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

September, 1961.

ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH

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

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for 1960, a year characterised by a wet winter, a poor summer, and an exceedingly wet autumn; local rainstorms caused local flooding late in September, but much more serious were the severe floods caused by continuous heavy rain over the already saturated catchment area of the river Exe in late October (12.25 inches fell in Exeter itself, the highest October rainfall since 1880) and early December, causing the river Exe to burst its banks and make an additional channel for itself through Okehampton Street on two occasions with alarming consequences. Nearly all the Council's services were called into action and voluntary help was freely given throughout the City. An interesting account detailing the remedial work undertaken by the public health inspectors is given by the Chief Inspector (Mr. Davies) (p. 31); the health visitors also assisted substantially (p. 69) and all the staff played their parts well. Fortunately, there was no loss of life and no epidemic disease occurred as a result of the flooding; the morale of the people was amazingly high, but the second major flooding caused severe strain. Prevention is better than cure, and the Council is well aware of the need to ensure that all practical steps be taken to prevent such a disaster recurring, and the Devon River Board, the responsible Authority, is making the necessary survey and plans. One boy, unfortunately, was drowned by falling whilst at play, into the river Won when it was in spate.

The census of 1961 (April 23rd) shews the City's population to be 80,215. Throughout this report, however, the Registrar General's estimate of the mid-year population in 1960, viz: 77,450, has been used; clearly, this was an under-estimate, so that "rates" based on this figure are over-estimates. The City birth rate (15.2) whilst higher than in 1959 is relatively stationary,



though the national rate has shewn a steady rise in recent years. The infant mortality rate (14.6) was the lowest yet recorded in the City and the stillbirth rate (18.6) was also very low (but it is already clear they will not be so low in 1961); the peri-natal death rate (28.7) was also correspondingly satisfactory. The Exeter death rate (adjusted) (11.0) is rather lower than the national rate. 75% of all deaths in Exeter residents in 1960 occurred after the age of 65 and less than 6% of all the deaths were in persons under 45. Cancer of the lung caused 36 deaths. Heart disease, cancer, and strokes, were the main causes of death, in that order.

There were no serious epidemics : no cases of poliomyelitis or diphtheria and only one sizeable (and even this, not very large), occurrence of food poisoning. Dysentery was troublesome. It was evident in the St. Thomas area before the flooding ; it shewed some increase afterwards, but I do not attribute this to the flooding.

Smoke control continues to make headway ; the Council's decision to make all new developments of 50 or more dwellings smoke controlled is a useful, but only preliminary step, towards achieving their avowed object of making the whole City smoke controlled. Up to the end of the year, two smoke control Orders had been confirmed by the Minister.

Housing clearance and closure continued and the bulk of the original clearance programme prepared in 1955 has been completed. All the houses have been dealt with in one way or another and most are either cleared or closed (p. 34). For various reasons, the properties have not all been dealt with in the chronological order originally proposed nor necessarily under the procedures envisaged. Some were purchased by the Council under planning powers voluntarily or under compulsory purchase orders.

At last it appears the building of a new abattoir is an immediate probability. I shall be glad when I can say the same of the ambulance station, for the present station is really out of date and unsuitably sited.

The more noticeable features of the department's work (apart from the onerous burden imposed by the flooding) were the City's participation in the Sabin attenuated poliomyelitis oral vaccine trials, under the aegis of the Medical Research Council (p. 77) ; the approval by the Minister of the Council's proposals under the National Health Service Act, 1946, and the Mental Health Act, 1959 (which latter came into full effect in November, 1960) for the development of a comprehensive community mental health service (p. 88) ; the holding of a mental health exhibition, 9th July to 16th July ; the commencement of a yellow fever vaccination centre in July ; and the approval by the Council in December for submission to the Minister of proposals to provide a chiropody service directly administered by the health department, which will prove an especial boon to elderly people. In common with other departments of the Council we had to prepare information



necessary for the Boundary Commission's review of the boundaries of the City.

A short note by Dr. Ward and myself on the incidence of congenital defects in Exeter during the years 1954 to 1960 is included in Appendix II. I have prepared a further note on the later consequences of the community mass miniature radiography survey of 1959 (page 125).

I thank all those who have helped in the preparation of this report, including the office staff (under Mr. R. W. Stiles) the significance of whose work is not always fully appreciated : staff sickness absence has delayed the publication of this report ; Dr. McLauchlan has as usual prepared the section on infectious disease and Dr. Ward the section on loss of child life. I regret to have to record that Mr. T. Tickle, for many years Public Analyst to the City, died during the year. Dr. C. V. Reynolds, his deputy, was appointed by the Council to succeed him.

It is a pleasure to record the loyal and devoted work of all the staff of my department, the co-operation we receive from all departments of the Council, other official and voluntary organisations, the family doctors and consultants, the press and, of course, the public. Finally, I thank the Council and, in particular, the chairman and members of both my Committees for your unfailing support and encouragement, without which progress would, of course, be quite impossible.

I am,

Your obedient servant,

E. D. IRVINE.



# CITY AND COUNTY OF THE CITY OF EXETER

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## **The Mayor—**

ALDERMAN PHILIP F. BROOKS, B.E.M.

## **PUBLIC HEALTH COMMITTEE**

### **Chairman—**

COUNCILLOR H. T. HOWE.

### **Deputy Chairman—**

COUNCILLOR R. SIM.

Alderman R. H. CREASY.

Alderman C. REW.

Councillor W. N. BOORNE.

Councillor W. H. BUTCHER.

Councillor T. B. H. CHAPPELL.

Councillor L. J. SEWARD, O.B.E.

Councillor C. C. M. FORCE.

Councillor H. G. J. GRACE.

Councillor P. HILTON.

Councillor Mrs. M. NICHOLS.

Councillor A. S. WEBBER.

Councillor R. J. WILLIAMS.

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## **HEALTH SERVICES COMMITTEE**

### **Chairman—**

COUNCILLOR MRS. M. NICHOLS.

### **Deputy Chairman—**

COUNCILLOR W. N. BOORNE.

Alderman R. H. CREASY.

Alderman C. REW.

Councillor R. E. C. BOARD.

Councillor T. B. H. CHAPPELL.

Councillor A. J. COMINS.

Councillor R. E. EVELEIGH.

Councillor F. H. GUSCOTT.

Councillor H. T. HOWE.

Councillor W. HUNT.

Councillor E. RUSSELL.

Councillor Mrs. F. M. VINING.

Councillor Mrs. E. J. WHITWORTH

Councillor Mrs. R. M. WICKINGS.

### **Co-opted Members—**

Dr. LEWIS COUPER.

Dr. H. G. MAGILL.

Mrs. G. MORRISH.

Mrs. A. ROBB.

Mrs. A. T. SOPER.

Mr. W. J. SELLEY.

(1 Vacancy)

### **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.*

†J. C. LAWSON, L.D.S., R.C.S. (Eng.)

*Dental Officers.*

†R. B. MYCOCK, L.D.S. (Bris.)

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

†Mrs. R. M. BLOOD, L.D.S. (Liv.).

#### (b) Others.

*Chief Public Health Inspector and Officer under the Food and Drugs 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.

\*L. G. HOPES.

\*D. PECKHAM.

\*†R. G. WEBB.

\*J. T. BROWN.

*Public Analyst.*

T. TICKLE, B.SC., F.I.C. (Died 5th January, 1961).

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† Duties mainly in connection with the Education Committee.

\* All qualified Public Health Inspectors and Meat Inspectors.

† Smoke Certificate.

*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 P. HORNE, S.R.N., S.C.M. (Pt.1), 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 (London).

*Psychiatric Social Worker (Part-time).*

MRS. M. A. E. MUNDAY, from 15.8.60.

*Mental Welfare Officers.*

L. N. CLARK, R.M.P.A.

E. J. LOCK.

*Junior Training Centre, Supervisor.*

MRS. A. M. HORTON, Dip. N.A.M.H.  
(4 assistants)

*Adult Training Centre (Women), Supervisor.*

MRS. E. WOOD.

*Adult Training Centre (Men), Supervisor.*

W. J. CHANNON.



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

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

*Clerical Staff.*

G. H. WHITLEY.	Miss M. N. NOEL
F. HADFIELD (from 1.7.60).	(transf'd to Health Dept., 1.8.60).
G. A. GIBSON.	Miss E. L. BARRINGER.
Mrs. M. M. PAYNE.	Miss A. SCOTT (from 12.10.60).
Mrs. J. BURNETT.	Miss S. M. BROWSE.
B. R. BOND.	Miss C. M. DUNN.
A. DUMPER.	Miss A. MCPARTLAND (from 7.6.60).
I. COX.	Miss D. M. E. BARROW*
Miss M. CROXFORD.	(retired 20.10.60).
Miss J. SCOTT.	Mrs. M. J. GRIGG.*
Miss J. M. PLUMER	Mrs. D. MAUNDER.*
(transf'd to S. H. Dept., 1.8.60).	Mrs. M. CASH.*

\*Part-time, temporary.

**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.

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**GENERAL STATISTICS**

Area in acres	9,137
Population (1961 Census)	80,215
Population (Estimated Civilian) Mid-year 1960	77,450
Rateable Value	£1,707,585
Sum represented by a penny Rate	£7,080

## VITAL STATISTICS

Population (1960, mid-year estimate, Registrar General) 77,450

	RATES	
	Exeter. 1960	England and Wales. 1960†
Live Births, 1,162.		
Legitimate, total 1,100 ; male 563, female 537		
Illegitimate, total 62 ; male 34, female 28		
Live Birth Rate (crude) per 1,000 population	15.0	17.1
Live Birth Rate (adjusted) per 1,000 population	15.2*	
Stillbirths, 22 (16 male, 6 female)		
Stillbirth Rate per 1,000 total (live and stillbirths)	18.6	19.8
Total Live and Stillbirths, 1,184		
Infant Deaths, 17		
(Legitimate : 10 males, 7 females)		
Infant Mortality Rate per 1,000 live births	14.6	21.9
(Legitimate 15.5, illegitimate Nil.)		
Neonatal Deaths 13 (Legitimate : 8 male, 5 female)		
Neonatal Mortality Rate per 1,000 live births	11.2	15.6
Deaths under 1 week of age, 12		
(Legitimate : 8 male, 4 female)		
Perinatal Mortality Rate	28.7	32.9
Illegitimate Live Births per cent of total live births,	5.3	
Maternal Deaths (including abortion) Nil.		
Maternal Mortality per 1,000 live and stillbirths	Nil.	
Deaths : 1,001. Male 480, female 521		
Death Rate (crude) per 1,000 population	12.9	
Death Rate (adjusted) per 1,000 population	11.0*	11.5
Tuberculosis Mortality Rate per 1,000 population	0.09	
(Pulmonary 6 (3 males, 3 females) )		
(Non-Pulmonary 1 (1 male) )		
Deaths from Measles (all ages)	Nil.	
" " Whooping Cough (all ages)	Nil.	
" " Gastro-enteritis (under 2 years of age)	Nil.	
" " Diphtheria (all ages)	Nil.	
Marriages : 621		
Persons marrying per 1,000 population	16.0	15.0

\* Adjusted by the use of the Registrar General's comparability factor to allow for the age and sex constitution of the population. (0.85 for death rate, 1.01 for birth rate).

† Provisional figures (Registrar General's Return No. 449 (1961) ).

## EMPLOYMENT

Miss I. E. Priaulx, Manager of the Exeter Employment exchange tells me that " The improved employment situation which prevailed at the end of 1959, continued throughout 1960. Unemployment was consistently lower than in recent years and in the closing months was less than at any corresponding period since 1955. The prime factor was the vigorous and expanding building programme which seems likely to continue for some time yet, but almost all industries shared in the improvement, which was remarkable bearing in mind the inclement summer weather and the phenomenal flooding which followed it. Fortunately, the



latter had no serious repercussions on industry. In December 1960, unemployment in Exeter (1.5%) was still lower than the national average (1.6%).

The total number of persons in insured occupations remained stable, although redundancies in engineering during 1959 and early 1960 caused a shift of about 300 workers to other industries. In the City the majority of workers are employed in industries serving the needs of the inhabitants and there has been no significant increase in manufacturing development.

Employment opportunities have been plentiful for the young, the fit and the skilled, both men and women, at industrial level, but vacancies of a lighter nature for older and less fit applicants have been scarce. There seems to be no immediate solution to this problem."

## VITAL STATISTICS.

**Table I.**

MID-YEAR POPULATION. (Registrar-General's estimates).

Year	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Exeter	76,200	76,600	76,700	76,900	77,100	77,000	76,900	76,900	77,400	77,450

The Registrar General's estimate of population has been used throughout this report, though it can be taken as certainly an under-estimate. The Census (23rd April 1961) shewed Exeter's population then to be 80,215.

The natural increase (excess of live births over deaths) during 1960 was 161.

## NOTIFICATION OF BIRTHS

The birth notifications shewed that 1,907 live births and 53 stillbirths occurred in the City in 1960. 3 notifications were made by doctors, all the rest by midwives. The table sets out the details.

PLACE OF BIRTH	RESIDENTS		NON-RESIDENTS		TOTAL	
	Live births	Still births	Live births	Still births	Live births	Still births
Domiciliary	412	2	8	—	420	2
Hospitals	721	18	710	32	1,431	50
Mother and Baby Homes	3	—	50	1	53	1
H.M. Borstal Institution	—	—	3	—	3	—
TOTAL	1,136	20	771	33	1,907	53

" Transfers-in " :

Domiciliary	6	} 17—all live births.
Hospitals	2	
Nursing Homes	9	

Additionally we know of 9 births to Exeter mothers who were confined elsewhere than in Exeter and which were not " trans-



ferred-in" by notification. The Registrar-General's records of inward transferable births gave us the information.

Thus there were 1,182 births (including 20 stillbirths) to Exeter mothers, 26 of whom were confined elsewhere than in the city: 424 (36%) took place at home and 758 (64%) in hospitals, nursing homes, etc., these proportions being nearly the same as the national figures.

### LIVE BIRTH RATE

(The number of live births *registered* during the year per 1,000 population)

Even when corrected to allow for the age and sex constitution of the city population compared with the national population—the Registrar General's correction factor for Exeter is 1.01—the city's birth rate has consistently been lower than the national rate for many years, and the disparity appears to be increasing. Since it is clear the Registrar General's estimates of Exeter population recently have been below the real figures (as shewn by the census in 1961) the disparity is even greater than is shewn in the table. While the country's birth rate has been steadily rising, Exeter's has shewn relatively little change.

Year	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Live Birth Rate : England and Wales ....	15.5	15.3	15.5	15.2	15.0	15.7	16.1	16.4	16.5	17.1
Live Birth Rate : (crude)	14.4	14.4	15.0	14.3	14.5	14.0	15.2	15.1	14.6	15.0
Exeter— (corrected)				14.5	14.6	14.1	15.4	15.3	14.7	15.2
Percentage of illegitimate live births to total live births : (Exeter) ....	6.6	6.3	5.2	6.2	6.2	4.3	4.8	5.4	5.5	5.3

### DEATH RATE

(The number of deaths *registered* during the year per 1,000 population)

Year	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
England and Wales	12.5	11.3	11.4	11.3	11.7	11.7	11.5	11.7	11.6	11.5 †
Exeter— Crude	13.9	12.0	13.2	12.9	12.4	13.3	11.8	13.6	13.3	12.9
Corrected*	12.5	10.8	11.8	11.1	10.6	11.9	10.4	11.8	11.1	11.0

\*Corrected by application of the Registrar-General's comparability factor (which is at present 0.85) this factor takes into account the age and sex distribution in the city as compared with that in the country as a whole.

†Provisional.



Table II.

## DEATHS BY SEX, AND CERTAIN AGE GROUPS.

DEATHS AT :	1960			1959			1958		
	Total	Males	Females	Total	Males	Females	Total	Males	Females
0—14 ....	27	18	9	29	14	15	26	13	13
15—64 ....	223	138	85	241	137	104	233	125	108
65 and over ....	751	324	427	759	317	442	787	351	436
	1,001	480	521	1,029	468	561	1,046	489	557

## DEATHS AT ALL AGES.

CAUSE :	1960	1959	1958
Infective ....	52	69	47
Cancer ....	194	183	169
Degenerative ....	556	588	623
Others ....	199	189	187
TOTAL ....	1,001	1,029	1,046

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 1960, the Registrar General ascribed 29 deaths to accidents other than motor vehicle accidents. Our classification of deaths, however, shews only 24 deaths from these causes, viz : by drowning 3 deaths including 1 boy (in the Won River during the period of flooding), 1 youth and 1 man ; by falls 9 deaths (8 in persons over 75 years old) ; by carbon monoxide poisoning 3 deaths : by aspiration of vomit 3 deaths in young children, but none was under 1 year old ; by choking by food 2 other children under 5 ; by other causes—burns caused 1 death (one woman aged 33) ; machinery accidents 1 ; salicylate poisoning 1 and trilene anaesthesia 1.

The Registrar General ascribed 11 deaths (7 male and 4 female) to motor vehicle accidents but we so classified 13 deaths (8 male and 5 female) : 3 of those killed were under 21 years old and 3 over 75 : one young person was killed by striking her head against the inside of the car in which she was a passenger, after a collision : the question of the desirability of safety belts properly fitted in cars is attracting increasing attention.

## DEATHS IN HOSPITALS AND NURSING HOMES

452 or 45% of all the deaths in Exeter residents occurred in hospitals and Nursing Homes.



DISTRIBUTION OF DEATHS BY AGE AND CAUSE.  
REGISTRAR GENERAL'S FIGURES 1960.

	Under 1		1-4*		5-14*		15-24*		25-44*		45-64*		65-74*		75 and over		Grand Total	1959 Totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Tuberculosis, respiratory	—	—	—	—	—	—	—	—	—	—	1	1	1	1	1	3	6	8
Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1
Syphilitic disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasm, stomach	—	—	—	—	—	—	—	—	—	—	7	2	4	1	2	13	22	25
Malignant neoplasm, lung, bronchus	—	—	—	—	—	—	—	—	—	—	12	1	13	3	5	30	36	38
Malignant neoplasm, breast	—	—	—	—	—	—	—	—	1	1	—	7	4	—	1	22	23	17
Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	7	5
Malignant neoplasm, lymphatic neoplasms	—	—	—	—	—	—	—	—	2	1	20	13	13	8	22	57	101	93
Other malignant and lymphatic neoplasms	—	—	—	—	—	—	—	—	1	—	—	—	1	1	4	1	5	5
Leukaemia, aleukaemia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Diabetes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vascular lesions of nervous system	—	—	—	—	—	—	—	—	—	—	13	8	21	23	22	57	155	161
Coronary disease, angina	—	—	—	—	—	—	—	—	—	—	27	11	29	25	28	84	160	157
Hypertension with heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other heart disease	—	—	—	—	—	—	—	—	1	2	9	7	17	15	43	70	164	178
Other circulatory disease	—	—	—	—	—	—	—	—	—	—	5	4	4	10	7	16	52	54
Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	20
Pneumonia	—	—	—	—	—	—	—	—	—	—	3	2	2	2	9	15	38	34
Bronchitis	—	—	—	—	—	—	—	—	2	—	4	—	12	4	16	34	46	30
Other diseases of respiratory system	—	—	—	—	—	—	—	—	—	—	4	2	4	1	1	10	15	8
Ulcer of stomach and duodenum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gastritis, enteritis and diarrhoea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nephritis and nephrosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital malformations	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other defined and ill-defined diseases	5	4	—	—	—	—	—	—	2	1	5	8	2	10	8	22	64	78
Motor vehicle accidents	—	—	—	—	—	—	—	—	—	—	2	2	1	1	2	7	11	10
All other accidents	1	—	3	1	1	—	—	—	2	1	2	1	2	1	4	16	29	24
Suicide	—	—	—	—	—	—	—	—	1	1	1	1	1	—	1	7	9	6
Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	10	7	4	2	4	—	5	2	15	10	118	73	138	121	186	480	1,001	1,029

\*Throughout this report in the age tables, 1-4 means over 1 year but under 5 years, 5-14 means over 5 years but under 15 years and so on.



## MORTALITY IN CHILD-BEARING AND INFANCY.

The following composite table gives useful information regarding child-bearing and infancy for the past 21 years :—

**Table IV.**

### MORTALITY IN CHILD-BEARING AND INFANCY IN EXETER 1940 — 1960.

Year	Maternal Deaths	Maternal Mortality Rate	Registered		Live Birth Rate (adjusted)	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								
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	<b>1,444</b>	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	<b>17.0</b>	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	<b>20</b>	14.2	18.2	22	10	29.6	42	36	
1957	—	—	1,171	24	15.2	20.1	19	2	17.9	36	34	36
1958	1	0.8	1,163	23	15.3	19.4	18	<b>2</b>	17.2	38	32	34
1959	2	1.7	1,133	35	14.7	29.0	14	4	15.5	48	40	
1960	—	—	1,162	22	15.2	18.6	13	4	<b>14.6</b>	<b>34</b>	<b>29</b>	

\*Perinatal deaths here include stillbirths and deaths within 28 days of birth up to and including 1954. Since then, stillbirths and deaths within 7 days of birth only, have been included as perinatal deaths.

## MATERNAL DEATHS, 1960

There were no maternal deaths in 1960.

## 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	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
England and Wales	29.6	27.6	26.8	25.5	24.9	23.8	23.0	22.5	22.0	21.9
Exeter	30.0	21.8	41.6	26.3	17.0	29.6	17.9	17.2	15.5	14.6

## 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, 1960

There were 17 infant deaths in 1960 representing an infant death rate of 14.6 per 1,000 live births.

NEONATAL DEATHS. 13 of the deaths occurred in the neonatal period (i.e. the first four weeks of life), 12 occurring in the first 7 days.

The ages at death were :—

Perinatal :					
Under 1 day	....	....	....	....	6
Aged 1-4 days	....	....	....	....	6
Aged 8 days	....	....	....	....	1
					<hr/>
					13
					<hr/>

7 of these neonatal deaths were premature children (i.e. weighing 5 lbs. 8 ozs. or less) :— Three weighed less than 2 lbs., none of the rest exceeding 3 lbs. 8 ozs.

### *Deaths in Children 1 month to 1 year.*

There were 4 deaths in this group, 3 of them being due to congenital abnormalities :—

Congenital Heart—lived 8 months  
 Encephalocele—lived 2 months  
 Hydrocephalus—lived just over 1 month

The fourth death in this group was due to inhalation of vomit in a baby aged 3 months.

The total causes for the 17 infant deaths are :—

Congenital abnormality	....	....	....	7
Prematurity	....	....	....	6
Birth injury	....	....	....	2
Haemorrhagic disease	....	....	....	1
Suffocation, accidental	....	....	....	1
				<hr/>
				17
				<hr/>

10 of these 17 children were first babies.

## STILLBIRTHS, 1960

The Registrar General has listed Exeter as having 22 stillbirths registered in 1960 (16 males and 6 females) giving a stillbirth rate of 18.6 per 1,000 total births. The comparable rate for England and Wales is 19.8 ; we can only trace 20 stillbirths (13 males and 7 females) which would give Exeter an even more favourable figure—we can only discuss in this section, the 20 we know about.

### PREMATURE STILLBIRTHS

9 of the stillbirths were premature, weighing 1 lb. 4 ozs. to 5 lbs. 8 ozs. 8 out of the 9 were intra-uterine deaths, the exception being a child with a congenital abnormality, meningocele and

**Table VI.**  
**INFANT DEATHS IN 1960**

CAUSES OF DEATH	NEONATAL				1ST YEAR		Male	Female	Legitimate	Illegitimate	Post Mortem Examination Made	Premature	Complications in Pregnancy.	Complications in Labour	Total	PLACE IN FAMILY					
	Under 1 day	*1-28 days	1-3 months	3-12 months	1	2										3	4	5	6		
Congenital Abnormality .....	—	4	2	1		4	3	7	—	4	1	3	3	7	1	2	3	—	1	—	
Prematurity .....	5	1	—	—		3	3	6	—	3	6	5	3	6	6	—	—	—	—	—	
Birth Injury .....	1	1	—	—		2	—	2	—	2	1	2	1	2	2	—	—	—	—	—	
Haem. Disease of new born .....	—	1	—	—		—	1	1	—	1	—	—	1	1	1	—	—	—	—	—	
Suffocation, Accidental	—	—	1	—		1	—	1	—	1	—	—	—	1	—	1	—	—	—	—	
Totals .....	6	7	3	1		10	7	17	—	11	8	10	8	17	10	3	3	—	1	—	
								17											17		

\*Over 1 and under 28 days.



spina bifida—a second child—the first having been born an anencephalic in 1959. The mother worked as a seamstress for 8 months of this second pregnancy.

2 were born at home and 7 in hospital. Post mortem examinations were held in two cases.

#### FULL-TERM STILLBIRTHS

The 11 larger infants weighed from 5 lbs. 11 ozs. to 10 lbs. 6 were intra-uterine deaths; 4 post mortem examinations were made. There were complications of pregnancy in 9 cases, these being toxæmia in 5, epilepsy in 2, ante partum hæmorrhage in 1 and urinary infection in 1. Complications of labour occurred in 10 cases: induction of labour in 3, manual removal of placenta 1, forceps delivery 2, prolapse of cord 1, face presentation 1, caesarean section 1 and post partum hæmorrhage needing transfusion 1. (See Table VII).

#### ABORTIONS

84 cases of abortion in Exeter mothers were cared for in hospitals in the City during 1960, and 59 were cared for at home, making a known minimum total of 10.8% of all pregnancies. This is, of course, a serious loss of infant life.

#### PERINATAL MORTALITY, 1960

There were 22 stillbirths in Exeter in 1960 and 12 infants died within the first week of life, making a total of 34 perinatal deaths. The perinatal death rate was 28.7 per 1,000 total births, a welcome improvement on the 1959 figure, a very low figure which compares favourably with the national rate (32.9).

