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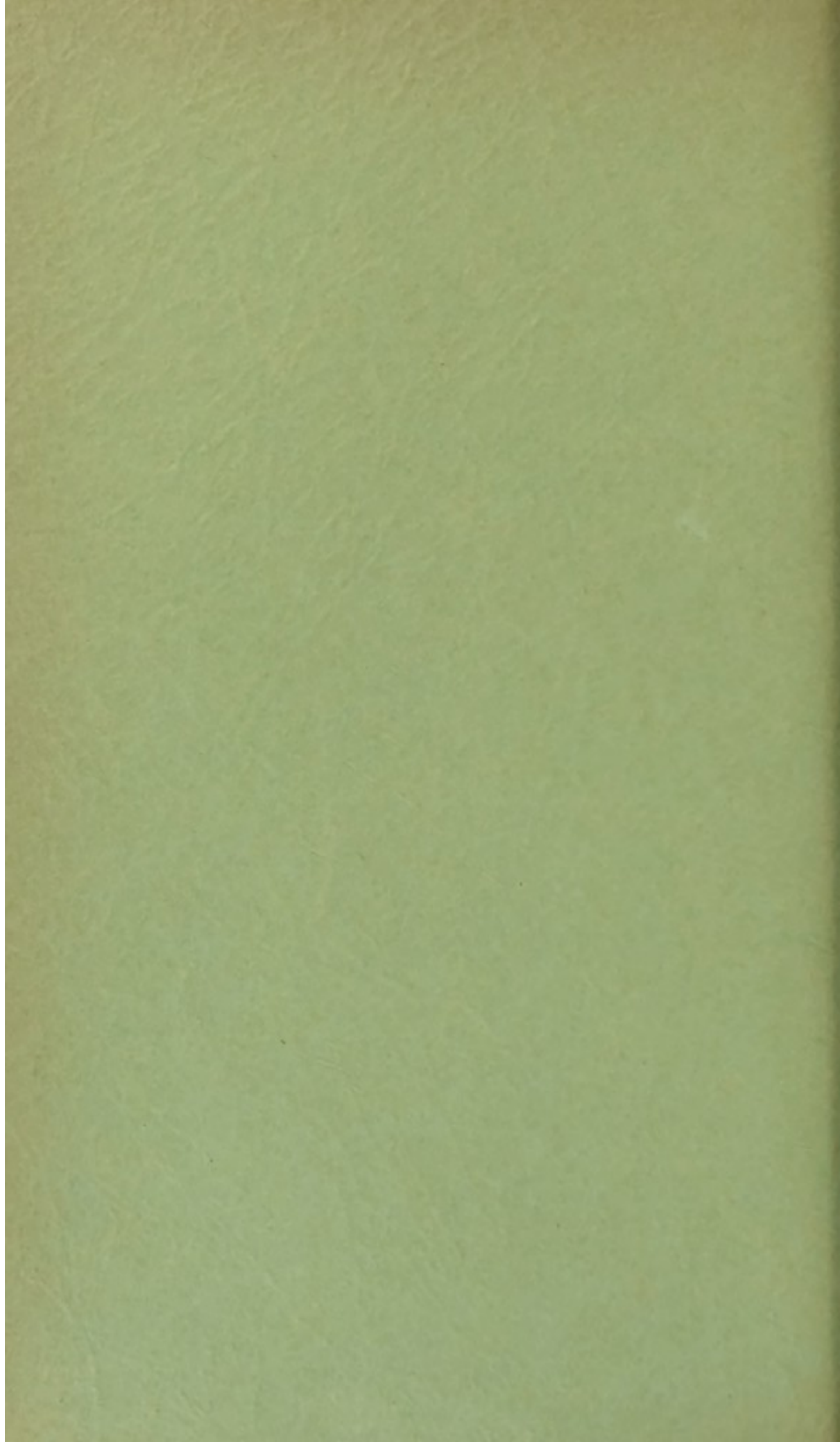


ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH FOR 1964

E. D. IRVINE, M.D., M.R.C.S., D.P.H.,
Medical Officer of Health,
HEALTH DEPARTMENT,
5, SOUTHERNHAY WEST,
EXETER.

TELEPHONE: 77888.



City and County of the City of Exeter




ANNUAL REPORT

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HEALTH DEPARTMENT,
5 SOUTHERNHAY WEST,
EXETER.
Tel. No. 77888
July, 1965.

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH

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

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for 1964. We had a good hot and dry, if late, summer after a mild winter and wet spring: in the Exeter area,* the annual rainfall was 22.6 inches, i.e. 7.4 inches below the mean average. The health of the City in general was good and infectious diseases were not prevalent. No cases of poliomyelitis or diphtheria were notified, but tuberculosis notifications unexpectedly shewed a slight rise. There was no influenza epidemic. The new claims for sickness benefit (for an area larger than Exeter) were generally at a lower level than in previous recent years and the usual early January rise in the number of claims was very modest.

al Statistics

The mid-year population has been estimated by the Registrar General as 81,810, quite a sharp increase over that estimated in 1963 (79,690). The natural increase (excess of live births over deaths) was 267. Contrary to the national trend, the birth rate fell to 15.4 per 1,000 population (after adjustment for the age and sex constitution of the City's population), and the disparity between Exeter's rate and the national rate, once again higher at 18.6, became more marked. One in twelve of Exeter's live births were illegitimate: this is distinctly higher than the national proportion. One in fourteen of all the live births were premature (low weight) babies: prematurity is, in Exeter, twice as frequent among illegitimate as among legitimate live births. The infant death rate was very low indeed (12.5 per 1,000 live births); the lowest ever recorded in Exeter, and far below the national rate (20.0). Only one death occurred in Exeter children between 1 month and 1 year old. The perinatal death rate reflecting the incidence of stillbirths and deaths in the first week of life gives, probably, the best index of ante-natal care:

* At the Airport.

the rate in Exeter was 25.5 per 1,000 live and total births. Though low, it was higher than in the previous year, due to an increase in the stillbirth rate. An interesting comparative table shewing Exeter's experience of life and death since 1896, culled from successive Annual Reports of the Medical Officer of Health of the City is included in this report (page 16a).

The (adjusted) death rate was 10.5 per 1,000 population, and it was lower than the national rate (11.5). About 3 in 4 of the Exeter residents who died during the year were over 65 years old, and only 1 in 10 was under 45 years. Heart and circulatory disease (405), cancer (212), strokes (139), were the main causes and accounted for three-quarters of all the deaths. Bronchitis caused many fewer deaths than in 1963 (24, compared with 72); it will be remembered that we had an appalling winter in 1963. Cancer of the lung, once again, caused an increased number of deaths—at 47 the highest yet recorded. Accidental deaths numbered 30; half of those killed in motor accidents were young men; nearly all the "other accidental deaths" were in women over 75. Suicides made a not insignificant contribution (12 deaths) to mortality.

Staff

Staffing of the department generally, was something of a problem. In the public health section, staff movement has been troublesome. The Council has agreed to all the public health inspectors having car allowances, and has also allowed us to have two pupils.

Smoke Control

Smoke control makes real, if slow, headway. In 1964, three areas were declared by the Council, covering about 1,199 acres and ultimately a total of 1,302 houses. No Orders were confirmed by the Ministry in 1964. I sympathise to some extent with those who object to domestic smoke control on the grounds that the offensive emission of exhaust fumes, especially from diesel engines, seems to go more or less unchecked. It is time we were more active in its control, but legally this is not within the purview of the health department.

The approval and control of the height of chimneys in new buildings under Section 10 of the Clean Air Act, 1956, was delegated to the Planning Committee on the understanding that consultation with officers of this department relative to the question of smoke dispersion would be undertaken in all cases. We are, of course, anxious, especially about sulphur dioxide concentrations in the atmosphere. It is important that architectural treatment should not run counter to the health needs of the population: rather is it an architect's duty to use his skill so that there is no inherent conflict between health and beauty. After all, other fuels besides coal fuels are available, and developers, even if public bodies,

no less than other citizens must be prepared either to pay more, or to be inconvenienced, if this is the only way to limit risks to the population at large.

abattoir

The new abattoir was opened in September, 1964. New and more detailed regulations covering meat inspection came into effect on 1st October, 1963; the pressure of work on the inspectors has been considerable though the maximum "through-put" for which it has been designed has been nowhere near reached.

disinfecting
station

Building of the disinfecting station was commenced.

Food Shops

Topics involving much discussion in Committee included the provision of sanitary accommodation for patrons of places providing refreshment, and the desirability of requiring the use of tongs or other suitable appliances in food shops to prevent direct handling of foodstuffs liable to contamination (e.g. cooked meats) and the desirability of prohibiting the entry of dogs into food shops. It is understood the Ministry have these ideas under consideration. Clean food handling is one step towards the elimination of diarrhoeal disease, which in mild form is very common, virtually an endemic disorder.

Water Supply

The Council lost its fight to retain control of the public water supply of the City although its opposition to its incorporation within an extended East Devon Water Board was taken as far as an appearance before a Committee of both Houses of Parliament. With the consent of the Council, I have continued as one of the medical officers advising the Board. No progress has been made regarding fluoridation of the public water supply and this subject should now be reopened. Birmingham has introduced it without, apparently, any objection by the very great majority of the inhabitants there.

Ten Year Plan

The annual review of the Council's Ten Year Plan for Local Health Services was not required by the Ministry, but a review in 1965 has been requested. For us, the virtual certainty that parts of Topsham, Pinhoe and Alphington are to be joined to the City in April, 1966—the Minister of Housing and Local Government having said he will propose the change by Order, thus approving the Boundary Commission's conclusions—adds to the difficulties of forecast.

Health Centre

The provision of a health centre to serve the St. Thomas side of the City for both family doctor and local health authority services has become a live issue: it is a most desirable development.

Home Nursing
Health Visiting

Home nursing, home midwifery and health visiting, continued on much the same lines as in 1963. No direct attachment of health visitors, home nurses or midwives to family doctor practices has yet been tried here. The use of

"disposables" and pre-sterilised equipment in home nursing is increasing. More health visitors are needed and I would like to see a "medical social worker" (formerly styled "almoner") associated with this work. It is perhaps unfortunate that the almoners' professional association has pre-empted in a way, the title of "medical social worker," for health visitors have been such for very many years, and form the largest single group of medical social workers in the country.

Midwifery

22% of all babies born to Exeter mothers in 1964 were born at home. The proportion of Exeter's babies born in National Health Service hospitals is distinctly higher than in the country as a whole; for comparison, in 1963, the latest date for which the national figure is available, Exeter's proportion was 74%, while the national figure was 65%. Just over two-thirds of all Exeter's babies attended child welfare clinics.

Immunisation

Just under nine in ten of Exeter's babies received triple vaccine (against diphtheria, tetanus, whooping cough) in their first year, but only two in five of the one to two year olds (now considered the best age for the purpose) were vaccinated against smallpox. Poliomyelitis vaccination, too, is very well taken up; four in five of the babies have this protection. We have continued energetically to press tetanus protection among older children for whom it was not available when they had their immunisation in infancy. The family doctors take an increasing part in all this work.

Ambulance Service

The Council decided to take over direct management of the ambulance service in June, 1965, and it is only right to place on record an appreciation of the work of the St. John Ambulance Association in conducting the service since 1948 on behalf of the City Council, with which it was joined in a Committee of Management. For many years, Mr. K. C. H. Rowe, J.P., (a former Mayor and Sheriff) has been Chairman of this Committee as a representative of the Association. The new ambulance station is now in the scheduled programme of work to be commenced by the Council in 1966/7.

The ambulance service started using radio control during the year and has found it invaluable. 6% more cases with mileage less by 4% is the overall picture of the work done in this service.

Audiology

Other architectural work in hand includes the conversion of the former men's training centre at the rear of the Alice Vlieland Clinic into an audiology unit where the investigation of deafness in children of all ages will be undertaken.

Home Helps

As the pressure on hospitals increases—and it does so all the time—so will the complementary work of the local health authority in securing sufficient ancillary services as support

for the sick at home, whether as a means of obviating hospital admission or of enabling earlier discharge to be effected, or simply by way of after-care, also have to increase. This is inevitable, and it must be realised that the necessity for more staff in certain sections cannot be avoided. One of these is the home help section, the need for which is, in an ageing population, bound to grow steadily.

creening
rocedures

Section 28 " prevention, care and after-care " has always been one of the more interesting and potentially useful sections of the National Health Service Act. Few ideas have been forthcoming, but one that is now much canvassed is the development under local health authority auspices of " screening " procedures for detecting, for example, at an early or even preclinical stage, such conditions as diabetes, glaucoma, cervical cancer (of the womb) : in the last named, the objective is to detect those women in whom certain cells have changed their characters and will in time become, or may have already become, cancerous. Of course, the family doctors come into this work, too, and the hospitals. The Council decided to ask the Ministry for approval to proposals for screening in Council clinics in regard to cancer of the womb (cervical cytology) ; this was given and the programme will commence in mid-1965. Dr. Stewart Smith (Area Pathologist) has encouraged this development.

ental Health

In the mental health service, attention is being directed to effort in promoting mental health—a difficult because somewhat nebulous field. The health visitors and mental health workers and child guidance team all can usefully contribute, but of course, many others in society can and should do more than they do. We live in a society which though materially rich, and technically advanced, has allowed its moral standards to be debased, and its values to be distorted. Far too many no longer regard marriage as a permanence, and wholesome family life as of paramount significance. The young too often become too independent too soon. Failures of children in parental respect, and of parents in personal responsibility are not good auguries for community mental health. Much more could be said, but it is clear that as we triumph over our physical disabilities and diseases so increasingly will mental health and ill-health become the field for more and more intensive effort.

In 1964, the much needed improvements to Ellen Tinkham House Training Centre were put in hand, to provide improved classroom accommodation, a self-contained kitchen, a large hall for physical education, etc., a special care unit and much improved lavatory accommodation. Dr. Johnson, Consultant Psychiatrist from the Western Counties Hospital, Starcross, visits Nichols Centre on request to discuss cases referred to him from any medical source. Staff problems

at the Hostels (opened in January) beset us during the year. Nowadays it is difficult to get residential staff. The training centres are making good progress and a manager was appointed to look after the two units combined. Incentive payments to those attending were increased, the maximum dependant on effort, capacity, etc., was raised to £1 a week. Further workshop accommodation of a quite simple kind is becoming an urgent necessity, and minor modifications in the centre and hostel are desirable. The Valexe Company, for co-ordinating the marketing of goods made in the local authority centre and hospitals, has not succeeded as well as we had hoped. More clerical help will be necessary in the mental health section.

Chiropody

The chiropody service has expanded, as must be expected in a population in which according to the 1961 census, Exeter has 13.8% of its residents over 65 years of age. It is said a nation marches forward on the feet of its little children. It's a good job it's not on the feet of its elderly citizens; to meet all the reasonable needs of the people of this City, the Council will certainly have to employ more wholtime chiropodists and that in the not far distant future. The silly shoe fashions of today do not promise well for the future. One of our problems as in much of our work is the provision of adequate accommodation for the staff and the service.

Venereal Disease

Venereal disease, as indicated by the hospital returns, shewed a very unwelcome increase during the year.

Chest Clinic

The Chest Clinic moved from Southernhay to "Ivybank," St. David's Hill, and has been housed with the Chest Clinic for the eastern side of the City, under the direct management of the hospital management committee.

Accident Prevention

Accident prevention other than in relation to road accidents occupies a not unimportant fraction of the efforts of the department. As an exercise in health education, it is a challenging task for it involves not only questions of design, workmanship and maintenance of housing and equipment, but also of human attitudes and conduct. Safety in the water engaged much attention by the Home Safety Committee. We hope to appoint a health education officer in 1965.

Hostel Shelter

Proposals on a voluntary basis for the provision of a hostel shelter for girls were formulated in 1964, and have since been realised (1965) in Redcliffe Hostel, Denmark Road, under the auspices of the Salvation Army. This should prove of great value.

Personal

Miss E. M. Bryant, M.B.E., retired after thirty years' excellent service as Superintendent of the Exeter Maternity and District Nursing Association and was succeeded by her deputy, Miss P. White. Mr. Radford, one of the Council's dentists, also retired.

I thank all my staff for their wholehearted co-operation throughout the year, and Mr. R. W. Stiles and others for their help in preparing this report. Dr. G. P. McLauchlan has prepared the note on infectious disease, and on accidents, and Dr. I. Ward on the loss of infant life, and on congenital defects.

Though it is a task of considerable magnitude, I regard the preparation of the Annual Report as very well worth while. It is through the Report that the Council and the public can best achieve a conspectus of the work the Council carries out in the field of health promotion and preservation. The Medical Officer of Health's Annual Report has been described as a document of social importance and certainly a study over the years will reveal how locally the health needs and demands of the population change, how the level of health, as measured by the comparatively crude indices available to us, has changed over the years—generally steadily improving. The experience of health departments of Local Authorities is much closer to "the consumer" than is the experience of the Central Departments. As in the past, local experiment and experience can be described, which may in some circumstances, lead to developments elsewhere and modify thinking far beyond the confines of the area discussed.

It is a pleasure to record the good relationship between the department and the doctors, both in family practice and hospitals, the Management Committees and staffs of the Hospitals and the Executive Council, the Press, and of course, most important, the Public.

It gave pleasure to all of us associated with the Health Services Committee when Councillor Mr. T. H. B. Chappell, a member of the Committee, was designated as Sheriff of the City for 1964/5.

I must thank in particular the Chairmen (Alderman Mrs. M. Nichols and Mr. Councillor W. Boorne) and all the members of both the Health Services and Public Health Committees for their courtesy, understanding and steadfast support. Council work can only succeed in a partnership of Council members, Council staff and the public, whom we all serve. We must first define the needs, then study how best to meet them. This report of a year's work in the department, and of the health of the City, is an attempt to provide something of a guide in the fields in which the Health Committees have responsibility.

I am,

Your obedient servant,

E. D. IRVINE.

CITY AND COUNTY OF THE CITY OF EXETER

The Mayor—

ALDERMAN P. A. SPOERER

PUBLIC HEALTH COMMITTEE

at Dec. 31st, 1964

Chairman—

COUNCILLOR W. N. BOORNE

Deputy Chairman—

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

Alderman Mrs. M. NICHOLS, B.Sc.

Alderman C. REW.

Alderman W. H. BUTCHER.

Councillor T. B. H. CHAPPELL
(Sheriff of Exeter)

Councillor H. BRYANT.

Councillor D. S. HICKS.

Councillor A. M. HITT.

Councillor P. P. MACDIARMID, B.COM.

Councillor R. H. M. PALMER.

Councillor R. W. PYNE.

Councillor R. A. STONE.

Councillor R. J. WILLIAMS.

HEALTH SERVICES COMMITTEE

at Dec. 31st, 1964

Chairman—

ALDERMAN MRS. M. NICHOLS, B.Sc.

Deputy Chairman—

COUNCILLOR Mrs. R. M. WICKINGS.

ALDERMAN C. REW

Alderman W. HUNT.

Councillor T. B. H. CHAPPELL.
(Sheriff of Exeter)

Councillor R. E. C. BOARD.
(Deputy Mayor)

Councillor W. N. BOORNE.

Councillor A. J. COMINS.

Councillor D. T. DARE.

Councillor Mrs. D. M. FISHWICK.

Councillor P. HILTON.

Councillor S. R. HONEYWILL.

Councillor P. P. MACDIARMID, B.COM.

Councillor Mrs. R. M. WICKINGS.

Co-opted Members—

Dr. C. W. MARSHALL.

Mrs. G. MORRISH.

Mrs. A. ROBB.

Mr. W. J. SELLEY.

Mrs. A. T. SOPER.

Town Clerk—

W. A. McSKIMMING, Esq.

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 Officers of Health and School Medical Officers.

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

(also Medical Supervisor of Midwives).

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

MARGARET CAMERON, M.B., CH.B., D.P.H.

Chest Physician (Part-time).

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

Consultant Psychiatrist (Part-time).

LEWIS COUPER, M.B., CH.B., D.P.M.

Principal Dental Officer.

†ALVIN PRYOR, 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.).
(Resigned 29.2.64)

†Mr. E. G. READER, L.D.S., R.D.S., (Eng.)
(from 13.7.64)

(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.

*D. B. MAY.

*J. A. SELLARS (from 19.5.64).

*S. T. AARON (resigned 31.3.64).

*P. M. D. BILLINGTON (from 11.6.64).

*J. T. BROWN.

§*J. MUNDELL (resigned 7.9.64).

*A. C. LEWIS.

†*R. G. WEBB (resigned 7.5.64).

*D. PECKHAM.

J. LUBY (Student P.H.I.)

R. M. DAVIES (Student P.H.I.)
(from 2.11.64).

Public Analyst.

C. V. REYNOLDS, PH.D., F.R.I.C.

† Duties mainly in connection with the School Health Service.

* All qualified Public Health Inspectors and Meat Inspectors.

† Smoke Certificate.

§ Diploma of the Institute of Shops Acts Administration.

Superintendent Health Visitor.

MISS C. M. WILKINSON, S.R.N., S.C.M., Q.N., 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., (Pt. 1), H.V. Cert.

MISS Y. CASELLI, S.R.N., R.F.N., S.C.M., H.V. Cert.

MISS H. E. K. CHAPMAN, S.R.N., S.C.M., (Pt. 1), H.V. Cert.

MISS M. J. COOK, S.R.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.

MISS B. M. BARNETT S.R.N., S.C.M., (Pt. 1), H.V. Cert.

(sponsored student 1963/64).

Tuberculosis Visitor.

MISS A. DAWSON, S.R.N., S.C.M., (Pt. 1), H.V. Cert., B.T.A.

Day Nursery—Matron.

MISS J. BRYAN.

(Warden (1), Nursery Assistants (4))

Organiser, Domestic Help Service.

MISS M. DAVIES, S.E.A.N.

Chiropody Service.

S. BRADLEY, M.Ch.S. (from 2.12.63)

*MISS F. M. NASH, M.Ch.S. (resigned 30.9.64).

MRS. H. J. KAY, S.R.Ch. (from 1.10.64).

Mental Health Services.

Senior Mental Welfare Officer.

W. H. A. WESTON, Dip. in Sociology (London).

Assistant Senior Medial Welfare Officer.

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

Mental Welfare Officers.

N. S. COOMBS.

E. J. LOCK.

MISS W. G. SHEARS.

Social Worker (Part-time).

MRS. L. AARON, S.R.N., S.C.M., H.V.Cert., (resigned 31.3.64).

*MRS. E. M. CAHILL, Dip. Social Administration (Nottingham) Child Care Certificate (Birmingham) (from 28.4.64).

Junior Training Centre, (Ellen Tinkham House)

Supervisor:

MRS. A. M. HORTON, Dip. N.A.M.H.

Assistants:

MISS A. E. VICKERY.

MISS J. PAPPIN.

MISS F. CROOK, Dip. N.A.M.H.

MISS E. DUVALL.

*Part-time, temporary.

Nichols Centre.

Matron : MRS. E. CAVE, S.E.N., S.C.M. (Resigned 30.9.64).

Assistant Matrons.

MISS M. W. FARROW, S.E.N., (from 1.1.64).
MRS. M. PHILLIPS (from 3.2.64) (resigned 30.11.64).

Training Centre Manager.

MR. W. E. DAVENPORT, Kew Cert. (from 1.9.64).

Women's Training Centre Supervisor.

Supervisor: MRS. E. WOOD.

Assistant: MRS. R. MARSH.

Men's Training Centre.

Assistant Instructors.

W. J. CHANNON.

W. S. DE VIELL (from 8.9.64).

J. L. MALINOWSKY (resigned 5.9.64).

G. T. WOOLWAY (from 5.10.64).

MRS. D. K. BARTLETT : *Teacher* (part-time)

MRS. S. VINER : *Dancing Instructress* (part-time).

Chief Administrative Assistant.

R. W. STILES, N.A.L.G.O. Cert.

Administrative Assistant.

E. R. MCKEAN, A.C.C.S. (resigned 22.5.64).

J. W. SELVEY (from 29.6.64).

Clerical Staff.

G. H. WHITLEY (Res. 12/7/64).

E. M. GOODMAN (from 24/8/64).

G. A. GIBSON.

F. HADFIELD

(to Hospital Service 30/11/64).

Mrs. M. M. PAYNE.

Miss P. EVES-DOWN.

I. F. COX.

R. N. ALFORD (Res. 5/3/64).

Miss E. L. BARRINGER.

Miss L. BOND (from 13/4/64).

*Mrs. M. CASH.

Mrs. E. M. COURTENAY.

Miss D. COE.

P. COOMBES (from 17/8/64)

Res 30/12/64).

Miss P. C. B. FOSTER (Res. 14/5/64).

Miss J. A. FARRELL (from 31/8/64).

*Mrs. G. GADSBY (from 21/4/64).

*Mrs. M. J. GRIGG (Res. 20/3/64).

Mrs. S. K. GRIGG.

Mrs. M. HOOKWAY (from 8/6/64).

Miss E. M. HOSEGROVE.

D. G. HUIH (from 5/10/64).

Mrs. M. M. McGETTIGAN (Res.
30/8/64).

Mrs. D. MAUNDER.

Miss M. E. NOEL.

Mrs. G. NOWELL (from 12/10/64).

Mrs. C. MARTIN.

*Mrs. P. PEARSE (from 28/5/64).

Miss S. POWELL (from 10/2/64).

R. G. PHILLIPS (Res. 14/2/64).

Mrs. C. I. PIM.

Miss D. PURCHASE (Res. 2/10/64).

Mrs. P. SMITH (Res. 6/4/64)

F. J. WEDLAKE (Res. 2/8/64).

A. P. M. YOUNG.

*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.N., also

Non-Medical Supervisor of Midwives. (Ret. 30.10.64).

Miss P. M. WHITE, S.R.N., S.C.M., Q.N., M.T.D. also

Non-Medical Supervisor of Midwives (from 1.11.64).

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 F. G. STYRING. (from 10.4.64).

GENERAL STATISTICS

Area in acres	9,137
Population (1961 Census)	80,321
Population (Estimated Civilian) Mid-year 1964	81,810
Rateable Value (as at 1/4/65)	£4,590,369
Sum represented by a penny Rate (Estimate 1/4/65)	£18,800

VITAL STATISTICS

Population (1964, mid-year estimate, Registrar General) 81,810

	RATES	
	<i>Exeter.</i>	<i>England and Wales.</i>
	1964	1964†
Live Births, 1,275.		
Legitimate, total 1,163 ; male 599, female 573.		
Illegitimate, total 112 ; male 47, female 65.		
Live Birth Rate (Crude) per 1,000 population	15.6	18.4
Live Birth Rate (Adjusted) per 1,000 population	15.4*	
Illegitimate Live Births per cent of total live births	8.8	
Stillbirths, 21		
Stillbirth Rate per 1,000 total (live and still) births.	16.2	16.4
Total Live and Stillbirths, 1,296.		
Infant Deaths, 16		
(Legitimate 14 : 13 males, 1 female,		
(Illegitimate 2 : 1 male, 1 female).		
Infant Mortality Rate (Deaths of infants under 1 year, per 1,000 live births)	12.5	20.0
(Legitimate 14.2 ; Illegitimate 8.8).		
Neonatal Deaths (deaths of infants under four weeks) 15		
(Legitimate 13 males ; 1 female		
(Illegitimate 1 female)		
Neonatal Mortality Rate per 1,000 total live births	11.7	13.8
Early neonatal deaths, (deaths of infants under 1 week of age) 12.		
Perinatal Mortality Rate (Stillbirths and deaths of infants under one week) per 1,000 total births (live and still)	25.5	28.2
Maternal Deaths (including abortion)	1	
Maternal Mortality rate per 1,000 total births (live and stillbirths)	0.77	
Deaths : 1,008, (male 501, female 507)		
Death Rate (crude) per 1,000 population	12.3	11.3
Death Rate (adjusted) per 1,000 population	10.5*	
Tuberculosis Mortality Rate per 1,000 population	0.11	
(Pulmonary (5 males, 3 females))		
(Non-Pulmonary (1 female))		
Deaths from Measles (all ages)	Nil.	
Deaths from Whooping Cough (all ages)	Nil.	
Deaths from Gastro-enteritis (all ages)	Nil.	
Deaths from Diphtheria (all ages)	Nil.	
Marriages : 640		
(Persons marrying per 1,000 population)	15.6	15.1

* Adjusted by the use of the Registrar General's comparability factors to allow for the effect of the age and sex constitution of the local population, in contrast to that in the population of the country. (0.85 for death rate, 0.99 for birth rate).

