[Report 1951] / Medical Officer of Health, Plymouth Borough.

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CITY OF PLYMOUTH

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ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the Year 1951

for ark.
11/11/52.

CITY OF PLYMOUTH

★

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the Year 1951

PRINCIPAL CONTENTS

The following members of the City Council and co-opted members served on the undermentioned Committees during the year :

HEALTH COMMITTEE

Chairman : Councillor P. N. Washbourn.

Vice-Chairman : Alderman (Mrs.) J. Marshall.

Alderman (Mrs.) C. H. Daymond.

Councillors (Mrs.) E. Broad, Dr. M. E. Gordon, (Mrs.) D. F. W. Innes, I. C. Lowe, Dr. G. H. Miles, C. S. C. Prance, L. J. L. Russell, P. R. Stebbing, W. J. Wilks.

Two members from the Local Medical Committee: Dr. O. L. Lander, Dr. J. N. Morris.

AMBULANCE SUB-COMMITTEE

Chairman : Councillor P. N. Washbourn.

Vice-Chairman : Mr. F. Warren.

Aldermen (Mrs.) C. H. Daymond, (Mrs.) J. Marshall.

Councillors Dr. M. E. Gordon, I. C. Lowe, P. R. Stebbing.

Mr. C. S. C. Prance, representing the St. John Ambulance Brigade. Mrs. H. Vellacott, Rev. Hilliard, Mr. H. L. Spear, representing the Plymouth and District Ambulance Service Committee.

MENTAL HEALTH SUB-COMMITTEE

Chairman : Councillor P. N. Washbourn.

Vice-Chairman : Alderman (Mrs.) J. Marshall.

Alderman (Mrs.) C. H. Daymond.

Councillors Dr. M. E. Gordon, I. C. Lowe, P. R. Stebbing.

EDUCATION COMMITTEE

Chairman : Councillor L. F. Paul.

Vice-Chairman : Alderman H. J. Perry.

Aldermen (Mrs.) C. H. Daymond, L. G. Hicks, H. G. Mason, S. C. Potter and H. S. Sangwell.

Councillors G. R. Delaforce, F. J. Flawn, T. H. Franklin, A. A. H. Hampton, W. H. Hobbs, N. W. Lamb, (Mrs.) M. A. Motley, (Mrs.) L. Newbery, (Miss) K. Pryor, T. H. L. Stanbury, F. J. Stott, L. Trebilcock and P. N. Washbourn.

Ten members not of the Council : Rev. E. N. B. Chapman, Mrs. F. C. Clements, Mr. J. A. Constable, Rev. W. F. Grey, Miss E. M. Leigh, Messrs. S. L. Gould, R. A. Smith, G. P. Ross, H. G. Taylor and Rev. Father Twohig.

SPECIAL SERVICES SUB-COMMITTEE

(EDUCATION COMMITTEE)

Chairman : Alderman L. G. Hicks.

Aldermen (Mrs.) C. H. Daymond, S. C. Potter and H. S. Sangwell.

Councillors T. H. Franklin, S. L. Gould, W. H. Hobbs, (Mrs.) L. Newbery, (Miss) K. Pryor, R. A. Smith and F. J. Stott.

Mrs. F. C. Clements, Rev. W. F. Grey, Mr. H. G. Taylor, Rev. Father Twohig.

HEALTH OFFICERS OF THE AUTHORITY

Medical

T. Peirson, M.D., M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health; Port Medical Officer; School Medical Officer.

G. B. Carter, M.D., D.P.H., Deputy Medical Officer of Health; Deputy Port Medical Officer.

T. H. Harrison, M.B., Ch.B., D.P.H., Senior School Medical Officer.

Marion Smellie, M.A., M.B., Ch.B., D.P.H., Senior Maternity and Child Welfare Medical Officer.

N. R. Matheson, M.B., Ch.B., C.P.H., Senior Mental Health Medical Officer.

Mildred A. Thynne, M.R.C.S., L.R.C.P., D.P.H., Assistant Maternity and Child Welfare Medical Officer. (Retired 30.9.51.)

Hertha M. Tietze, M.D., Assistant Maternity and Child Welfare and School Medical Officer.

Evelyn Steed, M.B., Ch.B., D.R.C.O.G., Assistant Maternity and Child Welfare Medical Officer.

H. B. Boucher, M.B., F.R.C.S., D.T.M. & H., Assistant Medical Officer of Health.

L. N. Trethowan, M.R.C.S., L.R.C.P., Assistant School Medical Officer.

T. R. W. Forrest, M.R.C.S., L.R.C.P., Assistant Maternity and Child Welfare and School Medical Officer. (Commenced 30.7.51.)

D. S. Parken, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., Assistant Maternity and Child Welfare and School Medical Officer. (Commenced 1.10.51.)

H. T. Chatfield, M.C., M.B., D.P.H., Senior Chest Physician. (In conjunction with the Regional Hospital Board.)

R. St. J. Harold, L.R.C.P. and S.I., D.P.H., Chest Physician. (In conjunction with the Regional Hospital Board.)

J. C. Mellor, M.B., Ch.B., Chest Physician. (In conjunction with the Regional Hospital Board.) (Commenced 1.9.51.)

Dental

Dental Surgeons :

Miss M. Bettinson, L.D.S. (commenced 16.4.51), J. F. Gray, L.D.S., R. M. Maynard, L.D.S., E. R. Williams, L.D.S. (retired 6.6.51), Mrs. M. Owen, L.D.S. (part-time).

Other Staff

Chief Sanitary Inspector :
C. E. Sanderson, F.R.San.I.*†‡

Port Sanitary Inspector :
A. S. Kitt.*†

Meat Inspector :
P. A. Hawthorn.*†

Superintendent Health Visitor :
Miss M. Hornby, S.R.N., S.C.M.

Supervisor of Midwives :
Miss M. J. Casey, S.R.N., S.C.M.

Chief Clerk :
C. L. Marsh.

Chief Clerk, School Health Department :
E. T. Perkins.

Ambulance Officer :
R. D. Sampson, S.B.St.J.

Home Help Organiser :
Mrs. P. Nodder.

City Meteorologist :
G. H. Ivory.

* Sanitary Inspector's Certificate.
† Meat Inspector's Certificate.
‡ Sanitary Science Certificate.

To The Lord Mayor, Aldermen and Councillors of the City of Plymouth.

I have the honour to present to you my Annual Report on the health of the City of Plymouth for the year 1951.

The total "home" population of the City, which includes Service personnel, according to the Registrar-General's estimate, was 219,700, which represents an increase of over 11,000 on 1950. The extension of the City northwards, which became effective on 1st April, 1951, resulted in an increase of 3,600 acres, with a population of approximately 2,000. No difficulty was experienced in arranging for the City's health services to cover the added area, although it has involved a considerable increase in travelling of such services as ambulances, midwifery and district nursing, health visitors and sanitary inspectors.

With regard to the prevention of tuberculosis, I am grateful to the Chest Physicians, and in particular Dr. Chatfield, the Senior Chest Physician, for their excellent co-operation. Whatever may be the attitude of some Chest Physicians in other parts of the country towards the more important preventive rather than curative aspect, I have no complaint whatever on this score. In my last annual report I referred to the waiting-list of tuberculous patients and the length of time that many had to wait for admission into hospital. Such a state of affairs was unfortunate in two respects. It not only served to diminish the patient's prospect of cure, it also increased the risk of infection of others. As a result of the action of the Ministry of Health and the Regional Hospital Board in increasing the number of beds for this purpose, the waiting-list by June, 1952, had virtually disappeared.

So essential to the work of the Local Health Authority is the improvement of housing conditions, that I make no apology for referring to it once again. Although large slum clearance areas had been dealt with in the years 1934 to 1939, the outbreak of war brought this work to an end in 1939. A resumption of slum clearance has been made, and early in 1952 the usual public inquiry was held by the Ministry of Housing and Local Government into the Council's Compulsory Purchase Order for the area around Pembroke Street, Devonport. It is hoped to follow this with further areas for clearance under the Housing Acts.

The incidence of serious infectious diseases generally was low, but a disturbing feature was the high number of infants admitted to the City Isolation Hospital with gastro-enteritis. Bacteriological investigation was consistently negative, and at least a considerable number of the cases appeared to be due to feeding mismanagement. The wise mother makes every effort to breast feed her infant.

I feel bound to give a word of warning to parents of young infants regarding the dangers of diphtheria. The success of routine immunisation of infants against diphtheria with the consequent enormous decrease in the incidence of the disease, has unfortunately caused many parents to forget what a very dangerous disease to young infants diphtheria used to be, and will be again to those who are left unprotected. For example, the annual number of cases of diphtheria in Plymouth in the five years 1939–1943 was 510, and the average for the last five years has been 37. The average annual number of deaths from diphtheria in Plymouth during the five years 1939–1942 was 37, and the average for the last five years was 0.8. It is only by continued routine immunisation of infants, preferably at the age of about six months, that this danger will be quite averted.

Dr. Mildred Thynne retired in September, 1951, after serving the Council as Assistant Medical Officer (Maternity and Child Welfare) for nearly twenty-four years. I take this opportunity of recording my appreciation of the loyal work of my staff.

I am, my Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

T. PEIRSON.

SEVEN TREES,
LIPSON ROAD,
PLYMOUTH.

June, 1952.

Statistics and Social Conditions of the Area, 1951

Area in acres (Land and Inland Water)	13,115
Rateable value of the City	£1,784,091
Sum represented by the penny rate (estimated) ...	£7,153
Registrar-General's estimate of the home population ...	219,700
Number of marriages in the City during 1951	1,825
Marriage Rate per 1,000 of estimated home population	8.31

Number of unemployed persons in the City as at 31st December 1951:

		Age	*Total*
Men	...	18 and over	836
Boys	...	15 to 17	12
Women	...	18 and over	1,040
Girls	...	15 to 17	48
		Total	1,936

Live Births	*M.*	*F.*	*Total*	
Legitimate ...	1701	1664	3365	Birth rate per 1,000
Illegitimate ...	138	119	257	of the estimated
	1839	1783	3622	home population =16.49.

Still-Births	*M.*	*F.*	*Total*	
Legitimate ...	44	36	80	Still-Birth rate per
Illegitimate ...	7	2	9	1,000 total (live
	51	38	89	and still) births =23.98.

Deaths under one year

	M.	*F.*	*Total*	
Legitimate ...	71	39	110	Death rate of in-
Illegitimate ...	8	3	11	fants under one
	79	42	121	year per 1,000 live births=33.41

All Deaths	*M.*	*F.*	*Total*	
	1405	1266	2671	Death rate per 1,000 of estimated home population = 12.16.

Death Rate of Infants under one year of age :

All infants per 1,000 live births (Total Deaths 121) ...	33.41
Legitimate infants per 1,000 Legitimate Live Births (110)	32.69
Illegitimate infants per 1,000 Illegitimate Live Births (11)	42.80

Deaths from Puerperal Causes (heading 30 of the Registrar-General's Short List) :

Pregnancy, Childbirth and Abortion

	Deaths	*Rate per 1,000 total (live and still) births*
No. 30. Pregnancy, Childbirth and Abortion ...	2	0.54

Gastro-Enteritis (under 2 years of age)

Deaths from Gastro-Enteritis under 2 years of age ...	10
Mortality Rate per 1,000 Live Births	2.76

Medical Examinations of Council Employees.

During 1951 624 medical examinations of Corporation employees or prospective employees were performed in connection with the Corporation Superannuation and Sick Pay Schemes.

The object of these examinations is first to exclude those whose proposed employment might constitute a danger to the health of themselves or others with whom they would come in contact, and secondly to avoid the entry into the schemes of persons who seem likely to involve unfair liabilities on the Funds by reason of undue periods of sick leave or premature retirement on medical grounds. A few examinations are also carried out on Corporation employees who have been absent from their employment for prolonged periods.

525 of the persons examined were found to be free from any but the most trivial defects and were passed fit for permanent employment and entry to the Schemes. Of the remaining 99 :

18 were found unfit for employment by the Corporation ;

56 were found reasonably fit for employment at the time of the examination but unfit for entry to the Superannuation or Sick Pay Schemes ;

25 were found to be temporarily unfit for permanent employment but likely to become fit after suitable medical treatment had been undertaken.

In this group of 99 the most commonly recurring defects were :

High Blood Pressure and Associated Conditions ...	11
Pulmonary Tuberculosis	10
Duodenal or Gastric Ulcer	7
Hernia	7
Varicose Veins of Lower Limbs	6
Deafness	5

Other Examinations. X-ray examinations of the chest were obtained in 74 new entrants to the Corporation service, mainly Public Health and District Nurses and employees of the Children's Department in close contact with children.

The annual medical review of certain categories, e.g. Home Helps and Nursery Nurse Students, was continued during the year, supplemented by X-ray examination by the Plymouth Mass Radiography Unit.

Cremation The Council's crematorium was established in 1934, and the following figures show the use made of these facilities since that time :—

Year	*Cremations*	*Year*	*Cremations*
1935	123	1946	942
1940	552	1951	1870

Number of Post-mortems asked for by the Medical Referee during 1951 : 22.

Cancer

I am indebted to the Director of the Devon and Cornwall Regional Cancer Organisation for the information he has given me regarding the incidence of cancer in Plymouth. The statistics relate to registrations of Plymouth residents in 1950 and 1951.

CANCER REGISTRATIONS OF PLYMOUTH RESIDENTS FOR THE YEARS 1950 AND 1951

	1950	1951
Buccal Cavity and Pharynx		
Lip	7	4
Tongue	7	2
Salivary gland ...	2	–
Floor of mouth ...	–	–
Other parts of mouth and unspecified	4	2
Oral mesopharynx	3	2
Nasopharynx ...	1	1
Hypopharynx ...	–	2
Pharynx, unspecified	–	1
	24	14
Digestive Organs and Peritoneum		
Oesophagus ...	12	10
Stomach	38	47
Small intestine, including duodenum	–	–
Large intestine except rectum ...	35	28
Rectum	27	36
Biliary passages and liver (Primary)	2	3
Biliary passages and liver (Secondary)	4	2
Pancreas	7	11
Peritoneum ...	–	3
Unspecified digestive organs	1	1
	126	141
Respiratory System		
Nose, nasal cavities, middle ear, and accessory sinuses	3	3
Larynx	2	3
Lung and bronchus (Primary) ...	30	42
Lung and bronchus (unspecified) (Primary or Secondary)	–	2
Mediastinum ...	–	–
Thoracic organs (Secondary) ...	–	–
	35	50
Breast and Genito Urinary Organs		
Breast	64	63
Cervix uteri ...	20	17
Corpus uteri ...	9	9
Other parts of uterus including chorionepithelioma ...	1	–
Uterus, unspecified	1	3
Ovary, Fallopian tube and broad ligament ...	14	15
Other and unspecified female genital organs	6	3
Prostate	18	18
Testis	–	6
Other and unspecified male genital organs	5	1
Kidney	3	3
Bladder	16	14
	157	152

	1950	1951
Other and Unspecified Sites		
Malignant melanoma of skin	3	4
Other skin ...	74	51
Eye	3	3
Brain and other parts of nervous system	4	2
Thyroid gland ...	4	–
Other endocrine glands	–	2
Bone	6	3
Connective tissue	3	2
Secondary and unspecified lymph nodes	1	2
Other and unspecified sites ...	1	1
	99	70

	1950	1951
Lymphatic and Haematopoietic Tissues		
Lymphosarcoma and reticulosarcoma	4	4
Hodgkins disease	6	4
Other forms of lymphoma	1	–
Multiple myeloma	1	1
Leukaemia and aleukaemia	5	6
Mycosis fungoides	–	1
	17	16

Total Number of Registrations for Year 1950 : 458
1951 : 443

CLIMATOLOGICAL OBSERVATIONS

Taken at The Hoe, Plymouth, during the Year 1951

	1951	1950	50 *Years Average*
TEMPERATURES			
Maximum	76.0 (21st July)	83.7 (6th June)	87.0 (16/8/47)‡ (12/7/23)
Minimum	28.8 (3rd Jan.)	23.4 (25th Jan.)	16.0 (29/1/47)‡ (1/2/47)
Mean	51.2	51.7	51.4
Daily Range	10.5	10.0	10.8
Relative Humidity ...	77%	79%	82%
EARTH TEMPERATURES			
Earth 1 ft. deep ...	52.6	53.2	52.2*
Earth 4 ft. deep ...	52.5	53.7	52.6**
Minimum on Grass ...	20.6 (29th Jan.)	16.5 (6th Dec.)	10.6 (31/1/12)‡
SEA TEMPERATURE			
Mean 6 ft. deep ...	53.1	54.0	53.2*
RAINFALL			
Total during year ...	41.71"	45.34"	37.45"
Greatest daily fall ...	1.00" (3rd Nov.)	1.32" (8th Sept.)	2.27" (17/11/16)‡
Number Wet Days ...	210	217	188
SUNSHINE			
Total Number Hours ...	1691.9	1647.1	1683.3
Greatest Daily Amount	15.0 (2nd July)	14.9 (10th June)	15.3 (3/6/06)‡
Number Sunless Days ...	66	67	62
WIND			
Prevailing Direction ...	SW	W	SW
Highest Velocity (Gust) m.p.h.	74 (4th Nov.) (28th Dec.)	75 (2nd Feb.)	—

‡ Denotes Absolute Record.

* Denotes a 45 Year Average.

** Denotes a 27 Year Average.

G. H. IVORY & PARTNERS,
City Meteorologists,
24 Athenaeum Street,
Plymouth.

TABLE I.

VITAL STATISTICS—PLYMOUTH—1914–1951.

Year.	Estimated Mid-year Population (a) Civilian (b) Total Resident.	Birth Rate.	Death. Rate.	Infant Mortality Rate per 1,000 Births.	CRUDE DEATH-RATES PER 1,000 POPULATION FROM						
					Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Tuberculosis.		Cancer
									Respiratory.	Other Forms.	
1914	212,421 (b)	23.70	15.50	109.70	.26	.05	.22	.25	1.23	.37	1.08
1915	187,911 (a)	19.90	17.40	119.30	.61	.04	.13	.23	1.26	.45	1.15
1916	184,473 (a)	21.60	16.10	90.60	.26	.02	08	.28	1.37	.35	1.24
1917	179,375 (a)	19.39	16.44	98.95	.46	.01	.11	.17	1·25	.49	1.33
1918	179,629 (a)	19.17	18.90	96.63	.31	.03	.32	.09	1.67	.49	1.16
Average		**20.75**	**16.86**	**102.63**	**.38**	**.03**	**.17**	**.20**	**1.35**	**.43**	**1.19**
1919	181,967 (a)	21.62	15.48	85.85	.16	.02	.02	.20	1.27	.40	1.38
1920	189,218 (a)	26.35	14.48	74.78	.18	.00	.17	.19	1.03	.24	1.29
1921	199,860 (a)	21.21	12.5	77.52	.01	.02	.05	.06	1.04	.21	1.34
1922	200,370 (a)	19.65	14.4	74.31	.22	.01	.10	.07	1.09	.24	1.25
1923	193,017 (a)	19.49	12.7	50.67	.03	.00	.04	.05	1.04	.23	1.40
Average		**21.66**	**13.91**	**72.62**	**.12**	**.01**	**.07**	**.11**	**1.09**	**.26**	**1.33**
1924	192,900 (a)	18.16	14.3	81.53	.13	.00	.16	.11	1.08	.22	1.31
1925	197,378 (a)	18.1	12.2	63.0	.01	.01	.07	.04	0.91	.22	1.36
1926	187,300 (a)	17.2	12.3	71.9	.10	.01	.07	.18	0.95	.18	1.49
1927	187,600 (a)	16.5	12.0	61.0	.00	.02	.06	.12	0.97	.16	1.58
1928	187,600 (a)	17.0	12.0	69.2	.41	.01	.02	.17	0.85	.17	1.52
Average		**17.59**	**12.5**	**69.32**	**.13**	**.01**	**.07**	**.12**	**0.95**	**.19**	**1.45**
1929	199,000 (a)	16.5	12.6	59.5	.02	.02	.17	.13	0.84	.12	1.39
1930	199,000 (a)	15.9	11.8	60.0	.14	.03	.02	.11	0.84	.17	1.47
1931	191,800 (a)	16.4	13.5	66.8	.01	01	.05	.08	0.69	.20	1.48
1932	208,440 (b)	15.59	12.55	58.44	.02	.04	.07	.09	0.78	.15	1.49
1933	206,200 (b)	15.67	13.23	58.16	.06	.01	06	.08	0.86	.12	1.47
Average		**16.01**	**12.73**	**60.58**	**.05**	**.02**	**.07**	**.10**	**0.80**	**.15**	**1.46**
1934	203,450 (b)	15.7	12.05	53.69	.06	.00	.08	.07	0.82	.17	1.59
1935	203,600 (b)	15.0	12.25	59.70	.02	.00	.01	.11	0.56	.15	1.58
1936	206,400 (b)	14.8	12.25	55.86	.01	00	.09	.19	0.60	.13	1.57
1937	210,460 (b)	14.6	12 79	45.88	.00	.00	.01	.08	0.70	.07	1.63
1938	211,800 (b)	15.6	11.95	53.25	.12	—	.05	.07	0.64	.13	1.54
Average		**15.14**	**12.25**	**53.68**	**.04**	**.00**	**.05**	**.10**	**0.66**	**.13**	**1.58**
1939	215,500 (a)	15.6	12.61	42.04	—	—	—	.11	0.64	.12	1.65
1940	197,800 (a)	16.6	15.72	59.69	.02	—	.00	.53	0.83	.13	1.85
1941	149,300 (a)	16.43	23.87	77.49	.08	—	.07	.18	0.94	.15	2.25
1942	127,300 (a)	22.12	15.51	51.82	.00	—	.01	.12	0.95	.23	2.51
1943	136,530 (a)	23.03	16.69	37.53	.06	—	06	.07	0.92	.20	2.34
Average		**18.75**	**16.88**	**53.71**	**.03**	—	**.03**	**.20**	**0.85**	**.16**	**2.12**
1944	144,700 (a)	24.03	14.66	39.98	.00	—	.00	.02	0.86	.12	2.13
1945	157,580 (a)	24.27	15.55	55.96	.00	—	01	.03	0.79	.10	2.18
1946	176,070 (a)	24.26	13.87	46.11	00	—	.02	.01	0.60	.14	2.06
1947	181,600 (a)	24.72	14.09	49.88	.05	—	.01	.01	0.77	.16	1.83
1948	188,940 (a)	21.36	12.25	29.73	—	—	.01	.00	0.73	.12	2.09
Average		**23.73**	**14.08**	**44.33**	**.01**	—	**.01**	**.01**	**0.75**	**.13**	**2.06**
1949	190,860 (a)	19.75	13.14	34·23	.00	—	.03	.00	0.62	.03	1.98
1950	208,960 (b)	16.91	11.72	29.43	—	—	.01	—	0.52	.07	1.82
1951	219,700 (b)	16.49	12.16	33.41	.01	—	.01	—	0.42	.04	1.65

Note.—A series of dashes indicates that there were no deaths from that particular disease during that year.

A " 0 " preceding a decimal point indicates that in some previous year the rate was greater than unity.

A rate of .00 indicates that there were too few deaths during that year to be expressed as a rate to two decimal places.

TABLE II.

Vital Statistics—1914–1951.

Year	Stillbirths.		Infant Mortality		Neo-Mortality.		Maternal Mortality.					
							Sepsis.		Others		Total.	
	No.	Rate per 1,000 Live and Still Births.	No. of Deaths under 1 year.	Rate per 1,000 Live Births.	No of Deaths under 4 weeks.	Rate per 1,000 Live Births.	No. of Deaths.	Rate per 1,000 Live and Still Births.	No. of Deaths.	Rate per 1,000 Live and Still Births.	No. of Deaths.	Rate per 1,000 Live and Still Births
1914	51	10.02	553	109.7	215	42.68	5	.98	22	4.32	27	5.30
1915	29	6.80	505	119.3	145	34.26	6	1.41	17	3.98	23	5.39
1916	64	14.51	394	90.6	140	32.20	4	.90	20	4 53	24	5.43
1917	59	17.57	376	96.95	137	35.33	2	1.50	15	3 81	17	4.31
1918	133	33.24	373	96.63	132	34.20	5	1.25	14	3.50	19	4.75
Average	**67**	**16.43**	**444**	**102.63**	**154**	**35.73**	**4**	**1.21**	**17**	**4.03**	**22**	**5.03**
1919	143	33.70	352	85.85	135	32.93	5	1.18	18	4.24	23	5.42
1920	153	27.61	403	74.78	182	33.78	4	.73	22	3.96	26	4.69
1921	?	?	347	77.52	153	34.18	3	.67	12	2.68	15	3.35
1922	134	31.22	309	74.31	153	36.81	4	.93	17	3.96	21	4 89
1923	129	30.33	209	50.67	102	24.74	5	1.17	12	2.82	17	3 99
Average	**139**	**30.71**	**324**	**72.62**	**145**	**32.49**	**4**	**.94**	**16**	**3.53**	**20**	**4.47**
1924	125	32.23	306	81.53	128	34.11	6	1.54	19	4.90	25	6.44
1925	?	?	243	63.0	117	30.54	3	.78	15	3.91	18	4.69
1926	?	?	262	71.9	106	29.12	3	.83	8	2.19	11	3.02
1927	?	?	214	61.0	112	31.99	11	3.15	16	4.56	27	7.71
1928	149	39.64	250	69.2	121	33.53	5	1.38	17	4.71	22	6.09
Average	**137**	**35.93**	**255**	**69.32**	**117**	**31.85**	**5**	**1.53**	**15**	**4.05**	**20**	**5.59**
1929	147	40.03	210	59.5	111	31.49	6	1.76	11	2.86	17	4.62
1930	179	49.73	208	60.0	93	27.19	8	2.22	18	5.00	26	7.22
1931	128	36.00	229	66.8	102	29.77	1	.29	8	2.33	9	2.62
1932	153	44.94	190	58.44	97	29.84	8	2.35	12	3.52	20	5.87
1933	126	37.53	188	58.16	107	33.11	7	2.08	13	3.87	20	5.95
Average	**147**	**41.64**	**205**	**60.58**	**102**	**30.28**	**6**	**1.74**	**12**	**3.52**	**18**	**5.26**
1934	118	35.5	172	53.69	91	28.41	6	1.81	8	2.40	14	4.21
1935	124	38.8	183	59.70	103	33.60	9	2.82	7	2.19	16	5.01
1936	120	37.7	171	55.86	77	25.16	5	1.57	4	1.26	9	2.83
1937	118	36.9	141	45.88	66	21.48	7	2.19	10	3.13	17	5.32
1938	140	40.6	176	53.25	87	26.32	2	0.58	5	1.45	7	2.03
Average	**124**	**37.9**	**168**	**53.68**	**85**	**26.99**	**6**	**1.79**	**7**	**2.08**	**12**	**3.88**
1939	127	35.5	145	42.04	82	23.79	2	0.55	9	2.51	11	3.06
1940	117	34.2	197	59.69	95	28.83	7	2.04	4	1.17	11	3.21
1941	82	32.3	178	77.49	75	30.57	2	0.84	4	1.68	6	2.52
1942	87	29.9	146	51.82	85	30.17	2	0.69	8	2.75	10	3.44
1943	103	31.7	118	37.53	57	18.13	5	1.54	7	2.15	12	3.69
Average	**103**	**32.7**	**157**	**53.71**	**79**	**26.29**	**4**	**1.13**	**6**	**2.05**	**10**	**3.18**
1944	99	27.6	139	39.98	80	23.01	3	0.84	4	1.12	7	1.96
1945	111	28.2	214	55.96	112	29.28	3	0.76	14	3.56	17	4.32
1946	101	23.09	197	46.11	113	26 45	1	0.22	5	1.14	6	1.36
1947	97	21.14	224	49.88	127	28.28	–	–	3	0.65	3	0.65
1948	82	19.91	120	29.73	80	19.82	1	0.24	1	0.24	2	0.48
Average	**98**	**23.99**	**179**	**44.33**	**102**	**25.37**	**2**	**0.41**	**5**	**1.34**	**7**	**1.75**
1949	98	25.34	129	34.23	75	19.89	—	—	5	1.29	5	1.29
1950	68	18.88	104	29.43	67	18.96	1	0.27	3	0.83	4	1.10
1951	89	23.98	121	33.41	77	21.26	—	—	2	0.54	2	0.54

DEATHS UNDER FIVE YEARS OF AGE—BY CAUSES AND AGE GROUPS.

(CLASSIFIED LOCALLY UNDER THE INTERNATIONAL STATISTICAL CLASSIFICATION OF CAUSES OF DEATH)

FOR THE 52 WEEKS ENDED 29TH DECEMBER, 1951

	Cause of Death	under 1 day		1 day		2 days		3 days		4 days		5 days		6 days		7–13 days		14–29 days		21–28 days		Total under 1 month		1–2 months		2 months		3 months		4 months		5 months		6 months		7 months		8 months		9 months		10 months		11 months		Total under 1 year		1–4 years		Total under 5 years	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A 2.	T.B. Meninges and central nervous system	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	2	1	2
A 22.	Whooping-cough	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	2	–	1	–	3	–
A 23.	Meningococcal infections ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–
A 28.	Acute poliomyelitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–
A 32.	Measles	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	1
A 57.	Malignant neoplasm of all other and unspecified sites	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	2	1
A 58.	Leukaemia and aleukaemia ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	1	2	1	
A 60.	Benign neoplasms and neoplasms of unspecified nature	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–
A 66.	Allergic disorders; all other endocrine, metabolic and blood diseases	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
A 70.	Vascular lesions affecting central nervous system	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	–
A 71.	Non-meningococcal meningitis ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	
A 77.	Otitis media and mastoiditis ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
A 78.	All other diseases of the nervous system and sense organs ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1		
A 88.	Influenza	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	
A 89.	Lobar pneumonia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	3	2	1	1	2	–	–	–	–	–	–	–	–	–	–	1	1	10	7	–	3	10	10
A 90.	Broncho-pneumonia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	5	–	1	3	2	1	1	2	–	–	–	–	–	–	–	–	–	–	1	1	10	7	–	3	10	10
A 91.	Primary atypical, other and unspecified pneumonia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	1	–	1		
A 104.	Gastro-enteritis and colitis, except diarrhoea of the newborn ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	1	1	2	–	–	1	–	–	–	1	–	–	–	–	–	–	–	1	–	7	3	–	–	7	3
A 108.	Acute nephritis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	
A 127.	Spina bifida and meningocele ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
A 128.	Congenital malformations of circulatory system	–	–	–	–	–	–	1	1	–	–	–	–	–	–	1	–	–	–	1	–	1	1	2	3	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	2	3	–	–	2	3
A 129.	All other congenital malformations	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	2	2	1	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	6	3	2	–	8	3
A 130.	Birth injuries	4	2	1	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	7	2	–	1	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	7	3	–	–	7	3
A 131.	Post-natal asphyxia and atelectasis	1	3	1	1	–	–	1	–	–	–	1	–	–	–	1	–	–	–	1	–	4	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	6	–	–	4	6
A 132.	Infections of the newborn ...	–	–	1	–	5	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	6	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	7	1	–	–	7	1
A 133.	Haemolytic disease of the newborn	–	–	–	–	1	–	1	–	–	1	–	–	–	–	–	–	–	–	–	–	2	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	1	–	–	2	1
A 134.	All other diseases of early infancy	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–
A 135.	Ill-defined diseases peculiar to early infancy and immaturity unqualified	13	3	3	2	2	–	1	1	2	2	–	–	–	1	2	1	1	–	–	1	24	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	24	11	–	–	24	11
A 137.	Ill-defined and unknown causes of morbidity and mortality ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–
AE 138.	Motor vehicle accidents	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	
AE 146.	Accidental drowning and submersion	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	1	2	1	
AN 149.	Effects of poisons	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	
	TOTALS	19	9	6	3	10	–	2	3	4	3	–	1	–	2	4	3	1	1	1	3	47	28	13	2	5	5	2	1	2	2	1	–	3	–	–	–	–	–	–	2	1	–	3	1	78	41	15	13	93	54

DEATHS REGISTERED DURING THE 52 WEEKS ENDED 29TH DECEMBER, 1951.

