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City and County of the City of Exeter

ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH FOR 1965

E. D. IRVINE, M.D., M.R.C.S., D.P.H.,
Medical Officer of Health,
Health Department,
5, Southernhay West,
Exeter.

Telephone: 77888.

Besley & Copp Ltd., Courtenay Road, Exeter.

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Health Department,
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Tel. No. 77888

September, 1966.

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,

1965 in Exeter was a year of more than average rainfall (33.6 inches, i.e. nearly 4 inches more than the annual average as measured at the Devon and Exeter Institution in The Close) : the summer was dull : and snow fell on only a few scattered days. The health of the City was well maintained and the usual winter rise in the sickness rate, as shewn by new notifications of sickness in the insured working population, did not occur.

tal Statistics.

After a recession in 1964, the number of births resumed its upward course and was the highest in any year since 1947 ; the birth rate was 16.5. The death rate (adjusted) at 10.4 was the lowest since 1957. Over the year, the natural increase of population was 381 ; and the Registrar General estimated the mid-year population to be 82,370.

ss of
ld Life
ges 21-27).

The loss of child life was, however, more than in the previous two years ; though the infant mortality rate itself was low (13.1) compared with the rate for England and Wales (19.0), the stillbirth rate (19.3) was higher than the national figure (15.8) and distinctly higher than in Exeter in 1963 or 1964. 7.5% of the live births were illegitimate, a welcome decline on the previous year's figure (8.8%) ; four of the mothers helped by the City Social Worker were under 16 years old, a disquieting feature. Abortions, known to us, numbered 103 ; we have no knowledge of any criminal abortions. Whether the present trend in public thought, so far as this is evidenced by the press and parliamentary discussion, towards relaxing codes of conduct in relation to abortion, sexual conduct, marriage, etc., will improve the public health, may well be doubted. Certainly it is unlikely to contribute to respect for the institution of marriage and for the integrity of family life, which all

will agree are fundamental to the health and welfare of children.

Cancer of Lung.

Still more deaths occur year by year from cancer of the lung—49 in 1965 : they included 4 in women.

Environmental Hygiene.

The public water supply was satisfactory and almost every house in the City is on the public supply. The Council refused (by a comparatively small majority) to agree to fluoridation of the water supply. Five smoke control orders were approved by the Minister of Housing and Local Government during the year—bringing the total acreage in the City so controlled to 2,140 with approximately 5,800 dwellings (either built or projected). A further 1,500 acres with 1,650 dwellings (either erected or proposed) are covered by an order (Stoke Hill No. 1) made in 1965 by the Council, but at the year end awaiting confirmation by the Minister. Owing to changes in the types of appliances allowed, the cost of implementing smoke control is now rising.

National Health Service.

The health centre project in the St. Thomas area is making headway, but slowly : I consider the City should have at least four health centres. There is increasing pressure on the day nursery provision and more applications for registration of child minders and day nurseries are coming in. The child welfare centres, which for several years here, have been organised on the basis of observation of the developmental progress of the children, continue to be well used by the mothers in the City. The voluntary workers at the clinics give valuable help.

Immunisation.

Our excellent record in immunisation was well maintained.

Health Education.

The first Health Education Officer in the department was appointed in 1965 ; and organised health education is being extended. The Home Safety and Water Safety Committees continued their good work.

City extension.

The expected incorporation of the major parts of Topsham, Pinhoe and Alphington within the City (which has since come about) involved a great deal of preparatory work within the department.

Immigrants.

The Ministry of Health has requested local authorities to ensure, so far as possible, that every immigrant notified by the immigration authorities as coming to their areas, has a chest X-ray examination, and also that he registers with a family doctor. This duty of follow up has been assigned to the tuberculosis health visitor. It has proved a tedious, unsatisfactory procedure. The chest examination should be made at the port of entry and as a condition of entry.

Prevention, Care and After-Care.

Cervical cytology screening was introduced during the year ; the demand for it has increased rapidly. The

chiropody service is still extending and doing very useful work ; in 1965 about twice as many treatments were given as in 1964. Similarly, the demands on the home help service are, as is to be expected, increasing all the time.

ntal Health. We have had considerable staffing problems in the Hostels at the Nichols (Community Mental Health) Centre, but the situation has greatly improved in 1966. The training centre has progressed well ; and co-operation with the psychiatric hospitals is satisfactory.

ecial notes. A review of the progress of the Nichols Centre is included in the report. Also included, are a note by Dr. Ward on congenital defects, and a note on bookings for the general practitioner maternity unit and for home delivery in the City. As usual, Dr. McLauchlan and Dr. Ward have contributed largely to the sections on infectious disease and loss of child life respectively and Mr. R. W. Stiles has been concerned with assembling and collating much of the statistical information.

cknowledg- nts. I wish to thank all my staff, both professional and administrative and the manual workers, for their good work in the department during the year. This report is a statement of the work of the Health Committees and the staff, and illustrates the multitudinous beneficent services of the Council in the interests of the health of the people. I am also indebted to my colleagues in the medical profession in the City, to the Chief Officers of the Council, to the Press and, of course, to the Public for the help they give in making the health services useful and acceptable to the citizens. It has been an especial pleasure that the Chairman of the Health Services Committee (Alderman Mrs. Nichols) should have been made Mayor of the City for 1966/7 and a former member (Mrs. Randall Vining), Mayoress. I thank the Chairmen and members of both the Health Committees for their constant support and encouragement, and for their close interest in the services under their direction.

I am,

Your obedient servant,

E. D. IRVINE

CITY AND COUNTY OF THE CITY OF EXETER

The Mayor—

J. L. Smeall, Esq., j.p.

PUBLIC HEALTH COMMITTEE

at Dec. 31st, 1965

Chairman—

Councillor W. N. Boorne

Deputy Chairman—

Councillor T. N. H. Chappell

Alderman Mrs. M. Nichols, B.Sc.
Alderman C. Rew.
Alderman W. H. Butcher.
Alderman A. W. Pyne.
Councillor H. Bryant.
Councillor D. T. Dare.
Councillor D. S. Hicks.
Councillor A. M. Hitt.
Councillor P. P. MacDiarmid, B.Com.
Councillor R. H. M. Palmer. (Deputy Mayor)
Councillor L. J. Seward, o.b.e.
Councillor Mrs. R. M. Wickings.

HEALTH SERVICES COMMITTEE

at Dec. 31st, 1965

Chairman—

Alderman Mrs. M. Nichols, B.Sc.

Deputy Chairman—

Councillor Mrs. R. M. Wickings.

Alderman C. Rew.
Alderman W. Hunt.
Councillor R. E. C. Board.
Councillor W. N. Boorne.
Councillor T. B. H. Chappell.
Councillor A. J. Comins.
Councillor D. T. Dare.
Councillor E. C. Duckworth.
Councillor Mrs. D. M. Fishwick.
Councillor A. G. R. Goldsack.
Councillor S. R. Honeywill.

Co-opted Members—

Mrs. D. Crown.
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.) (resigned 31.1.65)
†E. G. READER, L.D.S., R.D.S. (Eng.) (resigned 31.7.65)
†T. N. PRATT, L.D.S., R.C.S. (Eng.) (from 1.6.65)
†Mrs. GILLIAN A. RAMPTON, L.D.S. (Dur.) (from 1.12.65)

(*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.

**P. M. D. BILLINGTON.
**J. T. BROWN.
**D. J. DAWSON.
‡**J. K. HARRIS.
**A. C. LEWIS.
‡**D. B. MAY.
**D. PECKHAM.
**J. A. SELLARS.
R. M. DAVIES (Student P.H.I.)
J. LUBY (Student P.H.I.)

Meat Inspectors.
*P. J. HEDGES (from 1.6.65)
R. WEBBER

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.
* Meat Inspector's Certificate.
‡ Smoke Certificate.

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

Health Visitors and School Nurses.
Miss M. L. 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 G. C. Bond, S.R.N., S.C.M., H.V. Cert. (from 4.10.65).
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. (retired 3.4.65).
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. Resigned 30.6.65).
Miss E. Goldsmith, S.R.N., S.C.M., (Pt. 1)
(Sponsored student from January 1965).
Miss C. S. Newton, S.R.N., S.C.M., Q.N.
(Sponsored student from October 1965).

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

Health Education Officer.
Miss E. H. Robertson, S.R.N., S.C.M., R.N.T. (Lond.).

Day Nursery—Matron.
Miss J. Bryan.
(Warden (1), Nursery Assistants (4))

Organiser, Domestic Help Service.
Miss M. Davies, S.E.A.N. (resigned 30.6.65).
Miss M. M. Chanter (from 1.7.65).

Chiropody Service.
S. Bradley, M.Ch.S.
Mrs. H. J. Kay, S.R.Ch.
Mrs. F. Hill, M.Ch.S. (from 17.5.65, part-time).

Ambulance Officer.
Captain F. G. Ireland (from 25.6.65).
(Previously Organising Secretary, St. John Ambulance Association).

Mental Health Services.

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

Assistant Senior Mental Welfare Officer.
L. N. Clark, R.M.P.A.

Mental Health Officers.
N. S. Coombs.
E. J. Lock.
Miss W. G. Shears.
Mrs. P. O. F. Garner, Social Science Cert. (from 9.8.65) (part-time).

Social Worker.
Mrs. E. M. Cahill, Dip. Social Administration (Nottingham) Child Care Certificate (Birmingham) (part-time).

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.
(1 Welfare Attendant).

Nichols Centre.
Matron : Vacancy.

Assistant Matron.
Miss M. W. Farrow, S.E.N. (resigned 31.12.65).

Training Centre Manager.
Mr. W. E. Davenport, Kew Cert.

Senior Instructors.
Mrs. E. Wood.
W. J. Channon.
W. S. De Viell.
Mrs. R. Marsh.
G. T. Woolway.
Mrs. E. Hubbard (from 12.7.65).
Mrs. D. K. Bartlett : *Teacher* (part-time).
Mrs. S. Viner : *Physical Education and Dancing Instructress* (part-time).

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

Administrative Assistant.
J. W. Selvey.

Clerical Staff.
E. M. Goodman.
G. A. Gibson.
Mrs. M. M. Payne.
Miss P. Eves-Down.
I. F. Cox.
Miss E. L. Barringer.
Miss L. Bond (30.1.65 transferred to School Health).
*Mrs. M. Cash.
*Mrs. E. M. Courtenay.
Miss D. Coe.
Miss J. Davies (from 23.8.65).
Miss J. A. Farrell (resigned 15.9.65).
*Mrs. G. Gadsby.
Mrs. S. K. Grigg.
Mrs. M. Hookway.
Miss E. M. Hosegrove.
D. G. Huish.
Mrs. B. Kynaston (from 28.6.64).
Miss J. E. Lemon (from 1.2.65).
Mrs. D. Maunder.
Miss M. E. Noel.
Mrs. G. Nowell.
Mrs. C. Martin.
*Mrs. P. Pearse.
Miss S. Powell (resigned 21.2.65).
Mrs. C. I. Pim.
D. G. Southwood (from 15.2.65).
R. T. Tooze (from 11.1.65, resigned 15.8.65).
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 P. M. White, S.R.N., S.C.M., Q.N., M.T.D. (also *Non-Medical Supervisor of Midwives*).
Secretary — Mrs. S. M. Walsh.

Exeter Diocesan Association for the Care of Girls.
Social Worker — Miss F. G. Styring.

GENERAL STATISTICS

Area in acres	9,137
Population (1961 Census)	80,321
Population (Estimated Civilian) Mid-year 1965	82,370
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 (1965, mid-year estimate, Registrar General) 82,370

	Rates	
	Exeter.	*England and Wales.*
	1965	1965†
Live Births, 1,374.		
Legitimate, total 1,271 ; male 661, female 610.		
Illegitimate, total 103 ; male 59, female 44.		
Live Birth Rate (Crude) per 1,000 population	16.7	
Live Birth Rate (Adjusted) per 1,000 population	16.5*	18.1
Illegitimate Live Births per cent of total live births	7.5	
Stillbirths, 27 (14 male, 13 female).		
Stillbirth Rate per 1,000 total (live and still) births.	19.3	15.8
Total Live and Stillbirths, 1,401.		
Infant Deaths, 18		
(Legitimate 17 : 8 males, 9 females).		
(Illegimate : 1 female).		
Infant Mortality Rate (Deaths of infants under 1 year, per 1,000 live births)	13.1	19.0
Neonatal Deaths (deaths of infants under four weeks) 14		
(Legitimate : 7 males, 6 females).		
(Illegitimate : 1 female).		
Neonatal Mortality Rate per 1,000 total live births	10.2	
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)	27.8	26.9
Maternal Deaths (including abortion) 1	1	
Maternal Mortality rate per 1,000 total births (live and stillbirths)	0.71††	
Deaths : 993, (male 502, female 604)		
Death Rate (crude) per 1,000 population	12.1	11.5
Death Rate (adjusted) per 1,000 population	10.4*	
Tuberculosis Mortality Rate per 1,000 population	0.05	
(Pulmonary (3 males, 1 female))		
(Non-Pulmonary (2 females))		
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 : 626		
Persons marrying per 1,000 population	15.2	15.5

* Adjusted by the use of the Registrar General's comparability factor to allow for the age and sex constitution of the population. (0.86 for death rate, 0.99 for birth rate).

† Provisional figures (Registrar General's Quarterly Returns No. 469, 1966.

‡ See page 20.

VITAL STATISTICS — 1896-1965

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.	Neo-natal Deaths Rate	Maternal Deaths No.	Maternal Deaths Rate
1896	38,000	975	25.7	708	17.2			160	164				
1897	38,000	906	23.8	751	18.3			145	161				
1898	38,000	868	22.8	647	15.6			154	178				
1899	38,000	843	22.2	772	19.1			146	173				
1900	(a)47,650	831	21.9	731	18.0			114	138				
1901	47,000	1,084	23.1	830	16.4			164	152				
1902	47,185	1,021	21.3	834	16.5			170	167				
1903	47,185	1,071	22.6	775	15.3			141	131				
1904	47,600	1,115	23.4	828	17.4			185	166				
1905	47,800	1,060	22.4	723	15.5			132	122				
1906	48,000	1,036	21.7	708	14.7			134	127				
1907	48,200	1,057	21.9	823	17.0			142	134				
1908	48,200	1,131	23.4	804	16.6			143	126				
1909	48,500	1,115	23.0	762	15.7			113	101				
1910	48,700	1,003	20.6	746	13.0			97	97				
1911	48,700	976	19.8	797	15.0			120	124				
1912	48,700	1,010	20.6	753	13.0			96	95				
1913	49,000	956	19.4	847	14.0			95	100				
1914	(b)60,317	1,193	19.7	900	13.0			101	85				
1915			18.0		14.0				87				
1916	Not	Not	17.0	Not	15.0				87				
1917	Published	Published	15.0	Published	15.0			Not	78				
1918			15.0		16.0			Published	61				
1919	61,475	1,531	15.0	807	12.0			71	79				
1920	62,332	1,400	22.4	739	11.0			94	67				
1921	59,500	1,061	19.0	765	12.0			108	96				
1922	59,700	1,015	17.0	871	13.0	34	57	70	67				
1923	60,260	1,021	17.0	733	11.0	58	56	62	61				
1924	60,160	1,010	17.0	779	12.0	55	56	60	59				
1925	60,410	1,101	16.0	872	11.0	44	52	73	74	31	28	5	4.8
1926	60,990	1,006	16.0	792	11.0	41	58	69	68	28	28	3	2.8
1927	61,220	1,083	16.0	752	10.0	42	59	57	60	28	26	5	5.1
1928	62,030	956	15.0	773	10.0	48	61	66	69	23	24	4	3.9
1929	61,880	1,141	16.0	863	12.0	41	52	52	53	25	23	3	3.1
1930	61,880	944	15.0	759	10.0	36	38	47	50	21	22	5	4.2
1931	64,780	934	14.0	862	10.8	45	46	53	57	30	32	Nil	Nil
1932	66,200	950	14.0	798	9.8	42	44	51	54	35	37	3	3.0
1933	67,300	940	13.9	885	10.7	36	38	45	48	23	24	3	3.1
1934	67,800	1,021	15.0	785	10.0	42	39	57	56	27	26	3	2.8
1935	68,300	982	14.3	815	10.3	41	40	33	34	25	25	1	0.9
1936	68,650	915	13.3	890	11.3	42	44	57	62	29	32	2	2.1
1937	69,240	980	14.1	885	11.1	41	40	55	56	34	35	1	0.9
1938	69,160	1,010	14.6	888	11.1	48	45	57	56	32	32	1	0.9
1939	69,890	936	13.4	908	11.1	37	38	40	42	24	26	3	3.1
1940	(c)73,830	1,012	13.7	1,083	13.3	37	35	41	40	26	26	2	1.8
	(d)79,460												
1941	(d)81,430	1,027	12.8	Not	13.4	35	32.9	79	68	42	41	5	4.1
1942	73,800	1,065	14.4	Published	15.8	31	29.2	53	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
1965	82,370	1,374	16.5	993	10.4	27	19.3	18	13.1	14	10.2	1	0.7

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

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

Table I.

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

Year	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Exeter	77,000	76,900	76,900	77,400	77,450	78,570	78,950	79,690	81,810	82,370

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 1965 was 381.

EMPLOYMENT

The principal occupations in the City are in the distributive trades, engineering, clothing, hotel and catering, and building trades, civil engineering and in administration. The estimated insured population in June 1964 was 46,488 (29,376 males, 17,112 females).

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

" Employment in the City has remained fairly stable at about 46,500 insured workers with the service industries (e.g. construction, the distributive trades, public and professional services) still predominant.

" With once again around 4,000 men and women placed in work locally, employment opportunities have, on the whole, been favourable for the young, not so easy for older and less fit applicants. Steady progress has been made on the Marsh Barton Trading Estate, particularly in the establishment of light engineering works. More industrial outlets of this kind will be advantageous to local labour.

" Unemployment throughout the year was no more than the seasonal ebb and flow. The peak month was February with 2.1% unemployed, but trade improved in March and by June the number of unemployed had fallen to 1.3%, which was just above the National average 1.2%.

" The poor summer, plus Government economy measures, took its toll when, contrary to previous years, unemployment rose slightly in July and August, but since then the Register has remained remarkably steady, and the year ended on a bright note with the number registered as unemployed standing at 1.5%, the lowest figure since 1960."

BIRTHS

Notifications.

The birth notifications shewed that 2,575 live births and 54 stillbirths occurred in the City in 1965. All notifications except one were made by midwives, and all births were registered.

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	303	1	6	—	309	1
Hospitals	1,025	24	1,149	27	2,174	51
Mother and Baby Homes	9	1	65	1	74	2
H.M. Borstal Institution	1	—	17	—	18	—
Totals	1,338	26	1,237	28	2,575	54

"Transfers-in" (by other authorities):

Domiciliary	1	6—all live births.
Hospitals	4	
Nursing Homes	1	

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	—	17—all live births.
Hospitals	14	
Nursing Homes	3	

Thus we know of 1,387 births (including 26 stillbirths) to Exeter mothers (23 of whom were confined elsewhere than in the City), 305 (22%) took place at home and 1,082 (78%) in hospitals, nursing homes, etc.—just the same proportions as in 1964. Among the 1,387 births notified, there were 14 sets of twins. There was also one stillbirth "transferred in" by the Registrar General; this was a birth which occurred in 1964.

Birth Rate.

The Registrar General's return to us for the purposes of this annual report gives the number of births *registered* in 1965 as 1,401 (including 27 stillbirths). This figure is 16 more than we have been able to ascertain from our local records (as set out above) which should be accurate, being based on registrations and transferred-in registrations.

CONGENITAL MALFORMATIONS—1965

The monthly notification to the Registrar General of the number of Exeter babies born with congenital malformations recognisable at birth or soon after which began in January 1964, showed an increase in the number of cases notified this year (39) as against 21 in 1964.

CONGENITAL ABNORMALITIES—1965

Live Births	1,374	1,401.
Stillbirths	27**	
Infant Deaths	18	

Substantial congenital defects were found in 39 of these infants. Details are set out below :—

Stillbirths.	*Cong. abnorm.*		
27**	7 (27%) (6 post-mortem examinations made)	hydrocephalus and encephalocele	1
		anencephaly	1
		atresia of oesophagus	1
		achondroplasia	2
		meningocele	1
		ancephalic	1
Infant Deaths.	*Cong. abnorm.*		
18	6 (33%)	atresia of oesophagus and heart lesion	1
		hydrocephalus and meningocele	2
		congenital heart	1
		meningocele and anencephaly	1
		microviscordosis	1
Survivors.	*Cong. abnorm.*		
1,356	26 (1.95%)	talipes	6
		heart defect	7
		congenital dislocation of hip	2
		Hirshsprung's disease	1
		mongols	3
		Christmas disease	1
		thyroglossal cyst	1
		defective skull (operation)	1
		hare lip and cleft palate	1
		hiatus hernia (operation)	1
		hydrocephalus and meningocele	1
		malformation of ear	1

Total births, live and still = 1,401
Total defects = 39
Rate per 1,000 total births = 28 approx.

** One of the stillborn infants was born in Exeter in 1964 and registered in 1965 : the mother lived outside the city but her true domicile was in West Africa. The Registrar General has allocated this stillbirth to Exeter, but we have not investigated the cause as the allocation was not known to us until a year after the birth, and the mother did not live in the City.

Table III.

LIVE BIRTH RATE

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

Year	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Live Birth Rate : England and Wales	15.7	16.1	16.4	16.5	17.1	17.5	17.9	18.1	18.4	18.0**
Exeter : Live Birth Rate : (crude)	14.0	15.2	15.1	14.6	15.0	15.3	15.5	16.5	15.6	16.7
Exeter : (corrected)†	14.1	15.4	15.3	14.7	15.2	15.5	15.6	16.4	15.4	16.5
Illegits. as percentage of total live births : Exeter	4.3	4.8	5.4	5.5	5.3	6.7	7.9	6.9	8.8	7.5
England and Wales*....	4.8	4.8	4.9	5.1	5.4	6.0	7.0	6.9	7.2	N.A.

*R.G.'s *Statistical Review of England and Wales for the Year* 1964. (Part I).
†Corrected by the R. G.'s comparability factor (0.99 in 1965).
N.A.—Not Available.
**Provisional.

Table IV.

Distribution of Deaths by Age and Cause.

Registrar General's Figures 1965.

		Under 4 weeks		4 weeks & under 1 year		1—		5—		15—		25—		35—		45—		55—		65—		75 and Over		Total		Grand Total	1964 Totals
		M.	F.	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	—	—	—	—	—	1	1	1	—	3	1	4	8
2	Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	—	2	1
3	Syphilitic disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	2	—	2	2
4	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
10	Malignant neoplasm, stomach	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	5	2	2	5	6	6	14	14	28	27
11	Malignant neoplasm, lung, bronchus	—	—	—	—	—	—	—	—	—	—	—	—	1	—	5	1	14	1	15	1	10	1	45	4	49	47
12	Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	—	2	—	4	—	4	—	14	14	22
13	Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	1	—	2	—	—	—	3	—	9	9	9
14	Other malignant and lymphatic neoplasms	—	—	—	—	—	—	—	—	1	—	2	—	2	1	2	10	11	11	18	16	18	16	54	54	108	99
15	Leukaemia, aleukaemia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	—	—	—	2	1	3	8
16	Diabetes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	1	5	1	9	10	4
17	Vascular lesions of nervous system	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	7	2	19	23	26	38	53	64	117	139
18	Coronary disease, angina	—	—	—	—	—	—	—	—	—	—	—	—	2	—	21	5	32	8	37	28	44	53	136	94	230	223
19	Hypertension with heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	1	5	2	3	4	10	8	18	11
20	Other heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	2	9	5	32	72	44	80	124	132
21	Other circulatory disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	4	5	11	22	19	27	46	39
22	Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
23	Pneumonia	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	3	1	7	2	14	20	24	24	48	53
24	Bronchitis	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	5	1	12	2	5	5	23	9	32	24
25	Other diseases of respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	2	4	5	4	9	15
26	Ulcer of stomach and duodenum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	—	—	4	3	5	8	7
27	Gastritis, enteritis and diarrhoea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
28	Nephritis and nephrosis	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	1	—	—	1	—	2	3	5	4
29	Hyperplasia of prostrate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	5	—	7	—	7	4
30	Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	1
31	Congenital malformations	2	2	1	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	5	4	9	9
32	Other defined and ill-defined diseases	4	5	—	1	—	—	—	—	1	1	—	—	3	2	1	1	8	6	5	9	3	14	25	39	64	72
33	Motor vehicle accidents	—	—	—	—	—	1	—	—	5	—	1	—	—	—	1	—	—	—	2	—	1	1	10	2	12	14
34	All other accidents	1	—	—	1	—	—	—	—	—	—	—	1	—	1	—	1	2	1	1	5	1	6	5	16	21	16
35	Suicide	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3	1	1	1	1	1	—	2	8	5	13	12
36	Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		7	7	1	3	2	1	—	—	7	2	3	4	12	9	37	29	101	45	146	111	186	280	502	491	993	1008

DEATHS

Certification

It is not always easy to reconcile our own classification of deaths as registered (a copy of all registrations is received from the local registrar) with the Registrar General's classification. Sometimes he has later information about deaths which is not available to us, and sometimes we can get more information probably not available to him. He is, of course, bound by internationally agreed rules, but even so, the certification may lead to peculiar results, e.g. one man's death was certified as due to congestive heart failure, senility and healed tuberculosis of the spine. He was 92 years of age ; his spinal tuberculosis was healed many, many years ago. This is classified as due to tuberculosis, though it is very unlikely to have been the real cause. A death due to manual strangulation has been classified as " other accidents ". One of the deaths is ascribed to syphilis because the disease named on the certificate is regarded in the classification as due to syphilis, but local records state there was no evidence of syphilis. The actual mode of certification is important from the view point of national statistics and this is clearly evident even in our own brief analysis. I acknowledge gratefully the courtesy of the Registrar General in answering our many queries.

Deaths in the City of Exeter of persons normally residing outside the area, are not generally assigned to Exeter, unless death occurs after six months' stay in one of the hospital units regarded by the Registrar General as a long-stay unit. This rule does not apply, however, to Scottish residents nor to those who arrive in this area from overseas shortly prior to their death ; such deaths are assigned to the area in which they occur.

ACCIDENTAL DEATHS

Motor Vehicle Accidents

There were 12 deaths (10 males and 2 females) due to motor vehicle accidents, including :—a child aged 3 run over by a milk float ; 2 pedestrians (aged 73 years and 90 years) ; 6 men (16, 17, 28, 46, 66 and 75 years) in car collisions ; 2 young motor cyclists (aged 18) and an 18-year-old scooter driver. The loss of young life is particularly distressing.

Other Accidental Deaths

The Registrar General ascribed 21 Exeter deaths (5 males and 16 females) in 1965 to accidents other than motor vehicle accidents, whereas our classification of deaths, shows only 18 deaths (3 males and 15 females) from these causes, viz. :—

By drowning 1 (a woman aged 44 years) ; by falls at home 11 (1 male and 10 females—all over 63 years of age) ; fall over cliff in N. Devon 1 (a woman aged 34) ; fall in street (a woman aged 77 years, who was pulled off her feet when catching hold of

a baker's van door handle); severe burns—night attire caught fire 1 (woman 83 years); asphyxia—inhalation of vomit 2 (children, 6 days and 9 months); drug poisoning 1 (a woman aged 67).

One case of manual strangulation (woman aged 49) was classified by us as homicide, whereas the Registrar General ascribed it to other accidental deaths, as the Coroner returned an open verdict.

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

Suicides

There were 13 suicides in Exeter residents (8 males and 5 females). The age grouping of suicides in Exeter residents during the past 10 years is shown below (Registrar General's returns); one-third were in persons of over 65 years of age, two-fifths in persons in the age range 45—64 years.

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.	
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
1965	—	—	—	—	3	—	4	2	1	1	—	2	8	5	13
Total	1	—	5	—	15	8	21	25	12	9	7	9	61	51	112

Table V.

Death Rate

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

Year	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
England and Wales ..	11.7	11.5	11.7	11.6	11.5	11.9	11.9	12.2	11.3	11.5†
Exeter— Crude	13.3	11.8	13.6	13.3	12.9	13.1	13.0	14.0	12.3	12.1
Exeter— Adjusted*	11.9	10.4	11.8	11.1	11.0	10.9	10.9	11.9	10.5	10.4

*Adjusted by application of the Registrar-General's comparability factor (which is at present 0.86); 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:	1965 Total	1965 Males	1965 Females	1964 Total	1964 Males	1964 Females	1963 Total	1963 Males	1963 Females
0—14	21	10	11	21	18	3	26	12	14
15—64	249	160	89	249	156	93	266	157	109
65 and over	723	332	391	738	327	411	820	339	481
	993	502	491	1,008	501	507	1,112	508	604

Table VII

DEATHS AT ALL AGES (1956—1965).

	1956	1957	1958	1959	1960	1961	1962	1963	1964*	1965
CAUSE :										
Infective	63	59	47	69	52	77	79	99	70	56
Cancer	185	154	189	183	194	194	202	188	212	211
Degenerative	543	511	623	588	556	528	533	576	552	552
Others	230	189	187	189	199	232	213	249	174	174
TOTAL	1,021	913	1,046	1,029	1,001	1,031	1,027	1,112	1,008	993

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.

* These figures correct those given in the 1964 Report.

DEATHS IN HOSPITALS AND NURSING HOMES

505 or 51% of all deaths in Exeter residents occurred in hospitals and nursing homes ; 56 of these had been in-patients for periods of at least six months prior to their death.

MORTALITY IN CHILD-BEARING AND INFANCY.

The following composite table gives useful information regarding child-bearing and infancy for the past 25 years :—

Table VIII

MORTALITY IN CHILD-BEARING AND INFANCY IN EXETER

1941 — 1965.

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	32*	
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	35
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	29.9	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	30
1964	1	0.8	1,275	21	15.4	16.2	15	1	12.5	36	25	
1965	1	0.7	1,374	27	16.5	19.3	14	4	13.1	41	28	

*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 33, died from haemorrhage due to ectopic pregnancy, almost immediately after admission to hospital.

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

There were 18 infant deaths under the age of 1 year in 1965, including 14 which occurred in the neonatal period (up to 28 days). 12 of the neonatal deaths occurred within the first week and 6 of these on the first day of life.

Congenital abnormalities accounted for 6 deaths at from 3 days to 9½ weeks old; one infant death due to congenital abnormality was in a twin, the other being a stillborn child with the same congenital abnormality; 5 deaths were due to respiratory distress at birth, 4 of them being caused by hyaline membrane disease. The premature children who died aged 2 hours and 5 hours were very immature twins weighing only 13 ozs. and 19 ozs.