† Provisional figures (Registrar General's Quarterly Returns from England and Wales No. 465 (1965)).

VITAL STATISTICS — 1896-1964

Year	Estimated Mid-Year Population	Live Births	Birth Rate ("adjusted" since 1954)	Deaths	Death Rate "adjusted" from 1924)	Stillbirths	Stillbirth Rate	Infant Deaths	Infant Death Rate per 1,000 Live Births	Neo-natal Deaths No. Rate	Maternal Deaths No. Rate
1896	38,000	975	25.7	708	17.2			160	164		
1897	38,000	906	23.8	751	18.3			145	161		
1898	38,000	868	22.8	647	15.6			154	178		
1899	38,000	843	22.2	772	19.1			146	173		
1900	(a) 47,650	831	21.9	731	18.0			114	138		
1901	47,000	1,084	23.1	830	16.4			164	152		
1902	47,185	1,091	21.3	834	16.5			141	131		
1903	47,185	1,071	22.6	775	15.3			170	167		
1904	47,600	1,115	23.4	828	17.4			141	131		
1905	47,800	1,060	22.4	723	15.5			185	166		
1906	48,000	1,036	21.7	708	14.7			132	122		
1907	48,200	1,057	21.9	823	17.0			134	127		
1908	48,200	1,131	23.4	804	16.6			142	134		
1909	48,500	1,115	23.0	762	15.7			143	126		
1910	48,700	1,003	20.6	746	13.0			113	101		
1911	48,700	976	19.8	797	15.0			97	97		
1912	48,700	1,010	20.6	753	13.0			120	124		
1913	49,000	956	19.4	847	14.0			96	95		
1914	(b) 60,317	1,193	19.7	900	13.0			95	100		
1915			18.0		14.0			101	85		
1916	Not Published	Not Published	17.0	Not Published	15.0				87		
1917			15.0		15.0			Not Published	87		
1918			15.0		16.0				78		
1919	61,475	1,531	15.0	807	12.0				61		
1920	62,332	1,400	22.4	739	11.0			71	79		
1921	59,500	1,061	19.0	765	12.0			94	67		
1922	59,700	1,015	17.0	871	13.0	34	57	108	96		
1923	60,260	1,021	17.0	733	11.0	58	56	70	67		
1924	60,160	1,010	17.0	779	12.0	55	56	62	61		
1925	60,410	1,101	16.0	872	11.0	44	52	60	59		
1926	60,990	1,006	16.0	792	11.0	41	52	73	74	31 28	5 4.8
1927	61,220	1,083	16.0	752	10.0	42	59	69	68	28 28	3 2.8
1928	62,030	956	15.0	773	10.0	48	61	57	60	28 26	6 5.1
1929	61,880	1,141	16.0	863	12.0	41	52	66	69	23 24	4 3.9
1930	61,880	944	15.0	759	10.0	36	38	52	53	25 23	3 3.1
1931	64,780	934	14.0	862	10.8	45	46	47	50	21 22	5 4.2
1932	66,200	950	14.0	798	9.8	42	44	53	57	30 32	Nil Nil
1933	67,300	940	13.9	885	10.7	36	38	51	54	35 37	3 3.0
1934	67,800	1,021	15.0	785	10.0	42	39	45	48	23 24	3 3.1
1935	68,300	982	14.3	815	10.3	41	40	57	56	27 26	3 2.8
1936	68,650	915	13.3	890	11.3	42	44	33	34	25 25	1 0.9
1937	69,240	980	14.1	885	11.1	41	40	57	62	29 32	2 2.1
1938	69,160	1,010	14.6	888	11.1	48	45	55	56	34 35	1 0.9
1939	69,890	936	13.4	908	11.1	37	38	57	56	32 32	1 0.9
1940	(c) 73,830	1,012	13.7	1,083	13.3	37	35	40	42	24 26	3 3.1
	(d) 79,460							41	40	26 26	2 1.8
1941	(d) 81,430	1,027	12.8	Not Published	13.4	35	32.9	79	68	42 41	5 4.1
1942	73,800	1,065	14.4		15.8	31	29.2	63	50	32 30	3 2.7
1943	68,520	1,051	14.3		13.4	35	32.2	51	49	35 33	3 2.8
1944	68,180	1,334	19.6		13.7	36	26.3	59	44	32 24	8 5.8
1945	69,070	1,246	18.1		13.8	29	23.3	70	56	33 27	4 3.1
1946	72,910	1,444	19.8	930	12.7	42	28.3	70	49	45 31	4 2.7
1947	74,160	1,428	19.2	994	13.4	34	23.2	82	57	47 33	4 2.7
1948	75,150	1,316	17.5	807	10.7	42	30.9	24	18	15 11	2 1.5
1949	76,590	1,192	15.6	993	11.7	31	25.3	30	25	25 21	1 0.8
1950	77,260	1,130	14.6	938	10.9	22	19.1	36	32	28 25	1 0.8
1951	76,200	1,098	14.4	1,060	12.5	33	29.1	33	30	24 23	0 0
1952	76,600	1,101	14.4	922	10.8	27	23.9	24	22	18 16	1 0.9
1953	76,700	1,152	15.0	1,016	11.8	20	17.0	48	42	36 31	0 0
1954	76,900	1,102	14.5	990	11.1	41	35.0	29	26	17 15	0 0
1955	77,100	1,115	14.6	956	10.6	26	22.8	19	17	12 11	1 0.9
1956	77,000	1,080	14.2	1,021	11.9	20	18.2	32	30	22 20	0 0
1957	76,900	1,171	15.2	913	10.4	24	20.1	21	18	19 16	0 0
1958	76,900	1,163	15.3	1,046	11.8	23	19.4	20	17	18 15	1 0.8
1959	77,400	1,133	14.7	1,029	11.1	35	29.9	18	15.8	18 12.3	2 1.7
1960	77,450	1,162	15.2	1,001	11.0	22	18.6	17	14.6	13 11.2	0 0
1961	78,570	1,206	15.5	1,031	10.9	28	22.7	29	24.0	24 19.9	2 1.6
1962	78,950	1,221	15.6	1,027	10.9	27	21.6	25	20.5	18 14.7	1 0.8
1963	79,690	1,324	16.4	1,112	11.9	18	13.4	21	15.9	13 9.8	0 0
1964	81,810	1,275	15.4	1,008	10.5	21	16.2	16	12.5	15 11.7	1 0.8

(This table was compiled by Mr. R. W. Stiles, Chief Administrative Assistant in the Health Department.)

- (a) St. Thomas incorporated within City Boundary.
 (b) Heavittree Urban District incorporated within City Boundary.
 (c) Extension of Boundary.
 (d) War-time—Evacuees included.

Date	Particulars	Debit	Credit	Balance
1880	To Balance			100.00
1881	By Balance			100.00
1882	To Balance			100.00
1883	By Balance			100.00
1884	To Balance			100.00
1885	By Balance			100.00
1886	To Balance			100.00
1887	By Balance			100.00
1888	To Balance			100.00
1889	By Balance			100.00
1890	To Balance			100.00
1891	By Balance			100.00
1892	To Balance			100.00
1893	By Balance			100.00
1894	To Balance			100.00
1895	By Balance			100.00

Table I.

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

Year	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Exeter	77,100	77,000	76,900	76,900	77,400	77,450	78,570	78,950	79,690	81,810

The Registrar General's estimate of population has been used throughout this report. The Census 1961, shewed Exeter's population then to be 80,321.

The natural increase (excess of live births over deaths) during 1964 was 267.

EMPLOYMENT

The principal occupations in the City are in the distributive trades, engineering, clothing, hotel and catering, and building trades, civil engineering and in administrative.

Miss I. E. Priaulx, Manager of the Exeter Employment Exchange tells me that :—

Unemployment. “ Fortunately the severe weather of early 1963 was not repeated in 1964 and the peak figure—1.9%—was approximately what has come to be expected in the City during the winter.

“ With virtually no redundancies occurring during the year, unemployment followed the usual seasonal fall in the spring and summer—the rate hovered between 1.2 and 1.3% during the three months June to August—and then rose gradually from September onwards, reaching 1.8% in December, which was the same as in December 1963.

Employment. “ The demand for skilled workers and men capable of hard manual work was continuous throughout the year and, had they been available, the number of people placed in work—just over 4,000 men and women—would have been much higher. Unfortunately, it was not so easy to help disabled or older persons, many of whom have been idle for a long time.

“ The estimated working population in the city varied little from the previous year, but the rise of over 5,000 in the number of workers employed in the service industries over the past 10 years indicates the City's increasing importance as an administrative and commercial centre for the “ Toe of England ” once again ”.

BIRTHS

Notifications.

The birth notifications shewed that 2,362 live births and 49 stillbirths occurred in the City in 1964. All notifications except two were made by midwives. The birth of one baby, which died within a few minutes of birth, was not in fact notified formally, but is included in these figures.

Table II.

NOTIFICATIONS OF BIRTHS

PLACE OF BIRTH	EXETER RESIDENTS		EXETER NON RESIDENTS		TOTAL	
	Live births	Still births	Live births	Still births	Live births	Still births
Domiciliary	278	3	7	—	285	3
Hospitals	967	18	1,013	28	1,980	46
Mother and Baby Homes	3	—	73	—	76	—
H.M. Borstal Institution	2	—	19	—	21	—
TOTALS	1,250	21	1,112	28	2,362	49

“Transfers-in” (by other authorities) :

Domiciliary	1	} 4—all live births.
Hospitals	—	
Nursing Homes	3	

Additionally, we know (from the Registrar General's inward transfers) of 17 births to Exeter mothers who were confined elsewhere than in Exeter and which were not “transferred-in” by notification :

Domiciliary	5	} 17—all live births.
Hospitals	7	
Nursing Homes	5	

Thus we know of 1,292 births (including 21 stillbirths) to EXETER mothers, 21 of whom were confined elsewhere than in the City : 287 (22%) took place at home and 1,005 (78%) in hospitals, nursing homes, etc. Among the 1,292 births notified, there were 28 sets of twins.

Birth Rate.

The Registrar General's return to us for the purposes of this annual report gives the number of births in 1964 as 1,296 (including 21 stillbirths).

Contrary to the national experience, which still shows a rising birth rate, the Exeter live birth rate was down to 15.6 reversing here the trend in recent years. The number of still births was slightly greater than in 1963 and the neonatal deaths were slightly up too, but there was a most striking reduction in the deaths between 1 month and 12 months of age, only one such death being registered. Thus, the infant death rate was the lowest yet recorded in Exeter; the perinatal death rate (stillbirths plus deaths under seven days per 1,000 live and still births) though happily still very low, was slightly higher than in 1963.

CONGENITAL MALFORMATIONS—1964

The monthly notification to the Registrar General of the number of Exeter babies born with congenital malformations recognisable at birth or soon after began in January, 1964. During the year 21 such cases were notified.

(See also Appendix I, II & III)

Table III.

LIVE BIRTH RATE

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

Year	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Live Birth Rate : England and Wales	15.0	15.7	16.1	16.4	16.5	17.1	17.4	18.0	18.2*	18.4**
Live Birth Rate : (crude)	14.5	14.0	15.2	15.1	14.6	15.0	15.3	15.5	16.5*	15.6
Exeter : (corrected)†	14.6	14.1	15.4	15.3	14.7	15.2	15.5	15.6	16.4	15.4
Illegiti. as percentage of total live births : Exeter	6.2	4.3	4.8	5.4	5.5	5.3	6.7	7.9	6.9	8.8
England and Wales*....	4.7	4.8	4.8	4.9	5.1	5.4	6.0	7.0	6.9	N.A.

*R.G.'s *Statistical Review of England and Wales for the Year 1963*. (Part I).

†Corrected by the R. G.'s comparability factor (0.99 in 1964).

N.A.—Not Available.

**Provisional.

Table IV.

DISTRIBUTION OF DEATHS BY AGE AND CAUSE.

REGISTRAR GENERAL'S FIGURES 1964.

	Under 4 weeks		4 weeks & under 1 year		1—		5—		15—		25—		35—		45—		55—		65—		75 and Over		Total	Grand Total	1963 Totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
1 Tuberculosis, respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	2	1	5	3	8
2 Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
3 Syphilitic disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
4 Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5 Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6 Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7 Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8 Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9 Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10 Malignant neoplasm, stomach	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11 Malignant neoplasm, lung, bronchus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12 Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13 Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14 Other malignant and lymphatic neoplasms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15 Leukaemia, aleukaemia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16 Diabetes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17 Vascular lesions of nervous system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18 Coronary disease, angina	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19 Hypertension with heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20 Other heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21 Other circulatory disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22 Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
23 Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24 Bronchitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25 Other diseases of respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
26 Ulcer of stomach and duodenum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
27 Gastritis, enteritis and diarrhoea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
28 Nephritis and nephrosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
29 Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30 Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31 Congenital malformations	3	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
32 Other defined and ill-defined diseases	8	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
33 Motor vehicle accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
34 All other accidents	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35 Suicide	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
36 Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	13	2	1	—	1	1	3	—	8	2	3	5	12	11	24	19	109	56	139	120	188	291	501	507	1112

Total 1963 Totals 1112

ACCIDENTAL DEATHS

MOTOR VEHICLE ACCIDENTS

The Registrar General ascribed 14 deaths (10 males and 4 females) to motor vehicle accidents. We can only trace 12 (10 males and 2 females), including four young men who were killed in a car crash which involved two other deaths, not of Exeter residents, in another car ; a pedal cyclist (male, 14 years) killed colliding with a lorry ; a woman (81 years) who stepped off the pavement and was killed by a car ; and a girl of 16, a pillion rider, who was killed in a car collision.

It should be noted that the Registrar General sometimes has further information about deaths, after the certification, and not necessarily available to us.

OTHER ACCIDENTAL DEATHS.

The Registrar General ascribed 16 Exeter deaths (3 males and 13 females) in 1964 to accidents other than motor vehicle accidents. Our classification of deaths, however, shows 17 deaths (3 males and 14 females) from these causes, viz :—

By drowning (1 male 19 years) ; by falls 13 (1 male and 12 females—all over 75 years of age) ; road accident (knocked down by a pedal cyclist, 1 female aged 77) ; from carbon monoxide poisoning (1 female aged 62) ; from asphyxia (smothered by bedding) 1 (child, 19 days).

SUICIDES

There were 12 suicides in Exeter residents (7 males and 5 females). The age grouping of suicides in Exeter residents during the past 10 years is shown below (Registrar General's returns).

Year.	Age and Sex Distribution												Total		
	5—14		15—24		25—44		45—64		65—74		75 and over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1955	—	—	—	1	1	—	2	4	4	1	—	1	7	7	14
1956	—	—	1	—	2	—	—	1	—	1	—	—	3	2	5
1957	—	—	—	—	2	—	3	6	1	1	—	1	6	8	14
1958	—	—	1	—	1	2	1	3	3	—	—	1	6	6	12
1959	—	—	—	—	—	1	1	1	—	—	1	2	2	4	6
1960	1	—	1	—	2	1	1	1	1	—	1	—	7	2	9
1961	—	—	—	—	2	1	1	—	1	1	—	1	4	3	7
1962	—	—	—	—	1	1	4	5	3	2	1	—	9	8	17
1963	—	—	1	—	2	2	5	4	—	1	1	1	9	8	17
1964	—	—	1	—	—	—	1	2	2	2	3	1	7	5	12
Total	1	—	5	1	13	8	19	27	15	9	7	8	60	53	113

Table V.

DEATH RATE

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

Year	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
England and Wales	11.7	11.7	11.5	11.7	11.6	11.5	12.0	11.9	12.2	11.5†
Exeter										
Crude	12.4	13.3	11.8	13.6	13.3	12.9	13.1	13.0	14.0	12.3
Adjusted*	10.6	11.9	10.4	11.8	11.1	11.0	10.9	10.9	11.9	10.5

*Adjusted 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 VI.

DEATHS BY SEX, AND CERTAIN AGE GROUPS.

DEATHS AT:	1964			1963			1962		
	Total	Males	Females	Total	Males	Females	Total	Males	Females
0—14	21	18	3	26	12	14	38	18	20
15—64	249	156	93	266	157	109	252	145	107
65 and over	738	327	411	820	339	481	737	343	394
	1,008	501	507	1,112	508	604	1,027	506	521

DEATHS AT ALL AGES.

CAUSE :	1964	1963	1962
Infective	85	99	79
Cancer	204	188	202
Degenerative	548	571	533
Others	171	254	213
TOTAL	1,008	1,112	1,027

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.

DEATHS IN HOSPITALS AND NURSING HOMES

508 or 51% of all the deaths in Exeter residents occurred in hospitals and nursing homes.

MORTALITY IN CHILD-BEARING AND INFANCY.

The following composite table gives useful information regarding child-bearing and infancy for the past 24 years :—

Table VII.

MORTALITY IN CHILD-BEARING AND INFANCY IN EXETER 1941 — 1964.

Year	Maternal Deaths	Maternal Mortality Rate	Registered		Live Birth Rate (adjusted)	Stillbirths Rate per 1,000 Live and Stillbirths	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								
1941	5	4.1	1,027	35	12.8	32.9	42	37	68.0	77	73	62
1942	3	2.7	1,065	31	14.4	29.2	32	21	49.8	63	57	60
1943	3	2.8	1,051	35	15.3	32.2	35	16	48.5	70	64	58
1944	8	5.8	1,334	36	19.5	26.3	32	27	44.2	63	46	53
1945	4	3.1	1,246	29	18.0	23.3	33	37	56.2	66	52	52
1946	4	2.7	1,444	42	19.8	28.3	45	25	48.5	67	45	48
1947	4	2.7	1,428	34	19.2	23.2	47	35	57.4	81	55	48
1948	2	1.5	1,316	42	17.5	30.9	15	9	18.2	57	42	46
1949	1	0.8	1,192	31	15.6	25.3	25	5	25.2	56	46	47
1950	1	0.9	1,130	22	14.6	19.1	28	8	31.8	50	43	44
1951	—	—	1,098	33	14.4	29.1	24	9	30.0	57	50	45
1952	1	0.9	1,101	27	14.4	23.9	18	6	21.8	45	40	46
1953	—	—	1,152	20	15.0	17.0	36	12	41.6	56	48	
1954	—	—	1,102	41	14.5	35.0	17	12	26.3	58	51	
1955	1	0.9	1,115	26	14.6	22.8	12	7	17.0	38	36*	
1956	—	—	1,021	20	14.2	18.2	22	10	29.6	42	36	
1957	—	—	1,171	24	15.2	20.1	19	2	17.9	36	34	36
1958	1	0.8	1,163	23	15.3	19.4	18	2	17.2	38	32	34
1959	2	1.7	1,133	35	14.7	29.8	14	4	15.5	48	40	35
1960	—	—	1,162	22	15.2	18.6	13	4	14.6	34	29	35
1961	2	1.6	1,206	28	15.5	22.7	24	5	24.0	52	39	33
1962	1	0.8	1,221	27	15.6	21.6	18	7	20.5	45	34	30
1963	—	—	1,324	18	16.5	13.4	13	8	15.9	31	23	
1964	1	0.8	1,275	21	15.4	16.2	15	1	12.5	36	25	

*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 MORTALITY

One mother, aged 44, died when twenty-eight weeks pregnant (second pregnancy, after a long interval) from pulmonary embolism, secondary to deep vein thrombosis.

LOSS OF CHILD LIFE.

(Much of the information in this Section 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, 1964

There were 16 infant deaths in 1964. The rate (12.5 per 1,000 live births) is the lowest recorded in Exeter. All but one of the deaths occurred in the first four weeks after birth. The rate for England and Wales (provisional figure) was 20.0.

A. NEONATAL DEATHS (i.e. under 4 weeks).

15 of the infant deaths occurred in the neonatal period (i.e. the first 4 weeks of life), including 10 on the 1st day and 2 others in the 1st week.

Causes of Deaths :

	1st wk. Deaths	1-4 wks. Deaths	P.M. exam. made
Congenital abnormality	1	2	1
Prematurity	6	—	5
Birth injury	1	—	1
Respiratory	3	—	3
Inattention at birth	1	—	1
Accidental	—	1	1
Totals	12	3	12

11 of these were low weight babies. All 3 respiratory cases were due to hyaline membrane (a disease of the lung).

B. DEATHS IN CHILDREN AGED 4 WEEKS TO 1 YEAR.

There was one only in this group—a child of low birth weight with a heart malformation who died aged 7 weeks.

The overall picture of causes of the 16 deaths is :—

Prematurity	6
Congenital abnormality	4
Respiratory	3
Birth injury	1
Inattention at Birth	1
Accidental at 19 days	1
	<hr/> 16 <hr/>

The death due to inattention at birth was in a baby born at home to a mother who stated she was not aware she was pregnant : the baby weighed 5 lbs.: the baby was dead on the arrival of the doctor and a post-mortem examination shewed the cause as aspiration of vomit causing asphyxia (coroner's inquiry). The accidental death was due to asphyxia due to compression of mouth and nose by bedding in a cot (coroner's inquiry—death due to misadventure) : the baby was not premature.

INFANTILE MORTALITY

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

Year	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
England and Wales	24.9	23.8	23.0	22.5	22.0	21.9	21.6	21.4	20.9	20.0
Exeter	17.0	29.6	17.9	17.2	15.5	14.6	24.0	20.5	15.9	12.5

ABORTIONS

62 cases of abortion were treated in the Royal Devon & Exeter Hospital and 69 at home. 17 of the mothers have been treated both at home and in hospital (included in both figures). We do not know of any other cases. Recent experience is shown below:—

Year	In hospital	At home	Mothers included in both figures
1964	62	69	17
1963	58	42	9
1962	74	55	12
1961	71	49	17
1960	84	59	18

Table VIII.
INFANT DEATHS IN 1964

CAUSES OF DEATH	Total	NEONATAL				1st YEAR		Male	Female	Legitimate	Illegitimate	Post mortem Exams.	Prematurity	Complicated Pregnancy	Complicated Labour	PLACE IN FAMILY						
		Under 1 day	1—28 days	1—3 months	3—12 months	1	2									3	4	5	6	7		
Congenital abnormality	4	1	2	1	—	4	—	3	1	1	1	2	3	2	1	1	1	1	—	—	1	
Prematurity	6	5	1	—	—	6	—	6	—	6	—	5	6	4	1	1	1	2	—	—	1	
Birth injury	1	1	—	—	—	1	—	1	—	1	—	1	—	1	—	—	1	—	—	—	—	
Respiratory	3	2	1	—	—	3	—	3	—	3	—	3	2	1	1	2	—	—	1	—	—	
Inattention at birth	1	1	—	—	—	—	1	—	1	—	1	1	1	—	1	—	—	1	—	—	—	
Accidental	1	—	1	—	—	1	—	1	—	1	—	1	—	—	—	1	—	—	—	—	—	
TOTALS	16	10	5	1	—	15	1	16	1	14	2	13	12	8	4	5	3	4	1	—	1	2
		16				16			16			16			16							

STILLBIRTHS, 1964

There were 21 stillbirths in 1964 giving a stillbirth rate of 16.2 per 1,000 total births registered in the year—a moderate increase on the figure for the year before. The rate for England and Wales in 1964 was 16.3 (provisional).

PREMATURE (OR LOW-WEIGHT) STILLBIRTHS

11 of the stillborn babies were of low weight and 4 of them died before the onset of labour. Post mortem examinations were carried out in 8 of the 11 cases. Congenital abnormalities were responsible for 2 of the deaths :—one, anencephalic with complete spina bifida (weight 2 lbs. 6 ozs.) and the other, hydrocephalus with spina bifida and horseshoe kidney (weight 4 lbs. 2 ozs.). There were 2 other very small ones weighing 2 lbs. and 2 lbs. 4 ozs. There were complications of pregnancy in 3 cases out of the 11.

Causes : maternal toxæmia 1 ; congenital abnormality 2 ; ante partum hæmorrhage 2 ; ruptured uterus 1 ; not known 5.

FULL-TERM STILLBIRTHS

The weights of the 10 full term stillbirths ranged from 6 lbs. 3 ozs. to 9 lbs. 10 ozs. Post mortem examinations were carried out in 8 of the 10 cases. Pregnancy was complicated in 3 cases. 3 died before the onset of labour. Congenital abnormalities caused 2 of the deaths, viz : an anencephalic foetus, and one hydrocephalic.

Causes : rhesus incompatibility 1 ; ante partum hæmorrhage 2 ; congenital abnormality 2 ; birth injury 1 ; meconium insufflation 1 ; not known 3.

The overall picture is :

Total stillbirths	21	Post-mortems made	16
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Causes :

Rhesus incompatibility	1	Toxaemia	1
Congenital abnormality		4	Birth injury	1
Ante-partum hæmorrhage		4	Meconium insufflation	....		1
Ruptured uterus	....	1	Not known	....	....	8

Table IX.

STILLBIRTHS, 1964

WEIGHT	Total	Male	Female	Born home	Born Mowbray Maternity Hospital	Born hospital	Complicd. pregnancy	Complicd. labour	Post mortem Exam.	Legitimate	Illegitimate	CAUSES						
												Rhesus Incomp.	A.P.H.	Toxaemia	Congenital abnorm.	Ruptured uterus	Birth injury	Meconium insufflation	Not known
2 lbs. 3 ozs. or less	1	1	—	1	—	—	1	—	—	1	—	—	—	—	—	—	—	1
Over 2 lbs. 3 ozs. up to and including 3 lbs. 4 ozs.	4	3	1	2	—	2	1	1	2	4	—	—	1	1	—	—	—	1
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.	1	—	1	—	—	1	—	1	1	1	—	—	1	—	—	—	—	—
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.	2	2	—	—	—	2	2	1	2	2	—	—	1	—	—	—	—	1
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.	3	—	3	—	1	2	2	1	3	3	—	—	—	1	—	—	—	2
Over 5 lbs. 8 ozs.	10	7	3	—	5	5	7	3	8	10	—	1	2	—	2	1	1	3
TOTALS	21	13	8	3	6	12	13	7	16	21	—	1	4	1	4	1	1	8
		21		21		21		21		21		21						

PERI-NATAL MORTALITY, 1964

Peri-natal deaths numbered 33 (21 stillbirths and 12 deaths in the first week of life) and the peri-natal mortality rate was 25.5 per 1,000 total births. The national rate is not available. The peri-natal mortality rate in Exeter in 1963 was 23.1 and in England and Wales in 1963 was 29.

The causes of the 12 first week deaths were :—

Prematurity	....	....	6	Birth injury	....	....	1
Respiratory	....	....	3	Inattention at birth	....	....	1
Congenital abnormality			1				

The causes of the 21 stillbirths have been discussed on Page 27.

Summarising, the causes of the 33 peri-natal deaths were :—

Prematurity	....	....	6	Meconium insufflation	....	....	1
Congenital abnormality			5	Respiratory	....	....	3
Antepartum haemorrhage			4	Not known (all stillbirths)	....	....	8
Ruptured uterus	....	....	1	Inattention at birth	....	....	1
Toxaemia	....	....	1	Rhesus incompatibility			1
Birth injury	....	....	2				

SOCIAL GRADING OF PREMATURE BIRTHS, STILLBIRTHS AND INFANT DEATHS, 1964

<i>Father's Social Class (R.G.)</i>				<i>Exeter Social Class Distribution per 1,000 total population (Census : 1951)</i>				
Class	I	(Professional etc. Occupations)	....	....	39	Premature Births	Still- births	Infant Deaths
„	II	(Intermediate)	....	....	160	8	1	3
„	III	(Skilled Occupations)	....	....	566	38	15	5
„	IV	(Intermediate Occupations)	....	....	112	3	1	1
„	V	(Unskilled)	....	....	123	17	3	5
Unemployed	....	....	....	....		1	1	—
Not known	....	....	....	....		7	—	—
Illegitimate	....	....	....	....		12	—	2
TOTALS				....	1,000	90	21	16

PREMATURE (LOW WEIGHT) BABIES, 1964.

101 babies weighing 5 lbs. 8 ozs. or less were born in 1964 ; 11 of these were stillborn and have been discussed on page 27 : the low weight live births (90) were 7.1% of all the live births (1275) to Exeter mothers registered during the year.

Of the 90 survivors, 12 died, 10 of them within the first week of life. Of the 78 survivors, 1 has a spinal meningocele and is severely handicapped, 1 has a cleft palate, 3 have congenital heart defects.

26 small babies were twins—a high figure—and 10 though of small weight were full-term.

