

[Report 1949] / School Medical Officer of Health, Exeter.

Contributors

Exeter (England). City Council.

Publication/Creation

1949

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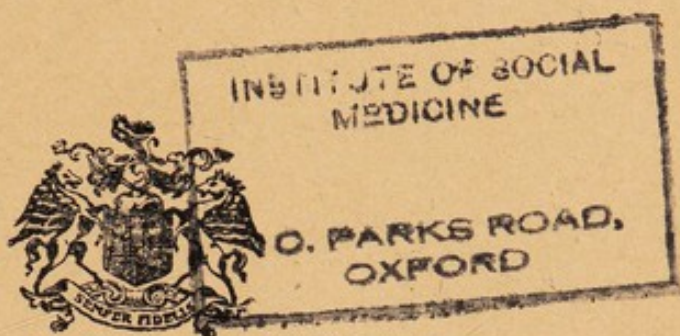
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17.
City and County of the City of Exeter.

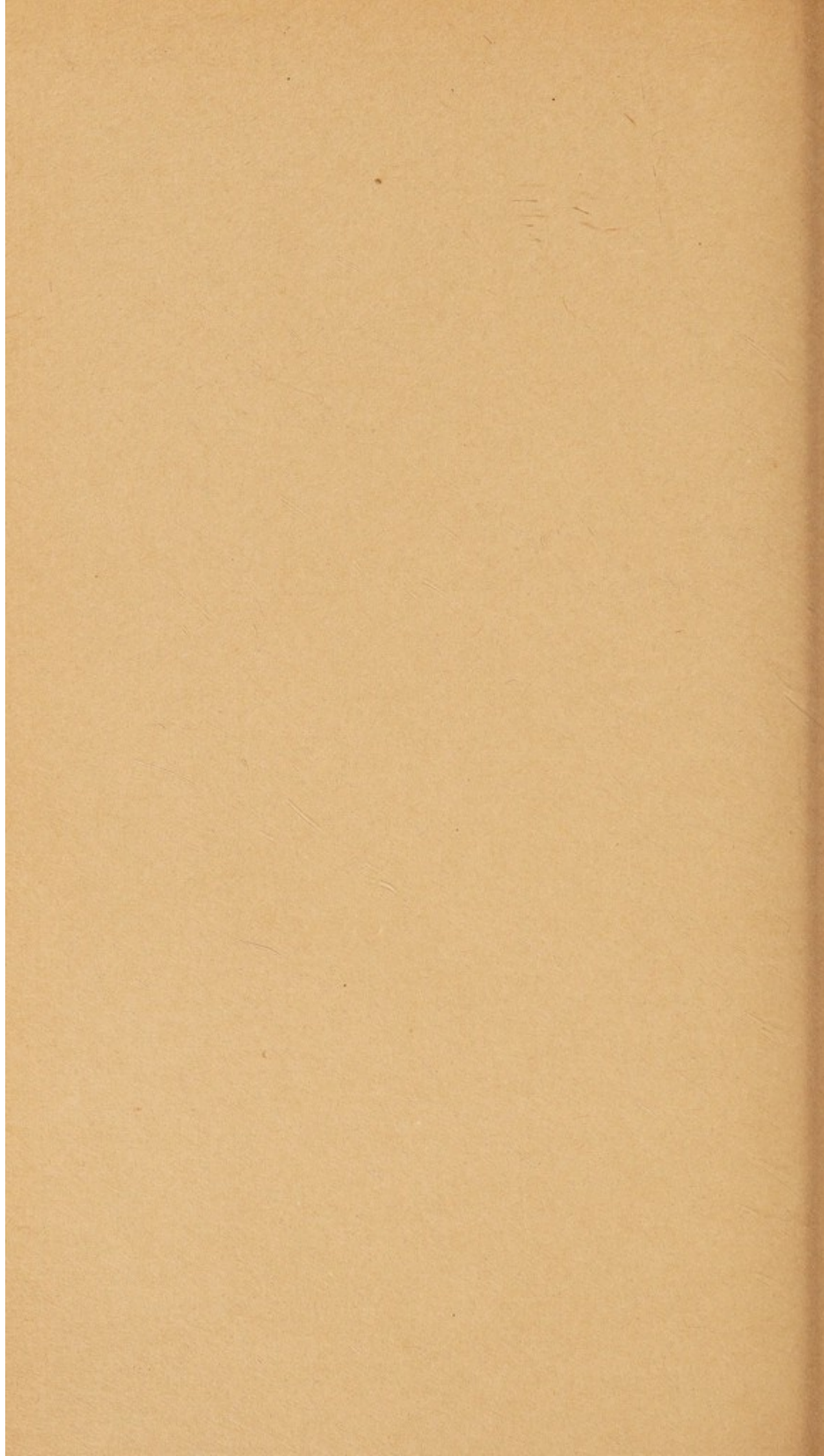


ANNUAL REPORT

OF THE MEDICAL OFFICER
OF HEALTH
FOR 1949

THE INSTITUTE OF SOCIAL MEDICINE,
10, Parks Road, Oxford.

EXETER:
BESLEY & COPP, LTD., COURTENAY ROAD,
1950



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 1949.

The report has been prepared in accordance with instructions contained in Ministry of Health Circular 2/50, dated 25th January, 1950, and in accordance with the Sanitary Officers (Outside London) Regulations, 1935, and the Sanitary Officers Order, 1926.

The information contained in the report follows the same order as last year, when the form of the report was modified to bring it into line with Part III of the National Health Service Act, 1946. In some respects the report for 1948 was a special report intended to bridge the gap between the old order and the new, consequently, information concerning functions and duties which have passed to the Regional Hospital Boards or other bodies is no longer included. All the new arrangements have worked smoothly and there has been orderly development of the Council's proposals under the Act as approved by the Ministry. For this, tribute should be paid to the former Public Health Committee which had to do the planning, and to the two voluntary bodies which have accepted agency arrangements in their particular spheres, namely, the St. John Ambulance Association and the Exeter Maternity and District Nursing Association. I would also like to take this opportunity of thanking the various hospital staffs in the City both medical and administrative, and especially the almoners, for their continued and much valued co-operation.

During 1949 the health of the City remained satisfactory. The only notifiable infectious disease to reach major proportions was measles, with 1,318 cases notified, but no deaths. Considering how fatal measles can be to young children, this result must be very satisfactory to the local medical and nursing professions. There were 202 cases of whooping cough with 1 death, a low case mortality considering the number of young children affected. *For all notifiable infectious diseases there were only 9 deaths, 7 of these being cases of pneumonia. The year witnessed a country wide epidemic of acute anterior poliomyelitis including many cases of encephalitis. Exeter was fortunate in having only six known cases and one death. Two of these six cases undoubtedly contracted their illness elsewhere and arrived in the City already ill. There is probably more than one method of spread of this disease. Many local outbreaks seem to be associated with sub-standard hygiene either in the community generally or in individual houses or institutions. This would help to explain the sharp and unexpected outbreaks which occur in country places where sanitation is often rather poor.

There were no cases of diphtheria, a happy state of affairs which justifies our continuous efforts at prevention by means of immunisation. Before immunisation was available generally

*Omitting tuberculosis.

Exeter was never long free from outbreaks of this deadly disease. Anyone who has had the misfortune to witness the death of a child from diphtheria will need no convincing of the importance of this work. It is a matter of regret that no thoroughly reliable antigen against whooping cough is available at present. There are, of course, vaccines of various kinds on the market, but the literature concerning results is contradictory and confusing. In the circumstances, it is felt that it would be a mistake to offer this kind of immunisation to the Public, and the Ministry's advisers take the same view.

The vital statistics for the City provided by the Registrar General are again satisfactory. It will be observed that the Registrar General now gives two populations, civilian and total, the latter including service personnel. As the services are not taken into account by the Registrar General in working out the ordinary vital statistics of the City it is the *civilian population* which forms the basis of the calculations. The Registrar General has also provided "an area comparability factor" for the correction of the so-called recorded death rate, as was the case before the war. By the operation of the factor, the death rate of a place already corrected for inward and outward transfers is further modified in respect of the age and sex distribution in the population. The final figure is regarded as the true death rate and is the only figure which can be properly used for comparison with the death-rates of other places so treated.

Also, as our population is not very large statistically speaking, I have continued the ten year tables for various rates, etc., to show the trend over a period, and I trust these will be found interesting.

In concluding this preface to the last report I shall have the honour of submitting to you, I would remind you that Preventive Medicine is rarely spectacular and is hardly ever "news" unless something goes wrong. After all, if we succeed in preventing something it does not happen, and all we have to show is a kind of negative credit. I feel that much of the work of local authorities in respect of Health must be in the nature of an act of faith. It is for this confidence that I now desire to thank the Members of the Council most sincerely, and in particular those committees and their chairmen which deal with the Health Services. I desire to thank my colleagues in the various departments of the Council for their ready assistance at all times. Last, and by no means least, I would record my grateful appreciation of the work of the staff of the Public Health Department, not only during the past year, but during the whole of the time it has been my privilege to serve the public of this ancient and famous City. May I end by hoping that the wounds of war will soon be healed, and that the City of Exeter may add a brilliant future to a glorious past.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

GEORGE F. B. PAGE.

CITY AND COUNTY OF THE CITY OF EXETER.

Public Health Committee.

Mayor—

MAJ. GENL. W. G. MICHELMORE, C.B., D.S.O., M.C., T.D.,
D.L., LL.B.

Chairman—

COUNCILLOR LT. COL. R. H. CREASY.

Deputy Chairman—

COUNCILLOR J. A. GRAVES.

Alderman W. T. BAKER	Councillor C. REW
Alderman F. H. TARR, O.B.E., J.P.	Councillor A. H. ROBERTS
Councillor P. F. BROOKS	Councillor R. R. ROBINSON (To 20.12.49)
Councillor J. COOMBES	Councillor E. RUSSELL
Councillor W. A. DOCKER	Councillor MRS. S. D. RUSSELL
Councillor E. S. DOWELL	Councillor MRS. E. E. TINKHAM
Councillor W. HUNT	Councillor G. J. E. TOMLINSON, (From 20.12.49)
Councillor MRS. M. NICHOLS	Councillor E. C. L. TOZER
Councillor J. C. NORTON	Councillor B. WHEATON
Councillor W. G. PARISH	Councillor S. W. WOODCOCK
Councillor M. PICKEN	
Councillor MAJOR A. S. POWLEY	
Councillor C. PRING	

Co-Opted Members—

Mr. W. R. B. ARNOLD	MRS. MUNK. (Resigned 23.12.49).
MRS. BOLT	DR. J. RUSSELL
MRS. M. COLLINGS	MRS. S. J. SMITH, J.P.
MRS. C. COYSH. (From 23.12.49).	MRS. B. STEBLE-PERKINS
DR. A. H. G. DOWN	MR. W. J. SELLEY
MR. W. H. B. HAWKEN	

Town Clerk—C. J. NEWMAN, Esq., O.B.E.