The 2 accidental deaths were due to inhalation of vomit, one occurring in a cot in hospital at aged 6 days, and the other in a child aged 9 months who had eczema and in whom death (from inhaled vomit) might conceivably have been caused by allergy. 9 of these deaths were in first children, including 2 whose mothers had previously suffered miscarriages.

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

14 of the infant deaths occurred within this period.

Causes of Deaths :

	1st wk. Deaths	1-4 wks. Deaths	P.M. exam. made
Congenital abnormality	2	1	2
Respiratory disorder	5	—	5
Prematurity	2	—	2
Accidental	1	—	1
Birth injury	1	—	1
Myocarditis	—	1	1
Not known	1	—	1
Totals	12	2	13

8 of these were low weight babies.

B. Deaths in Children aged 4 Weeks to 1 Year.

There were 4 deaths in this group—3 being due to congenital abnormality and the fourth to accidental inhalation of vomit at 9 months of age.

The overall picture of the causes of the 18 *infant deaths is* :—

Congenital abnormality	6
Respiratory distress	5
Prematurity	2
Accidental	2
Birth injury	1
Myocarditis (viral)	1
Not known	1
	18

INFANT MORTALITY

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

Year	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
England and Wales	23.8	23.0	22.5	22.0	21.9	21.6	21.4	20.9	20.0	19.0
Exeter	29.6	17.9	17.2	15.5	14.6	24.0	20.5	15.9	12.5	13.1

ABORTIONS

During 1965 the home midwives nursed 37 cases of abortion, considerably less than in 1964 (69). Of these, 21 were nursed entirely at home, 15 were admitted to hospital, and 1 was nursed at home after discharge from hospital.

Of patients who had actually booked for confinement, 28 had abortions during 1965 (3 home bookings—25 Mowbray House bookings). Only 5 of these cases are included in the 37 cases nursed at home.

Year	Cases	In hospital	At home	Mothers included in both figures
1965	93	72	37	16
1964	114	62	69	17
1963	91	58	42	9
1962	117	74	55	12
1961	103	71	49	17

Table IX.

INFANT DEATHS IN 1965

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	Not Known
Congenital abnormality	6	—	3	3	—	2	4	5	1	4	1	1	3	5	—	1	—	—	—	—	—
Respiratory*	5	2	3	—	—	2	3	5	—	5	4	1	4	2	—	1	—	—	—	1	1
Prematurity	2	2	—	—	—	1	1	2	—	2	2	2	2	—	—	—	2	—	—	—	—
Accidental	2	—	1	—	1	1	1	1	1	2	—	—	—	1	1	—	—	—	—	—	—
Birth injury	1	1	—	—	—	—	1	1	—	1	—	—	1	1	—	—	—	—	—	—	—
Myocarditis viral infections	1	—	1	—	—	1	—	1	—	1	1	—	1	—	—	—	—	1	—	—	—
Not known	1	1	—	—	—	1	—	1	—	1	—	1	—	—	—	—	—	1	—	—	—
Totals	18	6	8	3	1	8	10	16	2	16	8	5	11	9	1	2	2	2	—	1	1
		18				18		18						18							

* Including Hyaline membrane disease.

STILLBIRTHS, 1965

There were **27 stillbirths in 1965 giving a stillbirth rate of 19.3 per total births registered in the year—a further increase on the figures for 1963 and 1964. The rate for England and Wales in 1965 was 15.7 (estimated by the Registrar General).

PREMATURE OR LOW-WEIGHT STILLBIRTHS (weighing 5 lb. 8 ozs. or less).

19 of the stillbirths were of low weight, weighing from 1 lb. to 4 lbs. 3 ozs. 16 of them weighed less than 3¼ lbs. 12 of them died in utero before birth.

The causes of death were :—

Congenital abnormality	6	Placental insufficiency	1
Ante-partum haemorrhage	1	Rhesus incompatibility	1
Toxaemia	5	Not known	4
Intra-uterine pneumonia	1		

Complications of pregnancy occurred in 15 of the 19 cases.

There were no cases in the weight groups over 4 lbs. 6 ozs. up to and including 5 lbs. 8 ozs.

FULL-TERM STILLBIRTHS (weighing more than 5 lbs. 8 ozs.).

There were 7 larger stillborn babies weighing 6 lbs. 4 ozs. to 8 lbs. 4 ozs. There were complications of both pregnancy and labour in 2 of the 7 cases.

The causes of stillbirth were :—

Congenital abnormality	1	Intra-uterine pneumonia	1
Ante-partum haemorrhage	1	Not known	3
Toxaemia	1		

The overall picture is :

Total stillbirths = 27*.

Total post-mortem examinations made = 17.

Causes :

Congenital abnormality	7	
Toxaemia	6	
Ante-partum haemorrhage	2	
Intra-uterine pneumonia	2	
Placental insufficiency	1	(half the placenta, which was small, was occupied by infarcts, and was ineffective).
Rhesus incompatibility	1	
Not known	7	
	26	investigated stillbirths*

** One of the stillborn infants was born in Exeter in 1964 and registered in 1965 : the mother lived outside the city but her true domicile was in West Africa. The Registrar General has allocated this stillbirth to Exeter, but we have not investigated the cause as the allocation was not known to us until over a year after the birth, and the mother did not live in the City.

Table X.

STILLBIRTHS, 1965

WEIGHT	Total	Male	Female	Born at home	Born in Mowbray Maternity Hospital	Born in hospital	Complicd. pregnancy	Complicd. labour	Post mortem Exam.	Legitimate	CAUSES							
											Congenital abnorm.	A.P.H.	Toxaemia	Birth injury	Intra uterine pneumonia	Plac. insuff.	Rhesus Incomp.	Not known
2 lbs. 3 ozs. or less	9	*5	4	2	—	7	6	5	6	8	3	1	1	—	—	—	—	4
Over 2 lbs. 3 ozs. up to and including 3 lbs. 4 ozs.	7	2	5	—	—	7	6	2	4	6	3	—	3	—	1	—	—	—
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.	3	2	1	—	—	3	3	2	2	3	—	—	1	—	—	1	1	—
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Over 5 lbs. 8 ozs.	7	4	3	—	2	5	2	2	5	7	1	1	1	—	1	—	—	3
Totals	26 **1	12 *1 not known	13	2	2	22	17	11	17	24	7	2	6	—	2	1	1	7
		26		26							26							

** See footnote to page 24.

PERI-NATAL MORTALITY, 1965

Peri-natal deaths numbered 39 (27 stillbirths* and 12 deaths within the first week of life). The peri-natal mortality rate was 27.8 per 1,000 total births.

The causes of the 12 first-week deaths were :—

Respiratory	5	Birth injury	1
Congenital abnormality	2	Not known	1
Prematurity	2		
Accidental	1	Total	12

The causes of the 26 stillbirths investigated* have been discussed elsewhere.

Summarising, the causes of the 38 peri-natal deaths investigated* were :—

Congenital abnormality	9	Prematurity	2
Toxaemia	6	Respiratory	5
Ante partum haemorrhage	2	Not known	8
Intra-uterine pneumonia	2	Accidental	1
Placental insufficiency	1		
Rhesus incompatibility	1		38
Birth injury....	1		

* One of the stillborn infants was born in Exeter in 1964 and registered in 1965 : the mother lived outside the city but her true domicile was in West Africa. The Registrar General has allocated this stillbirth to Exeter, but we have not investigated the cause as the allocation was not known to us until over a year after the birth, and the mother did not live in the City.

SOCIAL GRADING OF PREMATURE BIRTHS, STILLBIRTHS AND INFANT DEATHS, 1965

Father's Social Class (R.G.)	*Exeter Social Class Distribution per 1,000 total population (Census : 1951)*	*Premature Births*	*Still-births*	*Infant Deaths*
Class I (Professional etc. Occupations)	39	4	—	1
,, II (Intermediate)	160	4	2	—
,, III (Skilled Occupations)	566	52	18	11
,, IV (Intermediate Occupations)	112	5	—	2
,, V (Unskilled)	123	15	3	1
Unemployed		2	2	1
Not known		9	1	1
Iliegitimate		—	1	1
TOTALS	1,000	91	27	18

Table XI.

PREMATURE LIVE AND STILLBIRTHS, 1965.

Notified Premature Still-births			Premature Live Births															
			Weight		Born at			Deaths during 1965—Age at death.				Believed causes of Prematurity.					
Born in Mowbray House Maternity Hosp.	Born at home	Born in hospital	Over	Up to and inclg.	Home	Hospital	Survivors at end of 1965	Under 1 day	Over 1 day, under 1 week	Over 1 week, under 4 weeks	Over 4 weeks	Not known	Twins	Illness of Mother	A.P.H.	Toxaemia	Small Full-Term
—	2	7	—	2 lbs. 3 ozs.	—	2	—	2	—	—	—	—	2	—	—	—	—
—	—	7	2 lbs. 3 ozs.	3 lbs. 4 ozs.	1	2	2	—	1	—	—	1	1	1	—	—	—
—	—	3	3 lbs. 4 ozs.	4 lbs. 6 ozs.	2	24	24	2	—	—	—	9	8	1	5	2	1
—	—	—	4 lbs. 6 ozs.	4 lbs. 15 ozs.	2	13	13	—	1	1	—	8	1	—	1	2	3
—	—	—	4 lbs. 15 ozs.	5 lbs. 8 ozs.	8	37	44	—	1	—	—	29	3	—	5	3	5
—	2	17	Totals		13	78	83	4	3	1	—	47	15	2	11	7	9

PREMATURE (LOW WEIGHT) BABIES, 1965.

110 babies weighing 5 lbs. 8 ozs. or less were born in 1965 ; 19 were stillborn and have been discussed on page 24 ; 91 were live born. Of the 91 live births, 78 were born in hospital and 13 at home ; 8 died—all within the first 12 days of life.

Of the 83 surviving at the year end, 5 were found to have congenital abnormalities, viz. : talipes 2, heart lesions 2, mongolism 1.

We are missing the valuable information previously given on the premature baby record card used by the department. Since January 1964, the information has been collected from the hospital discharge notes, which have given us less full details. In January 1966, a new type of premature baby card was agreed and this, we hope, will enable us to make a more accurate report.

		1957	1958	1959	1960	1961	1962	1963	1964	1965
Low-weight Live Births as percentage of Live Births :	Exeter	8.4	6.8	8.2	7.2	6.5	5.4	7.1	7.1	6.6
	England & Wales†	7.0	6.8	6.7	6.7	6.7	6.7	6.6	6.4	6.4
Low-weight Live and Stillbirths as percentage of total Live and Stillbirths :	Exeter	8.5	7.5	9.5	8.7	7.7	6.8	7.9	7.8	7.8
	England & Wales†	8.0	7.8	7.7	7.7	7.7	7.6	7.4	7.2	7.1

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

CANCER

Deaths.

211 deaths were certified as primarily due to cancer during 1964 in Exeter residents. In a further 17 cases cancer was certified as a secondary cause, i.e. contributing to death, but not the main cause.

Cancer of the lung and bronchus caused 49 deaths (45 men and 4 women), 47 of whom were over 65 years of age ; corresponding deaths during 1964 numbered 47 (38 men and 9 women).

Cancer of the womb caused 9 deaths, the same number as in 1964. It is hoped that by continuing routine screening (cervical cytology) introduced in 1965, the number of deaths due to this cause may be reduced considerably in future years. Cancer of the breast caused 14 deaths.

Registration

The registrations of cancer among Exeter residents in 1964 are set out in the table, kindly sent to me by Professor Milnes Walker, Director of the Regional Cancer Records Bureau. The

number of breast cancers registered was less than in 1963 or 1962 ; the number of respiratory cancers shewed a slight increase, and cases of digestive cancers also increased in number.

Exeter Residents

Cancer Registrations By Age, Site and Sex for Year 1964

		Under 20	20—29	30—39	40—49	50—59	60—69	70+	Total M. & F.	
140—148 Buccal cavity & Pharynx	M	—	—	—	—	1	4	1	6	10
	F	—	—	—	—	1	1	2	4	
150—159 Digestive organs & Peritoneum	M	—	—	—	1	7	13	27	48	97
	F	—	1	—	—	6	13	29	49	
160—165 Respiratory system	M	—	—	1	—	8	25	7	41	51
	F	—	—	—	—	2	2	6	10	
170 Breast	M	—	—	—	—	—	—	—	—	23
	F	—	—	1	1	5	6	10	23	
171—181 Genito-unrinary Organs	M	—	—	—	1	3	6	15	25	53
	F	—	—	3	2	7	13	3	28	
190—191 Skin	M	—	—	—	—	5	1	6	12	22
	F	—	—	—	1	1	1	7	10	
192—199 Other & unspecified sites	M	2	—	—	—	3	2	—	7	13
	F	1	—	—	—	4	1	—	6	
200—205 Lymphatic & haematopoietic tissues	M	—	—	1	1	1	1	2	6	8
	F	—	1	—	—	—	1	—	2	
Total	M	2	—	2	3	28	52	58	145	277
	F	1	2	4	4	26	38	57	132	
Total	M & F	3	2	6	7	54	90	115	277	

EXETER PUBLIC WATER SUPPLY

BACTERIOLOGICAL ANALYSES OF SAMPLES TAKEN IN 1965.
(EXAMINED BY PUBLIC HEALTH LABORATORY.)

WATER AFTER TREATMENT	No. of Samples	Presumptive B. Coli count per 100 millilitres				
		0	1-2	3-10	11-50	50+
(A) AT TREATMENT WORKS : Pumping Main	245	244	—	1	—	—
(B) ON CONSUMERS' SUPPLY : Danes Castle Reservoir Zone	39	25	10	3	1	—
Belvidere Reservoir Zone	23	22	1	—	—	—
Marypole Head Reservoir Zone	16	12	2	2	—	—
Barley Lane Reservoir Zone	18	17	—	1	—	—
Stoke Hill Reservoir Zone	13	12	1	—	—	—
TOTAL	354	332	14	7	1	—
OTHERS : Building Sites, New Mains, etc.	63	38	7	4	12	2

In addition 49 samples of Raw River Water were examined—generally these shewed gross pollution (25 to 18,000 presumptive B. Coli per 100 ml.) ; and also 10 samples of water whilst undergoing treatment for the purposes of checking the efficiency of the sterilisation process at various stages.

The Chief Engineer to the East Devon Water Board (Mr. E. C. GORDON, A.M.I.C.E., A.M.I.W.E.) has kindly given me the following notes : The City derives its water supply from the River Exe, the East Devon Water Board being responsible for its collection, treatment and distribution. The water has been satisfactory in quality and quantity during the year. Generally speaking, the pH of water from the Pynes plant has been maintained at about 8.7. The classified results of bacteriological examinations of raw and treated water, and examples of the chemical analysis, are set out above. The treated water is not plumbo-solvent. When samples are found to be unsatisfactory repeat samples are taken, and appropriate action taken at the works. No serious instances of pollution occurred. Arrangements are in hand to swab out sections of the mains to clear deposits. Approximately 24,600 dwelling-houses at 1st April 1965 were supplied. None was supplied by standpipes.

The Stoke Canon borehole is now available for use whenever required ; it functions by discharging to the River Exe, thereby enabling an additional $\frac{3}{4}$ million gallons per day to be abstracted into the Pynes Works over and above the 5.4 million gallons per day which has previously been the maximum authorised abstraction.

After a prolonged period of test pumping last Autumn, the observations in surrounding boreholes and in the Stoke Canon borehole itself, showed that the yield was quite reliable.

Three further boreholes are to be drilled during this year to increase the quantity available from underground to 2 m.g.p.d. with standby in one borehole. If these boreholes are successful, they will enable the demands for water supply in Exeter to be met for at least a further ten years.

Pynes Water Works, Exeter.

Analyses	Chemicals in parts per Million	
	Raw Water Sample 9.12.1965 10 a.m.	Final Treated Water 9.12.1965 10.10 a.m.
Bacteriological Examination :		
Nutrient Agar at 37°C. 48 hours	2,100	0
Coliform Organisms, per 100 mls.	1,700	0
Bact. Coli. Type 1, per 100 mls.	1,700	0
Physical Characters :		
Colour (Hazen)	70	5
Turbidity	96	2.0
pH	7.2	9.1
Conductivity 25°C. (umhos)	125	170
E.M.A.H.+	0.60 me/l	0.85 me/l
E.M.A.Ag.+	0.27 me/l	0.44 me/l
Chemical Analysis (*in mgm. per litre*) :		
Free Carbon Dioxide (CO_2)	3	Nil
Total Alkalinity ($CaCO_1$)	23	35(3)
Caustic Alkalinity (as $CaCO_3$)	Nil	Nil
Ammoniacal Nitrogen	0.1	0.03
Albuminoid Nitrogen	0.08	0.02
Nitrite Nitrogen	Nil	Nil
Nitrate Nitrogen	1.84	2.07
Oxygen Absorbed (4 hrs. at 26.7°C.)	3.3	0.01
Carbonate Hardness (E.D.T.A.)	23	35
Non-Carbonate Hardness (E.D.T.A.)	17	25
Total Hardness (E.D.T.A.)	40	60
Total Solids (dried at 180°C.)	79	107
Calcium (Ca) 12	26	20
Magnesium (Mg.) 3.4	14	2.4
Sodium (Na) } as Na Potassium (K) }	5.5	7.6
Carbonate (CO_3)	13.8	21
Sulphate (SO_4)	6.7	14.5
Chloride (Cl)	11.7	14.5
Nitrate (NO_3)	8	9
Fluoride (F)	0.1	0.1
Silica (SiO_2)	2.5	trace
Aluminium (Al)	0.45	0.14
Manganese (Mn)	0.10	trace
Iron (Fe)	1.50	0.08
Residual Chlorine : Free	Nil	0.50
	The above water was taken when the river was in flood and this accounts for the high turbidity. The other results are typical of a fairly clean river.	The above water has good clarity and bacteriologically it is excellent. The water is moderately soft and is non-corrosive.

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

During the year the contract for the construction of the relief foul interceptor from Belle Isle to the Sewage Works (estimated cost £306,000) was commenced. In connection with this scheme foul sewers have been laid in the Tan Lane Depot up to 39 in. diameter and a permanent tunnel, 6 ft. 2 in. internal diameter, lined with pre-cast concrete segments constructed under the River Exe to accommodate an inverted syphon consisting of twin 21 in. diameter pipes, is almost complete.

A contract was entered into for the construction of a Foul Sewage Pumping Station at Tan Lane, to replace the existing pumping station and work started towards the end of July 1965. A further small foul sewage pumping station is being constructed on the Marsh Barton Trading Estate close to Clapperbrook Lane.

Under annual maintenance work, portions of defective barrel sewers were relaid at Regents Park and Clifton Road and defective foul water sewers have been relaid at Cotfield Street, Lower Wear Road, Regent Street, Salmon Pool Lane and St. Leonards Avenue. Repairs to surface water sewers have been carried out at Butts Road, Cowley Bridge Road and Prince of Wales Road. At Hanover Road a surface water sewer was diverted to by-pass a defective section under private property.

SEWAGE DISPOSAL

The disposal plant at Countess Wear is now 32 years old. It is worn out and becoming more and more difficult to maintain in working order. Design work for the new sewage works is proceeding and the scheme for a new Laboratory Block has been approved by the Ministry of Housing and Local Government.

The sludge vessel " S.W.2 ", which is the first major item to be provided under the Sewage Works Reconstruction Scheme, is operating satisfactorily.

Steps are being taken to combat the offensive odours which are arising from the Sewage Works and " Alamask " spray nozzles will be erected in the near future.

SWIMMING BATHS

There is one public swimming bath owned by the Council; there are 9 pools in schools (5 in L.E.A. schools, 2 in special residential schools, 1 in an approved school, 1 in a public school, and 1 in a teachers training college). Those in the L.E.A. schools have been provided by the co-operation of the Education Authority and the Parent-Teacher Association.

Samples were taken from the Corporation swimming bath on 14 days in the year (30 samples in all). Of these 27 were negative for B.Coli, and in the other 3 presumptive B.Coli (but not Type I.B.Coli) were found).

The bacteriological report on 13 of the 15 samples taken from schools and college were satisfactory.

The baths in 3 L.E.A. schools were not sampled during the year. In the others 14 samples were taken, of which 2 were not satisfactory.

ANNUAL REPORT

OF THE

CHIEF PUBLIC HEALTH INSPECTOR

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

PART I

General Comment

Staff

Mr. J. Harris and Mr. B. Dawson joined the staff of Inspectors in March and August respectively and as there were no resignations during the year, the section reached full strength.

In June, the Council appointed its first authorised meat inspector, Mr. P. Hedges, and the effect of this was to enable the public health inspectors to devote more time to their work on the district. However, despite this, due to the work required under the Offices, Shops and Railway Premises Act, 1963, we lagged behind our planned programme, particularly in respect of the inspection of basements, houses in multiple occupation and the sampling of foodstuffs.

Housing

Last year reference was made to the Housing Act, 1964, which places on Local Authorities the obligation of surveying their districts with a view to the declaration of improvement areas. Broadly, improvement areas comprise dwellings which lack modern amenities and it is the intention of the Act that such dwellings should be improved over a period of years and form part of a plan for urban renewal.

In Exeter little has yet been done towards the implementation of this idea and it is a pity the opportunity is not taken as smoke-controlled areas develop, particularly in the St. Thomas area.

The city council modernised some 44 of its houses during the year and purchased four which were then modernised and opened for inspection by the public with a view to stimulating interest in this field. Unfortunately the rate of improvement remains poor, only 100 applications for improvement grants being received during the year. None was refused, but at this rate of progress some 30 years will elapse before all the houses in the city will have the amenities considered necessary to-day.

A recent white paper (The Housing Programme, 1965-1970, Cmnd. 2838), concerned primarily with a house building programme, also draws attention to the need for the improvement of houses. Nationally (as well as locally) the number of houses improved remains disappointingly low and it is the Government's intention to encourage greater efforts in this direction.

Smoke Abatement

Disposal of Old Cars

This is a matter which for some time has been causing local authorities a great deal of concern and one aspect of this is important in relation to our efforts to reduce pollution of the atmosphere.

Cars are often set alight before any attempt is made to salvage the metal and this results in dense clouds of black smoke. This is serious enough, but even more serious is that P.V.C. (which is used to an increasing extent in the manufacture of cars) when subjected to such heat gives off hydro-chloric acid gas. This is highly irritant and may, under certain conditions of combustion, be converted to phosgene, which is very dangerous. The risk of such gases being given off in deadly concentrations with cars being burned in the open is negligible, but the increase every year in the number of old cars to be dealt with indicates the need for some central depot where the cars can be burned under properly controlled conditions and the products of combustion given off at high level. Such a project would prove expensive and could probably best be financed by a consortium of neighbouring authorities.

Smoke Control Areas

The following five orders were confirmed by the Minister in 1965 :—

Cowick Lane No. 1 coming into operation on 1st September, 1965 ;

Cowick Lane No. 2 and Redhills and Exwick coming into operation on 1st September, 1966 ;

Pyne's Hill and Salmon Pool Lane areas coming into operation on 1st September, 1967.

Objections were received by the Minister to the Stoke Hill No. 1 area and a public enquiry will be held early in 1966.

The St. Thomas No. 1 area came into operation on 1st September, 1965, but unfortunately about 180 adaptations were still outstanding at the end of the year, due in part to dilatoriness on the part of some owners but mainly to contractors finding difficulty in keeping pace with the orders to do the work.

Approved Fixers

No courses were held for "approved fixers" in 1965, but a course is planned for the coming year, and the indications are that a number of builders intend to send employees to this course. This will be the third course held in the Exeter area.

Costs

Costs have risen sharply in the past year. The average gross cost per house was £10 in 1964, but in 1965 it had risen to £15. This is due to a number of reasons, the chief among them being :—

1. The Minister's instructions to encourage the use of closed appliances for burning hard coke, such appliances being much more expensive than the open-type grate.
2. The increased costs of appliances, particularly gas fires, together with increased labour charges.

The allowances we make for all work done in connection with smoke control orders are within the limitations set by the Ministry, and would not be exceeded without their consent.

Fuel Supplies

Last year, reference was made to the technological changes in the production of gas and this year's discovery of gas under the North Sea is probably an indication of things to come. The gas discovered is of high quality, but whether or not it will be found in sufficient quantity to justify development, remains to be seen. This, coupled with the manufacture of gas from oil and the importation of gas in liquid form, means that the supplies of gas coke will gradually dwindle to nothing. However, this will be more than offset by the large increase in the production of solid smokeless fuels. An enormous amount of research and development has gone into the production of new smokeless fuels, such as Homefire, Room-heat and Multi-heat, and Lord Robens, Chairman of the National Coal Board, has been quoted as saying that the total sales of solid smokeless fuels for open fires and closed appliances will reach $11\frac{1}{4}$ million tons by 1968, as compared with 6 million tons in 1960 and 8 million tons in 1964.

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
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 (ultimately)
6	Redhills No. 1	1. 9. 63.	65.5	586
7	St. Thomas No. 1	1. 9. 65.	149.0	1536
8	Cowick Lane No. 1.	1. 9. 65.	29.0	153
9	Redhills and Exwick	1.9.66.	170.0	560
10	Cowick Lane No. 2	1. 9. 66.	1000.0	635 (ultimately)
11	Salmon Pool Lane	1.9.67.	10.0	95 (ultimately)
12	Pyne's Hill	1.9.67.	530.0	584 (ultimately)
13	AWAITING CONFIRMATION Stoke Hill No. 1	1.9.67. (Proposed)	1492.0	1666 (ultimately)
			3631.0	7457 (ultimately)

NOISE

During 1965, 124 visits were made in respect of sixteen alleged nuisances arising from noise.

Among the problems dealt with, one concerned a plant hire company and another a burglar alarm. In the case of the plant hire company, the complaints arose from hammering, men shouting, and engines without silencers being run very late at night. Noise was reduced after our first visit and later silencers were fitted to two motors which operated a compressor and a crane. The noise from the burglar alarm was due to an electrical fault and this was quickly remedied.

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

GENERAL

At the end of the year approximately two-thirds of the premises in Exeter which came within the scope of the Act had been registered. As over half these registrations were the result of personal visits by Public Health Inspectors, it is obvious that in this area, at least, national publicity did not have the expected

effect and arrangements have been made for a suitable notice to be issued in the local press.

Two hundred and ninety-two offices and shops, providing a fairly representative sample, were inspected during the year and the deficiencies and infringements noted in regard to the following matters, numbered :—

Overcrowding	13
Means of heating	18
Thermometers	141
Improved ventilation	63
Artificial lighting	17
Adequacy of W.C.'s	4
Disposal of sanitary dressings	9
Intervening ventilated space (*re* W.C.'s)	23
Washing facilities	10
Additional wash-hand basins	5
Hot water to wash-hand basins	48
Availability of drinking water	38
Facilities for hanging clothing not worn at work	17
Facilities for drying wet clothing	44
Facilities for hanging special clothing	4
Facilities for sitting	12
Facilities for eating	8
Keeping free of obstruction stairs and passages	14
Hand-rails	61
Fencing around openings, trapdoors, etc.	7
Guards to machines	20
Guards to motors	13
Training in use of machines	1
First Aid kits	80
Bringing First Aid kits up to required standard	47
Display of Abstract of the Act	134
General cleanliness	71
General repairs	41

268 informal notices, drawing the employer's attention to infringements or deficiencies under the Act and regulations, were served during the year. 130 had been complied with by 31st December, 1965. We agreed to delay enforcement action in many cases pending alterations to the premises. A noticeable and pleasing feature was the readiness of employers to meet the requirements of the Act : they often sought our advice, particularly with regard to ventilation.

New Premises

Since the Gowers Report was issued in 1949 we have, when examining plans of new shops and offices, advised the developers, in the light of the Report, on the effect of probable legislation dealing with environmental hygiene in such premises.

One of our major problems, however, has been—and it still is the case—that, initially, we deal with developers who erect the main building, and then divide it into various units which are leased to others. To each developer submitting plans, we send a five-page leaflet setting out standards for lighting, ventilation, washing facilities, etc.

It is usually impossible to obtain information as to the business(es) to be carried on until shop fronts, etc. are being fitted, when it may be found, for example, that a newly-erected partition has to be altered because it interferes with ventilation, or that additional lavatories or washing facilities become necessary ; this causes resentment.

Overcrowding

The one difficulty in this connection and it usually only arises in the case of attic rooms, is to determine what the minimum height of the ceiling of a room should be and ministry guidance on this question would be welcomed.

Ventilation

Several problems have arisen in connection with ventilation and in the absence of any regulations prescribing standards for this, we adopt the British Standards Code of Practice. One particular problem has been the replacement of old shop fronts by new ones. The old ones invariably had opening fanlights over the doorways with opportunity for ventilation. Apparently such fanlights have no place in modern fronts, so we usually insist on louvres or grilles being fitted into the front somewhere, perhaps over the door, but often just below the sill or at the head of the window.

Drinking Water

On a number of occasions occupiers have asked me to agree that a tap in a W.C. compartment can be used to satisfy the regulations dealing with drinking water. Much as I dislike the idea, it is difficult, if there is only one employee, to resist it, but where there are more than one, I do not accept it. Taps over wash-basins in compartments adjoining W.C.'s are usually the source of supply and I am afraid this has to be accepted, though I try to get separate facilities provided.

Accidents

Notifications of 32 accidents were received. None proved serious, but I considered that 25 warranted investigation. One accident of special interest occurred in a large department store when the chef, whilst lighting a gas boiler, suffered burns on both arms after a " blow-back ". Investigations showed that a can had been placed over the flue outlet, causing the build-up of an explosive mixture when the gas was turned on. The gas ring was approximately one foot in from the access door ; consequently the chef had to thrust his hand in well below the boiler to ignite it. Upon the Inspector's recommendation, the firm promised to provide a pilot light to ensure ignition immediately the gas was turned on and to make sure that nothing obstructed the flue

outlet in future. In the meantime the use of the boiler was discontinued.

Lighting

As requested in Local Authority Circular 9, Supplement 1, special consideration was given during the last three months of 1965 to the level of illumination in offices and shops. The general impression was that the natural and artificial lighting in shops was good, although lighting on staircases leading to basements or stockrooms was often poor. The lighting of offices was generally fairly satisfactory. It was found impossible scientifically to assess glare, although an approach for assistance was made to the Exeter University, and to the British Lighting Council. Observation by the inspecting officer and the questioning of employees revealed only one instance of excessive glare. This was in a newly-built block of offices and arrangements have been made for the District Inspector to visit these premises with a representative of the Electricity Board.

No specific standards of lighting have been recommended, but any guidance given is based on the standard suggested by the Illuminating Engineering Society.

It is difficult to give the information on lighting in the form requested by the ministry because of the wide variations noted in the levels of illumination in any one room, but the following table gives the illumination as indicated by a light meter for 180 readings taken in nineteen offices :—

Level of Illumination.		*No. of Readings.*
1—4	lm./sq. ft.	11
5—9	,,	24
10—14	,,	37
15—24	,,	34
25 or over	,,	74

The average illumination in the selling area of eight shops visited was 33 lm./sq. ft. and the average illumination in the working area of these shops was 7 lm./sq. ft.

