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CITY OF EXETER



HEALTH SERVICE

ANNUAL REPORT
1970

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HEALTH DEPARTMENT,
MORWENSTOW,
BARNFIELD CRESCENT,
CITY OF EXETER



To the Right Worshipful the Mayor, Aldermen and Councillors
of the City and Council of the City of Exeter.
My Mayor, Ladies and Gentlemen,
ANNUAL REPORT
OF THE MEDICAL OFFICER OF HEALTH
FOR 1970

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

Medical Officer of Health,

HEALTH DEPARTMENT,

"MORWENSTOW", 7, BARNFIELD CRESCENT,

EXETER.

TELEPHONE : 77888.

CITY OF EXETER
ANNUAL REPORT
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HEALTH DEPARTMENT,

" MORWENSTOW ",

7, BARNFIELD CRESCENT,

EXETER.

Tel. No. 77888.

September, 1971.

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,

City Health.

The health of the City during the year has been satisfactory. There were no outbreaks of communicable disease.

Births.

The number of births is slightly up on the 1969 figure and there is a small decrease to 8.6% in the proportion of births to unmarried mothers. Infant deaths were up during the year, but still below the national rate. The number of stillbirths, however, showed a considerable drop. It is more realistic to consider the stillbirths and deaths in infants during the first week together as the perinatal mortality and this has fallen from the rather high rate last year of 25.3 per 1,000 live and stillbirths to 17.9. The total number of births, stillbirths and infant deaths in a town the size of Exeter is small and the rates associated with them can fluctuate quite considerably with only small changes.

Computerisation of Records.

From 1st January, 1970, all birth records have been put on computer. Vaccination appointments are made when they become due by the computer producing lists of names and postcards addressed to the parents of each child on the list. At the first visit by the health visitor, the parent is asked if she would like to be sent these appointments and if she would like to go to her own doctor or to one of our child health clinics. This knowledge is stored in the computer and differentiation is made when making the lists and postcards. During the early part of the year, considerable difficulties arose in getting information from the computer, but by the end of the year, though not working completely efficiently, most of the difficulties had been ironed out. It is not possible, therefore, at this stage to comment on the benefit or otherwise of the system.

There are three nursing services in the department, health visitors, whose work is mainly preventative, and Home nurses and midwives, whose work is mainly concerned with treatment. One cannot, however, draw a clear-cut demarcation line between these three services. Their work is each complementary to the other and working together as a community nursing team, they can provide a more effective service. With the resignation of the Superintendent Health Visitor in May, 1970, I recommended to the Committee that management of the three branches should be brought together under a Chief Nursing Officer with three Principal Nursing Officers responsible to her, each being responsible for the work area part-time management of one of the branches. The Committee agreed to this and Miss P. White, who was Superintendent of Home Nurses and Midwives, was appointed Chief Nursing Officer. This has resulted in greater opportunities to improve the nursing services. The nursing teams meet regularly to discuss mutual problems and combined in-service training has been organised.

Following reorganisation of the service, the attachment of the nurses to family doctors was proceeded with. As I mentioned in my last report, the Committee had last year accepted this policy, and midwives were already attached. This policy was made known to the family doctors and attachment of most of the health visitors was arranged by the end of the year. In each case, discussion with the doctors concerned were held initially and when possible accommodation was provided for the health visitors in the doctor's surgery. In health centres, of course, attachment is facilitated by the fact that nurses already work from the centre. When accommodation could not be provided regular meetings with doctors were arranged. The home nurses have now been allocated to practice areas and attachment of them will be proceeded with. This attachment of nursing staff leads to a closer understanding between the doctors and nurses and each is able to draw the other's attention to problems that might otherwise not be revealed. The staff find greater job satisfaction and the service they can provide is greatly enhanced.

As most of the family doctor practices in Exeter extend beyond the City boundary, it seemed logical that attached staff should look after the whole practice, including those living in the County. With the close and willing co-operation of the County Medical Officer (Dr. J. Lyons) and the County Chief Nursing Officer (Miss Varley), it was agreed that from January, 1971, attached health visitors and midwives would also look after that part of each practice outside the City boundary. In due course, it is hoped that the home nurses will also do this.

The needs of a local authority child health clinic have changed considerably over the years since its inception. A close assessment of the development of each child must play an important part in the work of the clinics, though the need for advice in feeding and other problems still exists. Treatment, however, should not be part of the service and any child considered to need treating should be referred to the family doctor. I am looking into the work of the clinics with a view to changing the pattern to meet the present day needs.

This has now been in use for eight years. The intention is that when certain factors operate, either in heredity, during the pregnancy of the mother or during the early life of the child that would lead to some handicapping condition, the name should be included in an observation register so that special attention could be paid to this child. Experience has shown that only a small number of those on the observation register develop handicaps and a lot of children are found to develop handicaps who are not on the register. The value of this register has got to be critically analysed and the pattern of regular developmental assessment of all children would seem likely to give better results, than continuation of the register as a means of selection of children for special examination.

"Battered Babies" is a term coined to describe cases in which a baby suffers injuries inflicted in most instances by one or other parent. Investigation has shown that such injuries are much more common than was realised. They are often difficult to identify as the baby is presented to the family doctor or hospital with an explanation of accidental causation of the injuries. Research by the N.S.P.C.C. has shown that a child who suffers inflicted injuries is likely to be injured again and that in a number of cases eventually the injuries will prove fatal. All those concerned must be alert to the possibility that the injured child may be suffering from inflicted and not accidental injury. The reasons why the babies are injured are variable and complex but in all cases where there is any suspicion the child must be protected if necessary by a place of safety order while the circumstances are being investigated.

I called a meeting on 20th May of consultants, family doctors, child care officers, N.S.P.C.C., police, probation officer and health visitors to discuss the problem. Representatives from Devon County also attended the meeting. Useful discussion took place and an outline plan to deal with any suspicions or certain cases of battered babies was worked out. A second meeting was held to approve the plans. I will act as co-ordinator and any one, doctor, health visitor or social worker who becomes involved on a case that could

be a battered baby notifies me so that I can arrange for an *ad hoc* committee of those immediately concerned with the family to meet and decide on the line of action to be taken. It was also agreed that any suspicious cases should be notified to me and that I would record this information so that it could be referred to in future, e.g. when a child has had repeated history of injury those concerned should be alert to the possibility that the injuries may be inflicted ones. These records are, of course, strictly confidential and are kept in a locked cabinet, only being available to medical staff concerned. Since the meetings I have been contacted twice and in both instances it has been possible to take action quickly to protect the child and to investigate and deal with the reasons for the "battering".

Health Centres.

St. Thomas Health Centre has now been in operation for over a year. There were a number of teething troubles, mostly generated by the large size of the Centre with accommodation for 10 family doctors and some local authority health services, but these have for the most part been corrected and the Centre is now running smoothly. Planning of the Mount Pleasant Health Centre is now going ahead.

Occupational Health.

The Council agreed that an Occupational Health Service should be started for City Council employees and that it should be developed in phases. Senior Officers over 40 years of age, are subjected to great stresses and it was agreed that initially a comprehensive examination should be offered to these officers. This has been proceeded with during the year and although the examination is voluntary, the great majority of those to whom it has been offered have accepted, and these examinations will be offered at regular intervals.

Dr. Hawkins has taken on this work and, in addition to the examinations, is looking into the health aspect work of various departments, studying sickness rates and considering work accidents. It is hoped to extend the service to provide regular screening of all employees over 40 years of age.

Rubella.

Rubella (German Measles) is a mild condition with no complications and is never fatal. However, it can cause damage to the developing foetus should a pregnant mother become infected. This can result in the child being born with a number of handicaps. A vaccine has been developed of attenuated live viruses which trials have shown to produce a good immunity response. The Department of Health have advised that vaccination should be offered to all girls from 11 to 14 years of age. Enough vaccine was available in the autumn term to offer vaccination to all 13 year old girls in the City and independent schools. The response was excellent and during next year the other girls in the age group considered will be offered vaccination.

So that the protection of the vaccination could be assessed over the years, the Council was asked by the Department of Health and Social Security if they would agree to make rubella a notifiable disease in the City. An Order was made and approved by the Minister to make rubella a notifiable disease in Exeter from 1st October, 1970.

Night Sitters.

For many years, the Committee, through the nursing services, have supplied night sitters in cases of illness where such assistance was needed. It has now been brought increasingly to my attention that from time to time situations arise when someone to provide a similar service during the day was needed. This applies especially to old people living alone, often in a terminal illness, who either could not be admitted immediately to hospital or did not want to go into hospital. The Committee agreed that the night sitting service should be extended to include day sitters. The need would be assessed by the Chief Nursing Officer.

Pollution.

There has been much discussion on pollution during this "conservation year". From some of the views expressed and some of the documentaries and plays shown, one has been led to believe that the very existence of life in the planet is in danger and that nothing has been done to tackle the problem. This I do not believe to be so; there is no doubt that pollution is a serious problem and that more must be done to deal with it, but for many years health departments, river boards and others have been aware of the problem and have been taking measures to deal with it. The result of this work is becoming apparent with, for example, the reduction in atmospheric pollution by establishing smokeless areas and improvement in conditions of many of our rivers.

Staff Changes.

Mr. F. G. Ireland retired in December after 20 years, first as organising secretary when St. John Ambulance Association acted as our agent and from 1965 as Ambulance Officer. He has built up a most efficient service. Mr. P. J. Mann has succeeded him.

The year has seen many changes in the department, which I hope will lead to an improved service. I am most grateful to the Chairman and members of the Health Committee for the support they have given me in introducing these changes and the professional and clerical staff of the department who have accepted and co-operated in implementing them.

I am,

Your obedient servant,

G. P. McLAUHLAN.

CITY AND COUNTY OF THE CITY OF EXETER

The Mayor—

COUNCILLOR P. HILTON.

HEALTH COMMITTEE

at Dec. 31st, 1970

Chairman—

COUNCILLOR MRS. A. WING.

Deputy Chairman—

ALDERMAN H. T. HOWE.

Councillor P. F. H. BLISS.

Councillor W. GOOM.

Councillor W. J. HARRISON.

Councillor M. J. HOPKINS.

Councillor Mrs. I. M. JOHNS.

Councillor W. H. MARDON.

Councillor M. J. O'CALLAGHAN.

Councillor R. H. M. PALMER.

Councillor Mrs. J. R. PEPPER.

Councillor M. F. PHILLIPS.

Councillor G. T. SLINGSBY.

Councillor Mrs. V. A. TOZER.

Councillor F. J. PARKHOUSE.

Co-opted Members—

Mrs. D. CROWN.

Dr. M. E. M. COOK.

Mrs. A. T. SOPER.

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 (from 24.4.70).

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

Deputy Medical Officer of Health and Deputy Principal School Medical Officer.

Post vacant.

Senior Medical Officers.

ELIZABETH L. RYAN, B.A., M.B., 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.

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

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

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.), F.R.S.H.

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.

**D. PECKHAM.

**J. T. BROWN.

**A. J. PALFREY.

**T. EVANS (resigned 10.5.70).

MISS Y. FITZGERALD (Pupil P.H.I.).

**J. K. HARRIS.

MISS J. ROBINSON (Pupil P.H.I.).

†**D. B. MAY.

Meat Inspectors.

*E. CASTLEDINE.

*P. J. HEDGES (resigned 30.4.70).

*J. ROSSER.

*J. F. HANDFORD (commenced 16.11.70).

Public Analyst.

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

† Duties mainly in connection with the School Health Service.

** Qualified Public Health Inspectors and Meat Inspectors.

* Meat Inspector's Certificate.

†Smoke Certificate.

Chief Nursing Officer (post established 1.7.70).

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

Superintendent Health Visitor.

MISS A. J. M. HEMINGWAY, S.R.N., S.C.M. (Pt. 1), H.V. Cert. (resigned 31.5.70).

Principal Nursing Officer (Health Visiting).

(Post established 1.7.70).

MRS. K. DUNHAM, S.R.N., S.C.M. (Pt. 1), H.V. Cert.

Health Visitors and School Nurses.

**MISS M. L. BARRETT.

*MISS C. M. MURRAY, R.G.N.

**MRS. B. A. BAKER
(commenced 26.10.70).

(appointed 6.10.70).

*MISS C. S. NEWTON, Q.N.

*MISS G. M. BASTOW.

(resigned 18.10.70).

*MISS G. A. BOND.

*MISS A. E. RADCLIFFE.

*MRS. J. M. BOOTH.

**MISS J. A. RIDLEY

*MISS B. A. BRAZIL (part-time)
(resigned 28.3.70).

(appointed 10.8.70).