On the whole Exeter seems to have had a higher than average experience of low-weight babies, though this was not so in 1962.

		1956	1957	1958	1959	1960	1961	1962	1963	1964
Low-weight Live Births as percentage of Live Births :	Exeter	8.6	8.4	6.8	8.2	7.2	6.5	5.4	7.1	7.1
	England & Wales†	7.0	7.0	6.8	6.7	6.7	6.7	6.7	6.6	N.A.
Low-weight Live and Stillbirths as percentage of total Live and Stillbirths :	Exeter	9.6	8.5	7.5	9.5	8.7	7.7	6.8	7.9	7.8
	England & Wales†	7.8	8.0	7.8	7.7	7.7	7.7	7.6	7.4	N.A.

†Figures derived from Chief Medical Officer's Report to Ministry of Health.

N.A.—Not available.

Table X.
PREMATURE LIVE AND STILLBIRTHS, 1964.

Notified Premature Stillbirths			PREMATURE LIVE BIRTHS										Believed causes of Prematurity.						
Born in Mowbray House	Born at home	Born in hospital	Weight		Survivors at end of 1964	Deaths during 1964—Age at death.				Not known	Toxaemia	A.P.H.	Twin	Full-Term, Small	Fall	Plac. insuff.	Mat. operation fibroid		
			Over	Up to and inclg.		Under 1 day	Over 1 day, under 1 week	Over 1 week, under 4 weeks	Over 4 weeks										
—	1	—	—	2 lbs. 3 ozs.	1	2	—	—	—	1	—	1	1	—	—	—	—		
—	2	2	2 lbs. 3 ozs.	3 lbs. 4 ozs.	3	4	—	—	—	2	—	2	2	—	—	—	1		
—	—	1	3 lbs. 4 ozs.	4 lbs. 6 ozs.	14	—	2	—	—	9	—	—	7	—	—	—	—		
—	—	2	4 lbs. 6 ozs.	4 lbs. 15 ozs.	21	1	—	—	—	15	1	—	4	—	1	1	—		
—	—	2	4 lbs. 15 ozs.	5 lbs. 8 ozs.	39	1	—	1	1	18	1	1	12	10	—	—	—		
1	3	7	TOTALS		78	8	2	1	1	45	2	4	26	10	1	1	1		
11			90			90													

CANCER

DEATHS.

The number of deaths in Exeter residents in 1964 certified as primarily due to cancer was 212 but in a further 18, cancer was certified as a secondary cause—i.e. contributing to death though not the main cause.

Cancer of the lung and bronchus caused death in 48 (38 men and 9 women), 45 of whom were over 55 years of age ; (the corresponding deaths for 1963 numbered 30 men ; 9 women).

Cancer of the womb caused the deaths of 9 women ; in 7 of them, with an age range at death of 41 to 76 years it was of the variety, which it is believed can be discovered at a very early and curable stage by routine " screening " (cervical cytology).

CANCER REGISTRATIONS

Mr. Reginald Vick, F.R.C.S., Director of the Regional Cancer Records Bureau has kindly sent me the table (overleaf) of registrations, during 1963, of cases of cancer in Exeter residents. The total is greater than in 1962 but less than in 1961, the difference being accounted for by the decline in registration of cancer cases in persons over 70 years of age, notably in regard to cancer of the breast, and of the digestive organs and peritoneum among women. 60% of all those who were registered were over 60 years of age and in turn half of these were over 70. The figures for 1964 are not yet available.

CERVICAL CYTOLOGY

Cancer of the womb kills 2,500 women every year. During 1964, the Council decided to modify its proposals under the National Health Service Act, Section 28 so as to allow it to establish in conjunction with the hospital authorities, a clinic at which the necessary specimens for the diagnosis in the pre-invasive stage of cancer of the womb can be obtained. The modification approved by the Minister in 1965, reads : " The Council intend, when the locally available facilities provided through the South Western Regional Hospital Board for the cytological examination of uterine cervical smears with a view to early detection of carcinoma are adequate, to make provision in clinic premises owned by them for the examination of women within such an age range as seems appropriate, for the purpose of securing the necessary specimens for cytological investigation, and to give, so far as seems desirable, publicity to the facilities made available."

The service is expected to come into effect in June 1965.

**EXETER RESIDENTS
CANCER REGISTRATIONS BY AGE, SITE AND SEX
FOR YEAR 1963**

		Under 20	20—29	30—39	40—49	50—59	60—69	70+	TOTAL 1963	TOTAL 1962
140—148 Buccal cavity & Pharynx	M	—	—	—	—	2	1	3	6	6
	F	—	—	—	—	—	—	—	—	1
150—159 Digestive organs & Peritoneum	M	—	—	—	2	8	11	15	36	35
	F	—	—	—	4	5	8	13	30	48
160—165 Respiratory system	M	—	1	1	—	12	19	9	42	29
	F	—	—	—	—	1	5	1	7	8
170 Breast	M	—	—	—	—	—	—	—	—	—
	F	—	1	3	9	11	10	5	39	42
171—181 Genito-urinary Organs	M	—	—	1	1	2	6	11	21	24
	F	—	1	1	7	5	8	11	33	36
190—191 Skin	M	—	2	1	5	3	3	5	19	15
	F	—	1	—	1	4	2	4	12	14
192—199 Other & unspecified sites	M	—	1	—	1	2	3	—	7	9
	F	1	—	—	1	—	1	2	5	11
200—205 Lymphatic & haematopoietic tissues	M	—	—	—	1	3	—	2	6	5
	F	—	—	—	—	2	3	1	6	8
TOTAL		1	7	7	32	60	80	82	269	291

PUBLIC WATER SUPPLY

During the year the public water supply was adequate in quantity and satisfactory as to purity and plumbo-solvency. No restrictions on its use were imposed.

The total number of houses in the City is 25,020. All but six premises in the City are supplied from the public water supply by mains.

Despite opposition by the City Council, with representation before a committee of both Houses of Parliament in support of their case the city was included in the area covered by the newly extended East Devon Water Board on October 1st 1964.

The City Engineer and Surveyor (Mr. J. BRIERLEY, M.I.C.E., M.I.MUN.E., M.T.P.I.), the Clerk to the East Devon Water Board (Mr. D. G. BRUCE, F.I.M.T.A., A.C.C.S.) and the Engineer to the Board (Mr. E. C. GORDON, A.M.I.C.E., A.M.I.W.E.) have kindly supplied me with notes.

All the City Engineer's records relating to the public water supply were handed over to the East Devon Water Board on the 1st October, 1964.

During the period when the City Council was still responsible for the water supply, the treatment of the water from the River Exe followed the normal sequence of (1) breakpoint chlorination of the raw water and dosage with aluminium sulphate ; (2) settlement in open tanks, capacity four million gallons ; (3) filtration by pressure filters ; (4) lime dosage for pH correction ; (5) adjustment of chlorine residual by electronic apparatus ; (6) pumping to service reservoirs. No substantial change was made in the method of treatment during the year.

On the 1st October, 1964, the rain gauge was transferred from Danes Castle to the Sewage Works at Countess Wear with no loss of measurement. The rainfall for the year 1964 was 25.61 " compared with 35.94 " in 1963, and the long term average rainfall of approximately 31.0 ".

The construction of the 1 m.g. reservoir at Barley Lane to augment the existing reservoir of 0.25 m.g. which supplies the higher levels of the West of the City area, was completed during the summer and brought into use in June 1964.

Sampling of the supply on behalf of the Ministry of Housing and Local Government for the determination of radio-activity continued during 1964. The Ministry reported that the results for 1963 showed a further rise in activity from that observed in 1962 ; this was expected. The radio-activity in the Exeter supply was about double that shown in 1962, and this followed the same pattern as in the rest of the country. The increase had been caused by the relatively heavy fall-out resulting from the nuclear test explosions in 1961 and 1962 and was likely to continue in 1964, but thereafter a decrease was to be expected if no further tests were carried out. Nevertheless, the report indicated that the amount ingested from water supplies continued to be only about 5% of that contained in normal diet.

The bacteriological examinations were generally satisfactory. A sample taken from the Stoke Hill Reservoir supply at the beginning of June indicated a slight degree of contamination. The source of the contamination, if any, could not be located and the evidence of contamination was also confusing as some further

samples gave unsatisfactory results whilst other samples proved quite satisfactory. However, as a precaution the reservoir which holds 20,000 gallons was emptied, cleaned and sterilised, and all further samples proved satisfactory.

The East Devon Water Board has taken steps to increase the water available to the city and has recently promoted an Order to make immediate use of the Stoke Canon borehole with its estimated yield of 72 m.g.d. In addition the same Order provides for the taking of a further one million gallons of water per day from the river Exe when the flow at Thorverton Weir exceeds 100 m.g.p.d. The order has been duly published and the objection which was received during the period for the lodgement of objections has been disposed of by agreement. A 12" discharge pipe is now being laid from the borehole at Stoke Canon into the river Exe, and the Exe itself is to be used as an aqueduct to convey the water to the Pynes Works. Planning permission has been received for the construction of a small control house at the head of the borehole, and work on this is to commence by direct labour in the immediate future. The submersible pump for the borehole has been ordered, and it is due to be delivered at the end of May 1965, so that there is every hope of being able to bring this borehole into operation before the peak summer months of July and August.

Table XI.

PUBLIC WATER SUPPLY, 1964.

ANALYSES OF RAW AND FILTERED WATER

	RESULTS IN PARTS PER MILLION.			
	19.5.64.		5.10.64.	
	Raw	Filtered	Raw	Filtered
<i>Chemical Analysis :</i>				
Chlorine as Chlorides	13.0	16.0	17.0	21.0
Nitrogen as Nitrites	trace	—	0.012	—
Nitrogen as Nitrates	1.1	1.1	1.3	1.3
Nitrogen as Free and Saline Ammonia	0.099	0.005	0.082	0.006
Nitrogen as Albuminoid Ammonia	0.132	0.068	0.135	0.070
Total Hardness as CaCO ₃	59.0	68.0	66.0	71.0
Temporary „ „ „	47.0	49.0	51.0	53.0
Permanent „ „ „	12.0	19.0	15.0	18.0
Total Solids	106.0	118.0	124.0	145.0
Oxygen absorbed 4 hrs. @ 27°C.	0.9	0.6	0.9	0.45
Chlorine as free chlorine	—	0.12	—	0.25
Plumbo-solvency	—	—	—	—
pH	7.2	7.6	7.1	7.4
<i>Bacteriological Analysis :</i>				
Coliform Bacilli, per 100 ml.	1800+	—	1800	—
Coliform Bacilli (Type 1) per 100 ml.	1800+	—	1600	—
Microbes : 72 hrs. at 22°C per ml.	6500	2	1150	2
48 hrs. at 37°C per ml.	800	2	280	2

Table XII.

EXETER PUBLIC WATER SUPPLY.

BACTERIOLOGICAL ANALYSES OF SAMPLES TAKEN IN 1964 : EXAMINED BY PUBLIC HEALTH LABORATORY SERVICE.

		No. of Samples	Presumptive B. Coli count per 100 millilitres				
			0	1-2	3-10	11-50	50+
WATER AFTER TREATMENT.							
(a) AT TREATMENT WORKS :	PUMPING MAIN	75	70	5	—	—	—
(b) ON CONSUMERS' SUPPLY :	DANES CASTLE RESERVOIR ZONE	40	39	1	—	—	—
	BELVIDERE " "	30	29	1	—	—	—
	MARYPOLE HEAD " "	26	24	1	1	—	—
	BARLEY LANE " "	22	22	—	—	—	—
	STOKE HILL " "	21	15	5	1	—	—
	TOTAL	214	199	13	2	—	—
(c) OTHERS :—	BUILDING SITES, NEW MAINS, ETC.	82	49	5	7	13	8

In addition 49 samples of Raw River Water were examined—generally these shewed gross pollution (170 to 18000 presumptive B.Coli per 100 ml.) ; and also 36 samples of water whilst undergoing treatment for the purposes of checking the efficiency of the sterilisation process at various stages.

PUBLIC WATER SUPPLY, 1964.

PYNES WATER WORKS, EXETER.

	CHEMICALS IN PARTS PER MILLION	
	8/12/64	4/12/64
	Raw Water Sample	Final treated water
Appearance	Coloured with much suspended matter.	Bright and Clear
Turbidity	78 Silica Scale	Nil.
Colour	25 Hazen	Nil.
pH	7.3	7.95
Electric Conductivity	120	158
Chlorine as Chloride	12	15
Hardness : Total	44	62
Nitrate Nitrogen	6.3	1.8
Ammoniacal Nitrogen*	0.15	0.01
Albuminoid Nitrogen*	0.24	0.04
Taste	—	Nil.
Odour	None	Nil.
Free Carbon Dioxide	3.5	0.3
Total Solids	—	95
Alkalinity as Calcium Carbonate	35	30
Carbonate	35	30
Non-Carbonate	9	62
Nitrite Nitrogen	0.03	—
Oxygen Absorbed	6.0	—
Residual Chlorine	—	—
Metals	Total Iron 1.24 Copper —Nil. Lead—Nil.	Iron—Nil. Aluminium 0.03

*To convert to Ammonia multiply by 1.21.

PRIVATE DOMESTIC WATER SUPPLIES

There are now only 6 premises in the City which rely on springs or wells for their water supply, viz. 2 farms with attached dwellings and 3 other houses. Bacteriological tests over a number of years have indicated that the water from each source is suspect, and the users have been frequently warned to boil all water for drinking purposes.

SEWERAGE AND SEWAGE DISPOSAL

The City Engineer and Surveyor (Mr. I. BRIERLEY, M.I.C.E., M.I.MUN.E., M.T.P.I.) has kindly supplied the following information :—

MAIN DRAINAGE

Work on the second instalment of the St. Thomas Surface Water Sewerage Scheme was continued throughout 1964 and is nearing completion. During the carrying out of the contract, excavations revealed that a number of foul sewers were in a very dilapidated condition and these were renewed in Buller Road and Clinton Street. In connection with this scheme a foul sewer was provided in a part of Water Lane not previously served and at the rear of Clinton Street the leat, which from time to time had been the subject of complaints of smell nuisance, was piped.

A section of the storm water culvert, forty feet deep under the Mincinglake refuse tip was found to be in a state of collapse and work has been commenced on sleeving 225 ft. of steel pipe through the culvert, the annular space between the steel lining and the culvert to be subsequently filled with grout.

Work on the laying of the relief interceptor sewer along the Canal Bank from the By-Pass to the Sewage Disposal Works was completed and it is anticipated that tenders will shortly be invited for the construction of the remainder of the interceptor sewer from Belle Isle to the By-Pass, and for the construction of a Pumping Station at Tan Lane to deliver the St. Thomas District foul sewage to the new interceptor sewer.

SEWAGE DISPOSAL

Following the commissioning of Sludge Vessel " S.W.2 " in 1963, the sludge loading facilities have been completed and the sludge is now disposed of in the open sea.

The design of heated sludge digesters has been completed and it is hoped to commence work on the heated sludge digesters in the near future.

SEWERAGE.

Due to the dilapidated condition and to various collapses, portions of foul sewers in Southernhay East, Prince of Wales Road, Regent Square, Union Road and Topsham Road were re-laid with stoneware pipes.

In Belmont Pleasure Ground a complaint of subsidence revealed upon investigation a collapsed brick barrel sewer. The affected portion was re-laid.

Following a report of sewage flowing over the footpath at Cowick Lane an excavation was taken out and the brick barrel sewer was found to have collapsed, and further examination revealed that the sewer was connected to an old cesspit. The sewer was reconnected to the adjacent foul sewer and the cesspit was filled in.

After a complaint being received of sewage overflowing at No. 35 Fore Street, Heavitree, once again the fault was traced to a defective brick barrel sewer and a considerable length of this was cut out and re-laid with glazed stoneware pipes.

PUBLIC CONVENIENCES

A new public convenience has been constructed at Blackboy Road adjacent to the roundabout with Sidwell Street, replacing the old conveniences demolished for the road improvements. The opportunity was taken to double, approximately, the accommodation for both sexes in the new structure.

Extensive accommodation for the public has also been incorporated in the construction of the new Bus and Coach Station at Paris Street.

The accommodation for men at the Buddle Lane convenience has now been completely modernised.

For users of the Topsham Quay men's convenience, and for Council personnel employed on loading and discharging cargo ships moored at the City Council Quay, a men's room has been constructed.

SWIMMING BATHS

There is one public swimming bath owned by the Council, one hydrotherapy pool at the Orthopaedic Hospital and 8 pools in schools and colleges provided mainly by the co-operation of the Education Authority and Parent/Teacher Associations. Discussion is going on about the need for another public swimming bath.

The bacteriological reports on 26 of the 27 samples taken from the school, college and hospital pools were satisfactory.

12 samples were taken from the Corporation swimming baths, of these 10 were bacteriologically satisfactory and the other two not quite up to standard.

There was a short period when the water treatment was not entirely satisfactory, mainly as regards the chemical balance in the water.

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.)

PART I

GENERAL COMMENT

STAFF

The work of the department was very adversely affected by staff changes and shortages in both the inspectorial and clerical sections.

Among the inspectors, Mr. A. Aaron left in March, Mr. R. Webb in June, and Mr. J. Mundell in July. Also there was a complete turnover among the clerical workers, Mr. Whitley, Mrs. McGettigan, and Mr. Alford all leaving during the year.

Messrs. J. Sellars and P. Billington joined the staff of inspectors in June and July respectively, but because the establishment was increased by one to meet our additional responsibilities, there were still two vacancies at the end of the year.

An additional pupil inspector—Mr. R. Davies—was appointed in November.

The upheaval among the staff provided difficulties enough, but the position was aggravated by the opening of the new abattoir, because it became necessary to deploy another inspector for meat inspection duties at certain periods of the day.

The shortage of inspectors has resulted in a reduction in the number of visits made during the year from 13,163 to 10,234.

HOUSING

The closure of unfit houses is now virtually completed, only 15 being dealt with during the year. However, a number of basement rooms and houses in multiple occupation remains to be considered, but as I have stated in earlier reports, the emphasis must now be placed on modernising the older houses.

The Housing Act, 1964, came into operation during the year, and Part II of the Act gives power to local authorities to require the improvement of tenanted properties in certain circumstances. Part III makes changes in the schemes of discretionary and standard grants.

The purpose of the Act is to ensure a process of urban renewal, whereby, over the next 10 years most of the 2 million or so older houses in the country which lack amenities but have a reasonable life, are provided with the five standard amenities, viz : hot water supply, fixed bath or shower, wash hand basin, an inside lavatory, and a proper food store. The 1961 census indicated that, in Exeter, there are just over 3,000 houses without baths and hot water supplies. If we assume the rate of application for improvement grants to be maintained at the present rate, it will take 30 years before they are modernised. To meet the Government proposals, about 300 houses a year should be modernised, and it is time serious consideration was given to this problem.

SMOKE ABATEMENT

SMOKE CONTROL AREAS.

The St. Thomas No. 1 area came into operation on 1.9.65 and during the year the adaptation of firegrates continued steadily, but a great deal more remains to be done. The Cowick Lane Nos. 1 and 2 orders have been submitted to the Ministry and it is intended that these should come into operation on 1.9.65 and 1.9.66 respectively. The Redhills and Exwick order is to be submitted shortly, the intended date of operation being 1.9.66.

During the year, three further orders were proposed (Stoke Hill No. 1, Pyne's Hill, and Salmon Pool Lane), all to come into operation on 1.9.67.

The following table summarises the overall situation at the end of the year.

No.	Area	Date of Operation of Order	Area (Acres)	No. of Dwellings
1	Howells & Heywood Estate	1. 1. 61.	50.0	300 (ultimately)
2	Brown's Nursery Estate	1. 1. 61.	7.0	103
3	Beacon Lane Estate	1. 7. 63.	69.3	689
4	Broadfields Estate	1. 9. 63.	32.4	300
5	Iolanthe Estate	1. 9. 63.	26.8	250/300 (ultimately)
6	Redhills No. 1	1. 9. 63.	65.5	586 (ultimately)
7	St. Thomas No. 1	1. 9. 65.	149.0	1536 (ultimately)
8	AWAITING CONFIRMATION Cowick Lane No. 1.	1. 9. 65. (Proposed)	29.0	153 (ultimately)
9	Cowick Lane No. 2	1. 9. 66. (Proposed)	170.0	568 (ultimately)
10	Redhills and Exwick	1.9.66. (Proposed)	1000.0	687 (ultimately)
11	Stoke Hill No. 1	1.9.67. (Proposed)	1492.0	1470 (ultimately)
12	Pyne's Hill	1.9.67. (Proposed)	530.0	470 (ultimately)
13	Salmon Pool Lane	1.9.67. (Proposed)	10.0	128 (ultimately)
			3631.0	6789/6839 (ultimately)

APPROVED FIXERS.

In my report for the year 1963 I emphasised the need for the establishment of courses for tradesmen engaged in the fixing of solid fuel appliances in smoke control areas. One course has been held by the Coal Utilisation Council (C.U.C.) and a second is planned.

So far, selected employees of six local builders and the gas and electricity undertakings have been trained.

DIRECT ACTING ELECTRIC SPACE HEATERS.

Section 95 of the Housing Act 1964 made various amendments to the Clean Air Act, one of which was that after 18th December we were precluded from making grants in respect of the installation of direct acting electric space heaters in smoke control areas.

A Ministry circular indicates that this was done because such fitments are generally used when demands for electricity are highest. However, grants are still payable in respect of appliances, (e.g. storage heaters), which take current for heating purposes during "off peak" periods.

The effect of this has been to increase the work of the Department, because whereas the installation of an electrical appliance presented few problems, and was quick, administratively as well as otherwise, few people have so far opted for storage heaters, but are relying on solid fuel and gas appliances, the installation of which is often more involved.

DISTRICT HEATING

While much has been done towards the reduction of smoke in the atmosphere, there is urgent need for a really intensive effort towards the reduction of the sulphurous gases discharged from chimneys. It has been found that in smoke control areas there is some reduction in the discharge of sulphur because, for a given heat output, less coal is consumed in the modern grate, but there is need for continuing research on the removal of sulphur from coal and of sulphur dioxide from the flue gases.

One way of minimising the effect of sulphur emission is to adopt systems of district heating. It has been suggested that for a development of 100 dwellings district heating is economically sound, and the advantages of burning fuel efficiently at a central plant coupled with the discharge at high level of the products of combustion are factors which should weigh heavily with planners.

As a long term project, in view of the growing scarcity of suitable sites for the tipping of household refuse, and the complaints to which such tipping gives rise, it may be advisable to consider the incineration of refuse as supplying some of the heat necessary for a district heating scheme.

FUEL SUPPLIES

When a recommendation is made to the Health Committee in respect of a smoke control area, discussions usually revolve around the supply of suitable fuels, and this note might be of interest.

More than half the gas supply of this country is obtained from the carbonisation of coal, but an increasing proportion of gas is now made from oil and oil gases.

In addition, 1964 saw the first delivery at Canvey Island of gas from the Sahara. Two tankers transported this gas in liquid form at a temperature of -285°F . and it is estimated that about 10% of this country's consumption of gas will be met in this way.

There is a probability that natural gas supplies will be increased by a pipeline from Holland and the finding of gas under the North Sea. These technological changes will ultimately result in the reduction of the supply of gas coke, but the old process of gas production by carbonisation of coal will probably continue until the existing plants become unserviceable.

The plant at Exeter is modern, and, I am informed, will probably function for many years. I am further assured that there will be ample supplies of gas coke available for all demands in the foreseeable future.

Because of the falling off in the supplies of gas coke, the Ministry now permits grants in respect of closed stoves which will burn the hard coke made at colliery ovens.

Closed stoves are more efficient than open fireplaces, but cost more, so that a large demand for such fitments would increase the cost of implementing our smoke control programme, but so far only a few people have expressed a wish to instal these stoves.

NOISE

The investigation of complaints about noise continues to take up a great deal of time, and observations often have to be made at night and during the early hours of the morning.

A sub-committee of the Health Committee met the local secretary of an engineering company, whose operations had been a source of annoyance for some years. Complaints had been received over work carried on in the company's No. 1 workshop, and while in 1955 they agreed not to start work there before 8 a.m. on Sunday mornings, a substantial problem remained, and they appeared a little dilatory in dealing with it. The meeting resulted in the company confirming that work in the No. 1 workshop would not start before 9 a.m. on Sundays and agreed that :—

1. No night work would be carried on in the workshop (night work in this context being work carried on after 10 p.m.).
2. No riveting, other than riveting carried out by the ironman hydraulic process, would be carried on.
3. Chipping, or edge-breaking, would not be carried on outside normal working hours.

The company also insulated, with a " 2 inch " layer of fibre glass, the end of the workshop nearest the houses from which the complaints arise. Only one complaint has arisen since this meeting and this arose from an outside firm coming to the premises to sandblast some ironwork prior to painting. The work lasted for a few days.

Other complaints involved the following premises :—

A MILK DEPOT.

The Company has undertaken, subject to planning permission, to alter the approach and to relay the approach road and yard ; to use plastic crates, and as an experiment, to line the floor of three of their vehicles with heavy duty rubber. Only time will tell whether or not these measures will eliminate the nuisance and reduce the number of complaints.

FRUIT AND VEGETABLE WHOLESALERS

In one case the wholesaler arranged to receive the early morning supplies at a depot outside the city and in the other, following my representation, the persons delivering the goods now do so much more quietly than before.

AN ASPHALT DEPOT

The noise from this source arose because of the increase in the number of boilers for heating the asphalt and the installation of oil fired furnaces. Following a number of experiments, a form of silencer to fit the flues was designed and this proved very successful.

MOTOR VEHICLES AND REPAIR DEPOT

Here the management has agreed to some restriction of night-work and to the extension of the exhaust pipe on the machine used to clean engines by means of steam (the manufacturers of the machine having advised against the fitting of a silencer).

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1964

This Act came into operation on 1.8.64 by which time all Offices, Shops and Railway Premises employing persons for over 21 hours per week, should have been registered. However, out of an estimated 2,000 registrations, only 800 had been received by 1.8.64. A further 200 were received later, but at the end of the year registration was only half complete. It appears that other authorities are experiencing the same difficulty, and employers in Exeter are now being reminded, albeit slowly, of their duty to register.

The purpose of the Act is to ensure that people work in satisfactory conditions and the matters covered by the Act and its attendant regulations are ventilation, lighting, sanitary conveniences, washing facilities, supplies of drinking water, accommodation for clothing, sitting and eating facilities, the guarding of dangerous machines ; the safety of floors, passages and stairs ; and first-aid. Adequate arrangements must also be made for means of escape in case of fire.

Due to staff shortages up to the end of the year, we had made only 21 inspections, but environmental conditions in the premises so far surveyed, were found to be reasonably good.

7 accidents have been reported. I considered that 5 of these required investigation, but no serious hazard was discovered, and informal advice was given to the occupiers.

MEAT INSPECTION

The new abattoir was opened at the beginning of September, and by Order of the Ministry of Agriculture, Fisheries and Food, the Slaughter House (Hygiene) Regulations were applied to the City on 1st October. The one private slaughterhouse in the City also now conforms to these regulations.

Although the abattoir is outside the City boundary an arrangement between the City Council and the St. Thomas Rural District Council places on us the responsibility for the meat inspection service there.

The change to the "line system" of slaughtering, coupled with an increase in the number of animals killed, put great pressure on the inspectors who tried not to hold up the slaughtermen working higher up the line. The position was aggravated by the congestion caused by slaughtermen and Ministry graders working in the inspection area.

Following discussions with the city architect and the management, some minor alterations were made in the layout of the line and in slaughtering procedure which solved our immediate problems.

DISINFECTING AND CLEANSING STATION

At the time of writing, the new disinfecting and cleansing station has just come into use. It provides facilities for the cleansing of persons and also for the disinfection and disinfestation of clothing etc. It is hoped that these facilities can be made available to neighbouring local authorities at a suitable charge.

It is interesting to note that the disinfecting chamber (now heated by means of a modern fully automatic oil fired boiler) was first installed in 1884. It was transferred from the old station after an examination had indicated it to be still quite sound.

RODENT CONTROL

There was a slight drop in the number of complaints about rats and mice during the year. All properties complained of were satisfactorily treated by the rodent operator who also carried out the spring and autumn programmes of sewer disinfestation.

FERAL PIGEONS

Because of complaints of the nuisance arising from these birds, further use was made of the pigeon trap. 139 pigeons were captured on two sites, but of these, 65 were found to be ringed and were returned to their owners.

