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ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH

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*To the Right Worshipful the Mayor, Aldermen and Councillors  
of the City and County of the City of Exeter.*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present the annual report on the health of the City and on the health services administered by the City Council during 1956, a year characterised by a poor summer, and to be remembered for the Suez Crisis.

PUBLIC HEALTH

The vital statistics for the year were not as favourable as in 1955. The general death rate (corrected) at 11.7, was higher than in 1955, but was the same as the national rate and the birth rate (corrected) at 14.2, was less than in 1955 and less than the national rate (15.6). There was a sharp increase in morbidity in February and early March as indicated by the new claims for sickness returns. This was due to the usual seasonal respiratory infections.

The infant death rate (29.6) was above the national rate (23.7) and much above the city's rate for 1955, which was the lowest recorded here, but the stillbirth rate (18.2) was low and lower than the national rate (22.9). The perinatal death rate—which combines the mortality experience due to stillbirths and deaths in the first week of life and is the most accurate reflex of the risks to the child associated with birth—was only slightly above the previous year's figure. Prematurity seems commoner in Exeter than in the country as a whole, and it is an important cause of perinatal death. Joint discussions locally, as elsewhere throughout the country, with hospital consultants and general practitioners about maternal toxæmia focused attention once again on this very difficult medical problem.

The number of persons married in Exeter in 1956 was 1,292 (or 16.8 per 1,000) as compared with the national rate of 15.8 per 1,000 and the Devon (geographic) County rate of 14.5 per 1,000.

Infectious disease gave no trouble. No cases of poliomyelitis were notified; the incidence of whooping cough was low (but it has increased again in 1957); and measles was mild though moderately common in the first quarter—



the carry-over of the 1955 epidemic ; scarlet fever was mild, and also uncommon until late in the year.

Food poisoning was certainly not prominent though I was a little concerned when seven apparently isolated cases of typhi-murium infection were found in the City over a period of six weeks, but no extension occurred. In my view, food poisoning as a diagnosis should only be applied if two or more cases of acute intestinal upset occur in persons known to have eaten a common foodstuff. I believe Dr. E. L. Sturdee, C.B.E., expressed this view some years ago when at the Ministry of Health. The recovery of a " food poisoning organism " from the stools of a single case of diarrhoea, etc. does not in my view justify the diagnosis of food poisoning : I don't say it is unimportant, for it *is* important, but it would be better to label it a case of infection by such and such an organism. Then we would have a clearer picture.

#### Tuberculosis.

The sharp decline in the notifications of respiratory tuberculosis is a cause for great satisfaction. At 53, they represent less than three-fifths of the average of the previous six years. Unhappily, the notifications of non-respiratory tuberculosis were above the average for the previous six years : since 1950, they have numbered annually 15, 14, 16, 11, 16, 22 and 18 (in 1956). Three cases of tuberculous meningitis, all in children, were notified ; in 2 of the families there were found active, but previously unknown cases of tuberculosis. During the five years 1949 to 1953 there were only 2 cases, but in the last three years, 8 cases. B.C.G. vaccination of the 13-year olds and of infants in households with tuberculosis was continued. It has not been possible to introduce tuberculin testing of school entrants. Mass miniature radiography continued much as in the previous year. Some interesting special surveys are discussed in the report.

#### Housing.

The initiation of the first post-war slum clearance in the City—my official representation of the houses to be included in the Council's first year programme of slum clearance was submitted in June—was a major advance.

The points scheme for rehousing has involved the department in a great deal of work. The importance of good housing conditions as a contribution to health cannot be too often reiterated. I have not the slightest doubt crowding is more important than substandard physical conditions in the house : though I do not under-estimate the importance of the latter. I sometimes find that the health of the main tenants is suffering owing to the presence of subtenant families who may be closely related to them, but the Council's scheme allows no points on medical grounds in respect of any but the applicant's family. There is much social work



to be done at the present time which might be avoided if housing were available for all families who need it. The Mackintosh Report (1956) has indicated how much work is necessary both before and after removal of tenants from previously sub-standard housing to new housing estates. The aim of all social work should be its own extinction. Social work is fully effective only if it enables families to do without outside assistance. We certainly do not want to have a race of people who are always looking to others to help them, but the unfortunate dwellers in houses with two or more families in them are only too often in present circumstances quite unable to free themselves from their difficulties; and this does not by any means apply only to those, by nature, under-endowed.

We must not overlook the Clean Air Act, 1956, which if energetically applied, can be a massive contribution to the health of the people. A substantial reduction of air pollution is likely significantly to reduce the risk of bronchitis and heart disease and possibly even lung cancer, in middle age. I am glad to be able to say that early in 1957 the Council took the first steps along the road to cleaner air: it is a long road and not an easy one nor inexpensive, but we must face it. Exeter is a beautiful city and a relatively clean city, but we should not delude ourselves that it has no smoke problem. The pea soup fog of 5th December, 1956, and the even severer fog of 1st January, 1957, when people were coughing and spluttering and hardly able to see a yard in front of them were object lessons of great value. Our records showed smoke deposition in the City (based on 3 observation points) to be 80 tons of smoke solids per square mile per year which was much more than we expected.

Negotiations about the building of a new abattoir by the Exeter and District Meat Traders Association were commenced in 1956. Although improvements have been made in the present abattoir we badly need a new one, but I must say the Government has not hurried itself in regard to the abattoir problem as a whole and that doesn't help.

The Council decided that free washing facilities should be provided in all new sanitary conveniences and, as practicable, in a number of those already built.

The flooding from time to time of parts of the City has caused public health problems and the Council have decided to press on with a scheme for improvement and reconstruction, where necessary, of the sewerage system.

The increasing burden of work in the sanitary department due to recent legislation must be noted. The Food



Hygiene Regulations, Housing legislation and the Clean Air Act, all are major measures and must be conscientiously applied.

## NATIONAL HEALTH SERVICE

Polio  
vaccination

Domestic  
Help Service

Countess  
Wear Clinic  
Opening

Adult  
Training  
Centre

Perhaps the most notable developments of the year so far as health promotion in Exeter was concerned, were the introduction of poliomyelitis vaccination, and the introduction of free home help with a view to facilitating early rest in cases of toxæmia and other disorders in expectant mothers likely to risk the safety of the baby. A new health clinic was opened in Countess Wear in June, the Burnthouse Lane Community Centre was transferred to the Health Services Committee as a health clinic in April, and the adaptation of the first floor of the St. Thomas Hall as a training centre for adult women and older girls of subnormal intelligence was begun. The domiciliary midwives started to undertake the ante-natal care and the delivery of the mothers at St. Nicholas House for unmarried mothers early in the year.

The response of the parents to our appeal to them to register their children for poliomyelitis vaccination was very gratifying. 52% registered—the highest total in any county borough in the country and only exceeded by one county, and equalled by another, both in Wales. The parents generally have always been very responsive to any appeal to them about health measures for their children: this is primarily due to their own good sense, but hard work by the health department staff, support by the family doctors, and an objective attitude by the local press have all contributed.

Nursing  
Services

I believe we have reached a fair degree of stability in the demand for home nursing, and that the establishment is now at an appropriate level: the nurses are not quite so hard pressed as they used to be—they were frankly overburdened—although they all work hard, and no call, at any time, is ever refused. The proverb "Don't drive the willing horse" is very applicable to all our nursing services, including the health visitors: and it is wisdom to heed it. The work of the health visitors increases all the time, and I am very concerned about the pressure of work in this section. I hope the Council will favourably review the establishment and also the question of car allowance for some of the health visitors.

For several years I have felt that there was more scope for specialised sick children's nursing as a part of the home nursing service, but the demand certainly does not seem to increase. In December, 1956, one of the home nurses with very considerable experience in this kind of nursing, was allocated specifically for it.



Just over two-fifths of the babies born to Exeter mothers were born at home—this is about the same as the national experience. The domiciliary midwives delivered more babies (500) than in any previous calendar year: these included 23 born in St. Nicholas House.

The Part II training school for pupil midwives and the training school for Queen's Nurse candidates are continuing satisfactorily: they, undoubtedly, contribute substantially to the maintenance of a high standard of domiciliary midwifery and home nursing in the City and are important assets.

During the year the establishment of home helps was increased by 3. The number of old people using the service (153) had increased by two-fifths since 1953; similarly, the total number of families helped (312) had increased by a third and the average number of cases helped in each week (124) by a half.

Special health education efforts included a series of winter evening meetings at Burnthouse Lane Clinic in which discussions and light refreshments were intended to provide pleasant evenings for the mothers and fathers; though quite agreeable affairs the attendance was meagre. A short note, prepared by members of the department, on topical health subjects has been included monthly in the local issue of "Better Health." A home safety campaign was conducted in December, with the help of many organisations, notably the Gas and Electricity Boards.

Miss A. C. Atkinson, Superintendent Health Visitor, was unfortunately compelled by ill-health to retire towards the close of the year; we hope very much that her health will now improve. The honour done Miss Bryant, Superintendent of Home Nurses and Home Midwives, in her election to the General Nursing Council was warmly welcomed by all who know her.

Dr. G. P. McLauchlan, my Deputy, has prepared the sections in this report on infectious disease, and Dr. I. V. Ward, the section on the loss of infant life. Other contributors have been named in the text. Mr. E. S. Howells and Mr. R. W. Stiles have supervised the preparation of the figures in the report, and all my staff have played their part. I am grateful to them all (professional and clerical and others) for the good work they put in during the whole year. The chief officers of the Council have always co-operated in every way possible. The department depends on many others in its work. The doctors in the City, including the consultants, have throughout been very helpful; the hospital service and the executive council staff, the education service, the various voluntary organisations, especially of course,



the St. John Ambulance Association and the Exeter Maternity and District Nursing Association, government agencies, the press, and above all the public, all have their part to play in the prevention of disease and the promotion of good health. Here they have always helped us wholeheartedly.

I must also very sincerely thank the Chairman (the Right Worshipful the Mayor, Col. R. H. Creasy) and the Members of the Public Health Committee and the Chairman (Councillor Mrs. M. Nichols) and the members of the Health Services Committee for the ungrudging support they have at all times afforded the Health Department. The Council has adopted a progressive attitude throughout; such a policy yields dividends not directly measurable in pounds, shillings and pence, but in terms of human well-being. We know that sickness in the community is a burden on resources which money alone cannot meet. Health means more than money.

I am,

Your obedient servant,

E. D. IRVINE.

# CITY AND COUNTY OF THE CITY OF EXETER

---

## The Mayor—

DR. C. J. FULLER, D.M., F.R.C.P.

## PUBLIC HEALTH COMMITTEE

### Chairman—

COUNCILLOR LT. COL. R. H. CREASY.

### Deputy Chairman—

COUNCILLOR H. T. HOWE.

Alderman H. C. PEDRICK.

Councillor P. F. BROOKS.

Councillor W. H. BUTCHER.

Councillor C. C. M. FORCE.

Councillor G. S. GIFFORD.

Councillor W. HUNT.

Councillor MRS. M. NICHOLS

Councillor H. PARKER.

Councillor C. REW.

Councillor MISS D. G. SAUNDERS.

Councillor R. SIM.

Councillor MRS. F. M. VINING.

---

## HEALTH SERVICES COMMITTEE

### Chairman—

COUNCILLOR MRS. M. NICHOLS.

### Deputy Chairman—

COUNCILLOR H. T. HOWE.

Alderman H. C. PEDRICK.

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

Councillor LT. COL. R. H. CREASY.

Councillor MRS. G. L. HALL-TOMKIN.

Councillor W. HUNT.

Councillor H. PARKER.

Councillor W. A. REDFERN.

Councillor C. REW.

Councillor E. RUSSELL.

Councillor MISS D. G. SAUNDERS.

Councillor G. J. E. TOMLINSON.

Councillor MRS. F. M. VINING.

### Co-opted Members—

MRS. A. T. SOPER.

MRS. A. ROBB.

MRS. L. M. INCH.

DR. H. G. MAGILL.

DR. J. RUSSELL.

MR. D. GOULD.

### 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.*

G. P. McLAUCHLAN, M.B., CH.B., (Ed.) D.P.H., D.C.H.

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

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

*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.* (Died 22.3.56).†J. B. CLARK, L.D.S. (Edin.), *Principal Dental Officer.* (From 1.9.56).

†E. G. C. HUNTER, L.D.S. (Edin.). (From 1.5.56).

†T. W. H. WOOD, B.D.S. (St. And.) (From 1.9.56).

## (b) Others.

*Chief Public Health Inspector and Officer under the Food and Drugs Adulteration Act, etc.*

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

*Deputy Chief Public Health Inspector.*

\*\*D. MAYNARD.

*Public Health Inspectors.*

\*\*A. C. LEWIS.

\*\*L. G. HOPES.

\*\*D. PECKHAM.

\*\*R. WALKER.

\*\*J. T. BROWN.

*Public Analyst.*

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

*Superintendent Health Visitor.*

\*MISS A. C. ATKINSON. (To 30.11.56).

*Health Visitors and School Nurses.*

\*MISS L. M. BARRETT.

\*MISS B. A. HILL (To 31.7.56).

\*MISS G. M. BASTOW.

\*MISS H. SHEWAN.

\*MISS B. BRAZIL (From 3.4.56).

\*MRS. E. STANNARD.

\*MRS. K. DUNHAM.

\*MRS. J. TIPPER (To 29.2.56).

\*MISS Y. CASELLI (From 15.10.56).

\*MISS L. E. WATHEN.

\*MISS A. H. EDDS.

† Duties mainly in connection with the Education Committee.

\*\*All qualified Public Health Inspectors and Meat Inspectors.

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

*Tuberculosis Visitor.*

\*MISS A. DAWSON.

*Non-Medical Supervisor of Midwives.*

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

*Day Nursery.*

Matron — MISS J. BRYAN.

*Organiser of Domestic Help Scheme.*

MISS M. DAVIES.

**Mental Health Services.***Mental Welfare Officer and Authorised Officer.*

R. W. STILES.

*Authorised Officers.*

L. N. CLARK.

MRS. L. BRUNT.

*Psychiatric Social Worker.*

MRS. M. C. JENKIN, B.A. (Part-time).

*Occupation Centre.*

Supervisor : MRS. A. M. HORTON.

*Rodent Officer.*

J. RIDGE.

*Meat Detention Officer.*

R. WEBBER.

*Clerks.*

E. S. HOWELLS (Chief Clerk).

R. W. STILES (Principal Assistant Clerk).

F. J. WREFORD.

G. A. GIBSON.

G. H. WHITLEY.

R. PETTITT.

R. TAYLER.

F. ELLIOTT.

R. HINCHLIFFE (To 21.9.56).

B. R. BOND (From 20.9.56).

P. F. SNOW (Temporary).

MRS. M. M. PAYNE.

MISS E. M. BURRIDGE.

MRS. D. MARSDEN.

MISS A. BRICKNELL (To 12.7.56).

MISS A. NORTHCOTT.

MRS. J. L. WATTS (From 1.3.56 to 30.6.56).

MISS J. M. PLUMER (From 7.8.56).

MISS L. EVELEIGH (From 3.9.56).

MISS M. CRABTREE

(Part-time) (Temp.)

MISS D. M. E. BARROW do.

MRS. M. J. GRIGG. do.

MRS. D. MAUNDER. do.

**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.

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



### GENERAL STATISTICS.

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

Population, Civilian, 77,000.

Rateable Value, £1,514,138.

Sum represented by a penny Rate, £5,940.

### VITAL STATISTICS.

Live Births :—

Legitimate, total 1,034 ; male 518, female 516.

Illegitimate, total 46 ; male 21, female 25.

Stillbirths, 20 (11 male, 9 female).

Stillbirth Rate, 18.2 per 1,000 total (live and still) births.

Birth Rate (crude), 14.0 per 1,000 population.

Birth Rate (adjusted)\*, 14.1 per 1,000 population.

Deaths, total 1,021 ; male 493, female 528.

Death Rate (crude), 13.3 per 1,000 population.

Death Rate (adjusted)\*, 11.7 per 1,000 population.

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

Tuberculosis Mortality Rate 0.28 per 1,000 population (pulmonary 0.16, non-pulmonary 0.05).

Infantile Mortality Rate, 29.6 per 1,000 live births (legitimate 29.01, illegitimate 43.5).

Deaths from Measles (all ages)	.....	.....	.....	Nil
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„ „ Whooping Cough (all ages)	.....	.....	.....	1
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„ „ Gastro-enteritis and Diarrhoea (under 2 years of age)	.....	.....	.....	1
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„ „ Diphtheria (all ages)	.....	.....	.....	Nil
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Marriages	....	....	....	....	646
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### NOTIFICATION OF BIRTHS.

1,577 notifications of live births, including 508 referring to mothers not living in the City, were received during the year ; only 4 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, civil engineering, and in administration. Unemployment at the end of the year was causing some anxiety, the building trade in particular being affected. Miss I. E. Priaulx, Manager of the Employment Exchange, generally attributed this to the credit squeeze, the Suez crisis, and petrol shortage, aggravating a recognised seasonal reduction in employment. However, in 1957, conditions have improved and the outlook is much brighter.

\*Adjusted by the use of the Registrar General's comparability factor to allow for the age and sex constitution of the population.



**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	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Exeter	74,160	75,150	76,590	77,260	76,200	76,600	76,700	76,900	77,100	77,000

(1951 Census return was 75,479)

**BIRTH RATE.**

Year	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Live Birth Rate : England and Wales	20.5	17.9	16.7	15.8	15.5	15.3	15.5	15.2	15.0	15.7
Live Birth Rate : Exeter *	19.2	17.5	15.6	14.6	14.4	14.4	15.0	14.3	14.5	14.0
Percentage of illegitimate live births to total live births : (Exeter)	6.2	4.6	6.05	5.3	6.6	6.3	5.2	6.2	6.2	4.3

\*Recorded or crude rate.

Birth Rate (1956), corrected by applying the Registrar General's correction factor (1.01) = 14.1

**DEATH RATE.**

Year	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
England and Wales	12.0	10.8	11.7	11.6	12.5	11.3	11.4	11.3	11.7	11.7
Exeter—Crude	13.4	10.7	12.9	12.1	13.9	12.0	13.2	12.9	12.4	13.3
Exeter—Corrected*	—	—	11.7	10.9	12.5	10.8	11.8	11.1	10.6	11.9

\*Corrected by application of the Registrar-General's comparability factor (which is at present 0.89); 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 13.3 (crude) and at 11.9 (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 higher than in the previous two years. Deaths from heart disease (all forms) and from cancer of the lung in men shewed distinct increase. Suicides were less.







**Table III.**  
DEATHS BY SEX, AND CERTAIN AGE GROUPS.

DEATHS AT :	1956			1955			1954		
	Total	Males	Females	Total	Males	Females	Total	Males	Females
0—14 .....	42	20	22	38	16	22	41	21	20
15—64 .....	233	145	88	221	124	97	258	160	98
65 and over .....	746	328	418	697	316	381	691	306	385
	1,021	493	528	956	456	500	990	487	503

### DEATHS AT ALL AGES.

CAUSE :	1956	1955	1954
Infective .....	63	59	61
Cancer .....	185	147	189
Degenerative .....	543	510	524
Others .....	230	240	216
TOTAL .....	1,021	956	990

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.

### ACCIDENTAL DEATH.

The Registrar-General ascribed 29 deaths to accidents other than motor accidents ; 6 of them, including 3 persons over 75 and 1 under 5, were due to motor vehicle accidents. Of the other fatal accidents, 14 or more than half, were in persons over 65 years of age and 2 were in children under 1 year.

I have been able to trace only 20 deaths, due to accidents other than motor accidents ; these included drowning in 6 cases ; one of these was a boy, the rest were middle aged or elderly ; burns accounted for 2 deaths, 1 in an elderly man and 1 in a young adult woman ; 3 deaths were ascribed to falls and 2 others to fractures ; an unusual cause of fatality was exposure to cold in 2 elderly persons ; coal gas poisoning (1) and being knocked down by a pedal cycle (1) were other fatal accidents in old people ; one old man and one 3 months old baby inhaled vomit and so died, whilst one young baby lost her life through asphyxiation by a pillow.

The accidental burns were attributed in the one case to a brushed nylon fabric having flared. It is high time the country made the production of highly inflammable dress fabrics illegal. The baby's death by suffocation with a pillow brings out the need for mothers to know that soft pillows are unnecessary for babies and are dangerous.



## DEATHS IN HOSPITALS, ETC.

41% of the deaths of Exeter residents occurred in hospitals and nursing homes.

## PLACE OF DEATH.

*Hospitals.*

Royal Devon and Exeter	....	....	....	122
City	....	....	....	194
Digby and Wonford (Mental)	....	....	....	19
Redhills	....	....	....	8
Isolation	....	....	....	14
Franklin (Mental Deficiency)	....	....	....	4
Other Hospitals	....	....	....	7
Nursing Homes	....	....	....	19
Outside City :				
Hospitals	....	33		
Nursing Homes		4	....	37
Total Institutional deaths	....	....	....	424

Total deaths in City residents (including 62 transfers-in) 1,021

## 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  
1937 — 1956.

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								
1937	1	0.9	980	41	14.1	40.1	34	21	56.1	75	73	70
1938	1	0.9	1,010	48	14.6	45.3	32	25	56.4	80	76	69
1939	3	3.1	936	37	13.4	38.0	24	16	42.1	61	63	69
1940	2	1.8	1,012	37	13.7	33.7	26	15	38.7	63	60	66
1941	5	4.1	1,027	35	12.8	32.9	42	37	68.0	77	73	62
1942	3	2.7	1,065	31	14.4	29.2	32	21	49.8	63	57	60
1943	3	2.8	1,051	35	15.3	32.2	35	16	48.5	70	64	58
1944	8	5.8	1,334	36	19.5	26.3	32	27	44.2	63	46	53
1945	4	3.1	1,246	29	18.0	23.3	33	37	56.2	66	52	52
1946	4	2.7	1,444	42	19.8	28.3	45	25	48.5	67	45	48
1947	4	2.7	1,428	34	19.2	23.2	47	35	57.4	81	55	48
1948	2	1.5	1,316	42	17.5	30.9	15	9	18.2	57	42	46
1949	1	0.8	1,192	31	15.6	25.3	25	5	25.2	56	46	47
1950	1	0.9	1,130	22	14.6	19.1	28	8	31.8	50	43	44
1951	—	—	1,098	33	14.4	29.1	24	9	30.0	57	50	45
1952	1	0.9	1,101	27	14.4	23.9	18	6	21.8	45	40	46
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	
1955	1	0.9	1,115	26	14.6	22.8	12	7	17.0	38	36	
1956	—	—	1,021	20	14.2	18.2	22	10	29.6	42	36	

\*Perinatal deaths here include stillbirths and deaths within 28 days of birth except in 1955 and 1956. Stillbirths and deaths within 7 days of birth only have been included in those 2 years.



## MATERNAL DEATHS.

There were no maternal deaths in 1956.

## 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 .....	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
England and Wales .....	41	34	32	29	29.6	27.6	26.8	25.5	24.9	23.8
Exeter .....	57.4	18.2	25.2	31.8	30.0	21.8	41.6	26.3	17.0	29.6

## LOSS OF CHILD LIFE.

(Much of the information set out in this Section is set out here for medical record purposes and some of the terms used may not be readily understood by non-medical readers)

## INFANT DEATHS.

There were 32 infant deaths in 1956 representing an infant mortality rate of 29.6 per 1,000. This is higher than the national rate and much higher than it was in 1955. The stillbirths, however, were fewer than in 1955.

NEONATAL DEATHS (i.e. within 28 days of birth) : 22 children died within the first month of life, their ages at death ranging from 10 minutes to 3 weeks ; 20 of them died within the first week, 13 of them being aged 1 day or less ; 12 of the 22 babies were premature children and in 4 cases pregnancy was complicated by toxæmia. The causes of death were : congenital abnormality 7 ; birth injury 6 ; respiratory disorder 5 ; prematurity alone 4.

BIRTH INJURIES included (first and second), 2 cases of cerebral hæmorrhage and torn falx cerebri in premature children having spontaneous vertex deliveries ; (third) a case of tentorial tears and sub tentorial hæmorrhage after spontaneous delivery of an 8 lb. 10 oz. baby, the mother having had a normal delivery of an 8 lb. baby nine years previously ; (fourth) a case of tentorial tears after forceps delivery of a full term child ; (fifth) extensive cerebral hæmorrhage in a spontaneous vertex delivery in a primipara ; (sixth) a forceps delivery of a face presentation in a primipara who had pre-eclamptic toxæmia. Five out of the 6 were first children. Babies (4) and (6) were delivered in hospital.



TOXAEMIA, 4 cases :

- (1) Pre-eclampsia with a face presentation and forceps delivery ;
- (2) A twin pregnancy, the child being premature and dying in a cyanotic attack ;
- (3) Pre-eclampsia necessitating surgical induction with the birth of a premature child weighing 2 lbs. 10 oz. ;
- (4) Surgical induction for high blood pressure resulting in the birth of a premature child that died of lung infection, aged 4 days.

Babies (1), (3) and (4) were born in hospital.

RESPIRATORY CAUSES. (5 cases). Cases (1) and (2) were due to inhalation of meconium or liquor and did not have post mortem examinations. (Third) This was a child born prematurely owing to the induction of labour for ante partum haemorrhage. The child died at 6 days from a staphylococcal lung infection. (Fourth) Surgical induction for high blood pressure led to the birth of a premature child who died of neonatal lung infection at 5 days ; the (fifth) was a case of Caesarean section with the birth of a small baby who had gross hyaline membrane in the lungs and died aged 5 days. All these babies were delivered in hospital.