Rodent Control

The number of complaints of rats and mice rose slightly during the year, but all infestations were satisfactorily treated by the rodent operator. The spring and autumn disinfestation of the City's sewer system was also carried out.

A major operation was carried out in May, when the banks of the River Won, from Mincinglake to Countess Wear, were treated. The degree of infestation varied, being heavy near Latimer Road and between Vaughan Road and Hamlin Gardens. Approximately half-a-hundredweight of Warfarin was used in this operation.

Feral Pigeons

Following complaints of the nuisance arising from these birds, further trapping was carried out and 185 birds caught. Of these 27 were found to be ringed and were returned to their owners.

Inspection of Plans

The department continues to examine and comment upon plans in respect of premises other than dwelling houses and during the year 195 sets of plans were inspected, approximately the same number as were inspected last year.

Food Poisoning

22 cases of suspected food poisoning were investigated during the year ; 14 were confirmed, but we were unable to trace the source of infection. 125 visits were made to the houses and shops where the food concerned was prepared and cooked.

Liquid Egg (Pasteurisation) Regulations, 1963

There are no liquid egg pasteurisation plants in the City. It was found that all the pasteurised liquid egg used in the City is obtained from one plant, and one sample taken during the year was found to be satisfactory.

Local Land Charges

The department replied to 2,061 searches submitted to the Town Clerk under the Local Land Charges Act.

Statistics

General Summary.

Number of visits made by P.H.Is during the year	12,445
Number of samples taken	123
Number of carcases inspected	67,286
Total weight of foodstuffs condemned	59 tons

Supervision of Food Supplies

School and University Canteens, etc.

80 inspections of school canteens and kitchens were carried out during 1965, compared with 20 made during 1964.

Market.

21 inspections were made of the Lower Market, where fruit and vegetables, etc. are sold, compared with 6 inspections in 1964.

Registered Food Premises.

There are 395 registrations under Section 16 of the Food and Drugs Act 1955 affecting 366 business establishments. These are made up as follows :—

Storage of bulk ice-cream	3
Manufacture, storage and sale of ice-cream	4
Storage and sale of pre-packed ice-cream	304
Preparation or manufacture of sausage and potted, pressed, pickled or preserved food (including Fish and Chips)	84
TOTAL	395

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

In accordance with the Ministry of Health Circular 1/1966, the following information is given :—

Total number of premises subject to the Food Hygiene Regulations, 1960....	707
Number of premises which comply with Regulation 16 (provision of wash-hand basins)	653
Number of premises to which Regulation 19 applies (provision of facilities for washing food and equipment)	577
Number of premises which comply with Regulation 19	568

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.

	Beasts	*Cows*	*Calves*	*Pigs*	*Sheep and Lambs*
Number slaughtered	8,924	989	694	32,529	24,150
Number inspected	8,924	989	694	32,529	24,150
Diseases except Tuberculosis and Cysticercosis. Whole carcases condemned	2	23	23	68	112
Carcases of which some part or organ was condemned	4,019	496	22	3,593	2,348
Percentage of No. inspected affected with disease other than tuberculosis and cysticercosis	45.1	52.5	6.49	11.25	9.8
Tuberculosis only. Whole carcases condemned	—	—	1	2	—
Carcases of which some part or organ was condemned	10	6	9	917	—
Percentage of No. inspected affected with tuberculosis	.112	.6	1.4	2.82	—
Cysticercosis only. Carcases of which some part or organ was condemned	25	2	—	—	—
Carcases submitted to treatment by refrigeration	25	2	—	—	—
Generalised and totally condemned	—	1	—	—	—

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	2	4.0	9.1
Channel Islands Pasteurised	1	4.7	9.3
Untreated Farm Bottled	3	4.4	9.3
Channel Islands Farm Bottled	1	4.1	9.1
Sterilised	1	3.6	9.0

(*ii*) *Bacterial Quality.*

Designation	*No. of Samples*	*Samples Satis-factory*	*Samples Void*	*Comments*
Pasteurised	3	3	—	—
Channel Islands Pasteurised	2	2	—	—
Untreated (Farm Bottled)	3	3	—	—
Channel Islands Untreated (Farm Bottled)	1	1	—	—
Sterilised	1	1	—	—
Homogenised Pasteurised	1	1	—	—

(B) *Tubercle Bacilli.*

During the year four samples were tested and all proved to be negative.

(C) *Brucella Abortus.*

Four raw milks were specifically sampled for Brucella Abortus, all with negative results.

Ice Cream—Cleanliness.

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

Grade 1. (Satisfactory)	27
Grade 2. (Satisfactory)	5
Grade 3 and 4. (Unsatisfactory)	nil

Sampling (Food and Drugs Act 1955)

Because of staff shortage routine sampling was greatly reduced and only 9 samples of milk and 37 samples of other foods were procured. 16 were formal and 30 informal.

Two informal samples of pork sausages were found to contain preservatives without the fact being disclosed and one sample of pork sausage was found to contain excess fat. Warning letters were sent in each case.

Shell Fish and Water Cress.

Five samples of shell fish were obtained during the year; all were satisfactory.

No samples of water cress were taken during 1965.

Merchandise Marks Acts, 1887 to 1953.

Three visits were made during the year to ensure that the provisions of these Acts were being observed, but no action was found necessary.

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.

Dogs in Food Shops.

The Health Committee decided to issue notices requesting that dogs should not be taken into food shops, and 401 such notices were issued.

Food.

During the year, 25 complaints were received regarding foodstuffs which were sold in the City and were either unfit for human consumption or contained some foreign matter. Among the unusual items was a pig's eyelid in a beef sausage.

While most of these complaints were dealt with informally, it was thought necessary to institute legal proceedings in three cases :—

1. Mouldy meat pie—vendor fined £5.
2. Bacon containing maggots—vendor fined £15.
3. Mouldy crumpets—vendor given conditional discharge on payment of 4/- costs.

Housing.

Housing Act 1957, Sections 16 and 18.

13 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	2
Closing Orders made	8
Outstanding at the end of the year	3
Total	13

Informal Notices.

23 dwellings were rendered fit during the year, without the service of formal notices.

Formal Notices.

18 dwellings were rendered fit during the year, following the service of formal notices.

Overcrowding.

(A)	(i)	Number of dwellings known to be overcrowded at the end of year	2
	(ii)	Number of families dwelling therein	2
	(iii)	Number of persons dwelling therein	12
(B)		Number of new cases reported during the year	2
(C)	(i)	Number of cases of overcrowding relieved	9
	(ii)	Number of persons concerned in such cases	35

Atmospheric Pollution

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

Month	TONS PER SQUARE MILE		
	Dunsford Hill	*Danes Castle*	*Tan Lane*
January	6.85	7.68	8.75
February	3.96	2.09	9.44
March	9.16	9.70	11.56
April	6.65	4.67	6.41
May	4.60	5.17	7.37
June	7.25	4.87	6.17
July	6.91	5.37	7.13
August	5.24	4.84	5.06
September	5.37	5.80	7.51
October	4.56	4.17	5.72
November	16.17	13.28	8.48
December	10.44	12.95	7.92
TOTALS ...	87.16	80.59	91.52

Rodent Control

Complaints.

401 complaints were received during the year involving 332 properties and these were made up as follows :

	TYPE OF PREMISES.			*Total*
	Business	*Private*	*Local Authority*	
Rats	52	108	6	166
Mice	—	162	4	166
TOTALS ..	52	270	10	332

Routine Inspections.

Farms and smallholdings	—
Other businesses	98
Private houses	42
Local authority premises	4
	144

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.

The only heavy infestation was found in the sewers near the Shilhay.

Other Inspections, Etc.

Bakehouses.

Number in City	14
Number of underground bakehouses in the City	—
Number of inspections made	16

Vermin, etc.

Number of Council houses disinfested	12
Number of other properties found to be infested and treated by the Department	17

Fertilisers and Feeding Stuffs.

Three samples of fertilisers and eight samples of feeding stuffs were taken during the year. The feeding stuffs were all found to be satisfactory. One sample of fertilisers was not accompanied by any analysis of the contents and a warning letter was sent to the manufacturer.

Hairdressers and Barbers Byelaws

Nine inspections of hairdressing establishments were made in the year. Conditions were found to be satisfactory.

Rag Flock.

Two samples of rag flock were taken during the year. Both were satisfactory.

Common Lodging Houses.

The two registered common lodging houses in the City were inspected by the public health inspectors on 12 occasions. Conditions were satisfactory. The accommodation provides for 73 men : 39 in one lodging house and 34 in the other.

HOUSING

Details regarding closures, house inspections, etc. are set out on page 43.

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, 1965, dwellings were completed as follows :—

New Dwellings by Council	78
New Dwellings by private enterprise	447

Total dwellings provided since the war to 31st December, 1965 are :—

Council			Private Enterprise		Total
*Temporary	Permanent	Rebuilds	New	Rebuilds	
430	4,447	21	3,256	209	8,365

* 74 of these temporary bungalows had been disposed of by the end of 1965 and further disposal is proceeding.

The Housing Manager (Mr. M. H. D. Freeman, A.I.H.M.) has kindly sent me the following information (as at February, 1966) :—

Number of applicants on the waiting list	1,544
Less than 1 year's registration	506
Little or no housing need	580
With " housing need "	458

Accommodation required by applicants registered for 12 months or over.

	1 bedroom	2 bedrooms		3 bedrooms	4 bedrooms	Total
		With family	Without family			
All applicants	288	212	383	139	16	1,038
Applicants " with need "	138	101	172	46	1	458

Mr. Freeman tells me that just under half (48%) of the applicants registered for less than 1 year (and therefore not eligible under the Council's rules for present consideration) shew " housing need " as defined by the points system. This rule is being reconsidered (1966) with a view to reducing the compulsory waiting period.

RE-HOUSING ON MEDICAL GROUNDS, 1965.

Reason Referred by M.O.H.	Total recommended to Housing Committee for additional points	Rehoused	Awaiting rehousing	Deferred or not yet approved (i.e. insufficient points).	Applications lapsed.	Cases recommended in previous years and rehoused in 1965.
Tuberculosis	5	3	—	2	—	2
Statutory overcrowding	2	1	—	1	—	2
Sub-standard property	9	5	—	4	—	4
Social overcrowding conditions	20	9	—	9	2	6
Other medical social reasons	32	14	4	13	1	8
Other medical reasons	23	5	2	14	2	4
Totals	91	37	6	43	5	24

Note : In addition to the above there were 16 cases considered where no medical points were recommended.

CIVIL DEFENCE

(Ambulance and First Aid Section)

The section strength is now 54. Of this number 7 are Class A, 3 Class B, and 17 are Reserve Volunteers. The remaining 27 are classified as Recruits. 3 Class A volunteers attended a course of extended first aid. The remaining Class A volunteers are expected to attend a similar course during 1966.

Towards the end of the year there was some uncertainty as to the future of civil defence, but this has not had any effect on the attendances of the recruits ; nor has there been any waning interest among those older volunteers who have remained active through the years. The number of volunteers is still lamentably low, but it is encouraging to notice that those who regularly attend training sessions are now preparing to take the standard tests.

A collective exercise, " Alpha-Beta ", took place at the Tan Lane Training Centre on 12th June and it was possible to muster one first aid party and two ambulance crews. The British Red Cross Society also provided a complete first aid party and their assistance was particularly welcome. There is no doubt that parties of trained first-aiders from other voluntary organisations would be ready and willing to help in any disaster in peace or war. Knowledge of the ways, means and organisation of the civil defence corps gained during training will, by limiting confusion and saving time, contribute materially to the saving of life.

Three courses of first aid and home nursing were run at civil defence headquarters for the staff of departments of the City Council. The instruction was given during working hours and a total of 70 attended.

ACUTE INFECTIOUS DISEASES

(Exeter Residents)

No cases of diphtheria, poliomyelitis or typhoid fever were notified in 1965.

Food Poisoning

There were no general outbreaks of food poisoning notified during the year, but there were three family outbreaks involving three persons, two persons and two persons (seven in all). A Salmonella organism was isolated from all but one of the notified cases, being Salmonella typhi-murium in 7 cases, Salmonella Oranienburg in 3, Salmonella Newport, Salmonella Heidelberg and

Salmonella Enteritidis Var Danysz in one each. No organism was isolated from the remaining case, though it was regarded as being a case of food poisoning. The source of infection was not identified in any case, though in one instance the man had been working clearing out pig-styes and may have been infected from pig droppings; in another, the three children involved were accustomed to eating raw sausage meat—a very dangerous practice indeed and liable to result in trichinosis, an unpleasant and sometimes quite dangerous disease, if the meat is by any ill-chance infested with larva of a minute worm (trichinella). One man affected by Salmonella Newport had been with a party visiting Spain, several of whom had developed diarrhoea over there.

MINISTRY OF HEALTH

ANNUAL RETURN OF FOOD POISONING FOR 1965

(including all salmonella infections but *excluding Typhoid* and *Paratyphoid*)

Name of Local Authority : EXETER COUNTY BOROUGH.

General outbreak—two or more unrelated cases due to a common cause.

Family outbreak—two or more cases related or in a household due to the same cause.

Sporadic case —single cases not connected with any other cases.

TABLE I FOOD POISONING INCIDENTS AND CASES

Causative Agent	General Outbreaks		Family Outbreaks		Sporadic Cases Notified or ascertained	Total	Total
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained		No. of outbreaks and sporadic cases columns (1+3+5)	No. of cases columns (2+4+5)
	1	2	3	4	5	6	7
1. S. typhi-murium	—	—	2	4	3	5	7
2. Other Salmonellae (a)	—	—	1	3	3	4	6
3. Cl. welchii	—	—	—	—	—	—	—
4. Staph. aureus	—	—	—	—	—	—	—
5. Other causes (b)	—	—	—	—	—	—	—
6. Cause unknown	—	—	—	—	1	1	1
7. TOTAL	—	—	3	7	7	10	14

DETAILS OF FOOD POISONING DUE TO SALMONELLAE OTHER THAN S. TYPHI-MURIUM SHOULD BE GIVEN IN THIS TABLE

(The totals of this table should equal the total of line 2 in Table 1 above).

Type of Salmonellae							
Oranienburg	—	—	1	3	—	1	3
Newport	—	—	—	—	1	1	1
Heidelberg	—	—	—	—	1	1	1
Enteritidis Var Danysz	—	—	—	—	1	1	1
TOTAL	—	—	1	3	3	4	6

(a) Salmonellae infections that are not considered to be food borne should be entered in Table II overleaf.*

(b) If Reports on food poisoning outbreaks, as requested in Memo. 188 Med. Food Poisoning, have not been sent in they should be included with this annual return.

* Table II Salmonella infections (not food borne), no cases.

DYSENTERY

There was a sharp rise to 197 in the number of cases of dysentery notified this year. Most of the cases (174) occurred during the four months February to May. The cases were distributed throughout the City. No particular school or area was involved. Only 82 of the cases were in children of school age.

PARATYPHOID FEVER

One case of paratyphoid fever was notified during the year. The source of the infection could not be traced.

WHOOPING COUGH

The number of notified cases of whooping cough again remained small, being only 45. There was a marked rise in the proportion of children immunised against whooping cough, who caught the disease. 34 of the cases had completed a course of whooping cough immunisation, though in 5 of them it was more than 5 years since the course had been completed. This pattern has been reported from other parts of the country and it has been found in some areas that the outbreak has been due to a type of whooping cough organism not included in the vaccine. Bacteriological investigation of the cases was not carried out in Exeter, though it is hoped to do this later in 1966. Only 2 cases, both in unimmunised children, were severe and chest complications developed.

MEASLES

895 cases of measles were notified during the year. The cases were very mild with no known complications. Most of the cases (644) occurred during the first three months of the year. We

normally expect a sizeable epidemic, centring on April, of above 2,400 cases ; in 1964 there were 640 cases, nearly all in November and December. This outbreak continued into 1965, petering out in April ; the peak was in December 1964. Thus the interval between the peaks of the two outbreaks was twenty months ; but the more recent outbreak was much the smaller (about 1,100 cases).

Pneumonia

Only 7 cases of pneumonia were notified, with no deaths among these cases.

Scarlet Fever

58 cases were notified, all of a mild type. No school was affected particularly.

Erysipelas

Only 7 cases, all in adults, were notified. None was severe.

Meningococcal Infection

A case of meningococcal infection in a baby of 6 months was notified. He made a good recovery with no after-effects.

Puerperal Pyrexia, 1965

Cases	Cause	Pathological Investigation	Confinement at :	
			Home	Hospital
4	Uterine	4	—	4
10	Breast	4	5	5
9	Urinary	7	2	7
8	Respiratory	2	1	7
1	" Other " infection	—	—	1
14	Not known	12	1	13
46		29	9	37

There were 46 notified cases of pyrexia up to and over T.100.4 degrees F. during the puerperium in 1965 ; 37 (including 21 Exeter mothers) occurred in mothers confined in hospital and 9 amongst those confined at home.

The " other" infection was associated with pregnancy in that an expectant mother had an operation for intestinal obstruction, and this was followed by a premature labour and peritonitis.

Since patients are now being discharged from hospital at an earlier date the relation between the date of onset of pyrexia, the date of discharge home and the date of confinement may need to be recorded in more detail. Up to now we have only recorded

the place of birth ; pyrexia may not be evident until varying intervals after returning home ; for example, a puerperal woman may develop respiratory infection from her family.

Ophthalmia Neonatorum

In 1965 there were 16 cases of ophthalmia neonatorum (a purulent discharge from the eye within the first 3 weeks of life), 10 occurring in babies born in hospital and 6 in those born at home. Pathological investigations were made in 13 of these 16 cases and the presence of a pathogenic organism was shown in 8 cases.

2 cases were admitted to the Eye Infirmary—one a baby born at home with a very purulent discharge from the eye, the swab nevertheless being negative. The other case was that of a baby born in hospital, with a staphylococcal infection in the eye. Both cases cleared up satisfactorily. Because of the tendency in 1965 to discharge mothers and babies home earlier than the 10th day, a more detailed history has been taken of those babies born in hospital who developed ophthalmia with a view to establishing the date of onset after returning home. There were 10 hospital cases, 7 of which had the eye discharging while still in hospital. The other 3 are as follows :—

	Born in Hospital.	*Returned Home.*	*Onset of Ophthalmia.*
1.	24.12.64	1.1.65	11.1.65
2.	31.1.65	7.2.65	15.2.65
3.	29.5.65	7.6.65	9.6.65

Case 2 was admitted to the Eye Infirmary on the 18.2.65. The eye swab grew a staphylococcus aureus sensitive to all antibodies and therefore unlikely to have been a so-called " Hospital Staph ".

Pemphigus Neonatorum

There were no cases of pemphigus neonatorum in 1965.

LABORATORY WORK

During 1965, Dr. B. Moore, Director, Public Health Laboratory, Exeter, reported to us on 1,330 specimens (exclusive of sputa, etc., for tuberculosis (see page 88)). 1,224 examinations (including 339 positive) were in respect of food poisoning, dysentery and other diarrhoeal diseases and 24 (of which 2 were positive) in respect of contacts of scarlet fever.

21 specimens (of which 2 were positive) were taken in respect of a paratyphoid " B " case and 16, all of which were negative, were taken in investigations of contacts of a typhoid case.

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 XII.

ACUTE INFECTIOUS DISEASE.

MONTHLY INCIDENCE OF INFECTIOUS DISEASE NOTIFIED DURING 1965 (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	9	18	4	6	8	3	5	1	6	3	1	4	58	2
Whooping cough	7	2	—	—	2	2	1	5	8	2	9	7	45	5
Measles	304	210	130	23	24	18	33	14	1	30	26	82	895	7
Erysipelas	—	1	—	—	1	—	—	1	1	1	1	1	7	—
Meningococcal meningitis	—	—	—	—	—	—	—	—	—	1	—	—	1	—
Polio (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	1	1	3	1	—	—	—	1	—	—	1	—	8	1
Ophthalmia neonatorum†	2	3	2 (2)	—	— (1)	1	1	—	2	—	2	—	13 (3)	—
Puerperal pyrexia*	5 (2)	3 (1)	1 (2)	3	3 (3)	4 (2)	4 (3)	1 (1)	2	2	1 (1)	1 (1)	30 (16)	1
Dysentery	1	42	72 (1)	25	35	8	4	5	—	3	1	1 (2)	197 (3)	4
Food poisoning	1	1	1	3	—	—	4	—	—	4	—	—	14	—
Para. typhoid B.	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis (not a notifiable disease)	2	1	4	1	2	—	— (1)	1	—	1	2	—	14 (1)	6 (1)

* Only 11 in all were notified by doctors.

† Only 33 were notified by doctors.

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

Table XIII.

ACUTE INFECTIOUS DISEASE

CASES OF NOTIFIABLE DISEASE NOTIFIED DURING THE YEAR 1965 (EXETER RESIDENTS)

(by age groups) 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 unknown	Total	
Scarlet fever	—	1	4	6	7	31	5	3	1	—	—	—	—	58	2
Whooping cough	7	5	6	5	7	13	2	—	—	—	—	—	—	45	5
Measles	36	101	156	147	119	310	13	4	4	—	—	—	5	895	7
Erysipelas	—	—	—	—	—	—	—	—	—	1	5	1	—	7	—
Meningococcal meningitis	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Polio. (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	—	—	—	—	—	1	—	1	1	2	3	—	8	1
Ophthalmia neonatorum†	13 (3)	—	—	—	—	—	—	—	—	—	—	—	—	13 (3)	—
Puerperal pyrexia*	—	—	—	—	—	—	—	4 (1)	22 (13)	4 (2)	—	—	—	30 (16)	1
Dysentery	5	15	23	15	14	66 (2)	16	9	22 (1)	8	3	1	—	197 (3)	4
Food poisoning	—	—	3	—	—	2	1	—	5	—	3	—	—	14	—
Para. typhoid B.	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis .... (not a notifiable disease)	2	2 (1)	1	1	—	4	—	1	1	—	—	1	1	14 (1)	6 (1)

* Only 23 cases were notified by doctors.

† Only 11 cases 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 31-12-65)

The known incidence is 1.37* per 1,000 of the population. 11 new cases (5 males and 6 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			
																				mentally ill		sub-normals	
Years		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0—4	Major	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Minor	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
5—14	Major	11	8	—	—	—	—	11	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Minor	11	9	1	1	—	—	7	6	2	1	—	—	—	—	—	—	—	—	1	1	—	—
15—64	Major	21	21	10	7	—	—	2	2	—	—	8	2	1	2	—	1	—	—	—	5	—	2
	Minor	14	12	3	1	—	2	4	2	—	—	4	2	2	3	—	—	—	—	1	2	—	—
65-plus	Major	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Minor	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	....	60	53	17	11	—	2	24	18	2	1	12	4	3	5	—	1	—	—	2	9	—	2

CEREBRAL PALSY

The known incidence is 0.73 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. 19 new cases (12 males, 7 females) became known to the Department during the year.

Age Groups	Sex		At Home		Day School		Day Special School		Residential School		Training Centre		Working		Training College for Handicapped Persons		Hospital for Mentally Subnormals	
Years	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0—4	8	5	8	4	—	—	—	—	—	1	—	1	—	—	—	—	—	—
5—14	12	6	6	5	4	2	—	—	6	—	2	2	—	—	—	—	—	1
15—64	21	8	18	7	1	—	—	—	3	1	5	5	4	1	2	1	—	—
65-plus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	41	19	32	16	5	2	—	—	9	2	7	8	4	1	2	1	—	1

Exeter and Torbay Districts Spastics Society

This Society (affiliated to the National Spastics Society) was established in 1961. One of the Assistant Medical Officers is a member of its Medical Advisory Committee.

Since May, 1963 the Society have used the Countess Wear Health Clinic for regular physiotherapy sessions. With the co-operation of the Ministry of Health and the local hospital authorities, the Society is going to build a day centre in the grounds of Honeylands Hospital, the first stage of which will cost £40,000, providing facilities for physiotherapy, speech therapy, nursery care, and special education.

CEREBRAL PALSY, 1965

(ACCORDING TO TYPE AND HANDICAP)

Type	Total		Spastic		Athetoid		Handicap						Other Disabilities	
							*(A) Severe		*(B) Moderate		*(C) Mild			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Hemiplegia	14	6	15	6	—	1	2	—	7	5	5	1	7	3
Monoplegia	4	1	4	1	—	—	—	—	1	1	3	—	1	1
Paraplegia	2	5	2	5	—	—	—	1	1	4	1	—	—	2
Quadriplegia	18	7	18	7	4	1	6	5	6	2	6	—	8	6
Athetoid only	3	—	—	—	3	—	—	—	3	—	—	—	2	—
TOTALS	41	19	39	19	7	2	8	6	18	12	15	1	18	12

*(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

THE BLIND.

Registered Blind and Partially Sighted Persons during 1965.

	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.	7	—	5	—	—	—	19	—
(b) Treatment : (Medical, surgical or optical).	3	3	2	2	—	—	1	1
(ii) Number of cases at (i) (b) above which on follow-up action have received Treatment.	3	3	2	2	—	—	1	1

5 names were transferred from the register of partially sighted persons.

1 blind person included above died during the year.

Total (Exeter residents) on the Register at end of 1965—Blind 235. Partially Sighted 38.

Table XIV.

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		TOTAL
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Children's	1	2	—	2	—	—	—	—	1	4	—	—	—	—	—
City Architect	41	1	10	—	5	—	—	—	51	1	6	—	11	—	11
City Surveyor	37	3	1	—	11	—	4	—	38	3	7	—	22	—	22
City Treasurer	5	3	3	—	1	—	—	—	9	2	—	—	1	—	1
Education	12	42	2	11	1	1	—	—	14	53	1	12	2	13	15
Fire Brigade	1	—	—	—	—	—	1	—	1	—	4	1	5	1	6
Health	8	16	1	—	1	—	1	—	9	16	—	5	2	5	7
Housing	4	1	—	2	—	—	—	—	4	3	—	1	—	1	1
Libraries	3	7	1	2	—	—	—	—	4	9	—	3	—	3	3
Museum	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—
Police	—	2	—	—	—	—	—	—	—	2	—	1	—	1	1
Town Clerk	5	—	6	—	—	—	—	—	11	—	1	2	1	2	3
Transport	9	12	1	1	4	1	3	—	10	13	2	—	9	1	10
Welfare	1	2	—	—	—	—	—	—	1	2	—	1	—	1	1
Weights and Measures	2	—	—	—	—	—	—	—	2	—	—	—	—	—	—
Planning	2	1	—	—	—	—	—	—	3	—	—	1	—	1	1
Motor Taxation	—	1	—	1	—	—	—	—	—	2	—	—	—	—	—
Civil Defence	—	—	—	1	1	—	—	—	—	1	1	—	2	—	2
Examinations carried out for other Authorities	—	—	—	—	—	—	—	—	—	—	—	—	3	4	7
GRAND TOTAL	131	94	25	20	24	2	9	—	158	112	22	27	58	33	91

MEDICAL EXAMINATIONS MADE ON BEHALF OF THE COUNCIL

The department undertakes the necessary medical examinations of the Council's employees—new appointments, admission to the superannuation scheme of certain classes of workers, those with continuing sickness claims, etc. (see Table XIV). The use of the medical questionnaire as the main basis for medical approval has certainly reduced the time demand on the medical staff, without any evident untoward results so far as protecting the Council's interest is concerned. In regard to new appointments 270 medical declarations were accepted, and in 49 a medical examination was made. No individuals were rejected on medical grounds.

The medical examination of East Devon Water Board employees is not now undertaken by this Department.

NATIONAL ASSISTANCE ACTS, 1948 TO 1962

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

In 1965 consideration was given to only one case as possibly justifying compulsory removal against the individual's wishes, under the National Assistance Acts. This was a man of 78 years reported in June 1965 as living in dirty conditions. It was decided, after visiting him, that there was no justification for compulsory removal under the National Assistance Acts, or under the Mental Health Act 1959. Five months later, after eviction, he was admitted to a psychiatric hospital compulsorily, and died there three months later.

NURSING HOMES

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

There were no changes in registration during the year.

The Homes were as under :—

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).

Each Home was visited by a medical officer twice during the year.

CHILD CARE

The Child Care Co-ordinating Conference met twice monthly during the year. 47 cases were discussed, of which 18 were new cases and 2 old cases re-opened. It was found possible to " close " 17 cases, leaving 30 families on the register at the end of the year. The fact that a case has been closed does not necessarily mean that in all cases it has been possible completely to rehabilitate the family. In many cases, the family has managed to carry on with the support of one or other member of the Conference, and it is considered better to leave it to this person to refer the family situation back to the Conference for discussion should they think it necessary.

A house in the City was taken over by the Children's Committee during the year in which a family could be taken in for interim care. Before a family is moved to this house, an agreement is reached with the Housing Committee that they will rehouse the family in a Council house when the Child Care Co-ordinating Conference consider them sufficiently rehabilitated to warrant this. The Conference selects the families suitable for this type of treatment. The first family moved in on 6th September and the results were so satisfactory that it was found possible to move them to a Council house early in 1966.

No families were supplied with free home help through the Health Services Committee.

One difficulty which the Conference still faces is that sometimes families in receipt of National Assistance, including an amount for rent, continue to fail to keep up the rent payments, with consequent increasing risk of eviction. In exceptional circumstances the Board will temporarily withhold the equivalent of the rent money until they have evidence the landlord has been paid. It seems only common sense that in families known to be in these difficulties, either this arrangement, or one whereby a direct payment to the house owner (generally the Council), if necessary on the authority of the tenant, should be made. To pay from public funds a rent allowance which in the event is not used for this purpose, seems quite ridiculous.

LOCAL HEALTH AUTHORITY SERVICES.

(National Health Service Act, 1946).

HEALTH CENTRES

The Health Centre project in St. Thomas is still under active consideration. The various discussions between the Government and the medical profession have rather slowed it up. The Council have reserved a site in Cowick Street for the purpose.

MATERNITY AND CHILD WELFARE

Maternity

Bookings for General Practitioner Unit and for Home Confinement

The Health Department is responsible (as the Agent of the Regional Hospital Board) for making the bookings for the General Practitioner Unit (Mowbray Hospital) and, also, of course, for home delivery. Our policy has been to persuade primiparae, grand multiparae (i.e. mothers with 4th or later baby), cases with socially adverse home circumstances, poor medical history, or small stature to go to the General Practitioner Unit (unless of course specialist care is plainly necessary, when the acute unit should be booked). In theory some of these should be admitted to the specialist unit, but this is not practicable here. We encourage mothers in their 2nd and 3rd pregnancies, with normal medical and obstetric history, to have their babies at home, though if there are beds available in Mowbray Hospital and the mother or doctor wishes it, we book the case; sometimes even in these circumstances the mother resolves to have the confinement at home.

