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ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH

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*To the Chairman and Members of the Public Health Committee  
and to the Chairman and Members of the Health Services  
Committee.*

LADIES AND GENTLEMEN,

I have the honour to submit my report on the health of the City and on the health service administered by the Council during the year 1954. It follows the same pattern as in previous years.

Committees.

In view of the re-emergence of slum clearance as a live issue, and to streamline the committee administration, the Council decided to replace the Health Committee and its three sub-committees (General Purposes, Maternity and Child Welfare and Mental Health) by two major independent committees, viz :— a Public Health Committee (without co-opted members) concerned mainly with environmental hygiene and a Health Services Committee (with co-opted members) dealing with the Council's duties under the National Health Service Acts.

PUBLIC HEALTH

Vital  
Statistics.

The vital statistics were generally satisfactory, but one disturbing feature of 1953 continued in 1954, namely, a high peri-natal mortality, i.e. a high combined rate of stillbirths and deaths in the first month per 1,000 total births. At 51 it exceeded the country's rate considerably. In 1953 the infant deaths were the major factor in this unhappy state of affairs; in 1954 the stillbirths were responsible. The combined rate reflects the perils to the child of the later phases of pregnancy, confinement and earlier infant life. It is still dangerous to be born. I have been very uneasy about the gradual, but practically total discontinuance of medical ante-natal clinics which had not here been used to a degree which could justify their continuance; for I believe that by and large they have contributed more than anything else to safe midwifery. The sulpha drugs and antibiotics are life savers in relation to infection, but they have probably masked much that would have alarmed us before 1935. Prevention is better than cure. We are going into the causes of peri-natal mortality in the hope that it can be reduced.

The birth rate at 14.5 per 1,000 population was slightly lower and the death rate at 11.1 per 1,000 population was distinctly lower than in 1953.

Tuberculosis mortality remained unchanged and the number of notifications was much the same as in recent years, although the number of pulmonary cases was less whereas surprisingly non-pulmonary cases increased. Assuming case finding is vigorously pursued, it is only, paradoxically enough, when the deaths of tuberculous people (which is not quite the same as deaths from tuberculosis) exceed the notifications and when both are approaching vanishing point that we can be sure that tuberculosis is really on the way out. Thanks to modern drugs and antibiotics, it is already on the way out as a killing disease; waiting times for hospital admissions have almost vanished, and sanatorium beds are likely to be used for other purposes.

The declaration of large areas (including as from 1st October, 1954, Exeter and surrounding rural areas) as "specified areas" means that tuberculosis infection derived from milk (bovine tuberculosis) should soon be a thing of the past: pasteurisation has already largely eliminated this risk in the City.

B.C.G. vaccination of tuberculin negative contacts and of older school children is an important means of raising resistance to tuberculosis: B.C.G. vaccination of school entrants or even maybe of all tuberculin negative infants are other possibilities, though, I think they are unlikely here at any rate for many years to come. But no one in his senses would overlook the importance of good nutrition (especially an adequate protein intake), of fresh air, reasonable rest and activity and satisfactory housing in the building up of a T.B. resistant nation. Search for active cases among contacts of human cases must be pursued unrelentingly for this is an infectious disease, though generally chronic in nature and with a long incubation period. The tuberculin testing of school entrants with a follow-up of the positives and their home contacts has very much to commend it.

The continuance on a large scale of mass miniature radiography is essential. Expectant mothers, old people with chronic coughs, young adults with vague and unexplained persistent or frequently recurrent lassitude, cough, or loss of appetite, are groups especially significant. It has been suggested that mass miniature radiography of school leavers is unprofitable in terms of numbers of active cases found. My experience here convinces me that to accept this is to allow figures to mislead. We have found active cases in our schools among children and staff, involving much follow-up investigation. The consequent focusing of attention on the measures necessary to prevent the disease has, I believe, been of great value in this City.

Considerable discussion has taken place at the Council meetings about the amount of mass radiography available in this area. The Unit is scheduled to come here four times in 1955, but the aggregate time available will be not

more than ten weeks ; as this period covers entrants to National Service (centred on Exeter) and hospital staffs, the ordinary population is not getting even all that time devoted to it. In 1954, 13,593 persons were X-rayed by the Unit. (Additionally, 2,286 were X-rayed by the Camera Unit at the Chest Clinic). It is desirable, as the Council has indicated, that the Unit should at least be centred on Exeter and that more time should be given to the City. I notice that in Oxford, with a population 33% higher than in Exeter, two units were operating in that City for the latter half of the year, that about a third of the population was mass radiographed, and that 40% of new cases were detected by mass miniature radiography (Oxford M.O.H.'s report, 1954). Admittedly, the County is probably worse off than Exeter, but we can say Exeter is not getting enough of this service. Two units for the whole of the scattered communities of Cornwall and Devon seem insufficient.

More and more are we requiring that those who work in close contact with little children, if in Council employ, should be willing both to be mass miniature X-rayed and to have the results communicated to me as Medical Officer of Health. The secrecy that still surrounds tuberculosis (as in the regulations regarding notification) is out of date. It is certainly necessary that those who suffer from the disease and get treatment should not be made grossly insecure, socially or financially. But is it not odd that a close house contact of open tuberculosis is allowed to continue his occupation as a cafe worker, or in a public house or in a public stores, without being required to submit to any examination to make sure he also is not suffering from open tuberculosis? I know it has happened that such a contact has refused examination and the law does not help us.

Acute  
Infectious  
Disease.

Fortunately, the acute infectious diseases were not severe during the year. Poliomyelitis caused only 10 cases, dysentery was mild though rather prevalent, whooping cough declined in frequency (though one year must be taken with another even though it tends to spread out evenly over the year) and influenza was not marked. No case of diphtheria was notified.

An outbreak of E.coli 055 infection (gastro enteritis) in very young infants in the Royal Devon and Exeter Hospital in the maternity and children's wards during the period July, 1953, to March, 1954, caused 21 cases and 5 deaths. It was briefly described in the Lancet, 1st May, 1954. The Cross Infection Committee of the hospital (of which, as Medical Officer of Health, I am a member) made recommendations on the internal arrangements and methods in the hospital which were adopted and happily ended the occurrence and have, apparently, been effective in preventing any further outbreaks. The maternity ward is notoriously small for its purpose and the Regional Hospital

Board is going to provide a large new maternity unit in the City Hospital.

Housing.

With the introduction during the year of the Housing Repairs and Rents Bill (later passed), slum clearance again became a live issue and visiting of unfit property in relation to the Housing Acts took a considerable amount of our time in the preparation of a five year programme which covers approximately 600 houses in areas and individually unfit houses.

During the year, I have given the Housing Committee my views on the medical aspects of the allocation of Council housing in relation to their points scheme. There is no doubt that securing satisfactory housing of the people is a major—perhaps the major—contribution a Council can make towards the health of the inhabitants. The right selection of Council tenants is a difficult and thankless task, but it is of supreme importance.

Meat.

When it became known that decontrol of meat was to take place in July, much discussion centred on the future management of the abattoir. In this, the main concern of the health department is to secure that cleanly and humane slaughtering is practicable, that the inspection of meat and offal by our meat inspectors can be carried out satisfactorily, and that the arrangements for the separation and disposal of offal and condemned meat are sufficient. Although the distribution of meat is an important element in securing satisfactory diet, little can be done on a local basis to secure that. In the end, the Council leased the premises to the Exeter and District Meat Trading Association Ltd., (mainly a Farmers' organisation) and so far as it is possible in such antiquated premises to secure reasonable conditions, these have been secured. It is a pity the Government's expected White Paper on the siting of slaughter-houses has not yet been published for it is holding up developments here, where the Council are anxious to see a modern abattoir constructed on an excellent site. The Chief Inspector is not very satisfied about the way in which meat is carried to the shops. The Council made representations about the disposal without adequate safeguards of condemned tuberculous and other meat once the Ministry of Food ceased completely to control its sale. Other authorities (notably Plymouth) also complained. Though administrative action by the Ministry considerably improved the position, the promised regulations have not yet been issued, a year later.

Offices.

The Chief Sanitary Inspector has taken a keen interest in sanitary conditions in offices and non-industrial premises which are important in Exeter as an administrative, cultural and tourist centre, and a paper read by him on this subject at the Royal Sanitary Institute Congress in 1955 has aroused much interest.

Mortuary.

During the year, the Council opened discussions with the Exeter and Mid-Devon Hospital Management Committee on the mortuary provision in the City. There are, I think, practical advantages in providing all the necessary mortuary accommodation within the hospital where the principal Pathological Services are maintained; in the City, this is the Royal Devon and Exeter Hospital.

Show Ground.

The permanent Show Ground at Whipton presents some sanitary problems and I hope the Council will make satisfactory arrangements to drain what temporary sanitary conveniences and cooking centres are needed during agricultural shows and so far as possible to provide semi-permanent apparatus, and permanent drainage.

### NATIONAL HEALTH SERVICE

Whipton  
Health  
Clinic  
Opening.

Turning to the Council's part in the National Health Service, my diary shows that this was an interesting year. The highlight was the visit of the Minister of Health (The Rt. Hon. Iain MacLeod, P.C., M.P.), on 28th September, to visit the Occupation Centre (whose work he praised highly in his address), to visit the Ambulance Station (at St. John House), and to open the new Whipton Health Clinic at which he gave an encouraging and practical address. In reply to his question whether the Council was using B.C.G. vaccination in older school children, we were able to say that it was being commenced on that very day. 94% of all the children in the age group born in 1941 were tuberculin tested and 82% of these were negative—all but 8 of these tuberculin negative children were B.C.G. vaccinated—a most satisfactory response.

Pinhoe  
Occupation  
Centre.

On the same day, too, work began on the newly purchased girls' remand home at Pinhoe, formerly a tuberculosis, and later, an isolation hospital, in converting it into our present Hollow Lane Occupation Centre.

While buildings are less important than the staff, good premises are important in helping keen workers to get the best results. Poor buildings are a drag and no credit to the City. The improvement in the quality of work at the Centre (though it was very good even in Exe Island) has been most striking. Similarly, the opening of the Whipton Health Clinic where different services, including child welfare, ante-natal and post-natal, dental, speech therapy and minor ailment services, formerly carried out in scattered buildings, are now conducted in a modern building, designed for the job, has made a striking difference to the attitude of the people in that area, as well as bringing together with advantage the various professional workers involved. It has become a focal point and as the Minister suggested, it must increasingly be used to foster the interests of the mothers, fathers and children in sensible approaches to health needs. Whipton Clinic is a gay clinic, and Hollow Lane Occupation

Centre is a cheerful centre. The Ambulance Station needs replacement and this has been scheduled to be commenced in 1959/60, in association with, but independent of, the new Police and Court buildings in Heavitree Road.

St. Nicholas House.

St. Nicholas House, a Voluntary Diocesan Home for unmarried mothers and babies, with special emphasis on return to the community and as near normal as possible home life, was opened on 30th January. The council contribute financially, reserving two beds for Exeter mothers.

Other Health Services.

The Burnthouse Lane Day Nursery was closed by instruction of the Council on 30th July, 1954, so we now have only one nursery, that in Buddle Lane.

About 2 in 5 of the expectant mothers are confined at home and attended by the domiciliary midwives. 13 out of every 20 infants born attend our child welfare clinics. The home nurses help in about 1 in every 10 homes. Home help is supplied by the Council to rather more than one house in a hundred, involving nearly 1,000 hours home help a week. The work done by the Ambulance Service is still increasing.

Health Education

Much health education by formal and informal means has been carried out. At the Whipton Health Clinic approach a permanent display window was fitted for this purpose, at the disposal mainly of the health visitors. Many addresses have been given to interested bodies by the medical and other professional staff. The Queen's Institute held a refresher course at the University College for home nurses and midwives; our staff helped in this. Two of the addresses were published (*Nursing Times*, 25th September, 1954, and *Queen's Nurses Magazine*, December, 1954). The Right Worshipful the Mayor and the Sheriff kindly received the visitors in Guildhall. A few days before the Minister's visit, the Sheriff opened a British Empire Leprosy Relief Association Exhibition in High Street—a fascinating account of tropical preventive and curative medicine which aroused much interest.

Related Hospital Services.

The Council was represented on a hospital working party—to use the modern jargon—on the Geriatric Services in the Exeter Clinical Area, which includes the City. While financial stringency still dominates any discussion of the care of sick and infirm old people, one useful resolution of this Committee which was accepted by the Regional Hospital Board was that the available beds for such patients in the City Hospital, Exeter, should not be further reduced in any reorganisation within the hospital.

The Council was very concerned at the overcrowding in the Devon Mental Hospitals which threatened to make it difficult to get our mentally ill (especially women) patients into them for care, and made protests to the Minister and the Regional Hospital Board. I am glad to say the position

has been now slightly eased and a hospital extension is also forecast for 1956/7.

Welfare  
Foods.

In June, 1954, the Ministry of Food ceased to issue welfare foods directly. The Council had previously issued about one-third of the total amount issued in Exeter, through the Health Office and its child welfare clinics. Considerable rearrangement of the public offices in the Health Department, the use of a room for storage, and the appointment of an extra clerk have proved necessary to cope with the extra load. However, it is now going satisfactorily, though the Ministry's complicated forms have to be seen to be believed.

Adult  
Defectives.

On the very last day of the year, I visited a large hall with a view to consideration by the Council of its use as an occupation centre for adult mental defectives: this indication of the Council's will to provide suitable accommodation for the continued training and occupation of older severely backward people, the need for which has been mentioned in the pages of my last report and which is now likely to be realised in a modest scheme, must close this introduction.

Detailed statements of the work of the various sections of the Health Department are set out in the following pages: in most the work has extended: such extension is not necessarily and always a good thing, but I venture to say that here it has been in response not only to public demand, but to genuine need. The account has not shewn all gain, but the Council can feel that within the services for which it is responsible the gains have been wide and substantial.

I cannot acknowledge individually all those who have helped my department. The hospital consultants, family doctors and administrative hospital and executive council staffs have made co-operation not only easy, but profitable. The Council's Chief Officers have helped me considerably. The department has friendly relationships with very many official and voluntary bodies, the University College—soon, we hope, to reach full status—and the Churches, all of which make an important contribution to health. The child welfare clinics' voluntary helpers continued their good service. My own staff have all done their work in a generous spirit. Dr. Whittles, my deputy, has written the sections on infectious disease and child neglect, Dr. Ward those on loss of child life. You, Mr. Chairman and Madam Chairman and all the Members of our two Health Committees, have given me and my staff every support and encouragement in our work. Without this and the co-operation of the public, it would be more than an uphill task—it would be impossible. With it, it is, well, a pleasure.

I am,

Your obedient servant,

E. D. IRVINE.

June, 1955.

The same was shortly ceased and a hospital extension is also

proposed for 1935.

In June 1934 the Director of Public Health in New York City, Dr. Joseph L. Murray, issued a report on the health of the city. The report was based on a survey of the health of the city in 1933. The survey was conducted by the New York City Department of Health, and the results were published in a report titled "The Health of the City of New York, 1933". The report was a comprehensive study of the health of the city, and it provided a detailed analysis of the various factors that affect the health of the city. The report was a valuable contribution to the field of public health, and it provided a wealth of information that was useful to the city and to the nation.

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# CITY AND COUNTY OF THE CITY OF EXETER

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## Mayor—

ALDERMAN C. W. H. HILL, J.P.

## PUBLIC HEALTH COMMITTEE

### Chairman—

COUNCILLOR LT. COL. R. H. CREASY.  
(The Sheriff)

### Deputy Chairman—

COUNCILLOR J. COOMBES.

Alderman H. C. PEDRICK.

Councillor P. F. BROOKS.

Councillor W. H. BUTCHER.

Councillor T. B. H. CHAPPELL.

Councillor C. C. M. FORCE.

Councillor R. HOWARD.

Alderman F. H. TARR, O.B.E.

Councillor H. T. HOWE.

Councillor MRS. M. NICHOLS.

Councillor G. J. E. TOMLINSON.

Councillor MRS. F. M. VINING.

Councillor K. R. KNIGHT.

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## HEALTH SERVICES COMMITTEE

### Chairman—

COUNCILLOR MRS. M. NICHOLS.

### Deputy Chairman—

COUNCILLOR C. C. M. FORCE.

Alderman H. C. PEDRICK.

Councillor T. B. H. CHAPPELL.

Councillor J. COOMBES.

Councillor LT. COL. R. H. CREASY.

Councillor R. HOWARD.

Councillor H. T. HOWE.

Councillor C. REW.

Councillor T. O. RICHARDS, B.E.M.

Councillor G. J. E. TOMLINSON.

Councillor MRS. F. M. VINING.

Councillor R. J. WILLIAMS.

Councillor K. R. KNIGHT.

### Co-opted Members—

MRS. M. COLLINGS.

MR. A. C. MILTON.

MRS. A. ROBB.

MR. W. J. SELLEY.

DR. A. H. G. DOWN.

DR. J. RUSSELL.

MR. H. F. TAPP.

### Town Clerk—

C. J. NEWMAN, ESQ., O.B.E.

**STAFF.****PUBLIC HEALTH OFFICERS OF THE AUTHORITY.****(a) Medical.***Medical Officer of Health and Principal School Medical Officer.*

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

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

J. H. WHITTLES, T.D., B.SC., M.D. (Lond.), M.R.C.S., L.R.C.P., D.P.H.

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

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

*Assistant Medical Officer of Health and 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.

*Dental Surgeons.*†W. C. ARKLE, L.D.S. (Glas.), *Principal Dental Officer.*

†M. RADFORD, L.D.S. (Eng.).

†J. B. CLARK, L.D.S. (Edin.).

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

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

*Deputy Sanitary Inspector.*

\*\*D. MAYNARD.

*Assistant Sanitary Inspectors.*

\*\*A. C. LEWIS.

\*\*G. C. HOPKINS. (To 30.9.54).

\*\*R. PICKFORD. (To 30.9.54).

\*\*T. H. HEYWOOD. (To 31.3.54).

\*\*D. PECKHAM.

*Public Analyst.*

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

† Duties mainly in connection with the Education Committee.

\*\* All qualified sanitary inspectors and meat inspectors.

*Superintendent Health Visitor.*

\*Miss A. C. ATKINSON.

*Health Visitors and School Nurses.*

\*Miss L. M. BARRETT.

\*Miss G. M. BASTOW.

\*Mrs. K. DUNHAM.

\*Miss A. H. EDDS.

\*Miss E. M. LEE,  
(From 1.4.54 to 30.11.54).

\*Miss H. SHEWAN. (From 1.4.54)

\*Miss N. E. SMITH.

\*Mrs. E. STANNARD.

\*Miss L. E. WATHEN.

\*Mrs. J. TIPPER,  
(From 1.12.54). (Temporary).*Student Health Visitor.*

Miss B. A. HILL, (From 6.9.54).

*Non-Medical Supervisor of Midwives.*

\*Miss L. REYNOLDS, (Part-time).

*Tuberculosis Visitor.*

\*Miss A. DAWSON.

*Day Nurseries—Matrons.*

Mrs. J. EDDY (Burnthouse Lane), (To 30.6.54).

Miss J. BRYAN, (Buddle Lane).

*Organiser of Domestic Help Scheme.*

Miss M. DAVIES.

*Clerks.*

E. S. HOWELLS (Chief Clerk).

R. W. STILES (Principal Assistant Clerk).

L. G. GODBEER, (To 5.6.54).

F. J. WREFORD.

G. A. GIBSON.

G. H. WHITLEY.

R. PETTITT.

R. TAYLER.

R. FREE, (To 6.11.54).

F. ELLIOTT, (From 1.7.54).

D. ROTHERO, (From 25.8.54).

A. F. DUMPER, (Temporary).

Mrs. M. M. PAYNE.

Miss E. M. BURRIDGE.

Mrs. D. MARSDEN.

Mrs. D. M. HARRIS.

Miss A. BRICKNELL, (From 12.7.54).

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

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

Mrs. M. J. GRIGG, (Part-time Temporary).

Mrs. D. MAUNDER, (Part-time Temporary).

(c) **Mental Health Section.**

*Mental Welfare Officer and Authorised Officer.*

R. W. STILES.

*Authorised Officers.*

L. N. CLARK.

MRS. L. BRUNT.

*Occupation Centre.*

*Supervisor :* MRS. A. M. HORTON.

---

**PRINCIPAL OFFICERS (STAFF) OF VOLUNTARY ASSOCIATIONS ACTING  
AS AGENTS OF THE CITY COUNCIL.**

EXETER MATERNITY AND DISTRICT NURSING ASSOCIATION.

*Superintendent*—MISS E. M. BRYANT.

*Secretary*—MRS. S. M. WALSH.

ST. JOHN AMBULANCE ASSOCIATION.

*Organising Secretary*—CAPTAIN F. G. IRELAND.

EXETER DIOCESAN ASSOCIATION FOR THE CARE OF GIRLS.

*Social Worker*—MISS P. M. KEVAN.

**GENERAL STATISTICS.**

Area in acres, 9,035 (according to Registrar-General's census 1951)

Population, Civilian, 76,900.

Rateable Value, £872,447.

Sum represented by a penny Rate, £3,649.

**VITAL STATISTICS.**

Live Births :—

Legitimate, total 1,034 ; male 522, female 512.

Illegitimate, total 68 ; male 42, female 26.

Stillbirths, 41 (19 male, 22 female).

Stillbirth Rate, 35.0 per 1,000 total (live and still) births.

Birth Rate (recorded), 14.3 per 1,000 population.

Birth Rate (corrected), 14.5 per 1,000 population.

Deaths, total 990 ; male 487, female 503.

Death Rate (recorded) 12.9 per 1,000 population.

Corrected (by the Registrar-General's area comparability factor) 11.1 per 1,000 population.

Maternal Mortality Rate, Nil per 1,000 total births.

Tuberculosis Mortality Rate 0.29 per 1,000 population (pulmonary 0.28, non-pulmonary 0.01).

Infantile Mortality Rate, 26.3 per 1,000 live births (legitimate 27.0, illegitimate 14.7).

Deaths from Measles (all ages)	.....	.....	.....	Nil
„ „ Whooping Cough (all ages)	.....	.....	.....	Nil
„ „ Gastro-enteritis and Diarrhoea (under 2 years of age)	.....	.....	.....	Nil
„ „ Diphtheria (all ages)	.....	.....	.....	Nil
Marriages ....	....	....	....	662

### NOTIFICATION OF BIRTHS.

1,522 notifications of live births, including 444 referring to mothers not living in the city, were received during the year ; only 6 notifications were made by doctors or relatives, all the rest being made by midwives.

### OCCUPATIONS.

The principal occupations in the City are in the distributive trades, engineering, clothing, hotel and catering, and building trades and in administration. There is very little unemployment.

### VITAL STATISTICS.

The following table (Table I) provides some statistical information covering a period of ten years :—

**Table I.**  
MID-YEAR POPULATION.  
(Registrar-General's estimates)

Year	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Exeter	69,070	72,910	74,160	75,150	76,590	77,260	76,200	76,600	76,700	76,900

(1951 Census return was 75,479)

### BIRTH RATE.

Year	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Live Birth Rate : England and Wales	16.1	19.1	20.5	17.9	16.7	15.8	15.5	15.3	15.5	15.2
Live Birth Rate : Exeter	18.04	19.8	19.2	17.5	15.6	14.6	14.4	14.4	15.0	14.3*
Percentage of illegitimate live births to total live births : (Exeter)	15.6	8.7	6.2	4.6	6.05	5.3	6.6	6.3	5.2	6.2

\*Recorded or crude rate.

Birth Rate (1954), corrected by applying the Registrar General's correction factor (1.01) = 14.5

## DEATH RATE.

Year	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
England and Wales	11.4	11.5	12.0	10.8	11.7	11.6	12.5	11.3	11.4	11.3
Exeter—Crude	13.8	12.7	13.4	10.7	12.9	12.1	13.9	12.0	13.2	12.9
Exeter—Corrected*	—	—	—	—	11.7	10.9	12.5	10.8	11.8	11.1

\*Corrected by application of the Registrar-General's comparability factor (which is at present .9); this factor takes into account the age and sex distribution in the city as compared with that in the country as a whole.

The death rate per 1,000 of the estimated mid-year population at 12.9 (crude) and at 11.1 (corrected to allow for the age and sex distribution of the population in the City as compared with that of the population in the country as a whole) was lower than in 1953. The deaths from cancer again shewed a slight increase, notably in cancer of the lung among men, but those from influenza and the respiratory illnesses declined substantially and from cardiac and allied disorders declined slightly. The number of tuberculosis deaths was exactly the same as in 1953; they were all in adults over 25 years old.

## ASSIGNMENT OF DEATHS

The Register General has now, since 1st January, 1954, altered his system again so that in regard to the hospitals for the chronic sick only patients in the Welfare Part III Sections should be counted as persons with permanent residence, deaths in such persons being automatically assigned to the area in which the hospital is situated. This still means that deaths in persons who have come from outside the City into the Part III accommodation of Redhills Hospital will be assigned to the City no matter how short the stay in hospital. So far as the City Hospital is concerned there are now no Part III patients. All deaths in almshouses, mental hospitals and orphanages, homes for mentally defectives, in all of which Exeter is well endowed, are assigned to Exeter, but I do not think this is unreasonable since most of the residents who die in them have been there for considerable periods.



Table III.

## DEATHS BY SEX, AND CERTAIN AGE GROUPS.

DEATHS AT :	1954			1953			1952		
	Total	Males	Females	Total	Males	Females	Total	Males	Females
0—14 .....	41	21	20	57	35	22	35	18	17
15—64 .....	258	160	98	258	160	98	247	158	89
65 and over .....	691	306	385	701	321	380	640	306	334
	990	487	503	1,016	516	500	922	482	440

## DEATHS AT ALL AGES.

CAUSE :	1954			1953			1952		
	Total	Males	Females	Total	Males	Females	Total	Males	Females
Infective .....	61	35	26	82	45	37	57	30	27
Cancer .....	189	105	84	172	95	77	152	85	67
Degenerative .....	524	285	239	546	305	241	500	275	225
Others .....	216	112	104	216	112	104	213	110	103
TOTAL .....	990	487	503	1,016	516	500	922	482	440

In this table : "Infective" includes Causes 1—9 and 22, 23 and 27.  
 "Cancer" includes Causes 10—15.  
 "Degenerative" includes Causes 16—21 and 29.  
 "Others" all the rest of the 36 Causes given in the Registrar-General's short classification of causes of deaths.

The alteration in the Registrar General's method of assignment discussed above invalidates any direct comparisons between the experience of recent years.

## ACCIDENTAL DEATH.

The Registrar General ascribed 19 deaths (11 m., 8 f.) to accidental causes, including 3 (3m.) to motor accidents. Accidents caused less deaths to Exeter residents than last year (19 deaths compared with 25) ; this was entirely because there were only 3 fatal motor accidents (1 of them occurring outside the City) as compared with 10 in 1953 ; one was a school child (pedestrian), one a young man (motor cyclist) and one an old man (pedestrian).

Drowning caused 5 deaths (2 children, 2 old persons, 1 middle aged), gas poisoning 1, drugs 4, fractures due to falls 5, and scalds 1 (a child).

## DEATHS IN HOSPITALS, ETC.

Just under one half of the deaths of Exeter residents occurred in public institutions of one sort or another.