INTERNATIONAL STATISTICAL CLASSIFICATION OF CAUSES OF DEATH—(W.H.O. 1948)

	Cause of Death	0–4 M.	0–4 F.	5–14 M.	5–14 F.	15–24 M.	15–24 F.	25–44 M.	25–44 F.	45–64 M.	45–64 F.	65–74 M.	65–74 F.	75 and over M.	75 and over F.	Total M.	Total F.	Grand Total	Deaths in Institutions
A 1.	Tuberculosis of Respiratory System	–	–	–	–	3	6	25	20	19	8	7	4	–	–	54	38	92	30
A 2.	Tuberculosis of meninges and central nervous system	1	2	–	–	1	1	1	–	–	–	–	–	–	–	3	3	6	6
A 3.	Tuberculosis of intestines, peritoneum and mesenteric glands	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	1	–
A 5.	Tuberculosis, all other forms	–	–	–	–	1	–	–	–	1	–	–	1	–	–	2	1	3	3
A 8.	Tabes dorsalis	–	–	–	–	–	–	–	–	–	1	1	1	–	–	1	2	3	2
A 9.	General paralysis of insane	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	1	1
A 10.	All other syphilis	–	–	–	–	–	–	–	–	3	3	3	1	–	1	6	5	11	6
A 20.	Septicaemia and pyaemia	–	–	–	–	–	1	–	–	–	–	–	–	–	1	1	1	2	2
A 22.	Whooping Cough	3	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3	2
A 23.	Meningococcal infections	1	–	–	–	–	–	–	1	–	–	–	–	–	–	1	1	2	1
A 26.	Tetanus	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	1	1
A 28.	Acute poliomyelitis	1	–	–	–	–	–	1	–	–	–	–	–	–	–	2	–	2	2
A 32.	Measles	1	1	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	1
A 34.	Infectious hepatitis	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	1	1
A 44.	Malignant neoplasm of buccal cavity and pharynx	–	–	–	–	–	–	–	–	4	–	5	–	2	1	11	1	12	9
A 45.	Malignant neoplasm of oesophagus	–	–	–	–	–	–	1	–	–	2	1	4	2	1	4	7	11	6
A 46.	Malignant neoplasm of stomach	–	–	–	–	–	–	1	1	21	6	13	7	11	14	46	28	74	25
A 47.	Malignant neoplasm of intestine, except rectum	–	–	–	–	–	–	–	1	4	5	8	6	2	11	14	23	37	13
A 48.	Malignant neoplasm of rectum	–	–	–	–	–	–	1	2	5	2	6	2	4	2	16	8	24	8
A 49.	Malignant neoplasm of larynx	–	–	–	–	–	–	–	–	1	–	3	1	1	–	5	1	6	1
A 50.	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	–	–	1	–	–	–	3	1	25	4	7	3	1	1	37	9	46	18
A 51.	Malignant neoplasm of breast	–	–	–	–	–	–	–	4	1	10	–	7	–	3	1	24	25	6
A 52.	Malignant neoplasm of cervix uteri	–	–	–	–	–	–	–	1	–	3	–	3	–	–	–	7	7	–
A 53.	Malignant neoplasm of other and unspecified parts of uterus	–	–	–	–	–	–	–	–	–	7	–	1	–	2	–	10	10	1
A 54.	Malignant neoplasm of prostate	–	–	–	–	–	–	–	–	3	–	4	–	6	–	13	–	13	2
A 55.	Malignant neoplasm of skin	–	–	–	–	–	–	2	–	–	–	2	1	1	–	5	1	6	–
A 56.	Malignant neoplasm of bone and connective tissues	–	–	–	–	1	–	1	–	–	3	–	2	1	–	3	5	8	2
A 57.	Malignant neoplasm of all other and unspecified sites	1	2	–	–	–	–	4	2	13	14	12	19	7	9	37	46	83	35
A 58.	Leukaemia and aleukaemia	2	1	–	–	–	–	1	–	1	–	1	1	–	–	5	2	7	5
A 59.	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	–	–	–	–	–	–	1	2	2	1	–	–	–	3	3	6	9	4
A 60.	Benign neoplasms and neoplasms of unspecified nature	1	–	–	–	1	–	1	3	6	–	–	1	1	–	10	4	14	11
A 62.	Thyrotoxicosis with or without goiter	–	–	–	–	–	–	–	–	–	3	–	1	–	1	–	5	5	3
A 63.	Diabetes mellitus	–	–	–	–	–	–	2	–	2	2	3	7	3	2	10	11	21	15
A 65.	Anaemias	–	–	–	–	–	–	1	–	–	–	2	1	–	–	3	1	4	4
A 66.	Allergic disorders; all other endocrine, metabolic and blood diseases	–	1	–	–	1	–	1	–	3	3	3	2	–	3	8	9	17	7
A 67.	Psychoses	–	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1	2	2
A 70.	Vascular lesions affecting central nervous system	1	–	–	–	1	–	3	5	33	35	50	64	78	109	168	204	370	125
A 71.	Nonmeningococcal meningitis	1	–	1	–	–	–	–	–	–	–	–	–	–	–	2	–	2	2
A 72.	Multiple sclerosis	–	–	–	–	1	–	–	1	–	–	1	–	–	–	2	1	3	1
A 73.	Epilepsy	–	–	1	–	1	–	–	–	1	–	–	–	–	–	3	–	3	1
A 77.	Otitis media and mastoiditis	–	1	–	–	–	–	–	1	–	–	–	–	–	–	1	1	2	2
A 78.	All other diseases of the nervous system and sense organs	–	1	–	–	–	–	–	–	1	2	1	–	3	4	5	7	12	4
A 80.	Chronic rheumatic heart disease	–	–	–	–	–	–	3	6	5	6	5	8	3	2	16	22	38	12
A 81.	Arteriosclerotic and degenerative heart disease	–	–	–	–	–	–	2	–	84	25	108	92	144	236	338	353	691	181
A 82.	Other diseases of heart	–	–	–	–	–	1	1	1	1	3	4	9	9	4	15	17	32	11
A 83.	Hypertension with heart disease	–	–	–	–	1	–	1	26	17	31	20	22	23	79	62	141	50
A 84.	Hypertension without mention of heart	–	–	–	–	–	1	–	1	1	–	2	2	–	4	3	7	4
A 85.	Diseases of arteries	–	–	–	–	–	–	–	3	2	–	2	6	9	9	13	22	11
A 86.	Other diseases of circulatory system	–	–	–	–	–	1	–	1	–	–	3	1	–	2	5	3	8	3
A 87.	Acute upper respiratory infections	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1
A 88.	Influenza	1	–	–	–	–	–	–	2	2	2	6	4	3	10	12	18	30	2
A 89.	Lobar pneumonia	1	–	–	–	–	–	–	1	3	5	2	1	3	1	9	8	17	8
A 90.	Broncho-pneumonia	10	10	–	–	–	–	2	–	6	2	11	8	11	28	40	48	88	57
A 91.	Primary atypical, other and unspecified pneumonia	–	1	–	–	–	–	–	–	3	2	3	1	2	1	8	5	13	10
A 92.	Acute bronchitis	–	–	–	–	–	–	2	–	3	1	3	5	5	8	13	14	27	4
A 93.	Bronchitis, chronic and unqualified	–	–	–	–	–	–	2	1	20	2	25	11	28	32	75	46	121	19
A 95.	Empyema and abscess of lung	–	–	–	–	–	–	–	–	–	–	2	–	–	–	2	–	2	2
A 96.	Pleurisy	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1
A 97.	All other respiratory diseases	–	–	–	–	–	–	–	–	6	1	4	2	5	4	15	7	22	12
A 99.	Ulcer of stomach	–	–	–	–	–	–	–	–	8	–	5	1	1	–	14	1	15	12
A 100.	Ulcer of duodenum	–	–	–	–	–	–	1	–	2	–	1	1	1	1	5	2	7	5
A 101.	Gastritis and duodenitis	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–
A 102.	Appendicitis	–	–	1	–	–	–	–	–	1	1	2	–	–	–	3	1	4	3
A 103.	Intestinal obstruction and hernia	–	–	–	–	1	–	1	1	1	1	1	1	3	4	7	7	14	11
A 104.	Gastro-enteritis and colitis, except diarrhoea of the newborn	7	3	–	–	–	–	–	1	2	1	1	1	–	3	10	9	19	17
A 105.	Cirrhosis of liver	–	–	–	–	–	–	1	–	3	1	3	1	–	–	7	2	9	6
A 106.	Cholelithiasis and cholecystitis	–	–	–	–	–	–	–	1	1	1	2	–	–	3	3	4	7	6
A 107.	Other diseases of digestive system	–	–	–	–	–	–	1	–	3	2	2	2	–	–	6	4	10	10
A 108.	Acute nephritis	–	1	–	–	–	–	–	–	1	–	–	–	–	–	1	1	2	1
A 109.	Chronic, other and unspecified nephritis	–	–	–	1	1	1	1	1	7	1	6	5	10	8	25	17	42	14
A 110.	Infections of kidney	–	–	–	–	–	–	–	–	–	2	3	–	3	1	6	3	9	8
A 111.	Calculi of urinary system	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	1	–
A 112.	Hyperplasia of prostate	–	–	–	–	–	–	–	–	1	–	4	–	19	–	24	–	24	12
A 114.	Other diseases of genito-urinary system	–	–	–	–	–	–	–	–	2	1	2	–	6	1	10	2	12	8
A 116.	Toxaemias of pregnancy and the puerperium	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	1	1
A 120.	Other complications of pregnancy, childbirth and the puerperium	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	1	–
A 121.	Infections of skin and subcutaneous tissue	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	1	–
A 122.	Arthritis and spondylitis	–	–	–	–	–	–	1	–	–	–	–	3	2	6	3	9	12	7
A 123.	Muscular rheumatism and rheumatism, unspecified	–	–	–	–	–	–	–	–	–	2	–	–	–	–	–	2	2	–
A 126.	All other diseases of skin and musculo-skeletal system	–	–	–	–	–	–	–	–	–	–	2	–	–	–	2	–	2	–
A 127.	Spina bifida and meningocele	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1
A 128.	Congenital malformations of circulatory system	2	3	–	–	–	–	–	–	–	–	–	1	–	–	2	4	6	4
A 129.	All other congenital malformations	8	3	–	1	–	–	–	–	1	–	–	1	–	–	9	5	14	8
A 130.	Birth injuries	7	3	–	–	–	–	–	–	–	–	–	–	–	–	7	3	10	8
A 131.	Post-natal asphyxia and atelectasis	4	6	–	–	–	–	–	–	–	–	–	–	–	–	4	6	10	7
A 132.	Infections of the newborn	7	1	–	–	–	–	–	–	–	–	–	–	–	–	7	1	8	7
A 133.	Haemolytic disease of newborn	2	1	–	–	–	–	–	–	–	–	–	–	–	–	2	1	3	3
A 134.	All other defined diseases of early infancy	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1
A 135.	Ill-defined diseases peculiar to early infancy, and immaturity unqualified	24	11	–	–	–	–	–	–	–	–	–	–	–	–	24	11	35	30
A 136.	Senility without mention of psychosis	–	–	–	–	–	–	–	–	–	–	4	2	13	29	17	31	48	24
A 137.	Ill-defined and unknown causes of morbidity and mortality	1	–	–	–	–	–	–	–	1	–	2	3	–	–	4	3	7	3
AE138.	Motor vehicle accidents	2	–	1	–	3	1	5	–	4	1	1	1	1	–	17	3	20	16
AE139.	Other transport accidents	–	–	1	–	–	1	–	–	1	–	–	–	–	–	2	1	3	3
AE140.	Accidental poisoning	–	–	–	–	–	–	1	–	–	–	–	–	3	1	4	1	5	–
AE141.	Accidental falls	–	–	–	–	1	–	2	–	–	–	3	1	5	3	11	4	15	13
AE143.	Accident caused by fire and explosion of combustible material	–	–	–	–	–	–	3	–	–	–	1	1	1	1	5	2	7	4
AE144.	Accident caused by hot substance, corrosive liquid, steam and radiation	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	1	1
AE146.	Accidental drowning and submersion	2	1	–	–	1	–	–	1	2	–	1	–	–	–	6	2	8	1
AE147.	All other accidental causes	–	–	–	–	1	–	–	–	4	–	–	–	–	–	5	–	5	4
AE148.	Suicide and self-inflicted injury	–	–	–	–	2	–	4	1	3	5	2	2	1	–	12	8	20	4
AE150.	Injury resulting from operations of war	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	1	–
AN140.	Fracture of limbs	–	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1	2	2
AN149.	Effects of poisons	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1
	TOTALS	93	54	6	3	21	11	86	63	362	205	389	337	439	581	1396	1254	2650	1024

DEATHS BY AGE GROUPS AND CAUSES—1951.
AS CLASSIFIED BY THE REGISTRAR GENERAL.

Cause of Death	0–1		1–4		*Total under 5 yrs.*		5–14		15–24		25–44		45–64		65–74		*75 and upwards*		*Total all ages*		*Grand Total*
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1. Tuberculosis, respiratory	–	–	–	–	–	–	–	–	3	6	25	19	18	8	7	4	–	–	53	37	90
2. Tuberculosis, other	1	–	–	2	1	2	–	–	2	1	1	–	1	–	–	2	–	–	5	5	10
3. Syphilitic disease	–	–	–	–	–	–	–	–	–	–	–	1	3	5	4	1	–	1	7	8	15
4. Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
5. Whooping-cough	2	–	1	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3
6. Meningococcal infections	1	–	1	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2
7. Acute Poliomyelitis	–	–	1	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	2	–	2
8. Measles	–	–	1	1	1	1	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2
9. Other infective and parasitic diseases	–	–	–	–	–	–	–	–	–	–	1	–	–	2	–	1	–	–	1	3	4
10. Malignant neoplasm, stomach ...	–	–	–	–	–	–	–	–	–	–	1	1	22	6	13	9	12	14	48	30	78
11. Malignant neoplasm, lung and bronchus	–	–	–	–	–	–	1	–	–	–	4	1	26	5	7	3	1	1	39	10	49
12. Malignant neoplasm, breast ...	–	–	–	–	–	–	–	–	–	–	–	4	–	12	–	7	–	3	–	26	26
13. Malignant neoplasm, uterus ...	–	–	–	–	–	–	–	–	–	–	–	1	–	10	–	4	–	2	–	17	17
14. Other malignant and lymphatic neoplasms	–	–	1	1	1	1	–	–	2	–	9	8	33	27	41	35	26	27	112	98	210
15. Leukaemia and aleukaemia ...	–	–	2	1	2	1	–	–	–	–	1	–	1	–	1	1	–	–	5	2	7
16. Diabetes	–	–	–	–	–	–	–	–	–	–	2	–	3	3	2	7	3	5	10	15	25
17. Vascular lesions of nervous system	–	–	–	–	–	–	–	–	1	–	3	5	38	34	46	60	72	96	160	195	355
18. Coronary disease, angina	–	–	–	–	–	–	–	–	–	–	2	–	76	18	63	36	43	46	184	100	284
19. Hypertension with heart disease ...	–	–	–	–	–	–	–	–	–	–	–	1	13	10	19	15	20	21	52	47	99
20. Other heart disease	–	–	–	–	–	–	–	–	–	–	4	5	25	23	64	82	117	202	210	312	522
21. Other circulatory disease	–	–	–	–	–	–	–	–	–	–	2	–	7	3	7	6	10	18	26	27	53
22. Influenza	1	–	–	–	1	–	–	–	–	–	1	2	2	3	6	7	4	12	14	24	38
23. Pneumonia	13	8	–	3	13	11	–	–	–	–	1	1	12	9	17	8	17	29	60	58	118
24. Bronchitis	–	–	–	–	–	–	–	–	–	–	4	1	23	2	29	15	33	40	89	58	147
25. Other diseases of respiratory system	1	–	–	–	1	–	–	–	–	–	–	–	6	1	3	4	8	4	18	9	27
26. Ulcer of stomach and duodenum ...	–	–	–	–	–	–	–	–	–	–	2	–	10	–	6	3	2	2	20	5	25
27. Gastritis, enteritis and diarrhoea ...	5	2	–	–	5	2	–	–	–	–	–	1	2	2	1	1	–	4	8	10	18
28. Nephritis and nephrosis	–	–	–	1	–	1	–	1	1	1	1	1	8	1	9	5	9	6	28	16	44
29. Hyperplasia of prostate	–	–	–	–	–	–	–	–	–	–	–	–	1	–	6	–	22	–	29	–	29
30. Pregnancy, childbirth, abortion ...	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	2	2
31. Congenital malformations	7	7	2	–	9	7	–	1	1	1	–	–	1	2	–	2	–	–	11	13	24
32. Other defined and ill-defined diseases	47	25	1	3	48	28	3	–	3	–	6	7	22	18	28	15	32	45	142	113	255
33. Motor vehicle accidents	–	–	2	–	2	–	2	–	3	1	6	–	4	1	1	1	1	–	19	3	22
34. All other accidents	1	–	4	1	5	1	–	1	3	1	5	1	6	–	6	4	10	6	35	14	49
35. Suicide	–	–	–	–	–	–	–	–	2	–	4	1	3	5	2	2	1	–	12	8	20
36. Homicide and operations of war ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total All Causes	79	42	16	13	95	55	6	3	21	12	86	62	366	210	388	340	443	584	1405	1266	2671

Maternity and Child Welfare

REPORT OF SENIOR ASSISTANT MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE

Births. The live birth-rate for 1951 is 16.49 per 1,000 of the estimated home population (219,700). This is 0.4 less than last year's rate, which was the lowest recorded since 1941. Even so, Plymouth births exceed those for England and Wales by about 1 per 1,000.

	Notified	*Registered*	*Allocated*
Total live births (legitimate and illegitimate)	3736	3737	3622
Total stillbirths (legitimate and illegitimate)	112	112	89
	3848	3849	3711
Illegitimate births—live ...	116	116	257
stillbirths	5	5	9
	121	121	266

Number of births notified by doctors and parents	633
Number of births notified by midwives	3215
	3848

PLACE OF CONFINEMENT.

Own home by municipal midwife	904
Own home by municipal midwife with doctor ...	131
Own home by private midwife	18
Own home by private midwife with doctor	46
Own home by T.T.N.A. district midwife	228
Own home by T.T.N.A. district midwife with doctor ...	171
Alexandra Maternity Home by midwife	1059
Alexandra Maternity Home by midwife with doctor ...	181
Freedom Fields Hospital by midwife	770
Freedom Fields Hospital by midwife with doctor ...	206
Private Nursing Home with doctor	80
	3794

(Multiple births counted as one).

PLYMOUTH BIRTH RATES FROM 1920.

1920–29	Average	18.9
1930–39	Average	15.4

Year	*Rate*
1940	16.6
1941	16.43
1942	22.12
1943	23.03
1944	24.03
1945	24.27
1946	24.26
1947	24.72
1948	21.36
1949	19.7
Average for 10 years	21.6

Average for 10 years, 1940–49, for England and Wales ... 16.9

Year	*Rate*
1950	16.91
1951	16.49

1951 Birth-rate for England and Wales 15.5

Stillbirths. The stillbirth rate which last year, for the first time in ten years, was slightly lower than that for England and Wales, is again slightly higher, the rates being Plymouth 0.40, England and Wales 0.36 per 1,000 of the civilian population.

Calculated per 1,000 births, Plymouth's rate is 23.98, as against 18.88 in 1950.

Four times as many stillbirths occurred in hospital as on the district, 28 being outward transfers.

STILLBIRTH RATE.

Year.	England and Wales.	Plymouth.	
	Per 1,000 population.	Per 1,000 births.	Per 1,000 population.
1941	0.51	32.3	0.41
1942	0.54	29.95	0.68
1943	0.51	31.7	0.75
1944	0.50	27.68	0.68
1945	0.46	28.20	0.70
1946	0.53	23.09	0.57
1947	0.50	21.15	0.53
1948	0.42	19.91	0.43
1949	0.39	25.34	0.51
1950	0.37	18.88	0.32
1951	0.36	23.98	0.40

No. of notified stillbirths (institutional 93; domiciliary 23)		116
Institutional.		
Freedom Fields Hospital	61	
Flete Maternity Home	4	
Alexandra Maternity Home	27	
Charlton Nursing Home	1	
	—	93
Domiciliary.		
Municipal Midwife	15	
Three Towns Nursing Association Midwife ...	7	
Private Midwife	1	
	—	23
		116
Doctor in attendance	95	
Midwife only in attendance	21	
	116	
Female stillbirths	45	
Male stillbirths	71	
	116	

The following information has been extracted from a survey of the records of 116 notified stillbirths:

A. Macerated: 52.

Duration of pregnancy.	
Over 40 weeks	1
40 weeks	10
36–39 weeks	17
32–35 weeks	19
Under 32 weeks	5
	52
Parity.	
1st pregnancy	18
2nd ,, ...	12
3rd ,, ...	5
4th ,, ...	5
5th ,, ...	4
Over 5th pregnancy	8
	52
Pre-natal supervision.	
Satisfactory	51
Nil	1
	52

Causes.

(*a*) Post-mature.

Toxaemia associated with diabetes	1	
	—	1

(*b*) Full-term.

Cord round neck	1	
Small placenta	1	
Prolapse of arm	1	
Hydrocephalus	1	
Accidental A.P.H.	1	
Toxaemia	1	
Not known	4	
	—	10

(*c*) 36–39 weeks.

Toxaemia	8	
Accidental A.P.H.	2	
Rh. incompatability	1	
Cord round neck	1	
Prolapsed cord	1	
Degeneration of placenta	1	
Delayed labour	1	
Not known	2	
	—	17

(*d*) 32–35 weeks.

Ill health of mother	1	
Hydrocephalus	1	
Placenta praevia	1	
Syphilis	1	
Anencephaly	1	
Eclampsia	1	
Toxaemia	6	
Not known	7	
	—	19

(*e*) Under 32 weeks.

Anencephaly	1	
Hydrops foetalis	1	
A.P.H.	1	
Syphilis	1	
Not known	1	
	—	5
		52

B. Premature but not macerated : 21.

Duration of pregnancy.

36 weeks	3
32–35 weeks	14
24–30 weeks	4
	21

Parity.

1st pregnancy	8	
2nd pregnancy	5	
3rd pregnancy	3	
4th pregnancy	2	
5th pregnancy	1	
Over 5th pregnancy	2	
	21	

Pre-natal supervision.

Satisfactory	20	
Nil	1	
	21	

Standard of living.

Good	5	
Fair	4	
Not known	12	
	21	

Causes.

(*a*) 36 weeks.

Hydrocephalus	1	
A.P.H.	1	
Prolapsed cord	1	
	—	3

(*b*) 32–35 weeks.

Prematurity	2	
Prematurity, breech	1	
Breech associated with toxaemia	1	
Anencephaly	1	
Hydrocephalus	1	
Accidental A.P.H.	5	
Placenta praevia	3	
	—	14

(*c*) 24-30 weeks.

Accidental A.P.H.	1	
Inadequate placenta	1	
Anencephaly	1	
Not known	1	
	—	4
		21

C. Stillborn at or near term : 43.

Parity.

1st pregnancy	21
2nd pregnancy	8
3rd pregnancy	4
Over 3rd pregnancy	10
	43

Age.

Under 21 years	3
21–24 years	12
25–29 years	9
30–34 years	8
35–39 years	9
40 years and over	2
	43

Pre-natal supervision.

Satisfactory	42
Nil	1
	43

Standard of living.

Good	10
Fair	11
Poor	1
Not known	21
	43

Delivery.

Spontaneous	26
Instrumental	10
Manual	7
	43

Causes.

Dystocia		14
(Impacted shoulders	1	
Prolonged labour	7	
Breech	3	
Transverse lie	1	
P.O.P.	1	
Failed forceps	1)	
Cord anomalies		4
(Prolapsed	1	
Round neck	2	
True knot	1)	
Toxaemia		8
Inattention at birth		1
Anencephaly		3
Precipitate labour		1
Hydrocephalus		2
A.P.H.		3
Ruptured uterus following induction		1
Not known		6
		43

Circular 20/44. Care of Premature Infants. Three hundred and one premature, or underweight, infants were born in Plymouth during the year. Included in this number were 35 multiple pregnancies in which one or both infants were underweight. There were 65 outward transfers leaving 236 premature babies belonging to Plymouth. Of these, 20 died within the first 24 hours and a further 28 before the 28th day. By the 31st December, 1951, 3 more had died and 12 had left the City, leaving 173 surviving and living in Plymouth (i.e. 73.3 per cent). Of these, 99 were entirely breast fed for the first few weeks.

There were 6 inward transfers from Flete, 1 of which died at the age of 5 months.

The neo-natal mortality in this group of 236 Plymouth premature infants is 203, nearly ten times as much as the ordinary rate. After the first month the chance of survival is good, and after the first year the mortality is little greater than that of a full-term child.

Approximately 8 per cent of the live births were premature.

Equipment to help with the preservation of life was sent out in 3 cases.

Thirteen premature babies born in their own homes (i.e. 17 per cent) were later removed to hospital for special care. Details are given in a subsequent summary.

1950 Follow-up. Of the 190 infants who were surviving and living in Plymouth at 31st December, 1950, 182 were still in the City and progressing well at the age of 12 months. The remaining 8 left the district during 1951. No further deaths were reported.

3. Institutional and Domiciliary Premature, or Underweight, Babies

	Total born in Plymouth	*Less Outward Transfers*	*Plus Inward Transfers (Flete)*	*Total belonging to Plymouth*	*Died within 24 hours*	*Died 2–28 days*	*Left Plymouth 2–28 days*	*Surviving and living in Plymouth at 28 days*	*Died after 28th day and up to 31.12.51*	*Left Plymouth after 28th day and up to 31.12.51*	*Surviving and living in Plymouth at 31.12.51*		
											Total	*Six months and over*	*Under 1 month*
Institutional premature babies	224	65	6	165	12	21	2	130	3	5	122	56	13
Domiciliary premature babies	77	—	—	77	8	7	1	61	1	4	56	23	7
Totals	301	65	6	242	20	28	3	191	4	9	178	79	20

Legitimate ... 290 **Male** 144
Illegitimate ... 11 **Female** 157

2. Classification of the District Premature Babies Transferred to Hospital

No.	*Weight*	*Duration of pregnancy*	*Remarks*
1	4 lbs. 8 ozs.	34 weeks	Emergency delivery—Flete booking. Discharged 28th day.
2	3 lbs. 5 ozs.	? 34 weeks	B.B.A. Very poor condition—cyanosed. Mother had made no arrangements for confinement. *Died* 1½ days— Ia—Broncho-pneumonia II.—Frederick Waterhouse Syndrome.
3	2 lbs.	26 weeks	B.B.A. Alexandra Home booking. *Died* after 13 hours.
4	2 lbs. 12 ozs.	33 weeks	Slow and gradual progress. Discharged satisfactory 64th day } Twins.
5	2 lbs. 15 ozs.	33 weeks	Cyanotic attacks. *Died* after 3 days } Twins.
6	4 lbs.	34 weeks	Removed to hospital on account of feeble condition. Discharged 37th day.
7	2 lbs. (approx.)	25 weeks	Transferred to hospital with mother, who had retained placenta. *Died* aged 1 day.
8	4 lbs. 2 ozs.	? 33 weeks	Removed to hospital as home unsuitable for nursing such a premature baby. *Died*— Ia—Cerebral haemorrhage. II—Atelectasis.
9	3 lbs. 8 ozs.	28 weeks	Removed to hospital on account of cyanosis. *Died* aged 6 days.
10	5 lbs.	38 weeks	Baby admitted to hospital with mother who had retained placenta. Discharged 5th day.
11	3 lbs. 8 ozs.	31 weeks	Very feeble infant. Satisfactory on discharge from hospital on the 40th day.
12	2 lbs. 5 ozs.	? 28 weeks	Admitted to hospital because of unsuitable home conditions. Notifiable ophthalmia neonatorum. G.C. infection. *Died* after 19 days.
13	? 3½ lbs.	36 weeks	Unsuitable home conditions—family living in one room. *Died* after 14 days.

Note.—5 babies survived and 8 babies died.