POST NEO-NATAL INFANT DEATHS (aged 1 month—1 year). There were 10 children in this group. 6 had congenital abnormalities affecting the brain, pancreas, bowel or heart. One mother was toxic ; but no virus infection or other recognisable ante-natal factor was ascertained. 2 others were found dead in their cots, one aged 2 months having died from suffocation, the result of pressing the nose into a pillow, and the other, aged 3 months, died from asphyxia after inhaling a vomited feed. Extensive cerebral thrombosis following dehydration from gastro-enteritis caused death in a child aged 9 months, and there was one death due to pertussis with fits in a child of 11 months who had not been immunised.

Summary of causes for the 32 deaths :—

Congenital abnormality ....	13
Birth injury ....	6
Respiratory ....	5
Prematurity only ....	4
Accidental ....	2
Pertussis ....	1
Cerebral thrombosis ....	1

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32

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**Table VI.**  
**INFANT DEATHS IN 1956**

CAUSE OF DEATH	Total	NEONATAL		1st YEAR		Male	Female	Legitimate	Illegitimate	Post Mortem Examination Made	Premature	Complications in Pregnancy.	Complications of Labour	PLACE IN FAMILY					
		Under 1 day	*1-28 days	1-3 months	3-12 months									1	2	3	4	5	6
Congenital Abnormality ....	13	3	4	3	3	6	7	12	1	11	6	4	4	6	2	1	2	—	2
Birth Injury ....	6	2	4	—	—	3	3	6	—	5	2	1	3	5	—	1	—	—	—
Respiratory ....	5	2	3	—	—	1	4	5	—	3	3	2	1	1	—	2	2	—	—
Prematurity ....	4	3	1	—	—	1	3	4	—	—	4	4	1	1	3	—	—	—	—
Accidental ....	2	—	—	1	1	1	1	2	—	2	1	1	—	—	1	—	1	—	—
Pertussis ....	1	—	—	—	1	1	—	1	—	1	—	—	—	—	—	—	—	1	—
Cerebral Thrombosis ....	1	—	—	—	1	—	1	1	—	1	—	—	—	—	1	—	—	—	—
Totals ....	32	10	12	4	6	13	19	31	1	23	16	12	9	13	7	4	5	1	2

\*Over 1 and under 28 days.



## STILLBIRTHS.

There were 20 stillbirths in Exeter in 1956—a low figure.

PREMATURE STILLBIRTHS (8); 6 of them were macerated and no stillbirth in this group was attributed to birth injury or difficult labour. 4 were born in hospital, 4 at home; a post mortem was made on 1 case only, stillbirth being attributed to pre-eclamptic toxæmia.

TOXAEMIA complicated pregnancy in 3 cases and was the believed *cause* of stillbirth in 2 of them: in the third case the mother had accidental haemorrhage (both revealed and concealed) with afibrinogenaemia and essential hypertension, and the stillbirth was attributed to ante-partum haemorrhage: the foetus—a first child—weighed 3 lbs. at 32 weeks' gestation. No *cause* was found in 5 cases, but 4 of them were macerated and weighed from 1—3 lbs. only.

FULL-TERM STILLBIRTHS (12). In this group there were 4 cases due primarily to *ante-partum haemorrhage*. 2 of these had toxæmia, both having sudden large concealed accidental haemorrhage.

There were 3 cases of *complicated labour*—1 being due to stenosis of the cervix necessitating delivery by Caesarean section for continuous uterine colic: a post-mortem examination of the foetus showed anoxia only. The second case was due to prolapse of the cord following surgical induction by rupturing the membranes in a patient with much albuminuria and a B.P. of  $\frac{150}{90}$ . The third was a normal vertex delivery in a primipara—post mortem examination revealed tentorial tears and cerebral haemorrhage; the foetus weighed  $7\frac{1}{4}$  lbs. There was 1 case due to *Rhesus incompatibility*. This patient had a child born jaundiced in 1955 who died during replacement transfusion. It was hoped to induce labour 2 weeks before term in this 1956 pregnancy, but the movements ceased 3 weeks before the expected date of delivery and the foetus was stillborn.

TOXAEMIA complicated pregnancy in 6 cases out of the 20 and was primarily responsible for foetal death in 2 cases. Three others had accidental haemorrhage, the haemorrhage being counted the major lethal factor. One of these patients did not, because she would not, have sufficient rest in pregnancy; another with essential hypertension had very adequate ante-natal treatment. The sixth patient was a primipara with a breech presenting; external version under an anaesthetic was performed and labour induced by rupturing the membranes because of a rising blood pressure and much albuminuria. At full dilatation the cord prolapsed, and was not pulsating.

—3 to page 21

**Table VII.**  
STILLBIRTHS, 1956.

WEIGHT		Total	SEX		Home Delivery	Hospital or Nursing Home Delivery	Complications in Pregnancy	Complications of Labour	Post Mortem Examinations made	Legitimate	Illegitimate	CAUSE S												Macerated	Fresh
			Male	Female								Toxaemia	A.P.H.	Rheus Incompatibility	Intra Uterine Inspiration	Obstructed Labour	Prolapse Cord	I.C.H.	Haemorrhage Mucosa	Knot in Cord	Not known				
PREMATURE	3 lbs. 4 ozs. or under .....	6	2	4	3	3	2	1	—	5	1	1	1	—	—	—	—	—	—	—	—	—	4	5	1
	Over 3 lbs. 4 oz. to 5½ lbs. ....	2	2	—	1	1	1	—	1	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	TOTALS .....	8	4	4	4	4	3	1	1	7	1	2	1	—	—	—	—	—	—	—	—	1	1	1	1
FULL-TERM	Over 5½ lbs. ....	12	7	5	2	10	3	3	5	12	—	—	4	1	1	1	1	1	1	1	1	1	1	2	10
	TOTALS .....	20	11	9	6	14	6	4	6	19	1	2	5	1	1	1	1	1	1	1	6	8	12	12	





## 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; most of these abortions are natural and not induced. We know that 58 cases of abortion were cared for in hospitals in the City in 1956 and that during the same year 40 were cared for at home, making a known total of 8.1% of all pregnancies. This is, of course, a serious loss of infant life.

In 1, stillbirth was due to insufflation of meconium, and 1 to inspiration of liquor, and in another to a knot in the cord. *Contd. f P. 20!*

Post-mortem examinations were made in the following 6 cases out of the 20: Toxaemia (1), intra-uterine inspiration of liquor (1), tentorial tears and cerebral haemorrhage (1), cause unknown (1), insufflation of meconium (1), concealed accidental haemorrhage (1).

The causes briefly stated, were ante-partum haemorrhage (5), of which 3 were toxic, toxaemia (2), intra-uterine inspiration (2), rhesus incompatibility (1), obstructed labour (1), prolapsed cord (1), intra cranial haemorrhage (1), knot in cord (1), unknown (6).

## PREMATURE INFANTS

Prematurity is now determined not by reference to the believed period of gestation, nor by the formerly accepted signs of prematurity, but by birth weight ( $5\frac{1}{2}$  lbs. or less indicating prematurity—or, really, immaturity).

The table shews (year by year since 1950) the percentage of live births which were premature in Exeter and in England and Wales.

PREMATURE BABIES AS PERCENTAGE OF THE LIVE BIRTHS.

Year .....	1950	1951	1952	1953	1954	1955	1956
Exeter .....	6.5	6.8	7.2	7.5	8.7	6.9	8.6
England and Wales .....	6.2	6.0	6.2	6.6	6.9	6.9	

The proportion is consistently higher in the city than in the country as a whole and it appears to be rising. It is notable that in 1955 when the prematurity rate in Exeter was at its lowest since birth weights were recorded and returned, for all deliveries, the infant death rate was also at its lowest. Prematurity contributes substantially to perinatal mortality, but the causes of prematurity are by no means always clear.

There were 93 premature live births in 1956, representing a rate of 8.6 per 1,000 live births. There were 8 premature stillbirths in 1956 (discussed on page 20).



Out of the 93 premature infants, 79 were alive at the end of 1956 ; of the deaths, 12 were in the neonatal period, 1 at 6 weeks of age, and 1 at 3 months of age.

#### FACTORS ASSOCIATED.

- (a) 13 of the children were twins, the 14th twin weighed more than  $5\frac{1}{2}$  lbs. ;
- (b) In the following 7 cases labour was induced :
  - 1 on account of arthritis in the mother,
  - 4 on account of toxæmia of pregnancy,
  - 2 by Caesarean section (1 for toxæmia and 1 for disproportion) ;
- (c) 2 other patients had toxæmia, but labour was spontaneous, not induced ;
- (d) there were 6 children with congenital abnormalities ; of these 4 died in 1956 and are discussed in the section on infant deaths, 1 died early in 1957 aged 8 weeks, and the survivor is a Mongol, the first child of a mother aged 40 years. Two other mothers had chronic illness, viz. : active tuberculosis and Crohn's disease ;
- (e) ante-partum hæmorrhage occurred in 3 other cases.

No other factors were recognised, but it is of interest that there were 16 children weighing  $5\frac{1}{2}$  lbs. or less and, therefore, designated " PREMATURE " who were, according to the expected date of delivery either POST MATURE or within a few days of term. Another child born 17 days before the expected date of delivery and weighing 5 lbs. 8 oz. showed no signs of prematurity when born and the hospital did not consider it a premature child.

Mothers on the whole know the date of the last menstrual period and I do not think it would be accurate to say that all of these 16 were wrong in their dates. Can we not, therefore, classify these children as full term small children ? That is to say, 16 out of 93 (17% of cases of prematurity) are on this view, full term small children.

Although weight is more or less universally accepted as the sole criterion of prematurity, I do not feel quite satisfied that it is sound. I think family traits should be borne in mind, as well as the clinical condition of the infant. Where one child of twins is over  $5\frac{1}{2}$  lbs. and the other under, it seems unreasonable to call one premature (or even immature) and one mature. We have an example of a mother who had six babies all over 12 lbs. in weight, and had a baby in 1953, believed to be about 7 months (by dates), but weighing 8 lbs. 8 ozs. The mother was diabetic and also pre-eclamptic : the baby in its muscle-tone and behaviour was very like a premature infant, despite its weight.

Many of the larger so-called premature infants are quite vigorous and prove perfectly healthy and in my view are mature small infants.



## PERINATAL MORTALITY.

There were 20 stillbirths in Exeter in 1956 and 20 infant deaths within the first week of life making a total of 40 perinatal deaths. The total live and stillbirths numbered 1,100, so the perinatal mortality was 36.4 per 1,000 total births (compared with a rate of 32.4 last year); the rate in England and Wales is about the same (last figure available to me is 38.0 in 1954).

*Causes of Perinatal Mortality.*

Birth injury and difficult labour	9	{ 6 neonatal 3 stillbirths
Respiratory	7	{ 5 neonatal 2 stillbirths
Congenital abnormalities	5	Neonatal
Ante-partum haemorrhage	5	Stillbirths
Prematurity only	4	Neonatal
Toxaemia	2	Stillbirth
Rhesus incompatibility	1	Stillbirth
Knot in cord	1	Stillbirth
Not known	6	Stillbirth
TOTAL :		40

8 stillbirths and 12 neonatal deaths were of premature babies.

## 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 1956, but it has returned the figures for **1955** which are set out below.

## EXETER RESIDENTS, 1955.

		AGE.							
SITE		Und'r 20	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	Over 70	TOTAL
Buccal Cavity & Pharynx ....	M	—	—	—	—	—	1	—	1
	F	—	—	—	—	—	—	1	1
Digestive Organs and Peritoneum ....	M	—	—	—	1	3	8	14	26
	F	—	—	1	3	5	9	13	31
Respiratory System ....	M	—	—	—	3	7	7	6	23
	F	—	—	1	—	1	1	—	3
Breast ....	M	—	—	—	—	—	—	—	—
	F	—	—	3	7	4	6	5	25
Genito Urinary Organs ....	M	—	—	—	—	1	5	6	12
	F	—	—	—	1	6	9	6	22
Skin ....	M	—	—	—	4	2	5	6	17
	F	—	—	—	2	2	2	5	11
Other and unspecified sites ...	M	1	—	—	4	—	1	2	8
	F	—	—	—	—	—	2	—	2
Lymphatic and Haemato- poietic tissues ....	M	—	1	—	1	—	1	1	4
	F	—	—	—	—	—	—	1	1
TOTAL ....		1	1	5	26	31	57	66	187



The total number of deaths from cancer in 1956 was 185, considerably more than in the previous year. Cancer of the lung and bronchus accounted for 38 deaths, the highest yet recorded.

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

Year .....	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Deaths .....	128	151	152	143	180	152	172	189	147	185

It should be noted that leukaemia is now counted as a cancerous disease.

### PUBLIC WATER SUPPLY.

I am indebted to the City Engineer and Surveyor (Mr. J. Brierley, B.Sc., A.M.I.C.E., M.I.MUN.E., M.T.P.I.) for most of the information relating to the public supply.

The method of treatment of the water from the River Exe remains the same as described in my Report for the year 1954.

Rainfall over the watershed was slightly below average for the twelve months. During the year there were two periods of absolute drought. These occurred during February and March. For the whole of February and the first two days of March no measurable rain was recorded. Although the peak demand was lower than the previous year the average consumption per day increased to 4,144,000 gallons. The estimated population supplied direct was 81,934 and in bulk 1,044. The average daily consumption was 50 gallons including trade, per person.

The average doses of chemicals used for treatment were :—chlorine (breakpoint dose) 3.98 p.p.m. ; alumina for coagulation 12.23 p.p.m. ; hydrated lime for pH correction 7.0 p.p.m. Occasional dosage with sulphur dioxide was necessary to remove excess chlorine in the final treatment stage.

Details of the bacteriological examinations carried out by the Public Health Laboratory Service (Director, Dr. B. Moore) are set out in Table 2. 98% of the samples from consumers' supplies were reported Class I according to the Ministry of Health's classification for piped supplies.

The Public Analyst made quarterly chemical and bacteriological examinations of both raw and treated waters, and details of these two are attached (Table 1). The fluorine content (four



analyses) averaged .038 p.p.m. The water supplied to consumers was reported free from plumbo-solvency.

The City Water Committee's scheme for the extension of the Filtration Plant at Pynes Waterworks, although approved in principle, was still held up by the restriction on capital expenditure, but it is anticipated that work on this project will begin in 1957/58.

During 1955 and 1956 a good deal of consideration was given to the pollution of the river, above the water intake point, by sewage from Brampford Speke. The St. Thomas R.D.C. have prepared a scheme for the treatment of the sewage and I hope it will be implemented in the near future.

**Table VIII.**

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

	RESULTS IN PARTS PER MILLION.			
	9.1.56.		16.7.56.	
	Raw	Filtered	Raw	Filtered
Chlorine as Chlorides .....	12.0	14.0	16.0	20.0
Nitrogen as Nitrites .....	trace	0	slight trace	0
Nitrogen as Nitrates .....	2.0	2.0	1.15	1.15
Nitrogen as Free and Saline Ammonia .....	0.024	0	0.050	0
Nitrogen as Albuminoid Ammonia .....	0.020	0.018	0.164	0.124
Total Hardness .....	56.0	57.0	68.0	77.0
Temporary Hardness .....	27.0	29.0	50.0	52.0
Permanent Hardness .....	29.0	28.0	18.0	25.0
Total Solids .....	110.0	120.0	135.0	150.0
Suspended Solids .....	1.0	0	0.4	0
Oxygen absorbed 4 hrs. 27°C. ....	.6	—	1.40	1.15
Chlorine as free chlorine .....	—	0.28	—	0.13
Plumbo-solvency .....	—	nil	—	nil
pH .....	7.2	7.3	7.3	7.7
B.Coli per 100 ml. ....	1600	0	350	0
Streptococcus per 100 ml. ....	10	0	5	0
Microbes : 72 hrs. at 22° per ml. ....	2800	3	650	6
48 hrs. at 37° per ml. ....	340	0	120	2

### SEWERAGE, ETC.

In order to relieve flooding, sewers were reconstructed at Countess Wear Road and Portland Street.

Foul sewers were reconstructed at Beaufort Road, Lansdowne Terrace and Paul Street.

Considerable progress was made on the construction of a Sewage Pumping Station at Mill Road, Countess Wear, which was scheduled for completion early in 1957.

### SEWAGE DISPOSAL.

The Countess Wear Sewage Works functioned satisfactorily throughout the year.

Experiments were carried out to determine the most effective way of preventing foam nuisance at the Works.



**Table IX.**  
**EXETER PUBLIC WATER SUPPLY.**

BACTERIOLOGICAL ANALYSES OF SAMPLES TAKEN IN 1956 : 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	51	51	—	—	—	—
(b)	ON CONSUMERS' SUPPLY :	72	69	1	—	2	—
	DANES CASTLE RESERVOIR ZONE						
	INTERMEDIATE	54	54	—	—	—	—
	MARYPOLE HEAD	20	20	—	—	—	—
	BARLEY LANE	25	24	1	—	—	—
	TOTAL	222	218	2	—	2	—
(c)	OTHERS :— BUILDING SITES, NEW MAINS, ETC.	97	31	6	10	15	32

In addition, 52 samples of raw river water were examined—generally these showed gross pollution (over 1800 Presumptive B.Coli per 100 ml.) ; and also 36 samples of water whilst undergoing treatment for the purpose of checking the efficiency of various parts of the sterilisation plant.

### PRIVATE DOMESTIC WATER SUPPLIES.

The annual survey of the wells in the City was carried out towards the end of the year and there are now 23 known wells and springs used in the city for domestic purposes. These are situated as follows :

Northern District	....	....	....	....	....	16
Western District	....	....	....	....	....	4
Southern District	....	....	....	....	....	2
Eastern District	....	....	....	....	....	1
Number of farms, including 6 dairy farms served by these wells	....	....	....	....	....	7
Number of dwelling houses served by these wells	....	....	....	....	....	19
Number of persons served	....	....	....	....	....	89

Samples of water from these wells and springs were taken by the district inspectors during the year for examination by the Public Health Laboratory Service. The results were as follows :

<i>Presumptive Coliform.</i> <i>Count per 100 ml.</i>	<i>Number of</i> <i>samples.</i>
Less than 1	5
1 — 10	5
11 — 50	2
50+	11

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.

During the year, plans were made for the construction of a high-level water supply for the North-eastern area of the city and it is hoped work will be commenced early in the new year. The work should be completed before the end of 1957, when all the houses now served by wells in the Northern District will be within range of mains supply.

### CONNECTIONS TO MAIN DRAINAGE

During the year, 2 properties, not previously on main drainage, were connected to the sewers.

### SANITARY CONVENIENCES

A survey of the women's sanitary conveniences shewed that their quality varies from really excellent to poor : some of them could certainly not be used by the fastidious. The convenience in the Civic Hall is not at all satisfactory. In new conveniences, the provision of low suites for children would be an advantage and sanitary bins are essential. The conveniences in cemeteries and parks are not very satisfactory ; in some playing fields there are none at all. Free hand washing facilities are available in 13 out of 30 conveniences. Fixed litter bins would be useful in them.

### PUBLIC CONVENIENCES.

Permanent conveniences were constructed at Exhibition Fields, Glasshouse Lane and Cowick Barton Playing Fields. The



construction of a permanent convenience was also begun at Fore Street, Heavitree, and the existing convenience closed for subsequent demolition.

For many, many years I have been told the public will not take care, but if the conveniences are themselves clean and well cared for then the public will, I am certain, adopt a responsible attitude. Education is important. I am glad the Council is progressive in this matter ; but more still remains to be done.

## **ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR.**

### **INTRODUCTION.**

This report, following the pattern of previous years is in two parts ; part one consists of comments on some of the problems experienced during the year and on some of the more unusual aspects of our work, and the second part comprises an analysis of the work done.

### **PART I.**

#### *Staffing.*

I am pleased to record that (for the first time since 1953) the section completed a year's work with its full complement of inspectors.

In addition to the resumption of slum clearance, the year saw the introduction of two items of legislation which will mean much additional work. The Food Hygiene Regulations now bring under supervision *all* premises (except Crown property) where food is handled ; the Clean Air Act (some provisions of which came into force on December 31st) will make great demands on the inspectorate if the worthwhile ideal of a clean atmosphere is to be realised.

In order to carry out efficiently its continually increasing responsibilities the Public Health Committee decided to engage an additional inspector and another clerk, but unfortunately our advertisements for another inspector have so far proved abortive.

#### *Accommodation.*

The Public Health Committee also approved a recommendation that various rooms in the basement of No. 5, Southernhay West should be converted into one large office for the inspectors. When this conversion is completed it will relieve the present serious overcrowding of clerical and inspectorial staff.

#### *Food Hygiene.*

##### *(a) Food Hygiene Regulations, 1955.*

The Food Hygiene Regulations 1955 came into operation on the 1st January, 1956, necessitating the detailed inspection of all food premises in the city. In nearly all the premises so far visited it has been found necessary to request some additional equipment



or other improvement and 343 notices were served in this connection as compared to 93 served (under previous legislation) in 1955. Under the new Regulations many more premises than formerly should be regularly inspected; it is estimated that in addition to boarding houses, there are now some 1,000 premises which should be regularly visited, (shops, restaurants, canteens, hostels, clubs, old folks' homes, mobile vans, etc.). No reliable figure is available of the number of boarding houses in the city but an estimate of 200-300 would probably not be extravagant.

Unfortunately, the increased demands made on the section in connection with slum clearance and housing repairs have had the effect of curtailing our activities in other directions, particularly in connection with Food Hygiene. This shift of emphasis in our work was noted in my report last year and the following table shows how the trend is continuing.

HOUSING INSPECTIONS AND INSPECTIONS OF FOOD PREMISES IN THE YEARS 1952-1956		
YEAR	Housing Inspections.	Inspection of Food Premises.
1956 .....	5,454	2,351
1955 .....	4,919	2,902
1954 .....	2,633	3,903
1953 .....	2,463	4,308
1952 .....	1,994	5,152

The decline in the number of inspections of food premises cannot be lightly dismissed.

The number of cases of food poisoning (for the whole country) increases year by year, and it cannot be too strongly emphasised that one of the certain ways of ensuring that the people handling foodstuffs are kept aware of their responsibilities, is by the regular inspection of their premises.

(b) *Applications for Certificates of Exemption.*

During the year nine applications were received for certificates of exemption under Section 16 (1) and 16 (2) of the Food Hygiene Regulations 1955. Five were granted because of restricted accommodation and other circumstances.

*Clean Air.*

(a) *The Clean Air Act 1956.*

The Clean Air Act 1956 received the Royal Assent on the 5th July 1956 but did not come into operation immediately. Some of the provisions of the Act came into force on December 31st and the remainder will not be effective until early in 1958.

The Act provides a welcome opportunity for reducing the very extensive pollution of the atmosphere which has arisen since the



mid 19th century and while it is true to say that Exeter when compared with some of the industrial cities, suffers little from atmospheric pollution, our observations suggest that there is a level of pollution here which could, and should be reduced (see table).

TABLE 1.

FIGURES INDICATE RATE OF DEPOSITION IN TONS PER SQUARE MILE PER MONTH AT DIFFERENT POINTS.

1956	Dunsford Hill.	Danes Castle.	Marsh Barton.
January .....	5.20	7.61	20.12
February .....	3.76	2.48	5.03
March .....	8.60	9.21	9.82
April .....	4.63	5.47	7.41
May .....	4.56	5.51	7.75
June .....	8.39	7.68	8.61
July .....	5.23	5.91	8.79
August .....	5.97	5.13	6.10
September .....	5.10	8.94	7.30
October .....	3.76	4.83	5.58
November .....	5.24	5.78	7.24
December .....	8.66	10.47	16.70
TOTAL .....	69.10	79.02	110.45

It is estimated that air pollution costs this country nearly £300 millions per year and to this must be added its toll of human suffering. There is a clear association between it and the incidence of bronchitis and other respiratory diseases, but even more disturbing is the strong suspicion that it is a factor in causing carcinoma of the lung. Financial considerations apart, anything which can be done towards removing this blight on our modern civilization is well worthwhile.

With regard to future building developments the adoption of a building byelaw which will ensure that all new premises are heated by gas or electricity or are provided with appliances which are capable of burning smokeless fuels will be a safeguard. The errors of the past can be remedied by a phased programme of making the whole city a smoke control area, and it is my ambition to see this come to fruition. Such a programme will cost money, and will mean a certain restriction on the choice of fuels which a person can use. Many will be reluctant to give up the pleasure of burning a coal fire with its agreeable looking flames (and smoke) and many too, will be loth to incur expenditure in replacing old grates, despite such conversions being grant-aided.

It will take time and patience to convince people of the benefit of a pure atmosphere but, we should be as particular about the air we breathe, as we are about the water we drink. The challenge is one which we as members of a preventive health service must accept.



*Housing.**(a) Slum Clearance.*

The investigation of housing conditions following complaints by the tenants, or requests by the Housing Department continue to be a major item in the work of the section and I must again record that it is quite impossible to carry out any systematic survey of housing conditions in the city.

During the year the detailed inspections of the premises to be dealt with in the first two years of our programme continued, and plans and representations in respect of 133 houses were prepared.

It was proposed that the properties should be dealt with in the following ways :—

- (1) 10 Clearance Areas comprising 53 houses and occupied by 54 families to be dealt with by way of Clearance Orders.
- (2) 5 Clearance Areas comprising 80 houses and occupied by 58 families to be included in two compulsory purchase orders and acquired, together with certain adjoining properties.

The task of establishing the ownership of these premises often proves somewhat lengthy as sometimes ownership is disputed or sole interest in the freehold is claimed by two parties.

So far 162 notices requesting information as to ownership of houses, other premises and land within the areas have been despatched and it is anticipated that many more will have to be served in the new year before all persons having an interest are traced.

