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CITY OF PLYMOUTH

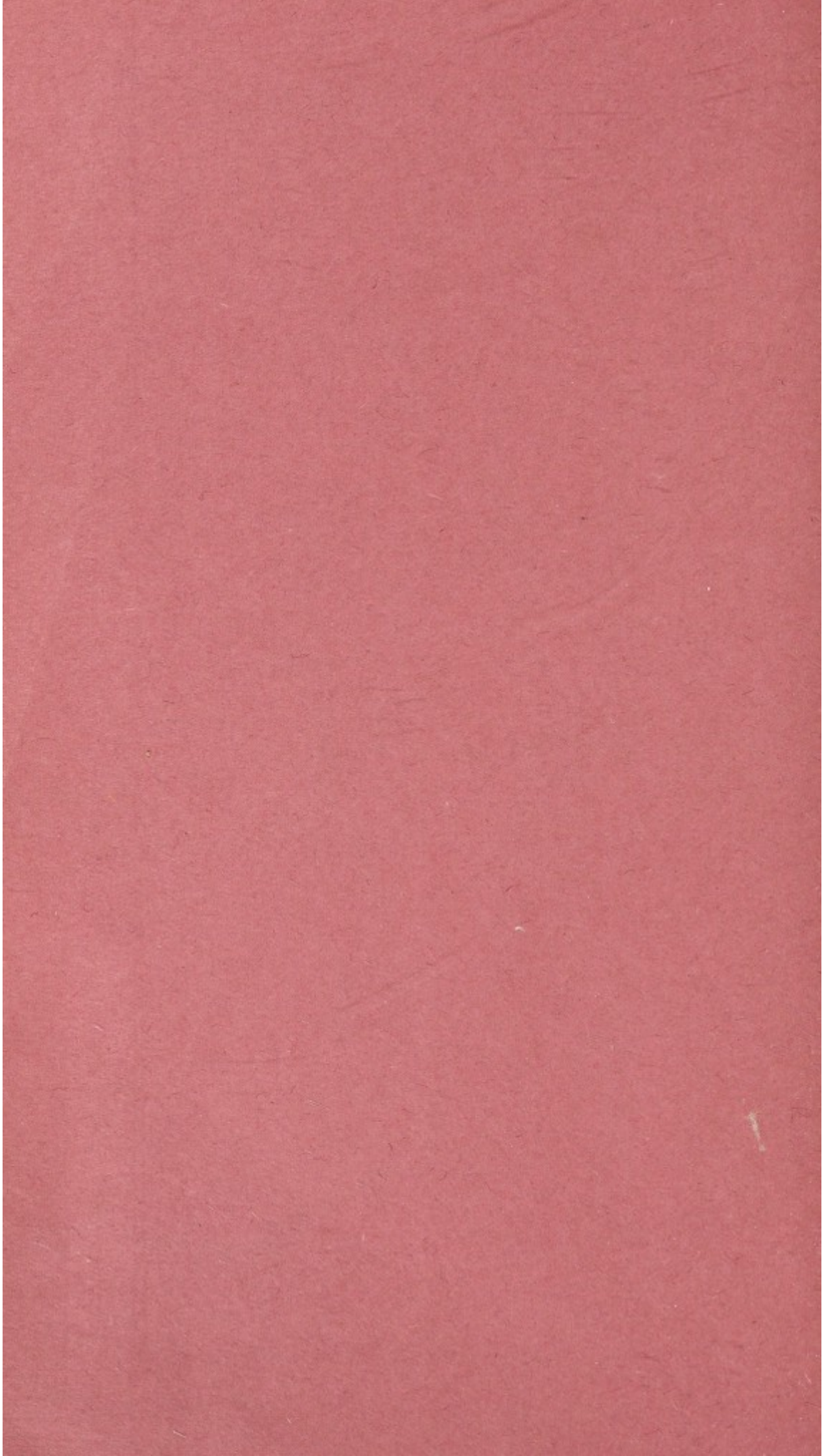


ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the Year 1953



*filed
9/15/54*



CITY OF PLYMOUTH




ANNUAL REPORT

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MEDICAL OFFICER OF HEALTH

for the Year 1953



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

HEALTH COMMITTEE

Chairman: Councillor C. S. C. Prance.

Vice-Chairman: Councillor (Mrs.) P. L. F. Colmer.

Alderman (Mrs.) J. Marshall.

Councillors K. Adams, (Mrs.) E. Broad, T. B. Harvey, (Mrs.) D. F. W. Innes, I. C. Lowe, (Mrs.) L. Newbery, (Miss) E. K. Pryor, 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 C. S. C. Prance.

Vice-Chairman: Mr. H. L. Spear.

Councillors K. Adams, I. C. Lowe, (Mrs.) D. F. W. Innes, (Miss) E. K. Pryor, W. J. Wilks.

Mrs. H. Vellacott, Rev. H. D. Hilliard, Mr. F. Warren representing the Plymouth and District Ambulance Service Committee.

MENTAL HEALTH SUB-COMMITTEE

Chairman: Councillor C. S. C. Prance.

Vice-Chairman: Councillor (Mrs.) P. L. F. Colmer.

Councillors K. Adams, I. C. Lowe, (Mrs.) D. F. W. Innes, (Miss) E. K. Pryor, W. J. Wilks.

EDUCATION COMMITTEE

Chairman: Alderman H. J. Perry.

Vice-Chairman: Councillor L. F. Paul.

Aldermen (Mrs.) C. H. Daymond, L. G. Hicks, H. G. Mason, H. S. Sangwell, F. J. Stott.

Councillors R. Briscoe, J. A. Constable, T. H. Franklin, A. A. H. Hampton, (Mrs.) M. Jolly, R. G. King, N. W. Lamb, S. C. Potter, (Miss) K. Pryor, G. P. Ross, L. J. L. Russell, T. H. L. Stanbury, E. J. Trout.

Ten Members not of the Council: Mrs. B. M. Batchelor, Mrs. F. C. Clements, Rev. W. H. A. Cooper, Rev. P. C. Curran, Rev. W. F. Grey, Mr. C. Hunt, Miss E. M. Leigh, Mrs. M. A. Motley, Mr. L. Pawley, Mr. H. G. Taylor.

SPECIAL SERVICES SUB-COMMITTEE (EDUCATION COMMITTEE)

Chairman: Councillor R. G. King.

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

Councillors R. Briscoe, A. A. H. Hampton, S. C. Potter, E. J. Trout.

Rev. P. C. Curran, Rev. W. H. A. Cooper, Mrs. B. M. Batchelor, Mrs. F. C. Clements, Mr. C. F. Hunt, Mr. L. Pawley, Mr. H. G. Taylor.

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 ; Principal 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.
- 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—Port and General.
- 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.
- 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.
- 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.)

DENTAL

Dental Surgeons—School Health and Mothers and Young Children :
A. Maughan, M.C., L.D.S. (Part-time) ; R. M. Maynard,
L.D.S. ; Miss M. Bettinson, L.D.S. ; R. S. Fawcett, L.D.S.
(part-time) ; J. F. Grey, L.D.S. ; Mrs. M. Owen, L.D.S.
(part-time) ; M. S. Widdup, L.D.S.

OTHER STAFF

Chief Sanitary Inspector:

C. E. Sanderson, F.R.San.I.*†‡

Port Sanitary Inspector:

A. S. Kitt.*†

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., M.T.D.

Moral Welfare Officer:

Miss M. C. V. Collins.

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 1953.

The last Annual Report contained detailed descriptions of those sections of the Medical Officer of Health's Department which are governed by the National Health Service Acts and these have therefore been dealt with in briefer fashion in this report.

CHILD WELFARE

There are some features of this annual review of the health of the City which are satisfactory and others which are not. This will become apparent on reading the various sections of the report. The Infant Mortality rate was a record low figure at 26.9 per 1,000 live births. The standard of parentcraft as is to be expected is rising and this is reflected in the improved physical condition of children generally. One of the most important and far-reaching functions of the Local Health Authority is the teaching of child care to parents, and the Health Visitor is still the principal agent in this work. The origins of health visiting are to be found in the nineteenth-century concern for infant welfare and the results obtained are largely due to this work. It is gratifying to note the increasing extent to which the family doctor is using the Health Visitor's services.

The attendances at Infant Welfare Centres have been satisfactorily maintained since the advent of the National Health Service in 1948, approximately two-thirds of infants born in the City were brought to centres during 1953.

TUBERCULOSIS

In common with the rest of the country, the mortality rate for pulmonary tuberculosis continues its steady fall. In Plymouth the rate for the five-year average 1949-53 was 0.4 per 1,000 of population compared with 0.66 for the period 1934-38. There has, however, been no comparable reduction in the number of new cases notified. This must be due at least in part to the more active search for cases which goes on at present. The Ministry of Health has recently asked

local health authorities to intensify their tracing of contacts of patients. The purpose of this contact examination is two-fold, both to endeavour to discover the source of infection and to discover secondary cases in the earliest stage.

The tuberculosis health visitors play a most important part in this contact tracing and also in bringing contacts to the clinic for B.C.G. vaccination. The Mass Radiography Unit proves invaluable in examining groups which show evidence of special risk. Improvement in living conditions and in particular housing conditions is, of course, vital, and the Housing Committee of the Council fortunately appreciate the part they play both in helping recovery of the patient and in preventing the spread of infection to others.

Tuberculosis of organs other than the lungs is frequently bovine in origin and transmitted from tuberculous cattle by means of milk. It is therefore very satisfactory to report that, from December 2nd last, Plymouth has become one of the "Specified Areas" in which all milk sold retail must be "Special Designation" milk, that is, pasteurised, sterilised, tuberculin tested, or, until 30th September, 1954, only accredited from a single herd.

SLUM CLEARANCE

Since my last annual report, two large areas of Stonehouse, both north and south of Union Street, have been represented for clearance of unfit dwellings. It is to be hoped that these areas and those represented in Devonport will soon be dealt with. These representations involve a very considerable amount of work on the part of those inspectors engaged on housing duty.

WATER SUPPLY

The existing moorland water supply of the City is to be augmented by extraction of water from the River Tavy when necessary and a dam at Lopwell is in the course of construction for this purpose. Detailed measures for the necessary purification before this new source of supply is used have been agreed between the Water Undertaking and the Medical Officer of Health.

It is with great regret that I record the death of the meat inspector, Mr. P. Hawthorn, after serving the Council well for thirty-eight years. I pay tribute to 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, 1954.

Statistics and Social Conditions of the Area, 1953

Area in acres (Land and Inland Water)	13,115
Rateable value of the City	£1,892,141
Sum represented by the penny rate (estimated) ...	£7,714
Registrar-General's estimate of the home population ...	221,400
Number of marriages in the City during 1953 ...	1,800
Marriage Rate per 1,000 of estimated home population	8.13

Number of unemployed persons in the City as at 31st December, 1953 :

		<i>Age</i>				<i>Total</i>
Men	...	18 and over	...	...	...	1,234
Boys	...	15 to 17	...	...	...	78
Women	...	18 and over	...	...	...	1,312
Girls	...	15 to 17	...	...	...	140
<i>Total</i>						2,764

<i>Live Births</i>		<i>M.</i>	<i>F.</i>	<i>Total</i>	
Legitimate ...	...	1756	1641	3397	Birth rate per 1,000 of the estimated home population 16.45
Illegitimate ...	...	140	106	246	
		-----	-----	-----	
		1896	1747	3643	

<i>Still-Births</i>		<i>M.</i>	<i>F.</i>	<i>Total</i>	
Legitimate ...	...	36	32	68	Still-Birth rate per 1,000 total (live and still) births 20.17
Illegitimate ...	...	6	1	7	
		-----	-----	-----	
		42	33	75	

Deaths under one year

	<i>M.</i>	<i>F.</i>	<i>Total</i>	
Legitimate ...	54	34	88	Death rate of infants under one year per 1,000 live births
Illegitimate ...	6	4	10	
	60	38	98		26.90

<i>All Deaths</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>Death rate per 1,000 of estimated home population</i>
	1303	1138	2441	11.03

Death Rate of Infants under one year of age:

All infants per 1,000 live births (Total Deaths 98) ...	26.90
Legitimate infants per 1,000 Legitimate Live Births (88) ...	25.91
Illegitimate infants per 1,000 Illegitimate Live Births (10) ...	40.65

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

Pregnancy, Childbirth and Abortion

	<i>Deaths</i>	<i>Rate per 1,000 total (live and still) births</i>
No. 30. Pregnancy, Childbirth and Abortion ...	6	1.61

Gastro-Enteritis (under 2 years of age):

Deaths from Gastro-Enteritis under 2 years of age ...	2
Mortality Rate per 1,000 Live Births ...	0.54

Medical Examination of Council Employees.

During 1953, 703 medical examinations of Corporation employees or prospective employees were performed to assess their fitness for their occupation and suitability for entry to the Corporation

Sick Pay and Superannuation Schemes.

Of these, 560 were found free from any defect likely to affect their service and were reported to the employing Department as fit for employment and entry to the Schemes.

Of the remaining 143 :

10 were found unfit for employment by the Corporation (including 3 already employed who had become unfit for further employment owing to permanent ill-health) ;

62 were found to be reasonably fit for employment at the time of examination but unfit for entry to the Superannuation and Sick Pay Schemes as they possessed defects likely to curtail materially their working life or lead to undue absence from sickness.

71 were found to be unfit for entry to the schemes owing to defects of a temporary or remedial nature. After suitable treatment or a period of observation there is a probability that persons in this group will become suitable for entry to the schemes.

In those found unsuitable for entry to the schemes the most commonly occurring defects were :

Cardio-vascular disease including	Raised	Blood	
Pressure ... ..	...	...	22
Pulmonary Tuberculosis ... ..	...	...	7
Hernia ... ..	...	...	12
Ear disease and Deafness ... ..	...	...	8
Chronic Bronchitis and Asthma ... ..	...	...	6
Gastric or Duodenal Ulcer ... ..	...	...	8
Defective Vision ... ..	...	...	5
Mental Instability ... ..	...	...	3
Spinal Curvature or other disease of the spine ... ..	...	...	3
Skin disease ... ..	...	...	2
Rheumatism ... ..	...	...	3
Dental defects ... ..	...	...	8

Other Examinations. X-ray examinations of the chest were obtained in 74 cases, mainly new entrants to Corporation Service in the Health and Children's Departments. Twenty-four Home Helps were re-examined.

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	1948	... 967
1940	... 552	1953	... 2,185

Number of Post-mortems asked for by the Medical Referee during 1953 : 24.

CANCER REGISTRATIONS OF PLYMOUTH RESIDENTS FOR THE YEARS 1951 TO 1953

	1952 — 466	1953 — 532			
<i>Buccal Cavity and Pharynx</i>					
			1951	1952	1953
Lip	4	5	7
Tongue	2	12	4
Salivary gland	—	6	6
Floor of mouth	—	5	6
Other parts of mouth and unspecified	2	3	6
Oral mesopharynx	2	1	2
Nasopharynx	1	—	—
Hypopharynx	2	5	3
Pharynx, unspecified	1	—	—
			—	—	—
			14	37	34
			—	—	—
<i>Digestive Organs and Peritoneum</i>					
			1951	1952	1953
Oesophagus	10	8	8
Stomach	47	39	52
Small intestine, including duodenum	—	—	1
Large intestine, except rectum	28	33	37
Rectum	36	28	34
Biliary passages and liver (primary)	3	5	6
Biliary passages and liver (secondary)	2	—	3
Pancreas	11	8	12
Peritoneum	3	5	3
Unspecified digestive organs	1	—	2
			—	—	—
			141	126	158
			—	—	—
<i>Respiratory System</i>					
			1951	1952	1953
Nose, nasal cavities, middle ear, and accessory sinuses	3	3	4
Larynx	3	5	4
Lung and bronchus (primary)	42	35	56
Lung and bronchus, unspecified (primary or secondary)	2	—	2
Mediastinum	—	—	—
Thoracic organs (secondary)	—	1	—
			—	—	—
			50	44	66
			—	—	—

<i>Breast and Genito Urinary Organs</i>	1951	1952	1953
Breast	63	61	55
Cervix uteri	17	19	25
Corpus uteri	9	13	12
Other parts of uterus, including chorio- nepithelioma	—	—	—
Uterus, unspecified	3	1	2
Ovary, Fallopian tube and broad ligament	15	16	11
Other and unspecified female genital organs	3	2	5
Prostate	18	14	23
Testis	6	4	3
Other and unspecified male genital organs	1	1	2
Kidney	3	2	9
Bladder	14	31	18
	<hr/> 152	<hr/> 164	<hr/> 165

<i>Other and Unspecified Sites</i>	1951	1952	1953
Malignant melanoma of skin	4	3	2
Other skin	51	63	64
Eye	3	—	—
Brain and other parts of nervous system	2	1	10
Thyroid gland	—	2	2
Other endocrine glands	2	1	1
Bone	3	4	2
Connective tissue	2	1	3
Secondary and unspecified lymph nodes ...	2	—	2
Other and unspecified sites	1	5	8
	<hr/> 70	<hr/> 80	<hr/> 94

<i>Lymphatic and Haematopoietic Tissues</i>	1951	1952	1953
Lymphosarcoma and reticulosarcoma ...	4	2	2
Hodgkins disease	4	2	2
Other forms of lymphoma	—	2	3
Multiple myeloma	1	—	1
Leukaemia and aleukaemia	6	8	6
Mycosis fungoides	1	1	1
	<hr/> 16	<hr/> 15	<hr/> 15

TABLE I.
VITAL STATISTICS—PLYMOUTH—1914—1953.

Year.	Estimated Mid-year Population (a) Civilian (b) Total Resident.	Birth Rate.	Death. Rate.	Infant Mortality Rate per 1,000 Live Births.	CRUDE DEATH-RATES PER 1,000 POPULATION FROM						
					Measles.	Scarlet Fever.	Whoop- ing Cough.	Diph- theria.	Tuberculosis.		Cancer.
									Respira- tory.	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	96.95	.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	.09	.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
1952	218,600 (b)	15.95	11.18	29.53	—	—	.01	.00	0.22	.02	1.73
1953	221,400 (b)	16.45	11.03	26.90	—	—	.01	—	0.20	.02	1.84
Average		17.11	11.84	30.70	.00	—	0.1	.00	0.39	.03	1.80

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—1953.

YEAR.	STILLBIRTHS.		INFANT MORTALITY		NEO-MORTALITY.		MATERNAL MORTALITY.					
	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
1952	81	22.70	103	29.53	73	20.94	—	—	3	0.84	3	0.84
1953	75	20.17	98	26.90	62	17.02	1	0.27	5	1.34	6	1.61
Average	82	22.21	111	30.70	71	19.61	.4	0.11	3	0.97	4	1.08

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 ...	-	-	-	-	-	-	-	-	1	6	2	14	5	7	1	2	1	29	10		39
2. Tuberculosis, other ...	-	-	-	-	-	-	-	1	1	-	-	1	1	-	-	1	2	3	5		
3. Syphilitic disease ...	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	1	2	3		
4. Diphtheria ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
5. Whooping-cough ...	1	1	1	-	2	1	-	-	-	-	-	-	-	-	-	-	2	1	3		
6. Meningococcal infections ...	3	-	-	-	3	-	-	-	-	-	1	-	-	-	-	-	3	-	3		
7. Acute Poliomyelitis ...	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	2	1	3		
8. Measles ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
9. Other infective and parasitic diseases ...	-	-	-	-	-	-	-	-	-	1	3	1	1	3	1	1	5	2	7		
10. Malignant neoplasm, stomach ...	-	-	-	-	-	-	-	-	-	2	14	6	15	12	9	13	38	33	71		
11. Malignant neoplasm, lung and bronchus ...	-	-	-	-	-	-	-	-	-	1	-	34	4	17	2	3	55	6	61		
12. Malignant neoplasm, breast ...	-	-	-	-	-	-	-	-	1	3	-	15	10	10	5	5	1	33	34		
13. Malignant neoplasm, uterus ...	-	-	-	-	-	-	-	-	-	3	3	-	13	5	1	1	-	22	22		
14. Other malignant and lymphatic neoplasms ...	-	-	-	-	-	-	-	-	2	8	14	38	26	53	25	38	21	140	89	229	
15. Leukaemia and aleukaemia ...	1	-	-	-	1	-	1	-	1	1	1	4	2	-	3	-	6	7	13		
16. Diabetes ...	-	-	-	-	-	-	-	-	-	1	-	1	4	3	8	-	5	13	18		
17. Vascular lesions of nervous system	1	-	-	-	1	-	-	-	-	4	3	30	35	45	53	61	85	141	176	317	
18. Coronary disease, angina ...	-	-	-	-	-	-	-	-	-	7	-	85	20	79	31	31	39	202	90	292	
19. Hypertension with heart disease...	-	-	-	-	-	-	-	-	-	-	-	11	5	7	7	8	17	26	29	55	
20. Other heart disease ...	-	-	-	-	-	-	-	-	-	3	-	25	19	56	63	76	169	160	251	411	
21. Other circulatory disease ...	-	-	-	-	-	-	-	-	-	1	-	10	8	24	13	26	25	61	46	107	
22. Influenza ...	-	-	1	-	1	-	-	-	-	2	2	5	2	4	3	5	8	17	16	33	
23. Pneumonia ...	14	10	1	3	15	13	-	-	-	3	2	14	7	21	12	32	34	85	68	153	
24. Bronchitis ...	-	-	1	-	1	-	-	1	1	2	-	13	6	22	11	20	22	59	40	99	
25. Other diseases of respiratory system	-	-	-	-	-	-	-	-	-	1	1	7	3	5	8	2	5	15	17	32	
26. Ulcer of stomach and duodenum...	-	-	-	-	-	-	-	-	-	-	-	7	1	4	3	4	10	15	14	29	
27. Gastritis, enteritis and diarrhoea...	3	1	-	-	3	1	-	-	-	-	-	1	1	3	1	1	6	4	10		
28. Nephritis and nephrosis ...	-	-	-	-	-	-	-	-	1	1	1	9	6	11	3	3	24	14	38		
29. Hyperplasia of prostate ...	-	-	-	-	-	-	-	-	-	-	3	-	8	-	20	-	31	-	31		
30. Pregnancy, childbirth, abortion...	-	-	-	-	-	-	-	-	3	-	2	-	-	-	-	-	-	5	5		
31. Congenital malformations ...	8	6	-	-	8	6	2	-	1	-	1	1	1	-	-	-	11	9	20		
32. Other defined and ill-defined diseases	28	19	2	-	30	19	1	-	1	1	6	6	20	22	15	31	49	120	110	230	
33. Motor vehicle accidents ...	1	-	-	-	1	-	-	4	1	-	2	-	1	-	1	1	7	14	22	44	
34. All other accidents ...	-	1	-	1	-	2	-	1	3	1	5	1	1	2	2	1	8	5	13		
35. Suicide ...	-	-	-	-	-	-	-	-	2	-	1	3	2	2	-	-	1	-	-		
36. Homicide and operations of war...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-		
TOTAL ALL CAUSES ...	60	38	5	5	65	43	9	4	16	11	54	47	215	411	293	381	525	1303	1138	2441	

CLIMATOLOGICAL OBSERVATIONS

Taken at The Hoe, Plymouth, during the Year 1953

	1953	1952	60 Years Average
TEMPERATURES			
Maximum	78.0 (29th June)	82.3 (1st July)	87.0 (16/8/47) ‡ (12/7/23)
Minimum	25.1 (5th Jan.)	26.0 (27th Jan.)	16.0 (29/1/47) ‡ (1/2/47)
Mean	52.1	50.8	51.5
Daily Range ...	11.3	10.5	10.7
Relative Humidity ...	76%	76%	81%
EARTH TEMPERATURES			
Earth 1 ft. deep ...	53.2	52.7	52.3*
Earth 4 ft. deep ...	53.1	53.1	52.8**
Minimum on Grass ...	18.2 (5th Jan.)	13.5 (27th Jan.)	10.6 (31/1/12) ‡
SEA TEMPERATURE			
Mean 6 ft. deep ...	53.7	53.6	53.3*
RAINFALL			
Total during year ...	28.18"	39.06"	37.62"
Greatest daily fall ...	1.37" (21st June)	2.55" (15th Aug.)	2.55" (15/8/52) ‡
Number Wet Days ...	155	188	190
SUNSHINE			
Total Number Hours	1709.0	1638.6	1684.6
Greatest Daily Amount	15.0 (11th June)	14.6 (25th May)	15.3 (3/6/06) ‡
Number Sunless Days	68	60	63
WIND			
Prevailing Direction...	N.W.	S.W.	S.W.
Highest Velocity (Gust) m.p.h.	62 (26th Oct.)	60 (29th Mar.)	96 (8/3/28) ‡

‡ Denotes Absolute Record.

* Denotes a 45 Year Average.

** Denotes a 37 Year Average.

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

January, 1954.

Maternity and Child Welfare

REPORT OF SENIOR ASSISTANT MEDICAL OFFICER
FOR MATERNITY AND CHILD WELFARE

DR. MARION SMELLIE

Births. The live birth rate, 16.45 per 1,000 of the estimated population, shows an increase of 0.5 on last year's figure, which was the lowest recorded for 12 years, and is also 0.95 above the rate for England and Wales.

	<i>Notified</i>	<i>Registered</i>	<i>Allocated</i>
Total live births (legitimate and illegitimate)	3877	3878	3643
Total stillbirths (legitimate and illegitimate)	107	107	75
	<hr/>	<hr/>	<hr/>
	3984	3985	3718
	<hr/>	<hr/>	<hr/>
Illegitimate births—live ...	122	122	246
stillbirths	5	5	7
	<hr/>	<hr/>	<hr/>
	127	127	253
	<hr/>	<hr/>	<hr/>
Number of births notified by doctors ... ..	...	...	16
Number of births notified by midwives ... ..	...	...	3968
			<hr/>
			3984
			<hr/>

PLACE OF CONFINEMENT.

Own home by municipal midwife	1121
Own home by municipal midwife with doctor	205
Own home by private midwife	6
Own home by private midwife with doctor	45
Own home by T.T.N.A. midwife	327
Own home by T.T.N.A. midwife with doctor	162
Alexandra Maternity Home by midwife	660
Alexandra Maternity Home by midwife with doctor	306
Freedom Fields Hospital by midwife	730
Freedom Fields Hospital by midwife with doctor	269
Private Nursing Home with doctor	82
	<hr/>
	3913
	<hr/>

(Multiple births counted as one).

BIRTH RATES FROM 1920

Year				Plymouth	England and Wales
1920-29	Average	...	...	18.9	
1930-39	Average	...	...	15.4	
1940-49	Average	...	...	21.6	16.9
1950	...	...	...	16.91	15.8
1951	...	...	...	16.49	15.5
1952	...	...	...	15.95	15.3
1953	...	...	...	16.45	15.5

The following Table shows the ward distribution of Plymouth births, adjusted by inward and outward transfers :—

Ward	Live Births	Still-Births	Total No. Notified
Charles	192	3	195
Compton	115	5	120
Crownhill	226	6	232
Drake	146	4	150
Efford	185	6	191
Ernesettle	305	9	314
Ford	183	3	186
Friary	167	4	171
Molesworth	188	3	191
Mount Gold	132	3	135
Nelson	254	9	263
Peverell	92	—	92
St. Andrew	172	7	179
St. Aubyn	198	9	207
St. Budeaux	194	3	197
St. Peter	172	4	176
Stoke	144	3	147
Sutton	194	2	196
Tamerton	189	1	190
Trelawny	149	3	152
TOTAL	3,597	87	3,684

Stillbirths. The stillbirth rate for 1953 shows a further slight but satisfactory decrease and is less than half that of ten years ago. Per 1,000 births the rate is 20.17 and per 1,000 of the population 0.34, the corresponding rates for England and Wales being 22.4 and 0.35.

