

**[Report 1945] / Medical Officer of Health, Newton Abbot R.D.C.**

**Contributors**

Newton Abbot (England). Rural District Council.

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## Newton Abbot Rural District Council

TELEPHONE NOS. 715/6

COUNCIL OFFICES,

KINGSTEIGNTON ROAD,

NEWTON ABBOT.

Mr. Chairman, Mrs. Westlake, Gentlemen,

I have the honour to present the annual report for 1945. I wish to take this opportunity of thanking the Clerk, (Mr. W. Sadler) for much helpful advice and also the Public Health Staff (and in particular Mr. Arthur Gray) for their helpful co-operation.

Your obedient servant,

W. R. DUNSTAN.

Medical Officer of Health.



NEWTON ABBOT RURAL DISTRICT COUNCIL.

Report of the Medical Officer of Health for 1945.

### STAFF.

The staff consists of a part-time Medical Officer of Health and two Sanitary Inspectors. On September 30, 1945, Dr. W. H. Scott resigned after 13 years service and was succeeded by Dr. W. R. Dunstan. Mr. Arthur Gray continued as Sanitary Inspector throughout the year thus completing 32 years of service. An additional Sanitary Inspector (Mr. A. R. Smith) was appointed on September 1st., 1945, to undertake duties in connection with the Rural Housing Survey in accordance with Circular 64/44 of the Ministry of Health, in addition to any other duties under the direction of the Medical Officer of Health.

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VITAL STATISTICS. (From the General Register Office.

The Comparability Factor is not available for 1945.)

Population. (Mid-year 1945. Estimated.) 22,940.

Births. 347.

- (a) Live Births. 341 - Male 168. Female 173.  
Rate per 1000 Civilian Population - 14.9  
(England and Wales) - 16.1  
(1) Legitimate. 292. Male 151. Female 141.  
(2) Illegitimate. 44. Male 17. Female 27.  
(12.9 per cent of all live births.)

- (b) Still Births. 6. Male 2. Female 4.  
(All legitimate.)  
Rate per 1000 Civilian Population - 0.26  
(England and Wales) - 0.46

Deaths. 347. Male 160. Female 187. Rate per 1000 C.P. 15.1  
(England and Wales 11.4)

Infantile Mortality. Deaths of infants under one year  
of age - 22. Male 11. Female 11.

Rate per 1000 Live Births - 64.5  
(England and Wales) - 46.0

(1) Legitimate. 54.8

(2) Illegitimate. 68.1

Causes of Death.

Infections. 16. Cerebro-Spinal Fever 1. Whooping  
Cough 1. Tuberculosis 11. Syphilis 2. Influenza 1.  
Heart and Circulation. 173. (a) Heart 113 (b) Circulation 15  
15. (c) Intracranial Circulatory 45.

