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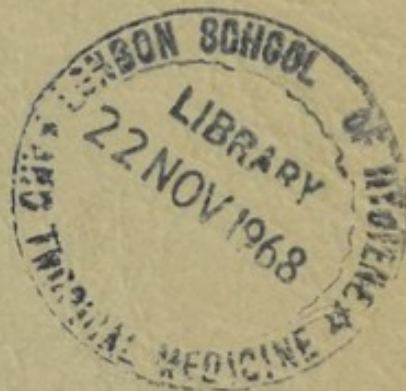
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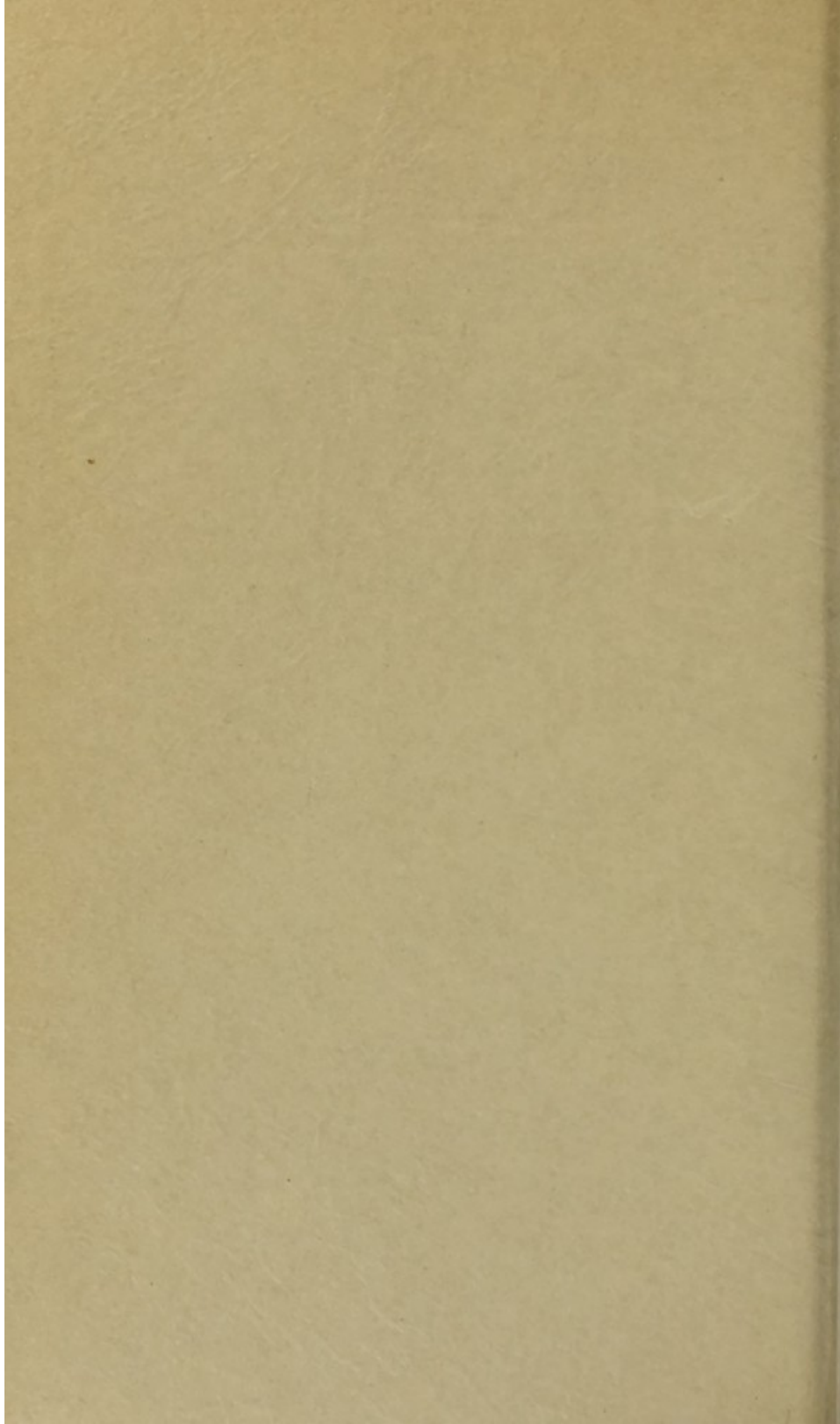


ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH FOR 1967

E. D. IRVINE, M.D., M.R.C.S., D.P.H.,
Medical Officer of Health,
HEALTH DEPARTMENT,
"MORWENSTOW", 7, BARNFIELD CRESCENT,
EXETER.

TELEPHONE : 77888.



City and County of the City of Exeter



ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH
FOR 1967

E. D. IRVINE, M.D., M.R.C.S., D.P.H.,

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EXETER.

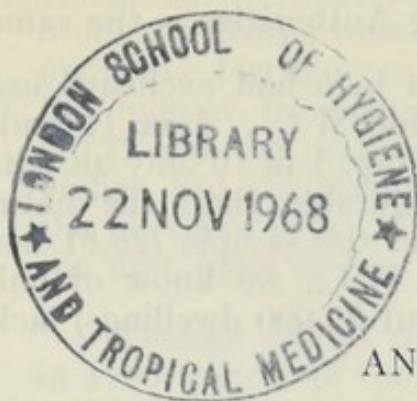
TELEPHONE: 77888.

City and County of the City of Exeter



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HEALTH DEPARTMENT,
" MORWENSTOW ",
7, BARNFIELD CRESCENT,
EXETER.

Tel. No. 77888.

June, 1968.

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH

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

MR. MAYOR, LADIES AND GENTLEMEN,

In the following pages, the health of the inhabitants of the City during 1967 and the sanitary circumstances are discussed, and the health services provided by the City Council are set out.

ensus 1966.

The findings of the 1966 sample census (Great Britain) have now been published. This census was based on a 10% sample of the population, and was made on April 24th/25th, that is, after Exeter was extended.

In Exeter's population of 91,120 there were 115 females to every 100 males, a very marked disparity compared with the south west region (108 to 100), or England and Wales (106 to 100). One in 7 were 65 years old or older, the same ratio as in the south west as a whole, whereas in England and Wales the proportion was 1 to 8. On the other hand the proportion of children was lower in the City than in England and Wales; thus at 0—4 years old, 1 in 14 compared with 1 in 12, and at 5—14 years old, 2 in 15 compared with 2 in 14 in England and Wales.

Just over 2 in 5 of the population were single, just over half married or separated, 1 in 12 widowed or divorced.

There were 28,690 dwellings in Exeter, nine-tenths of them being single dwelling buildings. 3% were unoccupied on census night. Nearly 3 in 5 of the houses in the City were owner-occupied, and a quarter were rented from the City Council. The proportion owner-occupied was higher

than in England and Wales (just under half) but the proportion rented from Housing Authorities is the same.

Of the Exeter households 4 in 5 had exclusive use of hot water, fixed baths and inside W.C. ; 1 in 12 had no fixed bath, 1 in 14 no hot water tap, 1 in 10 only an outside W.C. These are all more favourable than the national figures. Though 9 households in the sample (28,81 households) were stated to have no W.C., we know of only 4 dwellings in the whole city (about 29,000 dwellings) lacking this amenity.

Rather more than half the households have no car, more than 2 in 5 have one car, and more than 1 in 20 have two cars ; 1 in 5 park their cars in the road at night.

The groupings of the active and retired males shew that in Exeter 1 in 20 were professional workers, 1 in 9 employers or managers, nearly 2 in 5 foremen and skilled manual workers, etc., 1 in 5 non-manual workers, 1 in 5 semi-skilled and unskilled manual workers, etc., and others numbered 1 in 20.

These 7 socio-economic groupings, compounded from 17 groups in effect replace the Registrar General's 5 social classes which for many years have been the basis for investigation of disease and death as related to social circumstances.

3 out of every 5 of pensionable age in the City (women 60 and over, men 65 and over) were living in 1 or 2 person households. The well-known better capacity of elderly women to manage at home is reflected in that in 6 out of 7 of the 1 person households, the occupant was a woman.

Meteorology.

The weather in 1967 was not distinguished one way or another. The year was sunnier (1,512 hours) than 1966 (1,463 hours) ; the rainfall about average at 845 m.m. February and May were very wet, but April, June and November were very dry. Snow in May was a surprise—the latest in the year ever recorded here.*

Vital Statistics.

Although the natural increase (excess of live births over deaths) during 1967 was 494, the Registrar General estimates the population for mid-1967 at 92,550, i.e. only 190 more than that a year before ; this implies a nett emigration from the City. The live birth rate (adjusted) at 15.7 per 1,000 population was slightly higher than in the previous year, but less than the national rate (17.2) which has declined. The general death rate (adjusted) at 9.0 per

* Information kindly supplied by the Meteorological Office, Exeter Airport.

1,000, was the lowest yet in the City ; nearly three-quarters of all the deaths were in persons aged 65 and over. Illegitimate live births were 10.6 per cent of all live births, much the highest proportion yet recorded. The stillbirth rate (10.7) and the perinatal mortality rate (19.4) were slightly higher, but the infant mortality (12.9) much lower than in the previous year. Two-thirds of the infant deaths were in the first week of life.

Though deaths from cancer were markedly fewer than in 1966, cancer of the lung caused more deaths than in any previous year, viz. 55 (44 in men and 11 in women). The preventive for at least a great deal of this tragedy is simple enough—but to stop heavy cigarette smoking seems to be beyond the will of very many people ; they close their minds to the risks.

sickness.

The usual winter rise in the number of sickness benefit claims on the Ministry of Social Security in this area was only moderate ; the weekly average over the year as a whole was much the same as in recent previous years.

There were no deaths from measles or whooping cough, and only one from influenza ; and no notifications of poliomyelitis or diphtheria. The pattern of measles incidence seems to have altered somewhat in recent years, and the former regular occurrence of outbreaks at approximately 80 weeks or so, no longer applies. The number of notifications of respiratory tuberculosis (18) was 3 more than in 1966, but two-thirds of the notifications were of women, in sharp contrast to normal experience.

With regard to immunisation of children (one of the best examples of primary prevention), Exeter stands well in comparison with other county boroughs and London boroughs, as shewn in the table on page 95.

environmental
hygiene.

Public annoyance about odours from the sewage works, attributed to interference by detergents in bacterial sludge-digestion processes, was considerable in the summer ; relief is dependent on the progress of the massive reconstruction of the sewage works, now being undertaken. Complaints by neighbours of dust and noise from a newly-established coal concentration depot at Exmouth Junction were increasing at the year end. During 1967, the East Devon Water Board found it necessary to discontinue the use of the intermediate service reservoir because the water was found to be contaminated and the reservoir defective. No progress was made in regard to water fluoridation. Smoke control continues its steady progress so far as domestic and industrial smoke is concerned and half of the City acreage and a third of the housing (built or projected) are now

covered by Orders confirmed or submitted to the Minister for confirmation.

Public Health
Nursing.

Arrangements for midwives to assist in the conduct of ante-natal sessions in general practitioners' premises were extended. Not a great deal of advantage has been taken of our proposal for regular contacts between the doctors and the health visitors. The possibility of providing home nursing to facilitate very early discharge after certain operations was discussed with the hospital surgeons, but the latter found it impracticable. Geriatric health visiting and health visiting supervision of handicapped children have been developed and accounts of these activities are set out on pages 89-91.

Day Nurseries.

Registered play groups have multiplied during the year ; these are inspected every quarter, as are registered child minders, by the Superintendent Health Visitor. Not all applications for registration of day nurseries or child minders are accepted. The Council's day nursery now accepts children under one year old.

Mental Health
Services.

In January 1967 the new workshop at Nichols Centre came into use ; it has ensured a marked improvement in the training facilities available ; the purpose of the centre is to enable those attending to develop their social, domestic and industrial skills up to the limit of their capacities, thereby to achieve the maximum degree of independence possible. More storage space and a satisfactory internal road layout at Nichols Centre are needed. The reference of persons to the centre and the placement in lodgings of recovered mentally ill and mentally handicapped persons are discussed in Appendices II and III. A claim in regard to social security benefits of considerable importance to adult trainees in mental health centres everywhere was successfully presented by one of our mental welfare officers and is described in detail on page 110. The swimming bath donated to Ellen Tinkham House (junior training centre) has proved most useful. Extension of the special care unit and the nursery, and suitable housecraft facilities are essential.

Ambulances.

The Mayor (Alderman R. C. Board, J.P.) opened the new ambulance headquarters and station in Gladstone Road in December : this has proved very satisfactory.

Health
Centres.

The drawings for the new St. Thomas Health Centre in which family doctors and certain Health Department staff will work closely together in well-equipped premises, were completed. This centre will, doubtless, be the forerunner of three or four more in the City. We have previously envisaged these in Newtown, Whipton and Burnthouse Lane areas.

family
planning.

On consideration of the Family Planning Act and relevant circulars, the Council substantially increased its grant to the local Family Planning Association, which agreed to act as its agent.

Exeter
Maternity and
District
Nursing
Association.

In September the Council decided regretfully to terminate its agency arrangement with the Exeter Maternity and District Nursing Association as from 1st April 1968. The Council warmly acknowledges the good work done by the Association and I can testify to the harmonious relationship throughout. We hope the Association will be able to continue its good work in some related field of activity.

Health Office.

As accommodation for Council departments in Southernhay was becoming seriously overcrowded, it was decided that the health department should move to new premises in an adapted house in Barnfield Crescent, and newly-constructed prefabricated offices at the rear, designed by the City Architect. The move took place early in January 1968.

aff.

Dr. M. Tucker left to enter general practice. Miss C. M. Wilkinson, Superintendent Health Visitor, resigned after several years' sincere and useful work, to enter a religious order. She was succeeded by Miss A. J. M. Hemingway. Mr. S. Bradley, senior chiropodist, retired after having rendered good service, and was succeeded by Mr. G. Partridge.

In Appendix IV, Dr. I. V. I. Ward sets out some personal views in somewhat humorous vein, as a kind of valedictory note, for she retires in 1968. Mr. R. W. Stiles, Chief Administrative Assistant, and his staff (in particular Mr. A. R. Gossington) have prepared the statistics. Dr. McLauchlan and Dr. Ward have contributed as usual, on infectious disease and infant life loss.

acknowledg-
ments.

I am grateful to all my staff for their steadfast work through the year; and also to other Council officers and departments, government and other public offices, the hospitals and doctors in the City, voluntary bodies (including voluntary helpers at the clinics) and, of course, the public, for the assistance they afford my department in our mutual effort to maintain the public health.

I pay a warm and very sincere tribute to the Chairman, Alderman Mrs. M. Nichols, who over many years has always forwarded in every possible way the health services of the authority and their contribution to the public welfare. The Deputy Chairman, too, Councillor H. B. Howe, has, as Chairman of the former Public Health Committee, been active in promoting environmental hygiene. The members

have all loyally supported them. Now the two committees are fused and "Weights and Measures" comes also within the scope of the new Health Committee. Only time will tell how far health functions will remain with local authorities or, indeed, what the shape of local authorities will be.

Exeter as
Medical
Centre.

Exeter is indeed a lively medical centre, with its many hospitals and extensive new hospital building programme, its post-graduate medical institute, its epidemiological research unit in the University, its possible computer centre and operational research developments. The post-graduate medical institute attracts doctors from all over the world, but it is hard put to survive, for financial support from official sources is small. Yet it is important for Exeter's citizens that it should not only survive, but flourish, for it contributes substantially to maintaining the quality of medical care in the area. It has always regarded the teaching of preventive medicine as an important element in its purpose.

General.

Sickness and death is the common lot of man. The aim of the Health Department is to contribute towards a long, happy, active and healthy span for all. It can only do this insofar as the culture of the people has similar aims—and it can only do it insofar as the individuals themselves co-operate collectively and severally towards their own wellbeing. Health education has a part to play; it has a hard row to hoe, e.g. in regard to smoking, alcoholism, drug taking, it has to try to show youth in particular that to be abstemious is to improve the quality of life. Moderation in all things is a well-known maxim. To forego present pleasure for future gain is often wisdom. Respect for human life should be encouraged; war, riots, violence of all kinds and wide ranging legislative approval of abortion, are all evidence of lack of regard. For happy childhood, the main basis of good health in the emotional sphere, the stable home is all important. While no-one can pretend that every marriage will turn out well, we can be sure that the present social climate of undisciplined attitudes to sexual conduct, illegitimacy, marriage and divorce sap the intention and will of men and women to regard loyalty in marriage and real home-making as an end for which much should be foregone. That commercial considerations play such a prominent role in this trend to what used to be styled a loose life, is a scandal of our times.

I am,

Your obedient servant,

E. D. IRVINE.

CITY AND COUNTY OF THE CITY OF EXETER

The Mayor—

ALDERMAN R. E. C. BOARD, J.P.

HEALTH COMMITTEE

at Dec. 31st, 1967

Chairman—

Alderman Mrs. M. NICHOLS, B.Sc.

Deputy Chairman—

COUNCILLOR H. T. HOWE.

Councillor M. J. HOPKINS.

Councillor M. LEGGATT.

Councillor N. W. F. LONG.

Councillor A. V. MACAN.

Councillor P. MILLER, B.A. (COMM.),
GRAD.INST.T.

Councillor F. R. OLIVER, M.A., D.PHIL.

Councillor R. H. M. PALMER.

Councillor F. K. TAYLOR.

Councillor Mrs. M. B. WESTAWAY.

Councillor Mrs. R. M. WICKINGS.

Councillor R. A. WILLIAMS.

Councillor Mrs. A. WING.

Co-opted Members—

Mrs. A. T. SOPER.

Mr. J. FLETCHER.

Mrs. A. ROBB.

Dr. T. H. POWELL.

Mrs. D. CROWN.

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).

† ELIZABETH L. RYAN, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H.

† MARK A. TUCKER, M.B., B.S., D.OBST. R.C.O.G., D.P.H. (resigned 30.10.67)

BARBARA C. SEMPLE, M.B., CH.B.

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.

† Duties mainly in connection with the School Health Service.

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
(resigned 22.11.67).

**H. F. BLAND.

**J. T. BROWN.

**D. J. DAWSON (resigned 10.8.67).

**J. K. HARRIS.

**A. C. LEWIS (retired 21.9.67).

**J. LUBY.

†**D. B. MAY.

**D. PECKHAM.

**M. J. SKINNER (commenced 1.12.67).

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

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

Meat Inspectors.

*P. J. HEDGES. R. WEBBER.

*A. F. EAGLES (commenced 23.10.67).

Public Analyst.

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

Superintendent Health Visitor.

MISS C. M. WILKINSON, S.R.N., S.C.M., Q.N., H.V. Cert. (resigned 30.4.67)

MISS A. J. M. HEMINGWAY, S.R.N., S.C.M. (Pt. 1), H.V. Cert., Dip. Soc. (Lond.),
P.H. (Admin.) Cert. (commenced 2.10.67)

Health Visitors and School Nurses.

MISS D. V. ALLOWAY, S.R.N., S.C.M. (Pt. 1), H.V. Cert. (commenced 2.1.67)
(resigned 5.8.67)

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., 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. (retired 30.6.67)
(commenced P/T 23.10.67)

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 M. C. FRASER, S.R.N., S.C.M., H.V. Cert. (commenced 21.8.67)

MISS P. HORNE, S.R.N., S.C.M. (Pt.1), H.V. Cert.

MISS C. S. NEWTON, S.R.N., S.C.M., Q.N., H.V. Cert.

MISS A. E. RADCLIFFE, S.R.N., S.C.M., H.V. Cert. (commenced 1.8.67)

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

MRS. E. VEALE, S.R.N., S.C.M., H.V. Cert.

MISS J. WALLIS, S.R.N., S.C.M., Q.N., H.V. Cert. (commenced 13.2.67)

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

MRS. J. M. BOOTH, S.R.N., S.C.M.

(Sponsored Student 1967/68, commenced 5.10.67)

† Duties mainly in connection with the School Health Service.

** All qualified Public Health Inspectors and Meat Inspectors.

* Meat Inspector's Certificate.

† Smoke Certificate.

Tuberculosis Health 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), Staff Nursery Nurse (1), Nursery Assistants (3 Full-time,
1 Part-time))

Home Help Service.

Organiser — MISS M. M. CHANTER

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

Chiropodists.

MR. S. BRADLEY, M.Ch.S. (resigned 31.3.67).

MRS. F. HILL, M.Ch.S. (resigned 28.4.67).

MR. G. PARTRIDGE, M.Ch.S. (commenced 22.5.67).

MRS. M. PARTRIDGE, L.Ch. (commenced 5.6.67).

MRS. M. E. ROBERTS, L.Ch., A.Ch.D.

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 Welfare Officers.

N. S. COOMBS, C.S.W. (resigned 6.8.67).

E. J. LOCK, D.S.A.

W. J. B. STAPLE (commenced 1.5.67).

MRS. M. E. CROUCH, Social Science Certificate (commenced 15.9.67).

T. R. BRADY, R.M.N. (commenced 1.5.67, resigned 26.9.67).

G. P. BROOKE, R.M.N., C.S.W. (resigned 12.4.67).

MISS W. G. SHEARS (resigned 31.7.67).

Trainee Mental Welfare Officer.

R. E. Woolnough (from 3.4.67).

Social Worker (Part-time).

MRS. P. O. G. GARNER, Social Science Certificate.

Junior Training Centre (Ellen Tinkham House)

Supervisor:

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

Assistants:

MISS A. E. VICKERY.

MISS J. PAPPIN.

MISS E. DUVALL.

MRS. M. O. SKINNER.

Trainee Assistant.

MISS A. PATON.

Nichols Centre Hostels.

Warden : MR. R. I. JOHNSON, R.M.N.

Matron : MRS. E. P. JOHNSON, R.M.N.

Adult Training Centre.

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

Men's Training Centre.

Assistant Instructors :

W. S. DE VIELL.

D. A. DREW.

N. WILCOCK.

G. T. WOOLWAY.

Women's Training Centre.

Supervisor : MRS. E. WOOD.

Assistant Supervisors : MRS. R. M. MARSH. MRS. M. A. HUBBARD.

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

MRS. S. VINER : *Music and Movement Instructress* (part-time).

Chief Administrative Assistant.

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

Senior Administrative Assistants.

J. C. Wright, D.M.A. (resigned 30.4.67).

A. R. GOSSINGTON (commenced 3.7.67).

Administrative Assistants.

G. A. GIBSON.

A. P. M. Young.

H. W. WEST, D.P.A.

Clerical Staff.

*MRS. B. M. BARNES (resigned 11.8.67).

*MRS. M. ISSERLIS.

MISS E. L. BARRINGER.

MISS J. LEMON.

J. BERRY.

MRS. E. M. A. MARDON
(commenced 1.8.67).

MRS. H. E. BURROWS.

MRS. C. MARTIN.

MISS D. BURWOOD
(commenced 10.7.67).

MISS M. E. NOEL.

S. G. CARR.

MRS. G. NOWELL.

*MRS. M. CASH.

MRS. M. PAYNE.

MISS G. CLARK.

*MRS. P. PEARCE.

*MRS. E. M. COURTENAY.

MRS. C. I. PIM.

MISS J. DAVIES (resigned 7.4.67).

MRS. J. A. SHAPCOTT
(commenced 3.4.67).

MISS P. EVES-DOWN.

MRS. F. N. SHORT.

MRS. W. FROST.

MRS. M. F. E. SYMONDS.

*MRS. C. GADSBY.

MRS. S. K. GRIGG (resigned 2.6.67).

J. TAVERNER (commenced 24.2.67).

*MRS. B. HILTON.

L. VOYSEY.

MRS. D. HOOK (nee COE).

MISS B. B. WILLS

MISS E. M. HOSEGROVE.

(comm. 5.4.67; resigned 7.7.67).

D. G. Huish.

MRS. E. WINTER (resigned 31.3.67).

* 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 B. CRAMP.

Table I.
VITAL STATISTICS — 1896-1967

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	166		
1905	47,800	1,060	22.4	723	15.5			132	122		
1906	48,000	1,036	21.7	708	14.7			134	127		
1907	48,200	1,057	21.9	823	17.0			142	134		
1908	48,200	1,131	23.4	804	16.6			143	126		
1909	48,500	1,115	23.0	762	15.7			113	101		
1910	48,700	1,003	20.6	746	13.0			97	97		
1911	48,700	976	19.8	797	15.0			120	124		
1912	48,700	1,010	20.6	753	13.0			96	95		
1913	49,000	956	19.4	847	14.0			95	100		
1914	(b)60,317	1,193	19.7	900	13.0			101	85		
1915			18.0		14.0				87		
1916	Not Published	Not Published	17.0	Not Published	15.0			Not Published	87		
1917			15.0		15.0				78		
1918			15.0		16.0				61		
1919	61,475	1,531	15.0	807	12.0			71	79		
1920	62,332	1,400	22.4	739	11.0			94	67		
1921	59,500	1,061	19.0	765	12.0			108	96		
1922	59,700	1,015	17.0	871	13.0	34	57	70	67		
1923	60,260	1,021	17.0	733	11.0	58	56	62	61		
1924	60,160	1,010	17.0	779	12.0	55	56	60	59		
1925	60,410	1,101	16.0	872	11.0	44	52	73	74	31 28	5 4.8
1926	60,990	1,006	16.0	792	11.0	41	58	69	68	28 28	3 2.8
1927	61,220	1,083	16.0	752	10.0	42	59	57	60	28 26	5 5.1
1928	62,030	956	15.0	773	10.0	48	61	66	69	23 24	4 3.9
1929	61,880	1,141	16.0	863	12.0	41	52	52	53	25 23	3 3.1
1930	61,880	944	15.0	759	10.0	36	58	47	50	21 22	5 4.2
1931	64,780	934	14.0	862	10.8	45	46	53	57	30 32	Nil Nil
1932	66,200	950	14.0	798	9.8	42	44	51	54	35 37	3 3.0
1933	67,300	940	13.9	885	10.7	36	38	45	48	23 24	3 3.1
1934	67,800	1,021	15.0	785	10.0	42	39	57	56	27 26	3 2.8
1935	68,300	982	14.3	815	10.3	41	40	33	34	25 25	1 0.9
1936	68,650	915	13.3	890	11.3	42	44	57	62	29 32	2 2.1
1937	69,240	980	14.1	885	11.1	41	40	55	56	34 35	1 0.9
1938	69,160	1,010	14.6	888	11.1	48	45	57	56	32 32	1 0.9
1939	69,890	956	13.4	908	11.1	37	38	40	42	24 26	3 3.1
1940	(c)73,830	1,012	13.7	1,083	13.3	37	35	41	40	26 26	2 1.8
1941	(d)81,430	1,027	12.8	Not Published	13.4	35	32.9	79	68	42 41	5 4.1
1942	73,800	1,065	14.4		15.8	31	29.2	53	50	32 30	3 2.7
1943	68,520	1,051	14.3		13.4	35	32.2	51	49	35 33	3 2.8
1944	68,180	1,334	19.6		13.7	36	26.3	59	44	32 24	8 5.8
1945	69,070	1,246	18.1		13.8	29	23.3	70	56	33 27	4 3.1
1946	72,910	1,444	19.8	930	12.7	42	28.3	70	49	45 31	4 2.7
1947	74,160	1,428	19.2	994	13.4	34	23.2	82	57	47 33	4 2.7
1948	75,150	1,316	17.5	807	10.7	42	30.9	24	18	15 11	2 1.5
1949	76,590	1,192	15.6	993	11.7	31	25.3	30	25	25 21	1 0.8
1950	77,260	1,130	14.6	938	10.9	22	19.1	36	32	28 25	1 0.8
1951	76,200	1,098	14.4	1,060	12.5	33	29.1	33	30	24 23	0 0
1952	76,600	1,101	14.4	922	10.8	27	23.9	24	22	18 16	1 0.9
1953	76,700	1,152	15.0	1,016	11.8	20	17.0	48	42	36 31	0 0
1954	76,900	1,102	14.5	990	11.1	41	35.0	29	26	17 15	0 0
1955	77,100	1,115	14.6	956	10.6	26	22.8	19	17	12 11	1 0.9
1956	77,000	1,080	14.2	1,021	11.9	20	18.2	32	30	22 20	0 0
1957	76,900	1,171	15.2	913	10.4	24	20.1	21	18	19 16	0 0
1958	76,900	1,163	15.3	1,046	11.8	23	19.4	20	17	18 15	1 0.8
1959	77,400	1,133	14.7	1,029	11.1	35	29.9	18	16.8	18 12.3	2 1.7
1960	77,450	1,162	15.2	1,001	11.0	22	18.6	17	14.6	13 11.2	0 0
1961	78,570	1,206	15.5	1,031	10.9	28	22.7	29	24.0	24 19.9	2 1.6
1962	78,950	1,221	15.6	1,027	10.9	27	21.6	25	20.5	18 14.7	1 0.8
1963	79,690	1,324	16.4	1,112	11.9	18	13.4	21	15.9	13 9.8	0 0
1964	81,810	1,275	15.4	1,008	10.5	21	16.2	16	12.5	15 11.7	1 0.8
1965	82,370	1,374	16.5	983	10.4	27	19.3	18	13.1	14 10.2	1 0.7
1966	(e)92,360	1,401	15.4	1,137	11.0	13	9.2	24	17.1	13 9.3	1 0.7
1967	92,550	1,475	15.7	981	9.0	16	10.7	19	12.9	13 8.8	0 0

(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) Most of Alphington, Pinhoe and Topsham incorporated within City Boundary, 1st April 1966.

GENERAL STATISTICS

Area in acres	10,952
Population (1961 Census)	80,321
Population (Estimated Civilian) Mid-year 1967	92,550
Rateable Value (as at 1/4/67)	£5,247,618
Sum represented by a penny Rate (Estimate 1/4/67)	£21,500
Dwellings (as at 1/4/67)	approx. 29,314

VITAL STATISTICS

Population (1967 mid-year estimate, Registrar General)	92,550
--	--------

The information given here *re* births and deaths is supplied by the Registrar General.

	RATES	
	<i>Exeter.</i>	<i>England and Wales.</i>
	1967	1967
Live Births, 1,475.		
Legitimate, total 1,319 ; male 688, female 631.		
Illegitimate, total 156 ; male 76, female 80.		
Live Birth Rate (Crude) per 1,000 population	15.9	
Live Birth Rate (Adjusted) per 1,000 population	15.7*	17.2†
Illegitimate Live Births per cent of total live births	10.6	
Stillbirths, 16 (9 male, 7 female).		
(15 legitimate, 1 illegitimate).		
Stillbirth Rate per 1,000 total (live and still) births	10.7	14.8†
Total Live and Stillbirths, 1,491.		
Infant Deaths, 19 (Legitimate 15 : 9 males, 6 females). Illegitimate : 4 (1 male, 3 females).		
Infant Mortality Rate (Deaths of infants under 1 year, per 1,000 live births)	12.9	18.3†
Neonatal Deaths 13 (deaths of infants under four weeks) (Legitimate : 8 males, 3 females). (Illegitimate: 2 females).		
Neonatal Mortality Rate per 1,000 live births	8.8	12.5†
Early neonatal deaths 13 (deaths of infants under 1 week of age) (Legitimate : 8 males, 3 females). (Illegitimate : 2 females).		
Early neonatal Mortality Rate per 1,000 live births	8.8	10.7†
Perinatal Mortality Rate (Stillbirths and deaths of infants under one week) per 1,000 total births (live and still)	19.4	25.4†
Maternal Deaths (including abortion)	Nil.	
Maternal Mortality rate per 1,000 total births (live and stillbirths)	Nil.	
Deaths : 981 (male 472, female 509)		
Death Rate (crude) per 1,000 population	10.6	
Death Rate (adjusted) per 1,000 population	9.0*	11.2†
Tuberculosis Mortality Rate per 1,000 population (Pulmonary (1 male, 3 females))	0.04	
Deaths from Measles (all ages)	Nil.	
Deaths from Whooping Cough (all ages)	Nil.	
Deaths from Gastro-enteritis (all ages)	5	
Deaths from Diphtheria (all ages)	Nil.	
Marriages : 793		
Persons marrying per 1,000 population	17.1	15.9†

* Adjusted by the use of the Registrar General's comparability factor to allow for the age and sex constitution of the population. (0.85 for death rate, 0.99 for birth rate).

† Provisional figures (Registrar General's Quarterly (1st) 1968 Return No. 477).

Table II.

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

Year	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Exeter	76,900	77,400	77,450	78,570	78,950	79,690	81,810	82,370	92,360	92,550

EMPLOYMENT

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

“ The estimated insured population in June 1966 was 48,537 (29,724 males, 18, 813 females), an increase of about 800 during the year. This left the economic structure of the city unchanged, with the service sectors predominant and manufacturing, providing employment for only 16 per cent of the insured population.