SUB-COMMITTEES. GENERAL PURPOSES.

Chairman—

COUNCILLOR J. COOMBES.

Deputy Chairman—

COUNCILLOR MAJOR A. S. POWLEY

Alderman W. T. BAKER	Councillor R. R. ROBINSON. (To 20.12.49).
Alderman F. H. TARR, O.B.E., J.P.	Councillor E. RUSSELL
Councillor W. A. DOCKER	Councillor MRS. S. D. RUSSELL
Councillor W. HUNT	Councillor G. J. E. TOMLINSON, (From 20.12.49).
Councillor W. G. PARISH	
Councillor H. PICKEN	
Councillor G. PRING.	

Co-Opted Members—

Mr. W. R. B. ARNOLD	DR. A. H. G. DOWN.
MRS. BOLT.	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
Councillor J. COOMBES.
(To 10.10.49).
Councillor E. S. DOWELL
Councillor J. C. NORTON

Councillor H. Picken.,
(From 10.10.49).
Councillor MRS. S. D. RUSSELL
Councillor S. W. WOODCOCK

Co-Opted Members—

MRS. M. COLLINGS
MRS. C. COYSH. (From 23.12.49).
MR. W. H. B. HAWKEN

MRS. MUNK. (Resigned 23.12.49).
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

Councillor C. REW.
Councillor A. H. ROBERTS.

Councillor E. C. L. TOZER.

Co-Opted Members—

DR. A. H. G. DOWN.

DR. J. RUSSELL.

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 and School Medical Officer.*

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

Deputy Medical Officer of Health and Assistant School Medical Officer.

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

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

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

Assistant Medical Officer of Health and Assistant School Medical Officer.

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

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

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

Chest Physician (part-time).

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

Dental Surgeons.

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

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

(b) Others.*Chief Sanitary Inspector and Officer under the Food and Drugs Adulteration Act, etc.*

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

Deputy Sanitary Inspector.

A. E. TROUNSON.

Assistant Sanitary Inspectors.

T. COATES.

A. C. LEWIS.

H. R. AMBROSE. (To 31.8.49).

G. C. HOPKINS.

R. PICKFORD. (From 31.10.49)

Pupil Sanitary Inspector.

K. S. BOLT.

Public Analyst.

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

*Duties mainly in connection with the Education Committee.

Superintendent Health Visitor.

MISS M. M. FOY.

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

MISS L. REYNOLDS, (Devonshire Nursing Association).

Health Visitors.

MISS A. H. EDDS.

MISS N. E. SMITH.

MISS M. A. GRIMM.

MISS L. E. WATHEN.

MISS H. TODD.

MISS M. L. BARRETT. (From 25.10.49)

MISS G. M. BASTOW. (From 25.10.49).

MRS. E. STANNARD. (part-time).

MISS M. E. BLACK. (part-time). (To 27.8.49).

**Clinic Nurses.*

MRS. E. A. M. KNEE, G.M.

MRS. T. S. TILLER. (part-time).

Tuberculosis Dispensary Nurse.

MISS E. K. SHEPPARD.

Superintendent of Day Nurseries.

MISS C. STREET.

Organiser of Domestic Help Scheme.

MISS M. I. HUMPHERSON.

Assistant Organiser of Domestic Help Scheme.

MISS E. R. NASH. (part-time).

Clerks.

E. S. HOWELLS (Chief Clerk).

R. W. STILES, (Principal Assistant Clerk).

R. J. BARKER, (To 25.6.49).

W. H. STAMP.

H. FAIRCHILD.

G. H. WHITLEY.

G. A. GIBSON.

E. H. WILSON, (From 21.3.49).

L. G. GODBEER, (From 15.8.49).

M. BAILEY (temporary). (To 1.3.49).

D. ROTHERO (Temporary). (From 20.4.49).

MISS M. M. MILTON.

MISS B. M. COLE. (To 30.6.49)

MISS J. CHAPPLE.

MRS. D. MARSDEN.

MISS E. M. BURRIDGE, (From 8.8.49)

MISS M. CRABTREE, (Part-time, Temporary).

MISS D. M. E. BARROW, (Part-time, Temporary).

}	Maternity and
	Child Welfare
	Department.

* Duties mainly in connection with the Education Committee.

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

R. W. STILES.

Authorised Officers.

L. N. CLARK.

MRS. L. BRUNT.

General Statistics.

Area in acres, 9,137.

Population, Civilian 76,590. In accordance with the practice adopted by the Registrar General, the civilian population is used for calculating the usual vital statistics.

Total 76,670, including non-civilians.

Rateable Value, £731,296.

Sum represented by a penny Rate, £3,005.

Vital Statistics.

Live Births—

Legitimate, total 1,119 ; male 572, female 547.

Illegitimate, total 73 ; male 39, female 24.

Stillbirths, 31.

Birth Rate, 15.6.

Deaths, Total 993. Male 457. Female 536.

Death Rate, (Recorded) 12.9.

Corrected by the Registrar General's area comparability factor, 11.7.

Maternal Mortality Rate, 0.817 (sepsis, Nil ; other 0.82).

Tuberculosis Mortality Rate, 0.52 (pulmonary 0.42, non-pulmonary 0.1).

Infantile Mortality Rate, 25.2 (legitimate 24.1, illegitimate, 41.1).

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

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

POPULATION.
Exeter, mid-year.

1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
73,830	81,430	73,800	68,520	68,180	69,070	72,910	74,160	75,150	76,590

BIRTH RATE.

Year	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
England and Wales	14.6	14.2	15.8	16.5	17.6	16.1	19.1	20.5	17.9	16.7
Exeter	13.7	12.8	14.4	15.3	19.5	18.04	19.8	19.2	17.5	15.6
Percentage of Illegitimate Births to total births	6.4	6.9	7.5	10.4	10.5	15.6	8.7	6.2	4.6	6.05

DEATH RATE.

Year	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
England and Wales	14.3	12.9	11.6	12.1	11.6	11.4	11.5	12.0	10.8	11.7
Exeter	13.3	13.4	15.8	13.4	13.7	13.8	12.7	13.4	10.7	11.7

INFANTILE MORTALITY.

The Infantile Mortality Rates for 1949 were as follows :—

England and Wales	.....	.....	.....	32
126 Great Towns, including London (census populations exceeding 50,000)	.....	.....	.....	37
148 Smaller Towns (census populations 25,000 to 50,000)	.....	.....	.....	30
London	.....	.....	.....	29
Exeter	.....	.....	.....	25.2

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

Year	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
England and Wales	55	59	49	49	46	46	43	41	34	32
Exeter	38.7	68.04	49.8	48.5	44.2	56.2	48.5	57.4	18.2	25.2

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
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
1949	1	0.82	25	30	25.2	1,192

The infantile mortality rate at 25.2 per 1,000 live births is again low, but not so low as the rate for 1948 which was a record for the City. It will be observed that no less than 25 of the 30 infant deaths which came to make this rate occurred within the first twenty-eight days. An analysis of these given in the following table discloses that the majority of these deaths were due to prematurity and congenital defects, some of which were entirely incompatible with life. It is satisfactory to note that there were no fatalities from gastro-enteritis.

Cause.	Within 28 days.	Total	During remaining eleven months.	Total
Gastro enteritis	—		—	
Disease of respiratory system	4		5	
Prematurity and congenital defects	20		—	
Miscellaneous	1		—	
		25		5

The maternal mortality rate of 0.82 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. (To 7.9.49)	2
Pennsylvania Nursing Home, 9, Powderham Crescent, (medical)	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, (Diocesan Society for Girls)	18
*Woodhayes, 36, St. Leonard's Road, (maternity) (To 30.4.49)	11

NURSES ACTS 1943 AND 1945— NURSES AGENCIES REGULATIONS

Registered Agencies.

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

LABORATORY WORK

The whole of this work, with the exception of some serology is now carried out by the Public Health Laboratory Services provided by the Ministry of Health under the auspices of the Medical Research Council. As a matter of convenience, some routine serological investigations are carried out by the Patho

* Closed by proprietors.

logical Department of the Royal Devon and Exeter Hospital in connection with our Ante-Natal Services.

I would like to take this opportunity of thanking Dr. B. Moore, Director of the Public Health Laboratory, and Dr. G. Stewart Smith, Pathologist to the Royal Devon and Exeter Hospital, for their advice and help throughout the year.

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 the City Engineer's draft scheme for the reconstruction of the pumping machinery at the Waterworks has been submitted to the Minister of Health.

During the year the supply has proved satisfactory in quality and quantity in spite of the very dry summer. 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 30 samples were examined during the year. The quality of the supply from new mains and branch mains is also carefully checked. 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.

Sample of raw water from intake on River Exe, Pynes Waterworks, Exeter. Received 22nd November, 1949.

Characters.

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

Bacteria.

Bacillus coli	.....	160 per 100 millilitres.
Streptococcus	.....	5 " " "
Colonies visible at the end of 72 hours on beef-peptone- agar at 22 deg. C.	.....	350 per millilitre.
Colonies visible at the end of 48 hours on beef-peptone- agar at 37 deg. C.	.....
		1100 " "

Chemical Analysis—parts per hundred thousand.

Chlorine present as chlorides	.....	1.2
Nitrogen present as nitrites	.....	0
Nitrogen present as nitrates	.....	0.26
Phosphates	.....	0
Total hardness equivalent to calcium carbonate	.....	5.0
Temporary hardness (annulled by boiling)	.....	2.2
Permanent hardness (not altered by boiling)	.....	2.8
Saline ammonia	.....	0.0010
Albuminoid ammonia	.....	0.0012
Oxygen absorbed in 4 hours at 27 deg. C.	.....	0.22
Lead	.....	0
Copper	.....	0
Zinc	.....	0
Iron	.....	0
Total solid constituents	.....	12.0
Organic matter observed on igniting solids	.....	trace
Suspended solids dried at 105°C.	.....	0.5
Hydrogen ion concentration equivalent to pH	.....	7.1

The following additional particulars are required by the Ministry :—

Dwellinghouses supplied from public water mains :—

(a) Direct to house	.....	(approx.) 17,794
Population served (estimated)	.....	76,061
(b) By means of standpipes	.....	174
Population served	.....	495
Dwellinghouses supplied from private wells	.....	32
Number of persons served	.....	114

A survey of wells was undertaken in 1947 and the results published on page 26 of the report for that year. A further survey of wells is due to be undertaken in 1950.