## PLACE OF DEATH.

## Hospitals.

Royal Devon and Exeter .....	158
City .....	145
Digby and Wonford .....	67
Redhills .....	18
Isolation .....	15
Franklin (Mental Deficiency) .....	5
Other Hospitals .....	5
Nursing Homes .....	26
Outside City : Hospitals .....	32
Nursing Homes .....	3
Total Institutional deaths .....	474
Total deaths in City—(including 50 transfers-in) .....	990

More than half of all the cancer deaths took place in hospitals, and generally, for each cause, the deaths in hospital were round about one-half of the total. The most striking departures from this broad rule were in regard to angina (coronary disease) and bronchitis, where less than one-quarter of the deaths (in each group) occurred in hospital.

The distribution of hospital deaths corresponded to what one might imagine they would do. More deaths from cancer occurred in the Royal Devon and Exeter Hospital than in the City Hospital—whereas for cardiovascular disorders the reverse was the case.

### MORTALITY IN CHILD-BEARING AND INFANCY.

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

Table IV.

#### MORTALITY IN CHILD-BEARING AND INFANCY IN EXETER 1935 — 1954.

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	Perinatal Death Rate*	5 year average centred on year concerned
			Live Births	Still-Births								
1935	1	0.9	982	41	14.3	40.0	25	8	33.6	66	65	70
1936	2	2.09	915	42	13.3	43.9	29	28	62.3	71	74	
1937	1	0.9	980	41	14.1	40.1	34	21	56.1	75	73	
1938	1	0.9	1,010	48	14.6	45.3	32	25	56.4	80	76	
1939	3	3.1	936	37	13.4	38.0	24	16	42.1	61	63	
1940	2	1.8	1,012	37	13.7	33.7	26	15	38.7	63	60	
1941	5	4.1	1,027	35	12.8	32.9	42	37	68.0	77	73	
1942	3	2.7	1,065	31	14.4	29.2	32	21	49.8	63	57	
1943	3	2.8	1,051	35	15.3	32.2	35	16	48.5	70	64	
1944	8	5.8	1,334	36	19.5	26.3	32	27	44.2	63	46	
1945	4	3.1	1,246	29	18.0	23.3	33	37	56.2	66	52	
1946	4	2.7	1,444	42	19.8	28.3	45	25	48.5	67	45	
1947	4	2.7	1,428	34	19.2	23.2	47	35	57.4	81	55	
1948	2	1.5	1,316	42	17.5	30.9	15	9	18.2	57	42	
1949	1	0.8	1,192	31	15.6	25.3	25	5	25.2	56	46	
1950	1	0.9	1,130	22	14.6	19.1	28	8	31.8	50	43	
1951	—	—	1,098	33	14.4	29.1	24	9	30.0	57	50	
1952	1	0.9	1,101	27	14.4	23.9	18	6	21.8	45	40	
1953	—	—	1,152	20	15.0	17.0	36	12	41.6	56	48	
1954	—	—	1,102	41	14.5	35.0	17	12	26.3	58	51	

\*Perinatal deaths here include stillbirths and deaths within 28 days. In future the perinatal deaths will include stillbirths and deaths within 7 days.

### MATERNAL DEATHS IN 1954.

There were no maternal deaths.

**INFANTILE MORTALITY.**

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

**Table V.**

Year .....	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
England and Wales .....	46	43	41	34	32	29	29.6	27.6	26.8	25.5
Exeter .....	56.2	48.5	57.4	18.2	25.2	31.8	30.0	21.8	41.6	26.3

**LOSS OF CHILD LIFE****A.—INFANT DEATHS**

The total number of live births in Exeter in 1954 was 1,102. 29 infants died at ages under 1 year resulting in an infant death rate of 26.3 per 1,000 live births.

**NEONATAL DEATHS.** Again, the neonatal period shows the heaviest loss of infant life. 17 infants died within the first 28 days of life, 14 of them dying within the first week; 11 of these were premature. The major causes of death remain the same.

Prematurity alone was the certified cause of deaths in 7 instances: all 7 infants were born and died in hospital, their ages at death ranged from  $\frac{1}{2}$  hour to 36 hours, and their weights ranged from 1 lb. 2 $\frac{1}{2}$  oz. to 4 lbs. 8 oz. Two were twins, one other mother had ante-partum haemorrhage and another a Caesarian section for pre-eclamptic toxæmia.

Lung infection accounted for 4 deaths, 2 of these being in premature children of whom 1 was born at home and died there, aged 2 days; the other was born at home, admitted to hospital on its second day and died there, aged 17 days. The remaining two were full-term children; one became cyanosed twelve hours after birth and was admitted to hospital where it died of acute respiratory infection, aged 1 day. The other child had been a breech delivery with difficulty in swallowing since birth; cyanotic attacks from the fifth day necessitated admission to hospital; it subsequently died, aged 27 days, from acute respiratory infection super-imposed upon atelectasis (defective expansion) of the lungs.

2 deaths were due to intra-cranial haemorrhage—one in a post-mature large infant, a tenth pregnancy with a difficult labour owing to a persistent occipito posterior position, prolapse of the cord and impacted shoulders; the other was due to tears of the tentorium in a full-term infant after a normal pregnancy and labour in a multipara.

Atelectasis (defective lung expansion) occurred in two cases—both of which were first babies, the mothers presenting complications in pregnancy and labour necessitating Caesarian sections in both cases. One was one month post-mature and admitted to hospital as an emergency after forty-eight hours in labour at home; the other patient, an elderly primipara had pre-eclamptic toxæmia with a rising blood pressure and a breech presentation in which version was unsuccessful.

CONGENITAL ABNORMALITIES. In this category there were two deaths, both premature and first children—one a baby weighing 4 lbs., the first child of parents both aged 25 years, died aged 3 days, as a result of an encephalocele in the neck which contained the whole of the cerebellum. The other infant weighed 5 lbs. 1 oz. at birth and although classed as "premature" was a full term small infant, the first child of parents both aged 40 years. This child was a Mongol and had a congenital malformation of the heart. The mothers were well throughout pregnancy and did not suffer any virus disease in the early months.

#### DEATHS AT 1—12 MONTHS.

There were twelve deaths in children aged 1 month to 1 year, gastro-enteritis was responsible for four of them and respiratory diseases for three (which, as usual, were not in first babies).

The neonatal death rate improved when compared with our experience in 1953, being 15.4 per 1,000 live births. But the perinatal death rate—i.e. stillbirth and neonatal death—was high at 50.7 and higher than for many years.

As stated in the section on infectious disease, infection by *E.coli* 055 (an organism which can infect the bowel) in a general hospital caused a number of cases of gastro enteritis, in young children, three of which are included here as fatal cases. One case was in a child who had convulsions and was believed to have been infected in hospital by *E.coli* 055 though this was not proved bacteriologically; she died of pneumonia, secondary to gastro enteritis, and also cerebral thrombosis. Another was in a child admitted to hospital with gastro enteritis; though the stools were negative bacteriologically at first, they were later found infected by *E.coli* 055; the child's death was certified as due to congenital morbus cordis; the post-mortem, however, did not confirm this opinion and shewed gastro-enteritis and purulent

**Table VI.**  
**INFANT DEATHS IN 1954**

CAUSE OF DEATH	TOTAL	NEONATAL		1st YEAR		M.	F.	Leg.	Illeg.	Post Mortem Exam. made	Premature	Complications in Pregnancy.	Complications of labour.	Social circumstances unsaty.	PLACE IN FAMILY										Housing unsatisfactory.
		Under 1 day	*1-28 days	1-3 months	3-12 months										1st.	2nd.	3rd.	4th.	5th.	6th.	7th.	8th. or over	Not known		
Difficult Labour and Intra-Cranial Haemorrhage	2	—	2	—	—	1	1	2	—	2	—	1	1	—	—	1	—	—	—	—	—	1	—	—	
Congenital Abnormality	2	—	2	—	—	—	2	2	—	1	2	1	1	—	2	—	—	—	—	—	—	—	—	—	
Prematurity only	7	6	1	—	—	4	3	7	—	5	7	4	2	—	6	—	—	—	1	—	—	—	—	—	
Lung Infection	7	—	4	—	3	4	3	6	1	7	2	1	—	2	—	2	4	—	1	—	—	—	—	—	
Atelectasis	2	1	1	—	—	1	1	2	—	2	—	2	2	—	2	—	—	—	—	—	—	—	—	—	
Gastro-Enteritis	4	—	—	2	2	2	2	4	—	2	1	—	2	—	1	2	—	—	—	1	—	—	—	—	
Gargoylism	1	—	—	—	1	—	1	1	—	1	—	—	1	—	—	—	1	—	—	—	—	—	—	—	
Rhesus Incompatibility	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Albers Schonberg	1	—	—	—	1	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	
Cerebral Tumour	1	—	—	—	1	—	1	1	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	
Pyloric Stenosis	1	—	—	1	—	—	1	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	
Septicaemia from Axillary Abscess	1	—	—	1	—	1	—	1	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	
TOTALS	29	7	10	4	8	14	15	28	1	23	12	9	9	2	14	6	5	—	2	1	—	1	—	—	

\*Over 1 and under 28 days.



(pneumococcal) infection of both mastoid bones : probably this was secondary to gastro-enteritis. The third case was a female baby who was apparently cured of pneumonia in hospital, but she developed gastro-enteritis immediately on return home, and after admission to the fever hospital died from pneumonia. It is believed this child was infected in the general hospital by *E.coli* 055 though the organism was never recovered bacteriologically. In one baby which was nursed and died at home from gastro-enteritis, *E.coli* 055 was recovered post-mortem from the gut.

The case of Albers-Schonberg disease was in the first child of consanguineous parents. The case of gargoylism was in a third child ; the first child of this family is known to suffer from this disorder : the second child died suddenly—cause not known to us. The death from pyloric stenosis was due to inhalation of vomited material.

One death was due to toxæmia from an axillary abscess, secondary to whitlow of the right thumb, the organism being a penicillin resistive staphylococcus ; the baby was not born in the City ; she died suddenly some hours after surgical opening of the abscess.

## B.—STILLBIRTHS.

In Exeter there were 41 stillbirths registered in 1954 (plus 1 stillbirth notified, but not registered) bringing the total to 42—a very high figure and more than double the number (20) which occurred in 1953 ; the stillbirth rate of 35.0 per 1,000 total (live and still) births was higher than in any year since 1941. This account deals with the 41 stillbirths registered in 1954.

Naturally, in assessing the cause, the observer studying the records may load, as it were, one factor more than another observer might. In the stillbirths for 1954 three causes stand out :

congenital abnormality was a factor in 11 cases,  
breech presentation in 6 cases, and  
toxæmia in 8 cases.

In some more than one cause was operative.

The striking thing this year is the great number of severe congenital abnormalities regarded as causal. So far as our present knowledge goes these are not preventable. There is fairly good evidence to suggest that german measles and possibly some other virus diseases very early in pregnancy do increase the risk of congenital abnormality in the baby. None of these 11 mothers was known to have suffered any virus disease during her pregnancy. Nevertheless, there was an outbreak of german measles in the City over the period. It is not easy to draw reliable

inferences though it is tempting to think these mothers may have been affected by the disease so trivially that it passed unnoticed. 5 were first children, 4 second and 2 third.

Birth injury and difficult labour accounted for 6 cases—these were all BREECH deliveries with delay in the after coming head. Generally speaking, so far as the baby is concerned, breech delivery is a serious risk, and especially when it is the first baby.

There were 8 cases of maternal toxæmia ; 5 stillbirths were considered to be due to this cause entirely (in 3 of them the mother's condition was pre-eclamptic) ; 3 others were attributed to toxæmia accompanying other conditions themselves considered even more lethal to the unborn infant. (In addition, the stillbirth notified in 1954 and registered in 1955 was to a mother who had toxæmia of pregnancy, bringing the total of toxæmic cases up to 9 in 42 births).

Besides 2 stillbirths due to ante-partum hæmorrhage, due to toxæmia and included above, 2 others were due to ante-partum hæmorrhage not toxæmic in origin.

There were 11 cases in which no cause could be found ; 6 of them had been dead for some time before birth ; 5 of the 11 were first children.

PREMATURITY was associated with stillbirths in 26 instances out of the 41, i.e. the baby weighed  $5\frac{1}{2}$  lbs. or less at birth ; 14 of them weighed 3 lbs. 4 oz. or less. Of the premature stillbirths 10 had congenital abnormalities incompatible with life. There were 2 post-mature cases, one mother having pre-eclamptic toxæmia and the other shewing Rhesus incompatibility with antibodies in the maternal blood. The delivery in this latter case was ten days overdue and seventeen days after the discovery of Rhesus antibodies in high titre in the maternal blood. One of the cases of difficult labour was a small second twin. In 7 cases the cause of the prematurity was unknown.

In 18 cases the pregnancy was a first pregnancy ; 14 of these mothers worked during the pregnancy, 1 for only two months, but the remainder worked during the pregnancy for periods varying from four to seven months. 6 mothers of the 23 in whom the pregnancy was a second or subsequent pregnancy worked for periods from two to seven months. It is hard to say whether this was a factor in causing stillbirths, but it is certainly unlikely to have been a factor in causing congenital deformities for we do know that they usually result from some setback to development very early in the pregnancy, at a time when no doubt a very large proportion of mothers do go out to work.

Falls were recorded in two cases. The tables (VII, VIII) set out the information in the same form as in my previous recent annual reports.



**Table VIII.**  
**STILLBIRTHS, 1954.**

CAUSE OF STILLBIRTH	NUMBER OF THE PREGNANCY							TOTAL
	First	2	3	4	5	6 and over	Unknown	
CONGENITAL ABNORMALITY	5	4	2	—	—	—	—	11
BIRTH INJURY	2	—	—	—	—	—	—	2
DIFFICULT LABOUR	1	1	—	1	—	—	1	4
PREMATURITY	—	—	—	—	—	1	—	1
TOXAEMIA	3	—	1	—	1	—	—	5
RHESUS INCOMPATIBILITY	—	—	1	—	—	—	—	1
PLACENTAL INSUFFICIENCY	2	—	1	—	—	—	—	3
ANTE-PARTUM HAEMORRHAGE	—	1	—	—	—	1	—	2
SYPHILIS	—	1	—	—	—	—	—	1
UNKNOWN CAUSE	5	2	2	—	1	—	1	11
Total	18	9	7	1	2	2	2	41

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## C.—ABORTIONS.

We do not know how many abortions (death of the unborn infant before it is capable of an independent existence) occur: the figure has been estimated at 20% of all pregnancies. Of course, most of these abortions are natural and not induced. We know that 35 cases of abortion were cared for in hospitals in the City in 1954 and that during the same year 58 were cared for at home, making a known total of 7.5% of all pregnancies. This is, of course, a serious loss of infant life.

## CANCER.

Unfortunately it has not been possible for the Regional Cancer Records Bureau to give us the figures of new registrations of Exeter cancer patients for 1954. The total number of deaths from cancer in 1954 was 189, the highest yet recorded in the City. Cancer of the lung and bronchus caused 29 deaths (23 males, 6 females, all over 45 years of age).

The following table (using the Registrar General's figures), shews the deaths from cancer during the past 10 years:—

Year .....	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Deaths .....	114	129	128	151	152	143	180	152	172	189

## PUBLIC WATER SUPPLY.

I am indebted to Mr. J. Brierley, City Surveyor, for much of the information given here.

The method and sequence of treatment of the supply from the River Exe during 1954 was the same as described in my 1953 report.

The "breakpoint" chlorination of the raw water continued to give very satisfactory results, producing a sterile water well before the filtration stage. Also, the old trouble of profuse algal growths in the open Settling Reservoirs during the summer months has been entirely eliminated and the bleaching action of the chlorine produces a marked improvement in the appearance of the water.

The average dose of chlorine over the year was 3.56 parts per million; of alumina for coagulation .61 grains per gallon, and of hydrated lime for pH correction .48 grains per gallon.

The average population supplied direct was 81,730, and in bulk 2,200. The average daily consumption per head of population supplied direct was 48.96 gallons.

Rainfall for the year was slightly over average and there were no restrictions in the supply. A rather critical situation did arise during the cold, dry spell in January and February when ice in the River obstructed the flow into the Intake. At

the same time, an abnormal increase in consumption due to burst pipes taxed the capacity of the filtration plant and an appeal was made to the public for economy.

The City Water Committee propose to extend the filtration plant because of the growing consumption of water and to cope with abnormal demands, which usually occur during very cold weather. Regular, systematic bacteriological examinations of the water both raw and after treatment are made by the Public Health Laboratory Service (Director, Dr. B. Moore).

It will be observed that all the samples from the treatment works and 96.5 per cent of samples from consumers' supplies were reported Class I, (i.e. of the highest standard) according to the Ministry of Health's classification for piped supplies. The raw untreated water is as might be expected, far from pure.

The Public Analyst made quarterly chemical analyses of the raw water and quarterly bacteriological examinations of both raw and treated waters. In future, he will also make chemical analyses of the treated water. The water supplied to consumers was reported to be free from plumbo-solvent activity.

The fluorine content of the water (two analyses) has averaged 0.02 milligrams per litre and of iodine (two analyses) 0.0003 milligrams per litre.

The northern half of Danes Castle Service Reservoir which had been taken out of use in 1953 because of contamination through cracks in the roof was put into service again in June, 1954, after the necessary repairs had been completed.

The concrete roof surface of the Marypole Head Reservoir was also covered with a layer of bitumen during 1954 to prevent the penetration of surface water through cracks in the concrete.

**Table IX.**

DETAILED ANALYSIS OF RAW AND FILTERED WATER IS SET OUT BELOW :

	Date	RESULTS EXPRESSED IN PARTS PER 100,000		
		RAW WATER		FILTERED WATER
		4-1-54.	25-10-54.	25-10-54.
Chlorine as Chlorides	.....	1.2	1.2	1.5
Nitrogen as Nitrites	.....	slight trace	0	0
Nitrogen as Nitrates	.....	0.15	0.10	0.09
Nitrogen as free and Saline Ammonia	.....	0.0056	0.0020	0.0012
Nitrogen as Albuminoid Ammonia	.....	0.0075	0.0136	0.0092
Total Hardness	.....	7.6	4.5	5.0
Temporary Hardness	.....	3.5	2.2	1.4
Permanent Hardness	.....	4.1	2.3	3.6
Total Solids	.....	12.0	12.0	14.0
Suspended Solids	.....	0.1	0.5	nil.
Oxygen absorbed 4 hrs. 27°	.....	0.055	0.29	0.14
pH.	.....	7.3	7.0	6.6
Chlorine as free chlorine p.p.m.	.....	—	—	0.03
Plumbo-solvency 24 hrs.	.....	—	—	—
B. Coli, per 100 ml.	.....	250	250	nil
Streptococcus, per 100 ml.	.....	2	2	nil
Microbes : 72 hrs. at 22° per ml.	.....	960	960	2
48 hrs. at 37° per ml.	.....	45	120	0

Table X.

## EXETER PUBLIC WATER SUPPLY.

BACTERIOLOGICAL ANALYSES OF SAMPLES TAKEN IN 1954 : EXAMINED BY PUBLIC HEALTH LABORATORY SERVICE.

		No. of Samples	Presumptive B. Coli count per 100 millilitres				
			0	1-2	3-10	11-50	50+
<b>WATER AFTER TREATMENT.</b>							
(a)	AT TREATMENT WORKS	47	47	—	—	—	—
(b)	ON CONSUMERS' SUPPLY :	89	83	3	1	2	—
	DANES CASTLE RESERVOIR ZONE						
	INTERMEDIATE	37	37	—	—	—	—
	MARYPOLE HEAD	19	19	—	—	—	—
	BARLEY LANE	24	24	—	—	—	—
	TOTAL	216	210	3	1	2	—
(c)	OTHERS :— BUILDING SITES, NEW MAINS, ETC.	30	16	3	3	5	3

### PRIVATE DOMESTIC WATER SUPPLIES.

As usual, a survey of the wells in the city was carried out in 1954 :

Number of known wells and springs used in the city for domestic purposes .. .. .	25
These are situated as follows :—	
Northern District .. .. .	17
Western District .. .. .	5
Southern District .. .. .	2
Eastern District .. .. .	1
Central District .. .. .	0
Number of farms, including 6 dairy farms, served by these wells .. .. .	8
Number of dwellinghouses served by these wells ..	21
Number of persons served .. .. .	103

Samples of water from these wells and springs were taken by the district sanitary inspectors during 1954 and examined by the Public Health Laboratory Service. The results were as follows :—

<i>Presumptive Coliform. Count per 100 ml.</i>	<i>Number of samples.</i>
Less than 1	3
1 — 10	7
11 — 50	4
50+	5

The tenants of all the premises where the water supply has a high bacterial count have been warned to boil water used for drinking purposes.

### CONNEXIONS TO MAIN DRAINAGE.

During 1954, one property, not previously on main drainage, was connected to the sewer.

### SEWERAGE.

The City Surveyor informs me that further minor improvements were carried out to relieve flooding in various parts of the City, including the extension and reconstruction of surface water sewers at East Wonford Hill, Fore Street (Heavitree), Polsloe Road and Wellington Road.

Foul sewers were reconstructed at Cowley Bridge Road, East John Street, Howell Road and Mount Pleasant Road.

## FLOODING.

Flooding of a number of houses and a few food shops in Exwick occurred during November, 1954. It was not so severe nor nearly so extensive as in 1950 though the amount of flood water in the river was enormous and probably greater than in 1950. No acute public health problems arose.

## PUBLIC CONVENIENCES.

I am anxious that all public conveniences should have simple and free hand washing facilities for the public. This public health measure will certainly come some day and in all new conveniences it should be put into effect.

The sanitary arrangements at the Whipton Show Field during Agricultural Shows are not satisfactory. Whilst allowing that no one can expect the installation of sufficient highly expensive apparatus, in a permanent show field much could, I believe, be done to make it reasonably free from objection.

## ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR 1954.

### INTRODUCTION.

The year 1954 proved a particularly difficult one for this section of the Health Department. Mr. Heywood, district sanitary inspector, left in February and Messrs. Hopkins and Pickford at the end of September to take up appointments elsewhere. As no replacements were available for some time, this meant that the remaining inspectors had to concentrate on investigating the complaints received and the routine inspections of the various kinds of premises fell sadly behind. The position was aggravated by the Minister of Housing and Local Government's requiring particulars of our slum-clearance programme (which necessitated a comprehensive survey of the city), and by the fact that the abattoir was leased to a private company, which had increased the rate of killing considerably.

### *Inspection of Offices.*

A great deal of time was spent in the examination of plans of the new offices and shops being erected in the city.

Legislation dealing with conditions in offices has not yet materialized, despite the fact that it is over six years since the Gowers Committee made its recommendations, but we endeavour to ensure that the conditions for the staffs in the new shops and offices will satisfy modern requirements. Up to the present we have done very little routine inspection of existing offices, and our work is confined to the investigation of working conditions when specific complaints are received.

Among the complaints received during the year, two, in respect of "atmosphere" in each case, proved particularly difficult and necessitated numerous visits and observations by the inspectors. Temperatures, relative humidities and air-changes-per-hour were all ascertained and, while our investigations are not yet complete, the findings so far suggest that the faults lie in "pockets" of air stagnating in certain parts of the building. This, I believe, is due to badly sited air-ducts and to unequal flow in the ducts at varying distances from the fans.

Much work lies before us in this field of environmental health and I am of the opinion that, after a reasonable period of grace, the following should be absolute requirements for all offices :—

- (i) to be satisfactorily lighted, heated, ventilated and decorated ; to be kept clean, to have adequate floor-space, sanitary accommodation and washing facilities ; to have a supply of drinking water, and means of escape in case of fire ;
- (ii) if more than 20 workers are employed, a dining room ;

- (iii) if more than 40 women are employed, separate sick and rest rooms ; and
- (iv) if between 20 and 40 women are employed, a rest room, also to serve as a sick room.

In addition, I consider codes of practice should be adopted to cover :—

- (a) the design of office furniture to ensure good posture ;
- (b) facilities for the hanging and drying of outdoor clothes ;
- (c) the provision of incinerators for sanitary towels in establishments where women are employed ; and
- (d) the prevention and reduction of noise.

#### *Fume Nuisance.*

A particularly troublesome complaint was revived during the year. It arose from the smell caused by the smelting of iron. The complaint was originally brought to my notice some six years ago and H.M. Inspector of Alkali, Etc., Works very generously co-operated in endeavouring to find a solution. The firm in question have already gone to the expense of redesigning their cupolas and installing water screens, but when the wind is easterly, serious nuisance is caused to the people living in the neighbourhood. The firm has invited suggestions from the research organization connected with the industry, but so far no concrete proposals have been made. This problem emphasizes once again the importance of the rigid zoning and planning of industrial and residential areas.

#### *Exhibition Fields.*

During the year, the Bath and West and Southern Counties' Show was held at Exhibition Fields, and despite the attempt to ensure that liquid from the latrines and animal lairages was conveyed to the sewers by the sub-soil drains, urine seeped on to Summer Lane and caused a serious nuisance. It is apparent that if a repetition of this is to be avoided, the ground must be properly sewered and some form of permanent, or semi-permanent, conveniences be provided. In addition, the site normally used for lairages should be adequately drained by pipes connected to a sewer and arrangements made whereby, in future shows, all the main catering tents are established near connections to the sewers.

#### *Form of Report.*

The report is mainly in a tabulated form, with comment or explanation inserted where considered necessary.

### SANITARY ADMINISTRATION

#### *General Summary.*

Number of visits made during the year	....	....	11,605
Number of samples taken	....	....	993
Number of carcasses inspected	....	....	48,502
Total weight of foodstuffs condemned	....	....	116 tons

## SUPERVISION OF FOOD SUPPLIES.

Within the limitations imposed by staff shortage, the inspectors again devoted much time to the supervision and improvement of premises where food is prepared and served.

The regulations which the Minister of Food originally proposed to make under the Food and Drugs Act, 1954, were heralded as a much-needed improvement, but, unfortunately, owing to pressure from various trade interests, the proposals have been amended and while not yet in a final form it is anticipated they will show very little advance on present legislation. Instead, it is proposed to seek improvement by codes of practice which will be without the force of law and which, in my opinion, will not be nearly so effective as regulation.

1. *Licensed Premises.*

Improvements effected in the licensed premises during the year are as follows :—

Premises cleansed or redecorated	....	....	....	4
Premises where sanitary accommodation was improved				6
Premises where washing facilities were provided for personnel	....	....	....	3
Premises in which facilities for washing utensils were provided	....	....	....	2
Other improvements effected	....	....	....	5

2. *School Canteens.*(A) *Local Education Authority Schools.*

26 visits were made to the kitchens supplying school meals and 12 visits were made to the various canteens where the meals are served. A satisfactory standard was maintained.

(B) *Other Schools.*

Only two visits were made to schools not under the control of the local education authority. In one school, as a result of our advice, improvements were made to the sanitary accommodation. In another, a new canteen, with dining room, cloak-rooms and sanitary accommodation was provided during the year.

3. *Factory Canteens.*

Factory canteens were regularly inspected until the end of September and conditions were satisfactory.

4. *Market.*

There is one market in the city where fruit, vegetables, etc., are sold and 71 inspections were made during the year. Sanitary and washing facilities for stallholders are adequate.