STILLBIRTH RATE.

Year.	England and Wales.	Plymouth.	
	Per 1,000 population.	Per 1,000 births.	Per 1,000 population.
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
1952	0.36	22.70	0.37
1953	0.35	20.17	0.34

No. of notified stillbirths (institutional 78 ; domiciliary 32)					110
Less outward transfers	...	...	...		22
					—
Plymouth stillbirths	...	...	...		88
					=
Institutional.					
Freedom Fields Hospital	...	...	...	40	
Flete Maternity Home	...	...	...	3	
Alexandra Maternity Home	...	...	...	13	
					— 56
Domiciliary.					
Municipal midwife	...	...	...	23	
Three Towns Nursing Association midwife	...	...	...	8	
Emergency—Doctor attended	...	...	...	1	
					— 32
					= 88
					=
Doctor in attendance	...	...	...	78	
Midwife only in attendance	...	...	...	10	
					— 88
					=
Female stillbirths	...	...	...	48	
Male stillbirths	...	...	...	40	
					— 88
					=

The following information has been extracted from a survey of the records of the 88 Plymouth stillbirths :—

A. Macerated : 32.

Duration of pregnancy.

Over 40 weeks	3
40 weeks	9
36-39 weeks	12
32-35 weeks	8
Under 32 weeks	—
	<u>32</u>

Parity.

1st pregnancy	12
2nd "	7
3rd "	9
4th "	1
5th "	—
Over 5th pregnancy	3
	<u>32</u>

Pre-natal supervision.

Satisfactory	30
Nil	2
	<u>32</u>

Causes

(a) Post-mature.		
Toxaemia	1	
Accidental A.P.H.	1	
Placental insufficiency	1	3
(b) Full-term.		
Malformation associated with toxaemia	1	
Poor health of mother	1	
Placental insufficiency	2	
Spina bifida	1	
Cord round neck	1	
Unknown	3	
(c) 36-39 weeks.		9
Accidental A.P.H.	2	
Hydrocephalus	1	
Toxaemia	3	
W.R. Pos	1	
Eclampsia	1	
Hydrops foetalis	2	
Unknown	2	
(d) 32-35 weeks.		12
Accidental A.P.H.	2	
Prolapsed cord assoc. with prematurity	1	
Toxaemia	2	
Anencephaly	1	
Unknown	2	
	<u>8</u>	
		<u>32</u>

B. Premature but not macerated : 19.

Duration of pregnancy.

36 weeks	....	....	....	....	....	4
32-35 weeks	....	....	....	....	....	7
28-30 weeks	....	....	....	....	....	8
						<hr/> 19

Parity.

1st pregnancy	....	....	....	....	....	5
2nd pregnancy	....	....	....	....	....	3
3rd pregnancy	....	....	....	....	....	2
4th pregnancy	....	....	....	....	....	3
5th pregnancy	....	....	....	....	....	2
Over 5th pregnancy	....	....	....	....	....	4
						<hr/> 19

Pre-natal supervision.

Satisfactory	....	....	....	....	....	17
Nil	...	...	...	...	...	2
						<hr/> 19

Standard of living.

Good	....	....	....	....	....	3
Fair	....	....	....	....	....	3
Poor	...	...	...	...	...	3
Not known	....	....	....	....	....	10
						<hr/> 19

Causes.

(a) 36 weeks.

Breech	...	...	...	...	...	1
Breech assoc. with toxæmia	...	...	...	...	...	1
Toxæmia	...	...	...	...	...	1
Accidental A.P.H.	...	...	...	...	...	1
						<hr/> 4

(b) 32-35 weeks.

A.P.H.	...	...	...	...	...	1
Accidental A.P.H.	...	...	...	...	...	1
Poor health of mother	...	...	...	...	...	1
Toxæmia assoc. with hydramnios	...	...	...	...	...	1
Delay in after-coming head	...	...	...	...	...	1
Cord round neck	...	...	...	...	...	1
Prematurity—malpresentation	...	...	...	...	...	1
						<hr/> 7

(c) 28-30 weeks.

Breech	...	...	...	...	...	1
Anencephaly	...	...	...	...	...	2
Accidental A.P.H.	...	...	...	...	...	1
Prematurity	...	...	...	...	...	2
Shock	...	...	...	...	...	1
Unknown	...	...	...	...	...	1
						<hr/> 8

19

C. Stillborn at or near term : 37.

Parity.

1st pregnancy	....	....	....	....	....	9
2nd pregnancy	....	....	....	....	....	9
3rd pregnancy	....	....	....	....	....	6
Over 3rd pregnancy	....	....	....	....	....	13

—

37

—

Age.

Under 21 years	....	....	....	....	....	3
21-24 years	....	....	....	....	....	9
25-29 years	....	....	....	....	....	8
30-34 years	....	....	....	....	....	9
35-39 years	....	....	....	....	....	4
40 years and over	....	....	....	....	....	4

—

37

—

Pre-natal supervision.

Satisfactory	37
--------------	------	------	------	------	------	----

—

Standard of living.

Good	....	....	....	....	....	13
Fair	....	....	....	....	....	5
Poor	....	....	....	....	....	2
Not known	....	....	....	....	....	17

—

37

—

Delivery.

Spontaneous	....	....	....	....	....	21
Instrumental	....	....	....	....	....	8
Manual	....	....	....	....	....	7
Caesarian section	...	...	...	...	...	1

—

37

—

Causes.

Dystocia	...	...	...	...	...	5
(Delay in after-coming head	1					
Delayed labour	...	...	...	...	...	2
Breech	...	...	...	...	...	1
Malpresentation	...	...	1)			
Precipitate labour	...	...	...	...	...	2
Cord anomalies	...	...	...	...	...	8
(Cord round neck	...	...	7			
Prolapsed cord	...	...	1)			
Placental insufficiency	...	...	...	...	...	2
Ruptured uterus	...	...	...	...	...	2
Congenital atresia of urethra	...	...	...	...	...	1
Inattention at birth	...	...	...	...	...	2
Tumour of kidneys	...	...	...	...	...	1
Hypertension	...	...	...	...	...	2
Placenta praevia	...	...	...	...	...	3
Toxaemia	...	...	...	...	...	3
Poor health of mother	...	...	...	...	...	2
Congenital malformation	...	...	...	...	...	4

—

37

—

Circular 20/44 During the year, 294 premature, or underweight, Care of Pre-
mature Infants. babies were born in Plymouth. This number included 38 multiple pregnancies in which one or both infants were underweight. There were 62 outward transfers, leaving 232 babies belonging to Plymouth. Of these, 23 died within 24 hours, 17 between the 2nd and 28th day, and a further 3 before the 31st December. By the end of the year 19 premature babies had left the City, leaving 170 surviving and living in Plymouth (i.e. 73.3%). Of these, 100 were entirely breast-fed during the first two weeks.

There were 4 inward transfers from Flete, all of whom were alive and still in Plymouth at the end of the year.

Approximately 7.4% of live births were premature.

Thirty-one premature babies born in their own homes were later removed to the hospital premature baby unit for special care. Of these 24 survived and 7 died.

In 1951, the neo-natal mortality for the premature babies was 203. It fell to 177 in 1952, and to 169 in 1953.

1952 *Follow-up.*

Of the 174 babies surviving and in Plymouth at 31.12.52, 15 left the City in the following twelve months. There were two deaths. The remaining 157 are progressing satisfactorily, as are the 5 premature babies born at Flete in 1952.

DOMICILIARY PREMATURE BABY NURSING SERVICE

A very successful year's work was accomplished by our Prem. Baby Sister. There is no doubt whatsoever of the great value of the additional nursing care that it was thus possible to give to premature infants in their own homes.

The following is a summary of the work done :—

Total number of babies attended	...	...	...	174
1. Premature babies				
(i.e. 5½ lbs. or under)	...	...	...	147
2. Difficult feeders				
(i.e. babies weighing over 5½ lbs. at birth but immature, or presenting feeding difficulties)				27

Premature babies :

(a) Babies born on district and nursed at home entirely	32	} 147
(b) Babies born on district and transferred to hospital	25	
(c) Babies born in hospital and discharged for home nursing when 4 lb. 5 oz. or over	90	

Babies born on district and nursed at home entirely :—

<i>Weight Group</i>	<i>No. of babies</i>	<i>Average duration of nursing</i>	<i>Illnesses in first month</i>	<i>Mortality in first month</i>
Under 4 lb. 6 oz.	1	26 days	—	—
4 lb. 6 oz.— 4 lb. 15 oz.	9	27 days	3 with slight "snuffly" colds	1 Cardiac abnormality
5 lb. — 5 lb. 8 oz.	22	20 days	(1 with slight "snuffly" cold) (1 with mild septic spots)	—
<i>TOTAL</i>	32	24 days	16%	3%

Of the 147 premature babies, 58% were fully breast-fed, 23% partly breast-fed when handed over to the supervision of the district health visitor.

The following statistical summaries deal with all Plymouth's 1953 premature babies, whether born at home or in hospital :—

INSTITUTIONAL AND DOMICILIARY PREMATURE, OR UNDERWEIGHT,
BABIES

	Total born in Plymouth	Less Outward Transfers	Plus Inward Transfers (Fete)	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 31.12.53	Left Plymouth after 28th day and up to 31.12.53	Surviving and living in Plymouth at 31.12.53		
											Total	Six months and over	Under 1 month
Institutional premature infants	213	62	4	155	21	10	1	123	3	12	108	52	13
Domiciliary premature infants	81	—	—	81	2	7	—	72	—	6	66	38	6
TOTALS	294	62	4	236	23	17	1	195	3	18	174	90	19

* All in first week

Legitimate	...	275
Illegitimate	...	19
Male	...	144
Female	...	150

INSTITUTIONAL AND DOMICILIARY PREMATURE, OR UNDERWEIGHT, BABIES — PROBABLE CAUSE OF PREMATURITY

<i>Probable cause</i>	<i>Total</i>	<i>Less Outward Transfers</i>	<i>Belonging to Plymouth</i>	<i>Died in first 24 hours</i>	<i>Died 2-28 days</i>	<i>Died after 28 days and up to 31.12.53</i>	<i>Left Plymouth as at 31.12.53</i>	<i>Total surviving and living in Plymouth at 31.12.53</i>
Multiple pregnancy ...	32	8	24	5	—	2	1	16
Multiple pregnancy (with toxaemia) ...	1	—	1	—	—	—	—	1
Multiple pregnancy (with A.P.H.) ...	2	2	—	—	3	—	2	12
Toxaemia ...	24	4	20	3	—	—	—	1
Hypertension ...	1	—	1	—	—	—	—	—
Hydramnios ...	1	—	1	1	—	—	—	—
Rhesus Negative ...	1	—	1	—	1	—	—	—
Pyelitis ...	2	—	2	—	—	—	—	1
Placenta praevia ...	4	1	3	—	1	—	—	3
A.P.H. ...	17	6	11	3	1	—	1	6
Medical or Surgical induction ...	17	4	13	2	—	—	1	10
Caesarian section ...	13	2	11	2	1	—	—	8
Over-exertion (lifting, etc.)	3	—	3	—	—	—	—	3
Fall or shock ...	3	—	3	1	—	—	—	2
T.B. of mother ...	1	—	1	—	—	—	—	1
General poor condition of mother ...	2	1	1	—	—	—	—	1
Operation for fibroids ...	1	—	1	—	—	—	—	1
Full-term, but underweight	49	9	40	1	2	1	3	33
Not known ...	120	25	95	5	8	—	11	71
TOTALS ...	294	62	232*	23	17	3	19	170

* Does not include 4 inward transfers from Flete.

INITIAL FEEDING OF 170 PREMATURE BABIES SURVIVING AND
LIVING IN PLYMOUTH ON 31ST DECEMBER, 1953.

(a) Institutional : 104.	
Entirely breast fed	60
Breast fed, plus complementary feeding	36
Artificially fed	8
Smallest baby : 2 lb. 7 oz. Largest baby : 5 lb. 8 oz.	
(b) Domiciliary : 66.	
Entirely breast fed	40
Breast fed, plus complementary feeding	21
Artificially fed	5
Smallest baby : 3 lb. Largest baby : 5 lb. 8 oz.	

For the first time since 1945, when detailed records of premature babies were first kept, there is a significant decrease in the number of prem. babies entirely artificially fed from birth.

Infant Mortality. (See Tables on pages 17b, 17c and 17d.) With 98 deaths under one year of age, the infant mortality rate has fallen to 26.9, the lowest yet recorded in Plymouth, though just a fraction higher than the corresponding rate of 26.8 for England and Wales.

The neo-natal mortality rate has fallen to 16.7, also a new low record.

There were 61 deaths under one month, 32 of them being under 1 day, and 27 between 1 and 6 days, that is, 59 occurred in the first week, and 40 of these were prematurely born.

			<i>Deaths under 1 month</i>	<i>Deaths 0-1 years</i>	<i>Deaths 1-5 years</i>	<i>Total Deaths under 5 years</i>
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
1952	...	...	73	103	17	120
1953	...	...	61	98	11	109

Gastro-enteritis in children under two years of age. There were only two deaths from gastro-enteritis in children under two years of age, and the admissions to hospital for treatment were less than half those of the previous year. The incidence was greatest in the month of January. The local mortality rate is 0.54 per 1,000 live births, which compares favourably with a rate of 1.1 for England and Wales.

Data are summarised in the following table:—

Total notifications	...	...	...	...	...	93	
Plus one unnotified fatal case	...					1		
						—		
Total cases	...	...	...	...	...	94	
						—		
								<i>Deaths</i>
Age groups.								
Under 1 month	....	....	....	....	....	1	—
1-3 months	....	....	....	....	....	12	1
3-6 months	....	....	....	....	....	19	—
6-9 months	....	....	....	....	....	10	—
9-12 months	....	....	....	....	....	8	1
1-2 years	....	....	....	....	....	44	—
						—	—	
						94	2	
						—	—	
Where treated.								
Own home	....	....	....	....	....	68	2
Greenbank Hospital	....	....	....	....	....	1	—
Scott Isolation Hospital	....	....	....	....	....	25	—
						—	—	
						94	2	
						—	—	
Place of birth for those under three months.								
Own home	....	....	....	....	....	9	1
Alexandra Maternity Home	....	....	....	....	....	2	—
Freedom Fields Hospital	....	....	....	....	....	2	—
						—	—	
						13	1	
						—	—	
Type of feeding for those under six months.								
Breast	....	....	....	....	....	4	—
National dried milk	....	....	....	....	....	1	1
Breast and National dried milk	....	....	....	....	....	23	—
Proprietary dried milk	....	....	....	....	....	4	—
						—	—	
						32	1	
						—	—	
Severity.								
Severe	....	....	....	....	....	25	2
Moderate	....	....	....	....	....	41	—
Mild	....	....	....	....	....	28	—
						—	—	
						94	2	
						—	—	
Standard of mothercraft in severe cases:								
Good	....	....	....	....	....	13	—
Fair	....	....	....	....	....	11	2
Poor	....	....	....	....	....	1	—
						—	—	
						25	2	
						—	—	

Standard of mothercraft (includes cleanliness).								
Good	....	....	....	....	....	....	57	-
Fair	...	...	...	...	...	...	32	2
Poor	....	....	....	....	....	....	5	-
							94	2
							<u>94</u>	<u>2</u>
Sanitation.								
Good	...	...	...	...	...	...	61	2
Fair	...	...	...	...	...	...	29	-
Poor	...	...	...	...	...	...	4	-
							94	2
							<u>94</u>	<u>2</u>
Contact with gastro-enteritis in the home	...						16	
Seasonal incidence.								
January	...	...	...	...	...	...	27	
February	...	...	...	...	...	...	6	
March	...	...	...	...	...	...	10	
Remaining months from 1 to 9 each.								

Ophthalmia Neonatorum. Twelve cases were notified. Two of these required in-patient treatment at the Royal Eye Infirmary for several days; three others, out-patient treatment there, and the remainder were treated at home.

There was no impairment of vision and no report of the gonococcus being isolated in any cases.

No antiseptic prophylactic is used by municipal midwives and the results remain satisfactory.

(a) Notified by general practitioners	....	....					8 cases
(b) Notified by Royal Eye Infirmary	....	....					4 „
							<u>12</u> „
							<u>12</u>
In-patient treatment	...	...	...	...			2
Out-patient treatment	....	....	....	....			3
Treated at home	....	....	....	....	....		7
							<u>12</u>
							<u>12</u>
Attendant at delivery.							
Municipal midwife	....	....	....	....			6
Three Towns Nursing Association midwife	....						4
Freedom Fields Hospital	....	....	....				-
Alexandra Maternity Home	...	...	...				2
							<u>12</u>
							<u>12</u>

Onset.						
Within 5 days	....	....	....	....	....	5
6-17 days	....	....	....	....	....	7
						—
						12
						—
Vision unimpaired	....	....	....	....	....	12
						—
Duration of treatment.						
1 week or less	....	....	....	....	....	6
8-14 days	....	....	....	....	....	3
Over 21 days	....	....	....	....	....	3
						—
						12
						—

Circular 2866—

Care of illegitimate children and moral welfare work.

Concern and anxiety is still felt about the number of very young girls who come to the Moral Welfare Officer for help and the involvement of boys of a similar age.

Our thanks are due to St. John's Ambulance Brigade for arranging escorts, and to those who have given layettes, clothing, prams, cots, etc. ; to the senior officers of the Employment Exchange and Youth Bureau ; to the business firms who help by finding employment for our girls ; and to Mr. Russell Martin for the very valuable legal advice he gives us. We are, as in previous years, greatly indebted to Dr. Barnardo's and the Church of England Children's Society for grants which are such a tremendous help to the girls, and enable them to keep their babies.

The Moral Welfare Officer still administers considerable sums of money received in respect of grants and allotments made by putative fathers.

The Club continues to function and has grown considerably. Interesting talks and excursions have been arranged.

The Annual Carol and Mothering Services were a great success and the Club room was filled to capacity. We are deeply indebted to the clergy and ministers of the City who so kindly give up their valuable time to give these services.

A Christmas Party was held at Montpelier School for which 300 invitations were issued. We are grateful to all who contributed and helped in any way. It was a very successful party.

The Moral Welfare Officer's help and advice is extended to many of the putative fathers, a number of whom have gone abroad and still keep in touch with her.

Summary of work done :—

Cases in hand from 1952	...	...	...	...	281
Cases reported in 1953	...	...	...	167	
Cases re-opened in 1953	...	...	...	41	
				—	208

Reported by :—

M. & C.W.	...	...	...	...	54
General practitioners	...	...	...	...	18
Themselves and others interested	...	...	...	...	45
Social workers	...	...	...	...	24
Almoner (Freedom Fields Hospital)	...	...	...	...	21
National Assistance Board	...	...	...	...	17
Public officials	...	...	...	...	9
Three Towns Nursing Association	...	...	...	...	8
National Council of Unmarried Mother and Child	...	...	...	...	7
Police	...	...	...	...	5
				—	208

Cases dealt with	489
------------------	-----	-----	-----	-----	-----	-----

No. of interviews	...	...	...	...	...	2,385
No. of visits	...	...	...	...	...	322

Cases were dealt with as follows :—

Unmarried mothers helped and advised	...	...	310
Married women with illegitimate children	...	...	179
Put in touch with social workers in other towns	...	...	24
Girls in moral danger, helped and advised	...	...	7
Work found for	...	...	32
Work found for (with child)	...	...	3
Christmas presents sent to girls in homes	...	...	15
Clothing, layettes, prams, cots, bedding, etc., obtained for	...	...	55
Affiliation investigations	...	...	48
Affiliation orders obtained through the Court	...	...	8
Affiliation orders obtained through private agreement	...	...	9

Taken to Homes :—

„ „ Dunmore	6	} 30
„ „ Rosemundy	11	
„ „ Southview	7	
„ „ St. Mary's	1	
„ „ Convent of Good Shepherd	1	
„ „ Residential Nurseries	4	

Taken for Adoption	8
Taken to foster homes	7
Accommodation found for mother and child ...	1
Grants, etc., administered	87
Helped and advised	53
Kept in touch through the club	75
Kept in touch through correspondence	47

Health Visiting.

According to a 1953 Nuffield Report, the standard case load for a health visitor should be 665 under-fives. The average case load for Plymouth health visitors for 1953 was 1,087. It is therefore only too obvious why a health visitor's work is so arduous and so frustrating, as, no matter how hard she works, so much is left undone. Unfortunately, there still seems little prospect of adequate recruitment to this profession.

There are still many who do not appreciate how much has been added to a health visitor's primary duties in the past five years. In addition to visiting in the homes, where a total of 45,444 visits were paid, health visitors attended 3,015 clinic sessions, gave 233 talks at clinics, 13 courses of mothercraft instruction in school, and 35 talks to outside organisations on the prevention of accidents in the home. Twice every week a health visitor attended the paediatric out-patient clinic at Freedom Fields Hospital and this is usually at least a three-hour session. Special visits to the aged also take a considerable amount of time and approximately 30% of the 906 special visits paid by health visitors were visits to the aged.

The total case load for health visitors was 16,323 children under 5, 3,751 being one year.

Summary of visits paid during the year :—

Births	3,592
1st year visits	10,667
1st visits, 1-2 years	1,366
Re-visits, 1-2 years	6,225
1st visits, 2-5 years	1,004
Re-visits, 2-5 years	13,814
1st ante-natal visits	443
Re-ante-natal visits	291
Visits <i>re</i> infectious diseases	774
After-care, hospital cases	70
After-care, doctors' cases	30
Special visits	906
Futile visits	6,262
	<hr/>
	45,444
	<hr/>

The 774 visits in connection with infectious diseases are made up as follows :—

Ophthalmia neonatorum	...	...	...	...	3
Enteritis	...	...	...	...	135
Poliomyelitis	...	...	...	...	38
Cerebro-spinal meningitis	...	...	...	...	24
Measles	...	...	...	...	438
Diphtheria	...	...	...	...	1
Encephalitis (influenzal)	...	...	...	...	1
Pneumonia	...	...	...	...	3
Discharging eyes	...	...	...	...	1
Scarlet Fever	...	...	...	...	1
Whooping cough	...	...	...	...	128
Chicken pox	...	...	...	...	1
					—
					774
					—

At the end of the year the health visiting staff consisted of one Superintendent Health Visitor and 15 Health Visitors. There were also 5 T.B. Visitors who do tuberculosis visiting only and paid 3,175 such visits in addition to their clinic duties.

Two health visitors and two T.B. visitors attended a refresher course during the year.

Child Welfare Centres. On the whole there has been little change in the attendances at clinics.

On 7th October a child welfare session at Beaumont Hut centre was discontinued, thereby reducing our sessions to 18. The creche at Beacon Park centre, which had been open since 1946, was closed on the 31st July as attendances were much reduced and the voluntary staff, who had so generously given their service for so many years, could no longer do so.

For seven months the attendances at the creche were as follows :

No. of sessions	...	...	...	...	25
Total attendances	...	...	...	...	129
Average attendance per session	...	...	...	...	5.2

For a summary of clinic attendances, see table on page 24a.

CHILD WELFARE CENTRES

No. of sessions held ...	Barrow Park	Deamont Hall	Crownhill	Droveport Park	Elford	Erncote	Honicktonde	Laura	Prewell	St. Badoux	Town Hall	Totals
No. of babies entered on register ...	99	242	103	104	50	51	48	52	49	101	50	949
No. of children entered on register ...	501 (344 1st)	1097 (740 1st)	458 (271 1st)	308 (316 1st)	114 (80 1st)	125 (74 1st)	185 (94 1st)	106 (67 1st)	240 (143 1st)	347 (241 1st)	258 (164 1st)	3829 (2534 1st)
Total ...	283 (39 1st)	639 (69 1st)	401 (58 1st)	205 (51 1st)	50 (8 1st)	88 (10 1st)	126 (12 1st)	52 (18 1st)	170 (25 1st)	246 (45 1st)	142 (27 1st)	2382 (362 1st)
No. remaining on register on 31.12.53 :	764 (383 1st)	1736 (809 1st)	859 (329 1st)	603 (367 1st)	164 (88 1st)	213 (84 1st)	311 (106 1st)	158 (85 1st)	410 (168 1st)	593 (286 1st)	400 (191 1st)	6211 (2896 1st)
Babies ...	279	638	243	299	74	76	83	63	122	201	132	2210
Children ...	485	1004	548	272	81	127	200	90	258	320	244	3579
Total ...	714	1642	791	571	155	203	283	153	380	521	376	5789
No. of babies weighed and mothers advised ...	4246	9326	3188	2931	855	906	1405	825	1899	2741	1835	30157
No. of children weighed and mothers advised ...	1135	2523	1478	835	213	383	582	225	723	991	438	9496
Total ...	5381	11849	4666	3766	1068	1259	1987	1050	2622	3732	2273	39653
Doctors' consultations ...	1152	2996	1405	1495	299	392	562	423	589	1299	670	11282
Average attendances per session ...	54.4	49	45.3	36.2	21.4	24.7	41.4	20.2	53.5	37	45.5	41.8
Diphtheria Immunisation	159	385	181	129	40	69	87	38	—	148	81	1317
No. of 1st attendances	377	968	427	281	87	188	201	100	—	430	187	3246

Health talks given by:—(a) Superintendent Health Visitor ... 100
(b) Health Visitors ... 233

Attendances at clinics by:—(a) Health Visitors ... 3015
(b) S.R.N.s ... 3096

Breast-feeding Clinics. This clinic continued to be held at Beaumont Hut centre on Fridays from 9 a.m. as required :

Sessions held	62
1st attendances	72
Re-attendances	33

The result of the work of this clinic shows that it is well worth while and that most of the mothers who attend are able to carry on nursing for a considerably longer period than they would have done, but for the skilled help given, by the health visitor in charge, to their own particular problems.

We are still hoping that the general practitioners will make more use of this clinic by referring to it any mothers who have nursing difficulties, and the health visitor will be only too pleased to send back a written report of her findings.

Observation Play Circle. Fifty-eight children made a total of 719 attendances. Mrs. Hamley reports that the circle had an interesting and rewarding year and that in only two cases was she unable to make progress with the child or mother. There were, as in the past, the usual difficulties about attending from outlying housing estates, but there is still no possibility of staffing similar observation play circles at our centres in these districts. The work done by Mrs. Hamley and her two assistants is much appreciated, and it is again with much pleasure that we record our official thanks.

Ultra-Violet Light Clinics. There has been no alteration in the number of sessions held, but attendances have fallen considerably.

	<i>Stonehouse</i>	<i>St. Budeaux</i>
No. of sessions	102	100
1st attendances	132	109
Transfers from 1952	39	36
Re-attendances	2,043	1,919
Average attendance	21.7	20.6

Ante-natal. The number of ante-natal sessions remained at 16 (14 plus 4 half sessions). There was again a slight reduction in attendances, the average being 12.6 per session as against 12.9 in 1952, but it was considerably less than the fall in attendances between 1952 and 1951.

No. of expectant mothers who attended municipal ante-natal clinics during the year	2,513
Average attendance per session during the year ...	12.6
No. confined in 1953	1,777*
No. aborted in 1953	40
No. of the above confined in Freedom Fields	
Hospital	408
No. confined at Flete	225
No. confined at Alexandra Maternity Home ...	404
No. confined Municipal midwives	722
No. confined T.T.N.A. midwives	14
No. left Plymouth	146

* Includes 36 stillbirths.

