[Report 1958] / School Medical Officer of Health, Exeter.

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HEALTH DEPARTMENT,
5 SOUTHERNHAY WEST,
EXETER.
Tel. No. 54911.

August, 1959.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

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

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to report on the health of the City in 1958 and on the work of the health services provided by the City Council.

The population remains, according to the Registrar General's estimate, unchanged, despite a natural increase of over 100; clearly he believes outward migration to be in substantial excess of internal migration and this has evidently been his view for some years past. Possibly some of our population is going to areas surrounding the City.

The death rate was higher than in the previous year, mainly due to deaths from heart disease in elderly persons. Cancer of the lung exacted an increasing toll. The perinatal mortality (stillbirths plus deaths in the first week of life)—a sensitive index of maternal care—was lower than in any previous year. The Asian influenza of 1957 did not cause any further outbreak in 1958; poliomyelitis was conspicuously absent; measles, mild in character, was epidemic, but whooping cough was not much in evidence. The effort put into poliomyelitis vaccination was really tremendous and was well rewarded. By the end of 1958, 4 in 5 of the eligible children, half of the eligible expectant mothers and a third of the 15 to 25 year old group, had had a 2-dose course; 2 in 5 of the children had, in fact, had 3 doses. Tetanus immunisation was introduced into our programme during the year. The intensive Mass Miniature X-ray Campaign planned for 1959 involved a great deal of preliminary work in 1958.

I have included in the report, as requested by the Ministry, a brief 10-year review of the working of the Council's Local Health Service in the wider setting of the National Health Service up to the end of 1958.

It is disappointing that no further progress has yet been made with the proposed smoke control areas in the City : objections have been lodged and the Minister has not yet held an enquiry. Up to the end of 1958, progress towards the building of a new abattoir can only be described as very slight ; this is an urgent problem. In regard to slum clearance, the Minister confirmed 13 Clearance Orders and 2 Compulsory Purchase Orders. 7 other Orders submitted during the year were outstanding at the end of 1958. Further progress was made in modernising the public conveniences throughout the City. Discussions with the Exeter and Mid-Devon Hospital Management Committee about the joint user of the hospital mortuary were continued ; if it can be arranged, this would be useful.

The Decontamination Centre in the grounds of the Alice Vlieland Clinic was converted very skilfully by the City Architect and opened as a training centre for mentally subnormal young men and boys.

My thanks are due to all members of my staff for their loyal help and hard work during the year ; also to the chief officers of the Council, the doctors in the City, the public and the press for their continuing help. I thank the Council and, in particular, the Chairmen and Members of both Health Committees, for your encouragement and support throughout the year in our efforts to improve the health of the City. Helping the people to a high standard of community health is not only a duty of a local authority, it is the *primary* duty. *Salus Populi Suprema Lex.* The Health Department is the Council's main, though not its only means to this end. We do well to remember another Latin tag " *non est vivere sed valere vitae* " (not only to live but to be worthy of life).

Longevity alone is not enough, the full life, to the very end, must be the objective : ultimately, it is the individual wills that make up the will of the community, that determine success or failure. The local health authority must not only try to make it possible to secure good health, it should try to make it seem attractive and worth-while, even, on occasion, to the point of some sacrifice. That is a major purpose of our health education.

I am,

Your obedient servant,

E. D. IRVINE.

Local Health Authority Services

The 10 Year Review (1948-1958)

The Ministry have asked for a brief general review of the manner in which the Council's local Health Services have functioned in the wider setting of the National Health Service generally since 1948.

Exeter, as the County town, is an important administrative centre ; it houses the offices of the City Council, the Devon County Council and the St. Thomas Rural District Council, the Devon and Exeter Executive Council and three Hospital Management Committees, as well as various Government offices and County and City Headquarters of many voluntary organisations.

There are two large acute general hospitals, a " long-term " hospital, an orthopaedic hospital, an eye hospital, a mental hospital (recently considerably extended), an infectious disease and tuberculosis hospital in the City and a Medical Research Council Laboratory. The Local Medical Committee meets here. A large Hospital Clinical Area (with about half a million population) is based on the City. The B.M.A. has a division here and the Medico-Chirurgical Society is very active. Exeter is thus an important medical centre.

External Relationships.

The Council's Health Department enjoys friendly relationships with the family doctors and the consultants, almoners and the hospital staffs generally, including the administrative staffs, as well as with the administrative medical officers of the Regional Hospital Board. As the occasion arises, I send to the family doctors letters giving information about new developments in the Council's services or about any other medical-social matters which seem relevant. These are not regular bulletins ; thus, when poliomyelitis vaccination was very active and arrangements had often to be varied in a hurry, my letters were sometimes hard on one another's heels ; at other times, there were long intervals between them. The consultants are sent copies for information. Regular contacts are maintained with the Medical Officers of Health of the neighbouring local health authorities (Devon, Plymouth, Cornwall) : owing to geographic considerations, there is no hospital liaison medical committee for this part of the South Western Region.

The interlocking membership of the Council (as Local Health Authority) and the Executive Council and various hospital committees is evident here, and in the hospital field it has been most pronounced in the mental hospital service.

I have found membership of various committees (medical and non-medical) connected with the National Health Service, especially in the hospital field, of very great value. Your Supervisor of Midwives (Miss Reynolds) and Superintendent of Midwives (Miss Bryant) are also on the Clinical Area Maternity

Advisory Sub-Committee of the South Western Regional Hospital Board.

It is a pity, in my view, that the recommendation of the Guillebaud Committee (which I can say was locally quite acceptable) that the appropriate Medical Officer of Health should become attached in an honorary capacity to the hospital consulting staff was not accepted by the Minister of Health. Despite the obvious difficulties, this was a good recommendation and it surprises me it was rejected. The idea that the local health authority's Medical Officer of Health should be statutorily a member of the corresponding Executive Council has also so far not been adopted.

Contacts between the student nurses in the hospitals and our public health nurses have been satisfactorily extended, and Dr. Brimblecombe (Consultant Paediatrician) has encouraged our health visitors (and the County health visitors) to attend on rota at his outpatient sessions. The hospital consultants help our pupil midwives a good deal.

Health Centres.

The family doctors have shewn no desire to have "G.P." health centres in the City.

The Local Health Authority has four health centres for local authority purposes, serving Whipton (built in 1954), Countess Wear (1956), the Central Area (1930) and Burnthouse Lane (formerly a community centre, transferred in 1956), and uses the Buddle Lane (St. Thomas) Community Centre for certain sessions. There is no doubt the conjunction of various kinds of local health and school health services in the one building yields great advantages.

I consider the time is approaching when the Health Centre (for local health authority purposes) long projected, in the western side of the City should become a reality, bringing scattered local health (and school health) services under one roof to the great convenience of that part of the City and, undoubtedly, to the improvement of the services as a whole.

Midwifery and Home Nursing.

The doctors and the public are well satisfied with the midwifery and home nursing services; in this connection, the policy of providing mechanical transport for the midwives and home nurses has been very important in maintaining very heavily worked staff, who make 100,000 home nursing visits and deliver about 500 mothers at home (including those in two Mother and Baby Homes by arrangement with the voluntary organisations concerned) a year. These figures, I believe, are stabilising and represent the probable limit of demand, and need, in the foreseeable future. At times, the pressure has been too great and care will have to be taken in this matter. The development of the nursing loans service since 1948 (qualitatively as well as quantitatively), of the night home help service (begun in 1953) and of

the laundering service (begun in 1952) are detailed in the report. All have well justified themselves and they help to reduce pressure on hospital beds.

Health Visitors.

The doctors do not take so much advantage of the assistance the health visitors can give, but some, and especially the younger ones, do call on them for a good deal of help. Direct contact between the doctors and the nursing staffs has been encouraged at all times. The health visitors now take an increasing interest in the mental health of the pre-school children and the initiation in 1957 of health visitor consultation sessions at the clinics has helped them to help families with social, domestic and mental health problems: the association of a part-time psychiatric social worker with the health visitors in their office (though not in the clinics) has furthered this. The association of the health visitors with the Child Guidance team develops slowly, and maladjusted pre-school children are referred to the Child Guidance Centre, but only in small numbers. Four of the health visitors now use their clinics as their day to day base. Five of the health visitors now have car or autocycle allowances and this has proved very useful. Diabetes after-care has been developed in association with the hospital. There is scope for more work by health visitors with old people in difficulties. The present establishment of health visitors is, in my view, inadequate.

Maternity and Child Welfare.

A recent development has been our joint arrangement with the City Hospital's new 40-bed maternity unit (opened in 1959) in the Part II training of pupil midwives. This unit meets a long recognised deficiency in maternity bed accommodation in the City. The Council act as agent for the Board in the bookings for Mowbray House Maternity Hospital (a general practitioners' hospital). The Council's medical ante-natal clinics have been abandoned—reluctantly so far as we were concerned—but midwives' clinics and teaching have been maintained.

Child Welfare Clinics are not outmoded (as some seem to think) and over 70% of mothers bring their babies. Their function is changing, and the almost ritual weighing of babies is no longer considered so important. Toddlers' clinics have been developed at the Whipton and Burnthouse Lane Clinics. Immunisation is now practised at three of the clinic sessions as well as at special sessions.

The Council had three day nurseries in 1948. It has closed two and the third is reserved for "priority cases," based on social need. Recently the number in attendance has begun to rise.

The transfer of information to us about child patients at the hospital is very satisfactory so far as the paediatrician, otologists and orthopaedic surgeons are concerned.

Immunisation.

The family doctors are playing an increasing part in our immunisation schemes : triple antigen-immunisation (against diphtheria, whooping cough and tetanus), introduced here in 1948, is now the rule in infancy and increasingly at a very early age. Almost all of the family doctors in the City are taking part, and their help was substantial in the poliomyelitis vaccination campaign, as much by their moral support as by their actual participation in the vaccination, for, as was to be expected, the bulk of the work was carried out by our own department.

Ambulance Service.

The ambulance service has expanded considerably during the ten year period and the comparison with 1949 (see Table XXV) is revealing : but the premises cannot be regarded as adequate or suitable. The hospitals do not always realise that sudden demands for removal of patients to their homes or to convalescent hospitals impose a very heavy burden which might sometimes be avoided, but co-operation on the whole is very satisfactory. Direct telephone lines from the Royal Devon & Exeter Hospital to the Ambulance Headquarters, from the County Ambulance Headquarters and from the Police Headquarters, have proved of great value. I have advised the installation of radiotelephony —we serve a wider area than the City—but so far this idea has not been acceptable to the Committee. This service, like that for home nursing and midwifery, which is administered by the Exeter Maternity and District Nursing Association, is carried out by a voluntary body (the St. John Ambulance Association) as Agent for the Council with joint and equal representation on the Management Committee. These arrangements are quite satisfactory, and as well, support the " voluntary principle."

Home Helps.

The home help service has extended and increasingly it is the aged who require and use it. The Exeter Council of Social Service provision of home helps for elderly people has been complementary to our own service. Free home help for expectant mothers where toxaemia or other disease endangers the life of the infant or mother was introduced in 1956.

Health Education.

Health education continues to be made effective mainly on a personal basis and by lectures, posters, publications, film strips and plays, etc. : relaxation classes for mothers and mothercraft classes provide useful opportunities. Classes in hygiene as part of the homecraft courses in some of the secondary modern girls' schools are taken by a health visitor. Attention is paid to home accident prevention. Group teaching by health visitors is still rather limited, but it is clear that the health visiting staff is not adequate numerically to do all it should do.

Public Relations.

The local Press has been a great help in maintaining good public relations, which of course, ultimately depend on the quality of the professional work carried out. Good public relations are of the highest importance in securing acceptance of community health measures involving individual participation. This was very evident in our very successful poliomyelitis immunisation campaign and the intensive mass miniature radiography survey recently completed (1959).

Mental Health.

In our mental health service we have expanded steadily. In 1952 the responsibility for supervising mentally defective persons in the community was transferred from the health visitors to the mental health social workers. We now have three occupation centres for children, men and women ; but the premises for the men's centre (opened in 1958) have been recognised from the outset as something of a makeshift. There is little doubt we shall have to extend them or secure new premises within a few years. Similarly the women's centre (opened in 1957) is becoming too small for the increasing number in attendance. The children's centre (commenced in 1950, and transferred to Hollow Lane in 1955) is not catering for the very youngest (and, therefore probably not-habit-trained troup) nor for the very severely subnormal of older ages who are also not trained in hygienic habits, but otherwise it is meeting all current demands very well ; an extra assistant would be invaluable here.

Our mental health staffing is, I consider, now inadequate both in regard to social workers and clerical staff ; this deficiency will be increasingly evident when the Mental Health Act (1959) is being implemented. We have no social therapeutic club for either the mentally ill or the mentally subnormal. The opportunities for useful work by the more severely mentally-subnormal are limited by the fact that this is not an industrial area ; still, we are having some success on this side.

Interlocking with the mental hospital service is very informal but effective. The possibility of establishing a closely integrated service based in a so-called " neutral building " is one we must keep in mind. The co-operation between our mental health staff and the mental hospital consultants (especially Dr. L. Couper and formerly Dr. J. Russell) has been most satisfactory ; both have greatly helped us by advice, both general and in relation to individual patients : and a continuous two-way education of staffs is evolving.

Old People.

Regular joint consultations with Dr. Couper (Psychiatrist) and Dr. Simpson (Geriatric Physician) and the City Welfare Officer (Mr. Riding) have been very useful in discussing the

problems of the aged and their care, both in general and with local and individual application.

Tuberculosis.

Tuberculosis is declining. Co-operation with the Mass Radiography Service and the hospital chest physicians and other consultants and the family doctors has been close and cordial; the doctors have supported us in our intensive Mass Miniature Radiography Survey in 1959; in particular, Dr. C. J. Fuller, Consultant Physician and former Mayor, gave invaluable public support. There is satisfactory integration with the hospital chest services because Dr. Boyd (Chest Physician) with his personal experience of public health and the department, works well with us. We have had excellent co-operation from the Education Department and the schools in our B.C.G. vaccination of school leavers scheme (introduced here in 1954); and in our surveys of schools, necessitated when tuberculosis has been found in staff or scholars.

Bacteriology, Etc.

We have always found the Medical Research Council Laboratory (Dr. B. Moore) most useful in our public health problems concerned with infectious disease: similarly, the hospital laboratory (Dr. G. Stewart Smith) has also been most co-operative. Open access to general practitioners has long been there, the rule, and the facilities for examining the blood of expectant mothers are freely available, though less than 60% of the mothers are so investigated.

Other Agencies.

I am happy to record that in our health service work we have the friendliest relations with the City Welfare Officer, the City Children's Officer, and so far as it applies, all the Chief Officers of the Council, Government Departments and Voluntary Organisations in the City as well as the Devon County Health Department: and all our medical-social workers have been encouraged to make direct personal contact with their corresponding "opposite"—or better perhaps "*corresponding* numbers" in other social agencies in relation to their professional work.

Conclusion.

To conclude, I consider it fair to say, that the difficulties alleged to be inherent in the tripartite structure of the service are not evident here, and that the interests of the sick and the community override all other considerations.

CITY AND COUNTY OF THE CITY OF EXETER

The Mayor—

Councillor C. Rew.

PUBLIC HEALTH COMMITTEE

Chairman—

Councillor Lt. Col. R. H. Creasy.

Deputy Chairman—

Councillor H. T. Howe.

Councillor W. N. Boorne.
Councillor W. H. Butcher.
Councillor T. B. H. Chappell.
Councillor A. W. Cowling.
Councillor C. C. M. Force.
Councillor P. Hilton.
Councillor Mrs. M. Nichols.
Councillor H. Parker (Resd. 17/11/58)
Councillor R. Sim.
Councillor A. S. Webber.
Councillor W. J. Westcott.
Councillor R. J. Williams.

HEALTH SERVICES COMMITTEE

Chairman—

Councillor Mrs. M. Nichols.

Deputy Chairman—

Councillor W. N. Boorne.

Alderman F. H. Tarr, o.b.e., j.p.
Councillor P. E. Aylward (Until 21/7/58).
Councillor R. E. C. Board.
Councillor A. W. Cowling.
Councillor Lt.Col. R. H. Creasy.
Councillor H. T. Howe.
Councillor W. Hunt.
Councillor H. Parker (Resigned 17/11/58).
Councillor W. A. Redfern.
Councillor Mrs. F. M. Vining.
Councillor Mrs. E. J. Whitworth.
Councillor Mrs. R. M. Wickings.

Co-opted Members—

Mrs. A. T. Soper.
Mrs. A. Robb.
Mrs. L. M. Inch.
Dr. H. G. Magill.
Dr. Lewis Couper.
Mr. D. Gould.

Town Clerk—

C. J. Newman, Esq., o.b.e.

STAFF.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

(*a*) **Medical.**

Medical Officer of Health and Principal School Medical Officer.

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

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

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

Assistant Medical Officer of Health and School Medical Officer.

IRIS V. I. WARD, M.D. (Lond.), M.R.C.S., L.R.C.P., D.C.H.

Assistant Medical Officer of Health and School Medical Officer.

†CHARLES H. J. BAKER, M.R.C.S., L.R.C.P., D.P.H. (Lond.)

Chest Physician (Part-time).

ROBERT P. BOYD, M.B., CH.B., D.P.H. (Glas.), F.R.F.P.S.G.

Principal Dental Officer.

†JAMES B. CLARK, L.D.S., R.C.S. (Edin.), Resigned 30/9/58.

†J. C. LAWSON, L.D.S., R.C.S. (Eng.), From 1/11/58.

Dental Officers.

†R. B. MYCOCK, L.D.S. (Bris.)

†M. RADFORD, B.A., L.D.S., R.C.S. (Eng.)

†K. S. CHAMBERS, L.D.S., R.C.S. (Eng.), From 1/6/58.

(*b*) **Others.**

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

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

Deputy Chief Public Health Inspector.

*DENNIS MAYNARD, F.A.P.H.I., M.R.S.H.

Public Health Inspectors.

*A. C. LEWIS.
*D. PECKHAM.
*J. T. BROWN.
*L. G. HOPES.
*R. G. WEBB. (From 14/7/58)

Public Analyst.

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

† Duties mainly in connection with the Education Committee.

* All qualified Public Health Inspectors and Meat Inspectors.

Superintendent Health Visitor.
Miss C. M. Wilkinson, S.R.N., S.C.M., H.V. Cert.

Health Visitors and School Nurses.
Miss L. M. Barrett, S.R.N., S.C.M., (Pt. 1) H.V. Cert.
Miss G. M. Bastow, S.R.N., S.C.M., (Pt. 1), H.V. Cert.
Miss B. Brazil, S.R.N., S.C.M., H.V. Cert.
Miss Y. Caselli, S.R.N., R.F.N., S.C.M., H.V. Cert.
Mrs. K. Dunham S.R.N., S.C.M., (Pt. 1), H.V. Cert.
Miss A. H. Edds, S.R.N., S.C.M., H.V. Cert.
Miss H. Shewan, S.R.N., S.C.M., (Pt. 1), H.V. Cert.
Mrs. E. Stannard, S.R.N., S.C.M., H.V. Cert.,
Public Health Inspector's Cert.
Miss L. E. Wathen, S.R.N., S.C.M., H.V. Cert.

Tuberculosis Visitor.
Miss A. Dawson, S.R.N., S.C.M., (Pt. 1), H.V. Cert. B.T.A.

Non-Medical Supervisor of Midwives (Part-time).
Miss L. Reynolds, S.R.N., S.C.M., H.V. Cert., Q.N.

Day Nursery—Matron.
Miss J. Bryan.

Organiser, Domestic Help Service.
Miss M. Davies, S.E.A.N.

Mental Health Services.

Senior Mental Welfare Officer.
W. H. A. Weston, Dip. in Sociology.

Mental Welfare Officers.
L. N. Clark, R.M.P.A.
Mrs. L. Brunt, S.R.N. (Resigned 30/4/58).
E. J. Lock. (From 2/6/58).

Children's Occupation Centre, Supervisor.
Mrs. A. M. Horton, Dip. N.A.M.H.

Adult Training Centre (Women), Supervisor.
Mrs. E. Wood.

Adult Training Centre (Men), Supervisor.
W. J. Channon. (From 1/10/58).

Psychiatric Social Worker (Part-time).
Mrs. M. C. Jenkin, B.A.

Chief Administrative Assistant.
R. W. STILES, N.A.L.G.O. Cert.

Administrative Assistant.
R. TAYLER, D.M.A.

Clerical Staff.

G. H. WHITLEY.
F. J. WREFORD, D.P.A.
G. A. GIBSON.
R. PETTITT.
F. ELLIOTT.
B. R. BOND.
A. DUMPER.
I. COX.
MRS. M. M. PAYNE.
MISS E. M. BURRIDGE. (Resigned) 13/6/58.
MRS. J. BURNETT. (From 1/7/58).
MISS A. NORTHCOTT. (Resigned) 15/5/58.
MISS J. M. PLUMER.
MISS E. L. BARRINGER. (From 23/6/58).
MISS L. EVELEIGH.
MISS C. M. DUNN.
MISS D. M. E. BARROW. (Part-time). Temporary.
MRS. M. J. GRIGG. (Part-time). Temporary.
MRS. D. MAUNDER. (Part-time). Temporary.
MRS. M. CASH. (Part-time). Temporary. (From 2/6/58).

Principal Officers (Staff) of Voluntary Associations Acting as Agents of the City Council.

Exeter Maternity and District Nursing Association.
Superintendent—MISS E. M. BRYANT, S.R.N., S.C.M., Q.V.D.N.A.
Secretary — MRS. S. M. WALSH.

St. John Ambulance Association.
Organising Secretary — CAPTAIN F. G. IRELAND.

Exeter Diocesan Association for the Care of Girls.
Social Worker — MISS P. M. KEVAN.

GENERAL STATISTICS

Area in acres	9,137
Population (1951 Census)	75,513
Population (Estimated Civilian) 1958	76,900
Rateable Value	£1,647,633
Sum represented by a penny Rate	£6,685

VITAL STATISTICS

	Rates	
	Exeter.	*England and Wales.*
Live Births, 1,163.		
Legitimate, total 1,100 ; male 575, female 525		
Illegitimate, total 63 ; male 25, female 38		
Live Birth Rate (crude) per 1,000 population	15.1	16.4
Live Birth Rate (adjusted) per 1,000 population	15.3*	
Stillbirths, 23 (10 male, 13 female)		
Stillbirth Rate per 1,000 total (live and stillbirths)	19.4	21.6
Total Live and Stillbirths, 1,186		
Infant Deaths, 20		
(Legitimate : 9 males, 10 females, illegitimate 1 female)		
Infant Mortality Rate per 1,000 live births	17.2	22.6
(Legitimate 17.3, illegitimate 15.9)		
Neonatal Mortality Rate per 1,000 live births	15.5	16.2
Illegitimate Live Births per cent of total live births, 5.4		
Maternal Deaths (including abortion) 1		
Maternal Mortality per 1,000 live and stillbirths	0.84	0.43
Perinatal Mortality Rate	32.0	35.1
Deaths : 1,046. Male 489, female 557		
Death Rate (crude) per 1,000 population	13.6	11.7
Death Rate (adjusted) per 1,000 population	11.8*	
Tuberculosis Mortality Rate per 1,000 population	0.12	0.10
(Pulmonary 6 (3 males, 3 females) 0.08)		
(Non-Pulmonary 3 (3 males) 0.04)		
Deaths from Measles (all ages)	Nil.	
,, ,, Whooping Cough (all ages)	Nil.	
,, ,, Gastro-enteritis (under 2 years of age)	Nil.	
,, ,, Diphtheria (all ages)	Nil.	
Marriages : 589		
Persons marrying per 1,000 population	14.4	15.1

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

NOTIFICATION OF BIRTHS

1,766 notifications of live births, 621 referring to mothers not living in the City, were received during the year; only 11 notifications were made by doctors or relatives, all the rest being made by midwives.

OCCUPATIONS

Miss I. E. Priaulx, Manager of the Exeter Employment Exchange tells me that employment in the City has remained fairly stable at about 43,000 employed, the service industries (which include the distributive trades, public administration and professional services, transport and communications, building and catering) being still predominant. Early in the year unemployment continued to rise and in February—the peak month—reached 2.8%. This was the highest since the war and compared unfavourably with the national average of under 2%. Fortunately there was an early resurgence in trade and by July unemployment had dropped to 1.8% which was just below the national average. As the year advanced, the end of the holiday season again caused unemployment to rise, but during the last quarter it was held at almost the same level as in 1957. This was better than the most optimistic forecast when the year opened, and another encouraging feature was that, whereas in most industrial centres the number of men unemployed had gone up, in Exeter it was slightly less in December, 1958, than in December, 1957.

VITAL STATISTICS.

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

Table I.

MID-YEAR POPULATION.

(Registrar-General's estimates)

Year	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Exeter	76,590	77,260	76,200	76,600	76,700	76,900	77,100	77,000	76,900	76,900

(1951 Census return was 75,479)

VITAL STATISTICS — 1896-1958

Year	Estimated Mid-Year Population	Live Births	Birth Rate	Deaths	Death Rate (Corrected)	Stillbirths (Per 1,000 live and stillbirths)	Stillbirth Rate	Infant Deaths	Infant Death Rate per 1,000 Live Births	Neo-natal Deaths No.	Neo-natal Deaths Rate	Maternal Deaths No.	Maternal Deaths Rate
1896	38,000	975	25.7	708	17.2	—	—	160	164	—	—	—	—
1897	38,000	906	23.8	751	18.3	—	—	145	161	—	—	—	—
1898	38,000	868	22.8	647	15.6	—	—	154	178	—	—	—	—
1899	38,000	843	22.2	772	19.1	—	—	146	173	—	—	—	—
1900	(a) 47,650	831	21.9	731	18.0	—	—	114	138	—	—	—	—
1901	47,000	1,084	23.1	830	16.4	—	—	164	152	—	—	—	—
1902	47,185	1,021	21.3	834	16.5	—	—	170	167	—	—	—	—
1903	47,185	1,071	22.6	775	15.3	—	—	141	131	—	—	—	—
1904	47,600	1,115	23.4	828	17.4	—	—	185	166	—	—	—	—
1905	47,800	1,060	22.4	723	15.5	—	—	132	122	—	—	—	—
1906	48,000	1,036	21.7	708	14.7	—	—	134	127	—	—	—	—
1907	48,200	1,057	21.9	823	17.0	—	—	142	134	—	—	—	—
1908	48,200	1,131	23.4	804	16.6	—	—	143	126	—	—	—	—
1909	48,500	1,115	23.0	762	15.7	—	—	113	101	—	—	—	—
1910	48,700	1,003	20.6	746	13.0	—	—	97	97	—	—	—	—
1911	48,700	976	19.8	797	15.0	—	—	120	124	—	—	—	—
1912	48,700	1,010	20.6	753	13.0	—	—	96	95	—	—	—	—
1913	49,000	956	19.4	847	14.0	—	—	95	100	—	—	—	—
1914	(b) 60,317	1,193	19.7	900	13.0	—	—	101	85	—	—	—	—
1915		—	18.0	—	14.0	—	—	—	87	—	—	—	—
1916	Not	—	17.0	—	15.0	—	—	—	87	—	—	—	—
1917	Published	—	15.0	—	15.0	—	—	—	78	—	—	—	—
1918		—	15.0	—	16.0	—	—	—	61	—	—	—	—
1919	61,475	9,531	15.0	807	12.0	—	—	71	79	—	—	—	—
1920	62,332	1,458	22.4	739	11.0	—	—	94	67	—	—	—	—
1921	59,500	1,061	19.0	765	12.0	—	—	108	96	—	—	—	—
1922	59,700	1,015	17.0	871	13.0	34	57	70	67	—	—	—	—
1923	60,260	1,021	17.0	733	11.0	58	56	62	61	—	—	—	—
1924	60,160	1,010	17.0	779	12.0	55	56	60	59	—	—	—	—
1925	60,410	1,101	16.0	827	11.0	44	52	73	74	31	28	5	4.8
1926	60,990	1,006	16.0	792	11.0	41	58	69	68	28	28	3	2.8
1927	61,220	1,083	16.0	752	10.0	42	59	57	60	28	26	5	5.1
1928	62,030	956	15.0	773	10.0	48	61	66	69	23	24	4	3.9
1929	61,880	1,141	16.0	863	12.0	41	52	52	53	25	23	3	3.1
1930	61,880	944	15.0	759	10.0	36	38	47	50	21	22	5	4.2
1931	64,780	934	14.0	862	10.8	45	46	53	57	30	32	Nil	Nil
1932	66,200	950	14.0	798	9.8	42	44	51	54	35	37	3	3.0
1933	67,300	940	13.9	885	10.7	36	38	45	48	23	24	3	3.1
1934	67,800	1,021	15.0	785	10.0	42	39	57	56	27	26	3	2.8
1935	68,300	982	14.3	815	10.3	41	40	33	34	25	25	1	0.9
1936	68,650	915	13.3	890	11.3	42	44	57	62	29	32	2	2.1
1937	69,240	980	14.1	885	11.1	41	40	55	56	34	35	1	0.9
1938	69,160	1,010	14.6	888	11.1	48	45	57	56	32	32	1	0.9
1939	69,890	936	13.4	908	11.1	37	38	40	42	24	26	3	3.1
1940	(c) 73,830	1,012	13.7	1,083	13.3	37	34	41	39	26	26	2	1.8
	(d) 79,460												
1941	(d) 81,430	1,027	12.8		13.4	35	32.9	79	68	42	41	5	4.1
1942	73,800	1,065	14.4	Not	15.8	31	29.2	53	50	32	30	3	2.7
1943	68,520	1,051	14.3	Pub-	13.4	35	32.2	51	49	35	33	3	2.8
1944	68,180	1,334	19.6	lished	13.7	36	26.3	59	44	32	24	8	5.8
1945	69,070	1,246	18.1		13.8	29	23.3	70	56	33	27	4	3.1
1946	72,910	1,444	19.8	930	12.7	42	28.3	70	49	45	31	4	2.7
1947	74,160	1,428	19.2	994	13.4	34	23.2	82	57	47	33	4	2.7
1948	75,150	1,316	17.5	807	10.7	42	30.9	24	18	15	11	2	1.5
1949	76,590	1,192	15.6	993	11.7	31	25.3	30	25	25	21	1	0.8
1950	77.260	1,130	14.6	938	10.9	22	19.1	36	32	28	25	1	0.8
1951	76,200	1,098	14.4	1,060	12.5	33	29.1	33	30	24	23	0	0
1952	76,600	1,101	14.4	922	10.8	27	23.9	24	22	18	16	1	0.9
1953	76,700	1,152	15.0	1,016	11.8	20	17.0	48	42	36	31	0	0
1954	76,900	1,102	14.5	990	11.1	41	35.0	29	26	17	15	0	0
1955	77,100	1,115	14.6	956	10.6	26	22.8	19	17	12	11	1	0.9
1956	77,000	1,080	14.2	1,021	11.9	20	18.2	32	30	22	20	0	0
1957	76,900	1,171	15.2	913	10.4	24	20.1	21	18	19	16	0	0
1958	76,900	1,163	15.3	1,046	11.8	23	19.4	20	17	18	15	1	0.84

(a)—St. Thomas Urban District added ; (b)—Heavitree Urban District added ; (c)—Boundary Extension ; (d)—Evacuees.