*(b) Slum Clearance (Compensation) Act 1956.*

On the 2nd August 1956 the Slum Clearance (Compensation) Act 1956 came into operation. The Act will go some way towards mitigating the hardship which would have been suffered by those owner-occupiers of houses who, in desperate need of accommodation during the immediate post-war years, purchased (often at a high price) houses which are now included in slum clearance programmes. In addition the Act provides for an increase in the payments which can be made in respect of premises properly included in Clearance Areas but which have been well maintained.

*(c) Improvement Grants.*

During the year detailed inspections were made of 43 dwellings as a result of applications for improvement grants. We continued to advise owners about the financial facilities available for re-conditioning their property but the response to the scheme has been generally poor. Even when an application is received it often happens that the property has been allowed to deteriorate



to such an extent that extensive repairs (which do not rank for grant) are necessary to bring the house up to the standard required.

*(d) Certificates of Disrepair.*

During the year seven applications for certificates of disrepair were received; all were granted and one has since been revoked. In addition two certificates granted in the previous year were revoked.

*Disposal of Contaminated Foodstuffs.*

We were presented with a somewhat unusual problem following the going aground, at Exmouth of a boat carrying wheat. In going aground the ship damaged the outfall sewer and the cargo became contaminated with sewage. It was learned that the damaged cargo was being disposed of by an Exeter firm and in order to ensure that no danger to health arose, enquiries were made as to its ultimate use, and whether or not any sterilization had been carried out.

We found that the Exeter firm had sold it to a Plymouth firm, who had in turn sold it to a firm at Lifton. The Lifton firm gave an assurance that the grain was being treated by steam under pressure and would then be used for animal feeding.

*Smell Nuisance.*

During March we received a large number of complaints from residents in the vicinity of Honiton Road and Heavitree Bridge regarding a very bad smell in the area. Unfortunately the details of many of the complaints were conflicting and the cause of the trouble was not very easily traced. Eventually it was found that the trouble was caused by manure deposited on the high land between Honiton Road and the Bypass. The nuisance was aggravated by unusually hot weather for the time of year, together with the fact that the farmer was short of labour and was unable to plough it in immediately.

Following urgent representations from this department the farmer undertook to make special arrangements for ploughing the land.

*Refuse Disposal.*

The ground available for refuse disposal at Stoke Hill is rapidly being used up and the lack of suitable tipping areas in the city directs attention to the need which will arise in the not too distant future for consideration to be given to alternative means of disposal.

Incineration, while being hygienic is costly and wasteful of the valuable elements in the refuse and the method of composting refuse with sewage, which is now being used by some local authorities, deserves very serious consideration.



*Shellfish.*

During the year samples of the shellfish on sale in the city were regularly taken for bacteriological examination and I am pleased to report that all were found to be satisfactory.

*Watercress.*

Watercress sold in the city is regularly sampled, and only one sample was found to be slightly contaminated. This case was reported to the Public Health Inspector of Newton Abbot Rural District Council (in whose area the cress had been gathered) and as a result of his investigations he was satisfied that the contamination was not of human origin.

*Inspection of Plans.*

The number of plans inspected in connection with the erection of new buildings or with proposed alterations to existing buildings continues to increase and in 1956 we examined a total of 178.

In the case of new buildings our biggest problem continues to be the inability of the developers to provide, when the plans are first submitted, any information as to probable lessees, nature of business and number and sex of the employees.

*Abattoir.*

1956 was the second full year during which the abattoir was operated by the Exeter & District Meat Trading Association Limited, and the arrangements appeared to run smoothly.

I have received no complaints of retailers experiencing difficulty in obtaining supplies or in arranging for their own stock to be slaughtered. I am afraid that the abattoir still falls far short of modern requirements, and the meat inspection service is carried on under the greatest difficulty.

*Disposal of Condemned Meat.*

The arrangements for the disposal of condemned meat remain the same as that mentioned in my last report, and the bulk of the meat continues to be sold to a local company which renders it down to tallow and fertilisers.

*Food Poisoning.*

The inspectors investigated 25 cases of suspected food poisoning during the year and this involved 116 visits to the houses of the patients and to the shops where the food concerned was served.

*Meat Transport.*

I have for a long time been dissatisfied with the poor hygienic standard of the meat transport vehicles in the City together with the unsatisfactory state of the protective clothing worn by the



employees, and it is pleasing to record that significant improvements were made during the year.

One Contractor provided three new vehicles complete with sinks and water supplies and the men using these vehicles were provided with sufficient new protective clothing, white in colour, to enable two changes per week, the employers paying the laundry bills. Representations have been made to another haulage contractor and while some improvement to the vehicles has been effected the position in respect of clothing is not yet satisfactory.

#### *Rabbit Clearance.*

In February the Devon County Agricultural Executive Committee made an Order under the Pests Act 1954 designating the whole administrative County of Devon with the County Boroughs of Exeter and Plymouth as a Rabbit Clearance Area.

Every occupier of land within the area is responsible for destroying rabbits on his land or, where that is not reasonably practicable, for preventing them from causing damage. In case of default, action can be taken by the County Agricultural Committee.

The Order is timely because of the recent great mortality among rabbits due to myxomatosis and is designed to help farmers and others to continue in their efforts to protect their crops from the enormous damage done by these pests. A serious effort should now be made to keep the rabbit population down to a minimum.

It was agreed that this department would be responsible for rabbit clearance on land or premises belonging to the Corporation and the majority of the work done has been in connection with the camping field at Dawlish Warren, which is controlled by the Education Committee.

#### *Agriculture (Safety, Health and Welfare Provisions) Act, 1956.*

This Act received the Royal Assent on 5th July, 1956 and lays certain responsibilities on the local authority in respect of the provision of sanitary accommodation for agricultural workers.

#### *Local Land Charges.*

Information was supplied to the Town Clerk in 1,174 cases in reply to searches submitted under the Local Land Charges Act 1925.

### PART II.

#### *General Summary.*

Number of visits made during the year	....	14,844
Number of samples taken	....	920
Number of carcasses inspected	....	45,531
Total weight of footstuffs condemned	....	82 tons



## A.—SUPERVISION OF FOOD SUPPLIES.

1. *Licensed Premises.*

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

Premises cleansed or redecorated	....	....	....	8
Premises in which facilities for personal washing were provided	....	....	....	1
Other improvements effected	....	....	....	24

2. *School Canteens, University Halls of Residence, etc.*

The total number of visits to the various schools and halls, etc., was 135 as compared to 146 during 1955.

The number of establishments and particulars of the visits made are as follows :—

Local education authority schools with kitchens and canteens	....	....	....	....	13
Local education authority schools with canteens only					20
Special school with canteen facilities	....	....	....		2
(Occupation centre and Buddle Lane Day Nursery).					
Other schools having facilities for school dinners	....				15
University Halls of Residence and Refectory	....				10

*Visits Made.*

L.E.A. school kitchens	....	....	....	....	40
L.E.A. school canteens	....	....	....	....	87
Special Schools	....	....	....	....	3
Schools other than L.E.A.	....	....	....	....	5
TOTAL					135

4. *Market.*

66 inspections were made of the Higher Market, in Queen Street, where fruit, vegetables, etc., are sold. The water closet accommodation for stall-holders is considered adequate, but the washing facilities will have to be extended under the requirements of the Food Hygiene Regulations. I have discussed the problem with the City Architect and one of the main difficulties is cost incurred in the alterations which will be required to the drainage system. This will be considerable and I understand the Markets Committee are reluctant to incur this expenditure in view of the limited life of the existing market.



5. *Food Premises generally.*

The following food premises are situated in the city :—

Butchers	78
Cooked Meats	10
Bakers and Confectioners (including Sweet Shops)	69
Fried Fish	26
Fresh Fish	26
General Provisions	243
Greengrocers	78
Cafes	32
Snack Bars	15
Dairies	33
<b>TOTAL</b>	<b>610</b>

6. *Registered Food Premises.*

There are 351 registrations under Section 16 of the Food and Drugs Act 1955, affecting 334 business establishments, made up as follows :—

Storage of bulk ice-cream	3
Manufacture, storage and sale of ice-cream	38
Storage and sale of pre-packed ice-cream	238
Preparation or manufacture of potted, pressed, pickled or preserved food (including fried fish shops)	47
Preparation or manufacture of sausages and potted, pressed, pickled or preserved food	22
Preparation or manufacture of sausages	3
<b>TOTAL</b>	<b>351</b>

7. *Improvements Effected.*

As I have mentioned earlier in this report, there is a serious decline in the frequency of the inspection of food premises. Improvements effected were as follows :—

Premises cleansed or redecorated	72
Hot water supply installed	5
Water closet facilities improved	4
Washing facilities provided	55
" Wash Hands " notices	21
Other improvements	154

8. *Slaughtering of Animals and Meat Inspection.*

The number of animals slaughtered and inspected (at the public abattoir and private slaughterhouses) and the reasons for



condemnation, are set out below in the revised form prescribed by Ministry of Health Circular 17/55. No horses are slaughtered in the city.

**Table X.**

	<i>Beasts</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number slaughtered .....	7,032	978	1,428	26,655	9,421
Number inspected .....	7,034	979	1,428	26,668	9,422
<i>Diseases except Tuberculosis and Cysticercosis.</i>					
Whole carcasses condemned .....	15	37	53	224	89
Carcasses of which some part or organ was condemned .....	4,686	437	35	2,025	1,419
Percentage of No. inspected affected with disease other than tuberculosis and cysticercosis .....	66.8	48.4	6.1	8.4	16.0
<i>Tuberculosis only.</i>					
Whole carcasses condemned .....	20	10	4	—	3
Carcasses of which some part or organ was condemned .....	271	99	2	—	330
Percentage of No. inspected affected with tuberculosis .....	4.1	11.1	0.42	—	3.5
<i>Cysticercosis only.</i>					
Carcasses of which some part or organ was condemned .....	10	7	—	2	—
Carcasses submitted to treatment by refrigeration .....	10	7	—	—	—
Generalized and totally condemned	—	—	—	—	—

#### 9. *Congenital Tuberculosis in Calves.*

During the year 4 calves were found to be affected with congenital tuberculosis, as compared to 1 in 1955. The animal health division of the Ministry of Agriculture again co-operated in endeavouring to trace the dams, but in 3 cases it was found that the calves had passed through the hands of dealers who were unable to give any information about the animals' history. In the 4th case a clinical inspection of the herd was carried out with negative results, and a sample of milk taken for biological examination also proved negative.

#### 10. *Condemnation of Food.*

During the year approximately 6 tons of food, apart from meat, was condemned, involving the issue of 1,779 certificates. All this food was buried at the council's tip.



11. *Milk.*(A) *Chemical and Bacterial Quality.*

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

(i) *Chemical Quality.*

CLASSIFICATION	No. of Samples.	Fat %	Non-fatty solids %
T.T. (Farm Bottled) (Channel Islands) ....	6	4.35	9.2
T.T. (Farm Bottled) ....	13	4.17	9.0
Channel Islands (Pasteurized) ....	2	4.65	9.3
Pasteurized ....	14	3.65	8.8
T.T. (Pasteurized) ....	8	3.67	8.9
T.T. (Channel Islands) (Pasteurized) ....	3	4.51	9.1

(ii) *Bacterial Quality.**School Milks (Pasteurized)*

Number of samples taken ..... 48

Number of samples satisfactory ..... ‡39

‡(Results of 2 samples void owing to air temperature being above 65°F.)

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

Number of samples taken ..... 25

Number of samples satisfactory ..... \*21

\*(Result of 1 sample void owing to air temperature being above 65°F.)

(b) *Channel Island (Pasteurised) Milk.*

Number of samples taken ..... 6

Number of samples satisfactory ..... 6

(c) *Tuberculin Tested (Pasteurized) Milk.*

Number of samples taken ..... 29

Number of samples satisfactory ..... †24

†(Results of 3 samples void owing to air temperature being above 65°F.)

(d) *Tuberculin Tested (Channel Islands) (Pasteurized) Milk.*

Number of samples taken ..... 12

Number of samples satisfactory ..... \*\*8

\*\* (Result of 1 sample void owing to air temperature being above 65°F.)

(e) *Tuberculin Tested (Farm Bottled) Milk.*

Number of samples taken ..... 71

Number of samples satisfactory ..... 60

(f) *Tuberculin Tested (Farm Bottled) (Channel Islands) Milk.*

Number of samples taken ..... 41

Number of samples satisfactory ..... 36



(B) *Testing for Presence of Tubercle bacilli.*

All milks consumed in the city are tested quarterly for the presence of tubercle bacilli. During the year 74 samples were tested all of which proved negative.

12. *Ice-Cream.*(A) *Cleanliness.*

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

Grade I.	Satisfactory	..	..	..	69%	=	83%
Grade II	"	..	..	..	14%		
Grade III	Unsatisfactory	..	..	..	10%	=	17%
Grade IV	"	..	..	..	7%		

The following table indicates the grading, according to the method of manufacture of the ice-cream.

			<i>Hot Mix.</i> (134 samples)	<i>Cold Mix.</i> (only 2 samples)
Grade I	Satisfactory	..	69%	100%
Grade II	"	..	14%	—
Grade III	Unsatisfactory	..	10%	—
Grade IV	"	..	7%	—

(B) *Composition.*

The Food Standards (Ice-Cream) Order, 1953, prescribes 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 9.7% ; sugar 13.9% ; milk solids other than fat 8.6%.

(c) *Manufacture.*

There are now only 2 premises in the city where ice-cream is manufactured, 1 manufacturer uses a hot mix and 1 a cold mix. The premises were visited an average of 6 times each and conditions were satisfactory.

13. *Sampling.*

During the year 56 samples of milk and 176 samples of other foods were procured ; 54 were formal and 178 informal.

The following samples were found to be below standard or not correctly labelled, and details of the action taken is shown in Appendix "A"

Milk	....	....	....	3	Malt Vinegar	....	....	1
Pork Sausages	....	....	....	1	Roasted salted peanuts	....	....	1
Lime Juice	....	....	....	1	Cherry Wine	....	....	1



#### 14. *Legal Proceedings.*

During the year prosecutions under the Food & Drugs Act 1955 and the Food Hygiene Regulations were taken in the following cases.

- (a) *Snack Bar*—Proprietor prosecuted for selling a mouldy sausage roll, he pleaded "guilty" and a fine of £10 was imposed.
- (b) *Grocer*—seven summonses were brought against a firm of grocers regarding the lack of cleanliness of food and premises following a complaint by a customer of mice droppings found in rice bought at the shop. The firm pleaded "guilty" to one offence, was found "guilty" in respect of 5 other charges and the remaining charge was dismissed. Fines totalling £51 were imposed.
- (c) *Butcher*—prosecuted for selling a pound of beef sausages one of which contained a dead blowfly. He pleaded guilty and a fine of £10 was imposed.
- (d) *Cafe*—Proprietor prosecuted for allowing filth to accumulate in a room at the rear of the premises, and an employee of the firm was charged with failing to keep his clothing in a clean condition. Pleas of "not guilty" were entered, but a fine of £30 was imposed on the firm and one of £5 on the employee.
- (e) *Multiple Butchers*—prosecuted for selling a steak and kidney pie containing a cigarette end. The firm pleaded "guilty" and a fine of £25 was imposed.
- (f) *Bakery*—Owner prosecuted for selling a meat pasty containing the body of a wasp. The defendants pleaded "guilty" and a fine of £15 was imposed.
- (g) *Farmer and Slaughterhouse Owner*—prosecuted for depositing with a city butcher for the purpose of sale, the carcass of a pig intended for human consumption, the head of which was affected with tuberculosis. Defendant pleaded "not guilty" but the magistrates found the case proved and a fine of £5 was imposed.
- (h) *General Provisions*—One firm was prosecuted for selling a meat pie containing mould, and another for selling a meat pie containing a button. Pleas of "guilty" were entered and fines of £5 and £1 imposed.

#### 15. *Shellfish.*

The following 29 samples of shellfish were taken during the year. The bacteriological findings were all satisfactory.

Boiled Cockles	....	5	Boiled Winkles	....	4
Boiled Mussels	....	5	Bottled Cockles	....	9
			Bottled Mussels	....	6

#### 16. *Merchandise Marks Act.*

87 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.



17. *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, and during the year the manufacturers agreed to meet our criticism of the labels used in connection with cherry wine, lime juice, and malt vinegar.

## B.—HOUSING.

1. *Houses represented to the Public Health Committee under Section 11 and 12 of the Housing Act, 1936.*

41 dwellings were represented to the Public Health Committee as being unfit for human habitation and not repairable at a reasonable expense. They were dealt with in the following manner :

Undertakings accepted under S.11(3) of Housing Act, 1936	....	....	....	....	25
Closing Orders made	....	....	....	....	9
Demolition Orders made	....	....	....	....	2
Acquired by the City Council	....	....	....	....	1
Outstanding at the end of the year	....	....	....	....	4
					<hr/>
					41
					<hr/>

2. *Informal Notices.*

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

3. *Formal Notices.*

10 houses were rendered fit during the year, following the service of formal notices, 9 were remedied by the owners and 1 by the council in default of the owners.

4. *Overcrowding.*

(A)	(i)	Number of dwellings known to be overcrowded at the end of the year	....	....	....	22
	(ii)	Number of families dwelling therein	....	....	....	33
	(iii)	Number of persons	....	....	....	155
(B)		Number of new cases reported during the year				25
(C)	(i)	Number of cases of overcrowding relieved during the year	....	....	....	29
	(ii)	Number of persons concerned in such cases	....	....	....	184
(D)		Particulars of any cases in which dwellinghouses again became overcrowded after the Council had taken steps to abate overcrowding	....	....	....	Nil.



### C.—NOISE NUISANCES.

Four complaints of noise nuisance were received, three being of a minor nature and their solution was not difficult. The remaining complaint was in respect of machinery installed by a firm of corn and agricultural merchants, and it was found that as the noise level from one piece of machinery was reduced, the noise from another machine became more apparent. Ultimately, the overall noise was reduced to an acceptable level, by placing sound absorbent linings on the walls of the engine room, turning the exhaust through 180° and muting it by discharging it amongst some water containers, boxing in the grinding mills, and putting a rubber pad at the discharging end of the grain elevator.

### D.—SMOKE NUISANCES.

Seven complaints of smoke nuisance were received, four being of a minor nature and dealt with satisfactorily. One of the remainder related to the chimney of a military establishment and this was still under observation at the end of the year. The remaining two were in relation to the factory which has been causing me concern for some years, as mentioned in my previous reports. Despite the interest shown in the problem by Dr. Mahler, deputy chief inspector of alkali, etc. works, and various firms specializing in the manufacture of grit and fume arresters, there does not appear to be a complete solution to this problem.

### E.—COMMON LODGING HOUSES.

Ten visits were made to the two common lodging-houses in the city and conditions were found to be satisfactory.

### F.—VERMINOUS PREMISES.

For some time I had received complaints regarding the dirty condition of a certain house in the city. The tenant proved most uncooperative, despite every effort on our part and at the end of June I found it necessary to make an application to the magistrates for permission to enter the house forcibly and remove all articles which were considered to be prejudicial to health. A warrant was granted and entry made. Conditions inside were indescribable and, after careful sorting, a large amount of material was burned, and 13 cwts. taken away for tipping.

### G.—MOVABLE DWELLINGS.

Forty-two inspections were made of the movable dwellings in the city. Conditions were found to be satisfactory.



## H.—FERTILIZERS AND FEEDING STUFFS.

Six samples of fertilizers and three of animal feeding stuffs were taken during the year. No irregularities were detected.

## I.—RAG FLOCK AND OTHER FILLING MATERIALS.

Eighteen samples of rag flock or other filling materials were taken during the year. No irregularities were detected.

## J.—RODENT CONTROL.

*Contracts.*

We continue to enter into contract with various business undertakings for the regular inspection and necessary treatment of their premises. The scheme, which is non-profit making, has proved popular and is of mutual advantage in that it is comparatively cheap and provides us with the opportunity of preventing any "build-up" of rats.

1. *Complaints.*

381 complaints were received during the year, involving 301 properties, and these were made up as follows :—

	TYPE OF PREMISES.			Total
	<i>Business</i>	<i>Private</i>	<i>Local Authority</i>	
Rats .. ..	36	89	32	157
Mice .. ..	33	94	17	144
TOTALS ..	69	183	49	301

2. *Inspections and Treatment as a Result of Complaints.*

TYPE OF PREMISES.	Number of :	
	<i>Inspections.</i>	<i>Treatments.</i>
Business .. ..	1,073	245
Private .. ..	1,721	356
Local Authority .. ..	683	154
TOTALS ..	3,477	755

3. *Routine Inspections.*

<i>Type of Premises.</i>	<i>Number of Inspections.</i>
Farms and smallholdings .. .	17
Other businesses .. .	151
Private dwellings .. .	223
Local authority property and lands .. .	19
	<hr/> 410 <hr/>



4. *Sewer Treatment.*

The annual test-baiting and bi-annual treatment of sewers, as required by the Ministry of Agriculture, Fisheries and Food, was carried out in April and October, with the following results.

	Number of Manholes :		
	Baited	Infested	Treated
Annual test-baiting (at least 10% of all manholes) ....	164	36	36
Bi-annual treatment—April ....	274	140	140
Bi-annual treatment—October ....	205	58	58

5. *Details of Operations.*

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

	TYPE OF PROPERTY				
	NON-AGRICULTURAL				Agri- cultural
	Local Auth- ority	Dwelling houses (incl. Council)	All others (incl. Business)	Total	
Number of properties in district	64	21,594	4,036	25,694	48
Number of <i>properties inspected</i> as a result of : (a) Notification	49	183	69	301	—
(b) Survey ....	21	244	155	420	11
Total inspections carried out (incl. re-inspections) ... ..	1,625	3,878	2,436	7,939	—
Number of <i>properties inspected</i> found to be infested by :					
(a) rats (major) ... ..	—	—	—	—	—
„ (minor) ... ..	32	89	36	157	—
(b) mice (minor only) ... ..	17	94	33	144	—
Number of <i>infested properties</i> treated ... ..	49	183	69	301	3
Total treatments carried out (incl. re-treatments) ... ..	154	356	154	755	16

## GENERAL INSPECTIONS, ETC.

*Bakehouses.*

Number in city	24
Number of underground bakehouses in city	—
Number of inspections made	92
Number of contraventions	8
Number of contraventions remedied	8
Number of contraventions outstanding at end of year	—



*Bed Bugs, etc.*

Number of inspections made	....	....	....	196
Number of Council houses disinfested by this department	....	....	....	32
Number of other houses :				
(i) found to be infested	....	....	....	33
(ii) disinfested by this department	....	....	....	33

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

Fifty-two nests of wasps and hornets were destroyed during the year.

*Cinemas, etc.*

Number of cinemas, etc., in city	....	....	....	4
Number of inspections (all satisfactory)	....	....	....	34

*Closets.*

Number of water closets repaired or reconstructed	....	....	....	17
Number of walls, etc., cleansed	....	....	....	2
Number of flushing apparatus provided, repaired or renewed	....	....	....	14
Number of water closets provided with water supply	....	....	....	2
Number of new water closet pans or pedestals provided	....	....	....	14
Light and ventilation improved	....	....	....	4

*Drains.*

Drains constructed or reconstructed	....	....	....	16
Tests to new drains	....	....	....	21
Tests to existing drains	....	....	....	48
Repaired or cleansed	....	....	....	63
New inspection chambers	....	....	....	4
Additional gullies	....	....	....	1
Sink waste-pipes repaired or renewed	....	....	....	11
Soil and ventilating pipes repaired or renewed	....	....	....	1
Disconnecting Traps inserted	....	....	....	2
Inspection Chambers repaired	....	....	....	10

*Offensive Trades.*

Number of businesses in city	....	....	....	12
Number of inspections made	....	....	....	57
Number of contraventions found	....	....	....	—

*Fried Fish Shops.*

Number of fried fish shops in city	....	....	....	27
Number of inspections made	....	....	....	75
Number of contraventions found	....	....	....	4
Number of contraventions remedied	....	....	....	4



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

Damp Proof Courses inserted	....	....	4
Number of roofs renewed or repaired	....	....	90
Number of rainwater gutters and pipes repaired	....	....	16
Yard Surfaces repaired or relaid	....	....	13
Yard drainage improved	....	....	2
Walls repaired—external	....	....	47

(B) *Interior Work.*

Number of rooms cleansed and limewashed	....	....	9
Number of walls repaired	....	....	80
Number of floors repaired	....	....	54
Number of chimney stacks repaired or rebuilt	....	....	31
Number of washboilers repaired or renewed	....	....	2
Number of ceilings repaired	....	....	58
Dampness remedied	....	....	54
Lighting improved	....	....	3
Offensive accumulations removed	....	....	2
Ventilation improved	....	....	8
Staircases repaired or improved	....	....	12
Water supply provided or improved	....	....	25
Eaves gutters repaired or renewed	....	....	24
Windows repaired or renewed	....	....	84

**Table XI.**

## 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 Inspec- tions	Number of written notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority ....	44	20	11	—
2. Factories not included in 1 (above) in which Section 7 is enforced by Local Authority ....	392	470	38	—
3. Other premises in which Section 7 is enforced by Local Authority (exclud'g Out-workers' premises) ....	80	86	15	—
Totals ....	516	576	64	—



## (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)	2	2	—	1	—
Overcrowding (S. 2) .....	—	—	—	1	—
Unreasonable temperature (S. 3) .....	—	—	—	—	—
Inadequate ventilation (S. 4)	1	—	—	—	—
Ineffective drainage (S. 6) .....	—	—	—	—	—
Sanitary Conveniences (S. 7) :—					
(a) Insufficient .....	3	4	—	2	—
(b) Unsuitable or defective .....	23	23	—	2	—
(c) Not separate for sexes .....	2	—	—	2	—
Other offences against the Act (not including offences relating to outwork) ....	—	—	—	—	—
Totals .....	31	29	—	8	—

## (c) List of OUTWORKERS :

NATURE OF WORK.	Number of Outworkers.
Wearing Apparel (Making, etc.) .. ..	36
Curtains and Furniture Hangings ..	10
Furniture and Upholstery .. ..	4
Church Embroidery .. ..	8
The making of Cardboard Boxes ..	14
TOTAL ..	72



APPENDIX "A"  
*Food and Drugs samples reported below standard.*

No. of Sample.	Article.	Adulteration or Fault	Action Taken.
378	Cherry Wine ....	Consisted of Cherry-flavoured wine (misleading label) ....	Matter taken up with manufacturer who stated that sample was from old stock; new label now in use which meets requirements of Labelling of Food Order.
460	Lime Juice ....	Consisted of Lime-Juice cordial (misleading label) ....	Matter taken up with manufacturer who has discontinued using old label and has had new and satisfactory label printed.
477	Pork Sausages ....	25% deficient in meat ....	No action taken in view of comparative cheapness of the sausages and the fact that there is now no legal standard.
514	Milk (informal) ....	Contained four per cent added water (Freezing-point test indicated 5% added water).	Followed up with formal sample which proved genuine.
516	Milk (Channel Islands) (Formal) ....	Was 5% deficient in proportion of fat proper to Channel Islands Milk ....	In view of the small deficiencies it was decided not to institute proceedings and warning letters were sent to the producers.
521	Milk (Channel Islands) (Formal) ....	Was 3% deficient in proportion of fat proper to Channel Islands Milk ....	
544	Malt Vinegar ....	Contained 0.9% of salt. No declaration of salt on label of bottle ....	Referred to manufacturers who agreed to amend wording of label within a reasonable time.
579	Roasted Peanuts ....	No salt on kernels (misleading label) ....	Sample being repeated.