##### *Causes of deaths within 7 days of birth :*

Congenital abnormality	....	....	....	3
Prematurity	....	....	....	6
Birth injury	....	....	....	2
Haemolytic disease of the newborn	....	....	....	1
				<hr/> 12

##### *Stillbirths :*

Toxaemia and Toxic acid. haem.	....	....	....	8
Tentorial tears	....	....	....	2
Prolapsed cord	....	....	....	1
Post maturity	....	....	....	1
Congenital abnormality	....	....	....	2
Abnormal placenta	....	....	....	2
Rhesus incompatibility	....	....	....	1
Long Labour	....	....	....	1
Not known	....	....	....	2
Assigned by Registrar General, not known to us				2*
				<hr/> 22

\*Registrar General has assigned 22 stillbirths to Exeter, but only 20 known to the department.



**Table VII.**  
**STILLBIRTHS, 1960**

WEIGHT	Total	Male	Female	Born Home	Born Hospital	Complicd. Pregnancy	Complicd. Labour	Post Mortem	Legitimate	Illegitimate	CAUSES								
											Birth Injury	Toxaemia	Prem. sep. Placenta	Congenital Abnorm.	Acc. Haem. Tox.	Post maturity	Cord prolapse	Not known	Rhesus incompat.
3 lbs. 4 ozs. or less	3	1	2	2	1	2	—	—	2	—	2	1	—	—	—	—	—	—	—
Over 3 lbs. 4 ozs. up to and including 5 lbs. 8 ozs.	6	4	2	—	6	2	5	2	4	2	—	—	1	—	—	—	2	1	—
Over 5 lbs. 8 ozs.	11	8	3	—	11	9	10	4	10	1	2	2	1	1	2	1	1	—	—
Totals	20	13	7	2	18	13	15	6	17	3	2	6	2	2	1	1	3	1	1

# SOCIAL GRADING OF PREMATURE BIRTHS, INFANT DEATHS AND STILLBIRTHS, 1960.

<i>Father's Social Class (R.G.)</i>		<i>Exeter Social Class Distribution per 1,000 total population (Census : 1951)</i>	<i>Premature Births</i>	<i>Still- births</i>	<i>Infant Deaths</i>
Class	I (Professional etc. Occupations) ....	39	4	1	1
„	II (Intermediate) ....	160	7	1	2
„	III (Skilled Occupations) ....	566	44	12	13
„	IV (Intermediate Occupations) ....	112	5	—	1
„	V (Unskilled) ....	123	11	3	—
Illegitimate ....			3	2	—
Unemployed ....			1	1	—
Separated ....			1	—	—
Not known ....			1	2*	—
TOTALS ....		1,000	77	22	17

\*Assigned to Exeter by Registrar General

## CLASSED BY PARITY OF MOTHER AND PLACE OF DELIVERY STILLBIRTHS†

	<i>G.P. units</i>	<i>Consultant's unit</i>	<i>Home</i>
Primigravida ....	3	4	—
Para I ....	2*	2	1
Para II ....	1	2	—
Para III ....	—	2	1
Para IV ....	—	2	—

## INFANT DEATHS AT UNDER 7 DAYS OLD

	<i>G.P. units</i>	<i>Consultant's unit</i>	<i>Home</i>
Primigravida ....	—	4*	3
Para I ....	—	1	1
Para II ....	—	1	1
Para III ....	—	—	—
Para IV ....	1	—	—

\*Including 1 set of twins.

†2 Stillbirths ascribed by R.G. not known to us, not included.

**Table VIII.**  
**PREMATURE LIVE AND STILLBIRTHS, 1960.**

Notified Premature Stillbirths			PREMATURE LIVE BIRTHS																	
	Born at home	Born in hospital	Born in Nursing Home	Weight		Born at		Survivors at end of 1960	Deaths during 1960—Age at death.			Believed causes of Prematurity.								
				Over	Up to and inclg.	Home	Hos- pital		Under 1 day	Over 1 day, under 1 week	Over 1 week, under 4 weeks	Over 4 weeks	Toxaemia	A.P.H.	Twin	Rhesus Incomp.	Full-Term, Small	Not known		
2	1	—	—	—	3 lbs. 4 ozs.	2	7	3	5	1	—	—	1	2	—	—	—	6		
—	5	—	—	3 lbs. 4 ozs.	4 lbs. 6 ozs.	1	13	13	—	1	—	—	1	1	3	—	1	8		
—	—	—	—	4 lbs. 6 ozs.	4 lbs. 15 ozs.	2	15	17	—	—	—	—	3	1	3	—	2	8		
—	1	—	—	4 lbs. 15 ozs.	5 lbs. 8 ozs.	14	30	44	—	—	—	—	10	—	5	1	11	17		
2	7	—	—	TOTALS		19	65	77	5	2	—	—	15	4	11	1	14	39		
																			84	
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## PREMATURITY

### PREMATURE INFANTS, 1960

There were 93 premature births in 1960, 9 of them being still-born and described elsewhere (page 17). Of the 84 live born infants 7 died within the first week of life, leaving 77 survivors. 19 of the live births were at home and 65 in hospital.

#### *Causes of Prematurity*

14 of these so called premature babies were classed as "full term small" for 5 of them were born 6 days or less before the E.D.D. and the other 8 after the E.D.D.

#### *Toxaemia*

Toxaemia seemed to be the main cause of premature birth in 15 cases—8 of these early births following induction of labour. 7 of the cases of toxaemia were classified as pre-eclamptic.

#### *Ante partum haemorrhage*

There were 4 cases of A.P.H., 2 needing Caesarean section.

#### *Twins*

11 babies born prematurely were twins.

#### *Rhesus incompatibility*

Labour was induced in one case where antibodies were present. The baby weighed 5 lbs. 8 ozs.

#### *Others*

The causes of the rest are unknown, the majority of these babies being of the larger weights.

## 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 1960. Registrations for each year since 1951 are shewn on page 25. The number of patients registered as having respiratory system cancer shews a welcome decline.

The number of deaths from lung cancer was lower than in 1959, but the total number of cancer deaths was higher than ever before.

### CANCER REGISTRATIONS EXETER RESIDENTS, 1960.

SITE	SEX	Under 20	20 — 29	30 — 39	40 — 49	50 — 59	60 — 69	70 Plus	TOTAL, 1960	TOTAL, 1959
<b>140—148</b>										
Buccal Cavity and Pharynx	M	—	—	—	1	2	2	1	6	5
	F	—	—	—	—	1	—	3	4	—
<b>150—159</b>										
Digestive Organs and Peritoneum	M	—	—	1	1	12	19	11	44	27
	F	—	—	2	1	1	8	9	21	40
<b>160—165</b>										
Respiratory System	M	—	—	—	—	7	10	11	28	37
	F	—	—	—	—	2	1	1	4	2
<b>170</b>										
Breast	M	—	—	—	—	—	—	—	—	—
	F	—	—	4	3	8	7	4	26	33
<b>171—181</b>										
Genito-urinary Organs	M	—	—	1	2	2	6	14	25	21
	F	—	—	1	3	7	5	11	27	35
<b>190—191</b>										
Skin	M	—	—	1	1	3	6	9	20	32
	F	—	—	—	—	2	3	4	9	9
<b>192—199</b>										
Other and unspecified sites	M	—	—	2	2	3	2	4	13	5
	F	1	—	1	—	1	1	1	5	4
<b>200—205</b>										
Lymphatic and Haematopoietic tissues	M	—	—	—	2	1	—	—	3	5
	F	1	1	1	—	1	3	3	10	2
<b>TOTAL</b>		2	1	14	16	53	73	86	245	257



REGISTRATION OF CANCER PATIENTS.  
EXETER RESIDENTS, 1951—1960.

SITE		1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Buccal Cavity and Pharynx .....	M	5	3	2	6	1	7	3	5	5	6
	F	—	1	3	3	1	1	4	3	—	4
Digestive Organs and Peritoneum .....	M	32	40	46	30	26	34	28	27	27	44
	F	34	39	34	34	31	31	27	28	40	21
Respiratory System .....	M	20	13	16	32	23	22	21	31	37	28
	F	6	5	—	3	3	2	3	5	2	4
Breast .....	M	1	—	—	—	—	—	—	2	—	—
	F	21	14	18	32	25	25	28	30	33	26
Genito Urinary Organs .....	M	19	9	16	12	12	12	15	18	21	25
	F	19	10	19	21	22	23	18	23	35	27
Skin .....	M	1	—	1	18	17	11	11	19	32	20
	F	—	—	2	8	11	15	8	11	9	9
Other and un-specified sites .....	M	11	2	7	6	8	3	5	4	5	13
	F	2	6	5	4	2	3	4	3	4	5
Lymphatic & Haemato-poietic tissues .....	M	3	4	—	7	4	4	8	5	5	3
	F	2	3	3	7	1	4	1	3	2	10
TOTALS .....		176	149	172	223	187	197	184	217	257	245

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

Year .....	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Deaths .....	180	152	172	189	147	185	154	189	183	194

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



## PUBLIC WATER SUPPLY

I am indebted to the City Engineer and Surveyor, Mr. J. BRIERLEY, M.I.C.E., M.I.MUN.E., M.T.P.I., for the following notes :

Treatment of the supply from the River Exe followed the normal sequence of (1) breakpoint chlorination of the raw water and dosage with alumina ; (2) settlement in open tanks, capacity 4 million gallons ; (3) filtration by pressure filters ; (4) lime dosage for pH correction ; (5) final adjustment of chlorine residual ; (6) pumping to Service Reservoirs.

Test pumping of the trial borehole at Stoke Canon indicated that the reliable yield from this future source would be .7 m.g.d. which, added to the 5.4 m.g.d. which may be abstracted from the Exe, would make a total of 6.1 m.g.d. available to meet peak demands during the summer.

Work is in progress on the installation of booster pumps at Pynes Waterworks for accelerating the flow in the 30 inch dia. conduit through which the raw water from the Exe gravitates to the settling tanks. Improved apparatus for the chemical treatment of the raw water will be installed at the same time.

The storage capacity for the Intermediate supply zone, which at present is only  $\frac{1}{2}$  million gallons, is being increased to the equivalent of three days supply by the construction of a  $5\frac{1}{2}$  million gallon reservoir which will probably be completed by the end of 1961.

The rainfall of 50.80 inches for 1960 was nearly 10 inches more than in any year since records started in 1880. On two occasions Pynes Waterworks was flooded but without damage to the plant or interruption of the treatment.

The raw water during the floods was extremely turbid but clarification and treatment were quite successful and the usual high standard of purity was maintained. However, as regards the badly flooded parts of the City, where the flood water, probably contaminated with sewage, had risen to the level of the kitchen taps, the Medical Officer issued a warning that all drinking water should be boiled. In these localities special samples were taken for bacteriological tests and drinking water taps were sterilized by flame heating when the floods subsided.

The average daily consumption in 1960 was 4,442,000 gallons compared with 4,369,000 in 1959 and the maximum day's consumption was 5,320,000 gallons. The estimated population supplied was 85,894 and the average daily consumption per head, including trade, was 51.71 gallons.

The average doses of chemicals used for treatment were :—chlorine 4.3 p.p.m. ; aluminium sulphate for coagulation 17.9 p.p.m. ; and hydrated lime for pH correction 10.4 p.p.m.

Details of the bacteriological examinations carried out by the Public Health Laboratory Service (Director, Dr. B. Moore) are



**Table IX.**

**EXETER PUBLIC WATER SUPPLY.**

**BACTERIOLOGICAL ANALYSES OF SAMPLES TAKEN IN 1960 : EXAMINED BY PUBLIC HEALTH LABORATORY SERVICE.**

WATER AFTER TREATMENT.						
	No. of Samples	0	1-2	3-10	11-50	50+
(a) AT TREATMENT WORKS	53	53	—	—	—	—
(b) ON CONSUMERS' SUPPLY :	59	57	1	—	1	—
DANES CASTLE RESERVOIR ZONE						
INTERMEDIATE	45	45	—	—	—	—
MARYPOLE HEAD	21	21	—	—	—	—
BARLEY LANE	45	40	—	4	1	—
STOKE HILL	12	12	—	—	—	—
TOTAL	235	228	1	4	2	—
(c) OTHERS :— BUILDING SITES, NEW MAINS, ETC.	63	35	2	10	11	5

In addition 49 samples of Raw River Water were examined—generally these shewed gross pollution (350 to 18000 presumptive B.Coli per 100 ml.) ; and also 39 samples of water whilst undergoing treatment for the purposes of checking the efficiency of the sterilisation process at various stages.



set out in Table No. IX. The Public Analyst made quarterly chemical and bacteriological analyses of both raw and treated water and details of two of these are given in Table No. X.

The fluorine content (one analysis) was .028 p.p.m., and the water supplied to consumers was reported to be free from plumbosolvency.

The number of dwelling-houses supplied from public water mains direct was approximately 23,500, and by means of stand-pipes, 20.

There are, in the City, in addition 42 caravans supplied by stand-pipes.

**Table X.**

PUBLIC WATER SUPPLY, 1960.

ANALYSES OF RAW AND FILTERED WATER

	RESULTS IN PARTS PER MILLION.			
	11.4.60.		17.10.60.	
	Raw	Filtered	Raw	Filtered
<i>Chemical Analysis :</i>				
Chlorine as Chlorides .....	14.0	16.0	13.0	15.0
Nitrogen as Nitrites .....	trace	0	0	0
Nitrogen as Nitrates .....	1.7	1.7	1.9	2.0
Nitrogen as Free and Saline Ammonia .....	0.030	0	0.060	0.004
Nitrogen as Albuminoid Ammonia .....	0.052	0.025	0.080	0.038
Total Hardness as CaCO <sub>3</sub> .....	59.0	72.0	57.0	62.0
Temporary " " " .....	30.0	31.0	36.0	35.0
Permanent " " " .....	29.0	41.0	21.0	27.0
Total Solids .....	110.0	130.0	110.0	120.0
Oxygen absorbed 4 hrs. 27°C. ....	0.35	0.15	0.80	0.35
Chlorine as free chlorine .....	—	0.25	—	0.25
Plumbo-solvency .....	—	0	—	0
pH .....	7.4	7.5	7.4	7.5
<i>Bacteriological Analysis :</i>				
Coliform Bacilli, per 100 ml. ....	1800+	0	900	0
Coliform Bacilli (Type 1) per 100 ml. ....	1800	0	550	0
Microbes : 72 hrs. at 22°C per ml. ....	1600	1	480	0
48 hrs. at 37°C per ml. ....	85	0	70	0

## SEWERAGE AND SEWAGE DISPOSAL

The City Engineer and Surveyor has kindly sent me the following notes :—

### SEWERAGE

Included among works carried out were the following :

Portions of brick barrel sewers which had collapsed were replaced (Holloway Street, East John Street and Hillscourt Bridge).

Other portions of foul sewers and surface water sewers were relaid. The foul sewer round the Canal basin was successfully completed.



## SEWAGE DISPOSAL

Approximately one half of the tank effluent has again been treated to Royal Commission standards.

The experiment on the aeration plant was not successful due to the inability to vary the electrical and hydraulic loadings separately.

The heated digestion experiment has proved the digestibility of Exeter sludge under the conditions applied, i.e. 33°C and 14 days and 33°C and 28 days, temperature and retention periods respectively.

Considerable nuisance was caused in early spring from the overloaded cold digestion plant caused by the clearing out of the No. 2 Primary Tank. Several weeks elapsed before alkaline conditions were re-established.

A Ministry Inspector held an enquiry in January into the proposals for the sewage works extensions, Stage I.

## MAIN DRAINAGE

Included in the works carried out were the following :

The surface water sewerage scheme is now almost complete for the Larkbeare Drainage Area. During the recent heavy storms, the scheme proved itself since this area was the only area in the City free from flooding.

The scheme for the Longbrook Drainage Area commenced in June and is progressing satisfactorily.

The surface water schemes for the Broadway area of St. Thomas and for Wonford Street were completed.

Other schemes are under consideration by the Council and the Ministry notably the surface water sewers scheme for the St. Thomas area.

## PUBLIC CONVENIENCES

There are at present twenty-one Public Conveniences in the City, adjacent to public highways and playing fields. Each is equipped with free washing facilities.

An additional Convenience is to be erected in the Polsloe Bridge, Hamlin Lane area which should be completed by August, 1961.

## PRIVATE DOMESTIC WATER SUPPLIES

There are now only 11 premises in the City which rely on springs or wells for their water supply, viz. 4 farms with attached dwellings and seven other houses, mostly situated in the Stoke Hill area. Bacteriological tests over a number of years indicate that the water from each source is suspect and the users have been frequently warned to boil all water used for drinking purposes.



## SWIMMING BATH

There is one municipal swimming bath in Exeter, opened in 1941. Its size is 100 ft. x 35 ft. with a capacity of 140,000 gallons. The water is taken from the City's main supply and is chlorinated after circulating through high pressure sand filters.

The filters are "flushed" as required—during busy periods about three times a week, and in quiet periods less often. On each occasion they are flushed, 20,000 gallons of water are thrown off and reflowed from the main supply. The water is normally chlorinated to give 1 p.p.m. free chlorine. During exceptionally busy periods the chlorine is stepped up to more than 1 p.p.m. and the pH value of the water raised to between 7.8 and 8.0 in order to prevent eye irritation.

On five occasions water from the swimming baths was taken for bacteriological examination, 11 samples in all. These samples were all found to be satisfactory.

# 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.)

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### STAFFING AND GENERAL

We were able to retain all our professional staff during the year, but attempts to appoint an additional inspector proved unsuccessful despite repeated advertisements. Although the granting of car allowances during the year has enabled the inspectors to increase their output, much remains to be done notably in our supervision of premises where food is handled, in the clean air programme and in housing.

The most important legislation of the year from our point of view was the Noise Abatement Act and the Caravan Sites and Control of Development Act. The Food Hygiene (General) Regulations and the Milk (Special Designation) Regulations which also came into operation were mainly the consolidation and streamlining of existing law. I am afraid that the advent of the Offices Act will require the appointment of at least one additional inspector.

### NOISE ABATEMENT ACT 1960

Similar powers to those contained in this Act were already included in one of our local Acts.

During the year we received several complaints of noise, all of which appeared justified—one in particular concerned a factory where night shifts are occasionally worked and I have had to ask the management to cease night work altogether. This particular case emphasises the great importance of trying to establish from previous known experience the noise level rating of any undertaking before planning permission is given, as is now being done in some parts of America.

### CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT 1960

Prior to this Act coming into operation control by the City Council was exercised jointly through the Public Health and Planning Committees, the former acting mainly under s. 61 of the Exeter Corporation Act 1935, and the latter under planning powers. To simplify the administration of the new Act it was decided that in future, subject to consultation and discussion at officer level with us, the Planning Committee would be entirely responsible.



The Minister has issued Model Standards for facilities to be provided at caravan sites and I am pleased to note that very little in the way of additional amenities are required at our existing sites in order to meet the Ministry's requirements.

## CLEAN AIR

### 1. *Smoke Controlled Areas*

During the year the City Council's proposals for making Smoke Controlled Areas of the Brown's Nurseries and the Howells and Heywoods Estates were confirmed by the Minister, and the Orders came into operation on 1st January 1961. Subsequently complaints were received that some people living in the areas were using "smokey" fuels, but our investigations, made mainly on Sunday mornings, revealed that with one exception (where the wrong type of fuel had been bought in the belief that it was one of the smokeless types) the smoke emitted was caused during the lighting-up period.

In July 1960 the Council adopted the policy of making the whole City a Smoke Control Area, (the rate of progress to be subject to annual review) and also to declare as smoke control areas any new development consisting of 50 or more dwellings.

In an effort to implement this policy it is hoped, early in 1961, to present to the Public Health Committee details of a further three proposed areas. The Beacon Heath Estate order has not yet been confirmed.

### 2. *New Buildings*

We continue to inspect plans of new buildings and advise architects on the requirements of the Clean Air Act, 1956 as it relates to new industrial buildings. Unfortunately we sometimes disagree with them over the height of chimney stacks as we want them high enough to ensure adequate dispersal and dilution of fumes. This often means a stack protruding well above the building which architects dislike, mainly on aesthetic grounds, but health conditions must be paramount.

### 3. *De-sulphurisation Plant*

A major development in connection with "Clean Air" is the erection in Exeter by the South Western Gas Board of a de-sulphurisation plant. Mr. L. Baldwin, A.M.Inst. Gas Eng., Works manager and Engineer, tells me that this plant, costing approximately £300,000 will remove not only hydrogen sulphide but also the organic sulphur compounds from the coal gas. It is estimated that the amount of sulphur dioxide discharged into the air in Exeter and adjoining districts will be reduced by approximately 54 tons per annum. This is a substantial contribution to the ideal of clean air.



## FOOD

### (a) *Inspection of Food Premises*

It will be recalled that in my reports for 1955, 1956 and 1957 I drew attention to the progressive reduction in the number of visits made to food premises, and unfortunately this trend continued.

We have still not completed our survey of the premises which were brought within the 1955 Regulations and of the estimated 200-300 boarding houses in the City, only 9 were inspected during 1960. There are probably some 1,200-1,300 premises in Exeter which come within the scope of the Regulations, and our total of only 1,359 visits during the year indicates how far we are falling short of what is necessary.

This is due to a number of factors, chief among them being shortage of staff and the shift in emphasis of the department's work over the past few years. The table below shows that housing occupies a great deal of our time and that "clean air" is making increased demands whilst the inspection of food premises has declined to a substantial extent.

HOUSING AND CLEAN AIR INSPECTIONS AND INSPECTIONS OF  
FOOD PREMISES IN THE YEARS 1952—1960

<i>Year</i>	<i>Clean Air Inspections</i>	<i>Housing Inspections</i>	<i>Inspection of Food Premises</i>
1960	573	5,042	1,359
1959	381	4,816	1,244
1958	275	4,731	1,717
1957	73	4,490	2,245
1956	46	5,454	2,351
1955	*	4,919	2,902
1954	*	2,633	3,903
1953	*	2,463	4,308
1952	*	1,994	5,152

\*Figures not available.

### (b) *Food and Drugs Act*

The gross adulteration of food stuffs, which was prevalent in the not too distant past, has been virtually stamped out, but despite some measure of control over labelling and advertising I think that many advertisements, by subtle suggestion, still make extravagant claims.

There are other trends in connection with the production of food stuffs which I view with concern and I refer particularly to the use of synthetic hormones and antibiotics in animal and poultry husbandry. Convincing economic arguments could be advanced to support the use of these substances in the production



of tender, early maturing flesh for the table, but undesirable side effects in man are possible.

It is encouraging however to learn that the effects of substances used as processing aids in the manufacture of foods, drink and cosmetics are to be studied by a new organisation called the British Industrial, Biological, Research Association.

(c) *Milk*

In September an Interdepartmental Committee under the Chairmanship of Dr. J. W. Cook, F.R.S., issued its report on 'Milk Composition' in the United Kingdom. The Committee found that over the last 30 years there has been a slight fall in the fat and solid not-fat contents of milk; the latter are a very valuable source of protein, calcium and vitamins. The Committee recommended that efforts towards improving milk's nutritional quality should be made over a period of years, by statutory requirements and financial inducements.

## HOUSING

(a) *Slum Clearance*

I have taken the opportunity in this Report of making a detailed review of the progress of our five year slum clearance programme; the figures quoted being actually prepared in February, 1961, when the effect of the floods could be assessed more correctly.

The five year slum clearance programme as approved by the Public Health Committee in April, 1955 envisaged that 454 houses would be dealt with under slum clearance procedure and these were grouped in yearly periods according to the estimated degree of unfitness. In addition, it was estimated that a further 160 houses would be condemned individually over the period. There were thus a total of 614 houses to be dealt with.

In the event, the programme was *not* carried out quite as originally envisaged for a number of reasons, chief of which are as follows:

- (1) By agreement between the Planning, Housing and Public Health Committees it was decided to deal with six areas by way of Compulsory Purchase Orders (which included many houses not scheduled as unfit but which were required for redevelopment purposes) and groups of houses were "brought forward" from their original placing in the scheme.
- (2) Some of the houses intended to be dealt with by Clearance Order procedure were dealt with individually because:
  - (a) when detailed surveys were made it was evident their demolition would affect the stability of adjoining properties which were not unfit.
  - (b) because of rapid deterioration.



- (3) Some properties were reconditioned by the owners before formal action was started and in other cases they were demolished voluntarily.
- (4) A number of houses have been offered to the Council for acquisition, either voluntarily or following commencement of statutory procedures. Where such properties have been acquired they have been closed, and the occupiers recommended for rehousing.
- (5) In 1960 the Planning Committee resolved to purchase by agreement, a number of houses then remaining in the programme and negotiations are now in progress. No further action has been taken by the Health Department pending the completion of the negotiations.
- (6) Following the October and December floodings it was decided, as an emergency measure, to acquire a further number of houses originally listed for slum clearance action and in addition some other houses were "brought forward" for individual condemnation.

It will therefore be seen that any reference to the progress of the original scheme would be misleading in view of the many changes which have taken place, but as a very broad generalisation it can perhaps be said that the first, second and third years are completed and that the fourth and fifth are in a state of flux. The following figures have been prepared so as to show a comparison between the original scheme and what actually happened between April 1955 and February 1961, together with a note of the number of families rehoused and awaiting rehousing.