904 mothers were booked during 1964 and 1965 for admission to the General Practitioner Unit (Mowbray Hospital), as having an expected date of delivery in 1965. Some, in fact, were delivered in 1964 and some in 1966. Similarly 380 mothers were booked for home delivery in 1965. The distribution of the mothers, by parity, by age, by intended place of delivery, is set out in the tables below :—

Mowbray Hospital (General Practitioner Unit).

	Parity	Age				
		—20	20—29	30—35	36—40	40+
460	Primipara	104	310	39	7	—
259	1 Para.	27	180	44	8	—
92	2 Para.	—	68	15	6	3
44	3 Para.	—	21	8	11	4
21	4 Para.	—	6	5	7	3
28	4+ Para.	—	11	4	11	2
904	Totals	131	596	115	50	12

Home Bookings.

	Parity	Age				
		—20	20—29	30—35	36—40	40+
34	Primipara	5	28	1	—	—
163	1 Para.	5	134	22	2	—
101	2 Para.	—	67	31	3	—
49	3 Para.	—	21	18	7	3
16	4 Para.	—	7	6	1	2
17	4+ Para.	—	4	2	7	4
380	TOTALS	10	261	80	20	9

Mothers recognised at the outset as requiring specialist hospital care at the City Hospital are booked by the family doctors direct and we have no first-hand information about them. We know 416 mothers were confined at this hospital during 1965. I calculate from the figures we have that about 120 were sent to the City Hospital either from Mowbray House after admission, or from the patient's home, late in pregnancy or in labour.

Cancellations of the Mowbray Hospital bookings included 16 who " miscarried ", 66 because the doctor considered specialist care was indicated (admitted to the City Hospital), and 35 for various other reasons (e.g. leaving the area). Of the remaining 787, 44 mothers went to the City Hospital direct (not having cancelled the booking), and a further 81 (or 10%) were admitted to Mowbray but had to be transferred for the delivery to the City Hospital.

How far our policy has been successfully implemented can be set out : 460 out of 494 mothers in their first pregnancies were booked for Mowbray, but 5 of those delivered at home were under 20 years old. 264 out of 615 mothers in their 2nd or 3rd pregnancy were delivered at home ; 49 of the 82 grand multiparae were delivered in the G.P. Unit. Thus it has not been totally successful, but personal wishes of the mothers, and it may be said, of the doctors too, have to be borne in mind and cannot always be reconciled with a theoretical desideratum.

Ante-natal Care of Expectant Mothers. The home midwives conduct 5 sessions a week at various centres throughout the City.

There has been an increase of 327 attendances at the ante-natal clinics and 912 ante-natal home visits. This is mainly because the home midwives have been giving domiciliary and clinic ante-natal care to mothers booked for Mowbray House throughout the year, whereas in 1964 we were only doing this for the last seven months of the year.

Free Home Help for Ante-natal Cases. This service was used for eight cases during the year, viz. for pre-eclamptic toxaemia (6), ante-partum haemorrhage (1) and threatened premature labour (1) ; six of the mothers were delivered in hospital and two at home, all normal deliveries.

Blood tests in Pregnancy.

Haemoglobin Estimation. Of 458 mothers under the home midwives' care, 425 were known to the midwives, to have had a haemoglobin estimation made during pregnancy.

Relaxation and Mothercraft Classes. Five classes are held each week, and this number seems adequate. Four are conducted by the physiotherapists, and the evening class by the midwives. 496 mothers made 2,671 attendances at the 233 sessions held. The midwives also conduct classes at the two Mother and Baby Homes. 82 mothers made 288 attendances at the 53 sessions held. As previously, a health visitor and the principal dental officer each gives a talk at one class in each course. Mothercraft teaching and instruction on labour is given by the midwives.

Child Welfare

Child Welfare Centres. (See Tables XVI and XVII).

The number of children attending the child welfare centres was 3,377, as compared with 3,250 in 1964. This is an increase of approximately 4%, but the actual attendances decreased by 7.4%.

Sudden death in infancy.

Sudden death in infancy is often unexplained. Home conditions are in these cases often poor, and often it is a small baby that dies so. Theories to account for it include respiratory infection, suffocation by soft pillow, hypersensitivity. The Ministry of Health published in 1965 a useful memorandum on the subject (P.H. Report No. 113 (1965)), and advocated :

(i) if a pillow is used, it should be hard ;

(ii) breast feeding completely for the first fortnight of life.

The practice of the home midwives has been for many years to nurse the neo-natal infants without a pillow, and this is strongly recommended to the mother as guidance when the midwife ceases to attend. Just under half (47%) of the babies born at home in 1965 were entirely breast fed for the first fortnight.

There were 2 sudden deaths in infancy in Exeter babies during 1965 (see page 21).

Tests for Phenylketonuria—1965

Total live births notified in Exeter to Exeter mothers—1,338.

Total tested by phenistix—1,255=93%.

Tests at

3 weeks only.	*6 weeks only.*	*Both 3 and 6 weeks*
99	321	835

Total 1,255

Results : 1,254 negative, 1 false positive (later cleared)= 1,255 negative).

Not tested—83 babies, of whom 16 had died before test could be attempted.

Hearing Assessment of Children under 5 years of age.

One of the health visitors (Miss Bastow) continued to have special responsibility in this field.

Report by Miss Bastow.

Total number of tests performed by health visitors all on pre-school children	597	
Babies tested as " At Rrisk " Babies .... of whom 21 remain as " suspect " deafness—none severely deaf.	284	507 children
Children tested for other reasons :		
(a) newly .... of whom 47 remain as suspected acquired deafness	102	
(b) retested (originally tested in previous year) .... of whom 73 remain as suspected deafness.	121	
Total remaining under observation on 31.12.65	141	

Hearing Assessment and Audiology Clinic Sessions.

Children with suspected deafness, as decided by the health visitor's screening tests, are referred to the school hearing assessment clinic, at which one of the school doctors, the peripatetic teacher of the deaf and a health visitor, make a further closer assessment of the hearing level. From this clinic children may be referred to the Audiology Clinic in the Alice Vlieland Child

Welfare Centre, at which additionally an ear, nose and throat consultant surgeon and a paediatrician attend ; an educational psychologist and others also attend as seems appropriate. 5 new cases attended during the year.

One child (5 years old) was admitted to the School for the Deaf in 1965 ; the wearing of a hearing aid was not practicable because of persistent otorrhoea.

The specialised health visitor has visited the homes of young partially deaf children to give help to parents on the home education and management of the children.

Our peripatetic teacher (Mr. Williams) left the City in mid-1965 on securing a much senior appointment in Bristol.

BIRTH CONTROL

The Birth Control Clinic in Exeter is conducted by the Exeter and District Women's Welfare Association. Since 1960 a total of 11 cases have been approved by the City Council as suitable for a Local Authority grant—4 of these were approved during 1965.

BUDDLE LANE DAY NURSERY

The number on the roll at the beginning of the year was 35. Admissions numbered 51 and discharges 50. The average attendance for the year was 28 (ranging from 15 to 39). The reasons for attendance were as follows :—

in 31, the mother was the sole provider for the family ;

in 27, both parents were working because of financial pressures ;

in 2, both parents were full-time students ;

in 14, other social reasons, e.g. poor housing conditions, maternal, domestic inadequacy, etc. ;

in 10, the child's or mother's ill-health ;

in 2, mental handicap in the child or parent.

The general physical health of the children has been good. There have been two medical inspections during the year, and one dental inspection. Two children have received dental treatment. One child (psychotic) had to be removed, 1 child attended the speech therapy clinic, 5 children attended the audiology unit.

There have been 18 cases of measles, one of mumps, and 9 of dysentery.

Table XV.

Day Nursery.

Nursery	Buddle Lane	
Age Group in Years	0—2	2—5
Number of Places	15	25
Number on roll at beginning of 1965	3*	32
Number admitted	17*	34
Number removed from roll	6	44
Number on roll at end of 1965	6	30
Maximum Attendance	10	34
Minimum Attendance†	2	11

*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 the year there were 2 privately-owned registered day nurseries (for 20 and 16 children).

A long-established privately-owned day nursery (18 places) closed voluntarily for domestic reasons at the end of the year. 2 child-minders were newly registered during 1965 and 3 were already on the register. 5 registered child-minders were caring for 29 children at the end of the year.

THE UNMARRIED MOTHER AND HER CHILD

City Social Work

During 1965 the number of cases which received help was 95, and to these must be added the 19 mothers from the previous year whose babies were born in 1965, making a total of 114. Of these 6 were after-care cases requiring either adoption arrangements or help with affiliation proceedings, accommodation, etc. (See Table XVIII.)

21 unmarried mothers came to Exeter from elsewhere (of whom 2 left before the confinement), 9 Exeter unmarried mothers left the City before confinement, chiefly to get away because of the pregnancy, and 24 were " carried forward " to 1966, as the babies were not born in 1965.

Girls came to Exeter to stay with friends or relatives, or because their parents were living here ; or they were already working here ; some came because their boy friend was here (not necessarily the putative father) ; one mother found lodgings here for her daughter ; two girls had been students at St. Loyes ; and one came from Guernsey, as there were said to be no facilities there ; one was a student at the University.

As to nationality, one was Hungarian and two were Irish girls, but all three were already working in Exeter. The rest were British. Of the putative fathers 2 were Irish, 4 from overseas (Commonwealth) and the rest British.

Age Distribution of the Mothers and Putative Fathers

Age in years	Mothers	Putative Fathers
15	4	—
16	6	—
17	8	7
18	14	6
19	19	3
20—29	48	39
30—39	9	14
40+	—	3

The fathers of the babies born to the very young mothers were (with only one exception) only slightly older than the mother.

The occupations of the mothers were very varied :—2 were not working ; 3 were schoolgirls ; 12 were housewives ; clerical, factory and shop workers, and students being the larger groups. Among the fathers, members of the Services, students and apprentices, labourers and drivers were the larger groups.

71 babies were born alive and of these 15 were to mothers who have married, the majority before the baby's birth. 2 other mothers have since married, but have not married the putative father. Additionally, 34 babies returned with the mother to her own home, and 2 are being fostered temporarily. One of these may be adopted in addition to the 18 already in adoptive homes. 7 adoptions were arranged by the Exeter Children's Department, 3 by Dr. Barnardo Homes, 2 by the Roman Catholic Association, and 3 mothers made their own private arrangements.

12 of the 20 confinements at the City Hospital were originally booked either at Mowbray Hospital (9), St. Olave's (1) or at St. Nicholas House (2).

Affiliation orders were sought in 3 cases—2 successfully. Information was laid for 2 others, but the summons could not be served as the putative father was not found.

The time at which the pregnancy comes to notice is important, and as will be seen there is a tendency, as is to be expected, but undesirable, to leave it late in pregnancy :—

Reported, Month of Pregnancy :

5 emergencies	31 at 5th month
2 at 9th month	20 at 4th month
7 at 8th month	16 at 3rd month
17 at 7th month	1 at 2nd month
9 at 6th month	

St. Olave's Home

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

Number of admissions during 1965 (including 5 Exeter residents)	56
Number of children adopted (including 1 Exeter resident)	27
Number of children taken by mothers or relatives (including 3 Exeter residents)	15
Number of children fostered (no Exeter residents)	7

The domiciliary midwives delivered 37 mothers in the Home.

St. Nicholas House

(Owned by the Exeter Diocesan Moral Welfare Council)

Number of admissions during 1965 (including 7 Exeter residents)	57
Number of children adopted (including 3 Exeter residents)	18
Number of children taken by mothers or relatives (including 3 Exeter residents)	19
Number of children fostered (no Exeter residents)	11

The domiciliary midwives delivered 38 mothers in the Home.

7 mothers used the Home as a Hostel.

REPORT OF THE PRINCIPAL DENTAL OFFICER FOR 1965.

(Alvin Pryor, L.D.S., R.C.S., (Eng.)).

The City's dental services embrace not only the dental inspection and treatment of schoolchildren, but, no less important, the dental care of expectant and nursing mothers and of pre-school children. Expectant mothers can contact our service either directly or through their doctors, or the welfare clinics, or the Exeter and District Maternity and Nursing Association. Mothers are eligible for free dental treatment, including the provision of artificial dentures, during the whole of their pregnancy and until the baby is one year old.

The fact that these mothers can receive dental treatment free from dentists in contract with the local Executive Council, does, of course, reduce drastically the number of potential patients in this category. We wish that we could see more of them, but the steady fall in the demand rate has been noticeable for several years now. It is a national, not a local, trend.

Happily, however, the number of pre-school children (" the under fives ") inspected and treated at the dental clinics continues to increase year by year.

This is a class of patient which frequently finds some difficulty in obtaining treatment from the dentist in private or national health practice. These small patients are always interest-

ing to deal with. It is their first contact with the dental world, and the work does demand a degree of patience, understanding, time and aptitude which perhaps not all practitioners are able to afford. The essential ingredient is kindness. This is a sound investment which pays " tax-free dividends " when more extensive treatment may be required later.

We encourage mothers to bring their children when they themselves come for treatment, or when older brothers and sisters attend. These small children get used to seeing, and eventually occupying, " the Big Chair ". They are thus introduced gradually and naturally to the dental " atmosphere ".

For the worst thing possible to happen is for a child to begin his or her dental experience at the age, say, of five, with an extraction session.

We recall these pre-school children (and their mothers if eligible) three times per year, for a check-up on their dental condition.

A great many mothers appear unaware that children can be brought to the dental clinics before they actually attend school. They are pleased when they learn that they can bring children for examination, however tender their age. I have asked the health visitors to stress this point to mothers. I always emphasize it when I address groups of expectant mothers.

I must thank, at this juncture, the doctors, nurses, midwives and health visitors who have helped so much in sending us those mothers and children in need of treatment or advice. The Exeter District Maternity and Nursing Association and St. Olave's Home have helped especially in this.

Informal talks on the care of the teeth and gums were given by me, at approximately six-weekly intervals, to relaxation classes of expectant mothers. These talks were given at the Whipton and the Alice Vlieland Clinics, at the request of Miss. P. White, Superintendent, Exeter Maternity and District Nursing Association. The aim is to give simple, practical and down-to-earth advice, devoid of technicalities, having the twofold objective that the principles discussed apply not only to the teeth and gums of the mother, but also to those of her children. At the end of each talk, questions were invited, and often a lively discussion took place. Leaflets, repeating and illustrating the main essentials of the talks, were handed round afterwards. All the dental officers gave similar, but individual, instruction at the chairside as required.

Expectant and Nursing Mothers.

Of the 101 inspected, the following details show the source of reference :—(a) maternity and child welfare clinics 33, (b) family doctors 3, (c) home midwives 21, (d) St. Olave's Home 18, (e) post-natal cases 26.

Pre-School Children.

244 pre-school children were examined, including 216 whose parents desired treatment or who were referred from Child Welfare Clinics, and 28 in Buddle Lane Nursery (of whom 25 had sound mouths).

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	101	61	77
Children under five years and not eligible for school dental service	244	136	164

Forms of Dental treatment provided.

	Scalings and gum treatment	Fillings	Silver Nitrate treatment	Crowns and Inlays	Extractions	General Anaesthetics	Dentures provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	45	68	—	—	89	22	16	13	11
Children under five years, and not eligible for school dental service ...	—	35	175	—	231	117	—	—	2

Anaesthetics.

Dr. N. G. P. Butler, Consultant Anaesthetist, continued his regular weekly anaesthetic sessions throughout the year.

The high oxygen technique, which Dr. Butler has helped to pioneer in this country, has been used exclusively. With 20% oxygen and 80% nitrous oxide, the patient breathes the equivalent of atmospheric oxygen.

Thus there is an extremely high degree of safety, and an almost entire absence of " after effects ". The very few occasions on which after-effects have been noted can be accounted for by nervous tension or by the patient's failure to implement pre-anaesthetic instructions. Needless to say, this very high safety-factor is of inestimable value in dealing with expectant mothers and small children.

We have formed a small " panel " of local doctors who can be called upon to administer emergency anaesthetics. This has

proved of great benefit to the service we can offer. Instead of the patients having to wait several days for relief of pain, they can be treated with minimum delay. We feel that we have in this a considerable advantage over the dentist in practice. Indeed, some of these practitioners refer emergency anaesthetic cases to our clinics, because they know we can cope with them speedily.

Staff.

Mr. M. Radford, dental officer at St. Thomas Clinic, retired at the end of January. Mr. T. N. Praat, L.D.S., replaced him on 1st April, 1965. Mr. E. G. Reader, dental officer, resigned at the end of July, to take up an orthodontic registrarship at Sheffield Dental Hospital. Mrs. G. A. Rampton, L.D.S., was appointed to replace him, but was unable to commence duty until early December. We were thus the equivalent of one dental officer short for six months.

On the clerical side, a clerk and a dental surgery assistant resigned. Both were eventually replaced and the staff was up to establishment at the end of the year.

I would like to take the opportunity of thanking my dental officers and staff for their hard work and their helpfulness.

Fluoridation.

In previous annual reports I have commented upon the fluoridation of the domestic water supplies. By this means dental decay in young children of five years of age can be reduced by 50%, provided that these children have been drinking fluoridated water during their life-time. The benefits persist well into adult life.

The undoubted usefulness and well-proven safety of fluoridation, in the recommended proportions of one part fluoride to one million parts of water, have been accepted by all recognised medical and dental authorities throughout the world, including the World Health Organisation.

Recently, two successive Ministers of Health have issued official recommendations to Local Authorities, suggesting that they fluoride their domestic water supplies without further delay.

The Government has promised to indemnify any Local Authority which fluoridates its water supply against any legal actions resulting therefrom.

Exeter City Council has rejected the proposal to fluoridate the water supply.

Supervision of Midwives. Of the 71 midwives who notified their intention to practise within the City during the year, 56 were still so practising at the year-end.

Practice	Gave notice on Intention to practise during 1965	Still practising in Exeter at year-end
Domiciliary	17	12
Hospital	52	42
H.M. Prison	2	2
TOTALS	71	56

Institutional Delivery. Mowbray House and Redhills Hospitals provide the general practitioner maternity units in the city—the latter is almost entirely for county mothers and the former mainly but not exclusively for city mothers. The numbers of bookings in Mowbray House was increased to 67 for city cases and 13 for county cases, per month.

Mowbray House Bookings for 1965. The number of mothers booked for Mowbray House, as due to be delivered in 1965 was 1,075, including 171 living in the county area. A considerable number of these had, of course, been booked during 1964 ; a few had been delivered earlier than expected, in 1964, and some of the infants were not born until 1966. Of the 904 Exeter mothers booked, 117 cancelled their bookings, viz. : because of abortions (16) ; or through leaving the area (19) ; or because abnormalities during the pregnancy necessitated the booking being transferred to the City Hospital (66) ; 16 cancelled their bookings either to have a home confinement (13) or because their bookings had been transferred to a mother and baby home (1), or simply because the mothers discovered they were not after all pregnant (2). 658, or 73%, were delivered in Mowbray House, 125 at the City Hospital (some of whom had been admitted to Mowbray House for labour and transferred because of some complication) ; and 4 were delivered at home.

Mowbray House Deliveries, 1965. During the year 776 babies (including 1 set of twins and 2 stillbirths) were delivered in Mowbray House ; 619 (including the twins and stillbirths) of these were to Exeter mothers.

City Hospital Deliveries, 1965. At the City Hospital, 428 babies (including 22 stillbirths) were born to Exeter mothers, including 81 mothers who were primarily admitted to Mowbray House and then transferred to the City Hospital for delivery.

Redhills Hospital Deliveries, 1965. At the Redhills Hospital, there were 2 live births to Exeter mothers.

Staffing. At the year end there were, as well as the Superintendent (part-time), Deputy Superintendent, 9 midwives and 7 pupil midwives, all in residence. From 1st July, 1965 we undertook, as agents of the County Health Department (anticipating the inclusion of Pinhoe in the City), the domiciliary midwifery and home nursing of Pinhoe, one extra midwife being appointed for this purpose.

Training—Part II School. In 1965, 21 pupil midwives (trained in conjunction with the City Hospital) passed the State Certified Midwife examination.

Home Deliveries. 391 mothers were attended by the home midwives in 1965. The total number of visits paid by the home midwives to mothers was 18,808, about 5% more than in 1964. Details are set out in Table XIX.

Other Deliveries by Home Midwives. 37 mothers were delivered in St. Olave's Home and 38 in St. Nicholas House, and 6 in H.M. Prison by the domiciliary midwives (two midwives being responsible, as far as possible, for the deliveries and care of the mothers and babies in each Home). The home midwives made a small number of ante-natal and post-natal visits in Digby Psychiatric Hospital.

Gas and Oxygen Analgesia. In June 1965, the Central Midwives Board approved the " Entonox " apparatus for use by midwives ; this gives a constant mixture of 50% nitrous oxide and 50% oxygen from a single cylinder. Four of these machines were purchased, and Dr. Powell gave instructions to the midwives on their use.

Total deliveries by domiciliary midwives		391
Cases where gas and air analgesia given (up to September)		61
Cases where gas and oxygen analgesia given (after September)		60
Cases where Trilene analgesia given (alone or in combination)		202
Cases where Pethidine or Pethilorfan given		254
Reasons for non-administration of analgesia (68 cases) :		
Labour too rapid	26	
Medical reasons	—	
Premature labour	3	68
Patient refused analgesia	39	

Resuscitation of the Infant. We purchased four Blease Samson neonatal resuscitators in November, 1965, and Dr. Powell instructed the midwives about asphyxia and the use of these resuscitators. These are readily available at all domiciliary midwifery cases, for use where mouth-to-mouth breathing would previously have been necessary. Resuscitation by various methods was applied to 22 babies ; 21 survived, 1 died later in hospital.

Hospital Discharge of Midwifery Patients. The home midwives care for both the mothers delivered at home and the mothers discharged from hospital to their care, until 21 days after delivery; (228 cases were visited beyond the 21st day). There has been a sharp increase in the number of mothers discharged from hospital to the care of the district midwives.

Discharged from hospital in puerperium on :—

	1965		1964	1963
	Cases	*Visits made*	*Cases*	*Cases*
1st or 2nd day	21	354	12	35
3rd or 4th day	97	1,531	78	55
5th to 7th day	305	3,642	139	122
8th to 9th day	366	3,893	234	175
10th day and later	27	244	62	70
	816	9,664	525	475

Feeding Problems. There has been a considerable decrease in the number of cases where the midwife has been requested to visit for baby feeding problems (63 cases, 450 visits in 1965; 92 cases, 774 visits in 1964). Most of the feeding problems referred to the midwives are during the third or fourth week, and the increase in hospital discharges has meant that a greater proportion of the newly-delivered mothers are being attended by the midwives during the first three weeks (1,207 in 1965—892 in 1964).

HEALTH VISITING

General Organisation.

Mrs. Stannard retired in April. She had pioneered mothercraft teaching in the Girls' Secondary Modern Schools. When she retired the classes temporarily lapsed.

Miss Bastow's increasing commitment to hearing assessment in babies and school children limited her contribution to general health visiting in the Whipton area. In September it was decided to take her off general health visiting and to make her responsible for duties in connection with hearing assessment and partially hearing children, and with handicapped children in residential special schools.

One health visitor left during the year, and we had a heavy sickness toll, all of which made for heavy strain on the rest of the staff.

Staff Education.

Student health visitors. Our sponsored student successfully completed her course in London and qualified, but for various reasons sought and obtained excusal from the further service with the Council pledged in her contract. Another student was sponsored and has begun her studies at Bristol University.

In-Service Education continued. In particular, two health visitors continued to attend, on a half day a week, the Exeter University Social Studies Group (2nd year course). This was found very helpful indeed.

A closer association with the child guidance team has been fostered during the year.

Home Visiting. The number of home visits made by the health visitors was 18,441; in addition 2,782 visits were ineffectual (no access). See Table XXII.

Health Visitors are encouraged to practise at their discretion selective visiting in regard to young children, and also in regard to the more common infectious diseases. Evening visits are unusual, but are undertaken if necessary; 15 were made.

Child Welfare Clinics. The health visitors are based on the child welfare centres, but the Health Committee does not own the centre in St. Thomas (Buddle Lane), so the health visitors for that area are based on the Health Office.

9 child welfare sessions were held weekly (at 5 centres) at each of which two health visitors attended. At the end of each session, the doctor and the health visitors attending discuss both the children seen by the doctor and any others the health visitors wish to bring to the notice of the doctor.

The elderly. The amount of visiting of elderly people at home by health visitors is inadequate. All of the health visitors are responsible for this work in their own areas.

Year	*No. of elderly on H.V's Register*	*Visits*
1965	351	598
1964	277	886

The closer association of health visitors with practitioners in health centres (or possibly in other ways) will undoubtedly make geriatric visiting much more prominent.

Handicapped Children. One of the health visitors has been allocated to school health work in connection with handicapped pupils in residential schools, and to deaf pupils. This aspect of health visiting/school nursing work will become more important.

Prematurity:

(*a*) *Paediatric Premature Baby Unit, City Hospital, Exeter.* Miss Barrett attends Dr. Brimblecombe's premature baby unit at the City Hospital weekly, at his invitation, and acts as liaison officer between the City health visitors and the hospital. Useful information about home conditions and necessary after-care is thereby provided on a two-way basis.

(*b*) *Premature Baby Out-patient Clinic.* By courtesy of the consultants, a health visitor attends each of the twice-weekly premature baby out-patients sessions at the City Hospital ; the Devon County has a similar arrangement, and we alternate with them in spells of three months.

Cervical Cytology Clinic. This started in June, 1965 at the Alice Vlieland clinic and was conducted by Dr. Cullen, a health visitor (Miss Chapman) and a clerk (Mrs. Pym) assisting ; at first it was held monthly, but before the year-end it was held weekly, and so a part-time clinic nurse was engaged to assist instead of the health visitor.

Diabetes Clinic, Royal Devon & Exeter Hospital, Exeter. For several years a health visitor has attended this clinic and assisted by advising Exeter patients in their own homes. However, at the request of the consultants this has now ceased.

Health Education. Health education is the very staple of the work of the health visitor, especially in an individual approach. More should be done on a group basis. Techniques in organised health education have so advanced, and the administrative work has so increased, that the Council appointed a Health Education Officer in October, 1965—Miss E. Robertson, S.R.N., R.N.T. (Lond.).

Apart from the mothercraft classes mentioned earlier, the health visitors have given talks to mothers in relaxation classes, and 32 talks on health topics (including home safety) to voluntary bodies.

Vision Testing. The health visitors have tried out in school entrants the Sheridan-Gardiner vision test material. It has proved very useful, but two people are needed to use it satisfactorily.

Association with Family Doctors. The health visitors are not " attached " to practices in Exeter. I have over the years encouraged the family doctors to utilise the services of health visitors, and the superintendent health visitor and health visitors are available at fixed times in their various offices for the receipt of phone calls. The most satisfactory and economic way of assisting health visitors and family doctors in congested urban areas—where family practice areas are in no way defined and inevitably scattered—is in the health centre, where the association can grow gradually and naturally on a professional plane. In a fair number of counties (rural mainly) and in a very few county boroughs, direct attachment is being practised, but in urban areas the full implications have not yet been really worked out.

One health visitor attends a doctor's ante-natal clinic once a month, and then assists by appointment in the ante-natal clinic

of another doctor in the same practice. She follows up cases as desired by the doctor.

Health visitors are encouraged to have special interests. Unfortunately the connection with the hospital diabetes clinic has been severed, but the aged, deafness, mental retardation, premature babies, problem families, group health education, all offer opportunities for some degree of specialisation. The future of health visiting is bound up with family doctoring where preventive and curative medicine should be really linked together in general practice, and I hope this relationship will be effected gradually and naturally through the development of the health centre idea.

References by family doctors to health visitors in 1965 numbered 88 (65 *re* infants, 23 *re* aged persons).

Surveys, 1965. The health visitors have continued to take part in the Newcastle paediatric survey follow-up, the National Child Development Study, the National Survey of Health and Development, the Oxford Childhood (Leukaemia) Survey, and the Virus Survey of the Medical Research Council.

Ancillary Help. Consideration has been given to the use of ancillary help, and in 1966 arrangements are being made for pre-nursing students to assist in welfare centres as part of their training.

HOME NURSING

(See Tables XX and XXI)

As in midwifery, we undertook for the Devon County Council home nursing in Pinhoe from July 1st, 1965.

Organisation and Staffing. The staff at the year-end numbered 22, including a Superintendent (part-time), an Assistant Superintendent, 18 Queen's Nurses and 3 S.R.N's.

Training. Thirteen nurses took district training here in 1965, and all passed the examination ; two were trained for our own staff, nine for other authorities and two were independent students. A nurse taking an integrated course of training at Manchester University, took her practical district training here.

Queen's Institute Post-graduate course. A week's residential course was held by the Queen's Institute in Exeter in April.

General Nursing. There has been a small increase in the number of home nursing cases and visits compared with 1964 (2,560 cases, 90,623 visits in 1965—2,492 cases, 88,953 visits in 1964). This has been most marked in post-operative cases, where there has been an increase of 72 cases requiring 1,304 additional visits. The increase of these cases requiring dressings has also meant an increase in the amount of sterilised instruments and

packs required. Except for the sterilisation of the actual dressings used, which still remains a problem, we have now eliminated all sterilising or boiling on the district, sterilised instruments and a pack containing dressing towel and polypropylene lotion bowls being taken for each dressing.

Late Night Visits. 1,309 general nursing visits were paid after 8.0 p.m. during 1965. We are able to maintain twenty-four hour cover for emergency general cases.

National Dried Milk. During the year 275 tins of National Dried Milk were sold from the Home Nursing Headquarters at the weekends and Bank Holidays.

HOME NURSING DURING 1965.

	New Cases	Total cases nursed	Total visits	% of cases over 65 years of age
Degenerative diseases and senility	827	1,236	73,622	76
Tuberculosis	11	13	521	8
Acute disease incldg. infectious disease	503	530	5,209	41
Maternity	66	68	693	—
Gynaecology	146	147	169	90
Accidents	74	93	2,794	64
Others	445	473	7,615	36
Totals	2,072	2,560	90,623	60%
Casual visits .... (Not Nursing)	4,626			

VISITS TO PATIENTS SUFFERING FROM CARCINOMA 1961—1965

Year	No. of Visits	No. of patients nursed	% of patients over 65 years of age
1961	5,346	130	65%
1962	8,515	156	62%
1963	6,412	153	61%
1964	5,418	154	54%
1965	4,903	161	57%

HOME NURSING DURING 1961-1965.

Year	Total visits	Casual visits	No. of cases	% of cases over 65 years of age
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%
1965	90,623	4,626	2,560	60%

IMMUNISATION AND VACCINATION

(See Table XXIII)

Immunisation was satisfactorily maintained in the City during the year.

