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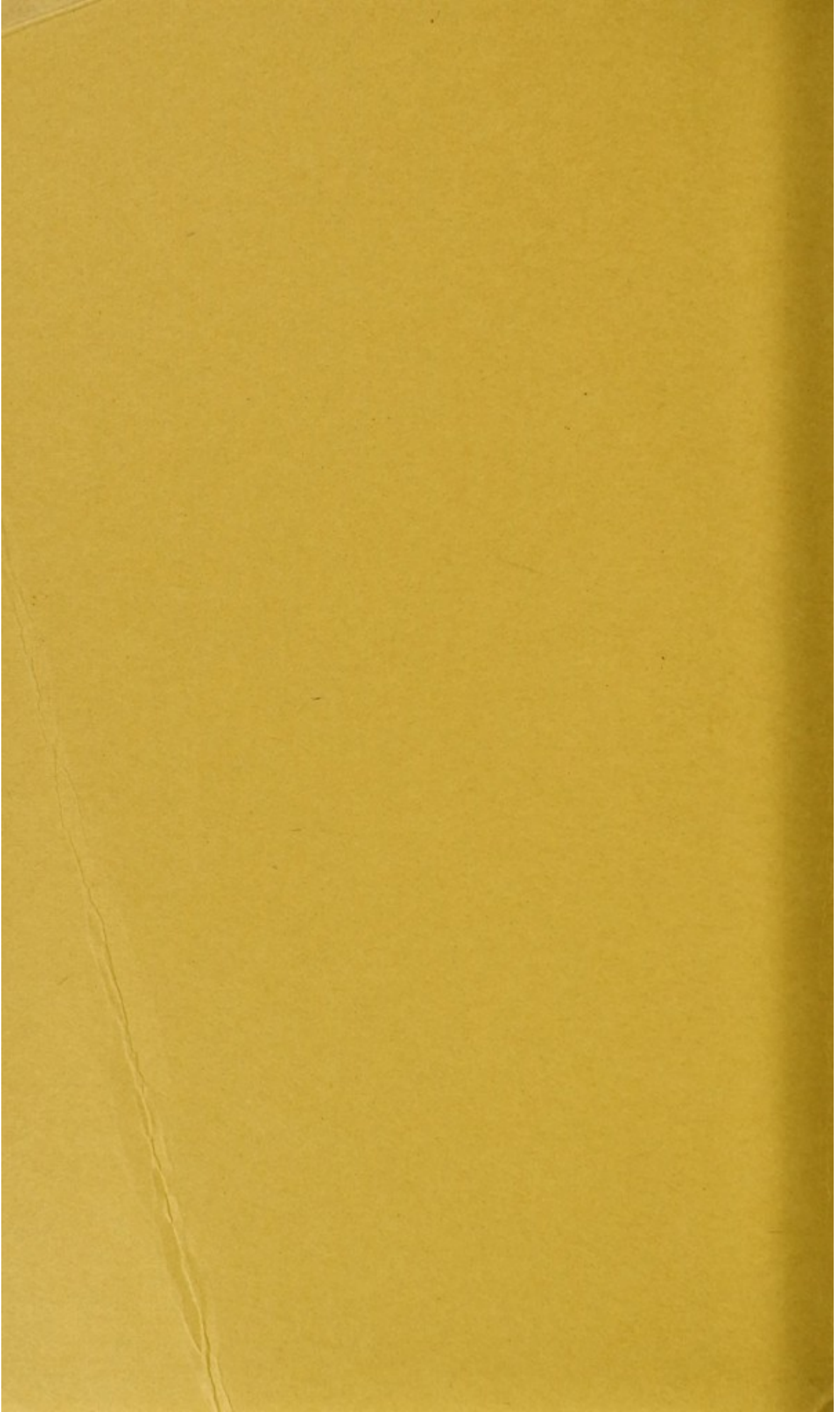
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CITY OF EXETER



HEALTH SERVICE

ANNUAL REPORT
1969



CITY OF EXETER



ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH
FOR 1969

G. P. McLAUHLAN, M.B., CH.B., D.P.H., D.C.H.,

Medical Officer of Health,

HEALTH DEPARTMENT,

"MORWENSTOW", 7, BARNFIELD CRESCENT,

EXETER.

TELEPHONE : 77888.

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

Tel. No. 77888.

September, 1970.

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH

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

MR. MAYOR, LADIES AND GENTLEMEN,

Births.

There were 147 fewer births last year than in 1968, giving a birth rate of 14.1, the lowest in Exeter since the war years. The number of illegitimate births had fallen by 14 but made up 8.9% of the total births, still above the national average.

The move towards hospital deliveries continues and this year 85% of all births took place in hospital. Although this means fewer deliveries for the home midwives, they are still responsible for the ante-natal care of most of the mothers and with " early discharge " from hospital with much of the post-natal care. It is essential for an efficient midwifery service that the family doctor and home midwives work closely together and towards the end of the year all home midwives were attached to family doctor practices.

Deaths.

There were 13 more deaths than in 1968 but the death rate of 11.1 is still below that for England and Wales. More people are now living into old age and this is reflected in the fact that while in 1929 only half the deaths were in persons over 65, by 1969 three-quarters were over 65. This increase in the age of death has resulted in a higher incidence of deaths from degenerative conditions, such as ischaemic heart disease and from malignancy. These two causes together accounted for 47% of the deaths in 1969, while in 1929 they only accounted for 27%. It is clear that with more people reaching old age, an increasing call is placed on the community care services and this is especially true in relation to those living alone.

Infectious
Diseases.

There were no major outbreaks of infectious diseases during the year.

In mid-1968 a variant of the A2 strain of influenza virus was isolated in Hong Kong and as the strain probably started in China it was popularly known as "Mao flu". It was expected that an epidemic would strike this country early in 1969 but though the virus was isolated a number of times the epidemic did not develop. By the end of the year, however, a number of cases of "Mao flu" occurred, developing into a major outbreak during the early months of 1970. The policy of offering influenza vaccination to all key workers on the council staff was continued and vaccination given in the autumn. A survey carried out after the epidemic was over showed that compared with an unvaccinated control group those vaccinated had a reasonably good protection.

Measles
Vaccination.

The programme of measles vaccination started during 1968 was unfortunately interrupted early this year. A number of severe reactions were reported following the use of one of the vaccines and it was considered that continued use of this vaccine was not justified and it was withdrawn. This resulted in a shortage of vaccine during the remainder of the year and it was only possible to vaccinate a few of the children eligible.

Renal
Dialysis.

The use of renal dialysis has made it possible to maintain in reasonably good health persons with renal failure. Although initially hospital treatment is necessary, it is possible in suitable cases for dialysis to be carried out at home. This reduces the pressure on the hospital dialysis unit and so allows more patients to be treated. It also allows the patient to lead a more normal home life and not have to spend two or three nights a week in hospital, as would otherwise be necessary. With increasing concern over the incidence of serum hepatitis in dialysis units it also safeguards the patients from this infection. Adaptations to the home are necessary to allow the home dialysis unit to be installed and used. The responsibility for this adaptation rests with the local authority. Your Committee has agreed that these alterations should be made without charge to the patient.

Occupational
Health.

The Council has agreed to the setting up of an Occupational Health Service for its staff and preliminary arrangements are being made so that the service can be ready to start in April, 1970. The service will at first be limited as regards routine medical examinations to senior staff on whom the greatest stress probably falls. It is hoped that at a later date it will be possible to widen the service to offer diagnostic screening to all staff over 40 years of age.

Health
Centre.

The City's first health centre in St. Thomas was opened by the Mayor on October 13th. Accommodation is provided for 10 family doctor practices and the various local authority health services.

The local health authority must work in close partnership with the family doctor if the community health services are to develop to their fullest efficiency and the bringing together of the two branches in Health Centres is the best way of achieving this. The Council has accepted a programme for building three more centres during the next few years.

Mental Health
Ellen Tinkham
House.

Extensions to the school were completed during the year. A new nursery classroom was added providing a much needed increase in room for movement for the nursery and infant groups. An extension comprising of a woodwork and a homecraft room was also completed. This is a new venture to help with the development of the children. A part-time woodwork teacher was appointed and both boys and girls have received instruction. I hope that it will be possible to appoint a homecraft teacher by the spring of 1970.

Interchange visits with other schools in the City have been arranged during the year to the benefit I think of both.

Nichols
Centre.

There has been a continued increase in remunerative work done at the centre and the addition of 3 large greenhouses has made it possible to arrange a gardening programme lasting the whole year.

I have made Dr. C. Hallett, medical officer for the centre and he will watch and advise on the health of those attending.

Handicapped
Children.

With advances in the care of the newborn more children with handicaps are surviving. It is essential that everything possible is done for these children. We must always recognise that they are primarily children with all the virtues and failings of other children and concentrate on what the child is able to do and not on his disability. The child must be given every opportunity to develop normally within the limitations of his handicap. This requires early diagnosis and assessment of need so that the child can get not only any possible medical and surgical treatment but also suitable social and educational opportunities. This requires that the family doctor, hospital consultants and the local authority staff work closely together. Wherever possible he should have the chance to grow up in the environment of his home and family and only in exceptional circumstances should it be necessary to move him to a residential nursery or school. The need to associate with other children at an early age is important for normal

social development and the Committee arranges and pays for handicapped children to attend private playgroups when this is thought desirable.

When dealing with a handicapped child we must not forget the parents and other members of the family. The parents will have been looking forward to the arrival of the child and it has not occurred to them that the child will not be completely normal. There are likely to be feelings of guilt, confusion and despair which can lead to rejection of the child but more often lead to over protection. It is important that the child's future is discussed with them at an early stage and they are given all the support necessary.

Fluoridation.

The fluoridation of the water supply was again discussed and again rejected by the Council. The Council proposed that fluoride tablets should be supplied free to parents who wanted their children to have the benefit of fluoride. This is very much a "second best" as it is difficult for parents to remember to give their child a tablet regularly, but it does, however, give them freedom of choice. The Department of Health and Social Security, however, refused permission for the Council to implement the proposal.

Dr. Irvine retired in July, 1969 after nearly 19 years as Medical Officer of Health. There has been great advances in the health services in the City during this period, largely due to the inspiration and hard work of Dr. Irvine. I wish him well in his retirement.

Dr. Surti left on 31st August to take up a post in the United States after only a year with us, but we were fortunate in being able to appoint Dr. C. Hallett to the vacancy and he took up his post on 1st August.

I would like to express my thanks to the Chairman and members of the Health Committee for their help and support given to me and my Department during the year. Also other Chief Officers of the Council for their co-operation, the doctors of the City, voluntary organisations and the Press.

I am,

Your obedient servant,

G. P. McLAUHLAN.

CITY AND COUNTY OF THE CITY OF EXETER

The Mayor—

ALDERMAN W. J. HALLETT, T.D., LL.B. (Lond.)

HEALTH COMMITTEE

at Dec. 31st, 1969

Chairman—

Alderman Mrs. M. NICHOLS, B.Sc.

Deputy Chairman—

ALDERMAN H. T. HOWE.

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

Councillor M. J. HOPKINS.

Councillor Mrs. I. M. JOHNS.

Councillor A. V. MACAN.

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

Councillor R. H. M. PALMER.

Councillor F. J. PARKHOUSE.

Councillor M. F. PHILLIPS.

Alderman R. W. PYNE.

Councillor Mrs. M. B. WESTAWAY.

Councillor E. V. M. WHITEWAY.

Councillor Mrs. A. WING.

Co-opted Members—

Mrs. D. CROWN.

Mr. J. FLETCHER.

Mrs. A. T. SOPER.

Dr. T. H. POWELL.

Mrs. A. ROBB.

Town Clerk—

A. E. BENNETT, 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., F.R.S.H.
(retired 8.7.69).

*Acting Medical Officer of Health and Acting Principal School
Medical Officer (to 23.4.70).*

Medical Officer of Health and Principal School Medical Officer (from 24.4.70).

GEORGE P. McLAUCHLAN, M.B., CH.B. (Ed.), D.P.H., D.C.H.

Senior Medical Officers.

ELIZABETH L. RYAN, B.A., M.B., B.CH., B.A.O. (Dublin), L.M., D.P.H.
(also Medical Supervisor of Midwives).

MARY ALLEN, M.B., CH.B., B.A.O. (Belfast), D.OBST.R.C.O.G., D.P.H.

Departmental Medical Officers.

GERALD F. C. HAWKINS, B.A., B.M., B.CH. (Oxon), M.R.C.S., L.R.C.P.

CHRISTOPHER P. HALLETT, M.B., CH.B. (Bristol), D.P.H. (from 1.8.69).

NERGESH R. SURTI, M.B., B.S. (Bombay), D.C.H., D.A.B.P. (U.S.A.),
M.P.H. (Harvard) (resigned 31.8.69).

Consultant Chest Physician.

DR. G. E. ADKINS.

Consultant Psychiatrist (Part-time).

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

Principal Dental Officer.

†ALVIN PRYOR, L.D.S., R.C.S. (Eng.).

Dental Officers.

†R. B. MYCOCK, L.D.S. (Bris.)

†T. N. PRAAT, L.D.S., R.C.S. (Eng.)

R. W. SLEE, B.D.S. (Lond.), L.D.S., R.C.S.

(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.

**H. F. BLAND.

**J. T. BROWN.

**T. EVANS.

**J. K. HARRIS.

†**D. B. MAY.

†**D. PECKHAM.

**M. J. SKINNER (resigned 18.4.69).

**G. A. WISEMAN (resigned 23.11.69).

Miss Y. FITZGERALD (Student P.H.I.).

A. J. PALFREY (commenced 1.8.69)

(Student P.H.I. to 31.7.69).

Miss J. ROBINSON (Pupil P.H.I.,
25.8.69).

Meat Inspectors.

*E. CASTLEDINE.

*A. F. EAGLES (resigned 30.6.69).

*P. J. HEDGES.

*R. W. DE'ATH (commenced 29.9.69,
resigned 26.12.69).

Public Analyst.

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

Superintendent Health Visitor.

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

Health Visitors and School Nurses.

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

MISS G. M. BASTOW, S.R.N., S.C.M., H.V. Cert.

MISS G. A. BOND, S.R.N., S.C.M., H.V. Cert.

MRS. J. M. BOOTH, S.R.N., S.C.M., H.V. Cert.

MISS B. BRAZIL, S.R.N., S.C.M., H.V. Cert. (part-time).

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. (Group Adviser).

MISS N. FLYNN, S.R.N., S.C.M., R.S.C.N., Q.N., H.V. Cert. (appointed 1.9.69).

MISS M. C. FRASER, S.R.N., S.C.M., H.V. Cert. (resigned 18.9.69).

MISS C. M. MURRAY (Student Health Visitor, 2.10.69).

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.

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.

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

† 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.

Part-time Health Assistants.

MRS. M. E. BARNARD, S.R.N. (commenced 7.2.69).

MRS. S. M. HUMPHREY, S.E.N. (commenced 3.3.69).

Part-time Nurse.

MRS. E. V. J. LUSCOMBE, S.R.N. (St. Thomas Health Centre)
(commenced 13.10.69).

Home Midwifery and Home Nursing Service and Training Schools.
Superintendent and Non-Medical Supervisor of Midwives.*

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

Deputy Superintendent.

MISS J. M. NEWELL, S.R.N., S.C.M., Q.N., P.H. (Admin.) Cert.

Assistant Superintendent.

MISS P. HARDING, S.R.N., S.C.M., Q.N., M.T.D.

8 Home Midwives *(including 4 district teaching midwives) and 23 Home Nurses
(20 S.R.N. and 3 S.E.N.).

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

Health Education Officer.

MISS E. ROBERTSON, S.R.N., S.C.M., R.N.T. (Lond.).

Chiropodists.

Chief Chiropodist — G. A. PARTRIDGE, M.Ch.S., S.R.Ch.

Mrs. M. Partridge, M.Ch.S., S.R.Ch.

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

MRS. J. DAVIS (commenced 4.8.69, resigned 28.11.69).

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.

T. R. BRADY (commenced 21.7.69).

E. J. LOCK, P.S.W. (resigned 30.4.69).

W. J. B. STAPLE.

MRS. M. E. CROUCH, Social Science Certificate (resigned 31.7.69).

A. D. SMITH.

A. J. LOVELL, S.R.N., R.M.N.

MRS. P. O. F. GARNER, Social Science Certificate (Part-time).

*R. E. Woolnough (*Trainee*).

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.)

Senior Instructor — W. S. DE VIELL.

Supervisor.

MRS. M. A. HUBBARD.

Instructors.

N. WILCOCK.

D. A. DREW.

G. T. WOOLWAY.

H. TURNER (commenced 1.10.69).

Assistant Supervisors.

MRS. A. E. STRINGER (resigned 31.10.69).

MRS. J. E. BLACKMORE.

MISS J. R. IRELAND (resigned 29.3.69).

MRS. S. McMULLEN (commenced 5.5.69).

MRS. M. H. CORDELL (commenced 3.11.69).

Ellen Tinkham House School (Junior Training Centre).

Supervisor :

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

Assistants:

MISS A. E. VICKERY.

MRS. M. O. SKINNER.

MISS J. PAPPIN.

MRS. L. HUBBER (commenced 8.9.69).

MISS E. DUVALL.

MRS. C. WEBBER (commenced 2.6.69).

Trainee Assistant.

MISS A. PATON.

Chief Administrative Assistant.

R. W. STILES, N.A.L.G.O. Certificate (Finalist).

Senior Administrative Assistant.

A. R. GOSSINGTON.

Administrative Assistants.

R. M. ALFORD.

D. HUIISH.

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

J. BERRY (promoted 1.9.69).

* Seconded for 2-year Course in social work training from September, 1968.

Clerical Staff.

MRS. S. BENTHALL (commenced 13.10.69).	*MRS. R. LANGMAN (commenced 2.6.69).
M. C. BENTLEY (resigned 21.7.69).	C. LINDENBURN (commenced 8.12.69).
F. J. BILLEN (commenced 4.5.69).	MISS P. MERRETT (resigned 30.9.69).
MRS. G. R. BRIMACOMBE (commenced 13.10.69).	MISS M. E. NOEL.
MRS. H. E. BURROWS.	MRS. J. M. NOTT.
MISS D. BURWOOD.	MRS. G. NOWELL.
S. G. CARR.	MRS. M. PAYNE.
*MRS. M. CASH.	*MRS. M. PEARCE.
MISS I. CHURCHILL (commenced 11.8.69).	MRS. C. I. PIM.
R. CHURCHWARD (commenced 2.6.69).	*MRS. M. J. SARGENT (commenced 13.10.69).
MISS G. CLARK.	MISS J. SCRIVEN (commenced 29.9.69).
MISS C. COOPER (commenced 24.3.69).	MRS. J. A. SHAPCOTT.
*MRS. E. M. COURTENAY.	MRS. F. N. SHORT.
*MRS. M. A. ETHERIDGE (commenced 29.12.69).	*MRS. P. J. SMITH (commenced 13.10.69).
P. J. FORD (commenced 20.1.69, resigned 11.8.69).	MRS. B. SNOOK.
MISS H. FRASER.	MRS. W. M. SYMES (commenced 13.10.69).
MRS. C. FROST (resigned 31.1.69).	MRS. M. F. E. SYMONDS.
*MRS. C. GADSBY.	J. TAVERNER.
MRS. J. GALE (resigned 22.2.69).	L. VOYSEY.
MRS. N. HANNAFORD (commenced 3.2.69).	MRS. S. M. WALSH.
MISS E. M. HOSEGROVE.	MRS. J. WELSMAN (commenced 13.10.69).
*MRS. M. ISSERLIS.	*MRS. C. WRIGHTSON (commenced 21.7.69).

* Part-time, temporary.

The Diocesan Council for Family and Social Welfare.

**Social Worker* — MISS B. CRAMP.

* Half salary and expenses paid by Exeter City Council.

GENERAL STATISTICS

Area in acres	11,037
Population (1961 Census)	80,321
Population (Estimated Civilian) Mid-year 1969	92,880
Rateable Value (as at 1/4/69)	£5,518,538
Sum represented by a penny Rate (Estimate 1/4/69)	£22,980
Dwellings (as at 1/4/69)	approx. 30,119

VITAL STATISTICS 1969

Population (1969 mid-year estimate, Registrar General) 92,880

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

	RATES	
	Exeter.	England and Wales.
Live Births, 1,321.		
Legitimate, total 1,203 ; male 637, female 566.		
Illegitimate, total 118 ; male 64, female 54.	1969	1969
Live Birth Rate (Crude) per 1,000 population	14.2	
Live Birth Rate (Adjusted) per 1,000 population	14.1*	16.3†
Illegitimate Live Births per cent of total live births	8.9	
Stillbirths, 23 (12 male, 11 female).		
(21 legitimate, 2 illegitimate).		
Stillbirth Rate per 1,000 total (live and still) births	17.1	13.0‡
Total Live and Stillbirths, 1,344.		
Infant Deaths, 15 (Legitimate 12 : 8 male, 4 female). Illegitimate : 3 (1 male, 2 female).		
Infant Mortality Rate (Deaths of infants under 1 year, per 1,000 live births)	11.4	18.0†
Neonatal Deaths 13 (deaths of infants under four weeks) (Legitimate : 7 male, 4 female). (Illegitimate : 1 male, 1 female).		
Neonatal Mortality Rate per 1,000 live births	9.8	12.0‡
Early neonatal deaths 11 (deaths of infants under 1 week of age) (Legitimate : 7 male, 3 female). (Illegitimate : 1 male).		
Early neonatal Mortality Rate per 1,000 live births	8.3	10.0‡
Perinatal Mortality Rate (Stillbirths and deaths of infants under one week) per 1,000 total births (live and still)	25.3	23.0†
Maternal Deaths (including abortion)	Nil.	
Maternal Mortality rate per 1,000 total births (live and stillbirths)	Nil.	
Deaths : 1,198 (male 603, female 595)		
Death Rate (crude) per 1,000 population	12.9	
Death Rate (adjusted) per 1,000 population	11.1*	11.8†
Tuberculosis Mortality Rate per 1,000 population	0.03	
Deaths from Measles (all ages)	Nil.	
Deaths from Whooping Cough (all ages)	Nil.	
Deaths from Gastro-enteritis (all ages)	Nil.	
Deaths from Diphtheria (all ages)	Nil.	
Marriages : 851		
Persons marrying per 1,000 population	18.3	N.A.

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

† Provisional figures (Registrar General's Quarterly Return No. 484).

‡ Provisional figures (Registrar General's Form S.D. 52).

Table I.
VITAL STATISTICS — 1896-1969

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			146	161		
1898	38,000	868	22.8	647	15.6			164	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	167		
1902	47,185	1,021	21.3	884	16.5			170	167		
1903	47,185	1,071	22.6	775	15.3			141	131		
1904	47,600	1,116	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	48,600	1,116	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			85	87		
1915			18.0		14.0			87	87		
1916			17.0		15.0			78	61		
1917	Not Published	Not Published	15.0	Not Published	15.0			71	79		
1918			16.0		16.0			94	67		
1919	61,475	1,531	16.0	807	12.0			108	96		
1920	62,332	1,400	22.4	739	11.0			70	67		
1921	59,600	1,061	19.0	765	12.0			62	61		
1922	59,700	1,016	17.0	871	13.0	34	57	56	60		
1923	60,260	1,021	17.0	733	11.0	58	56	52	73		
1924	60,160	1,010	17.0	779	12.0	55	56	69	68		
1925	60,410	1,101	16.0	872	11.0	44	52	57	60		
1926	60,990	1,006	16.0	792	11.0	41	58	66	69		
1927	61,220	1,083	16.0	752	10.0	42	59	52	53		
1928	62,030	966	15.0	773	10.0	48	61	47	50		
1929	61,880	1,141	16.0	863	12.0	41	52	51	57		
1930	61,880	944	15.0	759	10.0	36	38	53	50		
1931	64,780	954	14.0	862	10.8	45	46	51	54		
1932	66,200	950	14.0	798	9.8	42	44	45	48		
1933	67,300	940	13.9	885	10.7	36	38	56	27		
1934	67,800	1,021	15.0	785	10.0	42	39	56	23		
1935	68,300	982	14.3	816	10.3	41	40	33	26		
1936	68,650	915	13.3	890	11.3	42	44	67	34		
1937	69,240	980	14.1	885	11.1	41	40	55	62		
1938	69,160	1,010	14.6	888	11.1	48	45	56	34		
1939	69,890	938	13.4	908	11.1	37	38	40	32		
1940	(c)73,830	1,012	13.7	1,083	13.3	37	35	41	42		
1941	(d)81,430	1,027	12.8		13.4	35	32.9	79	68		
1942	73,800	1,065	14.4	Not Published	15.8	31	29.2	53	50		
1943	68,620	1,051	14.3		13.4	35	32.2	51	49		
1944	68,180	1,334	19.6		13.7	36	26.3	59	44		
1945	69,070	1,246	18.1		13.8	29	23.3	70	56		
1946	72,910	1,444	19.8	930	12.7	42	28.3	70	49		
1947	74,180	1,428	19.2	994	13.4	34	23.2	82	57		
1948	75,150	1,318	17.5	807	10.7	42	30.9	24	18		
1949	76,590	1,192	15.6	993	11.7	31	25.3	30	25		
1950	77,260	1,088	14.4	938	10.9	22	19.1	36	32		
1951	76,200	1,130	14.6	1,060	12.5	33	29.1	33	30		
1952	76,600	1,101	14.4	922	10.8	27	23.9	24	22		
1953	76,700	1,162	15.0	1,016	11.8	20	17.0	48	42		
1954	76,900	1,102	14.5	990	11.1	41	35.0	29	26		
1955	77,100	1,116	14.6	956	10.6	26	22.8	19	17		
1956	77,000	1,080	14.2	1,021	11.9	20	18.2	32	30		
1957	76,900	1,171	15.2	913	10.4	24	20.1	21	18		
1958	76,900	1,183	15.3	1,046	11.8	23	19.4	20	17		
1959	77,400	1,133	14.7	1,029	11.1	35	29.9	18	15.8		
1960	77,450	1,162	15.2	1,001	11.0	22	18.6	17	14.6		
1961	78,570	1,206	15.5	1,031	10.9	28	22.7	29	24.0		
1962	78,950	1,221	15.6	1,027	11.9	27	21.6	25	20.5		
1963	79,690	1,324	16.4	1,112	10.5	18	13.4	21	15.9		
1964	81,810	1,275	15.4	1,008	10.4	21	16.2	16	12.5		
1965	82,370	1,374	16.5	993	11.0	13	9.2	18	13.1		
1966	(e)92,360	1,401	15.4	1,137	9.0	16	10.7	24	17.1		
1967	92,560	1,475	15.7	981	10.9	21	14.1	19	12.9		
1968	93,010	1,468	15.6	1,185	11.1	23	17.1	15	11.4		
1969	92,880	1,321	14.1	1,198					13		

(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.

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

Table II.

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

Year	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Exeter	77,450	78,570	78,950	79,690	81,810	82,370	92,360	92,550	93,010	92,880

* Boundary extension from 1/4/66.

Table III.

MARRIAGES

(REGISTRAR GENERAL'S FIGURES)

YEAR	EXETER		ENGLAND AND WALES
	Number of Marriages	Persons marrying per 1,000 Population	Persons marrying per 1,000 Population
1960	621	16.0	15.0
1961	646	16.4	15.0
1962	629	15.9	14.9
1963	612	15.4	14.9
1964	640	15.6	15.1
1965	626	15.2	15.5
1966	748	16.6	16.0
1967	793	17.1	16.0
1968	842	18.1	16.8
1969	851	18.3	—

EMPLOYMENT

I am indebted to Mr. F. W. Morrish, Area Manager of the Department of Employment and Productivity, for the following note :—

" The estimated insured working population in the Exeter Employment Exchange area in June 1968 was 49,303 (30,426 males, 18,877 females). This showed a small increase over the June 1967 figure of 48,505 (30,137 males, 18,368 females).

" Exeter is primarily an administrative and commercial centre. Some 35,000 people, amounting to about 71% of the estimated insured working population are employed in the Service group of industries, which includes such activities as Public Administration, Education, Hospital Services, Distribution, Transport and Communications, and Commerce. Redevelopment and expansion have given rise to an active Construction Industry accounting for over 4,000 employees, or about 9% of the total. A feature of the economic structure of the Exeter area is that only 16% of the working population is engaged in Manufacture, and although about 8,100 are so employed, an increase of some 300 over the previous year, the proportion is well below the national average of 38% and the South Western Regional average of 31%.

The remaining 4% of the working population are in one or other of the Extractive industries, i.e. Agriculture, Forestry, Quarrying, etc.

" Unemployment in Exeter during 1969 followed the national pattern in being generally higher than in former years. Nevertheless the normal seasonal improvement took place earlier than usual, resulting in somewhat lower unemployed registers during the period April to June than in 1968. This trend was quickly succeeded by a sharp rise from the June figure of 994 to a peak of 1,404 in September, and although falling away slightly afterwards the numbers unemployed still stood at 1,370 in December. In general, the rise in unemployment affected men more than women. The trend towards higher unemployment was also reflected in the figures for young persons, but the numbers did not become large. School leavers found openings without great difficulty but it was noticeable that this took a little longer than in Summer 1968.

" Economic conditions during 1969 did not provide the employment opportunities that had existed in earlier years, but the employment services of the Employment Exchange succeeded in finding work for about 3,850 men and women, an increase of some 150 over the 1968 figure. The number of disabled persons resettled in employment reached the encouraging figure of 425 and no fewer than 118 persons found jobs through the specialist services of the Professional and Executive Register.

"Although it was to be expected that employers' vacancies recorded at the Employment Exchange would show some drop as compared with the end of 1968, 749 vacancies were still unfilled in December 1969—174 for men, 73 for boys, 338 for women and 164 for girls."