5. *Food Premises, Generally.*

(A) The following food premises are situated in the City :—

Butchers	76
Cooked Meats	10
Bakers and Confectioners	68
Fried Fish	27
Fresh Fish	22
General Provisions	219
Greengrocers	79
Cafes	31
Snack Bars	10
Dairies	34
<b>TOTAL</b>	<b>576</b>

(B) *Registered Food Premises.*

There are 323 registrations under section 14 of the Food and Drugs Act, 1938, affecting 312 business establishments, and these registrations are made up as follows :—

Storage of bulk ice-cream	3
Manufacture, storage and sale of ice-cream	20
Storage and sale of pre-packed ice-cream	202
Preparation or manufacture of potted, pressed, pickled or preserved food (including fried fish shops)	35
Preparation or manufacture of sausages and potted, pressed, pickled or preserved food	20
Preparation or manufacture of sausages	43

(c) *Improvements Effected.*

All food premises were visited on an average of seven times each during the year and improvements effected were as follows :—

Premises redecorated or repaired	30
Hot water supply, wash basins or sinks fitted	5
Water closet facilities improved	3
Vegetable storage provided	1
Cloak-room provided	1
New self-service counter provided	1
Floors renewed or repaired	2
New butcher's cutting room provided	1
Other improvements	15

6. *Meat.*(a) *Abattoir.*

From the first of July, the abattoir was leased to the Exeter and District Meat-Trading Association, Ltd., and after initial difficulties had been overcome, the local retailers did not appear to experience trouble in obtaining supplies, either from the Association or through other wholesalers, or in arranging for their own stock to be slaughtered.

In December, the lessees installed a mechanical pig-scraping machine and improved facilities for the actual stunning and bleeding of pigs. This is a much-needed improvement and will undoubtedly increase considerably the number of pigs slaughtered.

*(b) Disposal of Condemned Meat.*

Under the terms of the lease, the Meat-Trading Association is permitted to dispose of condemned meat only to firms approved by myself and all meat and offal condemned at the abattoir, apart from small quantities of livers sold to mink-breeders, is sold to Messrs. J. L. Thomas & Co., where it is rendered down to tallow and fertilizers.

*(c) Slaughtering and Inspection.*

The number of animals slaughtered and inspected, and the reasons for condemnation are set out below in the form prescribed by the Ministry of Health.

**Table XI.**

	<i>Beasts.</i>	<i>Calves.</i>	<i>Sheep and Lambs.</i>	<i>Pigs.</i>
Number slaughtered .. ..	7,982	2,069	26,309	11,993
*Number inspected .. ..	7,987	2,070	26,412	12,033
<i>Diseases except Tuberculosis :</i>				
Whole carcasses condemned ..	42	57	282	101
Carcasses of which some part or organ was condemned .. ..	4,402	53	3,681	1,438
Percentage of number inspected affected with disease other than tuberculosis .. ..	55.6	5.3	15.0	12.9
<i>Tuberculosis only :</i>				
Whole carcasses condemned ..	64	5	—	16
Carcasses of which some part or organ was condemned .. ..	725	—	—	689
Percentage of number inspected affected with tuberculosis ..	9.8	0.24	—	5.8

\*Includes casualties.

The percentage of adult animals affected with tuberculosis shows a slight decrease in the case of beasts (9.8% in 1954, 13.3% in 1953), but, generally, the incidence shows no great variation from year to year.

*(d) Congenital Tuberculosis in Calves.*

During the year, only four calves were found to be affected with congenital tuberculosis, as compared with 14 in 1953: an incidence of 0.19 per cent. This shows a marked decrease over the previous year and the decline appears to have been fairly constant over the last seven years.

The animal health division of the Ministry of Agriculture and Fisheries again co-operated in endeavouring to trace the dams, but only one was found and slaughtered.

*(e) Cysticercus Bovis.*

This is the cystic stage of the tapeworm, *Taenia Saginata*, which is transmissible to man. The regular inspection of all beef carcasses for this parasite was continued during the year and two were found to be infected to a minor degree.

(f) *Meat Transport.*

The haulage of meat from the abattoir is now carried out by a firm of contractors and I have had occasion to write to them on the unsatisfactory clothing worn by the men engaged in this work. Some slight improvement has been noted, but the transport of meat is still below the desired standard.

7. *Condemnation of Food.*

During the year, approximately six tons of food, apart from meat, was condemned, involving the issue of 1,632 certificates. All this food was buried at the council's tip.

8. *Milk.*(a) *Specified Area.*

As anticipated, the Ministry of Food has designated Exeter and district a "Specified Area." This means that on and after the 1st October, 1954, all dairymen who retail milk in any part of the city must sell the milk under a "special designation," i.e. "Pasteurized," "Sterilized" or "Tuberculin Tested" Milk.

This was long overdue and when the whole country has been so designated, we can look for a substantial reduction, if not complete elimination, of those cases of tuberculosis which are of bovine origin.

(b) *Quality (Composition) and Bacterial Quality.*

The following tables indicate the chemical and bacterial quality of milk sold in the city during the year.

(A) *Chemical.*

CLASSIFICATION	No. of Samples.	Fat %	Non-fatty solids %
T.T. (Channel Islands) (Farm Bottled) ....	4	4.65	9.20
T.T. (Farm Bottled) ....	23	3.84	9.13
Channel Islands (Pasteurized) ....	2	4.40	9.12
Tuberculin Tested ....	2	3.45	9.0
Pasteurized ....	40	3.3	8.65
T.T. (Pasteurized) ....	3	3.70	8.73
T.T. (Channel Islands) (Pasteurized) ....	1	4.2	9.30
Ungraded ....	15	3.38	8.66

(B) *Bacterial.**School Milks (Pasteurized)*

Number of samples taken .... 82

Number of samples satisfactory .... 74

(Results of 8 samples void owing to air-temperature being above 65°F.)

*Designated Milks, other than School Milks.*(a) *Pasteurized Milk.*

Number of samples taken .... 48

Number of samples satisfactory .... 35

(Results of 13 samples void owing to air-temperature being above 65°F.)

(b) <i>Tuberculin Tested (Farm Bottled) Milk.</i>		
Number of samples taken	....	99
Number of samples satisfactory	....	83
(c) <i>Tuberculin Tested (Pasteurized) Milk.</i>		
Number of samples taken	....	43
Number of samples satisfactory	....	32
(Results of 11 samples void owing to air-temperature being above 65°F.)		
(d) <i>Channel Islands (Pasteurized) Milk.</i>		
Number of samples taken	....	21
Number of samples satisfactory	....	16
(Results of 5 samples void owing to air-temperature being above 65°F.)		
(e) <i>Tuberculin Tested (Channel Islands) (Pasteurized) Milk.</i>		
Number of samples taken	....	20
Number of samples satisfactory	....	15
(Results of 5 samples void owing to air-temperature being above 65°F.)		

All milks consumed in the City are normally tested quarterly for the presence of tubercle bacilli. It was found impossible to maintain this programme because of shortage of staff, and only 70 samples were taken, compared with a yearly average of 174. All samples taken proved negative.

## 9. *Ice-Cream.*

### (A) *Cleanliness.*

167 samples of ice-cream were taken during the year and gradings, according to the bacteriological standards suggested by the Ministry of Health, were as follows :—

Grade I.	Satisfactory	..	..	59%	=	94%
Grade II	"	..	..	35%		
Grade III	Unsatisfactory	..	..	4%	=	6%
Grade IV	"	..	..	2%		

Grading according to method of manufacture :

			<i>Hot Mix.</i> (161 samples)	<i>Cold Mix.</i> (6 samples)
Grade I	Satisfactory	..	60%	33%
Grade II	"	..	34%	67%
Grade III	Unsatisfactory	..	4%	—
Grade IV	"	..	2%	—

### (B) *Quality (Composition).*

The Food Standards (Ice-Cream) Order, 1953, prescribed the following standard for ice-cream :

Fat	....	5%
Sugar	....	10%
Milk-solids-other-than-fat	....	7½%

The average composition of the ice-cream sampled in the city was :

Fat	....	....	....	....	....	10%
Sugar	....	....	....	....	....	14%
Milk-solids-other-than-fat	....	....	....	....	....	8.72%

which is well above the legal standard.

(c) *Manufacture.*

There are now only 7 premises in the city where ice-cream is manufactured ; six manufacturers use a hot mix and one a cold mix. The premises were each visited only 4 times, but conditions were generally satisfactory.

10. *Food and Drugs Act, 1938 — Sampling and Legal Proceedings.*

During the year, 93 samples of milk and 88 samples of other foods were procured ; 102 were formal and 79 informal, and the Table (Appendix " A ") shows the various commodities sampled.

The following samples were found to be below standard and details of the action taken is shown in Appendix " B."

Milk	....	....	....	....	....	5
Ice-cream	....	....	....	....	....	2
Sausages	....	....	....	....	....	2
Tinned Sterilized Cream	....	....	....	....	....	1
TOTAL						10

*Legal Proceedings.*

During the year, prosecutions under the food and Drugs Act, 1938, were taken in the following cases :—

- (a) *Cafe*—owner prosecuted because of the dirty condition of the premises and the utensils ; case was proved and the defendant was fined £10 0s. 0d. on each of three counts ;
- (b) *Cooked Meat Shop*—owner prosecuted for selling ham which was contaminated with larvae from flies ; the case was proved and the defendant was fined £5 on each of two counts ; and
- (c) *Butcher*—prosecuted for selling a meat pie, the filling of which was covered with mould ; the defendant pleaded guilty and was fined £10 0s. 0d. with 8s. 0d. costs.

11. *Food Hygiene—Educational Activities.*

A talk was given to the catering staff of a private school on hygienic practice in canteens and kitchens.

12. *Merchandise Marks Act.*

239 visits were made during the year to ensure that the provisions of this Act were being observed. Apart from some verbal warnings, it was not found necessary to take any action.

### 13. *Labelling of Food Order.*

We continue to examine the labels of the various commodities on sale to the public, to ensure that they meet the requirements of this Order.

## HOUSING.

The housing situation generally still causes concern. There are approximately six-hundred houses in the city which should be demolished. In addition, accommodation is required for people displaced from the central area, and while the accommodation required to abate overcrowding is unknown, it must be considerable. All this must throw a big burden on the building resources in the city and it is certain that many years must elapse before we can be satisfied that everybody is adequately housed.

### *Housing Repairs and Rents Act, 1954.*

The Housing Repairs and Rents Act came into force on the 30th August, 1954, and under this Act, subject to certain conditions being satisfied, the owner of a house may increase the rent charged. The tenant is protected from exploitation by being able to seek from the local authority a certificate of disrepair. If such a certificate is granted, the tenant is permitted to withhold the increase in the rent until the certificate of disrepair is revoked.

Between the 30th August and 31st December, we received only five applications for such certificates of disrepair. All of these were granted and none has yet been revoked.

Another feature of this Act is that the conditions governing the making of improvement grants have been modified to encourage owners to recondition their property. So far the response has been singularly disappointing, only 19 applications being received, and of these 12 were from owner-occupiers.

### *Informal Notices.*

59 houses were rendered fit during the year, without the service of formal notices.

### *The Housing Consolidated Regulations, 1925.*

The following information is provided in accordance with Article 31, of the Housing Consolidated Regulations, 1925, as amended.

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

(i)	Number of dwellinghouses in respect of which formal notices were served requiring repairs	5
(ii)	Number of dwellinghouses which were rendered fit after service of formal notices :	
	(a) by owners	3
	(b) by Local Authority in default of owners	1

(B) <i>Proceedings under the Public Health Acts :</i>		
(i)	Number of dwellinghouses in respect of which notices were served requiring defects to be remedied ....	Nil
(ii)	Number of dwellinghouses in which defects were remedied after service of formal notices ....	Nil
(C) <i>Proceedings under Sections 11 and 13 of the Housing Act, 1936 :</i>		
(i)	Number of dwellinghouses in respect of which Demolition Orders were made ....	4
(ii)	Number of dwellinghouses demolished in pursuance of Demolition Orders ....	Nil
(iii)	Number of dwellinghouses rendered fit in consequence of undertaking given by owners ....	2
(iv)	Number of dwellinghouses in respect of which undertaking from owners accepted not to relet houses for human habitation ....	19
(D) <i>Proceedings under Section 12 of the Housing Act, 1936 :</i>		
(i)	Number of separate tenements or underground rooms in respect of which Closing Orders were made ....	7
(ii)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ....	Nil
(E) <i>Proceedings under Sections 10(1) and 11 of the Local Government (Miscellaneous Provisions) Act, 1953 :</i>		
(i)	Number of dwellinghouses in respect of which closing orders were made ....	3
(ii)	Number of dwellinghouses in respect of which demolition orders were revoked and closing orders made ....	Nil

*Housing Act, 1936—Overcrowding.*

(A)	(i)	Number of dwellings known to be overcrowded at the end of the year ....	40
	(ii)	Number of families dwelling therein ....	52
	(iii)	Number of persons ....	246
(B)		Number of new cases reported during the year ....	25
(C)	(i)	Number of cases of overcrowding relieved during the year ....	36
	(ii)	Number of persons concerned in such cases ....	248

- (D) Particulars of any cases in which dwellinghouses again became overcrowded after the Local Authority had taken steps for the abatement of overcrowding ..... Nil

#### SMOKE NUISANCES.

Seven complaints of nuisance arising from smoke, grit, dust, or fumes were received during the year. Apart from the one mentioned in the introduction, five of these were dealt with satisfactorily, the remaining one is still under review.

#### NOISE NUISANCES.

Two complaints of noise nuisance were received. One arose from the keeping of budgerigars and the other from the sticking of steam-valves on railway locomotives at Exmouth Junction. The latter complaint arises periodically, despite instructions to the railway personnel that any such valves must be immediately masked with sacking and the locomotives run into the sheds as soon as possible for the necessary adjustment to be made.

#### COMMON LODGING HOUSES.

A total of 15 visits were made to the two common lodging-houses in the city and conditions were found to be satisfactory.

In the case of the lodging house in Exe Island, the fire escape, requested by the Health Committee, has now been provided.

During the year, the City Council made byelaws under Section 240 of the Public Health Act, 1936, in respect of common lodging-houses in the city, and these were confirmed by the Minister of Housing and Local Government on 1st July, 1954. The byelaws provide for the following :—

- (i) fixing the number of persons who may be received into a common lodging-house, and for the separation of the sexes therein ;
- (ii) promoting cleanliness and ventilation in lodging-houses, and requiring the walls and ceilings therein to be lime-washed, or treated with some other suitable preparation, at specified intervals ;
- (iii) taking precautions when any case of infectious disease occurs in a lodging-house, and
- (iv) generally for the well-ordering of lodging-houses.

During the drafting of the byelaws, the Council made representations to the Minister of Housing and Local Government for modifications of the model byelaws and the Minister finally agreed to the following additions and alterations :—

- (a) that a keeper of a lodging-house shall provide and maintain for the use of the lodgers a sufficient supply of hot and cold water ;

- (b) all references to "earth-closets" and "privies" to be deleted; these are not permitted here;
- (c) that the lodging-house keeper shall maintain the premises in good repair and ensure that all rooms, including water closets, urinal accommodation, and staircases, are adequately lighted at all times, either naturally or artificially;
- (d) that the lodging-house keeper shall provide and maintain satisfactory facilities for the preparation and cooking of food for the lodgers; and
- (e) that the lodging-house keeper shall ensure that there shall be available for the lodgers at all reasonable times a sufficient supply of wholesome drinking water.

Our efforts to get the Minister to agree that clean sheets must be provided for every new occupant proved unsuccessful.

#### FERTILIZERS AND FEEDING STUFFS.

Six samples of fertilizers and two of feeding stuffs were taken during the year. All the samples were satisfactory.

#### RAG FLOCK AND OTHER FILLING MATERIALS.

The following samples were taken during the year :—

Coir Fibre	}	one sample of each.	
Washed Flock			
Kapok			
Coir Fibre Pads			
			TOTAL : 4

No irregularities were detected.

#### RODENT CONTROL.

##### PREVENTION OF DAMAGE BY PESTS ACT, 1949

##### 1. *Complaints.*

362 complaints were received during the year, involving 331 properties, and these were made up as follows :—

	TYPE OF PREMISES.			Total
	<i>Business</i>	<i>Private</i>	<i>Local Authority</i>	
Rats .. ..	35	107	44	186
Mice .. ..	32	101	12	145
TOTALS .. ..	67	208	56	331

A further 27 rat infestations were discovered as a result of inspections and these were treated.

2. *Inspection and Treatment.*

TYPE OF PREMISES.	Inspections.	Treatments.
Business .. .. .	1,271	194
Private .. .. .	2,955	497
Local Authority .. .. .	1,117	202
TOTALS ..	5,343	893

3. *Sewer Treatment.*

The bi-annual treatment of sewers, as required by the Ministry of Agriculture and Fisheries, was carried out in January and July.

In January, 93 manholes were test-baited and 44 of these were found to be infested and were treated. In July, 200 manholes were test-baited of which 118 were treated.

4. *Details of Operations.*

Details of operations in the form required by the Ministry of Agriculture and Fisheries are set out below :—

	TYPE OF PROPERTY				
	NON-AGRICULTURAL				Agri-cultural
	Local Authority	Dwelling houses (incl. Council)	All others (incl. Business)	Total	
Number of properties in district	431	21,253	3,447	25,131	49
Number of properties inspected as a result of :					
(a) Notification	56	208	67	331	1
(b) Survey	86	521	331	938	12
Total inspections carried out incl. re-inspections	1,117	2,955	1,271	5,343	27
Number of properties inspected found to be infested by :					
(a) rats	44	107	35	186	—
(b) mice	12	101	32	145	—
(minor infestations)					
Number of infested properties treated	56	208	67	331	—
Total treatments carried out incl. re-treatments	202	497	194	893	6
Number of notices served under Section 4	—	—	—	—	—
Legal Proceedings	—	—	—	—	—
Number of block-control schemes carried out	—	—	2	2	—

## GENERAL SANITARY INSPECTIONS, ETC.

*Bakehouses.*

Number in city	....	....	....	....	24
Number of underground bakehouses in city	....				1
Number of inspections made	....	....	....		101
Number of contraventions found		....	....		4
Number of contraventions remedied		....	....		4
Number of contraventions outstanding at end of the year	....	....	....	....	—

*Bed Bugs, etc.*

Number of inspections made	....	....	....		251
Number of Council houses disinfested by this department	....	....	....	....	43
Number of other houses :					
(i) found to be infested	....	....	....		45
(ii) disinfested by this department	....	....	....		45

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

Thirty nests of wasps and hornets were destroyed during the year.

*Cinemas, etc.*

Number of cinemas, etc., in city	....	....	....		4
Number of inspections	....	....	....	....	49

*Closets.*

Number of water closets repaired or reconstructed	....				15
Number of walls, etc., cleansed	....	....	....		4
Number of flushing apparatus provided, repaired or renewed	....	....	....	....	10
Number of new water closet pans or pedestals provided					14
Number provided with a supply of water	....	....			2

*Drains.*

Drains constructed or reconstructed	....	....	17
Tests to new drains	....	....	31
Tests to existing drains	....	....	67
Repaired or cleansed	....	....	42
New inspection chambers	....	....	6
Additional gullies	....	....	3
Sink waste-pipes repaired or renewed	....	....	3
Soil and ventilating pipes repaired or renewed	....	....	1

*Offensive Trades.*

Number of businesses in city	....	....	12
Number of inspections made	....	....	30
Number of contraventions found	....	....	—

*Fried Fish Shops.*

Number of fried fish shops in city	....	....	27
Number of inspections made	....	....	99
Number of contraventions found	....	....	2
Number of contraventions remedied	....	....	2

*Infectious Diseases, etc., Disinfections.*

†Number of visits re food poisoning, etc.	....	....	64
Number of rooms disinfected	....	....	102

*Sanitary Defects Remedied.**(A) Dampness.*

Number of roofs renewed or repaired	....	....	27
Number of rainwater gutters and pipes repaired	....	....	12
Yard Surfaces repaired or relaid	....	....	5
Yard drainage improved	....	....	2

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

(B) *Interior Work.*

Number of rooms cleansed and limewashed	....	8
Number of walls repaired	....	43
Number of floors repaired	....	22
Number of chimney stacks repaired or rebuilt	....	3
Number of firegrates repaired or renewed	....	9
Number of washboilers repaired or renewed	....	1
Number of ceilings repaired	....	20
Dampness remedied	....	12
Lighting remedied	....	—
Offensive accumulations removed	....	16

**Table XII.**

## FACTORIES ACT, 1937

*Factories (including Bakehouses), (Factories Act, 1937, ss. 1-7).*

## (A) INSPECTIONS for purposes of provisions as to health :

Premises.	Number on Register	Number of Inspection s	Number of written notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	51	80	12	—
2. Factories not included in 1 (above) in which Section 7 is enforced by Local Authority	396	433	31	—
3. Other premises in which Section 7 is enforced by Local Authority (exclud'g Out-workers' premises)	71	107	4	—
Totals	518	620	47	—

## (B) Cases in which DEFECTS were found :

Particulars.	No. of cases in which defects were found.				No. of cases in which prosecutions were instituted.
	Found.	Re-medied.	Referred		
			To H.M. In-spector.	By H.M. In-spector	
Want of cleanliness (S. 1)	3	9	—	—	—
Overcrowding (S. 2) .....	1	—	—	1	—
Unreasonable tempera- ture (S. 3) .....	3	—	—	1	—
Inadequate ventilation (S. 4)	—	—	—	—	—
Ineffective drainage (S. 6) .....	—	—	—	—	—
Sanitary Conveniences (S. 7) :—					
(a) Insufficient .....	17	21	—	2	—
(b) Unsuitable or de- fective .....	74	94	—	6	—
(c) Not separate for sexes .....	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ....	23	22	5	2	—
Totals .....	121	146	5	12	—

## (c) List of OUTWORKERS :

NATURE OF WORK.	Number of Outworkers.
Wearing Apparel (Making, etc.) .. ..	34
Curtains and Furniture Hangings ..	16
Furniture and Upholstery .. ..	3
Jewellery Repairs .. ..	1
Church Embroidery .. ..	9
The making of Cardboard Boxes ..	15
TOTAL ..	78

## APPENDIX " A "

SAMPLES TAKEN UNDER THE FOOD AND DRUGS ACT,  
1938.

Milk	79	Orange drink	3
Milk (Appeals-to-herd)	13	Bramble Seedless Jam	1
Flavoured Milk	1	Blackcurrant Jam	1
Ice-cream	35	Lemon curd	1
Pork Sausages	11	Soft drink	1
Beef Sausages	6	Milk chocolate	1
Whey Butter	1	Thick cream	1
Mincemeat	1	Sugar confectionery	2
Tinned Pears	1	Marmalade	2
Tinned baked beans with pork sausages	1	Tinned sterilized cream	3
Dressed crab	1	Oranges	1
Preparation of maize	1	Lemons	1
Chocolate coated lollie	1	Tangerines	1
Whipped-cream lollie	1	Grapefruit	1
Butter Ice-cream	1	Concentrated beverage	1
Beef sausage meat	1	Medicament	2
Clotted cream	3		
		TOTAL	181

APPENDIX "B"  
Food and Drugs samples reported below standard.

No. of Sample.	Article.	Adulteration.	Action Taken.
38	Pork Sausages (informal)	15% deficient in meat	The meat deficiency is based on the standard for sausages before decontrol and since no legal standard now exists a warning letter was sent to the Vendor.
51	Milk (formal)	7% deficient in fat	Appeal to herd samples indicated milk was sold as it came from the herd.
55	Milk (formal)	62% deficient in fat	Satisfied that skimmed milk was sold in error
58	Ice-cream (informal)	Showed surface contamination with a mineral lubricant containing trace of iron	Matter taken up with producer and warning letter sent.
59	Tinned Sterilized Cream (informal)	Misleading description; tin labelled "Rich Cream" but sample contained only 23.2% of butter fat.	Warning letter sent to producer who has amended label to comply with regulations.
64	Ice-Cream (informal)	Was 16% deficient in milk solids other than fat	Followed up with formal sample which proved genuine.
65	Milk (formal)	Was 3% deficient in fat	Warning letter sent to producer.
70	Milk (Channel Islands) (formal)	Was 4% deficient in the proportion of fat proper to Channel Islands' milk	Reported to Ministry of Food in accordance with Circular MF/8.48.
71	Milk (formal)	Was 4% deficient in fat	Vendor's explanation that milk was sold to sampling officer in error and was not on sale to public was accepted.
104	Pork Sausages	Was 17% deficient in meat	Warning given.

## HOUSING.

*Census Findings.*

According to the Census report (County report on Devon) Exeter had (in 1951) 20,140 occupied and 554 unoccupied structurally separate dwellings (i.e. with separate access to the street or a public communal landing or staircase). There were in them 22,003 private households. The total number of rooms available was 102,961 (excluding sculleries, kitchenettes, bathrooms, etc.) The percentage of persons living more than 2 per room was 1.46, a considerable reduction on the figure in 1931 (approximately 4.03). Though the households in which persons were living 1 per room or less were 86.5% of the total (i.e. over 5 in 6) the number of households in shared dwellings was not inconsiderable at 3,487 representing rather more than 1 in 7 of the families. 342 households had no piped water, 162 no cooking stove (mainly in 1 person households), 695 no kitchen sink, 147 no water closet and 5,359 had no fixed bath. As well, very considerably larger numbers had to share these amenities, though the number sharing the use of a fixed bath was not so great as those without one at all.

The City Architect and the City Housing Manager have given me the following information about the housing position in the city.

During 1954 there were 514 houses built and 4 rebuilt making the estimated total of houses in the city 19,824. Since the last war, 3,144 houses have been built and 230 rebuilt.

The Housing Manager has kindly given me the following information as to the present demands in his department for housing accommodation.

ANALYSIS OF TENANCY APPLICATIONS REGISTERED  
AS AT 31ST DECEMBER, 1954.  
TO SHOW TYPES OF ACCOMMODATION REQUIRED.

ACCOMMODATION REQUIRED.			<i>Applicants Approved.</i>	<i>Applicants in Cat. " A "</i>	<i>Other Applicants.</i>
<i>Type.</i>	<i>No.</i>	<i>%</i>			
1 bed, persons under 60 years	792	30%	22	3	767
persons over 60 years	102	4%	17	1	84
2 bed .. .. .	1,159	43%	85	108	966
3 bed .. .. .	497	18%	47	45	405
4 bed .. .. .	80	4%	7	3	70
More than 4 bed .. .. .	19	1%	—	3	16
TOTALS ..	2,649		178	163	2,308

Details of housing inspections by my department are shewn on pages 40 and 41.

## REFERENCES IN SUPPORT OF APPLICATIONS FOR REHOUSING.

I make representations from time to time to the Housing Committee in favour of families whose circumstances justify support, for health reasons, from this department. The Housing Committee, in its very difficult task, has been very sympathetic. On our side we ensure that we only recommend cases with very good grounds for their applications.