*Original Scheme :*

Number of properties to be dealt with by Clearance Area action	454
Number of properties to be individually condemned	160
	<hr/> 614

*What actually happened between April 1955 and February 1961 :*

39 Clearance Orders and 6 Compulsory Purchase Orders made of these 26 C.O.'s and 6 C.P.O.'s have been confirmed, all statutory action in connection with the confirmed orders has been completed and these orders comprise 277 unfit houses	277
Number of dwellings condemned individually	271
Number of unfit properties acquired by the City Council and closed	53
	<hr/> 601
Number of unfit properties in process of acquisition by the City Council (this includes 6 Clearance Orders which are in abeyance pending results of negotiations)	115
Number of unfit properties included in 7 Clearance Orders which have not yet been confirmed by the Minister—pending	46
	<hr/> 762
Number of fit properties adjoining Compulsory Purchase Order Areas acquired for redevelopment purposes	49
	<hr/> 811



### *Families Rehoused :*

Number of families rehoused by the Council from slum clearance houses between April 1955 and February 1961 (all types : C.O.'s, C.P.O.'s and individuals) .....	499
Number of families who found their own accommodation or for other reasons did not take up a Council tenancy .....	44
Number of families remaining to be rehoused from <i>confirmed</i> C.O.'s, C.P.O.'s and individuals .....	108

(This number appears large, but it must be borne in mind that it includes some 32 families living in fit properties acquired for redevelopment, who do not have any priority, a further large number who live in unfit properties in Compulsory Purchase Orders, which have been confirmed but acquisition not yet completed, and the balance includes aged and infirm families where rehousing presents difficulties plus the usual float of current cases).

NOTE : In addition to the 108 families mentioned above, the Council will eventually have to rehouse the occupiers of the 115 houses now in progress of voluntary acquisition, plus the families living in the 46 houses where Orders have not yet been confirmed—the ultimate rehousing problem is therefore  $108 + \text{approx. } 115 + \text{approx. } 46 =$  about 269 families remaining to be rehoused when all statutory and legal action has been completed.

### *General Summary*

In terms of gross numbers we have virtually completed the programme set out in 1955, 601 properties having been condemned. The original estimate was 614 ; in addition, we have acquired 49 fit properties for the purposes of redevelopment. The expansion of the original scheme means that we are still dealing in various ways with a further 161 properties and when work in this field is completed (probably within 1961) we shall have dealt with a total of 811 properties—thus exceeding the work envisaged in 1955.

We have rehoused 499 families since the scheme began, which, allowing for delays in confirmation of orders, amounts to about 100 families per annum ; the 269 families remaining to be rehoused are largely the result of the expanded scheme and the rate of their rehousing depends in large measure on the speed of acquisition and/or confirmation of outstanding orders.

#### *(b) Future Slum Clearance Problems in the City*

It is probable there are still many houses in the City which will become the subject of future closing orders because the low rents charged would make their repair uneconomic. The Government has attempted to induce owners to modernise their properties by way of improvement grants and it is evident that the new Standard Grant has stimulated the process, but not to a sufficient degree to solve the problem of lack of amenities in the older houses. The number of houses throughout the country which still lack modern amenities is enormous and if the Government is determined to modernise and save from decay the many tens of thousands of older houses then it is obvious that some further inducement will have to be made to the landlords. The 1951 Census showed that there were nearly six million houses in Eng-



land and Wales without fixed baths and  $2\frac{3}{4}$  million without a separate water closet, the figures for Exeter were equally disturbing—5,359 households without a fixed bath and 2,799 households sharing a water closet. While the position since then will have improved, figures such as these leave no room for complacency.

(c) *Basements*

A quick survey has revealed that there are something like 726 basements in the City ; it is reasonable to suppose that a large proportion of these should be either closed or reconditioned and in view of the numbers it is evident that there is a major task to be tackled.

(d) *Houses Let in Lodgings*

There is a large number of houses in the City which are occupied by more than one family. Our records show that at least 824 houses are occupied by three or more families. Many more such premises present serious problems as in all too many cases, the amenities in the way of lavatories, water supplies, baths, larders, etc. are insufficient. The legislation now in force has proved quite inadequate for dealing with this problem, but a new Act has been promised and will probably come into operation towards the latter part of 1961.

(e) *Overcrowding*

A closely allied problem is the one of overcrowding ; there has not been a systematic survey of property for this purpose since before the war, and there is no doubt that there are very many cases which are not known to the Department.

It is understood that the new Act will place greater emphasis on this subject by linking it with the proposal to alter the basis for the granting of housing subsidies. If this is so, there can be little doubt that our work in the housing field will continue to increase considerably in the years to come.

#### ABATTOIR

1960 saw little progress towards the building of the new abattoir. During the year, I have had to put some pressure on the lessees and on the slaughtermen in order to attain an improvement in cleanliness. I am still not satisfied with the general standards obtaining, but I think it is only fair to record that the buildings are too small for the number of animals killed there and do not lend themselves to hygienic and humane operations ; I view with concern, the fact that these buildings will have to be used for probably another two years.



## CANAL BASIN

The many requests received by the City Surveyor's Department from owners of yachts wishing to winter in the canal basin, focused attention on the need for the provision of various amenities in this area ; e.g. sanitary accommodation, shower baths, drying rooms, etc.

## FAIRGROUND, HAVEN BANKS

During the year we received very strong complaints about the nuisance arising from this site when used as a showground and caravan park, and I am of the opinion that unless satisfactory sanitary accommodation and water supplies are made available, and a much stricter control exercised with regard to the deposit of rubbish, etc., this site should be closed.

## DISINFECTING AND CLEANSING STATION

We have not been successful in finding premises which could be converted into a disinfecting and cleansing station so we are faced with the prospect of erecting a new building ; and the City Planning Officer has under consideration the provision of a suitable site.

## TUBERCULOSIS IN CATTLE AND CALVES

I am pleased to be able to report that 1960 continued to show the marked drop in the incidence of tuberculosis which I mentioned in my last report, and once again there were no cases of congenital tuberculosis in calves during the year.

## FOOD POISONING

40 cases of suspected food poisoning were investigated by the Public Health Inspectors during the year : of these 23 cases were confirmed. This work involved 138 visits to the houses and shops where food concerned was served or sold.

## LOCAL LAND CHARGES

Information was supplied to the Town Clerk in 1,541 cases in reply to searches submitted under the Local Land Charges Acts.

## STATISTICS

It should be borne in mind that during the last three months of the year the *routine* work of the section was disrupted by repeated floodings in the City ; the figures quoted here relate, in the main, to the first nine months of the year.

### *General Summary.*

Number of visits made during the year	....	12,124
Number of samples taken	....	684
Number of carcasses inspected	....	56,449
Total weight of foodstuffs condemned (excluding flooded goods)	....	50 tons

## A.—SUPERVISION OF FOOD SUPPLIES.

### 1. *School and University Canteens, etc.*

73 inspections of school and university canteens were carried out during 1960.

### 2. *Market.*

Four 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, 75 ; Fried Fish 27 ; Fresh Fish 27 ; General Provisions 252 ; Greengrocers 70 ; Cafes 37 ; Snack Bars 14 ; Dairies 33. TOTAL : 623.

### 4. *Registered Food Premises.*

There are 416 registrations under Section 16 of the Food and Drugs Act, 1955, affecting 381 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	....	....	....	....	292
Preparation or manufacture of potted, pressed, pickled or preserved food (including fish and chips)	....	....	....	....	52
Preparation or manufacture of sausages and potted, pressed, pickled or preserved food	....	....	....	....	27
Preparation or manufacture of sausages	....	....	....	....	3
TOTAL					416

### 5. *Improvement effected in Food Premises Generally.*

Premises cleansed or redecorated	....	....	....	....	27
Washing facilities provided	....	....	....	....	31
" Wash Hand " notices posted	....	....	....	....	3
Fly proofing provided	....	....	....	....	2
Water closet facilities improved	....	....	....	....	12
Locker Accommodation provided	....	....	....	....	10
Hot Water supply installed	....	....	....	....	15
Ventilation provided or improved	....	....	....	....	2
Other improvements or repairs	....	....	....	....	18
TOTAL					120



## 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.

	<i>Beasts</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number slaughtered .....	5,620	2,423	1,156	27,597	19,653
Number inspected .....	5,620	2,423	1,156	27,597	19,653
<i>Diseases except Tuberculosis and Cysticercosis.</i>					
Whole carcasses condemned .....	5	41	14	176	102
Carcasses of which some part or organ was condemned .....	2,503	1,068	59	2,113	2,215
Percentage of No. inspected affected with disease other than tuberculosis and cysticercosis .....	44.6	45.8	6.3	8.3	11.8
<i>Tuberculosis only.</i>					
Whole carcasses condemned .....	—	4	—	—	5
Carcasses of which some part or organ was condemned .....	26	78	—	—	483
Percentage of No. inspected affected with tuberculosis .....	0.5	3.4	—	—	2.5
<i>Cysticercosis only.</i>					
Carcasses of which some part or organ was condemned .....	1	—	—	—	—
Carcasses submitted to treatment by refrigeration .....	—	—	—	—	—

## 7. *Condemnation of Food.*

During the year approximately five tons of food, apart from meat, was condemned, involving the issue of 1,217 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	<i>No. of Samples.</i>	<i>Fat %</i>	<i>Non-fatty Solids %</i>
Tuberculin Tested (Channel Islands) (Farm Bottled)	22	4.23	9.3
Tuberculin Tested (Farm Bottled) .....	14	4.2	9.1
(Channel Islands) (Pasteurized) .....	8	4.51	9.2
Pasteurized .....	10	3.8	8.9
Tuberculin Tested (Pasteurized) .....	8	3.7	8.9

(ii) *Bacterial Quality.*

DESIGNATION	Number of Samples.	Samples Satis- factory.	Samples void owing to Air Tempera- ture being over 65°F.
School Milk .....	11	8	3
Pasteurized .....	27	20	7
Channel Islands (Pasteurized) .....	19	15	4
Tuberculin Tested (Pasteurized) .....	21	14	7
Tuberculin Tested (Farm Bottled) .....	40	38	—
Tuberculin Tested (Channel Islands) (Farm Bottled) .....	44	37	—

(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, 94 samples were tested all of which proved negative.

9. *Ice Cream.*

(A) *Cleanliness.*

124 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) .....	114
Grade 2. (Satisfactory) .....	10
Grade 3. (Unsatisfactory) .....	—
Grade 4. (Unsatisfactory) .....	—

(B) *Composition.*

The average composition of ices sampled in the City during 1960 was as follows ;

	<i>Ice Cream</i> %	<i>Dairy Ices</i> %
Non-milk fat .....	10.8	—
Milk Fat .....	—	12.0
Milk solids other than fat .....	7.5	13.3

10. *Sampling.*

During the year, 62 samples of milk and 162 samples of other foods were procured : 84 were formal and 140 informal. The following samples were found to be below standard and details of the action taken is shown. (See page 46)

Milk .....	8
Pork Sausages .....	3
Pork Luncheon Meat .....	1
Ammoniated tincture of Quinine .....	1
Solution in chlorinated hydrocarbons of soya bean oil .....	1
TOTAL .....	14



### 11. *Court Proceedings.*

Legal Proceedings were instituted in 2 cases under the Food and Drugs Act; and in one case under the Milk and Dairies (Channel Islands and South Devon Milk) Regulations 1956.

### 12. *Shellfish.*

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

Bottled Scallops	....	....	....	....	....	1
Bottled mussels	....	....	....	....	....	5
Boiled winkles	....	....	....	....	....	6
Bottled cockles	....	....	....	....	....	6
Boiled cockles	....	....	....	....	....	4
Boiled mussels	....	....	....	....	....	3
Fresh Winkles	....	....	....	....	....	1
Jellied Eels	....	....	....	....	....	1
Bottled Crab	....	....	....	....	....	2
TOTAL						<u>29</u>

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

74 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.

## B.—HOUSING.

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

66 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 re-let accepted	....	....	21
Closing Orders made	....	....	37
Repaired	....	....	1
Demolition Orders made	....	....	4
Acquired	....	....	2
Still outstanding	....	....	1

### 2. *Informal Notices.*

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

### 3. *Formal Notices.*

23 houses were rendered fit during the year, following the service of formal notices; 15 being remedied by the owners and 8 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 ....	20
	(ii)	Number of families dwelling therein ....	30
	(iii)	Number of persons ....	139
(B)		Number of new cases reported during the year	16
(C)	(i)	Number of cases of overcrowding relieved during the year ....	19
	(ii)	Number of persons concerned in such cases ....	105
(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.

37 inspections were made of movable dwellings in the City and conditions were found to be satisfactory.

#### E.—FERTILIZERS AND FEEDING STUFFS.

7 samples of fertilisers 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 1960, the three deposit gauges show the following rate of deposition of solid matter, in tons per square mile.

	TONS PER SQUARE MILE		
	<i>Dunsford Hill</i>	<i>Danes Castle</i>	<i>Tan Lane</i>
January ....	*	5.71	6.99
February ....	9.43	8.80	8.34
March ....	6.41	7.07	6.79
April ....	6.01	6.08	6.70
May ....	2.52	4.79	7.89
June ....	2.25	5.56	5.75
July ....	*	5.80	6.58
August ....	4.30	5.30	5.24
September ....	7.69	8.31	8.65
October ....	10.20	11.53	†8.61
November ....	11.55	9.97	8.82
December ....	5.67	6.96	7.58
TOTAL ....		85.88	87.94

\*Not measured.

†Gauge removed on the 12th and replaced in position on the 27th.



## H.—GENERAL INSPECTIONS

### *Bakehouses.*

Number in city	....	....	....	24
Number of underground bakehouses in city	....	....	....	—
Number of inspections made	....	....	....	16

### *Vermin, etc.*

Number of Council houses disinfested by this department	....	....	....	26
Number of other properties :				
(i) found to be infested	....	....	....	36
(ii) disinfested by this department	....	....	....	36

### *Wasps and Hornets.*

140 nests of wasps and hornets were destroyed during the year.

### *Offensive Trades.*

Number of businesses in city	....	....	....	12
Number of inspections made	....	....	....	60

### *Fried and Wet Fish Shops.*

Number of fried and wet fish shops in the City	....	....	....	52
Number of inspections made	....	....	....	61

## I.—RODENT CONTROL

### 1. *Complaints.*

291 complaints were received during the year involving 265 properties and these were made up as follows :—

	TYPE OF PREMISES.			<i>Total</i>
	<i>Business</i>	<i>Private</i>	<i>Local Authority</i>	
Rats .. ..	25	92	15	132
Mice .. ..	36	90	7	133
TOTALS ..	61	182	22	265

### 2 *Routine Inspections.*

Farms and smallholdings	....	....	....	....
Other businesses	....	....	....	193
Private houses	....	....	....	284
Local authority land	....	....	....	37
				514

### 3. *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, but the October treatments were seriously interrupted by the serious floodings in the City.

SCHEDULE OF CLEARANCE ORDERS CONFIRMED DURING 1960, WITH A LIST OF  
INDIVIDUAL HOUSES

- City of Exeter (Jubilee Street) Compulsory Purchase Order 1958.  
(Confirmed 2nd March, 1960).  
3 and 4 Portland Place.  
2, 3, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21,  
22, 23, 24, 25, Jubilee Street.  
33, Weirfield Road.  
3, 4, 5, 6, 7, Weirfield Cottages.
- City of Exeter (Infant Place) Compulsory Purchase Order 1958.  
(Confirmed 4th March, 1960).  
5, 6, 7, Infant Place.  
Alma Cottage, Bartholomew Place.  
1, 2, 3, 4, 8, 9, 10, Bonds Terrace.  
11, 12, 14, Bartholomew Street West.
- City of Exeter (Tudor Street) Compulsory Purchase Order 1958.  
(Confirmed 12th February, 1960).  
1, 2, 3, 4, 5, 6, 6A Tudor Street.
- City of Exeter (Lower Goldsmith Street) Compulsory Purchase Order 1958.  
30, 31, 32, 33, 34, 35, 36, 37, 38, Lower Goldsmith Street.
- City of Exeter (Albion Place) Clearance Order 1959.  
(Confirmed 24th March, 1960).  
18, 19, 20, Albion Place.
- City of Exeter (Elm Cottages) Clearance Order 1959.  
(Confirmed 25th March, 1960).  
1, 2, 3, Elm Cottages.
- City of Exeter (Exe Street, No. 3) Clearance Order 1959.  
(Confirmed 25th March, 1960).  
41 and 42, Exe Street.
- City of Exeter (Casley's Court) Clearance Order 1959.  
(Confirmed 28th April, 1960).  
1, 2, 3, 4, Casley's Court.
- City of Exeter (Clifton Street, No. 2) Clearance Order 1959.  
(Confirmed 28th April, 1960).  
37, 39, 41, Clifton Street.
- City of Exeter (Elm Place) Clearance Order 1959.  
(Confirmed 28th April, 1960).
- City of Exeter (Exe Street, No. 2) Clearance Order 1959.  
(Confirmed 28th April, 1960).  
28, 28a, 29, 29a, 30, 31, 31a, 32, 32a, 33, 33a, 34, 35, 36,  
37, 38.
- City of Exeter (Exe Street, No. 4) Clearance Order 1959.  
(Confirmed 28th April, 1960).  
45, 46, 47, 48, 49, 50, 51, 52, 53, Exe Street.  
9 and 9a, Tremletts Cottages.
- City of Exeter (Exe Street, No. 1) Clearance Order 1959.  
(Confirmed 28th April, 1960).  
15, 16, 17, 17a, 18, 19, Exe Street.



# FOOD AND DRUG SAMPLES REPORTED BELOW STANDARD

No. of sample	Article	Adulteration or Fault	Action taken
1209	Solution in chlorinated hydrocarbons of soya bean oil.	Misleading label and no statement of composition provided.	Manufacturer has now produced a new label which is considered satisfactory.
1273	Pork Sausages.	Preservative not declared.	Warning letter sent to retailer
1282	Pork Sausages.	Preservative not declared.	do.
1283	Pork Sausages.	Preservative not declared and 16% deficient in meat.	do.
1310	Milk (Channel Island).	Contained 1% added water and F.P.T. indicated 5.5% added water.	Leaking cooler found—warning letter to producer.
1312	Milk (Channel Island).	Appeal to herd samples relating to sample number 1310.	Warning letter sent to producer advising him to improve quality by proper mixing.
1313	do.	do.	do.
1314	do.	do.	do.
1315	do.	do.	do.
1316	do.	do.	do.
1317	do.	do.	do.
1334	Pork Luncheon Meat.	Was 12% deficient in meat.	This was an imported luncheon meat and a letter was sent to the retailer suggesting that he take the matter up with the wholesaler.
1342	Milk (Channel Island).	Was 18% deficient in proportion of fat proper to Channel Island Milk.	Producer was found guilty and fined £15.
1358	Ammoniated tincture of Quinine.	Was 20% deficient of the minimal requirements of ammonia.	Deficiency probably due to long storage, warning letter sent to manufacturer.

## HOUSING.

Details regarding closures, house inspections, etc., are set out on pages 34—37.

The City Architect (Mr. Harold B. Rowe, F.R.I.B.A., A.M.I.-STRUCT.E.), tells me that dwellings were completed during 1960, as follows :—

New permanent dwellings by Council	....	....	245
New permanent dwellings by private enterprise	....	....	180

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

Constructed	COUNCIL.			PRIVATE ENTERPRISE.		TOTAL.
	Perm.	Temp.	Rebuilds	New	Rebuilds	
1945 to Dec. 31st, 1960	3,773	430	21	1,254	209	5,687

12 temporary bungalows have recently been disposed of and the total now in occupation is 418.

The Housing Manager (Mr. M. H. D. Freeman) has kindly sent me the following information :—

“ The number of applicants on the current register (December, 1960) is 2,031. Those whose housing need is NIL or very slight (i.e. credited with 5 points or less) number 590.

“ There are 488 applicants with less than one year's registration. Not only has the number of applicants lessened during the



year, but the 'housing need' of those applying is also less acute.

"The accommodation now required is :—

1 bedroom.	2 bedroom.	3 bedroom.	4 bedroom.
	without family.	with family.	
17%	17%	51%	13%
			2%

"At June 5th 1961 the number of families rehoused in Council Houses from houses unfit for habitation was 534. It is estimated that a further 236 families from such properties will have to be rehoused, quite apart from any to be rehoused from unfit basement rooms, rooms let in lodgings, etc.

"The number of applicants with 5 points or more on this pointing scheme declines annually by about 5% and the annual rate of terminations of tenancies is about 2%. The number of housing units under the Council's management, including those under construction, is 7,068."

#### *Re-housing on Medical Grounds.*

As in previous years, recommendations for points on medical-social grounds have been made to the Housing Committee, usually on request by the Housing Department. Of course, in many cases the additional points recommended do not bring the family up to the "letting level." Points were recommended on medical grounds for 122 families and 38 of them were rehoused and a further 8 approved for rehousing.

As well, the decision about 14 families referred in 1959 was undetermined at the end of the year; 1 of them has been rehoused.

REASON REFERRED	Total Referred by M.O.H.	Rehoused	Approved for re-housing	Not Approved or Deferred	Applications Lapsed
Tuberculosis ....	9	4	—	5	—
Statutory Overcrowding ....	4	3	—	1	—
Substandard Property ....	2	1	—	1	—
Social Overcrowding Conditions ....	28	10	1	16	1
Other Medical Social Reasons ....	26	10	3	11	2
Other Medical Reasons ....	53	10	4	36	3
TOTAL ....	122	38	8	70	6



## CIVIL DEFENCE.

(Ambulance and Casualty Collecting Section).

Ambulance Officer : Capt. F. G. Ireland.

The strength of the section at the end of 1960 was 106. This shows an increase of 4 members, but it does not reflect the true position for not more than 12 of the total number can be described as active. There are still more than 50 persons on the register who have not responded to repeated invitations to attend for instruction.

Training classes were held each week from February to July, and from September to November, but the attendances were disappointing, particularly during the autumn session when the weather was exceptionally bad.

The section took part in one collective exercise "Mid-Summer" at Tan Lane at the end of June. The strength of the section was augmented by members of the Industrial Civil Defence and the exercise was appreciated by all as the culmination of the spring training session. One ambulance and crew also attended an exercise at Bristol in September, but, unfortunately, collective exercises are infrequent and the longer the intervals between, the more difficult it becomes to re-arouse interest.

The section was represented on a series of convoy drivers' exercises on successive Monday evenings in September, and on a river crossing demonstration at the end of the month in connection with the annual recruiting campaign.

## ACUTE INFECTIOUS DISEASE.

### INFLUENZA.

In 1960 we had no epidemic of influenza, and only the usual seasonal winter rise in the number of employed persons off sick or children absent from school was noted.

### FOOD POISONING.

1. Local Authority : EXETER COUNTY BOROUGH. Year : 1960

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

	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	Total.
	14	5	11	3	33
(b) Cases otherwise ascertained.	Nil.	Nil.	Nil.	Nil.	Nil.
(c) Symptomless Excretors.	Nil.	Nil.	4	Nil.	4
(d) Fatal cases.	Nil.	Nil.	Nil.	Nil.	Nil.

3. *Particulars of outbreaks.*

	<i>No. of outbreaks.</i>		<i>No. of cases.</i>		<i>Total No. of cases</i>
	<i>Family out-breaks</i>	<i>Others</i>	<i>Notified</i>	<i>Otherwise</i>	
Agent Identified* ....	1	1	14	Nil.	14
Agent not Identified ....	Nil.	Nil.	Nil.	Nil.	Nil.

\**Salmonella Typhi-murium* in both outbreaks.

4. *Single Cases.*

	<i>No. of cases.</i>		<i>Total No. of cases</i>
	<i>Notified</i>	<i>Otherwise ascertained</i>	
Agent Identified* ....	5	Nil.	5
Agent not Identified ....	4	Nil.	4

\**Classified according to agents :*

(a) Chemical poisons	....	....	....	....	Nil.
(b) <i>Salmonella :</i>					
<i>typhi-murium</i>	....	....	....	....	5

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

<i>Salmonella (type)</i>	<i>Outbreaks</i>		<i>No. of cases</i>	<i>Single Cases.</i>	<i>Total No.</i>
	<i>Notified</i>	<i>Otherwise</i>	<i>(out-breaks)</i>		
1 ( <i>Typhi-murium</i> )	Nil.	Nil.	Nil.	2	2

Late notification of food poisoning cases makes it very difficult to trace the source of the infection. Review of the notifications this year show that most of the cases were notified between five to ten days after the onset of symptoms. Of course, when a single case of diarrhoea occurs it is not easy to decide whether it is due to food poisoning or to other causes, and it is often not until an



organism of the food poisoning group is isolated from the stool that the case is notified as such. In the one major outbreak in Exeter in 1960, the first 2 cases were notified within twenty-four hours of onset, but it was not until ten days later that the full extent of the outbreak was known.

The first of the two outbreaks in 1960 was a small one in which two children fell ill with vomiting followed by diarrhoea. *Salmonella typhi-murium* was isolated from the stools of both. 2 other children in the family were found to be excreting the same organism though they had had no symptoms. Stools of the parents and 2 other children were negative. No source of the infection was traced though all members of the family had eaten the same food.

The other outbreak was a fairly large one, in which 21 persons were known to have been affected, 12 living in the City (including 4 "carriers") and 9 in the surrounding areas. During the weekend 17th-18th September, 2 women were admitted to the Isolation Hospital with severe diarrhoea, starting in one case late on the night of 16th September and in the other about 11 a.m. next day. It was found that the mother of the second case had developed diarrhoea about the same time. All three had had lunch at the same restaurant on the 16th, the main course being different in each case, but all had had apple meringue pie as the sweet. *Salmonella typhi-murium* was isolated from the stools of all 3 cases.

Investigation of the restaurant was at once undertaken. Attention was focused on the apple meringue pie, and it was ascertained that the meringue was made from fresh eggs bought from a local retailer who receives his supply from a packing station. The pie was made in three large tins and cut up into pieces for serving and these had been made on the morning it was eaten for lunch. The standard of hygiene in cooking and handling food was found to be generally satisfactory. All members of the staff were investigated and 4 were found to be excreting *Salmonella typhi-murium*, one being the chef who made the pie, two being waiters and the other the dish washer. The chef and the dish washer had not eaten any of the pie; the waiters had. None had had any symptoms. They were all taken off work and referred to their private doctors for treatment.

