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19.

City and County of the City of Exeter.




INSTITUTE OF SOCIAL
MEDICINE

10. PARKS ROAD,
OXFORD

ANNUAL REPORT

OF THE MEDICAL OFFICER
OF HEALTH
FOR 1950

EXETER:
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1951



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ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH

To the Chairman and Members of the Health Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the annual report on the health of the city during 1950; this includes an account of the work of the public health department, directed during the greater part of the year by my predecessor, Dr. G. F. B. Page, who had been your medical officer of health for seventeen years; I take this opportunity, not only to thank him for the help he gave me on my coming to Exeter, but also to acknowledge the well organised health service he has left for me to administer.

Despite the wet and dreary summer and autumn, and domestic and international anxieties, the health of the people remained satisfactory. Influenza, which is not notifiable, affected Exeter during February, March and April, and was reflected in an upward variation in the number of weekly new applications for national insurance sickness benefit. These numbers provide a useful indication of the presence or absence of epidemic disease in the adult population of the city and surrounding area, but are useless as a source of information about the diseases from which the inhabitants suffer.

It is earnestly to be hoped that information on the incidence of illness as shewn in hospital records and general practitioners' medical certificates for national insurance purposes may be made available to the medical officer of health, so that he may know the extent of, and the secular variations in, different diseases in his area, whether notifiable or not. This can readily be achieved without any breach of confidence. I am grateful to the Devon and Cornwall Regional Cancer Organisation for giving me information of this kind regarding cancer.

Statistics.

The Registrar-General estimated the mid year population to be 77,260 and this figure has been used in calculating the vital statistical rates, although the 1951 census has shewn the population to be somewhat smaller. The birth rate, unfortunately, declined to 14.6; the death rate (corrected to allow for the age and sex distribution of the population) was, at 11.0, the lowest recorded in any year save 1948: the natural increase in the population (excess of live births over deaths) during 1950 numbered 92; stillbirths were fewer, and the rate less, than in any

previous year, but infant mortality shewed an unwelcome increase on that of the previous two years when the rate was very low.

Infectious Disease.

Whooping cough, though not severe, was prevalent. Poliomyelitis affected 15 Exeter residents and caused 3 deaths. The outbreak began late in the year. There was not one case of diphtheria, a most happy state of affairs, attributable to the zeal with which immunisation has been pressed in the city. There is increasing evidence that immunisation against whooping cough is effective, but the most favoured vaccine (American) is not yet available here for general use. B.C.G. vaccination against tuberculosis is being practised on a small scale by the department; the Ministry of Health limits its use, except in trial areas, to nurses and to persons, mainly children, exposed to close risk of infection.

Water.

The water supply was satisfactory. The average consumption per head per day in the area served by the council's undertaking (larger than the city) was 47 gallons, a high figure, and not attributable to trade needs.

Food.

Cleanliness of food continued to engage the attention of the department and the council increased the establishment of sanitary inspectors by one, to enable more attention to be given to this work. Food handling byelaws were adopted by the council. Food poisoning was notified in only eight cases; no recognisable outbreak occurred. Conditions at the abattoir continue to cause concern.

Housing.

There are many cases of overcrowding, which is by far the gravest evil of present day housing, but no accurate account of this is possible at the moment. A complete survey based on new standards will be necessary to give a true picture. 311 new houses were completed during the year and of the estimated 18,301 houses in the city, 1,659 have been built since the last war. The list of applicants for council houses numbered 4,900 at the end of 1950.

National Assistance Act 1948, Section 47.

No persons were removed from home against their will under Section 47 of the National Assistance Act, 1948.

National Health Service Act, 1946.

A considerable part of this report is devoted to the local health authority's duties under the National Health Service Act. The Council are anxious to build part of a health centre for health authority purposes in Whipton on land which the Regional Hospital Board have agreed, in principle, to transfer. The home nursing service has been greatly strengthened during the year

and approximately 50,000 nursing visits were made ; the number of sick persons attended was above 2,200. Domestic help was given to nearly 400 families ; maternity cases formed much the largest group of those helped : old people (whether acutely or chronically ill or merely infirm) only took about one fifth of the total service rendered, a surprisingly low proportion.

On September 1st was opened the occupation centre for 25 children who because of mental defectiveness were unable to attend school. This represented a considerable achievement. It is in the Exe Island Mission Hall and though for its purpose neither the premises nor surroundings are ideal, invaluable work has been done. Nevertheless, more suitable premises are necessary and an industrial centre for the continued training and occupation of the children after they reach the age of 16 should be planned as a natural extension.

The work of the council under sections 28 (prevention of illness, care and after-care) and 51 (mental health) is set out in considerable detail for though not having a wide appeal, it is of tremendous significance if properly understood and properly carried out.

We need more health visitors to enable us to make a reasonable effort to carry out " care and after-care " satisfactorily without prejudice to the infant welfare work.

The Council designated the Medical Officer of Health as co-ordinating officer for the official and voluntary efforts in the care of children considered to be neglected or ill treated in their own homes. A committee was set up representing these various interests as suggested in Ministry of Health Circular 78/50 and its first meeting was held in November, 1950. A detailed account will be included in the Annual Report for 1951.

The glamour of curative medicine, as exemplified in hospitals, has outshone, temporarily at least, the more significant services of preventive medicine. General medical practice, hospital care and public health services are not exclusive, but complementary. Preventive medicine aims at more than the prevention of sickness, it seeks to help people to enjoy really good health. A year ago, in his report, Dr. Page wrote that confidence in the work of public health departments demands an act of faith since if disease is prevented there is little to show ; and Sir Allen Daley (M.O.H., London County Council) has said that the averted epidemic causes not a ripple of interest. Some regard the public health service as a luxury, but in fact, the maintenance of the public health has always been regarded as a main function of government : it has been found the soundest of investments. It is worth recalling that in the Army preventive health measures generally enjoy the highest priority, both in war and peace.

I say all this because the prevention of disease remains under the Act a duty of the local health authority (the City Council) as it is, inevitably, of the sanitary authority (also the City Council) under the Public Health Acts. And it applies to both physical and mental health : it refers to environment and to personal

habits ; to measures taken independently of the individual, perhaps even against his wishes, and to measures which only the individual can take, perhaps at the suggestion of the authority ; it refers to the total prevention of disease and to the control of already established disease when it is not curable ; it refers to the early ascertainment of defect and disorder with a view to cure (as, e.g. in mothers, babies and school children, and again in regard to cancer and tuberculosis) and to the after-care of patients discharged from hospital ; to the community at large and to the individual at home, at work or at leisure. Everything that affects the health of the individual or the community is within the scope of consideration by the medical officer of health whose department is the one entrusted with the duty of maintaining the health of the community as a whole. In this task, whether it is in the adequate social care of the neurotic or psychotic with a view to preventing breakdown, or the after-care of hospital patients whose social problems may be contributory to the continuance of ill health, the three great branches of the medical service—general practice, hospital, and public health—must work together, aware that social circumstances, physical environment, heredity, nurture and will, all play a part in health, and that in different patients and in differing degrees, one service or all may play a useful part.

The scars of war are still very evident in this beautiful city. The scars of ill health, and often avoidable ill health, are much more hideous, but they do not obtrude their attention on the bystander. One task of wise government is to persuade the people that health is worth having, that it is worth paying for, and that for the most part it is within reach. We in the health department are glad to accept our responsibility in that task.

I acknowledge with pleasure the loyal and wholehearted assistance of all the professional and clerical and other staff of the department during the year : and also the valuable help I have received from the chief officers of the council, and the cordial co-operation of the doctors in the city. To you, Mr. Chairman, Ladies and Gentlemen, I express my sincere gratitude for your interest and unfailing support.

I am,

Your obedient servant,

E. D. IRVINE.

August, 1951.

CITY AND COUNTY OF THE CITY OF EXETER

Health Committee.

(As at the end of the year 1950).

Mayor—

ALDERMAN J. G. R. ORCHARD.

Chairman—

COUNCILLOR LT. COL. R. H. CREASY.

Deputy Chairman—

COUNCILLOR J. A. GRAVES.

Alderman W. T. BAKER.

Alderman H. C. PEDRICK.

Councillor P. F. BROOKS.

Councillor J. COOMBES.

Councillor C. C. M. FORCE.

Councillor MRS. M. NICHOLS.

Councillor W. G. PARISH.

Councillor H. PICKEN.

Councillor MAJOR A. S. POWLEY.

Councillor G. PRING.

Councillor A. J. RECORD.

Councillor C. REW.

Councillor A. H. ROBERTS.

Councillor E. RUSSELL.

Councillor MRS. S. D. RUSSELL.

Councillor MRS. E. E. TINKHAM.

Councillor G. J. E. TOMLINSON.

Councillor E. C. L. TOZER.

Councillor S. H. TROTT.

Councillor B. WHEATON.

Councillor S. W. WOODCOCK.

Councillor P. C. WESTERN.

Co-opted Members—

Mr. W. R. B. ARNOLD.

Mrs. BOLT.

Mrs. M. COLLINGS.

Mrs. C. COYSH.

Dr. J. RUSSELL.

Mrs. S. J. SMITH.

Mrs. B. STEELE-PERKINS.

Mr. W. H. B. HAWKEN.

Dr. A. H. G. DOWN.

Mr. W. J. SELLEY.

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 W. G. PARISH.

Councillor H. PICKEN.

Councillor G. PRING.

Councillor A. J. RECORD.

Councillor E. RUSSELL.

Councillor MRS. S. D. RUSSELL.

Councillor G. J. E. TOMLINSON.

Councillor S. H. TROTT.

Councillor P. C. WESTERN.

Co-opted Members—

Mr. W. R. B. ARNOLD.

Mrs. BOLT.

Dr. A. H. G. DOWN.

Mr. W. J. SELLEY.

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

MATERNITY AND CHILD WELFARE.

Chairman—

COUNCILLOR MRS. E. E. TINKHAM.

Deputy Chairman—

COUNCILLOR MRS. M. NICHOLS.

Alderman H. C. PEDRICK.

Councillor H. PICKEN.

Councillor P. F. BROOKS.

Councillor MRS. S. D. RUSSELL.

Councillor C. C. M. FORCE.

Councillor S. W. WOODCOCK.

Co-opted Members—

MRS. COLLINGS.

MRS. S. J. SMITH, J.P.

MRS. C. COYSH.

MRS. B. STEELE-PERKINS.

MR. W. H. B. HAWKEN.

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 E. C. L. TOZER.

Councillor A. H. ROBERTS.

Co-opted Members—

DR. J. RUSSELL.

DR. A. H. G. DOWN.

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

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.). (To 31.8.50).

EDWARD D. IRVINE, M.D. (Liv.), M.R.C.S., D.P.H., (From 1.9.50).

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., D.C.H.

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.

Senior Dental Officer.

†CLIFFORD A. REYNOLDS, L.D.S. (Eng.).

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.

**G. C. HOPKINS.

**R. PICKFORD.

Pupil Sanitary Inspector.

K. S. BOLT (To 30.4.50).

Public Analyst.

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

Superintendent Health Visitor.

*Miss M. M. FOY.

† Duties mainly in connection with the Education Committee.

** All qualified sanitary inspectors and meat inspectors.

* S.R.N., S.C.M. and H.V. Certificate.

Health Visitors.

- | | |
|-----------------------------|-------------------------------------|
| *Miss A. H. EDDS. | *Miss M. L. BARRETT. |
| *Miss N. E. SMITH. | *Miss G. M. BASTOW. |
| *Miss M. A. GRIMM. | *Miss M. A. S. CLARK (From 1.5.50). |
| *Miss L. E. WATHEN. | *Mrs. E. STANNARD (part-time). |
| *Miss H. TODD. (To 6.5.50). | |

††*Clinic Nurses.*

- MRS. E. A. M. KNEE, G.M., S.E.A.N.
 MRS. T. S. TILLER, S.R.N., S.C.M., Q.N. (part-time).

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

- MISS L. REYNOLDS (Devonshire Nursing Association).

Tuberculosis Visitor.

- MISS E. K. SHEPPARD, S.R.N. (To 31.7.50).
 *MISS A. DAWSON, T.A. Cert. (From 27.11.50).

Superintendent of Day Nurseries.

- MISS C. STREET.

Matrons of Day Nurseries.

- MISS J. BRYAN.
 MRS. J. EDDY.
 MISS M. EDWARDS.

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).
 W. H. STAMP (Transferred to School Health Service, 9.1.50).
 H. FAIRCHILD (To 18.4.50).
 L. G. GODBEER.
 F. J. WREFORD (From 1.3.50).
 G. H. WHITLEY.
 G. A. GIBSON.
 E. H. WILSON (To 30.6.50).
 D. G. COLLINS (From 3.7.50).
 R. PETTITT (From 24.4.50).
 D. F. J. ROTHERO. (Temporary).
 MISS M. M. MILTON.

MRS. J. E. ALLEN	} Maternity and Child Welfare Department.
MRS. D. MARSDEN	
MISS E. M. BURRIDGE	

MISS M. CRABTREE (part-time, temporary).
 MRS. D. CLELAND (part-time, temporary from 6.11.50).

*All are S.R.N., S.C.M. and H.V. Certificate.

†† Duties mainly in connection with the Education Committee.

(c) **Mental Health Section.***Mental Welfare Officer and Senior Authorised Officer.*

R. W. STILES.

Authorised Officers.

L. N. CLARK.

MRS. L. BRUNT.

*Occupation Centre.**Supervisor—*

MRS. A. M. HORTON (From 28.8.50).

Assistants—

MISS A. E. J. VICKERY (From 1.9.50).

MRS. M. E. HEANLEY (From 1.9.50).

GENERAL STATISTICS.

- i Area in acres, 9,137.
- ii Population, Civilian 77,260.
- iii Rateable Value, £744,204.
- iv Sum represented by a penny Rate, £3,081.

VITAL STATISTICS.

i Live Births—

Legitimate, total 1,072 ; male 548, female 524.

Illegitimate, total 58 ; male, 33, female 25.

ii Stillbirths, 22.

iii Birth Rate, 14.6.

iv Deaths, total 938. Male 446, Female 492.

v Death Rate, (recorded) 12.1.

Corrected by the Registrar General's area comparability factor, 10.9.

vi Maternal Mortality Rate, 0.86 (sepsis, Nil ; other 0.86).

vii Tuberculosis Mortality Rate, 0.44 (pulmonary 0.41, non-pulmonary 0.02).

viii Infantile Mortality Rate, 31.8 (legitimate 29.8, illegitimate 68.9).

ix Deaths from Measles (all ages)	1
" Whooping-cough (all ages)	2
" Gastro-enteritis and Diarrhoea (under 2 years of age)	2
" Diphtheria (all ages)	Nil

Occupations.

The principal occupations in the city are in the distributive trades, engineering, clothing, hotel and catering, and building trades and also in administration.

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

POPULATION.

Exeter, mid-year.

1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
81,430	73,800	68,520	68,180	69,070	72,910	74,160	75,150	76,590	77,260

BIRTH RATE.

Year	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
England and Wales	14.2	15.8	16.5	17.6	16.1	19.1	20.5	17.9	16.7	15.8
Exeter	12.8	14.4	15.3	19.5	18.04	19.8	19.2	17.5	15.6	14.6
Percentage of Illegitimate Births to total births	6.9	7.5	10.4	10.5	15.6	8.7	6.2	4.6	6.05	5.3

DEATH RATE.

Year	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
England and Wales	12.9	11.6	12.1	11.6	11.4	11.5	12.0	10.8	11.7	11.6
Exeter*	13.4	15.8	13.4	13.7	13.8	12.7	13.4	10.7	11.7	10.9

*Corrected by application of the Registrar-General's comparability factor.

AGE DISTRIBUTION OF CAUSES OF DEATH.
REGISTRAR-GENERAL'S FIGURES 1950.