Unfortunately, the largest collection of these birds is in the vicinity of the Cathedral where many people are in the habit of feeding them, and any attempt to use the trap here would probably result in an outcry.

INSPECTION OF PLANS

An important part of the work of the department is commenting upon plans for proposed new buildings and alterations to existing ones. The coming into operation of the Offices, Shops and Railway Premises Act has made this task more onerous than ever. During the year, 193 sets of plans were inspected as against 247 in 1963.

FOOD POISONING

16 cases of suspected food poisoning were investigated by the public health inspectors during the year; 9 were confirmed. This work entailed 105 visits to the houses and shops where the food concerned was prepared or cooked.

LIQUID EGG (PASTEURISATION) REGULATIONS, 1963.

There are no egg pasteurisation plants in the City and no samples were taken. Before commencing the sampling of liquid egg I have written to all suppliers firms in the City to enquire as to their source of supply with a view to phasing the sampling programme. The object of the preliminary enquiries is to ensure that, except in cases of unsatisfactory ones, duplication of sampling from the various pasteurising plants is avoided.

LOCAL LAND CHARGES

The department replied to 2,303 searches submitted to the Town Clerk under the Local Land Charges Act.

STATISTICS

General Summary.

Number of visits made during the year	....	10,243
Number of samples taken	....	303
Number of carcasses inspected	....	51,277
Total weight of foodstuffs condemned	....	68 tons

SUPERVISION OF FOOD SUPPLIES

1. *School and University Canteens, etc.*

20 inspections of school canteens and kitchens were carried out during 1964. This was less than half the inspections carried out during 1963.

2. *Market.*

6 inspections were made of the Lower Market, where fruit and vegetables etc., are sold.

3. *Registered Food Premises.*

There are 466 registrations under Section 16 of the Food and Drugs Act 1955 affecting 420 business establishments. These are made up as follows :—

Storage of bulk ice-cream	....	3
Manufacture, storage and sale of ice-cream	....	40
Storage and sale of pre-packed ice-cream	....	322
Preparation or manufacture of sausage and potted, pressed, pickled or preserved food (including Fish and Chips)	....	101
TOTAL	....	466

FOOD PREMISES GENERALLY

4. *The following food premises in the city are known to us:*

Butchers	....	....	....	....	....	75
Cooked Meats	....	....	....	....	....	23
Bakers and Confectioners	....	....	....	....	....	73
Fried Fish	....	....	....	....	....	21
Fresh Fish	....	....	....	....	....	20
General Provisions	....	....	....	....	....	161
Greengrocers	....	....	....	....	....	37
Cafes, etc. (including fish shops where meals are served).	....	....	....	....	....	70

5. *Slaughter of animals and meat inspection.*

The number of animals slaughtered and inspected at the public abattoir and private slaughterhouse, together with reasons for condemnation are set out below in the form prescribed by the 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	7,217	848	1,031	23,690	18,491
Number inspected	7,217	848	1,031	23,690	18,491
<i>Diseases except Tuberculosis and Cysticercosis.</i>					
Whole carcasses condemned	2	18	33	174	103
Carcasses of which some part or organ was condemned	3017	453	86	2,300	3,150
Percentage of No. inspected affected with disease other than tuberculosis and cysticercosis	41.3	52.9	11.5	10.1	17.5
<i>Tuberculosis only.</i>					
Whole carcasses condemned	—	3	—	—	—
Carcasses of which some part or organ was condemned	1	35	—	—	638
Percentage of No. inspected affected with tuberculosis	.0014	4.4	—	—	3.4
<i>Cysticercosis only.</i>					
Carcasses of which some part or organ was condemned	3	—	—	—	—
Carcasses submitted to treatment by refrigeration	3	—	—	—	—
Generalised and totally condemned	1	—	—	—	—

6. *Milk.*

(A) *Chemical and Bacterial Quality.*

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

(i) *Chemical Quality.*

DESIGNATION	No. of Samples.	Fat % (average)	Non-fatty Solids % (average)
Pasteurised	8	3.6	8.9
Channel Islands Pasteurised	4	4.6	9.1
Untreated Farm Bottled	3	3.7	8.9
Homogenised Pasteurised	2	3.6	8.7
Channel Islands Farm Bottled	2	4.8	9.3
Sterilised	1	4.6	9.3

(ii) *Bacterial Quality.*

DESIGNATION	No. of Samples	Samples Satis- factory	Samples Void	Comments
School Milk	4	4	—	—
Pasteurised	44	32	4	8 failures, all from Vending machines.
Channel Islands Pasteurised	8	8	—	—
Untreated (Farm Bottled)	16	14	2	—
Channel Islands Untreated (Farm Bottled)	9	9	—	—
Sterilised	4	4	—	—
Homogenised Pasteurised	3	3	—	—

(B) *Tubercle Bacilli.*

All milks on sale in the City are tested periodically for the presence of tubercle bacilli. During the year 12 samples were tested and all proved to be negative.

(c) *Brucella Abortus.*

Eight milks were investigated and specifically sampled for *Brucella Abortus*, all with negative results.

7. *Ice Cream—Cleanliness.*

38 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)	29
Grade 2. (Satisfactory)	9
Grade 3 and 4. (Unsatisfactory)	nil

SAMPLING (FOOD AND DRUGS ACTS)

During the year, 35 samples of milk and 130 samples of other foods were procured. 20 were formal and 140 informal. 6 samples were found to be below standard and details of the action is as follows :—

Pork Sausages	(Informal Samples). Two samples were found to contain preservative but this was not declared on the label, and two other samples were deficient in meat. Warning letters were sent to the producers.
Jam	(Informal Samples). Two samples were found to be deficient in soluble solids. Warning letters were sent to the producers.

8. *Shell Fish and Water Cress.*

Five samples of shellfish were obtained during the year. These were all found to be satisfactory.

No samples of water cress were taken during 1964.

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

2 visits were made during the year to ensure that the provisions of these Acts were being observed.

10. *Labelling of Food.*

We continue to examine the labels of the various commodities on sale to the public, in order to ensure that they meet the requirements of the Labelling of Food Orders, and do not make any misleading or extravagant claims.

HOUSING.

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

26 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	....	....	7
Closing Orders made	....	....	18
Demolition Orders made	....	....	—
Acquired and closed	....	....	—
Outstanding at the end of the year	....	....	1
TOTAL	....	....	26

(2) *Informal Notices.*

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

(3) *Formal Notices.*

13 houses were rendered fit during the year, following the service of formal notices ; 12 being remedied by the owners and 1 by the Council in default of the owner.

(4) *Overcrowding.*

(A)	(i)	Number of dwellings known to be overcrowded at the end of year.	7
	(ii)	Number of families dwelling therein.	7
	(iii)	Number of persons.	32
(B)		Number of new cases reported during the year.	7
(C)	(i)	Number of cases of overcrowding relieved during the year.	19
	(ii)	Number of persons concerned in such cases.	92
(D)		Particulars of any cases in which dwelling houses again become overcrowded after the Council had taken steps to abate overcrowding	Nil

ATMOSPHERIC POLLUTION

Table XIII.

Figures indicate rate of deposition in tons per sq. mile per month.

<i>Month</i>	TONS PER SQUARE MILE		
	<i>Dunsford Hill</i>	<i>Danes Castle</i>	<i>Tan Lane</i>
January	4.50	4.80	5.41
February	58.7	5.86	7.89
March	7.72	8.21	9.89
April	*	6.79	*
May	12.72	7.72	11.99
June	5.97	5.30	7.68
July	2.78	3.91	5.35
August	4.60	5.90	7.65
September	3.73	5.23	7.99
October	6.38	7.82	9.85
November	3.16	4.12	7.24
December	5.74	5.76	7.75
TOTALS	63.46	84.29	108.40

*Sample contaminated.

Table XIV.

Figures indicate degrees of smoke and sulphur dioxide pollution recorded by volumetric apparatus.

Smoke (Micrograms/cub. metre); Sulphur Dioxide (Micrograms/cub. metre).

Month	Health Department				John Stocker School			
	Smoke		S.O. ₂		Smoke		S.O. ₂	
	AV*	HD†	AV.	HD.	AV.	HD.	AV.	HD.
January	91	225	153	417	39	182	29	93
February	79	233	208	459	NA	NA	NA	NA
March	47	117	68	118	62	141	NA	NA
April	21	39	121	373	22	58	36	71
May	15	39	76	233	19	46	30	69
June	16	54	100	342	11	37	21	41
July	15	32	61	299	8	17	21	41
August	18	48	70	281	12	36	23	56
September	19	45	66	192	18	44	26	49
October	65	184	86	258	68	135	61	127
November	59	214	57	137	71	248	72	198
December	NA	NA	NA	NA	NA	NA	NA	NA

The details of the analyses in the later months are not yet available from the Warren Springs Laboratory

*AV = Average Daily.

†HD = Highest Daily.

NA = Figures not available.

RODENT CONTROL

1. Complaints.

410 complaints were received during the year involving 236 properties and these were made up as follows :

	TYPE OF PREMISES.			Total
	Business	Private	Local Authority	
Rats	5	102	50	157
Mice	13	56	10	79
TOTALS ..	18	158	60	236

2. Routine Inspections.

Farms and smallholdings	....	....	....	1
Other businesses	....	....	....	2
Private houses	....	....	....	11
Local authority land	....	....	....	65
				<u>79</u>

3. Sewer Treatment.

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

OTHER INSPECTIONS, ETC.

Bakehouses.

Number in City	....	....	....	....	20
Number of underground bakehouses in the City	....				—
Number of inspections made	....	....	....		5

Vermin, etc.

Number of Council houses disinfested	....	....			17
Number of other properties found to be infested and treated by the Department			....		25

Fertilisers and Feeding Stuffs.

Samples of fertilisers and 9 samples of feeding stuffs were procured during the year. The feeding stuffs were all found to be satisfactory but in the case of one fertiliser sample the presence of soluble and insoluble phosphoric acid was not declared in the statutory statement. A warning letter was sent to the manufacturer.

HAIRDRESSERS AND BARBERS BYELAWS

Due to staff shortages only one inspection of a hairdressing establishment was made during 1964.

Rag Flock.

No samples of rag flock taken during the year.

Common Lodging Houses.

There are two registered common lodging houses in the City and these are inspected by the public health inspectors (in all, 3 inspections in the year). Conditions were satisfactory. The accommodation provides for 73 men (39, and 34).

Refreshment Houses.

For many years we have been active in ensuring that restaurants etc., have sanitary accommodation available to the public, and the position at the end of the year was as follows :—

Number of premises, other than hotels, where food is served, and where

1.	sanitary accommodation is available for the public.	....	....	....	....	39
2.	no action has been taken towards the provision of conveniences, either because of planning proposals, availability of neighbouring conveniences, or limited table accommodation	....				15
3.	action for the provision of conveniences has been initiated	....	....	....	....	4
4.	final decision has not yet been made			....		1

HOUSING

Details regarding closures, house inspections, etc. are set out on page 00.

The City Architect (Mr. H. B. Rowe, F.R.I.B.A., A.M.I. struct., E.) has kindly given me the following information :—

During the year ended 31st December, 1964, dwellings were completed as follows :—

New Dwellings by Council	....	....	....	95
New Dwellings by private enterprise	....	....	....	580

Total dwellings provided since the war to 31st December, 1964 are :—

Council			Private Enterprise		
Temporary	Permanent	Rebuilds	New	Rebuilds	Total
430	4369	21	2808	209	7838

20 temporary bungalows have been disposed of. Further disposals are anticipated in 1965.

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

Number of applications on the waiting list	....	1724
Little or no housing need	....	550
Less than 1 year's registration	....	515
With housing need (more than 5 points)	....	659

The Housing Manager, Mr. M. H. D. Freeman, A.I.H.M., tells me that the position regarding the waiting list for Council houses was, in March, 1965, as follows :—

Waiting list today.

“ The analysis of the waiting list in December, 1964, shows there are 659 applicants with a housing need, plus 50% of the applicants waiting the expiry of the 12 months qualifying period, viz. 257, a total of 916.

Estimate of future housing need.

“ During the 5 years 1957 to 1961, well over 500 families were rehoused from slum clearance areas and unfit houses, whereas during the years 1962, 1963 and 1964, the number was very much less, and is now less than 20 a year. The Chief Public Health Inspector advises me that as far as he can foresee this will not increase during the next few years.

During the past 3 years :—

- (a) the number of applicants with housing need has reduced by approximately 6.8% per year.
- (b) the number of new properties built has averaged 80 per year.
- (c) the number of houses becoming available for re-letting has averaged 181 per year.

Estimated housing need at the end of financial year 1967/8.

“ It is expected that at the end of the financial year 1967/8 there will be about 420 families on the waiting list with a housing need, plus a further 250 families with need but waiting the qualifying period.

Housing need after 1967.

(a) " Assuming the new properties now estimated to be built during the years 1965, 1966 and 1967 are in fact built and that the 157 prefabs are demolished, the total number of Council houses at the end of the financial year 1967/8 will be about 7,600 which could produce say about 220 vacancies per year.

(b) " There would still be 301 prefabs to be demolished and our estimated 420 families with housing need on the waiting list, a total (in round figures) of 720 qualifying for rehousing.

(c) " It is a very debatable point what size waiting list should be maintained to fill 220 vacancies a year, bearing in mind that even now, applicants with 16 points and over are refusing tenancies on some of the pre-war estates and are reluctant to accept flats. Such families have a housing need, but if the letting level dropped to 10 points and under, one wonders how many of those with less housing need would be as difficult to satisfy.

(d) " No allowance has been made for a possible increasing number of ' relets ' if more Council tenants purchase private properties, or the effect higher Council rents might have on the waiting list."

Re-housing on Medical Grounds.

The table below sets out the results of consideration of the medical-social needs of applicants for housing and the recommendations made to the Housing Committee. Generally speaking, the recommendation is for the allocation of a number of additional points to those already credited to the applicant.

Occasionally, the request made by the department is an urgent one, over-riding in the circumstances the ordinary system of points allocation.

REASON REFERRED BY M.O.H.	Total recommended to Housing Committee for additional points	Rehoused	Awaiting rehousing	Deferred or not yet approved (i.e. insuf- ficient points).	Applications lapsed.	Cases recommended in previous years and rehoused in 1963.
T.B.	11	7	—	4	—	3
Statutory overcrowding	4	2	1	1	—	2
Sub-standard property	10	5	1	3	1	2
Social overcrowding conditions	26	15	—	11	—	2
Other medical social reasons	36	12	1	22	1	8
Other medical reasons	18	4	—	14	—	6
TOTALS	105	45	3	55	2	23

NOTE: In addition to the above there were 44 cases considered where no medical points were recommended.

CIVIL DEFENCE

(Ambulance and First Aid Section)

Ambulance Officer : Capt. F. G. Ireland.

The total strength of the section is now 53 but, owing to resignations, transfers, and other causes, there only remain 6 class A volunteers ; 3 in class B ; 18 in reserve ; and 26 classified as recruits.

Although 10 had enrolled during 1964 the number of volunteers in the section had only increased by one at the end of the year.

Continuing efforts have been made to encourage recruitment and attendance at classes but it appears that the interest of members can only be fully roused in one subject of the syllabus, viz. First Aid.

A full first aid course was organised at the beginning of the year, from the end of January until early in April. The course was open to volunteers from all sections and was well attended throughout. An examination was held at the end of the course and 5 members of the section passed and one was unsuccessful.

There was some progress in the training of members to enable them to take their standard and advanced tests but these classes were poorly attended. Interest flags when theoretical work replaces practice, and loss of interest is infectious. Volunteers who enrol in civil defence are not, generally speaking, willing to take simple oral and practical knowledge tests apart from tests in first aid.

An exercise was held in April at Tan Lane with members of the Devon Division and another in November with the Auxiliary Fire Service.

The exercise " Gloster Trek " was moderately well attended in June and in spite of bad weather conditions on the second day, those who went to Falfield were very pleased with themselves and the organisers.

A course of casualty faking was run by Mrs. Poulton in September and October. It was extremely interesting and useful and was fairly well attended.

The staff instructor (Rescue/Ambulance sections) Mr. P. J. Margetts, attended an Instructors' course at Falfield in October and earned a special certificate.

ACUTE INFECTIOUS DISEASES

(Exeter Residents)

No cases of diphtheria, poliomyelitis, typhoid or paratyphoid fever were notified in 1964.

FOOD POISONING

This was, apparently not very prevalent. One family outbreak (5 cases) and 4 single cases were notified. *Salmonella typhimurium* (phage types 4 and 14) was isolated from 2 of the single cases but the sources were not traced. *Salmonella abony* was isolated from the stools of a 2 year old child with diarrhoea but the source of the infection could not be traced. In the other single case *C1. Welchii* was isolated from the stools and the symptoms fitted in with this type of food poisoning—the likely source was a steak and kidney pie.

The family outbreak was symptomatically a staphylococcal food poisoning though no organism was isolated. The source was almost certainly a piece of home cooked cold gammon but unfortunately all the gammon had gone before the outbreak was notified so it was not possible to establish proof.

1. *Local Authority* : EXETER COUNTY BOROUGH. *Year* : 1964

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

<i>First Quarter.</i>	<i>Second Quarter.</i>	<i>Third Quarter.</i>	<i>Fourth Quarter.</i>	<i>Total.</i>
Nil.	6	1	2	9

(b) *Cases otherwise ascertained.*

Nil.	Nil.	Nil.	Nil.	Nil.
------	------	------	------	------

(c) *Number of symptomless excreters**

Nil.	Nil.	Nil.	2	2
------	------	------	---	---

(d) *Fatal cases.*

Nil.	Nil.	Nil.	Nil.	Nil.
------	------	------	------	------

**Symptomless excreters are not regarded as cases.*

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>Noti- fied</i>	<i>Other- wise</i>	
Agent Identified*	Nil.	Nil.	Nil.	Nil.	Nil.
Agent not Identified	1	Nil.	5	Nil.	5

4. *Single Cases.*

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

* Classified according to agents :

(a) Chemical poisons. ....	....	....	....	—
(b) Salmonella :				
Typhi-murium. ....	....	....	....	2
Abony ....	....	....	....	1
(c) Staphylococcal. ....	....	....	....	—
(d) Cl. botulinum. ....	....	....	....	—
(e) Cl. welchii. ....	....	....	....	1
				<hr/> 4 <hr/>

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>		
Nil.	Nil.	Nil.	Nil.	Nil.	Nil.

DYSENTERY

Only 13 cases of dysentery were notified including 9 cases in a residential school towards the end of the winter term. The strict preventive measures taken probably limited the outbreak.

WHOOPING COUGH

Again this year the number of cases notified was small being only 32 ; two thirds of them were under 5 years old and more than half were notified during the second quarter of the year. 10 of the children had never been immunised while 5 others had not had a booster dose within the last 5 years. Only 2 cases could be regarded as severe (one in an infant of 4 weeks old) ; neither child had been immunised.

MEASLES

In all 640 cases were notified. A small outbreak between June and September accounted for 133 cases. In early November the number of cases notified began to rise and seemed likely that a full scale outbreak would develop in the early months of 1965, as it did.

PNEUMONIA

Only 11 cases of pneumonia were notified and only 2 of these were in elderly persons. There were no deaths among the notified cases.

SCARLET FEVER

42 cases were notified during the year—all mild. They occurred fairly evenly throughout the year and there were no areas of infection.

ERYSIPELAS

Only 4 cases were notified, all mild.

PUERPERAL PYREXIA, 1964

Cases	Cause	Pathological Investigation	Confinement :	
			Home	Hospital
11	Uterine	11	2	9
8	Urinary	8	1	7
8	Breasts	4	6	2
5	Respiratory	3	—	5
2	Miscellaneous	2	—	2
10	Not known	9	1	9
44		37	10	34

There were 44 notified cases of pyrexia up to or over 100.4°F. during the puerperium in 1964; 34 occurred in hospital confinements and 10 in home confinements. The 2 miscellaneous infections were due respectively to phlebitis of the leg veins and a reaction to transfusion. One "respiratory" case, of pulmonary embolism was moved to the Royal Devon & Exeter Hospital from the maternity ward at Redhills Hospital.

Breast infections seem to be more frequent in home confinements.

OPHTHALMIA NEONATORUM 1964

22 cases of ophthalmia neonatorum—all very mild—were notified in 1964, 18 being in hospital and 4 in home confinements. Eye swabs were negative in 14 cases and positive in 8, only 1 of which shewed staphylococcus aureus. None of the cases was gonococcal in origin.

In one case admitted from a mother and baby home to the Eye Infirmary for observation and treatment, the eye swab proved sterile.

PEMPHIGUS NEONATORUM

There were no cases of pemphigus neonatorum in 1964.

LABORATORY WORK

During 1964, Dr. B. Moore, Director, Public Health Laboratory, Exeter, reported to us on 233 specimens (exclusive of sputa etc., for tuberculosis (see page 92). 159 examinations (including 17 positive) were in respect of food poisoning, dysentery and other diarrhoeal diseases, and 24 (of which 5 were positive) in respect of contacts of scarlet fever.

15 blood samples were taken from newly appointed members of staff (i.e. Water Dept.) which all proved to be satisfactory.

Dr. Stewart Smith, Area Pathologist, Royal Devon & Exeter Hospital, examined blood samples taken from expectant mothers.

Dr. Stewart Smith and Dr. Moore are invariably most helpful.

Table XV.

ACUTE INFECTIOUS DISEASE.

MONTHLY INCIDENCE OF ACUTE INFECTIOUS DISEASE NOTIFIED DURING 1964 (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	4	3	4	5	3	5	—	1	5	5	3	4	42	1
Whooping cough	2	—	2 (1)	4	12	3	2	1	2	1	2	—	31 (1)	2 (1)
Measles	4	1	2	—	6	66	40	25	3	21	147	325	640	5
Erysipelas	1	—	1	—	—	—	—	—	—	1	—	1	4	2
Meningococcal meningitis	—	—	—	—	—	—	—	—	—	—	—	— (1)	— (1)	—
Polio (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	3	1	—	2	1	—	—	—	—	—	1	3	11	1
Ophthalmia neonatorum†	1	2	2 (3)	—	1 (2)	1 (1)	1 (1)	1	1	1 (1)	—	1 (2)	12 (10)	—
Puerperal pyrexia*	1 (1)	2	1	1 (1)	2 (5)	2	5 (3)	3 (3)	—	4 (3)	2 (1)	3 (1)	26 (18)	—
Dysentery	—	—	—	—	—	1	1 (2)	—	—	—	1	8	11 (2)	—
Food poisoning	—	—	—	—	1	5	—	—	1	—	1	1	9	1
Para. typhoid B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis (not a notifiable disease)	2	2	1	—	4	3	1	—	—	—	2	—	15	7

* Only 22 in all were notified by doctors.

† Only 7 were notified by doctors.

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

Table XVI.

ACUTE INFECTIOUS DISEASE

CASES OF NOTIFIABLE ACUTE INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1964 (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	—	5	6	7	4	16	—	1	3	—	—	—	—	42	1
Whooping cough	5	4 (1)	3	6	2	10	1	—	—	—	—	—	—	31 (1)	2 (1)
Measles	18	80	74	85	89	286	6	1	1	—	—	—	—	640	5
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	4	—	4	2
Meningococcal meningitis	—	—	—	—	—	—	—	— (1)	—	—	—	—	—	— (1)	—
Polio. (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	—	—	—	—	1	—	—	3	1	2	4	—	11	1
Ophthalmia neonatorum†	12 (10)	—	—	—	—	—	—	—	—	—	—	—	—	12 (10)	—
Puerperal pyrexia*	—	—	—	—	—	—	—	2 (4)	23 (12)	1 (2)	—	—	—	26 (18)	—
Dysentery	— (1)	1	1	—	1	2	3 (1)	2	—	1	—	—	—	11 (2)	—
Food poisoning	—	1	—	—	—	2	3	1	—	2	—	—	—	9	1
Para. typhoid B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis	5	—	1	1	—	—	3	2	—	1	1	1	—	15	7
(not a notifiable disease)															

* Only 22 in all were notified by doctors.

† Only 7 were notified by doctors.

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

TABLE OF KNOWN EPILEPTICS

(As at 31-12-64)

The known incidence is 25 per 1,000 of the population. 13 new cases (9 males and 4 females) became known to the Department during the year. Details of the "location" of all the Exeter epileptic persons known to us are set out in the table below.

Age Group	Type	Total		At Home		In Special Schools		Day School		Junior Training Centre		Working		Adult Training Centre		In Hostels		In Colony		In Hospital for		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	mentally ill	sub-normals	F
0-4	Major	1	2	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Minor	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5-14	Major	12	7	—	—	—	—	12	7	—	—	—	—	—	—	—	—	—	—	—	—	—
	Minor	5	9	—	—	—	—	4	7	1	2	—	—	—	—	—	—	—	—	—	—	—
15-64	Major	23	18	9	5	—	—	2	1	—	—	10	3	1	3	—	4	—	—	—	1	2
	Minor	14	8	3	3	2	—	—	—	—	2	7	2	1	1	—	—	—	1	—	—	—
65-plus	Major	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Minor	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
TOTALS	....	58	45	16	10	2	18	15	18	1	4	17	5	2	4	—	4	—	—	1	1	2

CEREBRAL PALSY, 1964

The known incidence is just below 1 per 1,000 of the population. Details of the "location" of all the Exeter spastics known to us, are set out in the table below.

Age Groups	Sex		At Home		Day School		Day Special School		Residential School		Training Centre		Working		Training College for Handicapped Persons		Hospital for Mentally Subnormals	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Years																		
0-4	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5-14	13	8	—	1	6	2	—	—	6	1	1	3	—	—	—	—	1	—
15-64	15	7	1	3	1	—	—	—	1	—	5	1	5	1	1	1	1	1
65-plus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	29	16	2	5	7	2	—	—	7	1	6	4	5	1	1	1	1	2

CEREBRAL PALSY, 1964 (ACCORDING TO TYPE AND HANDICAP)

Type	Total		Spastic		Athetoid		*(A) Severe		Handicap *(B) Moderate		*(C) Mild		Other Disabilities	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Hemiplegia	11	4	11	4	—	—	2	—	7	3	2	1	4	2
Monoplegia	1	—	1	—	—	—	—	—	—	—	1	—	—	—
Diplegia	6	2	6	2	—	—	2	—	2	2	2	—	1	1
Paraplegia	—	3	—	3	—	—	—	1	—	2	—	—	—	2
Quadriplegia	7	6	7	6	—	1	3	5	3	1	1	—	2	2
Athetoid only	3	—	—	—	3	—	—	—	3	—	—	—	3	—
Not known	1	1	1	1	—	—	—	—	—	2	—	—	—	—
TOTALS	29	16	26	16	3	1	7	6	15	10	6	1	10	7

*(A) Handicap severe enough to completely prevent the person leading a normal life.

*(B) Handicap of such a degree as to considerably restrict the persons activity, but to allow him to move about and lead a relatively normal life.

*(C) Handicap of such a slight degree that there is little restriction to normal life.

Table XVII.
THE BLIND.
REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS DURING 1964.

	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.	3	—	6	—	—	—	13	—
(b) Treatment : (Medical, surgical or optical).	3	1	1	2	—	1	4	6
(ii) Number of cases at (i) (b) above which on follow-up action have received Treatment.	3	1	1	2	—	1	4	6

4 names were transferred from the register of partially sighted persons.
2 blind persons, included above, have died during the year, and 1 has left Exeter.
Total (Exeter residents) on the Register at end of 1964—Blind 225. Partially Sighted 39.

NATIONAL ASSISTANCE ACTS, 1948 TO 1962
REMOVAL TO SUITABLE PREMISES OF PERSONS IN
NEED OF CARE AND ATTENTION

I am happy to report that it was not found necessary to remove any person during the year against his will.

MEDICAL EXAMINATIONS MADE ON BEHALF OF
THE COUNCIL

Since May 1964, those appointed to employment with the City Council as well as those being considered for admission to the superannuation scheme have been asked to fill up a detailed questionnaire on their health. This is examined by one of our medical officers who may pass the candidate for employment or for admission to the superannuation scheme, or he may decide to call the candidate for medical examination. In some cases e.g. when the work concerned is to be with children, chest X-ray examination is required, unless a satisfactory report on such an examination within the previous twelve months is available.

From the start of this scheme in May, until the end of the year 276 questionnaires were completed and 43 persons were called for medical examination, all being passed as fit.

Since the East Devon Water Authority has taken over the city water undertaking, the Authority's Medical Officer has carried out all medical examinations of water employees.