“ The effects of the economic measures of July 1966 were not felt so quickly in the city as in most other places because of the usual delay before adverse conditions affect employment in the professional, distributive and service industries. In consequence, when 1967 began, the rate of unemployment in Exeter was 1.9 per cent compared with the national average of 2.4 per cent. The underlying deterioration continued and by December there were 1,109 out of work. This was 2.3 per cent of the insured population and much closer to the national average (2.5 per cent) than a year earlier.

“ Notwithstanding the difficulties of the situation, openings were secured for 4,435 men and women, the highest figure achieved for over a decade. A notable improvement was also evident at the professional and executive level, where placings exceeded those of any earlier year. Perhaps the best feature of the employment situation was the success of disabled people in retaining employment or finding alternative employment. In all, 436 were placed in work and the rise in unemployment amongst the disabled was markedly less than the increase amongst the able-bodied.”

BIRTHS*Notifications.*

During 1967, 2,616 live births and 47 stillbirths were notified. 1 birth was notified by the parent—the rest by midwives.

Table III.
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	277	3	2	—	279	3
Hospitals	1,168	12	1,091	32	2,259	44
Mother and Baby Homes	3	—	55	—	58	—
H.M. Prison	—	—	20	—	20	—
TOTALS	1,448	15	1,168	32	2,616	47

“ Transfers-in ” (information from other health authorities—11, or from the Registrar General—21), thus :

Live Births :	Domiciliary	4	} 31
	Hospitals	15	
	Nursing Homes	7	
	Mother and Baby Homes	5	
Stillbirth :	Domiciliary	1	

Thus we know of 1,479 live births to mothers ordinarily resident in the City. 281 (19%) took place at home and 1,198 (81%) in hospital, etc. Among the 1,479 births notified there were 13 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 Exeter mothers occurring during 1967 as 1,491, including 16 stillbirths ; in previous years the figure referred to registrations at the register offices during the year.

Table IV.
ILLEGITIMATE BIRTHS
(REGISTRAR GENERAL'S FIGURES)

YEAR	EXETER			ENGLAND AND WALES		
	Total Live Births	Illegitimate	%	Total Live Births	Illegitimate	%
1957	1,114	57	4.8	723,298	34,562	4.8
1958	1,163	63	5.4	740,715	36,164	4.9
1959	1,133	63	5.5	748,501	38,161	5.1
1960	1,162	62	5.3	785,005	42,707	5.4
1961	1,206	81	6.7	811,281	48,400	6.4
1962	1,221	96	7.9	838,736	55,336	7.0
1963	1,324	92	6.9	854,055	59,104	6.9
1964	1,275	112	8.8	875,972	63,340	7.2
1965	1,374	103	7.5	862,725	66,249	7.7
1966	1,401	115	8.2	849,823	67,056	7.8
1967	1,475	156	10.6	832,000*	N.A.	N.A.

* Estimated.

N.A.—Not Available.

The steady rise in illegitimate births, both in the country as a whole, and especially in Exeter in 1967, is a disquieting feature. The peri-natal mortality in legitimate and illegitimate babies in Exeter was approximately equal.

Table V

LIVE BIRTH RATE

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

Year	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Live Birth Rate : England and Wales	16.4	16.5	17.1	17.5	17.9	18.1	18.4	18.0	17.7	17.2
Live Birth Rate : (crude)	15.1	14.6	15.0	15.3	15.5	16.5	15.6	16.7	15.6	15.9
Exeter : (corrected)†	15.3	14.7	15.2	15.5	15.6	16.4	15.4	16.5	15.4	15.7
Illegits. as percentage of total live births : Exeter	5.4	5.5	5.3	6.7	7.9	6.9	8.8	7.5	8.2	10.6
England and Wales*....	4.9	5.1	5.4	6.0	7.0	6.9	7.2	6.9	7.8	N.A.

*R.G.'s *Statistical Review of England and Wales for the Year 1966*. (Part II).

†Corrected by the R. G.'s comparability factor (0.99 in 1967).

N.A.—Not Available.

CONGENITAL ABNORMALITIES—1967

Live Births	1,475	} 1,491
Stillbirths	....	....	16
Infant Deaths	....	....	19

Substantial congenital defects were found in 1 stillborn infant and 10 infants who died at under 1 year old, and 44 others who were born during the year. Details are set out below :—

<i>Stillbirths.</i>	<i>Infants with congenital abnormalities.</i>		
16 (P.Ms 11)	1 (6%) (P.Ms 1)	Encephalocele	
<i>Infant Deaths.</i>			
19 (P.Ms 17)	10 (52.6%) (P.Ms 8)	{ multiple (see text)	3
		{ anencephalic	1
		{ meningocele	2
		{ tracheo-oesoph. fistula	1
		{ cleft palate	1
		{ cong. heart	1
		{ afibrino-genaemia	1
<i>Survivors at end of year.</i>			
1,456	44	{ congenital heart	5
		{ talipes	10
		{ hypospadias	3
		{ spastic	3
		{ spina bifida and meningocele	3
		{ mongolism	3
		{ congenital disloc. hip	3
		{ various	14

Total births, live and still = 1,491

Total defects = 55

Rate per 1,000 total births = 37

In 1967 a ten-year prospective survey of congenital abnormalities was started in Exeter and the Exeter clinical area. Dr. Brimblecombe and Dr. Mary Vowles in the Paediatric Research Unit at the City Hospital were in charge of the survey ; it was decided that in Exeter a specially detailed investigation should be made of spina bifida and meningocele, congenital cataract and congenital dislocation of the hip. The health department has co-operated in reporting cases and giving other information to the unit.

Cases of abnormality are notified to us on the notification of birth forms, on the midwives' discharge notes, in letters from consultants, and others are noted by general practitioners and infant welfare clinic doctors. (Some conditions, e.g. pyloric stenosis are included as congenital abnormalities in this survey. Hitherto we have not counted these cases in the Exeter figures nor are they included in this annual report). All these cases were notified to the Paediatric Research Unit. Talipes shows a high rate but all the 10 cases listed have needed surgical treatment with plasters or splints. There were 6 babies with meningoceles of whom 2 died, 3 survived after operation, and one (with encephalocele) was stillborn.

Health visitors co-operated with the compiling of records of many of these cases and thanks are due to them for the extra work and visiting involved. I would particularly thank them for the excellent way these cases of abnormality have been reported to us.

DEATHS

There were 981 Exeter deaths registered during 1967. I have shewn the main causes over the past ten years in Table VI. We can never quite get our own classification to match the Registrar General's, which is used in this report (except where otherwise stated), and very few minor corrections have been made as a result of correspondence with him ; local information is sometimes available to us and not to the Registrar General, and sometimes vice versa. One death classified as syphilitic disease by the Registrar General, and shown as such in the table, should more correctly be shown as a death occurring from ' other circulatory diseases '.

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.

Table VI.

DISTRIBUTION OF DEATHS BY AGE AND CAUSE.
REGISTRAR GENERAL'S FIGURES 1967.

	Under 4 weeks		4 weeks & under 1 year		1—		5—		15—		25—		35—		45—		55—		65—		75 and Over		Total	Grand Total 1967	1966 Totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
1 Tuberculosis, respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	3	4	4
2 Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3 Syphilitic disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
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	4	1	1	3	2	3	3	4	6	9	8	39	20	89	70	130	121	184	269	472	509	981
																									1,137

ACCIDENTAL DEATHS

MOTOR VEHICLE ACCIDENTS

There were 13 deaths (10 males and 3 females), i.e. the same as in 1966, including a 15 year old girl who ran out of a lane into the path of an oncoming vehicle, and a 19 year old youth who was a passenger in a car in collision with a lorry. 3 male pedestrians (aged 66 (a blind person), 76 and 79), and 2 female pedestrians (aged 71 and 72) were knocked down by vehicles, and 5 males (aged 25, 28, 36, 36 and 58) were involved in car accidents, one 36 year old being killed when his lorry ran backwards down Stepcote Hill.

OTHER ACCIDENTAL DEATHS

23 deaths (10 males, 13 females), due to accidents other than motor vehicle accidents, were assigned to Exeter by the Registrar General, compared with 28 deaths in 1966.

Our classification shewed the following causes :—by drowning 2 (1 male 64, 1 female 49) ; by falls at home or in hospital 8 (4 males, 4 females) all aged over 58 with the exception of one male aged 56 ; by poisoning 5 (2 males, 3 females) ; by asphyxia in bed 2 females (aged 4 months and 6 months) ; by burns 3 (2 males, one aged 93, who set fire to the bed whilst smoking a pipe, and one aged 87, who knocked over an electric fire), and 1 female aged 7 who died in a fire at her home ; 1 female aged 18 had a cerebral seizure in her bath, and 1 male aged 49 was choked by food in the larynx.

SUICIDES

There were 8 suicides in Exeter residents (4 males, 4 females), 4 less than 1966. The age grouping of suicides in Exeter residents during the past 10 years is shown below (Registrar General's returns).

Table VII.

SUICIDES

Year	Age and Sex Distribution												Total		
	5—14		15—24		25—44		45—64		65—74		75 and over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1958	—	—	1	—	1	2	1	3	3	—	—	1	6	6	12
1959	—	—	—	—	—	1	1	1	—	—	1	2	2	4	6
1960	1	—	1	—	2	1	1	1	1	—	1	—	7	2	9
1961	—	—	—	—	2	1	1	—	1	1	—	1	4	3	7
1962	—	—	—	—	1	1	4	5	3	2	1	—	9	8	17
1963	—	—	1	—	2	2	5	4	—	1	1	1	9	8	17
1964	—	—	1	—	—	—	1	2	2	2	3	1	7	5	12
1965	—	—	—	—	3	—	4	2	1	1	—	2	8	5	13
1966	—	—	—	1	—	—	4	3	1	1	1	1	6	6	12
1967	—	—	1	—	—	1	2	2	—	1	1	—	4	4	8
Total	1	—	5	1	11	9	24	23	12	9	9	9	62	51	113

DEATHS IN HOSPITALS AND NURSING HOMES

507 or 51.7% of all deaths of Exeter residents occurred in hospitals and nursing homes (compared with 43.6% in 1966); 69 of these had been in-patients for periods of at least six months prior to their death.

Table VIII.

DEATH RATE

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

Year	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
England and Wales	11.7	11.6	11.5	11.9	11.9	12.2	11.3	11.5	11.7	11.2
Exeter—Crude	13.6	13.3	12.9	13.1	13.0	14.0	12.3	12.1	12.6	10.6
Exeter—Adjusted*	11.8	11.1	11.0	10.9	10.9	11.9	10.5	10.4	11.0	9.0

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

Table IX.

DEATHS BY SEX, AND CERTAIN AGE GROUPS.

DEATHS AT:	1967			1966*			1965		
	Total	Males	Females	Total	Males	Females	Total	Males	Females
0—14	26	14	12	40	22	18	21	10	11
15—64	251	144	107	283	173	110	249	160	89
65 and over	704	314	390	814	314	500	723	332	391
	981	472	509	1,137	509	628	993	502	491

* Extension of boundary, April 1966.

Table X.

DEATHS AT ALL AGES (1958—1967).

	1958	1959	1960	1961	1962	1963	1964*	1965	1966	1967
CAUSE:										
Infective	47	69	52	77	79	99	70	56	71	71
Cancer	189	183	194	194	202	188	212	211	243	185
Degenerative	623	588	556	528	533	576	552	552	593	535
Others	187	189	199	232	213	249	174	174	230	190
TOTAL	1,046	1,029	1,001	1,031	1,027	1,112	1,008	993	1,137	981

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.

MORTALITY IN CHILD-BEARING AND INFANCY.

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

Table XI.
MORTALITY IN CHILD-BEARING AND INFANCY IN EXETER
1943 — 1967.

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								
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	
1967	—	—	1,475	16	15.7	10.7	13	6	12.9	29	19	

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

MATERNAL MORTALITY

There were no maternal deaths of Exeter mothers during 1967.

LOSS OF INFANT LIFE, Etc.

INFANT DEATHS

There were 19 infant deaths under the age of 1 year in 1967, including 14 which occurred in the neonatal period (up to 28 days).* 13 of the neonatal deaths occurred within the first week and 6 of them were within the first day of life.

Congenital abnormalities accounted for 9 deaths at from 1 hour to over 7 months old. One other child who died from a respiratory cause also had a cleft palate.

The 2 accidental deaths were "cot deaths" in children aged 4 months and 6 months, death in each case being due to asphyxia from suffocation by bedding.

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

14 occurred within this period.

Causes of Deaths :				1st wk. Deaths	1-4 wks. Deaths	P.M. exam. made
Congenital abnormality	....	....	....	7	1	6
Respiratory	....	....	....	2	—	2
Prematurity	....	....	....	2	—	2
Cerebral anoxia	....	....	....	1	—	1
Tentorial tear	....	....	....	1	—	1
Totals				13	1	12

8 of these were low-weight babies.

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

There were 5 deaths in this group—1 due to multiple congenital abnormalities, 1 a cot death—due to respiratory infection, 1 to gastro-enteritis, and 2 accidental ones.

The overall picture of the causes of the 19 infant deaths is :—

Congenital abnormality	9	} 19
Respiratory	....	....	....	3
Prematurity	....	....	....	2
Accidental	....	....	....	2
Gastro enteritis	....	....	....	1
Cerebral anoxia	....	....	....	1
Tentorial tear	....	....	....	1

* One of these deaths was registered as occurring at one month and the Registrar General has classified it accordingly. Subsequent enquiries shewed that the death occurred at 27 days, and it has been counted here and in this section as a neonatal death.

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	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
England and Wales	22.5	22.0	21.9	21.6	21.4	20.9	20.0	19.0	19.0	18.3†
Exeter	17.2	15.5	14.6	24.0	20.5	15.9	12.5	13.1	17.1	12.9

† Provisional.

Table XII.
INFANT DEATHS IN 1967

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
Congenital abnormality	9	3	5	—	1	6	3			7	2	7	4	6	3	2	1	4	—	1	1
Respiratory	3	—	2	1	—	2	1			2	1	3	2	2	—	—	2	1	—	—	—
Prematurity	2	2	—	—	—	—	2			2	—	2	2	2	—	—	1	1	—	—	—
Gastro-enteritis	1	—	—	1	—	1	—			1	—	1	—	—	—	—	1	—	—	—	—
Cerebral anoxia	1	—	1	—	—	—	1			—	1	1	—	—	1	1	—	—	—	—	—
Accidental	2	—	—	—	2	—	2			1	1	2	—	—	—	1	1	—	—	—	—
Tentorial tear	1	1	—	—	—	1	—			1	—	1	—	—	1	—	1	—	—	—	—
Totals	19	6	8	2	3	10	9	19		14	5	17	8	10	5	4	7	6	—	1	1
		19				19				19						19					

STILLBIRTHS, 1967

There were 16 stillbirths in 1967 giving a stillbirth rate of 10.7 per 1,000 total births registered in the year. The rate for England and Wales was 14.8.

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

7 of the stillbirths were of small size, weighing from 1 lb. 14 ozs. to 5 lbs. 2 ozs. 2 weighed less than 2 lbs. and 3 others were all under 4 lbs. 2 of the 7 died in utero before birth and there were complications of pregnancy in 5 of the 7.

The causes of foetal death were :—

Toxaemia	....	....	....	....	3
A.P.H.	....	....	....	....	1
Premature separation of placenta	....				1
Not known	....	....	....	....	1
Cytomegalic inclusion disease (a twin)					1
					<hr/> 7

The mother of the stillborn twin had hydramnios in pregnancy and the surviving twin was also fairly severely affected by this virus infection and as a sequel has had damage to both retinae and will probably have impaired vision. No congenital abnormalities were found on post-mortem examination in the stillborn foetus, which weighed 5 lbs.

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

There were 9 stillbirths in this group—weighing from 6 lbs. to 9 lbs. 12 ozs. 2 died in utero before birth. In one case only was foetal death ascribed to foetal abnormality and the condition—microcephaly—was diagnosed by x-ray 2 weeks before birth; there was also an accompanying encephalocele which led to difficulty in labour and the foetus was delivered with forceps. (This mother had had a previous stillbirth in 1963.)

The overall picture is :

Total stillbirths=16.

Total post-mortems made=11.

Causes :

Not known	....	....	....	....	6
Toxaemia	....	....	....	....	3
A.P.H.	....	....	....	....	2
Congenital abnormalities	....				1
Birth injury (torn tentorium)....					1
Premature separation of placenta	....				1
Rhesus incompatibility	....				1
Virus infection of foetus in twin	....				1
					<hr/> 16

XIII.

STILLBIRTHS, 1967

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.	Birth injury	Toxaemia	Prem. separation of Placenta	A.P.H.	Rhesus incomp.	Cyto Megallic Inclusion Disease	Not known
2 lbs. 3 ozs. or less	2	1	1	1	—	1	1	1	1	2	—	—	1	—	—	—	1
Over 2 lbs. 3 ozs. up to and including 3 lbs. 4 ozs.	1	—	1	—	—	1	1	1	—	1	—	—	1	—	—	—	—
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.	2	2	—	1	—	1	1	1	2	2	—	—	—	1	1	—	—
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.	2	1	1	—	1	1	2	2	1	2	—	—	1	—	—	1	—
Over 5 lbs. 8 ozs.	9	5	4	2	2	5	4	4	7	8	1	1	—	1	1	—	5
TOTALS	16	9	7	4	3	9	9	9	11	15	1	1	3	1	2	1	6

16

16

16

PERI-NATAL MORTALITY, 1967

Peri-natal deaths numbered 29 (16 stillbirths and 13 deaths within the first week of life). The peri-natal mortality rate was 19.4 per 1,000 total births. (England and Wales 25.4.)

The causes of the 13 first-week deaths were :—

Congenital abnormality	....	....	7
Respiratory	....	....	2
Prematurity	....	....	2
Cerebral anoxia	....	....	1
Birth injury	....	....	1
			13

The causes of the 16 stillbirths have been discussed elsewhere.

Summarising, the causes of the 29 peri-natal deaths were :—

Congenital abnormality	....	....	8	
Respiratory	....	....	2	
Prematurity	....	....	2	
Cerebral anoxia	....	....	1	
Birth injury	....	....	2	(Both tentorial tears)
Toxaemia	....	....	3	
Ante partum haemorrhage	....	....	2	
Premature separation of placenta	....	....	1	
Rhesus incompatibility	....	....	1	
Virus infection of foetus in a twin	....	....	1	
Not known	....	....	6	
			29	

SOCIAL GRADING OF PREMATURE BIRTHS, STILLBIRTHS AND INFANT DEATHS, 1967

<i>Father's Social Class (R.G.)</i>				<i>Exeter Social Class Distribution per 1,000 total population (Census : 1951)</i>	<i>Premature Births</i>	<i>Still- births</i>	<i>Infant Deaths</i>
Class	I	(Professional etc. Occupations)	....	....	
	II	(Intermediate)	....	....	
	III	(Skilled Occupations)	....	....	
	IV	(Intermediate Occupations)	....	....	
	V	(Unskilled)	....	....	
Unemployed	....	....	....	....
Students or Not known	....	....	....	....
Illegitimate	....	....	....	....
	TOTALS			1,000	77	16	19

Table XIV.
"PREMATURE" LIVE AND STILLBIRTHS, 1967.

Notified Premature Stillbirths			PREMATURE LIVE BIRTHS																			
			Deaths during 1967—Age at death.				Survivors at end of 1967	Born at		Believed causes of Prematurity.												
			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	Cong. Abnorm.	Ruptured membranes	Mother's Illness	Placental Insuff.	Not known					
Born in Mowbray House	Born at home	Born in City Hospital	Over	Up to and inclg.	Home	Hos- pital																
—	1	1	—	2 lbs. 3 ozs.	—	3	1	1	1	—	—	—	—	—	1	—	—	—	1	—	—	1
—	—	1	2 lbs. 3 ozs.	3 lbs. 4 ozs.	—	5	1	2	2	—	—	—	—	—	—	—	—	—	—	—	—	2
—	1	1	3 lbs. 4 ozs.	4 lbs. 6 ozs.	—	7	6	1	—	—	—	2	1	—	—	—	—	1	1	—	1	1
—	—	—	4 lbs. 6 ozs.	4 lbs. 15 ozs.	—	19	19	—	—	—	—	2	1	4	—	2	—	1	1	—	—	8
—	—	2	4 lbs. 15 ozs.	5 lbs. 8 ozs.	6	45	60	—	1	—	—	7	1	3	1	19	—	2	—	—	—	18
—	2	5	Totals		6	79	77	4	4	—	—	11	5	7	1	21	3	5	1	1	1	30

LOW-WEIGHT BABIES, 1967

92 babies weighing 5 lbs. 8 ozs. or less were born in 1967; 7 were stillborn and have been discussed on page 24. 85 (5.7% of all live births) were born alive, 6 at home and 79 in hospital. 8 of the live-born infants died—all within the first week of life.

77 survived and 5 of these had appreciable abnormalities:—double talipes; gastric ulcer with bleeding, necessitating blood transfusion; congenital heart; double congenital dislocation of hips; cytomegalic inclusion disease (twin).

The 21 full-term small children were born within 7 days before the expected date of delivery, or in 2 instances after the expected date. In a large number there is no cause ascertainable for the onset of premature labour.

CANCER

DEATHS

185 deaths were certified as primarily due to cancer in 1967 in Exeter residents, compared with 243 deaths during 1965—a very welcome reduction, evident mainly in the older age groups, viz. over 65 years of age. In a further 16 cases cancer was certified as a secondary cause, that is, contributing to death but not the primary cause. A very unwelcome statistic was the increase in deaths ascribed to cancer of the lung:—a higher number than in any previous year:—55 deaths (44 men and 11 women).

No doubt it will take years of health education, assuming that it does in the end succeed, to persuade people of the folly of smoking cigarettes; bronchitis, heart disease and lung cancer are all probably, at least in part, due to this—from the health aspect—pernicious habit. Our efforts must be concentrated on the young; and older people have some moral responsibility, in the interests of future generations, in trying to modify by way of example, their own habits of smoking.

Cancer of the breast and cancer of the womb caused fewer deaths than in the year before.

REGISTRATION

The registrations by the Regional Cancer Records Bureau of cancer among Exeter residents in **1966** are set out in the table, kindly sent to me by Professor Milnes Walker, Director of the Bureau. They numbered 376, just over an eighth more than in **1965**. The number of breast cancers registered showed an increase of over a third on the 1965 registrations. The only hope we have at present of modifying the prospect in this disease is to encourage women to report lumps in the breast as soon as they are observed, to their doctors. We have started teaching women self examination but it is too early to say whether this will prove of great value. We do not want women to be worried about the possibility of cancer; but equally, it appears self-examination tends soon to be abandoned!

Table XV.
EXETER RESIDENTS
ALL CASES REGISTERED 1966

		Under 20	20—29	30—39	40—49	50—59	60—69	70+	TOTAL	TOTAL M. & F. 1966 1965	
140—148 Buccal cavity & Pharynx	M	—	—	—	—	1	1	1	3	} 5	7
	F	—	—	1	—	—	—	1	2		
150—159 Digestive organs & Peritoneum	M	—	—	1	3	12	14	20	50	} 105	98
	F	—	—	—	3	4	17	31	55		
160—165 Respiratory system	M	—	—	—	1	12	10	16	39	} 45	54
	F	—	—	—	1	—	4	1	6		
170 Breast	M	—	—	—	—	—	—	1	1	} 50	37
	F	—	—	3	9	12	11	14	49		
171—181 Genito-urinary Organs	M	—	1	—	1	3	8	23	36	} 86	67
	F	1	2	3	7	11	10	16	50		
190—191 Skin	M	—	—	1	2	8	7	7	25	} 47	44
	F	—	—	—	4	6	1	11	22		
192—199 Other & unspecified sites	M	1	1	—	1	1	3	2	9	} 23	13
	F	2	1	1	—	1	3	6	14		
200—205 Lymphatic & haematopoietic tissues	M	2	1	—	—	1	1	2	7	} 15	12
	F	—	—	—	1	—	1	6	8		
140—205 TOTAL	M	3	3	2	8	38	44	72	170	} 376	332
	F	3	3	8	25	34	47	86	206		
TOTAL	M & F	6	6	10	33	72	91	158			

EXETER PUBLIC WATER SUPPLY

BACTERIOLOGICAL ANALYSES OF SAMPLES TAKEN IN 1967.
(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	331	314	10	6	1	—
(B) ON CONSUMERS' SUPPLY : Danes Castle Reservoir Zone	104	97	4	3	—	—
Belvidere Reservoir Zone	69	68	—	1	—	—
Marypole Head Reservoir Zone	66	60	5	1	—	—
Barley Lane Reservoir Zone	92	85	2	4	1	—
Stoke Hill Reservoir Zone	64	60	3	1	—	—
TOTAL	726	684	24	16	2	—

The public water supply remained sufficient in quantity and satisfactory in quality on the whole, but unsatisfactory samples taken from Danes Castle and Intermediate reservoirs led the Water Board's Chief Engineer and the Chemist and me to investigate in some detail, with the results set out in the notes below ; since then we have had no serious anxieties about the water supply. The pH of the water is maintained at a fairly high value (varying up to 8.7) but the water is not caustic. Fluoridation has not been recently discussed. The water is not plumbo-solvent.

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 :—

" 1967 saw the completion of the first full year of the comprehensive programme of routine sampling from sources of supply, reservoirs and distribution system ; in all 1,537 bacteriological samples were examined.

The investigational work of the Board's Chemist and Bacteriologist, Mr. W. Carr, L.R.I.C., has brought to light several unsatisfactory features of the distribution system which were first noticed through the results of routine chemical and bacteriological sampling.

At the Danes Castle Service Reservoir, leakage found to be getting through the roof into the water, and the decay of small amounts of organic material lying hidden beneath the reservoir

floor, have been largely rectified by thorough cleansing, but extensive repairs are needed which are to be carried out in 1968/9.

At the Intermediate Reservoir in Sylvan Road, the detection and examination of small inflows into the reservoir through the side walls showed the possibility of contamination of the stored water by leakage from an adjacent sewer. In such a situation the use of the reservoir had to be immediately abandoned and other arrangements made to maintain water supplies.

Following these actions, no further unsatisfactory samples have been obtained from the distribution systems from the reservoirs.

The raw water from the River Exe has shown bacteriological counts ranging from 250 to 180,000 bact. coli per 100 ml. Analyses of the treated water shows that although not hard in character, it is being maintained by lime dosing so as not to be plumbo-solvent.

Changes in distribution have been made so that water from Pynes is now supplied to the whole of Topsham in place of the former supply of borehole water which had a much harder characteristic.

Efforts are now being made to cleanse the mains of any accumulated deposits ; this work is largely done at night."

EXETER PUBLIC WATER SUPPLY

BACTERIOLOGICAL ANALYSES OF SAMPLES TAKEN IN 1967.

(EXAMINED BY PUBLIC HEALTH LABORATORY 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	39	17	5	56.4	87.1
Sedimentation Tk. Outlet....	41	8	1	80.4	97.5
Pressure Filters Outlet	118	6	—	94.9	100.0
Pumping Main	340	5	—	98.5	100.0
SERVICE RESERVOIRS :					
Upton Pyne Reservoir	52	3	—	94.1	100.0
Stoke Hill Reservoir	111	6	2	94.5	98.1
Belvidere Reservoir	109	4	—	96.3	100.0
Marypole Head Reservoir	118	9	5	92.3	95.6
Intermediate Reservoir	95	8	5	91.5	94.6
Danes Castle Reservoir	113	10	1	91.1	99.1
Barley Lane Reservoir	112	8	—	92.8	100.0
Highfield Tower, Topsham	19	—	—	100.0	100.0
Sunhill Tower, Topsham	18	—	—	100.0	100.0
DISTRIBUTION SYSTEM :	252	27	4	89.2	98.3
TOTALS	1,537	111	23	92.7	98.4
NEW MAIN STERILIZATION SAMPLES	73	35	—	52.0	100.0

PYNES WATER WORKS, EXETER.

ANALYSIS	CHEMICALS IN PARTS PER MILLION			
	Raw Water Sample. 11.7.67 11.0 a.m.	Final Treated Water 11.7.67 11.15 a.m.	Raw Water Sample 27.11.67 9.30 a.m.	Final Treated Water 27.11.67 9.45 a.m.
BACTERIOLOGICAL EXAMINATION :				
Nutrient Agar at 37°C. 48 hours	1,920	0	120	0
Coliform Organisms, per 100 mls.	9,000	0	5,500	0
Bact. Coli. Type 1, per 100 mls.	9,000	0	5,500	0
PHYSICAL CHARACTERS :				
Colour (Hazen)	20	5	5	5
Turbidity	11	0.5	0.5	0.1
pH	7.2	8.2	7.2	7.5
Conductivity 25°C. (umhos)	160	180	180	190
E.M.A.H. +	0.81 me/l	0.84 me/l	0.81 me/l	0.96 me/l
E.M.A.Ag. +	0.50 me/l	0.62 me/l	0.38 me/l	0.46 me/l
CHEMICAL ANALYSIS (in mgm. per litre) :				
Free Carbon Dioxide (CO ₂)	4.0	0.3	3.5	2.1
Total Alkalinity (CaCO ₃)	32.0	38.0	28	42
Caustic Alkalinity (as CaCO ₃)	Nil	Nil	Nil	Nil
Ammoniacal Nitrogen	0.09	0.24	0.26	0.10
Albuminoid Nitrogen	0.16	0.05	0.10	0.06
Nitrite Nitrogen	trace	Nil	trace	Nil
Nitrate Nitrogen	1.84	2.07	17.25	1.5
Oxygen Absorbed (4 hrs. at 26.7°C.)	0.45	0.1	0.75	0.3
Carbonate Hardness (E.D.T.A.)	32.0	38.0	28	42
Non-Carbonate Hardness (E.D.T.A.)	20.0	32.0	28	26
Total Hardness (E.D.T.A.)	52.0	70.0	56	68
Total Solids (dried at 180°C.)	101.1	114.0	114	120
Calcium (Ca)	14.4	21.2	16.8	20
Magnesium (Mg.)	2.3	4.0	3.36	4.3
Sodium (Na) } as Na	10.6	4.6	6.2	9.9
Potassium (K) }				
Carbonate (CO ₃)	19.2	22.8	16.8	25.2
Sulphate (SO ₄)	2.9	12.0	12.5	17.3
Chloride (Cl)	11.0	7.8	15.65	17.75
Nitrate (NO ₃)	8.0	9.0	7.5	6.5
Fluoride (F)	0.1	0.1	0.1	0.1
Silica (SiO ₂)	7.5	6.3	1.0	trace
Aluminium (Al)	Nil	0.19	0.015	0.14
Manganese (Mn)	trace	Nil	trace	Nil
Iron (Fe)	0.3	trace	0.14	Nil
Residual Chlorine : Free	Nil	Nil	Nil	0.5
		This water is chemically and bacterio- logically satis- factory.		This water is chemically and bacterio- logically satis- factory. The pH was slight- ly lower than usual.

PRIVATE DOMESTIC WATER SUPPLIES

8 properties rely on springs or well water for their water supply. Reports on the water from one well in Topsham indicated pollution, and the owner was advised to boil all water before drinking, and also asked to consider the fitting of a filter.

SEWERAGE AND SEWAGE DISPOSAL

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

MAIN DRAINAGE

A contract for the construction of a trunk foul sewer to serve the Exwick area was commenced in the Autumn and by the end of the year was approximately half completed. The sewer which will extend from Okehampton Road, via Western Road and Exwick Road to Exwick Hill is made necessary by the extensive housing development at present taking place at Exwick.

At Cheyney Gate Lane, Pinhoe the foul sewer has been extended to be available to serve Wotton Cottages, at present on septic tank drainage. A further section of the Summer Lane foul sewer up to the Railway Bridge was enlarged to 9 inches diameter. At South Lawn Terrace a defective length of surface water sewer was relaid and in Dunsford Gardens a surface water sewer was diverted to remove a flooding hazard at Solar Crescent. The watercourse known as the Buckerell Bore was culverted throughout the grounds of the Princess Elizabeth Orthopaedic Hospital.

Under annual maintenance work, portions of defective foul sewers were relaid at Alphington Road, Exwick Hill, Haldon Close (Topsham), Market Street, Mount Pleasant Road and Polsloe Road. Repairs to surface water sewers have been carried out at Fore Street (Heavitree), Northernhay Place and Union Road.

New power sewer winches which were brought into use at the beginning of the year have proved very successful and sewer cleaning operations which would previously have had to be carried out by specialist firms have been effectively carried out by the department's direct labour.

The foul sewage pumping station at Tan Lane was completed and put into service in October. This pumping installation replaces the pumping stations at St. Thomas, Cattle Market and Western Road and pumps the whole of St. Thomas sewage flow (up to 12.0 m.g.d.) via the new relief interceptor to the sewage works. The station is fully automatic and dispenses with the four shiftmen who manned the old pumping station. A small relay pumping station at Marsh Barton Industrial Estate was also commissioned during the year.