No more cases were notified during the following week, but on the morning of the 26th September a Bank Manager rang up to say that 4 of his staff had been off with diarrhoea during the previous week, following lunch on the 16th September at the same restaurant as the 3 previous cases. All were interviewed and again though the main course had varied, all had eaten the apple meringue pie. The wives of these cases had lunched with them and had also become ill. General practitioners in the area were notified of the outbreak and were asked to let us know of any cases of diarrhoea they had had who had had lunch at the restaurant on the 16th September. During the next few days 12



more cases were notified all of whom had eaten the apple meringue pie and subsequently developed diarrhoea. In all, 21 persons were known to have been infected. *Salmonella typhi-murium* was isolated from 8 of the 12 cases occurring in the City. Symptoms began between 11 and 30 hours after the meal.

The infecting organism was found to be of a phage type (2c) associated with the domestic hen and it seems certain that the meringue of the apple meringue pie became infected by a heavily infected egg used in its preparation, and that the members of the staff found to be excreting the organism were the victims and not the cause of the outbreak. If the meringue had been infected by the chef during its preparation it is not likely that in the short time before it was eaten it would have become so heavily infected as to cause illness in at least 21 people.

Samples were taken from some of the eggs in stock at the restaurant, but none were found to be infected. It was not possible to trace the source of the eggs beyond the factory station.

### WHOOPING COUGH

81 cases of whooping cough were notified, nearly all (72) occurring during the second half of the year. The disease was mild in character and there were no deaths. 4 of the cases occurred in children under six months old, the youngest being only eight weeks old.

36 of the cases had been immunised against whooping cough and 41 had not. In 4 cases the immunisation state could not be ascertained.

### PARATYPHOID

One case was notified during the year. A small girl of 6 years old fell ill with a high temperature and diarrhoea. She was admitted to the Isolation Hospital a week after the onset of symptoms; *Salmonella Paratyphi*. B. phage type 1 was isolated from her stool. Neither her parents nor her younger sister were infected. The source of the infection could not be traced.

### TYPHOID

There was one notification during the year, but subsequent investigation shewed it was not in fact a case of typhoid.

### MEASLES

The measles epidemic which started in November, 1959, developed during the early months of 1960, reaching its peak in the third week of February when 165 cases were notified. The epidemic thereafter began to subside and can be said to have been over by the end of May though cases continued to occur sporadically during the remainder of the year.

The cases were mostly mild, complications were few and there



were no deaths. Six cases were admitted to the Isolation Hospital, only one being because of complications (bronchitis), the rest on social grounds only.

#### MENINGOCOCCAL INFECTION

4 cases were notified during the year, but in only one case was the diagnosis confirmed. This was a young girl from Tiverton, the diagnosis being made after her admission to an Exeter Hospital.

#### ERYSIPELAS

15 cases were notified during the year, in 13 of which the face was the part involved. The ages of the cases varied from 2 years old to 74 years, no age group being particularly affected.

#### POLIOMYELITIS

There was one notification of poliomyelitis during the year, but the diagnosis was not confirmed.

#### DIPHTHERIA

No cases of diphtheria were notified during the year.

#### PNEUMONIA

32 cases of primary pneumonia were notified during the year with no deaths among these cases. However, as 38 deaths were registered during the year as being due to pneumonia, it is certain that the disease has been undernotified, though a number of these may have been secondary pneumonia.

#### SCARLET FEVER

124 cases were notified during the year, 101 of them occurring during the first six months. Nearly all the cases were in young children, either pre-school or of infant school age.

Scarlet fever now tends in most cases to be a mild disease, causing little upset to the child. It is usually more of a nuisance than a worry. The mild nature of the disease must certainly lead to missed cases which probably accounts for the fact that in a few infant schools the disease was endemic for several months in spite of all precautions being taken. In three infant schools this state of affairs occurred during the year; in one school there were 11 cases spread over two months and in the other two, 13 and 9 cases spread over nearly six months.

7 children were admitted to the Isolation Hospital for social reasons, none being transferred to hospital because of the severity of the disease.



## PUERPERAL PYREXIA, 1960

Cases Notified	CAUSE	Pathological Investigations	Confinement :	
			Home	Hospital
9	Uterine .....	7	2	7
5	Respiratory .....	2	2	3
9	Breast engorgement .....	3	4	5
10	Urinary .....	10	5	5
18	Miscellaneous .....	10	3	15
51		32	16	35

There were 51 cases of puerperal pyrexia up to or over T.100.4° in 1960. The largest group "miscellaneous" comprised for the most part "reactions" to operative procedures in Hospital. The temperature in these cases was usually raised on one occasion only. No anxiety, in the public health sense, was caused by any case.

### PEMPHIGUS

Pemphigus in newborn babies was brought to the notice of the department in three cases: the first was an infection by *Staphylococcus Aureus*, affecting the skin and one eye in a baby delivered at home in January. The midwife shewed a *Staphylococcus Aureus* infection of the nose, but of a different phage-type. The source of infection was not traced. The second case was thought to be allergic and the third to be due to sweating.

### OPHTHALMIA

There were 10 cases of ophthalmia neonatorum notified in 1960—9 in hospital and one at home. Swabs were taken in 8 cases. The cases were very mild and none was referred to the Eye Infirmary.

### LABORATORY WORK

During 1960, Dr. B. Moore, Director, Public Health Laboratory Exeter, reported to us on 1,695 specimens (exclusive of sputa etc., for tuberculosis (see page 84). This great increase over last year's number of specimens examined is accounted for by the outbreak of dysentery that occurred during the year. 1,595 (including 482 positive) were in respect of food poisoning, dysentery and other diarrhoeal diseases, and 26 (of which 16 were positive) in respect of staphylococcal infection.

Dr. Stewart Smith, Area Pathologist, Royal Devon and Exeter Hospital, examined blood samples taken from 620 expectant mothers (see page 60).



Table XI.

## ACUTE INFECTIOUS DISEASE

CASES OF NOTIFIABLE DISEASE NOTIFIED DURING THE YEAR 1960 (EXETER RESIDENTS)  
after correction of diagnosis.

DISEASE	AGES OF CASES NOTIFIED													Cases admitted to Isolation Hospital	
	Under 1	1—	2—	3—	4—	5-9	10-14	15-19	20-34	35-44	45-64	65 and over	Age un-known		Total
Scarlet Fever ....	1	3	9	10	14	62	22	3	—	—	—	—	—	124	7
Whooping Cough ....	7 (1)	3	8	12	5	41 (1)	2	—	1	—	—	—	—	79 (2)	8 (1)
Measles ....	42	104	160	163	145	617	26	1	2	2	—	—	4	1,266	8
Erysipelas ....	—	—	1	—	—	1	1	1	2	2	5	2	—	15	1
Meningococcal Meningitis	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Polio. (Paralytic) ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ....	—	—	2	—	—	2	2 (1)	—	2	1	11	11	—	31 (1)	2 (1)
Ophthalmia Neonatorum	3 (7)	—	—	—	—	—	—	—	—	—	—	—	—	3 (7)	—
Puerperal Pyrexia ....	—	—	—	—	—	—	—	5 (1)	27 (15)	2 (1)	—	—	—	34 (17)	1
Dysentery ....	10	9	11	13	11 (1)	75 (1)	23	5	17	7	8	—	7	196 (2)	8
Food Poisoning ....	—	—	—	—	—	4	—	5	3 (1)	1	2	2	5	22 (1)	5
Para. Typhoid B. ....	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
Typhoid Fever ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis ..... (not a notifiable disease)	8	—	1	—	—	5	2	—	(1)	—	1	5	—	22 (1)	12 (1)

(Figures in brackets represent additional cases notified to this authority but with home addresses outside the city).

Table XII.

## ACUTE INFECTIOUS DISEASE.

MONTHLY INCIDENCE OF INFECTIOUS DISEASE NOTIFIED DURING 1960 (EXETER RESIDENTS)  
after correction of diagnosis.

DISEASE	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	Cases admitted to Isolation Hospital
Scarlet Fever	21	22	16	20	17	5	5	3	3	1	5	6	124	7
Whooping Cough	2	—	1 (1)	—	2	3	9 (1)	8	8	4	13	29	79 (2)	8 (1)
Measles	211	475	385	113	15	19	3	4	6	23	10	2	1,266	8
Erysipelas	2	2	3	1	1	3	1	1	—	1	—	—	15	1
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	1	1	—
Polio (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	4	6	3	2	—	3	— (1)	2	1	1	2	7	31 (1)	2 (1)
Ophthalmia Neonatorum	—	—	— (1)	— (1)	1	—	—	1 (3)	1	—	— (1)	— (1)	3 (7)	—
Puerperal Pyrexia	6 (4)	4 (1)	2 (3)	1 (2)	3 (1)	1	4 (2)	7 (2)	2	1 (2)	2	1	34 (17)	1
Dysentery	1	13	34 (1)	28	23	6	1	2	6	18	28	36 (1)	196 (2)	8
Food Poisoning	3	—	1	—	—	5	—	—	10 (1)	2	1	—	22 (1)	5
Para. Typhoid B.	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis (not a notifiable disease)	—	3	2	5	4 (1)	1	—	1	1	—	1	4	22 (1)	12 (1)

(Figures in brackets represent additional cases notified to  
this authority but with home addresses outside the city.)



**Table XIII**  
**THE BLIND.**  
**REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS — 1960.**

	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.	4	—	2	—	—	—	6	2
(b) Treatment : (Medical, surgical or optical).	1	1	4	1	—	—	3	—
(ii) Number of cases at (i) (b) above which on follow-up action have received Treatment.	—	1	4	—	—	—	3	—

## SPASTICS

There are 53 known cases of cerebral palsy which have come to the notice of the department (at 31st December, 1960). 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. 4 new cases came to notice during the year, viz : 1 girl and 3 boys with ages ranging from 1 to 5 years.

The tables below shew the present position 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 .....	16	3	16	3	—	—	1	1	6	2	9	—
Monoplegia .....	1	—	1	—	—	—	—	—	—	—	1	—
Diplegia .....	5	3	5	3	—	—	—	2	4	1	1	—
Paraplegia .....	7	6	7	6	—	—	2	2	1	3	4	1
Quadriplegia .....	1	4	1	4	—	—	—	3	1	1	—	—
Others .....	5	2	1	2	4	—	3	—	1	2	1	—
<b>TOTALS</b> .....	<b>35</b>	<b>18</b>	<b>31</b>	<b>18</b>	<b>4</b>	<b>—</b>	<b>6</b>	<b>8</b>	<b>13</b>	<b>9</b>	<b>16</b>	<b>1</b>

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**TABLE OF SPASTICS.**  
(According to placing etc.)

AGE GROUPS	Sex		At Home	Day School	Day Special School	Residential School	Training Centre	Working	Training College for Handicapped Persons	Hospital for Mental Defectives
	M.	F.								
0—4 .....	7	4	10	—	1	1	—	—	—	—
5—14 .....	14	8	4	9	4	2	1	—	1	1
15—64 .....	14	6	5	3	—	—	1	8	1	2
65 plus .....	—	—	—	—	—	—	—	—	—	—
<b>TOTALS</b> .....	<b>35</b>	<b>18</b>	<b>19</b>	<b>12</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>8</b>	<b>2</b>	<b>3</b>

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## EPILEPTICS

We know of 149 epileptics, (32 boys, 37 girls, 48 men and 32 women) in the City, i.e. 1.9 per thousand of the population. It is very likely that the numbers shewn in the table below of ages 15



years upwards are a substantial under-statement. Of the 80 above 15 years of age, 33 are working, but I have no doubt far more than this number of epileptics are working and managing perfectly well.

24 new cases came to our notice during 1960, i.e. 15 boys and 9 girls; 8 were under 5 years of age. 15 attended ordinary schools and 1 the Junior Training Centre.

TABLE OF KNOWN EPILEPTICS (at end of 1960).

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 ....	4	8	12	—	—	—	—	—	—	—	—	—
5—14 ....	28	29	5	1	48	—	—	2	—	1	—	—
15—64 ....	46	29	23	—	8	33	—	2	—	6	1	2
65 plus ....	2	3	2	—	—	—	—	—	—	3	—	—
TOTALS ....	80	69	42	1	56	33	—	4	—	10	1	2

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## NATIONAL ASSISTANCE ACTS, 1948 to 1959.

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

No compulsory removals under these Acts were effected during 1960. In two cases compulsory removal was seriously considered.

A woman, 80 years old, who was living in very squalid circumstances refusing all forms of help, was ultimately admitted to a mental hospital. An old man over 80 who was living in very bad circumstances, his rooms cluttered up almost beyond belief with derelict furniture, and sleeping in a curtained-off passage without light or ventilation, went temporarily into a geriatric hospital; the Public Health Inspectors organised the cleaning up of the premises.

### MEDICAL EXAMINATIONS MADE ON BEHALF OF THE COUNCIL.

272 medical examinations were carried out during the year in relation to employment, superannuation, retirement on sickness grounds, including 1 for other authorities. 42 X-ray examinations were made.



The Transport Committee has requested the annual medical examination of all drivers over the age of 60 years and 2 examinations under this scheme were made this year.

Consideration should be given to the necessity for complete medical examination of entrants to the Council's service. I consider that a questionnaire completed by the candidate would ordinarily provide a sufficiently accurate basis for medical approval as fit, in most cases. In selected cases, medical examination would be necessary.

#### PUBLIC HEALTH ACT, 1936.

(Sections 187-195).

Registered Nursing Homes	....	....	4
--------------------------	------	------	---

#### NURSES ACT, 1943.

Registered Agencies	....	....	1
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#### CHILDREN'S COMMITTEE.

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

#### CHILD NEGLECT, 1960

The Child Care Committee continued to meet monthly during the year. The number of cases discussed each meeting was reduced if possible to 2 or 3. This change was welcomed by all members, who agreed that a short agenda allowed for a fuller and more useful discussion on each case.

16 new cases were discussed during the year and 7 of the "old" cases were re-opened. 7 cases were closed, 3 of them being cases opened during the year. In June free home help was provided for 4 weeks in one case.

Parental inadequacy was the reason behind most of the references to the Committee resulting in poor standards of child care, or in rent arrears with threatened eviction. While improvement is possible in the majority of cases, in many the basic cause cannot be altered and lapses are likely as shown in the 7 cases that had to be re-opened during the year.

4 of the cases closed were rent arrears cases, in 3 of them the arrears were cleared but in the other case the family had been evicted before the case came to the notice of the Committee. In the other 3 cases closed, one concerned a 15 year old girl with bad home conditions who was settled happily in a residential job on leaving school. In another a broken home, the condition of the 2 children living with their father has improved. In the last case twins had to be taken into care in order to relieve the conditions at home.



## LOCAL HEALTH SERVICES.

(National Health Service Act, 1946).

### HEALTH CENTRES.

No progress was made in regard to General Practitioner health centres.

### MATERNITY AND CHILD WELFARE

#### MATERNITY

*Confinements.* (See pages 12 and 67).

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

(i) *Ante-natal Clinics.* During the year 635 mothers attended, making 2,651 attendances at ante-natal sessions conducted by the home midwives.

(ii) *Free Home Helps for Ante-natal Cases.* This service was used in eight cases during the year. Five of these mothers were booked for home confinement, one for delivery in Mowbray House and two for delivery in hospital. Two had normal deliveries at home and the remaining six were all admitted to hospital. A free home help was also granted to a mother who had severe anaemia during the puerperium. All the babies survived.

(iii) *Blood Tests in Pregnancy.* These tests were carried out in Dr. Stewart Smith's Pathology Department at the Royal Devon and Exeter Hospital on 620 mothers; additionally some doctors make haemoglobin estimations themselves but I have no details. The ideal is to have at least two blood examinations during pregnancy. On the whole the haemoglobin findings were much as in 1959.

#### HAEMOGLOBIN %

(These results refer to the first examination in the pregnancy)

	40-49	50-59	60-69	70-79	80-89	90-99	100+	Not known	Total
Samples :	4	10	105	266	153	37	6	39	620

#### BLOOD GROUPINGS AND RHESUS FACTOR

Blood Group :	Rhesus +	Rhesus --	Total
A	227	43	270
B	41	8	49
O	212	48	260
AB	17	5	22
Not known	—	—	19
Totals	497	104	620



## WASSERMAN AND KAHN TESTS

(for constitutional disease)

None positive.

*Relaxation and Mothercraft Classes.* 390 mothers attended relaxation classes during 1960, and in April an additional class was commenced at the Alice Vlieland Centre on Tuesday mornings at 11.0 a.m. The extra session enables mothers to have the choice of attending in the morning, afternoon or evening. These mothers may be having their babies in hospital, Mowbray House or on the district. Mothercraft classes continue to be run in conjunction with the relaxation classes and 210 mothers attended during the year.

## CHILD WELFARE

### *Child Welfare Centres.*

These continued as usual. About half of all the pre-school children in the City and about three-fifths of the children under 1 year old attend the Child Welfare Centres.

About three-fifths of the attendances at child welfare sessions (other than toddlers' clinics and health visitors consultation clinics) were by babies in their first year, one-fifth by those in their second year, one-tenth by those in their third year and one-tenth by those in their fourth and fifth years. (See Table XVIII).

At three clinics immunisations are offered during the child welfare sessions. Children who attend for immunisations only are not counted as attending the Child Welfare Centre; nor are those who are only brought for welfare foods.

The attendances at Whipton and Buddle Lane welfare sessions have been very high and it is necessary to provide additional sessions.

Co-operation between the hospital and specialist services and the Local Health Authority in regard to the after-care of children who have been in hospital is completely satisfactory and has been described in previous reports.

I am indebted to Dr. Brimblecombe for the information he gives me about children under his care in hospital. The Home Nursing and Home Help Services are available for assisting in the care of sick children at home.

### *Toddlers' Clinics.*

The Toddler Clinics continued at Whipton and Burnthouse Lane as before. (See table XVIII).

### *Health Visitor Consultation Clinics.*

These continued as in previous years. (See table XVIII).



## BUDDLE LANE DAY NURSERY

The highest number on the register at any one time was 40, the maximum number permitted, and for a short period no more could be admitted. 79% of those attending at the nursery were priority cases, a big increase over the 1959 figure.

Two children were admitted owing to their mothers being deaf and dumb ; both children have settled well into nursery life, and their speech has shewn steady progress. Seven other children were admitted on medical grounds.

The general physical and mental health of the children has been satisfactory. 5 children required dental treatment.

Cases of infectious disease included :— Sonne dysentery (3) and chickenpox (14).

**Table XIV.**  
**DAY NURSERY.**

NURSERY AGE GROUP IN YEARS	Buddle Lane	
	0—2	2—5
Number of Places	15	25
Number on roll at beginning of 1960	4	28
Number admitted	12	30
Number removed from roll	4	36
Number on roll at end of 1960	6*	28*
Mothers working full-time at end of 1960	6	23
Mothers working part-time at end of 1960	—	—
Other reasons for admission at end of 1960	—	5
Maximum Attendance	9	28
Minimum Attendance	3	8

\*Some children became 2 years old during the year.

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

There are now 2 registered privately owned day nurseries, (one having been registered in August, 1960 (12 places), making 36 places now available) and 1 Child Minder (8 places). There are no child minders registered by the local Authority under its approved National Health Service Act proposals, where fees are payable.

### PROVISION FOR THE UNMARRIED MOTHER AND HER CHILD

112 cases (including 84 Exeter residents) were dealt with this year, i.e. 14 more than in 1959 : 46 were under 20 years of age, 6 being under 16 years old ; 16 of the mothers were pregnant to



before they came to Exeter ; a further 12 had homes elsewhere but were working or studying in the city : 7 of these 28 had homes in the Devon County area.

To these 112 mothers there were 68 live births (including 1 set of twins), 4 still births (including 1 set of twins) and 4 miscarriages during 1960 : 13 of the mothers had left Exeter and 25 were still " expecting " at the end of the year. 33 babies stayed with their mothers and 24 babies were placed for adoption.

More visits were made, and considerably more interviews were given in the office. Parents and expectant mothers prefer to come to the office, no doubt because the privacy enables an interview to be unhurried and uninterrupted.

The occupations of the mothers and fathers have ranged from good professional levels to unemployment, and the nationalities have included British, Irish and Colonial. Seven of the mothers were school girls and one of the putative fathers was a schoolboy. 3 girls were given help as being in moral danger.

The Wilfrid House Shelter for women and girls mentioned in my last report has unfortunately been discontinued (July 1960). It served a useful purpose and it is to be hoped it may be replaced in the near future.

#### ST. OLAVE'S HOME

(Owned by the Exeter Diocesan Association for the care of girls)

Number of admissions during 1960	....	....	36
(including 5 Exeter residents)			
Number of children adopted	....	....	16
(including 3 Exeter mothers' babies)			
Number of children taken by mothers or relatives	....		9
(including 2 Exeter mothers' babies)			
Number of children fostered	....	....	1

The domiciliary midwives delivered 25 mothers in the Home.

#### ST. NICHOLAS HOUSE

(Owned by the Exeter Diocesan Moral Welfare Council)

Number of admissions during 1960	....	....	37
(including 2 Exeter residents).			
Number of children adopted	....	....	16
Number of children taken by mothers or relatives	....		17
Number of children fostered	....	....	4

15 mothers used the Home as a Hostel.

The domiciliary midwives delivered 29 mothers in the Home.

#### PHENYLKETONURIA

Testing the urine of babies for phenylketonuria continued throughout 1960, a very much larger number of tests being done than in any year since testing started here in July, 1957. Altogether, 930 babies were tested, i.e. 80% of all Exeter live births



in 1960. There were no new positive cases so the Exeter figure still stands at three in two families, i.e. 1 per 26,000 population.

BAIES BORN DURING 1960 TESTED FOR PHENYLKETONURIA  
BEFORE APRIL, 1961

Tested at 3 weeks only	Tested at 6 weeks only	Tested at both 3 weeks and 6 weeks	Tested at 3 months to 6 months only	Tested at 6 months to 1 year only	Not Tested
226	319	338	40	7	232*

\*Including 16 unavoidably not tested (deaths, departures).

Difficulties in procuring a specimen of urine or a recently wet napkin still have to be dealt with and although Phenistix, chemically treated swabs on sticks, introduced in November, 1959, have made the process of testing much easier, there are still obstacles to be overcome in getting the urine in a sufficiently fresh state and much patience and often several return visits to the home are necessary.

It was decided in May, 1960, because of the practical difficulties involved in getting two tests made for *every* infant, that the health visitors should only make one test for each infant, and that as nearly as possible to six weeks of age. This is additional to the routine tests at three weeks, carried out by the home midwives in regard to all babies within their care.

The cases of phenylketonuria detected in 1959 described in my report for that year are still having treatment :

- (i) the child, born 1.5.58, whose urine was found to be positive in August, 1959, when he was fifteen months old is not making very good progress and remains very backward. At two years ten months, he has reached the level of development of a child of six months.
- (ii) child born 10.7.59, urine test positive on 31.7.59, was started on his special diet on 1.8.59 when 22 days old. He has made progress on his special diet, though this has not always been easy to administer, and at 1 year 5 months of age, he is at the level of a child of 1 year.
- (iii) child (brother of (ii) born in 1951, whose urine was not examined till 1959 and then found to be also positive, remains at a very low level mentally.



## REPORT OF THE PRINCIPAL DENTAL OFFICER FOR 1960.

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

The dental department has been fortunate in completing the year with no staff changes. The mothers and pre-school children attending for dental treatment have therefore been able to benefit in having their work completed by the same dental officer instead of never being quite sure which dentist they will find awaiting them when they arrive for an appointment.

The number of mothers presenting themselves for treatment has, I regret, decreased slightly and I forecast a further decline in future years owing to mothers now being able to obtain free dentures from private dentists working under the National Health Service scheme. This was not possible until the recent changes announced in the Health Service.

I must again congratulate the Matron of St. Olaves Home on the attendance of the mothers under her care for dental inspections.

**Table (a).**

*Mothers and Children provided with dental care.*

	Examined	Needing treatment	Treated	Made Dentally Fit
Expectant and Nursing mothers .....	156	133	121	116
Children under five years .....	112	93	86	79

**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 .....	64	252	—	4	311	65	31	33	31
Children under five years .....	—	41	7	—	265	105	—	—	—

*Expectant and Nursing Mothers.*

Of the 156 inspected, the following details show source of reference :—

Home Midwives .....	58
Maternity & Child Welfare Clinics .....	43
Private Doctors .....	9
St. Olaves Home .....	20
Post Natal Cases .....	26



### *Pre-School Children.*

112 pre-school children were examined, the majority of which were children brought to the clinic suffering pain ; this is our main source of pre-school patient apart from those referred from welfare centres and Buddle Lane Nursery.

### *Anaesthetics.*

During the year Dr. Butler has introduced the use of fluothane for dental anaesthesia, and we find this particularly suitable for expectant mothers as a normal degree of oxygenation can be maintained.

In conclusion I would like to thank the dental officers and dental staff for their hard work and co-operation during the year.

## MIDWIFERY

*Supervision of Midwives.* In all, 69 midwives gave notice of intention to practise within the City. These included 51 employed by hospitals, 12 employed by the Exeter Maternity and District Nursing Association on behalf of the City Council, 4 engaged in private practice, 1 employed by Devon County Council, and 1 employed by an agency.

During 1960, four institutional midwives and three domiciliary midwives attended refresher courses approved by the Central Midwives Board.

*The Midwives Rules* were amended in June, 1960. The Lying-in period was reduced from 14 days (minimum) to 10 days minimum ; the distinction between a maternity nurse and a midwife was dispensed with, the former term being no longer in use ; attention was drawn to the risk of neonatal cold injury ; the notification of artificial feeding is no longer required ; and midwives are required to ensure that blood examinations of the mothers are made.

*The Population (Statistics) Act*, 1960 required, from October, 1960, the doctor (or if no doctor present, the midwife) to state the believed cause of the stillbirth on the certificate given for registration. This should prove very valuable.

*Medical Aids* (i.e. midwives' request for assistance from doctors) :— 12 medical aid notices (all from hospital midwives) were issued by midwives ; 293 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).



## DOMICILIARY MIDWIFERY.

(See also Table XX, Page 97).

*Organisation.* The staffing position and general organisation remained unchanged.