3. Institutional and Domiciliary Premature, or Underweight, Babies

Probable Cause of Prematurity

Probable cause	*Total*	*Less Outward Transfers*	*Belonging to Plymouth*	*Died in 24 hours*	*Died 2–28 days*	*Died after 28 days*	*Left Plymouth as at 31.12.51*	*Total surviving and living in Plymouth at 31.12.51*
Multiple pregnancy ...	37	12	25	1	1	1	2	20
Multiple pregnancy with toxaemia	4	2	2	–	–	–	–	2
Multiple pregnancy with active tuberculosis ...	2	–	2	–	1	–	1	1
Toxaemia	25	9	16	3	2	–	–	10
Hypertension	3	2	1	–	–	–	–	1
Hydramnios	2	–	2	2	–	–	–	–
Rhesus negative ...	2	–	2	–	–	–	–	2
Pyelitis	1	–	1	–	–	–	–	1
Placenta praevia ...	1	–	1	–	–	–	–	1
Placental infarction ...	1	–	1	–	1	–	–	–
A.P.H.	4	1	3	2	–	–	–	1
Fibroid in uterus ...	1	–	1	–	–	–	–	1
Medical or surgical induction	36	13	23	–	5	–	1	17
Caesarean section (toxaemia)	3	1	2	1	–	–	–	1
Co-arctation of aorta ...	1	–	1	–	–	–	–	1
Cardiac asthma with complications	1	–	1	–	–	–	–	1
General poor condition of mother	3	1	2	–	–	–	.	2
Full-term but underweight	58	6	52	–	1	1	2	48
Unknown	116	18	98	11	17	1	6	63
Totals	301	65	236*	20	28	3	12	173

* Does not include 6 inward transfers from Flete

4. Initial Feeding of 173 Premature Babies Surviving and Living in Plymouth on 31st December, 1951

(*a*) Institutional : 117.

Entirely breast fed	62
Breast fed, plus complementary feeding	25
Artificially fed	30

Smallest baby 3 lbs. 1 oz. Largest baby 5 lbs. 8 ozs.

(*b*) Domiciliary : 56.

Entirely breast fed	37
Breast fed, plus complementary feeding	7
Artificially fed	12

Smallest baby 2 lbs. 12 ozs. Largest baby 5 lbs. 8 ozs.

Infant Mortality. (See Tables on pages 16b, 16c and 16d.) With 121 deaths under one year, the infant mortality rate rises to 33.4, exceeding last year's low rate by 4 per 1,000 live births, and being also 3.8 higher than the rate for England and Wales.

The neo-natal mortality rate is 21.2, which is 2.3 higher than last year, the number of deaths under one month being 77.

There has been an increase of deaths at all ages under one year. From 1–5 years the number of deaths is almost double that of 1950.

	Deaths under 1 month	*Deaths 0–1 years*	*Deaths 1–5 years*	*Total deaths under 5 years*
1942	—	146	32	178
1943	57	118	49	167
1944	80	139	40	179
1945	116	214	46	260
1946	113	197	33	230
1947	127	221	36	257
1948	80	125	31	156
1949	75	127	19	146
1950	67	104	15	119
1951	77	121	29	150

Gastro-enteritis in children under two years of age.

Notifications received	269
Un-notified fatal cases	3
Total cases	272
Total deaths	12

		Deaths
Age groups.		
Under 1 month	8	1
1–3 months	43	7
3–6 months	54	1
6–9 months	51	
9–12 months	28	1
1–2 years	88	2
	272	12
Where treated.		
Own home	158	1
Isolation Hospital	112	9
Freedom Fields Hospital	2	2
	272	12
Place of birth for those under three months.		
Own home	18	2
Alexandra Maternity Home	13	3
Freedom Fields Hospital	17	1
Flete Maternity Home	3	1
	51	7
Type of feeding in those under six months.		
Breast	11	1
Liquid milk	3	
National dried milk	83	8
Proprietary dried milk	8	
	105	9
Severity.		
Severe	85	
Moderate	114	
Mild	73	
	272	
Standard of mothercraft (includes cleanliness).		
Good	149	
Fair	90	
Poor	31	
Not known	2	
	272	
Sanitation.		
Good	69	
Satisfactory	179	
Poor	24	
	272	

Contact with gastro-enteritis in house	55
Seasonal incidence.	
January	56
February	27
December	32
Remaining months from 9 to 22 each.	

Far from being a summer diarrhoea, gastro-enteritis, as now notified, shows the highest incidence in the winter months.

The number of cases notified was nearly double that of 1950, and the number of deaths increased fourfold.

Mothercraft was of a good standard in more than half the cases, and only really poor in 11 per cent of cases. There is, therefore, no direct evidence that lack of care in the preparation of bottle feeds is at present a main contributary factor in the causation of this disease. Its incidence is too variable to be accounted for solely by wrong feeding methods.

During 1951 the incidence graph for gastro-enteritis followed fairly closely that for notified scarlet fever.

More than half the cases occurred between the ages of 1 and 9 months.

Eight out of 12 deaths took place in babies under 3 months old.

There was a much greater incidence among the artificially-fed babies, but the mortality was proportionately the same in these two groups.

With 12 deaths, the local mortality rate is 3.3 per 1,000 live births, compared with 1.4 for England and Wales.

Ophthalmia Neonatorum.

Fifteen cases were notified, of which eight were home confinements. No antiseptic prophylaxis was carried out by Municipal midwives, and the results are again satisfactory.

There were two G.C. infections, both late starting on the tenth day, one being in a premature baby of less than 2 lbs. weight at birth, who died aged 20 days.

No organisms were isolated from the other thirteen cases, most of which were mild infection, and there was no impairment of vision.

(*a*) Notified by General Practitioners	6	cases
(*b*) Notified through Royal Eye Infirmary	9	,,
	15	,,

Out-patient treatment	8
In-patient treatment	5
Treated at home	2
	15

Attendant at delivery.	
Municipal midwife	5
Flete Maternity Home	2
Freedom Fields Hospital	3
Alexandra Maternity Home	2
Three Towns Nursing Association midwife	3
	15

Onset.	
Within 5 days (5 on 1st day)	8
8–17 days	7
	15

Vision unimpaired .... (one died)	14
Duration of treatment.	
1 week or less	4
8–14 days	3
15–21 days	2
Over 21 days	6
	15

Circular 2866—

Care of illegitimate children and moral welfare work.

Summary of work covered :—

Cases in hand from 1950		248
Cases reported in 1951	144	
Cases re-opened in 1951	35	
		179
Reported by :—		
M. & C.W.	53	
Children's Department	6	
Themselves and others interested ...	40	
National Assistance Board	14	
Medical Practitioners	11	
Hospital Almoners and Maternity Hospitals	22	
Social Workers	14	
Social Workers in other towns	9	
Public officials	10	
	179	
Cases dealt with :—		
Unmarried mothers	300	
Married women	127	
		427
No. of interviews		1958
No. of visits		459

Cases were dealt with as follows :—

Work found for		38
Residential work with baby found for		4
Grants, etc., administered		64
Helped and advised		43
Kept in touch through club		70
Kept in touch through office		3
Kept in touch through correspondence		39
Layettes, clothing, etc.		56
Affiliations and investigations		45
Affiliation orders obtained through Court ...		12
Affiliation orders obtained through Private Agreement		6
Grants obtained for		13
Adoptions arranged for		16
Taken to residential nurseries		8
Girls in moral danger helped and advised ...		20
Taken to Rosemundy	7	21
,, ,, Southview	4 and 4 babies	
,, ,, Convent	1	
,, ,, Dunmore	6	
,, ,, Special Hospital	1	
,, ,, Shelter awaiting confinement	2	
Put in touch with Social Workers in other towns		8
Returned to other towns and put in touch with Social Worker		1

Although the numbers are slightly lower than last year, the administrative work has increased considerably. There were nearly 2,000 interviews at the office, and there are usually 300 cases on hand each month. In many cases we have been in constant touch for over six and a half years, and only close a case when a girl marries. Even after that the girls like to continue to attend the Club.

It has not been possible to visit girls working out of the City, but contact has been maintained through correspondence, and in certain cases the Social Worker in the area in which the girl is working has been requested to keep in touch.

We are again grateful to the St. John Ambulance Brigade for arranging escorts and to the W.V.S. and others for layettes, clothing, toys, etc., to the senior women officers of the Employment Exchange and Juvenile Bureau and to several business men for their help and co-operation in finding employment for our girls.

We are still greatly indebted to Dr. Barnardo's and the Church of England Children's Society for grants, which make it possible for our girls to keep their babies. Quite a large sum is adminis-

tered through the office in respect of these grants and of allotments made by putative fathers.

The Club has functioned happily throughout the year. We have had many interesting speakers and a film show, and would like to take this opportunity of thanking ladies and gentlemen who have given the talks or taken the chair on these occasions.

Our Christmas Party was held at the Corn Exchange. This was made possible through the generosity of an anonymous donor. It was held primarily for the children of the girls, but we were able to invite a number of other children who had not been to a party during the festive season. In all, over two hundred attended, and each child received a present from the Christmas tree.

There is much need for a hostel where girls who have no homes could live with their babies and go out to daily work, and where others could visit us in their off-duty time or stay when changing situations.

Health Visiting.

On December 31st, 1951, the Health Visiting staff consisted of 1 Superintendent Health Visitor, 18 Health Visitors and 4 T.B. Visitors.

Health Visitors paid 51,928 home visits and T.B. Visitors 3,262 visits. Twelve schools had a course in mothercraft.

There were 17,234 children under five (3,394 under one year) on the Health Visitors' lists, giving an average case load of 957.4, which is much too high for anything like satisfactory work.

Summary of visits paid during the year :—

Births	3,540
1st year visits	14,103
1st visits, 1–5 years	1,541
Re-visits, 1–5 years	22,642
1st ante-natal visits	815
Re-ante-natal visits	408
Visits *re* infectious diseases	404
After-care, hospital cases	105
After-care, doctors' cases	35
Special visits	928
Futile visits	7,407
	51,928

The 404 visits in connection with infectious diseases are made up as follows :—

Ophthalmia neonatorum	7
Chicken pox	3
Enteritis	335
Poliomyelitis	35
Cerebral spinal meningitis	9
Cerebral spinal fever	1
Meningococcal infection	11
Measles	1
Dysentery	1
Encephalitis	1
	404

Defective Children.

The following defects are recorded as present in children reaching the age of 5 years during 1951 :

Defect	*Number of children*	*Improved*	*No improvement*	*Still having treatment*
Strabismus	18	—	—	18
Talipes	4	3	—	1
Mongol	2	—	2	—
Defective speech	2	2	—	—
Knock-knees, marked	9	4	—	5
Myopia	2	—	—	2
Congenital dislocation of hip	4	4	—	—
Paralysis .... (right leg due to A.P.M.) (right arm (instrumental)) (right side from hip down)	3	—	1	2
Deformity of hand	1	1	—	—
Blind	1			
T.B. Spine	1	—	—	1
Bronchiectasis	1	1	—	—
Spastic paraplegia	1	1	—	—

Child Welfare Centres.

In March a child welfare session was discontinued at Beacon Park and at Efford, and a session opened at Ernesettle.

Starting the year with 19 sessions, we ended it with 18.

One hundred and three fewer babies and 106 fewer 1–5 year olds attended than in 1950.

The overall average attendance per session was 43.9, varying with the Centre from 18 to 65.

See Table 34a for a summary of work done.

Beacon Park crêche, which is open on Friday afternoons, had attendances as follows :—

No. of sessions	38
Total attendances	545
Average attendance per session	14

CHILD WELFARE CENTRES

	Beacon Park.	*Beaumont Hut.*	*Crownhill.*	*Devonport Park.*	*Efford.*	*Ernesettle.*	*Honicknowle.*	*Laira*	*Peverell.*	*St. Budeaux.*	*Town Hall.*	*Totals.*
No. of sessions held ...	106	255	51	104	60	41	50	52	51	102	52	924
No. of babies entered on register	466 (318 1st)	1124 (756 1st)	268 (155 1st)	428 (276 1st)	135 (90 1st)	126 (97 1st)	157 (93 1st)	91 (58 1st)	237 (142 1st)	365 (226 1st)	261 (175 1st)	3658 (2386 1st)
No. of children entered on register	335 (62 1st)	693 (115 1st)	312 (80 1st)	272 (72 1st)	99 (13 1st)	96 (35 1st)	167 (14 1st)	43 (9 1st)	177 (20 1st)	336 (45 1st)	185 (39 1st)	2715 (504 1st)
Total ...	801 (380 1st)	1817 (871 1st)	580 (235 1st)	700 (348 1st)	234 (103 1st)	222 (132 1st)	324 (107 1st)	134 (67 1st)	414 (162 1st)	701 (271 1st)	446 (214 1st)	6373 (2890 1st)
No. remaining on register on 31.12.51 :												
Babies	273	624	135	400	75	95	151	45	108	197	160	2263
Children	476	1087	399	244	142	122	145	80	262	437	256	3650
Total ...	749	1711	534	644	217	217	293	125	370	634	416	5913
No. of babies weighed and mothers advised ...	3908	9974	1940	2929	793	887	1124	701	2163	2869	1987	29275
No. of children weighed and mothers advised ...	1338	3038	1047	1023	373	360	683	239	1165	1311	699	11276
Total ...	5246	13012	2987	3952	1166	1247	1807	940	3328	4180	2686	40551
Doctors' consultations ...	1512	3734	891	1775	452	341	518	450	711	1420	695	12499
Average attendances per session	49.5	51	58.6	38	19.4	30.4	36.1	18.1	65.2	41	51.6	43.9
Diphtheria Immunisation:												
No. of 1st attendances	255	436	145	227	78	69	94	42	—	208	132	1686
No. of re-attendances ...	668	1163	347	567	206	151	256	116	—	687	279	4440

Health talks given by:—(a) Superintendent Health Visitor ... 173
(b) Health Visitors 83

Attendances at clinics by:—(a) Health Visitors ... 3459
(b) S.R.Ns. 1830

Breast Feeding Clinic. It is not perhaps as widely known as it should be that facilities are provided at Beaumont Hut Centre for the observation and test feeding of babies, throughout one day.

Eighty-six babies attended. One baby was already weaned and was brought for advice on artificial feeding. Three left Plymouth after the age of two months but were still breast fed. Two were unsuccessful as the mothers had badly retracted nipples and lactation failed within a few days of attending. Three have changed addresses and cannot be traced.

With the remaining 77, results were as follows :—

10	were	fed	for	1	month	before	complete	weaning.
5	,,	,,	,,	6	weeks	,,	,,	,,
17	,,	,,	,,	2	months	,,	,,	,,
8	,,	,,	,,	2½	,,	,,	,,	,,
16	,,	,,	,,	3	,,	,,	,,	,,
1	,,	,,	,,	3½	,,	,,	,,	,,
6	,,	,,	,,	4	,,	,,	,,	,,
2	,,	,,	,,	5	,,	,,	,,	,,
8	,,	,,	,,	6	,,	,,	,,	,,
4	,,	,,	,,	7	,,	,,	,,	,,

A survey of 681 births in 1948, 658 being full term and 23 premature, revealed that at the Health Visitor's first visit round about the 14th day, 451 were breast fed. This number became reduced to :—

265	at	6	weeks.
203	,,	10	,,
160	,,	14	,,
127	,,	16	,,
113	,,	22	,,
100	,,	26	,,

In 1930 Health Visitors found that more than 10 per cent of the babies visited were artificially fed at the end of two weeks, and 22 per cent at the end of one month. Midwifery statistics over the past three years show about 80 per cent of babies entirely breast fed at the end of two weeks.

Observation Play Circle. First attendances increased from 71 to 87, and total attendances went up to 804. Mrs. Hamley reports that mothers seem most appreciative, and co-operate very well. A major problem during the year has been " seeming backwardness ".

We are very much indebted to Mrs. Hamley and her assistants for this most useful piece of voluntary work. It is to their zeal and skill that the good results obtained are due.

Ultra-Violet Light Clinics. These clinics continue to fulfil a very useful function. Attendances have been as follows :—

	Stonehouse.	*St. Budeaux.*
No. of sessions	102	101
1st attendances	168	211
Transfers from 1950	35	31
Re-attendances	3,192	3,917
Average attendance	33.3	41.2

Ante-Natal. The number of ante-natal sessions remained at 18 at the end of the year, an additional session having been opened at Ernesettle in March, and one session discontinued at Beaumont Hut in October.

Fifty-eight more primiparae and 86 fewer multiparae came up for the first time in 1951 than in the previous year.

No. of expectant mothers who attended municipal ante-natal clinics during the year	2,881
Average attendance per session during the year	11.3
No. confined in 1951	2,056*
No. aborted in 1951	35
No. of the above confined in Freedom Fields Hospital	412
No. confined at Flete	385
No. confined T.T.N.A. District Midwife ...	6
No. confined Alexandra Maternity Home ...	632
No. confined Municipal Midwife	612
No. left Plymouth	102

* Includes 39 stillbirths.

Character of labour in 2,056 confinements :—

Spontaneous	1,876
Instrumental	73
Caesarean	42
Induction	62
Bimanual	1
Not known	2

The following abnormalities were found in cases attending for the first time in 1951 :—

1. Contracted pelvis :—	
Minor	21
Major	7
2. Toxaemia	63
3. Syphilis	3
4. Gonorrhoea	1
5. Cardiac diseases	10
6. Respiratory diseases	35
7. Anaemia, marked	34
8. Eclampsia	1
9. Profuse leucorrhoea	73
10. Hypertension	3

ANTE-NATAL CENTRES.

		Beacon Park	*Beaumont Hut*	*Crownhill*	*Devonport Park*	*Efford*	*Ernesettle*	*Honicknowle*	*Laira*	*St. Budeaux*	*Town Hall*	*Totals*
No. of sessions held ...		102	283	49	102	44	35.5	43.5	25	103	100	887
1st attendances	Pr. ...	125	402	31	188	16	12	12	12	62	87	947
	M. ...	174 299	438 858	82 113	199 396	59 78	34 46	52 64	31 44	142 210	162 253	1373 2361
	N.P. ...	–	18	–	9	3	–	–	1	6	4	41
Re-attendances		1107	2505	500	839	341	184	222	145	917	898	7658
Post-natal attendances	1st	–	5	–	–	–	–	–	–	–	–	5
	re-	–	1	–	–	–	–	–	–	1	–	2
Miscellaneous	1st ...	4	35	–	–	5	–	–	–	–	2	46
	re- ...	–	3	–	–	1	–	–	–	–	–	4
Total attendances	1st ...	303	898	113	396	83	46	64	44	210	255	2412
	re- ...	1107	2509	500	839	342	184	222	145	918	898	7664
Average per session ...		13.8	12	12.5	12.1	9.6	6.5	6.6	7.6	10.9	11.5	11.3
Consultations		1373	3323	517	1143	392	209	267	182	1093	980	9559
No. of transfers from 1950, and other clinics ...		77	128	34	131	16	11	18	8	50	47	520
Total No. of women attending during 1951	A.N.	376	986	147	527	94	57	82	52	260	300	2881
	P.N.	– 380	5 1026	– 147	– 527	– 99	– 57	– 82	– 52	– 260	– 302	5 2932
	Misc.	4	35	–	–	5	–	–	–	–	2	46

Routine Wassermann tests have been done at our ante-natal clinics since April, 1943, with the following results :—

	No. done.	*No. positive.*
1943	825	5
1944	1,001	16
1945	774	7
1946	376	1
1947	1,109	9
1948	2,082	20
1949	1,840	21
1950	1,498	8
1951	1,035	22

Routine Rh. testing has been done since 1948. Results as follows :—

	No. done.	*No. negative.*
1948	1,996	321
1949	1,840	363
1950	1,495	344
1951	1,062	229

Mass Radiography of Expectant Mothers.

Six hundred and fifty-two out of 1,057 referred attended for mass radiography during the year, and 8 women were found to have lesions in the lung requiring either immediate treatment or further careful observation.

Health Talks to Expectant Mothers.

Special talks elaborated by suitable demonstrations and illustrations have been given to expectant mothers at all our Maternity and Child Welfare Centres since the 22nd October, 1951. The interest shown by the mothers has been most encouraging and has brought forth many questions. A question asked by one person often answers the questions of other people in the room and encourages them to seek further information. Some mothers have so arranged their domestic duties that they are able to come to their local Maternity and Child Welfare Centres just for the talks and to ask questions. It is apparent that there is considerable room for expansion in this field of group teaching with demonstrations.

Post-Natal. There has been no change in our arrangement whereby midwives' district cases attend, by appointment, for post-natal examination either at Freedom Fields Hospital or St. Budeaux Centre, whichever is more convenient. Unfortunately, only 25 per cent have taken advantage of this service.

Clinical findings for the year have been as follows :—

	St. Budeaux.	*Freedom Fields Hospital.*
No. of women given an appointment	230	304
No. of first attendances	73	63
No. of re-attendances	80	29
No. requiring advice or treatment ...	60	38
No. referred to Gynaecologist ...	2	–
Torn or deficient perineum	36	2
Cervical tears	11	1
Cervical erosions	37	38
Cystocele	21	2
Rectocele	7	2
Vaginitis	2	–
Cyst	–	1
Lax vagina	33	–
Thrush	1	–
Retroversion of uterus	19	9
Sub-involuted uterus	4	2
Lax abdomen	38	5
Poor muscle tone of abdomen ...	12	–
Lax or pendulous breasts	3	–
Percentage of first attendances ...	31.7	20.7

Flete Maternity Home.

Plymouth mothers confined at Flete during 1951	367
Devon County mothers confined at Flete during 1951	242
Cornwall County mothers confined at Flete during 1951 (emergencies)	2
	611

Supervision of Midwives.

Number notifying their intention to practise	85
Number on register at end of year ...	85
Municipal (including Non-medical Supervisor of Midwives)	19
In private practice	10
T.T.N.A.	15
Alexandra Maternity Home	19
Freedom Fields Hospital	19
Charlton Nursing Home	3
	85

Notification of intention to practise was received from ten midwives in private practice, five as midwives and five as maternity nurses.

One midwife had 40 cases, one 14, one 4 and with one exception the remainder one each.

Approximately 78.5 per cent of the notified births (district and institutional) were conducted by midwives only.

District cases attended by midwife	1,150
District cases attended by midwife acting as maternity nurse	348
*Institutional cases attended by midwife ...	1,829
*Institutional cases attended by midwife acting as maternity nurse	467
	3,794

* Includes maternity and nursing homes and hospitals.

Medical Aid was sought by midwives in 355 cases for the following reasons :—

(*i*) *For mother during pregnancy.*

Toxaemia of pregnancy	10	
A.P.H.	11	
Miscarriage	7	
Threatened abortion	6	
Abdominal pain	1	
Hypertension	2	
Unsatisfactory condition	2	
Excessive vomiting	3	
Severe heart attacks	1	
Hysterical patient	1	
Anaemia	1	
	—	45

(*ii*) *For mother during labour.*

Ruptured perineum	161	
Prolonged labour	37	
Difficult labour	3	
Malpresentation	6	
Adherent placenta	8	
Premature rupture of membranes	2	
R.O.P.	2	
Episiotomy	7	
Chest condition	1	
P.P.H.	2	
Laceration of vagina	2	
Foetal or maternal distress	6	
Collapse after 3rd stage of labour	1	
	—	238

(*iii*) *For mother during puerperium.*

P.P.H.	5	
Raised temperature	12	
Abdominal pain	2	
Engorged breasts	1	
Flushed breasts	1	
Varicose veins	5	
Gross oedema	1	
Patient's request	1	
Pyrexia	3	
Rise in pulse rate	1	
	—	32

(*iv*) *For infant.*

White asphyxia	1	
Feeble infant	2	
Discharging eyes	10	
Unsatisfactory condition	9	
Prematurity	4	
Cyanosis	5	
? intestinal obstruction	1	
Projectile vomiting	1	
Apparent death	1	
Chest condition	1	
Vomiting of blood	1	
For removal of tooth	1	
Haemorrhagic disease	2	
Rash	1	
	—	40
		355

Other notifications received from midwives under Central Midwives' Board rules :—

Notification of artificial feeding	315
Notification of stillbirth	9
Notification of death	7
Notification of having laid out a dead body ...	14
Notification of liability to be a source of infection	12

Domiciliary Midwifery Service.

The total number of confinements attended by Municipal Midwives was 1,035, 55 fewer than in 1950.

The Municipal staff at the end of the year consisted of sixteen midwives and one non-medical supervisor.

All Municipal midwives are qualified to give gas and air analgesia and each has her own apparatus.

The Municipal midwifery service has worked smoothly throughout the year. All but three of the Municipal midwives have provided themselves with motor-cars. This helps tremendously with the work,

although it becomes a financial embarrassment to the midwife herself. Extension of work has followed the changed City boundary, and we now have two midwives resident at Whitleigh and one at Ernesettle.

Summary of work done :—

No. of cases attended :—			
Midwife only			487
Midwife with doctor			2
Midwife with doctor under Maternity Medical Service :			
as midwife	417		
as midwife with doctor	129		
		—	546
			1,035
No. of cases booked			1,169
No. of Gas and Air administrations :—			
As midwife	322	}	707
As maternity nurse	385		
No. of emergency deliveries			16
No. of emergency deliveries transferred to Freedom Fields Hospital			1
No. of booked miscarriages			7
No. of emergency miscarriages			1
No. of patients transferred to Hospital for confinement			15
No. of patients transferred to Hospital after confinement			6
No. of patients transferred to Royal Eye Infirmary			4
No. of ante-natal visits paid			8,240
No. of ante-natal clinic visits paid			717
No. of babies who were :—			
(*a*) entirely breast fed during first 2 weeks	764		
(*b*) partly breast fed during first 2 weeks	58	}	1008
(*c*) artificially fed during first 2 weeks ...	186		
Accouchement sets issued during the year ...			1112

Three Towns Nursing Association.

No. of midwives provided			5
No. of midwives qualified to give Gas and Air Analgesia			5
No. of cases attended :—			
Midwife only	121		
Midwife with doctor under Maternity Medical Service :		}	399
As midwife	107		
As midwife with doctor	171		
No. of bookings			470
No. of Gas and Air administrations			294
No. of emergency deliveries			4
No. of booked miscarriages			12
No. of emergency miscarriages			26
No. of cases transferred to Hospital for confinement			20
No. of cases transferred to Hospital after confinement			5
No. of ante-natal visits paid			3,852
No. of babies who were :—			
(*a*) entirely breast fed during first two weeks	332		
(*b*) partly breast fed during first two weeks	17	}	394
(*c*) artificially fed during first two weeks	45		
Accouchement sets issued during the year ...			417

Fees paid to Doctors. A total of one hundred and fifty-seven accounts were dealt with under Section 14 of the Midwives Act, 1918, the amount payable being £524. 14s. 5d. This is £130 less than in 1950.

Maternity and Nursing Homes. Plymouth has now only two registered nursing homes, one of which admits medical, surgical and maternity patients, and the other chronic cases only ; and one ante-natal hostel registered as a maternity home. Routine visits of inspection were paid to each home.

Maternal Mortality. Six women died in Plymouth from causes attributed to pregnancy and childbirth. Two were outward transfers, leaving four belonging to Plymouth. There were no inward transfers. The Registrar-General has only allocated two deaths to Plymouth. On this the mortality rate for the year is 0.54 per 1,000 births, that for England and Wales being 0.79.

Three deaths were due to operative shock following caesarean section, two to obstetric shock, and one to toxaemia.

There were no deaths from sepsis and none from abortion.

TOTAL PUERPERAL MORTALITY.

Year	ENGLAND AND WALES		PLYMOUTH	
	Per 1,000 *total births*		*Per* 1,000 *total births*	
	Including abortions	*Excluding abortions*	*Including abortions*	*Excluding abortion*
1942	2.17	1.01	3.44	3.09
1943	2.29	1.84	3.6	2.7
1944	1.93	1.53	2.79	2.24
1945	1.79	1.44	4.32	3.56
1946	1.43	1.24	1.36	1.36
1947	1.17	1.01	0.65	0.65
1948	1.02	0.86	0.48	0.48
1949	0.98	0.82	1.29	1.03
1950	0.86	0.72	0.55	0.55
1951	0.79	0.65	0.54	0.54

Puerperal Pyrexia. Total notifications, 34. Belonging to Plymouth, 27. Rate per 1,000 total births, 7.2 (England and Wales, 10.66). This is almost double the rate for 1950.

PLACE OF CONFINEMENT.

Own home	10
Freedom Fields Hospital	11
Lockyer Street Hospital	1
Alexandra Maternity Home	12
	34

WHERE TREATED.

Own home	8
Freedom Fields Hospital	16
Alexandra Maternity Home	9
Isolation Hospital	1
	34

PARITY.

Primip	18
Multip	16
	34

CAUSE OF PYREXIA.

Sepsis		19
Following spontaneous labour	7	
,, spontaneous labour + retained placenta	1	
,, instrumental labour ...	2	
,, caesarean section	4	
,, A.P.H.	1	
,, induced labour	1	
,, hysterotomy for miscarriage	1	
,, abortion	1	
,, delayed labour	1	
Pyelitis		7
Phlebitis of leg		1
Thrombosis of leg		1
Mastitis		1
Pneumonia		2
Influenza		1
P.U.O.		2
		34

Mothers' Advice Centre. The Honorary Secretary reports that this clinic has had a busy and successful year. New cases show an increase of 44, more and more being referred by General Practitioners.

No. of clinics held	51
New cases (Sent by Health Authority, 27) ...	462
Return visits	1,396
Seen by Doctor	571

Day Nursery. Nelson Gardens Day Nursery :—

	0–2 *years.*	2–5 *years.*
Accommodation	12	35
No. of children admitted during the year	15	32
No. of children discharged during the year	11	43
Average daily attendance during the year (excluding Saturday mornings) ...	4	22
No. of children on register at end of year	7	26

Nursery Students. Applicants for training are many and the standard of applicant remains high.

Twelve students completed their training and sat the examination of the National Nursery Examination Board. Six passed at their first attempt, five more at the second attempt, one student obtained the new Infant Care Diploma and one student failed to pass. Two students did not complete their training.

Of the twelve who completed training, two are on the staff at Queen's Gate Nursery, one is on the staff at Nelson Gardens Day Nursery, two are in hospital training for sick nursing, one is in a children's home in the North, and six are in private posts.

Fourteen new students entered in 1951, and there are now twenty-five students in training.

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

The arrangements for the Dental Care of Mothers and Young Children which were introduced in September, 1950, have been continued. The vacant post of Senior Dental Officer has not been filled, and the majority of the dental treatment for mothers and children has been carried out by the Dental Officer of the S.W. Regional Hospital Board during three sessions per week at the Beaumont House Clinic.

The Medical Officers and Health Visitors have been encouraged to direct the patients requiring dental treatment to the nearest School Clinic, but this has not been very successful, and the numbers seeking dental care is disappointingly small.

Facilities for X-ray Examinations are available at the Beaumont House Clinic, which also accommodates the Dental Laboratory. The prosthetic work undertaken covers all the requirements of the Department, and those of the Hospital and School Dental Services.