Character of labour in 1,777 confinements :—

Spontaneous	1,606
Instrumental	81
Caesarean	22
Induction	52
Bimanual	1
Not known	3

The following abnormalities were found in cases attending the first time in 1953 :

1. Contracted pelvis :—

Minor	5
Major	1
2. Toxaemia	40
3. Eclampsia	4
4. Syphilis	7
5. Cardiac diseases	10
6. Respiratory diseases	22
7. Anaemia, marked	10

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

	<i>No. done</i>	<i>No. positive</i>
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
1952	1,010	5
1953	1,085	7

ANTE-NATAL CENTRES.

	Beacon Park	Beaumont Hut	Crownhill	Devonport Park	Efford	Ernesettle	Honicknowle	Laira	St. Budeaux	Town Hall	Totals
No. of sessions held	99	250	51	101	24	24.5	24.5	24.5	96	98	792.5
1st attendances	106 154 4	327 702 25	34 126 6	160 322	19 44	10 28	9 42 3	10 37 2	57 103 1	68 237 5	800 1158 46
Re-attendances	1150	2522	643	889	332	194	270	188	781	992	7961
Post-natal attendances	-	-	-	-	-	-	-	-	-	1	1
Miscellaneous	2	2	2	-	-	-	-	-	-	1	7
	-	-	-	-	-	-	-	-	-	-	-
Total attendances	266	704	128	322	63	38	54	37	161	239	2012
Average per session	14.3	12.9	15.1	12	16.5	9.5	13.2	9.2	9.8	12.6	12.6
Consultations	1368	3190	759	1187	395	231	323	225	934	1212	9824
No. of transfers from 1952, and other clinics	62	148	40	105	34	12	17	5	48	38	509
Total No. of women attending during 1953	326 - 2	850 - 2	166 - 2	427 - 2	97 - 2	50 - 2	71 - 2	42 - 2	209 - 2	275 - 2	2513 1 7

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

					<i>No. done</i>	<i>No. negative</i>
1948	...	...	...	...	1,996	321
1949	...	...	...	...	1,840	363
1950	...	...	...	...	1,495	344
1951	...	...	...	...	1,062	229
1952	...	...	...	...	1,022	199
1953	...	...	...	...	1,060	243

Post-natal. Up to November, 1953, midwives' district cases attending our ante-natal clinics were given appointments at either Freedom Fields Hospital or St. Budeaux centre. As from 25th November, 1953, this arrangement was discontinued and all our post-natal work was done at Beaumont Hut centre. The total number of patients given appointments during the year was 572.

Attendance and clinical findings for the year were as follows:

	<i>St. Budeaux</i>	<i>Freedom Fields Hospital</i>	<i>Beaumont Hut</i>	<i>Total</i>
No. of women given an appointment	175	338	59	572
No. of first attendances	66	130	18	214
No. of re-attendances	52	18	3	73
No. requiring advice or treatment...	65	34	17	116
No. referred to hospital as in-patient	—	—	—	—
No. referred to gynaecologist ...	1	1	—	2
Clinical findings :—				
Torn or deficient perineum ...	31	17	8	56
Cervical tears	8	1	1	10
Cervical erosions	26	24	9	59
Cystocele	17	4	2	23
Rectocele	5	4	2	11
Lax vagina	22	2	9	33
Vaginitis	—	1	1	2
Vaginal cyst	1	1	—	2
Retroversion of uterus	25	15	8	48
Uterine fibroids	—	1	—	1
Lax or poor muscle tone of abdomen	33	19	12	64

Flete Maternity Home.	Plymouth mothers confined at Flete during 1953	...	...	...	...	221
	Devon County mothers confined at Flete during 1953	...	...	...	...	194
						—
						*415

* This is 75 fewer than in 1952.

**Mass Radio-
graphy of
Expectant
Mothers.**

One thousand one hundred expectant mothers attending our ante-natal clinics were referred during the year for routine mass radiography and nine were found to require further observation for old tuberculous lesions in the lungs, which now appeared to be healed.

**Health Talks
to Expectant
Mothers.**

Details of this course were given in last year's report. It is still very popular and could be given many more times, had we staff to do it.

**Supervision of
Midwives.**

Number notifying their intention to practice	81
Number on register at end of year	57

	<i>As Midwife</i>	<i>As Maternity Nurse</i>
Municipal (including non-medical supervisor of midwives) ...	20	—
In private practice	4	4
T.T.N.A.	11	—
Alexandra Maternity Home ...	22	—
Freedom Fields Hospital	16	—
Charlton Nursing Home	—	4
	—	—
	73	8
	=	=

The total number of cases done by midwives in private practice remains much the same as last year. One had 39 cases, one 5, two had 2, three had only 1 each, and one had no cases at all.

Approximately 70 per cent of the notified births (district and institutional) were conducted by midwives only.

District cases attended by midwife	1,454
District cases attended by midwife, with Doctor ...	412
*Institutional cases attended by midwife	1,390
*Institutional cases attended by midwife, with Doctor...	657
	—
	3,913
	=

* Includes maternity and nursing homes and hospitals.

Medical Aid was sought by midwives in 465 cases for the following reasons :

(i) <i>For mother during pregnancy</i>		
Toxaemia of pregnancy	14	
A.P.H.	17	
Miscarriage	3	
Threatened abortion	10	
Hypertension	2	
Hydramnios	1	
Abdominal pain	1	
Heart condition	1	
Post-maturity	2	
Scarlet fever contact	1	
Persistent vomiting	1	
Unsatisfactory general condition	1	
	—	54
(ii) <i>For mother during labour</i>		
Ruptured perineum	164	
Prolonged labour	74	
Malpresentation	14	
Disproportion	3	
Adherent placenta	11	
Episiotomy	11	
Foetal or maternal distress	13	
Premature labour	11	
P.P.H.	10	
Vulval or vaginal laceration	5	
Eclamptic fit	2	
Prolapsed cord	2	
Poor general condition	1	
	—	321
(iii) <i>For mother during puerperium</i>		
Raised temperature or P.P.	29	
Varicose veins	8	
Mastitis	8	
Mental disturbance	1	
Sore throat	1	
	—	47
(iv) <i>For infant</i>		
Feeble infant	4	
Discharging eyes	8	
Unsatisfactory condition	10	
Prematurity	3	
Cold or nasal discharge	3	
Bloodstained meconium	1	
Umbilical bleeding	1	
Stillbirth	2	
? cerebral injury	1	
Asphyxia	4	
Malformation	3	
Jaundice	1	
	—	41
		463
Medical Aid was called by relatives in 2 cases (one for pyrexia and one for " B.B.A.")		2
		465

Other notifications received from Midwives under Rules of the Central Midwives' Board :

Notification of artificial feeding	...	...	...	327
Notification of stillbirth	...	...	...	18
Notification of death	...	...	...	6
Notification of having laid out a dead body	...	...	...	18
Notification of liability to be a source of infection	...	...	...	28

Domiciliary Midwifery. Home confinements increased by 189 (municipal, 138 ; T.T.N.A., 51). More rehousing of families and restrictions on hospital bookings were the two main factors contributing to this increase.

Two municipal midwives were off duty for several weeks following sensitisation of their hands to an antiseptic. That, in addition to other sick leave, meant a very heavy year for those on duty.

(a) **Municipal Midwifery Service.**

No. of cases attended :—				
(a) Dr. <i>not booked</i> but present at delivery	...	...	...	26
(b) Dr. <i>not booked</i> and not present at delivery	...	...	...	502
(c) Dr. <i>booked</i> and present at delivery	...	...	...	179
(d) Dr. <i>booked</i> but not present at delivery	...	...	...	619
				— 1,326
No. of Doctors' cases under Maternity Medical Service				
				798
No. of private maternity cases	...	...	...	2
No. of cases booked	...	...	...	1,545
No. of Gas and Air administrations :—				
(a) Dr. not present at delivery	...	...	...	920
(b) Dr. present at delivery	...	...	...	177
				— 1,097
No. of instrumental deliveries :—				
(a) Dr. booked	...	...	...	64
(b) Dr. not booked	...	...	...	19
				— 83
No. of emergency deliveries	...	...	...	11
No. of emergency deliveries transferred to Freedom				
Fields Hospital	...	...	...	1
No. of booked miscarriages	...	...	...	1
No. of emergency miscarriages	...	...	...	1
No. of patients transferred to hospital for confinement	...	...	...	43
No. of patients transferred to hospital after confinement	...	...	...	10
No. of patients transferred to Royal Eye Infirmary	...	...	...	2
No. of ante-natal visits paid	...	...	...	10,219
No. of ante-natal clinics visits paid	...	...	...	642
No. of babies who were :—				
(a) entirely breast fed during first two weeks...	...	...	...	1,018
(b) partly breast fed during first two weeks	...	...	...	51
(c) artificially fed during first two weeks	...	...	...	220
				— 1,289
No. of notifiable puerperal pyrexia cases	...	...	...	3
No. of Accouchement Sets issued during the year at				
Welfare Centres	...	...	...	1,452

(b) **Three Towns Nursing Association District Midwifery.**

No. of midwives provided (including Superintendent Midwife)	6
No. of midwives qualified to give Gas and Air Analgesia	6
No. of cases attended :—	
(a) Dr. <i>not booked</i> but present at delivery	13
(b) Dr. <i>not booked</i> and not present at delivery	110
(c) Dr. <i>booked</i> and present at delivery	149
(d) Dr. <i>booked</i> but not present at delivery	217
	— 489
No. of bookings	600
No. of Gas and Air administrations :—	
(a) when Dr. not present at delivery	277
(b) when Dr. present at delivery	156
	— 433
No. of instrumental deliveries :—	
(a) Dr. booked	26
(b) Dr. not booked	3
	— 29
No. of emergency deliveries	10
No. of emergency miscarriages	31
No. of cases transferred to Hospital for confinement	55
No. of cases transferred to Hospital after confinement	7
No. of ante-natal visits paid	5,788
No. of notifiable puerperal pyrexia cases	28
No. of babies who were :—	
(a) entirely breast fed during first two weeks	426
(b) partly breast fed during first two weeks	14
(c) artificially fed during first two weeks	37
	— 477
No. of cases in which Medical Aid was summoned :—	
(a) where the Medical Practitioner has arranged to provide M.M.S.	63
(b) others	80
	— 143
No. of Accouchement Sets issued during the year ...	490

Fees paid to Doctors.

A total of one hundred and ninety-three accounts were dealt with under Section 14 of the Midwives' Act, 1951, the amount payable being £625. 12s. 10d. This is £34 more than in 1952.

Maternity and Nursing Homes.

During the year, registration was granted to two new nursing homes for chronic cases. There are now in the city three nursing homes for chronic cases and one for medical, surgical and maternity cases. Routine visits of inspection were paid.

Maternal Mortality.

There were five maternal deaths allocated to Plymouth by the Registrar-General with no inward or outward transfers.

Two additional maternal deaths occurred in Plymouth during the year. One of these involved criminal proceedings for abortion and in the other no reference was made on the Death Certificate to pregnancy. In this connection, however, it was known by the Department definitely to be a maternal death, the patient dying at the 32nd week from pulmonary embolism and undelivered. Based on six deaths the rate is 1.61.

MATERNAL MORTALITY

Year	ENGLAND AND WALES		PLYMOUTH	
	Per 1,000 total births		Per 1,000 total births	
	Including abortions	Excluding abortions	Including abortions	Excluding abortions
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	0.48
1950	0.86	0.72	0.55	0.55
1951	0.79	0.65	0.54	0.54
1952	0.72	0.59	0.84	0.56
1953	0.76	0.65	1.61	1.07

Puerperal Pyrexia.

Although twice as many notifications were received as in 1952, the puerperal pyrexia rate of 14.5 is still lower than the corresponding rate for England and Wales, namely, 18.23 per 1,000 births.

Total notifications belonging to Plymouth ... 56

PLACE OF CONFINEMENT

Own home	...	...	...	...	23
Freedom Fields Hospital	...	...	...	...	24
Alexandra Maternity Home	...	...	...	...	9
					56

Day Nursery. Redecoration was carried out during the autumn, and the nursery is much more attractive both to the children and the grown-ups.

Attendances were low, but started to rise towards the end of the year.

The staff organised a very delightful Christmas party for the children, which the Lady Mayoress honoured by her presence.

	0-2 years	2-5 years
No. of children admitted during the year...	12	32
No. of children discharged during the year	10	39
Average daily attendance during the year (excluding Saturday mornings)	4.5	17
No. of children on register at end of year	5	22

Nursery Students. The results of the examination remain good. Fifteen entered and thirteen passed, obtaining N.N.E.B. certificates. In addition, 5 obtained Infant Care Diplomas. Of the thirteen successful students, 4 have commenced general nursing in Plymouth, 5 have obtained staff posts, 3 are in private posts and one is in other work.

Competition for the training course is keen, and the thirteen new students who started in September were chosen from more than thirty applicants.

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

	Examined		Needing Treatment	Treated	Made Dentally Fit
			
Expectant and Nursing Mothers—					
Beaumont House ...	301		281	254	186
Other Clinics ...	77		64	59	43
Children under Five—					
Beaumont House ...	421		308	301	238
Other Clinics ...	177		148	148	111

	Extractions		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures Provided	
	Local	General						Complete	Partial
Expectant and Nursing Mothers									
Beaumont House ...	429	71	273	67	11	37	80	30	27
Other Clinics ...	57	10	53	13	—	11	—	—	4
Children under Five									
Beaumont House ...	584	207	135	—	65	28	4	—	—
Other Clinics ...	260	104	49	—	28	18	—	—	—

Sanitary Circumstances of the Area.

REPORT OF THE CHIEF SANITARY INSPECTOR,
MR. C. E. SANDERSON.

WATER SUPPLY.

Rainfall. No restrictions were imposed on the use of water. Although the rainfall for the whole year was 13 inches less than the average, the summer was exceptionally wet and for the period May to September the rainfall over the catchment area was 8 inches more than average.

As a drought precaution, compensation water to the River Meavy was withheld and water was abstracted from the Sheepstor Brook for 90 days.

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

During 1953, 316 samples of water were examined with the following results :—

<i>Source</i>	<i>Total No. of Samples</i>	<i>B. Coli present in 100 ml.</i>	<i>B. Coli absent in 100 ml.</i>
From City Mains ...	299	131 (125 non-faecal)	168
From Wells and Springs	13	9 (3 non-faecal)	4
From City Mains in neighbouring areas ...	4	Nil	4
GRAND TOTALS ...	316	140 (128 non-faecal)	176

Sterilisation. The main water supply has been treated with an average dose of 0.9 p.p.m. of chlorine gas and 0.05 p.p.m. of ammonia at the outlet from Burrator Reservoir.

In addition, an average of 0.3 p.p.m. of chlorine gas has been added to the water at the outlet from Crownhill Reservoir.

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 1953.
(parts per 100,000)

	<i>February</i>	<i>June</i>	<i>September</i>	<i>December</i>
Temporary Hardness ...	0.5	1.0	1.2	1.0
Permanent Hardness ...	2.8	3.0	2.2	3.3
Total Hardness ...	3.3	4.0	3.4	4.3
Chlorides as Chlorine ...	1.0	0.9	1.1	1.1
Ammonia, saline ...	0.0020	Nil	Nil	Nil
Ammonia, albuminoid ...	0.0054	0.0064	0.0098	0.0080
Nitrates as nitrogen ...	Nil	0.01	Nil	Nil
Nitrites as nitrogen ...	Nil	Nil	Nil	Nil
Oxygen (absorbed 4 hrs. at 27°C.)	0.09	0.12	0.13	0.14
Metals (zinc, copper and lead) ...	Nil	Nil	Nil	Nil
pH value ...	7.0	7.0	7.1	7.4

Plumbo-solvency.

An average of 7 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 1953.

<i>Source</i>	<i>B. Coli present in 100 ml.</i>	<i>B. Coli absent in 100 ml.</i>
Tinside Bathing Pool	13 samples (81.2%) (7 non-faecal)	3 samples (18.8%)
Mt. Wise Ladies' Bathing Pool	6 samples (40.0%) (4 non-faecal)	9 samples (60.0%)
Mt. Wise Men's Bathing Pool	3 samples (21.4%) (faecal)	11 samples (78.6%)
Mt. Wise Infants' Paddling Pool (Fresh water)	3 samples (23.1%) (2 non-faecal)	10 samples (76.9%)
Mt. Wise Infants' Paddling Pool (Sea water)	4 samples (28.6%) (3 non-faecal)	10 samples (71.4%)
Plymouth College Bathing Pool	3 samples (75.0%) (faecal)	1 sample (25.0%)
Munday House	4 samples (80.0%) (3 non-faecal)	1 sample (20.0%)
Glenholt Camp	7 samples (50.0%) (2 non-faecal)	7 samples (50.0%)
Central Park Paddling Pool	8 samples (57.1%) (4 non-faecal)	6 samples (42.9%)
Devonport Park Paddling Pool	3 samples (60.0%) (2 non-faecal)	2 samples (40.0%)
GRAND TOTALS	54 samples (47.4%)	60 samples (52.6%)

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) ...	5419	1897	—	—	—
Houses re-inspected (Public Health and Housing Acts)	13613	53	2059	248	272
No. of premises (other than houses) inspected for nuisances	619	98	100	1	1
No. of owners or contractors interviewed	1549	—	—	—	—
No. of houses visited <i>re</i> contacts of infectious diseases	21	—	—	—	—
No. of houses visited <i>re</i> notifiable diseases	367	—	—	—	—
No. of houses visited <i>re</i> other diseases	9	—	—	—	—
Visits regarding Food Poisoning	42	—	—	—	—
Accumulations	258	70	66	2	3
Butchers	811	44	40	—	—
Cinemas and Amusement places	13	5	3	—	—
Common Lodging Houses	41	5	4	—	—
Dairies and Milkshops	892	17	16	—	—
Fresh Fish Shops and Carts	165	20	21	—	—
Fried Fish and Chip Shops	258	15	17	—	—
Fruit and Vegetable Shops	23	—	1	—	—
Food Vehicles	397	78	74	—	—
Ice Cream premises	642	12	11	—	—
Knacker's Yards	7	2	1	—	—
Milk Vehicles	98	—	—	—	—
Nursing Homes	1	—	—	—	—
Offensive Trades	13	2	1	—	—
Outworkers	116	—	—	—	—
Premises to examine foodstuffs	1282	—	—	—	—
Premises regarding Merchandise Marks Act	112	92	92	—	—
Provision shops	1044	163	153	15	13
Public Conveniences	958	200	205	—	—
Public Houses	352	44	38	1	—
Restaurants and other Food Preparation Premises ...	1651	164	161	5	4
Schools	145	5	5	—	—
Shops (under Shops Act)	719	47	45	—	—
Smoke observations	64	5	4	—	—
Swimming baths	126	—	—	—	—
Tents, Vans, Sheds, etc.	133	10	8	—	—
Tips	2	1	1	—	—
Houses inspected for infestation by rats or mice ...	887	679	—	—	—
Houses re-inspected for infestation by rats or mice ...	1302	—	689	—	—
Premises other than houses inspected for infestation by rats or mice	329	210	—	—	—
Premises other than houses re-inspected for infesta- tion by rats or mice	506	—	207	—	—
Rent Investigations	96	(See table on page 55)	—	—	—
Miscellaneous	2007	—	—	—	—
Water Courses	21	—	—	—	—

SEWERAGE AND SEWAGE DISPOSAL.

For the following information, I am indebted to the City Engineer.

Sections 3 and 4 of the North Plymouth Drainage Scheme have been substantially completed and will, on completion, cater for the drainage from part of the village of Tamerton Foliot, Looseleigh Cross, and the existing development immediately north of Franklyns Reservoir. It will also serve the proposed neighbouring unit and the adjoining development at Southway Lane.

Early in the year, the extension of the Camels Head Sewage Purification Works was completed. This work was commenced in 1950, and the capacity of the works, which formerly was capable of treating the sewage from a population of 30,000 persons, has been increased to serve a population of 60,000 persons.

SANITARY INSPECTION OF THE AREA.

Complaints Received. During the year, 1,212 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 1953, together with the action taken as a result of these inspections.

Prosecutions. On only three occasions did it become necessary to arrange for the service of summonses upon owners of properties for non-compliance with Abatement Notices. In one instance, the work was completed before the date of the hearing of the case by the Magistrates, and in the other two cases Nuisance Orders were made. These Orders were not complied with by the owner of the properties, and it was necessary to refer the cases back to the Magistrates, who inflicted a fine of £2 in respect of each case.

It became necessary to arrange for the service of a summons in connection with the stationing of a caravan on land in respect of which no licence had been issued by the Local Authority. In this instance, the Magistrates inflicted a fine of £2 upon the defendant and advised him to remove the caravan within a period of two months. The caravan was subsequently removed.

Rodent Control. The number of complaints of rats and mice infestation received during the year was 334 and inspections made by the Sanitary Inspectors in connection with these infestations totalled 3,024 ; of this latter number, 2,189 inspections concerned private dwelling houses, and 835 inspections were in respect of premises other than dwelling houses.

Private dwelling houses found to be infested with rats or mice numbered 679 and, by the end of the year, 628 of these premises, together with 61 properties found to be infested towards the end of 1952, had been treated successfully.

With reference to premises other than private houses, inspections revealed rodent infestation in 210 instances, and, during the year, 179 of these buildings, together with 28 properties found to be infested during the latter months of 1952, had been treated with success.

In all cases the co-operation of owners and occupiers was readily obtained and it was not necessary to serve any formal notices requiring the carrying out of treatment or works of rat-proofing.

Rag Flock. During the year, seven samples of filling materials were taken under the Rag Flock and Other Filling Materials Act and submitted for analysis. One of the samples, viz. : one relating to rag flock, failed to satisfy the requirements of the Rag Flock and Other Filling Materials Regulations in that the chlorine content and the amount of soluble impurities exceeded the maximum permitted by the Regulations. An advisory letter was sent to the firm concerned and a warning given as to the steps which would have to be taken in the event of a similar occurrence.

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	641	80	—
Factories without mechanical power	119	14	—

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 ...	11	10	—	—
Overcrowding	1	—	—	—
Unreasonable temperature	—	—	—	—
Inadequate ventilation ...	—	—	—	—
Ineffective drainage of floors	—	—	—	—
Sanitary Conveniences—				
insufficient	—	—	—	—
unsuitable or defective ...	67	66	—	—
not separate for sexes ...	—	—	—	—
Other offences	15	9	5	—

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)	5419
	(b)	Number of inspections made for the purpose	19032
(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	364*
	(b)	Number of inspections made for the purpose	2377
(3)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	50
(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	1897

* This number includes 286 houses situated in Clearance Areas.

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	1787
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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		39
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :—		
	(a) By owners		26
	(b) By Local Authority in default of owners		2
(b) Proceedings under Public Health Acts :—			
(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied		248

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners	272
(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	28
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	72
(3) Number of Undertakings not to use unfit houses accepted	3
(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	11
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or rooms having been rendered fit	1

4. HOUSING ACT, 1936. PART IV—OVERCROWDING :—

(a) (1) Number of dwellings overcrowded at the end of the year	370
(2) Number of families dwelling therein	466
(3) Number of persons dwelling therein	1842
(b) Number of new cases of overcrowding during the year	208
(c) (1) Number of cases of overcrowding relieved during the year	314
(2) Number of persons concerned in such cases	1326

Slum Clearance. In March, the City Council decided upon a Five-Year Slum Clearance programme, which involved an estimated number of 1,156 houses, in which some 1,580 families were accommodated.

During the year, representations were made in respect of three areas, one in Devonport, one in Stonehouse and one in Plymouth. The first area, situated in the vicinity of Duke Street, Devonport, and which was represented to the City Council early in the year,

comprised 96 unfit houses: at the time of representation these houses provided accommodation for 155 families. The second area, situated to the south of Union Street, Stonehouse, comprised 184 houses which were considered to be unfit for human habitation, and in these houses, when represented in July, 253 families were housed. The third area, Higher Street (Plymouth), comprised six unfit houses in which 12 families were housed. This area was represented to the City Council in December.

At the time of the preparation of this report, the necessary Inquiries by the Minister of Housing and Local Government with respect to these areas had not been held.

A start was also made during the year with the demolition of houses in the Pembroke Street area of Devonport, following upon the confirmation of the Compulsory Purchase Orders by the Minister. These Orders included 75 unfit houses and 62 others, the latter having been included in order that the area should be of convenient shape and size for redevelopment. These dwellings provided accommodation for 248 families, of whom 119 had been rehoused by the end of the year.

**Furnished
Houses (Rent
Control) Act,
1946.**

During the year, 26 references made by the Health Department regarding rentals charged for furnished lettings were considered by the Rent Tribunal.

All these cases came to the notice of the Department whilst the District Sanitary Inspectors were carrying out their normal duties under the Public Health and Housing Acts.

Seven of the references concerned one-room dwellings, one was in respect of a letting consisting of one room with the joint use of one other room and a scullery, thirteen related to two-room tenancies and five were in respect of three-room dwellings.

One of the references was dismissed by the Tribunal as at the Hearing of the case it was revealed that no contract existed between the landlord and the tenant, the time given in a "notice to quit" which had been served upon the occupier having expired before the date of the reference. In all the other cases, however, the rentals were reduced by the Tribunal.

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

<i>No. of rooms in tenancy</i>	<i>Rent charged (weekly)</i>	<i>Rent fixed by Tribunal (weekly)</i>	<i>Amount of reduction (weekly)</i>
	£ s. d.	£ s. d.	s. d.
1	1 6 6	Reference	dismissed
1	1 8 6	19 6	9 0
1	1 4 6	12 0	12 6
(and joint use of kitchen)			
†1	1 2 6	1 0 0	2 6
*1 (winter)	1 10 0	1 2 6	7 6
(summer)	1 9 0	1 1 6	7 6
1	1 10 0	17 0	13 0
(and kitchen)			
1	2 15 0	1 19 0	16 0
(and kitchen)			
1	1 15 0	1 7 0	8 0
(and joint use of another room and scullery)			
2	1 2 6	13 8	8 10
(and joint use of scullery)			
2	2 5 6	1 15 0	10 6
2	2 2 6	1 5 9	16 9
2	2 10 0	1 12 3	17 9
2	1 4 0	17 0	7 0
2	1 12 6	1 2 6	10 0
2	1 17 6	1 12 6	5 0
2	1 10 0	17 0	13 0
2	1 12 6	17 6	15 0
2	1 12 6	1 2 6	10 0
*2	1 13 6	1 5 0	8 6
†2	3 3 0	2 15 0	8 0
(and kitchen)			
*†2	1 15 0	1 5 0	10 0
*†3	2 0 0	1 12 0	8 0
3	2 15 0	1 16 0	19 0
3	2 5 0	1 13 6	11 6
3	2 10 0	2 4 0	6 0
(and kitchen)			
3	2 5 0	1 14 6	10 6

† Includes cost of certain cleaning.

* Includes cost of electricity.

‡ Includes laundering.

INSPECTION AND SUPERVISION OF FOOD.

Bacteriological Examination of Milk. 652 samples of milk were taken for bacteriological examination. Of these, 642 gave satisfactory results, but the remaining 10 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.

<i>Description of Milk</i>	<i>Total No. of Samples</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Tuberculin Tested (Farm Bottled) 	42	38	4
Tuberculin Tested 	14	13	1
Pasteurised 	531	527	4
Tuberculin Tested (Pasteurised) 	65	64	1
TOTALS	652	642	10

Phosphatase Test. A total of 556 samples of milk (491 Pasteurised and 65 Tuberculin Tested (Pasteurised)) were obtained and submitted to the Phosphatase Test for checking the efficiency of the pasteurising process. Two samples of Pasteurised Milk failed the test. All the samples of Tuberculin Tested (Pasteurised) Milk were satisfactory.

Turbidity Test. 46 samples of Sterilised Milk were submitted to the Turbidity Test and all were found to be satisfactory.

