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City and County of the City of Exeter



ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH
FOR 1966



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

TELEPHONE: 77388.



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ANNUAL REPORT

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HEALTH DEPARTMENT,

5 SOUTHERNHAY WEST,

EXETER.

Tel. No. 77888

July, 1967.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

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

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for 1966. The year was notable for Exeter in that on April 1st the greater part of the parishes of Topsham, Alphington and Pinhoe were added to the City, an area of 1,990 acres, with 9,993 people and 3,000 dwellings.

The year was dull and wet and warm (1,463 hours of sunshine compared with the 20-year average of 1,593 hours, and rainfall 924 m.m. compared with the average of 771 m.m.). May was exceptionally sunny and October was very wet. Nevertheless, the average temperature was high. Snow fell (in April), the latest ever in the year, over the 27 years for which records are available.*

The Registrar General has estimated the mid-year population of the enlarged City at 92,360.

Statistics.

The birth rate was 15.4 per 1,000 (corrected for age and sex distribution), somewhat lower than in 1965 (16.5); this decline was in line with that experienced generally in the country as a whole (in which the birth rate was 18.1 in 1965 and 17.7 (provisionally) in 1966). If the national trend is maintained, it will materially alter the projections of expected population size in the country over the next 30 years.

* This information was kindly given to me by the Meteorological Office at the Airport.

The stillbirth rate (9 per 1,000 total births) and the perinatal death rate (17 per 1,000 total births) were both by far the lowest ever recorded in Exeter—a gratifying state of affairs. The infant mortality rate (17.1 per 1,000 live births), however, was not quite so favourable, being distinctly higher than in the preceding three years.

Cancer of
Lung.

The general death rate was 11.0 (corrected) per 1,000, rather higher than in the previous year (10.5). The increasing toll of cancer of the lung throughout the country is well known. In Exeter, the number of deaths from this cause was 39, happily 10 less than in 1965, which was a peak year. Cancer (243 deaths) was responsible for about the same proportion of all the deaths (21%) as in 1965, while cardiac disorders accounted for 337 (33%) of the deaths.

Sickness.

Sickness, as evidenced by new claims for sickness benefit by persons in the insured population, was more or less at the usual level (the area concerned being wider than the City, but unchanged from that in previous years), but there was a very sharp peak in March, 1966, attributed to influenza type infections, the highest since October, 1957, when Asian flu was about. There were 109 deaths from influenza, pneumonia and bronchitis, 29 more than in 1965.

Infectious
Diseases.

Infectious disease caused very little trouble otherwise, and as in many previous years, no cases of poliomyelitis were notified. The Council's immunisation programme continued with considerable success.

Environmental
Hygiene.

The public water supply was satisfactory; a few unsatisfactory samples in September were found to be due to surface contamination because of defective reservoir roofings.

Smoke control in the City continues to make headway. Unfortunately, the control of motor vehicle fumes does not.

City
Extension.

The incorporation of most of the area of the parishes of Topsham, Alphington and Pinhoe within the City on April 1st involved us in a great deal of preparatory work and thought. All our services (excepting the ambulance service) had to be extended, and the staff of the department was increased accordingly: we welcomed certain staff transferred from the Devon County Council. As promised, the Council has provided weekly sessions at the three welfare

clinics in the added areas ; we now use the Community Hall associated with the Old People's bungalows in Alphington, instead of the Village Hall.

General
Practitioners'
Service.

In 1966, two steps were taken to associate more closely the public health nursing services with family doctor practice. It was suggested to the doctors that if they wished, the health visitors would call on them twice a week or as necessary to discuss cases of mutual concern and to undertake visiting of cases as requested by the doctors. The response has been variable, but in some practices, the arrangement is being satisfactorily developed. Those doctors who were conducting a fair amount of domiciliary midwifery were asked if they would like a domiciliary midwife to assist in their ante-natal clinics at their surgeries. This has been accepted in four practices.

Child Welfare

The diminution in the number of home deliveries is causing us some concern in connection with the maintenance of the Part II midwifery school. The child welfare centres are still very active and the average attendance is 40 per session.

Prevention,
Care and
After-Care.

Cervical cytology clinics were continued and extended ; 1,482 women were examined there in the year ; 7 found to have early cancer changes, were treated surgically. Family doctors may be expected increasingly to undertake this work.

Mental Health.

The Ministry has expected that less psychiatric hospital beds should nationally be needed ; the number of Exeter patients in psychiatric hospital beds for the mentally ill is, in fact, increasing, as shewn by the year-end figures.

Health
Education.

Our Home Safety Committee continued its good work. Its home chip pan safety leaflet has been adopted by the Royal Society for the Prevention of Accidents in its national publicity.

Handicapped
Persons'
Swimming

One suggestion made during the year deserves careful consideration, viz. : that the City Council should allow handicapped persons special sessions at the public baths—this would be of great help to those who cannot risk the ordinary hurly-burly of public sessions, but who would profit by the opportunity to swim in safety.

Podiatry
Service.

The decision to replace the retiring resident caretaker at Bull Meadow Clinic by a non-resident caretaker enabled us to use the single-storey staff quarters with suitable

modifications as a very pleasant chiropody clinic for two chiropodists. During the year, the staff was increased to three (whole-time), yet the City's requirements are not fully met.

Audiology
Service.

The new audiology unit at the rear of Bull Meadow Clinic and the new dental clinic at Countess Wear were both opened in 1966: both offer services for pre-school children. The early detection of deafness is of tremendous importance if partially-hearing children are to be given the best opportunity to overcome this handicap, and early care of the teeth is one obvious form of insurance against later troubles.

Dental Service

Ambulance
Service.

Ministry approval for the building of the new ambulance headquarters, long proposed, in Gladstone Road, near the City Hospital, was given during the year. It will be completed in 1967 and will house 14 ambulances.

Nichols Centre

We also received approval for the building of a large workshop in the Nichols Mental Health Centre.

Junior
Training
Centre.

We still need more facilities at this centre for domestic training. The need for more accommodation in the nursery section of the Ellen Tinkham House for mentally-handicapped children is evident, and we should also provide a domestic teaching unit for the older girls.

Fluoridation.

Exeter is "losing out" on fluoridation. Although the Council agreed in 1966 to fluoridation of the public water supply, local agitation, fed with arguments which it takes a long time and much effort to refute, aided also by local press notices, succeeded in persuading sufficient Councillors to support a notice of motion postponing fluoridation and to reverse the previous decision. I have no doubt fluoridation will in time be completely acceptable. Whilst I advocate the utmost caution in regard to the addition of any chemicals to food and drink, more or less world-wide testimony to the value and safety of the addition of the prescribed minute amount of fluoride to public water supplies should not be discounted too readily.

Appendices

Appendix I deals with hygiene in factories, etc. In Appendix II, Dr. E. Ryan describes the medical care at Ellen Tinkham House. The findings of the continuing review of the references to Nichols Centre for social help are listed in Appendix III. Dr. I. V. I. Ward has prepared the section

on loss of child life and Dr. G. P. McLauchlan on infectious disease incidence and prevention. Mr. R. W. Stiles (Chief Administrative Assistant) and his staff have helped in the preparation of the figures in the Report.

Acknowledgments.

I am grateful to the Chairmen (Alderman Mrs. Nichols (who became the first woman Mayor of the City) and Councillor H. B. Howe) and Members of the two Committees concerned with the health services for their great interest and steadfast support. My professional colleagues inside and outside the Council service, the public, and the press, have all been generous in their attitude to the department and its work, and my staff have given wholehearted service to the City.

I am,

Your obedient servant,

E. D. IRVINE.

CITY AND COUNTY OF THE CITY OF EXETER

The Mayor—

ALDERMAN MRS. M. NICHOLS, B.Sc.

PUBLIC HEALTH COMMITTEE

at Dec. 31st, 1966

Chairman—

COUNCILLOR H. T. HOWE

Deputy Chairman—

MRS. R. M. WICKINGS

Alderman Mrs. M. NICHOLS, B.Sc.	Councillor R. H. M. PALMER.
Alderman C. REW.	Councillor L. J. SEWARD, O.B.E.
Alderman W. H. BUTCHER.	Councillor F. K. TAYLOR.
Alderman R. W. PYNE.	Councillor Mrs. R. M. WICKINGS.
Councillor H. BRYANT.	Councillor Mrs. I. WEST.
Councillor D. T. DARE.	Councillor Mrs. A. WING.
Councillor F. R. OLIVER, M.A., D.PHIL.	

HEALTH SERVICES COMMITTEE

at Dec. 31st, 1966

Chairman—

ALDERMAN MRS. M. NICHOLS, B.Sc.

Deputy Chairman—

COUNCILLOR MRS. R. M. WICKINGS.

Alderman C. REW.	Councillor F. M. M. LEWES, M.A., B.Sc.
Councillor R. E. C. BOARD.	Councillor F. R. OLIVER, M.A.
Councillor S. R. HONEYWILL.	Councillor Mrs. E. I. PRESTON.
Councillor H. T. HOWE.	Councillor M. B. WESTAWAY.
Councillor I. M. JOHNS.	Councillor R. A. WILLIAMS.
Councillor M. LEGGATT.	Councillor Mrs. A. WING.

Co-opted Members—

Mrs. D. CROWN.	Mrs. G. MORRISH.
Mr. J. FLETCHER.	Mrs. A. ROBB.
Dr. T. H. POWELL.	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.) (resigned 9.9.66)

MARGARET CAMERON, M.B., CH.B., D.P.H. (resigned 15.2.66)

ELIZABETH L. RYAN, M.B., B.CH., L.M., D.P.H. (commenced 1.4.66)

†MARK A. TUCKER, M.B., B.S., D.OBST. R.C.O.G., D.P.H. (commenced 1.8.66)

BARBARA C. SEMPLE, M.B., CH.B. (commenced 19.9.66)

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.)

†T. N. PRAAT, L.D.S., R.C.S. (Eng.)

†Mrs. GILLIAN A. RAMPTON, L.D.S. (Dur.)

(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.

†**D. B. MAY.

**H. F. BLAND (from 1.12.66).

**D. PECKHAM.

**J. T. BROWN.

**J. A. SELLARS (resigned 2.10.66).

**D. J. DAWSON.

R. R. DAVIES (Student P.H.I.).

**J. K. HARRIS.

A. J. PALFREY (Student P.H.I.

**A. C. LEWIS.

from 14.11.66).

**J. LUBY (from 1.9.66)

(formerly Student P.H.I.).

Meat Inspectors.

*P. J. HEDGES. 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. A. BOND, S.R.N., S.C.M., H.V. Cert.

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

MISS Y. CASELLI, S.R.N., S.C.M., (Pt. 1), 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. (retired 31.3.66)

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.

MISS L. E. WATHEN, S.R.N., S.C.M., H.V. Cert.

MISS E. GOLDSMITH, S.R.N., S.C.M., (Pt. 1) (resigned 8.1.66)

MISS C. S. NEWTON, S.R.N., S.C.M., Q.N., H.V. Cert. (from 16.7.66)

(Sponsored Student 1965/66)

MRS. E. VEALE, S.R.N., S.C.M., H.V. Cert. (transferred from D.C.C. 1.4.66)

Tuberculosis Visitor.

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

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))

Domestic Help Service.

Organiser — MISS M. M. CHANTER

Assistant Organiser (Part-time) — MRS. D. MAUNDER (from 1.1.66)

Chiropodists.

S. BRADLEY, M.Ch.S.

MRS. H. J. KAY, M.Ch.S. (resigned 10.7.66).

MRS. F. HILL, M.Ch.S. (full-time from 1.4.66).

MRS. M. E. ROBERTS, L.Ch., A.Ch.D. (from 17.10.66).

Ambulance Officer.

CAPTAIN F. G. IRELAND.

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.

G. P. BROOKE, C.S.W., R.M.N. (from 1.3.66).

N. S. COOMBS

E. J. LOCK

MISS W. G. SHEARS

MRS. P. O. F. GARNER, Social Science Cert. (part-time).

} recognised by Council for Social Work Training.

Social Worker.

MRS. E. M. CAHILL, Dip. Social Administration (Nottingham) Child Care Certificate (Birmingham) (part-time) (resigned 31.12.66).

Junior Training Centre, (Ellen Tinkham House)

Supervisor:

MRS. A. R. M. HORTON, Dip. N.A.M.H. (died 23.7.66).

MISS F. CROOK, Dip. N.A.M.H. (from 6.9.66).

Assistants:

MISS A. E. VICKERY.

MISS J. PAPPIN.

MISS F. CROOK, Dip. N.A.M.H. (to 5.9.66).

MISS E. DUVAL.

MRS. O. SKINNER (from 19.9.66).

(1 Welfare Attendant).

Nichols Centre Hostels.

Warden: R. I. JOHNSON.

Matron: MRS. E. A. JOHNSON.

Adult Training Centre.

Manager: MR. W. E. DAVENPORT, Kew Cert.

Senior Instructors.

MRS. E. WOOD.

MRS. R. MARSH.

W. J. CHANNON (resigned 24.7.66).

G. T. WOOLWAY.

W. S. DE VIELL.

MRS. E. HUBBARD.

D. DREW (from 4.7.66).

N. WILCOCK (from 8.8.66).

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.

Senior Administrative Assistant.

J. C. WRIGHT, D.M.A. (from 1.3.66).

Administrative Assistants.

G. A. GIBSON.

H. W. WEST (from 1.9.66).

J. W. SELVEY (resigned 31.7.66).

A. P. M. YOUNG.

Clerical Staff.

E. M. GOODMAN (resigned 28.1.66).

D. G. HUISE.

Mrs. M. PAYNE.

*Mrs. M. ISSERLISS (from 23.11.66).

Miss P. EVES-DOWN.

Mrs. B. KYNASTON (resigned 31.3.66).

I. F. COX (resigned 3.7.66).

*Mrs. B. LANGMAN (from 6.6.66,
(resigned 22.7.66).

L. VOYSEY (from 25.7.66).

S. G. CARR (from 25.4.66).

Mrs. C. MARTIN.

*Mrs. B. M. BARNES (from 25.7.66).

Miss J. E. LEMON.

Miss E. L. BARRINGER.

Miss M. E. NOEL.

*Mrs. M. CASH.

Mrs. G. NOWELL.

Miss G. CLARK (from 1.8.66).

*Mrs. P. PEARCE.

Miss D. COE.

Mrs. C. I. PIM.

*Mrs. E. M. COURTENAY.

Mrs. F. M. SHORT (from 16.5.66).

Miss J. DAVIES.

D. G. SOUTHWOOD (resigned
30.10.66).

*Mrs. G. GADSBY.

Mrs. M. F. E. SYMONDS (from
2.5.66).

Mrs. S. K. GRIGG.

*Mrs. B. HILTON (from 1.4.66).

* 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. 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 (resigned 21.4.66).

Miss B. CRAMP (from 21.4.66).

GENERAL STATISTICS

Area in acres (including 1,815 acres on boundary extension 1/4/66)	10,952
Population (1961 Census)	80,321
Population (Estimated Civilian) Mid-year 1966	92,360
Rateable Value (as at 1/4/66)	£5,075,472
Sum represented by a penny Rate (Estimate 1/4/66)	£20,830
Dwellings (as at 1/4/67)	approx. 29,314

VITAL STATISTICS

Population (1966 mid-year estimate, Registrar General)	92,360
**Estimated weighted average population, 1966	90,030

The information given here *re* births and deaths is supplied by the Registrar General, and refers to the City as actually constituted at the time of the births and deaths concerned.

	RATES	
	<i>Exeter.</i>	<i>England and Wales.</i>
Live Births, 1,401.		
Legitimate, total 1,286 ; male 654, female 632.		
Illegitimate, total 115 ; male 67, female 48.	1966	1966
Live Birth Rate (Crude) per 1,000 population	15.6	
Live Birth Rate (Adjusted) per 1,000 population	15.4	17.7†
Illegitimate Live Births per cent of total live births	8.2	
Stillbirths, 13 (9 male, 4 female).		
Stillbirth Rate per 1,000 total (live and still) births	9.2	15.4†
Total Live and Stillbirths, 1,414.		
Infant Deaths, 24 (Legitimate 22 : 8 males, 14 females). (Illegitimate : 2 males).		
Infant Mortality Rate (Deaths of infants under 1 year, per 1,000 live births)	17.1	19.0†
Neonatal Deaths (deaths of infants under four weeks) 13 (Legitimate : 6 males, 5 females). (Illegitimate : 2 males).		
Neonatal Mortality Rate per 1,000 live births	9.3	12.9†
Early neonatal deaths (deaths of infants under 1 week of age) 11 (Legitimate : 5 males, 4 females). (Illegitimate : 2 males).		
Early neonatal Mortality Rate per 1,000 live births	7.9	11.1†
Perinatal Mortality Rate (Stillbirths and deaths of infants under one week) per 1,000 total births (live and still)	17.0	26.3†
Maternal Deaths (including abortion) 1.		
Maternal Mortality rate per 1,000 total births (live and stillbirths)	0.7	
Deaths : 1,137 (male 509, female 628)		
Death Rate (crude) per 1,000 population	12.6	
Death Rate (adjusted) per 1,000 population	11.0	11.7†
Tuberculosis Mortality Rate per 1,000 population (Pulmonary (3 males, 1 female))	0.04	
Deaths from Measles (all ages)	1	
Deaths from Whooping Cough (all ages)	Nil.	
Deaths from Gastro-enteritis (all ages)	3	
Deaths from Diphtheria (all ages)	Nil.	
Marriages : 748		
Persons marrying per 1,000 population	16.6	

* Adjusted by the use of the Registrar General's comparability factor to allow for the age and sex constitution of the population. (0.87 for death rate, 0.99 for birth rate).

† Provisional figures (Registrar General's Quarterly (4th) Return No. 472).

‡ See page 21.

** Allowing for extension of the City area on 1st April 1966.

VITAL STATISTICS — 1896-1966

Year	Estimated Mid-Year Population	Live Births	Birth Rate ("adjusted" since 1954)	Deaths	Death Rate "adjusted" from 1924)	Stillbirths	Stillbirth Rate	Infant Deaths	Infant Death Rate per 1,000 Live Births	Neo-natal Deaths No. Rate	Maternal Deaths No. Rate
1896	38,000	975	25.7	708	17.2			160	164		
1897	38,000	906	23.8	751	18.3			145	161		
1898	38,000	868	22.8	647	15.6			154	178		
1899	38,000	843	22.2	772	19.1			146	173		
1900	(a)47,650	831	21.9	731	18.0			114	138		
1901	47,000	1,084	23.1	830	16.4			164	162		
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	165		
1905	47,800	1,080	22.4	723	15.5			132	122		
1906	48,000	1,036	21.7	708	14.7			134	127		
1907	48,209	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 Published	Not Published	17.0	Not Published	15.0			Not Published	78		
1917			15.0		16.0				61		
1918			15.0		12.0				79		
1919	61,475	1,531	22.4	807	11.0			71	67		
1920	62,332	1,400	19.0	739	12.0			84	96		
1921	59,500	1,061	17.0	765	11.0			108	67		
1922	59,700	1,016	17.0	871	13.0			70	61		
1923	60,280	1,021	17.0	733	11.0	34	57	62	67		
1924	60,160	1,010	16.0	779	12.0	58	56	60	59		
1925	60,410	1,101	16.0	872	11.0	55	52	73	74		
1926	60,990	1,006	16.0	792	10.0	44	58	69	68		
1927	61,220	1,083	15.0	752	10.0	41	59	57	60		
1928	62,036	956	15.0	773	12.0	42	61	66	69		
1929	61,880	1,141	15.0	863	10.0	41	52	52	53		
1930	61,880	944	14.0	759	9.8	36	45	47	50		
1931	64,780	934	13.9	862	10.7	45	44	51	54		
1932	66,200	950	14.0	798	10.3	42	38	45	48		
1933	67,300	940	13.9	885	10.0	42	39	57	56		
1934	67,800	1,021	14.3	795	10.3	41	40	33	34		
1935	68,300	982	13.3	815	11.1	42	44	62	62		
1936	68,650	915	13.3	890	11.1	41	40	56	56		
1937	69,240	980	14.1	885	11.1	48	45	40	42		
1938	69,160	1,010	13.4	888	13.3	37	38	40	40		
1939	69,880	936	13.7	908		37	35	41	40		
1940	(c)75,830	1,012		1,083							
1941	(d)81,430	1,027	12.8		13.4	35	32.9	79	68		
1942	73,800	1,065	14.4	Not Published	15.8	31	29.2	53	50		
1943	68,520	1,051	14.3		13.4	35	32.2	51	49		
1944	68,180	1,334	19.3		13.7	36	26.3	59	44		
1945	69,070	1,246	18.1		13.8	29	23.3	70	56		
1946	72,910	1,444	19.8	930	12.7	42	28.3	70	49		
1947	74,160	1,428	19.2	994	13.4	34	23.2	82	57		
1948	75,150	1,316	17.5	807	10.7	42	30.9	24	18		
1949	76,590	1,192	15.6	993	11.7	31	25.3	30	25		
1950	77,260	1,130	14.6	938	10.9	22	19.1	36	32		
1951	76,200	1,098	14.4	1,060	12.5	33	29.1	33	30		
1952	76,600	1,101	14.4	922	10.8	27	23.9	24	22		
1953	76,700	1,152	15.0	1,016	11.8	20	17.0	48	42		
1954	76,900	1,102	14.5	990	11.1	41	35.0	29	26		
1955	77,100	1,115	14.6	956	10.6	26	22.8	19	17		
1956	77,000	1,080	14.2	1,021	11.9	20	18.2	32	30		
1957	76,900	1,171	15.2	913	10.4	24	20.1	21	18		
1958	76,900	1,163	15.3	1,046	11.8	23	19.4	20	17		
1959	77,400	1,139	14.7	1,029	11.1	35	29.9	18	15.8		
1960	77,450	1,162	15.2	1,001	11.0	22	18.6	17	14.6		
1961	78,570	1,206	15.5	1,021	10.9	28	22.7	29	24.0		
1962	78,650	1,221	15.6	1,112	11.9	18	21.6	25	20.5		
1963	78,650	1,221	15.6	1,008	10.5	21	13.4	21	15.9		
1964	81,810	1,275	15.4	993	10.4	27	16.2	16	12.5		
1965	82,370	1,374	16.5	1,137	11.0	13	19.3	18	13.1		
1966	(e)82,380	1,401	15.4				9.2	24	17.1		

(This table was compiled by Mr. R. 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

(e) Alphonston, Pinhoe and Topsham incorporated within City Boundary, 1st April 1966.

VITAL STATE

Year	Population	Births	Deaths	Marriages	Divorces
1900	1,000,000	100,000	100,000	10,000	10,000
1901	1,010,000	101,000	101,000	10,100	10,100
1902	1,020,000	102,000	102,000	10,200	10,200
1903	1,030,000	103,000	103,000	10,300	10,300
1904	1,040,000	104,000	104,000	10,400	10,400
1905	1,050,000	105,000	105,000	10,500	10,500
1906	1,060,000	106,000	106,000	10,600	10,600
1907	1,070,000	107,000	107,000	10,700	10,700
1908	1,080,000	108,000	108,000	10,800	10,800
1909	1,090,000	109,000	109,000	10,900	10,900
1910	1,100,000	110,000	110,000	11,000	11,000
1911	1,110,000	111,000	111,000	11,100	11,100
1912	1,120,000	112,000	112,000	11,200	11,200
1913	1,130,000	113,000	113,000	11,300	11,300
1914	1,140,000	114,000	114,000	11,400	11,400
1915	1,150,000	115,000	115,000	11,500	11,500
1916	1,160,000	116,000	116,000	11,600	11,600
1917	1,170,000	117,000	117,000	11,700	11,700
1918	1,180,000	118,000	118,000	11,800	11,800
1919	1,190,000	119,000	119,000	11,900	11,900
1920	1,200,000	120,000	120,000	12,000	12,000
1921	1,210,000	121,000	121,000	12,100	12,100
1922	1,220,000	122,000	122,000	12,200	12,200
1923	1,230,000	123,000	123,000	12,300	12,300
1924	1,240,000	124,000	124,000	12,400	12,400
1925	1,250,000	125,000	125,000	12,500	12,500
1926	1,260,000	126,000	126,000	12,600	12,600
1927	1,270,000	127,000	127,000	12,700	12,700
1928	1,280,000	128,000	128,000	12,800	12,800
1929	1,290,000	129,000	129,000	12,900	12,900
1930	1,300,000	130,000	130,000	13,000	13,000
1931	1,310,000	131,000	131,000	13,100	13,100
1932	1,320,000	132,000	132,000	13,200	13,200
1933	1,330,000	133,000	133,000	13,300	13,300
1934	1,340,000	134,000	134,000	13,400	13,400
1935	1,350,000	135,000	135,000	13,500	13,500
1936	1,360,000	136,000	136,000	13,600	13,600
1937	1,370,000	137,000	137,000	13,700	13,700
1938	1,380,000	138,000	138,000	13,800	13,800
1939	1,390,000	139,000	139,000	13,900	13,900
1940	1,400,000	140,000	140,000	14,000	14,000
1941	1,410,000	141,000	141,000	14,100	14,100
1942	1,420,000	142,000	142,000	14,200	14,200
1943	1,430,000	143,000	143,000	14,300	14,300
1944	1,440,000	144,000	144,000	14,400	14,400
1945	1,450,000	145,000	145,000	14,500	14,500
1946	1,460,000	146,000	146,000	14,600	14,600
1947	1,470,000	147,000	147,000	14,700	14,700
1948	1,480,000	148,000	148,000	14,800	14,800
1949	1,490,000	149,000	149,000	14,900	14,900
1950	1,500,000	150,000	150,000	15,000	15,000
1951	1,510,000	151,000	151,000	15,100	15,100
1952	1,520,000	152,000	152,000	15,200	15,200
1953	1,530,000	153,000	153,000	15,300	15,300
1954	1,540,000	154,000	154,000	15,400	15,400
1955	1,550,000	155,000	155,000	15,500	15,500
1956	1,560,000	156,000	156,000	15,600	15,600
1957	1,570,000	157,000	157,000	15,700	15,700
1958	1,580,000	158,000	158,000	15,800	15,800
1959	1,590,000	159,000	159,000	15,900	15,900
1960	1,600,000	160,000	160,000	16,000	16,000
1961	1,610,000	161,000	161,000	16,100	16,100
1962	1,620,000	162,000	162,000	16,200	16,200
1963	1,630,000	163,000	163,000	16,300	16,300
1964	1,640,000	164,000	164,000	16,400	16,400
1965	1,650,000	165,000	165,000	16,500	16,500
1966	1,660,000	166,000	166,000	16,600	16,600
1967	1,670,000	167,000	167,000	16,700	16,700
1968	1,680,000	168,000	168,000	16,800	16,800
1969	1,690,000	169,000	169,000	16,900	16,900
1970	1,700,000	170,000	170,000	17,000	17,000
1971	1,710,000	171,000	171,000	17,100	17,100
1972	1,720,000	172,000	172,000	17,200	17,200
1973	1,730,000	173,000	173,000	17,300	17,300
1974	1,740,000	174,000	174,000	17,400	17,400
1975	1,750,000	175,000	175,000	17,500	17,500
1976	1,760,000	176,000	176,000	17,600	17,600
1977	1,770,000	177,000	177,000	17,700	17,700
1978	1,780,000	178,000	178,000	17,800	17,800
1979	1,790,000	179,000	179,000	17,900	17,900
1980	1,800,000	180,000	180,000	18,000	18,000
1981	1,810,000	181,000	181,000	18,100	18,100
1982	1,820,000	182,000	182,000	18,200	18,200
1983	1,830,000	183,000	183,000	18,300	18,300
1984	1,840,000	184,000	184,000	18,400	18,400
1985	1,850,000	185,000	185,000	18,500	18,500
1986	1,860,000	186,000	186,000	18,600	18,600
1987	1,870,000	187,000	187,000	18,700	18,700
1988	1,880,000	188,000	188,000	18,800	18,800
1989	1,890,000	189,000	189,000	18,900	18,900
1990	1,900,000	190,000	190,000	19,000	19,000
1991	1,910,000	191,000	191,000	19,100	19,100
1992	1,920,000	192,000	192,000	19,200	19,200
1993	1,930,000	193,000	193,000	19,300	19,300
1994	1,940,000	194,000	194,000	19,400	19,400
1995	1,950,000	195,000	195,000	19,500	19,500
1996	1,960,000	196,000	196,000	19,600	19,600
1997	1,970,000	197,000	197,000	19,700	19,700
1998	1,980,000	198,000	198,000	19,800	19,800
1999	1,990,000	199,000	199,000	19,900	19,900
2000	2,000,000	200,000	200,000	20,000	20,000

1. The above figures are based on the best available information and are subject to revision.
 2. The figures for 1900 are based on the 1900 Census.
 3. The figures for 1901 are based on the 1901 Census.
 4. The figures for 1902 are based on the 1902 Census.
 5. The figures for 1903 are based on the 1903 Census.
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 96. The figures for 1994 are based on the 1994 Census.
 97. The figures for 1995 are based on the 1995 Census.
 98. The figures for 1996 are based on the 1996 Census.
 99. The figures for 1997 are based on the 1997 Census.
 100. The figures for 1998 are based on the 1998 Census.
 101. The figures for 1999 are based on the 1999 Census.
 102. The figures for 2000 are based on the 2000 Census.

Table I.

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

Year	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Exeter	76,900	76,900	77,400	77,450	78,570	78,950	79,690	81,810	82,370	92,360*

* Extension of City Boundary.

EMPLOYMENT

Of an estimated insured population in June 1965, of 47,849 (29,079 males, 18,770 females), 5 per cent were employed in agriculture and quarrying, 16 per cent in the manufacturing industries and the remainder in the service industries, notably distribution, construction and public and professional services.

I am indebted to Mr. A. I. Gray, Manager of the Exeter Employment Exchange, for the following note :—

“ Although the insured population has increased by some 13,000 since June 1964, and the Marsh Barton Trading Estate continues to develop, the pattern of employment in Exeter remains the same, with the accent very much on the service industries.

“ Unemployment in the first half of 1966 was no more than the usual seasonal ebb and flow. Plenty of jobs were available and the June figure of 1 per cent of the insured population registered as unemployed was a record low.