SEWAGE DISPOSAL

The laboratory building was completed in October 1967, and is now occupied. Orders have been placed for various items of mechanical treatment plant and the main contract has been let in the sum of £1,718,000. This main contract comprises the heated sludge digesters and the complete treatment plant. The heated sludge digesters are scheduled for completion early in 1969 and the treatment plant for completion in 1970.

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 16 pools in schools and colleges (9 in the Council's schools, 3 in special residential schools, 1 in a public school, 1 in an approved school, 1 in a teachers' training college and 1 in a Junior Training Centre (Ellen Tinkham House)). The heated indoor pool at Ellen Tinkham House was opened in April 1967 and was provided by the Parent-Teacher Association (see Mental Health report, page 121).

Samples were taken from the public swimming bath on 5 days in the year (10 samples in all); of these 3 were unsatisfactory, although in one instance the result was thought to be due to sample contamination. 25 samples were taken from 13 other pools, 8 of which were unsatisfactory; these were repeated by the public health inspectors and clear samples subsequently obtained.

One incident at the public swimming bath in August, when an 11 year old was taken unconscious from the pool and, fortunately, revived, has resulted in the 'Minute Man' Resuscitator being moved from the Bath Superintendent's office to be more easily accessible in an emergency. A Porton resuscitator, which can be used by untrained persons, has also been provided.

ANNUAL REPORT

OF THE

CHIEF PUBLIC HEALTH INSPECTOR

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

PART I

GENERAL COMMENT

STAFF

Two Inspectors, Mr. B. J. Dawson and Mr. P. M. D. Billington, resigned during the year, and Mr. A. C. Lewis retired on 21.9.67, after 32 years' service with the City Council. Mr. A. Eagles was appointed as an Authorised Meat Inspector after Mr. Dawson's resignation, and Mr. M. J. Skinner filled one of the other vacancies. Despite several advertisements, we have, so far, been unsuccessful in filling the other vacancy.

The food sampling programme continued satisfactorily, as did the inspection of basements, but the amount of work done under the Offices, Shops and Railway Premises Act, 1963 continued to fall. It was hoped that Technical Assistants would

be appointed early in 1968 to help in this field, but due to the Government-inspired economy drive, it was decided not to proceed with the appointments.

FOOD

TOXIC RESIDUES IN FOODSTUFFS

In June 1965, the County Councils Association expressed concern at the possible contamination of foodstuffs by residues from pesticides used when the food was being grown or stored, and asked the Association of Public Analysts to prepare a draft scheme for a national, systematic survey of foodstuffs in common use. This was subsequently considered by the Association of Municipal Corporations and the Urban District Councils' Association, and following a meeting between Local Authorities in the South West at Bristol, Exeter was asked to take four samples per year over the two years August 1966 to July 1968. The reports on the samples taken this year as our part of the programme were as follows :—

Custard Powder	....	Negative.
Fish	....	Traces of dieldrin.
Garden Peas	....	Negative.
Bread	....	Negative.

FOREIGN BODIES

17 complaints in respect of the presence of ' foreign bodies ' were received during the year. Our investigations included a tin of grapefruit, found to contain a fibrous material which proved to be Narrigen, which is a natural phenomenon in immature grapefruit. Another complaint was of what was thought to be a match-stick but which proved to be a currant stem, found in a tea cake. A growth of acetobacter usually only seen in bulk vinegar, was found in a bottle of vinegar, and our investigations showed the bottle to have been filled some 3½ years ago. The manufacturers are at present investigating this, but we suspect that here again, it is a case of ' poor housekeeping ' on the part of the retailer.

FOOD POISONING

20 cases of suspected food poisoning were investigated during the year ; 16 were confirmed, but in no case were we able to positively trace the source of infection.

FOOD HYGIENE (MARKETS, STALLS AND DELIVERY VEHICLES) REGULATIONS, 1966

263 visits were made in connection with these Regulations. Contraventions were found in a number of cases, but usually the deficiencies were remedied following informal action by the

department. It was found necessary to prosecute one street trader, but the defendant was granted a conditional discharge, the Magistrates holding the view that the offences were technical.

HOUSING

A sample survey of housing conditions in the country generally, carried out early in 1967 by Public Health Inspectors on behalf of the Ministry of Housing and Local Government, indicated that of 15.7 million dwellings, 1.8 million were unfit, and a further 4.7 million unsatisfactory. The results of the sample survey are under consideration, and it is probable that new legislation will enable more specific criteria to be used to determine whether a house is unfit or not.

The systematic inspection of basements in the City continued throughout the year. 115 basements were inspected and statutory action taken in respect of 42 of them. One quarter of the basements in the City (excluding those used for business purposes) have now been inspected.

We have still been unable to embark on systematic inspection of houses occupied by more than one family, or to carry out any surveys under the Housing Act 1964, with a view to the determination of areas of houses suitable for compulsory improvement.

CLEAN AIR ACT, 1956

SMOKE CONTROL AREAS

The following four orders were confirmed by the Minister of Housing and Local Government during the year :—

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.

With the exception of three properties, adaptations to the 194 properties on the Redhills and Exwick and Cowick Lane No. 2 areas outstanding at the end of 1966, were completed, but a number of persons in the Pyne's Hill and Stoke Hill No. 1 areas, operative from 1.9.67, had still not carried out adaptations by the end of the year. Once again, persons leaving the work until the last moment found that they were forced to wait many months before contractors could carry out the work.

APPROVED FIXERS

A further course was held for " approved fixers " and two local builders sent employees.

COSTS

Once again, costs tended to rise during the year. The Gas Board substantially increased their fixing charges for all appliances and as a result, grants on gas fires had to be increased.

DISTRICT HEATING

I mentioned in the annual report of 1964, the advantages of district heating, and these were made clear in a recent survey of between 350 to 400 Danish towns, with a total population of around $1\frac{3}{4}$ million people. In these towns both the SO_2 content of the air, and the amount of soot and ash discharged into the air has been reduced by approximately 50% when compared with a town without district heating.

Since 1st April 1967, ten applications for district heating as part of Local Authority housing scheme have been received by the Ministry of Housing and Local Government, and I hope that the City Council will seriously consider this system of heating for any future development in the City of upwards of one hundred houses.

HEIGHT OF CHIMNEYS

During the year 9 of the many plans received, necessitated sending out questionnaires in order to determine the height of proposed chimneys. Four proposals to instal furnaces, were received.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

GENERAL

At the end of the year approximately 81% of the premises in Exeter which come within the scope of the Act had been registered, and 60% of these had been inspected in detail. The number of premises registered during the year was 113, and these registrations were due entirely to district inspectors visiting the premises and directing the attention of owners and/or occupiers to their responsibilities under the Act. It is estimated that about 350 premises in this City have not been registered, and therefore only 48% of the registrable properties under the Act have been the subject of a detail inspection. The Ministry's publicity respecting the Act, and the need to register premises has apparently not been very successful, and the question of further publicity at national level should be considered.

312 offices and shops were inspected during the year. The total number of contraventions discovered was 968, and these are detailed in the following tables :—

Section	Contraventions	Number
1	Failure to register	1
4	Failure to keep premises clean	53
5	Rooms overcrowded	17

<i>Section</i>	<i>Contraventions</i>	<i>Number</i>
6	Failure to provide a reasonable temperature	13
	Failure to provide thermometers	118
7	Water closets not effectively ventilated	30
	Other rooms not effectively ventilated	50
8	Failure to provide suitable and sufficient lighting :	
	(a) Rooms	27
	(b) Corridors and staircases	14
9	Failure to provide sufficient sanitary conveniences....	7
	Failure to keep sanitary conveniences clean	28
	Failure to effectively light sanitary conveniences	19
	Failure to properly screen sanitary conveniences	4
	Failure to mark conveniences " male " or " female "	24
	Failure to provide means for disposal of sanitary dressings	4
	Failure to provide suitable door fastenings	4
	Fittings and fixtures in need of repair or renewal	9
	Floors of sanitary conveniences in need of repair	4
10	Failure to provide sufficient washing facilities	15
	Failure to keep washing facilities clean	4
	Failure to effectively light washing facilities	2
	Failure to provide a supply of hot running water	34
	Failure to provide a supply of cold running water	6
	Failure to provide a supply of soap and towels	10
	Fixtures and fittings in need of repair or renewal	3
	Floors of washing facilities in need of repair	3
11	Failure to provide drinking water	16
12	Failure to provide accommodation for clothing not worn at work	11
	Failure to provide accommodation for special clothing worn at work	2
	Failure to provide accommodation for drying wet clothing	38
13	Failure to provide sufficient seats	8
15	Failure to provide facilities for eating meals	6
16	Failure to maintain floors and floor coverings in good repair :	
	(a) Rooms	24
	(b) Corridors	6
	(c) Staircases	8
	Failure to provide handrails	51
	Failure to keep floors, passages and stairs free from obstruction	5
	Failure to keep open sides of staircases guarded	10
	Failure to fence openings in floors	2
17	Failure to effectively guard machines	31
22	Failure to keep walls and ceilings in good repair	9
24	Failure to provide a first aid box	71
	Failure to maintain first aid box to requisite standard	31
50	Failure to display an abstract of the Act	135

216 informal notices were sent to employers drawing attention to contraventions, and 77 were complied with by 31st December 1966.

ACCIDENTS

Notifications were received in respect of 33 accidents, two of which were serious. In 17 other cases I considered investigation necessary.

Brief details of the two serious accidents are as follows :—

- (1) On 6th July, 1967, a 16 year old female shop assistant, when using a Mattocks gravity food-slicing machine, received a cut on the upper palm of her left hand and severed the tendon of the small finger. There was no guard fitted over the feed chute although the need for one had been repeatedly brought to the notice of the employer by the District Public Health Inspector. On October 16th, 1967, the employer of the premises was fined £20 for failing to fence the machine securely.
- (2) On 13th July, 1967, a 19 year old male trainee was using a power saw to cut asbestos sheets. He had received adequate training in the use of the saw. When the asbestos sheet reached the end of its travel the trainee went to remove the asbestos sheet and cut his left hand, severing his thumb and lacerating the other fingers. Normally the saw, when the end of its travel is reached, should drop below the working surface, but on this occasion it did not do so. The saw had been regularly serviced, but an examination after the accident revealed that there were two defective springs which failed to pull the saw down at the end of its travel. This was remedied, and further safety measures were suggested to the firm to prevent any recurrence of this type of accident.

All except six of the accidents notified to us occurred on the premises of large firms, and while more persons are at risk on such premises, it is suspected that accidents occurring on small premises covered by the Act, are not being reported. It is suggested that hospital authorities and doctors should be asked with due precautions and without naming the individual who is injured, to notify local authorities of accidents brought to their notice, and which have occurred in shops and offices, with a view to action being taken to obviate further accidents of the same kind.

EXEMPTIONS

On 26th January 1967, an application was received from a small shopkeeper who employed two females, for exemption from the provision regarding sanitary accommodation owing to the limited space available. On 7th February 1967, the exemption was granted for a period of two years.

EATING FACILITIES IN OFFICES

In a large number of premises, office employees take their lunch in the office in which they work. It is thought that a separate room, with adequate facilities, should be provided for

this purpose, and the Act should be more specific on this point. In addition, it is felt that "tea-making" is now such an established practice in most premises that a washing-up sink with hot and cold water should be obligatory. Exemption could be given in respect of premises served by vending machines or where only a few people are employed.

DRINKING WATER

On the assumption that nearly all premises have piped supplies of drinking water, it is thought that in the case of buildings in multiple occupation, the owner should provide drinking water, as well as the washing facilities.

HEATING APPLIANCES

Many electric and gas fires used in offices, etc. are inadequately guarded and present a hazard. It would be helpful if the Ministry gave some guidance on the subject.

FIRST AID MATERIALS

It would be helpful if first aid requisites and appliances could be amended to include the following: scissors, antiseptic and waterproof dressings.

TEMPERATURE AND VENTILATION

In the case of buildings in a single ownership, the tenants are responsible for maintaining a reasonable temperature and adequate ventilation. Where there are central systems, any modification required in a particular letting can adversely affect the other tenants and it is thought the owner should be responsible, as he is in respect of washing facilities.

ROOMS USED AS STORES OR FOR FILING RECORDS

Some argument has arisen with local solicitors as to whether or not rooms, used as stores or for filing records in which persons are employed for short periods during the day, come within the scope of the Act. Some guidance from the Ministry regarding this point would be appreciated.

NUISANCES

NOISE

During 1967, 241 visits were made in respect of 19 alleged nuisance arising from noise.

One of the complaints was of noise arising from a joinery works. At our request, certain soundproofing measures were carried out by the firm, but the complainants still complain of excessive noise and the City Council have served an enforcement notice, with a view to preventing the use of the premises as at present. The owners have appealed against the notice, and the

matter will be the subject of an enquiry under the Town and Country Planning Act, 1962.

During the year, a great deal of noise arose from pneumatic drills used in road works, laying of cables, etc., and further letters were sent to contractors regarding this. Attention was drawn to the need for the fitting of mufflers, and this is now general practice in the City. I think that noise from such sources has been much reduced.

GRASS BURNING ON RAILWAY BANKS

Following complaints of smoke and embers from grass burning on railway banks causing a nuisance to neighbouring residents, I took the matter up with British Rail, who stated that the grass was burnt at certain times of the year under licence granted in 1949, and that nothing in the Clean Air Act repealed this licence.

The Ministry of Housing and Local Government later supported this view, and the attention of the Association of Municipal Corporations was drawn to this problem.

The Association raised the question with British Railways Board, who promised to reiterate to their staff the importance of burning grass at a place and time where the burning will not give offence. The Board, can, however, still be prosecuted if it is shown that they are causing a nuisance under Section 16 of the Clean Air Act, 1956.

DISPOSAL OF OLD CARS

Mention was made in the Annual Report for 1965 of the problems associated with the disposal of old cars. The Civic Amenities Act, 1967 and the Removal or Disposal of Vehicles Regulations, 1968, give Local Authorities greater power to deal with them and as this problem will become far more acute as the years go by, I am of the opinion that early consideration should be directed to its solution.

There is a system for the processing of scrap cars which has been developed over a ten-year period by the Proler Steel Corporation of Houston, Texas, and one such plant has been established at Willesden (London). The plant is capable of handling 400,000 cars a year, pulverising them into fist-size pieces of steel from which all non-ferrous metals, and such rubbish as glass and wood are automatically removed. It is claimed that the scrap from these Proler plants is virtually as clean and as pure as the steel originally used to make the car and is absolutely ideal for steel making.

The capital cost of such a plant is high and it would be unrealistic to expect that the establishment of such a plant in the South-West would prove an economic proposition. However, by means of a simple flattening press, cars could be pancaked at

a central pound, loaded on to rail freight trucks and transported quickly and cheaply to the Proler plant at Willesden.

NEW LEGISLATION

New legislation brought into operation during the year was as follows :—

	Date of Operation
The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966	1. 1.67
The Cheese Regulations, 1966	1. 2.67
The Slaughterhouses (Hygiene) Amendment Regulations, 1966	1. 2.67
The Food (Control of Irradiation) Regulations, 1967	1. 6.67
The Colouring Matter in Foods Regulations, 1966	26. 6.67
The Artificial Sweeteners in Food Regulations, 1967	1. 8.67 and 1.12.67
The Butter Regulations, 1966	1. 9.67
The Civic Amenities Act, 1967	27. 8.67
The Slaughter of Poultry Act, 1967	10. 6.67

The following legislation was passed during the year, but does not come into operation until 1968 or later :—

	Date of Operation
The Meat Pie and Sausage Roll Regulations, 1967	31. 5.68
The Canned Meat Products Regulations, 1967	31. 5.69
The Sausage and Other Meat Products Regulations, 1967	31. 5.69
The Solvents in Food Regulations, 1967	3.11.69
The Labelling of Food Regulations, 1967	1. 1.71 except the section dealing with cyclamates which comes into force on 1.1.68
The Margarine Regulations, 1967	4. 1.71
The Ice-Cream Regulations, 1967	4. 1.71
The Coffee and Coffee Products Regulations, 1967	4. 1.71

GENERAL

PLANS/INSPECTION OF PLANS

The department examined and commented on 126 sets of plans during the year.

LOCAL LAND CHARGES

The department replied to 2,563 searches submitted to the Town Clerk under the Local Land Charges Act.

STATISTICS

General Summary.

Number of visits made by P.H.Is during the year	15,479
Number of samples taken	383
Number of carcasses inspected	65,008
Total weight of foodstuffs condemned	74 tons

A—SUPERVISION OF FOOD SUPPLIES

Registered Food Premises.

There are 405 registrations under Section 16 of the Food and Drugs Act, 1955, affecting 381 business establishments. These are made up as follows :—

Storage of bulk ice-cream	8
Manufacture, storage and sale of ice-cream	3
Storage and sale of pre-packed ice-cream	302
Preparation or manufacture of sausages and potted, pressed, pickled and preserved food (including Fish and Chips)	92
TOTAL	405

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

	Premises subject to F.H. Regs., 1960	Premises that comply with Regulation 16 as at 31st December 1967	Premises to which Regulation 19 applies	Premises that comply with Regulation 19 as at 31st December 1967
Bakers and Bakers' Shops	43	43	36	36
Butchers	74	74	74	73
Cafes, Canteens and Restaurants	69	69	66	66
Clubs and Institutes	46	43	45	45
Confectioners	42	41	18	18
Cooked Meats	8	7	6	6
Dairies	36	36	24	24
Fish, Fried	17	16	17	17
Fish, Wet	18	18	18	18
Greengrocers	37	37	21	21
General Provisions	188	187	163	162
Ice-cream	86	83	45	45
Licensed Premises	118	116	111	110
School Canteens	31	29	31	31
TOTAL	813	799	675	672

Sale of Cream.

The number of current registrations are as follows :—

Registration as a dairy (sale of open cream)	17
Registration as a distributor (sale of pre-packed cream)	28

Dealer's (Pre-packed) Milk Licences.

The number of current licences are as follows :—

Pasteurised Milk	....	....	....	....	124
Untreated Milk	....	....	....	....	51
Sterilised Milk	....	....	....	....	24
Ultra Heat Treated Milk	....	....	....	....	2

School Canteens and Kitchens.

30 inspections of school canteens and kitchens were carried out during 1967. The standard of washing up was generally satisfactory.

Market.

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

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	9,793	1,042	1,167	20,980	32,026
Number inspected	9,793	1,042	1,167	20,980	32,026
<i>Diseases except Tuberculosis and Cysticercosis.</i>					
Whole carcasses condemned	4	40	45	66	106
Carcasses of which some part or organ was condemned	5,011	411	66	2,385	3,331
Percentage of No. inspected affected with diseases other than tubercu- losis and cysticercosis	51.2	43.3	9.5	11.7	10.7
<i>Tuberculosis only.</i>					
Whole carcasses condemned	—	2	—	—	—
Carcasses of which some part or organ was condemned	—	71	—	391	—
Percentage of No. inspected affected with tuberculosis	—	6.8	—	1.8	—
<i>Cysticercosis only.</i>					
Carcasses of which some part or organ was condemned	26	4	—	—	—
Carcasses submitted to treatment by refrigeration	26	4	—	—	—
Generalised and totally condemned	—	—	—	—	—

Complaints of Foodstuffs.

During the year we investigated 57 complaints in connection with foodstuffs alleged either to be unfit for human consumption or to contain some foreign matter.

Whilst most of these complaints were dealt with informally, it was thought necessary to institute legal proceedings in the following 17 instances :—

1. Mouldy steak and kidney pie—vendor fined £20.
2. Mouldy sausages—vendor fined £15.
3. Wood in doughnut—vendor fined £5.
4. Mouldy apple pie—vendor fined £25.
5. Mouldy sausages—vendor fined £20.
6. Mouldy loaf—vendor fined £15.
7. Fly in bread—vendor fined £15.
8. Mouldy pork pie—vendor fined £15.
9. Mouldy pork pie—vendor fined £15.
10. Fly in bread—vendor fined £20.
11. Mouldy pie—vendor fined £15.
12. Mouldy pasty—vendor fined £15.
13. Mouldy hog's pudding—case dismissed.
14. Maggots in pie—vendor fined £15.
15. Mouldy yeast—vendor fined £20.
16. Skin in tin of Irish stew—vendor fined £15.
17. Mouldy trifle—vendor fined £50.

At the end of 1967, 1 prosecution was pending. The 2 prosecutions pending at the end of 1966 resulted in a fine of £10 for selling mouldy pork pies, and a fine of £15 for selling mouldy bread.

It is interesting to note that prosecutions numbered 8, 9, 11, 12 and 15, which were all because of mould, were the result of complaints received between the 3rd and the 20th July, 1967, when the weather was particularly humid.

Despite the advice and information given by the manufacturers of pies, sausages, etc. to the retailers, all too often trouble arises because the retailer has not done anything to ensure proper stock rotation. In one particular instance we found that the pie complained of had been in the shop for about 5 weeks.

Labelling of Food.

We continue to examine the labels of various commodities during routine visits to premises where food is sold and whilst sampling under the Food and Drugs Act. Reference is made elsewhere in this report to two samples, one of a Milk Chocolate Father Christmas, and one of a Christmas pudding, where warning letters were sent to manufacturers because of misleading and incorrect labelling.

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 Nat. Fat	Milk Fat	Solids Nat. Fat
Channel Islands.....	4	4.9	9.12	4.0	8.5
Others	24	3.7	8.73	3.0	8.5

Penicillin and other Antibiotics.

8 tests were taken for presence of penicillin and other antibiotics. 7 were negative and 1 positive. In the case of the positive sample, a warning letter was sent to the retailer, and a repeat sample taken. This proved satisfactory.

(ii) Bacterial Quality.

DESIGNATION	Number of Samples	Samples Satisfactory	Samples Unsatisfactory
Pasteurised	6	6	—
Channel Islands Pasteurised	1	1	—
Untreated (Farm Bottled)	37	33	4
Homogenised Pasteurised	2	1	1
Ultra Heat Treated	1	1	—

(B) Tubercle Bacilli.

During the year 16 samples were tested and all proved to be negative.

(c) Brucella Abortus.

48 milks were tested for Brucella Abortus. 45 were negative, and 3 initially reported as positive, but the culture test proved negative.

Ice Cream—Cleanliness.

72 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)	....	....	....	44
Grade 2. (Satisfactory)	....	....	....	13
Grade 3. (Unsatisfactory)	....	....	....	10
Grade 4. (Unsatisfactory)	....	....	....	5

Where the gradings were unsatisfactory repeat samples were taken. In one case the use of a suitable steriliser for the tongs was requested and this resulted in an improvement in subsequent samples.

Food and Drugs Act, 1955.

28 samples of milk, 12 samples of medicines and drugs, and 81 samples of other foods were procured in 1967. 72 were formal and 49 informal. The following deficiencies were found :—

<i>Sample No.</i>	<i>Article</i>	<i>Adulteration or Fault</i>	<i>Action taken</i>
2362	Hot Milk	Contained 10% added water.	Warning letter to retailer.
2370	Untreated Milk	1% deficient in fat.	Repeat sample taken—satisfactory.
2375	Hot Milk	Contained 46% added water and was 38% deficient in fat.	Prosecution—retailer fined £10.
HF 5	Lolly Mix	Devoid of sulphur dioxide and contained mould growth.	Warning letter to manufacturer. Manufacturer's investigation showed sample to be 5 years old. Retailer warned verbally, and all stocks of lolly mix withdrawn.
2409	Strawberry Jam	Deficient in soluble solids.	Warning letter to retailer.
2449	Untreated Milk	Contained penicillin at the rate of 0.075 International Units per millilitre.	Warning letter to retailer. Repeat sample satisfactory.
2464	Milk Chocolate	Contained hardened vegetable fat.	Warning letter to manufacturers.
2468	Christmas Pudding	Label did not specify the ingredients in the order of the proportion used as per the labelling of Food Order 1953.	Warning letter to manufacturers.

Watercress.

Two samples of watercress were taken during the year. both were satisfactory.

Yoghurt.

Six samples of Yoghurt were taken during the year. All were satisfactory.

Liquid Egg.

All the liquid egg used in the City is obtained from one plant, and two samples were taken during the year. Both were satisfactory.

There are no egg pasteurisation plants in the City.

Shell Fish.

Eighteen samples of shell fish were obtained during the year. Four samples, all of crabmeat, yielded a bacterial count greater than the limit suggested by the International Working Party.

In one case, the Retailer stopped selling crabmeat, and in the second, a letter was sent to the Chief Public Health Inspector

of the Authority where the crabmeat originated. In the other two cases, no pathogens were found, and as there was no risk to Public Health no further action was taken.

B—HOUSING

Housing Act, 1957, Sections 16 and 18.

64 dwellings (including 42 basements) were represented to the Health Committee as being unfit for human habitation, and not repairable at a reasonable expense. They were dealt with in the following manner :—

Demolition Orders made	....	....	....	1
Closing Orders made	....	....	....	31
Undertakings not to re-let accepted	....	....	....	20
Outstanding at the end of the year	....	....	....	12
TOTAL				64

Formal Notices.

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

Informal Notices.

23 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	....	....	....	4
(ii)	Number of families dwelling therein	....	....	....	4
(iii)	Number of persons dwelling therein	....	....	....	24
(B)	Number of new cases reported during the year	....	....	....	5
(c) (i)	Number of cases of overcrowding relieved	....	....	....	4
(ii)	Number of persons concerned in such cases	....	....	....	26

C—CLEAN AIR ACT, 1956

Atmospheric Pollution.

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

Month	TONS PER SQUARE MILE		
	Dunsford Hill	Danes Castle	Tan Lane
January	7.59	9.97	10.88
February	11.18	12.72	15.74
March	6.65	7.42	12.08
April	No reading	3.34	7.97
May	8.52	9.04	13.86
June	6.44	4.47	6.23
July	5.27	4.96	7.37
August	3.30	3.72	6.51
September	3.30	4.80	9.00
October	5.27	3.60	14.26
November	4.80	5.10	10.50
December	2.48	2.79	5.27
TOTALS	64.80 (11 months)	71.93	119.67

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	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
18	PROPOSED AREAS St. Thomas No. 2	1. 5. 70.	868	1,334
19	Pinhoe No. 1	1. 5. 70.	40	425
TOTAL			5279.0	10,667 (ultimately)

D—PEST CONTROL

Rats and Mice.

Complaints.

311 complaints were received during the year, and these were made up as follows :—

	TYPE OF PREMISES.			Total
	Business	Private	Local Authority	
Rats	28	171	43	242
Mice	17	26	26	69
TOTALS ..	45	197	69	311

Routine Inspections.

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

Won River
Mincinglake Tip
Dyke at Venny Bridge
Hamlin Lane Allotments
Guy's Allotments
Ashwood Road Allotments
Piggery—Canal Banks
Dyke at Brookway
Dyke at Flowerpot
Waste Ground in Okehampton Street
Waste Ground in Dinham Road

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.

Heavy infestations were found in the following areas, and these will be treated again in 1968 :—

Briar Crescent/Vaughan Road area
Exwick Road
Blackboy Road
Pines Square/Regent Street area
Dryden Road
The Strand, Topsham

Disinfestation and Disinfection.

Spraying for bugs and fleas :					
Private houses	....	....	....	....	21
Council houses	....	....	....	....	31
Business premises	....	....	....	....	2
Schools	....	....	....	....	1
Spraying for Ants :					
Private houses	....	....	....	....	1
Council houses	....	....	....	....	2
Business premises	....	....	....	....	1
Schools	....	....	....	....	1
Spraying for Cockroaches :					
Council premises	....	....	....	....	6
Spraying for Flies :					
Private houses	....	....	....	....	1
Spraying rooms after tuberculosis	....	....	....	....	5
Disinfecting persons	....	....	....	....	2
Stoving clothes, and/or bedding	23

Wasps, Hornets and Bees.

Nests destroyed during the year	234
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E—GENERAL

Bakehouses.

Number in City	21
Number of underground bakehouses in the City			—
Number of inspections made	....	....	....	32

Offensive Trades.

Number of businesses in the City	....	....	8
Number of inspections made	....	....	10

Hairdressers and Barbers (Byelaws).

30 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 during the year, and conditions were found to be satisfactory. The accommodation provides for 73 men : 39 in one lodging house and 34 in the other.

Merchandise Marks Acts, 1887 to 1953.

Thirteen 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.

Seven samples of fertilisers and 10 samples of feeding stuffs were taken during the year. Two samples of feeding stuffs contained oil in excess of the permitted amount, a sample of fertiliser had no declaration of composition and the statutory statement was incomplete. In the case of a fourth sample there was no declaration of analysis either in or on the package. After consultation with a representative of the Ministry of Agriculture, Fisheries and Food, it was considered sufficient to send warning letters in each case.

Rag Flock.

Number of premises registered	3
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Six samples of rag flock were taken during the year. All were satisfactory.

HOUSING

(See also page 36)

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

During the year ended 31st December 1967, dwellings were completed as follows :—

New Dwellings by Council	....	....	....	100
New Dwellings by private enterprise	....	....	....	407

Total dwellings provided since the war to the 31st December 1967 are :—

*Temporary	Council		Private Enterprise		Total
	Permanent	Rebuilds	New	Rebuilds	
430	5,224	21	4,108	210	9,993

* 172 of these temporary bungalows have been disposed of by the end of 1967 and further disposal is proceeding.

Mr. M. H. D. Freeman, the housing manager, has kindly sent me the following table which gives an analysis of the housing register at the 19th December, 1967 :—

ANALYSIS OF APPLICANTS REGISTER—19th December 1967 TYPE OF ACCOMMODATION REQUIRED

POINTS	1B	2B		3B	4B	Total
		Without family	With family			
S.O.	59	43	77	34	6	219
H.M.F.	—	5	35	47	10	97
Nil	131	36	10	—	1	178
1	39	47	—	1	—	87
2	54	48	86	2	—	190
3	24	12	20	—	—	56
4	11	18	76	11	—	116
5	15	9	14	—	1	39
6	33	20	21	28	3	105
7	10	8	19	5	—	42
8	10	8	30	8	4	60
9	36	12	7	2	—	57
10	4	5	8	—	—	17
11	10	10	8	—	1	29
12	5	2	1	—	1	9
13	1	5	10	3	—	19
14	7	—	1	—	—	8
15	1	—	1	—	1	3
16	—	—	7	1	1	9
17	—	—	3	—	2	5
18	—	—	3	—	—	3
19	—	—	1	—	—	1
20	—	1	—	—	—	1
21	—	—	—	1	—	1
31	—	—	—	—	1	1
36	—	—	—	—	1	1
39	—	—	—	—	1	1
% of Total	450 (33.2%)	289 (21.4%)	438 (32.3%)	143 (10.6%)	34 (2.5%)	1,354
Applicants with less than six months' registration						367
GROSS TOTAL						1,721
With need	143	98	134	20	7	402

S.O. = Safeguard only.
Above line = not urgent.

H.M.F. = Her Majesty's Forces.
Below line = in need.

RE-HOUSING ON MEDICAL GROUNDS

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

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

REASON REFERRED BY M.O.H.	Total recommended to Housing Committee for additional points	Re-housed	Awaiting re-housing	Deferred or not yet approved (i.e. insuf- ficient points)	Applications lapsed	Cases recommended in previous years and re-housed in 1967
Tuberculosis	3	1	—	2	—	2
Statutory overcrowding	1	—	—	1	—	—
Sub-standard property	5	1	1	3	—	2
Social overcrowding conditions	5	2	1	2	—	2
Other medical social reasons	21	6	2	12	1	9
Other medical reasons	55	9	3	39	4	12
TOTALS	90	19	7	59	5	27

NOTE : In addition to the above there were 28 cases considered where no medical points were recommended, but 19 of these were supported on other grounds.

RE-HOUSING ON MEDICAL GROUNDS, 1958 TO 1967

It is interesting to note that in the 10 years ended 31st December 1967, the total number of cases recommended to the Housing Committee for additional points amounted to 1,074, and of these 602 (56%) have been re-housed. The number of cases recommended for additional points has diminished over this period (191 in 1958 to 90 in 1967), the most dramatic reduction being in those classified as "social overcrowding conditions"—45 in 1958; 6 in 1967. Tuberculosis was the basis of recommendation in 3 cases in 1967, compared with 18 cases in 1958—a reflection of the decline of tuberculosis in the community.

CIVIL DEFENCE CORPS

(Ambulance and First Aid Section)

In view of the re-organisation of the Civil Defence Corps which was to become effective on 1st October, 1967, section training was discontinued in favour of general training applicable to all members.

The total number of trained members in the Section was 34, and of these 15 volunteered to continue training in order to fill appointments as organisers of first aid services at various centres of control.