87 cases were referred in 1954 and dealt with as follows :—

REASON REFERRED	Total	Re-housed	Approved for re-housing	Not approved or deferred	Application lapsed
Statutory overcrowding	24	5	11	6	2
Overcrowded conditions	14	4	9	1	—
Other Medical-Social Reasons ....	11	2	7	2	—
Tuberculosis ....	30	7	10	8	5
Other medical reasons ....	8	5	1	2	—
TOTALS ....	87	23	38	19	7

8 cases were brought forward from 1953. 5 were in regard to tuberculous families, 3 being rehoused, 1 approved for rehousing and 1 lapsed. 1 overcrowded family was rehoused and 2 were approved for rehousing.

## LABORATORY WORK.

The Public Health Laboratory Service (Director, Dr. B. Moore) undertakes the bacteriological examination of specimens of public health importance, and during the year 2,059 were examined for us. Dr. Moore investigated dust and hand-skin-swabs of children and staff in one of the schools and in a day nursery during a Sonne dysentery epidemic (see pages 55 & 56) and also books read in bed by open tuberculosis patients—happily with negative findings.

Dr. Stewart Smith, Area Pathologist, Royal Devon and Exeter Hospital, as in previous years, examined blood samples of expectant mothers for Rhesus incompatibility and for the Wasserman and Kahn reactions (tests for constitutional disease). It is not possible without disproportionate effort to find out what proportion of expectant mothers were so examined.

I am grateful to Dr. Moore and Dr. Stewart Smith for their unfailing helpfulness.

## INFECTIOUS DISEASE.

## FOOD POISONING.

1. *Local Authority.* Exeter County Borough. *Year.* 1954.

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>
1	1	5	6	13

3. *Outbreaks due to identified agents.*

Total Outbreaks, 2 ; Total Cases, 4.

Outbreaks due to :—

(a) Chemical Poisons	....	....	Nil.
(b) Salmonella Organisms	....	....	2
(c) Staphylococci (including toxin)	....	....	Nil.
(d) Cl. Botulinum	....	....	Nil.
(e) Other bacteria	....	....	Nil.

4. *Outbreaks of undiscovered cause.*

Total Outbreaks, Nil ; Total Cases, Nil.

5. *Single Cases.*

<i>Agent identified.</i>	<i>Unknown cause.</i>	<i>Total</i>
7*	2	9

\*In four of these cases the agent was *S. typhi-murium*, also one *S. enteritidis*, one *S. Cubana*, and one *Staphylococcus aureus*.

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Of these 13 cases, five were in children under 5 years of age and one in a child of eleven months. In one (adult) case the infection was traced to brawn that had been handled by a butcher's assistant whose hands were infected ; the assistant was put off duty until he was proved to be free from infection. 2 other cases of diarrhoea were attributed to the same cause, but for various reasons were not completely followed up, or notified. One case was in a mother, newly delivered, in a maternity home ; fortunately her baby did not contract the infection, nor did any one else in the maternity home. It was considered that the mother had come into the home already infected. In another family, two children, 5 years and one year of age, were affected, the vehicle of infection was unknown.

During the investigation of an outbreak of Sonne dysentery at a day nursery, three families proved of particular interest, as shewing double infections. In one family of six persons there were four dysentery cases and in another family three out of four persons were dysentery patients, (all seven proved bacteriologi-

cally). A baby in this second family stayed with the first family in a caravan at a seaside resort and got dysentery, later infecting others in her own family. During clearance tests it was found that this baby and three of the family with which she stayed, were infected by *Salmonella* St. Paul—a non virulent organism—but one of great interest. A boy in the third family, in which there were 8 persons including 4 dysentery cases and one dysentery carrier, was found to be harbouring *Salmonella* Heidelberg. This family had no known connection with the other families but lived in the same area. In all these it was pretty certain that the patients were suffering from Sonne Dysentery and were harbouring, as carriers, without ill effect, *Salmonellae*. No indication of the source of these three families' infections was traced. Dr. B. Moore, Director of the Exeter Public Health Laboratory Service, tells me that the last time *Salm. St. Paul* was isolated in this part of the country from a human being was about 5 years ago at Port Isaac in Cornwall. However, in 1953 it had been isolated from a sheep on the Somerset border.

From a patient in Redhills Hospital another unusual *Salmonella* was isolated—*Salmonella* Cubana. This patient was removed to the Isolation Hospital, and all other staff and patients in that ward investigated bacteriologically with negative results.

#### SCARLET FEVER.

74 cases of scarlet fever were notified to the Health Department during 1954, the second quarter having the lightest incidence (8 cases). There were no deaths. One house contact worked on a milk pasteurising plant and was excluded from work until all danger of passing on infection was clear; two foodworker contacts, although clinically clear were put off duty until bacteriological clearance had been obtained, and one hospital worker who was a contact was stood off duty for one week.

#### POLIOMYELITIS.

Of 14 cases of poliomyelitis notified to this department in 1954, four proved to be not poliomyelitis but glandular fever, epileptiform seizures and tonsillitis, aseptic meningitis and acute lymphocytic meningitis. Of the remaining 10, four were diagnosed in Exeter Hospitals, in patients admitted from outside Exeter but officially "credited" to the city. Thus only 6 cases (five paralytic) occurred in Exeter residents. The 10 confirmed cases occurred evenly over the year; seven were paralytic. Three cases were under 5 years of age, and four were over 5 and under 15 years of age. Two of the adult cases were diagnosed retrospectively by the residual paralysis 3—4 months after a slight febrile illness (regarded as influenza in one case).

The disease has, in recent years, altered its character to some extent and is now attacking older children and adults more than

formerly so that the term "infantile paralysis" is rather less truly descriptive than it was.

Additionally, one death in 1954 was ascribed to bulbar poliomyelitis; the case was not notified. My enquiries make me believe this to have been post-infectious (mumps) encephalitis, the history available to the hospital pathologist being incomplete.

#### PARALYTIC POLIOMYELITIS 1950—1952— END RESULTS.

Paralytic poliomyelitis in 1950 was confirmed in 12 Exeter residents, of whom 3 died; in 1951 the cases numbered 3 (no deaths); in 1952, 2 cases (no deaths). Of these 14 survivors, one has gone abroad and we have no information about her, 8 were school or pre-school children; 3 of them have no residual paralysis, 5 have residual weakness and wasting, two of them wearing calipers. Of the five adults three are completely recovered. The disease leaves a substantial residue of weakness, wasting and shortening of limbs, which are a great hardship to the victims who struggle courageously to overcome their difficulties. There is no doubt that the welfare schemes (both official and voluntary) for handicapped persons are of great value and are a tribute to the nation's conscience in the matter of suffering.

#### DYSENTERY.

Sonne dysentery was much more prevalent in 1954 than in 1953, 236 confirmed cases having occurred in 1954 as opposed to 45 cases in 1953. More than 60% of the cases occurred in the second quarter and nearly all the rest were in the first quarter.

Again the question poses itself—is Sonne dysentery kept smouldering in between outbreaks or is it imported afresh into the city each outbreak? The first cases of this outbreak occurred in an infants school, and, in contrast to last year's experience, the disease was found mainly in the community at large and not in institutions.

The major outbreak began in early March and was mainly in an infants school in Whipton, but it spread to three other schools. It was also about in the city though notifications were almost all of school children. Exclusion was carefully practised, the teaching staff at these schools (particularly at the infants school) were reminded of the especial need for insistence on personal cleanliness among the pupils, including hand washing after visits to the water closets; an extra supply of towels, soap and disinfectant, was obtained for the infants school. The school caretaker was instructed about disinfection of the premises. 21 swabs of dust, sweepings, and lavatories taken from Whipton Infants School in April were all negative. This outbreak died down by the beginning of May.

Possible paths of spread of infection among these schools

were worked out from the data which came into the Health Department via the School Nurses and Health Visitors, these paths being visits among families, or by certain infected families, which had several children attending different schools, being able to introduce infection into an apparently uninfected school population. These possible paths of infection all led from the infants school first affected.

The second outbreak began in the first half of May, very soon after the first had died down; and mainly affected Lady-smith Infants school, but was not so extensive as the first and had subsided by the latter half of August. A sample of sand from one playbox was tested with negative results,

Institutional outbreaks in Exeter in 1954 were as follows: In Redhills Hospital there was a small outbreak of four cases, and a solitary case occurred there three months later. The infected patients were all sent to the Isolation Hospital, and all the other patients in the respective wards and all staff concerned were swabbed with negative results. One case only occurred at another institution, viz., the Eye Infirmary, and this was in a person from outside the city. Dysentery occurred in Chestnut Avenue Nursery School, there being 6 cases among the pupils. It also broke out in Burnthouse Lane Day Nursery and here there were 2 cases and one carrier among the staff and children, also 19 cases and 3 carriers among family contacts. 11 swabs of dust, sweepings, lavatory doors and seats, and hand towels were taken at this nursery in April, with negative results. Both attacks subsided reasonably quickly.

In addition to the 236 cases of dysentery during 1954 there were 35 carriers found. Of these carriers 29 were children (i.e. 15 years and under), 3 were housewives, and 2 were in handlers of food outside the home. This gives an indication of how the disease can be spread, and why it is so important for a Health Department to have control over both cases and carriers. During 1954, 14 foodhandlers, including cases, carriers and contacts, were put off work for periods varying from 3 days to 5 weeks, i.e., until they were regarded as free from infection, in order to prevent any spread of infection by food outside their domestic circles. Sporadic family outbreaks in Exeter accounted for 20 cases during the year.

A request was received from the Ministry of Health for information on various aspects of dysentery occurring in the city during 1953 and the first quarter of 1954, for the use of the Public Health Laboratory Service Committee making an epidemiological inquiry into Sonne dysentery. This was duly furnished.

#### TYPHOID AND PARATYPHOID FEVER.

No case of typhoid fever occurred during 1954. 2 cases of paratyphoid fever "B" occurred during July, 1954, both were confirmed bacteriologically. No connection between them could be traced. Both quickly recovered.

One was in a baby of 2½ months, and this case was detected at a Child Welfare Clinic. It was admitted to the Isolation Hospital where it responded quickly to treatment on dietetic lines and was discharged in a little under one month. Detailed enquiries failed to elicit the source of infection. No other members of the family were affected.

The other was in a young man 20 years old, employed in the office of an Exeter hospital. He had gone off duty suffering with a rash accompanied by a raised temperature and abdominal pain. Exhaustive enquiries failed to discover the source of the infection. No other cases occurred at the hospital at which he worked, and he did not return to work there after his recovery.

#### PNEUMONIA.

The two forms of pneumonia notifiable to the Health Department are Acute Primary and Acute Influenzal Pneumonia. During the first quarter of 1954 there were 22 such cases notified, 8 concerned persons aged 70 years or over, two died—both over 70 years of age. In the second quarter there were 8 cases, 2 being over 70 years of age, with no deaths. In the third quarter there were six cases, one being over 70, and with one death. During the last quarter there were 19 cases, 2 being over 70 years of age, and with 2 deaths both being over 60.

Pneumonia used to be regarded as one of the captains of death, but it has lost its eminence in this respect due to the advent of sulphonamides and antibiotics; it now rarely kills any but the very old or the very young.

#### DIPHTHERIA.

No cases were notified. Since 1949 there has only been one notified but unconfirmed case of Diphtheria.

#### MEASLES.

Measles was epidemic during the first half of 1953 (1,948 cases) but was extremely light during the second half (27 cases). However, it increased in incidence in 1954, there being 80 cases in the first quarter, during the next quarter 14 cases were notified, and 99 in the last quarter due mainly to a smouldering sort of epidemic in the Countess Wear area. There were no deaths.

#### WHOOPIING COUGH.

In 1954, 200 cases of Whooping Cough (Pertussis) were notified. As usual, the disease occurred more or less evenly all through the year; there being 40 cases in the first quarter, 50 cases in the second quarter, 35 cases in the third quarter, and 75 cases in the fourth quarter. There were no deaths from whooping cough during the year. A small outbreak of 6 cases of whooping cough occurred in Barnburgh Residential Nursery, but all the affected children recovered uneventfully.

### ERYSIPELAS.

Erysipelas is the least infectious of the several clinical varieties of infection by the invasive haemolytic streptococcus, but is, nevertheless, notifiable to the Health Department. 18 cases were notified and there were no deaths.

### OPHTHALMIA NEONATORUM.

Classical ophthalmia neonatorum is practically never seen today. There were three cases: all in babies born at home. One mother had a vaginal discharge and was subsequently admitted to Hospital with salpingitis; no prophylactic drops had been instilled. The baby's eyes began to discharge on the seventh day, but the culture, although taken before treatment with penicillin was commenced, was reported "sterile," but B.Coli was later grown in hospital. In the second case, Staph. aureus was found in the discharge. The third case was due to the irritation of a misplaced eyelash. 2 were treated at home and 1 in hospital. All children recovered without any permanent disability.

**Table XIII.**  
PUERPERAL PYREXIA.

Cases Notified	Cases notifiable if old regulations were still in force	CAUSE	Confinement at :	
			Home	Hospital
12	7	Uterine or Pelvic .....	1	11
22	7	Breasts (engorgement-mastitis) .....	5	17
6	1	Respiratory .....	2	4
12	7	Urinary .....	3	9
10	3	Other Causes .....	2	8
7	3	Unknown .....	3	4
69	28		16	53
TOTAL .....			69	

Puerperal Pyrexia : (1951 Regulations) means "any febrile condition occurring in a woman in whom a temperature of 100.4° Fahrenheit or more has occurred within fourteen days after child-birth or miscarriage."

The 10 cases under the heading "other causes" included : 2 cases of phlebitis, one of glandular fever, one of enteritis due to infection with salmonella typhi murium.

Of the 69 cases recorded, 42 notifications were received from doctors; the other cases were picked up from midwives' reports that they had been in contact with a "source of infection." There were no deaths.



**Table XV.**  
**EXETER CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1954.**  
 After Correction both for Residence and for Revised Diagnosis.

DISEASE.	AGES OF CASES NOTIFIED										Total	65 and over	Cases admitted to Isolation Hospital
	Under 1	1—	2—	3—	4—	5-9	10-14	15-19	20-34	35-44	45-64		
Scarlet Fever	1	1	3	3	9	39	11	5	1	1	—	—	27
Dysentery	6	16	16	15	13	118	15	4	14	9	3	4	11
Food Poisoning	1	1	2	2	—	2	—	—	2	—	3	—	2
Erysipelas	—	—	—	—	—	—	1	—	4	2	7	4	5
Ophthalmia Neonatorum	3	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis—Paralytic	—	1	1	—	—	1	—	—	2	—	—	—	4
Poliomyelitis—Non-Paralytic	—	—	—	—	—	—	—	—	1	—	—	—	1
Influenzal-Pneumonia	—	—	—	—	—	—	—	2	4	—	8	4	18
Pneumonia	—	1	—	3	—	1	1	3	3	5	10	10	37
Puerperal Pyrexia	—	—	—	—	—	—	—	7	44	3	—	—	2
Measles	4	13	18	19	22	113	1	1	1	—	—	—	2
Whooping Cough	17	19	16	29	24	90	4	—	—	1	—	—	11
Para. Typhoid, B. ...	1	—	—	—	—	—	—	—	1	—	—	—	1

Table XVI.

MONTHLY INCIDENCE OF NOTIFIED CASES OF INFECTIOUS DISEASE DURING 1954 AFTER CORRECTION FOR CHANGES OF DIAGNOSIS.

DISEASE.	Jan.	Feb.	Mar.	Apr.	May.	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL.
SCARLET FEVER	6	7	11	—	4	4	14	5	4	5	4	10	74
DYSENTERY	—	1	71	76	30	38	16	2	—	2	—	—	236
FOOD POISONING	—	—	1	—	1	—	1	4	—	1	3	2	13
ERYSIPELAS	3	1	—	1	2	1	—	—	3	—	1	6	18
OPHTHALMIA NEONATORUM	—	—	—	2	—	—	—	1	—	—	—	—	3
POLIOMYELITIS—PARALYTIC	—	—	2	—	—	—	2	—	2	—	1	—	7
POLIOMYELITIS—NON-PARALYTIC	—	—	—	—	—	—	—	—	1	2	—	—	3
INFLUENZAL-PNEUMONIA	2	2	4	2	—	—	—	—	1	—	—	7	18
PNEUMONIA	7	3	4	3	3	—	2	—	3	1	1	10	37
PUERPERAL PYREXIA	4	7	6	5	2	3	7	6	2	4	9	14	69
MEASLES	16	35	29	6	—	—	—	4	4	18	16	65	193
WHOPPING COUGH	19	11	10	15	12	23	7	10	18	18	30	27	200
Para TYPHOID B.	—	—	—	—	—	—	2	—	—	—	—	—	2
TOTAL													873

Table XVII.

MONTHLY INCIDENCE OF EXETER CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1954 AFTER CORRECTION FOR CHANGES OF DIAGNOSIS.

DISEASE.	Jan	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
SCARLET FEVER	6	7	11	—	4	4	14	5	4	5	4	10	74
DYSENTERY	—	1	71	76	29	38	16	1	—	1	—	—	233
FOOD POISONING	—	—	1	—	1	—	1	4	—	1	3	2	13
ERYSIPELAS	3	1	—	1	2	1	—	—	3	—	1	6	18
OPHTHALMIA NEONATORUM	—	—	—	2	—	—	—	1	—	—	—	—	3
POLIOMYELITIS—PARALYTIC	—	—	1	—	—	—	2	—	1	—	1	—	5
POLIOMYELITIS—NON-PARALYTIC	—	—	—	—	—	—	—	—	—	1	—	—	1
INFLUENZAL-PNEUMONIA	2	2	4	2	—	—	—	—	1	—	—	7	18

Continued overleaf.

Continued from previous page.

DISEASE.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
PNEUMONIA .....	7	3	4	3	3	—	2	—	3	1	1	10	37
PUERPERAL PYREXIA .....	2	6	6	3	1	3	6	3	1	3	8	12	54
MEASLES .....	16	35	29	6	—	—	—	3	4	18	16	65	192
WHOOPING COUGH .....	19	11	10	15	12	23	7	10	18	18	30	27	200
Para TYPHOID B.	—	—	—	—	—	—	2	—	—	—	—	—	2
TOTAL .....													850

**THE BLIND.****FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.**

	CAUSE OF DISABILITY.			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibro- plasia</i>	<i>Others</i>
(i) No. of cases registered during the year in respect of which paragraph 7(c) of form B.D.8 recommends :				
(a) No Treatment ..	5	6	—	11
(b) Treatment (Medical), Surgical or Optical)	6	1	—	6
(ii) No. of cases at (i) above, which on follow-up action, have received treatment ..	1	1	—	4

The treatment referred to above was almost always medical or optical and in no case was a patient de-certified as a result of treatment. In fact, generally speaking, treatment was intended to help the general health and morale rather than in the hope of remedying the visual defect itself.

OPHTHALMIA NEONATORUM. (See page 58).

**SPASTICS.**

There are 37 cases of cerebral palsy known to the department (at the end of 1954), including 5 under school age, 17 of school age and 15 over 15 years of age ; there are rather more males (especially among the adults) than females (23 to 14). The table (page 63) sets out the present position of the patients in relation to occupation, education, etc.

The known incidence is approximately .5 per 1,000 in the whole population, but is much higher than this—about 1.8 per 1,000—in that part of the population most effectively under medical supervision, namely, children of school age. This may

be taken as reasonably near the true incidence though it may be a slight understatement: the mildest cases may escape notice.

Speech therapy is available for school children who need it. There is a great need for schools prepared to accept spastic children with intelligence less than normal. It has been said in the House of Commons that most spastics are mentally normal. If that statement is referring to those that have any substantial physical disability, then it is absurd: we should certainly not label persons with trivial handicaps as "spastics" except for scientific purposes. It is hard to assess the intelligence of severely affected spastics and neglect will make them worse, for their expression by speech in the severe cases, is very much hampered. But the present position, broadly speaking, is that a child has to be bright to get into a special school for spastics and we have only *one* Exeter school child in attendance at the school in Ivybridge.

**TABLE OF SPASTICS.**

(According to type and handicap)

TYPE	TOTAL		Spastic		Athetoid		HANDICAP					
							(A). Severe		(B). Mod.		(C). Mild	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Hemiplegia ....	13	5	13	5	—	—	1	1	5	3	7	2
Monoplegia ....	1	—	1	—	—	—	—	—	—	—	1	—
Diplegia ....	4	2	3	2	1	—	—	—	2	2	1	—
Paraplegia ....	3	1	3	1	—	—	1	1	1	—	1	—
Quadriplegia ....	2	6	1	5	1	1	1	5	1	1	—	—
Others ....	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ....	23	14	21	13	2	1	3	7	9	6	10	2

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**TABLE OF SPASTICS.**

(According to placing etc.)

AGE GROUPS	Sex		At Home	Day School	Day Special School	Residential School	Occupation Centre	Working	Training College for Handicapped Persons	Hospital for Mental Defectives
	M.	F.								
0—4 ....	4	1	5	—	—	—	—	—	—	—
5—14 ....	9	8	1	9	2	2	3	—	—	—
15—64 ....	10	5	4	1	—	—	—	5	3	2
65 plus ....	—	—	—	—	—	—	—	—	—	—
TOTALS ....	23	14	10	10	2	2	3	5	3	2

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## EPILEPTICS.

We know of 89 epileptics (13 boys, 18 girls, 32 men and 26 women) in the City. It is probable the numbers shewn in the table below, of ages 15 years upwards are a substantial understatement. During the year 4 epileptics (men) died and 1 boy and 1 woman left the district.

There were 18 new cases discovered (4 boys, 6 girls and 5 men and 3 women). Of these, 3 children under 4 years of age are at home, 3 boys and 4 girls attended ordinary schools in the City, 1 boy of 15 years was at an approved school, the 4 men were working and 3 married women were managing at home.

TABLE OF KNOWN EPILEPTICS.

AGE GROUPS	Sex		At Home	In Special School	Day School	Working	In Colony	In Hospital		Hostel
	M.	F.						Mental	General	
0—4 ....	2	2	4	—	—	—	—	—	—	—
5—14 ....	11	16	6	—	19	—	—	2	—	—
15—64 ....	30	23	7	1	—	31	1	11 plus	—	2
65 plus ....	2	3	2	—	—	—	—	2	1	—
TOTALS ....	45	41	19	1	19	31	1	15	1	2

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## NATIONAL ASSISTANCE ACTS, 1948 AND 1951.

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

2 women, one aged 55, chronically sick and not getting satisfactory care, and the other aged 70, living in insanitary conditions without proper care, were removed against their will under the Acts to chronic sick beds in hospitals in the City—they were still in at the end of the year, several months later. Since 1948 only 4 people have been removed in this way, (5 removals).

## MEDICAL EXAMINATIONS MADE ON BEHALF OF THE COUNCIL.

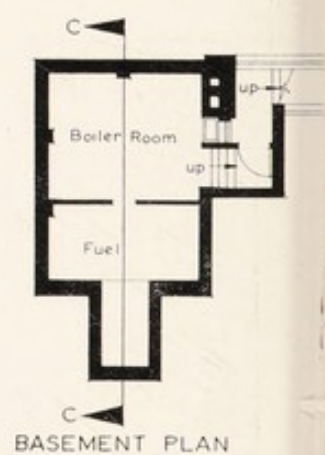
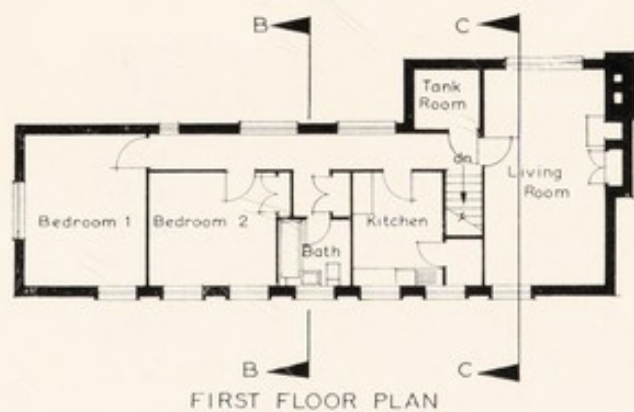
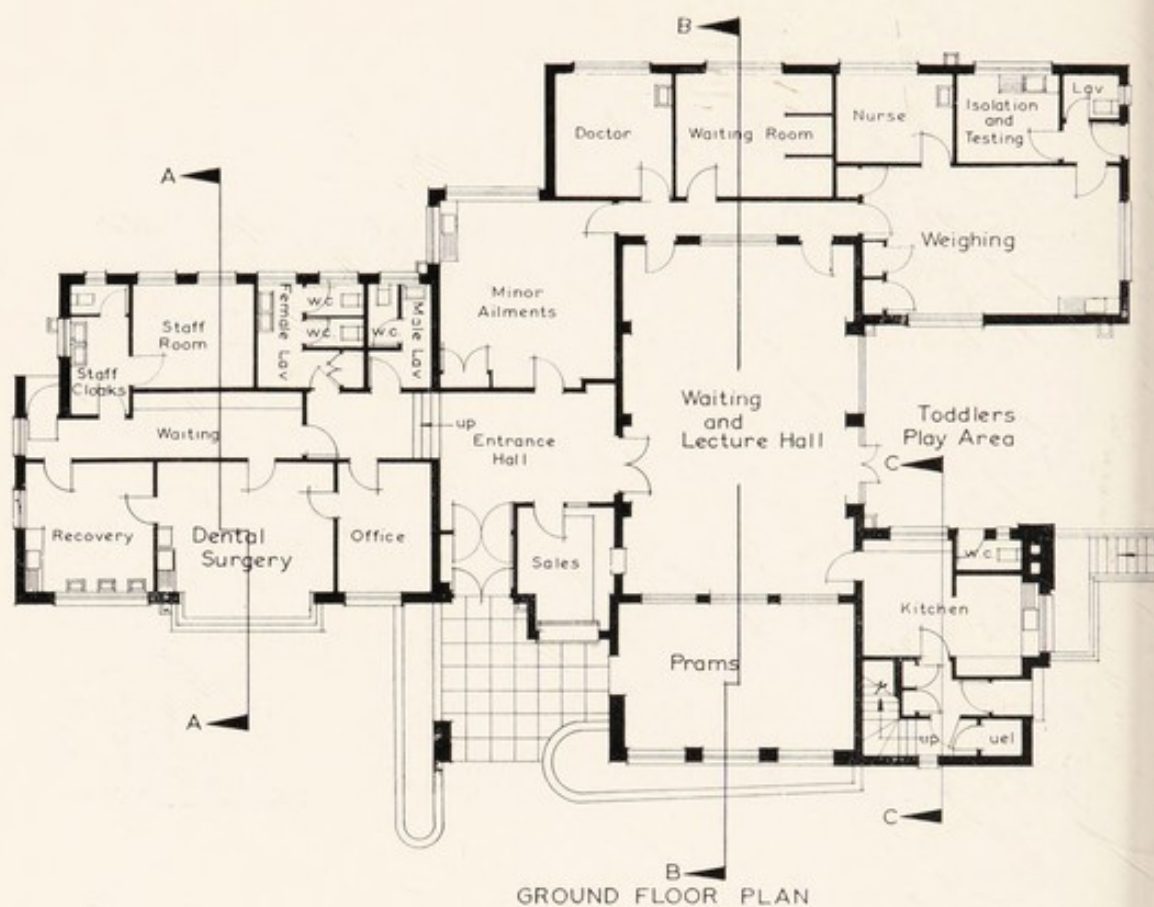
Medical examinations for admission to the superannuation scheme (143), for temporary employment (37), re sickness or on return to employment after sickness (29) and others (3), totalled 212.