So far as young children are concerned, Exeter's record is good, as is shewn in the following table :—

	Children born in 1964			Smallpox (children under 2)
	Whooping Cough	Diphtheria	Poliomyelitis	
England and Wales*	70	71	65	33
Exeter*	86	87	77	49
Highest Local Authority†	88	89	88	77
Lowest Local Authority†	36	43	39	10

* Information from Ministry of Health letter 29.7.66.

† Information from *British Medical Journal* 20th August 1966, p. 429. (D. Thomson).

The Minister of Health has expressed concern about the low acceptance rate in the country for protection against poliomyelitis. By the end of 1965, only 71% of the children in England and Wales born in 1963 and 63% of those born in 1964 had been vaccinated against poliomyelitis. I am glad to say that the figures for Exeter are well above the national average. 86% of the children born in Exeter in 1963 and 77% of those born in 1964 have been vaccinated. Children born in 1964 are still receiving vaccination and by the end of May, 1966 a further 6% had been vaccinated, bringing the number protected up to 83%.

1. *Smallpox Vaccination.*

763 persons received primary vaccination during the year, 55 of these being under one year of age and 572 between one and two years old. During last year (1964), 125 infants of under one year were vaccinated, so the number of children *between one and two years old* during 1965 who have been vaccinated is 697, which represents 55% of the children in this age group.

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

(*a*) *Primary Immunisation.*

1,223 children received primary immunisation courses, 1,139 being of triple antigen (against diphtheria, whooping cough and tetanus) and 37 of quadrillin (against diphtheria, whooping cough, tetanus and poliomyelitis). 1,197 of the children were under one year of age, representing 85.5% of the live births in the City.

761 of these infants had completed their primary course by 6 months of age and 550 of these by 5 months.

A further 47 older children received a primary course against diphtheria and tetanus.

(*b*) *Booster Doses.*

(i) *at* 18 *months* : 906 received a booster dose of triple antigen at 18 months old.

(ii) *at* 5 *years old* : 1,078 children received booster doses of diphtheria and tetanus antigen at 5 years old, the good response recorded last year being maintained.

(iii) *at* 10 *years old* : 793 children of 10 years old received a booster dose of diphtheria antigen. 395 of these had already received a primary course of tetanus toxoid and were, therefore, given a single dose of diphtheria and tetanus antigen, 9 as triple antigen and 4 as quadrillin. 13 received a booster dose of diphtheria antigen by itself. The other children received their diphtheria booster in the form of a combined antigen as part of a primary course of tetanus protection.

3. *Tetanus Protection.*

In all, 1,672 children completed a full primary course of tetanus toxoid during the year, 1,176 being infants receiving the protection as part of a course of triple antigen or quadrillin.

4. *Poliomyelitis Vaccination.*

1,355 children completed a primary course of three doses of poliomyelitis vaccine (37 as part of a course of quadrillin). 1,153 of these were infants, which is equivalent to 85% of the live births in the City. 144 adults and young persons completed a course, including 25 expectant mothers.

Fourth (booster doses) were given to 1,377 children. 165 adults also received a booster dose, 33 of whom were expectant mothers.

5. *Yellow Fever Vaccination.*

Under the Council's arrangements for yellow fever vaccination, 440 persons were vaccinated, 86 being children. All were proceeding abroad and required an international certificate of yellow fever vaccination.

It has now been agreed that this international certificate will remain valid for ten instead of six years. The number of persons requiring revaccination should, therefore, be somewhat reduced in future.

6. *Influenza Vaccination.*

Influenza vaccination was offered to all health department staff and to the staffs of welfare, surveyor's, police, fire, children's

and housing departments. 89 of the health department staff and 156 of the other departments accepted, and were vaccinated during November.

There was a small epidemic of influenza in the City during 1966 and so questionnaires were sent out to all those vaccinated. The results were as follows :—

No. of questionnaires sent out	245
No. not returned	36
No. who had " influenza "	16 (7.6%)
No. who had severe colds and bronchitis, but not influenza	96

This was not a controlled trial and the cases of influenza were not proved by virus isolation.

7. *TAB Vaccination (against typhoid and paratyphoid).*

TAB inoculation was offered to parties of schoolchildren attending the Council's schools who were going abroad on educational visits.

In the three schools affected, 127 children received vaccination.

AMBULANCE SERVICE

(See Tables XXIV—XXV)

As previously agreed, the City Council assumed direct control of the ambulance service from June 25th, 1965 ; from 1948 to 1965 the St. John Ambulance Association had operated the service on agency basis. The change was effected smoothly, for the ambulance staff continued with their normal duties and they now form an additional section in the health department.

The Mayor of Exeter kindly invited to Guildhall those officers of the St. John Ambulance Association who had been members of the former ambulance management committee to meet members of the Health Services Committee and receive the Council's warm thanks for their assistance during the past 17 years.

Smallpox Cases. The Regional Hospital Board closed the Upton Pyne Smallpox Hospital at the end of 1964. As the Board's first-line smallpox hospital for this area was to be at Liskeard, arrangements were made with the Plymouth Health Department that their ambulance service would be responsible for the transport of smallpox cases from Exeter to that hospital. A small modification in our ambulance arrangements with the Devon County Council then became necessary. No smallpox cases occurred in the City during 1965.

Radio Control. It is two years since radio control of ambulances was introduced and the advantages of possessing this equipment are now fully appreciated.

It seems difficult to imagine how the service could have operated for so long and so well without it, for there has been an ever-increasing volume of vehicular traffic during the past few years. This, during peak hours, makes control and timing extremely difficult but by using radio, ambulances can now be located, the position ascertained, and action taken to deal with changing circumstances with the least possible delay. There is little doubt that it will be necessary to increase the number of men and ambulances as time goes on, but their numbers can be kept to a minimum while proper control is maintained. This can only be done by modern methods and it is significant that other emergency services and commercial undertakings are extending their use of radio-telephony.

Staff. There was no increase in the number of staff during the year, but it became evident that it would be necessary to engage at least one extra man when it was confirmed that a 40-hour week would be introduced in January, 1966.

The amount of work was steadily increasing during the early months of 1965 and plans had been made to employ one extra man to meet normal expansion during the coming year, but as there was a distinct reduction in demands during the last quarter of 1965, it was then considered that one man would suffice.

The reason for the falling off in demand is not quite clear but as the weather was mild, there were few dangerously icy roads and pavements before Christmas, and this would be reflected in the reduced number of persons attending at fracture clinics.

Staff sickness amounted to 311 days during the year, but as 90% was accounted to one man, the average for the other 23 men and 2 women was extremely low.

Premises. It was disappointing that the building of the new ambulance station was postponed by Government direction. Although much has been done to improve conditions at the existing premises, the accommodation is still highly unsatisfactory. Great care is exercised to avoid damage to vehicles and accessories when moving in and out of garages, as the head room—and elbow room—is limited ; besides which the growth of private car parking spaces in the immediate vicinity, and the narrowness of Pancras Lane and Waterbeer Street, make it difficult to leave and enter the garage area without loss of time.

Ambulances. One ambulance was so badly smashed in January that it was thought beyond repair and, to meet this situation, an old ambulance was obtained from Cornwall while arrangements were being made to obtain a new one.

It was, however, found possible to repair the damaged vehicle and, when the repairs were completed, the total number of ambulances had been increased by one.

A new ambulance was ordered during May as a normal replacement for one of the older vehicles, but it had not been delivered at the end of the year. There has been for some years a considerable lapse of time between the date of order and date of delivery of new vehicles, and this tends to lengthen each year.

The average age of the ambulances at the end of the year was over 6 years, the oldest being over 14 years and the latest over 1 year old. It is generally accepted that 8 years is a reasonable, economical and useful life for a vehicle and, to meet this situation, it has been agreed a vehicle renewals fund be established in the financial year 1967/68. It is hoped that as a result, it will be possible to give firm orders for replacements earlier. This should help in keeping down maintenance costs as already mentioned.

The Council has agreed that new ambulances should be equipped with a two-toned horn instead of a warning bell. This should prove more effective than the bell and less disturbing to patients than the siren which has been tried by some authorities.

Journeys. No remarkable change in the pattern of ambulance work has occurred during the year as the total number of stretcher patients was much the same as in 1964, notwithstanding a reduction in mileage. There was an increase, however, in the number carried in the dual-purpose ambulances and there was a corresponding increase in mileage.

The number of accidents and emergencies has increased again ; most of the extra load was borne by the dual-purpose ambulances. This gives some evidence as to the handiness of these vehicles which were often diverted from routine to emergency work.

With regard to the infectious patients carried for the City, the figure given, 259, includes as well as new cases in the City, those who were moved from the Isolation Hospital to Ivybank to be X-rayed and returned, but the 108 patients carried for Devon County Council were, in fact, new admissions to the Isolation Hospital from towns and villages in East and Mid-Devon.

At the end of the year the Education Committee decided that it would be less costly to arrange for the conveyance of most of their handicapped schoolchildren to and from school in hired vehicles. This decision came too late to be noticeable in the 1965 figures, but the reduction in the total carried on dual-purpose ambulances will be lower next year.

Ordinary removals for Devon County Council numbered much as previously, but there will be some considerable reduction of income next year (1966) when the mileage involved in the conveyance of patients from and to Alphington, Pinhoe and Topsham is not chargeable to the County.

The number of patients conveyed by rail shows a slight reduction and this trend is likely to continue as a result of the closing of branch lines and the difficulty of obtaining accommodation on trains with direct access, or privacy, for stretcher patients. This is unfortunate, as patients being moved to distant hospitals for special treatment or to be nearer home, can travel more comfortably and quickly by train. The difference in cost becomes less noticeable as rail fares rise ; besides which there is often a fairly substantial bill from the destination ambulance authorities for further road transport at their end of the journey.

There was only one call for air transport during the year. This was for a patient who was brought from Bovey Tracey to the Royal Devon & Exeter Hospital. His condition necessitated urgent transfer for special treatment at a hospital in Oxford, after which he made, I understand, a good recovery.

Hospital Co-operation. The co-operation between the ambulance service and the hospitals continues to be satisfactory. Reasonable notice of discharges and transfers is usually given, the only exceptions being on occasions when it becomes necessary to find additional beds. In these circumstances the request for urgent transfer is made through hospital secretaries and the removals carried out as soon as possible.

Hospital Car Service. This is organised by the Devon County Council and, by this means, most of the out-patients who can walk but need transfer, are carried by day. The cost of the service, as with others, is increasing and the percentage of the total cost paid by the City can be expected to rise more steeply next year, as a result of the extension of the City's boundary.

PREVENTION, CARE AND AFTER CARE

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

Health Education

Health Education Officer. Miss E. H. Robertson, S.R.N., R.N.T. (Lond.), recently a Tutor at the Royal Devon & Exeter Hospital, was appointed as whole-time Health Education Officer, and took up her duties on October 1st. This is the first such appointment in Exeter, the superintendent health visitor having previously been mostly responsible for the work.

General. A monthly programme concerning health education topics for publicity, clinic health teaching and " Better Health " articles was followed throughout the year, except when superseded by an immediately more important subject. Talks were also given on health topics by various members of the staff when requested by local organisations.

Mothercraft. Classes were continued in Secondary Modern Schools for girls in their last year at school, by Mrs. Stannard until her retirement as a health visitor at the end of the Spring term. Plans were initiated for the continuation of parentcraft classes to take the place of those previously given by Mrs. Stannard, and for courses in health education for girls in their first year in the four secondary modern schools to commence in 1966.

Home Safety. The Home Safety Committee continued to meet quarterly throughout the year to discuss the causation and prevention of Home Accidents. The production of a home safety booklet was agreed, the probable date of production to be in mid-1966.

Matters discussed during the year included three important fire hazards :—

(a) the frequent incidence of chip pan fires ;

(b) the use of flammable materials, especially for children's clothing ;

(c) dangerous and careless use of fireworks.

Action taken included :—

(a) the setting up of a committee of specialists to draw up simple rules for the safe use of chip pans ;

(b) publicity concerning non-flammable clothing materials, mainly through women's organisations ;

(c) publicity campaign concerning firework hazards in co-operation with all local schools, the firework vendors and with the City Fire Brigade in conjunction with their Fire Prevention Week Exhibition.

The local press gave never-failing support in reporting these activities.

Water Safety.

(a) The Water Safety Sub-Committee held three meetings in connection with the organisation of a water safety gala held on March 10th at the municipal swimming baths. Difficulties were experienced on account of the ineffectiveness of the public address system which had been installed. The Water Safety Sub-Committee resolved to press for an additional up-to-date swimming bath. Unfortunately this cannot be envisaged yet, for financial reasons.

(b) South-West Regional Conference on Surf Life Saving and Beach Safety. The first conference of this kind to be held in this area took place on November 6th at County Hall, Exeter. It strongly advocated uniformity of marker flags and notices for all beaches and waterways throughout the country ; these recommendations have recently been adopted and publicised on a national basis.

Better Health Magazine. Articles written by various members of the staff concerned with different aspects of Health Education of topical importance, were inserted each month. For those not familiar with it, this little magazine is the official publication of the Central Council for Health Education. It is distributed free of charge at our clinics and to various other bodies to whom it is of interest.

Publicity. Central Council for Health Education posters were displayed on the municipal hoardings and in the clinics, where leaflets were also distributed ; these latter were found to be rather costly and often of doubtful value.

Smoking and Health. We continued to give publicity throughout the year, on the dangers to health from smoking, with special poster displays arranged in the Autumn.

Venereal Disease. No health education efforts were made in regard to these disorders.

First Aid. Three courses in First Aid and Home Nursing, each being of five 2-hour sessions, were held during the year and were attended by members of the staff of the City Council. In all 70 persons attended these courses. The courses were organised as suggested in Ministry of Health Circular 9/63.

Mouth to Mouth Resuscitation. Talks and demonstrations were given throughout the year to different organisations and in local schools.

TUBERCULOSIS — CARE AND AFTER-CARE

(See Tables XXVI—XXXIV)

As forecast in my last report the Exeter Mass Miniature Unit with associated staff, was transferred to Plymouth in July, 1965. The Unit comes to Exeter every week for two sessions, sited in Paris Street opposite the coach station.

NOTIFICATIONS

Year	Respiratory	Non-Respiratory	Total
1959	72	10	82
1960	37	9	46
1961	26	13	39
1962	30	8	38
1963	26	7	33
1964	29	4	33
1965	27	7	34

Respiratory Tuberculosis. During 1965 there was a small decrease in the number of notifications compared with the previous year.

Non-respiratory Tuberculosis. This year there was a small increase ; the new cases included :—neck gland 3, genito-urinary 4 (1 posthumous).

Deaths

8 tuberculosis patients died during the year, but in 3 cases death was not due directly to tuberculosis.

Re-Activation

3 cases (1 male, 2 female and all respiratory) notified during 1965 were patients who had previously been taken off the register as recovered from respiratory tuberculosis.

Transfers—In and Out

6 names were added to the register during the year (all respiratory as " inward transfers " from other areas), whilst 7 patients (6 respiratory and 1 non-respiratory) were " transferred out ".

Recovery from Tuberculosis

17 respiratory and 6 non-respiratory cases were taken off the register during the year as " recovered ".

Cases " Lost sight of "

1 person left the area (a wanderer) and at the time it was impossible to trace him ; however, in 1966 he has reported to another chest clinic for treatment.

Tuberculosis Register

At 31st December, 1965, the number of notified cases still on the register was 368, shewing, for the first time since 1959, an increase (1) on the previous year's figures (367). As a matter of interest the figure in 1959 was 883.

	Respiratory	Sputum Positive during 1965	Sputum Negative during 1965	Non-Respiratory
Men	176	15	161	12
Women	132	10	122	21
Children	24	—	24	3

Total : 368

Contacts

179 contacts were examined for the first time during the year. This represents 5 contacts examined, on average, for each newly notified case. 4 new cases of tuberculosis were found as a routine follow up of contacts (first or re-call examination).

Radiography

The arrangements are unchanged. The small films (5 ins. x 4 ins.) are used almost exclusively for contact work and those taken totalled 94 ; large films totalled 1,645.

Tuberculin Testing and B.C.G. Vaccination

(a) *Contacts.* 112 tuberculin tests were carried out during the year and 92 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, viz. : nurses, pathology staff, occupational therapists, etc.).

(b) *School Children under Ministry of Health Scheme.* Once again the strongly positive tuberculin reactors, school children (27) 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). 413 students attended for Heaf testing, 303 were positive, 49 did not attend for reading and 61 were negative. 48 students were given B.C.G. vaccinations ; 15 failed to attend for B.C.G.

Last year (1964) 303 students were Heaf tested, 74 of whom were negative ; 58 of these were vaccinated.

It is expected that the number of British students requiring B.C.G. whilst at University will continue to fall on account of the B.C.G. programme carried out among school children of school age.

Pathological Examinations

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

Home Helps

No patients were assisted by the home help section during the year.

Extra Nourishment

21 patients were helped with extra milk. The issue of Roboleine has now ceased.

Infectivity and Employment of Tuberculosis Patients known to be Infectious

25 patients were known to have had during the year a positive sputum found either by direct smear or by culture ; this represents 7.5% of the respiratory cases on the books. None of the infectious cases was under 15 years of age ; none continued to work whilst infectious.

Of the 25 known infectious respiratory cases, at the end of the year, 18 were negative after treatment, 3 were still positive and under treatment (either in hospital or as domiciliary patients) and 4 had left the district.

The 25 patients were employed, when notified, as follows :—

housewife 7, waiter 2, labourer 2, storeman 2, assistant bank manager 1, window cleaner 1, lorry driver 1, stained glass artist 1, domestic 1, tailor 1, clerk 1, wanderer 1, schoolmaster 1, printer 1, student 1, trainee teacher 1.

Waiting Time for Admission to Hospital

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

Holidays

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

Home Visits

The tuberculosis visitor made 1,137 home visits and the chest physician 37.

Health Care of Immigrants

The follow-up of newly-arrived immigrants is by no means easy or satisfactory. Of 25 new arrivals notified to us, 24 came to Exeter. Of these, 4 were not visited ; one could not be traced ; the Medical Officer, London Airport, was informed; one was a doctor coming to a local hospital ; one moved to another area, the Medical Officer being informed ; one was known to the Police by another name, but the Police would not give us his new address ; 12 were not chest X-rayed because of various reasons, e.g. difficulties in language, in filling in forms (despite assistance), in attending for X-ray at specified times. Heaf testing was refused by 4 immigrants ; 2 of these had old healed tuberculosis ; 6 did not attend for the reading of the result. One negative case refused B.C.G. vaccination. It is believed that 13 of the 20 had registered on a doctor's list.

CHIROPODY SERVICE

This ancillary medical service has continued to function satisfactorily during the past year. The number of patients treated in our clinics, welfare homes and by domiciliary visiting continued to increase week by week. The staff at the year end included 2 whole-time and 1 part-time chiropodist, and 1 whole-time and 1 part-time receptionist. It is envisaged that further

qualified staff will be required in the foreseeable future. In the Council's ten-year plan it is proposed that 4 chiropodists will be employed by 1969.

Including 684 new patients, 1,715 persons were treated during 1965, nearly twice as many as in 1964, during which year twice as many were treated as in 1963. 10,141 treatments were given during the year compared with 5,761 in 1964. 11% of the attendances involved conveyance by the hospital car service, thus saving chiropodists' travelling time.

The number of persons on the treatment register at the 31st December, 1965 was 960 (922 elderly and 38 handicapped).

Many patients treated have expressed appreciation.

Numbers of Treatments during 1965

	Elderly		Handi-capped		Expectant Mothers	Children		Totals		Grand Totals
	M.	F.	M.	F.		M.	F.	M.	F.	
At Clinics	1585	5979	18	191	37	9	74	1612	6281	7893*
At Welfare Homes (incl. Private Homes)	198	576	—	—	—	—	—	198	576	774
At Nichols Centre	—	—	15	78	—	—	—	15	78	93
At Home	309	1011	7	52	—	1	1	317	1064	1381
TOTALS	2092	7566	40	321	37	10	75	2142	7999	10141

* includes 1137 attendances of persons conveyed by Hospital Car Service.

CERVICAL CYTOLOGY

In June, 1965 we commenced, in collaboration with Dr. Stewart Smith of the Department of Pathology at the Royal Devon & Exeter Hospital, systematic screening for the earliest stages of cancer of the neck of the womb, the sessions being held monthly by a woman doctor (at first Dr. Cullen, later Dr. Fuest) at the Alice Vlieland Centre. The specimens are taken at the clinic and are examined microscopically at the hospital. The hospital notifies the findings to both the family doctor and the health department.

All the local women's organisations had been circularised before the clinic started. The Panorama programme on cancer, following the death of Richard Dimbleby, brought in a flood of applications. 166 of the women who attended during 1965 were referred by their family doctors and 270 had booked by telephoning or writing direct to the health department.

By October we had to hold sessions weekly, because of the large number of women applying for screening. At first we limited attendance to women over 30 years old but later reduced this to 25 years ; nevertheless, no adult applicant is refused. In fact, the first positive result (confirmed after operation) was in a woman aged 26 years and a " highly suspicious " result was found in a woman in the 20-24 years old group.

The incidence of cancer of the neck of the womb is highest in the less privileged sections of the community, and it is not clear that we are reaching this group effectively.

Of the 436 women who attended the clinic in 1965—3 were regarded as " positive " ; this was confirmed in two instances after the affected area had been removed by cone-biopsy, so that in these two the disease can be regarded as cured. The third positive result, confirmed in a repeat specimen was found in an expectant mother ; this case was outstanding at the year end. 14 others were regarded as " suspicious ", but repeat tests showed no malignancy ; one further " very suspicious " result led to an operation, cone-biopsy, but this proved negative.

Approximately 30 women attend each session by appointment. Cervical cytology screening is, of course, primarily for detecting cancer (at a very early stage) but other abnormalities (some very minor, some more significant) have been detected by the doctor during the examination, such as fibroids, ovarian cysts, polyps, prolapse, etc. ; the women concerned have been referred back to their own doctors. Some women express concern about breast cancer, and ask for the appropriate investigation : they are also instructed how to examine themselves for this condition. This involves real teaching, and sometimes considerable effort in the psychological sense, because we must, on the one hand, avoid making a woman over-anxious about the possibility of breast cancer occurring, and on the other that she does know how to examine the breasts so as not to miss the early stages of the disease. This slows down the rate of working. The desirability of developing this as a screening service is under consideration.

At the end of the year there were 88 on the waiting list ; the waiting time was about a month but it has become considerably longer, and by now (July, 1966) it is about 6 months. It is intended to hold sessions in Whipton and Burnthouse Lane clinics so as to cover the city more completely.

Cervical Cytology Clinics

Attendances during 1965

Age Range (years)	Referred by		Residing in		Total Women examined	Results			Repeat smear	Refd. back to G.P.
	Doctor	Self	Exeter	Outside		Negative	Positive	Suspicious		
-20	5	2	7	—	7	7	—	—	—	—
20–24	15	6	18	3	21	20	—	1	—	—
25–34	38	51	82	7	89	87	1	1	—	2
35–44	62	117	155	24	179	172	1	6	2	3
45–54	32	68	89	11	100	95	1	4	—	5
55–64	14	23	35	2	37	35	—	2	—	—
65+	—	3	3	—	3	3	—	—	—	—
	166	270	389	47	436	419	3	14	2	10

Nursing Loans and Equipment, including Linen.

We now have just over 2,000 articles available for loan, and we were able to meet all the requests.

Nursing Loans—Year Ending 31st December, 1965

Article :	Loans made in 1965	Articles In Stock :	Articles On Loan :	Total :
Back rests	332	23	74	97
Bath rail	1	—	1	1
Beds, air	42	14	5	19
Bed boards, fracture	238	20	130	150
Bed boards, commode	9	5	1	6
Bed board, Nelson type	1	1	—	1
Bed chairs (Guthrie Smith)	10	1	1	2
Beds, iron and wooden		1	2	3
Bed, hospital type with backrest		—	1	1
Bed, iron, folding	18	1	—	1
Bed, hospital type (adult cot)		2	1	3
Beds, hospital type		1	2	3
Bed blocks	38 prs.	8 prs.	12 prs.	20 prs.
Bed lift (Invalid's Friend)	2	1	—	1
Bed pans (assorted types)	338	55	76	131
Bed pans (stainless steel)		16	8	24
Bed tables, wooden	18	3	3	6
Bed tables, convertible		1	1	2
Bed tables, tubular and adjustable		2	1	3
Bellows, air (hand and foot pumps)	42	6	—	6
Blankets, bed		17	8	25
Blankets, Cellolite	43	—	2	2
Blankets, Calmamesh		2	—	2
Bowls, polythene	13	2	—	2
Cans, douche	19	1	7	8
Chairs, wheeled	74	5	31	36
Chairs, sanitary	11	1	4	5
Chairs, carrying	3	1	1	2
Chair trolleys	5	1	2	3
Commodes	244	3	78	81
Cradles, leg	127	22	30	52
Cups, feeding	38	7	3	10
Cushions, toilet (Easinurse)	6	1	2	3
Hoists, Penryn	53	6	15	21
Hoists, Oxford	8	—	2	2
Heaters, paraffin	7	5	1	6
Fireguards	7	6	4	10
Inhalers (Nelson)	3	2	1	3
Kettle, steam, electric	—	1	—	1
Mattresses, flock	29	3	3	6
Mattress covers	34	25	4	29
Mattresses, dunlopillo	5	2	—	2
Mattresses, sectional	3	1	1	2
Mugs, sputum	14	2	4	6
Pillows	34	—	7	7
Pillow cases	85	82	42	124
Palmer injector	2	—	2	2
Reachers, " Lazy tongs "	3	—	2	2
Rings, air and sorbo	318	18	66	84
Rubber sheeting (1¼ yd. lengths)	399	53	107	160
Sheets	491	438	125	563
Towels, turkish	26	9	5	14
Self-lift chair	1	—	1	1
Urinals	191	13	41	54
Walking aids, tubular	88	15	22	37
Walking aids, Bonaped	8	—	3	3
Walking sticks, wooden		3	3	6
Walking sticks, tripod and quadruped	126	8	60	68
Walking machine	2	—	1	1
Scales, adult	28	1	1	2
Stands, oxygen cylinder	8	1	3	4
Scales, infant	182	1	5	6
Blankets, cot	35	12	11	23
Cots, wicker	18	1	4	5
Cot, mattresses	18	1	4	5
Gowns, infant	13	6	—	6
Napkins	200	44	36	80
Vests, infant	9	7	—	7
Nightdresses/shirts	64	31	12	43
Total	4,184			2,106

Soiled Linen Service.

There has been a marked increase in the number of articles laundered (12,820 in 1965—10,492 in 1964), although very little difference in the number of patients for whom this service has been used—216 in 1965, 215 in 1964.

From April, 1965, we have used opaque polythene bags for collection of soiled linen from the patients' homes—previously we were using paper bags. These polythene bags have proved very satisfactory, and the linen is now sent to the City Hospital laundry still in these bags, without handling or sorting. The disposal of the bags is undertaken at the City Hospital.

The use of disposable pads for incontinent patients has greatly increased, a total of 6,497 being used in 1965, compared with 1,763 the previous year. We are now using pads with a polythene backing, purchased from Devon County Council (Training Centres), which have proved just as absorbent, quieter and more pliable, than the paper-backed pads, which we were using previously. About half of the pads are disposed of either by burning in the patients' house, and half, because this course is impracticable, are brought by the nurse into the Nursing Headquarters to be burnt.

The disposal of soiled dressings on the district is difficult in a few cases; these are then brought in for incineration, water-proofed bags being used for this purpose.

Night Home Help Service.

It has not always been possible to meet the demand for help promptly, partly due to the intermittent nature of the service causing difficulty in retaining helps, and partly due to difficulties in initial recruitment for this work, particularly during the latter part of the year. There has, therefore, been a decrease in the number of patients for whom this service has been used (65 in 1965—87 in 1964).

	1961	1962	1963	1964	1965
Number of patients for whom service has been used	84	96	91	87	65
Number of patients who had help for more than 14 nights	21	24	26	12	5

Mobile Meals.

The Home Nurses continued to deliver meals to patients on Saturdays and Sundays, collecting these from the Welfare Department's central kitchen at Southlands. 573 such meals were delivered in 1965, all to old people who had no other means of obtaining a hot meal at the week-end.

VENEREAL DISEASE

Dr. Dunkerley tells me that among Exeter residents attending his clinic there were 2 new cases of primary syphilis in men (one aged 18 years) ; 21 new cases of gonorrhoea (15 men, 6 women), 2 of the men being aged 16 years, while 2 of the women were aged 18, the rest being older ; 74 men and 40 women attended for " other conditions ".

He addressed 75 letters in relation to contact tracing ; 15 attended ; 55 did not attend ; 2 refused to attend ; and 3 were not known at the address stated.

VENEREAL DISEASE CLINIC—EXETER RESIDENTS.
(1958 — 1965).

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
1965	2	21

DOMESTIC HELP SERVICE

Organisation and Staff.

The general management continued unchanged. Miss M. M. Davies (Organiser) retired on the 30th June, 1965, and Miss M. M. Chanter was appointed in her place ; she was assisted by two part-time clerks.

There were 57 part-time home helps at the end of the year. Their average age was 48. The home help organiser visits all new cases in the first instance and routine visits are also made. Total visits for the year were 721.

Cases helped.

Domestic help was provided for 682 cases, involving 72,792¼ hours during the year. The average weekly case load was 356. The average number of hours of home help per case per week was 4 for all types of case, and for old age cases 3¾ hours.

The number of maternity and ante-natal cases helped decreased from 8 (405 hrs.) to 5 (234 hrs.) full-time, and increased from 33 (1,004½ hrs.) to 52 (1,194 hrs.) part-time. The reason for the decrease in full-time help and the increase in part-time is that the majority of cases are on the maximum charge of 5/- per hour.

Of the total hours of service paid for, travelling took 10%, holidays 5½%, sickness 4%, work in the homes 80%. Overtime was negligible. The Council have not charged, from May, 1965, for home help where the person helped is on National Assistance, or at the same financial level. The total income for the service was approximately 17% of its cost, including administration.

Category	Families helped		Hours worked	
	Full-time	Part-time	Full-time	Part-time
1. (a) Confinement	5 (8)	52 (33)	234 (405)	1,193¾ (1,004½)
(b) Ante-natal	— (—)	14 (10)	— (—)	441½ (309)
2. (a) Acute illness (Under pension age)	— (—)	30 (40)	— (—)	1,249¼ (1,552½)
(b) Acute illness (Over pension age)	— (—)	30 (28)	— (—)	1,949 (2,014)
3. (a) Chronic sickness (Under pension age)	— (—)	56 (60)	— (—)	8,840¾ (10,459)
(b) Chronic sickness (Over pension age)	— (—)	281 (256)	— (—)	35,468 (37,598¾)
4. Old age	— (—)	181 (151)	— (—)	22,533½ (20,744¾)
5. Tuberculosis	— (—)	2 (3)	— (—)	180 (404)
6. Others, including M.D.	— (—)	14 (12)	— (—)	720½ (920¼)

Figures in brackets denote previous year.