Since the end of the war, there has been a steady reduction in the number of houses supplied otherwise than by the public water mains.

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR 1949.

SANITARY ADMINISTRATION.

General Summary.

Number of Visits made during the year	9,937
Number of Samples taken	1,078
Number of carcasses inspected	41,218
Total weight of foodstuffs condemned	126 tons

SUPERVISION OF FOOD SUPPLIES.

1.—Milk.

Approximately 90% of the milk supplied to the public, other than schoolchildren, is pasteurised, 8% T.T. (Raw) and 2% Undesignated (Raw). All children attending schools under the control of the City Education Authority are supplied with pasteurised milk.

(a) *Compositional Quality.*

The average compositional quality of the milk sampled in the City during 1949 was Fat 3.6%, Solids not Fat 8.88%, as compared with an average during 1948 of Fat 3.57%, Solids not Fat 8.97%.

(b) *Cleanliness.*

New legislation, which became operative on 1st October 1949, places the supervision of the production of milk under the Ministry of Agriculture and Fisheries.

Previously this was the duty of the Local Authority and it is undoubtedly true that the standards of method of production, buildings, etc., varied between one authority and another. Some authorities were more vigorous than others in enforcing the requirements of the various Acts and Orders and all this tended to confuse the producer.

Central control, however, should ultimately mean the establishment of a uniform standard throughout the country, but there is every evidence that the administrative charges will be much higher.

The following table gives a summary of the reports on the 505 milks sampled for bacterial quality :—

Classification	Percentage Satisfactory.
Pasteurised (School Supplies)	100
Pasteurised (Other than School)	100
T.T.	65
T.T. (Farm Bottled)	80
Raw	58

(c) <i>School Milks (Pasteurised).</i>			
	Number of samples taken	.....	38
	Number of samples satisfactory	.....	38
(d) <i>Designated Milks other than School Milks.</i>			
(i) <i>Pasteurised Milk.</i>			
	Number of samples taken	.....	51
	Number of samples satisfactory	.....	51
(ii) <i>Tuberculin Tested.</i>			
	Number of samples taken	.....	80
	Number of samples satisfactory	.....	52
(iii) <i>Tuberculin Tested (Farm Bottled)</i>			
	Number of samples taken	.....	141
	Number of samples satisfactory	.....	107
(iv) <i>Accredited.</i>			
	Number of samples taken	.....	4
	Number of samples satisfactory	.....	4
(e) <i>Raw Milks.</i>			
	Number of samples taken	.....	191
	Number of samples satisfactory	.....	110

(f) *Biological Tests for Tubercle Bacilli.*

All undesignated milks consumed raw in the City are tested quarterly, and raw designated milks are tested once a year for the presence of tubercle.

During the year 70 undesignated and 25 designated milks were sampled for tests in this connection and the presence of the bacillus was demonstrated in one sample only.

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

Test rinses of the equipment used by dairymen shews a continued improvement in the methods of cleansing.

Percentage Satisfactory.		
1947	1948	1949
50	56	70

(h) *Dairies and Cowsheds.*

During the year 783 visits were made to dairies and cowsheds.

Improvements effected were as follows :—

- (1) The conversion of a set of stables into a new cowshed with the provision of a new dairy.
- (2) The enlargement of a cow shed, the provision of a new dairy, and the installation of a new septic tank and aeration bed.
- (3) The provision of a hot water supply to a dairy.

2.—*Meat.*

- (i) There are no private slaughterhouses in operation in the City 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 ; Sidmouth and Ottery St. Mary.

All carcasses are examined by a Qualified Meat Inspector and a total of 118 tons of meat was condemned during the year.

Butchers shops are inspected on an average of five times each during the year.

- (ii) *Congenital Tuberculosis in Calves.*

32 calves were found to be affected with congenital tuberculosis, an incidence of 0.4% as compared with 0.43% in 1948.

As a result of the enthusiastic co-operation of the Animal Health Division of the Ministry of Agriculture and Fisheries, 20 of the dams were traced and slaughtered under the Tuberculosis Order 1938.

It proved impossible to trace the remaining 12 dams, mainly because the calves had passed through the hands of dealers.

The sex distribution of the affected calves was 21 males and 11 females. This shows the usual preponderance of males, due probably to the fact that of the calves slaughtered at the Abattoir about 75% are male.

- (iii) *Cysticercus Bovis.*

Cysticercus Bovis is the cystic stage of a tape worm (*Taenia Saginata*) which is communicable to man. The examination of all beef carcasses for this parasite was continued during the year and six were found to be infected.

Efforts have been made in various parts of the country to establish the source of infection and available evidence suggests that the animals have had access to pastures or water which have been contaminated with sewage. It is presumed that the original infection was mainly by way of foreign labour working in this country.

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

	Beasts.	Calves.	Sheep and Lambs.	Pigs.
No. slaughtered	5,170	8,223	26,879	884
No. inspected	5,170	8,223	26,879	884
<i>Diseases except Tuberculosis.</i>				
Whole carcases condemned	47	76	228	26
Carcases of which some part or organ was condemned	3,210	131	4,038	135
Percentage of number inspected affected with disease other than Tuberculosis	63	2.5	15.8	18.2
<i>Tuberculosis.</i>				
Whole carcases condemned	145	32	0	6
Carcases of which some part or organ was condemned	683	2	0	40
Percentage of number inspected affected with tuberculosis	16	.4	0	5.2

3.—*Other Foods.*(i) *Markets.*

There is one market in the City where fruit, vegetables, etc., are sold and 88 visits were made during the year.

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

Number of fish inspections	107
Number of provision inspections	350
Number of miscellaneous inspections	63

4.—*Ice-Cream.*

223 samples of ice-cream were taken during the year, as compared with 185 during 1948.

When graded for cleanliness according to the standards suggested by the Ministry of Health, the samples for 1949 show a steady improvement over those taken during previous years :—

Ice-Cream.

<i>Grade.</i>	1947	1948	1949
Grade 1.	39%	61%	64%
Grade 2.	19%	23%	22%
Grade 3.	22%	11%	9%
Grade 4.	20%	5%	5%

Grading of Ice-Cream according to method of manufacture

<i>Grade.</i>	<i>Hot Mix.</i> (99 samples)	<i>Cold Mix.</i> (124 samples)
Grade 1.	63%	65%
Grade 2.	21%	22%
Grade 3.	8%	10%
Grade 4.	8%	3%

Compositional Quality.

There is no legal standard for the compositional quality of ice-cream, but 23 samples were taken during the year in order to assess the quality of that sold in the City.

The average composition proved to be, Fat 6.9%, Solids not Fat 22.9%.

During the year the following improvements were effected in premises where ice-cream is manufactured :—

- (1) One new factory erected, complete with modern pasteurising plant and sterilizing chest.
- (2) Three new pasteurising plants installed.

5.—Shellfish.

During the year 7 samples of shellfish were procured. The bacteriological reports were, in the main, satisfactory, but the mussels from the River Teign shewed the usual contamination.

Unfortunately the proposals for the Teign fishermen to cleanse their mussels at the Lympstone tanks did not materialize, but very few Teign mussels are now sold in the City.

6.—Water Cress.

Three samples of water cress were taken during the year. In the case of two samples, we received bacteriological reports that the water in which the cress was grown was of doubtful cleanliness and the retailers were warned of the potential risk to health.

7.—Hygiene in Food Premises.

There are in the City 143 premises (not including bakehouses and fried fish shops) where food is prepared and 1,433 visits were made to these during the year.

Improvements effected include the installation of hot water geysers in five premises and the provision of hoods over the cooking stoves in another restaurant to prevent nuisance from steam and fumes.

The closest co-operation continues with the Food Control Committee and new premises have to meet our requirements before being licensed.

8.—Food and Drugs Act, 1938.

During the year, 155 samples of milk, and 72 samples of other foods were procured, a total of 227. Of these, 87 were formal and 140 informal. 24 samples of milk, 2 of sausages, and 1 of sausage meat proved below standard.

For list of the various commodities sampled, see Appendix "A."

For particulars of samples below standard, see Appendix "B."

HOUSING.

The housing situation continues to cause great anxiety and it would be advantageous if a comprehensive survey of the City were made in order properly to assess and classify our need in new houses.

The number of applicants for council houses is frequently quoted and we are in danger of considering that this represents our actual need. In point of fact a number of people living in overcrowded and insanitary houses do not make application for a council house because they are of the opinion they cannot afford the rent.

While the number of those on the housing list might be a sufficient guide for our short term policy in the provision of new houses, it might be advisable to formulate a long term policy, bearing in mind :—

- (1) Trends in population.
- (2) Proposed slum clearance.
- (3) Demolition of houses which cannot be made fit at a reasonable expense.
- (4) The acquisition and improvement of property which the owners are unable to bring up to modern requirements.
- (5) Houses that are overcrowded according to bedrooms available and not on the existing legal standard which provides that living rooms are potential bedrooms.

Such a survey would probably take 12 to 18 months, but without it we cannot really assess our future requirements.

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

Number of dwelling houses rendered fit in consequence of informal action	121
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(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	3
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners	5
(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	0
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners	0
(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	5
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	2
(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	14

(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	0

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

(1) (a) Number of dwellings known to be overcrowded at end of year	59
(b) Number of families dwelling therein	75
(c) Number of persons	389
(2) Number of new cases reported during year	52
(3) (a) Number of cases of overcrowding relieved during year	31
(b) Number of persons concerned in such cases	203
(4) Particulars of any cases in which dwelling-houses again became overcrowded after the Local Authority have taken steps for the abatement of overcrowding	0

RENT AND MORTGAGE INTEREST RESTRICTION ACTS.

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

General.

Exhumations.

During the year we had the somewhat unusual experience of supervising the removal of the remains of some 543 former citizens from the burial ground of the Church of St. Laurence.

Mass removals such as this have been necessary before in the City, and Trinity Green is to be similarly treated for use as a car park and garden.

It is not unlikely that a future generation of Exonians will find it necessary to disturb our bones in order better to utilize the large tracts of ground now taken up for earth burial.