The services of the mass miniature radiography unit are

WHIPTON HEALTH CLINIC



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Scale of feet 10 0 10 20 30 40 50



used for the periodic examination of Council and other staffs closely concerned with young children, in order to detect and eliminate tuberculosis as a risk to susceptible children. It is now a condition of employment in most such appointments that the candidates are willing to be so X-rayed from time to time, the result to be communicated to the Medical Officer of Health.

### CHILDREN'S COMMITTEE.

The medical arrangements for the care of children within the care of the Children's Committee remained unchanged. The Children's Officer (Miss Wardle) collaborates with the department in relation to the health aspects of placing children in foster homes.

### CHILD NEGLECT.

The Co-ordinating Committee continued its work in 1954 along the same lines as described in detail in my Annual Report for 1952.

The work of this committee showed no signs of decreasing, in fact the contrary was the case. In spite of the introduction of the system of "dormant" and "closed" files, the monthly agendas were still too long. We decided to hold the committee meetings twice a month—instead of monthly in order to shorten the agendas and reduce fatigue, but this was later abandoned.

Few cases of real physical cruelty to children have come to the notice of the committee since its inception. The committee has taken the presence of malice on the part of the parents as being an essential factor in the domestic situation before the label of "cruelty" can be either fairly or safely affixed. "Mental cruelty" is much more difficult to prove, especially in the courts (even if it does exist), and may, of course, be either wilful or involuntary. It is important however, that well-wishers or neighbours who notice or suspect cruelty to children should be willing to come forward and contact some social worker (e.g. N.S.P.C.C. inspector, a health visitor, members of this committee, teachers, etc.) about the matter. To neglect to do so means that the social agencies which should be able to assist the child simply cannot help, and the ill the child is suffering goes unrelieved.

27 cases were carried over from 1953 and 13 new cases were brought to the attention of the committee in 1954. Of the old cases 4 were closed and 5 were classified as "dormant" and 2 of the new cases were closed. This left at the end of 1954, 25 current cases, 9 "dormant" cases and 25 closed cases. Of some of the closed cases the following details can be given without prejudice to their confidential nature:—

(A)—through the efforts of the committee and the effective intervention of the Member of Parliament, a husband was released from National Service, his sick wife was helped and a serious domestic crisis was averted; this helped the children enormously.

- (B)—this was essentially a housing problem that was solved by the family being rehoused by the Housing Department—no child neglect was in question in this case.
- (c)—overcrowding was the original reason for reference to the committee. The family were rehoused after a strong recommendation had gone to the Town Clerk from this committee. After rehousing, the family circumstances showed evidence of considerable improvement.
- (D)—this case came to the notice of the Child Care Committee through the headmaster of the school at which the boy attended, because the boy was very mentally disturbed due to the threats of the mother that she would have him sent away to a special school. The mother had remarried and has had children by the second marriage. Her husband was rather unstable owing to a physical disability depriving him of his former earning power. Attempts were made to get the husband given occupational training and the boy was sent to a holiday camp. The boy showed signs of improvement but unfortunately it was not long after his return from camp before he got into trouble. At this stage the probation officer took charge of the family and the committee felt that this family situation was best left to her to manage on her own.

All the members of the committee, while they have difference of emphasis (as is to be expected—and desired), are agreed that the committee is an effective one, and is achieving much in the lightening of the load of adverse environment carried by the children dealt with by it, a load which has a detrimental effect upon the personality of the developing children. As in other branches of preventive social work, its positive action is shown by the failure of undesirable events and situations to materialise. It is a philosophical maxim that one cannot prove a negative, and so it will always be almost impossible to *prove* the value of the committee's work by pointing to what did *not* happen because of such work.

Early in the year the committee was glad to welcome the newly appointed N.S.P.C.C. Assistant Inspector, Miss I. Neale. Miss Neale attends all meetings, and this appointment of a Lady Inspector by the N.S.P.C.C. was regarded by the committee as a very progressive step.

Students in social work from the University College, the N.S.P.C.C. and the Council of Social Service have attended during the year.

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
St. David's, 31, St. David's Hill (Medical and Surgical) .. .. .	11
St. Olave's, 32, Bartholomew Street .. .. .	4

NURSES ACTS 1943 AND 1945.

NURSES AGENCIES' REGULATIONS.

*Registered Agencies—(at the end of the year) :*

Exeter Nurses Co-operation, 52, St. David's Hill.

LOCAL HEALTH SERVICES.  
(National Health Service Act, 1946).

The most interesting event of the year was the opening of the Whipton Health Clinic by the Minister of Health on 28th September, 1954. Photographs and plan of this building are shewn on inset. The Council purchased the Devon and Exeter Girls' Remand Home in Hollow Lane, just outside the City, and adapted it as an Occupation Centre; this was opened early in 1955. The plans of the adaptation are shewn on page 98.

HEALTH CENTRES.

No progress was made in regard to General Practitioner health centres. At the present time these are not desired by the family doctors of the City.

MATERNITY AND CHILD WELFARE.

MATERNITY.

*Ante-Natal and Post-Natal Care.*

The arrangements continued generally as previously, but the medical ante-natal and post-natal clinics at the Central Welfare Clinics directly provided by the Council have been reduced by half, to three sessions a month, and even so, they are not busy; and the medical ante- and post-natal clinics run by the Exeter Maternity and District Nursing Association on behalf

of the Council have been discontinued. I cannot but regret this ; it is a reflection of the desire of the family doctors to conduct all this work themselves. The midwives' clinics continued satisfactorily ; details of attendances are on page 99.

*Relaxation Classes.* 146 classes, mainly for mothers in their first pregnancy were held, 229 mothers making 1,419 attendances.

*Mothercraft Training.* Towards the end of the year, we started a mothercraft class once a month at the Exeter Maternity and District Nursing Home, Howell Road for mothers in their first pregnancy. This has proved popular and useful. At present, mothers attend once, other instruction being given at the relaxation classes in Whipton and Buddle Lane Clinics.

#### CHILD WELFARE.

##### *Child Welfare Centres.*

These continued as usual. The babies attending for the first time numbered 716, equal approximately to 64.9% of the babies born during the year. In all the clinics the number of children attending during the year was 2,163, making 15,290 attendances : the average per session was 48.

The Countess Wear clinic on Saturday mornings, begun in September, 1952, in the Countess Wear Junior School is not doing well. Despite numerous efforts by the Health Committee to persuade the Education Committee and the Ministry of Education to allow another time, and the Housing Committee to provide a community centre, we are still in no different position from that when we started. Saturday is really a hopeless time ; the initial enthusiasm of the mothers has waned. Until the Council provides facilities for the mothers of this estate at a time when they can attend, we are not meeting our obligations towards the babies.

#### TODDLERS' CLINICS.

These special clinics for children aged  $1\frac{1}{2}$  to 5 years have been running since April, 1952. Up to the present, an appointment system has been used at both clinics ; but in 1955 another method is to be tried at one clinic where appointments are not understood ; here attendance varies from three hours to three days after the appointed time !

In assessing numbers, we have referred to " new cases " as those which have never attended a clinic before and for whom there is no previous record card in Exeter. The vast majority of the cases have attended previously in early infancy or childhood, but have lapsed or have not seen the doctor for some considerable time.

Attendances during the year at the Eastern Clinic, held the second Monday in every month at 2 p.m., were 116—9 of them

being cases that had not attended a welfare centre before; at Whipton, held at 2 p.m. on the fourth Monday every month, the attendances were 193—17 being for the first time at any welfare centre.

Examinations of teeth and eyes, speech and hearing and treatment of any defects found, and checking up on feeding, sleeping and clothing, vaccination, immunisation, and re-inforcing doses for the pre-school children are the main activities; the value to the mother of a periodic medical "overhauling" is greatly appreciated by some. Any recognisable psychological mal-adjustment (which is very important in young children) is carefully considered with a view to remedial and preventive action.

#### ORTHOPAEDIC TREATMENT.

18 cases were referred to The Princess Elizabeth Orthopaedic Hospital in 1954: they included cases of torticollis (3), and various minor postural defects and simple congenital deformities, such as asymmetry of head or limbs, over-riding toes and mild degrees of talipes varus.

#### DAY NURSERIES.

The Council's decision to close Burnthouse Lane Day Nursery on 31.5.1954 was based on the declining number of priority cases in attendance, and on economic grounds. The Buddle Lane Nursery was kept open, but only 5 of the 13 children (priority cases) attending Burnthouse Lane Nursery were taken to the Buddle Lane Nursery: this is understandable in view of the long distance travelling involved. To offset hardship, the Council obtained approval under the Act for a Child Minder's Scheme whereby approved minders receive from the Council 1/- a day per child minded (this is nominally a registration fee, though I regard this as a legal fiction). However, no-one has applied to the Council for any help in minding children and all the children attending Burnthouse Lane at the time of its closure have been cared for satisfactorily. Whilst in some ways, it is a pity the nursery was shut, since it offered a means of adjustment in some psychologically disturbed young children, and was very useful for the children of those who could not financially support their children without outside work, it is certainly unsound to encourage mothers to go to work if they have young children; the price to be paid for it is not measured for many years, and the price is paid not by the Council, not even by the parents, but by the children.

The roll at Buddle Lane Nursery has varied in 1954 from 25 to 36.

The Nursery Students School closed down finally in September, 1954. 4 of the 5 remaining students passed their National Nursery Examination Board examination.

## PREMATURE INFANTS.

95 premature children were born in Exeter and there was 1 premature baby born elsewhere to an Exeter mother in 1954. This gives a rate of 8.7 premature births per 1,000 live births. 11 of these children died during the year, 7 as a result of prematurity only, 2 from respiratory infections and 2 as a result of congenital abnormalities.

24 out of the 26 born at home were nursed entirely at home. 23 of these survived and 1 of the 2 admitted to hospital also survived. 61 of the 70 babies born in hospital (69) and nursing home (1) survived.

Considering the infants by weight, we find that 12 of them weighed less than 3½ lbs. 4 of this group died, their weights being 1 lb. 3 oz., 1 lb. 2½ oz., 2 lbs., 2 lbs. The other eight, including 2 weighing less than 3 lbs. (2 lbs. and 2 lbs. 15 oz.) have survived, although 1, weighing 3 lbs. at birth, and transferred from home to hospital at birth, has advanced very slowly and weighed only 11 lbs. at 1 year of age. 2 children in this group, each weighing 3 lbs. at birth, were born at home and nursed entirely at home and have done well. 2 tiny infants weighing 2 lbs. and 2 lbs. 15 oz., have both done remarkably well and at the time of reporting are aged 1 year and 8 months respectively.

In the next group of 16 children, weighing 3 lbs. 4 oz. to 4 lbs. 5 oz., 4 died during the year, one of a congenital malformation, another as a result of prematurity associated with pre-eclamptic toxæmia in the mother, the third as a result of prematurity in a mother who has had other premature children, the fourth from respiratory infection at 17 days. This last child was a breech presentation born at home, weighing 3 lbs. 13 oz., and admitted into hospital on the second day of life owing to its feeble condition.

In the next group of 28 infants, weighing 4 lbs. 6 oz. to 4 lbs. 15 oz., 2 died, 1 as a result of neonatal lung infection and the other from prematurity only; this latter child was also a breech presentation. Out of the 40 children born alive in the group weighing 5 to 5½ lbs. 1 child died at three weeks of age as a result of congenital heart disease and mongolism. This was the first child of parents both 40 years of age.

Little further has been achieved in elucidating the causes of premature birth. In the 96 cases considered 20 were twins, 7 other mothers had toxæmia (1 very severely), there was also one case where prematurity was associated with Rhesus incompatibility, and one other with ante-partum hæmorrhage. The feeding of mothers was on the whole adequate, but it is noteworthy that in several instances there has been insufficient rest or an undue amount of anxiety and responsibility.

The survival rate at the end of a month for all the babies was 89% compared with 77% in 1953, a very welcome improvement.

Three premature children left the City in 1954. 5 have been

hospital in-patients owing to (1) extremely slow progress (11 lbs. weight at 1 year of age) ; (2) hiatus hernia ; (3) hare lip and cleft palate and (4) and (5) respiratory infection. The future progress of the 2 survivors, weighing less than 3 lbs. (2 lbs. and 2 lbs. 15½ oz.) will be watched with interest. One premature child born in 1953 and surviving at the end of that year, died in 1954 at six months of age from gastro enteritis.

#### PROVISION FOR THE UNMARRIED MOTHER AND HER CHILD.

The illegitimate birth rate in 1954 was 0.9 per 1,000 population, slightly higher than in 1953.

The City Case Worker (Miss P. M. Kevan) reports that she dealt with 72 current cases (including 14 continued from 1953), in addition to the usual follow-up work. 23 out of the 45 babies born remained with their mothers and 10 were adopted (see Table XXIII). Miss Kevan believes that younger teen-age girls are being served with drinks in certain public houses and the matter was referred to the police ; 1 conviction has been secured (in 1955). The moral dangers of such a practice are obvious.

St. Nicholas House was opened on 30th January, 1954, by the Mayor of Exeter (Mr. A. J. Bovey) in the presence of the Bishop of Exeter and other religious and civic leaders ; during the year 3 City mothers and their babies were cared for there. One mother was of very poor mentality (baby adopted), one did not fit in satisfactorily (baby fostered), and one was still in at the end of the year. The Home seems to have settled down now and is doing a useful job—mainly for cases from outside the City : the adoption rate is not high. The City Council exempted the Home from registration, subject to certain condition regarding staffing, numbers admitted and control of infection. Except in emergencies, mothers are not delivered in the Home : they transfer either to Mowbray House or St. Olave's Home. The principles on which the Home is run are set out below as they may be of interest to the public, some of whom, often not well informed, are critical of such places :

- (1)—that the policy covering admission to St. Nicholas House should be as flexible as possible ;
- (2)—that St. Nicholas House should cater for mothers whether expecting a baby or recently confined, the duration of stay to be indefinite. Mothers would, therefore, be able to leave early or later as circumstances indicated ; but in general, any bias in the selection of mothers for admission should be in favour of those who would probably need and accept long stay care, up to two years as a maximum, and ordinarily not more than twelve months ;

- (3)—that mothers should not be admitted who would use St. Nicholas House simply as a convenient lodging, e.g. in relation to divorce proceedings or other circumstances not immediately connected with the welfare of mother and child ;
- (4)—that as far as possible, mothers should, while resident, give continuous maternal care to their babies, and the acceptance of jobs which might prevent this should be avoided, such as shift work or evening work ;
- (5)—that mothers should be trained in maternal care, cooking and housecraft.

#### NURSERIES AND CHILD MINDER'S REGULATIONS ACT, 1948.

At the end of 1954 there were two private day nurseries in the City registered under this Act and also one child minder.

### REPORT OF THE PRINCIPAL DENTAL OFFICER FOR 1954.

During the year 1954, the dental treatment of expectant and nursing mothers and children under 5 years of age proceeded much as in previous years, without any great variation in the number of patients being treated. Fortunately, the staff throughout the year consisted of 3 full-time dental officers and dental attendants without any change of personnel. I regard this latter point as being somewhat important as I feel sure that the patients are more comfortable with someone they have met before and whom they know rather than with a stranger.

The outstanding event of the year was the opening of the new Health Clinic at Whipton by the Minister of Health, the Hon. Iain McLeod. The dental department therein is beautifully equipped with all modern aids to dentistry and working conditions for the staff are ideal. The greatest advantage, however, is the much closer co-operation which is now possible between the medical and the dental departments. It is too early yet to produce statistics, but there is no doubt that this liaison will prove beneficial to all patients, as they will appreciate the convenience of all services within the same building.

Co-operation with the Exeter and District Nursing Association has also greatly improved during the year. Each month they send to me a list of expectant mothers who have been seen during the month, with particulars of their dental condition and also the names of those referred to this department for the necessary treatment, so that efforts can be made to persuade those who do not attend, to secure treatment.

**Table (a).***Numbers provided with Dental Care.*

	Examined	Needing treatment	Treated	Made Dentally Fit
Expectant and Nursing mothers .....	103	86	72	66
Children under five years .....	352	257	227	223

**Table (b).***Forms of Dental treatment.*

	Scalings and gum treatment	Fillings	Silver Nitrate treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers .....	21	123	—	—	270	24	25	11	8
Children under five years .....	—	211	10	—	403	153	—	—	1

*Expectant and Nursing Mothers.*

Of the 103 inspected as shown in Table A, 30 were referred from ante-natal clinics, 40 from the Exeter and District Nursing Association, 17 from private doctors and 16 were post-natal cases. Of the 36 dentures supplied to a total of 20 patients, 13 were full uppers, 12 full lowers, 8 partial uppers and 3 partial lowers.

*Pre-School Children.*

The number of children attending is still constant but I hope that as the parents become more "tooth-conscious" this number will increase in course of time. Health education is a vital necessity, as, unfortunately, there are still too many mothers who are dependent upon the "dummy" coated with sugar, honey, or syrup, in order to pacify a fretful child, and yet the same mother is appalled to learn that her action is responsible for irreparable damage to her child's teeth. Propaganda must be directed at the mother of the young child, and to my mind, should be organised on a national scale, using all media available, such as radio, television, the commercial cinema and the national press.

**Table (c).***Day Nursery Children.*

YEAR OF BIRTH	1952	1951	1950	1949	Total
Number Inspected .. .. .	6	9	12	14	41
Sound Mouths .. .. .	6	9	10	10	35
Number requiring treatment ..	—	—	2	4	6

As before, routine examinations were made in the residential and day nurseries but the numbers involved are very small. See Table C above. The other 311 pre-school children examined were those who presented themselves at the clinics in many cases as a result of a prior examination by the doctor in the welfare clinic.

### *Anaesthetics.*

The services of Dr. Bertha Hinde were available on alternate Saturdays throughout the year and were much appreciated. Most of the anaesthetics for Maternity and Child Welfare cases are administered by Dr. Hinde, the exceptions being the urgent cases of acute pain which are treated as soon as possible without reference as to who the anaesthetist might be. A small number of extractions are carried out with local anaesthetics, usually at the request of the patient.

In conclusion, my thanks are due to the dental staff, the medical officers and the numerous nurses and health visitors for their co-operation and assistance throughout the year.

W. CROFTS ARKLE,

*Principal Dental Officer.*

## DOMICILIARY MIDWIFERY.

*Organisation.* The general arrangements, described in my last report, continued on the same lines.

*Staff.* At the end of the year there were 5 midwives, excluding the superintendent staff (3) of the Home who are all midwives, but only occasionally undertake confinements. In addition, 5 of the home nurses are also midwives, but they do not ordinarily practise as midwives. Pupil midwives are accepted for Part II training up to a maximum of twelve in a year.

426 or 38% of the confinements in the City in 1954 were conducted by the City's domiciliary midwives; the proportion seems to be stabilising round this figure. In all, 8,953 visits were paid to mothers either during the pregnancy, the labour or the lying-in period. A further 24 domiciliary confinements (including 7 confinements in the prison) were conducted by private midwives. 30 of the babies delivered by the domiciliary midwives were premature. (Table XXIV).

The home midwives continued to supervise the welfare of newborn infants at home (other than those delivered by private midwives) for the first three weeks of life. This has worked out satisfactorily to all concerned. The midwives frequently supervise the welfare of the mother and child beyond 21 days (103 cases

in all, including 28 premature babies). They also made 696 visits to 76 infant feeding problem cases referred by doctors.

Owing to the extreme pressure on the maternity unit at the Royal Devon and Exeter Hospital some mothers have to be discharged before they are completely well; sometimes it may be very early in the lying-in stage—even the third or second day—or it may be that the mother has been in ten or more days, but still requires nursing care. The domiciliary midwives gave this attention to 135 mothers in 1954, involving 1,333 visits. There are signs that the building of the new maternity unit in the City Hospital will be soon commenced; this is an important and welcome development in the midwifery service for the present unit is grossly overcrowded and ill designed.

There is the closest liaison between the Superintendent of the Midwives' Home and the Superintendent Health Visitor; they discuss cases together, and full information about the mothers recently delivered in their homes is given to the Superintendent Health Visitor systematically, weekly.

Oxygen is sometimes a life-saving measure in asphyxiated or shocked newborn infants. The arrangements initiated in 1952 whereby oxygen was made available to general practitioners for temporary administration to newly born and young infants in need of it were continued. We purchased during the year 3 Sparklet oxygen resuscitation apparatuses, one of which (with an oxygen supply for forty minutes use) is taken to each midwifery case for use in emergency until bigger supplies can, if needed, be obtained. These have been very useful. 18 babies on the district have been given oxygen (with the precautions indicated in my last report) and 4 of these were given it whilst being transported to hospital. We are not using intra-gastric oxygen yet because we feel more experience of this method of resuscitation is necessary, but consultations with the Paediatrician are proceeding with a view to training the midwives. Of the 18 babies to whom oxygen was administered during the year, 2 did not respond. So far as I know, no cases of retrolental fibroplasia have occurred in Exeter.

*Electric breast pump.* During 1954 we purchased two electric breast pumps which have been used with great success to express milk where natural feeding was not practicable (e.g. baby in hospital, cracked nipples) or where engorged breasts required such relief. 44 mothers used the pump, which is clean, effective and comfortable in use.

*Supervision of Midwives.* (Midwives Acts 1902-1951). The arrangements continued as previously.

At the end of the year there were 45 midwives on the Authority's list of those who had given notice of intention to practise, including 8 in the District Nursing Home, 6 in private practice,

29 in hospitals, 1 in a mother and baby home, and 1 in H.M. Prison.

Miss Reynolds (Supervisor of Midwives) investigated, in conjunction with Dr. Ward (Assistant Medical Officer of Health), 58 notified cases of puerperal pyrexia, also 2 cases of suspected pemphigus neonatorum and 1 case of "sticky eye," visited 3 babies and made 7 visits of inspection to private midwives, a number of visits to the Exeter Maternity and District Nursing Association Home and 4 visits to two nursing co-operations.

*Medical Aids.* 31 medical aid notices (i.e. requests for assistance by doctors) were issued by midwives, (only half the number issued in 1953); this is a reflection of the increasing degree to which private doctors are assuming responsibility for the delivery of expectant mothers. 302 other notifications by midwives in respect of stillbirths, artificial feeding, etc., as required by the rules of the Central Midwives Board were received (see Table XXV).

*Gas and Air Analgesia.* All the domiciliary midwives employed under Section 23 are qualified to administer gas and air analgesia. In 381 of 426 deliveries conducted by them, i.e. in 89%, gas and air analgesia was administered; other analgesia (trilene, etc.) was given in 5 cases, and in all the other cases there was some good reason why it should not be administered; in 204 cases pethidine was given; of the 6 midwives in private practice none was qualified to administer gas and air analgesia. I think it is unfortunate that there should be public or ministerial clamour for a high rate of analgesia in labour. Whilst many women desire and need the relief, we should really be aiming at more natural childbirth, not more analgesia. Safety is the first thing. If the principles underlying relaxation classes are sound, our hope should be to use less and less analgesia, not more and more.

*Refresher Courses.* One midwife continued a non-residential Midwife Teacher Course in Bristol in 1954. One midwife attended a residential course in Woolwich on the care of premature babies. A hospital teaching midwife had two weeks' experience of district work from our Home before going on to a teaching post "on the district."

*Training of Pupil Midwives.* The Home is a Part II training centre for pupil midwives, the pupils taking deliveries in conjunction with the Association's domiciliary midwives. Seven pupil midwives were trained in 1954; all passed their examination. There is no difficulty in getting sufficient pupils. I am indebted to Mr. Russell and Mr. Jefferiss, consultant obstetricians at the Royal Devon and Exeter Hospital who very kindly allow our pupils to attend their obstetric clinics.

*Admission to Maternity Unit for normal cases.* As previously, admissions to Mowbray House Maternity Home are arranged at the Health Office. The health visitor calls to assess the social conditions and a decision regarding admission on these grounds is made. There are enough maternity beds to allow almost all the women who apply to have their babies in the maternity hospital. Bookings have dropped a little since the home maternity benefit was introduced on 26.10.53.

### BIRTH CONTROL.

A Birth Control Clinic is carried out 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 to the local authority and granted financial assistance. Since 1930 a total of 307 cases has been referred.

### HEALTH VISITING.

(Superintendent : Miss A. Atkinson).

*Organisation and Staff.* The organisation, staffing and transport arrangements continued as in 1953. The staff at the end of the year consisted of a superintendent health visitor and nine health visitors, two part-time school nurses and four part-time school clinic nurses.

(a)—*Infant Visiting.* The health visitors made 1,114 first and 5,712 subsequent visits to infants under 1, and 10,806 to children aged 1—5 years. The total number of visits paid by health visitors to expectant mothers was 989.

A health visitor continued to visit an ante-natal clinic held by one of the family doctors once a month in his surgery.

(b)—*School health visiting.* The health visitors are now responsible for school nursing in 1 nursery school and in 9 infant schools (as well as 1 junior school) thus ensuring continuity of their care of the child from home to school. The health visitor can help the teaching staff and also the medical officer at school medical inspections by her knowledge of family circumstances.

(c)—*Selective visiting.* All the health visitors are well aware of the desirability of selective visiting ; where it seems reasonable to discontinue visiting or to visit only at long intervals, the mother is given the health visitor's name, and the office telephone number and told that she can get in touch with the health visitor at 9 to 10 a.m. These mothers are invited to bring their babies regularly to the infant welfare clinic for supervision. This leaves the health visitor free to concentrate on those mothers who most require her advice and support. Many of the health visitors carry out this procedure, but there is still reluctance among some to do so in case "something goes wrong."

(d)—*Old People.* The health visitors paid 834 home visits to old people and the number on the books at the end of the year was 121, an increase of 22 from the previous year. The help given by the health visitors includes obtaining domestic helps, assistance in applying for supplementary pensions, arranging for the repair of spectacles and dentures, clothing, and through the Council of Social Service arranging for voluntary helpers to visit where the old person is lonely. An important concern of the health visitors is to secure that the aged get meals and contact is maintained with the "Meals on Wheels" Service. The District Nursing Association is frequently asked for home nursing care; and the British Red Cross Society's chiropody service is utilised.

(e)—*After-care.* The visiting of patients on discharge from hospital or waiting admission to hospital continues to increase slightly and 166 visits were paid. The majority of these patients were elderly.

(f)—*Diabetic patients.* The arrangements detailed in my report for 1953 for the visiting of these patients in their own homes were continued. Miss Barrett and Mrs. Dunham paid 325 visits. Co-operation in regard to these patients with general practitioners and also with the Blind Welfare Section of the Council's Welfare Department is most satisfactory. This is a much appreciated service.

(g)—*Families with poor social adaptation.* A large part of the health visitor's time is taken up with dealing with the many problems that beset these families. Advice is given regarding arrears of rent, and close liaison is maintained here with Mrs. H. L. Slater of the Council of Social Service who has done much in this regard. Numerous articles, such as beds, cots and clothing, generously given to us by the public, have been given out. Six mothers, some with children, were sent to convalescent homes. Home helps have been arranged for these families in some cases. The aim of the health visitor is to safeguard the health and welfare of the children concerned and to help the parents as far as possible to re-establish a normal home life. Often, it might be described more as a "holding" operation whereby further deterioration is prevented rather than dramatically remediable work.