	Under 1		1-5		5-15		15-45		45-65		65 and over		Total		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
130 Tuberculosis respiratory	—	—	—	—	—	—	9	6	11	5	1	—	21	11	32
130 Tuberculosis, other	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2
140 Syphilitic disease	—	—	—	—	—	—	—	1	2	—	—	—	2	1	3
140 Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
150 Whooping cough	—	2	—	—	—	—	—	—	—	—	—	—	—	2	2
160 Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
170 Acute poliomyelitis	—	—	—	1	—	1	1	—	—	—	—	—	1	2	3
180 Measles	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
190 Other infective and 190 parasitic diseases	—	—	—	—	—	—	1	—	—	1	2	2	3	3	6
200 Malignant neoplasm, 200 stomach	—	—	—	—	—	—	—	—	3	1	5	5	8	6	14
210 Malignant neoplasm, 210 lung, bronchus	—	—	—	—	—	—	1	—	8	—	7	3	16	3	19
220 Malignant neoplasm, 220 breast	—	—	—	—	—	—	—	1	—	6	—	7	—	14	14
230 Malignant neoplasm, 230 uterus	—	—	—	—	—	—	—	—	—	2	—	3	—	5	5
240 Other malignant and 240 lymphatic neoplasms	—	—	—	—	1	—	1	6	15	12	27	27	44	45	89
250 Leukaemia, aleukaemia	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2
260 Diabetes	—	—	—	—	—	1	—	—	—	3	4	3	4	7	11
270 Vascular lesions of 270 nervous system	—	—	—	—	—	—	2	2	12	12	25	73	39	87	126
280 Coronary disease, angina	—	—	—	—	—	—	1	—	23	8	35	32	59	40	99
290 Hypertension with heart 290 disease	—	—	—	—	—	—	—	—	4	3	8	9	12	12	24
300 Other heart disease	—	—	—	—	—	—	2	1	6	14	59	108	67	123	190
310 Other circulatory disease	—	—	—	—	—	—	1	—	6	6	21	17	28	23	51
320 Influenza	—	—	—	—	—	—	—	2	—	—	1	4	1	6	7
330 Pneumonia	—	2	1	—	—	—	1	—	1	1	7	6	10	9	19
340 Bronchitis	—	1	—	—	—	—	—	—	9	3	17	14	26	18	44
350 Other diseases of 350 respiratory system	—	—	1	—	—	—	—	—	1	—	4	2	6	2	8
360 Ulcer of stomach and 360 duodenum	—	—	—	—	—	—	1	—	8	—	3	3	12	3	15
370 Gastritis, enteritis and 370 diarrhoea	—	2	—	—	—	—	—	1	—	—	—	1	—	4	4
380 Nephritis and nephrosis	—	—	—	—	—	—	—	2	4	2	5	—	9	4	13
390 Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	13	—	13	—	13

Continued on next page.

	Under 1		1-5		5-15		15-45		45-65		65 and over		Total		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Congenital malformations	1	5	—	1	1	—	—	—	1	—	—	—	3	6	9
Other defined and ill-defined diseases	14	8	—	1	1	2	3	1	5	5	17	25	40	42	82
Motor vehicle accidents	—	—	—	1	—	1	—	—	2	—	—	1	2	3	5
All other accidents	1	—	1	—	2	—	—	—	2	—	3	8	9	8	17
Suicide	—	—	—	—	—	—	5	—	1	—	2	—	8	1	9
Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	16	20	4	4	5	5	29	24	125	84	267	355	446	492	938

622 (66%) of the deaths were in persons over 65 years of age.
30 deaths were due to violence, 22 being accidental.

DEATHS DUE TO ACCIDENTS.

As the Registrar-General receives more information about inquests than is available to me, his classification is more accurate than is possible to me. We know that of the 22 accidental deaths, ten were attributed either wholly or in part to falls (7 in old women, 1 in a middle aged man, 2 in young boys), and two to fractures in old people. Want of attention at birth, and drowning, were the causes of death in the two young children included in the table.

MORTALITY IN CHILD-BEARING AND INFANCY.

The following composite table gives useful information regarding child-bearing and infancy for the past 20 years:—

MORTALITY IN CHILD-BEARING AND INFANCY IN EXETER 1931—1950.

Year	Maternal Deaths	Maternal Mortality Rate	Registered		Live Birth Rate	Stillbirths Rate per 1,000 total births	Neonatal Deaths (i.e. under 1 month)	Deaths over 1 month and under 1 year	Infant Mortality Rate per 1,000 live births	Stillbirths and neonatal deaths
			Live Births	Still-Births						
1931	Nil.	Nil.	934	45	14.2	45.9	30	23	56.7	75
1932	3	3.02	950	42	14.3	44.2	35	16	53.6	77
1933	3	3.07	940	36	13.9	38.2	23	22	47.8	59
1934	3	2.8	1,021	42	15.1	39.5	27	30	55.8	69
1935	1	0.9	982	41	14.3	40.0	25	8	33.6	66
1936	2	2.09	915	42	13.3	43.9	29	28	62.3	71
1937	1	0.9	980	41	14.1	40.1	34	21	56.1	75
1938	1	0.9	1,010	48	14.6	45.3	32	25	56.4	80
1939	3	3.1	936	37	13.4	38.0	24	16	42.1	61
1940	2	1.8	1,012	37	13.7	33.7	26	15	38.7	63
1941	5	4.1	1,027	35	12.8	32.9	42	37	68.0	77
1942	3	2.7	1,065	31	14.4	29.2	32	21	49.8	63
1943	3	2.8	1,051	35	15.3	32.2	35	16	48.5	70
1944	8	5.8	1,334	36	19.5	26.3	32	27	44.2	63
1945	4	3.1	1,246	29	18.0	23.3	33	37	56.2	66
1946	4	2.7	1,444	42	19.8	28.3	45	25	48.5	67
1947	4	2.7	1,428	34	19.2	23.2	47	35	57.4	81
1948	2	1.5	1,316	42	17.5	30.9	15	9	18.2	57
1949	1	0.8	1,192	31	15.6	25.3	25	5	25.2	56
1950	1	0.9	1,130	22	14.6	19.1	28	8	31.8	50

In 1950 the maternal mortality rate was 0.86. The infant mortality rate at 31.8 shows a distinct rise on the rates for both 1948 (a record low rate for the city) and 1949. The stillbirth rate, on the other hand, has declined. The number of stillbirths and neonatal deaths added together has shown a fairly steady decline over the last twenty years.

MATERNAL DEATHS IN 1950.

The one maternal death in 1950 was due to pulmonary embolism following femoral venous thrombosis. This mother, aged 30, having had her second baby, was discharged from hospital eleven days after confinement but developed superficial thrombosis in the leg four days later. Pulmonary embolism ensued for which she was treated in hospital. After apparent recovery, the embolism recurred twice and she died quite suddenly.

INFANTILE MORTALITY.

The Infantile Mortality Rates for 1950 were as follows :—

England and Wales	29.8
126 Great Towns, including London (census populations exceeding 50,000)	33.8
148 Smaller Towns (census population 25,000 to 50,000)	29.4
London	26.3
Exeter	31.8

The following table shows the infantile mortality rate in Exeter for the past ten years compared with the country as a whole :—

Year	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
England and Wales	59	49	49	46	46	43	41	34	32	29
Exeter	68.0	49.8	48.5	44.2	56.2	48.5	57.4	18.2	25.2	31.8

INFANT DEATHS IN 1950.

Of the 36 children who died at ages under 1 year, 28 lived less than four weeks. The table overleaf shews that though the number of these neonatal deaths, as they are called, is declining, it is doing so slowly, whereas the deaths at ages over one month 8 this year—have shewn a dramatic reduction in the last three years, to about a third of the rate previously experienced.

Difficult labour and intracranial haemorrhage, congenital deformity and prematurity accounted for more than three quarters of the neonatal deaths, while infections accounted for only a tenth. On the other hand, in the older babies, infection was the predominant factor recognised, causing 7 of the 8 deaths.

The deaths from difficult labour and intracranial haemorrhage were *all* in first babies, and are a reminder that zealous antenatal care must be maintained. In the eleven cases in this group labour was difficult in 7 and very rapid in 3.

Prematurity always gives rise to anxiety in regard to the safety of the baby. Just over one half of those who died were $5\frac{1}{2}$ lbs. or less at birth, i.e. premature. Only 3 of these survived a month; this is discussed further on page 54 of the report.

Congenital defects are ordinarily regarded as genetic or inherent, but there is evidence that certain virus diseases in the early months of pregnancy may be causative. If confirmed, it means in some cases that an environmental factor which will be presumably susceptible in some degree to control, is involved; this would point the way to further progress in preventive work. The department is co-operating with the medical research council in its nationwide enquiry on this subject.

All the deaths ascribed to lung infections were in children who had older brothers and sisters, but otherwise the hazards seem greater for the first babies.

Ante-natal disorders, can cause abortion, stillbirth, prematurity or early infant death, according to their severity, the timing of their effects, and the effectiveness of treatment. The more fortunate infants escape unharmed. So far as the health of the mother ante-natally is concerned, in 15 the pregnancy was itself uneventful; in 3 the course of pregnancy is not known (no ante-natal care, baby unidentified, information not available in the remainder), ante-partum haemorrhage and toxic conditions were prominent, there being 5 cases in each group.

In respect of the 26 neonatal deaths, in which the course of pregnancy was known, substantial illness in the mother occurred in 14 instances; whereas in the 7 later deaths for which details are available the number of abnormal pregnancies was only 2. These figures are too small to draw positive conclusions; but they fit in with the view that ante-natal disease is likely to injure the unborn baby, and they give point to insistence on adequate ante-natal care.

We do not yet know how many abortions occur—it has been estimated as a fifth of all pregnancies. We know of 44 during 1950 in the city, but almost certainly there were many more.

There is no statutory notification of abortions. There is a

INFANT DEATHS IN 1950

Cause of Death.	Total	Neonatal		1st Year		M.	F.	Leg.	Illeg.	Post Mortem	PREMATURE	Complications in Pregnancy.	Complications of labour.	Social circumstances unsatisfactory.	Place in family.									Housing unsatisfactory.
		Under 1 day	1-27 days	1-3 months	3-12 months										1st.	2nd.	3rd.	4th.	5th.	6th.	7th.	8th.	Not known	
Difficult Labour and I.C.H.	2	2	—	—	—	1	1	1	1	—	1	—	2	—	2	—	—	—	—	—	—	—	—	1
Congenital Abnormality	9	3	6	—	—	7	2	8	1	6	4	4	4	—	9	—	—	—	—	—	—	—	—	1
Prematurity only	6	1	4	—	1	1	5	6	—	4	**4	4	—	—	3	2	—	1	—	—	—	—	—	3
Lung Infection	7	2	5	—	—	4	3	7	—	2	7	5	—	—	3	2	—	1	—	1	—	—	—	—
Gastro Enteritis	6	—	3	2	1	5	1	5	1	4	**2	2	1	2	2	1	1	2	—	1	—	1	—	—
Pertussis	2	—	—	1	1	2	—	2	—	1	**1 Born 1949	—	—	—	2	—	—	—	—	—	—	—	—	—
Atelectasis	*2	—	—	1	1	2	—	1	—	—	—	—	—	—	***1	—	—	—	—	—	—	—	—	—
Inattention at Birth	1	1	—	—	—	1	—	—	—	1	—	1	1	—	—	—	—	1	—	—	—	—	—	—
TOTALS	1	1	—	—	—	1	—	—	?	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
TOTALS	36	10	18	4	4	23	12	31	3	18	19	16	8	2	21	5	1	5	—	2	—	1	1	5

*For one of these children no information is available other than the Death Certificate.

**One of each of these survived more than four weeks.

***No information on second case.

good deal to be said for such a requirement, although a number of criminal cases would undoubtedly never come to light.

As shewn in the table the sum of the stillbirths and neonatal deaths in each year has declined fairly steadily over the last two decades, evidence that the wastage of infant life is lessening ; but for the reason above stated, we do not know how many pregnancies end before the seventh month as abortions.

STILLBIRTHS.

The number of stillbirths during the year was 22. The causes may be classified as follows :—

Congenital abnormality	6
Birth injury	3
Toxaemia	4
Ante-partum haemorrhage	3
Not known	2
Rhesus incompatibility	1
Cord compression in a breech case	3

CANCER.

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

Year	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Deaths	151	142	116	143	114	129	128	151	152	143

By the courtesy of Dr. Duncan Wood, the Secretary of the Devon and Cornwall Regional Cancer Organisation, I have been able to set out the new cancer cases (numbering 118) registered with him, in Exeter residents by site, age and sex : this is believed to be an almost completely comprehensive statement representing at least all the cases seen at hospitals, but a few may not have attended and may not have been registered.

NEW CANCER CASES IN EXETER RESIDENTS REPORTED IN 1950.

AGE.	SITE.								Totals
	Mouth and Throat	Stomach Bowel and Peritoneum etc.	Respiratory System	Breast	Genital Organs including Uterus	Skin	Lymphatic Blood forming Organs	Other and Unspecified	
MALE PATIENTS.									
0—20	—	—	—	—	—	—	—	—	—
20—29	—	—	—	—	—	—	1	—	1
30—39	—	2	—	—	—	—	1	—	3
40—49	1	1	1	—	1	2	1	—	7
50—59	—	3	3	—	—	3	2	—	11
60—69	2	5	3	—	2	5	—	—	17
70 and over	3	2	1	—	1	5	—	—	12
TOTAL	6	13	8	—	4	15	5	—	51
FEMALE PATIENTS.									
0—20	—	—	—	—	—	—	1	—	1
20—29	—	—	—	—	—	—	—	—	—
30—39	—	2	—	—	2	1	—	—	5
40—49	1	2	—	6	1	1	—	—	11
50—59	1	1	—	10	1	2	—	1	16
60—69	1	—	—	9	2	2	—	—	14
70 and over	—	6	—	7	3	3	—	1	20
TOTAL	3	11	—	32	9	9	1	2	67

This table shews the great significance of breast cancers in women and skin cancers in both men and women. Both are not difficult of recognition and the patient generally knows quite early that something is amiss. Stomach cancer is also curable

if taken early; the whole thing about cancer is to get it treated early. Recently it has been suggested that heavy cigarette and pipe smoking is a factor in the causation of cancer of the lung in men but further research is needed to make sure one way or the other; other factors alleged include car exhaust gases, diesel engine oil gases, tar on roads.

The next table shews the deaths during the year set out in the classification adopted by the regional cancer organisation; this is different from that used by the Registrar-General which is set out also for completeness. But the number assigned in my office (142) is one less than that assigned by the Registrar-General who often has more information than I have about the cases. 4 deaths were ascribed in part to carcinoma but have not been regarded as directly due to it, and are not included in the tables.

CANCER DEATHS IN EXETER RESIDENTS IN 1950

REGIONAL CANCER ORGANISATION'S CLASSIFICATION.

AGE.	Mouth and Throat	Stomach and Digest- ive	Respira- tory System	Breast	Genito Urinary System	Skin	Lym- phatic	Other and unspec- ified Sites	Totals
MALE.									
0—19	—	—	—	—	—	—	—	1	1
20—29	—	—	—	—	—	—	—	—	—
30—39	—	—	—	—	—	—	—	—	—
40—49	—	3	1	—	—	—	—	—	4
50—59	—	7	5	—	—	—	—	—	12
60—69	1	12	7	—	1	—	—	—	21
70 and over	2	18	9	—	—	1	—	1	31
TOTAL	3	40	22	—	1	1	—	2	69
FEMALE.									
0—19	—	—	—	—	—	—	—	—	—
20—29	—	—	—	—	—	—	—	1	1
30—39	—	1	—	1	2	—	1	—	5
40—49	—	1	—	—	2	—	—	—	3
50—59	—	6	—	5	2	—	—	1	14
60—69	1	7	2	4	2	—	—	—	16
70 and over	1	20	1	4	7	—	—	1	34
TOTAL	2	35	3	14	15	—	1	3	73

CANCER DEATHS 1950—
REGISTRAR-GENERAL'S CLASSIFICATION.

AGE.	Stomach	Lung and Bronchus	Breast	Uterus (Womb)	Blood Forming Organs	Other and Lymphatic	All Sites
MALES							
0—15	—	—	—	—	—	1	1
15—25	—	—	—	—	—	—	—
25—45	—	1	—	—	—	1	2
45—65	3	8	—	—	—	15	26
65—75	—	6	—	—	1	13	20
75 and over	5	1	—	—	—	14	20
TOTAL	8	16	—	—	1	44	69
FEMALES							
0—15	—	—	—	—	—	—	—
15—25	—	—	—	—	—	1	1
25—45	—	—	1	—	—	5	6
45—65	1	—	6	2	—	12	21
65—75	1	2	3	2	—	13	21
75 and over	4	1	4	1	1	14	25
TOTAL	6	3	14	5	1	45	74

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
Pennsylvania Nursing Home, 9, Powderham Crescent (medical)	10
Southcroft, 87, Heavitree Road (medical)	4
*Stork's Nest, 98, Topsham Road (maternity) (To 31.12.50)	4
St. David's, 31, St. David's Hill (medical and surgical)	11
St. Olave's, 32, Bartholomew Street (Diocesan Society for Girls)	4

* Closed by proprietors.

NURSES ACTS 1943 & 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 public health laboratory service carries out the great majority of bacteriological investigations in connection with infectious disease as well as examinations of public water supply in the city (though the Surveyor's department carries out directly examination of a number of samples of the water before and during treatment); also, the relevant examinations in respect of employees at the water works who might be working in close contact with the public supplies. The pathological department of the Royal Devon and Exeter hospital carries out the serological examinations of blood from expectant mothers which are so essential in the effective management of the ante-natal period. All expectant mothers, whether attending the city ante-natal clinics or not, can have this examination made, which besides revealing constitutional disease, also decides the blood group in the event of blood transfusions being necessary, and whether there is any probable risk of severe jaundice or certain other grave illness in the new born infant, in the correction and prevention of which more and more knowledge is being obtained. 290 mothers were so examined during 1950 (see page 60).

I must thank Dr. B. Moore, Director of the Public Health Laboratory Service in Exeter and Dr. Stewart Smith, Area Pathologist at the Royal Devon and Exeter Hospital; they have been most helpful in every way.

SANITARY CIRCUMSTANCES.