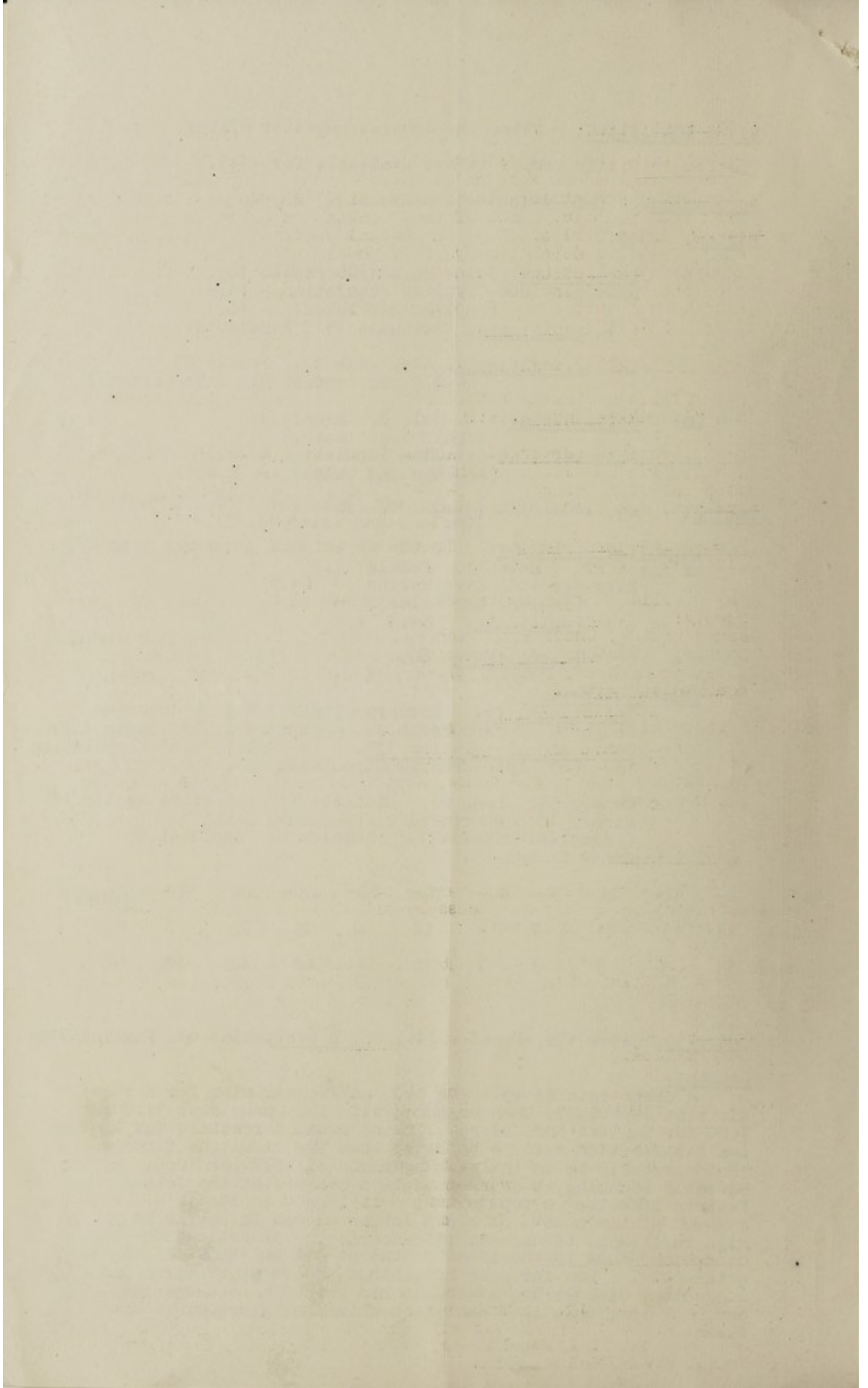
Cancer 59: Lung 21: Diabetes 1: Digestive System 10  
Kidney 10: Puerperal 0: Premature Birth 5:  
Congenital Disease 10: Suicide 4: Accident 9:  
Other Causes 29.

Age Period	0-	10-	20-	30-	40-	50-	60-	70-	80-	90-	Total
Males	11	3	1	7	9	14	40	45	26	4	160
Females	11	3	3	3	7	15	24	68	42	11	187

Under 50. Males 19%, Females 14%. 65 & over. Males 63%, Females 71%

Comments.

A death-rate of 15.1 per 1000 may appear high for a rural district especially when compared with the much lower 11.4 per 1000 for England and Wales. If the usual correction for age and sex distribution were to be made, then the resultant figures would probably be in the neighbourhood of 12.2 per 1000. Strictly speaking, a death-rate is a measure of the lethal factors affecting a population; it is not in itself a measure of the health of a population except in so far as a high resistance to disease is concerned. As yet, no one has determined what is the ideal death-rate in the sense of the best obtainable. How far such happenings as premature birth and congenital disease are avoidable has yet to be determined; and, moreover, this is a matter on which the geneticists are silent.



So far as this experience is concerned, it is satisfactory to note that there were no deaths from puerperal causes. Accidents account for nine deaths, of which one only resulted from road traffic. Two of these deaths occurred in a boy of 13, and a girl of 15. An unusual death was that of a youth of 19 from a general paralysis of the insane. Female adolescent deaths are often due to Tuberculosis. On the other hand the return includes no less than 15 nonagenarians, the eldest on record being a woman of 98.