At the end of July the Ministry of Health published two circulars telling local authorities what new arrangements they must make for the provision of ambulance and first aid services in war. Plans were made to take these services out of the Civil Defence Corps and form two separate bodies; namely the AMBULANCE RESERVE and FIRST AID SERVICES.

Preliminary discussions took place with the St. John Ambulance Association and the British Red Cross Society regarding their members co-operating in the provision of first aid services, but apart from preliminary planning, recruitment for the ambulance reserve had not started before instructions were received (in January, 1968) announcing the abandonment of Civil Defence.

Two civil defence corps ambulances were disposed of during the course of re-organisation. One civil defence ambulance remained for training purposes, but the latest information is that most civil defence vehicles will eventually be withdrawn.

INFECTIOUS DISEASE

(Exeter Residents)

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

MINISTRY OF HEALTH

ANNUAL RETURN OF FOOD POISONING FOR 1967

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

Name of Local Authority : EXETER COUNTY BOROUGH.

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

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

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

TABLE I FOOD POISONING INCIDENTS AND CASES

Causative Agent	GENERAL OUTBREAKS		FAMILY OUTBREAKS		SPORADIC CASES Notified or ascertained	TOTAL No. of outbreaks and sporadic cases columns (1+3+5)	TOTAL No. of cases columns (2+4+5)
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained			
	1	2	3	4	5	6	7
1. <i>S. typhi-murium</i>	—	—	1	3	2	3	5
2. Other <i>Salmonellae</i> (a)	—	—	1	3	3	4	6
3. <i>Cl. welchii</i>	—	—	—	—	—	—	—
4. <i>Staph. aureus</i>	—	—	—	—	—	—	—
5. Other causes (b)	—	—	—	—	—	—	—
6. Cause unknown	—	—	1	4	1	2	5
7. TOTAL	—	—	3	10	6	9	16

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

Type of <i>Salmonellae</i>							
Hindmarsh	—	—	—	—	1	1	1
Brandenburg	—	—	1	3	—	1	3
Braenderup	—	—	—	—	1	1	1
Enteritidis Var. Jena	—	—	—	—	1	1	1
TOTAL	—	—	1	3	3	4	6

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

INFECTIOUS DISEASES

FOOD POISONING

16 cases of food poisoning were notified, or otherwise ascertained, during the year. There were no general outbreaks, but three family outbreaks occurred consisting of 3 or 4 persons. In two of these family outbreaks the symptoms had started while the family were on holiday in Spain, and in one family *salmonella typhimurium* type 1 was isolated, and in the other *salmonella brandenburg* from three of the family and *salmonella*

hindmarsh from the fourth. The third party had not been abroad and no organisms were isolated, but the pattern was that of food poisoning.

Salmonella was isolated from four of the single cases, and no organisms from the fifth. The salmonellae isolated were salmonella typhimurium type 29, salmonella braenderup and salmonella enteritidis var. jena. The source of the infection was traced in one case.

DYSENTERY

50 cases of dysentery were notified, or otherwise ascertained, during the year, all being due to shigella sonnei. In 19 instances more than one member of a family was involved, and a small outbreak (5 cases) occurred in a residential school. Otherwise the cases were sporadic with no connection traceable between them, and no particular school was involved.

WHOOPING COUGH

16 cases of whooping cough were notified during the year. In two instances the illness could be regarded as severe, though in neither case did complications develop; one of them was a 5 week old baby and the other was a child of 2 years who had received a primary course and a booster dose of triple antigen. 13 of the children had received whooping cough vaccination within 5 years of the illness, and in another within 6 years.

The health department continued to co-operate with the public health laboratory in Exeter in the investigation the Medical Research Council is carrying out of the type of organisms involved.

MEASLES

788 cases of measles were notified during the year. The cases occurred throughout the year, averaging between 5 and 10 a week, though in mid-November the number of notifications rose to 52, rising to 87 during the penultimate week of the year. Since the major outbreak of measles in the City during the latter months of 1964 and the early months of 1965, when the total number of cases was 1,106, a change in the pattern of measles notifications has been noticed. The epidemic of 1964/65 could be said to be over by the end of March, though a few cases a week continued to be notified until the end of August. Then, after a short break of 4 weeks with no notifications, cases have averaged 14 a week from the end of 1965, all 1966, and, as stated

above, between 5-10 in 1967, with short periods when the number of notifications rose, when it looked as though a major outbreak was developing ; this did not materialise on any occasion until November 1967, when what has proved a moderate-sized outbreak commenced.

PNEUMONIA

Only 7 cases were notified during the year, with one death. Except in influenzal outbreaks notification of pneumonia is useless.

SCARLET FEVER

66 cases of scarlet fever were notified during the year, all being mild ; they were fairly evenly dispersed throughout the year.

ERYSIPELAS

2 cases of erysipelas were notified during the year, both being facial.

MENINGOCOCCAL INFECTION

One case of meningococcal infection was notified during the year, this was in a 4 month old infant. No other members of the family were ill, and the child made a good recovery.

PUERPERAL PYREXIA, 1967

Cases	Cause	Pathological Investigation	Confinement at :	
			Home	Hospital
5	Uterine	5	1	4 (2 Mowbray 1 Redhills 1 Holiday Camp —Mowbray)
5	Breast	1	—	5 (5 Mowbray)
2	Urinary	2	2	—
1	Respiratory	1	—	1 (City Hospital)
2	Not known	2	—	2 (1 City Hospital 1 Redhills)
15		11	3	12

(7 Mowbray
4 Hospital
1 Holiday Camp)

There were 15 cases only of puerperal pyrexia in 1967. This is a very sharp drop from previous years, thus : 1966—47 ; 1965—46 ; 1964—44 ; 1963—39 ; 1962—40 ; 1961—49 ; 1960—51.

Midwifery has changed considerably in recent years and a much larger proportion of women are admitted to hospitals and G.P. units for their confinements than in earlier years ; of the 12 confinements recorded as hospital cases, 4 took place in a specialist unit, 7 in a G.P. unit, and the other one was an " emergency " in a holiday camp, the mother and child being transferred to the G.P. unit later. The other three mothers were delivered and nursed at home.

Notifications of puerperal pyrexia were from

District Midwives	9 cases	} 15 cases.
General Practitioners	....	....	1 case
Redhills Hospital Midwife	....	....	2 cases
G.P. Unit Midwife	....	....	3 cases

By District Midwives : 9 cases—3 home births and 6 Mowbray births.

By G.P. Unit Midwife : 3 cases—3 Mowbray births.

By Redhills Hospital Midwife : 2 cases—2 Redhills births.

By G.P. : 1 case—1 Mowbray birth.

So out of 15 notified cases of puerperal pyrexia 10 were delivered in Mowbray Hospital. Mothers are discharged for various reasons from hospital or G.P. unit from 48 hours upwards after confinement, and this early discharge is the reason why the greater proportion of notifications come from the district midwives. This figure of 15 cases reported in one full year cannot be taken as an index of the actual *morbidity* occurring in the puerperium.

OPHTHALMIA NEONATORUM

There were 9 cases of ophthalmia neonatorum, all notified by midwives. Pathological investigations were made in all cases ; 4 were positive for organisms, including one case of gonococcal infection, the first such ophthalmia for several years. A vaginal swab previously taken from the mother of this baby had been negative, but when the baby's eye became infected with a positive swab, treatment was given to the mother also ; neither was admitted to hospital. Two cases were admitted to the Eye Infirmary ; one born in a G.P. unit and discharged home on the 8th day had an increasingly severe purulent discharge from both eyes and was admitted to the Eye Infirmary ; in neither case was any organism found. There were no cases in babies born at home.

PEMPHIGUS NEONATORUM

There were no cases of pemphigus neonatorum.

Table XVI.

ACUTE INFECTIOUS DISEASE.

**MONTHLY INCIDENCE OF INFECTIOUS DISEASE NOTIFIED DURING 1967 (EXETER RESIDENTS)
after correction of diagnosis.**

DISEASE	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	Cases admitted to Whipton Hospital
Scarlet fever	16	9	2	5	2	—	2	5	3	8	6	8	66	3
Whooping cough	—	1	1	—	1	2	—	3	6	1	—	1	16	—
Measles	66	59	21	27	37	56	27	22	13	42	161	257	788	12
Erysipelas	—	2	—	—	—	—	—	—	—	—	—	—	2	—
Meningococcal infection	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Polio (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	1	—	1	—	1	—	—	1	2	—	—	1	7	—
Ophthalmia neonatorum†	—	—	2	3	—	—	1	—	(1)	1 (1)	—	—	7 (2)	—
Puerperal pyrexia*	—	1	3	1	—	—	3 (2)	2 (1)	1	—	1	—	12 (3)	—
Dysentery	1	—	—	—	—	5	1	3	2	6	12	20	50	4
Food poisoning	—	5	—	—	—	—	—	3	4	1	3	—	16	1
Para. typhoid B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis (not a notifiable disease)	3	4	—	1	—	—	3	1	2	2	1	4	21	12

† Only 2 cases were notified by doctors.

* Only 2 cases were notified by doctors.

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

Table XVII.

ACUTE INFECTIOUS DISEASE

CASES OF NOTIFIABLE DISEASE NOTIFIED DURING THE YEAR 1967 (EXETER RESIDENTS)
(by age groups) after correction of diagnosis.

DISEASE	AGES OF CASES NOTIFIED													Cases admitted to Whipton 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	—	3	2	10	9	37	2	—	1	—	2	—	—	66	3
Whooping cough	2	—	4	4	1	5	—	—	—	—	—	—	—	16	—
Measles	28	90	129	118	126	283	6	1	3	1	—	—	3	788	12
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—
Meningococcal infection	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Polio (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	—	—	—	—	1	—	—	1	1	1	3	—	7	—
Ophthalmia neonatorum†	7 (2)	—	—	—	—	—	—	—	—	—	—	—	—	7 (2)	—
Puerperal pyrexia*	—	—	—	—	—	—	—	(3)	7	—	—	—	5	12 (3)	—
Dysentery	2	—	5	1	6	19	6	1	1	6	—	—	3	50	4
Food poisoning	1	—	—	—	1	2	3	1	1	3	3	1	—	16	1
Para. typhoid B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis	3	2	1	—	1	3	1	1	2	—	5	2	—	21	12
(not a notifiable disease)															

† Only 2 cases were notified by doctors.

* Only 2 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 1967, Dr. B. Moore, Director, Public Health Laboratory, Exeter, reported to us on 663 specimens (exclusive of sputa, etc., for tuberculosis (see page 140).

528 examinations (including 129 positive) were in respect of food poisoning, dysentery and other diarrhoeal disease. 23 examinations (of which 2 were positive) were made in respect of scarlet fever and 24 examinations (of which 4 were positive) were made in respect of whooping cough.

Dr. Clarke's work on the protection of mothers and their babies from the effects of rhesus immunisation makes the blood examination of expectant mothers even more significant than it has long been recognised to be. Dr. Edgcumbe, who has succeeded Dr. Stewart Smith as Area Pathologist, is taking appropriate steps to ensure that facilities are available to doctors for the identification of mothers who should be treated with immunoglobulin as a matter of urgency immediately after the delivery of the first child, with a view to eliminating the sensitisation which results in neonatal haemolytic disease.

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 ....	....	....	329	245	84
Food Poisoning ....	....	....	114	69	45
Enteritis and D. & V. ....	....	....	85	85	—
			528	399	129
Scarlet Fever ....	....	....	23	21	2
Whooping Cough ....	....	....	24	20	4
Urine ....	....	....	32	17	15
Throat Swabs ....	....	....	11	10	1
Ear Swabs ....	....	....	11	5	6
Eye Swabs ....	....	....	20	13	7
Miscellaneous ....	....	....	14	8	6
Totals			663	493	170

Table XVIII.

TABLE OF KNOWN EPILEPTICS

(AS AT 31-12-67)

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	M	F	M	F
Years																							
0—4	Major	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Minor	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
5—14	Major	11	15	1	—	1	2	8	12	—	—	—	—	—	—	—	—	—	—	—	—	1	1
	Minor	12	13	—	—	1	—	8	8	3	4	—	—	—	—	—	—	—	—	—	1	—	—
15—64	Major	27	21	9	8	—	—	3	1	—	—	10	4	2	2	—	—	—	—	2	2	1	4
	Minor	20	16	1	1	—	1	1	—	—	2	14	7	3	3	—	—	—	—	1	—	—	2
65-plus	Major	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Minor	2	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	....	74	67	14	11	2	3	20	21	4	6	24	11	5	5	—	—	—	—	3	3	2	7

Table XIX.

CEREBRAL PALSY

Details of the "location" of all the Exeter spastics known to us, are set out in the table below.

Age Groups	Total		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	13	6	11	5	—	—	—	—	1	—	1	—	—	—	—	—	—	1
5-14	12	13	3	5	4	2	—	—	3	1	2	4	—	—	—	—	—	1
15-64	25	7	6	—	—	—	—	—	5	1	3	3	11	1	—	—	—	1
65-plus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	50	26	20	10	4	2	—	—	9	2	6	7	11	1	—	1	—	3

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.

Table XX.
CEREBRAL PALSY, 1967
(ACCORDING TO TYPE AND HANDICAP)

Type	Total		Athetoid		* (A) Severe		Handicap * (B) Moderate		* (C) Mild		Other Disabilities	
	M	F	M	F	M	F	M	F	M	F	M	F
Hemiplegia	17	8	—	1	2	—	11	7	4	1	8	3
Monoplegia	5	1	—	—	—	—	2	1	3	—	2	1
Paraplegia	4	4	—	—	—	1	1	3	3	—	1	2
Quadriplegia	17	8	3	1	6	5	6	3	5	—	8	7
Athetoid only	4	3	—	—	—	—	4	3	—	—	4	3
Not assessed	3	2	—	—	—	—	—	—	—	—	—	—
TOTALS	50	26	3	2	8	6	24	17	15	1	23	16

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

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

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

Table XXI.
THE BLIND.
REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS DURING 1967.

	CAUSE OF DISABILITY							
	CATARACT		GLAUCOMA		RETROLENTAL FIBROPLASIA		OTHERS	
	Blind	Partially Sighted	Blind	Partially Sighted	Blind	Partially Sighted	Blind	Partially Sighted
(i) Number of cases registered during the year in respect of which Sec. F, para. 1 of Form B.D.8 (Revised) recommends : (a) No treatment.	5	—	4	—	—	—	19	2
(b) Treatment : (Medical, surgical or optical).	5	1	5	1	—	—	3	3
(ii) Number of cases at (i) (b) above which on follow-up action have received Treatment.	5	1	5	1	—	—	3	3

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

Total (Exeter residents) on the Register at end of 1967—Blind 281. Partially Sighted 47.

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 XXII). 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.

378 medical declarations were accepted during the year, and 52 medical examinations were undertaken following declarations. No persons were rejected on medical grounds. A further 88 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 PROTECTION

Three cases were investigated during the year, although no case was made the subject of a Section 47 order :—

(a) an elderly couple were living in deplorable conditions over a shop ; the husband was ill and the wife mentally confused. Eventually, they were admitted to hospital and are now in welfare accommodation ;

(b) an elderly woman, living with her daughter, was in poor physical and mental condition and her own room was in an appalling state. In view of her mental condition it was thought that she should be admitted to a psychiatric unit. Her own doctor supported this view and, after attending the Day Centre, she was eventually admitted to Exminster Hospital ;

(c) an interesting old man living in one room in condemned property was very anaemic, more or less bedridden and suffering much pain. His doctor was consulted and the man was admitted to Marl pits Hospital, where after temporary improvement he died some months later.

NURSING HOMES

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

There were no changes in registration during the year.

The Homes were as under :—

Argyll House (7 convalescent and chronic medical cases).

Nuffield Nursing Home (32 acute medical gynaecological and surgical cases).

Southcroft Nursing Home (4 chronic medical cases).

St. Olave's Home (12 mothers and babies).

St. Nicholas House (12 mothers and babies).

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

CHILD CARE

The Child Care Co-ordinating Conference met twice monthly during the year. 50 cases were discussed, of which 13 were new, and 4 old cases re-opened. We were able to close 19 cases during the year, leaving 31 cases on the active register.

During the year one family was taken into the training home (1 Melbourne Place). The result of training was good and it was possible to move the family out into a Council house. There has always been trouble with dampness in 1 Melbourne Place and after this family left, the city architect found that extensive repairs to the roof were necessary. It was not considered that the general state of disrepair of the house justified a large sum being spent on re-roofing, and so this house will no longer be used. Agreement has been reached with the housing committee for the tenancy of a Council house to be taken over by the children's committee. This will be sub-let to a family who would benefit from rehabilitation and when the family is considered ready to take over the tenancy themselves, this will be given to them. Another house will then be allocated to the children's committee as the need arises.

No family was supplied with free home help through the health committee, but 3 families had home help paid for by the children's committee.

The following grants and loans were made by the children's committee during the financial year ending 31st March, 1968 :— grants to 6 families (20 children) totalling £80; loans to 42 families (172 children) £422; grants from trusts and voluntary organisations were obtained for 8 families (35 children) £95.

Furniture was provided by the children's department for 50 families—140 children, and clothing was supplied by the children's department and the Women's Royal Voluntary Service for 42 families—157 children.

LOCAL HEALTH AUTHORITY SERVICES.

(National Health Service Act, 1946).

HEALTH CENTRES

PROPOSED HEALTH CENTRE—ST. THOMAS

During the year, discussions continued on this project. In October, plans were submitted by the City Architect to the Health Committee, these plans being acceptable to all parties concerned with the project. In December, the Minister of Health intimated that he was prepared to recommend the issue of a loan sanction and, subject to this being finally granted, work is expected to commence in mid-1968.

Accommodation will include surgeries for 10 doctors, each with an examination room; a treatment room and waiting accommodation; office, records and telephone rooms in common; a common-room for professional staff; a room for a local health authority doctor with facilities for child welfare and school health work; a small canteen; a self-contained dental suite; rooms for health visitors, midwives, home nurses, a mental health worker, for health education, and a multi-purpose room (chiropody, speech therapy, etc.).

MATERNITY AND CHILD WELFARE

MATERNITY

BOOKINGS FOR GENERAL PRACTITIONER UNIT EXETER MOTHERS

The health department acts as the agent for the regional hospital board and is responsible for the bookings for Mowbray Hospital, the general practitioner unit in the city.

In September 1967, owing to the closure of the maternity ward at the Redhills Hospital, which has catered for mothers from the Devon County area, the number of County mothers booked for Mowbray Hospital each month was increased from 12 to 42, the City's allocation remaining at 73 per month. We then initiated 48-hour discharge for a proportion of the bookings—40 of the 73 per month for Exeter mothers and 10 of the 42 per month Devon County bookings. One interesting point arising from the early discharges is discussed in my notes on puerperal pyrexia (page 58).

Mothers expecting their second or third babies and who are obstetrically normal, and whose social circumstances justify home delivery, are encouraged to stay at home in order to relieve the pressure for places required for primigravida and grand-multiparous women and others obstetrically or socially requiring hospital admission but not (in present circumstances) making imperative, admission to a consultant unit.

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

Totals	Parity	Age				
		—20	20—29	30—34	35—39	40+
524 (16)	Primipara	122 (4)	377 (12)	19	5	1
233 (4)	1 Para.	22	182 (4)	22	6	1
109 (1)	2 Para.	5	53	23 (1)	21	7
40	3 Para.	—	22	8	7	3
26	4 Para.	—	8	7	6	5
17	4+ Para.	—	4	4	4	5
949 (21)	TOTALS	149 (4)	646 (16)	83 (1)	49	22

The figures in brackets denote Devon County bookings transferred to "City" beds when Redhills Hospital had to stop taking maternity cases in September 1967; they are included in the totals.

Home Bookings (Exeter Mothers).

Totals	Parity	Age				
		—20	20—29	30—34	35—39	40+
46	Primipara	12	30	4	—	—
196	1 Para.	9	161	22	4	—
91	2 Para.	3	58	24	6	—
27	3 Para.	—	18	4	5	—
20	4 Para.	—	6	9	5	—
6	4+ Para.	—	1	—	4	1
386	TOTALS	24	274	63	24	1

Mowbray Hospital Bookings for 1967 (Exeter Mothers).

(a) Number of mothers who applied for a bed at Mowbray Hospital who were expecting their babies in 1967	989	(+21 D.C.C.)*
(b) Number of mothers accepted for confinement at Mowbray Hospital	928	(+21 D.C.C.)
Number of mothers placed on the "waiting list" but not eventually booked	28	} 989
Number of mothers who were refused admission	1	
Number of mothers who cancelled their bookings before they were "accepted" (including 28 waiting list cases)	32	

(* D.C.C. = Devon County cases.)

(c) Number of those booked who were actually delivered at Mowbray Hospital (not all in 1967)	673	(+15 D.C.C.)
Number of those booked who were delivered at the City Hospital without cancelling their Mowbray booking, including 75 transferred from Mowbray after admission	138	(+4 D.C.C.)
Number of those booked who were delivered at home without cancelling their booking (B.B.A's, etc.)	3	928
Number who cancelled their bookings because of :		
(i) Miscarriage 15	(+1 D.C.C.)	(+21 D.C.C.)
(ii) Delivery arranged in the City Hospital 71	114	(+ 2 D.C.C.)
(iii) Leaving the area 11		
(iv) Home confinement preferred 8		
(v) Other reasons 9	(+ 1 D.C.C.)	

These tables show that 209 (22%) of all mothers booked and accepted for Mowbray Hospital were delivered in the specialist unit at the City Hospital; of these, rather more than a third were transferred from Mowbray Hospital; just under two-thirds had the confinement booked for the City Hospital, but nearly half of these changed arrangements were not notified to us. This is not an entirely satisfactory state of affairs.

Mowbray Hospital Deliveries during 1967.

During the year, 832 babies were delivered at Mowbray, including 1 set of twins and 4 stillbirths. 671 of these were to Exeter mothers, including the twins and 3 stillbirths.

City Hospital Deliveries during 1967.

1,277 babies were delivered at the City Hospital in 1967, of which 500 were to Exeter mothers (including 12 sets of twins and 9 stillbirths). The City Hospital is a specialist unit and mothers are ordinarily booked direct by the family doctors.

Redhills Hospital Deliveries during 1967—unit closed September, 1967.

190 babies were born in Redhills Hospital in 1967, including 7 (all live born) to Exeter mothers.

TESTS FOR PHENYLKETONURIA—1967

Tests at :

3 weeks only. 6 weeks only. Both 3 and 6 weeks

100 303 974

Total 1,377 (95% of notified live births)

In the 4th quarter of 1967 the urine of 3 babies was positive to the phenistix test, but on further investigation subsequent specimens of urine were found to be normal and treatment for phenylketonuria was not needed. The total effect is, therefore, that no positives were found. Enquiries have been made as to whether (if the local health authority secured the necessary samples from the infants) Scriver tests could be undertaken through the hospital laboratory service, but we have been informed that this is not practicable at present. It is understood that the Medical Research Council is reviewing amino-acid screening.

CHILD WELFARE

Child Welfare Centres. (See Tables XXXI and XXXII).

The number of children attending the child welfare centres was 3,710 (just over half of the children under 5 years), as compared with 3,956 in 1966. This is a decrease of 246 children, but total attendances shewed little change—20,788 in 1967, compared with 20,793 in 1966; just under three-quarters of the children born in 1967 attended during the year. We conduct 11 sessions in 8 clinics (including 2 each week at Buddle Lane, Bull Meadow and Whipton). In terms of numbers Buddle Lane is the largest and Pinhoe by far the least busy.

The Sheldon Report (1968) visualises the ultimate passing of child welfare supervision to family doctors, who will be expected to have more training in developmental paediatrics.

AUDIOLOGY SERVICE FOR THE PRE-SCHOOL CHILD

Routine screening tests of hearing have been carried out on all babies whose birth circumstances justified special continuing observation, and on older children who have been referred for various reasons. Any child who fails to respond satisfactorily is re-tested and followed up as required.

New cases tested in 1967 :

Under 2 years of age	....	....	471	(436 whose circumstances at birth necessitated continued observation)
2—5 years of age	....	....	—

Re-tests :

Under 2 years of age	....	....	51
2—5 years of age	....	....	224

Total	790
-------	------	-----

Of the total of 515 new referrals, 128 failed to pass the initial screening test or were considered to require further observation, one clear test not always being sufficient to exclude the possibility of fluctuating hearing loss, the possibility of late onset of hereditary deafness, or, in some instances, a primary defect

in speech development and acquisition of language. The two single categories of "toxaemia" and "prolonged or difficult labour" accounted for 166 of the total 435 children whose circumstances at birth necessitated continued observation and who were "followed up" for possible deafness. In neither of these two groups was any case of deafness found.

Audiology Clinic.

Seventeen sessions were held during the year; 32 new cases were referred. 44 children made a total of 54 attendances. Only 4 were cleared; 8 were referred to the combined consultants' clinic and one old case was referred back; 7 were referred for intelligence quotient assessment, mainly because of their language retardation; 11 were referred direct to the ear, nose and throat surgeon at the hospital; 3 were referred to the paediatrician for speech therapy; 3 were recommended for nursery school or playgroups; 1 was admitted to the junior training centre. All these children will be reviewed at the audiology clinic from time to time.

Combined Consultants' Clinic.

Six sessions were held during the year. Twelve children made a total of 20 attendances, 8 being new cases and the remainder reviews from previous years. 2 were admitted to the School for the Deaf.

Another child was given a hearing aid and admitted to Chestnut Grove Nursery School for a trial period, with supervision from the peripatetic teacher of the deaf.

One child, already diagnosed as autistic, was referred to London for an electroencephalo-audiogram, which confirmed a suspected profound deafness. This boy has now been referred to a special school in Buckinghamshire for maladjusted deaf children, with a view to possible admission. He is at present attending the junior training centre and is receiving help from the peripatetic teacher of the deaf.

A child with hypothyroidism and with a previously suspected severe deafness is now thought to have normal hearing but to suffer from receptive asphasia. She at present attends the school for the deaf, but has been referred for further investigation and assessment to a special school for children with speech and language disorders, in Surrey.

One boy, aged 2 years, was transferred to Exeter from another authority where he had been diagnosed severely deaf, due to maternal rubella. Further assessment at our Consultants' Clinic suggests that he may have normal hearing but a psychological deafness. He is receiving help from the peripatetic teacher and is under frequent review at the clinic.

The girl of 16 years mentioned in last year's report as attending the Nichols Centre, and having been found to be severely deaf, has been supplied with an aid and has been referred to the welfare officer for the deaf.

Two children have been thought to have normal hearing and have been discharged from this clinic to be followed up by the health visitor, Miss Bastow.

Parent Guidance.

It is hoped to start a small "parent guidance" group in 1968 for the parents of very young children who have difficulties in learning to talk because of deafness or other causes. This is intended to help parents to meet others with similarly handicapped children, in an informal setting but with the guidance of the teacher of the deaf and the health visitor. It is estimated that there are at present about 20 children whose parents might profit from joining such a group.

Other Comments.

The screening of infants under special observation from birth has now been undertaken for a period of 7 years. Each year the number of children on the special observation register seems to increase, with no deafness or other defect being discovered in certain categories. This applies in particular to the "toxaemia" group and also to the group of "prolonged or difficult labour" in whom there is no other "at risk" factor (e.g. anoxia, A.P.H. etc.).

BIRTH CONTROL

During 1967, the City Council made a grant of £200 to the Family Planning Association for those considered to need advice, etc. on medical grounds. It was decided in October, and later agreed with the local Family Planning Association, that the latter should act as agent of the Council in providing contraceptive advice and treatment to women where this was justified on medical grounds, or on recommendation from this department on social grounds (i.e. problem and incipient problem families), including unmarried women living in stable cohabitation, such advice and treatment to be free. The Committee increased the grant to £350 as from April 1st, 1968.

BUDDLE LANE DAY NURSERY

The number on the roll at the beginning of the year was 38. Admissions numbered 43 and discharges 41. The average daily attendance for the year was 32 (ranging from 13 to 41). The reasons for attendance were as follows :—

in 29, the mother was the sole provider for the family ;

- in 11, both parents were working because of financial pressures ;
- in 16, because of social reasons, e.g. poor housing conditions, maternal, domestic inadequacy, etc. ;
- in 9, the child's or the mother's ill-health ;
- in 6, mental handicap of child or parent ;
- in 4, the parents were full-time students ;
- in 6, short-term admissions during the mother's confinement.

Table XXIII.
DAY NURSERY.

NURSERY AGE GROUP IN YEARS	Buddle Lane	
	0—2	2—5
Number of Places	20*	25
Number on roll at beginning of 1967	1	37
Number admitted	12	31
Number removed from roll	6	35
Number on roll at end of 1967	5**	35**
Maximum Attendance	12	33
Minimum Attendance	1	11

* During the year it was agreed to have an additional 5 places for children under the age of 12 months. 3 children under 1 year of age were admitted during the year.

** 2 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 ; three had mumps, two chicken pox, one German measles and one Sonn  dysentery.

There have been three medical inspections during the year. One child was referred to the Eye Infirmary ; 5 have had speech therapy ; 5 have been followed-up in the Audiology unit, and 9 children have had dental treatment.

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948.

At the end of 1967 there were 10 privately-owned registered day nurseries catering for 226 children, including 7 playgroups with 160 children ; of these, 4 with 90 places were newly registered in 1967. There is also a total of 12 child-minders caring for 85 children and of these 4 were newly registered in 1967 (22 children).

All are visited every quarter by either a doctor or the superintendent health visitor.

THE UNMARRIED MOTHER AND HER CHILD

CITY SOCIAL WORKER—MISS B. CRAMP

137 cases were dealt with in 1967, a decrease of 14 on the previous year; they included 30 cases brought forward from 1966. 37 have been carried over to 1968 awaiting birth of the babies. 14 of the mothers were not really Exeter women, but staying with friends here or in lodgings. Advice and help have been given where necessary *re* preparation for the baby, applying for social security grants, etc. and *re* future plans for mother and baby. Approximately 75% of the cases require "after-care" such as temporary fostering of babies, help *re* affiliation orders, accommodation and domestic problems. In two cases trust fund grants have been obtained to help young mothers who are keeping their babies. Four mothers have been able to discontinue receiving grants because they have married the fathers of their babies.

411 interviews have been given in the office and 430 visits have been made to homes. In many cases parents are glad to come with their daughters (and sometimes sons) and seek advice. Help has been given also to social workers of other areas on behalf of mothers within their care.

Babies.

The number of babies kept by their mothers was 57, fewer by 3 than in 1966. In all but 4 cases, the decision to keep the baby was made whilst still in the maternity hospital—in some cases parents who had been adamant that they would NOT accept the baby changed their minds when they saw the baby. In 4 cases babies were placed with foster mothers with adoption in view, but after 2/3 days the mothers felt they could not do this and re-claimed their babies. There are 4 babies on "long term" fostering until such time as their mothers can take charge of them, the reasons being lack of accommodation—parents' refusal to accept the child or the mother being a trainee nurse.

In all, 28 babies were placed with foster mothers—mainly whilst awaiting adoption placing. In all, 23 babies were placed for adoption.

Four babies have been taken "into care" by the Children's Department, with a hope of adoption later.

Occupations : The girls were from all walks of life. This applies also to the putative fathers. There were several lads from other parts of the country who had come to this area to work as labourers or on road-making—in these cases the home address was often not known to the girl concerned and quite often the lad moved elsewhere and all contact was lost. There were lads in the Forces, quite a few students and some who have since been sent to Borstal or Prison for various offences and hope to

marry at a later date. In 19 cases the name of the putative father was either withheld or could not be named with any certainty.

Age Groups : One of the mothers was only thirteen years old ; she was later " taken into care " as in need of care and protection. 3 fifteen-year-olds were still at school when the pregnancy was discovered. (In one case it was possible to arrange for the girl to have further tuition at a mother and baby home by arrangement with the local authority for a teacher to take classes at the home when necessary) ; 8 girls were only sixteen years of age, but the biggest group was 49 from seventeen to twenty years of age ; 40 were from age twenty to thirty ; 4 were over thirty and 2 over forty years old. With the exception of six married women separated or divorced from their husbands all were single, living at home, or often lodgings. In six cases they were co-habiting with the putative father. The ages of putative fathers was broadly similar to that of the girls concerned, although 10 were aged 35 to 40 or over. 25% were married men.

Applications for bookings are made mainly in the fourth to fifth or sixth month of pregnancy—only 10 bookings being made earlier than this. On the other hand there were a few who left things to the last, four cases making contact the same month as delivery was due, and nine cases at seven months. 7 of the Exeter mothers were admitted to Mother and Baby Homes outside the City. Four-fifths of the mothers were booked for Mowbray Hospital.

The notification by doctors who let me know they have advised a girl to get in touch is most helpful, as even if only a booking is needed at the time, I have some knowledge of the case should problems arise at a later date. Other public agencies have been very helpful.