The Hospital Group Chest Clinic occupies the larger part of the premises at Beaumont House, and the scope of the work is rapidly increasing, with the result that the waiting and recovery room accommodation for the dental patients is now not satisfactory. This is undoubtedly one of the factors which accounts for the decrease in the number of mothers and children availing themselves of dental treatment. It is to be hoped that this situation will be improved in the near future.

The following table gives some figures as to the dental care:

DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS.

1951

	Examined	*Needing Treatment*	*Treated*	*Made Dentally Fit*
Expectant and Nursing Mothers	276	257	221	161
Children under Five	455	369	341	275

	Extractions	*Anaesthetics*		*Fillings*	*Scalings or Scaling and Gum Treatment*	*Silver Nitrate Treatment*	*Dressings*	*Radiographs*	*Dentures Provided*	
		Local	*General*						*Complete*	*Partial*
Expectant and Nursing Mothers	444	55	64	283	94	15	31	46	28	39
Children under Five Years	747	8	250	183	—	34	67	1	—	—

Sanitary Circumstances of the Area

REPORT OF THE CHIEF SANITARY INSPECTOR,

MR. C. E. SANDERSON.

WATER SUPPLY.

Rainfall. The summer of 1951 was wet and it was not necessary to impose any restriction on the use of water. As a drought precaution, compensation water to the River Meavy was withheld for 88 days and water was abstracted from the Sheepstor Brook for 65 days.

With a view to maintaining the purity of the supply, weekly samples are taken and submitted to bacteriological examination.

During 1951, 309 samples of water were examined with the following results :—

Source	*Total No. of Samples*	*B. Coli present in 100 ml.*	*B. Coli absent in 100 ml.*
From City Mains ...	275	91 (87 non faecal)	184
From Wells and Springs	12	11 3 (non faecal)	1
From City Mains in neighbouring areas ...	22	5 (2 non faecal)	17
GRAND TOTALS ...	309	107 (92 non faecal)	202

Sterilisation. The main supply has been treated with an average dose of 0.8 p.p.m. of chlorine gas and 0.05 p.p.m. of ammonia.

The Yelverton supply has been treated with an average dose of 0.8 p.p.m. of chlorine in the form of " conchlor " and, to correct the pH, with soda ash.

Chemical Analysis. Eight samples of water were submitted for chemical analysis. The following table gives a summary of the results of these, the figures representing parts per 100,000 :—

CHEMICAL ANALYSIS OF WATER DURING 1951

(parts per 100,000)

	February	*June*	*September*	*December*
Temporary Hardness ...	0.9	1.4	0.7	0.7
Permanent Hardness ...	2.1	2.0	1.7	2.7
Total Hardness ...	3.0	3.4	2.4	3.4
Chlorides as Chlorine ...	1.0	1.4	0.9	1.2
Ammonia, saline ...	0.0006	Nil	Nil	Nil
Ammonia, albuminoid ...	0.0056	0.0050	0.0068	0.0050
Nitrates as nitrogen ...	Nil	Nil	Nil	Nil
Nitrites as nitrogen ...	Nil	Nil	Nil	Nil
Oxygen (absorbed 4 hrs. at 27°C.)	0.095	0.06	0.15	0.13
Metals (zinc, copper and lead) ...	Nil	Nil	Nil	Nil
pH value ...	7.0	6.7	6.8	7.0

Plumbo-solvency. 5 to 8 cwts. of lime per day have been added to the water at Burrator to reduce the tendency to plumbo-solvency.

I am indebted to the City Water Engineer for part of the foregoing information.

SWIMMING POOLS.

Routine visits of inspection as well as visits for the purpose of taking samples for bacteriological examination are made to the swimming pools in the City.

RESULTS OF BACTERIOLOGICAL EXAMINATION OF SAMPLES OF WATER OBTAINED FROM BATHING POOLS IN THE CITY DURING 1951

Source	*B. Coli present in* 100 *ml.*	*B. Coli absent in* 100 *ml.*
Tinside Bathing Pool	8 Samples (47%) (7 non faecal)	9 Samples (53%)
Mt. Wise Ladies' Bathing Pool	1 Sample (6.6%) (non faecal)	14 Samples (93.4%)
Mt. Wise Men's Bathing Pool	6 Samples (37.5%) (5 non faecal)	10 Samples (62.5%)
Mt. Wise Infants' Paddling Pool (Fresh water)	2 Samples (20%) (1 non faecal)	8 Samples (80%)
Mt. Wise Infants' Paddling Pool (Sea water)	2 Samples (22.2%) (1 non faecal)	7 Samples (77.8%)
Plymouth College Bathing Pool	6 Samples (33.3%) (5 non faecal)	3 Samples (66.7%)
Munday House	3 Samples (50%) (2 non faecal)	3 Samples (50%)
Glenholt Camp	2 Samples (100%) (2 non faecal)	Nil
GRAND TOTALS	30 (35.7%)	54 (64.3%)

SANITARY INSPECTION OF THE AREA.

Complaints Received. During the year, 1,532 complaints of nuisances and housing defects were received, the greater proportion being in respect of housing defects.

Premises Inspected. The table adjoining this page indicates the number of inspections of various premises made during 1951, together with the action taken as a result of these inspections.

Prosecutions. In respect of 33 properties where Abatement Notices under the Public Health Act had been served, it was necessary to arrange for the issue of summonses upon the owners for non-compliance with the Notices. In all these cases, the works required by the Notices were completed either before the Hearings of the cases or in the time specified by the Magistrates.

In four instances, it became necessary to refer back to the Magistrates cases in which Nuisance Orders, made during the previous year, had not been complied with by the owners. In three of these cases, fines of £5, £3 and £1 were inflicted upon the owners: in the fourth case, the repairs required to abate the nuisances were completed before the date of the Hearing by the Magistrates and the case was withdrawn.

Rodent Control. The number of complaints of rats and mice infestation received during the year was 367, and inspections made by the Sanitary Inspectors in connection with infestations totalled 3,551 : of this latter number, 2,460 inspections concerned private dwelling houses and 1,091 inspections were in respect of premises other than dwelling houses.

Private dwelling houses found to be infested with rats or mice numbered 671, 63% of this number being infested with rats and 37% with mice. By the end of the year, 588 of these cases, together with 97 premises found to be infested towards the end of 1950, had been successfully treated.

With reference to premises other than dwelling houses, inspections revealed rodent infestation in 213 instances, 86% of the properties being troubled with rats and 14% with mice. During the year, 178 of these buildings, together with 51 properties found to be infested during the latter months of 1950, had been treated with success.

In only one instance was it necessary to serve a formal notice requiring the carrying out of treatment : in all other cases the co-operation of owners and occupiers was readily obtained.

PREMISES INSPECTED The following table shows the number of inspections of various premises carried out during the year together with the number of Notices served.

Premises Inspected	Inspections or Visits	Intimation Notices served or Improvements required	Intimation Notices complied with or Improvements effected	Statutory Notices served during the year	Statutory Notices complied with during the year
Houses inspected (Public Health and Housing Acts) ...	5609	2217	—	—	—
Houses re-inspected (Public Health and Housing Acts)	17003	92	2306	445	506
No. of premises (other than houses) inspected for nuisances	791	85	79	—	1
No. of owners or contractors interviewed	1733	—	—	—	—
No. of houses visited *re* contacts of infectious diseases	72	—	—	—	—
No. of houses visited *re* notifiable diseases	471	—	—	—	—
No. of houses visited *re* other diseases	3	—	—	—	—
Visits regarding Food Poisoning	57	—	—	—	—
Accumulations	242	38	35	1	2
Butchers	525	40	40	—	2
Cinemas and Amusement places	36	8	8	—	—
Common Lodging Houses	35	1	2	—	—
Cowsheds	2	—	—	—	—
Dairies and Milkshops	724	26	35	—	—
Fresh Fish Shops and Carts	38	5	6	—	—
Fried Fish and Chip Shops	222	43	38	1	—
Fruit and Vegetable Shops	105	4	5	—	—
Food Vehicles	105	7	7	—	—
Ice Cream premises	546	10	13	—	—
Knacker's Yards	6	1	1	—	—
Milk Vehicles	135	—	—	—	—
Nursing Homes	5	1	1	—	—
Offensive Trades	12	1	1	—	—
Outworkers	141	—	—	—	—
Premises to examine foodstuffs	2257	4	4	—	—
Premises regarding Merchandise Marks Act	261	51	51	—	—
Provision shops	847	112	114	8	8
Public Conveniences	828	161	156	—	—
Public Houses	161	6	5	1	—
Restaurants and other Food Preparation Premises ..	1598	159	178	2	2
Schools	214	4	3	—	—
Shops (under Shops Act)	938	73	60	6	8
Slaughter houses	2891	—	—	—	—
Smoke observations	35	3	3	—	—
Stables	1	—	—	—	—
Swimming baths	109	—	—	—	—
Tents, Vans, Sheds, etc.	35	3	2	—	—
Tips	8	—	—	—	—
Houses inspected for infestation by rats or mice ...	1106	671	—	—	—
Houses re-inspected for infestation by rats or mice ...	1354	—	685	—	—
Premises other than houses inspected for infestation by rats or mice	415	213	—	—	—
Premises other than houses re-inspected for infestation by rats or mice	676	—	229	1	—
Rent Investigations	39	(*See table on page 54*)		—	—
Miscellaneous	2307	—	—	—	—
Water Courses	21	—	—	—	—

Rag Flock. In November, the Rag Flock and Other Filling Materials Act, 1951, came into force, together with the Rag Flock and Other Filling Materials Regulations. This Act provides for the registration of premises where certain specified filling materials are used in manufacturing bedding, toys, baby carriages, and other articles of upholstery. By the end of the year 10 premises had been registered in this connection.

Factories. Details of the sanitary inspection of factories under the Factories Act, 1937, are given in the following tables :—

1. Inspections :—

	Number of		
	Inspections	*Written Notices*	*Occupiers prosecuted*
Factories with mechanical power	653	76	—
Factories without mechanical power	121	6	—

2. Defects found :—

	Number of defects			*No. of defects in respect of which prosecutions were instituted*
	Found	*Remedied*	*Referred to H.M. Inspector*	
Want of cleanliness ...	6	7	–	–
Overcrowding	–	–	–	–
Unreasonable temperature	–	–	–	–
Inadequate ventilation ...	–	–	–	–
Ineffective drainage of floors	–	–	–	–
Sanitary Conveniences—				
insufficient	2	2	–	–
unsuitable or defective ...	66	65	–	–
not separate for sexes ...	–	–	–	–
Other offences	8	9	1	–

HOUSING.

1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR :—

(1)	(*a*)	Total number of dwelling-houses inspected for defects (under Public Health and Housing Acts)	5609
	(*b*)	Number of inspections made for the purpose	17003
(2)	(*a*)	Number of dwelling-houses (included in sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	86
	(*b*)	Number of inspections made for the purpose	1076
(3)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	76
(4)		Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	2227

2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	1800

3. ACTION UNDER STATUTORY POWERS DURING THE YEAR :—

(*a*)		Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :	
	(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	10
	(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :	
		(*a*) By owners	41
		(*b*) By Local Authority in default of owners	1
(*b*)		Proceedings under Public Health Acts :	
	(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	445
	(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :	
		(*a*) By owners	506
		(*b*) By Local Authority in default of owners	Nil
(*c*)		Proceedings under Sections 11 and 13 of the Housing Act, 1936 :	
	(1)	Number of dwelling-houses in respect of which Demolition Orders were made	19
	(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders	21
	(3)	Number of Undertakings not to use unfit houses accepted	2

(*d*) Proceedings under Section 12 of the Housing Act, 1936:

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made 3

(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or rooms having been rendered fit 13

4. Housing Act, 1936. Part IV—Overcrowding:—

(*a*) (1) Number of dwellings overcrowded at the end of the year 318

(2) Number of families dwelling therein 403

(3) Number of persons dwelling therein 1593

(*b*) Number of new cases of overcrowding during the year 296

(*c*) (1) Number of cases of overcrowding relieved during the year 484

(2) Number of persons concerned in such cases 1751

Slum Clearance. In July of this year representations were made to the City Council in respect of an area situate in Devonport and which contains 137 houses. Of these houses 75 are considered to be unfit for human habitation, of which 21 are already the subject of action under the Housing Act. The number of families housed in the 137 houses is 248, comprising 822 persons, an average of 1.81 families per house. In the occupied unfit houses there are accommodated 113 families, comprising 410 persons, representing 2 families per house.

Altogether, 18 representations were made in respect of proposed Clearance Areas, 9 representations concerning individual unfit houses, and in order that the area should be of convenient shape and size for redevelopment, it was necessary to make application for a Compulsory Purchase Order embracing other houses, buildings other than houses and cleared sites.

At the time of the preparation of this report, although the Inquiry into this matter has been held by the Minister of Housing and Local Government, the Minister's decision on confirmation is pending.

Furnished Houses (Rent Control) Act, 1946.

During the year, 15 references were made by the Health Department to the Rent Tribunal regarding the charging of excessive rents for furnished lettings. One of the references concerned a caravan, three were in respect of one-room dwellings, eight related to two-room tenancies, and three were in connection with three-room lettings.

As in previous years, all the cases have come to the notice of the Department whilst the District Sanitary Inspectors have been carrying out their normal duties under the Public Health and Housing Acts.

In one of the cases, circumstances altered considerably between the time of the reference and the proposed hearing by the Rent Tribunal and as no useful purpose would have been served by the Hearing of the case it was withdrawn. Two of the references have still to be considered, and of the remaining twelve cases, reductions were made by the Rent Tribunal in all but one case.

Details of the references heard by the Tribunal are given in the following table :—

No. of rooms in tenancy	*Rent charged (weekly)*	*Rent fixed by Tribunal (weekly)*	*Amount of reduction (weekly)*
Caravan	£1. 17. 6. (included 7/6 ground rent)	Reference declared invalid	—
1	*£1. 12. 0.	£1. 0. 0.	12/-
1 (and joint use of kitchen)	†£1. 10. 0.	£1. 2. 6.	7/6
2 (and joint use of kitchen)	*£1. 15. 0.	£1. 7. 6.	7/6
2	*£1. 15. 0.	£1. 2. 9.	12/3
2	*£2. 0. 0.	£1. 7. 6.	12/6
2	†£2. 0. 0.	£1. 12. 6.	7/6
2	†£1. 15. 0.	£1. 7. 6.	7/6
2 (and scullery)	*£2. 2. 0.	£1. 15. 0.	7/-
3	†£2. 0. 0.	£1. 8. 0.	12/-
3	†£2. 0. 0.	£1. 13. 0.	7/-
3	*£2. 2. 0.	£1. 13. 0.	9/-

* Includes cost of electricity.

† Includes cost of electricity and gas for heating and washing.

Bacteriological Examination of Milk. 586 samples of milk were taken for bacteriological examination. Of these 580 gave satisfactory results but the remaining 6 failed the test. All persons concerned in the production, treatment and distribution of the milk giving unsatisfactory results were advised on the need for greater care in their dealings with the milk in order to ensure a satisfactory standard of cleanliness. Subsequent samples revealed that the necessary improvements had been achieved.

The following table shows the number of samples of various descriptions of milk submitted to the Methylene Blue Test and the results :—

METHYLENE BLUE TEST.

Description of Milk	*Total No. of Samples*	*Satis-factory*	*Unsatis-factory*
Tuberculin Tested (Farm Bottled)	85	83	2
Tuberculin Tested	20	20	Nil
Pasteurised	452	448	4
Tuberculin Tested (Pasteurised)	29	29	Nil
TOTALS	586	580	6

Phosphatase Test. A total of 437 samples of milk (393 Pasteurised and 44 Tuberculin Tested (Pasteurised)) were obtained and submitted to the phosphatase test for checking the efficiency of the pasteurising process. All these samples were returned as satisfactory.

Turbidity Test. 43 samples of Sterilised Milk were submitted to the turbidity test and all were found to be satisfactory.

Examination of Milk for Tubercle Bacilli. 116 samples of milk (93 from ordinary herds, 9 from Tuberculin Tested herds, 4 from Accredited herds and 10 samples of Pasteurised milk) were examined biologically for the presence of Tubercle Bacilli. 4 samples, all from ordinary herds, were returned positive and 112 negative. The four farms from which the positive samples were obtained were visited by the Veterinary Officers of the Ministry of Agriculture and Fisheries. At two of the farms they were unable to find any cows suffering from tuberculosis of the udder and samples of milk taken from the cows on these two farms also proved to be negative. At each of the other two farms a cow was found to be suffering from tuberculosis of the udder. The cows were removed from the farms and slaughtered. On post mortem examination one cow was found to have been affected with advanced tuberculosis, whilst the other had tuberculosis in the udder and supramammary gland. The milk from all the four affected farms was being pasteurised before sale to the public.

Licences under the Milk (Special Designations) Orders, 1949. The following table shows the number of licences to use the various designations applied to milk issued during the year.

Description of Licence ...	*No. Issued*
Pasteuriser's Licence (Holder Process)	1
Pasteuriser's Licences (High Temperature Short Time Process)	3
Dealer's "Tuberculin Tested" Licences	26
Dealer's "Pasteurised" Licences	34
Steriliser's Licence	1
Dealer's "Sterilised" Licences	253
TOTAL	318

Chemical Analysis of Milk.

74 samples of raw milk, 56 of pasteurised milk and 2 samples of sterilised milk were obtained for analysis. 124 of these samples were found to be genuine, and 8 (all raw milk) were adulterated. Of these 8 unsatisfactory samples, 3 contained added water, and 5 were deficient in fat. Letters of caution were sent to the vendors of the samples of milk found to be adulterated.

During the year, in following up samples of milk below the standard, 9 " Appeal to Cow " samples were taken from six farms. A comparison of the results of these samples can be made from the following table :—

Initial Samples			*" Appeal to Cow "*	
Non-fatty solids %	*Milk fat* %	*Milking Period*	*Non-fatty solids* %	*Milk fat* %
8.24	3.33	Morning	8.17 (Morning)	3.77
8.33	3.24	Evening		
8.50	2.76	Evening	8.30	5.62
No Initial Sample			8.61	2.25
			8.60 (Morning Milk)	3.08
No Initial Sample			8.70	4.38
			8.48 (Evening Milk)	3.65
8.70	2.91	Morning	8.45	3.55
8.50	2.55	Morning	8.44	3.30
8.24	3.81	Evening	8.58	4.05

Ice Cream.

The number of applications for registration of premises for the manufacture for sale of ice cream was 1, for the sale of loose ice cream 6, and for the sale of prepacked ice cream 59.

Chemical Analysis of Ice Cream.

In March, 1951, the Food Standards (Ice Cream) Order came into operation. This Order provides that ice cream must contain not less than 5% total fat, 10% sugar and 7½% milk solids other than fat. In three samples it was found that non-fatty milk solids were below the standard required. The manufacturers of these samples were interviewed and advice was given. Samples were taken later in the year from these three manufacturers and all were found to be satisfactory.

Regarding the new Order prescribing minimum standards of composition for ice cream, it will be noted that it does not define the word " fat " and therefore the fat content of ice cream need not consist of or contain " butter fat ". Ice cream started as a milk product but in recent years there has been a tendency to substitute all or part of milk fat by vegetable fat so that much ice cream sold to-day cannot be regarded as essentially a milk product. The standard does lay down that there shall be at least 7½% of non-fatty milk solids in ordinary ice cream (exceptions are made in the case of Kosher and Ice cream containing fruit). This ensures that ice cream shall contain some milk products and enhances its food value.

During the year 14 samples of ice cream, all from local manufacturers were taken and submitted to chemical analysis. The results are given in the following table.

Sample No.	*Total Fat %*	*Sample No.*	*Butter Fat %*	*Sample No.*	*Non-Fatty Milk Solids %*	*Sample No.*	*Sugar %*	*Sample No.*	*Total Non-Fatty Solids %*
12	12.3	4	3.5	4	9.5	2	16.0	14	34.6
11	10.6	8	3.0	7	9.5	3	13.9	3	29.2
14	9.43	5	2.7	8	9.0	14	12.5	13	29.1
7	9.15	6	2.5	6	8.5	4	12.4	2	28.7
1	8.97	10	2.5	12	8.0	9	12.0	4	27.3
10	8.80	1	2.5	11	8.0	10	11.5	10	26.2
13	8.02	2	2.5	10	8.0	13	11.5	9	25.9
2	7.67	11	2.0	14	8.0	5	11.3	6	24.5
8	7.6	7	2.0	5	7.5	6	11.0	5	23.6
9	6.7	3	2.0	13	7.5	11	11.0	7	23.5
5	5.78	9	2.0	9	7.5	8	11.0	8	23.0
3	5.78	12	1.0	1	7.0	7	10.5	11	22.5
6	5.6	14	1.0	2	6.0	12	10.0	1	22.2
4	5.0	13	1.0	3	5.0	1	10.0	12	21.9
Average	7.96	Average	2.16	Average	7.79	Average	11.76	Average	25.87

Bacteriological Examination of Samples of Ice Cream. During the year 113 samples of Ice Cream were submitted to the form of Methylene Blue Test prescribed by the Ministry of Health. The table below gives the results of these tests.

Grade	*Hot Mix*	*Cold Mix*	*Totals*
Grade 1. Time taken to reduce methylene blue—4½ hours or more	100	9	109
Grade 2. Time taken to reduce methylene blue—2½ to 4 hours	3	Nil	3
Grade 3. Time taken to reduce methylene blue—½ to 2 hours	1	Nil	1
Grade 4. Time taken to reduce methylene blue—0 hours	Nil	Nil	Nil
TOTALS	104	9	113

Of the 104 samples of "Hot Mix" 52 were "pre-packed", all of which were placed in Grade 1.

All the 9 samples of "Cold Mix" were loose samples.

Inspection of Meat and Slaughter-Houses. There are four private slaughter-houses in use in the City, and these were visited on 2,891 occasions during the year.

Also 1,051 visits were made to food factories and butchers' shops.

Carcases Inspected and Condemned. The total number of carcases inspected at the Meat Market and in the private slaughter houses and food factories during the year was 112,268 which was made up as follows :—

Adulteration. The various samples of food and drugs submitted for analysis during the year are classified in the following table, together with the number of the various articles which were found to be adulterated :—

Articles	*Official Samples*		*Informal Samples*		*Total Number*
	Genuine	*Adulterated*	*Genuine*	*Adulterated*	
Aspirin Tablets	–	–	6	–	6
Brandy	–	–	1	–	1
Butter	–	–	12	–	12
Baking Powder	–	–	4	–	4
Boracic Ointment	–	–	5	–	5
Cooking Fat	–	–	8	–	8
Coffee	–	–	4	–	4
Clotted Cream	–	–	1	–	1
Cocoa	–	–	4	–	4
Camphorated Oil	–	–	4	–	4
Castor Oil	–	–	4	–	4
Cod Liver Oil	–	–	4	–	4
Cheese	–	–	14	–	14
Cordials	–	–	11	–	11
Cond. M.S. Milk	–	–	4	–	4
Cond. F.C. Milk	–	–	8	–	8
Custard Powder	–	–	7	–	7
Coffee and Chicory	–	–	4	–	4
Colouring	–	–	5	–	5
Candied Peel	–	–	5	–	5
Cheese Spread	–	–	3	–	3
Dried Herbs	–	–	7	–	7
Drinking Chocolate	–	–	1	–	1
Epsom Salts	–	–	5	–	5
Flavourings	–	–	5	–	5
Gin	–	–	1	–	1
Glycerine	–	–	4	–	4
Ground Spice	–	–	5	–	5
Gelatine	–	–	5	–	5
Ground Almonds	–	–	6	–	6
Honey	–	–	6	–	6
Ice Cream	–	–	11	3	14
Jam	–	–	9	–	9
Lard	–	–	4	–	4
Malt Vinegar	–	–	9	–	9
Malt Extract	–	–	4	–	4
Marmalade	–	–	11	–	11
Margarine	–	–	12	–	12
Meat and Fish Paste	–	–	12	–	12
Mustard	–	–	2	–	2
Meat and Veg. Extract	–	–	4	–	4
Milk	65	8	1	–	74
Olive Oil	–	–	4	–	4
Pepper Flavoured Compound	–	–	1	–	1
Pepper	–	–	3	–	3
Pasteurised Milk	56	–	–	–	56
Pickle	–	–	1	–	1
Rum	–	–	2	–	2
Sausages	2	–	10	2	14
Sugar	–	–	12	–	12
Soups (Tinned)	–	–	10	1	11
Sterilised Milk	2	–	–	–	2
Self Raising Flour	–	–	6	–	6
Saccharin Tablets	–	–	6	–	6
Sauce	–	–	6	–	6
Saffron	–	–	4	–	4
Skimmed Milk	1	–	–	–	1
Tinned Peas	–	–	5	–	5
Table Jelly	–	–	10	–	10
Tinct. Iodine	–	–	6	–	6
Tinned Cherries	–	–	1	–	1
Whiskey	–	–	1	–	1
Whipping Compound	–	–	1	–	1
Zinc Ointment	–	–	5	–	5
TOTALS	126	8	336	6	476

Bovines	10,767
Calves	9,767
Sheep and Lambs	82,041
Pigs	9,693

The total weight of meat and offal condemned during the year from animals killed inside and outside the City was 277 tons 16 cwt. 1 qr. 1 lb. This amount was made up as follows :—

	Cattle excluding Cows.	*Cows.*	*Calves.*	*Sheep and Lambs.*	*Pigs.*
Number killed	5509	3317	2116	14553	94
Number inspected	10504		9767	82041	9693
All diseases except Tuberculosis. ... Whole carcases condemned	120		51	127	33
Carcases of which some part or organ was condemned	3779		108	1860	306
Percentage of the number inspected affected with disease other than Tuberculosis	39.66%		1.1%	9.5%	5.2%
Tuberculosis only Whole carcases condemned	161		2	–	40
Carcases of which some part or organ was condemned	1751		–	–	424
Percentage of the number inspected affected with Tuberculosis	18.3%		–	–	7.2%

Food and Drug Samples Reported Not Genuine.

Article	*Nature of Adulteration*	*Action taken*
Milk	3% added water	Letter of Caution
,, ...	3% ,, ,, ...	,,
,, ...	2% ,, ,, ...	,,
,, ...	15% deficient in fat	,,
,, ...	12% ,, ,, ,, ...	,,
,, ...	8% ,, ,, ,, ...	,,
,, ...	6% ,, ,, ,, ...	,,
,, ...	3% ,, ,, ,, ...	,,
Tinned Tomato Soup	Contained 3¼ grains of tin per lb.	Remainder of stock destroyed.
Pork Sausages	3% deficient in meat	Informal Sample
,, ,, ...	3% ,, ,, ,, ...	,,
,, ,, ...	Contained 150 parts per million of Sulphur Dioxide. Not Labelled.	Letter of Caution
Ice Cream	6.7% deficient in Non-Fatty Milk Solids.	Letter of Caution
,, ,, ...	20% ,, ,, ,,	,,
,, ,, ...	33% ,, ,, ,,	,,

Unsound Foodstuffs.

The following summary indicates the quantity of foodstuffs examined and found to be unfit for food :—

TINNED GOODS.	*Tons*	*cwts.*	*qrs.*	*lbs.*
Meat	2	9	0	2
Ham	5	2	3	0
Fish	–	9	2	3
Milk	–	12	3	22
Soup	1	2	2	3
Fruit	4	15	1	24
Vegetables	2	3	2	15
Jam and Marmalade	–	2	1	13
Various	–	6	1	9

Provisions.	*Tons*	*cwts.*	*qrs.*	*lbs.*
Fresh Vegetables	13	12	0	7
Fresh Fruit	–	16	0	2
Bottled Fruit	–	–	–	25
Dried Fruit	1	6	2	26
Flour	–	16	0	24
Oats and Cereals	–	4	0	27
Biscuits	–	1	3	23
Jam and Marmalade	–	–	1	2
Sugar	–	10	3	16
Sweets and Chocolates	–	9	3	3
Coffee	–	–	–	11
Tea	–	–	–	16
Fats	–	1	1	5
Cheese	–	4	2	3
Dried Eggs	–	1	2	14
Whale Meat	–	2	3	0
Tomato Purée	–	14	0	5
Fruit Pulp	–	2	3	3
Poultry	–	4	0	17
Rabbits	–	5	0	8
Various	–	17	0	12

Meat Products.	*Tons*	*cwts.*	*qrs.*	*lbs.*
Pork ends	1	1	2	0
Sausages and sausage meat ...	–	4	1	17
Bacon	–	12	2	0
Chitterlings	–	2	1	20
Frozen Tongues	–	1	2	11
Jellied Veal	–	1	2	22
Fat Ends	–	2	0	21

Fish Inspection. The following summary indicates the quantity of fish and shell fish examined during the year and the quantity found to be unfit for food :—

	Tons	*cwts.*	*qrs.*	*lbs.*
Quantity of fish inspected ...	2520	6	–	–
Quantity of mixed fish found to be unfit for human food	17	7	2	–
Quantity of smoked fish found to be unfit for human food	–	4	2	18
Quantity of shell fish found to be unfit for human food	–	–	1	2

609 other varieties.

Inspection of Other Food Premises. During the year several cases of contamination of foodstuffs were brought to the notice of the Health Department, and it is regretted that in the majority of these cases, lack of sufficient care in the preparation, storing and handling of foodstuffs was evident. Where the premises were situated within the area of the Local Authority, visits were made by the Food Inspectors, and the proprietors and the persons engaged in the handling of the foodstuffs were severely cautioned as to the need for the exercise of greater care. In two instances, the food preparation premises were situated outside the City and warning letters were sent to the firms implicated: in addition, the Chief Sanitary Inspectors of the areas in which the premises were sited were also notified.

It was necessary in three cases to take legal proceedings against the occupiers of food premises. One case concerned a bakery in which certain rooms and fittings were found to be in a dirty condition, and at which certain foodstuffs were seized as being unfit for human consumption. The defendants were convicted and fined £15 under Section 13 of the Food and Drugs Act, 1938, in respect of the dirty condition of the premises; £1 under the by-laws relating to the handling, wrapping and delivery of food, and £20 in connection with the unsound foodstuffs. The firm in question subsequently ceased preparing foodstuffs at these premises.

Legal proceedings were also instituted against a firm for selling and depositing for the purpose of sale cornflour unfit for human consumption by reason of its gross contamination by mice droppings. The defendants pleaded guilty and were fined a total of £30.