*Part II Midwifery School.* In 1960, twenty-two pupil midwives, trained in conjunction with the City Hospital, sat the examination; twenty passed on first entry, the remaining two on re-examination.

*Refresher Courses.* Three midwives attended a residential post-graduate course.

*Transport.* At the end of 1960, the home midwifery and home nursing service had 14 cars, 1 van, 4 lambrettas, 3 motor cycles and 4 cycles (for pupils) owned by the City Council: in addition, mileage allowances were paid to members of the staff using their own cars (10) and lambrettas (2). The midwives always have priority in the use of the Council's vehicles.

*Emergency Ambulance Calls.* A midwife was called on eight occasions at the request of the Ambulance Service. In one instance the baby was born before the arrival of the midwife or the ambulance (both mother and baby were in a satisfactory condition). All eight cases were transferred to hospital.

*Confinements.* The City's domiciliary midwives attended 474 mothers confined in the City in 1960—rather less than in 1959—including 8 with home addresses outside the City, 25 in St. Olave's Home (3 of whom were Exeter residents), 29 in St. Nicholas House (none being Exeter residents) and 3 in H.M. Borstal Institution.

2 mothers were attended by private midwives and 3 mothers were attended by Devon County midwives.

In all but 24 cases (11 involving forceps) the midwives actually delivered the babies. The City midwives paid 14,908 visits to mothers either during the pregnancy, the labour or the lying-in period.

### *St. Nicholas and St. Olave's Homes.*

Arrangements have continued as before at St. Nicholas and St. Olave's Homes. The home midwives delivered 29 mothers in St. Nicholas Home and 25 in St. Olave's Home: they also nursed and delivered three mothers in H.M. Prison during the year. Arrangements have been made for the midwives to attend mothers in the Russell Clinic, Exe Vale Hospital.



### *Premature Babies.*

24 of the babies delivered by the home midwives were premature by the weight standard ; 2 died (both at home) ; 1 other premature baby was transferred to hospital, and 1 to a maternity hospital where booking had been made.

### *Neonatal Care.*

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 (206 cases in all). They also made 479 visits to 52 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.*

There has been rather less early discharge from hospital than in recent years. The total number of visits made by the domiciliary midwives to mothers discharged within 7 days of confinement was 1,044 and a further 1,071 visits were made to mothers who had been discharged before the 14th day. Since June 1960 the lying-in period is legally defined for the purpose of the midwife's attendance as not less than 10 days nor more than 28 days after delivery.

CITY MOTHERS DISCHARGED EARLY FROM  
HOSPITAL MATERNITY UNITS

Year	Total No.	DAY OF PUERPERIUM DISCHARGED									Over 10th
		2nd	3rd	4th	5th	6th	7th	8th	9th	10th	
1959	244	16	17	16	10	6	14	14	12	28	111†
1960	218	19	8	13	9	5	6	4	11	45	98*

\* Includes 28 on 14th or later day.

† Includes 36 on 14th or later day.

Oxygen was used for 13 babies on the district, 8 responded well at home and 2 responded to hospital care ; 2 died in hospital, 1 failed to respond at all. Oxygen was also administered to one mother. Intra-gastric oxygen was not used at all : it has now gone out of favour.

*Analgesia.* All our domiciliary midwives are qualified to administer gas and air analgesia. Of the 4 midwives in private practice 2 were qualified to administer gas and air analgesia. 409 of 474 mothers attended in labour by the Council's domiciliary midwives had gas and air analgesia (69 of them having trilene) ; as well 27 mothers had trilene and no gas and air analgesia ; in all the other 38 cases there was some good reason why analgesia



should not be administered, including 20 refusals by the mothers, 15 very rapid labours, 2 medical reasons and 1 premature labour. In 281 cases pethidine was given; this figure includes 239 to whom pethilorfan was given (a combination designed to counteract any depressant effect of the pethidine on the newborn infant). Trilene was administered alone (by the midwives) in 22 cases and in combination with other analgesic in a further 74 cases.

### 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 342 cases has been referred.

### HEALTH VISITING

*Organisation, Staffing, Transport.* The Council increased the establishment of Health Visitors by two. The average case load was 513 pre-school children, and the average population served was 7,700. The medical clinic sessions at Whipton and Buddle Lane have become very heavy, sometimes 100 mothers with their babies come. This will be eased by establishing more sessions there in 1961.

*Deafness Ascertainment.* During the year, instruction was given to two selected health visitors in the screening tests devised by Dr. Mary Sheridan and others, with a view to the early ascertainment of deafness in very young children known from the circumstances of birth, or illness, or parental illness to be in the "at risk" group—i.e. more likely than average to be in some degree deaf. Dr. Baker (who had attended a short course in deafness ascertainment at Manchester University during the year) arranged to attend and take part in the hearing assessment clinic at the City Hospital, conducted by the otologist (Mr. Bradbeer) and the paediatrician (Dr. Brimblecombe).

*Flooding.* The health visitors made house to house visits during the periods of flooding in the St. Thomas, Cowley Road areas, to try to help mothers in regard to the care of their children. Additionally, they were a kind of personal information service to the residents and were able to secure help from various sources (Welfare Department, public health inspectors, etc.) 1,364 visits were made during the second flood emergency.

*Sabin Vaccine Trial.* The health visitors took part in the Sabin Vaccine Trial (see page 77).

This year, I shall let the Tables speak for themselves and include here in the text a few vignettes contributed by the health visitors.



## I.—TEAM WORK

The following incident shews the value of "team work" and the health visitor being available at the clinic.

In September last, a baby was brought to me at the clinic by her grandmother, who stated that she was worried because in her opinion the child was not progressing very well.

The family were visitors to Exeter from the Midlands. The history was:— the baby was fed on dried milk—had vomited after feeds since approximately three weeks old, sometimes large, sometimes small amounts. Medical advice had been sought and drops to be taken before feed, prescribed.

At birth her weight was 6 lbs. 4 ozs. and when I saw her at four months old, she weighed 9 lbs. and looked pale and underweight, although she was very bright and active.

After interviewing the grandmother, I got in touch with a doctor who willingly agreed to see the baby that day.

The following day a home visit was made by the doctor and the health visitor to watch a feed being taken. Vomiting continued and the next day a domiciliary visit was made by the paediatrician, who arranged for the baby to have a "barium swallow" and X-Ray in Outpatients. Pyloric spasm was diagnosed. The feeding times and quantity of milk given were adjusted by the doctor and supervised by the health visitor.

By the end of the week the vomiting had practically ceased and the baby was improving. The family then returned to the Midlands and a letter was sent from the doctor to the clinic giving details of the investigation and asking for follow-up visits by the health visitor concerned.

(L. M. BARRETT).

## II.—VARIETY

In the northern half of the St. Thomas area and the part of St. David's which is my district, I have a completely varied case load.

Around Exe Street and North Street, the property is mainly old and has been condemned and the families are being rehoused to make way for rebuilding.

In Exwick there is a village life community, the centre of which seems to be the Post Office, school and church. During the past few months when the village was literally twice cut off by water due to the flooding, the village life was very marked and all the families helped each other enormously—more, I think, than in other parts of the City.

The residential area is around Dunsford Hill, Little Johns Cross Hill and Barley Lane where a number of private bungalows and houses is being erected. The greater part of the housing in the district is Council housing—known as the Buddle Lane Estate; these have been in occupation about 30 years. At present a new



modern Council estate is being erected in the Redhills area which consists of about 200 houses which will be occupied this year.

The community life is very marked in this area and I feel this should be fostered : there is only one community centre in my district (Buddle Lane).

I feel we need a health clinic providing all the usual Local Authority health services, maternity and infant welfare facilities, school medical, dental and speech therapy services. I think it would be good if the health visitors had an office in the area to be on hand if problems arose, which could be dealt with on the spot, whereas now it means mothers having to phone Southernhay and if we are out, twenty-four hours may have elapsed before the matter can be dealt with.

I also do the visiting of diabetic patients attending the Royal Devon and Exeter Hospital, under the direction of the Consultant Physician and with the concurrence of the family doctor. I have to use a car and the City Council make me a car allowance. The home problems in the care of diabetics seem to be lessening.

(K. DUNHAM).

### III.—THE MIGRATORY HABITS OF FAMILIES IN A CHOSEN AREA

“ A move is as good as a fire.” If this old saying were true, the Fire Brigade in Exeter would have a busy time in the central area.

In no other place has this health visitor been so conscious of the constant comings and goings of married couples with young children.

In a quick and approximate survey of 843 children born in the Central area of Exeter between 1956 and 1960—387 moved at least once before reaching five years of age.

Of the 147 born in 1960 :    28 had moved before reaching  
1 year.

Of the 148 born in 1959 :    73 had moved before reaching  
2 years.

Of the 155 born in 1958 :    72 had moved before reaching  
3 years.

Of the 201 born in 1957 :    105 had moved before reaching  
4 years.

Of the 192 born in 1956 :    109 had moved before reaching  
5 years.

295 under fives moved into the area during this five-year period from other towns and counties, etc. and 134 of these same children moved out again in the same period.



Two special circumstances affect this area : slum clearance has during this period affected about 30 families with 43 children : also there is in the area, certain emergency accommodation provided by the Welfare Authority, and 25 families with 70 children have moved from it during the period.

It would seem from the above figures that the health visitor has little danger from getting into a rut in her job. She seems to need an ever-expanding heart and mind to absorb the continual problems and emotions that are part and parcel of the lives of this floating population.

(B. BRAZIL).

*Circular 3/59.* As previously indicated in my reports, the Health Visiting Service is in touch with the Child Guidance Service and has found necessary cases are mutually discussed.

## HOME NURSING

*Organisation and Staffing.* Unchanged.

*Education and Training.*

*Students Trained.* During 1960, nine Queen's student district nurses sat the Queen's examination and all passed ; three obtained Credits. Of these nine nurses, six remained on this staff and three were trained for work in the County.

District training is now recognised by the Ministry and a National Certificate is issued in addition to the Queen's Institute Certificate. The syllabus of training has been revised. The Exeter District Nursing Association has been approved as a centre for district training, the courses lasting six months for candidates who are State Registered Nurses but only four months if they are also midwives. We applied for approval for these courses in preference to the shortened courses of four months and three months, as is more usual. One of the student district nurses trained this year has been a male candidate, who will be remaining on our staff as our second male nurse. A bursary was granted by the Voluntary Committee of the Association to enable this nurse to take training without salary reduction.

*Post-Graduate Courses.* One general nurse attended a post-graduate course organised by the Queen's Institute in London.

Two Australian trained nurses came here for one month's post-graduate midwifery course to enable them to be eligible for inclusion on the Central Midwives Board Roll.



Student nurses from the Royal Devon & Exeter Hospital accompanied the nurses on the district, and also student nurses from Exminster Hospital.

*Transport* (jointly with midwives). (See page 67).

*Premises.* No. 15 Howell Road which was purchased in 1960 was redecorated throughout, and made very comfortable and has provided extra bedrooms, an additional sitting room for resident staff, and some extra storage space for the loans equipment.

*Visiting.* 2,689 cases, including 2,233 new cases, were nursed during 1960 and the total number of nursing visits was 85,551. Additionally, casual visits (re loans, arranging other visits, ordinary visits etc.) where no treatment was necessary, numbered 4,386. No request for nursing help at any time is ever refused. Late evening visits (after 8.0 p.m.) usually in order to make very ill patients comfortable for the night or to administer sedatives prescribed by the doctor, numbered 1,398. All emergency calls were answered.

#### *Sterilisation.*

For the past four years we have autoclaved syringes and instruments and a certain amount of dressings for use on the district. Sets of instruments required for a dressing and syringes with needles are made into packs and sterilised daily. This has proved of great benefit for the following reasons :—

- (a) Economy of the nurse's time on the district—on every dressing and injection ;
- (b) Efficiency of sterilisation as all instruments and syringes are washed in soapy water and autoclaved for thirty five minutes ;
- (c) Preservation of instruments, and reduction in the number of syringe breakages.

Until recently, the packs have been made of linen squares, but we are now changing to a special paper, which is a saving in laundering. We are also using a special type of sellotape for sealing which stands up to autoclaving.

#### *Masks.*

For the past year paper masks have been used instead of cotton ones, for general cases where the use of a mask is indicated ; for this purpose they have proved very satisfactory. This will be extended to midwifery cases during 1961.



### *Nursing Visits to Diabetic Persons.*

In 1959, the home nurses paid 18,039 visits to 124 patients suffering from Diabetes and in 1960 they paid 14,128 to 102 diabetic patients continuing the trend noted last year. The table below is abstracted from Table XXI and XXII.

#### HOME NURSING DURING 1960.

	New Cases	Total cases nursed	Total visits	% of cases over 65 years of age
Degenerative Diseases and Senility ....	806	1,182	66,184	80.0
Tuberculosis ....	18	22	965	27.0
Acute Disease incldg. infectious disease	631	663	8,019	32.0
Maternity ....	101	105	1,161	—
Gynaecology ....	163	167	376	87.0
Accidents ....	77	85	1,545	49.0
Others ....	437	465	7,301	41.0
Totals ....	2,233	2,689	85,551	58.0
Casual visits (Not Nursing) ....	43,86			

The Superintendent is responsible for managing the nursing loans service, the laundry service, and, except for the financial aspects, the night home help service (see page 80).

### IMMUNISATION AND VACCINATION

The most important thing to note is that while primary immunisation is being well maintained and carried out early in life, the booster dosage at 18 months and 5 years is far less completely achieved.

The family doctors did four in five of the smallpox vaccinations and gave just over two out of every three courses of triple antigen.

#### SMALLPOX VACCINATION (see Table XXIII).

696 persons received primary vaccinations during the year ; 535 of them were infants under one year of age, a figure equivalent to 47% of the live births in the City during the year. A further 63 persons were revaccinated, mainly adults going abroad.

#### DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNISATION (see Table XXIII).



*Primary Immunisation.* By the various immunisation courses offered, 1,112 children were given protection against diphtheria, 1,057 against whooping cough and 1,356 against tetanus. Almost all (1,056) were given in the form of triple antigen, and 879 of the children were under one year of age (all but two of these having triple antigen), which is equivalent to 76% of the live births in the year. Over half of these children had completed their course of triple antigen by 6 months of age, which is very satisfactory. Even more satisfactory is the response at early ages, 446—a figure equivalent to about two-fifths of the live births in the year—having had the full course by 5 months.

*Booster Doses.* Booster doses of triple antigen were given to 493 infants at 18 months old. This is not satisfactory, representing only about half of those who should have it.

At 5 years of age, 574 children were given booster doses of diphtheria. These children were offered a primary course of tetanus toxoid at the time they were due for their diphtheria booster and 146 accepted this and were given their booster dose of diphtheria along with the second dose of tetanus toxoid, the remaining 428 having only the diphtheria antigen once.

At 10 years old, 760 children had booster doses against diphtheria. (In 1961 we are associating tetanus (primary) protection with the diphtheria prophylactic in this group.)

*Tetanus Protection.* In all, 1,356 children had completed a full course during 1960, including 1,056 as part of the triple-antigen course, and 300 otherwise (mainly tetanus protection alone). As explained previously, the booster dose at 18 months was only given to 493 children—an unsatisfactory response.

While the casualty department of the Royal Devon and Exeter Hospital continued to advise all adults and children receiving anti-tetanus serum to obtain active immunisation (with tetanus toxoid) a further step was taken during 1960 to ensure that as many children as possible received this protection. Beginning in February, 1960, the hospital secretary sent a weekly list of all children up to 15 years old who during the previous week had received anti-tetanus serum in the hospital: we transferred the names of those children who lived outside Exeter to the health authority concerned. A letter was sent to the parents of all the Exeter children (about six weeks later) explaining the need to have active tetanus protection and offering an appointment at one of our clinics. They were advised that if preferred, they should consult their private doctors.

558 letters were sent to those who had been given anti-tetanus serum between 7th February and November 28th, 1960. By the end of the year, only 99 of these children were known to have had at least the first dose of tetanus toxoid; 11 had completed the course, 10 had had one dose and 78 had had two doses. However,



as it is at least seven months after the first injection is given before the course is completed, it is likely that more record cards will yet be received from private doctors.

### YELLOW FEVER VACCINATIONS

The Council's yellow fever vaccination service as approved by the Minister commenced in July : 161 persons were so vaccinated during the year, including 37 children, all because of foreign travel.

### INFLUENZA VACCINATION

To protect staff against a possible influenza epidemic during the winter, influenza vaccination was offered to all members of the staff of the health department. 120 accepted and they were given the vaccine during October, 1959. While a number complained of discomfort in the arm vaccinated, only 3 had general reaction and none of them had to stay off work.

There was no influenza epidemic during the winter so it is difficult to assess the value of the vaccine. Only 4 persons vaccinated reported at the end of the winter that they had had influenza, but none of these cases was proved virologically.

### POLIOMYELITIS VACCINATION

Poliomyelitis vaccination continued during 1960, but except for the babies the over-all response has now considerably diminished. Owing to the movement of families from one area to another a large number of children whose courses of injections started in Exeter have had them completed elsewhere and, of course, we have completed the courses of injections for a number of children coming to Exeter from outside this area.

In accordance with the Ministry of Health Circular 3/60 (1st February, 1960) our arrangements of vaccination against poliomyelitis were extended to include all persons under 40, and also various other specified groups. As in the case of the young persons (15—25 years), every effort was made to encourage a good response from this group including a notice on every rate demand to householders in the city, vaccination at their place of work with the co-operation of the employers, evening sessions in empty premises in the centre of the city, cinema slides, posters, newspaper advertising etc. Even so, the response cannot be regarded as satisfactory. At the end of the year, 2,639 persons in this group had had 2 injections (approximately 20% of those eligible) ; of these 1,789 had also had their 3rd injection. These figures include a few persons living outside the city.

The tables at the end of this report sets out the details of all the vaccinations given during the year. With regard to the total number of children who have had the course of 3 vaccinations since third vaccinations were allowed, (1958), this number is so



close to the number recorded as having had 2 injections, that I feel some doubt about the absolute accuracy of the figures, though they have been built up over the years from records received from family doctors and records of our own clinic sessions.

#### SABIN VACCINE TRIAL (1960)

In March 1960, we were asked by the Medical Research Council which at that time directed the Public Health Laboratory Service, to co-operate in a national effort to assess the efficiency of oral vaccination against poliomyelitis. Dr. A. Sabin of the U.S.A. has during the past few years elaborated a "live" vaccine, including the three known types of poliomyelitis virus in attenuated form, that is, in a form in which they are incapable of causing disease. Of the three known types, type 1 is by far the most commonly isolated from cases of paralytic disease in this country. Increasing evidence from several counties had supported Dr. Sabin's claims for the efficacy of his vaccine, which can be given by mouth and is therefore, more acceptable than the killed vaccine (Salk type) given by intra-muscular or subcutaneous injection. 20 cities and towns in which are sited public health laboratories were asked to co-operate. Each Health Authority was asked to arrange for 20 "only children" of six months of age to be given oral vaccine in the form of a specially prepared syrup. In each area the children were to be in three groups, according to a chance distribution by sex and date of birth. Those in the first group were each to receive one teaspoonful of a mixed vaccine syrup (types 1, 2, 3); those in the second group, three doses of a teaspoonful of vaccine syrup at intervals of 4 weeks, each dose including all the three types; and those in the third group to have three doses at intervals of 4 weeks, each dose containing only one of the three types, type 1, type 3, and type 2 in that order; the total quantity of virus being comparable for each child in the whole series.

The Health Services Committee approved the survey being made. Dr. Moore, Director of the laboratory, and I met the health visitors and they undertook the "recruitment" of the babies and the organisation of the sampling. Twenty-one mothers willing to have these tests made were soon found, and it says much for their confidence in the Public Health Department and the Medical Research Council which were satisfied that the tests involved no risks to the children or the community, that they undertook this quite unafraid.

The Public Health Laboratory Service was also anxious to obtain information about the spread of the living organism within the families taking part, but we were not pressed to take part in this and did not do so.

The health visitors interviewed the mothers and Dr. Moore and I sent out a joint letter explaining the whole scheme to them. In due course Dr. Moore and I had the great pleasure of writing



to thank them all for their help. The first child to receive the vaccine was a baby girl (aged 10 months) who took the vaccine on 13th April, 1960. The health visitors worked exceedingly hard to secure all the necessary sampling which took place within 11 months. The Public Health Laboratory Service examined 336 samples of stools and 60 blood samples from the infants: the health visitors and the hospital paediatric department collected these samples.

In the result, a great deal of knowledge was obtained to provide a sound basis for the use of this vaccine. Most of the infants tested in Exeter were found to have satisfactory levels of immunity to all three strains (as judged by laboratory tests). All but one of those who had not satisfactory findings were included within the group receiving only one dose of vaccine; they were offered and took the appropriate doses of oral vaccine (immediately secured for us by Dr. Moore) to bring their immunity to a satisfactory level. No clinical evidence of any spread in the community occurred.

The Public Health Laboratory Service will in due course publish the full results of the investigations covering the whole country.

The enquiry has been of unquestionable scientific and practical value, and those families who took part are to be congratulated on their commonsense approach; they should be sincerely thanked. Our health visitors worked very hard and successfully and thanks are due to them for their efforts, without which the trial in this city could not have succeeded. Thanks are also due to Dr. Brimblecombe and his Paediatric department in the City Hospital for their co-operation in taking the blood samples.

### **AMBULANCE SERVICES**

(See Tables XXVIII—XXIX)

The Ambulance Service continued to be administered by the St. John Ambulance Association as agents for the City Council.

*Staff.* The total number of staff employed remained unchanged at 23. The amount of time lost through sickness was 294 days. No special training was given during the year, apart from the usual annual refresher St. John Ambulance Course.

*Removals.* There was an increase of 810 patients and 8,424 miles over the corresponding figures for 1959 although full use continues to be made of all County ambulances leaving Exeter for their home stations. Co-operation between the City and Devon County Ambulance Services is very satisfactory and there was a further reduction of 148 cases carried and 5,671 miles run for the County.



There is no doubt that the continued housing spread in the city increases the total mileage run by our vehicles ; also, to avoid congested city streets, it is necessary to use longer routes during the day-time.

The number of patients for whom journeys by rail were arranged was exactly the same as in the previous year. This comfortable and quick means of moving patients remains economical, but it is becoming less so since the introduction of more diesel-powered trains : very few cross country or branch-line trains have separate compartment accommodation. This means that stretcher patients have sometimes to be carried between ten and twenty miles from the nearest main line stations to their destinations by ambulance. The cost of those relatively short road journeys is often in excess of the rail fare for the whole trip.

The removals for other authorities (apart from Devon County) shewed an appreciable increase, the majority being convalescent patients taken home to the Bristol and Midlands areas.

*Air Transport.* Four patients were sent by air transport to hospitals at Halton and Stoke Mandeville. Three of these patients were admitted to Exeter hospitals from places in Devon. These air journeys are very expensive ; naturally, they are reserved for most special and urgent circumstances.

*Premises.* The need for better accommodation remains acute. The Council have (1961) under active consideration the provision of new premises.

*Vehicles.* One new ambulance was bought in October : this replaced the one remaining sitting car. The average age of the fleet at the end of the year was  $5\frac{3}{4}$  years : two vehicles were over 10 years old, three others were 5 and over, and five under 5 years.

*Radio Control.* The Council have not introduced radio control. In my view, this is essential and I hope it may soon be accepted as necessary.

## **PREVENTION, CARE AND AFTER CARE**

### **(i) Health Education.**

During the year the articles in our insert in " *Better Health* " were on the development of the young child. They were all written by members of the staff except for one on " *Starting School* " which was written by the Headmistress of one of our City infant schools. We selected a Health topic for each month, illustrated on our boards throughout the City, and by posters and displays in the infant welfare clinics.

The monthly discussion group started in 1959, for young mothers, at the Whipton Clinic, was continued. The subjects varied from behaviour problems to budgeting. At several of the meetings an expert gave a short talk. Mothercraft classes were



given by a health visitor in the Homecraft Centre courses for girls of three of our secondary modern schools. In each course, one session for the discussion of questions asked by the girls was a great success.

A film that had been made for B.B.C. Television on "Smoking and Lung Cancer" was shewn to the senior forms in both boys' and girls' secondary modern, grammar and independent schools in the City. One of the School Medical Officers gave a short talk before the film was shewn and answered questions afterwards. The number of questions asked shewed that some impression had been made though it is doubtful if it will be a lasting one.

Members of the staff gave talks on health subjects during the year to various Associations.

(ii) *Student Education.*

As usual, student nurses from the Nurse Training School of the Royal Devon and Exeter Hospital, were attached to the health visitors, home midwives and home nurses for field visits. Students of the Sociology and Public Administration Departments of the University came to us on a number of occasions and were shewn the work of the Health Department. These contacts are mutually valuable.

(iii) *Nursing Equipment Loans.*

The total number of articles of nursing equipment held is 1,227 including 412 sheets, pillow cases, pillows and blankets. The number of loans made exclusive of loans of blankets, sheets and pillows in 1960 was 2,575; in addition, 412 items of bedding were issued (to 150 cases); and the use made of these is gauged best by the number of launderings involved, viz. 9,488 within the linen service.

(iv) *The Laundry Service.*

This began in 1953 and is mainly used for incontinent aged persons living alone or cared for by an elderly relative: we are grateful to the Exeter and Mid-Devon Hospitals Management Committee as the City Hospital launders the articles for us at a very moderate charge. During the year, 150 persons were helped and 9,488 articles were laundered (sheets 5,257, pillow cases 1,182, blankets 31, clothing, etc., 3,018)—an increase of 10% on the figure for 1959. This increase has been due to the increasing burden of total care of elderly persons in the City.

(v) *Night Home Help.*

103 persons were helped in this way, as against 89 in the previous year—in 17 instances for more than fourteen nights; most of them were very ill indeed or awaiting hospital care; nearly half (52) were dying patients. 2 of the families helped subsequently made their own arrangements for continuing night care. Few requests for help have not been met.