Total *cases* helped 682

Additional hours paid for :

Travelling	9,693	18,725	or 6½ hours per week (6¾)
Sickness	3,908		
Holidays	5,072		
Overtime plusages	52		

Total of weekly case loads summated for year	18,519	(17,532)
Average weekly case load	356	(337)
Average hours worked per case per week :		
All categories	4	(4½)
Old age	3¾	(4¼)
Number of domestic helps employed	57	(54)
New entrants 24 ; departures 21		
Average age of helps	48	(49)

Category	Summary of Weekly Case Load by Categories			
	Average case load		Average hours per case	
1. (a)	2½	(2)	11½	(13)
(b)	1¼	(1)	6½	(6)
2. (a)	6¼	(6¾)	3¾	(4½)
(b)	12¾	(11½)	3	(3¼)
3. (a)	34¾	(36½)	5	(6)
(b)	178¾	(169¾)	4	(4¼)
4.	115	(104)	3¾	(3¾)
5.	1	(2)	3¼	(4)
6.	3¾	(3¾)	3¾	(4¾)

Number of cases deferred, and reasons :		
(a) no help available at time	15	(40)
(b) other reasons	—	(—)
Number of applications for help withdrawn :		
(a) shortage of staff	—	(—)
(b) high charge	—	(3)
(c) other arrangements made	20	(18)
(d) nothing further heard	11	(5)
Income (calendar year 1965)	£3,741	(£3,317)
Cost (financial year 1965/66)	£22,856	(£22,268)
Number of home visits by Organiser	721	(700)

Exeter Council of Social Service Home Helps.

Miss Moon, Secretary of the Exeter Council of Social Service, has kindly told me that in 1965 her Council employed 24 home helps, working an average 6½ hours each, to give assistance to 44 elderly persons.

EXETER COMMUNITY MENTAL HEALTH CENTRE

(The Nichols Centre)

A Review of Progress

Administration.

From the start of the National Health Service in July, 1948, Exeter was fortunate in that Digby Hospital (now 462 beds) and Wonford Hospital (formerly a private mental hospital) (now 188 beds) both lay within the city boundaries, and the mental welfare officers had free access to the mental hospitals and worked under the clinical guidance of the Medical Superintendent. The Medical Superintendent of the Digby mental hospital (formerly belonging to the City Council) was a co-opted member of the City Council's Health Services Committee, and from 1952 the Medical Officer of Health was a member of the Devon Hospital Management Committee (now the Exe Vale Group) of which the Chairman of the City Council's Health Services Committee has also been a member for many years. Voluntary admission (which nevertheless did involve a specific legal process) was greatly encouraged, and voluntary patients in Exeter for several years numbered over 90% of admissions to the psychiatric hospitals.

Co-operation with the Royal Western Counties Hospital at Starcross has also been always close and cordial. Since September, 1958 the Medical Officer of Health and the Senior Mental Welfare Officer have attended at the Royal Western Counties Hospital an informal co-ordination committee formerly held quarterly but now twice a year. The Committee is representative, on a professional level, of the South Western Regional Hospital Board, Royal Western Counties Hospital Management Committee, Plymouth and Exeter City Councils, Devon and Cornwall County Councils and is occasionally attended by medical officers of the Ministry of Health. This type of consultation was advocated formally by the Ministry of Health in Circular 24/65 (hospital circular H.M.(65) 104).

The Deputy Medical Officer of Health is a member of the Medical Advisory Committee to the Royal Western Counties Hospital Management Committee.

Mental Health Act, 1959.

Since the new Mental Health Act became effective in 1959 there have been many changes. Digby, Wonford and Exminster

hospitals have been integrated as the Exe Vale Hospital ; the allocation of patients to the three units is now determined by the nature of the illness and not by geographic and residential considerations ; medical responsibility is no longer vested in the medical superintendent but in the five consultant psychiatrists, each having beds in all three units and conducting their own out-patient clinics ; the methods of referral to hospital and the requirements of admission have altered ; completely informal admission solely on medical recommendation is now the general rule ; the duly authorised officer, with certain statutory duties, has ceased as a legal entity, to be succeeded by the mental welfare officer, who is primarily a case worker under the clinical guidance, usually, of the hospital medical staff, though he still has legal functions in the comparatively infrequent occurrence of *compulsory* admission. Referrals by family doctors are now generally made to the consultant psychiatrists, who use the mental welfare officers so far as they think desirable, as social workers, e.g. for contact with relatives, obtaining reports on the home environments, after-care and other social-worker-support. Whereas prior to 1959 very few persons were admitted to or discharged from the psychiatric hospital without the knowledge of the local health authority's duly authorised officers, the proportion now is distinctly larger. We are informed of all admissions and discharges, but sometimes little else is known about the individual. This is not always to the advantage of the patient.

The number of mentally ill patients admitted to hospital for treatment is increasing, but the average stay in hospital is shorter and the re-admission rate higher. It is far better for patients to be in hospital for as short a time as is necessary, even if later re-admission should be required, than to remain in hospital long periods without positive need : early discharge does not mean thoughtless or reckless discharge. This in turn means an increased case-load of patients receiving after-care from mental welfare officers, and more necessity for medical support and advice to the social workers. There is need, in the field of after-care and the use of the community services, for records and statistics to show, for example, success and relapse rates, the value of out-patient treatment and the effectiveness of various methods of after-care, such as social worker support of various kinds, living in hostels, and attendance at social clubs.

What is essential is that the services available from hospital and local health authorities should be utilised to the best advantage of mentally sick and subnormal persons whether in the community or in hospital. Thus hospital staff should be able to take a part in local authority ventures, and the Council's mental health staff should have corresponding relations with the hospitals. In Exeter we are favourably situated ; our population is of a size which facilitates the development of administration directed to achieving good contacts between the various groups of professional workers within and without the psychiatric

hospital, whilst our resources are adequate to provide a wide range of services.

In 1959, local health authorities were asked by the Minister of Health to examine their existing services and note where further developments or new services were required ; by formulating the Ten-Year plan of local health authority services and its subsequent revisions they have continued the process. So new are some of the developments in this field that it is useful to record experiences, both in success and failure, and to review critically ideas and methods, and to adjust them in the light of newer knowledge.

Nichols Centre

The City Council decided in 1960 to expand the social worker services, to provide hostels for convalescent mentally ill women and for mentally subnormal women, to start therapeutic social clubs and also to secure larger premises for the two existent adult training centres for men and women. All these purposes were achieved in the Nichols Centre, an adapted premises, excellently sited within a mile of the city centre, and opened in July, 1963. It is, we believe, the first comprehensive mental health centre in the country, provided by a local health authority, combining a wide variety of community services under one roof. From the start we have encouraged direct access by the public, so that help can be readily sought by the mentally sick. Additionally, the centre has been made available for meetings of voluntary bodies interested in mental health and social work.

The first necessity was to learn how to use the centre, with its wide variety of functions—what do the mentally disturbed and handicapped (" the clients ") expect from the centre ?—what is the usefulness of the centre to the professional worker in his relation to community care ? This involved linking the staff in a common effort, and also linking the centre with the hospital and other social services. Recruitment of staff has been a major problem, both in regard to professional and non-professional workers. Their attitude towards patients, and their handling of day-to-day problems in the centre are closely inter-related. A faulty approach, whether in the training centre, social clubs or hostels affects the whole atmosphere of the place, far beyond what might be expected. In this sense the centre is one and indivisible.

The Nichols Centre, like the psychiatric hospital, is a therapeutic community : but in some ways the therapeutic influences in the centre have less organised pressure behind them ; there is no well-established tradition and the relationship of the individuals to the staff is different. The voluntary element on the part of the patients can be, perhaps, more effectively displayed, e.g. in refusals. After three years of staffing of this centre, we are satisfied that although experience and qualification are desirable, personality is even more important. Patience, sympathy, a sense

of humour, flexibility of mind and attitude, and ability to get on with people whilst always respecting the dignity of the individual, are essential. It is fair to claim that the centre is a happy place and this is a reflection of the personality of the staff.

Policy re admission.

The general policy regarding the acceptance of trainees, hostel residents and club members has been that every referral from doctors, mental welfare officers, social welfare workers, etc. is accepted provided the need arises from mental disorder. There is in fact a considerable degree of selection, in advance, of hostel residents, especially the convalescent mentally ill persons, by psychiatrists. Certain tentative limitations were put on the admission to the hostel for convalescent mentally ill persons ; these were :—

(1) An upper age limit of 50 years ;
(2) An anticipated stay of no more than 6 months ;
(3) No bizarre behaviour problems ;
(4) Willingness of the consultant to re-admit to hospital if need be ;

but even these have been applied in a liberal way.

No-one has been refused admission to the training centre on the grounds of unsuitable or difficult behaviour and although temporary exclusion has very occasionally been resorted to, no-one has been for this reason permanently excluded. A high degree of selection may ensure, or virtually ensure, what may appear and be styled " satisfactory results ", but in our view, this is not the way to make most useful contribution to the needs of the mentally disordered. Failures there will be, and more where the admission policy is generous. But success, as we have found, is not only accomplished in the cases regarded in advance as " good risks ".

This policy requires that social workers, hostel and training centre staffs are kept informed of developments, and that regular meetings to discuss their work, the problems of handling difficult cases, the general work of the centre, and to ventilate new ideas, should be held. This we have done.

Dr. Couper, as the Department's adviser on mental health, visits the centre willingly and on demand. Dr. Dubourg, Senior Psychiatric Registrar at the Exe Vale Hospital, has taken an interest in the club and the hostels ; nevertheless, the shortage of medical staff in the hospital has precluded the close continuous and informal association of the medical staff with the Nichols Centre which we should like to see develop.

Mental Health Workers

The Council mental health worker staff which was 3 in 1948, and until 1959, is now (1966) the equivalent of 7, viz. : 1 senior mental welfare officer, 1 assistant senior mental welfare officer,

4 whole-time mental welfare officers (all qualified, or " recognised " by the Council for Social Work Training) and 2 part-time mental welfare officers (both qualified). Of these, 1 whole-time and the 2 part-time mental welfare officers are women.

Having been unable over several years to fill the established post of psychiatric social worker the Council, in 1966, have appointed to this vacancy a mental welfare officer holding the Certificate of Social Work Training.

It has been agreed (1966) that a joint appointment should be made by the Exe Vale Hospital, the City Council and the County Council of a social worker whose functions would include acting as a link between the social workers in the hospital and those of the two local health authorities, with special reference to after-care.

At the suggestion of Dr. Couper, consultant psychiatrist, who is the medical co-ordinator of the Exe Vale Psychiatric Hospital, and since 1961 also mental health adviser to the health department—a curious result of which was that for legal reasons he had to cease to be a member of the Health Services Committee though he derived no financial gain—the mental welfare officers' duties have over the past two years been reorganised in relation to the three units of Exe Vale Hospital, and also to the respective categories of patients within these units.

One (Mr. Coombes) cares for patients over 60 years of age and is closely linked with Exminster hospital, two work at Digby hospital—Miss Shears with the men, Mr. Lock with the women—a fourth (part-time) (Mrs. Garner) is concerned with the work of Wonford Hospital patients. They are each associated with individual psychiatrists and their out-patient clinics.

If health centres are developed, the organisation might have to be revised. At the least, an office in each centre would have to be made available for a mental health worker, who could then be in direct contact with the family doctors there.

The social workers also give support to hostels, social clubs and adult training centres at the Nichols Centre, and they ensure after-care, including placing out to employment from both hospital and the centre. The field of work is changing and evolving. Placing ex-long stay patients into the community brings new problems, such as finding suitable lodgings with sympathetic landladies, and the use of the training centre and social clubs in after-care and social rehabilitation. The transfer of persons from the training centre to the Council's Welfare Department's sheltered workshop for the registered disabled, necessitates regular visiting once or twice a week to the workshop by a mental welfare officer (Mr. Lock), to discuss, with the staff, problems relative to work-people there who have recovered or are convalescent from psychiatric illness.

Widows' Counselling.

A counselling service for recently-bereaved widows is another new development in the mental health field. Recently-bereaved widows are at risk so far as mental health is concerned, but it has been considered desirable not to associate this counselling service with the mental health centre. The Exeter Council of Social Service offered to make accommodation available in their premises and since January, 1966, one of our women mental health workers has attended for counselling on one afternoon each week. An explanatory leaflet was sent out to family doctors, social worker agencies, the National Assistance Board, Samaritans and other voluntary organisations, and a separate letter was also sent to local clergy. The service started in January, 1966, and in the first four months 18 widows were referred—3 by family doctors, 1 by the clergy, 2 by the Council of Social Service, 1 by a professional social worker and 11 came of their own accord (6 of these following local press publicity). The service has so far been an advisory one on a personal basis, but some of the women have sought club activity and Miss Moon, the Secretary of the Council of Social Service, is investigating whether this is practicable. A national voluntary Association, Cruse Clubs, has done excellent work in this field, in London and elsewhere, but we have not so far affiliated to their organisation.

Adult Training Centre

When the adult training centres moved to the Nichols Centre in July, 1963, 28 women and 24 men were attending. Of these, two were young unemployable, mentally retarded, simple schizophrenics, living at home, whose parents were glad to let them attend the centre : they had been psychiatric in-patients some years previously. There were also one or two ex-patients of slightly less than average intelligence who were unemployable because of behaviour and personality difficulties. After the transfer to the Nichols Centre, requests came from the hospitals and other social agencies to allow attendance by adults not strictly mentally subnormal—including, for example, young unemployable schizophrenics, educationally subnormal school-leavers with difficulty in finding employment (due in some instances to personality disorders) and epileptics with adverse mental changes. Dr. Couper developed this idea further ; a few long-stay in-patients were referred by the hospital as day attenders, in an attempt to assess if they could be resettled into the community, transport being provided by the hospital daily to and from the centre.

This has been supported by the hospital staff. The patients, too, welcome the chance to get out of the hospital into the community ; our experience is that even if, after they have been placed in employment, they lose their jobs, they are glad to return to the training centre, or if, on the other hand, they have further

breakdowns and have to be re-admitted to hospital, they still welcome a possible re-admission to the centre. Many had been in hospital for a number of years and had entirely lost contact, or perhaps had very little, with their relatives. Nearly all these patients also attend the evening social clubs. A continuing informal review of their progress is made and further developments become possible, thus :—

(a) Some (though still living in hospital) are found work in the community and cease to attend the training centre. (These numbered 9 in the two years 1964/5).

(b) Some enter the hostel whilst continuing to attend the training centre. (9 did this in the two years 1964/5).

(c) Some are found suitable lodgings whilst still attending the training centre (18 benefited in this way during the two years 1964/5).

More recently we have considered the possibility of selected individuals attending the Council's Sheltered Workshops (administered by the Welfare Committee) which cater mainly for the physically disabled. The recovering mentally ill persons are concerned in this more than the mentally subnormal, because a fair degree of skill is a prerequisite for admission to these workshops. Only one psychiatric patient, a middle-aged man, had been transferred there up to the end of 1965 ; he broke down after some months ; he has been found employment by the mental welfare officers three times since, having had further relapses in the meantime. But, during the first six months of 1966, 10 women and 1 man have been transferred—4 of the women and the man proved unsuitable and returned to the training centre but 6 women have remained in the Sheltered Workshop ; the man has since been found employment by a mental welfare officer. Whether it will prove possible to extend further the use of the workshops for psychiatric cases is a question for consideration. This seems, a priori, a sensible approach ; but there is no doubt that mental health workers would have to be concerned with their welfare and management within the shop. The alternative is to provide a workshop for these cases possibly in association with the Nichols Centre, though separate from its training centre.

In our experience associating mentally ill persons (convalescent, recovering or long-stay) as selected by the hospital, with mentally subnormal persons, has caused no real difficulties and has certainly not been disadvantageous.

The mentally ill group presents a very wide range, both in the nature of the illness, in intellectual development or deterioration, work potential, and the degree to which they have become " institutionalised ".

During the three years from the opening of the centre the number of mentally subnormal persons attending the training centre has almost doubled and of mentally ill persons trebled, as is shewn in the table below :—

	Number on Register at							
	April 1963		April 1964		April 1965		April 1966	
	M.	W.	M.	W.	M.	W.	M.	W.
CLASSIFICATION								
Mentally subnormal trainees	15	24	23	25	30	31	36	34
Mentally ill trainees	9	4	9	6	26	10	28	13
Daily from hospital	4	—	6	2	11	2	4	3
" " home	3	3	2	3	8	4	8	3
" " lodgings	2	1	1	1	7	2	14	7
" " hostel	—	—	—	—	—	2	2	—
Total Attendance	24	28	32	31	56	41	64	47

At the end of 1965 there were 54 men and 48 women attending the centre.

The analysis of the total numbers of recently discharged, psychiatric hospital patients (who have been in hospital longer than 6 months) for whom the training centre has been used for rehabilitation during 1964/65 is as follows :—

	1964		1965	
	M.	W.	M.	W.
Number who attended (individuals)	18	8	32	28
SUBSEQUENT COURSE :				
Returned to hospital	8	1	16	6
To employment	2	2	4	3
To Industrial Rehabilitation Unit	—	—	1	—
Refused to continue attendance	—	—	—	2
Left the area	—	1	—	3
Died	—	—	—	1
Still attending (31.12.64)	8	4	—	—
" " (31.12.65)	—	—	11	13

The longest hospital stay of any of these ex-patients has been, among the men 17 years, and among the women 36 years. One of the women, a hospital patient for 20 years, has been placed in part-time domestic work.

Duration of stay in hospital	Attending the Centre (1964/65)		Placed in Employment	
	M.	W.	M.	W.
Under 1 year	9	8	—	1
1—4 years	16	12	5	3
5—9 years	17	9	1	—
10—19 years	8	2	—	—
20—30 years	—	4	—	1
Over 30 years	—	1	—	—

When assessing the value of training centres of this kind, there is a tendency to consider income for work done as the important yardstick. This is quite wrong. Though, of course, business methods must be employed and commercial standards observed, the centre is not a business for profit, in terms of money ; its business is training ; the primary consideration must be the worth of the job in training and rehabilitation, including as appropriate social and domestic training. Of course for many the end is " occupation ", and not work with a money value, but it must be occupation and work at the highest level within the attainment of the individual. Although the majority of the trainees are unlikely to be employed except under very sheltered conditions, there are some who can eventually be placed out into employment. We never refuse anyone referred to the centre because of mental disorder, provided (s)he can get to the centre. Bus tickets are provided where necessary, and a few of the more handicapped women come by ambulance vehicle without charge.

Difficulties.

The training centre is run on a permissive basis, and, accepting as it does, every category of trainee—many with behaviour difficulties—its staff requires a great deal of patience and skill. For example, of the 118 trainees attending, a small number (probably less than 10 per cent) show substantial behaviour problems and require much more than an ordinary degree of supervision ; these behaviour difficulties consist of arguments, scuffling, horseplay, swearing ; very rarely a stand-up fight ; no real sex disturbances have been evident ; pilfering has been rare and not substantial ; on the whole we have had little trouble. Nevertheless it is necessary to accept this burden, and to try, by careful handling, discussion among the staff, support by the mental welfare officers and contact with relatives, to deal constructively with the problems as they arise. One difficulty is that, owing to

the limitation of the building (an adapted premises) there is no really large workshop, so there are too many small groups of trainees in different rooms. The provision of a large workshop of 2,000 sq. ft. is essential; it has been included in the 1966/7 programme, but most unhappily its construction has been postponed by direction of the Government. This is a major set-back, very damaging to the welfare of the trainees, and we must press for it to be completed as soon as possible.

Work Material.

Since 1963 many new contracts have been obtained and the time has now come when those less valuable from a training point of view or less profitable in money terms might be discarded. Local health authority training centres inevitably reflect the work opportunities of the surrounding area, and at the Nichols Centre, contract work covers light engineering and metal work, bristle processing and paint brush manufacture and wrapping, simple assembly and packing, the inspection and finishing of garments, car washing, the manufacture of fire-lighters (smoke reduced) and greenhouse work both for winter and summer bedding and indoor plants for the winter months. More important than the money value of contract work (which was over £3,300 in the financial year 1965/6 has been the rehabilitative value of the engineering work, the gardening, and the work opportunities provided by the Nichols Centre itself—the kitchen, the laundry and the hostels—for domestic work training, and eventual placing out into employment; surprisingly the women have had less opportunity for kitchen chores, cooking, etc. since coming to Nichols Centre, than before: but efforts are being made to re-establish this side of their social training. The manufacture of goods from materials bought by the centre has gradually declined (wall-ties and fire-lighters alone being continued). Processing for industrial firms is steadily increasing. During 1965 engineering equipment (electric welding machine, 2 powered hacksaws, a press and a pillar drill) was obtained and there was a good general expansion in sub-contracts from a local engineering firm, which, on one occasion expressed appreciation of the promptness of delivery, enabling the firm to break into a new field for export. It is hoped to extend engineering and metal work even further. The university have kindly given us an old milling machine and a lathe, which should prove very useful to us in our proposed new workshop. Thanks to the city architect's department and the housing department, it was possible in 1965 to acquire three 50-foot greenhouses, together with their heating equipment. These were to be demolished under a rehousing scheme but before the bulldozers moved in, a group of trainees carefully dismantled them and re-erected them at the Nichols Centre; these will enable us to increase the number of trainees working in the greenhouses and training for independent employment, and to expand the production of nursery plants and indoor

plants for the Christmas market (cyclamen, cineraria, solarium, chrysanthemums and freesia, etc.). Job analysis, job costing and production records, all these bristle with difficulties when there are so many and so varied tasks—some such as car washing, intermittent in character—so wide a range of intelligence, abilities and work potential in the individual trainees and so marked a diversity of the work units themselves. There is a need for an " assessment unit " and when the additional workshop is constructed, such a unit, wherein the probable potential of the individual can be more satisfactorily estimated, will be incorporated.

During the year (1965) 153 attended, of whom 81 were mentally subnormal and 72 " mentally ills ". At the end of the year the attendance was 102.

Placing into Employment.

The figures for placing out into employment and return to hospital were :—

	Persons attending 1.1.1965		Persons admitted		Discharged to								Persons attending 31.12.1965	
					Employment		Hospital		Sheltered Workshops		Ceased to attend		Died			
	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.
Mentally Ill	16	3	28	25	11	6	11	5	1	—	—	—	—	—	21	17
Mentally Subnormal	25	34	10	12	1	6	—	1	1	—	—	7	—	1	33	31
	41	37	38	37	12	12	11	6	2	—	—	7	—	1	54	48

Consideration is given to the preparation of the children in the junior training centre when approaching the age for their transfer to Nichols Centre. At present some of them visit in advance, and some attend for a day a week for a few weeks : on the other hand, we should consider the possibility of a more positive initiation into manipulative skills likely to prove useful in industrial processes.

Classes in Reading and Writing.

Mrs. Bartlett continued her classes (three half-day sessions a week) in reading and writing for small, virtually self-selecting groups of those attending the adult centre. These classes usually include those transferred from the junior training centre already trying to learn to read, and those formerly in schools for the educationally subnormal. The classes have to be small, usually of about 4 ; all require considerable encouragement and individual attention, and many in addition to their mental subnormality, have physical handicaps. Progress admittedly is slow ; but with patience, and using new equipment, and be it said, the use of the Initial Teaching Alphabet method, progress has been made.

Physical Education.

We regard physical education and dancing as valuable, and Mrs. Vyner takes two selected groups of the younger men and women on one afternoon a week.

Other Social Activity.

In 1966 consideration is being given to devoting one afternoon per week, optionally, to social and recreational activities such as organised field games (football and netball), drama, singing, dancing, cookery, particularly for the younger persons attending the training centre.

Chiropody.

Since June, 1964, one of the Council's chiropodists has visited the centre once a month to give treatment to trainees requiring it, and opportunity is given to a few of the elderly attending the "Thursday Club" to have treatment; about twelve persons are treated per session.

Dental Care.

This is to be offered annually at the centre: 20 were examined in 1965, and 5 were treated by one of the Council's dental surgeons.

The mental welfare officers encourage, as routine, mentally subnormal persons living at home to have dental care from their own dentists.

Hostels

Originally we believed from our own experience and after consultation with the psychiatric hospital staffs, that the main need in residential accommodation for convalescent mentally disordered persons would be for women, and that we would be able to place the men readily enough in residential jobs and lodgings. That is why the two hostels to be provided were both to be for women—19 convalescent mentally ill and 14 mentally subnormal. Events falsified those predictions. It has become harder to accommodate the men in lodgings and the demand for places for women has been far below our expectation.

Staffing Problems.

Owing to the difficulties in recruiting residential hostel staff, neither hostel was opened until February, 1964, seven months after the opening of the centre as a whole. These difficulties continued throughout 1964/5. By mid-1965, only one resident assistant matron remained and she left in December, 1965. This put a considerable strain on the remaining part-time hostel staff and the bed-occupancy of both hostels was low—during January to August, inclusive, 1965, it was 60% in the main hostel (convalescent mentally ill) and 39% in Fairbank (mentally subnormal).

Use of the Hostels.

We considered during 1965 the problems involved in accom-

modating in one hostel both convalescent mentally ill and mentally subnormal women; we also discussed them with a number of mentally ill women then resident in the hostel. A possible objection was that the categories would not mix well; another was that it would be less easy to have a clearly defined purpose in the hostel. The convalescent mentally ill admitted had included a wide range including chronic psychotics, "inadequates", those with behaviour problems, and a very few of high intellectual level: on the other hand there had been no demand for the admission of women of subnormality of a severe degree with associated physical abnormalities, who might have proved disturbing to the convalescent mentally ill residents. It was felt that the suggested re-arrangement would enable the Fairbank hostel to be used for men of similar categories, the pressure for whose admission was increasing; it would probably give better bed occupancy and it might also offer a solution to the staffing difficulties, enabling a joint appointment to be made of man and wife to be in charge of both hostels. We came to the conclusion that such an appointment gave the only chance of satisfactory residential staffing. Practical experience had given us useful information as to the demand for hostel places, indicating that accommodation for 16 men and 16 women would be appropriate for the city at the present time. In the end, it was decided (August, 1965) to close temporarily the Fairbank hostel and use the main hostel for women of both categories. This was arranged without difficulty or any subsequent adverse effects.

The Council then decided (October, 1965) to open Fairbank as a men's hostel, to improve the residential flat in the main hostel, and to appoint a warden and matron for both hostels. We were fortunate in obtaining an experienced married couple for the posts, and they took up duty in February, 1966. The men's hostel was opened in April, 1966, and within a month was filled (11 convalescent mentally ill and 4 mentally subnormal); the bed occupancy of the women's hostel being by now 65%.

It is early to report on the running of the men's hostel, but in the first two or three months it has become obvious far greater difficulties are presented than in a women's hostel. Men tend to be more aggressive, are less careful of their personal hygiene, and problems arise over drinking and smoking, and such things as laundry and catering, where the women will often help themselves.

Among the women we have had no serious behaviour problems, only one suspected pilfering incident throughout three years; occasionally one has dominated another; no sex problems have come to light.

Management.

Mental health hostels are still so few and so new there is no large body of experience to give firm bases for their conduct.

(Since this note was drafted, the Ministry have issued a useful memorandum on the theme.) Every hostel has its own individual character. Getting satisfactory staff is the first difficulty. Securing the co-operation and understanding of the local psychiatric hospital and support for the hostel from medical and social worker staffs is next. Hostels have to be run on a permissive basis rather as one would expect a good home to be run, with mutual respect and understanding. The residents have not the normal close support of their families; some have no living relations at all, or none living nearby. Most people, even without families, can make friends easily with their workmates, landlady and others, or join various local clubs or organisations. But psychiatric patients often lose contact with relatives, are suspicious and have difficulty in making friends, and generally show inability to make personal contacts; it is these personality factors which we have to try to adjust by hostel care. Staff joining in at meal-times helps to relieve any feeling of isolation. Hostels should be kept as homely as possible; obsessive attention to tidiness is to be eschewed; personal possessions, pictures, photographs, journals, mirrors, plants and flowers—all make a home. Anything savouring of the hospital "clinical" atmosphere must be avoided. We have found pets, budgerigars, and a fish tank helpful. It was also noticeable what a beneficial change occurred when a small child came to live in one of the staff flats as part of the family. Originally we had excluded from consideration for staff appointments married couples with children, but that was a mistake.

Hospital staff and indeed our own staff may have difficulty in individual circumstances in gauging the potential value of hostel care. Our experience in the Nichols Centre leads to the conclusion that chances should be taken in doubtful cases. We have found that patients who in hospital appeared likely to be very unrewarding, have often in practice done much better than was originally thought probable. It is noticeable that certain hostel staff succeed more than others in getting residents out to work; some, though less experienced than others, manage the hostel with less tension; personality is quite as important as either qualifications or experience.

Hostel staff have to be kept fully informed of any steps the social workers are taking in respect of any individual. The Senior Mental Welfare Officer has regular meetings with the hostel staff and any social workers involved, the discussion centering on the residents as people and cases, on what difficulties have arisen, or what progress made, and what ideas there are for employment or discharge to lodgings or home.

It has been useful to have both single bedrooms and small dormitories (3 and 4 beds). Some patients want company, some may prefer solitude but are better with others, some are given single rooms when they can in fact live independently in this way. Such changes are never made in any way as a reward, nor is

removal from a single room to a dormitory ever used as a sanction. There is no clear pattern of use.

Admissions.

Since the hostel opened in February, 1964 and up to December, 1965, there have been 99 admissions (68 individuals, some being admitted more than once) :—

from hospital	32
from own homes	28
from lodgings	16
from residential employment	21
from a school for the educationally subnormal	1
person who was homeless	1
Referred from Psychiatrists	42
,, from Family Doctors	24
,, from Mental Welfare Officers	33
Admitted once	54
,, twice	7
,, three times	4
,, four times	2
,, five times	1
,, six times	1

It may be thought odd that we accept persons four, five or six times. Some have recurring social difficulties connected with their illness ; some are subnormal persons in residential posts in the University and are admitted during vacations ; excluding the 12 persons admitted for a short period for these reasons, the average length of hostel stay was 91 days.

Hostel Admissions from opening (February, 1964) to December, 1965

	Schizophrenia	Paranoid Schizophrenia	Personality Disorder	Psychopathic Personality	Hysteria	Depressive State	Subnormality	Totals
15—24	7	—	2	6	—	2	9	26
25—34	15	—	1	1	1	—	5	23
35—44	8	3	—	2	—	—	15	28
Over 45	5	—	—	—	—	2	15	22
	35	3	3	9	1	4	44	99

No residents were under 16 and none were over 60 years of age. The diagnoses are all based on medical opinions.

Discharges.