The third case related to a restaurant which an inspection revealed to be in a dirty condition and at which unsound foodstuffs were found. Again the defendant pleaded guilty and fines totalling £20 were inflicted in respect of the dirty condition of the premises and £30 in connection with the unsound foodstuffs.

Early in the year, in the course of investigating a case of food poisoning, one of the articles of food suspected was concentrated tomato purée of foreign origin. The bacteriologist reported that the purée contained a "great number of aerobic spore bearing organisms which are almost certainly capable of causing food

poisoning of the type described". Further samples of purée obtained from stock confirmed these findings, and after communicating with the firm concerned, they agreed to surrender 11 cwts. of the purée, which were subsequently destroyed.

Clean Food Campaign. The campaign to improve the standard of hygiene in food preparation was intensified during the year. With the co-operation of the Central Office of Information, a film showing the history of a case of food poisoning and drawing attention to possible sources of contamination and a film directing attention to the clean handling and proper storage of food in the home were shown to persons engaged in the preparation and distribution of food and various women's organisations. Particular attention was paid to persons employed in cafés and restaurants. At each of the shows, short talks were given by Sanitary Inspectors and questions invited from the audience. Willing co-operation was obtained from employers in allowing their staff to attend the shows and some provided the facilities for the showing of the films. The number of employees in the food trades to whom the films were exhibited totalled 1,065, drawn from some 59 firms. In addition, films were shown to bakery students, licensed house training staff, amounting to some eighty persons, and to about 200 members of women's organisations.

During the year, it was decided, as an experiment, to carry out a series of tests to ascertain the efficiency of methods employed in washing glasses in public houses. Eleven public houses, of various types, were visited and a total of 122 glasses were examined. The results obtained gave an average total bacterial count of 230 per glass. One batch of twelve glasses from one public house unaccountably gave a rather high count and excluding this batch, the remaining 110 glasses had an average total bacterial count of 117 per glass. Contrary to popular belief, it was found that there was little or no difference between the count on those glasses which had been washed and allowed to drain and those glasses which had been dried by a cloth after washing. It was also seen that counts obtained from glasses which had been washed in water containing proprietary brands of sterilents showed little difference from those counts obtained from glasses which had been washed in water containing only a proprietary detergent or ordinary soap powder.

Certificates of Merit.

Early in the year, the Health Committee decided to award Certificates of Merit to those persons who maintained an exceptionally high standard of cleanliness at their food premises, the object being to show recognition of the high standard of cleanliness maintained in certain premises in the hope that it would encourage others to improve their standards to such an extent as to warrant the issue of the certificate.

The certificate, of which a reproduction is shown opposite, was designed by students of the Plymouth Art School.

Up to the end of the year, only ten certificates had been awarded.

CERTIFICATE OF MERIT

THE HEALTH COMMITTEE OF THE PLYMOUTH CITY COUNCIL HAVE PLEASURE IN AWARDING THIS CERTIFICATE TO THE STAFF AND MANAGEMENT OF

Salvation Army, Naval & Military Home, Catherine Street, Devonport.

IN APPRECIATION OF THE EXCEPTIONALLY HIGH STANDARD OF CLEANLINESS MAINTAINED BY THEM IN THE STORING, PREPARING, HANDLING AND SERVING OF FOOD ON THESE PREMISES

SIGNED ON BEHALF OF THE HEALTH COMMITTEE

P. H. Washbourn ..... CHAIRMAN, HEALTH COMMITTEE

..... MEDICAL OFFICER OF HEALTH

..... CHIEF HEALTH INSPECTOR

DATED THIS 6th DAY OF November, 1951.

Infectious Diseases

The following pages give tables showing the occurrence of infectious diseases in 1951 with observations on certain of the diseases.

Incidence. Table 3 on page 68 shows the numbers of cases of infectious diseases notified to the Health Department during 1951, with comparative figures for the previous four years. In all the tables where the original diagnosis has subsequently been amended to another disease, the notification has been corrected accordingly.

Table 1 on page 67a shows the number of notifications received during 1951 for each disease, classified by age groups and showing the percentage notified in each age group of the total for each disease.

Table 2 on page 67b shows the quarterly and sex incidence of Infectious Diseases during 1951.

Table 4 on page 68 shows the " attack rate " (i.e. the number of cases per 1,000 of the population) of the commoner notifiable diseases for 1951, with the comparative rates for (*a*) England and Wales, (*b*) 126 County Boroughs and Great Towns, and (*c*) Plymouth for 1950 and 1949.

Mortality. Table 5 on page 69 gives the number of deaths due to Diphtheria, Scarlet Fever, Measles and Whooping Cough in Plymouth for the years 1921–1951 inclusive. This table also shows the death rates for these diseases per 1,000 of the population for the City and the comparative rates for England and Wales.

Hospital Admissions and Deaths. Table 6 on page 70 shows the number of Plymouth residents admitted to the Isolation Hospital by reason of Infectious Disease and the deaths of Plymouth residents occurring in that Hospital.

TABLE 3.

Cases Notified in the City During the Past Five Years.

Disease	1951	1950	1949	1948	1947
Diphtheria	33	25	29	51	49
Dysentery	51	2	3	—	3
Encephalitis	5	2	—	1	—
Erysipelas	55	61	57	59	39
Food Poisoning	30	48	8	4	6
Gastro-Enteritis (under 2 years)	233	140	89	81	162
Measles	5904	270	2812	1581	2552
Meningococcal Infections*	11	5	1	1	12
Ophthalmia Neonatorum	6	5	6	5	17
Paratyphoid	—	—	—	—	3
Pneumonia	249	182	216	161	186
Poliomyelitis and Polio-encephalitis	26	31	20	3	8
Puerperal Pyrexia ...	33	15	27	35	37
Scarlet Fever	230	440	170	209	145
Smallpox	—	—	—	—	—
Typhoid	1	1	—	1†	—
Typhus	1‡	—	—	—	—
Whooping Cough ...	1505	742	615	1020	443

* Previous to 1950 this infection was referred to as Cerebro-Spinal Fever.
† Service Case (Imported).
‡ Imported Case (Tick-borne).

TABLE 4.

"Attack Rates" for the City, Compared with England and Wales and Other Areas.

Disease	*Plymouth* 1951	*England and Wales,* 1951	126 *County Boroughs and Great Towns (inc. London)* 1951	*Plymouth* 1950	*Plymouth* 1949
Diphtheria	0.15	0.02	0.02	0.12	0.15
Erysipelas	0.25	0.14	0.15	0.29	0.29
Food Poisoning ...	0.14	0.13	0.15	0.23	0.04
Measles	26.87	14.07	13.93	1.29	14.73
Meningococcal Infections	0.05	0.03	0.04	0.02	0.00
Paratyphoid Fever ...	—	0.02	0.03	—	—
Pneumonia	1.13	0.99	1.04	0.87	1.13
Acute Poliomyelitis (including Polio-encephalitis),					
Paralytic ...	0.09	0.03	0.03	0.11	} 0.10
Non-Paralytic ...	0.03	0.02	0.02	0.04	
Scarlet Fever ...	1.05	1.11	1.20	2.11	0.89
Smallpox	—	0.00	0.00	—	—
Typhoid Fever ...	0.00	0.00	0.00	0.00	—
Whooping Cough ...	6.85	3.87	3.62	3.55	3.23

TABLE 1.

INFECTIOUS DISEASES NOTIFIED 1951—BY AGE GROUPS.

Disease	Under 1 Year.		1–2 Years.		2–3 Years		3–4 Years.		4–5 Years.		5–10 Years.		10–15 Years.		15–20 Years.		20–25 Years.		25–35 Years.		35–45 Years.		45–65 Years.		65 Years and Over.		Total All Ages.
	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	
Diphtheria	1	3.03	1	3.03	3	9.09	5	15.15	4	12.12	2	6.06	3	9.09	6	18.19	1	3.03	4	12.12	3	9.09	–	–	–	–	33
Dysentery	–	–	1	1.96	3	5.88	8	15.69	4	7.85	16	31.38	1	1.96	2	3.92	–	–	7	13.72	2	3.92	7	13.72	–	–	51
Encephalitis	–	–	–	–	–	–	–	–	–	–	2	40.00	1	20.00	1	20.00	–	–	–	–	–	–	–	–	1	20.00	5
Erysipelas	1	1.82	2	3.64	–	–	–	–	–	–	–	–	–	–	1	1.82	–	–	5	9.10	10	18.10	24	43.68	12	21.84	55
Food Poisoning	1	3.33	–	–	–	–	1	3.33	2	6.67	2	6.67	5	16.66	1	3.33	2	6.67	10	33.33	4	13.34	2	6.67	–	–	30
Gastro-Enteritis (under 2 years) ...	146	62.67	87	37.33	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	233
Measles	232	3.92	642	10.86	765	12.94	940	15.92	1058	17.91	2168	36.73	63	1.05	15	0.28	5	0.10	6	0.11	4	0.07	4	0.07	2	0.04	5904
Meningococcal Infections	5	45.46	2	18.18	1	9.09	2	18.18	–	–	–	–	–	–	–	–	–	–	1	9.09	–	–	–	–	–	–	11
Ophthalmia Neonatorum ...	6	100.00	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	6
Pneumonia	18	7.23	10	4.02	13	5.22	10	4.02	10	4.02	30	12.06	2	0.80	5	2.01	4	1.61	18	7.24	24	9.65	50	20.05	55	22.07	249
Poliomyelitis and Polioencephalitis	3	11.55	1	3.85	–	–	1	3.85	3	11.55	5	19.24	4	15.36	–	–	–	–	5	19.24	2	7.68	2	7.68	–	–	26
Puerperal Pyrexia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	10	30.30	20	60.61	3	9.09	–	–	–	–	33
Scarlet Fever	–	–	8	3.48	16	6.96	28	12.17	33	14.35	119	51.74	16	6.96	6	2.61	–	–	2	0.87	1	0.43	1	0.43	–	–	230
Typhus	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	100.00	–	–	1
Typhoid	–	–	–	–	–	–	–	–	1	100.00	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Whooping Cough	187	12.43	166	11.03	220	14.62	238	15.82	249	16.54	414	27.50	6	0.39	2	0.14	5	0.34	14	0.93	3	0.19	–	–	1	0.07	1505
Totals	600	7.17	920	10.99	1021	12.19	1233	14.73	1364	16.30	2758	32.94	101	1.21	39	0.46	27	0.32	92	1.09	56	0.67	91	1.08	71	0.85	8373

TABLE 2.

QUARTERLY INCIDENCE OF INFECTIOUS DISEASES—PLYMOUTH—1951

Disease	January to March			April to June			July to September			October to December			Totals for Year		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Diphtheria	6	5	11	5	5	10	3	1	4	4	4	8	18	15	33
Dysentery	12	12	24	8	11	19	1	1	2	4	2	6	25	26	51
Encephalitis	2	—	2	—	—	—	—	2	2	1	—	1	3	2	5
Erysipelas	8	9	17	5	10	15	3	8	11	2	10	12	18	37	55
Food Poisoning	3	4	7	3	8	11	2	5	7	1	4	5	9	21	30
Gastro-Enteritis (under 2 years)	54	43	97	18	27	45	21	16	37	25	29	54	118	115	233
Measles	2175	2013	4188	786	863	1649	26	33	59	2	6	8	2989	2915	5904
Meningococcal Infections ...	2	3	5	2	1	3	2	—	2	1	—	1	7	4	11
Ophthalmia Neonatorum ...	1	1	2	—	—	—	2	—	2	1	1	2	4	2	6
Pneumonia	66	75	141	35	19	54	11	7	18	16	20	36	128	121	249
Poliomyelitis	3	3	6	1	1	2	9	2	11	4	3	7	17	9	26
Puerperal Pyrexia	—	10	10	—	1	1	—	9	9	—	13	13	—	33	33
Scarlet Fever	28	30	58	28	36	64	7	16	23	48	37	85	111	119	230
Typhoid	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1
Typhus (Tick borne) ...	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1
Whooping Cough	351	429	780	198	201	399	101	113	214	47	65	112	697	808	1505
Totals	2711	2637	5348	1089	1183	2272	188	213	401	157	195	352	4145	4228	8373

MORTALITY FROM CERTAIN INFECTIOUS DISEASES, 1921–1951.

PLYMOUTH COMPARED WITH ENGLAND AND WALES.—PER 1,000 POPULATION.

YEAR.	*Diphtheria.*			*Measles.*			*Scarlet Fever.*			*Whooping Cough.*		
	PLYMOUTH		*England and Wales Death Rate.*	PLYMOUTH		*England and Wales Death Rate.*	PLYMOUTH		*England and Wales Death Rate.*	PLYMOUTH		*England and Wales Death Rate.*
	No. of Deaths.	*Death Rate.*		*No. of Deaths.*	*Death Rate.*		*No. of Deaths*	*Death Rate.*		*No. of Deaths.*	*Death Rate.*	
1921–1930 Average ...	20	.10	.08	21	.10	.10	3	.01	.02	14	.07	.11
1931–1940 Average ...	29	.14	.07	8	.03	.04	2	.00	.01	10	.04	.04
1941 ...	28	.18	.06	12	.08	.02	—	—	.00	11	.07	.06
1942 ...	16	.12	.04	1	.00	.01	—	—	.00	2	.01	.02
1943 ...	10	.07	.03	8	.06	.02	—	—	.00	8	.06	.02
1944 ...	4	.02	.02	1	.00	.00	—	—	.00	1	.00	.02
1945 ...	6	.03	.01	1	.00	.01	—	—	.00	3	.01	.01
1946 ...	2	.01	.01	1	.00	.00	—	—	.00	4	.02	.02
1947 ...	2	.01	.01	9	.05	.01	—	—	.00	2	.01	.02
1948 ...	1	.00	.00	—	—	.00	—	—	.00	2	.01	.02
1949 ...	1	.00	.00	1	.00	.00	—	—	.00	5	.03	.01
1950 ...	—	—	.00	—	.00	.00	—	—	.00	3	.01	.01
1951	—	—	.00	2	.00	—	—	—	—	3	.01	.01

NOTES.—A dash indicates that there were no deaths from that disease in that year.
A rate of .00 indicates that there were too few deaths to be expressed as a rate to two decimal places.

TABLE 6

ISOLATION HOSPITAL, PLYMOUTH
ADMISSIONS—PLYMOUTH RESIDENTS—1951
NOTIFIABLE (INFECTIOUS) DISEASES ONLY

	Admitted	*Confirmed*
Diphtheria	85	32
Dysentery	26	23
Encephalitis	3	2
Erysipelas	8	8
Food Poisoning	7	5
Gastro-Enteritis (under 2 years) ...	126	86
Measles	98	82
Meningococcal Infections	38	11
Pneumonia	81	43
Poliomyelitis and Polio-encephalitis	45	26
Scarlet Fever	64	53
Typhus (imported case)	1	1
Typhoid	2	1
Whooping Cough	100	88

DEATHS—PLYMOUTH RESIDENTS—1951

Acute Anterior Poliomyelitis	2
Tuberculous Meningitis	3
Miliary Tuberculosis	1
T.B. Meningitis and Pulmonary Tuberculosis ...	1
Gastro-Enteritis	6
Measles and Gastro-Enteritis	1
Broncho-pneumonia and Gastro-Enteritis	1
Pneumococcal Meningitis	2
Broncho-pneumonia	2
Broncho-pneumonia and Pertussis	1
Whooping Cough	1
Influenzal Pneumonia	2
Uraemia	3
Lobar pneumonia	1

GENERAL OBSERVATIONS

Notifications of Infectious Diseases rose from 1,967 in 1950 to 8,373 in 1951, mainly due to a widespread measles epidemic in the early months of the year. The number of Plymouth residents admitted to the Isolation Hospital rose from 574 in 1950 to 684 in 1951. The diseases mainly responsible for the increased admissions were Dysentery, Gastro-enteritis (under 2 years of age) and Whooping Cough, with increases of 24, 78 and 71 respectively. There was a reduction of 70 in Scarlet Fever admissions.

Measles. In a widespread epidemic mainly in the first four months of the year, 5,904 cases were notified, the highest figure recorded in the City. Fortunately, the disease was usually of a mild type and there were only 2 deaths. Undoubtedly, the sulphonamide and antibiotic drugs were of great assistance to medical practitioners in preventing the complications which can sometimes make this a serious disease.

Scarlet Fever. 230 cases were notified. Nearly all were mild cases and there were no deaths.

Whooping Cough. 1,505 cases with 3 deaths were notified, the highest for many years.

Diptheria. After the steady reduction in the number of cases which has occurred in every year since 1940, it is disappointing, if not disturbing, to have to record a small increase in 1951, with 33 cases compared with 25 in 1950. 19 of the cases occurred in children below the age of 15 years, and 14 above that age. There were again no deaths due to this disease.

Poliomyelitis and Polio-encephalitis. 26 cases of this disease were confirmed in 1951, compared with 31 in 1950. 19 of the cases showed some paralysis and 7 were without paralysis. 9 cases were below 5 years of age, 8 cases between 5 and 15 years, and 9 over 25 years. There were 2 deaths, one an infant and one an adult.

The occurrence of the cases in 1951 was quite different from 1950, when there were several " crops " of 4 or 5 cases, mainly in the north-westerly suburbs of the City in October and November. In 1951 cases were scattered throughout the city area, with no association of place or time. The seasonal incidence was not marked, but most of the cases occurred in the last two quarters of the year, with only 2 cases in the April–June quarter. A detailed enquiry into each case failed to reveal any obvious connection between cases and merely confirmed the apparently haphazard and erratic way in which the disease usually selects its victims.

Dysentery. There was a sharp increase in the number of dysentery cases notified in 1951 ; 51 cases compared with a yearly average of 3 in the past 5 years. The diagnosis was confirmed in 23 of 26 cases admitted to hospital, and also in a small number of the cases nursed at home, by laboratory reports on samples. Shigella Sonnei was the commonest organism found. Two cases of amoebic dysentery were reported, one acquired the infection abroad and one in this country. There were no deaths attributed to dysentery.

The actual number of cases of dysentery during the year was probably appreciably more than the number notified. Enquiry at the homes of notified cases often revealed that other members of the family were suffering from, or had recovered from, a similar ailment. The occurrences, in the main, showed themselves as family outbreaks, though the picture was confused by the appearance of small outbreaks of mild vomiting and diarrhoea affecting groups such as school children in the early part of the year, which resembled an epidemic virus infection.

Gastro-Enteritis (under 2 years of age.) This disease also showed a considerable increase during 1951, when 233 cases occurred, with 10 deaths, compared with 140 with 3 deaths in 1950. Many of the cases admitted to hospital were seriously ill due to this condition accompanying or following an attack of measles.

Food Poisoning. 31 cases of food poisoning were notified during the year. There were no large outbreaks, the incidents being restricted to individuals or 2 or 3 persons in a family. The suspected items of food were: sausages in 4 instances, other meat products in 6, and duck eggs, trifle and fruit once. Almost invariably there was none of the suspected food available to submit to laboratory examination when the usual enquiries were made after receiving notification of the disease.

Diphtheria Immunisation. A total of 2,708 primary immunisation courses was completed in 1951; 1,591 at Local Authority Clinics, 267 in schools, and 850 by private practitioners. In addition, 3,352 children who had been immunised in previous years received reinforcing injections.

This is a reduction of 303 in primary immunisation courses compared with 1950. It can be seen from Table " B " that the reduction is entirely in the age group 5–14 years, i.e. the school population, and no clear explanation of this is apparent. Despite this fall, the proportion of immunised children in this group increased from 84 per cent in 1950 to 86 per cent in 1951.

In view of the anxiety which has been expressed that the present rarity of diphtheria is leading to a lukewarm attitude of parents towards immunisation, it is reassuring to see that the number of children immunised in the 0–5 years age group increased in 1951. 46.4 per cent of the children born in 1950 were immunised by the end of 1951, and it can be said that there is no falling off in the immunisation rate in this very important group, though it remains far short of the target of 75 per cent of infants completing immunisation in their first years of life.

TABLE A.

Immunisation in Relation to Child Population.

Number of Children under 15 at 31st December, 1951, who had completed a course of Immunisation *at any time before that date*, (i.e. at any time since 1st January, 1937.)

Age at 31.12.51, i.e. Born in Year ...	Under 1 1951	1 1950	2 1949	3 1948	4 1947	5 to 9 1942–1946	10 to 14 1937–1941	Total under 15
Number Immunised ...	192	1641	2067	2445	2908	13306	10653	33212
Estimated mid-year child population 1951.	Children under five 18,670					Children 5–14 27,598		46,268

TABLE B.

To show Work done in Diphtheria Immunisation in the last Twenty-One Years and the Trend of Diphtheria Cases and Deaths in the Same Period.

Year.	*Total Births.*	*Diphtheria. Total of*		*Primary Diphtheria Immunisations.*			*Population.*	*Attack Rates.*
		Cases.	*Deaths.*	*Ages. 0–5.*	*Ages. 5–15.*	*Total No. 0–15.*		
1931	3427	367	17	1282		1282	191,800	1.77
1932	3251	444	20	1107		1107	208,440	2.13
1933	3232	337	18	972		972	206,200	1.63
1934	3203	376	15	335	363	698	203,450	1.85
1935	3065	481	23	874	1244	2118	203,600	2.36
1936	3061	455	40	662	1104	1766	206,400	2.20
1937	3073	272	17	500	1035	1535	210,460	1.29
1938	3305	357	15	430	707	1137	211,800	1.68
1939	3446	404	25	568	615	1183	215,500	1.87
1940	3295	1361	105	2812	6765	9577	197,800	6.88
1941	2453	348	28	673	1244	1917	149,300	2.33
1942	2817	227	16	2323	1029	3352	127,300	1.78
1943	3144	209	10	1593	1050	2643	136,530	1.53
1944	3477	163	4	1680	535	2215	144,700	1.12
1945	3824	157	6	1701	417	2118	157,580	.99
1946	4272	68	2	2223	928	3151	176,070	.39
1947	4490	49	2	2485	769	3254	181,600	.26
1948	4036	51	1	3326	323	3649	188,940	.27
1949	3769	29	1	2636	725	3361	190,860	.15
1950	3534	25	—	2164	847	3011	208,960	.12
1951	3622	33	—	2337	371	2708	219,700	.15

TABLE C.

Diphtheria amongst Children Aged 0–15 Years during the Four Years 1948–1951

Year	Cases		Deaths	
	Unprotected	*Immunised*	*Unprotected*	*Immunised*
1948	21	7	1	–
1949	8	3	1	–
1950	8	6	–	–
1951	10	9	–	–
Total for four years ...	47	25	2	–

1951 Case Incidence per 1,000 Children, 0–15 years of age.

Unprotected population:

0–15 years: 13,056 ... ... .765

Immunised population:

0–15 years: 33,212 ... ... .271

Total population:

46,268 ... ... .411

Immunisation against Whooping Cough.

Protective immunisation against whooping-cough is available at Local Authority clinics and from private practitioners free of charge. The precise protective power of this immunisation is difficult to assess from local statistics, but preliminary reports of the national enquiry being carried out by the Medical Research Council show that the antigens in use have a good protective value in preventing or reducing the severity of the disease.

The following table shows the number inoculated since 1946 :

Year of Birth	*Protective Inoculations given (primary courses)*					
	1946	1947	1948	1949	1950	1951
1936	–	1	2	1	–	–
1937	–	1	3	1	1	–
1938	–	–	5	4	5	–
1939	–	1	4	4	3	2
1940	–	2	4	6	6	5
1941	1	5	5	7	5	2
1942	2	13	19	12	5	4
1943	1	26	68	36	8	7
1944	1	45	109	80	22	8
1945	4	80	132	89	42	29
1946	2	220	231	122	48	46
1947	–	88	875	207	71	48
1948	–	–	282	1096	169	42
1949	–	–	–	243	1023	168
1950	–	–	–	–	57	1039
1951	–	–	–	–	–	168
TOTALS ...	11	483	1739	1908	1465	1568

Vaccination against Smallpox.

Vaccination against smallpox is available on a voluntary basis without charge at Local Authority Immunisation Clinics or from general practitioners participating in the Local Authority's scheme for the vaccination and immunisation of their patients.

In 1951 1,975 primary vaccinations (including 1,639 in children below 5 years of age) and 832 re-vaccinations of all ages were performed, these figures being the highest recorded for many years. Unfortunately, the vaccination state of the permanent population is not improved to the extent which these figures suggest, as there

is no doubt that a substantial number of these vaccinations are carried out on persons who intend to emigrate.

VACCINATION TABLE

Year	*Births*	*Primary vaccinations*	**Percentage of Children vaccinated*	*Re-vaccinations*
1944	3016	1663	55.14	85
1945	3752	1803	48.05	39
1946	3947	1890	47.88	74
1947	4490	1972	43.92	6
1948 ... ... (to 4.7.48)	2223	1011	45.48	–
1948 ... ... (from 5.7.48)	1813	322	17.76	69
1949	3769	1432	33.68	278
1950	3534	1691	41.93	398
1951	3622	1975	45.49	832

This table shows the numbers of vaccinations and revaccinations performed in recent years.

* To give an indication of the vaccination state of the child population the number of children below the age of five years receiving a primary vaccination in any one year is shown as a percentage of the birth rate for that year.

Prevention of Illness, Care and After-Care

(A) TUBERCULOSIS

In my last Annual Report I made reference to the long waiting-list of patients and the welcome news that the Regional Hospital Board was endeavouring to increase the number of beds for pulmonary tuberculosis patients by allotting some general hospital beds for the purpose. This was, in fact, achieved, and it has resulted in a very considerable reduction in the length of time that patients have to await admission.

Examination of Contacts. In the scheme for the prevention of tuberculosis great reliance is properly placed upon the routine examination of the contacts of known cases. Thanks to the zeal of the tuberculosis health visitors, 1,498 contacts were examined during the year. The increase in the proportion of contacts examined to the number of new cases of tuberculosis in the last few years is very gratifying, and whatever may be said in other parts of the country about the diminishing interest shown by dispensary staff in the preventive aspect of tuberculosis schemes since the commencement of the National Health Service, the contrary is the case in Plymouth.

Re-housing of Tuberculosus Families.

Total number of tuberculous families recommended by the Medical Officer of Health for rehousing during 1951	120
Total number of tuberculous families rehoused during 1951 ...	95
Total number of tuberculous families awaiting rehousing at 31st December, 1951	102

B.C.G. Details regarding the B.C.G. vaccination of contacts of known cases are given in the report of the Senior Chest Physician (*see* following page).

Mass Miniature Radiography. I am indebted to Dr. Sheers, the Director of the Mass Miniature Radiography Unit at Plymouth, for the following information as to the work of this Unit in Plymouth :

	Male	*Female*	*Total*	*Per-centage*
Number of persons examined ...	9718	6334	16052	—
Number recalled for full-sized film	307	227	554	3.4
Number recalled for clinical examination	91	72	163	1.01

Incidence of Disease

	Number	*Per Thousand*
A. Pulmonary Tuberculosis		
1. Newly-doscovered significant cases—		
(*a*) Treatment	29	1.8
(*b*) Observation	78	4.8
Total	107	6.6
2. Previously diagnosed	30	
3. Requiring no action	84	
B. Other Conditions		
Boeck's Sarcoidosis	1	
Non-tuberculous pleural effusion	1	
Carcinoma of Thymus	1	
Bronchiectasis	5	
Post-pneumonic fibrosis	4	
Pneumoconiosis	3	
Pleural thickening	22	
Aspiration pneumonia	2	
Non-specific pneumonitis	1	
Chronic Bronchitis	8	
Congenital cardio-vascular lesion— dextrocardia (2), congenital heart (1), enlarged heart (1)	4	
Acquired cardio-vascular lesion— mitral stenosis (1), rheumatic carditis (2)	3	
Substernal thyroid	1	
Enlarged thyroid	1	
Ankylosing spondylitis	1	
Diaphragmatic paralysis	1	
Foreign body in chest	2	
Bony abnormality	6	

NOTIFICATIONS AND DEATHS FROM TUBERCULOSIS—1914–1951

and Attack Rate and Mortality per 1,000 population.