#### WATER SUPPLIES.

(a) Villages taking water from outside sources into their own Reservoirs and Mains:

From Torquay Waterworks. Abbotskerswell (including Stoneyhill) Heathfield, Chudleigh Knighton, Kingskerswell, Ogwell, Haccombe-with Coombe, Stoke-in-Teignhead, Teigngrace, Ipplepen, Trusham, Coffinswell, and Dacombe.

From Paignton. Woodland, Broadhempston, and Dembury. The latter also has a local supply.

(b) Villages with their own Waterworks and local sources of supply:

Bovey Tracey, Chudleigh, Hennock, Ideford, Ilsington (including Haytor, Liverton, and Blackpool), South Knighton, Lustleigh, Moretonhampstead, Denbury, Torbryan, Luton, Bishopsteignton, and Kingsteignton.

Bishopsteignton also takes water in bulk from the Teignmouth main.

(c) Villages dependent on wells, small private reservoirs, and rainwater tanks: Widecombe, North Bovey, Bickington, Manaton, and Buckland.

#### WATER TESTING.

There are 19 separate water supplies in the District and as many samples as may be necessary are taken for chemical and bacteriological analysis.

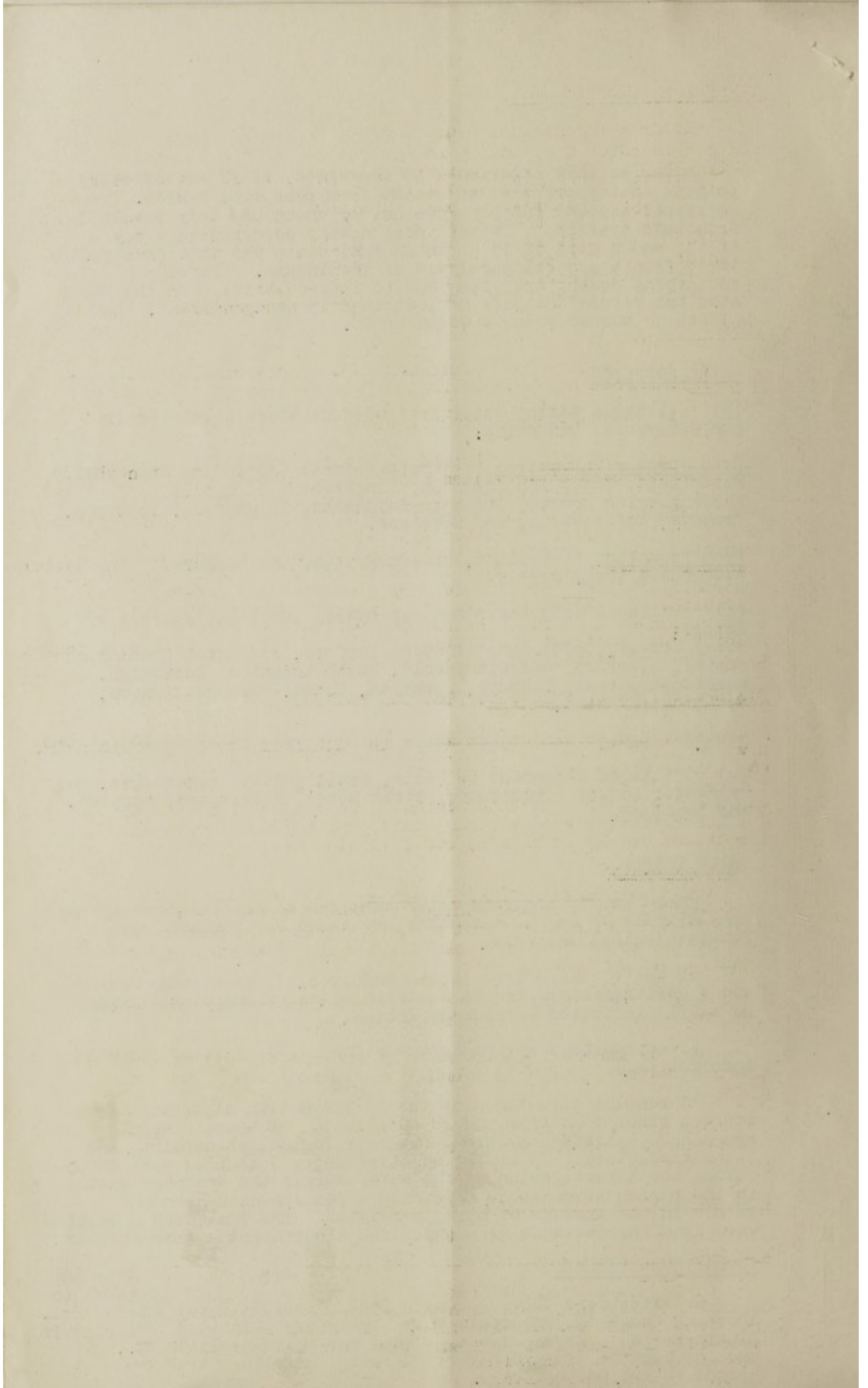
Of the 17 taken from public supplies, 13 were satisfactory and 4 unsatisfactory from a bacteriological standpoint, though no sample indicated serious pollution.