“ The end of the summer months saw the usual seasonal increase, but to this was added the effects of the economic ‘squeeze’ and the Selective Employment Payments Act. Although placings were maintained throughout the year (4,200 persons were found local jobs), the end of 1966 saw an unemployment figure of 1.9 per cent and considerable reduction in the total number of employment opportunities available in the City.”

BIRTHS*Notifications.*

During 1966 in the area of the City (as enlarged on April 1st) 2,566 live births and 34 stillbirths were notified. Although the “added areas” (parts of Topsham, Pinhoe and Alphington) were incorporated in April, these figures *include births in those areas throughout the whole year*. 6 births were notified by doctors—the rest by midwives.

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	268 (6)	—	7 (1)	—	275 (7)	—
Hospitals	1,150 (29)	13	1,048	21	2,198 (29)	34
Mother and Baby Homes	3	—	73	—	76	—
H.M. Prison	—	—	17	—	17	—
TOTALS	1,421 (35)	13	1,145 (1)	21	2,566 (36)	34

Note.—Figures in brackets denote those related to the added areas during January, February, March 1966 and are included in the larger totals. There are no hospitals in the added areas.

“ Transfers-in ” (information from other health authorities—7, or from the Registrar General—10) :

Domiciliary	2	} 17—all live births.
Hospitals	13	
Nursing Homes	1	
Mother and Baby Homes	1	

Thus we know of 1,451 births to mothers ordinarily resident at the time within what is *now* the enlarged City. 270 (18.6%) took place at home and 1,181 (81.4%) in hospital, mother and baby homes, etc. Among the 1,451 births notified there were 15 sets of twins.

Birth Rate.

The Registrar General's return to us for the purposes of this annual report gives the number of births to City mothers *registered* in 1966 as 1,414 (including 13 stillbirths).

CONGENITAL ABNORMALITIES—1966

Live Births	1,401	} 1,414.
Stillbirths	13	
Infant Deaths	24	

Substantial congenital defects were found in 2 stillbirths and 10 infant deaths. Details are set out below :—

<i>Stillbirths.</i>	<i>Cong. abnorm.</i>		
13	2 (15%) (1 P.M.)	{ anencephaly	1
		{ hare lip, cleft palate and deformed hands	1
<i>Infant Deaths.</i>	<i>Cong. abnorm.</i>		
*24	10 (42%) (6 P.Ms.)	{ meningomyeloceles	4
		{ renal defect	1
		{ congenital hearts	2
		{ diaphragmatic hernia	1
		{ duodenal atresia/mongol	1
		{ cecocephaly	1
<i>Survivors.</i>	<i>Cong. abnorm.</i>		
1,378	21 (1.5%)	{ congenital hearts	5
		{ talipes	3
		{ scoliosis	1
		{ C.D. hip	3
		{ spastic	1
		{ microcephalic	1
		{ spina bifida	1
		{ Hirschsprung's disease	1
		{ extra finger	1
		{ absent fibula and toe	1
		{ absent toe	1
		{ amentia	1
		{ pilonidal sinus	1

Total births, live and still = 1,414

Total defects = 33

Rate per 1,000 total births = 23 approx.

* One of these infants was born to a mother normally domiciled outside Exeter and therefore not included in the births.

Table III.

LIVE BIRTH RATE

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

Year	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Live Birth Rate : England and Wales	16.1	16.4	16.5	17.1	17.5	17.9	18.1	18.4	18.0	17.7
Live Birth Rate : (crude)	15.2	15.1	14.6	15.0	15.3	15.5	16.5	15.6	16.7	15.6
Exeter : (corrected)†	15.4	15.3	14.7	15.2	15.5	15.6	16.4	15.4	16.5	15.4
Illegits. as percentage of total live births : Exeter	4.8	5.4	5.5	5.3	6.7	7.9	6.9	8.8	7.5	8.2
England and Wales*	4.8	4.9	5.1	5.4	6.0	7.0	6.9	7.2	6.9	N.A.

* R.G.'s *Statistical Review of England and Wales for the Year 1965*. (Part I).

† Corrected by the R. G.'s comparability factor (0.99 in 1966).

N.A.—Not Available.

Table IV.

DISTRIBUTION OF DEATHS BY AGE AND CAUSE.
REGISTRAR GENERAL'S FIGURES 1966.

	Under 4 weeks		4 weeks & under 1 year		1—		5—		15—		25—		35—		45—		55—		65—		75 and Over		Total	Grand Total	1965 Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
1 Tuberculosis, respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	
2 Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
3 Syphilitic disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
4 Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5 Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6 Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7 Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8 Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9 Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10 Malignant neoplasm, stomach	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
11 Malignant neoplasm, lung, bronchus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
12 Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13 Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
14 Other malignant and lymphatic neoplasms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
15 Leukaemia, aleukaemia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
16 Diabetes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
17 Vascular lesions of nervous system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
18 Coronary disease, angina	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
19 Hypertension with heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
20 Other heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
21 Other circulatory disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
22 Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
23 Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
24 Bronchitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
25 Other diseases of respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
26 Ulcer of stomach and duodenum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
27 Gastritis, enteritis and diarrhoea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
28 Nephritis and nephrosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
29 Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
30 Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
31 Congenital malformations	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
32 Other defined and ill-defined diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
33 Motor vehicle accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
34 All other accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
35 Suicide	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
36 Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	8	5	2	9	10	3	2	1	6	2	2	4	18	10	37	35	110	59	148	146	166	354	509	628	1137	993

DEATHS

There were 1,137 Exeter deaths during 1966, apart from 29 in the extended area which occurred prior to the 1st April 1966. I have shewn the main causes over the past ten years in Table VII. We can never quite get our own classification to match the Registrar General's, which is used in this report (except where otherwise stated).

CERTIFICATION

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 long-stay units. 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.

HEART DISEASE accounted for about 35% of the deaths in 1966.

According to our classification, of 1,733 deaths during the five years 1962-66 from heart disease (coronary disease, angina, heart disease with hypertension and other heart diseases), about 65% occurred at home and the rest in hospital. About 60% were due to coronary disease, 6% to hypertension and heart disease, and 34% to other heart diseases. Though the deaths from coronary disease are increasing in number, the total annual deaths from heart disease as a whole have remained more or less stationary.

ACCIDENTAL DEATHS

MOTOR VEHICLE ACCIDENTS

There were 13 deaths (8 males and 5 females), i.e. one more than in 1965, due to motor vehicle accidents, including :—a child aged 4 run over by a lorry; 4 pedestrians (2 males 51 and 68 years, and 2 females 72 and 75 years), knocked down by motor vehicles; a 16-year-old youth motor cycle pillion rider; a 63-year-old man, a scooter driver involved in a collision with a car; 3 males (19, 30 and 54 years) and 3 females (26, 30 and 56 years) in car collisions, including one particular tragic accident in which the driver and 3 passengers were killed.

Two persons (male 68 and female 29) who lived in the extended area, were killed in 1966 in motor vehicle accidents prior to 1st April, and are not included in the Exeter deaths for 1966.

OTHER ACCIDENTAL DEATHS

28 deaths (10 males, 18 females), due to accidents other than motor vehicle accidents, were assigned to Exeter by the Registrar

General, compared with 21 deaths in 1965. Our own classification shewed 27 deaths (10 males, 17 females) from the following causes :—

By drowning 3 (2 males, 15 and 58 years, and 1 female 38 years old) ; by falls at home or in hospital 16 (2 males, 14 females—all over 58 years of age) ; by poisoning 2 (male 92 years and female 52 years) ; by hanging 2 (boy aged 3 and young man of 17 years) ; by asphyxia in bed 1 (4-month-old boy) ; by burns 2 (18 months and 2-years-old male children) ; and 1 boy of 3 years who was crushed by a disused fireplace which fell on him in the back yard where it was stored, awaiting removal.

VACCINNIAL DEATH

One boy aged 2 years died from eczema vaccinatum ; this was a most tragic occurrence ; he and his older sister had suffered from infant eczema. It occurred as a result of family contact with a first cousin, 1 year old, who was primarily vaccinated whilst staying with them, very temporarily, *en route* to Germany. His sister ($3\frac{1}{2}$) was affected first, and then his mother (vaccinia of the upper lip) about the same time as the little boy, who died despite administration of hyper-immune gamma globulin. The mother and sister recovered, and 2 other children in the family were not affected. The significance of the contact with vaccinia was at first not appreciated, as the original vaccinated child had gone on to Germany before the little girl became ill. This case underlines the importance and risk of contact of eczematous infants with children vaccinated against smallpox. We advocate effectively covering all smallpox vaccinations, for this very reason.

SUICIDES

There were 12 suicides in Exeter residents (6 males and 6 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	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1957	—	—	—	—	2	—	3	6	1	1
1958	—	—	1	—	1	2	1	3	3	—
1959	—	—	—	—	—	1	1	1	—	—
1960	1	—	1	—	2	1	1	1	1	—
1961	—	—	—	—	2	1	1	—	1	1
1962	—	—	—	—	1	1	4	5	3	2
1963	—	—	1	—	2	2	5	4	—	1
1964	—	—	1	—	—	—	1	2	2	2
1965	—	—	—	—	3	—	4	2	1	1
1966	—	—	—	1	—	—	4	3	1	1
Total	1	—	4	1	13	8	25	27	13	9

Table V.**DEATH RATE**(The number of deaths *registered* during the year per 1,000 population)

Year	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
England and Wales	11.5	11.7	11.6	11.5	11.9	11.9	12.2	11.3	11.5	11.7
Crude	11.8	13.6	13.3	12.9	13.1	13.0	14.0	12.3	12.1	12.6
Exeter Adjusted*	10.4	11.8	11.1	11.0	10.9	10.9	11.9	10.5	10.4	11.0

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

Table VI.**DEATHS BY SEX, AND CERTAIN AGE GROUPS.**

DEATHS AT:	1966			1965			1964		
	Total	Males	Females	Total	Males	Females	Total	Males	Females
0—14	40	22	18	21	10	11	21	18	3
15—64	283	173	110	249	160	89	249	156	93
65 and over	814	314	500	723	332	391	738	327	411
	1,137	509	628	993	502	491	1,008	501	507

* Extension of boundary, April 1966.

Table VII**DEATHS AT ALL AGES (1957—1966).**

	1957	1958	1959	1960	1961	1962	1963	1964*	1965	1966
CAUSE :										
Infective	59	47	69	52	77	79	99	70	56	71
Cancer	154	189	183	194	194	202	188	212	211	243
Degenerative	511	623	588	556	528	533	576	552	552	593
Others	189	187	189	199	232	213	249	174	174	230
TOTAL	913	1,046	1,029	1,001	1,031	1,027	1,112	1,008	993	1,137

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

496 or 43.6% of all deaths of Exeter residents occurred in hospitals and nursing homes (compared with 51% in 1965); 44 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
1942 — 1966.

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								
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	25
1965	1	0.7	1,374	27	16.5	19.3	14	4	13.1	41	28	
1966	1**	0.7	1,414	13	15.4	9.2	13	9	17.1	26	17	

*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.

**R.G. has only classified 1. See Page 21.

MATERNAL MORTALITY

I have to report the deaths of 3 expectant or nursing mothers in the City during the year; 2 of them were Exeter mothers and one a young girl (16) staying in the City temporarily at St. Olave's Home (rupture of dissecting aneurysm of aorta). Only one of the Exeter mothers who died was classed as a maternal death by the Registrar General (details below)—the other mother died of acute pulmonary oedema, congenital endocarditis, and Caesarean section.

Detail : Age 24. No previous pregnancies. Baby stillborn.

Cause of Death : 1 (a) Pulmonary embolism.
(b) Thrombosis of pelvic vein.
(c) Childbirth.

This mother had had labour induced by artificial rupture of membranes because of a diagnosed anencephalic foetus. The source of the embolism was the pelvic vein draining into the right internal iliac vein. The death was regarded as unavoidable.

LOSS OF CHILD LIFE, Etc.

INFANT DEATHS

There were *24 infant deaths under the age of 1 year in 1966, including 14 which occurred in the neonatal period (up to 28 days). 11 of the neonatal deaths occurred within the first week and 5 of those were in the first day of life.

Congenital abnormalities accounted for 10 deaths at from 1½ hours to 11 months old. 8 deaths were due to respiratory causes, 3 being respiratory distress at birth and the other 5 were due to lung infections in older children aged from 3 weeks to 7 months.

The 3 deaths due to prematurity were in very immature children weighing 1 lb. 9 ozs., 1 lb. 13 ozs. and 2 lbs. 4 ozs.

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	....	....	....	....	5	2	5
Respiratory	....	....	....	....	3	1	4
Prematurity	....	....	....	....	3	—	1
Totals					11	3	10

4 of these were low-weight babies. 1 of them being born in the County (Pinhoe) before the take-over and dying after the take-over, so it is an Exeter low-weight death but NOT an Exeter low-weight birth.

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

There were *10 deaths in this group—3 due to congenital abnormality, 4 to respiratory infections, 1 to widespread sarcoma and 1 to septicaemia, and 1 other.

The overall picture of the causes of the 24 infant deaths is :—

Congenital abnormality	....	....	10
Respiratory	....	....	8
Prematurity	....	....	3
Sarcoma	....	....	1
Septicaemia	....	....	1
Other	....	....	1*
			<hr/> 24 <hr/>

* There was 1 infant death at 4 months which occurred in a family visiting Exeter from the north of England (no permanent address). This has been assigned to Exeter by the R.G. because the death occurred in Exeter but it was not investigated by us. There was an inquest on this infant; death was due to accidental suffocation in bed with his parents. The family moved very soon after the death and we were unable to get in touch with them.

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	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
England and Wales	23.0	22.5	22.0	21.9	21.6	21.4	20.9	20.0	19.0	19.0†
Exeter	17.9	17.2	15.5	14.6	24.0	20.6	15.9	12.5	13.1	17.1

† Provisional.

Table IX.
INFANT DEATHS IN 1966

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	8	9		
Congenital abnormality	10	2	5	2	1	3	7	9		1	6	1	6	2	3	2	1	2	1	—	—	—	—	1
Respiratory	8	1	3	2	2	4	4	7		1	7	1	5	4	5	1	—	1	—	—	—	—	—	1
Prematurity	3	3	—	—	—	2	1	2		1	1	3	2	—	1	1	1	—	—	—	—	—	—	—
Sarcoma	1	—	—	—	1	—	1	1		—	—	—	—	1	—	—	1	—	—	—	—	—	—	—
Septicaemia	1	—	—	—	1	1	—	1		1	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Accidental	1	—	—	—	1	1	—	1		1	—	—	—	—	1	—	—	—	—	—	—	—	—	—
TOTALS	24	6	8	4	6	11	13	21	3	16	5	13	7	10	4	4	3	1	—	—	—	—	—	2

STILLBIRTHS, 1966

There were 13 stillbirths in 1966 giving a stillbirth rate of 9.2 per 1,000 total births registered in the year. The (provisional) rate for England and Wales was 15.4.

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

10 of the stillbirths were of low weight, weighing from 1 lb. 2 ozs. to 5 lbs. 3 ozs. 4 of them weighed under 2 lbs. 9 of them died in utero before birth.

The causes of death were :—

Congenital abnormality	....	2
Retroplacental haemorrhage		3
Toxaemia	....	1
Placental infarction	....	3
Prolapsed cord	....	1
		<hr/> 10

Complications of pregnancy occurred in 3 cases and in another the mother also died from puerperal complications.

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

There were 3 stillbirths in this group—all weighing between 6 and 7 lbs. All 3 died in utero before birth.

The causes of stillbirth were :—

Retroplacental haemorrhage		1
Placental infarction	....	1
Not known	....	1
		<hr/> 3

The overall picture is :

Total stillbirths=13.

Total post-mortems made=12.

Causes :

Retroplacental haemorrhage		4
Placental infarction	....	4
Prolapsed cord	....	1
Toxaemia	....	1
Congenital abnormalities	....	2
Not known	....	1
		<hr/> 13

It is noteworthy that in 8 out of 13 the cause was placental infarction or retro-placental clot and that 12 out of the 13 died in utero before birth.

Table X.
STILLBIRTHS, 1966

WEIGHT	Total	Male	Female	Born at home	Born in Mowbray Maternity Hospital	Born in City Hospital	Complicd. pregnancy	Complicd. labour	Post mortem Exam.	Legitimate	CAUSES					
											Congenital abnorm.	Retrophlaccental Clot	Toxaemia	Placcental Infarcion	Prolapsed Cord	Not known
2 lbs. 3 ozs. or less	4	4	—	—	—	4	—	—	4	4	1	1	—	2	—	—
Over 2 lbs. 3 ozs. up to and including 3 lbs. 4 ozs.	1	—	1	—	—	1	—	—	—	1	1	—	—	—	—	—
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.	3	2	1	—	1	2	2	—	3	3	—	2	—	—	1	—
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.	1	1	—	—	—	1	1	—	1	1	—	—	1	—	—	—
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.	1	1	—	—	—	1	—	—	1	1	—	—	—	1	—	—
Over 5 lbs. 8 ozs.	3	1	2	—	1	2	—	—	3	3	—	1	—	1	—	1
TOTALS	13	9	4	—	2	11	3	—	12	13	2	4	1	4	1	1
		13		13		13					13					

PERI-NATAL MORTALITY, 1966

Peri-natal deaths numbered 24 (13 stillbirths and 11 deaths within the first week of life). The peri-natal mortality rate was 17.0 per 1,000 total births.

The causes of the 11 first-week deaths were :—

Respiratory	3
Congenital abnormality	5
Prematurity	3
	<hr/>
	11
	<hr/>

The causes of the 13 stillbirths have been discussed elsewhere.

Summarising, the causes of the 24 peri-natal deaths were :—

Congenital abnormality	7
Retro placental haemorrhage	4
Placental infarction	4
Respiratory causes	3
Prematurity	3
Prolapsed cord	1
Toxaemia	1
Not known	1
	<hr/>
	24
	<hr/>

SOCIAL GRADING OF PREMATURE BIRTHS, STILLBIRTHS AND INFANT DEATHS, 1966

		<i>Exeter Social Class Distribution per 1,000 total population (Census : 1951)</i>	<i>Premature Births</i>	<i>Still- births</i>	<i>Infant Deaths</i>
Class	<i>Father's Social Class (R.G.)</i>				
I	(Professional etc. Occupations)	39	4	2	—
„	II (Intermediate)	160	2	3	1
„	III (Skilled Occupations)	566	50	6	16
„	IV (Intermediate Occupations)	112	2	—	—
„	V (Unskilled)	123	7	1	4
Unemployed	....	—	1	—	1
Students or Not known	....	—	6	1	1
Illegitimate	....	—	7	—	1
TOTALS		1,000	79	13	24

Table XI.

PREMATURE LIVE AND STILLBIRTHS, 1966.

Notified Premature Stillbirths			PREMATURE LIVE BIRTHS																		
Born in Mowbray House	Born at home	Born in City Hospital	Weight		Born at		Survivors at end of 1966	Deaths during 1966—Age at death.				Believed causes of Prematurity.									
			Over	Up to and inclg.	Home	Hos- pital		Under 1 day	Over 1 day, under 1 week	Over 1 week, under 4 weeks	Over 4 weeks	Twins	A.P.H.	Toxaemia	Rhesus Incomp.	Small Full-Term	Acute hydatranios	Ruptured membranes	Mother's Illness	Placental Insuff.	Not known
—	—	4	—	2 lbs. 3 ozs.	—	2	—	2	—	—	—	1	—	—	—	1	—	—	—	—	—
—	—	1	2 lbs. 3 ozs.	3 lbs. 4 ozs.	—	3	2	1	—	—	—	2	1	—	—	—	—	—	—	—	—
1	—	2	3 lbs. 4 ozs.	4 lbs. 6 ozs.	1	13	14	—	—	—	—	3	4	—	—	—	1	1	1	4	4
—	—	1	4 lbs. 6 ozs.	4 lbs. 15 ozs.	1	26	26	—	—	—	1	5	4	4	1	1	5	—	1	5	5
—	—	1	4 lbs. 15 ozs.	5 lbs. 8 ozs.	3	34	37	—	—	—	—	6	3	6	1	5	—	1	—	—	15
1	—	9	Totals		5	78	79	3	—	—	1	11	13	15	2	6	2	7	1	2	24

"PREMATURE" (LOW-WEIGHT) BABIES, 1966.

93 babies weighing 5 lbs. 8 ozs. or less were born in 1966 ; 10 were stillborn and have been discussed on page 24 ; 83 were born alive, 5 at home and 78 in hospital. 4 of the live births died, 1 at 6 weeks of age and the others all within the first 24 hours.

79 survived but 1 is severely handicapped with numerous congenital abnormalities, including a heart lesion.

Causes of Premature birth :—

Twins	....	....	....	11
Ante partum haemorrhage				13
Toxaemia	....	....	....	15
Rhesus incompatibility	....			2
Small full term	....	....		6 (low-weight, not true premature)
Acute hydramnios	....	....		2
Early rupture of membranes				7
Placental insufficiency	....			2
Illness of mother	....	....		1
Not known	....	....	....	24
				—
				83
				—

CANCER

DEATHS

243 deaths were certified as primarily due to cancer in 1966 in Exeter residents, compared with 211 deaths during 1965. In a further 15 cases cancer was certified as a secondary cause, that is, contributing to death but not the primary cause.

Cancer of the lung caused 39 deaths (30 men and 9 women). In 1965 deaths from this cause numbered 49 (45 men and 4 women).

Cancer of the womb caused 10 deaths, one more than in 1965. There was a sharp increase in deaths from cancer of the breast, which numbered 30 in 1966, compared with 14 in 1965 and 22 in 1964.

REGISTRATION.

The registrations of cancer among Exeter residents in 1965 are set out in the table, kindly sent to me by Professor Milnes Walker, Director of the Regional Cancer Records Bureau. They numbered 322, about a sixth more than in 1964. The number of breast cancers registered showed an increase of over 50% on the 1964 registrations, and there were twice as many skin registrations as in the previous year.

EXETER RESIDENTS

CANCER REGISTRATIONS BY AGE, SITE AND SEX FOR YEAR 1965

		Under 20	20—29	30—39	40—49	50—59	60—69	70+	TOTAL	TOTAL M. & F. 1965 1964	
140—148 Buccal cavity & Pharynx	M	—	—	1	—	1	2	1	5	} 7	10
	F	—	—	—	—	—	1	1	2		
150—159 Digestive organs & Peritoneum	M	—	—	2	1	6	15	29	53	} 98	97
	F	—	—	—	6	4	15	20	45		
160—165 Respiratory system	M	—	—	—	5	7	20	16	48	} 54	51
	F	—	—	—	—	1	2	3	6		
170 Breast	M	—	—	—	—	—	—	—	—	} 37	23
	F	—	—	3	7	7	7	13	37		
171—181 Genito-urinary Organs	M	1	1	—	2	3	6	15	28	} 67	53
	F	—	3	4	7	10	8	7	39		
190—191 Skin	M	—	—	1	3	4	7	9	24	} 44	22
	F	—	—	—	3	6	6	5	20		
192—199 Other & unspecified sites	M	1	—	1	—	—	3	—	5	} 13	13
	F	—	—	—	—	—	2	6	8		
200—205 Lymphatic & haematopoietic tissues	M	1	1	—	1	1	1	3	8	} 12	8
	F	—	—	—	—	—	1	3	4		
140—205 TOTAL	M	3	2	5	12	22	54	73	171	} 332	277
	F	—	3	7	23	28	42	58	161		
TOTAL	M & F	3	5	12	35	50	96	131			

EXETER PUBLIC WATER SUPPLY

BACTERIOLOGICAL ANALYSES OF SAMPLES TAKEN IN 1966.

(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	261	260	—	1	—	—
(B) ON CONSUMERS' SUPPLY : Danes Castle Reservoir Zone	78	73	2	—	3	—
Belvidere Reservoir Zone	49	49	—	—	—	—
Marypole Head Reservoir Zone	50	45	3	1	—	—
Barley Lane Reservoir Zone	55	45	2	5	3	—
Stoke Hill Reservoir Zone	45	39	6	—	—	—
TOTAL	538	511	13	7	6	—

In addition 63 samples of Raw River Water were examined—generally these shewed gross pollution (25 to 18,000 presumptive B. Coli per 100 ml.).

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 :—

“ In addition to the samples of treated water taken at the Works and in distribution, 34 samples have been taken from the River Exe at the inlet to the Pynes Treatment Works. These have shown results ranging from 800 to 18,000+E. Coli per 100 ml.

In April, a comprehensive system of sampling was introduced, resulting in 1,053 samples being examined in 1966 compared with only 354 during 1965. During the Summer, difficulty was experienced in maintaining the chlorine residual throughout the distribution system and dosing plant for ammonia was put into service in September, providing a stable chloramine residual throughout the reservoirs and distribution system. As a result of this treatment and the measures taken to improve the water-proofing of reservoir roofs, there have been no further unsatisfactory samples.

Chemical analyses of samples from the Pynes Works have shown that the water is not unduly hard in character, the pH being maintained at approximately 8.7, at which point the water is non-corrosive to metals. The natural fluoride content is always below 0.1 ppm.”

EXETER PUBLIC WATER SUPPLY

BACTERIOLOGICAL ANALYSES OF SAMPLES TAKEN IN 1966.

(EXAMINED BY PUBLIC HEALTH LABORATORIES AND
EAST DEVON WATER BOARD LABORATORY.)

SOURCE OF SAMPLE	Total No. Examined	No. showing Coliforms in 100 mls.	No. showing E. Coli in 100 mls.	PERCENTAGE OF SAMPLES FREE FROM	
				Coliforms	E. Coli.
PYNES WORKS :				%	%
Sedimentation Tk. Inlet	29	3	2	89.7	93.1
Sedimentation Tk. Outlet....	28	3	1	89.3	96.4
Pressure Filter Outlet	29	—	—	100.0	100.0
Pumping Main	274	2	—	99.2	100.0
SERVICE RES. :					
Upton Pyne Res.	41	—	—	100.0	100.0
Stoke Hill Res.	86	6	—	93.0	100.0
Belvidere Res.	82	1	—	98.8	100.0
Marypole Head Res.	93	13	1	86.0	98.9
Intermediate Res.	75	—	—	100.0	100.0
Danes Castle Res.	87	7	4	92.0	95.4
Barley Lane Res.	80	1	—	98.8	100.0
DISTRIBUTION SYSTEM :	149	10	1	93.3	99.3
TOTALS	1,053	46	9	95.6	99.1
NEW MAIN STERILIZATION SAMPLES	56	24	3	57.1	94.6

PRIVATE DOMESTIC WATER SUPPLIES

With the extension of the City boundary, the number of premises relying on springs or wells for their water supply has increased to 9. Arrangements are being made to obtain chemical and bacteriological reports on the water from wells in Topsham and Alphington.

SEWERAGE AND SEWAGE DISPOSAL

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

MAIN DRAINAGE

Work was continued throughout the year on the relief foul interceptor from Belle Isle to the Sewage Works and at the end of the year the scheme was nearing completion. The Foul Sewage Pumping Station at Tan Lane was constructed to the stage at which the installation of pumps and equipment will now be commenced and upon completion this Station will replace the existing pumping station and will pump the St. Thomas sewage flow via the new relief foul interceptor to the Sewage Works.

A contract for the provision of surface water sewers in New North Road, Cowley Bridge Road and King Edward Street was successfully concluded and should greatly reduce the risk of flooding to the area of King Edward Street.

In Rifford Road a short length of relief sewer was constructed with the object of avoiding the flooding from the combined sewer, which has taken place there on a number of occasions.

Water courses were piped at Okehampton Place, Montgomery School and St. Thomas Pleasure Ground.

At Summer Lane an overloaded section of foul sewer was relaid to a larger diameter from the junction of Summerway towards Pinhoe Road.

Under annual maintenance work portions of defective foul sewers were relaid at Anthony Road, Haldon Road, Howell Road, Parkfield Road and South Lawn Terrace. Repairs to surface water sewers have been carried out at Barley Lane, Mill Road and Solar Crescent. At Water Lane a new surface water sewer was constructed which will reduce the quantity of surface water draining into the overloaded combined sewer at this point.

SEWAGE DISPOSAL

Good progress is being made on the construction of the Laboratory block and it is expected to be ready for occupation by October, 1967.

The design of the heated digestion plant has been delayed owing to staffing difficulties both in the mechanical contractor's office and in the surveyor's department. It is hoped that sufficient information will be available to enable a civil engineering contract to be let in the Autumn 1967.

Progress has been maintained on the design of Stage III which comprises the main treatment plant at a cost of about one million pounds. Tenders have been invited for scrapers, pumps and other plant.

SWIMMING BATHS

There is one public swimming bath owned by the Council, and discussions about the provision of a second public bath in the future have taken place. There are now 13 pools in schools and colleges (7 in the Council's schools, 3 in special residential schools, 1 in an approved school, 1 in a public school, and 1 in a teachers' training college).

Those in the council schools have been provided by the co-operation of the Education Authority and the Parent-Teacher Associations. In addition there are 2 under construction, 1 in a maintained school and 1 for the Ellen Tinkham House, Junior Training Centre—the latter being provided by the Parent-Teacher Association.

Samples were taken from the public swimming bath on 10 days in the year (18 samples in all) ; of these, 1 was unsatisfactory.

The bacteriological report on 15 samples taken from 10 pools in schools and colleges were all satisfactory. The sampling arrangements must be improved.

A suggestion has been made that partially disabled persons should be granted one or more short weekly sessions for them alone—they can often manage very well in a quiet pool, but cannot if lots of other active and perhaps unintentionally rough swimmers and learners are swimming and splashing about. This is an idea which has *very* much to commend it, and has gained some sympathy in the Baths and Markets Committee. I hope it will be found practicable. No privately-run pools (in schools, etc.) can provide the *ordinary* safety cover necessary for these as for other users of the baths.

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

STAFF

GENERAL COMMENT

A number of staff changes took place during the year. Mr. J. Sellars resigned in October and was replaced by Mr. H. F. Bland. Because of the extension of the City boundary in April the establishment of inspectors was increased by one, and Mr. J. Luby (one of our articled pupils who in July passed the final qualifying examination for public health inspectors) was appointed. Mr. R. Palfrey was selected as the new articled pupil. Mr. E. M. Goodman resigned as administrative assistant and Mr. A. Young was promoted from clerical assistant, his post being filled by Mr. S. G. Carr. The establishment for the clerical staff was also increased in April, and a part-time clerk was appointed.

