distribution since the last Report, but during the year the City Engineer prepared a comprehensive report on the reconstruction of the Waterworks, and the first stage of this scheme, which chiefly provides for the installation of new high lift pumping machinery, has been approved by the City Water Committee.

During the year the supply has proved satisfactory in quality and quantity. Bacteriological tests of samples taken at random in various parts of the City are carried out as a matter of routine by a qualified member of the City Engineer's staff, and 20 samples were examined during the year. In addition, the Public Analyst carries out 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 8.30 a.m., 29th October, 1948.

Characters.

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

Bacteria.

Bacillus coli	.....	.....	600 per 100 millilitres.
Streptococcus	.....	.....	10 „ „ „
Colonies visible at the end of 72 hours on beef-peptone- agar at 22 deg. C.	.....	.....	1250 per millilitre.
Colonies visible at the end of 48 hours on beef-peptone- agar at 37 deg. C.	.....	.....	250 „ „

Chemical Analysis—parts per hundred thousand.

Chlorine present as chlorides	1.2
Nitrogen present as nitrites	0
Nitrogen present as nitrates	0.09
Phosphates	0
Total hardness equivalent to calcium carbonate	5.4
Temporary hardness (annulled by boiling)	2.5
Permanent hardness (not altered by boiling)	2.9
Saline ammonia	0.0048
Albuminoid ammonia	0.0060
Oxygen absorbed in 4 hours at 27 deg. C.	0.12
Lead	0
Copper	0
Zinc	0
Iron	0
Total solid constituents	9.0
Organic matter observed on igniting solids	trace
Suspended solids dried at 105°C.	0.5
Hydrogen iron concentration equivalent to pH	7.2

The following additional particulars are required by the Ministry :—

Dwellinghouses supplied from public water mains :—

(a) Direct to house	17,542
Population served (estimated)	74,506
(b) By means of standpipes	175
Population served	496
Dwellinghouses supplied from private wells	38
Number of persons served	148

A survey of wells was undertaken in 1947 and the results published on page 26 of the report for that year. The number of dwellinghouses supplied from wells is now less by eleven.

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR 1948.

SANITARY ADMINISTRATION.

General Summary.

Number of visits made during the year	.....	.....	11,841
Number of samples taken	.....	.....	1,011
Number of carcasses examined	.....	.....	38,498
Total weight of foodstuffs condemned		134 tons 3 cwts.	

SUPERVISION OF FOOD SUPPLIES.

1.—Milk.

(a) Compositional Quality.

The average compositional quality of the milk sampled in the City during 1948 was Fat 3.57%., Solids not Fat 8.97%.

This shows a slight decline in the nutritional value of the milk as compared with 1946 (Fat 3.75%., Solids not Fat 9.07%) and 1947 (Fat 3.62%., Solids not Fat 8.87%).

This downward trend, which appears to be general, is stated by competent observers to have started fifteen to twenty years ago and is probably the result of emphasis being made on volume (it is on this the farmer is paid) without regard for compositional quality. If milk is to remain one of our finest foods, it will be necessary to offer some incentive to the farmer to stop this decline.

(b) Cleanliness.

The general picture of the bacterial cleanliness of the milk produced or processed in the City is fairly satisfactory, but it is a matter for concern that such a high proportion of the designated milks produced outside the City do not pass the prescribed tests.

Classification	Percentage Satisfactory.		
	1946	1947	1948
Pasteurised (School Supplies)	77	90	100
Pasteurised (Other than School)	95	95	94
T.T. (Produced outside City)	69	77	63
T.T. (Cert.), (Produced outside City)	80	78	70
T.T. (Cert.), (Produced inside City)	59	75	83
Raw	47	55	49

(c) <i>School Milks (Pasteurised).</i>			
Number of samples taken	.....	.....	42
Number of samples satisfactory	.....	.....	42
(d) <i>Designated Milks other than School Milks.</i>			
(i) <i>Pasteurised Milk.</i>			
Number of samples taken	.....	.....	48
Number of samples satisfactory	.....	.....	45
(ii) <i>Tuberculin Tested.</i>			
Number of samples taken	.....	.....	134
Number of samples satisfactory	.....	.....	85
(iii) <i>Tuberculin Tested (Certified).</i>			
Number of samples taken	.....	.....	81
Number of samples satisfactory	.....	.....	60
(iv) <i>Accredited.</i>			
Number of samples taken	.....	.....	12
Number of samples satisfactory	.....	.....	9
(e) <i>Raw Milks.</i>			
Number of samples taken	.....	.....	175
Number satisfactory	.....	.....	85
(f) <i>Ministry of Agriculture and Fisheries. National Milk Testing Scheme.</i>			
Number of samples taken	.....	.....	656
Category " A " (Good keeping quality)	.....	.....	356
Category " B " (Moderate keeping quality)	.....	.....	117
Category " C " (Poor keeping quality)	.....	.....	183

(g) *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 59 undesignated and 22 designated milks were sampled in this connection and the presence of the bacillus was demonstrated in the case of 2 undesignated milks only. This resulted in the slaughter of one cow under the Tuberculosis Order. The other offending animal had been in the herd of a dealer/dairyman and could not be traced.

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

We continue to take test rinses of dairy equipment in order to assess the efficacy of the cleansing methods employed by dairymen.

It is gratifying to find that our advisory work in this connection is meeting with success and that a steady improvement is being maintained.

The figures for the three years the work has been in progress are as follows :—

<i>Percentage Satisfactory.</i>		
1946	1947	1948
38	50	56

(i) *Dairies and Cowsheds.*

We continue to press for the modernisation of dairies and cowsheds and during the year the following improvements were effected :—

- (1) New dairy completed and equipped with tanks, rotary brushes, bottle filler and steam sterilising plant ;
- (2) A stables and adjoining room converted into an up-to-date shippen and dairy ;
- (3) One new cowshed erected and equipped with steam sterilising plant ;
- (4) One cowshed equipped with steam sterilising plant.

Minor improvements were also effected in two other dairies.

Number of persons registered	.....	62
Number of premises registered	.....	60
Number of inspections made.....	.....	539
Number of contraventions found	.....	1
Number of contraventions remedied	.....	1

2.—*Meat.*

- (i) There are no private slaughterhouses in operation now and the Municipal Abattoir continues to be the slaughtering centre for the City of Exeter ; St. Thomas Rural District Council ; Dawlish ; Chagford ; Crediton Urban and Rural District Councils ; Exmouth ; Budleigh Salterton and Sidmouth.

All carcasses are examined by a qualified Meat Inspector and a total of nearly 123 tons of meat condemned during the year gives some idea of the work involved.

Butchers' shops are inspected on an average of four times each per year. It was originally planned that they should be visited at least monthly, but pressure of other work prevents this.

(ii) *Tuberculosis in Calves.*

33 calves were found to be affected with congenital tuberculosis, an incidence of 0.43% as compared with 0.32% in 1947.

As a result of our co-operation with the Animal Health Division of the Ministry of Agriculture and Fisheries, 25 dams were slaughtered under the Tuberculosis Order, 1938.

It was impossible to trace the remaining 8 dams because they had passed through the hands of dealers, but we have reason to believe that 6 of them were slaughtered in a knackers yard.

Despite inducements offered by the Government to encourage calf rearing, a very heavy pre-ponderance of bull calves are slaughtered yearly and the sex distribution of the affected calves was 28 males and 5 females.

It is reasonable to suppose, therefore, that the incidence of 0.43% does not give a true picture and that a number of heifer calves suffering from congenital tuberculosis are kept for rearing.

It might be reasoned that these heifer calves will collapse before reaching maturity but, whether this is true or not, it is a matter for concern that there appears to be an upward trend in congenital tuberculosis.

(iii) *Cysticercus Bovis.*

During the year we were advised by the Technical Officers of the Ministry of Food that there was an increase in the incidence of *Cysticercus Bovis*.

Cysticercus Bovis is the bladder form of a tape-worm (*Taenia Saginata*) which is communicable to man and attains a length of 15 to 20 feet.

The cyst is found mainly in the cheek and heart muscle of the ox and the search for the parasites meant additional work on the part of the Meat Inspectors.

During the year cysts were found in 14 carcasses.

(iv) *Record of animals examined at the Municipal Abattoir.*

	Beasts.	Calves.	Sheep and Lambs.	Pigs.
No. slaughtered	5,376	7,582	25,074	434
No. inspected	5,384	7,589	25,229	437
<i>Diseases except Tuberculosis.</i>				
Whole carcasses condemned	34	52	327	14
Carcasses of which some part or organ was condemned	3,470	154	4,821	109
Percentage of number inspected affected with disease other than Tuberculosis	65.00	2.7	20.4	28.00
<i>Tuberculosis.</i>				
Whole carcasses condemned	158	33	0	10
Carcasses of which some part or organ was condemned	708	1	0	20
Percentage of number inspected affected with tuberculosis	16.00	0.4	0	0.7

3.—*Other Foods.*(i) *Markets.*

There is one market in the City where fruit, vegetables, etc. are sold and 74 visits were made during the year.

(ii) *Inspection of Foodstuffs, other than Milk and Meat.*

Number of fish inspections	61
Number of provision inspections	209
Number of miscellaneous inspections	59

4.—*Ice-Cream.*

185 samples of ice-cream were taken during the year as compared with 177 during 1947.

When graded for cleanliness according to the standards suggested by the Ministry of Health, the samples for 1948 show a gratifying improvement over those taken during 1947.

<i>Ice-Cream.</i>			
<i>Grade.</i>		1947	1948
Grade 1 .....	.....	39%	61%
Grade 2 .....	.....	19%	23%
Grade 3 .....	.....	22%	11%
Grade 4 .....	.....	20%	5%

7 producers are now equipped for pasteurising the ice-cream mix and of these 5 have provided steam sterilising plant,

5.—*Shellfish.*

Shellfish from Teignmouth caused some concern during the year. Bacteriological reports showed the shellfish to be grossly contaminated with sewage and we found that boiling them did not entirely remove the potential risk.

The matter was taken up with the Authority concerned and negotiations are now taking place for the use of the Lymptone cleansing tanks.