This emphasizes the urgent need for a more satisfactory method for the disposal of our dead.

Rodent Control.

During the year 538 premises were treated and two maintenance treatments were carried out on the sewers. $3\frac{1}{2}$ cwts. of poison were used.

Smoke Nuisances.

During the year we spent a great deal of time investigating a grit nuisance. Unfortunately the owner did not prove co-operative and at the end of the year proceedings were pending.

Noise Nuisances.

We investigated eight complaints of noise nuisance during the year. The noises complained of arose from a variety of causes, ranging from cockerels to refrigerator motors.

Bakehouses.

Number in district	.....	.....	.....	30
Number of underground bakehouses in district	.....	.....	.....	2
Number of inspections made	.....	.....	.....	129
No. of contraventions found	.....	.....	.....	2
Number of contraventions remedied	.....	.....	.....	2
Number of contraventions outstanding at end of year	.....	.....	.....	0

Bed Bugs.

Number of inspections made	143
Number of Council Houses :—	
(1) Found to be infested	37
(2) Disinfested by this Department	37
No. of other houses :—	
(1) Found to be infested	58
(2) Disinfested by this Department	58

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

A great deal of clothing was disinfested of lice during the year and six rooms were treated for flies and other insects. 45 wasps' nests were destroyed.

Cesspools.

Number emptied, cleansed, etc.	2
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Cinemas, etc.

Number of cinemas, etc., in district	4
Number of inspections made	27

Closets.

Number of water closets repaired or reconstructed	48
Number of walls, etc., cleansed	5
Number of new flushing apparatus provided, repaired or renewed	21
Number of new water closet pans or pedestals provided	24
Number provided with supply of water	1

Drains.

Drains constructed or reconstructed	40
Tests to new drains	67
Tests to existing drains	77
Repaired or cleansed	68
New inspection chambers	28
Additional gulleys	27
Sink waste pipes repaired or renewed	14
Soil and ventilating pipes repaired or renewed	6

Offensive Trades.

Number of businesses in district	14
Number of inspections made	34
Number of contraventions found	0

Fried Fish Shops.

Number of fried fish shops in district	27
Number of inspections made	153
Number of contraventions found	7
Number of contraventions remedied	8

Infectious Diseases, Disinfections, etc.

*Number of visits made	3
Number of rooms disinfected	433
Number of chambers of clothing, etc. disinfected	951

Removal of Household Refuse.

Number of new dustbins provided	4
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*Sanitary Defects remedied.**Dampness.*

Number of roofs renewed or repaired	81
Number of rainwater gutters and pipes repaired	24
Yard surfaces repaired or relaid	26
Yard drainage improved	6

Interior Work.

Number of rooms cleansed and limewashed	27
Number of walls repaired	89
Number of ceilings repaired	63
Number of floors repaired	71
Number of chimney stacks repaired or rebuilt	5
Number of fire grates repaired or renewed	20
Number of washboilers repaired or renewed	3
Dampness remedied	18
Lighting remedied	1
Offensive accumulations removed	14

* 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	73	129	2	—
(ii) Factories not included in (i) in which section 7 is enforced by the Local Authority	311	613	13	—
(iii) Other premises in which section 7 is enforced by the Local Authority (excluding Out-workers premises)	35	47	3	—
Totals	419	789	18	—

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)	—	—	—	—	—
Overcrowding (S. 2)	—	—	—	—	—
Unreasonable temperature (S. 3)	2	2	—	—	—
Inadequate ventilation (S. 4)	—	—	1	—	—
Ineffective drainage of floors (S. 6)	—	—	—	—	—
Sanitary Conveniences (S. 7) :—					
(a) Insufficient	4	5	—	—	—
(b) Unsuitable or defective	27	35	—	4	—
(c) Not separate for sexes	—	1	—	—	—
Other offences (not including offences relating to home work)	12	—	12	—	—
Total	45	43	13	4	—

APPENDIX " A "

Samples taken under Food and Drugs Act, 1938.

Milks	155
Beer	4
Rum	1
Devon Sausage	1
Whale Meat Sausages	1
London Mixture Sweets	1
Merton Mints	1
Sweetened Fat	1
Liquid Paraffin	1
Fish Cakes	1
Cake Flour Mixture	1
White Pepper	3
Dessert Mould	1
Ice-Cream	23
Junket Powder	1
Banana Bars	1
Beef Sausage Meat	2
Chocolate Biscuits	1
Fruitarian Luncheon	1
Jam Tarts	4
Pasties	2
Suet	1
Compound Syrup of Figs	1
Custard Powder	1
Chocolate Flavoured Spread	1
Beetop Sauce	1
Pa Ma Sandwich Spread	1
Essence of Anchovy	1
Almond Flavouring	1
Baking Powder	1
Pudding Mixture	1
Sunny Spread	1
Chutney	1
Beef Sausages	2
Whiskey	4
Gin	2
Total	227

APPENDIX "B"

Food and Drugs samples reported not genuine.

No. of Sample	Article	Adulteration	Action Taken
19	Devon Sausage (Informal)	36% deficient in meat	Reported to the Ministry of Food. Warning letter to Vendor. Followed up with formal sample which proved genuine. Samples Nos. 28, 29 and 33 were follow-up samples after No. 25. Average for consignment was above legal minimum and Nos. 28, 29 and 33 were considered to be due to bad mixing at the cowshed. Warning letter sent by Legal Department.
21	Milk (Informal)	14% deficient in fat	
25	Milk (Informal)	3% added water (Presumed)	
28	Milk (Formal)	17% deficient in fat	
29	Milk (Formal)	1% added water and 6% deficient in fat	Unable to prove extraneous water due to Analyst not using Hortvet Test. Owing to restrictions imposed because of an outbreak of Foot and Mouth disease, no follow up samples could be taken. Warning letter sent by Legal Department.
33	Milk (Formal)	4% added water (Presumed)	
39	Milk (Formal)	2% added water (Presumed)	
40	Milk (Formal)	2% added water (Presumed)	
41	Milk (Formal)	1% added water (Presumed)	No action because of a small deficiency and because average fat content for whole consignment was satisfactory. Followed up with formal sample which proved genuine. Appeal to cow samples shewed milk was sold as it came from the cow. Vendor prosecuted by Ministry of Food—fined £25 and ordered to pay £3 3s. 0d. costs.
45	Milk (Formal)	1% deficient in fat	
69	Milk (Informal)	5% deficient in fat	
78	Milk (Formal)	4% deficient in fat	
80	Beef Sausage Meat (Formal)	48% deficient in meat	

APPENDIX "B" (Continued).
Food and Drugs samples reported not genuine.

No. of Sample	Article	Adulteration	Action Taken
89	Milk (Formal)	1% added water (Presumed)	Following appeal to cow samples, warning letter sent by Legal Department.
90	Milk (Formal)	1% added water (Presumed)	
91	Milk (Informal)	9% deficient in fat	Average fat content for whole consignment was satisfactory.
94	Milk (Informal)	4% deficient in fat	
103	Milk (Informal)	39% deficient in fat	Followed up with formal sample No. 105.
105	Milk (Formal)	33% deficient in fat	Vendor prosecuted and fined £10 and ordered to pay £3 3s. 0d. costs.
129	Milk (Informal)	24% deficient in fat	Followed up with formal sample which proved genuine.
141	Milk (Informal)	2% added water (Presumed)	Followed up with formal sample which proved genuine.
146	Milk (Informal)	4% added water (Presumed)	Followed up with formal samples Nos. 156 and 157.
156	Milk (Formal)	1% added water (Presumed)	In view of low percentage of presumed added water, warning letter sent by Legal Department.
157	Milk (Formal)	2% added water (Presumed)	
160	Milk (Formal)	6% added water	Following appeal to cow samples, Vendor was prosecuted and fined £3 3s. 0d. and ordered to pay £2 2s. 0d. costs.
167	Milk (Informal)	7% deficient in fat	Followed up with formal sample which proved genuine.
213	Beef Sausages (Formal)	18% deficient in meat	Reported to Ministry of Food. Warning letter to Vendor.

NATIONAL HEALTH SERVICE ACT, 1946—
SECTION 21.

HEALTH CENTRES

A brief reference was made in my annual report for 1947 to this matter. Nothing was said about Health Centres in the 1948 report because there was nothing further to report. According to the Press, as recently as 27th March, 1950, the Minister is quoted as saying : " A programme for the immediate provision of a large number of health centres could only be launched at the expense of the housing programme and of other essential needs of even greater importance than health centres. That being so, a substantial programme of health centres is unhappily out of the question at the present time." It was also stated in the same connection that the Central Health Services Council, the " general staff ' of the Health Service, has not yet decided on the lines along which health centres should be developed.

Nevertheless, this matter has been considered locally and it has been decided to earmark four sites for the purpose, the sites chosen being in the North Eastern, South Eastern, Central and Western Districts of the City. Moreover, the co-ordinating Committee of the Council has placed the commencement of the first Health Centre (the North-Eastern) in the 1952 time-table of the City's building programme. Under present economic conditions, this may appear somewhat optimistic. It may be mentioned that these sites were agreed after consultation with the Devon and Exeter Executive Committee. A further consultation through the Local Medical Committee with medical practitioners practising in the City disclosed that only a minority were interested at the present time in such proposals.

It is necessary, however, at this stage to remember that Health Centres as envisaged at the moment consist of two parts. One part will have medical, dental and ancillary services for the general public under Part IV of the Act, the other will house the local authority clinics, etc., under Part III of the Act. Accommodation for the latter activities is very urgently required in North Eastern Exeter, hence the Health Committee very properly takes the view that there should be no unnecessary delay in proceeding with their own part of the North Eastern Centre.

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 once again 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	335	63
Western District	343	80
Northern District	652 (381)	53 (71)
Eastern District	337	66

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

Altogether, 2,290 children under school age attended the Centres, making 16,254 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	1951	393	202	154	138	2838
Western	2735	650	312	140	124	3961
Northern ...	3642 (1925)	1135 (704)	797 (539)	373 (260)	304 (168)	6251 (3596)
Eastern	1678	612	450	278	186	3204
Total	10006	2790	1761	945	752	16254

HOME VISITS TO CHILDREN UNDER FIVE

During the year, the health visitors paid 1,119 first visits and 4,983 subsequent visits to children under the age of 12 months and 8,755 visits to children between the ages of 12 months and 5 years.