## HOUSING.

Details regarding closures, house inspections, etc., are set out on page 41.

The City Architect (Mr. H. B. Rowe, F.R.I.B.A.) has kindly sent me the following information regarding new housing :

New permanent dwellings by Council	....	....	274
New permanent dwellings by private enterprise	....	....	135

Total completions of dwellings since the last war are as under :

	COUNCIL.			PRIVATE ENTERPRISE.		TOTAL.
	Perm.	Temp.	Rebuilds	New	Rebuilds	
1945 to Dec. 31st, 1955	2,514	430	21	561	209	3,735
Jan. 1st to Dec. 31st, 1956	274	—	—	135	—	409
TOTALS ....	2,788	430	21	696	209	4,144

The Housing Manager (Mr. T. H. Baker) has kindly sent me the following particulars which are of great interest and significance :—

### ANALYSIS OF POINTS — FEBRUARY, 1957.

The number of applicants on the current register whose housing need is NIL or very slight is 588 or 31%. The reason for suggesting this is that :—

Of this number 163 have no points.

“ “ “ 115 have 1 point.	The majority are in the one bedroom group ;
“ “ “ 140 have 2 points.	The majority are in the two bedroom group ;
“ “ “ 24 have 3 points.	The majority are in the two bedroom group ;
“ “ “ 119 have 4 points.	This figure is equally divided between the two and three bedroom groups ;
“ “ “ 27 have 5 points.	Approximately half this number are in the three bedroom group.

Childless couples under 40 years of age are now allocated every tenth two-bedroom flat, but the flat offered must be on a top floor ; therefore, the one bedroom group now only includes elderly couples and single people over 50.

There are 763 applicants with less than one year's registration not receiving active consideration.

Accommodation is required as follows :—

1 bedroom.	2 bedrooms. (Childless)	3 bedrooms.	4 & 5 bedrooms.
11%	21%	16%	3%
	2 bedrooms. (with family)		
	49%		



## ANALYSIS OF APPLICANT'S REGISTER — FEBRUARY, 1957.

## TYPE OF ACCOMMODATION REQUIRED.

POINTS.	1B.	2B. (without family)	3B. (with family)	4B.	5B.	TOTALS
Miscellaneous....	—	—	7	7	1	15
Nil .....	60	65	22	1	—	148
1 .....	28	80	7	—	—	115
2 .....	2	12	121	5	—	140
3 .....	2	4	18	—	—	24
4 .....	4	10	59	41	5	119
5 .....	13	3	8	3	—	27
6 .....	27	83	11	24	—	145
7 .....	1	5	53	5	—	64
8 .....	3	2	67	4	5	81
9 .....	44	94	34	20	3	196
10 .....	6	10	24	11	2	53
11 .....	10	15	43	31	2	101
12 .....	1	3	15	6	2	27
13 .....	3	—	103	18	3	127
14 .....	5	1	18	8	2	34
15 .....	2	—	13	11	6	32
16 .....	2	—	130	9	1	142
17 .....	—	1	20	10	—	31
18 .....	1	1	63	8	—	73
19 .....	1	—	15	7	1	25
20 .....	—	—	23	16	3	42
21 .....	1	—	10	3	1	15
22 .....	—	—	1	9	1	11
23 .....	—	—	2	7	—	9
24 .....	—	—	—	4	—	4
25 .....	—	—	—	11	1	12
26 .....	—	—	1	2	—	4
27 .....	—	—	—	1	1	2
28 .....	—	—	1	—	1	3
29 .....	—	—	—	1	—	1
30 .....	—	—	1	1	—	2
31 .....	—	—	—	1	1	2
32 .....	—	—	—	—	1	1
	216	389	890	284	43	1,827
% of Total .....	11%	21%	49%	16%	3%	

Applicants with registration of less than one year : ..... 763

TOTAL ..... 2,590

Quite apart from the families in houses or basements closed or demolished as individually unfit houses or basement rooms under the Housing Acts (of whom, 46 were referred to the Housing Committee by the Health Committee), 353 families were referred to the Housing Department with recommendations as to points justified on medical grounds or because of insanitary conditions in 1956 and dealt with as follows :—

## HOUSING STATISTICS.

REASON REFERRED	Total	Re-housed	Approved for re-housing	Reached Letting Level	Not Approved or Deferred	Applications Lapsed
Tuberculosis .....	36	16	3	—	12	5
Statutory Overcrowding .....	1	—	—	—	1	—
Substandard Property .....	37	9	4	2	18	4
Social Overcrowding Conditions .....	140	63	9	4	54	10
Other Medical Social Reasons .....	13	3	1	1	6	2
Other Medical Reasons .....	126	31	6	12	63	14
TOTAL .....	353	122	23	19	154	35

As well, 17 cases were brought forward from 1955 ; 6 were in regard to tuberculous families, 3 of these being rehoused and 2 approved for rehousing. Of the remaining 11 cases, 1 family was rehoused for medical social reasons, 4 families for overcrowded conditions and 1 family for medical reasons. The application of 1 overcrowded family lapsed, and the applications of 4 families, (2 for medical reasons and 2 for overcrowded conditions), were deferred.

## 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 1,092 (including 466 for dysentery and 170 for Salmonellae and 286 nose and throat swabs) were examined for us. The positive findings included 157 for dysentery and 40 for various Salmonellae (including 1 typhoid and 11 paratyphoid B.). 39 bacteriological examinations were made in respect of food handlers and 9 of water department employees. 15 specimens of food were examined in connection with food poisoning ; 3 of them were positive.

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 reaction (tests for constitutional disease). It is clear that a proportion of the mothers had rather low haemoglobin findings. See Table below.

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



## BLOOD TESTS IN PREGNANCY, 1956.

## HAEMOGLOBIN %

	40-49	50-59	60-69	70-79	80-89	90-99	100 +	Not Known	Total
	3	19	94	281	130	42	4	90	663

## BLOOD GROUPINGS

	BLOOD GROUP :	Rhesus +	Rhesus —	TOTAL
A	....	212	71	283
B	....	57	13	70
O	....	226	58	284
AB	....	15	8	23
Not Known		—	—	3
TOTALS		510	150	663

## WASSERMANN AND KAHN REACTIONS :

	W.R.	K.
NEGATIVE	....	660
POSITIVE	....	2
DOUBTFUL	....	1
	663	663

Rh. antibodies found to be present in two cases.

## INFECTIOUS DISEASE.

## FOOD POISONING.

1. *Local Authority :* EXETER COUNTY BOROUGH. *Year :* 1956.

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

<i>First Quarter.</i>	<i>Second Quarter.</i>	<i>Third Quarter.</i>	<i>Fourth Quarter.</i>	<i>Total.</i>
Nil.	2	13	4	19

3. *Outbreaks due to identified agents :*

Total outbreaks	.... 2	Total cases	.... .... 5
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*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.
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5. *Single Cases.*

<i>Agent identified.*</i>	<i>Unknown cause.</i>	<i>Total</i>
13	1	14

\*In seven of these cases the agent was Salmonella Typhi-Murium, 3 were due to Staphylococcus Aureus, 1 to Salmonella London, 1 to Salmonella Abony and 1 to Salmonella Poona.

The number of confirmed cases of food poisoning notified during the year was small ; they were mostly single cases except for two outbreaks, each of which was confined to a single family.

During the three months June, July, August, there was an outbreak of cases of diarrhoea due to Salmonella Typhi-Murium. Seven households were involved but only one person in each house developed symptoms, though in 3 households, other members of the household were found to be excreting the Salmonella without any diarrhoea. The seven cases were scattered throughout the City and in spite of thorough investigation, no link could be found between them and in no case was the source of the infection traced.

Salmonella London is an uncommon organism. It was isolated from the stool of a six month old baby with diarrhoea. The stools of the rest of the family were examined and no pathogens were isolated from them. There was another child living a few miles from Exeter with diarrhoea due to the same organism. There was no connection traceable between the two cases. The



grand-mother of the case outside Exeter (who was visiting from London) was found to be excreting *Salmonella* London, but no source was found for the Exeter case.

Another rare *Salmonella* is *Salmonella abony* which is antigenically very similar to *Salmonella Paratyphosus B.* and produces very similar symptoms. This *Salmonella* was isolated from a child of 7, who fell ill on the first evening of his arrival in Exeter on a visit from Cheshire. No source of the infection was traced.

The third uncommon *Salmonella* found was a *Salmonella Poona*. This infection occurred in an elderly lady who developed mild diarrhoea while staying with her daughter in Buckinghamshire. The diarrhoea persisted after her return to Exeter and a specimen of faeces was sent to the Laboratory. *Salmonella Poona* was isolated from this specimen. No source of the infection was traced.

#### SCARLET FEVER.

85 cases of scarlet fever were notified during the year, the majority (54 cases) during the last three months of the year.

During the first nine months, the cases were isolated and scattered throughout the City except for a small outbreak of 4 cases that occurred in May in one of the infant classes at Montgomery School. All the children and staff in the school were examined and the class teacher was found to be carrying haemolytic streptococci (Lancefield group A) in her throat. She was put off duty and given treatment by her private doctor. No more cases occurred in the school.

Of the 54 cases notified during the last three months of the year, 45 occurred during three school outbreaks. In two of these schools, Wipton Infants School and in Countess Wear Infants School, the outbreaks were the start of a more extensive outbreak which spread during the early months of 1957 in these schools and in other schools in the City and is still continuing at the time of writing this report. It would be best, therefore, to write of this outbreak in detail in next year's report when it should be possible to give the complete picture. The third of the school outbreaks mentioned was at the nursery section of the Royal Deaf School. The first case was diagnosed on the 15th November and three days later a second case occurred. The children and staff were examined and any suspicious throats or noses were swabbed. One boy was found to have abundant haemolytic streptococci (Lancefield group A) present in his throat swab. He was isolated in the school sick bay and given treatment and following a negative swab result, was returned to school on the 27th November. The next day another child developed scarlet fever and another 4 cases occurred between then and the 5th December. A throat swab taken from the boy who had previously been positive again showed abundant haemolytic streptococci.



He was removed to the Isolation Hospital for treatment on the 4th December. No more cases developed after 5th December.

All the cases during the year were mild and unless home circumstances required removal to hospital, they were treated at home. No complications were reported. It is interesting to compare this with the report on scarlet fever in the Medical Officer of Health of Exeter's report for 1936 when of 156 cases treated in the Whipton Isolation Hospital "87 cases developed complications severe enough to necessitate a special course of treatment." These 87 patients developed 111 complications including: rheumatism (15); rheumatic diseases of heart (7); otitis media (20); nephritis (11); diphtheria (2); erythema nodosum (1); adenitis (43); others (12).

Only one case ended fatally, that was complicated by measles.

#### DIPHTHERIA.

No cases of diphtheria occurred in the City during the year.

#### POLIOMYELITIS.

There were no cases of poliomyelitis notified in the City during 1956. Except in a few areas, there were low figures for notifications throughout the country this year. In Devon County there were only 18 cases notified, a few in the early spring and the rest in early autumn.

#### WHOOPING COUGH.

70 cases of whooping cough were notified in the City during the year. The majority of these cases (59) occurred during the six months April to October. This is the smallest number of cases of whooping cough notified during the past 10 years.

YEAR :	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
No. of Cases	127	398	155	202	407	280	247	354	200	144	70

Immunisation against whooping cough was started during 1952 and since 1953 there has been a steady drop in the number of cases. However, we find that in 1946 there were only 127 cases notified. It is too soon yet to say that the falling off in the number of cases is the result of whooping cough immunisation.

The cases were for the most part very mild and only 3 children are known to have had complications. Two of these were infants (6 months and 15 months old) who developed bronchitis following whooping cough, were admitted to the Isolation Hospital and made good recoveries. A third child of 11 months old, who had had bronchiolitis repeatedly since birth and had already been in hospital twice with broncho-pneumonia, again developed broncho-pneumonia following whooping cough and died from it. None of these three children had been immunised against whooping cough.



The immunisation state of the cases occurring during this year was :—

Immunised against whooping cough :	14 cases.
Not immunised against whooping cough :	55 „
Immunisation state not known :	1 case.

#### PNEUMONIA.

49 cases of primary pneumonia were notified during the year. The majority of the cases (36) occurred during the first three months of the year : 5 of these persons died as a result of the disease. One was an infant of 9 months and the others adults over 50 years old. There were no deaths from notified primary pneumonia during the rest of the year.

There were 42 deaths assigned to pneumonia in non-notified cases and 32 deaths where pneumonia was a contributory factor.

#### ERYSIPELAS.

There were only 12 cases of erysipelas notified during the year, of which 3 were admitted to the Isolation Hospital. Six of the cases were in persons over 50 years old and the others in persons between 30 and 50 years old. All made a good recovery.

The face was the site of the infection in 8 of the cases (in one of these there were also lesions on the breast and groin) whilst in the others the leg was involved.

#### MEASLES.

The measles outbreak that started in May, 1955, was continued into the early months of 1956 though by that time the peak of the epidemic had been passed (this occurred during the week ending 10th December, 1955, when there were 215 cases). The number of cases notified each week was falling rapidly by January, 1956, and during that month a total of 250 cases were notified. In February this had fallen to 59 cases and March saw the last 69 cases of the epidemic. During the next three months no cases were notified and only 9 cases occurred during the last six months of the year.

The form of the disease continued as in 1955 to be mild and the complications were few. No deaths resulted from measles or its complications during the year.

#### DYSENTERY.

70 confirmed cases of dysentery were notified during the year. All were found to be due to *Shigella Sonnei*. The majority of the cases (50) occurred during the first three months of the year, a period during which there was a considerable rise in the number of notifications throughout the country.



Both adults and children were affected, but children of primary school age made up the largest groups.

Under 1 year old	....	....	....	....	2 cases.
1—4 years old	....	....	....	....	17 „
5—10 „ „	....	....	....	....	28 „
11—15 „ „	....	....	....	....	4 „
Over 15 years old	....	....	....	....	19 „

It is notoriously difficult to trace the source of infection in cases of bacillary dysentery and except in a few small outbreaks that occurred in semi-closed communities where case to case spread was likely, it was not found possible to ascertain how the disease was spread. Many people become infected with the organism, but do not know it and so act as symptomless carriers of the organism for varying periods and, probably, form an important link in the chain of spread of infection. Dysentery is a family disease and it is common to find several members of a family either as cases or as symptomless carriers.

There were 4 small outbreaks which are worth discussing in more detail.

1. During February there was an outbreak of Sonne dysentery in a house let out in flats. The house was an old property near the centre of the City and separate toilet facilities had not been provided for each flat. There were five families in the house. The two families occupying the flats on the ground floor (Flats 1 and 2) shared an outside lavatory while the other three families shared a lavatory on the first floor.

*Flat 1.*—Small girl, age  $1\frac{1}{2}$ , had diarrhoea in early January; parents were all right. No *Shigella Sonne* was isolated from any of the family when examined in February, but it is probable that this was the first family to be infected.

*Flat 2.*—Mother and 2 children, ages 1 and 2 years, had diarrhoea. *Shigella Sonne* isolated from the stools of one child. Father not affected.

*Flat 3.*—Parents and 3 children, ages 6, 4 and 2 years, all had diarrhoea. *Shigella Sonnei* isolated from the stools of all 3 children, but not from the parents.

*Flat 4.*—Parents and 4 children, ages 18, 15, 9 years, and 8 months, all had diarrhoea. *Shigella Sonnei* isolated from the stools of the mother and 2 of the children. The others showed no pathogens at time of examination.

*Flat 5.*—Parents and child aged 7 years. Both parents had diarrhoea, but *Shigella Sonnei* not isolated from the stools of the parents or from the child.

It seems likely that this spread of infection from family to family was the result of the communal W.C. On cold days it is



probable that the two families on the ground floor went upstairs to use the inside lavatory rather than go outside to their own.

2. *Buddle Lane Nursery.* Towards the end of February a case of dysentery was diagnosed in the nursery. Specimens of stools from all the other children and staff were immediately sent to the Public Health Laboratory and no pathogenic organisms were isolated from any. One of the children attending the nursery was the little girl in Flat 1 (*vide supra*) who had had diarrhoea in January, though again, no pathogenic organisms were isolated from her stools. Another child who was already off sick was found to have dysentery two days after the first case was diagnosed. A careful watch was kept on the nursery and it was not until nine days later that another child developed diarrhoea and *Shigella Sonnei* was isolated from his stools. During the next ten days, 5 more cases occurred among the children, but thereafter there were no new cases. None of the children were seriously affected.

3. *Bradley Rowe (Boys) School.* Between 4th and 13th February 9 cases of diarrhoea occurred in children attending this school and *Shigella Sonnei* was isolated from the stools of 6 of these. In the course of routine investigation at the school, the helpers in the school canteen were examined and *Shigella Sonnei* was isolated from the stools of one of the food servers. She had no symptoms at that time though a day or two later she did develop diarrhoea. She was put off duty and after treatment was able to be passed as being free from infection and returned to duty. No new cases occurred in the school after she was put off duty and it is possible that she was the source of infection in this outbreak.

4. There was a small outbreak of dysentery in the male wards of a mental hospital between 28th February and 16th April. 9 of the patients developed diarrhoea and *Shigella Sonnei* were isolated from the stools of all the cases. No carriers were found among the other patients or the staff. The cases were all mild and they were isolated in the Hospital concerned and treated there.

#### PARATYPHOID.

3 cases of paratyphoid B. were notified during the year and all were confirmed; in addition, 2 carriers were discovered. In all 5 persons, the organism isolated was of phage type 2. This is a fairly common phage type with no particular associations that might help to trace the source of the infection.

*Case 1* was a 9 year old girl who was diagnosed as paratyphoid in the Royal Devon and Exeter Hospital in June. Her home was in the County area and it is certain that she became infected outside Exeter.



*Case 2.* After showing signs of a cold and being off his food for three or four days, a small boy of 4 months developed diarrhoea on 21st May. His condition deteriorated and he was admitted to hospital on the 26th May for investigation. *Salmonella paratyphi B.* was isolated from his stools. He made a good recovery. On investigating this case, *Salmonella paratyphi B.* of a similar phage type (2) were isolated from the stools of his 2 year old sister though she had shewn no symptoms and was regarded as a carrier. No pathogens were isolated from the stools of either of the parents and they had had no symptoms suggesting previous infection, though in such young children the parents would seem to be the most likely source of the infection.

*Case 3.* A small boy of 4 had had intermittent diarrhoea for more than a year. While on holiday in the Scilly Isles from 15th June to 1st July, both his mother and he had a bout of diarrhoea. After returning home, he again developed diarrhoea on 7th July and a stool was examined. This showed *Salmonella paratyphi B.*, phage type 2 to be present. Apart from the looseness of the motions he was perfectly fit. The stools of his parents were examined and no pathogens found. It was not possible to trace the source of the infection.

The other carrier was diagnosed during the routine checking of the stools of a father (a hotel waiter) whose boy had proven *Sonne dysentery*: the organism found was *S. Paratyphi B.*, phage type 2. He was put off work and given treatment. After six stools had been examined over a period of some weeks and found negative, he was allowed to return to work. No source of his infection was traced; at the worst this man was only a very temporary carrier.

#### MENINGOCOCCAL INFECTION.

There was one case of meningococcal infection during the year. This was in a girl, age 5 years, who developed mild meningeal symptoms on 18th March and was admitted to hospital as a possible poliomyelitis, but was found to be a case of meningococcal infection. She made a satisfactory recovery.

#### OPHTHALMIA NEONATORUM.

Two cases occurred in 1956, one the child of an unmarried mother born in a Home and transferred to the West of England Eye Infirmary on the fifth day of life. The organism found was *B. Pyocyaneus*. The other child was born in hospital and transferred to a residential nursery on the eleventh day of life where



it was found to have slightly sticky eyes. The left eye developed a more profuse discharge with swollen eyelids and the child was admitted to the West of England Eye Infirmary on the eighteenth day of life. Swabs of the eye discharge were not taken. These were both acute cases, but there are other cases of minor sticky eyes which do not get notified.

#### PUERPERAL PYREXIA.

Cases Notified	CAUSE	Pathological Investigations	Confinement :	
			Home	Hospital
10	Uterine or Pelvic ....	9	1	9
24	Breasts ....	8	7	17
9	Unknown ....	5	5	4
6	Respiratory ....	3	3	3
1	Reactionary ....	—	—	1
2	Urinary ....	2	1	1
1	Phlebitis ....	—	1	—
53		27	18	35

In 1956 there were 53 cases of puerperal pyrexia—i.e., cases in which the temperature rose to 100.4 F. or over during the first fourteen days of the puerperium. Some of the mothers were not Exeter residents. In 27 of these, pathological investigations were made (i.e. 50%). Most of them were taken where uterine or pelvic infection was suspected or where the diagnosis was obscure. One case was secondary to emergency Caesarean section for obstructed labour. But cases of puerperal pyrexia, though not legally notifiable, can occur with temperatures below the statutory notifiable level and such cases may be more serious than, for example, the sudden single rise to 103° with a flushed breast. There were 2 such cases in 1956. The first mother had a normal labour, but nine days later the fundus was still high, the lochia offensive and urinary symptoms were causing difficulty in emptying the bladder; a consultant obstetrician was called in to see the patient; the temperature fluctuated for several days between 99° and 100.2° F., pathological investigations showed no pathogens in the urine or in a high vaginal swab and the mother recovered quite well. The second mother (a primipara) had post-partum haemorrhage and a ruptured perineum after a high forceps delivery. The perineal sutures did not unite and the wound was infected. The patient had two pints of intravenous saline for shock and was to have a secondary suture of the perineum. Her temperature fluctuated between 99.6° and 100.2° for three days and she remained generally unwell throughout the puerperium, but ultimately did well.



TABLE VII.

ACUTE INFECTIOUS DISEASE  
 CASES OF NOTIFIABLE DISEASE NOTIFIED DURING THE YEAR 1956, AFTER CORRECTION FOR  
 CHANGE OF DIAGNOSIS.

DISEASE	AGES OF CASES NOTIFIED												Cases admitted to Isolation Hospital	
	Under 1	1—	2—	3—	4—	5-9	10-14	15-19	20-34	35-44	45-64	65 and over		Total
Scarlet Fever	—	—	5	13	5	56	4	1	—	—	1	—	85	20
Erysipelas	—	—	—	—	—	—	—	—	1	5	4	2	12	3
Whooping Cough	8 (1)	5	7	11	10	27	2	—	—	—	—	—	70 (1)	5
Measles	29	49	88	78	85	177	13	4	4	1	1	—	529	23
Meningococcal Meningitis	—	—	—	—	—	1	—	—	—	—	—	—	1	1
Poliomyelitis— Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis— Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenzal-Pneumonia	1	—	—	—	—	1	1	—	1	5	5 (1)	13 (2)	27 (3)	3
Primary Pneumonia	1 (1)	—	—	—	—	3	2	—	2	—	6 (2)	8	22 (3)	3
Puerperal Pyrexia	—	—	—	—	—	—	—	7	43	3	—	—	53	1
Ophthalmia Neonatorum	2	—	—	—	—	—	—	—	—	—	—	—	2	—
Dysentery	2	3	3	6	7	23	7	1	5	4	3	6	70	6
Food Poisoning	1	—	2	—	1	2	1	—	4	2	4	2	19	3
Para. Typhoid, B.....	1	—	—	—	1	1	—	—	—	—	—	—	3	2
Typhoid Fever	—	—	—	—	—	1	—	—	—	—	—	—	1	1

(Figures in brackets represent deaths in notified cases).



Table XIII.