With a full staff, a planned programme for sampling food-stuffs and inspecting basements was possible. Work under the Clean Air Act continued satisfactorily, but there was a slight reduction in the number of inspections carried out under the Offices, Shops and Railway Premises Act, 1963.

MILK

FOOD

Samples of raw milk from one producer failed the ring test for *Brucella abortus* on four consecutive occasions. However, the cultures proved negative, but the matter was reported to the

Animal Health Division of the Ministry of Agriculture, Fisheries and Food with a view to an examination of the herd being made ; their findings in the herd were negative (April 1967).

TOXIC RESIDUES IN FOODSTUFFS

Systematic sampling to determine the extent of toxic residues in foodstuffs is being carried out on a national scale and this department has been asked to take four samples per annum. The reports on the three samples so far taken were as follows :—

Strawberries	Negative.
Potatoes	Traces of dieldrin.
Tomatoes	Traces of dieldrin, D.D.T. and Benzene Hexachloride.

FOOD COMPLAINTS—FOREIGN BODIES

Of the 72 food complaints received during the year, 24 were because of the presence of foreign bodies, metals, etc. One complaint, of a piece of metal being found in chewing gum, proved groundless as our investigation showed it to be a tooth filling, presumably from the child who made the complaint.

Another complaint was of rabbit meat being sold as chicken, but laboratory reports confirmed that the meat was, in fact, chicken. It appeared that the chickens were de-feathered and skinned before being sold to butchers, and this tended to make the meat look not unlike that of a rabbit.

FOOD POISONING

61 cases of suspected food poisoning were investigated during the year ; 46 were confirmed but we were unable to trace the source of infection. Some concern is felt at the number of cases of food poisoning due to *Salmonella Typhi-Murium* (Phage Type 29) and as this particular organism is usually associated with calves, arrangements have been made whereby there will be regular bacteriological tests of the sewage from the City Abattoir.

HOUSING

In September, a systematic inspection of basements was commenced and up to the end of the year 25 basements had been inspected and statutory action taken in respect of seven of them. There are over 600 basements in the City (excluding basements used for business purposes) and as all of them will have to be visited, it will take some years to complete our planned programme. Experience so far indicates that probably about half the basements inspected will need to be represented for closure.

During the year, the City Council modernised a further 44 of its houses and 85 improvement grants were approved. The rate of improvement is still very poor. The problem of older houses was recently the subject of a report issued by a sub-committee of the Central Housing Advisory Committee. This report, "Our Older Homes—A Call for Action", suggests that Section 4 of the Housing Act, 1957 (which lists the factors which must be considered before declaring a house unfit) should be more specific and include matters such as artificial lighting and interior bad arrangement. It also recommends that local authorities be given powers to secure the proper maintenance of *all* houses (this will include those owner occupied) in order to prevent deterioration in the national stock of houses.

The sub-committee attaches great importance to the environment in which houses stand and expresses the opinion that where noise or vibration, air pollution, etc., make living conditions intolerable, the houses should be cleared and the land used for other purposes.

This concept is new and if accepted, the closest co-operation in consideration of land use will be necessary between Planning and Health Departments, both to deal with existing problems and, more important, to prevent them arising in the future.

CLEAN AIR ACT, 1956

SMOKE CONTROL AREAS

The following order was confirmed by the Minister, after a public enquiry, in 1966 :—

Stoke Hill No. 1—coming into operation on 1st September 1967.

The following four orders have been made and forwarded to the Minister for confirmation :—

Carlyon Gardens—coming into operation on 1st December 1967.

Whipton No. 1—coming into operation on 1st December 1967.

Stoke Hill No. 2—coming into operation on 1st July 1969.

Cowick Lane No. 3—coming into operation on 1st July 1969.

Redhills and Exwick, and Cowick Lane No. 2 areas came into operation on 1st September 1966, but unfortunately 194 adaptations were still outstanding at the end of the year, again due in part to the dilatoriness of some owners, but mainly to contractors finding difficulty in keeping pace with orders to do the work.

The seventeen orders so far approved by the City Council cover nearly 9,000 houses.

APPROVED FIXERS

A course was held for "approved fixers" and eight local builders sent employees to the course. This was the third course held in the Exeter area. Another course will be held during 1967.

COSTS

The cost of converting and replacing appliances increased over the year and the average grant rose by a further £5 to £20 per house. This is due in the main to the growing popularity of the closed stove, which is more efficient but more expensive than the open grate, and to increases in labour charges.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

GENERAL

At the end of the year approximately three-quarters of the premises in Exeter which came within the scope of the Act had been registered. This is 8% more than a year ago, the increase being attributable to visits by public health inspectors and to a suitable notice issued in the local press.

256 offices and shops, providing a fairly representative sample, were inspected during the year. The total number of contraventions discovered was 974 and these are analysed in the following table :—

<i>Section</i>	<i>Contraventions</i>	<i>Number</i>
1	Failure to register	6
4	Failure to keep premises clean	71
5	Rooms overcrowded	17
6	Failure to provide a reasonable temperature	13
	Failure to provide thermometers	114
7	Water closets not effectively ventilated	13
	Other rooms not effectively ventilated	49
8	Failure to provide suitable and sufficient lighting :	
	(a) Rooms	2
	(b) Corridors and staircases	7
	Instances of glare	11
9	Failure to provide sufficient sanitary conveniences...	6
	Failure to effectively light sanitary conveniences	36
	Failure to provide separate male and female conveniences	2
	Failure to mark conveniences " male " or " female "	31
	Failure to provide means for disposal of sanitary dressings	6
10	Failure to provide sufficient washing facilities	17
	Failure to provide a supply of hot running water	49
	Failure to provide a supply of cold running water	2
	Failure to provide a supply of soap and towels	24

<i>Section</i>	<i>Contraventions</i>	<i>Number</i>
11	Failure to provide drinking water	15
	Failure to provide drinking vessels	7
12	Failure to provide accommodation for outdoor clothing	46
13	Failure to provide sufficient seats	2
14	Failure to provide footrests	2
15	Failure to provide facilities for eating meals	4
16	Failure to maintain floors and floor coverings in good repair	43
	Failure to provide handrails	54
	Failure to keep floors, passages and stairs free from obstruction	11
20	Failure to effectively guard machines	30
24	Failure to provide a first aid box	97
	Failure to maintain first aid box to requisite standard	43
50	Failure to display an abstract of the Act	144

217 informal notices were sent to employers drawing attention to contraventions, and 76 were complied with by 31st December 1966.

Employers generally showed a willingness to meet the requirements of the Act.

DANGEROUS MACHINES

During the year, attention was directed to the necessity of providing guards to 30 machines.

It is considered that manufacturers should not be allowed to sell machines unless they are fitted with adequate guards, and it is suggested that consultations be held with the British Standards Institution to this end.

VENTILATION

Difficulty has been experienced in dealing with deficiencies in ventilation systems in buildings in multiple occupation. It would be helpful if the maintenance, balancing and improvement of such systems were made the responsibility of the owners of the building.

In the absence of regulations relating to ventilation, we have adopted the standards suggested by the British Standards Code of Practice.

FIRST AID KITS

The contents of a No. 1 first aid kit do not include a rubber or pressure bandage, waterproof dressings or suitable antiseptic. It is considered that, regardless of the number of persons employed, these items are essential in hairdressers where an open razor is often used, and fishmongers, where the use of filleting knives is common practice.

ACCIDENTS

Notifications of 22 accidents were received. None proved serious, but I considered each warranted investigation.

All accidents which have been notified occurred on the premises of large firms. It is suspected that accidents occurring on smaller premises covered by the Act are not being reported.

LIGHTING

The Ministry's apparent reluctance to prescribe regulations is difficult to understand, particularly as, in the case of shops, the level of illumination in the selling areas is often more than adequate, but stairs, passageways, etc., at the rear are poorly illuminated. It was noted, too, that in the case of some offices, there was a marked contrast in the level of illumination as between the office and the staircases, etc.

HEIGHT OF CEILINGS

Ministry guidance would be welcomed on what should be accepted as a minimum height for the ceilings of attic rooms.

SEWAGE DISPOSAL, TOPSHAM

At present untreated sewage from Topsham is discharged into the River Exe from seven outfalls, a position which cannot be regarded as satisfactory, but the City Engineer and Surveyor plans to connect the sewerage system to our disposal works by the end of 1969.

NUISANCES

GENERAL

Complaints were received during the year of the deliberate firing of the grass on railway embankments. British Rail gave an assurance that the grass was not deliberately set alight by railway staff unless under favourable conditions, but that they were nevertheless allowed to do this on railway property under the Heather and Grass Burning (Railways) General Licence, 1949. From this it would appear that there is no control over the burning of such grass, but as this licence pre-dates the Clean Air Act, 1956, some means should be provided to stop this nuisance, and the Parliamentary Committee has been asked to make representations to the Association of Municipal Corporations on the matter.

A difficult problem, which has not yet been resolved, arose from complaints of fumes and smoke entering a large block of offices situated near the new City Library. The complainants expressed the opinion that the fumes, etc., were coming from a

chimney stack serving a nearby business premises. Some combustion faults were noted in the heating plant there, and these are being rectified. However, it is not yet definite that this is the actual source of the trouble. It may be significant that no complaints arose before the erection of the library and that the library building creates new eddies which prevent the proper dispersal of the fumes from the chimney.

NOISE

During 1966, 120 visits were made in respect of thirteen alleged nuisances arising from noise.

Among the problems dealt with was the noise from pneumatic drills used in connection with road works. A circular letter was sent to the City Engineer and the public utilities asking for their assistance in tackling this problem. All have undertaken to ensure that contractors employed by them will fit mufflers to the drills, and do everything possible to reduce the noise generated by the associated compressors.

PEST CONTROL

RATS/RODENT CONTROL—SEWERS

When carrying out treatment of the sewers in the autumn, The Strand at Topsham and a large area in Pinhoe were found to be heavily infested with rats. The sewers will be treated again in the spring of 1967.

PIGEONS/FERAL PIGEONS

29 pigeons were trapped during the year. 7 were found to be ringed and returned to their owners. The narcotising of pigeons was carried out by a private company at the Higher Market and the Royal Devon and Exeter Hospital and resulted in 90 pigeons being destroyed. One of the problems which arise when attempting to reduce the pigeon population is the interference by members of the public, who tamper with the traps and bait.

GENERAL

PLANS/INSPECTION OF PLANS

The department examined and commented on 106 sets of plans. The investigation of these plans often involves us in considerable discussions with architects and property developers.

LOCAL LAND CHARGES

The department replied to 2,361 searches submitted to the Town Clerk under the Local Land Charges Act.

FERTILISERS AND FEEDING STUFFS

It was found that the statutory declaration of contents on the neck of a small bottle of liquid fertiliser was covered by the label. The firm when approached on the matter, stated that they had already noticed this and had rectified the fault.

General Summary.

STATISTICS

Number of visits made by P.H.Is during the year....	14,770
Number of samples taken	223
Number of carcasses inspected	76,292
Total weight of foodstuffs condemned	66½ tons

A—SUPERVISION OF FOOD SUPPLIES

Registered Food Premises.

There are 395 registrations under Section 16 of the Food and Drugs Act, 1955, affecting 369 business establishments. These are made up as follows :—

Storage of bulk ice-cream	11
Manufacture, storage and sale of ice-cream	1
Storage and sale of pre-packed ice-cream	294
Preparation or manufacture of sausage and potted, pressed, pickled or preserved food (including Fish and Chips)	89
TOTAL	395

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

	Premises subject to F.H. Regs., 1960	Premises that comply with Regulation 16	Premises to which Regulation 19 applies	Premises that comply with Regulation 19
Bakers and Bakers' Shops	43	43	36	36
Butchers	72	70	72	71
Cafes, Canteens and Restaurants	66	61	64	64
Clubs and Institutes	46	43	45	45
Confectioners	38	35	17	17
Cooked Meats	8	7	6	6
Dairies	37	37	24	24
Fish, Fried	17	15	17	17
Fish, Wet	18	18	18	18
Greengrocers	37	36	21	21
General Provisions	184	178	161	157
Ice-cream	86	83	45	45
Licensed Premises	119	111	111	108
School Canteens	31	29	31	31
TOTAL	802	766	668	660

Dealer's (Pre-packed) Milk Licences.

The number of current licences are as follows :—

Pasteurised Milk	....	....	....	....	100
Untreated Milk	....	....	....	....	56
Sterilised Milk	....	....	....	....	21
Ultra Heat Treated Milk	....	....	....	....	1

School and University Canteens, etc.

131 inspections of school canteens and kitchens were carried out during 1966.

Market.

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

Poultry Inspection.

There are no poultry processing premises in the City.

Slaughter of Animals and Meat Inspection.

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

	<i>Beasts</i>	<i>Cows</i>	<i>Calves</i>	<i>Pigs</i>	<i>Sheep and Lambs</i>
Number slaughtered	9,149	1,183	854	23,592	41,514
Number inspected	9,149	1,183	854	23,592	41,514
<i>Diseases except Tuberculosis and Cysticercosis.</i>					
Whole carcasses condemned	2	34	32	74	123
Carcasses of which some part or organ was condemned	4,473	435	40	2,777	4,347
Percentage of No. inspected affected with disease other than tubercu- losis and cysticercosis	48.9	39.6	8.4	12.0	10.7
<i>Tuberculosis only.</i>					
Whole carcasses condemned	—	3	—	—	—
Carcasses of which some part or organ was condemned	2	56	—	530	—
Percentage of No. inspected affected with tuberculosis	.02	5.0	—	2.2	—
<i>Cysticercosis only.</i>					
Carcasses of which some part or organ was condemned	19	6	—	—	—
Carcasses submitted to treatment by refrigeration	19	6	—	—	—
Generalised and totally condemned	—	—	—	—	—

Food Complaints.

During the year, 72 complaints were received regarding foodstuffs which were sold in the City and were either unfit for human consumption or contained some foreign matter.

Whilst most of these complaints were dealt with informally, it was thought necessary to institute legal proceedings in four instances :—

1. Mouldy meat pie—vendor fined £10.
2. Mouldy pasties—vendor fined £10.
3. Piece of metal in bread—vendor fined £20.
4. Mouldy pork pie—vendor fined £5.

Two further prosecutions were pending at the end of 1966.

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. No contraventions were noted.

Food Sampling.

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	Number of Samples	Average Percentage		Minimum Legal Percentage	
		Milk Fat	Solids Not Fat	Milk Fat	Solids Not Fat
Channel Islands.....	5	4.4	9.0	4.0	8.5
Others	25	3.2	8.7	3.0	8.5

(ii) Bacterial Quality.

DESIGNATION	Number of Samples	Samples Satisfactory	Samples Unsatisfactory
Pasteurised	16	15	1
Channel Islands Pasteurised	5	3	2
Untreated (Farm Bottled)	20	16	4
Channel Islands Untreated (Farm Bottled)	2	2	—
Sterilised	4	4	—
Homogenised Pasteurised	2	2	—

(B) Tubercle Bacilli.

During the year 23 samples were tested and all proved to be negative.

(c) *Brucella Abortus*.

In addition to the samples mentioned on page 42, 22 milks were tested for *Brucella Abortus*. All proved negative.

Ice Cream—Cleanliness.

51 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)	....	....	....	35
Grade 2. (Satisfactory)	....	....	....	9
Grade 3 and 4. (Unsatisfactory)	....	....	....	7

Food and Drugs Act, 1955.

30 samples of milk and 88 samples of other foods were procured. 52 were formal and 66 informal. The following deficiencies were found :—

No. of Sample	Article	Adulteration or Fault	Action taken
2239	Cream Buns	Not real cream.	Verbal warning to retailer.
2249	Untreated Milk	2% deficient in milk fat.	Warning letter to producer.
2263	Beef Sausages	20% deficient in meat. Presence of preservative not declared.	Formal sample taken (see 2296).
2264	Pork Sausages	Presence of preservative not declared.	Warning letter to manufacturer.
2267	Untreated Milk	10% deficient in fat.	Appeal to herd. Average fat content 2.9%. Letter sent to producer. Ministry of Agriculture notified.
2288	Channel Island Milk	4% deficient in fat.	Warning letter to producer.
2291	Ice-cream	18% deficient in fat.	Prosecution—retailer fined £5, plus costs.
2296	Beef Sausages	Presence of preservative not declared.	Warning letter to manufacturer.

Patent Medicines.

Six formal samples of patent medicines were all found to be satisfactory.

Liquid Egg.

Five samples of liquid egg were obtained during the year ; all were found to be satisfactory. There are no egg pasteurisation plants in the City, and all the liquid egg used in the City is obtained from one plant.

Shell Fish and Water Cress.

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

Three samples of watercress were taken during the year. Two of these were adversely reported on by the bacteriologist and as the cress came from outside the City, the public health inspectors of the areas concerned were notified.

B—HOUSING

Housing Act, 1957, Sections 16 and 18.

27 dwellings (including 7 basements) 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	....	....	4
Closing Orders made	....	....	16
Outstanding at the end of the year	....	....	7
			—
TOTAL	....		27

Formal Notices.

Six dwellings were rendered fit during the year, following the service of formal notices, four being remedied by the owners and two by the Council in default of the owner.

Informal Notices.

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

Overcrowding.

(A) (i)	Number of dwellings known to be overcrowded at the end of year	....	....	....	....	3
(ii)	Number of families dwelling therein	....	....			3
(iii)	Number of persons dwelling therein	....	....			21
(B)	Number of new cases reported during the year					Nil
(c) (i)	Number of cases of overcrowding relieved	....				Nil
(ii)	Number of persons concerned in such cases					Nil

C—CLEAN AIR ACT, 1956

Atmospheric Pollution.

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

Month	TONS PER SQUARE MILE		
	<i>Dunsford Hill</i>	<i>Danes Castle</i>	<i>Tan Lane</i>
January	9.67	12.35	11.92
February	9.66	11.06	9.16
March	4.12	5.43	No return
April	14.77	11.75	14.73
May	5.07	6.13	8.34
June	6.04	5.20	9.45
July	4.67	4.26	7.90
August	4.97	18.61	11.22
September	4.20	15.27	8.49
October	8.93	10.70	13.11
November	5.57	6.06	11.46
December	6.68	8.64	8.69
TOTALS	84.35	115.46	114.47 (11 months)

Smoke Control Areas.

The following table summarises the overall situation of smoke control areas 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
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.	1000.0	560
10	Cowick Lane No. 2	1. 9. 66.	170.0	635 (ultimately)
11	Salmon Pool Lane	1. 9. 67.	10.0	95
12	Pyne's Hill	1. 9. 67.	530.0	584
13	Stoke Hill No. 1	1. 9. 67.	1492.0	1666 (ultimately)
14	AWAITING CONFIRMATION Carlyon Gardens	1. 12. 67.	6.0	55
15	Whipton No. 1	1. 12. 67.	15.0	108
16	Stoke Hill No. 2	1. 7. 69.	627.0	525
17	Cowick Lane No. 3	1. 7. 69.	110.0	763
TOTAL			4389.0	8908 (ultimately)

D—PEST CONTROL

Rats and Mice.

Complaints.

249 complaints were received during the year involving 230 properties and these were made up as follows :

				TYPE OF PREMISES.			Total
				Business	Private	Local Authority	
Rats	..	..	..	40	91	47	178
Mice	..	..	..	15	17	20	52
TOTALS ..				55	108	67	230

Routine Inspections.

Routine inspections of the following areas were made during the year :—

Won River
Mincinglake Tip
The dyke at Tan Lane
Venny Bridge, dyke behind Eastmans
The Sewage Works, Pinhoe

Sewers.

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.

Vermin.

Number of Council houses disinfested	....	....	17
Number of other properties found to be infested and treated by the Department		22

Wasps, Hornets and Bees.

Nests destroyed during the year	114
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E—GENERAL

Bakehouses.

Number in City	21
Number of underground bakehouses in the City			—
Number of inspections made	....	....	....	29

Offensive Trades.

Number of businesses in the City	....	....	7
Number of inspections made	....	....	5

Hairdressers and Barbers (Byelaws).

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

Common Lodging Houses.

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

Merchandise Marks Acts, 1887 to 1953.

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

Fertilisers and Feeding Stuffs.

Eight samples of fertilisers and ten samples of feeding stuffs were taken during the year. The feeding stuffs were all satisfactory, but in the case of one sample of fertiliser, the amounts of nitrogen and phosphoric acid exceeded the limits of variation. A warning letter was sent to the manufacturer.

Rag Flock.

Number of premises registered 5

Four samples of rag flock were taken during the year. All were satisfactory.

HOUSING

(See also page 44)

The City Architect (Mr. Vinton Hall, A.R.I.B.A., A.M.T.P.I.) has kindly given me the following information :—

During the year ended 31st December 1966, dwellings were completed as follows :—

New Dwellings by Council	....	....	....	200
New Dwellings by private enterprise	....	....	....	446

Total dwellings provided since the war to the 31st December 1966 are :—

*Temporary	Council		Private Enterprise	Total
	Permanent	Rebuilds	New	Rebuilds
430	4,647	21	3,702	209
				9,009

* 123 of these temporary bungalows have been disposed of by the end of 1966 and further disposal is proceeding.

Mr. M. H. D. Freeman, the housing manager, has kindly sent me the following interesting information about the council housing situation in the City, with comments :—

ANALYSIS OF APPLICANTS REGISTER

14th December 1966

TYPE OF ACCOMMODATION REQUIRED

POINTS	1B	2B		3B	4B	Total
		Without family	With family			
S.O.	49	46	72	38	3	208
H.M.F.	—	5	29	41	9	84
Nil	111	33	—	1	—	145
1	31	33	—	—	—	64
2	50	38	79	3	—	170
3	22	11	17	1	—	51
4	13	21	73	11	—	118
5	10	5	16	1	—	32
6	51	10	29	35	1	126
7	7	5	3	4	—	19
8	8	3	4	5	2	22
9	7	4	2	4	—	17
10	4	2	1	2	2	11
11	4	1	2	1	—	8
12	—	2	2	2	—	6
13	—	1	3	1	—	5
14	2	1	3	1	1	8
16 points and over	—	5	8	2	1	16
% of Total	369 (33.2%)	226 (20.4%)	343 (30.9%)	153 (13.8%)	19 (1.7%)	1,110
Applicants with less than eight months' registration						469
GROSS TOTAL						1,579
With need	106	60	73	22	2	

S.O.=Safeguard only.

H.M.F.=Her Majesty's Forces.

THE HOUSING SITUATION

HOUSING MANAGER'S REPORT, January 1967

APPLICANTS REGISTER ANALYSIS

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
1. Miscellaneous* and Safeguard	23	17	31	37	68	76	79	112	80	208
2. No basic Points	136	177	169	166	161	165	173	90	61	145
3. Little housing need	401	403	386	315	301	335	366	348	423	494
4. With need	1,255 (3%)	1,202 (5%)	1,107 (7½%)	1,025 (8%)	822 (20%)	759 (8%)	744 (12%)	659 (11%)	520 (21%)	263 (50%)
5. Total "Live" Registrations	1,815	1,799	1,693	1,543	1,352	1,335	1,362	1,209	1,084	1,110
6. Waiting Qualifying Period	766	631	527	488	536	475	475	515	494	469
7. TOTAL APPLICATIONS	2,581	2,430	2,220	2,031	1,888	1,810	1,837	1,724	1,578	1,579

*A Significant increase during 1966. Apart from additional applications from the boundary extensions, it has been found that due to the very low letting level many applicants when visited preparatory to an offer of a Council tenancy, decide they would rather stay where they are until such time as an emergency may arise such as death of tenant or landlord.

PROPERTIES WHICH BECAME AVAILABLE

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
New	236	257	235	245	346	111	36	95	78	162
Re-lets	119	122	136	140	169	167	192	185	302	348
TOTALS	355	379	371	385	555	278	228	280	380	510

PROPERTIES UNDER THE CONTROL OF THE HOUSING COMMITTEE

1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
5,785	6,031	6,306	6,556	6,837	6,964	6,972	7,070	7,106	7,563

The figures for 1966 include the properties in the added areas less the prefabs demolished.

PROPERTIES UNDER CONSTRUCTION

	1 Bedroom	2 Bedroom	3 Bedroom	TOTALS
Quay Lane—Phase II	—	6	—	6
Clifford Close	—	8	—	8
Goldsmith Street—Phase II	14	—	22	36
Stoke Hill	96	—	94	190
Whipton Barton—Multistorey Block	20	40	—	60
Topsham Old People's Development	29	7	—	36
Sweetbrier Lane—For Sale	—	—	49	49
TOTALS	159	61	165	385

All the above-mentioned properties are due to be completed during 1967 and 1968. If the relets continue at about 4% per annum, the total number of *properties becoming available during 1967 and 1968 will be no less than something in the region of 950.*

“ PREFAB ” DEMOLITION SCHEDULE

Demolition of 48 to commence 1967/68 ; 162 to commence not before 1968/69 ; 139 after above have been demolished.

IN CONCLUSION, Mr. Freeman says :—

- “ (a) If the prefab demolition is strictly adhered to I can only rehouse a further 30 prefab tenants during 1967, and commence another 162 during 1968.
- “ (b) With 950 properties becoming available during 1967 and 1968 the rehousing of the above-mentioned 192 prefab tenants would still leave 760 properties for normal purposes during the two years.

- “ (c) Moreover, a further 20 two-bedroom bungalows are to be erected on the Austen/Sheridan Close sites ; 12 one-bedroom flats at Prospect Place ; 12 one-bedroom flats in Western Way ; and a possible ‘ Housing Sale ’ scheme at Bodley Close, say 52 units plus a possible 60 units at Newtown.
- “ (d) The reduction of the qualifying period during recent months from 12 months to 6 months has had no adverse effect on the waiting list.
- “ (e) As far as I am aware, there are no large slum clearance schemes envisaged which would involve rehousing large numbers of families, nor am I aware of any large redevelopment scheme apart from the Newtown area which would involve a large rehousing programme.
- “ (f) *I am, therefore, of the opinion that the supply of properties will rapidly exceed the demand even if the properties mentioned in paragraph 6 (c) are not proceeded with. The speeding up of the prefab demolition would, of course, help the situation, but only temporarily.*”

CIVIL DEFENCE CORPS

(Ambulance and First Aid Section)

The number of class “A” volunteers is 13 ; class “ B ” 4 ; reserves 17 ; and 19 recruits ; in all, 1 less than a year before.

There has been an increase from 7 to 13 in class “A”. This is because a number of last year’s recruits, having passed the standard tests, then became eligible and willing to serve in that class. There had been, in previous years, some diffidence on the part of volunteers to undertake the tests but, with some persuasion, they overcame it and have, in passing, gained extra confidence.

Training continued without interruption during the year, despite much speculation and uncertainty regarding the future form and role of the Corps. The section was represented in three major exercises, one lasting two days and the other two for several hours on Saturday afternoons and evenings. The last of these took place after dark. Torches were issued and auxiliary lighting was established at various points and the section worked well in these conditions.

In connection with training in general, and the exercises in particular, we are indebted to the civil defence officer, the section instructor (Mr. Margetts) and other members of the full-time civil defence staff for the time they spend and the care taken in the planning and preparation of these exercises. Progressive and well-organised team work during the past two years has done much to create good fellowship between the various sections. The welfare section has also helped by providing welcome refreshment at the right times and places.

During the autumn session the civil defence staff arranged another full first aid course for members of all sections. The syllabus of instruction and management of injuries taught was as published in the latest first aid textbook. 22 members of the corps completed the course and 21 passed the examination held in December.

In addition, 13 members of the full-time ambulance service attended the course and of those, 3, who were due for re-examination to qualify for their proficiency pay, also took and passed the test.

INFECTIOUS DISEASE (Exeter Residents)

No cases of diphtheria, poliomyelitis, typhoid or paratyphoid were notified during the year.

FOOD POISONING MINISTRY OF HEALTH

ANNUAL RETURN OF FOOD POISONING FOR 1966

(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 ascer-tained	TOTAL	TOTAL
	No. of separate outbreaks	No. of cases notified or ascer-tained	No. of separate outbreaks	No. of cases notified or ascer-tained		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	—	—	8	21	13	21	34
2. Other Salmonellae (a)	—	—	1	2	7	8	9
3. Cl. welchii	—	—	—	—	—	—	—
4. Staph. aureus	—	—	—	—	—	—	—
5. Other causes (b)	—	—	—	—	—	—	—
6. Cause unknown	—	—	1	2	1	2	3
7. TOTAL	—	—	10	25	21	31	46

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

Type of Salmonellae							
Panama	—	—	—	—	3	3	3
Cubana	—	—	—	—	2	2	2
Enteritidis Var Jena	—	—	—	—	1	1	1
Menston	—	—	1	2	—	1	2
Bredeney	—	—	—	—	1	1	1
TOTAL	—	—	1	2	7	8	9

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

46 cases of food poisoning were notified, or otherwise ascertained, during the year, 25 being in family outbreaks of from 2 to 5 persons, and the others single sporadic cases. There were no general outbreaks.

In three cases no causal organism was isolated, but in the other 43 cases a salmonella was isolated. In 29 of the cases the organism was salmonella typhi-murium, the other salmonellae isolated being salmonella Cubana, salmonella Panama, salmonella Enteritidis van Jena, salmonella Manston and salmonella Bredeney.

Starting in April and going on until October, there was a series of 29 cases (7 family outbreaks involving 15 persons and 10 sporadic cases) due to salmonella typhi-murium, phage type 29. In the first cases in April, two children of a farmer were found to be excreting the organism, following notification from the veterinary surgeon of the Ministry of Agriculture, Fisheries and Food that one of the cows had a salmonella infection, which proved to be salmonella typhi-murium, phage type 29. Examination of the milk from the farm following the recovery of the cow, was carried out, and no salmonellae were isolated. The subsequent case, due to this phage type, had no connection with this family, or any apparent connection with each other. In no case was a source of infection traced. It is known that this phage type is particularly associated with calves, but none of those affected had either vial. Investigations are being carried out at the abattoir to ascertain if salmonella can be isolated there.

DYSENTERY

60 cases of dysentery were notified, or otherwise ascertained, during the year, all but one due to Shigella Sonnei. In one case Shigella Flexneri was isolated. The patient had just returned from a visit to Egypt when symptoms had started, and when infection had certainly taken place. In 9 instances several cases

(2 to 6 persons) were found in families but otherwise the cases were sporadic with no connection traceable between them, and no particular school being affected.