(I am indebted to the surveyor (Mr. W. J. Luxton) for this information.)

15 samples were taken by the Public Health Department from sources other than from public supplies; of these 8 were pronounced satisfactory from a bacteriological standpoint, and 7 unsatisfactory. 5 of the unsatisfactory 7 samples were taken during the investigation of the water supply and drainage system in the parish of Manaton, for which a comprehensive scheme is now in the process of being provided. The remaining 2 samples were from the parishes of Hennock and Kingsteignton respectively.

#### INFECTIOUS DISEASES.

Notifications 326. Measles 258. Scarlet Fever 20. Whooping Cough 17. Pneumonia 10. Dysentery (Sonne) 5. Diphtheria 4. Erysipelas 4. Anterior Polio-Myelitis 4., and one each of Typhoid Fever, Puerperal Pyrexia, Cerebro-Spinal Fever, and Malaria.



## DIPHTHERIA IMMUNISATION.

Children immunised in 1945 = 229; of these 164 were under 5 years of age, and 65 in the age group 5 to 14 years. It is estimated that 1336 children of under five had completed a full course of immunisation at any time up to December 31st. 1945. (Estimated mid-year population 1945 being 1670) For the older ages, the corresponding estimated population is 3480, of whom it is reasonable to believe 2262 had been immunised, i.e. 80 per cent and 65 per cent respectively. Of the four Diphtheria cases notified, 3 had been immunised. There were no deaths from Diphtheria during the year.

## TUBERCULOSIS.

Notifications - 33. Pulmonary 27. Non-Pulmonary 6. Register. This has been revised and at the end of 1945, there were 115 cases registered. Namely - Pulmonary 90 (Male 42, Female 48) and Non-Pulmonary 25 (Male 13, Female 12)

COMMUNICABLE DISEASES. (Impetigo, Vermin, Scabies) Intractable cases are treated at Trevilian Sick Bay, Kingsbridge. Out-patient cases are dealt with at the County Clinic, 21, Courtenay Park, Newton Abbot. The Scabies Order, 19-1, enables a Medical Officer of Health to require the attendance of persons suffering or suspected of suffering from these conditions at a recognised clinic for examination, and, if necessary, treatment. The Order apparently does not provide for any penalties for non-compliance therewith. I am indebted to Dr. Tanner of Newton Abbot for the preparation of a leaflet instructing patients (suffering from scabies) how to treat themselves at home. This has been distributed to general practitioners and has been much appreciated.

## DISINFESTATION OF PREMISES. (The bug nuisance)

(a) Bed Bug Infestations. Fortunately, only one infestation has occurred in the district. The method usually adopted in the matter of the eradication of Bed Bugs is that of gassing, the premises being vacated and effectively sealed before the Gas generators are put into action. In conjunction with the Gas generators, a vapourising liquid, which permeates in all directions cracks in boards, etc., is also used.

(b) Common Flea - Infestations. Infestation by the Flea is dealt with by a method similar to that adopted for the Bed Bug, the variation being that a contact poison in powder form is used and brushed into cracks between floor boards, under and around skirting boards, etc.

Most satisfactory results have been achieved by this method and THREE cases were dealt with during the year.

The fly menace is dealt with by destruction and prevention of breeding places, and by a solution containing D.D.T. in spray form.