ST. OLAVE'S HOME

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

Number of admissions during 1967	....	....	44
(including 5 Exeter residents)			

Number of children adopted	....	....	13
(no Exeter residents)			

Number of children taken by mothers or relatives	....		14
(no Exeter residents)			

Number of children fostered	....	....	15
(including 4 Exeter residents)			

The domiciliary midwives delivered 25 mothers in the Home.

ST. NICHOLAS HOUSE

(Owned by the Exeter Diocesan Moral Welfare Council)

Number of admissions during 1967 (including 3 Exeter residents)	....	....	44
Number of children adopted (no Exeter residents)	....	....	17
Number of children taken by mothers or relatives (including 3 Exeter residents)	....		13
Number of children fostered (no Exeter residents)	....	....	12

The domiciliary midwives delivered 33 mothers in the Home.

St. Nicholas House has had a good deal of difficulty with staffing problems.

REPORT OF THE PRINCIPAL DENTAL OFFICER FOR 1967.

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

The dental service operated by the City covers not only the dental inspection and treatment of school children, but, equally important, the dental care of expectant and nursing mothers and of pre-school children. These latter, the "under fives" are the dental patients of the future, and dental supervision of this group should begin at an early age.

The mothers can contact our service either by direct application to the clinics, by personal call or telephone, or through their family doctors, the welfare clinics, or the Exeter District Maternity and Nursing Association. These mothers can receive free dental treatment, including the provision of artificial dentures, and advice at any time during their pregnancy and one year after the confinement.

Exeter has a very large number of dentists in contract with the Devon and Executive Council, and the fact that expectant and nursing mothers can receive free dental treatment from any of these dentists does reduce greatly the number of possible patients of this type coming to the Council clinics. I wish that we could see more of these mothers, but circumstances are against us. For example, we find frequently that nursing mothers, whom we have perhaps seen and treated regularly from the commencement of pregnancy, request us to continue to see them after baby's first birthday. With great regret we have to inform them that they must seek future treatment elsewhere, unless they are expecting another baby. This is doubly unfortunate if we have succeeded in getting these patients used to dentistry and interested in maintaining their dental health. It is not surprising, therefore, that a considerable number of expectant

mothers prefer to find a dentist with whom they can continue indefinitely, and turn to those in the General Dental Service.

There is a brighter aspect when we come to the pre-school children. These we continue to inspect and treat in increasing numbers. Often these small patients find difficulty in obtaining dental treatment from dentists in the General Dental Service. It is usually the child's first contact with the world of dentistry, so that this is work which demands a high degree of patience, kindness, understanding and, when required, "gentle firmness". It is time-consuming and demands an aptitude with which everyone is not fortunate enough to be blessed. But, if we have to hasten slowly at times, it pays big dividends in the long run, when more extensive treatment may be needed. We encourage mothers to bring their children either when they themselves come for treatment, or when the older brothers and sisters attend. In this way these small children become accustomed to seeing the dental equipment and to the "atmosphere" of the clinic.

The worst possible introduction to dentistry is for a child to start that experience at the age of five (school age) with a visit for multiple extractions. This can be most "off-putting" and often leads to a life-long aversion to dental treatment. Yet a great many mothers seem unaware that children can be brought to the dental clinics before they actually attend school. Possibly the words "School Dental Clinic", "School Dental Service" tend to heighten that impression. These mothers are often pleasantly surprised to learn that children may be brought to our clinics no matter how young they are. We have had babies of twelve months to examine and give advice upon, and have carried out extractions for "two year olds" under general anaesthesia. Age is no bar! I have requested the health visitors, midwives and physiotherapists to stress this point to mothers, and I emphasize it strongly and repeatedly whenever I talk to groups of expectant mothers.

Informal talks on the "Care of the Teeth and Gums" were given at approximately six-weekly intervals throughout the year to relaxation classes of expectant mothers, at the Whipton and Alice Vlieland Clinics. The idea was to give simple, practical, down to earth advice, devoid of technicalities as far as possible, laced with a modicum of humour. I think the mothers have learned quite a lot from these talks. There is, as I point out to them, more in the daily care of the teeth and gums than is generally supposed. For instance, when I enquire of individual members of a class how they clean their teeth, it is surprising how few use the correct method, or even know that there *is* a correct method! Furthermore, when these mothers are addressed by a dental officer in mufti in this informal way, they can see we are just ordinary humans, and seem more at their ease.

The advice I give them is applicable not only to the mothers' teeth, but to those of their children, and so can be passed on.

At the conclusion of the talks, which last about 15-20 minutes, any questions asked are answered, and often a lively discussion ensues. Illustrated leaflets, emphasizing and repeating the main points of the talks, are handed to each member of the class to take away with them.

The dental officers gave similar but individual instruction at the chairside when required.

I would like to thank, at this point, the doctors, nurses, physiotherapists and health visitors who have helped me so much in sending us those mothers and children in need of advice and treatment. I must mention particularly the Exeter and District Maternity and Nursing Association (Superintendent, Miss P. White) and St. Olave's Home in this respect.

Expectant and Nursing Mothers.

Of the 110 inspected, the following details show the source of reference :—(a) maternity and child welfare department 26, (b) family doctors 5, (c) home midwives 28, (d) St. Olave's Home 19, (e) post-natal cases 24, (f) dental officers 8.

Pre-School Children.

248 pre-school children were examined, including 222 whose parents desired treatment or who were referred from child welfare clinics, and 26 in the Buddle Lane Nursery (of whom 20 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	110	91	87
Children under five years and not eligible for school dental service	248	135	170

Forms of Dental treatment provided.

	Scalings and gum treatment	Fillings	Teeth otherwise conserved	Crowns and Inlays	Extractions	General Anaesthetics	Dentures provided	Patients X-Rayed
Expectant and Nursing Mothers	44	174	—	—	64	34	9	7
Children under five years, and not eligible for school dental service	—	32	87	—	277	151	—	—

Anaesthetics.

Dr. N. G. P. Butler, consultant anaesthetist, continued his regular weekly anaesthetic sessions throughout the year, using the unsupplemented 20% oxygen to 80% nitrous oxide technique which he has helped materially to develop in this country. This means that the patient breathes approximately the equivalent of atmospheric oxygen the whole period of the anaesthetic, giving an extremely high safety-factor. There is no danger of cerebral damage as there was with the older systems where little or no oxygen was given with the anaesthetic. This is a point of tremendous importance. There appear to be no contra-indications (except, of course, the partaking of a meal before the anaesthetic) and anaesthesia can be induced safely late into pregnancy. The quick recovery and lack of unpleasant after-effects are a noteworthy feature of this "high oxygen" method of anaesthesia, a method that is now being adopted by several local medical practitioners as a result of their being present by invitation at some of our anaesthetic sessions.

Our small panel of doctors upon whom we can call for the emergency administration of general anaesthetics has proved of the greatest value for, in addition to Dr. Butler's regular sessions, we can treat patients with the delay of only an hour or two, sometimes less. Patients do not have to wait for days before they can have an anaesthetic, and we realise we have here a very considerable advantage over the dentist in general practice, often working alone. Indeed, we have patients requiring general anaesthetics referred to our clinics by some of the general dental practitioners. They know we can see them without undue delay.

Staff.

I am pleased to report there were no changes in the staff of dental officers during the year. Frequent staff changes are unsettling both for the other dental officers, their chairside assistants and the patients. The latter like to have one "regular dentist". Dental officers are not easy to attract to the South West, many of them preferring life in the large cities.

There was one change among the dental surgery assistants, Miss M. J. Langworthy resigning in early November to take up an entirely different occupation. Her place was taken by Miss J. I. Full.

My dental officers and staff have worked steadily and well throughout the year, and I count myself fortunate in having such a good team. My best thanks go to them.

Fluoridation.

In previous annual reports I have commented upon the well-proven benefits resulting from fluoridation of the domestic water supplies. Dental decay in young children can be reduced by as

much as 50% despite the high consumption of sweets, provided these children have been drinking water fluoridated at the level of only one part of fluoride to one million parts of water. The benefits persist well into adult life. As Dr. E. D. Irvine, Medical Officer of Health, pointed out in his annual report for 1966, "Exeter is losing out on fluoridation". And it is literally *losing*—losing dental health (with all its eventual repercussions in the form of physical suffering and general ill-health, loss of valuable hours at school and later at work). Enough has been said in the past about the safety of fluoridation, and the protection it gives at an average cost of less than tenpence per head per annum, and of the backing it receives from all responsible health organisations throughout the world. Exeter has made its choice, however—for the present.

MIDWIFERY

SUPERVISION OF MIDWIVES

Practice	Midwives who gave notice of intention to practise during 1967	Still practising in Exeter at year-end
Domiciliary	18	13
Hospital	55	36
H.M. Prison	4	4
TOTALS	77	53

Institutional Delivery. During the year Redhills Hospital had to close its maternity ward owing to shortage of staff. The remaining midwives transferred to the other general practitioner unit in the City-Mowbray Hospitals.

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.

During the year, because of the increase in the number of mothers discharged early from hospital, we adopted a policy of having 3 non-resident midwives whose duties are primarily concerned with ante-natal and post-natal care of mothers delivered in hospital, and 8 resident midwives undertaking home deliveries and a smaller amount of responsibility for mothers delivered in hospital. This is proving more satisfying for the midwives and gives a greater degree of continuity of care for mothers delivered in hospital.

Training—Part II School. To ensure having sufficient domiciliary deliveries for the training of our pupil midwives, arrangements were made in 1967 with Devon County for two

pupil midwives to be seconded to Exmouth each three months. These pupils are resident in the Exmouth Nurses' Home and receive practical training in Exmouth, coming to the Exeter Home weekly for coaching and lectures. This has enabled us to return to an intake of 7 pupils each three months, who spend three months in the City Hospital, followed by three months in the district midwifery service, and the arrangements are working satisfactorily.

20 pupils completed training and took the Second Part Midwifery examination, of whom 18 passed at the first attempt and one on re-sitting.

Post-graduate Courses. Two midwives attended a one week's post-graduate course. All the midwives were given the opportunity to attend lectures at a post-graduate course organised by the Royal College of Midwives and held at St. Luke's College in September, 1967.

In June, 1967 the Central Midwives Board issued a statement advising that midwives should perform episiotomies when necessary. Lectures given by Mr. Russell, Consultant Obstetrician, on this technique were attended by all the midwives, and the necessary equipment provided for the midwives.

Episiotomy has been performed only two or three times by the midwives and then only with the family doctor present.

Home Bookings related to age and parity :—

Total	Parity	Age in years :				
		—20	20—29	30—34	35—39	40 and over
46	Primipara	12	30	4	—	—
196	1 Para.	9	161	22	4	—
91	2 Para.	3	58	24	6	—
27	3 Para.	—	18	4	5	—
20	4 Para.	—	6	9	5	—
5	5 Para.	—	1	—	4	—
1	6 Para.	—	—	—	—	1
386	TOTALS	24	274	63	24	1

Of the "at risk" groups booked for home delivery (primiparae under 20—total 12, grand-multiparae—total 26), 7 were subsequently booked for delivery in the City Hospital and 6 others were admitted late in pregnancy or in labour. Not all the "at risk" mothers are willing to go into hospital.

Attendance at Ante-natal Sessions in Doctors' Surgeries. The arrangement for midwives to attend at ante-natal sessions in doctors' surgeries has continued satisfactorily, and was extended

during the year to two more doctors' practices, making a total of 6 weekly and 1 fortnightly sessions.

During 1967 there were 2,781 ante-natal attendances by mothers at family doctors' surgeries with a midwife present (284 sessions). In addition a midwife's ante-natal session, where two doctors attend to see their own patients, has continued weekly.

Haemoglobin Estimation during Pregnancy. Of 430 mothers booked and due in 1967, all but 14 were believed to have had at least one haemoglobin estimation in pregnancy and in 387 cases the result was known to the midwife.

Relaxation Classes. These classes have continued to be well attended and all are conducted by a physiotherapist except for a small class at Topsham and the classes at the Mother and Baby Homes, which are conducted by the midwives. 593 mothers made 3,236 attendances. Arrangements have continued for a talk by a health visitor at one class in each course, and one by a dental officer, the midwife giving instruction on labour and mothercraft. Arrangements have been made to increase the mothercraft instruction and extend considerably the health visitors' participation in the classes in the New Year.

Free Home Help for Ante-natal Cases. This service was used for 6 cases ; in 4 because of pre-eclamptic toxæmia, in 1 because of threatened premature labour, and in 1 case of twin pregnancy.

Emergency Ambulance Calls. On 6 occasions a midwife was called at the request of the ambulance service.

Home Deliveries. 340 mothers (including 58 in the Mother and Baby Homes) were delivered and attended by the home midwives ; the number of mothers delivered in their own homes (282) was slightly more than in 1966 (266) ; 25 mothers were delivered in St. Olave's Home and 33 in St. Nicholas House, the figures for 1966 being 34 and 42 respectively. The following table indicates 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
1963	396	457	853	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 (661)**
1967	340	959	1,299	6,516	5,538 (2,781)**

* Including deliveries in Mother and Baby Homes.

(** The figures in parentheses indicate the number of attendances at general practitioner ante-natal sessions with the home midwife—the figures are included in the total clinic attendances.)

In fact, the volume of work undertaken by the home midwifery service has not declined substantially in recent years—if anything it has increased, but there have been fewer deliveries and more care of mothers who have been delivered in hospital.

Hospital discharge of Midwifery Cases. 959 mothers were discharged from hospital after delivery to the care of the midwives, and 11,370 visits were paid to these cases. This was an increase of 64 cases over 1966, and in the last five years the number has more than doubled. 15% of the mothers were discharged in the first three days after delivery and 39% between the fourth and seventh day.

A scheme of planned early discharge for a proportion of mothers delivered in Mowbray Hospital was started in October, 1967. The booking for early discharge is made during pregnancy if the home conditions are suitable and arrangements for help are adequate. These mothers and babies are discharged about 48 hours after delivery if the family doctor considers them fit. A similar scheme has been in operation for several years for a small number of mothers booked for delivery in Exeter City Hospital.

Inhalation Analgesia. 284 (84%) of all mothers attended by the district midwives received some form of inhalation analgesia, the majority of these having nitrous oxide and oxygen. Of the remaining 56 mothers delivered at home, 36 preferred to have no analgesia, in 19 cases labour was too quick, and medical reasons discountenanced it in the other.

Asphyxia of Babies.

Number of cases where baby required treatment for asphyxia at birth	12
6 babies treated with oxygen by face mask and responded.	
1 baby responded to Blease-Samson resuscitator, Vandid, and oxygen.	
3 babies responded to Blease-Samson resuscitator and oxygen.	
2 babies given Vandid orally and oxygen, and responded.	

Evaluation of the condition of the Newborn Infant.

Number of babies where Agpar rating made	324
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Agpar score :

Number of babies

1	} Causing serious anxiety	—
2		1
3		3
4		4
5		9
6		11
7		21
8		35
9		165
10		75
		<hr/> 324

Low-weight Babies delivered at home. 8 babies of 5½ lbs., or under were delivered at home, and only 2 of these were under 5 lbs., both in the Mother and Baby Homes.

Feeding Problems. There has been a further reduction in the number of cases where the midwife has visited because of feeding problems, and only 19 such cases were referred during the year. This is probably related to the increase in hospital cases discharged to the care of the midwife initially.

National Dried Milk. 145 tins of national dried milk were sold from the Nurses Home Headquarters at week-ends and Bank Holidays, when the usual depots are closed.

Abortions. During 1967 the domiciliary midwives nursed 35 cases of abortion. Of these, 33 were nursed entirely at home and 2 admitted to hospital. Of patients who had booked for confinement, 27 had abortions during 1967 (4 home bookings: 23 Mowbray Hospital bookings). 10 of these cases are included in the 35 nursed at home.

<i>Year</i>	<i>Cases</i>	<i>In hospital</i>	<i>At home</i>	<i>Mothers included in both figures</i>
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
1967	107	74	35	2

HEALTH VISITING

Staff.

There were 17 health visitors at the end of the year, including the superintendent health visitor and 3 specialist health visitors (tuberculosis, geriatrics and handicapped children, including deafness assessment).

The general duty health visitors have caseloads averaging 500 children under 5 years. In addition each is concerned with school children, some aged persons, and other work. The health visitors' work is essentially family-centred and visits are seldom made to an individual only.

Training.

The sponsored student this year is training under the new scheme of the Council for the Training of Health Visitors. This entails nine months at the University (Bristol), followed by three months' practical work in her future area, with a very small caseload (100 families).

Group Adviser.

Mrs. K. Dunham was appointed group adviser in October 1967. Her duties include supervision of the students' practical work, and advising a group of qualified health visitors with day to day problems.

Cost of Health Visiting Service.

Concern is felt at the high cost per visit in Exeter compared with that in other local authorities. We have three specialist health visitors who are giving an excellent social service in far greater depth than possible to a general duty health visitor, and this should be taken into account when assessing costs.

Due to rapid decline of tuberculosis, the T.B. visitor now spends over half her time on non-tubercular cases. The visits made in connection with audiology and handicapped children have not hitherto been included in the total figures. The geriatric service is less than a year old, and the caseload is 166, numerically much smaller than that of a health visitor.

The modern health visitor has a long and expensive training and the best use should be made of her skills. This year we proposed the appointment of "Health Assistants", i.e. State Enrolled Nurses who could undertake many routine duties demanding less skill. Unfortunately, plans had to be postponed owing to the economic situation.

Co-ordination with Hospitals and Family Doctors.

Six health visitors have regular consultations with general practitioners. All have an informal arrangement when mutual contact is made as required. Complete attachment of health visitor to general practitioner poses administrative problems in a compact city like Exeter. Good liaison exists between health visitors and all the Exeter hospitals. Information is freely exchanged on cases admitted and discharged. A health visitor attends weekly at the paediatric clinic and the premature baby unit, City Hospital.

The health visiting staff gave 22 talks to lay and professional groups during the year.

Observation visits with health visitors and to clinics were made by 92 students, mostly nursing. Two sixth-form girls from Bishop Blackall School spent a session weekly at an infant welfare clinic, and one at the day nursery. A number of students in the pre-nursing course at the Technical College have attended the child welfare clinics in pairs as part of their training. Incidentally, they assist the health visitor in some measure.

HEALTH VISITING OF PHYSICALLY HANDICAPPED CHILDREN

At the beginning of the year only those children who were attending Special Schools because of physical handicap were being visited, when required. In April it was agreed that all

infants who were considered likely to be handicapped in a substantial way should be included on the list. By the end of the year the following number of handicapped children had been referred :—

<i>Primary Handicap</i>	<i>Aged 0—5 years</i>	<i>Aged 5—18 years</i>
Deaf or partially hearing	6 (2)*	9 (2)
Blind or partially sighted	6 (3)	1
Cerebral palsy	9 (3)	6 (3)
Epilepsy	3 (2)	3 (2)
Spina Bifida and/or Hydrocephalus	10 (3)	2
Autism	1	1 (1)
Aphasia	—	1 (1)
Congenital heart defect	—	2
Severely asthmatic	—	3
Paralysis other than cerebral palsy	3 (1)	—
Severely subnormal with physical handicap	5 (5)	—
TOTALS	43 (19)	28 (9)

* (Brackets denote the number of children with dual or multiple handicaps, the child only being counted according to the most severe of his disabilities).

132 visits have been paid to these children for a variety of reasons. This compares with 32 visits in 1966. The nature of the visits has been more in the form of social casework than of routine follow-up.

General Comments.

The Spastics Clinic, under voluntary aegis, in one of our welfare centres, now provides physiotherapy for spastic children and a number of, but not all, the young spina bifida and/or hydrocephalic children, as well as for some other types of paralysis or weakness of limbs ; and for several babies who show deviant movement patterns and are retarded in physical milestones, although there may be no definite sign of cerebral palsy. The referral of children other than those who are cerebrally palsied would seem to be geared to the anticipated opening of Vrnach House (Spastics Centre) and to the extension of Honeylands Children's Hospital.

Discussions have been held with, and visits paid to the many schools and agencies official and voluntary, connected with handicapped children in the City.

Blind and Partially Sighted.

No special provision is made for the pre-school child in this group. It is difficult to assess the degree of handicap and the need for special help for the child and his parents. Although it is known that some of these children will eventually attend the

School for the Partially Sighted, unless blind they are not normally registered by the ophthalmic surgeons. Without being registered they do not qualify for help from the welfare officer to the blind, nor for any benefits which are available to blind or partially sighted people.

Spina Bifida and/or Hydrocephalus.

There is an increasing number of children surviving from this congenital abnormality and their treatment is becoming an increasingly complicated matter as medical knowledge and skills develop. Some of the parents and the children are somewhat isolated, but those who attend the Spastics Clinic get useful support there. The opening of Vranck House (Spastics Centre) will help to bring them all together. There seems no alternative to individual support in the home for these parents in the meantime.

Plans for the future suggest that most, if not all, of these severely physically handicapped children will be receiving their education as day pupils. This will inevitably impose considerable strain on the parents, as well as calling for a combined effort from all those concerned, in assisting the children to attain a maximum amount of independence at home.

GERIATRIC HEALTH VISITING

Caseload of elderly persons known to health department—697 (1966—400).

Total number of visits paid—1,231 (1966—766).

Sources of new referrals, February 1967—December 1967 :—

Home Help Service	63	from monthly list supplied by Home Help Organiser.
Exeter & District Maternity and Nursing Association	23	By phone as requiring follow-up.
Health visitor found on district	56	
Hospital discharge	102	
Medico-social workers referring elderly, other than hospital discharge letter	48	Phone/letter.
Neighbour/relatives and friends	66	Phone/letter.
Self enquiries from the elderly	18	Letters.

OTHER AGENCIES

Mental Health	5
Chest Clinic	4
Housing Department	1
W.R.V.S.	1
Ministry of Social Security	2
N.S.P.C.C.	1
Council of Social Service	1
Welfare Department	9
Public Health Inspectors	1

Medical referrals are regarded as requiring immediate attention. Others are visited as soon as possible. The increasing difficulty in visiting new referrals reflects the pressure on the health visitor's time and the need to have another worker in the geriatric field.

After an initial visit and assessment have been made, continued routine visiting is important to watch for signs of early breakdown. The follow-up visiting has been reasonably good this year—only 39 of the elderly brought to notice have not had a visit by the health visitor, owing to pressure of work.

Co-ordination with other Departments and Agencies.

Close routine contact is maintained with the hospitals, including the psychiatrics having geriatric units, about admissions and discharges of elderly persons. The health visitor re-visits certain units weekly or monthly. She has monthly lists of

- (a) Welfare Homes admissions
- (b) Newly-registered blind
- (c) New cases for Home Help
- (d) Names of patients after E.D.N.A. have finished treatment
- (e) Housing lists showing re-housing of 70 year olds.

She attends the local Old People's Welfare Committee and also the Co-ordinating Committee *re* care of the elderly, held in the health department every two months. A valuable innovation has been her meeting the social worker of the welfare and housing departments to discuss jointly the housing requirements (and other social needs) of elderly persons brought to their notice.

The visits to the elderly over the past year have entailed a wide variety of work. Some cases are reasonably straightforward, presenting needs that can be easily met ; others require several visits and a lot of counselling before the persons can be helped, first to understand their needs, and secondly to be willing to accept the possible solutions.

Some examples may be quoted :—

An elderly spinster of 80 years, having lost her sister whom she visited daily over many years, shewed signs of disintegrating personality. She was constantly calling in her G.P. and also the neighbour—all her complaints being centred round fears about her health. These calls were finally diverted to the health visitor who persuaded this lady to try attending a day centre for the elderly. She now attends twice a week, and thoroughly enjoys it, and has become less demanding on the community around her.

A grandmother of 69 years with a history of diabetes, informed the health visitor that she had bad feet. She and her husband were doing daily dressings. On inspection it was obvious that one foot at least was gangrenous. This lady needed a lot of persuasion and several visits before agreeing that her doctor could be told. She is now awaiting hospital admission ; she has reached a personal acceptance of her condition, and visits to her and the family continue meanwhile, playing a supportive and encouraging role.

A middle-aged daughter has been helped to continue to nurse her aged mother, now deteriorating, by accepting some home services, and also being told about and accepting the "two weeks in hospital, six weeks home" regime. This has helped the domestic comfort of her daughter and her husband.

A very elderly lady, keeping up a very good home, shewed signs of mental stress, because of a deep commitment to perfection in home management, floor polishing, etc. and yet getting absolutely overwhelmed by all the work. She has accepted home help and admits, laughingly, she feels much better. Visits continue here, because there is a need to talk about her future.

Too many elderly are led to believe that their disabilities are "what can only be expected at your time of life" ; the health visitor can sometimes help considerably by discussing the various problems and encouraging a more active approach to treatment.

In the geriatric field, generally, there is not yet sufficient effective preventive work being done, nor enough encouragement to the development of such preventive effort.

The home visiting time spent on discussion, encouragement and appropriate health education, make small but important beginnings. The work needs to expand, so that more people, especially the elderly themselves, can be encouraged to change their attitudes and voice their needs. More facilities need to be made available where early detection can play its vital role :

An open geriatric assessment clinic run by the local health authority, with a suggested programme of—

- (a) simple screening tests
- (b) counselling
- and (c) health education

could offer elderly people the advantages to be gained from early detection if they wished to avail themselves of the service.

HOME NURSING

(See Table XXXVI)

Staffing. At the end of the year there were, as well as supervisory staff (equivalent $1\frac{1}{2}$), 23 home nurses (21 state registered nurses, of whom 16 are district trained, and 2 state enrolled nurses). The two state enrolled nurses work under the guidance of the Queen's nurses in different areas of the City, and this is proving a very satisfactory arrangement.

Training. Twelve nurses took district training in 1967 and all passed the examination, one gaining a distinction. Five were trained for our own staff and seven for the neighbouring counties.

Eleven pupil nurses from Redhills, Marl pits and Exmouth Hospitals took two weeks' district training during 1967. These nurses will return for a further six weeks during 1968 and take a district training assessment conducted by the Queen's Institute under a scheme approved by the General Nursing Council.

Post-graduate Courses. Two nurses each attended a one week's post-graduate course.

General Cases. There was a slight decrease in the number of cases nursed during the year, but an increase in the number of cases of degenerative diseases and a consequent further increase in time-consuming visits. This is also reflected in the number of cases being nursed at the end of the year (615 in 1967, 555 in 1966).

Late Night Visits. 1,294 general nursing visits were paid after 8 p.m. during 1967, and emergency calls are answered throughout the twenty-four hours.

Mobile Meals. 528 meals were delivered to patients at the week-ends by the home nurses, when there was no other means of obtaining a hot meal. It has sometimes been difficult to meet this need.

Night Home Help Service. Night home helps were provided for 73 cases during the year. The rate of payment to the helps was increased, with the approval of the Ministry of Housing and Local Government, in April 1967, and this has made it easier to recruit suitable women and to meet the demands of the service.

Loans Service. A total of 4,485 articles were loaned during the year. We have a well-stocked loans "cupboard" with a wide range of articles, and met almost all requests during the year.

Soiled Linen Service. This service continues to be well used, meeting a very real need in the nursing care of incontinent patients at home. Over 15,000 disposable sheets were also supplied—an increase of 3,679 over 1966.

Protective Clothing for Ambulant Incontinent Patients. Provision of protective garments with disposable linings started during the later months of 1966, and garments were provided for 20 patients in 1967. Although the need for this service has not proved great, it is very valuable in suitable cases.

Premises. Adaptations to the premises at the rear of 15-18 Howell Road were started in November 1967 to improve and extend the midwifery and general district rooms. This will also release space needed for the storage of linen and disposable sheets.

HOME NURSING DURING 1967.

	New Cases	Total cases nursed	Total visits	% of cases over 65 years of age
Degenerative diseases and senility	921	1,392	70,394	77
Tuberculosis	17	21	969	19
Acute disease incldg. infectious disease	424	445	5,261	47
Maternity	70	70	804	—
Gynaecology	147	148	211	93
Accidents	100	113	2,456	73
Others	452	497	10,256	45
Totals	2,131	2,686	90,351	64%
Casual visits (Not Nursing)	4,118			

VISITS TO PATIENTS SUFFERING FROM CARCINOMA 1961—1967

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%
1967	5,197	161	62%

HOME NURSING DURING 1961-1967.

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%
1967	90,351	4,118	2,686	64%

IMMUNISATION AND VACCINATION

(See Tables XXXIX-XLII)

The vaccination state of the children of Exeter has been satisfactorily maintained during 1967. Measles vaccination has not yet been introduced, although some general practitioners are giving it to children in their practices. The Minister has indicated that measles vaccination will be offered during 1968 to all children over one year and under 17 years of age, who have not already had measles.

1. *Smallpox Vaccination.* (See table XXXIX.)

1,132 persons received primary vaccination during the year, and 373 persons received re-vaccination.

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

(a) *Primary Vaccination.* (See table XL.)

1,678 children received primary courses during the year.

(b) *Booster Doses.* (See table XLI.)

3,160 children received booster doses during the year.

3. *Poliomyelitis Vaccination.* (See table XLII.)

1,506 children received primary courses during the year, and 1,981 children received booster doses.

Table XXIV.

1966—TABLE OF VACCINATIONS AND IMMUNISATIONS BY COUNTY BOROUGHS AND LONDON BOROUGHS
PERCENTAGE OF CHILDREN VACCINATED BY 31.12.1966

Details abstracted from Ministry of Health C.M.O. Report
for 1966, page 245 (H.M.S.O. 1967)

CHILDREN BORN 1964				TOP FIVE CHILDREN BORN 1965				SMALLPOX (Children under 2 years)
WHOOPING COUGH (1)	DIPHTHERIA (2)	POLIOMYELITIS (3)		WHOOPING COUGH (4)	DIPHTHERIA (5)	POLIOMYELITIS (6)		
EXETER 90%	EXETER 91%	LUTON 95%		OXFORD 89%	OXFORD 90%	BEXLEY 92% (London Borough)		BROMLEY 62% (London Borough)
WORCESTER 89%	WORCESTER 91%	EASTBOURNE 89%		EXETER 86%	EXETER 87%	WORCESTER 87%		EALING 62% (London Borough)
BRIGHTON 88%	OXFORD 90%	WORCESTER 88%		BEXLEY 86% (London Borough)	BEXLEY 86% (London Borough)	OXFORD 83%		CANTERBURY 58%
OXFORD 88%	BRIGHTON 88%	EXETER 87%		EASTBOURNE 85%	GREENWICH 86% (London Borough)	BOURNEMOUTH 82%		WORCESTER 58%
LUTON 86%	CANTERBURY 87%	BOURNEMOUTH 86%		GREENWICH 85% (London Borough)	RICHMOND 86% (London Borough)	EXETER 81% GREAT YARMOUTH 81%		ENFIELD 58% RICHMOND 58% *(London Borough)
ENGLAND AND WALES 74%	76%	72%		72%	73%	68%		38%

* Exeter = 77 Smallpox—17th at 53%.

This table shows the splendid acceptance of Exeter parents on behalf of their children of the immunisation facilities available, through the Council and the family doctors. I have taken out the "top 5" County Boroughs and London Boroughs, as shown in the report of the Chief Medical Officer of the Ministry of Health for 1966. The West Sussex County Council has the best record of all local health authorities.

YELLOW FEVER VACCINATION

Under the Council's arrangements for yellow fever vaccination, 371 persons were vaccinated, 60 being children. All were proceeding abroad and required an international certificate of yellow fever vaccination.

INFLUENZA VACCINATION

Influenza vaccination was offered to all health department staff, and to the staffs of transport, fire, children's, education, housing, child guidance, welfare and surveyor's departments. 50 of the health department staff and 103 of the other departments accepted, and were vaccinated by 22nd November.

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 three schools affected, 91 children received this vaccination.

AMBULANCE SERVICE

(See tables XLIII and XLIV)

General. After operating for 19 years from sub-standard premises in Goldsmith Street, the Ambulance service moved to a purpose-built ambulance station in Gladstone Road, which has, by experience, proved entirely satisfactory.

The new station was opened officially by the Mayor of Exeter (Alderman R. E. C. Board, J.P.) on the 4th December.

The report of the Working Party of the Ministry of Health on Ambulance Training and Equipment was published in August 1967. Part I (Training) deals with the subject at length, and its 49 recommendations include the establishment of special schools for the training of ambulance staffs. Part II (Equipment and Vehicles) contains 76 recommendations, including scales of equipment to be carried in ambulances, the uniform and equipment for officers and men of the service. It will take some years to implement all the recommendations, but some provision has been made in the 1968/9 estimates and it is hoped that it will be sufficient to purchase a few of the less expensive items of equipment and clothing during the coming year.

Ambulance Journeys. We have 11 ambulances. The oldest ambulance is now over 11 years old, two others are 9½ and 8 respectively.