ACUTE INFECTIOUS DISEASE  
EXETER CASES OF NOTIFIABLE DISEASE NOTIFIED DURING 1956.  
After Correction both for Residence and for Revised Diagnosis.

DISEASE.	AGES OF CASES NOTIFIED											Total	Cases admitted to Isolation Hospital	
	Under 1	1—	2—	3—	4—	5-9	10-14	15-19	20-34	35-44	45-64			65 and over
Scarlet Fever	—	—	5	13	5	56	3	1	—	—	1	—	84	20
Erysipelas	—	—	—	—	—	—	—	—	1	5	4	2	12	3
Whooping Cough	7 (1)	5	7	11	10	27	2	—	—	—	—	—	69 (1)	4
Measles	29	49	87	78	85	177	13	4	4	1	1	—	528	22
Meningococcal Infection	—	—	—	—	—	1	—	—	—	—	—	—	1	1
Poliomyelitis—Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis—Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenzal-Pneumonia	1	—	—	—	—	1	1	—	1	5	5 (1)	13 (2)	27 (3)	3
Pneumonia	1 (1)	—	—	—	—	3	2	—	2	—	6 (2)	8	22 (3)	3
Puerperal Pyrexia	—	—	—	—	—	—	—	6	39	3	—	—	48	1
Ophthalmia Neonatorum	2	—	—	—	—	—	—	—	—	—	—	—	2	—
Dysentery	2	3	3	6	7	22	7	1	5	4	3	6	69	5
Food Poisoning	1	—	2	—	1	1	1	—	4	2	3	2	17	3
Para. Typhoid, B. ...	1	—	—	—	—	1	—	—	—	—	—	—	2	1
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—

(Figures in brackets represent deaths in notified cases).











**Table XVI**  
**THE BLIND.**  
**FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS — 1956.**

	CATARACT		CAUSE OF DISABILITY					
			GLAUCOMA		RETROLENTAL FIBROPLASIA		OTHERS	
	Blind	Partially Sighted	Blind	Partially Sighted	Blind	Partially Sighted	Blind	Partially Sighted
(i) Number of cases registered during the year in respect of which Sec. F, para. 1 of Form B.D.8 (Revised) recommends : (a) No treatment.	10	3	1	—	—	—	6	2
(b) Treatment : (Medical, surgical or optical).	9	1	3	—	—	—	4	—
(ii) Number of cases at (i) (b) above which on follow-up action have received Treatment.	5	1	2	—	—	—	3	—



## SPASTICS.

There are 38 known cases of cerebral palsy which have come to the notice of the department (at 31st December, 1956). There is little doubt that there are far more cases than is suggested here, though we think the ascertainment up to school leaving age is fairly complete. Mild cases may be missed. 3 new cases were discovered during the year, 2 boys aged 10 years, and 1 aged 6 years; 1 little girl of 12 years left the country during the year. 1 boy aged 15 years was admitted to the National Spastics Colony at Croydon.

The tables below shew the present position of the patients in relation to occupation, education, etc.

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 ....	15	5	15	6	—	—	1	1	4	2	10	2
Monoplegia ....	1	—	1	—	—	—	—	—	—	—	1	—
Diplegia ....	5	2	4	2	1	—	—	—	2	2	2	—
Paraplegia ....	4	2	4	2	—	—	1	1	2	—	1	2
Quadriplegia ....	1	6	—	5	1	1	—	5	1	1	—	—
Others ....	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ....	26	15	21	15	2	1	2	7	9	5	14	4

41

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 ....	5	2	7	—	—	—	—	—	—	—
5—14 ....	11	8	1	11	2	2	3	1	—	—
15—64 ....	10	5	3	—	—	—	—	5	4	2
65 plus ....	—	—	—	—	—	—	—	—	—	—
TOTALS ....	26	15	11	11	2	2	3	6	4	2

41



## EPILEPTICS.

We know of 125 epileptics (27 boys, 32 girls, 37 men and 29 women) in the City, i.e. 1.6 per thousand of the population. It is quite likely that the numbers shewn in the table below of ages 15 years upwards are a substantial understatement. Of the 70 above 15 years of age, 28 are working, but I have no doubt far more than this number of epileptics are working and managing perfectly well.

There were 16 new cases discovered during 1956 (6 boys, 5 girls, 3 men and 2 women). Of these, 4 children under 4 years of age are at home, 4 boys and 3 girls attend ordinary schools in the City, 2 men are working and 1 is in a mental hospital, the remaining 2 married women are both at home and managing.

1 girl aged 11 years was removed from the register "as recovered," 1 girl aged 12 years left the country and 1 woman aged 60+ years left Exeter.

TABLE OF KNOWN EPILEPTICS (at end of 1956).

AGE GROUPS	Sex		At Home	In Special School	Day School	Working	In Colony	In M.D. Hospital	In Hospital		Hostel
	M.	F.							Mental	General	
0—4 ....	2	4	5	—	—	—	—	—	1	—	—
5—14 ....	24	25	8	1	38	—	1	—	1	—	—
15—64 ....	35	30	21	—	—	27	—	2	13	—	2
65 plus ....	3	2	1	—	—	1	—	—	2	1	—
TOTALS ....	64	61	35	1	38	28	1	2	17	1	2

125

It is interesting to note that of the 16 new cases, 11 were in the age groups 0—14 years and the majority of future cases are likely to become known through the child welfare clinics.

## NATIONAL ASSISTANCE ACTS, 1948 AND 1951.

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

Two old women were removed compulsorily by Court Order, under these Acts: one, aged 79, died nine months later in the general hospital to which she had been admitted; the other,



aged 88, though she had improved somewhat after admission to hospital, died a week later. Of the five cases previously dealt with since 1950, 2 are in general hospitals, 1 is in a mental hospital, 1 in an Old People's Home and 1 has died.

### MEDICAL EXAMINATIONS MADE ON BEHALF OF THE COUNCIL

Medical examinations for admission to the superannuation scheme numbered 122 (of whom 2 men and 4 women were rejected); for temporary employment 96 ; regarding sickness or on return to employment after sickness 25 ; and others 3 ; total 246.

The services of the mass radiography unit are 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 such appointments in the Council's service 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.

### CIVIL DEFENCE.

(Ambulance and Casualty Collecting Section).

The active strength of this section remains small (less than a fifth of the nominal roll) but it is composed of enthusiastic and competent members who would form the available nucleus should an emergency arise.

An ambulance for training purposes was purchased by the Civil Defence Committee in 1956. This was one formerly used in the civil ambulance service. The vehicle will have to serve the dual purpose of a casualty collecting vehicle and of an ambulance. It is hoped later to get an ambulance which will take equipment for four stretchers and to retain the other as a casualty collection vehicle.

A new venture was embarked on in 1956 when a course was run to train lay First Aid Instructors. 6 members took the examination at the end of the course and 5 were successful. It will now be possible for the section to run first aid courses itself.

A full First Aid Course was run in the autumn and 15 members sat the examination. All were successful.

A party of 8 members took part in Exercise "Robe," a regional exercise held at Bristol in October. The members



formed a Casualty Collecting Party, taking the ambulance with them. The section gave a good account of itself and gained quite a lot of experience.

As it was considered that the members of the Public Health Department staff should have some knowledge of Civil Defence in nuclear warfare, a course of 6 two-hour lectures on this subject was given by the Civil Defence Officer and attended by most members of the staff.

### CHILDREN'S COMMITTEE.

The Medical arrangements for children within the care of the Children's Committee remain 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 Child Care Committee has continued to meet each month under the Chairmanship of the Medical Officer of Health. The members of the Committee attend regularly and if unable to be present themselves usually send a deputy to represent them.

During 1956 six cases were closed, all being considered sufficiently improved as not to require further help or supervision. Ten new cases came before the Committee for consideration. Two of these were referred to the Welfare Officer and involved housing problems primarily. It was possible to deal with one quickly and this case was closed. If rent is not paid regularly, rent arrears become a big problem after a few weeks especially when, as so often is the case, the family is living on National Assistance or Unemployment Benefit. One such case was referred by the Secretary of the Council of Social Service—it was found that both the husband and wife were under the care of our Mental Health Section. A second rent arrears case referred by the Children's Officer also unfortunately revealed a considerable degree of child neglect; because of this the parents were prosecuted by the N.S.P.C.C. and the children placed in the care of the Local Authority.

Two cases were referred by the Children's Officer, one the result of a report by a neighbour of alleged neglect of the children. Fortunately, it was found that things were not so bad as they sounded and that though the children were frequently dirty,



they were happy and there was no actual neglect. The other concerned a family which was living with the wife's father and older brother. There was considerable discord and actual ill treatment by the father and brother who were both rather "tough customers." The Council's Housing Committee kindly hastened the rehousing of the family which has relieved the problems.

The Superintendent Health Visitor referred two new cases, both cases where there was child neglect. The first was a real problem family. The mother had, apparently, little maternal affection, which combined with a low intelligence was creating many difficult problems. The other concerned the neglect of a younger child as a result of rejection by the mother, who was mentally unstable. A further two new cases were referred by the Educational Psychologist. One case she referred as a result of description of happenings at home given by a child attending the Child Guidance Clinic. This was investigated and it was found that though this was certainly a "tough" family, the child's imagination had exaggerated the story. The second case concerned a family who have always been in and out of difficulties and also were about to be evicted. The family have since been accommodated outside Exeter and have settled down.

During 1956 two families were provided with a Home Help without charge to help them through special difficulties—one was granted for four weeks and the other for five weeks.

The Chairman and three members of the Working Party on Social Workers visited Exeter and were present at the September meeting of the Committee to observe the work done. At another meeting we had the Organising Secretary of the equivalent of the Council of Social Service in Holland with us. Students in Social Science at the University of Exeter attended meetings from time to time.

#### PUBLIC HEALTH ACT, 1936.

(Sections 187-195).

Registered Nursing Homes	....	....	....	5
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The St. David's Nursing Home, St. David's Hill closed down on 10th March, 1956.

#### NURSES ACTS 1943 AND 1945.

Registered Agencies	....	....	....	....	1
---------------------	------	------	------	------	---

The Homes and Agency remained registered as in 1955.



## LOCAL HEALTH SERVICES.

(National Health Service Act, 1946).

### 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.

*Confinements.* There were 1,613 live and stillbirths notified in the City in 1956, of which 524 were to mothers not normally resident in Exeter. Additionally there were 15 live and stillbirths to Exeter mothers who were confined elsewhere. Of all these Exeter babies 462 (42%) were delivered at home and 642 (58%) in hospitals, etc.

#### *Ante-Natal and Post-Natal Care.*

The arrangements continued generally as described in my report for 1955. (See Table XVII, Page 101).

#### *Relaxation Classes.*

188 classes, mainly for mothers in their first pregnancy were held, 298 mothers making 1,804 attendances.

#### *Mothercraft Classes.*

Miss White, Deputy Superintendent, continues to give these classes at the Exeter Maternity & District Nursing Home twice in the month. Each mother is invited to attend twice in all.

#### CHILD WELFARE.

#### *Child Welfare Centres.*

These continued as usual. The babies under 1 attending for the first time numbered 608, equal approximately to 56% of the babies born during the year. In all the clinics the number of children attending during the year was 2,247 making 14,436 attendances. The children included 611 born in 1956, 577 born in 1955 and 1,059 born during 1951 to 1954. (See Table XIX).

The new Countess Wear Child Welfare Clinic was opened on the 26th September, 1956, by the Right Worshipful the Mayor (Dr. C. J. Fuller). The Health Services Committee took over from the Estates Committee the Burnthouse Lane Community Centre, as a health clinic on the 1st April, 1956.



*Toddlers' Clinics.*

These clinics are proving very useful and are increasingly appreciated. The idea underlying these clinics is to invite toddlers who have never attended a welfare session or who for various reasons have not attended for a year or more. Very often with increasing size of the family the new arrival takes precedence and the toddlers are thought to have reached an age when "they can now grow up natural." Speech defects, strabismus, dental caries and minor postural defects of the lower limbs are the commonest physical defects seen, along with a host of problems concerned with eating, sleeping, excretion and general behaviour.

The Whipton Toddlers Clinic, held on the fourth Monday each month, is now well established and run on the appointment system. Out of 165 appointments sent during 1956, 118 children attended, averaging 13 per session.

The Eastern Toddlers Clinic, held on the second Monday every month, is run on different lines, for here the appointment system proved unsuccessful. The clinic is open for all toddlers and the health visitors during their home visiting encourage those needing help and advice, etc., to attend. Some of these are again reminded of the date by post. With this "open house" method attendances have been good and many toddlers of the larger families have been examined. There were 179 attendances, averaging 16 per session.

*Orthopaedic Treatment.*

23 cases were referred to the Princess Elizabeth Orthopaedic Hospital from infant welfare clinics in 1956. These included one case of double congenital dislocation of the hip, and 3 mild cases of spasticity. The remainder were minor postural defects and congenital abnormalities.

*PROVISION FOR THE UNMARRIED MOTHER AND HER CHILD.*

The illegitimate birth rate in 1956 was 0.6 per 1,000 population. The live illegitimate births in 1956 were 4.2% of all live births compared with the national figure of 4.7% (in 1955).

The City Case Worker (Miss P. M. Kevan) reports that she dealt with 70 current cases (including 8 continued from 1955) and this was an increase of 2 over the previous year.

The year's work followed the usual pattern and the younger women and girls dealt with came from every type of home



professional and wage earning. Three school girls (aged 14) were dealt with during the year. One of these girls kept her baby and the two other babies were adopted.

Close co-operation has been maintained with the Matron of both St. Olave's Home and St. Nicholas Home.

#### ST. OLAVE'S HOME.

During the year there were 22 admissions to the Home, including one mother and her baby admitted from Torbay Hospital late in the puerperium. 19 babies were born in the Home. 5 of the babies were kept by their mothers, 5 were fostered and 9 were adopted. The matron is a certified midwife, qualified to give gas and air analgesia.

The Exeter Diocesan Association for the Care of Girls, which owns the Home, is to be congratulated on the structural and decorative improvements made to the Home during the latter part of 1956.

#### ST. NICHOLAS HOUSE.

(Owned by the Exeter Diocesan Moral Welfare Council).

The only notable change in the general arrangements was that from March, 1956, the Council's domiciliary midwives conducted the deliveries of the girls in the Home, who, however, were free to make other arrangements if they preferred (e.g. going to Mowbray House). The City Council modified the conditions of exemption from registration to allow this procedure. 24 mothers were delivered and the arrangements proved quite satisfactory. 2 Exeter mothers were admitted to the Home and delivered there during 1956. 1 other had to be transferred to and was confined in hospital. Of the babies born during 1956, 7 were adopted, 4 fostered and 14 were kept with their mothers.

#### DAY NURSERY.

The general health and mental wellbeing of the children in the Buddle Lane Day nursery during the year has been satisfactory. Medical inspections were held in February, July and September. In September all children over the age of 2 years were given a dental inspection. During the year 5 children received dental treatment.

There was 1 case of measles, 3 cases of whooping cough and 6 of Sonne dysentery.

The average percentage of priority cases during the year has been 75%. Owing to the high income of the mother, some of these have been assessed at a higher rate than 2/- a day. The standard of care and clothing amongst these priority children has been good.

One child continued to attend the Speech Therapy Class until he left the nursery to attend school in September. After two



years at the nursery this child, who had been admitted for psychological reasons, was considered as fit for school attendance. His speech was reasonably fluent and his behaviour continued on a normal plane.

Another child who had been admitted to the nursery on the advice of Dr. Gaussen as suffering from traumatic neurosis, was removed from the roll in September as fit for school. He was then almost 6 years of age. His speech had improved greatly and his self confidence was normal.

The number on the roll at the beginning of the year was 30 and at the end 23.

The average daily attendance (including Saturdays) was 16.

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

During 1956, there were two registered nurseries, each of which was visited by the Senior Assistant Medical Officer of Health three times (one for 24 children, the other for 20 children). One of these closed down in October.

There are no child minders registered at present

### REPORT OF THE PRINCIPAL DENTAL OFFICER FOR 1956.

(J. B. CLARK, L.D.S., R.C.S. (EDIN.).)

By the end of 1956 there were three full-time dental officers in the dental department, and the average for the year was two. The treatment of expectant and nursing mothers was on a priority basis the department taking pride in this being so. The Whipton dental clinic with its wonderful amenities continued to be appreciated, and some redecoration was done at the central clinic making it much brighter. Towards the end of the year work was proceeding with the new St. Thomas dental clinic in Tin Lane, and this should be opened early in 1957.

The Exeter and District Nursing Association were keenly co-operative and worked hard to encourage mothers to have the routine dental care they need during and after pregnancy.

**Table (a).**

*Numbers provided with Dental Care.*

	Examined	Needing treatment	Treated	Made Dentally Fit
Expectant and Nursing mothers .....	85	77	73	59
Children under five years .....	330	281	263	247



**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 .....	44	98	—	—	246	46	30	24	1
Children under five years ....	—	194	3	—	481	212	—	—	—

32 mothers were supplied with dentures.

#### *Expectant and Nursing Mothers.*

Of the 85 inspected as shown in Table A, 8 were referred from medical ante-natal clinics, 46 from the Exeter and District Nursing Association, 11 from private doctors and 20 were post-natal cases. Of the 54 dentures supplied to a total of 32 patients, 18 were full uppers, 12 full lowers, 11 partial uppers and 13 partial lowers.

#### *Pre-School Children.*

330 pre-school children were examined, 19 in Buddle Lane Day Nursery (of whom 15 had sound mouths) and 311 whose parents desired treatment or who were referred from child welfare clinics.

Every effort was made to encourage mothers to start cleaning their children's teeth as soon as the first tooth erupts and to warn them of the harm done by eating anything between meals whether it be sweets, lollipops or biscuits.

One's memory is of scores of wonderfully behaved children during the filling sessions they attended. These pre-school children do not object in the slightest to fillings.

#### *Anaesthetics.*

The anaesthetics continued to be administered by Dr. Bertha Hinde on alternate Saturday mornings at the Central clinic. Her services were much appreciated.

I would like to thank the medical officers, and the health visitors and nurses, as well as the staff of this department for their co-operation and assistance during the year.



## DOMICILIARY MIDWIFERY.

(See also Table XXIII, Page 105)

462 (42%) of the 1,104 babies born to the City mothers during 1956 were born at home, 58% were born in hospitals and other institutions. This proportion is roughly the same as in the country as a whole. The total number of births in the City during 1956 (including those born to non-Exeter residents) was 1,613. It should be noted that the figures used in the vital statistics earlier in this report refer to registrations; as registration of birth is allowed up to 6 weeks after the birth, the two sets of figures are not identical.

## MIDWIFERY.

*Organisation.* This remains unchanged.

*Staff.* At the end of the year there were the Superintendent, 1 Assistant Superintendent (Midwifery), 5 midwives, 6 pupil midwives, all resident in the Exeter Maternity and District Nursing Association's home.

*Education and Training.*

(a) *Pupils.* The Home is a Part II training centre for pupil midwives, the pupils taking deliveries in conjunction with the Association's domiciliary midwives. 12 pupil midwives were trained in 1956. Of these seven went back to work in hospital, one went to work in Canada, three remained on the staff and one gave up work on marriage. (There is no difficulty in getting sufficient pupils). I am indebted to the hospital consultants (especially Mr. Russell, Mr. Jefferiss, Dr. Brimblecombe and Dr. Powell) for the help they give us.

(b) *Refresher Courses.* 3 of the staff attended short residential refresher courses.

(c) *Other.* We are grateful to the City Fire Brigade (Chief Officer - Commander H. Willey, M.B.E.) for the care and attention they give our vehicles.

*Transport.* By the end of the year 13 cars and 10 motor-cycles owned by the City Council were in use. These vehicles form a pool used by both midwives and home nurses, priority being accorded to the midwives. In addition, 4 members of the Midwifery staff used their own cars.

*Confinements.* 496 of the mothers confined in the City in 1956 were delivered by the City's domiciliary midwives, the highest number so delivered in any calendar year, in the City: 20 of the 500 babies born were to mothers whose home addresses were outside the City, and a further 23 were to mothers in St. Nicholas Home of whom only 2 were Exeter residents. In all,



11,204 visits were paid to mothers *either* during the pregnancy, the labour or the lying-in period. A further 3 domiciliary confinements were attended by private midwives and 2 mothers delivered in prison were attended by the midwife on the prison staff.

33 of the babies delivered by the domiciliary midwives were premature. 12 of these were transferred to hospital, 4 of whom died. One other died at home.

The home midwives continued to supervise the welfare of the newborn infants attended by them at home for the first three weeks of life. The midwives frequently supervise the welfare of the mother and child beyond 21 days (157 cases in all). They also made 822 visits to 100 infant feeding problem cases mainly referred by doctors. The weekly report to the Superintendent Health Visitor about all these various infants has been continued.

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 136 mothers in 1956, involving 1,868 visits.

Mothers discharged from Mowbray House Maternity Hospital before the 14th day of the puerperium are not ordinarily attended thereafter by our midwives; the Health Visitors call as soon as possible.

*Medical Aids.* (i.e. midwives' requests for assistance from doctors). 9 medical aid notices (4 from the Exeter Maternity and District Nursing Association midwives, 5 from hospital midwives) were issued by midwives. 329 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 XXIV).

*Oxygen* was used for 18 babies on the district and for 5 of them during transport to hospital. Intra-gastric oxygen was used only once and that in a baby who never showed any sign of life after delivery. All but two of the other infants survived. A sparklet oxygen apparatus is carried by the midwife for use if required in each confinement case. No case of retrolental fibroplasia due to hyper-oxygenation in very early life has been brought to my notice.

*Gas and Air Analgesia.* All the domiciliary midwives employed under Section 23 are qualified to administer gas and air analgesia. In 355 of 496 deliveries conducted by them (i.e. in 72%) gas and air was administered; other analgesia (trilene, etc.) was given in 82 cases, and in all other cases there



was some good reason why it should not be administered, including 29 refusals by the mother ; in 240 cases pethidine was given ; of the 7 midwives in private practice and prison practice only one was qualified to administer gas and air analgesia.

We have 3 triline apparatus in use by the domiciliary midwives.

*Supervision of Midwives.* (Midwives Acts 1902-1951). The Council as the Local Supervising Authority will have an obligation from January 1st 1958 onwards to secure the provision of refresher courses, approved by the Central Midwives Board, for all midwives who have not within the previous five years taken such a course or who have not qualified within that period.

In all 56 midwives gave notice of intention to practise within the City. These included 35 employed by hospital, 1 employed at St. Olave's Home (for unmarried mothers), 13 employed by the Exeter Maternity and District Nursing Association on behalf of the City Council, 2 employed in the prison and 5 engaged in private practice. There were 1,078 deliveries in hospitals, 18 in St. Olave's Home, 23 at St. Nicholas House and 2 in prison. Of the mothers delivered at home 3 were attended by private midwives, the remainder by the Exeter Maternity and District Nursing Association midwives, except 1 by a doctor only.

Miss Reynolds (Supervisor of Midwives) investigated in conjunction with Dr. Ward (Assistant Medical Officer of Health), 29 notified cases of puerperal pyrexia, 2 cases of "sticky eye" and made 5 visits to private midwives, a number of visits to the Exeter Maternity and District Nursing Association and 3 visits to one nursing co-operation.

*Relaxation Classes.* The arrangements were unchanged, Mrs. Rew continuing as part-time therapist. The attendances at the classes totalled 1,804 (188 sessions) ; 298 mothers attended, and they like coming. A health visitor attends once in each series to talk to the mothers.

*Free Home Help.* Late in the year, it was decided to offer home help free to all expectant mothers who required such help to enable them to stay in bed as part of the treatment for puerperal toxæmia. The idea was to encourage effective treatment in the early stages. It was to be authorised by the Medical Officer of Health only, and has been employed in 2 cases with, as we think, very useful results.

*St. Nicholas House.* In March, 1956, the home midwives became responsible by agreement with the Committee of the St. Nicholas Home (for unmarried mothers) for the maternity care and delivery of the expectant mothers. The Medical Officer of the Home (Dr. Winifred Heal) has conducted ante-natal



clinics attended by our midwives, and the midwives conducted 23 deliveries there in 1956. Only 2 of these were to mothers who were normally Exeter residents. A room is reserved for the actual delivery, but otherwise the mother is cared for as if she were in her own home: e.g. the baby's cot is in the mother's own room. Miss Cooper (the Matron) has, undoubtedly, contributed enormously to the success of these arrangements.

### BIRTH CONTROL

A Birth Control Clinic is conducted 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 321 cases has been referred.

### HEALTH VISITING

*Organisation.* Sickness and resignations affected the service, the Superintendent and one health visitor being off sick for considerable periods. Miss Edds was acting superintendent for part of the year.

A report on the need for more health visitors was submitted to the Health Services Committee in November, 1956. As a result, the Committee asked the Finance Committee to approve an increase in the establishment from 14 to 16 health visitors and school nurses with the immediate addition of 1 health visitor and school nurse, and also that a casual car user allowance be granted to three health visitors. The Finance Committee did not accept these recommendations, but allowed one extra car allowance from 1st January, 1957; the superintendent health visitor also has a car allowance.

There is no doubt the health visitors have now reached the utmost limit of their capacity for work, and we really do need more help.

*Refresher Courses.* 2 health visitors attended refresher courses in 1956.

*Maternity and Child Welfare work.* The number of visits paid by health visitors to babies under 1 year was 1,116 first and 5,448 subsequent visits. The number of visits to children between the ages of 1-5 years was 9,662. The total number of visits to expectant mothers was 798. A health visitor has attended the ante-natal sessions held at the Alice Vlieland Welfare Centre—there have been 38 sessions during the year. One session per month is attended by one health visitor at a family doctor's surgery and this still appears to be useful. The health visitors make home visits to assess the need for admission to Mowbray House Maternity Hospital.