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 reservoir→gravitation through mains and services→consumer.

There has been no substantial development or change in the system of purification since the last report, but during the year the City Engineer's scheme for the reconstruction of the pumping machinery at Pynes Waterworks was approved by the Ministry of Local Government and Planning. Work on the construction of the new pumping station started in May, 1951, and it is anticipated that it will be completed and brought into service towards the end of 1952.

Distribution. Though the length of mains laid during the year was rather less than last year, as no new housing estates were developed, some 2,000 yards of 3 inch to 6 inch mains were laid by the department. During reconstruction of New Bridge Street and Fore Street 257 yards of old 4 inch and 6 inch mains were renewed and 58 lead services replaced under the concrete carriage-way. Some 350 yards of 6 inch mains were laid in the new roads in the central areas reconstruction.

During the year the supply has proved satisfactory in quality and quantity. Routine bacteriological tests (26) of samples taken at random in various parts of the city were carried out by a qualified member of the City Engineer's staff. In addition, the Public Analyst carried out chemical and bacteriological tests of the supply at quarterly intervals, including examination of the raw water. The pH value of the raw water is about 7, i.e. it is

neutral, neither acid or alkaline and is, therefore, not likely to be plumbo-solvent. The quality of the supply from new mains is also carefully checked before it is put into distribution. All examinations of the treated water proved satisfactory.

In co-operation with the City Engineer and with the help of the Public Health Laboratory Service, a more extensive system of bacteriological control has been put into operation from the beginning of 1951. This programme will provide for the testing of two samples per week from the distribution system, so arranged that the supply from each of the four service reservoirs is tested in rotation every two weeks. In addition, the City Engineer's staff will carry out more frequent chemical and bacteriological examinations of the raw and treated water, including tests for plumbo-solvency. It is intended to submit quarterly samples, as at present, for independent check by the Public Analyst.

A detailed analysis of the raw water is set out below :—

*Sample of raw water from Intake on River Exe,
11th October, 1950.*

Characters.

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

Bacteria.

Bacillus coli	50 per 100 millilitres.
Streptococcus	3 „ „ „
Colonies visible at the end of 72 hours on beef-peptone- agar at 37 deg. C.	} 760 per millilitre.
Colonies visible at the end of 48 hours on beef-peptone- agar at 37 deg. C.	
	} 85 per millilitre.

Chemical Analysis—parts per hundred thousand.

Chlorine present as chloride	1.2
Nitrogen present as nitrites	slight trace
Nitrogen present as nitrates	0.14
Phosphates	0
Total hardness equivalent to calcium carbonate	5.7
Temporary hardness (annulled by boiling)	3.4
Permanent hardness (not altered by boiling)	2.3
Saline Ammonia	0.0028
Albuminoid Ammonia	0.0010
Oxygen absorbed in 4 hours at 27 deg. C.	.09
Lead	0
Copper	0
Zinc	0
Iron	0
Total solid constituents	13.0
Organic matter observed on igniting solids	trace
Suspended solids dried at 105 deg. C.	0.4
Hydrogen ion concentration equivalent to pH	7.3

The following additional particulars are required by the Ministry :—

Dwellinghouses in city supplied from public water mains :—

(a) Direct to house	18,123
Population served (estimated)	77,260
(b) By means of standpipes	148
Population served	358
Dwellinghouses supplied from private wells	30
Number of persons served	111

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR 1950.

(MR. F. G. DAVIES).

SANITARY ADMINISTRATION.

General Summary.

Number of visits made during the Year	10,842
Number of samples taken	1,177
Number of carcasses inspected	46,599
Total weight of foodstuffs condemned	147 tons

SUPERVISION OF FOOD SUPPLIES.

1.—*Hygiene in Food Premises.*

There is an increasing interest on the part of the general public in this aspect of our work, and, realizing the significance of an enlightened public opinion, we try to foster and stimulate this interest.

A number of requests were received from various organizations for talks on this subject and we gladly undertook this work. In addition film shows and instructional talks to employees in the various trades handling foodstuffs were arranged.

2.—*New Byelaws.*

On the 24th January, 1950, the City Council adopted byelaws, made under Section 15 of the Food and Drugs Act, 1938, for securing sanitary conditions in connection with the handling, wrapping and delivery of food.

The byelaws, based on the model prepared by the Ministry of Food, do not, unfortunately, prohibit a person from smoking when handling foodstuffs, but they go a long way towards providing a means whereby long-needed improvements can be effected.

It was thought that the byelaws would present certain difficulties to each trade, and representatives of the various trading organizations were invited to meet me to discuss their problems.

I have held conferences with representatives of the Butchers, Bakers, Grocers, Fishmongers, Ice-Cream Manufacturers and "Blitzed"-site traders, and we are endeavouring to evolve for each trade a "Code of Practice" based on the byelaws.

A Code for Grocers (Appendix "A") has already been approved and circulated.

Codes for Butchers, Ice-Cream Manufacturers and Vendors are in course of preparation. Scarcity and the rapidly rising cost of certain materials may make the full application of the byelaws difficult.

3.—*Labelling of Food Order.*

Owing to the many exemptions it contains, this order necessitates a great deal of study, and during the year our advice was sought by manufacturers of vinegar and ice-cream on the wording of the labels they intended to use. Enquiries were also received as to the correct labelling of cream made from goats' milk.

Faults in the labelling of sausages and ice-cream were detected and were taken up with the manufacturers.

4.—*Milk.*

As far as can be ascertained, about 90 per cent. of the milk sold in the city is pasteurized. No accredited milk and very little raw undesignated milk is consumed in the city. All children attending schools under the control of the city education authority are supplied with pasteurized milk.

(a) *Quality (Composition).*

The average composition of the milk sampled in the city during 1950 was: fat 3.69 per cent., solids not fat 8.93 per cent., as compared with an average during 1949 of: fat 3.6 per cent., solids not fat 8.88 per cent.

The average fat content of the various grades of milk sampled proved to be as follows:—

<i>Classification.</i>	<i>Fat.</i>	<i>Non-Fatty Solids.</i>
T.T. (Channel Island)	4.8	9.3
T.T.	3.7	9.01
Pasteurized	3.62	8.9
Ungraded	3.48	8.82

(b) *Bacterial Quality.*

An analysis of the samples taken to assess the bacterial quality indicates a continued improvement, as shewn by the following table:—

<i>Classification.</i>	<i>Percentage Satisfactory.</i>			
	1947	1948	1949	1950
Pasteurized (School Supplies)	90	100	100	100
Pasteurized (Other than School)	95	94	100	96
T.T.	77	63	65	83
T.T. (Farm Bottled)	71	76	80	94

School Milks (Pasteurized).

Number of samples taken	41
Number of samples satisfactory	41

Designated Milks other than School Milks.(i) *Pasteurized Milk.*

Number of samples taken	47
Number of samples satisfactory	45

(ii) *Tuberculin Tested.*

(This figure shews a considerable increase over 1949, owing to a greater number of T.T. producers sending milk into the city).

Number of samples taken	267
Number of samples satisfactory	221

(iii) *Tuberculin Tested (Farm Bottled).*

Number of samples taken	153
Number of samples satisfactory	144

(iv) *Raw Milks.*

Number of samples taken	71
Number of samples satisfactory	50

(c) *Biological Tests for Tubercle Bacilli.*

All pasteurized milks and all undesignated milks consumed raw in the city are tested quarterly for the presence of tubercle bacilli. Other milks are tested half-yearly.

During the year, 94 undesignated and 98 designated milks were sampled in this connection and the presence of the bacillus was demonstrated in one sample only.

This was from an Attested Herd and the Animal Health Division of the Ministry of Agriculture and Fisheries was immediately notified.

As a precautionary measure, the milk from this herd was pasteurized until the Ministry had completed their investigations and the farmer ultimately submitted a claim for compensation for £50 17s. 11d.

The examination by the Ministry of Agriculture and Fisheries indicated the herd was healthy and as a similar case (also in an attested herd) had arisen in 1949, Dr. Moore of the Laboratory and I reviewed the technique of sampling and laboratory investigation without revealing any fault in the methods. This suggested that the infection might be from a human source, but the bacillus had not been typed and enquiries as to the health of the persons handling the milk revealed nothing untoward.

5.—*Meat.*(i) *Abattoir.*

In February, in company with the city architect and the Chairman of the Abattoir Committee, I travelled to Colwyn Bay to examine the models of the new types of abattoir which had been prepared by officers of the Ministry of Food. We were very impressed by the great deal of thought which had gone into their plans.

The city architect ultimately prepared plans for an abattoir to be erected on the site adjoining the present cattle market in the Marsh Barton area. Unfortunately, because the cost of construction is so high and the Ministry have given no indication of the Government's slaughtering and marketing policy so far as it affects Devon, no progress has been made.

As the Committee will be aware, the Ministry of Food are building an experimental abattoir at Guildford and one at Fareham, and have indicated in 1951 their intention to construct seven more abattoirs in different parts of the Country. Devon is not served by any of these. Exeter has a good case for consideration as an abattoir centre in any further extension of the Ministry's scheme.

Our present building is totally unsuited for its purpose and reflects no credit on twentieth century methods; yet it serves an area (City of Exeter, St. Thomas Rural District, Dawlish, Chagford, Crediton Urban and Rural Districts, Exmouth, Budleigh Salterton, Sidmouth and Ottery St. Mary) with a summer population of just under 200,000, and has the biggest "kill" in Devon. It is sited very near dwellinghouses; the approaches are bad causing congestion both in the streets and at the entrances to the lairages, which in turn causes unnecessary suffering to the animals; the lighting and ventilation are generally inadequate. Killing itself, though humane killers are used, is very unsatisfactory and is not in accordance with modern technique. Hanging and cooling space is insufficient and conditions for meat inspection are bad. In fact the abattoir is good neither for man nor beast.

The animals slaughtered at the abattoir are all examined by a qualified meat inspector and during the year under review some 138 tons of meat and offal were condemned as unfit for human consumption. Details of

reasons for condemnation are set out in the form prescribed by the Ministry in the table below :—

*Record of Animals examined at the Municipal
Abattoir.*

	<i>Beasts.</i>	<i>Calves.</i>	<i>Sheep and Lambs.</i>	<i>Pigs.</i>
Number slaughtered	6,064	7,813	31,602	805
Number inspected	6,071	7,856	31,787	885
<i>Diseases except Tuberculosis</i>				
Whole carcasses condemned	57	75	332	41
Carcasses of which some part or organ was condemned....	3,191	132	5,983	212
Percentage of number in- spected affected with dis- ease other than tubercu- losis	53.5	2.6	19.9	28.6
<i>Tuberculosis</i>				
Whole carcasses condemned	163	25	—	11
Carcasses of which some part or organ was condemned....	845	2	—	51
Percentage of number in- spected affected with tuberculosis	16.6	.34	—	7.0

(ii) *Congenital Tuberculosis in Calves.*

During the year 25 calves were found to be affected with congenital tuberculosis as opposed to 32 in 1949, an incidence of 0.32 per cent. as compared with 0.4 per cent. in 1949.

The Animal Health Division of the Ministry of Agriculture and Fisheries again readily collaborated in an endeavour to trace the dams, but, unfortunately, their efforts were not so well rewarded as in previous years and only 13 were traced and slaughtered under the Tuberculosis Order, 1938. This is quite a useful contribution to the elimination of tuberculosis in cattle.

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

(iii) *Cysticercus Bovis.*

This is the cystic stage of a tapeworm *Taenia Saginata* which is transmissible to humans, and the regular examination of all beef carcasses for this parasite was continued during the year.

None was found to be infected.

(iv) *Butchers' Shops.*

These were inspected on an average 6 times each during the year and I must again record that this cannot be considered satisfactory, but pressure of other work prevented more frequent inspections.

(v) *Meat Transport Vehicles.*

The vehicles used in the transport of meat from the distributing depot were inspected at least once a week and found to be fairly satisfactory.

6.—*Other Foods.*(i) *Markets.*

There is one market in the city where fruit, vegetables, etc., are sold and 47 visits were made during the year.

(ii) *Inspection of food premises other than butchers' shops.*

Number of inspections of fish shops	73
Number of inspections of provisions shops	766
Number of inspections of dairies	555
Number of inspections of miscellaneous premises	209

7.—*Ice-Cream.*

678 visits were made to premises where ice-cream is sold or manufactured and 158 samples of ice-cream were taken during the year. When graded for cleanliness, according to the standards suggested by the Ministry of Health, they shew a continued improvement compared with those taken during previous years :

	1948	1949	1950
Grade 1—satisfactory	61%	64%	69%
Grade 2—satisfactory	23%	22%	17%
Grade 3—unsatisfactory	11%	9%	10%
Grade 4—unsatisfactory	5%	5%	4%

Grading of ice-Cream according to method of manufacture.

	<i>Hot Mix.</i> (88 samples)	<i>Cold Mix.</i> (70 samples)
Grade 1	66%	73%
Grade 2	16%	18%
Grade 3	10%	9%
Grade 4	8%	0%

Quality (Composition).

Although there was no legal standard for the composition of ice-cream, 9 samples were taken during the

year; the average composition proved to be : fat 7.9 per cent., solids not fat 25.5 per cent.

This is much better than the standard which has been suggested to the Ministry of Food by the Food Standards' Committee, viz. : fat 5.0 per cent., sugar 10 per cent., solids not fat 7.5 per cent.

NOTE—On the 5th January, 1951, we were notified by the Ministry of Food that this standard was adopted as from 1st March, 1951 and it is gratifying that a legal standard has at last been laid down.

Street Vendors. During the year we conferred with street vendors on the question of the adequate cleansing of ice-cream servers, and I am happy to record that they all now carry an approved sterilizing agent on their barrows. Many of the barrows are outmoded and do not satisfy modern requirements. Discussions are taking place with representatives of the trade and we hope to effect some improvements during 1951.

No outbreaks of any infectious disease were attributed to ice-cream.

8.—*Water Cress.*

One sample of water cress was taken during the year and this proved satisfactory.

9.—*Food Premises.*

Excluding works' canteens, bakehouses and fried fish shops, there are 157 premises where food is prepared for sale. They are as follows :—

Restaurants	.....	38
Snack Bars	.....	10
Hotel Kitchens	.....	33
Premises where sausages are manufactured	.....	59
Premises where cooked meats are prepared	.....	8
Food factories (butter, sweets, mineral waters and breweries)	.....	9

597 visits were made to these during the year.

Improvements effected included the installation of hot-water geysers in five premises.

During the year, the city council decided to appoint an additional sanitary inspector to enable the department to give more attention to food premises, canteens, etc.

10.—*Mobile Canteens.*

There are 3 mobile canteens known to be operating in the city and they cause us no little concern. Frequent and regular inspections are made in order to ensure the observance of the

enactments relating to foodstuffs, but the general impression of these canteens is nevertheless unfavourable, the vehicles being small and unsightly.

11.—*Food and Drugs Act, 1938—Sampling.*

During the year, 166 samples of milk and 70 samples of other foods were procured : a total of 236. Of these, 85 were formal and 151 informal. The table shews the various commodities sampled. 30 samples of milk and 1 of sausage meat proved below standard : in milk the deficiency in fat ranged from 2—23% ; 12 appeal-to-the-herd samples were made and in 10 cases it was shewn that the milk had been sold as produced, i.e. not adulterated. In the sausage meat sample the deficiency of meat was 18 per cent ; the Ministry of Food warned the maker.

Samples taken under the Food and Drugs Act, 1938.

Milk	166	Meat Pie	1
Ice-Cream	9	Mincemeat	1
Baking Powder	2	Non-Alcoholic Orange Wine	1
Beer	2	Nutmeg	1
Cornflour	2	Olive Oil	1
Cream of Tartar	2	Orangeade	1
Custard Powder	2	Pastrymix	1
Pork Sausages	2	Pork Sausage Meat	1
Ammoniated Tincture of Quinine	1	Raspberry Flavouring	1
Anchovy Paste	1	Raspberry Jam	1
Arrowroot	1	Royal Dessert, Caramel Flavour	1
Beef Sausages	1	Salmon and Anchovy Fish Paste	1
Bronchial Elixir	1	Salmon Spread	1
Butter	1	Sandwich Spread	1
Cake Flour	1	Sauce	1
Cherry Wine	1	Sausage Meat	1
Compound Syrup of Figs	1	Steak and Kidney Pie	1
Condensed Milk	1	Sterco Custard Mix	1
Creamola Dessert	1	Strawberry Jam	1
Cut Mixed Peel	1	Sweetened Dessert Powder	1
Dessicated Coconut	1	Table Jelly	1
Essence of Rennet	1	Tea	1
Fish Cakes	1	Vanilla Flavouring Essence	1
Gelatine Powder	1	Vinegar	1
Ground Mixed Spice	1	Vitacup	1
Lemonade	1	Yorkshire Pudding and Pancake Mixture	1
Lemonade Crystals	1	Zinc Ointment	1
Lemon Culinary Flavouring	1		
Lemon Flavouring	1		
Meat Paste	1		

Legal Proceedings.