BIRTHS

During 1969, there were 2,518 live births and 43 stillbirths which took place in the City. There were also 12 live births which were "transferred-in".

Table IV.

Notifications of Births which took place in Exeter.

PLACE OF BIRTH	EXETER RESIDENTS		NORMALLY RESIDENT OUTSIDE EXETER		TOTAL	
	Live births	Still births	Live births	Still births	Live births	Still births
Domiciliary	186	1	2	—	188	1
Hospitals	1,124	22	1,151	20	2,275	42
Mother and Baby Homes	1	—	41	—	42	—
H.M. Prison	—	—	13	—	13	—
TOTALS	1,311	23	1,207	20	2,518	43

Transfers in of Births (i.e. born elsewhere than in the City to a mother normally domiciled in Exeter) :

Domiciliary	1	} 12—all live born and all notified by the Registrar General.
Hospital	6	
Nursing Homes	4	
Mother and Baby Homes	1	

There were, therefore, a total of 1,346 babies, including 23 stillbirths and 13 twins born to Exeter mothers in 1969. 188 (14%) took place at home including 1 stillbirth, and 1,158 (86%) in hospital, etc.

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 1969 as 1,344, including 23 stillbirths.

Table V.
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	35,164	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	6.1
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	832,164	69,928	8.4
1968	1,468	132	9.0	819,272	69,806	8.5
1969	1,321	118	8.9	797,542	67,042	8.4

Table VI.
LIVE BIRTH RATE
(The number of live births during the year per 1,000 population)

Year	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Live Birth Rate : England and Wales	17.1	17.5	17.9	18.1	18.4	18.0	17.7	17.2	16.9	16.3
Live Birth Rate : (crude)	15.0	15.3	15.5	16.5	15.6	16.7	15.6	15.9	15.8	14.2
Exeter : (corrected)†	15.2	15.5	15.6	16.4	15.4	16.5	15.4	15.7	15.6	14.1
Illegits. as percentage of total live births :										
Exeter	5.3	6.7	7.9	6.9	8.8	7.5	8.2	10.6	9.0	8.9
England and Wales	5.4	6.0	6.6	6.9	7.2	7.7	7.8	8.4	8.5	8.4

†Corrected by the R. G.'s comparability factor (0.99 in 1969).

CONGENITAL ABNORMALITIES—1969

Congenital abnormalities were found in 6 stillborn infants, 3 infants who died at under 1 year old and 40 others who were born during the year. Details are set out below :—

<i>Stillbirths.</i>	<i>Infants with congenital abnormalities.</i>		
23 (P.Ms 19)	6 (P.Ms 6)	{	
			anencephalic 2
			„ and cleft palate 1
			„ and complete spina bifida 1
			hydrocephalus 1
			congenital heart defect : exomphalos, talipes 1

<i>Infant Deaths.</i>	<i>Infants with congenital abnormalities.</i>		
15 (P.Ms 13)	3 (P.Ms 3)	{	
			exomphalos and intestinal tract obstruction 1
			hydrocephalus and thoracic meningomyelocele 1
			spina bifida, absence of kidneys and talipes 1

<i>Survivors at end of year.</i>	<i>No. of Infants with congenital abnormalities.</i>		<i>Not born in Exeter.</i>
1,308	40 (35 born in Exeter ; 5 away)	{	
			eye defect and deformity of feet 1
			cerebral palsy 5 2
			„ „ and haemangioma (nose) 1
			hydrocephalus 1
			„ and coarctation of aorta 1
			„ and myelocele 1 1
			spina bifida 1
			laryngeal stridor 2 1
			congenital heart defect only 9
			abdominal abnormalities, obstruction of bladder neck, C.D.H. and bilat- eral talipes 1

<i>Survivors at end of year.</i>	<i>No. of Infants with congenital abnormalities.</i>	<i>Not born in Exeter.</i>
	hepatosplenomegaly 1	1
	splenomegaly 1	
	hypospadias 1	
	absent penis and scrotum, male chromosomes 1	
	cleft palate/hare lip, con- genital heart defect and talipes 1	
	cleft palate/hare lip only 2	
	scobesis 1	
	congenital dislocation of the hip only 3	
	talipes only 3	
	deformity of feet 1	
	short left leg 1	
	macroductyly 1	
	40	5

Four living babies were born with spina bifida/meningomyelocele, 2 less than last year. Two of these babies have survived. One surviving infant developed hydrocephalus following meningitis when 3 weeks old. Another child with coarctation of the aorta developed hydrocephalus following a cerebral haemorrhage at birth. One of the children with cerebral palsy (R. Hemiplegia) developed this following a severe attack of gastro-enteritis with convulsions.

The Department continues to co-operate in the 10-year survey of congenital abnormalities now being carried out by Dr. Brimblecombe and Dr. Mary Vowles in the Paediatric Research Unit of the City Hospital.

DEATHS

There were 1,198 deaths registered in 1969. The main causes are shewn in Table VII supplied by the Registrar General. Five additional classifications have been added this year. These all relate to "malignant neoplasms" and it is therefore not possible to give accurate comparisons with the previous year for these additional causes of death—most will have been classified in 1968 as "other malignant neoplasms".

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.

Table VII.

DISTRIBUTION OF DEATHS BY AGE AND CAUSE.
REGISTRAR GENERAL'S FIGURES 1969.

CAUSE OF DEATH	Under 4 weeks		4 weeks & under 1 year		1-4		5-14		15-24		25-34		35-44		45-54		55-64		65-74		75 and Over		Total		Grand Total		1968* Totals	
	M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
B.1 Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.2 Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.3 Bacillary dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.4 Enteritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.5 Respiratory tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.6 Other tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.7 Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.8 Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.9 Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.10 Scarlet fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.11 Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.12 Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.13 Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.14 Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.15 Typhus and other rickettsioses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.16 Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.17 Syphilis and its sequelae	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.18 All other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.19 (1) Malignant neoplasm—buccal cavity, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.19 (2) " " oesophagus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.19 (3) " " stomach	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.19 (4) " " intestine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.19 (5) " " larynx	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.19 (6) " " lung, bronchus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.19 (7) " " breast	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.19 (8) " " uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.19 (9) " " prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.19 (10) " " leukaemia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.19 (11) " " Other malignant neoplasms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.20 Benign and unspecified neoplasms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.21 Diabetes mellitus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.22 Avitaminoses, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46 (1) Other endocrine, etc. diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.23 Anaemias	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46 (2) Other diseases of blood, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46 (3) Mental disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.24 Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46 (4) Other diseases of nervous system, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

* 5 additional classifications have been used by the Registrar General for deaths due to malignant neoplasm. Such deaths in 1968 appeared against "other malignant neoplasms".

Table VII.—continued.

CAUSE OF DEATH		Under 4 weeks		4 weeks & under 1 year		1—4		5—14		15—24		25—34		35—44		45—54		55—64		65—74		75 and Over		Total	Grand Total 1969	1968* Totals
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
B.25	Active rheumatic fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.26	Chronic rheumatic heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.27	Hypertensive disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.28	Ischaemic heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.29	Other forms of heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.30	Cerebrovascular disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46 (5)	Other diseases of circulatory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.31	Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.32	Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.33 (1)	Bronchitis and emphysema	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.33 (2)	Asthma	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46 (6)	Other diseases of respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.34	Peptic ulcer	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.35	Appendicitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.36	Intestinal obstruction and hernia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.37	Cirrhosis of liver	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46 (7)	Other diseases of digestive system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.38	Nephritis and nephrosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.39	Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46 (8)	Other diseases, genito-urinary system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.40	Abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.41	Other comps. pregnancy and childbirth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46 (9)	Diseases of skin, subcutaneous tissue	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46 (10)	Diseases of musculo-skeletal system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.42	Congenital anomalies	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.13	Birth injury, difficult labour, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.44	Other causes of perinatal mortality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.45	Symptoms and ill-defined conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.47	Motor vehicle accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.48	All other accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.49	Suicide and self-inflicted injuries	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.50	All other external causes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS		8	5	1	1	1	1	—	4	3	5	4	12	6	46	22	112	78	175	138	239	336	603	595	1,198	1,185

MOTOR VEHICLE ACCIDENTS

The Registrar General has assigned 8 deaths (7 male ; 1 female) to Exeter—4 less than 1968. This differs from our own classification of 10 deaths (9 male and 1 female), including 3 which occurred during 1968, but registered in 1969. One of these, a man aged 51, died as a result of a motor vehicle injury received in July 1966.

OTHER ACCIDENTAL DEATHS

The Registrar General assigned 25 deaths (13 men, 12 women) to accidents other than motor vehicle accidents ; there were 34 such deaths in 1968. Our own classification differs in detail from the Registrar General's as shown below.

Age groups :	4 wks-1 yr.		25-34		45-54		55-64		65-74		75 and over		Totals G-T		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M. F.
R.G.'s assignment	1	—	1	—	5	1	—	—	1	4	5	7	13	12	25
Our classification	1	—	1	—	2	1	—	1	1	4	5	7	10	13	23

The details in my possession show that 6 of the deaths were caused by falls at home (3 men aged 54, 78 and 94, and 3 women aged 82, 83 and 88) ; 2 (women aged 58 and 82) by falls in hospital ; 3 died from barbiturate poisoning (women aged 49 and 68 and a man aged 71) and 1 (a 74 year old woman) from carbon monoxide (coal gas) poisoning. A man, aged 26, drowned and 7 elderly persons died (4 women, the youngest being 74 and 3 men, all 75 or over) of complications following fractures—these were, no doubt, due to falls, but this information is not in my possession. A man aged 50 died following a road (not motor vehicle) accident, and a woman aged 70 died of toxaemia following severe diffuse burns. A baby boy aged 11 months died of subdural haemorrhage, following a fall—death due to misadventure.

Table VIII.
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.	
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
1968	.....	—	—	2	—	1	—	2	4	—	1	—	—	5	5	10
1969	.....	—	—	2	—	—	2	1	—	—	1	1	1	4	4	8
Total		1	—	8	1	11	9	26	24	9	11	10	9	65	54	119

Table IX.**DEATH RATE**

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

Year	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
England and Wales	11.5	11.9	11.9	12.2	11.3	11.5	11.7	11.2	11.9	11.9
Exeter										
Crude	12.9	13.1	13.0	14.0	12.3	12.1	12.6	10.6	12.7	12.9
Adjusted*	11.0	10.9	10.9	11.9	10.5	10.4	11.0	9.0	10.9	11.1

*Adjusted by application of the Registrar-General's comparability factor (which is at present 0.86); this factor takes into account the age and sex distribution in the city as compared with that in the country as a whole.

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

DEATHS AT:	1969			1968			1967		
	Total	Males	Females	Total	Males	Females	Total	Males	Females
0—14	18	10	8	21	15	6	26	14	12
15—64	292	179	113	288	180	108	251	144	107
65 and over	888	414	474	876	383	493	704	314	390
	1,198	603	595	1,185	578	607	981	472	509

The table below illustrates the changing pattern of mortality over the past 70 years and shows that more people are living into old age. In 1899 only 1 in 3 persons lived to be 65 or over compared with 3 in 4 today. Similarly nearly half of the population today live to reach the age of 75 years or over compared with only 1 in 5 at the end of the last century.

The incidence of deaths from degenerative conditions (such as ischaemic heart disease) and from malignancy has also risen and whilst much of the early information available is not so detailed, it is clear that deaths from ischaemic heart disease have risen over the period from less than 1 in 20 to more than 1 in 4. Carcinomas generally account for 1 in 5 deaths now compared with 1 in 20 in 1899.

Table XI.**EXETER DEATHS.**

YEAR	NUMBER OF DEATHS			DEATHS FROM		
	Total No. and Rate	At age 65 Years or over	At age 75 Years or over	Ischaemic Heart Disease	Malignant Neoplasms	Carcinoma of Lung
1899	772 (19.13)	254 (33%)	143 (19%)	Heart Disease 43 (< 5.6%)	38 (5%)	Not available
1929	863 (11.5)	458 (53%)	266 (31%)	Heart Disease 131 (< 15%)	110 (12.7%)	Not available
1959	1,029 (11.1)	750 (73%)	509 (49%)	157 (15%)	183 (18%)	38 (3.7%)
1969	1,198 (11.1)	888 (74%)	575 (48%)	325 (27%)	242 (20%)	51 (4.3%)

MORTALITY IN CHILD-BEARING AND INFANCY.

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

Table XII.
MORTALITY IN CHILD-BEARING AND INFANCY IN EXETER
1945 — 1969.

Year	Maternal Deaths	Maternal Mortality Rate	Live Births	Stillbirths	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*	6 year average centred on year concerned*
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	22
1966	1	0.7	1,414	13	15.4	9.2	13	9	17.1	26	17	22
1967	—	—	1,475	16	15.7	10.7	13	6	12.9	29	19	22
1968	—	—	1,468	21	15.6	14.1	9	5	9.5	30	19	
1969	—	—	1,321	23	14.1	17.1	13	2	11.4	36	25	

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

MATERNAL MORTALITY

There were no "maternal deaths" of Exeter mothers during 1969.

LOSS OF INFANT LIFE

There were 15 infant deaths under the age of 1 year in 1969 ; 10 died within the first day of life and 3 within the first 4 weeks.

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

Total 13 deaths (8 males and 5 females).

<i>Causes of deaths :</i>	<i>Under 1 day</i>	<i>1-28 days</i>	<i>P.M. made</i>
Congenital anomalies	3	—	3
Prematurity	3	1	2
Respiratory	2	1	3
" Cot death "	—	1	1
Tentorial tear with haemorrhage	2	—	2
Totals	10	3	11

The Congenital anomalies were :—

- (1) Exomphalos and intestinal tract obstruction. The baby died from inhalation pneumonia aged 11 hours.
- (2) Hydrocephalus and thoracic meningomyelocele. She died aged 45 minutes.
- (3) Spina bifida, absence of kidneys, and talipes. Death occurred at 15 hours.

Two of the premature babies were twins ; one was 9 $\frac{3}{4}$ ozs., the other 11 $\frac{1}{2}$ ozs. Both died within an hour of birth.

1 premature baby was 1 lb. 8 ozs. in weight (gestation period 25 weeks) and 1 premature baby was 1 lb. 12 ozs. in weight (gestation period 24 weeks)—this was the mother's 17th pregnancy (1 living child born 1950 (premature) and 15 subsequent miscarriages).

Three children died from respiratory causes ; one had respiratory failure following aspiration of the gastric contents into the air passages (1 day old) and one had hyaline membrane disease and was shown on post-mortem examination to have partial atelectasis of the lungs and anoxic pulmonary haemorrhages.

The " cot death " baby was found dead at the age of 3 weeks. Post-mortem examination showed copious aspirated vomit in the lungs and volvulus of the small intestine. The baby was illegitimate and the mother has 7 other children.

B. DEATHS IN CHILDREN AGED 4 weeks to 1 year.

Total 2 deaths.

Causes of deaths :

Subdural haemorrhage following fall	....	1
Bronchopneumonia	.... ....	1
		—
		2
		—

Subdural haemorrhage following fall :— at the age of 11 months this child fell on the back of his head. He seemed well after the accident but the following morning collapsed suddenly at play. He was admitted to hospital and died on the third day following admission. P.M. examination showed a subdural haemorrhage with severe cerebellum coning. There was traumatic bruising of the skull, which was abnormally thin in some places, but no evidence of fracture.

Bronchopneumonia (3½ months). This child was well up to approximately 24 hours before death. Bronchopneumonia was diagnosed and confirmed by post-mortem examination.

STILLBIRTHS, 1969

There were 23 stillbirths in 1969 giving a stillbirth rate of 17.1 per 1,000 total births registered in the year. The provisional rate for England and Wales was 13.0.

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

16 of the stillbirths were in this group, weighing between 1 lb. 14 ozs. to 5 lbs. 8 ozs.

The causes of death were :—

Congenital abnormalities	.... ....	6
Rhesus incompatibility	.... ....	3
Toxaemia and severe pre-eclampsia	.... ....	4
A.P.H. (concealed)	.... ....	1
Not known (poor home conditions ; unco-operative during ante-natal period)	....	2
		—
		16
		—

Table XIII.
INFANT DEATHS IN 1969

CAUSES OF DEATH	Total	NEONATAL		1st Year 3—12 months	Male	Female	Legitimate	Illegitimate	Complicated Pregnancy	Complicated Labour	PLACE IN FAMILY								P.M. Exams.
		Under 1 day	1—28 days								1	2	3	4	5	6	7	8	
Congenital anomalies	3	3	—	—	2	1	3	—	2	—	1	1	1	—	—	—	—	—	3
Prematurity	4	3	1	—	4	—	4	—	2	—	2	1	—	1	—	—	—	—	2
Respiratory	4	2	1	1	1	3	2	2	—	—	3	1	—	—	—	—	—	—	4
" Cot death "	1	—	1	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	1
Tentorial tear with haemorrhage	2	2	—	—	1	1	2	—	2	—	1	—	—	1	—	—	—	—	2
Subdural haemorrhage trauma	1	—	—	1	1	—	1	—	—	—	—	1	—	—	—	—	—	—	1
TOTALS	15	10	3	2	9	6	12	3	6	—	7	4	1	2	—	—	—	1	13

XIV. **STILLBIRTHS, 1969**

WEIGHT	Total	Male	Female	Illegitimate	Born at home	Born in G.P. Unit	Born in Specialist Unit	Complicd. pregnancy	Complicd. labour	Post mortem Exam.	No ante-natal care	CAUSES				
												Congenital Anomalies	Toxaemia	Rh. Incomp.	Not known	A.P.H.
2 lbs. 3 ozs. or less	2	1	1	—	—	—	2	2	—	2	—	1	1	—	—	—
Over 2 lbs. 3 ozs. up to and including 3 lbs. 4 ozs.	6	2	4	—	1	—	5	4	2	5	1	2	2	1	1	—
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.	5	3	2	2	—	1	4	4	1	3	—	2	1	1	1	—
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.	3	1	2	—	—	—	3	3	—	2	—	1	—	1	—	1
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Over 5 lbs. 8 ozs.	7	3	4	—	—	—	7	2	—	7	—	—	2	1	3	1
TOTALS	23	10*	13*	2	1	1	21	15	3	19	1	6	6	4	5	2

* The Registrar General has allocated 12 male and 11 female stillbirths to Exeter. Our enquiries indicate 10 male and 13 female stillbirths.

Table XV.
"PREMATURE" LIVE AND STILLBIRTHS, 1969.

Notified Premature Stillbirths			PREMATURE LIVE BIRTHS															
Born in Maternity Hosp.	Born at home	Born in City Hospital	Weight		Born at		Survivors at end of 1969	Deaths during 1969—Age at death.				Believed causes of Prematurity.						
			Over	Up to and inclg.	Home	Hos- pital		Under 1 day	Over 1 day, under 1 week	Over 1 week, under 4 weeks	Over 4 weeks	A.P.H.	Cong. Abnorms.	Toxaemia	Not known	Blood Incom.	Small for Dates	Incompetent Cervix
—	—	2	—	2 lbs. 3 ozs.	—	5	—	4	1	—	—	3	—	—	—	—	—	—
—	1	5	2 lbs. 3 ozs.	3 lbs. 4 ozs.	—	1	1	—	—	—	—	—	—	—	1	—	—	—
1	—	4	3 lbs. 4 ozs.	4 lbs. 6 ozs.	2	7	7	2	—	—	—	1	1	1	4	1	1	—
—	—	3	4 lbs. 6 ozs.	4 lbs. 15 ozs.	4	15	18	1	—	—	—	—	1	4	6	—	5	1
—	—	—	4 lbs. 15 ozs.	5 lbs. 8 ozs.	10	37	45	1	—	—	1	2	—	4	15	3	15	1
1	1	14	Totals		16	65	71	8	1	—	1	6	2	9	25	5	21	2
					81		81								81			

FULL-TERM STILLBIRTHS

Seven of the stillborn babies weighed over 5 lbs. 8 ozs. The largest, weighing 8 lbs. 3 ozs., was delivered to a mother aged 39 years with toxæmia. Her two previous pregnancies were normal.

The causes of death were :—

A.P.H. severe ischaemia of placenta	1
Toxaemia	2
Rhesus incompatibility	1
Not known	3
	—
	7
	—

Of the stillbirths classed "cause not known" one mother was 45 years and the pregnancy was her sixth; one birth was illegitimate (mother aged 20 years), and one mother had a history of ? appendicitis during pregnancy.

PERI-NATAL MORTALITY, 1969

Peri-natal deaths numbered 34 (23 stillbirths and 11 within the first week of life), the peri-natal mortality rate being 25.3 per 1,000 total births.

The causes of the 34 deaths were :—

Congenital anomalies	9
Prematurity	4
Respiratory	2
Tentorial tear with haemorrhage	2
Toxaemia of pregnancy	6
Rh. incompatibilities	4
A.P.H.	2
Cause unknown	5
	—
	34
	—

CANCER

DEATHS

During 1969, 242 deaths of Exeter residents were certified as primarily due to cancer, compared with 238 deaths in 1968. Five additional classifications have been used this year (buccal cavity, etc., oesophagus, intestine, larynx and prostate) and it is difficult to make accurate comparison with previous years for certain of

Table XVI.
EXETER RESIDENTS
ALL CASES REGISTERED 1968

		Under 15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	TOTAL	TOTAL M. & F.
140-149																	
Buccal cavity	M	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	2
& Pharynx	F	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	
150-159																	
Digestive organs	M	—	—	—	—	—	—	—	2	4	7	5	6	6	10	40	94
& Peritoneum	F	—	—	—	—	1	—	1	3	3	4	9	4	6	23	54	
160-163																	
Respiratory	M	—	—	—	—	—	—	—	1	1	8	10	9	6	9	44	57
system	F	—	—	—	—	—	—	—	—	2	4	2	3	1	1	13	
170-173																	
Bone,	M	—	—	1	—	—	—	2	3	—	1	8	6	4	6	31	49
connective	F	—	—	1	—	1	—	4	2	—	1	2	1	—	6	18	
tissue & skin																	
174																	
Breast	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	49
	F	—	—	—	—	—	2	5	9	4	9	6	3	1	10	49	
180-189																	
Genito-urinary	M	—	—	—	—	—	—	1	1	1	3	6	8	10	12	42	82
Organs	F	—	—	—	4	5	1	3	5	6	4	3	2	1	6	40	
190-199																	
Other &	M	1	—	—	—	1	—	—	—	1	2	1	2	—	2	10	17
unspecified sites	F	—	—	—	—	—	—	—	1	—	—	—	3	—	3	7	
200-209																	
Lymphatic &	M	—	—	—	—	1	—	—	—	1	—	—	1	1	2	6	9
haematopoietic	F	—	—	—	—	—	—	—	—	—	—	—	2	1	—	3	
tissues																	
140-209																	
TOTAL	M	1	—	1	—	2	—	3	7	8	21	31	32	27	41	174	359
	F	—	—	1	4	7	3	13	20	16	22	22	18	10	49	185	
TOTAL	M & F	1	—	2	4	9	3	16	27	24	43	53	50	37	90	359	

the causes of death. Cancer of the breast caused 8 more deaths than in 1968 but there is much fluctuation and no significant trend over the past few years. Of the 13 deaths assigned to cancer of the uterus, 6 were of the cervix. "Other" cancers accounted for 61 deaths (121 in 1968), the difference being almost entirely due to the additional classifications which also account for 61 deaths.

REGISTRATION

The registrations by the Regional Cancer Records Bureau of cancer among Exeter residents during **1968** are set out in the table kindly sent to me by Professor Milnes Walker, Director of the Bureau. These notifications are believed to be fairly comprehensive, and refer to patients seen by doctors. They numbered 359, 35 less than in **1967**.

EXETER PUBLIC WATER SUPPLY

Mr. E. C. Gordon, the Chief Engineer of the East Devon Water Board, has kindly given me the following notes.

REPORT ON BACTERIOLOGICAL ANALYSES OF WATER SUPPLIES TAKEN IN 1969.

SAMPLES 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 : Final Water	44	44	—	—	—	—
(B) ON CONSUMERS' SUPPLY : Danes Castle Reservoir Zone	118	117	1	—	—	—
Belvidere Reservoir Zone	80	79	1	—	—	—
Marypole Head Reservoir Zone	53	53	—	—	—	—
Barley Lane Reservoir Zone	70	70	—	—	—	—
Stoke Hill Reservoir Zone	70	68	1	—	1	—
Upton Pyne Reservoir Zone	43	43	—	—	—	—
TOTAL	478	474	3	—	1	—

SAMPLES EXAMINED BY 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 TREATMENT WORKS :				%	%
Sedimentation Tk. Inlet	54	35	6	35.2	88.9
Sedimentation Tk. Outlet....	246	19	1	92.3	99.6
Pressure Filters Outlet	60	1	1	98.3	98.3
Final Treated Water	248	1	—	99.6	100.0
SERVICE RESERVOIRS :					
Upton Pyne Reservoir	4	—	—	100.0	100.0
Stoke Hill Reservoir	109	6	1	94.5	99.1
Belvidere Reservoir	52	2	—	96.2	100.0
Marypole Head Reservoir	52	—	—	100.0	100.0
Danes Castle Reservoir	54	—	—	100.0	100.0
Barley Lane Reservoir	54	2	—	96.3	100.0
Highfield Tower, Topsham	14	1	—	92.9	100.0
Sunhill Tower, Topsham	13	4	—	100.0	100.0
DISTRIBUTION SYSTEM :	145	4	—	97.8	100.0
TOTALS	1,105	75	9	—	—
NEW MAIN STERILIZATION SAMPLES	50	15	5	70.0	90.0

In addition, 53 samples of River Exe Raw Water were examined by the E.D.W.B. Laboratory and generally these showed gross pollution (800 to 90,000 presumptive B. Coli. per 100 mls.), but on one occasion an exceptionally high coliform count of 180,000+ per 100 mls. was recorded at a time coinciding with a breakdown in the Tiverton Sewage Works disposal system. During this period, an increase in the applied chlorine dose to the raw water entering the Pynes Treatment Works ensured that satisfactory treatment was maintained.

The public water supply has been adequate at all times, and the combined laboratories bacteriological examination of 1,583 samples taken from sources of supply, reservoirs and distribution system has confirmed the satisfactory quality of the supply. In order to improve further on the efficiency of the filters at the Pynes Works, a complete overhaul of the filter strainers has been carried out during the past year, together with the cleansing and replacement of filter sand where necessary. Modern anthracite media has been incorporated in some of the filters and experimental work is being carried out in order to ascertain the best size grade of anthracite which will provide optimum efficiency of filtration.

The draining down and cleansing of all service reservoirs has now been completed, and the cleansing programme of water mains by means of plastic foam swabs is being maintained. The result of these efforts has been that a small chlorine residual can now be maintained throughout the distribution system as a protection against biological "after growths" and "mains animal" infestation occurring.

Corrective treatment of the water supply is being carried out to render it non-corrosive to lead or copper. This requires the addition of lime. The water is disinfected by dosing with chlorine; fluoridation has not been introduced.

In order to comply with the requirements of the Devon River Authority, arrangements have been made to return the back-wash water from the filters direct to the inlet side of the sedimentation tanks instead of pumping it back into the River Exe, which has been the practice for many years.

PYNES WATER WORKS, EXETER.

ANALYSIS	CHEMICALS IN PARTS PER MILLION			
	Raw Water Sample 23.4.69 9.40 a.m.	Final Treated Water 23.4.69 9.45 a.m.	Raw Water Sample 30.9.69 9.05 a.m.	Final Treated Water 30.9.69 9.10 a.m.
BACTERIOLOGICAL EXAMINATION :				
Nutrient Agar at 37°C. 48 hours	3,820	0	2,460	1
Coliform Organisms, per 100 mls.	18,000+	0	18,000+	0
Bact. Coli. Type 1, per 100 mls.	18,000+	0	18,000	0
PHYSICAL CHARACTERS :				
Colour (Hazen)	20	< 5	12.0	< 5
Turbidity	20	Nil	12.0	0.8
pH	7.4	8.25	7.5	8.2
Conductivity 25°C. (umhos)	220	250	185	200.0
E.M.A.H.+	1.10 me/l	1.34 me/l	0.80 me/l	1.10 me/l
E.M.A.Ag.+	0.64 me/l	0.80 me/l	0.50 me/l	0.68 me/l
CHEMICAL ANALYSIS (in mgm. per litre) :				
Free Carbon Dioxide (CO ₂)	3.5	trace	2.5	0.5
Total Alkalinity (CaCO ₃)	46	56.0	40.0	43.0
Caustic Alkalinity (as CaCO ₃)	Nil	Nil	Nil	Nil
Ammoniacal Nitrogen	0.16	0.078	0.03	0.065
Albuminoid Nitrogen	0.21	0.11	0.18	0.065
Nitrite Nitrogen	0.018	Nil	trace	Nil
Nitrate Nitrogen	2.07	1.66	1.61	1.38
Oxygen Absorbed (4 hrs. at 26.7°C.)	3.2	0.25	1.25	0.1
Carbonate Hardness (E.D.T.A.)	46	56.0	40.0	43.0
Non-Carbonate Hardness (E.D.T.A.)	26	40.0	14.0	26.0
Total Hardness (E.D.T.A.)	76	96.0	54.0	69.0
Total Solids (dried at 180°C.)	139	158.0	117.0	126.0
Calcium (Ca)	21.6	26.4	17.2	21.6
Magnesium (Mg.)	4.3	3.6	2.64	3.6
Sodium (Na) } as Na	15.9	12.4	11.15	10.4
Potassium (K) }			1.85	1.75
Carbonate (CO ₃)	27.6	33.6	24.0	25.8
Sulphate (SO ₄)	23.5	32.7	18.7	28.0
Chloride (Cl)	16.7	19.1	10.63	14.9
Nitrate (NO ₃)	9.0	7.2	7.0	6.0
Fluoride (F)	< 0.1	< 0.1	< 0.1	< 0.1
Silica (SiO ₂)	3.75	Nil	6.25	3.75
Aluminium (Al)	Nil	0.02	0.024	0.078
Manganese (Mn)	Nil	Nil	Nil	Nil
Iron (Fe)	0.22	trace	Nil	Nil
Residual Chlorine : Free	—	0.45	—	0.45
		This water is chemically and bacterio- logically satis- factory.		This water is chemically and bacterio- logically satis- factory.