Examination of Milk for Tubercle Bacilli. 42 samples of milk (21 from ordinary herds, 9 from Tuberculin Tested herds, 2 from Accredited herds and 10 samples of Pasteurised Milk) were examined biologically for the presence of Tubercle Bacilli. One sample from the ordinary herd was found positive and 41 negative. The farm from which the positive sample was obtained was visited by the Veterinary Officer of the Ministry of Agriculture and Fisheries. A cow at this farm was found to be affected with tuberculosis of the udder. This cow was removed from the herd and slaughtered. Arrangements were made for the milk coming into the City from this farm to be sterilised until the Veterinary Officers were satisfied that the milk from the other cows was free from tuberculosis.

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.

<i>Description of Licence</i>	<i>No. Issued</i>
*Pasteuriser's Licence (Holder Process)	1
Pasteuriser's Licence (High Temperature Short Time Process)	3
Dealer's "Tuberculin Tested" Licence	38
Dealer's "Pasteurised" Licence	94
Steriliser's Licence	1
Dealer's "Sterilised" Licence	268
TOTAL	405

* This Pasteurising Plant closed down at the end of April.

The Milk (Special Designations) (Specified Areas) (No. 2) Order, 1953. On the 2nd December, the Milk (Special Designations) (Specified Areas) (No. 2) Order, 1953, came into operation. This meant that on and after the 2nd December, all dairymen retailing milk in any part of the areas mentioned, which included Plymouth, must sell the milk under special designation. The special designations are "Pasteurised", "Sterilised", "Tuberculin Tested", and, until the 30th September, 1954, "Accredited".

**Chemical
Analysis
of Milk.**

52 samples of raw milk, 79 of pasteurised milk and 4 samples of sterilised milk were obtained for analysis, 133 of these samples were found to be genuine and 2 (both raw milk) were adulterated. Of these 2 unsatisfactory samples, 1 contained added water and 1 was deficient in fat. Letters of caution were sent to the vendors of the samples of milk found to be adulterated.

Ice Cream.

The number of applications for registration of premises for the manufacture for sale of ice cream was 2, for the sale of loose ice cream 3, and for the sale of pre-packed ice cream 64.

**Chemical
Analysis of
Ice Cream.**

The Food Standards (Ice Cream) Order, 1953, came into operation on the 1st June. This Order re-enacts the Food Standards (Ice Cream) Order, 1951, restoring the higher standard for ice cream (in relation to the minimum quantity of fat and milk solids other than fat) in operation before the reduction made in July, 1952. The standard is now 5% fat, 7½% milk solids other than fat, and 10% sugar.

During the year, 8 samples of ice cream were submitted to chemical analysis. These were all taken after the new Order had come into operation. With the exception of one sample, all the samples complied with the standard laid down in the Order. The manufacturer from whom the unsatisfactory sample was obtained was cautioned. The deficiency was attributed to inaccurate scales used in the weighing of the ingredients.

The results of these samples are given in the following table :—

TABLE OF CHEMICAL QUALITY OF ICE CREAM.

Sample No.	Total Fat %	Sample No.	Butter Fat %	Sample No.	Non-Fatty Milk Solids %	Sample No.	Sugar %	Sample No.	Total Non-Fatty Solids %
4	12.4	4	3.5	4	10.0	4	15.5	4	30.15
6	11.35	5	3.5	5	9.5	7	15.0	3	28.5
3	11.0	2	3.5	6	9.0	3	14.9	5	28.5
1	10.55	6	3.0	1	8.5	2	14.5	2	27.1
5	9.8	3	3.0	7	8.5	1	13.6	7	26.5
7	9.5	1	3.0	2	8.4	6	11.0	1	24.5
2	8.4	7	3.0	3	8.0	5	10.6	6	23.8
8	3.85	8	3.0	8	6.6	8	8.8	8	18.95
Average	9.61	Average	3.19	Average	8.56	Average	12.99	Average	26.0

Bacteriological Examination of Samples of Ice Cream.

During the year, 122 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.

<i>Grade</i>	<i>Hot Mix</i>	<i>Cold Mix</i>	<i>Totals</i>
Grade 1. Time taken to reduce methylene blue— $4\frac{1}{2}$ hours or more	82	10	92
Grade 2. Time taken to reduce methylene blue— $2\frac{1}{2}$ to 4 hours	18	2	20
Grade 3. Time taken to reduce methylene blue— $\frac{1}{2}$ to 2 hours	6	Nil	6
Grade 4. Time taken to reduce methylene blue—0 hours	2	2	4
TOTALS	108	14	122

Of the 108 samples of "Hot Mix", 44 were "pre-packed", of which 36 were placed in Grade 1, 7 in Grade 2, and 1 in Grade 3.

Of the 14 samples of "Cold Mix", 2 were prepacked and both were placed in Grade 1.

FOOD AND DRUGS.

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	—	—	5	—	5
Almond Paste	—	—	4	—	4
Butter	—	—	5	—	5
Baking Powder	—	—	3	—	3
Boracic Ointment	—	—	4	—	4
Cooking Fat	—	—	7	—	7
Coffee	—	—	4	—	4
Cocoa	—	—	4	—	4
Camphorated Oil	—	—	4	—	4
Castor Oil	—	—	5	—	5
Cod Liver Oil	—	—	3	—	3
Cheese	—	—	5	—	5
Cordials	—	—	4	—	4
Cond. M.S. Milk	—	—	2	—	2
Cond. F.C. Milk	—	—	6	—	6

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Aspirin Tablets	5	—	5
Almond Paste	4	—	4
Butter	5	—	5
Baking Powder	3	—	3
Boracic Ointment	4	—	4
Cooking Fat	7	—	7
Coffee	4	—	4
Cocoa	4	—	4
Camphorated Oil	4	—	4
Castor Oil	5	—	5
Cod Liver Oil	3	—	3
Cheese	5	—	5
Cordials	4	—	4
Cond. M.S. Milk	2	—	2
Cond. F.C. Milk	6	—	6

Food and Drug Samples Reported Not Genuine.

<i>Article</i>	<i>Nature of Adulteration</i>	<i>Action taken</i>
Pork Sausages ...	6% deficient in meat ...	Letter of Caution
Beef Sausages ...	4% deficient in meat ...	Letter of Caution
*Beef Sausages ...	16% deficient in meat ...	No action
*Pork Sausages ...	3% deficient in meat ...	No action
Milk ...	9% added water ...	Letter of Caution
Milk ...	1% deficient in fat ...	Informal Sample
Table Jelly ...	8% deficient in sugar ...	Letter of Caution
Table Jelly ...	4% deficient in sugar ...	Letter of Caution
Red Plum Jam ...	8% deficient in Soluble Solids ...	Letter of Caution
Ice Cream ...	23% deficient in fat 12% deficient in non-fatty milk solids 12% deficient in sugar	Letter of Caution

* Between the time of taking the samples and obtaining the results of the analyses, the Order stipulating the minimum meat content in sausages was rescinded.

Inspection of Meat.

Since the death in September of Mr. P. A. S. Hawthorn, who had been Meat Inspector and Markets Superintendent for many years, meat inspection at the abattoir has been carried out by one whole-time sanitary inspector and one part-time inspector.

Details of the number of animals killed at the Abattoir, the number of carcasses of home-killed meat dealt with from other centres, and the number of carcasses of imported meat received are shown in the following table:—

	<i>Slaughtered at Plymouth Abattoir</i>	<i>Received from other centres</i>	<i>Imported Meat</i>	<i>Totals</i>
Bovines ...	8,569	215	3,039	11,823
Calves ...	2,819	2,813	—	5,632
Sheep ...	20,485	8,516	94,677	123,678
Pigs ...	9,586	6,586	539	16,711
	<u>41,459</u>	<u>18,130</u>	<u>98,255</u>	<u>157,844</u>

The total weight of meat and offal condemned during the year from animals killed inside and outside the City was 517 tons 17 cwts. 3 qrs. 20 lbs.

Details of the number of whole carcasses condemned, and of carcasses of which some part or organ was condemned are shown in the table which follows :—

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed	6098	2686	5632	29001	16172
Number inspected	8784		5632	29001	16172
<i>All diseases except Tuberculosis</i> Whole carcasses condemned	46		24	97	52
Carcasses of which some part or organ was condemned	5392		511	3753	1814
Percentage of the number inspected affected with disease or other condi- tion, excluding Tuber- culosis	61.91		9.50	13.28	11.54

<i>Tuberculosis only</i> Whole carcasses condemned	143		2	—	33
Carcasses of which some part or organ was con- demned	3065		6	—	1405
Percentage of the number inspected affected with Tuberculosis	36.52		0.14	—	8.89

Unsound Foodstuffs.

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

TINNED GOODS					<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Meat	...	...	...	...	2	9	3	27
Ham	...	...	...	...	1	12	3	2
Fish	...	...	...	...		4	0	15
Milk	...	...	...	...		10	0	24
Soup	...	...	...	...		3	1	8
Fruit	...	...	...	...	15	16	1	17
Vegetables	...	...	...	...	1	5	3	9
Jams and Marmalade	...	...	...	...		4	0	26
Cream	...	...	...	...				3
Various	...	...	...	...				24
PROVISIONS					<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Fresh Vegetables	...	...	...	...		18	2	10
Fresh Fruit	...	...	...	...		8	0	26
Bottled Fruit	...	...	...	...			2	20
Dried Fruit	...	...	...	...	1	11	0	2
Flour	...	...	...	...	20	4	1	15
Peas and Beans	...	...	...	...	1	1	1	2
Cereals	...	...	...	...		10	1	21
Wheat, etc.	...	...	...	...		7	2	25
Biscuits	...	...	...	...		5	0	4
Jams and Marmalade (Bottled)	...	...	...	...				7
Sugar	...	...	...	...			2	18
Sweets and Chocolate	...	...	...	...		9	0	22
Pickles, Chutney and Sauces	...	...	...	...			2	6
Tea	...	...	...	...			1	22
Coffee	...	...	...	...				17
Cocoa	...	...	...	...				6
Fats	...	...	...	...		4	1	10
Cheese	...	...	...	...		3	0	3
Cakes and Cake Mixture	...	...	...	...		1	0	19
Almond Substitute	...	...	...	...			1	24
Dried Egg	...	...	...	...				26
Cream Whip	...	...	...	...			2	0
Pudding Mixture	...	...	...	...			1	0

	<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Salt, Pepper, etc.	1		1	4
Yeast	3		3	7
Dehydrated Potatoes				17
Poultry	4		1	18
Miscellaneous	2		3	21
MEAT PRODUCTS	<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Bacon	2		1	6
Sausages and Sausage Meat ...	9		1	13
Pork Bundles				19
Pork Links				4
Beef Bundles				13
Meat Pies			1	8
Pigs' Heads	10		2	0
Chitterlings	2		0	0

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 :—

	<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Quantity of fish inspected	1992	11	0	0
Quantity of mixed fish found to be unfit for human food	15	19	2	21
Quantity of smoked fish found to be unfit for human food ...		11	3	14
Quantity of shell fish found to be unfit for human food		1	0	0

**Inspection of
Other Food
Premises.**

The following table gives details of the number and type of the various food premises within the City, together with the number of inspections made and the action taken as a result of these inspections :—

<i>Type of premises</i>	<i>Number</i>	<i>Inspections made</i>	<i>Notices served</i>	<i>Notices complied with</i>
Registered under Section 14 of the Food and Drugs Act, 1938 :				
For sale, manufacture or storage of ice cream	635	642	12	11
Shops for preparation and sale of fried fish and chips... ..	86	258	15	17
For preparation or manufacture of sausages or potted, pressed, pickled or preserved food ...	192	} 1651	164	161
Restaurants and hotel kitchens ...	147			
Factories for food preparation and food warehouses (other than registered premises)	57			
Butchers	229	811	44	40
Bakehouses	32	283	35	30
Fresh fish shops (other than registered premises)	28	165	20	21
General provision shops, green-grocers' shops, confectionery shops, etc.	761	1067	163	154
Public Houses	282	352	44	38
Dairies (Registered under Milk and Dairies Regulations, 1949) ...	89	892	17	16

Although the standard of hygiene maintained at food premises has improved, many cases of contamination of foodstuffs were brought to the notice of the Department which indicated a lack of sufficient care in the preparation, storage and handling of food. 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 cautioned as to the need for exercising 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.

In two cases, it was necessary to take legal proceedings. One case was in respect of a razor blade found in a doughnut and the other concerned a piece of metal found in a loaf, and, in both instances, the foodstuffs had been purchased from the same firm. In neither case could any explanation be given by the firm as to how the contamination had been caused. The defendants pleaded guilty and fines of £15 were inflicted in respect of each offence against Section 9 of the Food and Drugs Act, 1938. The firm in question had been warned previously regarding the practice of using razor blades in the bakery for opening sacks and marking pastry.

Certificates of Merit.

During the year a further five Certificates of Merit were awarded to the staff and management of firms who maintained an exceptionally high standard of cleanliness in the storing, preparing and handling of food.

Two of the premises in respect of which Clean Food Certificates have been issued are now no longer used for the preparation and serving of food, and the number of firms holding Certificates at the end of the year was twenty.

The premises of all these firms have been constantly under review and in all cases the high standards of cleanliness have been maintained.

Infectious Diseases

The following pages give tables showing the occurrence of infectious diseases in 1953 with observations on certain of the diseases.

Incidence Table 1 on page 68a shows the number of notifications received during 1953 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 68b shows the quarterly and sex incidence of Infectious Diseases during 1953.

Table 3 on page 69 shows the numbers of cases of infectious diseases notified to the Health Department during 1953 with comparative figures for the previous four years.

Table 4 on page 69 shows the "attack rate" (i.e., the number of cases per 1,000 of the population) of the commoner notifiable diseases for 1953 with the comparative rates for (a) England and Wales, (b) 160 County Boroughs and Great Towns, and (c) Plymouth for 1952 and 1951.

In all the tables where the original diagnosis has subsequently been amended to another disease, the notification has been corrected accordingly.

Mortality Table 5 on page 70 gives the number of deaths due to Diphtheria, Scarlet Fever, Measles and Whooping Cough in Plymouth for the years 1921-1953 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 71 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.

General Observations Notifications of Infectious Diseases totalled 6,713 compared with 2,131 in 1952. The increase was mainly due to the biennial measles epidemic, but there was also an appreciable increase in whooping cough and scarlet fever.

469 Plymouth residents were admitted to the Scott Isolation Hospital, an increase of 67 over 1952 due to increased measles and whooping cough admissions.

Measles 4,634 cases were notified almost all in the first quarter of the year. The disease generally was mild and no deaths occurred.

Scarlet Fever Notifications of 302 cases represent an increase of 82 over 1952. The disease was usually of the mild type and there were no deaths.

Whooping Cough Among the 1,199 cases notified, 3 deaths occurred in children aged 3 years, 11 months, and 2 months. None of these children had been immunised.

Diphtheria The number of cases confirmed in the year was 21, a slight increase over 1952. 12 cases were children below 15 years of age and 9 were older persons. There were no deaths.

Poliomyelitis and Polio-encephalitis The number of cases confirmed—22—with 3 deaths was about the average of recent years. It is noteworthy that the peak period of the incidence of this disease in Plymouth was about two months later than the peak for the country as a whole. This tendency for the disease to make a belated appearance in Plymouth has frequently been noticed in the past and the reason for it is not fully understood.

Dysentery There was a further fall in notifications from 34 in 1952 to 12 in 1953. The diagnosis was confirmed in 6 of the 9 cases admitted to hospital.

Food Poisoning 15 cases were notified during the year, all single cases and not connected with any outbreak. There were no deaths. The food to which the illness was attributed was usually some form of prepared meat. Only in a few cases was any suspected food available for laboratory examination when investigation was made. The specimens examined gave negative results except one sample of roast pork which showed a heavy growth of staphylococci citreus and albus which was probably responsible for the symptoms.

TABLE 1.
INFECTIOUS DISEASES NOTIFIED 1953—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	4.76	2	9.53	2	9.53	1	4.76	5	23.81	1	4.76	1	4.76	1	4.76	4	19.04	1	4.76	2	9.53	—	—	21	
Dysentery	1	8.33	2	16.67	—	—	1	8.33	2	16.67	2	16.67	—	—	—	—	1	8.33	2	16.67	1	8.33	—	—	—	—	—	12
Encephalitis	—	—	—	—	1	50.00	—	—	—	—	1	50.00	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Erysipelas	—	—	—	—	—	—	—	—	2	4.65	—	—	—	—	—	—	1	2.32	4	9.30	12	27.81	17	39.54	7	16.28	43	
Food Poisoning	—	—	—	—	—	—	—	—	—	—	1	6.67	—	—	2	13.33	—	—	3	19.99	4	26.67	4	26.67	1	6.67	15	
Gastro-Enteritis (under 2 years) ...	50	53.76	43	46.24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	93
Measles	183	3.95	487	10.51	637	13.75	689	14.87	797	17.19	1776	38.33	36	0.78	10	0.22	3	0.06	10	0.22	3	0.06	3	0.06	—	—	—	4634
Meningococcal Infections	4	57.16	—	—	—	—	1	14.28	1	14.28	—	—	1	14.28	—	—	—	—	—	—	—	—	—	—	—	—	—	7
Ophthalmia Neonatorum	7	100.00	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
Pneumonia	32	11.00	17	5.85	13	4.47	10	3.44	9	3.09	31	10.66	14	4.81	5	1.72	8	2.75	16	5.50	19	6.53	57	19.56	60	20.62	291	
Poliomyelitis and Polioencephalitis	3	13.63	1	4.55	2	9.09	—	—	1	4.55	7	31.82	2	9.09	3	13.63	—	—	2	9.09	1	4.55	—	—	—	—	—	22
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	4.69	17	26.56	44	68.75	—	—	—	—	—	—	—	64
Scarlet Fever	1	0.33	6	1.98	9	2.98	29	9.60	30	9.93	193	63.91	31	10.27	2	0.67	—	—	1	0.33	—	—	—	—	—	—	—	302
Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Typhus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	116	9.67	132	11.01	160	13.34	156	13.01	182	15.18	425	35.45	12	1.00	2	0.17	2	0.17	6	0.50	2	0.17	4	0.33	—	—	—	1199
TOTALS	397	5.92	689	10.26	824	12.28	888	13.23	1025	15.26	2441	36.36	97	1.45	28	0.42	33	0.49	92	1.37	43	0.64	88	1.31	68	1.01	6713	

TABLE 2.
QUARTERLY INCIDENCE OF INFECTIOUS DISEASES—PLYMOUTH—1953

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	2	4	6	3	3	6	1	4	5	1	3	4	7	14	21
Dysentery	2	4	6	3	1	4	1	1	2	—	—	—	6	6	12
Encephalitis	1	1	2	—	—	—	—	—	—	—	—	—	1	1	2
Erysipelas	12	5	17	6	3	9	4	3	7	3	7	10	25	18	43
Food Poisoning	—	2	2	3	3	6	2	3	5	—	2	2	5	10	15
Gastro-Enteritis (under 2 years)	22	22	44	13	7	20	9	8	17	7	5	12	51	42	93
Measles	2148	2097	4245	192	174	366	7	11	18	4	1	5	2351	2283	4634
Meningococcal Infections ...	—	2	2	1	1	2	1	—	1	1	1	2	3	4	7
Ophthalmia Neonatorum ...	1	—	1	2	2	4	—	2	2	—	—	—	3	4	7
Pneumonia	95	84	179	37	21	58	8	11	19	16	19	35	156	135	291
Poliomyelitis	—	—	—	—	—	—	5	3	8	6	8	14	11	11	22
Puerperal Pyrexia	—	12	12	—	14	14	—	23	23	—	15	15	—	64	64
Scarlet Fever	35	39	74	61	52	113	31	37	68	19	28	47	146	156	302
Typhoid	—	—	—	—	—	—	—	1	1	—	—	—	—	1	1
Whooping Cough	85	122	207	224	230	454	237	230	467	34	37	71	580	619	1199
TOTALS	2403	2394	4797	545	511	1056	306	337	643	91	126	217	3345	3368	6713

TABLE 3.

CASES NOTIFIED IN THE CITY DURING THE PAST FIVE YEARS.

<i>Disease</i>	1953	1952	1951	1950	1949
Diphtheria	21	13	33	25	29
Dysentery	12	28	51	2	3
Encephalitis	2	2	5	2	—
Erysipelas	43	35	55	61	57
Food Poisoning	15	17	30	48	8
Gastro-Enteritis (under 2 years)	93	136	233	140	89
Measles	4634	1157	5904	270	2812
Meningococcal Infections*	7	9	11	5	1
Ophthalmia Neonatorum	7	4	6	5	6
Paratyphoid	—	—	—	—	—
Pneumonia	291	153	249	182	216
Poliomyelitis and Polio-encephalitis	22	9	26	31	20
Puerperal Pyrexia	64	37	33	15	27
Scarlet Fever	302	220	230	440	170
Smallpox	—	—	—	—	—
Typhoid	1	1	1	1	—
Typhus	—	—	1†	—	—
Whooping Cough	1199	310	1505	742	615

* Previous to 1950 this infection was referred to as Cerebro-Spinal Fever.

† Imported Case (Tick-borne).

TABLE 4.

"ATTACK RATES" FOR THE CITY, COMPARED WITH ENGLAND AND WALES AND OTHER AREAS.

<i>Disease</i>	<i>Plymouth</i> 1953	<i>England and Wales,</i> 1953	160 <i>Boroughs and Great Towns (inc. London)</i>	<i>Plymouth</i> 1952	<i>Plymouth</i> 1951
Diphtheria	0.09	0.01	0.01	0.06	0.15
Erysipelas	0.19	0.14	0.14	0.16	0.25
Food Poisoning	0.07	0.24	0.25	0.08	0.14
Measles	20.93	12.36	11.27	5.29	26.87
Meningococcal Infections	0.03	0.03	0.04	0.04	0.05
Paratyphoid Fever	—	0.01	0.01	—	—
Pneumonia	1.13	0.84	0.92	0.69	1.13
Acute Poliomyelitis (including Polio-encephalitis), Paralytic	0.07	0.07	0.06	0.04	0.09
Non-Paralytic	0.03	0.04	0.03	0.00	0.03
Scarlet Fever	1.36	1.39	1.50	1.01	1.05
Smallpox	—	0.00	0.00	—	—
Typhoid Fever	0.00	0.00	0.00	0.00	0.00
Whooping Cough	5.42	3.58	3.72	1.42	6.85

TABLE 5. MORTALITY FROM CERTAIN INFECTIOUS DISEASES, 1921-1953.
PLYMOUTH COMPARED WITH ENGLAND AND WALES.—PER 1,000 POPULATION.

YEAR.	Diphtheria.			Measles.			Scarlet Fever.			Whooping Cough.		
	PLYMOUTH		England & Wales Death Rate.	PLYMOUTH		England & Wales Death Rate.	PLYMOUTH		England & Wales Death Rate.	PLYMOUTH		England & 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
1952 ...	1	.00	.00	—	—	—	—	—	—	2	.01	.00
1953 ...	—	—	.00	—	—	—	—	—	—	3	0.1	.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—1953
NOTIFIABLE (INFECTIOUS) DISEASES ONLY

	<i>Admitted</i>	<i>Confirmed</i>
Diphtheria	59	21
Dysentery	9	6
Encephalitis	3	2
Erysipelas	4	2
Food Poisoning	6	4
Gastro-Enteritis (under 2 years) ...	63	25
Measles	84	73
Meningococcal Infection	19	5
Pneumonia	57	45
Poliomyelitis and Polio-encephalitis ...	33	19
Scarlet Fever	76	57
Typhoid	3	1
Whooping Cough	53	44

DEATHS OF PLYMOUTH RESIDENTS IN THE ISOLATION HOSPITAL
1953

Broncho-pneumonia	2
Feeding errors with mild Gastro-enteritis	1
Acute Anterior Poliomyelitis	3
Uraemia	1
Meningococcal Infection	1
Whooping Cough	1
Pulmonary Infarction (R) subsequent to admission (case from S.S. "Queen Mary")	1
Fulminating Influenza	1
Broncho-pneumonia and Whooping Cough	1
Marasmus	1
Post Influenzal Encephalomyelitis	1
<i>Total Deaths</i>	14

IMMUNISATION AND VACCINATION

A full description of the Authority's provisions for Immunisation and Vaccination was given in the Annual Report for 1952 and the schemes continued on similar lines during 1953.

Immunisation against Diphtheria. Reference to Table B shows that 2,909 children received primary courses of immunisation during the year, 259 (8 per cent.) less than in 1952. The decline was entirely in children under 5 years of age where 447 fewer children and babies were immunised. This was offset by increase of 188 in the children of 5 years of age and over, immunised in school clinics. At present the general position as regards diphtheria immunisation may be regarded with some satisfaction, 88.4 per cent. of children aged 5 to 15 have had an immunising course, but any reduction in the proportion of children immunised must be regarded with some anxiety. If the decline is continued into succeeding years a large body of children vulnerable to diphtheria would be built up. The tendency to reduced acceptance of immunisation is attributed to diphtheria having become so rare owing to immunisation that many young mothers have never heard of a case in their neighbourhood and do not appreciate what a widespread and dangerous disease it was a few years ago.

In addition to primary courses, 3,717 reinforcing injections were given, to maintain protection in children previously immunised.

TABLE A. — IMMUNISATION STATE OF CHILD POPULATION

Number of Children under 15 at 31st December, 1953, who had completed a course of Immunisation *at any time before that date*, (i.e. at any time since 1st January, 1939.)

<i>Age at 31.12.53 i.e., Born in Year</i>	<i>Under 1 1953</i>	<i>1-4 1952-1949</i>	<i>5-9 1948-1944</i>	<i>10-14 1943-1939</i>	<i>Under 15 Total</i>
A. Last complete course of injections (whether primary or booster) 1949-1953 ...	304	8461	11,506	5,192	25,463
B. 1948 or earlier ...	—	—	3,575	6,485	10,060
C. Estimated mid-year child population ...	3,440	13,560	30,200		47,200
Immunity Index ...	8.84%	62.39%	55.29% A further 33.31% have some residual protection from im- munisations carried out over 5 years ago		53.95% Plus 21.31% as in previous column

TABLE B

SHOWING THE NUMBER OF CASES AND DEATHS FROM DIPHTHERIA IN THE PAST 23 YEARS AND THE PRIMARY IMMUNISATIONS PERFORMED IN EACH YEAR

Year.	Total Births.	Diphtheria. Total of		Primary Diphtheria Immunisations.			Population	Attack Rates per 1,000 population
		Cases.	Deaths.	Ages. 0-5.	Ages. 5-15.	Total No. 0-15.		
1931	3,427	367	17	1,282		1,282	191,800	1.77
1932	3,251	444	20	1,107		1,107	208,440	2.13
1933	3,232	337	18	972		972	206,200	1.63
1934	3,203	376	15	335	363	698	203,450	1.85
1935	3,065	481	23	874	1,244	2,118	203,600	2.36
1936	3,061	455	40	662	1,104	1,766	206,400	2.20
1937	3,073	272	17	500	1,035	1,535	210,460	1.29
1938	3,305	357	15	430	707	1,137	211,800	1.68
1939	3,446	404	25	568	615	1,183	215,500	1.87
1940	3,295	1,361	105	2,812	6,765	9,577	197,800	6.88
1941	2,453	348	28	673	1,244	1,917	149,300	2.33
1942	2,817	227	16	2,323	1,029	3,352	127,300	1.78
1943	3,144	209	10	1,593	1,050	2,643	136,530	1.53
1944	3,477	163	4	1,680	535	2,215	144,700	1.12
1945	3,824	157	6	1,701	417	2,118	157,580	0.99
1946	4,272	68	2	2,223	928	3,151	176,070	0.39
1947	4,490	49	2	2,485	769	3,254	181,600	0.26
1948	4,036	51	1	3,326	323	3,649	188,940	0.27
1949	3,769	29	1	2,636	725	3,361	190,860	0.15
1950	3,534	25	—	2,164	847	3,011	208,960	0.12
1951	3,622	33	—	2,337	371	2,708	219,700	0.15
1952	3,487	13	1	2,731	437	3,168	218,600	0.06
1953	3,643	21	—	2,284	625	2,909	221,400	0.09

TABLE C

DIPHTHERIA AMONGST CHILDREN AGED 0-15 YEARS DURING THE PAST FOUR YEARS, RELATED TO IMMUNISATION STATE

Year	Cases		Deaths	
	Unprotected	Immunised	Unprotected	Immunised
1950 ...	8	6	—	—
1951 ...	10	9	—	—
1952 ...	7	1	—	1*
1953 ...	8	4	—	—
Total for four years ...	33	20	—	1

* Diphtheria aggravated by measles.