EXAMINATIONS, ETC., RE EMPLOYMENT BY THE CITY COUNCIL.

Department	Superannuation Scheme		Employment		Absence through sickness		Others		Medical Declarations accepted		Medical Examinations following Declaration		Total Medical Examinations	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Childrens	—	3	—	—	—	—	—	—	—	3	—	—	—	—
City Architects	20	—	16	—	4	—	—	—	32	—	4	—	—	—
City Surveyors	36	—	20	—	12	—	—	—	48	—	8	—	20	—
City Treasurers	3	2	—	—	—	—	—	—	3	2	—	—	—	—
Education	8	12	4	44	—	8	—	2	10	50	2	6	16	—
Fire Brigade	5	1	—	—	—	—	—	—	7	16	—	1	6	—
Health	7	11	—	6	—	—	—	—	1	2	—	1	1	—
Housing	2	2	—	—	—	—	—	—	3	5	—	2	2	—
Libraries	3	7	—	—	—	—	—	—	—	—	—	—	—	—
Museum	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Police	—	3	—	—	—	—	—	—	—	2	—	1	1	—
Town Clerks	4	—	—	—	—	—	—	—	4	—	—	—	—	—
Transport	12	1	—	—	4	—	—	—	10	1	2	—	6	—
Welfare	3	7	—	—	—	—	—	—	3	7	—	—	—	—
Weights & Measures	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Planning	1	—	—	—	—	—	—	—	1	—	—	—	—	—
Others :														
Exeter & District Nursing Association	—	22	—	—	—	—	—	—	—	22	—	—	—	—
St. John's Ambulance Personnel	1	—	—	—	—	—	—	—	—	—	1	—	—	—
Examinations carried out on behalf of other authorities	6	2	—	—	—	—	—	—	—	—	6	2	8	—
Examinations carried out by other authorities on our behalf	1	—	—	—	—	—	—	—	—	—	1	—	1	—
Grand Total :	113	73	40	50	20	8	—	2	122	111	31	12	70	—

NURSING HOMES

(Public Health Act 1936, and Nursing Homes Registration Act, 1963).

The exemption from registration of non-profit making nursing homes ceased under the Conduct of Nursing Homes Regulations, 1963 ; accordingly St. Nicholas Mother and Baby Home was registered as a nursing home.

The Nursing Homes registered at the end of the year were :—

- Argyll House (7 convalescent medical cases)
(acute cases subject to further requirements).
- Nuffield Nursing Home (32 acute medical and surgical cases).
- Southcroft Nursing Home (4 chronic medical cases).
- St. Olave's Home (12 mothers and their babies).
- St. Nicholas House (12 mothers and their babies).

CHILD CARE

The Child Care Co-ordinating Conference met twice monthly during the year.

15 new cases were opened during 1964 and 6 old cases were re-opened. It was found possible to close 10 cases (including 2 of the new ones) ; this left 27 cases " active " on the register—a rise of 11 cases from the end of 1963. In 9 of the new cases concern was felt about the standard of care of the children and in several this was associated with rent arrears and other debts. In 4 of the other new cases there had been or was threatened eviction (in 3 of them because of arrears of rent) and the remaining 2 new cases were housing problems. In only one case was it found necessary to spend money for a family and that was for food and fuel.

LOCAL HEALTH SERVICES.

(National Health Service Act, 1946).

HEALTH CENTRES

Interest has revived among family doctors in the St. Thomas area of the city in the possibility of the Council providing a Health Centre under Section 21 of the Act in that area to include facilities for family doctors. The Council have in mind already the provision of a health clinic in that area, and have earmarked a site adjoining the Cowick Street Infant's School for that purpose.

MATERNITY AND CHILD WELFARE

MATERNITY

Confinements—(See Page 18).

Blood tests in Pregnancy.

Haemoglobin Estimation. The Central Midwives Board has asked midwives to ensure so far as practicable that all mothers under their care have an estimation of the haemoglobin content of the blood during the pregnancy. At least one, and preferably two examinations, are desirable. During the year, 402 of 434 mothers with whom the domiciliary midwives were concerned in regard to home delivery, had had a haemoglobin estimation made, and in all but 19 the results were known to the midwives. It can be assumed that at least nearly all the mothers booked for hospital delivery would have the examination, but I have no accurate information.

Relaxation and Mothercraft Classes. These were well attended, 540 mothers attending on average 5 times each. The two part-time physiotherapists have each taken two classes each week at clinics, with a midwife giving instruction on labour and mothercraft teaching; the midwives conduct the only evening class, and also classes at the Mother and Baby Homes.

A health visitor and the principal dental officer also talk to the mothers during each series.

Free Home Help for Ante-natal Care. This service was used for 7 cases during the year (pre-eclamptic toxæmia (6), threatened premature labour (1)). Four of these mothers were booked for delivery at home, 2 for Mowbray Hospital (family doctor unit) and 1 for the City Hospital. 6 had normal deliveries (3 at home, 2 in the City Hospital and 1 in Mowbray Hospital). 1 mother was still undelivered at the year end.

CHILD WELFARE

Child Welfare Centres. (see Tables XIX and XX)

It is sometimes said the child welfare clinics are unnecessary. Here, 5% more children attended than in 1963, and made 2% more attendances.

Congenital abnormalities. The arrangements for notification soon after birth of congenital abnormalities are satisfactory.

21 cases were so notified by midwives.

TESTS FOR PHENYLKETONURIA—1964

Total live births notified in Exeter to Exeter mothers—1250

Total tested—1126=90%

Tests at

3 weeks only.	6 weeks only.	Both 3 and 6 weeks
71	602	453
Total 1,126—all negative		
Not done	Died	Left
87	15	16
Total 118		

Transferred-in notifications etc. of live births—21; tested re phenylketonuria either in Exeter or elsewhere—7 at 6 weeks.

BIRTH CONTROL

The Birth Control Clinic in Exeter is conducted by the Exeter and District Women's Welfare Association. Since 1930 a total of 348 cases have been referred—2 cases being approved during 1964.

BUDDLE LANE DAY NURSERY

The number on the roll at the beginning of the year was 39, and during 1964 it was never less than 34 ; the average attendance for the year was 27. Admissions numbered 38 and discharges 42. The reasons for attendance were as follows :—

- in 25, the mother was the sole provider for the family.
- in 19, both parents were working for financial reasons.
- in 5, both parents were full-time students.
- in 15, other social reasons e.g. poor housing conditions, maternal, domestic inadequacy, etc.
- in 10, the child's or mother's ill-health.
- in 3, mental handicap in the child or parent.

The general physical health of the children has been good. There have been two medical inspections of all the children during the year, and one dental inspection. None of the children needed dental treatment. During the year there have been 4 cases of chicken pox, 6 of mumps and 1 of scarlet fever. There were no cases of acute gastro-enteritis.

Table XVIII.
DAY NURSERY.

NURSERY AGE GROUP IN YEARS	Buddle Lane	
	0—2	2—5
Number of Places	15	25
Number on roll at beginning of 1964	3*	36
Number admitted	10*	28
Number removed from roll	4	38
Number on roll at end of 1964	3	32
Maximum Attendance	10	29
Minimum Attendance†	2	10

*Some children became 2 years old during the year and transferred to the 2-5 age group.

†caused by sickness and infectious diseases.

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948.

At the end of 1964, there were 3 registered privately owned day nurseries in the City with accommodation for 54 children in all ; there were also 3 registered child-minders (20 places). One child-minder ceased to act as such and a new one (6 places) was registered during the year. The care given was satisfactory.

PROVISION FOR THE UNMARRIED MOTHER AND HER CHILD

123 cases were helped by the social worker during the year including 19 maternity cases brought forward from 1963. Of these 115 were maternity cases, 1 was a preventive-work case, 1 a family problem case and 6 after-care cases.

Of the 115 mothers, 81 had their babies during the year and 1 had a miscarriage. 19 were still undelivered at the end of the year and 14 had left the City before delivery. 13 of the mothers went into St. Olave's and St. Nicholas—the two Mother & Baby Homes in Exeter—and stayed for an average of 9 weeks whilst 4 of the younger mothers went to Woodside Mother and Baby Home at Plymouth and stayed for an average of 13 weeks.

25 mothers came to Exeter from elsewhere including 2 French girls and 1 Ghanaian ; some of these had relatives in the City. The age range of the girls helped was from 13 years (1), 14 years (3), 15 years (4) and 16 years (3), and the rest up to 39 years. 58 mothers were under 21. The putative fathers were generally only a little older than themselves.

The number of adoptions arranged (26) has increased, the majority through the Exeter Diocesan Association.

Co-operation has been maintained with family doctors, health visitors, Queen's nurses, and with the nursing staff at Mowbray House.

ST. OLAVE'S HOME

(Owned by the Exeter Diocesan Association for the Care of Girls)

Number of admissions during 1964 (including 5 Exeter residents)	....	....	67
Number of children adopted (including 3 Exeter residents)	....	....	26
Number of children taken by mothers or relatives (including 2 Exeter residents)	....		13
Number of children fostered (including 3 Exeter residents)	....	....	12

The domiciliary midwives delivered 37 mothers in the Home.

ST. NICHOLAS HOUSE

(Owned by the Exeter Diocesan Moral Welfare Council)

Number of admissions during 1964	....	....	44
(including 4 Exeter residents).			
Number of children adopted	....	....	24
(including 1 Exeter resident)			
Number of children taken by mothers or relatives	....		17
(including 1 Exeter resident)			
Number of children fostered	....	....	2
(both Exeter residents)			

1 mother used the Home as a Hostel.

The domiciliary midwives delivered 40 mothers in the Home.

REPORT OF THE PRINCIPAL DENTAL OFFICER FOR 1964.

(ALVIN PRYOR, L.D.S., R.C.S., (Eng.)).

One of the most important aspects of the City's dental service is the dental care of expectant and nursing mothers and of pre-school children. We see all that we can of these classes of patients, but wish we could be more occupied with this work. The fact that mothers can receive free treatment from general dental practitioners under the National Health Service does, of course, reduce the number of potential patients of this group, for us.

The pre-school child is one who frequently finds difficulty in obtaining treatment from dentists in private practice. Some practitioners have not the time, inclination, or perhaps the aptitude for treating these small, but always interesting, patients. Attendances of pre-school children at our clinics continue to increase yearly, I am glad to report. We encourage mothers to bring these children with them either when they themselves come for treatment, or when their school-age brothers and sisters are receiving treatment. This gets these pre-school children used to emulating their elders in "sitting in the Big Chair", and introduces them to dental treatment easily and without fuss. Kindness and patience are the essential ingredients for this work. But it pays off eventually, for when these children come later as patients, the surroundings and general "atmosphere" are familiar to them. A bad start to a child's dental experience can affect his attitude towards dentistry for life.

These pre-school children are recalled for check-up about every four months. Many mothers seem unaware that they can bring pre-school children for dental examination, feeling they have to wait until the child attends school. They are agreeably surprised when informed that they can bring the children for examination at any age, no matter how young. This point is stressed when I speak to groups of mothers, as explained below.

My thanks are offered to the doctors, health visitors, nurses and midwives. All have helped a great deal in sending us mothers and children for treatment. St. Olave's Home and the Exeter District Nursing Association must be singled-out particularly in this respect

I continued to give my series of informal talks on the care of the teeth and gums at approximately monthly intervals, to classes of expectant mothers. These talks were given after relaxation classes at both the Whipton and the Alice Vlieland Clinics, at the request of the Superintendent, Exeter District Maternity and Nursing Association. They seem to be appreciated and often provoke a lively discussion afterwards. The talks are kept simple, devoid of technicalities and designed to give commonsense, practical advice. They have the twofold advantage that the principles described apply not only to the care of the mother's own teeth and gums, but also to those of their children. Leaflets are handed round at the conclusion of the talks for mothers to retain, leaflets which repeat and illustrate the main points of the talks.

Similar, but individual, instruction is given by the dental officers as required, at the chairside in their own clinics.

Table (a).

Mothers and Children provided with dental care—number of cases.

	Number of persons examined during the year.	Number of persons who commenced treatment during year.	Number of courses of treatment completed during the year.
Expectant and nursing mothers	145	102	99
Children under five years and not eligible for school dental service	219	109	107

Table (b).

Forms of Dental treatment provided.

	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	47	168	—	—	125	42	9	36	31
Children under five years, and not eligible for school dental service	—	50	101	—	197	90	—	—	1

Expectant and Nursing Mothers.

Of the 145 inspected, the following details show the source of reference :— (a) maternity and child welfare clinics 29, (b) family doctors 2, (c) home midwives 40, (d) St. Olave's Home 35, (e) post-natal cases 39.

Pre-School Children.

219 pre-school children were examined, including 196 whose parents desired treatment or who were referred from Child Welfare Clinics, and 23 in Buddle Lane Nursery (of whom 22 had sound mouths).

Anaesthetics.

Our consultant anaesthetist, Dr. N. G. P. Butler, attended regularly each week throughout the year. The "high oxygen" content technique in gas and oxygen anaesthesia continues to be employed exclusively, 20% oxygen and 80% nitrous oxide. Dr. Butler is one of the pioneers of the technique in this country. The patient breathes the equivalent of atmospheric oxygen. The safety factor is extremely high, recovery being rapid and complete. These attributes are of particular value in dealing with expectant mothers and small children.

A small panel of local doctors has been formed during the year; these doctors can be called upon for emergency dental anaesthetics in cases where the patient cannot wait until the next extraction session. It has already proved of great benefit to the service.

There has been one change in dental officers during the year. Mrs. R. M. Blood, L.D.S. resigned in February, in order to practise in the National Health Service as a general practitioner.

Mr. E. G. Reader, L.D.S., joined us in mid-July. There was thus a 25% decrease in dental officer staffing for 4½ months.

The dental officers and the staff have worked well during the year and I would like to thank them all for their help and co-operation.

I have, in previous annual reports, commented upon fluoridation of the domestic water supplies. The undoubtedly safe and well-proven usefulness of fluoridation of public water supplies in reducing dental decay apparently remains out of reach so far as Exeter is concerned: this is very disappointing.

MIDWIFERY

Supervision of Midwives. 80 midwives notified their intention to practise within the City; 62 of these were employed by hospitals; 14 by the Exeter Maternity and District Nursing Association on behalf of the City Council; 2 by the Home Office and attached to H.M. Prison, Exeter; 1 by a nursing agency and 1 was in private practice.

Institutional Delivery. The department was, as previously, responsible for the booking of expectant mothers for the family doctor unit (Mowbray Hospital). During the year, it was agreed that up to 12 of the monthly bookings should be used for mothers living outside Exeter, by direct booking by the County Health Department.

Since May, 1964, the midwives have undertaken the initial visit to mothers who apply for confinement in Mowbray Hospital so that consideration can be given to the social circumstances justifying admission to the unit. These mothers are given the opportunity of attending the midwives' ante-natal clinics if they wish, or of having the midwives visit them in their own homes. The majority appreciate being able to be in touch with a midwife during the ante-natal period. A few of the doctors prefer to provide all the ante-natal care for their patients.

Since the peri-natal survey of 1959 has shewn conclusively, as have other surveys before it, that the second and third deliveries are the safest for the babies, we have endeavoured to give priority to mothers expecting the first or fourth or subsequent deliveries, when booking for Mowbray Hospital. Some doctors believe all mothers should be delivered in hospital, but unless very short stay booking is introduced—and there are great and obvious difficulties in this—it is not practicable. More experience is perhaps, needed to be sure that early discharge is desirable.

Of the 883 mothers who were booked for delivery at Mowbray House in 1964, 659 were delivered there (not all in 1964), 122 at the City Hospital, 6 at home and 6 in other areas ; 90 cancelled their bookings.

During the year, 672 babies (including 4 sets of twins and 7 stillbirths) were delivered in Mowbray Hospital. 588 of these were to Exeter mothers : 390 " Exeter babies " were born in the City Hospital.

DOMICILIARY MIDWIFERY

The Exeter Maternity and District Nursing Association continued to act as agents for the City Council in the provision of both home midwifery and nursing care. A Joint Committee of Management represents both the City Council and the Association in the management of the Services.

All the midwives and pupils are resident in the Home.

Part II Training School. In 1964, 22 pupil midwives, trained in conjunction with the City Hospital, sat the midwifery examination; 21 passed and the remaining pupil is re-sitting in March, 1965.

Other Education. Student nurses taking obstetric nurse training at the City Hospital, each spend one day on the district with the midwives.

Four of the midwives are approved district teaching midwives and one midwife is at present taking the part-time Midwife Teachers Course at Bristol.

Transport. For the combined service we had, at the end of 1964, 18 cars, mini-vans etc. and five lambrettas. In addition, eleven members of the staff use their own vehicles, and receive a mileage allowance. The midwifery staff who do not use their own cars have prior call on the Council-owned vehicles.

Reports to Health Visitors. The Midwifery Superintendent continued to keep the Superintendent Health Visitor informed about all mothers discharged to home midwife care from the hospitals. Information about the progress of these mothers and babies, and about domiciliary deliveries, is included on the "At Risk" forms completed when the midwife finishes visiting.

Home Deliveries. 286 deliveries were conducted in the mother's own home by the domiciliary midwives, approximately 22% of the total births to Exeter mothers. Although we delivered 27 fewer mothers at home (including the Mother and Baby Homes) during 1964 than in 1963, this decrease in deliveries was all in the first six months of the year. The number of undelivered mothers booked for home confinement was 60 more than the number on 31st December, 1963. The number of home visits paid (exclusive of visits regarding hospital discharge cases and cases for feeding supervision) was 17,916.

In addition, 36 mothers were delivered in St. Olave's Home and 40 in St. Nicholas House, and 5 in H.M. Prison by the domiciliary midwives. They paid a small number of ante-natal visits, and visits to recently delivered mothers in Digby Hospital, but did not deliver any mothers there during 1964. Not included above were 10 mothers transferred from St. Olave's Home to Mowbray House at the onset of labour and delivered there. This was to reduce the burden on the staff at St. Olave's during the time when there was no Matron.

Other Visits. The midwives attended 92 baby-feeding problem cases referred to them by private doctors, hospitals, etc., and made 774 visits to them. They attended 208 mothers beyond the twenty-first day of the puerperium, including 90 beyond the twenty-eighth day.

Analgesia. 316 mothers (86% of all attended by the domiciliary midwives) received some form of analgesia. Approximately half of those who did not get it, would not have it, the other half (approximately) had the labour too quickly. Gas and air, trilene, and pethidine or pethilorfan were all used, singly or in various combinations.

Hospital discharge of midwifery patients for home care. There has been a further increase in the number of mothers discharged from hospital to the care of the district midwives and a corresponding increase in the total number of mothers cared for during the lying-in period. The increase has been mainly in the number discharged on the eighth and ninth days. The midwives visit all mothers who come under their care in the puerperium, up to the twenty-eighth day after delivery.

Discharged from hospital in puerperium on :—

			1964	1963
			<i>Cases</i>	<i>Cases</i>
				<i>Visits made</i>
1st or 2nd day	....	....	12	313
3rd or 4th day	....	....	78	1115
5th to 7th day	....	....	139	1394
8th to 9th day	....	....	234	1897
10th day and later	....	....	62	478
			525	5197
				475

Extra " health " visits : 1,280 visits. Total visits : 6,477.

Emergency Ambulance Calls. A midwife was called on five occasions at the request of the Ambulance Service. Three of the mothers arrived in hospital undelivered : the other 2 were delivered before the arrival of the midwife. In both these cases the condition of the mother and baby was satisfactory. One was transferred to Mowbray House and the other (booked for Redhills) remained at home.

A midwife accompanies the patients in the following circumstances :—

1. all domiciliary booked cases who are transferred to hospital by ambulance because of complications ;
2. all patients booked for delivery in hospital, where the midwife is called in at home because of complications ;
3. in all cases booked for delivery in hospital, where an ambulance, rather than a sitting case car, is requested by the relative for the mother in labour. In this event, the telephone operator at the ambulance headquarters telephones the Home immediately she has arranged for the ambulance required, and a midwife goes out in her own car to meet the ambulance at the case ;
4. in any other case where the ambulance driver feels that it is advisable for a midwife to accompany the patient.

When a midwife accompanies the mother to hospital, it is usual for the second ambulance driver to drive the midwife's car to the hospital, so that she does not need to be conveyed back to the patient's house to collect her car.

HEALTH VISITING

(see Tables XIX, XX, XXV).

The statutory duties of health visitors are set out in the National Health Service Act (1946) Section 24 (i) :

" giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection."

Organisation. The staff establishment remained unchanged at 13 health visitors and the Superintendent. Additionally the student health visitor (Miss Barnett) qualified in July 1964, and another (Miss Goldsmith) was appointed to commence training in Battersea Polytechnic in January 1965. A clerk (part-time) serves this section. Some re-organisation of the health visitors' areas and re-allocation of staff was effected to allow for greater specialisation in the work carried out.

In a small staff it is not easy to develop strongly specialised skills. On the whole, what we try to do here is to give as many health visitors as we can a specialised interest, although all do a certain amount of " ordinary " health visiting ; this is not to say that one is more or less important than the other.

None can doubt that the work of the health visitor has changed over the years ; the welfare of the aged and certain other vulnerable groups in their own homes has gradually and naturally fallen within her purview, so that she has been styled the family counsellor and the general purpose family case worker. But her skill with babies ensures for her the basic introduction to the ordinary family, and she must maintain and extend her knowledge of the normal development of young infants if she is to be well accepted. The main problem we have to face is the heavy case load she carries. She now has to discriminate more in deciding which of the families she visits most need her help, and deciding how much and what kind of help will assist the family in difficulties, to achieve a happy, normal and independent way of life.

The health visitors attend the child welfare clinics, the relaxation classes, give mothercraft guidance, and of course most important of all visit the homes of nursing mothers and young children. One attends Dr. Brimblecombe's premature baby session at the City Hospital. (As school nurses they visit all the infant schools and certain other schools, and the homes of school children.) The Superintendent visits all registered day nurseries and child minders six-monthly (alternating with the Assistant Medical Officer of Health, Dr. Ward, who also visits six-monthly).

Health visitors visit cases of infectious disease to give advice as to the measures necessary to control their spread. They play a useful part in other specialised fields, e.g. the care of the aged, the detection of deafness (still basically child welfare) and the welfare of problem families.

Increasingly over the past twenty years other agencies have developed services which to some extent duplicate the work of the health visitors ; sometimes, with vastly increased expenditure both in staff and money, it has been done better. What I would like to see is the making available to the health visiting section the services of an almoner, newly styled " medical social worker ", trained in social science, to illuminate, in certain respects, the attitudes of the health visitor and the department generally, and to carry a small case load of the families in very great difficulties. The Health Services Committee, though generally sympathetic, has deferred this provision from year to year because of cost. Few can have such a *practical* insight into the social problems of mothers and families as the health visitor ; but the knowledge that social science has explored in recent years should be brought in to help, not to supplant, the work of those who have been so long concerned with the welfare of families, of mothers and children. This goes for mental health development too. If and when we are able to recruit a psychiatric social worker I would wish to encourage a close link with the health visiting service, as we had a few years ago.

One substantial change in organisation this year was the transference of the investigation of social circumstances of the expectant mothers booking for Mowbray Hospital (general practitioners' unit) from the health visitors to the domiciliary midwives. This change was not altogether welcomed by the health visitors, but it can be well justified.

Three health visitors are based on Burnthouse Lane clinic ; three on Whipton clinic ; three on Bull Meadow clinic ; two on Buddle Lane clinic ; one on Countess Wear clinic ; one (tuberculosis health visitor) on the Chest Clinic. Though the first named four premises belong to the health committee, unfortunately, the clinic in Buddle Lane belongs to the estates committee, and we have there only one small room, exclusively for the use of the health department. This will not be remedied until we have our own clinic serving the St. Thomas part of the city, a need becoming ever more evident. It may be that this will be met by the provision of a health centre serving both the committee's purposes and as premises for family doctors practising in that area.

Transport. " Casual " car allowances are paid to five health visitors and scooter allowances to two, while the superintendent and the tuberculosis health visitor have cars provided for them.

Education. The health visiting staff have taken part in the training of pre-nursing students attending the technical college, of preliminary nurse training school students, and of student nurses from the local hospital training schools, as well as Queen's nurse candidates ; they have shewn a small number of foreign nurses visiting the City under official auspices the work carried out in this country by health visitors. In all these efforts the burden has fallen especially on the superintendent (Miss Wilkinson).

In-service training has not been neglected, though it is not easy in a fairly small staff. Some were able to attend lectures relevant to their work at the conference of the Royal Society of Health in Torquay in 1964. Two health visitors attended residential post-qualification college courses, each for approximately a fortnight ; each health visitor attends one such course every five years. Two health visitors started on a two-year part-time course in the university's department of sociology. The health visitors' library has approximately 70 books or booklets.

Visits. In 1964 the health visitors made 23,836 home visits to the 5,651 young children on their lists, compared with 22,264 home visits to the 5,492 children on their lists the year before. They attended at 479 sessions in the child welfare clinics, at these clinics 20,971 attendances were made by 3,250 children on the registers ; the corresponding figures for the year 1963 were 19,343 and 3,098.

Infectious disease visiting. The total number of visits in this field was only about half of that in 1963. The health visitors follow up all the notified cases. Even measles is not quite so trivial as people sometimes think.

Home Visits re infectious disease.

	1964	1963
Measles	329	677
Whooping Cough	21	30
Scarlet Fever	43	98
Dysentery	16	346
Others (Infective Hepatitis, Ery., Pneumonia).	57	48
Households visited	466	1,199

Visits to Old People. The number of elderly people visited at home in the year increased once again, although it is still only a small fraction of the number who, no doubt, would profit from such visits.

<i>Year</i>	<i>Elderly on the books</i>	<i>Visits</i>
1964	277	886
1963	229	741
1962	122	490
1961	103	409

Hearing Assessment. Visits in relation to hearing assessment of young children were made by four health visitors and shewed a substantial increase.

1964	818 visits (by four health visitors).
1963	160 visits (by two health visitors).

Convalescence. The superintendent health visitor was able to arrange convalescent stay for six persons for short periods. The help of voluntary organisations (especially the Dispensary Fund) is gratefully acknowledged.

Health Education. Most health education by health visitors is informal, personal, and immediate in discussions with parents. The staff have been active too in addressing voluntary organisations, often with film shows and demonstrations on health topics (24 meetings). They have taken classes in mothercraft and in first-aid in the senior modern schools. They have prepared displays in the empty Queen Street shop window featuring health education, by no means an easy task in such disused premises.

Reference by family doctors. Only 78 references to health visitors were made by family doctors, though this is twice as many as in 1963. Attachment of health visitors to general practices is a theme of recurrent controversy. In country areas it is increasingly the practice. So far, for obvious reasons, related to the dispersal of patients of a number of the doctors over the areas, it has not proved popular in urban areas, although in Oxford it has been applied throughout. Attachment on a part-time basis, e.g. sessional, is an idea which is applied in Birmingham. My own feeling is that in health centres providing accommodation for medical practice by family doctors (as envisaged in the National Health Service Act (Section 21)) a natural association of the health visitor's work with that of the family doctors will grow, from mutual understanding, fostered by closer contact and the realisation by doctors of what health visitors' skills, experience and local knowledge can contribute in improving the usefulness of the family doctors' work in preventive and social medical care. For this reason, if for no other, I hope the present discussions on health centre provision in St. Thomas will bear fruit.

HOME NURSING

Training School. Seven nurses took district training here in 1964, 2 for our own staff and 5 for Somerset County. One nurse (Miss M. E. Reed) gained a distinction in the examination in September. Previously, we have conducted two courses each year commencing in May and September, but this year, only one course was held commencing in May, and the next course commences in January, 1965.

The Assistant Superintendent attended a one week's Queen's Institute post graduate course.

General Nursing. There were slightly fewer general cases attended (2,492) and nursing visits made (88,958) than in 1963. 3 in 5 of the patients cared for were over 65 years old, and two-thirds were women.

Although the visits have been less in number, we have had a fair number of patients, particularly among the younger chronic sick, and terminal cases, who have required a great deal of nursing care and where the visits have been time consuming.

Hypothermia in the Elderly. In November, 1964, low-reading thermometers were issued to the general nurses; these had previously only been carried by the midwives. The nurses have not yet detected any cases of hypothermia. In the loans equipment we have a good supply of blankets and a small quantity of paraffin convector heaters, which are loaned, if necessary, where it seems patients are at risk from the cold.