The tables below show where residents came from and their subsequent course (each admission counted separately)—the period concerned is from the hostels' opening February, 1964 to December, 1965.

	Admissions	Discharges	Remaining at 31.12.65
Mentally ill	55	49	6
Mentally subnormal	44	39	5

Mental Illness.

Admissions from		Discharged to							Remaining in Hostel at year end
		Hospital	Home	Resident Employment	Lodgings		Absconded	Temporary admissions	
					Working	Training Centres			
Hospital	29	12	2	2	8	—	—	—	5
Home	12	3	5	3	1	—	—	—	—
Resident Employment	3	1	—	1	1	—	—	—	—
Lodgings	11	3	—	2	4	—	1	—	1
Other	—	—	—	—	—	—	—	—	—

Mental Subnormality.

Admissions from		Discharged to							Remaining in Hostel at year end
		Hospital	Home	Resident Employment	Lodgings		Absconded	Temporary admissions	
					Working	Training Centres			
Hospital	3	—	1	1	—	—	1	—	—
Home	16	1	6	—	—	1	—	6	2
Resident Employment	17	1	2	7	1	—	—	5	1
Lodgings	6	1	—	—	2	—	—	1	2
Other	2	—	—	—	1	1	—	—	—

Table showing the diagnoses of Hostel Admissions from opening (February, 1964) to December, 1965 and giving the placing of those discharged.

	Totals	Hospital	Home	Resident Employment	Lodgings		Absconded	Temporary admissions	Remaining in Hostel at year end
					Working	Training Centres			
Schizophrenia	35	14	2	5	10	—	—	—	4
Paranoid Schizophrenia	3	1	1	—	1	—	—	—	—
Personality Disorder	3	—	1	—	1	—	—	—	1
Psychopathic Personality	9	4	2	1	1	—	1	—	—
Hysteria	1	1	—	—	—	—	—	—	—
Depressive State	4	1	—	1	1	—	—	—	1
Subnormality	44	3	9	8	4	2	1	12	5
TOTALS	99	24	15	15	18	2	2	12	11

Of the 11 residents in the hostel at the end of 1965, 4 mentally subnormal persons were attending the training centre and 1 was working ; the 6 mentally ill were working—3 in domestic work and 2 in clerical work and 1 on trial as a nursing cadet.

7 mentally subnormal girls and women attended the training centre during hostel stay.

Admissions of recovering mentally ill persons are ordinarily made on recommendations from the consultant psychiatrists.

Social Clubs

Four social clubs are held weekly in the centre's recreation hall—3 for the mentally ill and 1 for the mentally subnormal. Groups of patients attend from the Exe Vale Hospital prior to discharge and it has been noticeable, as might be expected, that the proportion of those attending *after* discharge has increased over the two years since the clubs began. Students from the University, and from St. Luke's College, the Exeter Council of Social Service and voluntary organisations, and many private friends have kindly helped.

Tuesday Evening Club.

This club, begun in October, 1963, is for the younger group of patients in the age range of approximately 18 to 35 years and is linked with Wonford and Digby Hospitals, which often send groups of patients. A part-time organiser (Mr. R. Channing) helps at every session. One of the mental welfare officers (Mrs. Garner) attends regularly and also meets patients at the hospital to discuss club activities. Attendance varies between 20 and 40 ; of the 43 club members in 1965, 14 attended from Wonford, 3 from Digby, 20 were ex-hospital patients (including 4 from the Nichols Centre Hostel), 2 had received out-patient treatment and had been referred by the mental welfare officers. This is a difficult club to run, the members having a wide range of interests ; during 1965 the members have formed their own committee, with their own chairman and organised their own programme, dancing, darts, table tennis, cards, outings, parties, etc. The club is now going well. The ultimate success of this club is represented by the individual's ceasing to need it—perhaps joining a club not associated with the mental health service. It is difficult to measure the therapeutic success of such a club, because many of the members are not residents in the city and on discharge from hospital do not return to the club ; there is therefore a constantly changing membership.

Club for the Over-60s—Thursday afternoon.

This club was commenced in 1963 ; it has been affiliated to the Over 60's Clubs sponsored by the Council of Social Service ; we are grateful to Mr. C. H. Young, who comes regularly every

Thursday to help. Club activities includes film shows—usually travel or nature study—bingo, whist, etc. Each summer since 1963 Mr. Coombs (mental welfare officer) has arranged excursions and visits by bus to places of interest, such as well-known privately-owned gardens, to pantomimes, etc. On these occasions, members may bring a relative or friend, perhaps a kindly neighbour. Recently we took a party to Sidmouth. This was an exercise with a difference, inasmuch as that on arrival they were left free for the whole afternoon to occupy themselves, rather than to be taken around in a party. This was quite successful. It was interesting to see that the more capable helped those who were mentally more handicapped and went round with them.

Many members have not missed a meeting. At first the emphasis was on patients coming from the hospital. By now, far the greater number attending are people living at home. The average attendance at the club is 35 to 45. There is the possibility that this club may continue to grow to perhaps an unwieldy size. The club members themselves, to some extent, assist in running the club, especially with regard to raising money for outings, and they have suggested some of the outings. It is essential to have a mental welfare officer at the club ; and one of the hospital staff (Miss Hawken) gives valuable help.

It is difficult to create interests apart from bingo or films ; the club members prefer bingo to anything else provided. Outside speakers have come to the club with a considerable range of topics, e.g. on one occasion the talk was on Exeter, past and present, with commentary by a member of the staff of the Exeter Information Bureau, and the members were invited to talk about Exeter as they knew it over the years. Some very interesting facets of life of about 50 years ago were revealed ; a tape recording of this discussion was made and we hope later, in the autumn perhaps, to play it back and perhaps help the elderly folk to recall other features of these times.

This year (1966) transport of the non-ambulant members has been arranged by the W.V.S. at a nominal mileage cost, and this has helped considerably. Looking back over the past two-and-a half years it is interesting to note that the club members are becoming more and more interested in each other. If a member is away for some weeks, some of the others will visit to ensure themselves that all is well. Similarly, if an ex-hospital patient has had to be readmitted they have visited him in hospital.

It has been suggested by the club members, and the club helpers support the view, that there is a need for a luncheon club. Many of the members live alone and it is known for a fact that they are not in the habit of cooking themselves a satisfactory meal at any time during the week. They occasionally have a cooked meal when they visit their relatives, perhaps on a Sunday. Although some do have " Meals on Wheels ", many do not seem to be able to accept this service.

Stepping Stones Club—Thursday evening.

This club with a part-time organiser, is linked with Exminster and Digby hospitals and is provided for the ex-long-stay patients—the 40 to 60 year-olds—now living in the community ; although personal contact between the individuals tends to be stilted and difficult, it is a very well-organised club with Bingo, whist and films as its main activities. Attendance varies from 15 to 40.

Friday Club for the Mentally Subnormals.

Over the past 2 or 3 years the clientele and the programme have altered somewhat.

Two years ago there were about equal numbers of trainees (attending the adult training centres) and ex-Starcross Hospital patients in resident employment in Exeter. Some of the trainees were accompanied by their parents, which gave a rather " older age " flavour to the club. Most of the parents assisted with some of the table games and each assisted his or her own child, and perhaps one other, at Bingo which with "twist" and "jiving", was the most popular activity. Even Bingo has some instructional value.

As the younger trainees have grown up, the attendance of parents (except for one or two who help with activities) has declined. The number of trainees attending on Friday evenings has doubled. The number of ex-Starcross patients attending the club rose as the numbers in residential domestic service at the University increased, but then decreased when late dinner was provided at the University.

Unlike attendance at Youth Clubs generally, the numbers tend to drop in the winter (25 to 30) but rise during the summer (to 35 to 40).

The change in the age range of the members is reflected in the activities. There is still a certain amount of " twist " and " jive ", but most of the youngsters play ball games in the tarmacadamed court in the open air for the first hour of the summer evenings. The ex-Starcross Hospital patients express a preference for Old Time Ballroom dancing, but space and numbers make this rather difficult to pursue. Community singing, on the other hand, is keenly supported by everyone and takes place about once in three weeks. The most popular activity is still Bingo.

In 1966, consideration is being given to organising a second evening club night every week.

Voluntary helpers from St. Luke's Teacher Training College have promoted activities and roused the enthusiasm of the members. Experiments are being tried such as an evening trip to Exmouth, which was organised and paid for by the Parents Association.

The City Youth Service has offered training places for voluntary leaders and helpers. It is hoped—bearing in mind the large number of younger people now attending—that one or two helpers may be interested in attending these courses with a view to running the club more on Youth Club lines.

MENTAL DISORDER 1965.

(See also Appendix—and Tables).

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

During the year 250 city residents (88 men and 162 women) were admitted to hospital for the *first* time for psychiatric treatment; 65 (13 men and 52 women) were over 65 years of age. The figures for 1964 were 241 (92 men and 149 women), of whom 69 were over 65 years old. 150 others admitted had previously received psychiatric hospital treatment; 70 patients were admitted more than once during the year.

There were 595 " discharges " (which include 138 transfers from one category of patient to another within the hospital, e.g. " formal " to " informal ", and 32 deaths); the corresponding figures for 1964 were 443, 141 and 31 respectively.

395 Exeter residents remained in hospital at the year-end, 10 less than at the end of 1964.

Temporary Residents.

In addition, the mental welfare officers admitted 85 persons (37 men and 48 women) who were only temporarily resident in Exeter.

MENTAL SUBNORMALITY—*Ascertainment and Supervision.*

During the year 6 children (3 boys and 3 girls) were formally referred by the Local Education Committee as being " unsuitable for education ", and now attend Ellen Tinkham House junior training centre. 5 other children, all of pre-school age, were referred by the Assistant Medical Officers of Health and are now in the nursery class at the centre. 6 girls and 2 boys were referred " for care and guidance " on leaving school and are now working, except one youth who attends the adult training centre.

4 women and 6 men were discharged from the Royal Western Counties Hospital; 2 of the men have been re-admitted and one attends the adult training centre. The remainder are all in steady employment and are visited regularly by the mental welfare officers.

At the end of the year 209 (86 male and 125 female) Exeter mentally subnormal persons were living in the community and being visited by the mental welfare officers. They included 42 under 16 years of age (18 boys and 24 girls), of whom 33 were

attending the junior training centre ; 4 girls and one boy had just started work ; 3 severely subnormal children were being cared for at home and one in a general hospital. Of the 167 adults, 57 were attending the adult training centre, 29 men and 55 women were working, 12 men and 13 women were at home with relatives, and one woman attended the Welfare Department's Handicapped Persons Centre.

Hospital and Community Care.

(a) During the year Exeter patients admitted to hospital included 2 boys, 2 men, 1 girl and 9 women (only 1 (a boy of 14) was admitted formally ; and 2 men were admitted on Court orders) ; additionally 2 men, 2 girls and 2 women were admitted for temporary periods owing to holidays or sickness.

(b) One man, aged 49, and a boy of 13 died in hospital.

(c) There were 137 under care at the end of 1965 (3 more than a year before).

(d) The total of known Exeter mentally subnormal persons having hospital or community care at the end of the year was 346 or 4.32 per 1,000 population.

(e) The social workers continued to make regular weekly visits to the hospital at Starcross for case conferences regarding discharges, employment and lodgings.

Sometimes hospital admission is recommended by the school medical officers or the family doctors and when this occurs the patient is seen by Dr. W. Johnston, consultant psychiatrist, who visits the Nichols Centre monthly, or if appropriate, Ellen Tinkham House. As for many years past admission is only sought when medical treatment or nursing care is necessary. There has been no demand from relatives for hospital admission except for these reasons. Of the 25 children admitted to hospital since 1958, 4 were subnormal and 21 severely subnormal—many of these are cot cases : only one child was admitted for social reasons, following the death of his mother.

Great difficulty is still experienced in obtaining hospital vacancies and some Exeter children have to be admitted to hospitals as far away as Penzance, Taunton or Bristol. This is undesirable and makes it difficult for parents to visit and keep in touch with their children. Of the 25 children admitted to hospitals since 1958, only 13 have been admitted to the appropriate local hospital (Starcross).

Ellen Tinkham House

(*Junior Training Centre*)

The number of children attending rose from 40 (including 8 from the surrounding county area) at the beginning of the year, to 47 at the end of the year (including 12 from the county). There

were 17 admissions—9 pre-school-age children to the nursery class, 3 children transferred from schools (1 educationally subnormal, 1 from primary school and 1 from the School for the Deaf), 1 girl resumed attending on discharge from hospital, and 4 school-age children came from the county area; 10 children ceased attending; 3 transferred to the adult training centre; 4 children were admitted to hospital, 1 child was transferred to the day nursery, 1 moved to another local health authority and a county child was transferred. It is our policy and practice to accept all mentally handicapped children for whom application is made: there are only 2 mentally subnormal children of school age living in the city who do not attend the centre, and they are both severely spastic and remain at home at the wish of their parents. The number with associated physical handicaps in the nursery group is increasing and this makes for difficulties.

The children are examined regularly by one of the school medical officers who attends the centre fortnightly. The school dentist visits annually. A speech therapist also visits the school for one session a week. 3 of the children attend the Orthopaedic Hospital for physiotherapy and, with the guidance of the hospital physiotherapist, exercises are continued at the centre.

The modernisation of the premises was completed in May, 1965, at a cost of £25,000 to provide a new large classroom for the special care unit, enlargement of the nursery group classroom, extra sanitary accommodation, a large physical activities room with gym equipment, and also a good deal of extra store space.

The kitchen was modernised and is now used for the preparation of mid-day meals and for domestic training of the older children.

Mrs. Horton, the head teacher, took a number of the children for a week's holiday at Dawlish Warren at a caravan provided by the Exeter Branch of the Society for Mentally Handicapped Children. The St. Dympna's Society, and the staff and parents, encouraged by Mrs. Horton, also began collecting funds to obtain a heated indoor swimming pool at the centre. Although a number of the older children go to the swimming baths each week, a heated indoor pool within the curtilage will be of enormous benefit. (This is being constructed in 1966.)

Valexe Marketing Company.

This non profit-making marketing company which was formed originally with the generous help of the Nuffield Provincial Hospitals Trust to co-ordinate the efforts of the psychiatric hospitals and the local health authorities' training centres, was, in effect, wound up in early 1965. It was intended that the company should provide a central organisation for obtaining suitable work for those attending the rehabilitation units of the psychiatric hospitals and of the local health authorities of Exeter and Devon,

but unfortunately the practical and financial problems of co-ordinating the units proved too difficult. Whilst the company would appear to have been a failure it has proved, nevertheless, a very active stimulus to everyone concerned, encouraging the search for remunerative employment of a kind suitable for mentally disordered persons, a search, so far, well rewarded.

Mental Nursing Homes.

Withymead Centre, which is run by a voluntary body (established by Deed of Trust), applied for registration as a mental nursing home. The Centre is residential and is run on Jungian lines with special emphasis on art therapy (painting, music, pottery, etc.) and receives persons for varying periods from a very wide radius, who are unwell with some degree of mental disturbance. Some are regarded as mentally ill, others as simply in need of recuperative activity and rest. After much discussion with the Trustees, the staff, and representatives of the Ministry of Health it was decided, subject to certain conditions, to recommend registration of part of the premises (" The Barton "), which is a large old house on three floors with an adjoining modern annexe providing suitable bedroom accommodation. In particular we insisted on a programme of structural alteration with effective fire precautions, the appointment of a full-time psychiatrist to be in charge and certain conditions *re* the staffing and the number to be received. (Registration was effected in January, 1966.)

Staff Education in 1965.

Mr. Lock completed his basic social worker training at Exeter University in the summer of 1966 and has obtained the Diploma.

TABLES.

Table XVI.

CHILD WELFARE CLINICS.

Children on Register (1961 to 1965)

Centre	Born 1965	Born 1964	Born 1963-60	Total 1965	Total 1964	Total 1963	Total 1962	Total 1961
Bull Meadow	204	201	229	634	704	665	649	618
Shakespeare Road	114	129	297	540	594	592	504	580
Countess Wear	70	65	241	376	212	189	214	201
Whipton	235	260	489	984	1,007	975	964	882
Buddle Lane	253	219	371	843	733	666	689	599
Totals	876	874	1,627	3,377	3,250	3,087	3,020	2,880

Table XVII.

CHILD WELFARE CLINICS

Attendances of Children at Child Welfare Clinics (1965)

Centre	Attendances (according to age of child at time of attendance)					Total (1965)	Total (1964)
	Under 1 year	1 to 2	2 to 3	3 to 4	4 to 5		
Bull Meadow— (Central)	898	445	245	140	73	1,801	2,199
Bull Meadow— (Northern)	1,431	589	185	106	53	2,364	2,763
Buddle Lane	2,820	1,209	756	401	233	5,419	5,383
Countess Wear	793	326	276	156	71	1,622	1,459
Shakespeare Road	857	445	343	184	71	1,900	2,352
Whipton	2,745	1,132	579	327	197	4,980	5,672
Totals	9,544	4,146	2,384	1,314	698	18,086	19,828
Toddlers Clinics Shakespeare Road	15	20	29	20	22	106	91
Whipton	—	30	54	52	26	162	149
Consultation Clinic Shakespeare Road	434	199	195	115	67	1,010	903
Grand Total	9,993	4,395	2,662	1,501	813	19,364	20,971

Table XVIII.

PROVISION FOR THE UNMARRIED MOTHER AND HER CHILD

(Work carried out by the City Social Worker, Miss F. G. Styring)

Carried forward from December, 1964	19
New Cases 1965	95
	114

Confinements were as follows :—

In hospitals in Exeter (City Hospital 20, Mowbray House 42)	62
Mother and Baby Homes in Exeter (St. Olave's 1, St. Nicholas 6)	7
Mother and Baby Homes outside Exeter	1
Confinements at home	3
Live Births	71
Premature stillborn (including twins)	3
Cases carried forward at the end of the year	24

Disposition of Babies born :—

With mother in own home	34
With mother, married to putative father	15
With mother, married to another man	2
In a foster home	2
Placed with adopting parents	18

Other Work Carried Out

Affiliation Orders	3
Voluntary payments from putative fathers	9
Securing Weekly Allowance from Buttle Trust	3
Accommodation found for mother and child	2
Visits made (excluding ineffective visits)	308
Interviews given in the office	444

Table XIX.

HOME MIDWIVES SERVICE

Number of cases attended as midwives (home deliveries)	391	
Number of visits paid to above cases :—		
(a) during first ten days	6,000	9,070
(b) after tenth day of puerperium	3,070	
Number of cases booked during the year :—		
(a) Home bookings	477	
(b) Mowbray House bookings	815	
Number of cases seen at the ante-natal clinics	790	
Number of attendances at the ante-natal clinics	2,824	
Number of ante-natal visits to patients' homes	5,855	
Number of medical aid forms sent	—	
Number of midwifery cases transferred to hospital	74	
Number of casual visits paid by midwives	3,883	
Number of cases brought forward on 1st January, 1965 (mothers undelivered)	188	
Number of cases booked during the year	477	
Number of emergency unbooked deliveries (and cases booked for delivery elsewhere than at home)	11	
	676	

Number of cases booked and subsequently found not pregnant	—
Number of cases delivered during the year	391
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	57
Number of cases originally booked for home delivery and subsequently booked for delivery in hospital or maternity home	73
Number of cases remaining on the books on 31st December, 1965 (mothers undelivered)	144
	676

Total visits to midwifery patients (excluding hospital discharges and cases for feeding supervision)	18,808

Analysis of Deliveries :

Number of patients delivered by midwives	386
Number of forceps deliveries	3
Number of patients delivered by Doctors (other than forceps)	2
	391

Table XX.

HOME NURSING DURING 1965.

New Cases Under 5	New Cases Over 65	Type of Case	On Books 31/12/65	Sent By					Age Group					Sex		Total Visits	Result				
				G.P's	Hosp.	P.H. Dept.	Others	Total	Under 1	1–5	5–15	15–64	65 and over	M.	F.		Deaths	Trans. to Hosp.	Convalescence	Removed for other causes	Total Left On Books
—	93	Post-stroke	39	86	8	2	9	144	—	—	—	15	129	49	95	8,355	21	40	23	11	49
2	82	Carcinoma	14	111	26	2	8	161	—	2	—	67	92	66	95	4,903	62	36	19	19	25
—	22	Diabetes	40	15	12	3	4	74	—	—	1	22	51	23	51	13,988	2	5	—	26	41
—	108	Heart Cases	54	115	8	2	6	185	—	—	—	30	155	85	100	8,091	46	39	30	23	47
—	45	Arthritis	40	38	5	4	7	94	—	—	—	17	77	17	77	6,329	2	20	5	27	40
—	59	Anaemia	73	66	8	2	10	159	—	—	—	42	117	32	127	3,331	8	9	10	46	86
—	1	Multiple Sclerosis	10	8	3	—	—	21	—	—	—	18	3	4	17	1,715	1	4	—	5	11
1	112	Other Chronic diseases	91	88	20	5	39	243	—	2	3	52	186	79	164	16,173	20	57	15	62	89
—	51	Ulcers of Legs	31	50	5	5	7	98	—	—	—	22	76	17	81	7,395	1	17	35	5	40
—	40	Simple Senility	17	27	—	—	13	57	—	—	—	—	57	21	36	3,342	9	16	—	10	22
—	1	*Tuberculosis* :	2	9	2	—	—	13	—	—	1	11	1	5	8	521	—	2	5	6	—
—	2	Influenza	—	3	—	—	1	4	—	—	—	2	2	1	3	38	—	1	3	—	—
1	—	Measles	—	2	—	—	—	2	—	1	1	—	—	2	—	15	—	—	2	—	—
1	—	Whooping Cough	—	1	—	—	—	1	—	1	—	—	—	—	1	5	—	—	1	—	—
—	3	Other Infectious diseases	—	3	—	2	—	5	—	—	—	2	3	2	3	103	—	1	3	—	1
—	24	Pneumonia	1	38	—	1	1	41	—	—	1	15	25	14	27	517	3	9	25	4	—
11	62	Other acute chest conditions	11	103	1	2	6	123	10	4	2	38	69	51	72	1,591	8	17	80	14	4
—	1	Tonsillitis	—	11	—	—	—	11	—	—	2	8	1	4	7	85	—	—	11	—	—
50	111	Other acute infections	13	263	6	12	29	323	30	21	11	143	118	96	227	2,680	4	34	217	59	9
11	1	Ear Infections	2	17	—	1	—	20	2	9	2	5	2	10	10	175	—	—	19	—	1
77	818	Carried Forward	438	1,054	104	43	140	1,779	42	40	24	509	1,164	578	1,201	79,352	187	307	503	317	465

Continued on next page.

Table XX.

HOME NURSING DURING 1965—*Continued.*

New Cases Under 5	New Cases Over 65	Type of Case	On Books 31/12/65	Sent By					Age Group					Sex		Total Visits	Result				
				G.P's	Hosp.	P.H. Dept.	Others	Total	Under 1	1–5	5–15	15–64	65 and over	M.	F.		Deaths	Trans. to Hosp.	Convalescence	Removed for other causes	Total Left On Books
77	818	Brought Forward	438	1,054	104	43	140	1,779	42	40	24	509	1,164	578	1,201	79,352	187	307	503	317	465
		Maternity etc. :																			
—	—	Infect. midwifery	1	2	15	—	6	24	—	—	—	24	—	—	24	326	—	—	19	4	1
—	—	Breast abscess	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	Flushed breast	—	3	—	—	4	7	—	—	—	7	—	—	7	41	—	—	4	3	—
—	—	Miscarriages	1	31	1	—	4	37	—	—	—	37	—	—	37	326	—	15	20	—	2
—	—	Changing of Pessaries	1	15	—	1	130	147	—	—	—	14	133	—	147	169	—	—	—	146	1
7	50	*Accidents* :	19	56	11	3	4	93	1	7	3	17	65	25	68	2,794	2	10	51	13	17
		Others :																			
9	51	Post Operation Cases	23	52	180	—	9	264	2	7	17	173	65	133	131	6,568	4	22	201	6	31
—	33	Pre X-ray Treatments	—	11	80	—	—	91	—	—	2	56	33	30	61	94	—	—	—	91	—
4	62	Enemata	—	100	3	1	—	104	—	4	2	36	62	37	67	182	—	6	94	4	—
—	8	Mental Confusion	5	7	2	—	—	14	—	—	—	1	13	1	13	771	4	2	—	4	4
97	1,022	Totals	488	1,331	396	48	297	2,560	45	58	48	874	1,535	804	1,756	90,623	197	362	892	588	521

New Cases	2,072
Total Cases	2,560
Casual Visits	4,626

Table XXI.

HEALTH VISITORS— DOMICILIARY VISITS, 1965

	1965		1964	
	Effective Visits	*Ineffectuals*	*Effective Visits*	*Ineffectuals*
HOME VISITS BY HEALTH VISITORS.				
Ante-Natal Visits	140	5	431	53
Moral Welfare Visits (Temporary arrangement)	12	—	71	—
Babies under 1 year	6,938	1,364	7,007	1,503
1—2 years	2,675	484	3,121	609
2—5 years	4,942	821	5,988	1,030
Totals 0—5 years	14,555	2,669	16,116	3,142
Other Home Visits				
Old people	598	40	784	102
After care	302	3	298	10
Infectious Disease	1,060		466	
Housing Reports	106		150	
Still Births	24		18	
Infant Deaths	9		11	
Problem Families	221	65	336	60
Hearing Assessments	658		818	
Surveys—O.C.S.	36		90	
Evening Visits	15		33	
Mentally Disordered Persons	18		7	
School Health Home Visits	687		768	
	3,734	108	3,779	172
Grand Totals				
0—5 years	14,555	2,669	16,116	3,142
Other visits	152	5	4,220	225

Total Visits in the year (all reasons)—21,223.

Nine Health Visitors averaged 2,356 visits each.

Table XXII.

IMMUNISATION AND VACCINATION DURING 1965.

SMALLPOX VACCINATION.

Primary Vaccinations	763	By general practitioners	587
		At clinics	176
Re-vaccinations	90	By general practitioners	83
		At clinics	7

AGE GROUPS OF PERSONS VACCINATED (SMALLPOX) DURING 1965.

Under :—	3 mths.	6 mths.	9 mths.	1 year	1+	2—4	5—14	15 and over	TOTALS
Primary	4	22	29	32	542	99	21	14	763
Re-vaccinations	—	—	—	—	—	9	34	47	90

Diphtheria Immunisation in 1965.

				Under 1 yr.
Primary Courses of immunisation	1,223	By general practitioners	888	835
		At clinics	335	250

(These included 47 combined diphtheria—tetanus immunisation courses, 37 Quadrillin courses and 1,139 triple antigen courses—see below).

Re-inforcement injections 2,777

At about :—	18 mths.	5-9 yrs.*	10 yrs.	Total
By private practitioners	650	481	109	1,149
At clinic and schools	256	597	684	1,703
	906	1,078	793	2,777

*Most of these at 5 to 6 years.

Primary Immunisation against Diphtheria, Tetanus, Pertussis (Triple Antigen) by Age during 1965.

Number of children who completed a course (3 doses) of triple antigen in 1965, 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	454	152	140	45	51	842
Clinics	96	59	71	23	48	297
Total	550	211	211	68	99	1,139

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	1,139	By private practitioners	791	842
		At clinics	249	297
Completed courses of Quadrillin	37	By private practitioners	32	37
		At clinics	—	—

Tetanus Immunisation.

Number of primary courses completed in 1965 using triple antigen 1,139

Number of primary courses completed in 1965 against tetanus alone (84 by G.P.'s ; 449 at clinics). 533

Table XXIII.

AMBULANCE SERVICE 1965.

	Classification	Ambulances		Dual Purpose Ambulances	
		Patients	Miles	Patients	Miles
1	Accidents	701	1,950	205	667
2	Acute illness and other emergencies	967	5,419	513	2,632
3	Removals to and from Hospital	4,209	19,393	5,460	21,805
4	Administrative and Abortive journeys	226	887	431	1,264
5	Infectious Cases—Exeter	254	2,134	5	55
6	„ „ —Devon	107	2,899	1	23
7	Other removals for Devon C.C.	1,421	20,884	1,096	12,319
8	Removals for other Local Authorities	55	1,695	215	2,454
9	Children to and from School	110	253	3,899	7,407
10	Patients to & from Nichols Centre	19	21	4,794	5,966
	Totals 1965	8,069	55,535	16,619	54,592
	Comparable Totals 1964	8,181	57,648	15,504	49,947

Table XXIV.

AMBULANCE SERVICE

Summary of work undertaken, by months (1965).

1964 Month	Ambulances		D.P.Ambulances		Trains		Air	
	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
January	634	4,780	654	3,064	13	1,895	—	—
February	732	5,061	557	2,503	10	2,747	—	—
March	691	4,847	698	3,516	17	3,611	—	—
April	708	4,905	588	3,174	14	3,512	—	—
May	674	4,788	732	3,737	19	4,022	—	—
June	595	4,384	699	3,422	22	3,493	—	—
July	644	4,566	656	3,909	29	5,693	—	—
August	561	5,260	548	2,871	24	4,752	—	—
September	600	3,487	566	3,268	19	4,282	1	140
October	677	3,766	570	2,854	18	4,468	—	—
November	565	4,178	617	4,069	12	882	—	—
December	633	4,352	610	3,568	10	1,587	—	—
Total 1965	7,714	54,374	7,495	39,955	207	40,944	1	140
Total 1964	7,872	56,280	6,779	35,278	213	45,248	1	150

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 XXV.

Tuberculosis Statistics for the City.

				Totals
1	Total cases on Register, 1st January, 1965 :	Respiratory	329	
		Non-Respiratory	38	367
2	Total new notifications received after deduction of duplicates :	Respiratory	27*	
		Non-Respiratory	7†	34
3	Inward Transfers :	Respiratory	6	
		Non-Respiratory	—	6
4	Deaths during the year from Tuberculosis :	Respiratory	4	
		Non-Respiratory	1††	5
5	Deaths during the year of Tuberculous patients from other causes :	Respiratory	2	
		Non-Respiratory	1	3
6	Outward Transfers :	Respiratory	6	
		Non-Respiratory	1	7
7	Number of cases removed from Register as " Recovered " or " Mistaken Diagnosis " :	Respiratory	17	
		Non-Respiratory	6	23
8	Taken off the Register under the ' Public Health Tuberculosis) Regulations, 1930'. ("Lost sight of")	Respiratory	1	
		Non-Respiratory	—	1
9	Total cases on Register, 31st December, 1965 :	Respiratory	332	
		Non-Respiratory	36	368

* Includes 1 case notified as Non-Respiratory (1965) ; later notified as Respiratory.

† Does not include 1 case notified as Respiratory, but includes 1 Posthumous notification.

†† Includes 1 Posthumous notification.

Table XXVI.

Mass Miniature Radiography Surveys.

Year	Examined	Referred
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
1965	8,187	106**

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

† Includes 357 persons referred during the Campaign.