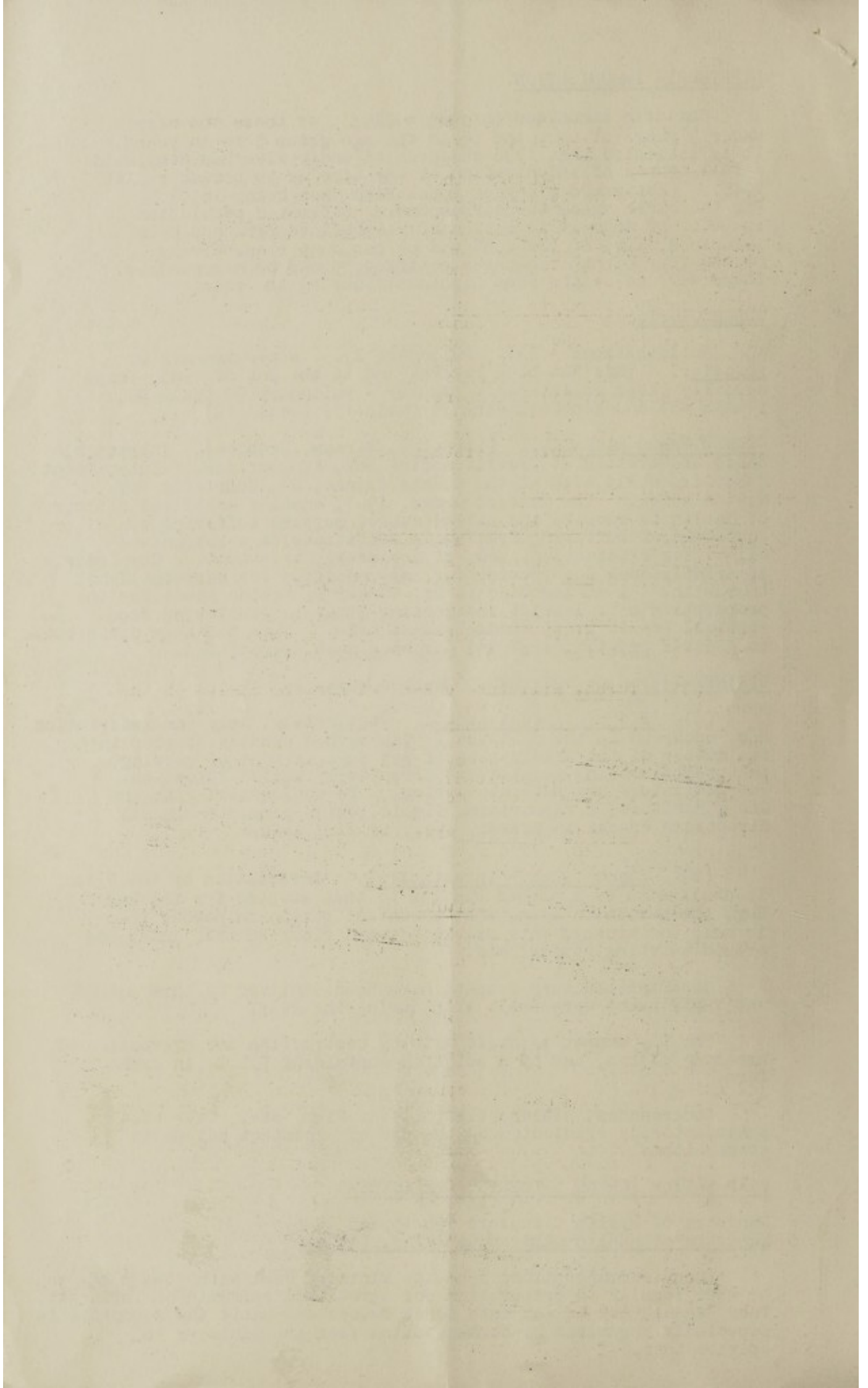
Cockroaches, Blackbeetles, Silver Fish, etc., have been satisfactorily eradicated by the use of a contact poison in powder form.

## PREPARATION FOR AN EPIDEMIC. (INFLUENZA)

Ministry of Health Circulars 196/45 and 1906.  
Ministry of Health Memorandum 2/Med. (1939).