# TUBERCULOSIS, PREVENTION AND AFTER CARE

## 1. NEW NOTIFICATIONS.

Year	Respiratory	Non-Respiratory	Total
1954	83	16	99
1955	74	22	96
1956	53	17	70
1957	51	10	61
1958	54	14	68
1959	72	10	82
1960	37	9	46

*Respiratory tuberculosis.* There were 37 new notifications during the year—much the lowest figure recorded in Exeter, but it must be borne in mind that a number of the 72 cases notified in 1959 were found as a result of the Community Mass X-ray Campaign in that year: the new notifications for 1959 and 1960 together numbered 109; the total for 1957 and 1958 was 105: this is in accord with observations elsewhere. Among the occupations of those affected were: Prisoner 2, Prison Officer 1, and Nurse 1 (African Trainee).

*Non-respiratory tuberculosis.* The number of notifications continues to decline. The cases included: glands of neck 4, genito urinary 2, bones 2 and ischio rectal abscess 1; the sources of these were not traced.

## 2. DEATHS.

There were 17 deaths of tuberculous patients during the year but of these 10 were from causes other than tuberculosis, the remaining 7 deaths being attributable to respiratory tuberculosis. The respiratory tuberculosis death rate has been practically stationary during the past 3 years.

## 3. RECOVERY FROM TUBERCULOSIS.

60 respiratory and 12 non-respiratory cases have been taken off the register during the year as having recovered. The figures for 1959 were 46 and 5 respectively.

## 4. RE-ACTIVATION.

During the year, in 4 patients (2 respiratory and 2 non-respiratory) who had previously been taken off the register as recovered, the disease was found to have been re-activated, the respiratory cases after approximately 40 years and 1 year respectively; the non-respiratory (neck glands) cases after 18 years (for the 3rd time in 30 years) and 20 years respectively.

## 5. NON-NOTIFICATION.

There were 2 deaths from tuberculosis of patients who were not notified during life. Contacts of these have been followed up with negative results.



#### 6. TRANSFERS.

46 patients were added to the register during the year (31 respiratory and 15 non-respiratory) as 'inward transfers' from other areas, while 55 patients (43 respiratory and 12 non-respiratory) were 'transferred out.'

#### 7. TUBERCULOSIS REGISTER.

At 31st December 1960, the number of notified cases still on the register was 831, shewing a welcome decline on the figure (883) for the year 1959.

	Respiratory	Sputum Positive during 1960	Sputum Negative during 1960	Non- Respiratory
Men .....	356	21	335	52
Women .....	304	18	286	65
Children .....	45	—	45	9

TOTAL : 831

#### 8. CONTACTS.

249 Contacts were examined for the first time during the year. This represents 5.4 contacts for each newly notified case. As a result of contact examinations (both first examinations and re-examinations) 11 patients were found to be suffering from active disease (10 respiratory and 1 non-respiratory).

#### 9. RADIOGRAPHY.

The arrangements were unchanged. The two X-ray cameras at "Ivybank" continue to be fully employed although a larger proportion of cases referred by private practitioners were X-rayed on full sized films. Small films (5 ins. x 4 ins.) taken numbered 148 and large films 1,980.

#### 10. MASS RADIOGRAPHY.

In view of the Community Mass X-ray Campaign having been held during 1959, the Mass Radiography Unit did not visit the City quite so frequently as in previous years and only 14 cases were referred to the Chest Clinic (11 male and 3 female), 5 of them (4 male and 1 female) were subsequently notified as active cases of pulmonary tuberculosis.

Dr. Templeton (Medical Director of the Exeter M.M.R. Unit of the South West Regional Hospital Board tells me that the total number of examinations made was 5,240—many fewer than in previous years. So many Exeter residents were X-rayed during the Exeter Campaign of 1959 that no sessions specifically for the general public were undertaken in Exeter in 1960, but rather we

concentrated on more selective groups which were expected to yield a higher pick-up rate of pulmonary tuberculosis, e.g. in H.M. Prisons.

General practitioner referrals (307) maintained its average number. These are catered for by siting a mobile unit in Exeter once each month. The "yield" from this priority group (6.5 per thousand) was, as expected, well above average.

The Heaf testing of school children gave us still another priority group. All these children were X-rayed by appointment, using large films.

## MASS RADIOGRAPHY SERVICE

Report on work carried out in the City of Exeter during the year ended 31st December, 1960.

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Number examined	2,851	2,389	5,240

### INCIDENCE OF DISEASE.

#### A. *Pulmonary tuberculosis.*

##### 1. Newly discovered significant cases :

Requiring treatment	6	(1.1 per 1,000).
Requiring observation	7	(1.3 per 1,000).

2. No further action 61

3. Previously known 2

#### B. *Other conditions.*

Carcinoma bronchus	3
Secondary in lung	1
Sarcoidosis	1
Retrosternal thyroid	1
Bronchitis and emphysema	23
Acquired cardiovascular disease	11
Bronchiectasis	4
Asthma	3
Pneumonia	2
Pleural thickening	7
Old empyema	1
Diaphragmatic abnormality	6
Old thoracotomy	1
Pulmonary fibrosis	1
Bony abnormality	11
Azygos lobe	1
(Failed to attend for review	5)

### AGE AND SEX ANALYSIS OF NEWLY DISCOVERED SIGNIFICANT CASES OF PULMONARY TUBERCULOSIS REQUIRING TREATMENT

	-15	15-24	25-34	35-44	45-59	60+
Male	1*	—	2	—	2	—
Female	—	1	—	—	—	—

\*This case was in fact not notified until 1961.



# MASS RADIOGRAPHY SERVICE

## GROUP ANALYSIS — EXETER 1960

<i>Group.</i>	<i>Number examined</i>	<i>Cases of active tuberculosis.</i>
National Service entrants	65	—
G.P. referrals	307	2
School children	73	—
Tuberculin positive school children	116	1
Contacts of tuberculin positive school children	4	—
Contacts	306	—
Small firms and appointments	1,366	2
Large Firms	229	—
Students	604	—
Hospital Staff	782	—
School Staff	119	—
Prisons	595	1
Public	467	—
Ante-natal patients	82	—
Mental patients	71	—
Mental hospital staff	54	—

## 11. TUBERCULIN TESTING AND B.C.G. VACCINATION.

(a) *Contacts.* 324 tuberculin tests were carried out during the year and 160 B.C.G. vaccinations effected by the Chest Physician (see Table XXXVII). 25 of the vaccinations were in respect of adult hospital staff at risk because of their work (nurses, pathology staff, occupation therapists, etc.).

(b) *School children under Ministry of Health Scheme.* As in previous years tuberculin testing and B.C.G. vaccination of school children under the Ministry's scheme have been carried out by the school medical officers. 1,358 schoolchildren were tuberculin tested, 1,209 (89.4%) were tuberculin negative. 1,199 were given B.C.G. vaccination.

In addition, 667 children B.C.G. vaccinated in 1959 were re-tested (i.e. 1 year after vaccination) ; 567 were found to be tuberculin positive. Full details are set out in my School Health Report for 1960.

The tuberculosis health visitor continues to follow up the families of school children found to have a strongly positive tuberculin test when first tested in this scheme. 19 of the children had a history of contact with an active case. This year all the strongly positive children were X-rayed and examined by the chest physician, 1 case (a boy of 15, sputum negative) was found.

(c) *School survey.* One grammar school was surveyed by the mass radiography unit (large films) because of a tuberculosis case (negative sputum) in the school. No further cases were found.

## 12. PATHOLOGICAL EXAMINATIONS.

1,127 pathological examinations were made on request by the Chest Clinic during the year (see table XXXVIII). We are very grateful to Dr. B. Moore and Dr. G. Stewart Smith for their continued help and assistance.



13. HOME HELPS.

Arrangements unchanged—9 patients so helped.

14. EXTRA NOURISHMENT.

38 patients were helped with extra milk and 23 with Roboleine.

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. This arrangement has in the past been very useful but has now virtually ceased. Non-infectious tuberculous persons who are permanently handicapped can be helped under the City Council Welfare Committee's arrangements for the care of handicapped persons.

16. INFECTIVITY AND EMPLOYMENT OF TUBERCULOUS PATIENTS KNOWN TO BE INFECTIOUS. (See page 81)

39 patients during the year were known to have had a positive sputum (found either on direct smear or by culture); this represents 5.6% of the respiratory cases on the books; none of the infectious cases was under 15 years of age. Of those named in the register of non-respiratory cases 1 was known to have been infectious.

At the year end, of the 39 known infectious respiratory cases, 10 were negative after treatment, 25 were still positive and under treatment (either in hospital or as domiciliary patients); 2 (negative) had left the district and 2 had died.

The 39 cases were employed as follows: Clerks 2, Merchant Seaman 1, Newsvendor 1, Garage hand 1, Labourer 1, Prisoner 1, Prison Officer 1, Presser (Dress) 1, Gardener 1, Rag Dealer 1, Companion 1, Bus Conductress 1, (now negative sputum), Housewives 12, Retired 4, and Unemployed 10.

17. DISPOSAL OF SPUTUM.

During the year "Miltherex" an homogenising caustic solution, which sterilises sputum and makes easy its disposal, has gone out of production, tests are being carried out at the Pathological Laboratory to find a suitable replacement.

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. One of the admissions was of an emergency nature.

19. HOLIDAYS.

No patients were sent on recuperative holidays at the Council's expense.

20. NON ATTENDANCE.

During the year 369 appointments for large X-ray films were not kept (164 for patients and 205 for contacts/observations), an



average of 7 per week. These involved 276 persons of whom 206 came on the second invitation and if the second appointment was not kept, the T.B. Health Visitor visited the home to ascertain why the appointments were not kept and to persuade the patient to attend for X-ray and clinic examination; in the end only 11 did not turn up, but some "required" as many as 4 or 5 invitations.

## 21. MASS RADIOGRAPHY SURVEY, 1959.

See further report, Appendix III.

### VENEREAL DISEASE

Nearly half the cases attending the Royal Devon and Exeter Hospital Clinic in 1960 came from the City. Contact tracing, etc. is undertaken by the hospital staff. Dr. Dunkerley tells me that 24 letters were written for non-attendance, resulting in 9 attending, 13 defaulting, 1 was in another hospital, and 1 was not known at the address given. 7 of the Exeter cases of gonorrhoea were in teenagers (one being under 16).

#### VENEREAL DISEASE CLINIC--EXETER RESIDENTS.

YEAR	New Cases of Syphilis	New Cases of Gonorrhoea
1945	30	25
1946	53	56
1947	31	46
1948	17	29
1949	9	22
1950	15	13
1951	9	8
1952	7	9
1953	8	1
1954	12	5
1955	7	11
1956	5	6
1957	1	6
1958	2	3
1959	1	8
1960	2	10

In 1960 there were 53 Exeter patients attending with "other conditions" i.e. other than syphilis or gonorrhoea. The comparable figures of conditions other than syphilis or gonorrhoea for the previous 4 years were 23 (1959), 39 (1958), 37 (1957) and 43 (1956).

The figures in the table do not suggest any increase in new patients with syphilis, but a marked increase in new patients with "other conditions."

As I said last year there is concern at the increase in gonorrhoea in this country; it has been calculated that the known incidence of gonorrhoea nationally has gone up by 70% during the period 1955-1959. It is a disease which, unless effectively treated, can result in serious disabilities later; it is a communicable disease and unless the infected get the necessary treatment, the risk of spread is very real. There is more venereal disease today



among teenagers than at any time since records were kept. Venereal disease is increasing in many other countries as well. This is all a sad reflection on the moral standards of our time.

Unfortunately the organisms concerned are becoming more resistant to the antibiotics hailed a few years ago as the easy cure.

### DOMESTIC HELP SERVICE

There are 47 domestic helps, (2 with a guaranteed week of 36 hours, the rest working an average of 25 hours per week).

The average age of the domestic helps is 47 years. We have several on retirement pensions who are only allowed to work an average of 18 hours per week, but these are very dependable.

It is difficult to get women who will work more than  $4\frac{1}{2}$  hours per day as the majority are married with families.

There is an increasing demand on the service for the elderly, over two thirds of the total hours worked being devoted to them, but a decrease in the demand for help for acute illness and for full-time help for maternity cases.

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

**Table XV.**  
**DOMESTIC HELP SERVICE.**

*Summary of work undertaken :*

				<i>No. of cases helped.</i>		<i>No. of hours worked.</i>	
				<i>Full-time.</i>	<i>Part-time.</i>	<i>Full-time.</i>	<i>Part-time.</i>
<b>MATERNITY.</b>							
(a)	Confinement	....	7	45	753	1,611	
(b)	Ante-natal	....	1	10	166	369	
<b>ACUTE ILLNESS.</b>							
(a)	Under pension age	....	—	21	—	1,126	
(b)	Over pension age	....	—	9	—	794	
<b>CHRONIC SICKNESS.</b>							
(a)	Under pension age	....	1	51	1,242	11,238	
(b)	Over pension age	....	—	126	—	20,018	
<b>OLD AGE AND INFIRMITY</b>				—	132	—	21,706
<b>TUBERCULOSIS</b>				—	9	—	1,648
<b>OTHERS, INCLUDING MENTAL DEFECTIVES</b>				—	12	—	580
<b>Totals</b>				<b>9</b>	<b>415</b>	<b>2,161</b>	<b>59,090</b>
				<b>424</b>		<b>61,251</b>	

Weekly case load : ..... 204

Average hours worked per case per week : .....  $5\frac{3}{4}$  hours.

Additional hours paid for :  
 Travelling ..... 5,997 hours.  
 Sickness ..... 2,957 hours.  
 Holidays ..... 4,117 hours.  
 Others ..... 38 hours.

(i.e.  $5\frac{1}{8}$  hours per week per helper).



## MENTAL HEALTH SERVICES

### 1. MENTAL HEALTH SERVICE—APPROVED PROPOSALS.

As indicated in my last report proposals for the development of a comprehensive community Mental Health Service for the City as required by the Mental Health Act (1959) (Section 6) and the National Health Service Act (1946) (Section 28) were approved by the Council in February 1960 and by the Ministry of Health with minor amendments in April 1960.

These proposals included :

- (i) *Mental Health Centre* : The provision of a Mental Health Centre in premises formerly an approved school for girls with a large house adjoining, in Polsloe Road and adapted to provide the following :
  - (a) accommodation for the mental health staff, interviewing rooms for patients, for case conferences, etc. ;
  - (b) adult training centre facilities for both men and women (to replace the existing training centres for men and women) ;
  - (c) a residential hostel for mentally subnormal women (in the adjoining house) ;
  - (d) a residential hostel for psychiatric cases including ex-hospital patients ;
  - (e) a therapeutic social club for the mentally ill together with medical consulting facilities ;
  - (f) a social club for the mentally subnormal ;

The building stands in nearly two acres of land which will provide recreational facilities and will allow for any extensions later found necessary.

- (ii) *Junior Training Centre* : The provision of facilities for a lower grade group and young children not yet habit-trained in the existing junior training centre : no other changes were proposed. These facilities were in fact provided in 1960.
- (iii) *Home visiting services* : Staff additions to be made, including a whole-time psychiatric social worker and additional mental welfare officers and clerical staff ; a consultant psychiatrist to be attached to the Department (part-time). (With the approval of the South West Regional Hospital Board, Dr. Lewis Couper was appointed.)
- (iv) *Hostel for elderly persons* : The City Welfare Committee resolved to build a hostel for 36 elderly mentally deteriorated men and women, the admission and discharge of residents to be effected on the recommendation of the Medical Officer of Health and inter-hostel discharges and admissions by the City Welfare Officer in consultation with the Medical Officer of Health.



The plans for adapting the Polsloe Road premises for the Mental Health Centre are now well advanced. The implementation of these proposals should ensure in Exeter a community mental health service closely linked both with the hospital psychiatric service and the other health services of the City Council.

## 2. MENTAL HEALTH YEAR.

*Exeter's Mental Health Exhibition, 11th to 16th July, 1960.*

1960 was Mental Health Year during which efforts were made in many countries to enlighten public opinion on mental disorder. As its contribution the City Council held an exhibition during Mental Health Week (July 11th to 16th) at the old Western Times Offices, Queen Street; this was opened by the Mayor (Alderman P. F. Brooks, B.E.M.).

The exhibition was designed to show something of the work of the mental health services in the City and to illustrate the newer approaches to the problems of the mentally disordered, including the responsibilities of the community itself in community and family care. The Local Health Authority, the Psychiatric Hospitals (Digby/Wonford and Starcross), the Devon and Exeter Association for Mental Health, the League of Friends of Digby/Wonford Hospital and the Women's Voluntary Service all took part. An exhibition of paintings by patients in the Digby/Wonford Hospital attracted a great deal of attention: the hospital and the City Library also exhibited documents of historic interest.

Nearly 2,000 people visited the exhibition including holiday-makers and doctors. Many visitors, both from the city and elsewhere, took the opportunity of discussing their own problems with the social workers, hospital staffs and health visitors who were in attendance.

## 3. THE MENTAL HEALTH ACT (1959).

This Act became fully effective on November 1st, 1960, but informal admission of patients to psychiatric hospitals had been in operation since October 1959. Very much closer contact with the psychiatric hospitals has, therefore, been necessary and consequently the mental welfare officers attended after-care conferences at the various psychiatric hospitals. These are now a regular feature of the work. A woman Mental Welfare Officer (part-time) was appointed in August, 1960, to visit mentally sub-normal persons in the City and particularly to help in finding employment both for ex-Starcross patients and for those attending the Adult Centres. Apart from the difficulties of recruiting a psychiatric social worker, there is also difficulty in recruiting mental health social workers and providing for their training otherwise than by in-service training after appointment.

Consideration has been given to the allocation of work between the social workers in order to prevent over-lapping; this may be made either on a geographical basis by dividing the City into areas or on a hospital basis allocating each worker to the work associated more specifically with one hospital. It has been found,



that on the mental illness side there are advantages in one social worker team working with Dr. Couper at Digby Hospital and the other mainly with Dr. Spencer at Wonford Hospital. The integration of the Digby, Wonford and Exminster Hospitals in 1961 with some redistribution of the functions of each unit will affect the work of the community health services, and an increasing number of elderly mentally ill patients from the city will presumably be admitted into Exminster Hospital.

#### COMMUNITY CARE.

##### *Mental Illness—Home Visiting.*

Recent developments in mental health care, including informality of admission to hospital, increasing use of outpatient treatment and changes in legal procedures have been reflected in the greater number of domiciliary visits made to and on behalf of persons suffering from mental illness, viz. : 2,442 during the year. More details are given in Table XLII.

##### *Hospital Admissions.*

During 1960, 239 Exeter residents (85 men and 154 women) were admitted to hospital for psychiatric treatment. 91 of these had been patients previously ; a further 48 were admitted more than once during the year. Of the 148 really new admissions, 14 men and 35 women were over 65 years old at the time of admission, i.e. approximately 33% (see Table XL).

##### *Discharges and Deaths.*

There were 333 " discharges " (including transfers from one category to another within the hospital) and 45 deaths in Exeter residents : the number of Exeter residents remaining in hospitals at the end of the year was 303, compared with 314 at the end of 1959.

The hospital psychiatric clinics continue to function at the general hospitals—three sessions weekly ; and out-patients are also seen by appointment at Digby/Wonford Hospital.

#### MENTAL SUBNORMALITY.

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

During the year 8 cases were formally ascertained, 4 boys and 4 girls being referred on leaving school at 15. The Mental Health Act, 1959, amended the Education Act, 1944, so that children who leave school in need of care and guidance because of mental subnormality are not now placed under statutory supervision : their after-care is henceforth on the basis of voluntary co-operation. 11 men and 19 women were referred from the Royal Western Counties Hospital Group for supervision on discharge to residential domestic posts in the City. 1 boy and 6 girls under 5 years of age were recommended for attendance at the Junior Training Centre—of these, 4 now attend.



The Mental Welfare Officers made 1,280 domiciliary and other visits in connection with the welfare of the mentally subnormal (see Table XLII). 171 mentally subnormal persons were under community supervision and 130 under hospital care at the end of 1960 (i.e. a total of 3.7 per 1,000 population) a lower figure than in previous years; as forecast in last year's Report many have been removed from supervision as they were well established in regular work and in satisfactory home conditions. 2 men died during the year.

During the year 1 youth was admitted to hospital for training under an Order by the Exeter Magistrates; one boy who attends the Junior Training Centre, was referred back to the Local Education Authority for re-admission to school and 3 boys were temporarily admitted to hospital to ease home circumstances; 8 patients (3 men and 5 women) were admitted to hospital under the new informal arrangements.

(2) *Junior Training Centre (Mrs. A. M. Horton—Supervisor).*

39 children, including 6 from the Devon County area, were attending the Children's Centre at the beginning of 1960, and 43, including 7 from the Devon County area, at the end of the year. 5 children under 5 years old were attending at the year end. As previously mentioned, 1 boy was re-assessed and referred to the Local Education Authority; 2 boys and 1 girl were transferred to the Adult Training Centres on reaching 16 years of age; and 3 boys were transferred to hospital.

There are now 4 classes including a very severely handicapped group (5 children), a pre-school-age and delicate group (7), a junior group (13), and a senior group (18). An assistant supervisor was appointed for the severely handicapped group.

The lavatory accommodation, particularly for the severely subnormal and for habit training the younger age group, is inadequate and requires replanning. The centre also needs another large multi-purpose room.

Certain improvements were effected, notably closing in the open verandah, general redecoration, some improvement in the storage facilities (which are still not adequate), class-room floors were laid in large coloured plastic tiles in a pattern to encourage certain sense training, and re-wiring of speaker extensions. Some equipment was renewed. It is difficult to thank adequately all the organizations that have shewn kindly and practical interest in the children, notably the Parents' Association, St. Sidwell's Methodist Sunday School and Young Wives' Association, Cheriton Bishop Women's Institute, the Starcross Hospital, and the International League of Friends; a number of individuals also made gifts. The Exeter Round Table gave and erected 3 outdoor swings for the children. The children attended the pantomime at the Theatre Royal and enjoyed their annual Christmas Party.



- (3) *Adult Training Centre for Women and Girls over 16.*  
(Mrs. E. P. Wood, Supervisor).

The Centre has now been open for nearly four years; there were 20 trainees on the register at the beginning of the year and the same number at the end—their age range is 16 to 48 years. The accommodation has become crowded and outdoor recreational facilities are very limited.

Attendance has been fair and the general health of the girls good.

Full-time attendance (5 days a week) instead of attendance on 2 full days and 3 mornings a week commenced in May and all the parents approved of this. Cooking (lunch is prepared every day), shopping, laundering and handicrafts are the main occupations. 4 of the girls can make cakes with very little supervision.

Mop making has been introduced and a regular small order of 36 every five weeks is supplied to a local Company.

Samples of work done were exhibited at the Exeter Flower Show, and orders were received.

In June an incentive payment scheme was started and the girls can earn up to 5s. 0d. per week. The amount actually given varies according to the results, the degree of endeavour and the kind of behaviour. The standard of the work done has improved steadily, in some cases erratic attendance has improved, and the social atmosphere is very satisfactory.

We have a steady savings group.

In September the supervisors took the girls to Weston-Super-Mare to the Free Church Hostel, for five days and in spite of the inclement weather all enjoyed the holiday.

*Social Activities* included visits to the Pantomimes (Theatre Royal, Exminster and Digby Hospital, and St. Thomas (Church) pantomimes); coach trips to Paignton Zoo and Buckfast Abbey; and the Parents' Association Social. The two adult centres have co-operated in most of these social occasions, and this has been useful additional, if quite incidental, social training.

In October the girls and boys and many parents attended a special Harvest Festival in St. Thomas Church by kind invitation of the vicar (Rev. J. P. Henton); and a carol service was held in December for girls and boys. The Parents' Association has been very helpful.

- (4) *Adult Training Centre for Men and Youths over 16.*  
(Mr. J. Channon, Supervisor).

During the year the number attending increased from 11 to 17. An Assistant Supervisor, Mr. J. Malinowski, was appointed in September. By using the hall of the adjoining infant welfare



centre for the mid-day meal, overcrowding has been slightly eased, but it is still marked.

As at the women's adult centre, incentive payments began in May, 1960, also with successful results. The centre is doing very good work.

Efforts to obtain out-work from local industry have as yet not been successful (some local industrialists are, however, interested and sympathetic). The Centre continued to carry out valuable work for the Health Department, e.g. simple repair work, etc. The making of collapsible clothes airers has continued and this year kindling wood has been prepared and supplied to other Departments of the Council, Welfare, Housing and the Day Nursery. Social activities were well maintained.

(5) *Transport to Centres.*

In April, the Council decided to allow transport to the adult centres, where it is necessary, to be free of charge.

(6) *Hospital Care.*

The great majority of the 130 sub-normal persons in hospital at the end of the year (128 in 1959) were in care on an informal basis. 3 of the 4 children awaiting admission to hospital at the end of 1959 have since been admitted, 1 boy remaining on the waiting list and a woman of 40 being added to it.

Consultation between the hospital and the Mental Health staff has increased as any necessary supervision of discharged patients is now the responsibility of the Local Health Authority. The Mental Welfare Officers attend case conferences fortnightly at Starcross, interviewing patients as necessary pending their discharge and helping to settle them into jobs and also visiting and advising them afterwards. Dr. Prentice and his staff have been most helpful.

*Note.*

As the new legal procedures for admission came into force on 1st November, 1960, the categories of patients refer to both the old and the new procedures, e.g. voluntary and Section 20 cases (Short Orders) under the previous legislation, and informal admissions (Section 5), admission for observation (Section 25), for treatment (Section 26) or for observation in an emergency (Section 29) under the present legislation.