WHOOPING COUGH

75 cases of whooping cough were notified during the year. In most cases the illness was mild, but in 12 cases the cough or vomiting was troublesome, though the child's general condition remained satisfactory. Only in 3 cases could the illness be described as severe, all three having complications (two bronchitis and one pneumonia).

Concern is being felt about the number of immunised children who have been getting whooping cough, and it is thought that many of these are probably the result of infection with a type of whooping cough bacteria not included in the vaccine at present in use. The Medical Research Council has started an investigation of the type of bacteria involved, and the Public Health Laboratory in Exeter, in co-operation with the Health Department, is helping in their investigation in Exeter.

MEASLES

777 cases of measles were notified during the year, most of them during the first three months. This was a continuation of the outbreak noted at the end of 1965. The numbers notified were not above 57 cases in any week, and can be said not to have reached epidemic proportions. The cases were for the most part mild, but one lady of 59 died in hospital from coronary thrombosis, broncho-pneumonia and measles.

PNEUMONIA

18 cases of pneumonia were notified, with one death, but this does not reflect the actual incidence of pneumonia in the City.

SCARLET FEVER

100 cases were notified during the year, 88 of them during the latter half of the year. The cases were all very mild and it is likely that there were many more cases who did not consult a doctor and so passed unnotified. From July the number of notified cases rose and continued until the end of the year at the level of between 5 and 10 cases a week. Almost all were in children of junior, infant or pre-school age. The majority of junior and infant schools in the City had a few cases, but no one school was particularly involved.

ERYSIPELAS

Only 6 cases of erysipelas were notified during the year, 3 on the face and 3 on the legs.

MENINGOCOCCAL INFECTION

Two sporadic cases of meningococcal infection were notified during the year. One (age 1 year 9 months) made a complete and uneventful recovery, but the other, an infant of 4 months, developed hydrocephalus, and had to have an operation for the insertion of a valve. Unfortunately, he has been left with considerable brain damage and the child is now severely mentally retarded and has a right hemi-paresis.

PUERPERAL PYREXIA, 1966

Cases	Cause	Pathological Investigation	Confinement at :	
			Home	Hospital
8	Uterine	7	2	6
7	Breast	1	3	4
4	Urinary	4	—	4
10	Respiratory	7	4	6
6	Miscellaneous	2	2	4
12	Not known	9	6	6
47		30	17	30

There were 47 cases of pyrexia up to and over T.100.4 degrees F. during the puerperium in 1966 ; 17 occurred in cases confined at home and 30 in hospital confinements. Miscellaneous infections included one wound infection, one reaction to a blood transfusion and 2 cases of enteritis.

The case of urinary infection had also been evident in the pregnancy and needed further investigations. These led to the discovery that the patient had one kidney only.

OPHTHALMIA NEONATORUM

In 1966 there were 6 cases of ophthalmia neonatorum (a purulent discharge from the eye within the first 3 weeks of life). All 6 babies were born in hospital and swabs were taken in 4 cases, 3 being negative and 1 positive (Staph. pyogenes sensitive to tetracycline). One child had a very severe purulent discharge from the eyes which relapsed at 3 weeks, necessitating admission to the Eye Infirmary. On both occasions the pathological report on the discharge from the eyes was negative (sterile or no pathogens) and the child subsequently recovered completely and was placed for adoption.

PEMPHIGUS NEONATORUM

There were no cases of pemphigus neonatorum.

Table XII.

ACUTE INFECTIOUS DISEASE.

MONTHLY INCIDENCE OF INFECTIOUS DISEASE NOTIFIED DURING 1966 (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	3	3	5	—	1	2	6	2	3	14	38	23	100	—
Whooping cough	16	11	10	4	4	4	2	9	3	1	8	3	75	3
Measles	134	196	77	43	19	27	68	37	13	23	71	69	777	6
Erysipelas	—	—	1	1	1	—	—	1	1	—	1	—	6	1
Meningococcal infection	—	1	1	—	—	—	—	—	—	—	—	—	2	—
Polio (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	3	6	5	—	2	—	—	1	—	1	—	18	3
Ophthalmia neonatorum†	—	1	—	—	1	1	—	—	2	—	— (2)	—	5 (2)	—
Puerperal pyrexia*	1 (1)	1 (2)	2 (1)	3	2 (3)	3 (1)	2	1	6 (4)	3 (4)	4 (1)	2	30 (17)	—
Dysentery	—	16	18	3	17	2	— (1)	4	—	—	—	—	60 (1)	1
Food poisoning	1	2	1	1	5	6	9 (2)	4	1	10	4	—	44 (2)	9
Para. typhoid B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria (contracted abroad)	—	—	—	—	—	—	—	— (1)	—	—	—	—	— (1)	— (1)
Enteritis	1	2	2	2	7	2	5	1	—	2	5	2	31	17
(not a notifiable disease)														

† Only 5 in all were notified by doctors.

* Only 27 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 1966 (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 un-known		Total
Scarlet fever	2	2	3	8	11	66	6	1	1	—	—	—	—	100	—
Whooping cough	8	9	10	5	8	32	1	2	—	—	—	—	—	75	3
Measles	26	99	115	104	112	294	11	4	2	—	1	—	9	777	6
Erysipelas	—	—	—	—	—	—	—	1	1	2	1	1	—	6	1
Meningococcal infection	1	1	—	—	—	—	—	—	—	—	—	—	—	2	—
Polio (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	—	—	2	—	—	—	—	—	2	3	10	1	18	2
Ophthalmia neonatorum†	5 (2)	—	—	—	—	—	—	—	—	—	—	—	—	5 (2)	—
Puerperal pyrexia*	—	—	—	—	—	—	—	5	14 (15)	1 (1)	—	—	10(1)	30 (17)	—
Dysentery	3	3	6	6	1	19	3	1	10	2	2 (1)	—	4	60 (1)	1
Food poisoning	3	4	4	1	1	3	3 (2)	2	6	6	8	3	—	44 (2)	9
Para. typhoid B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	— (1)	—	—	—	—	—	—	— (1)	— (1)
Enteritis (not a notifiable disease)	5	3	3	—	2	8	1	—	4	2	3	—	—	31	17

† Only 5 cases were notified by doctors.

* Only 27 cases were notified by doctors.

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

LABORATORY WORK

During 1966, Dr. B. Moore, Director, Public Health Laboratory, Exeter, reported to us on 769 specimens (exclusive of sputa, etc., for tuberculosis (see page 93). 647 examinations (including 197 positive) were in respect of food poisoning, dysentery and other diarrhoeal diseases. 48 examinations (of which 8 were positive) were made in respect of contacts of scarlet fever and 8, all of which were negative, were made in respect of cases of whooping cough.

17 specimens, all of which were negative, were taken in respect of a suspected paratyphoid 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.

PUBLIC HEALTH LABORATORY SERVICE

Exeter cases—referred by health department.

				<i>Specimens examined.</i>		
				<i>No. taken.</i>	<i>Negative.</i>	<i>Positive.</i>
Dysentery	....	....	....	257	165	92
Food Poisoning	....	....	....	246	141	105
Enteritis and D. & V.	....	....	....	144	144	—
				647	450	197
Scarlet Fever (contacts)	....	....	....	48	40	8
Whooping Cough (cases)	....	....	....	8	8	—
Urine	....	....	....	20	19	1
Ear Swabs	....	....	....	11	7	4
? Paratyphoid (contacts)	....	....	....	17	17	—
Miscellaneous	....	....	....	18	2	16
(Staph. Aureus)						
(Haemolytic Strept.)						
(Coliform species)						
(Proteus species)						
Totals				769	543	226

TABLE OF KNOWN EPILEPTICS

(AS AT 31-12-66)

The known incidence is 1.27 per 1,000 of the population. 5 new cases (3 males and 2 females) became known to the department during the year. Details of the "location" of all the Exeter epileptic persons known to us are set out in the table below.

Age Group	Type	Total		At Home		In Special Schools		Day School		Junior Training Centre		Working		Adult Training Centre		In Hostels		In Colony		In Hospital for			
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	mentally ill	sub-normals	M	F
0-4	Major	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Minor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5-14	Major	11	10	—	—	—	—	10	10	—	—	—	—	—	—	—	—	—	—	—	—	1	—
	Minor	7	9	1	—	—	—	4	6	2	1	—	—	—	—	—	—	—	—	—	—	—	2
15-64	Major	24	21	8	7	—	—	4	2	—	—	8	2	3	2	—	—	—	—	1	4	—	4
	Minor	18	13	3	1	1	—	7	4	—	3	4	2	2	2	—	—	—	—	1	—	—	1
65-plus	Major	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Minor	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	....	62	55	14	10	1	—	25	22	2	4	12	4	5	4	—	—	—	—	2	4	1	7

CEREBRAL PALSY

The known incidence is 0.75 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. 11 new cases (8 males, 3 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	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Years																		
0-4	11	5	9	3	—	—	—	—	—	—	1	2	—	—	—	—	1	—
5-14	12	8	2	3	4	2	—	—	4	1	2	2	—	—	—	—	—	—
15-64	25	8	5	—	3	—	—	—	5	1	3	5	5	1	4	1	—	—
65-plus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	48	21	16	6	7	2	—	—	9	2	6	9	5	1	4	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, 1966 (ACCORDING TO TYPE AND HANDICAP)

Type	Total	Athetoid	*(A) Severe	Handicap *(B) Moderate	*(C) Mild	Other Disabilities
	M	F	M	F	M	F
Hemiplegia	15	7	2	7	6	1
Monoplegia	5	1	—	2	1	—
Paraplegia	4	5	1	1	2	—
Quadriplegia	18	8	6	7	1	—
Athetoid only	3	—	—	3	—	—
Not assessed	3	—	—	—	—	—
TOTALS	48	21	9	20	15	1

*(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 1966.

	CAUSE OF DISABILITY						
	CATARACT		GLAUCOMA		RETROLENTAL FIBROPLASIA		OTHERS
	Blind	Partially Sighted	Blind	Partially Sighted	Blind	Partially Sighted	
(i) Number of cases registered during the year in respect of which Sec. F, para. 1 of Form B.D.8 (Revised) recommends : (a) No treatment.	12	—	2	—	—	—	11
(b) Treatment : (Medical, surgical or optical).	2	4	1	—	—	—	4
(ii) Number of cases at (i) (b) above which on follow-up action have received Treatment.	2	4	1	—	—	—	4

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

4 blind persons included above died during the year.

Total (Exeter residents) on the Register at end of 1966—Blind 257. Partially Sighted 43.

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

DEPARTMENT	MEDICAL DECLARATIONS ACCEPTED				MEDICAL EXAMINATIONS				M.M.R. X-RAYS obtained		
	Superannuation Scheme		Fitness for Employment		Total	Following Declarations of Health		Following Sickness		Others	Total
	M.	F.	M.	F.		M.	F.					M.	F.
Children's	—	6	1	1	8	—	—	—	—	—	4
City Architect	23	1	16	—	40	1	—	2	1	4	—
City Surveyor	27	3	3	—	33	3	—	15	3	21	1
City Treasurer	6	4	—	1	11	2	3	—	—	5	1
Education	6	52	4	50	112	3	3	3	6	15	55
Fire Brigade	2	2	1	14	5	5	—	—	—	5	2
Health	11	34	5	3	64	—	2	—	3	5	13
Housing	4	3	—	15	10	1	1	—	1	3	—
Libraries	1	11	1	—	28	2	2	—	—	2	—
Museum	—	—	—	—	—	—	—	—	—	—	—
Police	—	—	—	—	—	—	—	—	—	—	—
Town Clerk	14	6	4	1	25	—	—	—	—	—	—
Transport	9	2	—	—	11	4	—	8	6	18	—
Welfare	2	10	1	—	13	—	—	—	—	—	7
Weights and Measures	1	1	—	1	2	—	—	—	—	—	—
Planning	1	—	—	—	2	—	—	—	—	—	—
Motor Taxation	—	—	—	—	—	—	—	—	—	—	—
Civil Defence	—	—	—	—	—	—	—	—	—	—	—
Examinations carried out for other Authorities	—	—	—	—	—	—	—	—	—	—	—
Estates and Valuers	1	—	—	—	1	—	—	—	3	2	—
GRAND TOTAL	98	145	36	86	365	19	11	28	10	13	83

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.

365 medical declarations were accepted during the year, and 30 medical examinations were undertaken following declarations. No persons were rejected on medical grounds. A further 53 medical examinations were made for other authorities and following sickness in Council staff.

NATIONAL ASSISTANCE ACTS, 1948 TO 1962

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

A woman of 83 years, living in lodgings, was reported by her landlord to be at considerable fire risk because of her numerous falls coupled with the use of an oil stove. On visiting her, the room was found to be squalid and insanitary, and she was of unclean appearance and obviously unable to care for herself. She was unwilling to enter a welfare home, and it was necessary to obtain a court order to secure her admission to Colleton Lodge, where she is still residing.

Two other cases were investigated; the first concerning a registered blind person. Although it was generally agreed that the home condition left much to be desired, the person was adamant in refusing to enter residential accommodation; the case is being kept under constant review.

The second case was a woman of 70 years whom I was asked by the G.P. to visit. Her physical condition was of concern and she refused to consider admission to hospital. There was fire risk in the house. It was not thought that this was a case for removal under Section 47, as she would become a suitable case for a psychiatric unit. She was, in fact, admitted to Exminster hospital a fortnight 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).

All the above Homes are conducted to a good standard and are regularly visited by a medical officer.

CHILD CARE

The Child Care Co-ordinating Conference met twice monthly during the year. 53 cases were discussed, of which 18 were new, and 5 were old cases re-opened. We were able to close 20 cases, leaving 33 cases still on the active register at the end of the year.

16 families known to the conference were helped with clothing during the year, and 15 with furniture. 4 families were given grants by the children's committee, totalling £59. The children's committee also loaned money to 9 families, and loans were arranged with various voluntary organisations and Charities for 11 families.

Rent arrears, with the threat of eviction, continued to be an important problem, and on occasions when it was considered essential to do so, a grant has been made towards paying off the arrears. In two cases the conference recommended to the children's committee that they should underwrite the rent to the housing committee to avoid eviction of the families concerned. They agreed to do so in one case for a limited period, and in the other as long as necessary, which in this case, I am afraid, will be indefinitely. Meantime the child care officer will try to ensure that the rent is paid, including something towards the arrears.

The house at Melbourne Place continued to be used for rehabilitation. The first family to use the house were successfully housed early in the year. Owing to dampness it was found necessary to have extensive repairs done and so the house remained unoccupied for a time, but in March another family was admitted. In spite of all efforts by the child care officer the family did not settle, and returned to live with the paternal grand-parents in late June. In July another family in difficulties was given use of the house. The result in this case was successful, and the family moved into a council house early in 1967.

No families were supplied with free home help through the health services committee, but two families had free home help paid for by the children's committee.

LOCAL HEALTH AUTHORITY SERVICES.

(National Health Service Act, 1946).

HEALTH CENTRES

The Health Centre project in St. Thomas is still under active consideration. The Council have included it in the programme for 1967; but at the year end there was still some way to go before agreement between all the parties concerned can be achieved.

MATERNITY AND CHILD WELFARE

MATERNITY

BOOKINGS FOR GENERAL PRACTITIONER UNIT
(MOWBRAY HOSPITAL) AND FOR HOME CONFINEMENT

EXETER MOTHERS

The health department, as agent for the regional hospital board, is responsible for the bookings for Mowbray Hospital. Our policy is to give priority to primiparae, grand multiparae, mothers with poor medical history or of small stature or with socially adverse home circumstances. We therefore encourage mothers in their 2nd or 3rd pregnancies who do not come within the above groups to be delivered at home, although if there is room for them at Mowbray Hospital they are given the option of being delivered there. In theory some of these mothers should be booked for the specialist unit, but this is not always practicable here.

934 mothers were booked for Mowbray Hospital as having an expected date of delivery in 1966. Similarly, 339 mothers were booked for home delivery in 1966. The tables below give details of bookings by parity, age and intended place of delivery:—

Mowbray Hospital (General Practitioner Unit) (Exeter Mothers).

	Parity	Age				
		—20	20—29	30—34	35—39	40+
514	Primipara	112	372	24	6	—
235	1 Para.	21	172	28	13	1
103	2 Para.	2	68	21	12	—
43	3 Para.	—	18	20	3	2
18	4 Para.	—	6	7	1	4
21	4+ Para.	—	4	6	5	6
934	TOTALS	135	640	106	40	13

Home Bookings (*Exeter Mothers*).

	Parity	Age				
		—20	20—29	30—34	35—39	40+
30	Primipara	14	14	2	—	—
130	1 Para.	6	100	20	4	—
103	2 Para.	4	60	29	8	2
48	3 Para.	—	13	17	15	3
14	4 Para.	—	5	7	2	—
14	4+ Para.	—	6	2	4	2
339	TOTALS	24	198	77	33	7

Mowbray Hospital Bookings for 1966 (*Exeter Mothers*).

(a)	Number of mothers who applied for a bed at Mowbray Hospital who were expecting their babies in 1966	982	
(b)	Number of mothers accepted for confinement at Mowbray Hospital	934	} 982
	Number of mothers placed on the waiting list but not eventually booked	18	
	Number of mothers who were refused admission	1	
	Number of mothers who cancelled their bookings before they were "accepted" (including 19 waiting list cases)	29	
(c)	Number of those booked who were actually delivered at Mowbray Hospital (not all in 1966)	648	} 934
	Number of those booked who were delivered at the City Hospital without cancelling their Mowbray booking, including 57 transferred from Mowbray after admission	146	
	Number of those booked who were delivered at home without cancelling their booking (B.B.As., etc.)	6	
	Number who cancelled their bookings because of :		
	(i) Miscarriage	18	
	(ii) Delivery arranged in the City Hospital	74	
	(iii) Leaving the area	26	
	(iv) Home confinement preferred	9	} 131
	(v) Other reasons	4	
	Number of others booked who were delivered elsewhere and did not cancel their booking	3	

Mowbray Hospital Deliveries during 1966.

During the year, 743 babies were delivered at Mowbray, including 2 sets of twins. 625 of these were to Exeter mothers, including 2 sets of twins and 2 stillbirths.

City Hospital Deliveries during 1966.

1,265 babies were delivered at the City Hospital in 1966, of which 523 were to Exeter mothers (including 12 sets of twins and 11 stillbirths). During the year, 57 mothers who were primarily admitted to Mowbray Hospital were transferred to the City Hospital, which is the specialist maternity unit. Mothers are ordinarily booked direct by the family doctors.

Redhills Hospital Deliveries during 1966.

219 babies were born in Redhills Hospital in 1966, including 14 (all live born) to Exeter mothers. This hospital is ordinarily for mothers resident in the County area.

Note.—Included in the above notes are those mothers booked for, and those delivered in, January to March 1966, who at that time lived in Devon county areas which came under the jurisdiction of the City Council on the 1st April 1966 when the City boundaries were extended.

TESTS FOR PHENYLKETONURIA—1966

Total live births to Exeter mothers notified—1,386.

Total tested—1,316=95% approx.

Tests at

3 weeks only.

96

6 weeks only.

333

Both 3 and 6 weeks

887

Total 1,316

Not tested—70 babies, of whom 14 had died before the test could be attempted.

CHILD WELFARE

Child Welfare Centres. (See Tables XVI and XV11).

.... The number of children attending the child welfare centres was 3,956, as compared with 3,377 in 1965. This is an increase of 14.2% coupled with an increase in attendances, 20,793 as against 19,364 in 1965.

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.

AUDIOLOGY SERVICE

The audiology service, which in relation to the health services committee is concerned with the ascertainment and follow-up of pre-school children, who are deaf or partially hearing, has continued to develop.

The audiology unit was opened in April 1966, and has proved invaluable. The County Council health service also use it. It is described in detail (with plan) in my school health report for 1966.

A health visitor has been assigned to work with physically-handicapped children and specialising in the care of deaf and partially hearing children. We now have a trainee teacher of the deaf through whom we have an increased contact with the Royal School for the Deaf in Exeter. We have been also fortunate that although Dr. Baker, who took a great interest in this work, has resigned, he was succeeded by Dr. Tucker, who in his Public Health Diploma course had taken a special interest in this subject.

The whole approach is a combined one, using specialists in different fields ; regular sessions are held at which Mr. Bradbeer, E.N.T. surgeon, Dr. Brimblecombe, paediatrician, Dr. Tucker (S.M.O.), Mr. R. E. Olding, head of the school for the deaf, Mr. D. Robinson, a trainee teacher of the deaf, and Miss G. M. Bastow, Health Visitor, all attend. Additionally, Mr. Thomas, Educational Psychologist, Miss Hastings, Speech Therapist, Dr. Gaussen and Dr. Wardle, child psychiatrists, attend on occasion as need be.

Parent guidance is, of course, a most important aspect of the work. One problem is supporting the parents while there is still a considerable doubt about the degree of deafness, especially where the child is withdrawn or otherwise disturbed, in which case the suspicion of deafness may be very difficult to confirm. It has been suggested that we might organise a small play group within the audiology unit two or three times a week so that closer observation could be given to these children. The present alternatives include attendance at the nursery school from three years of age or the junior training centre or a privately-organised play group. None of these is really satisfactory for this purpose. Once a diagnosis is certain then, of course, the nursery facilities at the Royal School for the Deaf become available.

Hearing Assessment of Pre-school Children.

New cases tested in 1966 :

Under 2 years of age	....	....	....	440 (420 "At Risk ")
2—5 years	....	....	....	77

Re-tests :

Under 2 years of age	....	....	....	56
2—5 years of age	....	....	....	141
Total	....	....	....	<hr/>714 <hr/>

27 cases were referred to the hearing assessment clinic, as compared with 12 cases last year.

Of these 27 cases, 4 were referred to their family doctors for treatment; 12 were referred to the combined audiology clinic (9 being new cases and 3 being referred back for further investigation of persistent deafness); 8 were referred for educational assessment; 4 were referred direct to the E.N.T. Surgeon and are now on the waiting list for surgery; hearing aids were issued to 4 children; 2 children were admitted to the nursery class at the School for the Deaf, 1 is already attending Hollow Lane junior training centre (aged 11 years), and 1 is now attending an ordinary school; 2 were referred for speech therapy; 3 have had tonsils and adenoids removed and remain under observation; 1 case only has been cleared; 9 remain under observation in school and the remainder under observation by the health visitor.

In addition, 1 girl, aged 16 years and attending the Nichols Centre, has been found to have a severe loss of hearing. The outstanding difficulties of this case are receiving special consideration.

Although in principle the combined audiology clinic deals with the deaf and partially hearing pre-school child, it has proved expedient to use this session occasionally for review and discussion of partially hearing children whether attending a special school or ordinary school and whose progress is giving cause for concern. 4 school children have been reviewed in this manner during the year, two of whom wear hearing aids and attend ordinary school, but have subsequently been or are being transferred to the School for the Deaf; the third has had her aid changed to a more powerful instrument; and the fourth has been transferred from the School for the Deaf to Ellen Tinkham House (junior training centre). In all, 17 children have made 20 attendances at the combined audiology clinic and one additional child has failed to attend for two appointments and will be given a further chance in 1967.

All children of all ages who attend the junior training centre have been tested by free field methods during 1966. One child was found to be profoundly deaf (now fitted with an aid and receiving treatment from the teacher of the deaf and the speech therapist). 6 showed moderate or slight loss of hearing, possibly due to catarrh, 2 already suspected to be deaf were referred for further investigation and 37 showed no evidence of deafness.

BIRTH CONTROL

Towards the end of 1966, it was decided to discontinue *per capita* payments to the Family Planning Association in favour of an annual grant at the rate of £200 per annum, on condition that those considered to need advice, etc. on medical grounds were not charged fees.

BUDDLE LANE DAY NURSERY

The number on the roll at the beginning of the year was 36. Admissions numbered 35 and discharges 33. The average daily attendance on the year was 30 (ranging from 14 to 40). The reasons for attendance were as follows :—

- in 30, the mother was the sole provider for the family ;
- in 15, both parents were working because of financial pressures ;
- in 13, other social reasons, e.g. poor housing conditions, maternal, domestic inadequacy, etc. ;
- in 12, the child's or the mother's ill-health ;
- in 1, mental handicap in the child or parent.

Table XV.
DAY NURSERY.

NURSERY AGE GROUP IN YEARS	Buddle Lane	
	0—2	2—5
Number of Places	15	25
Number on roll at beginning of 1966	6*	30
Number admitted	4*	31
Number removed from roll	1	32
Number on roll at end of 1966	1	37
Maximum Attendance	11	30
Minimum Attendance	1	11

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

The general physical health of the children has been good ; 10 of them had measles during the year. There have been three medical and one dental inspections during the year ; one child was referred to the orthopaedic hospital ; four attended the audiology unit ; six received dental treatment.

One five-year-old child with a low I.Q. (36) has been examined twice by the educational psychologist ; it was recommended that the child should remain at the nursery for a further period and continue to have speech therapy once a week.

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948.

At the end of the year there were 6 privately-owned registered day nurseries catering for 134 children, of which 4 with 98 places were newly registered during 1966. 3 child-minders (for 33 children) were registered in 1966 bringing the total number to 8 catering for 56 children.

One of the day nurseries, in Pinhoe, had previously been registered by the County Council, but was included from the 1st April within the City boundary; the previous registration of the owner also as a child-minder was continued.

Play groups are becoming more popular; they are registered as day nurseries.

THE UNMARRIED MOTHER AND HER CHILD

CITY SOCIAL WORKER

There has been a slight increase in the number of cases dealt with in 1966, due mainly to the extension of the City boundary as from 1st April 1966. 145 are recorded for this year—but this includes 24 brought forward from 1965, as the babies were not born until 1966—and of the total, 30 have been carried forward into 1967 as awaiting the birth of babies. Of the mothers dealt with in 1966, 60 have required after-care work, viz. help with affiliation orders, accommodation, domestic problems, adoption arrangements and the placing of babies with foster-mothers. This last is often helpful to the mother who is undecided whether or not she will part with her baby, and in 8 cases babies have eventually returned to their own mothers.

Of the Exeter City cases, i.e. girls resident in Exeter, only 4 were accommodated in mother and baby homes outside Exeter, at their own request, in order to conceal the fact of the pregnancy, but 24 girls came into Exeter for the same reason, from 10 different counties, including one from Scotland. It is pleasing to note that the Scottish girl, having come so far to preserve secrecy, finally kept her baby and returned to Scotland with it. Most of the girls stayed with relatives or friends, although a few were in lodgings. The occupations were very varied, including students, secretaries, teachers, nurses, clerical and factory workers, waitresses and a hospital worker.

The putative fathers were mostly British, but other nationalities included Australians, Americans, Channel Islander, Italian and West Africans. Their occupations were mostly students, lorry drivers, labourers and several in the Forces. It is to be noted that in many cases the putative fathers were just working in the area and had no permanent address, which made tracing them difficult. Their ages were, in the main, similar to those of the girls with whom they associated, though a few were older men; in 28 instances they were married men.

The mothers' ages ranged from 15 to over 40. 3 of the girls were 15 years old, 12 more were under 17 years, 27 were under 20 years old, and at the other end of the scale 9 were aged 35 to 45 years. 13 of the mothers were married women, either divorced or legally separated, or having left their husbands. In 10 cases girls are co-habiting with the putative fathers and have kept their babies.

In many cases notification from the doctor that he has advised a girl to get in touch with a worker, is helpful, as if she does not get in touch within a reasonable period, efforts can be made to seek her. There were 3 "emergencies" in which no booking at all had been made, 5 cases in which notification came from the girl only four or five weeks before the expected date of delivery, 6 cases two months before, 12 at three months before, 18 four months before and the rest averaged five to six months before, with four cases notified at the second month of pregnancy.

Adoptions.

19 babies have been placed with adopting parents during this year, 3 through third party arrangements made by the mothers, one via Western National Adoption Society at Bath, and the rest through the local Adoption Society.

ST. OLAVE'S HOME

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

Number of admissions during 1966	....	....	56
(including 7 Exeter residents)			
Number of children adopted	....	....	19
(including no Exeter residents)			
Number of children taken by mothers or relatives	....		15
(including 4 Exeter residents)			
Number of children fostered	....	....	12
(including 3 Exeter residents)			

The domiciliary midwives delivered 34 mothers in the Home.

ST. NICHOLAS HOUSE

(Owned by the Exeter Diocesan Moral Welfare Council)

Number of admissions during 1966	....	....	56
(including 7 Exeter residents)			
Number of children adopted	....	....	21
(including 2 Exeter residents)			
Number of children taken by mothers or relatives	....		23
(including 5 Exeter residents)			
Number of children fostered	....	....	8
(no Exeter residents)			

The domiciliary midwives delivered 42 mothers in the Home.
7 mothers used the Home as a Hostel.

REPORT OF THE PRINCIPAL DENTAL OFFICER FOR 1966.

(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 Devon and Exeter 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 and highlights the weak link in this service for mothers. We frequently find that nursing mothers, whom we have seen and treated every three months from the commencement of pregnancy, request us to continue to see them regularly after the baby is one year old. Perhaps they have no "regular" dentist otherwise. We have, very regretfully to tell them that we can no longer see and treat them unless they are expecting another baby. The Local Authority Dental Service thus appears as a purely temporary or emergency service. It is not surprising that a lot of expectant mothers prefer to find a dentist with whom they can continue treatment indefinitely. Perhaps one day this ruling will be relaxed, but it has to be done at Ministry level.

We continue to inspect and treat a large number of pre-school children ("the under fives").

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 interesting 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. On several occasions this year, instead of these talks, Miss E. H. Robertson, Health Education Officer, showed to the classes of mothers at my request films on Dental Health. After each "show" I summed-up and answered any questions. While the films were appreciated, it was felt on the whole that the talks were more effective and appreciated better. They were considered less impersonal than a screen and loudspeaker. All the dental officers gave similar, but individual, instruction at the chairside as required.

1966 saw the expansion of the city boundaries to include most of Alphington, Pinhoe and Topsham. Pre-school children and expectant and nursing mothers from Alphington are now seen at the St. Thomas dental clinic (Tin Lane); those from Pinhoe may receive treatment at the Whipton clinic; while those from Topsham may attend the new dental clinic at Glasshouse Lane, Countess Wear. This clinic, built during the summer, came into use in August, to serve the Topsham area and the expanding Countess Wear district. It is a bright modern single-storey building, well-equipped, and most attractive. It adjoins the existing welfare clinic.