ORTHOPAEDIC TREATMENT

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

Congenital deformities	11
Injuries at birth	—
Rickets and sequelae	19
Poliomyelitis	—
Miscellaneous	9

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						
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
1949	14	1	13	14	—	—	—	—	14

The number of cases notified is about three times the average owing to an outbreak of ophthalmia in the wards of a local hospital.

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. Burnt House Lane and Merrivale Road Nurseries are open six days a week from 7.30 a.m. to 6 p.m. (Saturdays 4.0 p.m.) and take children aged from 1 to 5. They have 40 places, being 25 for over two's and 15 for under two's. 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 and has 34 places. The charge* for meals is now 1/3d. per day for Paul Street and 1/4d. 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. Dental inspections take place twice a year. The health visitors of the district keep in close touch with the nurseries, and some of them take part in the practical instruction of nursery students.

The nurseries are approved provisionally as training nurseries for the Certificate of the National Nursery Examination Board, the 0 to 1 age range work being carried out by arrangement with the Dunraven Babies' Home (voluntary), which Home has also been approved provisionally. These nurseries cater for the children of mothers who must work in order to live, whereas nursery schools and nursery classes provided by education authorities are usually open only during the ordinary school terms and school hours applicable to the district.

By a minute, 21st March, 1949, it was resolved that the conditions of admission to the day nurseries should be as follows :—

“ Broadly speaking, mothers must be under the necessity of working to gain a livelihood rather than a mere desire to work to increase income. This means that women with invalid husbands, single women and women living apart from their husbands, including service men, will be considered eligible to apply.

“ In addition, two other classes of applicant will be considered irrespective of the foregoing :—

1. Where home circumstances are detrimental to the child's well-being ;

2. Where the mother wishes to engage in essential work, e.g. nursing or domestic work in hospitals, childrens' institutions or institutions for the aged or disabled, Education Authority kitchens or similar public catering, or similar work considered essential for the time being by the Committee.

Priority will be given where the mother is bound to work in order to live."

This decision applied to future applicants. Children already in the nurseries were not affected unless the circumstances of the mother changed.

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.

No special hospital accommodation for premature infants is available in the City.

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 cases, however, where various social problems arise which can best be met by the existing voluntary associations dealing with these matters. The real need, as the circular suggests, is for some one officer to co-ordinate all available facilities 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 Superintendent Health Visitor, the matrons of the maternity homes, the Clerk in Charge of the Department, the Welfare Officer, the Children's 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.

The City Case Worker's (Miss P. M. Kevan) report for the year ended 31.12.49 is summarised below :—

<i>New cases</i>	....	....	....	....	75
<i>Visits paid</i>	....	....	....	....	657
<i>Interviews given</i>	....	....	....	....	452
<i>Confinements at :—</i>					
Mowbray House	....	....	14	}	47
St. Olave's Home	....	....	5		
Bradninch Home	....	....	12		
In own Home	....	....	9		
R. D. & E. Hospital	....	....	5		
St. Mary's Home	....	....	2		
<i>Babies, kept by mother</i>	....	....	....	....	7
adopted	....	....	....	....	17
placed with foster parents	....	....	....	....	6
placed in Dunraven Babies' Home (voluntary)	....	....	....	....	2
placed in Barnburgh Residential Nursery (Children's Committee)	....	....	....	....	2
Affiliation Orders obtained	....	....	....	....	4
Affiliation Orders pending	....	....	....	....	10
Subsequent marriages	....	....	....	....	2
Referred to V.D. Clinic	....	....	....	....	9
Cases in which temporary accommodation arranged	....	....	....	....	15

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, was in operation up to 14th March when it ceased.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

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

*Supervision of foster-mothers now comes under the Children's Officer.

REPORT OF THE SENIOR DENTAL OFFICER.

The two dental officers employed by the Authority devote approximately a quarter of their time to the treatment of expectant and nursing mothers and pre-school children.

Numbers provided with dental care :—
Table (a).

	Examined	Needing treatment	Treated	Made Dentally Fit
Expectant and Nursing mothers	131	130	121	76
Children under five	288	240	219	168

Forms of dental treatment provided :—
Table (b).

	Extractions	Anaesthetics		Fillings	Scalings or scaling and gum treatment	Silver Nitrate treatment	Dressings	Radio-graphs	Dentures provided	
		Local	General						Com-plete	Partial
Expectant and Nursing mothers	338	9	64	177	39	3	18	2	31	21
Children under five	254	—	128	279	5	108	5	—	—	—

Expectant and Nursing Mothers.

Of the 121 patients treated 59 had teeth extracted and only 25 of these lost more than three teeth.

From the following table comparing figures for the last three years, it can be seen that the numbers of new patients referred for treatment has not so far been appreciably affected by the National Health Service Act, as may well have been anticipated. It also shows the change towards conservative dentistry which has been encouraged.

	1947	1948	1949
No. of new patients	111	114	108
Fillings	112	134	177
Extractions	687	565	338
Dentures	86	78	52
No. of patients fitted with dentures	51	49	32

The ideal position, whereby every expectant mother is examined by a *dental surgeon*, has not yet been reached for various reasons, although the facilities are available. The importance of timely and conservative treatment of slight defects is not sufficiently appreciated.

Any nursing or expectant mother may attend the Dental Clinic for inspection on Tuesdays and Thursdays at 5.45.

Although only 2 patients were referred for X-rays during the year, facilities are available by arrangement with a local radiologist. When the dental clinic possesses its own apparatus—it is hoped during 1950—undoubtedly more use will be made of X-rays particularly in diagnosing interstitial caries.

With regard to dentures, the mechanical work is carried out by the Exeter Dental Laboratory Ltd., and this arrangement is very satisfactory. Their work is of consistently high quality and dealt with expeditiously.

Treatment of Children under five years.

Once again in 1949, the amount of work carried out for pre-school children shows a large increase on the previous year. (For comparison the figures for 1948 are as follows:— Number treated 115; made dentally fit 51; Extractions 120; general anaesthetics 59; fillings 95; silver nitrate treatment 61).

While it is very encouraging to find that so many parents are at last being made to realise the value of the temporary teeth, the fact must be faced that the limit to the amount of time spent on this work has been reached with the present staff. Treatment for these small children cannot be hurried, for confidence can

be gained or lost at this early age. It would be better not to treat them at all than lose their confidence through haste.

The decision of the Local Authority to appoint a third dental surgeon and open a surgery in North Exeter is very welcome and should assist materially the further development of this part of the work.

Incidence of Dental Caries.

The Day Nurseries were visited twice during the year and from the second routine inspection in December, the following table showing the incidence of dental caries was prepared. In this table *alone* children attending Chestnut Avenue Nursery School are included—5 in 1947 birth group, 20 in 1946 birth group and 4 in 1945 birth group.

	Between 2 and 3 (1947)	Between 3 and 4 (1946)	Between 4 and 5 (1945)
No. inspected	31	66	32
Sound mouths	20 (64.5%)	33 (50%)	9 (35.5%)
D.M.F.	37	108	114
Average D.M.F. per child inspected	1.2	1.6	3.6

The number of decayed, missing and filled teeth are recorded as one figure, the D.M.F. and the average D.M.F. per child inspected has been calculated for each age-group.

CLIFFORD A. REYNOLDS.

NATIONAL HEALTH SERVICE ACT, 1946—SECTION 23.

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 conducted by the Royal Devon and Exeter Hospital.

No. of sessions held	96
No. of mothers attending	207
Total attendances	793
Of new cases :—	
Ante-Natal	142
For diagnosis	2
Post-Natal	79

Referred by :—

Doctors at Welfare Centres	....	....	....	Nil
Health Visitors	....	....	....	Nil
Midwives	....	....	....	Nil
Private practitioners	....	....	....	5
Miscellaneous (e.g. by the Maternity and Child Welfare Department, also by other mothers attending the Clinic)	....	....	....	139

The Maternity and Child Welfare Department by arrangement with the Exeter and Mid-Devon Hospitals Management Committee maintains the booking arrangements for the Maternity Home.

Referred for treatment :—

Dental treatment	....	....	....	27
Royal Devon and Exeter Hospital	....	....	....	5
Birth Control Clinic	....	....	....	Nil
Eye Infirmary	....	....	....	Nil
Dispensary	....	....	....	Nil
V.D. Clinic	....	....	....	3

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.

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. The arrangements have worked smoothly and are under the direction of a joint management committee. (See section on home nursing).

The following is a summary of the work :—

	Total.
No. of cases attended as midwives	237
No. of visits as midwives	4975
No. of cases attended as maternity nurses	254
No. of visits to cases as maternity nurses	5509
Total number of cases seen at the ante-natal clinics	579
Attendances at the ante-natal clinics	2394
Examined by Doctor	645
Visits to patients' homes	1408
Total number of cases seen at the post-natal clinics	90
Total number of attendances at the post-natal clinics	97
Examined by Doctor	97
Total number of Medical Aid Forms sent	100
Total number of cases referred to Hospital	8

During the year 669 mothers attended the Association's ante-natal and post-natal clinics, making 2,491 attendances. Of this total, 742 attendances were to see the Association's medical officers, and 1,749 to see nurse-midwives. The tendency has been for more work to be done as maternity nurses and correspondingly less as midwives.

The staff at the end of the year consisted of 5 midwives and 6 pupil midwives, excluding other domiciliary nurses.

NOTIFICATION OF BIRTHS—MEDICAL AID.

1,400 notifications of live births were received during the year; 98.85 per cent of the notifications were made by midwives, and 1.15 per cent by medical practitioners or relatives.

In 153 instances the midwives summoned medical help, in accordance with the rules of the Central Midwives Board, while 143 other notifications in connection with stillbirths, artificial feeding, etc., were received.

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

Premature labour	7
Ruptured perineum	58
Prolonged labour	13
Abnormal presentation	3
Ante-partum haemorrhage	3
Post-partum haemorrhage	3
Adherent placenta	2
Stillbirth	Nil
Albuminuria	9
Miscarriage	3
Rise of temperature	3
Unsatisfactory condition of mother	31
Unsatisfactory condition of baby	18
Patient's wish	—

STILLBIRTHS.

The number of stillbirths during the year was 31 including 1 inward transfer. Of 30 stillbirths, 25 were attended by doctors and 5 by midwives.