A dash thus — means that the figures were not recorded.

Birth Rate.

Year	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
e Birth Rate : gland and Wales	16.7	15.8	15.5	15.3	15.5	15.2	15.0	15.7	16.1	16.4
: Birth Rate : ter *	15.6	14.6	14.4	14.4	15.0	14.3	14.5	14.0	15.2	15.1
centage of illegiti- nate live births to otal live births : Exeter)	6.05	5.3	6.6	6.3	5.2	6.2	6.2	4.3	4.8	5.4

*Recorded or crude rate.

rth Rate (1958), corrected by applying the Registrar General's correction factor (1.01) = 15.3

Death Rate.

Year	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
gland and Wales	11.7	11.6	12.5	11.3	11.4	11.3	11.7	11.7	11.5	11.7
eter— Crude	12.9	12.1	13.9	12.0	13.2	12.9	12.4	13.3	11.8	13.6
Corrected*	11.7	10.9	12.5	10.8	11.8	11.1	10.6	11.9	10.4	11.8

orrected by application of the Registrar-General's comparability factor (which is at present 0.87); this factor takes into account the age and sex distribution in the city as compared with that in the country as a whole.

The death rate per 1,000 of the estimated mid-year popula- on at 13.6 (crude) and at 11.8 (corrected, to allow for the age nd sex distribution of the population in the City as compared ith that of the population in the country as a whole) was distinctly gher than last year. The increase was accounted for mainly e a greater number of deaths from heart disease, including a arked increase in the deaths from coronary heart disease in omen and in " other heart disease " (excluding hypertension ses in men), but in both conditions the excess was almost en- rely in the age group 75 years and over. " Cancer of the lung nd bronchus " deaths in men rose sharply, reversing last year's end, but they were not so numerous as in 1956 (25 in 1958, 3 in 1956). Deaths from congenital deformities, accidental eaths, and suicides, all shewed a welcome slight decline.

Table II.

Distribution of Deaths by Age and Cause.

Registrar-General's Figures 1958.

	Under 1		1—4*		5—14*		15—24*		25—44*		45—64*		65—74*		75 and over		Total		Grand Total	1957 Totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Tuberculosis, respiratory	—	—	—	—	—	—	—	—	2	1	1	2	—	—	—	—	3	3	6	18
Tuberculosis, other	—	—	—	—	—	—	—	—	1	—	2	—	—	—	—	—	3	—	3	1
Syphilitic disease	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Malignant neoplasm, stomach	—	—	—	—	—	—	—	—	—	—	3	2	6	1	4	6	13	9	22	23
Malignant neoplasm, lung, bronchus	—	—	—	—	—	—	—	—	—	1	18	2	6	1	1	—	25	4	29	18
Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	—	—	6	—	10	—	4	—	20	20	20
Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	1	—	10	—	—	—	—	—	11	11	7
Other malignant and lymphatic neoplasms	—	—	—	1	1	—	—	—	3	2	11	20	13	10	20	23	48	56	104	82
Leukaemia, aleukaemia	—	—	—	—	—	—	—	—	1	—	—	2	—	—	—	—	1	2	3	4
Diabetes	—	—	—	—	—	—	—	—	—	1	1	—	—	—	3	4	4	5	9	4
Vascular lesions of nervous system	—	—	—	—	—	—	—	—	—	1	11	14	19	31	27	68	57	114	171	145
Coronary disease, angina	—	—	—	—	—	—	—	—	3	—	21	9	34	20	37	46	95	75	170	123
Hypertension with heart disease	—	—	—	—	—	—	—	—	—	—	1	1	1	6	5	12	7	19	26	17
Other heart disease	—	—	—	—	—	—	—	—	1	2	4	5	22	20	46	84	73	111	184	163
Other circulatory disease	—	—	—	—	—	—	—	—	1	1	4	1	11	3	11	18	27	23	50	48
Influenza	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	—	2	8
Pneumonia	1	—	—	—	—	—	—	—	—	—	4	1	3	3	7	9	15	13	28	26
Bronchitis	—	—	—	—	—	—	—	—	—	—	11	1	12	5	12	10	35	16	51	39
Other diseases of respiratory system	—	—	—	—	—	—	—	—	—	1	—	1	3	—	2	—	5	2	7	4
Ulcer of stomach and duodenum	—	—	—	—	—	—	—	—	—	—	3	—	—	1	1	1	4	2	6	5
Gastritis, enteritis and diarrhoea	—	—	—	—	—	—	—	—	—	—	1	1	—	1	3	1	4	3	7	3
Nephritis and nephrosis	—	—	—	—	—	—	—	—	—	—	3	—	1	1	—	—	4	1	5	8
Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	1	—	4	—	8	—	13	—	13	11
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	—
Congenital malformations	2	3	—	1	—	—	—	—	—	1	—	—	—	—	—	—	2	5	7	6
Other defined and ill-defined diseases	6	8	1	—	—	—	—	—	1	2	1	9	12	13	12	11	33	43	76	86
Motor vehicle accidents	—	—	—	—	—	—	2	—	1	—	—	—	—	1	—	—	3	1	4	6
All other accidents	—	—	—	—	2	—	—	—	2	—	1	—	1	4	—	7	6	11	17	20
Suicide	—	—	—	—	—	—	1	—	1	2	1	3	3	—	—	1	6	6	12	14
Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	1

Table III.

Deaths by Sex, and certain Age Groups.

Deaths at :	1958 Total	1958 Males	1958 Females	1957 Total	1957 Males	1957 Females	1956 Total	1956 Males	1956 Females
0—14	26	13	13	25	13	12	42	20	22
15—64	233	125	108	222	135	87	233	145	88
65 and over	787	351	436	666	291	375	746	328	418
	1,046	489	557	913	439	474	1,021	493	528

Deaths at all Ages.

Cause :	1958	1957	1956
Infective	47	59	63
Cancer	169	154	185
Degenerative	623	511	543
Others	187	189	230
Total	1,046	913	1,021

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

Accidental Death

In 1958, there were 15 deaths due to accidents other than motor vehicle accidents, 5 less than in 1957 ; drowning was the cause of 2 deaths. Motor accidents caused the deaths of 3 young men all driving motor vehicles. Other accidental deaths were due to drowning (2) (1 boy, 1 man) ; carbon monoxide poisoning (3) (1 man, 2 aged women) ; burns (1 boy) ; fractured thigh (6) (all women, including 5 over 70 years old) ; old injuries (2) (both men) ; fractured skull (1 woman over 70). In all, 9 of these deaths were in " old persons " (i.e. over 65 years of age).

Deaths in Hospitals, Etc.

45% of the deaths of Exeter residents occurred in hospitals and nursing homes.

Place of Death

Hospitals.			
Royal Devon and Exeter			154
City			159
Digby and Wonford (Mental)			47
Redhills			69
Isolation			6
Franklin (Mental Deficiency)			—
Other Hospitals			6
Nursing Homes			12
Outside City :	Hospitals	17	
	Nursing Homes	2	19
Total Institutional deaths			472
Total deaths in City residents (including 42 transfers-in)			1,046

MORTALITY IN CHILD-BEARING AND INFANCY.

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

Table IV.

MORTALITY IN CHILD-BEARING AND INFANCY IN EXETER 1939 — 1958.

Year	Maternal Deaths	Maternal Mortality Rate	Registered		Live Birth Rate	*Stillbirths* Rate per 1,000 total births	Neonatal Deaths (i.e. under 1 month)	Deaths over 1 month and under 1 year	Infant Mortality Rate per 1,000 live births	Stillbirths and neonatal deaths	Perinatal Death Rate*	5 year average centred on year concerned
			Live Births	Still-Births								
1939	3	3.1	936	37	13.4	38.0	24	16	42.1	61	63	69
1940	2	1.8	1,012	37	13.7	33.7	26	15	38.7	63	60	66
1941	5	4.1	1,027	35	12.8	32.9	42	37	68.0	77	73	62
1942	3	2.7	1,065	31	14.4	29.2	32	21	49.8	63	57	60
1943	3	2.8	1,051	35	15.3	32.2	35	16	48.5	70	64	58
1944	8	5.8	1,334	36	19.5	26.3	32	27	44.2	63	46	53
1945	4	3.1	1,246	29	18.0	23.3	33	37	56.2	66	52	52
1946	4	2.7	**1,444**	42	19.8	28.3	45	25	48.5	67	45	48
1947	4	2.7	1,428	34	19.2	23.2	47	35	57.4	81	55	48
1948	2	1.5	1,316	42	17.5	30.9	15	9	18.2	57	42	46
1949	1	0.8	1,192	31	15.6	25.3	25	5	25.2	56	46	47
1950	1	0.9	1,130	22	14.6	19.1	28	8	31.8	50	43	44
1951	—	—	1,098	33	14.4	29.1	24	9	30.0	57	50	45
1952	1	0.9	1,101	27	14.4	23.9	18	6	21.8	45	40	46
1953	—	—	1,152	**20**	15.0	**17.0**	36	12	41.6	56	48	
1954	—	—	1,102	41	14.5	35.0	17	12	26.3	58	51	
1955	1	0.9	1,115	26	14.6	22.8	**12**	7	**17.0**	38	36	
1956	—	—	1,021	**20**	14.2	18.2	22	10	29.6	42	36	
1957	—	—	1,171	24	15.2	20.1	19	2	17.9	36	34	
1958	1	0.8	1,163	23	15.3	19.4	19	**2**	17.2	**35**	**32**	

*Perinatal deaths here include stillbirths and deaths within 28 days of birth except in 1955, 1956, 1957 and 1958. Stillbirths and deaths within 7 days of birth only have been included in those 4 years.

It is evident, as is the general national experience, that though the post-neonatal infant deaths (i.e. at ages over four weeks and less than 1 year) have been considerably reduced over the years—in 1958 and 1957 we had our lowest figures—the stillbirth rate and the neo-natal mortality rate and the perinatal mortality rate (which is regarded as the most sensitive index of maternal care) are but slowly improving.

MATERNAL DEATHS.

There was one maternal death in 1958, making a rate of 0.84.

This mother was aged 23 and in her first pregnancy; she died from pulmonary oedema due to aspirated vomitus following anaesthesia for forceps delivery. She had previously had mental illness. Ante-natal care had been satisfactory, but she developed pre-eclamptic toxaemia.

INFANTILE MORTALITY.

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

Table V.

Year	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
England and Wales	32	29	29.6	27.6	26.8	25.5	24.9	23.8	23.0	22.5
Exeter	25.2	31.8	30.0	21.8	41.6	26.3	17.0	29.6	17.9	17.2

LOSS OF CHILD LIFE.

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

INFANT DEATHS, 1958.

There were 20 infant deaths recorded in 1958 representing an infant death rate of 17.2 per 1,000.

NEONATAL DEATHS. 18 of the 20 infant deaths occurred in the neonatal period (the first four weeks of life) ; 15 of these 18 occurred within the first week of life, their ages ranging from 5 minutes to 3 days ; the others died at 8 days, at 2 weeks and at 3 weeks. Of those who died in the neonatal period, 12 were premature infants, weighing from 2 lbs. to 5 lbs. 6 ozs. (One of these had been born in 1957).

Causes. 11 deaths were due to respiratory failure from atelectasis (5 cases), neonatal lung infection (3), hyaline membrane of the lungs (2) and anoxia due to severe ante-partum haemorrhage (1). There were 3 cases of congenital abnormality, 1 of Rhesus incompatibility and 1 child (delivered in hospital in 1957) died at 2 weeks of age from staphylococcal pyaemia with multiple abscesses following septic femoral thrombo-phlebitis.

Post-mortems were held on 14 of the 18 babies dying in the neonatal period.

Complications of pregnancy occurred in 10 mothers, including ante-partum haemorrhage (4 cases) and toxaemia of pregnancy (3 cases). There were 8 complicated labours ; 2 necessitated Caesarean sections, 2 forceps deliveries and 2 labours were induced, 1 for Rhesus incompatibility and 1 for toxaemia.

No cause was found for the congenital abnormalities.

POST-NEONATAL DEATHS. There were 2 deaths in older children ; 1 was due to broncho-pneumonia in a child of 2 months and 1 to acute heart failure in a child of 5 months with an abnormal heart.

Table VI.

INFANT DEATHS IN 1958

Cause of Death	Total	Neonatal		1st Year		Male	Female	Legitimate	Illegitimate	Post Mortem Examination Made	Premature	Complications in Pregnancy.	Complications in Labour	Place in Family					
		Under 1 day	*1—28 days	1-3 months	3-12 months									1	2	3	4	5	6
Atelectasis	5	4	1	—	—	2	3	5	—	3	3	4	2	1	2	—	—	1	1
Neonatal Lung Infection	3	—	3	—	—	2	1	1	2	3	2	2	2	1	2	—	—	—	—
Hyaline Membrane of Lungs	2	—	2	—	—	—	2	2	—	2	2	1	1	—	1	—	1	—	—
Anoxia (A.P.H.)	1	1	—	—	—	1	—	—	1	—	—	1	1	—	—	—	1	—	—
Congenital Abnormality	4	—	3	—	1	2	2	4	—	4	2	—	—	2	1	—	1	—	—
Prematurity only	2	1	1	—	—	1	1	2	—	1	2	1	—	1	—	1	—	—	—
Staphylococcol Pyaemia	1	—	1	—	—	1	—	1	—	1	1	—	1	1	—	—	—	—	—
Rhesus Incompatibility	1	—	1	—	—	—	1	1	—	1	—	1	1	—	—	1	—	—	—
Broncho-Pneumonia	1	—	—	1	—	1	—	1	—	1	—	—	—	—	—	—	1	—	—
Total	20	6	12	1	1	10	10	17	3	16	12	10	8	6	6	2	4	1	1
		20				20		20						20					

*Over 1 and under 28 days.

Table VII.

STILLBIRTHS, 1958

WEIGHT	Total	Male	Female	Legitimate	Illegitimate	Born Home	Born Hospital	Complicd. Pregnancy	Complicd. Labour	Rhesus neg.	Post Mortem	Maceration	CAUSES						
													Plac. abnormal	A.P.H.	Cong. abnormal	Toxaemia	Inhaln. in utero	Difft. labour	Not known
3 lbs. 4 ozs. or under	6	1	5	6	—	2	4	5	4	1	1	6	1	1	1	2	—	—	1
Over 3 lbs. 4 ozs. to 5 lbs. 8 ozs.	5	2	3	5	—	2	3	3	4	—	—	2	1	—	2	2	—	—	—
Over 5 lbs. 8 ozs.	12	7	5	12	—	1	11	4	5	—	7	2	3	1	3	2	2	1	—
Totals	23	10	13	23	—	5	18	12	13	1	8	10	5	2	6	6	2	1	1
		23				23							23						

Table VIII.

PREMATURE LIVE AND STILLBIRTHS, 1958.

Notified Premature Still-births		Premature Live Births																		
		Weight		Born at			Survivors at end of 1958	Deaths during 1958—Age at death.				Believed most significant causes of Prematurity.								
Born at home	Born in hospital	Over	Up to and inclg.	Home	Nursing Home	Hospital		Under 1 day	Over 1 day, under 1 week	Over 1 week, under 4 weeks	Over 4 weeks	Full-Term, Small	Multiple Birth	A.P.H.	Toxaemia	Congenital Malformation	Small Placenta	Rhesus Incompatability	Illness of Mother	Not known
2	4	—	3 lbs. 4 ozs.	2	2	6	5	4	1	—	—	—	3	3	2	—	1	—	—	1
1	—	3 lbs. 4 ozs.	4 lbs. 6 ozs.	4	—	9	9	—	3	1	—	1	3	1	1	1	1	—	—	5
—	—	4 lbs. 6 ozs.	4 lbs. 15 ozs.	4	—	10	13	—	1	—	—	3	3	—	—	1	—	—	—	7
1	3	4 lbs. 15 ozs.	5 lbs. 8 ozs.	16	2	24	41	1	—	—	—	8	9	—	2	—	—	1	1	21
4	7	Totals		26	4	49	68	5	5	1	—	12	18	4	5	2	2	1	1	34
11				79			79					79								

STILLBIRTHS, 1958.

There were 23 stillbirths in 1958, giving a stillbirth rate of 19.4 per 1,000 live and stillbirths.

Premature Stillbirths (11).

11 of the stillbirths were " premature " (as gauged by weight), weighing between 1 lb. 12 oz. and 5 lbs. 8 oz. The causes of stillbirth were :—

Toxaemia	4
Congenital abnormality	3
Placental insufficiency	2
A.P.H.	1
Not known	1

8 of the premature stillbirths were macerated ; 4 were born at home and 7 in hospital. There was 1 post-mortem examination.

Full-term Stillbirths (12).

The 12 larger foetuses weighed from 6 lbs. to 10 lbs. The causes of stillbirth were :—

Congenital abnormality	3
Placental insufficiency	3
Toxaemia	2
Inhalation of meconium, etc.	2
A.P.H.	1
Difficult labour	1

Only 2 of the larger foetuses were macerated. There were 7 post-mortem examinations.

The complete picture of the causes of the 23 stillbirths is set out :—

Congenital abnormality	6
Toxaemia (2 accidental haemorrhage)	6
Placental insufficiency	5
A.P.H.	2
Inhalation of meconium, etc.	2
Difficult labour	1
Not known	1
	23

Toxaemia was regarded as the primary cause of stillbirth in 6 cases and was also present in a 7th case.

The infant died some time before the onset of labour in 2 cases ; 2 others were breech deliveries and 1 other a forceps delivery ; these were additional hazards to a toxaemic foetus. 2 of the toxaemic mothers had each had 2 previous stillbirths—

possibly also due to toxaemia—and 1 of them was found to have a large spleen and leukaemia a few months after the third stillbirth.

Others. 3 other infants died " in utero " ; 1 died 5 weeks before the onset of labour as a result of an ante-partum haemorrhage and another 1 week before delivery of an encephalicfoetus ; the 3rd died 12 days before the onset of labour and in this case the placenta was very small and the foetus had a spina bifida.

2 other cases were very complicated :—

(1) A toxaemic mother with twins, the leading twin being a breech with a hydrocephalic head. Delivery was effected after craniotomy.

(2) A primipara with early rupture of the membranes and a trial labour : forceps delivery failed and the cord prolapsed so a Caesarean section was performed. The infant's cord pulsated for 1 hour after birth, but the baby never breathed. Post-mortem examination revealed tentorial tears. Though certified as a stillbirth, this was really clearly a case of infant death.

PREMATURE INFANTS.

There were 79 premature live births (as determined by birth weight) in 1958 giving a rate of 68 per 1,000 live births ; 5 were inward transfers. 11 of them died in the neonatal period, 10 dying in the first week of life. In addition, there were 11 premature stillbirths which are described elsewhere.

49 premature babies were born in hospital, 4 in private nursing homes (2 of whom were transferred to the Hospital Premature Baby Unit in Exeter) and 26 were born at home of whom 5 were transferred to the Premature Baby Unit.

Causes of Prematurity.

Multiple births	18	
" Full-term " small baby	12	
Toxaemia	5	
A.P.H.	4	
Congenital malformation	2	
Small placenta	2	
Rhesus incompatibility	1	
Illness of mother (T.B.)	1	
	45	79
Not known	34	

In some cases more than one factor was operative, but the main cause is listed, e.g. a severe A.P.H. leading to the premature birth of twins.

Of the 5 cases of toxaemia, 2 were severe enough to be classified as pre-eclamptic and the premature child of one of the latter is a cretin ; in another, pregnancy was terminated by Caesarean section, the mother having had severe toxaemia with 3 previous pregnancies.

The 2 premature children born with abnormalities both died, one at 8 days and the other at 2 days of age.

There were 12 so called " premature " children born between a week before to 6 days after the expected date of delivery. The weights of the 3 " post-mature " children were :—

4 lbs. 3 oz.	3 days	overdue
5 lbs.	6 ,,	,,
5 lbs. 8 oz.	5 ,,	,,

ABORTIONS.

57 cases of abortion in Exeter mothers were cared for in hospitals in the City during 1958 and 48 were cared for at home, making a *known* minimum total of 8.1% of all pregnancies. This is, of course, a serious loss of infant life.

PERINATAL MORTALITY, 1958.

In Exeter in 1958, there were 1,163 live births and 23 stillbirths ; 15 infants died within the first week of life, making a total of 38 perinatal deaths, with a perinatal mortality rate of 32.0 per 1,000 total births.

Causes of perinatal deaths :

Infant Deaths.		*Stillbirths.*	
Respiratory	11	Congenital Abnormality	6
Prematurity	2	Toxaemia	6
Rhesus incompatibility	1	(2 accidental haemorrhages)	
Congenital abnormality	1	Placental insufficiency	5
		A.P.H.	2
		Inhalation of meconium	2
		Difficult labour	1
		Not known	1
TOTAL	15	TOTAL	23

TOTAL : 38

SOCIAL GRADING OF PREMATURE BIRTHS, INFANT DEATHS AND STILLBIRTHS, 1958.

The social grading set out here is based upon the Registrar General's Classification of Families according to the *father's occupation*, viz. :

Class I — Professional, etc. Occupations.
,, III — Skilled Occupations.
,, V — Unskilled Occupations.
Classes II and IV are intermediate occupations.

Social Class	*Exeter Social Class Distribution per* 1,000 *total population* (*Census* : 1951)	*Premature Births*	*Still-births*	*Infant Deaths*
Class I	39	1	2	—
,, II	160	12	3	2
,, III	566	36	17	9
,, IV	112	7	—	1
,, V	123	15	1	4
Unknown	—	2	—	—
Deceased	—	1	—	—
Unemployed	—	3	—	2
Illegitimate	—	2	—	2
TOTALS		79	23	20

Early in the year, a perinatal mortality survey was conducted under the auspices of the National Birthday Trust Fund, in common with health departments throughout the country and the Department co-operated in securing the requisite information.

During the week 3rd to 9th March, 1958, every birth occurring in England, Scotland and Wales was investigated ; as well as every stillbirth and every death of an infant within twenty-eight days of birth, occurring in the months of March, April and May.

The Local Health Authority had the responsibility of ensuring that a questionnaire was completed in respect of every birth and death within the terms of the Survey and for sending it, after checking by the Medical Officer of Health, to the survey Headquarters.

As there are in the City a maternity hospital, and maternity wards in two general hospitals, receiving patients from a large area, the number of births involved was considerable, as follows :

Live births—3rd to 9th March (both dates inclusive)	26
Stillbirths—March, April and May	13
Neonatal deaths—March, April and May	10
	49

Checking of these 49 questionnaires took a long time and involved many visits to each of the maternity units. Miss L. Reynolds, Non-medical Supervisor of Midwives, who was responsible for the detailed supervision involved, had no easy task.

CANCER

The Regional Cancer Records Bureau (Director, Mr. Reginald Vick, F.R.C.S.), has kindly sent me particulars of the cases registered with the Bureau in 1958. These may be taken as fairly comprehensive in respect of those patients who have attended hospital, but probably not so in regard to those who have never attended a hospital : registration applies to a case on first diagnosis or treatment ; recurrences from previously treated growths are not counted in these tables, nor are cases known to the Bureau only from the death returns. Registrations for each year since 1950 are shewn on page 30. The registration of respiratory system cancers shews an increase to the highest number recorded since 1950—not a good augury !

The number of deaths from cancer was higher than in 1957 and as I feared might be the case, the low death rate from cancer of the lung and bronchus in 1957 was not maintained, the number of such deaths having risen steeply again in 1958.

Cancer Registrations
Exeter Residents, 1958.

Site	Sex	Under 20	20 — 29	30 — 39	40 — 49	50 — 59	60 — 69	70 Plus	Total, 1958	Total, 1957
Buccal Cavity and Pharynx	M	—	—	—	—	—	2	3	5	3
	F	—	—	—	—	1	—	2	3	4
Digestive Organs and Peritoneum	M	—	—	—	3	3	9	12	27	28
	F	—	—	1	2	5	7	13	28	27
Respiratory System	M	—	—	—	4	12	10	5	31	21
	F	—	—	—	2	1	1	1	5	3
Breast	M	—	—	1	—	1	—	—	2	—
	F	—	—	2	4	6	13	5	30	28
Genito-urinary Organs	M	—	—	1	1	3	6	7	18	15
	F	—	—	1	1	5	11	5	23	18
Skin	M	—	—	—	4	2	5	8	19	11
	F	—	—	1	5	1	1	3	11	8
Other and unspecified sites	M	—	—	1	—	1	1	1	4	5
	F	—	—	—	1	—	2	—	3	4
Lymphatic and Haematopoietic tissues	M	1	—	1	1	—	—	2	5	8
	F	1	—	—	—	1	—	1	3	1
Total		2	—	9	28	42	68	68	217	184

Registration of Cancer Patients.
Exeter Residents, 1950—1958.

Site		1950	1951	1952	1953	1954	1955	1956	1957	1958
Buccal Cavity and Pharynx	M	3	5	3	2	6	1	7	3	5
	F	2	—	1	3	3	1	1	4	3
Digestive Organs and Peritoneum	M	40	32	40	46	30	26	34	28	27
	F	35	34	39	34	34	31	31	27	28
Respiratory System	M	22	20	13	16	32	23	22	21	31
	F	3	6	5	—	3	3	2	3	5
Breast	M	—	1	—	—	—	—	—	—	2
	F	14	21	14	18	32	25	25	28	30
Genito Urinary Organs	M	1	19	9	16	12	12	12	15	18
	F	15	19	10	19	21	22	23	18	23
Skin	M	1	1	—	1	18	17	11	11	19
	F	—	—	—	2	8	11	15	8	11
Other and unspecified sites	M	2	11	2	7	6	8	3	5	4
	F	3	2	6	5	4	2	3	4	3
Lymphatic and Haematopoietic tissues	M	—	3	4	—	7	4	4	8	5
	F	1	2	3	3	7	1	4	1	3
Total		142	176	149	172	223	187	197	184	217

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

Year	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Deaths	152	143	180	152	172	189	147	185	154	189

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

PUBLIC WATER SUPPLY.

I am indebted to Mr. J. Brierley, B.SC., A.M.I.C.E., M.I.MUN.E., M.T.P.I., City Surveyor, for the following notes on the public supply. In all instances of samples proving unsatisfactory bacteriologically (happily very few except in relation to new mains in the course of extensions, etc.) the Surveyor and I consult and determine the appropriate course of action.

There were no changes in the method of treating the supply from the River Exe, as described in earlier reports. Rainfall over the watershed was above average, particularly during the summer months, and ample supplies from the river were always available. With the absence of hot spells the peak demands for water were lower than usual and there was no difficulty in providing an adequate supply at all times.

Work was in progress throughout the year on the extension and modernization of the pressure filtration plant which will bring the capacity up to 6 million gallons per day and completion is due early in 1959.

A scheme has been prepared for augmenting the water resources from an underground source in the Exe Valley, a few miles north of the City, and the trial boreholes will be sunk during 1959.

The average daily consumption in 1958 was 4,183,000 gallons compared with 4,321,000 in the previous year. The estimated population supplied direct was 82,429 and in bulk 1,834. The average daily consumption in the area of direct supply, including water for trade, was 50.09 gallons per head compared with 52.04 in 1957.

The average doses of chemicals used for treatment were :— chlorine (breakpoint dose) 3.72 p.p.m. ; aluminium sulphate for coagulation 16.3 p.p.m. ; and hydrated lime for pH correction 9.0 p.p.m. Details of the bacteriological examinations carried out by the Public Health Laboratory Service (Director, Dr. B. Moore) are set out in Table No. IX.

The Public Analyst made quarterly chemical and bacteriological examinations of both raw and treated water and details of two of these are given in Table No. X. The fluorine content (one analysis) was .026 p.p.m. and the water supplied to consumers was reported to be free from plumbo-solvency.

Table IX.

EXETER PUBLIC WATER SUPPLY.

BACTERIOLOGICAL ANALYSES OF SAMPLES TAKEN IN 1958 : EXAMINED BY PUBLIC HEALTH LABORATORY SERVICE.

WATER AFTER TREATMENT.	No. of Samples	Presumptive B. Coli count per 100 millilitres				
		0	1-2	3-10	11-50	50+
(a) AT TREATMENT WORKS	51	51	—	—	—	—
(b) ON CONSUMERS' SUPPLY : DANES CASTLE RESERVOIR ZONE	55	53	—	1	1	—
INTERMEDIATE ,, ,, ...	45	45	—	—	—	—
MARYPOLE HEAD ,, ,, ...	19	18	1	—	—	—
BARLEY LANE ,, ,, ...	27	27	—	—	—	—
STOKE HILL ,, ,, ...	12	12	—	—	—	—
TOTAL	209	206	1	1	1	—
(c) OTHERS :— BUILDING SITES, NEW MAINS, ETC.	40	24	4	6	3	3

In addition, 51 samples of raw river water were examined—generally these shewed gross pollution (over 1800 Presumptive B.Coli per 100 ml.) ; and also 36 samples of water whilst undergoing treatment for the purpose of checking the efficiency of various parts of the sterilisation plant.

Table X.

PUBLIC WATER SUPPLY, 1957.