Expectant and Nursing Mothers.

Of the 108 inspected, the following details show the source of reference:—(a) maternity and child welfare department 31, (b) family doctors 6, (c) home midwives 28, (d) St. Olave's Home 21, (e) post-natal cases 18.

Pre-School Children.

202 pre-school children were examined, including 176 whose parents desired treatment or who were referred from Child Welfare Clinics, and 26 in Buddle Lane Nursery (of whom 19 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 the year.	Number of courses of treatment completed during the year.
Expectant and nursing mothers	108	91	74
Children under five years and not eligible for school dental service	202	118	144

Forms of Dental treatment provided.

	Scalings and gum treatment	Fillings	Silver Nitrate treatment	Crowns and Inlays	Extractions	General Anaesthetics	Dentures provided	Patients X-Rayed
Expectant and Nursing Mothers	48	110	—	—	71	35	18	9
Children under five years, and not eligible for school dental service	—	24	133	—	226	134	—	—

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.

There were no staff changes during the year, I am pleased to report. Staff changes are always unsettling, both for the staff and the patients. Dental officers are difficult to attract to the West Country, for various reasons. 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 fluoridate 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 again rejected the proposal to fluoridate the water supply.

MIDWIFERY

SUPERVISION OF MIDWIVES

Practice	Midwives who gave notice of intention to practise during 1966	Still practising in Exeter at year-end
Domiciliary	16	14
Hospital	55	34
H.M. Prison	3	3
TOTALS	74	51

Institutional Delivery. Mowbray Hospital and Redhills Hospital 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. At the end of the year the bookings for Mowbray Hospital were allocated as

73 beds per month for Exeter mothers and 12 beds per month for Devon County mothers. For details of bookings and deliveries at Mowbray Hospital and for deliveries at Redhills Hospital, see page 66.

DOMICILIARY MIDWIFERY

Staffing. At the end of the year there were, as well as supervisory staff (equivalent $1\frac{1}{2}$), 11 midwives, of whom 6 are approved district teaching midwives.

Training—Part II School. We take 6 pupil midwives every quarter (each working 3 months in the City Hospital and 3 months in the domiciliary service). In 1966, 25 pupils sat the second part midwifery examination; 22 passed on the first attempt, 1 passed on re-sitting and 2 re-sit in March 1967.

Post-graduate Courses. 3 midwives attended a one week's post-graduate course. A post-graduate course organised by the Royal College of Midwives was held at St. Luke's College in September 1966, and the midwives were given the opportunity to attend lectures held at this course.

Home Bookings related to age and parity :—

Total	Parity	Age in years :				
		—20	20—29	30—34	35—39	40 and over
30	Primipara	14	14	2	—	—
130	1 Para.	6	100	20	4	—
103	2 Para.	4	60	29	8	2
48	3 Para.	—	13	17	15	3
14	4 Para.	—	5	7	2	—
14	5 Para.	—	6	2	4	2
339	TOTALS	24	198	77	33	7

It is our practice to book initially all mothers, and then try to persuade those of any "at risk" group to agree to hospital confinement, rather than leave the mother having no ante-natal care. Of the three groups, primiparae under 20, mothers aged 40 or over and grand-multiparae, ten were subsequently booked for hospital treatment.

Attendance at Ante-natal Sessions in Doctors' Surgeries. In September 1966, we offered the attendance of midwives at ante-natal sessions in doctors' surgeries in those practices where the

doctor was conducting a fair number of deliveries. Five doctors requested the service, holding five sessions a week in all. In addition, two doctors attend at a midwives' ante-natal clinic, seeing their own patients. A few doctors already employed nurses directly and did not wish to change their arrangements.

Two midwives are allocated to each ante-natal practice centre, one or other of them being available each week. There have been 661 attendances by the mothers at the family doctors' surgeries with the midwives present. The detailed arrangements vary in the different groups, but are working satisfactorily.

Haemoglobin Estimation during Pregnancy. Of 456 mothers booked and due in 1966, all but 22 were believed to have had at least one haemoglobin estimation; in 400 cases the result was known to the midwife.

Relaxation and Mothercraft Classes. The number of classes held each week has been increased to include a small class at Topsham. This class, and the evening class at the Alice Vlieland Clinic, are conducted by the midwives, the remaining four by physiotherapists. Arrangements have continued for a talk at one class in each course by a health visitor, and one by a dental officer, and for the midwives to give instruction on mothercraft and labour. Classes have also continued to be held by the midwives at the Mother and Baby Homes, as before. See table XIXa.

Several of the midwives and one of the physiotherapists attended a regional conference in November on Preparation for Parenthood; it was felt our classes were satisfactory.

Free Home Help for Ante-natal Cases. This service was used for 7 cases, in 5 because of pre-eclamptic toxæmia, and in 2 because of threatened premature labour.

Emergency Ambulance Calls. A midwife was called on 12 occasions at the request of the ambulance service. 4 babies, including one set of twins, were born before the arrival of the midwife; all were satisfactory; 1 mother was delivered at home by the midwife, and was then transferred to hospital, and the remaining 8 were transferred to hospital before delivery.

Home Deliveries. 344 mothers (including 78 in the Mother and Baby Homes, etc.) were attended in labour by the home midwives in 1966; showing a further substantial decrease in the number of home deliveries. The number of mothers discharged from hospital to the care of the midwives increased. The table below shows some of the trends in domiciliary midwifery care in the city :—

Year	Home Deliveries	Hospital Discharges	Total Cases	Ante-natal care	
				Home visits	Clinic attendances
1962	444	210	654	3,923	2,579
1963	391	475	866	3,550	1,900
1964	367	525	892	4,943	2,497
1965	391	816	1,207	5,855	2,824
1966	344	895	1,239	7,116	*3,557

(* Includes 661 attendances at general practitioner ante-natal sessions with the home midwife).

Deliveries in Mother and Baby Homes. 34 mothers were delivered in St. Olave's Home and 42 in St. Nicholas House, by the domiciliary midwives. One young mother died (see page 21).

In addition, 1 mother was delivered by a domiciliary midwife in H.M. Prison, and 1 at Digby Hospital.

Inhalation Analgesia. 90% of the mothers delivered by home midwives had some form of inhalation analgesia. The Entonox machines, purchased in 1965, for giving gas and oxygen to the mothers, have proved satisfactory. Approximately 75% of the mothers who had inhalation analgesia in labour, were given gas and oxygen. In 1965, when we were only using these machines for the last three months, less than 40% of the mothers having inhalation analgesia, were given gas and air or gas and oxygen. Trilene is less commonly used now than formerly.

Resuscitation of the Infant. Sixteen babies delivered at home required some form of resuscitation and this was effective in all cases.

Early in 1966 we started to record an Apgar score rating on all babies delivered (results classified on page 118). Of the 4 babies who had a score of less than 5 (an unsatisfactory rating), two were delivered in St. Nicholas House and 1 in H.M. Prison, where the proportion in an "at risk" category is higher than that of mothers delivered in their own homes.

Low-weight Babies delivered at home. There has been a marked decrease in the number of "premature" babies delivered at home (6 in 1966, including 2 of non-Exeter residents; 17 in 1965).

Feeding Problems and Cases Nursed beyond 21 days. A further decline has occurred in both the number of cases where the midwife has visited for feeding problems, and the cases where it has been necessary to continue visits beyond 21 days:—

	1965	1966
Feeding cases	63	48
Cases visited after 21 days	228	107

Where these mothers are likely to need extra help, this information is noted on the "at risk" form, and if possible, the midwife informs the health visitor direct when she is ceasing to visit.

Abortions. During 1966 we nursed 59 cases of abortion. Of these, 49 were nursed entirely at home and 10 admitted to hospital.

Of patients who had booked for confinement, 23 had abortions during 1966 (5 home bookings; 18 Mowbray Hospital bookings); 13 of these cases are included in the 59 nursed at home.

<i>Year</i>	<i>Cases</i>	<i>In hospital</i>	<i>At home</i>	<i>Mothers included in both figures</i>
1961	103	71	49	17
1962	117	74	55	12
1963	91	58	42	9
1964	114	62	69	17
1965	93	72	37	16
1966	124	85	49	10

National Dried Milk. 172 tins of national dried milk were sold at week-ends and Bank holidays, when the usual depots are closed.

HEALTH VISITING

At the end of the year, the number of health visitors in the department was 17 including the superintendent, one tuberculosis health visitor and one specialising in handicapped children, especially the partially deaf.

Added Areas.

The enlargement of the City in April necessitated changes in the administration of the health visiting service. One health visitor (Mrs. Veale) was transferred from the Devon County staff; she had previously done temporary work for the City; Miss C. Newton, a sponsored student, was appointed to the permanent staff. The number of sessions of the child welfare clinics in the three added areas was increased from two a month to one a week. The case load and clinic work undertaken by the health visitors is shewn in the following table:—

<i>Area</i>	As recorded 31.12.66		
	<i>Alphington</i>	<i>Pinhoe</i>	<i>Topsham</i>
H.V.'s Caseload of children 0—5 years	127	198	281
Number of births in current year	27	27	90
*Welfare Clinic sessions per month	4	4	4
*Sessions total	26	26	28
Average attendance per week	24	22	23
*Number of children on Register	126	133	99
*Total attendances	626	593	649
*Total seen by medical officer	255	192	197
Aged persons on visiting list	43	5	1
*April–December inclusive			

Collaboration with Family Doctors.

Efforts have been made to strengthen this. In October 1966 the doctors were asked if they would like the health visitors to call on them once or twice a week to discuss cases and to undertake special visiting on their behalf. As might be expected, this has evoked a variable response. But there is no doubt the relationship with the doctors is steadily growing. In 1966 the family doctors referred 400 cases to the health visitors, the figure ten years earlier (in 1956) was 102.

The superintendent health visitor and the superintendent of home nurses and midwives regularly discuss patients of mutual concern.

Uniform.

Some of the health visitors do not agree with wearing uniform, but the Committee feel it is desirable. I think there is much to be said in favour of uniform, which is here, very attractive, in bottle green. The annual allowance is now £25, with an initial allowance of £40.

In-Service Training.

The health visitors attend a refresher course every five years, two attending such a course in 1966.

Home Visiting.

The number of home visits made by the health visitors was 17,031; additionally, 3,223 visits were ineffectual (no access). See Table XXI.

Child Welfare Clinics.

Every week, 11 sessions are held at the 9 clinics used. 4 of the clinics are owned by the committee, 1 is rented from another committee of the council and the rest are privately owned. One is a family doctor's premises.

Health education has always been the staple of health visiting, and this is effected by personal contact and discussion of the welfare of the babies and the family and of problems as they arise. More formal talks and demonstrations and group discussions are also undertaken by the various members of the staff, e.g. :—

Talks on mothercraft to expectant mothers at relaxation classes	24
Talks to voluntary groups (Church, Youth, Red Cross, etc.)	11
Talks at professional observation visits, etc. (Student Nurses, Commonwealth Schools and Visitors, etc.)	21

Pre-Nursing Students as Ancillary Helps.

From September 1966, by arrangement with the Technical College, a number of pre-nursing course students acted as ancillary helps in child welfare clinics as part of their training. The students, in pairs, attend one session a week for five weeks.

Diabetes Clinic.

As reported in my last report and for the reasons then given, the health visitor no longer attends the diabetes clinic at the Royal Devon and Exeter Hospital.

GERIATRIC HEALTH VISITING

Miss Caselli, who has attended a 2-year part-time course in Exeter University in social work, has now been assigned to geriatric visiting. The health visitors will still take an interest in the elderly people in their own areas, referring the more difficult cases of social-medical need to Miss Caselli. She has made good contact with the geriatricians (Dr. Jack Simpson and Dr. W. B. Wright) and attends case conferences at the City Hospital. She is also in touch with some of the family doctors, and hopes to be in touch with more ; she has frequent discussions with the home nursing superintendent and home help organiser, and with social workers of the Welfare and Housing Departments. This is a distinct advance in our arrangements ; nevertheless, it is but the beginning.

HOME NURSING

(See Table XX and page 84)

Staffing. At the end of the year we had 23 home nurses, all state registered, and 17 of them Queen's nurses.

Training. Twelve nurses took district training in 1966 and all passed the examination. Seven were trained for our own staff, three for Somerset and two for Devon.

Secondment of Pupil Nurses to District Training. At the request of the hospitals, arrangements were made for pupil nurses, taking enrolled nurse training at Redhills, Marl pits and Exmouth hospitals, to be seconded for eight weeks' district experience during the two years' training, under a scheme approved by the General Nursing Council.

Post-graduate Courses. Three general nurses each attended one week's post-graduate course.

General Nursing. The cases number 2,731, i.e. 171 more than in 1965, with a corresponding increase in visits by 3,889 to 94,472 ; these increases were due to the extension of the City—198 cases in the added areas. We have nursed fewer cases of acute

infections, more post-operation cases and more patients suffering from degenerative diseases. In this last category we have had a number of heavy patients needing considerable nursing care, and in several instances it has been necessary to arrange for two nurses to visit together. The visits to post-operation cases, which had increased in 1965, showed a further increase this year. The trend is clearly shown in this table :—

Year	1961	1962	1963	1964	1965	1966
Cases	172	188	197	192	264	302
Visits	4,042	4,736	5,461	5,264	6,568	7,960

Late Night Visits. 1,263 general nursing visits were paid after 8.0 p.m. during 1966, and we have continued to maintain 24-hour cover for emergency general cases.

Elderly Patients discharged from Hospital. To try to ensure continuity of care when elderly patients are discharged from hospital, arrangements were made for one of the general nurses to attend a weekly ward round with Dr. Simpson, consultant geriatrician. It was found, however, that the number of Exeter residents involved was too small to justify this, and the scheme was discontinued after two months.

*Night Home Help Service.** The difficulty in obtaining night home helps has increased, and although we were able to provide help for slightly more patients than in the previous year, we were unable to meet all the demands, or to supply help on enough nights in some cases. This was due to an insufficient rate of payment. Owing to the government-imposed financial freeze, authority to increase the payments to the night home helps and the recoveries from those helped had to be sought from the Ministry of Housing and Local Government. This has now been granted (1967).

*Loans Service.** There was a small increase in the number of loans made during the year. We now have just over 2,500 articles for loan, and are meeting current requirements (see p. 95).

*Soiled Linen Service.** The number of articles laundered was 1,223 more than in 1965, and the service was used for 82 more patients. The use of disposable sheets has again greatly increased (12,148 in 1966—6,497 in 1965); these are of considerable help in the nursing care of incontinent patients at home.

*Protective Clothing for Ambulant Incontinent Patients.** At the request of the Ministry (Circular 14/66) a supply of protective garments with disposable linings, was obtained in October 1966, and during the last three months of the year we provided this service for sixteen patients. In three cases, these garments did not prove effective, and their use was discontinued. It is difficult, as yet, to assess the extent to which this service will be of value.

* See pp. 95, 96.

HOME NURSING DURING 1966.

	New Cases	Total cases nursed	Total visits	% of cases over 65 years of age
Degenerative diseases and senility	913	1,363	75,962	77
Tuberculosis	13	13	605	30
Acute disease incldg. infectious disease	479	494	5,564	47
Maternity	86	89	911	—
Gynaecology	131	132	166	82
Accidents	67	84	2,113	79
Others	521	556	9,151	44
Totals	2,210	2,731	94,472	63 %
Casual visits (Not Nursing)	4,305			

VISITS TO PATIENTS SUFFERING FROM CARCINOMA 1961—1966

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%
1966	6,121	165	63%

HOME NURSING DURING 1961-1966.

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%
1966	94,472	4,305	2,731	63%

IMMUNISATION AND VACCINATION

(See Table XXIII)

The vaccination state among the children of Exeter was well maintained during the year. With Topsham, Pinhoe and Alphington added to the City in April of this year, the figures are not comparable with last year's, and as the vaccination records for these areas are only available for three-quarters of the year, the percentages of children protected must be considered as only approximate. We have not introduced measles vaccination yet, but the evidence is mounting that this is a useful measure.

1. *Smallpox Vaccination.*

974 persons received primary vaccination during the year, including 91 under one year of age, and 636 between one and two years old, i.e. 54% of the children in the one to two year age group.

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

(a) *Primary Vaccination.*

1,314 children received primary courses, 1,233 of them being of triple antigen, 22 of diphtheria-tetanus antigen, and 59 as quadrillin (against diphtheria, whooping cough, tetanus and poliomyelitis). 116 of the children were under one year of age, representing 80% of the live births in the City.

603 of the infants had completed the primary course by 5 months of age, and a further 267 by 6 months.

(b) *Booster Doses.*

(i) *At 18 months.* 940 children received a booster dose of triple antigen at 18 months old.

(ii) *At 5 years old.* 1,137 received a booster dose of diphtheria and tetanus antigen before starting school. This is a very good response representing about 86% of those eligible.

(iii) *At 10 years old.* 968 children of 10 years old received a booster dose of diphtheria antigen. 642 of these had already received a primary course of tetanus toxoid and were, therefore, given a single dose of diphtheria and tetanus antigen, 19 as triple antigen and 2 as quadrillin. 9 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 Vaccination.*

1,677 children completed a primary course of tetanus toxoid during the year, 1,292 being infants receiving the protection as part of a course of triple antigen or quadrillin.

4. *Poliomyelitis Vaccination.*

1,705 children completed a primary course of poliomyelitis vaccine during the year (59 as part of a course of quadrillin), 1,520 of them being under 2 years of age. Except for those receiving quadrillin, all received oral poliomyelitis vaccine.

Up to the 1st May this year the primary course of poliomyelitis vaccine was not started until the infant reached 6 months of age, but from that date the primary course was given at the same time as the primary course of triple antigen (i.e. at about 2-3 months of age). Because of this the number of infants receiving primary courses is abnormally high, and it is not possible to give an accurate figure for the proportion of infants vaccinated.

With the infants getting their primary course of poliomyelitis vaccine early, it was decided that a booster dose should be given at 18 months old, along with triple antigen to ensure that a satisfactory state of immunity was produced. During the year 228 infants of 18 months received a booster dose, and 1,103 children between the ages of 5 and 8 years old received a fourth dose of vaccine.

5. *Yellow Fever Vaccine.*

Under the Council's arrangements for yellow fever vaccination, 366 persons were vaccinated, 63 being children. All were proceeding abroad and required an international certificate of yellow fever vaccination.

It has 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, fire, children's, transport and housing departments. 65 of the health department staff and 89 of the other departments accepted, and were vaccinated by the 16th November.

7. *T.A.B. Vaccination (against typhoid and paratyphoid).*

T.A.B. inoculation was offered to parties of schoolchildren attending the Council's schools who were going abroad on educational visits.

In the six schools affected, 144 children received this vaccination.

AMBULANCE SERVICE, 1966

(See Tables XXIII—XXIV)

General. The ambulance service continued to function efficiently during 1966, the first full year under the direct administration of the City Council.

As Pinhoe, Topsham and Alphington had been, by arrangement with the Devon County Council, in the area already served by the city ambulance service, the incorporation of the "added areas" in April made no difference.

Housing developments on the outskirts makes city traffic heavier, and the problem of ambulance transport more difficult. The new two-tone horns on the ambulances are readily recognised by other road users, with benefit to all concerned.

Staff. As the drivers' hours of work were reduced from 42 to 40 hours weekly in January, an additional driver was engaged, making the number of driver attendants 22.

Staff sickness in all amounted to 201 days.

Premises. During the busy shopping period before Christmas, when Pancras Lane was choked with cars moving to and from the parking places, it became necessary to station an ambulance in Paul Street car park to reduce delay in turning out for emergencies.

The building of the new premises in Gladstone Road has now commenced (1967).

Ambulances. Three old vehicles were replaced during the year. The fleet now consists of 1 long distance, 5 general purpose and 5 dual purpose ambulances. The oldest is now 10½ years.

Experience has shown that reliability can be obtained more economically if ambulances are replaced at regular intervals of about 7 to 8 years' wear. This means that provision in Exeter should be made for the purchase of 3 vehicles during every two years, and the committee has agreed that a vehicles renewals equalisation fund should be established.

Journeys. Accident calls increased by just under 4%, and there was an increase of nearly 6% in ordinary removals to and from hospitals. These increases were offset by another reduction in the number of infectious cases, fewer removals on behalf of Devon County, and the discontinuation of transport for handicapped schoolchildren (now effected by taxis).

Rail Journeys—Charges. In April 1966 British Rail sharply increased their charges for patients who needed the exclusive use of a rail compartment, from four pence a mile (which, of course, was very cheap) to two shillings a mile.

From January 1967 there has been imposed a booking fee of three shillings for each walking and/or sitting patient and escort when they travel by rail. When, as often happens, the train journey involves a change or two, this will add to the cost. For various reasons the cost of sending patients away from Exeter by rail is rarely recoverable from other authorities.

The number of patients who have to be taken from Exeter to Frenchay Hospital at Bristol for neuro-surgery each year is considerable, and it is more economical to send patients by road (unless a rail journey is necessary for the patient's sake), particularly when it is known that there is a patient at Frenchay Hospital awaiting discharge to Exeter or some place in Devon. With the development of a neuro-surgical unit at Plymouth, some of this work is now being undertaken there, which means a saving in ambulance costs.

Air Transport. Air transport was used once (helicopter) for an accident haemophiliac case to be removed to Churchill Hospital, Oxford.

Hospital co-operation. This remains very satisfactory. The amount of out-patient transport does not diminish. During the second half of the year Redhills Hospital requested transport twice weekly for a number of geriatric patients. This continues to operate quite smoothly.

Hospital Car Service. This service is organised by Devon County Council and continues to carry most of the out-patients and those who can walk but need medical transport.

PREVENTION, CARE AND AFTER CARE

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

HEALTH EDUCATION

This is the first complete year during which there has been a health education officer in the department, and this is reflected in a marked extension of the health education work carried out.

As in previous years, a monthly programme concerning health education topics for publicity, clinic teaching and "Better Health" articles, was followed throughout the year. Support was given to the national campaigns, viz.: "Keep Britain Tidy", "Mental Health Week", and "Stop Accidents" (a campaign organised to celebrate the golden jubilee of the Royal Society for the Prevention of Accidents).

By courtesy of the estates committee, a large display window in the higher market has been made available for use in health education. Displays are changed monthly and cover many health and home safety matters.

Health Education in Schools.

Parentcraft and Health Education. Parentcraft courses, each of eight sessions, were given to the girls in their fourth year at the four secondary modern schools in the City, and a health education course was given to the girls in their first year at these schools. All were conducted by Miss E. H. Robertson, S.R.N., R.N.T., our health education officer.

Smoking and Health. A film on smoking, "Smoking and You", was shown in the secondary schools during September, with discussion led either by the health education officer or by the biology teacher at the school concerned. Posters on the subject were also supplied to the schools.

Posters and other teaching aids have also been sent to schools concerning personal hygiene, dental health, nutrition and food poisoning.

Venereal Disease. No special publicity was given to this subject. The health education officer was invited to watch a B.B.C. schools' broadcast on the subject with some of the senior girls at one of the secondary modern schools, and led a group discussion afterwards.

Home Safety. The Home Safety Committee met quarterly during the year. Among the many matters concerning safety in the home, special attention was paid to the following :—

1. *Chip pan fires.* Concern was felt about the number of household fires resulting from chip pans catching alight. With the help of several persons having special knowledge of the matter, an advisory leaflet was prepared and distributed to all the householders in the City.

2. *Polystyrene tiles.* The risk of fire when these tiles are used as ceiling tiles was brought to the attention of the Committee, and the availability of non-flammable polystyrene tiles is being investigated by the city council's fire brigade committee.

3. *Fireworks.* As in previous years, special publicity was given to the safe handling of fireworks, and with the co-operation of the council's weights and measures department, leaflets and posters were distributed to the local traders.

Water Safety. The Water Safety sub-committee met several times during the year. Two courses for adults, in life-saving and personal survival, were organised at the city swimming bath with the help of the city's physical education organiser and the city swimming clubs. Talks and demonstrations in mouth-to-mouth resuscitation were given in the schools and to several women's organisations.

HEALTH CARE OF IMMIGRANTS

The follow-up of newly-arrived immigrants is still difficult and by no means satisfactory. 38 new arrivals were notified to us and all came to Exeter (see page 90). Of these, 10 were not visited because 1 moved to Plymouth (the Medical Officer being informed), 1 moved to London (address unknown), 8 are students at local educational establishments (pending enquiries into future arrangements for the medical care of foreign students).

24 immigrants were not chest X-rayed ; 9 refused ; 10 had X-ray chest examination prior to arrival. All immigrants were advised to attend the mass radiography unit. The 4 X-rayed had satisfactory results.

Heaf testing was refused by 12 immigrants and 3 were tested before arrival. Of those heaf tested 11 were positive and 2 did not attend for reading.

It is believed that 22 immigrants had registered on a doctor's list, the others being advised to do this as soon as possible.

NOTIFICATIONS OF ARRIVAL OF IMMIGRANTS AND MEDICAL ARRANGEMENTS.

Country where Passport was issued	Notifications Received	Number Visited	Number X-Rayed	Number not X-Rayed	Number Heaf Tested	Number not Heaf Tested	Number on G.P.'s List
COMMONWEALTH COUNTRIES :							
Caribbean	1	1	—	1	—	1	1
India	—	—	—	—	—	—	—
Pakistan	5	4	—	4	2	2	1
Other Asian	14	13	1	12	1	12	13
African	10	4	—	4	4	—	4
Other	1	—	—	—	—	—	—
NON-COMMONWEALTH COUNTRIES :							
European	6	6	3	3	6	—	3
Other	1	—	—	—	—	—	—
TOTALS	38	28	4	24	13	15	22
		not seen 8 students (2 University) (4 Tech. College) (1 C. of Art) (1 B. Council)	satisfactory	9 refused 10 ? X-Ray before arrival 5 advised to attend M.R.U.	11 positive 2 did not attend for reading	12 refused 1 is a Doctor 2 tested before arrival	1 is a Doctor 5 advised to get on Doctor's list
		2 left Exeter (1 to Plymouth, M.O.H. informed) (1 to London, address unknown)					

TUBERCULOSIS — CARE AND AFTER-CARE

(See Tables XXVI—XXXIV)

Respiratory Tuberculosis. During 1966 there was a substantial and welcome decrease in the number of notifications.

Non-respiratory Tuberculosis. Once again, there was an increase; the new cases included :—neck glands 7, spine 1, genito-urinary 2.

NOTIFICATIONS

Year	Respiratory	Non-Respiratory	Total
1960	37	9	46
1961	26	13	39
1962	30	8	38
1963	26	7	33
1964	29	4	33
1965	27	7	34
1966	15	10	25

DEATHS

14 patients on the register died during the year, but in most death was not due directly to tuberculosis. 4 deaths were attributed (by the Registrar General's classification) to tuberculosis.

RE-ACTIVATION

There were no re-notifications during 1966.

TRANSFERS—IN AND OUT

The extension of the City boundary resulted in 30 cases (respiratory) being added to the register; and a further 20 respiratory cases and 1 non-respiratory case were "transferred in" from other areas, while 9 patients (all respiratory) were "transferred out".

RECOVERY FROM TUBERCULOSIS

18 respiratory and 7 non-respiratory cases were taken off the register during the year as "recovered".

CASES "LOST SIGHT OF"

There were no such cases during 1966.

TUBERCULOSIS REGISTER

At 31st December, 1966, the number of notified cases still on the register was 396, shewing an increase on the previous year's figure (368).

	Respiratory	Sputum Positive during 1966	Sputum Negative during 1966	Non- Respiratory
Men	193	12	181	14
Women	144	3	141	21
Children	21	—	21	3

TOTAL : 396

CONTACTS

174 contacts were examined for the first time during the year. This represents 7 contacts examined, on average, for each newly notified case. No new cases of tuberculosis were found at the 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 114; large films totalled 1,832.

TUBERCULIN TESTING AND B.C.G. VACCINATION

(a) *Contacts.* 140 tuberculin tests were carried out during the year and 112 B.C.G. vaccinations effected by the chest physician (34 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 tuberculin-positive school children (11) were X-rayed and examined by the chest physician. No new 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 chest physician.

(c) *University Students.* The University of Exeter was visited (as usual) during the registration period (October). 1,048 students attended for Heaf testing; 740 were positive, 208 did not attend for reading and 100 were negative. 84 students were given B.C.G. vaccination; 16 failed to attend for B.C.G.

Last year (1965) 413 students were Heaf tested, 61 of whom were negative; 48 of these were vaccinated.

PATHOLOGICAL EXAMINATIONS

947 pathological examinations of sputa, etc. were made on request of the chest clinic during the year (see table XXXIII) compared with 904 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

19 patients were helped with extra milk.

CHIROPODY SERVICE

We have had 3 chiropodists (all senior chiropodists) full time and 2 clerk-receptionists. The work continued satisfactorily throughout the year, and a small increase in the amount of care given was recorded. Treatment of persons conveyed to the clinics by hospital car service increased by about 40% (1,613 attendances in 1966, 1,137 in 1965), with a slight decrease in the number of treatments at patients' own homes (1,124 in 1966, 1,381 in 1965).

The number of elderly persons (i.e. over 65) on the register at the end of 1966 was 1,318.

Numbers of Treatments during 1966

	Elderly		Handi- capped		Expectant Mothers	Children		Totals		Grand Totals
	M.	F.	M.	F.		M.	F.	M.	F.	
At Clinics	1662	6261	39	197	29	63	153	1764	6640	8404*
At Welfare Homes	194	658	—	—	—	—	—	194	658	852
At Nichols Centre	—	—	21	83	—	—	—	21	83	104
At Home	244	872	2	6	—	—	—	246	878	1124
TOTALS	2100	7791	62	286	29	63	153	2225	8259	10484

* includes 1,613 attendances (19%) of persons conveyed by Hospital Car Service.

CERVICAL CYTOLOGY

The demand for tests continued at a steady rate until the B.B.C. Television programme "Panorama" about Richard Dimbleby and cancer was shown in the early spring, after which the requests simply swamped the department, bringing the waiting list to over 600, making the waiting time for an appointment 6 months (approx.). At that time the clinics were held weekly at the Bull Meadow Welfare Centre by Dr. Fuest. This was not frequent enough, however, to make any appreciable

reduction in the long list, and so in September Dr. Iris Ward (Whipton Clinic), and Dr. Elizabeth Ryan (Shakespeare Road Clinic) commenced cervical cytology sessions, each, twice a month. By the end of December the extra clinics had reduced the list to 124.