PRIVATE DOMESTIC WATER SUPPLIES

Eight properties rely on springs or well water for their water supply, three properties having been connected to the mains during the year. One remained unoccupied throughout the year.

SEWERAGE AND SEWAGE DISPOSAL

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

MAIN DRAINAGE

A scheme for the filling of the Lower Leat adjacent to Commercial Road and Bonhay Road, was commenced early in the year. No use had been made of the Leat for some years and the Leat had become a source of smell and nuisance complaints and required considerable expenditure annually in cleansing and maintenance. In conjunction with the filling the opportunity was taken to lay in the bed of the Leat a new interceptor sewer to replace the heavily overloaded sewer in Commercial Road and Bonhay Road. This sewer will ultimately be extended as far as the laundry in Cowley Bridge Road in one direction and to Belle Isle in the other direction, at which time it will be possible to dispense with a number of existing stormwater overflows to the River Exe.

New surface water sewers were constructed to alleviate flooding at Countess Wear Road, Heath Road and Hanover Road. At Sidmouth Road a surface water sewer was provided to take the increased stormwater runoff due to new housing development.

Under annual maintenance work defective foul sewers were relaid at Napier Terrace, Powderham Crescent, St. David's Hill, St. Leonard's Place and Sandford Street and at Mount Pleasant Road a collapsed brick barrel sewer was relaid. Repairs and minor improvements to surface water sewers were carried out at Chestnut Avenue, East Avenue, Gandy Street, Victoria Street and Main Road, Pinhoe.

SEWAGE DISPOSAL

Reconstruction of the Sewage Works continued in 1969 and the Heated Sludge Digestion Plant commenced operation in September (1969). The treatment plant is due to commission in the summer of 1970.

REFUSE DISPOSAL

Work proceeded on the construction of the Incinerator at Marsh Barton during 1969. It should start burning refuse early in 1970.

SWIMMING BATHS

In Exeter there are 1 Council-owned swimming bath, 16 pools in schools (including 9 in council schools), 1 at Ellen Tinkham House, 1 in a hospital and 1 at a country club.

At the Public Baths, samples of water are sent for chemical analysis at least once a week and the staff at the baths keep a close watch on the chlorine levels, samples being tested several

times daily. Nevertheless, complaints were received in April and May and again toward the end of the year, relating to the effect of the water on the eyes and throats of the swimmers using the baths. The early complaints were widely reported in the press and investigations showed that the chlorine levels were too low and the pH value of the water had dropped and a build-up of ammonia resulted in the production of a significant concentration of chloramines, which caused the discomforts mentioned. The baths were closed from the evening of Sunday, 11th May to the morning of Tuesday, 13th May and work was successfully carried out to rectify the chemical deficiencies. It was also found that certain materials used by the Bath Superintendent for testing the chlorine content of the water were faulty and these were returned to the manufacturer for replacement. The complaints at the year end arose just prior to the annual overhaul of the filtration and chlorination equipment and the trouble was probably due to slight build-up in solids and in salinity—there was no build-up of chloramines which caused the trouble earlier in the year.

At other swimming and learner pools in the City, samples were taken throughout the year and, where necessary, advice was given to correct any fault in the chemical composition of the water. A discussion on the future care of these baths took place and recommendations were made to the Director of Education on certain improvements that were considered necessary.

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

INTRODUCTION

A number of staff changes took place during the year. Mr. M. J. Skinner resigned and the vacancy was filled by Mr. R. J. Palfrey (one of our articled pupils who in July passed the final qualifying examination of Public Health Inspectors). The vacancy created was filled by Miss J. Robinson. One other inspector, Mr. G. Wiseman, resigned and despite several advertisements, we have so far been unsuccessful in replacing him. Difficulty was also experienced in filling the vacancy caused by the resignation of Mr. A. Eagles, one of the Authorised Meat Inspectors. Mr. A. D'Eath was appointed but he resigned within two months. In view of the continuing reduction in the number of animals now slaughtered at the Abattoir, the vacancy will not be filled

immediately. Arrangements have been made for the meat inspection to be undertaken by our existing staff for a trial period. Mrs. J. Gale (Shorthand/Typist) also resigned during the year and was replaced by Miss C. Cooper.

The planned programme for the sampling of foodstuffs continued satisfactorily, as did the work under the Clean Air Act. The systematic survey of basements was almost completed and by the end of the year all premises coming within the scope of the Offices, Shops and Railway Premises Act, 1963 had been registered. Towards the end of the year it was possible to concentrate upon the inspection of premises subject to the Food Hygiene Regulations.

As usual, a great deal of time was spent investigating alleged nuisances, many of these arising from noise. The Coal Concentration Depot at Exmouth Junction continued to be a source of complaint of nuisance caused by noise and dust, and an appeal by the operators of the Depot against an Enforcement Notice concerning the use of water sprays will be the subject of a Local Inquiry in January 1970.

During the year members of the staff attended the following training courses and lectures :—

Torbay County Borough Council :	Seminar on the Housing Act, 1969.
Coal Utilisation Council :	Lectures on Building Regulations and Solid Fuel, Metric and Decimalisation in the Heating Trade.
H.M. Factory Inspectorate :	One-day training course on the Offices, Shops and Railway Premises Act, 1963 (Hoists and Lifts Regulations, 1968).
Provincial Councils for Local Authorities' Services in the South West :	Refresher Course for Public Health Inspectors.
Home Office :	Civil Defence Course for Public Health Inspectors.

FOOD

FOOD POISONING

15 cases of suspected food poisoning were investigated during the year ; 9 were confirmed, but in no case were we able positively to trace the source of infection.

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

161 visits were made in connection with these Regulations. Contraventions were found in a number of cases and the deficiencies were remedied following informal action by the department.

FOOD AND DRUGS ACT

Amongst the numerous complaints received during the year were the following :—

(a) It was alleged that a locally-produced cream slice purchased from a restaurant in the City contained a tooth.

From an inspection of the premises where the cream slice was produced it appeared unlikely that the tooth was in the cream slice when it left the producer.

In view of the difficulty in ascertaining how the cream slice came to contain the tooth, and the fact that the complainant was not prepared to be involved in legal proceedings, no further action was taken.

(b) A customer at a local inn asked for a glass of Bristol Milk Sherry and was served with a sherry which he claimed was not Bristol Milk.

Consideration was given to a sample being taken for analysis, but the quantity required by the Public Analyst was such that anyone asking for such a quantity would have immediately aroused the suspicion of the seller.

The producers of Bristol Milk Sherry were informed and they stated that this type of complaint was not uncommon. It appeared they had a standard procedure for dealing with complaints of this nature and could, if necessary, take small samples of sherry to be analysed in their own laboratory, using special equipment. Where an offence had been committed the company usually took legal action against the seller.

The company investigated the complaint and decided not to take the matter any further as the tenant was an elderly lady, the premises concerned were due for demolition and the owners of the premises undertook to watch the situation in the meantime.

IMPORTED FOOD REGULATIONS

These regulations came into force on the 1st August 1968. To cater for the growing traffic in sealed containers the regulations permitted enforcement to be deferred to an inland centre at the discretion of the authorised officer at the point of entry, even if Customs clearance had been completed. Earlier regulations had permitted this only if Customs examination was deferred.

The new regulations have not involved the department in as much extra work as was originally envisaged as the only local firm involved is one receiving imported bacon from Eire.

CYCLAMATES (ARTIFICIAL SWEETENERS)

On the 23rd October the Minister of Agriculture, Fisheries and Food announced that the use of cyclamates in food and soft drinks would be banned as from the 1st January 1970. This announcement followed recommendations of his advisers that in view of new evidence recently submitted to the United States

Food and Drug Administration there could be no certainty about the safety of cyclamates.

Early in 1970 it is proposed that a survey be carried out to ensure that the new regulations are being adhered to. If necessary samples will be taken for analysis as part of the normal sampling programme.

ABATTOIR

Two pigs brought to the Abattoir for slaughtering were thought to have been subjected to unnecessary suffering. The R.S.P.C.A. were consulted and their investigations shewed that one of the pigs had been treated by a veterinary surgeon, and the other one had been isolated. The condition of neither improved and the farmer decided they should be slaughtered.

The R.S.P.A. were satisfied with the housing conditions of the pigs on the farm, but made it clear that suffering animals should not be retained for such a long period without regular consultation with a veterinary surgeon.

SALMONELLOSIS IN PIGS

During the past year we have been assisting Dr. Moore, Head of the Public Health Laboratories Service, in a survey on incidence of Salmonellosis in pigs. This forms part of an investigation in the West Country which also involves the examination of imported animal feeding stuffs which are sampled at the port of entry.

A swab has been sited in the trap into which all the effluent from the Slaughterhouse passes before discharge into the Masserator. The swab is changed every Wednesday, and the contaminated one sent to the laboratory for bacteriological examination. They have found about 1% to be infected with the more common strain of salmonellae, e.g. *Salmonella* Dublin.

Also at the beginning of the year, samples were taken of the content of the caecum (part of the intestines), ten random samples being taken per day. It was found that between 2 and 3% were infected with salmonellae.

Later the system was changed, six samples being taken from the caecum, and these were supplemented in each instance by a gland from the mesenteric chain. It was found that in some cases the intestinal sample was infected with salmonellae, but none could be isolated in the mesenteric gland. The reverse was found on other occasions and sometimes both gland and intestine were found to be infected.

HOUSING

(a) The systematic inspection of basements in the City continued throughout the year and all of them will have been inspected by February 1970. During the year 58 basements were inspected and statutory action taken in respect of 13 of them.

When the basement survey is completed it is hoped that it will be possible to embark upon a systematic survey of houses in multiple occupation.

(b) Following a complaint from the owner regarding the state of a second floor flat, an inspection revealed an accumulation of rubbish which included an assortment of household refuse and approximately four dozen empty milk bottles.

The rubbish was considered to be a statutory nuisance and formal action was eventually taken to rectify the matter. The tenant of the flat was most unco-operative and on two occasions it was found necessary to obtain from the Justices a warrant enabling the district inspector to enter and inspect the flat.

Shortly after the second entry by warrant, the tenant removed the rubbish and vacated the flat.

It is rarely necessary to go to the magistrates for a warrant to enter premises, this being only the third occasion I have had to do this in over 30 years' experience.

CLEAN AIR ACT, 1956

SMOKE CONTROL AREAS

During the year the Pennsylvania No. 1 Order was made and forwarded to the Minister for confirmation. It was originally intended that this Order should come into operation on the 1st July 1972 but due to the shortage of authorised fuels during the winter it was decided to change the date of operation to the 1st July 1973. By that time approximately 5,400 out of 10,952 acres of the City involving 12,671 houses would be covered by smoke control orders.

PEST CONTROL

PIGEONS/FERAL PIGEONS

During the year efforts were made to eradicate pigeons which had been causing a serious nuisance in the vicinity of Timothy White's old premises at 228 High Street. A pigeon cage was used on the flat roof of the premises and 73 birds were trapped. Twenty of these were found to bear rings and arrangements were made for them to be returned to their owners. A problem which arises when attempting to reduce the pigeon population is the interference by members of the public. On three occasions someone released trapped birds from the cage and the cage had only been on the site for seven weeks when it was stolen. It was not recovered and will be replaced.

Pigeons were also a problem at the Higher Market, Queen Street and treatment, involving the use of narcotics, was carried out by a private company resulting in 74 pigeons being destroyed.

OPERATION OF OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

GENERAL

As far as we have been able to tell, all the premises in the City coming within the scope of the Act have now been registered. The number of premises registered during the year was 61, and approximately half these registrations was due to a visit by the District Inspector. The total number of premises registered is now 1,406.

During the year 53 premises were inspected for the first time. The total number of contraventions dealt with was 127, as set out in the following table. This shows a marked improvement over 1968.

Section	Contraventions	Number
1	Failure to register	—
4	Failure to keep premises clean	2
5	Rooms overcrowded	1
6	Failure to maintain a reasonable temperature	—
	Failure to provide thermometers	17
7	Water closets not effectively ventilated	3
	Other rooms not effectively ventilated	1
8	Failure to provide suitable and sufficient lighting :	
	(a) Rooms	11
	(b) Corridors and staircases	6
	Failure to maintain electric wiring in safe condition	—
9	Failure to provide sufficient sanitary conveniences...	—
	Failure to keep sanitary conveniences clean	2
	Failure to effectively light sanitary conveniences	1
	Failure to properly screen sanitary conveniences	—
	Failure to provide suitable door fastenings	2
	Failure to provide separate " male " and " female " conveniences	—
	Failure to mark conveniences " male " or " female "	3
	Failure to provide means for disposal of sanitary dressings	1
	Fittings and fixtures in need of repair or renewal	1
	Floors of sanitary conveniences in need of repair	—
	Conveniences obstructed by stock, goods, etc.	—
10	Failure to provide sufficient washing facilities	—
	Failure to keep washing facilities clean	—
	Failure to effectively light washing facilities	1
	Failure to provide a supply of hot running water	2
	Failure to provide a supply of cold running water	—
	Failure to provide a supply of soap and towels	—
	Fixtures and fittings in need of repair or renewal	—
	Floors of washing facilities in need of repair	—
11	Failure to provide drinking water	3

<i>Section</i>	<i>Contraventions</i>	<i>Number</i>
12	Failure to provide accommodation for clothing not worn at work	2
	Failure to provide accommodation for special clothing worn at work	—
	Failure to provide accommodation for drying wet clothing	6
13	Failure to provide sufficient seats	—
14	Failure to provide footrests	—
15	Failure to provide facilities for eating meals	—
16	Failure to maintain floors and floor coverings in good repair :	
	(a) Rooms	4
	(b) Corridors	—
	(c) Staircases	4
	Failure to provide handrails	1
	Failure to keep floors, passages and stairs free from obstruction	—
	Failure to keep open sides of staircases guarded	—
	Failure to fence openings in floors	—
17	Failure to effectively guard machines	2
22	Failure to keep walls and ceilings in good repair	—
24	Failure to provide a first aid box	14
	Failure to maintain first aid box to requisite standard	6
50	Failure to display an abstract of the Act	27

37 informal notices were sent to employers drawing attention to various contraventions ; seventeen of these were outstanding on 31st December. In addition, 148 notices served in 1968 were complied with.

ACCIDENTS

Notifications were received in respect of 41 accidents (42 in 1968) and an investigation was considered necessary in 13 cases (24 in 1968). None of the accidents was of a serious nature.

No time limit is laid down during which period notification of an accident must be made. Legislation should be introduced making it an offence if notification is not made within seven days of the occurrence. There is frequently a time lag of 14 or so days and in one instance there was a delay of eight months.

In 1968 employers were circularised regarding the notification of accidents, but it is still thought a number occur of which we are not notified.

EXEMPTIONS

An exemption granted on 22/2/68 for office premises in respect of the provision of sanitary accommodation has been renewed for a further period of 12 months.

A similar exemption which was granted in respect of office premises on 8/4/68 has not been renewed, as the premises have been vacated.

LEGAL PROCEEDINGS

Proceedings were instituted against one firm during the year in respect of cleanliness and failure to provide (a) sufficient washing facilities, (b) freedom from obstruction in passages, (c) First Aid box and (d) an Abstract of the Act for the information of employees.

The defendant was fined a total of £30 on the five counts and was ordered to pay the Advocate's fee of £2.2.0.

HOISTS AND LIFTS

In many cases it has been found that the reports of examinations of hoists and lifts, required by regulation 6(1) are sent to the head offices of the companies concerned and are not available locally for inspection. Branch Managers have been requested to ensure these reports are made out in duplicate in order that they may retain a copy. In one instance the report was not in the prescribed form and the attention of those concerned was drawn to the matter.

HEATING AND LIGHTING

During the winter the opportunity was taken to check the standard of heating and lighting in various premises and we found a number of places where the heating was not adequate and the level of illumination poor. Steps were taken to remedy this state of affairs but in two instances where, despite warning letters, the occupier proved dilatory in improving the heating arrangements, prosecutions are pending.

It is intended to carry out more investigations of this nature during the winter of 1970.

ADMINISTRATION

GENERAL

Apart from the difficulties which arose because of shortage of staff, the advent of the Offices, Shops and Railway Premises Act, 1963 gave rise to no particular problems as the inspections required and any necessary enforcement action were a natural extension of a Public Health Inspector's normal duties. Also for many years this particular Act had been anticipated and suggestions as to sanitary accommodation, washing facilities, etc., based on the Gowers Committee's recommendations, were made when plans for new premises were submitted. A great deal of time continues to be devoted to the examination of plans and consultations with architects who often show a surprising lack of

knowledge of the legal requirements appertaining to the plans they submit.

INSPECTIONS

An initial visit to any premises covered by the Act entails a complete inspection in accordance with the various enactments that apply in each specific case and this is the system which has been adhered to since the coming into operation of the Act, despite contrary suggestions made in the early days by the Factory Inspectorate. It is comforting to note that this is the system now advocated by the Ministry.

With regard to routine inspections, it is hoped that offices will be visited every other year, except when there is a change of tenancy, but visits to shops will be more often, as many will frequently be visited in connection with other legislation and it can be easily seen whether or not the provisions of the Offices, Shops and Railway Premises Act are being met. In the event of a complaint, whether or not it is anonymous, an inspection normally takes place within 48 hours.

NOTICES

When infringements of the Act or supporting regulations are found, verbal notice is given in very minor cases, but in all other cases, written intimation is given and follow-up visits are "mentored" and are routine. No previous intimation is given of an intending visit unless the visit is in connection with some advice which has been sought, in which case an appointment is made. It is usual for district inspectors to make their initial contact on each inspection at management level.

NUISANCES

NOISE. During 1969, 347 visits were made in respect of 49 alleged nuisances arising from noise. 23 of the complaints investigated were confirmed as nuisances and they fell into the following categories :—Industrial 8 ; Commercial 8 ; Domestic 7. With the exception of one commercial nuisance which is still receiving attention, all the confirmed nuisances have been remedied.

As in past years, the causes of complaint were varied. Many of the Industrial and Commercial nuisances were caused by motor vehicles and machinery and the majority of domestic nuisances concerned noise from animals and music. Although the noise from pneumatic drills has been much reduced by the fitting of mufflers it was still found necessary for warning letters to be sent to contractors on several occasions.

NEW LEGISLATION

New legislation of interest to the department and brought into operation during the year was as follows :—

	Date of Operation
The Housing Act, 1969	25. 8.69
The Solvents in Food Regulations, 1967	3.11.69
The Clean Air Act, 1968	1. 4.69
The Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1968	28. 5.69
The Offices, Shops and Railway Premises (Hoists and Lifts) Reports Order, 1968	28. 5.69
The Canned Meat Production Regulations, 1967	31. 5.69
The Sausage and other Meat Product Regulations, 1967	31. 5.69
The Meat (Sterilization) Regulations, 1969	1.11.69
The Clean Air (Emission of Dark Smoke) (Exemption) Regulations, 1969	1.10.69
The Clean Air (Arrestment Plant) (Exemption) Regulations, 1969	1.10.69
The Clean Air (Height of Chimneys) (Prescribed Form) Regulations, 1969	1. 4.69
The Clean Air (Height of Chimneys) (Exemption) Regulations, 1969	1. 4.69

The following legislation comes into operation on the dates indicated :—

	Date of Operation
The Soft Drink (Amendment) Regulations, 1969	1. 1.70
The Artificial Sweeteners in Food Regulations, 1969	1. 1.70
The Slaughter of Poultry Act, 1967	1. 1.70
The Cheese Regulations, 1970	31. 1.70

GENERAL

PLANS/INSPECTION OF PLANS

The department examined and commented on 210 sets of plans during the year.

LOCAL LAND CHARGES

The department replied to 2,390 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	18,119
Number of samples taken	352
Number of carcasses inspected	50,864
Total weight of foodstuffs condemned	58 tons

A—SUPERVISION OF FOOD SUPPLIES

Registered Food Premises.

There are 419 registrations under Section 16 of the Food and Drugs Act, 1955, affecting 380 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	316
Preparation or manufacture of sausages and potted, pressed, pickled and preserved food (including Fish and Chips)	92
TOTAL	419

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

	Premises subject to F.H. Regs., 1960	Premises that comply with Regulation 16 as at 31st December 1969	Premises to which Regulation 19 applies	Premises that comply with Regulation 19 as at 31st December 1969
Bakers and Bakers' Shops	39	39	39	39
Butchers	78	78	78	78
Cafes, Canteens and Restaurants	81	81	81	81
Clubs and Institutes	43	42	43	43
Confectioners	82	82	30	30
Cooked Meats	6	6	6	6
Dairies	19	19	19	19
Fish, Fried	26	26	26	26
Fish, Wet	19	19	19	19
Greengrocers	35	35	35	35
General Provisions	172	172	156	156
Ice-cream	3	3	3	3
Licensed Premises	153	152	153	153
School Canteens	42	37	42	38
TOTAL	798	791	730	726

Sale of Cream.

The number of current registrations is as follows :—

Registration as a dairy (sale of open cream)	19
Registration as a distributor (sale of pre-packed cream)	28

Dealer's (Pre-packed) Milk Licences.

The number of current licences is as follows :—

Pasteurised Milk	129
Untreated Milk	46
Sterilised Milk	25
Ultra Heat Treated Milk	3

School Canteens and Kitchens.

118 inspections of school canteens and kitchens were made during 1969.

As reported last year, many of the kitchens still lack facilities for the drying of staff clothing and there is little change with regard to the overall poor standard of ventilation.

All the meat slicing machines have been provided with suitable guards and the shredding machine has been modified so as to make it safe.

A survey on the standard of artificial lighting in kitchens where work commences before daylight, has revealed several shortcomings, due mainly to an insufficient number of lighting points, or badly sited fittings necessitating staff working in their own light.

Generally, the standard of hygiene reached a satisfactory level. Some kitchens were remarkably good but one in particular presents difficulties, since it is now catering for a number considerably in excess of the design figures.

Market.

30 inspections were made of the Lower Market, where fruit and vegetables, etc., are sold. The standard of hygiene was generally 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	7,306	1,057	796	21,370	20,335
Number inspected	7,306	1,057	796	21,370	20,335
<i>Diseases except Tuberculosis and Cysticercosis.</i>					
Whole carcasses condemned	6	14	27	89	65
Carcasses of which some part or organ was condemned	2,633	401	19	1,344	731
Percentage of No. inspected affected with diseases other than tuberculosis and cysticercosis bovis	36.1	39.3	5.8	6.7	3.9
<i>Tuberculosis only.</i>					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	1	5	—	355	—
Percentage of No. inspected affected with tuberculosis .....	.01	.4	—	1.6	—
<i>Cysticercosis Bovis only.</i>					
Carcasses of which some part or organ was condemned	12	—	—	—	—
Carcasses submitted to treatment by refrigeration	12	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

ANIMALS SLAUGHTERED UNDER THE BOVINE TUBERCULOSIS ERADICATION SCHEME DURING THE YEAR 1969 AT THE CITY OF EXETER PUBLIC ABATTOIR

	<i>Cows</i>	<i>Bulls</i>	<i>Steers</i>	<i>Heifers</i>	<i>TOTAL</i>
Total number of T.T. reactors	17	1	1	2	21
Number of carcasses totally rejected (Generalised T.B.)	—	—	—	—	—
Number found to have localised lesions only	5	—	—	1	6

BRUCELLOSIS (Accredited Herds) SCHEME

The following bovine animals were slaughtered under the Brucellosis (Accredited Herds) Scheme, at the City of Exeter Public Abattoir during the year 1969:—Cows, 87; Heifers, 13; Bulls, Nil.

In all cases the udders and uteri were condemned.

Complaints of Foodstuffs.

During the year we investigated 69 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 ten instances:—

1. Mouldy beef sausages—manufacturer fined £20.
2. Mouldy apple pie—vendor fined £10.
3. Decomposed boned chicken in jelly—vendor fined £20.
4. Mouldy pork sandwiches—vendor fined £15.
5. Mouldy meat and potato pie—case dismissed on Warranty defence.
6. Mouldy bread—vendor fined £25.
7. Mouldy bread—vendor fined £15.
8. Pasty containing cockroach—manufacturer fined £20.
9. Savoury crisps containing hair—vendor fined £20.
10. Mouldy apricot pie—vendor fined £10.

At the end of 1969, one prosecution was pending. The results of three prosecutions pending at the end of 1968 were as follows:—

1. Pasty containing cigarette end—manufacturer fined £20.
2. Mouldy cake—vendor fined £60.
3. Mouldy cheese—vendor fined £20.

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. Contraventions were found in a few cases and warning letters were sent to the offenders.

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....	6	4.8	8.9	4.0	8.5
Others	33	3.8	8.6	3.0	8.5

(ii) Bacterial Quality.

DESIGNATION	Number of Samples	Samples Satisfactory	Samples Unsatisfactory
Pasteurised	8	8	—
Channel Islands Pasteurised	8	8	—
Untreated (Farm Bottled)	63	47	16*
Homogenised Pasteurised	4	4	—
Sterilised	4	4	—

* The Ministry of Agriculture, Fisheries & Food and the producers were notified of these failures.

(B) *Brucella Abortus*.

61 milks were tested for *Brucella Abortus*, all of which were negative.

(C) Antibiotics.

12 milks were tested for antibiotics, all of which were negative.

Ice Cream—Cleanliness.

138 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)	....	....	....	99
Grade 2. (Satisfactory)	....	....	....	22
Grade 3. (Unsatisfactory)	....	....	....	16
Grade 4. (Unsatisfactory)	....	....	....	1

Where the gradings were unsatisfactory repeat samples were taken and an investigation made.

Food and Drugs Act, 1955.

39 samples of milk, 8 samples of medicines and drugs, and 68 samples of other foods were procured during 1969. 101 were formal and 14 informal. The following deficiencies were found :—

<i>Sample No.</i>	<i>Article</i>	<i>Adulteration or Fault</i>	<i>Action taken</i>
2560	Milk	Contained 2% added water. Freezing point test indicated 1.5% added water.	Warning letter to supplier.
2607	Milk	31% deficient in fat.	Subsequent and previous samples of a high standard. Prosecution not warranted.
2630	Milk	Contained 2% added water. Freezing point test indicated 1.6% added water.	Producer suspected of adding water. Further samples taken from producer. (See 2639 and 2650).
2639	Milk	Contained 2.4% added water. Freezing point test indicated 3.6% added water.	Prosecution not possible because of irregularities in labelling of churns. Milk Marketing Board giving this attention. Further samples to be taken in due course.
2650	Milk	Contained 3% added water. Freezing point test indicated 3.8% added water.	
2653	Cornish Pasty	44% deficient in meat.	Informal sample. Formal sample taken. (See 2656).
2656	Cornish Pasty	34% deficient in meat.	Council advised against legal proceedings due to technical difficulties relating to procedures. As a result of this the A.M.C. are consulting with the various Ministries regarding certain amendments to the law and we are waiting to hear the outcome.
2664	Pork Sausages	7.5% deficient in meat. 20.3% deficient in prescribed proportion of lean meat.	Legal proceedings were not taken due to a misunderstanding between the Public Analyst and legal department.

B—HOUSING

Housing Act, 1957, Sections 16 and 18.

41 dwellings (including 13 basements) were reported 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 :—

Closing Orders made	29
Undertakings not to re-let accepted	7
Outstanding at the end of the year	5
TOTAL	41

Formal Notices.

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

Informal Notices.

31 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	2
(ii)	Number of families dwelling therein	2
(iii)	Number of persons dwelling therein	18
(B)	Number of new cases reported during the year	1
(c) (i)	Number of cases of overcrowding relieved	2
(ii)	Number of persons concerned in such cases	12

C—CLEAN AIR ACT, 1956

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
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
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	St. Thomas No. 2	1. 7. 70.	868	1,334
19	Pinhoe No. 1	1. 7. 70.	40	425
TOTAL			5297.0	10,667

D—PEST CONTROL

Rats and Mice.

Complaints.

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

	TYPE OF PREMISES.			Total
	Business	Private	Local Authority	
Rats	28	116	88	232
Mice	8	31	26	65
TOTALS ..	36	147	114	297

Routine Inspections.

Routine inspections and treatment where necessary, of the following areas were made during the year :—Won River, Mincinglake Tip, Hamlin Lane and Guy's Allotments, Piggery at Canal Banks, Waste Ground in Okehampton Street, River Bank at Okehampton Road, Dykes at rear of Main Road, Pinhoe and Myrtle Close, Alphington, Dykes at Venny Bridge, Brookway, Thornpark Rise, Bodley Close and Georges Close.

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 1970 :—The Strand, Topsham ; Pines Square/Regent Street area ; North Street, Heavitree.

Disinfestation and Disinfection.

Spraying for bugs and fleas :				
Private houses	....	....	....	30
Council houses	....	....	....	26
Business premises	....	....	....	3
Spraying for Ants :				
Private houses	....	....	....	4
Council houses	....	....	....	4
Spraying for Cockroaches :				
Private houses	....	....	....	2
Council houses	....	....	....	9
Business premises	....	....	....	2
Spraying for Flies :				
Private houses	....	....	....	2
Council houses	....	....	....	1
Spraying rooms after tuberculosis	....	....	....	9
Disinfesting persons	....	....	....	3
Stoving clothes, and/or bedding	29

Wasps, Hornets and Bees.