The Superintendent Health Visitor is given every month the relevant details about elderly persons when the home nurses have discontinued visiting.

Late Night Visits. 1,426 general nursing visits were paid after 8 p.m. during 1964, for the giving of sedatives or nursing care to very ill patients and dealing with emergency requests. We have continued to maintain twenty-four hour cover for emergency general cases.

National Dried Milk. Since the Municipal Offices have shut on Saturdays, the Nurses' Home has been used as a weekend emergency centre for dried milk issues, 320 tins being so issued in the year, at the usual charges.

HOME NURSING DURING 1964.

	New Cases	Total cases nursed	Total visits	% of cases over 65 years of age
Degenerative diseases and senility	816	1,244	71,457	75
Tuberculosis	10	14	551	21
Acute disease incldg. infectious disease	502	524	5,665	37
Maternity	95	95	1,057	—
Gynaecology	125	127	157	82
Accidents	87	103	3,262	62
Others	347	385	6,809	44
Totals	1,982	2,492	88,958	59
Casual visits (Not Nursing)	5,602			

VISITS TO PATIENTS SUFFERING FROM CARCINOMA 1960—1964

Year	No. of Visits	No. of patients nursed	% of patients over 65 years of age
1960	4,221	118	70%
1961	5,346	130	65%
1962	8,515	156	62%
1963	6,412	153	61%
1964	5,418	154	54%

HOME NURSING DURING 1960-1964.

Year	Total visits	Casual visits	No. of cases	% of cases over 65 years of age
1960	85,551	4,386	2,689	58%
1961	81,717	3,718	2,591	58%
1962	91,547	4,886	2,492	57%
1963	91,399	5,809	2,670	56%
1964	88,958	5,602	2,492	59%

IMMUNISATION AND VACCINATION

There has been an increase this year in the number of children receiving primary immunisation courses and booster doses, except against tetanus.

In 1962, it was decided to give the booster dose of diphtheria immunisation and to offer a primary course of tetanus toxoid to children in their third form at primary school instead of in their fourth form as previously. It was necessary therefore in that year to deal with both third and fourth forms and these children completed their anti-tetanus courses in early 1963 and made that year's figures exceptionally high. As more children receive a primary course of tetanus protection in infancy or at 4 years old, the number requiring a primary course at 10 years old is likely to drop considerably during the next few years.

There has been a big increase in the number receiving smallpox vaccination, but this is because in 1963 the numbers were exceptionally low as it was then that the Ministry's Standing Medical Advisory Committee's recommendation not to offer smallpox vaccination until the second year of life was adopted here.

One hundred more infants than in 1963 received courses of triple antigen. Similarly there has been a satisfactory rise in the number of children given a booster dose during this year; 96% of the children who had received (at the relevant time) primary courses of triple antigen were given a booster dose on arriving at 18 months of age.

1. *Smallpox Vaccination.*

734 persons received primary vaccination during the year; 125 of these were under 1 year old; 527 were between 1 and 2 years representing 41% of children in that age group.

2. *Diphtheria, Whooping Cough and Tetanus Immunisation.*

(a) *Primary Immunisation.*

1238 infants received primary immunisation courses: 1156 were of triple antigen (against diphtheria, whooping cough and tetanus and 82 of Quadrilin (against diphtheria, whooping cough,

tetanus and poliomyelitis). 1,119 of the children were under one year of age, representing 88% of the number of live births in the City—a very good proportion. 775 of the infants had completed the course by 6 months old and 553 of these by 5 months old.

A further 93 older children received primary courses of diphtheria and tetanus prophylactic.

(b) *Booster Doses.*

(i) *at 18 months* : 990 infants received a booster dose of triple antigen at 18 months old representing 96% of those who had received primary courses.

(ii) *at 5 years old* : 1,119 children were given booster doses for diphtheria and tetanus at 5 years of age; a further 2 children were given a booster dose for diphtheria alone. This is a remarkably high response and represents 95% of the children eligible.

(iii) *at 10 years old* : 741 children of 10 years old were given a booster dose of diphtheria prophylactic. 238 of these had already received a primary course of tetanus toxoid and were given a booster dose of diphtheria/tetanus prophylactic. 469 had not received a primary course of tetanus toxoid and so were given a primary course along with their diphtheria prophylactic booster. The remaining 34 children were given a booster dose of diphtheria prophylactic only.

3. *Tetanus Protection.*

In all, 1,967 children completed a full primary course of tetanus toxoid during the year, including 715 school children and 14 children referred by hospitals after accidents.

4. *Poliomyelitis Vaccination.*

During the year, 1,443 children completed a course of three doses of poliomyelitis vaccine. 1,060 of these were infants; these are equivalent to 80% of the number of live births in the city—a very satisfactory figure. In 21 of these, the first two doses had been of Salk vaccine and the third oral Sabin vaccine. 100 adults and young persons completed a course, including 21 expectant mothers.

Fourth (booster doses) were given to 1,951 children. 53 adults also received a re-inforcing dose, 40 of whom were expectant mothers.

5. *Yellow Fever Vaccination.*

Under the Council's arrangements for yellow fever vaccination, 447 persons were vaccinated, 92 of them children. All were proceeding abroad and required international certificates of yellow fever vaccination.

6. *Influenza Vaccination.*

Influenza vaccination was offered to all health department staff and to the staffs of the police, children's, surveyor's, welfare, transport, fire, housing, education, E.D.N.A. and St. John Ambulance departments. 52 of the health department staff and 218 from the other ten departments accepted and were vaccinated during October to December. There has been no major influenza epidemic in the City during the winter 1964/65 so it has not been possible to assess the efficacy of the vaccine.

AMBULANCE SERVICE

(See Tables XXVII—XXXVIII)

Organisation. In March, the City Council decided to administer the Ambulance Service directly as from 25th June, 1965, instead of as at present (and since 1948) through the agency of the Exeter St. John Ambulance Association. At present, a Joint Management Committee represents both the Council and the Association.

The imminence of the building by the Council of a new ambulance headquarters in Gladstone Road was a substantial factor contributing to this decision, and the fact that the service is financially entirely maintained by the Council (though this has always been the case) added to the strength of the argument.

The valuable work of the Association in the ambulance service over the past seventeen years is well appreciated and we hope that the links will not be entirely broken. The Association is hoping to build or secure a new headquarters to replace the Goldsmith Street premises which now also serve as their and our ambulance headquarters. It is important that voluntary bodies giving good service should be encouraged.

After some vicissitudes the building of the new city ambulance station has been included in the capital programme for 1966-7. Though this is a delay on the original idea, we must be thankful that at last it seems probable the deplorable premises now in use will be soon replaced by a modern purpose built station.

Radio Control. The major event within the service itself was the introduction of radio control, in January; its effective range is about five miles from the station. It is not possible to record the number of times when radio has been used to divert ambulances engaged on routine removals to emergencies. It often happens now that ambulances leave the station to carry out one removal, subsequent orders are given and they remain out to remove four or five other persons.

This coupled with the fact that, as long as the vehicles are within the city, they are available for emergencies, has eased the strain of control. It has not been necessary to ask the fire brigade to "stand by" for possible emergencies on any occasion since radio control has been installed. The saving in man hours, wear and tear of vehicles, and petrol, has been very considerable.

Staff. During the year in order to reduce the amount of over-time working, and to give better emergency cover, day and night, two additional ambulance drivers were engaged. One booking clerk-telephonist (a woman) retired and was not replaced. Some internal reorganisation was effected and a new post of Assistant Head Driver was established; his duties include assistance with the control of ambulances, periods of telephone duty, emergency ambulance duty and storekeeping.

There was comparatively little staff sickness in that only 144 days were lost, including 87 days lost because of a single long illness, against 353 days in 1963. A mild winter and exceptionally fine summer contributed to this happy state of affairs.

All ambulance drivers attended a course of first aid lectures, but at the end of the year the new entries were without first aid certificates. They have since been examined and passed.

Premises. Certain improvements have been made in the control room during the latter part of 1963: they have greatly facilitated work there in regard to radio control, ensuring better contact between those concerned with telephone bookings and those in radio control. The rest of the accommodation is far from satisfactory.

Ambulances. One dual purpose ambulance was replaced by another at the end of the year. The fleet of ten vehicles is steadily becoming more standardized.

Journeys. The number of patient—journeys to and from hospitals increased by more than 6%, but the total mileage run by the ambulances on these journeys decreased by 4%.

The number of attendances re accidents, over the whole year, was about the same as in 1963. The winter and early spring of 1964 were very mild and there were few accidents due to bad weather conditions, but this was offset by an increase during the summer months.

As the ambulance services covers the roads, A30 and A38, each for a distance of ten miles, the difficulties of the service in periods of holiday traffic congestion can be well understood. The expected introduction of two-tone horns and their limitation to fire brigade vehicles, ambulances, and police vehicles, should be useful.

"Other emergency" calls (mainly on direct request by members of the public) increased by about 250 during the year. There appears to be no special reason for this other than that the public may be more aware of the availability of the ambulance service during those times of the day when it is difficult to find a doctor in an emergency.

Infectious patients carried for the city were fewer than in the year before but the number carried for Devon County Council was a little higher.

Ordinary removals for Devon County Council also exceeded last year's figure but liaison with East Devon Ambulance Control which commenced using wireless control from February, continues with noticeable success. The result is that, more often than not, Devon County Ambulances have patients on board when homeward bound instead of returning empty, thereby relieving our ambulance service.

Hospital Co-operation. In general, the co-operation of the hospitals with the ambulance service has been quite satisfactory.

Hospital Car Service. The hospital car service is organised by the Devon County Council for both the city and the county, and the city pays an agreed percentage of the total cost.

PREVENTION, CARE AND AFTER CARE

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

HEALTH EDUCATION

The need for a whole-time health education officer becomes more and more evident. I am pleased to say this view has now been accepted by the Council for implementation in 1965/66.

Mothercraft.

One of the health visitors (Mrs. Stannard) continued to take practical and theoretical classes in mothercraft and selected health matters for the girls in their last year at the four secondary modern schools. The number of sessions was just over 100 ; the average number in each class was about 16.

First Aid.

During the summer term a class in first aid was conducted in the Priory School. This proved very successful but owing to difficulties in making staff available to do this teaching it has not been possible to repeat it.

Mouth to Mouth Resuscitation.

Talks and demonstrations on mouth to mouth resuscitation were given in several schools and to various organisations in the City.

Child Welfare Centres.

The monthly discussion group for mothers at Whipton Clinic continued.

Smoking and Health.

We continued to give publicity on the dangers to health from smoking.

Venereal Disease.

Appropriate leaflets were distributed to Youth Centres by us. Special efforts have been made in health education on this topic.

Home Safety.

The Home Safety Committee met quarterly when various matters concerning safety in the home were discussed and publicity given to various points. I am grateful to the Editor of the Express & Echo (Mr. M. C. B. Hoare) for his willing help in bringing to the notice of the public, both the work of the Committee, and information on the ways in which home accidents can be prevented.

Water Safety.

A small sub-committee was formed to further our efforts in relation to Water Safety. A successful gala was held in October to stimulate interest in learning to swim, the ways to secure personal survival in the water and in learning how to help others in difficulties. Pupils from the maintained and the private schools in the City were invited to attend. It was not possible to accommodate all those wishing to attend so it has been arranged to repeat the gala early in 1965.

Better Health Magazine.

Articles were written by various members of the staff for inclusion in an insert published with the monthly issues of Better Health (the official publication of the Central Council for Health Education). This little magazine is issued free at our clinics and is, I believe, read with considerable interest. We distribute at present 100 copies a month.

General.

Talks on health topics were given by various members of the staff, mainly to local organisations.

Meals-on-Wheels.

During the year the home nurses delivered 746 meals to patients on Saturdays and Sundays, collecting these from the Central Kitchen at Southlands and taking them round in a charcoal heated container supplied by the Welfare Department. These meals were all taken to old people who had no other means of obtaining a hot meal at the weekend.

Nursing Loans.

During 1964, we made 3,838 issues of articles on loan to assist the relatives in home nursing care, a slightly higher figure than in 1963. No charge is made though some articles are expensive. The public takes good care of the equipment.

Soiled Linen Service.

This is running at about the same level as in 1963. 215 persons were helped, 10,492 articles laundered and 1,763 disposable sheets used.

Night Home Helps.

There has been very little change in the number of patients for whom we have used this service, although a larger number of these have had help for a short term only, as the table below shews. The charge is 25 shillings per night with a reduction for necessitous cases.

	1961	1962	1963	1964
Number of patients for whom service was used	84	96	91	87
Number of patients who had help for more than 14 nights	21	24	16	12

CHIROPODY SERVICE 1964.

During the year the staff was increased from 1 whole time and 1 half-time chiropodist to two full time chiropodists, and will increase to 3 chiropodists during 1965.

The number of treatments (5,761) was nearly double that in 1963. About three-quarters of these were given at the welfare centres, the rest at home and in the City's welfare homes. The hospital car service was utilised to bring some persons who could not otherwise make the journey to the Alice Vlieland Clinic for treatment (397 treatments). Over three quarters of the treatments were of elderly persons; four-fifths of the attendances on physically handicapped persons were made at their own home. (For details see table.)

The total number of individuals cared for was 994 (783 elderly, 174 handicapped, 14 expectant mothers and 13 schoolchildren).

CHIROPODY SERVICE

Number of treatments during 1964.

	Elderly		Handi-capped		Expectant Mothers	School Children		Old People's Homes		Totals		Grand Totals
	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.	
At Clinics	909	3128	12	66	23	21	42	—	—	942	3259	4201*
Domiciliary	87	307	84	284	—	1	1	238	558	410	1150	1560

*includes 397 attendances of persons conveyed by Hospital Car Service.

TOTAL TREATMENTS

Clinic	4201
Domiciliary	1560
TOTAL	5761

TUBERCULOSIS — CARE AND AFTER-CARE

(see Tables XXIX—XXXIX).

On 1st December 1964 the chest clinic service was transferred from Southernhay West to "Ivybank", 45 St. David's Hill, Exeter, where the East Devon Chest Clinic was already sited, and a joint clinic established under the direct control of the Exeter & Mid-Devon Hospitals Management Committee. Close co-operation with the health department is maintained. Dr. Boyd is still in charge of the care of the Exeter patients, and, on behalf of the City Council, for contact tracing, case finding and supervision of contacts.

NOTIFICATIONS.

Year	Respiratory	Non-Respiratory	Total
1958	54	14	68
1959	72	10	82
1960	37	9	46
1961	26	13	39
1962	30	8	38
1963	26	7	33
1964	29	4	33

Respiratory Tuberculosis. Compared with our experience in 1963 there was a small increase (3) in the number of new notifications during the year.

Non-respiratory Tuberculosis. The new cases included :—neck gland 3, genito-urinary 1.

DEATHS.

14 tuberculous patients died during the year but in only 8 cases was death not due directly to tuberculosis.

RE-ACTIVATION.

3 cases (male, and all respiratory) notified during 1964 were patients who had previously been taken off the register as recovered from respiratory tuberculosis.

TRANSFERS—IN AND OUT.

15 names were added to the register during the year (14 respiratory and 1 non-respiratory) as "inward transfers" from other areas, whilst 42 patients (32 respiratory and 10 non-respiratory) were "transferred out".

RECOVERY FROM TUBERCULOSIS.

36 respiratory and 19 non-respiratory cases were taken off the register during the year as recovered.

CASES "LOST SIGHT OF".

10 persons left the area and it has been impossible to trace them. Two of them have gone to Commonwealth countries.

TUBERCULOSIS REGISTER.

At 31st December, 1964, the number of notified cases still on the register was 367, shewing, once again, a decline on the previous year's figures (440).

	Respiratory	Sputum Positive during 1964	Sputum Negative during 1964	Non- Respiratory
Men	178	15	163	11
Women	127	12	115	24
Children	24	—	24	3

TOTAL : 367

CONTACTS.

153 contacts were examined for the first time during the year. This represents 5 contacts examined, on average, for each newly notified case. Only 1 case of active respiratory tuberculosis was found as a result of contact examinations (both first and follow-up examinations).

RADIOGRAPHY.

The arrangements are unchanged. The two X-Ray cameras continue to be fully employed. The small films (5 ins. x 4 ins.) are used almost exclusively for contact work and those taken totalled 59 ; large films totalled 1,753.

TUBERCULIN TESTING AND B.C.G. VACCINATION.

(a) *Contacts.* 106 tuberculin tests were carried out during the year and 86 B.C.G. vaccinations effected by the chest physician (10 of the vaccinations were in respect of adult staff at risk because of their work (nurses, pathology staff, occupation therapists, etc.)

(b) *School Children under Ministry of Health Scheme.* Once again the strongly positive (tuberculin reactors) school children (22) were X-Rayed and examined by the chest physician. No new active cases were found, although several of the children came from families already known to the chest clinic. The strongly positive cases are afterwards followed up by the mass radiography service.

(c) *Special Survey.* The University of Exeter was visited during the registration period (October). 303 students attended for Heaf testing but 23 were not tested as they were already known to be positive. Of the rest 227 were positive; 67 did not attend for reading and 76 were negative. 58 students were given B.C.G. vaccinations; 18 failed to attend for B.C.G.

Last year (1963) 560 students were Heaf tested, 94 of whom were negative; 48 of these were vaccinated.

This year's response can only be regarded as disappointing.

PATHOLOGICAL EXAMINATIONS.

817 pathological examinations of sputa, etc. were made on request by the chest clinic during the year (see table XXXVIII) compared with 913 last year. We are very grateful to Dr. B. Moore and Dr. G. Stewart Smith for their continued help and assistance.

HOME HELPS.

The arrangements were unchanged—3 patients were assisted by the home help section.

EXTRA NOURISHMENT.

44 patients were helped with extra milk and 32 with Roboleine. Since the clinic was moved to "Ivybank" only 3 patients have attended for Roboleine and they have not attended since January 1965.

INFECTIVITY AND EMPLOYMENT OF TUBERCULOSIS PATIENTS KNOWN TO BE INFECTIOUS.

27 patients were known to have had during the year a positive sputum found either by direct smear or by culture; this represents 8.2% of the respiratory cases on the books. None of these infectious cases was under 15 years of age; none continued to work while infectious.

Of the 27 known infectious respiratory cases at the end of the year, 18 were negative after treatment, 2 were still positive and under treatment (either in hospital or as domiciliary patients), 1 had left the district and 6 had died.

The 27 cases were employed, when notified, as follows:—

Retired 9; Housewife 8; Caretaker 1; Printer 1; Domestic 1; Window Cleaner 1; Student 1; Labourer 1; Railway Porter 1; Carpenter 1; Stained Glass Artist 1; "Wanderer" 1.

WAITING TIME FOR ADMISSION TO HOSPITAL.

At no time during the year was it necessary for any patient to wait for more than a few days before admission to hospital.

HOLIDAYS.

No patient was sent on recuperative holiday at the Council's expense during the year.

HOME VISITS.

The tuberculosis visitor made 1,289 home visits and the chest physician 45.

MASS MINIATURE RADIOGRAPHY

Dr. A. Templeton, Medical Director of the South Western Regional Hospital Board's Mass Radiography Service in Exeter, has kindly sent me the following information (May 1965) :—

9 new cases of pulmonary tuberculosis requiring treatment were discovered from 11,196 examinees at the Mass Radiography Service in Exeter in 1964. This is 6 more than during 1963 when approximately the same number of persons attended.

8 new cases of cancer of the lung were found. The cancer figure thus now almost equals the tuberculosis cases found.

New equipment (i.e. 100 mm. Odelca camera units replacing 35 mm. units), makes it possible to provide in Exeter a regular weekly service for general practitioners' cases and anyone above 15 years of age who wishes a chest X-Ray.

We are fortunate in having the use of a central site in Paris Street opposite the 'bus station, where the M.M.R. Unit operates each Monday (except Bank Holidays) from 2.30—4 p.m. and from 5—6 p.m. We hope all the general practitioners in the City and its environments will avail themselves of this improved service. The doctors have been given appointment pads for their patients.

Exeter's Mass Radiography Service base closes from the 1st July 1965 and amalgamates with the Plymouth base at Cumberland Road, Devonport. This will centralise administration, film reading and processing of all the Devon and Cornwall units, with a view to increasing the efficiency of the service.

A "forward looking" policy of the service is to provide regular sessions at fixed sites in an endeavour to be more selective in our examinations drawing in more examinees referred from the family doctors. The "old type" surveys of the large centres of population will continue but be limited to one visit approximately every four years.

MASS RADIOGRAPHY SERVICE

Report on work carried out in the City of Exeter and abnormalities found in Exeter Residents during the year ended 31st December, 1964

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Number of Exeter Residents examined	6,280	4,916	11,196

INCIDENCE OF DISEASE.

A. Pulmonary Tuberculosis.

			Cases	Per 1,000
1. Requiring treatment	....	....	9	
2. Requiring observation	....	....	14	.7
3. No further action	....	....	35	1.3

B. Other conditions.

Pneumonitis	....	....	18	
Bronchiectasis	....	....	12	
Bronchitis & Emphysema	....	....	29	
Asthma	....	....	3	
Sarcoidosis	....	....	4	
Carcinoma bronchus	....	....	8	
Other tumours :				
Neurofibroma	....	....	1	
Thyroid enlargement	....	....	2	
Cardiovascular disease				
Acquired....	....	....	14	
Congenital	....	....	1	
Diaphragmatic abnormality	....	....	11	
Pleural effusion	....	....	1	
Spontaneous Pneumothorax	....	....	1	
Other abnormalities	....	....	31	

AGE AND SEX ANALYSIS OF NEWLY DISCOVERED SIGNIFICANT CASES OF PULMONARY TUBERCULOSIS REQUIRING TREATMENT (GROUP 1 ABOVE).

	-15	15-24	25-34	35-44	45-59	60+
Male	—	—	3	2	1	—
Female	—	—	3	—	—	—

ANALYSIS BY SURVEY GROUP OF CASES OF PULMONARY TUBERCULOSIS REQUIRING TREATMENT

Group	No. Examined	Pulmonary Tuberculosis	Per 1,000
Service Personnel	259	—	—
General Practitioner Referrals	973	4	4.1
Schoolchildren	173	—	—
Tuberculin positive reactors	35	—	—
Contact groups	103	—	—
Contacts of tuberculin positive reactors	14	—	—
Small firms & appointments	3,613	1	—
Large Firms	690	—	—
Students	1,399	—	—
School staff	377	—	—
General Hospital staff	645	—	—
Mental Hospital staff	166	—	—
Mental Patients	372	—	—
Prisons, Homes for the aged & Common Lodging Houses	503	1	2.0
Ante-natal Patients	133	—	—
Public	1,741	3	1.7
Total	11,196	9	.7

VENEREAL DISEASE

Dr. Dunkerley tells me that among Exeter residents attending his clinic there were 2 new cases of primary syphilis in men (one a temporary resident), and 38 new cases of gonorrhoea (29 men, 9 women) and 114 new cases of other conditions (74 men, 40 women).

He addressed 42 letters in relation to contact tracing; 16 attended; 19 did not attend; 3 refused to attend; 2 attended another clinic and 2 were not known at the address stated.

VENEREAL DISEASE CLINIC—EXETER RESIDENTS. (1958 — 1964).

YEAR	New Cases of Syphilis	New Cases of Gonorrhoea
1958	2	3
1959	1	8
1960	2	10
1961	2	21
1962	5	15
1963	—	12
1964	2	38

It will be noted that there was a sharp increase in the incidence of gonorrhoea; 12 of the persons affected (6 men, 6 women) were under 21 years old.

DOMESTIC HELP SERVICE

At the end of the year the service employed 58 part-time domestic helps. Their average age was 49 years. The average weekly case load (337) was 20% more than in the year before.

The number of chronic sick cases over pension age availing themselves of the service has increased considerably. Otherwise there has not been much variation in the numbers in different groups helped when contrasted with last year's figures.

Great difficulty was found in recruiting staff. The organiser (Miss M. M. Davies) feels this is because the majority of young people have electrical appliances at home and they do not like the idea of washing in a house where there is no such convenience. Consideration should perhaps be given to the possibility of providing a centre where the domestic helps could do the washing.

Summary of work undertaken in 1964 :

Category	Families helped. Full-time	Part-time	Hours worked. Full-time	Part-time	Average Case load per week	Average hours per case per week
MATERNITY.						
(a) Confinement	8	33	405	1,004½	2	13
(b) Ante-natal	—	10	—	309	1	6
ACUTE ILLNESS.						
(a) Under pension age	—	40	—	1,552½	6½	4½
(b) Over pension age	—	28	—	2,014	11½	3½
CHRONIC SICKNESS.						
(a) Under pension age	—	60	—	10,459	36½	6
(b) Over pension age	—	256	—	37,598½	169½	4½
OLD AGE AND INFIRMITY	—	151	—	20,744½	104	3½
TUBERCULOSIS	—	3	—	404	2	4
OTHERS, INCL'G MENTAL SUBNORMALS	—	12	—	920½	3½	4½
	8	593	405	75,006½		
	601		75,411½			

Average hours worked per case per week :

All categories	4½
Old age	4½
Total cases helped	620
Additional hours paid for :	
Travelling	9,945
Sickness	3,353½
Holidays	5,439½
"Waiting"	—
Overtime plusages	183
Miscellaneous	—
Average weekly case load	337
Number of cases deferred and reasons :	
No help available at time	40
Other reasons	—
Number of applications for help withdrawn :	
Shortage of staff	—
Charges too high	3
Other arrangements made	18
Nothing further heard	5
Number of visits by Organiser	700

SUMMARY TABLE (1960—1964)

Year	Families helped Full-time	Part-time	Cases helped	No. of helpers at end of Year part-time	Hours worked (exclusive of travelling, holidays, sickness, etc.)	Average Weekly Load	Hours worked on cases per week All categories	Old Age
1960	9	415	445	47	61,251	204	5½	—
1961	19	456	495	50	62,112	217	5½	—
1962	18	476	506	51	63,856	249	5	4½
1963	6	547	579	53	66,073	276	4½	4½
1964	8	593	620	58	75,007	337	4½	4½

This table shows the growth of the service in recent years.

(Miss Moon, Secretary of the Exeter Council of Social Service, has kindly told me that in 1964 her Council employed 36 part-time home helps working an average 7½ hours each, to give assistance to 56 elderly persons.)

MENTAL HEALTH SERVICES

THE NICHOLS CENTRE.

In my Annual Report for 1963 I referred to the greater opportunities afforded through the centre for rehabilitation, training and work for mentally ill and subnormal persons including patients from the psychiatric hospitals. I hoped the centre would prove of use to voluntary organisations interested in any aspect of mental health work, and I mentioned also the difficulties experienced in recruiting resident hostel staff.

During 1964 these staffing difficulties continued, but in other ways the centre's work developed very satisfactorily. A mental health centre of this kind, with its variety of functions (social work, training centres, hostels and clubs) poses many problems. Only adults attend the centre, and rightly; children and adults should, we believe, be cared for in quite distinct premises.

Experience in this centre has led us to some conclusions which may be of interest :—

- (1) Securing the staffing of the hostels by resident staff has been very difficult.
- (2) In our experience the mentally subnormal (if of fairly high level) and the mentally ill convalescents, whether in the training centre or the hostel, mix quite well. They do in fact attend club sessions together quite willingly, will accompany one another at the weekends, etc. We think that with sensible selection, it should be possible to accommodate both mentally ill convalescent women and mentally subnormal women in one hostel.
- (3) In the training centres there is a danger of emphasising the value of industrial efficiency as compared with that of social training and adjustment. The work output must not alone be the criterion of usefulness.
- (4) Even in a non-industrial area, there is available, at the present time, plenty of work of diverse kinds and demanding different levels of skill, for those attending such a centre. The problem may well prove to be the selection of the most suitable kinds of work. If the present state of full employment should alter for the worse then our trainees might be among the first to feel the effects.
- (5) We consider it inappropriate to refuse admission to anyone with mental subnormality who can get to the training centre. In this sense we are quite non-selective. Some of the women with physical disabilities are brought by council transport with an escort, but the men make their own way by bus, etc. The more the individuals travel by themselves the better.

- (6) Although we did not originally think a men's hostel was as urgently necessary as a women's hostel, it is clear that a men's hostel is now necessary. It has become increasingly difficult to place men into homes in the community : some local factors, e.g. university expansion, are limiting the availability of lodging accommodation for this group. The efforts now being made to place out from hospital into lodgings both mentally ill and mentally subnormal also affects the position.