These may be classified as follows :—

	Macerated, i.e., died at some time prior to birth.	Non- Macerated.
Difficult labour and abnormal presentations	5	8
Malformation of Infant	1	3
Toxaemia of pregnancy and albuminuria	1	3
Ante-Partum Haemorrhage	—	—
Ill-health of, or accident to mother	1	—
No cause assigned	8	—
Totals	16	14

The rate of stillbirths per 1,000 total births has tended to fall somewhat irregularly during the past seventeen years as shown by the following table :—

<i>Year</i>	<i>Live Births.</i>	<i>Still Births.</i>	<i>Rate per 1,000 total births.</i>
1933	940	36	38.2
1934	1,021	42	39.5
1935	982	41	40.0
1936	915	42	43.9
1937	980	41	40.1
1938	1,010	48	45.3
1939	936	37	38.02
1940	1,012	37	33.7
1941	1,027	35	32.9
1942	1,065	31	29.2
1943	1,051	35	32.2
1944	1,334	36	26.3
1945	1,246	29	22.8
1946	1,444	42	28.3
1947	1,428	34	23.2
1948	1,316	42	30.9
1949	1,192	31	25.3

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. During the year 19 cases were sent for advice.

Since 1930 a total of 256 cases have been referred. The work of the Clinic is useful in appropriate cases, particularly when it is desired to postpone the possibility of pregnancy for a time.

NATIONAL HEALTH SERVICE ACT, 1946— SECTION 24.

HEALTH VISITING.

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.

The following is a summary of the Health Visitors' work for the year *excluding duties done as school nurses*. The Children Act, 1948, made the registration and supervision of foster children the responsibility of the Children's Committee, but, of course, a health visitor's general duties in respect of such children continue.

Visits in connection with the care of infants	....	14,857
Visits in connection with stillbirths	....	33
Visits in connection with those mental defectives under voluntary supervision	....	164†
Visits in connection with infectious disease	....	1,728
Sundry visits, cases referred by hospital almoners, etc.		2,517
Total visits		<u>19,299</u>

*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.

†All other mental defectives are supervised by the authorised officers.

NATIONAL HEALTH SERVICE ACT, 1946— SECTION 25.

HOME NURSING.

The arrangements which the Local Health Authority, with the approval of the Ministry, has made with the Exeter Maternity and District Nursing Association were described in the report for 1948. The Association maintains a Key Training School for District Nurses and is affiliated to the Queen's Institute of District Nursing, thereby ensuring a high standard of work. 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.

Both home nursing and domiciliary midwifery are under the direction of a joint management committee consisting of an equal number of members from the Local Health Authority and the Voluntary Association. The Medical Officer of Health is a member of this committee.

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*.

It has been decided to loan sick-room equipment to cases of tuberculosis free of charge.

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 :—

- 11 nurses (including 8 candidates).

- 1 state-enrolled assistant nurse (part-time) in addition to the Association's midwives.

For the year, visits of all kinds totalled 44,155 compared with 34,934 for the previous year, and 28,301 for 1947*.

The very steep rise in the amount of work following the appointed day appears to have reached its acme. It would, however, be unwise to place definite conclusions on a year and a half's working. In all probability there will be an increase in the calls upon the domiciliary nursing service for some time to come.

*The figures given in my 1948 report include midwifery visits. The figures now given are for home nursing visits only.

NATIONAL HEALTH SERVICE ACT, 1946— SECTION 26.

VACCINATION AND IMMUNISATION.

The arrangements made by the Local Health Authority were described in last year's report. During 1949 the weekly clinic on Wednesday mornings for vaccination against smallpox and immunisation against diphtheria has been continued at the Alice Vlieland Welfare Centre. There is also a clinic for vaccination and immunisation twice monthly at the Whipton Institute for the convenience of the many new householders in this district, as well as the monthly immunisation clinics at the Buddle Lane and Shakespeare Road Community Centres. These arrangements have proved satisfactory and can be varied if circumstances make this desirable. In addition, thirty-three medical practitioners giving services under Part IV of the Act and one other medical practitioner have agreed to co-operate, and all but two of these have sent in completed record forms during the year. Thus, practically all the general medical practitioners in the City are helping with this work.

The arrangements are advertised in various ways from time to time. Health visitors, school nurses, district nurses and midwives 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 is emphasised by the various officers of the School Health Department.

Vaccination figures at the end of the year were :—

Primary vaccinations	618	{	By private practitioners	480
			At clinics	138
Revaccinations	148	{	By private practitioners	122
			At clinics	26

Immunisation figures at the end of the year were :—

Primary		{	By private practitioners	296
Immunisations	1,237		At clinics	981
Re-inforcement		{	By private practitioners	134
Injections	2,070		At clinics	1,936

Of the 1,237 primary immunisations, 1,097 refer to children under the age of 5.

It is estimated that 59.36% children in the City under five years, and 83.001% children between five and fifteen are immunised against diphtheria.

It was thought at one time that the number of infant vaccinations following the "appointed day" would show a substantial fall, but the number carried out by medical practitioners during the last quarter of the year has been substantial.

Dr. I. V. I. Ward, Assistant Medical Officer of Health, is in charge of this work at clinics, and she is to be congratulated on the excellent results. Thanks are also due to the private medical practitioners who have co-operated in the scheme. The good vaccination figures are especially due to their efforts.

NATIONAL HEALTH SERVICE ACT, 1946— SECTION 27.

AMBULANCE SERVICES.

With the approval of the Minister, the Local Health Authority made arrangements with the Exeter Division of the St. John Ambulance Brigade to provide a general ambulance service for the City. These arrangements were outlined in my report for 1948. The Infectious Disease Ambulance Service remains under the direct control of the Health Department and covers the whole of the clinical area served by the Exeter Isolation Hospital. The Voluntary Hospital Car Service is administered by the County Council, the City paying for journeys attributable to the Local Health Authority under the Act.

There are thus three elements in the ambulance service, a general sickness and accident service by the St. John's organisation as agents for the Local Health Authority, an infectious disease service provided by the L.H.A., and the Voluntary Hospital Car Service paid by the L.H.A. The latter is mainly concerned with non-urgent removals, taking home patients unfit to use public transport, and particularly for treatment attendances.

The following table gives a summary of ambulance work carried out during the year :—

Type of Service.	Number of vehicles at 31.12.49	Number of calls.	Number of patients.	Mileage.
Infectious Disease Ambulances	3	637	832	8,032
<i>St. John</i> Ambulances	5	5,598	5,404	57,663
Cars	2	6,196	5,892	42,700
<i>Voluntary Hospital Car Service—</i> Drivers	37	3,931	4,846	72,934

The table shows quite clearly the ambulance mileage saved by using cars in appropriate cases.

I regret to have to record the sudden death of Mr. J. C. Backwell, Organising Secretary of the St. John Ambulance Management Committee, in November. Mr. Backwell proved to be an admirable choice for this position and the loss of his valuable services will be much felt by all concerned in the Local Health Authority's ambulance arrangements.

NATIONAL HEALTH SERVICE ACT, 1946—SECTION 28.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE. TUBERCULOSIS.

General Statistics for the City for 1949 :—

Total cases on Register, 1st January		417
Pulmonary	345	
Non-Pulmonary	72	
Total notifications received after deduction of 4 duplicates, but including 28 received otherwise than by formal notification		116
Pulmonary	94	
Non-Pulmonary	22	
Deaths during the year from tuberculosis		40
Pulmonary	32	
Non-Pulmonary	8	
Deaths during the year of tuberculous patients from other causes		6
Pulmonary	6	
Non-Pulmonary	—	
Outward Transfers		25
Pulmonary	24	
Non-Pulmonary	1	
No. of cases removed from Register as “ Recovered ” or “ Mistaken Diagnosis ”		43
Pulmonary	29	
Non-Pulmonary	14	
Taken off Register under “ The Public Health (Tuberculosis) Regulations, 1930 ”		15
Pulmonary	9	
Non-Pulmonary	6	
Total cases on Register, 31st December		404
Pulmonary	339	
Non-Pulmonary	65	

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	—	1	1	2	—	—	—	1
5	2	—	1	1	—	—	2	—
10	1	—	1	1	—	—	1	—
15	2	6	1	1	—	4	—	1
20	8	9	1	—	1	1	—	1
25	8	9	—	1	2	1	—	1
35	8	2	1	3	4	3	—	1
45	—	—	1	—	5	1	—	—
55	6	4	—	—	2	4	—	—
65	1	3	1	—	2	—	—	—
75 and over	1	—	—	—	1	1	—	—
Totals	37	34	8	9	17	15	3	5
	88				40			

Two cases of tuberculosis were notified after death (1 pulmonary and 1 non-pulmonary).

DOMICILIARY VISITS.

During the year 587 home visits were made by the Tuberculosis Dispensary Nurse.

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	
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
1949	32	8	40	0.42	0.1	0.52	1

EXTRA NOURISHMENT.

The Clinical Tuberculosis Officer supplies the necessary certificates to enable patients to obtain such extra nourishment as they are entitled to under the arrangements of the Ministry of Food. Also, during the year 7 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. Domestic helps are also available.

X-RAY EXAMINATIONS.

These are carried out at Ivybank Tuberculosis Dispensary, St. David's Hill, Exeter, (formerly the Devon County Dispensary). During the year, 1,159 films and 895 screen examinations were made in respect of City cases. It is estimated that 95 of these films were made for preventive purposes, including 36 films of nurses engaged in nursing tuberculosis, the remainder being for diagnostic and clinical purposes.

MASS MINIATURE RADIOGRAPHY.

During the year two surveys were made, the reports being as follows :—

17TH TO 30TH MARCH.

Units or Organisations concerned.

First examinations :—

R.N. Store Depot	....	....	All ages.
Ministry of Transport	....	....	" "
Assistance Board	....	....	" "
Teachers, Education Authority's	....	....	" "
Schools	....	....	" "

Re-examinations :—

City Council Departments Ages 18-30 inclusive except Departments where there were significant findings last year when all ages were covered : also new entrants and any Departments omitted last year.

Banks " "
 S.W. Electricity Board " "
 Post Office " "
 Inland Revenue " "
 Exeter Co-operative Society " "
 Exeter Gaslight and Coke Co. " "
 Messrs. J. Wippell & Co. " "
 Total attending 1,183 (801 men and 382 women).
 Total recalled for further examination 23, of which 1 failed to attend.

Analysis of significant cases :—

Non-tuberculous conditions 6

Tuberculous conditions :—

(a) Active 2
 (b) Inactive 6

Not classified 3

Percentage of active tuberculosis 0.169

Percentage of inactive tuberculosis 0.338

Percentage total tuberculosis 0.507

5TH TO 17TH SEPTEMBER.

Units or Organisations concerned.

First examinations :—

Devon General Bus Co., (Exeter area only).