Nests destroyed during the year	223
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E—GENERAL

Bakehouses.

Number in City	17
Number of underground bakehouses in the City	—
Number of inspections made	....	....	36

Offensive Trades.

Number of businesses in the City	....	....	12
Number of inspections made	....	....	27

Hairdressers and Barbers (Byelaws).

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

Common Lodging Houses.

During the year both of the registered common lodging houses in the City ceased to operate. The one owned by the City Council was closed and the other one which was privately owned was sold.

Trades Descriptions Act, 1968.

This Act now covers work which was formerly done under the Merchandise Marks Act and its various Orders. Fifteen visits were made during the year to ensure that the provisions of the Act were observed, and advice was given.

Fertilisers and Feeding Stuffs.

No samples of fertilisers were taken during the year.

Eleven samples of feeding stuffs were taken, four of which were unsatisfactory. In one case the percentage of oil declared was deficient by 0.2 per cent of the permitted limits of variation. The manufacturers admitted inaccuracy in their own sampling prior to production on this occasion and undertook to give the matter much closer attention in the future. As the manufacturers' procedure for sampling is reasonably efficient and this appeared to be an isolated case of human error, no further action was considered necessary. The other unsatisfactory samples involved minor deficiencies of copper and protein to the prejudice of the purchaser and in one case there was an excess of protein. In all three cases warning letters were sent to the suppliers.

Rag Flock.

Number of premises registered	2
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One sample of rag flock was taken during the year. This was satisfactory.

HOUSING

(See also pages 38 and 49)

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 1969, dwellings were completed as follows :—

New dwellings by Council	....	....	....	142
New dwellings by private enterprise	....	....	....	435

Total dwellings provided since the war to the 31st December 1969 are :—

*Temporary	Council		Private Enterprise		Total
	Permanent	Rebuilds	New	Rebuilds	
430	5,552	21	5,029	210	11,242

* 343 of these temporary bungalows have been disposed of by the end of 1969 and further disposal is proceeding.

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.

RE-HOUSING ON MEDICAL GROUNDS, 1969

REASON REFERRED BY M.O.H.	Total recommended 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 1969
Tuberculosis	3	3	—	—	—	1
Statutory overcrowding	2	2	—	—	—	1
Sub-standard property	7	4	2	1	2	1
Social overcrowding conditions	4	2	—	1	2	2
Other medical social reasons	32	16	—	14	—	6
Other medical reasons	57	15	5	36	1	3
TOTALS	105	42	7	42	5	14

NOTE : In addition to the above there were 56 cases considered where no medical points were recommended, but 15 of these were supported.

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 1969

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

Name of Local Authority : EXETER COUNTY BOROUGH.

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

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

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

TABLE I FOOD POISONING INCIDENTS AND CASES

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

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

Type of Salmonellae							
Enteritidis	—	—	—	—	1	1	1
Eppendorf	—	—	—	—	1	1	1
Heidelberg	—	—	—	—	1	1	1
Montevideo	—	—	—	—	1	1	1
Panama	—	—	—	—	1	1	1
TOTAL	—	—	—	—	5	5	5

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

INFECTIOUS DISEASES

NOTIFICATIONS

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

FOOD POISONING

There were no outbreaks, either family or general, of food poisoning during the year. Of the nine sporadic cases notified, a salmonella organism was isolated in five cases.

DYSENTERY

Only 17 cases of dysentery were notified during the year.

WHOOPING COUGH

19 cases of whooping cough were notified during the year. 10 of the children had completed a course of vaccination during the previous five years, while 9 had not received any vaccination or had completed only part of the course. None of the children was severely affected.

MEASLES

122 cases of measles were notified during the year, all but 7 cases occurring between April and July.

SCARLET FEVER

49 cases were notified during the year. The incidence was not localised either in time or place.

INFECTIVE JAUNDICE

This is the first complete year in which infective jaundice has been notified. 49 cases were notified during the year. There was one small outbreak in the Alphington area.

OPHTHALMIA NEONATORUM

Only 1 case was notified during the year by a general practitioner. The baby was born at home. The condition cleared up quickly with treatment.

BACTERIOLOGY ETC. INVESTIGATIONS PUBLIC HEALTH LABORATORY SERVICE

(Director : DR. B. MOORE)

Exeter cases—referred by health department.

	No. taken.	Specimens examined.	
		Negative.	Positive.
Dysentery	55	42	13
Food Poisoning	77	58	19
Enteritis and D. & V.	31	29	2
	163	129	34
Scarlet Fever	4	4	—
Typhoid Fever (suspected)	10	10	—
Urine	14	10	4
Throat Swabs	3	2	1
Ear Swabs	5	—	5
Nasal Swabs	1	1	—
Miscellaneous	12	9	3
Totals	212	165	47

Table XVII.

ACUTE INFECTIOUS DISEASE.

MONTHLY INCIDENCE OF INFECTIOUS DISEASE NOTIFIED DURING 1969 (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	5	4	2	5	5	7	4	2	3	6	2	4	49	1
Whooping cough	5	—	2	—	—	—	4	—	1	2	3	2	19	5
Measles	2	—	—	45	32	26	12	2	—	2	1	—	122	1
Acute meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Dysentery	3	2	3	5	—	3	1	—	—	—	—	—	17	2
Food poisoning	—	—	—	—	1	1	—	2	1	4	—	—	9	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective jaundice	2	2	5	16	10	2	2	1	3	2	1	3	49	3
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis (not a notifiable disease)	—	2	—	—	—	—	—	—	—	1	—	—	3	2

Table XVIII.
ACUTE INFECTIOUS DISEASE
CASES OF NOTIFIABLE DISEASE NOTIFIED DURING THE YEAR 1969 (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	—	1	1	5	5	26	7	3	1	—	—	—	—	49	1
Whooping cough	2	3	4	1	2	6	1	—	—	—	—	—	—	19	5
Measles	2	20	18	18	15	48	—	—	—	—	—	—	1	122	1
Acute meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Dysentery	1	2	—	2	2	2	1	3	1	2	—	—	1	17	2
Food poisoning	1	2	—	—	—	—	—	—	2	1	2	—	1	9	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective jaundice	—	—	—	1	—	17	15	5	2	4	3	2	—	49	3
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis	1	1	1	—	—	—	—	—	—	—	—	—	—	3	2
(not a notifiable disease)															

Table XIX.

THE BLIND.

REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS DURING 1969.

	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.	15	1	3	1	—	—	11	1
(b) Treatment : (Medical, surgical or optical).	2	1	3	4	—	—	4	2
(ii) Number of cases at (i) (b) above which on follow-up action have received Treatment.	2	1	3	4	—	—	4	2

2 names were transferred from register of partially sighted persons to register of blind persons.

Total (Exeter residents) on the Register at end of 1969—Blind 304. Partially Sighted 63.

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

DEPARTMENT	MEDICAL DECLARATIONS ACCEPTED				MEDICAL EXAMINATIONS				M.M.R. X-RAYS obtained		
	Superannuation Scheme		Fitness for Employment		Following Declarations of Health		Following Sickness			TOTAL	
	M.	F.	M.	F.	M.	F.	M.	F.			
Children's	2	5	—	2	—	4	—	—	4	4	
City Architect	25	4	16	2	—	—	5	—	5	—	
City Surveyor	34	1	8	—	1	—	22	—	35	1	
City Treasurer	3	8	—	—	1	1	—	—	2	—	
Education	15	15	3	130	1	8	3	—	12	106	
Fire Brigade	1	8	3	—	1	—	1	—	7	—	
Health	7	60	4	18	2	8	—	2	12	19	
Housing	2	2	1	—	—	—	—	—	—	—	
Libraries	2	9	—	7	1	2	—	—	3	—	
Museum	2	2	5	2	—	1	1	—	2	—	
Town Clerk	13	5	4	7	5	9	—	—	14	9	
Transport	16	—	—	1	—	—	1	—	3	—	
Welfare	3	9	—	1	—	—	1	2	3	6	
Weights and Measures	—	—	—	—	—	—	—	—	—	—	
Planning	1	1	—	—	—	—	—	—	—	—	
Motor Taxation	—	1	—	—	—	—	—	—	—	—	
Examinations carried out for other Authorities	—	—	—	—	—	—	—	9	2	10	
Estates and Valuers	1	—	—	—	1	—	—	—	1	—	
Magistrates Court	2	2	2	—	1	—	—	—	1	—	
GRAND TOTAL	131	134	46	170	13	33	34	4	23	2	163
GRAND TOTAL 1968	155	126	38	162	12	32	33	1	12	2	147

NATIONAL ASSISTANCE ACTS, 1948—1962

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

No cases were removed from their homes under a Section 47 order, but six cases were investigated during the year. In three cases discussion with the family doctor, and the person concerned led to voluntary admission to hospital (one of these, an elderly woman subsequently died), in two cases the persons concerned attend the Day Hospital and receive help from other social services and the last case, whilst still at home, receives the support of all available services (home help, district nursing, meals-on-wheels and so on) and is still under active review.

It is interesting that many old people, even those in rapidly failing health, do not wish to leave their own homes and yet refuse all offers of help. I do not consider that compulsory removal should be resorted to except in extreme cases—if an old person wants to remain at home, then wishes should be respected and every effort made to give them sufficient support from medical and social services.

NURSING HOMES

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

Homes registered at the end of the year :—

Argyll House (7 convalescent and chronic medical cases).

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

Southcroft Nursing Home (4 chronic medical cases).

St. Nicholas House (12 mothers and babies).

St. Olave's Mother and Baby Home (12 mothers and babies) closed during the year through lack of use. It was first registered in January 1927.

All Homes are visited regularly by a medical officer from the department.

NURSES AGENCIES

(Nurses Agencies Act 1957 and Nurses Agencies Regulations 1961).

There was one additional registration during the year as follows :—

“ Helping Hands—Nursing and Social Agency ” (Mr. W. L. Hicks)
—registered 1st January 1969.

The Exeter Emergency Nursing Service (Mr. H. S. Coldridge)—first registered in August 1968, continued in operation during the year but a renewal of the registration was not sought at the year end.

CHILD CARE

In 1969, a total of 39 cases were discussed, including 8 new cases and 1 old case re-opened. We were able to close 14 of these cases, leaving 25 families on the register at the end of the year. It was decided that the meetings should be held once a month instead of twice monthly as in the previous year. The Children's Committee continued to sub-let a Council house to the same family mentioned in my last Report.

HEALTH CENTRES

ST. THOMAS HEALTH CENTRE

The St. Thomas Health Centre, which is the first of several planned for the City, was opened officially by the Right Worshipful the Mayor (Alderman W. J. Hallett, T.D., LL.B.) on the 7th October and came into full use on Monday, 13th October.

Family doctors, with about 20,000 patients, practice in the centre, each having a consulting suite consisting of a consulting room and examination room. The tenth suite is at present unused. There is a treatment room with a nurse in attendance.

Four health visitors, 5 home nurses (including one male nurse) and 2 home midwives work from the centre, collaborating closely with the family doctors. The home midwives conduct ante-natal clinics, in most cases along with the doctors, and organise relaxation and parentcraft classes. A mental welfare officer visits the centre each morning to discuss cases with the doctors. Infant development and vaccination clinics, previously held at the Buddle Lane Community Centre, are held in the centre and welfare foods are available during these sessions. Similarly, the chiropody sessions have been transferred to the centre, several clinics being held each week.

The school dentist has a surgery in the centre where treatment is given to school children, to expectant and nursing mothers, and to pre-school children. Speech Therapy treatment is given in the centre to both school and pre-school children.

To some extent the plan of the building was dictated by the irregular shape of the site. It has a floor area of 9,200 feet super, and the building cost £61,000, site £8,500 and furniture and equipment £9,000. The building is steel-framed and constructed in the Method Building System. It is heated by a central heating system with oil-fuelled boiler and radiators. The forecourt is laid out in cultivated areas and areas with paved paths. There are parking facilities for 26 cars. From this forecourt there is an area on the west side of the building for parking 10 doctors' cars, and from which direct access to their surgeries can be gained.

As previously stated, this is our first health centre, and the experience gained in its administration will be helpful in planning future centres, for many of the difficulties which inevitably occur with a new project cannot be foreseen at the planning stage.

MATERNITY AND CHILD HEALTH

MATERNITY

BOOKINGS FOR GENERAL PRACTITIONER UNIT

EXETER MOTHERS

During 1969, the acceptable total number of monthly bookings remained the same, i.e. 73 for Exeter mothers including 35 48-hour discharges, and 42 for Devon County mothers including 15 48-hour discharges.

The order of priority remained unchanged and out of a total of 976 Exeter applicants, only 36 were not, in fact, ultimately booked.

Mowbray Hospital (G.P. Unit) (Exeter Mothers booked).

Totals	Parity	Age				
		Under 20	20—29	30—34	35—39	40+
476	Primigravid	121	329	19	7	—
269	1 Para.	18	208	32	11	—
95	2 Para.	1	58	27	9	—
50	3 Para.	—	30	10	7	3
13	4 Para.	—	3	3	4	3
8	4+ Para.	—	3	2	3	—
911	TOTALS	140	631	93	41	6

Home Bookings.

Totals	Parity	Age				
		Under 20	20—29	30—34	35—39	40+
24	Primigravid	1	23	—	—	—
180	1 Para.	6	152	21	1	—
88	2 Para.	2	62	21	2	1
27	3 Para.	—	14	7	5	1
7	4 Para.	—	2	2	1	2
7	5 Para.	—	2	4	1	—
3	6 Para.	—	1	1	1	—
336	TOTALS	9	256	56	11	4

Mowbray Hospital Bookings for 1969 (Exeter Mothers).

(a) Number of mothers who applied for a bed at Mowbray Hospital who were expecting their babies in 1969	976	
(b) Number of mothers accepted for confinement at Mowbray Hospital	911	} 976
Number of mothers placed on the " waiting list " but not eventually booked	36	
Number of mothers who cancelled their bookings before they were " accepted " (including 19 waiting list cases)	26	
Number of mothers who were refused admission because no bed available	3	
(c) Number of those booked who were actually delivered at Mowbray Hospital (not all in 1969)	616	
N.B. There were also 11 emergency admissions.		
Number of those booked who were delivered at the City Hospital without cancelling their Mowbray booking, including transfers from Mowbray after admission	171	} 911
Number of those booked who were delivered at home without cancelling their booking	4	
Number of those booked who were delivered elsewhere without cancelling their booking	3	
Number who cancelled their bookings because of :		
(i) Miscarriage	13	} 117
(ii) Delivery arranged in the City Hospital	69	
(iii) Leaving the area	29	
(iv) Home confinement preferred	2	
(v) Other reasons	4	

These tables show that 240 (26%) of all mothers booked and accepted for Mowbray Hospital were delivered in the specialist unit at the City Hospital.

Mowbray Hospital Deliveries during 1969.

During the year, 992 babies were delivered at Mowbray, including 3 stillbirths. 613 of these were to Exeter mothers, including 1 stillbirth.

City Hospital Deliveries during 1969.

1,325 babies were delivered at the City Hospital during 1969, of which 532 were to Exeter mothers, including 13 twins and 21 stillbirths.

TESTS FOR PHENYLKETONURIA—1969

Tests at :

3 weeks—Phenistix	.....	83 babies
7th day—Guthrie	.....	90 „
7th day—Guthrie and 3 week—Phenistix	.....	8 „
6 weeks—Phenistix	.....	554 „
7th day—Guthrie and 6 week—Phenistix	.....	20 „
3 week and 6 week—Phenistix	.....	446 „
7th day—Guthrie and 3 week and 6 week—Phenistix	.....	1 „
		<hr/>
		1,202 „
		<hr/>

Total 1,202 (92%) of notified live births.

All tests were negative.

The Guthrie Test was adopted as the standing test from November 1969, and is done by the midwife about the sixth day after birth.

CHILD HEALTH

Child Health Centres. (See Tables XXIX and XXX.)

The number of children attending the child health centres was 3,249 (3,700 in 1968). The total attendances during the year were 1,200 fewer than in 1968—16,686 compared with 17,888 ; however, the health visitors' home visits to children up to 5 years of age is on the increase (nearly 2,000 additional home visits to children during 1969) and this compensates, to some extent, the downward trend of clinic attendances.

Baby Weighing Scales.

During 1969 baby-weighers were loaned on 65 occasions to mothers for use in their own homes.

Such loans are arranged by the health visitor concerned and both collection and delivery is made by departmental van.

AUDIOLOGY UNIT

PRE-SCHOOL CHILDREN

DR. E. L. RYAN (Senior Medical Officer).

Pre-school children are selected for Hearing Assessment as follows :—

1. All children on the "Observation" Register are screened when they reach the age of 8-9 months.
2. Children whose speech development is reported as "slow" ; also some pre-school children referred to the Speech Therapist for defective articulation.

3. Children reported by a parent, health visitor, etc. as seemingly deaf ; also children with a history of ear and upper respiratory tract infections.

The first " hearing " test is carried out in the child's home by the health visitor attached to the Audiology Unit. She is assisted by the health visitor for the area. If the child fails this test, he/she is referred to the Audiology Unit for further investigation—this includes a medical examination, and, if necessary, the child will be sent to the E.N.T. Consultant for an opinion.

Pre-school clinics (M.O. present) are held twice a month in the Audiology Unit, and there is a " combined Consultant's Clinic " once every two months. An E.N.T. Consultant and a Paediatrician attend this clinic in addition to the staff of the Audiology Unit, Educational Psychologist and Speech Therapist.

Children with a hearing defect are visited at home by the senior Peripatetic Teacher for the Deaf. Training is carried out, and parents are instructed as to how they can help. Hearing aids are issued to such children as seem to require them, and pre-school children with a very marked hearing loss can be admitted to the Nursery Section of the West of England School for the Deaf.

A few children have been found whose hearing is either normal or only slightly defective, but who have a marked defect as regards speech development. These children are problems, in the first place, from the diagnostic point of view, and later as regards placement. It is hoped to establish a Unit in Exeter to deal with such cases. This is already under consideration by the Education Department.

It will be realised on looking at the categories of children who came forward for hearing tests that the majority of children born in any one year are not tested. This was considered unsatisfactory, as there was always a risk that a child with a hearing defect might be missed.

A scheme to train all health visitors in routine Hearing Testing of Babies (Distraction Tests) will be started in 1970. All children not on the Observation Register will be screened by the health visitors for the area at the age of 8-9 months. Those who fail the test will be referred to the Audiology Unit. Children on the Observation Register will continue to be tested by the staff of the Audiology Unit.

AUDIOLOGY SERVICE FOR THE PRE-SCHOOL CHILD

Comments by Miss G. M. BASTOW (health visitor).

Routine screening tests of hearing have continued throughout the year on all children whose names are on the observation register. These (and other children under 5 years of age who have been referred for various reasons) have been tested in their own

homes, where they are familiar with environmental household noises and, therefore, respond quickly to the less familiar testing sounds.

Statistics.

New Cases :	1965	1966	1967	1968	1969
Under 2 years of age	284 (284)	440 (420)	471 (420)	452 (407)	360 (290)
2—5 years of age	102	77	44	100	190

Figures in brackets denote " Observation Register " babies.

Re-tests :					
Under 2 years of age	121	56	51	51	68
2—5 years of age		141	224	139	239
Annual totals	507	714	790	742	857

Observation List.

Of the 290 children tested in 1969—

259 showed no evidence of deafness.

31 failed the original screening test—

5 of these ultimately showed a definite hearing loss.

1 is suspected to have a specific language disorder.

10 were cleared.

15 remain under observation.

Audiology Clinic. (L.H.A. Sessions.)

26 sessions were held for pre-school children (in addition to special sessions to review the children attending the School for the Deaf).

Pre-School Children.

1965	1966	1967	1968	1969	
6	10	17	23	26	No. of sessions held
12	27	44 (32)	59 (40)	83 (43)	No. of children attending A.C.
12	27	54	89	113	No. of attendances made

Figures in brackets indicate new referrals within the year.

Of the 83 children seen during 1969, 43 were new cases and 40 re-views from previous years.

Combined Consultants' Clinic.

Four sessions were held at which 9 children made a total of 13 attendances. In addition, conferences were held on 5 other children whose educational placement was proving difficult.

Parent Guidance.

Monthly sessions have been continued, but as the number of attendances is small (average 5 per session), it is doubtful if time is well spent in this way.

Observation Visits and Demonstrations.

During the year a number of lectures and demonstrations have been given at the Audiology Clinic to groups of interested people. Those attending have included post-certificate midwives from the City Hospital and pupil midwives from the Exeter District Midwifery and Home Nursing Service, student nurses from the Royal Devon & Exeter Hospital, members of the Society of Medical Officers of Health and members of the British Association for the Advancement of Science.

Comments by MISS M. M. GODSLAND

(Peripatetic teacher of the deaf)

Children covered by this section of my report are, as in last year's report (a) Pre-School Children under the age of 5, (b) a few children over the age of 5 who come to the Diagnostic Clinics, and (c) children attending the Junior Training Centre.

The Pre-School Hearing Impaired Child.

At the beginning of the year there were 7 pre-school partially-hearing children with hearing-aids being regularly seen by the Senior Peripatetic Teacher of the Deaf at Nursery School, play-group and/or at home. There was also one child with a minimal-moderate degree of hearing-loss whose prime handicap was that of language-disorder or receptive aphasia.

Amongst these 8 children being seen at the beginning of the year, intelligence level or developmental levels ranged from severely subnormal (2) to normal (5) or above average (1).

Ages were as follows :—

Under 1		1—2		2—3		3—4		4—5		5—5+	
B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
—	1	—	1	†1	†1	—	—	*1	1	—	2

† 2 severely subnormal children.

* 1 child primarily language-disordered.

These children were being seen

Twice weekly	Once weekly	Fortnightly	Occasionally
5	1	*1	*1

* Deafness intermittent or level of hearing improving.

In general, children within the younger age-group and with more severe degrees of deafness were seen more frequently.

A summary of the present placement of these children follows :—

At Home		In ordinary Infants' School		At School for the Deaf		At Junior Training Centre	
B.	G.	B.	G.	B.	G.	B.	G.
*1	1	1	3	—	1	—	1

* 1 on waiting list for admittance to Ellen Tinkham House.

During the year three children have moved into the City. One child was of school age, two of pre-school. All were placed at the School for the Deaf.

At the end of the year the number of pre-school partially-hearing children with hearing-aids had dropped to five. Four of these children were old cases ; one was new. Of these cases the two mentally retarded children have only intermittent deafness and have had near-normal hearing lately. The remaining three children have severe perceptive deafness.

Ages.

1—2		2—3		3—4		4—5	
B.	G.	B.	G.	B.	G.	B.	G.
—	1	—	—	—	1	1	—

Hearing Aids.

Medresco	Commercial
1	*2

* Recommended because of type of deafness (high-frequency).

FAMILY PLANNING

The annual grant to the Family Planning Association remained at £350 during the financial year 1969/70, but is to be increased in the coming financial year to £750. With the increase it will be possible to widen the field of persons to whom the service will be available without charge.

During the year, 240 patients who were in social and medical need were seen free of charge.

BUDDLE LANE DAY NURSERY

Children attended for the following reasons :—

- (a) 29, where either the mother or the father was the sole provider for the family ;
- (b) 13, owing to the mental health of the parent or child ;
- (c) 10, because of physical ill health in child or parent ;
- (d) 6, during the mother's confinement ;
- (e) 12, where both parents were working because of financial pressures ;
- (f) 7, where the parents were full-time students ;
- (g) 18, for social reasons.

Table XXI.

BUDDLE LANE DAY NURSERY.

NURSERY AGE GROUP IN YEARS	Buddle Lane	
	0—2	2—5
Number of Places	20	25
Number on roll at beginning of 1969	11	34
Number admitted	13	37
Number removed from roll	7*	43
Number on roll at end of 1969	10	35
Maximum Attendance	13	37
Minimum Attendance	2	10

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

10 babies under the age of 12 months attended the nursery during the year, and those still on the roll at the end of the year were all making good progress.

There have been three medical examinations during the year, each child receiving at least one examination. 22 children were given the Stycar Vision Test in May—all were negative.

Following a Dental examination 8 children received treatment. 2 children have attended Speech Therapy and 2 have been tested by the Audiology Unit.

The general physical health of the children has been good. There have been 2 cases of Chicken Pox, 1 of Whooping Cough and 2 of German Measles.

During the year, the Matron and the Warden were able to attend Further Training Courses.

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948, AS AMENDED BY THE HEALTH SERVICES AND PUBLIC HEALTH ACT, 1968.

As a direct result of the amendments to the Nurseries and Child-minders Regulation Act, 1948, 43 Child-minders and 4 playgroups and day nurseries were registered during 1969. Many of the Child-minders were looking after one child only "to oblige a neighbour" and when the child started school the registration certificate was relinquished. Several applications were made but not carried through when the full implications of registered Child-minding were realised. By the end of 1969, 11 child-minders had given up minding. One or two applications for Day Nurseries were received where, on inspection, the premises failed to reach the required standards. All the registered Day Nurseries were functioning successfully by the end of the year. At the end of 1969 therefore, 21 day nurseries (caring for 501 children) and 47 child-minders (caring for 154 children) were in operation.

"Sponsored" Children.

Since the physically handicapped children were transferred to Vranck House School last year the money available has been used to give socially handicapped children places in Playgroups. These are children whose social environment is poor and restricted, and who benefit greatly from the stimulating surroundings of a Playgroup.

At the end of the year 13 children were attending playgroups in the City, of whom 2 were given transport free of charge.

Day and evening courses for Playgroup organisers were offered by Exeter Technical College, which prospective applicants were advised to attend if possible. The local branch of the Pre-School Playgroups Association gave valuable assistance to new members.

THE UNMARRIED MOTHER AND HER CHILD

Comment by the City Social Worker—MISS B. CRAMP

(See also Table XXXI)

The year under review has marked quite historic and important changes in the work among unmarried mothers—in that the Diocesan Association for Care of Girls—which has for so

many years sponsored this work and also rendered a very valuable service to the girls who came to St. Olave's Home felt that with the closing of the home they could no longer be responsible for the work. Thus it was that on October 1st the work was transferred to the Diocesan Council for Family and Social Welfare. This was carried out with the goodwill of both Associations—and I am pleased that it was made possible for me to continue as the Worker for Exeter City and wish to thank the Medical Officer of Health and both Committees for this arrangement.

The work covering 1969 has followed the same pattern as in previous years—with approximately 25% of the girls coming from other areas—some to conceal the fact of pregnancy and others being temporarily resident in Exeter as students. The areas from which they came covered widely different places—among these being Salisbury, Rhodesia—Jamaica—Spain—Southern Ireland—I.O.W.—parts of Cornwall—Yorkshire—Blackpool—Birmingham, etc. The actual cases show a decrease of 2 only—with 3 less births—the proportion of babies kept by mothers or offered for adoption being much the same.

In the main the girls keeping their babies live at home with parents willing to help them. Quite a number of girls return to work later and mother cares for the baby by day. For many this seems a wise plan—as where both the girl and her mother are home all day quite a lot of friction between them can arise.

The Diocesan Adoption Society has been most helpful in placing all the babies offered to them—and in 1969 we had only one baby who because of birth problems will possibly be unadoptable—she is with a very good foster mother and making progress—so we await further medical reports.

It is interesting to note that in spite of the general feeling that girls do not wish to go to Mother and Baby Homes there were 8 girls who requested this be arranged as against only 3 in 1968—and in all these cases they settled well and were quite happy at the respective Homes. As an alternative to admission to a home—accommodation in another area—usually Plymouth, has been arranged for girls who wish to leave Exeter—adoption arrangements then being made in that area.

The girls who came for “after-care” were helped by various means—such as advising *re* accommodation—help with affiliation orders—getting baby into day nurseries or finding a “daily minder”.

As always, a word of appreciation is due to Doctors, Health Visitors and other Workers who put girls in touch with me when they feel help or advice is needed—and also to Children's Department, Hospital staffs, and a very fine group of Foster Mothers. Without all these good folks the work of helping the mothers and babies who come my way would be very much more difficult.

ST. OLAVE'S HOME

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

(Closed 1st December 1969)

Number of admissions during 1969	....	....	19
(including 3 Exeter residents)			

Number of deliveries during the year :—

(a) attended solely by midwife	....	....	10
(b) Doctor present at some time during labour....			3

ST. NICHOLAS HOUSE

(Owned by the Exeter Diocesan Council for Family and Social Welfare)

Number of admissions during 1969	....	....	43
(including 2 Exeter residents)			

Number of deliveries during the year :—

(a) attended solely by midwife	....	....	18
(b) Doctor present at some time during labour....			11

REPORT OF THE PRINCIPAL DENTAL OFFICER FOR 1969.

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

The dental services operated by the City of Exeter supply various needs ; they are not confined only to the school dental service although the latter forms the major part of our work. A fair proportion of our work concerns the dental care of expectant and nursing mothers and pre-school children. The " under-fives " are the dental patients of the future, and we feel that supervision of their teeth should commence at an early age.

We have continued sending out our letters during the year to the parents of all children reaching the age of three years. We have had a very good response to these letters, which stress the need for an early start in keeping a check on the child's teeth. Parents are invited to bring their toddlers of three years of age to our dental clinics, by appointment, for this inspection.

Equally, of course, they are advised to take the children to the general dental service practitioner of their choice, should they prefer not to use our services. Either way, the child will be looked after from an early age, which is the main object of the exercise.

Response to the letters has been good, for two main reasons. Many toddlers have been brought to the clinics as a direct result, while the parents of others, who take their children regularly to the " family dentist ", have notified us of this in a great many instances. (The fact that they take the trouble to write in, or telephone, testifies to the genuineness of this !). Strangely enough, a previous attempt some years ago to interest this group by means of an attractive birthday card sent on the child's third birthday met with complete failure.