6.—*Water Cress.*

One sample of Watercress was taken during the year. 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 give a great deal of attention to this aspect of Public Health and we co-operate closely with the Food Control Committee in the licensing of all new establishments.

There are in the City 171 premises where food is prepared and 744 visits were made to these during the year. Hot water geysers were installed in 6 places and additional sanitary accommodation in one.

8.—*Food and Drugs Act, 1938.*

During the year 140 samples of milk and 63 samples of miscellaneous foodstuffs and drugs were procured, a total of 203. Of these, 47 were formal and 156 informal.

Legal Proceedings.

Proceedings under the Food and Drugs Act, 1938, were instituted in the following cases :—

- (1) *Obstruction.* A street vendor selling toffee popcorn was fined £10 for obstructing a Sampling Officer. The Sampling Officer purchased some popcorns and when he declared his identity the vendor snatched them from him.
- (2) *Milk.* A vendor was fined £5 for selling milk 10% deficient in fat.

Five cases of deficiency of meat in sausages were reported to the Ministry of Food. The Ministry made a number of charges against two of the manufacturers and fines totalling £361 and £90 were imposed.

The other manufacturers received warning letters from the Ministry.

HOUSING.

On 2nd and 3rd March, 1948, Mr. F. Colin Brown, F.R.I.B.A., M.T.P.I., held an enquiry on behalf of the Ministry of Health into Unfitness Orders made by the City Council under the Town and Country Planning Act, 1944, in respect of 92 houses.

After hearing the evidence for both sides, Mr. Brown inspected each house and the Minister confirmed the Unfitness Orders in 89 cases.

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

Number of dwelling houses rendered fit in consequence of informal action	124
--	-----

(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	13
--	----

(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
--	--

(a) By owners	11
---------------------	----

(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	1
--	---

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
---	--

(a) By owners	1
---------------------	---

(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	10
---	----

(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	15
--	----

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

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

(1) (a) Number of dwellings known to be overcrowded at end of year	38
(b) Number of families dwelling therein	47
(c) Number of persons	249
(2) Number of new cases reported during year	38
(3) (a) Number of cases of overcrowding relieved during year	46
(b) Number of persons concerned in such cases	285
(4) Particulars of any cases in which dwelling-houses again became overcrowded after the Local Authority have taken steps for the abatement of overcrowding	()

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.**Rodent Control.*

During the year 388 premises were treated and two maintenance treatments were carried out on the sewers. Over 5 cwt. of poison were used during the year and the estimated kill based on the Ministry's Formula was approximately 25,000.

Smoke Nuisance.

During the year under review we received a complaint of the fumes coming from a cupola used by one of the Engineering firms for processing scrap iron.

Our investigations suggested that there was not sufficient reason to justify any action on our part and the complainant was so informed.

This apparently did not satisfy him because a complaint ultimately reached the Ministry of Health and, as a result, investigations were made by Dr. Mahler, Inspector of Alkali Works.

Dr. Mahler made a detailed investigation and confirmed our opinion.

Noise Nuisance.

We investigated 11 complaints of Noise Nuisance during the year.

Bakehouses.

Number in district	30
Number of underground bakehouses in district	2
Number of inspections made	101
No. of contraventions found	1
Number of contraventions remedied	2
Number of contraventions outstanding at end of year	0

Bed Bugs.

Number of inspections made	124
Number of Council Houses :—	
(1) Found to be infested	39
(2) Disinfested by this Department	39
No. of other houses :—	
(1) Found to be infested	43
(2) Disinfested by this Department	43

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.	8
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Cinemas, etc.

Number of cinemas, etc., in district	4
Number of inspections made	19

Closets.

Number of water closets repaired or reconstructed	45
Number of walls, etc., cleansed	11
Number of new flushing apparatus provided, repaired or renewed	38
Number of new water closet pans or pedestals provided	34
Number provided with supply of water	0

Drains.

Drains constructed or reconstructed	48
Tests to new drains	87
Tests to existing drains	73
Repaired or cleansed	87
New inspection chambers	34
Additional gulleys	23
Sink waste pipes repaired or renewed	19
Soil and ventilating pipes repaired or renewed	8

Offensive Trades.

Number of businesses in district	.....	.....	14
Number of inspections made	.....	.....	17
Number of contraventions found	.....	.....	0

Fried Fish Shops.

Number of fried fish shops in district	.....	.....	26
Number of inspections made	.....	.....	86
Number of contraventions found	.....	.....	7
Number of contraventions remedied	.....	.....	6

Infectious Diseases, Disinfections, etc.

*Number of visits made	.....	.....	7
Number of rooms disinfected	.....	.....	212
Number of chambers of clothing, etc. disinfected	1,033

Removal of Household Refuse.

Number of new dustbins provided	2
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*Sanitary Defects remedied.**Dampness.*

Number of roofs renewed or repaired	102
Number of rainwater gutters and pipes repaired	.....	.....	66
Yard surfaces repaired or relaid	.....	.....	38
Yard drainage improved	.....	.....	1

Interior Work.

Number of rooms cleansed and limewashed	.....	.....	39
Number of walls repaired	.....	.....	180
Number of ceilings repaired	.....	.....	70
Number of floors repaired	.....	.....	9
Number of chimney stacks repaired or rebuilt	.....	.....	1
Number of fire grates repaired or renewed	.....	.....	2
Number of washboilers repaired or renewed	.....	.....	1
Dampness remedied	.....	.....	1
Lighting remedied	.....	.....	1
Offensive accumulations removed	.....	.....	1

* Routine investigations of infectious diseases are made by the Health Visitors.

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	75	132	15	—
(ii) Factories not included in (i) in which section 7 is enforced by the Local Authority	298	581	50	—
(iii) Other premises in which section 7 is enforced by the Local Authority (excluding Out-workers premises)	10	10	—	—
Totals	383	723	65	—

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)	2	4	—	—	—
Overcrowding (S. 2)	—	1	—	—	—
Unreasonable tempera- ture (S. 3)	4	4	—	—	—
Inadequate ventilation (S. 4)	—	1	—	—	—
Ineffective drainage of floors (S. 6)	—	—	—	—	—
Sanitary Conveniences (S. 7) :—					
(a) Insufficient	4	3	—	1	—
(b) Unsuitable or de- fective	55	61	—	1	—
(c) Not separate for sexes	3	3	—	1	—
Other offences (not in- cluding offences rela- ting to home work)	—	—	19	—	—
Total	68	77	19	3	—

NATIONAL HEALTH SERVICE ACT, 1946— SECTION 22.

CARE OF MOTHERS AND YOUNG CHILDREN

The arrangements for Child Welfare Centres remain unchanged, viz :—

Central Welfare Centre—	Alice Vlieland Welfare Centre— Tuesday afternoons.
Eastern „ „	Shakespeare Road Community Centre— Wednesday after- noons.
Western „ „	Merrivale Road Community Centre— Friday afternoons.
Northern „ „	Alice Vlieland Welfare Centre— Thursday afternoons.
Northern Branch Centre	Whipton Institute— Friday mornings.

Dr. Iris V. I. Ward is the Medical Officer in Charge assisted by the Health Visitors of the districts concerned and a team of voluntary workers. I desire to thank the voluntary workers for their efficient and regular help; in fact, it would be difficult to carry on satisfactorily without them.

By arrangement with the County Medical Officer "border children" are allowed to attend the City Welfare Centres if these are more convenient than the nearest County Centre. Also, parents living in any particular Health District of the City are allowed to transfer to another Centre if this arrangement is more suitable to them.

A folder giving particulars of the Local Health Authority's Maternity and Child Welfare Services is kept up to date, and is handed to all mothers by Health Visitors at the first visit as well as to expectant mothers calling at the Health Office.

The Ministry of Food's supplementary foods, national dried milk and certain medical foods are available at all Centres and at the Health Office.

Centre.	Average No. of Infants on Books.	Average No. of Attendances of Children.
Central District	316	61
Western District	356	76
Northern District	617 (329)	73 (80)
Eastern District	369	69

Figures in brackets represent those of the Whipton Branch of the Northern Centre.

Altogether 1,996 children under school age attended the Centres, making 17,275 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	1888	516	188	182	133	2907
Western	2930	484	154	103	59	3730
Northern	4795 (2522)	1309 (738)	531 (287)	372 (227)	288 (156)	7295 (3930)
Eastern	2008	754	298	162	121	3343
Total	11621	3063	1171	819	601	17275

ORTHOPAEDIC TREATMENT.

During the year 29 children from the Child Welfare Centres received treatment for the following conditions :—

Congenital deformities	2
Injuries at birth	—
Rickets and sequelae	10
Polio-myelitis	3
Miscellaneous	14

OPHTHALMIA NEONATORUM.

Year.	Cases.			Vision unimpaired	Vision im-paired	Total Blind-ness	Re-moved from dis-trict	Deaths	Total
	Noti-fied	Treated.							
		At Home	Hos-pital						
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
1948	5	2	3	5	—	—	—	—	5

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.

DAY NURSERIES.

The Health Committee maintains three day nurseries, viz :— at Paul Street, Burnt House Lane and Merrivale Road. Each is a 40 place nursery, but since the end of the year it has been decided to reduce Paul Street to 34 places in accordance with the provisional standards recommended for Training Nurseries approved by the Ministry of Health and Ministry of Education. Burnt House Lane and Merrivale Road Nurseries are open six days a week from 7.30 a.m. to 6 p.m. (Saturdays 4.30 p.m.) and take children aged from 1 to 5. Paul Street Nursery is open five days a week from 8.45 a.m. to 5.15 p.m. and takes children aged from 2 to 5. During the year, the charge for meals has been 9d. per day for Paul Street and 1/3d per day for the other two. Meals are provided 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. Children are medically examined before admission and thereafter quarterly. The health visitors of the district keep in close touch with the nurseries.

The nurseries are approved as training nurseries for the certificate of the National Nursery Examination Board, the 0 to 5 age range work being carried out by arrangement with the Durno raven Babies' Home (voluntary), which Home has been approved provisionally.