It was not possible to commence routine examination of the breasts, as had been hoped, but, where specifically requested this was done. To be of value, the women must be taught at the same time, how to examine their breasts themselves, and care has to be taken not to make them anxious about it. It is, therefore, quite a time-consuming process, involving real teaching. But cancer of the breast is far more significant as a cause of death than cervical cancer, and teaching self-examination in a sensible way is desirable. I hope it can be introduced.

In all, 1,482 women attended our cytology clinics in 1966. 7 were regarded as "positive"—this was confirmed in all instances after a cone-biopsy had been done—2 were required to have hysterectomy as well. Of the 18 "suspicious" results (including the 7 "positives"), 3 were proved negative—the remaining 8 being carried forward into 1967 for further observation. 72 were referred back to the family doctor because of abnormalities other than suspected cancer.

The Ministry of Health have introduced new forms on a national basis, and are proposing that the follow-up shall be centrally organised. I doubt if that is a good arrangement; the form does not appear to us to be as good as the one we had already used in the City and prepared by the hospital laboratory, this department and the county health department in co-operation.

CERVICAL CYTOLOGY CLINICS

Attendances during 1966

Age Range (years)	Referred by		Residing in		Total Women examined	RESULTS			Repeat Smears			Ref'd. back to G.P.
	Doctor	Self	Exeter	Outside		Neg.	Pos.	Susp.	Neg.	Pos.	Susp.	
-20	2	1	3	—	3	3	—	—	—	—	—	—
20-24	21	22	41	2	43	43	—	—	—	—	—	1
25-34	99	256	332	23	355	348	1	6	1	3	—	5
35-44	129	481	548	62	610	602	1	7	12	1	—	20
45-54	67	299	325	41	366	362	—	4	7	2	—	31
55-64	16	79	89	6	95	94	—	1	3	—	—	12
65+	1	9	10	—	10	10	—	—	—	—	—	3
	335	1147	1348	134	1482	1462	2	18	23	6	—	72

LOANS—YEAR ENDING 31ST DECEMBER 1966

Article :	LOANS MADE		On 31st Dec., 1966		
	in 1966	In Stock :	On Loan :	TOTAL :	
1. Back rests	333	20	86	106	
2. Bath rails	2	1	2	3	
3. Beds, air	37	10	3	13	
4. Bed boards, fracture	382	—	243	243	
5. Bed boards, commode	8	2	4	6	
6. Bed board, Nelson type	1	—	1	1	
7. Bed chairs (Guthrie Smith)	7	1	1	2	
8. Beds, iron and wooden	—	—	—	3	
9. Bed, iron, folding	—	—	—	1	
10. Bed, hospital type with backrest	19	6	5	1	
11. Beds, hospital type (adult cot)	—	—	—	3	
12. Beds, hospital type	—	—	—	3	
13. Bed blocks	36 prs.	2 prs.	18 prs.	20 prs.	
14. Bed lift (Invalid's Friend)	4	—	1	1	
15. Bed pans (assorted types)	398	57	91	148	
16. Bed pans (stainless steel)	—	2	22	24	
17. Bed tables, wooden	—	1	5	6	
18. Bed tables, convertible	25	2	—	2	
19. Bed tables, tubular and adjustable	—	3	2	5	
20. Bellows, air	37	1	1	2	
21. Blankets, bed	—	15	4	19	
22. Blankets, Cellolite	33	—	2	2	
23. Blankets, Calmamesh	—	2	—	2	
24. Bowls, polythene	9	4	4	8	
25. Cans, douche	14	2	3	5	
26. Chairs, wheeled	88	12	28	40	
27. Chairs, sanitary	12	—	7	7	
28. Chairs, carrying	3	1	1	2	
29. Chair trolleys	7	1	2	3	
30. Commodes	220	—	82	82	
31. Cot sides, adult	4	4	2	6	
32. Cradles, leg	161	8	52	60	
33. Cups, feeding	46	8	1	9	
34. Cushions, toilet (Easinurse)	16	2	3	5	
35. Draw sheets for "Easinurse" cushions	22	5	6	11	
36. Hoists, Penryn	56	4	21	25	
37. Hoists, Oxford	7	—	2	2	
38. Heaters, paraffin	8	5	1	6	
39. Fireguards	15	2	8	10	
40. Inhalers (Nelson)	3	—	1	1	
41. Kettle, steam, electric	—	1	—	1	
42. Mattresses, flock	20	3	3	6	
43. Mattress covers	22	24	3	27	
44. Mattresses, dunlopillo	2	1	1	2	
45. Mattresses, sectional	6	1	1	2	
46. Mugs, sputum	30	—	12	12	
47. Pillows	39	5	8	13	
48. Pillow cases	84	116	36	152	
49. Palmer injector	3	—	2	2	
50. Reachers (lazy tongs)	5	—	2	2	
51. Rings, air and sorbo	281	12	63	75	
52. Rubber and plastic sheeting (1½ yds.)	463	107	172	279	
53. Sheets	508	518	154	672	
54. Towels, turkish	19	10	2	12	
55. Self-lift chair	1	—	1	1	
56. Urinals	183	34	25	59	
57. Walking aids, tubular	—	—	49	49	
58. Walking aids, Bonaped	108	2	3	5	
59. Walking sticks, wooden	8	2	4	6	
60. Walking sticks, tripod and quadruped	128	31	36	67	
61. Walking machine	1	1	—	1	
62. Scales, adult	34	1	1	2	
63. Stands, oxygen cylinder	4	4	—	4	
64. Scales, infant	191	3	3	6	
65. Blankets, cot	38	16	5	21	
66. Cots, wicker	20	4	1	5	
67. Cot mattresses	20	4	1	5	
68. Gowns, infant	16	6	—	6	
69. Napkins	144	41	36	77	
70. Vests, infant	8	5	—	5	
71. Nightdresses/shirts	58	27	11	38	
TOTAL	4,457			2,512	

Soiled Linen Service, 1966.

There has been a sharp increase in the number of articles laundered (12,820 in 1965).

Articles laundered under linen service during 1966 :—

Sheets	12,842
Pillow cases	697
Blankets	19
Clothing and other articles	485
TOTAL	14,043

Number of patients using linen service during the year	298
Number of disposable sheets used during the year	12,148

Supply of Protective Clothing to Ambulant Incontinent Patients.

Number of patients supplied with protective garments	16
Number of garments supplied	24
Number of disposable linings supplied	806

Night Home Help Service, 1966.

Number of patients for whom service has been used	81
Number of cases where night home help attended for more than 14 nights	5
Reasons why night home help ceased to attend at cases :—	
Patient died	43
Patient transferred to hospital or nursing home	16
Patient no longer requiring attention at night	15
Private arrangements made	3
Patient still being attended on 31/12/66	4
	81

VENEREAL DISEASE

Dr. Dunkerley kindly tells me that among Exeter residents attending his clinic there was 1 new case of primary syphilis in a man aged 24 years; 15 new cases of gonorrhoea (10 men, 5 women); 86 men and 32 women attended for "other" conditions.

He addressed 58 letters in relation to contact tracing; 8 attended; 41 did not attend; 9 were not known at the address stated. This cannot be accounted a very successful follow-up, and we should consider trying to improve it.

VENEREAL DISEASE CLINIC—EXETER RESIDENTS. (1958 — 1966).

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
1966	1	15

DOMESTIC HELP SERVICE

Organisation and Staff.

On the 1st January 1966, one part-time clerk was re-designated as a part-time assistant organiser, and an additional full-time clerk was appointed in May.

Cases helped.

Domestic help was provided for 720 cases (707 families), involving 73,297 hours during the year. The average weekly case load was 393. The average number of hours worked per case per week was $3\frac{1}{2}$ hours for all types of cases, being the same as purely for old age.

Category	Families helped		Hours worked	
	Full-time	Part-time	Full-time	Part-time
1. (a) Confinement	2 (5)	30 (52)	105 (234)	579 (1,194)
(b) Ante-natal	—	11 (14)	—	250 (441)
2. (a) Acute illness (Under pension age)*	—	35 (30)	—	1,418 (1,249)
(b) Acute illness (Over pension age)	—	23 (30)	—	1,528 (1,949)
3. (a) Chronic sickness (Under pension age)	—	61 (56)	—	9,631 (8,841)
(b) Chronic sickness (Over pension age)	—	313 (281)	—	35,744 (35,468)
4. Old age	—	213 (181)	—	23,305 (22,533)
5. Tuberculosis	—	1 (2)	—	133 (180)
6. Others, including M.D.	—	18 (14)	—	548 (703)
* Pension age : Women=60 years. Men=65 years.	2 (5)	705 (660)	105 (234)	73,191 (72,558)
		707		73,297

Figures in brackets refer to 1965.

Total cases helped 720

Additional hours paid for :

Travelling time 8,921

"Waiting" time —

Overtime 89

Holidays 5,647

Sickness 3,420

Miscellaneous —

Total of weekly case loads for year 20,445 (18,519)

Average weekly case load 393 (356)

Average hours worked per case per week :

All categories $3\frac{1}{2}$ (4)

Old age $3\frac{1}{2}$ ($3\frac{1}{2}$)

Summary of Weekly Case Load by Categories

Category	Average case load		Average hours per case	
Confinement	1½	(2½)	10	(11½)
Ante-natal	1	(1½)	5½	(6½)
Acute illness (Under pension age)	8½	(6½)	3½	(3½)
Acute illness (Over pension age)	13½	(12½)	2½	(3)
Chronic illness (Under pension age)	38½	(34½)	5	(5)
Chronic illness (Over pension age)	195½	(178½)	3½	(4)
Old age	131½	(115)	3½	(3½)
Tuberculosis	1	(1)	3½	(3½)
Others	3½	(3½)	3	(3½)

Figures in brackets refer to 1965.

Number of cases deferred, and reasons :

(a) no help available at time	—	(15)
(b) other reasons	—	(—)

Number of applications for help withdrawn :

(a) shortage of staff	—	(—)
(b) high charge	1	(—)
(c) other arrangements made	26	(20)
(d) nothing further heard	13	(11)

Number of P/T helps employed 67 (57)

Average age of helps 49 (48)

Number of home visits by Organiser 1,311 (721)

EXETER MENTAL HEALTH SERVICES

The Nichols Centre has been visited by many professionally-interested persons both from overseas and from other local health authorities in this country, and this has afforded opportunities for valuable exchanges of views.

Though we think the Centre has developed well and that it corresponds well with the idea of mental health centres advocated by the World Health Organisation, we are aware of its shortcomings as well as successes and there are still questions to be answered. There is, for example, difficulty in reconciling the permissive atmosphere of the training centres and hostels with the policy of open acceptance of patients, despite behaviour problems. Are economic factors sufficiently taken into account in the training centre programme? Is there need for day-attendance facilities not unlike a day-hospital for the mentally ill? Are we providing the best kind of day-time training and rehabilitation service for both mentally ill and mentally sub-normal persons? Should we have hostels for long-stay permanent residents or would some form of supported and subsidised lodgings be better?

Now that the review of long-stay mentally ill patients in the psychiatric hospital has been completed, perhaps the next step is to consider the social-psychiatric problems involved in the discharge of the more damaged psychotic patients into the community. At what stage is community care a reasonable alternative to continued hospital care? What kind of community provision is desirable for ex-hospital patients, both in relation to residence, and day care, and what psychiatric support can be provided? How can continuing medication, when necessary, be maintained? These practical aspects of the care of such patients in the community should be discussed with the hospital staff before discharge, and similarly with family doctors. In recent months a few family doctors have been reviewing their elderly patients in co-operation with the newly-appointed geriatric health visitor and one of the mental welfare officers; this has revealed further need for preventive effort.

Over the past few years the mental health social workers have been organised on a hospital-linked basis, i.e. each social worker being concerned with a hospital and with one consultant. But in the outlying areas recently added to the city, it has been necessary to allocate mental health workers on a geographic basis.

MENTAL HEALTH SOCIAL WORK

There have been 4 notable developments in 1966 :—

- (1) *Counselling Service for recently bereaved Widows.* This began in January, 1966 in co-operation with the Exeter Council of Social Service, which provided the premises in their headquarters. One of our women mental health social workers has attended each Wednesday afternoon and counselled widows by appointment. During the year 75 widows took advantage of these arrangements, not all of whom were recently bereaved. 31 were referred for further counselling. The widows have also formed a group which at their own request meets each Wednesday evening at the Nichols Centre, and the mental health worker and a worker from the Council of Social Service attend alternately to give support. The attendance ranges from 15 to 25.
- (2) *Mental Welfare Officers' support of psychiatric patients in the Welfare Department's Sheltered Workshop.* Certain recovering mentally ill patients from hospital attending the adult training centre for rehabilitation were registered disabled persons and appeared to be suitable for transfer to the City Council's Welfare Department's Sheltered Workshops. With the approval of the Chief Welfare Officer (Mr. F. Riding), one of the mental welfare officers has attended the workshop at least weekly to advise and support the workshop staff. Although the mental health staff have felt that more trainees might be suitable for transfer, in the event the number who

have been retained in the sheltered workshop after a period of assessment has been disappointingly small. This is not, apparently, only a local experience, and it suggests that there is a need for separate sheltered workshop accommodation for psychiatric patients. We may better be able to answer the question here implied when we know what effect the more formal organisation we propose for the new workshop now being built at the Nichols Centre will have on training and production.

- (3) *Review of patients in Royal Western Counties Hospital.* Following the review of patients in Exe Vale Hospital and the use of the Nichols Centre facilities (clubs, hostels and training centres), for rehabilitation back into the community, similar steps were taken in the second half of the year by the hospital medical staff and one of our mental welfare officers (Mr. Lock) in respect of mentally subnormal patients originally from Exeter in the Royal Western Counties Hospital. Different problems are involved. There is no problem of continuing medication, for example, but owing to greater intellectual limitation the patients require closer support in the community, even though their behaviour and working ability is often more stable.

The first group of patients reviewed were living at Langdon ; of the 36 men patients there, 28 were classified severely subnormal and unfit for discharge ; 2 classified as mentally subnormal were regarded as being at present unemployable, requiring further hospital care and were to be reviewed again at some future date. 6 were discharged from hospital, 2 to their own homes and to attend our training centre and 4 to our hostels and to attend the training centre ; of the former 2, both were placed in outside employment but 1 has had to return to the centre ; of the latter 4, at the end of the year 3 had been placed satisfactorily in employment, including 1 in the Welfare department's sheltered workshop. The hospital stay of these patients has been for varying periods, viz. :—3, 5, 6, 15, 21 and 38 years. Nothing can be more satisfying than this.

- (4) *Placement of discharged mentally ill patients in lodgings.* One of the surprising developments during 1966 has been the increase in the number of ex-mentally ill psychiatric hospital in-patients now living in lodgings in the city. During the past few years, a substantial number of patients has been placed

in lodgings, and quite generous lodging allowances have been made by the National Assistance Board, now the Ministry of Social Security. The mental welfare officers will not place patients where the accommodation or the meals provided are unsuitable or where the domestic atmosphere is unfavourable. Our existing hostel provision is for convalescence and rehabilitation and when residents are ready for discharge from the hostel we have found that "sympathetic lodgings" provide the right community environment. Consequently more and more lodgings have been found to be necessary, and advertisements in the local press have yielded some results. We use selected lodgings too for patients discharged direct to them from the psychiatric hospital. At the end of the year 57 ex-patients were in lodgings in 24 houses and were psychiatrically supported by the mental welfare officers. In addition to these there are 16 patients now discharged from any formal oversight and able to live in lodgings without support from the social workers.

When planning the development of Exeter's mental health services, we thought permanent long stay hostels would be necessary, but we are now thinking that it might well be better to use small, homelike lodgings where 2 or 3 patients could live as part of a family. So often hostels are purpose built or in an environment socially quite different from that known by the patients, e.g. in large adapted houses, often in residential areas far removed both in place, style and feeling from those where the patients have lived. We consider it would be better either to purchase smaller-type semi-detached or terrace-type houses where a few patients could live in a family environment or alternatively, by means of some form of subsidy, encourage people to accept patients in their homes. This would be simply an extension of the practice of placing patients in lodgings approved by the social workers and might well prove a more satisfactory solution for the future.

Staff and Training.

With the appointment of Mr. Brooke (Certificate of Social Work Training) as a mental welfare officer to fill the vacancy for a psychiatric social worker which had existed since 1958, the establishment of mental welfare officers was filled for most of 1966. Mr. Coombs (an experienced officer) was seconded for a year's Council of Social Work Training at Liverpool in September, 1966; Mr. Lock will be seconded for psychiatric work training from September, 1967; and the appointment of a trainee mental welfare officer early in 1967 has been approved. Including all these the establishment is 1 senior mental welfare officer, 6 whole-time, 1 part-time and 1 trainee mental welfare officers.

HOSTELS

The staffing difficulties which had bedevilled the management of the hostels since they opened in 1964 were resolved early in 1966 by the appointment of Mr. and Mrs. R. Johnson, both trained psychiatric nurses with previous hostel experience, as warden and matron. We also engaged part-time hostel staff (three men doing evening duty in turn and sleeping, "on call", in Fairbank and three women doing day-time duty in the women's hostel). Having part-time non-trained staff under the direction of qualified psychiatric nurses has proved a successful innovation.

Fairbank Hostel, formerly used for mentally subnormal women, was closed in December, 1965 and re-opened for men (convalescent mentally ill and mentally subnormal) in April, 1966. It was quickly filled and during the year has had an occupancy of just under 90%. The women's hostel in the main building has had an occupancy of 65%; the total bed occupancy of the two hostels for the year was 75%. The men's hostel has presented more problems than the women's hostel. The men tend to be more assertive and aggressive, some may bully others, and their standards of cleanliness and of behaviour at meal-times, for example, are not as good. Whereas the presence of a few psychopaths in the women's hostel can be tolerated and accepted, they present a very much larger problem in the men's hostel. If a hostel is to run successfully there must be a homely family atmosphere, but the variety of residents involved makes this difficult. On the one hand we must help some to make contacts, trying to persuade them not to withdraw within themselves too much; at the same time we have to contain sympathetically some of the more assertive behaviour and over-activity of others.

Mr. and Mrs. Johnson, the Warden and Matron, have the following comments to make about their first year's experience in the hostels:

"The majority of residents have no homes or family to return to and as many of them have low wages they have difficulty in managing after discharge. Problems arise in finding accommodation for them sufficiently inexpensive so that they can keep themselves adequately clothed and have entertainment and enjoyment in living independently. As they are usually working whole-time, it is not possible to obtain help from the Ministry of Social Security.

"Although behaviour problems in the men's hostel have led to greater difficulties, the men appear to accept their various psychiatric handicaps better than the women.

"A large number of the men have not been good rehabilitation prospects and this has tended to dishearten some of the other residents and detract from the efforts made to settle them in the community.

"Facilities for indoor recreation during evenings and week-ends are somewhat limited in the hostels themselves but the social club room is used by both men and women for games, dancing, record-playing, etc. It is desirable to enable the men and women to have meals together, but so far it has not been possible to arrange it because of the limitations of the building."

Personal contact before admission to the hostel to enable Mr. and Mrs. Johnson to interview prospective residents is now almost always arranged and is beneficial to both the patient and the hostel. It gives an opportunity to assess which will be the best placing and in which group or dormitory the patient might be best placed.

Medical support from the family doctors has been good but there is need for regular psychiatric support from the hospital doctors, preferably by regular "pastoral visits". It is inadequate and unsatisfactory for consultant psychiatrists to be called in to see residents only when a crisis has arisen. This not only results in the consultant's visit being viewed by the residents with some misgivings, but it also puts the patient on guard with distortion of the clinical picture.

Hostel Admissions during 1966
(The men's hostel was opened 4.4.66)

Age (yrs.)	Schizo- phrenia		Paranoid Schizo- phrenia		Person- ality Disorder		Psycho- pathic Person- ality		Hysteria		Depress- ive State		Brain Damage		Sub- normality		Totals	
	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.
15—24	5	1	—	—	2	3	3	6	—	—	—	—	—	—	4	5	14	15
25—34	8	3	—	—	—	—	—	1	—	—	—	2	—	—	1	6	9	12
35—44	2	4	1	—	—	—	—	1	—	—	1	1	1	—	—	7	5	12
Over 45	4	1	—	1	—	—	—	—	—	—	3	3	—	—	3	5	10	10
Men	19	—	1	—	2	—	3	—	—	—	4	—	1	—	8	—	38	—
Women	—	9	—	1	—	3	—	8	—	—	—	6	—	—	—	23	—	50

Diagnoses are based on medical opinion.

Hostel Discharges—Mental Subnormality

In At 1.1.66		Admitted from										Discharged to										Remaining in Hostel at year end							
												Hospital		Home		Residential Employment		Lodgings								Left without Notice		Temporary Admission	
																		Working	M.	W.	Training Centre								
M.	W.		M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.									
—	—	Hospital	3	2	—	—	—	—	1	—	1	1	—	—	—	—	—	—	1	—									
—	2	Home	2	8	1	1	—	2	—	—	—	1	—	1	5	—	—	—	—	—									
—	2	Residential Employment	1	10	—	2	—	—	—	7	—	1	—	—	—	1	1	—	—	1									
—	1	Lodgings	2	2	1	—	—	—	—	2	—	1	—	—	—	—	—	—	1	—									
—	—	Other	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—									
—	—	Men	8	—	2	—	—	—	1	—	1	—	—	—	1	—	1	—	2	—									
—	5	Women	—	23	—	3	—	2	—	9	—	4	—	1	—	—	7	—	1	—									

The men's hostel was opened 4.4.66.

Hostel Discharges—Mental Illness

In At 1.1.66	Admitted from		Discharged to												Remaining in Hostel at year end		
			Hospital		Home		Residential Employment		Lodgings			Indust'l Rehab'n Unit		Left without Notice		Temporary Admission	
M.	W.		M.	W.	M.	W.	M.	W.	Working	M.	W.	M.	W.	M.	W.	M.	W.
—	6	Hospital	—	11	—	17	—	3	6	—	2	—	1	7	—	1	1
—	—	Home	—	10	—	5	—	2	3	6	—	—	—	—	—	—	—
—	—	Residential Employment	—	—	—	2	—	—	—	—	1	—	1	—	—	—	—
—	—	Lodgings	—	3	—	2	—	—	—	1	—	—	—	—	—	—	—
—	—	Other	—	2	—	2	—	1	—	1	—	—	1	—	—	—	—
—	—	Men	—	30	—	—	—	6	—	8	—	—	1	—	—	7	—
—	6	Women	—	—	—	28	—	—	9	—	3	—	9	—	—	—	—

The men's hostel was opened 4.4.46

Diagnosis of Hostel Admissions and Placing on Discharge in 1966

Placing

Diagnosis	In at 31.12.65		Adm'n's Total		Hospital		Home		Residential Employment		Lodgings				Indus't'l Rehab'n Unit		Left without Notice		Temporary Admissions		Remaining in Hostel at year end	
	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	Working		Training Centre		M.	W.	M.	W.	M.	W.	M.	W.
											M.	W.	M.	W.								
Schizophrenia	—	4	19	9	2	4	6	—	—	—	1	4	—	—	1	—	—	1	1	—	8	4
Paranoid Schizophrenia	—	—	1	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—
Personality Disorder	—	—	2	3	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	2	1
Psychopathic Personality	—	1	3	8	1	2	1	3	—	—	—	3	—	—	—	—	—	—	—	—	1	1
Hysteria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Depressive State	—	1	4	6	3	1	—	1	—	2	—	1	—	—	1	—	—	—	—	—	—	2
Brain Damage	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental Subnormality	—	5	8	23	2	3	—	2	1	9	1	4	—	1	—	—	—	—	1	7	3	2
Men	—	—	38	—	8	—	8	—	1	—	2	—	—	—	2	—	—	—	2	—	15	—
Women	—	11	—	50	—	11	6	—	—	12	13	1	—	—	—	—	—	1	7	—	—	10

The total number of persons who attended the training centre during 1966 was 195 (102 men and 93 women) : 102 (54 men and 48 women) were attending at beginning of the year, and 120 (65 men and 55 women) at the end. 18 men and 19 women were discharged to employment, and 3 men and 5 women were transferred for assessment to the welfare department's sheltered workshop.

The classes in reading and writing and physical education continued ; one session a week (Wednesday afternoons) has been allocated to organised physical or cultural activities, e.g. football, netball and community singing. (Early in 1967 Mrs. Hubbard, one of the instructors, has organised play reading daily during the midday break with considerable success). So far it has not been possible fully to resume cookery classes, but they started again in a small way towards the year end and another group started dressmaking.

Difficulties in supervision, not lessened by accepting trainees with behaviour problems, have been caused by the considerable increase in numbers, but even more by the limitations of the premises which necessitate having a number of small separate workshops. Towards the end of 1966 loan sanction was granted for the erection of an extra workshop of approximately 2,000 sq. ft. ; here engineering and more industrial types of work will be carried out, and this shop will be run on more formal lines than at present obtain ; we hope also to include a small assessment unit.

Work Material.

The greenhouses which were erected towards the end of 1965 had their heating equipment installed and came into full use during 1966. The industrial work also expanded and further equipment (a milling machine, a surface grinder and a lathe) was given to us by the University. The contracts for the processing of pig bristle, the manufacture of paint brushes and the assembly of spring clips and lynch pins for tractors were continued and enlarged. Income from these sources increased from £3,300 in 1965 to £5,000 during 1966.

The development of the various kinds of work in the training centre has had a beneficial effect on many of the trainees, 37 of whom have been placed out into employment (18 men and 19 women) ; additionally there were 18 (12 women and 6 men) who were registered disabled persons and approved by the Disablement Rehabilitation Officer of the Ministry of Labour as suitable for transfer to the Welfare Department's sheltered workshop.

Placing into Employment.

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

	Persons attending 1.1.1966	Persons admitted	Discharged to					Persons attending 31.12.1966
			Employ- ment	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	21 17	24 25	10 10	9 6	2 4	1 2	— 1	23 19
Mentally Subnormal	33 31	24 20	8 9	6 2	1 1	— 3	— —	42 36
	54 48	48 45	18 19	15 8	3 5	1 5	— 1	65 55

Mr. Lock reports as follows :—

Sheltered Workshops Project for psychiatrically disabled from February, 1966.

“ The trainees’ output is assessed on a commercial basis, i.e. it must be at least about 50% of normal. If they successfully complete the training period, candidates are accepted as employees by the welfare department; weekly payment is assessed on capability, e.g. a minimum of 75% of the full wage of £12 p.w.

“ Of the 12 women recommended as suitable, 4 were rejected following the initial trial period, 3 were subsequently rejected (1 for admission to hospital on relapse, and 2 more after some months as their performance deteriorated). 5 remained at the year-end but 3 of these were rejected early in 1967. 6 men were submitted of whom 4 were rejected following the initial assessment, the remaining 2 left of their own accord after a short period to return to the Nichols Centre.

“ It is inevitable that a higher demand is made on the individual in a sheltered workshop than in a training centre. At the Nichols Centre there are more opportunities to move people around from one job and situation to another to suit their temperament and capabilities. At the sheltered workshop, employments for women are more restricted in kind, and though perhaps more monotonous in nature require some technical skill and a fairly high level of concentration. The psychiatrically disabled do not readily achieve the output levels required. Up to date this is our experience in the Exeter workshops.

“ The psychiatrically disabled take longer to settle to new conditions and emphasis should be placed initially on re-settlement procedure rather than output levels—this will come later when the candidates’ sense of security is re-established. Generally I feel that the staff require a basic knowledge of the factors involved when dealing with this type of disability and that this would help develop a sense of security in the candidate.

This is something that is possible at the Nichols Centre through regular staff meetings and discussions with the training centre staffs and intensive support from the mental welfare officers regarding behaviour difficulties, thereby providing a secure environment for the trainees.

"It seems that psychiatrically disabled people would probably do better in workshops devoted specifically to them, and helped by mental health worker support and supervision."

SOCIAL CLUBS

Two more evening clubs were started during 1966, making six clubs in all. One was started in October at the request of the training centre staff and run voluntarily by them for the trainees at the centre. This club, on more formal and organised lines than the Friday evening club, proved exceedingly popular during the winter months, the attendance ranging from 40 to 50. It will close during the summer, but it is hoped to arrange outings instead.

The second developed from the counselling service for widows. A number of the 75 widows who had sought this service during the year wished to start a club at the Nichols Centre. It might be thought such a club would be better held elsewhere. Though this was pointed out to them, they persisted in their request and from September the club room has been made available to them on Wednesday evenings. The attendance has varied from 15 to 25.

The other 4 clubs continued to flourish with the help, which is gratefully acknowledged, of the Society for Mentally Handicapped Children, students from the University and St. Luke's College, as well as many other interested private persons, including Mr. C. H. Young. In all, about 150 persons come more or less regularly to these six clubs every week.

Owing to infirmity some of the elderly had difficulty in getting to their Thursday afternoon club. The W.R.V.S. kindly organised transport, but this could not be maintained. It is often difficult for voluntary organisations to make long-term provision of this kind.

ELLEN TINKHAM HOUSE

(Junior Training Centre)

Staff.

Mrs. Ann Horton, the first head teacher to be appointed to the school, died in July, 1966 after a long illness borne with great fortitude. Mrs. Horton never spared herself in developing the school; she loved the children and her every thought was of how to improve their lot. It is due to her enthusiasm and inspiration that a splendid indoor swimming pool (named in her honour) has been donated by the Parent/Teacher Association of Ellen Tinkham House.

To succeed Mrs. Horton, the Health Services Committee have appointed Miss F. Crook, Dip. N.A.M.H., from September, 1966. She has been a member of staff since September, 1957.

The staff now includes the head teacher, 4 assistants, 1 whole-time and 1 part-time welfare attendant and a trainee, a cook, an assistant cook, a resident caretaker and a cleaner (part-time).

The number of children attending rose from 45 (including 12 from the Devon County area) in January to 52 (including 10 from the county) in December. There were 17 new admissions (including 5 county children) ranging in age from 2 to 8 years. Discharges (10) included 2 whose parents moved away, 2 transferred to the adult training centre and 4 (including 2 county children) admitted to hospital, 1 county child was withdrawn and another transferred to their residential training centre. 4 county children became Exeter residents during the year, as they lived within the added areas.