**MISS H. SHEWAN.

**MISS Y. CASELLI

**MISS A. V. STREET
(appointed 21.9.70).

(Group Adviser from 1.8.70).

**MISS H. E. K. CHAPMAN.

*MRS. E. VEALE.

*MISS M. J. COOK.

*MISS J. WALLIS, B.T.A. Cert., Q.N.

*MISS N. FLYNN, R.S.C.N., Q.N.

*MISS L. E. WATHEN.

Tuberculosis Health Visitor.

**MISS A. DAWSON, B.T.S.

* S.R.N., S.C.M., H.V. Cert.

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

Health Assistants (Part-time).

MRS. M. E. BARNARD, S.R.N. (resigned 8.70).

MRS. S. M. HUMPHREY, S.E.N.

MRS. A. DUGUID, S.R.N. (commenced 1.10.70).

Part-time Nurse—St. Thomas Health Centre.

MRS. E. V. J. LUSCOMBE, S.R.N.

Principal Nursing Officer (Midwifery).

(Post established 1.7.70).

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

District Midwives.

*MISS J. A. ARIEL, H.V. Cert.

*MISS L. E. CLARK.

*MRS. J. I. ATTRILL (resigned 31.8.70).

*MISS M. EDWARDS.

*MISS C. M. BARBER.

*MRS. S. HUTCHINGS.

*MISS E. BEECHEY, H.V. Cert.

*MISS P. M. MITCHELL.

*MISS C. M. BELL.

*MRS. K. I. E. TEETON.

*MISS E. M. WILLETT.

* S.R.N., S.C.M., and N.D.N. Cert. or Q.N.

Principal Nursing Officer (Home Nursing).

(Post established 1.7.70).

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

Home Nurses, S.R.N.

*MISS K. M. BANWELL.

*MR. R. D. MOUNCE.

*MRS. G. N. BEERE.

*MISS W. J. NIELD.

*MISS F. BONNER (resigned 5.8.70).

MRS. V. M. PEARSON
(retired 20.1.70).

*MRS. G. BREEZE (from 24.8.70 to
31.12.70).

*MRS. M. PEPPER, B.A.
(resigned 31.1.70).

*MISS E. A. COLTON, S.C.M.

MRS. M. W. RAFELT
(commenced 7.9.70).

*MISS E. FAIRCHILD, S.C.M.

*MISS S. DE RIEDMATTEN.

*MRS. G. M. GIBBONS
(resigned 31.3.70).

*MRS. B. P. TAYLOR.

*MISS M. T. GRACE.

*MISS N. M. WALE.

*MISS M. E. HOLMES, M.A., S.C.M.

*MR. T. WHELEHAN, R.M.N.

*MRS. E. J. JONES (resigned 30.4.70).

*MRS. M. B. WHITFIELD, S.C.M.

*MR. K. G. JONES (resigned 5.4.70).

MRS. P. F. WHITTLESEY.

MRS. W. R. MARSHALL
(commenced 1.11.70).

*MRS. M. J. MCKEEVER
(resigned 16.5.70).

* N.D.N. Cert. or Q.N.

Home Nurses, S.E.N. (District Trained).

MISS D. M. BEATTIE
(resigned 31.5.70).

MISS G. M. HOYLE
(commenced 18.5.70).

MRS. J. CORP (resigned 11.4.70).

MR. D. G. MADGE
(commenced 4.5.70).

MISS J. A. FLETCHER
(commenced 1.11.70).

MRS. E. M. PARKER.

MISS D. M. FURBEAR
(commenced 18.5.70).

MISS S. M. THOMPSON.

MRS. D. M. WOODHEAD (commenced 1.7.70).

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.

MR. G. R. WILLACY (commenced 2.3.70).

Ambulance Officer.

CAPT. F. G. IRELAND (retired 1.12.70). P. J. MANN (appointed 16.11.70).

Station Officer.

W. R. CASLING (retired 17.7.70). A. R. WELLAND (promoted 18.7.70).

Assistant Station Officer.

G. B. BAKER (promoted 20.7.70).

Shift Leaders.

G. H. GREGORY. F. LANGDON.

G. SOBEY. H. NORTHAM.

A. J. ELLICOTT.

Leading Ambulancemen.

G. H. WOOLDRIDGE. H. CHRISTOPHER.

W. G. GREEN. T. J. GAYTON.

D. W. CHANEY.

Ambulancemen.

W. G. ALFORD. R. H. WESTERN. R. A. CHATFIELD.

R. A. WILLMOT. F. M. VAUGHAN. R. S. BREWER.

J. THOMPSON. A. T. PARSONS. F. B. BORHAM.

P. RAMSDEN. J. HILL. T. F. KING.

B. VANSTONE. M. HAWKINS. C. THOMAS.

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.

W. J. B. STAPLE.

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 (promoted to Mental Welfare Officer 13.7.70).

R. FERRIS (Trainee) (commenced 2.11.70).

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.

G. T. WOOLWAY.

D. A. DREW.

H. TURNER.

Assistant Supervisors.

MRS. J. E. BLACKMORE.

MRS. S. McMULLEN (resigned 10.4.70).

MRS. M. H. CORDELL.

MRS. D. GREENING (commenced 11.5.70).

MRS. A. L. MULLINS (commenced 8.9.70).

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.

MISS E. DUVALL.

MRS. C. WEBBER.

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. HUIH.

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

J. BERRY.

Clerical Staff.

Miss S. ATKINS (commenced 2.2.70).	C. LINDENBURN.
MRS. S. BENTHALL.	MRS. C. MURRAY (commenced 17.8.70).
Miss C. BARR (commenced 11.5.70).	Miss M. E. NOEL.
F. J. BILLEN.	MRS. J. M. NOTT.
MRS. G. R. BRIMACOMBE.	MRS. G. NOWELL.
MRS. H. E. BURROWS.	MRS. M. PAYNE.
Miss D. BURWOOD.	*MRS. M. PEARCE.
S. G. CARR.	MRS. C. I. PIM (promoted 13.7.70).
*MRS. M. CASH.	Miss E. J. POWELL (commenced 27.7.70).
Miss M. A. CHAPMAN (commenced 1.8.70).	*MRS. M. J. SARGENT.
Miss I. CHURCHILL.	Miss J. SCRIVEN.
R. CHURCHWARD (resigned 17.5.70).	MRS. J. A. SHAPCOTT.
Miss G. CLARK.	*MRS. P. M. SHAPTER (commenced 26.10.70).
Miss C. COOPER.	MRS. F. N. SHORT.
*MRS. E. M. COURTENAY.	*MRS. P. J. SMITH.
*MRS. M. A. ETHERIDGE.	MRS. B. SNOOK.
Miss P. EVES-DOWN (promoted 1.7.70).	MRS. W. M. SYMES.
Miss H. FRASER.	MRS. M. F. E. SYMONDS.
*MRS. C. GADSBY.	J. TAVERNER (resigned 31.1.70).
MRS. G. M. GIBBONS (commenced 6.4.70).	L. VOYSEY.
MRS. N. HANNAFORD.	MRS. S. M. WALSH (retired 21.7.70).
Miss E. M. HOSEGROVE.	MRS. J. WELSMAN.
MRS. E. M. JACK (commenced 20.4.70).	*MRS. C. WRIGHTSON (resigned 15.12.70).
*MRS. R. LANGMAN (resigned 25.3.70).	

* 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 1970	93,340
Rateable Value (as at 1/4/70)	£5,713,230
Sum represented by a penny Rate (Estimate 1970/71)	£23,400
Dwellings (as at 1/4/70)	approx. 30,486

VITAL STATISTICS 1970

Population (1970 mid-year estimate, Registrar General) 93,340

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

	RATES	
	Exeter.	England and Wales.
Live Births, 1,386.	1970	1970
Legitimate, total 1,267 ; male 643, female 624.		
Illegitimate, total 119 ; male 67, female 52.		
Live Birth Rate (Crude) per 1,000 population	14.8	16.0†
Live Birth Rate (Adjusted) per 1,000 population	14.7*	
Illegitimate Live Births per cent of total live births	8.6	8.2†
Stillbirths, 11 (4 male, 7 female), all legitimate		
Stillbirth Rate per 1,000 total (live and still) births	7.9	13.0†
Total Live and Stillbirths, 1,397.		
Infant Deaths, 22 (Legitimate 18 : 8 male, 10 female). (Illegitimate : 4 male).		
Infant Mortality Rate (Deaths of infants under 1 year, per 1,000 live births)	15.9	18.0†
Neonatal Deaths 15 (deaths of infants under four weeks) (Legitimate : 13 ; 6 male, 7 female). (Illegitimate : 2 male).		
Neonatal Mortality Rate per 1,000 live births	10.8	12.0†
Early neonatal deaths 14 (deaths of infants under 1 week of age) 12 (Legitimate : 6 male, 6 female). (Illegitimate : 2 male).		
Early neonatal Mortality Rate per 1,000 live births	10.1	11.0†
Perinatal Mortality Rate (Stillbirths and deaths of infants under one week) per 1,000 total births (live and still)	17.9	23.0†
Maternal Deaths (including abortion)	Nil.	
Maternal Mortality rate per 1,000 total births (live and stillbirths)	Nil.	
Deaths : 1,202 (male 572, female 630)		
Death Rate (crude) per 1,000 population	12.9	11.7
Death Rate (adjusted) per 1,000 population	11.0*	
Tuberculosis Mortality Rate per 1,000 population	0.02	
Deaths from Measles (all ages)	Nil.	
Deaths from Whooping Cough (all ages)	Nil.	
Deaths from Diphtheria (all ages)	Nil.	
Marriages : 857		
Persons marrying per 1,000 population	18.4	