ANALYSES OF RAW AND FILTERED WATER

	Results in Parts per Million. 6.1.58.		14.7.58.	
	Raw	Filtered	Raw	Filtered
Chlorine as Chlorides	13.0	17.0	13.0	15.0
Nitrogen as Nitrites	trace	0	trace	0
Nitrogen as Nitrates	1.2	1.2	1.4	1.6
Nitrogen as Free and Saline Ammonia	0.078	0.004	0.110	0.010
Nitrogen as Albuminoid Ammonia	0.122	0.040	0.232	0.135
Total Hardness as $CaCO_3$	49.0	57.0	63.0	80.0
Temporary ,, ,, ,,	24.0	27.0	43.0	45.0
Permanent ,, ,, ,,	25.0	30.0	20.0	35.0
Total Solids	110.0	125.0	125.0	140.0
Suspended Solids	8.0	0	8.0	0
Oxygen absorbed 4 hrs. 27°C.	2.4	0.3	3.3	1.1
Chlorine as free chlorine	—	0.32	—	0.2
Plumbo-solvency	—	nil	—	nil
pH	7.0	7.2	7.3	7.4
B.Coli per 100 ml.	1800	0	1800	0
Streptococcus per 100 ml.	10	0	5	0
Microbes : 72 hrs. at 22°C per ml.	1600	1	1200	4
48 hrs. at 37°C per ml.	280	0	220	0

PUBLIC CONVENIENCES.

During the past year, the City Surveyor's Department has completed the installation of free washing facilities in all public conveniences in the City with the exception of the Willey's Avenue convenience. It is proposed to modernise this building in the coming financial year.

The convenience at Burnthouse Lane has been modernised, but no new conveniences have been built.

SEWERAGE AND SEWAGE DISPOSAL.

The City Surveyor has kindly supplied the following information :—

A new sewer was laid in Lime Kiln Lane, Countess Wear, to allow more properties to be connected to the sewerage system.

A portion of the existing foul sewer in Spicer Road was relaid.

To relieve the flooding of private dwellings, the foul sewer from Franklyn Drive to Franklyn Close was relaid with larger diameter pipes.

Several minor improvements were carried out to the existing sewers.

MAIN DRAINAGE.

A contract was placed for the construction of the first portion of the Main Drainage scheme for the City, namely the Larkbeare Surface Water Sewerage. The Ministry of Housing and Local Government held a public enquiry into this scheme in February, 1958. Evidence was given by the Surveyor and the Medical Officer of Health. Active construction commenced in November.

The scheme for the second portion, the Longbrook Surface Water Sewerage, is to be submitted to the Ministry of Housing and Local Government early in 1959.

Schemes are being prepared in detail for the relief of flooding at Broadway, St. Thomas and at Sweetbrier Lane, approved by the Council on 16th December. Both schemes will be submitted to the Ministry for approval and loan sanction early in 1959.

The Council have also approved a scheme for a new foul sewer around the Canal Basin. This scheme will obviate the emptying of earth closets and remove a potential source of infection and danger to public health.

A further portion of the stream at Mincinglake Tip was piped and a pump is to be installed to pump the noxious liquor from the tip to the foul sewer, to prevent pollution of the stream.

SEWAGE DISPOSAL.

All the plant at the Countess Wear Sewage Works functioned satisfactorily, giving full treatment to half the average flow only.

Foam on the activated sludge plant is now under control.

Successively wet summers have caused embarrassment on the sludge disposal side. Remedial measures are planned in the first stage of the major extensions to the Works (approved by the Council early in 1959).

PRIVATE DOMESTIC WATER SUPPLIES.

There are now only fourteen premises in the City which rely on wells or springs for the supply water ; these comprise 6 farms with attached dwellings and 8 dwelling houses which are mostly situated in the Stoke Hill area.

It has previously been our policy to survey the wells once a year and to submit samples of the water for bacteriological analysis. In view of staffing difficulties and pressure of other work it was not possible to do this during 1958.

SWIMMING BATH.

On 26 occasions samples of the water in the Swimming Bath were taken for bacteriological examination, and with 5 exceptions the water proved to be quite satisfactory.

It is noted that each year during July or August, B.coli are found in the water at the shallow end of the baths. These are the peak months for baths and the bulk congregate at the shallow end. The four inlets of clean water are at the shallow end.

The water is normally chlorinated to 1 p. per million (the Ministry recommend 0.2 to .5 p.p.m.) The test is made regularly, but only measures up to 1 p.p.m. so apart from a few at .9 p.p.m. the readings have shewn at least 1 p.p.m.

Since the last finding of B.coli, the chlorine has been stepped up to well above 1 p.p.m. and the p.H. varied from 7.8 to about 8.4 to counteract the eye irritation. It is proposed that in future during peak months the chlorine level will be raised and brought back to 1 p.p.m. in ordinary times.

ANNUAL REPORT
OF THE
CHIEF PUBLIC HEALTH INSPECTOR
(F. G. DAVIES, F.R.S.H., F.A.P.H.I., A.M.I.P.H.E.)

INTRODUCTION.

This report, following the pattern of previous years, is in two parts : the first part comprising comment and the second part an analysis of the work done.

PART I.

STAFFING.

This continued to be a major problem. It was nine months before we were able to replace Mr. Walker and this, coupled with the decision to leave one vacancy unfilled until late in 1959, meant that certain of our activities had to be curtailed.

We managed to meet some of our major obligations, such as slum clearance and meat inspection and we continued to try to give some degree of priority to the investigation of complaints (which were mainly about living conditions) but our work in connexion with food hygiene continues to be very restricted.

Delays in the investigation of complaints were inevitable and it is not uncommon for many months to elapse before repairs to houses are ultimately enforced because of our inability to make the necessary inspections and to follow up my notices quickly.

It is, perhaps, not unreasonable to hope that in the early 1960's when the pressure of slum clearance work should start to diminish and the additional inspector has been appointed, it will be possible to devote time to those fields of activity which have been neglected so long, but this again is contingent upon there being little new legislation. Recent enactments in connexion with Clean Air, Slaughterhouses and forth-coming legislation on Food Hygiene and Housing Improvement Grants will all mean a great deal of additional work.

ABATTOIR.

1958 was the fourth full year during which the abattoir was operated by a private company and the arrangements continued to run smoothly. All condemned meat is sent to approved processors.

Some improvements have been effected in the building but it still falls a long way short of modern requirements. The City Council decided to build a new abattoir in 1938 over 20 years ago, and it has still not been built. The Slaughterhouses Act, 1958 and associated regulations make it imperative that the question of the provision of a new abattoir be decided soon.

Clean Air.

Smoke Control Areas.

The position regarding our three proposed smoke control areas remains unchanged. The Minister has not yet confirmed our proposals and we have been informed that, because of the opposition by the Coal Merchants Federation of Great Britain (Devon County Branch) and Exeter and District Coal Merchants Associations, he will hold an enquiry before he does so.

The Finance Committee when considering our estimate for 1959/60 was naturally anxious to know what the total cost of a comprehensive smoke control policy was likely to be and sample surveys have been started to establish this. Once the surveys are completed and the results analysed it is hoped that the City Council will embark on a 10-15 year programme to make the whole city smoke controlled.

While it is not alleged that Exeter is a dirty City in terms of air pollution, it is our aim to improve it and certainly to prevent it getting worse. It has been estimated that the cost of such pollution to this country is £300,000,000, per year—a staggering figure—but its effects cannot all be measured in terms of money ; much ill health, and consequent distress is directly attributable to pollutants in the air. We take in daily about 10 times as much air (by weight) as we do of food and water and we rightly attach great importance to the purity of these, but when will there be a public awareness of the importance of clean and safe air ? The cost of prevention is high, but the cost of neglect is undoubtedly higher.

Housing.

Slum Clearance.

During the year orders affecting ten areas were submitted to the Minister ; six areas were dealt with by clearance orders and four by compulsory purchase orders.

Ten of the previous year's clearance orders were confirmed and both of the Compulsory Purchase Orders, three of the clearance orders submitted during 1958 were also confirmed and the remainder, including the Compulsory Purchase orders were still outstanding at the end of the year.

For details of houses dealt with during the year, see Appendix B.

Improvements Grants.

Detailed inspections of 54 dwellings were made as a result of applications for improvement grants and 23 of these were made on behalf of owner occupiers. As in previous years, we continued

to advise owners about the financial facilities available for improving their property, but during 1958 the response to the scheme continued to be poor ; however, there is every likelihood of new legislation, designed to make the purchase and re-conditioning of old property easier, coming into operation in 1959.

Tuberculosis in Cattle and Calves.

It will be seen from the table on page 41 that there has been an increase in the incidence of tuberculosis in the cattle and calves slaughtered at the abattoir. This is due, in part, to the activities of the Ministry's Veterinary Officers who, following the implementation of the Government's policy for the elimination of tuberculosis in cattle, are making examinations of herds and sending reactors in for slaughter. East Devon has already been made an eradication area and it is intended that West Devon should become one in 1959.

The five cases of congenital tuberculosis in calves were reported in the usual way to the animal health division of the Ministry of Agriculture in an endeavour to trace the dams, but unfortunately this proved impossible because the calves had passed through the hands of dealers.

Market and Goldsmith Street Properties.

Following my representations to the Estates Committee regarding the implementation of the Food Hygiene Regulations in the Market, a number of improvements have been effected. Additional wash-hand basins, with hot and cold water, soap and paper towels have been placed in the lobbies of the male and female sanitary conveniences. Rollin's Cafe closed during the year and was re-opened as a butchers shop with new sink, washing facilities, refrigerator and adequate provision for food protection. Improvements were also effected in the two snack bars.

I am afraid that the sanitary accommodation is still insufficient but in view of the limited life of the market I do not consider it to be reasonable to press for the provision of more.

During the year, the problem of bringing other Council properties where food is sold, (Goldsmith Street and Waterbeer Street) up to the standard required by the Food Hygiene Regulations was actively pursued. Some improvements have been made but again, because of the limited life of these properties I thought it reasonable to accept a compromise.

Food Poisoning.

90 cases of suspected food poisoning and 1 case of paratyphoid were investigated during the year : 65 of the cases were confirmed. This involved 154 visits to the houses and to the shops where the food concerned was served or sold.

SHELLFISH.

Samples of shellfish on sale in the City were regularly taken for bacteriological examination. All samples were found to be satisfactory.

WATERCRESS.

Six samples of watercress were sampled during the year, three of these were slightly contaminated, all the producers were notified and advised to take precautions. The gathering of cress was discontinued at one place.

HEAVITREE CARAVAN PARK, RYDON LANE.

The Heavitree Caravan Park, situated on the By-pass and which the Health Committee limited to 46 caravans, opened at Easter time.

At present there are 17 vans used as permanent homes and 10 occupied for holiday purposes. The occupiers of the permanent vans are mainly retired people and young couples with no children.

All the vans are of modern construction some being provided with their own water closets, piped supply of water and mains electricity. The site is still being developed and is attractively set out with small gardens cultivated by the occupiers of the permanent vans. There is adequate sanitary accommodation and showers and a small laundry is also provided.

As the park is situated some distance from the coast the portion used for holiday vans is not well patronised and it is probable that to enable it to be used economically more sites will have to be allocated to permanent use.

COUNTESS WEAR SEWERAGE SCHEME.

At the end of the year the Public Health Committee decided to make grants under S. 47 of the Public Health Act 1936, amounting to £445 towards the installation of water closets in ten houses in Countess Wear. It is anticipated that all the work will be completed during 1959.

RODENT CONTROL.

In December the Committee decided to discontinue the practice of charging private householders five shillings per annum for the services of the rodent operator. It was thought that the administrative work involved in collecting such small sums was uneconomic and it was hoped that the general public would report infestations earlier if no charge was made.

LOCAL LAND CHARGES.

Information was supplied to the Town Clerk in 1,473 cases in reply to searches submitted under the Local Land Charges Acts.

PART II.

General Summary.

Number of visits made during the year	11,624
Number of samples taken	839
Number of carcases inspected	50,639
Total weight of foodstuffs condemned	86 tons

A.—SUPERVISION OF FOOD SUPPLIES.

1. *School and University Canteens, etc.*

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

Classification of Schools, etc.	*Premises.*	*Visits Made.*
Local education authority school—		
kitchens and canteens	35	48
Special School canteens	2	4
Other schools with facilities for dinners	15	13
University Halls and refectory	10	2
Domestic science centres	11	—

2. *Market.*

48 inspections were made of the Higher Market, in Queen Street, where fruit and vegetables etc. are sold.

3. *Food Premises Generally.*

The number of food premises known in the city is as follows :—

Butchers 76 ; Cooked Meats 12 ; Bakers and Confectioners, including sweet shops, 68 ; Fried Fish 26 ; Fresh Fish 26 ; General Provisions 244 ; Greengrocers 75 ; Cafes 35 ; Snack Bars 14 ; Dairies 33. TOTAL : 609.

Total number of visits made was 934.

4. *Registered Food Premises.*

There are 381 registrations under Section 16 of the Food and Drugs Act, 1955, affecting 357 business establishments. These are made up as follows :—

Storage of bulk ice-cream	3
Manufacture, storage and sale of ice-cream	39
Storage and sale of pre-packed ice-cream	261
Preparation or manufacture of potted, pickled or preserved food (including fried fish and chips)	52
Preparation or manufacture of sausages and potted, pressed, pickled or preserved food	23
Preparation or manufacture of sausages	3
TOTAL	381

5. *Improvement effected in Food Premises Generally.*

Premises cleansed or redecorated	23
Washing facilities provided	25
" Wash Hand " notices posted	11
First Aid Kits provided	8
Fly proofing provided	8
Water closet facilities improved	7
Locker Accommodation provided	6
Hot Water supply installed	5
Ventilation provided or improved	4
Food store improved or provided	3
Other improvements or repairs	64
TOTAL	164

6. *Slaughter of Animals and Meat Inspection.*

The number of animals slaughtered and inspected at the public abattoir and private slaughter-houses, together with reasons for condemnation, are set out below in the form prescribed by Ministry of Health circular 17/55. No horses or goats are slaughtered in the city.

	Beasts	*Cows*	*Calves*	*Sheep and Lambs*	*Pigs*
Number slaughtered	7,303	892	1,194	23,931	17,039
Number inspected	7,303	892	1,194	23,938	17,042
Diseases except Tuberculosis and Cysticercosis.					
Whole carcases condemned	8	28	52	179	125
Carcases of which some part or organ was condemned	3,532	649	32	1,947	2,514
Percentage of No. inspected affected with disease other than tuberculosis and cysticercosis	48.4	75.8	7.0	8.8	15.4
Tuberculosis only.					
Whole carcases condemned	21	33	5	—	2
Carcases of which some part or organ was condemned	170	278	5	—	474
Percentage of No. inspected affected with tuberculosis	2.6	34.7	0.8	—	2.7
Cysticercosis only.					
Carcases of which some part or organ was condemned	9	—	—	—	—
Carcases submitted to treatment by refrigeration	9	—	—	—	—

7. *Condemnation of Food.*

During the year approximately six tons of food, apart from meat, was condemned, involving the issue of 1,137 certificates. All of this food was buried at the Council tip.

8. *Milk.*

(A) *Chemical and Bacterial Quality.*

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

(*i*) *Chemical Quality.*

Designation	*No. of Samples.*	*Fat %*	*Non-fatty Solids %*
Tuberculin Tested (Channel Islands) (Farm Bottled)	9	4.33	9.2
Tuberculin Tested (Farm Bottled)	19	4.14	9.1
(Channel Islands) (Pasteurized)	8	4.48	9.2
Pasteurized	12	3.63	8.7
Tuberculin Tested (Pasteurized)	11	3.68	8.9

(*ii*) *Bacterial Quality.*

Designation	*Number of Samples.*	*Samples Satisfactory.*	*Samples void owing to Air Temperature being over 65°F.*
School Milk	16	14	2
Pasteurized	34	19	14
Channel Islands (Pasteurized)	23	15	8
Tuberculin Tested (Pasteurized)	19	13	6
School Milk Tuberculin Tested (Pasteurized)	13	7	6
Tuberculin Tested (Farm Bottled)	59	47	—
Tuberculin Tested (Channel Islands) (Farm Bottled)	31	26	—

(B) *Testing for the Presence of Tubercle Bacilli.*

All milks consumed in the City are tested quarterly for the presence of tubercle bacilli. During the year, 148 samples were tested all of which proved negative.

9. *Ice-Cream.*

(A) *Cleanliness.*

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

Grade 1.	(Satisfactory)	87
Grade 2.	(Satisfactory)	6
Grade 3.	(Unsatisfactory)	4
Grade 4.	(Unsatisfactory)	Nil.

(B) *Composition.*

The Food Standards (Ice-Cream) Order, 1953, prescribes the following standard for ice-cream : fat 5%, sugar 10%, milk solids other than fat 7½%. The average composition of the ice-cream sampled in the city was : fat 8.7%, sugar 13.8%, milk solids other than fat 8.7%.

10. *Sampling.*

During the year, 47 samples of milk and 120 samples of other foods were procured : 58 were formal and 109 informal. The following samples were found to be below standard and details of the action taken is shown in Appendix " A."

Milk 1 ; Beef Sausage 1 ; Pork Sausage 3 ; Pork Luncheon Meat 2 ; Luncheon Meat 1 ; Butter Rolls 1 ; Hot Milk 1 ; TOTAL 10.

11. *Court Proceedings.*

Legal Proceedings were instituted in three cases under the Food and Drugs Act. No cases were taken under the Food Hygiene Regulations, 1955.

12. *Shellfish.*

The following samples of shellfish were taken and the bacteriological findings were all satisfactory :—

Bottled Scallops	1
Bottled mussels	4
Boiled winkles	1
Bottled cockles	8
Boiled cockles	8
Boiled mussels	5
Fresh Oysters	1
TOTAL	28

13. *Merchandise Marks Acts,* 1887 *to* 1953.

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

14. *Labelling of Food.*

We continue to examine the labels of the various commodities on sale to the public, to ensure that they meet the requirements of the various labelling of food orders, but no infringements were noted.

B.—HOUSING.

1. *Housing Act,* 1957, *Sections* 16 *and* 18.

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

Undertakings not to relet accepted	18
Closing Orders made	13
Demolition Orders made	2
Outstanding at the end of the year	2

2. *Informal Notices.*

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

3. *Formal Notices.*

13 houses were rendered fit during the year, following the service of formal notices : 11 being remedied by the owners and 2 by the Council in default of the owner.

4. *Overcrowding.*

(A)	(i)	Number of dwellings known to be overcrowded at the end of the year	16
	(ii)	Number of families dwelling therein	19
	(iii)	Number of persons	89
(B)		Number of new cases reported during the year	19
(C)	(i)	Number of cases of overcrowding relieved during the year	22
	(ii)	Number of persons concerned in such cases	104
(D)		Particulars of any cases in which dwellinghouses again became overcrowded after the Council had taken steps to abate overcrowding	Nil.

C.—Common Lodging Houses.

The two common lodging houses in the city were regularly inspected and conditions were found to be satisfactory.

D.—Movable Dwellings.

Thirty-eight inspections were made of movable dwellings in the city and conditions were found to be satisfactory.

E. Fertilizers and Feeding Stuffs.

4 samples of fertilizers and 15 of feeding stuffs were procured during the year and all were found to be satisfactory.

F.—Rag Flock.

The 8 samples of rag flock taken during the year were found to be satisfactory.

G.—Deposit Gauges.

During 1958, the three deposit gauges show the following rate of deposition of solid matter, in tons per square mile.

Month of :	Tons per Square Mile			Average for 1958	Average for previous 2 years
	Dunsford Road	Danes Castle	Marsh Barton		
January	7.48	9.76	10.09	9.11	8.77
February	7.35	7.65	8.72	7.91	5.98
March	7.48	8.63	8.27	8.13	8.04
April	3.32	3.54	5.90	4.25	5.51
May	7.38	7.75	9.61	8.25	7.16
June	10.07	4.96	9.20	8.08	10.15
July	6.91	5.30	8.65	6.95	6.81
August	4.83	5.91	7.92	6.22	6.39
September	5.20	6.08	7.75	6.34	6.52
October	5.00	6.42	6.48	5.96	5.03
November	5.30	5.81	7.82	6.31	6.28
December	8.93	11.42	9.68	10.01	13.31
Total	79.25	83.23	100.09	87.52	89.95

H.—Rodent Control.

1. *Complaints.*

277 complaints were received during the year involving 237 properties and these were made up as follows :—

	Type of Premises.			*Total*
	Business	*Private*	*Local Authority*	
Rats	30	58	47	135
Mice	26	56	20	102
Totals	56	114	67	237

2 (a) *Routine Inspections.*

Farms and smallholdings	11
Other businesses	179
Private houses	229
Local authority land	22
	441

(b) *Complaints.*

610 inspections and 116 treatments were made following complaints from business premises.

4. *Sewer Treatment.*

The annual test baiting and bi-annual treatments of sewers as required by the Ministry of Agriculture, Fisheries and Food, were carried out as usual in April and October.

J.—General Inspections, Etc.

Bakehouses.

Number in city	24
Number of underground bakehouses in city	—
Number of inspections made	37

Vermin, etc.

Number of inspections made	52
Number of Council houses disinfested by this department	19
Number of other properties :	
(i) found to be infested	61
(ii) disinfested by this department	61

Wasps and Hornets.

25 nests of wasps, hornets and bees were destroyed during the year.

Offensive Trades.

Number of businesses in city	12
Number of inspections made	46

Fried and Wet Fish Shops.

Number of fried and wet fish shops in the City	52
Number of inspections made	64
Number of contraventions found	6
Number of contraventions remedied	6

K.—Factories.

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

(A) Inspections for purposes of provisions as to health :

Premises.	Number on Register	Number of Inspections	Number of written notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	55	22	5	—
2. Factories not included in 1 (above) in which Section 7 is enforced by Local Authority	393	382	14	—
3. Other premises in which Section 7 is enforced by Local Authority (exclud'g Out-workers' premises)	81	43	5	—
Totals	529	447	24	—

(B) Cases in which DEFECTS were found :

Particulars.	No. of cases in which defects were found.				No. of cases in which prosecutions were instituted.
	Found.	Remedied.	Referred		
			To H.M. Inspector.	By H.M. Inspector	
Want of cleanliness (S. 1)	—	1	—	1	—
Overcrowding (S. 2)	—	—	—	—	—
Unreasonable temperature (S. 3)	—	—	—	—	—
Inadequate ventilation (S. 4)	—	2	—	—	—
Ineffective drainage (S. 6)	—	—	—	—	—
Sanitary Conveniences (S. 7) :—					
(*a*) Insufficient	1	1	—	4	—
(*b*) Unsuitable or defective	5	25	—	3	—
(*c*) Not separate for sexes	1	1	—	—	—
Other offences against the Act (not including offences relating to outworkers)	2	—	2	—	—
Totals	9	30	2	8	—

(C) List of OUTWORKERS :

NATURE OF WORK.	Number of Outworkers.
Wearing Apparel (Making, etc.)	58
Curtains and Furniture Hangings	10
Furniture and Upholstery	1
Church Embroidery	8
The making of Cardboard Boxes	17
Assembly of Electric Cables and Coils	44
TOTAL	138

APPENDIX "A"

Food and Drugs samples reported below standard.

No. of Sample	Article	Adulteration or Fault	Action Taken
794	Beef Sausages (Informal)	Preservative not declared. Contained 100 parts per million of Sulphur Dioxide	Letter to firm drawing attention to irregularity. Assurance received that there would be no repetition.
796	Pork Sausages (Informal)	10 per cent deficient in meat	Owing to absence of legal standard, letter sent to firm stating sausages compare unfavourably with the general standard of sausages sold in the City at a comparable price.
797	Pork Sausages (Informal)	2 per cent deficient in meat	In view of the small deficiency, decided to take no action, but take a repeat sample in due course.
844	Milk (Formal)	8 per cent deficient in fat	Prosecuted—pleaded "not guilty," fined £5.
850	Pork Luncheon Meat	Contained not more than 77 per cent of meat	No legal standard obtaining. Sent letter to producer who replied that they endeavour to aim at 80 per cent meat content. To be sampled again in 3 months.
852	Pork Luncheon Meat	Contained not more than 80 per cent of meat	No action taken in this case. To be sampled again in due course.
858	Pork Sausages	4 per cent deficient in meat and contained 200 parts per million of Sulphur Dioxide	Warning letter to producer pointing out low meat content and explaining requirements of the Preservatives in Food Regulations.
863	Luncheon Meat	Contained not more than 69 per cent of meat	Letter sent to retailer who is taking the matter up with suppliers.
871	Butter Rolls (Formal)	Rolls spread with margarine. (margarine 12.5 per cent)	Warning letter to retailer.
874	Hot Milk (Formal)	Contained 9 per cent added water. Freezing point test indicated 11 per cent added water	Milk heated by steam injector. Warning letter sent to retailer advising alternative means of heating milk.

APPENDIX "B"

Schedule of clearance orders and compulsory purchase orders confirmed during 1958, together with a list of individual houses but excluding sites of land, etc.

CITY OF EXETER (CHANNINGS PLACE) CLEARANCE ORDER 1957, Confirmed 17th January, 1958.

1, Channings Place
2, Channings Place
3, Channings Place
4, Channings Place
5, Channings Place

CITY OF EXETER (COLLETON GROVE) CLEARANCE ORDER 1957, Confirmed 17th January, 1958.

1, Colleton Grove
2, Colleton Grove
3, Colleton Grove
4, Colleton Grove
5, Colleton Grove

CITY OF EXETER (BOWDENS PLACE) CLEARANCE ORDER 1957, Confirmed 22nd January, 1958.

1, Bowdens Place
3, Bowdens Place
4, Bowdens Place
5, Bowdens Place

CITY AND COUNTY OF THE CITY OF EXETER (QUAY LANE) COMPULSORY PURCHASE ORDER 1957, Confirmed 14th April, 1958.

Houses within the clearance area.

6, Friars Hill
7, Friars Hill
8, Friars Hill
9, Friars Hill
13, Quay Lane
21, Quay Lane
23, Quay Lane
24, Quay Lane
6, Navy Cottages (known as Horse Lane)
7, Navy Cottages (known as Horse Lane)
4, Friars Terrace
5, Friars Terrace
6, Friars Terrace
7, Friars Terrace
7a, Friars Terrace
8, Friars Terrace
9, Friars Terrace
10, Friars Terrace
11, Friars Terrace
12, Friars Terrace
13, Friars Terrace
14, Friars Terrace

Houses outside the clearance area.

5, Navy Cottages, Horse Lane.
1, Friars Terrace
2, Friars Terrace
1, Reeds Cottages
2, Reeds Cottages
3, Reeds Cottages
12, Friars Gate
14, Friars Gate
16, Friars Gate

CITY OF EXETER (VOGHAY COTTAGES) CLEARANCE ORDER, 1957, confirmed 5th February, 1958.

1, Voghay Cottages
2, Voghay Cottages
3, Voghay Cottages

CITY OF EXETER (TABERNACLE COURT) CLEARANCE ORDER, 1957, confirmed 21st April, 1958.

2, Tabernacle Court
2a, Tabernacle Court
3, Tabernacle Court
4a, Tabernacle Court
5, Tabernacle Court
24, Coombe Street
25, Coombe Street
43, Quay Hill

CITY OF EXETER (ELLIS'S PLACE) CLEARANCE ORDER, 1957, confirmed 22nd April, 1958.

2, Ellis Place
3, Ellis Place
4, Ellis Place
5, Ellis Place
6, Ellis Place
7, Ellis Place
8, Ellis Place
9, Ellis Place

CITY OF EXETER (MORETON INN COTTAGES) CLEARANCE ORDER, 1957, confirmed 22nd April, 1958.

3, Moreton Inn Cottages
4, Moreton Inn Cottages
5, Moreton Inn Cottages

CITY OF EXETER (OKEHAMPTON STREET) CLEARANCE ORDER, 1957, confirmed 16th June, 1958.

21, Okehampton Street
22, Okehampton Street
23, Okehampton Street
24, Okehampton Street

CITY AND COUNTY OF THE CITY OF EXETER (PROSPECT PLACE AND WARES BUILDINGS) COMPULSORY PURCHASE ORDER, 1957, Confirmed 19th June, 1958.

Houses within the clearance area.

1a, Wares Buildings
15, Wares Buildings
17, Wares Buildings
18, Wares Buildings
19, Wares Buildings
20, Wares Buildings
21, Wares Buildings
22, Wares Buildings
125, Cowick Street
126, Cowick Street
127, Cowick Street
1, Southwoods Buildings
2, Southwoods Buildings
3, Southwoods Buildings
4, Southwoods Buildings
5, Southwoods Buildings
6, Southwoods Buildings
7, Southwoods Buildings
8, Southwoods Buildings
9, Southwoods Buildings
10, Southwoods Buildings
2, Little Prospect Place
3, Little Prospect Place
4, Little Prospect Place
1, Prospect Place
2, Prospect Place
3, Prospect Place
4, Prospect Place
5, Prospect Place
6, Prospect Place

7, Prospect Place
8, Prospect Place
9, Prospect Place
10, Prospect Place
11, Prospect Place
12, Prospect Place
13, Prospect Place
14, Prospect Place
15, Prospect Place
16, Prospect Place
17, Prospect Place
18, Prospect Place
19, Prospect Place
20, Prospect Place
21, Prospect Place

Houses outside the clearance area.

112, Cowick Street
113/113a, Cowick Street
114/115, Cowick Street
116, Cowick Street
117, Cowick Street
118, Cowick Street
119, Cowick Street
128, Cowick Street
129, Cowick Street
130, Cowick Street
131, Cowick Street
132, Cowick Street
133, Cowick Street
134, Cowick Street
1, Little Prospect Place
36, Prospect Place

City of Exeter (York Place) Clearance Order, 1957, confirmed 21st April, 1958.

1, York Place
2, York Place
3, York Place
4, York Place
5, York Place
6, York Place
7, York Place
8, York Place
9, York Place
10, York Place
11, York Place

City of Exeter (Old Abbey Cottages) Clearance Order, 1957, confirmed 24th July, 1958.

1, Old Abbey Cottages
2, Old Abbey Cottages
3, Old Abbey Cottages

City of Exeter (Fishers Square) Clearance Order, 1958, confirmed 18th November, 1958.

1, Fishers Square
2, Fishers Square
3, Fishers Square
4, Fishers Square
5, Fishers Square

City of Exeter (Hill's Court) Clearance Order, 1958, confirmed 26th November, 1958.

1, Hills Court
2, Hills Court
3, Hills Court

City of Exeter (School Cottages) Clearance Order, 1958, confirmed 26th November, 1958.

1, School Cottages
2, School Cottages
3, School Cottages
39, Mary Arches Street
40, Mary Arches Street

HOUSING.

Details regarding closures, house inspections, etc., are set out on pages 43 and 44.