During the autumn a conference was held with representatives of the Education Committee to decide future policy, especially with regard to nursery schools and classes included in that Committee's development plan. Having regard to the very substantial waiting list for each nursery, and the type and circumstances of the mothers helped, the conference concluded that there was a clear indication that the nurseries should continue. The matter is to be reviewed annually in September.

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 National Health Service Act, 1946), for loan in suitable cases. One ambulance is equipped with an electrically-heated blanket. A infant oxygen tent has been supplied to the 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.

PROVISION FOR UNMARRIED MOTHERS AND CARE OF ILLEGITIMATE CHILDREN.

The Health 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 cases, 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 some one officer 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 matrons of the maternity homes, the Clerk in Charge of the Department, the Welfare Officer 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 was a condition of registration of foster-mothers so long as this remained a duty of the Department.

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.

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.

MUNICIPAL ANTE-NATAL AND POST-NATAL CENTRES

These meet twice a week on Monday and Wednesday afternoons at the Alice Vlieland Welfare Centre. Most of the patients are seen in connection with admission to the Maternity Home.

No. of sessions held	.....	.....	.....	.....	99
No. of mothers attending	.....	.....	.....	.....	257
Total attendances	.....	.....	.....	.....	968

Of new cases :—

Ante-Natal	.....	.....	.....	.....	176
For diagnosis	.....	.....	.....	.....	2
Post-Natal	.....	.....	.....	.....	43

Referred by :—

Doctors at Welfare Centres	1
Health Visitors	3
Midwives	1
Private practitioners	12
Miscellaneous (<i>e.g.</i> , by office staff in cases already sanctioned by the Committee for the Maternity Home, by other mothers attending the Clinic)	200

Referred for treatment :—

Dental treatment	70
Royal Devon and Exeter Hospital	17
Birth Control Clinic	—
Eye Infirmary	1
Dispensary	—
V.D. Clinic	8

In addition, the Exeter Maternity and District Nursing Association which undertakes domiciliary midwifery on behalf of the Local Health Authority, conducts Ante-natal and Post-natal Clinics as follows :—

11, Elm Grove Road, the Association's Headquarters—

Tuesday, Wednesday and Thursday afternoons.

Shakespeare Road Community Centre—

Friday afternoons.

Merrivale Road Community Centre—

Tuesday afternoons.

(for summary of work see next section).

NURSERIES AND CHILD MINDERS REGULATION ACT 1948.

There are no registered nurseries in the City and only one child-minder coming within the regulations.

REPORT OF THE SENIOR DENTAL OFFICER 1948.

Two dental officers are normally employed by the Education Authority and approximately a quarter of their time is occupied with the work here reported on. During nearly six months between the resignation of the assistant dental officer and the appointment of a successor only one dental officer was operating. Nevertheless, the figures bear out that the importance of this work is recognised.

The figures called for by the Ministry of Health are fairly comprehensive and little comment is necessary. The total work carried out compares well with that of the previous year.

Nursing and Expectant Mothers.

	<i>Expectant.</i>			<i>Nursing.</i>			Grand Total
	Before July 5th	After July 5th	Total	Before July 5th	After July 5th	Total	
No. treated	59	38	97	36	7	43	140
No. completed	27	20	47	25	24	49	96
Attendances	153	124	277	139	108	247	524
General Anaesthetics	38	22	60	18	11	29	89
Extractions	175	156	331	144	90	234	565
Fillings	63	31	94	24	16	40	134
Dentures fitted	7 (5)	12 (8)	19 (13)	29 (17)	30 (19)	59 (36)	78 (49)
Scaling	13	14	27	4	—	4	31

The figures in parenthesis beside the number of dentures fitted indicate the number of patients for whom the dentures were fitted. Of the 78 dentures fitted, 49 were full dentures and 14 patients were fitted with full upper and lower dentures. The apparent anomaly of 7 nursing mothers treated and 24 completed is explained by the fact that many are referred for treatment as expectant mothers and completed as nursing mothers. There is no duplication in the figures.

Of the 140 mothers treated, 26 were "carried over" from the previous year. Of new cases referred during the year 71 were before and 43 after July 5th.

From the figures it may appear that the general dental arrangements of the National Health Service have to some extent relieved the department of some of the work for mothers.

Pre-school Children.

	Before July 5th.	After July 5th.	Total 1948	(Total 1947)
No. treated	53	62	115	(80)
No. completed	45	43	88	(51)
Attendances	85	103	188	(118)
General Anaesthetics	30	29	59	(42)
Extractions	54	66	120	(114)
Fillings	68	88	156	(45)

Children under five years of age are referred from the Welfare Centres by the Medical Officer in Charge and from the Day Nurseries by the Dental Officer at periodic inspections.

The amount of work carried out has shown a considerable increase on the previous year. Particularly encouraging is the large proportional increase of fillings over extractions.

**City Hospital.* 26 patients were treated; 14 anaesthetics administered by Dr. Laird, the M.O. in Charge; 164 teeth extracted and 11 dentures fitted.

**Isolation Hospital.* Only emergency cases were treated here, numbering ten for whom 16 teeth were extracted.

NATIONAL HEALTH SERVICE ACT, 1946—SECTION 23. MIDWIFERY.

Under the Midwives Act, 1936, the Council, with the approval of the Minister, had made an agreement with the Exeter Maternity and District Nursing Association to undertake domiciliary midwifery in the City. The Association is affiliated to the Queen's Institute of District Nursing, it is a Key Training School for District Nurses and a Part II Training School for Midwives. Various professional officers of the Council assist in these two training schools. The Local Health Authority's proposals under the Act, as approved, provided for a continuation of this arrangement under a new agreement. There has thus been continuity of service throughout the year.

The following is a summary of the work.

	Total.
No. of cases attended as midwives	281
No. of visits as midwives	6402
No. of cases attended as Maternity Nurses	173
No. of visits to cases as Maternity Nurses	3728
Total number of cases seen at the Clinics	486
Attendances at the Clinics	2466
Examined by Doctor	804
Visits to patients' homes	1628
Total number of cases seen at the Post-Natal Clinics	140
Total number of attendances	140
Examined by Doctor	140
Total number of Medical Aid Forms, for Mother or Baby	101
Total number of Medical Aid Forms, for Mother, ante-natal	21
Total number of cases referred to Hospital	16
No. of cases dealt with under lying-in-charity	3

During the year 486 mothers attended the Association's Ante-Natal and Post-Natal Clinics, making 2,493 attendances. Of this total, 804 attendances were to see the Association's medical officers, and 1,689 to see nurse-midwives.

The staff at the end of the year consisted of seven midwives and four pupil midwives, excluding other domiciliary nurses.

*These hospitals became the responsibility of the South Western Regional Hospital Board as from 5th July, but agency arrangements continued until the end of the year.

NOTIFICATION OF BIRTHS—MEDICAL AID.

1,528 notifications of live births were received during the year; 98.41 per cent. of the notifications were made by midwives, and 1.59 per cent. by medical practitioners or relatives.

In 282 instances the midwives summoned medical help, in accordance with the rules of the Central Midwives Board, while 167 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	8
Ruptured perineum	104
Prolonged labour	40
Abnormal presentation	14
Ante-partum haemorrhage	9
Post-partum haemorrhage	2
Adherent placenta	2
Stillbirth	1
Albuminuria	4
Miscarriage	5
Rise of temperature	18
Unsatisfactory condition of mother	44
Unsatisfactory condition of baby	31
Patient's wish	—
	<hr/> 282 <hr/>

HOME VISITS TO CHILDREN UNDER FIVE.

During the year, the health visitors paid 1,289 first visits and 5,739 subsequent visits to children under the age of 12 months and 8,312 visits to children between the ages of 12 months and 5 years. This is a considerable increase on the figures reported last year.

STILLBIRTHS.

The number of stillbirths during the year was 42. Of these stillbirths, 29 were attended by doctors and 13 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	7	14
Malformation of Infant	—	—
Toxaemia of pregnancy and albuminuria	3	3
Ante-Partum Haemorrhage	1	1
Ill-health of, or accident to mother	2	1
No cause assigned	6	4
Totals	19	23

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 237 cases have been referred. Of these, 11 failed to attend, 12 have left the City, 7 have died, 41 are known to have become pregnant, and 39 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.

MATERNITY HOME AND SERVICES.

The Council's Maternity Home at Mowbray House, Heavitree, became the responsibility of the South Western Regional Hospital Board on 5th July. The Council's officers continued to look after the Home until 28th February, 1949.

This Home was primarily intended for those mothers who could not remain conveniently in their own homes during childbirth or afford to go to a private maternity home. The number of beds provided was 18, together with 2 observation beds. Certain extensions for additional staff accommodation were completed by the end of the year and this released accommodation for 3 more maternity beds during January, 1949, making the total bookable beds 21.

Dr. Bertha Hinde remained in clinical charge throughout the year, and through her the work of the Home was linked to the municipal ante-natal and post-natal clinics.

Complicated and difficult cases are admitted by arrangement to the Maternity Unit of the Royal Devon and Exeter Hospital.

Admissions were as follows :—

1st. January to 4th July	....	....	....	181
5th July to 31st December	....	....	....	164
		Total	....	354
Mothers admitted to the Royal Devon and Exeter				
Hospital to 4th July	....	....	....	87
Mothers admitted to other institutions	....	....	....	1

NATIONAL HEALTH SERVICE ACT, 1946—
SECTION 24.

HEALTH VISITING.

Originally, the work of health visitors was confined to expectant and nursing mothers, the welfare of children under school age and duties in connection with foster children. In many areas health visitors were also school nurses so that their duties included school medical inspections, school clinics and the important work of following up children found to be suffering from defects. All these duties brought them into intimate contact with the people in their homes. The real value of a health visitor lies in her knowledge of the homes in her district and her ability to get her expert advice accepted. From time to time various other duties have been added. For the past ten years in Exeter health visitors rather than sanitary inspectors have made nearly all the necessary investigations and reports in cases of infectious disease. While it is obviously desirable that they should attend the child welfare centres of their districts, their use in staffing other clinics, for example, minor ailments and immunisation clinics, is open to question, since this work can be done equally well by other nurses. There are still not sufficient health visitors and it is important to see that those available are used to the best advantage.