The inspection of these small patients is made as informal as possible. It is usually the child's first visit to a dentist, so he

or she is examined either seated on the mother's knee, or while standing up (the dentist either kneels or stoops to avoid appearing as a towering figure). There is little need to seat children in the dental chair at this stage. Should a child climb up into the dental chair of his own choice, we encourage this, of course. These small patients often find difficulty in obtaining treatment from dentists in general practice. It is usually the child's first contact with the dental world; therefore much patience and kindness, with gentle insistence where needed, is required. It demands time and an aptitude which not everyone is so fortunate as to possess. Some dentists, in fact, decline to see anyone so young. We encourage mothers to bring their pre-school children with them when they come for treatment themselves, or when bringing older brothers and sisters to the clinics.

Many mothers appear unaware that children can be brought to the dental clinics before they start school. Frequently these mothers are agreeably surprised to learn that they can bring their children to our clinics no matter how young. We have examined and treated children from the age of twelve months upwards, on some occasions even performing extractions (under general anaesthesia) for 18- and 24-month old babies!

Expectant and nursing mothers are eligible for free dental treatment, including the provision of artificial dentures and advice at any time during their pregnancy, and for one year after the birth. The fact that these mothers can obtain similar free treatment under the General Dental Service from any of the large numbers of practitioners in the City greatly reduces the number attending our clinics.

I gave talks on the care of the teeth and gums at approximately seven-weekly intervals throughout the year to relaxation classes of expectant mothers at the Alice Vlieland Clinic. The talks seemed to be appreciated by these mothers, who undoubtedly prefer a "live" talk to the showing of educational films (I know this, because we have tried films in the past). Although the subject seems simple and, indeed, obvious, it is surprising how many of my audience do not even know that there is a right and a wrong way to brush the teeth. The wrong way can cause permanent damage to both teeth *and* gums.

I usually talk for about twenty minutes, making the subject as light and informal as I can, leavened with the occasional anecdote. Questions are invited afterwards and quite frequently an interesting discussion ensues. My audience take home with them illustrated leaflets emphasizing the main points about toothbrushing technique.

Mr. R. B. Mycock, dental officer at the Whipton Health Clinic, has also given regular talks throughout the year to the relaxation classes there, illustrating some of his talks with colour-slides.

As usual, my best thanks go to the doctors, physiotherapists, nurses and health visitors, and to the Exeter District Midwifery

and Home Nursing Service (Superintendent, Miss P. White) and the Matron of St. Olave's Home for their co-operation.

Anaesthetics.

Dr. N. G. P. Butler, consultant anaesthetist, continued his regular weekly anaesthetic sessions throughout the year. Dr. Butler strives constantly to perfect the extremely safe 20% oxygen to 80% nitrous oxide technique which he was instrumental in pioneering in this country. The patient breathes the equivalent of atmospheric oxygen during the whole of the anaesthetic. After-effects attributable to the anaesthetic are non-existent, and recovery is rapid and complete.

We also have one or two doctors whom we can call upon for the administration of general anaesthetics, but these are becoming harder to obtain in emergency each year as more medical practitioners adopt the appointment system for their patients. We also see, from time to time, patients referred from general dental practitioners, who cannot arrange for a general anaesthetic for some time for various reasons.

Staff.

I am happy to report that there have been no changes in staff during the year. My dental officers and clerical and chairside staff have worked steadily and well throughout the year. I accord them my sincere thanks for this and for the friendly atmosphere which prevails in our clinics.

St. Thomas Health Centre.

The important event of the year so far as the dental service was concerned, was the opening of the new St. Thomas Health Centre in Cowick Street, St. Thomas in October. We have been able to transfer the existing St. Thomas dental clinic from its previous gloomy location behind the County Rugby Ground grandstand in Tin Lane to this new Health Centre. It is now in much more pleasant, hygienic and accessible surroundings.

Mr. T. N. Praat, the dental officer at this Clinic, feels much less isolated than in the former clinic, having medical and para-medical colleagues with whom he can converse at will.

Improvements in equipment have been made during the year at all our clinics, to increase safety and operating efficiency, with more to follow.

Fluoridation.

I always return to this subject in all my annual reports, this well-proven and safe means of reducing tooth decay, especially in young children. Dental decay can be reduced by as much as 50%, despite the ever-increasing consumption of sweets and pastries, provided these children have been drinking water fluoridated at the recommended level (one part fluoride to one

million parts of water), from birth onwards. Exeter's water contains already a small amount of natural fluoride (about 0.1 part per million). If this were brought to the optimum recommended of 1.0 part per million, this would benefit the children's teeth enormously. More and more local authorities in this country have already adopted fluoridation of the domestic water supply. Fluoridation has the backing of every responsible and recognised health authority throughout the world as a safe and effective measure.

Exeter has once again, this year, voted against fluoridating its water supply. Comment would appear to be superfluous.

Expectant and Nursing Mothers.

Of the 67 inspected, the following details show the source of reference :—(a) maternity and child welfare department 9, (b) family doctors 2, (c) home midwives 14, (d) St. Olave's Home 7, (e) post-natal cases 29, (f) dental officers 6.

Pre-School Children.

599 pre-school children were examined, including 566 whose parents desired treatment or who were referred from Child Welfare Clinics, and 33 in Buddle Lane Nursery (of whom 21 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	67	61	46
Children under five years and not eligible for school dental service	599	233	216

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	33	133	—	—	74	28	9	25
Children under five years and not eligible for school dental service	5	123	236	—	370	223	—	4

MIDWIFERY

SUPERVISION OF MIDWIVES

Practice	Midwives who gave notice of intention to practise during 1969	Still practising in Exeter at year-end
Domiciliary	16	10
Hospital	47	38
H.M. Prison	4	3
TOTALS	67	51

DOMICILIARY MIDWIFERY

(See Tables XXXII to XXXIV)

Staffing. At the end of the year there were, as well as supervisory staff (equivalent $1\frac{1}{2}$), 7 full-time and 1 part-time midwives (equivalent of $7\frac{1}{2}$). Of these 3 are approved district teaching midwives, and 3 district nurse midwives who are concerned mainly with ante-natal care and mothers discharged from hospital in the early post-natal period. These district nurse midwives also undertake a small amount of home nursing, as required. Staff shortages have continued throughout 1969. The effect of the shortages have been partly off-set by a fall in the number of home deliveries and hospital discharges. In addition, from April 1969, we reduced the normal attendances by the midwives from the twenty-first to the fourteenth day after confinement, the health visitors taking over the care of the mother and baby from the fifteenth day. The staffing prospects for 1970 are much improved.

Training—Part II School. 21 pupil midwives completed training during 1969 and were successful in the second part midwifery examination. Owing to the closing of the Exmouth District Nurses Home and the fall in the number of domiciliary deliveries in that area, it was found to be impractical to continue the arrangement for two pupil midwives to be seconded to Exmouth for district experience. This was discontinued in July 1969, and we are grateful to the midwives in Exmouth for the good practical training which they gave to our pupils during the two years this scheme was in operation.

A new scheme of training was started in September 1969, with the approval of the Central Midwives Board. This permits a reduction in the number of domiciliary deliveries undertaken by each pupil to a minimum of six cases, and increases the teaching on all aspects of community care. The first course was appreciated by the pupils participating, and we are grateful to all who have shown interest and given of their time, enabling this scheme of training to be established. We have continued

to have an intake of seven pupil midwives each three months, and they now undertake a minimum of fourteen deliveries during the first three months which they spend at the City Hospital.

Post-graduate Courses. Three midwives each attended a one week's statutory post-graduate course during 1969.

Home Bookings. 336 mothers were booked for home delivery ; details of age and parity are set out on page 62. There was only one primigravida under the age of 20 years ; she was delivered at home. Of the 17 grand-multiparae, 3 were subsequently booked for hospital delivery and 4 admitted during pregnancy or labour.

Attendance at Ante-Natal Sessions in Doctors' Surgeries and Attachment of Midwives to General Practice. The arrangement for midwives to attend at ante-natal sessions in doctors' surgeries continued to prove satisfactory. In November 1969 the midwives' work was re-organised to obtain a closer linking with the family doctor for all aspects of midwifery care. The midwives are now undertaking ante-natal and post-natal care of mothers booked for home confinement or Mowbray Hospital in relation to family doctors' practices, rather than on a geographical basis. Whenever practical the midwife also attends these mothers when delivery takes place at home. She also attends the doctor's ante-natal clinic when a joint session is being held in the doctor's surgery or the Health Centre. The midwives work in pairs, acting as each other's relief. This system has improved the continuity of care given to the mothers, and the ease of communication with the doctors.

4,205 attendances were made by mothers at 415 of these sessions conducted by the family doctors with the midwives during the year. In addition, a weekly midwives' ante-natal session was held where two doctors attend to see their own patients. Thirteen doctors were holding regular ante-natal clinics with the midwives by the end of 1969, and this is being extended to a further three doctors early in 1970.

Haemoglobin Estimation in Pregnancy. Of 336 mothers booked and due in 1969, all except six were believed to have had at least one haemoglobin estimation in pregnancy, and in 320 cases the result was known to the midwife.

Relaxation Classes. 574 mothers made a total of 3,421 attendances during 1969. The evening parentcraft class for expectant mothers and their husbands has continued to prove popular and the teaching has been undertaken jointly by a physiotherapist, health visitor and midwife. We have had difficulty in recruiting physiotherapists for the relaxation classes, and of the six weekly classes held, three have been conducted by physio-

therapists, and three by the midwives. With the opening of the St. Thomas Health Centre, plans were made for one of the classes previously held at the Alice Vlieland Clinic to be transferred to the new centre.

Free Home Help for Ante-natal Cases. This service was provided for four cases only in 1969, one because of threatened premature labour, and three because of pre-eclamptic toxæmia. All these mothers were delivered in hospital.

Emergency Ambulance Calls. On 5 occasions a midwife was called at the request of the ambulance service. On one occasion the baby was born shortly before the arrival of the midwife, and all the cases were subsequently transferred to hospital.

Home Deliveries. 231 mothers were delivered and attended by the midwives at home, including 42 in Mother and Baby Homes (13 in St. Olave's Home and 29 in St. Nicholas House). This was a total of 79 cases less than in 1968. St. Olave's Home closed on 1st December 1969; the midwives are continuing attendance on the mothers in St. Nicholas House as previously.

Hospital discharge of Midwifery Cases. 944 mothers were discharged from hospital after delivery to the care of the midwife and 8,973 visits were paid to these cases. The trend for early discharge from hospital after delivery has continued—36% of the mothers were discharged in the first three days after delivery in 1969, 31% in 1968 and 15% in 1967. The arrangements for planned early discharge are working well. Unfortunately, there are still a large number of unplanned early discharges where good arrangements for care are not easy to attain. 51% of the mothers discharged before the eighth day were unplanned early discharges.

Guthrie Tests for Phenylketonuria. During August 1969 all the midwives and pupils received instruction at the City Hospital in the taking of blood samples from the baby for phenylketonuria screening. The midwives have been undertaking this since October 1969 for all babies in their care on the seventh day, the samples being sent to the Pathology Department in Bristol for testing.

Inhalation Analgesia. 173 (75%) of mothers attended at the confinement by the district midwives received some form of inhalation analgesia, almost all having nitrous oxide and oxygen. Of the remaining 58 mothers delivered at home, 38 preferred to have no inhalation analgesia and in 20 cases labour was too quick.

Asphyxia of Babies. The number of babies requiring treatment for asphyxia at birth was 8; oxygen (face mask), Blease-

Samson resuscitator and Vandid being used according to circumstances ; all babies responded satisfactorily.

Evaluation of the condition of the Newborn Infant.

Number of babies where Apgar rating made 227

<i>Apgar score :</i>	<i>Number of babies</i>
1 } Causing considerable anxiety	—
2 }	2
3 }	2
4 }	1
5	—
6	5
7	8
8	42
9	117
10	50

This assessment, made one minute after the birth of the baby, was recorded in all except 3 of the 230 live births at home.

Low-weight Babies delivered at home. 8 babies of 5½ lbs. or under were delivered at home. 3 were under 5 lbs. and were transferred to the Special Care Unit of the City Hospital (these were all booked for hospital delivery). One baby weighing 5 lbs. was also transferred (emergency unbooked delivery), and the remaining 4 stayed at home and progressed well.

National Dried Milk. 87 tins of national dried milk were sold from the Nurses Home Headquarters at week-ends and Bank Holidays, when the usual centres are closed.

Abortions. During 1969 the district midwives nursed 33 cases of spontaneous abortion. Of these, 23 were nursed entirely at home and 10 admitted to hospital. Only 5 of these cases were booked for confinement.

Two therapeutic abortions to Exeter women were carried out at The Nuffield Nursing Home, which is registered under the Abortion Act, and of the 106 abortions which occurred at the Royal Devon and Exeter Hospital 64 (60%) were spontaneous.

HEALTH VISITING

(See Table XXXVI)

The pattern of health visiting in Exeter showed two new features during 1969. (1) Health Visitors and General Practitioners moved closer together, e.g. in St. Thomas Health Centre, and the attachment of a Health Visitor to a general practice. (2) The appointment of Health Assistants to relieve Health Visitors of certain routine work.

One Health Visitor became " attached " to a practice of three doctors in early February. This means that she works only

with the patients on the practice list and not those living in a geographical area. She shares certain responsibilities, e.g. School Nursing, Health Education, Student Training, etc., carried by all Health Visitors, and remains primarily responsible to the local authority by whom she is employed. The Health Visitor has a room in the practice premises and this facilitates exchange of information and discussion of problems. Doctors, Health Visitors and patients are pleased with this co-operation. The Health Visitor finds the scope and variety of her work widened and her visits have increased by 50%. Health Visitors at St. Thomas Health Centre still retain their geographical areas, but are working more closely with the General Practitioners at the centre.

Early in 1969 two part-time Health Assistants were appointed. This was in accordance with recommendation (circular 12/65) from the D.H.S.S. that ancillary workers should be employed to assist local authority nursing staff. These nurses carry out routine work at clinics and schools, releasing Health Visitors for home visiting and other work requiring their special skills. Since the Health Nurses were appointed, home visits by Health Visitors have increased by 8%.

Staff.

One Health Visitor, Miss M. Fraser, left to take a Health Visitor Tutor's Course at Bolton, and Miss N. Flynn was appointed in her place. A student was appointed and began the H.V. Course at Bristol University in September.

In-Service Training.

Two Health Visitors took refresher courses; one on community care of the elderly; the other on attachment of Local Authority nursing services to General Practitioners.

Four delegates were nominated to attend the Health Visitors' Association annual conference at Torquay in October.

Exeter Health Visitors were invited to a three-day study course at County Hall, Taunton. Two attended for one day.

Speakers at staff meetings have included a Specialist from the Ophthalmic Hospital; the Housing Manager; and the deputy Director of Education.

A full programme of films and film strips on health topics has been organised throughout the year by the Health Education Officer.

Students.

50 nursing students spent the day with a Health Visitor. 92 nursing students made observation visits to clinics and day nursery. 63 Technical College students made observation visits to clinics and day nursery.

HEALTH VISITING OF PHYSICALLY HANDICAPPED CHILDREN

During the year 30 home visits have been paid to children under 5 years of age, and 43 visits to children of school-age. In addition, a number of young physically handicapped children were admitted to Vbranch House School and I have seen these children frequently in school for vision and hearing-tests and general observation. Home visits have been made at the request of the Headmistress or Superintendent Physiotherapist as and when necessary for all City children who attend either the school or physiotherapy departments. As a member of the Assessment Panel I have been involved in the selection of children admitted to Vbranch House School during the year.

Co-operation with the City Welfare Department has been good throughout the year, both in supplying and fitting aids and gadgets in the homes of some of the more severely physically handicapped children, and in one particular case in allowing a child from a very difficult home background to attend the Sheltered Workshops daily during the school holidays. This child is now 14 years old and has been at boarding school since she was 4 years old. Without the combined help of the Welfare Department and the District Nurses, there is little doubt that she would by now have suffered total rejection by her family. As it is, relationships between mother and child have improved, and are now probably better than they have ever been. It is gratifying to play a part in the co-ordination of all the services available, to help this chairbound, incontinent teenager.

Playgroup Placement.

Most of the severely physically handicapped children who were placed in playgroups under the City Council Sponsoring Scheme in 1968, were transferred to Vbranch House School in April 1969. During the past year the tendency has been to consider (for help under the Scheme) children who are socially deprived or language retarded, and a number of children are showing benefit from the language enrichment and play stimulation which such placement affords.

Lectures and Observation Visits.

Numerous lectures attended and observation visits paid have included a local Conference on Non-Communicating Children; a lecture demonstration on the Peto method of treatment of cerebral palsied children; a demonstration of the Frostig teaching programme for children with visual perceptual difficulties, etc.; a Regional Conference on the "Needs of Handicapped Children and their Families"; a lecture on language development in mentally retarded children and visits to St. Loyes College, Moorhouse School for Speech Defects and Units at Bristol and Portsmouth for children with communication difficulties. I gave a series of three lectures to a group of students taking

the Child Care Course at the Technical College—subjects included Audiology (deaf, partially-hearing and non-communicating), cerebral palsy, spina bifida and hydrocephalus, epilepsy, blindness and partial sightedness and other handicaps.

Case Conferences.

Discussions have been held with the Youth Employment Officer, Children's Officer and other agencies (including Staff of Residential Special Schools) concerned with various physically handicapped children.

In general, effort has been concentrated on case-work as and when required, rather than on routine follow-up visiting. The number of cases dealt with is not large, but the amount of time spent in dealing with any one "crisis" or problem, which frequently involves the whole family, may be quite considerable.

GERIATRIC VISITING

The Geriatric Health Visiting service in Exeter continues to run on the lines laid down in February 1967: to extend the visits to the elderly and to promote better liaison with hospitals and other departments and agencies dealing with elderly persons.

Requests from General Practitioners and the hospital discharge letters are still the main source of the initial referrals. The total new referrals in 1969 being 263. The remaining visits to the elderly in the year 1969 by all Health Visitors, including new referrals, amounted to 2,018 visits. The services of a part-time nurse to help with routine visits has been helpful in reducing by 150 visits, the number of elderly requiring follow-up by the Health Visitor. She has also helped with the clerical work.

The specialist visitor is the key to the initial assessment and to seeing that the necessary community services are supplied. She must also maintain a contact with the elderly so as to remain aware of any deterioration in health or other circumstances. In many of the cases, too, the specialist visitor will need to follow through quite a lengthy programme of rehabilitation. There is, however, an ever increasing case load of elderly requiring routine follow-up visits, and for the standards and quality of this side of the work to be maintained, there is a need for even more help from ancillary workers.

There is no doubt that an expanded voluntary visiting service (as is being discussed at the present time, under the auspices of the Council of Social Service) will help in keeping in touch with the increasing number of known elderly, but a specialist visitor will still be the overall observer of the finer details of changing needs.

It has been interesting to see the effects on patients and families of the Day Hospital unit which recently commenced at Redhills, ensuring a continuation of mental and physical rehabilitation commenced whilst in hospital. Such a service reduces

the pressures on the community services. Most patients attend for two days a week—and where necessary treatment is carried out, as well as the very important service of bathing under supervision, changing of clothes, hair washing, and other small personal services.

I would like to see this service used more as a preventive measure before the need for a hospital admission arises. Many elderly when visited, present a picture of all round declining ability—and although they may be referred for supportive community services, these services are often somewhat limited and piecemeal. The services of a Day Hospital allows for total assessment of a person as well as a more activated course of rehabilitation. This is more effective than the long drawn out passive support from the community services.

The channels are open for this type of referral, but at the present time there seems to be a need for increased awareness and more active use of the service.

HOME NURSING

(See Table XXXV)

Staffing. At the end of the year there were, as well as supervisory staff (equivalent $1\frac{1}{2}$), 26 home nurses (21 state registered nurses and 5 state enrolled nurses), of whom 21 are district trained.

Training. 12 nurses took district training during 1969 and all passed the examination. Six were trained for our own staff and six for neighbouring authorities. Arrangements have been agreed for theoretical training to be undertaken for staff from Devon County and Torbay County Borough in 1970, the students coming into Exeter and joining with our own students for study days.

Eight pupil nurses from Redhills, Marlpits and Exmouth Hospitals, who had taken two weeks' district training in 1968, returned for a further six weeks' training in 1969, and a district nursing assessment conducted by the Queen's Institute of District Nursing under a scheme approved by the General Nursing Council. Seven were successful. Eleven pupil nurses took two weeks' training under this scheme and will complete a further six weeks in 1970. In addition, a state enrolled nurse on our own staff joined with the pupil nurses in district training.

Student and pupil nurses from the Royal Devon & Exeter, Exe Vale and City Hospitals continue to make observation visits on the district with our staff.

Post-graduate Courses. The Assistant Superintendent (Miss P. Harding) and one home nurse each attended a week's general post-graduate course.

Four home nurses spent three days in the Renal Dialysis Unit at Whipton Hospital to gain some insight into this work.

General Cases. The number of general cases nursed remained the same as in 1968, with a total of over 100,000 nursing visits; this was 2,353 more than in 1968. This figure reflects an increase in the number of patients requiring frequent nursing attention to allow them to remain at home. We find that some of these heavy cases also need two nurses for effective nursing care, and this is one of the areas of work where the enrolled nurses are of great value.

71% of the cases nursed were over the age of 65 years (66% in 1968). Part of this increase is due to our participation in a scheme for long-stay geriatric patients in hospital to return to their own homes at intervals for short periods, usually about two weeks. This was tried with several cases in the summer and autumn and worked very smoothly, the district nursing sister visiting the patient's home and the hospital for discussion with the ward sister prior to the patient's discharge.

Late Night Visits. We have continued to maintain a twenty-four hour service for emergency work. 1,161 general nursing visits were paid after 8.0 p.m., the staff undertaking late duty on a rota system.

Mobile Meals. 302 meals were delivered to patients at weekends, when there was no other practical means of obtaining a hot meal.

Night Sitters. Night sitters were provided for 80 cases during the year. As in previous years, this service is mainly used for relief to relatives in cases of terminal care, and occasionally to enable patients living alone to remain at home during an episode of acute illness. 31 patients having a night sitter died at home, 30 were transferred to hospital and 16 recovered sufficiently to manage without night help.

Loans Service. This service continues to expand. 5,809 articles were loaned during 1969. We have a stock of 2,827 articles (including linen) and have been able to meet almost all requests. The ready availability of equipment is very useful when providing effective nursing care at home and our losses are small in relation to the turnover of articles. We have problems sometimes in the storage of large items of equipment.

Soiled Linen Service. Articles laundered under the linen service during 1969 totalled 15,524 (sheets 13,812, pillow cases 1,064, blankets 8, clothing, etc. 640).

Number of patients using linen service during the year 442

Number of disposable sheets used during the year 17,265

The amount of use of the linen service was very similar to that in 1968, as was to be expected with a similar patient case-load.

Protective Clothing for Ambulant Incontinent Patients.

Number of patients supplied with protective garments 20

Number of garments supplied 26

Number of disposable linings supplied 9,860

This service continues to be very useful for a small number of patients.

HOME NURSING DURING 1969.

	New Cases	Total cases nursed	Total visits	% of cases over 65 years of age
Degenerative diseases and senility	1,022	1,578	80,591	77
Tuberculosis	6	9	608	33
Acute diseases incldg. infectious disease	491	509	6,146	52
Maternity	42	43	305	—
Gynaecology	104	108	555	98
Accidents	100	120	2,788	78
Others	470	518	9,361	51
Totals	2,235	2,885	100,354	67

Casual visits 3,056
(Not Nursing)

HOME NURSING DURING 1961-1969.

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%
1968	98,001	3,753	2,886	66%
1969	100,354	3,056	2,885	67%

VISITS TO PATIENTS SUFFERING FROM CARCINOMA 1961—1969

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%
1968	6,984	183	61%
1969	6,479	189	58%

VACCINATION AND IMMUNISATION

(See Tables XXXVII to XLI)

Smallpox Vaccination. 936 primary smallpox vaccinations were effected during the year ; 684 were of infants under 2 years of age (47%) and 439 persons were re-vaccinated.

Diphtheria, Whooping Cough and Tetanus Vaccination. 1,183 children received primary courses during the year, of whom 1,007 were under one year of age (86%). 977 children received booster doses at about 18 months of age, and 1,266 at 5 years old.

Poliomyelitis Vaccination. 1,201 children received primary courses of poliomyelitis vaccine during the year ; of these, 1,026 were under one year of age (87%). 923 children received a booster dose at about 18 months, and 1,278 at about 5 years old.

Measles Vaccination. 763 children were vaccinated against measles during the year ; 729 were under 8 years of age.

Due to a shortage of vaccine, from March to the end of the year, vaccination was offered only to susceptible children between the ages of 4-7 years and to younger children attending play-groups and nursery schools.

Yellow Fever Vaccination. Under the Council's arrangements for yellow fever vaccination, 515 persons were vaccinated, 105 being children. All were going 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 children's, child guidance, education, fire, housing, surveyor's, transport and welfare departments.

60 of the health department staff and 126 of the other departments were vaccinated in December.

T.A.B. Vaccination (against Typhoid and Paratyphoid). T.A.B. vaccination was offered to parties of schoolchildren attending the Council's schools who were going abroad on educational visits.

In the four schools concerned, 148 children were vaccinated.

A further 28 children attending an independent school were also vaccinated.

INFLUENZA VACCINATION, 1969

Following the vaccination of staff in the autumn, there was an outbreak of influenza in the City in the early months of 1970. All persons who had been vaccinated were asked if they had had influenza or not and these were matched with another person of the same sex working in the same department who had not been vaccinated. Although no virological proof of the person having had influenza was obtained, the fact that the outbreak was very widespread makes it certain that most, if not all, had had influenza.

Results showed that of 174 persons vaccinated, 23 had developed influenza, and of the 149 Controls (all did not reply), 50 had had influenza.

With a chi-square of 18.3 these figures can be regarded as significant and that influenza vaccination has given a reasonable degree of protection.

DEPARTMENT	No. of forms sent out		No. of forms received		No. of persons who had influenza	
	Vacc.	Not Vacc.	Vacc.	Not Vacc.	Vacc.	Not Vacc.
HEALTH						
Administration	4	4	4	4	—	1
Public Health	7	7	7	6	1	—
School Health	4	4	4	4	1	—
Health Visitors	5	5	5	5	—	1
Home Help	14	14	14	14	4	3
Mental Welfare	12	12	11	11	1	2
E.D.M. & H.N.S.	3	3	3	3	1	3
Ambulance	9	9	9	9	1	2
Buddle Lane Nursery	2	2	1	2	—	—
CHESTNUT AVENUE NURSERY	4	4	4	4	—	2
CHILD GUIDANCE	4	4	4	3	—	2
EDUCATION	3	3	3	3	1	1
HOUSING	11	11	10	6	1	1
FIRE BRIGADE	10	10	10	10	—	4
TRANSPORT	15	15	15	15	2	12
CHILDREN'S	16	16	16	16	—	1
SURVEYOR'S	22	22	20	13	7	5
WELFARE	41	41	34	21	3	10
TOTALS	186	186	174	149	23	50

AMBULANCE SERVICE

(See Tables XLII and XLIII)

1. *Training.* There was further progress with the training of staff during 1969. Five men attended courses of one week's duration at Devon County Hall; two men completed full courses of six weeks at BISHOP'S WALTHAM (one of whom went on to gain an Instructor's Certificate after a further two weeks at WRENBURY HALL, NANTWICH, CHESHIRE), and three men, at different times, spent a week in the Accident and Emergency Department at the Royal Devon and Exeter Hospital as recommended in the Millar Report.

2. *Vehicles.* There are, in all, 11 ambulances. Three of these are dual purpose vehicles designed to carry mainly walking or sitting patients and the remaining eight are for stretcher cases. Two of the ambulances are rather elderly, being 13 and 11 years respectively. The ages of the others average about 4 years.

It appeared desirable to replace both the older ambulances during 1969/70, but the continuing need to economise wherever

possible led to a decision to make do with one. An order was placed at the end of September 1969 and delivery is expected at the end of February 1970.

The period between order and delivery does not diminish, so it would appear advisable to place orders for new vehicles earlier in the year.

3. *Ambulance Journeys.* There was a 3 per cent increase in accident calls and a little over 22 per cent in "other emergency" calls. To some extent the increase in "other emergencies" is due to the difficulty experienced by the public in contacting their own doctors at certain times of the day.

Ordinary removals to and from hospitals, including out-patients, increased from 13,565 to 14,981—about 10 per cent.

Infectious disease work continues to diminish, but this is offset by the movement of patients to and from the Renal Dialysis Unit at Whipton Hospital.

4. *Rail Journeys.* There was little change in the number of patients conveyed by rail. July, August and September are still the busiest months for this means of transport. This is due, mainly, to accidents and illnesses which a few of our summer visitors are unable to avoid. At other times of the year it is still necessary to convey children and adults to other, distant, hospitals for special treatment.

The cost of rail journeys is often extremely high and more difficulty is encountered each year in arranging these journeys owing to continuing contraction of rail services.

Another difficulty in this connection is the lack of notice given by the hospitals and the expense of telephoning destination Ambulance Services when, otherwise, a letter by First Class Mail would suffice.

5. *Air Transport.* There was no call for this type of transport during 1969.

6. *Staff.* Two additional ambulance drivers were engaged as day workers during the month of May to cater for an increase in the number of out-patients needing transport to and from Redhills Hospital daily, also to release men to attend training courses, and to reduce the amount of overtime working.

There was some reduction in overtime but not as much as expected, for a total of 601 working days were lost owing to sickness.

One man was away for 201 days, three others for 80 days, one for 59 days, and another for 28 days. Of the time lost by these six men, 304 days were due to spinal trouble which seems fairly common among ambulancemen.