TABLE D
SHOWING THE AGES AT WHICH CHILDREN WERE IMMUNISED AGAINST
DIPHTHERIA IN 1953

	<i>AGE</i>							<i>Total</i>
	<i>at date of final injection (as regards A)</i> <i>or of reinforcing injection (as regards B)</i>							
	<i>Under 1</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5-9</i>	<i>10-14</i>	
A. Number of children who completed a full course of Primary Immunisation in the Authority's Area (including temporary residents) during the year ended 31st December, 1953 ...	1,491	507	109	98	79	444	181	2,909
B. Number of children who received a secondary (reinforcing) injection (i.e. subsequently to primary immunisation at an earlier age) during the year ended 31st December, 1953 ...	—	1	10	70	531	1,648	1,457	3,717

Immunisation against Whooping Cough.

During 1953, 1,955 primary courses of immunisation against Whooping Cough were completed. This quite substantial number was achieved mainly by parents who were bringing babies primarily for diphtheria immunisation, accepting a course in which the diphtheria and whooping cough immunising agents are combined.

A new standard vaccine was introduced at the beginning of 1953 for general use in the clinics and by practitioners. It is hoped that by the end of 1954 sufficient data will be available to assess the efficiency of the combined vaccine in giving protection against whooping cough.

WHOOPIING COUGH

<i>Protective Inoculations given</i> <i>(primary courses)</i>							
1946	1947	1948	1949	1950	1951	1952	1953
11	483	1,739	1,908	1,465	1,568	1,976	1,955

**Vaccination
against
Smallpox.**

In 1953, 1,869 vaccinations were performed ; 1,459 in babies under the age of 1 year, which is 40 per cent of the births in the year.

The number revaccinated fell to 297, this reduction probably being due in part to the fact that practitioners are not now required to report vaccinations carried out prior to emigration.

TABLE 1—VACCINATION AGAINST SMALLPOX

<i>Number of Persons Vaccinated (or re-vaccinated) during period 1953</i>						
Age at date of Vaccination	<i>Under 1</i>	<i>1</i>	<i>2-4</i>	<i>5-14</i>	<i>15 or over</i>	<i>Total</i>
Number Vaccinated ...	1,459	65	68	56	221	1,869
Number Re-vaccinated	—	4	22	39	232	297

TABLE 2—VACCINATION AGAINST SMALLPOX

<i>Year</i>	<i>Births</i>	<i>Primary vaccinations (all ages)</i>	<i>Percentage of Children vaccinated (under 1 year of age)</i>	<i>Re-vaccinations (all ages)</i>
1944	3,016	1,663	55.14	85
1945	3,752	1,803	48.05	39
1946	3,947	1,890	47.88	74
1947	4,490	1,972	43.92	6
1948 (to 4.7.48) ...	2,223	1,011	45.48	—
1948 (from 5.7.48) ...	1,813	322	17.76	69
1949	3,769	1,432	30.5	278
1950	3,534	1,691	33.5	398
1951	3,622	1,975	40.2	832
1952	3,487	1,836	42.9	475
1953	3,643	1,869	40.0	297

Prevention of Illness, Care and After-Care

(A) TUBERCULOSIS

(including the Report of the Consultant Chest Physician)

Notifications. The number of notified cases of Tuberculosis for the year amounted to 264. This number consisted of 228 Respiratory and 36 Non-Respiratory and shows a reduction of 2 Respiratory and 6 Non-Respiratory on the figures for 1952.

<i>Age Groups</i>	<i>Respiratory</i>		<i>Non-Respiratory</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0-1	1	—	—	—
1-5	5	1	2	—
5-15	6	8	5	4
15-25	36	40	5	7
25-35	27	29	5	—
35-45	18	11	—	—
45-55	22	5	2	2
55-65	11	4	1	1
65 and over ...	3	1	1	1
Totals ...	129	99	21	15

The incidence of Respiratory Tuberculosis in the age groups 15-35 in both males and females continues to be high and is still a very serious problem.

The numbers on the notification register at the end of the year were :—

<i>Respiratory</i>			<i>Non-Respiratory</i>			<i>Total cases.</i>
<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	
1,114	967	2,081	223	289	512	2,593

NOTIFICATIONS AND DEATHS FROM TUBERCULOSIS—1914—1953
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	2.03	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
1952	230	1.05	49	0.22	42	.19	5	.02	272	1.24	54	0.24
1953	228	1.03	44	0.20	36	.16	5	.02	264	1.19	49	0.22
Average 1949-1953	256	1.22	82	0.40	40	.19	8	.04	296	1.40	90	0.43

Deaths.

During the year 1953, 39 cases on the Clinic Register died, this being a decrease on the previous year to the extent of 18 and represents a percentage mortality rate of only 1.5 of notified cases.

There was one Posthumous Respiratory Notification and in addition 10 deaths from Respiratory Tuberculosis were recorded where the patients had not been notified during life. These came to light mainly as a result of Coroner's Inquiries following Post Mortem examinations. In other parts of the country there has been a substantial increase in the number of deaths from tuberculosis of persons who had not previously been notified, but this does not apply to Plymouth, as the following figures indicate.

Year	(A) Notifications		(B) Deaths from tuberculosis of non-notified persons		Percentage of B on A	
	Resp.	Non-Resp.	Resp.	Non-Resp.	Resp.	Non-Resp.
1942	282	77	26	7	9.22	9.09
1948	284	41	14	7	4.93	17.07
1952	230	42	9	2	3.91	4.76
1953	228	36	11	3	4.82	8.33

The National Rate for the year 1952 was 19.4% for respiratory and 34.0% for non-respiratory cases.

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

	Males	Females	Children	Totals
Respiratory ...	823	619	101	1543
Non-Respiratory ...	68	86	73	227
Totals ...	891	705	174	1770

Attendances. The numbers of attendances of Plymouth cases at the Chest Clinic during the year totalled 19,674, and the following table shows how this figure compares with attendances for the last 10 years :

1944	9,506	1949	19,850
1945	11,505	1950	20,811
1946	14,007	1951	19,111
1947	16,618	1952	19,311
1948	18,622	1953	19,674

Evening Clinic. This Clinic continued throughout the year for persons who are working and 2,168 cases were seen, representing an average of 42.5 per session.

Domiciliary Visits and Consultations The Consultant Chest Physician made 162 visits to patients in their homes and held 7 Consultations in Hospitals and 10 in the patients' homes.

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 2,575

Other forms of treatment 230

Hospital Treatment. There were 27 patients awaiting admission to Hospital at the 31st December, of which only 2 were females. In view of the falling off in the number of females awaiting admission during the year, part of the Military Families Hospital was converted for the treatment of male patients. The details of admissions and discharges at the hospitals are as shown at the top of the following page.

		<i>Respiratory</i>	<i>Non-Respiratory</i>
<i>Didworthy Chest Hospital</i>	Admissions	140	4
	Discharges	141	6
	Deaths	—	—
<i>Mount Gold Hospital</i>	Admissions	133	103
	Discharges	116	111
	Deaths	16	1
<i>Scott Isolation Hospital</i>	Admissions	59	18
	Discharges	52	13
	Deaths	—	4
<i>Freedom Fields Hospital</i>	Admissions	35	1
	Discharges	40	1
	Deaths	—	—
<i>Military Families' Hospital</i>	Admissions	60	—
	Discharges	52	—
	Deaths	1	—

Diagnosis of New Cases and Contacts.

During the year 1953, 2,375 New Cases were referred to the Chest Clinic. This figure does not include new contacts of which there were 650.

The following table shows the number of cases referred to the Chest Clinic since 1944 and the number of contacts who have been examined for the same period :

<i>Year</i>	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>Ratio of C to B</i>
	<i>Total New Cases examined</i>	<i>Found to be tuberculous</i>	<i>New Contacts examined</i>	<i>Total Contacts examined</i>	<i>Contacts found to be tuberculous</i>	
1944	1,418	260	—	400	12	—
1945	1,481	340	—	480	10	—
1946	1,746	327	—	711	23	—
1947	2,098	311	—	835	21	—
1948	2,295	322	—	1,394	25	—
1949	2,489	285	662	1,281	25	2.3
1950	2,266	295	587	1,424	17	2.0
1951	2,585	234	622	1,498	23	2.6
1952	2,682	219	458	1,655	8	2.1
1953	2,375	246	650	1,726	14	2.6

**Methods of
Prevention and
Control of
Tuberculosis.**

In Plymouth the Tuberculosis Health Visitors, of whom there are five, are based on the Chest Clinic and for all practical purposes act as members of the staff of that Clinic. They are thus kept "au fait" with all current matters relating to the patient and have full availability to the medical notes, this enabling them to be aware of any treatment being given the patient, the extent of the disease, and the degree of infection.

The extent of contact examination is dependent upon the activities of the Tuberculosis Visitors in their home visits and the success of their efforts is indicated in the preceeding table. Contacts are normally examined at 6-monthly or 12-monthly intervals according to the condition of the patient and the degree of contact. B.C.G. Vaccination is offered to children, adolescents and young persons who are contacts and during 1953, 1,207 cases were Mantoux-tested, of whom 368 were vaccinated, the total attendances involved being 2,508. B.C.G. Clinics are run on Wednesdays and Fridays. The Ministry of Health have recently given permission for Local Authorities to extend B.C.G. to School Leavers and this is being proceeded with in Plymouth and will be of undoubted assistance in the long-term aim of the eradication of tuberculosis.

During the Home Visit the Tuberculosis Visitor also advises and helps the patient regarding his financial allowances and general welfare and instructs him as to the best methods of reducing the danger of infecting others in close contact.

Where the housing conditions are found to be unsatisfactory, recommendations are made by the Medical Officer of Health to the Local Authority, and the greatest co-operation is received in the rehousing of these families. The following figures show the extent of rehousing of these cases which has taken place in 1953.

Total number of tuberculous families recommended by the Medical Officer of Health for rehousing ...	130
Total number of tuberculous families rehoused ...	99
Total number of tuberculous families awaiting rehousing at 31st December, 1953	105

Places of employment are not visited as a routine measure, but, where it is indicated, discreet enquiries are made regarding

contacts ; but care must be taken not to incur a breach of confidence by undue disclosure of the disease from which the patient is suffering. Where it is found that the patient has been working in comparatively confined conditions with a number of other persons, the use of a little tact together with the co-operation of the employer and Dr. G. Sheers, Director of the Mass Radiography Unit, enables the facilities of the unit to be offered. The same procedure applies where the member of the staff of a school or a school child is found to be tuberculous.

Close contact is maintained between the Ministry of Labour and the Chest Clinic in the placing of a quiescent patient into new employment to ensure that both the work and the conditions will be suitable.

The Tuberculosis Health Visitors are informed of all deaths from tuberculosis and in those cases where the person has not been notified during life, a visit is paid to the home, as with notified cases, to ascertain the contacts and explain the advisability of having an X-ray examination.

A special session for children is held at the Chest Clinic every Friday morning and free reference may be made to this Clinic by General Practitioners. In addition, cases are occasionally discovered by the Paediatrician with the Plymouth General Hospitals Group and are notified by him. In all notified child cases efforts are made to get the whole family to attend for examination in an attempt to trace the source of the infection.

In addition to the facilities available at the Chest Clinic for the examination of suspected new cases, surveys are carried out throughout the city by the Mass Radiography Unit, and I am indebted to the Medical Director, Dr. G. Sheers, for the following information concerning the work carried out by the Unit in Plymouth during 1953 :

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Per-centage</i>
Number of persons examined ...	12,396	6,949	19,345	
Number recalled for full-sized film	524	270	794	4.1
Number recalled for clinical examination	101	73	174	0.9

Incidence of Disease

	<i>Number</i>	<i>Per Thousand</i>
A. PULMONARY TUBERCULOSIS		
1. Newly discovered significant cases—		
Active	40	2.06
Doubtful activity, requiring observation	64	3.3
Plural effusion	6	0.31
	—	—
Total ...	110	5.67
2. Inactive, requiring no further action ... 148		
3. Previously diagnosed 70		
B. OTHER CONDITIONS		
Carcinoma of the bronchus	3	
Retrosternal thyroid	1	
Sarcoidosis	3	
Pneumonia	3	
Pulmonary infiltration	1	
Bronchiectasis	15	
Basal fibrosis	5	
Post-pneumonic fibrosis	4	
Pleural thickening	29	
Siderosis	1	
Spontaneous pneumothorax	1	
Diaphragmatic abnormality	1	
Cardio-vascular disease :		
Acquired	13	
Congenital	5	
	—	18
Chronic bronchitis	13	
Bony abnormality	17	

*Age and sex distribution of all significant cases of pulmonary tuberculosis
(Group 1 above)*

	Under 15	15-24	25-34	35-44	45-59	60+
M.	3	15	11	8	12	3
F.	3	27	15	9	4	—

SUMMARY OF VARIOUS GROUPS EXAMINED AND THE RESULTS.

Name of Group	MINIATURES—EXAMINED			NEWLY DISCOVERED SIGNIFICANT CASES	
	Male	Female	Total	Active (%)	Doubtful activity requiring observation (%)
Industrial Surveys	8,372	2,299	10,671	18 (1.7)	30 (2.8)
G.P.O.	482	205	687	3 (4.4)	3 (4.4)
School Leavers ...	915	844	1,759	3 (1.7)	3 (1.7)
Students	151	196	347	—	1 (2.9)
School staffs ...	86	393	479	2 (4.2)	6 (12.5)
Contact groups ...	495	65	560	2 (3.6)	1 (1.8)
National Service Entrants ...	328	—	328	2 (6)	3 (9.1)
Hospital staffs ...	121	776	897	1 (1.1)	3 (3.3)
Expectant Mothers	—	821	821	3 (3.6)	6 (7.3)
Referred by doctor ...	51	323	374	1 (2.6)	6 (16.05)
Other surveys, in- cluding Local Authority employees ...	1,395	1,027	2,422	6 (2.5)	7 (2.9)
TOTALS ...	12,396	6,949	19,345	41 (2.1)	69 (3.6)

Voluntary Organisations. Plymouth is fortunate in having a number of Voluntary Organisations who are prepared to assist tuberculous patients financially and materially.

Of these, the Plymouth Tuberculosis Care and After-Care Voluntary Committee is primarily responsible for the welfare of the patients and is continuing to act for the Local Authority in carrying out many of the provisions of Section 28 of the National Health Service Act, 1946. A grant of £600 was made by the Local Authority for services carried out during the year. The Committee's greatest expenditure was in the provision of free milk of which 5,342 gallons were provided at a cost of over £1,000, the number in receipt of free milk at the end of the year being 136. In addition, £645 was

spent in the provision of clothing, some 297 patients being assisted. Further assistance was also given in the provision of beds and bedding, settlement of hire purchase accounts, removal expenses, etc.

Other Voluntary Organisations with whom close liaison is maintained and who have readily assisted in such matters as occupational therapy, rehabilitation, and general assistance include the Patients' Voluntary Welfare Fund, the Council of Social Service and the British Red Cross Society. In addition there are the Ex-Service organisations who are always ready to assist those who have served in one or other of H.M. Forces.

(B) OTHER ILLNESS

Health Education.

A large proportion of the work of a Health Department is concerned with the prevention of illness rather than with its cure, and to this end we are assisted to a certain extent by legislation. Under prescribed circumstances it is an offence against the law if certain courses of action are not taken, and vice versa, and very many practices and conditions that would otherwise constitute a menace to health can be, and are, kept under control by the use of the powers given to the Health Department by these enactments. But no matter how many rules or laws are made to assist in the maintenance of a country's health, there is one vital aspect of the question which can never be dealt with by compulsion, and this, broadly speaking, can be described as follows :

1. The persuasion of the population that certain modes of conduct and attitudes of mind within, shall we say, the family circle are not only a potential danger to themselves but probably also to their children and to the community at large ; and
2. The spreading of easily understood information and advice that points to the proper and most health-preserving behaviour.

The importance of this branch of preventive medicine is fully appreciated by the Department, and every opportunity is taken by its officers to give advice and guidance whenever and wherever it seems to be necessary. Our Doctors, Midwives, Health Visitors and

Sanitary Inspectors in particular are constantly seeking to bring about better ways of promoting good health in the families of the many people with whom they come into contact day by day and, in addition to this, lectures are frequently given at our Maternity and Child Welfare Clinics and to many organisations in the city. To assist in this work a library of film strips is being built up in the Department, and these are in constant use as lecture aids.

Supporting this, one might almost say routine work of trying to make people see the wisdom of living healthier lives and of taking the simple but often-neglected measures to help towards this end, the Department distributes literature and leaflets, exhibits posters in public parks and on other sites in the city, and from time to time takes special steps to publicise a particular subject to a greater degree than usual.

For example, during 1953 the following matters were given special attention :

Diphtheria Immunisation. An intensified campaign was arranged in May, when advertisements appeared in the local press, the Ministers of 84 places of worship were asked to exhibit posters on their notice boards, our Clinics were supplied with special publicity material and their normal efforts to persuade mothers of the importance of this service were increased.

Measles. During the time when the incidence of this disease was at a fairly high level, greater publicity was given through the medium of posters and leaflets to encourage the early calling of the family doctor and stressing the need for care during the patient's convalescence.

Prevention of Accidents in the Home. In an attempt to stress the need for greater care in the home so as to reduce the enormous number of accidents that occur throughout the country every year, lectures by Health Visitors were arranged for 35 women's organisations throughout the city. Talks on this very important subject were also given at senior girls' schools, and the campaign was supported by posters, by the distribution of leaflets at lectures and from offices and clinics.

It might be of interest to mention that in 1953 the advice of the Department was sought by a neighbouring authority in connection with an exhibition they were arranging, and in addition to this a selection of our relevant publicity material was loaned to them.

(C) VENEREAL DISEASES

The working arrangements between the Medical Officer of Health and the V.D. Treatment Centre are excellent and the Sister-in-Charge of the Centre undertakes on behalf of the Medical Officer of Health the follow-up of persons under treatment and of contacts believed to be the source of infection.

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

Contacts of patients attending this or any other Clinic who were persuaded to attend by the Social Worker :

<i>Syphilis</i>		<i>Gonorrhoea</i>		<i>Soft Chancre</i>		<i>Non- V.D.</i>	
<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
-	4	-	22	-	-	-	19

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

on 1 form	...	87
2 forms	....	1
3 forms	....	2
4 forms	....	1
		—
Total	....	91
		—

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

TREATMENT CLINIC, S.D. & E.C. HOSPITAL, FREEDOM FIELDS

TABLE "A" TOTAL NEW CASES FOR THE YEAR 1953, INCLUDING TRANSFERS FROM OTHER CENTRES

Year	Syphilis				Chancroid				Gonorrhoea				Non-Veneral				Totals			
	Plymouth	Devon	Cornwall	Totals	Plymouth	Devon	Cornwall	Totals	Plymouth	Devon	Cornwall	Totals	Plymouth	Devon	Cornwall	Totals	Plymouth	Devon	Cornwall	Totals
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
1952	74	11	12	97	5	1	-	6	125	10	7	142	391	49	43	483	595	71	62	728
1953	92	8	8	108	2	-	-	2	127	10	2	139	482	54	34	570	603	72	44	819

TABLE " B " NEW CASES FOR THE YEAR 1953,
EXCLUSIVE OF TRANSFERS.

Year	<i>Syphilis</i>			<i>Gonorrhoea</i>			Totals
	Male	Female	Totals	Male	Female	Totals	
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
1952 ...	44	38	82	95	37	132	214
1953 ..	60	42	102	97	34	131	233

Home Nursing

In my last annual report, there were full details of the arrangement whereby the Three Towns Nursing Association acts on an agency basis in providing home nursing on behalf of the local health authority. The following figures indicate the work done by the Association during 1953 :

	<i>No. of Cases</i>	<i>No. of Visits</i>
1. Medical	3,539	89,186
2. Surgical	674	23,707
3. Infectious Diseases	34	335
4. Tuberculosis	99	3,938
5. Maternal complications	114	1,579
6. Others	—	1,763
	Casual	596
	Supervision	596
Totals	4,460	121,104

Patients included in 1-6 who were 65 or over at the time of the first visit	1,720	69,433
Children included in 1-6 who were under 5 at the time of the first visit	382	2,641
Patients included in 1-6 who had more than 24 visits during the year ...	554	67,745

Home Help Scheme

(Organiser: MRS. P. NODDER)

The Home Help Section has continued to provide a much-needed service and although the total number of cases assisted was less than in the previous year, all demands for help have been met.

The Council of Social Service has continued to provide a service for old people and the Local Health Authority made them a grant of £1,450 towards the administration of the scheme. Demands on their service for help have been greater in 1953 than in the previous year.

Close co-operation between the Organiser and general practitioners, hospitals, health visitors, midwives and organisations concerned with sick persons was maintained during the year and applications for help were dealt with promptly. In maternity cases bookings are accepted in advance and expectant mothers are encouraged to pay for the service in advance and by instalments if desired. Assessment to pay is in accordance with a scale of income and allowances and very little difficulty is experienced in collecting the assessed amounts. Cases of hardship are dealt with by an Investigations Committee, a sub-committee of the Health Committee.

A number of helpers has volunteered to work with cases of tuberculosis and this service is appreciated both by the department and the patient. All helpers employed in the Service are medically examined and X-rayed annually.

The gradual development of Housing Estates on the perimeter of the City has involved the helpers in increased travelling and an earlier start from their homes to be at the household in time to prepare children for school. This extra demand is being met cheerfully, and the work continues to be of a high standard.

Visits by Organiser	...	...	...	...	...	...	...	1,307
Number of Cases assisted :								
Confinements	...	...	...	...	...	...	...	183
Tuberculosis	...	...	...	...	...	...	...	16
Chronic sick (including aged and infirmed)	...	...	...	...	...	...	...	19
General	...	...	...	...	...	...	...	123
Average number of helpers employed weekly	...	...	...	...	...	...	...	27
Total number of hours worked by helpers	...	...	...	...	...	...	...	46,298
Amount recovered from householders	...	...	...	...	...	...	...	£1,800
Number of Cases full recovery	...	...	...	...	...	...	...	44
Number of Cases part recovery	...	...	...	...	...	...	...	292
Number of Cases free	...	...	...	...	...	...	...	5

NATIONAL ASSISTANCE ACTS, 1948 AND 1951

REMOVAL OF PERSONS NEEDING CARE AND ATTENTION

During 1953, in addition to the normal admissions to Homes administered by the Welfare Authority, 40 aged persons (17 males, 23 females) were brought to the special notice of the Health Department by General Practitioners or Welfare Workers as being incapable of looking after themselves properly and possibly being in need of admission to a Home or Hospital. In 17 of these cases it was found possible to provide advice or the extra help in one form or another needed to enable them to remain in their own homes, 9 were admitted voluntarily to a Welfare Authority Home and 8 to hospital. In the remaining 6 cases it was considered that admission to a hospital or Home was the only possible solution but the persons concerned refused their consent. After an exhaustive enquiry into the circumstances of the cases, details of which are given below, application was made to the Justices Court for Orders for removal which were granted in each case.

ACTION UNDER NATIONAL ASSISTANCE ACT, 1948, SECTION 47.

Case 1.

This was a widower aged 89 years without relatives. He had had three strokes in the past few years, his speech was unintelligible, he was incapable of doing anything for himself and needed constant attendance. He had had very generous care from another tenant in the house but on her removal from the district it became necessary to obtain an order for his removal to Wolseley Home.

Case 2.

This was a frail old man of 84 years, living alone. His rooms were in a chaotic and dirty state and his main nourishment was a few buns which he bought two or three times a week. Much time was spent trying to persuade him to enter a Home or at least have a Home Help but without effect. Matters were brought to a head when he collapsed in the street due to general weakness and an order was made for his removal to Wolseley Home.

ACTION UNDER NATIONAL ASSISTANCE ACT, AMENDMENT ACT, 1951.

Case 3.

This was a bachelor, aged 74, blind and almost stone deaf who had become bedridden owing to a stroke. He had previously been in hospital but returned home against advice. He lived with his brother, aged over 80, who was quite incapable of giving him the attention he needed and an order was obtained returning him to hospital.

Case 4.

This old lady of 83 years, without real medical reason, had taken almost permanently to her bed, getting up only once a week to draw her pension and buy rations, most of which were never used and ultimately had to be thrown away. She made no attempt to co-operate with the Home Help and her person and clothing became so dirty that the Organiser supplying the Home Help withdrew her services. For her own sake and that of other families in the house it then became essential to obtain an order for urgent removal to Wolseley Home.

Case 5.

This was a man of 71, living alone and suffering from a large tumour of the thigh. He had previously been in hospital but took his discharge on refusing to have an operation for amputation. The condition was far too extensive and unpleasant to be dealt with in the home by a Home Nurse and Home Help and an order was obtained for his removal to a chronic hospital bed.

Case 6.

This was an unmarried lady aged 90. Through general weakness and senility she had become bedridden and had also sustained a fractured wrist. A Home Help and very generous assistance by other tenants in the house had supplied the invalid's needs for a considerable time, but eventually the demands for day and night attention became so constant that removal to a home became unavoidable.

In most cases persons removed to a Home or hospital under an Order become reconciled to their new surroundings and remain voluntarily when the order expires, but in one of the cases mentioned above it was found necessary to seek an extension of the Order for a further period of three months.

Mental Health

REPORT OF THE SENIOR MEDICAL OFFICER,

Dr. N. R. MATHESON

1. Administration The administration and organisation of the Mental Health Service remains as set out in the report for the year 1952.

2. Work undertaken in the Community Some re-shuffling of the districts assigned to the Mental Health Social Workers in which they visit After-Care cases, Mental Defectives under supervision or Guardianship, or on licence from Institutions, has had to be undertaken on account of the drift of the City's population into the new housing estates. During the year a total of 2,119 home visits was made by the Social Workers.

From time to time, shortage of beds for female lunacy patients leads to great difficulty in the execution of their duties by the Authorised Officers. It is felt that a proper allocation of beds should be made at Moorhaven Hospital or in an Observation Ward elsewhere, for the reception of patients under Three or Fourteen Day Orders. Representations have been made to the Regional Hospital Board on this matter, but there has been no improvement.

The two Occupation Centres in the City continue to cater for about 60 pupils, the maximum number which they can accommodate. Plans are well in hand for combining these two centres under one roof, in a building properly adapted for the purpose, with accommodation for 80 pupils. There will be room, too, for future expansion.