** The Mass Radiography Unit moved to Plymouth in 1964. Two open sessions are now held in Exeter every week, to which family doctors may refer patients.

Table XXVII.

Cases Examined at Chest Clinic During 1965 Referred by the Mass Radiography Unit.

	Age in Years							Total
	Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
Male	—	3	10	9	16	20	18	76
Female	—	2	3	2	3	6	14	30
Totals	—	5	15	11	19	26	32	106*

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	1	3
	F.	—	—	—	—	—	1	—	1
(3) Failed to keep appointments at Chest Clinic.	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—
(4) Transferred to other Clinics for investigation.	M.	—	—	—	1	2	—	—	3
	F.	—	—	—	—	1	—	—	1
5) Taken off Books — Healed Pulmonary T.B. (Inactive Disease)	M.	—	1	1	—	—	2	1	5
	F.	—	—	—	—	2	—	—	2
(6) Taken off Books — Chest conditions other than T.B.	M.	—	2	6	2	7	6	7	30
	F.	—	1	1	1	—	3	6	12
(7) Newly diagnosed as suffering from active Pulmonary T.B. Male Sputum Positive		—	—	—	1	—	3	1	5
Female Sputum Positive		—	—	—	—	—	—	—	—
Male Sputum Negative		—	—	—	—	—	—	—	—
Female Sputum Negative		—	—	—	—	—	—	—	—
(8) Remaining under Observation at 1-1.66.	M.	—	—	3	5	6	8	8	30
	F.	—	1	2	1	—	2	8	14
Private Cases *(see below)*		—	—	—	—	—	—	—	—
Totals		—	5	13	11	19	26	32	106**
9) Disposal of New Cases diagnosed (see (7) above). (a) Sanatorium treatment.	M.	—	—	—	1	—	3	1	5
	F.	—	—	—	—	—	—	—	—
(b) Clinic Supervision.	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—
(10) Private Cases	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—

** The Mass Radiography Unit moved to Plymouth in 1964. Two open sessions are now held in Exeter every week, to which family doctors may refer patients.

Table XXVIII.

CASES ON THE TUBERCULOSIS REGISTER (31ST DECEMBER, 1965).

AGE GROUP.	RESPIRATORY	NON-RESPIRATORY						
		Neck glands	Genito-urinary	Spine	Other bones and Joints	Abdominal	Meninges	Breast
MALE								
0–4	—	—	—	—	—	—	—	—
5–14	7	1	—	—	—	—	1	—
15–24	9	—	—	—	—	—	—	—
25–34	31	1	2	—	—	1	—	—
35–44	43	—	1	—	—	1	—	—
45–64	70	—	2	—	1	—	—	—
65 & Over	23	—	1	—	1	1	—	—
Total Male	183	2	6	—	2	3	1	—
FEMALE								
0–4	6	—	—	—	—	—	—	—
5–14	11	1	—	—	1	—	—	—
15–24	7	1	—	—	—	—	—	—
25–34	39	—	4	—	—	—	—	—
35–44	33	1	1	—	—	—	—	1
45–65	37	2	4	1	—	—	—	—
65 & Over	16	4	—	—	—	—	1	—
Total Female	149	9	9	1	1	—	1	1

GRAND TOTAL, MALE AND FEMALE = 368.

Table XXIX.

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

Year	DEATHS.			DEATH RATE.			DEATHS OF CHILDREN UNDER 5.
				PER 1,000 POPULATION			
	Respiratory	Non-Respiratory	Total	Respiratory	Non-Respiratory	Total	
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	—
1965	4	1	5	0.05	0.01	0.06	—

Table XXX.

NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS DURING 1965 ARRANGED ACCORDING TO AGE.

AGE AT NOTIFICATION	Respiratory		Non-Respiratory	
	Male.	Female.	Male	Female
0—	—	—	—	—
1—	—	1	—	—
2—	—	—	—	—
5—	—	—	—	—
10—	—	—	—	1
15—	1	1	—	—
20—	—	—	—	1
25—	4	3	1	—
35—	1	2	1	1
45—	4	2	—	—
55—	5	—	—	—
65—	—	2	—	1
75 and over	1	—	1	—
Totals	16	11	3	4

*Includes 1 posthumous notification.

*34

Table XXXI.

DEATHS FROM TUBERCULOSIS DURING 1965, ARRANGED ACCORDING TO AGE.

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

*Includes one Posthumous Notification

*5

Table XXXII.

SUMMARY OF WORK CARRIED OUT AT EXETER CHEST CLINIC, 1960–1965.

	1960	1961	1962	1963	1964	1965
1. Number of new cases diagnosed as suffering from active Tuberculosis	46	39	38	33	33	34
2. Number of patients examined for the first time during the year	705	914	836	655	1,121	1,175
3. Number of patients re-examined during the year	1,561	1,676	1,273	1,336	1,461	1,405
4. Number of contacts examined for the first time during the year — Large films	160	90	116	115	117	103
Miniature films	86 } 246	63 } 153	123 } 239	47 } 162	36 } 153	76 } 179
5. Number of contacts re-examined during the year: — Large films	203	192	195	213	173	198
Miniature films	23 } 226	96 } 288	48 } 243	34 } 247	10 } 183	8 } 206
6. Number of Inward Transfers during the year	40	36	21	24	15	6
7. Number of B.C.G. Vaccinations carried out during the year: Clinic Cases	143	278	182	116	159	148
13-year old schoolchildren under Ministry Scheme	—	—	—	—	—	—
8. Number of X-ray films taken during the year: — Large films	1,980	1,913	1,826	1,830	1,753	1,645
Miniature films	148	173	235	139	59	94
9. Number of Screenings made during the year	12	5	3	1	1	1
10. Number of Pathological Examinations made during the year	1,127	1,376	1,357	913	814	904

Tuberculin Testing and B.C.G. Vaccination at the Chest Clinic (1965).

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	44	—	—	1	—	1	—	9	41	24
1— 2	9	—	1	—	—	—	—	9	7	5
2— 3	13	—	1	—	—	—	—	14	9	3
3— 4	3	—	1	1	—	2	—	7	3	—
4— 5	6	—	1	—	—	—	1	5	2	1
5— 6	8	—	2	—	—	2	—	11	5	2
6— 7	3	1	1	—	—	3	—	8	4	—
7— 8	5	—	—	1	—	5	1	6	2	4
8— 9	3	—	1	—	—	3	1	5	3	1
9—10	5	—	2	—	—	1	—	6	1	2
10—11	5	—	1	3	—	—	—	9	3	—
11—12	2	—	—	—	—	—	—	1	1	1
12—13	1	—	—	1	—	—	—	—	—	2
13—14	2	—	—	—	1	—	1	—	—	2
14—15	2	—	—	1	—	—	—	1	1	2
Senior School Children	1	—	—	—	—	—	—	—	—	1
Nurses and Hospital Staff	—	—	—	—	—	33	10	10	10	13
Occupational Therapists	—	—	—	—	—	—	—	—	—	—
University Students	—	—	—	—	413	7	303	61	48	1
Contacts	—	—	—	—	—	—	—	—	4	—
Children and Students Negative in 1964, had B.C.G. 1965	—	—	—	—	—	—	—	—	4	—
Totals	112	1	15	12	429	63	341	167	148	64

Table XXXIV.

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	270	—	278
Culture	25	310	—	335
Preparation for Malignant Cells	—	—	4	4
Specimens obtained by Bronchial Lavage : Direct	—	22	—	22
Culture	3	20	—	23
Tests for Pregnancy	—	—	—	—
Urine : Direct smear	—	14	—	14
Culture	1	11	—	12
Throat and Nose Swabs	—	—	26	26
Blood Urea	—	—	34	34
Sedimentation Rates (Wintrobe Technique)	—	—	76	76
Haemoglobin Estimations	—	—	80	80
		Grand Total		904

Table XXXV.

Home Visits.

During the year 1,137 Home Visits were made by the Tuberculosis Health Visitor (Miss A. Dawson), made up as follows :—

(a)	Primary visits to New Patients	27
(b)	Primary visits to New Contacts	89
(c)	Repeat visits to Patients	226
(d)	After-care visits	139
(e)	Visits for carrying out Tuberculin Tests at home	265
(f)	Other visits	270
(g)	Ineffective visits	121
	Total Home visits	1,137

The Chest Physician (Dr. R. P. Boyd) made 37 home visits for the examination of patients, almost without exception to patients who were too ill to attend the Chest Clinic.

Table XXXVI.

MENTAL HEALTH SERVICES.

MENTAL ILLNESS.

AGE DISTRIBUTION OF REALLY NEW ADMISSIONS TO PSYCHIATRIC HOSPITALS IN 1965.

TOTAL	Exeter Residents		Admitted under Mental Health Act, 1959					TOTAL	
			S.5	S.25	S.26	S.29	S.60	Male	Female
3	0—14 years.	Male	1	—	—	—	—	1	—
		Female	2	—	—	—	—	—	2
113	15—44 years.	Male	37	4	—	2	1	44	—
		Female	63	1	—	4	1	—	69
69	45—64 years	Male	25	1	—	3	1	30	—
		Female	34	1	—	4	—	—	39
65	65+ years.	Male	6	5	—	2	—	13	—
—		Female	39	4	—	9	—	—	52
250		TOTALS	207	16	—	24	3	88	162

Table XXXVII.

RE-ADMISSIONS.

INTERVAL SINCE PREVIOUS ADMISSION.

Of the 150 admitted in 1965 who had previously been in a psychiatric hospital the periods elapsing since the last discharge were :—

	Patients.
Under 1 year	74
1 — 2 years	32
2 — 3 years	15
3 — 4 years	10
4 — 5 years	4
5 — 10 years	12
10 — 25 years	3
TOTAL	150

	Male	*Female*
Exeter residents in psychiatric hospitals for mentally ill at 31.12.64	150	255
Admissions during 1965	140	266
Discharge out of hospital (including 32 deaths, 18 male, 14 female)	140	276
Remaining in hospital at end of 1965	150	245

Table XXXVIII.

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

	Men.	*Women.*	*Total.*
1. Visits and investigations leading to admission to hospital	221	428	649
2. Visits involving removal to hospital	174	293	467
3. Visits to relatives, etc. after admission	101	151	252
4. Visits to patients in hospital	607	683	1,290
5. Aftercare and follow-up visits following discharge	498	784	1,282
6. Visits to patients in the community receiving out-patient treatment, etc.	221	316	537
TOTALS	1,822	2,655	4,177

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

	Men	*Women*	*Total*
1. Investigation and advice	17	29	46
2. Community care and supervision	217	492	709
3. Visits to patients on leave from hospitals	12	8	29
4. Visits to patients in hospital	9	23	32
TOTALS	255	552	807

Additionally 573 visits were 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.

714 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 Inspections (3)	Number of written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	24	26	—	—
(ii) Factories not included in 1 (above) in which Section 7 is enforced by Local Authority	461	61	2	—
(iii) Other premises in which Section 7 is enforced by Local Authority (exclud'g Out-workers' premises)	57	22	1	—
Totals	542	109	3	—

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.
			Referred		
	Found.	Remedied.	To H.M. Inspector.	By H.M. Inspector.	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S. 1)	2	1	—	1	—
Overcrowding (S. 2)	—	—	—	—	—
Unreasonable temperature (S. 3)	—	—	—	—	—
Inadequate ventilation (S. 4)	1	—	—	—	—
Ineffective drainage of floors (S. 6)	—	—	—	—	—
Sanitary Conveniences (S. 7) :—					
(*a*) Insufficient	1	—	—	—	—
(*b*) Unsuitable or defective	3	1	—	2	—
(*c*) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	2	1	2	1	—
Totals	9	3	2	4	—

PART VIII OF THE ACT

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)	36
Curtains and furniture hangings	4
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	6
Total	46

Exeter Local Health Authority's Analysis of First Referrals to Mental Health Centre in 1962/3, 1963/4, 1965/66

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The objectives of this survey were :—

(1) To analyse the " first referrals " of suspected mental illness cases to the city's mental health service ;

(2) To note any obvious differences in the " first referrals " at Nichols Centre (opened in July, 1963) as compared with those made to the former Mental Health Office.

Cases of known subnormality referred were not included in this survey. In fact, only 35 were referred in the three six-month periods (15 in 1962/3, 12 in 1963/4, 8 in 1965/6).

The periods chosen were the 6-month periods (October to March) 1962/3 (i.e. before the Nichols Centre opened), 1963/4 (after Nichols Centre opened), 1965/6 (when the Nichols Centre was well established).

During the first period the mental welfare officers were based in an office in the Cathedral Close, centrally sited, 100 yards from the main health department. In the second and third periods, the mental welfare officers were based on the Nichols (Mental Health) Centre, 1 mile from the city centre, close to the main Bristol road, and where all the community and all mental health services were concentrated. The Centre was opened in 1963 but the hostels (for women) were not opened until February, 1964.

It was felt that it would be useful to know if the concentration of mental health services within one building would result in greater use being made by the public either directly or through reference by various agencies, notably family doctors and others. We tried to establish the " open door " principle in that no one would be discouraged from direct application for help.

A questionnaire was prepared for completion by the mental welfare officers—who are all experienced workers and all took part in the enquiry—and it is set out below :—

Analysis of First Referrals to the Local Health Authority Mental Health Service from any Source

Name ..... Date of birth..... M/S/W/Sep/Div.

Address.....

Occupation (detailed) .....

Family Doctor .....

1. Whence referred
   - Self
   - Relative(s)—state
   - Consultant
   - Family doctor
   - Social agency—Statutory
   - Voluntary
   - Other

2. *Presenting condition* Mental illness—psychosis
,, ,, —neurosis
Psychopathy
Social Problem
} *Assessed by* Cons/G.P./S. Worker

3. *Interval since condition manifested itself* (*state*)
Assessed by Pt./Relative/S. Worker

4. *Social effects* on :—

	Nature	*How Long*
Spouse		
Children		
Neighbours		
Workmates		

5. *Family attitude* (*state*)

6. *Has family doctor been consulted ?* Yes Last consultation.....
No
Has none

If not by family doctor, why not ?

7. *When did patient first seek advice for presenting condition ?*
Time since (assessed by S. Worker)

G.P.	*Consultant*	*Other agency*

Information about previous psychiatric treatment

8. *Has there been any delay in securing* L.H.A. Help
Other Help

9. *Referrals out*

Family doctor	Welfare
Outpatient clinic	Child Guidance
Psychiatric hospital	Marriage Guidance
Community care (N.H.S.)	Voluntary agency (state)
Other L.H.A. Service	Other

9. *Clinical diagnosis*
(hospital list)

Date.....

Mental Welfare Officer.

The questions were intended to find out (among other things) :—

(1) Whence referred, e.g. self, relatives, social agency, general practitioner, etc.
(2) The interval since the presenting condition manifested itself.
(3) How long since the family doctor was consulted.
(4) How the family was affected.

It should be remembered that the assessment of family attitudes is not an easy matter yielding simple positive and negative answers ; it involves value judgements.

In making comparisons between the various periods, certain factors should be borne in mind :—

The mental health services of both the hospital and the local health authority have been evolving ; many changes have taken place in the provision of community services and in the treatment of psychiatric

patients in hospital, and in drug therapy at home as well as in hospital; the mode of admission to the mental hospitals has changed considerably since 1959; the role of the medical superintendent of psychiatric hospitals has altered; and mentally ill patients who previously had almost always been referred by the family doctor through the mental welfare officers (D.A.O.'s) now tend to be sent direct to the consultant psychiatrists, the mental welfare officers being brought in at a later stage as social workers.

		1.10.62 to 31.3.63	1.10.63 to 31.3.64	1.10.65 to 31.3.66
TOTAL REFERRALS		182	121	141
Mode of Referral				
By patient		2	3	2
,, relative		9	3	9
,, Consultant (initially from G.P.)		71	42	47
,, Family doctor		55	55	60
,, Statutory social agency		14	10	6
,, Voluntary social agency		1	1	1
,, Other		30	7	16
Initial Assessment of Condition				
Psychosis	Male	35	25	28
,,	Female	61	32	35
Neurosis	Male	8	10	14
,,	Female	24	21	32
Psychopath	Male	7	9	7
,,	Female	10	—	8
Social problem	Male	15	7	3
,, ,, ...	Female	19	15	14
Subnormal	Male	—	—	—
,,	Female	2	2	—
Not assessed	Male	—	—	—
,, ,,	Female	1	—	—
Period since onset				
1— 7 days		23	14	20
8—28 ,, ...		18	18	13
1— 3 months		22	17	22
3—12 ,, ...		26	13	16
More than 1 year		51	26	29
No definite information		42	33	41
Social effects on				
Spouse, Children, Neighbours, Workmates, Parents	Mild	39	10	11
	Moderate	47	37	39
	Severe	5	13	9
Family attitude				
Sympathetic		83	60	70
Rejecting		21	19	14
Indifferent		10	10	8
Not known		31	26	35
Not applicable		37	6	14
Whether own doctor consulted				
Yes		137	104	124
No		37	12	11
Had none		8	5	6

	1.10.62 to 31.3.63	1.10.63 to 31.3.64	1.10.65 to 31.3.66
Period since last consulted			
Under 1 week	75	52	98
,, 1 month	18	10	3
Over 1 month	2	1	3
Not known	42	41	33
Period since first seeking help			
Under 1 week	35	39	26
1—4 weeks	8	12	12
1—3 months	6	6	7
Over 3 months	13	6	15
Not known	61	27	24
Not sought by patient	59	31	58
Previous psychiatric treatment			
As out-patient	13	11	12
As in-patient	52	19	34
None	110	81	85
Not known	7	10	10
References out			
To general practitioner	30	16	13
,, out-patient clinic	24	17	17
,, Psychiatric hospital	84	72	92
,, Community care	20	3	8
,, Other local health authority service	10	4	5
,, Welfare Department	7	—	2
,, Child Guidance Centre	1	—	—
,, Other	3	6	2
,, None	3 (1 deceased 2 incorrect referrals)	3 (Incorrect referrals)	2 (Incorrect referrals
Diagnosis			
Schizophrenia	27	8	16
Senile dementia	24	13	20
Anxiety states	16	10	4
Psychopathy	13	11	11
Reactive depression	10	18	24
Inadequacy	7	11	7
Hysteria	5	5	3
Manic-depressive psychosis	5	2	—
Delusional insanity	3	1	—
Endogenous depression	2	1	5
Epilepsy	2	3	1
Traumatic confusion	2	4	—
Maladjusted (child)	2	—	—
Obsessional neurosis	1	5	—
Drug addiction	1	—	—
Recurrent melancholia	1	—	—
Alcoholism	—	5	3
Acute mania	—	1	—
Maladjustment (adult)	—	1	—
Cerebral tumour	—	—	1
Hypomania	—	—	3
Paranoia	—	—	3
Paraphrenia	—	—	3
Paget's disease	—	—	1
Subnormality	1	—	1
Not known	60	22	35

Sex, Age Group and Civil State

	1.10.62—31.3.63				1.10.63—31.3.64				1.10.65—31.3.66				Totals
	0/14	15/44	45/64	65+	0/14	15/44	45/64	65+	0/14	15/44	45/64	65+	
Men :													
Married	—	10	18	9	—	12	7	5	—	9	12	7	89
Single	1	9	6	3	—	15	4	1	—	12	1	4	56
Widowed	—	—	—	6	—	1	—	4	—	—	1	4	16
Separated	—	1	1	—	—	—	—	1	—	—	—	1	4
Divorced	—	1	—	—	—	1	—	—	—	—	1	—	3
Women :													
Married	—	19	15	4	—	20	12	3	—	21	10	2	106
Single	1	33	5	7	—	11	5	4	—	18	7	7	98
Widowed	—	2	5	16	—	—	5	8	—	—	4	13	53
Separated	—	5	2	—	—	1	—	—	—	3	—	2	13
Divorced	—	3	—	—	—	—	—	1	—	—	2	—	6

COMMENTS

1. The total number of first referrals in these 3 periods were 182, 121 and 141 respectively.

2. There were therefore less referrals through the Nichols Centre than through the former mental health office : it is possible that the reason for this was the change of address : other possible factors have been discussed above. Rather more, however, were so referred in 1965/6 than in 1963/4. The drop in numbers was particularly marked in women in the 15/44 age group.

3. Of those referred, women were in the majority—about 5 women to every 3 men : this preponderance was not confined to the over-65-years age group.

4. Among the men, rather more were married than all the single, widowed, separated or divorced together ; but among the women only 40% were married ; more than a third of all women referred being single. Of all referred 45% were married.

5. The source of almost three-quarters of the referrals was the family doctor or consultant ; the proportion has not varied greatly over the 3 periods reviewed (69%, 80%, 76%). Voluntary social agencies appear to have been a non-sender of cases—possibly they refer direct to the patients' own doctors or possibly try to deal with them themselves. About 6% of cases came on their own or at a relative's suggestion. 12% were referred by " others "—e.g. police, National Assistance Board, neighbours.

6. 82% had consulted their own doctors and 14% had not. Curiously 4% (19 persons) had no doctor, i.e. were not registered with any doctor.

7. In the assessment of the presenting condition, in about 20% of cases a social problem appeared to be involved, the remainder being psychiatric.

8. As to the diagnosis (recorded as from the doctor's reference or if none available as gauged by the mental welfare officer), senile dementia, reactive depression and schizophrenia were the commonest (in that order) accounting for about a third of all cases. Psychopathy and anxiety states were next in numerical significance. Alcoholism and drug addiction made a very small group, one person at first regarded as suspect mental illness proved to be subnormal.

9. A sizeable proportion of the cases (about one-sixth) had a very short history since the onset of the immediately presenting episode, less than 7 days, and nearly twice as many had a history shorter than 4 weeks. On the other hand, another third had a history of over a year. In about one-third of the cases the time of onset was not stated. "Family attitude" was not applicable (no families, in lodgings, etc.) in 13%; it was not stated in 21%.

10. Where the period since first seeking help, in relation to the present episode (of suspected mental disturbance) which brought the individual to the Centre, was known (i.e. in 75% of all cases), it was found that 30% had sought it less than a week before coming to Nichols Centre; 10% had sought help at least 3 months earlier; 45% had not sought help elsewhere.

This last observation appears contradictory to the statement (in para. 5 above) that over the period under review 75% of the patients were referred by doctors, but it may well be that the *patient* had not himself sought help—but the reference was made by the doctor at the request of persons other than the patient.

11. 66% of the patients had not had any psychiatric treatment, 25% had been psychiatric hospital in-patients and 9% out-patients.

12. Where the family attitude to the individual was noted, in 72% it was considered to be sympathetic, in 18% rejecting and in 10% indifferent.

13. The effect on the family, neighbours, workpeople, etc. was estimated by the mental health worker so far as practicable—i.e. in 210 cases (rather less than half the total). In these it was considered to be severe in 13%, moderate 58% and mild in 29%. No precise definition was laid down.

14. Only 8 persons out of 444 were regarded as not in need of any form of care. 55% were considered to be in need of in-patient hospital treatment, 13% in need of out-patient treatment, 15% in need of general practitioners' care, 7% in need of community care; the rest were referred to various other social agencies.

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A FURTHER NOTE ON THE INCIDENCE OF CONGENITAL DEFECTS IN CHILDREN BORN TO EXETER MOTHERS

With Special Reference to Spina Bifida with Meningocele

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Records of the incidence of substantial congenital defects in children, both live and still-born, have been completed since 1954, and a sharp drop in 1964 in the incidence of these defects as a whole has prompted the publication of the figures for the years 1955-1965 inclusive (Ward and Irvine, 1961, 1963).

Side by side with this drop we wish to draw attention to an increase in the incidence of spina bifida with meningocele.

Table "A" gives the total figures for substantial congenital abnormalities occurring in those still-born, in the infant deaths and amongst the survivors. The figure of 20.8 per 1,000 total births for 1964 is the lowest by a long way for any year since the records were started.

Table "A"

Congenital Abnormalities in Exeter Children born 1954-1964

Year Born	*Total Live and Still-born*	*Cases of substantial congenital abnormality*				*Per* 1,000 *Live and Still-births*
		Still-born	*Infant Deaths*	*Sur-vivors*	*Total*	
1954	1,143	11	5	17	33	28.8
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	28	39	32.8
1959	1,168	6	10	34	50	42.8
1960	1,184	4	7	26	37	31.2
1961	1,234	4	7	37	48	38.8
1962	1,248	5	11	42	58	46.4
1963	1,342	1	8	32	41	30.5
1964	1,296	4	4	19	27	20.8
	13,167	56	80	298	434	32.9

Table "B" sets out the incidence of spina bifida with meningocele in the years 1955-1965. The sharpest rise in this abnormality occurred in 1962 (11 cases), the majority being born in " a little epidemic " between the latter part of May and mid-August (8 cases).

Table "B"

Year	Total Live and Still-Births	Spina Bifida and Meningocele				Per 1,000 Total births
		Still-Births	Live Birth died	Live Birth survived	Total	
1955	1,142	1	1	2	4	3.5
1956	1,100	—	2	1	3	2.7
1957	1,195	—	—	—	—	—
1958	1,186	1	1	1	3	2.5
1959	1,168	1	2	—	3	2.5
1960	1,184	1	3	—	4	3.3
1961	1,234	1	1	—	2	1.6
1962	1,248	4	6	1	11	8.8
1963	1,342	—	1	4	5	3.7
1964	1,296	2	2	2	6	4.6
1965	1,391 (est.)	2	3	1	6	4.3

Table "C" gives the dates of birth of all cases of spina bifida and meningocele with the expected dates of delivery of those born prematurely.

The 47 cases of spina bifida and meningocele were born as follows :—

January	4	May	4	September	2
February	2	June	5	October	3
March	7	July	4	November	2
April	4	August	6	December	4

Table "C"

Year	Prevalent virus infections	Date of Spina Bifida with Meningocele	Sex
1955	—	28.1.55 6.7.55 23.3.55 27.12.55	1 female 3 males
1956	—	18.3.56 / 24.3.56 / 4.4.56	3 females
1957	—	—	—
1958	—	11.3.58 / 20.4.58 / 23.12.58 2.6.58 (EDD 21.5.58)	3 females 1 male
1959	—	22.5.59 / 9.7.59 (EDD 20.8.59)	2 females
1960	—	2.2.60 (EDD 18.3.60) 15.4.60 / 2.6.60 / 20.12.60	1 female 3 males
1961	July 1961 rubella and infective hepatitis July 1962	21.2.61 (EDD 24.2.61) / 3.10.61	2 males
1962		14.3.62	10 females 1 male
		14.5.62 (EDD 2.8.62) 12.7.62 (EDD 20.9.62) 10.8.62 (EDD 19.9.62) 31.10.62 (EDD 24.11.62) 24.5.62 / 13.6.62 / 13.7.62 19.11.62 / 3.6.62 / 4.7.62	
1963	—	27.3.63 15.6.63 / 29.6.63 / 21.8.63 14.12.63	3 females 2 males
1964	—	8.2.64 / 12.1.64 / 14.7.64 11.4.64 (EDD 17.3.64) 28.11.64 (EDD 18.1.65) 28.10.64	2 females 4 males
1965	—	31.1.65 (EDD 30.4.65) 6.2.65 (EDD 23.1.65) 25.8.65 / 20.8.65 / 10.9.65	4 females 1 male 1 unknown
			29 females 17 males 1 unknown

The area surrounded by bold lines indicates those children who were conceived during the months when both rubella and infectious hepatitis were prevalent.

Unlike anencephaly, which occurs more commonly in winter births, the majority of these meningoceles (30 out of a total of 47) were born or due to be born in the months March to August.

The sexes are also recorded in Table "C." Out of a total of 47 cases, 29 were females, 17 were males and one could not be determined because of advanced maceration. The preponderance of females is similar to that seen in anencephaly and an example of the possible susceptibility of the female to this abnormality occurred in twins born in 1962, the female having an operable meningocele in the lumber region while the male twin was not affected at all.

Rubella was prevalent in Exeter from July, 1961, to July, 1962, and there were also more cases than usual of infective hepatitis from July, 1961, to June, 1962. If these two infections had had any bearing on the pregnancies of mothers subsequently giving birth to abnormal children, then it might have been manifest in births with the expected dates of delivery between April, 1962, and April, 1963. The actual dates of these births are shown in an area in Table "C."

The year 1962 was the peak for meningoceles with 11 cases and the histories of all the pregnancies were taken in detail with special reference to any history of jaundice, rubella, smallpox vaccination and medication in pregnancy. Owing to an outbreak of smallpox in Bradford and South Wales in 1961 a good deal of smallpox vaccination and re-vaccination took place in Exeter among adults during that year. Positive findings were forthcoming in three cases only :—

(i) Mother had jaundice in June, 1962, when in her 18th week of pregnancy. The child was born on 18.11.62 (EDD 27.11.62) with an inoperable meningomyelocele and died aged 19 days.

(ii) This mother had jaundice in October, 1961, and was still yellow very early in the pregnancy. The child was born on 13.6.62 (EDD July 1962) with an inoperable meningomyelocele and died aged 6 days.

(iii) One other patient was vaccinated in February, 1962, during the second month of her pregnancy and had a sharp reaction. The child was stillborn on 12.7.62 (EDD 20.9.62) foetal death having occurred *in utero* about 25.6.62.

The only survivor out of the 11 cases born in 1962 was the female twin already mentioned with an operable meningocele in the lumbar region, the twin brother being unaffected.

Surgical Treatment.

The 12 children who were born alive from 1955-1965 and who have survived all received surgical treatment. The 19 children born alive in the same period but who subsequently died

were all inoperable. There is so far one survivor born in September, 1965, who received surgical treatment but in whom the prognosis is very poor indeed.

Table "D" gives the total number of congenital abnormalities for each year and the number of meningoceles expressed as a percentage of that total. Here again, there is an increase in the last few years. In 1964, a mother gave birth to a female child with a severe meningomyelocele on 12.1.64. This child survived after operation, but this same mother gave birth to a stillborn male child with extensive spina bifida on 28.11.64 (EDD 18.1.65). This is probably of genetic origin, for there is a family history of other abnormalities.

Table "D"

Year	*Total Abnormal*	*Meningoceles*	*Number of meningoceles per 100 Abnormals*
1955	35	4	11.4% of abnormals
1956	32	3	9.4% ,, ,,
1957	30	—	0.0% ,, ,,
1958	39	3	7.7% ,, ,,
1959	50	3	6.0% ,, ,,
1960	37	4	10.8% ,, ,,
1961	48	2	4.1% ,, ,,
1962	58	11	19.0% ,, ,,
1963	41	5	12.2% ,, ,,
1964	27	6	22.2% ,, ,,
1965	39	6	15.9% ,, ,,

There remains the long-term problem of the education and future care of some of the survivors who are severely handicapped physically and in whom frequent surgical intervention may be necessary for a long time to combat the disabilities due to hydrocephalus, urinary incontinence, and deformities of the lower limbs.

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