(h)—*Infectious disease.* The health visitors paid 2,322 home visits in regard to infectious disease. The greater number of these visits was paid in the months of March, April and May, when there was an outbreak of dysentery mainly among school children. During this epidemic the health visitors paid several visits to the schools involved where advice was given to teachers and caretakers. Several improvements were made with regard to the hygiene of school toilets. The health visitors assisted in an investigation into the spread of dysentery and took samples of

floor sweepings, and swabs from door handles, W.C. chains, etc. for bacteriological examination by the Public Health Laboratory Service.

(i)—*Evening visits.* The health visitors paid 19 evening visits during the year mainly to ill babies. The health visitors have found in this City that the fathers help in the care of the children a good deal because they work near their homes and get home to lunch. The nurses do not have any difficulty in getting into touch with the fathers where this seems desirable on behalf of the children.

(j)—*Co-operation with the Child Guidance Clinic.* Early in 1954 discussions between the Education Committee's Child Guidance team and the health visitors were begun with a view to widening the interest and knowledge of the health visitor in the psychological development of very young children. Co-operation with the clinic team has developed—but very slowly, possibly because the clinic is far removed from the health office. The appointment of the part-time psychiatric social worker in the Mental Health Service (in 1955) will probably prove useful to the health visitors, especially as she works in the same office building.

(k)—*Health education.* One health visitor (Mrs. Stannard) has given at the Education Committee's Homecraft Centre a series of mothercraft talks and demonstrations to the girls in their last term in secondary modern schools; at the Priory Secondary Modern School she has given talks during two terms to the girls who attend the school's own homecraft course, in a furnished flat in the school. A series of film strips were shewn at infant welfare clinics. Posters are displayed at the five centres and changed frequently. The help of Miss Bryant, District Nursing Association, and Mr. Arkle, dentist, has been invoked with regard to displays dealing with ante-natal and dental care, in the display window of Whipton Clinic. The health visitors have devised displays illustrative of foot health, prevention of home accidents, encouragement of diphtheria immunisation, etc., which are shewn there.

(l)—*Refresher course.* One health visitor attended a fortnight's refresher course in Oxford.

### HOME NURSING.

*Organisation.* The arrangements continued in the way described in my report for 1952.

*Staff.* The nursing strength at the end of 1954 included the Superintendent (joint midwifery and home nursing), 1 assistant superintendent, 12 home nurses of whom 9 were Queen's nurses and 1 was a part-time State Enrolled assistant nurse: 8 students

were trained : all passed : 4 stayed on in our service. I am indebted to Dr. Brimblecombe, who has invited the candidates and pupil midwives to his paediatric ward rounds in the Royal Devon and Exeter Hospital.

*Transport.* All nurses use mechanical transport—either cars, motor bikes (but not autocycles) or cycles, owned either by the City Council or themselves ; in the latter case, appropriate allowances are made. It is the Council's policy to enable all nurses ultimately to use cars (professional driving tuition is allowed free to the nurses) or bicycles, if the nurse so prefers. In 1954, the Association, after consulting Mr. Willey, the Council's Chief Fire Officer, decided on a five year programme of replacements ; four cars are to be purchased annually, replacing two cars and two motor bicycles ; this is an inexpensive way of securing an efficient motor fleet, and is subject to the Council's approval per the Estimates.

*Visiting.* 3,272 cases, including 2,925 new cases, were nursed during the year and the total number of nursing visits was 87,985. 828 visits were paid after 8 p.m. to very ill patients, the nurses working on rota for this duty. 602 visits were made to patients in old people's and blind people's hostels.

Home Nursing is still an expanding service. In 1954, 9% more cases were nursed than in 1953 and 20% more visits made. This increase of visiting is due to an effort to give more complete nursing, and also to an increase in the cardiac cases cared for, some of whom required repeated injections. The number remaining on the books at the end of each year has rapidly mounted since 1950 and this is, I think, presumptive evidence that more people are being nursed longer. The number of deaths among those nursed has increased, but not regularly, and not in proportion to the total number of cases visited. The increase in work since 1950 has been substantial, viz. 20% in cases and 75% in visits. It is possible in a service on which there is an expanding demand to overlook the need to nurse only so far as is necessary, but we do not consider that there is any "over-nursing." It appears that stabilisation of the demand for nursing services or of the nursing quantitatively necessary to satisfy the real need, has not yet been reached. The Home Nursing Service in this City, like the Home Midwifery Service, is highly respected by patients, relatives and doctors, and the community generally. We must give all reasonable conditions to nurses who do the work, and I am glad to say the Council do ensure that this is done. The transport facilities are good and are improving. Pressure is, as is natural, greatest in the winter, and it may very soon be necessary to consider having extra staff (not necessarily state registered nurses, but possibly S.E.A.N.'s) to cope with the heavy load then. Evening visits are becoming a severe burden on the

nurses at the end of the day's work ; consideration may soon have to be given to this problem.

The following table, which is a reduction of Table XXVI, which should be consulted for fuller details, sets out the work of the Home Nurses for 1954 according to a simple classification of the cases made on the doctor's diagnosis or the nurse's description if no precise diagnosis was offered by the doctor.

**Table XVII.**

HOME NURSING DURING 1954.

	New Cases	Total cases nursed	Total visits	No. of cases over 65 years of age
Degenerative Diseases and Senility ....	930	1,215	67,576	71.5%
Tuberculosis ..... ..	45	49	1,566	17.4%
Acute Disease incldg. infectious disease	1,127	1,170	11,053	23.2%
Maternity and Gynaecology ....	241	242	1,457	50.2%
Accidents ..... ..	109	115	2,324	41.3%
Others ..... ..	473	481	4,009	33.0%
Totals ..... ..	2,925	3,272	87,985	47.0%
Casual visits ..... .. (Not Nursing)	1,115			

The general picture of work done is very much as in 1953 ; about 32% of the cases nursed were grouped as suffering from degenerative diseases or senility ; just under two-thirds of the cases were females ; rather less than half of all those nursed were over 65 years of age, but fewer children were attended than in 1953. Only about a seventh of all those nursed were under 15 years of age. The number of visits in the year per diabetic case has dropped again to 133—an enormous figure still.

We have never had a case of sensitisation in any of the nurses due to antibiotics. One nurse (believed to be sensitive) does not administer these injections.

Co-operation with the family doctors and the hospitals is entirely satisfactory. I gladly acknowledge the help the hospitals give us in many ways. 43 hospital nursing students visited with the home nurses as part of their training.

*Refresher Courses.* Refresher work and in-service training are very important. The Superintendent attended a residential course (1 week) for administrators at Roffey Park. The Assistant

Superintendent attended a fortnight's course in geriatric nursing at University College Hospital, and one of the male nurses worked for two weeks in the geriatric wards at the City Hospital (by kind permission of Miss Miles, Matron). Another was, by kind permission of Miss Leiper (Matron of the Royal Devon and Exeter Hospital), given a fortnight's refresher experience in the children's wards as a resident nurse : since then, the home nursing of sick children has been allotted to her.

### IMMUNISATION AND VACCINATION.

*Organisation.* The general arrangements for immunisation and vaccination continued as described in my report for 1953.

When I learned that 1 Exeter case and 3 from surrounding areas had been admitted to the Royal Devon and Exeter Hospital about the same time because of tetanus (lock-jaw), I considered whether or not to ask the Council to offer immunisation against this disease, but decided against doing so, as it is an uncommon disease in the City. We must always balance up risks and in my view, at the moment, we have insufficient evidence to justify wholesale immunisation against tetanus.

Whooping cough vaccine alone or with anti-diphtheria prophylactic was offered from two months of age and immunisation against diphtheria alone from four months of age. Though improving, the acceptance rate at these early ages is still very poor. APT and TAF and suspended whooping cough vaccine or combined prophylactic are the antigens used. In such a scheme, smallpox vaccination fits in easily at five months of age.

All general practitioners giving service under Part IV of the National Health Service Act take part in the general scheme of immunisation and the return of records is satisfactory.

*Smallpox Vaccination.* During the year 508 persons were vaccinated for the first time and 151 persons were re-vaccinated. The number of children under 1 year of age who were vaccinated in 1954 was 433, this being the equivalent to 39% of the number of live births in the City in 1954, a sharp decline from the 1953 figure (52%), but it is still above the national infant " acceptance rate " which, calculated in a slightly different way, in 1953 was 34%. Most of the vaccination is done by the general practitioners.

*Diphtheria and Whooping Cough Immunisation.* The number of children immunised for the first time against diphtheria has been more or less constant annually over the four years 1951 to 1954. Re-inforcing doses are offered at the clinics ordinarily only to children about to enter, or who have recently entered the secondary school. The general practitioners carry out the bulk of primary immunisations, the clinics the bulk of the re-inforcing immunisations. In 1954, 86% of those protected against

diphtheria had received the combined prophylactic compared with 79% in 1953. In all, 1,072 children were immunised against whooping cough. There was no interruption of the immunisation programme during the year.

The assessment of a programme of immunisation against whooping cough is one presenting many difficulties. Not all cases of undoubted whooping cough develop the characteristic whoop, and this diagnostic sign may be replaced by clinical equivalents—e.g. spasmodic sneezing or a paroxysmal cough without whoop. A case of illness with a cough but no whoop in a family where there is an obvious case of whooping cough may well be diagnosed (and most probably accurately) and notified as a case of whooping cough—whereas such a case occurring in a family with no other obvious case of whooping cough may be diagnosed as a simple bronchitis. Thus, scientific accuracy in the ascertainment of the incidence of whooping cough in a community is exceedingly difficult. A high degree of accuracy was achieved, it is true, by the Medical Research Council in their assessment of the value of various whooping cough vaccines about which only interim reports (favourable) have been received, but these researches relied on laboratory tests, careful statistical controls and specially briefed health visitors. We simply have not got enough staff to do this type of enquiry entirely satisfactorily. So far as they go however, our enquiries suggest that vaccination has proved of value.

The following table shews the incidence of, and deaths from whooping cough in Exeter since the disease was first made notifiable in 1940.

WHOOPING COUGH IN EXETER, 1940—1954.

Year	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Cases of whooping cough .....	174	492	34	200	152	106	127	398	155	202	407	283	247	355	200
Deaths from whooping cough .....	—	1	—	—	3	—	—	3	—	1	2	2	2	1	—

Though it appeared at the end of 1954 that this had been a year with a low incidence of whooping cough, the first quarter of 1955 was by no means so encouraging though happily the disease itself has generally been mild in character.

*B.C.G. vaccination (against tuberculosis)* is discussed on page 90 (Tuberculosis).

# ANALYSIS OF THE EFFECTS OF IMMUNISATION ON WHOOPING COUGH FROM JANUARY 1953 TO MARCH 1955.

By DR. G. P. MACLAUCHLAN, *Deputy Medical Officer of Health.*

By January, 1953, the whooping cough immunisation scheme in Exeter was under way but the immunisation state of cases was not recorded until later in that year. Because of this, it has not been possible to check the immunisation state of all cases and several have had to be discarded for the purposes of this analysis.

Only children of 5 years and under have been included as the majority of those immunised fall into this group and also because the figures of numbers immunised in the City are available for these children.

## 1.—COMPARISON OF CASES WITH IMMUNISATION STATE OF 0—5 POPULATION.

1953 : of 243 cases, 20 were immunised.

Taking mid-year 0—5 population	....	5,500
Number immunised 0—5	....	1,189
So number not immunised	....	4,311

Comparing these figures :—

		<i>Whooping Cough.</i>	<i>Not Whooping Cough.</i>
Immunised	....	20	1,169
Not Immunised	....	223	4,088

This gives a  $\chi^2$  of 21.8 which shows that the children immunised have avoided contracting whooping cough to a much greater extent than the non-immunised.

1954 : of 144 cases of 5 years and under, 37 were immunised.

Taking mid-year 0—5 population	....	5,400
Number immunised 0—5	....	2,101
So number not immunised	....	3,299

		<i>Whooping Cough.</i>	<i>Not Whooping Cough.</i>
Immunised	....	37	2,064
Not Immunised	....	107	3,192

This gives a  $\chi^2$  of 10.9. Though the figures do not show up as well as 1953, they do show a significant advantage for those children who have been immunised.

## 2. COMPARISON OF CONTACTS OF WHOOPING COUGH CASES.

More reliable information can be obtained by taking all the house contacts of known cases of whooping cough and considering whether they got the disease or not, and comparing the number of

contacts who were immunised with those who were not. Only 5 year olds and under will be included and the whole period from January, 1953, to March, 1955, considered.

There were 184 close contacts of whooping cough cases of 5 years and under ; of these, 97 got whooping cough as a result of this contact. Of these, only 13 had been immunised against whooping cough. None of these contacts had previously had whooping cough.

	<i>Whooping Cough.</i>	<i>Not Whooping Cough.</i>
Immunised ....	13	41
Not Immunised ....	84	46

This gives a high figure for  $\Lambda^2$  of 26.5.

These contact figures are small in number but are an accurate comparison between the effects of known close exposure to infection on immunised and non-immunised children.

A significant trend favouring the children who were immunised is shewn.

### AMBULANCE SERVICES.

As indicated in my last report, from 1st April, 1954, the St. John Ambulance Association became responsible for the infectious disease ambulance service as well as the ordinary accident, emergency and booked removal service. The Council's two ambulances for infectious disease (including a new ambulance) were transferred to the Association's Headquarters in Goldsmith Street and housed in a newly erected garage.

The Hospital Car Service continued as previously.

The infectious disease cases are removed usually in the "infectious disease" ambulances, but not necessarily so. An additional driver was added to the whole-time staff in lieu of the part-time staff formerly doing this duty at the hospital. Full precautions are taken to eliminate any risk of cross infection of patients. The area covered for infectious disease remains as it was before 1st April and covers Central and East Devon (and even North Devon for polio cases), a wider area than that covered for ordinary work.

A new financial arrangement between the Council and the Devon County Council in respect of the Ambulance Service, including the Hospital Car Service, came into effect during the year. To obviate much clerical work, payments are now made on a percentage basis of the total costs. It is not possible therefore, to give details of the mileages, or of the number of patients carried in the hospital car service (administered by the County Council through a voluntary organisation).

## PREVENTION, CARE AND AFTER-CARE.

### 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 no undue delay in securing admission to hospital of cases that require treatment. The housing problem in regard to tuberculosis is, as in most areas, an acute one, but the Council have given practical assistance in a number of cases.

### ORGANISATION AND STAFFING.

The general arrangements were unchanged and remain as described in my last Annual Report.

### TUBERCULOSIS REGISTER.

At the end of the year there were 722 notified cases on the Register. Once again we have an increase on the figure at the end of the previous year (650); but this is due not to any real increase in new cases (i.e. fresh tuberculosis), but to better ascertainment, lower mortality in patients, and to a more complete knowledge of cases coming into the City. Indeed, the number of new notifications of tuberculosis during 1954 has decreased slightly to 99. There were 29 deaths of tuberculosis patients (from all causes) while a further 16 were taken off the Register as having recovered.

A total of 76 cases came into the City from other parts of the country and 61 cases were transferred out on taking up residence elsewhere. It may well be that these figures for inward and outward transfers will at first sight appear to be rather high for a City of this size, but it should be remembered that there are several colleges and institutions here where tuberculous patients from other parts of the country are included with other students undergoing training, and in the case of St. Loyes College, rehabilitation. Only exceptionally and then inadvertently are infectious cases admitted to these various institutions; some of these last become infectious between the acceptance for training and actual admission. It is, therefore, of the highest importance that their transfer should be notified to the department. The institutions co-operate by informing Dr. Boyd of all such cases and he sees all these tuberculosis cases as soon as practicable after admission. Of the inward transfers during the year, no less than 40 referred to quiescent cases of tuberculosis arriving at St. Loyes College for training. During the year there were also 3 patients restored to the Register who had previously been regarded as "lost sight of."

### DEATHS.

There were 23 deaths from tuberculosis (22 respiratory and 1 non-respiratory) in 1954. As well, 6 known tuberculosis patients died from a disease other than the tuberculosis.

## MASS MINIATURE RADIOGRAPHY.

I would like to record my appreciation of the constant helpfulness of Dr. G. Sheers (Director of the Unit) in regard to the work of the Unit in this city. Another unit has been introduced into the Devon and Cornwall area in 1955 and we shall have more visits than previously, Dr. P. Hollis being in charge of the Unit which will serve Exeter. As previously, 2 surveys were conducted during the year; 13,593 persons were X-rayed. Details are set out in tables XXXV and XXXVI.

## CONTACT TRACING.

As always, great emphasis continues to be placed on contact examinations at the chest clinic. The average number of contacts examined during the year for the first time in relation to each new notified case was 4.5 which is an increase on last year's figure (3.8) and is accounted for by the increased facilities for X-ray examination by the miniature camera at Ivybank (see section on radiography). 13 contacts were found to be suffering from pulmonary tuberculosis. This again is an increase on last year's figure, but is in keeping with the additional number of examinations carried out. In addition to the routine contact examinations, there were various special surveys carried out as occasion arose :—

- (a) At a large residential school a pupil was found to be suffering from tuberculous pleural effusion (no sputum). 102 tuberculin tests (Mantoux) were carried out on the remaining pupils, of which 18 were positive and 84 negative. 1 boy aged 11 years, who had a severe reaction was examined and considered to be suffering from tuberculous neck glands. All the staff were examined by means of the miniature X-ray, large films being taken where necessary. 70 staff were examined in this way, but no significant active chest case was found. It was subsequently discovered that the original pupil had been in contact with a known case of infectious pulmonary tuberculosis outside the school.
- (b) Following the admission to a sanatorium of a 11 year old schoolgirl as a suspected, but later disproved, miliary tuberculosis case, attending a City school—from outside the City—arrangements were made for 30 of her classmates to be tuberculin tested (Mantoux) and 20 who were negative reactors were given B.C.G. vaccination. 20 of the staff were also X-rayed by means of the miniature X-ray, but were found clear.
- (c) An infectious case of pulmonary tuberculosis was found in a residential hostel for women and girls and the remaining 12 boarders were X-rayed by miniature films and were found negative.

- (d) Following the discovery of cases of pulmonary tuberculosis in the teaching staffs of two schools (one in each school) arrangements were made for all the pupils to be Mantoux tested and B.C.G. vaccination given where applicable. The remaining teachers were X-rayed at the Mass Radiography Unit. The work involved was considerable, and necessitated 442 Mantoux Tests and 131 B.C.G. vaccinations. The children were also X-rayed at the Mass Radiography Unit. Happily, no further cases were discovered.

It is always necessary to obtain the parents' consent before the tests can be done, and also again later if B.C.G. vaccination is indicated, but it is a great pleasure to record that the task has been made much easier by the ready co-operation of the school staffs; their help is particularly appreciated in allaying some of the anxiety to parents that surveys of this nature must inevitably cause. At the two schools in question a health visitor was sent to the homes of the children whose initial Mantoux test had been positive, and in many cases arrangements were made for the immediate family or household to be X-rayed as well as the child. This, of course, was an entirely optional arrangement, but was, I think, a very valuable one because it resulted in the whole family being "cleared" in each case, whereas previously parents were often anxious as to the possibility of an unrecognised family source of tuberculosis. It is not possible under existing conditions to "follow-up" all positive Mantoux tests as the amount of work involved is enormous; also, unfortunately, it is extremely difficult to place a clear picture of events in front of the parents, and often what is intended to safeguard is liable to be misconstrued and to take on a more sinister aspect.

#### INFECTIVITY AND EMPLOYMENT OF TUBERCULOUS PATIENTS KNOWN TO BE INFECTIOUS.

Of the 722 cases on the Register, 157 are known to have had positive sputum during the year or are considered to be infectious. Of these, only 9 cases are working while known to be infectious. In 3 of these cases the positive result was recorded very early in the year, and the patients concerned have had appropriate treatment or supervision since and have returned to work at the end of the year having been classed as quiescent. In a further 3 of these 9 patients the positive results were obtained only by culture towards the end of the year, and they are being seen again early in the New Year (1955) with a view to appropriate treatment. Of the remaining 3 cases 1 is self-employed and 2 are entirely out-door workers with very little or no contact with fellow employees.

#### EXTRA NOURISHMENT.

Extra nourishment for tuberculous patients was mainly provided, as in former years, as milk, on the recommendation of

the Chest Physician. Altogether 46 new cases were helped in this way, while the supply was continued to a further 13 patients who had been receiving extra nourishment at the end of the 1953 period. Certain other forms of extra nourishment are also supplied, and 14 patients benefited from these, but the emphasis is on milk. The normal grant is one pint daily over and above the household supply; there is a check system in force whereby it is ensured that the "free" milk is not taken in substitution of what was formerly paid for by the family itself.

#### HOME HELPS.

Home helps were provided during the year in 9 cases of tuberculosis and the work, as before, was carried out by volunteers who are X-rayed and examined at the chest clinic at intervals; they are carefully instructed about the necessary precautions, and receive extra pay.

All new applications for home help continue to be checked against the chest clinic records to ensure that no tuberculous household is visited, unaware, by a home help.

#### DIVISIONAL THERAPY.

One more tuberculous patient was enabled to undertake diversional therapy at home by means of the £1 grant per case made by the Council to the British Red Cross Society. In addition, 6 patients continued to benefit under the arrangements.

#### TUBERCULOUS SPUTUM DISPOSAL.

Following its trial in 1953 the free issue has continued of the special caustic fluid (Miltherex) for liquifying sputum from infectious patients. It has now become a welcome commodity in a dozen homes where there are chronic cases producing considerable amounts of sputum each day. There is no doubt that this fluid has made the task of sputum disposal a safer and much more wholesome business. There has been only one minor incident resulting from a splash with this caustic disinfectant.

Ordinary disinfectant for cleaning and general use has been issued free of charge as before and also great importance is attached to the issue of paper handkerchiefs. No less than 40,000 have been distributed to patients during the year.

#### WAITING TIME FOR ADMISSION TO SANATORIA.

The average waiting time for admission to the T.B. Unit to undergo treatment was three weeks for men and six weeks for women. In the case of children for admission to Honeylands Children's Sanatorium the waiting time was six weeks.

#### RADIOGRAPHY.

1954 has seen the first full year's work of the miniature camera installed at Ivybank towards the end of 1953. 574 patients were so examined. This has not affected in any way the normal large

film sessions which were continued as previously. One immediate result can be seen in the greater number of contacts at risk examined during the year for the first time. 118 examinations were made for private practitioners while not in any way precluding the use of the Mass Radiography Unit which continues to visit the City regularly. In addition, 95 sanatorium staff were examined by means of the miniature films and 39 cases for the Local Authority. Thus, the bulk of the large films has been used on notified cases of tuberculosis and on observation cases.

The miniature films have proved to be of great help in special surveys of large institutions, schools, etc., following the discovery of cases of tuberculosis in the establishments (see details elsewhere).

#### RE-HOUSING.

During 1954 the housing conditions of 35 tuberculous families had been referred for the attention of the Housing Committee on the recommendation of the Chest Physician. By the end of the year, re-housing had been carried out in 10 cases, while a further 11 cases had been approved and passed for re-housing. In 6 cases no further action was considered necessary for various reasons (e.g. the family concerned subsequently found suitable accommodation on their own account). Of the remaining 8 cases 1 was refused and the others deferred until the "registration" had been effective for 1 year or, e.g. pending the discharge of a patient from the sanatorium, etc.

During the year action was completed in respect of 5 outstanding cases from 1953. In 3 cases re-housing was granted, 1 case was approved and passed for re-housing, and 1 case withdrawn on account of the family purchasing a house.

#### PATHOLOGICAL EXAMINATIONS.

The number of pathological examinations made for the chest clinic during the year by the Public Health Laboratory Service and the Department of Pathology, Royal Devon and Exeter Hospital, was 2,259. (See Table XXXVII).

#### TUBERCULIN TESTING AND B.C.G. VACCINATION.

A total of 909 tuberculin tests were made during the year (see Table XXXIX) exclusive of tuberculin tests after B.C.G. vaccination; and of the tests carried out by School Medical Officers in the 13 year old school children in Council Schools. There was a further increase in the number of B.C.G. vaccinations carried out at the chest clinic during the year from 173 in 1953 to 213 in 1954. The increase is accounted for by the B.C.G. vaccination of the children who were tuberculin negative in the various special surveys (see paragraph on contacts).

## TUBERCULIN TESTING AND B.C.G. VACCINATION OF EXETER SCHOOL CHILDREN BORN DURING 1941.

In accordance with the Ministry of Health Scheme for B.C.G. vaccination of school children (subject to parents' consent), the first effort was made during the year to tuberculin test and vaccinate with B.C.G. all school children born during 1941. Broadly speaking, all eligible children attending independent schools in the City were dealt with at the chest clinic while two school medical officers carried out the testing and vaccination of children attending the Education Committee's schools. All attended the Mass Radiography Unit for a chest X-ray.

### INDEPENDENT SCHOOLS.

136 B.C.G. vaccinations were carried out by the Chest Physician under the scheme; he used the Mantoux test for tuberculin testing. A further 60 vaccinations in respect of children attending one local Education Authority school which had previously been dealt with by the chest clinic in a special survey together with 13 children who were already known to the chest clinic as contacts, were carried out.

### MAINTAINED SCHOOLS.

505 vaccinations were carried out by the School Medical Officers using Heaf's Multiple Puncture technique for testing and P.P.D. tuberculin for vaccinating. Details of this effort were set out in my School Health Report for 1954, and a summary is included in the table (Table XL).

The work of the Exeter Chest Clinic which is still mainly engaged in tuberculosis work, is summarised and set out in Table XXXIX. Dr. Boyd, Chest Physician, has kindly given me the details; most of the work indicated is work carried out for the Exeter Special Hospital Management Committee, but some of it is work carried out for the City Council.

## ILLNESS GENERALLY.

### PREVENTION.

There are no specific efforts directed to the prevention of illness apart from the ordinary environmental and personal health services detailed in this report.

### HEALTH EDUCATION.

This proceeded on the lines indicated in my last report.

### VENEREAL DISEASES.

It will be noted from Table XLIII that there were more new cases from syphilis than in any of the preceeding three years.

Case and contact tracing etc. is carried out by the hospital staff by correspondence.

#### CARE AND AFTER-CARE.

Details of the health visitors' work in after-care visiting are set out on page 78.

Two health visitors work with the Diabetes Clinic of the Royal Devon and Exeter Hospital. Details are set out on page 78.

#### NURSING EQUIPMENT LOANS.

The loan of nursing requisites is carried out by issue from the Exeter Maternity and District Nurses' Home, a system which works well. The nurses know the needs and get the nursing equipment out at the next visit. All issues are free and no abuse of the service nor substantial loss has occurred. More use is made of the service, the number of loans being 2,099, nearly 40% more than in the year before.

Cases where a good many items have had to be loaned at once included an elderly patient in poor circumstances, an emergency midwifery case, a tuberculous patient. Quite certainly, without such assistance these particular cases—to give examples only—would have had to go into hospital occupying beds more urgently needed by others.

#### OLD PEOPLE—LAUNDRY.

The laundering of soiled linen has continued as previously described and has been much more used. The 1,411 articles laundered included sheets 420, pillow cases 96, draw sheets 608, towels 37, clothing and other articles 250. The 31 persons concerned were helped for periods varying from one week up to the whole year.