These communications from the Ministry deal with the plans to be made locally in preparation for a possible epidemic of influenza. They "should not be put into force unless and until the Authority is especially requested by communication from the Ministry to operate them."





It is to be hoped that the need for these measures is far distant; yet it is advisable to have a basic scheme ready for operation at any time. The following scheme represents the result of a thorough enquiry into the possibilities as it affects the Rural District.

1. In the event of an epidemic, cases of this disease will fall into two categories (a) those needing Institutional Treatment and (b) those who require domiciliary treatment only.

2. Institutional Treatment. This will be needed for severe or complicated cases pronounced by the practitioner in attendance to be fit for removal to hospital. Such cases, it is to be expected are likely to form quite a small fraction on the total incidence. For such cases the essentials to be provided are (1) Beds and (2) Transport.

3. Beds. The Ministry suggests that beds may be obtained at (a) General (b) Public Assistance and (c) Isolation, Hospitals.

(a) General Hospitals.

(1) The Royal Devon and Exeter will take cases, if beds are available, at a charge of 14/- per day (maintenance) and specialists fee, this being 21/- for the first week or part of a week and, thereafter, 2/6 per day of stay in Hospital.

(2) Newton Abbot (East Street) will take cases if beds are available "at an average cost which is determined annually." The daily cost for 1945 has been computed at 8/5.

(3) Torbay will take cases "within the limits of the Hospital's accommodation and the demands made locally upon it" at a cost identical to that charged to the Devon County Council; namely 14/- per day (maintenance) plus professional fees (if they are payable) on the Emergency Medical Service basis. A list of these fees has been submitted. They relate to X Ray and pathological examinations and are in every way reasonable.

(4) Dawlish Cottage will take cases with the same reservations as for Torbay, at a cost of 17/- per day, as shown in the last Hospital Report.

(b) Public Assistance Institutions namely (1) Totnes and (2) St. Thomas, Exeter. Mr. M. Sykes, of Felixwell, Exeter informs me that they have no vacant beds. On the contrary there is a long waiting list.

(c) Isolation Hospital. i.e. Newton Abbot Joint Isolation Hospital. Mr. Copplestone informs me that, as matters stand, it will be impossible to open any ward without additional nursing staff and extra domestic help, which latter appears to be unobtainable. He also raises the legal point that if a case of influenza caught an infectious disease and died, the relatives of such a patient might succeed in a claim for compensation.

4. Transport i.e. Ambulances. I am assuming that cases not so ill as to require an Ambulance will receive domiciliary treatment. There are three ambulances available. Two belong to the S. J. A. B. The Brigade is prepared to accept Influenza cases for transport at a charge of one shilling and threepence per mile. This charge includes the services of a driver and an attendant (male or female) The third ambulance is the Isolation Hospital Ambulance, to be used only as an emergency ambulance. Possibly its use involves a legal risk as in the case of an Isolation Hospital.

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5. Domiciliary Treatment. The Local Authority may provide (a) Medical Assistance (b) Nursing Assistance (c) dispensing of prescriptions (d) Home Helps (e) Meals ..... for the poorer inhabitants of their district who are suffering from the disease." (i.e. influenza) Circular 1906 (2).

6. Doctors. No Exchequer grant is available in aid of expenditure incurred under Circular 1906 (2); and it will be for the Local Authority to determine which cases fall within the category "poorer persons". Any fees paid will be a matter for arrangement between the Local Authority and the Medical profession. Presumably the whole position will undergo considerable modification if and when the National Health Service Bill becomes Law.

7. Nurses. The sources for the supply of auxiliary nurses, listed in the Circular, are as follows:-

(a) National Nursing Reserve (b) Health Visitors and School Nurses (c) The Civil Nursing Reserve (d) The St. John Ambulance Brigade (e) The British Red Cross Society (f) First Aid Post and Rest Centre Personnel.

The National Nursing Reserve is now being established by the Ministry of Health.

All the remaining sources have been Circularised, and, as a result, 41 Auxiliary Nurses have been enrolled for the Rural District. Presumably in any severe epidemic, the National Nursing Reserve made flexible by the formation of mobile squads will form the main stay of emergency nursing.