The Act extends the health visitor's functions to the supervision and advising of all sick and disabled persons who may require such help. Health education is also an important part of their work, but actual nursing in the home is the duty of district nurses and midwives.

During the year it has not been possible to maintain an establishment of twelve whole-time health visitors. To some extent, this has been made good by part-time health visitors and by employing *clinic nurses in the School Health Department. One important thing we have managed to do is to send health visitors to refresher courses; not only the post-certificate courses which they must take every five years, but other short courses whenever these appear to be useful. In this connection, valuable work is being done by the Women Public Health Officers' Association both locally and centrally. I desire to express my thanks to the Health Committee for their readiness to meet requests for suitable courses.

*Under regulations made by the Ministry of Education under the Education Act, 1944, all school nurses appointed after 1st April, 1946, must be fully qualified health visitors, but in cases of difficulty and during the present shortage a dispensation may be obtained to appoint state registered nurses who are not health visitors. Such a dispensation has been obtained in respect of school nurses. It has not been necessary to obtain a similar dispensation from the Ministry of Health in respect of health visitors employed as such.

For several years past the professional staff of the Health Department has taken part in the teaching of district nurse candidates during the six months' course which they have to undergo after state registration.

As advised in Circular 118/47 the so-called "loan cupboard" of sick-room requisites to be provided under Section 28 of the Act (Prevention of illness, Care and After-care), has been turned over to the Association. This equipment is being built up on the lines suggested by the Minister. Moreover, it should be noted that the equipment is available on loan for a nominal hire charge to persons sick at home, whether being nursed by the Association's nurses *or by their own relatives*.

There is still a serious shortage of nurses for this work which is at once satisfying and exacting. At the end of the year the staff was as follows :—

8 nurses (including 3 candidates).

4 state-enrolled assistant nurses (3 part-time) in addition to the Association's midwives.

For the year, visits of all kinds totalled 47,712 compared with 39,931 for the previous year. Since the appointed day there has been a very substantial increase in calls upon the Association.

NATIONAL HEALTH SERVICE ACT, 1946— SECTION 26.

VACCINATION AND IMMUNISATION.

The Local Health Authority's arrangements for immunisation against diphtheria remained the same throughout the year, namely a central clinic every Wednesday morning at the Alice Vlieland Welfare Centre and a clinic on alternate Monday afternoons at the Buddle Lane and Shakespeare Road Community Centres. From the appointed day, it was necessary also to arrange a centre for vaccination against smallpox in accordance with the approved proposals. It was decided to combine this duty with the work of the existing Wednesday Centre. Towards the end of the year, the position was reviewed, and on my advice the Health Committee decided to vary the arrangements in 1949 to enable a vaccination and immunisation centre to be opened at the Whipton Institute for the benefit of the many new householders in this area.

It was the desire of the Minister that all medical practitioners, whether giving service within the terms of Part IV of the Act or not, should be invited to participate in this work ; furthermore, that they should be paid a fee to be agreed between the Minister and the representatives of the medical profession for each completed certificate of vaccination or immunisation, the fee being paid by the local authority. It is most unfortunate that the

amount of this fee has not yet been settled. A circular letter explaining the scheme was sent to all general medical practitioners in Exeter, and 34 out of 39 signified their intention of doing this work.

In informal talks which I had with representative medical practitioners last year, it was agreed that in all probability the bulk of immunisation work would continue to be done by the municipal clinics as had been the case in the past, whereas the general practitioner would probably do the majority of vaccinations. This has proved to be the case as the figures quoted below show.

The new arrangements were brought to the notice of the public in various ways and particularly by press notices and advertisements. Also, the plan of previous years of arranging special press notices towards the close of the summer holidays was repeated.

I would like to take this opportunity of thanking the Editor of the *Express & Echo* for the assistance so generously afforded. In addition to press notices and pamphlets, health visitors, school nurses, midwives and district nurses play an important part in giving information to parents. A reminder about vaccination is sent to the parent of every child reaching the age of four months, and similarly, particular attention is paid to children of eight to nine months old with reference to immunisation against diphtheria. The importance of re-inforcement doses of diphtheria antigen during school life seems to have been thoroughly appreciated by most parents.

The following figures bring the vaccination position up-to-date.

Vaccination Officer's report for 1947.

Number of certificates of vaccination received	....	1,120
Number of certificates of postponement of vaccination received	....	56
Number of statutory declarations received	....	444
Number of certificates of insusceptibility received		4

Vaccination Officer's report to 4th July, 1948.

Number of certificates of vaccination received	....	506
Number of certificates of postponement of vaccination received	....	21
Number of statutory declarations received	....	184
Number of certificates of insusceptibility received		6

The Vaccination Acts were repealed as from 5th July, 1948.

Under the new arrangement of voluntary vaccination the figures to the end of the year are :—

Primary vaccinations	247	{	By private practitioners	172
			At clinics	75
Revaccinations	56	{	By private practitioners	53
			At clinics	3

The figures for immunisation against diphtheria are :—

Primary		{	By private practitioners	188
Immunisations	1,161		At clinics	973
Re-inforcement		{	By private practitioners	44
Injectons	1,318		At clinics	1,274

Of the 1,161 primary immunisations 1,070 refer to children under the age of 5.

It is estimated that 55.4% children in the City under five and 85.2% children between five and fifteen are immunised against diphtheria.

Dr. I. V. I. Ward is in charge of this section. Her efforts have met with considerable success.

NATIONAL HEALTH SERVICE ACT, 1946— SECTION 27.

AMBULANCE SERVICES.

Up to the 4th July, the ambulance arrangements were the same as those described on page 14 of my Annual Report for 1947.

Thereafter, in accordance with the Local Health Authority's proposals as approved by the Minister the general ambulance service was undertaken by the Exeter Division of the St. John Ambulance Brigade. The area served includes a ring outside the City boundaries embracing sundry communities normally dependent on the City services and having a radius of roughly five miles from the St. John Headquarters. The executive duties are entrusted to a Management Committee upon which the Brigade and the Local Health Authority are represented in equal numbers with power to elect their own Chairman.

The infectious disease ambulance service remains separate and by agreement with the Exeter Special Hospitals Management Committee of the South Western Regional Hospital Board is run from the Isolation Hospital. The service normally covers the whole of the area served by the hospital (vide infra) and is under the direct control of the Local Health Authority.

It has also been found convenient for the time being to continue the Voluntary Hospital Car Service for non-urgent removals, taking patients home who are unfit to use public transport, and particularly for treatment attendances. Administration is carried out by the County Council, Exeter paying for journeys assignable to the City Authority under the Act.

The following table gives a summary of ambulance work carried out since the appointed day.

	No. of vehicles 31.12.48	No. of calls 5.7.48 to 31.12.48	No. of patients 5.7.48 to 31.12.48	Mileage 5.7.48 to 31.12.48.
I.D. Ambulances	2	230	234	2,129
<i>St. John's</i> :—				
Ambulances	3	1,732	1,760	20,602
Cars	2	1,381	1,417	13,080
<i>Hospital Car Service</i> :—				
Drivers on Register	31	515	742	18,646

NATIONAL HEALTH SERVICE ACT, 1946—SECTION 28. PREVENTION OF ILLNESS, CARE AND AFTER CARE.

(Note :— Paragraph 37 of Circular 118/47 reads as follows :—

“ Extent of arrangements to be made. The Section permits Local Health Authorities, with the approval of the Minister, to make arrangements for the prevention of illness and for the care and after care of sick or mentally defective persons, but *requires* Authorities to make such arrangements to such extent as the Minister directs. The Minister hereby directs that arrangements *shall* be made, by every Local Health Authority, for the purpose of preventing tuberculosis and of the care and after care of persons suffering from tuberculosis.”

The paragraph goes on to say that arrangements with regard to persons suffering from any other kind of illness should be considered. The paragraph concludes by pointing out that powers in connection with health education come within this section).

This Section of the Act has encountered a considerable volume of well founded criticism inasmuch as it endeavours to divide artificially clinical and preventive medicine. It would have been difficult to select a better example than Tuberculosis of the way in which diagnosis, treatment, after care and prevention are inextricably mixed up. Of all common diseases Tuberculosis is the key pattern of a social disease, and if the modern term “ social medicine ” has any meaning, then the Tuberculosis Dispensary System has been a witness to its practice since the first dispensary was founded in 1887.

In as much as the Government has taken over hospitals and sanatoria through the Regional Hospital Boards and the Local Health Authorities are left with the duties of prevention and after-care, there must be a dividing line somewhere. But it seems wrong and illogical to draw that line right through the middle of the dispensary. It is certain that there will have to be second thoughts about this matter and that some better working plan will have to be evolved. Whatever comes, it is to be hoped that the minds and energies of tuberculosis officers will be vigorously re-directed towards prevention. During the past fifteen or twenty years the emphasis has been on treatment to the comparative neglect of prevention, and it is worth while remarking that treatment is much easier than prevention and requires a good deal less thought.

TUBERCULOSIS.

For the year under review it will be convenient to summarise the whole of the work of the Tuberculosis Dispensary.

General Statistics for the City for 1948.

Total cases on Register, 1st January	430
Pulmonary	341
Non-Pulmonary	89
Total notifications received after deduction of 3 duplicates, but including 32 received otherwise than by formal notification	131
Pulmonary	107
Non-Pulmonary	24
Deaths during the year from tuberculosis	35
Pulmonary	31
Non-Pulmonary	4
Deaths during the year of tuberculous patients from other causes	2
Pulmonary	1
Non-Pulmonary	1
Outward Transfers	31
Pulmonary	28
Non-Pulmonary	3
No. of cases removed from Register as "Recovered" or "Mistaken Diagnosis"	44
Pulmonary	21
Non-Pulmonary	23
Taken off Register under "The Public Health (Tuberculosis) Regulations, 1930"	32
Pulmonary	22
Non-Pulmonary	10
Total cases on Register, 31st December	417
Pulmonary	345
Non-Pulmonary	72

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	—	—	—	—	—	—	—	—
2	—	—	—	3	—	—	—	—
5	—	—	3	—	—	—	—	—
10	1	—	1	1	—	—	—	—
15	4	4	1	3	—	—	—	1
20	7	9	—	1	3	2	—	—
25	6	6	—	2	3	6	—	—
35	3	6	1	2	2	2	1	1
45	14	4	—	2	3	—	—	—
55	9	—	—	—	2	2	—	—
65	2	1	1	—	4	1	—	1
75 and over	1	—	—	1	1	—	—	—
Totals	47	30	7	15	18	13	1	3
99				35				

Two cases of pulmonary tuberculosis were notified after death.