Year	Pulmonary Tuberculosis				Non-Pulmonary Tuberculosis				Tuberculosis (All Forms)			
	New Cases	*Attack Rate*	*Deaths*	*Mortality*	*New Cases*	*Attack Rate*	*Deaths*	*Mortality*	*New Cases*	*Attack Rate*	*Deaths*	*Mortality*
1914	370	1.74	262	1.23	131	.62	80	.37	501	2.36	342	1.60
1915	322	1.71	236	1.26	88	.47	84	.45	410	2.18	320	1.71
1916	376	2.04	254	1.37	166	.90	65	.35	542	2.94	319	1.72
1917	364	20.3	243	1.25	103	.57	89	.49	467	2.60	332	1.74
1918	417	2.32	300	1.67	130	.72	89	.49	547	3.04	389	2.16
Average 1914–1918	**369**	**1.97**	**259**	**1.35**	**123**	**.65**	**81**	**.43**	**493**	**2.62**	**340**	**1.78**
1919	266	1.46	231	1.27	74	.41	73	.40	340	1.87	304	1.67
1920	189	1.00	195	1.03	40	.21	46	.24	229	1.21	241	1.27
1921	370	1.85	208	1.04	117	.59	42	.21	487	2.44	250	1.25
1922	395	1.97	218	1.09	92	.46	48	.24	487	2.43	266	1.33
1923	346	1.79	202	1.04	119	.61	44	.23	465	2.40	246	1.27
Average 1919–1923	**313**	**1.61**	**211**	**1.09**	**88**	**.45**	**50**	**.26**	**401**	**2.07**	**261**	**1.36**
1924	294	1.52	209	1.08	92	.48	43	.22	386	2.00	252	1.30
1925	389	1.97	179	0.91	103	.52	44	.22	492	2.49	223	1.13
1926	443	2.36	177	0.95	116	.62	34	.18	559	2.98	211	1.13
1927	358	1.91	182	0.97	115	.61	31	.16	473	2.52	213	1.13
1928	325	1.73	159	0.85	111	.59	32	.17	436	2.32	191	1.02
Average 1924–1928	**361**	**1.89**	**181**	**0.95**	**107**	**.56**	**36**	**.19**	**469**	**2.46**	**218**	**1.14**
1929	300	1.51	166	0.84	78	.39	24	.12	378	1.90	190	0.96
1930	252	1.27	167	0.84	76	.38	33	.17	328	1.65	200	1.01
1931	320	1.67	157	0.69	62	.32	38	.20	382	1.99	195	0.89
1932	273	1.31	162	0.78	70	.33	31	.15	343	1.64	193	0.93
1933	253	1.22	178	0.86	58	.28	24	.12	311	1.50	202	0.98
Average 1929–1933	**279**	**1.39**	**166**	**0.90**	**69**	**.34**	**30**	**.15**	**348**	**1.73**	**196**	**0.95**
1934	246	1.21	167	0.82	63	.31	35	.17	309	1.52	202	0.99
1935	217	1.07	114	0.56	54	.26	30	.15	271	1.33	144	0.71
1936	204	0.98	125	0.60	51	.25	27	.13	255	1.23	152	0.73
1937	225	1.07	147	0.70	52	.25	15	.07	277	1.32	162	0.77
1938	209	0.98	135	0.64	42	.20	27	.13	251	1.18	162	0.77
Average 1934–1938	**220**	**1.06**	**137**	**0.66**	**52**	**.25**	**27**	**.13**	**272**	**1.31**	**164**	**0.79**
1939	194	0.90	138	0.64	51	.24	25	.12	245	1.14	163	0.76
1940	192	0.97	163	0.83	62	.31	25	.13	254	1.28	188	0.96
1941	194	1.30	141	0.94	42	.28	22	.15	236	1.58	163	1.09
1942	243	1.89	121	0.95	57	.44	30	.23	300	2.33	151	1.18
1943	240	1.76	126	0.92	56	.41	28	.20	296	2.17	154	1.12
Average 1939–1943	**212**	**1.36**	**137**	**0.85**	**53**	**.33**	**26**	**.16**	**266**	**1.70**	**164**	**1.02**
1944	233	1.61	124	0.86	38	.26	18	.12	271	1.87	142	0.98
1945	289	1.83	125	0.79	49	.31	16	.10	338	2.14	141	0.89
1946	284	1.61	105	0.60	50	.28	25	.14	334	1.89	130	0.74
1947	297	1.64	143	0.77	54	.29	30	.16	351	1.93	171	0.93
1948	284	1.50	142	0.73	41	.22	22	.12	325	1.72	160	0.85
Average 1944–1948	**277**	**1.64**	**127**	**0.75**	**46**	**.27**	**22**	**.13**	**324**	**1.91**	**149**	**0.88**
1949	273	1.43	119	0.62	30	.16	6	.03	303	1.59	125	0.65
1950	299	1.43	108	0.52	49	.23	15	.07	348	1.66	123	0.59
1951	251	1.14	92	0.42	45	.20	10	.04	296	1.34	102	0.46

AGE AND SEX DISTRIBUTION OF ALL SIGNIFICANT CASES OF PULMONARY TUBERCULOSIS

(Gp. 1 above)

	Under 14	15–24	25–34	35–44	45–59	60 *and over*
M.	3	8	17	13	11	1
F.	5	30	14	1	4	–

SCHOOL LEAVERS

	Male	*Female*	*Total*	*Per-centage*
Number examined	907	1126	2033	
Number recalled for large film ...	24	27	51	2.5
Number recalled for clinical examination	7	5	12	.6

	Number	*Per Thousand*
Incidence of Disease		
A. PULMONARY TUBERCULOSIS		
1. Newly-discovered significant cases—		
(*a*) Treatment	3	1.5
(*b*) Observation	5	2.4
Total	8	3.9
2. Previously diagnosed	–	
3. Requiring no action	3	
B. OTHER CONDITIONS		
Bronchiectasis	1	
Aspiration pneumonia	1	
Bony abnormality	2	

AGE AND SEX DISTRIBUTION OF SIGNIFICANT CASES OF PULMONARY TUBERCULOSIS

(Group 1 above)

	AGE 13	14	15
Male ...	1	2	1
Female ...	–	3	1

Summary of Various Groups Examined and the Results.

Name of Group	MINIATURES—EXAMINED			NEWLY DISCOVERED SIGNIFICANT CASES		
	Male	*Female*	*Total*	*Requring Treatment*	*For Observation*	*Total*
School Children ...	907	1126	2033	3 (1.5)	5 (2.4)	8 (3.9)
Students' Technical College ...	93	67	160	—	1 (6.2)	1 (6.2)
Staffs of Schools, Canteens, Nursery Staffs ...	188	390	578	1 (1.7)	3 (5.1)	4 (6.9)
Local Authority Employees ...	1213	279	1492	1 (.67)	10 (6.7)	11 (7.3)
Contacts of Cases of Tuberculosis	91	240	331	—	—	—
Ante-Natal Mothers ...	—	692	692	1 (1.4)	3 (4.3)	4 (5.7)
H.M. Dockyard ...	4661	343	5004	5 (.99)	22 (4.4)	27 (5.3)
Large Firms: Tecalemit, Berkertex, Bush Radio	1046	1899	2945	11 (3.7)	14 (4.7)	25 (8.4)
Other Industrial Surveys ...	1519	1298	2817	7 (2.5)	20 (7.0)	27 (9.5)
Totals ...	9718	6334	16052	29 (1.8)	78 (4.8)	107 (6.6)

Note.—Figures in brackets=per thousand persons examined.

Report of the Senior Chest Physician

Notifications. The number of notified cases of Tuberculosis during the year 1951 amounted to 296. This number consisted of 251 Respiratory and 45 Non-Respiratory. This number shows a decrease of 52 on the previous year, this decrease being mainly in respect of the respiratory cases.

The details of the notifications during 1951 are as follows:

Age Groups	Respiratory		Non-Respiratory	
	M.	F.	M.	F.
0–1	–	–	1	–
1–5	–	2	4	1
5–15	7	3	5	6
15–25	33	60	5	8
25–35	30	27	–	6
35–45	18	14	1	–
45–55	27	3	2	3
55–65	13	5	–	–
65 and over ...	9	–	2	1
Totals ...	137	114	20	25

It will be noted that the bulk of these notifications take place between the 15–35 age periods, and that there has been no reduction in the incidence of the disease for these particular age groups.

The numbers on the notifications register at the end of the year were:

Respiratory			Non-Respiratory			Total cases.
Males.	Females.	Total.	Males.	Females.	Total.	
994	763	1757	191	256	447	2204

There was one Posthumous Notification, this being a Respiratory Case.

Deaths. During the year 1951, 65 cases on the Clinic Register died. This number shows a decrease of 26 on the previous year, and is the lowest number of deaths recorded for any year.

Clinic Register. The following table gives an analysis of the numbers of patients on the "live" Chest Clinic Register at the end of the year:

	Males	*Females*	*Children*	*Totals*
Respiratory ...	884	556	113	1553
Non-Respiratory...	65	86	61	212
Totals ...	949	642	174	1765

Chest Clinic. During the year 1951, 2,585 New Cases were referred to the Chest Clinic for diagnosis, this figure not including contacts.

The following table shows the number of cases referred to the Chest Clinic since 1942 and the number of contacts who have been examined for the same period. The 23 contacts found to be suffering from tuberculosis are included in the figure of 234 New Cases discovered to be definitely tuberculous:

	New Cases.				*Contacts.*			
Year.	*Definitely Tuberc.*	*Non-Tuberc.*	*Diagnosis not completed*	*Total examined*	*Definitely Tuberc.*	*Non-Tuberc.*	*Diagnosis not completed*	*Total examined*
1942	274	744	57	1075	5	224	7	236
1943	297	1015	90	1402	4	309	25	338
1944	260	1077	81	1418	12	378	10	400
1945	340	987	154	1481	10	461	9	480
1946	327	1265	154	1746	23	623	65	711
1947	311	1520	267	2098	21	807	7	835
1948	322	1540	433	2295	25	1162	207	1394
1949	285	1473	731	2489	25	1071	185	1281
1950	295	1433	538	2266	17	963	444	1424
1951	234	1971	380	2585	23	1273	202	1498

Contact Clinic. This Clinic, held on Friday afternoons, continued to be well attended throughout the year. Working contacts were also seen during the Thursday evening clinics. The total contact attendances at Beaumont House during 1951 was 2,936.

Where a contact is found to be non-tuberculous the routine check is afterwards carried out by the Mass Miniature Radiography Unit at Devonport, unless under the age of 14. These latter, together with doubtful cases, continue to be followed up at Beaumont House.

Attendances. The number of attendances at the Chest Clinic during the year totalled 19,111, and the following table shows how this figure compares with attendances for the last 10 years:

1942	... ...	7,270	1947	... ...	16,618
1943	... ...	8,942	1948	... ...	18,622
1944	... ...	9,506	1949	... ...	19,850
1945	... ...	11,550	1950	... ...	20,811
1946	... ...	14,007	1951	... ...	19,111

Evening Clinic. This clinic continued throughout the year and has proved very useful for those persons who are working and are unable to attend during the day.

Domiciliary Visiting and Consultations. The Senior Chest Physician made 177 visits to patients at their homes and held 14 consultations in hospitals and 12 at the patients' homes. 3,232 reports on the condition of their patients were sent to General Practitioners.

Special Forms of Treatment. The Chest Physicians gave the following forms of treatment at the Chest Clinic during the year:

Artificial Pneumothorax and Pneumoperitoneum refills	1,717
Injections of tuberculin	381

B.C.G. Vaccinations. 1951 was the first full year of B.C.G. Vaccinations, and 525 cases were tested and 126 vaccinated. The totals tested and vaccinated since we began in June, 1950, are 709 and 182 respectively. We have been very fortunate so far in having no untoward reactions.

We have succeeded in reducing the waiting-list for vaccination to practically nil, so that a contact is usually tested for vaccination a few weeks after being put on the list. The reduction of the waiting-list is due to the help given by Dr. Peirson, Medical Officer of Health for Plymouth, in supplying Medical Assistants, enabling us to maintain an increased frequency of the clinics.

So far it is the contacts of the very active cases notified within the last few years to whom we have offered vaccination. Many of the contacts of the chronic cases appear not too keen to have vaccination, and I feel that more publicity may remedy this as well as helping us to get in touch with those contacts whom we have not succeeded in reaching for one reason or another.

Institutional Treatment. 20 beds were made available for the treatment of tuberculosis at Freedom Fields General Hospital, this being part of the extra 50 beds to be placed at our disposal by the Regional Hospital Board.

These beds were reserved for female cases and have assisted materially in reducing the waiting-list for institutional treatment. Being situated in a hospital with an up-to-date Maternity Ward, these beds have proved extremely valuable for the treatment of expectant mothers, the case being transferred to the Maternity Ward for the actual confinement, and returning to the Tuberculosis Ward afterwards.

The details of admissions and discharges from the hospitals is as follows:

		Respiratory	*Non-Respiratory*
Didworthy Chest Hospital	Admissions	125	1
	Discharges	127	2
	Deaths	—	—
Mount Gold Hospital	Admissions	120	71
	Discharges	105	73
	Deaths	18	—
Isolation Hospital ...	Admissions	54	30
	Discharges	49	14
	Deaths	1	11
Freedom Fields Hospital	Admissions	32	—
	Discharges	12	—
	Deaths	—	—

Nurses and Tuberculosis Health Visitors. The four Tuberculosis Health Visitors have continued their visits to patients' homes during 1951, 3,165 visits being made in all. A Clinic Nurse was appointed during the year to afford the Health Visitors more time for visiting. Many patients are receiving chemo-therapy and resting at home. Frequent visits must be made to these homes to advise on the prevention of the spread of infection, on the care of the patient and to assist in keeping up the patient's morale.

3,290 visits were made during the year by the Queen's Nurses to tuberculous patients receiving special treatment and seriously ill patients needing general care.

Much time has been spent by the Health Visitors in an effort to get the maximum number of children and young adults vaccinated against tuberculosis. It has been found that those families in which there is an infectious case are eager to have the children vaccinated, but where the case is recovered and non-infectious there is a general apathy towards the subject, together with a fear that the vaccine will cause illness. These families require further encouragement, and in order to gain their confidence explanations are made as to what actually happens when a child is given B.C.G. Vaccine.

During the year steady progress was made in the rehousing of tuberculous families. Unfortunately, many families feel the impact of the increased cost of living and have difficulty in furnishing their larger accommodation and in meeting the higher rentals and bus fares. These disadvantages are, however, outweighed by the advantage of being in possession of accommodation far more suited and beneficial to the health of the patient.

The response of contacts to the availability of X-ray examination was fairly good, but there is often difficulty in obtaining the co-operation of the older members of the family, who are unwilling to recognize that although they are feeling quite well, they may be a source of infection. Only when there is a 100 per cent contact response shall we feel satisfied.

The waiting-lists for hospital treatment decreased during the year but, unfortunately, the waiting period for surgical treatment is still as long as ever.

Voluntary Organizations. *Tuberculosis Care and After-Care Voluntary Committee.* Owing to depletion of funds, this Committee found it necessary to restrict their activities somewhat towards the end of the year. Nevertheless, of 358 applications for assistance received during the year, 280 were granted wholly or in part, while the remaining 78 were referred to other organizations or could not be assisted, as their incomes were too high to justify the term " urgent need " being applied.

67 persons were in receipt of free milk at the 31st December, 1951, and in all 3,578 gallons of milk were supplied during the year.

There were 601 items of clothing supplied and 11 single beds and mattresses were issued to patients to enable them to sleep alone. 67 other items of bedding were also supplied.

Contact is maintained with the patients in hospital by the courtesy of the Plymouth General and Special Hospitals Management Committees, who have kindly permitted members of the Committee to make monthly visits to those hospitals treating tuberculous patients. The Committee have also been able to be of assistance to the hospitals themselves by providing grants for Christmas cheer, library books, concerts, etc.

Grants were again made to the British Red Cross Society for the purchasing of materials for tuberculous patients being instructed by them in diversional therapy, and part of the cost of the fees for a correspondence course in art were met for one patient who had obvious ability in this direction.

To enable the Committee to meet the cost of assistance given under Section 28 of the National Health Service Act, 1946, the Local Authority maintained its grant of £375 for the year.

Council of Social Service. There has been continuing reference between this organization and the Care Committee in respect of patients applying to them for assistance, and they have been of great help to the Care Committee in providing items where the latter were unable to meet the demand for all the articles required.

TABLE "A" TOTAL NEW CASES FOR THE YEAR, 1951, INCLUDING TRANSFERS FROM OTHER CENTRES.

Year	*Syphilis*				*Chancroid*				*Gonorrhoea*				*Non-Venereal*				*Totals*			
	Plymouth	Devon	Cornwall	Totals	Plymouth	Devon	Cornwall	Totals	Plymouth	Devon	Cornwall	Totals	Plymouth	Devon	Cornwall	Totals	Plymouth	Devon	Cornwall	Totals
1946	174	24	21	219	5	–	–	5	229	33	35	297	667	57	69	793	1075	114	125	1314
1947	171	13	13	197	8	1	–	9	202	24	21	247	597	50	53	700	978	88	87	1153
1948	188	12	9	209	2	–	1	3	207	9	15	231	656	53	40	749	1053	74	65	1192
1949	165	26	12	203	–	–	–	–	152	12	12	176	602	63	51	716	919	101	75	1095
1950	97	14	3	114	1	-	–	1	148	10	14	172	558	57	48	663	804	81	65	950
1951	66	11	1	78	1	–	–	1	107	10	5	122	464	48	53	565	638	69	59	766

Number of Out-Patient Attendances ... 9713
Number of Patients Admitted 277
Number of In-Patients Discharged ... 276

I am indebted to Dr. F. Johnstone for the following information regarding the Plymouth Venereal Diseases Treatment Centre and the visiting and contact tracing undertaken by the Sister-in-Charge of the Clinic on behalf of the Local Health Authority.

76 contacts of patients attending this or any other clinic were persuaded to attend by the Social Worker.

Syphilis		*Gonorrhoea*		*Soft Chancre*		*Non-V.D.*	
M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
–	3	–	14	–	–	–	59

Number of Contacts notified to M.O.H. Plymouth from all Sources :—

on 1 form	...	152
2 forms	....	1
3 forms	....	1
4 forms	....	1
Total	....	155

(*Note.*—Almost all these notifications of Contacts are received from Service Medical Officers.)

Table "B" New Cases for the Year 1951, Exclusive of Transfers.

Year	*Syphilis.*			*Gonorrhoea.*			
	Male	*Female*	*Totals*	*Male*	*Female*	*Totals*	*Totals*
1946 ...	64	63	127	189	40	229	356
1947 ...	58	89	147	163	58	221	368
1948 ...	94	75	169	171	38	209	378
1949 ...	75	76	151	135	29	164	315
1950 ...	46	44	90	127	29	156	246
1951 ...	35	27	62	99	17	116	178

(C) OTHER ILLNESS

Health Education. Health Education, or the stimulation in the minds of the community of the will to promote and preserve good health throughout life, continued to receive active attention during the year.

The value of giving information and guidance on general health matters cannot be too highly stressed, particularly when it is realized how greatly the average adult is interested in health and disease. Reliable advice, for example, on such subjects as obesity, exercise, recreation, anxiety, convalescence and chronic illness can assist in adding life to years rather than mere years to life, and as life is largely a matter of habit, health education is very much concerned with changing the bad habits, to the ultimate benefit of all.

It is undeniable that great strides have already been made in this field of " preventive medicine ", but it is imperative that we should continue to consolidate the gains already made and at the same time seek to widen the scope of the subject.

Cancer Publicity. As an illustration of the need to break new ground in this connection, my Department, towards the end of the year, took steps to secure a limited amount of publicity about the improved prospects of patients with cancer of certain sites. The opportunity to do so arose as a result of recommendations by the Cancer Advisory Committee of the Regional Hospital Board to a conference attended, among others, by representatives of Local Health Authorities, and it was immediately apparent that, as in these cases a patient's prospects of cure are immeasurably better if the earliest possible diagnosis can be made, here was a subject which could and should be brought to the attention of the public by the organization best able, by reason of experience and opportunity, to present it in the proper manner and to the greatest number of people—namely, the Local Health Authority.

Accordingly, in collaboration with the Director of the Plymouth Cancer Bureau of the Regional Hospital Board, a suitably worded leaflet was produced, and supplies were sent to the Secretaries of all the Women's Organizations in the City with a request that they should be distributed to all their members, all members of the medical

profession in the City were given a copy, all the Health Department's Health Visitors, Midwives and District Nurses were instructed to spread the information wherever possible during their visits throughout the City, and distribution of the leaflets was also made to all who attended the Department's Maternity and Child Welfare Clinics, where further advice on the subject was available, should it be required.

In all, nearly two thousand leaflets were distributed, and this publicity, together with an article which appeared in the local press at the same time, and the information spread verbally and City-wide by the nursing staff of the Department has, I am confident, resulted in bringing, in the best possible way, the benefits obtainable by early diagnosis to the attention of those mainly concerned.

The leaflet used was worded as follows :

CITY OF PLYMOUTH

Medical Officer of Health's Department

Improved Prospects for Patients with Cancer

One reason why the general public are more pessimistic about cancer than the facts warrant is that the cured patient has seldom been told that he or she ever had a cancer, whereas everybody knows all about the hopeless case. Orthodox medicine and surgery have far more to offer than is generally expected, and it is to the results of routine treatment, such as can be obtained at any well-equipped hospital, that we desire to draw attention in this communication.

The commonest cancers in women affect the breast, or the uterus (womb). Here, the results, given early treatment, are very good. In the South-Western Area, of patients with cancer of the breast treated in an early stage, usually by surgery and X-rays, two-thirds of them were alive and well several years afterwards,

and the risks of the treatment were very small indeed. Of the patients with cancer of the womb who were seen at the early stage, about three-quarters of them were alive and well when an enquiry was made three to five years later.

The principal reason why the word Cancer sounds so grimly in the ears of most people is because so many patients fail to take advantage of the benefits of early treatment. At present only a third of the women suffering from these diseases go to the doctor early enough to give themselves a good chance of a cure.

Every woman who knows, or suspects, that she has a lump in the breast should see her doctor at once, even if it is quite painless. He may be able to tell her it is not cancer after all. Similarly, any woman past forty who has irregular bleeding from the womb should be examined without delay. If these simple rules were observed, many lives would be saved.

Men with a sore on the lip, tongue or inside the mouth which does not heal within a fortnight, would be wise to see a doctor.

T. PEIRSON,
Medical Officer of Health.

"Seven Trees",
Lipson Road,
Plymouth.

This, of course, was only one of the ways in which efforts were made to help citizens to improve and preserve their good health and the health of others. Lectures have been given by members of my staff, suitably designed posters and specially produced exhibits have been shown throughout the City and in all the Department's clinics and offices, and literature dealing with a wide range of helpful subjects has been in constant circulation, and slowly but, I believe, surely people in general are learning—and proving for themselves—that the application to their daily lives and conduct of the principles we endeavour to teach them are of very great benefit, not only to themselves but, and this, of course, is equally important, to those around them.

Home Nursing

The agency arrangement with the Three Towns Nursing Association has continued since July, 1948, and the following information has been provided by the Superintendent.

Nineteen candidates were trained for the Queen's Roll, including two male students, and during the year the Association gave experience to one Italian and two Indian students.

For transport there are eight cars and three auto-cycles, owned by the Association, supplemented by three auto-cycles lent by the Local Authority and five cars owned by members of the nursing staff.

A total of 3,973 cases were attended during the year, requiring in all 104,655 visits. The staff at the end of the year consisted of three supervisory (shared with the midwifery scheme) and the equivalent of ten Queen's Staff, six and a half other staff, and five candidates.

The Home Nursing Service is being fully used, and the hospitals are enabled to discharge their patients earlier, and so reduce their waiting-lists.

Home Help Service

(*Organiser :* Mrs. P. NODDER)

During the year the Council's Home Help Service has dealt with an increased number of confinement cases in addition to general cases, and the efficiency of the helpers has improved.

There have been occasions on which the demands for the Service have become rather excessive, but this difficulty has been met by the co-operation of emergency helpers.

Recruitment of Home Helps was facilitated by the great number of applications for this work, and it has been comparatively easy to select the right type of person.

Travelling has proved an obstacle, owing to boundary extension and staggered bus services.

Visits by Organiser	1218	
Number of Cases assisted	218	confinements
	156	general
	22	tuberculosis
Total	396	
Average number of helpers employed weekly	26	
Total number of hours worked by helpers ...	46,744	
Total wages of helpers	£3,603	
Amount recovered from householders ...	£1,620	
Number of cases in which free help provided	6	

NATIONAL ASSISTANCE ACT, 1948 AND 1951

Removal of Persons Needing Care and Attention.

During the year 40 old persons (15 males, 25 females) were brought specifically to notice from various sources as being in need of more care and attention than they were receiving. In most cases it was possible to improve matters in such ways as arranging for part-time home help assistance or encouraging children to accept more responsibility for an ageing parent, or by facilitating entry to a residential home or hospital. A few cases present special problems, some old persons can be very un-co-operative and difficult; their manner and perhaps undesirable habits have alienated natural affection in their children. In others, lack of, or neglect of, underclothing and bedding and absence of laundry facilities leads to an intolerable unhygienic state.

In three cases during the year it was found necessary to exercise the powers given under the National Assistance Act and apply to the Court for authority to remove an aged person to an institution after a refusal to go voluntarily. This course is taken only as a last resort, when other measures fail, since the desire of most old persons to remain in their own home is appreciated and respected. To justify an application for compulsory removal it is not sufficient merely to state that the affected person will have better care in an institution. To satisfy the Act, insanitary conditions constituting a danger to health must also be present.

Action under National Assistance Act, 1948, *Section* 47

Case 1

This was an old lady aged 84, without relatives, almost totally blind, living in one room of a tenement. Despite much assistance from voluntary bodies, conditions eventually degenerated to a degree necessitating removal to a residential home. Among other undesirable conditions, bugs were found in large numbers in the bedstead.

Action under the National Assistance Amendment Act, 1951

The introduction of this Act was welcome in that it provides machinery for prompt action when removal of a person to a home or hospital is an urgent necessity. The legal preliminaries required under the 1948 Act entail a delay of at least two weeks before removal can be effected.

CASE 2

This was a widower aged 77, without children. He was suffering from a stroke, bronchitis and scabies. He was removed under Order to hospital for a period of three weeks. He improved considerably in hospital, and it was hoped that with assistance he would be able to re-establish himself in his home. On discharge from hospital, arrangements were made for him to receive midday meals from the Women's Voluntary Service and daily visits from the District Nurse and a Home Help. Owing to lack of co-operation and undesirable habits on the part of the patient, these aids were unavailing, and it was necessary to seek an Order under the 1948 Act for his removal to a Residential Home for a period of three months.

CASE 3

This was a widower aged 70 living alone, brought to notice by complaints of neighbours to the police. He was found to be heavily infested with lice with extensive septic areas on the body due to dirt and vermin. Though rather frail, he was ambulant and doing his own shopping and capable of spreading vermin over a wide area. He was removed to a Residential Home under an Order for three weeks. A further application, under the 1948 Act, was made for extension of the period in the Home, because of slow healing due to his debilitated condition.

In two of the cases noted above, others living in the same premises expressed justifiable alarm that the taps of gas stoves and fires had been found turned on whilst the old person searched for matches. This potential danger may occur with other old persons living alone, where increasing senility leads to a less alert mental state.

Mental Health

Senior Medical Officer : Dr. N. R. Matheson

Administration The administration of the Mental Health Service remains the same as in previous years. In June, 1951, the staff of the Occupation Centres was increased by the addition of a Trainee Assistant. This has enabled the Supervisor to divide her time more evenly between the two Centres.

Work undertaken in the Community (*a*) *Prevention, Care and After-Care.* The duties under Section 28 of the National Health Service Act, 1946, continue to be carried out as previously. After-Care for cases discharged from Moorhaven Hospital is provided partly by the Hospital Social Worker and partly by the Mental Health Service. The tendency noted last year for relatives of people displaying symptoms of mental illness to seek advice continues to show a gratifying increase.

(*b*) *Lunacy and Mental Treatment Acts.* No solution has yet been found to the problem of dealing with the elderly dementing person. A large number of beds in the Local Mental Hospital tend to be taken up by such cases, to the exclusion of younger patients who would benefit by treatment. It is regrettable that owing to lack of beds at Moorhaven Hospital, three female patients had to be sent to St. Lawrence's Hospital, Bodmin, making it extremely difficult for relatives to visit, and increasing the burden on the Department and Ambulance Service.

During the year 213 cases were dealt with under the Lunacy and Mental Treatment Acts. These were as follows :

	Males	*Females*	*Total*
Admitted under Section 20 of the Lunacy Act, 1890	19	8	27
Admitted under Section 21 of the Lunacy Act, 1890	48	87	135
Certified under Section 16 of the Lunacy Act, 1890	9	6	15
Admitted as temporary cases under Section 5, Mental Treatment Act, 1930	—	—	—
Admitted as Voluntary Patients	15	21	36
	91	122	213

In 34 cases no Statutory action was necessary but the patients or their relatives were helped to overcome their difficulties.

(c) *Mental Deficiency Acts.* 119 cases were ascertained as "Mental Defective" during the year, 95 of them being "Subject to be dealt with" under the Mental Deficiency Acts, 1913–38. These were as follows:

	Males	*Females*	*Total*
Cases reported by the Local Education Authority:			
Under Section 57 (3), Education Act, 1944	34	7	41
Under Section 57 (5), Education Act, 1944	20	7	27
Reported from other sources	10	17	27
Cases reported, but not at present "Subject to be dealt with"	12	12	24

25 cases were admitted to Institutions during the year; 34 ceased to be in the care of the Local Health Authority and 9 died or removed from the area.

In addition, 29 cases at Wolseley Home were certified as Mentally Defective and transferred to Underwood House, Plympton.

Cases still in the care of the Local Health Authority on the 31st December, 1951, were:

	Males	*Females*	*Total*
Under Guardianship	—	5	5
In "Places of Safety"	—	1	1
Under Statutory Supervision	235	208	443
Under Voluntary Supervision	10	17	27
On Licence from Institutions	16	11	27
	261	242	503

There were, in addition, 430 cases in Mental Deficiency Institutions.

30 patients were waiting admission to Mental Deficiency Institutions on the 31st December. The position regarding these cases has shown little improvement during the year, although the South Western Regional Hospital Board make every endeavour to accommodate any vitally urgent case.

A total of 2,588 visits was made by the Department's Staff during the year.

Ambulance Service

Ambulance Officer: Mr. R. Sampson

Use of the Service

At the beginning of the year the Devon County Council opened an Ambulance Station at Plympton, with the result that the amount of work in the area immediately surrounding Plymouth has been somewhat reduced, as patients from that area are now conveyed by ambulances from that station. The transport of patients being discharged from Plymouth hospitals to areas in Devon, and who cannot travel by public transport, is still the responsibility of this Service. Efforts are made, however, to utilize ambulances returning to their areas whenever convenient.

The transport of all patients from Devon or Cornwall who are admitted to the Isolation Hospital at Swilly is still undertaken by this Service.

The number of patients carried shows a decrease of 4,592 with a reduction of 38,651 miles. Whilst part of this is due to the opening of the Ambulance Station at Plympton, another factor is that this Service ceased at the end of March, 1951, the conveyance of pupils to the two Occupational Centres at Mutley and Crownhill. If the figures for the latter are deducted from the totals for 1950 and 1951, an actual increase of 2,629 Out-Patients, with a reduction of 21,632 miles for 1951, against the previous year is revealed ; thus showing that we have not yet reached the peak in the number of Out-Patients but have achieved a great reduction in mileage. This reduction of mileage is due largely to the use of the radio-telephone communication, which avoids unnecessary running, and also to increased co-operation on the part of Hospital Out-Patient Departments in grouping patients.

Vehicles

During the year 2 ambulances and 2 sitting-case vehicles were ordered. The bodywork of the latter being built specially within the City, and each being capable of carrying 1 stretcher patient and 4 sitting patients or, alternatively, 7 sitting patients.

The composition of the fleet will then be 14 ambulances and 4 sitting-case vehicles. Certain older ambulances are being retained

for the training of Civil Defence personnel who have joined the Ambulance Section of the Corps.

The mechanical maintenance of the whole fleet is done in the Service's workshops by our own mechanics.

Radio-Inter-Communi-cation Two-way radio telephone equipment, consisting of a master station at Headquarters and five mobile sets in vehicles, was brought into operation in April. This has proved of immense value and has undoubtedly enabled a better service to be given and has proved a saving of mileage.

The new vehicles mentioned previously will be fitted with this equipment.

Staff The strength of the whole-time staff was increased by one driver/attendant during the year. Much appreciated assistance is still being rendered by members of the St. John Ambulance Brigade. The total hours of voluntary help amounted to: Men, 11,844; Women, 5,959.