The total number of persons carried by ambulances (including dual-purpose ambulances) increased by 15% on the previous year's figure. This was mainly due to a 20% increase in the

number of patients carried to and from hospitals otherwise than as an accident, emergency or acute illness case. Accident calls increased by 5%. The number of patients carried with infectious conditions continues to decline.

The amount of work done on behalf of, and charged to, Devon County Council shows little variation. We have constant liaison with the County Ambulance Control.

Rail Journeys. The number of patients conveyed by rail decreased, but there was no corresponding decrease in the rail mileage. Some journeys cost up to £50. It is often said the City should not have to pay for the transport of cases, often patients from distant areas, whose *need* for transport arises in the City, perhaps after admission to hospital here, maybe after an accident in a holiday area outside the City; but the other side of the story should be remembered. The hospitals add to the trade of the City, and to its importance; and, of course, to the convenience of its inhabitants.

Air Transport. One patient was conveyed by air from Exeter Airport to Northolt Aerodrome for Atkinson Morley Hospital, Wimbledon. This proved to be the least expensive air removal so far, because it was possible to use a fixed wing aircraft.

Hospital Co-operation. This is satisfactory. Inter-hospital transport between the Royal Devon & Exeter Hospital to Poltimore Hospital makes a heavy demand on the service.

Hospital Car Service. This service operates extensively each day between the hours of 9.0 a.m. and 5.0 p.m. and it deals with most of the patients who are able to walk without aid. It is administered by Devon County Council, which re-charges to the City an agreed proportion of the total costs.

PREVENTION, CARE AND AFTER CARE

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

HEALTH EDUCATION

The theme for the year was "Focus on the Family"; it picked out factors of importance concerning child care, home management, water and road safety. We included as inserts in the monthly magazine "Better Health" articles by experts in the Council departments.

In a showcase, made available in the lower market by courtesy of the Estates Committee, a special water safety display was promoted with the co-operation of the education department,

during the summer months, and a dramatic road safety display was promoted by the Devon and Cornwall police during the month of September.

Health Education in Schools.

Parentcraft and Health Education. Courses in secondary modern girls' schools were given by the health education officer (Miss Robertson) as during the previous year. Courses were also arranged for St. Loyes junior trainees and for business students at the Exeter Technical College.

Drugs and Problems of Addiction. Talks were given to occupational therapy students at St. Loyes College, to students in the Technical College and to women's organisations concerning this topic. Information and literature was supplied to the teaching departments of Exeter University, local hospitals, colleges and schools.

Smoking and Health. Two intensive poster campaigns were organised during the year. The problem featured in the school health education programmes, using the Ministry of Health film "The Smoking Machine", which makes a good impact on the young.

Mouth to Mouth Resuscitation. Lecture demonstrations have been given throughout the year by the health education officer to 22 groups. Instruction cards produced in the department were given as a reminder to all those who have mastered the technique at the demonstrations.

Cancer. A meeting was organised in October with the assistance of the Standing Conference of Women's Organisations, at which approximately 400 women saw films concerning Self Examination of the Breast and Cervical Cytology, and put questions to a Brains Trust of local medical specialists. It was a lively meeting.

Home Safety featured prominently in the work of the section.

HOME SAFETY COMMITTEE

The Home Safety Committee met quarterly during the year under the chairmanship of Alderman Mrs. M. Nichols.

The committee's work has promoted wide local interest and in one matter, action at national level. As in the past the editor and staff of the *Express and Echo* have co-operated in the most generous way in bringing points at issue to the notice of the public.

Chip Pan Fires. The Boreham Wood Fire Research Centre has been interested in the effect of the leaflets produced and issued by the committee in 1966; it was found that the incidence of chip pan fires in the City was reduced in 1966 by 50%. In spite, however, of increased seasonal warning by a "press release" issued by the Chief Fire Officer, the number of fires due to this cause increased considerably during the autumn of 1967. The leaflet has been published as a bookmark by the Royal Society for the Prevention of Accidents.

Ceiling Tiles. Miss Henson of the Standing Conference of Women's Organisations carried out an investigation concerning the polystyrene ceiling tiles sold locally. All were highly inflammable, but in some cases traders were unaware of this hazard; appropriate local publicity about the danger involved has been ensured. The Royal Society for the Prevention of Accidents and the Boreham Wood Fire Research Centre are investigating the problem.

Paper Dresses—made of gold and silver foil, and highly inflammable, were found to be on sale in Exeter; the Committee have referred this matter also to the Royal Society for the Prevention of Accidents—which is taking appropriate action. It is likely that paper and different types of foil will be increasingly used as clothing materials.

Carry Cot Stands. Stands conforming to Home Office Regulations have been demonstrated in clinics and in mothercare courses.

Firework Accident Prevention. The Committee, as in previous years, has promoted in conjunction with the Weights and Measures Department, a campaign giving warning and advice concerning the safe handling of fireworks. The group now at greatest risk is adolescents. Two cases of firework injury were treated at the Royal Devon & Exeter Hospital and four at the West of England Eye Infirmary. None suffered permanent injury.

Regional Home Safety Council. An inaugural meeting in Guildhall on the 15th November, under the chairmanship of the Mayor, Alderman R. E. C. Board, J.P., was attended by representatives from various authorities and organisations in Dorset, Devon and Cornwall; Miss Naish, head of the Home Safety Division of RoSPA, was the guest speaker. It was agreed that a Regional Council should be set up, with Alderman Mrs. Nichols as Chairman and Dr. McLauchlan as Secretary, and would meet quarterly, the venue being varied to facilitate the attendance of the delegates.

Table XXV.

NOTIFICATIONS OF ARRIVAL OF IMMIGRANTS AND MEDICAL ARRANGEMENTS.

Country where Passport was issued	Notifications Received	Number Visited	Number X-Rayed	Number Heaf Tested	Number on G.P.'s List
COMMONWEALTH COUNTRIES :					
Caribbean	2	1	—	1	1
India	3	2	—	2	2
Pakistan	7	—	—	—	—
Other Asian	5	5	4	4	4
African	9	9	6	6	7
Other	7	6	4	4	6
NON-COMMONWEALTH COUNTRIES :					
European	2	1	1	1	1
Other	2	1	1	1	1
TOTALS	37	25	16	19	22
		not seen 7 doctors 5 could not be traced	satisfactory 9 advised to attend M.R.U.	15 positive 4 negative (B.C.G. given) 6 positive prior to arrival	3 advised to get on G.P.s. List

HEALTH CARE OF IMMIGRANTS

34 newly-arrived immigrants, plus 3 who came to Exeter from other areas (1 each from Cardiff, Teignmouth and Tiverton), were notified to us during the year. Of these, 12 were not visited; 7 were doctors (and would be able to secure medical care) and 5 could not be traced at the addresses given.

16 immigrants were chest x-rayed and all had satisfactory results. The other 9 were advised to attend the mass radiography unit.

19 immigrants were Heaf tested (tuberculin); 15 were positive and 4 were negative. B.C.G. vaccination was given to the 4 who were negative. It is believed that the other 6 were Heaf tested prior to arrival in this country.

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

It is doubtful whether the number referred to us includes all the immigrants coming to Exeter and likely to stay in this country for six months.

TUBERCULOSIS — CARE AND AFTER-CARE

(See tables XLV—LV)

Dr. J. T. Smyth, M.D., M.R.C.P., Consultant Chest Physician, joined the medical staff at Ivybank Chest Clinic on the 14th July; he conducts one clinic per week additional to those taken by Dr. Boyd, and he sees cases from both Exeter City and Devon County.

Dr. Boyd was taken ill in July, and since then his clinics have been taken, for the most part, by Dr. G. E. Adkins.

In 1967 the tuberculosis patients at Whipton Isolation Hospital were transferred to Hawkmoor Chest Hospital; tuberculous patients are no longer admitted to Whipton Hospital.

Respiratory Tuberculosis. During 1967 there was an increase of 3 in the number of notifications (18 as against 15 last year).

Non-respiratory Tuberculosis. There were 7 non-respiratory notifications compared with 10 last year. The new cases included —neck glands 3, spine 1, genito-urinary 2 and breast 1.

NOTIFICATIONS

Year	Respiratory	Non-Respiratory	Total
1961	26	13	39
1962	30	8	38
1963	26	7	33
1964	29	4	33
1965	27	7	34
1966	15	10	25
1967	18	7	25

DEATHS

6 patients on the register died during the year, 4 being attributed to pulmonary tuberculosis by the Registrar General.

RE-ACTIVATION

There was one re-notification during the year (genito-urinary).

TRANSFERS—IN AND OUT

10 respiratory cases were "transferred in" from other areas, while 29 cases (28 respiratory and 1 non-respiratory) were "transferred out".

RECOVERY FROM TUBERCULOSIS

64 respiratory and 9 non-respiratory cases were taken off the register during the year as recovered, although the majority will still be kept under supervision at the clinic.

CASES "LOST SIGHT OF"

There were 20 such cases during 1967; all have left Exeter during the past four years and their present addresses are not known; none was a recent notification and all were sputum negative.

TUBERCULOSIS REGISTER

At 31st December, 1967, the number of notified cases still on the register was 301, shewing a marked decrease on the previous year's figure (396).

	Respiratory	Sputum Positive during 1967	Sputum Negative during 1967	Non- Respiratory
Men	147	3	144	10
Women	108	10	98	24
Children	11	—	11	1

TOTAL : 301

CONTACTS

107 contacts were examined for the first time during the year, i.e. 4 contacts (on average) for each newly notified case. 2 new cases of tuberculosis were found at the routine follow-up of contacts (first or re-call examination).

RADIOGRAPHY

The arrangements were unchanged. The small films (10 cm. x 10 cm.) are used almost exclusively for contact work and those taken totalled 102; large films totalled 1,570.

TUBERCULIN TESTING AND B.C.G. VACCINATION

(a) *Contacts.* 145 tuberculin tests were carried out during the year and 137 B.C.G. vaccinations effected by the chest physician (14 of the vaccinations were in respect of adult staff at risk because of their work; viz.: nurses, pathology staff, etc.).

(b) *School Children under Ministry of Health Scheme.* Once again the strongly tuberculin-positive school children (13) 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). 760 students attended for Heaf testing; 497 were positive, 172 did not attend for reading and 91 were negative. 64 students were given B.C.G. vaccination; 28 failed to attend for B.C.G. This was a distinctly poorer acceptance than in 1966 (1,048 students Heaf tested).

PATHOLOGICAL EXAMINATIONS

843 pathological examinations of sputa, etc. were made at the request of the chest clinic during the year (see table XL) compared with 947 last year. We are very grateful to Dr. B. Moore, Dr. Stewart Smith and Dr. J. O. P. Edgcumbe (appointed Area Pathologist from October 1967) for their continued help and assistance.

HOME HELPS

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

EXTRA NOURISHMENT

17 patients were helped with extra milk.

CHIROPODY SERVICE

There are 3 senior chiropodists on our staff with 2 clerk-receptionists. Mr. Bradley, who had been with us for three years, retired in March 1967 because of ill health, and Mrs. Hill left to accompany her husband to Canada in May. They were replaced by Mr. and Mrs. Partridge. In all, however, we were understaffed to the equivalent of 1 chiropodist for 12 weeks, with a consequent drop in the number of cases treated, as shewn in the annual figure.

The demand for this service is increasing and by the end of the year new cases had to wait about 8 weeks for an appointment, and others had to wait as long between treatments. This

reduces the effectiveness of the work. It is hoped that a fourth chiropodist will be appointed in 1968 so that the waiting period can be reduced.

At the end of the year there were 1,884 elderly persons on the register.

Table XXVI.

Number of Treatments during 1967

	Elderly		Handi-capped		Expectant Mothers	Children		Totals		Grand Totals (1967)	Grand Totals (1966)
	M.	F.	M.	F.		M.	F.	M.	F.		
At Clinics	1496	5424	53	144	31	32	96	1581	5695	7276*	8404
At Welfare Homes	262	899	—	—	—	—	—	262	899	1161	852
At Nichols Centre	—	—	8	73	—	—	—	73	73	81	104
At Home	277	853	1	—	—	—	—	278	853	1131	1124
TOTALS	2035	7176	62	217	31	32	96	2129	7520	9649	10484

* includes 1,499 attendances (20.6%) of persons conveyed by Hospital Car Service.

CERVICAL CYTOLOGY

In April the new arrangements whereby the Ministry encouraged family doctors to undertake the screening of cervical smear test examinations, came into effect, and naturally demand for tests at our clinics declined.

We commenced (in two clinics from January and in one from November) teaching women to examine their breasts, and advising them to do it each month. Arising out of these examinations, 8 were referred back to their own doctor for further investigations; 2 of them were admitted to hospital where the "lumps" were found to be simple cysts, 1 has a hospital appointment pending, the remaining 5 continuing under observation by their doctors.

At a public meeting in October, under the auspices of the Women's National Cancer Control Campaign, the local women's organisations and this department, films on cervical and breast cancer were shown to an audience of about 400 women, who afterwards asked questions of a panel of medical consultants.

The number attending at Shakespeare Road Clinic declined, despite intensive efforts by health visitors to encourage attendance. The women in this area being generally in the less privileged section of the population, are probably at greater than average risk. At the end of the year we discontinued the fortnightly sessions both at Shakespeare Road and Whipton Clinics, leaving only the weekly session at Bull Meadow Road Clinic.

With the concurrence of the local Medical Committee, 3 large commercial undertakings were asked to allow a medical officer of the department to offer the tests on their premises; but very little came of it. One did allow their staff to attend Bull Meadow Clinic, in the course of several weeks, to minimise any inconvenience. One large hospital was offered similar facilities.

In all, 1,175 women attended our cytology clinics in 1967 (the number in 1966 was 1,482) ; 6 were regarded as " positive "— 3 of whom have been " brought forward " from 1966 for repeat tests ; and confirmed by cone-biopsy. Of the 13 women showing " suspicious " results, 1 had hysterectomy for grade 1 carcinoma, 2 were later included in the 6 " positives ", 3 were proved negative, 1 has transferred to Oxford and is being followed up, the remaining 6 being " carried forward " for further investigation in 1968.

The arrangements for recall and re-testing, i.e. after a period of years have, I understand, now been settled by the Ministry, using the Registrar General's facilities. The interval between routine tests recommended by the Ministry is 5 years, and the minimum age 35 years.

Brief details of cervical cytology figures and findings :—

Year	Total	
1965 (six months)	419	3 patients regarded as positive ; this was confirmed in 2 instances after a cone-biopsy had been carried out. The remaining result was confirmed in an expectant mother who refused further surgery but who has since left Exeter.
1966	1,482	6 patients regarded as positive (1 carried forward to 1967) ; this was confirmed in all instances after a cone-biopsy had been carried out. 2 cases were followed by hysterectomy (grade 1 carcinoma).

Table XXVII

CERVICAL CYTOLOGY CLINICS — ATTENDANCES

Age Range (years)	Referred by		Residing in		Total Women examined	RESULTS			Repeat Smears			Ref'd. back to G.P. *
	Doctor	Self	Exeter	Outside Exeter		Neg.	Pos.	Susp.	Neg.	Pos.	Susp.	
-20	4	1	5	—	5	5	—	—	—	—	—	—
20-24	20	26	44	2	46	45	—	1	1	—	1	1
25-34	70	257	323	4	327	323	—	4	8	3	2	5
35-44	78	338	411	5	416	412	1	3	10	2	—	26
45-54	55	239	291	3	294	290	—	4	9	—	1	19
55-64	7	61	67	1	68	67	—	1	2	—	—	2
65+	7	12	19	—	19	19	—	—	—	—	—	2
91 Sessions	241	934	1160	15	1175	1161	1	13	30	5	4	55

* For various gynaecological or breast conditions.

LOANS OF NURSING EQUIPMENT, ETC.

The loans cupboard was extended ; 4,485 loans were made (including multiple loans of sheets, etc.) and the total number of items of all kinds in the stock was 2,491. In general, losses are very few, but some sheets are lost each year and some are condemned. Items stocked for the first time include Brinmark pads (synthetic sheepskin-style under-pads), bath seats, Sietex mattresses (plastic loculated airbeds) and an " easi-nurse mattress ".

Soiled Linen Service.

Articles laundered under linen service during 1967 (14,417) :—
Sheets 12,957, pillow cases 636, blankets 15, clothing, etc. 809.

Number of patients using linen service during the year 366

Number of disposable sheets used during the year 15,827

Supply of Protective Clothing to Ambulant Incontinent Patients.

Number of patients supplied with protective garments 20

Number of garments supplied 28

Number of disposable linings supplied 7,989

The number of linings supplied has sharply increased since they were first provided in November 1966.

Night Home Help Service.

Number of patients for whom service has been used 73

Number of cases where night home help attended for
more than 14 nights 11

Reasons why night home help ceased to attend at cases :—

Patient died 41

Patient transferred to hospital or nursing home 14

Patient no longer requiring attention at night 10

Private arrangements made 3

Patient still being attended on 31/12/67 5

—
73
—

Both the wages paid and the maximum charge recoverable were increased from April 1967, after reference to and approval by, the Ministry of Health and the Ministry of Housing and Local Government.

VENEREAL DISEASE

Dr. Dunkerley kindly tells me that among Exeter residents attending his clinic, there were 27 new cases of gonorrhoea (19 men, 8 women). 70 men and 42 women attended for "other" conditions. There were no new cases of primary syphilis.

VENEREAL DISEASE CLINIC—EXETER RESIDENTS. (1959 — 1967).

YEAR	New Cases of Syphilis	New Cases of Gonorrhoea
1959	1	8
1960	2	10
1961	2	21
1962	5	15
1963	—	12
1964	2	38
1965	2	21
1966	1	15
1967	—	27

HOME HELP SERVICE

Organisation and Staff.

The administrative and clerical staff was unchanged.

There were 72 part-time home helps ; their average age was 50 ; during the year there were 22 new entrants and 17 resignations.

All cases are visited by one of the organisers in the first instance and routine visits are also made. Total visits for the year were 1,100.

Cases helped.

During the year home help was provided for 728 cases in 720 families, involving 73,670 hours ; these figures are almost identical with those for the previous year.

The average weekly case load was 435, and the average number of hours was $3\frac{1}{4}$ per case per week for all types of cases.

Category	Families helped		Hours worked	
	Full-time	Part-time	Full-time	Part-time
1. (a) Confinement	— (2)	27 (30)	— (105)	432 (579)
(b) Ante-natal	—	10 (11)	—	303 (250)
2. (a) Acute illness (Under pension age)*	—	33 (35)	—	1,074 (1,418)
(b) Acute illness (Over pension age)	—	18 (23)	—	1,586 (1,582)
3. (a) Chronic sickness (Under pension age)	—	65 (61)	—	9,884 (9,631)
(b) Chronic sickness (Over pension age)	—	354 (313)	—	36,467 (35,744)
4. Old age	—	198 (213)	—	23,368 (23,305)
5. Tuberculosis	—	— (1)	—	— (133)
6. Others, including M.D.	—	15 (18)	—	556 (548)
* Pension age : Women=60 years. Men=65 years.	— (2)	720 (705)	— (105)	73,670 (73,191)
		720		73,670

Figures in brackets refer to 1966.

Total cases helped 728

Additional hours paid for :

Travelling time 8,558

" Waiting " time —

Overtime 28

Holidays 6,549

Sickness 2,581

Miscellaneous —

Average weekly case load 435 (393)

Average hours worked per case per week :

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

Old age $3\frac{1}{4}$ ($3\frac{1}{4}$)

Summary of Weekly Case Load by Categories

Category	Average case load		Average hours per case	
Confinement	1	(1½)	7½	(10)
Ante-natal	1	(1)	5½	(5½)
Acute illness (Under pension age)	6½	(8½)	3	(3½)
Acute illness (Over pension age)	13½	(13½)	2½	(2½)
Chronic illness (Under pension age)	42½	(38½)	4½	(5)
Chronic illness (Over pension age)	225½	(195½)	3½	(3½)
Old age	139½	(131½)	3½	(3½)
Tuberculosis	—	(½)	—	(3½)
Others	4	(3½)	2½	(3)

Figures in brackets refer to 1966.

Number of cases deferred, and reasons :

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

Number of applications for help withdrawn :

(a) shortage of staff	—	(—)
(b) high charge	3	(1)
(c) other arrangements made	13	(26)
(d) nothing further heard	11	(13)

Number of P/T helps employed

72 (67)

Average age of helps

50 (49)

Number of home visits by Organiser

1,100 (1,311)

EXETER COUNCIL OF SOCIAL SERVICE

The Exeter Council of Social Service have kindly told me that their home help service has 20 home helps, averaging 6 hours a week, helping 31 elderly people. They also provide a chiropody service—one chiropodist having a clinic list of 63 and a home visiting list of 46, while another attends 5 patients a week. They also undertake family budgeting, arrange out of season holidays for up to 36 elderly persons, and organise a widows' club, with a total membership of 78 and a weekly attendance of 30 at the Nichols Centre.

EXETER MENTAL HEALTH SERVICES

Mental Health Workers.

During 1967 five of our mental welfare officers left to take up other appointments and for part of the year we had only 3 in post; one left to take a social work training course, one secured promotion, but the other three went at comparable salaries to departments where there was no stand-by duty, or very little when compared with that in the community mental health service.

Early in 1968, however, a full complement of mental welfare officers had been regained. When the last post was advertised, all the applicants were psychiatric nurses; such applicants require periods of in-service training before they can take a reasonably full part in the service and they should then undertake a social work training course.

Training.

A training programme for the mental welfare officers has now been prepared. During 1967/68 Mr. Lock is completing his applied social studies course at Bristol University for qualification as a psychiatric social worker and on his return Mr. Woolnough, the trainee mental welfare officer, will be seconded to take a 2-year Council for Social Work Training course. On his return, Mr. Lovell, the mental welfare officer last appointed, should be seconded for training.

Co-operation with Hospitals and Family Doctors.

During the year the Exe Vale Hospital and Devon County Council and the City Council agreed on a joint appointment of a Head Social Worker in the hospital; Mr. Coombs, one of our mental health social workers and formerly of the County Council mental health service, was appointed. Co-operation and integration with the hospital social workers have been much forwarded and not only is there close liaison at the hospital but Mr. Coombs or one of the hospital social workers and also the senior social worker of the adjoining Devon County area occasionally attend the mental welfare officers' weekly case conference at the Nichols Centre. As further vacancies occur among the hospital social workers it is hoped further joint appointments will be made.

Close links with the family doctors continue. The previous arrangement whereby the mental welfare officers were attached to various units of the local psychiatric hospital continues, but when the health centre in the St. Thomas area of Exeter opens, a mental welfare officer will work from, and be associated with, the doctors in the Centre. As further health centres are built in the City, similar arrangements will be made.

During the year a psycho-geriatric unit of 30 beds (the Hallett Clinic) was opened at the Exminster Unit of Exe Vale Hospital. This marks a real advance in the care of elderly, mentally deteriorating persons. At the clinic there are regular case conferences at which the workers engaged in the admission

and the rehabilitation of patients back into the community meet and discuss the problems which are likely to arise.

Placement in Lodgings. This is discussed in Appendix III.

A Notable Case.

One of the mental welfare officers achieved a notable success when, conducting the appeal of one of our trainees, he secured the reversal of a decision previously made by one of the Commissioners of Insurance in October, 1963, that anyone attending an adult training centre run by a local authority was entitled neither to unemployment benefit nor to insurance credits for the period he was attending. It was held by the Commissioner of Insurance that although the attendance at an adult training centre was directed to his rehabilitation rather than his earning a living, nevertheless this constituted an occupation for the purposes of Regulation No. 6(1)(h) of the National Insurance (Unemployment and Sickness Benefit) Regulations, 1948. Such trainees were thereby debarred from receiving unemployment insurance benefit and insurance credits and had to receive an assistance grant instead. They also lost some future entitlement to insurance benefits under the national insurance legislation through lack of contributions.

Some local health authorities evaded these complications by arranging for their trainees to be covered by medical certificates so that they received sickness benefit instead of unemployment insurance benefit, although this was obviously not conducive to the rehabilitation of a patient who might well consider he was fit for employment and was anxious to fulfil the routine of signing on at the labour exchange for employment in the ordinary way.

Many unsuccessful representations had been made by officers of local health authorities to the Ministry of Labour for some amendment of the regulations.

A man, 30 years old, recently discharged from a psychiatric hospital was recommended by the consultant psychiatrist to come to our adult training centre for rehabilitation. He commenced as a day attender in December, 1966. For 6½ years prior to hospital admission he had been regularly employed as an hotel porter; he received sickness benefit until his discharge from hospital. On the 7th February, 1967 an appeal was made to

the local tribunal set up under the National Insurance Acts that he should receive full benefit on the grounds that :—

- (1) his attendance at the adult training centre was not employment ;
- (2) that he was fully available for employment at all times ;
- (3) that the payment received from the adult training centre was not wages but an *ex. gratia* payment made by the local health authority assessed individually according to the trainee's work, application and behaviour ;
- (4) that the position of the trainee was similar to that of a person on a Ministry of Labour rehabilitation course who although not paying insurance contributions was credited as having paid them.

The local tribunal disallowed the appeal on a majority decision on the grounds that the trainee's attendance at the adult training centre was an occupation which was inconsistent with full-time employment in his registered occupation for which he was available. The minority held that such attendance was not an occupation, it was treatment voluntarily undertaken and he was not prevented from applying for or taking employment, and to disallow the appeal would have an adverse effect on this type of treatment and rehabilitation. The tribunal was unanimous in their sympathy with the claimant and the work carried out at the training centre, but reluctantly felt bound by the previous decision of October, 1963, decision No. R(U) 4/64.

The claimant then appealed to the Commissioner appointed under the National Health Insurance Acts, 1965/66 and a hearing took place on the 9th June, 1967, which was attended by Mr. E. J. Lock, mental welfare officer, Exeter Health Department. At that time the trainee had had a relapse and was a patient in the local psychiatric hospital. The decision of the Commissioner was that the claimant was not following any occupation within the meaning of regulation 6(1)(h) of the National Insurance (Unemployment and Sickness Benefit) Regulations, 1948 (S.I. 1948 No. 1277) as amended and accordingly was not disentitled to unemployment benefit by that provision.

This decision is of considerable importance to persons attending local health authority training centres. It has been circulated by the Ministry of Health (Circular L.W.A.L. 3/68).

Another Problem.

A further problem which has become evident during the year results from the discharge of patients at over 21 years of age from psychiatric hospitals or from special hospitals where they have been detained on Court Orders (Section 60 of the Mental Health Act, 1959) without a restriction on discharge. Occasionally these discharges have taken place following an appeal or on consideration by a Mental Health Review Tribunal. When this takes place, particularly if the diagnosis is either that the individual is suffering from psychopathic disorder or from subnormality (other than *severe* subnormality), it is impossible to re-admit the patient to hospital however great a problem or potential danger he subsequently proves himself to be in the community (Section 26) unless he consents, or Court action is feasible. This is usually not the case until some actual offence has been committed, e.g. assault or a sexual offence. This cannot be regarded as a satisfactory state of affairs.

Hostels.

We had no staff changes during 1967, and this was itself a change but a welcome one. The warden and matron—a married couple—are both qualified psychiatric nurses; the use of married women as part-time hostel orderlies also brought outside interests into the hostel.

The occupancy of the women's hostel was 59% and of the men's 65%; 10 women and 15 men were in residence at the end of 1966; 36 women and 51 men were admitted; 112 persons (46 women and 66 men) have spent some time as residents during the year, compared with 99 in 1966 (61 women, 38 men). There appears still to be some reluctance on the part of the hospital medical staff to refer patients for hostel admission, and most admissions were suggested in the first instance by mental welfare officers. Some discharged patients living in the community in resident domestic posts are accepted in the hostels for holiday periods, e.g. during the University vacations, and at Christmas and Easter. The steady flow of residents being discharged from the hostels out into the community continued; 65 out of 112 were discharged in this way during 1967, compared with 45 out of 99 last year. It is difficult to find accommodation at a low enough charge—wages are often low and hardly adequate to live on and this is especially so in the case of women. Their nett wage is in the £6 to £7 per week range which is insufficient to pay lodgings or rent a furnished room, and no supplementary

allowance from the Ministry of Social Security can be obtained when the person is in full-time employment; it seems unfair that this rule applies to these handicapped persons.

The warden and matron (Mr. and Mrs. Johnson) report a quiet and comparatively uneventful year and no real problems with either residents or staffing. The interior decoration of the women's hostel was, at the suggestion of Mrs. Johnson, made more homely.

Some difficulty was experienced in persuading local general practitioners to accept on their lists residents admitted to the hostels from psychiatric hospitals. Many of the doctors felt that they had already too many such patients and were reluctant to accept more. The majority have already been on an Exeter doctor's list before hospital admission, but in a minority, the patient has either been in hospital for a very long period or has come from another area. In either case a fresh registration is necessary. They are discharged from psychiatric hospital on a 4 days' supply of medication and it becomes urgently necessary that they see a doctor soon after discharge from hospital.

Regular psychiatric support from the hospital is still very necessary, but staff problems there make for difficulties.

Table XXVIII.

Hostel Admissions—1967

Age (yrs.)	Schizo- phrenia		Paranoid Schizo- phrenia		Person- ality Disorder		Psycho- pathic Person- ality		Hysteria		Depress- ive State		Sub- normality		Epilep- tic Psycho- sis		Totals	
	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.
15—24	2	—	—	—	—	5	2	2	—	—	—	—	—	3	—	—	4	10
25—34	3	1	—	1	3	—	2	—	—	—	—	—	5	—	1	—	14	2
35—44	9	4	—	1	—	1	1	—	—	—	8	2	5	3	1	2	24	13
Over 45	1	2	—	1	1	2	—	1	—	—	2	1	5	4	—	—	9	11
	15	7	—	3	4	8	5	3	—	—	10	3	15	10	2	2	51	36

Diagnoses are based on medical opinion.

Table XXIX.
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		Training Centre		
							Working	M.	W.									
M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	
1	—	—	—	2	1	—	—	—	—	—	—	—	—	1	—	—	1	
1	2	1	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	
—	—	—	—	—	—	—	1	1	—	—	—	—	4	4	2	—	—	
—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	
1	—	—	—	—	1	—	—	1	1	—	—	—	—	—	—	1	1	
3	—	1	—	2	—	—	—	5	—	—	—	—	4	—	3	—	—	
—	2	—	1	—	2	—	—	—	1	—	—	—	—	—	—	—	2	

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		Working		Training Centre	
											Working		Training Centre															
M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.					
6	5			7	10	5	1	2	4	—	—	3	2	2	1	—	—	—	—	—	4	1	2					
2	—			4	6	2	1	—	2	2	1	—	1	—	—	1	—	—	—	—	1	—	—					
3	—			10	2	—	—	—	—	7	1	4	1	—	—	—	—	—	—	2	—	—	—					
1	2			8	2	1	—	—	1	—	—	3	2	1	—	1	—	—	—	2	1	1	—					
—	1			7	6	1	1	3	1	1	—	—	2	—	—	1	1	—	—	—	1	1	—					
12	—			36	—	9	—	5	—	10	—	10	—	3	—	2	—	—	—	4	—	3	—					
—	8			—	26	—	3	—	8	—	2	—	8	—	1	—	1	—	—	—	7	—	2					

Table XXX.

Diagnosis of Hostel Admissions and Placing on Discharge in 1967

Diagnosis	In at 31.12.66		Adm's Total		Hospital		Home		Residential Employment		Lodgings				Indust'l Rehab'n Unit		Left without Notice		Temporary Admissions		Remaining in Hostel at 31.12.67	
	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	9	4	15	10	9	1	2	3	4	1	4	3	1	—	2	2	—	1	—	2	3	
Personality Disorder	2	1	4	8	—	1	—	2	2	1	2	2	1	1	—	—	—	—	—	1	2	
Psychopath	1	1	5	3	—	—	2	1	—	—	1	2	—	—	—	—	—	2	—	1	1	
Depressive State	—	2	10	3	—	1	—	2	4	1	3	1	—	—	—	—	—	—	—	3	1	
Epileptic Psychosis	—	—	2	2	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	2	
Mental Subnormality	3	2	15	10	1	1	2	2	—	1	5	—	2	1	—	—	—	—	4	4	2	
TOTAL	15	10	51	36	10	4	7	10	10	4	15	8	5	2	2	2	2	1	4	4	11	11

During 1967 there was also a remarkable increase in the number of trainees attending and by the end of the year 137 men and women were attending daily. Early in 1968 the number was 150. This increase was partly as a result of seasonal unemployment and possibly also devaluation and selective employment tax; but by the Spring of 1968 the number was back to 120, the balance having been placed out into employment. The Ministry of Labour has been particularly co-operative in helping those trainees who we felt were suitable for employment and the Youth Employment Officer has also helped with the under 18's.

Assessment.