Proceedings were instituted in one case only during the year. This was where the milk sold was 20% deficient in fat. The magistrates accepted the defendant's statement and ruled that the milk was sold as it came from the cow.

Warning letters were sent by the Town Clerk's Department to two other milk vendors.

HOUSING.

The housing problem is still acute and continues to cause grave concern. Hundreds of houses are required to replace out-worn property and many more to rehouse those living in overcrowded and substandard premises.

The provision of new houses is not keeping pace with new applications for council houses and the prospect is dismal. It is aggravated by the fact that we are finding it increasingly difficult to enforce the repair of property because of the high cost of repairs and the low rentals paid; we are frequently placed in the unenviable position of trying to ensure reasonable living conditions for the tenant without imposing unreasonable hardship on the owner.

STATEMENT OF HOUSING INSPECTIONS CARRIED OUT UNDER THE HOUSING (CONSOLIDATED) REGULATIONS, 1925 AND 1932.

Remedy of defects during the Year without the Service of Formal Notices.

Number of dwellinghouses rendered fit in consequence of informal action		95
(A) <i>Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936.</i>		
(1) Number of dwellinghouses in respect of which Formal Notices were served requiring repairs		6
(2) Number of dwellinghouses which were rendered fit after service of Formal Notices :—		
(a) By owners		3
(b) By Local Authority in default of owners		—
(B) <i>Proceedings under Public Health Acts.</i>		
(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied		1
(2) Number of dwellinghouses in which defects were remedied after service of Formal Notices :—		
(a) By owners		1
(b) By Local Authority in default of owners		—

(C) <i>Proceedings under Sections 11 and 13 of the Housing Act, 1936.</i>		
(1)	Number of dwellinghouses in respect of which Demolition Orders were made	6
(2)	Number of dwellinghouses demolished in pursuance of Demolition Orders	—
(3)	Number of dwellinghouses rendered fit in consequence of undertaking given by owner	—
(4)	Number of dwellinghouses in respect of which undertaking from owners accepted not to re-let houses for human habitation	6
(D) <i>Proceedings under Section 12 of the Housing Act, 1936.</i>		
(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	6
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—
(E) <i>Housing Act, 1936—Overcrowding.</i>		
(1)	(a) Number of dwellings known to be overcrowded at the end of the year	48
	(b) Number of families dwelling therein	60
	(c) Number of persons	339
(2)	Number of new cases reported during the year	29
(3)	(a) Number of cases of overcrowding relieved during the year	40
	(b) Number of persons concerned in such cases	221
(4)	Particulars of any cases in which dwellinghouses again became overcrowded after the Local Authority had taken steps for the abatement of overcrowding	—

RENT AND MORTGAGE INTEREST RESTRICTION ACTS.

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

Rodent Control.

The Prevention of Damage by Pests Act, 1949, which came into force on the 31st March, 1950, places upon Local Authorities specific duties which, when properly enforced, earn certain ministerial grants.

It is very difficult to assess the efficacy of the measures taken. We certainly get less complaints of rats and "post-baiting" invariably suggests our repressive measures are effective, but we all know that we do not entirely eliminate them.

It would be very helpful, and probably heartening, if it were possible for the Ministry to assess, on a National basis, the effect of the work done by local authorities in this connection.

During the year we investigated 309 complaints and carried out 741 treatments. These were made up as follows :—

Business premises	311
Private premises	307
Local authority premises	123

In addition, 2 maintenance treatments were carried out on the sewers.

121 householders contracted with the department for the clearance of rats and mice at an annual charge of five shillings.

Smoke Nuisances.

During the year, investigations were conducted in 11 cases where complaints had been received of nuisances arising from smoke, grit and fumes ; all were satisfactorily dealt with.

Rebuilding of the Central Areas.

We collaborate very closely with the city architect's department in the perusal of the plans of new buildings, and in the case of the buildings to be erected in the Central Areas a number of problems in connection with ventilation have arisen.

Many of the basements have to be provided with means of mechanical ventilation in order to ensure healthy conditions for those working there.

Nearly 100 plans were examined during the year.

Removal of Household Refuse.

A survey of council houses revealed that approximately one-sixth were without proper dustbins, and if this ratio holds for the rest of the city, we estimate that between three and four thousand bins are needed. One certainly gets an unfavourable impression on passing through the city streets and seeing the varying types and the defective condition of receptacles used to store household refuse.

The general purposes sub-committee of the health committee gave lengthy consideration to the problem of whose responsibility it is to provide dustbins and it was ultimately decided to wait until the result of the deliberations of a sub-committee of the Association of Municipal Corporations became known.

Cesspools, etc.

The question of the emptying of cesspools was discussed by the committee during the year, but no satisfactory solution has yet been found.

As far as can be ascertained, the premises in the City not connected to a sewer are as follows :—

Total number of business premises (approx.)	4,020
Total number of housing premises (approx.)	18,301
1. Total Number of premises not connected to a sewer	308
2. Number of houses provided with pail closets	49
3. Number of houses connected to tanks provided with overflows	211
4. Number of houses connected to tanks not provided with overflows	19
5. Number of tanks in 3 and 4 which should be emptied periodically	104
6. Number of tanks in 5 which can be emptied by gully emptier	61
7. Total number of tanks which can be emptied (whether requiring to be emptied or not)	93
8. Number of houses where sewage goes directly into the River or on to the land	26
9. Number of business premises where sewage goes directly into river or leat	1
10. Number of business premises where sewage goes into cess pit with overflow into leat	1
11. Number of schools where sewage goes into cess pit with overflow into the leat	1

Land Charges' Register.

The rate at which property changes hands in the city is reflected in the number of searches made under the Land Charges' Act, 1925.

Nearly 1,000 enquiries were answered in this connection during the year.

Fertilizers and Feeding Stuffs Act, 1926.

During the year, a directive was received from the Ministry of Agriculture and Fisheries that, in order to ensure that the quality of fertilizers and feeding stuffs is maintained at a high level, sampling, which had fallen into abeyance in 1939, should be renewed.

As no provision had been made in our estimates for this, only 4 samples were taken during the year. The Analyst reported that these satisfied the requirements of the Act.

Iodized Salt.

The Food Standards' Committee has recommended to the Ministry of Food that all prepacked salt should contain potassium iodide or sodium iodide in amounts equivalent to between 15 and 30 parts of iodine per million parts of salt.

This measure follows recommendations that the general use of iodized salt is desirable as a prophylaxis against goitre.

Agene Treatment of Flour.

Subsequent to the discovery that large quantities of flour treated with Agene caused toxic symptoms in dogs and other animals, a scientific committee was set up to ascertain whether agenized flour was in any way toxic to man. No evidence was found to support this, but in view of the effects of agenized flour on animals, the committee recommended that chlorine dioxide be substituted, in quantities of less than 30 parts per million, as an improver, and this recommendation has been accepted by the Ministries of Food and Health.

GENERAL.

Bakehouses.

Number in City	31
Number of underground bakehouses in District	1
Number of inspections made	191
Number of contraventions found	8
Number of contraventions remedied	8
Number of contraventions outstanding at end of the year	—

Bed Bugs, etc.

Number of inspections made	101
Number of council houses :—	
(1) found to be infested	33
(2) disinfested by this department	33
Number of other houses :—	
(1) found to be infested	36
(2) disinfested by this department	36

Infested rooms are sprayed with a solution containing D.D.T. and verminous bedding is treated by steam at the disinfecting station.

12 wasps', bees' and hornets' nests were destroyed during the year.

Cesspools.

Number emptied, cleansed, etc.	7
--------------------------------	---

Cinemas, etc.

Number of cinemas, etc., in city	4
Number of inspections made (all satisfactory)	18

Closets.

Number of water closets repaired or reconstructed	10
Number of walls, etc., cleansed	—
Number of flushing apparatus provided, repaired or renewed	11
Number of new water closet pans or pedestals provided	8
Number provided with supply of hot water	1

Drains.

Drains constructed or reconstructed	23
Tests to new drains	56
Tests to existing drains	66
Repaired or cleansed	51
New inspection chambers	15
Additional gulleys	15
Sink waste pipes repaired or renewed	11
Soil and ventilating pipes repaired or renewed	10

Offensive Trades.

Number of businesses in city	18
Number of inspections made	37
Number of contraventions found	—

Fried Fish Shops.

Number of fried fish shops in city	29
Number of inspections made	180
Number of contraventions found	2
Number of contraventions remedied	2

Infectious Diseases, etc., Disinfections.

*Number of visits re food poisoning, etc.	48
Number of rooms disinfected	97

*Routine investigations of infectious diseases are made by the health visitors.

*Sanitary Defects Remedied.**Dampness.*

Number of roofs renewed or repaired	75
Number of rainwater gutters and pipes repaired	42
Yard surfaces repaired or relaid	8
Yard drainage improved	1

Interior Work.

Number of rooms cleansed and limewashed	16
Number of walls repaired	63
Number of floors repaired	47
Number of chimney stacks repaired or rebuilt	12
Number of firegrates repaired or renewed	12
Number of washboilers repaired or renewed	—
Number of ceilings repaired	39
Dampness remedied	22
Lighting remedied	—
Offensive accumulations removed	4

*Factories (including Bakehouses).**(Factories' Act, 1937—S. 1-7)*

1. INSPECTIONS for purposes of provisions as to health.

Premises.	Number on Register	Number of Inspec- tions	Number of written notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	61	95	6	—
2. Factories not included in 1. in which Section 7 is enforced by the Local Authority	365	836	1	—
3. Other premises in which Section 7 is enforced by the Local Authority (exclud'g Out-workers' premises)	83	82	2	—
Totals	509	1,013	9	0

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)	1	1	—	—	—
Inadequate ventilation (S. 4)	—	—	—	—	—
Ineffective drainage of floors (S. 6)	—	—	—	—	—
Sanitary Conveniences (S. 7) :—					
(a) Insufficient	—	3	—	—	—
(b) Unsuitable or defective	17	16	—	—	—
(c) Not separate for sexes	1	1	—	—	—
Other offences (not including offences relating to home work)	—	—	3	—	—
Total	19	21	3	—	—

OUTWORK.

	No. of out-workers.
Wearing apparel (Making, etc.)	82
Household linen	2
Curtains and furniture hangings	20
Furniture and upholstery	1
China repairs	1
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	2
Jewellery repairs	1
Basket Making	1
Total	110

APPENDIX "A"

CODE OF PRACTICE.

GROCERS.

This Code of Practice has been formulated, after consultation with trade representatives, to assist grocers in the interpretation of the recently adopted Byelaws dealing with the handling wrapping and delivery of food.

BYELAW 2.

Refers to the cleanliness of person and clothing. It is essential that personnel are clean in their habits and must thoroughly wash their hands after every visit to the toilet. Hands should also be washed after handling articles that are unclean, e.g. root vegetables, etc.

With regard to clothing, it is considered that coats and aprons should be changed and laundered at least weekly and it is advisable that an alternative form of protective covering should be used when particularly dirty duties have to be carried out.

BYELAW 3.

No person who is suffering from a discharging wound, sores on the hands or arms, discharging ears; or diarrhoea and/or vomiting, should handle foodstuffs, and members of the staff should at once report to the person in charge if they are suffering from any of these conditions. The Health Department is prepared to advise in any particular case.

It cannot be too strongly stressed that it is mainly the care of persons handling food that ensures its freedom from infection.

BYELAW 4.

(a) Shopkeepers should have available an insecticide capable of instantaneously killing flies, but such insecticide must not be harmful to foodstuffs. Unwrapped foodstuffs which are not required for immediate sale should be covered, and unwrapped foodstuffs required for immediate sale should be covered as far as practicable.

(b) Animals should be excluded as far as possible and infestation by rats and mice prevented. In order to avoid contamination by dogs, etc., all foodstuffs stored or displayed in any room to which animals have access should be kept at least two feet above ground level, unless stored in impervious containers, e.g. metal. Foodstuffs exposed for sale on the forecourt must be similarly protected.

(c) Attention is drawn to the need for the frequent cleansing of shelves, scales, knives, etc., and it is considered that a bacon slicing machine should be cleansed daily.

BYELAW 6.

Attention is drawn to the fact that "Wash Your Hands" notices must be displayed in the toilets.

GENERAL NOTE.

The Food and Drugs Act, 1938, requires the provision of wash-basins, with a supply of hot and cold water, towels and soap. Towels should, if possible, be personal to the employees and should be frequently changed and laundered. The provision of nail-brushes is very desirable.

As a general principle, the washing facilities should adjoin the W.C. and in large establishments further washing facilities are desirable at other points. It is earnestly hoped that the toilets will be kept as clean as possible so as to encourage a high standard of personal care.

It is appreciated that in some cases the ideal siting of washing facilities is impracticable and we will be pleased to advise any trader on this problem.

CONCLUSION.

This Code of Practice deals only with those portions of the Byelaws which might be difficult to interpret and traders are advised to make themselves conversant with the requirements of all the byelaws.

F. GERALD DAVIES.

Chief Sanitary Inspector.

6th April, 1951.

ACUTE INFECTIOUS DISEASE.

The outstanding infectious disease was whooping cough, occurring most during the middle third of the year. Fortunately, it was mild, with only two deaths (one in a baby temporarily living outside the city).

Poliomyelitis was notified in 25 persons, but of these 10 were county residents; as in previous years, it began in the city late on in the year. Of the 15 Exeter cases, 2 were under 5 years of age, 8 were between 5 and 15 years: 2 cases were non-paralytic; 3 died and 5 were left with substantial paralysis. 9 of the patients were females. A detailed note on this disease is appended. Operations on tonsil and adenoid cases were not suspended during the outbreak but one session arranged by the school health department was cancelled because it was suspected that one of the children concerned was a "missed" case of the disease and the others had been in close contact with him at a pre-operation inspection clinic. During the year, some anxiety was caused by the suggestion that immunising procedures might precipitate a clinical attack of poliomyelitis in a person who, though infected, might otherwise escape clinical signs: immunisation was not pressed while poliomyelitis was occurring.

But we must remember that diphtheria has killed far more people than poliomyelitis, and it is only in recent years, by immunisation, that it has been reduced to its present almost insignificant proportions. No cases were notified during the year.

Dysentery was notified in 33 cases (mainly in the last two months of the year), but no one believes that this represents its true incidence; it is a disease which can be so trivial as to cause almost no inconvenience, although quite commonly it is both unpleasant and debilitating. Occurring in food workers, it may be a serious menace to the public at large.

Scarlet fever declined in frequency and measles, as was to be expected after its high incidence in 1949, was trivial in extent.

There were 8 cases of food poisoning.

The heavier incidence in the younger age group (0-10 years) as compared with the older groups in all the diseases except pneumonia and erysipelas, and of course, puerperal pyrexia, is well shown in the table.

NOTIFIABLE DISEASES DURING THE YEAR 1950 (for tuberculosis see page 70)

DISEASE	AGES OF CASES NOTIFIED													Cases admitted to Isolation Hospital	AGES AT DEATH.										Total					
	Under 1		1	2	3	4	5	10	15	20	35	45	65 and over		Total	1	2	3	4	5	10	15	20	35		45	65 and over			
	1	2	3	4	5	10	15	20	35	45	65																			
Dysentery	3	3	6	4	3	3	3	3	2	2	3	1		33	9															
Diphtheria																														
Scarlet Fever			1	10	6	33	16	5	4	2				77	55															
Typhoid																														
Puerperal Pyrexia									2	17	2			21																
Meningococcal Infection		1								1				2	1															
Erysipelas										1	2	7	5	15	3															
Polio-myelitis—Paralytic	3	4		1	4				1	3	1	1		19	14					1		1								4
Non-Paralytic		1			2					1				6	5															1
Whooping Cough	46	49	50	73	51	129	4	1	1	2			1	407	10	*2														
Measles	1	6	8	13	8	8	3			1				48	1		**1													1
Ophthalmia Neonatorum	4													4																
Pneumonia	1	1	1	1	2	4	5	2	12	14	18	19		80	1								1	1		2				4
Food Poisoning	1	3					1		2					8																

Owing to the fact that patients diagnosed in the local hospitals are notifiable in Exeter, the above table overstates the incidence in Exeter residents.

*1 death from whooping cough was in a baby, living temporarily elsewhere and not notified here.
 **from encephalitis due to measles.

The following table gives the incidence in Exeter residents :—
EXETER CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1950 AFTER CORRECTION.
 Both for Residence and for Revised Diagnosis.

DISEASE	AGES OF CASES NOTIFIED													Cases admitted to Isolation Hospital	AGES AT DEATH.										Total		
	Under 1		1	2	3	4	5	10	15	20	35	45	65 and over		Total	1	2	3	4	5	10	15	20	35		45	65 and over
	1	2	3	4	5	10	15	20	35	45	65																
Dysentery	3	3	6	4	3	2	2	2	2	2	3	1		31	7												
Diphtheria																											
Scarlet Fever		1	9	5	32	16	5	3	2					73	51												
Typhoid																											
Puerperal Pyrexia														11													
Meningococcal Infection		1												2													
Erysipelas														15	3												
Poliomyelitis—Paralytic	2	1		1	3	1	1	1	2	1	1			12	10		1		1							3	
Non-Paralytic														3	2												
Whooping Cough	46	49	50	73	51	129	4	1	1	1	2	1		407	10	*2										2	
Measles	1	6	8	13	8	8	3			1				48	1		**1									1	
Ophthalmia Neonatorum	3													3													
Pneumonia	1	1	1	1	2	4	5	2	12	14	18	19		80	1							1	1	2		4	
Food Poisoning	1	3					1		2		1			8													

*1 death from whooping cough was in a baby, living temporarily elsewhere and not notified here.