TABLE SHOWING THE MORTALITY IN EXETER FROM TUBERCULOSIS DURING THE PAST 10 YEARS

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
1948	31	4	35	0.41	0.05	0.46	0

TUBERCULOSIS TREATMENT ALLOWANCES

MEMORANDUM 266/T.

This scheme came into operation in Exeter on 1st October, 1943, and was operated jointly by the Finance Department of the Council and the Tuberculosis Dispensary staff until 5th July, 1948, when it was taken over by the National Assistance Board.

The scheme provided for maintenance allowances for the families of patients suffering from pulmonary tuberculosis who accepted approved treatment; also, in certain circumstances, financial help called "discretionary allowances" and "special payments." The scheme was intended to ensure that financial considerations did not stand in the way of curable cases of pulmonary tuberculosis getting the treatment they needed. It was not intended to be one for the general assistance of all varieties and stages of the disease, but was a practical and reasonable contribution to the social problems connected with the treatment of pulmonary tuberculosis and, as such, was of real benefit to those for whom it was intended. Close liason between the Tuberculosis Dispensary and the National Assistance Board is now being maintained to ensure the continuity of financial assistance to tuberculous patients.

In all, 160 maintenance allowances, 6 discretionary allowances and 16 special payments were granted during the period 1st October, 1943, to 4th July, 1948, and the total expenditure was £7,111 19s. 0d., all of which is subject to reimbursement by the Ministry.

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 Dispen- sary Register at the be- ginning of the Year	152	118	17	13	18	24	19	16	170	142	36	29	377
Number of new cases diag- nosed as Tuberculous during the Year	43	28	1	—	3	10	3	4	46	38	4	4	92
Transfers	16	12	—	—	1	—	—	—	17	12	—	—	29
Returned	3	1	1	—	—	—	—	—	3	1	1	—	5

Table continued on next page.

	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 cases written off the Dispensary Register as :—													
(1) Recovered	7	5	4	—	2	5	4	5	9	10	8	5	3
(2) Dead (all causes)	16	14	—	—	1	2	—	—	17	16	—	—	3
(3) Removed to other areas	17	11	—	—	2	1	—	—	19	12	—	—	3
(4) For other reasons	6	6	—	2	2	2	3	3	8	8	3	5	2
Number of Persons on Dis- pensary Register on De- cember 31st :—													
Definitely Tuberculous	168	123	15	11	15	24	15	12	183	147	30	23	38

In addition to the notified cases shewn above, a further 289 new cases (243 adults and 46 children) were referred to the Clinical Tuberculosis Officer for examination during the year. Of these 275 (239 adults and 36 children) were diagnosed as not suffering from tuberculosis and removed from the Dispensary List, the remaining 14 being kept under observation at the Dispensary pending definite diagnosis. 133 new contacts were examined and 355 attendances were made by other contacts already known to the Department.

In all, 1,968 attendances were made by patients and contacts at the Dispensary during 1948. 210 home visits were made by the Clinical Tuberculosis Officer, and 637 by the Tuberculosis Dispensary Nurse.

EXTRA NOURISHMENT.

The Clinical Tuberculosis Officer supplies the necessary certificates to enable patients to obtain such extra nourishments as they are entitled to. During the year 15 patients were granted extra nourishment free for periods varying from two months to nine months.

CO-OPERATION WITH OTHER AGENCIES.

Close co-operation is maintained with the Area Officer of the Assistance Board, the Disablement Rehabilitation Officer of the Ministry of Labour, the School Health Department, also the Welfare Officer, Housing Manager and Children's Officer of the Local Authority. From time to time valuable help is received from these agencies in dealing with the social problems which arise in the households of patients, thus relieving anxiety and assisting with the work of prevention.

HOME NURSING.

Sputum flasks are provided free by the Dispensary. Home nursing is provided by means of the Local Health Authority's arrangement under the Act with the Exeter Maternity and District Nursing Association, and in the case of the tuberculous patient it has been agreed that nursing requisites shall be lent or provided free of charge.

BACTERIOLOGICAL EXAMINATIONS.

Sputum specimens at the Dispensary—1st January to 4th July 386; 5th July to 31st December 278.

Up to the 4th July other examinations were carried out in the Pathological Department of the Royal Devon and Exeter Hospital.

After that date most of the work has been done by the Public Health Laboratory Service.

X-RAY EXAMINATIONS.

These are carried out at the Devon County Dispensary.

1st January to 4th July—562 films and 120 screens. Total 682.

5th July to 31st December—517 films and 220 screens. Total 737.

MASS MINIATURE RADIOGRAPHY.

This method of detecting disease of the lungs and other abnormalities within the chest has been used in the Services for some years past. Stated briefly, it is a rapid method of X-raying a number of individuals on cine-film. The miniature films are then examined with the aid of a magnifying glass and suitable illumination. If any of them appear to reveal an abnormality, the person concerned is recalled for the usual large 12 inch x 15 inch film and for physical examination in the ordinary way. Mass miniature radiography may be expected to reveal many cases of early lung disease at a stage when the trouble is not suspected by the patient. It will also reveal most cases of old standing disease which is likely to have reached an infectious stage and is accordingly dangerous to others. It will often reveal evidence of past disease, and such cases have to be differentiated from recent and active conditions. It may also reveal other abnormalities of the lungs, heart, great vessels, etc., of varying degrees of interest or importance. It will fail to reveal every kind of disease or abnormality within the chest, because some conditions are not susceptible to diagnosis by this method or may not be detectable in an ordinary "straight" film in the standard position. Moreover, X-ray examination is only a part of the general physical examination of the chest and not the whole thing.

Within these limitations, mass miniature radiography finds its most useful application in the periodical examination of more or less closed communities where the members, being under discipline, must comply with requirements, e.g. the Services. Conversely, mass miniature radiography is practically valueless if it is applied in a haphazard method on a "do as you please" sort of plan. It is my belief that between these two extremes there is a useful field for mass miniature radiography surveys of selected groups of the general population, and that Regional Hospital Boards (who now control the teams and apparatus) and Health Committees should be allowed to proceed quietly and systematically with their plans. As apparatus and trained teams become available, it will be possible to extend the work in various desirable directions. At present, only limited surveys can be undertaken and it is obviously wise to direct these in a manner likely to prove most useful.

There are two points to which I would draw attention. First, the examination of any particular group or organisation in the civilian population will hardly ever be complete because the examination is quite voluntary so far as the individual is concerned. Secondly, the medical officer of health receives the findings of the survey in the form of figures only, that is the statistics, but no names and addresses. This is because the examination is confidential. No-one would expect a medical officer of health to investigate an epidemic of smallpox or typhoid fever in this way, yet this is precisely all he gets out of a mass miniature radiography survey—a set of figures. Pulmonary tuberculosis is endemic in this Country. From the preventive aspect a sheet of statistics is not very much use; No doubt, most of those advised to see a doctor do so, but there is no guarantee that they all do. The minority who are reluctant to seek advice may include the worst cases from the point of view of spreading infection.

During June, the Bristol Unit undertook a fortnight's "pilot" survey in Exeter. The following bodies were selected for examination, both as constituting a good cross section of the population and convenient groups for the purpose.

The City Council's Departments and Undertakings.
 The various Banks in the City.
 The Post Office.
 The Inland Revenue.
 The Exeter Co-operative and Industrial Society, Ltd.
 The Exeter Gaslight and Coke Company.
 Messrs. J. Wippell and Co., Ltd.

The total number invited was 2,701, being 1,815 men and 886 women.

Total number who actually attended	2,133
Persons referred for large films 90; actually attended	85
Clinical examinations	31

Analysis of significant findings

(a)	Non-tuberculous	.....	.....	.....	21
(b)	Tuberculous—active	.....	.....	.....	11
	„ inactive	.....	.....	.....	16
(c)	Not classified	.....	.....	.....	5

Incidence of pulmonary tuberculosis revealed by survey

All cases	.....	.....	.....	.....	1.26%
Active	.....	.....	.....	.....	0.51%
Inactive	.....	.....	.....	.....	0.75%

VENEREAL DISEASE.

Up to 4th July the joint clinic with Devon County continued to be held at the Royal Devon and Exeter Hospital as described in my report for 1947. After that date, the clinic continued on similar lines, but became the responsibility of the Exeter and Mid Devon Management Committee of the South Western Regional Hospital Board. St. Mary's Home (voluntary) for the treatment of unmarried mothers was taken over by the Board at the same time.

The Local Health Authority's duties are no longer concerned with diagnosis and treatment. Their principal concern is with education of the public, and with such follow-up work and supervision outside the clinic as may be required.

There has always been very good co-operation between the Health Department and the Clinic Officers, and no doubt, this will continue.

The following table shows the position from 1939—1948.

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
1948	17	29	—	100

During the year Exeter patients made 1,655 attendances. The incidence of venereal disease in the City increased somewhat irregularly during the war, reaching its peak in 1946 following general demobilisation. The year 1948 shows a substantial and welcome decrease.

CANCER.

The scheme for the prevention and treatment of Cancer described on pages 35 and 36 of my report for 1947 is now operated by the South Western Regional Hospital Board with such modifications as may be necessary. Two functions remain the duty of the Local Health Authority. First, education of the public in the proper use of the services provided, especially early investigation of cases of suspected cancer. It is important that people should realise that the chief hope of cure is in undergoing efficient treatment when the disease is in its early stages and localised. A great many forms of cancer are accessible to modern surgical and radiological procedures. Secondly, it is our duty to render all possible assistance to cancer patients sick in their own homes by means of health visitors, district nurses and the home help service. Also we can assist the hospital services by following up their patients when requested to do so. With the exception of certain forms of industrial cancer due to the handling of substances containing carcinogenic elements in trade processes, little is known about prevention.