Towards the end of the year the health visitors commenced giving one talk in each course of relaxation classes being held at Whipton Health Clinic and the Alice Vlieland Welfare Centre.

*Clinics.* During the year, the new Countess Wear Clinic was opened and the Burnt House Lane Community Centre was taken over by the Health Services Committee as a clinic.

The number of children attending the clinics for the first time during the year were :

Age at first attendance	Under 1 year	Over 1 Under 2	Over 2 Under 3	Over 3 Under 4	Over 4 Under 5
Number	680	58	40	34	35

*Infectious Disease.* 895 visits were made in relation to cases of infectious disease. This was about the same number as last year ; the largest group of visits, 330, was to cases and suspected cases of dysentery and was 100 more than last year.

The system has worked well and all cases of infectious disease have been visited as soon as possible after the notification has reached the office, in the hope of preventing spread.

*Old People.* 571 visits have been paid to old people living at home and often alone. There were 93 names on the books ; 23 of these old people were visited for the first time in 1956. Practical help has been given in various ways such as arranging for home helps, meals on wheels, holidays at convalescent homes, renewing and augmenting clothing with the help of the W.V.S., making appointments for National Assistance Board officials to call and discuss financial difficulties, introducing visitors to the lonely ones and in one instance arranging transport to convey several to a Christmas party. It is not always realised that although there are functions for old people to attend a good many of them remain house-bound owing to lack of transport, especially in the winter.

#### *Prevention, Care and After Care.*

(1) *Diabetic After Care.* This has been carried out by 1 health visitor this year owing to staff shortages. 241 visits were made ; there were 6 new cases, 2 of which were discovered during their ante-natal period. Both were delivered safely and were able to breast feed their babies.

This work seems very worthwhile and is especially helpful in cases where the patient at home is overwhelmed by the shock of having to make drastic changes in food habits. The reassurance that they can still live a normal life in spite of diabetes is of greater help to them.



(2) *Other After Care and Preventive Care.* 174 visits were made to help in other forms of after-care, such as patients discharged from hospital needing home helps or with rehabilitation problems, arranging convalescence for mothers and others in a low physical state in order to prevent complete physical breakdown; also, seeing that N.A.B. special grants of clothing and bedding or domestic appliances, i.e. fire guards and dustbins, were obtained.

*Work with Problem Families.* The health visitors have persevered with the problem families with the help and co-operation of the various social organisations that also try to help them. In the long run the advisory service is the important one though practical help cannot be discounted: it has been given in many ways—chiefly in the form of bedding, cots and mattresses for the children and clothing for both mothers and children—which has all been obtained from numerous sources. A few mothers and children have been able to go away for convalescence. Home helps have been supplied in the case of illness of the mother or for confinements. The health visitors feel that one or two special home helps with some knowledge of how to tackle the problems this type of family encounter and possessing a certain amount of authority could be of great help in raising the standards of all but the worst of these families, especially if they could work closely with the health visitors and work out a plan of campaign beforehand.

*Health Visitors in Schools.* The health visitors have continued their work as school nurses in ten infants' schools and two junior schools and the Chestnut Avenue Nursery School.

*Health Education.* This continued on the usual lines (posters, pamphlets and booklets being used); all the health visitors' work is in the nature of personal health education and this is the more important.

Mrs. Stannard continued to give her talks on Mothercraft to the senior schoolgirls at the Education Homecraft Centre in Northernhay Street. She also gave three health talks to Women's Organisations and gave a series of evening talks, including "Safety in the Home" and "Foot Health."

*Evening Visits.* 17 have been made in cases of feeding difficulties (for test weighing) or on requests for advice when babies have not been well, in cases of domestic crisis or matrimonial or housing problems. These have always been useful visits, partly because of their nature, but mostly because they have been requested by one or other of the parents.



*Selective Visiting.* On account of high case loads and staff shortages this year, selective visiting has by force of circumstances had to be the rule. The homes that have needed the health visitors most have had the most visits. Although all the health visitors do not agree with "selective visiting," I believe it is inevitable in present circumstances and, more than that, it is always desirable.

*Co-operation with other agencies.*

(1) *Midwives and Home Nurses.* The acting superintendent health visitor has been able to meet Miss Bryant and Miss White weekly to discuss and report on the mothers and new babies as they are handed over to the health visitors' care, besides being given a detailed typewritten report. They have also assisted each other in solving problems concerned with old people and been able to discuss any other matter of joint concern.

(2) *The Mental Health and Child Guidance Services.* There have been useful contacts with these services and this helps to speed up the effort to get families back on an even keel when a mother or father has a mental breakdown. The health visitors have been more in contact with the Child Guidance team this year, through attending staff meetings together, than in previous years, and also at the talks for parents last winter. I think this has been of help, but there is a need for an even closer relationship. They have great hopes that the idea of certain of the health visitors spending an hour weekly in 1957 discussing with the Child Guidance team cases attending the clinic will be of benefit to all concerned.

(3) *The Hospital Service.* Through the almoners, there has been useful co-operation and help when making suggestions and planning convalescence for mothers and old people. The health visitors have been able to discuss with the almoners in the case of some of the chronic sick their need for hospital beds and also the suitability of some homes for the return of old persons after a spell in hospital.

The Paediatrician has made much use this year of the health visitors' reports on home conditions.

Some of the senior student nurses from the Royal Devon and Exeter Hospital have had half a day on the district with the health visitors. We have made greater efforts this year to give them as a group a more comprehensive picture of our work, but to do it effectively more time is needed.

(4) *Family Doctors.* There has been increasing co-operation between the health visitors and the family doctors during 1956: younger doctors particularly seem to be getting in touch with the health visitors more frequently and the health visitors in turn feel they are consulting the doctors more often about family and health problems.



(5) *Voluntary bodies engaged in social work.* Co-operation and help from all the voluntary bodies has been good. We are grateful to the Dispensary Fund for their help to mothers needing convalescence.

The British Red Cross Society have been most helpful in providing material benefits for sick children. The Blanket Society has been as generous as ever and the W.V.S. second-hand clothing store has been a great standby.

(6) *Central and Local Government Bodies.* The health visitors, P.S.W. (part-time) the Children's Officer, and Moral Welfare Worker, the National Assistance Board and the Welfare Department all work together smoothly.

## HOME NURSING

*Organisation.* This remained unchanged.

*Premises.* During the year steps were initiated to take over from the Housing Committee the large residential house, 16, Howell Road, as further sleeping accommodation for the nurses.

*Staff.* At the end of the year there was a Superintendent, an Assistant Superintendent (Home Nursing), 17 home nurses (including 14 Queen's Nurses and 3 S.R.N.s, including 1 man) and 6 Queen's candidates). Of the home nurses several are, in fact, midwives, but normally do not practise as such. One of the Queen's Nurses was part-time.

*Education and Training.*

*Candidates.* Training of Queen's Nurses. The Home is a training centre for Queen's Candidates. I am indebted to all who help the students by lectures, demonstrations or providing facilities for visits. All the 10 candidates passed their examination for admission to the Queen's Roll (one after re-examination) 6 of them remained on the staff.

*Refresher Courses.* 1 general nurse (male) attended a short Queen's Institute course in London.

*Other.* Nurse students in training at the Royal Devon and Exeter Hospital have accompanied the nurses for a morning round on the district, and individual student nurses have stayed a whole day in the Home.

*Transport.* The nurses use the pool cars and motor cycles (see page 76). 4 of the home nurses use their own cars.



*Visiting.* 3,203 cases, including 2,786 new cases, were nursed during 1956 and the total number of nursing visits was 92,913. Casual visits, where no treatment was necessary, numbered 1,607. No request for nursing help at any time is ever refused.

*Visits for Injections only.* The main group of patients whom the nurses attend especially for the purpose of giving injections is the diabetic patients. 18,988 visits were paid to a total of 120 diabetic patients during 1956, nearly all of them being for injections. Of the 120 patients, 65 were new cases. The remaining small groups of patients, attended for the purpose of giving injections only, are cardiac cases on regular mersalyl injections, or cases of anaemia receiving some form of liver injection. Patients who are visited for the purpose of administering penicillin are usually having this for some acute condition, and also require other treatment.

#### HOME NURSING DURING 1956.

	New Cases	Total cases nursed	Total visits	No. of cases over 65 years of age
Degenerative Diseases and Senility ....	859	1,205	72,706	78%
Tuberculosis ....	23	30	1,316	27%
Acute Disease incldg. infectious disease	1,087	1,121	10,267	30%
Maternity and Gynaecology ....	257	265	1,452	55%
Accidents ....	111	118	2,650	47%
Others ....	449	464	4,522	39%
Totals ....	2,786	3,203	92,913	48%
Casual visits (Not Nursing) ....	1,607			

*Lifting.* The problem of strain on nurses in lifting heavy patients has engaged our attention for some years. In 1956 Mr. Norman Capener, F.R.C.S., (Orthopaedic Surgeon) very kindly conducted a demonstration for the nurses of the mechanics involved in such lifting and the ways of minimising risk. Mr. Hickling of the Industrial Welfare Society came to Exeter by arrangement and demonstrated his methods of lifting heavy patients. Dr. Hall-Tomkin, a practitioner in the City, developed his ideas on a nursing aid for bedridden patients, and consulted the nursing staff on these problems. This aid, which seems a



very useful one, has been called the Exeter Nursing Aid (E.N.A.). As the Nursing Association is popularly known as E.D.N.A. it may be City patients will be helped by ENA and EDNA.

#### EQUIPMENT.

In 1956, a new method was introduced whereby all the instruments normally used in a dressings case are sterilised in a single pack, in an Autoclave in the Home. In 1957, syringes are also to be sterilised in advance in the Home. Of course, due care is taken to see that the student nurses are trained in methods applicable in private homes and where such extra facilities are not available.

#### NURSING EQUIPMENT LOANS.

The total issue of loans was in general slightly up. The issue of linen has increased substantially, and the "linen service" has grown substantially. It is meeting a very real need and is most useful, not only to the sick and aged, but to the nurses. By the kindness of the Exeter Dispensary Fund Trustees an "Oxford Hoist" was obtained for one patient.

#### THE LAUNDRY SERVICE.

5,104 articles were laundered, including 2,196 draw sheets. 140 persons were helped.

#### NIGHT HOME HELP.

107 persons were helped in this way, in 21 instances for more than fourteen nights. Most of them were very ill indeed or awaiting hospital care. Nearly half (48) were dying patients. Ex-nursing orderlies have been found very useful for this work.

### IMMUNISATION AND VACCINATION

The most important event in the immunisation programme for 1956 was the start of poliomyelitis vaccination. This is discussed in detail below.

Monthly clinics for immunisation and vaccination (not including poliomyelitis vaccination which was undertaken during *ad hoc* sessions) were held at each of the welfare centres except Buddle Lane. At Buddle Lane the practice of doing immunisation at the weekly Infant Welfare Clinic was continued and has proved very successful. Since the new Welfare Centre was opened at Countess Wear in the summer it has been arranged to hold an immunisation clinic there at 4 p.m. on the third Monday of every month.

Booster immunisation for diphtheria was given in the schools instead of at clinics and proved very successful. It has been found possible to do these immunisations on the last day of the



routine medical inspections at the school. Booster doses are given at 5 years old when starting school and at 10 years old during the last year at the primary school. It is becoming quite common now for parents to bring their children along for booster immunisation just before they start school.

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

### SMALLPOX VACCINATION

593 persons received primary vaccination during the year, 466 being infants under 1 year of age. This is equivalent to 45% of the number of live births in the City during 1956, which is rather better than the corresponding national figure for 1955 of 36%.

228 persons were revaccinated during the year. In most cases this was done in order to get an International Certificate of Vaccination for overseas travel.

As in previous years, the majority of the vaccinations (88% of primary and 97% of revaccination) were done by general practitioners.

### DIPHTHERIA AND WHOOPING COUGH IMMUNISATION

913 children received primary combined immunisation against whooping cough and diphtheria during the year of which 658 were done by general practitioners and 235 in the clinics. A further 111 children received primary immunisation against diphtheria only, these being mostly children starting school who had not previously been immunised in infancy. 10 children were immunised against whooping cough only (8 by general practitioners).

Booster doses were given to 2,109 children (at 5 years old and at 10 years old) of which 1,797 were done in the schools or clinics and the rest by general practitioners.

### IMMUNISATION SURVEY.

In an attempt to find out why some children were not immunised, all children born between 1st August, 1954, and 31st July, 1955, for which this department had not a record of their having been immunised by their first birthday, were visited by a health visitor. The parents were asked about the immunisation of their child and details obtained. I have found that a number had in fact already completed their immunisation, but as the general practitioner had not yet returned the completed card to us we had no record of it. If the child had not been done, the health visitor attempted to persuade the parent to get him immunised soon.



In all, information was obtained about 415 "unimmunised" children, but it was found that 152 of these had already been or were in the process of being immunised. Another 38 parents had left the City since the birth of the child. So 215 children living in the City had not been immunised by their first birthday. The following were the reasons given for their not being done :

*Absolute refusals*, 40 ; both parents object, 17 ; father objects, 7 ; mother objects, 14 ; grandmother objects, 2. The reasons for objecting to immunisation were all vague. The common answer was that they did not believe in it or that they did not agree with immunisation.

*Medical reasons*, 22. These are children who have not been immunised—on the advice of a doctor : (Infantile eczema, 8 ; Congenital heart disease, 2 ; Tuberculosis, 1 ; Chronic otitis media 2 ; Recurrent bronchitis, 5 ; Poor progress, 1 ; Brain operations, 1 ; Reason not known, 2.)

*No definite reason*, 113. These children have not been done because the parents "haven't had time," "always mean to get it done" and so on. All promised to have their children immunised, but none have done so.

*Have been done following visit by Health Visitor*, 62. The reason why these children had not been done before was given as : (B.C.G. delayed immunisation, 4 ; Frequent colds, 4 ; Adoption late in first year, 1 ; A.P.M. in area, 1 ; Feeding difficulties, 1 ; Started course but stopped owing to illness, 3 ; No definite reason, 48).

*Vaccination Survey*. At the same time as the information was obtained regarding their immunisation, questions were asked about smallpox vaccination. The figures given below do not include all children not vaccinated by their first birthday, but only those for whom we had no records of their having been "immunised" by their first birthday.

It is interesting to note the large number of absolute refusals against smallpox vaccination as compared with diphtheria immunisation. 415 cards were issued, but 38 of the children had left the City.

Had been vaccinated already	....	....	62
Absolute refusals	....	....	110
No active objection to vaccination	....	....	191
Medical reasons given for not being done	....	....	24

**Poliomyelitis Vaccination.** During 1956 a poliomyelitis vaccine, which is a modification of the American Salk vaccine, was prepared and used in this country on a mass scale for the



first time. As supplies of the vaccine would at first still be limited, the Ministry of Health decided that to begin with it would be issued only to local health authorities. These were asked to prepare a register of all children born in the years 1947 to 1954 (inclusive) in their area whose parents wished them to be vaccinated. A personal letter from the Medical Officer of Health was sent to all parents in the City with children in this age group. Application forms were included and were to be returned to the Public Health Department by the 31st March. By the closing date, 4,801 children (2,385 boys, 2,416 girls) had been registered for vaccination, comprising approximately 52% of the children eligible. Exeter's response was the best in this country and only one county in Wales returned a better figure. We were fortunate in that the local press was very helpful in publicising the scheme: an address I was able to give Rotary Club a day or two after the scheme was announced was well publicised. The head teachers, with whom I had a conference on the subject, helped in a very big way; the cinemas kindly shewed slides giving local details; the doctors in the City were favourably disposed, and all the staff, including the clerical staff, worked hard; the family doctors supported us wholeheartedly.

The first allocation of the vaccine was received in Exeter on the 4th May and consisted of 524 mls.

The Ministry of Health issued instructions that the vaccine was to be used for registered children born in November 1947 to 1954 and in March 1951 to 1954. Seven special clinics were arranged, the first on 7th May. There were 496 children included in this age group and all were notified and given an appointment for vaccination. 73 were not vaccinated, 50 because of illness, 6 because the parents withdrew consent, and 18 just did not attend.

106 children in the reserve age group (August 1949 to 1953) fixed by the Ministry of Health were then given appointments: all but 19 were vaccinated: these included 11 ill, 7 who did not attend, and 1 child whose parents changed their minds about vaccination. So that, in all, 509 children received their first injection from the first allocation of vaccine.

A second allocation of 498 mls. was received on 20th May and appointments were sent to the 509 children who had been given their first dose of vaccine. 471 were given the treatment, 23 were unable to attend because of illness, 1 had left the City and 14 just did not turn up.

On the 18th June, the Ministry stated that no further vaccine would be issued until after the summer. To use up the 37 doses still available, two sessions had to be arranged, at which those who could not attend on the previous occasions could be treated; at the first session only 18 came for injections.



The final results up to the end of June were :

	mls.
Total vaccine received	1,022
No. of completed immunisations (2 doses)	489
Number who only had first dose	37

On 27th November a further issue of 42 mls. of vaccine was made, to be used as second doses of those not yet completed. Owing to the death of one child (from malignant disease in no way connected with the vaccination) and the transfer of two children to other areas, only 34 children required a second dose. The response was again incomplete and three sessions were, in fact, needed. The reason was obvious. 1956 was a good year for us, without a single notification of poliomyelitis and parents had changed their minds—mistakenly without a doubt.

No more vaccine was received during 1956 and the final results for the year were :

Vaccination completed 511  
(241 boys, 270 girls).

Received first dose only 31  
(14 boys, 17 girls).

(See Tables XXVII and XXVIII, pages 110 & 111)

The Ministry took great pains to secure a safe vaccine, and the manufacturers have clearly had a most difficult task in producing a vaccine free from a number of risks, especially the inclusion of living virus (the cause of the early American misfortunes). At this early stage, the precautions necessary on issue, e.g. maintaining the right temperature and ensuring it was not subjected to temperatures higher than 4°C. for more than about ten hours, have involved the department in a considerable amount of work.

Because of the association with the school children, the clerical work has been carried out in the School Health Department and one clerk was appointed for the purpose. It is almost incredible how much clerical work has been involved: the telephone enquiries from parents were numerous, and the staff worked very well to ensure a smooth service.

### AMBULANCE SERVICES

The service continued by agency much in the same way as in previous years and the general financial arrangements were unchanged. The number of patients carried by our own vehicles was again less than in the previous year, and this time the mileage involved was also less. As we have no detailed information about the hospital car service, administered by the Devon County Council through a voluntary organisation, and



paid for, so far as Exeter is concerned, by a block payment based on a percentage of the total cost, we cannot satisfactorily discuss the overall picture.

The amount of work done in transporting physically handicapped school children to school was considerable.

The Council now own 7 ambulances and 2 sitting case cars and 1 utilicon ambulance and hire one ambulance from the St. John Ambulance Association. The Committee continued to implement its programme of replacement in order to modernise the fleet. The light dual purpose (utilicon) vehicle mentioned in my last report commenced in service on 1st January, 1956. In September a new ambulance replaced one that had been transferred to the Civil Defence Service. The lighter ambulances now being purchased are economical. I consider we should have at least one ambulance of the luxury class for the long distance removal to hospital of very ill patients.

Radio-control is not used; I think it should be tried out experimentally.

(See also tables XXIX & XXX, page 112)

## TUBERCULOSIS, PREVENTION, CARE AND AFTER-CARE

### (1) NEW NOTIFICATIONS.

The number of new notifications during the year has substantially decreased, 71 in all,—53 respiratory and 18 non-respiratory. Last year the figures were—96, 74 and 22 respectively, so there has been a fall of approximately 28% in new respiratory cases, and 18% in new non-respiratory cases. It would certainly be unwise to attach too much importance to this decline at the moment; the number of actual cases on the clinic books has again increased this year, and a far more satisfactory position will be reached when the total number of these cases also begins to decline in proportion.

It is disappointing, however, to have to record that during the year three cases of T.B. meningitis were notified in school-children, one of whom died.

### (2) DEATHS.

During the year there were 18 deaths of known tuberculous patients of which two were due to causes other than tuberculosis. This leaves 12 deaths from pulmonary and four deaths from non-pulmonary tuberculosis. These last include two children, aged 10 years and 12 years, who died of tuberculous meningitis. One died a month after diagnosis and admission to hospital; the other was diagnosed in 1955, and had been in various hospitals ever since. One of the 12 deaths from pulmonary tuberculosis actually occurred on the 31st December, 1955, but was not registered until 1956. One of the four non-pulmonary deaths



was in a man aged 43 ; this was certified as due to 1(a) congestive heart failure, (b) broncho-pneumonia, and (c) severe kyphoscoliosis (spinal curvature) from Pott's disease ; the death had to be classified as due to non-pulmonary tuberculosis although the patient had never been on the register, and the spinal tuberculosis occurred in early childhood ; this is an example of a possible remote effect of tuberculosis, very unusual in these days. In general, however, the satisfactory decline in mortality to which I drew attention last year has continued—last year's figures being 24 deaths from all causes in known tuberculous persons, 14 assigned to respiratory, and 2 to non-respiratory tuberculosis.

(3). RECOVERY FROM PULMONARY TUBERCULOSIS.

During the year 19 patients were taken off the books as having recovered from tuberculosis (14 pulmonary cases and 5 non-pulmonary).

(4) NON-NOTIFICATIONS.

During the year one trainee at St. Loyes College died in the Royal Devon and Exeter Hospital and the post-mortem findings were those of miliary tuberculosis and tuberculous pericarditis : the home address was elsewhere in the County and a survey of the College revealed no other cases.

(5) TRANSFERS.

There were 86 patients added to the register during the year (82 pulmonary and 4 non-pulmonary) as inward transfers from other clinics, either on taking up residence in this city or on arrival here to undergo training at the University, St. Loyes College, etc ; 90 cases (84 pulmonary and 6 non-pulmonary) were " transferred out " to other clinics on leaving the city.

(6) TUBERCULOSIS REGISTER.

At the 31st December, 1956, there were 828 known cases of tuberculosis on the register (702 pulmonary, 126 non-pulmonary) This again is a slight increase on the figures at the end of 1955 (679 pulmonary, 121 non-pulmonary), and it is due solely to the decline in mortality.

(7) CONTACT TRACING.

320 contacts were examined during the year representing 4.6 contacts for each new notified case and resulting in 21 cases being diagnosed as suffering from active disease.

(8) NON-PULMONARY TUBERCULOSIS.

(a) *Non-Pulmonary Tuberculosis in 1956.* There were 18 new notifications and 1 notification in an already known chest case, analysed as follows : meninges (3), bones and joints (7),



viz : knee 2, clavicle 1, spine 1, rib 1, sacro-iliac 1, elbow 1. (these notifications almost without exception were made by orthopaedic surgeons) ; renal 4, gynaecological 2, (notified by the respective surgeons) ; ischio-rectal abscess 1 (notified by surgeon) ; abdominal 1 (as a result of observation at the Chest Clinic) ; cervical glands 1 (this was a breakdown of a very long-standing healed case).

One " Non-Pulmonary " Notification led to the demonstration (by Dr. Boyd) of an active chest lesion. In 1 case there was a history of a previous tuberculous condition 35 years ago and a sinus operation of ribs 16 years ago. In 6 cases a history of family tuberculosis was found. Chemotherapy either with or without surgery was applied in all but one case.

In 6 cases therefore, no source of infection has been traced although in 2 cases there has possibly been some contact with known cases at the place of employment.

(b) *T.B. Meningitis Follow-up.* Following the notification of one of the cases of T.B. meningitis already mentioned, an urgent examination of the family, a large one, was carried out at the Chest Clinic ; a previously undiagnosed case of sputum positive tuberculosis was found in the household, while three other members of the family were affected in different degrees, and had to be removed to hospital for appropriate treatment. The original patient with meningitis died in hospital and Mass Radiography was carried out of all (including non-residents) at the residential school attended by the child, but nothing of significance was found. This tragic case serves as a clear illustration that despite the decline in new cases tuberculosis is still capable of inflicting an enormous amount of suffering in any family. We must not regard tuberculosis yet as completely conquered despite the new drugs and increased knowledge. We do not yet know for certain that those apparently cured are completely and finally cured. Nevertheless of course, we are justified in great optimism tempered by discretion. In the meantime ever increasing efforts must be made towards finding new cases and of examining all their close contacts.

At the time of writing investigations are still continuing into the second notified case of tuberculosis meningitis. The immediate household contacts have been examined with negative results but the school which the patient attended has yet to be visited by the Mass Radiography Unit. Another case of tuberculous meningitis occurred in a pre-school child, who was taken ill whilst away from home. At first, it was thought to be poliomyelitis. Follow up has shewn that his father had active tuberculosis, presumably a breakdown of an old lesion as there was a long standing history, and the sister was regarded as epituberculous : both have been given active treatment.



(c) *Surveys in Schools.*

(i) The early part of 1956 saw the successful conclusion of a small but intensive contact survey which had been carried out in a school in which 3 new definite cases of pulmonary tuberculosis (together with one observation case) had been discovered in late 1955. The survey was conducted on normal lines, viz. Mantoux testing of the children, followed by mass radiography of both children and staff but nothing of significance was discovered. One member of the staff, however, had not attended for his X-ray and was eventually persuaded to attend the chest clinic where his X-ray showed active disease and positive specimens of sputa were obtained. Appropriate hospital treatment was offered him and accepted and there have been no subsequent developments in the school.