3. Lunacy and Mental Treatment Acts During the year, 147 cases were dealt with under the Lunacy and Mental Treatment Acts, as follows :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Admitted under Section 20, Lunacy Act, 1890 ...	26	15	41
Admitted under Section 21, Lunacy Act, 1890 ...	29	48	77
Certified under Section 16, Lunacy Act, 1890 ...	—	9	9
Admitted as Voluntary Patients	8	12	20
	<hr/>	<hr/>	<hr/>
	63	84	147
	<hr/>	<hr/>	<hr/>

These figures do not of course include the very large number of Voluntary Patients admitted through other channels.

4. Mental Deficiency Acts 74 cases were ascertained as Mental Defectives during the year, 54 of them being subject to be dealt with under the Mental Deficiency Acts, 1913-38. These were as follows :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Cases reported by the Local Education Authority :			
Under Section 57 (3), Education Act, 1944 ...	17	14	31
Under Section 57 (5), Education Act, 1944 ...	12	8	20
Reported from other sources	—	3	3
Cases reported, but not " subject to be dealt with "	6	14	20
	<hr/>	<hr/>	<hr/>
	35	39	74
	<hr/>	<hr/>	<hr/>

27 cases were admitted to Institutions during the year, 63 ceased to be under care, and 11 died or moved from the area.

Cases for whom the Local Health Authority was responsible as at 31st December, 1954, were as follows :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under Guardianship	2	3	5
Under Statutory Supervision	236	192	428
Under Voluntary Supervision	11	26	37
In Institutions or on Licence	212	214	426
	<hr/>	<hr/>	<hr/>
	461	435	896
	<hr/>	<hr/>	<hr/>

There has been little improvement in the accommodation available in the Mental Deficiency Institutions, and at the end of the year 23 cases were awaiting beds.

Ministry of Health Circular 5/52 empowered Local Authorities to place mental defectives for short terms without formalities in Institutions or Homes during domestic crises, or to enable relatives to have a rest from caring for the patient. On every occasion when a place has been sought for such a purpose, the Royal Western Counties Institution has responded generously.

Epilepsy and Cerebral Palsy

Epilepsy. The true total incidence of epilepsy in Plymouth is not known as there is no formal system of notification of the disease, but an enquiry in 1950 indicated that there were about 300 epileptic persons known to general practitioners and other medical agencies (170 males and 130 females). This number included all types of cases from the most severe which was usually in a colony to those of the slightest degree, completely controlled by medication and would also include a number in which epilepsy was associated with mental defect.

In 1953, of the known cases, I am informed by the Director of Welfare Services that 10 were accommodated in epileptic colonies (6 males, 4 females), and one child was in a residential school for epileptics. At present there are no other cases of epilepsy in urgent need of and waiting for admission to an epileptic colony, though it is probable that a further small number would benefit by and be willing to enter suitable residential accommodation if such were available in the South West. At present, entry to a Colony or Home for Epileptics involves a journey of two to three hundred miles from Plymouth.

At present there is only one school child in whom the epilepsy is of sufficient degree to require ascertainment and special education in a residential school for epileptic children.

I am indebted to the Manager of the Employment Exchange in Plymouth for the information that 78 epileptics are registered under the Disabled Persons (Employment) Act (men 61, women 15, boys 2). Of these, 17 are unemployed (men 10, women 6, boys 1). In addition, there is a further number of epileptics working who, because of the slightness of their disease, or a desire to conceal their disability, are not registered as disabled persons. Suitable epileptics would be eligible for training in the Industrial Rehabilitation Centres of the Ministry of Labour and National Service but the nature of the disability limits the training opportunities.

A group of 30 persons is known in whom epilepsy is associated with mental defect. 3 of these are in employment, 18 are unemployable and 9 are children unfit for education in any school. All are under the supervision, statutory or voluntary, of the Mental Health Service.

Cerebral Palsy. Consultation between the Health Department and the staff of the Orthopaedic Hospital has led to the ascertainment of 38 cerebral palsied children:—

A. UNDER 5 YEARS OF AGE	...	...	...	...	...	...	...	6
B. AGE 5-16 YEARS:								
(i) Ineducable	...	...	...	...	...	...	...	10
(of whom 4 are attending occupation centres)								
(ii) At ordinary day schools	...	...	...	...	...	...	...	10
(iii) At special schools for educationally subnormal children	...	...	...	...	...	...	...	3
(iv) At open air school	...	...	...	...	...	...	...	1
(v) At Dame Hannah Rogers' Residential School for spastics	...	...	...	...	...	...	...	2
(vi) At Chalfont Epileptic Colony	...	...	...	...	...	...	...	1
(vii) Home Tuition	...	...	...	...	...	...	...	1
(viii) Others	...	...	...	...	...	...	...	4
								38

The National Spastic Society has recently had consultation with the Local Health and Education Authorities upon a project of the Society to establish in Plymouth a day centre for both educable and ineducable spastic children, but no final decision has yet been reached.

Welfare of the Blind and Partially Sighted

I am indebted to the Director of Welfare Services for the following description of the arrangements made locally for the Welfare of the Blind :—

Under Section 29 of the National Assistance Act, 1948, it is the duty of the Local Authority to provide welfare arrangements for the Blind.

In Plymouth there are approximately 350 registered Blind Persons and 36 Partially Sighted, and for your information I am enclosing herewith a Statement of the age groups, from which you will observe that nearly half of the registered Blind are of the age of 70 and over.

Every blind person is from time to time visited by a Home Teacher, who gives where required, instruction in Braille reading and writing, chair caning, string-bag making, and other handicrafts. Handicraft classes are held at the Blind Institution each week, and there is a Social afternoon at St. Matthias Church Hall once a fortnight.

There is an Annual Outing organised by the South Devon and Cornwall Institution for the Blind, and special parties and trips are also arranged from time to time. For instance, last year some 30 blind persons went for an afternoon trip to Torquay and enjoyed the pantomime in the evening. There is also a special tea and Christmas Party arranged by the Blind Institution, which is usually held in the first week of January at St. Matthias Church Hall, and it is usual on this occasion for the Lord and Lady Mayoress to grace the party with their presence.

There are three Home Teachers employed in Plymouth, two of whom are blind, and responsibility of visitation has been extended by visiting the Partially Sighted who are on our Observation Register.

The Plymouth City Council grant yearly Passes on the Corporation 'Buses, and the Western National Omnibus Company also grant concessions to blind persons, accompanied by a sighted guide, to travel free on their system. Blind persons can also travel free on the railways, providing they are accompanied by a sighted guide.

The Blind also enjoy the privilege of a free wireless licence, and a reduced rate of subscription to the Rediffusion Service, where this is installed.

The Blind children of school age when home on holiday are visited and sometimes taken for a ramble through Mount Edgecumbe Park, or some other suitable place, and when the children have completed their education it is the responsibility of the Welfare Services Department for a Placement Service to be extended to them in order to find them suitable employment. This is not a very big problem at present, but, as one can imagine, a considerable amount of time and patience is needed to obtain employment of Blind Persons in sighted industry.

Before suitable cases are placed in employment, we endeavour to send them in conjunction with the Ministry of Labour and National Service, to America Lodge, Torquay, for rehabilitation.

Another one of our Blind Home Workers living at Crownhill, is an extremely enthusiastic gardener, and he exhibits annually at the Bristol Blind Gardeners' Society, and is usually successful in obtaining recognition of his efforts.

TABLE 1—AGE PERIODS OF REGISTERED BLIND PERSONS

	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 and over	Total
M. ...	1	-	3	1	1	7	5	17	31	26	17	57	166
F. ...	1	1	-	1	2	5	5	21	23	10	25	89	183
T. ...	2	1	3	2	3	12	10	38	54	36	42	146	349

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY
SIGHTED PERSONS

(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends :	CAUSE OF DISABILITY			Others
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	
(a) No treatment ...	7	4	-	15
(b) Treatment (medical surgical or optical) ...	14	1	-	5
(c) Educational ...	-	-	-	1
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	7	-	-	5

Examination of the individual "follow-up" reports of these newly registered blind and partially sighted persons shows clearly that there is no difficulty in the patients' obtaining any necessary treatment. Of the five new patients with glaucoma, all had had previous treatment. There were no cases of retrolental fibroplasia reported during the year.

PUBLIC HEALTH (OPHTHALMIA NEONATORUM) REGULATIONS 1926-1937

Ophthalmia Neonatorum—

Total number notified in 1953 ...	8
Number (a) vision lost ...	-
(b) vision impaired ...	-
(c) treatment continuing at the end of the year ...	-

Ambulance Service

Ambulance Officer: MR. R. SAMPSON

Use of the Service.

The total number of patients and mileage for the year exceeded the previous twelve months by 3,272 patients and 1,465 miles. As far as Plymouth patients are concerned, however, there was an increase of 3,280 patients but only 135 miles.

The number of attendances at the various Out-patient departments of the hospitals has increased by 2,890 patients and a mileage of 2,971. Once again I am able to record that there has been a slight reduction in the average distance travelled per Out-patient from 2·338 to 2·232 miles.

Persons suffering from an Infectious Disease residing in Cornwall and who are being admitted to the Scott Isolation Hospital, Swilly, are still conveyed by this Service but since last August the Devon County Council have undertaken this type of work by means of the Ambulances stationed at Plympton.

Requests for Ambulances.

There is no alteration in the system by which an Ambulance may be obtained from that reported in the last Annual Report.

Vehicles.

The Service now has thirteen Ambulances and four Sitting Case Cars in use with a further two Ambulances in reserve. With the exception of one Ambulance all have been purchased since 1949. Nine of these vehicles are fitted with Radio-Telephone.

Civil Defence.

Members of the Civil Defence Corps who have volunteered for the Ambulance Section are posted to the Service as soon as they have undertaken their Basic Training. So far, forty-nine have obtained their Civil Defence First-Aid Certificate and are now undergoing their Section Training, consisting of special lectures and practical exercises.

Staff. The full-time staff of thirty-three drivers and attendants continue to be augmented on certain evenings, nights and week-ends by members of the St. John Ambulance Brigade. Again I pay special tribute to members of the Nursing Divisions who, often at extremely short notice, escort patients by train for long distances. The total number of hours of voluntary duty undertaken were: Men, 7,162; Women, 5,601 hours.

1953

	<i>Plymouth</i>	<i>Devon</i>	<i>Cornwall</i>	<i>Total</i>
(A) ROAD JOURNEYS				
(a) Ordinary Removals*	50,410	1,055	81	51,546
Mileage	192,765	28,307	3,520	224,592
(b) Accidents and Sudden Illnesses	2,870	—	—	2,870
Mileage	13,020	—	—	13,020
(c) Other calls	2,575	—	—	2,575
Mileage	6,030	—	—	6,030
Total Mileage ...	211,815	28,307	3,520	243,642
	<i>Plymouth</i>	<i>Devon</i>	<i>Cornwall</i>	<i>Total</i>
(B) RAIL JOURNEYS	132	4	—	136

PLYMOUTH OUT-PATIENTS

	<i>Patients</i>	<i>Mileage</i>	<i>Average Miles per patient</i>
1950	29,793	95,863	3·217
1951	32,422	74,231	2·289
1952	33,025	77,215	2·338
1953	35,915	80,186	2·232

Port Health Authority

REPORT OF THE DEPUTY PORT MEDICAL OFFICER,

Dr. G. B. CARTER

General.

This report is in the form and sequence prescribed for Annual Reports of Medical Officers of Port Health Authorities by the Ministry of Health Form Port 20, dated October, 1952.

There are no major alterations to report in the working of the Department during the year. Relations with the officials and authorities concerned with the operation of the Port remain at the most cordial level, and co-operation to facilitate the work of the Port Health Authority is always willingly given.

SECTION I. STAFF

TABLE A

<i>Name of Officer</i>	<i>Nature of appointment</i>	<i>Date of appointment</i>	<i>Qualifications</i>	<i>Any other appointments held</i>
T. Peirson	Port Medical Officer	5.12.32	M.D., M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health, City of Plymouth
G. B. Carter	Deputy Port Medical Officer	5. 7.48	M.D., D.P.H.	Deputy Medical Officer of Health, City of Plymouth
H. B. Boucher	Part-time Port Medical Officer	1. 5.50	M.B., F.R.C.S., D.T.M. & H.	Assistant Medical Officer of Health, City of Plymouth
A. S. Kitt	Port Health & Food Inspector	3. 2.47	Sanitary Inspector's Certificate. Meat & Other Foods Certificate	—

Address and telephone number of the Medical Officer of Health :

Port Health Office : Millbay Docks, Plymouth.

Tel. : Plymouth 2821, Ext. 245, by day.

Tel. : Plymouth 61441, at night and week-end.

City Office : Seven Trees, Lipson Road, Plymouth.

Tel. : Plymouth 61081, by day.

Tel. : Plymouth 61441, at night and week-end.

SECTION II. AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING
THE YEAR

TABLE B

<i>Ships from</i>	<i>Number</i>	<i>Tonnage</i>	<i>Number inspected</i>		<i>Number of ships reported as having or having had during the voyage, infectious disease on board</i>
			<i>By the Medical Officer of Health</i>	<i>By the Sanitary Inspector</i>	
Foreign Ports	501	1,882,716	149	319	10
Coastwise	1,238	745,640	10	1,071	1
Total	1,739	2,628,356	159	1,390	11

SECTION III. CHARACTER OF SHIPPING AND TRADE DURING THE
YEAR

TABLE C

Passenger Traffic:

Number of passengers INWARDS 15,764

Number of passengers OUTWARDS 1,998

The total number of passengers remaining on board passenger-carrying vessels entering the Port of Plymouth (exclusive of those shown above) was 41,582.

Cargo Traffic:

Principal IMPORTS—

Foreign:

Fertilisers from Antwerp and Hamburg.
Phosphates from Sfax, Casablanca, Antwerp, and Rouen.
Potash from Hamburg, Antwerp, and Bremen.
Basic Slag from Rouen and Dunkirk.
Potatoes from Treguier.
Fresh Fruit from Holland and France.
Preserved Meats from Holland.
General Foodstuffs from Holland.
Onions from Roscoff and Rotterdam.
Timber from Vancouver, Gothenburg, Kotka, Kemi, Oslo, Bayonne, and Mantyluoto.
Grain from Vancouver.
Oyster Shells from Frederikssund.
Fuel Oil from Trinidad and Baytown.

Coastal:

Coal from South Wales and North-East Ports.
Vaporizing Oil, Gas Oil, Petrol, Kerosene, and Paraffin from Fawley, Hamble, and Swansea.
Motor Spirit and Fuel Oil from Hamble, Avonmouth, Thameshaven, Fawley, Swansea, and Falmouth.
Fertilisers and Phosphates from Middlesbrough and Immingham.
Cement and Asphalt from London and Shoreham.
Grain from Avonmouth and Newport (I.o.W.).
Stone from Newlyn.
Potatoes from Belfast, Londonderry, Kilkeel, and Dundrum.
Fish from Deep Sea Fishing Grounds.
Margarine, Peas, Soups, Cooking Fats, Sauces, Syrup, Tinned Fruit, Flour, Jam, Biscuits, Macaroni, Tapioca, Lentils, and Custard Powder from Liverpool.
Sauces, Flour, Peas, Margarine and Cooking Fats from London.
Coffee, Tinned Vegetables, Cereals, Apples, Soups, Tinned Milk, and Meat from Glasgow and Belfast.
Oats from Aberdeen.

Principal EXPORTS—

Granite chippings and China Clay.

PRINCIPAL PORTS from which ships arrive :

<i>Asia and Australasia</i>	<i>Europe</i>	<i>America</i>	<i>Africa</i>
Hong Kong	Amsterdam	Baytown	Beira
Rangoon	Antwerp	Boston	Cape Town
Wellington	Bayonne	Buenos Aires	Casablanca
(N.Z.)	Bergen	Curacao	Nemours
	Bordeaux	Georgetown	Sfax
	Bremen	(P.E.I.)	Takoradi
	Brest	Kingston	Tripoli
	Caen	(Jamaica)	
	Calais	New York	
	Cork	Newport (R.I.)	
	Danzig	Norfolk (Va.)	
	Delfzyl	Paramaribo	
	Dublin	Pointe à Pitre	
	Dunkirk	Port Limon	
	Frederikssund	Port of Spain	
	Gibraltar	Quebec	
	Gothenburg	Valparaiso	
	Granville	Vancouver	
	Guernsey		
	Halden		
	Hamburg		
	Huelva		
	Jersey		
	Kemi		
	Kotka		
	Le Havre		
	Malta		
	Mantyluoto		
	Narvik		
	Oslo		
	Roscoff		
	Rotterdam		
	Rouen		
	St. Malo		
	Treguier		

SECTION IV. INLAND BARGE TRAFFIC

There is no inland barge traffic at the Port.

SECTION V. WATER SUPPLY

(a) The source of water supply for the Port, British Railway Docks, Cattedown, and Sutton Harbour is from Plymouth Corporation Water Department hydrants on the wharves.

(b) Shipping is supplied with water from either the hydrants on the wharves or from the water-boat *Ena*. The water-boat supplies are taken from Corporation hydrants.

SECTION VI. PUBLIC HEALTH (SHIPS) REGULATIONS, 1952

Arrangements for the boarding of shipping entering the Port and for the hospital accommodation of infectious diseases (other than smallpox) were described in detail in the Report for 1952. They remained unchanged in 1953, except that the name of the Beacon Park Isolation Hospital has now been changed to the Scott Isolation Hospital, Plymouth.

SECTION VII. SMALLPOX

(1) *Isolation Hospitals available*

The first case or cases would be admitted to the Smallpox Hospital, Liskeard, Cornwall (Telephone : Liskeard 2385), staffed from the Scott Isolation Hospital, Beacon Park Road, Plymouth (Telephone : Plymouth 4311 and 61437. Physician-Superintendent : Dr. D. F. Johnstone).

Should it appear likely that more extensive accommodation would be required, arrangements would be made for the Lee Mill Smallpox Hospital, at present used for convalescent orthopaedic cases, to be re-opened as a Smallpox Hospital.

(2) *Arrangements for the transport of cases to hospital*

The launch *Argus* of the Plymouth Port Health Authority based at Millbay Docks, Plymouth (Telephone : Plymouth 2821, Ext. 245, by day, and Plymouth 61441 at night and week-ends) is available to transport cases from ship to shore. The crew were re-vaccinated in December, 1952. Ambulances of the Plymouth City Council's

Ambulance Service (Telephone : Plymouth 4101) are available to transport cases to hospital. Drivers and attendants who might be allotted to such duties were re-vaccinated in December, 1952.

(3) *Smallpox Consultants*

Plymouth and Cornwall : Dr. D. F. Johnstone, Scott Isolation Hospital, Beacon Park Road, Plymouth. Telephone : Plymouth 4311, 61437 and 3358.

Devon and Cornwall : Dr. W. A. Lister, 7 The Crescent, Plymouth. Telephone : Plymouth 5701 and Devonport 40.

Devon and Cornwall : Dr. C. Seward, 20 West Southern Hay, Exeter. Telephone : Exeter 2110 and Exmouth 4120.

(4) *Facilities for the Laboratory Diagnosis of Smallpox*

Materials for the collection of specimens from suspected cases are always available at the Port Health Office, Plymouth. Specimens would be forwarded to the Virus Reference Laboratory, Central Public Health Laboratory, Colindale Avenue, London, N.W.9.

SECTION VIII. VENEREAL DISEASE

All ships coming into the Docks are boarded by the Port Medical Officer or Inspector and, where necessary, any information is supplied concerning venereal diseases. Pamphlets are provided to seamen setting out the times and days of the Venereal Disease Clinics at the South Devon and East Cornwall Hospital, Freedom Fields, Plymouth, together with directions showing the route from the Docks to the Clinic.

The days and hours of attendance for males are as follows :

Monday :	6 to 7.30 p.m.
Tuesday :	10 to 11.30 a.m.
Wednesday :	10.30 to 12 noon.
Thursday :	6 to 7.30 p.m.
Saturday :	6 to 7.30 p.m.

During the year, 49 British and 8 Foreign seamen (total 57) were treated at the Venereal Disease Clinic.

The Nationalities were as follows :

British, 49 ; Danish, 3 ; Dutch, 3 ; French, 1 ; Swedish, 1.

SECTION IX. CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS

TABLE D

<i>Category</i>	<i>Disease</i>	<i>Number of cases during the year</i>		<i>Number of ships concerned</i>
		<i>Passengers</i>	<i>Crew</i>	
Cases landed from ships from foreign ports	Chicken pox	2	—	2
	Measles	3	—	1
	Mumps	5	—	2
	Pneumonia	—	1	1
Cases which have occurred on ships from foreign ports, but have been disposed of before arrival	Chicken pox	2	—	2
Cases landed from other ships	Chicken pox	—	1	1

SECTION X. OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

There were no cases of malaria brought to notice in ships arriving at Plymouth during the year.

SECTION XI. MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No plague infected or suspected ships entered the Port during the year.

SECTION XII. MEASURES AGAINST RODENTS IN SHIPS FROM
FOREIGN PORTS

(1) All ships arriving at the various wharves are boarded by the Port Health Inspector, and enquiries made of the officers and crew as to evidence of rat infestation. Foremen Stevedores are also questioned as to the presence of rats. Where rat infestation is found, trapping or poisoning is carried out by the Rodent Operator.

(2) All rats caught are destroyed, and specimens are submitted to the Public Health Laboratory Service, South Devon and East Cornwall Hospital, Plymouth. During the year, five rats were examined, with no evidence of plague infection.

(3) Deratting of ships is carried out by fumigation with hydrocyanic acid gas. These fumigations are carried out by private firms under the supervision of the Port Health Authority.

The names of Commercial Contractors who have carried out the fumigation of vessels at this Port are :

1. Fumigation Services, Ltd., Barking, Essex.
2. London Fumigation Co., London, E.C.3.

Small infestations are dealt with as necessary by the Local Authority's Rodent Operator using "Warfarin".

(4) It has been noticed that rat-proofing principles have been adopted in the construction of new vessels. There has been a marked decrease in the number of rats found on board older-type vessels.

TABLE E
RODENTS DESTROYED DURING THE YEAR IN SHIPS FROM FOREIGN
PORTS

<i>Category</i>	<i>Number</i>
Black Rats	4
Brown Rats	—
Species not known	—
Sent for examination	—
Infected with Plague	—

RATS DESTROYED IN DOCKS, QUAYS, WHARVES, AND WAREHOUSES

<i>Category</i>		<i>Number</i>
Black Rats	... ..	119
Brown Rats	... ..	195
Species not known	... ..	—
Sent for examination	... ..	5
Infected with plague	... ..	—

The number of mice destroyed by poisoning was 205.

TABLE F

DERATTING CERTIFICATES AND DERATTING EXEMPTION CERTIFICATES ISSUED DURING THE YEAR FOR SHIPS FROM FOREIGN PORTS

<i>No. of Deratting Certificates issued</i>					<i>Number of Deratting Exemption Certificates issued</i>	<i>Total Certificates issued</i>
<i>After fumigation with</i>		<i>After trapping</i>	<i>After poisoning</i>	<i>Total</i>		
<i>HCN</i>	<i>Other fumigant (state method)</i>					
1	2	3	4	5	6	7
—	—	—	—	—	25	25

Prevention of Damage by Pests Act, 1949 (Application to Shipping) Order, 1951

Under the above Regulations, 8 Rodent Control Certificates were issued to coastal vessels found free from infestation with rats and mice.

SECTION XIII. INSPECTION OF SHIPS FOR NUISANCES

TABLE G

INSPECTIONS AND NOTICES

<i>Category of nuisance and number of Inspections</i>		<i>Notices served</i>		<i>Result of serving Notices</i>
		<i>Statutory Notices</i>	<i>Other Notices</i>	<i>Complied with</i>
British	1,102	—	12	8
Other Nations	288	—	3	—
Total	1,390	—	15	8

SECTION XIV. PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934 and 1948

Under the above Regulations, the following are prohibited areas for gathering mussels, cockles, winkles, limpets, and other shell-fish for human consumption by an order made in 1936 :

Hooe Lake.
The Hamoaze, including West Mud.
St. John's Lake.
Off Torpoint Institution.
Weston Mill Lake.
Off Rat's Island.
Mouth of St. German's 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.

No formal action has been necessary under the Regulations.

All oysters from the Yealm Oyster Fisheries are, by a voluntary agreement, subjected to a cleansing process before sale.

SECTION XV. MEDICAL INSPECTION OF ALIENS

The names of Medical Inspectors of Aliens holding warrants of appointment, and the arrangements for the examination of aliens, remain as described in the Report for 1952.

During the year, the number of incoming aliens was 7,583. The number of outgoing aliens was 241.

SECTION XVI. MISCELLANEOUS

(a) *Arrangements for the burial on shore of persons who have died on board ship from infectious disease :*

Disposal of the dead is carried out under conditions prescribed by the Medical Officer of Health in accordance with the nature of the disease. The Public Mortuary is available to accommodate bodies if necessary. Cremation is advocated, and is available.

(b) *Disposal of cases landed at the Port:*

Infectious Diseases:

No major infectious disease occurred within the area of the Authority during 1953.

Cases landed at the Port :

1. 4th February. One British member of the crew of the S.S. *Rhodesia Star* was landed, suffering from chicken pox, and admitted to the Scott Isolation Hospital, Beacon Park Road, Plymouth.
2. 30th March. One British passenger, suffering from chicken pox, was landed from the S.S. *Liberte*, and proceeded by rail to Sussex.
3. 5th April. Two British passengers suffering from Mumps were landed from the S.S. *Cottica*, and admitted to the Scott Isolation Hospital, Beacon Park Road, Plymouth.
4. 20th April. Three British passengers were landed from the S.S. *Queen Mary*, suffering from Mumps. One was admitted to the Scott Isolation Hospital, and two proceeded by rail to their home addresses.
5. 21st August. Three British passengers, suffering from Measles, were landed from the S.S. *Colombie*, and admitted to the Scott Isolation Hospital, Beacon Park Road, Plymouth.
6. 23rd December. One British passenger, suffering from chicken pox, was landed from the S.S. *Reina del Pacifico*, and proceeded by rail to her home address.

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

1. 27th January. One Mexican passenger, suffering from Bronchitis, was landed from the S.S. *Ille de France*, and proceeded by rail to London.
2. 31st January. One of the crew of the French Fishing Vessel *Armand Crispin* was landed, suffering from Cellulitis of the left arm, and admitted to the South Devon and East Cornwall Hospital, Plymouth.

3. 20th February. One of the crew of the Yugoslavian vessel *Kozara* was landed, suffering from head injuries, and admitted to the South Devon and East Cornwall Hospital, Freedom Fields, Plymouth.
4. 18th April. One British passenger, suffering from Paralysis, was landed from the S.S. *Maroc*, and admitted to the South Devon and East Cornwall Hospital, Greenbank, Plymouth.
5. 20th April. One British member of the crew of the S.S. *Queen Mary* was landed, suffering from Pulmonary Embolism, and admitted to the Scott Isolation Hospital, Beacon Park Road, Plymouth.
6. 4th May. One Dutch member of the crew of the S.S. *Tomini* was landed, suffering from Tonsillitis, and admitted to the Scott Isolation Hospital, Beacon Park Road, Plymouth.
7. 25th June. One British passenger, suffering from Pyrexia, was landed from the S.S. *Liberte*, and admitted to the Charlton Nursing Home, Plymouth.
8. 16th July. One of the crew of the *American Shipper* was landed, suffering from Dyspepsia, and admitted to the South Devon and East Cornwall Hospital, Greenbank, Plymouth.
9. 26th July. One British passenger, suffering from Epileptic seizures, was landed from the S.S. *Leicestershire* and admitted to Moorhaven Hospital, Bittaford.
10. 29th July. One British passenger, suffering from a shoulder injury, was landed from the S.S. *Liberte*, and admitted to the South Devon and East Cornwall Hospital, Freedom Fields, Plymouth.
11. 8th August. One Irish passenger, suffering from Insanity, was landed from the S.S. *Italia*, and admitted to Moorhaven Hospital, Bittaford.
12. 13th August. One British passenger, suffering from spinal compression, was landed from the S.S. *City of Exeter*, and admitted to the South Devon and East Cornwall Hospital, Greenbank, Plymouth.
13. 29th August. One French member of the crew of the S.S. *Flandre* was landed, suffering from a gastric ulcer, and admitted to the South Devon and East Cornwall Hospital, Devonport.