**from encephalitis due to measles.

MONTHLY INCIDENCE OF NOTIFIED CASES OF INFECTIOUS DISEASE DURING 1950 AFTER CORRECTION FOR CHANGES OF DIAGNOSIS.

DISEASE.	Jan.	Feb.	Mar.	Apr.	May.	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL.
SCARLET FEVER	13	8	8	1	5	4	9	1	7	8	4	9	77
DYSENTERY	3	2	1	—	3	1	—	—	1	—	5	17	33
FOOD POISONING	—	—	—	—	—	2	—	—	3	2	—	1	8
ERYSIPELAS	1	—	2	—	3	2	—	1	2	1	2	1	15
MENINGOCOCCAL INFECTION	—	—	1	—	1	—	—	—	—	—	—	—	2
OPHTHALMIA NEONATORUM	—	—	1	1	—	2	—	—	—	—	—	—	4
POLIOMYELITIS—PARALYTIC	1	—	—	—	—	—	1	2	6	5	3	1	19
POLIOMYELITIS—NON PARALYTIC	—	—	—	—	—	—	—	3	2	1	—	—	6
PNEUMONIA	4	12	31	16	2	4	2	1	—	2	4	2	80
PUERPERAL PYREXIA	3	1	5	1	—	2	2	—	1	3	1	2	21
MEASLES	—	—	—	4	1	—	7	15	10	1	3	7	48
WHOOPING COUGH	23	21	40	45	51	43	37	63	29	26	20	9	407
TOTAL	48	44	89	68	66	60	58	86	61	49	42	49	720

MONTHLY INCIDENCE OF EXETER CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1950 AFTER CORRECTION FOR CHANGES OF DIAGNOSIS.

DISEASE.	Jan	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
SCARLET FEVER	12	8	7	1	4	4	8	1	7	8	4	9	73
DYSENTERY	2	2	1	—	3	1	—	—	1	—	5	17	32
FOOD POISONING	—	—	—	—	—	2	—	—	2	2	—	1	7
ERYSIPELAS	1	—	2	—	3	2	—	1	2	1	2	1	15
MENINGOCOCCAL INFECTION	—	—	1	—	1	—	—	—	—	—	—	—	2
OPHTHALMIA NEONATORUM	—	—	1	—	—	2	—	—	—	—	—	—	3
POLIOMYELITIS—PARALYTIC	1	—	—	—	—	—	—	—	5	4	2	—	12
POLIOMYELITIS—NON PARALYTIC	—	—	—	—	—	—	—	2	—	—	1	—	3
PNEUMONIA	4	12	31	16	2	4	2	1	—	2	4	2	80
PUERPERAL PYREXIA	2	—	1	—	—	1	2	—	1	2	1	1	11
MEASLES	—	—	—	4	1	—	7	15	10	1	3	7	48
WHOOPING COUGH	23	21	40	45	51	43	37	63	29	26	20	9	407
TOTAL	45	43	84	66	65	59	56	83	57	46	41	47	692

FOOD POISONING.

1. *Local Authority.* Exeter County Borough. *Year.* 1950.

2. *Food Poisoning Notifications (corrected) returned to Registrar General.*

<i>First Quarter.</i>	<i>Second Quarter.</i>	<i>Third Quarter.</i>	<i>Fourth Quarter.</i>	<i>Total.</i>
Nil	2	3	3	8

3. *Outbreaks due to identified agents.*

Total Outbreaks, Nil ; Total Cases, Nil.

Outbreaks due to :—

(a) Chemical Poisons	....	....	Nil.
(b) Salmonella Organisms	....	....	Nil.
(c) Staphylococci (including toxin)	....	....	Nil.
(d) Cl. botulinum	....	....	Nil.
(e) Other bacteria	....	....	Nil.

4. *Outbreaks of undiscovered cause.*

Total Outbreaks, 1 ; Total Cases, 2.

5. *Single Cases.* 6.

<i>Agent identified.</i>	<i>Unknown cause.</i>	<i>Total</i>
6	Nil.	6

In the six cases in which the agent was identified five were *S. Typhi* Murium and one was *S. Enteritidis*.

A NOTE ON POLIOMYELITIS IN EXETER, 1950.

The following details have been supplied by Dr. Magill who saw most of the cases :—

There were twenty-five cases notified to the Public Health Department during the year. Of these ten came from County areas and were diagnosed and notified by the Royal Devon and Exeter Hospital to which hospital they had been admitted in the first place. The other fifteen properly belonged to the City of Exeter.

1. The first case of the year occurred on January 6th and clearly belonged to the 1949 outbreak. The patient was an American child of six over here for a holiday ; the case was not diagnosed in the acute stage but some 3 days later when she developed a left internal squint. When the news was broken to the mother she said that she was quite well aware of it because there were numerous talks on the subject on the radio in America and she had recognised it herself. The child made a complete recovery and returned to America. There had been a party at the house five days before the onset of the attacks and all the children in the small street were present i.e. 12 other children and of these 7 were ill about the same time all had colds, but at least one child complained of pain in the legs and stiff neck but no paralysis.

2. No more cases occurred until the outbreak had become well established in the country generally and the next case was probably an " imported " one on 16th August. A boy of 13 had been to a Cadet Corps Camp of several

schools at Aldershot since 1st August, had returned home on 9th August and became ill one week later. There was no history of illness among any of his friends or in his home, or at school. It was impossible to find out if any other cases had occurred at or resulted from the camp as it broke up on 9th August and all the boys dispersed. This boy had slight paralysis and was left with a widespread slight weakness of the left side of his body.

3. Onset 28th August, in a boy of 10. This boy had been going on day trips with his mother to various nearby seaside places, in two of which there had been recent cases of poliomyelitis, taking some meals out. There were no other recent or subsequent cases of illness in the household or known contacts. He was severely paralysed and was still in the Orthopaedic Hospital at the end of the year.

4. The next case was in a girl of 13 seen on 8th September. The disease had begun two days before that. Both legs showed very slight weakness. She was removed to the Isolation Hospital at once and developed an almost complete paralysis of both lower limbs and her back muscles became very weak. She was still in the Orthopaedic Hospital at the end of the year, both legs being still severely affected and her abdomen and shoulder muscles to a lesser extent. The source of infection was believed to be a camp in Newton Abbot; she went there on 28th July, became ill on the 6th August and was sent home by ambulance. At least one other case of poliomyelitis occurred there at the same time. No secondary cases in Exeter were traced from this one.

5. This was a girl of five who died on the 6th day of her illness. The child had been ill on and off for six weeks from 29.7.50., starting with sore throat and later earache (in Exeter), paracentesis (in Brighton), running ear, recovery; on 9.9.50—was feverish; 12.9.50—went to school; 13.9.50—vomiting and facial paralysis and difficulty in swallowing; 15.9.50, sent to hospital and notified as poliomyelitis; a post mortem was held. There were no other cases in the district before or after that with which she could be connected. Probably she was infected in Exeter to which she had returned on 21.8.50.

6. On 21.9.50 a baby of eight weeks, who had a "flail" right leg, and a very weak cry was seen. The mother had had tonsillitis 4 days before and the baby was ill at the same time, was limp, and did not appear to be able to cry. He took food badly. The doctor saw him next day and said that the baby had an inflamed throat and a temperature of 100.1 but he was less limp and brighter by the afternoon. The child is still severely handicapped, both legs are affected, the right still flail, also his abdominal muscles and intercostals are weak. He developed pneumonia about the first week of 1951 but recovered. No source could be traced here, there were no other cases of illness except the mother's sore throat; the child had not been away from its own home except to a farm near Newton St. Cyres on 16.9.50. There were no other cases discovered as a result of this one.

7. A small boy of nearly five developed a high temperature, headache and vomiting on 19.9.50. He was seen on 21.9.50. His neck was rigid, he resented being handled and his lower limbs showed early signs of weakness. He was transferred to the Isolation Hospital where his paralysis developed, involving both legs and the right side of his face. He recovered rapidly and has now only a slight weakness in the right leg. No source of infection could be traced here and no other cases of even a suspicious nature could be found in the house or neighbourhood among the children with whom he habitually played.

8. The public health department were not called in the next case, the child being removed to hospital as soon as seen by the private doctor on the 26th September, where she died about 36 hours later. Here no source of infection could be traced. The father and mother had colds and slight sore throats about 2 weeks before but their illness did not in any way resemble poliomyelitis. The other child remained well and no further cases resulted from this one as far as could be determined.

9. A youth, aged 16 (a painter and decorator), onset 30.9.50; admitted to hospital as "suspect appendicitis" on 4.10.50., but was transferred as a case of poliomyelitis on 5.10.50; he died on 10.10.50 from pulmonary collapse due to diaphragmatic paralysis. No source was traced.

10. A woman, aged 31, complained of dizziness, nausea and feverishness on 28.9.50 and was regarded as influenzal. On 2.10.50 pains in shoulders, neck and headache. Admitted to hospital 8.10.50., developing paralysis in both legs and left arm; she was still in hospital at the end of the year. No source nor subsequent contact cases were traced.

11. This boy, aged 7, was at school on 9.10.50., when he had a headache. Next day he was feverish and had a stiff neck. Admitted to hospital on 11.10.50 with generalised weakness arms and legs, but made a complete recovery. No source was found.

12. This case occurred in a baby of three months, the onset being on the 24th October. The baby then had an early weakness of all its limbs with neck rigidity. In hospital, the paralysis deepened, all four limbs became completely paralysed and the baby was dangerously ill for nearly two weeks and was left with a well marked residual paralysis of all four limbs. The child was removed to hospital on 28th October. On the 24th, that is, the date of onset, the mother was laid up with pains all over her body and a temperature and a stiff neck; and the baby's brother, aged 4, had a similar clinical picture at the same time. There were no other cases discovered in the street among contacts of the children and the baby had not been away from the house nor had the mother or the other child. The father, who showed no symptoms, had been to his work each day, but had not gone anywhere else apart from that. The history obtained here was undoubtedly very accurate, and there is little doubt that this household showed three cases of anterior poliomyelitis, two of which were abortive and the third in the young baby very severe, leaving severe residual paralysis. All three cases developed at the same time and so must have been infected at the same time, but the source of infection was never traced.

13. This was a woman of 48 with onset the 12th November. She was seen on the 14th November when she had a spastic condition of her right leg with slight meningeal signs. She had been moving about Exeter, but had not been outside the town. She had been visited by many friends and neighbours all of whom were interviewed, but with negative results. She lived with her daughter of 17, the house being shared with a young couple who had a baby of 2 years. No other member of the household was affected. Dr. Magill was not convinced at his clinical examination that this was a case of poliomyelitis, but her C.S.F. was considered in hospital to be positive. There were no secondary cases discovered.

14. This case occurred in a probationer nurse in a hospital. The onset was 8th November 1950. There was a history of cold and sore throat on the 27th October. She did not report sick and went on working in the male surgical ward and two days later changed to the Children's Ward. On the 5th November she had pains in the lower costal region. On the 8th November she went home for four nights off. She was unwell in the evening with occipital headache and stiff neck. She stayed for two days in bed and then again got up for the next two days and returned to the hospital on the 12th November, still showing symptoms, aching in her shoulders, etc. The next morning she reported sick. She still had aching pains in her thigh and occipital headache and some indefinite neck stiffness. On the 15th her temperature was 99 and she had some weakness in the flexors of her hips. Her knee jerks were diminished. The hospital reported no other illness among her colleagues in the hospital. The children discharged from the children's ward were followed up after their discharge and no illness was found among them. She was left with some weakness of her arms, abdominal muscles and legs.

15. The last case began on the 15th November, 1950. A boy of 20 developed a temperature with headache and neck rigidity and was sent straight into

the Isolation Hospital. He developed some weakness in both legs which showed a rapid recovery. His recovery is complete. Again, no source was discovered; an older man who worked in the same office with him had a slight sore throat two weeks before but this man was, apparently, subject to sore throats and it was not thought this was of any significance. No further case resulted in this household or amongst his friends.

SUMMARY.

The first case probably infected inside the City occurred in September. The mother and father of one of the affected children had sore throats a fortnight before the onset of poliomyelitis in the child; and the mother of another had a sore throat 4 days previous to the child's illness. In one family it was considered the mother and a brother as well as the notified case had poliomyelitis in abortive form.

Summarising, of 15 cases, 6 were males, 9 females. Only 2 were below 5 years of age, 8 were between 5-14 years of age and 5 were over 15 years. There were 3 deaths and 5 were left with severe residual paralysis.

NATIONAL ASSISTANCE ACT, 1948 — SECTION 47.

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

No statutory action was required under this section.

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	23
---	----

For employment in Day Nurseries	1
---------------------------------	---

Arrangements are now made for X-ray examination on appointment and periodic re-examination of staffs (resident and non-resident) caring for children in the Council's nurseries, children's homes, etc., and in a number of voluntary homes of the same sort, with a view to the early detection of tuberculosis in their staffs and the prevention of exposure of young children in this way to the disease.

PERSONAL HEALTH SERVICES.

HEALTH CENTRES.

NATIONAL HEALTH SERVICE ACT, 1946— SECTION 21.

The South West Regional Hospital Board has indicated its willingness to transfer land adjoining Honeylands Sanatorium to the council as a site for the north eastern health centre. Plans are being prepared for the centre for local authority services.

CARE OF MOTHERS AND YOUNG CHILDREN.

NATIONAL HEALTH SERVICE ACT, 1946— SECTION 22.

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

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

Dr. Iris V. I. Ward is the medical officer in charge assisted by the health visitors of the districts concerned and a team of voluntary workers. I desire to thank the voluntary workers for their efficient and regular help ; in fact, it would be difficult to carry on satisfactorily without them.

By arrangements 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	270	59
Western District	338	68
Northern District	688 (371)	131 (77)
Eastern District	377	66

Figures in brackets represent those of the Whipton branch of the northern centre.

Altogether 2,247 children under school age attended the Centres, making 15,596 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	1,475	456	213	184	128	2,456
Western	2,049	578	303	185	171	3,286
Northern	3,972 (2,200)	785 (462)	665 (418)	666 (421)	404 (255)	6,492 (3,756)
Eastern	1,760	503	421	411	267	3,362
Total	9,256	2,322	1,602	1,446	970	15,596

HOME VISITS TO CHILDREN UNDER FIVE.

During the year, the health visitors paid 1,113 first visits and 7,204 subsequent visits to children under the age of 12 months and 10,634 visits to children between the ages of 12 months and 5 years.

ORTHOPAEDIC TREATMENT.

During the year 40 children from the Child Welfare Centres were referred to the Princess Elizabeth Orthopaedic Hospital for the following conditions :—

Congenital deformities	....	....	....	6
Injuries at birth	....	....	....	2
Rickets and sequelae	....	....	....	2
Knock Knee (postural)	....	....	....	14
Poliomyelitis	....	....	....	—
Miscellaneous	....	....	....	16
				—
Total	....			40
				—

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.						
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
1950	4	1	3	4	—	—	—	—	4

DAY NURSERIES.

No change in the general administrative arrangements described in last year's report was made during the year; but the conditions of admission and priorities were varied slightly. As previously, mothers who must earn their own living are given priority; next come those cases where the health of the child or mother require the attendance of the child in a day nursery (this includes social medical reasons, including prejudicial home circumstances, maladjustment, severe illness in the mother); and then other exceptional reasons. It was decided not to count work of national importance as a sole reason for justifying attendance. The committee felt unable to modify the rule limiting attendance to children over 12 months. Although as a general principle it is right not to encourage the sending of young babies to day nurseries, I believe there are good arguments for admitting young infants who are illegitimate where their mothers must go

out to work to maintain themselves and their children, but there are great practical difficulties.

It was decided not to proceed at present with plans for a new nursery to replace the present one at Burnt House Lane. The site of this is owned by the housing committee, which would welcome its return for housing purposes.

The attendances for the year, and other details are shewn in the table.

NURSERY.	Buddle Lane.		Burnthouse Lane		Paul Street	
	1-2	2-5	1-2	2-5	1-2	2-5
Age group in years						
No. on rolls beginning 1950	12	24	4	40	—	34
No. on rolls end 1950	12	22	9	32	—	35
Mothers working full time	12	22	9	32	—	23
Mothers working part time	—	—	—	—	—	10
Other reasons	—	—	—	—	—	2
	1-2	2-5	1-2	2-5	1-2	2-5
Maximum attendances	13	27	9	33	—	30
Minimum attendances (excluding Saturdays)	7	15	6	21	—	14

Infectious disease was uncommon, the only incidence of note being 7 cases of whooping cough in Buddle Lane nursery in May.