(ii) In a grammar school a boy was found to be suffering from pulmonary tuberculosis, sputum positive, and was admitted for treatment. Mass radiography of the older children of the school was carried out as intensive examinations had revealed nothing of significance in his family. As a result of this three further new definite cases were found and admitted for treatment, two of them having pleural effusions with tubercle bacilli in the fluid. It was, therefore, considered advisable to repeat mass radiography in the whole school this time, together with mantoux testing. This programme was carried out in December—319 pupils being given a tuberculin test, 235 (74%) were negative, 17 had positive reaction of under 15 mms. and 67 had strongly positive reaction of 15 mms. and over. As a result one further new case of pulmonary tuberculosis was discovered in a boy in a younger age group and he was admitted for treatment. Several cases still remain under observation at the chest clinic and we intend to repeat the mass radiography examinations in a few months time. The headmaster was most helpful and the success of this survey owes very much to his co-operation.

(iii) In April a school-meals worker was diagnosed at the chest clinic as suffering from pulmonary tuberculosis, sputum positive, and in view of the nature of the employment the whole school was examined by means of mass radiography. Two new active cases of pulmonary tuberculosis were discovered but in both instances the children were well known to the chest clinic as household contacts of cases of tuberculosis with a long history of exposure to infection. One further case referred to the chest clinic was already known to be tuberculous while four other children remained under observation for a while, one still being in hospital.

(iv) A pupil at an approved school was found to have a tuberculous pleural effusion and was admitted for treatment. Mass radiography of the whole school and staff revealed nothing of significance.



(d) *Mass Radiography in Establishments, Works etc.*

Apart from the normal programme carried out by the Mass Radiography Unit a special request was made during the year for the examination of the personnel of the Exeter City Fire Brigade as one fireman had been found to be suffering from pulmonary tuberculosis. Nothing of significance was discovered. Discussions on the disinfection of the breathing (oxygen) apparatus necessarily used by various members of the force led to improved methods.

(9) RADIOGRAPHY.

The camera unit at Ivybank which takes a 4" x 5" film has continued to be used mainly for the examination of contacts (330), cases for superannuation medical examinations (72) and of patients for private practitioners (186), leaving the larger sized films available for examination of known cases and observation cases.

(10) MASS MINIATURE RADIOGRAPHY.

15,424 persons were radiographed in Exeter by the Unit during the year, an increase of 1,658 over 1955: they were *not* all Exeter residents. 754 University students attended, an increase of 49 over the previous year's figures: such attendance is voluntary and represents about 72% of all the students: no new active cases were found in this group.

In all, 93 cases were referred to the Chest Clinic, a decrease of 8 on the 1955 figure, 7 being new and proven cases; in addition 5 were already known. 52 remained under observation, the remainder being taken off the books.

(See Tables XXXVI & XXXVII, page 115)

(11) TUBERCULIN TESTING, B.C.G. VACCINATION.

(a) *Contacts.* During the year 355 tuberculin tests were carried out at the chest clinic and 143 B.C.G. vaccinations effected by the Chest Physician—118 children under the age of 15 years and 25 adults who included student occupational therapists and hospital workers.

(b) *Schoolchildren Under Ministry of Health Scheme.* As in previous years all tuberculin testing and B.C.G. vaccinations of schoolchildren eligible under the Ministry's scheme have been carried out by the school medical officers: 851 schoolchildren were tuberculin tested, 684 were B.C.G. vaccinated and re-tested. In addition 631 children B.C.G. vaccinated in 1955 were tuberculin tested (i.e. a year after vaccination), and 293 vaccinated in 1954 were re-tested.

(c) *Vaccination Refusal.* In only one case has B.C.G. vaccination of a baby born to a sputum positive mother been refused. The usual routine is separation from the mother after



birth then vaccination after 14 days, the baby being returned to the parents after a satisfactory post-B.C.G. test has been carried out.

(12) PATHOLOGICAL EXAMINATIONS.

The number of pathological examinations made for the chest clinic during the year by the Public Health Laboratory and the Department of Pathology, Royal Devon & Exeter Hospital, was 1,732. We are very grateful to Dr. B. Moore and Dr. G. Stewart Smith for their continued help and assistance.

(13) EXTRA NOURISHMENT.

As in previous years it has been possible to help a considerable number of patients by supplying extra nourishment, mainly in the form of an extra pint of milk per day (in some cases two pints). 47 new cases of tuberculosis were helped by extra milk and 34 patients by a malted vitamin food.

(14) HOME HELPS.

Council home helps volunteering for this work were provided during the year in 10 cases of tuberculosis.

(15) DIVERSIONAL THERAPY.

During the year 1 new patient was recommended for the £1 grant made by the Council to the B.R.C.S. This is to enable patients at home to undertake diversional therapy, mainly handicrafts.

(16) INFECTIVITY AND EMPLOYMENT OF TUBERCULOUS PATIENTS KNOWN TO BE INFECTIOUS.

At the end of the year 111 patients on the register were known to have had a positive sputum during the preceding 12 months. Of this number three only continue at their employment while known to be infectious; two are out-door workers and are not in contact with fellow employees, while the third is receiving chemotherapy but continues work under carefully assessed conditions. Two known positive cases ceased work during the year, both on medical grounds. One wanderer came into the city during the year and was found to be infectious. He is now receiving in-patient treatment. 72 patients were referred to the Disablement Resettlement Officer for advice regarding future training and employment, or for entry on the register of disabled persons.



### (17) DISPOSAL OF SPUTUM.

Four types of free issue are made in this connection.

- (a) Paper handkerchiefs for patients who find them useful—50,000 a year are distributed.
- (b) Miltherex, a proprietary liquefying and sterilising (soda and chlorine) preparation is supplied to patients who have copious sputum, making its disposal much easier and safer.
- (c) Disinfectant is issued.
- (d) Special polythene sputum flasks are issued, particularly when Miltherex is supplied.

### (18) WAITING TIME FOR ADMISSION TO SANATORIA.

A most satisfactory position exists generally; it has been possible to admit men patients during the year with little or no delay at all, while the waiting period for women patients has only been three weeks at the longest, and at times during the year only one week. The delay as regards admission to Honeylands has been somewhat longer as there are only 20 beds, but it has been possible to admit boys within two months, and in most cases one month, and girls within five weeks.

## DOMESTIC HELP.

(See also Table XLV, page 120)

### ORGANISATION AND STAFF.

The Organiser, with a part-time clerk and 42 part-time helps, including 2 with a guaranteed working week of 36 hours, comprise the staff. The average age of the home helps is 46. It is calculated that 18% of the total time of a home help is engaged in travelling, holidays and sickness, in that order of significance.

The number of families helped was 364, an increase of 16% over last year's figure. The average hours worked per week per case (all kinds) was eight hours, and for old age cases  $5\frac{3}{4}$  hours. In 16 cases help could not be offered when required and in 36 others the application for help was withdrawn for various reasons; the cost was given as the reason in 2 cases, but it may well have been so in others, where other reasons were stated. The Organiser made 307 home visits for various purposes. The income derived from families helped was approximately 20% of the expenditure.

All the increase in the hours worked was absorbed entirely in caring for cases of simple infirmity due to old age.

(It should be remembered that the Exeter Council of Social Service have a service of home helps for old people).



## MENTAL HEALTH SERVICES.

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

### ADMINISTRATION.

There were no changes in the general administrative arrangements, nor in the staff. No duties were delegated to voluntary bodies. 2 mental health workers who are also duly authorised officers, and a psychiatric social worker, are responsible for the medico-social work in the community, both for patients prior to admission to, and after discharge from, mental hospitals, and also for those who whilst "disturbed" do not need hospital care, but need a good deal of help within the community. Mental deficiency visiting is done by the mental health workers.

### CO-ORDINATION WITH THE REGIONAL HOSPITAL BOARD AND HOSPITAL MANAGEMENT COMMITTEE.

The Consultant Psychiatrist of the local mental hospital is a member of the Council's Health Services Committee: also he is available for domiciliary visiting when needed. The Chairman of the Council's Health Services Committee and the Medical Officer of Health are members of the Devon Mental Hospital Management Committee. There is full co-operation here between the Local Health Authority and the Regional Hospital Board through its Management Committee and the Medical Superintendents of Digby/Wonford Hospital and Royal Western Counties Institution for mentally defective persons.

### TRAINING OF MENTAL HEALTH WORKERS.

All of the social workers in mental health have had training and have attended refresher courses.

### COMMUNITY CARE.

The total number of domiciliary visits made to and on behalf of persons suffering from mental illness was 2,706 (including 1,013 visits in relation to admission to hospitals, rather less than half being to relatives, etc., after the admission)—an increase of 442 over last year's figures. Included in these were 259 visits to 93 people (45 men and 48 women) not involving any statutory action; nearly half of these patients (17 men and 24 women) were over the age of 65 years.

Included in the above figures are the psychiatric social worker's 352 visits to 57 patients (5 men, 37 women and 15 children). She also attended a psychiatric hospital out-patient clinic weekly.

During 1956 there was a record high figure of 377 admissions of Exeter patients to hospitals (concerning 260 persons) an increase of 40 admissions over the previous record high figure last year. As there were 348 discharges and 44 deaths, the number in hospitals



at the end of the year (384) was 15 less than at the beginning of the year (399).

There was a corresponding higher discharge rate which is encouraging. Since the "appointed day" the numbers of admissions from Exeter, which include transferences from one category to another within the hospital, (and exceed the numbers of individual patients concerned) have been as follows :

YEAR	Male	Female	Total
1948 (from July 5th)	17	24	41
1949 ....	54	73	127
1950 ....	98	120	218
1951 ....	103	135	238
1952 ....	88	142	230
1953 ....	103	149	252
1954 ....	125	157	282
1955 ....	129	208	337
1956 ....	145	232	377

Admissions in 1956 were 377, but the number of individual patients concerned was only 260 ; (some of them were discharged and re-admitted during the year ; some had been in and out during the previous years).

Total Admissions during 1956	....	....	....	377
Actual persons involved	....	....	....	260
Add transfers from Section 20/Section 21	....	....	....	69
Certified	....	....	....	6
Temporary	....	....	....	1
Voluntary	....	....	....	6
Add re-admissions during the year	....	....	....	35
Total	....	....	....	377

The age distribution of the patients at the time of their *first admission during 1956* is set out below ; it will be understood that they were not all new to mental hospitals.

AGE	MALE					FEMALE					TOTAL
	Vol.	Temp.	Cert.	S.20	S.21(1)	Vol.	Temp.	Cert.	S.20	S.21(1)	
0—14 ....	—	—	—	—	—	—	—	—	1	—	1
15—44 ....	37	—	3	13	1	33	1	3	17	—	108
45—64 ....	27	—	2	8	—	39	—	1	17	—	94
65 Plus ....	8	—	5	5	—	18	—	6	13	2	57
TOTAL ....	72	—	10	26	1	90	1	10	48	2	260
= 109					= 151					TOTAL = 260	



It is clear that there is no particular virtue in high figures of admission. There is the contrary view that everything that can be done to limit admissions to mental hospitals is desirable, but a great deal more effort in the community will be necessary if that policy is to be effective.

The correspondingly high discharge rate is probably attributable to treatment being received earlier in the course of the illness, especially in the age group 15 to 44 years. The admission rate of voluntary patients continues to rise, 91% as against 81% in 1955. Some of this is due to the friendly relationship built up between the patients prior to their need for treatment and the local authority's mental health social workers.

The Hospital psychiatric clinics continue to function as described in my previous reports.

(See Tables XLVII ; XLVIII & XLIX, pages 122 & 123)

#### MENTAL DEFICIENCY ACTS, 1913-1938.

##### (i) *Ascertainment and Supervision.*

The majority of cases are brought to the notice of the local health authority by the local education authority. During 1956, 20 new cases were reported, as follows: 7 by the L.E.A. as ineducable, 11 by the L.E.A. as requiring supervision on leaving school; 1 woman was referred by an Out-patient Clinic and 1 man from the Magistrates' Court.

Of the 7 ineducable children, 6 were able to attend the Council's Occupation Centre and the remaining 1 was regarded as not yet suitable to attend. All of the 11 (8 girls and 3 boys) reported on leaving school were placed in employment and appear to be managing all right. The 1 man referred by the Magistrates was committed by them to an Institution under Section 8 of the Mental Deficiency Act, 1913. The latest figure of ascertainment in Exeter is 4.7 per 1,000 population being, according to figures collated by the South Western Regional Hospital Board, the highest in the Region.

Supervision of defectives in the community is carried out through the mental health social workers.

At the 31st December, 1956, 161 (74 m., 87 f.) were under statutory supervision, as well as 54 (30 m., 24 f.) under voluntary supervision, and there were 148 (95 m., 53 f.) in hospitals. During the year, 1,109 visits were made to the homes of defectives and to such organisations as the Ministry of Labour and National Insurance, Police Courts and Youth Employment Agencies, including the Occupation Centre, with regard to their welfare in the community.

(See Tables L, LI, LII & LIII, pages 123 & 124)



During the year, 5 Exeter patients (4 men and 1 woman) were discharged from the Order. In addition, 14 (5 women and 9 men) were discharged into the Exeter area, where they were in resident situations, from other authorities. These were given a measure of friendly guidance, as recommended by the Board of Control.

Advantage was taken of the provisions of Ministry of Health Circular 5/52 in the case of 1 mentally defective boy, aged 5 years, whose mother and grandmother were in temporary difficulties.

(ii) *Guardianship.*

There is still only 1 Exeter woman under guardianship and she is now attending the adult training centre. There are 2 other women from the area of the Devon County Council, who are under guardianship, and are supervised in Exeter.

(iii) *Occupation Centre.*

The Children's Occupation Centre continued to flourish and at the end of the year the number on the Register was 45 (26 boys, 19 girls).

The general health of the children was good, and an average attendance of 80% was maintained. The annual medical inspection took place in June. Bus transport also continued as previously. The grassed playground has been very useful: a cricket team for boys and a net ball team for girls was formed and there was a keen competitive spirit amongst the children. The small plots allotted to the bigger boys and girls for individual gardening afforded much happiness and each child was interested in trying to grow the biggest and best flowers and vegetables. In the summer months some delightful salads were produced. Some of the children brought their own seeds, planted them, and proudly took the flowers and vegetables home to their parents to show how clever they were.

1 boy, aged 16 years, who had attended the Centre since September, 1950, was successfully found a job of loading and stacking wood in a local timber merchant's firm and he has received two increases in his wages since starting at the end of January, 1956. With help and supervision this lad should be able to do such a routine task. The Board of Control Inspector visited in May and gave an encouraging report, stating that training was maintained at a high standard.

The Annual Open Day was held in December and the sale of handwork was highly successful. Visitors from overseas and students from the university and colleges in the region



have visited the Centre and have been impressed by the work which is being done here and in other parts of the country for the mentally handicapped.

At the end of the year there were 5 girls over the age of 16 years who had been attending the Centre regularly and these with other older girls, who have not attended the children's centre, were to be admitted to the new part-time adult training centre for women and girls over 16 years of age which was opened early in 1957.

(iv) *Hospital Care.*

The number of mentally defective persons in hospital for care or training at the end of the year was 151—the same as the previous year. There were 5 admissions and 5 discharges.

## TABLES.

**Table XVII.**

### ANTE-NATAL CARE

#### MUNICIPAL ANTE-NATAL AND POST-NATAL CENTRES (by doctors)

No. of sessions held	..	..	..	..	37
No. of mothers attending	..	..	..	..	35
Total attendances	..	..	..	..	219
New cases	..	..	..	..	26
Post-Natal cases	..	..	..	..	29

Referred for treatment :—

Dental treatment	..	..	..	..	7
Royal Devon and Exeter Hospital	..	..	..	..	—

#### EXETER MATERNITY AND DISTRICT NURSING ASSOCIATION.

##### ANTE-NATAL AND POST-NATAL CLINICS.

##### (by midwives)

Cases seen at the ante-natal clinics	..	..	..	529
Attendances at the ante-natal clinics	..	..	..	2,000



**Table XVIII.**  
**CHILD WELFARE CLINICS**  
**ATTENDANCES**

CENTRE	Number of children who attended during the first three months of the year	Number of children who attended during the last three months of the year
Bull Meadow .....	275	526
Shakespeare Road .....	199	396
Countess Wear .....	78	104
Whipton .....	253	318
Buddle Lane .....	234	359

**Table XIX.**  
**CHILD WELFARE CLINICS.**  
**ATTENDANCES BY AGE GROUPS.**

CENTRE	Age Groups					Total	Number of sessions held	Average attendance per session
	Under 1	1 to 2	2 to 3	3 to 4	4 to 5			
Bull Meadow .....	1,815	530	345	175	95	2,960	79	37
Shakespeare Road .....	1,422	581	337	267	163	2,777	49	56
Countess Wear .....	595	201	102	82	74	1,054	40	26
Whipton .....	1,961	519	273	174	93	3,020	50	64
Buddle Lane .....	1,922	809	376	187	262	3,556	48	74
<i>Toddlers' Clinics</i>								
Shakespeare Road .....	6	35	44	40	51	176	11	15
Whipton .....	—	14	45	35	29	118	9	14
	7,721	2,689	1,522	960	767	13,659	—	—

**Table XX.**  
**DAY NURSERY.**

NURSERY					Buddle Lane.	
AGE GROUP IN YEARS					1—2	2—5
Number of Places .....	....	....	....	....	15	25
Number on roll at beginning of 1956 .....	....	....	....	....	6	24
Number on roll at end of 1956 .....	....	....	....	....	5	18
Mothers working full-time	} At end 1956	....	....	....	19	
Mothers working part-time		....	....	....	—	
Other reasons .....		....	....	....	1	
Maximum Attendances .....	....	....	....	....	8	19
Minimum Attendances (excluding Saturdays) .....	....	....	....	....	—	3







Table XXII.

PROVISION FOR THE UNMARRIED MOTHER  
AND HER CHILD

(Work carried out by the Social Worker).

New Cases, 1956	....	....	....	....	62
Carried forward from 1955	....	....	....	....	8
					—
					70
					—
Visits made	....	....	....	....	323
Interviews at office	....	....	....	....	342

*Bookings for Confinements were made as follows :—*

Cornwall, Rosemundy Mother and Baby Home	....	....	....	....	1
Queen's Nurses, confinements at home	....	....	....	....	13
Mowbray House	....	....	....	....	28
Royal Devon & Exeter Hospital	....	....	....	....	3
St. Olaves' Home	....	....	....	....	4
Salvation Army Home, Bradninch	....	....	....	....	2
Bristol R.C. Mother and Baby Home	....	....	....	....	1
London, various Homes	....	....	....	....	3
Sidmouth Cottage Hospital	....	....	....	....	1
Weymouth Mother and Baby Home (St. Gabriels)	....	....	....	....	2
Left Exeter for other areas	....	....	....	....	3
St. Nicholas Hostel	....	....	....	....	3
Crediton	....	....	....	....	1
Born in H.M. Prison	....	....	....	....	1
Not known	....	....	....	....	4
					—
					70
					—

Affiliation Orders granted by Magistrates Court	....	....	....	....	1
Private Agreements made for maintenance of baby	....	....	....	....	5
Marriages to putative father	....	....	....	....	4

*Disposition of babies born :—*

With mother in own home	....	....	....	....	16
With foster mother	....	....	....	....	5
With mother in Hostel	....	....	....	....	2
In Residential Nursery	....	....	....	....	2
With parents, co-habiting	....	....	....	....	2
Placed for adoption	....	....	....	....	15
With mother, married	....	....	....	....	4
Died	....	....	....	....	3
					—
					49
					—



**Table XXIII.****WORK OF DOMICILIARY MIDWIVES, 1956.**

BOOKINGS.			Total
No. of cases brought forward on 1st January, 1956	..	..	176
No. of cases booked during the year	..	..	516
No. of emergency unbooked deliveries	..	..	8
No. of cases found not pregnant	..	..	—
No. of cases delivered during the year	..	..	496
No. of cases of miscarriage of booked patients	..	..	4
No. of cases left Exeter before delivery	..	..	4
No. of cases admitted to hospital undelivered	..	..	37
No. of booked cases subsequently delivered in maternity homes	..	..	9
No. of cases remaining on the books on 31st December, 1956	..	..	150

WORK DONE.			Total
Cases attended as midwives	..	..	170
Visits paid as midwives	..	..	3,561
Cases attended as maternity nurses	..	..	326
Visits paid as maternity nurses	..	..	7,096
Cases booked during the year	..	..	516
Ante-natal visits to patient's homes	..	..	1,960
Medical Aid forms sent	..	..	4
Midwifery cases transferred to hospital	..	..	48
No. of health visits paid by midwives	..	..	547
No. of health visits paid by maternity nurses	..	..	947

GAS AND AIR ANALGESIA.			Total
No. of cases where gas and air analgesia given	..	..	355
No. of cases where other analgesia given	..	..	82
No. of cases where analgesia not given	..	..	59
			496
No. of cases where pethidine administered	..	..	240
Reasons for non-administration of analgesia :			
Labour too rapid	..	..	28
Medical reasons	..	..	1
Premature labours	..	..	2
Patient refused analgesia	..	..	28
			59

**Table XXIV.****MEDICAL AID FORMS SENT IN 1956.**

Reason for calling Medical Aid	By E.D.N.A.	By Hospitals, etc.
LABOUR.		
Ruptured Perineum .....	—	3
Post Partum Haemorrhage .....	—	1
Delayed 2nd Stage .....	—	1
Breech Presentation .....	1	—
PUERPERIUM.		
Pyrexia .....	1	—
Inflamed Vein .....	1	—
INFANT.		
Premature Twins .....	1	—
	4	5

TOTAL 9



**Table XXV.**  
**HOME NURSING DURING 1956.**

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
<i>Degenerative Diseases and Senility :</i>																	
Post-stroke	41	125	3	1	8	—	—	—	33	145	67	111	56	30	31	18	43
Carcinoma	9	88	12	—	6	—	—	—	48	67	53	62	59	20	9	16	11
Diabetes	55	24	9	4	28	—	—	—	24	96	28	92	2	10	1	47	60
Heart Cases	64	227	7	—	18	—	—	—	57	259	141	175	63	45	82	38	88
Arthritis	15	22	6	1	4	—	—	—	9	39	17	31	4	11	2	9	22
Other Chronic diseases	73	96	12	5	40	1	1	—	76	148	80	146	27	38	19	67	75
Ulcers of Legs	30	31	1	1	6	—	—	—	20	49	8	61	3	8	24	8	26
Simple Senility	59	53	2	5	14	—	—	—	1	132	35	98	31	30	—	29	43
<i>Tuberculosis :</i>	7	19	1	1	2	—	—	1	21	8	6	24	2	6	5	11	6
<i>Acute Infections, including Infectious Disease :</i>																	
Influenza	—	27	—	—	2	—	—	3	18	8	8	21	—	2	27	—	—
Measles	—	1	—	—	—	—	1	—	—	—	—	1	—	—	1	—	—
Whooping Cough	—	3	—	—	—	1	1	1	—	—	1	2	—	1	2	—	—
Others	—	9	—	1	—	1	1	1	8	—	3	7	—	2	6	2	—
Pneumonia	2	76	4	—	1	1	9	2	38	33	31	52	10	6	61	4	2
Other acute chest condi- tions	13	296	1	2	6	5	12	15	112	174	145	173	19	22	259	11	7
Tonsillitis	—	59	—	—	2	1	13	8	37	2	29	32	—	2	55	3	1
Carried Forward	368	1,156	58	21	137	9	38	31	502	1,155	652	1,091	276	233	588	263	364

Continued on next page.







Table XXVI.

IMMUNISATION AND VACCINATION DURING 1956.  
SMALLPOX VACCINATION.

Primary vaccinations	593	{ By general practitioners	523
		{ At clinics	70
Revaccinations	228	{ By general practitioners	224
		{ At clinics	4

AGE GROUPS OF PERSONS VACCINATED DURING 1956.

	Under 1	1 to 4	5 to 14	15 and over	Totals
Primary	466	55	20	52	593
Re-vaccinations	1	12	30	185	228

DIPHTHERIA IMMUNISATION.

Primary Courses of Immunisation	1,025	{ By private practitioners	673
		{ At clinics	352
(These include 914 combined Diphtheria-Whooping Cough immunisation courses—see below).			
Re-inforcement Injection	2,109	{ By private practitioners	312
		{ At clinics	1,797

PRIMARY IMMUNISATION AGAINST DIPHTHERIA,  
BY AGE, DURING 1956.

(Including 914 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 1956	678	103	87	36	20	79	22	1,025

DIPHTHERIA IMMUNISATION IN RELATION TO CHILD POPULATION.

Number of children at 31st December, 1956, who had completed a course of immunisation against Diphtheria *at any time before that date* (i.e. at any time since 1st January, 1942).

AGE AT 31.12.56.	Under 1	1-4	5-9	10-14	Total under 15
I.E.—BORN IN YEAR :	1956	1952-1955	1951-1947	1946-1942	
Last complete course of injections (whether primary or booster)					
A. 1952-1956	286	3,123	4,239	2,906	10,554
B. 1951 or earlier*	—	—	1,173	2,688	3,861
C. Estimated mid-year child population (1956)	1,130	4,270	11,600		17,000
"Immunity Index" $\left(\frac{A}{C}\right)$	25.3	73.1	61.6		62.1

\*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 1956.



## WHOOPING COUGH IMMUNISATION.

Completed courses of Whooping cough Immunisation ....	10	}	By private practitioners	8
			At clinics	2
Completed courses of combined Whooping cough-Diphtheria Immunisation ....	914	}	By private practitioners	658
			By clinics	256

IMMUNISATION AGAINST WHOOPING COUGH  
BY AGE, DURING 1956.

AGE AT IMMUNISATION	Under 1	1	2	3	4	5	Total under 15
Number immunised by end of 1956	672	96	81	31	15	29	924



TABLE XXVII.