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

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

Table I.
VITAL STATISTICS — 1896-1970

Year	Estimated Mid-Year Population	Live Births	Birth Rate ("adjusted" since 1954)	Deaths	Death Rate "adjusted" from 1924)	Stillbirths	Stillbirth Rate	Infant Deaths	Infant Death Rate per 1,000 Live Births	Neo-natal Deaths No. Rate	Maternal Deaths No. Rate
1896	38,000	975	25.7	708	17.2			160	164		
1897	38,000	906	23.8	751	18.3			145	161		
1898	38,000	868	22.8	647	15.6			154	178		
1899	38,000	843	22.2	772	19.1			146	173		
1900	(a)47,650	831	21.9	731	18.0			114	138		
1901	47,000	1,084	23.1	830	16.4			164	152		
1902	47,185	1,021	21.3	834	16.5			170	167		
1903	47,185	1,071	22.6	775	15.3			141	131		
1904	47,600	1,115	23.4	828	17.4			185	166		
1905	47,800	1,060	22.4	723	15.5			132	122		
1906	48,000	1,036	21.7	708	14.7			134	127		
1907	48,200	1,057	21.9	823	17.0			142	134		
1908	48,200	1,131	23.4	804	16.6			143	126		
1909	48,500	1,115	23.0	762	15.7			113	101		
1910	48,700	1,003	20.6	746	13.0			97	97		
1911	48,700	976	19.8	797	15.0			120	124		
1912	48,700	1,010	20.6	753	13.0			96	95		
1913	49,000	956	19.4	847	14.0			95	100		
1914	(b)60,317	1,193	19.7	900	13.0			101	85		
1915			18.0		14.0				87		
1916			17.0		15.0				87		
1917	Not Published	Not Published	15.0	Not Published	15.0			Not Published	78		
1918			15.0		16.0				61		
1919	61,475	1,531	15.0	807	12.0			71	79		
1920	62,332	1,400	22.4	739	11.0			94	67		
1921	59,500	1,061	19.0	765	12.0			108	96		
1922	59,700	1,015	17.0	871	13.0	34	57	70	67		
1923	60,260	1,021	17.0	733	11.0	58	56	62	61		
1924	60,160	1,010	17.0	779	12.0	55	56	60	59		
1925	60,410	1,101	16.0	872	11.0	44	52	73	74	31 28	5 4.8
1926	60,990	1,006	16.0	792	11.0	41	58	69	68	28 28	3 2.8
1927	61,220	1,083	16.0	752	10.0	42	59	57	60	28 26	5 5.1
1928	62,030	956	15.0	773	10.0	48	61	66	69	23 24	4 3.9
1929	61,880	1,141	16.0	863	12.0	41	52	52	53	25 23	3 3.1
1930	61,880	944	15.0	759	10.0	36	38	47	50	21 22	5 4.2
1931	64,780	934	14.0	862	10.8	45	46	53	57	30 32	Nil Nil
1932	66,200	950	14.0	798	9.8	42	44	51	54	35 37	3 3.0
1933	67,300	940	13.9	885	10.7	36	38	45	48	23 24	3 3.1
1934	67,800	1,021	15.0	785	10.0	42	39	57	56	27 26	3 2.8
1935	68,300	982	14.3	815	10.3	41	40	33	34	25 25	1 0.9
1936	68,650	915	13.3	890	11.3	42	44	57	62	29 32	2 2.1
1937	69,240	980	14.1	885	11.1	41	40	55	56	34 35	1 0.9
1938	69,160	1,010	14.6	888	11.1	48	46	57	56	32 32	1 0.9
1939	69,890	936	13.4	908	11.1	37	38	40	42	24 26	3 3.1
1940	(c)73,830	1,012	13.7	1,083	13.3	37	35	41	40	26 26	2 1.8
1941	(d)79,460										
1942	(d)81,430	1,027	12.8	Not Published	13.4	35	32.9	79	68	42 41	5 4.1
1943	73,800	1,065	14.4		15.8	31	29.2	53	50	32 30	3 2.7
1944	68,620	1,051	14.3		13.4	35	32.2	51	49	35 33	3 2.8
1945	68,180	1,334	19.6		13.7	36	26.3	59	44	32 24	8 5.8
1946	69,070	1,246	18.1		13.8	29	23.3	70	56	33 27	4 3.1
1947	72,910	1,444	19.8	930	12.7	42	28.3	70	49	45 31	4 2.7
1948	74,160	1,428	19.2	994	13.4	34	23.2	82	57	47 33	4 2.7
1949	75,150	1,316	17.5	807	10.7	42	30.9	24	18	15 11	2 1.5
1950	76,590	1,192	15.6	993	11.7	31	25.3	30	25	25 21	1 0.8
1951	77,260	1,130	14.6	938	10.9	22	19.1	36	32	28 25	1 0.8
1952	76,200	1,098	14.4	1,060	12.5	33	29.1	33	30	24 23	0 0
1953	76,600	1,101	14.4	922	10.8	27	23.9	24	22	18 16	1 0.9
1954	76,700	1,152	15.0	916	11.8	20	17.0	48	42	36 31	0 0
1955	76,900	1,102	14.5	990	11.1	41	35.0	29	26	17 15	0 0
1956	77,000	1,115	14.6	956	10.6	26	22.8	19	17	12 11	1 0.9
1957	77,000	1,080	14.2	921	11.9	20	18.2	32	30	22 20	0 0
1958	76,900	1,171	15.2	913	10.4	24	20.1	21	18	19 16	0 0
1959	76,900	1,163	15.3	1,046	11.8	23	19.4	20	17	18 15	1 0.8
1960	77,400	1,133	14.7	1,029	11.1	35	29.9	18	15.8	18 12.3	2 1.7
1961	77,450	1,162	15.2	1,001	11.0	22	18.6	17	14.6	13 11.2	0 0
1962	78,570	1,206	15.5	1,031	10.9	28	22.7	29	24.0	24 19.9	2 1.6
1963	78,950	1,221	15.6	1,027	10.9	27	21.6	25	20.5	18 14.7	1 0.8
1964	79,690	1,324	16.4	1,112	11.9	18	13.4	21	15.9	13 9.8	0 0
1965	81,810	1,275	15.4	1,008	10.5	21	16.2	16	12.5	15 11.7	1 0.8
1966	82,370	1,374	16.5	993	10.4	27	19.3	18	13.1	14 10.2	1 0.7
1967	(e)92,360	1,401	15.4	1,137	11.0	13	9.2	24	17.1	13 9.3	1 0.7
1968	92,550	1,475	15.7	981	9.0	16	10.7	19	12.9	13 8.8	0 0
1969	93,010	1,468	15.6	1,185	10.9	21	14.1	14	9.5	9 6.1	0 0
1970	92,880	1,321	14.1	1,198	11.1	23	17.1	15	11.4	13 9.8	0 0
1970	93,340	1,386	14.7	1,204	11.0	11	7.9	22	15.9	15 10.8	0 0

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

- (a) St. Thomas incorporated within City Boundary.
 (b) Heavitree Urban District incorporated within City Boundary.
 (c) Extension of Boundary.
 (d) War-time—Evacuees included.
 (e) Most of Alphington, Pinhoe and Topsham incorporated within City Boundary, 1st April 1966.

Year	Population	Births	Deaths	Males	Females
1900	10,000	1,000	1,000	500	500
1901	10,100	1,010	1,010	505	505
1902	10,200	1,020	1,020	510	510
1903	10,300	1,030	1,030	515	515
1904	10,400	1,040	1,040	520	520
1905	10,500	1,050	1,050	525	525
1906	10,600	1,060	1,060	530	530
1907	10,700	1,070	1,070	535	535
1908	10,800	1,080	1,080	540	540
1909	10,900	1,090	1,090	545	545
1910	11,000	1,100	1,100	550	550
1911	11,100	1,110	1,110	555	555
1912	11,200	1,120	1,120	560	560
1913	11,300	1,130	1,130	565	565
1914	11,400	1,140	1,140	570	570
1915	11,500	1,150	1,150	575	575
1916	11,600	1,160	1,160	580	580
1917	11,700	1,170	1,170	585	585
1918	11,800	1,180	1,180	590	590
1919	11,900	1,190	1,190	595	595
1920	12,000	1,200	1,200	600	600
1921	12,100	1,210	1,210	605	605
1922	12,200	1,220	1,220	610	610
1923	12,300	1,230	1,230	615	615
1924	12,400	1,240	1,240	620	620
1925	12,500	1,250	1,250	625	625
1926	12,600	1,260	1,260	630	630
1927	12,700	1,270	1,270	635	635
1928	12,800	1,280	1,280	640	640
1929	12,900	1,290	1,290	645	645
1930	13,000	1,300	1,300	650	650
1931	13,100	1,310	1,310	655	655
1932	13,200	1,320	1,320	660	660
1933	13,300	1,330	1,330	665	665
1934	13,400	1,340	1,340	670	670
1935	13,500	1,350	1,350	675	675
1936	13,600	1,360	1,360	680	680
1937	13,700	1,370	1,370	685	685
1938	13,800	1,380	1,380	690	690
1939	13,900	1,390	1,390	695	695
1940	14,000	1,400	1,400	700	700
1941	14,100	1,410	1,410	705	705
1942	14,200	1,420	1,420	710	710
1943	14,300	1,430	1,430	715	715
1944	14,400	1,440	1,440	720	720
1945	14,500	1,450	1,450	725	725
1946	14,600	1,460	1,460	730	730
1947	14,700	1,470	1,470	735	735
1948	14,800	1,480	1,480	740	740
1949	14,900	1,490	1,490	745	745
1950	15,000	1,500	1,500	750	750
1951	15,100	1,510	1,510	755	755
1952	15,200	1,520	1,520	760	760
1953	15,300	1,530	1,530	765	765
1954	15,400	1,540	1,540	770	770
1955	15,500	1,550	1,550	775	775
1956	15,600	1,560	1,560	780	780
1957	15,700	1,570	1,570	785	785
1958	15,800	1,580	1,580	790	790
1959	15,900	1,590	1,590	795	795
1960	16,000	1,600	1,600	800	800
1961	16,100	1,610	1,610	805	805
1962	16,200	1,620	1,620	810	810
1963	16,300	1,630	1,630	815	815
1964	16,400	1,640	1,640	820	820
1965	16,500	1,650	1,650	825	825
1966	16,600	1,660	1,660	830	830
1967	16,700	1,670	1,670	835	835
1968	16,800	1,680	1,680	840	840
1969	16,900	1,690	1,690	845	845
1970	17,000	1,700	1,700	850	850
1971	17,100	1,710	1,710	855	855
1972	17,200	1,720	1,720	860	860
1973	17,300	1,730	1,730	865	865
1974	17,400	1,740	1,740	870	870
1975	17,500	1,750	1,750	875	875
1976	17,600	1,760	1,760	880	880
1977	17,700	1,770	1,770	885	885
1978	17,800	1,780	1,780	890	890
1979	17,900	1,790	1,790	895	895
1980	18,000	1,800	1,800	900	900
1981	18,100	1,810	1,810	905	905
1982	18,200	1,820	1,820	910	910
1983	18,300	1,830	1,830	915	915
1984	18,400	1,840	1,840	920	920
1985	18,500	1,850	1,850	925	925
1986	18,600	1,860	1,860	930	930
1987	18,700	1,870	1,870	935	935
1988	18,800	1,880	1,880	940	940
1989	18,900	1,890	1,890	945	945
1990	19,000	1,900	1,900	950	950
1991	19,100	1,910	1,910	955	955
1992	19,200	1,920	1,920	960	960
1993	19,300	1,930	1,930	965	965
1994	19,400	1,940	1,940	970	970
1995	19,500	1,950	1,950	975	975
1996	19,600	1,960	1,960	980	980
1997	19,700	1,970	1,970	985	985
1998	19,800	1,980	1,980	990	990
1999	19,900	1,990	1,990	995	995
2000	20,000	2,000	2,000	1,000	1,000

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 1969 was 47,868, comprising 29,133 males and 18,735 females.

“ Exeter, being primarily a centre for commerce and administration, a high proportion of its workers are engaged in the Service group of industries. Employment in such fields as Public Administration, Education, Health Services, Distribution, Transport and Communication, Insurance Banking and Finance, Hotels and Catering, Garages, and Public Utilities, account for some 34,000 employees, representing about 71% of the estimated working population. This is a high proportion in relation to the average of 51% in Great Britain, and 59% in the South Western Region.

“ Approximately 8,000 workers are engaged in Manufacturing Industries, representing about 17% of the working population, which compares with the national average in Manufacturing of 38% and a regional average of 32%. Nevertheless, a wide range of manufacturing employment is represented in the area, including Food and Drink Manufacture, Chemicals, Metal Manufacture, Mechanical Electrical and Instrument Engineering, Clothing, Brick and Concrete Products, Timber Products, and Paper Printing and Publishing.

“ Building and Construction, which employs nearly 4,000 workers, is one of the largest industrial groups represented in the area, and accounts for about 8% of the working population, whilst the extractive industries, which include Agriculture, Forestry, and Quarrying, account for the remaining 4% of employees.

“ Unemployment in Exeter during 1970 followed the national trend in being higher throughout the year than in earlier years, although there was the normal substantial seasonal reduction during the summer months. From a total of 1,463 in January 1970, numbers unemployed decreased to 1,256 in June, but rose again during the latter part of the year to 1,438, made up of 1,182 men, 206 women, 26 boys and 24 girls.

"Although economic trends resulted in reduced employment opportunities compared with previous years, 3,584 persons were placed in employment through the Employment Exchange. This figure includes 627 employees in clerical and commercial types of work and 350 registered disabled persons. The specialist services of the Professional and Executive Register succeeded in finding employment for 213 persons, which was an increase of nearly 100 over the 1969 figure. At the end of the year 667 unfilled vacancies were recorded at the Employment Exchange, comprising 228 for men, 213 for women, 96 for boys and 130 for girls."

BIRTHS

During 1970, there were 2,638 live births and 45 stillbirths which took place in the City. There were also 11 live births which were "transferred-in".

Table II.

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	181	—	2	—	183	—
Hospitals	1,200	10	1,212	35	2,412	45
Mother and Baby Homes	7	—	22	—	29	—
H.M. Prison	—	—	14	—	14	—
TOTALS	1,388	10	1,250	35	2,638	45

"Transfers-in" of Births :

Domiciliary	—	} 11—all live born and all notified by the Registrar General.
Hospital	11	
Nursing Homes	—	
Mother and Baby Homes	—	

There were, therefore, a total of 1,409 babies, including 10 stillbirths and 18 twins born to Exeter mothers in 1970. 181 (13%) took place at home, and 1,228 (87%) 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 1970 as 1,397, including 11 stillbirths.

Notifications of congenital anomalies are received from midwives and appear on the birth notification form. Close liaison is maintained with hospitals and we continue to co-operate in the 10-year survey of congenital anomalies being carried out by Dr. Brimblecombe and Dr. Mary Vowles in the Paediatric Research Unit of the Royal Devon and Exeter Hospital (Heavitree).