The City Architect (Mr. Harold Rowe, F.R.I.B.A., A.M.I.STRUCT.E.), tells me that dwellings were completed during 1958, as follows :—

New permanent dwellings by Council 257

New permanent dwellings by private enterprise 103

Total dwellings completed since the last war are as under :—

	Council.			Private Enterprise.		Total.
Constructed	Perm.	Temp.	Rebuilds	New	Rebuilds	
1945 to Dec. 31st, 1957	3,032	430	21	810	209	4,502
Jan. 1st to Dec. 31st, 1958	257	—	—	103	—	360
Totals	3,289	*430	21	913	209	4,862

* 8 temporary bungalows have recently been disposed of and the total now in occupation is, therefore, 422.

The Housing Manager (Mr. H. T. Baker) has kindly sent me the following information :—

The number of applicants on the current register (December, 1958) whose housing need is NIL or very slight is 632. The reason for suggesting this is that :—

Of this number 170 have no points.
,, ,, ,, 85 have 1 point.
,, ,, ,, 154 have 2 points.
,, ,, ,, 39 have 3 points.
,, ,, ,, 135 have 4 points.
,, ,, ,, 49 have 5 points.

As will be seen from the attached report, there are 609 applicants with less than one year's registration, the total number of applicants being 2,376.

The percentage of accommodation required has differed in that we now require :—

1 bedroom.	2 bedroom.		3 bedroom.	4 bedroom.
	without family.	with family.		
14%	19%	51%	14%	2%
	70%			

As compared with contracts now in hand :—

1 bedroom.	2 bedroom.	3 bedroom.	4 bedroom.
21%	44%	35%	—

Analysis of Applicant's Register — January, 1959.

Type of Accommodation Required.

Points	1B.	2B. (without family)	2B. (with family)	3B.	4B.	Totals
Miscellaneous	—	—	7	9	—	16
Nil	93	51	25	1	—	170
1	15	66	4	—	—	85
2	3	11	133	7	—	154
3	3	7	28	1	—	39
4	10	17	69	35	4	135
5	17	9	21	2	—	49
6	29	65	9	24	—	127
7	3	11	39	3	—	56
8	2	2	59	8	3	74
9	47	73	30	16	2	168
10	7	12	44	4	1	68
11	7	11	56	18	—	92
12	1	8	16	9	1	35
13	—	1	72	18	—	91
14	3	—	29	10	—	42
15	1	1	15	8	4	29
16	1	—	102	6	2	111
17	—	—	20	9	1	30
18	—	—	48	12	3	63
19	—	—	43	7	—	50
20	—	—	14	12	—	26
21	—	—	15	4	—	19
22	—	—	4	8	1	13
23	—	—	4	6	1	11
24	—	—	—	2	—	2
25	—	—	—	2	3	5
26	—	—	—	2	—	2
27	—	—	—	—	2	2
28	—	—	—	—	1	1
29	—	—	—	1	—	1
30	—	—	—	—	1	1
	242	345	906	244	30	1,767
% of Total	14%	19%	51%	14%	2%	
		70%				

Applications with less than one year's registration : 609

Total 2,376

The Housing Manager comments :

(1) on the continued demand for 2-bedroom property ;

(2) that the majority of applicants now being housed (on points) are of comparatively short registration—1956/57—which confirms previous suggestions that the longer registered applicants have little or no housing need ;

(3) that a large proportion of the properties becoming available for letting are taken up by families displaced by Slum Clearance, Closing Orders and development in the City. The result is that letting level for applicants ' on points ' remains fairly constant.

Re-housing on Medical Grounds.

In addition to the families in houses or basements closed or demolished as individually unfit houses or basement rooms under the Housing Acts, of which 35 were referred to the Housing Committee by the Health Committee, 191 families were referred to the Housing Department with recommendations as to points justified on medical grounds or because of insanitary conditions in 1958 and dealt with as follows :—

Reason Referred	Total Referred by M.O.H.	Rehoused	Approved for re-housing	Reached Letting Level	Not Approved or Deferred	Applications Lapsed
Tuberculosis	18	8	2	3	2	3
Statutory Overcrowding	2	1	—	—	—	1
Substandard Property	11	4	2	1	4	—
Social Overcrowding Conditions	45	28	3	5	7	2
Other Medical Social Reasons	25	6	3	4	11	1
Other Medical Reasons	90	40	1	—	43	6
Total	191	87	11	13	67	13

As well 11 cases were brought forward from 1957 ; 3 were in regard to tuberculous families, 2 of these being rehoused and 1 approved for rehousing. Of the remaining 8 cases, 1 family was rehoused for medical social reasons and 2 families for medical reasons.

HOUSING. (Young children under 5 years rehoused in flats)

FLATS

Whipton					*Total*
District 1.	129	1st and 2nd floor	81	ground floor	210
District 2.	22	,, ,, ,, ,,	5	,, ,,	27
TOTAL	151		86		237
Countess Wear	11	1st floor	—	ground floor	11
Burnthouse Lane	19	1st and 2nd floor	6	ground floor	25
GRAND TOTAL	181	1st and 2nd floor	92	ground floor	273

One of the social difficulties of our times is the psychological isolation of people removed from cosy, substandard housing areas to new housing estates, much more hygienic and healthy, but to some, less friendly and warm. The problems of the flat dwellers are arousing increasing attention, and our health visitors have complained of the difficulties experienced in bringing up children in flats, or at least in the upper floors, where only too often safe play space is limited and not available within sufficiently easy reach of the children nor under the immediate eye of the mother : the complaints of flat neighbours about noise is another problem ; one child, aged 2, was noted as being kept in bed by day as well as by night to keep it safe. I believe flats are necessary in our present age and, indeed, most towns build high blocks—but I am sure it is not good for young children to be brought up with a substantial limitation of their free activity.

BLOOD TESTS IN PREGNANCY, 1958.

Haemoglobin %

40-49	50-59	60-69	70-79	80-89	90-99	100+	Not Known	Total
3	29	192	257	130	21	—	48	680

(Some individual patients may be included twice, i.e. have been examined more than once)

Wassermann and Kahn Tests

(for constitutional disease)

W.R.	+	....	....	....	—
W.R.	D +	Kahn +	....	....	1
W.R.	AC	....	....	....	2
Kahn	+	....	....	....	1
W.R.	+ + +	Kahn +	....	....	1

Blood Groupings

	Rhesus +	Rhesus —	Total
Blood Group : A	224	82	306
B	51	17	68
O	222	59	281
AB	13	5	18
Not Known	—	—	7
Totals	510 (75%)	163(23·9%)	680

LABORATORY WORK.

The Public Health Laboratory Service (Director Dr. B. Moore) undertakes the bacteriological examination of specimens of public health importance ; specimens are submitted by family doctors, by this department, and from other sources. Dr. Moore keeps in touch with me on any public health risks revealed.

During 1958 the total number of specimens reported on, to us, was 499, exclusive of sputa, etc., for tuberculosis (discussed on pages 98-107).

We received reports on 46 specimens in suspected dysentery cases (21 were positive) ; on 217 specimens examined for Salmonellae (61 were positive) ; on 80 specimens in other diarrhoeal disease cases (2 were positive) ; on 42 ear, nose and throat swabs (12 were positive) ; on 11 Widal tests of Water Department employees (all negative).

41 specimens were taken for miscellaneous reasons, 18 of which were positive. In addition, we received reports on 62 swabs examined for staphylococcal infection (23 of which were positive) from a maternity hospital in the City.

Dr. Stewart Smith, Area Pathologist, Royal Devon and Exeter Hospital, examined the blood samples taken from expectant mothers—these numbered 680 in Exeter mothers (less than last year and distinctly less than the number of expectant mothers) and more than two thirds of the examinations shewed a haemoglobin content less than 80%—a state of affairs which is far from satisfactory.

ACUTE INFECTIOUS DISEASE.

(This section was prepared by Dr. G. P. McLauchlan).

Influenza.

There was no epidemic of influenza during the year. There was evidence of a mild influenza type illness in the City during the early part of the year, but influenza virus was not isolated.

The number of employed persons off sick did not increase above the average for the time of year nor was anything unusual noted in the school absences.

Food Poisoning.

1. *Local Authority* : Exeter County Borough. *Year* : 1958

2. (*a*) *Food Poisoning notifications (as corrected to Registrar General).*

	First Quarter.	*Second Quarter.*	*Third Quarter.*	*Fourth Quarter.*	*Total.*
	45	8	4	2	59
(b) *Cases otherwise ascertained.*	Nil.	Nil.	Nil.	Nil.	Nil.
(c) *Fatal cases.*	Nil.	Nil.	Nil.	Nil.	Nil.

3. *Particulars of outbreaks.*

	No. of outbreaks.		*No. of cases.*		*Total No. of cases*
	Family outbreaks	*Others*	*Notified*	*Otherwise*	
Agent Identified	2	1	41	Nil.	41
Agent not Identified	Nil.	Nil.	Nil.	Nil.	Nil

4. *Single Cases.*

	No. of cases.		*Total No. of cases*
	Notified	*Otherwise ascertained*	
Agent Identified	17	Nil.	17
Agent not Identified	1	Nil.	1

Classified according to agents :

(a)	Chemical poisons	Nil
(b)	Salmonella typhi-murium	16
(c)	Staphylococci	2
(d)	Cl. botulinum	Nil
(e)	Cl. welchii	37
(f)	Salmonella Swarzengrund	1
(g)	Salmonella Newport	1
(h)	Salmonella Enteritidis	1
		59

5. *Salmonella infections, not food-borne.**

Salmonella (type)	*Outbreaks*		*No. of cases (outbreaks)*	*Single*	*Total No.*
	Notified	*Otherwise*			
Typhimurium	1	Nil	3	Nil	3

* These 3 cases were notified in the second quarter and are not included in 2(a) above.

There were 88 cases of food poisoning notified during the year of which 62 were confirmed. More than half of these cases (37), however, occurred in one outbreak in one of the University Residential Halls. One of the notable features in 1958 was the marked rise in the number of cases (19) in which Salmonella typhi-murium was found to be the responsible organism. In 3 of the cases due to Salmonella typhi-murium it was decided that they should be assigned to the category of Salmonellosis—not food-borne.

The outbreak in the University Hall was particularly interesting, being a classical example of food poisoning due to Clostridium Welchii. 30 lbs. of stewing steak was bought from a local butcher on 28th February and cut into 130 portions, plus a number of smaller pieces. It was stewed during the afternoon of the 28th February and allowed to cool naturally in the pot. It was then put in a refrigerator for the night. On the morning of 1st March it was taken out of the refrigerator and later was simmered for about an hour before being served for lunch. About 140 students and staff ate the stew. During the early hours of 2nd March (between 12 p.m. and 2 a.m.) 36 of the students and one member of the kitchen staff were seized with diarrhoea. The illness was of a fairly mild character and apart from the diarrhoea and some abdominal discomfort no-one was very ill. The diarrhoea lasted only for a few hours, the longest time being twelve hours. By the next morning most of the girls were well again. Clostridium Welchii of a heat resistant type was isolated from the remains of the stew and from the stools of two of the students who still had some diarrhoea at the time of the investigation. It is known that in about 25% of the carcasses of animals slaughtered for food, Clostridium Welchii is found to be present, and in the absence of any other apparent source, it seems likely that the meat was already infected when bought. Clostridium Welchii causes food poisoning by the production of an exotoxin (a poison) and suitable conditions of warmth for some time are necessary to allow the organism to multiply and form its exotoxin. If meat is cooked and eaten immediately the fact that Clostridium Welchii is present does not matter. But in this outbreak the conditions were ideal for toxin formation—the meat was stewed and allowed to cool naturally in the pot. The amount of meat was large and in consequence cooling must have been a slow process allowing the organisms ample time to multiply and produce toxin.

Another interesting outbreak was one due to staphylococcus aureus which occurred on 27th April and was confined to one family. A can of peas was opened for dinner that day and was said to smell " a bit peculiar." The mother and one boy ate the peas and developed diarrhoea between two and three hours later. The father and the other boy did not eat the peas and were not affected. A staphylococcus aureus of a food poisoning phage type was isolated from the stools of both the mother and the boy

and the same phage type was isolated from the remainder of the can of peas. The presence of staphylococcus aureus in canned peas, though rare, has been causing some concern to public health authorities and to the canners. The organism gets in through a microscopic defect in the sealing of the can, the can being contaminated by someone carrying staphylococcus aureus on the hands.

There has been an increase throughout the country in cases of infection with Salmonella typhi-murium and this is reflected in Exeter with 19 cases this year. In none of these cases was it possible to trace the source of the infection.

Typhoid.

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

Paratyphoid.

One case was notified as paratyphoid during the year, but subsequent investigation shewed that the illness was due to an infection with Salmonella typhi-murium and not to Salmonella paratyphosus.

Dysentery.

Only 12 cases of dysentery were notified during the year which is a very small number considering that the notifications for England and Wales as a whole were high.

11 of the cases were of bacillary dysentery and Shigella Sonnei was isolated from 9 of them. In the other two cases, diagnosis had to be made on clinical grounds only as the stools were not examined until after treatment had begun.

There were two small outbreaks, one being confined to a single family in which the father developed dysentery and during a period of two weeks, the mother and three sons all became infected. Shigella Sonnei was isolated from the stools in the 5 cases. Although in all the cases clinical symptoms subsided within a few days, it was not until nearly two months after the father fell ill that all the family were bacteriologically clear.

The other outbreak was also very small involving two nurses in one of the hospitals. One of these nurses had had a bout of Sonne dysentery in March, 1957, and was treated in hospital. She was discharged symptom free, having had three negative faeces specimens. She stated that she had had intermittent bouts of mild diarrhoea during the subsequent year, but did not report them. A more severe bout of diarrhoea occurred on 18th February 1958 and a specimen of stools revealed Shigella Sonnei to be present. On the 24th February another nurse at the same hospital developed diarrhoea which also proved to be due to Shigella Sonnei. No connection could be traced between the two nurses. They worked in different wards and one lived out

of hospital and the other in the nurses' home. Specimens of faeces from members of the staff and patients with whom the nurses had been in contact were examined and all found to be negative.

The twelfth case was one of amoebic dysentery in a man who had recently returned from Aden. His home was in Woking and a week after his return home, he was admitted to hospital there with diarrhoea and entamoeba histolytica was isolated from his stools. He cleared up with treatment, but relapsed when he visited his brother in Exeter and had to be admitted to hospital here.

Scarlet Fever.

There were 41 notified cases fairly evenly distributed throughout the year with no outbreaks. As in the past few years, all the cases were very mild and there were no complications. 6 of the cases were admitted to the Isolation Hospital, all for domestic reasons and not because of the severity of the illness.

Erysipelas.

17 cases of erysipelas were notified during the year—one being a County case. Most of the cases (13) were facial. All were mild and an uneventful recovery was made in all cases.

Diphtheria.

Again this year no cases of diphtheria were notified. There has now been no case of diphtheria in the City for ten years.

Meningococcal Infection.

There were no cases of meningococcal infection notified during the year.

Whooping Cough.

With only 39 cases notified the incidence of whooping cough this year was the lowest since notification was started. In the country as a whole, the notification rate for whooping cough was one of the lowest on record. However, one must remember that whooping cough is now, especially in immunised children, usually a very mild disease with a spasmodic cough, but frequently with no whoop or no vomiting. Other conditions, particularly naso-pharyngeal infections, which are common, lead to a spasmodic type of cough. It is very difficult, therefore, to be sure whether a child is actually suffering from whooping cough nor not. It is likely that some of these mild cases were not notified and, possible, conversely, that some of the cases notified were not, in fact, whooping cough.

The notifications were fairly evenly dispersed throughout the year. The majority of the cases were mild in character,

there being only 5 that could be described as severe. Of these five, 3 had not been immunised against whooping cough and it was more than four years since the other two had been immunised.

3 cases were admitted to the Isolation Hospital, 2 because they developed the disease in another hospital and the other for medico-social reasons. One child (not a notified case) developed collapse of part of one lung following a severe whooping cough and had to be admitted to hospital for treatment. She made an uneventful and complete recovery. This child had not been immunised.

The proportion of notified cases that have been immunised has risen as the number of immunised children in the community has grown greater. This year, 19 of the cases had been immunised and 16 had not. It was not possible to get records of the other 4 cases so it is uncertain whether they had been immunised or not.

Measles.

This was again an epidemic year for measles with 1,543 cases notified. The majority of these (1,164 cases) occurred during the second quarter of the year. From the beginning of March cases began to occur in the City, but it was not until early April that notifications began to rise rapidly. The number of new cases notified remained fairly high during May and June, but by the first week in July the notifications were beginning to lessen though it was not until the middle of August that the epidemic was completely over. The disease was of a mild character and complications were few. There were no deaths resulting from the disease or its complications.

16 children were admitted to the Isolation Hospital with measles. 7 of these were admitted because the disease developed in another hospital and 3 because the children lived in a Home or residential school. Of the other 6 children—4 were admitted because of complications (bronchitis in all cases though one also had whooping cough and another otitis media) ; 1 was admitted before the rash developed because of vomiting and the remaining child was admitted for medico-social reasons only (pregnancy of mother).

Poliomyelitis.

There was only one case of poliomyelitis notified during the year. This was a late notification, the illness not being diagnosed at the time of onset. On the 4th October a 4 year old girl developed a febrile illness lasting for a few days. It was noticed when she got up again that she was limping. She was referred to The Princess Elizabeth Orthopaedic Hospital and was admitted there on 16th October for investigation. It was decided after excluding other possible causes, that the illness must have been poliomyelitis and the case was notified on 27th November. There was paralysis of all muscles in the right leg. She made some

progress in hospital and was discharged on 24th December with residual weakness in most of the muscles of the right leg, though it is too early yet to say how complete her recovery may eventually be. No evidence could be obtained as to the source of her infection. There had been no recognised cases of poliomyelitis in the Exeter area at the time of her illness and she had not been outside the City for many weeks.

This little girl had had two doses of British poliomyelitis vaccine in May and June, 1956, and had already been given an appointment to have her third dose on the 6th October, but as she fell ill on the 4th October this was never given.

In August, a schoolboy attending an Exeter school, though living just outside the City boundary, fell ill with suspected poliomyelitis the day after he arrived in Germany to spend a holiday. He was admitted to an R.A.F. hospital there, but his illness proved to be a virus meningitis, not poliomyelitis.

Acute Post-Infective Meningo-Encephalitis

2 cases of acute meningo encephalitis following mumps were notified during the year. The first case was in a boy of 6 years who developed parotitis on 25th April and on 29th April complained of headache and photophobia. He vomited several times and there was neck rigidity and a positive Kernig's sign. The cerebro-spinal fluid shewed 570 cells (74% lymphocytes) and a small increase in the protein. The other case occurred about the same time, starting on 1st May. It was a woman of 27 who developed symptoms and signs similar to the boy on the same day as parotid swelling was noticed. Her cerebro-spinal fluid had 76 cells (of which 92% were lymphocytes) and a slight increase in the protein. Both cases made an uneventful recovery with no sequelae.

Mumps meningo-encephalitis is fortunately a rare condition, but one with a fairly high mortality and in cases of recovery frequently there are often nervous sequelae. Further consultation has suggested that these were both cases of mumps meningitis which is a comparatively common condition and not mumps meningo-encephalitis.

Pneumonia.

48 cases of pneumonia were notified during the year. 6 of these were not Exeter cases, but notified by an Exeter hospital.

With no influenzal epidemic in 1958, there was a fall in the number of cases of influenzal pneumonia notified, only 15 cases (50 in 1957).

Only 9 cases were admitted to hospital, the rest receiving treatment at home. There were 4 deaths, all in persons over 65 years old.

There is no doubt that not all cases of pneumonia are notified and these figures do not give a true picture of the incidence of primary and influenzal pneumonia during the year. There were in fact 32 deaths assigned to pneumonia, only 4 of which were in notified cases.

Ophthalmia Neonatorum, 1958.

There were 2 cases in 1958 both born in Mowbray House Maternity Hospital.

Pemphigus, 1958.

There were 7 cases of pemphigus neonatorum notified in 1958.

Puerperal Pyrexia, 1958.

Cases Notified	Cause	Pathological Investigations	Confinement :	
			Home	Hospital
14	Uterine	11	5	9
13	Breasts	4	8	5
6	Respiratory	1	3	3
7	Urinary	7	1	6
7	Not known	5	5	2
2	Other	1	—	2
49		29	22	27
			49	

There were 49 cases of Puerperal Pyrexia notified in 1958—less than half the number notified in 1957 (99). The decrease was general, no one heading, e.g. Respiratory being prominent. Notifications from Hospitals were much decreased. In 1957 the notifications Home:Hospital were 25:74, this year they are 22:27.

Pathological investigations were carried out on 29 cases.

The 2 "other" infections quoted were (1) Phlebitis, (2) Wound infection after Caesarean section. Apart from Pyrexia there has been a certain amount of minor apyrexial sepsis throughout the year and from April onwards our attention was focussed on infection with staphylococcus aureus. This awareness of the possibility of minor boils, septic fingers, etc. being a source of infection to the recently confined woman has resulted in cases being transferred either home or to the Isolation Hospital, (for delivery or soon after delivery) when the septic focus was discovered. How far this has affected the puerperal pyrexia rate

one cannot say. Three cases were reported where the temperature had not reached the notifiable level of 100.4°.

(1) Septic spots on the breast—a breast abscess due to staph. aureus infection developed at home later.

(2) A case having many signs of uterine infection but the temperature never exceeded 99.8°. Here the membranes were incomplete, lochia offensive and involution slow—a case of sapraemia.

(3) A miscarriage with no definite signs or symptoms other than mild pyrexia.

One case of Pyrexia was severe and prolonged—that of a forceps delivery with retained placenta needing manual removal and blood transfusion for treatment of shock. Pelvic infection followed with thrombosis of the renal vein accompanied by prolonged pyrexia (to 104° and 105° at times) for 6-7 weeks. The patient was transferred to the Isolation Hospital 9 days after delivery.

4 other pregnant women were admitted to the Isolation Hospital for delivery on account of minor sepsis or contact with infectious disease.

Staphylococcal Infection

Staphylococcal infection is the modern bugbear of hospital work and maternity hospitals are not exempt. Mothers and nurses sometimes carry the organisms in the nose or the skin.

In collaboration with Dr. Moore of the M.R.C. Laboratory and Dr. Marshall, the medical officer of the hospital, a good deal of investigation of the Mowbray House Maternity Hospital and its nursery was carried out in 1958/59, and appropriate precautions instituted.

A number of breast abscesses occurred in the mothers and some cases of skin infection, perionychia (infection round the finger nail) and ophthalmia in the babies. For a period routine swabs of the babies were taken at the 7th day. Hibitane cream as a hand cream for the nurses and the application of Hexachlorophane dusting powder to the babies' umbilicuses have been advocated. Hibitane cream was employed; Dr. Moore shewed, however, that the infection waned before Hexachlorophane dusting powder was used. The prominent organisms concerned early in the year, 52A/79, and late in the year, 52/52A/80. Among the babies the nose was the most important carrier site.

Table XI.

ACUTE INFECTIOUS DISEASE

CASES OF NOTIFIABLE DISEASE NOTIFIED DURING THE YEAR 1958, AFTER CORRECTION FOR CHANGE OF DIAGNOSIS.

Disease	Ages of Cases Notified													Exeter Cases admitted to Isolation Hospital
	Under 1	1—	2—	3—	4—	5-9	10-14	15-19	20-34	35-44	45-64	65 and over	Total	
Scarlet Fever	—	—	2	3	5	26	3	—	2	—	—	—	41	5
Whooping Cough	4	1	5	7	8	11	3	—	—	—	—	—	39	3
Measles	41	128	152	171	196	819	29	2	3	2	—	—	1,543	16
Erysipelas	—	—	—	—	—	—	—	—	—	1	9	7	17	2
Meningococcal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio. (Paralytic)	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia (Primary)	—	4	3	2	—	3	—	2	1	2	7	10 (2)	34 (2)	2
Pneumonia (Influenzal)	—	—	—	—	—	—	—	1	—	1	9	3 (1)	14 (1)	1
Ophthalmia Neonatorum	2	—	—	—	—	—	—	—	—	—	—	—	2	—
Puerperal Pyrexia	—	—	—	—	—	—	—	5	39	5	—	—	49	2
Dysentery	—	—	—	—	—	1	1	2	4	1	3	—	12	1
Food Poisoning	3	2	1	4	—	2	3	39	2	1	5	—	62	6
Para. Typhoid B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis	11	10	1	1	—	4	2	1	2	2	1	—	35	18

ACUTE INFECTIOUS DISEASE

EXETER CASES OF NOTIFIABLE DISEASE NOTIFIED DURING 1958.

After Correction both for Residence and for Revised Diagnosis.

Disease	Ages of Cases Notified													Exeter Cases admitted to Isolation Hospital
	Under 1	1—	2—	3—	4—	5-9	10-14	15-19	20-34	35-44	35-64	65 and over	Total	
Scarlet Fever	—	—	2	3	5	26	3	—	2	—	—	—	41	5
Whooping Cough	3	1	4	7	8	11	3	—	—	—	—	—	37	3
Measles	41	127	152	169	195	817	29	2	3	2	—	—	1,537	17
Erysipelas	—	—	—	—	—	—	—	—	—	1	9	6	16	2
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Paralytic)	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia (Primary)	2	—	1	2	—	1	—	2	—	2	9	8 (2)	27 (2)	2
Pneumonia (Influenzal)	—	—	—	—	—	—	—	1	—	1	9	3 (1)	14 (1)	1
Ophthalmia Neonatorum	2	—	—	—	—	—	—	—	—	—	—	—	2	—
Puerperal Pyrexia	—	—	—	—	—	—	—	5	29	3	—	—	37	3
Dysentery	—	—	—	—	—	—	1	2	4	1	3	—	11	1
Food Poisoning	1	1	1	4	—	2	3	38	2	1	5	—	58	7
Para. Typhoid B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis	8	10	1	1	1	2	1	1	2	2	1	—	30	25

(Figures in brackets represent deaths).

Table XIII.

ACUTE INFECTIOUS DISEASE.

MONTHLY INCIDENCE OF NOTIFIED CASES OF INFECTIOUS DISEASE DURING 1958 AFTER CORRECTION FOR CHANGES OF DIAGNOSIS.

Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	Cases admitted to Isolation Hospital
Scarlet Fever	5	5	5	3	1	5	1	2	2	7	3	2	41	5
Whooping Cough	3	—	1	3	3	5	4	6	5	—	4	5	39	3
Measles	3	20	77	324	413	427	205	62	2	2	3	5	1,543	17
Erysipelas	—	1	4	1	1	—	1	1	3	1	4	—	17	2
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	1	1	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia (Primary)	3	3	4 (1)	9	1	3	2	2	—	5	1 (1)	1	34 (2)	2
Pneumonia (Influenzal)	6 (1)	3	1	2	1	—	—	—	—	1	—	—	14 (1)	1
Ophthalmia Neonatorum	1	—	—	—	—	1	—	—	—	—	—	—	2	—
Puerperal Pyrexia	6	1	3	4	8	4	4	4	8	—	2	5	49	3
Dysentery	1	2	—	1	3	3	—	1	—	—	1	—	12	1
Food Poisoning	1	1	43	1	6	4	—	2	2	1	1	—	62	7
Para. Typhoid B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis	4	2	1	1	8	3	1	4	1	1	6	3	35	25

Table XIV.

ACUTE INFECTIOUS DISEASE.

MONTHLY INCIDENCE OF EXETER CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1958 AFTER CORRECTION FOR CHANGES OF DIAGNOSIS.

Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	Cases admitted to Isolation Hospital
Scarlet Fever	5	5	5	3	1	5	1	2	2	7	3	2	41	5
Whooping Cough	2	—	1	2	3	5	4	6	5	—	4	5	37	3
Measles	3	20	76	323	412	427	205	62	2	2	1	4	1,537	16
Erysipelas	—	—	4	1	1	—	1	1	3	1	4	—	16	2
Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	1	1	—
Polio (Non-Paralytic) ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia (Primary)	3	2	4 (1)	5	1	1	2	2	—	5	1 (1)	1	27 (2)	2
Pneumonia (Influenzal)	6 (1)	3	1	2	1	—	—	—	—	1	—	—	14 (1)	1
Ophthalmia Neonatorum	1	—	—	—	—	1	—	—	—	—	—	—	2	—
Puerperal Pyrexia	5	1	3	3	6	3	3	4	3	—	2	4	37	2
Dysentery	1	2	—	1	3	3	—	1	—	—	—	—	11	1
Food Poisoning	1	1	41	—	6	4	—	1	2	1	1	—	58	6
Para. Typhoid B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis	4	2	—	1	8	2	1	2	1	1	6	2	30	18

(Figures in brackets represent deaths)

Table XV

THE BLIND.

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS — 1958.

	Cause of Disability							
	Cataract		Glaucoma		Retrolental Fibroplasia		Others	
	Blind	Partially Sighted	Blind	Partially Sighted	Blind	Partially Sighted	Blind	Partially Sighted
(i) Number of cases registered during the year in respect of which Sec. F, para. 1 of Form B.D.8 (Revised) recommends : (a) No treatment.	12	1	—	—	—	—	3	1
(b) Treatment : (Medical, surgical or optical).	8	1	1	—	—	—	7	1
(ii) Number of cases at (i) (b) above which on follow-up action have received Treatment.	2	—	1	—	—	—	2	1

SPASTICS.

There are 42 known cases of cerebral palsy which have come to the notice of the department (at 31st December, 1958). There is little doubt that there are far more cases than is suggested here, though we think the ascertainment up to school leaving age is fairly complete. Mild cases may be missed. 1 new case was discovered during the year, a boy aged 8 years.

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

TABLE OF SPASTICS.
(According to type and handicap)

Type	Total		*Spastic*		*Athetoid*		Handicap					
							(A). Severe		*(B). Mod.*		*(C). Mild*	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Hemiplegia	14	4	14	4	—	—	—	1	3	2	11	1
Monoplegia	1	—	1	—	—	—	—	—	—	—	1	—
Diplegia	5	2	5	2	—	—	—	1	3	1	2	—
Paraplegia	6	3	6	3	—	—	2	1	1	1	3	1
Quadriplegia	1	5	1	5	—	—	—	4	1	1	—	—
Others	1	—	—	—	1	—	1	—	—	—	—	—
Totals	28	14	27	14	1	—	3	7	8	5	17	2
	42											

TABLE OF SPASTICS.
(According to placing etc.)