The nurseries continued as a training school, the students at the 1st September, 1950, numbering eight in their first year and nine in their second year. Six passed the National Nursery Nurses Examination Board's examination, the national standard qualification for this work.

CARE OF PREMATURE INFANTS.

The general arrangements for the care of premature infants remained as described in the report for 1949. The superintendent health visitor works closely in association with the superintendent of the domiciliary midwives and also with the almoner of the Royal Devon and Exeter hospital; she visits this hospital to talk to mothers of premature babies with a view to establishing a close link with the mother and making health visiting advice available at home as soon as the mother leaves the hospital. The table below shews various details about the 74 premature babies born alive during the year and the 11 registered premature stillbirths.

PREMATURE LIVE AND STILLBIRTHS DURING 1950.

NOTES: Prematurity is now classified by the weight of the baby at birth; $\frac{5}{8}$ lbs. or less is regarded as evidence of immaturity and the baby is classified as premature. All figures in brackets refer to deaths of infants. None of the survivors at the end of 1950 have died at the time of writing the report.

PEDIATRIC SYMPTOMS.		LIVE PREMATURE BIRTHS.																													
		Weights		Number		Survivors at end of 1950		DEATHS during 1950 — age at Death.								BORN AT		BELIEVED CAUSES OF PREMATURITY													
								Under 1 day		Over 1 day—under 1 week		Over 1 week—under 4 weeks		Over 4 weeks				Toxaemia	Eclampsia	Ante-partum haemorrhage	Placenta Praevia	Twins	Post Operation	Severe Bronchitis	Induction Hyperpiesis	No cause assignable					
Male	Female	Over	Less than	Male	Female	M.	F.	M.	F.	M.	F.	M.	F.	Home	Hospital																
1	—	1—	2 lbs.	—	1	—	—	—	1	—	—	—	—	—	—	1 (1)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	2	2—	3 lbs.	2	1	—	—	1	—	1	1	—	—	—	—	3 (3)	—	2 (2)	—	—	—	—	—	—	—	—	—	—	—	—	1 (1)
—	—	3—	3½ lbs.	—	4	—	1	—	—	—	3	—	—	—	—	3 (2)	—	2 (1)	—	1 (1)	1 (1)	—	—	—	—	—	—	—	—	—	
2	—	3½—	4 lbs.	2	2	2	1	—	—	—	—	—	—	1	3 (1)	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	1	4—	5 lbs.	8	8	5	6	1	1	2	—	—	1	—	5	11 (5)	2 (1)	—	2 (2)	—	2	—	—	—	—	—	—	—	—	—	4 (1)
—	1	5—	5½ lbs.	15	16	13	14	2	—	—	1	—	—	—	1	15 (3)	16 (1)	—	—	1	1	2	—	—	1 (1)	—	—	—	—	—	9 (1)
1	—	5½	lbs.	5	10	5	9	—	—	—	1	—	—	—	—	14 (1)	1	—	—	1	—	2	—	—	—	—	—	—	—	—	26 (3)
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12 (1)
7	4	TOTAL		32	42	23	31	4	2	3	6	—	1	—	2	38 (6)	36 (12)	2 (1)	4 (3)	5 (3)	2 (1)	6	1 (1)	1 (1)	1 (1)	—	—	—	—	—	52 (7)
																		22 (11)													

PROVISION FOR UNMARRIED MOTHERS AND BABIES.

The unmarried mother and her child present one of the most difficult problems in medical social care. In many cases, a kindly grandmother will look after her daughter and grandchild, in a sympathetic way, though even in this circumstance the infant is handicapped from its birth. The absence of a father's care is a serious loss to the child, quite apart from any question of social stigma. But in many cases the position is much less favourable. Babies are not acceptable to some grandparents nor to some landladies and the mother is quickly forced to separate from her child who is either adopted or boarded out or cared for in a children's home. It is by no means certain that adoption is as happy a solution as is generally believed. Many adopted children, undoubtedly, grow up happy and well balanced, in a loving family atmosphere—but there has been insufficient enquiry up to now to say to what extent this is the rule. Some certainly do not do so well and maladjustment is not rare among the adopted. A priori, it seems that where the unmarried mother has found it impossible to return to her parent's home, a mother and baby hostel in which mother and child could be kept together for some months until the mother has been re-established and is able to fend for herself and her child, is desirable. The mother should go out to work whilst the child is cared for, and should make, as a token of independence, some contribution by work and money to the general upkeep of the hostel. The committee considered the problem and approved in principle the establishment of such a home, but financial considerations have deterred them from going ahead at the moment. The problem of the mother who has had two or more illegitimate children is more difficult still; in some cases it seems that shelter is the immediate problem, rehabilitation being a task beyond ordinary official efforts, though it is too often easier to be critical than to be helpful. The voluntary societies have done good work in very difficult circumstances and the Exeter Diocesan Moral Welfare Society, the Salvation Army, the Dunraven Babies' Home Committee, have all helped very greatly.

The report of the Social Worker (employed jointly by the Diocesan Moral Welfare Society and the Exeter City Council) giving details of her work during the year is set out :—

<i>New cases</i>	65
<i>Visits paid</i>	718
<i>Interviews given</i>	532

Confinements at :—

Mowbray House	....	....	14	}	39
St. Olave's Home	....	....	12		
Bradninch	....	....	3		
R. D. & E. Hospital	....	....	5		
St. Mary's Home	....	....	2		
Redhills Hospital	....	....	2		
Penzance Hostel	....	....	1		
Affiliation Orders obtained	....	....	....	....	4
Affiliation Orders pending	....	....	....	....	1
Subsequent marriages	....	....	....	....	3
Referred to V.D. Clinic	....	....	....	....	7

The fate of illegitimate babies born in 1950 and coming within the Social Worker's ambit is set out below :—

Kept by mother	....	....	....	....	3
Adopted	....	....	....	....	9
Placed with foster parents	....	....	....	....	6
Placed in Dunraven Babies' (voluntary) Home	....	....	....	....	6
Placed in Barnburgh Residential Nursery (Children's Committee)	....	....	....	....	4
Died	....	....	....	....	—

The case worker reported during the year that some unmarried girls normally resident elsewhere were coming to Exeter to have their babies.

The difficulty of finding suitable homes for unmarried mothers and babies immediately after the lying-in period has caused much anxiety during the year. It seems to me that in the interests of the baby at least, maternity homes should be prepared to keep such cases together in the home until arrangements can be made, or, say, for three weeks from the confinement.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

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

REPORT OF THE SENIOR DENTAL OFFICER.

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.

Details of the treatment completed are shown in the following tables in accordance with Ministry of Health Circular 2/50 :—

(a) Numbers provided with dental care :—

	Examined	Needing treatment	Treated	Made Dentally Fit
Expectant and Nursing mothers	108	106	95	56
Children under five	353	311	288	228

(b) Forms of dental treatment provided :—

	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	257	7	48	103	29	1	12	3	22	14
Children under five	314	—	176	338	—	100	—	1	—	—

Expectant and Nursing Mothers.

All expectant and nursing mothers in the City are entitled to treatment under the dental service provided by the Authority, up to the time that their children are twelve months old.

It had been hoped that all mothers attending the ante-natal clinics and the associated clinics of the Exeter and District Nursing Association, would attend the dental clinic for inspection as a routine procedure; but of a total of 741 expectant mothers who attended these clinics only 78 attended for dental inspection. Of these 3 were referred to private dentists for treatment and 22 required no treatment.

I feel sure that many more who might hesitate to visit their own dentists—particularly if there is no obvious trouble—would appreciate the opportunity of having their teeth examined by a dental surgeon to detect early defects and this cannot be done without the use of mirror and probe. Those who have private dentists are referred to them if treatment is necessary.

The figures have shown a decrease in the work for mothers over the last 3 years but generally, the oral condition of those treated is considerably better. The decrease is greater in those requiring extractions and dentures than in those requiring conservative treatment. Comparison between the above figures with those of 1947 (the last complete year before the National Health Service Act, 1946, came into operation) well illustrates this; in that year the number treated was 138; extractions 687; dentures fitted 86; fillings 112; and there has been no change in the professional personnel concerned. Of course the sample is a very small one of the ante-natal mothers.

Pre-school children.

All children of the city who are under school age are eligible for dental treatment, but about half of those treated came from the nurseries or were referred from the welfare centres.

It is only at the Barnburgh residential and the three day-time nurseries that routine inspections are practicable. Of 89 children examined, 47 were referred for treatment and 8 extractions and 27 fillings were carried out for the 19 children who had been treated up to the end of the year.

The demand for conservative treatment is such that with their limited number of sessions available for pre-school children, the waiting period before work is started and between appointments is becoming impossibly long. There are, moreover, but a few private practitioners who will do more than extract aching teeth for these small children.

I cannot conclude without expressing my appreciation to Dr. Ward for her great interest in the dental health of the children under her care of the welfare centres, as well as for her help with anaesthetic sessions.

C. A. REYNOLDS. 26

MUNICIPAL ANTE-NATAL AND POST-NATAL CENTRES.

Clinic sessions are held 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	95
No. of mothers attending	238
Total attendances	961

Of new cases :—

Ante-Natal	105
For diagnosis	Nil.
Post-Natal	82

Referred by :—

Midwives	1
Private practitioners	16
By others (e.g. by the Maternity and Child Welfare Department, also by other mothers attending the Clinic)	167

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	Nil.
Royal Devon & Exeter Hospital	6
V.D. Clinic	1

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.

503 women were examined ante-natally at these clinics (487 by the doctors) and 2,229 attendances were made. In addition, 64 mothers attended for post-natal examination.

BLOOD EXAMINATIONS IN PREGNANCY.

Dr. Stewart Smith, Area Pathologist, has kindly supplied me with the following details of the blood examinations carried out in respect of expectant mothers referred to his laboratory by the clinic and by private doctors.

	Clinic.	Private Doctors.
<i>Total number of mothers investigated :</i>	195	95

Examination	Clinic Cases. Results.		Private Doctors' Cases. Results.	
	+	—	+	—
Wassermann	2	192	Nil.	91
Kahn	3	192	1	89
Rhesus	167	28	79	16

Repeat samples for Rhesus confirmation :

Clinic, 42 Private Doctors, 28 Total — 70.

DOMICILIARY MIDWIFERY.

NATIONAL HEALTH SERVICE ACT, 1946—
SECTION 23.

The Exeter Maternity and District Nursing Association continued to act as agents for the City Council in the conduct of domiciliary midwifery, employing at the end of the year six midwives and six pupil midwives (in the Part II training school) as well as the superintendent (Miss Bryant) and two assistant superintendents. The staff are nearly all resident in the Association's Nurses' Home and the midwives are each responsible for the ante-natal care of their own booked cases, but attendance at the confinements themselves is arranged on a rota basis: this works satisfactorily.

They attended 42% of all the confinements of mothers resident in the city, in rather less than half of their cases acting as midwives and in the remainder as maternity nurses, i.e., under the doctor's direction throughout the labour; the proportion of these latter cases showed once again an increase. Approximately 77% of the mothers confined were given gas and air or other analgesia.

In 44 cases the midwives continued to attend after the fourteenth day, and they attended some premature infants for periods up to two months. They were also called in to supervise the feeding of infants, requiring a lot of practical help, in 26 instances, making 247 visits. Further details regarding the care

of premature infants are shewn on page 16 of this report. 38 mothers confined in hospital and discharged before the tenth day after confinement were subsequently nursed by the domiciliary midwives; 381 visits were involved. Similarly, 14 mothers discharged from hospital after the tenth day were attended, 90 visits being paid. When any suspicion of infection in the lying-in stage is aroused, the superintendent automatically removes the midwife from the case pending investigation, and transfers one of the home nurses, who are also midwives, to the case. This is one of the advantages of the present arrangements whereby home nurses and home midwives work from one centre.

BOOKINGS.

	Total.
Number of cases brought forward on 1st January, 1950	203
Number of cases booked during the year	517
Number of emergency unbooked deliveries	10
Number of cases found not pregnant	4
Number of cases delivered during year	471
Number of cases of miscarriage of booked patients	4
Number of cases left Exeter before delivery	11
Number of cases admitted to hospital undelivered	29
Number of booked cases subsequently delivered in maternity homes	21
Number of cases remaining on the books on 31st December, 1950	190

WORK DONE.

Cases attended as midwives	205
Visits paid as midwives	4,347
Cases attended as maternity nurses	266
Visits paid as maternity nurses	6,595
Cases booked during the year	517
Cases seen at the ante-natal clinics	503
Attendances at the ante-natal clinics	2,229
Cases examined by doctor	487
Ante-natal visits to patients' homes	1,556
Cases seen at the post-natal clinics	64
Attendances at the post-natal clinics	65
Cases examined by doctor	64
Medical aid forms sent	43
Midwifery cases transferred to hospital	8

GAS AND AIR ANALGESIA.

Number of cases where gas and air analgesia given	217
Number of cases where other analgesia given	146
Number of cases where analgesia not given	108

Total deliveries 471

Number of cases where pethidine administered 127

Reasons for non-administration of analgesia :

Labour too rapid	94
Medical reasons (both cases of asthma)	2
Premature labours	14

108

NOTIFICATION OF BIRTHS.

1,467 notifications of live births were received during the year ; 99.46 per cent. of the notifications were made by midwives, and 0.54 per cent. by medical practitioners or relatives.

MIDWIVES ACTS 1902 — 1936.

182 other notifications by midwives in respect of stillbirths, artificial feeding, etc., as required by the rules of the Central Midwives Board were received. The city council is the local supervising authority for all midwives practising in the city, whether in private or hospital practice. 55 midwives notified their intention of practising in the city during 1950 ; 19 as domiciliary and 36 as hospital midwives. 91 Medical Aid notices (i.e. requests for assistance by doctors) were issued by midwives as under :—

MEDICAL AID FORMS SENT FOR 1950.

	By E.D.N.A. midwives.	By Private midwives.	By hospitals, etc.
<i>Reasons for calling Medical Aid.</i>			
<i>Ante-natal period.</i>			
Threatened miscarriage	1	—	—
Toxaemia	—	—	2
Raised Blood Pressure	3	—	—
Gross Oedema	1	—	—
Haematuria	1	—	—
Pyrexia with albuminuria	1	—	—
Threatened premature labour	1	—	—
<i>Labour :</i>			
Ante-partum haemorrhage	—	—	2
Abnormal presentation	—	—	1
Prolonged first stage	1	—	1
Prolonged second stage	3	1	7
Foetal distress	—	—	2
Retained Placenta	2	—	—
Ruptured Perineum	12	—	23
<i>Puerperium :</i>			
Secondary P.P.H.	2	—	1
Pyrexia	3	—	—
Flushed Breasts	2	—	—
Inflamed arm	1	—	—
<i>Infant :</i>			
Stillborn	—	—	2
White asphyxia	—	—	1
Blue asphyxia	1	—	—
Feeble condition	—	—	3
Cyanosis	4	—	—
Rash	1	—	—
Discharging eyes	3	—	2
	43	1	47
Total		91	

BIRTH CONTROL.

A Birth Control Clinic is carried on by the Exeter and District Women's Welfare Association. Cases suitable in the sense of the Ministry of Health's Memorandum 153/MCW are referred by the local authority and granted financial assistance.

Since 1930 a total of 266 cases have been referred.

HEALTH VISITING.

NATIONAL HEALTH SERVICE ACT, 1946—
SECTION 24.

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 the employment of part-time health visitors, and utilising *clinic nurses in the school health department.

The following is a summary of the health visitors' work for the year *excluding duties carried out 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	....	18,272
Visits in connection with stillbirths	....	21
Visits in connection with those mental defectives under voluntary supervision	....	80†
Visits in connection with infectious disease	....	705
Sundry visits, cases referred by hospital almoners, etc.		3,352
	Total visits	<u>22,430</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.

HOME NURSING.

NATIONAL HEALTH SERVICE ACT—

SECTION 25.

The general arrangements continue on the same lines as described in the report for 1949. The Exeter District Nursing Association acts as the Council's agent : its Home is a key training centre of the Queen's Institute District Nursing Service and a high standard of nursing is maintained.

2,207 patients were nursed in their own homes by the staff during the year ; of these as might be expected, two thirds were women and girls ; 2 in every 5 of the patients were 65 years of age and over and only one in eight was under 15 years of age. Close on 50,000 visits were paid, a record number. A great proportion of the visits (about three quarters) was made to cases of chronic disease and senility. The care of patients discharged from hospital is shewn to be quite considerable indicating the usefulness of the service in " sparing " hospital beds. The number of visits to children was comparatively small. Dr. Page referred in the report for 1949 to the increase year by year in the amount of work undertaken and we may expect still further expansion ; home care is in many cases the best care and the result of increasing pressure on the hospitals (inevitable when medical science progresses at a rapid pace, involving more and more complicated methods of diagnosis and treatment) will be that more and more people will be nursed at home. I believe there is place for more professional home nursing of young children, not to supplant but to assist the mother's care which is so important in the management of the sick child. I also recommend the appointment of one male nurse. The table below shews the diversity of conditions for which home nursing has been made available. No cases are refused and in very urgent cases night calls are accepted.