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

YEAR	EXETER			ENGLAND AND WALES		
	Total Live Births	Illegitimate	%	Total Live Births	Illegitimate	%
1961	1,206	81	6.7	811,281	48,400	6.4
1962	1,221	96	7.9	838,736	55,336	7.0
1963	1,324	92	6.9	854,055	59,104	6.9
1964	1,275	112	8.8	875,972	63,340	7.2
1965	1,374	103	7.5	862,725	66,249	7.7
1966	1,401	115	8.2	849,823	67,056	7.8
1967	1,475	156	10.6	832,164	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
1970	1,386	119	8.6	784,482	64,744	8.2

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

Year	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Live Birth Rate : England and Wales	17.5	17.9	18.1	18.4	18.0	17.7	17.2	16.9	16.3	16.0
Live Birth Rate : (crude)	15.3	15.5	16.5	15.6	16.7	15.6	15.9	15.8	14.2	14.8
Exeter : (corrected)†	15.5	15.6	16.4	15.4	16.5	15.4	15.7	15.6	14.1	14.7
Illegits. as percentage of total live births : Exeter	6.7	7.9	6.9	8.8	7.5	8.2	10.6	9.0	8.9	8.6
England and Wales	6.0	6.6	6.9	7.2	7.7	7.8	8.4	8.5	8.4	8.2

†Corrected by the R. G.'s comparability factor (0.99 in 1970).

DEATHS

There were 1,202 deaths registered in 1970 (1,198 in 1969). The main causes are shewn in Table V supplied by the Registrar General. Two additional classifications have been added this year—B6(1) Late effects of Respiratory Tuberculosis and Multiple Sclerosis at B46(4).

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. However, one infant death which occurred in Exeter was assigned to Exeter, the mother's home address being in Malawi; the baby, a girl, lived for only one hour and the birth record indicated that the mother was temporarily resident in Seaton.

Table V.

DISTRIBUTION OF DEATHS BY AGE AND CAUSE.
REGISTRAR GENERAL'S FIGURES 1970.

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 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.	1970			
B.1 Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.2 Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.3 Bacillary dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.4 Enteritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.5 Respiratory tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.6 (1) Late effects of respiratory tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.6 (2) 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) Multiple Sclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46 (5) Other diseases of nervous system, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Table V.—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 1970	1969 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.
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.31 Other diseases of circulatory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B.32 Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B.33 Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B.33 (1) Bronchitis and emphysema	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B.33 (2) Asthma	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B.34 Other diseases of respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B.34 Peptic ulcer	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B.35 Appendicitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B.36 Intestinal obstruction and hernia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B.37 Cirrhosis of liver	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B.38 Other diseases of digestive system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B.38 Nephritis and nephrosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B.39 Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B.40 Other diseases, genito-urinary system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B.40 Abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B.41 Other comps. pregnancy and childbirth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B.46 (10) Diseases of skin, subcutaneous tissue	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B.46 (11) Diseases of musculo-skeletal system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B.42 Congenital anomalies	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B.43 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	7	4	3	3	1	3	4	6	2	3	4	10	6	42	28	87	68	181	127	225	380	572	630	1,198		

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

Year	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
England and Wales	11.9	11.9	12.2	11.3	11.5	11.7	11.2	11.9	11.9	11.7
Exeter										
Crude	13.1	13.0	14.0	12.3	12.1	12.6	10.6	12.7	12.9	12.9
Adjusted*	10.9	10.9	11.9	10.5	10.4	11.0	9.0	10.9	11.1	11.0

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

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

DEATHS AT :	1968			1969			1970		
	Total	Males	Females	Total	Males	Females	Total	Males	Females
0—14	21	15	6	18	10	8	33	18	15
15—64	288	180	108	292	179	113	256	148	108
65 and over	876	383	493	888	414	474	913	406	507
	1,185	578	607	1,198	603	595	1,202	572	630

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.	
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
1970	----	----	—	—	—	1	1	2	—	1	1	—	—	—	2	4	6
Total			—	—	7	2	10	9	24	23	9	11	8	7	58	52	110

MORTALITY IN CHILD-BEARING AND INFANCY.

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

Table IX.
MORTALITY IN CHILD-BEARING AND INFANCY IN EXETER
1946 — 1970.

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*	5 year average centred on year concerned*
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	22
1969	—	—	1,321	23	14.1	17.1	13	2	11.4	36	25	
1970	—	—	1,386	11	14.7	7.9	15	7	15.9	26	18	

*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 1970.

Table X.
INFANT DEATHS IN 1970

CAUSES OF DEATH	Total	NEONATAL		1st YEAR 1—12 months	Male		Female	Legitimate	Illegitimate	Multiple Birth	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	9	1	3	5	5	4	8	1	—	5	6	1	3	2	1	1	1	—	7		
Prematurity	3	3	—	—	2	1	1	2	2	1	2	1	1	—	1	—	—	—	—		
Respiratory	8	2	4	2	4	4	7	1	1	1	5	3	4	2	—	2	—	—	6		
Tentorial tear with haemorrhage	1	—	1	—	1	—	1	—	—	—	—	—	—	—	—	1	—	—	1		
TOTALS	21	6	8	7	12	9	17	4	3	11	11	11	6	6	2	4	2	1	—	14	

NOTE. The Registrar General has assigned 22 Infant deaths to Exeter. The home address of the additional notification being given as an Exeter address. Our information showed that the mother was residing temporarily in Devon (Home address Malawi).

Table XI.
STILLBIRTHS, 1970

WEIGHT	Total	Male	Female	Illegitimate	Born at home	Born in G.P. Unit	Born in Specialist Unit	Complicd. pregnancy	Complicd. labour	Post mortem Exam.	CAUSES					
											Congenital Anomalies	Toxaemia	Rh. Incomp.	Not known	Placental Insufficiency	Complicated labour-multiple birth	Post Mature
1,000 g. or less	1	1	—	—	—	—	1	—	—	—	1	—	—	—	—	—
1,001 — 1,500	2	1	1	—	—	—	2	—	—	1	—	—	1	—	—	—
1,501 — 2,000	2	1	1	—	—	—	2	—	—	—	1	1	—	—	—	—
2,001 — 2,250	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2,251 — 2,500	1	—	1	—	—	—	1	—	—	—	1	—	—	—	—	—
2,501 and over	4	1	3	—	—	—	4	1	2	2	1	—	—	—	1	1
TOTALS	10*	4	6	—	—	—	10	1	2	3	4	1	1	1	1	1

* The Registrar General has assigned 11 stillbirths to Exeter; in one case, however, the home address was in Honiton, the Exeter address notified to the Registrar being only temporary.

Table XII.

"PREMATURE" LIVE AND STILLBIRTHS, 1970.

PREMATURE LIVE BIRTHS																			
Notified Premature Still- births			Weight		Born at		Survivors at end of 1970	Deaths during 1970—Age at death.				Believed causes of Prematurity.							
			Over	Up to and inclg.	Home	Hos- pital		Under 1 day	Over 1 day, under 1 week	Over 1 week, under 4 weeks	Over 4 weeks	Twins	A.P.H.	Cong. Abnorms.	Toxaemia	Not known	Blood Incom.	Small for Dates	Others
Born in Mowbray	Born at home	Born in R.D. & E.H.	Grams																
—	—	1	1,000 or less	—	2 lbs. 3 ozs.	—	2	—	2	—	—	—	—	—	—	—	—	—	—
—	—	2	1,001 — 1,500	2 lbs. 3 ozs.	3 lbs. 4 ozs.	—	8	7	1	—	—	—	—	—	—	4	—	—	1
—	—	2	1,501 — 2,000	3 lbs. 4 ozs.	4 lbs. 6 ozs.	1	22	22	1	—	—	—	—	—	—	8	—	2*	2
—	—	—	2,001 — 2,250	4 lbs. 6 ozs.	4 lbs. 15 ozs.	4	20	23	1	—	—	—	—	—	—	3	—	13	1
—	—	1	2,251 — 2,500	4 lbs. 15 ozs.	5 lbs. 8 ozs.	3	50	52	—	1	—	—	—	—	—	6	—	22	4
—	—	6	TOTALS	....	....	8	102	104	6	1	—	—	—	—	—	19	9*	37*	8
								110				111 (110 cases)							

* In one instance, the believed cause of prematurity is a combination of two factors—hence the apparent anomaly.

CANCER

DEATHS

During 1970, 226 deaths of Exeter residents were certified as primarily due to cancer, compared with 242 in 1969—a welcome reduction representing 18.8% of the total deaths (20.2% in 1969). Cancer of the breast caused 3 fewer deaths than in 1969 but, at 25 is still higher than in 1968. Cancer of the lung and bronchus accounted for 49 deaths; the lowest number for the past four years and continuing the downward trend for the third year running (1968=59; 1969=51). It is difficult to say whether or not the continuous health education programme concerning the hazards of smoking is at last having the desired effect, but if the present trend continues, as I hope it will, there would seem to be some justification in such a claim. We, for our part, will continue in our efforts to educate the young people of the City.

REGISTRATION

The registrations by the Regional Cancer Records Bureau of cancer among Exeter residents during **1969** 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 399, 40 more than in **1968**.

Table XIII.
EXETER RESIDENTS
CASES REGISTERED 1969

		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 & Pharynx	M	—	—	—	—	—	—	—	—	1	—	1	1	—	—	3	} 5
	F	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2	
150-159																	
Digestive organs & Peritoneum	M	—	—	—	—	—	1	—	2	7	12	10	5	11	2	50	} 105
	F	—	—	1	—	—	—	2	1	3	8	6	9	10	15	55	
160-163																	
Respiratory system	M	—	—	—	—	—	1	—	2	6	11	11	7	6	5	49	} 58
	F	—	—	—	—	—	—	—	—	1	2	1	4	—	1	9	
170-173																	
Bone, connective tissue & skin	M	1	1	—	—	2	2	4	2	1	4	3	4	4	3	31	} 67
	F	—	1	—	—	—	1	1	3	2	2	3	4	12	7	36	
174																	
Breast	M	—	—	1	—	—	—	1	—	—	—	—	—	—	—	2	} 30
	F	—	—	—	—	—	2	3	3	2	4	5	3	5	1	28	
180-189																	
Genito-urinary Organs	M	—	1	—	—	1	—	3	—	—	—	3	2	9	8	27	} 105
	F	—	2	2	3	1	8	13	7	11	2	9	7	7	6	78	
190-199																	
Other & unspecified sites	M	—	—	—	—	—	—	2	—	—	3	1	1	—	—	7	} 30
	F	1	—	—	—	—	1	—	—	1	3	—	3	3	1	13	
200-209																	
Lymphatic & haematopoietic tissues	M	—	—	—	—	—	—	—	—	1	2	—	—	—	—	3	} 9
	F	—	—	—	—	—	—	—	—	—	2	—	—	2	2	6	
140-209																	
TOTAL	M	3	2	1	—	3	4	10	6	16	32	29	20	30	18	172	} 399
	F	3	3	3	3	1	12	19	14	20	23	24	31	39	34	227	
TOTAL	F & M	2	5	4	3	4	16	29	20	36	55	53	51	69	52	399	

EXETER PUBLIC WATER SUPPLY

The Chief Engineer of the East Devon Water Board (Mr. E. C. Gordon, C.ENG., F.I.C.E., A.M.I.W.E.) has kindly given me the following notes.

REPORT ON BACTERIOLOGICAL ANALYSES OF WATER SUPPLIES TAKEN IN 1970.

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	50	50	—	—	—	—
(B) ON CONSUMERS' SUPPLY : Danes Castle Reservoir Zone	99	96	1	1	1	—
Belvidere Reservoir Zone	69	69	—	—	—	—
Marypole Head Reservoir Zone	57	56	—	1	—	—
Barley Lane Reservoir Zone	72	72	—	—	—	—
Stoke Hill Reservoir Zone	57	56	—	1	—	—
Upton Pyne Reservoir Zone	45	45	—	—	—	—
TOTAL	449	444	1	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	52	15	2	71.2	96.1
Sedimentation Tk. Outlet....	243	1	1	99.6	99.6
Pressure Filter Outlet	84	—	—	100.0	100.0
Final Treated Water	243	—	—	100.0	100.0
SERVICE RESERVOIRS :					
Upton Pyne Reservoir	4	—	—	100.0	100.0
Stoke Hill Reservoir	109	1	—	99.1	100.0
Belvidere Reservoir	52	—	—	100.0	100.0
Marypole Head Reservoir	53	—	—	100.0	100.0
Danes Castle Reservoir	52	—	—	100.0	100.0
Barley Lane Reservoir	52	—	—	100.0	100.0
Highfield Tower, Topsham	14	—	—	100.0	100.0
Sunhill Tower, Topsham	14	—	—	100.0	100.0
DISTRIBUTION SYSTEM :	130	5	—	96.1	100.0
TOTALS	1,102	22	3	—	—
NEW MAIN STERILIZATION SAMPLES	27	6	1	77.8	96.2

In addition, 70 samples of River Exe Water were examined by the E.D.W.B. Laboratory and generally these showed gross pollution (250 to 55,000 presumptive B. Coli. per 100 mls.).