In the centre there are now 4 groups, viz. a senior class, a junior class, a nursery class and a special care unit.

The number of children with severe physical handicaps admitted to the nursery class (aged 2 to 6 years) was further increased, making them the largest group within it. If this increase continues (as during the past couple of years) it will make further provision of classroom space and staffing necessary.

The special care unit looks after the very severely affected children who do not readily fit into other groups, often severely brain damaged and with severe physical abnormalities. Caring for the physical needs of the child is a major task here: the unit ensures relief for the parents during the day: progress in the ordinary sense is very limited and slow.

An innovation this year was the introduction of a weekly cookery session for the senior girls, which has proved to be a great success.

Medical Care and Attention.

(a) The health of the children is supervised by Dr. E. G. Ryan, School Medical Officer, who visits three times a fortnight (half-day sessions).

(b) Dental and visual acuity examinations are undertaken at regular intervals.

(c) Physiotherapy for about 9 spastic children is provided at the Countess Wear Spastic Clinic by the Spastics Society once a week for about 1 to 1½ hours. The children concerned (usually about 9) are escorted by a member of staff, and transport is provided by the Ambulance Service. There are a further 11 who would benefit from physiotherapy and it would be better to undertake physiotherapy in the school. (Early in 1967 a part-time physiotherapist has been appointed for 2 sessions a week.)

(d) Speech therapy is given by Mrs. M. Reece, L.C.S.T., during one session of two hours weekly. 20 children at the present time need this treatment. A further weekly session of speech therapy has been allocated in 1967.

Open Day.

In December two Open Days were held in the school, during which the children demonstrated some of their developing skills. The Right Worshipful the Mayor (Alderman Mrs. M. Nichols) and the Mayoress (Mrs. F. Randall-Vining) and the Sheriff's Lady (Mrs. W. J. Hallett) kindly came, and also about 200 parents and friends.

Harvest Festival.

The Rev. Father E. Royle kindly took a Harvest Service, which was attended by over 40 parents and friends.

Parties and Gifts.

We are grateful to many who have shown kindness to our children, including the International Friendship League, the Mount Pleasant Young Wives Group, the Cheriton Bishop Women's Institute and the Moretonhampstead Women's Institute, which arranged parties, and the Exeter Polsloe Conservative Club, and customers of the Kings Arms, Seaton, who gave Christmas toys.

The Parents' Association presented the school with a T.V. set.

Outings.

Outings were arranged to the model village, Babbacombe, the beach at Bigbury, and to see "The Sound of Music".

Visitors.

The school has attracted visitors and students, including some from Exeter University, St. Luke's College, Royal Devon & Exeter Hospital, the Bristol N.A.M.H. Course, Whipton Townswomen's Guild and Bishop Blackall School.

Fund-raising Functions.

A summer fete, kindly opened by Miss Penny Bowles, not forgetting Gus Honey Bun, raised £360, while a coffee morning, opened by the Mayor of Exeter, raised £56.

Parent-Teacher Association.

The tremendous support afforded by the Parent-Teacher Association (Chairman, Mr. G. W. Bird) whose special project this year has been the building of the indoor heated swimming pool at a cost of £6,500 is greatly appreciated by the children, the staff and the Committee.

Looking Ahead.

This year has been one of steady progress—a year in which all the staff have co-operated to provide a happy atmosphere of encouragement in which the children spend a great part of their lives. It is hoped that 1967 will see an expansion of the services provided by bringing into use the swimming pool, extra physiotherapy and speech sessions, provision of a minor adventure playground, creation of a pets' corner, re-organisation in the nursery to facilitate selective training, gardening and woodwork sessions for the older boys, and expeditions into the city. (All this has been achieved or is in hand at the time of writing.)

Whether these junior centres should be under the auspices of the Ministry of Health and locally the Local Health Authority or of the Department of Education and Science and locally the Education Authority is being much canvassed. Certainly I think the Department of Education and Science should take responsibility in the training of the teaching staff, who should certainly be required to have an appropriate qualification. But it is important to remember that the welfare of these children is more closely bound up with their families' welfare and vice versa than perhaps in any other comparable group. Since the mental health component of their care is so important, I think on balance they should remain within the general sphere of influence of the Ministry of Health. I do not think there should be any serious objection to these centres being styled "schools" or to the staff being styled teachers (of the mentally handicapped). Whether the ordinary teacher's course is appropriate for this work is another question. Do these children suffer in its default? I doubt it.

MENTAL DISORDER, 1966

(See also Appendix—and Tables).

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

During the year 266 city residents (121 men and 145 women) were admitted to hospital for the *first* time for psychiatric treatment for mental illness; 77 (30 men and 47 women) were over 65 years of age. (The figures for 1965 were 250 (88 men and 162 women), of whom 65 were over 65 years old.) 160 others admitted had previously received psychiatric hospital treatment. 60 patients were admitted more than once during the year.

There were 545 "discharged" (which include 136 transfers from one category of patient to another within the hospital, e.g. "formal" to "informal", and 63 deaths); the corresponding figures for 1965 were 595, 138 and 63 respectively.

433 Exeter residents remained in hospital at the year-end, 38 more than at the end of 1965.

Temporary Residents.

In addition, the mental welfare officers admitted 98 persons (45 men and 53 women) who were only temporarily resident in Exeter.

MENTAL SUBNORMALITY—Ascertainment and Supervision.

During the year 2 boys were notified by the Local Education Committee as being "unsuitable for education" and 11 (8 under 5 years old and 3 over) were referred informally by the doctors in the department; 11 were admitted to the junior training centre, 1 to the special care unit and 1 was in hospital already. The number of children attending the junior training centre increased from 45 to 52—almost all the increase being in the nursery group.

7 girls and 5 boys were "referred for care and guidance" on leaving school, 1 boy is attending the adult training centre, the remainder are now working.

8 men were discharged from the Royal Western Counties Hospital; 2 were re-admitted to hospital, 2 attend the adult training centre and 4 are in regular work after a short period in the Nichols Centre Hostel.

At the year end we knew of 205 (102 male and 103 female) Exeter mentally subnormal persons living in the community. 50 of these 25 girls and 25 boys were under 16 years old; 42 of them were attending the junior training centre; 3, severely handicapped, were being cared for at home, and 4 school-leavers were working.

Of the 155 adults (77 men and 78 women) 36 men and 35 women were attending the adult training centre, 25 men and 30 women were working, 15 men and 11 women were at home with relatives and 1 man and 2 women were attending the Welfare Department centre for handicapped persons.

Hospital and Community Care.

- (a) During the year, 1 boy and 7 men, 1 girl and 11 women were admitted to hospital (5 of the men were admitted on Court orders following police court proceedings and 1 man and 1 woman were admitted for a temporary period).
- (b) 1 boy and 2 girls (all severely subnormal) and 1 man died in hospital.
- (c) There were 149 under care in hospital at the end of 1966, including 15 under 16 years old—12 more than a year previously.
- (d) The total of known Exeter mentally subnormal persons having hospital and community care at the end of the year was 354 or 3.8 per 1,000 population.

- (e) The social workers continued to visit the hospital at Starcross each week for case conferences regarding discharges, employment and lodgings. A start has now been made on assessing the needs of Exeter patients in Starcross Hospital (see page 113). Apart from the 6 men previously discussed, 2 women were placed in employment in the ordinary way.

During the year Dr. Johnstone, Consultant Psychiatrist on the staff of the Royal Western Counties Hospital, has visited the Nichols Centre and seen patients at the request of the local health authority.

WITHYMEAD CENTRE

As mentioned in my last report, part of Withymead Centre was registered as a mental nursing home in January, 1966 for 20 patients, all ambulant.

The centre is now under the direction of D. A. Sime, E.R.D., M.B., Ch.B., D.P.M.

TABLES.

Table XVI.

CHILD WELFARE CLINICS.

CHILDREN ON REGISTER (1962 to 1966)

CENTRE	Born 1966	Born 1965	Born 1964-61	Total 1966	Total 1965	Total 1964	Total 1963	Total 1962
Bull Meadow	196	210	250	656	634	704	665	649
Burnthouse Lane	169	242	335	746	540	594	504	580
Countess Wear	67	85	155	307	376	212	189	214
Whipton	248	267	445	960	984	1,007	975	964
Buddle Lane	258	269	402	929	843	733	666	689
Alphington (April)	27	39	60	126	—	—	—	—
Pinhoe (April)	25	55	53	133	—	—	—	—
Topsham (April)	49	34	16	99	—	—	—	—
TOTALS	1,039	1,201	1,716	3,956	3,377	3,250	2,999	3,020

Table XVII.

INFANT WELFARE ATTENDANCES, 1966

ATTENDANCES ACCORDING TO AGE OF CHILD AT TIME OF ATTENDANCE

CENTRE	Under 1 year	1—2	2—3	3—4	4—5	TOTAL 1966	Total Sessions	Total M.O. Sessions	Total seen by M.O.	Total H.V. only Sessions	ATT'CES TOTAL 1966
Bull Meadow (Central)	825	249	121	124	55	1,419	51	12	110	39	1,801
Bull Meadow (Northern)	1,570	556	232	114	100	2,572	56	46	431	10	2,364
Buddle Lane	3,149	1,323	680	446	258	5,856	94	81	1,252	13	5,419
Countess Wear	751	344	184	154	95	1,528	50	48	595	2	1,622
Burnthouse Lane	1,248	459	274	255	159	2,395	51	48	640	3	1,900
Whipton	2,250	770	460	315	197	3,992	102	98	1,210	4	4,980
Alphington	281	169	80	55	41	626	26	25	255	1	—
Pinhoe	291	213	35	25	29	593	26	25	192	1	—
Topsham	507	84	21	12	25	649	28	27	197	1	—
TOTALS	10,872	4,212	2,087	1,500	959	19,630	484	410	4,882	74	18,086
TODDLERS' CLINICS											
Burnthouse Lane	4	20	14	12	15	65	9	9	65	—	106
Whipton	1	30	42	38	28	139	10	10	139	—	162
CONSULTATION CLINIC											
Burnthouse Lane	433	196	109	132	89	959	52	—	—	52	1,010
GRAND TOTAL	11,310	4,458	2,252	1,682	1,091	20,793	555	429	5,086	126	19,364

Table XVIII.

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

(Work carried out by the City Social Worker,
Miss B. CRAMP)

Carried forward from December, 1965	24
New Cases 1966	121
	<hr/> 145 <hr/>

Confinements were as follows :—

In hospitals in Exeter (City Hospital 11, Mowbray Hospital 60, R. D. & E. Hospital 1)	72
Mother and Baby Homes in Exeter (St. Olave's 8, St. Nicholas 4)	12
Mother and Baby Homes outside Exeter	4
Confinements at home	—
Live Births (including 3 sets of twins)	85
Premature stillborn (including twins)	3
Cases carried forward at the end of the year	30

Disposition of Babies born :—

With mother, living with her parents	47
With mother, living in lodgings	5
With mother, married to putative father	12
With mother, cohabiting with the putative father	10
In a foster home awaiting adoption	2
Long-term fostering	2
Placed with adopting parents	19

OTHER WORK CARRIED OUT

Affiliation Orders	16
Payments from putative fathers	2
Allowances from Buttle Trust	9
Accommodation found	2
Help from Hilda Strudwick Charity	1
Visits made	453
Interviews given in the office	567

Table XIX.

HOME MIDWIVES SERVICE

Number of cases attended as midwives (home deliveries)	344
Number of visits paid to above cases :—	
(a) during first ten days	5,192
(b) after tenth day of puerperium	2,461
	7,653
Number of cases booked during the year :—	
(a) Home bookings	475
(b) Mowbray Hospital bookings	872
	1,347
Number of cases seen at the ante-natal clinics	673
Number of attendances at the ante-natal clinics	2,896
Number of ante-natal visits to patients' homes	7,116
Number of medical aid forms sent	1
Number of midwifery cases transferred to hospital	71
Number of casual visits paid by midwives	4,718
Number of cases brought forward on 1st January, 1966 (mothers undelivered)	144
Number of cases booked during the year	475
Number of emergency unbooked deliveries (and cases booked for delivery elsewhere than at home)	6
Number of home bookings transferred from Devon 1/4/66 (added areas)....	23
	<hr/> 648
Number of cases booked and subsequently found not pregnant	1
Number of cases delivered during the year	344
Number of cases of miscarriage of booked patients	5
Number of booked cases who left Exeter before delivery	11
Number of booked cases admitted to hospital undelivered	56
Number of cases originally booked for home delivery and subsequently booked for delivery in hospital or maternity home	82
Number of cases remaining on the books on 31st December, 1966 (mothers undelivered)....	149
	<hr/> 648
Total visits to midwifery patients (excluding hospital discharges and cases for feeding supervision)	19,487
<i>Analysis of Deliveries :</i>	
Number of patients delivered by midwives	341
Number of forceps deliveries	3
Number of patients delivered by Doctors (other than forceps)	—
	<hr/> 344

Table XIX(a)

HOME MIDWIVES SERVICE

REPORT OF ADMINISTRATION OF GAS AND OXYGEN ANALGESIA, PETHIDINE ANALGESIA, OTHER ANALGESIA—YEAR ENDING 31ST DECEMBER, 1966.

Number of cases where gas and oxygen analgesia given	....	236
Number of cases where other analgesia given :—		
Trilene	....	77
Other	....	—
Number of cases where analgesia not given	....	31
Total deliveries	....	344
Number of cases where pethidine or pethilorfan given	....	217

Evaluation of the condition of the Newborn Infant.

Number of babies where Apgar rating made	280
--	------	-----

Apgar score. Number of babies.

0	—
1	—
2	3
3	1
4	—
5	6
6	18
7	15
8	39
9	117
10	81
	280

Relaxation Classes.

1966.

Number of mothers who attended classes during the year	....	451
Number of attendances made during the year	....	2,686
Number of sessions held during the year	....	254
Number of attendances at relaxation classes held by midwives at St. Nicholas and St. Olave's Homes :—		

St. Olave's 201 attendances ; 65 mothers ; 36 classes.

St. Nicholas 170 attendances ; 52 mothers ; 32 classes.

371

Table XX.

HOME NURSING DURING 1966.

New Cases Under 5	New Cases Over 65	TYPE OF CASE	On Books 31/12/66	SENT BY					AGE GROUP				SEX		Total Visits	Deaths	RESULT					
				G.P.'s	Hosp.	P.H. Dept.	Others	Trans.frm I.A.66	Total	Under 1	1-5	5-15	15-64	65 and over			M.	F.	Trans. to Hosp.	Conval- escence	Removed for other causes	Total Left On Books
—	109	Post-stroke	49	106	8	2	13	2	180	—	—	—	26	154	61	119	9,586	29	46	35	18	52
4	88	Carcinoma	25	100	24	2	14	—	165	—	5	1	55	104	64	101	6,121	77	32	16	18	22
—	21	Diabetes	41	17	7	—	8	2	75	—	—	—	23	52	22	53	14,224	3	13	—	25	34
—	149	Heart Cases	47	162	9	—	12	—	230	—	—	—	36	194	89	141	8,747	36	64	53	24	53
—	55	Arthritis	40	44	4	3	7	10	108	—	—	—	21	87	17	91	7,282	6	16	5	29	52
—	69	Anaemia	86	55	7	4	19	5	176	—	—	—	36	140	37	139	3,927	8	22	7	48	91
—	—	Multiple Sclerosis	11	8	1	1	3	1	25	—	—	—	22	3	4	21	1,393	—	3	—	10	12
3	116	Other Chronic diseases	89	72	24	6	33	7	231	2	2	2	38	187	69	162	13,641	25	47	26	45	88
—	57	Ulcers of Legs	40	59	7	1	8	2	117	—	—	—	24	93	18	99	8,584	4	16	28	20	49
—	34	Simple Senility	22	25	1	3	3	2	56	—	—	—	—	56	23	33	2,457	10	17	—	11	18
—	4	Tuberculosis :	—	8	3	1	—	1	13	—	—	1	8	4	7	6	605	—	5	3	1	4
2	9	Influenza	—	15	—	—	—	—	15	1	1	—	4	9	4	11	157	1	2	11	1	—
1	—	Measles	—	—	—	—	1	—	1	—	1	—	—	—	1	—	7	—	—	1	—	—
1	—	Whooping Cough	—	1	—	—	—	—	1	—	—	—	—	—	1	—	5	—	—	1	—	—
—	2	Other Infectious diseases	1	3	—	1	—	—	5	—	—	—	2	3	2	3	34	—	1	4	—	—
1	21	Pneumonia	—	29	—	—	1	—	30	1	—	1	7	21	16	14	501	7	3	16	4	—
7	75	Other acute chest con- ditions	4	109	1	3	3	1	121	4	3	8	28	78	43	78	1,547	7	19	79	10	6
4	—	Tonsillitis	—	13	—	—	1	—	14	—	4	3	7	—	6	8	120	—	—	13	—	1
29	110	Other acute infections	9	215	15	4	19	2	264	16	14	4	116	114	86	178	2,854	5	31	181	36	11
24	5	Ear Infections	1	41	—	—	1	—	43	11	13	7	7	5	19	24	339	—	3	36	1	3
76	924	Carried Forward	465	1,082	111	31	146	35	1,870	36	43	27	460	1,304	589	1,281	82,131	218	340	515	301	496

Continued on next page.

Table XX.

HOME NURSING DURING 1966—Continued.

New Cases Under 6	New Cases Over 65	TYPE OF CASE	On Books 31/12/66	SENT BY					AGE GROUP					SEX		Total Visits	Deaths	RESULT			
				G.P.'s	Hosp.	P.H. Dept.	Others	Trans.frm Devon	Total	Under 1	1-5	5-15	15-64	65 and over	M.			F.	Trans. to Hosp.	Conval- escence	Removed for other causes	Total Left On Books
76	924	Brought Forward	465	1,082	111	31	146	35	1,870	36	43	27	460	1,304	589	1,281	218	340	515	301	496
—	—	Maternity, etc. :	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	Infect. midwifery	1	3	2	—	12	—	18	—	—	—	18	—	—	18	—	—	6	12	—
—	—	Breast abscess	—	1	—	—	—	—	1	—	—	—	1	—	—	1	—	—	1	—	—
—	—	Flushed breast	—	6	—	—	5	—	11	—	—	—	11	—	—	11	—	1	5	5	—
—	—	Miscarriages	2	54	—	1	2	—	59	—	—	—	59	—	—	59	—	10	44	5	—
—	117	Changing of Pessaries	1	16	—	—	115	—	132	—	—	—	14	118	—	132	—	—	—	131	1
2	51	Accidents :	17	50	3	3	9	2	84	—	2	4	11	67	21	63	6	15	44	6	13
4	99	Post Operation Cases	31	58	202	2	4	5	302	1	3	3	179	116	149	153	9	17	231	4	41
—	42	Pre X-ray Treatments	—	20	108	—	—	—	128	—	—	—	86	42	51	77	—	—	—	128	—
4	75	Enemata	—	111	2	—	—	—	113	—	4	1	33	75	38	75	—	6	97	10	—
—	9	Mental Confusion	4	7	2	—	—	—	13	—	—	—	1	12	6	7	—	5	—	4	—
—	—	Others	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
86	1,317	TOTALS	521	1,408	430	37	293	42	2,731	37	52	35	873	1,734	854	1,877	233	594	943	606	555
New Cases																					
Total Cases																					
Casual Visits																					

Table XXI.
HEALTH VISITORS—
DOMICILIARY VISITS, 1966

<i>Types of Visits</i>	<i>Visits</i>	<i>Ineffectuals</i>	<i>Total 1966</i>	<i>Total 1965</i>
Ante-Natal	51	11	76	145
Moral Welfare	14	—	—	12
Households Visited	2,470	—	—	—
Babies under 1 year	6,463	1,389	7,852	8,302
" 1—2 years	2,751	636	3,387	3,159
Toddlers 2—5 years	4,951	1,086	6,037	5,763
<i>Totals 0—5 years</i>	14,165	3,111	17,276	17,224
Children referred by G.P's	25	—	25	—
Hearing Assessments	341	—	341	658
Stillbirths	3	—	3	24
Infant Deaths	11	—	11	9
<i>After Care, etc.</i>	—	39 others	39	305
Disabled Adults	36	—	—	65
Diabetics	8	6	—	—
Hospital Referrals not Mental	—	—	—	—
Hospital Paediatric	—	—	—	—
Others	158	—	216	—
<i>Aged</i>				
Case Load	400	—	—	—
Total Visits	678	56	—	638
Visits requested by G.P.	32	—	766	—
" " " Hospital				
<i>Housing Visits</i>	133	—	133	106
Problem Families	235	—	235	221
Mentally Disordered	9	—	9	18
<i>Infectious Diseases</i>				
Households Visited	740	—	740	1,060
Surveys	19	—	19	36
Evening Visits	15	—	15	15
School Health Visits	311	—	311	687
Health Education	39	—	39	—
<i>Grand Totals</i>	17,031	3,223	20,254	21,223

Table XXII.
IMMUNISATION AND VACCINATION DURING 1966.

SMALLPOX VACCINATION.

Primary Vaccinations	974	{ By general practitioners	686
		{ At clinics	288
Re-vaccinations	440	{ By general practitioners	125
		{ At clinics	315

AGE GROUPS OF PERSONS VACCINATED (SMALLPOX) DURING 1966.

Under :—	3 mths.	6 mths.	9 mths.	1 year	1+	2—4	5—14	15 and over	TOTALS
Primary	2	20	36	35	636	124	49	72	974
Re-vaccinations	—	—	—	—	—	12	51	377	440

DIPHTHERIA IMMUNISATION IN 1966.

Primary Courses of immunisation	.... 1,314	{ By general practitioners 947 At clinics 367	Under 1 yr. 818 298
(These included 22 combined diphtheria—tetanus immunisation courses, 59 Quadrillin courses and 1,233 triple antigen courses—see below).			

Re-inforcement injections 3,045

	At about :—	18 mths.	5-9 yrs.*	10 yrs.	Total
By private practitioners	....	637	464	146	1,247
At clinic and schools	....	303	673	822	1,798
		<u>940</u>	<u>1,137</u>	<u>968</u>	<u>3,045</u>

*Most of these at 5 to 6 years.

PRIMARY IMMUNISATION AGAINST DIPHTHERIA, TETANUS, PERTUSSIS (TRIPLE ANTIGEN) BY AGE DURING 1966.

Number of children who completed a course (3 doses) of triple antigen in 1966, 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	481	186	114	37	56	874
Clinics	122	81	78	17	61	359
Total	603	267	192	54	117	1,233

WHOOPING COUGH IMMUNISATION.

Completed courses of Whooping Cough Immunisation	.... —	{ By private practitioners — At clinics —	Under 1 yr. — —	Total — —
Completed courses of combined Whooping cough — Diphtheria Immunisation	.... —	{ By private practitioners — At clinics —	— —	— —
Completed courses of Triple Antigen	.... 1,233	{ By private practitioners 818 At clinics 298	818 298	874 359
Completed courses of Quadrillin	.... 59	{ By private practitioners 57 At clinics —	57 —	59 —

TETANUS IMMUNISATION.

Number of primary courses completed in 1966 using triple antigen	1,233
Number of primary courses completed in 1966 against tetanus alone (35 by G.P.'s ; 409 at clinics).	444
	<u>1,677</u>

Table XXIII.
AMBULANCE SERVICE
Monthly Summary of Section 27 Work 1/1/66 to 31/12/66

1966 Month	AMBULANCES		D.P.AMBULANCES		TRAINS		AIR	
	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
January	761	5,495	575	2,953	11	1,679	—	—
February	691	5,290	516	2,775	3	668	—	—
March	685	5,192	592	3,954	11	1,770	—	—
April	599	4,774	483	2,772	13	1,797	—	—
May	571	4,533	546	3,191	13	1,626	—	—
June	706	4,942	601	3,178	15	2,776	1	140
July	637	4,524	585	3,367	22	3,676	—	—
August	758	5,809	738	3,519	26	4,377	—	—
September	554	4,853	632	3,447	19	3,635	—	—
October	566	5,186	719	3,052	13	3,270	—	—
November	644	4,992	710	3,230	6	790	—	—
December	582	4,255	665	3,544	2	150	—	—
TOTAL 1966	7,754	59,845	7,362	38,982	154	26,214	1	140
TOTAL 1965	7,714	54,374	7,495	39,955	207	40,944	1	140

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 XXIV.
AMBULANCE SERVICE
Classified Summary of Work from 1/1/66 to 31/12/66

	CLASSIFICATION	AMBULANCES		DUAL PURPOSE AMBULANCES	
		Patients	Miles	Patients	Miles
1	Accidents	735	2,348	205	679
2	Acute illness and other emergencies	1,007	6,062	456	2,252
3	Removals to and from Hospital	4,549	27,679	5,697	22,660
4	Administrative and Abortive journeys	153	965	341	922
5	Infectious Cases—Exeter	196	1,716	18	169
6	„ „ —Devon	69	1,408	—	—
7	Other removals for Devon C.C.	1,163	19,456	731	10,408
8	Removals for other Local Authorities	35	1,176	255	2,814
9	Children to and from School	4	24	225	1,390
10	Patients to & from Nichols Centre	10	13	6,232	6,805
	TOTALS 1966	7,921	60,847	14,160	48,099
	COMPARABLE TOTALS 1965	8,069	55,535	16,619	54,592

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

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

			<i>Totals</i>	
1	Total cases on Register, 1st January, 1965 :	Respiratory Non-Respiratory	329 38	367
2	Total new notifications received after deduction of duplicates :	Respiratory Non-Respiratory	27* 7†	34
3	Inward Transfers :	Respiratory Non-Respiratory	6 —	6
4	Deaths during the year from Tuberculosis :	Respiratory Non-Respiratory	4 1††	5
5	Deaths during the year of Tuberculous patients from other causes :	Respiratory Non-Respiratory	2 1	3
6	Outward Transfers :	Respiratory Non-Respiratory	6 1	7
7	Number of cases removed from Register as "Recovered" or "Mistaken Diagnosis" :	Respiratory Non-Respiratory	17 6	23
8	Taken off the Register under the 'Public Health Tuberculosis Regulations, 1930'. ("Lost sight of")	Respiratory Non-Respiratory	1 —	1
9	Total cases on Register, 31st December, 1965 :	Respiratory Non-Respiratory	332 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
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**
1966	8,415	154

* 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 1966
REFERRED BY THE MASS RADIOGRAPHY UNIT.**

	AGE IN YEARS							Total
	Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
Male	1	10	7	9	10	22	33	92
Female	1	6	7	9	7	14	18	62
TOTALS	2	16	14	18	17	36	51	154

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.	—	2	1	—	2	—	2	7
	F.	—	—	—	—	1	—	—	1
(3) Failed to keep appointments at Chest Clinic.	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—
(4) Transferred to other Clinics for investigation.	M.	—	—	—	—	1	1	6	8
	F.	—	—	—	—	—	—	—	—
5) Taken off Books — Healed Pulmonary T.B. (Inactive Disease)	M.	—	1	2	1	—	1	2	7
	F.	—	—	1	1	1	—	1	4
(6) Taken off Books — Chest conditions other than T.B.	M.	—	3	2	1	2	10	9	27
	F.	—	2	3	2	2	8	3	20
(7) Newly diagnosed as suffering from active Pulmonary T.B.									
	Male Sputum Positive	—	1	—	—	1	—	—	2
	Female Sputum Positive	—	—	—	—	—	—	—	—
	Male Sputum Negative	—	—	—	—	—	—	—	—
	Female Sputum Negative	—	—	—	—	—	—	—	—
(8) Remaining under Observation at 1-1.66.	M.	1	3	2	7	4	10	14	41
	F.	1	4	3	6	3	6	14	37
Private Cases (<i>see below</i>)		—	—	—	—	—	—	—	—
TOTALS		2	16	14	18	17	36	51	154
9) Disposal of New Cases diagnosed (<i>see</i> (7) above).									
	(a) Sanatorium treatment.								
	M.	—	1	—	—	1	—	—	2
	F.	—	—	—	—	—	—	—	—
	(b) Clinic Supervision.								
	M.	—	—	—	—	—	—	—	—
(10) Private Cases	F.	—	—	—	—	—	—	—	—
		—	—	—	—	—	—	—	—

Table XXVIII.

CASES ON THE TUBERCULOSIS REGISTER (31ST DECEMBER, 1966).

AGE GROUP.	RESPIRA-TORY	NON-RESPIRATORY						
		Neck glands	Genito-urinary	Spine	Other bones and Joints	Ab-dominal	Meninges	Breast
MALE								
0-4	—	—	—	—	—	—	—	—
5-14	7	1	—	—	—	—	1	—
15-24	12	1	1	—	—	—	—	—
25-34	28	1	2	—	—	1	—	—
35-44	46	—	2	—	—	1	—	—
45-64	79	—	2	—	—	—	—	—
65 & Over	22	—	1	—	1	1	—	—
Total Male	194	3	8	—	1	3	1	—
FEMALE								
0-4	5	—	—	—	—	—	—	—
5-14	10	1	—	—	1	—	—	—
15-24	9	3	—	—	—	—	—	—
25-34	43	—	3	—	—	—	—	—
35-44	47	1	—	1	—	—	—	—
45-65	35	2	3	—	—	—	—	—
66 & Over	15	5	—	—	—	—	1	—
Total Female	164	13	6	1	1	—	1	—

GRAND TOTAL, MALE AND FEMALE = 396.

Table XXIX.

TABLE SHOWING THE MORTALITY IN EXETER FROM TUBERCULOSIS DURING THE PAST 7 YEARS.

Year	DEATHS.			DEATH RATE.			DEATHS OF CHILDREN UNDER 5.
	Respir-atory	Non-Respir-atory	Total	PER 1,000 POPULATION			
				Respir-atory	Non-Respir-atory	Total	
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	2	6	0.05	0.02	0.07	—
1966*	4	—	4	0.04	—	0.04	—

* Registrar General's figures.

Table XXX.

NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS DURING 1966
ARRANGED ACCORDING TO AGE.

AGE AT NOTIFICATION	Respiratory		Non-Respiratory	
	Male.	Female.	Male	Female
0—	—	—	—	—
1—	—	—	—	—
2—	—	—	—	—
5—	—	—	—	—
10—	—	—	—	—
15—	1	1	1	—
20—	2	1	1	2
25—	—	—	—	—
35—	2	—	1	1
45—	5	—	—	1
55—	3	—	—	1
65—	—	—	—	1
75 and over	—	—	—	1
Totals	13	2	3	7

*Includes 1 posthumous notification.