TABLE SHEWING THE NUMBER OF BOYS GIVEN POLIOMYELITIS VACCINATION  
AS AT THE 31ST DECEMBER, 1956.

Month of Birth.	Year of Birth																Total (all years)	
	1947		1948		1949		1950		1951		1952		1953		1954			
	Injections		Injections		Injections		Injections		Injections		Injections		Injections		Injections			
	One	Two	One	Two	One	Two	One	Two	One	Two	One	Two	One	Two	One	Two		
January	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
February	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
March	—	—	—	—	—	—	—	—	1	19	1	11	2	19	1	17		
April	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
May	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
June	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
July	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
August	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
September	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
October	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
November	2	21	—	21	—	26	1	23	2	8	—	14	—	11	1	9		
December	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Total	2	21	—	21	—	27	1	24	3	40	2	35	4	47	2	26		
															14	241		



**Table XXVIII.**  
TABLE SHEWING THE TOTAL NUMBER OF GIRLS GIVEN POLIOMYELITIS VACCINATION  
AS AT THE 31ST DECEMBER, 1956.

Month of Birth	YEAR OF BIRTH																Total (all years)	
	1947		1948		1949		1950		1951		1952		1953		1954			
Injections	One	Two	One	Two	One	Two	One	Two	One	Two	One	Two	One	Two	One	Two	One	Two
January	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
February	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
March	—	—	—	—	—	—	—	—	—	16	—	1	25	—	14	1	11	66
April	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
May	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
June	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
July	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
August	—	—	—	—	1	1	3	2	12	1	13	—	12	—	—	—	4	41
September	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
October	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
November	—	22	—	34	3	34	3	24	1	18	1	7	2	13	1	11	11	163
December	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	—	22	—	34	3	35	4	27	3	46	3	45	2	39	2	22	17	270



**Table XXIX.****EXETER (ST. JOHN) AMBULANCE SERVICE.**

Classified Summary of Work performed during the period  
1st January, 1956, to 31st December, 1956.

Item	CLASSIFICATION	AMBULANCES		SITTING CARS	
		Cases	Miles	Cases	Miles
1	Accidents (Road, Home and at Work) ....	463	1,336	202	668
2	Acute Illnesses (Street, Home and at Work) ....	367	1,306	98	297
3	Removals to and from Hospital ....	4,444	24,874	3,609	16,891
4	Administrative and Abortive Journeys ....	414	1,662	526	1,138
5	Exeter Infectious Disease Cases ....	678	3,433	17	136
6	Devon Infectious Disease Cases ....	402	6,019	9	307
7	Removals for Devon County Council ....	1,543	32,572	759	14,739
8	Removals for Other Local Authorities ....	53	1,852	131	2,592
9	School Children to and from School ....	57	201	1,756	5,890
	TOTALS ....	8,421	73,255	7,107	42,658

Items 6 and 7—Chargeable to Devon County Council.

8—Chargeable to Other Local Authorities.

9—Chargeable to Exeter Education Committee.

**Table XXX.****EXETER (ST. JOHN) AMBULANCE SERVICE.**

*Monthly Summary of work, 1956.*

1956 MONTH	AMBULANCES		SITTING CASE CARS		TRAINS	
	Patients	Miles	Patients	Miles	Patients	Miles
January ....	675	6,132	381	2,789	15	2,018
February ....	641	6,453	394	3,011	5	755
March ....	733	6,202	352	2,654	13	1,381
April ....	692	6,278	391	3,213	12	1,348
May ....	652	5,945	482	3,451	8	917
June ....	730	6,439	407	3,430	9	1,264
July ....	740	5,660	400	3,092	19	2,464
August ....	579	6,419	440	3,431	13	1,984
September ....	582	5,407	437	3,053	18	2,654
October ....	751	6,030	428	3,317	16	2,462
November ....	566	4,879	382	2,318	13	1,508
December ....	609	5,548	331	1,871	14	1,713
TOTALS ....	7,950	71,392	4,825	35,630	155	20,468

Administrative and abortive journeys are not included in this Summary; neither does it include the Physically Handicapped School-children conveyed to and from School for Exeter Education Committee.



Table XXXI.

## TUBERCULOSIS STATISTICS FOR THE CITY.

1	Total cases on Register, 1st January, 1956 :	Pulmonary .... Non-Pulmonary	Totals	
			679 121	800
2	Total new notifications received after deduction of duplicates :	Pulmonary .... Non-Pulmonary	53 18	71
3	Inward Transfers :	Pulmonary .... Non-Pulmonary	82 4	86
4	Deaths during the year from Tuberculosis :	Pulmonary .... Non-Pulmonary	12 4	16
5	Deaths during the year of Tuberculous patients from other causes :	Pulmonary .... Non-Pulmonary	2 —	2
6	Outward Transfers :	Pulmonary .... Non-Pulmonary	84 6	90
7	Number of cases removed from Register as "Recovered" or "Mistaken Diagnosis" :	Pulmonary .... Non-Pulmonary	14 5	19
8	Taken off the Register under the 'Public Health (Tuberculosis) Regulations, 1930' :	Pulmonary .... Non-Pulmonary	— 2	2
9	Total cases on Register, 31st December, 1956 :	Pulmonary .... Non-Pulmonary	702 126	828

Table XXXII.

## CASES ON THE TUBERCULOSIS REGISTER (31ST DECEMBER, 1956).

AGE GROUP.	RESPIRA-TORY	NON-RESPIRATORY						
		Neck glands	Genito-urinary	Spine	Other bones and Joints	Ab-dominal	Meninges	Lupus, Mastoid
MALE								
0-5 .....	3	—	—	—	—	—	2	—
5-15 .....	37	4	—	—	—	2	1	—
15-25 .....	68	2	—	2	5	1	2	—
25-35 .....	95	4	2	2	1	2	—	—
35-45 .....	54	2	2	2	1	—	—	—
45-65 .....	107	1	3	1	1	1	1	—
65 & Over .....	14	—	—	—	—	1	—	—
Total Male .....	378	13	7	7	8	7	6	—
FEMALE								
0-5 .....	4	—	—	—	—	—	—	—
5-15 .....	20	2	—	2	4	—	1	1
15-25 .....	69	3	—	—	3	3	1	—
25-35 .....	107	6	2	3	7	2	1	—
35-45 .....	66	4	5	1	7	2	—	—
45-65 .....	44	2	3	—	5	2	—	1
65 & Over .....	13	1	1	1	2	—	—	—
Total Female .....	323	18	11	7	28	9	3	2

GRAND TOTAL, MALE AND FEMALE = 827.



**Table XXXIII.**

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	
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	—
1955	12	2	14	0.16	0.03	0.18	—
1956	12	4	16	0.16	0.05	0.28	—

**Table XXXIV.**

NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS DURING 1956  
ARRANGED ACCORDING TO AGE.

AGE AT NOTIFICATION			Pulmonary.		Non-Pulmonary.	
			Male.	Female.	Male.	Female.
0—	....	....	—	—	—	—
1—	....	....	—	—	—	—
2—	....	....	1	2	1	—
5—	....	....	3	2	—	—
10—	....	....	2	—	3	1
15—	....	....	7	2	—	1
20—	....	....	1	4	1	1
25—	....	....	3	3	—	1
35—	....	....	4	3	1	3
45—	....	....	4	3	—	1
55—	....	....	2	2	2	2
65—	....	....	2	1	—	—
75 and over	....	....	1	1	—	—
Totals ....			30	23	8	10



**Table XXXV.**

DEATHS FROM TUBERCULOSIS DURING 1956,  
ARRANGED ACCORDING TO AGE.

AGE AT DEATH.	Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.
0—	—	—	—	—
1—	—	—	—	—
2—	—	—	—	—
5—	—	—	—	—
10—	—	—	1	1
15—	—	—	—	—
20—	—	—	—	—
25—	2	1	—	—
35—	1	—	1	—
45—	—	—	—	—
55—	4	—	—	—
65—	2	—	—	1
75 and over	2*	—	—	—
Totals	11	1	2	2

16

\*Includes 1 death on 31.12.55 which was not registered until 1956.

**Table XXXVI.**

MASS MINIATURE RADIOGRAPHY SURVEYS.

Year	Examined	Referred
1950	2,679	27
1951	7,092	47
1952	9,653	39
1953	10,355	64
1954	13,593	48
1955	13,759	101
1956	15,424	93

**Table XXXVII.**

TOTAL MINIATURE FILMS TAKEN IN EXETER.  
From 1st January to 21st December, 1956.

Date		Male	Female	Total
January 9—13	Whipton Health Centre	428	401	829
April 18—21	Exmouth Junction	454	17	471
23—30	Buddle Lane	1,090	801	1,891
June 4—5	Exeter Fire Station	205	88	293
6—11	Bradley Rowe School	796	571	1,367
August 7—10	Royal Devon & Exeter Hospital	211	502	713
September 24—8	Whipton Health Centre	1,767	1,379	3,146
October 9—10	Exeter University	386	368	754
11—30	Buddle Lane	2,289	2,013	4,302
December 10—11	Hele's School	554	13	567
" 11—	Exe Island	16	3	19
" 12—	P.E.O. Hospital	27	79	106
" 13—16	Digby	199	224	423
" 17—21	Royal Devon & Exeter Hospital	339	204	543
		8,761	6,663	15,424



Table XXXVIII.

CASES EXAMINED AT CHEST CLINIC DURING 1956  
REFERRED BY THE MASS RADIOGRAPHY UNIT.

	AGE IN YEARS							Total
	Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
Male .....	15	6	9	7	6	10	6	59
Female .....	6	4	5	10	2	5	2	34
TOTALS .....	21	10	14	17	8	15	8	93

Details of cases referred by M.M.R. Unit:—

		AGE IN YEARS							Total
		Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
(1) Already known to Chest Clinic as cases of Tuberculosis.	M.	—	—	1	—	—	—	—	1
	F.	1	—	1	1	—	—	—	3
(2) Already known to Chest Clinic as Observation cases or Contacts.	M.	2	1	—	—	—	—	—	3
	F.	—	—	—	1	—	1	—	2
(3) Failed to keep appointments at Chest Clinic.	M.	1	—	—	1	—	1	—	3
	F.	—	—	—	1	—	—	—	1
(4) Transferred to other Clinics for investigation.	M.	1	—	—	—	—	—	—	1
	F.	—	—	—	—	—	—	—	—
(5) Taken off Books — Healed Pulmonary T.B. (Inactive Disease)	M.	—	—	2	2	1	1	—	6
	F.	—	—	—	2	1	2	—	5
(6) Taken off Books — Chest conditions other than T.B.	M.	2	—	—	—	1	2	2	7
	F.	—	—	1	—	—	1	—	2
(7) Newly diagnosed as suffering from active Pulmonary T.B.	Male-Sputum Negative	2	—	—	—	—	—	—	2
	Female-Sputum Negative	1	—	—	—	—	—	—	1
	Male-Sputum Positive	—	1	1	—	—	—	—	2
	Female-Sputum Positive	—	—	1	1	—	—	—	2
(8) Remaining under Observation at 1-1.57.	M.	7	4	5	4	5	5	4	34
	F.	4	4	2	4	1	1	2	18
TOTALS .....		21	10	14	17	9	14	8	93
(9) Disposal of New Cases diagnosed (see (7) above).									
(a) Sanatorium treatment.	M.	1	1	1	—	—	—	—	3
	F.	1	—	1	1	—	—	—	3
(b) Clinic Supervision.	M.	1	—	—	—	—	—	—	1
	F.	—	—	—	—	—	—	—	—



**Table XXXIX.****SUMMARY OF WORK CARRIED OUT AT EXETER CHEST CLINIC.**

	1954	1955	1956
1. Number of new cases diagnosed as suffering from active Tuberculosis .....	99	96	70
2. Number of patients examined for the first time during the year .....	1,211	1,316	1,248
3. Number of patients re-examined during the year .....	1,468	1,814	1,644
4. Number of contacts examined for the first time during the year : Large films ..... Miniature films .....	162 } 447 285 }	173 } 359 186 }	177 } 320 143 }
5. Number of contacts re-examined during the year : Large films ..... Miniature films .....	114 } 246 132 }	146 } 283 137 }	156 } 316 160 }
6. Number of inward transfers received during the year .....	76	92	86
7. Number of B.C.G. Vaccinations carried out during the year : Clinic Cases, etc. ....	213	175	149
13-year old school children under the Ministry of Health Scheme ....	149	—	—
8. Number of X-Ray films taken during the year : Full-size ..... Miniature films .....	1,712 574	2,308 562	2,333 588
9. Number of Screenings made during the year .....	825	958	1,077
10. Number of Refills given during the year .....	719	860	957
11. Number of Pathological Examinations made during the year .....	2,259	2,088	1,732

**Table XL.****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 .....	87	43	23	11	—	1	12	177
	Old .....	40	39	30	22	4	10	11	156
Number of Contacts examined during the year by Miniature Films .....	New .....	7	49	57	3	18	—	9	143
	Old .....	6	37	53	20	9	11	24	160
Number of Contacts found to be suffering from active Pulmonary Tuberculosis.									
Pulmonary :	Positive sputum	—	4	1	—	1	—	3	9
	Negative sputum	6	3	1	—	—	—	—	10
Non-Pulmonary : .....		1	—	—	1	—	—	—	2



**Table XLI.**  
TUBERCULIN TESTING AND B.C.G. VACCINATION AT THE CHEST CLINIC.

AGE GROUPS, ETC	TUBERCULIN TESTING							Seen as result of special surveys in Schools, etc. after discovery of cases of Tuberculosis)	RESULTS		B.C.G. VACCINATION
	Contacts of known cases of Tuberculosis	Sent by School Medical Officers	Sent by Private Practitioners	Sent by other Clinics, etc.	Chest Clinic Cases	Ministry of Health Scheme for 13 year old school-children			Positive	Negative	
0-1 ....	42	—	2	—	—	—	—	—	—	44	41
1-2 ....	20	—	1	—	—	—	—	—	1	20	14
2-3 ....	17	—	—	—	—	—	1	1	4	14	8
3-4 ....	12	—	6	—	—	—	—	—	3	15	6
4-5 ....	19	—	5	2	—	—	1	1	1	26	12
5-6 ....	16	3	6	2	—	—	1	1	2	26	8
6-7 ....	3	2	7	2	—	—	2	2	—	16	4
7-8 ....	20	1	10	—	—	—	4	4	6	29	14
8-9 ....	9	2	5	2	2	—	8	8	4	24	9
9-10 ....	4	—	6	—	—	—	—	—	5	5	1
10-11 ....	11	1	6	—	—	—	2	2	5	15	3
11-12 ....	4	—	1	—	—	—	2	2	5	2	—
12-13 ....	5	—	1	—	—	—	3	3	3	6	1
13-14 ....	4	—	—	—	1	—	2	2	3	4	2
14-15 ....	2	—	1	—	—	—	—	—	3	—	—
Senior School Children	—	—	—	—	—	—	1	1	1	—	—
Nurses & Hospital Staff	14	—	—	—	—	—	—	—	2	12	12
Home Helps ....	—	—	—	—	—	—	—	—	—	—	—
Occupational Therapy ....	27	—	—	—	—	—	—	—	14	13	13
Others ....	3	—	3	1	15	—	—	—	11	11	1
									29	989	149



**Table XLII.**

## PATHOLOGICAL EXAMINATIONS.

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

NATURE OF SPECIMEN OR EXAMINATION		RESULTS		
		Tubercle Bacilli discovered	Tubercle Bacilli not found	Others
SPUTUM	Direct Smear .....	68	607	—
	Culture .....	43	401	—
	Preparation for Malignant Cells .....	—	—	15
GASTRIC CONTENTS OBTAINED BY LAVAGE .....		4	25	—
SPECIMENS OBTAINED BY BRONCHIAL LAVAGE .....		3	11	—
HOGGEN PREGNANCY TESTS .....		—	—	3
URINE AND BLOOD UREA .....		—	—	8
SEDIMENTATION RATES (WINTROBE TECHNIQUE) .....		—	—	217
HAEMOGLOBIN ESTIMATIONS .....		—	—	214
FLUID OBTAINED BY ASPIRATION OF CHEST .....		1	1	—
SWABS TAKEN FROM DISCHARGING SINUSES, ETC. ....		1	6	—
LARYNGEAL SWABS .....		4	8	—
NOSE AND THROAT SWABS .....		—	—	56
SENSITIVITY TESTS ON TUBERCLE BACILLI RECOVERED :—		Resistant	Sensitive	
For Streptomycin .....		9	4	
„ Isoniazid .....		9	3	
„ P.A.S. ....		8	3	

**Table XLIII.**

## HOME VISITS.

During the year 1,403 Home Visits were made by the Tuberculosis Health Visitor (Miss A. Dawson), made up as follows :—

(a)	Primary visits to New Patients	..	..	..	62
(b)	Primary visits to New Contacts	..	..	..	80
(c)	Repeat visits to Patients	..	..	..	285
(d)	After-care visits..	..	..	..	338
(e)	Visits for carrying out Tuberculin Tests at home	..	..	..	325
(f)	Visits for carrying out Gastric Lavages etc. at home	..	..	..	27
(g)	Other visits	..	..	..	286

The Chest Physician (Dr. R. P. Boyd) made 127 Home Visits for the examination of patients, almost without exception to patients who were too ill to attend the Chest Clinic.



**Table XLIV.**  
**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.
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
1955	7	11	—	52
1956	5	6	—	43

About half the cases attending the Royal Devon & Exeter Hospital Clinic came from the City. Contact tracing, etc., is undertaken by the hospital staff. Twelve patients who had failed to attend came for treatment later as a result of letters from the Clinic.

**Table XLV.**  
**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	26	27	2,334	899
(b) Ante-natal	1	6	132	300
<b>ACUTE ILLNESS.</b>				
(a) Under pension age	4	54	359	2,949
(b) Over pension age	—	12	—	2,877
<b>CHRONIC SICKNESS.</b>				
(a) Under pension age	1	36	1,994	8,308
(b) Over pension age	—	51	—	10,159
OLD AGE AND INFIRMITY	—	125	—	20,690
TUBERCULOSIS	—	10	—	834
OTHERS, INCLUDING MENTAL DEFECTIVES	—	11	—	540
Totals	32	332	4,819	47,556
		364	52,375	



**MENTAL HEALTH SERVICES.****Table XLVI.**

Table shewing *admissions* of persons suffering from mental illness to hospitals during 1956, through the Authorised Officers :—

<i>Health Service Class.</i>			<i>Male</i>	<i>Female</i>	<i>Total</i>
(1)	Voluntary	.. ..	94	148	242
(2)	Temporary	.. ..	—	1	1
(3)	Section 20	.. ..	30	57	87*
(4)	Section 21(1)	.. ..	1	5	6
(5)	Certified	.. ..	20	21	41
TOTALS ..			145	232	377

\*The 87 + 4 remaining from 1955 Section 20 cases subsequently became :—

<i>Type of Patient.</i>			<i>Male</i>	<i>Female</i>	<i>Total</i>
(1)	Extended under Section 21(a)		16	46	62†
(2)	Voluntary	.. ..	5	8	13
(3)	Certified	.. ..	4	3	7
(4)	Died	.. ..	1	1	2
(5)	Discharged	....	3	3	6
(6)	Remaining under Section 20		1	—	1
TOTALS ..			30	61	91

†The 62 Section 21(a) cases subsequently became :—

<i>Type of Patient.</i>			<i>Male</i>	<i>Female</i>	<i>Total</i>
(1)	Voluntary	....	8	33	41
(2)	Certified	....	2	3	5
(3)	Discharged	....	5	7	12
(4)	Died	....	1	2	3
(5)	Remaining under 21(a)	....	—	1	1
TOTALS ....			16	46	62



Table XLVII.

SHOWING ADMISSIONS, DISCHARGES AND DEATHS OF EXETER RESIDENTS SUFFERING FROM MENTAL ILLNESS IN HOSPITALS DURING THE YEAR 1956, AND THE NATURE OF THE LEGAL CLASSIFICATION OF THIS PATIENT.

Some patients have been admitted and/or discharged more than once during the year and each admission/discharge has been counted in this Table.

AGE GROUP AND SEX	STATE AT 31ST DECEMBER, 1955			ADMITTED			DISCHARGED			DIED			STATE AT 31ST DECEMBER, 1956		
	Vol.	Tem.	Sec.	Vol.	Tem.	Sec.	Vol.	Tem.	Sec.	Vol.	Tem.	Sec.	Vol.	Tem.	Sec.
			20 21 (1)			20 21 (1)			20 21 (1)			20 21 (1)			20 21 (1)
0-14 years :															
Male	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Female	—	—	—	—	—	2	—	—	2	—	—	—	—	—	—
15-44 years :															
Male	26	1	30	—	—	—	45	—	9	17	1	—	—	—	—
Female	17	3	33	3	—	—	52	1	7	21	—	—	—	—	—
45-64 years :															
Male	21	—	33	—	—	—	36	—	5	8	—	—	—	—	—
Female	23	—	70	—	—	—	64	—	3	19	2	—	—	—	—
65 plus :															
Male	17	—	30	—	—	—	13	—	6	5	—	—	—	—	—
Female	17	—	74	1	—	—	32	—	11	15	3	—	—	—	—
TOTAL	121	4	270	4	—	—	242	1	41	87	6	—	—	—	—
GRAND TOTAL	399			377			348			44			384		

Section 20 Cases—those where emergency requires immediate admission without justice's order—3 day order.

Section 21 Cases—those where emergency requires immediate admission without justice's order—14 day order.

Voluntary—Cases admitted on request by the patient.

Temporary—Cases admitted, on a temporary basis, when patient has no volition. 2 recommendations required.

Certified—Cases certified as of unsound mind—Justice's and Doctor's certificate.



**Table XLVIII.**

TABLE SHEWING THE PSYCHIATRIC SOCIAL WORKERS'  
DOMICILIARY VISITS AND NUMBER OF PERSONS  
VISITED DURING 1956.

	Men	Women	Children	Totals
(1) Visits .....	5	251	96	352
(2) Persons .....	5	37	15	57

In addition, 42 visits were made to the Psychiatric O/P Clinic and 29 to Schools and Infant Welfare Centres.

**Table XLIX.**

TABLE SHEWING MENTAL HEALTH WORKERS' DOMICILIARY  
VISITS TO MENTALLY ILL PERSONS DURING 1956.

TYPE OF VISIT	Male	Female	Total
(1) Upon discharge from hospital or H.M. Forces .....	199	259	458
(2) Prior to and after removal of patient to hospital .....	455	665	1,120
(3) Miscellaneous visits on behalf of (2) above and follow up .....	260	180	440
(4) Visits in which no statutory action was necessary .....	135	124	259
(5) Special visits and removals to O/P. Clinics .....	46	29	75
TOTALS .....	1,095	1,257	2,352

**Table L.**

ASCERTAINMENT OF MENTAL DEFECTIVES DURING 1956 :—

HOW REPORTED	Male	Female	Total
(1) By Local Education Authority under Section 57(3) of 1944 Education Act .....	3	4	7
(2) By Local Education Authority under Section 57(5) of 1944 Education Act, on leaving ordinary schools .....	3	7	10
(3) By Local Education Authority under Section 57(5) of 1944 Education Act, on leaving special schools .....	—	1	1
(4) Through Police and Magistrates' Court .....	1	—	1*
(5) Other sources .....	—	1	1*
TOTALS .....	7	13	20

\*Over 16 years of age.

DISPOSAL OF THE 20 CASES " ASCERTAINED " DURING 1956 :—

HOW DEALT WITH	Male	Female	Total
(1) Placed under Statutory Supervision .....	6	12	18
(2) Admitted to Institutions .....	1	1	2
TOTALS .....	7	13	20

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

At the end of the year there was 1 urgent case (1 girl) awaiting admission to hospital.



**Table LI.**

TABLE SHEWING MENTAL HEALTH WORKERS' DOMICILIARY HOME VISITS TO MENTALLY DEFECTIVE PERSONS DURING 1956.

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 .....	4	—	25	46	75
Statutory Supervision .....	37	67	250	173	527
Guardianship .....	—	—	—	16	16
Review Reports .....	—	—	25	15	40
Licence and Holiday Reports .....	—	—	18	19	37
TOTALS .....	41	67	318	269	695

In addition to the 695 visits made to mental defectives in the community, 414 visits were made to the Occupation Centre and various organisations, Courts, National Assistance Board offices, Ministry of Labour and Employers on behalf of the mental defectives in the community.

**Table LII.**

MENTAL DEFECTIVES UNDER SUPERVISION  
AT 31ST DECEMBER, 1956.

AGE GROUP.	STATUTORY SUPERVISION.			VOLUNTARY SUPERVISION.		
	Male	Female	Total	Male	Female	Total
Under 16 years .....	28	28	56	—	—	—
Over 16 years .....	46	59	105	30	24	54
TOTALS .....	74	87	161	30	24	54

**Table LIII.**

MENTAL DEFECTIVES FROM EXETER IN HOSPITALS  
AT 31ST DECEMBER, 1956.

NAME OF HOSPITAL.	MALE.		FEMALE.		TOTAL.	
	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16
Royal Western Counties .....	6	79	2	46	8	125
Other Hospitals .....	4	3	—	2	4	5
Rampton Hospital .....	—	3	—	3	—	6
TOTALS .....	10	85	2	51	12	136

**Table LIV.**

EXPENDITURE ON HEALTH SERVICES.

Approximate Actual Expenditure, April 1956/March 1957.

	Expenditure	Income
	£	£
Public Health Services .. .. .	17,575	2,135
National Health Services .. .. .	116,628	*69,466

\*Including Ministry of Health Grant of £45,050.