The public water supply has been adequate at all times, and the combined laboratories bacteriological examination of 1,551 samples taken from sources of supply, reservoirs and distribution system has confirmed that the water quality is well within the bacteriological standards set out in the 1970 European Standards for Drinking Water. This highly satisfactory position is the result of strict water treatment control combined with the improved maintenance and extensive cleansing operations which have been carried out at the Pynes Waterworks and at all of the service reservoirs, together with parts of the distribution system during the past three years.

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

In view of the concern felt nowadays over the increasing contamination of rivers, especially by chemical pesticides, a comprehensive sampling programme has been instituted to determine the levels of these chemicals in the River Exe throughout the year. Results to date indicate only a very low level of organo chlorine compounds present in the river water, but frequent checks are continuing to ensure that the water abstracted from the River is suitable for treatment.

PYNES WATER WORKS, EXETER.

ANALYSIS	CHEMICALS IN PARTS PER MILLION			
	Raw Water Sample 28.7.70 (p.m.)	Final Treated Water 28.7.70 (p.m.)	Raw Water Sample 12.11.70 (p.m.)	Final Treated Water 12.11.70 (p.m.)
BACTERIOLOGICAL EXAMINATION :				
Nutrient Agar at 37°C. 48 hours	10,120	13	1,560	2
Coliform Organisms, per 100 mls.	35,000	0	1,300	0
Bact. Coli. Type 1, per 100 mls.	35,000	0	250	0
PHYSICAL CHARACTERS :				
Colour (Hazen)	25	5	7.0	5
Turbidity	98	Nil	11.0	Nil
pH	7.5	8.0	7.5	8.2
Conductivity 25°C. (umhos)	121.0	203.0	150.0	180.0
E.M.A.H. +	0.47 me/l	1.0 me/l	—	—
E.M.A.Ag. +	0.25 me/l	0.55 me/l	—	—
CHEMICAL ANALYSIS (in mgm. per litre) :				
Free Carbon Dioxide (CO ₂)	1.5	1.0	2.0	1.0
Total Alkalinity (CaCO ₃)	26.0	36.0	28.0	30.0
Caustic Alkalinity (as CaCO ₃)	Nil	Nil	Nil	Nil
Ammoniacal Nitrogen	0.092	0.026	0.023	0.130
Albuminoid Nitrogen	0.270	0.110	0.16	0.026
Nitrite Nitrogen	Trace	Nil	0.0014	Nil
Nitrate Nitrogen	0.69	0.92	1.84	2.3
Oxygen Absorbed (4 hrs. at 26.7°C.)	3.0	0.25	1.45	0.25
Carbonate Hardness (E.D.T.A.)	26.0	36.0	28.0	30.0
Non-Carbonate Hardness (E.D.T.A.)	10.0	29.0	18.0	28.0
Total Hardness (E.D.T.A.)	36.0	65.0	46.0	58.0
Total Solids (dried at 180°C.)	77.0	128.0	95.0	114.0
Calcium (Ca)	11.2	20.8	14.4	18.0
Magnesium (Mg.)	1.92	3.12	2.4	3.12
Sodium (Na) } as Na	8.5	11.5	8.1	8.6
Potassium (K) }	1.6	2.5	2.0	2.0
Carbonate (CO ₃)	15.6	21.6	16.8	18.0
Sulphate (SO ₄)	9.6	23.0	12.0	19.2
Chloride (Cl)	7.8	15.9	11.35	12.05
Nitrate (NO ₃)	3.0	4.0	8.0	10.0
Fluoride (F)	<0.1	0.1	0.1	0.1
Silica (SiO ₂)	8.75	4.38	10.0	8.13
Phosphate	0.44	0.40	0.20	0.14
Aluminium (Al)	0.024	0.012	0.02	0.14
Manganese (Mn)	Nil	Nil	Nil	Nil
Iron (Fe)	0.12	0.04	0.52	0.12
Residual Chlorine : Free	Nil	0.45	—	0.45

PRIVATE DOMESTIC WATER SUPPLIES

No further properties were connected to the mains during the year and eleven properties still rely on springs or well water for their water supply. 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

During this year the scheme for filling the Lower Leat and constructing a section of relief interceptor sewer at Bonhay Road was completed. A further contract has been let for the extension of the relief interceptor sewer as far as the Laundry in Cowley Bridge Road and work was commenced in December.

New surface water sewers and ancillary works were constructed to alleviate flooding at Chapel Road, Alphington, and Harrington Lane, Pinhoe. In the Cathedral Yard access man-holes were constructed on a previously inaccessible brick barrel sewer, which was found by television camera inspection to be in a state of decay and which will be replaced in connection with road improvement works which are to be carried out by the Cathedral Authorities.

Under annual maintenance works, portions of defective foul sewers were relaid at Langaton Lane, Pinhoe, Magdalen Road and at Bonhay Road. Brick barrel sewers at St. Leonard's Road and Roberts Road were found to be in a state of collapse and were replaced. Surface water sewers at Grace Road and Marsh Green Road were also relaid where defective. A programme of work was commenced in connection with renovating the large brick barrel culvert known as the Longbrook. Some of the worst sections in the vicinity of Queen Street were prepared and strengthened with a reinforced gunited lining of dense concrete. Further works will be carried out over the next two or three years.

SEWAGE DISPOSAL

The Heated Sludge Digestion Plant continued to operate satisfactorily.

The New Treatment Plant was commissioned in September and is now producing a satisfactory effluent.

REFUSE INCINERATION PLANT

The Refuse Incinerator commenced burning refuse in January, 1970.

During the period April—December the average weight of material consumed was approximately 90 tonnes/day.

The plant was shut down for five weeks by a labour dispute.

SWIMMING BATHS

There are at present in use in Exeter 1 Council-owned indoor swimming bath and 17 other swimming pools, including 10 outdoor pools, situated in schools, a hospital and 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. New automatic chlorination equipment was installed during the year which should eliminate the problems which arose during preceding years, leading to complaints from swimmers of eye trouble.

At other pools, many improvements have been made during the year, including the provision of new filters in some pools. All these pools are regularly visited, chemical checks being made to ensure efficient sterilisation of the water and advice is given, where necessary, on dosage rates.

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

The staffing position worsened during the year with the resignation of Mr. T. Evans, making the department 25% short of the establishment for Public Health Inspectors. Despite extensive advertising, we have so far been unsuccessful in filling the vacancies. The vacancy for an Authorised Meat Inspector was filled early in the year by Mr. J. Rosser, and Mr. J. Handford replaced Mr. P. Hedges (resigned). Mrs. D. Shapley (Clerical Assistant) also resigned during the year and was replaced by Mrs. E. Jack.

The continued shortage of staff severely hampers the work of the department and this year was no exception. It was not found possible to commence the survey of houses in multiple occupation, while the inspection of premises coming within the scope of the Offices, Shops and Railway Premises Act, 1963 was curtailed. Also the frequency of inspection of restaurants, hotel kitchens, etc. continued to fall far short of what I consider necessary.

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

Bristol Polytechnic :	Air Pollution Control Course.
Ministry of Agriculture, Fisheries and Food :	Rodent Control Initial Instructional Course.
Provincial Councils for Local Authorities' Services in the South West :	Refresher Course for Public Health Inspectors.
Association of Public Health Inspectors, South-Western Centre :	Weekend School for Public Health Inspectors.
College for Distributive Trades :	Course on Advances in Food Tech- nology.

FOOD

FOOD POISONING

36 cases of suspected food poisoning were investigated during the year ; 21 were confirmed.

A further 34 persons were investigated as contacts of food poisoning.

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

92 visits were made in connection with these Regulations. Contraventions were found in several cases and the deficiencies were remedied following informal action by the department.

MILK BOTTLES

The installation in a local dairy of a high-speed bottle filling plant dealing with 4,000 bottles an hour has, I'm afraid, resulted in an increase in the number of complaints about " dirty " bottles.

The speed at which the bottles are filled and capped makes it impossible for the human eye to spot the " dirty " bottles and the £10,000 electronic device used has not proved to give the complete answer to this problem.

The company concerned has done everything one could reasonably expect of them to ensure that only clean bottles are passed to the consumer, but despite their care and the capital outlay incurred, complaints still arise. An unfortunate feature of this is that the " dirt " in the bottle is almost entirely due to the misuse of empty milk bottles by members of the public. Instances of hardened cement in bottles is not uncommon. No washing machine yet produced will remove such material as this.

CHEMICAL RESIDUES IN FOODSTUFFS

During the year ten pigs' livers were sampled for chemical residues which may have been introduced through the media of fortified feedingstuffs. Particular attention was paid to the presence of arsenic, which was found to vary between 0.02-0.8 p.p.m. These figures were within the 1.00 p.p.m. permitted for non-specified foods as laid down in the Arsenic in Food Regulations, 1959.

A case of particular interest arose when a local butcher expressed concern at the bluish discoloration of a number of pigs' livers which had been supplied to him. These were examined by us and it was thought that the discoloration had been caused by the ingestion of copper compounds supplied in the animals' feedingstuff. This view was later confirmed by an analysis which indicated that the livers did, in fact, contain 26 p.p.m. copper.

There is no statutory limit for copper in foods, but the Food Standards Committee recommend that the upper limit should be 20 p.p.m.

It was decided that no deleterious effects would be caused by eating such livers, but information was passed to the local authority in which the pigs were reared and it is understood that the matter was pursued by them.

Although the National Survey for pesticide residues in foods has ended, we decided to continue the examination of foods for organo-chlorine residues.

Nineteen samples were taken for this purpose, i.e. Mushrooms (3); Parsnips (2); Carrots (1); Dripping (6); Tomatoes (1); Lettuce (3); Sprouts (1); Plaice (1); Cauliflower (1). Of these, 5 samples (4 of Dripping and one of Mushrooms) were found to contain residues at levels which would have been reported; 3 (Mushrooms, Carrots and Plaice) contained residues below that level and 11 were absolutely free of organo-chlorine residues.

Occurrences such as these emphasise the need for a continual and close watch being kept on foodstuffs generally, particularly those emanating from farms and market gardens, where the indiscriminate use of fortified feedingstuffs, weedkillers, herbicides, etc. might give rise to harmful residues in the finished product.

HOUSING

(a) BASEMENTS

The systematic inspection of basements in the City was completed during the year, a further 18 being inspected and statutory action taken in respect of 3 of them.

Since the survey started in 1966, 238 basements have been inspected and action taken as follows :—

- (a) Closing Orders have been made and Undertakings not to re-let have been entered into in 95 cases. Ten of these basements were subsequently made fit, the Closing Orders being determined or the Undertakings cancelled.
- (b) 23 basements were made fit for habitation following informal action.
- (c) Fifteen houses with basements were demolished.
- (d) Two basements were filled in.
- (e) The remaining 103 were considered fit for habitation.

(b) HOUSES IN MULTIPLE OCCUPATION

It was hoped that when the basement survey was completed it would be possible to embark upon a systematic survey of houses in multiple occupation. This was not found possible because of shortage of staff but the survey will commence as soon as the position improves.

(c) UNSATISFACTORY CONDITIONS

A disturbing feature of the year's work was the number of young people found to be living in unsatisfactory conditions due to their own neglect. Five cases were investigated and nuisances abated. Generally these were people who lacked neither intelligence nor money, but were happy to live in conditions of utter filth and squalor. In one case where sewage was running through the ceiling into the house next door, it was necessary to obtain a Justice's warrant to obtain access. Ultimately a closing order was made and the occupants moved out voluntarily.

CLEAN AIR ACT, 1956

SMOKE CONTROL AREAS

During the year the Minister of Housing and Local Government confirmed the Pennsylvania No. 1 Order and this will come into operation on the 1st July, 1973. In December the City Council approved the making of an Order in the Hamlin Lane area and this will be submitted to the Department of the Environment for confirmation early in 1971. It is intended that this Order should come into operation on the 1st July, 1974. By that time approximately 5,540 out of 10,952 acres of the City involving 12,315 houses will be covered by Smoke Control Orders. I had hoped that the whole City would be covered before my retirement, but this has not been possible for reasons of economy and shortage of staff.

PEST CONTROL

PIGEONS/FERAL PIGEONS

During the year efforts were made to eradicate pigeons which had been causing a nuisance in the Exe Bridge area. A pigeon cage was used and 35 birds were trapped. Six of these were found to bear rings, but none of their owners wanted the birds returned to them.

Pigeons continue to be a problem in the vicinity of High Street and Queen Street and trapping has been carried out in this area. Although a nature lover, I think the time has come when there must be restriction placed on the feeding of feral pigeons in public places, as only by limiting the available food supply will the pigeon population be reduced to an acceptable level.