**Table XVI.**

The Age distribution of Exeter patients at first admission during 1960 and procedure of admission :—

AGE	MALE							FEMALE						
	Vol.	S.20	Cert.	Inf.	S.25	S.26	S.29	Vol.	S.20	Cert.	Inf.	S.25	S.26	S.29
0—14 ....	—	—	—	1	—	—	—	—	—	—	—	—	—	—
15—44 ....	2	4	—	19	—	—	1	13	17	1	33	—	—	1
45—64 ....	—	8	—	25	1	—	—	5	8	—	27	1	—	—
65 Plus ....	—	2	—	20	—	—	2	2	9	1	33	1	—	2
TOTAL ....	2	14	—	65	1	—	3	20	34	2	93	2	—	3
								= 85						
								TOTAL = 239						
								= 154						



# TABLES.

**Table XVII.**

## CHILD WELFARE CLINICS.

### CHILDREN ATTENDING DURING 1960.

CENTRE	Born in		1955-1958	Total	Total during 1959
	1960	1959			
Bull Meadow .....	197	210	217	624	618
Shakespeare Road .....	105	143	283	531	578
Countess Wear .....	44	51	134	229	218
Whipton .....	217	196	337	750	706
Buddle Lane .....	130	125	258	513	532
Totals .....	693	725	1,229	2,647	2,652

**Table XVIII.**

## CHILD WELFARE CLINIC ATTENDANCES DURING 1960 BY AGE GROUPS.

CENTRE	Age Groups					Total 1960	Number of sessions held	Total 1959
	Under 1	1 to 2	2 to 3	3 to 4	4 to 5			
Bull Meadow—(Central) .....	1,677	505	235	112	73	2,602	51	2,270
Bull Meadow—(Northern) .....	1,304	410	172	76	62	2,024	52	2,150
Shakespeare Road .....	1,409	528	281	234	115	2,567	52	2,663
Countess Wear .....	649	348	179	139	102	1,417	52	1,531
Whipton .....	2,168	790	357	185	100	3,600	52	3,261
Buddle Lane .....	1,664	730	362	250	232	3,238	50	3,623
TOTAL .....	8,871	3,311	1,586	996	684	15,448	309	15,498

#### TODDLERS' CLINICS

Shakespeare Road .....	23	23	34	30	25	135	10	151
Whipton .....	27	31	37	22	29	146	10	135

#### HEALTH VISITORS' CONSULTATION CLINICS

Shakespeare Road .....	622	218	201	192	128	1,361	50	817
Whipton .....	577	91	65	21	13	767	48	744
Buddle Lane .....	488	116	46	25	10	685	50	431
				Total 2-5: 4,144				
Total Attendances .....	10,608	3,790	1,969	1,286	889	18,542	—	17,776



**Table XIX.**

**PROVISION FOR THE UNMARRIED MOTHER  
AND HER CHILD**  
(Work carried out by the Social Worker).

New Cases, 1960	....	....	....	....	81
Carried forward from 1959	....	....	....	....	31
					<hr/> 112 <hr/>

Visits made (excluding abortive calls)	....	....	....	481
Interviews given in the office	....	....	....	430

*Bookings for Confinements were made as follows :—*

Hospitals in Exeter	....	....	....	....	64
Hospitals outside Exeter	....	....	....	....	8
Mother and Baby Homes in Exeter	....	....	....	....	13
Mother and Baby Homes outside Exeter	....	....	....	....	4
Confinements at home	....	....	....	....	5
Miscarriages	....	....	....	....	5
Moved away from Exeter	....	....	....	....	13

Affiliation Orders granted by Magistrates Court	....	....	....	11
Marriages to putative father	....	....	....	15
Private agreements for the support of baby	....	....	....	7
Babies born	....	....	....	68

*Disposition of babies born :—*

With mother in own home	....	....	....	....	28
With parents co-habiting	....	....	....	....	5
In a foster home	....	....	....	....	9
In a Hostel	....	....	....	....	2
Placed for adoption	....	....	....	....	24
Stillbirths	....	....	....	....	4

**OTHER WORK CARRIED OUT**

Accommodation found for Mother and baby	....	....	....	4
Matrimonial cases	....	....	....	5
In moral danger—all school girls	....	....	....	3
Co-operation with the N.S.P.C.C. on cases	....	....	....	3



**Table XX.****WORK OF DOMICILIARY MIDWIVES, 1960.**

BOOKINGS				<i>Total</i>
No. of cases brought forward on 1st January, 1960	....			180
No. of cases booked during the year	....	....		537
No. of emergency unbooked deliveries	....	....		5
No. of cases found not pregnant	....	....		1
No. of mothers attended during confinement during the year	....	....	....	474
No. of cases of miscarriage of booked patients	....			3
No. of cases left Exeter before delivery	....	....		5
No. of cases admitted to hospital undelivered	....			51
No. of booked cases subsequently delivered in maternity homes	....	....	....	36
No. of cases remaining on the books on 31st December, 1960	....	....	....	152

WORK DONE				<i>Total</i>
Cases attended as midwives	....	....	....	188
Visits paid as midwives	....	....	....	4,212
Cases attended as maternity nurses	....	....	....	286
Visits paid as maternity nurses	....	....	....	5,947
Cases booked during the year	....	....	....	537
Ante-natal visits to patient's homes	....	....	....	2,776
No. of cases seen at ante-natal clinics	....	....	....	635
No. of attendances at ante-natal clinics	....	....	....	2,651
Medical Aid forms sent	....	....	....	—
Midwifery cases transferred to hospital	....	....	....	75
No. of health visits paid by midwives	....	....	....	637
No. of health visits paid by midwives to maternity cases	....	....	....	862

**MEDICAL AID FORMS SENT IN 1960.**

<i>Reason for calling Medical Aid</i>				<i>By E.D.N.A.</i>	<i>By Hospitals, etc.</i>
<b>LABOUR</b>					
Delayed 2nd stage	....	....	....	—	4
Foetal distress	....	....	....	—	3
Foetal heart not heard	....	....	....	—	2
<b>OTHER</b>					
Cyanotic attack (infant)	....	....	....	—	2
Tachycardia (mother)	....	....	....	—	1
<b>TOTAL</b>				—	12



**Table XXI.**  
**HOME NURSING DURING 1960.**

New Cases Under 5	New Cases Over 55	TYPE OF CASE	On Books	SENT BY				AGE GROUP				SEX		Total Visits	Deaths	RESULT			
				G.P.'s	Hosp.	P.H. Dept.	Others	Total	0-1	1-5	5-15	15-65	65 and over			Trans. to Hosp.	Conval- escence	Removed for other causes	On Books
—	102	<i>Degenerative Diseases :</i>	32	106	5	—	9	152	—	—	—	22	130	58	45	41	22	11	33
—	72	Post-stroke	14	81	21	—	2	118	—	—	1	34	83	47	54	25	7	18	14
—	43	Carcinoma	52	19	8	1	22	102	—	—	—	15	87	31	—	23	—	44	35
1	153	Diabetes	58	149	12	3	13	235	—	1	—	33	201	105	50	51	42	37	55
—	29	Heart Cases	26	33	2	1	3	65	—	—	—	16	49	16	4	19	4	8	30
—	152	Arthritis	127	154	18	6	44	349	3	2	1	94	249	120	33	52	3	118	143
5	37	Other Chronic diseases	24	36	3	—	6	69	—	—	—	12	57	20	3	11	8	9	38
—	48	Ulcers of Legs	43	41	2	4	2	92	—	—	—	2	90	27	9	24	—	25	34
—	—	Simple Senility	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	4	<i>Tuberculosis :</i>	4	6	8	2	2	22	—	1	—	15	6	9	2	7	2	5	6
—	2	<i>Infectious Disease :</i>	—	4	—	—	1	5	—	—	—	3	2	1	—	—	5	—	—
—	—	Influenza	—	2	—	—	—	2	—	2	—	—	—	—	—	1	1	—	—
—	—	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	1	Others	1	10	—	—	—	11	—	—	2	8	1	4	—	1	10	—	—
2	17	Pneumonia	—	33	1	1	—	35	1	1	2	14	17	14	2	5	20	6	2
—	—	Other acute chest condi- tions	9	111	1	5	3	129	14	4	3	44	64	60	9	16	86	9	9
17	56	Tonsillitis	2	39	1	—	1	43	—	4	6	32	1	18	—	1	41	—	1
4	1	Other acute infections	16	339	9	6	30	400	34	27	31	180	128	142	—	35	254	79	20
61	117	Ear Infections	4	33	1	—	—	38	6	11	10	9	2	19	—	2	29	3	4
17	1	Carried Forward	412	1,196	92	29	138	1,867	58	53	56	533	1,167	691	223	314	534	372	424
110	835																		

Continued on next page.

**Table XXII.**  
**HOME NURSING DURING 1960—Continued.**

New Cases Under 5	New Cases Over 55	TYPE OF CASE	On Books	SENT BY				AGE GROUP				SEX		Total Visits	Deaths	RESULT			
				G.P's	Hosp.	P.H. Dept.	Others	Total	0-1	1-5	5-15	15-65	65 and over			Trans. to Hosp.	Conval- escence	Removed for other causes	On Books
110	835	Brought Forward	412	1,196	92	29	138	1,867	58	53	56	533	1,167	1,168	223	314	534	372	424
—	—	Maternity :	1	1	11	—	18	31	—	—	—	31	—	374	—	1	10	20	—
—	—	Infect. midwifery	1	5	1	—	—	7	—	—	—	7	—	103	—	1	6	—	—
—	1	Breast abscess	—	8	—	—	—	8	—	—	—	—	1	89	—	1	5	2	—
—	—	Flushed breast	2	48	—	—	9	59	—	—	—	59	—	595	—	18	41	—	—
—	—	Miscarriages	4	18	—	—	145	167	—	—	—	21	146	376	—	2	—	161	4
—	142	Changing of Pessaries	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12	36	Accidents :	8	58	6	1	12	85	2	10	6	25	42	1,545	2	13	54	7	9
—	—	Others :	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	45	Post Operation Cases	27	72	93	—	3	195	—	8	10	118	59	4,717	7	28	130	9	21
—	29	Pre X-ray Treatments	—	6	96	—	—	102	—	—	—	73	29	105	—	—	—	102	—
5	76	Enemata	1	132	2	—	2	137	1	4	5	50	77	244	4	15	112	4	2
—	28	Mental Confusion	—	12	1	3	13	29	—	—	—	1	28	2,151	1	11	—	8	9
2	—	Baby Feeding	—	—	—	—	2	2	2	—	—	—	—	84	—	1	—	1	—
137	1,192	TOTALS	456	1,556	302	33	342	2,689	63	75	77	925	1,549	85,551	237	405	892	686	469

New Cases ..... 2,233  
Total Cases ..... 2,689  
Casual Visits ..... 4,386

TOTAL NURSING VISITS : 85,551



**Table XXIII.**

**IMMUNISATION AND VACCINATION DURING 1960.**

**SMALLPOX VACCINATION.**

Primary Vaccinations	696	{	By general practitioners	553
			At clinics	143
Revaccinations	63	{	By general practitioners	63
			At clinics	—

**AGE GROUPS OF PERSONS VACCINATED DURING 1960.**

	Under 1	1 +	2 to 4	5 to 14	15 and over	Totals
Primary ....	535	90	32	26	13	696
Re-vaccinations	—	1	—	5	57	63

**DIPHTHERIA IMMUNISATION IN 1960.**

Primary Courses of immunisation	1,112	{	By private practitioners	726	618
			At clinics	386	261

(These include 16 courses diphtheria alone antigen, 40 combined diphtheria—Tetanus immunisation courses and 1,056 triple antigen courses—see below).

Re-inforcement  
injection .... 1,827

	18 mths.	5-9 yrs.	10 yrs.	Total
By private practitioners ....	291	272	47	610
At clinic and schools ....	202	302	713	1,217
	493	574	760	1,827

**PRIMARY IMMUNISATION AGAINST DIPHTHERIA,  
TETANUS, PERTUSSIS (TRIPLE ANTIGEN)  
BY AGE, DURING 1960.**

Number of children who completed a course (3 doses) of triple antigen in 1960, by age at which the course was completed.

	Under 5 months	Over 5 months and under 6 months	Over 6 months and under 9 months	Over 9 months and under 1 year	Over 1 year	Total
G.P.s ....	338	121	115	43	103	720
Clinics ....	108	58	70	24	76	336
Total ....	446	179	185	67	179	1,056

## DIPHTHERIA IMMUNISATION IN RELATION TO CHILD POPULATION.

Number of children at 31st December, 1960, who had completed a course of immunisation against Diphtheria at any time before that date (i.e. at any time since 1st January, 1946).

AGE AT 31.12.59. ....	Under 1	1—4	5—9	10—14	Total under 15
I.E.—BORN IN YEAR :	1960	1956—1959	1951—1955	1946—1950	
Last complete course of injections (whether primary or booster)					
A. 1956—1960 ....	435	3,538	3,207	2,730	9,910
B. 1955 or earlier* ....	—	—	1,451	3,271	4,722
C. Estimated mid-year child population (1960)	1,120	4,380	12,280		17,700
"Immunity Index" $\left( \frac{A}{C} \right)$	38.8	80.7	48.6		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.

## WHOOPING COUGH IMMUNISATION.

				Under 1 yr.
Completed courses of Whooping Cough Immunisation ....	1	} By private practitioners At clinics	1 —	— —
Completed courses of combined Whooping cough — Diphtheria Immunisation ....	—		— —	— —
Completed courses of Triple Antigen ....	1,056	} By private practitioners By clinics	720 336	617 260

## TETANUS IMMUNISATION.

Number of primary courses completed in 1960 (triple antigen) .... 1,056

Number of primary courses completed in 1960 against tetanus alone 300  
(241 by G.P.s; 59 at Clinics).

Number immunised as a result of letter from us after hospital A.T.S.: 99  
Letters sent (from 7th February to 28th November) .... 558

	G.P.s	Clinic	Total
Course completed in 1960	8	3	11
First dose given in 1960 : (completed 1961)	3	7	10
Second dose given in 1960 : (completed 1961 from cards received to date)	23	55	78



**Table XXIV.**  
**POLIOMYELITIS VACCINATIONS**  
**PERSONS VACCINATED IN EXETER**

GROUP	GIVEN TWO INJECTIONS*			GIVEN THIRD INJECTION		
	During 1960	Prior to 1960	Total	During 1960	Prior to 1960	Total
CHILDREN (Over 6 months and under 15 years) ....	1,190	16,849	18,039	1,858	16,167	18,025
YOUNG PERSONS (Born 1933—1942) ....	440	6,841	7,281	1,900	4,377	6,277
EXPECTANT MOTHERS ....	323	1,292	1,615	485	676	1,161
UP TO 40 AGE GROUP (Born 1920—1932) ....	2,639	—	2,639	1,789	—	1,789
OTHER PRIORITY GROUPS ....	98	80	178	75	72	147
TOTALS ....	4,690	25,062	29,752	6,107	21,292	27,399

\*Persons included as having 2 injections may also figure in the group having had their 3rd injections.

Amount of vaccine issued to hospitals :

during 1960	....	....	....	266 doses.
prior to 1960	....	....	....	1,681 „
TOTAL			....	1,947 doses.

**Table XXV.**  
**POLIOMYELITIS VACCINATIONS DURING 1960**  
 BY (a) Health Department, (b) Family Doctors.  
 Classified according to Groups vaccinated.

	CHILDREN		EXPECTANT MOTHERS		YOUNG PERSONS		25 UP TO 40 AGE GROUP		OTHER PRIORITY GROUPS		TOTAL		GRAND TOTAL
	Given 2nd inj.	Given 3rd inj.	Given 2nd inj.	Given 3rd inj.	Given 2nd inj.	Given 3rd inj.	Given 2nd inj.	Given 3rd inj.	Given 2nd inj.	Given 3rd inj.	Given 2nd inj.	Given 3rd inj.	
(a) By our doctors	518	995	67	154	342	1,358	1,961	1,561	70	43	2,958	4,111	7,069 (65%)
(b) By family doctors	672	863	256	331	98	542	678	206	28	32	1,732	1,996	3,728 (35%)
TOTAL	1,190	1,858	323	485	440	1,900	2,639	1,789	98	75	4,690	6,107	10,797

A small proportion of the persons given 2nd injections also had their 3rd injections during the year. These are included in both columns.



**Table XXVI.**  
DOMICILE OF YOUNG PERSONS (15—25 YEARS) GIVEN 3rd POLIOMYELITIS  
VACCINE INJECTION DURING 1959 AND 1960.

GROUP	DURING 1959			DURING 1960			GRAND TOTAL
	Men	Women	Total	Men	Women	Total	
EXETER RESIDENTS :	1,203	1,972	3,175	707	752	1,459	4,634 (74%)
NOT EXETER RESIDENTS :							
Either working or being educated in Exeter but resident in Devon Admin. County ....	217	503	720	123	140	263	983 } 1,061 (17%)
Neither working nor being educated in Exeter but resident in Devon Admin. County ....	34	20	54	10	14	24	78 }
Either working or being educated in Exeter but resident outside Devon Admin. County ....	184	243	427	100	54	154	581 } 582 (9%)
Neither working nor being educated in Exeter but resident outside Devon Admin. County ....	—	1	1	—	—	—	1 }
TOTAL ....	1,638	2,739	4,377	940	960	1,900	6,277

Expectant mothers are not included in this table.

**Table XXVII.**

**DOMICILE OF PERSONS OVER 25 BUT UNDER 40 GIVEN  
3RD POLIOMYELITIS VACCINE INJECTION DURING 1960.**

GROUP	Men	Women	Total
EXETER RESIDENTS : .....	758	802	1,560 (87%)
NOT EXETER RESIDENTS :			
Either working or being educated in Exeter but resident in Devon Admin. County .....	108	87	195
Neither working nor being educated in Exeter but resident in Devon Admin. County .....	2	32	34
Either working or being educated in Exeter but resident outside Devon Admin. County .....	—	—	—
Neither working nor being educated in Exeter but resident outside Devon .....	—	—	—
TOTALS ....	868	921	1,789

Expectant mothers are not included in this table.



**Table XXVIII.****AMBULANCE SERVICE.**

Classified Summary of Work from 1/1/60 to 31/12/60.

Item	CLASSIFICATION	AMBULANCES		SITTING CASE CARS	
		Cases	Miles	Cases	Miles
1	Accidents .....	566	1,785	190	597
2	Acute Illness and Other emergencies .....	647	3,423	392	1,771
3	Removals to and from Hospital .....	4,279	26,351	4,304	20,823
4	Administrative and Abortive Journeys .....	392	1,720	564	1,392
5	Exeter Infectious Disease Cases .....	588	3,968	5	120
6	Devon Infectious Disease Cases .....	215	3,864	—	—
7	Removals for Devon County Council .....	1,286	22,935	727	11,630
8	Removals for Other Local Authorities .....	111	2,587	207	3,302
9	Children to and from School .....	830	1,751	2,701	6,785
10	Occupational Training (TIN LANE) .....	3,949	5,781	412	634
	TOTALS .....	12,863	74,165	9,502	47,054

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 XXIX.****AMBULANCE SERVICE.**

Monthly Summary of Work, 1960.

1960	AMBULANCES		SITT'G CASE CARS		TRAINS		AIR	
	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
January .....	608	5,135	458	3,358	14	2,103	—	—
February .....	651	5,389	473	2,415	11	1,733	—	—
March .....	663	5,574	547	3,328	7	856	—	—
April .....	690	5,996	509	3,274	16	2,032	—	—
May .....	658	5,950	487	2,774	25	3,752	—	—
June .....	662	5,241	447	3,357	14	1,574	—	—
July .....	639	4,823	529	3,835	24	3,565	1	150
August .....	630	5,387	525	3,511	30	4,725	2	300
September .....	633	6,260	458	3,017	19	3,559	—	—
October .....	616	4,846	440	3,413	21	2,751	—	—
November .....	613	4,847	527	3,271	18	2,720	—	—
December .....	629	5,465	425	2,690	14	1,849	1	150
TOTALS .....	7,692	64,913	5,825	38,243	213	31,219	4	600

The above Summary does not include :—

1. Administrative and abortive journeys.
2. Conveyance of physically handicapped school children to and from school.
3. Conveyance of patients to and from TIN LANE Occupational Centre.

**Table XXX.****TUBERCULOSIS STATISTICS FOR THE CITY.**

1	Total cases on Register, 1st January, 1960 :	Pulmonary .... Non-Pulmonary	<i>Totals</i>	
			757 126	883
2	Total new notifications received after deduction of duplicates :	Pulmonary .... Non-Pulmonary	37 9	46
3	Inward Transfers :	Pulmonary .... Non-Pulmonary	31 15	46
4	Deaths during the year from Tuberculosis :	Pulmonary .... Non-Pulmonary	7 —	7
5	Deaths during the year of Tuberculous patients from other causes :	Pulmonary .... Non-Pulmonary	10 —	10
6	Outward Transfers :	Pulmonary .... Non-Pulmonary	43 12	55
7	Number of cases removed from Register as " Recovered " or " Mistaken Diagnosis " :	Pulmonary .... Non-Pulmonary	60 12	72
8	Taken off the Register under the ' Public Health (Tuberculosis) Regulations, 1930 ' :	Pulmonary .... Non-Pulmonary	— —	—
9	Total cases on Register, 31st December, 1960 :	Pulmonary .... Non-Pulmonary	705 126	831

**Table XXXI.****MASS MINIATURE RADIOGRAPHY SURVEYS.**

Year	Examined	Referred
1955	13,759	101
1956	15,424	93
1957	12,902	69
1958	10,586	73
1959	59,044*	421†
1960	5,240	14

\*Includes 52,131 persons X-rayed during the Campaign.

†Includes 357 persons referred during the Campaign.



Table XXXII

CASES EXAMINED AT CHEST CLINIC DURING 1960  
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 .....	1	—	2	2	2	4	—	11
Female .....	—	1	—	—	—	—	2	3
TOTALS .....	1	1	2	2	2	4	2	14

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.	—	—	—	—	—	—	—	—
(2) Already known to Chest Clinic as Observation cases or Contacts.	M.	1	—	—	2	—	—	—	3
	F.	—	—	—	—	—	—	—	—
(3) Failed to keep appointments at Chest Clinic.	M.	—	—	—	—	—	1	—	1
	F.	—	—	—	—	—	—	—	—
(4) Transferred to other Clinics for investigation.	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—
(5) Taken off Books — Healed Pulmonary T.B. (Inactive Disease)	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—
(6) Taken off Books — Chest conditions other than T.B.	M.	—	—	—	—	1	2	—	3
	F.	—	—	—	—	—	—	2	2
(7) Newly diagnosed as suffering from active Pulmonary T.B.									
Male-Sputum Positive .....		—	—	2	—	1	1	—	4
Female-Sputum Positive .....		—	—	—	—	—	—	—	—
Male-Sputum Negative .....		—	—	—	—	—	—	—	—
Female-Sputum Negative .....		—	1	—	—	—	—	—	1
(8) Remaining under Observation at 1-1.59.	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—
Private Cases ( <i>see below</i> )		—	—	—	—	—	—	—	—
TOTALS .....		1	1	2	2	2	4	2	14
(9) Disposal of New Cases diagnosed ( <i>see</i> (7) above).									
(a) Sanatorium treatment.	M.	—	—	2	—	1	1	—	4
	F.	—	1	—	—	—	—	—	1
(b) Clinic Supervision.	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—
(10) Private Cases	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—

**Table XXXIIa**

CASES ON THE TUBERCULOSIS REGISTER (31ST DECEMBER, 1960).

AGE GROUP.	RESPIRATORY	NON-RESPIRATORY						
		Neck glands	Genito-urinary	Spine	Other bones and Joints	Ab-dominal	Meninges	Lupus, Mastoid
<b>MALE</b>								
0-4	1	1	—	—	—	—	—	—
5-14	23	2	—	—	—	—	1	—
15-24	41	6	1	3	3	1	2	—
25-34	107	3	5	2	2	—	—	—
35-44	70	3	2	2	2	1	—	—
45-64	110	2	4	1	2	—	—	—
65 & Over	28	1	1	—	1	1	—	1
<b>Total Male</b>	<b>380</b>	<b>18</b>	<b>13</b>	<b>8</b>	<b>10</b>	<b>3</b>	<b>3</b>	<b>1</b>
<b>FEMALE</b>								
0-4	5	—	—	—	—	—	—	—
5-14	16	1	—	—	3	—	1	—
15-24	58	2	1	4	1	1	1	—
25-34	102	6	3	3	6	3	—	—
35-44	72	2	2	—	6	3	1	—
45-65	56	4	3	1	6	3	—	—
65 & Over	16	2	—	—	1	—	—	—
<b>Total Female</b>	<b>325</b>	<b>17</b>	<b>9</b>	<b>8</b>	<b>23</b>	<b>10</b>	<b>3</b>	<b>—</b>

GRAND TOTAL, MALE AND FEMALE = 831.

**Table XXXIII**

TABLE SHOWING THE MORTALITY IN EXETER FROM TUBERCULOSIS DURING THE PAST 5 YEARS.

Year	DEATHS.			DEATH RATE.			DEATHS OF CHILDREN UNDER 5.
	Pulmon-ary	Non-Pulmon-ary	Total	PER 1,000 POPULATION			
				Pulmon-ary	Non-Pulmon-ary	Total	
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	—
1959	8	1	9	0.10	0.01	0.12	—
1960	7	—	7	0.09	—	0.09	—



**Table XXXIV.**

NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS DURING 1960  
ARRANGED ACCORDING TO AGE.

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

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**Table XXXV.**

DEATHS FROM TUBERCULOSIS DURING 1960,  
ARRANGED ACCORDING TO AGE.