The following tables shews deaths from cancer during the past ten years :—

Year.....	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Deaths	127	144	151	142	116	143	114	129	128	151

The next table shews deaths from cancer during the year according to age 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	7	20	29	52	41	74	77
														151	

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.

Of the seven cases of *acute anterior poliomyelitis* (infantile paralysis) notified during the year, three had home addresses in the City and belonged epidemiologically to the outbreak which swept Britain during the latter half of 1947 and the early months of 1948. Two were notified in January and one in February.

The other four cases occurred in September and October and must be regarded as examples of the usual seasonal incidence of the disease. Three of these came from different County Districts via the Royal Devon and Exeter Hospital and only one from Exeter. There were no fatal cases, three of the Exeter patients escaped any residual paralysis and the paralysis in the fourth case was slight.

There was the usual autumn rise in the notification of *scarlet fever*. This disease continued to be prevalent after the end of the year and it is anticipated that the Report for 1949 will show more notifications than for some years past. The type remains very mild and there is no doubt that a number of cases are not recognised. It will be seen that the age period most affected is the 5 to 10 year old group. Accordingly, particular attention has been paid to infant and junior schools, and the attention of headmasters and headmistresses drawn to the joint code of the Ministries of Health and Education. Cases have been scattered about the City in a very irregular way, not being closely related to any particular school or locality.

Following the high incidence of *measles* and the moderate incidence of *whooping cough* in 1947, there has been a marked decrease in the notifications of these diseases. These diseases tend to show a biennial rise in incidence so that more cases may be expected in 1949. It is difficult to control or prevent either disease effectively because both are infectious before they can be diagnosed with certainty. When these diseases are prevalent careful supervision of day nurseries, infant and junior schools is useful, particularly the prompt exclusion of suspects who may be sickening. In the case of measles, many people will know that passive and, therefore, temporary immunity may be conferred on children by the injection of convalescent or adult blood or serum. This measure is obviously beyond the realm of practical politics as one of general application, but it is very useful in particular cases when it is desirable to protect an individual child temporarily. It is even more useful, providing the timing can be correctly estimated, in securing a mild modified attack which will produce active and, therefore, more lasting immunity. Many medical practitioners are prepared to give whooping cough vaccine to children at parents' request. Unfortunately, there is no unanimity of opinion as to its efficacy. Such controlled investigations as have been published have failed to produce satisfactory evidence in this respect. Doubt has even been expressed as to

whether the so-called whooping cough bacillus (the bacillus of Bordet and Gengou) is really the cause of the disease. If it is not the cause, surely vaccines made from it are unlikely to be of much value. Many medical practitioners can remember the anti-cold vaccines popular in some circles a quarter of a century or so ago. They consisted of mixtures of killed organisms of the types commonly found as secondary invaders in catarrh of the upper respiratory passages, and, indeed, in many "normal" people's throats and noses. At the time, I gave these vaccines a thorough trial including personal experiments, and came to the conclusion they were valueless and, possibly, harmful at times. The same sort of thing is true of some of the so-called anti-influenza vaccines. We know now that the common cold and the various kinds of influenza are due to viruses. We also know that there are technical difficulties in producing an effective vaccine in virus diseases. So far as whooping cough is concerned, I wish to keep an open mind, but at present I am not aware of any convincing evidence in favour of vaccines as a method of prevention. I would remind the reader of this report that it is one thing to give a patient something he desires in the way of private practice, but quite another thing to advocate a measure of uncertain value to the public at large and at the public expense. I have no doubt that the Ministry of Health has this problem under active consideration, and so far as Exeter is concerned, I prefer to await official and informed guidance in the matter.

The serious complications of measles and whooping cough in little children have been greatly mitigated by modern hospital practice. Penicillin, the sulphonamides and the timely use of the oxygen tent have saved many lives. Infectious diseases hospitals would rather admit these patients than many of the mild cases of scarlet fever which still find their way there. In these days of staff shortage, it is important to staff adequately the beds which really matter.

It would be observed from the accompanying table that there was only one case of diphtheria notified during 1948 and this was an adult.

CARE AND AFTER CARE OF OTHER TYPES OF ILLNESS—

ILLNESS GENERALLY.

For many years past public health authorities have given advice and assistance so far as practicable in circumstances outside their statutory obligations. Nevertheless, this kind of work is still very much in its infancy. With the extended conception of health visiting envisaged in Section 24 of the Act, together with properly organised home nursing and domestic help services, there should be a wide field for exploration and achievement. As a beginning, close co-operation between the three services named has been attained, and between these and the almoners of the local hospitals. When persons discharged from hospital need further nursing care or supervision, this is arranged automatically subject to any views which the patients themselves or their doctors may express. Moreover, steps have been taken to avoid overlapping or multiple visiting. Thus we are able to help some elderly invalids, diabetics and similar cases.

There must also be co-operation with the Welfare Officer, the Children's Officer, the Area Officer of the Assistance Board and other official and voluntary agencies.

HEALTH EDUCATION.

The Local Health Authority subscribes to the Central Council for Health Education. Every month 1,000 copies of the magazine "*Better Health*" are distributed free, also use is made of various posters and pamphlets when considered appropriate. Just before the appointed day, press notices and pamphlets gave full information regarding the local arrangements under Part III of the Act.

So far as possible, all expectant mothers are provided with a folder giving information about the Maternity and Child Welfare Services. Another folder is in use at the Tuberculosis Dispensary for the instruction of patients and their relatives regarding precautionary measures. Such services as Immunisation against Diphtheria and Vaccination are advertised in the press from time to time, and I desire to thank the local press for the splendid assistance given. A considerable amount of "syllabus work" is carried out by various professional members of the Health Department in connection with Midwives' Training, District Nurses' Training, instruction of Nursery Students, the Retail Meat Trade's classes, etc. During the past year invitations to lecture have been accepted by the staff from such bodies as the Workers' Educational Association, Parent-Teacher Associations and so forth. On 21st July a well attended meeting to interest secondary grammar school girls in the nursing profession was organised at the Royal Devon and Exeter Hospital—this being the fourth year of such meetings. The speaker in the morning

was Miss M. Edwards, Secretary, Nursing Recruitment Centre, London, and in the afternoon visits and demonstrations were arranged at the Royal Devon and Exeter Hospital and the Princess Elizabeth Orthopaedic Hospital. I would like to thank these hospitals for co-operating in this annual enterprise and I hope some means may be found for carrying it on under the new regime.

It is my view that health education should be given to the public in reasonable amounts as the public can assimilate it. I deprecate trying to force it down people's throats. During the year there are plenty of opportunities for getting home the lessons we wish to teach, not the least opportunity being the daily contact of nurses and health visitors with the people in their homes. I am also of opinion that all professional members of Health Departments should be able and willing to give short talks, instruction and more formal lectures when required to do so.

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	239
For employment in Day Nurseries	15

Owing to the increasing numbers coming under Superannuation Schemes or requiring medical examination for one reason or another there has been a striking rise in these figures of recent years. The above figures represent work for one medical officer for at least three and a half weeks.

NATIONAL HEALTH SERVICE ACT, 1946— SECTION 29.

DOMESTIC HELP.

This scheme began on 1st July, 1947, as the Home and Domestic Helps Scheme as described on page 53 of my Annual Report for that year. It will be remembered that this was a combination of two schemes, viz :— Home Helps for the assistance of expectant and nursing mothers and families with children under school age, the power being derived from Section 204 of the Public Health Act, 1936 : and Domestic Helps for other types of assistance, the power being derived from Defence Regulation 68E. The approved nett cost of the latter scheme only was reimbursable by the Ministry.

On 5th July the scheme became the Domestic Help Service in conformity with the Act, but the general arrangements remained much the same. As is the case with other sections under Part III of the Act, there is a 50% grant towards the approved nett cost.

The scheme assists 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 require special consideration.

A difficult type of case and a problem which does not admit of a ready solution is that of persons suffering from pulmonary tuberculosis, especially if it is the housewife. If at all possible such cases should be persuaded to remain in an institution as long as they are infectious. In other instances, it is possible to make arrangements with relatives or friends, and these can be instructed regarding elementary precautions by the Dispensary Nurse or Health Visitor. From time to time, however, there will occur cases whose needs cannot be met in these ways. One possible solution is to employ a specially trained ex-patient in this work.

It is emphasised that the domestic help is neither a nurse nor a midwife, and that she must not be expected to undertake any of the professional duties of such.

The scheme is under the direction of a whole-time Organiser. On 1st March it was found necessary to appoint a part-time Assistant Organiser. These two officers run the entire undertaking as a part of the Health Department. Their duties may be summarised as follows :—

- (a) To recruit and supervise Helps
- (b) To allocate Helps
- (c) Assessment of householders' contributions according to a scale
- (d) Collection of contributions
- (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. Some slight revision in respect of the middle incomes in this scale is now under consideration.

It is the opinion of the Organiser that a reasonable number of whole-time Helps works more economically and smoothly than a mixed establishment of whole-time and part-time Helps. Nevertheless, permission has been given by the Health Committee for the Medical Officer of Health to sanction the immediate engagement of temporary Helps—whole-time or part-time—in an emergency such as an influenza epidemic. I should like to congratulate the Organiser and her Assistant on the valuable work they have done during the year in making this scheme a very real success.

The Organiser reports as follows :—

Number of cases helped during the year	309
being Home Helps to 4th July	72
,, Domestic Helps to 4th July	62
,, Domestic Helps from 5th July	175

At the beginning of the year there were 9 full-time and 7 part-time Helps. These soon had to be increased to 10 full-time and 10 part-time Helps.

On 21st December the Health Committee arranged to increase the number of whole-time Helps to 15, the object being to maintain this number of whole-timers and no part-timers except in an emergency. Whole-time workers after three months' satisfactory service are provided with overalls.