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 78. The total number of premises registered is now 1,395.

During the year 64 premises were inspected for the first time. The total number of contraventions dealt with was 131, as set out in the following table.

Section	Contraventions	Number
1	Failure to register	—
4	Failure to keep premises clean	7
5	Rooms overcrowded	2
6	Failure to maintain a reasonable temperature	2
	Failure to provide thermometers	16
7	Water closets not effectively ventilated	3
	Other rooms not effectively ventilated	5
8	Failure to provide suitable and sufficient lighting :	
	(a) Rooms	9
	(b) Corridors and staircases	4
	Failure to maintain electric wiring in safe condition	—
9	Failure to provide sufficient sanitary conveniences...	1
	Failure to keep sanitary conveniences clean	7
	Failure to effectively light sanitary conveniences	3
	Failure to properly screen sanitary conveniences	—
	Failure to provide suitable door fastenings	1
	Failure to provide separate " male " and " female " conveniences	—
	Failure to mark conveniences " male " or " female "	1
	Failure to provide means for disposal of sanitary dressings	—
	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	1
	Failure to keep washing facilities clean	—
	Failure to effectively light washing facilities	1
	Failure to provide a supply of running hot water	2
	Failure to provide a supply of running cold water	—
	Failure to provide a supply of soap and towels	1
	Fixtures and fittings in need of repair or renewal	—
	Floors of washing facilities in need of repair	—
11	Failure to provide drinking water	2
12	Failure to provide accommodation for clothing not worn at work	2
	Failure to provide accommodation for special clothing worn at work	1
	Failure to provide accommodation for drying wet clothing	5
13	Failure to provide sufficient seats	—

Section	Contraventions	Number
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	2
	(b) Corridors	—
	(c) Staircases	2
	Failure to provide handrails	9
	Failure to keep floors, passages and stairs free from obstruction	2
	Failure to keep open sides of staircases guarded	—
	Failure to fence openings in floors	—
17	Failure to effectively guard machines	3
22	Failure to keep walls and ceilings in good repair	—
24	Failure to provide a first aid box	10
	Failure to maintain first aid box to requisite standard	5
50	Failure to display an abstract of the Act	21

35 informal notices were sent to employers drawing attention to various contraventions; 21 of these were outstanding on 31st December. In addition, 25 notices served in 1968 and 1969 were complied with.

ACCIDENTS

Notifications were received in respect of 30 accidents (41 in 1969) and an investigation was considered necessary in 10 cases (13 in 1969). None of these accidents was of a serious nature.

TEMPERATURE

It has been felt for some time that Section 6 could be amended to advantage. I have long held the view that the minimum temperature laid down in 6 (2), i.e. 16° C. is too low. It is suggested that the minimum temperature be increased to 19° C. (66.2 F.) and paragraph 3 (b) be deleted since the required minimum temperature, as amended, is well below normal summer temperature within buildings. (Further, the rooms should be at the required temperature at the time persons are due to start their work, not an hour afterwards.)

Also there should be established a uniform practice of at what point or level temperatures of rooms should be taken. Cases have been found where the temperature at head level is significantly higher than at floor level.

An upper limit is also desirable in premises to which the Act applies and 27° C. (80.6° F.) is thought to be reasonable.

PREMISES COVERED BY THE ACT

It is felt that the time is now ripe to extend the scope of the Act to include premises where relatives, other than husband and wife, are employed.

The governing 21-hour period should be abolished in view of the fact that persons having more than one part-time job can work a 38-hour week in sub-standard conditions for the whole period. This 21-hour qualification has also led to factories not being regarded as such if the total hours worked is less than 21 per week.

It would be helpful if Section 86—(exclusion of application to premises occupied for transitory purposes)—was amended so that the exclusion is not as of right, but subject to certification by the Local Authority, so enabling each case to be judged on its merits.

Also it would be of advantage if "Depositories" could be brought within the scope of the Act. It does not seem logical that persons can be employed in this type of building where staircases are dark and heavy work is undertaken without some form of control.

A further anomaly is that the occupier of premises such as a shop which is not in itself a factory, can give out work to persons to be done in their own homes. Being outside the Factory Act no list of outworkers is submitted and since this is, in essence, no different to factory outwork, there should be some control. It should perhaps be emphasised that control from an infectious disease point of view is not envisaged but rather in the direction of artificial lighting and such other factors having an influence on the well-being of the outworker.

NUISANCES

(a) NOISE

During 1970, 439 visits were made in respect of 41 alleged nuisances arising from noise. 35 of the complaints investigated were confirmed as nuisances and they fell into the following categories :—Industrial 9 ; Commercial 19 ; Domestic 7. With the exception of two industrial nuisances which are still receiving attention, all the confirmed nuisances have been remedied. There were two prosecutions during the year, both in respect of chimes from ice cream vans. The offenders were both found guilty and fined sums of £5 and £8.

As in past years, the causes of complaint were varied. Noise from clubs and places of entertainment appears to be an increasing source of nuisance and investigations showed that in most instances the nuisance was not due to noise arising from inside the premises but to prolonged leave taking and slamming of car doors at the end of the evening festivities.

(b) COAL CONCENTRATION DEPOT, EXMOUTH JUNCTION

The Local Inquiry into the appeal by the Operators of the Depot against an Enforcement Notice concerning the use of water sprays was held during the year. The Ministers of Housing and Local Government and Transport upheld the appeal and

granted permission for the continued use of the land as a coal depot, subject to water sprays being used at interchanges in the movement of coal wherever necessary to maintain the coal at all times in a condition sufficiently damp to prevent the raising of dust. As the need to retain standard dust gauges around the depot had receded, the British Railways Board terminated air pollution readings at the depot in September. We have continued to obtain analyses from our gauges to ensure that there is no serious deterioration in the position.

NEW LEGISLATION

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

	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
The Labelling of Food Regulations, 1970	31. 3.70
The Cream Regulations, 1970	1. 6.70
The Emulsifiers and Stabilisers in Food (Amendment) Regulations, 1970	1. 9.70
The Fertilisers and Feeding Stuffs (Amendment) Regulations, 1970	1.10.70
The Soft Drink (Amendment) Regulations, 1970	3.11.70

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

	Date of Operation
The Colouring Matter in Food (Amendment) Regulations, 1970	1. 1.71
The Food Hygiene (General) Regulations, 1970	1. 3.71

GENERAL

PLANS/INSPECTION OF PLANS

The department examined and commented on 240 sets of plans during the year.

LOCAL LAND CHARGES

The department replied to 2,699 searches submitted to the Town Clerk under the Local Land Charges Act.

STATISTICS

General Summary.

Number of visits made by P.H.Is during the year	12,242
Number of samples taken	272
Number of carcasses inspected	53,168
Total weight of foodstuffs condemned	50 tons

A—SUPERVISION OF FOOD SUPPLIES

Registered Food Premises.

There are 387 registrations under Section 16 of the Food and Drugs Act, 1955, affecting 352 business establishments. These are made up as follows :—

Storage of bulk ice-cream	5
Manufacture, storage and sale of ice-cream	3
Storage and sale of pre-packed ice-cream	298
Preparation or manufacture of sausages and potted, pressed, pickled and preserved food (including Fish and Chips)	81
TOTAL	387

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

	Premises subject to F.H. Regs., 1960	Premises that comply with Regulation 16 as at 31st December 1970	Premises to which Regulation 19 applies	Premises that comply with Regulation 19 as at 31st December 1970
Bakers and Bakers' Shops	32	32	32	32
Butchers	71	71	71	71
Cafes, Canteens and Restaurants	77	77	77	77
Clubs and Institutes	40	40	40	40
Confectioners	67	67	27	27
Cooked Meats	5	5	5	5
Dairies	24	24	24	24
Fish, Fried	25	25	25	25
Fish, Wet	16	16	16	16
Greengrocers	31	31	31	31
General Provisions	206	206	190	190
Ice-cream	3	3	3	3
Licensed Premises	133	133	133	133
School Canteens	42	37	42	41
TOTAL	762	757	716	715

Sale of Cream.

The number of current registrations is as follows :—

Registration as a dairy (sale of open cream)	24
Registration as a distributor (sale of pre-packed cream)	27

Dealer's (Pre-packed) Milk Licences.

The number of current licences is as follows :—

Pasteurised Milk	125
Untreated Milk	47
Sterilised Milk	22
Ultra Heat Treated Milk	8

Market.

36 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.

	<i>Beasts</i>	<i>Cows</i>	<i>Calves</i>	<i>Pigs</i>	<i>Sheep and Lambs</i>
Number slaughtered	9,523	1,050	537	21,303	20,755
Number inspected	9,523	1,050	537	21,303	20,755
<i>Diseases except Tuberculosis and Cysticercosis.</i>					
Whole carcasses condemned	4	10	17	75	35
Carcasses of which some part or organ was condemned	5,475	476	30	3,058	1,472
Percentage of No. inspected affected with diseases other than tuberculosis and cysticercosis bovis	57.5	46.3	8.8	14.7	7.3
<i>Tuberculosis only.</i>					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	—	—	—	280	—
Percentage of No. inspected affected with tuberculosis	—	—	—	1.3	—
<i>Cysticercosis Bovis only.</i>					
Carcasses of which some part or organ was condemned	40	1	—	—	—
Carcasses submitted to treatment by refrigeration	11	1	—	—	—
Generalised and totally condemned	—	—	—	—	—

ANIMALS SLAUGHTERED UNDER THE BOVINE TUBERCULOSIS
ERADICATION SCHEME DURING THE YEAR 1970 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	29	—	2	13	44
Number of carcasses totally rejected (Generalised T.B.)	—	—	—	—	—
Number found to have localised lesions only	—	—	—	—	—

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 1970:—Cows, 84; Heifers, 10; Bulls, Nil.

In all cases the udders and uteri were condemned.

Complaints of Foodstuffs.

During the year we investigated 58 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 proceedings in the following instances:—

- | | |
|-------------------------------------|-------------------------|
| 1. Dried fruit containing wasp | Packers fined £20. |
| 2. Contaminated bacon. | Vendor fined £10. |
| 3. Mouldy fancy cakes | Vendor fined £15. |
| 4. Mouldy baby food | Manufacturer fined £10. |
| 5. Mouldy bread rolls | Manufacturer fined £40. |
| 6. Mouldy dairy dessert | Vendors fined £20. |
| 7. Mouldy bread | Manufacturer fined £30. |
| 8. Mouldy baby food | Manufacturer fined £10. |
| 9. Mouldy raspberry dessert | Manufacturer fined £30. |

At the end of 1970, four prosecutions were pending. The result of the prosecution pending at the end of 1969 was as follows:—

Mouldy chestnuts—Vendor fined £5.

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	4.6	8.8	4.0	8.5
Others	21	3.8	8.6	3.0	8.5

(ii) Bacterial Quality.

DESIGNATION	Number of Samples	Samples Satisfactory	Samples Unsatisfactory
Pasteurised	16	15	1
Channel Islands Pasteurised	5	5	—
Untreated (Farm Bottled)	46	43	3*
Sterilised	6	6	—
Ultra Heat treated	3	3	—

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

(B) *Brucella Abortus*.

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

(C) Antibiotics.

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

Ice Cream—Cleanliness.

49 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)	....	42
Grade 2. (Satisfactory)	....	4
Grade 3. (Unsatisfactory)	....	1
Grade 4. (Unsatisfactory)	....	2

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

Food and Drugs Act, 1955.

22 samples of milk, 7 samples of medicines and drugs, and 72 samples of other foods were procured during 1970. 66 were formal and 35 informal. The following deficiencies were found :—

<i>Sample No.</i>	<i>Article</i>	<i>Adulteration or Fault</i>	<i>Action taken</i>
2691	Beef Sausages	25% deficient in meat.	Legal proceedings were not taken due to informality in sampling procedure.
2717	Beef Sausage Meat	Contained 240 parts per million of Sulphur Dioxide. Preservative not declared.	Legal proceedings were not taken as the preservative was adequately declared on the shop premises.
2728	Pork Sausage Meat	Contained 295 parts per million of Sulphur Dioxide. Preservative not declared.	First offence. Warning letter to producer.

B—HOUSING

Housing Act, 1957, Sections 16 and 18.

10 dwellings (including 3 basements) were reported to the Health and Housing Committees as being unfit for human habitation, and not repairable at a reasonable expense. They were dealt with in the following manner :—

Closing Orders made	7
Undertakings not to re-let accepted	3
	—
TOTAL	10

Formal Notices.

Two dwellings were rendered fit by the owners during the year following the service of formal notices.