PREVENTION, CARE AND AFTER CARE

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

HEALTH EDUCATION

The general scheme of Health Education activity in Exeter continues to develop on similar lines as in previous years, its effectiveness being much increased by co-operation of other local authority departments and various interested groups in the City.

The publicity theme "The environment for Health" was a useful one focusing attention on a range of problems including noise, pollution and even those concerned with domestic pets. Articles related to each monthly theme were contributed by specialist local writers—these were published as previously in the "Better Health" magazine and in most instances by permission of the Editor in the pages of the "Express and Echo", which substantially increased the number of people enabled to read them.

National Campaigns supported in addition to those initiated locally included the "Face the Facts . . ." campaigns organised by RoSPA, World Health Organisation, Women's National Cancer Control Campaign, the British Firework Manufacturers Safety Association and the Keep Britain Tidy Group.

The Market Showcase previously used for Health Education Displays ceased to be available owing to the need of space for stall-holders early in the year, owing to lack of adequate funds no alternative has as yet been procured. Short-term arrangements can sometimes be arranged, but the loss of a permanent base is sadly felt.

Health Education in Schools. Courses in Secondary Modern Schools for 1st year pupils and for school leavers have been running long enough now for evaluation and are felt to fulfil their purpose. A special course in preparation for the Maternity and Child Welfare Certificate was organised jointly by the Superintendent Health Visitor and Health Education Officer at St. Thomas School. One Health Education session was arranged for each class in St. Thomas Junior School. Monthly sessions continue as a part of the junior trainees course at the Nichols Centre.

Smoking and Health. There have been two poster campaigns during the year. The problem is included in all school Health Education courses and the Central Office of Information film "Smoking and You" has been offered to all schools with an explanatory talk by a Doctor or Health Education Officer.

Talks to various clubs and other groups in the City have included a range of subjects of their choice and from a list of suggested topics those most frequently requested included Cancer, Drugs, Nutrition, Home Safety, Social Services, Home Nursing and First Aid.

Resuscitation. Lecture Demonstrations have been given to many organisations as previously in Direct Resuscitation and Cardiac Massage, the new Anatomic Anne Model for the latter is being found a useful aid.

Two public demonstrations were held by the courtesy of Messrs. Hughes Garage in their Princesshay showroom with the assistance of officers of the Girl Guides Association, St. John Ambulance Brigade and British Red Cross Society. Many holiday-makers as well as local people have taken advantage of this opportunity.

Exeter Flower Show. A Health Education stall featuring Poisonous Plants and Fungi, including slides made by the Pharmaceutical Society accompanied by a taped commentary, stimulated good public interest.

Home Safety. Talks have been given to students of the Exeter Midwifery and Home Nursing Services, Training School; to a number of women's organisations and to schoolchildren in preparation for the Duke of Edinburgh Awards. Films and displays on the subject have been shown in local clinics.

In-Service Training. Films and Tape Recordings of professional interest have been shown in the Health Department to invited audiences, approximately on a monthly basis, but mainly as needed.

Publicity Material and Teaching Aids. A comprehensive supply is held in the Health Education Office related to the various aspects of Health Education including posters, Health Education pamphlets, leaflets, models, flannelgraphs, films, film strips and cine loops, and has been supplied to Health Visitors and District Nurses as well as schools and other organisations including students of St. Luke's College Teacher Training College, students, nurses and schoolchildren seeking material to illustrate Health Education projects.

HOME SAFETY COMMITTEE

(Chairman, ALDERMAN MRS. M. NICHOLS)

The Home Safety Committee met quarterly, and the sub-committee specially concerned with Water Safety on five occasions during the year. Both committees continue to work enthusiastically in the cause of accident prevention and enjoy close liaison both with the National and Regional Committees.

Publicity has been obtained both Nationally in the Home Safety Journal and Safety News and in the " Better Health " Magazine, which last regrettably ceased publication at the end of the year, and locally by the courtesy of the editor of the " Express and Echo ".

The committee has been particularly concerned with the following matters :—

(a) ACCIDENTAL POISONING

Collection of Unwanted Medicines Campaign.

The first of a series of steering committee meetings was convened in October to establish liaison between the Exeter branch of the Pharmaceutical Society, the Police and the Health Department to arrange a campaign early in 1970 for the collection and disposal of superfluous medicines and pills which provide a poisoning hazard. Support was given to a similar campaign arranged by Crediton Home Safety Committee. Pre-campaign publicity was provided by a display and a new film on the subject shown in local clinics and women's clubs.

Safe Storage of Medicines.

A Medicine Cabinet with a child-proof finger-locking device was displayed in local clinics and in connection with Home Safety talks.

Poisonous Fruits and Berries.

These were again featured at a stall in the Flower Show and have been the subject of talks to the general public.

(b) FIRE PREVENTION

A special door to door campaign organised by the Fire Department in the St. Thomas area during which properties were inspected and advice given was most effective and valuable. It is planned to hold similar campaigns in other parts of the City.

Domestic Fires.

Those concerned with frying and spilt fat combine to account for by far the greater number. The causative factor being related to the human element far more than to the type of cooker used. Every effort is made to increase the housewife's awareness of the hazard.

Fireworks.

An extensive publicity campaign was organised with the co-operation of the Weights and Measures Department and all

schools in the City. The fact that more injuries were reported concerning adolescents than young children indicates a high level of parental awareness of this danger.

National Home Safety Campaigns.

The theme for the year "Face the Facts" dealt with the risks involved in each age group and in particular those concerned with fire. These were supported by the committee but continue to be hampered by the lack of publicity boards. Surveys were carried out as follows :—

1. Children's umbrellas with pointed ferrules ; two stores were found to be selling them and on approaching the manager they were withdrawn from sale.
2. Paper Clothing ; available in a number of local shops, was clearly labelled as " flammable." These were mainly panties and other close-fitting garments where the danger of fire was minimal.
3. Nightdresses for Adults. Members of the committee were asked to observe if notices were displayed in shops drawing attention to non-flammable material suitable for making nightdresses and whether nightdresses were offered for sale which did not comply with the 1967 Fire Prevention Regulations. Washing tests carried out on a particular flame-resistant garment demonstrated that it was not practical for general use.

Home Safety Courses.

Three courses were organised for candidates for the Duke of Edinburgh Scheme Bronze Award and one for the Silver Award. All candidates including a group from the Deaf School reached the required standard.

Direct Resuscitation.

Two public demonstrations were held in the Princesshay Showrooms of Messrs. Hughes Garage—these were organised by the Health Education Officer with a rota of helpers supplied by Officers of the Girl Guides Association, British Red Cross Society and the Education Department. This stimulated a great deal of public interest, especially among visitors whose authority did not provide a comparable service. Lecture demonstrations have also been provided for a great many organisations in the City, including women's organisations and a variety of youth groups.

HOME RENAL DIALYSIS

Ministry of Health Circular 2/68 stated that the Minister approved the making of arrangements for the adaptation of any dwelling, or the provision of any additional facilities necessary, for installing equipment for intermittent haemodialysis for the use of a person suffering from illness (the Hospital Management Committee being responsible for supplying and installing the equipment). The Minister also approved the making of such charges for this service as the Council considered reasonable, having regard to the means of any such person. The Health Committee in April 1969 considered this matter and it was decided that no charge would be made for any adaptations made or additional facilities provided.

Three premises were adapted during the year at the request of the Exeter and Mid-Devon Hospitals Management Committee. The first request was received in February, but the patient lived in a house which was unsuitable for adaptation and, whilst consideration was given to the provision of council housing, he decided not to pursue this suggestion and arranged alternative housing with the sympathetic help of his own building society. This patient commenced home dialysis at his new home in October, and the total cost of the adaptations amounted to £349 9s. 8d. The second request was received in March and adaptations were completed in May at a cost of £290. The third request was also received in March and adaptations were completed in June at a cost of £353. Tragically, this patient died shortly after he returned home from hospital.

A fourth request was received in December, but adaptations were not completed at the year end.

Four Home Nurses spent three days in the Renal Dialysis Unit at Whipton Hospital to gain some insight into this new technique. The patients and their immediate relatives are, to a large extent, self-supporting in this aspect of their home care, but it is felt important that a number of Home Nurses should have a working knowledge of the apparatus so that they can, if necessary, give active support to the household.

HEALTH CARE OF IMMIGRANTS

43 newly-arrived immigrants were notified to us during the year. Of these, 13 were not seen, which is not satisfactory. The table sets out the various facts.

Table XXII.

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	4	3	2	2	3
India	3	2	1	1	—
Pakistan	5	1	—	1	1
Other Asian	9	8	4	8	7
African	2	1	1	1	1
Other	15	11	2	6	6
NON-COMMONWEALTH COUNTRIES :					
European	5	4	—	1	2
Other	—	—	—	—	—
TOTALS	43	30	10 (all satisfactory)	20 (18 positive 2 negative)	20
		Nor SEEN (13) 3 to be contacted 1 could not be traced 1 did not arrive 6 students 2 transferred to another area	16 X-rayed prior to arrival 2 advised to attend M.R.U. 2 infants	Of the two negative cases one was given B.C.G. vacc., the other did not keep appointment for vacc. 5 tested before arrival 4 to be done 1 old T.B. case	10 advised to get on a G.P.'s list as soon as possible

TUBERCULOSIS — CARE AND AFTER-CARE

(See Tables XLIV-LIV)

Once again I have to report that, owing to no replacement Chest Physician having been appointed, some Clinic Sessions have, despite the help of a locum, had to be cancelled.

The General Practitioner referral (X-ray only) Clinic, which was started last year, is gradually gaining momentum and during 1969, 30 G.P's referred 557 patients (Exeter residents). This is, to a certain extent, helping to offset the reduced number of Chest Physicians at the Clinic, as only those patients requiring further examination are recalled for physical examination. Even so, the recall rate is approximately 15-20%. Already 1970 promises to be still busier for this service.

NOTIFICATIONS

New notifications totalled 16 (1 more than last year).

Year	Respiratory	Non-Respiratory	Total
1963	26	7	33
1964	29	4	33
1965	27	7	34
1966	15	10	25
1967	18	7	25
1968	14	1	15
1969	13	3	16

DEATHS

4 persons named in the Tuberculosis Register died during the year : 2 (male) were classified as due to tuberculosis ; 1 (male) cause of death not yet to hand—post-mortem done, but awaiting histology report ; 1 (female) died from other causes. There was also 1 (female) posthumous notification ; making a total of 5 deaths (all respiratory cases).

RE-ACTIVATION

There were no re-notifications during the year.

TRANSFERS

5 respiratory cases were " transferred in " from other areas, whilst 7 respiratory cases were " transferred out ".

RECOVERY FROM TUBERCULOSIS

14 respiratory and 1 non-respiratory cases were taken off the register during the year as recovered. The majority of these will remain under clinical observation.

CASES "LOST SIGHT OF"

There were 5 such cases (4 respiratory and 1 non-respiratory) during 1969—all were sputum negative.

TUBERCULOSIS REGISTER

At 31st December 1969 the number of notified cases still on the register was 245, compared with 256 the previous year.

	Respiratory	Sputum Positive during 1969	Sputum Negative during 1969	Non- Respiratory
Men	126	14	112	5
Women	92	4	88	13
Children	9	1	8	—
TOTALS	227	19	208	18

CONTACTS

49 contacts were examined for the first time during the year. 2 new cases of tuberculosis were found during the routine follow-up of contacts (first or re-call examination).

RADIOGRAPHY

Small films (10 cm. x 10 cm.) used for G.P. referrals and contact work totalled 607 ; large films totalled 1,618.

DOMICILIARY CHEMOTHERAPY

During 1969 there were 53 patients having chemotherapy at home. 14 ceased treatment on medical instruction during the year, 1 patient died, leaving 38 still having domiciliary chemotherapy at the year end.

TUBERCULIN TESTING AND B.C.G. VACCINATION

(a) *Contacts.* 116 tuberculin tests were carried out during the year, and 117 B.C.G. vaccinations effected by the chest physician (14 adult staff at risk because of their work ; viz. : nurses and hospital staff).

(b) *School Children.* 9 strongly tuberculin positive school-children were referred to the chest clinic for x-ray and examination by the Chest Physician, none of whom was recalled for re-examination. The 21 children referred to the Clinic in 1968 were also seen earlier in the year and none of them were recalled for re-examination.

(c) *University Students.* In previous years the University of Exeter has been visited during the three days' registration period ; this year, however, the visit was made, at the University's request, during the first term—the results were most disappointing—only 146 students were tested ; of these 90 were positive, 15 were negative and 41 did not bother to attend for the test to be read. As the tuberculin testing was carried out so late in the year, it was impossible for B.C.G. vaccination to be done in 1969, but the 15 students with negative re-actions will be invited to have B.C.G. early in 1970.

SPUTUM POSITIVE PATIENTS.

There were 18 patients, during the year, known to have positive sputum. 8 reverted to negative after treatment, 3 died, leaving 7 still positive (all under treatment).

PATHOLOGICAL EXAMINATIONS

450 pathological examinations of sputa, etc. were made at the request of the chest clinic during the year (see table LIII) compared with 461 in 1968. We are very grateful to Dr. B. Moore and Dr. J. O. P. Edgecumbe for their continued help and assistance.

HOME HELPS

The home help section was not called upon to help tuberculosis patients during the year.

EXTRA NOURISHMENT

15 were helped with extra milk.

CHARITIES

3 patients were assisted with grants from outside charitable organisations.

CHIROPODY

This has been a year of staffing difficulties, which at times has given rise to a substantial, and regrettably unavoidable, waiting list of patients who have been unable to obtain chiropodial treatment. At the end of the year we were still one chiropodist short of establishment, but there are hopes of recruiting another early next year.

Throughout the year there has been a steady increase in the demand for chiropody at all clinics, and particularly at the newly-built St. Thomas Health Centre, where the Group Practice doctors are kindly co-operating whole-heartedly with us.

On the assumption that adequate staff becomes available in the coming year, we can reasonably assume the service will continue to develop.

Table XXIII.*Number of Treatments during 1969*

	Elderly		Handi- capped		Expectant Mothers	Children		Totals		Grand Totals (1969)	Grand Totals (1968)
	M.	F.	M.	F.		M.	F.	M.	F.		
At Clinics	1803	6409	72	116	19	79	107	1954	6651	8605	8176
At Welfare Homes	272	876	—	—	—	—	—	272	876	1148	1134
At Nichols Centre	—	—	32	96	—	—	—	32	96	128	114
At Home	285	869	—	—	—	—	—	285	869	1154	1404
TOTALS	2360	8154	104	212	19	79	107	2543	8492	11035	10828

CERVICAL CYTOLOGY

The weekly clinics at Bull Meadow Road Welfare Centre continued, attendances being at much the same level as in 1968. There was an increasing demand for routine repeat tests, so in July it was decided to commence the re-call programme proper, and by the end of the year, the majority of women screened in 1965 had received reminders, the response being quite good.

In October, with the permission of the Chief Officers and Heads of Department, all lady members of the Council staff were given the opportunity to attend Bull Meadow Road Clinic for a smear test, and although it was felt that the majority had probably already been screened, this was a good chance for those who had not, to be reminded of the service available. Letters were circulated which resulted in 88 applications being received, 6 of whom later changed their minds and cancelled their appointments.

During 1969 there were 27 women involved in the positive and suspicious results; 5 had cone-biopsy performed; 3 cone-biopsy followed by hysterectomy; 7 were proved negative; the remaining 12 being carried forward into 1970 for further investigation (3 of whom are members of staff). The final diagnosis in 8 cases was: 3—carcinoma-in-situ, 1—infiltrating squamous carcinoma, 1—invasive carcinoma, 1—severe dysplasia, 1—early micro invasion and severe dysplasia, 1—carcinoma of the uterus.

**SUMMARY OF ATTENDANCES AND DETAILS OF POSITIVE AND
SUSPICIOUS RESULTS**

from 28th June 1965-31st December 1969

		<i>Primary Smears</i>	<i>Repeat Smears</i>
1965	....	436	2
1966	....	1,482	29
1967	....	1,175	39
1968	....	726	59
1969	....	493	261

4,702

Year	Cone-Biopsy	Cone-Biopsy and Hysterectomy	Hysterectomy	Carcinoma-in-Situ	Grade 1 Carcinoma	Invasive Carcinoma	Dysplasia and Others
1965	3	—	—	3	—	—	—
1966	4	2	—	6	—	—	—
1967	* 6	—	1	—	1	—	—
1968	6	3	2	9	—	2	—
1969	5	3	—	3	—	1	4
	24	8	3	21	1	3	4

* Final diagnosis unobtainable.

Table XXIV.

CERVICAL CYTOLOGY CLINICS—ATTENDANCES 1969

Age Range (years)	Referred by		Residing in		RESULTS						Total examin- ations	Ref'd. back to G.P.
	G.P.	Self	Exeter	Outside Exeter	Primary Smears			Repeat Smears				
					Neg.	Pos.	Susp.	Neg.	Pos.	Susp.		
-20	2	1	3	—	3	—	—	—	—	—	3	—
20-24	23	27	47	3	50	—	—	2	—	2	54	—
25-34	35	115	145	5	146	—	4	24	—	8	182	—
35-44	40	90	124	6	126	—	4	88	—	5	223	7
45-54	33	90	120	3	118	1	4	80	—	8	211	2
55-64	8	25	33	—	33	—	—	36	—	1	70	—
65+	1	3	4	—	4	—	—	7	—	—	11	—
	142	351	476	17	480	1	12	237	—	24	754	9

COUNCIL STAFF 1969

Age Range (years)	Referred by		Residing in		RESULTS						Total examin- ations	Ref'd. back to G.P.
	G.P.	Self	Exeter	Outside Exeter	Primary Smears			Repeat Smears				
					Neg.	Pos.	Susp.	Neg.	Pos.	Susp.		
-20	—	4	3	1	4	—	—	—	—	—	4	—
20-24	—	11	10	1	11	—	—	—	—	—	11	—
25-34	—	10	8	2	10	—	—	3	—	? 1	14	—
35-44	—	15	13	2	14	—	? 1	2	—	—	17	—
45-54	—	21	19	2	21	—	—	5	—	1	27	—
55-64	—	8	7	1	7	—	1	—	—	1	9	—
65+	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	—	69	60	9	67	—	2	10	—	3	82	—

VENEREAL DISEASE

I am indebted to Dr. A. J. Evans, Consultant Venereologist, for the following note :—

“ Of the 463 new patients who attended the Special Clinic at the Royal Devon and Exeter Hospital in 1969, 227 were residents of Exeter.

No new cases of early syphilis (primary or secondary) were seen, but 47 Exeter patients (34 men and 13 women) were found to have gonorrhoea. 180 patients attended with ‘ other ’ conditions. The figures for the last ten years are shown in the table :—

VENEREAL DISEASE CLINIC—EXETER RESIDENTS.
(1960 — 1969).

YEAR	New Cases of Syphilis	New Cases of Gonorrhoea
1960	2	10
1961	2	21
1962	5	15
1963	—	12
1964	2	38
1965	2	21
1966	1	15
1967	—	27
1968	—	42
1969	—	47

The position in Exeter appears to be much the same as the rest of the country, with a marked increase in the incidence of gonorrhoea. As elsewhere, teenagers form an unduly high percentage of the patients attending the Clinic, particularly female teenagers.”

HOME HELP SERVICE

Organisation and Staff.

The administrative and clerical staff remained unchanged.

There were 64 part-time home helps ; during the year there were 28 resignations and 27 new entrants. There was a decrease of 267 hours of sickness during the year.

All cases are visited in the first instance by the organiser, and routine visits are also made. Such visits for the year numbered 2,035.

Cases helped.

During the year home help was provided for 772 cases, involving 65,373½ hours. No cases were refused.

The average weekly case load was 452.

Category	Families helped	Hours worked	
	Part-time	Part-time	
1. (a) Confinement	17 (20)	219	(218½)
(b) Ante-natal	4 (9)	57	(134)
2. (a) Acute illness (Under pension age)*	27 (32)	375½	(826½)
(b) Acute illness (Over pension age)	16 (30)	481	(1,597)
3. (a) Chronic sickness (Under pension age)	56 (58)	7,579½	(8,437½)
(b) Chronic sickness (Over pension age)	399 (371)	35,947½	(35,898)
4. Old age	234 (226)	20,278½	(20,975)
5. Tuberculosis	1 (—)	20½	(—)
6. Others, including M.D.	10 (12)	414½	615½
* Pension age : Women=60 years. Men=65 years.		764 (758)	65,373½ (68,701½)

Figures in brackets refer to 1968. No cases were attended full-time.

Total cases helped 772 (780)

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 1 (—)
(c) other arrangements made 15 (15)
(d) nothing further heard 12 (14)

Number of P/T helps employed 64 (66)

Staff : 1 F/T Organiser and 1 P/T Assistant Organiser.

1 F/T Clerk.

1 P/T Clerk.

1 P/T Wages and Finance Clerk.

Number of home visits made by Organiser : 2,035 (1,907)

EXETER COUNCIL OF SOCIAL SERVICE

Mr. M. H. Grundy, Secretary of the Exeter Council of Social Service, has kindly told me that their home help service has 17 helpers, averaging 4 hours a week, assisting 18 elderly people. They also provide a chiropody service—one chiropodist having a clinic list of 54 and a home visiting list of 36, while another attends 5 patients a week. They also undertake family budgeting, arrange out of season holidays for up to 40 elderly persons, and have organised a widows' club, with a total membership of 78 and a weekly attendance of 30 at the Nichols Centre, and 29 over-60's clubs with an estimated membership of 1,000.

MENTAL HEALTH SERVICES

(See Tables LV-LX)

Mental Health Workers.

4,133 visits were made by the mental welfare officers to or on behalf of mentally ill persons, of whom approximately two-thirds were in respect of women patients. 517 visits were made in respect of the welfare of the mentally subnormal; there were also 1,202 interviews at the Nichols Centre. Close support was also given by the mental welfare officers to the hostels and the training centre and workshops at the Centre. With the opening of the St. Thomas Health Centre, one of the mental welfare officers now attends the Centre daily, linking up with the family doctor service and with the other local health authority staff. With the development of further health centres in the City further attachments of mental welfare officers will be made.

Close links are maintained with the Exe Vale Psychiatric Hospital, outpatient clinics and social work department. At the weekly staff meetings at the Nichols Centre Mr. Coombs, Head Social Worker from the hospital attends. Regular attendance is also maintained at the weekly case conferences at the Royal Western Counties Hospital, Starcross in respect of the mentally subnormal.

Mr. Lock, who completed his psychiatric social work training in July 1968, left in the spring of 1969, together with Mrs. Crouch. Mr. Brady returned to us after completing a C.S.W. course. So far, despite many advertisements and an improved grading for the mental welfare officers, it has not been possible to fill the remaining vacancy, and there appears little prospect of attracting a woman for the vacant post. The mental welfare officers are still under considerable pressure.

Lecture Courses.

During the year courses of lectures on the mental health services were organised for the voluntary workers of the Exeter Council for Social Service, and later in the year for health visitors and district nurses. Lectures were also given for nursing staff from Exe Vale Hospital, Royal Western Counties Hospital and the Royal Devon and Exeter Hospital. Students were also seconded from the social studies department of Exeter University and from St. Luke's Training College; secondments were also made from the Bristol course for teachers of mentally handicapped children.

Social Clubs.

These continue to provide an active part in the community care of the mentally ill and the mentally handicapped.

Monday Club (winter months only) is organised by the training staff in their off-duty time and is for those attending the training centre. (50 members.)

Tuesday Club : For the younger mentally ill. Organised by Mrs. Peggy Terrell and Mrs. Garner attends as the social worker ; help is also received from university students. In addition to those attending from the community, groups attend from Exe Vale Hospital. (35 members.)

Wednesday Club : Widows' Club. Run by the widows themselves. (80 members.)

Thursday Afternoon Club : The over 60's. Organised by Mr. Staple, mental welfare officer, with help from Mr. Lovell and Mr. Smith, and also from Miss Hawken, senior occupational therapist, Exe Vale Hospital, who attends with a group of patients from hospital. Regular coach trips and outings are also arranged. (50 members.)

Thursday Evening Club : For ex-long stay patients and those in lodgings or resident domestic work. Organised by Mrs. Terrell and Mrs. Garner. (25 members.)

Friday Evening Club : For the mentally handicapped. Mr. Lovell took over as club organiser after Mrs. Crouch left ; the Exeter and District Society for Mentally Handicapped Children actively assist. (50 members.)

Hostels.

Mr. and Mrs. Johnson have remained in charge and the part-time staff in the women's hostel has remained unchanged.

There were 11 men and 8 women resident at the end of 1968 ; admissions numbered 64 (34 men, 30 women) ; there were 60 discharges (33 men, 27 women), leaving 23 residents at the end of 1969 (12 men, 11 women).

Because of the comparatively poor wages paid in the south-west, difficulties continue in the placing out of hostel residents into lodgings. Lodging charges for full board average £5 15s. per week ; hostel residents in receipt of allowances from the Department of Health and Social Security are better off financially than when working and living independently.

Table XXV.
Diagnosis of Hostel Admissions and Placing on Discharge in 1969

Diagnosis	In at 31.12.68		Admitted		Hospital		Home		Residential Employment		Placing						Left without Notice		Remaining at 31.12.69	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Work			Lodgings			M.	F.	M.	F.
											M.	F.	M.	F.	M.	F.				
																	M.	F.		
Schizophrenia	3	4	18	13	4	1	4	—	3	2	4	5	3	3	—	—	—	3	6	
Personality Disorder	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	
Psychopathy	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	
Depressive State	3	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	2	—	
Epileptic Psychosis	1	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
Mentally Subnormal	3	3	6	15	—	2	4	3	2	1	—	1	—	7	1	—	—	2	4	
Manic-Depressive Psychosis	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Paranoia	—	—	2	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	
Inadequacy	—	—	2	1	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	
TOTALS	11	8	34	30	8	3	8	3	5	3	4	7	6	11	1	—	1	12	11	

Table XXVI.
Hostel Admissions and Discharges—Mental Subnormality

In At 31.12.68		Admitted from										Discharged to										Remaining in Hostel at year end					
												Hospital		Home		Residential Employment		Lodgings				Left without Notice		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.	M.	W.	M.	W.
2	1																										
—	—																										
1	1																										
—	—																										
—	1																										
3	3																										

* To Part III Accommodation.

Table XXVII.
Hostel Admissions and Discharges—Mental Illness

[illegible]

ADULT TRAINING CENTRE AND WORKSHOPS

There were 143 (78 men, 65 women) attending daily at the end of 1968 ; the number had increased to 151 (80 men, 71 women) at the end of 1969. 61 were mentally ill and 90 mentally sub-normal ; 39 (21 men, 18 women) were in lodgings found for them by the mental welfare officers, and 13 (7 men, 6 women) were resident in the hostels.

Work Training.

A work environment is maintained combined with a friendly and permissive atmosphere. Conversation between trainees and staff, as well as with visitors, is encouraged, together with a lively interest in the happenings of the day, television, sport, etc., as well as in their work, e.g. the purpose and destination of the articles being produced. Visitors, many from industry, have commented both on the friendly atmosphere and also on the application to work, with often a favourable comparison with industry. Any worries we may have had about the size of contracts leading to monotony or boredom have appeared groundless, e.g. the several million tractor linchpins or the millions of lubrication units. Large contracts can also lead to a criticism that the emphasis of the centre might be too industrial and too much work orientated, with the comment that artistic pursuits (pottery and painting have been mentioned) should be more encouraged. We believe that the atmosphere we have achieved with the care to maintain humanity, dignity and friendliness between trainees and staff makes a more realistic approach, and large contracts provide the opportunity of realism in work rather than in artistic and other fields which would not normally be the interest of the men and women attending the centre. We believe that one of the more rewarding aspects of the mentally handicapped person coming to the centre is that he or she is going " to work ". Nevertheless due regard must also be given to social training, whether this be learning to travel on buses, shopping, personal hygiene, cooking, learning money or reading and writing—and these we do ; social training must, of course, carry on all the time.

In addition to the widening of the scope of our engineering work, new contracts have been obtained for fancy boxmaking and machining for local textile firms. These last two activities have been useful additions to the women's side, not only in the jobs themselves but in allowing suitable girls to attend the firms for one or two half days weekly for trial periods before being accepted for employment, and also for small groups to visit the factory as an introduction to employment for those who have often had no previous experience of industry.

Engineering and Tractor Parts Assembly.

Production in the engineering and metalwork has increased by 25% during the year and our order book now has contracts for six months' work ahead. Not only has the variety of work

Table XXVIII.
ADULT TRAINING CENTRE

	Attending at 31.12.68	Admitted during 1969	Discharges during 1969									Remaining at 31.12.69
			To Work	Re-admitted Exe Vale Hospital	Re-admitted Royal Western Counties Hospital	Ceased to attend	To Other L.H.A's	Died	Excluded	To Pt. III Accom- modation	Temporary Attend- ers		Total Discharges
Women	65	36	17	3	2	6	2	—	—	—	30	71
Men	78	51	16	14	5	6	2	1	2	1	49	80
	143	87	33	17	7	12	4	1	2	1	79	151

increased but also the work ability ; this is reflected in the more involved and intricate nature of the contracts themselves. Such has been the pressure on storage accommodation following the large contracts obtained during the year that we have had to close the car washing bays and use them as stores. This was done with some misgivings in that car washing brought the public into the centre, but nevertheless the work training opportunities in the workshop are better than those involved with washing cars. We now feel that the time has come to reorganise our equipment within the limits of the workshop area and to use our storage space more effectively. We will be able to do this during 1970 with the building of a large metal store and metal-cutting facilities, which will enable us to re-plan the work area, part of which has had to be used for storage.