*25

Table XXXI.

DEATHS FROM TUBERCULOSIS DURING 1966,
ARRANGED ACCORDING TO AGE.

(Registrar General's figures).

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

4

Table XXXII.

**SUMMARY OF WORK CARRIED OUT AT EXETER CHEST CLINIC,
1961-1966.**

	1961	1962	1963	1964	1965	1966
1. Number of new cases diagnosed as suffering from active Tuberculosis	39	38	33	33	34	25
2. Number of patients examined for the first time during the year	914	836	655	1,121	1,175	1,709
3. Number of patients re-examined during the year	1,676	1,273	1,336	1,461	1,405	2,136
4. Number of contacts examined for the first time during the year	90 } 153 63 } 153	116 } 239 123 } 239	115 } 162 47 } 162	117 } 153 36 } 153	103 } 179 76 } 179	117 } 174 57 } 174
5. Number of contacts re-examined during the year:	192 } 288 96 } 288	195 } 243 48 } 243	213 } 247 34 } 247	173 } 183 10 } 183	198 } 206 8 } 206	200 } 226 26 } 226
6. Number of Inward Transfers during the year	36	21	24	15	6	26
7. Number of B.C.G. Vaccinations carried out during the year:						
Clinic Cases	278	182	116	159	148	196
13-year old schoolchildren under Ministry Scheme	—	—	—	—	—	—
8. Number of X-ray films taken during the year:	1,913 173	1,826 235	1,830 139	1,753 59	1,645 94	1,832 114
9. Number of Screenings made during the year	5	3	1	1	1	15
10. Number of Pathological Examinations made during the year	1,376	1,357	913	814	904	947

Table XXXIII.

TUBERCULIN TESTING AND B.C.G. VACCINATION AT THE CHEST CLINIC (1966).

AGE GROUPS, ETC.	Contacts of known cases of Tuberculosis	Sent by School Medical Officers	Sent by Family Doctors	Chest Clinic Cases	Other Groups	Seen as a result of Special Surveys	RESULTS		Given B.C.G. Vaccination	Post B.C.G. Tests
							Positive	Negative		
0-1	44	—	—	2	3	—	—	10	45	37
1-2	13	—	—	3	—	—	—	16	8	3
2-3	9	—	1	3	—	—	—	12	9	1
3-4	9	—	2	3	—	—	—	14	7	2
4-5	11	—	1	2	1	—	—	14	7	1
5-6	10	—	5	6	—	—	2	19	5	—
6-7	11	—	2	3	3	—	—	19	7	—
7-8	1	—	—	1	1	—	—	2	—	1
8-9	5	1	1	1	—	—	1	7	2	—
9-10	4	1	1	—	1	—	1	6	2	—
10-11	5	—	—	1	—	—	1	4	2	—
11-12	4	—	—	4	—	—	1	4	2	1
12-13	1	—	1	3	—	—	2	7	2	—
13-14	2	—	1	1	—	—	—	5	1	—
14-15	—	1	—	—	1	—	2	1	—	1
Senior School Children	1	4	2	—	—	—	1	1	1	1
Nurses and Hospital Staff	—	—	—	—	30	—	2	4	2	—
Occupational Therapists	—	—	—	—	4	—	8	5	2	17
University Students	4	—	—	4	—	—	3	1	1	—
Contacts (Adults)	6	—	—	—	—	—	6	2	2	—
Observation (Adults)	—	—	—	—	—	—	4	2	—	—
Immigrants	—	—	6	15	4	—	12	13	1	—
Emigrants	—	—	—	—	13	—	11	2	2	—
Negative Reactors 1965 had B.C.G. 1966	—	—	—	—	13	—	5	2	2	6
St. Luke's College	—	—	—	—	—	—	—	—	2	—
Exeter University	—	—	—	—	—	—	13	5	—	—
						18	740	100	84	—
						1,048				
TOTALS	140	7	24	51	74	1,066	814	273	195	71

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	6	329	—	335
Culture	11	323	—	334
Preparation for Malignant Cells	—	—	4	4
Specimens obtained by Direct	—	24	—	24
Bronchial Lavage : Culture	3	21	—	24
Tests for Pregnancy	—	—	—	—
URINE : Direct smear	—	22	—	22
Culture	1	20	—	21
Throat and Nose Swabs	—	—	33	33
Blood Urea	—	—	16	16
Sedimentation Rates (Wintrobe Technique)	—	—	63	63
Haemoglobin Estimations	—	—	71	71
GRAND TOTAL				947

Table XXXV.**HOME VISITS.**

During the year 1,403 Home Visits were made by the Tuberculosis Health Visitor (Miss A. Dawson), made up as follows :—

(a) Primary visits to New Patients	20
(b) Primary visits to New Contacts	114
(c) Repeat visits to Patients	219
(d) After-care visits	153
(e) Visits for carrying out Tuberculin Tests at home	415
(f) Other visits	385
(g) Ineffective visits	97
Total Home visits	1,403

The Chest Physician (Dr. R. P. Boyd) made 25 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 1966.

TOTAL	Exeter Residents	Admitted under Mental Health Act, 1959						TOTAL	
		S.5	S.25	S.26	S.29	S.135	S.136	Male	Female
2	0—14 years. Male	2	—	—	—	—	—	2	—
	Female	—	—	—	—	—	—	—	—
100	15—44 years. Male	32	6	—	4	—	2	44	—
	Female	44	3	—	6	1	2	—	56
87	45—64 years. Male	38	2	—	4	—	1	45	—
	Female	38	3	—	1	—	—	—	42
77	65+ years. Male	26	1	—	3	—	—	30	—
	Female	33	10	—	4	—	—	—	47
266	TOTALS	213	25	—	22	1	5	121	145

Table XXXVII.

RE-ADMISSIONS.

INTERVAL SINCE PREVIOUS ADMISSION.

Of the 160 admitted in 1966 who had previously been in a psychiatric hospital the periods elapsing since the last discharge were :—

					<i>Patients.</i>
Under 1 year	....	....	....	....	72
1 — 2 years	....	....	....	....	34
2 — 3 years	....	....	....	....	13
3 — 4 years	....	....	....	....	7
4 — 5 years	....	....	....	....	7
5 — 10 years	....	....	....	....	20
10 — 25 years	....	....	....	....	7
TOTAL				....	160

	<i>Male</i>	<i>Female</i>
Exeter residents in psychiatric hospitals for mentally ill at 31.12.65	150	245
Admissions during 1966	191	257
Discharged out of hospital (including 63 deaths, 25 male, 38 female)	163	247
Remaining in hospital at end of 1966	178	255

Table XXXVIII.

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

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
1. Visits and investigations leading to admission to hospital	269	416	685
2. Visits involving removal to hospital	187	279	466
3. Visits to relatives, etc. after admission	109	194	303
4. Visits to patients in hospital	750	697	1,447
5. Aftercare and follow-up visits following discharge	458	944	1,402
6. Visits to patients in the community receiving out-patient treatment, etc.	181	471	652
TOTALS	1,954	3,001	4,955

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

	<i>Men</i>	<i>Women</i>	<i>Total</i>
1. Investigation and advice	39	29	68
2. Visits involving removal to hospital	7	9	16
3. Community care and supervision	315	601	916
4. Visits to patients on leave from hospitals	2	2	4
5. Visits to patients in hospital	23	14	37
TOTALS	386	655	1,041

Additionally 177 visits were made to the junior and adult training centres and to various organisations such as the Courts, Ministry of Social Security, Ministry of Labour and to employers on behalf of these patients in the community.

421 patients and relatives were interviewed at Nichols Centre.

APPENDIX I.

FACTORIES ACT, 1961

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1966 FOR THE COUNTY BOROUGH COUNCIL OF EXETER

Prescribed Particulars on the Administration of the Factories Act, 1961

PART I OF THE ACT

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

Premises. (1)	Number on Register (2)	Number of Inspec- tions (3)	Number of written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sec- tions 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	23	9	3	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	451	85	30	—
(iii) Other premises in which Section 7 is enforced by Local Authority (exclud'g Out-workers' premises)	31	17	—	—
Totals	515	111	33	—

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. (1)	No. of cases in which defects were found.				No. of cases in which prosecutions were instituted. (6)
	Found. (2)	Re-medied. (3)	Referred		
			To H.M. In-spector. (4)	By H.M. In-spector. (5)	
Want of cleanliness (S. 1)	2	1	—	—	—
Overcrowding (S. 2)	1	1	—	—	—
Unreasonable tempera- ture (S. 3)	1	—	—	—	—
Inadequate ventilation (S. 4)	2	1	—	—	—
Ineffective drainage of floors (S. 6)	1	—	—	—	—
Sanitary Conveniences (S. 7) :—					
(a) Insufficient	1	—	—	—	—
(b) Unsuitable or de- fective	29	12	—	—	—
(c) Not separate for sexes	4	2	—	—	—
Other offences against the Act (not including offences relating to outwork)	—	—	—	—	—
Totals	41	17	—	—	—

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)	39
Curtains and furniture hangings	6
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	1
TOTAL	46

APPENDIX II.

A REPORT ON MEDICAL CARE AT ELLEN TINKHAM HOUSE (JUNIOR TRAINING CENTRE)

By DR. ELIZABETH RYAN.

52 children were attending Ellen Tinkham House in December, 1966. Of these, 25 were boys and 27 girls with an age range from 2 years to 16 years. They were distributed as follows :—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Age Range</i>
Special Care Unit	5	2	7	(6 years to 12 years)
Nursery Group	6	10	16	(2 years to 5 years)
Juniors	8	6	14	(6 years to 10 years)
Seniors	6	9	15	(8 years to 16 years)

The following table gives the age range of the children in more detail :—

Year of Birth

	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	Total
Boys	—	2	2	2	2	2	3	5	2	1	3	—	—	1	—	25
Girls	3	—	4	3	—	1	2	2	2	2	4	—	1	2	1	27
Total	3	2	6	5	2	3	5	7	4	3	7	—	1	3	1	52

It may be of interest to compare these figures with those of the Ridgeway (Warwickshire) Junior Training Centre (Dr. Myrtle V. Richards)*; her survey covers children born 1951 to 1961 inclusive—(19 girls, 38 boys, Total 57). She remarks: "As is usual among mentally handicapped children, the boys are twice as numerous as the girls." Using the same age range our figures show 19 girls and 21 boys—the difference between boys and girls here is very slight.

She goes on to say: "and this also applies among the group of Mongol children", giving the figures 6 girls and 14 boys. Our figures for Mongol children, i.e. children with Down's Syndrome, are as follows :—

	1959	1958	1957	1956	1955	1954	1953	1952	1951	Total
Boys	—	—	2	1	—	—	—	—	—	3
Girls	1	1	1	2	1	1	—	1	2	10

It can be seen from this table that, unlike what obtains in the Ridgeway Centre, Ellen Tinkham House has far more girls than boys with Down's Syndrome.

For admission to Ellen Tinkham House the child should be mentally retarded to such a degree that he will be unable to benefit from education in an ordinary school or in a school for E.S.N. children. After admission, each child's progress is observed carefully and a mental assessment is carried out from time to time. If it is thought that benefit might follow a transfer to an "E.S.N." school, the educational psychologist is consulted and the case

* Paper read at a Royal Society of Health Sessional meeting 17th February, 1967.

given careful consideration. For example, 3 children who were considered to be "borderline" cases are, at present, under review in Ellen Tinkham House. A fourth child in the nursery group (a physically-handicapped girl of normal mental development) is awaiting transfer to a more suitable environment.

Each child, together with his/her parent, is seen once every year for a complete medical check-up and discussion with the parent regarding the child's progress and any problems involved.

This arrangement commenced in May, 1966 and in December 43 children (and parents) had been interviewed. Two of these children have now left Ellen Tinkham House (one has been admitted to Dr. Wardle's Unit at Wonford Psychiatric Hospital, the second child has left the area). Parents are encouraged to visit the Centre and to take an interest in the children.

A health visitor (Miss Bond) is attached to Ellen Tinkham House and visits regularly. She also checks the vision of all children who can be tested, using the Cheridan Gardner and the "E" cards.

Children with defective vision, squint, etc. are referred to the Eye Infirmary for treatment.

17 children have visual defects of varying degree. All are being dealt with.

A health visitor from the audiology unit attends the Centre and tests the hearing of all the children. Those with hearing defects are followed up by the audiology unit. One child in the nursery class is under observation (? deafness) and two children transferred from the School for the Deaf (mental retardation was considered to be the major defect) are undergoing intensive investigation.

Children who require physio-therapy attend the Countess Wear Clinic once a week. Transport is provided from the Centre.

A speech therapist attends the Centre once a week.

The Special Care Unit.

The 7 children in the Special Care Unit have an age range of 6 years to 12 years (5 boys, 2 girls). All have a severe degree of mental defect. Two are unable to walk and all require constant and individual attention, as they are unable to care for themselves in any way.

The following conditions have been diagnosed :—

<i>Physical Defect</i>	<i>No. of Children</i>
Spastic quadriplegia	1
Spastic quadriplegia and blindness	1
Down's Syndrome + Bronchospasm + Congenital Heart Disease	1
Athetoid (also very withdrawn)	1
Phenylketonuria	1
Tuberose Sclerosis	1
Gargoylism	1
TOTAL	7

The Nursery Group.

The 16 children in the nursery class have an age range of 2 years to 5 years (6 boys, 10 girls). All but one are physically handicapped, some to a marked degree and this, together with the fact that they are all young children makes their degree of mental handicap difficult to determine.

All were given an intelligence test before admission to the Centre (the Ruth Griffiths scale was, generally, used) and all obtained very low scores except one child with meningo-myelocoele. She was admitted to the Centre

as a temporary measure and is now being transferred to a nursery more suited to her needs. An attempt is being made to assess all the children in the nursery unit at 6-monthly intervals to try to determine, in the first place, as accurately as possible, their degree of mental handicap, and then to measure their progress, if any, while they are at the Centre.

For young children such as these the Ruth Griffith's Scale has been found very useful. The Scale is not as accurately scored as the Stanford Binet, but it does enable one to test children whose mental age is 2 years and under; also, one can measure the progress of these children even though they are physically handicapped.

The following conditions have been diagnosed :—

<i>Physical Defect</i>	<i>No. of Children</i>
Infantile spasm (? acute sclerosing encephalitis)	1
Cerebral Palsy (anoxia, etc. at birth)	6
Cerebral Palsy (following fracture of skull at 11 months)	1
Cerebral Palsy + partial blindness (following meningitis)	1
Cerebral Palsy + "convulsions" (7 months onwards) + cirrhosis of the liver	1
"Atoxic"	1
Meningo-myelocoele with hydrocephalus	2
Petit mal and hypertelorism	1
Severe bilateral perceptive deafness	1 (Transferred from School for the Deaf)
No physical defect found (primary amentia)	1
TOTAL	16

The Junior Class.

From the nursery group children are transferred to the Junior Class. The 14 children in this class have an age range of 6 years to 10 years (7 boys, 6 girls). All have been classified as unsuitable for education except one, admitted during the year from the School for the Deaf, who owing to mental retardation was considered to be unable to benefit from the teaching he received there, and is attending on a trial basis. He attends the audiology unit and is under the care of an ear, nose and throat specialist. These children are learning to work together in a group, whereas in the nursery the approach is more individualistic. They are, mostly, lively and uninhibited and the scene is one of "orderly disorder".

The following conditions have been diagnosed :—

<i>Physical Defect</i>	<i>No. of Children</i>
Down's Syndrome	8
Cerebral Palsy	2
Ichthyosiform Crythrodermia	1
Deafness	1 (Transferred from School for the Deaf)
No physical defect found (primary amentia)	2
TOTAL	14

The Senior Class.

From the junior class the children pass to the senior class, where their social training is continued and they learn to fit into the family and society.

The 15 children in the senior class have an age range of 8 years to 16 years (6 boys, 9 girls).

The following conditions have been diagnosed :—

<i>Physical Defect</i>	<i>No. of Children</i>
Down's Syndrome	4
Petit mal	1
Athetoid and petit mal	1
Hydrocephalus + hearing defect	1 (issued with a hearing aid)
No physical defect found (? primary amentia)	8
TOTAL	15

COMMENTS (as at December, 1966)

Speech.

48 of the 52 children attending the Centre have either defective speech or no speech at all. A speech therapist attends once a week (Thursday A.M.), but this is inadequate.†

Brain Damaged Children.

(Spastic, athetoid, ataxic, etc.). 20 children fall into this group. 5 to 9 children go in a group every Tuesday to Countess Wear Clinic for exercises (1.30 p.m. to 3.30 p.m.) provided by the Spastics Society. Some children attend regularly, some do not, and some do not have exercises at all. It would be a great help if a physiotherapist could visit Ellen Tinkham House regularly.*

The following equipment is available in the Centre for exercises and for children learning how to walk :—

1 Walking frame (very heavy).

1 " Lobster Pot ".

2 " Bonny Bouncers ".

Tyres on casters (only 1 has been made up so far).

Enquiries have been made in various places as to suitable equipment, but so far with little success.

Hearing Defects.

There are 4 children with hearing defects. Two of these have a very marked degree of hearing loss; they attended the School for Deaf Children but were transferred from there to Ellen Tinkham House. They are both under observation by the audiology unit. A third child has a moderate amount of hearing loss, and has been issued with a hearing aid. A nursery child has "suspected deafness" and is also under observation by the audiology unit.

In the case of the 2 children from the School for the Deaf especially, the staff of Ellen Tinkham House find that the ordinary methods of teaching mentally retarded children are inadequate. Perhaps some methods used in the School for the Deaf could be used here with benefit. The Headmaster is being consulted.

Visual Defects.

Two of the children attending the Centre are classed as "partially blind". As in the case of the deaf children, special methods are required to "get through" to these two children. The School for the Partially Sighted is being consulted and the matter will be discussed with the Headmaster.

Dental Care.

One of the Council's dental officers visits the Centre annually to examine the children's teeth; treatment is offered as necessary. 41 were inspected in 1966 and 14 were offered treatment; 7 were treated by the Council's dentists.

† Subject to staff being available this will be increased in 1967.

* This is being arranged in 1967.

COMMENTS ON FIRST REFERRALS TO THE COMMUNITY
HEALTH SERVICE (NICHOLS CENTRE)

1.10.66—31.3.67

By : E. D. IRVINE, M.D., D.P.H.,
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Consultant Psychiatrist.

This survey continued on the same lines as described in Appendix II of my report for 1965.

1. The total number of first referrals in the 6-month period, 1st October, 1966 to 31st March, 1967, was 165 (compared with 182, 121 and 141 in the previous three survey periods).
2. There is a tendency towards an increase of referrals since the Nichols Centre was opened, but the figure for the last period is still below that of the period before its opening. There is also a small but steady increase in women referred in the 15/44 age group.
3. Women were again in the majority, in a similar ratio of about 5 to 3.
4. The proportion of married people amongst all those referred was almost exactly the same, i.e. 44%.
5. The proportion of family doctor referrals remains roughly the same as in previous years, 73%, compared with 69%, 80% and 76%. Once again voluntary social agencies have not referred any cases.
6. Only three-quarters of those coming to the Centre had consulted their own doctors. Again 4% had no doctors of their own.
7. 16% of referrals were primarily social problems although having some psychiatric factor.
8. Depressive states (37 cases) and senile dementia (32 cases) were the most common diagnoses recorded. Schizophrenia was rather less common than the average for the previous three surveys.
9. In nearly half the cases there was no reliable information as to the length of history prior to referral. Of the remainder 33% had a history of more than a year. In 36% of cases the family attitude was thought to be sympathetic, a slightly higher number were not assessed for various reasons (no family, in lodgings, etc.), and in 14% of cases the family were felt to be indifferent or positively rejecting the patient.
10. 35% of persons referred had not sought help on their own initiative ; 20% were seen by mental welfare officers within a week of first seeking help, and the same number had sought help elsewhere from one week to more than 3 months before being referred to Nichols Centre.
11. 66% (exactly the same figure as in previous surveys) had not had psychiatric treatment before.
12. Social effects on relatives, neighbours, etc. are difficult to assess, but in 20% of cases it was felt to be moderate, in 9% it was considered to be mild only, and a very small number (3%) were thought to result in severe social effects. 68% of cases showed no appreciable disturbing effect on others beyond the natural worry and anxiety associated with any illness of a relative or friend.

13. Of the 165 persons included in the survey, 11 were not in need of psychiatric care—3 were physically ill and 8 were incorrectly referred, for other reasons. 50% were admitted to psychiatric hospitals, slightly under 11% were referred to their own doctors, 8% were later seen at out-patient clinics, and 10% were felt to be in need of care in the community by the mental health social workers. The remainder were referred on to other social agencies (20% of all referrals) for appropriate help and advice.

FIRST REFERRAL SURVEY — 1.10.66—31.3.67

6 MONTHS' SURVEYS

					<i>Present Survey</i>	<i>1962/3 Survey</i>	<i>1963/4 Survey</i>	<i>1965/6 Survey</i>
<i>Mode of Referral</i>								
By patient	....	....	....	....	3	2	3	2
„ relative	....	....	....	....	5	9	3	9
„ Consultant (initially from G.P.)	....	....	....	....	53	71	42	47
„ Family doctor	....	....	....	....	68	55	55	60
„ Statutory social agency	....	....	....	....	13	14	10	6
„ Voluntary social agency	....	....	....	....	—	1	1	1
„ Other means	....	....	....	....	23	30	7	16
<i>Initial Assessment of Condition</i>								
Psychosis	....	Male	....	....	34	35	25	28
„		Female	....	....	30	61	32	35
Neurosis		Male	....	....	14	8	10	14
„		Female	....	....	37	24	21	32
Psychopath		Male	....	....	6	7	9	7
„		Female	....	....	9	10	—	8
Social problem		Male	....	....	9	15	7	3
„		Female	....	....	17	19	15	14
Subnormal		Male	....	....	—	—	—	—
„		Female	....	....	1	2	2	—
Not assessed		Male	....	....	2	—	—	—
„		Female	....	....	5	1	—	—
<i>Period since Onset</i>								
1— 7 days	....	....	....	....	17	23	14	20
8—28 „	....	....	....	....	18	18	18	13
1— 3 months	....	....	....	....	13	22	17	22
3—12 „	....	....	....	....	13	26	13	16
More than 1 year	....	....	....	....	34	51	26	29
No definite information	....	....	....	....	70	42	33	41
<i>Social effects on</i>								
Spouse	}	Mild	....	....	15	39	10	11
Children		Moderate	....	....	34	47	37	39
Neighbours			....	....		
Workmates		Severe	....	....	5	5	13	9
Parents			....	....		

6 MONTHS' SURVEYS

	<i>Present Survey</i>	<i>1962/3 Survey</i>	<i>1963/4 Survey</i>	<i>1965/6 Survey</i>
<i>Family attitude</i>				
Sympathetic	60	83	60	70
Rejecting	12	21	19	14
Indifferent	11	10	10	8
Not known	66	31	26	35
Not applicable	16	37	6	14
<i>Whether own doctor consulted</i>				
Yes	126	137	104	124
No	32	37	12	11
Had none	7	8	5	6
<i>Period since last consulted</i>				
Under 1 week	74	75	52	98
„ 1 month	5	18	10	3
Over 1 month	—	2	1	3
Not known	86	42	41	33
<i>Period since first seeking help</i>				
Under 1 week	33	35	39	26
1—4 weeks	8	8	12	12
1—3 months	8	6	6	7
Over 3 months	17	13	6	15
Not known	41	61	27	24
Not sought by patient	58	59	31	58
<i>Previous psychiatric treatment</i>				
As out-patient	8	13	11	12
As in-patient	40	52	19	34
None	109	110	81	85
Not known	8	7	10	10
<i>References out</i>				
To general practitioner	18	30	16	13
„ out-patient clinic	13	24	17	17
„ Psychiatric hospital	90	84	72	92
„ Community care	17	20	3	8
„ other local health authority service	13	10	4	5
„ Welfare Department	—	7	—	2
„ Child Guidance Clinic	1	1	—	—
„ Other	17	3	6	2
„ None (3 physical illness, 8 incorrect referrals)	11	3 (1 died 2 incorrect referrals)	3 (Incorrect referrals)	2 (Incorrect referrals)

6 MONTHS' SURVEYS

	<i>Present Survey</i>	<i>1962/3 Survey</i>	<i>1963/4 Survey</i>	<i>1965/6 Survey</i>
<i>Diagnosis</i>				
Schizophrenia	12	27	8	16
Senile dementia	32	24	13	20
Anxiety states	12	16	10	4
Psychopathy	8	13	11	11
Depression	37	12	19	29
Inadequacy	10	7	11	7
Hysteria	3	5	5	3
Manic-depressive psychosis	—	5	2	—
Delusional insanity	—	3	1	—
Epilepsy	3	2	3	1
Traumatic confusion	1	2	4	—
Maladjustment (child)	1	2	—	—
Obsessional neurosis	2	1	5	—
Drug addiction	—	1	—	—
Recurrent melancholia	—	1	—	—
Alcoholism	5	—	5	3
Acute mania	2	—	1	—
Maladjustment (adult)	—	—	1	—
Cerebral tumour	—	—	—	1
Hypomania	—	—	—	3
Paranoia	2	—	—	3
Paraphrenia	—	—	—	3
Paget's disease	—	—	—	1
Subnormality	3	1	—	1
Not known	17	60	22	35
Post-puerperal depression	2	—	—	—

SEX, AGE GROUP AND CIVIL STATE

	1.10.62—31.3.63					1.10.63—31.3.64					1.10.65—31.3.66					1.10.66—31.3.67					Totals
	0/14	15/44	45/64	65+		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		—	11	10	9		119
Single	1	9	6	3		—	—	15	4	1	—	12	1	4		—	14	5	1		76
Widowed	—	—	—	6		—	—	1	—	4	—	—	1	4		—	—	1	7		24
Separated	—	1	1	—		—	—	—	—	1	—	—	—	1		—	3	3	—		10
Divorced	—	1	—	—		—	—	1	—	—	—	—	1	—		—	—	1	—		4
WOMEN :																					
Married....	—	19	15	4		—	—	20	12	3	—	21	10	2		—	23	15	10		154
Single	1	33	5	7		—	—	11	5	4	—	18	7	7		1	14	1	5		119
Widowed	—	2	5	16		—	—	—	5	8	—	—	4	13		—	1	4	12		70
Separated	—	5	2	—		—	—	1	—	—	—	3	—	2		—	8	1	1		23
Divorced	—	3	—	—		—	—	—	—	1	—	—	2	—		—	3	1	—		10

INDEX

	<i>Page</i>
INTRODUCTION	3—7
Abattoir	41
Abortions	80
Accidental Deaths	17—18
Ambulance Service	86—88
Audiology Clinic	68—69
Births	13—15
Blindness	61
Cancer	28—29
Cerebral Palsy	59—60
Cervical Cytology	93—94
Child Life, Loss of	21—27
Child Care	64
Child Welfare Centres	67, 114—115
Chiropody	93
Civil Defence	50—51
Clean Air (Smoke Control)	35—36, 44—45
Committees—Members	8
Common Lodging Houses	47
Congenital Abnormality in Infants	21
Day Nursery	70—71
Deafness (Hearing Assessments)	68—69
Deaths	16—20
Dental Service	72—76
Domestic Help Service	97—98
Domiciliary Midwifery	77—78
Elderly People—Laundry	96
Elderly People (Geriatrics)	82
Employment	13
Environmental Hygiene	33—47
Epileptics and Spastics	58
Factories, etc. (Appendix I)	133—134
Fluoridation	76
Food Hygiene	40—44
Food Poisoning	51—52
General Practitioners and Health Visitors Attachments	81
Health Centres	65
Health Education	88—89
Health Visiting	80—82
Home Nursing	82—84
Home Safety Committee and Water Safety Committee	89
Hostels—Mental Health	102—106
Housing	34, 44, 47—50
Illegitimate births	71—72
Immigrants, Care of	89—90

Immunisation and Vaccination	....	....	....	84—86
Infant Mortality	....	....	....	21—27
Infectious Disease	....	....	....	51—56
Laboratory Work	....	....	....	57
Linen Service	....	....	....	83, 96
Maternity and Child Welfare	....	....	....	65—69
Medical Examinations made on behalf of the Council	....	....	....	62—63
Mental Health Service (see also Appendix II) (page 135—138) and III (page 139—143)	....	....	....	98—114
Midwifery	....	....	....	76—80
Mortality in Child-bearing and Infancy	....	....	....	20—22
Motor Vehicle Deaths	....	....	....	17
National Assistance Acts—Section 47, Removals	....	....	....	63
Neonatal mortality	....	....	....	21—22
Night Home Helps	....	....	....	96
Noise Nuisances	....	....	....	39
Nurseries and Child-Minders Regulation Act, 1948	....	....	....	70
Nursing Homes	....	....	....	64
Nursing Equipment Loans	....	....	....	95
Offices, Shops and Railway Premises Act	....	....	....	36—38
Perinatal Mortality	....	....	....	26
Phenylketonuria	....	....	....	57
Premature Infants (Low Weight)	....	....	....	28
Prevention of Illness, Care and After Care	....	....	....	88—96
Problem Families (see Child Care)	....	....	....	64
Relaxation Classes	....	....	....	78
Rodent Control (Pests)	....	....	....	39, 45—46
St. Nicholas House	....	....	....	72
St. Olave's Home	....	....	....	72
Sewerage and Sewage Disposal	....	....	....	31—32
Smoke Control	....	....	....	35—36, 44—45
Spastics and Epileptics	....	....	....	58
Staff—Health Department	....	....	....	9—11
Statistics—general and vital	....	....	....	12—12(a)
Stillbirths	....	....	....	24—26
Suicides	....	....	....	18
Swimming Baths	....	....	....	32—35
Toddlers Clinics	....	....	....	115
Training Centres (Nichols Centre and Ellen Tinkham House)	....	....	....	107, 109
Tuberculosis	....	....	....	91—93
Unmarried Mothers	....	....	....	71—73, 116
Vaccination and Immunisation	....	....	....	84—86
Venereal Disease	....	....	....	96
Water Supply	....	....	....	30—31
TABLES	....	....	....	114—132
Appendix I, II & III	....	....	....	133, 135, 139