Informal Notices.

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

Overcrowding.

(A) (i) Number of dwellings known to be overcrowded at the end of year	4
(ii) Number of families dwelling therein	4
(iii) Number of persons dwelling therein	31
(B) Number of new cases reported during the year	5
(C) (i) Number of cases of overcrowding relieved	3
(ii) Number of persons concerned in such cases	19

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	1,536
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	1,666
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
20	Pennsylvania No. 1	1. 7. 73.	131	1,004
TOTAL			5428.0	11,671

D—PEST CONTROL

Rats and Mice.

Complaints.

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

				TYPE OF PREMISES.			Total
				Business	Private	Local Authority	
Rats	..	..	..	50	175	71	296
Mice	..	..	..	21	46	16	83
TOTALS ..				71	221	87	379

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 ; Incineration Plant at Marsh Barton.

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 1971 :—The Strand, Topsham ; Pines Square/Regent Street area ; North Street, Heavitree ; Newtown ; Marlborough Road ; Parkfield Road, Topsham ; Bonhay Road.

Disinfestation and Disinfection.

Spraying for bugs and fleas :		
Private houses	....	33
Council houses	....	58
Business premises	....	2
Spraying for Ants :		
Private houses	....	3
Council houses	....	2
Spraying for Cockroaches :		
Private houses	....	1
Council houses	....	6
Business premises	....	3
Spraying for Flies :		
Private houses	....	2
Council houses	....	2
Spraying rooms after tuberculosis	....	7
Disinfesting persons	....	3
Stoving clothes, and/or bedding	....	15

Wasps, Hornets and Bees.

Nests destroyed during the year	236
---------------------------------	------	-----

E—GENERAL

Bakehouses.

Number in City	....	17
Number of underground bakehouses in the City	....	—
Number of inspections made	....	16

Offensive Trades.

Number of businesses in the City	....	12
Number of inspections made	....	4

Hairdressers and Barbers (Byelaws).

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

Trades Descriptions Act, 1968.

Eight visits were made during the year to ensure that the provisions of the Act were observed, and advice was given.

Rag Flock.

Number of premises registered	2
------------------------------------	------	------	---

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

Common Lodging Houses.

There are no registered common lodging houses in the City.

Fertilisers and Feedingstuffs.

Since no fertilisers are now produced in the City and there being no cause to sample any of the well-known products manufactured elsewhere, attention was concentrated on locally-produced animal feedingstuffs.

Of the 19 samples taken, though three technically were to the prejudice of the purchaser, it was considered that legal proceedings were not justified and warning letters were sent.

Another sample showed an oil deficiency of 0.5% in excess of the prescribed limits. This was more serious, but the Ministry considered that a warning to the manufacturer and further resampling would be appropriate. In this case, the manufacturer put forward the suggestion that the difference between his declaration and that actually found could have arisen because he had based his results on 100% sampling whilst ours had been slightly over the proportion laid down by Regulation. As an experiment, an official sample based on 100% sampling was taken on the next sampling occasion. The result indicated that as a normal routine, no useful purpose would be served by drawing samples from packages in excess of the scale laid down.

There was one instance of incorrect labelling which arose because the producer was using labels supplied by the manufacturer of a proprietary additive that was incorporated in the final product. The producer amended the labels and drew his supplier's attention to the matter.

HOUSING

(See also pages 33 and 43)

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 1970, dwellings were completed as follows :—

New dwellings by Council	....	....	....	93
New dwellings by private enterprise	....	....	....	316

Total dwellings provided since the war to the 31st December 1970 are :—

*Temporary	Council		Private Enterprise		Total
	Permanent	Rebuilds	New	Rebuilds	
430	5,645	21	5,345	210	11,651

* 385 of these temporary bungalows have been disposed of by the end of 1970 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, 1970

REASON REFERRED BY M.O.H.	Total recommended for additional points	Re-housed	Awaiting re-housing	Deferred or not yet approved (i.e. insufficient points)	Applications lapsed	Cases recommended in previous years and re-housed in 1970
Tuberculosis	1	—	—	1	—	—
Statutory overcrowding	2	—	—	2	—	—
Sub-standard property	6	2	—	3	1	2
Social overcrowding conditions	11	6	—	5	—	1
Other medical social reasons	40	7	—	32	1	6
Other medical reasons	66	11	1	53	1	15
TOTALS	126	26	1	96	3	24

NOTE : In addition to the above there were 72 cases considered where no medical points were recommended, but 12 of these were supported.

INFECTIOUS DISEASE (Exeter Residents)

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

ANNUAL RETURN OF FOOD POISONING FOR 1970

(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 cases columns (2+4+5)
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained		No. of outbreaks and sporadic cases columns (1+3+5)	
	1	2	3	4	5	6	7
1. <i>S. typhi-murium</i>	—	—	1	2	5	6	7
2. Other <i>Salmonellae</i>	—	—	2	4	10	12	14
3. <i>Cl. welchii</i>	—	—	—	—	—	—	—
4. <i>Staph. aureus</i>	—	—	—	—	—	—	—
5. Other causes	—	—	—	—	—	—	—
6. Cause unknown	—	—	—	—	—	—	—
7. TOTAL	—	—	3	6	15	18	21

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

Type of Salmonellae							
Heidelberg	—	—	—	—	1	1	1
Enteritidis	—	—	—	—	5	5	5
Thompson	—	—	—	—	1	1	1
Monterideo	—	—	—	—	1	1	1
Panama	—	—	—	—	2	2	2
Bredeney	—	—	1	2	—	1	2
Stanley	—	—	1	2	—	1	2
TOTAL	—	—	2	4	10	12	14

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

INFECTIOUS DISEASES

NOTIFICATIONS

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

FOOD POISONING

21 cases of food poisoning were notified, or otherwise ascertained, during the year. There were no general outbreaks, but there were three family outbreaks, each involving two persons. In two of the outbreaks a salmonella organism was isolated (S. Bredeney and S. Stanley). Of the fifteen sporadic cases, a salmonella organism was isolated in ten cases. The various facts are shown in the Annual Return of Food Poisoning to the Department of Health.

DYSENTERY

12 cases of dysentery were notified during the year, and in 11 cases shigella sonnei was isolated. In the other case, a child recently returned from a visit abroad, shigella flexneri was isolated.

WHOOPING COUGH

15 cases of whooping cough were notified during the year. 8 of the children had previously completed a course of vaccination, while 7 had not received any vaccination or had completed only part of a course.

MEASLES

301 cases of measles were notified during the year, all but 22 cases occurring between September and December. Only 2 children had previously been vaccinated against measles.

SCARLET FEVER

31 cases of scarlet fever were notified during the year. The incidence was not localised either in time or place.

INFECTIVE JAUNDICE

107 cases of infective jaundice were notified during the year. There was a mild outbreak in a residential children's hospital during July and August, in which 19 children were affected. With this exception the incidence was not particularly localised, but 57 cases were notified between July and August.

OPHTHALMIA NEONATORUM

Only one case of ophthalmia neonatorum was notified during the year, by a general practitioner.

RUBELLA (GERMAN MEASLES)

Under the City of Exeter (Rubella) Order 1970, rubella became a notifiable disease in Exeter from 1st October. 9 cases were notified during the remainder of the year.

BACTERIOLOGY ETC. INVESTIGATIONS PUBLIC HEALTH LABORATORY SERVICE

(Director : DR. B. MOORE)

Exeter cases—referred by health department.

	No. taken.	Specimens examined.	
		Negative.	Positive.
Dysentery	82	58	24
Food Poisoning	144	82	62
Enteritis and D. & V.	28	26	2
	254	166	88
Scarlet Fever	1	1	—
Typhoid Fever (suspected)	26	26	—
Urine	10	9	1
Throat Swabs	2	2	—
Ear Swabs	2	1	1
Nasal Swabs	—	—	—
Eye Swabs	2	2	—
Miscellaneous	5	4	1
Totals	302	211	91

Table XIV.

ACUTE INFECTIOUS DISEASE.

MONTHLY INCIDENCE OF INFECTIOUS DISEASE NOTIFIED DURING 1970 (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	8	—	1	2	—	—	2	1	5	5	4	3	31	—
Whooping cough	—	—	—	—	2	3	1	—	4	—	3	2	15	—
Measles	1	—	1	3	1	—	4	12	46	105	62	66	301	2
Acute meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Dysentery	2	2	6	—	—	1	—	1	—	—	—	—	12	3
Food poisoning	—	—	—	—	—	1	4	4	5	5	1	1	21	6
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective jaundice	3	5	3	1	9	5	16	23	18	7	8	9	107	6
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rubella	—	—	—	—	—	—	—	—	—	6	1	2	9	—
Enteritis (not a notifiable disease)	—	—	—	2	2	6	—	1	4	4	4	2	25	12

Table XV.
ACUTE INFECTIOUS DISEASE
CASES OF NOTIFIABLE DISEASE NOTIFIED DURING THE YEAR 1970 (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 unknown	Total
Scarlet fever	—	—	6	4	7	9	2	2	1	—	—	—	—	31
Whooping cough	4	2	2	1	1	4	1	—	—	—	—	—	—	15
Measles	8	35	38	28	44	133	4	3	3	—	—	—	5	301
Acute meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Polio (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	1	—	—	—	—	—	—	—	—	—	—	—	—	1
Dysentery	—	—	1	1	1	4	3	—	2	—	—	—	—	12
Food poisoning	3	1	1	—	—	1	—	2	9	2	1	1	—	21
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	6
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective jaundice	—	—	—	2	4	33	25	8	25	3	3	2	2	107
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—	6
Rubella	1	2	2	1	1	2	—	—	—	—	—	—	—	9
Enteritis (not a notifiable disease)	5	2	3	1	2	1	—	—	2	1	2	1	5	25

Table XVI. THE BLIND.
REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS
DURING 1970.

	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.	9	1	2	—	—	—	5	6
(b) Treatment : (Medical, surgical or optical).	1	1	1	—	—	—	1	2
(ii) Number of cases at (i) (b) above which on follow-up action have received Treatment.	1	1	1	—	—	—	1	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 1970—Blind 289. Partially Sighted 68.

OCCUPATIONAL HEALTH SERVICE

During the year the first stage of the City Council's Occupational Health Service came into operation, after the way had been prepared by personal explanation and discussion with heads of departments.

This phase comprised a continuation of the system of approval of admission to the superannuation scheme and to employment of new employees, with medical examination where necessary ; and examination in cases of prolonged sickness, with advice to the Council on retirement or rehabilitation. Added to this were a number of entirely new services which are listed below :—

1. Comprehensive medical examination offered to senior staff over the age of 40. This has proved popular—76% of those eligible have accepted it—and in many cases helpful.

2. Investigation of accidents to members of staff—with a view to offering any necessary advice on safety measures. Reports on all accidents are being collected, and will be studied when a sufficient bulk of information is available.

3. Collection of information on sickness absence among salaried staff in order both eventually to study its epidemiological pattern, and also to enable advice to be given to heads of departments where, with the consent of the employee, they request a special medical examination.

4. To give advice on working conditions where there may be a special occupational risk.

In the near future activities under 1, 2 and 3 will continue and under 4 working conditions will be studied in more detail and on the site as soon as more Medical Officers' time is available for this purpose.

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

DEPARTMENT	MEDICAL DECLARATIONS ACCEPTED				MEDICAL EXAMINATIONS						M.M.R. X-Rays obtained					
	Superannuation Scheme		Fitness for Employment		TOTAL		Following Declarations of Health		Following Sickness			Others		Occupational Health		TOTAL
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	
Children's } Social Services Welfare {	1	12	—	4	—	3	—	—	—	—	—	—	—	—	4	4
City Architect	4	10	—	1	—	—	—	—	—	—	—	—	—	—	7	4
City Surveyor	13	2	2	—	17	1	—	—	—	—	—	—	—	—	18	12
City Treasurer	44	4	6	—	56	—	—	—	—	—	—	—	—	—	58	21
Education	4	3	—	1	8	—	—	—	—	—	—	—	—	—	8	6
Fire Brigade	21	23	2	139	185	9	—	—	—	—	—	—	—	3	21	96
Health	3	3	—	—	6	—	—	—	—	—	—	—	—	2	19	5
Housing	10	58	4	14	86	1	—	—	—	—	—	—	—	4	7	19
Libraries	2	1	—	1	4	—	—	—	—	—	—	—	—	2	2	2
Museum	2	6	2	9	19	2	—	—	—	—	—	—	—	1	3	4
Town Clerk	1	—	1	—	2	—	—	—	—	—	—	—	—	—	3	1
Devon General	9	3	3	2	17	1	—	—	—	—	—	—	—	6	9	14
Weights and Measures	14	1	—	—	15	3	—	—	—	—	—	—	—	—	11	2
Planning	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Examinations carried out for other Authorities	3	1	—	—	4	—	—	—	—	—	—	—	—	—	—	—
Estates and Valuers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15	14
Magistrates Court	1	3	—	—	5	—	—	—	—	—	—	—	—	—	1	1
School for the Deaf	2	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—
St. Luke's College	1	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—
GRAND TOTAL	136	133	20	173	462	11	18	49	7	43	3	52	3	186	206	
GRAND TOTAL 1969	131	134	46	170	481	13	33	34	4	23	2	—	—	109	163	

Two males from the City Engineer and Surveyor's Department and one male from Devon General were unfit for inclusion in the superannuation scheme. One male from the City Engineer and Surveyor's Department was found unfit to use breathing apparatus.