Age Groups	Sex		*At Home*	*Day School*	*Day Special School*	*Residential School*	*Occupation Centre*	*Working*	*Training College for Handicapped Persons*	*Hospital for Mental Defectives*
	M.	F.								
0—4	2	—	2	—	—	—	—	—	—	—
5—14	15	9	3	11	4	1	2	—	1	2
15—64	11	5	5	—	—	—	—	10	—	1
65 plus	—	—	—	—	—	—	—	—	—	—
Totals	28	14	10	11	4	1	2	10	1	3
	42									

EPILEPTICS.

We know of 129 epileptics, (38 boys, 37 girls, 28 men and 26 women) in the City, *i.e.* 1.6 per thousand of the population. It is quite likely that the numbers shewn in the table below of ages 15 years upwards are a substantial under-statement. Of the 73 above 15 years of age, 34 are working, but I have no doubt far more than this number of epileptics are working and managing perfectly well.

There were 10 new cases discovered during 1958 (3 boys, 7 girls). Of these, 5 children under 4 years of age are at home, 1 boy and 3 girls attend ordinary schools in the City ; 1 girl aged 16 years as at home.

TABLE OF KNOWN EPILEPTICS (at end of 1958).

Age Groups	Sex		*At Home*	*In Special School*	*Day School*	*Working*	*In Colony*	*Adult Training Centre*	*In M.D. Institution*	*In Hospital*		*In Hostels*
	M.	F.								*Mental*	*General*	
0— 4	2	6	8	—	—	—	—	—	—	—	—	—
5—14	22	26	7	2	37	—	2	—	—	—	—	—
15—64	41	29	21	—	1	34	—	2	2	7	1	2
65 plus	1	2	1	—	—	—	—	—	—	2	—	—
Totals	66	63	37	2	38	34	2	2	2	9	1	2
	129											

NATIONAL ASSISTANCE ACTS, 1948 AND 1951.

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

No compulsory removals were effected during 1958 though 7 old people had been referred to us as possibly appropriate for such action. The home help and home nursing services helped the great majority of these persons. The number referred in this way is certainly increasing.

MEDICAL EXAMINATIONS MADE ON BEHALF OF THE COUNCIL.

240 medical examinations were carried out during the year. 145 of them were in regard to admission to the superannuation scheme ; 35 were for employment ; 44 were examined regarding sickness or return to employment ; in 11 further cases retirement was recommended on medical grounds after examination, and one candidate was rejected as being unfit for inclusion in the scheme. 62 persons were X-rayed in addition to being medically examined.

There were also 6 medical examinations made by other local authorities on our behalf, and 4 persons were examined here at the request of other local authorities.

CHILDREN'S COMMITTEE.

The medical arrangements are unchanged and remain as described in my previous reports.

CHILD NEGLECT.

The Child Care Committee met each month during the year under the Chairmanship of the Medical Officer of Health.

During the year, two members of the Committee retired. Mrs. Lewis, our Educational Psychologist, retired in July and Major Bartlett, the local Inspector of the N.S.P.C.C., at the end of the year. Both have served on the Committee since it started in 1951 and their help and advice has been much appreciated. We were glad to welcome Mrs. Garvie in Mrs. Lewis' place.

The Committee having been in existence for seven years, it was felt that an opportunity should be taken to consider the work that had been done, to assess its value and to decide if any changes were indicated. The October meeting was, therefore, reserved for discussion of these points. All were agreed that the work of the Committee, though difficult to measure practically, was serving a useful purpose and no great changes were necessary. Concern was expressed, however, about the number of cases still left open (55 at the beginning of the year). It was felt that there was a tendency to keep cases open indefinitely though the problem that led to its having been brought before the Committee had been solved, or solved so far as seemed possible. It was realised that complete rehabilitation in many cases was not possible, but if conditions had reasonably improved and we were satisfied of the welfare of the children then a case should be " closed." A small sub-committee was appointed to review all the cases and to close those they considered suitable. As a result of this, 48 cases were closed.

10 new cases were referred during the year, 4 involved budgeting problems and 3 broken homes, 2 were referred because of anxiety about the welfare of the children for other reasons and one because of the housing problem. 5 of these cases were closed by the end of the year. In 3 of the budgeting cases, it was considered that the family were securely on their feet again and could be left to the care of the health visitor. The Committee was able to get the family with the housing problems rehoused and it was possible to make satisfactory arrangements for the welfare of the children in one of the broken homes.

At the end of 1958 there were only 12 cases left open.

No new cases were supplied with free home help during the year.

PUBLIC HEALTH ACT, 1936.
(Sections 187-195).

Registered Nursing Homes and Nursing Agencies 4

There was no change in 1958 : at the end of the year there were 4 registered nursing homes and 1 registered agency.

NURSES ACTS 1943 AND 1945.

Registered Agencies 1

The Homes and Agency remain registered as in 1958.

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

HEALTH CENTRES.

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

MATERNITY AND CHILD WELFARE.

Maternity.

Confinements.

There were 1,821 live and stillbirths notified in the City in 1958, of which 654 were to mothers not normally resident in Exeter. Additionally, there were 22 live and stillbirths to Exeter mothers who were confined elsewhere. Of all these Exeter babies 455 (38%) were delivered at home and 734 (62%) in hospitals, etc.

Ante-Natal and Post-Natal Care.

It is felt that the discussions held in 1956, as requested by the Ministry of Health in Circular 9/56, between local health authority staffs, general practitioners and hospital staffs on the early detection and treatment of toxaemia of pregnancy and the need for closer liaison between all three branches of the midwifery service have been useful. Free home help in certain cases of toxaemia of pregnancy has been allowed by the City Council. The number of cases dealt with as free cases during 1958 was 11.

Relaxation Classes.

186 classes, mainly for mothers in their first pregnancy were held, 363 mothers making 2,215 attendances.

Mothercraft Classes.

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

Survey of Use of Dental Services.

During 1959, every expectant mother booking admission to the General Practitioner Maternity Hospital was given a personal letter advising her about the need for poliomyelitis vaccination and also the need for dental care. The domiciliary midwives were asked to remind the mothers under their care about both these things. I think this has proved useful.

We know, of course, that some mothers get attention from private dentists and in an effort to ascertain how many had in fact done so, under National Health Service arrangements, the

Clerk of the Executive Council kindly took out for me the number of accounts by the City dentists in respect of Exeter nursing and expectant mothers during the half year period July 1st to December 31st, 1958. This number was 664. As accounts are rendered at the end of treatment and as ordinarily two courses of treatment are not permitted within a period of six months, it was felt this would give a fairly accurate reflex of the number of mothers who were receiving care in this way. There is no reason to suppose the experience of the first half of the year would have been very different ; additionally, we know that 125 mothers received care from the Council's dental service during 1958, and an unknown, probably small, number will no doubt have secured dental care privately, outside the National Health Service. Though this gives only a rough guide, we can say that it is probable 1,500 nursing and expectant mothers got dental care during 1958, i.e. 45% of the nursing and expectant mothers of the City. (See also Principal Dental Officer's report, pp 81).

Child Welfare.

Child Welfare Centres.

These continued as usual. The babies under 1 attending for the first time numbered 837, equal approximately to 71% of the number of babies born in the City during the year. In all the clinics the number of children attending during the year was 2,428, making 16,688 attendances (including 288 at the toddlers' clinics). Of these children 685 were born in 1958, 689 in 1957 and 1,054 during the period 1953 to 1956. (See Tables XVII and XVIII).

Toddlers' Clinic.

At the Whipton Toddlers' Clinic, run on the appointment system, 125 appointments were sent out ; 109 children attended, averaging 11 per session. The Eastern Toddlers' Clinic was held 9 times during 1958 when 179 children over the age of 1½ years attended. As in the past, these special sessions for toddlers enabled us to see and examine many children who had not been seen for a year or more.

24 cases were referred from infant welfare clinics to The Princess Elizabeth Orthopaedic Hospital in 1958, 23 to the Royal Devon and Exeter Hospital, 7 to the Child Guidance Clinic and 15 to the Council's Speech Therapist.

Health Visitor Consultation Sessions.

Whipton Health Clinic (Miss Edds and Miss Bastow). Consultation sessions have been held every Monday ; these are additional to the weekly Friday clinics attended by Dr. Iris Ward.

Since September, 1958, a discussion group has been held on the first Monday in each month, lasting one hour. The subjects

have been chosen by the mothers and have so far included a film strip " Three Years and Five Senses," a talk on " Home Accidents" and a demonstration of fire-guards and means of making them safe ; and a talk by Mrs. M. Jenkin, Psychiatric Social Worker on " What Play means to a Child."

The average attendance of mothers at these talks has been 15 ; each talk has produced lively discussion accompanied and aided by tea and biscuits.

The discussion group is the nucleus from which we hope the mothers in the new housing estates will gain a sense of " belonging " and some insight into the value of the integration of a new community. With this in mind we have delegated the organisation of the teas and the future choice of programmes for the group to the mothers themselves. We have tried to show them that to be happy on a new housing estate they have a duty to others as well as themselves. The mothers who attend the group discussion are not necessarily the mothers who attend with babies ; any mother is welcome irrespective of the age of her child or whether or not she is a clinic attender.

The Friday clinics have been smaller since we started the Monday consultation clinic. The mothers themselves say they like coming on Mondays because it is not so busy. All the mothers who come on Mondays are asked to bring their babies periodically to the Friday clinic so that they can be seen by the medical officer.

Conclusions.

We feel the Monday consultation clinics are well worthwhile. The response from the mothers on the new housing estates has not been as good as we had hoped, but slowly and surely the mothers are getting to know of these sessions. Those who attend appreciate the opportunity of having more time in which to discuss their problems with the health visitors and their attendance on Mondays has been consistent.

We have had some difficulty in segregating the babies and toddlers from their mothers during the talks. Recruitment of suitable voluntary helpers to supervise and keep the toddlers amused and the babies quiet has not been easy, and in fact, we could not have had uninterrupted talks if it had not been for our very loyal Friday helpers, Mrs. Amery and Mrs. Moore, giving us two afternoons' help some weeks. For about nine months of the year the weather makes it impossible to use the toddlers' playing-space and we have to use the minor ailment room for them.

Shakespeare Road Health Clinic (Mrs. Stannard). Consultation sessions have continued to be held every Tuesday from 2 to 4.30 p.m. ; these are additional to the weekly Wednesday clinics attended by Dr. Ward.

These sessions seem to supply a need and they are used in several ways, i.e. :—

(1) as a Mothers' Club ; mothers can foregather over a cup of tea and relax for a while having the children with them ;

(2) to a limited extent, as a welfare clinic for babies who do not come regularly to the clinic for medical supervision ;

(3) for other mothers who come to discuss some personal or minor problem when there is time available to talk things over, and to get in touch with other social agencies should this be necessary.

	Attendances			
	Adults	*Children*	*Sessions*	*Commenced*
Whipton Clinic	59	856	48	Nov., 1957
Shakespeare Road Clinic	197	216	48	Sept., 1957

The aims of these consultation sessions are :—

(1) To give mothers (especially those with first babies or the over anxious types with special problems) more of the health visitor's time than is possible at the normal clinics.

(2) To try and discourage too much attention being paid to the weighing of the babies which is after all not the prime function of the clinics.

(3) To create an opportunity for health education by the group method.

(4) To provide a meeting point for mothers from the housing estates in these areas, where we feel the community spirit is in need of nurture.

(5) To relieve the congestion at the usual clinics.

Provision for the Unmarried Mother and her Child.

Illegitimate births in Exeter in 1958 numbered 5.4 per cent. of total live births (as against a national figure of 4.7 in 1957).

The City Case Worker (Miss P. M. Kevan) reports that she dealt with 71 current cases (including 11 continued from 1957) ; 6 less than in 1957.

The year's work followed the usual pattern and the young women and girls dealt with came from every type of home. (See Table XIX).

Mother and Baby Homes.

Both the Homes in the City caring for the unmarried mothers are doing good work, and their Committees have made many improvements in the facilities available. Both are pleasant places with kindly staff. I am quite satisfied that our policy of having the City's domiciliary midwives undertake the deliveries of these girls has proved itself, and it is acceptable to all concerned. The Matrons of the Homes should, and here, do, attend to the general comfort, and rehabilitation (moral as well as physical

and emotional and financial) of the mothers, and should not be engaged primarily as midwives.

St. Olave's Home.

Report for the year ending 31st December, 1958.

Number of admissions .... (including 7 Exeter residents)	26
Number of children adopted .... (including 5 Exeter mothers' babies)	13
Number of children taken by mothers or relatives	7
Number of children fostered	3

The domiciliary midwives are responsible for the midwife care in the Home; Dr. N. Sims (Medical Officer to the Home), and in some instances the mothers' own doctors, are responsible for the medical care.

The Council's midwives delivered 19 mothers in the Home.

St. Nicholas House.

(Owned by the Exeter Diocesan Moral Welfare Council).

This Home, which has been exempted from registration under the Public Health Act, 1936, by the Council, on certain conditions, continues to be busy. 38 mothers were admitted (3 City cases); 11 mothers returned home taking their babies with them; 11 babies went to adopters and 11 went to foster parents. 5 mothers used the Home as a hostel. The Council's midwives delivered 27 mothers in the Home.

Buddle Lane Day Nursery.

The general health and mental well-being of the children in the nursery during the year were satisfactory. Medical inspections were held in March, July and December; in August all children were given a dental inspection. During the year, three children attended the dental clinic for treatment.

"Priority cases" have accounted for 58% of the children attending the nursery. The others have been admitted because of financial reasons, lack of outdoor space at home, poor living conditions, and two who are living with elderly relatives who find it a strain to manage them, thereby retarding their mental development. One child, after commencing to attend school, was found unable to adjust herself to school life and mix with other children and was then admitted to the nursery. She is improving.

The average attendance during the year has been 15.

During the year there have been seven cases of mumps, one of whooping cough and fourteen of measles.

Table XV.

DAY NURSERY.

NURSERY		Buddle Lane.	
AGE GROUP IN YEARS		1—2	2—5
Number of Places		15	25
Number on roll at beginning of 1958		4	20
Number on roll at end of 1958		3	21
Mothers working full-time	At end 1958	2	19
Mothers working part-time	At end 1958	—	—
Other reasons	At end 1958	1	2
Maximum Attendances		4	17
Minimum Attendances		—	8

NURSERIES AND CHILD MINDER'S REGULATION ACT, 1948.

During 1958 there was one registered nursery, which was visited by the Assistant Medical Officer of Health three times and the Deputy Medical Officer of Health once (for 24 children).

There are no child minders registered for fees payable by the Local Authority at present.

PHENYLKETONURIA.

This condition is a metabolic disturbance due to a recessive gene which, untreated, causes cerebral damage early in life, i.e. within the first few months, leading to mental subnormality. Detected early, it can be successfully treated and as Dr. Brimblecombe and others have shewn, rescued from severe mental defect. Treatment is tedious, and costly (to staff, parents and the child), and the condition is rare, perhaps 1 in 20,000 born. Early recognition is achieved by a urine test which can now be very simply effected.

In 1959 we are hoping to examine the urines of all babies at a month old for this disturbance. Examination of the urine for phenylketones was first started by Dr. Ward at our welfare centres in July, 1957. Since then, several hundreds of specimens (all negative) have been examined, but this represents a very small percentage owing to the difficulty of getting specimens of urine from some babies and young children. In addition, the young children at the Chestnut Avenue Nursery School are now being tested and all the children attending the Occupation Centre have similarly been tested.

REPORT OF THE PRINCIPAL DENTAL OFFICER FOR 1958.

(J. C. LAWSON, L.D.S., R.C.S. (ENG.)).

Once again as in 1957, more mothers have availed themselves of the Maternity and Child Welfare Dental Service. This hopeful trend also means that the dental officers are able to educate these mothers in the correct dental care of their children's teeth from an early age. The co-operation of the medical and nursing staff is most appreciated, particularly as it is mainly due to their help that more mothers are interested in dental treatment.

Mr. Clark resigned from the post of Principal Dental Officer on 30th September, and I was appointed on 1st November, 1958. Mr. K. S. Chambers, L.D.S., was appointed school dental officer on 1st June, 1958 and from that date the St. Thomas dental clinic was re-opened full time. This meant that all the four dental surgeries were fully staffed for five months of the year.

I would like to record my appreciation of the help and co-operation I have received from the dental staff since my appointment last November.

Table (a).

Mothers and Children provided with dental care.

	Examined	Needing treatment	Treated	Made Dentally Fit
Expectant and Nursing mothers	156	134	125	88
Children under five years	237	193	188	165

Table (b).

Forms of Dental treatment.

	Scalings and gum treatment	Fillings	Silver Nitrate treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	84	143	—	—	214	38	30	33	9
Children under five years	—	185	11	—	312	135	—	—	—

Expectant and Nursing Mothers.

Of the 156 inspected, 130 were expectant mothers, including 101 referred by midwives, 23 by private doctors and 6 from our Maternity and Child Welfare office; 26 were post-natal cases. Of the 63 dentures supplied to a total of 41 patients, 18 were full uppers, 12 full lowers, 15 partial uppers and 18 partial lowers.

Pre-School Children.

237 pre-school children were examined, including 222 whose parents desired treatment or who were referred from Child Welfare Clinics and 15 in Buddle Lane Nursery (of whom 13 had sound mouths).

Anaesthetics.

Dr. G. M. Higgins resigned from her appointment as part-time anaesthetist on 11th August, 1958, and Dr. N. G. P. Butler was appointed her successor on 21st August, 1958.

DOMICILIARY MIDWIFERY.

(See also Table XX).

455 (38%) of the 1,189 babies born to the City mothers during 1958 were born at home : 4 of them were born in private houses (with relatives, etc.) outside the City ; 734 (62%) were born in hospitals and other institutions : this proportion is roughly the same as in the country as a whole. The total number of births notified in the City during 1958 (including those born to non-Exeter residents) was 1,821. It should be noted that the figures used in the vital statistics earlier in this report refer to registrations : as registration of birth is allowed up to six weeks after the birth, the two sets of figures are not identical.

MIDWIFERY.

Organisation. This remains unchanged.

Staff. At the end of the year there were the Superintendent, 1 Assistant Superintendent (Midwifery), 7 midwives and 6 pupil midwives, all resident in the Exeter Maternity and District Nursing Association's home.

Education and Training.

(*a*) *Pupils* : during the year, 11 pupil midwives sat the Central Midwives Board's examination, Part II, and all passed ; of these, 6 subsequently returned to our staff (5 to take Queen's training and 1 to practise midwifery) ; 2 went to work in maternity hospitals, 1 went to work in a general hospital, 1 returned to her own district to practise and 1 got married. There is no difficulty in getting sufficient pupils. I am indebted to the hospital consultants (especially Mr. Russell, Mr. Jefferiss, Dr. Brimblecombe and Dr. Powell) for the help they give us.

(*b*) *Midwives* : None of the midwives were due for refresher courses this year.

Transport. By the end of the year 14 cars, 1 van and 7 motor-cycles owned by the City Council were in use. These vehicles form a pool used by both midwives and home nurses, priority being accorded to the midwives. In addition, 6 members of the staff used their own cars and 4 their own Lambrettas. We are grateful to the City Fire Brigade (Chief Officer—Commander H. Willey, M.B.E.) for the care and attention they give our vehicles. We have fitted fog lamps to the cars and in the foggy autumn of 1958 they proved very useful.

Confinements. 502 (including 2 in Prison) of the mothers confined in the City in 1958 were attended by the City's domiciliary midwives : in all but 21 cases (10 involving forceps) the midwives actually delivered the babies ; 5 of the mothers had twins ; 16 of the 507 babies born were to mothers whose home addresses were outside the City, and a further 19 babies were delivered at St. Olave's Home (4 of them to Exeter mothers) and 27 at St. Nicholas House (1 to an Exeter mother). In all, 14,871 visits were paid to mothers either during the pregnancy, the labour or the lying-in period. A further 3 domiciliary confinements were attended by private midwives ; and 4 mothers were delivered in prison (2 by an Exeter Maternity and District Nursing Association midwife, and 2 by the midwife on the prison staff).

26 of the babies delivered by the domiciliary midwives were premature ; 6 of these were transferred to hospital ; 1 of them died.

The home midwives continued to supervise the welfare of the newborn infants attended by them at home, for the first three weeks of life. The midwives frequently supervise the welfare of the mother and child beyond 21 days (215 cases in all). They also made 575 visits to 71 infant feeding problem cases, mainly referred by doctors. The weekly report to the Superintendent Health Visitor about all these various infants has been continued.

Early Discharge from Hospital.

The number of midwifery cases discharged from hospital (in practically all cases, the Royal Devon and Exeter Hospital) before the fourteenth day of the puerperium, was 147. Of course, although the normal puerperium (as defined in the Midwives Rules) is fourteen days, nowadays a great many mothers leave hospital at about the tenth day, and there is nothing sacrosanct about the fourteenth day or the tenth day ; even so, it can be seen that there has been a sharp increase in the mothers leaving very early in the puerperium. Though this necessarily involves a great deal of home care by the domiciliary midwives as shewn in Table XX, it must be said that every mother has been satisfactorily cared for and no adverse effects from the early discharge have been noted.

CITY PATIENTS DISCHARGED FROM HOSPITAL MATERNITY UNITS DURING PUERPERIUM TO THE CARE OF DOMICILIARY MIDWIVES.

Year	Total No.	Day of Discharge									
		2nd	3rd	4th	5th	6th	7th	8th	9th	10th	Over 10th
1952	75	—	4	8	9	5	3	3	7	9	28
1953	105	—	4	—	6	8	11	5	10	12	49
1954	135	1	6	9	6	10	8	10	15	11	59
1955	126	1	6	7	5	9	7	14	7	13	57
1956	136	1	5	5	12	13	11	16	7	10	56
1957	152	2	13	13	14	13	6	9	6	11	65
1958	169*	20	17	14	16	10	11	9	11	8	53*

* Includes 26 on 11th or later day.

VISITS BY DOMICILIARY MIDWIVES TO MOTHERS DELIVERED IN HOSPITAL AND DISCHARGED TO CARE OF DOMICILIARY MIDWIVES.

Year	Discharged within 7 days of confinement	Discharged within 14 days of confinement	Discharged on 14th (or later day)	Subsequent Health Visits after 14th day	TOTAL
1952	317	642	153	—	795
1953	204	768	166	259	1,193
1954	461	1,186	147	307	1,640
1955	498	1,159	140	266	1,565
1956	470	1,205	346	317	1,868
1957	773	1,415	492	314	2,221
1958	1,248	1,816	265	417	2,498

Oxygen was used for 18 babies on the district and in 1 of these cases also during the transfer of the baby to hospital. Intragastric oxygen was not used at all. All but 2 survived ; of these, 1 was under 2½ lbs. in weight, and 1 was a B.B.A. case.

Analgesia. All our domiciliary midwives are qualified to administer gas and air analgesia. In 433 of 502 deliveries conducted by them (i.e. in 86%) gas and air was administered ; other analgesia (trilene, etc.) was given in 22 cases, and in all the other 52 cases there was some good reason why it should not be administered, including 9 refusals by the mothers and 40 very rapid labours ; in 291 cases pethidine was given ; this figure includes 198 to whom pethilorfan was given (a combination designed to counteract any depressant effect of the pethidine on the newborn infant) ; of the 5 midwives in private practice and prison practice, 2 were qualified to administer gas and air analgesia. (See Table XX).

We have 3 trilene apparatuses in use by the domiciliary midwives. Trilene was employed alone in 18 cases ; in combination with gas and air in 107 cases (including 81 cases where pethidine or pethilorfan was employed) and with pethidine only in 15 cases.

Medical Aids (i.e. midwives' requests for assistance from doctors). 23 medical aid notices (all from hospital midwives) were issued by midwives. 374 other notifications by midwives in respect of stillbirths, artificial feeding, etc., as required by the rules of the Central Midwives Board were received. (See Table XX).

ANTE-NATAL CARE.

Exeter Maternity and District Nursing Association. Ante-Natal and Post-Natal Clinics.

(by midwives)

Cases seen at the ante-natal clinics	633
Attendances at the ante-natal clinics	2,689

Relaxation Classes. The arrangements were unchanged, Mrs. Rew continuing as part-time therapist. The attendances at the classes totalled 2,215 (186 sessions) ; 363 mothers attended, and they liked coming. A health visitor attends once in each series to talk to the mothers and also a midwife and pupils attend to explain the process of labour and the use of a gas and air machine and trilene.

143 mothers attended mothercraft classes held fortnightly, to fit in with each group attending relaxation classes.

Free Home Help. This was available to expectant mothers who were ill and required such help to enable them to stay in bed ; it was provided in 11 cases, all of whom were suffering from toxaemia ; 8 had living babies ; all eleven were delivered at home. 5 of these had been in hospital for a short stay—1 having twins of which 1 was stillborn, the other lived. We think this service is very useful.

Supervision of Midwives. (Midwives Acts, 1902-1951). The Council, as the Local Supervising Authority has had from January 1st, 1958 an obligation to secure the provision of refresher courses, approved by the Central Midwives Board, for all midwives who have not within the previous five years taken such a course or who have not qualified within that period. 6 institutional midwives attended courses in 1958.

In all, 61 midwives gave notice of intention to practise within the City. These included 40 employed by hospitals, 16 employed by the Exeter Maternity and District Nursing Association on behalf of the City Council, 1 employed in the prison and 4 engaged in private practice. There were 1,282 deliveries

in Exeter hospitals (21 of the mothers had twins), 19 in St. Olave's Home, 27 at St. Nicholas House and 4 in prison. Of the mothers delivered at home, 3 were attended by private midwives, the remainder, 460, by the Exeter Maternity and District Nursing Association midwives (5 of these mothers had twins).

Miss Reynolds (Supervisor of Midwives) made 2 visits to private midwives, a number of visits to the Exeter Maternity and District Nursing Association, and 2 visits to one nursing co-operation, 13 visits to maternity homes and hospitals (re infection) as well as a number of visits to hospitals re the perinatal mortality survey.

Birth Control.

A Birth Control Clinic is conducted by the Exeter and District Women's Welfare Association. Cases suitable in the sense of the Ministry of Health's Memorandum 153/MCW are referred to the local authority and granted financial assistance. Since 1930 a total of 332 cases has been referred.

HEALTH VISITING.

Organisation. The organisation and staffing remain unchanged.

A student health visitor was accepted and commenced her training at the Bristol University in October, 1958, under the City's training scheme for health visitors. During the year, the Whipton Barton area health visitor was granted a car allowance as a " casual user." 3 of the health visitors, as well as the Superintendent, now have " casual user " car allowances. There has also been a slight rearrangement of the visiting areas to allow more even distribution of the case loads, which are shewn in the table below.

HEALTH VISITORS CASE LOAD AS AT 31ST DECEMBER, 1958.

AREA	New Births during 1958	Premature Births during the year	Total Case load of Infants under 5 years of age	Child Care Cases	" Special " Families	Aged being regularly visited	Schools	No. of School Children
Whipton/								
*Beacon Heath	101	6	480	—	4	6	2	302
*Whipton Barton	139	5	638	4	11	9	2	409
Heavitree	162	11	656	—	3	5	1	177
Countess Wear	51	4	314	—	1	5	1	165
Burnthouse Lane	108	5	521	5	30	23	2	311
Central	155	10	575	2	1	30	1	219
St. Thomas	184	9	529	1	2	12	1	108
Exwick/								
*Buddle Lane	178	7	627	2	1	7	1	64
*Pennsylvania	196	4	677	1	1	13	1	100
TOTALS	1,274	61	5,017	15	54	110	12	1,855

* Car allowance.

Record Cards. The new health visitor record cards have proved very satisfactory. These cover the 5 year pre-school period adequately ; the third leaf of the quarto sized card is detachable and provides a comprehensive summary intended for transference to the School Health record.

Staff Meetings. These have been held each month to discuss current business and policy.

Education and Training. The Superintendent attended a week-end course and three health visitors (including the tuberculosis health visitor) each attended a two weeks' refresher course during the year.

Some of the health visitors attended a series of eight films, discussions, and demonstrations at Digby Hospital by invitation of the Matron. Various other lectures by consultants, teachers and others, were attended by health visitors.

Maternity and Child Welfare Work. Rather more visits were made to the young infants and slightly less to the older ones and rather less to expectant mothers than in 1957. The number of visits paid by health visitors to babies under 1 was 1,160 first and 5,864 subsequent visits. The number of visits to children between the ages of 1 to 5 years was 10,132. The total number of visits to expectant mothers was 962, including 665 first visits.

Clinics. The number of children attending the clinics for the first time during the year was :—

Age at first attendance	Under 1 year	Over 1	Under 2	Over 2	Under 3	Over 3	Under 4	Over 4	Under 5
Number	837	74		40		32		28	

There was little variation in the numbers of children on the Clinic Registers from last year, but the Shakespeare Road, Countess Wear and Buddle Lane Clinics all shewed an increase. As regards clinic attendances, there was an increase of 968 during the year. Health visitor consultation sessions were held at Whipton and Burnthouse Lane Clinics.

Illegitimate Infants. Illegitimate babies born in 1958 in Exeter and remaining in the City and followed-up by the health visitors number 43.

Infectious Disease Visiting. Among the visits classified as " other visits " is the immediate follow-up of all notified infectious disease. The health visitors work by a rota to cover the mid-day notifications.

	Visits	
Infectious Diseases—	1958	1957
Measles	515	47
Whooping cough	39	151
Puerperal pyrexia	3	5
Ophthalmia neonatorum	1	3
Dysentery	70	35
Poliomyelitis	6	97
Scarlet fever	56	169
Others—Pneumonia, Influenza, Erysipelas, etc.	99	97
	789	604

Old People. There are 110 old people on the regular visiting list of the health visitors, 512 visits were made.

Prevention, Care and After Care.

240 home visits in connection with the after care of patients discharged from hospital were made, other than those in regard to the diabetic patients.

Diabetes After Care. A health visitor attends the Diabetes Out-patients Department of the Royal Devon and Exeter Hospital weekly and all patients who attend are subsequently visited at home by the health visitor. There have been 19 new cases and, in all, 273 visits have been paid to the 52 cases on the Register.

"Problem Families." The health visitors work with 54 problem families in the City.

The Superintendent Health Visitor and, as necessary, a health visitor, attend the Child Care Committee.

Health Education. During the year, the health visitors have each written an article for the local issue of the *"Better Health"* Magazine.