Mental Health Workers.

The work of the mental welfare officers has been re-organised in relation to the hospital units. Mr. Clark was upgraded to Assistant Senior Mental Welfare Officer and is concerned especially with first "referrals", administration, the statutory aspects of hospital treatment, statistics, etc : Mr. Coombs is attached to the Exminster section of Exe Vale Hospital, attends the Deepway House Rehabilitation unit, is concerned with the elderly mentally deteriorated in the community and their club activities in the centre, and with the placing in lodgings and work of mentally ill convalescents. Mr. Lock (who is attending a 3 year part-time course in Social Administration at Exeter University), undertakes community care for younger psycho-neurotics in the Wonford section of Exe Vale Hospital, and the placing of subnormal persons in resident posts in the community. Miss Shears is concerned with the club for psycho-neurotics and also attends Digby Hospital daily, with community care, placing convalescent mentally ill persons in lodgings and work, and the work of the hostel for mentally ill. Mrs. Cahill is concerned with home care of mentally subnormal women and children, and the hostel for mentally subnormal women. Mentally subnormal men are helped by various members of the staff.

These direct attachments, on a personal basis, of the mental welfare officers to different units in the Exe Vale Hospital, is designed to ensure a closer personal relationship between them and the various consultant psychiatrists, with advantage to the work performed.

We still have an unfilled established post for a psychiatric social worker : these workers are in short supply.

The senior mental welfare officer (Mr. W. H. A. Weston) holds weekly staff meetings with the mental welfare worker staff, the hostel staff and the training centre staff, to discuss the progress of individuals within their respective care, problems arising in the centre, and co-operation with the hospitals.

Hostels.

Both hostels are run with no form of restriction, the residents being treated responsibly and encouraged to lead the life that they might expect to enjoy when living in a family unit. This applies particularly to the teenagers.

Hostel for convalescent mentally ill women.

This hostel was opened on the 12th February, 1964; the average bed occupancy has been 44%. The 19 beds are disposed in 4 dormitories and six single rooms; there is a large comfortable sitting-room with television, a quiet room and a dining-room. The residents can, and do, take part in the social club activities of the centre. Admission is arranged on reference by the consultant psychiatrists and the following criteria for admission were adopted: they may need to be varied later in the light of practical experience:—

- (a) an upper age limit of 50;
- (b) aggressive patients and those with behaviour disorders, or requiring active nursing care, not to be accepted;
- (c) patients normally resident in the city of Exeter to have first priority; consultation with the appropriate local health authority would have to take place before any others could be admitted.

Admissions have been arranged on the understanding that if the patient does not settle satisfactorily or it is not possible to rehabilitate her into the community, e.g. into lodgings or employment, within 6 months, the consultant concerned is expected to accept the patient back into hospital or make some other arrangement for her care. Consultants and hospital medical staff as well as the patients' family doctors are welcome at any time to visit the hostel and see their patients.

In practice, these criteria for admission have not been rigorously adhered to, and some patients have stayed for over 12 months before being placed out satisfactorily.

The number of patients referred for admission has not been as great as was anticipated. As stated above, during the year there have been 28 admissions (12 from hospitals and 16 from the community; of the latter 14 had previously received psychiatric hospital treatment) and the hostel has been only 44% occupied. Patients have also been accepted for admission when there has been some doubt by social workers and hospital nursing staff as to their suitability, but in practice it has been found that patients, who, in hospital appeared to present many problems of rehabilitation, have settled remarkably quickly when in the hostel. A few patients have also been accepted who have histories of aggressive or difficult behaviour; we have now reached the conclusion that these prove too disturbing to the other residents and that great caution should be exercised in accepting them.

Occasionally the training centre facilities have been used for residents, either in rehabilitation or as occupation before employment could be found. Where any deterioration has been noticed, patients have been seen at the hostel by one of the hospital psychiatrists.

Tables are set out below, giving some analysis of the age range, diagnoses, and the details of hostel residents :—

ADMISSIONS

Age Range (years)	Shizo-phrenia	Paranoid Schiz.	Psychopathic Personality	Depressive State		Totals
16—24	4	—	6	1	2	13
25—34	4	—	2	—	—	6
35—44	2	3	2	—	—	7
45—50	2	—	—	—	—	2
	12	3	10	1	2	28

Discharges

Home	2	{ 1 continuing to attend the Training Centre. 1 for confinement, who was pregnant on admission.
Lodgings	6	All in employment ; 1 waitress ; 1 factory ; 4 clerical.
Resident domestic work	3	
Absconded	1	Found employment elsewhere.
Re-admitted to hospital	5	1 due to lack of co-operation and 4 Relapses.
Remaining at 31.12.64	11	{ 3 domestic ; 1 nursing ; 3 clerical ; 2 training centre ; 2 unemployed.

Mrs. Cave, matron of the two hostels, did excellent work in securing employment for some of these residents.

One of the surprises has been how well some of the chronic schizophrenics have done although in hospital they appeared to present a rather unpromising prognosis. The testing time in this category of patient comes when, having done well whilst in the hostel, they are anxious, naturally enough, to become independent and to be discharged from the hostel. Great care must be taken to temper their enthusiasm so that they should not move into unsuitable, lonely lodgings or unsuitable employment. Experience has shown that when this does happen they quickly break down again.

Hostel for mentally subnormal women.

This 14-bed hostel which is in a detached house, Fairbank, adjoining the main building, was opened on 20th January, 1964. There have been 16 admissions during the year and the average bed occupancy has been 37%. Reference for admission has been often on social grounds but occasionally on medical recommendation, either from the consultant psychiatrist at Royal Western Counties Hospital, a medical officer of the health department, or a family doctor. It was anticipated that the hostel stay would be longer than in the hostel for mentally ill women and two of the original admissions remained at the end of the year ; one of these attends the training centre, the other has since been placed out in lodgings. The hostel has also been very useful in providing accommodation for short periods, e.g. for women in resident domestic

posts during the employer's holiday, or between resident jobs, and sometimes to give relatives a rest. Many of the mentally subnormal women working in resident domestic posts are encouraged to visit the hostel during their time off. The age range of the residents in this hostel tends to be higher than in the main hostel and it has been thought desirable when teenagers who were not very severely subnormal were accepted, to admit them to the main hostel where they fitted in well.

Table giving an analysis of age range, discharges and types of work are set out below :

Age Range (years)	Work obtained			Total
	Training Centre	Domestic	Factory	
16—24	1	1	—	2
25—34	—	2	1	3
35—44	2	5	—	7
Over 45	1	3	—	4
	4	11	1	16

Discharges

Home	....	....	....	2	
Resident domestic work	....			3	
Admitted to hospital	....			1	
Transferred to main hostel	....			1	
Remaining at 31.12.64.	....			9	(4 attending training centre. 4 in domestic non-resident posts and 1 working in a factory).

Hostel Staff.

Great difficulties have been experienced in obtaining suitable resident staff and only for short times during the year was the full complement of matron and 2 assistant matrons (one for each hostel) and 2 part-time hostel orderlies maintained.

Mrs. Cave, the matron appointed before the hostels opened, left in September, 1964, and Mrs. Phillips, the assistant matron to the hostel for mentally ill women, left in November, being replaced by Miss Overell, who had previously worked daily in the hostel. All have done useful work.

Training Centres.

The staffing of the training centres was re-organised during the year. The two centres for men and for women were combined and Mr. Davenport was appointed manager, Mrs. Wood still having special responsibility with regard to the women attending; an experienced engineer (Mr. de Viell) was appointed as a further instructor in the men's section to develop industrial training.

There has been an increase in the use of the training centres for the rehabilitation of patients from Exe Vale Hospital—with mutual benefit to themselves and to the others in attendance. During the past two years, 30 men and women patients have attended ; of these 6 have been discharged from hospital and are now in lodgings, 4 others have been found employment, and one other transferred to the City Welfare Department's sheltered workshop. 5 have been returned to hospital as unsuitable for our training and of the remainder there are 8 who are regarded as potentially employable ; we can do little more for 6 others. 11 women resident in the hostels have attended the centre ; 9 of them have since gone into resident domestic posts.

Noteworthy aspects have been the development of industrial work in the training centres together with an unforeseen increase in the numbers of those attending. At the beginning of 1964 there were 60 persons attending the centre (29 men and 31 women) : by the end of the year these numbers had increased to 78 (41 men and 37 women). (The number has increased to 94 by the end of March 1965.)

Various kinds of packing and assembly, as described in the report for 1963 continued.

New work contracts obtained have included the cleaning and fettling of plastic mouldings, the production of wire wall-ties (conforming to British Standards specification) and the making of various types of wire work and wrought iron work, packing of paint brushes, (and in 1965, processing of bristle and making brushes) cutting and drilling steel parts for a local engineering company (work which has steadily expanded since).

As mentioned in my last report, we bought machinery for the manufacture of Rubylite Firelighters, and although we were not able to commence manufacture in time to catch the autumn market, approximately 80 cases (each of 36 packets of 12 firelighters) were sold during the winter. The Exeter and District Society for Mentally Handicapped Children generously donated the material to construct a packing room and Mr. Dransfield, one of their members, kindly built it.

The car washing bays were completed in August, 1964 ; 400 cars had been washed by the end of the year producing an income of just over £10 a week.

Gardening is specially suitable for many of the men in training and this activity has been steadily enlarged ; 800 boxes of summer bedding plants and thousands of winter bedding plants were sold. Contracts were also obtained for jobbing gardening including the laying out of new gardens and the regular maintenance of others, under supervision.

Mrs. Curzon, an inspector of the Ministry of Health, visited the training centres. She emphasised the need to maintain the

social and the more domestic training of the girls which was so well carried on at Tin Lane. The appointment of an additional instructor on the women's side in 1965 will assist in this direction.

As in previous years the social side of training has not been neglected, the weekly sessions for physical education and dancing, the latter a mixed session for both men and women, have been continued under Mrs. Vyner. Mrs. Bartlett teaches reading and writing to those who can benefit, and reports thus :—

“ This term (autumn) I have been experimenting with the Initial Teaching Alphabet. I was prepared for a complete failure, since this method uses allied phonetic symbols, and some of the pupils appeared to be sound deaf, relying somewhat hopelessly on remembering isolated words.

“ We have some very simple printed “ readers,” and the slowest and most backward pupils begin to find themselves able to read these, though haltingly, and with much forgetting. It is easy to find these lapses disappointing, yet the very fact that these pupils begin to believe in their ability to master reading constitutes a major step.

“ Mr. Bell, of the Wipton Barton Junior School, has let me have some duplicated copies of progressive readers he has written in the I.T.A., and these are much more adventurous and interesting, while introducing new sounds more gradually, than are the printed books. My beginners are eager to learn with these, in spite of the difficulty of reading the hand written script. I understand they are being published in the New Year.

“ The more advanced have continued work in composing a few words, and in independent use of the work books. With these they are learning to obey written instructions and to use acquired knowledge.

“ Each session we compose a short passage of comment on the day's weather, for copy writing, and I expect each word to be spelt aloud for me.

“ Towards the end of the term the pupils have worked for five or ten minutes each session on Christmas cards, for which words of greeting have been practised. I have made a rough sketch of their chosen designs, and they have redrawn and painted them, with the greatest care and pride.

“ Two of the pupils have had some extra reading lessons, and have made real progress.”

Social Clubs.

The 4 social clubs (3 for the mentally ill and 1 for the mentally subnormal) met weekly during the year and made progress,—the attendance for each being between 25 and 45 per session. All the social clubs are assisted by voluntary helpers, including university students, to whom we are very grateful.

These clubs are a valuable part of the after-service for patients discharged from hospital. Mr. Marsh, the club-organiser attends the Tuesday (psycho-neurotic young adult) and Thursday (long-stay hospital cases) evening clubs, and Miss Hawken, one of the psychiatric hospital occupational therapists, helps in the Thursday afternoon club for the elderly, including some hospital patients.

MENTAL ILLNESS—*Hospital Admissions, Discharges and Deaths.*

During the year 241 city residents (92 men and 149 women) were admitted to hospital for the first time for psychiatric treatment; 69 (24 men and 45 women) were over 65 years of age. (The figures for 1963 were 202 (64 men and 138 women), of whom 64 were over 65 years old.) 114 had previously received psychiatric treatment and 61 patients were admitted more than once during the year.

There were 443 "discharges" (which include transfers from one category of patient to another within the hospital, e.g. "formal" to "informal") and 31 deaths: the corresponding figures for 1963 were 348 and 50 respectively.

405 Exeter residents remained in hospital at the year-end, 47 more than at the end of 1963.

In addition the mental welfare officers admitted 70 persons (23 men and 47 women) who were only temporarily resident in Exeter.

MENTAL SUBNORMALITY—*Ascertainment and Supervision.*

During the year, 1 boy (14 years old) who had previously attended a residential school for the educationally subnormal was referred by the Local Education Committee, as being unsuitable for education. He attended the junior training centre and subsequently was admitted to Royal Western Counties Hospital for training. 4 girls and 5 boys were referred for care and guidance on leaving school—at the year-end, one girl was attending the training centre, two boys had been admitted to hospital for training and the remainder were working.

7 women and 5 men were discharged from the Royal Western Counties Hospital and were found jobs in Exeter; one woman was later re-admitted but the remainder are still working satisfactorily.

At the end of the year 197 (83 men and 114 women) Exeter mentally subnormal persons were known to be living in the community and were being visited by the mental welfare officers. They included 34 children under 16 years of age—30 of whom were attending the junior training centre, 2 were in hospital, 1 at home and 1 (school leaver) was working; of the remaining 163 persons, 59 were attending the adult training centre, 8 men and 6 women were at home with relatives and 90 were working.

Hospital Care.

- (a) During the year 3 boys, 6 men, 3 girls and 5 women were admitted to hospital (of these, 5 men, 2 girls and 1 woman were there for temporary periods owing to holidays or sickness of relatives), only 1 (a boy of 14) being admitted formally ; additionally 6 men were admitted on Court Orders.
- (b) One man, aged 59, died in hospital.
- (c) There were 134 under hospital care at the end of 1964 (5 more than a year before).
- (d) The total of known Exeter mentally subnormal persons having hospital or community care was 331 or 4.15 per 1,000 population.
- (e) The social workers continued to make regular visits to the hospital at Starcross for case conferences regarding discharges, employment and lodgings.

Valexe Products Ltd.

Problems have arisen in the development of this Company because of difficulties in pricing goods manufactured in the hospitals, in a way to allow a profit margin to the Company, to keep it solvent and so far as we are concerned, also because the work of our training centre has extended by way of processing, packing, machining, etc. of goods for local firms rather than in the manufacture of articles for sale. Our Rubylite firelighters are a notable exception to this.

Ellen Tinkham House (Junior Training Centre).

At the end of the year, 40 children were attending, including 8 from the Devon County area. This is 2 more than at the end of the previous year. There were 9 new admissions during the year including 3 transfers from other local health authorities on moving into the area ; there were 3 pre-school-age children admitted to the nursery class ; another child had previously attended a private school ; another was transferred from a junior school for a period of observation and was at the end of the year awaiting transfer to a school for educationally subnormal children and a boy of 14 was admitted from such a school but subsequently had to be admitted to hospital. Additionally a boy and a girl were admitted to hospital and there were four transfers to the adult training centre. 2 children were also admitted to the Royal Western Counties Hospital for short periods during the summer holidays to give their parents a rest.

The extension and modernisation of the centre began in the late summer ; this includes an enlarged classroom for the nursery group, a new classroom for the special care unit together with a large hall for physical activities, very much improved lavatory accommodation, as well as modernisation of the kitchen which will enable the mid-day meal to be prepared and cooked on the premises.

The children continued their visits into the city for occasional shopping expeditions and regular weekly attendance at the swimming baths where one child was taught to swim.

During the summer holiday, Mrs. Horton, with the help of her staff and some of the parents kindly took groups of children for a holiday at Dawlish, in a caravan provided by the Exeter Branch of the Society for Mentally Handicapped Children.

Exeter Branch of the Society for Mentally Handicapped Children.

We are again grateful to the Exeter Branch of the Society for Mentally Handicapped Children for their helpfulness and generosity, for their assistance at the Friday evening social club for the over-sixteens, and for supplying the material and labour to build the packing-room for the adult centre and for the help they gave towards a holiday for the children at Ellen Tinkham House. A member of this society was co-opted on to the Health Service Committee to represent voluntary societies interested in mental health services.

TABLES.

Table XIX.
CHILD WELFARE CLINICS.
CHILDREN ON REGISTER (1960 to 1964)

CENTRE	Born 1964	Born 1963	Born 1962-59	Total 1964	Total 1963	Total 1962	Total 1961	Total 1960
Bull Meadow	214	231	259	704	665	649	618	602
Shakespeare Road	126	154	314	594	504	580	580	535
Countess Wear	45	64	103	212	189	214	201	223
Whipton	272	282	453	1,007	975	964	882	770
Buddle Lane	206	245	282	733	666	689	599	530
TOTALS	863	976	1,411	3,250	3,087	3,020	2,880	2,660

Table XX.
CHILD WELFARE CLINICS
ATTENDANCES OF CHILDREN AT CHILD WELFARE CLINICS
(1964)

CENTRE	Attendances (according to age of child at time of attendance)					Total (1964)	Total (1963)
	Under 1 year	1 to 2	2 to 3	3 to 4	4 to 5		
Bull Meadow— (Central)	1,237	551	209	133	69	2,199	1,950
Bull Meadow— (Northern)	1,853	527	217	91	75	2,763	2,683
Shakespeare Road	1,167	629	279	144	133	2,352	2,336
Countess Wear	700	375	205	119	60	1,459	1,263
Whipton	3,375	1,164	576	321	236	5,672	5,219
Buddle Lane	2,937	1,271	617	345	213	5,383	4,585
TOTALS	11,269	4,517	2,103	1,153	786	19,828	18,036
TODDLERS CLINICS							
Shakespeare Road	5	22	31	22	11	91	118
Whipton	2	27	51	40	29	149	181
HEALTH VISITOR'S CONSULTATION CLINIC							
Shakespeare Road	422	204	117	92	68	903	1,008
Total Attendances	11,698	4,770	2,302	1,307	894	20,971	20,535

Table XXI.

**PROVISION FOR THE UNMARRIED MOTHER
AND HER CHILD**

(Work carried out by the Social Worker).*

Carried forward from December 1963	....	....	19
New Cases 1964	....	....	104
			<hr/> 123

Bookings for confinement were made as follows :—

Hospitals in Exeter	....	....	61
Hospitals outside Exeter	....	....	2
Mother and Baby Homes in Exeter	....	....	9
Mother and Baby Homes outside Exeter	....	....	4
Confinements at home	....	....	6

Live Births	....	....	81
Miscarriage	....	....	1
Cases carried forward at the end of the year	....	....	19

Disposition of Babies born :

With mother in own home	....	....	39
With mother in lodgings	....	....	8
With mother in residential post	....	....	1
In a foster home	....	....	6
In a residential nursery	....	....	1
Placed with adopting parents	....	....	26
Arranging Marriages with Putative Fathers	....	....	13
Co-habiting Parents	....	....	2

OTHER WORK CARRIED OUT

Affiliation Orders	....	....	5
Securing Weekly Allowance from Buttle Trust	....	....	4
Family Problems	....	....	1
Preventive Work	....	....	1
After Care	....	....	6
Accommodation secured for mother and child	....	....	1
Visits made (excluding ineffective visits) April-December	....	....	208
Interviews given in the office	....	....	265

*(Miss S. Williamson, a Social Worker, was employed in this duty until she left on the 6th April, 1964, when Miss F. G. Styring took up full time duty).

Table XXII.

HOME MIDWIVES SERVICE

Number of cases attended as midwives (home deliveries 286, St. Nicholas House 40, St. Olave's Home 36, H.M. Prison 5)	367
Number of visits paid as midwives to above cases	7,950
Number of health visits (i.e. in 14-21 days after delivery) paid by midwives to above cases	1,134
	<hr/> 9,084
Number of cases booked during the year	538
(Plus 465 Mowbray House bookings)	
Number of attendances at the ante-natal clinics	2,497
Number of ante-natal visits to patients' homes	4,943
No. of medical aid forms sent	—
Midwifery cases transferred to hospital	69
No. of casual visits paid by midwives	3,522

Bookings :

Number of cases brought forward on 1st January, 1964 (mothers undelivered)	128
Number of cases booked during the year	538
Number of emergency unbooked deliveries	10
	<hr/> 676

Number of cases booked and subsequently found not pregnant	—
Number of cases delivered during the year	367
Number of cases of miscarriage of booked patients	3
Number of booked cases who left Exeter before delivery	8
Number of booked cases admitted to hospital undelivered	49
Number of cases originally booked for home delivery and subsequently booked for delivery in hospital or maternity home	61
Number of cases remaining on the books on 31st December, 1963 (mothers undelivered)	188
	<hr/> 676

Total visits to midwifery patients (excluding hospital discharges and cases for feeding supervision)	17,916
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Analysis of Deliveries :

No. of patients delivered by midwives	360
Number of forceps deliveries	3
Number of patients delivered by Doctors (other than forceps cases)	4
Total	<hr/> 367

Table XXIII.
HOME NURSING DURING 1964.

New Cases Under 5	New Cases Over 65	TYPE OF CASE	On Books 1/1/64	SENT BY				AGE GROUP				SEX		Total Visits	Deaths	RESULT						
				G.P's	Hosp.	P.H. Dept.	Others	Total	Under 1	1-4	5-14	15-64	65 and over			M.	F.	Trans. to Hosp.	Conval- escence	Removed for other causes	Total Left On Books	
—	94	Post-stroke	49	90	9	3	9	160	—	—	—	25	135	61	99	61	99	32	50	26	13	39
—	84	Carcinoma	21	96	27	3	7	154	—	—	4	50	100	72	82	72	82	60	41	18	21	14
—	44	Diabetes	41	28	22	1	7	99	—	—	—	25	74	25	74	25	74	5	24	—	30	40
—	131	Heart Cases	72	145	6	4	10	237	—	—	—	47	190	115	122	115	122	52	58	50	23	54
—	31	Arthritis	36	30	2	—	8	76	—	—	—	19	57	15	61	15	61	4	13	6	13	40
—	52	Anaemia	68	66	5	3	8	150	—	—	—	47	103	36	114	36	114	6	18	16	37	73
—	—	Multiple Sclerosis	7	8	1	—	1	17	—	—	—	16	1	1	16	1	16	—	2	—	5	10
2	89	Other Chronic diseases	92	75	14	7	37	225	1	2	5	53	164	78	147	78	147	17	45	22	50	91
—	31	Ulcers of Legs	27	44	6	1	—	78	—	—	—	22	56	17	61	17	61	2	12	25	8	31
—	33	Simple Senility	15	29	—	—	4	48	—	—	—	—	48	16	32	16	32	4	11	—	16	17
—	3	Tuberculosis :	4	8	1	—	1	14	—	—	—	11	3	5	9	5	9	—	4	2	6	2
—	1	Influenza	—	1	—	—	1	2	—	—	—	1	1	—	2	—	2	—	—	2	—	—
2	—	Measles	—	2	—	—	—	2	—	2	—	—	—	2	—	2	—	—	1	1	—	—
—	—	Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	Other Infectious diseases	—	—	—	—	—	—	1	—	—	1	—	1	1	1	1	—	—	2	—	—
1	13	Pneumonia	—	26	—	—	—	26	—	1	2	10	13	9	17	9	17	—	5	19	1	1
—	—	Other acute chest condi- tions	—	—	—	—	—	—	5	6	3	44	72	56	74	56	74	7	22	78	12	11
11	64	Tonsillitis	9	116	—	2	3	130	—	2	3	17	—	9	13	9	13	—	—	22	—	—
2	—	Other acute infections	1	21	—	—	—	22	28	26	14	121	107	85	211	85	211	2	27	204	50	13
53	102	Ear Infections	9	236	12	7	32	296	5	20	7	10	2	23	21	23	21	—	1	40	1	2
24	2	Ear Infections	3	41	—	—	—	44	40	59	38	519	1,126	626	1,156	626	1,156	191	334	503	286	438
96	774	Carried Forward	454	1,064	105	31	128	1,782	40	59	38	519	1,126	626	1,156	626	1,156	191	334	503	286	438

Continued on next page.

Table XXIV.

HOME NURSING DURING 1964—Continued.

New Cases Under 5	New Cases Over 65	TYPE OF CASE	On Books 1/1/64	SENT BY				AGE GROUP					SEX		Total Visits	RESULT				Total On Left On Books	
				G.P's	Hosp.	P.H. Dept.	Others	Total	Under 1	1-4	5-14	15-64	65 and over	M.		F.	Deaths	Trans. 'to Hosp.	Conval- escence		Removed for other causes
96	774	Brought Forward	454	1,064	105	31	128	1,782	40	59	38	519	1,126	626	1,156	77,673	191	334	503	286	438
—	—	<i>Maternity etc. :</i>	—	2	5	—	6	13	—	—	—	13	—	—	13	205	—	1	3	8	1
—	—	Infect. midwifery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	Breast abscess	—	6	—	1	6	13	—	—	—	13	—	—	13	136	—	—	9	4	—
—	—	Flushed breast	—	67	—	—	2	69	—	—	—	69	—	—	69	716	—	17	49	2	1
—	104	Miscarriages	—	8	—	—	117	127	—	—	—	22	105	—	127	157	—	—	—	126	1
—	—	Changing of Pessaries	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	52	<i>Accidents :</i>	16	60	16	6	5	103	2	7	4	26	64	24	79	3,262	4	14	62	4	19
4	48	<i>Others :</i>	28	58	100	1	5	192	—	4	9	116	63	77	115	5,264	5	17	143	4	23
—	18	Post Operation Cases	—	8	72	—	1	81	—	—	—	63	18	39	42	83	—	—	81	7	—
2	69	Pre X-ray Treatments	—	92	2	—	—	94	1	1	5	18	69	40	54	223	—	5	82	3	—
—	5	Enemata	10	6	—	—	2	18	—	—	—	—	18	5	13	1,239	4	6	—	—	5
—	—	Mental Confusion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
111	1,070	TOTALS	510	1,371	300	39	272	2,492	43	71	56	859	1,463	811	1,681	88,958	204	394	881	525	483

New Cases 1,982
 Total Cases 2,492
 Casual Visits 5,602

Table XXV.
HEALTH VISITORS—
DOMICILIARY VISITS, 1964

				1964		1963	
				<i>Effective Visits</i>	<i>Ineffectuals</i>	<i>Effective Visits</i>	<i>Ineffectuals</i>
HOME VISITS BY HEALTH VISITORS.							
Ante-Natal Visits				431	53	1,043	163
Moral Welfare Visits (Temporary arrangement)....				71	—	—	—
Babies under 1 year				7,007	1,503	6,530	1,279
1—2 years				3,121	609	2,927	418
2—5 years				5,988	1,030	5,656	833
<i>Totals</i> 0—5 years				16,116	3,142	15,113	2,530
<i>Other Home Visits</i>							
Old people				784	102	688	—
After care				298	10	366	—
Infectious Disease				466	60	1,194	—
Housing Reports				150		189	—
Still Births				18		10	—
Infant Deaths				11		18	—
Problem Families				336		352	—
Hearing Assessments				818		—	—
Surveys-Enuretic				90		—	—
Evening Visits				33		—	—
Other visits				7		—	—
School Health Home Visits				768		360	—
				3,779	172	3,177	174
<i>Grand Totals</i>							
0—5 years				16,116	3,142	15,113	2,530
<i>Other visits</i>				4,281	225	4,220	337

Complete Total Visits in the year (all reasons)—23,764.
Twelve Health Visitors average 1,980 visits each.

Table XXVI.
IMMUNISATION AND VACCINATION DURING 1964.
SMALLPOX VACCINATION.

Primary Vaccinations	734	{	By general practitioners	559
			At clinics	175
Re-vaccinations	68	{	By general practitioners	63
			At clinics	5

AGE GROUPS OF PERSONS VACCINATED (SMALLPOX) DURING 1964.

Under :—		3 mths.	6 mths.	9 mths.	1 year	1+	2—4	5—14	15 and over	TOTALS
Primary	....	12	21	40	42	537	47	15	20	734
Re-vaccinations	....	—	—	—	—	4	7	19	38	68

DIPHTHERIA IMMUNISATION IN 1964.