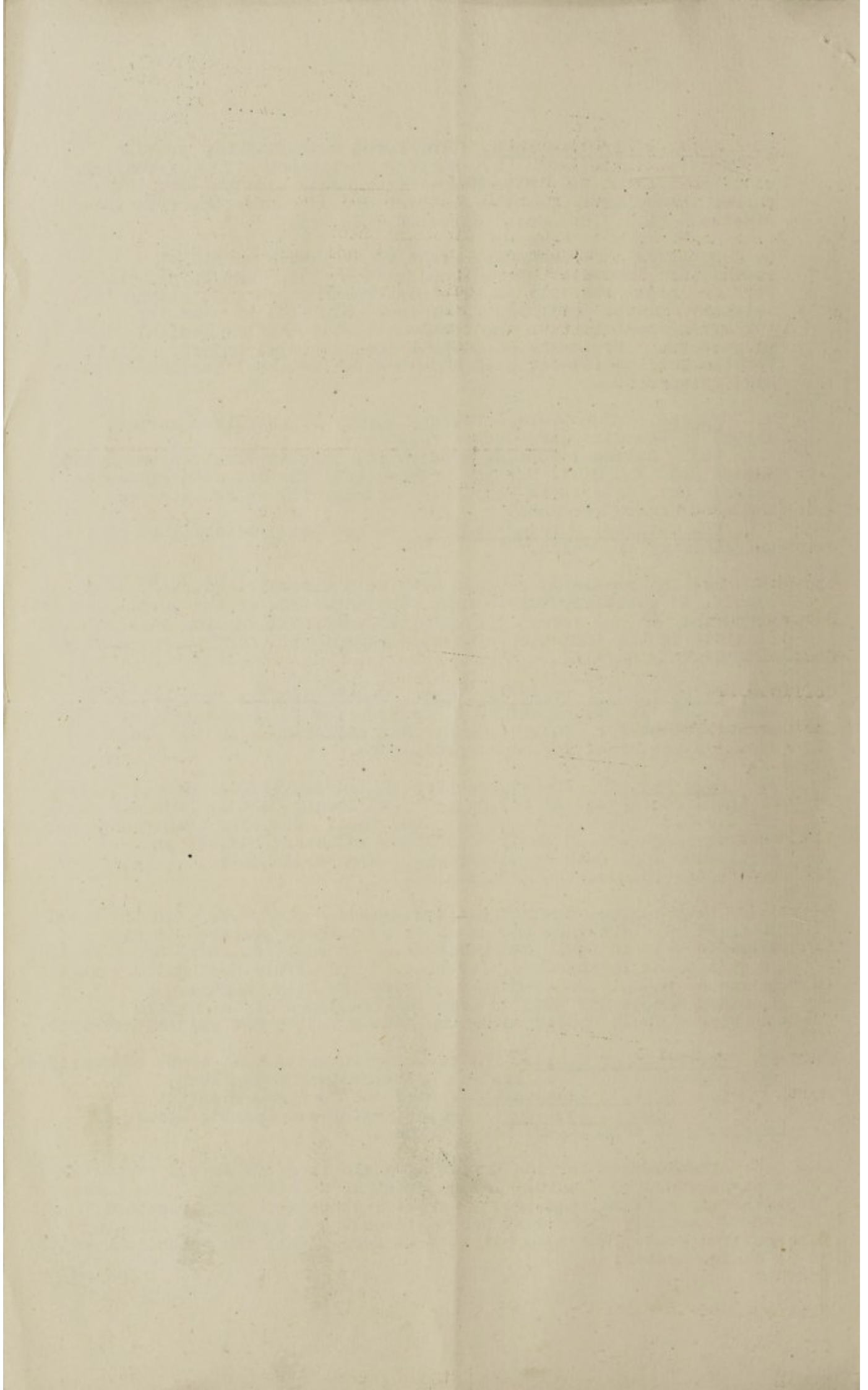
8. Dispensing of prescriptions. Under Circular 1906 (2) a Local Authority is empowered to provide for the dispensing of prescriptions for "poorer inhabitants suffering from the disease during a period of influenza prevalence."

9. Home Helps. The sources for the supply of Home Helps, listed in the Circular are as follow:- (a) County Council (b) B.R.C.S. and S.J.A.B. (c) W.V.S. and (d) "the Local authority should consider whether there are in their area other voluntary bodies, in particular the Youth Organisations, which could do so." (e) First Aid Posts (Points) and Rest Centres.