During the year, contributions amounting to £801 11s. 0d. were collected from householders and passed to the City Treasurer. The nett cost of the scheme to the ratepayers was approximately £1,335.

MENTAL HEALTH SERVICES.

(Section 51 National Health Service Act, 1946).

MENTAL DEFICIENCY REGULATIONS 1948

AND

THE LUNACY AND MENTAL TREATMENT RULES, 1948.

(1) ADMINISTRATION.

(a) *Constitution and Meetings of the Mental Health Sub-Committee.*

The Mental Health Committee is a Sub-Committee of the Health Committee—see list of Committees.

A psychiatrist of consultant status is included in the co-opted members.

Meetings are held quarterly and the Chairman has power to act in the interim, if necessary.

(b) *Staff employed in the Mental Health Service.*

Medical Officer of Health.

Deputy Medical Officer of Health.

Senior Assistant Medical Officer of Health.

All the above are recognised by the Board of Control for Mental Deficiency purposes.

Mental Welfare Officer and Authorised Officer.

2 Authorised Officers—1 male and 1 female, both are State Registered Mental Nurses.

(c) *Co-ordination with Regional Hospital Boards and Hospital Management Committees.*

By arrangement with the Regional Hospital Board, the visiting psychiatrists of the Royal Devon and Exeter Hospital, the City Hospital, also the Medical Superintendent of the Digby Hospital and the Medical Superintendent of the Royal Western Counties Institution, Starcross are available as Consultants.

There is no arrangement for the Joint Use of Officers.

Supervision of patients on trial from Mental Hospitals is carried out by the Social Workers who are also the Authorised Officers. Facilities exist for the placing in employment, if found necessary, which is part of the after-care scheme.

Supervision of patients on licence from Institutions for Mental Defectives is usually carried out by the Institution's own Social Workers, who co-operate with this Authority.

(d) *Duties delegated to Voluntary Associations.*

None.

(e) *Training of Mental Health Workers.*

A local course was arranged during the year by the Devon County Council. It is hoped that more comprehensive courses will be available through the University of Bristol.

(2) ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

(a) *Prevention, Care and After-care—Section 28, National Health Service Act.**Prevention.*

When found practicable cases are referred to the Psychiatric Clinics in Exeter.

Care and After-care.

Upon discharge from Mental Hospitals, provided patients are willing, the Local Health Authority is informed when care and after-care is necessary by the Medical Superintendent, and arrangements are made for the Authorised Officers to visit for friendly guidance and advice. Facilities exist for the placing of ex-patients in employment. For this purpose there is close co-operation between the department and the Ministry of Labour's Rehabilitation Officer. When necessary, steps are taken to register patients on the "Disabled Persons Register," this also applies to mental defectives.

(b) *Lunacy and Mental Treatment Acts, 1890—1930.**Duties carried out by Duly Authorised Officers.*

On the appointed day all case notes and files of Exeter patients were transferred from the old Social Welfare Department of the Council and embodied in the Mental Health Section of the Health Department, thereby combining the hitherto separate services into one.

From the 5th July, 1948, the undermentioned cases were dealt with by the Duly Authorised Officers of the department :—

Admission to Hospital.

<i>Class.</i>	<i>(Health Service).</i>	<i>Male</i>	<i>Female</i>	<i>Total.</i>
(1) Voluntary—Section 1 of M.T. Act 1930	12	4	16
(2) Temporary—Section 5 of M.T. Act 1930	1	1	2
(3) Certified—Lunacy Act 1890	4	19	23
		17	24	41

Initial proceedings and conveyance to hospital are undertaken by the Duly Authorised Officers under the Lunacy and Mental Treatment Acts. In the case of patients living alone, the property is secured and keys handed to the Welfare Officer of the Council, in accordance with Section 48 of the National Assistance Act, 1948.

It is satisfactory to note that 43.9% of admissions were without certification, and it would appear that the public are beginning to appreciate the importance of early treatment, particularly where cases may not have responded to treatment in out-patient clinics or their own homes. Furthermore, many patients who seek this type of treatment in hospital are quickly restored to health and are discharged after a relatively short period of time.

(c) *Mental Deficiency Acts, 1913—1938.*(i) *Ascertainment.*

The situation in Exeter regarding early ascertainment is very satisfactory and there is the greatest co-operation between the School Health Service and the Local Health Authority. The School Medical Officer, the Senior Assistant School Medical Officer and one Assistant School Medical Officer are recognised by the Board of Control for the purposes of certification under the Mental Deficiency Acts, and this ensures efficient ascertainment.

During the year twenty-one new cases were investigated and the following tables show the agencies by which the cases were reported and the action taken :—

<i>Cases Reported.</i>	<i>Male</i>	<i>Female</i>	<i>Total.</i>
(1) By Local Education Authority under Sec. 57(3) of Education Act 1944	2	1	3
(2) By Local Education Authority, under Sec. 57(5) of Education Act 1944	6	4	10
(3) Police	2	—	2
(4) Other Sources	2	4	6
	12	9	21

Action Taken.

Sent to Institutions by Order	2	1	3
Placed under Statutory Supervision	8	4	12
Placed under Voluntary Supervision	2	2	4
Died or Removed from Area	—	2	2
	12	9	21

There were nine cases awaiting admission to Institutions on the 31st December, 1948.

The majority of cases "Ascertained" are reported by the Local Education Authority under the provisions of the 1944 Education Act. Others are reported by the police and in some instances, cases under school age have been observed by Health Visitors, who keep them under observation and, if necessary, these cases are reported on attaining the age of two years.

All new cases are thoroughly investigated and after the Local Education Authority have issued the appropriate notices to the Local Health Authority, they are reported to the Mental Health Sub-Committee for either (i) Supervision; (ii) Guardianship or (iii) Institutional Treatment.

In the case of Guardianship or Institutional Treatment being recommended, the Mental Welfare Officer is the authorised officer to present Petitions for an Order under Section 5 of the Mental Deficiency Act 1913, on behalf of the Local Health Authority. The same officer has power to remove defectives to a "place of safety" pending the presentation of a Petition.

(ii) *Guardianship and Supervision.*

During the year two males and one female mental defective were under guardianship. In each of these cases the defectives were able to work, and have in fact held their employment for a considerable time.

In view of Article 94 of the Mental Deficiency Regulations, 1948, it is anticipated that guardianship cases will increase in number, provided that suitable guardians can be found to assume this responsibility. This is particularly difficult where there are no parents. Experience shows that such cases are not welcomed by other relatives. However, an added attraction may be the giving of grants under Section 8 of the National Assistance Act 1948. (See Ministry of Health Circular 177/48).

The following table shows cases under Community Care, by way of Supervision during 1948, viz :—

		Male	Female	Total.
(a)	Under Statutory Supervision	40	42	82
(b)	Under Voluntary Supervision	54	55	99

The total number of mental defectives under Community Care during 1948 was 181.

With the exception of female defectives under Voluntary Supervision, who are supervised by Health Visitors, the remainder of cases both male and female are supervised by the Authorised Officers. In rare cases when a household has two defectives at home, one under Voluntary and one under Statutory Supervision, the two cases are visited by the Authorised Officer only; similar arrangements are made when a male and female defective are in the same family. This ensures that only one visitor is calling on the household. In the majority of cases over the age of sixteen years the defectives are working in selected employment.

In addition to supervising mental defectives living in the community, the following social work is carried out by the Authorised Officers under the control of the Mental Welfare Officer :—

- (1) The furnishing of home circumstance reports in respect of defectives in institutions (a) on the occasion of statutory consideration or reconsideration of the Order of detention, and (b) in connection with applications for the grant of leave of absence or discharge.
- (2) The taking of "place of safety" action under Section 15 of the Mental Deficiency Act 1913, in respect of defectives under supervision.
- (3) The placing in selected employment, when requested, children leaving the Special School on attaining the age of 16 years, or defectives leaving an ordinary school, who are placed under Statutory Supervision in accordance with the provisions of Section 57(5) of the Education Act 1944. In this connection there is good co-operation between the department and the Juvenile Employment Bureau.

(iii) *Training.*

Preliminary steps have been taken during the latter part of the year to establish an Occupation Centre in Exeter for mental defectives of the imbecile grade and low grade feeble-minded persons, who have been excluded from school under the provisions of Section 57(3) of the Education Act, 1944, as amended by Section 8 of the Education (Miscellaneous Provisions) Act, 1948.

It is hoped to open this Occupation Centre in 1949, and it will play a useful part in giving efficient training as part of "Supervision."

EXETER ISOLATION HOSPITAL.

On 5th July this hospital became the responsibility of the South Western Regional Hospital Board. The Exeter Special Hospital Management Committee was not in a position to take over on that date and by arrangement the officers of the City Council continued to discharge their various functions up to 28th February, 1949, the Management Committee assuming full responsibility thereafter. The hospital serves a wide area of Devon in addition to the City of Exeter, viz :—

St. Thomas Rural District
Dawlish U.D.
Exmouth U.D.
Budleigh Salterton U.D.
Ottery St. Mary U.D.
Sidmouth U.D.

Seaton U.D.
Axminster U.D. and R.D.
Honiton T.C. and R.D.
Crediton U.D. and R.D.
Okehampton T.C. and R.D.
Tiverton U.D. and R.D.

The last named area was included for all purposes as from 8th November, 1948. Previously, Tiverton was included only for the purposes of Circular 2153 (Typhus Fever). By agreement with the Management Committee the infectious disease ambulance service has continued to operate from the hospital, but under the general supervision and at the cost of the Local Health Authority. This is a convenient and economical arrangement, and is very much in the interests of the public in the wide area which the hospital serves. The ambulance service in general is described elsewhere in this report.

On this occasion, it has been thought expedient to divide the work of the hospital into two sections, namely, before and after the appointed day under the National Health Service Act, 1946. Strictly speaking, this report is not concerned with work done after the appointed day, but the plan has been adopted in order to provide continuity of information.