#### NIGHT HOME HELP.

This service (described in my last report) has proved increasingly useful. 75 persons were helped by it and in 11 instances the help has continued for more than a fortnight. In all 644 nights were worked; the recruitment of the staff (willingly undertaken by Miss Bryant) is a wearisome business because the work is so casual. One case was helped free, 22 at part cost and 52 were charged full cost.

#### DOMESTIC HELP.

##### ORGANISATION AND STAFF.

The general management remained unchanged. There were 33 part-time home helps at the end of the year, including 6 with a guaranteed working time of 36 hours; their average age was 45 years. The home help supervisor visits all homes helped either at the beginning or very soon after. Very few complaints are made and it must be stated that the helps give quite a lot of voluntary service outside their duty times in the evening. "Waiting time," which is "lost time," has been reduced to trivial proportions which indicates improved organisation, but travelling,

sickness and holidays are all substantial items amounting in all to rather more than one-seventh of the total time paid for.

#### CASES HELPED.

268 households were helped and the total number of hours worked in households was 47,490, an increase of 13% over last year's figure. It is somewhat surprising to find that the help to expectant and nursing mothers (the original *raison d'être* for the Home Help Service) is gradually decreasing, absolutely as well as relatively, whereas it is not surprising to find that the work done for old people is steadily increasing, both absolutely and relatively. The percentage of the total work carried out for these last is now 70% and the bulk of this is for cases of simple infirmity. Tuberculosis cases required more help than in previous years. Only one in ten of the families helped were given whole-time domestic help.

#### GENERAL.

The average weekly case load was 99; there is no great easing off in the summer: the average time worked per case per week in all categories was 9 hours, being rather less at 7 hours in the case of simple old age. In 13 instances, it was not possible to supply a home help at the time of demand. In 48 cases the applications were withdrawn, in 5 because the charges were considered too high, in the rest for various reasons which may have masked the real ones.

The income recovered from the families amounted to, approximately, 20% of the total expenditure on this service. During the year the Council eased slightly the charges on families where there are children. In some cases, where an old person living with relatives requests the home help, it is found that this assists the household as a whole; and where it is not possible to make the help useful exclusively to the aged person an increased charge is made in accordance with the family circumstances. The charges to old people themselves are for the most part exceedingly small, in most cases 1d. or 2d. per hour. It is hard to get staff in the summer because of the seasonal employment in the holiday industry.

#### TRAINING, ETC.

There are no arrangements for training. Overalls are supplied, and where necessary, equipment.

### MENTAL HEALTH SERVICES.

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

#### (1) ADMINISTRATION.

The only substantial change in the Council's arrangements for carrying out its duty under these Sections, is that there is now no longer a mental health sub-committee.

(2) COMMUNITY MENTAL HEALTH CARE.

In July, restrictions had to be made upon the admission of women patients in Digby Hospital owing to acute overcrowding there. For some time it has not been possible readily to admit voluntary patients over the age of seventy years. There have been more requests for the admission of elderly persons suffering from senile dementia, who are too difficult to house in the Council's hostels for the elderly, but only as a last resort has certification been sought. The need for a special type of psychiatric hostel in Exeter for such cases has been the subject of lively discussion in the Press and in the Council. I believe myself it would be useful. A fully trained Psychiatric Social Worker has been appointed and commenced (part-time) in January, 1955.

During the year the Mental Welfare Officer addressed the Parent/Staff Meetings of the Occupation Centre, and spoke to various voluntary organisations and the Police Service on the Mental Health Services in the City. The talk to the Police which lasted two sessions is now part of their annual refresher course. Student nurses from the Royal Devon and Exeter Hospital also have visited the Occupation Centre as part of their instruction.

During 1954, there were 282 Exeter patients admitted to hospital, an increase of 30 over the previous year. As there were 224 discharges and 45 deaths, the number in hospital at the end of the year (363) was 13 more than at the beginning (350). (See Table XLV).

There was an increasing number of patients being admitted to mental hospitals—mainly women—during the year, until the peak was reached in July 1954, when restrictions had to be placed on the admission of women patients; Section 20 and 21 (urgent) cases continued to increase in number.

The admission rate of voluntary patients continues high. 73% of all admissions during the year were without certification as compared with 70% last year.

Apart from the 282 patients dealt with under the Acts by the Authorised Officers, a further 146 (79 women and 67 men) were visited (a total of 461 visits) statutory action not proving necessary. 26 of the 146 cases were old persons (aged 65 or over) who were helped over their temporary difficulties.

The total number of domiciliary visits made to and on behalf of persons suffering from mental illness was 1,474 (including 772 visits in relation to admission to hospitals)—an increase of 240 visits on last year's figures.

Hospital Psychiatric Out-patient Clinics continued as described previously in my reports.

## (3) MENTAL DEFICIENCY ACTS, 1913-1938.

(i) *Ascertainment and Supervision.*

Ascertainment of mentally defective children in the City continues to be satisfactory, and the bulk of new cases continues to come through the local education authority.

In 1954 two adults were ascertained for the first time as mental defectives and 7 school children were reported under the Education Act (1944), viz :— 2 boys and 1 girl under Section 57(3) as ineducable, who were placed in the Occupation Centre, and 1 boy and 3 girls as being about to leave school, and needing supervision. These were placed under supervision. This was a lower figure than in any year since the war. An exceptional number (35) was ascertained in 1953, probably because in that year a great deal of investigation of educationally subnormal children focused attention on the problem.

The completeness of ascertainment naturally depends on the effort put into it. In Exeter, the ascertained defectives number 4.6 per 1,000 population; it is almost certainly a substantial understatement of the true position.

Supervision of defectives in the community is undertaken by the Mental Health Workers and the system works very satisfactorily.

At the 31st December, 1954, 149 Exeter persons were under statutory supervision in the community as well as 50 under voluntary supervision and there were 151 in hospitals and institutions.

In 1954 the Mental Health Workers made 1,105 visits to the homes of defectives; these included 481 visits on behalf of the defectives to such places as Government Offices (National Assistance, Labour, Pensions), Magistrates' Courts, Youth Employment Bureau, etc.

During the year 15 defectives (7 men and 8 women) from Exeter were discharged from control under the Mental Deficiency Orders by the Board of Control. 2 of the women were discharged by "operation of law" whilst being detained in mental hospitals as certified patients. In addition, 6 (2 men and 4 women) discharged from the Order in other areas came into Exeter and voluntary supervision was continued.

The majority of adult defectives of the feeble-minded class are in employment, but 14 of them (6 men and 8 women) are unable to hold a job for any length of time. There are in addition 16 imbeciles (6 men and 10 women) who would be suitable for training in an industrial centre, who are unable to work. Training for these adults is now under active consideration. Proposals have been submitted to the Minister in 1955 for approval of the establishment of an adult occupation centre.

(ii) *Guardianship.*

There are 2 women under guardianship; 1 is receiving National Assistance and the other is holding a job in a local Factory. The man who was under guardianship last year was admitted to Starcross on a "Varying Order" on 8th December, 1954, owing to deterioration in his mental state.

(iii) *Occupation Centre.*

During the year, an additional assistant, who is a qualified Nursery Nurse (N.N.E.B.) was appointed to help with the Toddler's section of the centre. The staff now consists of a fully trained Supervisor (Mrs. A. Horton) and three assistants, who have done remarkable work; the children on the roll, who are extremely happy, numbered 40 at the end of 1954 as compared with 36 in 1953. The new centre (opened in 1955) which was a single storey hospital building prior to 1938, has been specially adapted to meet the needs of a possible 60 in attendance within the next five years. A new dining hall was built on to the existing building. There will be a resident Gardener/Handyman, with his wife as Cleaner, at the centre: it has three acres of grounds, part of which is let out, part is used for recreational purposes, and part for the older boys to be taught gardening work.

The health of the children has remained good and apart from a small outbreak of chicken-pox in December, 1954, there were no outbreaks of infectious disease. The average attendance has been 83% of possible.

Two more girls reached the age of sixteen years during the year and there are now 4 girls and 1 boy who could be trained in useful handicraft work, such as carried out in an adult occupation centre. The transport arrangement by private taxi still continued. School meals of a high standard continue to be served at a payment of 9d. per day, as in ordinary schools. Some children have free meals. The children also have the benefit of the milk-in-schools scheme. Sense training, habit training, speech-training, indian club swinging and dancing, soft toy making, rug making, barbola work, making string stools, weaving and puppetry, continue as the main elements in the training. Most of the goods made, which were of good quality, were sold at the "Open Day" held in December, the parents having first opportunity to purchase articles made by their children, at the cost of the materials.

Many of the citizens are extremely kind to the Centre and help in a practical way. We have received toys and books from a number of churches in the City. In July, the Tedburn St. Mary's Women's Institute invited the children to a

tea party and pony rides in private grounds. These were very much appreciated. The local Press has always been sympathetic.

The annual "Open Day" was held before Christmas: a large gathering of friends and relations attended to see the Nativity Tableau. We are grateful to His Lordship the Bishop of Exeter for coming and speaking to the parents and friends.

There is an active Parent/Staff Association and five meetings were held in the year.

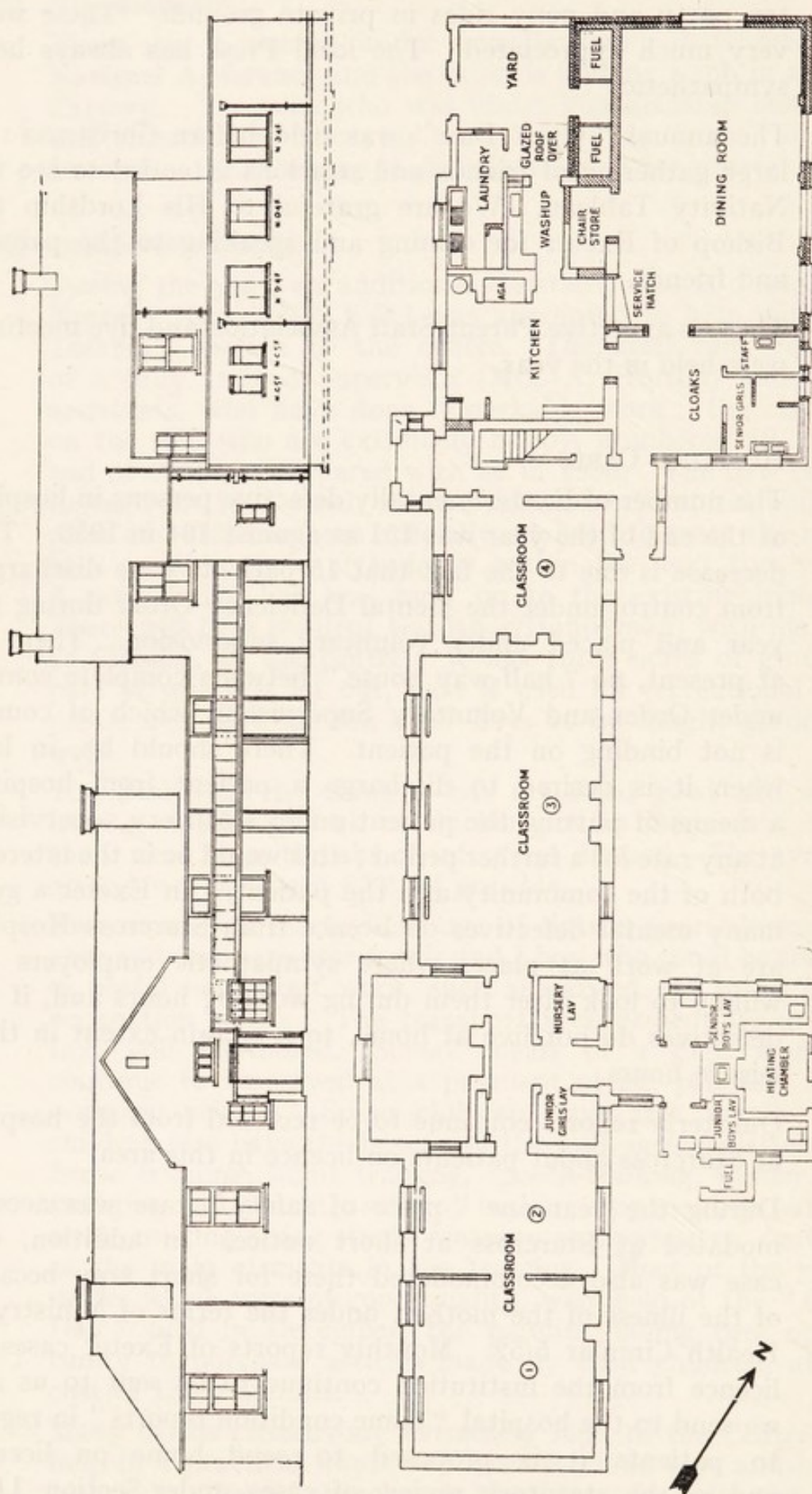
#### HOSPITAL CARE.

The number of Exeter mentally defective persons in hospital at the end of the year was 151 as against 164 in 1953. This decrease is due to the fact that 15 patients were discharged from control under the Mental Deficiency Order during the year and placed under voluntary supervision. There is, at present, no "half-way house" between complete control under Order and Voluntary Supervision, which of course, is not binding on the patient. There should be, in law, when it is desired to discharge a patient from hospital, a means of putting the patient under statutory supervision, at any rate for a further period; this would be in the interests both of the community and the patient. In Exeter a good many mental defectives on licence from Starcross Hospital are at work at places where sympathetic employers are willing to look after them during working hours and, if the defectives do not live at home, to a certain extent in their leisure hours.

Quarterly reports continue to be received from the hospital at Starcross about patients on licence in this area.

During the year one "place of safety" case was accommodated at Starcross at short notice. In addition, one case was also accommodated there for short stay because of the illness of the mother, under the terms of Ministry of Health Circular 5/52. Monthly reports of Exeter cases on licence from the institution continue to be sent to us and we send to the hospital "home condition reports" in regard to patients it is proposed to send home on licence, and re the statutory review of cases under Section 11 of the Mental Deficiency Act, 1913.

## OCCUPATION CENTRE — HOLLOW LANE



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## TABLES.

Table XIX.

## ANTE-NATAL CARE

## MUNICIPAL ANTE-NATAL AND POST-NATAL CENTRES

(by doctors)

No. of sessions held	..	..	..	..	62
No. of mothers attending	..	..	..	..	61
Total attendances	..	..	..	..	296
New cases	..	..	..	..	28
Post-Natal cases	..	..	..	..	29

Referred for treatment :—

Dental treatment	..	..	..	..	11
Royal Devon and Exeter Hospital	..	..	..	..	4

## EXETER MATERNITY AND DISTRICT NURSING ASSOCIATION.

## ANTE-NATAL AND POST-NATAL CLINICS.

(by midwives)

Cases seen at the ante-natal clinics	..	..	..	515
Attendances at the ante-natal clinics	..	..	2,000	
Examined by doctor	..	..	..	165
Cases seen at the post-natal clinics	..	..	20	
Attendances at the post-natal clinics	..	..	21	
Cases examined by doctor	..	..	..	20

**Table XX.**  
**CHILD WELFARE CLINICS**  
**ATTENDANCES**

CENTRE	Number of children in active attendance at beginning of year	Number of children in attendance at end of year
Bull Meadow (Central) .....	114	108
Bull Meadow (Northern) .....	138	117
Buddle Lane .....	90	145
Whipton .....	141	200
Shakespeare Road .....	113	122
Countess Wear .....	106	59
<i>Toddlers' Clinics—</i>		
Whipton .....	29	5
Eastern .....	34	21

**ATTENDANCES BY AGE GROUPS**

Centre	Age Groups					Total
	Under 1	1 to 2	2 to 3	3 to 4	4 to 5	
Bull Meadow (Central) .....	1,710	397	218	168	149	2,642
Buddle Lane .....	2,040	483	247	229	127	3,126
Bull Meadow (Northern) .....	1,517	390	148	130	88	2,273
Whipton .....	1,828	423	212	203	178	2,844
Shakespeare Road .....	1,547	414	319	241	232	2,753
Countess Wear .....	741	254	137	128	83	1,343
<i>Toddlers' Clinics.</i>						
Shakespeare Road .....	—	20	29	30	37	116
Whipton .....	—	33	62	50	48	183
	9,383	2,414	1,372	1,179	942	15,290

\*Closed on 31-5-54.

**Table XXI.**  
**DAY NURSERIES**

NURSERY		Buddle Lane.		Burnthouse Lane*	
AGE GROUP IN YEARS		1—2	2—5	1—2	2—5
Number of Places .....		15	25	15	25
Number on rolls at beginning of 1954 .....		6	20	4	19
Number on rolls at end of 1954 .....		6	25	—	—
Mothers working full-time	} At end 1954	23		—	
Mothers working part-time		1		—	
Other reasons .....		2		—	
Maximum Attendances .....		8	26	4	14
Minimum Attendances (excluding Saturdays) .....		2	9	1	6

Table XXII.

## PREMATURE LIVE AND STILLBIRTHS REGISTERED DURING 1954.

Notified Premature Still- births		Weight		Born at		Sex		Survivors at end of 1954		PREMATURE LIVE BIRTHS											Believed causes of Prematurity.								
										Deaths during 1954 — Age at death.																			
										Under 1 day		Over 1 day, under 1 week		Over 1 week, under 4 weeks		Over 4 weeks		Toxaemia	Ante-Partum Haemorrhage	Twin Pregnancy						Rhesus Incompatibility	Habitual Prematurity	No cause Assignable	
																													M.
M.	F.	Over	Up to	Home	Hos- pital	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
4	1	—	2 lbs. 3 ozs.	—	5	3	2	—	1	3	1	—	—	—	—	—	—	—	—	—	1	3	—	—	—	—	1	—	1
3	6	2 lbs. 3 ozs.	3 lbs. 4 ozs.	3	4	5	2	5	2	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	6	
—	3	3 lbs. 4 ozs.	4 lbs. 6 ozs.	5	11	6	10	6	6	—	1	—	2	—	1	—	—	—	—	3	—	7	1	1	1	4	—	4	
—	4	4 lbs. 6 ozs.	4 lbs. 15 ozs.	8	20	11	17	10	16	1	—	—	1	—	—	—	—	—	2	—	8	—	—	—	—	—	18		
2	4	4 lbs. 15 ozs.	5 lbs. 8 ozs.	14	26	16	24	16	23	—	—	—	—	—	1	—	—	—	1	—	2	—	—	—	—	—	37		
9	18	TOTALS		30	66	41	55	37	48	4	2	—	3	—	2	—	—	—	7	1	20	1	1	1	1	66	—	66	
				96		96		85		27		11		96		96												27	

**Table XXIII.**  
**PROVISION FOR THE UNMARRIED MOTHER**  
**AND HER CHILD**  
 (Work carried out by the Social Worker).

New Cases, 1954	58
Outstanding cases from 1953	14
	—
	72
	—
Visits made	433
Interviews given	494
<i>Bookings for confinement were made as follows :—</i>	
Own Home	10
Mowbray House	30
Redhills Hospital	1
Royal Devon & Exeter Hospital	5
St. Olave's	7
St. Gabriel's Home, Weymouth	1
Dunmore Home, Bradninch	1
L.C.C. Home	1
Poltimore Nursing Home (booked by St. Nicholas)	1
Private Nursing Home, Sidmouth (booked by own Dr.)	1
Left Exeter for other areas	14
	—
	72
	—
Affiliation Orders granted by Court	8
Applications for above dismissed	2
Applications pending	3
Payment by putative father under a private agreement	1
Subsequent marriages	2
Co-habiting with putative father	10
Referred to V.D. Clinic	1
<i>Disposition of Babies Born in 1954 :</i>	
With mother in own home	13
With mother in lodgings	1
With mother at work	2
With co-habiting parents	7
In foster homes	4
Mother married—baby with parents	2
Nursery—Barnburgh	2
Yelverton	3
Adopted	10
Died	1
	—
	•45
	—

\*44 deliveries including 1 set of twins.

## Table XXIV.

## WORK OF DOMICILIARY MIDWIVES, 1954.

## BOOKINGS.

	<i>Total</i>
No. of cases brought forward on 1st January, 1954 ..	148
No. of cases booked during the year .. ..	487
No. of emergency unbooked deliveries .. ..	10
No. of cases found not pregnant .. ..	—
No. of cases delivered during the year .. ..	426
No. of cases of miscarriage of booked patients ..	3
No. of cases left Exeter before delivery .. ..	3
No. of cases admitted to hospital undelivered ..	40
No. of booked cases subsequently delivered in maternity homes .. ..	5
No. of cases remaining on the books on 31st December, 1954 .. ..	168

## WORK DONE.

	<i>Total</i>
Cases attended as midwives .. ..	176
Visits paid as midwives .. ..	3,565
Cases attended as maternity nurses .. ..	250
Visits paid as maternity nurses .. ..	5,488
Cases booked during the year .. ..	487
Ante-natal visits to patient's homes .. ..	1,325
Medical Aid forms sent .. ..	17
Midwifery cases transferred to hospital .. ..	2
No. of health visits paid by midwives .. ..	525
No. of health visits paid by maternity nurses ..	797

## GAS AND AIR ANALGESIA.

	<i>Total</i>
No. of cases where gas and air analgesia given ..	381
No. of cases where other analgesia given .. ..	5
No. of cases where analgesia not given .. ..	40
	<hr/> 426 <hr/>

No. of cases where pethidine administered .. .. 204

## Reasons for non-administration of analgesia :

Labour too rapid .. ..	27
Medical reasons .. ..	1
Premature labours .. ..	6
Patient refused analgesia .. ..	6
	<hr/> 40 <hr/>

Table XXV.

## MEDICAL AID FORMS SENT IN 1954.

<i>Reason for calling Medical Aid.</i>	<i>By E.D.N.A.</i>	<i>By Private Midwives</i>	<i>By Hospitals, etc.</i>
ANTE-NATAL PERIOD.			
Post Maturity ....	1	—	—
Ante-Partum Haemorrhage ....	1	—	—
Threatened Miscarriage ....	2	—	—
LABOUR.			
Ruptured Perineum ....	6	—	9
Ante-Partum Haemorrhage ....	—	—	1
Post-Partum Haemorrhage ....	1	—	1
Retained Placenta ....	1	—	—
PUERPERIUM.			
Pyrexia ....	1	1	—
INFANT.			
Discharging Eyes ....	2	—	—
Prematurity ....	1	—	—
Jaundice at Birth ....	—	—	1
Spina Bifida ....	1	—	—
Stillbirth ....	—	—	1
	17	1	13
TOTAL ....		31	

**Table XXVI.**  
**HOME NURSING DURING 1954.**

TYPE OF CASE	On Books	SENT BY				AGE GROUP					SEX		Total Visits	RESULT				
		G.P's	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	On Books
<i>Degenerative Diseases and Senility :</i>																		
Post-stroke	29	104	—	3	5	—	—	—	18	123	42	99	6,301	46	24	29	11	31
Carcinoma	6	81	17	—	—	—	—	—	37	67	43	61	3,174	49	22	6	13	14
Diabetes	47	38	20	—	33	—	—	—	35	103	29	109	18,309	2	17	7	53	59
Heart Cases	52	197	6	—	15	—	—	—	50	220	118	152	8,634	71	44	41	54	60
Arthritis	11	23	1	1	3	—	—	—	8	31	8	31	1,864	2	5	3	13	16
Other Chronic diseases	58	155	18	1	23	1	2	6	108	138	93	162	10,817	17	30	71	75	62
Ulcers of Legs	17	37	2	1	4	—	—	—	14	47	13	48	4,875	—	4	25	6	26
Simple Senility	65	116	7	5	14	—	—	—	2	205	67	140	13,602	40	38	18	43	68
<i>Tuberculosis :</i>	4	31	4	8	2	—	—	—	40	9	21	28	1,566	7	11	9	10	12
<i>Acute Infections, including Infectious Disease :</i>																		
Influenza	—	27	—	—	2	—	1	1	22	5	11	18	217	1	—	18	3	7
Measles	—	1	—	—	—	—	—	—	—	—	1	—	5	—	—	1	—	—
Whooping Cough	—	—	—	—	1	—	—	—	1	—	—	1	3	—	1	—	—	—
Others	—	3	—	—	1	—	—	—	1	2	2	2	51	—	1	3	—	—
Pneumonia	4	78	—	2	2	1	9	6	38	32	46	40	956	9	13	53	4	7
Other acute chest condi- tions	16	241	—	—	10	6	16	20	93	132	104	163	2,972	10	26	196	9	26
Tonsillitis	3	36	—	—	—	—	5	6	26	2	12	27	210	—	3	33	3	—
Carried Forward	312	1,168	75	21	115	9	33	41	492	1,116	610	1,081	73,556	254	239	513	297	388

Continued on next page.

**Table XXVI.—Continued.**  
HOME NURSING DURING 1954—Continued.

TYPE OF CASE	On Books	SENT BY				AGE GROUP					SEX		Total Visits	Deaths	Transd. to Hosp.	RESULT		
		G.P's	Hosp.	P.H. Dept.	Others	0-1	1-5	5-15	15-65	65 and over	M.	F.				Conval- escent	Remov- ed for other causes	On Books
Brought Forward ....	312	1,168	75	21	115	9	33	41	492	1,116	610	1,081	73,556	254	239	513	297	388
<i>Acute Infections—Cont.</i>																		
Other acute infections ....	10	502	13	1	31	27	41	58	341	90	210	347	4,903	3	33	430	76	15
Ear Infections ....	10	171	1	—	4	11	58	67	41	9	71	115	1,736	—	5	173	4	4
<i>Maternity and Gynaecological :</i>																		
Infect. midwifery ....	—	1	1	—	11	—	—	—	13	—	—	13	176	—	—	8	3	2
Breast abscess ....	—	6	—	—	4	—	—	—	10	—	—	10	245	—	—	9	1	—
Flushed breast ....	—	14	—	—	4	—	—	—	18	—	—	18	187	—	—	18	—	—
Miscarriages ....	—	42	1	—	15	—	—	—	58	—	—	58	644	—	14	43	1	—
Changing of Pessaries ....	1	14	1	—	127	—	—	—	22	121	—	143	205	—	—	2	138	3
<i>Accidents :</i>																		
.....	6	93	11	—	5	1	12	17	40	45	34	81	2,324	2	6	92	7	8
<i>Others :</i>																		
Post Operation Cases ....	8	59	132	2	8	2	9	19	114	65	107	102	3,525	1	8	168	10	22
Pre X-ray Treatments ....	—	20	49	—	—	—	—	1	53	15	30	39	75	—	—	—	69	—
Enemata ....	—	192	1	1	7	1	11	16	97	76	96	105	405	—	9	187	4	1
Threadworms ....	—	2	—	—	—	—	—	—	2	—	1	1	4	—	—	1	1	—
TOTALS ....	347	2,284	285	25	331	51	164	219	1,301	1,537	1,159	2,113	87,985	260	314	1,644	611	443

Casual (Non-Nursing) Visits 1,115.

Table XXVII.