About one in ten of all the cases are classified as influenza, pneumonia, and other chest infections ; a further one in ten to other acute infections (mainly feverish conditions of unknown or known origin), about one in ten required post-operation nursing, a further one in ten required enemata ; about one in twenty were classified each to " strokes," carcinoma, heart disease and simple senility. Diabetes requiring insulin injections accounted for over one fifth of all the visits made but does not account for nearly that share of the time or work involved in the service. Every effort is made to educate these patients in the technique of the injections.

The staff position caused some anxiety but was a little better than in 1949. At the end of the year there were : 6 Queen's nurses, 6 Queen's candidates, 2 State Registered Nurses (one temporary) 1 State Enrolled Assistant Nurse, together with the Superintendent and 2 Assistant Superintendents,

SUMMARY OF WORK UNDERTAKEN BY HOME NURSES IN 1950.

	REQUEST BY				AGE GROUP					M. OR F.		Total Visits	RESULT			
	G.P.	Hosp.	P.H. Dept.	Others	0-1	1-5	5-15	15-65	65 and over	M.	F.		Deaths	Transd to Hosp.	Conval- escent	Remov- ed for other causes	Remain- ing on Books
(a) Influenza	32	—	—	3	—	—	2	28	5	11	24	144	—	34	—	1
(b) Pneumonia	96	2	—	—	—	6	4	55	33	38	60	1,419	9	74	3	6
(c) Other chest infections	87	—	—	2	6	8	6	54	15	29	60	1,050	7	56	2	5
(d) Other acute infections (Abscess, tonsillitis, dermatitis, urinary infection, obscure infection, etc.)	262	4	1	1	16	17	20	149	66	100	168	3,151	6	175	25	3
(e) Ear infections	55	4	17	—	17	38	16	4	1	42	34	733	—	73	—	1
(f) Acute infectious disease :																
(a) Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Whooping Cough	3	1	—	—	2	2	—	—	—	1	3	64	—	4	—	—
(c) Others	7	1	1	—	4	1	—	2	2	3	6	139	1	8	—	—
(g) Thread worms	40	—	4	—	—	26	14	4	—	14	30	154	—	41	—	—
(h) Changing of Pessaries	17	1	—	89	—	—	—	26	81	—	107	202	—	—	107	—
(i) Pre- X-ray treatment	5	44	—	—	—	—	1	28	20	30	19	49	—	—	49	—
(j) Enemata (pre-operation)	229	1	—	—	1	5	2	129	93	83	147	320	—	223	—	1
(k) Post operation cases	28	235	—	1	12	17	23	168	44	105	159	3,420	2	243	3	8
(l) Accidents	38	17	—	—	1	6	11	24	13	31	24	665	—	48	—	5

Continued on next page.

SUMMARY OF WORK UNDERTAKEN BY HOME NURSES IN 1950—continued.

	REQUEST BY			AGE GROUP				M. OR F.		Total Visits	RESULT			Remov- ed for other causes	Remain- ing on Books
	G.P.	Hosp.	P.H. Dept.	Others	0-1	1-5	5-15	15-65	65 and over		Deaths	Transd. to Hosp.	Conval- escent		
(m) Miscarriages	18	1	—	25	—	—	—	44	—	482	—	8	34	—	2
(n) Infectious midwifery	—	6	—	7	—	—	—	13	—	241	—	2	10	—	1
(o) Breast abscess	6	4	—	—	—	—	—	10	—	139	—	—	9	—	1
(p) Flushed breast	2	—	—	—	—	—	—	2	—	10	—	—	2	—	—
(q) Diabetes	43	17	—	3	—	—	1	30	32	11,172	7	6	—	15	35
(r) Tuberculosis	11	7	20	—	—	—	—	29	9	1,268	12	4	8	8	6
(s) Post-strokes	129	2	—	5	—	—	—	36	100	4,138	39	23	39	8	27
(t) Carcinoma	106	17	—	2	—	—	—	47	78	4,631	44	19	12	38	12
(u) Heart cases	110	—	—	4	—	—	—	37	77	2,178	38	9	22	33	12
(v) Arthritis	52	1	—	7	—	—	—	12	48	3,018	2	4	7	36	11
(w) Ulcers of leg	67	2	—	2	—	—	—	22	49	2,652	1	5	47	5	13
(x) Other chronic disease	85	3	—	4	—	1	1	37	53	1,735	15	12	7	32	26
(y) Simple senility	99	—	1	11	—	—	—	—	111	5,004	26	20	—	35	30
TOTAL	1,627	370	44	166	59	127	101	990	930	48,198	209	194	1,179	399	206
Casual and almshouse visits (not included above)										1,745					
										49,943					

Total number of cases attended 2,207

Total number of visits paid 49,943

VACCINATION AND IMMUNISATION.

NATIONAL HEALTH SERVICE ACT, 1946—

SECTION 26.

The arrangements for this work 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 for the year were :—

Primary vaccinations	604	{ By private practitioners	485
		{ At clinics	119
Revaccinations	213	{ By private practitioners	200
		{ At clinics	13

AGE GROUPS OF PERSONS VACCINATED DURING 1950.

	Under 1	1 to 4	5 to 14	15 and over	Totals
Primary	500	29	42	33	604
Re-vaccinations	1	7	16	189	213

As babies are usually not vaccinated until they are three or four months old, in order to find out a true picture of the vaccinal state of infants in the city, the records of babies born between 1st June, 1949, and 31st May, 1950, in relation to vaccination before the end of 1950 must be taken. There are 1,089 children in the group in respect of each of whom a reminder about vaccination was sent. By 31st December, 1950, when the youngest would be then seven months old and should have been vaccinated, it was found that 393 (or 36.1%) had actually been vaccinated. At the present time it can be said the city compares very favourably in this respect with the rest of the country.

Diphtheria immunisation figures for the year were :—

Primary Immunisations	..... 922	{ By private practitioners 435 At clinics 487
Re-inforcement Injections	..... 2,532	{ By private practitioners 134 At clinics 2,398

Of the 922 primary immunisations, 803 refer to children under the age of 5. The number of children immunised against diphtheria declined in the second half of the year, the deficit being about one-third when compared with the experience of the second half of 1949 : this was due to anxiety about the possible relationship between immunisation and poliomyelitis, expressed in the daily press from about April, 1950.

It is estimated that 61.8% children in the city under five years, and 81.7% children between five and fifteen are immunised against diphtheria.

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 obtained. 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.

AMBULANCE SERVICES.

NATIONAL HEALTH SERVICE ACT, 1946— SECTION 27.

The local health authority's arrangements with the Exeter Division of the St. John Ambulance Brigade (Organising Secretary, Captain F. G. Ireland) to provide as their agents a general ambulance service for the city were continued during 1950. By agreement with the Devon County Council the city service also covers approximately the area of the St. Thomas rural district, appropriate financial adjustment being made. The infectious diseases 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 it under the Act.

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

Type of Service.	Number of vehicles at 31.12.50	Number of calls.	Number of patients.	Mileage.
Infectious Disease Ambulances	3	565	883	10,598
<i>St. John</i> Ambulances	5	5,369	5,900	57,841
Cars	2	5,807	6,369	41,698
Voluntary Hospital Car Service	30	4,218	7,287	105,842

Included in the above table are the emergency cases removed by the *St. John* ambulances and cars, viz. :— 710 by ambulance involving 2,527 miles journeying and 248 by cars travelling 740 miles.

Staff. The staff comprised the organiser (Captain F. G. Ireland), an assistant organiser, 2 clerk-telephonists, 1 head driver and 14 driver/attendants. All the drivers are qualified in first aid.

Vehicles. One sitting case car was sold and replaced by a new one. In November, the City Fire Service took over the responsibility for servicing the vehicles. The need for a new ambulance in the general ambulance service is becoming pressing.

Administration. As formerly, the management committee, which has as members representatives both of the *St. John* Ambulance Association and the city health committee, met monthly to deal with financial matters, and with policy matters affecting the management, operation, and development of the service.

One satisfactory effect of the National Health Service (Amendment) Act 1949 has been to enable the Council to charge other local health authorities for the transport of patients whose stay in hospitals in the city has been less than three months, from hospital to those outside areas from which the patients came. This is most important to a hospital centre like Exeter and has resulted in a saving of £4,000 in one year. There are still anomalies. For example, no such charge can be made if the patient has been transferred from one hospital in the city to another prior to his final discharge; this is by no means infrequent. Again, persons on holiday in this area, perhaps from a considerable distance, may become ill or be injured and necessitate treatment in an Exeter hospital. When they are returned home by public ambulance, no recovery is possible from the outside authority.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

NATIONAL HEALTH SERVICE ACT, 1946— SECTION 28.

TUBERCULOSIS.

It is convenient to include here all the relevant details regarding tuberculosis, including the number of notifications, deaths etc. The City is fortunate in that there is not any undue delay in securing admission to hospital of cases that require such treatment. The housing problem in regard to tuberculosis is as in most areas an acute one, but the Council make every effort to give practical assistance in this regard.

TUBERCULOSIS STATISTICS FOR THE CITY DURING 1950.

Total cases on Register, 1st January, 1950	404
Pulmonary	339
Non-Pulmonary	65
Total notifications received after deduction of 4 duplicates but including 38 received otherwise than by formal notification	133
Pulmonary	113
Non-Pulmonary	20
Deaths during the year from Tuberculosis	34
Pulmonary	32
Non-Pulmonary	2
Outward Transfers	23
Pulmonary	22
Non-Pulmonary	1
Number of cases removed from Register as " Recovered " or " Mistaken Diagnosis "	22
Pulmonary	17
Non-Pulmonary	5
Taken off the Register under the ' Public Health (Tuberculosis) Regulations 1930 '	2
Pulmonary	2
Total Cases on Register, 31st December, 1950	456
Pulmonary	379
Non-Pulmonary	77

NOTIFICATIONS AND DEATHS DURING THE YEAR 1950,
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	—	—	—	—
5	2	—	1	2	—	—	—	—
10	2	1	—	—	—	—	—	—
15	10	3	1	—	—	—	—	—
20	9	7	—	5	3	1	—	—
25	11	5	2	1	1	2	—	—
35	4	4	1	1*	5	3	—	—
45	11	2	—	—	7	3	—	—
55	5	2	—	—	5	2	—	—
65	1	1	—	—	—	—	—	1
75 and over	—	1	—	—	—	—	1	—
Totals	55	26	5	10	21	11	1	1
96				34				

*This patient had been previously notified, then "lost sight of" and then she returned from abroad and was informally re-notified.

Although generally in the city the notifications of pulmonary tuberculosis in males have exceeded in number those in females, in 1950 the disparity was very marked.

1 case of pulmonary tuberculosis was notified after death.

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

Year	DEATHS.			DEATH RATES.			DEATHS OF CHILDREN UNDER 5.
	Pulmon- ary	Non- Pulmon- ary	Total	PER 1,000 POPULATION			
				Pulmon- ary	Non- Pulmon- ary	Total	
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	—
1946	33	10	43	0.45	0.14	0.59	—
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
1950	32	2	34	0.41	0.03	0.44	—

The table below shows the age and sex distribution of the cases on the Register in February 1951 and also the distribution as between respiratory and various non-respiratory sites.

CASES ON TUBERCULOSIS REGISTER (FEBRUARY, 1951).

AGE GROUP.	RESPIRA- TORY	NON-RESPIRATORY						
		Neck glands	Genito- urinary	Spine	Other bones and Joints	Ab- dominal	Meninges	Lupus, Mastoid
MALE								
0-5	1	—	—	—	1	—	—	—
5-15	18	7	—	—	4	3	—	—
15-25	61	3	1	2	2	—	—	—
25-35	53	—	2	2	1	—	—	—
35-45	33	—	3	1	—	—	—	—
45-65	42	—	—	—	1	—	—	—
Over 65	1	1	—	—	—	1	—	—
Total Male	209	11	6	5	9	4	—	—
FEMALE								
0-5	3	1	—	—	2	—	1	—
5-15	6	5	—	—	—	1	—	2
15-25	61	5	—	—	—	6	1	—
25-35	36	4	1	1	3	—	1	—
35-45	24	—	1	2	1	—	—	—
45-65	16	2	—	1	—	—	—	1
Over 65	3	—	—	—	—	—	—	—
Total Female	149	17	2	4	6	7	3	3
Total Male and Female	358	28	8	9	15	11	3	3

GRAND TOTAL, 435.

The table below shows that the number of notifications, which went up during the war especially for respiratory tuberculosis, has since declined quite appreciably both for respiratory and non-respiratory tuberculosis :—

NOTIFICATIONS OF TUBERCULOSIS (1935—1950).

AGE GROUP	RESPIRATORY.			NON-RESPIRATORY.		
	5 years pre war 1935-1939	6 war years 1940-1945	5 years post war 1946-1950	5 years pre war 1935-1939	6 war years 1940-1945	5 years post war 1946-1950
MALE						
0-5	1	2	1	12	9	1
5-15	17	23	15	28	42	21
15-25	46	73	62	8	18	8
25-35	50	76	43	11	10	3
35-45	33	40	31	6	10	5
45-65	67	75	63	7	6	1
Over 65	7	7	8	3	—	3
Total Male	221	296	223	75	95	42
FEMALE						
0-5	1	3	2	13	7	6
5-15	20	16	5	28	33	12
15-25	58	83	67	21	26	15
25-35	52	69	36	12	16	7
35-45	24	32	24	4	13	6
45-65	19	33	21	8	11	4
Over 65	8	5	9	7	5	2
Total Female	182	241	164	93	111	52
Total Male and Female	403	537	387	168	206	94
Average No. of annual notifications	80	89	77	33	34	18

DOMICILIARY VISITS.

During the year 215 home visits were made by the chest physician and 438 by the tuberculosis dispensary nurse—a rate of 2.25 per newly notified case of tuberculosis.

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 8 patients were granted extra nourishment free for periods varying from two 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, the welfare

officer, the housing manager and the 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, 1,403 films and 1,166 screen examinations were made in respect of city cases. It is estimated that 526 of these films were made for preventive purposes, including 62 films of nurses engaged in nursing tuberculosis, the remainder being for diagnostic and clinical purposes.

B.C.G. VACCINATION AGAINST TUBERCULOSIS.

During the year, 26 children in 24 families were vaccinated by B.C.G. vaccine against tuberculosis, the ages ranging from 5 months to 9 years. No nursing staff were vaccinated; 178 tuberculin (Mantoux) tests were carried out, 67 proving positive. Of these, 25 were after B.C.G. vaccination; the remaining vaccinated child was not traced. Of the negative tuberculin tests 68 were done as preliminaries to B.C.G. vaccination.

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 in regard to prevention, social care, B.C.G. vaccination of contacts, but not clinical work, which is the responsibility of the Hospital Board, represent 7/49ths of his time.

MASS MINIATURE RADIOGRAPHY.

During the year one survey was made, the Plymouth unit of the Regional Hospital Board being set up in Buddle Lane Community Centre; the report is as follows :—

DATE—4TH TO 20TH OCTOBER, 1950.

	<i>Male.</i>	<i>Female</i>	<i>Total</i>	<i>Per-centage</i>
Number of persons examined	1,631	1,048	2,679	
Number recalled for full size film	53	30	83	3.09
Number recalled for clinical examination	18	9	27	1.0

			<i>Per Total thousand.</i>
Incidence of disease.			
A. Pulmonary Tuberculosis.			
1. Newly discovered significant cases	....	15	5.59
(a) Treatment cases	....	6	2.23
(b) Observation cases	....	9	3.35
2. Previously diagnosed	....	7	
3. Requiring no action	....	8	
B. Other chest conditions	....	22	

AGE AND SEX DISTRIBUTION OF SIGNIFICANT CASES OF PULMONARY TUBERCULOSIS (GROUP 1 ABOVE)

	Under 15	15-24	25-34	35-44	45-49	60 and over
Male	—	1	2	2	6	—
Female	—	3	1	—	—	—

The following groups were invited to the Survey :—

City Council Departments and Undertakings.

City Surveyor's Department.

Public Health Department.

Education Department (Teaching Staff).

Children's Department.

City Library.

Other Organisations and Firms.

St. John Ambulance Association.
 Exeter Maternity and District Nursing Association.
 South Western Electricity Board.
 South Western Gas Board.
 Messrs. Rowe Bros.
 Post Office.
 H.M. Inspectorate of Taxes.
 Registration Department, Devon and Exeter Executive Council.
 Staffs of the Exeter Special Hospital Group.
 Staffs of the Exeter and Mid-Devon Hospital Group.
 Staffs of the East Devon Hospital Group.
 Patients referred by Exeter doctors.
 St. Luke's College.
 University College of the South West; plus
 One open session (men) and one open session (women).

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 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 the medical social work including especially such follow-up work and supervision outside the clinic as may be required—in contact tracing, in securing continuity of treatment to the stage of cure, and in seeing that the children of infected parents are examined in order to find out if they need treatment.