At the beginning of the year, 15 fever patients remained under treatment, 12 from Exeter and 3 from Devon. During the year there were 196 admissions, 132 from Exeter and 64 from Devon. At the end of the year there were 22 patients remaining, 20 from Exeter and 2 from Devon. The number of admissions were again below the average, and had it not been for the prevalence of scarlet fever during the second half of the year, might well have constituted a low record. The smallest number of admissions in recent years was 146 in 1933.

The hospital includes a unit for pulmonary tuberculosis of 34 beds. The work of this unit is recorded at the end of this section, together with other hospital provision for cases of tuberculosis. There are nominally 98 fever beds, this number being capable of extension in case of need.

Table A—referring to period 1st January, 1948, to 4th July, 1948.

Disease.	Remain- ing 1.1.48	Ad- mitted	Discharged.		Deaths.	Remain- ing 4.7.48
			Diag- nosis con- firmed.	Diag- nosis not con- firmed.		
Scarlet Fever	8	36	32	3	—	9
Diphtheria	—	11	2	8	—	1
Enteric Fever	—	1	1	—	—	—
Dysentery	—	1	—	1	—	—
Mumps	—	1	1	—	—	—
Erysipelas	—	5	3	—	1	1
Measles	—	4	3	—	—	1
Pemphigus	1	3	3	1	—	—
Cerebro-spinal Meningitis	—	4	—	3	1	—
Whooping Cough	—	2	1	—	1	—
Rubella	—	1	1	—	—	—
Poliomyelitis	6	7	10	3	—	—
Chickenpox	—	2	2	—	—	—
Pleurisy	—	1	1	—	—	—
Totals	15	79	60	19	3	12

NOTES.

Scarlet Fever. 2 cases were examples of "surgical scarlet fever," one following an injury to the left arm and the other following an injury to the left knee. 2 cases were complicated by acute otitis media, 1 by rheumatism and endocarditis, 1 by nephritis and 1 by chickenpox.

In 3 cases the diagnosis was not confirmed. The correct diagnoses were as follows:— 1 measles, 1 tetanus and 1 "no appreciable disease," being a contact from another hospital admitted for observation.

Diphtheria. In 8 cases the diagnosis was not confirmed. The correct diagnoses were as follows:— 7 cases of streptococcal tonsillitis, and 1 case of streptococcal tonsillitis with rash, i.e., scarlet fever.

Enteric Fever. This was a case of paratyphoid B. complicated by tuberculous tracheo-bronchial adenitis.

Dysentery. This was a case of mucous colitis.

Erysipelas. The fatal case was complicated by lobar pneumonia, age 68.

Measles. 1 case was complicated by pneumonia and 1 by otitis media.

Cerebro-spinal Meningitis. All 4 cases were incorrectly diagnosed, 1 being a case of cerebral-haemorrhage in the course of chronic nephritis, 1 tuberculous meningitis, 1 pneumococcal meningitis and 1 subacute rheumatism.

Whooping Cough. The fatality was due to acute generalised miliary tuberculosis. The case which recovered was complicated by congenital heart disease.

Acute Anterior Poliomyelitis. The diagnosis was confirmed in 10 cases. With one exception, all these cases were reported upon in the appendix to the Annual Report for 1947 as they formed a continuous series with the cases arising in that year. The case not previously recorded was admitted on 22nd March, 1948, from Axminster and aged 17.

In 3 cases the diagnosis was not confirmed. The correct diagnoses were as follows:— 1 lobar pneumonia, 1 injury to right shoulder and 1 subacute rheumatism.

Table B—referring to period 5th July, 1948, to 31st December, 1948.

Disease.	Remain- ing 5.7.48	Ad- mitted	Discharged.		Deaths.	Remain- ing 31.12.48
			Diag- nosis con- firmed.	Diag- nosis not con- firmed.		
Scarlet Fever	9	65	55	1	—	18
Diphtheria	1	15	1	12	—	3
Enteric Fever	—	5	4	1	—	—
Dysentery	—	1	1	—	—	—
Mumps	—	2	1	1	—	—
Erysipelas	1	—	1	—	—	—
Measles	1	12	9	3	—	1
Pemphigus	—	2	2	—	—	—
Cerebro-spinal Meningitis	—	5	2	3	—	—
Whooping Cough	—	2	1	1	—	—
Poliomyelitis	—	4	4	—	—	—
Chickenpox	—	4	4	—	—	—
Totals	12	117	85	22	—	22

NOTES.

Scarlet Fever. 3 cases were complicated by bronchitis, 1 by broncho-pneumonia, 1 by otitis media and 1 by paronychia. The diagnosis was not confirmed in 1 case, the correct diagnosis being measles with broncho-pneumonia.

Diphtheria. 1 case was complicated by chickenpox. The diagnosis was not confirmed in 12 cases, the correct diagnosis being as follows :— 8 cases of streptococcal tonsillitis, 1 catarrhal laryngitis and bronchitis, 1 case of Vincent's disease, 1 glandular fever, and 1 case of stomatitis due to unsatisfactory dentures.

Enteric Fever. There were 2 cases of paratyphoid B. (mother and son) contracted in France, 1 case of typhoid contracted in Rhodesia and 1 case of food poisoning. The diagnosis was not confirmed in 1 case, being a case of subacute rheumatism.

Dysentery. 1 case diagnosed on clinical grounds, but the causal organism not identified.

Mumps. 1 case was genuine, but the other was a case of non-specific parotitis following dental treatment.

Measles. 1 case was complicated by pneumonia, 1 by meningismus and 1 by multiple sinusitis. The diagnosis was not confirmed in 3 cases, the correct diagnoses being as follows :— 1 rash associated with vaccination, 1 sulphonamide rash, and 1 contact admitted from another hospital for observation.

Cerebro-spinal Meningitis. The diagnosis was not confirmed in 3 cases, the correct diagnoses being as follows :— 1 benign lymphocytic meningitis, 1 meningismus following vaccination in an adult and 1 streptococcal tonsillitis.

Whooping Cough. The diagnosis was not confirmed in 1 case, being a case of laryngitis.

Acute Anterior Poliomyelitis. Particulars of the 4 cases are as follows :—

<i>Date of Admission.</i>	<i>Age</i>	<i>Place of Occurrence.</i>	<i>Notes. *</i>
1st September	10	Alphington	Meningeal type, no residual paralysis.
10th October	13	Exeter	Meningeal type, no residual paralysis.
14th October	8	Newton St. Cyres	Paralysis of lower limbs. Transferred to Orthopaedic Hospital.
18th November	21	Tiverton	Paralysis of right upper arm and shoulder. Transferred to Orthopaedic Hospital.

Chickenpox. 1 case complicated by abortion, and 1 by lobar pneumonia.

INSTITUTIONAL TREATMENT OF TUBERCULOSIS

TUBERCULOSIS UNIT, EXETER ISOLATION HOSPITAL

Period 1st January, 1948, to 4th July, 1948.

Remaining under treatment			Admitted			Discharged			Died			Remaining		
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
13	15	28	21	17	38	11	16	27	2	3	5	21	13	34

Period 5th July, 1948, to 31st December, 1948.

Remaining under treatment			Admitted			Discharged			Died			Remaining		
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
21	13	34	16	12	28	17	9	26	2	1	3	18	15	33

HONEYLANDS CHILDREN'S SANATORIUM.

Period 1st January, 1948, to 4th July, 1948.

Remaining under treatment			Admitted			Discharged			Remaining		
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
12	8	20	3	3	6	7	1	8	8	10	18

Period 5th July, 1948, to 31st December, 1948.

Remaining under treatment			Admitted			Discharged			Remaining		
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
8	10	18	5	3	8	4	3	7	9	10	19

OTHER INSTITUTIONS.

Period 1st January, 1948, to 4th July, 1948.

Institution.	Condition for which treated	Remaining under treatment			Admitted			Discharged			Died			Rem un trea	
		M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F
Princes Elizabeth Orthopaedic Hospital, Exeter.	Spine	0	0	0	0	1	1	0	0	0	0	0	0	0	11
	Hip	1	1	2	0	0	0	1	1	2	0	0	0	0	00
	Ankle	1	0	1	0	0	0	1	0	1	0	0	0	0	00
	Knee	1	0	1	0	0	0	0	0	0	0	0	0	1	00
Royal Devon and Exeter Hospital, Exeter.	Neck Glands	0	0	0	0	5	5	0	5	5	0	0	0	0	00
	Abdomen	0	0	0	0	0	0	0	0	0	0	0	0	0	00
	Lungs	0	0	0	0	2	2	0	2	2	0	0	0	0	00
Hawkmoor Sana- torium, Bovey Tracey.	Lungs	1	2	3	4	5	9	3	3	6	0	0	0	2	44
Preston Hall, Maidstone, Kent.	Lungs	2	0	2	1	0	1	0	0	0	0	0	0	3	00
Royal National Sanatorium, Bournemouth	Lungs	1	0	1	0	0	0	1	0	1	0	0	0	0	00
Total		7	3	10	5	13	18	6	11	17	0	0	0	6	11

Period 5th July, 1948, to 31st December, 1948.

Institution.	Condition for which treated	Remaining under treatment			Admitted			Discharged			Died			Remaining under treatment		
		M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
St Elizabeth's Hospital, Exeter	Spine	0	1	1	1	0	1	1	1	2	0	0	0	0	0	0
	Knee	1	0	1	2	0	2	1	0	1	0	0	0	2	0	2
Devon Exeter Hospital, Exeter.	Neck Glands	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
	Abdomen	0	0	0	0	1	1	0	1	1	0	0	0	0	0	0
	Lungs	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
Hospital, Exeter.	Glands	0	0	0	0	2	2	0	1	1	0	1	1	0	0	0
	Lungs	0	0	0	1	0	1	0	0	0	1	0	1	0	0	0
Moor Sanatorium Bovey	Lungs	2	4	6	3	2	5	3	4	7	0	0	0	2	2	4
Hall, Exeter.	Lungs	3	0	3	0	0	0	2	0	2	0	0	0	1	0	1
Total		6	5	11	9	5	14	7	7	14	1	1	2	7	2	9

SMALLPOX HOSPITAL.

Up to the 4th July there was no change in the arrangements