Group Teaching at Clinics : discussion groups are a regular monthly feature at Whipton Clinic and once or twice a month at Burnthouse Lane Clinic during the health visitors' sessions. At every clinic a special effort has been made in regard to the prevention of home accidents, in particular, burning.

Co-operation with other agencies.

(1) *Midwives and Home Nurses.* The previous arrangements whereby the Superintendent Health Visitor and the Superintendent of the Exeter Maternity and District Nursing Association exchange information, continued.

(2) *Mental Health and Child Guidance Services.* The health visitors have not this year attended any case conferences at the Child Guidance Clinic, but nevertheless, have contact with the staff when the occasion arises. The Educational Psychologist

(Mrs. E. D. F. Garvie) maintains close contact with the health visitors. The Health Department Psychiatric Social Worker (Mrs. M. C. Jenkin) has helped the health visitors a great deal with advice about young children shewing signs of maladjustment.

(3) *The Hospital Service.* Contact with the hospital service mainly through the almoners has been increasing. 21 special reports for physicians, etc., (especially the Consultant Paediatrician) have been submitted by the health visitors in 1958.

(4) *Family Doctors.* Friendly and informal contact with the family doctors is increasing quite markedly.

(5) *Voluntary bodies engaged in social work.* As previously noted, there is a very good liaison with workers in other social services. The Women's Voluntary Services have been exceptionally helpful in meeting our persistent requests for clothing for really needy families.

(6) *Central and Local Government Bodies.* Close contact is maintained with the Children's Officer.

HOME NURSING.

Organisation. This remained unchanged.

Staff. At the end of the year the staff comprised the Superintendent (jointly for Midwifery and Home Nursing), an Assistant Superintendent (Home Nursing) (owing to illness we were five months without an Assistant), 12 Queen's Nurses (including 1 man) and 6 Queen's Candidates.

Education and Training.

Candidates. During the year, 13 Queen's candidates sat the examination ; all passed ; of these, 2 remained on our staff ; 7 had been trained on behalf of other authorities. 2 went on to take Midwifery training ; 2 went abroad.

Other. The arrangements for the student nurses in their third year of training at the Royal Devon and Exeter Hospital to accompany our nurses on the district have continued as before.

Transport. At the end of 1958 we had 14 cars, 1 van and 6 motor-cycles owned by the City Council as a common pool for both midwives and home nurses, the former having priority. In addition, 6 of the home nurses have used their own cars.

Visiting. 2,893 cases, including 2,450 new cases, were nursed during 1958 and the total number of nursing visits was 87,636. Casual visits, where no treatment was necessary, numbered 1,500. No request for nursing help at any time is ever refused. Late evening visits numbered 1,356, usually in order to make very ill patients comfortable for the night, to administer sedatives prescribed by the doctor, etc.

I said in my Report for 1957 that the number of cases requiring home nursing seems to be stabilising at rather more than 3,000 a year. In fact, in 1958 the number of cases declined slightly to 2,893, the number of visits also declining to 87,636. This latter was due mainly to staff shortages.

It is worth noting that the number of cases and the number of visits for simple senility and post-stroke, have declined appreciably, but diabetes visiting has increased. This may be due to the increasing-age factor, because it is recognised that diabetes in the elderly—while less fatal—may cause more complications needing home nursing care, than diabetes at younger ages ; older patients are also less capable than the younger of learning to give their own insulin injections.

Of all the groups whom the nurses attend principally for the purpose of giving injections, the diabetic patients comprise the largest group. 20,049 visits were paid to a total of 115 diabetic patients during 1958, nearly all of them being for injections ; of the 115 patients, 51 were new cases.

The care of carcinoma patients is very important and the home nurses do a great deal in this connection. The Marie Curie Foundation made a grant for certain " extras " for suitable cases.

The table below is a summary of Table XXI. The figures are very comparable with those of 1957.

HOME NURSING DURING 1958.

	New Cases	Total cases nursed	Total visits	% of cases over 65 years of age
Degenerative Diseases and Senility	843	1,206	69,205	75.5
Tuberculosis	13	17	1,363	17.7
Acute Disease incldg. infectious disease	804	842	8,869	33.7
Maternity	97	99	560	—
Gynaecology	197	205	426	79.0
Accidents	92	100	2,172	53.0
Others	601	629	5,467	51.5
Totals	2,450	2,893	87,636	54.4
Casual visits (Not Nursing)	1,500			

The Superintendent is responsible for managing the nursing loans service, the laundry service, and, except for the financial aspects, the night home help service.

PREVENTION, CARE AND AFTER CARE.

(Section 28, National Health Service Act, 1946).

Nursing Equipment Loans.

The nursing loans service is an important help to the sick and their families. Although a nursing loans service has always been part of the home nursing service, the scope has widened enormously since 1948 and the number of loans issued has more than doubled over the past six years.

Year	*No. of Loans.*
1952	1,337
1953	1,563
1954	2,099
1955	2,346
1956	2,384
1957	2,799
1958	2,697

It is interesting to note how the kind of equipment available has extended in range and purpose : this has not been consciously planned, but has come about by greater capacity to meet the needs as our stock has built up. In 1948 we were concerned with what may be called the run of the mill articles, such as back-rests, bed pans, mackintosh sheets, commodes, air rings and similar articles. We had to build up a substantial stock of these to meet the obvious needs of the sick nursed at home ; we still find, for example, that the demand for commodes is more than we can meet. Next, we turned to the means of ambulation, enabling sick and convalescent persons to get about—the number of wheeled chairs was increased steadily from 1954 ; we now have 24 wheeled chairs as compared with 4 in 1951, and still we have not enough ; tripod walking sticks were introduced in 1955. After that, we tried to ensure that facilities could be made adequate for home care so as to obviate the necessity for hospital care. Fracture boards (introduced in 1955), nursing hoists (in 1955) and lifts (in 1957), sheets and blankets (of which the stock has been much increased since 1953), additional hoists (in 1958), towels and nightdresses, electric steam kettle, etc., have been gradually introduced. Single bedsteads are often requested in order to nurse a patient in a ground floor room. The laundry service for old people comes in here, too. Hoists and lifting devices (we now have 11 of various kinds) are expensive and can only be added in small numbers to our stock, but they are very useful and give great assistance to those who would otherwise be bedridden. A hoist is, however, only available for one patient at a time, and in a long-continued case of severe disability, the hoist may be in that home for months on end. No one type of hoist is satisfactory for all kinds of cases.

In 1950 the Council decided not to make charges for loans and I am able to say that this policy has been very well justified. Articles lost or damaged unreasonably are very few ; they must, however, be replaced by the borrower.

The total number of articles of nursing equipment in stock is 1,211, including 348 sheets, pillows and blankets. The number of loans made, exclusive of loans of blankets, sheets and pillows in 1958, was 2,349 ; in addition, 530 items of bedding were issued (to 142 cases) ; and the use made of these is gauged best by the number of launderings involved, viz : 6,896 within the linen service. (See Table XVI below).

The Laundry Service. This began in 1953 and is mainly used for incontinent patients living alone or cared for by an elderly relative : we are grateful to the Exeter and Mid-Devon Hospitals Management Committee who launder the articles for us at a very moderate charge. During the year, 6,896 articles were laundered ; 142 persons were helped.

Table XVI.

LAUNDRY SERVICE.

ARTICLES LAUNDERED UNDER LINEN SERVICE 1953-1958 :

	1953	1954	1955	1956	1957	1958
Sheets	281	1,028	1,940	3,103	4,230	3,839
Pillow Cases	50	96	188	596	823	1,100
Clothing and other articles	165	287	352	1,405	1,644	1,957
TOTALS	496	1,411	2,480	5,104	6,697	6,896
Number of patients using linen service	21	31	51	140	138	142

These figures are more than four times as great as the corresponding figure for 1954. We regard it in most cases as an essential to success to use linen provided by the Local Authority ; it is so much simpler to manage, and the patients appreciate it. The patient's own laundry is not, therefore, laundered as a rule, except when there is very foul linen already in a house when the nurse first visits. This, we mark and send to the laundry.

Night Home Help. 76 persons were helped in this way, in 11 instances for more than fourteen nights ; most of them were very ill indeed or awaiting hospital care ; nearly half (35) were dying patients. 5 of the families helped subsequently made their own arrangements for continuing night care. Ex-nursing orderlies have been found very useful for this work. The charge made is 16/- for the first night and 15/6d. thereafter—with a less assessment for those unable to pay the full charge. This help is necessarily of a temporary kind.

IMMUNISATION AND VACCINATION.

General Observations. Poliomyelitis vaccination continued during 1958 to occupy a prominent place in our vaccination programme. The age group of those eligible for vaccination was extended in the autumn to include all those born up to and including 1933, and permission was given by the Ministry of Health to give third doses of vaccine not less than seven months after the second doses.

Triple antigen (containing diphtheria, pertussis and tetanus antigens) was used routinely for primary immunisations in all our clinics and also by most of the private doctors. The immunisation course adopted in our clinics and by a great many of the family doctors is to start triple antigen at two months old (doses at 2, 3 and 4 months), smallpox vaccination at 5 months, poliomyelitis vaccination at 6 and 7 months and the third dose at 14 months. Boosters of triple antigen are recommended at 18 months and again at 5 years old. Whooping cough is likely to be a serious disease in a young infant so early protective immunisation is, therefore, desirable and since 1954 immunisation starting at 2 months using combined antigen and latterly triple antigen) has been advocated in Exeter. In spite of this, a survey of twelve months' experience shewed that only 43% of the infants immunised completed their course of triple antigen by their sixth month.

Immunisation and vaccination is now offered at the Infant Welfare Clinics at Bull Meadow and at Countess Wear, both on Thursday afternoons. This arrangement is of great convenience to the mothers who can combine a visit to the clinic with immunisation or vaccination of their infant. This is reflected in the increased number of infants immunised at these clinics.

SMALLPOX VACCINATION.

585 persons received primary vaccination during the year, 493 of these being infants of under one year. This is equivalent to 42% of the number of live births in the City.

A further 61 persons were re-vaccinated, the majority of them being adults.

Most of the vaccinations were done by general practitioners, viz. : 470 of the primary and 48 of the re-vaccinations.

DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNISATION.

The number of children who have been given immunisation during 1958 shows a substantial increase when compared with last year's figures. 987 children were protected with triple antigen (diphtheria, whooping cough and tetanus antigen) and a further

133 children with combined antigen (diphtheria and whooping cough). 838 of these children were under one year old, representing 70% of the live births for the year. See Table XXII.

45 children were given primary immunisation against diphtheria alone and another 4 against whooping cough alone. 16 children received a course of immunisation with tetanus toxoid.

With poliomyelitis vaccination still being given priority, the number of booster immunisations shows a marked drop this year especially in the 10 years old group. 561 children were given boosters at 5 years old and a further 155 at 10 years old. In addition, 53 children received a booster dose of triple antigen at 18 months old.

797 of the primary vaccinations were given by private doctors and 308 of the boosters.

POLIOMYELITIS VACCINATION.

As it was certain that British vaccines would not be available in sufficient quantity to meet the need, the Minister of Health arranged to import Salk vaccine from Canada and the United States. The first batch of this vaccine reached us in January, 1958, and the vaccine continued to come each month in sufficient quantity to enable us to press on with our vaccination programme. British vaccine continued to be available, but only in very small amounts. Parents of children to be vaccinated were given the opportunity of asking for British vaccine in preference to Salk vaccine, but very few did.

During the year, 10,114 children between 6 months and 15 years were given two injections, making a total of 14,499 children vaccinated since vaccination started in 1956. This represents approximately 81% of those eligible. Permission was given in the autumn to proceed with giving a third injection at least seven months after the second. By the end of the year, 7,735 children had been given their third injection and it is hoped to complete the remainder during the early months of 1959. Special clinics were run for the children attending primary and preparatory schools and the pre-school children. The vaccination of the children attending both Council and private secondary schools was done in the schools. I am most grateful to the Heads of all schools for co-operating with us in this effort.

In the autumn, the age group eligible for vaccination was extended to include all those between 15 and 25 years (i.e. those born between 1943 and 1933). This created a new problem as this group is more difficult to reach than the under fifteens, and in many cases not influenced much by parental advice. However, we were able to approach them through various channels and by the end of the year, 3,417 of the group had been given two injections, representing about 30% of those eligible. Special even-

ing clinics were held in the welfare centres and in the vacant premises at the High Street—Queen Street corner and these were publicised in the press, by posters, by loud speaker van and by the B.B.C. The numbers attending the welfare centres were disappointing, but large numbers came to the clinics in the town centre. Visits were made to private and Council grammar schools and to the University and Colleges to vaccinate young people attending there. Several hundred employers in the City were asked for their co-operation which they all willingly gave, and if the numbers justified it, we visited the place of work and gave the vaccination there. Otherwise, the employers were asked to let the young people off to attend sessions at the High Street—Queen Street corner. The response in Exeter of this age group has been very satisfactory and well above the national rate. Without the wholehearted co-operation of the employers and of the Headmasters and Principals, this figure could not have been reached.

During the year, 624 expectant mothers were given a course of vaccine. This represents approximately about half of the number of births in the year, and about a third of the mothers pregnant during the year.

Those exposed to special risk were also offered vaccination and 577 (including general medical practitioners with their families (51 persons), ambulance staff and their families (22) and hospital staffs and their families (504) availed themselves of this opportunity and received two injections.

Most of the general practitioners in the City undertook poliomyelitis vaccination, and their help in this as in so many other ways has been much valued. The majority of the vaccinations have been carried out by the Medical Officers of the Auththority.

AMBULANCE SERVICES.

(See Tables XXIII—XXV).

Organisation. The agency arrangements with the St. John Ambulance Association continued unchanged.

Work done. 1958 was the tenth full year of working under Section 27 of the National Health Service Act, 1946.

It is interesting to note that the total number of cases and miles travelled in 1949 were 11,296 and 100,423 respectively compared with 20,400 and 132,411 in 1958. This shows an increase of some 85% in cases and 31% in mileage in ten years.

A proportion of the increase is due to an extension of the work undertaken in taking physically handicapped children to school (1,942 persons and 6,004 miles), and taking young women to the new Training Centre at Tin Lane (3,987 persons and 6,058 miles).

During 1958 the number of emergency calls increased considerably. A great number of these were for the removal of

women to maternity hospitals. The calls to accidents were slightly lower than in 1957 (they dropped from 646 to 635), but the total of maternity and acute illness calls was nearly doubled.

It gives some satisfaction to note that the increased volume of road traffic over the past ten years has not shewn a corresponding increase in road accidents necessitating the use of our vehicles. This is all the more gratifying when the extent of the area covered by the City Ambulance Service is taken into consideration. The five miles radius of action extends to the top of Telegraph and Haldon Hills, also beyond Topsham and Broadclyst out to Five Mile Hill on the Okehampton Road, and to Rewe on the Tiverton and Newton St. Cyres on the North Devon roads.

Infectious disease cases carried for Devon County dropped to about 50%, but the mileage did not show a corresponding decrease for the reason that although there had been no outbreak of poliomyelitis in rural areas near Exeter, there continued to be a number of other infectious cases in areas further afield.

A large proportion of the patients carried to and from hospitals are for out-patients, physiotherapy and radiotherapy treatment. Some of these attend at hospitals three or four times a week and their treatment usually lasts an hour or more.

Close liaison is maintained with Devon County Council Ambulance Headquarters in order to make full use of ambulances returning from Exeter to various parts of Devon. Many journeys to outlying towns have been saved in this way.

Every effort has been made to ensure that information regarding the discharge or transfer of patients from hospitals is given the day previous to discharge in order that journeys can be so arranged that full and proper use can be made of all available men and vehicles. This has worked fairly satisfactorily, but there are still many requests made for transport on the day of transfer. This is usually for a special domestic reason or to make more room in the hospital and, in such cases, the Ambulance Service invariably responds, but it often entails the payment of overtime. It will be appreciated, however, that the Ambulance Service plays an important part in helping to make full use of all available hospital bed space.

Staff. The amount of time lost through sickness was 205 days, but this was almost entirely due to exceptional illness in three of the men.

The ambulance drivers received an increase of 7/4d. per week, about 3½% at the end of July. There were no new salary increases.

Premises. There were no improvements made to the premises. There is now insufficient garage accommodation and the lighting of the garages and yard is to receive attention.

Vehicle Replacement. One ambulance was added to the fleet. This has a new type of suspension and is more suitable for conveying seriously ill patients over long distances.

An old ambulance was adapted to give extra seating accommodation and it is being usefully operated as a dual purpose vehicle.

GROWTH OF VEHICLES AND MEN, ETC. SINCE 1948-1958 :

	1948	1958	
Infectious Disease ambulances	2	—	
Other ambulances	3	8	
Cars	2	3	
Drivers for Hospital Car Service	31	County 440 City 16	} 456

CIVIL DEFENCE.

(Ambulance and Casualty Collecting Section).

Ambulance Officer : Capt. F. G. Ireland.

6 new members were enrolled during 1958, but 10 were removed from the register ; of these, 3 resigned and 1 died, making a " paper " strength of 105 ; this being one more than in the previous year.

Weekly training classes were resumed in February and continued until the beginning of July. A full Course of First-Aid was organised during the first part of the session. An examination was then held and 9 members qualified for certificates and 2 failed.

The above was followed by some intensive out-door training in preparation for the first round of the Regional Civil Defence Corps Competition which was held at Carnkie, Cornwall, on the 10th May. All sections of the Civil Defence Corps combined to represent Exeter Division against teams from Wiltshire, Somerset, Devon and Plymouth. Although the Exeter Division did not do so well in the Competition this year, much enthusiasm was shewn during the preparatory exercises and the Competition itself provided valuable experience.

The section entered a team of first-aiders for the Rowe Cup in July and was placed second. This was followed by a break in training until early in September.

The section was represented when the Division held a Recruiting Week from Monday, 29th September, to Saturday, 4th October. With their vehicles, they took part in convoy drives in and around the City on the evenings of Monday and Wednesday and there was also a Demonstration/Exercise in the area of the old Lower Market on the Thursday. The section gained one recruit during this week. It might be thought that the Recruiting Week was held a little too late in the year for the convoy

drives took place after dark as, also, did the Demonstration/Exercise which was further hampered by heavy rain.

The head ambulance driver attended a short Course of Instruction at Falfield in March and an ambulance driver obtained a " Functional " Certificate at an Instructors' Qualifying Course at Falfield in October.

The section is still in need of men. The collection of casualties is strenuous work and it is unreasonable to expect elderly women, however willing they may be, to lift patients and carry stretchers over rough ground.

RADIOACTIVITY.

Consultations with Dr. G. K. T. Conn (Professor of Physics at the University) and Mr. C. F. Walker (Senior Hospital Physicist) and the City Surveyor about background radioactivity and some related problems were held during the year.

The Ministry of Local Government and Housing assured us they were carrying out all the necessary monitoring throughout the country. We have no information about any sources of radioactivity in industrial use in the City. The University and the Royal Devon and Exeter Hospital are recognised users of radioactive sources.

TUBERCULOSIS, PREVENTION AND AFTER CARE.

(Chest Physician—Dr. R. P. Boyd)

(See Tables XXVI—XXXVII).

1. New Notifications.

	Respiratory	Non-Respiratory	Total
1953	92	11	103
1954	83	16	99
1955	74	22	96
1956	53	17	70
1957	51	10	61
1958	54	14	68

During the year, 54 new cases of respiratory tuberculosis were discovered, an increase of 3 new cases over the figure for 1957 (51) and 1 more than in 1956 (53). There were 14 new cases of non-respiratory tuberculosis, an increase of 4 new cases over the figure for 1957 (10), but less than the figure for 1956 (17).

There were no new cases of tuberculous meningitis during the year.

The new cases of tuberculosis of the lung, however, were by no means confined to long-standing residents of Exeter. The figure of 54 new cases includes a wanderer who settled in this

City for the time being and who is known to have defaulted before a definite diagnosis was reached in Wales ; 2 new cases were found among the population of H.M. Prison ; 3 new cases were students (1 Nigerian, 1 Spanish and 1 English) two of whom returned home ; and 1 new case was an Irish labourer who had frequently changed his address and employment and who went off to London for treatment after diagnosis. Another case was known to have been under close observation as a contact elsewhere and had recently moved to Exeter on marriage and a further case occurred in a patient who was working and lodging in Exeter, but whose home was in Gloucester, to which City she returned after treatment. Three new cases were found in Exeter persons serving in H.M. Forces (2 on Regular engagements and 1 on National Service) all of whom were invalided home for treatment or supervision.

The figure of 68 new cases for the year also includes 2 children (1 respiratory and 1 non-respiratory) who were later removed from the Register as " mistaken diagnosis."

The following were the sites affected in the new non-respiratory cases :— cervical glands 2 ; glands of axilla 1 ; tuberculous Addison's Disease 1 ; spine 3 ; knee 1 ; abscess of groin 1 ; genito-urinary 3 ; peritoneum 1 ; left sacroiliac joint 1.

2. Deaths.

There were 18 deaths of known tuberculous patients during the year, but of these 9 were from causes other than tuberculosis. Of the remaining 9 deaths, 6 were attributable to respiratory tuberculosis and 3 to non-respiratory tuberculosis.

	Deaths of known Tuberculous Persons			
	Deaths from Tuberculosis		Causes other than T.B.	Total
	Respiratory	Non-Respiratory		
1953	22	1	1	24
1954	22	1	6	29
1955	14	2	8	24
1956	12	4	2	18
1957	17	1	4	22
1958	7	2	9	18

A glance at the table above will be sufficient to shew that the decline in the number of respiratory deaths during 1958 is truly remarkable and when compared with the figures for 1953 and 1954 it will be even more apparent how much has been achieved in recent years. It is distressing, however, to have to record that two of the patients who died were under 30 years of age and that the average age at death of all nine cases was only 46 years. Furthermore, the true nature of the illness was discovered only

shortly before death in two cases dying in hospital. There must be no " let-up " in the search for the new and often unsuspected case of tuberculosis in our midst.

It is difficult to say whether the increased number of patients who died from causes other than tuberculosis has any particular significance ; 3 of the deaths were from cancer ; 2 of these patients were known cases of lung tuberculosis and died from cancer of organs other than lungs, while 1 known case of non-pulmonary tuberculosis died from cancer of the lung. 4 further deaths of known respiratory cases were from causes in the cardiac group and 2 other cases were certified as being due to acute bronchopneumonia. In 3 cases, death was attributed to chronic bronchitis.

3. Recovery from Tuberculosis.

34 respiratory cases and 8 non-respiratory cases have been taken off the Register during the year as having recovered from tuberculosis. The figures for 1957 were 22 and 1 respectively. The increase is merely a reflection of the higher number of new cases in the early 1950's ; it represents the end result for those who were discovered in those years who have had their treatment and whose disease has proceeded from active to arrested disease and thence to quiescent disease and finally to recovery, ending their Clinic supervision. It has long been the custom to offer recovered patients an annual check-up and almost without exception such patients attend once a year. This we find is more satisfactory than advising them to attend Mass Miniature sessions as inevitably they are recalled for a large film which causes anxiety to the patient and delay to the Medical Director of the Service while he obtains the previous X-rays from this Clinic for comparison with the new film taken.

During the year, in 1 patient who had previously been taken off the Register as recovered, the disease was found to have been re-activated : he was re-notified and given further treatment.

4. Non-Notification.

There were no deaths from tuberculosis of patients who were not notified during life, but as already mentioned, 2 cases were notified shortly before death.

5. Transfers.

76 patients were added to the Register during the year (72 respiratory and 4 non-respiratory) as inward transfers from other Clinics, while 73 patients (71 respiratory and 2 non-respiratory) were transferred elsewhere. This is an entirely satisfactory state of affairs and means that for every patient brought under clinic supervision by being diagnosed in the City (viz. by new notification), a further patient is also brought under supervision

by notification from elsewhere (viz. by inward transfer). Many of the inward transfers are of a temporary nature, e.g. students, who require supervision for a year or two before leaving the City again, but a substantial proportion represents people coming here to live who inform their former Chest Physicians of their intended move or who come to light through family doctors, the Ministry of Pensions and other authorities.

Some considerable time and thought has been given to the national problem of the wanderer with active tuberculosis; there is certainly a proportion of " drifters " in the country, some of whom wander into this Clinic, especially when in need of money. They appear, however, to adhere to a pattern of residence in common lodging houses and the like in various towns and we maintain excellent co-operation with the National Assistance Board, the Reception Centre Authorities and the Ministry of Labour officials. The main cause for anxiety comes from the few who will not have official help of any kind and of whose movements no one is ever certain. They seem to move from town to town with amazing rapidity and to be disinclined to follow any useful occupation.

6. Tuberculosis Register.

At 31st December, 1958, the number of notified cases on the Register was as follows :—

	Respiratory	Sputum Positive during 1958	Sputum Negative during 1958	Non-Respiratory
Men	365	28	337	42
Women	324	16	308	68
Children	60	—	60	15

Total : 874

Despite the increase in the number of cases removed from the Register during the year as " recovered," there was a slight increase (2) in the number on the Register at the end of 1957; this is the result of the higher number of new cases during the year, the decreased number of deaths and the surplus of inward transfers over outward transfers during the year.

7. Contacts.

279 contacts were examined for the first time during the year which represents the high figure of 4.1 contacts for each newly notified case. As a result of contact examinations (both first examinations and re-examinations) 14 patients were found to be suffering from active disease (12 respiratory, 2 non-respiratory).

8. Contact Tracing, Special Surveys, Etc.

(a) Early in the year an eight month old baby was admitted to hospital because of " obstruction to the wind pipe." He was diagnosed as suffering from tuberculous mediastinal glands and was statutorily notified. Without any further delay the members of the family were offered appointments for X-ray at the Chest Clinic and 13 persons attended, 8 from the immediate household and 5 from the house of the grandparents. All the X-rays were satisfactory with the exception of the lodger in the household, who was found to have extensive disease with a positive sputum, and he was admitted to hospital for treatment forthwith. A further little girl in the house, aged 3 years, was found to be tuberculin positive and is being kept under observation.

This is a good example of the importance of contact tracing. The infecting case here was not aware of his disease and stated that he had not had a day's illness in his life. He had in fact failed to attend the Mass Miniature Unit for an X-ray when it had visited his place of employment just a few weeks previously because he had never felt anything but well ; the moral is plain ; As for the infected baby, it was necessary for surgery to be carried out, and the lobe of the lung removed was found to contain a mass of tubercle. Since operation, however, chest X-rays have shewn no signs of tuberculosis.

(b) A new sputum positive case diagnosed in June had been working as a domestic in an establishment which accommodated several elderly people. The 7 staff were X-rayed at the Chest Clinic and all the films were satisfactory. The problem of the elderly inmates remained, however, and as their ages ranged from 70 years to 92 years, it was felt that the upset of getting them to the Clinic would be too much for them. With the co-operation of the Medical Director of the Mass Radiography Unit, it was arranged for the new light Unit to visit the Home concerned instead. No other active cases were found. One observation case remains from this survey. We are very grateful to Dr. Hollis for his help with problems and surveys of this kind ; this was a particularly uneconomical proposition from one point of view as the numbers involved were quite small.

(c) Towards the end of the year the assistance of the Mass Radiography Service was again sought in connection with two fairly large establishments in whose midst active cases of tuberculosis had been found, and on which some degree of priority had been placed because of the nature of the work carried out therein. This survey was completed shortly before Christmas and there are still some cases under observation at the moment of writing.

(d) During the year, it has been possible for the tuberculosis health visitor to continue her visits to the homes of children who were found to have a strongly positive tuberculin test at school when tested by the school medical officers in connection with the

annual B.C.G. programme for 13 year olds. These visits are very time-consuming and not always fruitful. In all cases the parents and family are offered X-ray examination either at the Chest Clinic or by Mass Radiography. The value of these visits, however, is beyond doubt ; they can be the means of bringing to light the unsuspected case of tuberculosis in the household. This has not been the case this year, but one newly diagnosed sputum positive adult who came to Clinic during the year was already known to be the father of a child who was strongly positive last year, but unfortunately, he failed to keep the X-ray appointment made for him at the Chest Clinic at the time.

An example of family contact tracing has already been given in paragraph (a) and the importance of this aspect of the work stressed. It has already been mentioned, too, that 14 patients who were examined as contacts during the year were found to be suffering from active disease. This is almost 20% of the total number of new notifications for the year ; clearly then considerable priority must be given to those who are known to have been in contact with active cases and the examination of this group of persons does in fact form a fairly large part of the clinic work in any given year. It is interesting to note that 9 of these 14 contacts were known to have lived in the same house as the active case of tuberculosis while the remaining 5 were related to a case and in each instance had been in frequent contact with the patient. This, of course, is no startling new fact, but merely an illustration of the special attention which must be paid to contacts, especially children. Obviously little can be done to safeguard those who are in contact with the *unknown and unrecognised case*, hence the desirability of regular checks on health by everyone in the community. When a case is brought to light, however, every possible effort must be made to trace those who have been in contact with it, not only at home and in the family circle, but also at the place of employment, be it office, factory, shop or school.

9. Radiography.

The two X-ray cameras at " Ivybank " continue to be fully employed. The smaller size films are used mainly for routine cases sent by private practitioners (134 patients), for the examination of adult contacts (273 patients) and superannuation examinations (39 cases). The full size films are used mainly for known cases of tuberculosis, for cases sent by private practitioners on clinical grounds (e.g. haemoptysis, bronchitis, asthma, etc.), observation cases, children and for repeat films of those in whom some abnormality is detected in the smaller film.

10. Mass Radiography.

Dr. Hollis kindly supplied the following details :—

10,187 persons were X-rayed by Mass Miniature Radiography during the year (7,730 were Exeter residents). This is less than

last year's figure (12,413) which, again, was less than in 1956. To some extent the decline was due to consideration of the special effort to be made in 1959 by way of a Community X-ray Campaign.

589 University students (320 men, 269 women) also attended for X-ray, 117 fewer than in 1957 ; one new active case (sputum positive) was found in this group.

Altogether, 73 cases were referred to the Chest Clinic by the Medical Director of the Unit ; at the time of writing 11 new active cases were discovered in those referred, but the end total may well be higher as many cases still remain under observation. (See Tables for further details).

11. Tuberculin Testing and B.C.G. Vaccination.

(*a*) *Contacts.*

303 tuberculin tests were carried out during the year and 136 B.C.G. vaccinations effected by the Chest Physician (see Table). 25 of the vaccinations were in respect of adult hospital staff at risk because of their work (nurses, pathology staff, occupational therapists, etc.) and also a further 44 vaccinations were carried out on pre-nursing students and overseas students.