	Plymouth	*Devon*	*Cornwall*	*Total*
(A) Road Journeys				
(*a*) Ordinary Removals*	49,920	1,373	74	51,367
Mileage	195,430	33,004	2,888	231,322
(*b*) Accidents and Sudden Illnesses	2,783	9	—	2,792
Mileage	11,521	104	—	11,625
(*c*) Other calls	1,238	2	—	1,240
Mileage	2,656	36	—	2,692
Total Mileage ...	209,607	33,144	2,888	245,639

	Plymouth	*Devon*	*Cornwall*	*Total*
(B) Rail Journeys	149	2	3	154

Plymouth Out-Patients

	1950		1951	
	Patients	*Miles*	*Patients*	*Miles*
	39,019	107,955	35,531	78,001
Deduct Occupation Centre Pupils	9,226	12,092	3,109	3,770
Nett Out-Patients ...	29,793	95,863	32,422	74,231

These figures represent in 1951 *as compared with* 1950:
Increase of 2,629 Out-Patients.
Decrease of 21,632 Miles.

* Includes all In-patient Admissions and Discharges, Attendances at Clinics and Out-patient Departments and long distance journeys by road.

Port Health Department

REPORT OF THE DEPUTY PORT MEDICAL OFFICER,
Dr. G. B. CARTER

General Arrangements. This report and accompanying tables are in the form required by the Ministry of Health (Memo. 302/SA of 1944), with the addition of Tables I and II, which give supplementary information on ships' quarters.

There are no major alterations to report in the working of the Department during the year. By arrangement with the Naval Medical Officer of Health, control under the Port Health Regulations of Royal Fleet Auxiliary vessels reverted to the civilian Port Health Authority, as these vessels frequently carry civilian passengers.

The issue of Rodent Control Certificates to coastwise vessels under the Prevention of Damage by Pests (Application to Shipping) Order, 1951, was begun during the year.

I. AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR.

During 1951 1,777 vessels entered the Port, with a total net tonnage of 2,434,869, an increase of 205 ships and 344,545 tons over 1950.

In the year under review 165 ships were boarded by the Medical Officers, and 1,479 by the Inspector.

TABLE A.

AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR 1951.

		No.	Tonnage.	No. Inspected.		No. reported to be defective.	No. of vessels on which defects were remedied.	No. of vessels on which defects were found and reported to Ministry of Transport Surveyors.	No. of vessels reported as having had during the voyage infectious diseases on board.
				By the M.O.	By the Port Health Inspector.				
Foreign	Steamers	338	1,912,228	165	454	12	9	–	14
	Motor	309							
	Sailing	–							
	Fishing	–							
Total	Foreign	647	1,912,228	165	454	12	9	–	14
Coast-wise	Steamers	547	522,641	–	1025	9	7	–	–
	Motor	583							
	Sailing	–							
	Fishing	–							
Total	Coast-wise	1130	522,641	–	1025	9	7	–	–
Total	Foreign and Coast-wise	1777	2,434,869	165	1479	21	16	–	14

II. CHARACTER OF THE TRADE OF THE PORT.

(*a*) *Passenger Traffic.* During 1951 14,921 persons passed through the Port, an increase of 2,845 over the previous year.

The number of passengers embarked was 3,298, and the number of passengers landing was 11,623.

The number of Aliens passing through the Port was 6,311, compared with 3,759 in the previous year.

The total number of passengers on board vessels arriving at the Port was 50,192.

(*b*) *Cargo Traffic.*

Coastwise : General cargoes of foodstuffs arrive regularly from London, Bristol, Liverpool and Glasgow, and coal from the North-East and Bristol Channel ports.

Foreign : Cargo traffic consisted mainly of Timber from Finland, France, Russia, Canada and Sweden ; Phosphates from Belgium, France, Germany and North Africa, and Fertilizers from Holland ; Grain from Vancouver, France and Russia ; General Foodstuffs from Holland.

TABLE B

(*a*) PASSENGER TRAFFIC DURING THE YEAR 1951

	No. of Passengers.
Inwards	11,623
Outwards ...	3,298

(*b*) CARGO TRAFFIC

The Principal Imports were :

Foreign—

Phosphates from Sfax, Casablanca, Nantes, Antwerp, Ghent, and Rouen.

Timber from Abo, Vancouver, Archangel, Bordeaux, Aarhus, Gothenburg, Valk, Kem, Norrkoping, Karlshamm, Helsinki, Halder and Kotka.

Potash from Hamburg and Ghent.

Preserved Meats from Holland.

Grain from Vancouver, Bordeaux, Kherson and Odessa.

Fertilizers from Amsterdam.

Onions from Roscoff and Rotterdam.

Fruit from Belgium, Holland, France and Valparaiso.

Slates from St. Malo.

Fuel Oil from Abadan.

Iron Ore from Huelva, Baltimore and Fiume.
Cement from Bremen.
Pig Iron from Rotterdam.
Pyrites from Huelva.
Esparto Grass from Nemours and Arzew.
Bauxite from Toulon.
Ammonium Sulphate from Terneuzen.
Crystal Salt from Torrevieja.

Coastwise—

Coal from South Wales and North-East ports.
Vaporising Oil from Avonmouth, Sheerness, Thameshaven and Swansea.
Fuel Oil from Portsmouth.
Fertilizers from Middlesbrough.
Cement from London.
Basic Slag from Middlesbrough.
China Clay from Fowey.
Benzine from Southampton, Hamble and Fawley.
Grain from Avonmouth and Cowes.
Potatoes from Belfast, Londonderry, Kilkeel and Dundrum.
Fish from Deep-Sea Fishing Grounds.
Stone from Newlyn.
Oats from Falmouth, Aberdeen and Newburgh.
Sugar from London.
Margarine, Peas, Soups, Cooking Fats, Sauce, Syrup, Tinned Fruit, Flour, Jam, Biscuits, Macaroni, Tapioca, Lentils and Custard Powder from Liverpool.

(*c*) Foreign Ports from which Vessels Arrive

Asia and Australasia	*Europe*	*America*	*Africa*
Abadan	Aarhus	Antigua	Agadir
Adelaide	Abo	Arica	Arzeu
Chittagong	Amsterdam	Baltimore	Beira
Fremantle	Antwerp	Barbados	Bona
Georgetown	Archangel	Callao	Cape Town
Hobart	Bilbao	Curacao	Casablanca

Asia and Australasia	*Europe*	*America*	*Africa*
Rangoon	Boulogne	Galveston	Dar-es-Salaam
Wellington, N.Z.	Bordeaux	Kingston	Duala
	Bremen	Lobito	Durban
	Bremerhaven	New York	Funchal
	Brest	Norfolk (Virg.)	Melilla
	Caen	Paramaribo	Nemours
	Cahirciveen	Philadelphia	Port Said
	Cherbourg	Pointe á Pitre	Sfax
	Copenhagen	Seattle	Tanga
	Cork	Trinidad	
	Delfzyl	Valparaiso	
	Drogheda	Vancouver	
	Dunkirk		
	Fécamp		
	Fiume		
	Flushing		
	Frederikshund		
	Galway		
	Gdynia		
	Gefle		
	Ghent		
	Gibraltar		
	Gothenburg		
	Granville		
	Guernsey		
	Halden		
	Hamburg		
	Helsingborg		
	Helsinki		
	Huelva		
	Jersey		
	Karlshamm		
	Kem		
	Kherson		
	Kiel		
	Kotka		
	La Havre		
	Leixoes		

Asia and Australasia	*Europe*	*America*	*Africa*
	Leningrad		
	Limerick		
	Malta		
	Nantes		
	Novorossisk		
	Norrkoping		
	Odessa		
	Oslo		
	Quimper		
	Rotterdam		
	Roscoff		
	Rouen		
	St. Helier		
	St. Malo		
	San Sebastian		
	Terneuzen		
	Tornea		
	Trapani		
	Torrevieja		
	Toulon		
	Trondheim		
	Valk		
	Vasa		
	Yxpila		

MEDICAL INSPECTION OF ALIENS.

ANNUAL RETURN BY THE MEDICAL INSPECTOR OF ALIENS FOR THE YEAR ENDED 31ST DECEMBER, 1951.

	TOTAL.	*Number inspected by the Medical Officer.*	*Number subjected to detailed examination by the Medical Inspector.*	*Certificates Issued*					*Trans-migrants.*
				Lunatic idiot or M.D.	*Undesirable for Medical reasons.*	*Physically incapacitated.*	*Suffering from acute infectious disease.*	*Landing necessary for adequate medical examination.*	
(*a*) Total number of Aliens landing at the Port ...	6311	6311	408	–	–	–	–	–	–
(*b*) Aliens refused permission to land by the Immigration Officer ...	10	10	–	–	–	–	–	–	–
(*c*) Transmigrants ...	–	–	–	–	–	–	–	–	–
Total Aliens arriving at the Port ...	6321	6321	408	–	–	–	–	–	–

Total number of vessels carrying Alien passengers : 148.

Number of vessels dealt with by the Medical Inspector : 132.

III. Water Supply, and IV. Port Health Regulations, 1933 and 1945

All the above remain the same as set forth in the Annual Reports for the years 1947 and 1948.

TABLE "C"

Cases of Infectious Sickness Landed from Vessels

Disease.	*No. of cases during the year.*		*No. of vessels concerned.*	*Average No. of cases for previous 5 years.*
	Passengers.	*Crew.*		
Pulmonary Tuberculosis ...	1	–	1	0.4
German Measles ...	–	1	1	1.0
Mumps	1	–	1	0

TABLE D

Cases of Infectious Sickness occurring on Vessels during the Voyage but Disposed of Prior to Arrival

Disease.	*No. of cases during the year.*		*No. of vessels concerned.*	*Average No. of cases for previous 5 years.*
	Passengers.	*Crew.*		
Pulmonary Tuberculosis	–	1	1	0.4
Mumps ...	1	1	2	0.6
Chicken Pox ...	2	1	3	0.6
Pneumonia ...	–	1	1	0.8
Measles	2	1	3	0.8
Dysentery ...	1	–	1	0

Infectious Diseases.

No major infectious disease occurred within the area of the Authority during 1951.

Cases landed at the Port.

1. 26th January. One Hindu female passenger was landed from the S.S. *Liberte* suffering from Mumps, and proceeded to London *en route* to India.

2. 14th September. One male British passenger, suffering from Phthisis, was landed from the S.S. *Reina del Pacifico* and removed to an Army hospital.

3. 26th December. One of the crew of the German fishing vessel *Surf* was landed suffering from German measles, and admitted to the Swilly Isolation Hospital, Plymouth.

Cases of non-infectious disease were dealt with as follows—

1. 4th February. One British member of the crew of the S.S. *Drakedene* was landed suffering from Tonsillitis, and admitted to the Swilly Isolation Hospital, Plymouth.

2. 9th February. One British female passenger was landed from the S.S. *Mantola* suffering from Hemiplegia, and admitted to the South Devon and East Cornwall Hospital, Greenbank, Plymouth.

3. 9th February. One British male passenger, suffering from suspected Influenza, was landed from the S.S. *Mantola* and admitted to the South Devon and East Cornwall Hospital, Freedom Fields, Plymouth.

4. 25th March. One British male passenger, suffering from Cardiac Asthma, was landed from the S.S. *Cottica* and admitted to Guy's Hospital, London.

5. 12th April. One British male passenger, suffering from a Gastric Ulcer, was landed from the S.S. *Gascogne* and admitted to the South Devon and East Cornwall Hospital, Devonport.

6. 24th May. One British female passenger who died on board the S.S. *Gascogne* after suffering from Pernicious Anaemia, was landed and buried at the Old Cemetery, Plymouth.

7. 28th May. An Indian member of the crew of the S.S. *City of Poona* was landed suffering from burns, and admitted to the South Devon and East Cornwall Hospital, Freedom Fields, Plymouth.

8. 2nd June. Four survivors and three dead British seamen were landed from the *British Advocate*, after being transferred from the M.L. *Armanda*, which had caught fire off Plymouth. The survivors were admitted to the South Devon and East Cornwall Hospital, Greenbank, Plymouth, for treatment for burns and shock. The dead were removed to the City Mortuary.

9. 9th June. One French male passenger was landed from the S.S. *Europa* suffering from Acute Appendicitis, and admitted to the South Devon and East Cornwall Hospital, Greenbank, Plymouth.

10. 12th June. One Norwegian member of the crew of the Swedish vessel *Atlantic Ocean* was landed suffering from multiple injuries, and admitted to the South Devon and East Cornwall Hospital, Freedom Fields, Plymouth.

11. 22nd June. One British male passenger, suffering from Mastoiditis and Pleurisy, was landed from the S.S. *Colombie* and admitted to the South Devon and East Cornwall Hospital, Freedom Fields, Plymouth.

12. 25th June. One Pakistani member of the crew was landed from the S.S. *Prome* suffering from a Duodenal Ulcer, and admitted to the South Devon and East Cornwall Hospital, Greenbank, Plymouth.

13. 4th July. One American male passenger was landed from the S.S. *Ile de France*, having died on board the vessel from Myocardial Infarction. The body was removed to London Airport for air passage to America.

14. 11th July. One Swedish member of the crew was landed from the S.S. *Cirrus* suffering from Enteritis, and admitted to the South Devon and East Cornwall Hospital, Greenbank, Plymouth.

15. 30th July. One British male passenger was landed from the S.S. *Umtali* suffering from Coronary Thrombosis, and admitted to the Charlton Nursing Home, Plymouth.

16. 9th August. The body of one American male passenger was landed from the S.S. *Liberte*, having died on board the vessel from Myocardial Infarction.

17. 17th August. One British female passenger was landed from the S.S. *Ile de France* suffering from Digestive Haemorrhage, and admitted to the South Devon and East Cornwall Hospital, Freedom Fields, Plymouth.

18. 3rd September. One member of the crew of the S.S. *American Inventor* was landed suffering from Appendicitis, and admitted to the South Devon and East Cornwall Hospital, Devonport.

19. 18th October. One British female passenger was landed from the S.S. *Umgeni* suffering from Chronic Rheumatoid Arthritis, and admitted to the South Devon and East Cornwall Hospital, Freedom Fields, Plymouth.

20. 6th December. One British female passenger was landed from the S.S. *Reino del Pacifico* suffering from Gastritis, and admitted to the South Devon and East Cornwall Hospital, Greenbank, Plymouth.

21. 6th December. One disabled British seaman was landed from the S.S. *Reino del Pacifico* suffering from back and ankle injuries, and was removed to his home address at Newcastle.

22. 20th December. One of the crew of the American vessel *Paco* was landed suffering from Haematemesis and Melaena, and admitted to the South Devon and East Cornwall Hospital, Greenbank, Plymouth.

23. 31st December. Two members of the crew of the Swedish vessel *Ceres* were landed, one suffering from Acute Appendicitis, the other from Facial Burns, and were admitted to the South Devon and East Cornwall Hospital, Devonport.

During the year 49 British and 16 Foreign seamen were treated at the Venereal Diseases Clinic.

The Nationalities were as follows:

British	49	Finnish	2
American	1	French	1
Canadian	1	Norwegian	1
Danish	4	Polish	1
Dutch	1	Portuguese	1
Estonian	1	Swedish	2

No seamen were treated for Scabies.

Parrots (Prohibition of Import) Regulations, 1930

In accordance with these regulations, 1 Parrot and 2 Budgerigars were dealt with during the year.

In each case written undertakings were given that the birds would not be landed.

V. Measures against Rodents

The measures taken under this heading remain the same as set out in the Annual Reports for the years 1947 and 1948.

In the past two years no rats have been found on vessels, and the number destroyed in docks, quays, wharves and warehouses shows the steady decrease noted each year since the war.

RATS DESTROYED DURING THE YEAR.

TABLE E.—(1) On Vessels.

No. of Rats.	*Jan.*	*Feb.*	*Mar*	*Ap.*	*May*	*June*	*July*	*Aug.*	*Sept.*	*Oct.*	*Nov.*	*Dec.*	***Total in year.***
Black	–	–	–	–	–	–	–	–	–	–	–	–	–
Brown ...	–	–	–	–	–	–	–	–	–	–	–	–	–
Species not specified ...	–	–	–	–	–	–	–	–	–	–	–	–	–
Rats Examined	–	–	–	–	–	–	–	–	–	–	–	–	–
Infected with Plague ...	–	–	–	–	–	–	–	–	–	–	–	–	–

TABLE F.

(2) In Docks, Quays, Wharves And Warehouses.

No. of Rats.	*Jan.*	*Feb.*	*Mar*	*Ap.*	*May*	*June*	*July*	*Aug.*	*Sept.*	*Oct.*	*Nov.*	*Dec.*	*Total in year.*
Black	27	15	1	5	1	6	9	–	22	32	–	–	118
Brown ...	50	82	101	107	134	118	24	30	20	19	55	23	763
Species not specified ...	–	–	–	–	–	–	–	–	–	–	–	–	–
Rats Examined	2	–	–	–	–	–	–	–	1	–	–	–	3
Infected with Plague ...	–	–	–	–	–	–	–	–	–	–	–	–	–

TABLE G.

Measures of Rat Destruction on Plague "infected" or "suspected" Vessels or Vessels from Plague infected Ports arriving in the Port during the Year.

Total No. of such Vessels arriving. 1	*No. of such Vessels Fumigated by SO_2.* 2	*No. of Rats killed.* 3	*No. of such Vessels Fumigated by HCN.* 4	*No. of Rats killed.* 5	*No. of Vessels on which Trapping, Poisoning, etc., were employed.* 6	*No. of Rats killed.* 7	*No. of Vessels on which Measures of Rat Destruction were not carried out.* 8
1	–	–	–	–	–	–	1

TABLE H.

Deratisation Certificates and Deratisation Exemption Certificates issued during the Year.

Net Tonnage.	*No. of Ships*	*No. of Deratisation Certificates Issued*					*No. of Deratisation Exemption Certificates issued.*	*Total Certificates Issued.*
		After fumigation with			*After Trapping Poisoning, etc.*	*Total.*		
		HCN.	*Sulphur.*	*HCN. and Sulphur.*				
1	2	3	4	5	6	7	8	9
Ships up to 300 tons	16	–	–	–	–	–	16	16
Ships from 301 to 1,000 tons ...	14	–	–	–	–	–	14	14
Ships from 1,001 to 3,000 tons ...	4	–	–	–	–	–	4	4
Ships from 3,001 to 10,000 tons ...	2	–	–	–	–	–	2	2
Ships over 10,000 tons	–	–	–	–	–	–	–	–
Totals ...	36	–	–	–	–	–	36	36

PREVENTION OF DAMAGE BY PESTS ACT, 1949

(Application to Shipping) Order, 1951

Under the above Regulations 6 Rodent Control Certificates were issued to coastal vessels found free from infestation with rats and mice.

VI. Hygiene of Crews' Spaces

TABLE "J"

Classification of Nuisances

Nationality of vessel	*No. inspected during year*	*Defects of original construction*	*Structural defects through wear and tear*	*Dirt, vermin and other conditions prejudicial to health*
British	1,075	4	12	23
Other Nations ...	404	13	3	—

Twenty-one vessels were found to have defects during 1951 One vessel was fumigated for weevils.

A considerable number of Dutch vessels were inspected during the year. They were generally found to be in a clean condition, well maintained and free from vermin.

A few of the older vessels lack suitable flushing apparatus in the crews' water-closets (for'ard), and the only means of flushing is provided by buckets of sea water. No action can be taken by Port Health Authorities to remedy these defects of original construction in foreign vessels.

There was a marked improvement in the cleanliness of the crews' accommodation in most of the British coastal vessels. In some of the vessels wash places and messrooms have been provided, and electric lighting has replaced oil lamps.

Conditions on board certain of the older vessels, where accommodation is provided in the forecastle, still remain unsatisfactory.

The following Tables (I and II) give details concerning the inspection of 79 British ships and 154 Foreign ships. 74 British ships of under 2,000 tons nett register were inspected ; of these 30 had crews' accommodation in the forecastle, 3 were found to be without electric lighting, and 38 were without refrigerator or ice-box. 19 of the British ships were without separate messrooms and 15 without wash-places.

TABLE I

	Ships under 500 *tons nett register*							*Ships between* 501 *and* 2000 *tons nett register*						*Ships over* 2000 *tons nett register*				
	Br.	*Dan*	*Du.*	*Fr.*	*Ger.*	*Nr.*	*Sw.*	*Br.*	*Dan*	*Fin.*	*Nr.*	*Pan.*	*Sw.*	*Br.*	*Dan*	*Du.*	*Ital.*	*Nr.*
Number inspected	55	8	93	7	11	6	5	19	5	3	3	2	6	5	1	1	1	2
Number with crew's accommodation under forecastle	26	5	27	5	8	1	1	4	1	1	1	2	2	–	–	–	–	–
Number with crew's accommodation amidships	1	–	2	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–
Number with crew's accommodation aft	28	3	64	2	3	5	4	14	4	2	2	–	4	5	1	1	1	2
Number with messrooms separate from sleeping quarters	38	7	73	4	7	5	5	17	5	2	3	2	6	5	1	1	1	2
Number without separate messrooms ...	17	1	20	3	4	1	–	2	–	1	–	–	–	–	–	–	–	–
Number with clothes drying rooms ...	18	3	53	1	4	2	5	15	5	2	3	1	4	5	1	1	1	2
Number with separate sleeping accommodation for each watch, or two-berth cabins	21	3	46	1	5	2	5	12	3	2	3	2	5	5	1	1	1	2
Number without separate sleeping acommodation for each watch	34	5	47	6	6	4	–	7	–	1	–	–	1	–	–	–	–	–
Number with wash-places	40	7	83	5	9	5	5	19	5	2	3	2	6	5	1	1	1	2
Number without wash-places	15	1	10	2	2	1	–	–	–	1	–	–	–	–	–	–	–	–
Number without water in wash-places ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Number lit with electric light	32	8	93	7	11	6	5	19	5	3	3	2	6	5	1	1	1	2
Number lit with oil lamps	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Number heated by coal bogeys	22	3	25	2	5	1	–	–	–	–	–	1	–	–	–	–	–	–
Number with central heating	33	5	68	5	6	5	5	19	5	3	3	1	6	5	1	1	1	2
Number with ice-box or refrigerator for food	19	3	40	2	3	3	5	17	5	3	3	2	6	5	1	1	1	2
Number without ice-box or refrigerator for food	36	5	53	5	8	3	–	2	–	–	–	–	–	–	–	–	–	–
Average nett registered tonnage ...	305	195	194	134	186	168	362	968	842	1210	712	1088	1018	3965	5627	4645	3254	5083
Average number of crew	13	11	8	9	7	11	14	19	21	25	19	22	26	38	40	45	30	42

Brit. = British. Dan. = Danish. Du. = Dutch. Fr. = French. Fin. = Finnish. Ger. = German. Ital. = Italian.
Nr. = Norwegian. Pan. = Panamanian. Sw. = Swedish.

TABLE II

	Ships under 500 tons nett register.		*Ships between 500 and 2,000 tons nett register.*	
	British.	*Foreign.*	*British.*	*Foreign.*
No. of ships inspected	55	130	19	19
With crew's accommodation under forecastle	47%	36%	21%	37%
Without separate messrooms ...	31%	22%	11%	5%
Without separate sleeping accommodation for each watch ...	62%	52%	37%	10%
Without wash-places	27%	12%	—	5%
With coal bogeys for heating ...	40%	28%	—	5%
Without ice box or refrigerator for food storage	65%	57%	10%	–

VII. Food Inspection

(1) During 1951 254 vessels were dealt with under the Public Health (Imported Food) Regulations, 1937 and 1948. There were 103 from foreign ports and 151 coastwise.

The total amount of foodstuffs voluntarily surrendered and condemned as unsound, unwholesome and unfit for human consumption consisted of:

Manitoba Wheat	8	tons	9	cwt.	2	qrs.	5	lb.
Russian Barley	2	,,	0	,,	0	,,	0	,,
Flour	1	,,	4	,,	0	,,	0	,,
Fruit Salad in light syrup			4	,,	3	,,	14	,,
Rolled Oats			1	,,	1	,,	0	,,
Semolina			1	,,	0	,,	13	,,
Macaroni and Spaghetti			1	,,	3	,,	14	,,
Biscuits			1	,,	0	,,	10	,,
Tinned Herrings			1	,,	0	,,	2	,,
Split Peas			1	,,	0	,,	0	,,
Dried Fruit			1	,,	0	,,	3	,,
Fats					1	,,	17	,,
Coffee					1	,,	12	,,
Baking Powder					2	,,	19	,,
Tinned Chicken					2	,,	24	,,
Various			2	,,	1	,,	22	,,

No action was taken under the Public Health (Imported Milk) Regulations, 1926, and Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1940.

Two samples of food were taken during the year.

The following specimens were submitted to the City Bacteriologist for examination :

Nature of Specimen	*From*	*Examined for*	*Result*
Drinking water	Water Boat *Ena*	B. Coli	180 B. Coli in 100 ml.
do.	do.	do.	7 B. Coli in 100 ml. (Faecal B. Coli, Nil)
Tinned Chicken	M/V *Cezeina Henderika* ...	do.	Free from bacterial infection.
do. ...	do.	do.	do.

(2) *Shell-fish.* Under the Public Health (Shell-fish) Regulations, 1934 and 1948, the prohibited areas for taking mussels, cockles, winkles, limpets and other shell-fish remain the same as in 1950, namely :

Hooe Lake.
The Hamoaze, including West Mud.
St. John's Lake.
Off Torpoint Institution.
Weston Mill Lake.
Off Rat's Island.
Mouth of St. Germans River.
Off Saltash.
River Tamar and its tributaries.

Notice-boards are maintained in these areas warning persons that the taking of shell-fish for sale for human consumption is forbidden.

Oysters from the Yealm Oyster Fisheries have not been sold for some years without first undergoing purification at an approved purifying plant in London.

Recent experiments initiated by the Conway Experiment Station of the Ministry of Agriculture and Fisheries at the layings indicate that a proportion of the output may be satisfactorily purified at the Fisheries. The method is now being applied on a larger scale, and preliminary tests show a satisfactory bacteriological standard of purity.

School Health Service

REPORT OF THE SENIOR MEDICAL OFFICER,
DR. T. H. HARRISON

There was an improvement during the year 1951 in the position regarding medical and dental staffs. Two medical officers were appointed as Assistant School Medical Officers and Assistant Medical Officers of Health to fill vacancies in the permanent staff, and two Assistant Dental Officers were appointed also to fill vacancies, although one of the existing dental officers retired during the year.

Over 11,000 pupils were medically inspected at school in the age groups 5–6 years, 7–8 years, 10–11 years and in the last year of school life at 14 years of age or over. This is the largest total of pupils so far inspected during a year in these age groups. In addition, nearly 14,000 special medical inspections and re-inspections of pupils were carried out at schools and clinics.

Almost 23 per cent of all pupils inspected in the four age groups were found to have defects requiring medical treatment, and of 3,000 of the older pupils inspected in the last two months of the year only 50 per cent approximately of those requiring treatment were found to be receiving it. It is evident that after over three year's operation of the National Health Service there is a continuing need for these periodic medical inspections at school and for the subsequent action by the School Health Service to ensure that any necessary treatment is obtained.

Over 9,000 pupils were given medical treatment at the school clinics during 1951, mainly for minor ailments and defects of the skin, eye, ear, nose and throat. Where reference to a consultant at a hospital clinic was considered necessary, the consent of the pupil's private doctor was obtained before an appointment was made and a copy of the consultant's report forwarded where this was not done by the hospital. There was a delay, however, of 3 months on the average throughout the year before pupils were seen by the Ear, Nose and Throat, Ophthalmic and Orthopaedic Consultants at the hospital clinics.

At the Authority's Child Guidance Clinic, for which the psychiatrist's services are provided by the Regional Hospital Board from the staff of Moorhaven Mental Hospital, the delay after referral before pupils were seen by the psychiatrists was at least eight months by the end of 1951, with an additional twelve months before any necessary treatment was commenced. In contrast, adults were being seen by psychiatrists from the staff of Moorhaven Hospital at the psychiatric clinics at the South Devon and East Cornwall Hospital, Plymouth, within ten days of referral. Representations to the Senior Administrative Medical Officer of the Regional Hospital Board early in 1952 for the provision of more psychiatrists' sessions at the Child Guidance Clinic resulted in information from the Senior Medical Officer as this report was being prepared, that a Senior Registrar was being appointed to the staff at Moorhaven Hospital as an additional member of the staff, and it was hoped that further sessions would be available for the Child Guidance Clinic when he commenced duty.

A special effort was made in regard to dental inspections, and 1951 was the first year during which every school was visited by a dental officer and all pupils in attendance inspected. 25,756 pupils were inspected at schools, and a further 1,437 at the school dental clinics, making a total of 27,193 pupils dentally inspected during the year.

Over 18,000 pupils were found to require dental treatment, and of over 13,000 accepting treatment 5,626 were treated during the year at the school dental clinics whilst others were treated by private dental surgeons. About a quarter of those requiring treatment refused it.

The general condition of the pupils remained satisfactory, but there was an epidemic of measles in the City, which reached its peak in the schools at the end of March, with a small outbreak of whooping-cough at the same time. Coughs and colds were very prevalent in the middle of January, and there were small outbreaks of Chicken-pox and German measlesi n June and July, and a small number of cases of infantile paralysis in September and October.

Preventive measures taken during the year against the spread of infectious and contagious conditions included routine cleanliness inspections at schools, special inspections at schools for infectious

diseases, diphtheria immunisation at the school clinics, X-ray examination of pupils in their last year at a Secondary School by the Regional Hospital Board's Mass Radiography Unit and periodic medical inspection of the staff of the School Meals Service.

Further details of the work of the service are given under the various headings below.

The number of pupils on the registers of the schools maintained by the Authority increased by 1,066 to a total of 28,170 at the end of the year.

Staff. As mentioned above, two Medical Officers were appointed during the year, Dr. T. R. W. Forrest, M.R.C.S., L.R.C.P., being appointed in July and Dr. D. S. Parken, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., in October. In addition, Dr. H. M. Tietze, M.D., who previously had been engaged whole time in the Maternity and Child Welfare Department, was given part-time duties in the School Health Department from October. As both Dr. Forrest and Dr. Parken were employed approximately half time in the Maternity and Child Welfare Department, the total staff engaged in the School Health Service from October was the equivalent of three and a half whole-time medical officers. This staff, with the part-time medical officers who were employed as necessary, enabled a satisfactory medical service to be maintained.