We have endeavoured to maintain at once in our centre considerable freedom and a permissive atmosphere within a workshop atmosphere of concentrated effort. This has not been easy. The opening of the new light engineering workshop has helped greatly. We have been able to provide on a very simple level, an entry, training and assessment unit in which the newcomers work before being passed on to the other parts of the training centre, e.g. engineering, assembly, gardening, laundry or other domestic work. It has made it possible to group the teenagers, and to provide for the higher grades a high standard of social training.

Social Training.

Each Wednesday afternoon is devoted to various types of social training, physical activities, football during suitable weather, and rounders. A small group take part in cooking and on other days of the week another group during the year did play-reading and produced a very creditable performance of "A Christmas Carol", which was shown to the various social clubs at the centre as well as to the parents who were invited to an evening performance. One of the lecturers on hairdressing and make-up at the Technical College also visited the centre during the Christmas holidays one day per week. This had a beneficial effect and we hope to repeat the experiment during 1968. The teacher in reading and writing continued to take a class on Monday, Wednesday and Friday mornings, 14 trainees being helped in classes of 4 or 5. This is important for some of the less severely subnormal young people. We also occasionally get requests for a similar service for adults in the community, sometimes from family doctors and from other social work agencies. Such classes for adults might be helpful if provided as part of the further education programme in Exeter.

Work.

For the first time we have been fortunate in negotiating a large contract which will enable a fairly long-term process of

training to take place. Under this arrangement as many as a quarter of a million lynch pins (as well as tractor parts) are assembled each month. The majority of these are exported to various parts of the world direct from the centre. The assembly of lynch pins, which requires some degree of skill and application, has had a remarkable effect on the work, behaviour and output of many of the more severely mentally handicapped persons. Some of these with Down's Syndrome, for example, will have a work output very little below that possible for a person of normal intelligence; they have also derived pride in their achievement and in one or two instances have developed techniques of their own, applying some reasoning to the job. Some of the trainees (with an I.Q. between 40 and 50) operate what are for them comparatively sophisticated machines, e.g. powered hacksaws and drills. It has also been possible to use work on the capstan lathe and the miller for the rehabilitation of some of the mentally ill patients back into industry.

Most of the materials processed in the centre belong to local firms and are assembled, cut, drilled or processed for them as part of the contract. Nevertheless all this material, some of which comes in fourteen-ton lorries, has to be stored in the centre and there is a dearth of storage accommodation. Some is heavy (steel and iron), some is bulky (plastic foam).

Income.

The income from the training centre over the past three financial years has been £3,000, £5,000 and £6,000 respectively, and the income for 1968/9 is expected to be £7,000. Very little indeed is spent on materials—approximately £250 in 1967/8.

Incentive Payments.

During 1967 the maximum incentive payment was raised to 25s. 0d. per week and these payments absorbed £4,300; those attending also receive social security benefits. The salaries of staff, and overheads generally are, of course, considerable.

Health Care.

The Centre is visited by the chiropodist each month and dental inspections take place each year. Those trainees who work in the garden are offered anti-tetanus injections.

Developments.

At the end of the year we heard that a number of 100 ft. greenhouses were going to be demolished on a housing development site. Messrs. Wimpey's kindly gave us 3 of these (as requested); they were dismantled on site by our trainees early in 1968, to be re-erected in the grounds of the Nichols Centre. They are a valuable addition to our horticultural and greenhouse

facilities at the centre ; in all we shall have 7 greenhouses (3 heated).

Discussions are proceeding about securing a better road (inlet and outlet) to the training centre and this, if achieved, will facilitate the provision of better storage accommodation and a better arrangement for car washing, on a run-through principle. At present the cars have to be backed into the car washing bays and, like the goods vehicles, have to enter and leave the grounds by one entrance/exit.

During 1966 a few of the trainees were transferred to the Welfare Department's workshop where they were supported by one of the mental welfare officers, but during 1967 no such transfers were made. Our experience and the results in the new workshop make us think that the provision of a separate sheltered workshop for some 30 to 40 psychiatric patients should be developed at the Nichols Centre.

The purpose of the training centre is to train, to rehabilitate, to give social opportunities, to enable those who can, to return to open industry or a sheltered workshop, and to help those who cannot be so far rehabilitated to lead happy and useful lives at a limited level of achievement. During the year 45 were helped to return to open employment ; 4 went to an industrial rehabilitation unit (Ministry of Labour), 18 had to return to hospital, 2 died, 14 for various reasons ceased to attend. None was discharged by us.

The centre is not in any sense, nor in the least degree, an industrial rival to any industrial firm ; it is no part of our purpose to become an independent competitive unit.

Persons attending Nichols Centre—Placement into Employment.

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

	Persons attending 1.1.1967	Persons admitted	Discharged to					Persons attending 31.12.1967
			Employment	Hospital	Industrial Rehabilitation Units	Ceased to attend	Died	
	M. W.	M. W.	M. W.	M. W.	M. W.	M. W.	M. W.	M. W.
Mentally Ill	23 19	38 29	9 14	12 5	2 —	6 5	1 —	31 24
Mentally Subnormal	42 36	17 18	13 11	1 —	2 —	3 —	1 —	39 43
TOTAL	65 55	55 47	22 25	13 5	4 —	9 5	2 —	70 67

SOCIAL CLUBS

Monday evening : For the mentally subnormals over 16 attending the training centre. It is run by the training centre staff and only operates during the winter months (about 45 members) ;

- Tuesday evening : For the younger mentally ill. A group of patients attends from Exe Vale Hospital. Mrs. Garner, mental welfare officer, leads this club (about 35 members) ;
- Wednesday evening : Widows' club (under the auspices of the Council of Social Service) (about 100 members) ;
- Thursday afternoon : For the over 60's. A group of patients attend from Exe Vale Hospital accompanied by Miss Hawken, senior occupational therapist (about 70 members) ;
- Thursday evening : For ex-long-stay patients and those in lodgings or resident domestic posts (about 20 members) ;
- Friday evening : For the mentally subnormal. Exeter & District Society for Mentally Handicapped Children actively assist (about 40 members).

The widows' social club developed naturally from the widows' counselling sessions held at the Exeter Council for Social Service, and was the result of a desire on the part of the widows to meet together weekly for social activities. The club was slow to get on its feet but after six months a constitution was drawn up, passed by the members, and officers were duly elected. Since then the club has steadily built up and there are now 100 members with an average weekly attendance of between 50 and 60. 16 members joined within three months, June to August 1967, and most of these were recently bereaved widows.

The club appears to be meeting a very real need, as the sense of 'aloneness' looms large in the life of each widow. The fact that they belong to the club and can go about with others is a great help.

Mrs. Garner, the mental welfare officer concerned, reports that of the 34 widows who wished to consult her in the period March 1966 to December 1967, 6 were considered to be "at risk" of severe mental strain. Of these, 4 attended the club, one came from the Somerset area and the last had a closely supportive family. One, who received psychiatric treatment, was referred to the club.

Most of the widows made specific request for a club and it was this that led to its formation, and it has been noticeable that since the club has been operating fewer widows have been referred for counselling probably because this group now tend to support themselves. The family caseworker in the Council of Social Service, took an active interest in the club until she resigned in February 1968.

Although the age group of the members is mostly between 50 and 60 years of age, their programme appears to cater for all age groups and the widows themselves say they would welcome younger members. They have formed their own social services group and visit absentees or sick members and in this way tend to support themselves.

ELLEN TINKHAM HOUSE (*Junior Training Centre*)

49 children, including 9 from the Devon County area, were attending in January 1967. 11 (2 from Devon) were admitted during the year: they included 7 pre-school age children. 8 were discharged and 1 died; one was transferred to a school for educationally subnormal children. The number attending in December 1967 was 51 (including 9 Devon children); of these 14 were in the senior class, 13 in the juniors, 18 in the nursery class and 6 in the special care unit.

Miss Haskins, an advisory mental welfare officer of the Ministry of Health, visited the school in July 1967, and considered that the standard of training was now very good, but could be better if a small housecraft unit were provided; she also urgently recommended enlargement of the special care unit and more accommodation for the severely physically handicapped children in the nursery group. The Health Committee accepted these recommendations, and they will be effected in 1968/9.

Medical Care and Attention.

The health of the children is supervised by Dr. Ryan, the School Medical Officer, who visits three times fortnightly (half-day sessions). Speech therapy is given by Mrs. Reece, L.C.S.T. (2 sessions weekly) and physiotherapy is provided by Mrs. Urwin, who is employed by the Spastics Society and for whom we paid for one session weekly during 1967, but 2 sessions per week will be provided in 1968. This obviates the need for the attendance of the children at the Countess Wear clinic for spastics.

Swimming Pool.

The heated indoor swimming pool, donated by the Parent-Teacher Association, was officially opened by the Mayor (Alderman Mrs. M. Nichols) in April 1967, and is used by all but two of the children. The mothers of the very young children who go to the centre can go into the pool with their own children. It is in use every school day. Other facilities provided during the year were an outside enclosure as a play area for the children in the special care unit, an outside aviary with 12 budgerigars presented by the Exeter Bird Club and a rabbit hutch and run for the pets corner.

Open days were held on November 18th and 29th.

Visits.

The children visited various places, including Paignton Zoo, Exmouth beach, Exeter Museum, Devon County Show, etc. Every month the junior and senior classes separately go into town on shopping expeditions.

Parties at Christmas were given to the children by the Mount Pleasant Young Wives Club and the Exeter University Catholic Union Students Society. The Devon County Group of Societies for the Mentally Handicapped held a Sports Day in June at the Exeter Clifton Hill track, attended by many local health authority and hospital junior and adult training centres. Our centres (both adult and children) were awarded silver cups for winning the most events.

Students.

Exeter University and St. Luke's Teachers' Training College have sent students to visit the centre : and students taking the National Association of Mental Health Diploma Course for Teachers at Bristol have been sent to us for their teaching practice training.

During 1968 it is hoped to equip an adventure playground for the children, for which purpose £45 was donated from a Harvest Festival held by the children of Pinhoe Infants' School. Gifts over Christmas were also donated by the Polsloe Conservative Club and the Friends at the Blueball Inn, Clyst St. Mary. We are grateful for these and for the interest taken by many organisations and residents of the city and county.

Mental Nursing Home.

The Barton Nursing Home at the Withymead Centre continued as a registered mental nursing home.

Table XXXI.

CHILD WELFARE CLINICS.

CHILDREN ON REGISTER (1963 to 1967)

CENTRE	Born 1967	Born 1966	Born 1965-62	Total 1967	Total 1966	Total 1965	Total 1964	Total 1963
Bull Meadow	198	206	229	633	656	634	704	665
Burnthouse Lane	155	173	309	637	746	540	594	504
Countess Wear	59	59	112	230	307	376	212	189
Whipton	242	258	426	926	960	984	1007	975
Buddle Lane	247	254	356	857	929	843	733	666
Alphington (April)	44	34	97	175	126	—	—	—
Pinhoe (April)	17	24	69	110	133	—	—	—
Topsham (April)	52	55	35	142	99	—	—	—
TOTALS	1,014	1,063	1,633	3,710	3,956	3,337	3,250	2,999

Table XXXII.

INFANT WELFARE CLINIC ATTENDANCES, 1967
ATTENDANCES ACCORDING TO AGE OF CHILD AT TIME OF ATTENDANCE.

CENTRE	Under 1 year	1—2	2—5	TOTAL 1967	Total Sessions	Total M.O. Sessions	Total seen by M.O.	Total H.V. only Sessions	TOTAL 1966
Bull Meadow (South)	670	400	296	1,366	50	47	464	3	1,419
Bull Meadow (North)	863	674	529	2,066	95	94	605	1	2,572
Alphington	453	230	313	996	53	51	325	2	626
Buddle Lane	2,057	1,921	1,633	5,611	102	98	1,109	4	5,856
Countess Wear	496	425	519	1,440	52	52	451	—	1,528
Topsham	469	355	114	938	48	46	312	2	649
Burnthouse Lane	1,075	783	697	2,555	52	49	706	3	2,395
Pinhoe	164	172	202	538	52	50	228	2	593
Whipton	2,040	1,313	1,064	4,417	98	49	1,218	2	3,992
TOTALS	8,287	6,273	5,367	19,927	602	536	5,418	19	19,630
TODDLERS' CLINICS (TOTAL 1967)									
Burnthouse Lane	7	29	66	102	9	8	91	1	65
Whipton	1	14	98	113	9	9	124	—	139
CONSULTATION CLINIC									
Burnthouse Lane	226	158	262	646	51	—	—	—	959
GRAND TOTAL	8,521	6,474	5,793	20,788	671	553	5,633	20	20,793

Table XXXIII.

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

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

Cases brought forward from 1966	....	....	....	30
New Cases 1967	....	....	....	107
				<hr/> 137

Of the above, 37 cases carried forward into 1968 as babies
not yet born.

1967 Cases :—

Transferred to other areas	....	....	5
After care only	....	....	2
Pregnancy test negative	....	....	1
Emergencies for which no booking	....	....	4
Home confinements	....	....	1
			<hr/> 13

Actual Bookings for Confinement :—

Mowbray Hospital	....	....	76
City Hospital	....	....	6
St. Olave's Home	....	....	4
St. Nicholas Home	....	....	1
Plymouth home	....	....	6
Bristol home	....	....	1
			<hr/> 94

TOTAL

107

Babies :—

Died at or after birth	....	....	3
Live births	....	....	90
			<hr/> 93

Babies kept by parents married before confinement	....	11
Babies kept—parents co-habiting	....	6
Babies kept by mothers living with parents	....	32
Babies kept by mothers living in lodgings	....	8
Babies taken into care (for adoption later)	....	4
Third party adoption	....	1
Placed with adopting parents (after fostering)	....	18
Placed for adoption direct from Mother/Baby homes	....	4
With foster parents awaiting adoption placing (These placed early 1968).	....	2
Babies fostered for long term—being kept by mothers but not yet able to have them	....	4
		<hr/>
TOTAL	....	<hr/>90

Table XXXIV.

HOME MIDWIVES SERVICE

Number of cases attended as midwives (home deliveries)	340
Number of visits paid to above cases :—	
(a) during first ten days	5,149
(b) after tenth day of puerperium	2,614
	7,763
Number of cases booked during the year :—	
(a) Home bookings	462
(b) Mowbray Hospital bookings	963
	1,425
Number of cases seen at the ante-natal clinics	498
Number of attendances at the ante-natal clinics	2,757
Number of ante-natal visits to patients' homes	6,516
Number of medical aid forms sent	—
Number of midwifery cases transferred to hospital	63
Number of casual visits paid by midwives	4,519
Number of post-natal visits paid by midwives	286
Number of cases brought forward on 1st January, 1967 (mothers undelivered)	149
Number of cases booked during the year....	462
Number of emergency unbooked deliveries (and cases booked for delivery elsewhere than at home)	10
	<hr/> 621 <hr/>
Number of cases booked and subsequently found not pregnant	1
Number of cases delivered during the year	340
Number of cases of miscarriage of booked patients	4
Number of booked cases who left Exeter before delivery	4
Number of booked cases admitted to hospital undelivered	54
Number of cases originally booked for home delivery and subsequently booked for delivery in hospital	82
Number of cases remaining on the books on 31st December, 1967 (mothers undelivered)....	136
	<hr/> 621 <hr/>
Total visits to midwifery patients (excluding hospital discharges and cases for feeding supervision)	19,084
<i>Analysis of Deliveries :</i>	
Number of patients delivered by midwives	336
Number of forceps deliveries	3
Number of patients delivered by Doctors (other than forceps)	1
	<hr/> 340 <hr/>

Table XXXV.

REPORT OF MATERNITY CASES TRANSFERRED FROM HOSPITAL.

<i>Day(s) after delivery. Discharge from Hospital.</i>	<i>Number of cases.</i>	<i>Visits during first 10 days.</i>	<i>Visits after 10th day.</i>	<i>Total visits.</i>
1st	5	70	25	95
2nd	37	453	317	770
3rd	103	1,073	698	1,771
4th	38	315	262	577
5th	53	327	374	701
6th	95	438	691	1,129
7th	190	730	1,232	1,962
8th	394	1,185	2,788	3,973
9th	25	47	184	231
10th	11	15	106	121
11th	—	—	—	—
12th	5	—	24	24
13th	1	—	7	7
14th	—	—	—	—
After 14th	2	—	9	9
	<hr/> 959	<hr/> 4,653	<hr/> 6,717	<hr/> 11,370

Table XXXVI.

HOME NURSING DURING 1967.

New Cases Under 5	New Cases Over 65	TYPE OF CASE	On Books 1/1/67	SENT BY				AGE GROUP					SEX		Total Visits	Deaths	Trans. to Hosp.	Conval- escence	Removed for other causes	Total Left On Books	
				G.P.'s	Hosp.	P.H. Dept.	Others	Total	Under 1	1-5	5-15	15-64	65 and over	M.							F.
—	120	Post-stroke	52	105	18	6	10	191	—	—	—	27	164	70	121	8,798	25	62	34	18	52
—	40	Carcinoma	22	101	27	3	8	161	—	—	—	59	100	64	97	5,197	63	28	23	16	31
1	31	Diabetes	34	18	15	2	15	84	—	1	—	2	60	18	66	11,162	1	19	—	26	38
—	125	Heart Cases	53	124	10	3	15	205	—	—	—	1	27	79	126	8,083	37	38	44	27	59
—	43	Arthritis	52	36	12	3	8	111	—	—	—	—	33	25	86	6,617	5	23	5	31	47
1	73	Anaemia	91	64	14	1	17	187	—	1	1	36	149	42	145	3,447	5	23	13	46	100
—	—	Multiple Sclerosis	12	8	—	—	1	21	—	—	—	19	2	4	17	1,325	—	2	—	6	13
5	135	Other Chronic diseases	88	103	12	6	62	271	2	3	7	47	212	77	194	15,109	18	58	33	60	102
—	53	Ulcers of Legs	49	57	8	2	7	123	—	—	—	33	90	30	93	8,745	—	20	34	12	57
—	20	Simple Senility	18	9	1	2	8	38	—	—	—	—	38	11	27	1,911	7	7	—	8	16
—	3	Tuberculosis :	4	11	4	1	1	21	—	—	—	17	4	7	14	969	—	4	7	5	5
—	2	Influenza	—	4	—	—	1	5	—	—	—	3	2	1	4	64	—	1	3	—	1
—	—	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	Other Infectious diseases	—	2	—	—	—	2	—	—	—	2	—	—	2	12	—	—	1	1	—
1	31	Pneumonia	—	35	—	2	1	38	—	1	—	6	31	18	20	430	5	6	21	2	4
—	—	Other acute chest con- ditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	61	Tonsillitis	6	95	4	1	5	111	5	6	2	32	66	54	57	1,829	2	18	72	14	5
1	—	Other acute infections	1	27	—	—	—	28	—	2	—	26	—	14	14	189	—	—	27	1	—
31	96	Ear Infections	11	179	15	4	26	235	17	15	9	91	103	81	154	2,573	2	34	147	43	9
12	5	Carried Forward	3	21	1	—	1	26	4	8	1	7	6	6	20	164	—	1	20	3	2
63	838		496	999	141	36	186	1,858	28	37	23	488	1,382	601	1,257	76,624	170	344	484	319	541

Continued on next page.

Table XXXVI.

HOME NURSING DURING 1967—Continued.

New Cases Under 5	New Cases Over 65	TYPE OF CASE	On Books 1/1/67	SENT BY			AGE GROUP				SEX		Total Visits	Deaths	Trans. to Hosp.	Conval- escence	Removed for other causes	Total Left On Books
				G.P.'s	Hosp.	P.H. Dept.	Others	Total	Under 1	1-5	5-15	15-64	65 and over					
63	838	Brought Forward	496	999	141	36	186	1,858	28	37	23	488	1,282	170	344	484	319	541
—	—	<i>Maternity, etc. :</i>	—	1	14	—	15	30	—	—	—	30	—	—	—	14	15	1
—	—	Infect. midwifery	—	1	—	—	—	1	—	—	—	1	—	—	—	1	—	—
—	—	Breast abscess	—	3	—	—	1	4	—	—	—	4	—	—	—	3	1	—
—	—	Flushed breast	—	34	—	—	1	35	—	—	—	35	—	—	2	33	—	—
—	—	Miscarriages	—	9	—	—	138	148	—	—	—	10	138	—	1	—	—	3
137	—	Changing of Pessaries	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	71	<i>Accidents :</i>	13	66	17	6	11	113	2	4	2	22	83	—	18	67	4	24
4	68	Post Operation Cases	41	56	134	2	11	244	—	4	6	141	93	10	29	156	7	42
—	35	Pre X-ray Treatments	—	13	109	—	—	122	—	—	—	87	35	—	—	—	122	—
—	83	Enemata	—	110	2	—	3	115	—	—	1	31	83	—	9	101	5	—
—	11	Mental Confusion	4	7	1	1	2	15	—	—	—	—	15	2	5	—	4	4
—	—	Others	—	1	—	—	—	1	—	—	—	1	—	—	—	—	1	—
73	1,243	TOTALS	555	1,300	418	45	368	2,686	30	45	32	850	1,729	182	408	859	622	615

New Cases

Total Cases

Casual Visits

2,131

2,686

4,118

Table XXXVII.

HEALTH VISITORS—
DOMICILIARY VISITS, 1967

<i>Types of Visits</i>	<i>Visits</i>	<i>Ineffectuals</i>	<i>Total 1967</i>	<i>Total 1966</i>
Ante-Natal	66	3	97	76
Moral Welfare (as locum for social worker)	28	—	—	—
Babies under 1 year	6,325	1,662	7,987	7,852
„ 1—2 years	3,028	866	3,894	3,387
Toddlers 2—5 years	6,035	1,666	7,701	6,037
<i>Totals 0—5 years</i>	15,482	4,197	19,679	17,276
Children referred by G.P's	17	—	17	25
Hearing Assessment Sessions	213	—	213	341
Stillbirths	3	—	3	3
Infant Deaths	5	—	5	11
<i>After Care, etc.</i>	—	55 others	55	39
Disabled Adults	65	—	65	—
Diabetics	6	—	6	—
Hospital Referrals not Mental	15	—	15	—
Hospital Paediatric	3	—	3	—
Others	116	—	116	216
<i>Aged</i>				
Total Visits	1,231	207	1,438	766
Visits requested by G.P.	219	—	219	—
„ „ „ Hospital				
<i>Audiology</i>				
Audiology	790	—	—	—
Handicapped Children	132	—	922	—
<i>Special Visits</i>				
Housing	103	—	103	133
Problem Families	223	—	223	235
Mentally Disordered	40	—	40	9
<i>Infectious Diseases</i>				
Households Visited (incl. T.B.)	516	—	516	740
Surveys	15	—	—	19
Evening Visits	15	—	—	15
School Health Visits	226	—	—	311
Health Education	45	—	301	39
<i>Grand Totals</i>	19,380	4,459	23,839	20,254

Table XXXVIII.

CASE LOADS OF HEALTH VISITORS, 1967

HEALTH VISITORS	AREA	No. OF BIRTHS 1967	CHILDREN 0-5 years	" CHILD CARE CASES "	AGED BEING VISITED	SCHOOL POPULATION (INFANTS)
1	St. Leonard's	58	307	2	43	170
2 (part-time)	Central Northern	159	495	3	—	—
3	Whipton (part) Pennsylvania (part)	129	695	4	56	200
4	Broadfields	70	508	2	24	51
5	St. Thomas	167	545	1	109	210
6	Redhills and Exwick	146	518	1	—	90
7	Burnthouse Lane	109	588	10	29	66
8	Pinhoe/Beacon Heath	89	582	3	61	720
9	Central and Newtown	115	366	—	53	141
10	Countess Wear/Topsham	139	598	—	47	276
11	Whipton (part) Pennsylvania (part)	84	611	4	46	400
12	Alphington	101	540	2	36	179
13	Heavitree	109	540	—	33	300
	TOTALS	1,475	6,893	32	537	

Additionally there are 3 health visitors on specialised work.

(1) for aged—case load 166.

(2) for physically handicapped children.

(3) for chest clinic and associated work.

Table XXXIX.

IMMUNISATION AND VACCINATION DURING 1967.

SMALLPOX VACCINATION.

Primary Vaccinations	1,132	{	By general practitioners	850
			At clinics	282
Re-vaccinations	373	{	By general practitioners	320
			At clinics	53

AGE GROUPS OF PERSONS VACCINATED (SMALLPOX) DURING 1967.

Under :—	3 mths.	6 mths.	9 mths.	1 year	1+	2—4	5—14	15 and over	TOTALS
Primary	4	12	33	75	786	95	41	86	1,132
Re-vaccinations	—	—	—	—	2	14	70	287	373

Table XL.

**PRIMARY IMMUNISATION AGAINST DIPHTHERIA,
WHOOPING COUGH AND TETANUS**

Number of children who completed a primary course (3 doses) during 1967, 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	583	180	122	42	96	1,023
Clinics	158	73	76	13	335	655
Total	741	253	198	55	431	1,678

WHOOPING COUGH IMMUNISATION.

	Under 1 yr.	Total
Completed primary courses using } By general practitioners	925	997
Triple vaccine } At clinics	320	346

DIPHTHERIA IMMUNISATION.

Completed primary courses using } By general practitioners	925	997
Triple vaccine } At clinics	320	346
Completed primary courses using } By general practitioners	2	10
Diphtheria/Tetanus vaccine } At clinics	—	39

TETANUS IMMUNISATION.

Completed primary courses using } By general practitioners	925	997
Triple vaccine } At clinics	320	346
Completed primary courses using } By general practitioners	2	10
Diphtheria/Tetanus vaccine } At clinics	—	39
Completed primary courses using } By general practitioners	—	16
Tetanus vaccine } At clinics	—	270

Table XLI.

**RE-INFORCEMENT IMMUNISATION AGAINST DIPHTHERIA,
WHOOPING COUGH AND TETANUS.**

Number of children given a re-inforcement dose during 1967.

	18 mths.	5-9 yrs.	10+ yrs.	Total
By general practitioners	722	540	215	1,477
At clinics and schools	307	593	783	1,683
Total	1,029	1,133	998	3,160
<i>at 18 months :—</i>				
Triple booster				977
Diphtheria/Tetanus booster				51
Tetanus booster				1
<i>at 5—9 years :—</i>				
Triple booster				158
Diphtheria/Tetanus booster				971
Tetanus booster				4
<i>at 10+ years :—</i>				
Triple booster				12
Diphtheria/Tetanus booster				747
Diphtheria booster combined with a primary course of Tetanus				171
Diphtheria booster				14
Tetanus booster				54
				3,160

Table XLII.

POLIOMYELITIS VACCINATION.

Number of children who completed a primary course (3 doses) during 1967.

	Under 2 years	2-4	5-16	Total
General Practitioners	998	12	44	1,054
Clinics	397	10	45	452
Total	1,395	22	89	1,506

Number of children given a re-inforcement dose during 1967.

	18 months	5-8	9-16	Total
General practitioners	551	532	60	1,143
Clinics	207	623	8	838
Total	758	1,155	68	1,981

Table XLIII.**AMBULANCE SERVICE**

Monthly Summary of Section 27 Work 1/1/67 to 31/12/67

1967 Month	AMBULANCES		D.P. AMBULANCES		TRAINS		AIR	
	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
January	626	4,378	898	4,427	7	832	—	—
February	495	4,399	797	4,527	3	680	—	—
March	658	4,862	814	4,274	12	2,684	—	—
April	562	5,313	775	3,486	7	2,208	—	—
May	580	4,921	946	4,480	11	2,302	—	—
June	506	4,276	990	4,486	14	4,424	—	—
July	680	6,328	822	4,025	17	3,680	—	—
August	606	4,266	841	4,249	20	4,242	—	—
September	533	6,002	920	4,736	14	2,609	1	170
October	599	4,589	874	3,923	15	3,334	—	—
November	708	4,801	925	4,196	13	2,455	—	—
December	702	4,687	711	3,681	6	1,304	—	—
TOTALS 1967	7,255	58,822	10,313	50,490	139	30,754	1	170
TOTALS 1966	7,754	59,845	7,362	38,982	154	26,214	1	140

The above Summary does not include :—

1. Administrative and abortive journeys.
2. Conveyance of physically handicapped children to and from school.
3. Conveyance of patients to and from Nichols Centre and Play Groups.

Table XLIV.**AMBULANCE SERVICE**

Classified Summary of Work from 1/1/67 to 31/12/67

CODE No.	CLASSIFICATION	AMBULANCES		DUAL PURPOSE AMBULANCES	
		Patients	Miles	Patients	Miles
1	Accidents	780	2,406	206	717
2	Acute illness and other emergencies	1,113	5,962	382	2,137
3	Removals to and from Hospital	4,124	31,465	8,187	29,537
4	Administrative and Abortive journeys	126	688	344	872
5	Infectious Cases—Exeter	18	235	92	819
6	„ „ —Devon	2	88	23	748
7	Other removals for Devon C.C.	1,146	17,461	1,109	13,376
8	Removals for other Local Authorities	24	1,205	314	3,156
9	Children to and from School	26	73	249	702
10	Patients to and from Nichols Centre and Play Groups	22	43	7,184	8,847
	TOTALS 1967	7,381	59,626	18,090	60,911
	COMPARABLE TOTALS 1966	7,921	60,857	14,160	48,099

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 Public Health Committee.

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

1	Total cases on Register, 1st January, 1967 :	Respiratory Non-Respiratory	<i>Totals</i>	
			358 38	396
2	Total new notifications received after deduction of duplicates :	Respiratory Non-Respiratory	18 7	25
3	Inward Transfers :	Respiratory Non-Respiratory	10 —	10
4	Deaths during the year from Tuberculosis :	Respiratory Non-Respiratory	4 —	4*
5	Deaths during the year of Tuberculous patients from other causes :	Respiratory Non-Respiratory	2 —	2
6	Outward Transfers :	Respiratory Non-Respiratory	28 1	29
7	Number of cases removed from Register as "Recovered" or "Mistaken Diagnosis" :	Respiratory Non-Respiratory	64 9	73
8	Taken off the Register under the 'Public Health Tuberculosis) Regulations, 1930'. ("Lost sight of")	Respiratory Non-Respiratory	20 —	20
9	Total cases on Register, 31st December, 1967 :	Respiratory Non-Respiratory	268 35	303

* The Registrar General has classified 4 deaths as due to Respiratory Tuberculosis—we can only trace 3.

Table XLVI.**MASS MINIATURE RADIOGRAPHY SURVEYS.**

Year	Examined	Referred
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
1967	8,215	114

* 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 XLVII.

CASES EXAMINED AT CHEST CLINIC DURING 1967
REFERRED BY THE MASS RADIOGRAPHY UNIT.

	AGE IN YEARS							Total
	Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
Male	—	3	10	6	6	13	31	69
Female	—	4	7	3	3	11	17	45
TOTALS	—	7	17	9	9	24	48	114

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

		AGE IN YEARS							Total
		Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
(1) Already known to Chest Clinic as cases of Tuberculosis.	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—
(2) Already known to Chest Clinic as Observation cases or Contacts.	M.	—	1	2	1	—	2	1	7
	F.	—	1	1	—	1	1	—	4
(3) Failed to keep appointments at Chest Clinic.	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—
(4) Transferred to other Clinics for investigation.	M.	—	—	—	—	1	2	7	10
	F.	—	—	—	—	—	1	1	2
5) Taken off Books — Healed Pulmonary T.B. (Inactive Disease)	M.	—	—	3	—	—	1	2	6
	F.	—	—	1	—	—	—	2	3
(6) Taken off Books — Chest conditions other than T.B.	M.	—	1	3	2	2	2	12	22
	F.	—	1	2	1	2	6	6	18
(7) Newly diagnosed as suffering from active Pulmonary T.B.	Male Sputum Positive	—	—	—	—	—	—	—	—
	Female Sputum Positive	—	—	—	—	—	—	—	—
	Male Sputum Negative	—	—	—	—	—	—	—	—
	Female Sputum Negative	—	1	—	—	—	—	—	1
(8) Remaining under Observation at 1-1.66.	M.	—	1	2	3	3	6	9	24
	F.	—	1	3	2	—	3	8	17
Private Cases (see below)		—	—	—	—	—	—	—	—
TOTALS		—	7	17	9	9	24	48	114
9) Disposal of New Cases diagnosed (see (7) above).									
(a) Sanatorium treatment.	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—
(b) Clinic Supervision.	M.	—	—	—	—	—	—	—	—
	F.	—	1	—	—	—	—	—	1
(10) Private Cases	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—

Table XLVIII.

CASES ON THE TUBERCULOSIS REGISTER (31ST DECEMBER, 1967).