14. 3rd September. One British passenger, suffering from Insanity, was landed from the S.S. *Italia*, and admitted to Moorhaven Hospital, Bittaford.
15. 1st October. One British passenger, suffering from Insanity, was landed from the S.S. *Italia*, and admitted to the Moorhaven Hospital, Bittaford.
16. 18th October. One British member of the crew of the S.S. *Ardglen*, was landed, suffering from hand and facial burns, and admitted to the South Devon and East Cornwall Hospital, Greenbank, Plymouth.
17. 24th November. One of the crew of the Danish vessel S.S. *Groenland* was landed, recovering from Cataarhal Jaundice, and removed to the British Sailors' Society, Octagon, Plymouth.
18. 18th December. One of the crew of the Italian vessel *Pietro Bergonzo* was landed, suffering from Cerebral Thrombosis, and admitted to the South Devon and East Cornwall Hospital, Greenbank, Plymouth.
19. 20th December. Two British passengers, suffering from Insanity, were landed from the S.S. *Atlantic* and admitted to Moorhaven Hospital, Bittaford.

Food Inspection

During the year, 279 vessels were dealt with under the Public Health (Imported Food) Regulations, 1937 and 1948. There were 82 from foreign ports, and 197 coastwise.

The total amount of foodstuffs voluntarily surrendered and condemned as unsound, unwholesome, and unfit for human consumption consisted of 27½ lbs. of Fruit Salad in 28 tins.

No action was taken under the Public Health (Imported Milk) Regulations, 1926, and the Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1948.

The following specimens were submitted to the Public Health Laboratory Service, South Devon and East Cornwall Hospital, Greenbank, Plymouth, for examination :—

<i>Nature of Specimen</i>	<i>From</i>	<i>Examined for</i>	<i>Result</i>
1 Black Rat	Western Counties Agricultural Association	Plague	No evidence of Plague
1 Black Rat	Western Counties Agricultural Association	Plague	No evidence of Plague
1 Black Rat	No. 10 Store, British Railway Docks	Plague	No evidence of Plague
1 Black Rat	Victoria Wharves	Plague	No evidence of Plague
1 Black Rat	Victoria Wharves	Plague	No evidence of Plague

School Health Service

REPORT OF THE SENIOR MEDICAL OFFICER,

DR. T. H. HARRISON

Approximately half of the total numbers of pupils on the registers of all the Authority's schools in the City were given a periodic medical inspection at school during the year 1953, and pupils in five age groups were inspected.

In addition, regular visits were made by the medical officers to the Day Special Schools, and all pupils in attendance were re-examined during the year. Pupils attending the school camp or leaving the City on school journeys were medically inspected before their departure, and pupils who had not been inspected recently or about whom there were any doubts about their fitness were medically inspected before commencing swimming instruction. Regular visits were made also to the Homes under the Children Committee and the children medically inspected at each visit.

Special examinations of pupils in connection with their ascertainment as handicapped pupils were made and pupils were medically inspected for fitness for employment for delivering newspapers, etc., or engagement in entertainments, outside school hours.

Other work carried out by the medical officers during the year included diphtheria immunisation, the annual medical inspections of all the food handlers employed in the School Meals Service, medical inspection of students before entry to Teacher's Training Colleges, visits to pupil's homes regarding tuition at home and attendance at the regular school clinics.

The general condition of the pupils, which was assessed by the medical officers at the inspections at schools and which had shown a considerable improvement in the previous three years, showed a further improvement in 1953 in respect of the numbers of pupils found to be in poor general condition, being only 1.0% in 1953 compared with 1.9% in 1952 and 6.6% in 1949. This improvement occurred although the numbers of pupils taking dinners at school dropped from 35.7% of those in attendance in 1951 to 32.4% in 1952 and 22.8% in 1953, and it seems probable that the gradually increased availability of various foods during the period enabled

parents to provide meals of a satisfactory nutritional standard for their children at home in spite of any decrease there may have been in the purchasing power of their incomes.

Nearly ten per cent of the pupils inspected at schools were found to be in need of medical treatment and not receiving it at the time of the inspection. A further ten per cent were receiving treatment. As in previous years the largest numbers of defects requiring treatment were orthopaedic postural defects such as flat feet, knock knees and poor spinal posture, defects of the nose and throat, particularly enlarged tonsils and adenoids, and defective vision and squint.

Medical treatment was given at the six school clinics during the year and over 13,000 cases treated, including those of diseases of the skin, external eye diseases, ear, nose and throat diseases, miscellaneous minor ailments and speech defects.

There was a marked improvement in the position at the Child Guidance Clinic during the year and by the end of the year the position was satisfactory. An experienced psychiatric social worker was appointed to fill the vacancy which had existed since the end of 1951 and commenced duty in March, and the appointment of a second social worker was approved in June and the appointment made in July. In September the number of psychiatrist's sessions provided by the Regional Hospital Board from the staff of Moorhaven Hospital was increased to seven a week and in October to ten a week, resulting by the end of the year in children being seen at the clinic almost immediately after referral and where treatment was required in it being commenced within a reasonable time in ordinary cases and immediately in urgent cases.

For the first time since 1946 the percentage of pupils found by the school nurses to be infested with vermin showed an increase, although this was only slight. The percentage had fallen consistently from 13.2% of the pupils on the registers in 1946 to 2.9% in 1952, but in 1953 it rose to 3.2%. The numbers of pupils found infested were fifty per cent higher in the primary schools than in the secondary schools and the small increase in 1953 was due mainly to more pupils being found to be infested on first starting school life.

There was some improvement in the position regarding dental treatment during the year and the dental inspections of all pupils

at schools were continued as previously. Extractions were done without delay and rather over a third more fillings were done, but the delay in providing fillings still was four to five months at the end of the year, taking an average for all clinics.

School clinic premises generally are in need of re-decoration, and during the year a start was made in improving the clinic premises and internal decorations at Honicknowle, Albert Road and High Street, Stonehouse. The North Prospect Clinic still requires the internal alterations which were approved in 1948 but which have been postponed from time to time since then. It is hoped, however, that this work will be done during 1954.

A new combined Maternity and Child Welfare and School Health Clinic is about to be commenced at Honicknowle and owing to slum clearance it will become necessary, probably in 1955, to replace the High Street, Stonehouse, Clinic in a similar new combined clinic in North Stonehouse.

The Central Clinic and School Health Department offices are housed in old premises in Rowe Street and their replacement will, before long, become necessary. The opportunity will arise in connection with the planning of the new Civic Centre and the replacement of central clinics.

Staff. The time given to the service by medical officers was equivalent to that of approximately 3.9 whole time officers throughout the year and the only change from the previous year was that Dr. J. Musgrave replaced Dr. Parken from October whilst the latter was on leave taking a course for the Diploma in Public Health.

There were no changes among the dental officers but Mrs. M. Bodenham, L.D.S., commenced duty as an additional part-time Assistant Dental Officer in March. The dental staff throughout the year was equivalent to approximately 4.7 whole-time dental officers.

The staff of nine nurses was maintained throughout the year, but Nurse M. Russell resigned in December and was replaced by Nurse L. E. Hocken, S.R.N.

One dental attendant, Miss M. B. Rosekilly, resigned on marriage in May and was replaced in July by Miss N. M. Johnstone.

The whole-time Speech Therapist, Miss J. Rowley-Lewis, resigned on marriage in March and was not replaced until Miss A. Parsons, L.C.S.T., was appointed. She commenced duty in September, and in the interval Mrs. M. Warne the part-time Speech Therapist was able to give seven half-day sessions a week during term time instead of her previous three.

Miss M. Anderson, S.R.N., S.C.M., H.V., Mental Health Certificate, was appointed as Psychiatric Social Worker, and commenced duty in March, to fill the vacancy which had existed since the end of 1951, and Miss D. Maund, Diploma in Social Science, was appointed and commenced duty in July to fill the additional post approved in June.

Mr. J. McNally resigned his appointment as Educational Psychologist in August and was not replaced until Mr. P. W. Ace, B.A., was appointed to fill the vacancy and commenced duty in November.

Medical Inspection.

The figures for the year for medical inspection are given in the tables at the end of this report as follows :—

TABLE 1A gives the numbers who were given a periodic medical inspection in accordance with their age. The total of 15,329 is 50.8% of the numbers of pupils on the registers of all the Authority's schools at the beginning of the year (30,180) and is the largest percentage of pupils on the registers who so far have been given a periodic medical examination during a year.

TABLE 1B gives the numbers of medical inspections carried out in addition to those given in Table 1A. The special inspections include those of pupils attending to see the medical officers at the school clinics, those inspected for fitness for swimming, attendance at the school camp, employment, etc., and special examinations in connection with ascertainment as handicapped pupils. The figure of 10,303 special inspections represents a further 34.1% of the numbers of pupils on the registers.

TABLE 1C gives the numbers and percentages of pupils in the various age groups who were found to require treatment for defective vision, and for all other defects, excluding dental diseases and infestation with vermin which are given in Tables 5 and 3 respectively.

The total of 19.8% of pupils requiring treatment for all defects except dental disease and infestation with vermin compares with 19.5% in 1952, and comprises 10.1% already under treatment at the time of inspection and 9.7% not receiving it at that time.

TABLE 2A gives the number of defects found at the periodic inspections of the various age groups, and also those found at the special inspections, distinguishing between those for which medical treatment was required or being given and those requiring to be kept under observation but not requiring treatment. The table also gives the number of defects per 1,000 pupils inspected for each age group and also for the special inspections.

TABLE 2B gives the numbers and percentages of pupils in each group classified as being in A (good), B (fair) or C (poor) general condition.

The percentages for 1953 and the four previous years for all pupils inspected in the age groups are as follows:—

	" A " (Good) %	" B " (Fair) % (or average)	" C " (Poor) %
1953	41.0	58.0	1.0
1952	40.7	57.4	1.9
1951	35.4	62.4	2.2
1950	27.0	67.9	5.1
1949	25.2	68.2	6.6

Comment on these figures is made above at the beginning of this report.

Ascertainment of Handicapped Pupils.

The number of pupils newly ascertained during the year to be handicapped pupils requiring special educational treatment was 196, as follows:—

	<i>Newly ascertained as requiring education in special schools</i>	<i>Newly ascertained as requiring special educational treatment in ordinary schools</i>	<i>Totals</i>
1. Blind	1	0	1
2. Partially sighted ...	3	4	7
3. Deaf	0	0	0
4. Partially deaf ...	3	11	14
5. Delicate	10	0	10
6. Physically handicapped ...	14	0	14
7. Educationally sub-normal ...	65	80	145
8. Maladjusted	1	2	3
9. Epileptic	1	1	2
<i>Totals</i>	<u>98</u>	<u>98</u>	<u>196</u>

In addition :—

- (a) 28 pupils were ascertained to be ineducable and reported to the Local Health Authority.
- (b) 21 pupils were ascertained as requiring supervision by the Mental Health Department after leaving school.
- (c) 12 pupils were found to be probably ineducable but decision was deferred pending further examination.
- (d) 14 pupils were ascertained as physically handicapped pupils requiring tuition at home under Section 56 of the Education Act, 1944.
- (e) 7 pupils were found to be no longer in need of special educational treatment as educationally subnormal pupils.
- (f) 22 pupils were found to be no longer in need of special educational treatment as delicate or physically handicapped pupils.

All pupils ascertained previously to be handicapped pupils and who were receiving special educational treatment at day special schools, ordinary schools or at home were re-examined during the year, including 94 pupils receiving special educational treatment as educationally subnormal pupils in ordinary schools and 458 pupils with various handicaps attending day special schools.

Provision for Handicapped Pupils.

On the 1st December, 1953, the position regarding pupils ascertained as requiring special educational treatment in special schools appropriate for their particular disability, was as follows :—

		<i>Number attending Day Special Schools</i>	<i>Number attending Boarding Special Schools</i>	<i>Number requiring places in Special Schools</i>	<i>Totals</i>
1. Blind ... ..	...	0	3	1	4
2. Partially Sighted ... ..	...	0	6	2	8
3. Deaf ... ..	...	25	1	0	26
4. Partially Deaf ... ..	...	9	0	0	9
5. Delicate ... ..	...	63	0	0	63
6. Physically Handicapped ... ..	...	45	5	3	53
7. Educationally Subnormal ... ..	...	289	11	56	356
8. Maladjusted ... ..	...	0	0	1	1
9. Epileptic ... ..	...	0	1	0	1
TOTALS ... ..	...	431	27	63	521

The number of 56 educationally subnormal pupils requiring places in a special school compares with 58 at the same date in 1952. In both cases the number includes pupils whose parents had not consented to their attending a special school. No additional provision for this category of handicapped pupils was able to be made during 1953 and the urgent need for it continues. It is required particularly in the junior mixed and senior girls school which has been accommodated at the old Open Air School premises at Mount Tamar since the school's premises at Salisbury Road were destroyed by enemy action in 1941. In addition to the waiting list there are 25 pupils in each class instead of the maximum of 20 advised and the boys are transferred to the senior boys school at the age of 10 plus years instead of the normal 11 plus years. Apart from this, the premises generally are unsuitable for this type of school, four of the five classes being accommodated in old wooden chalets in the grounds.

In addition to the provision required in special schools for educationally subnormal pupils, further provision is required for the special educational treatment of educationally subnormal pupils in ordinary schools, particularly in the Primary Schools. Unfortunately, shortage of both appropriately qualified teaching staff and accommodation in Primary Schools has prevented much provision being made so far, although the best arrangements possible in the circumstances have been made.

The Open Air School at Efford requires new accommodation. The premises consist of a large old house built, it is believed, in 1698, with four old wooden chalet class rooms and a resting shed erected in 1918, which are being kept in as good repair as possible for their age. The grounds are large and attractive but slope fairly steeply and for this reason are not suitable for many of the physically handicapped pupils who total approximately 40% of those in attendance at the school.

The accommodation at the Special School at Hartley House for deaf and partially deaf pupils is proving inadequate, another classroom and a room suitable for use as a school hall being required. The school is accommodated on the first floor of the premises and the ground floor has been let to the Hospital Board for use as an Orthopaedic Clinic since the Board took over responsibility for the Orthopaedic Clinic which up to 1948 was provided there by the

Education Authority. The ground floor will be suitable for the additional accommodation required by the Special School and it is hoped that the Hospital Board will be able now to transfer their clinic to other premises.

The replacement of all the Special Schools except that for Deaf and Partially Deaf Pupils is provided for in the Education Authority's Development Plan which was approved by the Minister of Education in 1949. It was anticipated then that the building of new Special Schools would be commenced in the second and third periods of the plan, possibly between 1951 and 1961, on a site at Lower Leigham on the eastern side of the city between Egg Buckland and Plym Bridge.

Cleanliness Inspections. The arrangements for the examination and cleansing of infested pupils remained unchanged during the year and have been described in previous reports. The numbers of examinations of pupils by the school nurses and the numbers of individual pupils found infested during the year are given in Table 3 at the end of this report. Comment has been made at the beginning of this report on the numbers found to be infested, and those for 1953 and the previous seven years are as follows :—

				<i>Number found infested</i>	<i>Percentage of numbers on registers</i>
1946	...	...	...	3,020	13.2
1947	...	...	...	2,464	10.1
1948	...	...	...	2,251	8.8
1949	...	...	...	1,949	7.5
1950	...	...	...	1,375	5.1
1951	...	...	...	977	3.5
1952	...	...	...	830	2.9
1953	...	...	...	969	3.2

Other Work of the School Nurses. In addition to their cleanliness inspections of pupils at schools, work in connection with the periodic medical inspections, treatment of minor ailments at the school clinics, and visits to pupil's homes regarding medical treatment, cleanliness and neglect, the school nurses continued the routine testing of vision at the schools, gave Ultra Violet Light Treatments at the school clinic and made special visits to schools

and pupil's homes for various reasons. The following are some figures relating to their work :—

(a) Number of vision tests made at schools	... ..	32,747
(b) Number of pupils referred from vision tests to the school medical officers	... ..	608
(c) Number of pupils specially inspected at school for infectious disease	... ..	1,134
(d) Number of visits to pupils homes for various reasons	... ..	1,451
(e) Number of treatments given by nurses at school clinics	... ..	50,740

The following report on the work of the school nursing staff during 1953 has been made by Mrs. L. Pritchard, S.R.N., C.M.B., Senior School Nurse :—

“ The School Nursing Staff, consisting of nine State Registered Nurses, was maintained throughout the year with one change in personnel.

Owing to the increasing number of new Entrants into the Primary Infants' Schools it was impossible for the nurses to visit all the schools allocated to them every month.

There was a considerable increase in the number of new cases treated in the Ultra Violet Light Clinic during the year, also in the number of attendances.

Fifty-five Physically Handicapped Children were visited with a view to deciding whether or not they would be able to attend an ordinary school and all necessary appointments with the School Medical Officers arranged. In addition, nine Cerebral Palsied children were visited, and eighteen children in connection with the National Survey of the Health and Development of children born between 4th-9th March, 1946, were visited after each holiday and routine enquiries made about their health and progress.

All Educationally Subnormal pupils recommended to be seen by the School Medical Officer were visited before appointments were made and particulars of parents occupation, home conditions, etc., reported and the most convenient day and time for the parents to attend with the child ascertained.

From the beginning of May until the beginning of September one of the nurses was in residence at Maker School Camp.

Without an increase of staff it will be impossible to carry out the regular cleanliness inspections as often as necessary on account of the additional medical inspections which are being done.”

Medical Treatment.

There were no changes in the general arrangements for medical treatment during the year. The numbers of cases of the various diseases and defects treated at the school clinics by the staff of the School Health Service, and also the numbers known to have been treated otherwise, in all cases at a hospital, are given in Table 4 at the end of this report.

The regular school medical clinics were being held as follows at the end of the year :—

1. CENTRAL CLINIC, SCHOOL HEALTH DEPARTMENT, ROWE STREET.

(a) *Nurses' Minor Ailment Treatment Clinics.*

Monday to Friday 3.30 p.m. daily.
Saturday 9 a.m.

(b) *School Medical Officer's Clinics.*

Monday, 2 p.m. ; Wednesday, 2 p.m. ; Saturday, 9.30 a.m.

(c) *Speech Therapy Clinics.*

Monday to Friday Daily, at 9 a.m. and 2 p.m. ;
except Tuesday, a.m.
Saturday 9 a.m.

(d) *Ultra Violet Light Clinics.*

Tuesday and Friday 9 a.m.

2. STONEHOUSE CLINIC, 30 HIGH STREET, STONEHOUSE.

(a) *Nurses' Minor Ailment Treatment Clinics.*

Monday to Friday 3.30 p.m. daily.
Saturday 10.15 a.m.

(b) *School Medical Officer's Clinics.*

Tuesday 2 p.m.

3. DEVONPORT CLINIC, OUTRAM VILLA, ALBERT ROAD, DEVONPORT.

(a) *Nurses' Minor Ailment Treatment Clinics.*

Monday to Friday 3.30 p.m. daily.
Saturday 9 a.m.

(b) *School Medical Officer's Clinics.*

Thursday 3.30 p.m.

4. NORTH PROSPECT CLINIC, NORTH PROSPECT SCHOOL, SWILLY.

(a) *Nurses' Minor Ailment Treatment Clinics.*

Monday to Friday 3.30 p.m. daily.
Saturday 9 a.m.

(b) *School Medical Officer's Clinics.*

Friday 2 p.m.

(c) *Speech Therapy Clinics.*

Tuesday 9 a.m.

5. ST. BUDEAUX CLINIC, STIRLING ROAD, ST. BUDEAUX.

(a) *Nurses' Minor Ailment Treatment Clinics.*

Monday to Friday 3.30 p.m. daily.
Saturday 10.15 a.m.

(b) *School Medical Officer's Clinics.*

Wednesday 2 p.m.

6. CROWNHILL CLINIC, CROSS PARK ROAD, CROWNHILL.

(a) *Nurses' Minor Ailment Treatment Clinics.*

Monday to Friday 3.30 p.m. daily.
Saturday 9 a.m.

(b) *School Medical Officer's Clinics.*

Thursday 3.30 p.m.

(c) *Speech Therapy Clinics.*

Monday, 9 a.m.; Tuesday, 9 a.m.; Thursday, 9 a.m.

7. CHILD GUIDANCE CLINIC, CATHERINE STREET, PLYMOUTH.

Monday to Friday, 9 a.m. and 2 p.m.; Saturday, 9 a.m.

The Central Clinic and Child Guidance Clinics are open throughout the year. The five branch clinics are closed during the school summer vacation, except for specially arranged clinic sessions.

Skin Diseases. Only one case of ringworm of the scalp was seen at the school clinics during the year and this was a ringworm of the neck which had spread slightly on the edge of the scalp and was quickly cured. Several other suspected cases were seen but found after diagnostic investigation not to be ringworm. This one case compares with 2 in 1952, 15 in 1951, and 23 in 1950. 54 cases of ringworm of the body were treated at the school clinics compared with 68 in 1952, 139 in 1951, and 157 in 1950. Many of the cases of ringworm were traced to contact with a domestic animal suffering from the disease, usually the household's cat or dog, and several cats were examined at the clinic, in consultation with a veterinary surgeon, under the ultra violet light lamp with a Wood's filter, and the diagnosis confirmed.

The number of scabies cases treated was 46, compared with 90 in 1952, 36 in 1951, and 57 in 1950; and apart from cases in the same family, they apparently were all sporadic cases.

Impetigo cases treated numbered 144, compared with 218 in 1952, 236 in 1951, and 294 in 1950; so that the disease appears to be on the wane, probably because of the more general use of antibiotics in the treatment of this and allied conditions.

Other skin cases treated totalled 419, compared with 446 in 1952, 327 in 1951, and 334 in 1950.

External eye diseases, defective vision and squint. The number of cases of external eye diseases treated at the school clinics was 485, compared with 342 in 1952, 331 in 1951, and 349 in 1950. There appeared to be no special reason for the increase during the year.

Cases of defective vision and squint referred by the medical officers during the year to the consultant's special clinics for school children at the Plymouth Royal Eye Infirmary numbered 775, but 1,115 such cases were dealt with at these clinics, the other cases being referred direct by general practitioners, etc. Brief reports on the cases seen were sent by the Eye Infirmary, giving the vision obtained with the spectacles prescribed, and these were found to be most helpful when the children were seen later in showing whether or not any deterioration had occurred since the spectacles were prescribed. No complaints were received during the year regarding difficulty in obtaining spectacles.

Diseases and defects of the ear, nose and throat. During the year 492 cases of ear, nose and throat defects were treated at the school clinics. These were mainly ear defects and the number compares with 332 in 1952.

In addition, 282 pupils were referred to the consultant's special clinics for children at the South Devon & East Cornwall Hospital, Plymouth, chiefly on account of enlarged tonsils and adenoids, otorrhoea, defective hearing and epistaxis, and by the end of the year reports on 209 of the cases had been received from the consultants, with advice on treatment recommended to be carried out at the school clinics or by the pupil's private doctors or stating what treatment, operative or otherwise, was proposed to be carried out at the hospital. No complaints from parents regarding delay in the provision of operative treatment were received, in marked contrast to the position several years ago.

Orthopaedic and Postural defects. A total of 118 pupils with orthopaedic and postural defects was referred during the year by the medical officers to the consultant's special clinics for school children held at the Mount Gold Hospital's Hartley House Clinic. The number compares with 308 pupils in 1952, but only definite orthopaedic defects and those postural cases which had not responded to remedial exercises at home were referred, in response to the request of the orthopaedic surgeons not to refer purely postural cases in view of the long waiting list at the clinic.

It was not found possible to arrange for pupils to do remedial exercises, at school, except at a few schools, mainly on account of difficulties of accommodation or staffing at the schools and copies

of the remedial exercises therefore were given to parents by the medical officers who advised them to give their children the exercises at home.

The present position regarding remedial exercises for postural defects is not satisfactory. Many children show no improvement when re-examined after being advised to do exercises at home and it appears that either they do not do the exercises prescribed or do not carry them out properly. On the other hand much school time is spent when children have to attend a clinic several times a week to carry out exercises under supervision and the only satisfactory solution would appear to be for them to do the exercises at their own schools under the supervision of a qualified person. Unfortunately, there is a shortage of teachers of physical education and apparently no likelihood in the immediate future of one being available to visit schools to conduct remedial exercises even where accommodation can be found.

Child Guidance.

The following report on the work of the Child Guidance Clinic during the year has been made by Dr. J. M. Gilroy, Consultant Psychiatrist :—

	<i>At</i> 31.12.51	<i>At</i> 31.12.52	<i>At</i> 31.12.53
(a) On Treatment Waiting List ...	77	46	54
(b) On Diagnostic Waiting List ...	93	123	25
	<i>Year</i> 1951	<i>Year</i> 1952	<i>Year</i> 1953
(c) New Referrals	224	177	152
(d) Cases given full clinical investigation	109	93	159
(e) Individual Treatment Interviews	972	662	547
(f) Clinic Interviews by Psychologist	484	330	229
(g) Visits by Psychiatric Social Workers	302	None	276
(h) Cases closed	40	111	131
(i) Cases undergoing social supervision	23	None	26

The figures of this Annual Report for 1953 do not adequately reflect how much the position has improved recently because the improvement took place in the second half of the year and mainly in the last quarter. Thus the Quarterly Reports for 1953 give a better picture of the dramatic change that has resulted from the appointment of a second Social Worker, the increase of psychiatric sessions to ten weekly, and the appointment in November of an Educational Psychologist to fill the vacancy caused by Mr. McNally's departure in July.

There is now practically no delay in the investigation of new cases, and treatment can be offered within a reasonable period from the completion of investigation. Moreover, the Social Workers can now maintain contact with cases while on the waiting list, whereas in 1952 and the early months of this year there was no Social Worker at all. Hitherto, because of the length of waiting lists, we were compelled to place undue emphasis on the early closure of cases but in future we hope to be able to give a longer period of treatment to those patients who need it.

Staff. Miss Anderson, who commenced duty on 2nd March, filled the P.S.W. vacancy which had existed for more than a year. Miss Maund, appointed as additional Social Worker, took up duty on 13th July. Dr. Ritchie, who does two sessions weekly, began work at the Clinic on 18th August. Dr. Hall, who contributes three sessions weekly started on 28th October. Dr. Blair now contributes two and myself three sessions weekly. Dr. Connell and Mr. McNally have departed to take up posts elsewhere. Mr. Ace commenced duty as Educational Psychologist on 9th November.

Miscellaneous Items. Accommodation at the Clinic is now taxed to the utmost when two teams are working there simultaneously, and we hope that in the near future the hut immediately beside the Clinic premises can be made available to us. This is especially necessary if any remedial teaching is to be done at the Clinic. Since the latter is so essential in the treatment of certain children, I would like to repeat the recommendation which I previously made some time ago, that a remedial teacher be appointed in order that the Psychologist may devote his time to his other duties in the Clinic and in the schools.

We earnestly hope that the Secretary to the Clinic will soon be on a whole-time basis, because this would lead to the conservation of valuable professional time at present expended in writing.

The provision of curtains and a rug in the waiting room has been much appreciated by all who knew it in its former state.