16 men were placed out into employment during the year ; 5 of these went to engineering firms, 2 as capstan operators. Two-thirds of the tractor parts assembled go for export to over 33 countries ; the firm for whom we carry out contract work has, in fact, obtained two Queen's awards for industry for productivity and export. The goods produced include :—

3,860,000 lynch pins
33,000 wheel spinners
40,000 tow pins
16,000 grease gun couplers.

Gardens.

The three additional 100-foot greenhouses were completed during the year—these were those given to us by Messrs. Wimpey from a local building site and were dismantled and re-erected by the trainees ; they are now in full use and have enabled a full year's programme of cultivation to be completed. Although a great deal of retail trade is carried out, and this brings the public into the centre (which is welcome), we have been able to supply considerable orders to local nurserymen and firms.

Admission, Training and Women's Section.

During the year the work and facilities in the four workrooms (other than the main engineering workshop and gardens) have been reorganised ; apart from opportunities for domestic and laundry training which the centre provides, we have obtained contracts for the assembly of lubrication units, boxmaking and sewing machining. This is probably the first full year when the women's side has been fully occupied. One result of our full programme has been a more detailed study of the work processes and an overall improvement in output. The supervisors have also been able to establish a better understanding of the needs of the trainees ; we have also been able to train some of the more severely handicapped in tasks which were probably thought beyond them previously—so much so that there is only one

trainee attending who is unoccupied. This has always been a problem on the women's side, where in the past there has sometimes been lack of full occupation coupled with the fact that in the community there tends to be a larger group of the more severely handicapped women—possibly the daughters of this category tend to be kept at home whereas the sons are admitted to hospital.

Work undertaken included boxmaking, stamping prescription pads, linch pin assembly, packing display boxes, sewing machining, collation of forms, addressing envelopes for holiday brochures. A large contract was obtained with Tecalamit Ltd. for the assembly of lubrication and fuel units. This was the first large contract undertaken by the women and called for greater planning and all round effort to ensure that the completed work was available on time—the work itself lends itself to the involvement of the trainees in preparation and planning of the work with the various components.

Another experiment involved taking two women for half-days weekly to the local box factory where they worked alongside the full-time workers. This gave them good insight into factory life and helped the assessment as to their suitability. As a result four women and a man were engaged by the firm for whom our grateful thanks are extended for their co-operation and help. Additionally 12 other women were placed out into employment.

Five women for a period of 8 weeks received training in cooking at the centre for a day weekly; this proved valuable but the facilities were limited but will be improved by the summer of 1970, when a furnished flat will become available enabling housecraft instruction to be added to the curriculum.

The Youth Employment Officers have also visited the centre to advise on employment and meet the trainees for group discussion. Another experiment developed during the year was linked with Southbrook School for the educationally subnormal. During their final year two pupils attended the centre for one day weekly to provide work training; we also provided jigs to the school for linch pin assembly so that work training facilities could be given by the teacher responsible for work placement and after-care.

Social Training.

Miss Robertson, the City Health Education Officer, has continued to give instruction on many aspects of health education and included visual aids. These talks have been valuable and stimulating as has been evident from the lively discussions and have resulted in a noticeable improvement in personal appearances and habits. A hairdresser has also demonstrated on the care of hair. The supervisors are also encouraging the women to take a greater interest in their appearance and hygiene—this is usually achieved during the ordinary course of conversation and contact in the workrooms, at mealtimes and during the routine life of the centre.

Recreational.

A team from the centre again took part in the sports arranged by the Societies for the mentally handicapped and on this occasion following keen competition gained second place.

Play reading continued throughout the year and there has been great demand and interest in the new plays. At Christmas the group gave a Nativity Play which was well received by the parents, the Over-60 Club and by those trainees who were not in the production; the three performances had great dignity.

Sufficient money was raised during the year from a jumble sale and a concert to arrange three outings—to Bigbury Bay, Bristol Zoo and to the pantomime at Torquay.

Incentive Payments.

During 1969 the maximum incentive payment was raised to 39s. 11d. per week (the average being 14s. 6d.); the cost amounts to £5,500. All the trainees receive allowances or benefit from the Department of Health and Social Security.

Income.

There has again been an increase in the income from the training centre and workshops. The 20% rise forecast for 1969/70 was, in fact, 37%.

Financial Year	1964/5	1965/6	1966/7	1967/8	1968/9	Estimate 1969/70
Income	£2,005	£3,379	£5,050	£5,950	£7,750	£11,220
Incentive payments	1,513	2,687	3,500	4,287	4,750	5,500
Trainees	78	96	102	126	150	160

3R'S CLASSES AT THE NICHOLS CENTRE

Mrs. Govier, the teacher in reading and writing, reports:—

Last year at this time 16 of the trainees attended classes in the 3R's twice a week. Since then the reading time has been extended to 4 sessions weekly and at present 24 attend in groups of 6 for 3 sessions of about an hour each week.

The increase in time has proved valuable and the slightly larger groups have stimulated the rate of progress, most significantly in encouraging more animated and interesting conversation. Mostly we talk about the day-to-day happenings at the centre, but interest is encouraged in local events, television topics, and national and international news.

The main reading scheme used stimulates discussion on various social situations—shopping, going to the pictures, travelling on public transport, for example. The series is called "Out with Tom" and is written especially for the backward and

illiterate adult. At the end of the scheme a reading age of about 8-9 years will be attained.

Books are also borrowed from a local secondary modern school to add variety to the reading material.

Some of the trainees were learning to read using the i.t.a. method, but this has been discontinued as it became obvious that the fluency reached would make the transition to traditional orthography very difficult.

In April 1969 the Burt word-reading test was given to each trainee, and again at the end of six months. Of the 16 people tested, only two showed no improvement at all, the others showed gratifying results. The average reading age of the group tested was 7.4 years, the best recorded result being 12.8 years.

One older (middle-aged) trainee joined the group about a year ago and has learned to read and write quite well, by carrying on a busy correspondence with her various relations in other parts of the country.

Letter writing has been a profitable and popular way of stimulating interest in acquiring reading and writing skills. We write letters to friends at the centre, relations and friends away, and even to a pop star we saw in a Christmas pantomime who obligingly replied with a long letter and signed photographs for the interested girls.

At Christmas the group made a scrap book with reports of the various festivities, copies of their favourite carols and accounts of their Christmas holiday at home. Some of the trainees make scrap books about their particular interest—one on the World Cup is being discussed at the moment.

Each trainee keeps a diary and writes in it at least once a week. A record is kept of their progress writing; 8 of the 24 can write fairly fluently with no help except with the most difficult words. All but 2 can write their own names, and more than half their names and addresses.

A good deal of time has been given to the teaching of numbers. Day-to-day situations are used to help acquire number concepts—street numbers for notation to 100; telling the time; shopping situations for learning the new decimal currency. We use plastic money in the new currency and some people have acquired a good understanding of the coin values, and can give change from 5p, 10p and 50p. The more able use the "The Parrish Number Books" to practise handling and learning the new money. A few of the trainees have also used a number work book called "Ready for Alpha and Beta," which has been quite a successful experiment. With the coming metrication we have left working with measurement of space and capacity for the time being.

Although most of the trainees find written number work too difficult, they are gradually acquiring a number vocabulary and an understanding of numbers which will help them in the various social situations they meet.

Out-patient Activities.

Dr. Sime, Consultant Psychiatrist, continued his sessions on Wednesday afternoons at Nichols Centre. During the year 37 sessions were held, two of which were conducted as group sessions with a few mothers of children attending Ellen Tinkham House. 121 people were actually seen by Dr. Sime, of which 62 were new cases. Of course, these were not all Exeter cases, and many of them came from Devon and Torbay, and even as far away as Cornwall. This weekly session has proved extremely useful not only to general practitioners and patients' relatives but also to other agencies, such as probation.

REPORT BY DR. C. P. HALLETT,

Medical Officer—Nichols Centre

The Nichols Centre is for the mentally handicapped, a springboard to participation in the working and social community. I consider myself fortunate to be the Local Authority's medical representative.

I have tried, during the last few months, to meet and interview every patient in the centre. This has not yet been completed, but it has proved possible to carry out audiometric tests on some of the patients, and ensure that others are receiving as many benefits from the National Health Service as they need. These individual interviews enable specific learning problems to be understood and continuing medical need to be assessed.

During my time spent at the centre I have been most impressed by the flexible and friendly atmosphere present. It is quite obvious that the patients look upon the staff as their friends rather than their supervisors, and this general atmosphere is to be encouraged and applauded.

There are two points, however, I would like to make for further discussion and possible action. The first concerns available educational services, at present running at four half-day sessions each week, and in general I would like to see far more available to the patients than there is at present. It seems that the transition from an Educational responsibility to a Health responsibility lays very great emphasis on the acquisition of occupational skills without a concurrent emphasis on continuing education. This is very much the era of "further education" and I would like to see this principle being applied at the level at which it is most needed by teachers specialising in the teaching of this mentally handicapped group. Formal education should not, I feel, end when the Education Department's statutory responsibility ends. These patients are exceptional, their needs much greater and, therefore, exceptional action should be taken to deal with them.

The second point concerns speech therapy. I consider that several of these patients might benefit from regular speech therapy. Those with specific articulatory disorders need this continuing

help. Those patients who, by reason of their subnormality find it difficult to express themselves, need speech therapy to enable them to cope better verbally with the social community.

Thirdly, I would like to see further development along the lines of physical education. Organised games (where possible) and physical outdoor exercises suited to the ability of the patient is, I feel, a gap in the centre's programme. There is all the difference in the world between "break times" and organised P.E. and if one succeeds in training patients to walk without a stoop, or without round shoulders, or without the sort of posture one comes to associate with the mentally subnormal, then they are at less of a disadvantage than they otherwise might be.

The placement of patients in community occupations has been most satisfactorily achieved by Mr. Weston and his staff. The commencement of the "Selective Employment Tax" has produced some difficulties here, employers being less likely to "take on" mentally slow individuals. What is required nationally is a policy whereby prospective employers are given incentives, not disincentives, to employ our patients, and much thought is needed on this particular problem.

I asked at the beginning of my appointment to be allowed to accompany Dr. David Sime at some of his regular Nichols Centre consultation clinics. These occasional sessions have proved invaluable and have enabled me to think out ways of increasing co-operation between relevant hospital and local authority services with respect to the mentally subnormal patient.

Finally I would like to state how grateful I am to Mr. Weston and Mr. Clark who have always made me welcome at the Unit, arranged a programme for me, and listened sympathetically to some of my suggestions. The Nichols Centre is one of which the City has every reason to be proud.

ELLEN TINKHAM HOUSE SCHOOL (*Junior Training Centre*)

59 children, including 10 Devon County children, were attending at the end of 1968. During 1969 there were 12 admissions (4 boys and 8 girls) and 10 discharged. The number attending in December 1969 was 61, including 11 County children.

The teaching staff at present consists of 5 teachers, 3 nursery assistants, part-time woodwork master, speech therapist and physiotherapist. A peripatetic teacher for the deaf children makes a weekly visit. On the medical side Dr. Allen, School Medical Officer, visits once a week with Miss Bond, Health Visitor, in attendance. Dental inspections are carried out once a year. Miss Paton, the student seconded by Exeter City Council, completes the training for teachers of mentally handicapped children in July 1970.

There are now 5 classes at Ellen Tinkham House—seniors (18), juniors (13), infants (10), nursery (11) and a special care unit (9).

The extensions referred to in the 1968 report have now been completed. These are :—(i) Nursery Class, (ii) Woodwork room, (iii) Housewifery unit. The latter started functioning in April 1970.

The Ellen Tinkham House school is run mainly on the play, look and learn method with great emphasis on social training ; *but* any child who has the potential for reading and writing is encouraged to develop this to the fullest. One of our chief aims is that all the children should be able to write their name and address before they leave us.

The woodwork lessons have been a great success ; 5 girls as well as 6 boys join in this lesson. Activities have been very varied ; besides the making of toys and small objects, the woodwork team have undertaken repairs to furniture and equipment.

Swimming once again has proved very successful and popular. 9 children have gained 1st and 2nd swimming certificates at the public baths. 4 children also took part in a sponsored swim for the Exe Vale League of Friends, collecting over £6.

Other successes this year include the South West Sports Day for Mentally Handicapped Children, with the junior team bringing home the cup once again. 4 children competed in the Inter County Sports Day held at Taunton and they also helped in bringing the cup back to Devon.

Another new venture this year has been to make as much contact with other normal schools as possible, i.e. Whipton Barton School, Pinhoe Infants and Southbrook Schools. Interchange visits have been made with all the above, our children joining in their lessons, i.e. physical education, musical movement and games.

Once again a number of outings have been made this year. During the Christmas term the children went to a local cinema to see " Chitty-Chitty-Bang-Bang " and also to a local school to see their presentation of " Jack and the Beanstalk ". Later in the year they went on (i) a boat trip up the river estuary, (ii) a coach trip to Exmouth, (iii) a visit to Exeter air-port, (iv) a party of students invited the senior class to the University for coffee and later on showed them around, (v) visit to a play group at the America Hall, Pinhoe.

The nursery class were also able to go out for the first time this year. This was due to Mrs. Urwin (physiotherapist), who allowed them the use of her garden for the day.

The junior and senior classes usually go into the City once a week on shopping expeditions, ending up with having coffee in one of the local restaurants.

Successful Open Days were held at the school again this year. Over 200 people attended. Each class held its own activity—ending up with a Christmas Play. Additionally, the Rev. Royle presided at a Harvest Festival to which parents and friends were invited.

The children exhibited paintings at Taunton again this year at the art exhibition organised by the South West branch of the Society for Mentally Handicapped Children. They also showed their handwork at the Disabled Persons Handwork Exhibition in Exeter and were fortunate in winning another cup.

In order to introduce the older children to the fact that there are people in the world who at times need a helping hand, the senior children have adopted a retirement pensioner whom they visit during the term, at Christmas and on birthdays.

A REPORT ON ELLEN TINKHAM HOUSE SCHOOL

by DR. MARY ALLEN, Senior School Medical Officer

There has been considerable progress made in the last hundred years for provision for the mentally handicapped children, and a further hurdle will soon be cleared when these children will be the responsibility of the Department of Education and Science.

There have also been advances in the medical diagnosis with the increase of biochemical assessment of the handicapped, developmental tests, treatment, especially in anti-convulsant drugs, management in pregnancy, with genetic counselling and routine tests in the new-born.

Socially these children are better cared for, but there is still a great deal more to be done, especially for the subnormal child in hospital, but public opinion is now more favourable and it is hoped in the future to provide more community care. There is still a great need for an adult special care unit for the over-16's who are unsuitable for the Adult Training Centre. The provision of such a unit would enable these children to be kept at home.

Educationalists have developed many learning techniques for the E.S.N. child, such as programmed learning, various reinforcement techniques and interest arousal which can be applied to the subnormal child. To be successful, the education of the subnormal needs exceptionally sensitive and intelligent teachers, and the child should know his own level and what he

is aiming for, and this, to be achieved, requires patience on the part of the teacher and frequent explanation to the child. This is a very interesting field of research, and it is hoped many workers will be attracted to this work in the future.

Frequent visits are made to the School for medical examinations, developmental assessments and interviews with parents. Most of the children attend the Paediatric Department of the hospital, and there is close association with this department and the family doctor. The developmental assessment is done, and often a psychological assessment, especially when the child is coming to school age. There are frequent discussions with the teachers and all concerned with the children at the school, as to the level of development and how best this can be stimulated to help the child's progress. The most frequent mistake in work with these children is in not going back far enough. It is necessary to retrace one's steps right down to the learning sequence so as to supply skills and background which are missing, and have never been properly assimilated, or have only been learnt in a half understood or confused way. These children need a wealth of experiences and sensory stimuli of all kinds, and to supply this they are frequently taken out to different activities.

Language is also important in their development, and Mrs. Rees, the speech therapist, now attends the school for three sessions per week, and interviews the parents. It is very important that language development should be fostered, and parents encouraged to pursue this, because if the child is deprived of verbal communication it experiences mental starvation. Mothers need encouragement in this and the speech therapist spends a great deal of time to this end, because mothers often lose interest due to lack of response in the child. They will then accept gestures from the child instead of speech, and thus the subnormal child is not encouraged to develop speech, as there is no language environment for him, due to lack of feed back at an early stage. Speech is often delayed and there are long periods of speechlessness when the child is not spoken to very much, and this is a major factor in delayed language development. The child is cut off from expressing himself and can become withdrawn. Speech development is a very important part of the work in the school, and all the staff join in this in every way possible.

The physiotherapist attends once a week and the physically handicapped are given physiotherapy; this is continued by the teachers. The mothers are also encouraged to continue this at home. This is another approach to making the children as

independent as possible. The physiotherapist also works at the spastics centre at Vranck House, and in the holidays many of the children attend the spastic centre for treatment. There are frequent discussions with the physiotherapist about the progress of the individual children.

The vision of each child is tested by the health visitor or at a developmental session, and any defective vision or squint is referred to the Eye Infirmary.

The hearing assessment of each child is carried out by a member of the Audiology Department, and children who have a hearing loss are helped by frequent visits of the peripatetic teacher of the deaf.

There is close liaison with the audiology department and the staff of the school, because every child must be able to hear before he can listen to the speech of others. Many of these children are tested early for hearing because they are on the observation register. These children are followed-up regularly because many of them give immature reaction to sounds, and it is not until they are older that the diagnosis can be clearly given.

There have been recent advances in diagnostic methods. E.E.G. audiometry is being developed in conjunction with a special computer to provide more objective measures of response to sound. The advance in electronics, surgical techniques and hearing aids will all be applicable to the mentally subnormal.

The children are assessed before entrance to the school by multi-disciplinary assessment, and for placement in other schools the same techniques are employed. A partially sighted boy, through this method, is being placed in the School for the Partially Sighted. The border-line children are frequently assessed and their progress discussed with a view to their transfer to the E.S.N. School. It is hoped that there will be, in the future, a closer liaison with the E.S.N. School, and more communication between the staff of the two schools and members of the E.S.N. D/S teaching in the school.

In the Plowden Committee report it was suggested that E.S.N. should be called "slow learners", and it has therefore become popular to call the subnormal "very slow learners", with the emphasis that these children can learn. Research has shown that these children learn in a fairly normal pattern.

Many of the children are multi-handicapped, and they are classified according to their handicaps and special needs.

The following defects have been diagnosed.

	<i>No. of children</i>
Phenylketonuria	1
Gargoylism	1
Tuberosc sclerosis	1
Craniostenosis + partially sighted	1
Infantile spasm (? acute sclerosing encephalitis)	1
Down's syndrome. 1 with congenital heart	9
Cerebral palsy + 3 quadriplegic 1 athetoid 4 fits	8
Hyperkinetics	2
Epilepsy	6
Post meningitis with fits plus blindness	1
Sturges-Weber syndrome	1
Lights syndrome	1
Disturbed children	2
Minimal brain damage. 15 clumsy children 2 microcephaly 3 hearing defects	20
Primary amentia. 4 deprived children	6
	61

I wish to thank all the staff for their co-operation and efforts during the past year.

Table XXIX.

CHILD HEALTH CLINICS.

CHILDREN ON REGISTER (1965 to 1969)

CENTRE	Born 1969	Born 1968	Born 1964-67	Total 1969	Total 1968	Total 1967	Total 1966	Total 1965
Bull Meadow	189	180	184	553	612	633	656	634
Burnthouse Lane	135	160	318	613	785	637	746	540
Countess Wear	38	62	87	187	203	230	307	376
Whipton	211	199	296	706	951	926	960	984
*St. Thomas H/Centre	242	209	337	788	717	857	929	843
Alphington	30	36	32	98	117	175	126	—
Pinhoe	32	43	90	165	166	110	133	—
Topsham	37	51	51	139	149	142	99	—
TOTALS	914	940	1,395	3,249	3,700	3,710	3,956	3,377

* Opened October 1969—previous figures relate to Buddle Lane Clinic.

** Included in Extension of Boundary, from 1/4/1966.

Table XXX.

CHILD HEALTH CLINIC ATTENDANCES, 1969
ATTENDANCES ACCORDING TO AGE OF CHILD AT TIME OF ATTENDANCE

CENTRE	Under 1 year	1-2	2-5	TOTAL 1969	Total Sessions	Total M.O. Sessions	Total seen by M.O.	Total H.V. only Sessions	TOTAL 1968
Bull Meadow (South)	827	353	220	1,400	51	46	352	5	1,518
Bull Meadow (North)	812	267	234	1,313	51	46	306	5	1,427
Alphington	235	236	123	594	52	22	188	30	615
Buddle Lane (to 6.10.1969)	1,060	1,455	1,000	3,515	72	71	831	1	4,673
St. Thomas Health Centre (from 13.10.1969)	505	276	230	1,011	22	22	247	—	—
Countess Wear	287	425	323	1,035	49	44	267	5	1,180
Topsham	260	410	239	909	51	47	347	4	927
Burnthouse Lane	706	1,078	904	2,688	65	62	836	3	2,381
Pinhoe	217	319	236	772	51	23	226	28	577
Whipton	1,104	1,048	741	2,893	102	91	792	11	3,850
TOTALS	6,013	5,867	4,250	16,130	566	474	4,392	92	17,148
TODDLERS' CLINICS (TOTAL 1969)									
Burnthouse Lane (to Sept. '69)	19	33	57	109	8	7	91	1	753
Whipton	3	9	56	68	13	13	68	—	58
HEALTH VISITORS' CONSULTATION CLINIC									
Burnthouse Lane (to Sept. '69)	207	136	36	379	39	—	—	39	529
GRAND TOTALS	6,242	6,045	4,399	16,686	626	494	4,551	132	17,888

Table XXXI.

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

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

Cases brought forward from 1968	....	....	30	
New Cases 1969	....	....	99	
		Total	....	129
Less cases c/fwd to 1970	....	....	29	
		Total	....	100
1969 Cases :—				
Transferred to other workers	....	....	9	
After-care cases only	....	....	9	
Preg. test negative	....	....	1	
Prem. stillborn (seven months)	....	....	1	
Married putative father before confinement	....	....	3	
Home confinement	....	....	1	
Emergency home confinement, transferred to City Hospital	....	....	1	
No further contact	....	....	1	
Bookings :—				
Mowbray House	....	....	58	(1 transferred City Hosp.)
City Hospital	....	....	7	
St. Olave's Home	....	....	5	
St. Nicholas House	....	....	2	
Mayflower	....	....	1	
		Total	....	99
Total Births 66				
Kept by mothers	....	46	Of these, 7 were first fostered awaiting mother's decision—and 2 are with parents co-habiting.	
"In care", Children's Department	....	3		
Long-term fostering	....	2	Of these, 1—mother awaiting accommodation and 1—baby probably unsuitable adoption.	
Fostered	....	14	All these since placed with adopters by Diocesan Association.	
Adoption direct from Mother/Baby Home	....	1	Placed by Diocesan Association.	
Visits made to homes or hospitals	....	410	Interviews in office	403

Table XXXII.

DISTRICT MIDWIFERY SERVICE 1969

Number of cases attended as midwives (home deliveries)	231	
Number of visits paid to above cases :—		
(a) during first ten days	3,291	} 4,234
(b) after tenth day of puerperium	943	
Number of cases booked during the year :—		
(a) Home bookings	336	} 1,217
(b) Mowbray Hospital bookings	881	
Number of cases seen at the ante-natal clinics	346	
Number of attendances at the ante-natal clinics	2,069	
Number of ante-natal visits to patients' homes	4,447	
Number of medical aid forms sent	—	
Number of midwifery cases transferred to hospital	62	
Number of casual visits paid by midwives	2,606	
Number of post-natal visits paid by midwives	273	
Number of cases brought forward on 1st January, 1969 (mothers undelivered)	135	} 475
Number of cases booked during the year	336	
Number of emergency unbooked deliveries (and cases booked for delivery elsewhere than at home)	4	
Number of cases delivered during the year	231	
Number of cases of miscarriage of booked patients	5	
Number of booked cases who left Exeter before delivery	9	
Number of booked cases admitted to hospital undelivered	52	
Number of cases originally booked for home delivery and subsequently booked for delivery in hospital	72	
Number of cases remaining on the books on 31st December, 1969 (mothers undelivered)....	106	
	<u>475</u>	
Total visits to midwifery patients (excluding hospital discharges and cases for feeding supervision)	11,560	
<i>Analysis of Deliveries :</i>		
Number of patients delivered by midwives	227	
Number of forceps deliveries	1	
Number of patients delivered by Doctors (other than forceps cases)	3	
	<u>231</u>	

Table XXXIII.**REPORT OF MATERNITY CASES TRANSFERRED FROM HOSPITAL.****Year ending 31st December 1969.**

<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	4	51	5	56
2nd	30	357	104	461
3rd	305	2,885	1,106	3,991
4th	54	415	150	565
5th	46	285	158	443
6th	77	356	241	597
7th	122	486	433	919
8th	250	724	831	1,555
9th	22	43	168	211
10th	12	17	54	71
11th	2	—	12	12
12th	7	—	37	37
13th	3	—	19	19
14th	3	—	21	21
After 14th	3	—	15	15
	<hr/> 944	<hr/> 5,619	<hr/> 3,354	<hr/> 8,973

Table XXXIV.
DOMICILIARY MIDWIFERY
MONTHLY FIGURES 1969

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of cases attended as midwives	28	12	30	21	17	26	22	16	18	16	15	10
Number of visits paid to above :—												
(a) during first ten days	419	165	409	326	281	395	332	128	240	239	206	151
(b) after tenth day of puerperium	152	128	78	111	74	92	53	59	58	49	63	26
Number of maternity cases transferred from Maternity Home or Hospital for nursing at home	77	75	95	82	74	66	91	100	67	80	66	71
Number of visits paid to above :—												
(a) during first ten days	609	490	535	452	512	368	494	573	351	396	324	515
(b) after tenth day of puerperium	353	370	406	321	264	185	247	270	193	303	231	211
Number of casual visits paid	187	216	202	186	191	205	239	183	203	269	235	300
Number of cases sent in for supervision of feeding	—	—	—	2	1	—	—	—	1	1	—	—
Number of visits paid to above	—	—	—	5	8	—	—	—	3	5	—	—
Number of new bookings :—												
(a) Home	35	33	30	38	27	20	22	30	27	33	25	20
(b) Hospital	86	73	69	74	52	73	64	97	80	89	92	58
Number of ante-natal visits to patients' homes :—												
(a) Home	118	127	171	187	161	166	184	88	121	147	101	101
(b) Hospital	265	253	219	235	189	280	219	174	185	226	264	266
Number of post-natal visits	22	19	28	15	49	18	21	18	24	20	25	14

Table XXXV.

HOME NURSING DURING 1969.

New Cases Under 6	New Cases Over 65	TYPE OF CASE	On Books 1/1/69	SENT BY				AGE GROUP				SEX		Total Visits	RESULT				
				G.P.'s	Hosp.	P.H. Dept.	Others	Total	Under 1	1-5	5-15	15-64	65 and over		M.	F.	Deaths	Trans. to Hosp.	Conval-escence	Removed for other causes	Total Left On Books
—	130	Post-stroke	62	110	26	4	13	215	—	—	—	33	182	93	32	65	36	14	68
—	83	Carcinoma	38	114	24	4	9	189	—	—	—	80	109	70	83	50	16	17	23
1	34	Diabetes	35	28	13	1	9	86	—	1	2	21	62	30	2	18	—	33	33
—	141	Heart Cases	45	142	16	7	5	215	—	—	—	37	178	91	37	59	44	25	50
—	52	Arthritis	48	52	11	4	11	126	—	—	—	43	83	22	5	27	7	24	63
—	86	Anaemia	108	83	8	2	11	212	—	—	1	35	176	48	13	25	17	40	117
—	3	Multiple Sclerosis	13	4	—	—	2	19	—	—	—	12	7	7	—	2	—	4	13
4	144	Other chronic diseases	123	114	30	13	36	316	—	6	8	61	241	115	20	69	32	62	133
—	68	Ulcers of Legs	58	58	11	2	9	138	—	—	—	21	117	30	4	24	46	12	52
—	36	Simple Senility	26	24	2	3	7	62	—	—	—	—	62	19	9	13	—	13	27
—	1	Tuberculosis :	3	4	1	—	1	9	—	—	—	6	3	3	—	1	3	1	4
—	7	Influenza	2	11	—	—	2	15	—	—	—	8	7	6	—	—	7	2	6
—	—	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	Other Infectious diseases	—	2	—	—	—	2	1	—	—	1	—	1	—	—	2	—	—
—	21	Pneumonia	1	30	—	—	1	32	—	—	—	10	22	9	5	7	17	1	2
—	—	Other acute chest con- ditions	7	132	2	1	4	146	5	6	1	45	89	68	5	27	90	8	16
11	83	Tonsillitis	—	12	—	—	—	12	—	1	1	9	1	4	—	—	12	—	—
20	138	Other acute infections	7	236	17	2	14	276	9	11	14	99	143	76	3	29	201	35	8
18	3	Ear Infections	1	23	2	—	—	26	9	9	2	3	3	14	—	—	25	—	1
56	1,031	Carried Forward	577	1,179	163	43	134	2,096	24	34	29	524	1,485	706	218	416	555	291	616

Continued on next page.

Table XXXV.

HOME NURSING DURING 1969—Continued.