These sources have been circularised. The W.V.S. in the Rural District has forwarded the names of 23 members prepared to give domestic help in their own parishes. In addition there are 6 Youth Organisations in the Rural District. The Oxford Home Helps Service is run by the W.V.S. co-operating with the City Council. A combined scheme for smaller areas on the lines of the Oxford experiment would appear to be the best solution for epidemic periods.

10. Provision of Meals. The Circular suggests that these be provided on a payment basis from British Restaurants and Canteens.  
(a) British Restaurant. None in the Rural District.  
(b) School Canteens. Two; at Heathfield Cooking Centre, supplying 19 schools, and Bovey Tracey.

Arrangements for the supply of meals from any or all of these centres would be feasible in the event of an epidemic; the Local Authority will be required to provide containers and transport, (where needed); the cost per meal would not exceed one shilling and free meals, where supplied, will necessitate the establishment of a coupon system.



HOUSING SURVEY. (Ministry of Health Circular 64/44. May 24th.1944)

This Survey has been limited in the first instance, to all houses having a net rateable value of £10 per annum or less.

In accordance with the Circular, houses have been classified in five categories, according to the condition of the dwelling at the time of the inspection; (1) Satisfactory in all respects. (2) Minor defects. (3) Requiring repair, structural alteration or improvements. (4) Appropriate for re-conditioning. (5) Unfit for habitation and beyond repair at reasonable expense. This preliminary survey has now been completed, and the results are tabulated below for each of the 25 parishes constituting the Rural District.

	1	2	3	4	5	Total
Bickington	2	29	24	-	-	55
Bishopsteignton	58	74	58	18	6	214
Bovey Tracey	109	242	55	18	2	426
Broadhempston	21	55	18	-	8	102
Buckland-in-the-Moor	-	23	-	-	-	23
Chudleigh	45	74	87	39	27	272
Coffinswell	5	17	14	-	-	36
Hacombe-with-Coombe	37	51	14	-	-	102
Hennock	16	121	26	3	-	166
Ideford	19	16	9	-	3	47
Ilsington	41	122	34	4	3	204
Ipplepen	34	88	35	3	-	160
Kerswells	127	129	49	14	5	324
Kingsteignton	46	303	46	28	8	431
Lustleigh	11	37	10	-	-	58
Manaton	8	35	16	-	-	59
Moretonhampstead	65	95	25	25	7	217
North Bovey	7	61	12	-	-	80
Ogwell	16	30	3	-	3	52
Stoke-in-Teignhead	38	63	8	2	-	111
Teigngrace	5	21	7	-	-	33
Torbryan	10	71	22	-	-	103
Trusham	13	18	2	-	3	36
Widecombe-in-the-Moor	23	75	33	1	-	132
Woodland	6	12	1	-	-	19
TOTAL	762	1862	608	155	75	3462

1861. 1862. 1863. 1864. 1865. 1866. 1867. 1868. 1869. 1870.

1871. 1872. 1873. 1874. 1875. 1876. 1877. 1878. 1879. 1880.

1881. 1882. 1883. 1884. 1885. 1886. 1887. 1888. 1889. 1890.

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1921. 1922. 1923. 1924. 1925. 1926. 1927. 1928. 1929. 1930.

1931. 1932. 1933. 1934. 1935. 1936. 1937. 1938. 1939. 1940.

1941. 1942. 1943. 1944. 1945. 1946. 1947. 1948. 1949. 1950.

1951. 1952. 1953. 1954. 1955. 1956. 1957. 1958. 1959. 1960.

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2011. 2012. 2013. 2014. 2015. 2016. 2017. 2018. 2019. 2020.

2021. 2022. 2023. 2024. 2025. 2026. 2027. 2028. 2029. 2030.

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REPORT OF THE SANITARY INSPECTOR. This is being prepared and will be issued later.

FINAL NOTE. Although my period of office has been limited to one year, I have very much enjoyed the work that I have been privileged to do for the Council; and in saying "Farewell" I wish to thank all the Councillors for the consideration they have shown me and for the confidence they have reposed in me.

Your obedient servant,

W. R. DUNSTAN.

Medical Officer of Health.