There has always been very good co-operation between the health department and the clinic officers, and this has continued. Discussions on contact tracing, etc., have taken place with Dr. Dunkerley, medical officer of the clinic, and the county medical officer. It has been felt wise to leave this to the almoner department of the hospital.

The following table shows the position from 1941—1950 in regard to attendances of new cases at the Centre :—

EXETER RESIDENTS.

Year	New cases of Syphilis.	New cases of Gonorrhoea	New cases of Chancroid	Examined and found not to be suffering from V.D.
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
1950	15	13	—	80

CARE AND AFTER-CARE OF OTHER TYPES OF ILLNESS — ILLNESS GENERALLY.

This work is very important but so far, as in the rest of the country, not much has been done. I am very anxious that health visitors should act in co-operation with, and under the direction of the private doctors, in regard to after care by way of advice.

During the year, 28 persons were specially referred by hospital almoners, and 35 by the Chest Physician for visitation by health visitors. In addition numerous routine enquiries and follow-up visits, which have always been part of the work of the Department, were made.

Loan of Sick room requisites.

During the year the council decided not to make charges for sick room requisites on loan but breakages must be replaced. This free loan service has not been abused and is much appreciated. Loans included :— air rings 94 ; back rests 43 ; bed cradles 9 ; bed tables 2 ; mackintoshes 86 ; sorbo rings 64 ; feeding cups 3 ; wheel chairs 8 ; bed pans 100 ; urinals (f) 11 ; urinals (m) 45 ; commodes 5. The Exeter District Nursing Association's Home is the centre for distribution.

HEALTH EDUCATION.

The most important form of health education is achieved by personal contact of the staff with the residents ; e.g. health visitors and sanitary inspectors during their visits, and during clinic sessions ; doctors in clinics meet the mothers, and at schools meet the children and parents. In addition, talks are given by members of the staff to groups of interested persons : posters are also displayed on public hoardings and in clinics. Health education in regard to cancer is engaging increasing attention.

A talk was given by the Mental Welfare Officer on 20.1.50 to British Red Cross Society (Exeter Division) on " Mental Welfare."

Dr. I. V. Ward, Assistant M.O.H. on 27.1.50 spoke to the British Red Cross Society (Exeter Division) on " History and Development of Maternity and Child Welfare Work."

In Ladysmith School a Brains Trust was held on 29.3.50, at the M.O.H. and others participating.

A Film show advocating clean food handling and illustrating precautions against food poisoning was given in the technical

college, Bartholomew Street, on 13.6.50 and 15.6.50 to trade organisations interested in catering, the sale of food and similar activities.

The M.O.H. spoke on 2.11.50 to the Parent-Teachers Association, Whipton School about infectious diseases.

On 6.12.50 the M.O.H., the C.S.I. and Dr. B. Moore of the Public Health Laboratory addressed the Exeter and District Trades Council on "clean food"; a film show and discussion followed.

Posters displayed during the year included:—

1. The Central Council for Health Education's Exhibit at Alice Vlieland Centre, for whole year.
2. The display set—"The Seven Rules of Health" at show-rooms of the South Western Electricity Board and the South Western Gas Board, also at the Alice Vlieland, Shakespeare Road and Merrivale Road Welfare Centres and the School Health and Tuberculosis Dispensary Clinics.
3. "Clean Hands—Safe Food" posters on poster boards.
4. "Coughs and Sneezes" posters displayed on poster boards and at Welfare Centres, School Health Department and T.B. Dispensary.
5. "You and Your Baby" posters displayed at Welfare Centres.

NATIONAL HEALTH SERVICE ACT, 1946— SECTION 29.

DOMESTIC HELP SERVICE.

(Organiser: Miss M. I. HUMPHERSON).

The service was described in detail in the report for 1949 and the general arrangements were unchanged during 1950.

Staff.

The staff comprised at the end of the year a supervisor, an assistant supervisor, 15 full-time and 10 part-time domestic helps; the average age of the domestic helps was 42 years. Sick leave amounted to 340 days' full pay and 136 days' half pay.

Summary of work undertaken.

				<i>No. of cases helped.</i>		<i>No. of hours worked</i>	<i>Percentage.</i>	
				<i>Full-time</i>	<i>Part-time</i>			
MATERNITY.								
(a)	Confinement	....		112	49	14,504	42
(b)	Ante-natal care	....		3	5	645	2
ACUTE ILLNESS.								
(a)	Under pension age	....		27	61	7,161	21
(b)	Over pension age	....		2	11	668	2
CHRONIC SICKNESS.								
(a)	Under pension age	....		4	10	2,338	7
(b)	Over pension age	....		—	12	1,863½	5
OLD AGE AND INFIRMITY				4	49	4,413	13
OTHERS				—	19	3,224½	9
					<hr/>	<hr/>	<hr/>	
					152	216	34,817	

Rather less than half the hours worked were on behalf of maternity cases, less than a quarter on acute illness, and approximately one eighth each on chronic sickness, and old age.

Included in the group "chronic sickness" were 4 cases of pulmonary tuberculosis, (one over pension age) to whom 136 hours of part-time help were given. The domestic helps attending are medically examined six-monthly by the chest physician, Dr. E. Boyd.

The cost of the Service in the financial year (1950-51) was, approximately, £4,500, and the charges recovered represented just over a quarter of this amount.

ANNUAL REPORT 1950.

MENTAL HEALTH SERVICES.

(Sections 28 and 51, National Health Service Act, 1946).

(1) ADMINISTRATION.

The mental health sub-committee of the health committee consisting of seven members of the local health authority and three co-opted members of the council (one of whom is the medical superintendent of Digby's hospital) meet quarterly.

The medical officer of health is responsible for the administration of the service and is assisted by his deputy and the senior assistant medical officer of health. The non-medical staff consists of three authorised officers (2 men and 1 woman) who also act as mental health workers. The senior is designated "mental welfare officer" and includes in his duties those of petitioning officer under the Mental Deficiency Acts.

Where a consultant's advice is necessary for a patient the medical officer of health may by arrangement with the regional hospital board call upon the services of the visiting psychiatrists of the Royal Devon and Exeter hospital and the medical superintendents of Digby and Wonford House hospitals.

The council carries out the whole of the duties of the mental health services and it has not been found necessary to delegate duties to a voluntary organisation.

(2) COMMUNITY MENTAL HEALTH CARE.

Section 28, National Health Service Act, 1946.

Prevention, Care and After-Care.

The local health authority is required to make provision for the prevention of mental illness and care and after-care of persons suffering from such illness. Considerable help is afforded by general practitioners in the city as well as other organisations (including the courts, welfare and children's departments) who notify suspected early cases of mental illness. By visiting these cases, by discussion of difficulties and by suggesting social re-adaptation, and by persuading persons requiring treatment to attend a psychiatric clinic or hospital, the mental health workers have, undoubtedly, helped some of them, and obviated the necessity of certification under the Lunacy Acts. Success in social care work depends on skill in enabling a patient to arrive himself at the solution to his difficulties. It is not by imposing a solution from without that mental health is restored.

In addition to this social work, the after-care of patients

discharged from mental hospitals and ex-service patients is also carried out by the department ; this includes the placing of patients in employment when necessary. The service is greatly appreciated by the patients and their relatives.

(a) LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

Statutory duties carried out by authorised officers.

During the year the duly authorised officers were called upon to deal with 218 cases under the Acts as follows :—

	Male.	Female.	Total.
(a) Admitted to hospital under Section 20 of the Lunacy Act, 1890	8	23	31
(b) Certified under Section 16 of the Lunacy Act, 1890	15	17	32
(c) Admitted as voluntary patients under Section 1 of the Mental Health Treatment Act, 1930	39	53	92
(d) Admitted as temporary patients under Section 5 of the Mental Treatment Act, 1930	3	1	4
(e) Certified under Section 24 of the Criminal Justice Act, 1948	2	—	2
(f) No statutory action necessary	31	26	57
	98	120	218

Visits paid by duly authorised officers to the mentally ill.

	Male.	Female .	Total.
Investigations	130	230	360
After-Care Visits	30	13	43

Where no statutory action was found necessary the officers were generally able to give advice and assistance ; or to persuade relatives to look after the patients, many of whom were senile demented ; or, in the case of elderly persons living alone and mentally disturbed, of whom there is a considerable number in the city, to bring the matter to the notice of the council's welfare department, the national assistance board or the council of social service, which were usually able to give some assistance.

Of the 31 cases admitted to hospital under section 20 of the Lunacy Act, 1890, 24 subsequently remained in hospital as voluntary patients, the remaining 7 cases being certified by the medical officer under Section 21A of the Lunacy Act, 1890. Of the 161 admitted from Exeter to hospital 116 were voluntary patients. Voluntary cases, therefore, were 72% of the total admissions, a very gratifying state of affairs. This is a clear indica-

tion that the people are becoming more enlightened about mental illness and realise the importance of early treatment.

In addition, 23 cases (13 men and 10 women) were admitted to hospital direct as voluntary patients. A number of these were originally dealt with by the authorised officers in previous years and the medical superintendent of Digby Hospital encouraged these patients to return for further care should they feel the need.

Number of Cases suffering from Mental Illness in Mental Hospitals at 31st December, 1950.

<i>Name of Hospital.</i>	VOLUNTARY		SECTION 20		CERTIFIED	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Digby Hospital, Exeter	13	23	1	1	79	142
Wonford House, Exeter	3	—	—	—	1	1
Exminster Hospital	1	—	—	—	2	—
Other Mental Hospitals	2	1	—	—	3	1
	19	24	1	1	85	144

Total Exeter Patients in Mental Hospitals — 274.

ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR.

<i>Type of Patient.</i>	ADMISSIONS		DISCHARGES		DEATHS	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Voluntary Patients	39	53	38	42	—	4
Section 20 (3 day Order)	8	23	6	23	1	1
Temporary Patients	3	1	3	1	—	—
Certified Patients	15	17	9	12	7	7
Committed under Criminal Justice Act, 1948	2	—	—	—	—	—
	67	94	56	78	8	12

Hospital Psychiatric Out-Patient Clinics.

There are two out-patient clinics in the city with weekly sessions and in addition a follow-up clinic session for former mental hospital patients is conducted weekly. There is excellent co-operation between these clinics and the department.

(b) MENTAL DEFICIENCY ACTS, 1913-1938.

(i) *Ascertainment.*

The situation in Exeter regarding early ascertainment continues to be satisfactory. All the medical officers take part in both school health and local health 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 defectives are usually ascertained while under school age, being reported by health visitors while attending the child welfare centres. Higher grade cases are ascertained soon after reaching school age, when their degree of defectiveness is more readily determinable.

A further source of ascertainment, especially those of the higher grade is through the juvenile court or occasionally at an approved school. In some instances, particularly of male adults, offences such as "indecent assault" or "exposure" are brought to the notice of the department through the courts.

A few children are not ascertained early because they attend private schools.

During the year 28 cases were ascertained to be mentally defective, 26 of them being legally "subject to be dealt with," and 2 "not subject to be dealt with." The following tables show the method of reporting and subsequent action taken :—

Cases Reported.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
(a) By Local Education Authority under Section 57(3) of 1944 Education Act	3	3	6
(b) By Local Education Authority under Section 57(5) of 1944 Education Act	9	11	20
(c) By Magistrates' Courts, etc.	—	—	—
(d) Reported by other sources, but "not at present subject to be dealt with"	1	1	2
	13	15	28

Action Taken.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
(a) Sent to Institutions under Order	4	1	5
(b) Placed under Statutory Supervision	8	13	21
(c) Placed under Voluntary Supervision	1	1	2
	13	15	28

At the end of the year there were 10 cases awaiting urgent admission to institutions and in the city itself there are 58 cases, 26 males and 32 females, who are expected eventually to require institutional care, upon the death of their parents. The opening of the occupation centre has had the effect of postponing admission of children under the age of 16 years to institutions in the case of 7 boys and 9 girls.

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 what action is necessary. The mental health sub-committee of the health committee then recommends, upon reports received, either (1) statutory supervision, (2) guardianship, or (3) institutional care.

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 Acts in regard to guardianship or institution cases.

Mental Defectives from Exeter in Institutions at the end of the year.

	Male	Female	Total
Royal Western Counties, Starcross	81	54	135
Stoke Park Colony, Bristol	1	7	8
City Hospital, Exeter	1	—	1
Rampton Hospital, Retford	4	2	6
Homes elsewhere	—	2	2
	87	65	152

(ii) *Guardianship and Supervision.*

During the year there were 5 cases (4 males and 1 female) under guardianship. No allowances are paid by the local health authority to these; two men were able to work and the remainder received national assistance allowances.

Supervision.

At the end of the year there were 117 defectives in the city under statutory supervision, and 78 under

voluntary supervision and the following table shows their age and sex distribution :—

	STATUTORY SUPERVISION.			VOLUNTARY SUPERVISION.		
	Male	Female	Total	Male	Female	Total
Under 16 years of age	17	21	38	—	—	—
Over 16 years of age	40	39	79	40	38	78
	57	60	117	40	38	78

Voluntary supervision is less used than formerly since under the Education Act 1944, children who are likely on account of mental defectiveness to need supervision after leaving school are formally notified to the local health authority before they leave school.

Authorised Officers' home visits to mentally defective persons.

<i>Type of Case.</i>	<i>Persons over 16 years of age.</i>		<i>Children under 16 years of age.</i>	
	Male	Female	Male	Female
Voluntary Supervision	69	12	—	—
Statutory Supervision	102	150	28	90
Guardianship	14	2	3	—
Section 11	21	19	—	—
" On Holiday "	3	5	—	—
Licence Leave	2	—	—	—
Total	211	188	31	90
By Health Visitors (Voluntary Supervision)	—	88	—	—
	211	276	31	90

With the exception of female mental defectives, numbering 38, who are under voluntary supervision, the remainder, numbering 157 are visited by the authorised officers under the direction of the mental welfare officer, whose visits are included in the above figures.

The arrangement whereby the health visitor visits the mentally defective in a home already visited by her for other reasons ensures that only one visitor is calling from the department.

Most of the adults under community care are able to work, but 30 of them are unable to do so. Of these 20 (14 men and 6 women) would benefit from training in an industrial centre. It is hoped such a centre for adults will be established in the city.

Defectives on leaving school are, as far as possible, placed in "selected" employment and in this there is good co-operation between the department and the Youth Employment Service.

In addition to supervising defectives living in the community, the following mental health work is carried out by the authorised officers :—

- (1) Furnishing "home condition" reports for patients subject to review under Section 11 of the Mental Deficiency Act, 1913, and also in connection with leave of absence or licence.
- (2) Removal to "place of safety" under Section 15 of the main Act.
- (3) Placing children who are leaving special schools at 16 years of age and others at 15 years of age in selected employment.
- (4) Removal of defectives to institutions under Order.
- (5) Friendly guidance and advice to patients discharged from the Order by the Board of Control, by way of voluntary supervision.

(iii) *Training.*

Occupation Centre.

The Exeter Occupation Centre was opened in Exeter Island Mission Hall on the 4th September, 1950, with eight pupils; by the end of the Christmas term there were 23 children attending, including five from the Devon county area. It will eventually cater for 30 children from 2—16 years of age, all of whom have been excluded from school by statutory action under the Education Act, 1944. The centre is open from 10 a.m. to 4 p.m. daily, Mondays to Fridays; the holidays are slightly shorter than school holidays to meet the needs of the parents.

The staff consists of 1 trained supervisor (Mrs. Horton) and 2 assistants to whose wholehearted enthusiasm tribute should be paid. It is hard work, but rewarding; the children themselves repay in affection the care that is given them, and the gratitude of the parents has been frequently expressed and has been much appreciated.

(a) *Curriculum.*

The curriculum comprises :

habit and domestic training ; speech training ; music and dancing ; physical training ; organised games ; needlework ; rug making, weaving and other handicrafts ; simple drawing and painting.

(b) *Serving of Milk and Meals.*

Pupils are eligible for the issue of free milk, as supplied to school children and a mid-day meal is supplied on payment of 6d. per head by parents. Certain cases, on hardship grounds, are eligible for free meals.

(c) *Medical Supervision.*

Weekly visits are made to the centre by the health visitor and six-monthly medical examinations of the children are carried out. Children requiring treatment at any time are taken to the school health clinic, where they may be seen by the medical officer. Most of the children attending have been immunised against diphtheria and all new entrants if not already immunised are encouraged to have this done. The health of the children has been good.

(d) *Transport.*

Most of the parents bring their children daily to the centre ; some of the children are capable of coming on their own. In hardship cases, the cost of transport is subsidised to ensure that no child and parent or escort have to pay more than 9d. per day in bus fares.

Although the premises are very old they have the advantage of a very large main hall and storerooms and spacious kitchen with hot running water. But they are far from satisfactory : it is to be hoped that in time it may be possible to move to a better building in suitable surroundings and with playing space ; ideally, the occupation centre should be combined with an industrial centre for training of older defectives in appropriate manual occupations.

The result of this form of training during the last three months of the year has been remarkable. The parents have never known such relief and the children are happy and well occupied, and so kept out of mischief. Progress has been so remarkable that the children took part in a " Nativity Play " at their " Open Day " at Christmas.