## IMMUNISATION AND VACCINATION DURING 1954.

## SMALLPOX VACCINATION.

Primary vaccinations	508	{ By general practitioners	463
		{ At clinics	45
Revaccinations	151	{ By general practitioners	141
		{ At clinics	10

## AGE GROUPS OF PERSONS VACCINATED DURING 1954.

	Under 1	1 to 4	5 to 14	15 and over	Totals
Primary	433	24	10	41	508
Re-vaccinations	—	1	12	138	151

## DIPHTHERIA IMMUNISATION.

Primary Courses of Immunisation	1,121	{ By private practitioners	763
		{ At clinics	358
(These include 961 combined Diphtheria-Whooping Cough immunisation courses—see below).			
Re-inforcement Injection	1,102	{ By private practitioners	342
		{ At clinics	760

PRIMARY IMMUNISATION AGAINST DIPHTHERIA,  
BY AGE, DURING 1954.

(Including 961 children who have had combined whooping cough—diphtheria immunisation).

AGE AT IMMUNISATION	Under 1	1	2	3	4	5-9	10-14	Total under 15
Number Immunised, by end of 1954	598	231	132	36	19	96	9	1,121

## DIPHTHERIA IMMUNISATION IN RELATION TO CHILD POPULATION.

Number of children at 31st December, 1954, who had completed a course of immunisation against Diphtheria *at any time before that date* (i.e. at any time since 1st January, 1940).

AGE AT 31.12.54.	Under 1	1-4	5-9	10-14	Total under 15
I.E.—BORN IN YEAR :	1954	1953-1950	1949-1945	1944-1940	
Last complete course of injections (whether primary or booster)					
A. 1950-1954	246	3,098	4,554	2,653	10,551
B. 1949 or earlier*	—	—	1,280	2,710	3,990
C. Estimated mid-year child population (1954)	1,140	4,260	11,200		16,600
"Immunity Index" $\left(\frac{A}{C}\right)$	21.6	72.7	64.3		63.5

\*I doubt if this section is accurate; it has not been possible to keep close check of removals of war-time evacuees from the City.

No case of diphtheria occurred in Exeter in 1954.

### WHOOPING COUGH IMMUNISATION.

Completed courses of Whooping cough Immunisation ....	111	By private practitioners	53
		At clinics	58
Completed courses of combined Whooping cough-Diphtheria Immunisation .....	961	By private practitioners	702
		By clinics	259

### IMMUNISATION AGAINST WHOOPING COUGH BY AGE, DURING 1954.

AGE AT IMMUNISATION	Under 1	1	2	3	4	5	Total under 15
Number immunised by end of 1954 .....	578	220	120	38	34	82	1,072

### Table XXVIII.

RETURN SHOWING CLASSES OF WORK PERFORMED  
BY EXETER (ST. JOHN) AMBULANCE SERVICE.  
1st January, 1954 to 31st December, 1954.

Code No.	CLASSIFICATION	AMBULANCES		SITTING CARS	
		Cases	Miles	Cases	Miles
1	Indoor Accidents and Acute Illness ....	529	1,716	158	592
2	Outdoor Accidents and Acute Illness ....	560	1,634	143	429
3	Removals to and from Hospitals ....	3,021	11,759	2,538	11,037
4	Inter hospital transfers ....	1,385	7,982	447	1,824
5	Maternity ....	268	1,034	403	2,073
6	Miscellaneous (Including Mental Cases) ....	639	2,890	442	2,224
7	Administration (Journeys) ....	492	1,233	315	580
8	Abortive (Journeys) ....	75	171	100	245
*9	To and from Adopted Areas (County Cases) ....	808	8,685	424	6,297
*10	From Exeter hospitals to places in Devon (County Cases) ....	813	22,396	267	7,962
*11	Other Local Authorities ....	74	2,138	111	2,639
12	Infectious Cases (Exeter) ....	816	4,187	4	424
*13	Infectious Cases (Devon) ....	131	4,256	—	—
*14	Infectious Cases (Other authorities) ....	2	30	—	—
*15	Physically handicapped School-Children ....	324	949	1,937	6,900
*16	Civil Defence Corps Training ....	44	722	2	28
	Totals ....	9,981	71,782	7,291	43,254

- \*Items 9, 10 and 13. Chargeable to Devon County Council.  
 „ 11 and 14. Chargeable to Other Local Authorities.  
 „ 15. Chargeable to Exeter Education Committee.  
 „ 16. Chargeable to Exeter Civil Defence Committee.

**Table XXIX.**  
**EXETER (ST. JOHN) AMBULANCE SERVICE.**  
*Monthly Summary of work, 1954.*

MONTH	AMBULANCES			SITTING CASE CARS			TRAINS		Patients escorted by S.J.A.B. Person'l
	P.	J.	M.	P.	J.	M.	P.	M.	Rd./Rail
January	820	575	6,081	421	349	2,695	18	840	119
February	723	513	5,583	387	272	2,676	13	1,347	109
March	751	529	6,879	515	393	3,129	18	1,999	120
April	803	534	6,076	432	349	3,040	10	1,088	108
May	705	460	5,383	409	360	3,263	10	906	89
June	683	465	5,053	372	359	2,336	16	1,249	83
July	761	506	6,251	437	390	3,668	23	2,178	84
August	629	445	5,252	378	291	2,899	27	3,519	75
September	742	442	5,204	427	351	2,734	13	1,181	70
October	872	513	6,486	354	358	3,005	23	2,919	91
November	712	432	4,711	414	366	2,713	14	1,244	71
December	845	495	5,748	391	337	3,343	9	904	59
Totals	9,046	5,909	68,707	4,937	4,175	35,501	194	19,374	1,078

P. — Patients; J. — Journeys; M. — Miles.

This Table excludes administrative journeys, Civil Defence journeys, transport of handicapped school-children and abortive journeys.

**Table XXX.**

**TUBERCULOSIS STATISTICS FOR THE CITY.**

Total cases on Register, 1st January, 1954 :

Pulmonary .. .. 558  
 Non-Pulmonary .. .. 92    650

Total new notifications received after deduction of 13 duplicates :

Pulmonary .. .. 83  
 Non-Pulmonary .. .. 16    99

Inward transfers and those previously "lost sight of" who returned to the Clinic during the year :

Pulmonary .. .. 75  
 Non-Pulmonary .. .. 4    79

Deaths during the year from Tuberculosis :

Pulmonary .. .. 22  
 Non-Pulmonary .. .. 1    23

Deaths during the year of Tuberculosis patients from other causes :

Pulmonary .. .. 6  
 Non-Pulmonary .. .. —    6

Outward transfers :

Pulmonary .. .. 55  
 Non-Pulmonary .. .. 6    61

Number of cases removed from Register as "Recovered" or "Mistaken Diagnosis" :

Pulmonary .. .. 14  
 Non-Pulmonary .. .. 2    16

Total cases on Register, 31st December, 1954 :

Pulmonary .. .. 619  
 Non-Pulmonary .. .. 103    722

Table XXXI.

CASES ON THE TUBERCULOSIS REGISTER (31ST DECEMBER, 1954).

AGE GROUP.	RESPIRA-TORY	NON-RESPIRATORY					Meninges	Lupus, Mastoid
		Neck glands	Genito-urinary	Spine	Other bones and Joints	Ab-dominal		
MALE								
0-5 .....	3	—	—	—	—	—	—	—
5-15 .....	27	5	—	—	1	2	—	—
15-25 .....	72	3	—	3	2	1	1	—
25-35 .....	86	2	4	1	1	—	—	—
35-45 .....	48	—	1	2	—	—	—	—
45-65 .....	96	1	4	1	1	—	1	—
65 & Over .....	13	—	—	—	—	1	—	—
Total Male .....	345	11	9	7	5	4	2	—
FEMALE								
0-5 .....	2	1	—	—	—	—	—	—
5-15 .....	12	4	—	1	3	—	2	1
15-25 .....	69	2	—	—	3	2	—	—
25-35 .....	100	6	2	3	5	3	1	—
35-45 .....	51	3	5	1	4	1	—	—
45-65 .....	32	1	2	—	4	1	—	1
65 & Over .....	8	—	2	1	—	—	—	—
Total Female .....	274	17	11	6	19	7	3	2

GRAND TOTAL, MALE AND FEMALE — 722

Table XXXII.

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

Year	DEATHS.			DEATH RATE.			DEATHS OF CHILDREN UNDER 5.
	Pulmon-ary	Non-Pulmon-ary	Total	PER 1,000 POPULATION			
				Pulmon-ary	Non-Pulmon-ary	Total	
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	—
1949	32	8	40	0.42	0.1	0.52	1
1950	32	2	34	0.41	0.03	0.44	—
1951	14	5	19	0.18	0.07	0.25	—
1952	19	2	21	0.25	0.03	0.27	—
1953	22	1	23	0.28	0.01	0.29	—
1954	22	1	23	0.28	0.01	0.29	—

**Table XXXIII.**

NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS DURING 1954.  
ARRANGED ACCORDING TO AGE.

AGE AT NOTIFICATION	Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.
0—	—	—	—	—
1—	1	—	—	—
2—	1	1	—	1
5—	2	2	1	1
10—	1	—	1	—
15—	1	5	1	—
20—	7	8	—	—
25—	9	9	2	1
35—	4	5	—	3
45—	5	2	3	1
55—	8	1	—	—
65—	7	1	—	1
75 and over	2	1	—	—
Totals	48	35	8	8

99

**Table XXXIV.**

DEATHS FROM TUBERCULOSIS DURING 1954,  
ARRANGED ACCORDING TO AGE.

AGE AT DEATH.	Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.
0—	—	—	—	—
1—	—	—	—	—
2—	—	—	—	—
5—	—	—	—	—
10—	—	—	—	—
15—	—	—	—	—
20—	—	—	—	—
25—	4	4	—	—
35—	1	—	—	—
45—	3	1	1	—
55—	5	—	—	—
65—	3	—	—	—
75 and over	1	—	—	—
Totals	17	5	1	—

22                      1

Table XXXV.

## MASS RADIOGRAPHY UNIT SURVEYS, 1954.

	Male.	Female.	Total.
Number examined :—			
In May survey .. .. .	5,041	2,951	7,992
In October survey .. .. .	2,790	2,811	5,601
TOTALS .. .. .	7,831	5,762	13,593

Table XXXVI.

CASES EXAMINED AT CHEST CLINIC DURING 1954  
ON REFERRAL BY THE MASS RADIOGRAPHY UNIT.

	AGE IN YEARS.							TOTAL
	Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
Male .. .. .	1	9	4	3	1	—	5	23
Female .. .. .	1	7	4	8	2	2	1	25
TOTALS .. .. .	2	16	8	11	3	2	6	48

Of this total of 48 cases referred by the Mass Radiography Unit 5 were already known to the Chest Clinic as Contacts and Observation Cases, and their supervision is being continued. 1 patient left the city and his notes were transferred to another Clinic before a definite diagnosis was arrived at. The remaining 42 cases were disposed of as follows :—

		AGE IN YEARS							Total
		Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
Diagnosed as suffering from active Pulmonary Tuberculosis :	Male : Positive sputum	—	—	2	2	1	—	3	8
	Negative sputum	—	1	1	1	—	—	1	4
	Female : Positive sputum	—	3	—	1	1	—	—	5
	Negative sputum	1	2	1	—	—	—	—	4
	TOTALS .. .. .	2	14	6	10	3	2	5	42
Taken off books as healed Pulmonary Tuberculosis :	Male :	—	2	—	—	—	—	—	2
	Female :	—	1	—	1	—	—	—	2
Remaining under observation :	Male :	1	4	1	—	—	—	1	7
	Female :	—	1	1	5	1	2	—	10
TOTALS .. .. .		2	14	6	10	3	2	5	42

Number of Patients for whom Sanatorium treatment was recommended and accepted .. .. . 16

Number of Patients continuing under Clinic supervision only .. .. . 5

**Table XXXVII.**

## SUMMARY OF WORK CARRIED OUT AT EXETER CHEST CLINIC.

	1953	1954
1. Number of new cases diagnosed as suffering from active Tuberculosis .....	103	99
2. Number of patients examined for the first time during the year	752	1,211
3. Number of patients re-examined during the year .....	1,070	1,468
4. Number of contacts examined for the first time during the year : Large Films .....	307 } 390	162 } 447
Miniature Films .....	83 }	285 }
5. Number of contacts re-examined during the year : Large Films .....	105 } 135	114 } 246
Miniature Films .....	30 }	132 }
6. Number of inward transfers received during the year .....	86	76
7. Number of B.C.G. Vaccinations carried out during the year : Clinic Cases, etc. ....	173	226
13 year old school children under the Ministry of Health Scheme ....	—	136
8. Number of X-ray Films taken during the year : Full size .....	1,792	1,712
Miniature Films .....	113	574
9. Number of Screenings made during the year .....	894	825
10. Number of Refills given during the year .....	730	719
11. Number of Pathological Examinations made during the year ....	2,813	2,259

**Table XXXVIII.**

## EXAMINATION OF CONTACTS—AGE GROUPS.

		Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	TOTAL
Number of Contacts examined during the year by Large Films and clinical examination .....	New .....	60	63	29	4	4	1	1	162
	Old .....	58	32	14	5	3	2	—	114
Number of Contacts examined during the year by Miniature Films .....	New .....	35	86	73	54	20	10	7	285
	Old .....	10	42	50	17	10	1	2	132
Number of Contacts found to be suffering from active Tuberculosis.									
Pulmonary :	Positive sputum	—	2	2	1	—	1	—	6
	Negative sputum	3	2	—	1	—	—	—	6
									12
Non-Pulmonary :	....	1	—	—	—	—	—	—	1



Table XL.

SUMMARY OF SURVEY RE PREVENTION OF TUBERCULOSIS ON CHILDREN BORN DURING 1941 ATTENDING EXETER SCHOOLS.  
(A) USING HEAF'S MULTIPLE PUNCTURE APPARATUS AND P.P.D. TUBERCULIN.

L.E.A. SCHOOLS. (Less one Boys' Sec. Mod. Sch.)	No. of Consent Forms sent to Parents	No. of Forms returned accepting ALL the Tests	No. referred to Chest Physician	Absent for diagnostic Tuber. Test	Actual No. given diagnostic Tuber. Test	Result of Tuberculin Test					B.C.G. Vaccination		Post Vaccination Tuberculin Test						M.M.R. X-Ray			
						POSITIVE				Neg.	Inocd.	Absent	POSITIVE				Neg.	Absent	Ulcers over 10 mm.	Satis.	Not Satis.	Absent
						1	2	3	4				1	2	3	4						
BOYS	335	311 (90%)	7	3	301 (97%)	16 (5%)	9 (3%)	15 (5%)	2 (.7%)	259 (86%)	256	3	52	121	71	2	—	10	—	297	4	1
						14%																
GIRLS	389	356 (86%)	13	10	313 (94%)	33 (10%)	7 (2%)	16 (5%)	3 (.9%)	254 (81%)	249	5	116	107	19	—	1	6	—	307	1	5
						19%																
TOTAL (P.P.D. CASES)	724	647 (89%)	20	13	614 (95%)	49 (8%)	16 (3%)	31 (5%)	5 (.8%)	513 (84%)	505	8	168	228	90	2	1	16	—	604	5	6
						101 16%																

## (B) USING THE MANTOUX TEST.

	No. of Consent Forms sent to Parents	No. of Forms returned accepting ALL the Tests	No. referred to Chest Physician	Absent for diagnostic Tuber. Test	Actual No. given diagnostic Tuber. Test	Result of Tuberculin Test		B.C.G. Vaccination		Post Vaccination Tuberculin Test		Absent	Ulcers over 10 mm.	M.M.R. X-Ray		
						POSITIVE	NEGATIVE	Inocd.	Absent	POSITIVE	NEGATIVE			Satis.	Not Satis.	Absent
One L.E.A. SCHOOL. (Boys' Sec. Mod. Sch.)	80	78 (97%)	3	3	72 (92%)	12 (17%)	60 (83%)	60	—	59	—	1	1	72	—	1
INDEPENDENT SCHOOLS																
BOYS	86	72 (84%)	8	—	64 (89%)	17 (27%)	47 (73%)	47	—	46	—	1	—	60	—	4
GIRLS	144	120 (83%)	5	3	117 (93%)	23 (21%)	89 (79%)	89	—	89	—	—	1	108	1	4
TOTAL INDEPENDENT SCHOOLS	230	192 (83%)	13	3	176 (92%)	40 (23%)	136 (77%)	136	—	135	—	1	1	168	1	8
TOTAL (MANTOUX CASES)	310	270 (86%)	16	6	248 (92%)	52 (21%)	196 (79%)	196	—	194	—	2	2	240	1	9
GRAND TOTAL	1,034	917 (89%)	36	19	862 (94%)	153 (18%)	709 (82%)	701	8	682	1	18	2 (.3%)	844	6	15
						862		709		701				865*		

\* 3 Children attended for M.M.R. X-Ray who did not have the Tests



**Table XLI.**

## PATHOLOGICAL EXAMINATIONS.

The following Examinations were carried out for the Chest Clinic during the year.

NATURE OF EXAMINATION		RESULTS	
		Positive	Negative
SPUTUM	Direct Smear	118	722
	Culture	49	346
	Guinea Pig Inoculation	3	4
	Preparation for Malignant Cells	2	7
GASTRIC CONTENTS, (where sputum not available)	Direct Smear	—	28
	Culture	7	27
	Guinea Pig Inoculation	1	—
SWABS	Nose	3	37
	Throat	2	36
	Sinus	4	4
	Laryngeal	1	3
SPUTUM (Sensitivity Tests on Tubercle Bacilli recovered)		Resistant	Sensitive
	Streptomycin	1	2
	Isoniazid	1	—
	P.A.S.	—	3
HOGGEN PREGNANCY TESTS		Positive	Negative
		2	3
BENCARDS SKIN TESTS		3	4
		Number of Examinations	
SEDIMENTATION RATES (WINTROBE TECHNIQUE)		418	
HAEMOGLOBIN ESTIMATIONS		418	

**Table XLII.**

## HOME VISITS.

During the year 1,276 Home Visits were made by the Tuberculosis Health Visitor (Miss A. Dawson).

This figure is made up as follows :—

(a) Primary visits to New Patients	.. .. .	85
(b) Primary visits to New Contacts	.. .. .	95
(c) Repeat visits to Patients	.. .. .	301
(d) After-care visits..	.. .. .	260
(e) Visits for carrying out Jelly Tests at home	.. .. .	266
(f) Visits for carrying out Gastric Lavages at home	.. .. .	27
(g) Other visits	.. .. .	242

The Chest Physician (Dr. R. P. Boyd) made 221 Home Visits for the examination of patients. The visits were, almost without exception, to patients who were too ill to attend the Chest Clinic.

**Table XLIII.**  
**VENEREAL DISEASE CLINIC—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.
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
1951	9	8	—	72
1952	7	9	—	64
1953	8	1	—	54
1954	12	5	—	38

**Table XLIV.**  
**DOMESTIC HELP SERVICE.**

*Summary of work undertaken :*

	No. of cases helped.		No. of hours worked.	
	Full-time.	Part-time.	Full-time.	Part-time.
<b>MATERNITY.</b>				
(a) Confinement	19	29	1,509½	1,202½
(b) Ante-natal	1	7	44	577½
<b>ACUTE ILLNESS.</b>				
(a) Under pension age	1	46	23	3,638
(b) Over pension age	—	12	—	2,570½
<b>CHRONIC SICKNESS.</b>				
(a) Under pension age	1	21	2,045	6,294½
(b) Over pension age	1	45	696	10,111½
OLD AGE AND INFIRMITY	1	69	1,619½	13,798½
TUBERCULOSIS	2	11	88	3,144
OTHERS, INCLUDING MENTAL DEFECTIVES	—	2	—	128
Totals	26	242	6,025	41,465
	268		47,490	

**MENTAL HEALTH SERVICES.****Table XLV.**

Table shewing admissions of persons suffering from mental illness to hospitals during 1954, through the Authorised Officers :—

<i>Health Service Class.</i>			<i>Male</i>	<i>Female</i>	<i>Total</i>
(1)	Voluntary	.. ..	74	75	149
(2)	Temporary	.. ..	—	2	2
(3)	Section 20	.. ..	30	46	76*
(4)	Section 21(1)	.. ..	2	1	3
(5)	Certified	.. ..	19	33	52
TOTALS ..			125	157	282*

\*There were also 3 Section 20 cases remaining from last year.

The 79 Section 20 cases subsequently became :—

<i>Type of Patient.</i>			<i>Male</i>	<i>Female</i>	<i>Total</i>
(1)	Voluntary	.. ..	19	23	42
(2)	Temporary	.. ..	—	2	2
(3)	Transferred to Section 21(1)		1	—	1
(4)	Certified	.. ..	4	14	18
(5)	Discharged home	.. ..	7	6	13
(6)	Died	.. ..	1	2	3
TOTALS ..			32	47	79

The 3 Section 21(1) cases subsequently became :—

<i>Type of Patient.</i>			<i>Male</i>	<i>Female</i>	<i>Total</i>
(1)	Certified ....	....	1	—	1
(2)	Discharged	....	1	1	2
TOTALS ....			2	1	3

**Table XLVI.**  
**EXETER RESIDENTS SUFFERING FROM MENTAL ILLNESS IN HOSPITALS DURING THE YEAR 1954,**  
**TOGETHER WITH ADMISSIONS AND DISCHARGES.**

AGE GROUP	STATE AT 31st Dec., 1953.			ADMISSIONS			DISCHARGES			DEATHS			STATE AT 31st Dec., 1954		
	Vol.	Temp. Cert.	S.20	Vol.	Temp. Cert.	S.20	S.21 (1)	Vol.	Temp. Cert.	S.20	S.21 (1)	Vol.	Temp. Cert.	S.20	S.21 (1)
0/14—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—
15/44—	14	—	33	33	—	5	13	24	—	4	14	1	—	2	—
	11	—	25	34	2	11	21	31	2	3	22	—	—	—	—
45/64—	12	—	35	27	—	4	10	21	—	2	10	1	—	1	—
	16	2	77	26	—	11	13	24	2	4	12	1	—	4	—
65 Plus—	13	—	25	14	—	10	7	10	—	2	7	—	—	8	—
	19	—	63	15	—	11	12	13	—	2	11	—	—	10	—
TOTALS	87	2	258	149	2	52	76	124	4	17	76	3	17	—	25
GRAND TOTALS	350			282			224			45			95		
															268
															363

N.B.—Included above are three S.20 cases carried forward from previous year, i.e., 1 male discharged, 1 male died, 1 female certified, these being shown in the appropriate column.

Every admission and discharge is included above, etc., as a first admission and/or discharge, as the case may be.  
 Some patients have been admitted and/or discharged more than once during the year.

**Table XLVII.**

TABLE SHEWING MENTAL HEALTH WORKERS' HOME VISITS TO MENTALLY ILL PERSONS DURING 1954.

<i>Type of Visit.</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
(1) Upon discharge from hospital or Forces .. ..	116	125	241
(2) Prior to and after removal of case .. ..	285	487	772
(3) Miscellaneous visits on behalf of (2) above and follow up, etc. ....	161	154	315
(4) Visited but no statutory action necessary .. ..	67	69	146
TOTALS ..	629	835	1,474

**Table XLVIII.**

ASCERTAINMENT OF MENTAL DEFECTIVES DURING 1954 :—

<i>How Reported.</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
(1) By Local Education Authority under Section 57(3) of 1944 Education Act .. ..	2	1	3
(2) By Local Education Authority under Section 57(5) of 1944 Education Act, on leaving ordinary schools .. ..	1	3	4
(3) Reported through Police and Magistrates' Court ..	1*	—	1*
(4) Other Sources .. ..	—	1*	1*
TOTALS ..	4	5	9

\*Over 16 years of age.

2 of the 3 children (2 boys) excluded from school commenced training at the Occupation Centre.

DISPOSAL OF 9 CASES " ASCERTAINED " DURING 1954 :—

<i>How dealt with</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
(1) Placed under Statutory Supervision .. ..	3	4	7
(2) Placed under Voluntary Supervision .. ..	1†	1†	2†
TOTALS ..	4	5	9

†The man came through the Magistrates' Court and the woman through the Moral Welfare Worker.

At the end of the year there were 2 urgent cases (1 man and 1 girl) awaiting admission to hospital.

No cases were de-certified under Section 8 of the 1948 Education (Miscellaneous Provisions) Act, during the year.

**Table XLIX.**

TABLE SHEWING MENTAL HEALTH WORKERS' HOME VISITS TO  
MENTALLY DEFECTIVE PERSONS DURING 1954.

Type of Case and reason for visit.	Visits to children under 16 years of age.		Visits to Persons over 16 years of age.		Total.
	Male	Female	Male	Female	
Voluntary Supervision .....	5	—	62	72	139
Statutory Supervision .....	16	47	233	183	479
Guardianship .....	—	—	—	6	6
Review Reports .....	—	—	48	23	71
Licence and Holiday Reports .....	—	—	24	14	38
TOTALS .....	21	47	367	298	733

In addition to the 733 visits made to mental defectives' in the community, 372 visits were made to various organisations, courts, National Assistance Board offices, Ministry of Pensions, etc., on behalf of mental defectives.

**Table L.**

TABLE OF MENTAL DEFECTIVES UNDER SUPERVISION  
AT 31ST DECEMBER, 1954.

AGE GROUP.	STATUTORY SUPERVISION.			VOLUNTARY SUPERVISION.		
	Male	Female	Total	Male	Female	Total
Under 16 years .....	24	27	51	—	—	—
Over 16 years .....	46	52	98	24	26	50
TOTALS .....	70	79	149	24	26	50

**Table LI.**

TABLE OF MENTAL DEFECTIVES FROM EXETER IN HOSPITALS  
AT THE 31ST DECEMBER, 1954.

NAME OF HOSPITAL.	MALE.		FEMALE.		TOTAL.	
	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16
Royal Western Counties .....	8	72	2	47	10	119
Other Hospitals .....	4	6	—	5	4	11
Rampton Hospital .....	—	4	—	3	—	7
TOTALS .....	12	82	2	55	14	137

Table LII.

## EXPENDITURE ON HEALTH SERVICES.

Approximate Actual Expenditure, March 1954/March 1955.

					<i>Expenditure</i>	<i>Income</i>
					£	£
Public Health Services .. .. .	..	..	..	..	21,073	4,179
Health Centres .. .. .	..	..	..	..	—	—
Care of Mothers and Young Children .. .. .	..	..	..	..	13,794	1,862
Midwifery .. .. .	..	..	..	..	8,926	1,060
Health Visiting .. .. .	..	..	..	..	5,414	—
Home Nursing .. .. .	..	..	..	..	16,059	2,122
Vaccination and Immunisation .. .. .	..	..	..	..	1,461	—
Ambulance Service .. .. .	..	..	..	..	18,843	7,930
Prevention of Illness, Care and After-Care (excluding Mental Health) .. .. .	..	..	..	..	3,887	1,425
Domestic Help .. .. .	..	..	..	..	8,118	1,457
Mental Health Service .. .. .	..	..	..	..	6,960	636
General Establishment Charges .. .. .	..	..	..	..	4,064	—
Ministry of Health Grant .. .. .	..	..	..	..	—	37,478
					<hr/>	<hr/>
					£108,599	£58,149
					<hr/>	<hr/>

TABLE I

Summary of the results of the investigation of the effect of the various factors on the rate of the reaction

Reaction of the various factors on the rate of the reaction

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