AGE GROUP.	RESPIRA-TORY	NON-RESPIRATORY						
		Neck glands	Genito-urinary	Spine	Other bones and Joints	Ab-dominal	Meninges	Breast
MALE								
0-4	—	—	—	—	—	—	—	—
5-14	4	1	—	—	—	—	—	—
15-24	4	1	1	—	—	—	—	—
25-34	25	—	1	—	—	—	—	—
35-44	25	1	3	—	—	—	—	—
45-64	65	1	1	—	—	—	—	—
65 & Over	27	—	—	—	1	—	—	—
Total Male	150	4	6	—	1	—	—	—
FEMALE								
0-4	1	—	—	—	—	—	—	—
5-14	8	—	—	—	—	—	—	—
15-24	8	4	1	—	—	—	—	1
25-34	21	—	—	—	—	—	—	—
35-44	34	1	1	1	—	—	—	—
45-65	30	4	2	—	—	—	—	—
66 & Over	16	5	2	1	—	—	1	—
Total Female	118	14	6	2	—	—	1	1

GRAND TOTAL, MALE AND FEMALE = 303.

Table XLIX.

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

Year	DEATHS.			DEATH RATE.			DEATHS OF CHILDREN UNDER 5.
	Respiratory	Non-Respiratory	Total	PER 1,000 POPULATION			
				Respiratory	Non-Respiratory	Total	
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	—
1967*	4	—	4	0.04	—	0.04	—

* Registrar General's figures.

Table L.

NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS DURING 1967
ARRANGED ACCORDING TO AGE.

AGE AT NOTIFICATION	Respiratory		Non-Respiratory	
	Male.	Female.	Male	Female
0—	—	—	—	—
1—	—	—	—	—
2—	—	—	—	—
5—	1	—	—	—
10—	1	—	—	—
15—	—	1	—	—
20—	1	1	—	2
25—	1	3	—	—
35—	—	2	—	1
45—	1	1	—	1
55—	—	1	1	—
65—	1	2	—	—
75 and over	—	1	—	2
Totals	6	12	1	6

25

Table LI.

DEATHS FROM TUBERCULOSIS DURING 1967,
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—	—	—	—	—
55—	—	—	—	—
65—	1	1	—	—
75 and over	—	2	—	—
Totals	1	3	—	—

4

Table LII.

SUMMARY OF WORK CARRIED OUT AT EXETER CHEST CLINIC,
1962-1967.

	1962	1963	1964	1965	1966	1967
1. Number of new cases diagnosed as suffering from active Tuberculosis	38	33	33	34	25	25
2. Number of patients examined for the first time during the year	836	655	1,121	1,175	1,709	1,197
3. Number of patients re-examined during the year	1,273	1,336	1,461	1,405	2,136	2,160
4. Number of contacts examined for the first time during the year	116 } 239 123 }	115 } 162 47 }	117 } 153 36 }	103 } 179 76 }	117 } 174 57 }	63 } 107 44 }
5. Number of contacts re-examined during the year:	195 } 243 48 }	213 } 247 34 }	173 } 183 10 }	198 } 206 8 }	200 } 226 26 }	162 } 222 60 }
6. Number of Inward Transfers during the year	21	24	15	6	26	10
7. Number of B.C.G. Vaccinations carried out during the year:						
Clinic Cases	182	116	159	148	196	201
13-year old schoolchildren under Ministry Scheme	—	—	—	—	—	—
8. Number of X-ray films taken during the year:	1,826 235	1,830 139	1,753 59	1,645 94	1,832 114	1,570 104
9. Number of Screenings made during the year	3	1	1	1	15	2
10. Number of Pathological Examinations made during the year	1,357	913	814	904	947	843

Table LIII.

TUBERCULIN TESTING AND B.C.G. VACCINATION AT THE CHEST CLINIC (1967).

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	43	—	—	—	—	—	—	9	40	36
1-2	14	—	1	2	—	—	—	14	11	6
2-3	15	—	3	2	—	—	—	20	9	4
3-4	11	—	1	—	—	—	—	12	6	5
4-5	5	—	2	1	—	—	1	7	4	1
5-6	10	—	3	1	—	—	3	13	7	1
6-7	7	—	4	—	—	—	—	14	8	1
7-8	3	—	2	—	—	—	2	3	2	—
8-9	3	—	1	3	—	—	1	8	2	—
9-10	5	—	1	1	—	—	1	6	2	—
10-11	1	—	—	2	—	—	—	2	4	—
11-12	5	—	—	1	—	—	1	3	—	—
12-13	2	—	3	1	—	—	1	7	2	2
13-14	—	—	1	1	—	—	1	3	4	1
14-15	—	—	—	—	—	—	—	1	1	1
Senior School Children	—	2	—	1	—	—	—	1	1	2
Nurses and Hospital Staff	—	1	3	—	1	—	2	1	—	—
Occupational Therapists	—	—	—	—	40	140	134	27	13	15
University Students	—	—	—	—	1	760	—	1	1	—
Adults	8	—	—	—	1	—	—	92	65	—
Immigrants	13	—	8	2	—	—	504	9	3	—
Emigrants	—	—	—	—	18	—	12	4	2	—
Negative Reactors 1966 had B.C.G. 1967	—	—	—	—	6	—	14	5	3	—
Other Students	—	—	—	—	—	—	1	—	9	—
TOTALS	145	11	33	17	71	900	679	264	201	81

Table LIV.**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	258	—	264
Culture	5	277	9	291
Preparation for Malignant Cells	—	—	1	1
Specimens obtained by Direct Culture	—	10	—	10
Bronchial Lavage :	—	10	—	10
Platelet Count	—	—	12	12
URINE : Direct smear	—	16	—	16
Culture	—	16	—	16
Throat and Nose Swabs	—	—	31	31
Blood Urea	—	—	22	22
Sedimentation Rates (Wintrobe Technique)	—	—	49	49
Haemoglobin Estimations	—	—	63	63
W.B.C.	—	—	58	58
GRAND TOTAL				843

Table LV.**HOME VISITS.**

During the year 1,363 Home Visits were made by the Tuberculosis Health Visitor (Miss A. Dawson), made up as follows :—

(a)	Primary visits to New Patients	21
(b)	Primary visits to New Contacts	94
(c)	Repeat visits to Patients	203
(d)	After-care visits	121
(e)	Visits for carrying out Tuberculin Tests at home	324
(f)	Other visits	481
(g)	Ineffective visits	119
Total Home visits		1,363

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 LVI.

MENTAL HEALTH SERVICES.

MENTAL ILLNESS.

AGE DISTRIBUTION OF REALLY NEW ADMISSIONS TO PSYCHIATRIC HOSPITALS IN 1967.

TOTAL	Exeter Residents	Admitted under Mental Health Act, 1959							TOTAL	
		S.5	S.25	S.26	S.29	S.60	S.72	S.136	Male	Female
4	0—14 years. Male	2	1	—	—	—	—	—	3	—
	Female	1	—	—	—	—	—	—	—	1
105	15—44 years. Male	40	2	—	4	1	1	—	48	—
	Female	51	1	—	3	—	—	2	—	57
57	45—64 years. Male	24	1	—	—	—	—	2	27	—
	Female	20	4	—	6	—	—	—	—	30
69	65+ years. Male	16	4	—	3	—	—	—	23	—
	Female	31	10	—	5	—	—	—	—	46
235	TOTALS	185	23	—	21	1	1	4	101	134

Table LVII.

RE-ADMISSIONS.

INTERVAL SINCE PREVIOUS ADMISSION.

Of the 163 admitted in 1967 who had previously been in a psychiatric hospital the periods elapsing since the last discharge were :—

	<i>Patients.</i>				
Under 1 year	85
1 — 2 years	21
2 — 3 years	16
3 — 4 years	17
4 — 5 years	6
5 — 10 years	14
10 — 25 years	4

TOTAL 163

60 patients were admitted more than once during the year.

	<i>Male</i>	<i>Female</i>
Exeter residents in psychiatric hospitals for mentally ill at 31.12.66	178	255
Admissions during 1967	196	277
Discharged out of hospital (including 59 deaths, 28 male, 31 female)	188	278
Remaining in hospital at end of 1967	186	254

TEMPORARY RESIDENTS.

In addition, the mental welfare officers admitted 81 persons (38 men, 43 women) who were only temporarily resident in Exeter.

Table LVIII.

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	303	547	850
2. Visits involving removal to hospital	197	311	508
3. Visits to relatives, etc. after admission	143	184	327
4. Visits to patients in hospital	352	694	1,046
5. Aftercare and follow-up visits following discharge	405	621	1,026
6. Visits to patients in the community receiving out-patient treatment, etc.	223	544	767
TOTALS	1,623	2,901	4,524

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

	<i>Men</i>	<i>Women</i>	<i>Total</i>
1. Investigation and advice	52	44	96
2. Visits involving removal to hospital	11	18	29
3. Community care and supervision	333	296	629
4. Visits to patients on leave from hospitals	1	6	7
5. Visits to patients in hospital	21	4	25
TOTALS	418	368	786

Additionally 232 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.

1,133 patients and relatives were interviewed at Nichols Centre.

Table LIX.

MENTAL SUBNORMALITY—ASCERTAINMENT AND SUPERVISION.

Referred by	Under 15	Under 15	Over 15	Over 15	Working		Adult Training Centre		Junior Training Centre	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Local Education Authority	3	1	—	—	—	—	—	—	2	1
Informally	5	4	—	—	—	—	—	—	4	4
Local Education Authority (School leavers)	—	—	4	5	3	3	1	2	—	—
Discharged from hospital	—	—	9	7	7	7	2	—	—	—
TOTALS	8	5	13	12	10	10	3	2	6	5

Table LX.

MENTALLY SUBNORMAL—UNDER CARE IN THE COMMUNITY.

Under 16		Over 16		Junior Training Centre		Adult Training Centre		Working		At home		Welfare Centre	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
26	25	—	—	22	22	—	1	1	1	3	1	—	—
—	—	69	79	—	—	35	33	18	28	15	17	1	1
26	25	69	79	22	22	35	34	19	29	18	18	1	1

Table LXI.

MENTALLY SUBNORMAL—ADMITTED TO HOSPITAL.

	Under 16		Over 16	
	M.	F.	M.	F.
S.4 C.J.A.	—	—	3	—
S.60 M.H.A.	—	—	1	—
S.5 M.H.A.	1	—	5	4
Circ. 5/52	—	—	—	1
	1	—	9	5

1 severely subnormal boy and 2 women died in hospital and 1 man died at home. There were 151 under care in hospital at the end of 1967, including 14 under 16 years old.

The total of known Exeter mentally subnormal persons having hospital and community care at the end of the year was 350, or 3.8 per 1,000 population.

Table LXXI

Year	1907			1908			1909			1910		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1907	10	10	20	10	10	20	10	10	20	10	10	20
1908	10	10	20	10	10	20	10	10	20	10	10	20
1909	10	10	20	10	10	20	10	10	20	10	10	20
1910	10	10	20	10	10	20	10	10	20	10	10	20
1911	10	10	20	10	10	20	10	10	20	10	10	20
1912	10	10	20	10	10	20	10	10	20	10	10	20
1913	10	10	20	10	10	20	10	10	20	10	10	20
1914	10	10	20	10	10	20	10	10	20	10	10	20
1915	10	10	20	10	10	20	10	10	20	10	10	20
1916	10	10	20	10	10	20	10	10	20	10	10	20
1917	10	10	20	10	10	20	10	10	20	10	10	20
1918	10	10	20	10	10	20	10	10	20	10	10	20
1919	10	10	20	10	10	20	10	10	20	10	10	20
1920	10	10	20	10	10	20	10	10	20	10	10	20

Table LXXII. — Summary of cases of insanity in the hospital, 1907-1920.

Year	1907			1908			1909			1910		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1907	10	10	20	10	10	20	10	10	20	10	10	20
1908	10	10	20	10	10	20	10	10	20	10	10	20
1909	10	10	20	10	10	20	10	10	20	10	10	20
1910	10	10	20	10	10	20	10	10	20	10	10	20
1911	10	10	20	10	10	20	10	10	20	10	10	20
1912	10	10	20	10	10	20	10	10	20	10	10	20
1913	10	10	20	10	10	20	10	10	20	10	10	20
1914	10	10	20	10	10	20	10	10	20	10	10	20
1915	10	10	20	10	10	20	10	10	20	10	10	20
1916	10	10	20	10	10	20	10	10	20	10	10	20
1917	10	10	20	10	10	20	10	10	20	10	10	20
1918	10	10	20	10	10	20	10	10	20	10	10	20
1919	10	10	20	10	10	20	10	10	20	10	10	20
1920	10	10	20	10	10	20	10	10	20	10	10	20

The total of cases of insanity in the hospital during the year 1907 was 200, or 2.5 per 1,000 of the population. The total of cases of insanity in the hospital during the year 1920 was 200, or 2.5 per 1,000 of the population.

Year	1907			1908			1909			1910		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1907	10	10	20	10	10	20	10	10	20	10	10	20
1908	10	10	20	10	10	20	10	10	20	10	10	20
1909	10	10	20	10	10	20	10	10	20	10	10	20
1910	10	10	20	10	10	20	10	10	20	10	10	20
1911	10	10	20	10	10	20	10	10	20	10	10	20
1912	10	10	20	10	10	20	10	10	20	10	10	20
1913	10	10	20	10	10	20	10	10	20	10	10	20
1914	10	10	20	10	10	20	10	10	20	10	10	20
1915	10	10	20	10	10	20	10	10	20	10	10	20
1916	10	10	20	10	10	20	10	10	20	10	10	20
1917	10	10	20	10	10	20	10	10	20	10	10	20
1918	10	10	20	10	10	20	10	10	20	10	10	20
1919	10	10	20	10	10	20	10	10	20	10	10	20
1920	10	10	20	10	10	20	10	10	20	10	10	20

FACTORIES ACT, 1961

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1967 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	24	1	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	449	49	10	—
(iii) Other premises in which Section 7 is enforced by Local Authority (exclud'g Out-workers' premises)	3	3	1	—
Totals	476	53	12	—

2. Cases in which DEFECTS were found.

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

Particulars.	No. of cases in which defects were found.				No. of cases in which prosecutions were instituted.
	Found.	Re-medied.	Referred		
			To H.M. In-spector.	By H.M. In-spector.	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S. 1)	—	—	—	—	—
Overcrowding (S. 2)	—	—	—	—	—
Unreasonable tempera- ture (S. 3)	—	—	—	—	—
Inadequate ventilation (S. 4)	—	—	—	—	—
Ineffective drainage of floors (S. 6)	—	—	—	—	—
Sanitary Conveniences (S. 7) :—					
(a) Insufficient	1	1	—	—	—
(b) Unsuitable or de- fective	8	7	—	—	—
(c) Not separate for sexes	1	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	1	—	—	1	—
Totals	11	8	—	1	—

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)	34
Curtains and furniture hangings	5
TOTAL	39

SURVEY OF FIRST REFERRALS TO THE COMMUNITY
HEALTH SERVICE (NICHOLS CENTRE)

1.10.67—31.3.68

Continuing Surveys reported in previous Annual Reports

By : E. D. IRVINE, M.D., D.P.H.,
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Welfare Officer.

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

COMMENTS.

1. The total number of first referrals in the 6-month period, 1st October, 1967 to 31st March, 1968, was 215 (compared with 165, 182, 121 and 141 in the previous survey periods).
2. There has been an increase of referrals, and in this period have exceeded those in the corresponding survey period before Nichols Centre was opened. The slight increase in the number of women in the 15/44 year age-group has not continued this year and there was a very small reduction (3 cases).
3. Women were again in the majority, although the ratio has reduced from 5 to 3 last year, to 5 to 4 this time.
4. The proportion of married people amongst all those referred was 39%, a lower figure than in previous surveys.
5. The proportion of family doctor referrals is similar to that in previous surveys, 78% compared with 73%, 69%, 80% and 76%. Only 2 cases were referred for the first time by voluntary social agencies.
6. A slightly higher proportion (80%) had consulted their own doctors, and again about 4% had no doctors of their own.
7. Rather over 14% presented primarily social problems although having some psychiatric factor.
8. Depressive states (42) and senile dementia (32) were again the most frequent diagnoses. Schizophrenics remained at about the average level for previous surveys (14 cases compared with a previous average of 15) although the percentage of the total number of referrals is somewhat lower.
9. In more than a quarter of the cases there was no definite information as to the length of history prior to referral. Of the remainder 18% had a history of more than a year. In 36% of cases, exactly the same as in the last survey, the family was thought to be sympathetic. In 44% of cases there was no immediate family or the clients were in lodgings, and in 10% of cases it was considered the family was indifferent or positively rejecting the patient.
10. 27% had not sought help on their own initiative, compared with 35% in the last survey. Almost 19% had been seen by mental welfare officers within a week of seeking help, and a similar number had sought help elsewhere from one week to three months before being referred to Nichols Centre.
11. 66%, a remarkably consistent figure, had not had psychiatric treatment before.

12. It is difficult to assess social effects on the family and others. 75% showed no appreciable disturbing effect on others. Less than 4% were thought to have caused severe social effects, 14% were felt to have caused moderate effects and 7% only mild effects.
13. Of the 215 persons included in the survey, 3 presented only social problems and 4 were psychopaths who were totally unco-operative. 56% were admitted to psychiatric hospitals, slightly under 10% were referred to their own doctors, 15% were later seen at out-patient clinics, and just over 7% were felt to be in need of care in the community by mental health social workers. The remainder, 8% of all referrals, were referred to other social agencies.

FIRST REFERRAL SURVEY — 1.10.67—31.3.68

Mode of Referral

By patient	....	....	....	6
„ relative	....	....	....	3
„ Consultant	....	....	....	75
„ Family doctor	....	....	....	93
„ Statutory social agency	....	....	....	7
„ Voluntary social agency	....	....	....	2
„ Other	....	....	....	29
				— 215

Initial Assessment

Psychosis	....	Male	....	20
		Female	....	43
Neurosis	....	Male	....	47
		Female	....	56
Psychopath		Male	....	14
		Female	....	2
Social problems		Male	....	12
		Female	....	19
Subnormal		Male	....	—
		Female	....	—
Not assessed		Male	....	1
		Female	....	1
				— 215

Period since Onset

1— 7 days	....	....	....	45
8—28 „	....	....	....	24
1— 3 months	....	....	....	38
3—12 „	....	....	....	22
More than 1 year	....	....	....	28
No definite information	....	....	....	58
				— 215

Social effects on Spouse, etc.

Mild	....	....	....	19
Moderate	....	....	....	28
Severe	....	....	....	8
				— 55

Family attitude

Sympathetic	....	....	....	....	77
Rejecting	....	....	....	....	16
Indifferent	....	....	....	....	5
Not known	....	....	....	....	95
Not applicable	....	....	....	....	22
				—	215

Doctor consulted

Yes	....	....	....	....	172
No	....	....	....	....	35
None	....	....	....	....	8
				—	215

Period since last consultation

Under 1 week	....	....	....	....	125
„ 1 month	....	....	....	....	10
Over 1 month	....	....	....	....	2
Not known	....	....	....	....	35
				—	172

Period since first seeking help

Under 1 week	....	....	....	....	40
1—4 weeks	....	....	....	....	23
1—3 months	....	....	....	....	15
Over 3 months	....	....	....	....	21
Not known	....	....	....	....	57
Not sought by patient	....	....	....	....	59
				—	215

Previous psychiatric treatment

As out-patient	....	....	....	....	9
As in-patient	....	....	....	....	51
None	....	....	....	....	143
Not known	....	....	....	....	12
				—	215

References out

To general practitioner	....	....	....	....	20
„ out-patient clinic	....	....	....	....	33
„ Psychiatric hospital	....	....	....	....	121
„ Community care	....	....	....	....	16
„ Other local health authority	....	....	....	....	7
„ Welfare	....	....	....	....	—
„ Child Guidance Clinic	....	....	....	....	1
„ Other	....	....	....	....	10
„ None	....	....	....	....	7
				—	215
					(3 social problem only, 4 psychopaths, unco-operative)

Diagnosis

Schizophrenia	14	Acute mania	1
Senile dementia	32	Maladjustment (adult)	1
Anxiety state	15	Cerebral tumour	—
Psychopathy	15	Hypomania	1
Depression	42	Paranoia	2
Inadequacy	9	Paraphrenia	—
Hysteria	5	Paget's disease	—
Manic-depressive	2	Subnormality	—
Delusional insanity	1	Post-puerperal depression	1
Epilepsy	2	Alzheimer's disease	1
Traumatic confusion	5	Hypochondria	1
Maladjustment (child)	1	Recurrent mania	1
Obsessional neurosis	3	Not known	47
Drug addiction	3		
Recurrent melancholia	1		
Alcoholism	9		
			<hr/> 215

PSYCHIATRIC PATIENTS IN LODGING PLACEMENTS IN THE COMMUNITY

By E. D. IRVINE, M.D., and W. H. A. WESTON, Dip. Soc.

One of the surprising developments over the past few years in Exeter has been the increase in the number of mentally ill and mentally subnormal persons who are now living in the community in lodgings found for them by the mental welfare officers. Our experience is that there are many individuals, mentally ill or mentally subnormal, ready for discharge from a psychiatric hospital but who have no home to return to, who can be placed in lodgings. For this to be successful, the landladies must be chosen with care, and both they and the ex-hospital patients must know that they can call on the mental health staff for help and advice. For some types of patients this arrangement is, in our experience, better than providing long-term hostel care.

The following points arise :—

1. At the Nichols Centre facilities for training and rehabilitation into the community, as well as more simple occupations, are available. In addition the mental welfare officers are readily accessible for support and guidance. The occasional use of the hostels helps during holiday periods, etc., and attendance at the social clubs is also helpful.
2. The availability and use of lodging placements has greatly assisted the mental welfare officers in the review of long-stay patients in psychiatric hospitals for the mentally ill and mentally subnormal, undertaken jointly with the hospital staff to decide on suitability for discharge.
3. Attendance at Nichols (training) Centre daily from the psychiatric hospital and the use of trial leave pending final discharge have been used as a gradual introduction to community life, sometimes leading to lodging placement.
4. Patients who have been long in hospital are naturally reluctant to move on to a new environment, and having settled in a hostel they then dislike a further move into the community itself. This tends to make them unsettled, but with patience and care the move on to lodgings is usually successful.
5. The need for visiting and advising both patients and landladies now forms a sizeable part of the work of the mental welfare officers. So far, the patients dealt with have been the mentally ill who, while still retaining residual traces of their illness, are on the whole stable, and the higher grade mentally subnormal; during the past few years there has been no demand for hospital or hostel care for the stable lower grade mentally subnormals (I.Q.s 40 to 60); if the need arises, e.g. when the parents die, it may be possible to care for them in the community in lodgings, avoiding thereby hospital admission. It may well be that some form of subvention to landladies over and above normal lodging rates should be considered.

The type of lodgings which we try to obtain are those where the landlady is sympathetic and can provide a homely environment. We have three landladies with large houses each housing up to a dozen of our cases. These houses are each virtually a hostel, and they are watched carefully to see that high standards are maintained. Although we have not required registration of these lodgings under Section 19 of the Mental Health Act, the mental welfare officers try to ensure the same conditions and facilities as would be required were they to be registered.

Advertisements are occasionally put in the local press as follows :—
“Mental Health Social Workers frequently require suitable lodgings for

men and women who are now well and able to live and work in the community. If you have accommodation and would like to help, please write to the Senior Mental Welfare Officer, Nichols Centre, 89 Polsloe Road, Exeter, or telephone Exeter 74971."

All respondents are visited by one of the mental welfare officers, who sees the accommodation and interviews the prospective landlady. At this stage it is necessary to discuss the problems involved in accepting ex-psychiatric hospital patients as lodgers, to let her know that support would be available and how she could secure help or advice. The average payment for lodgings is in the region of £5 5s. 0d. per week and the Ministry of Social Security give sympathetic consideration to the payment of this amount, or where special circumstances exist, of paying more. The numbers placed out since 1963 are as follows :—

	1963	1964	1965	1966	1967
Mentally ill	17	30	18	26	39
Mentally subnormal	17	12	8	19	16

At the end of 1967 there were 112 persons in lodgings who were or had been visited and supported by the mental welfare officers, who had in fact helped nearly all of them to get these lodgings; 39 were in the 15-44 age range, 64 were 45-64 years and 9 were over 65. Ex-long-stay hospital patients numbered 85 (48 mentally ill and 37 subnormal); 3 had to be re-admitted during the year, all mentally subnormal, and by the end of the year 16, all mentally subnormal, were thought to have progressed enough no longer to require social worker support although they were all assured that they could get help or advice from the mental welfare officers at any time.

The following table shows how the 112 patients were occupied :—

		No Occupation	Day attenders at the local psychiatric hospital	In employ- ment	Attending training centre
Mentally ill :					
Men	34	8	1	5	20
Women	32	6	5	8	13
Mentally subnormal :					
Men	21	—	—	15	6
Women	25	—	—	23	2
	112	14	6	51	41

" MINI " REPORT 1967

DR. I. V. WARD.

I have been asked to comment on any points of interest to the public health that have arisen during the past year. I have, therefore, written them down as a MINI Report. This in no way enters into competition with the major annual report, nor is any of it likely to get into print in its original form. I have at least had the satisfaction of getting certain matters off my chest.

To begin with the Infant—1967 saw the full force of changed methods of infant feeding prompted by advertisements and popular magazines. There may also have been a "keep up with the Jones' big baby next door" element involved, but we at the infant welfare clinics became increasingly aware of babies who at 6 months of age were already on 3 solid meals a day, having almost discarded bottle feeds, and whose total daily intake of milk was as low as 12 ozs. only. The weight of some of these children was far ahead of the previously conceived idea of 16 lbs. or so at 6 months. Weights of 20 lbs., 23 lbs. and in one case 30 lbs. at 6 months were recorded.

Cereal feeding is being started at increasingly early ages, many babies being given cereals within a few weeks of birth.

Concurrently sore buttocks and skin rashes are amazingly prevalent. Is this due, we wonder, to the decreased intake of fluid milk and the over-balance of sweet foods and packet powder puddings? The excess of sweet food is liable to produce a concentrated irritating acid urine. Another factor may be the common practice of enveloping the child's hind quarters in plastic or nylon waterproof pants, which do not allow any ventilation to the skin in that area. This fashion certainly enables the mother to keep her own skirts dry as she nurses the child, but the baby's buttocks and thighs are lying in a bath of urine on a napkin soaked right through.

In older children we find at 18 months and 3 year old check-ups, that dentition is delayed and the fontanelle still definitely open. We have seen children aged 2 years with only 12 teeth and the fontanelle 2 finger breadths patent. Another child at 3 years old check-up had 18 teeth only, and was still dribbling profusely as he cut his remaining 2 year old molars. This late dentition may in some cases be a family pattern—large teeth take longer to come through—but could the early cessation of milk feeding with its calcium content and vitamin D re-inforcement play a part? The over-dilution of vitamin D by the heavy amount of carbohydrate in the feeds embarked upon at such an early age, often from 2 or 3 weeks of life, could conceivably be a factor.

In the "bad old days" we had to care for the undernourished, the cold and the dirty. Now we have to deal with a different but equally important set of troubles :—

- (i) The over-nourished—the fat baby and the fat junior school child, leading on to the obese senior scholar.
- (ii) The over-heated; central heating in some of our schools, shops (and "Morwenstow"); can be far too HOT, especially when a warmer than usual winter's day follows an early morning stoke-up of the boilers to winter level. Some children find this very warm atmosphere enervating and in some homes in order to save fuel and cut the bills, the windows are kept shut to prevent loss of heat.
- (iii) Maybe in the future yet a third swing of the pendulum is coming and this time trouble may arise from being TOO CLEAN. Soon the clean air act will take away the pleasure and fragrance of a wood fire. Will the human nose have to be reorganised to cope with this purity, and shall we go short of our daily dose of something special if we are deprived of smuts?

It is now possible to detect viruses that cause disease and in the case of the German measles virus this modern discovery has led to problems. If a mother has rubella in early pregnancy her baby may also acquire the infection, and now we can find out if the baby is carrying the virus in its saliva, urine, blood or tears. This it can do till the age of 9 months or so. Is such a child to be excluded from infant welfare clinics and from association with the general public, among whom are many susceptible women in the early stages of pregnancy. What are we to advise the mother of such a child?

How common is asthma in children; how great a handicap is it and is it becoming more prevalent?

Peptic ulcers, hitherto a definite "adults only" condition, are now causing trouble in the junior school child and ulcerative colitis, another stress syndrome, has been diagnosed in 2 girls aged 11 year and 13 years.

Surely nocturnal enuresis in infant, junior and senior schools is more common than formerly—that is in the last 8—10 years. Has the banishment of the bedroom potty at too early an age anything to do with this? Does the idea of a walk to a distant draughty cold lino-floored toilet sink with displeasure into the unconscious and lead to the more acceptable alternative of passing urine in the comfort of the bed?

Finally, are we becoming a nation of penicillin swallowers and what effect is this anti-biotic habit going to have on future generations of germs and people? Is no-one ever to be allowed to develop a little of their own resistance to disease and can we never again have the pleasure of a few days in bed in peace and quiet with bronchitis, Bovril and a book?

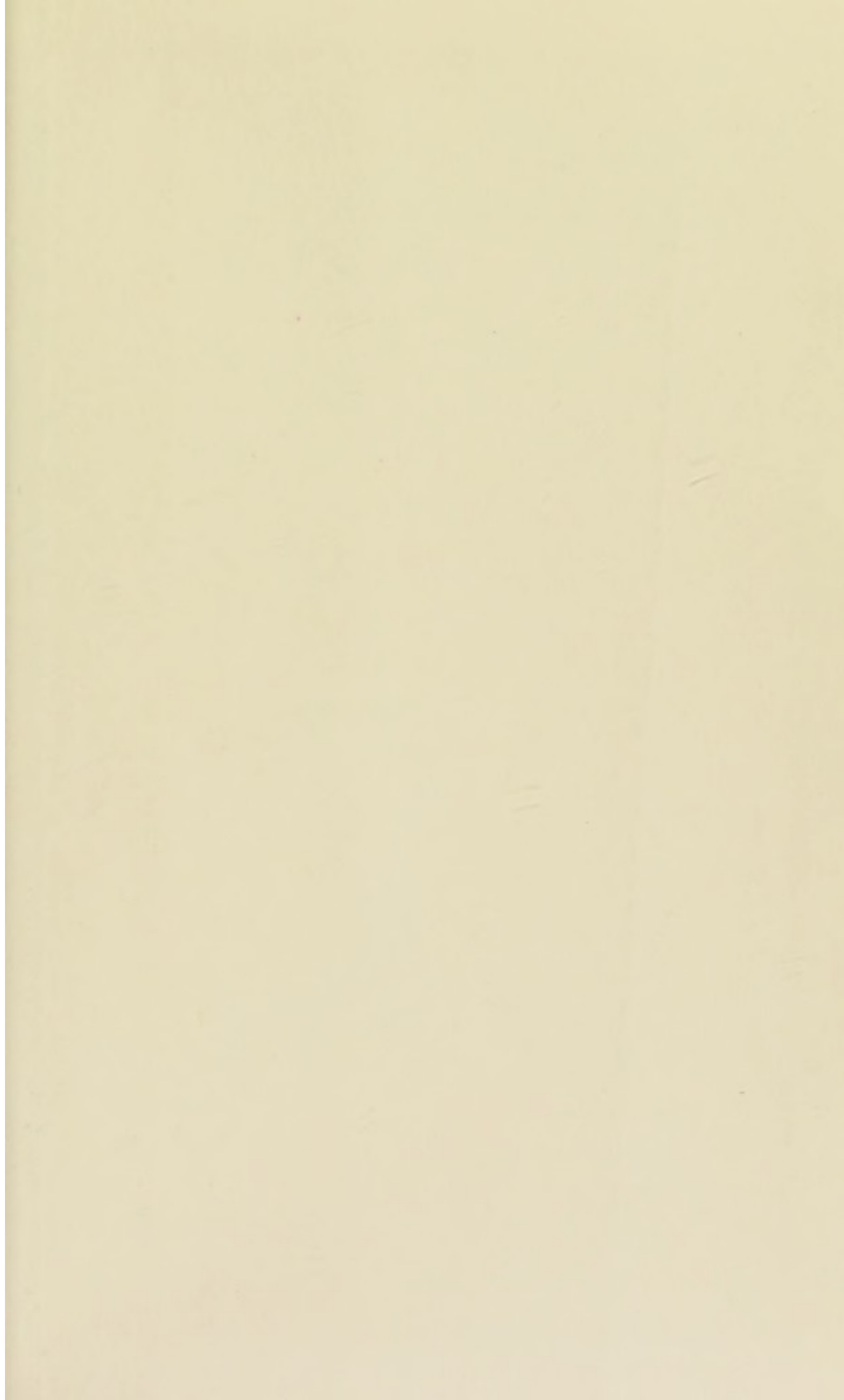
COST OF THE SERVICE

The total nett cost of the health and public health services in Exeter for the financial year 1967/68 is estimated to have been £329,000.

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