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

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**Table XXXVI.**

**SUMMARY OF WORK CARRIED OUT AT EXETER CHEST CLINIC,  
1956-1960.**

	1956	1957	1958	1959	1960
1. Number of new cases diagnosed as suffering from active Tuberculosis ....	70	61	68	82	46
2. Number of patients examined for the first time during the year ....	1,248	1,207	980	1,324	705
3. Number of patients re-examined during the year ....	1,644	1,954	1,924	1,738	1,561
4. Number of contacts examined for the first time during the year : Large films .... Miniature films ....	177 } 320 143 }	130 } 303 173 }	154 } 279 125 }	125 } 214 89 }	160 } 246 86 }
5. Number of contacts re-examined during the year : Large films .... Miniature films ....	156 } 316 160 }	167 } 323 156 }	175 } 323 148 }	200 } 270 70 }	203 } 226 23 }
6. Number of Inward Transfers during the year	86	92	76	54	40
7. Number of B.C.G. Vaccinations carried out during the year : Clinic Cases .... 13-year old schoolchildren under Ministry Scheme ....	149 —	119 —	136 —	177 —	143 —
8. Number of X-ray films taken during the year Large films .... Miniature films ....	2,333 588	2,275 613	2,245 477	2,313 245	1,980 148
9. Number of Screenings made during the year	1,077	804	373	146	12
10. Number of Refills given during the year ....	957	742	326	70	—
11. Number of Pathological Examinations made during the year ....	1,732	1,811	1,060	1,971	1,127



Table XXXVIII

## 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	37	—	1	2	—	—	—	23	38	13
1-2	16	—	—	—	—	—	—	14	11	6
2-3	15	—	2	1	—	—	—	17	9	6
3-4	5	—	4	—	—	1	—	8	4	3
4-5	6	—	—	—	—	—	—	6	3	—
5-6	11	—	2	1	—	—	1	11	9	3
6-7	5	—	10	4	—	3	1	20	5	1
7-8	7	1	6	2	—	—	—	17	5	—
8-9	5	—	5	4	—	1	—	12	9	4
9-10	2	2	6	2	—	—	—	14	2	—
10-11	5	—	2	3	—	—	—	10	6	1
11-12	3	—	4	6	—	—	4	10	1	—
12-13	8	—	1	3	—	1	1	13	6	1
13-14	8	—	2	1	—	1	1	9	4	3
14-15	9	—	—	—	—	—	4	3	3	2
Senior School Children	1	4	—	1	—	—	—	5	4	5
Nurses and Hospital Staff	18	—	—	—	—	—	8	10	7	1
Occupational Therapists	7	—	—	—	—	—	—	7	9	—
University Students	50	—	—	—	—	—	18	24	21	6
Others	40	—	5	10	—	1	40	13	4	2
TOTALS	258	7	50	40	—	8	78	246	160	57

**Table XXXVIII****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	Totals
SPUTUM : Direct Smear .....	27	365	—	392
Culture .....	41	337	—	378
Preparation for Malignant Cells .....	—	—	—	—
Specimens obtained by Direct Culture .....	—	59	—	—
Bronchial Lavage : .....	8	64	—	131
Tests for Pregnancy .....	—	—	—	—
URINE : Direct smear .....	—	7	—	—
Culture .....	—	7	—	14
Throat and Nose Swabs .....	—	—	10	10
Blood Urea .....	—	—	20	20
Sedimentation Rates (Wintrobe Technique) .....	—	—	90	90
Haemoglobin Estimations .....	—	—	92	92
GRAND TOTAL .....				1,127

**Table XXXIX****HOME VISITS.**

During the year 1,041 Home Visits were made by the Tuberculosis Health Visitor (Miss A. Dawson), made up as follows :—

(a) Primary visits to New Patients .....	30
(b) Primary visits to New Contacts .....	16
(c) Repeat visits to Patients .....	192
(d) After-care visits .....	201
(e) Visits for carrying out Tuberculin Tests at home .....	283
(f) Other visits .....	206
(g) Ineffective visits .....	113

The Chest Physician (Dr. R. P. Boyd) made 89 Home Visits for the examination of patients, almost without exception to patients who were too ill to attend the Chest Clinic.



**Table XL.**  
**MENTAL HEALTH SERVICES.**

AGE DISTRIBUTION OF REALLY NEW ADMISSIONS IN 1960.

		(Male 56 ; female 92)					Total
		Vol.	S.20	Inf.	S.25	S.29	
0—14 years.	Male ....	—	—	1	—	—	1
	Female ....	—	—	—	—	—	—
15—44 years.	Male ....	2	3	17	—	1	23
	Female ....	13	4	15	—	1	33
45—64 years.	Male ....	—	5	13	—	—	18
	Female ....	5	5	13	1	—	24
65 Plus years.	Male ....	—	2	11	—	1	14
	Female ....	2	6	25	1	1	35
TOTALS ....		22	25	95	2	4	148

**Table XLI.**

RE-ADMISSIONS.

INTERVAL SINCE PREVIOUS ADMISSION.

Of the 91 admitted in 1960 who had previously been in a psychiatric hospital the periods elapsing since the previous admission were :—

					<i>Patients.</i>
Under 1 year	....	....	....	....	49
1 — 2 years	....	....	....	....	18
2 — 3 years	....	....	....	....	5
3 — 4 years	....	....	....	....	10
4 — 5 years	....	....	....	....	1
5 — 10 years	....	....	....	....	4
10 — 25 years	....	....	....	....	4
TOTAL ....					91

**Table XLII.**

**MENTAL HEALTH WORKERS' VISITS, ETC. TO THE MENTALLY ILL.**

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
1. Visits and investigations leading to admission to hospital ....	271	413	684
2. Visits involving removal to hospital ....	100	183	283
3. Visits to relatives, etc. after admission ....	84	117	201
4. Visits to patients in hospital ....	280	196	476
5. Aftercare and follow-up visits following discharge ....	230	400	630
6. Visits to patients in the community receiving out-patient treatment, etc. ....	71	97	168
<b>TOTALS ....</b>	<b>1,036</b>	<b>1,406</b>	<b>2,442</b>

184 patients and their relatives were also interviewed at the Health Department.

**MENTAL HEALTH WORKERS' VISITS, ETC. TO MENTALLY SUBNORMAL PERSONS.**

	CHILDREN UNDER 16		OVER 16		TOTAL
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
1. Supervisory visits ....	69	71	199	301	640
2. Visits in respect of patients in hospital ....	—	—	21	23	44
3. Miscellaneous visits ....	5	6	48	52	111
<b>TOTALS ....</b>	<b>74</b>	<b>77</b>	<b>268</b>	<b>376</b>	<b>795</b>

There were also 485 visits made to the junior and adult training centres and to various organisations such as the Courts, National Assistance Board offices, Ministry of Labour and to employers on behalf of these patients in the community.





**FLOODING IN EXETER, 1960**

By F. G. DAVIES, F.R.S.H., F.A.P.H.I.,  
*Chief Public Health Inspector.*

*First Flooding—September 29th—October 8th.*

Following very heavy rain on the 29th and 30th September (3.71 inches were recorded) several areas of the City were flooded, the worst being the Alphington Road/Marsh Barton area. With two exceptions all the properties of the Marsh Barton Trading Estate were affected and one wholesale grocery warehouse was so badly flooded that thousands of pounds worth of stock was ruined. Little damage was done to stock in the other premises, but there was severe disruption of business while buildings were being cleaned.

There was also severe flooding in the Prospect Place/Cowick Street area, but, with one exception, the tradespeople managed to prevent their premises being flooded. One house was so badly flooded that we made a request to the Housing Department for rehousing and this was agreed the following day.

Okehampton Street was also flooded, but later visits showed that no real damage had been done to the houses in the area and there was no apparent risk to the health of the people.

St. Andrew's Road, Exwick was also flooded but, except for two cottages on the North side of the leat (Exe View Cottages), the water did not enter the houses. The occupants of the two houses which were flooded were able to remove carpets and furniture in time to avoid damage, but later had the wearisome task of cleaning walls and floors after the flood water had receded.

In addition, three houses on the Canal Banks at Spring Gardens were flooded and one aged occupant was found other accommodation by the Welfare Department while we arranged for the drying of his carpets.

Five houses in Alphington Street were flooded and in one case tenants were given immediate help by the workers in a nearby factory. Their plight was also referred to the Welfare Department.

Further periods of heavy rain followed this disastrous weekend and on Thursday, 6th October, the river again rose, causing further anxiety at Marsh Barton, when fresh flood water crept across the fields from Alphington and flooded parts of the roads on the Trading Estate. Fortunately, it receded without causing further damage.

Renewed flooding occurred in Exe View Cottages and Okehampton Street, but no damage was done.

The level of the river Exe again rose on Saturday, 8th October, and Exwick was again badly flooded, the two cottages being



flooded for the third time in nine days. St. Andrew's Road was under water, but prompt help from the Surveyor's Department prevented water creeping into any houses. Okehampton Street was also flooded again but there was no damage to property and no apparent danger to health from pollution.

*Second Flooding—27th October, 1960.*

The exceptionally wet weather continued throughout the month and a total rainfall of 12.25 inches in the City was recorded.

On the 26th October there was a rainfall in Exeter of 1.82 inches, and this, together with exceptionally heavy rain which fell over the catchment area of the River Exe, led to very extensive flooding throughout the St. Thomas area of the City on Thursday, 27th October. It was estimated that a total of some 1,200 houses were flooded—the worst being to a depth of about four feet. The flooding was so widespread and of such a serious nature, that it is difficult to select any particular parts for special mention, but it would probably be true to say that the occupiers of the houses in and about Okehampton Street suffered most because much of the force of the flood water was directed against these houses.

The St. Thomas area was completely isolated from the rest of the City and there was little that the Public Health Inspectors could do on the Thursday, but by the morning of Friday, 28th, the water had receded from most of the roadways and our first task was to make a quick survey of the flooded area to assess the public health problems likely to arise. All inspectors were diverted from their routine duties—food premises received special attention and all taps which had been submerged were sterilized.

Arrangements were made for the delivery of hot air machines for drying out flooded properties. Damerels Ltd. were able to arrange for me to have on hire 35 Comet heaters fueled by calor gas and these, together with the necessary gas cylinders were delivered during late Friday and early Saturday, coming from as far afield as Southampton and Northampton; the Commanding Officer of *H.M.S. Heron* of Yeovilton very kindly let me have four large hangar dryers which were also delivered late on Friday night, together with the naval staff to operate them. In an effort to ensure that we commenced drying activities immediately on Saturday morning, my staff worked until 10.30 p.m. on Friday night and commenced again at 7.00 a.m. on Saturday morning. During Saturday a further five large Trojan, diesel operated, hot air dryers were received on hire from Croydon and Bridport and this brought the total number of drying machines in use up to 44. A total of 39 council staff (workmen and officers) together with five naval personnel were engaged in looking after them and undertaking the necessary organisation and supervision.

On the first day the naval personnel were billeted at Topsham Barracks but it was impractical to continue this arrangement and for the rest of their time they were accommodated in a small hotel



close to the flooded area, taking their meals on a rota system at a local cafe.

Large quantities of petrol and diesel oil were required to operate the naval and trojan machines and at our request the Chief Fire Officer organised a regular refueling service throughout the period drying operations were in progress.

A total of 507 properties including a small number of business premises were dried out. The departmental van and three men were employed in collecting and drying wet bedding and distributing disinfectant—about 60 or 70 gallons of concentrated disinfectant being distributed. Our disinfecting station at Exe Island was nearly flooded, water having penetrated into the boiler house to a depth of about two feet, but the rest of the premises were not affected; the water was cleared and the plant kept in operation for some ten days, but in view of the pressure of work no record was kept of the items handled.

Arrangements were also made for carpets to be collected and dried at the Gas works and J. L. Thomas, Ltd.

The damage to foodstuffs and confectionery was extensive (one large wholesale confectioner lost the whole of his Christmas stock valued at many thousands of pounds) and two inspectors were employed solely in visiting all the flooded food premises and inspecting foodstuffs. A total of over 71 tons was condemned and buried at the tip.

In the case of bottled goods, particularly wines and spirits, arrangements were made for them to be washed and sterilised after which test swabs were made of the bottles. The swabs were sent to the bacteriologist and subsequent action depended on his findings.

One of the most serious social problems arising from the flooding, was the demand from a large number of people for immediate rehousing in view of the condition of their properties. Following a conference at Police Headquarters, presided over by the Mayor, Alderman Brooks, a detailed survey of the worst affected areas was made, and at a special meeting on 2nd November the Council decided to acquire 30 of the worst flooded houses and to rehouse the occupiers as soon as practicable. In addition, it was decided that a further ten dwellings should be represented for closure under s.16 of the Housing Act.

The Housing Manager also arranged the rehousing of a number of tenants of Council owned properties and houses which had already been condemned and which were in the areas most affected. Throughout this most difficult period, the closest liaison was maintained between this department and the Housing Manager, and whilst some distress was unavoidable, close co-operation kept this to a minimum.

### *Third Flooding—4th December, 1960.*

Very serious flooding again occurred in the City on Sunday, 4th December. On this occasion rainfall within the City itself



was not abnormal but flooding was caused by heavy rain on the already saturated ground, in the upper reaches of the Exe Catchment area. The level of the flood waters was even higher on 27th October and approximately the same number of houses were affected (1,200). There can be little doubt that this final blow caused great distress amongst the people concerned. The weather was now colder and there was less opportunity for drying out by natural processes. Serious damage was done to many properties and the occupiers again lost, or had damaged, the floor coverings which they had bought to replace those spoilt in the earlier disaster.

The pattern of work carried out by my section was the same as for the earlier flooding, but unfortunately, due to the demand for driers in other parts of the country because of widespread flooding our "drying out" facilities were greatly restricted.

Insufficient machines were available to cope with the problem and for the first day or two we were operating with only four machines; it was nearly a week before we built up to our maximum of 16 dryers.

Breakdowns were frequent because of the continued use of these machines in the earlier flooding, but the City Fire Brigade rendered excellent services in carrying out repairs.

The Royal Air Force Station at Melksham, very kindly loaned us 30 paraffin oil stoves, and these were used to good effect in many houses, though they could not possibly take the place of proper machines.

Drying operations continued throughout December and well into January and a total of approximately 500 houses were dried out.

Food premises again received close attention and over 16 tons of food-stuffs were condemned and buried at the tip.

The disinfecting station at Exe Island was again kept in operation for over a week for the drying of bedding, etc. and carpets and underfelts were dried by the South Western Gas Board at their Basin Works. A large chemical company kindly donated 50 gallons of disinfectant to the department and in all some 70-80 gallons of concentrated disinfectant was distributed to householders in the flooded areas on this occasion.

The ultimate damage which might arise from dry rot cannot be assessed, and during January leaflets prepared by the Department of Scientific and Industrial Research giving advice to householders of flooded properties were distributed in the St. Thomas area.

We received numerous verbal tributes on the work done by the section and I have pleasure in recording my appreciation of the ready assistance given to me by the City Architect in providing men and transport, the Chief Fire Officer, for ensuring ample supplies of fuel, and last, but by no means least, to the members of my own section, particularly Mr. Whitley, who gave unstintingly of their services.



## THE INCIDENCE OF CONGENITAL ABNORMALITY IN INFANTS BORN TO EXETER MOTHERS 1954—1960 INCLUSIVE

By I. V. WARD, M.D., D.C.H., and  
E. D. IRVINE, M.D., D.P.H.

10 of the 18 Exeter infants who died in 1959 under 1 year of age had substantial congenital abnormalities—a proportion (56%) much higher than in any previous recent year—although the actual number of such cases in 1956 was higher still, viz. : 13. This led us to investigate the occurrence over the period 1954 to 1960, inclusive, of substantial congenital abnormalities among the stillborn, among those dying in the first year and among the survivors. Much of the material was available from the analysis of the causes of stillbirths and infant deaths, made every year by one of us (I.V.W.) ; additionally, the health visitors were asked from early in 1960 to notify us of all children born in the City (including “ transfers-in ”) during the years 1954 to 1960 “ with congenital abnormalities, such as congenital heart lesions, cleft palate and hare lip, congenital dislocation of the hips, primary amentia, phenylketonuria, blindness, deafness, mongolism, spasticity, diabetes and severe or continued fits.” Trivial defects have not been included. We recognise, of course, the difficulties in a retrospective survey.

### A.—STILL-BIRTHS

**Table I.**

YEAR	1954	1955	1956	1957	1958	1959	1960	Total
Total Stillbirths .....	41	26	20	24	23	35	22**	191
Congenital Abnormality .....	11	9	1	4	7	6	3	41
Anencephaly .....	8	6	—	3	4	4	—	24
Hydrocephalus .....	2	2*	1	1	1	1	2	10
Double Head .....	—	1	—	—	—	—	—	1
Meningo myelocele .....	—	—	—	—	—	1	1	2
Spina bifida .....	—	—	—	—	1	—	—	1
Others .....	1†	—	—	—	1‡	—	—	2
Percentage Congenital Abnormalities .....	27%	35%	5%	17%	30%	17%	15%	22%

\*one also had severe spina bifida ; †deformity of face ; ‡exomphalos.

\*\*We only know of 20 stillbirths though the Registrar General has assigned 22 to Exeter.

Of all the cases of congenital abnormality in the stillbirths 61% were anencephaly and 25% hydrocephalus.

In this series, as can be seen from the above table, by far the largest number of congenital abnormalities lethal to the child



before or during birth, affected the central nervous system, the totals being 38 so affected to 3 others.

## B.—INFANT DEATHS

The congenital defects causing infant deaths in the years 1954 to 1960 inclusive are by no means so clear cut. Whereas almost all the congenital abnormalities found in the stillborn fell under two or three headings, the children who died in infancy during the first year of life provided a larger and much more varied list of abnormalities all of which are listed below in full :

**Table II.**

Year	Infant Deaths	Congenital Abnormality	Type of Abnormality
1954 ....	29	5 (17%)	2 Cardiac. 1 Encephalocele. 1 Albers-Schonberg. 1 Cerebral agenesis.
1955 ....	19	6 (26%)	2 Cardiac. 1 Spina bifida. 1 Tracheo-oesophageal fistula. 2 Fibro-cystic disease of the pancreas.
1956 ....	32	13 (41%)	2 Cardiac. 1 Hydrocephalus. 1 Diaphragmatic hernia. 1 Absence of kidneys. 1 Deformed eyes, ears and kidneys. 2 Cleft palate, 1 with hare lip also. 1 Spina bifida, plus meningocele. 1 Mongol with meningocele. 1 Atresia of bowel. 1 Abnormal brain, plus fits. 1 Fibrocystic disease of the pancreas.
1957 ....	21	6 (29%)	1 Cardiac. 1 Diaphragmatic hernia. 2 Exomphalos. 1 Internal hydrocephalus and talipes. 1 Tracheo-oesophageal fistula.
1958 ....	20	4 (20%)	2 Cardiac. 1 Multiple—gut, heart and kidney. 1 Hydrocephalus and spina bifida.
1959 ....	18	10 (56%)	2 Cardiac. 1 Cardiac, plus others. 3 Multiple abnormalities. 2 Hydrocephalus and spina bifida. 1 Mongol. 1 Tracheo-oesophageal fistula.
1960 ....	17	7 (41%)	3 Cardiac. 2 Encephalocele. 1 Meningomyelocele. 1 Hydrocephalus.
TOTAL (1954-1960)	156	50 (32%)	

## C.—SURVIVING CHILDREN

Among the survivors—who, apart from the babies born late in 1960, who were only a few months old at the time of writing this report, had all reached at least one year old—the prevailing type of abnormality altered from year to year.

The question arises as to whether "fits" should be added to the list of congenital abnormalities; they have not been included in the tables; they have been discussed separately below, but only if severe or repeated. Most of the children with fits have been referred to hospital for diagnosis and treatment and some are already recognised as true major epilepsy or petit mal.

The number of children with severe or repeated fits recorded up to July, 1961, is set out below :—

Born in 1954	6	Born in 1957	12	Born in 1959	7
" " 1955	10	" " 1958	11	" " 1960	3
" " 1956	18			(TOTAL : 67)	

14 of these cases are now diagnosed as epilepsy, two of them having such a degree of mental retardation as to require their attendance in a junior training centre.

In this report, seven groups have been selected, the last one "Miscellaneous" comprising such a variety of abnormalities that separate headings would be too numerous, and they are, therefore, detailed separately.

**Table III.**

Year	No. of Survivors	CONGENITAL DEFECTS							Total
		Cardiac	Deaf-ness	C.H.D.	Micro-cephy	Spastic	Mongol	Misc.	
1954	1,073	6	3	1	2	2	—	?*	14
1955	1,096	4	—	—	—	1	—	16	21
1956	1,048	2	1	1	1	1	1	8	15
1957	1,150	3‡	1	2	1	1	3	3	14
1958	1,143	4	—	4	1	5	2	6	22
1959	1,115	4	1	3	—	1	2	14	25
1960	1,145	6	—	2	—	1	1	8‡	18
TOTAL	7,770	29	6	13	5	12	9	55	129

‡(1 died in 1961 after this summary was made).

\*Unfortunately, information about the "miscellaneous" group born in this year is not available.

Percentage of survivors with congenital abnormality = 1.7%

Details of the cases included in the Miscellaneous sections for the years 1955 to 1960, inclusive, are set out below :—

1955	1956
Talipes .....	Cleft palate and hare lip .....
Absence of L. eye .....	Glaucoma—eye removed .....
Sclerema neonatorum and limp leg .....	Absence of coccyx and part of sacrum .....
Extensive angioma of chest .....	Fibrocystic disease of pancreas .....
Ataxic diplegia .....	Spina bifida and paraplegia .....
Occipital meningocele .....	Cleft palate .....
High myopia and strabismus .....	Talipes calcaneus .....
Prognathia .....	Left hemiatrophy .....
Fibrocystic disease of pancreas .....	
Muscular dystrophy .....	
Meningocele .....	
Hypospadias .....	
Angioma of brain .....	
16	8



1957		1958	
Primary amentia	1	Cataract	1
Hare lip and cleft palate	1	Spina bifida	1
Amentia (cause not yet elucidated)	1	Cretin	1
		Talipes	1
		Phenylketonuria	1
		Talipes	1
	3		6
1959		1960	
Phenylketonuria	1	Double talipes	1
Spina bifida	1	Talipes	1
Hare lip and cleft palate	1	Hiatus hernia	1
Fibrocystic disease of pancreas	2	Hare lip	1
Hiatus hernia	1	Pilonidal sinus	1
Talipes	3	Extensive hairy mole, right arm	1
Cleft palate	1	Cyst on tongue	1
Dermoid cyst on brow	1	Agammaglobulinaemia	1
Defective sight and albinism	1		
Deformities of hands and chest muscles	1		
Hydrocephalus	1		
	14		8

### SUMMARY.

Summating these figures we get the following tables :—

**Table IV.**

Year	Total Live and Still Births (registered)	CASES OF SUBSTANTIAL CONGENITAL ABNORMALITY IN				Per 1,000 Live and Stillbirths
		Still-births	Infant Deaths	Survivors	Total	
1954	1,143	11	5	14*	30	26
1955	1,141	9	5	21	35	31
1956	1,100	1	13	15	29	26
1957	1,195	4	6	14	24	20
1958	1,186	7	4	22	33	28
1959	1,168	6	10	25	41	35
1960	1,184	3	7	18	28	24
TOTAL	8,117	41	50	129	220	27

\*See sub-note to Table III.

**Table V.**

	Number (1954-60 incl.)	Congenital Abnormality cases (1954-60 incl.)
Stillbirths	191	41
Infant Deaths	156	50
Survivors	7,770	129‡
TOTAL	8,117	220

‡Excluding epilepsy.

\*See footnote to Table I.

These tables shew that over the period the known incidence (which must be regarded as a minimum figure) of severe congenital

defects in pregnancies reaching twenty-eight weeks' duration or longer was 27 per 1,000 and also that the annual total incidence has been fairly constant over the period.

Severe congenital defects were evident in a higher proportion of the infants who died in the first year of life than in those who were stillborn. The incidence of severe congenital defects among those infants who survived the first year of life was relatively small. It is probably true to say that severe congenital defects over the period discussed, contributed to the deaths of a large percentage of infants in this City before birth, a larger proportion still in their first year of life, and that after that were almost negligible as a cause of death in the survivors within the early years of childhood. We must recognise, however, that not all congenital defects (even severe ones) are evident within the first year or two of life.



effects in percentages reaching twenty-eight weeks' gestation in 1947 was 27 per cent. It is also noted that the annual fetal death rate has been fairly constant over the period.

Severe congenital defects were evident in a fairly proportion of the infants who died in the first year of life. In those who were stillborn, the number of severe congenital defects among those infants who survived the first year of life was relatively small. It is probable that the severe congenital defects which caused the period of fetal death contributed to the death of a large percentage of infants in their first year of life. A lower proportion of infants in their first year of life died than those who were stillborn as a cause of death in the nursery within the early years of childhood. The most frequent, however, was not all congenital defects from severe ones are evident within the first year of life.

Table IV  
Fetal Deaths and Stillbirths, 1947-1950

Year	Fetal Deaths	Stillbirths	Total
1947	10	15	25
1948	12	18	30
1949	11	17	28
1950	13	19	32
Total	46	69	115

Table V  
Fetal Deaths and Stillbirths, 1947-1950, by Cause

Cause	Fetal Deaths	Stillbirths	Total
Chromosomal	5	10	15
Genetic	3	8	11
Infectious	4	12	16
Maternal	2	7	9
Placental	1	6	7
Unexplained	1	6	7
Total	16	59	75

## ERRATA

### ANNUAL REPORT 1960

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- Page 1. Index—Housing should read 42, 43, 45-47, *not* 74.
- Page 72. Third paragraph—Circular 3/59—third line—should read “ Service and *as* necessary ”—(*not* has).
- Page 80. (iv) *The Laundry Service*. “ This began in 1952 ”—(*not* 1953).
- Page 121. Appendix II. Table 1—Fourth line—Anencephaly—total should read 25, *not* 24.



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- Page 12. Index—Housing should read 42, 43, 45-47, not 74
- Page 25. Third paragraph—(Line 1) "should read" Service and as necessary"—(last line)
- Page 50. (1st) The Agency Service "This began in 1952"—year 1953
- Page 124. Appendix II, Table 1—(Line 1) "Annuity"—total should read 22, not 24