New Cases Under 5	New Cases Over 65	TYPE OF CASE	On Books 1/1/69	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.						
56	1,031	Brought Forward	577	1,179	163	43	134	2,096	24	34	29	524	1,485	706	1,390	87,345	218	416	555	291	616
—	—	Maternity, etc.:	—	1	2	1	1	5	—	—	—	5	—	—	5	35	—	—	—	4	1
—	—	Infect. midwifery	—	3	—	—	—	4	—	—	—	4	—	—	4	45	—	—	—	4	—
—	—	Breast abscess	—	1	—	—	—	1	—	—	—	—	—	—	1	8	—	—	—	1	—
—	—	Flushed breast	1	31	1	—	—	33	—	—	—	33	—	—	33	217	—	10	21	—	2
—	104	Miscarriages	4	3	—	—	101	108	—	—	—	2	106	—	108	555	—	—	—	104	1
—	—	Changing of Pessaries	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	73	Accidents:	20	69	18	—	13	120	1	1	5	20	93	22	98	2,788	2	22	61	11	24
5	76	Post Operation Cases	40	87	108	1	8	244	2	4	4	131	103	111	133	7,790	9	19	170	9	37
—	44	Pre X-ray Treatments	—	10	101	—	1	112	—	—	2	66	44	45	67	112	—	—	—	112	—
—	89	Enemata	—	118	6	—	1	125	—	—	4	32	89	44	81	368	2	11	103	5	4
—	16	Mental Confusion	7	11	1	5	1	25	—	—	—	2	23	6	19	1,041	1	9	—	6	9
—	5	Others	1	11	—	—	—	12	—	—	—	7	5	5	7	50	—	—	1	11	—
63	1,438	TOTALS	650	1,524	400	50	261	2,885	27	39	44	827	1,948	939	1,946	100,354	232	487	911	558	697
New Cases		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total Cases		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Casual Visits		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

New Cases 2,235
Total Cases 2,885
Casual Visits 3,056

Table XXXVI.
HEALTH VISITORS—
DOMICILIARY VISITS, 1969

<i>Types of Visits</i>	<i>Visits</i>	<i>Ineffectuals</i>	<i>Total 1969</i>	<i>Total 1968</i>
Ante-Natal	89	} 13	130	134
Moral Welfare (as locum for social worker)	28			
Babies under 1 year	6,096	1,554	7,650	7,048
„ 1—2 years	4,130	981	5,111	4,680
Toddlers 2—5 years	7,346	2,034	9,380	8,047
<i>Totals 0—5 years</i>	17,689	4,582	22,271	19,909
Children referred by G.P's	42	—	42	34
Hearing Assessment Sessions	151	—	151	161
Stillbirths	2	—	2	2
Infant Deaths	9	—	9	4
<i>After Care, etc.</i>	—	—	22	22
Disabled Adults	158	} 22	158	98
Diabetics	8		8	—
Hospital Referrals not Mental	23		23	10
Hospital Paediatric	3		3	1
Others	136	—	136	139
<i>Aged</i>				
Total Visits	1,678	190	1,868	1,793
Visits requested by G.P. or Hospital	144	—	144	207
<i>Audiology</i>				
Audiology	887	} 101	988	742
Handicapped Children	43		43	67
<i>Special Visits</i>	—	—	131	—
Housing	150	} 131	150	110
Problem Families	502		502	437
Mentally Disordered	54		54	74
<i>Infectious Diseases</i>				
Households Visited (incl. T.B.)	303	—	303	540
Surveys	53	—	53	8
Evening Visits	38	—	38	37
School Health Visits	561	—	561	437
Health Education	191	—	191	149
<i>Grand Totals</i>	22,825	5,026	27,851	25,056

Table XXXVII.**IMMUNISATION AND VACCINATION DURING 1969.****SMALLPOX VACCINATION.**

Primary Vaccinations	439	{	By general practitioners	737
			At clinics	199
Re-vaccinations	388	{	By general practitioners	429
			At clinics	10

AGE GROUPS OF PERSONS VACCINATED (SMALLPOX) DURING 1969.

	Under :—	3 mths.	6 mths.	9 mths.	1 year	1+	2—4	5—14	15 and over	TOTAL
Primary	—	5	4	36	639	89	32	131	936
Re-vaccinations	—	—	—	—	—	13	43	383	439

Table XXXVIII.**MEASLES VACCINATION.**

Age	Under 1 year	1 year	2 years	3 years	4 years	5-7 years	8-16 years	TOTAL
G.P.s	1	203	66	57	63	20	30	440
Clinics	7	229	29	31	19	4	4	323
Total	8	432	95	88	82	24	34	763

Table XXXIX.**PRIMARY IMMUNISATION AGAINST DIPHTHERIA,
WHOOPING COUGH AND TETANUS**

Children completing a primary course of one or more vaccines in 1969, grouped by age at which the course was completed.

	Under 6 months	Over 6 months and under 9 months	Over 9 months and under 1 year	Over 1 year	Total
G.P.s	543	160	53	99	855
Clinics	107	127	17	77	328
Total	650	287	70	176	1,183

WHOOPING COUGH IMMUNISATION.

	Under 1 yr.	Total
Completed primary courses using } By general practitioners	755	841
Triple vaccine } At clinics	248	299

DIPHTHERIA IMMUNISATION.

Completed primary courses using } By general practitioners	755	841
Triple vaccine } At clinics	248	299
Completed primary courses using } By general practitioners	1	5
Diphtheria/Tetanus vaccine } At clinics	3	29

TETANUS IMMUNISATION.

Completed primary courses using } By general practitioners	755	841
Triple vaccine } At clinics	248	299
Completed primary courses using } By general practitioners	1	5
Diphtheria/Tetanus vaccine } At clinics	3	29
Completed primary courses using } By general practitioners	—	9
Tetanus vaccine } At clinics	—	—

Table XL.

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

Number of children given a re-inforcement dose during 1969.

	Age : 18 mths.	5-9 yrs.	10+ yrs.	Total
By general practitioners	708	643	137	1,488
At clinics	269	623	10	902
TOTAL	977	1,266	147	2,390

at 18 months :—

Triple booster	....	....	....	956
Diphtheria/Tetanus booster	....	....	....	21
Tetanus booster	....	....	....	—

at 5—9 years :—

Triple booster	....	....	....	106
Diphtheria/Tetanus booster	....	....	....	1,157
Tetanus booster	....	....	....	3

at 10+ years :—

Triple booster	....	....	....	8
Diphtheria/Tetanus booster	....	....	....	78
Tetanus booster	....	....	....	61
				2,390

Table XLI.

POLIOMYELITIS VACCINATION.

Number of children who completed a primary course (3 doses) during 1969.

By	Under 1 year	1-4	5-16	Total
General Practitioners	772	60	19	851
Clinics	254	68	28	350
Total	1,026	128	47	1,201

Number of children given a re-inforcement dose during 1969.

By	18 months	5-7	8-16	Total
General practitioners	658	644	79	1,381
Clinics	265	634	6	905
Total	923	1,278	85	2,286

Table XLII.
AMBULANCE SERVICE
Monthly Summary of Section 27 Work

1969 Month	AMBULANCES		D.P. AMBULANCES		TRAINS		AIR	
	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
January	846	6,568	928	3,704	7	1,420	—	—
February	924	5,345	732	2,763	10	2,308	—	—
March	970	6,164	744	3,009	12	3,780	—	—
April	941	6,605	611	2,498	7	1,493	—	—
May	936	6,317	709	3,023	11	1,840	—	—
June	906	6,643	721	3,576	11	3,434	—	—
July	968	6,922	838	3,850	23	4,492	—	—
August	910	5,881	870	3,710	17	4,018	—	—
September	1,029	6,485	743	3,232	18	3,046	—	—
October	848	6,974	804	3,282	11	2,903	—	—
November	972	6,901	745	2,960	10	2,346	—	—
December	1,026	6,342	764	3,349	7	1,896	—	—
TOTALS 1969	11,276	77,147	9,209	38,956	144	32,976	—	—
TOTALS 1968	8,098	64,853	10,721	48,371	146	34,753	2	280

The above Summary does not include Administrative and abortive journeys.

Table XLIII.
AMBULANCE SERVICE
Classified Summary of Work from 1/1/69 to 31/12/69

CODE No.	CLASSIFICATION	AMBULANCES		DUAL PURPOSE AMBULANCES	
		Patients	Miles	Patients	Miles
1	Accidents	850	2,972	194	727
2	Acute illness and other emergencies	1,628	7,368	427	1,691
3	Removals to and from Hospital	7,186	43,785	7,795	26,139
4	Administrative and Abortive journeys	170	843	150	653
5	Infectious Cases—Exeter	81	629	5	22
6	„ „ —Devon	11	334	—	—
7	Other removals for Devon C.C.	1,435	20,039	643	8,722
8	Removals for other Local Authorities	85	2,020	145	1,655
	TOTALS 1969	11,446	77,990	9,359	39,609
	COMPARABLE TOTALS 1968	8,242	65,667	13,081	52,383

CODE Nos. : 6 and 7—Chargeable to Devon County Council.
8—Chargeable to Other Local Authorities.

Table XLIV.

TUBERCULOSIS STATISTICS FOR THE CITY.

1	Total cases on Register, 1st January, 1969 :	Respiratory Non-Respiratory	<i>Totals</i>	
			239 17	256
2	Total new notifications received after deduction of duplicates :	Respiratory Non-Respiratory	13 3	16
3	Inward Transfers :	Respiratory Non-Respiratory	5 —	5
4	Deaths during the year from Tuberculosis :	Respiratory Non-Respiratory	3* —	3*
5	Deaths during the year of Tuberculous patients from other causes :	Respiratory Non-Respiratory	2† —	2†
6	Outward Transfers :	Respiratory Non-Respiratory	7 —	7
7	Number of cases removed from Register as "Recovered" or "Mistaken Diagnosis" :	Respiratory Non-Respiratory	14 1	15
8	Taken off the Register under the 'Public Health Tuberculosis) Regulations, 1930'. ("Lost sight of")	Respiratory Non-Respiratory	4 1	5
9	Total cases on Register, 31st December, 1969 :	Respiratory Non-Respiratory	227 18	245

* Includes 1 Posthumous Notification.

† Includes 1 patient died. Post-mortem carried out—still awaiting histology report.

Table XLV.

MASS MINIATURE RADIOGRAPHY SURVEYS.

Year	Examined	Referred
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
1968	5,706	293
1969	4,982	79

*Following mass X-Ray campaign in 1959.

Table XLVI.

CASES EXAMINED AT CHEST CLINIC DURING 1969
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	—	7	2	4	9	5	18	45
Female	—	2	2	6	2	11	11	34
TOTALS	—	9	4	10	11	16	29	79

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

	AGE IN YEARS							Total
	Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
(1) Already known to Chest Clinic as cases of Tuberculosis.								
M.	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—
(2) Already known to Chest Clinic as Observation cases or Contacts.								
M.	—	—	—	1	1	—	—	2
F.	—	—	—	2	—	1	—	3
(3) Failed to keep appointments at Chest Clinic.								
M.	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—
(4) Transferred to other Clinics for investigation.								
M.	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—
5) Taken off Books — Healed Pulmonary T.B. (Inactive Disease)								
M.	—	—	—	—	2	—	2	4
F.	—	—	—	—	—	1	3	4
(6) Taken off Books — Chest conditions other than T.B.								
M.	—	3	1	1	2	2	6	15
F.	—	1	2	1	1	—	2	7
(7) Newly diagnosed as suffering from active Pulmonary T.B.								
Male Sputum Positive	—	—	—	—	1	—	1	2
Female Sputum Positive	—	—	—	—	—	1	—	1
Male Sputum Negative	—	—	—	—	—	—	—	—
Female Sputum Negative	—	—	—	—	—	—	—	—
(8) Remaining under Observation at 1-1.66.								
M.	—	4	1	2	3	3	9	22
F.	—	1	—	3	1	8	6	19
Private Cases (see below)	—	—	—	—	—	—	—	—
TOTALS	1	13	8	15	10	33	36	116
9) Disposal of New Cases diagnosed (see (7) above).								
(a) Sanatorium treatment.								
M.	—	—	—	—	1	—	1	2
F.	—	—	—	—	—	—	—	—
(b) Clinic Supervision.								
M.	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	1	—	1
(10) Private Cases								
M.	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—

Table XLVII.

CASES ON THE TUBERCULOSIS REGISTER (31ST DECEMBER, 1969).

AGE GROUP.	RESPIRATORY	NON-RESPIRATORY						
		Neck glands	Genito-urinary	Spine	Other bones and Joints	Abdominal	Meninges	Breast
MALE								
0-4	1	—	—	—	—	—	—	—
5-14	4	—	—	—	—	—	—	—
15-24	4	—	—	—	—	—	—	—
25-34	12	—	—	—	—	—	—	—
35-44	21	—	2	—	—	—	—	—
45-64	59	1	—	—	—	—	—	—
65 & Over	30	—	1	—	—	1	—	—
Total Male	131	1	3	—	—	1	—	—
FEMALE								
0-4	—	—	—	—	—	—	—	—
5-14	4	—	—	—	—	—	—	—
15-24	5	1	—	—	—	—	—	1
25-34	16	—	—	—	—	—	—	—
35-44	25	—	2	1	—	—	—	—
45-65	31	3	2	—	—	—	—	—
65 & Over	15	2	—	1	—	—	—	—
Total Female	96	6	4	2	—	—	—	1

GRAND TOTAL, MALE AND FEMALE = 245.

Table XLVIII.

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	
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	—
1968	3	1	3	0.02	0.01	0.03	—
1969	3	—	3	0.03	—	0.03	—

The Registrar General assigned 2 deaths as being due to Respiratory Tuberculosis and 1 to "Other" Tuberculosis during the year.

Table XLIX.

NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS DURING 1969
ARRANGED ACCORDING TO AGE.

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

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Table L.

DEATHS FROM TUBERCULOSIS DURING 1969,
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—	2	1*	—	—
75 and over	—	—	—	—
Totals	2	1	Nil	Nil

3

* Posthumous Notification.

Table LI.

SUMMARY OF WORK CARRIED OUT AT EXETER CHEST CLINIC,
1963-1969.

	1964	1965	1966	1967	1968	1969
1. Number of new cases diagnosed as suffering from active Tuberculosis	33	34	25	25	15	16
2. Number of patients examined for the first time during the year	1,121	1,175	1,709	1,197	1,310	1,301
3. Number of patients re-examined during the year	1,461	1,405	2,136	2,160	1,733	1,216
4. Number of contacts examined for the first time during the year	117 } 153 36 } Large films Miniature films	103 } 179 76 } 117 } 174 57 }	63 } 107 44 }	68 } 74 6 }	42 } 49 7 }	
5. Number of contacts re-examined during the year:	173 } 183 10 } Large films Miniature films	198 } 206 8 }	200 } 226 26 }	162 } 222 60 }	102 } 128 26 }	63 } 63 — }
6. Number of Inward Transfers during the year	15	6	26	10	9	4
7. Number of B.C.G. Vaccinations carried out during the year:						
Clinic Cases	159	148	196	201	266	117
13-year old schoolchildren under Ministry Scheme	—	—	—	—	—	—
8. Number of X-ray films taken during the year:						
Large films	1,753	1,645	1,832	1,570	1,596	1 618
Miniature films	59	94	114	104	170	607
9. Number of Screenings made during the year	1	1	15	2	1	1
10. Number of Pathological Examinations made during the year	814	904	947	843	461	450

Table LII.

IVYBANK CHEST CLINIC TUBERCULIN TESTING AND B.C.G. (1969).

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	50	—	—	—	—	—	—	13	49	31
1-4	28	—	6	2	—	—	2	34	24	9
5-15	23	1	1	11	—	—	4	32	17	1
Senior School Children	—	—	1	—	—	—	—	—	—	1
University Students	—	—	—	—	—	146	90	15	—	—
Occupational Therapists	—	—	—	—	—	—	—	—	—	—
Nurses and Hospital Staff	—	—	—	—	81	—	62	19	14	—
Adults	15	—	1	14	14	11	39	16	2	—
Immigrants	—	—	—	—	38	—	32	6	3	—
Emigrants	—	—	—	—	12	—	4	8	8	—
TOTALS	116	1	9	27	145	157	233	143	117	42

Table LIII.**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	3	197	—	200
Culture	14	176	—	190
Preparation for Malignant Cells	—	—	10	10
Specimens obtained by Direct	—	—	—	—
Bronchial Lavage : Culture	—	—	—	—
Platelet Count	—	—	4	4
URINE : Direct smear	—	9	—	9
Culture	—	9	—	9
Throat and Nose Swabs	—	—	—	—
Blood Urea	—	2	—	2
Sedimentation Rates (Wintrobe Technique)	—	—	2	2
Haemoglobin Estimations	—	—	12	12
W.B.C.	—	—	12	12
GRAND TOTAL				450

Table LIV.**HOME VISITS.**

During the year 1,226 Home Visits were made by the Tuberculosis Health Visitor (Miss A. Dawson), made up as follows :—

(a)	Primary visits to New Patients	14
(b)	Primary visits to New Contacts	82
(c)	Repeat visits to Patients	177
(d)	After-care visits	140
(e)	Visits for carrying out Tuberculin Tests at home	269
(f)	Other visits	436
(g)	Ineffective visits	108
Total Home visits		1,226

Table LV.
MENTAL HEALTH SERVICES.

MENTAL ILLNESS.

AGE DISTRIBUTION OF REALLY NEW ADMISSIONS TO PSYCHIATRIC HOSPITALS IN 1969.

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
7	0—14 years. Male	5	—	—	—	—	—	—	5	—
	Female	2	—	—	—	—	—	—	—	2
128	15—44 years. Male	49	2	—	8	1	—	4	64	—
	Female	50	1	—	13	—	—	—	—	64
70	45—64 years. Male	30	1	—	7	—	—	2	40	—
	Female	23	1	—	4	—	—	2	—	30
96	65+ years. Male	23	2	—	4	—	—	—	29	—
	Female	62	2	—	2	—	—	1	—	67
301	TOTALS	244	9	—	38	1	—	9	138	163

Table LVI.

RE-ADMISSIONS.

INTERVAL SINCE PREVIOUS ADMISSION.

Of the 191 admitted in 1969 who had previously been in a psychiatric hospital the periods elapsing since the last discharge were :—

	<i>Patients.</i>	
Under 1 year	98
1 to 2 years	25
2 to 3 years	21
3 to 4 years	8
4 to 5 years	13
5 to 10 years	16
10 to 25 years	10
TOTAL	191	

79 patients were admitted twice during the year, 13 were admitted 3 times, and 3 were admitted 4 times.

	<i>Male</i>	<i>Female</i>
Exeter residents in psychiatric hospitals for mentally ill at 31.12.68	185	274
Admissions during 1969	360	445
Discharged out of hospital (including 72 deaths, 26 male, 46 female)	357	470
Remaining in hospital at end of 1969*	134	194

* The discrepancies result from a survey of patients in hospital which revealed an accumulated error caused by failure of hospitals always to notify discharges, deaths, etc.

TEMPORARY RESIDENTS.

In addition, the mental welfare officers admitted 92 persons (35 men, 57 women) who were only temporarily resident in Exeter.

MENTAL SUBNORMALITY—ASCERTAINMENT AND COMMUNITY SUPERVISION—
NEW CASES IN 1969.

19 19

MENTALLY SUBNORMAL—UNDER CARE IN THE COMMUNITY.

Table LIX.

MENTALLY SUBNORMAL—ADMITTED TO HOSPITAL.

1 severely subnormal man and 1 severely subnormal boy died during the year. The total of Exeter subnormals having hospital and community care was 375, or 4 per 1,000 of the population.

Table LX.**MENTAL WELFARE OFFICERS' VISITS, ETC. TO THE MENTALLY ILL IN 1969.**

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
1. Visits and investigations leading to admission to hospital	305	549	854
2. Visits involving removal to hospital	190	267	457
3. Visits to relatives, etc. after admission	94	146	240
4. Visits to patients in hospital	315	389	704
5. Aftercare and follow-up visits following discharge	533	730	1,263
6. Visits to patients in the community receiving out-patient treatment, etc.	212	403	615
TOTALS	1,649	2,484	4,133

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

	<i>Men</i>	<i>Women</i>	<i>Total</i>
1. Investigation and advice	8	6	14
2. Visits involving removal to hospital	8	8	16
3. Community care and supervision	213	234	447
4. Visits to patients on leave from hospitals	—	2	2
5. Visits to patients in hospital	17	21	38
TOTALS	246	271	517

1,202 interviews to patients and relatives were given at Nichols Centre.

Table LXI

MENTAL WELFARE OFFICERS' VISITS TO THE NEWCASTLE IN 1955

	Men	Women	Total
1. Visits and investigations leading to admission to hospital	100	100	200
2. Visits involving removal to hospital	100	100	200
3. Visits to relatives, etc. after admission	100	100	200
4. Visits to patients in hospital	100	100	200
5. Admissions and follow-up visits following discharge	100	100	200
6. Visits to patients in the community following out-patient treatment, etc.	100	100	200
Total	1,000	1,000	2,000

MENTAL WELFARE OFFICERS' VISITS TO MENTALLY SUBNORMAL PERSONS

	Men	Women	Total
1. Investigations and visits	100	100	200
2. Visits involving removal to hospital	100	100	200
3. Community care and supervision	100	100	200
4. Visits to patients on leave from hospital	100	100	200
5. Visits to patients in hospital	100	100	200
Total	1,000	1,000	2,000

1,302 interviews to patients and relatives were given at Nichols Centre

1	100	100	200
2	100	100	200
3	100	100	200
4	100	100	200
5	100	100	200
6	100	100	200
7	100	100	200
8	100	100	200
9	100	100	200
10	100	100	200

Table LXII

MENTAL WELFARE OFFICERS' VISITS TO MENTALLY SUBNORMAL PERSONS

	Men	Women	Total
1. Investigations and visits	100	100	200
2. Visits involving removal to hospital	100	100	200
3. Community care and supervision	100	100	200
4. Visits to patients on leave from hospital	100	100	200
5. Visits to patients in hospital	100	100	200
Total	1,000	1,000	2,000

1,302 interviews to patients and relatives were given at Nichols Centre

APPENDIX I.

FACTORIES ACT, 1961

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1969 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 Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	25	3	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	458	107	29	—
(iii) Other premises in which Section 7 is enforced by Local Authority (exclud'g Out-workers' premises)	5	5	—	—
Totals	488	115	31	—

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)	1	1	—	—	—
Inadequate ventilation (S. 4)	—	—	—	—	—
Ineffective drainage of floors (S. 6)	—	—	—	—	—
Sanitary Conveniences (S. 7) :—					
(a) Insufficient	2	1	—	—	—
(b) Unsuitable or de- fective	28	18	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	—	—	—	—	—
Totals	31	20	—	—	—

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)	35
Curtains and furniture hangings	5
Others	1
TOTAL	41

APPENDIX II.

SURVEY OF FIRST REFERRALS TO THE COMMUNITY HEALTH SERVICE (NICHOLS CENTRE)

1.4.69—30.9.69

SUMMER SURVEY.

This is the second survey covering the summer period April to September inclusive. The results are shown in three columns below : the present survey, the summer 1968 survey, and in the third column are shown the averages for the five previous winter surveys.

COMMENTS.

1. The total number of referrals during the 6-month period, 1st April 1969 to 30th September 1969 was 161, compared with 187 in the previous summer 6 months, and an average of 156 in the earlier five winter surveys.
2. The ratio of women to men was a little under 3 to 2, the same as in the last survey and not greatly differing from earlier surveys.
3. The proportion of married people was 33%, the lowest recorded in any survey.
4. Family doctor referrals, 50% of the total, were lower than past averages for winter periods, but higher than for the previous summer survey (42%). Referrals by consultants at 16% were at approximately the same level as in the previous summer survey, but much lower than the average for previous winter surveys (30%).
5. Three-quarters of those referred had consulted their own doctors; four had no doctor of their own.
6. Rather more than 13% of those referred were primarily social problems, still rather lower than in previous winter surveys, but 1% higher than in last summer's survey.
7. Schizophrenia appears to be increasing again in contrast to an earlier apparent tendency to decrease. Depression dropped to half the number recorded in the last summer survey, although that period showed 38 cases of depressive illness compared with an average of 27 in earlier surveys.
8. Previously experienced difficulty in ascertaining the length of history before referral was repeated, 46% being shown as "indefinite". The number with a known history of more than a year, slightly over 15%, shows a continuing tendency to decrease. There is a slight but steady increase in the number referred during the 2nd and 3rd month after onset. Family attitudes show a steady level of sympathetic understanding and the number of families who are indifferent or positively rejecting the patient had dropped markedly, 8% compared with 18% last time.
9. 26% had not voluntarily sought help, an improvement of 6% as compared with the last summer survey, but there was a reduction in the number seen by mental welfare officers within a week of seeking help, slightly under 10% compared with 21% last time.
10. 56% had not previously had treatment for psychiatric illness, a lower figure than previously recorded.

11. In only 2 cases was the social effect on the family and others judged to be severe. In 8% of cases the effect was thought to be moderate, and in 23% there were mild effects. These figures represent a general improvement.
12. Three cases referred to mental welfare officers were for enquiries only and did not warrant any further steps. 46% were admitted to psychiatric hospitals, 13% were referred to their own doctors and a similar proportion were later seen at out-patient clinics. 5% were given continued help and support by mental welfare officers and 19% were referred to other appropriate agencies for help and advice.

	Summer Survey 1.4.69 to 30.9.69	Summer Survey 1.4.68 to 30.9.68	Average of five previous winter surveys
--	---	---	---

Mode of Referral

By patient	7	3	2.8
„ relative	3	3	5.6
„ consultant	26	27	47
„ family doctor	82	88	63.6
„ statutory social agency	8	15	10.2
„ voluntary social agency	—	4	1.2
„ other means	35	47	25.2
Totals	161	187	155.6

*Initial Assessment of Condition**

Psychosis	Male	38	26	29
	Female	49	28	38.8
Neurosis	Male	18	37	16.1
	Female	24	56	39.9
Psychopath	Male	5	6	6.8
	Female	5	10	6
Social problem	Male	8	8	7.8
	Female	14	13	15.6
Subnormal	Male	—	—	—
	Female	—	—	.8
Not assessed	Male	—	—	.6
	Female	—	3	1.4

Period since Onset

Under 7 days	16	28	21
7—28 „	11	13	16.4
1— 3 months	22	20	18
3—12 „	13	19	18
More than 1 year	25	30	35.2
No definite information	74	77	46.6

* As considered by mental welfare officers.

				Summer Survey 1.4.69 to 30.9.69	Summer Survey 1.4.68 to 30.9.68	Average of five previous winter surveys
<i>Social effects on</i>						
Spouse	}	Mild	....	37	45	21.2
Children						
Neighbours		Moderate	....	13	16	36.2
Workmates						
Parents		Severe	....	2	1	7.2
<i>Family attitude</i>						
Sympathetic	....	....	....	55	52	67.8
Rejecting	....	....	....	6	10	15
Indifferent	....	....	....	7	13	12.4
Not known	....	....	....	71	89	40.6
Not applicable (no immediate family relationship)	....	....	....	22	23	19.2
<i>Whether own doctor consulted</i>				113	131	121.2
Yes	....	....	....	44	50	28
No	....	....	....	4	6	5.8
Has none	....	....	....
<i>Period since last consulted</i>				85	97	76.8
Under 1 week	....	....	....	14	18	10.6
" 1 month	....	....	....	1	—	1.8
Over 1 month	....	....	....
Not known	....	....	....	13	16	41.8
<i>Period since first seeking help</i>						
Under 1 week	....	....	....	16	40	31.6
1—4 weeks	....	....	....	9	23	10.4
1—3 months	....	....	....	9	15	8.8
Over 3 months	....	....	....	18	15	15.6
Not known	....	....	....	67	33	37.6
Not sought by patient	....	....	....	42	61	53.2
<i>Previous psychiatric treatment</i>						
As out-patient	....	....	....	16	15	10.6
As in-patient	....	....	....	51	41	35.6
None	....	....	....	91	115	99.2
Not known	....	....	....	8	16	9.4
<i>References out</i>						
To family doctors	....	....	....	21	15	22
" psychiatric hospital	....	....	....	75	87	79
" out-patient clinic	....	....	....	22	47	21.6
" Community care	....	....	....	9	11	10.4
" Other L.H.A. Service	....	....	....	5	12	8.2
" Welfare Department	....	....	....	1	2	2
" Child Guidance Clinic	....	....	....	—	1	.4
" Other	....	....	....	25	10	9.4
" None	....	....	....	3*	2	4.2

* Enquiries for guidance only.

	Summer Survey 1.4.69 to 30.9.69	Summer Survey 1.4.68 to 30.9.68	Average of five previous winter surveys
<i>Diagnosis*</i>			
Schizophrenia	18	14	15
Senile dementia	21	21	21
Anxiety states	6	6	10.8
Psychopathy	14	16	10.2
Depression	19	38	27.8
Inadequacy	13	8	8.2
Hysteria	1	5	4
Manic-depressive psychosis	1	4	1.4
Delusional insanity	2	1	1
Epilepsy	—	3	2
Traumatic confusion	1	—	1.6
Maladjustment (child)	1	—	.6
Obsessional neurosis	5	—	1.6
Drug addiction	2	—	.4
Recurrent melancholia	—	—	.8
Alcoholism	5	5	2.6
Acute mania	—	—	1
Maladjustment (adult)	1	—	.2
Cerebral tumour	—	—	.2
Hypomania	1	1	.6
Paranoia	—	7	1
Paget's disease	—	—	.8
Post-puerperal depression	1	—	.6
Paraphrenia	—	1	—
Confusional state	2	3	.2
Post-operative depression	1	2	—
Brain damage :			
Stroke	2	—	.4
Anaesthesia	—	—	.2
Munchausen Syndrome	—	—	.2
Alzheimer's disease	—	—	.2
Cardiac disease	1	—	—
Amnesia	1	—	—
Not known	39	52	34.4
Subnormality	—	—	1

* As diagnosed by (mainly) Consultant Psychiatrists.

COST OF HEALTH AND PUBLIC HEALTH SERVICES

The total nett cost of the health and public health services in Exeter for the financial year 1969/70 is estimated to have been £382,385, as against £351,409 (actual) for the previous year.

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