Messrs. Bobby & Co., Ltd.

Messrs. Colson's.

Messrs. Walton's.

Laundries	(1)	} Number of firms in each group
Bakers	(2)	
Dairymen	(6)	
Butchers	(3)	
Printers	(8)	
Ministry of Works, Exeter, (by request).		

The programme is devised and the individual appointments made by the Secretary of the Unit, but it is of interest to record that the preliminary work in this Department necessitated 54 individual letters and 130 circular letters, making 184 communications in all.

Total attending 1,451 (814 men and 637 women).

Total recalled for further examination 88, of which 2 failed to attend.

Analysis of significant cases :—

Non-tuberculous conditions 17

Tuberculous conditions :—

(a) Active 4

(b) Inactive 25

Not classified 3

Percentage of active tuberculosis 0.27

Percentage of inactive tuberculosis 1.45

Percentage total tuberculosis 1.72

B.C.G. (*Bacillus Calmette-Guérin*).

During the year, the Local Health Authority obtained the approval of the Minister to modify their proposals under Section 28 of the Act so as to provide facilities for B.C.G. vaccination against tuberculosis in appropriate cases. Owing to difficulties about supply, as the vaccine comes from Denmark, no vaccinations were carried out during 1949.

GENERAL.

The Chest Physician, Dr. R. P. Boyd, is an officer of the South Western Regional Hospital Board, and as he has other duties under that Body in connection with hospitals he is, in effect, a part-time Chest Physician. It has been agreed that the duties he performs for the Local Health Authority represent 7/49ths of his time. As Dr. Boyd was Deputy Medical Officer of Health and Clinical Tuberculosis Officer for the City from 1st March, 1939, until 4th July, 1948, and as the Dispensary staff has remained the same, there has been continuity of personnel, and good co-operation has continued in spite of the artificial division between prevention and treatment brought about by the Act. Moreover, the Dispensary for the time being remains on premises belonging to the Local Health Authority. In course of time there will be changes which may tend to further divorce this work from Preventive Medicine as practised by Health Departments. Whether this happens or not depends on present planning. There is certainly an inclination at the moment to exalt treatment and "specialists" to the detriment of prevention.

VENEREAL DISEASE.

The clinic is 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 is under the same Authority.

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 this has continued.

The following table shows the position from 1940-1949 :—

Year	New cases of Syphilis.	New cases of Gonorrhoea.	New cases of Chancroid.	Examined and found not to be suffering from V.D.
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
1949	9	22	—	104

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 little is known about prevention.

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

Year.....	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Deaths	144	151	142	116	143	114	129	128	151	152

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

0-1		1-2		2-5		5-15		15-45		45-65		65 & over		Total	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	—	—	—	—	4	9	19	30	34	56	57	95

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.

Notwithstanding the countrywide prevalence of *Acute Poliomyelitis* only six cases were notified and confirmed in the City. Particulars are as follows :—

1. Male, aged 11½ months. Onset 4th April—paralytic form—died 13th June from broncho-pneumonia.
2. Male, aged 16 months. Onset 8th June—paralytic form—recovered.
3. Male, aged 1½ years. Onset 1st July—paralytic form—recovered.
This child apparently contracted the disease in Cornwall.
4. Male, aged 8 years. Onset 28th June—paralytic form—recovered.
This child was notified by one of the local hospitals on 11th July.
5. Female, aged 38 years. Onset 13th August—paralytic form—recovered.
This patient was actually taken ill in the Midlands and diagnosed on arrival in Exeter.
6. Female, aged 17 years. Onset 7th November—encephalitic form.
The patient died on 10th November, the diagnosis being made after post-mortem examination.

It will be observed that only four of these cases contracted their disease in Exeter from which it would appear that the incidence of infection was light in the City.

Owing to the weekly increase in notifications in the Country as a whole and the unpredictable behaviour of this disease, it was considered wise to advise the suspension of tonsil, adenoid and similar throat operations during the second half of the year. There is evidence that there is some risk of the encephalitic form of poliomyelitis following such operations when the disease is prevalent. Tonsil and adenoid operations on school children were resumed on 9th January, 1950, with the following precautions—(1) Assistant medical officers and health visitors are requested to draw attention to any cases of illness which may come to their notice which might be missed cases of poliomyelitis ; (b) Assistant medical officers examining children previous to tonsil and adenoid operations are requested to bear in mind the importance of ascertaining the health of the household generally in each case ; and (c) steps have been taken to circulate information throughout the Health Department concerning any fresh cases or suspected cases of the disease.

There were no cases of *Diphtheria* notified and confirmed in the City. With regard to *Scarlet Fever*, I stated in my report for 1948 that “ 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.” This anticipation was realised. There were 243 notifications against 92 in

1948 and 98 in 1947. Of these 162 were admitted to hospital and 81 nursed at home. There were no deaths. The home nursing of mild uncomplicated scarlet fever is in accordance with modern practice, care being taken to see that the home conditions are satisfactory. Another reason for home nursing which carried weight on this occasion was the concentration of cases of poliomyelitis at the Exeter Isolation Hospital from various districts in order to be near the Orthopaedic Headquarters of the area.

There was a small increase in *Whooping Cough* notifications and a substantial increase in *Measles*. One infant died from whooping cough in 202 notifications, but there were no deaths from measles in 1,318 cases. The importance of seeking hospital treatment for complicated cases of these two diseases, especially in the very young, has been stressed before in these reports.

One case of *Typhoid Fever* was reported by one of the local hospitals. Apparently, the disease was not contracted in the City. *Food Poisoning* was made notifiable by Section 17 of the Food and Drugs Act, 1938. In 1935 the Ministry issued Memorandum 188/Med. setting out the steps which Health Departments should take in investigating outbreaks and single cases. During the year, the Ministry issued a revised version of this Memorandum. Among other things, Medical Officers of Health are requested to include notified cases of food poisoning in their weekly returns to the Registrar General and to include corrections by reason of amended diagnoses in the usual quarterly returns. Also, an annual return in the following form :—

1.	<i>Local Authority.</i> Exeter County Borough.				<i>Year.</i> 1949.
2.	<i>Food Poisoning Notifications (corrected) returned to Registrar General.</i>				
	<i>First Quarter.</i>	<i>Second Quarter.</i>	<i>Third Quarter.</i>	<i>Fourth Quarter.</i>	<i>Total</i>
	Nil	1	5	4	10
3.	<i>Outbreaks due to identified agents.</i>				
	None.				
4.	<i>Outbreaks of undiscovered cause.</i>				
	None.				
5.	<i>Single cases.</i>				
	<i>Agent identified</i>	<i>Unknown cause</i>			<i>Total</i>
	2	8			10

One of the cases in which the agent was identified was due to *Salmonella Typhi* Murium and the other to staphylococcal enterotoxin. In three of the remaining eight cases staphylococcal enterotoxin was suspected, but absolute proof was lacking. No food poisoning cases of particular epidemiological interest were notified.

NOTIFIABLE DISEASES DURING THE YEAR.

[illegible]

CARE AND AFTER CARE OF OTHER TYPES OF ILLNESS—

ILLNESS GENERALLY.

As I pointed out last year, public health authorities have given advice and help in circumstances outside their statutory obligations for many years past. There are many useful things that health visitors, sanitary inspectors and other officers can do in the course of their daily rounds to assist the sick and infirm either directly by advice, by reporting their needs to headquarters or by reference to various other sources of help. Under the Act, the scope of health visiting is extended and health visitors have a duty to help, advise and supervise all those in their districts who may require it. There is close co-operation between the hospital almoners, health visitors, midwives and district nurses to ensure that such needs are met and that at the same time there is no unnecessary overlapping of services. Other officers concerned are the Welfare Officer, the Children's Officer, the Area Officer of the Assistance Board, the Secretary of the Citizens' Advice Bureau and other voluntary organisations.

During the year, 24 persons were specially referred by hospital almoners, 2 by the Welfare Officer and 17 by the Chest Physician, in addition to numerous routine enquiries and follow-up visits which have always been part of the work of the Department.

NATIONAL ASSISTANCE ACT, 1948 SECTION 27.

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION.

No action was required under this section.

HEALTH EDUCATION.

All necessary steps have been taken to advertise the arrangements made under the Act by the Local Health Authority, and where necessary, pamphlets and notices have been revised.

The Local Health Authority subscribes to the Central Council for Health Education and makes use of the Council's posters, literature, etc. Use has also been made of the Central Council's movable Health Exhibition, the subject matter of which is changed about every six weeks.

In addition to a considerable amount of "syllabus work" in connection with the training of pupil midwives, district nurses,

nursery students, retail meat trade apprentices, etc., members of the Department have taken part in the following :—

April. Talk to Local Division B.R.C.S., on Infectious Disease by the Medical Officer of Health.

One day course in Food Hygiene organised by Central Council for Health Education primarily for staff of school kitchens and other public catering, members of the trade being also invited.

July. Symposium on the Handling of Food organised by the Standing Joint Conference of Women's Organisations in Exeter. The principal speakers were Dr. B. Moore, Director of the Public Health Laboratory, the Medical Officer of Health and the Chief Sanitary Inspector.

September. The Department assisted the Exeter Accident Prevention Council with an exhibition in connection with the Devon Industries Fair, with particular reference to accidents in the home and their prevention.

October. Arrangements were made to exhibit the Coughs and Sneezes Campaign posters between October and March in the waiting rooms of the Tuberculosis Dispensary and School Health Department, at the Alice Vlieland Welfare Centre, Shakespeare Road Community Centre, Buddle Lane Community Centre, and in the premises of the South Western Regional Electricity Board and the South Western Regional Gas Board.

November. Dr. I. V. Ward, Assistant Medical Officer of Health, gave a talk on "What happens when we breathe" to the Parent-Teacher Association at Whipton School.

December. The Medical Officer of Health gave a talk to the Exeter and District Branch of the Pharmaceutical Society of Great Britain on "Immunisation in practice with special reference to the prevention of Diphtheria." This was in connection with shewing of Messrs. Burroughs Wellcome's film on the preparation of diphtheria anti-toxin and antigen.

There are still a few of the old Empire Marketing Board poster frames in existence, all occupying good positions from the publicity point of view. Among other subjects illustrated on these frames by the special posters supplied by the Central Council for Health Education have been "Measles," "Coughs and Sneezes," "Flies," "Influenza," "Clean Hands and Safe Food."

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	142
For employment in Day Nurseries	16

NATIONAL HEALTH SERVICE ACT, 1946— SECTION 29.