(*b*) *Schoolchildren under Ministry of Health Scheme.*

As in previous years, all tuberculin testing and B.C.G. vaccinations of schoolchildren under the Ministry's scheme have been carried out by the school medical officers. The parents of 1,223 children were offered the tests ; 932 schoolchildren were tuberculin tested, 853 (91.5%) were tuberculin negative, and 848 were given B.C.G. vaccination.

In addition, 771 children B.C.G. vaccinated in 1957 were re-tested (i.e. 1 year after vaccination) of whom 700 were found tuberculin positive. (Full details are set out in my School Health report).

The tuberculosis health visitor continues to follow up the families of children who were found to have a strongly positive tuberculin test when tested in this scheme.

(*c*) *Vaccination Refusals.*

One instance of refusal on the part of the parents to have a baby vaccinated with B.C.G. has caused the Department some concern. In this particular household resides a consistently sputum positive patient and it was hoped to have persuaded the parents to have the baby vaccinated in the nursing home and to remove it to a nursery while conversion took place, thus returning it to the household with some measure of protection. Unfortunately, this plan of action was refused and the baby taken home to be exposed to possible infection.

12. Pathological Examination.

1,610 pathological examinations were made on behalf of the Chest Clinic during the year (see Table). Sputum examinations, etc., continue to be carried out at the Public Health Laboratory and blood sedimentation rates, haemoglobin estimations, etc., at the Department of Pathology, Royal Devon and Exeter Hospital. We are very grateful to Dr. B. Moore and Dr. G. Stewart Smith for their continued help and assistance.

13. Extra Nourishment.

As in former years, the bulk of the grant given by Exeter City Council towards extra nourishment has been used to supply suitable patients with an extra pint of milk each day. 19 new cases were helped in this way together with an average of 30 older patients each quarter. The balance of the grant is used to purchase a vitamin food which is issued to Clinic patients, mainly children, who are not progressing satisfactorily.

14. Home Helps.

Council home helps have been provided during the year to 6 tuberculous patients at home. The helpers concerned are volunteers for this kind of work and are paid extra for the risk they undertake. Before being accepted, such volunteers are X-rayed and tuberculin tested and, if necessary, given B.C.G. vaccination, and they are kept under observation by the Chest Physician.

15. Diversional Therapy.

There have been no tuberculous patients during the year who wished to undertake handicrafts at home and so qualify for the £1 grant made by the Council to the British Red Cross Society.

16. Infectivity and Employment of Tuberculous Patients known to be Infectious.

During the year, 83 patients are known to have had a positive sputum (either on direct smear or by culture); this represents 11.1% of the respiratory cases on the books, but none of the infectious cases were children under 15 years of age. Of those named in the register of non-respiratory cases 4 (or 3.2%) were known to have been infectious because of a discharging abscess or sinus. They were adults.

Of the 83 known infectious cases, 39 were treated and had by the end of the year become negative again; at the moment of writing 30 patients are still receiving active treatment in hospital; a further 10 active cases are domiciliary patients who are too ill to attend Clinic and who are visited by the Chest Physician. This leaves 4 infectious cases unaccounted for; one of these was a wanderer known to be infectious when he came

into the City earlier in the year and with whom we have now lost contact. He has in all probability left the City, but we have had no enquiry about him from elsewhere yet. 1 newly diagnosed case did not wish to have sanatorium treatment or to give up his work as a shop assistant (not a food shop). He was placed on treatment while carrying on his work and when last seen at the Clinic appeared to be doing well although it is too early to say if he can now be placed in the ' negative after treatment ' category. His sputum is certainly negative on direct smear now, but culture result is awaited. A further active case (discussed last year) still remains at work as a lorry driver while receiving treatment ; his sputum is still positive on culture. The last of these cases is the one who has already been mentioned in the " B.C.G. refusal " paragraph (above) as being a risk to a newly born baby in the household. She has remained consistently sputum positive, has refused sanatorium treatment and abandoned the last attempt at chemotherapy after a few days.

During the year, 62 recommendations were made to the Disablement Resettlement Officer of the Ministry of Labour and National Service regarding the inclusion of tuberculous patients on the Register of Disabled Persons and a further 13 cases were referred to this officer for help with their future employment. 8 of these are known to have obtained satisfactory employment, 1 was considered unemployable by modern standards and appropriate training is being considered for the remaining cases.

17. Disposal of Sputum.

Disinfectant is provided free of cost to patients who require it for general use and paper handkerchiefs are issued free on request. The tuberculosis health visitor invariably takes a supply of paper handkerchiefs to the domiciliary patients when making her visits ; they are of undoubted value in preventive spread of infection. Miltherex (for liquefying and sterilising the sputum) and polythene flasks containers are issued to patients with copious sputum.

18. Waiting Time for Admission to Sanatoria.

At no time during the year has it been necessary for any patient to wait more than a few days for admission to hospital. Some, of course, wish to have a little more time to clear up their personal affairs. No fewer than 7 admissions were emergency admissions, viz :— patients who had not been placed on the waiting list, usually those suddenly taken ill at home whose admission was arranged and agreed through the Clinic or direct with the hospital. A further 12 cases were transferred direct from other hospitals at the request of the Medical Officers concerned once a diagnosis had been established, and it is normal for such cases to be transferred the same day.

A little more delay has been experienced in securing admission of children to Honeylands mainly due to the fact that there are

only 10 beds for boys and 10 beds for girls and, therefore, discharges are not frequent. It was possible to admit within one month in all cases, however, and in some instances immediately.

19. Holidays.

It was possible to arrange a fortnight's recuperative holiday for one patient at Broadstairs, under the Spero Scheme of the Chest and Heart Association ; the cost of this was met by the Council.

We have had several patients in view for this kind of help, but unforeseen circumstances have arisen in most cases, preventing the final arrangements being made. Sudden illness or bereavement caused the cancellation of many intended holidays and unfortunately these special homes for tuberculous patients are some distance away (e.g. Broadstairs, Isle of Wight) which makes some patients rather dubious about accepting a vacancy so far away from their relatives, lest they should become ill. The homes are also quite obviously heavily booked during the summer months which means a long booking beforehand is required and this is not always an easy thing to arrange ; in fact, the holidays we have arranged so far have been possible because of cancellations by others.

VENEREAL DISEASE.

About half the cases attending the Royal Devon and Exeter Hospital Clinic came from the City. Contact tracing, etc., is undertaken by the hospital staff. Dr. Dunkerley (Medical Officer of the Clinic) tells me that 29 letters were written for non-attendance, resulting in 6 attending, 19 defaulting, 1 came eventually and 2 were not known ; 1 was eventually investigated and treated in prison.

Venereal Disease Clinic—Exeter Residents.

Year.	New Cases of Syphilis.	New Cases of Gonorrhoea.	New Cases of Chancroid.	Examined and found not to be suffering from V.D.
1945	30	25	—	116
1946	53	56	—	202
1947	31	46	—	115
1948	17	29	—	100
1949	9	22	—	104
1950	15	13	—	80
1951	9	8	—	72
1952	7	9	—	64
1953	8	1	—	54
1954	12	5	—	38
1955	7	11	—	52
1956	5	6	—	43
1957	1	6	—	37
1958	2	3	—	21

The figures in the table do not suggest any increase in syphilis or gonorrhoea in the City, though nationally there is concern at the increase in gonorrhoea.

DOMESTIC HELP SERVICE.

Organisation and Staff.

The staffing remains as in 1957—an Organiser, a part-time clerk, and 45 part-time home helps (2 with a guaranteed week of 36 hours and 43 averaging approximately 30 hours a week). The turnover of home helps was 10 new entrants and 10 departures.

The domestic helps, whose average age in 1958 was 48, are on the whole very reliable. Complaints are few and are always investigated. During the year, the need for evening help for old people became increasingly evident, but it was not possible to do anything extra within our estimates.

Help provided. Domestic help was provided for 404 families during the year, involving 58,904 hours in the homes as compared with 390 families and 38,626 hours in 1957 (see Table XXXIX). Additionally, 11,381 hours were paid for in 1958 in relation to holidays, sickness and travelling (11,490 hours in 1957). The average weekly case load was 175 families. The number of cases on the books at the year end in 1957 was 168 ; 419 cases were assisted and in 230 help was discontinued, leaving 189 on the books at the year-end. The average number of hours of home help per week per case was 6½ hours for all types of case, and for old-age cases 5¾ hours : in 1957 these figures were 7 hours and 6 hours.

The number of maternity and ante-natal cases helped remained about the same. The number of cases of acute illness has decreased considerably, while the number of cases of chronic sickness and old age continues to increase. The number of tuberculosis patients helped has decreased by a third, while the number of problem families and those suffering from mental disorders has increased slightly.

There was no " waiting time," i.e. lost time, during the whole year.

The Home Help Organiser visits all new cases (except maternity and ante-natal cases), and this involves a good deal of time : she made 393 visits.

Recovery from the householders helped was just under a quarter of the cost of the service. The maximum charge made per week is £5 10s. 0d. which is less than the cost ; a review will be effected in 1959.

(The Exeter Council of Social Service also run a service of home helps for the aged).

MENTAL HEALTH SERVICES.

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

(See Tables XL—XLVII).

Administration.

The social worker staff includes a Senior Mental Welfare Officer (Mr. W. Weston), 1 Psychiatric Social Worker (part-time) (Mrs. E. Jenkin) and 2 Mental Welfare Officers (Mr. L. N. Clark and Mr. E. J. Lock). The men are also duly authorised officers. There is no member of the clerical staff specifically allocated which is a handicap.

Once again there have been staffing difficulties. Mrs. Brunt left us on her appointment as Social Worker to Digby-Wonford Hospital in May, 1958 : she had given good service. Although we should have been glad to appoint a woman social worker in her place, no suitably qualified women applied. Frequent discussions have taken place with Dr. Couper, the Medical Superintendent of Digby-Wonford Hospital to reduce overlapping in the work of the Council's mental welfare officers and the hospital social worker and to ensure the efficient mutual exchange of reports and information between the hospital and the local health authority service. Dr. Couper has been very helpful to the department throughout.

On the mental deficiency side the occupation and training centre scheme for the city was extended in October when the Mayor (Councillor C. Rew) opened the Training Centre for Men and Youths in adapted premises at the rear of the Infant Welfare Centre, Bull Meadow Road.

Consultations have taken place with Dr. Prentice, the Medical Superintendent of the Royal Western Counties Hospital, Starcross regarding the problems arising from the new policy of early discharge from licence, the follow-up of those patients now detained informally, the acute shortage of beds for the most severely subnormal patients, and the informal continued stay of patients no longer under order. The Senior Mental Welfare Officer has attended case conferences at the hospital to deal with problems as they arise and to ensure a mutual exchange of reports. The problems arising from increased unemployment in the West Country, and the consequent increased difficulty in finding employment for those already in the community has increased the difficulties of rehabilitation ; the help and co-operation of Dr. Prentice and his staff have been of great assistance.

Contact with other official and voluntary agencies.

Close and friendly relationship is maintained with the other local and central government services in the City and the County.

There have been regular meetings of the various social work agencies at the Ministry of Labour and National Service at which common problems have been examined. Students from the University have worked in the department and lectures have been given by the Senior Mental Welfare Officer on mental health topics to student nurses, the police and to such interested bodies as the Townswomen's Guild, Toc H and the Trades Council. Meetings have also been held for the parents of those attending the occupation and training centres, as a result of which, in November, 1958, the parents formed a branch of the Society for Mentally Handicapped Children. The mental welfare officers and the staffs of the centres also visited the Torbay Society for Mentally Handicapped Children and saw the training centre organised by the parents themselves in Torquay.

COMMUNITY CARE.

This part of my report follows in many respects the reports of previous years, but with the new legislation and the fresh responsibilities for community care changes in the general structure of the report are likely in the future.

The total number of domiciliary visits made to and on behalf of persons suffering from mental illness was 2,166 including 1,063 visits in relation to admission to hospital; (this compares with 2,977 and 1,103 in 1957): the decline was due to the two months gap between Mrs. Brunt's departure and Mr. Lock's taking up his appointment, and to the further handicap that four months elapsed before he had the use of a car. 193 visits did not involve any statutory action although in many of these instances various means were taken to ameliorate the conditions which led to the reference of the case; the visits were made to 109 people (43 men and 66 women) including 13 men and 26 women over the age of 65 years. Included also in the 2,166 visits were the psychiatric social worker's 252 visits to 48 patients, (4 men, 27 women and 17 children); she also attended a hospital psychiatric out-patient session and a child guidance clinic session each week.

During 1958 there were 291 admissions of Exeter patients to hospital (concerning 179 persons). In addition to these there were 48 admissions, arranged by the mental welfare officers, of persons who were temporarily staying in Exeter. There were 284 discharges and 28 deaths, and the number in hospitals at the end of the year was 316, i.e. 21 less than at the beginning of the year.

Of the 179 persons admitted during the year, 76 had been in and out of hospital during previous years.

Individuals involved	179
Add transfers from Section 20/21	66
Certified	10
Voluntary	4
Add re-admissions during the year	32
Total admissions during 1958	291

The age distribution of the patients at the time of their *first admission during* 1958 is set out below ; it will be understood that they were not all new to mental hospitals.

Age	Male					Female					Total
	Vol.	Temp.	Cert.	S.20	S.21(1)	Vol.	Temp.	Cert.	S.20	S.21(1)	
0—14	2	—	—	—	—	—	—	—	—	—	2
15—44	22	—	—	8	—	23	—	4	19	—	76
45—64	14	—	—	9	—	27	—	2	13	—	65
65 Plus	6	1	2	7	—	5	—	4	11	—	36
Total	44	1	2	24	—	55	—	10	43	—	179
	= 71					= 108					
	Total = 179										

Of the 179 persons admitted to mental hospitals during the year, 103 had never previously received treatment in a mental hospital. Of the 76 who had previously been in such a hospital the periods elapsing since the previous admission were :—

	Patients.
Under 1 year	38
1 — 2 years	5
2 — 3 years	6
3 — 4 years	5
4 — 5 years	1
5 — 10 years	13
10 — 25 years	5
Over 25 years	3
Total	76

The 103 first admissions were distributed thus :—

		Vol.	Temp.	Cert.	S.20	S.21	Total
0—14 years.	Male	2	—	—	—	—	2
	Female	—	—	—	—	—	—
15—44 years.	Male	17	—	—	3	—	20
	Female	16	—	1	9	—	26
45—64 years.	Male	12	—	—	6	—	18
	Female	13	—	—	6	—	19
65 Plus years.	Male	3	1	2	5	—	11
	Female	1	—	1	5	—	7
	TOTAL	64	1	4	34	—	103

Section 20 cases (short Orders) either are discharged, or remain for treatment as Voluntary or certified or temporary patients. Taking these into account the proportion of voluntary patients admitted was 86%.

The hospital psychiatric clinics continue to function as follows :—

Royal Devon and Exeter Hospital :
Monday and Thursday afternoons, Dr. H. Scott-Forbes.
Wednesday afternoons, Dr. Lewis Couper.

West of England Eye Infirmary :
Thursday afternoons, Dr. H. S. Gaussen.

Out-patients are also seen at Wonford House Hospital (Dr. S. Spencer) and at Digby Hospital (Dr. L. Couper) by appointment.

MENTAL DEFICIENCY ACTS, 1913-1938.

(1) *Ascertainment and Supervision.*

During 1958 there were 8 cases brought to the notice of the local health authority, including 7 reported by the local education authority and 1 referred from the Magistrates' Court. Of the 7 children referred by the L.E.A., 3 children were ineducable and the other 4 required help and supervision on leaving school. The man referred from the Magistrates' Court was committed to an institution under Section 8 of the Mental Deficiency Act, 1913. 1 of the ineducable children attends the occupation centre and it was necessary to arrange the permanent admission of the other 2 children to mental deficiency hospitals because of illness in their mothers. Of the 4 children referred on leaving school, 3 are working and efforts to persuade the parents of the remaining child to attend the training centre were eventually successful and good progress has been made.

A survey of the 81 children who have, during 1951-1958 been referred for supervision on leaving school (under Section 57 (5) of the Education Act, 1944), shews :—

SURVEY OF PERSONS REPORTED UNDER S.57(5) OF EDUCATION ACT, 1944 AND PLACED UNDER STATUTORY SUPERVISION BY THE LOCAL HEALTH AUTHORITY 1951-1958 INCLUSIVE, AS AT MARCH, 1959

YEAR	Number reported	Working regularly and satisfactorily	Admitted R.W.C.H.	Approved school	Unemployed	Moved away	Married and stable
			YOUTHS				
1951	7	4	2	1	—	—	—
1952	3	3	—	—	—	—	—
1953	7	5	1	—	—	1	—
1954	1	—	—	—	1	—	—
1955	7	7	—	—	—	—	—
1956	3	2	1	—	—	—	—
1957	5	2	—	—	2	1	—
1958	2	2	—	—	—	—	—
TOTAL	35	25	4	1	3	2	—
			GIRLS				
1951	4	2	—	—	—	1	1
1952	6	3	1	—	—	1	1
1953	13	9	1	—	—	—	3
1954	3	3	—	—	—	—	—
1955	3	3	—	—	—	—	—
1956	8	5	—	—	—	1	2†
1957	7	6	—	—	1	—	—
1958	2	2	—	—	—	—	—
TOTAL	46	33*	2	—	1	3	7*
COMBINED TOTAL	81	58	6	1	4	5	7

* Everyone of the married women included above had been regularly and satisfactorily employed outside her own home, and all but one † were so engaged at the time of the survey.

8 (2 youths and 6 girls) were unstable or came from bad home environments and of these 3 have been admitted to R.W.C.H., 1 has moved away from the City and is being supervised elsewhere, 2 are working well despite the home background, 1 has been found more suitable lodgings away from home and 1 is married with a young family but is generally unsatisfactory.

3 of the 4 unemployed are attending the adult training centre and it is hoped to resettle them in employment. The homes of 8 of the children are regarded as unstable or otherwise unsatisfactory.

The figure for "ascertained mental defectives" in Exeter is 342, and thus remains at the 1957 rate of 4.8 per 1,000, a figure which will probably be adjusted downwards during 1959 as it includes a large number of patients who are well settled in regular work and satisfactory living conditions, and could well manage without further visitation.

Supervision of mentally subnormal persons in the community is maintained by the mental welfare officers. At the end of the year, 144 persons (67 males and 77 females) were under statutory supervision—64 (36 males and 28 females) were under voluntary supervision, and 134 (86 males and 48 females) were in hospitals. During the year 1,181 visits were made to their homes and to such

organisations as the Ministry of Labour and National Insurance, Police Courts, to potential employers and to the Occupation and Training Centres, with regard to their welfare in the community. There is increasing difficulty, which was referred to in the 1957 Report, in settling many of these subnormal girls and youths into employment and the lower level of employment in the West Country has tended to aggravate these difficulties.

During the year 8 Exeter patients (5 men and 3 women) who were in hospital were discharged from their Orders by the Board of Control. In addition 14 (6 men and 8 women) were discharged to resident situations in Exeter from other areas. All these patients were given friendly guidance as recommended by the Board of Control. 3 mentally subnormal boys (ages 3, 10 and 11 years) were temporarily admitted to mental deficiency hospitals (under Ministry of Health Circular 5/52) because of difficult home circumstances, such as the illness of the mother or inability to provide adequate care at home. 6 others (2 boys of 15 and 17, and 4 girls of 6, 7, 22 and 39 years) were admitted to mental deficiency hospitals under the provisions of the new informal procedure advocated by the Royal Commission on the law relating to mental illness and mental deficiency. (Ministry of Health Circular 2/58).

(2) *Guardianship.*

The 4 persons who were still under guardianship orders in the city were discharged from their orders during 1958 and remain under friendly supervision. One woman attends the adult training centre and the other 3 (2 women and 1 man) remain in resident employment.

(3) *Occupation Centre.*

The number of children attending the children's occupation centre was 46 for the first 6 months of the year (19 girls and 27 boys) but decreased to 41 (18 girls and 23 boys) by the end of the year ; the reduction in numbers was because 2 children were admitted to mental deficiency hospitals and 3 (1 boy and 2 girls) were transferred back to ordinary schools, (2 under the provisions of Section 8, Education (Miscellaneous Provisions) Act, 1948) and one following a period of observation and training at the Centre. Opportunity for re-assessment is taken whenever it seems appropriate.

The general health of the children has been good and an average attendance of 79% was maintained. In addition to the annual medical inspection certain of the children have attended the Orthopaedic Hospital for physiotherapy and others have received advice from the speech therapist. The transport arrangements are as in previous years, the children being taken to and from the centre by bus with their escorts.

Several outings for the children were arranged during the year—to Cheriton Bishop in June by the kind invitation of the Women's Institute, and to Starcross at the invitation of the Medical Superintendent in July. Instead of the usual Open Day and Sale of Handcrafts it was decided to open the Centre for a week in July to enable parents and friends to see the day to day activities of the children. At Christmas the children had their Christmas Party at which those attending the Tin Lane and Bull Meadow Adult Training Centres were invited and also received presents. The children also went to the pantomime. We are grateful to all who have been so generous towards these children.

(4) *Adult Training Centre for Women and Girls over* 16.

The attendance increased from 12 to 16 during the year and an assistant supervisor (Mrs. R. Marsh) was appointed in October. The Centre has also opened for a further session weekly and is now open all day on Monday and Wednesday, and for the afternoons of Tuesday, Thursday and Friday.

Apart from cooking, laundering and handcraft activities the girls have also been helping other sections of the Health Department, undertaking some needlework for the district nurses, and doing the laundry (overalls, towels, etc.) each week for the men's training centre. The Open Day and Sale of Handcrafts (including confectionery) was held in December. Later in the month the girls held their Christmas Party at which they prepared and cooked their Christmas dinner and afterwards performed a Nativity Play. The Savings Group continues and was used this year for a new venture—to save for a week's holiday at Weston-super-mare in September when Mrs. Wood and 4 of the mothers took 12 girls for a stay by the sea. This turned out very successfully and will be repeated in 1959.

(5) *Adult Training Centre for Men and Youths over* 16.

The disused " decontamination centre " at the rear of the Alice Vlieland Infant Welfare Centre has been very successfully and economically converted by the City Architect, the main room having an effective floor space of 500 square feet. Mr. W. J. Channon, who previously worked in the occupational therapy department of the Digby-Wonford Hospital, was appointed Supervisor and Handwork Instructor ; by the end of the year 12 men and youths were attending from 9 a.m. to 5 p.m. during weekdays ; their midday meals are provided from the Welfare Department kitchens.

It is hoped that the work carried out at the Centre will eventually have some productive value, and efforts to obtain " outwork " from local firms have been made but so far without success. Much valuable work for the department has, however, been done by way of making and repairing equipment and furni-

ture and also helping to cultivate the grounds of the occupation centre which had been neglected owing to the long period of illness of the caretaker/gardener. There has also been a considerable sale of useful articles such as folding clothes-airers, picture frames, stools and other handcrafts. At this time of employment difficulties in the area several youths, not very severely subnormal, have attended the training centre to keep them occupied until they are resettled in jobs; they attend the centre but also report regularly to the Labour Exchange. Two youths also attend pending vacancies being obtained at the Royal Western Counties Hospital for them to receive residential training. It has, of course, been recognised that this centre will have a limited life, if the numbers attending continue to increase as we expect : it will almost certainly become insufficient in size during the next few years.

(6) *Hospital Care.*

The number of mentally subnormal persons in hospital for care or training at the end of the year was 134, a drop of 2 from 1957. The problem of the acute shortage of mental deficiency beds persists and despite every co-operation from the hospital there is no sign of any solution. Four children were on the urgent waiting list at the end of the year ; two of these have been waiting for several years. Under the provisions of Ministry of Health Circular 2/58 the majority of patients who were detained in hospital under Orders (Mental Deficiency Act, 1913-1938) have now been discharged by the Board of Control from their orders but nearly all remain in hospital informally. This tendency as is already evident will bring added responsibility to the community services of the Local Health Authorities because discharged patients will no longer be supervised by the hospital social workers but by the mental welfare officers. The earlier discharge of patients from licence is another factor which brings problems.

TABLES.

Table XVII.

CHILD WELFARE CENTRES.

NUMBER OF CHILDREN ON THE REGISTER.

CENTRE	Born in 1958	Born in 1957	1953-1956	Total 1958	Total 1957
Bull Meadow	193	183	186	562	604
Shakespeare Road	116	133	275	524	488
Countess Wear	47	38	105	190	164
Whipton	177	185	282	644	726
Buddle Lane	152	150	206	508	462
Totals	685	689	1,054	2,428	2,444

Table XVIII.

CHILD WELFARE CLINIC ATTENDANCES.

ATTENDANCES BY AGE GROUPS.

CENTRE	Age Groups: Under 1	1 to 2	2 to 3	3 to 4	4 to 5	Total 1958	Number of sessions held	Average attendance per session	Total 1957
Bull Meadow—									
(Northern)	1,454	276	103	72	52	1,957	51	38	3,856
(Central)	1,766	427	189	97	76	2,555	52	48	
Shakespeare Road	1,346	609	351	237	149	2,692	52	51	3,091
Countess Wear	638	272	160	114	105	1,289	51	25	1,230
Whipton	1,924	599	219	148	102	2,992	51	59	3,448
Buddle Lane	2,312	569	408	333	221	3,843	49	78	3,791
Toddlers' Clinics									
Shakespeare Road	—	40	55	39	45	179	9	20	151
Whipton	—	28	26	30	25	109	10	11	153
Consultation Clinics									
Shakespeare Road	57	68	40	30	21	216	48	Adults 197	—
Whipton	716	75	22	31	12	856	48	59	—
GRAND TOTAL	10,213	2,963	1,573	1,131	808	16,688	—	—	15,720

Table XIX.

PROVISION FOR THE UNMARRIED MOTHER AND HER CHILD

(Work carried out by the Social Worker).

New Cases, 1958	60
Carried forward from 1957	11
	71
Visits made	551
Interviews at office	450

Bookings for Confinements were made as follows :—

Mowbray House	41
Queen's Nurses	3
St. Olave's Home	12
Weymouth Mother and Baby Home	1
Royal Devon & Exeter Hospital	6
Devon County Council	3
Kenwyn Nursing Home	2
London County Council	1
St. Nicholas Hostel	1
Halsdon Nursing Home	1
	71

Affiliation Orders granted by Magistrates Court	8
Private Agreements made for maintenance of baby	1
Marriages to putative father	4
Grant from Dr. Barnardos Home	1

Disposition of babies born :—

With mother in own home	19
With mother in lodgings	1
In a Foster Home	2
With mother in Hostel	2
In Residential Nursery	7
With parents, co-habiting	5
Placed for adoption	19
Died	1
	56

Table XX.

WORK OF DOMICILIARY MIDWIVES, 1958.

Bookings	*Total*
No. of cases brought forward on 1st January, 1958	175
No. of cases booked during the year	572
No. of emergency unbooked deliveries	11
No. of cases found not pregnant	1
No. of mothers attended during confinement during the year	507
No. of cases of miscarriage of booked patients	4
No. of cases left Exeter before delivery	3
No. of cases admitted to hospital undelivered	43
No. of booked cases subsequently delivered in maternity homes	10
No. of cases remaining on the books on 31st December, 1958	190

Work Done	*Total*
Cases attended as midwives	243
Visits paid as midwives	5,136
Cases attended as maternity nurses	264
Visits paid as maternity nurses	5,647
Cases booked during the year	572
Ante-natal visits to patient's homes	2,663
Medical Aid forms sent	—
Midwifery cases transferred to hospital	57
No. of health visits paid by midwives	677
No. of health visits paid by maternity nurses	748

Gas and Air Analgesia	*Total*
No. of cases where gas and air analgesia given	433
No. of cases where other analgesia given	22
No. of cases where analgesia not given	52
Total	507
No. of cases where pethidine administered	291
Reasons for non-administration of analgesia :	
Labour too rapid	40
Medical reasons	3
Premature labours	—
Patient refused analgesia	9
Total	52

MEDICAL AID FORMS SENT IN 1958.

Reason for calling Medical Aid	*By E.D.N.A.*	*By Hospitals, etc.*
Labour		
Delayed 1st stage	—	2
Delayed 2nd stage	—	3
Ruptured perineum	—	6
Antepartum haemorrhage	—	2
Perineal tear	—	1
Episiotomy required	—	1
Face presentation, 2nd stage	—	1
Foetal distress	—	2
Other		
Stillbirths	—	1
Maternal distress	—	1
Retained placenta	—	2
Perineum trauma	—	1
Total	—	23

Table XXI.

HOME NURSING DURING 1958.

New Cases Under 5	New Cases Over 65	Type of Case	On Books	Sent By					Age Group					Sex		Total Visits	Result				
				G.P's	Hosp.	P.H. Dept.	Others	Total	0–1	1–5	5–15	15–65	65 and over	M.	F.		Deaths	Trans. to Hosp.	Convalescence	Removed for other causes	On Books
		Degenerative Diseases :																			
—	104	Post-stroke	37	118	4	1	7	167	—	—	—	31	136	64	103	8,192	56	42	30	13	26
—	60	Carcinoma	9	100	8	1	8	126	—	—	—	59	67	42	84	3,741	60	30	10	15	11
—	42	Diabetes	64	26	12	—	13	115	—	—	—	23	92	24	91	20,049	7	13	1	31	63
—	174	Heart Cases	76	186	14	3	19	298	—	—	—	59	239	139	159	8,816	55	37	81	39	86
—	29	Arthritis	20	25	4	—	6	55	—	—	—	10	45	19	36	4,173	1	9	4	16	25
—	115	Other Chronic diseases	96	126	16	3	36	277	—	—	2	96	179	83	194	15,092	30	31	9	95	112
—	25	Ulcers of Legs	24	29	2	1	3	59	—	—	—	13	46	14	45	4,328	1	9	16	13	20
—	72	Simple Senility	37	43	7	4	18	109	—	—	—	2	107	32	77	4,814	22	19	—	27	41
—	2	*Tuberculosis* :	4	8	4	1	—	17	—	—	—	14	3	6	11	1,363	—	4	1	9	3
		Infectious Disease :																			
1	12	Influenza	2	31	—	—	1	34	—	1	3	17	13	10	24	230	1	3	26	1	3
1	—	Measles	—	1	—	—	—	1	—	1	—	—	—	1	—	18	—	—	1	—	—
—	—	Whooping Cough	—	1	—	—	—	1	—	—	1	—	—	1	—	13	—	—	1	—	—
2	—	Others	—	3	—	—	2	5	2	—	—	3	—	3	2	57	—	—	2	2	1
12	23	Pneumonia	7	64	—	—	1	72	7	5	3	27	30	31	41	871	7	6	54	4	1
25	104	Other acute chest conditions	10	195	1	—	3	209	13	12	5	69	110	99	110	2,730	20	15	157	8	9
6	2	Tonsillitis	1	42	—	—	1	44	1	5	5	31	2	18	26	282	—	1	42	—	1
40	122	Other acute infections	11	371	12	1	22	417	22	19	35	213	128	128	289	3,770	7	27	291	74	18
27	1	Ear Infections	5	49	—	1	4	59	10	19	20	9	1	28	31	894	—	1	51	2	5
114	887	Carried Forward	403	1,418	84	16	144	2,065	55	62	74	676	1,198	742	1,323	79,433	267	247	777	349	425

Continued on next page.