Conclusion. All members of the clinic staff are much encouraged by the improved position which has resulted from the fruitful co-operation of the representatives of the Local Authority and the South Western Regional Hospital Board. We are grateful for their increasing interest which has been so evident during the latter part of 1953.

**Speech
Therapy.**

The following report on Speech Therapy has been made by Miss A. Parsons, the Authority's Speech

Therapist :—

“ Regular Speech Therapy Clinics were restarted at Rowe Street in September, 1953, after a break of several months. Miss Rowley-Lewis left in April and Mrs. Warne kindly continued with 4 clinical sessions per week at Rowe Street and 3 clinical sessions per week at Crownhill. This meant that although the worst cases were being treated fairly regularly, a number of children did not receive adequate treatment for a period of six months or so and consequently were back where they started when clinics began again. It is important in this work that patients should receive regular treatment if benefit of any kind is to be derived.

The Rowe Street, Crownhill and North Prospect Clinics are now working in conjunction with each other and the extensive waiting lists have greatly decreased. Children are now admitted for treatment within 3 months of referral approximately, which, although a considerable improvement on conditions of 1952, could be bettered.

School visiting has been re-instituted, which is I feel of enormous benefit to all concerned. Eight schools have been visited so far. Twenty children were examined and fourteen required speech therapy. The schools in all cases greatly appreciated the visit, some teachers were barely aware that a Speech Therapy Service existed, and all were only too willing to help and co-operate with the speech-defective cases. One cannot emphasise enough the

importance of the school teachers co-operation—she is one of the controlling factors of the child's school days, and psychologically she can make or mar a speech-defective child's school life.

Equipment which had become depleted has gradually been renewed and the clinic is fairly well equipped now with toys and necessary equipment for specific defects, apart from rather poor recording apparatus. Various gramophone recordings were taken in the earlier part of the year but have not been continued with, as I feel the recorded vocal representation is not very accurate. It is difficult to distinguish between a child with a lisp and a child with a cleft palate for example, on these recordings. A recording machine such as a tape recorder, which can play back the child's mistakes immediately, with virtually no misrepresentation is really what is needed, and is of inestimable value in inducing speech perception.

Clinic attendances have been very good on the whole. A variety of cases has been treated, mainly dyslalias and stammerers once or twice a week, and occasionally carefully selected groups have been taken. Parents have been extremely co-operative and kind, and I feel a large number of successes in the latter part of the year have been due to their help."

SPEECH THERAPY CLINICS, 1953

	Stammering	Dyslalia	Alalia	Idioglossia	Sigmatismus	Dysarthria	Dysphonia	Hyperrhinophonia	Hyporhinophonia	Cleft palate	Dyslalia due to Deafness	Total
No. of cases on register, 1952	34	42	4	2	4	4	1	1	-	6	2	100
No. of new cases admitted during 1953 ...	25	23	-	2	16	-	1	3	4	2	1	77
No. of cases defaulted ...	6	4	-	-	-	-	-	-	1	-	-	11
No. of cases under occasional review ...	8	-	-	-	-	1	-	-	2	-	1	12
No. of cases discharged CURED	22	22	-	-	13	-	-	3	-	1	-	61
No. of cases still receiving treatment, December 31st, 1953	23	39	4	4	7	3	2	1	1	7	2	93
Total No. of cases treated during 1953 ...	59	65	4	4	20	4	2	4	4	8	3	177

Waiting List on December 31st, 1953=36

Dental Inspection and Treatment.

The following report on the School Dental Service has been made by Mr. R. M. Maynard, Principal Dental Officer :—

“ *Staff.* Four dental surgeons worked full time throughout the year at the Rowe Street, High Street, North Prospect, and Honicknowle Clinics. In addition, three part-time dental surgeons were employed, one administering general anaesthetics three times a week, and two working on general treatment at the Beaumont House Clinic. These three part-timers worked 361 sessions, or

represented 0.7 of a full time dentist. The general staffing situation therefore remained unsatisfactory throughout 1953, being 4.7 dentists to a School population of 30,180. The arrangement of using a part-timer as anaesthetist ensures maximum use of the dental surgeries, but has the disadvantage that the full-timers do not keep their hands in by not administering anaesthetics for one another, and limitation of the range of activity in the school dental service is undesirable.

Mechanical Work. A limited amount is done, the figures available only showing details of work between May 1st and December 31st. This comprised 35 part dentures, 26 crowns and inlays, 83 orthodontic appliances and 7 repairs. The orthodontics merely consisted of small movements of front teeth using oral screens, cast lower inclined planes, Badcocks and retention plates. A small number of cap splints were inserted to hold and cover recently fractured incisors. The work was done for us by the Health Committee Mechanic at the Hospital Board scale of fees. This is a considerable increase on the scale on which we were paying until recently, and gives an annual mechanical work bill of about £300.

The Effect of Shortage of Staff over recent years. At the time of our greatest shortage of staff in 1950 the Ministry of Education requested the continued inspection of all school children every year, but since it was obviously impossible to carry out all the work required it was stated on the consent forms that treatment could be obtained privately. In spite of this, large numbers accumulated on the clinic waiting lists. In 1951-2-3, advertisements for full and part-time dentists produced very little response. In 1953 it has, however, become obvious that the public themselves are dealing with the impasse by making their own arrangements with private dentists, the movement being most marked at schools where delays in treatment have been greatest, and, of course, at schools where the parents themselves are accustomed to have routine conservative treatment. The general impression of work done by the private dentists is of work well done, temporary teeth being filled as well as permanent teeth, in spite of the low fee.

Inspections. Of the 30,180 children on roll, 28,983 were inspected during the year and 15,965 (55%) were found to require treatment.

Acceptance Rate. During the summer of 1953 the Ministry of Education asked us to change our methods of procedure so as to come into line with the country as a whole, and it was not until the Autumn term that dental officers were supplying the figures required. The acceptance rate is therefore calculated on $\frac{1}{3}$ of the school population, viz. :—

	<i>Number Inspected</i>	<i>Requiring Treatment</i>	<i>Referred for Treatment</i>	<i>Accepting Treatment</i>	<i>Percentage</i>
Sept. 1st to Dec. 31st	9081	4940	3716	2429	65

General Anaesthetic Sessions. These sessions are held every morning except Saturday at either the Central, High Street or North Prospect Clinics, so that casuals in pain can be worked in with routines without having to wait for treatment. The system will work more smoothly still when all our clinics are connected by 'phone. During the year 4,088 children were treated at 229 gas sessions, giving an average figure of 18 per session.

Treatment Sessions. 1,577 sessions were devoted to fillings, orthodontics, mechanical work and dealing with casuals. During these sessions 8,112 permanent fillings and 449 temporary fillings were inserted. 8,112 permanent fillings were inserted into 7,214 teeth, or an average of 1.1 fillings per tooth. The ratio of permanent teeth filled to extracted was 7,214 : 1,677 or 4.3 : 1.

General Outlook. In 1953, taking the average over all the clinics, conservative treatment has been lagging some six months behind inspection, although urgent extractions have been speedily dealt with. With the assistance of the private dentists and with increased staff (1951, 3½ ; 1952, 3.8 ; 1953, 4.7) there are indications that the waiting period will now tend to drop.

With the completion of the rebuilding of a larger section of the town, attention has been turned to the clinics and tenders are now out for a new Health Clinic, which will house a dental clinic, at Honicknowle. Internal alterations are proposed to the North Prospect Clinic."

The figures for dental inspection and treatment are given in Table 5 at the end of this report.

Mass Radiography The annual X-Ray examinations of Secondary School leavers, Students, Teaching Staff, School Nurses, Clinic Attendants, School Meals Employees and other staff were carried out as in previous years by the Plymouth Mass Radiography Unit. The figures and results are given in the Tuberculosis Section of the Medical Officer of Health's Annual Report.

Infectious Diseases. The numbers of cases of infectious disease in children attending school which were notified to the Medical Officer of Health during 1953 were as follows :—

Diphtheria	...	...	...	7
Scarlet Fever	...	...	...	246
Tuberculosis	...	...	...	28
Poliomyelitis	...	...	...	6
Measles	...	...	...	2509
Whooping Cough	...	...	...	428

One of the seven cases of diphtheria notified was found after observation not to be diphtheria.

The number of 246 cases of scarlet fever compares with 158 in 1952, 149 in 1951, and 297 in 1950. One of the Children's Homes and three Primary Schools were visited specially when several successive cases of scarlet fever were notified, one of the Primary Schools on four occasions over a period of two months, and the sources of infection traced. The largest numbers of cases were notified in June and July, and throughout the year the cases were mild in severity.

The 28 cases of tuberculosis notified in 1953 compare with 24 in 1952, 24 in 1951, and 36 in 1950. Four of the 28 cases in 1953 were notified by the Medical Director of the Mass Radiography Unit, 6 by the medical staff of the Chest Clinic, and 12 from hospitals.

The 6 poliomyelitis cases were sporadic cases and compare with 1 in 1952, 10 in 1951, and 16 in 1950. As a precaution, immunisation against diphtheria of children from the schools the cases attended were postponed for several weeks.

Measles had commenced in October, 1952, and continued during 1953 until the end of April, with the peak in February when 1,001 new cases in school children were notified. The disease was prevalent in all the primary schools during the period concerned.

Cases of whooping cough occurred throughout the year but were most prevalent from March to July, when over 50 new cases in school children were notified in each of these five months. The total of 428 notifications in school children in 1953 compares with 93 in 1952, 422 in 1951, and 236 in 1950.

There were only a few sporadic cases of mumps during the year and chicken pox was not so prevalent as in 1952.

Coughs and colds were more prevalent than in 1952 and a total of 3,562 pupils was absent from school on account of these conditions in the last week of January, 1953, compared with 1,791 pupils at about the same date in 1952.

Diphtheria Immunisation. Diphtheria immunisation of school children was carried out at the school clinics by appointment as in 1952. In 1953, 534 new cases were completely immunised and 2,538 pupils given reinforcing doses, a total of 4,004 injections being given. The figures compare with 384 new cases immunised, 1,879 reinforcing doses and a total of 2,838 injections in 1952.

School Camp. There were no important changes during 1953 in the general and medical arrangements for the school camp at Maker Heights, Cawsand, Cornwall, which was in use for organised school parties from the Plymouth Authority's Secondary and Primary Schools from the 1st to the 29th May and the 5th June to the 24th July, and for other organised parties of children from the 30th July to the 3rd September, with one of the school nurses in residence during these periods.

The school parties from 20 Plymouth Secondary Schools, 14 Primary Schools and the Day Special School for Deaf children, which were in residence for a week each, totalled 2,184 pupils and 140 teachers. The outside parties from East Ham and West Ham Education Authorities, each of which were in residence for two weeks, the Plymouth Children Officer's Department, and the Bath Street City Mission, Plymouth, totalled 877 pupils and 61 teachers and leaders.

In general, the health of the children whilst at the camp was good but the school nurses gave 1,642 treatments at the camp

Minor Ailment Clinic during the 16 weeks the camp was open. In addition, the local doctors at Cawsand were called in by the nurses to see 30 Plymouth children, 13 children from East Ham and 2 from West Ham, and made a total of 98 visits.

Of the 30 Plymouth children seen by the local doctors, 6 were accident cases, 15 had acute tonsillitis and 1 acute appendicitis. 9 of these children were sent home by ambulance and the appendicitis case was transferred to hospital.

The 13 children from East Ham who were seen by the local doctors included 3 accident cases, several cases of pyrexia and 1 case of gastro-enteritis. The latter was transferred to hospital where it was found after investigation to be a case of food poisoning due to the organism *Salmonella Typhi Murium*. No other such cases occurred and the origin of the child's infection could not be traced, on investigation, to the camp.

Advice previously had been given to the Authority regarding the numbers to be accommodated at the camp and the accommodation was satisfactory during the year for the numbers in residence. Further advice now has been given regarding the storage of food, medical examination and instruction of food handlers, and the preparation of food, including advice against preparation and cooking of food and gravy, etc., before the day on which it is to be consumed, against reheating of food, and against supplying dishes made up from meat previously cooked. As an additional safeguard to the health of the children at the camp, it has been advised also that the water supply should be chlorinated in view of doubt about its purity.

Co-operation in the medical arrangements was received from all concerned and the camp was most successful during 1953.

**National
Survey of the
Health and
Development
of Children.**

Information about this survey was given in the annual report for 1952. During 1953 the survey was continued and the children included in the survey who were attending schools in the City were given a special medical inspection during March on attaining the age of seven years and questionnaires relating to the inspections were completed for the survey committee by the medical officers. The schools of the children concerned were visited by the school

nurses each term to obtain details of their absences from school, which were kept specially for the survey by their teachers, and their homes visited by the nurses to obtain further information about the absences and also about illnesses during the school holidays, and forms giving the information obtained completed for the survey committee.

**Special
Schools.**

The same medical and nursing arrangements as in recent years were continued during 1953 for the Authority's Day Special Schools, viz.: the Efford Open Air School for Delicate and Physically Handicapped Pupils, the Mount Tamar and Wolsdon Street Special Schools for Educationally Subnormal Pupils and the Hartley House Special School for Deaf and Partially Deaf Pupils. Further reference to these schools is made above under the heading of "Provision for Handicapped Pupils."

**Children's
Homes.**

There were no changes in the medical and nursing arrangements for the Children's Homes at Astor Hall, Channel View Terrace, Whitleigh and Springhill and the Boarding Home for Educationally Subnormal Boys at Plymleigh, and a total of 651 medical inspections of the children was carried out at the Homes by the school medical officers at their visits during the year. In addition, the children received the normal periodic medical and dental inspections at schools and treatment at the school clinics and domiciliary treatment when required from the general practitioners with whom they were registered under the National Health Service Act.

At the Plymleigh Boarding Home an outbreak of acute tonsillitis occurred when the boys returned to the Home after the summer vacation. On investigation this was found to be due to a haemolytic streptococcal infection and several nasal carriers were discovered and the general practitioner attending at the Home advised regarding their treatment, after which the outbreak subsided. At this Home also two of the boys and one of the cleaners were found at the annual X-ray examination by the Mass Radiography Unit to have a tuberculous infection which, however, after further investigation and observation was found in all three cases to be non active.

A small outbreak of scarlet fever occurred at the Astor Hall Children's Home in January and, after investigation, one of the children was found to be a carrier and transferred to the Isolation Hospital for treatment.

Food Handlers, Meals and Milk. The annual medical inspection of all staff of the School Meals Service was continued and 335 of the staff were medically examined at the Central Clinic during the year, and advice given on their suitability on medical grounds for employment in that service. All the staff also were X-rayed by the Mass Radiography Unit.

No cases of food poisoning in connection with school meals or milk were reported during the year. The milk supply to schools and the school kitchens were kept under supervision by the Health Department.

The numbers of pupils taking meals and milk on a day in October, 1953, when a return was made by the Authority to the Ministry of Education, with comparable figures for the three previous years, are as follows :—

	<i>Pupils present in schools</i>	<i>Pupils taking dinners</i>	<i>Percentage taking dinners</i>	<i>Pupils taking milk</i>	<i>Percentage taking milk</i>
October, 1953 ...	28,758	6,562	22.8	23,065	80.2
October, 1952 ...	27,422	8,891	32.4	23,621	86.1
October, 1951 ...	26,221	9,356	35.7	22,677	86.5
October, 1950 ...	24,913	8,886	35.7	21,856	86.1

In December, 1953, the daily average of pupils taking dinners was 6,448 compared with 8,702 in December, 1952, 9,459 in December, 1951, and 9,313 in December, 1950. Reference has been made at the beginning of this report to the general condition of the pupils in relation to the fall in the numbers of pupils taking dinners at school.

Entrants to Courses of Training for Teachers.

During the year, 75 candidates were medically examined at the Central Clinic and X-rayed at the Chest Clinic and medical reports on Ministry of Education Forms 4.R.T.C. completed in respect of them. One entrant to the teaching profession also was medically examined and X-rayed and a medical report completed on Ministry of Education Form 28.R.Q.

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

TABLE 18—NUMBER OF OTHER MEDICAL INSPECTORS

Year	Number of Special Inspectors	Number of Inspectors
1954	10,982	2,882
Total	13,864	

TABLE 19—NUMBER OF INDIVIDUAL PUPILS FOUND AT REGIONAL MEDICAL INSPECTIONS TO REQUIRE TREATMENT (EXCLUDING MENTAL DISEASE AND INFESTATION WITH VERMIN AND INCLUDING PUPILS ALREADY UNDER TREATMENT)

Year	Total		Percentage of total		Percentage of total
	Number	Rate per 1,000	Number	Rate per 1,000	
1954	1,000	17.1	1,000	17.1	17.1
1953	1,000	16.8	1,000	16.8	16.8
1952	1,000	16.5	1,000	16.5	16.5
1951	1,000	16.2	1,000	16.2	16.2
1950	1,000	15.9	1,000	15.9	15.9
1949	1,000	15.6	1,000	15.6	15.6
1948	1,000	15.3	1,000	15.3	15.3
1947	1,000	15.0	1,000	15.0	15.0
1946	1,000	14.7	1,000	14.7	14.7
1945	1,000	14.4	1,000	14.4	14.4
Total	10,000	15.0	10,000	15.0	15.0

TABLE 1A.—NUMBER OF PERIODIC MEDICAL INSPECTIONS

Entrants to Primary Schools (5-6 years)	...	...	4,507
7-8 years Age Group	...	...	2,930
Leavers at Primary Schools (10-11 years)	...	...	2,994
12-13 years Age Group	...	...	1,953
Leavers at Secondary Schools (Age 14 and over)	...	...	2,628
Pupils at Special Schools	...	...	317
Grand Total	...	...	15,329

TABLE 1B—NUMBER OF OTHER MEDICAL INSPECTIONS

Number of Special Inspections	...	...	...	10,303
Number of Re-inspections	...	...	...	2,882
TOTAL	...	...	...	13,185

TABLE 1C—NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTIONS TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN AND INCLUDING PUPILS ALREADY UNDER TREATMENT).

(1)	(2)	(3)	(4)	(5)	(6)	(7)
<i>Groups</i>	<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Table 2A.</i>	<i>Total individual pupils</i>	<i>Percentage requiring treatment for defective vision (excluding squint)</i>	<i>Percentage requiring treatment for all other conditions</i>	<i>Percentage requiring treatment for all defects</i>
Entrants to Primary Schools	130	786	877	2.9	17.4	19.5
7-8 Age Group	98	552	628	3.3	18.8	21.4
Leavers at Primary Schools	164	480	617	5.5	16.0	20.6
12-13 Age Group	106	287	371	5.4	14.7	19.0
Leavers at Secondary Schools	156	336	463	5.9	12.8	17.6
Pupils at Special Schools	21	64	78	6.6	20.2	24.6
<i>Total</i>	675	2,505	3,034	4.4	16.3	19.8

TABLE IIA.--NO. OF DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS														SPECIAL INSPECTIONS	
		No. of Defects														No. of Defects	
		Entrants to Primary Schools		7-8 Group Age		Leavers at Primary Schools		12-13 Age Group		Leavers at Secondary Schools		Pupils at Special Schools		TOTALS		T.	O.
T.	O.	T.	O.	T.	O.	T.	O.	T.	O.	T.	O.	T.	O.				
4	Skin	56	15	53	14	64	7	56	3	44	-	3	2	276	41	438	16
5	Eyes—																
	(a) Vision	130	179	98	131	164	172	106	159	156	206	21	46	675	893	453	88
	(b) Squint	96	31	46	23	39	28	18	19	21	4	7	7	227	112	73	15
	(c) Other	20	11	29	11	18	7	10	1	16	1	1	1	94	32	210	5
6	Ears—																
	(a) Hearing	23	34	17	15	3	13	6	8	9	4	2	35	60	109	34	14
	(b) Otitis Media	34	44	22	15	12	21	9	16	12	6	-	4	89	106	108	4
	(c) Other	13	17	10	8	5	5	4	1	4	1	1	-	37	32	115	11
7	Nose or Throat	236	283	114	102	76	63	31	24	39	15	11	12	507	499	194	21
8	Speech	24	41	22	15	10	6	5	2	8	2	2	36	71	102	42	11
9	Cervical Glands	25	123	15	46	5	27	3	19	-	7	-	2	48	224	37	6
10	Heart and Circulation	8	34	2	21	6	33	4	24	18	25	1	9	39	146	2	16
11	Lungs	75	173	45	87	23	74	19	23	15	30	-	9	177	396	101	19
12	Developmental—																
	(a) Hernia	6	13	3	7	4	1	1	-	1	1	1	2	16	24	3	-
	(b) Other	6	31	4	45	3	50	7	11	3	1	-	8	23	146	1	5
13	Orthopaedic—																
	(a) Posture	11	47	51	29	63	45	30	25	33	5	7	8	195	159	13	-
	(b) Flat foot	43	58	79	28	70	42	44	11	77	7	3	6	316	152	8	-
	(c) Other	96	69	51	51	43	53	35	14	40	17	11	12	276	216	130	7
14	Nervous System—																
	(a) Epilepsy	7	3	4	3	6	2	4	1	-	2	5	1	26	12	2	3
	(b) Other	1	6	2	5	5	6	-	6	1	7	1	2	10	32	5	3
15	Psychological—																
	(a) Development	1	10	1	3	5	6	1	2	-	-	1	285	9	306	2	1
	(b) Stability	37	32	10	26	13	24	10	6	2	2	5	5	77	95	41	11
16	Other	95	91	54	31	53	45	22	20	35	26	11	7	270	220	1061	109
	TOTALS	1043	1345	732	716	690	730	425	395	534	369	94	499	3518	4054	3073	365
	Total defects per 1,000 pupils inspected	229	298	249	244	230	244	217	202	203	140	297	1574	229	265	298	35

T=Requiring treatment.

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

Category	Sub-category	1970				1971				1972				1973				1974			
		Q	T	Q	T	Q	T	Q	T	Q	T	Q	T	Q	T	Q	T				
Total defects per 1,000 pages	Unrepaired	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220			
	Repaired	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220			
Total	Unrepaired	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220			
	Repaired	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220			
Total	Unrepaired	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220			
	Repaired	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220	220			

Q=Requiring to be kept under observation
T=Requiring treatment

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

	Number of pupils inspected	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
Entrants to Primary Schools (5-6 years) ...	4,507	1,752	38.87	2,706	60.04	49	1.09
7-8 Age Group ...	2,930	1,071	36.55	1,818	62.05	41	1.40
Leavers at Primary Schools (10-11 years) ...	2,994	1,338	44.69	1,639	54.74	17	0.57
12-13 Age Group ...	1,953	833	42.65	1,100	56.32	20	1.03
Leavers at Secondary Schools (Age 14 and over)	2,628	1,220	46.42	1,389	52.86	19	0.72
Pupils at Special Schools ...	317	70	22.08	237	74.76	10	3.16
TOTALS ...	15,329	6,284	40.99	8,889	57.99	156	1.02

TABLE 3—INFESTATION WITH VERMIN

(1) Total number of examinations in the schools by the school nurses ...	197,172
(2) Total number of <i>individual</i> pupils found to be infested ...	969
(3) Number of individual pupils in respect of whom cleansing notices were issued (Sec. 54 (2), Education Act, 1944) ...	Nil
(4) Number of individual pupils in respect of whom cleansing orders were issued (Sec. 54 (3), Education Act, 1944) ...	Nil

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 ...	1	—
(ii) Body ...	54	2
Scabies ...	46	—
Impetigo ...	144	2
Other skin diseases ...	419	19
<i>Total</i> ...	<u>664</u>	<u>23</u>

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

	<i>Number of cases dealt with</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
External and other, excluding errors of refraction and squint	485	31
Errors of refraction (including squint) ...	—	1,115
<i>Total</i> ...	<u>485</u>	<u>1,146</u>

Number of pupils for whom spectacles were :

(a) Prescribed	—	738
(b) Obtained	—	739

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

	<i>Number of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
Received operative treatment :		
(a) for diseases of the ear	—	9
(b) for adenoids and chronic tonsillitis ...	—	34
(c) for other nose and throat conditions	—	5
Received other forms of treatment ...	492	51
<i>Total</i> ...	<u>492</u>	<u>99</u>

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	—	86
	<i>By the Authority</i>	<i>Otherwise</i>
(b) Number treated otherwise, e.g. in clinics or out-patient departments	—	113

GROUP 5.—CHILD GUIDANCE TREATMENT.

	<i>Number of cases treated</i>	
	<i>In the Authority's Child Guidance Clinics</i>	<i>Elsewhere</i>
Number of pupils treated at Child Guidance Clinics	86	—

GROUP 6.—SPEECH THERAPY.

	<i>Number of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
Number of pupils treated by Speech Therapists	177	—

GROUP 7.—OTHER TREATMENT GIVEN.

	<i>Number of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
(a) Miscellaneous minor ailments ...	11,182	5
(b) Other than (a) above :		
1. Ultra-Violet Light	547	—
<i>Total</i> ...	<u>11,729</u>	<u>5</u>

TABLE 5—DENTAL INSPECTION AND TREATMENT CARRIED OUT BY
THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers :										
(a)	Periodic	...	...	...	...	...	...	...	...	27,832
(b)	Specials	...	...	...	...	...	...	...	...	1,151
									Total (1)	<u>28,983</u>
(2)	Number found to require treatment									15,965
(3)	Number referred for treatment									11,682
(4)	Number actually treated									6,503
(5)	Attendances made by pupils for treatment									<u>13,732</u>
(6)	Half-days devoted to : Inspection									237
									Treatment	2,035
									Total (6)	<u>2,272</u>
(7)	Fillings : Permanent Teeth									8,112
									Temporary Teeth	449
									Total (7)	<u>8,561</u>
(8)	Number of teeth filled : Permanent Teeth									7,214
									Temporary Teeth	449
									Total (8)	<u>7,663</u>
(9)	Extractions : Permanent Teeth									1,677
									Temporary Teeth	7,947
									Total (9)	<u>9,624</u>
(10)	Administration of general anaesthetics for extraction									4,088
(11)	Other operations : Permanent Teeth									3,132
									Temporary Teeth	706
									Total (11)	<u>3,838</u>

TABLE 5—DENTAL INSURANCE AND TREATMENT CARRIED OUT BY THE AUTHORITY

Number of population covered by the Authority's Dental Service	
22,862	Total (1)
1,181	(2) Special
21,681	(3) Normal
Number of population covered by the Authority's Dental Service	
12,862	(4) Number of population covered by the Authority's Dental Service
11,821	(5) Number of population covered by the Authority's Dental Service
8,304	(6) Number of population covered by the Authority's Dental Service
12,322	(7) Number of population covered by the Authority's Dental Service
Number of population covered by the Authority's Dental Service	
207	(8) Number of population covered by the Authority's Dental Service
2,022	(9) Number of population covered by the Authority's Dental Service
2,229	(10) Number of population covered by the Authority's Dental Service
Number of population covered by the Authority's Dental Service	
2,112	(11) Number of population covered by the Authority's Dental Service
448	(12) Number of population covered by the Authority's Dental Service
2,560	(13) Number of population covered by the Authority's Dental Service
Number of population covered by the Authority's Dental Service	
7,214	(14) Number of population covered by the Authority's Dental Service
418	(15) Number of population covered by the Authority's Dental Service
7,632	(16) Number of population covered by the Authority's Dental Service
Number of population covered by the Authority's Dental Service	
7,632	(17) Number of population covered by the Authority's Dental Service
7,632	(18) Number of population covered by the Authority's Dental Service
Number of population covered by the Authority's Dental Service	
4,008	(19) Number of population covered by the Authority's Dental Service
3,132	(20) Number of population covered by the Authority's Dental Service
707	(21) Number of population covered by the Authority's Dental Service
7,847	(22) Number of population covered by the Authority's Dental Service

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