Two assistant dental officers were appointed during the year. Miss M. Bettinson, L.D.S., was appointed in April, and Mr. J. F. Gray, L.D.S., who left the Authority's service in July 1950, was reappointed in September 1951. Mr. E. R. Williams, L.D.S., retired on superannuation on reaching the age limit in June, after twenty-eight years' service. With the part-time dental officer the service had the equivalent of almost three and a half whole-time dental officers throughout the year.

The service was without a Speech Therapist until April, when Miss J. Rowley-Lewis, L.C.S.T., was appointed to fill the vacancy.

The Psychiatric Social Worker at the Child Guidance Clinic, Mr. F. Harris, B.A., resigned in December on obtaining an appointment in South Africa.

The remaining staff, consisting of 9 school nurses, 2 nursing assistants and 5 dental attendants, was maintained throughout the year, with some changes among the personnel.

Medical Inspection.

Every school under the Authority was visited during the year for the periodic medical inspections of the various age groups, and the help and co-operation of the head teachers and their staffs were of the greatest assistance in carrying them out.

The number of pupils who received a periodic medical inspection during 1951 was 11,178, made up as follows:

TABLE 1A—NUMBER OF PERIODIC MEDICAL INSPECTIONS

Entrants to Primary Schools (5–6 years) ...	...	3,335
Leavers at Primary Schools (10–11 years)	...	3,108
Leavers at Secondary Schools (age 14 and over)	...	2,040
Total	...	8,483
Other Periodic Inspections:		
7–8 Age Group	2,406	
Pupils at Special Schools	289	
		2,695
Grand Total	...	11,178

In addition to the periodic medical inspections, 13,856 special medical inspections and reinspections of pupils were made. The special inspections included those of pupils attending the school clinics in connection with medical treatment or for ascertainment as handicapped pupils or inspection for fitness for swimming, camp, entertainment licences, employment, etc.

TABLE 1B—NUMBER OF OTHER MEDICAL INSPECTIONS

Number of Special Inspections ...	...	...	9,214
Number of Reinspections ...	...	...	4,642
Total	...	...	13,856

RESULTS OF MEDICAL INSPECTION

Of the 11,178 pupils examined at the periodic medical inspections a total of 2,566, or 22.9 per cent, were found to require medical treatment. The numbers of pupils and percentages in the various age groups are given in Table 1C, and the numbers of the various defects requiring treatment, or requiring to be kept under observation but not requiring treatment, in Table 2A.

TABLE 1c—NUMBER OF PUPILS FOUND AT PERIODIC MEDICAL INSPECTIONS TO REQUIRE TREATMENT

(1)	(2) *For defective vision (excluding squint)*	(3) *For any of the other conditions recorded in Table 2a*	(4) *Total individual pupils*	(5) *Percentage requiring treatment for defective vision (excluding squint)*	(6) *Percentage requiring treatment for all other conditions*	(7) *Percentage requiring treatment for all defects*
Entrants to Primary Schools	71	811	854	2.1	24.3	25.6
Leavers at Primary Schools	158	630	751	5.1	20.3	24.2
Leavers at Secondary Schools	142	241	349	7.1	11.8	17.1
Total	371	1682	1954	4.4	19.8	23.0
Other Periodic Inspections ;						
7 to 8 Age Goup ...	92	486	560	3.8	20.2	23.3
Pupils at Special Schools	12	45	52	4.2	15.6	18.0
Grand Total ...	475	2213	2566	4.2	19.8	22.9

It will be seen from columns 5 and 6 of Table 1c that the percentage of pupils at the periodic medical inspections found to require treatment for defective vision was 2.1 in Entrants to Primary Schools, rising to 3.8 in the 7–8 Age Group, 5.1 in Leavers at Primary Schools, and 7.1 in Leavers at Secondary Schools, whilst for all other defects the percentage was 24.3 in Entrants, falling to 20.2 in the 7–8 Age Group, 20.3 in Leavers at Primary Schools, and 11.8 in Leavers at Secondary Schools.

In Entrants to Primary Schools and also in the 7–8 Age Group the largest numbers of defects found requiring treatment were those of the nose and throat, mainly enlarged tonsils and adenoids, amounting to 98 defects per 1,000 pupils examined in Entrants and 67 per 1,000 in the 7–8 Age Group, whilst in Leavers at Primary Schools, and also in Leavers at Secondary Schools the largest numbers of defects found requiring treatment were orthopaedic defects, mainly postural, amounting to 75 defects per 1,000 pupils examined in Leavers at Primary Schools and 54 per 1,000 in Leavers at Secondary Schools.

Table IIa.—No. of Defects Found by Medical Inspection

Defect Code No.	Defect or Disease	Periodic Inspections — No. of Defects												Special Inspections — No. of Defects	
		Entrants to Primary Schools		Leavers at Primary Schools		Leavers at Secondary Schools		7–8 Group Age		Pupils at Special Schools		Totals			
	*	T.	O.	T.	O.	T.	O.	T.	O.	T.	O.	T.	O.	T.	O.
4	Skin	64	29	89	15	30	7	41	10	3	2	227	63	574	10
5	Eyes—														
	(a) Vision	71	130	158	210	142	153	92	99	12	24	475	616	759	117
	(b) Squint	76	38	45	35	17	2	59	25	3	4	200	104	99	6
	(c) Other	32	12	44	9	12	4	34	9	2	2	124	36	227	13
6	Ears—														
	(a) Hearing	22	46	9	10	6	4	1	14	2	34	40	108	21	15
	(b) Otitis Media	23	35	22	17	6	12	10	28	5	7	66	99	104	5
	(c) Other	2	15	9	8	4	3	5	5	3	1	23	32	103	9
7	Nose or Throat	326	305	100	173	17	35	162	136	8	24	613	673	255	34
8	Speech	22	25	12	11	6	1	9	13	2	1	51	51	49	6
9	Cervical Glands	27	188	9	102	2	12	17	105	1	12	56	419	32	5
10	Heart and Circulation	10	52	37	85	22	54	7	41	2	8	78	240	10	24
11	Lungs	112	189	36	77	11	29	31	81	3	6	193	382	90	31
12	Developmental—														
	(a) Hernia	6	2	1	–	2	–	3	7	–	–	12	9	3	–
	(b) Other	10	35	10	22	–	2	–	10	–	3	20	72	5	1
13	Orthopaedic—														
	(a) Posture	41	56	85	58	23	9	37	36	2	7	188	166	15	1
	(b) Flat foot	51	24	55	33	39	22	37	14	5	4	187	97	24	1
	(c) Other	133	143	94	56	48	38	69	66	7	4	351	307	111	13
14	Nervous System—														
	(a) Epilepsy	6	4	2	4	1	1	4	4	2	–	15	13	3	1
	(b) Other	1	6	3	17	–	8	3	9	–	1	7	41	10	14
15	Psychological—														
	(a) Development	4	18	4	10	–	–	5	14	–	262	13	304	2	2
	(b) Stability	17	88	30	39	3	1	16	39	–	3	66	170	42	14
16	Other	114	25	95	71	38	40	58	56	2	6	307	198	1249	148
	Totals	1170	1465	949	1062	429	437	700	821	64	415	3312	4200	3787	470
	Total defects per 1,000 pupils inspected	351	439	305	342	210	214	291	342	221	144	296	376	411	51

* T = Requiring treatment.

O = Requiring to be kept under observation but not requiring treatment.

TABLE 2B—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED IN THE AGE GROUPS

Age Groups	*Number of pupils inspected*	*A (Good)*		*B (Fair)*		*C (Poor)*	
		No.	*%*	*No.*	*%*	*No.*	*%*
ants to Primary Schools	3,335	1038	31.1	2,198	65.9	99	3.0
ers at Primary Schools	3,108	1,062	34.2	1,975	63.5	71	2.3
ers at Secondary hools	2,040	1,082	53.1	943	46.2	15	0.7
r periodic inspections: 8 Age Group	2,406	718	29.8	1,643	68.3	45	1.9
pils at Special Schools	289	60	20.8	211	73.0	18	6.2
TOTALS	11,178	3,960	35.4	6,970	62.4	248	2.2

	"A" (Good)	"B" (Fair)	"C" (Poor)
1951	35.4	62.4	2.2
1950	27.0	67.9	5.1
1949	25.2	68.2	6.6
1948	30.1	66.2	3.7

The 1951 figures for the assessment of the general condition of the pupils inspected at the periodic medical inspections suggest some improvement in the condition of the pupils compared with the previous three years, but as different medical officers were concerned in these assessments in the four years, the figures may only reflect their different interpretations of "good", "fair" and "poor" when assessing the condition of the pupils. It is evident, however, that at least there was no deterioration in their general condition during 1951.

Handicapped Pupils.

One hundred and eighty-three pupils were newly ascertained during the year as handicapped pupils, 114 being found to require education in special schools and 69 special educational treatment in ordinary schools, as follows:

	Newly ascertained as requiring education in special schools	*Newly ascertained as requiring special educational treatment in ordinary schools*	*Totals*
1. Blind	0	0	0
2. Partially sighted ...	1	0	1
3. Deaf	2	0	2
4. Partially deaf ...	1	1	2
5. Delicate	23	0	23
6. Physically handicapped	8	0	8
7. Educationally subnormal	79	68	147
8. Maladjusted ...	0	0	0
9. Epileptic	0	0	0
Totals ...	114	69	183

In addition, 46 pupils were found to be ineducable and 23 to require supervision, after leaving school, by the Mental Health Department. 21 others were found to be probably ineducable, but decision was deferred until after further examination.

All pupils previously ascertained to be handicapped pupils, including those receiving special educational treatment at special schools, ordinary schools and at home were re-examined during the year.

On the 1st December, 1951, 448 handicapped pupils were attending Special Schools appropriate for their particular disability, as follows :

	Number attending Day Special Schools	*Number attending Boarding Special Schools*	*Totals*
1. Blind	0	5	5
2. Partially sighted ...	0	2	2
3. Deaf	22	3	25
4. Partially Deaf ...	7	0	7
5. Delicate	79	0	79
6. Physically handicapped	21	5	26
7. Educationally subnormal	283	19	302
8. Maladjusted ...	0	2	2
9. Epileptic	0	1	1
	412	36	448

On that date, in addition, 41 handicapped pupils (1 partially sighted, 1 physically handicapped, and 39 educationally subnormal) were awaiting vacancies in special schools, and 5 physically handicapped pupils, whose disability prevented their attending any school, were receiving tuition at their own homes.

Cleanliness Inspections and Other Work of the School Nurses

There were no changes in the arrangements for the examination and cleansing of infested pupils, which have been described in previous reports.

The cleanliness of the pupils, which has shown a steady improvement since 1946, improved still further during 1951. The numbers of pupils found infested and percentages of those on the registers in the six years are as follows:

1946.	3,020=13.2%	1949.	1,949=7.5%
1947.	2,464=10.1%	1950.	1,375=5.1%
1948.	2,251= 8.8%	1951.	977=3.5%

It was not found necessary to issue any formal cleansing notices or orders under Section 54 of the Education Act, 1944, during the year, although the nurses sent informal notes to parents where necessary and followed up certain cases by visits to the pupils' homes.

The constant inspections by the school nurses and the following up on each occasion of those found to be dirty appear to be having the desired effect of reducing gradually infestation in our school population.

TABLE 3—INFESTATION WITH VERMIN

(1) Total number of examinations in the schools by the school nurses	169,217
(2) Total number of *individual* pupils examined	28,170
(3) Total number of *individual* pupils found to be infested ...	977
(4) Number of individual pupils in respect of whom cleansing notices were issued under Section 54 (2) of the Education Act, 1944...	0
(5) Number of individual pupils in respect of whom cleansing orders were issued under Section 54 (3) of the Education Act, 1944 ...	0

Other Work of the School Nurses

The following is a summary of the other work of the school nurses.

(*a*) Number of vision tests made at schools	32,100
(*b*) Number of pupils referred from vision tests to medical officers at clinics	685
(*c*) Number of pupils specially examined at school for infectious diseases	672
(*d*) Number of "follow up" visits to pupils' homes regarding treatment, cleanliness, neglect, etc.	1,805

Medical Treatment

The arrangements for treatment at the school clinics and at the hospitals continued unchanged during 1951. The numbers of the various types of cases treated or under treatment during the year by the staff of the School Health Department, and also the numbers known to have been treated otherwise, such as at the special clinics for school children at the hospitals, are given in Table 4.

TABLE 4—TREATMENT OF PUPILS

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table 3).

	Number of cases treated or under treatment during the year	
	By the Authority	*Otherwise*
Ringworm— (i) Scalp	15	6
(ii) Body	139	3
Scabies	36	—
Impetigo	236	—
Other skin diseases	327	177
	753	186

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	By the Authority	*Otherwise*
External and other, excluding errors of refraction and squint	331	48
Errors of refraction, including squint ...	—	1281
	331	1,329
Number of pupils for whom spectacles were :		
(*a*) Prescribed	—	726
(*b*) Obtained	—	732

GROUP 3.—DISEASES AND DEFECTS OF THE EAR, NOSE AND THROAT.

	Number of cases treated	
	By the Authority	*Otherwise*
Received operative treatment :		
(*a*) for diseases of the ear	—	—
(*b*) for adenoids and chronic tonsillitis ...	—	33
(*c*) for other nose and throat conditions	—	—
Received other forms of treatment ...	262	—
	262	33

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(*a*) Number treated as in-patients in hospitals	—	84
	By the Authority	*Otherwise*
(*b*) Number treated otherwise, e.g. in clinics or out-patient departments	—	Not available

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated In the Authority's Child Guidance Clinics	*Elsewhere*
Number of pupils treated at Child Guidance Clinics	74	—

GROUP 6.—SPEECH THERAPY.

	Number of cases treated By the Authority	*Otherwise*
Number of pupils treated by Speech Therapists	127	—

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated By the Authority	*Otherwise*
(*a*) Miscellaneous minor ailments ...	6,971	—
(*b*) Ultra-Violet Light	584	—
	7,555	—

Child Guidance Clinic. The following report on the work of the Child Guidance Clinic during 1951 has been made by Dr. J. M. Gilroy, the Clinical Director :—

	At 31st Dec., 1950	*At 31st Dec.*, 1951
(*a*) On Treatment Waiting List	74	77
(*b*) On Diagnostic Waiting List	37	93
	Year 1950	*Year* 1951
(*c*) New referrals	121	224
(*d*) Cases given full clinical investigation ...	84	109
(*e*) Number of Individual Treatment Interviews	516	972
(*f*) Number of Clinic Interviews by Psychologist	241	484
(*g*) Number of visits by P.S.W.	587	302
(*h*) Cases closed	18	40
(*i*) Cases undergoing social supervision ...	36	23

Although there is no appreciable increase in the number of children on the treatment waiting-list, the number on the diagnostic waiting-list is almost three times that at the end of 1950. This is explainedby an almost 100 per cent increase in the referral rate coupled with the policy of maintaining a proper balance between diagnosis and treatment. The period of waiting between diagnosis and beginning of treatment is kept fairly constant at one year and consequently the delay between referral and diagnosis becomes progressively longer.

When reading the above figures it must be borne in mind that 1951 was the first year in which the number of sessions each week was fairly constant, and also the first year throughout which the services of our Educational Psychologist were available, hence the increased output under the headings (*d*), (*e*) and (*f*) above. The increased sessions (compared with most of 1950) made it necessary for the Psychiatric Social Worker to spend more of his time in the clinic with a consequent reduction in the number of home visits and other work done outside the clinic.

Staff. In June, 1951, Dr. A. N. Graham, who as Senior Registrar at Moorhaven Hospital contributed a weekly session at the clinic, departed to Stafford to take up a new appointment there as Consultant Psychiatrist. This therapeutic session was taken over by Mr. McNally, Educational Psychologist, so that some of those children on the clinic waiting-list suffering from educational retardation as well as emotional maladjustment might receive treatment.

Dr. W. L. Walker's training in adult psychiatry made it necessary in July that he should discontinue his two weekly sessions which were taken over by Dr. N. Connell, who was appointed to the staff of Moorhaven Hospital to succeed Dr. A. N. Graham.

Throughout the year Dr. R. Blair, Consultant Psychiatrist, Moorhaven Hospital, attended for one session each week.

It is with regret that I report the resignation in December of Mr. F. Harris, our Psychiatric Social Worker, on his appointment to another post. He was associated with me in the setting up of the clinic from its inception, and I would, therefore, like to record my personal appreciation of his loyalty and co-operation and wish him well in his new surroundings.

Regional Conference. On April 14th, 1951, a conference of all the professional workers in Child Guidance Clinics in the South-West Region, organized by the Plymouth Child Guidance Clinic team, was held at Moorhaven Hospital, Ivybridge, by kind

invitation of the Management Committee and Physician Superintendent, to whom we are grateful for their generous hospitality. This function, which was a great success, included a talk by Mrs. Woollcombe, J.P., on the relationship between Child Guidance Clinic and Juvenile Court, and a short paper by our own clinic team, as well as films of interest to Child Guidance workers.

N.A.M.H. Conference.

On the 24th November, 1951, I represented our clinic at a conference convened in London by the National Association for Mental Health to discuss the follow-up of children treated at Child Guidance Clinics and, as I later informed the members of the Special Services Sub-Committee, who showed an interest in this subject, the proceedings of this conference will be published in the form of a report. Although our clinic is of relatively recent origin, we did contribute some account of the results of treatment of fifty of our own cases to the nationwide survey which was conducted by the National Association for Mental Health before the conference was held.

An Inadequate Child Guidance Service.

In my annual report for 1950 I drew attention to the urgent need for expansion of the Child Guidance Service, pointing out that Plymouth City alone requires at least a whole-time clinic and, if the needs of Plymouth Clinical Area (i.e. the adjacent parts of Devon and Cornwall) are considered, the minimum service can only be provided by one and a half clinics. In 1951 we have made no progress, and still have only a half-time clinic, although a glance at the enormously increased referral rate in 1951 will show that the provision of a whole-time clinic is long overdue. It is sad to have to report a delay of eight months between referral of a child and initial attendance for diagnostic investigation.

It is to be hoped that the South-Western Regional Hospital Board will follow the admirable example of the London Metropolitan Regional Hospital Boards, which provide such excellent psychiatric services to the Child Guidance Clinics in their regions. I feel sure that if the members of the Regional Board consider the

prophylactic aspect of the Child Guidance Service, they will regard the Child Guidance Clinic worthy of their fullest support, because of its potential contribution to the mental health of a community whom they aim to serve. The provision of six additional psychiatric sessions should be looked upon as an urgent priority by the Regional Hospital Board.

Likewise, the Local Authority's representatives must feel a greater responsibility for that part of the service which they undertake to provide, which brings me to consideration of the psychological and social work aspect of the clinic's activities.

A considerable number of children on the clinic register show varying degrees of educational retardation ; with some the backwardness is very marked. It is regrettable that children showing improved emotional stability during clinical treatment have to leave the clinic handicapped in the educational sense. With present facilities only a minority of such children can be given any real remedial help. In this connection Mr. McNally has been receiving valuable aid from the voluntary attendance on Saturday mornings of Mr. Greene, a teacher in the Public Secondary School. The children concerned, however, require the regular and frequent remedial teaching which only a full-time teacher can offer. Such an appointment would ease the problems of these numerous children, lighten the load on the psychologist and leave time for the most severe cases. It must be remembered that one educational psychologist can provide an efficient service for a school population of not more than 20,000, whereas Plymouth has a school population of 30,000.

In conclusion, I wish to record my grateful appreciation of the cheerful and loyal support of my colleagues."

Speech Therapy.

The following report on the work of the Speech Therapy Clinics has been made by Miss J. Rowley-Lewis, Speech Therapist :—

"Speech Therapy clinics were restarted in April, 1951, after a break of several months. The majority of sessions were held at the

Rowe Street Clinic, although two sessions per week were held at the North Prospect and Crownhill Clinics.

During the past year Speech Therapy has become more firmly established. The majority of cases were treated individually with the exception of selected stammerers, who were treated in groups. Each case attended once or twice a week for half-hourly sessions, according to the nature of the disorder.

The types of disorders treated during the year were various, although a greater proportion of them were stammering and dyslalia. It is interesting to note that the standard of intelligence found in these two groups was either well above or well below average.

A substantial amount of equipment has been collected gradually throughout the year, constructive and educational toys and apparatus for specific defects, etc. Perhaps special mention can be made of a gramophone which is used to play back speech recordings. This has proved most efficacious, it is invaluable in some dyslalia cases where there is little faculty of self-criticism and in cleft palate cases, where frequently there is none. The recording also serves as a useful pointer and guide to the therapist as regards progress.

There is, of course, an extensive waiting-list with accompanying delay in treatment. Nothing can be done to decrease this without additional help, and as always the demand exceeds the supply.

Many of the cases awaiting treatment are visited during the school holidays and given advice where necessary. It is unfortunate, however, that more time is not available for home and school visits during the term, as they play such a vital part in a successful Speech Therapy service.

Throughout the year attendances have been excellent. Both patients and parents have shown interest and co-operation and, on the whole, the results have been satisfactory."

	Stammering	Dyslalia	Sigmatismus	Alalia	Idioglossia	Dysarthria	Dysphonia	Hyperrhinophonia	Hyporhinophonia	Cleft palate	*Total*
Number of cases on Register, April 1st, 1951	19	21	8	–	–	3	1	–	3	3	58
Number of new cases admitted during 1951	22	27	7	3	1	1	2	3	2	1	69
Number of cases defaulted	4	1	–	–	–	–	–	–	–	–	5
Number of cases discharged improved	1	1	–	–	–	–	1	–	–	–	3
Number of cases discharged cured ...	7	20	8	1	–	–	2	1	3	–	42
Number of cases still receiving treatment, Dec. 31st, 1951 ...	29	26	7	2	1	4	–	2	2	4	77
Total number of cases treated during 1951	41	48	15	3	1	4	3	3	5	4	127

Number of cases awaiting treatment, December 31st, 1951 = 36.

Dental Inspection and Treatment.

No Senior Dental Officer was appointed during the year, and the number of dental officers on the staff varied between three and four until September, when there were four whole-time officers on the staff, together with a part-time dental officer. The average number of dental officers throughout the year was equivalent to almost three and a half whole-time officers out of an establishment of five. In addition, three part-time specialist anaesthetists were employed at the dental clinics for a total of five half-day sessions a week until September, after which their services were discontinued.

As the service was understaffed, it was decided, as advised by the Ministry of Education for understaffed areas, to inspect all pupils at school during the year and do all the extractions found to be necessary, and, as it would not be possible to do all the fillings required, to offer fillings first to those whose parents had already shown appreciation of conservative treatment and who appeared most likely to continue treatment during school age and after leaving school, and recommend the remainder to obtain treatment from private dental surgeons under the National Health Service Scheme.

Every school accordingly was visited during the year by a dental officer and all pupils in attendance inspected. A total of 25,756 pupils was inspected at school during 240 half-day sessions, equivalent to rather less than the half-time of one dental officer throughout the year.

Five dental clinics were kept open throughout the year, although at times it was possible to maintain only a part-time service at some of them. The dental clinic at Freedom Fields Hospital was not used for school children after July, and school children were treated at the Beaumont House Dental Clinic instead.

General anaesthetics for extractions were given at the Rowe Street, High Street and North Prospect Dental Clinics in 4,007 cases on 263 half-day sessions, and 9,269 extractions carried out. At these sessions an aesthetist and a dental officer or two dental officers worked together, so that the time spent on extractions was equivalent to 526 half-day sessions or the whole time of one dental officer throughout the year.

Fillings and other dental operations were done on 1,417 half-day sessions, equivalent to the whole time of 2.7 dental surgeons, and 5,944 fillings were done, 5,496 teeth being filled, and 1,931 other operations carried out.

The ratio of 9,269 teeth extracted to 5,496 teeth filled is unsatisfactory for what is intended to be a preventive service, but as this was the first year during which all pupils were inspected, it was to be expected that a large number of unsaveable and septic teeth requiring extraction would be found. The extraction of these septic teeth and the cleaning up of neglected mouths should lead, however, to an improvement in the general health of the pupils dealt with,

and a continuation of the policy of inspecting all pupils every year and doing all the extractions necessary should result in less extractions being required in each succeeding year and more time being available for fillings and the consequent saving of pupils' teeth. As dental treatment was also given under the National Health Service scheme by private dental surgeons, with whom parents made their own arrangements, the ratio of teeth extracted to those saved probably is not as great as appears from the figures given, as most of the work done would be fillings. No figures are available, however, of the work done by private dental surgeons.

TABLE 5.—DENTAL INSPECTION AND TREATMENT.

(1)	Number of pupils inspected by the Authority's Dental Officers :	
	(*a*) Periodic age groups	25,756
	(*b*) Specials	1,437
	Total (1)	27,193
(2)	Number found to require treatment	18,116
(3)	Number referred for treatment	13,676
(4)	Number actually treated	5,626
(5)	Attendances made by pupils for treatment	10,464
(6)	Half-days devoted to : Inspection	240
	Treatment	1,526
	Total (6)	1,766
(7)	Fillings : Permanent Teeth	4,421
	Temporary Teeth	1,523
	Total (7)	5,944
(8)	Number of teeth filled : Permanent Teeth	3,973
	Temporary Teeth	1,523
	Total (8)	5,496
(9)	Extractions : Permanent Teeth	1,229
	Temporary Teeth	8,040
	Total (9)	9,269
(10)	Administration of general anaesthetics for extraction	4,007
(11)	Other operations : Permanent Teeth	1,268
	Temporary Teeth	663
	Total (11)	1,931

Mass Radiography. A survey of pupils in their last year at a Secondary School was carried out, on the same lines as in 1950, by the Plymouth Mass Radiography Unit, and the following information has been supplied by Dr. G. Sheers, the Medical Director of the Unit :

Number of pupils examined :

Male	1,000
Female	1,055
Total	2,055

Incidence of Disease :

A. Pulmonary Tuberculosis.

1. Newly-discovered significant cases :

Treatment cases ...	2	= 0.97 per 1,000
Observation cases	5	= 2.43 per 1,000
Total ...	7	= 3.40 per 1,000

2. Previously diagnosed ... 0
3. Requiring no action 3

B. Other Conditions.

Bronchiectasis	1
Aspiration pneumonia	1
Bony abnormality	2

The case of bronchiectasis required no further action, and the case of aspiration pneumonia was found to have cleared completely at a second examination.

Infectious Diseases.

There was an epidemic of measles in the City during 1951, which reached its peak in the Primary Schools at the end of March, when over 900 pupils were absent from school on account of this disease. It was accompanied by a smaller outbreak of whooping-cough with over 170 pupils absent from school in addition for this reason.

Coughs and colds were very prevalent in the middle of January, when over 3,700 pupils were absent from school for those conditions.

Chicken-pox and German measles cases occurred in June and July, and 150 pupils were absent at the end of July on account of Chicken-pox with 175 absent on account of German measles.

The number of cases of infectious disease in school children notified to the Medical Officer of Health during 1951 was as follows :

Diphtheria	20
Scarlet Fever	149
Tuberculosis	24
Poliomyelitis	10
Measles	2,024
Whooping-couch	422

Only 7 of the 20 cases of diphtheria notified were later confirmed.

Diphtheria Immunisation. Diphtheria immunisation of school children was continued during 1951 at the school clinics, except during September and October, when a few cases of poliomyelitis were notified, and 2,046 injections were given during the year. The immunisation of 273 new cases was completed and 1,274 pupils received reinforcing doses.

School Camp. The school camp at Maker Heights, Cawsand, Cornwall, was continued on the same general lines as in the previous three years, with the same medical arrangements as described in previous reports.

A maximum limit of accommodation was advised for the camp of 240 pupils, 110 boys and 130 girls, plus staff, with suitable spacing of beds, etc., and a satisfactory standard of hygiene was set by the first Plymouth school party in residence in 1951, and was well maintained during the year by all the Plymouth schools.

At the Camp Sick Bay and Minor Ailment Treatment Clinic 1,468 pupils were treated during 1951. The local doctors, to whom thanks are due for their interest in the camp and their co-operation, were called in to see 40 of the pupils, and referred 9 to hospital, including 6 accident cases and 1 of acute appendicitis. 15 cases of tonsillitis, 4 of German measles, and 1 of mumps occurred, all unrelated, with no secondary cases.

Co-operation in the medical arrangements was received from all concerned with the camp, and greatly assisted in safeguarding the health of the pupils at camp. Thanks are due particularly to the school nurses, who were in residence in turn for the whole period the camp was open, and who put in many extra hours of duty, including night duty, in respect of several cases admitted to the Sick Bay.

Special Schools. There were no changes during 1951 in the medical and nursing arrangements at the Authority's Day Special Schools for Delicate and Physically Handicapped pupils, Deaf and Partially Deaf pupils and Educationally Subnormal pupils.

Children's Homes. The medical and nursing arrangements at the Children's Homes at Astor Hall and Channel View Terrace and at the Plymleigh Boarding Home for Educationally Subnormal boys remained unchanged during 1951. All were visited regularly and found always to be conducted satisfactorily.

Food-handlers, Meals and Milk. The annual medical inspection of all staff of the School Meals Service employed in the preparation, cooking, transport and serving of school meals was continued during 1951, and 179 of the staff were medically inspected during the year at the school clinics.

The general hygienic condition of the kitchens, etc., was supervised by the Sanitary Inspectors of the Health Department and the sources of milk supply by the Medical Officer of Health.

No cases of illness which could be attributed to school meals or milk occurred during the year.

The numbers of pupils taking meals and milk in schools on a day in October, 1951, when a return was made by the Authority to the Ministry of Education, with comparable figures for the previous three years, are as follows:

	Pupils present in schools	*Pupils taking dinners*	*Percentage taking dinners*	*Pupils taking milk*	*Percentage taking milk*
October, 1951 ...	26,221	9,356	35.7	22,677	86.5
October, 1950 ...	24,913	8,886	35.7	21,856	86.1
October, 1949 ...	24,335	8,027	33.0	21,701	89.2
October, 1948 ...	23,841	6,865	29.2	21,275	90.6

In December, 1951, the daily average number of pupils taking dinners in school was 9,459, compared with 9,313 in December, 1950, and 8,610 in December, 1949.

In conclusion, I take this opportunity of recording my appreciation of the loyal work of the staff of the School Health Service, of the co-operation of the Director of Education and his staff, and not least of the help and consideration of the members and Chairman of the Education Committee, and particularly the members and Chairman of the Education Special Services Sub-Committee throughout the year.

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