DOMESTIC HELP.

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 is the person 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. During the year, two of the whole-time helps volunteered for this kind of work and, after medical examination and suitable instruction, are so employed as and when required. Domestic helps employed in households where there is a case of tuberculosis are medically examined (including X-ray of chest) every six months, and are advised to report any deviation from their normal health.

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 and a part-time Assistant Organiser. These two officers run the entire undertaking as a section 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 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 was put into operation during the year.

The Medical Officer of Health has the permission of the Health Committee to increase the number of helps temporarily in an emergency, e.g. an influenza epidemic.

I should like to congratulate once again the Organiser and her Assistant on the valuable work they have done during the year in making this scheme a success.

The Organiser reports as follows :—

The year was begun with a staff of 10 full-time and 10 part-time helpers, but, as on December 21st 1948, the Health Committee had decided to increase the number of full-time workers, additional women were engaged at peak periods to meet the growing demand for Domestic Helps. There are now 15 full-time and 10 part-time workers.

It was decided during the year to give temporary help, when required, to tuberculous households, and two of the full-time workers volunteered for this special work. They were found fit and suitable for the work and given instruction in precautionary measures. When not required for work in tuberculous households they are employed on the normal duties of the service.

The total number of cases helped during the year = 325.

being Maternity cases	.....	147
„ Tuberculous cases	.....	1
„ Others	.....	177
		<hr/>
Total	.....	325
		<hr/>

Contributions collected from householders totalled
£1,180 7s. 4d.

ANNUAL REPORT FOR 1949.

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 is included in the co-opted members. Meetings are held quarterly and the Chairman has power to act in the interim.

(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 Senior 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 Superintendents of Digby Hospital and Wonford House and the Medical Superintendent of the Royal Institution, Starcross are available as Consultants.

Supervision of patients discharged on trial from Mental Hospitals is carried out by the Social Workers, who are also the Authorised Officers. Facilities exist for rehabilitation and "placing in employment," if found necessary, which is part of the after-care scheme. There has been the fullest co-operation between the Hospitals and the Local Health Authority, and the scheme is successful.

Supervision of patients on licence from Mental Deficiency Institutions is usually carried out by the Social Workers attached to the Institution, who co-operate with this Authority.

Co-operation between the Regional Hospital Boards and Hospital Management Committees with this Local Health Authority is excellent. In particular, when mental defectives are discharged from the Order of detention, this Authority is informed and arrangements made for friendly supervision.

(d) *Duties delegated to Voluntary Associations.*

None.

(e) *Training of Mental Health Workers.*

During the year one of the Authorised Officers attended a Special Six Week's Course for Authorised Officers at London University. This was organised by the National Association for Mental Health and proved to be most useful and instructive. Owing to the pressure of work it was not found possible for more than one Officer to attend. However, upon the return of the Officer who did attend, it was found possible to discuss many controversial points on the latest procedure and legislation with the remainder of the Mental Health Section.

It is hoped that further refresher courses will be held in the future, when this Authority intends making full use of such facilities.

(2) ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

(a) *Under Section 28, National Health Service Act, 1946 ; Prevention, Care and After-care.*

During the year ten border-line cases of mental illness were referred to the Psychiatric Clinics attached to the General Hospitals in Exeter, by this department, and in addition 25 visits were paid to persons alleged to be suffering from mental illness and who were dealt with otherwise than by admission to Mental Hospitals.

Care and After-care.

6 Visits were made to Female Patients and 5 Visits to Male Patients upon discharge from the Mental Hospitals, by the Authorised Officers. In addition, 30 visits were made to Ex-service patients, all of which were greatly appreciated by the recipients. It has been found that such contact is proving most beneficial, and

gives the patient some measure of security, as he or she can be made to feel that interest is being shown in his or her own particular case.

In the case of patients discharged from Mental Hospitals, only patients who are willing to be visited are referred to the department by the Medical Superintendent. This has proved to be a very wise and sound policy.

Facilities exist for the placing of ex-patients in employment when necessary. For this purpose the Mental Welfare Officer maintains close contact with the Ministry of Labour's Rehabilitation Officer, and there is excellent co-operation between the two departments.

If found necessary, steps are taken to register ex-patients and mental defectives on the "Disabled Persons Register."

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

Initial proceedings and conveyance to hospitals are undertaken by the Duly Authorised Officers of the department, and below is shewn a table of admissions to mental hospitals during 1949 :—

<i>Health Service Class.</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
(1) <i>Voluntary</i> —Section 1 of M.T. Act, 1930	34	37	71
(2) <i>Section 20</i> —Lunacy Act, 1890, as amended by N.H.S. Act, 1946.	6	10	16*
(3) <i>Certified</i> —Section 16, Lunacy Act, 1890	14	26	40
Total	54	73	127

*The 16 cases admitted became :—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
<i>Voluntary</i>	3	6	9
<i>Certified</i>	1	4	5
<i>Discharged</i>	1	—	1
<i>Transferred to a Naval Hospital</i>	1	—	1

It is very satisfactory to note that 62.9% of admissions were without certification, this is an increase of 19% over such admissions in 1948. This is a clear indication that the public are becoming more enlightened about mental illness, and realise the importance of early treatment. Conversely the discharge rate is higher and more rapid.

There is very good co-operation between the Welfare Services, Children's Department, the Probation Officer and the Magistrates, all of which tends to make matters easier for patients and their relatives. In the case of patients living alone, who have estates and personal property, and for whom hospital treatment is necessary, the Authorised Officer secures the property and passes the key of the house to the Welfare Officer of the Council, in accordance with Section 48 of the National Assistance Act, 1948.

(c) *Under the Mental Deficiency Acts, 1913-1938.*

(i) *Ascertainment, including the number of defectives awaiting vacancies in Institutions at the end of the year.*

The situation in Exeter regarding early ascertainment continues to be very satisfactory and there is the closest co-operation between the School Health Service and the Local Health Authority.

All the Medical Officers take part in both services, and three of the four are recognised by the Board of Control for the purpose of certification under the Mental Deficiency Acts.

The lower grade defective is usually ascertained while under school age, being reported while attending Child Welfare Centres or by Health Visitors. Others are ascertained soon after reaching school age, when their degree of defectiveness is more easily determinable.

A further source of ascertainment, particularly of the higher grade defective, is through the Juvenile Court, or occasionally at the Approved School. A small number of defectives escape early ascertainment by attending various kinds of private schools.

During the year twenty six new cases were investigated and the following tables show the agencies through which the cases were reported and the action taken:—

Cases Reported.

	<i>Male</i>	<i>Female</i>	<i>Total.</i>
(1) By Local Education Authority under Section 57(3) of 1944 Education Act.	6	1	7
(2) By Local Education Authority under Section 57(5) of 1944 Education Act, on leaving ordinary schools	6	7	13
(3) By Local Magistrates, including Juvenile Courts	5	1	6
	17	9	26

Action Taken.

Sent to Institutions by Order	3	1	4
Placed under Statutory Supervision	14	8	22
	17	9	26

There were 10 cases awaiting admissions to Institutions at the end of the year—6 male and 4 female defectives.

The majority of cases "Ascertained" during the year were reported by the Local Education Authority under the provisions of Section 57 of the 1944 Education Act. The remainder were reported through the Police Courts.

All new cases are thoroughly investigated, after the Local Education Authority has issued the appropriate notices to the Local Health Authority, in order to decide on what action is necessary. The Mental Health Subcommittee of the Health Committee then recommends, upon reports received, either (i) Statutory Supervision, (ii) Guardianship, or (iii) Institutional Treatment.

If Guardianship or Institutional Treatment is recommended, the Mental Welfare Officer, who is authorised under Section 5 of the Mental Deficiency Act, 1913, on behalf of the Local Health Authority, arranges the presentation of a Petition for an Order under the Mental Deficiency Acts. This officer also has authority to remove defectives to a "place of safety" in emergency, pending the presentation of a Petition.

(ii) Guardianship and Supervision.

During the year 12 visits were made by the Authorised Officers to the 3 male cases under Guardianship and 2 visits to the 1 female case. With the exception of one of the male cases, who is in receipt of an Assistance Grant, the remainder of the cases were able to do light work, which they have been doing for a considerable time.

During the year the Authorised Officers and Health Visitors made the following *visits* to mental defectives under Supervision in the community :—

<i>Visitor.</i>	<i>Type of Supervision.</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Health Visitors	Voluntary	—	74	74
Male Authorised Officer {	Statutory	136	—	136
	Voluntary	65	—	65
Female Authorised Officer	Statutory	—	224	224
		201	298	499

The following table shows the *number* of mental defectives under Community Care, together with the type of Supervision :—

		<i>Male</i>	<i>Female</i>	<i>Total</i>
(1)	Under Statutory Supervision	49	46	95
(2)	Under Voluntary Supervision	52	33	85
		101	79	180

With the exception of female mental defectives under Voluntary Supervision, who are visited by Health Visitors, the remainder of the cases, numbering 147, are supervised by the Authorised Officers as Social Workers. In rare cases when a household has two defectives at home under Supervision, one under Voluntary Supervision and the other under Statutory Supervision, the two female cases are visited by the Authorised Officer ; similar arrangements are made in the case of male and female defectives 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) Placing children leaving Special Schools on attaining the age of 16 years in " selected " employment ; or those leaving ordinary schools, and placed under Statutory Supervision, in suitable employment, taking into account their aptitudes and limitations. In this connection there is excellent co-operation between the department and the Youth Employment Bureau.
- (4) Removal of defectives to Institutions, under Order.
- (5) Friendly guidance and advice to patients discharged from the Order, which constitutes voluntary supervision.

(iii) *Training.*

It is very much regretted that the Exeter Occupation Centre could not be opened in September, as originally planned. Owing to unforeseen circumstances beyond the control of the department together with difficulty in obtaining suitably qualified staff, it was found necessary to postpone the opening until 1950.

Every possible effort will be made to make a start next year, as the number of children excluded from school during the year increased by 7. The only remaining difficulty at the end of the year was the question of trained staff.

It is hoped that the opening of this Centre will have the effect of delaying or even postponing indefinitely the admission of some of these low grade defectives to institutions. Also, it is hoped that this Centre will afford considerable relief to the defectives' families.

The following is a list of the names of the members of the American Medical Association who have been elected to the office of President for the year 1911. The names are listed in alphabetical order of their last names.

Dr. J. C. Brainerd, of Chicago, Ill., was elected President of the Association for the year 1911. He was re-elected for the year 1912.

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