				Under 1 yr.
Primary Courses of immunisation	.... 1,331	{	By general practitioners 944	862
			At clinics 387	257
(These included 93 combined diphtheria—tetanus immunisation courses, 82 Quadrillin courses and 1,156 triple antigen courses—see below).				
Re-inforcement injections	.... 2,852			

	At about :—	18 mths.	5-9 yrs.*	10 yrs.	Total
By private practitioners	....	619	460	70	1,149
At clinic and schools	....	371	661	671	1,703
		990	1,121	741	2,852

*Most of these at 5 to 6 years.

PRIMARY IMMUNISATION AGAINST DIPHTHERIA, TETANUS, PERTUSSIS (TRIPLE ANTIGEN) BY AGE DURING 1964.

Number of children who completed a course (3 doses) of triple antigen in 1964, grouped 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	.... 445	164	137	38	60	844
Clinics	.... 108	58	64	23	59	312
Total	.... 553	222	201	61	119	1,156

WHOOPING COUGH IMMUNISATION.

				Under 1 yr.	Total
Completed courses of Whooping Cough Immunisation	....	{	By private practitioners	—	—
			At clinics	....	—
Completed courses of combined Whooping cough — Diphtheria Immunisation	....	{	By private practitioners	—	—
			At clinics	....	—
Completed courses of Triple Antigen	.... 1,156	{	By private practitioners	784	844
			At clinics	.... 253	312
Completed courses of Quadrillin	.... 82	{	By private practitioners	76	82
			At clinics	....	—

TETANUS IMMUNISATION.

Number of primary courses completed in 1964 using triple antigen 1,156

Number of primary courses completed in 1964 against tetanus alone (147 by G.P.'s ; 568 at clinics). 715

Number who completed immunisation in 1964 as a result of follow up by department after hospital administration of anti-tetanic serum (by family doctors or department) 14

		G.P.s	Clinic	Total
Course completed in 1964	....	2	12	14

Table XXVII.
AMBULANCE SERVICE 1964.

	CLASSIFICATION	AMBULANCES		DUAL PURPOSE AMBULANCES	
		Patients	Miles	Patients	Miles
1	Accidents	628	1,735	189	650
2	Acute illness and other emergencies	1,008	6,917	480	2,235
3	Removals to and from Hospital	4,108	17,807	5,013	19,875
4	Administrative and Abortive journeys	238	1,195	495	1,342
5	Infectious Cases—Exeter	377	2,987	6	43
6	„ „ —Devon	170	2,976	4	117
7	Other removals for Devon C.C.	1,492	21,767	861	9,446
8	Removals for other Local Authorities	89	2,091	226	2,912
9	Children to and from School	71	173	3,843	7,087
10	Patients to & from Nichols Centre	—	—	4,387	6,240
	TOTALS 1964	8,181	57,648	15,504	49,947
	COMPARABLE TOTALS 1963	10,223	67,694	10,626	42,570

Table XXVIII.
AMBULANCE SERVICE
Summary of work undertaken, by months (1964).

1964 Month	AMBULANCES		D.P.AMBULANCES		TRAINS		AIR	
	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
January	634	3,735	531	2,888	18	4,251	—	—
February	625	4,483	493	2,459	12	2,154	—	—
March	549	4,193	534	3,079	10	1,921	—	—
April	587	5,002	539	2,883	9	2,070	—	—
May	635	4,014	526	2,876	23	4,574	—	—
June	761	4,508	592	3,260	19	4,222	1	150
July	734	5,083	614	3,035	16	3,157	—	—
August	646	4,588	592	2,909	29	6,623	—	—
September	562	4,189	580	2,950	20	3,305	—	—
October	723	5,903	582	3,098	28	4,893	—	—
November	679	5,220	576	2,841	18	3,982	—	—
December	737	5,362	620	3,000	11	4,096	—	—
TOTAL 1964	7,872	56,280	6,779	35,278	213	45,248	1	150
TOTAL 1963	7,534	61,999	6,258	33,303	238	32,802	—	—

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 Nichols Centre.

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

			<i>Totals</i>	
1	Total cases on Register, 1st January, 1964 :	Respiratory Non-Respiratory	374 66	440
2	Total new notifications received after deduction of duplicates :	Respiratory Non-Respiratory	29 4	33
3	Inward Transfers :	Respiratory Non-Respiratory	14 1	15
4	Deaths during the year from Tuberculosis :	Respiratory Non-Respiratory	8 —	8
5	Deaths during the year of Tuberculous patients from other causes :	Respiratory Non-Respiratory	6 —	6
6	Outward Transfers :	Respiratory Non-Respiratory	32 10	42
7	Number of cases removed from Register as " Recovered " or " Mistaken Diagnosis " :	Respiratory Non-Respiratory	36 19	55
8	Taken off the Register under the ' Public Health Tuberculosis Regulations, 1930'. ("Lost sight of")	Respiratory Non-Respiratory	6 4	10
9	Total cases on Register, 31st December, 1963 :	Respiratory Non-Respiratory	329 38	367

Table XXX.**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
1961	7,136	19
1962	11,250	10
1963	10,149	6
1964	11,196	41

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

†Includes 357 persons referred during the Campaign.

Table XXXI.

**CASES EXAMINED AT CHEST CLINIC DURING 1964
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	—	4	3	2	—	3	11	23
Female	1	3	3	2	2	2	5	18
TOTALS	1	7	6	4	2	5	16	41

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	—	—	—	—	1	2
	F.	—	—	—	—	—	—	—	—
(3) Failed to keep appointments at Chest Clinic.	M.	—	—	—	—	—	—	—	—
	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	—	1	—	1	4	7
	F.	1	—	—	—	1	—	2	4
(7) Newly diagnosed as suffering from active Pulmonary T.B.									
Male Sputum Positive		—	—	2	—	—	1	—	3
Female Sputum Positive		—	—	2	—	—	—	—	2
Male Sputum Negative		—	—	—	—	—	—	—	—
Female Sputum Negative		—	—	—	—	—	—	—	—
(8) Remaining under Observation at 1-1.65.	M.	—	2	1	1	—	1	6	11
	F.	—	3	1	2	1	2	3	12
Private Cases (<i>see below</i>)		—	—	—	—	—	—	—	—
TOTALS		1	7	6	4	2	5	16	41
(9) Disposal of New Cases diagnosed (<i>see</i> (7) above).									
(a) Sanatorium treatment.	M.	—	—	2	—	—	—	—	2
	F.	—	—	2	—	—	—	—	2
(b) Clinic Supervision.	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—
(10) Private Cases	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—

Table XXXII

CASES ON THE TUBERCULOSIS REGISTER (31ST DECEMBER, 1964).

AGE GROUP.	RESPIRATORY	NON-RESPIRATORY						
		Neck glands	Genito-urinary	Spine	Other bones and Joints	Ab-dominal	Meninges	Breast
MALE								
0-4	—	—	—	—	—	—	—	—
5-14	8	1	—	—	—	—	1	—
15-24	8	—	—	—	—	—	—	—
25-34	32	—	2	—	—	1	—	—
35-44	42	—	1	—	—	1	—	—
45-64	74	—	2	—	1	—	—	—
65 & Over	22	—	1	—	1	1	—	—
Total Male	186	1	6	—	2	3	1	—
FEMALE								
0-4	6	—	—	—	—	—	—	—
5-14	10	—	—	—	1	—	—	—
15-24	7	1	—	—	—	—	—	—
25-34	38	—	5	—	—	—	—	—
35-44	33	1	1	—	—	—	—	1
45-65	35	3	4	1	—	—	—	—
65 & Over	14	5	—	—	1	—	1	—
Total Female	143	10	10	1	2	—	1	1

GRAND TOTAL, MALE AND FEMALE = 367.

Table XXXIII.

TABLE SHOWING THE MORTALITY IN EXETER FROM TUBERCULOSIS DURING THE PAST 6 YEARS.

Year	DEATHS.			DEATH RATE.			DEATHS OF CHILDREN UNDER 5.
	Respir-atory	Non-Respir-atory	Total	PER 1,000 POPULATION			
				Respir-atory	Non-Respir-atory	Total	
1959	8	1	9	0.10	0.01	0.12	—
1960	7	—	7	0.09	—	0.09	—
1961	11	2	13	0.14	0.03	0.16	—
1962	7	1	8	0.09	0.01	0.10	—
1963	7	1	8	0.09	0.01	0.10	—
1964	8	—	8	0.10	—	0.10	—

Table XXXIV.

NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS DURING 1964
ARRANGED ACCORDING TO AGE.

AGE AT NOTIFICATION	Respiratory		Non-Respiratory	
	Male.	Female.	Male	Female
0—	—	—	—	—
1—	—	2	—	—
2—	1	2	—	—
5—	—	—	—	—
10—	—	—	—	—
15—	—	—	—	—
20—	—	—	—	1
25—	2	6	—	—
35—	—	2	—	—
45—	1	2	—	2
55—	*5	—	—	—
65—	3	—	—	1
75 and over	2	1	—	—
Totals	*14	15	—	4

*Includes 1 posthumous notification.

*33

Table XXXV.

DEATHS FROM TUBERCULOSIS DURING 1964,
ARRANGED ACCORDING TO AGE.

AGE AT DEATH.	Respiratory		Non-Respiratory	
	Male.	Female.	Male.	Female.
0—	—	—	—	—
1—	—	—	—	—
2—	—	—	—	—
5—	—	—	—	—
10—	—	—	—	—
15—	—	—	—	—
20—	—	—	—	—
25—	—	—	—	—
35—	—	—	—	—
45—	—	—	—	—
55—	2	1	—	—
65—	†2	—	—	—
75 and over	2	1	—	—
Totals	†6	2	—	—

†Includes one Posthumous Notification
and one in Hospital over 6 months

8

Table XXXVI.

SUMMARY OF WORK CARRIED OUT AT EXETER CHEST CLINIC,
1959-1964.

	1959	1960	1961	1962	1963	1964
1. Number of new cases diagnosed as suffering from active Tuberculosis	82	46	39	38	33	33
2. Number of patients examined for the first time during the year	1,324	705	914	836	655	1,121
3. Number of patients re-examined during the year	1,738	1,561	1,676	1,273	1,336	1,461
4. Number of contacts examined for the first time during the year	125 } 214 89 }	160 } 246 86 }	90 } 153 63 }	116 } 239 123 }	115 } 162 47 }	117 } 153 36 }
5. Number of contacts re-examined during the year:	200 } 270 70 }	203 } 226 23 }	192 } 288 96 }	195 } 243 48 }	213 } 247 34 }	173 } 183 10 }
6. Number of Inward Transfers during the year	54	40	36	21	24	15
7. Number of B.C.G. Vaccinations carried out during the year:						
Clinic Cases	177	143	278	182	116	159
13-year old schoolchildren under Ministry Scheme	—	—	—	—	—	—
8. Number of X-ray films taken during the year:						
Large films	2,313	1,980	1,913	1,826	1,830	1,753
Miniature films	245	148	173	235	139	59
9. Number of Screenings made during the year	146	12	5	3	1	1
10. Number of Refills given during the year	70	—	—	—	—	—
11. Number of Pathological Examinations made during the year	1,971	1,127	1,376	1,357	913	814

Table XXXVII.

TUBERCULIN TESTING AND B.C.G. VACCINATION AT THE CHEST CLINIC (1964).

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	Other Groups	RESULTS		Given B.C.G. Vaccination	Post B.C.G. Tests
							Positive	Negative		
0-1	37	—	—	—	—	—	—	3	37	19
1-2	17	—	1	3	—	—	4	16	11	4
2-3	14	—	—	2	—	—	1	13	7	5
3-4	7	—	1	1	—	—	—	8	4	4
4-5	9	—	2	4	—	1	—	16	4	1
5-6	9	—	1	3	—	—	1	12	4	—
6-7	6	—	2	7	—	1	—	14	4	2
7-8	4	—	2	3	—	—	—	7	6	2
8-9	10	2	2	2	—	—	1	14	8	1
9-10	16	—	4	5	—	—	1	22	9	3
10-11	5	—	3	2	—	—	1	8	4	1
11-12	6	—	—	—	—	—	—	5	3	1
12-13	2	—	—	1	—	—	—	3	—	—
13-14	3	—	1	—	—	—	1	1	—	2
14-15	1	—	—	—	—	1	1	1	1	—
Senior School Children	1	—	—	—	—	—	—	1	—	—
Nurses and Hospital Staff	—	—	—	—	—	24	13	4	3	7
Occupational Therapists	—	—	—	—	—	—	—	—	—	—
University Students	—	—	—	—	280	—	227	76	58	—
Others	3	—	5	11	—	3	13	6	1	3
TOTALS	150	2	24	44	280	30	264	230	264	55

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	8	241	—	249
Culture	19	288	—	307
Preparation for Malignant Cells	—	—	—	—
Specimens obtained by Direct Culture	2	21	—	33
Bronchial Lavage : Culture	2	16	—	18
Tests for Pregnancy	—	—	—	—
URINE : Direct smear	—	3	—	3
Culture	—	6	—	6
Throat and Nose Swabs	—	—	15	15
Blood Urea	—	—	34	34
Sedimentation Rates (Wintrobe Technique)	—	—	80	80
Haemoglobin Estimations	—	—	82	82
GRAND TOTAL				817

Table XXXIX.**HOME VISITS.**

During the year 1,289 Home Visits were made by the Tuberculosis Health Visitor (Miss A. Dawson), made up as follows :—

(a) Primary visits to New Patients	25
(b) Primary visits to New Contacts	110
(c) Repeat visits to Patients	122
(d) After-care visits	121
(e) Visits for carrying out Tuberculin Tests at home	281
(f) Other visits	471
(g) Ineffective visits	159
Total Home visits	1,289

The Chest Physician (Dr. R. P. Boyd) made 45 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.

MENTAL ILLNESS.

AGE DISTRIBUTION OF REALLY NEW ADMISSIONS TO PSYCHIATRIC HOSPITALS IN 1964.

		(Male 92 ; female 149)						Total
Exeter residents.		S.5	S.25	S.26	S.29	S.136	S.60	
0—14 years.	Male	—	—	—	—	—	—	—
	Female	—	—	—	—	—	—	—
15—44 years.	Male	27	1	2	6	1	1	38
	Female	56	3	—	12	1	—	72
45—64 years.	Male	25	1	—	4	—	—	30
	Female	30	—	—	2	—	—	32
65+ years.	Male	21	—	—	3	—	—	24
	Female	37	2	—	6	—	—	45
TOTALS		196	7	2	33	2	1	241

Table XLI.

RE-ADMISSIONS.

INTERVAL SINCE PREVIOUS ADMISSION.

Of the 112 admitted in 1964 who had previously been in a psychiatric hospital the periods elapsing since the previous admission were :—

				<i>Patients.</i>
Under 1 year	....	....	....	48
1 — 2 years	....	....	....	24
2 — 3 years	....	....	....	14
3 — 4 years	....	....	....	10
4 — 5 years	....	....	....	6
5 — 10 years	....	....	....	6
10 — 25 years	....	....	....	6
TOTAL				114
				<i>Male</i> <i>Female</i>
Exeter residents in psychiatric hospitals for mentally ill at 31.12.63.				132 226
Admissions during 1964				133 222
Discharge out of hospital (including 31 deaths, 9 male, 22 female).				115 195
Remaining in hospital at end of 1964.				150 255

Table XLII.

MENTAL WELFARE OFFICERS' VISITS, ETC. TO THE MENTALLY ILL.

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
1. Visits and investigations leading to admission to hospital	208	433	641
2. Visits involving removal to hospital	147	268	415
3. Visits to relatives, etc. after admission	71	184	255
4. Visits to patients in hospital	194	306	500
5. Aftercare and follow-up visits following discharge	335	807	1,142
6. Visits to patients in the community receiving out-patient treatment, etc.	269	320	589
TOTALS	1,224	2,318	3,542

MENTAL WELFARE OFFICERS' VISITS, ETC. TO MENTALLY SUBNORMAL PERSONS.

	<i>Men</i>	<i>Women</i>	<i>Total</i>
1. Investigation and advice	32	21	53
2. Community care and supervision	472	724	1,196
3. Visits to patients on leave from hospitals	2	—	2
4. Visits to patients in hospital	16	13	29
TOTALS	522	758	1,280

There were also 1,247 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.

526 patients and their relatives were interviewed at the Health Department.

FACTORIES ACT, 1961

PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises. (1)	Number on Register (2)	Number of Inspection s (3)	Number of written notices (4)	Occupiers prosecuted (5)
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority†	22	9	—	—
2. Factories not included in 1 (above) in which Section 7 is enforced by Local Authority	388	145	9	—
3. Other premises in which Section 7 is enforced by Local Authority‡ (exclud'g Out-workers' premises)	4	32	4	—
Totals	414	186	13	—

2. Cases in which DEFECTS were found.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars.	No. of cases in which defects were found.				No. of cases in which prosecutions were instituted.
	Found.	Re-medied.	Referred		
			To H.M. In-spector.	By H.M. In-spector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S. 1)	1	1	—	—	—
Overcrowding (S. 2)	—	—	—	—	—
Unreasonable temperature (S. 3)	—	—	—	—	—
Inadequate ventilation (S. 4)	—	—	—	—	—
Ineffective drainage (S. 6)	—	—	—	—	—
Sanitary Conveniences (S. 7) :—					
(a) Insufficient	7	5	—	1	—
(b) Unsuitable or defective	4	4	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outworkers)	10	—	10	—	—
Totals	22	10	10	1	—

Outwork
(Sections 133 and 134)

NATURE OF WORK (1)	No. of out-workers in August list required by Section 133 (1) (c) (2)
Wearing apparel (Making etc., Cleaning and Washing)	35
Curtains and furniture hangings	10
Brass and brass articles	1
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	7
TOTAL	53

CONGENITAL ABNORMALITIES IN EXETER INFANTS
BORN IN 1964

by I. V. Ward, M.D. and E. D. Irvine, M.D.

Live Births	1,275	} Total 1,296
Still Births ....	.....	21
Infant Deaths	.....	16

Substantial congenital defects (defined as in previous annual reports) were found in 27 of these infants; details are set out below :

<i>Stillbirths</i> 21 (16 post mortems)	<i>Congenital Abnormality</i> 4 (19%) (3 post mortems)	1 anencephalic 1 hydrocephalic 1 anencephalic & meningocele 1 hydrocephalus & meningocele
<i>Infant deaths</i> 16 (13 post mortems)	<i>Congenital Abnormality</i> 4 (25%) (2 post mortems)	1 polycystic kidneys 2 hydroceph. & meningocele 1 congenital heart
<i>Survivors</i> 1259	<i>Congenital Abnormality</i> 19	5 cleft palate 2 meningomyelocele 3 congenital heart 1 spastic 1 mongol 1 double talipes 1 congenital nystagmus 1 defective ear 1 glycogen storage disease 2 short leg 1 abnormal brain with fits
<i>Total Live and Stillbirths</i> 1296	<i>Total Abnormal</i> 27	<i>Abnormal per 1,000 Live and stillbirths</i> 20.8

This figure of 20.8 per 1,000 total births is a striking drop from the previous ten-year average. What the significance is it is not easy to say—we have checked all recorded cases and cannot find any more among the survivors. Another interesting factor is the number of deficient bone closures—5 cleft palates is well above our usual average and again we have 6 spina bifidas with meningoceles in the total live and stillbirths.

CONGENITAL ABNORMALITIES IN EXETER CHILDREN
BORN 1955-1964

Year born	Total Live & Stillbirths Registered*	CASES OF SUBSTANTIAL CONGENITAL ABNORMALITY				Per 1,000 Live & Stillbirths
		Still Births	Infant Deaths	Survivors	Total	
1955	1,141	9	5	21	35	30.6
1956	1,100	1	13	18	32	29.0
1957	1,195	4	6	20	30	25.1
1958	1,186	7	4	30	41	34.5
1959	1,168	6	10	33	49	41.9
1960	1,184	4	7	26	37	31.2
1961	1,234	4	7	37	48	38.8
1962	1,248	5	11	40	56	44.88
1963	1,342	1	8	32	41	30.5
1964	1,296	4	4	19	27	20.8
TOTAL	12,094	45	75	276	396	Average 33.4

* Figures supplied by the Registrar-General for the purposes of the Annual Report.

APPENDIX III.

THE SIGNIFICANCE OF THE "AT RISK" REGISTER IN RELATION TO CONGENITAL DEFECTS

by E. D. IRVINE, M.D., and I. V. WARD, M.D.

The form used in the City to indicate those newly-born children who for the reasons stated appear to require special observation over the first few years of life, i.e. are regarded as being "at risk", is set out below. The relevant factors applicable to the baby, are "ringed" by the midwife sending in the return.

INFANT "AT RISK"—CODING

Factors suggesting child may be at special risk. Ring Appropriate number and add further particulars where appropriate.

Genetic :		Peri-natal :	
Family history of deafness, blindness, neurological diseases, etc.	1	Prolonged or difficult labour or forceps	15
Pre-natal :		Prematurity	16
Rubella or other virus infection in first 16 weeks of pregnancy	2	Post-mature (42 weeks or later)	17
X-rays in early pregnancy	3	Anoxia	18
Blood incompatibilities	4	Difficulties in sucking and swallowing	19
Hyperemesis	5	Post-natal :	
Toxoplasmosis	6	Neo-natal jaundice	20
Threatened abortion	7	Convulsions	21
Severe illness (with chemotherapy or surgery in early pregnancy)	8	Cerebral palsy	22
Thyrototoxicosis	9	Otitis media	23
Diabetes	10	Presence of other congenital abnormalities, particularly those involving eyes, heart or central nervous system	24
Hydramnios	11	Meningitis or encephalitis or other severe infection	25
Toxaemia of pregnancy	12	Any infection (skin) etc.	26
Uterine haemorrhage	13		
Other complications of pregnancy, e.g. pyelitis	14		

The table below shows the relationship between the congenital defects that have been observed in babies born during 1963 and 1964, and the conditions noted by the midwives as making the babies "at risk".

ABNORMALITY	TOTAL	CONDITION INDICATED ON 'AT RISK' FORMS—CODING
CONGENITAL HEART	6	24 ; 15 ; 16/15 ; 15 ; not ringed ; 24/15
CLEFT PALATE	5	not ringed ; 24 ; 24 ; 24 ; 24 ;
C.D.H.	8	24 ; 24 ; not ringed ; 24 ; 4/17 ; 24 ; not ringed ; 15
TALIPES	13	24 ; 24 ; 24 ; 24 ; 24 ; 24/16 ; 24 ; 19 ; not ringed (5 cases)
MICROCEPHALY	1	not ringed
HYPOSPADIAS	1	24
MENINGOCELE	6	24 ; not ringed ; 24 ; 24 ; not ringed ; 24/16/13
HYDROCEPHALUS	1	24
CEREBRAL PALSY	1	not ringed
MONGOL	1	24
DEFECTIVE R. EAR	1	24
SPINA BIFIDA OCCULTA	1	16

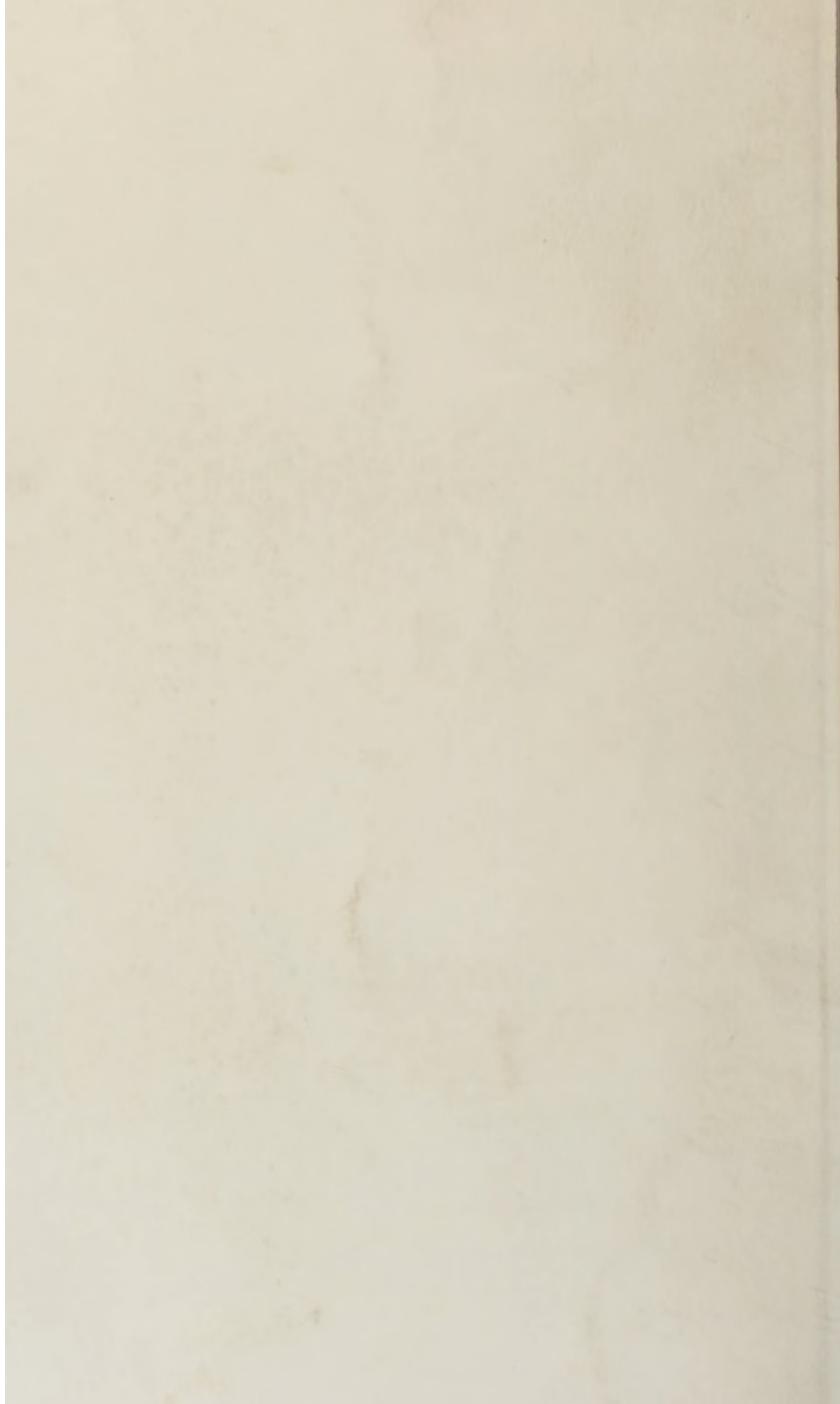
Comments

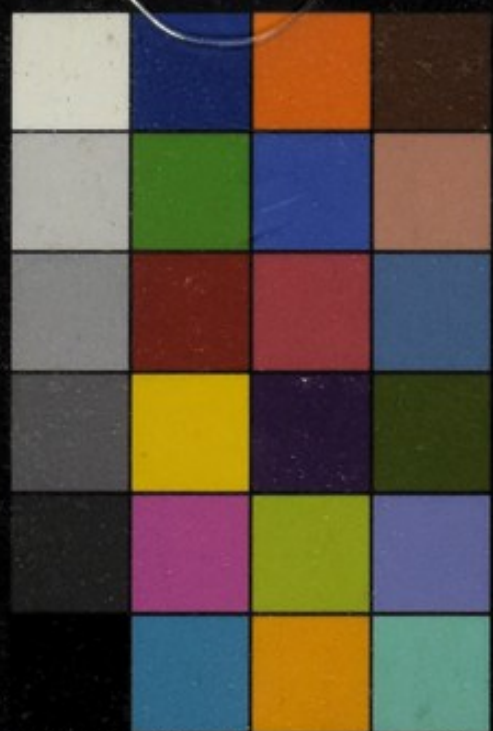
This list, which was compiled at the end of February, 1965, shews 45 cases of congenital abnormalities noted in the two years specified.

- (1) 25 of these (50%) were present at birth or recognised quite definitely before the midwife ceased attending.
- (2) 10 other babies, subsequently shewing evidence of congenital abnormalities, were not ringed as being "at risk" at all.
- (3) Quite obviously in 3 cases (cleft palate (1) and meningocele (2)) the fact that the code number (24) was not ringed indicated an oversight on the part of the midwife.
- (4) In 7 others the relationship between the cause of the child being "at risk" and the subsequently observed congenital malformation, seems non-existent, since for example, a heart lesion was obviously well established before (for example) a forceps delivery was done.
- (5) No cases of deafness in children within those discussed have been noted.

It would seem that the list of conditions which were regarded as putting the infant "at risk" needs clarification and simplification.







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