Table XXI.

HOME NURSING DURING 1958—*Continued.*

New Cases Under 5	New Cases Over 65	Type of Case	On Books	Sent By					Age Group					Sex		Total Visits	Result				
				G.P's	Hosp.	P.H. Dept.	Others	Total	0–1	1–5	5–15	15–65	65 and over	M.	F.		Deaths	Trans. to Hosp.	Convalescence	Removed for other causes	On Books
114	887	Brought Forward	403	1,418	84	16	144	2,065	55	62	74	676	1,198	742	1,323	79,433	267	247	777	349	425
		Maternity and Gynaecological :																			
—	—	Infect. midwifery	—	3	5	—	18	26	—	—	—	26	—	—	26	327	—	—	8	18	—
—	—	Breast abscess	—	8	5	—	1	14	—	—	—	14	—	—	14	267	—	1	12	—	1
—	—	Flushed breast	—	5	—	—	6	11	—	—	—	11	—	—	11	149	—	—	8	3	—
—	156	Miscarriages	2	41	2	—	3	48	—	—	—	48	—	—	48	560	—	8	38	1	1
		Changing of Pessaries	8	30	1	—	166	205	—	—	—	43	162	—	205	426	—	4	—	196	5
10	46	*Accidents* :	8	74	7	—	11	100	2	8	5	32	53	23	77	2,172	4	12	74	6	4
		Others :																			
10	56	Post Operation Cases	20	87	70	1	2	180	4	6	8	96	66	83	97	4,000	5	11	136	10	18
—	29	Pre X-ray Treatments	—	15	90	—	1	104	—	—	4	71	29	40	64	105	—	—	—	104	—
6	66	Enemata	2	133	1	1	3	140	—	6	4	63	67	68	72	197	—	4	133	3	—
—	—	Threadworms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
140	1,240	Totals	443	1,812	265	18	355	2,893	61	82	95	1,080	1,575	956	1,937	87,636	276	287	1,186	690	454

New Cases	2,450
Total Cases	2,893
Casual Visits	1,513

Table XXII.

IMMUNISATION AND VACCINATION DURING 1958.

Smallpox Vaccination.

Primary vaccinations	585	By general practitioners	470
		At clinics	115
Revaccinations	61	By general practitioners	48
		At clinics	13

Age Groups of persons Vaccinated during 1958.

	Under 1	1 +	2 to 4	5 to 14	15 and over	Totals
Primary	493	43	23	7	19	585
Re-vaccinations	—	—	—	2	59	61

Diphtheria Immunisation.

Primary Courses of Immunisation	1,165	By private practitioners	793
		At clinics	372

(These include 133 combined Diphtheria-Whooping Cough immunisation courses and 987 triple antigen —see below).

Re-inforcement Injection	716	By private practitioners	308
		At clinics	408

Primary Immunisation against Diphtheria, By Age, During 1958.

(Including 133 children who have had combined whooping cough-diphtheria immunisation and 987 triple antigen).

Age at Immunisation	Under 1	1 +	2	3	4	5-9	10-14	Total under 15
Number Immunised, by end of 1958	838	119	94	30	20	51	13	1,165

Diphtheria Immunisation in relation to Child Population.

Number of children at 31st December, 1958, who had completed a course of immunisation against Diphtheria *at any time before that date* (i.e. at any time since 1st January, 1944).

Age at 31.12.58.	Under 1	1—4	5—9	10—14	Total under 15
i.e.—Born in Year :	1958	1954—1957	1949—1953	1944—1948	
Last complete course of injections (whether primary or booster) A. 1953—1957	329	3,061	3,515	2,827	9,732
B. 1952 or earlier*	—	—	1,143	3,042	4,185
C. Estimated mid-year child population (1958)	1,160	4,240	1,200		17,400
"Immunity Index" (A − B)	28.3	72.1	53		55.9

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

No case of diphtheria occurred in Exeter in 1958, and the last confirmed case occurred in 1948.

Whooping Cough Immunisation.

Completed courses of Whooping cough Immunisation	4	By private practitioners	4
		At clinics	—
Completed courses of combined Whooping cough-Diphtheria Immunisation	133	By private practitioners	117
		By clinics	16
Completed courses of Triple Antigen	987		

Immunisation against Whooping Cough By Age, During 1958.

Age at Immunisation	Under 1	1	2	3	4	5—9	Total under 15
Number immunised by end of 1958	832	117	93	27	19	36	1,124

Table XXIII.

Exeter (St. John) Ambulance Service.

Classified Summary of Work from 1st January, 1958 to 31st December, 1958.

Item	Classification	Ambulances		Sitting Cars	
		Cases	Miles	Cases	Miles
1	Accidents	465	1,423	170	586
2	Acute Illness and Other emergencies	630	2,222	393	2,170
3	Removals to and from Hospital	4,412	25,919	3,460	15,775
4	Administrative and Abortive Journeys	381	1,588	575	1,373
5	Exeter Infectious Disease Cases	678	3,108	—	—
6	Devon Infectious Disease Cases	222	5,188	—	—
7	Removals for Devon County Council	1,784	38,639	1,060	17,748
8	Removals for Other Local Authorities	101	2,503	140	2,107
9	School Children to and from School	293	902	1,649	5,102
10	Tin Lane Training Centre	1,373	1,895	2,614	4,163
	Totals	10,339	83,387	10,061	49,024

Items 6 and 7—Chargeable to Devon County Council.
8—Chargeable to Other Local Authorities.
9—Chargeable to Exeter Education Authority.
10—Chargeable to Health Services Committee.

Table XXIV.

Exeter (St. John) Ambulance Service.

Monthly Summary of Work, 1958.

1958 Month	Ambulances		Sitting Case Cars		Trains	
	Patients	Miles	Patients	Miles	Patients	Miles
January	805	8,533	414	3,355	18	2,123
February	615	6,296	418	2,898	14	1,851
March	710	6,225	476	3,728	15	1,977
April	657	5,779	465	3,579	10	970
May	731	6,737	518	3,444	13	2,015
June	696	6,645	468	3,312	19	2,624
July	720	7,663	494	3,487	15	2,031
August	709	6,709	387	3,664	26	4,142
September	644	5,947	414	3,506	20	3,013
October	688	5,615	374	2,607	19	2,916
November	687	5,734	414	2,432	23	2,553
December	630	7,119	381	2,374	15	1,932
Totals	8,292	79,002	5,223	38,386	207	28,147

The above Summary does Not include Children carried to and from Schools nor young women conveyed to and from Tin Lane Training Centre. Neither does it include Administrative and Abortive journeys.

Table XXV.

Exeter (St. John) Ambulance Service.

Summary of Work—All Classes : 1949-1958.

Year	Ambulances		Sitting Case Cars		Total	
	Cases	Miles	Cases	Miles	Cases	Miles
1949	5,404	57,663	5,892	42,760	11,296	100,423
1950	5,900	57,841	6,369	41,698	12,269	99,539
1951	6,930	58,294	5,752	35,862	12,682	94,156
1952	8,406	63,954	6,485	37,745	14,891	101,699
1953	8,255	66,264	6,444	39,225	14,699	105,489
1954	9,769	69,829	7,291	43,254	17,060	113,083
1955	10,168	78,256	7,298	43,200	17,466	121,456
1956	8,421	73,255	7,107	42,658	15,528	115,913
1957	8,356	76,248	8,459	43,686	16,185	119,934
1958	10,339	83,387	10,061	49,024	20,400	132,411

Table XXVI.

TUBERCULOSIS STATISTICS FOR THE CITY.

				Totals
1	Total cases on Register, 1st January, 1958 :	Pulmonary	747	
		Non-Pulmonary	125	872
2	Total new notifications received after deduction of duplicates :	Pulmonary	54	
		Non-Pulmonary	14	68
3	Inward Transfers :	Pulmonary	72	
		Non-Pulmonary	4	76
4	Deaths during the year from Tuberculosis :	Pulmonary	7	
		Non-Pulmonary	2	9
5	Deaths during the year of Tuberculous patients from other causes :	Pulmonary	6	
		Non-Pulmonary	3	9
6	Outward Transfers :	Pulmonary	74	
		Non-Pulmonary	2	76
7	Number of cases removed from Register as " Recovered " or " Mistaken Diagnosis " :	Pulmonary	35	
		Non-Pulmonary	10	45
8	Taken off the Register under the ' Public Health (Tuberculosis) Regulations, 1930 ' :	Pulmonary	2	
		Non-Pulmonary	1	3
9	Total cases on Register, 31st December, 1958 :	Pulmonary	749	
		Non-Pulmonary	125	874

Table XXVII.

MASS MINIATURE RADIOGRAPHY SURVEYS.

Year	Examined	Referred
1950	2,679	27
1951	7,092	47
1952	9,653	39
1953	10,355	64
1954	13,593	48
1955	13,759	101
1956	15,424	93
1957	12,902	69
1958	10,586	73

Table XXVIII.

Total Films Taken in Exeter by M.M.R. Unit.

From 1st January to 31st December, 1958.

Date	Location	Miniatures			Large Films		
		Male	Female	Total	M.	F.	Total
Jan. 1— 3	Digby Hospital	57	193	250	8	12	20
,, 6— 7	Wonford House Hospital	50	70	120	9	9	18
,, 8— 9	Exmouth Junction	444	11	455	28	—	28
,, 13—20	Whipton Health Centre	1,003	485	1,488	46	23	69
Mar. 4—10	Alphington	758	464	1,222	26	21	47
May 5	Luvisca	26	117	143	2	5	7
,, 21—23	Corner of Southernhay	516	963	1,479	24	37	61
,, 27							
June 3	Buddle Lane Welfare Centre	643	162	805	34	12	46
July 7	Govt. Bldgs., Alphington*	50	70	120	—	—	—
Aug. 18	Alphington	298	54	352	19	5	24
Sept. 8— 9	Princess Elizabeth Hospital	83	153	236	4	5	9
,, 10	Woodhayes Old Folks Home*	—	12	12	—	—	—
,, 10—15	Royal Devon & Exeter Hospital	294	436	730	5	13	18
Oct. 7— 8	Buddle Lane Welfare Centre	514	229	743	10	5	15
,, 9—13	Whipton Health Centre	399	334	733	12	8	20
,, 14—17	Washington Singer Laboratory	369	308	677	11	6	17
Dec. 8	Trinity Car Park*	146	88	234	—	—	—
,, 17	Hammetts Dairy*	162	45	207	—	—	—
,, 18	Gilchrist & Fisher*	10	107	117	—	—	—
,, 19	Co-operative Dairy*	56	8	64	—	—	—
	Total	5,878	4,309	10,187	238	161	399
				10,586			

* 100 mm. Unit.

Table XXIX.

Cases Examined at Chest Clinic During 1958 Referred by the Mass Radiography Unit.

	Age in Years							Total
	Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
Male	3	7	9	9	4	11	8	51
Female	—	6	4	4	3	2	3	22
Totals	3	13	13	13	7	13	11	73

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

		Age in Years							Total
		Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
(1) Already known to Chest Clinic as cases of Tuberculosis.	M.	—	—	—	—	—	—	—	—
	F.	—	1	—	—	—	—	—	1
(2) Already known to Chest Clinic as Observation cases or Contacts.	M.	—	—	—	1	1	—	—	2
	F.	—	—	—	1	—	—	1	2
(3) Failed to keep appointments at Chest Clinic.	M.	—	—	—	—	1	—	1	2
	F.	—	—	—	—	—	—	—	—
(4) Transferred to other Clinics for investigation.	M.	—	—	—	—	1	—	—	1
	F.	1	1	—	—	—	—	—	2
(5) Taken off Books — Healed Pulmonary T.B. (Inactive Disease)	M.	—	1	1	2	—	—	2	6
	F.	—	1	—	—	—	—	1	2
(6) Taken off Books — Chest conditions other than T.B.	M.	1	—	4	2	—	5	3	15
	F.	—	1	2	2	2	—	1	8
(7) Newly diagnosed as suffering from active Pulmonary T.B. Male-Sputum Positive		—	1	2	—	—	1	1	5
Female-Sputum Positive		—	2	—	1	—	1	—	4
Male-Sputum Negative		—	—	1	—	—	—	—	1
Female-Sputum Negative		—	—	—	—	—	1	—	1
(8) Remaining under Observation at 1-1.59.	M.	2	5	2	2	2	5	1	19
	F.	—	1	1	2	—	—	—	4
Totals		3	13	13	13	7	13	11	73
(9) Disposal of New Cases diagnosed (see (7) above). (a) Sanatorium treatment.	M.	—	1	3	—	—	1	—	5
	F.	—	2	—	—	1	1	—	4
(b) Clinic Supervision.	M.	—	—	—	—	—	—	1	1
	F.	—	—	—	—	—	1	—	1

Table XXX.

CASES ON THE TUBERCULOSIS REGISTER (31ST DECEMBER, 1958).

AGE GROUP.	RESPIRATORY	NON-RESPIRATORY						
		Neck glands	Genito-urinary	Spine	Other bones and Joints	Abdominal	Meninges	Lupus, Mastoid
MALE								
0–5	1	—	—	—	—	—	—	—
5–15	37	4	—	—	—	—	1	—
15–25	51	2	—	3	3	1	2	—
25–35	109	4	4	4	2	1	—	—
35–45	73	1	2	—	2	—	—	—
45–65	114	2	4	1	2	—	1	—
65 & Over	18	—	—	—	—	1	—	—
Total Male	403	13	10	8	9	3	4	—
FEMALE								
0–5	2	1	—	—	—	—	—	—
5–15	20	2	—	—	4	1	1	1
15–25	58	1	1	2	—	—	1	—
25–35	119	6	1	2	6	3	1	—
35–45	69	4	7	1	6	—	—	—
45–65	62	4	4	2	10	2	—	1
65 & Over	16	2	—	1	—	—	—	—
Total Female	346	20	13	8	26	6	3	2

GRAND TOTAL, MALE AND FEMALE = 874.

Table XXXI.

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

Year	DEATHS.			DEATH RATE. PER 1,000 POPULATION			DEATHS OF CHILDREN UNDER 5.
	Pulmonary	Non-Pulmonary	Total	Pulmonary	Non-Pulmonary	Total	
1949	32	8	40	0.42	0.1	0.52	—
1950	32	2	34	0.41	0.03	0.44	1
1951	14	5	19	0.18	0.07	0.25	—
1952	19	2	21	0.25	0.03	0.28	—
1953	22	1	23	0.28	0.01	0.29	—
1954	22	1	23	0.28	0.01	0.29	—
1955	12	2	14	0.16	0.03	0.19	—
1956	12	4	16	0.16	0.05	0.21	—
1957	17	1	18	0.23	0.01	0.24	—
1958	7	2	9	0.08	0.04	0.12	—

Table XXXII.

NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS DURING 1958 ARRANGED ACCORDING TO AGE.

AGE AT NOTIFICATION	Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.
0—	1	—	—	—
1—	—	—	—	—
2—	—	—	—	—
5—	—	2	—	—
10—	—	1	—	1
15—	5	3	—	—
20—	1	3	—	—
25—	9	5	1	2
35—	4	2	2	1
45—	6	2	—	2
55—	4	1	1	2
65—	2	1	—	1
75 and over	1	1	—	1
Totals	33	21	4	10
		68		

Table XXXIII.

DEATHS FROM TUBERCULOSIS DURING 1958, ARRANGED ACCORDING TO AGE.

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

Table XXXIV.

Summary of Work carried out at Exeter Chest Clinic.

	1954	1955	1956	1957	1958
1. Number of new cases diagnosed as suffering from active Tuberculosis	99	96	70	61	68
2. Number of patients examined for the first time during the year	1,211	1,316	1,248	1,207	980
3. Number of patients re-examined during the year	1,468	1,814	1,644	1,954	1,924
4. Number of contacts examined for the first time during the year : Large films	162	173	177	130	154
Miniature films	285	186	143	173	125
	447	359	320	303	279
5. Number of contacts re-examined during the year : Large films	114	146	156	167	175
Miniature films	132	137	160	156	148
	246	283	316	323	323
6. Number of Inward Transfers during the year	76	92	86	92	76
7. Number of B.C.G. Vaccinations carried out during the year :					
Clinic Cases	213	175	149	119	136
13-year old schoolchildren under Ministry Scheme	149	—	—	—	—
8. Number of X-ray films taken during the year Large films	1,712	2,308	2,333	2,275	2,245
Miniature films	574	562	588	613	477
9. Number of Screenings made during the year	825	859	1,077	804	373
10. Number of Refills given during the year	719	860	957	742	326
11. Number of Pathological Examinations made during the year	2,259	2,088	1,732	1,811	1,060

Table XXXV.

Examination of Contacts—Age Groups.

		Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	Total
Number of Contacts examined during the year by Large Films and clinical examination	New	76	32	11	9	2	4	20	154
	Old	112	33	18	4	2	6	—	175
Number of Contacts examined during the year by Miniature Films	New	5	47	7	10	4	6	46	125
	Old	—	27	2	10	29	47	33	148
Number of Contacts found to be suffering from active Pulmonary Tuberculosis.									
Pulmonary :	Positive sputum	—	4	1	—	—	1	1	7
	Negative sputum	3	2	1	—	—	—	—	6
Non-Pulmonary :		—	—	—	1	—	1	—	2

Tuberculin Testing and B.C.G. Vaccination at the Chest Clinic.

Age Groups, Etc.	Contacts of known cases of Tuberculosis	Sent by School Medical Officers	Sent by Family Doctors	Chest Clinic Cases	Seen as a result of Special Surveys	Sent by other Clinics	Results		Given B.C.G. Vaccination	Post B.C.G. Tests
							Positive	Negative		
0— 1	18	—	1	—	—	—	—	19	16	12
1— 2	10	—	—	—	—	—	—	10	8	10
2— 3	8	—	2	—	—	—	—	10	6	2
3— 4	6	—	—	—	—	—	3	3	3	3
4— 5	9	—	4	—	—	—	2	11	3	3
5— 6	9	4	9	—	—	—	1	21	3	3
6— 7	8	1	5	1	2	—	4	13	3	3
7— 8	7	1	6	—	1	—	1	14	7	6
8— 9	4	2	1	1	—	—	—	8	2	2
9—10	7	—	1	—	—	1	3	6	2	2
10—11	3	1	3	1	—	1	3	6	—	—
11—12	4	—	2	—	1	—	1	6	3	3
12—13	2	—	6	1	2	—	2	9	—	—
13—14	1	—	2	1	1	—	2	3	—	—
14—15	5	—	—	—	—	—	3	2	1	1
Senior School Children	1	—	2	—	—	—	1	2	—	—
Nurses and Hospital Staff	32	—	—	—	—	—	8	24	23	24
Occupational Therapists	3	—	—	—	—	—	1	2	2	4
University Students	78	—	—	—	—	—	34	44	44	35
Others	3	—	5	9	2	—	13	8	2	2
Totals	220	9	49	14	9	2	82	221	136	115

Table XXXVII.

PATHOLOGICAL EXAMINATIONS.

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

Nature of Specimen or Examination		Results		
		Tubercle Bacilli discovered	Tubercle Bacilli not found	Others
Sputum	Direct Smear	45	570	—
	Culture	51	499	—
	Preparation for Malignant Cells	—	—	5
Specimens obtained by Bronchial Lavage		8	75	—
Tests for Pregnancy		—	—	2
Urine :	Direct smear	—	13	—
	Culture	2	11	—
Throat and Nose Swabs		—	—	12
Blood Urea		—	—	17
Sedimentation Rates (Wintrobe Technique)		—	—	151
Haemoglobin Estimations		—	—	149

Table XXXVIII.

HOME VISITS.

During the year 1,302 Home Visits were made by the Tuberculosis Health Visitor (Miss A. Dawson), made up as follows :—

(a)	Primary visits to New Patients	48
(b)	Primary visits to New Contacts	63
(c)	Repeat visits to Patients	292
(d)	After-care visits	391
(e)	Visits for carrying out Tuberculin Tests at home	264
(f)	Other visits	88
(g)	Ineffective visits	156

The Chest Physician (Dr. R. P. Boyd) made 114 Home Visits for the examination of patients, almost without exception to patients who were too ill to attend the Chest Clinic.

Table XXXIX.

DOMESTIC HELP SERVICE.

Summary of work undertaken :

	No. of cases helped.		*No. of hours worked.*	
	Full-time.	*Part-time.*	*Full-time.*	*Part-time.*
MATERNITY.				
(a) Confinement	20	51	1,530½	1,796
(b) Ante-natal	—	14	—	774
ACUTE ILLNESS.				
(a) Under pension age	1	34	60	2,205½
(b) Over pension age	—	8	—	1,166½
CHRONIC SICKNESS.				
(a) Under pension age	1	42	2,070	9,881½
(b) Over pension age	—	73	—	12,069½
OLD AGE AND INFIRMITY	—	141	—	26,015½
TUBERCULOSIS	—	6	—	575½
OTHERS, INCLUDING MENTAL DEFECTIVES	—	13	—	760
Totals	22	382	3,660½	55,244
	404		58,904½	

MENTAL HEALTH SERVICES.

Table XL.

Table showing admission of Exeter residents* suffering from mental illness to hospitals during 1958, through the Mental Welfare Officers :—

Health Service Class.	*Male*	*Female*	*Total*
(1) Voluntary	76	106	182
(2) Temporary	1	—	1
(3) Section 20	27	52	79
(4) Section 21(1)	—	—	—
(5) Certified	7	22	29
TOTALS ..	111	180	291

The 79 persons (plus 1 remaining from 1957) admitted under Section 20 subsequently became :—

Type of Patient.	*Male*	*Female*	*Total*
(1) Extended under Section 21(a)	15	36	51
(2) Voluntary	9	9	18
(3) Certified	3	5	8
(4) Discharged	1	2	3
(5) Remaining under Section 20	—	—	—
TOTALS ..	28	52	80

The 51 Section 21A cases subsequently became :—

Type of Patient.	*Male*	*Female*	*Total*
(1) Voluntary	9	26	35
(2) Certified	1	4	5
(3) Discharged	5	6	11
(4) Died	—	—	—
(5) Remaining under 21(a)	—	—	—
TOTALS	15	36	51

" Section 21A cases " refers to patients admitted under a 3-day or 14-day order who subsequently are kept in hospital for a further period, up to 14 days, on the order of the hospital doctor.

*Additionally 48 non-Exeter residents (22 men, 26 women) were admitted to hospital through the agency of the Mental Welfare Workers : 15 (7 men and 8 women) were on Section 20 Orders, 19 (10 men and 9 women) as Voluntary patients, 13 (5 men and 8 women) certified, and 1 woman on Temporary Order. These patients were all temporarily in the City, e.g., on holiday, or in hospital. (See also footnote to Table XLI).

Table XLI.

SHOWING ADMISSIONS, DISCHARGES AND DEATHS OF EXETER RESIDENTS SUFFERING FROM MENTAL ILLNESS DURING THE YEAR 1958, AND THE NATURE OF THE LEGAL CLASSIFICATION OF THE PATIENTS.

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

AGE GROUP AND SEX		STATE AT 31ST DECEMBER, 1957					ADMITTED					DISCHARGED					DIED					STATE AT 31ST DECEMBER, 1958				
		Vol.	Tem.	Cert.	Sec. 20	Sec. 21 (1)	Vol.	Tem.	Cert.	Sec. 20	Sec. 21 (1)	Vol.	Tem.	Cert.	Sec. 20	Sec. 21 (1)	Vol.	Tem.	Cert.	Sec. 20	Sec. 21 (1)	Vol.	Tem.	Cert.	Sec. 20	Sec. 21 (1)
0—14 years :	Male	—	—	—	—	—	3	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	—	—	—	—
	Female	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15—44 years :	Male	19	—	29	—	—	37	—	1	13	—	36	—	6	9	—	1	—	—	—	—	19	—	24	—	—
	Female	14	—	20	—	1	43	—	10	22	—	43	—	13	20	1	1	—	—	—	—	13	—	17	—	—
45—64 years :	Male	17	—	34	—	—	24	—	4	7	—	20	—	3	11	—	1	—	—	—	—	20	—	35	—	—
	Female	22	—	58	—	—	44	—	3	19	—	44	—	7	19	—	—	—	1	—	—	22	—	53	—	—
65 plus :	Male	19	—	25	—	—	12	1	2	7	—	10	—	1	7	—	4	1	4	—	—	17	—	22	—	—
	Female	12	—	66	1	—	19	—	9	11	—	12	—	7	14	—	3	—	12	—	—	16	—	56	—	—
TOTAL		103	—	232	1	1	182	1	29	79	—	166	—	37	80	1	10	1	17	—	—	109	—	207	—	—
GRAND TOTAL				337					291					284					28					316		

Section 20 cases—those where emergency requires immediate admission without a Justice's Order—3-day Order.

Section 21 cases—those where emergency required immediate admission with a Justice's Order—14-day Order.

Voluntary—cases admitted on the patient's own application.

Temporary—cases admitted, on a temporary basis, where patient has no volition. 2 medical recommendations required.

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

(This Table and Table XL are not strictly comparable with the corresponding tables in my recent annual report, as in them, owing to an oversight, Voluntary patients admitted to Digby and Wonford Hospitals were all included even though some of them were not really Exeter residents; and all cases dealt with in the first place by Duly Authorised Officers in the City were also included).

Table XLII.

PSYCHIATRIC SOCIAL WORKER'S DOMICILIARY VISITS IN 1958.

	Men	Women	Children	Totals
(1) Visits	10	203	39	252
(2) Persons visited	4	27	17	48

In addition, 62 visits were made to the Psychiatric O.P. Clinic and routine visits to Schools and Infant Welfare Centres.

Table XLIII.

MENTAL HEALTH WORKERS' DOMICILIARY VISITS TO MENTALLY ILL.

TYPE OF VISIT	*Male*	*Female*	*Total*
(1) Upon discharge from hospital or H.M. Forces	162	208	370
(2) Prior to and after removal of patient to hospital	351	519	870
(3) Miscellaneous visits on behalf of (2) above and follow up	307	316	623
(4) Visits in which no statutory action was necessary .... (sometimes O.P. attendances were arranged)	79	114	193
(5) Special visits and removals to O.P. Clinics	29	22	51
TOTALS	928	1,179	2,107

Table XLIV.

ASCERTAINMENT OF MENTAL DEFECTIVES DURING 1958 :

HOW REPORTED	*Male*	*Female*	*Total*
(1) By Local Education Authority under Section 57(3) of Education Act, 1944	2	1	3
(2) By Local Education Authority under Section 57(5) of Education Act, 1944	2	2	4
(3) Through Police and Magistrates' Court	1	—	1*
(4) Other sources	—	—	—
TOTALS	5	3	8

* A man over 21 years of age.

DISPOSAL OF THE 8 CASES "ASCERTAINED" DURING 1958 :

HOW DEALT WITH	*Male*	*Female*	*Total*
(1) Placed under Statutory Supervision	4	3	7
(2) Admitted to Institutions	1	—	1
TOTALS	5	3	8

2 children were de-certified under the provisions of Section 8, Education (Miscellaneous Provisions) Act, 1948, and went to school.

At the end of the year there were 4 urgent cases (3 boys and 1 girl) awaiting admission to hospital.

Table XLV.

MENTAL HEALTH WORKERS' DOMICILIARY VISITS TO MENTALLY SUBNORMAL PERSONS DURING 1958 :

Type of Case and reason for visit.	*Visits to children under 16 years of age.*		*Visits to Persons over 16 years of age.*		*Total.*
	Male	*Female*	*Male*	*Female*	
Voluntary Supervision	8	7	84	55	154
Statutory Supervision	45	63	216	150	474
Guardianship	—	—	5	17	22
Review Reports	—	—	25	21	46
Licence and Holiday Reports	—	—	9	12	21
TOTALS	53	70	339	255	717

In addition to these 717 visits made to mentally subnormal patients in the community, 464 visits were made to the occupation and training centres, and various organisations such as the Courts, National Assistance Board offices, Ministry of Labour and employers on behalf of these patients in the community.

Table XLVI.

MENTALLY SUBNORMAL PATIENTS UNDER SUPERVISION ON 31ST DECEMBER, 1958 :

AGE GROUP.	STATUTORY SUPERVISION.			VOLUNTARY SUPERVISION.		
	Male	*Female*	*Total*	*Male*	*Female*	*Total*
Under 16 years	24	22	46	—	—	—
Over 16 years	43	55	98	36	28	64
TOTALS	67	77	144	36	28	64

Table XLVII.

SEVERELY MENTALLY SUBNORMAL PATIENTS FROM EXETER IN HOSPITALS AT 31ST DECEMBER, 1958 :

NAME OF HOSPITAL.	MALE.		FEMALE.		TOTAL.	
	Under 16	*Over 16*	*Under 16*	*Over 16*	*Under 16*	*Over 16*
Royal Western Counties	5	68	3	37	8	105
Other Hospitals	4	6	—	5	4	11
Rampton Hospital	—	3	—	3	—	6
TOTALS	9	77	3	45	12	122

ERRATA

1958 ANNUAL REPORT

Index.

Clean Air Act, 1958, should read 1956.

Page 8

IMMUNISATION, Line 5, 1948, should read 1957.

Pages 16/17

TABLE — VITAL STATISTICS, should read :—

STILLBIRTHS (per 1,000 live and stillbirths) — words in brackets should be deleted.

STILLBIRTH RATE — should read :—
Stillbirth Rate (per 1,000 live and Stillbirths).