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 during the year, although a number of cases were investigated.

It is interesting that many old people, even those in rapidly failing health, do not wish to leave their 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).

Withymead Centre (16 elderly persons).

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

NURSES AGENCIES

(Nurses Agencies Act 1959 and Nurses Agencies Regulations 1961).

The "Helping Hands—Nursing and Social Agency" (Mr. W. L. Hicks) continued in operation during the year, but a renewal of the registration was not sought at the year end. No additional registrations were made in 1970.

CHILD CARE

It had become increasingly obvious during the early part of 1970, that instead of the committee meeting once a month to discuss relevant cases, it would be preferable to call an emergency case conference as and when the need arose, and only for the officers directly concerned with the case to be present, enabling urgent cases to be dealt with immediately. This procedure proved very satisfactory, consequently the figures are only available from *January—June*, after which the monthly meetings ceased.

A total of 14 cases were discussed, including 3 new cases (1 involving 5 children) and 2 old cases re-opened, leaving 20 families on the register.

HEALTH CENTRES

ST. THOMAS HEALTH CENTRE

The year has been one of settling down and making adjustments in the light of experience.

Alterations were made to improve the soundproofing in the consulting rooms and additional direction signs were erected. The seats in the waiting room were found to be too low for some patients, particularly the elderly, and some were raised. Fencing was erected at the rear of the building to prevent trespass and fouling by dogs.

During the year one health visitor was attached to three of the doctors practising at the Centre and plans were made for two further health visitors to be attached to the remainder of the practice from 1st January, 1971. Home nurses and midwives were similarly attached.

School medical examinations of children attending Cowick Street Infants and St. Thomas Junior Mixed Schools were held at the Centre and during school holidays Toddlers' Clinics were held from time to time on Tuesday afternoons. Relaxation classes were commenced on Wednesday afternoons and the attendance necessitated plans being made for an additional weekly session from January, 1971. There was also a considerable increase in the number of people who called for consultation with health visitors.

There were many visitors to the Centre during the year, including a party of medical officers, nurses and administrators from the Department of Health and Social Security, family doctors from the City and County and introductory medical students.

MATERNITY AND CHILD HEALTH

MATERNITY

BOOKINGS FOR GENERAL PRACTITIONER UNIT

EXETER MOTHERS

During 1970, 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 1,015 Exeter applicants, only 22 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+
546	Primigravid	133	394	18	1	—
150	1 Para.	13	200	31	5	1
94	2 Para.	3	55	23	12	1
43	3 Para.	—	26	11	4	2
13	4 Para.	—	7	3	2	1
5	4+ Para.	—	—	4	1	—
951	TOTALS	149	682	90	25	5

Home Bookings.

Totals	Parity	Age				
		Under 20	20—29	30—34	35—39	40+
31	Primigravid	2	26	2	1	—
155	1 Para.	1	8	130	15	2
81	2 Para.	2	4	48	21	8
18	3 Para.	—	7	8	3	—
5	4 Para.	—	1	3	1	—
—	5 Para.	—	—	—	—	—
1	6 Para.	—	1	—	—	—
291	TOTALS	14	213	49	15	—

Mowbray Hospital Bookings for 1970 (Exeter Mothers).

(a)	Number of mothers who applied for a bed at Mowbray Hospital who were expecting their babies in 1970	....	....	....	1,015
(b)	Number of mothers accepted for confinement at Mowbray Hospital	....	....	951	} 1,015
	Number of mothers placed on the " waiting list " but not eventually booked	....	....	22	
	Number of mothers who cancelled their bookings before they were " accepted " (including 27 waiting list cases)	....	....	41	
	Number of mothers who were refused admission because no bed available	....	....	1	
(c)	Number of those booked who were actually delivered at Mowbray Hospital (not all in 1970)	....	....	....	577
	N.B. There were also 8 emergency admissions.				
	Number of those booked who were delivered at the R.D. & E. Hospital (Heavitree) without cancelling their Mowbray booking, including transfers from Mowbray after admission	....	....	....	211
	Number of those booked who were delivered at home without cancelling their booking				8
	Number of those who were delivered elsewhere without cancelling their booking				2
	Number who cancelled their bookings because of :				} 951
	(i) Miscarriage	....	....	14	
	(ii) Delivery arranged in the R.D. & E. Hospital (Heavitree)	....	....	93	
	(iii) Leaving the area	....	....	37	
	(iv) Home confinement preferred	....	....	8	
	(v) Other reasons	....	....	1	153

These tables show that 304 (32%) of all mothers booked and accepted for Mowbray Hospital were delivered in the special unit at the R. D. & E. Hospital (Heavitree). (+ 1 waiting list case.).

Mowbray Hospital Deliveries during 1970.

During the year, 914 babies were delivered at Mowbray, 576 of these to Exeter mothers.

R. D. and E. Hospital (Heavitree) Deliveries during 1970.

1,540 babies were delivered at the Royal Devon & Exeter Hospital (Heavitree) in 1970, of which 624 were to Exeter mothers, including 18 twins and 10 stillbirths.

R. D. and E. Hospital, Southernhay.

There were 2 babies delivered at the Royal Devon & Exeter Hospital (Southernhay) during 1970 ; both these were to mothers resident outside Exeter.

TESTS FOR PHENYLKETONURIA—1970

8-day Guthrie tests 1,260 babies
89.4% of notified live births.

1 test was positive.

CHILD HEALTH

Child Health Clinics.

The following tables show that the number of children attending the clinics during 1970 rose to 3,595, an increase of nearly 350 from 1969. The total number of attendances made also showed an increase. We conduct sessions in 8 clinics and, in terms of numbers, St. Thomas is the largest and Alphington by far the least busy. In the 1967 report, it was noted that Pinhoe clinic was the least busy with a total of 538 attendances and it is interesting to note how attendances have since risen indicating the extent of migration into this area of the City.

Table XVIII.

CHILD HEALTH CLINICS
CHILDREN ON REGISTER (1966 TO 1970)

CENTRE	Born 1970	Born 1969	Born 1965-68	Total 1970	Total 1969	Total 1968	Total 1967	Total 1966
Bull Meadow	156	152	195	503	553	612	633	656
Burnthouse Lane	143	144	379	666	613	785	637	746
Countess Wear	50	55	96	201	187	203	230	307
Whipton	349	236	493	1,078	706	951	926	960
*St. Thomas H/Centre	235	230	276	741	788	717	857	929
Alphington.....	21	34	43	98	98	117	175	126
Pinhoe	28	38	92	158	165	166	110	133
Topsham	50	35	65	150	139	149	142	99
TOTALS	1,032	924	1,639	3,595	3,249	3,700	3,710	3,956

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

Table XIX.
CHILD HEALTH CLINIC ATTENDANCES, 1970
ATTENDANCES ACCORDING TO AGE OF CHILD AT TIME OF ATTENDANCE

CENTRE	Under 1 year	1—2	2—5	TOTAL 1970	Total Sessions	Total M.O. Sessions	Total seen by M.O.	Total H.V. only Sessions	TOTAL 1969
Bull Meadow (South)	707	250	242	1,199	52	49	367	3	1,400
Bull Meadow (North)	678	255	183	1,116	52	46	273	6	1,313
Alphington	100	197	136	433	41	23	191	18	594
St. Thomas Health Centre	1,614	1,879	1,616	5,109	98	95	1,187	3	4,526
Countess Wear	413	504	423	1,340	48	46	364	2	1,035
Topsham	356	240	215	811	52	50	267	2	909
Burnthouse Lane	911	865	1,365	3,141	104	99	1,213	5	2,688
Pinhoe	209	281	320	810	52	23	238	29	772
Whipton	1,425	999	605	3,029	102	88	693	14	2,893
TOTALS	6,413	5,470	5,105	16,988	601	519	4,793	82	16,130
TODDLERS' CLINICS (Total 1970)									
St. Thomas Health Centre	1	19	24	44	6	6	44	—	—
Whipton	—	2	36	38	8	8	38	—	68
GRAND TOTALS	6,414	5,491	5,165	17,070	615	533	4,875	82	—

Baby Weighing Scales.

During the year baby weighing scales were loaned to 63 nursing mothers.

The duration of loans varied from 24 hours to 1 month.

Delivery and collection was effected by departmental van in each case.

AUDIOLOGY SERVICE FOR THE PRE-SCHOOL CHILD

Comments by MISS G. M. BASTOW (Health Visitor).

Following a change in policy by which it was agreed that **all** babies, instead of only those on the observation register, should have a screening test of hearing, all Health Visitors have undergone a two-day training course in screening techniques during the year. The present policy is that all babies on the observation register shall be tested by myself as formerly, and every baby not on the register shall be tested by the other Health Visitors, working in pairs. A start was made in August and it is hoped that all children born in 1970 will eventually be screened. Any child failing to pass the initial test is referred to me for follow-up testing. The procedure for testing older children remains unchanged and the following table shows the numbers and categories of tests carried out by myself during 1970, with comparative numbers for previous years.

<i>New Cases :</i>	1966	1967	1968	1969	1970
Under 2 years of age	440 (420)	471 (420)	452 (407)	360 (296)	384 (280)
2—5 years of age	77	44	100	190	179

Figures in brackets denote " Observation Register " babies.

<i>Re-tests :</i>					
Under 2 years of age	56	51	51	68	108
2—5 years of age	141	224	139	239	270
<i>Annual totals</i>	714	790	742	857	941

The increase in the total number of tests performed lies mainly in the "re-test" category. This can be partly accounted for by the accumulative process over the year and partly by a number of babies referred by the Health Visitors for follow-up after failing their initial screening test. The latter group is likely to show an even greater increase next year as the policy of screening all babies becomes fully effective. The G.P. attachment of Health Visitors also bears some relationship to the overall increase in the numbers of children referred for testing—whether this is due to H.V. propaganda or to H.V. "usefulness" as a medium through which the G.P. can refer is debatable, but the fact remains that an ever increasing number of G.P.'s are referring an ever increasing number of children. Whilst welcoming this development as a healthy sign, I also feel it is important to maintain a standard of testing and follow-up. I do not think this will be possible if the numbers continue to rise as they have over the past five years and I have felt under considerable pressure throughout the year in containing the waiting list, while at the same time allowing adequate time for accurate appraisal of the child. This applies particularly to the testing of hearing in the 2—3 year olds who are retarded in language development.

Audiology Clinics.

	1966	1967	1968	1969	1970
No. of sessions held	10	17	23	26	20
No. of children attending	27	44 (32)	59 (40)	83 (43)	85 (41)
No. of attendances made	27	54	89	113	94

Figures in brackets indicate new referrals within the year.

Treatment and recommendations were made as follows:—

	1968	1969	1970
To Combined Consultants' Clinic	5	7	7
Ear, Nose and Throat Surgeon at hospital	8	16	15
General Practitioner for treatment	5	3	11
Paediatrician at hospital	2	—	—
Child Guidance Clinic (Psychiatrist)	1	1	1
Educational Psychologist	10	12	3
Peripatetic Teacher of the Deaf	9	16	16
Speech Therapist	14	16	5
Sponsored Playgroup	3	3	5
Ellen Tinkham House	1	3	2
Department of Audiology and Education of Deaf, Manchester, for further assessment	—	3	2

	1968	1969	1970
Moorhouse School for assessment (language disorder— in consultation with the Senior Speech Therapist	—	—	1
School for the Deaf (both transfers in)	3	4	2
Cleared	1	7	4
For follow-up in School (on attaining 5 years of age)	10	23	27
Remaining on books	48	50	54

Combined Consultants' Clinic.

Five sessions were held throughout the year at which a total of 14 children were seen ; 6 of these children were referred by Consultants at the Hospitals and the remaining by the L.H.A. Audiology Clinic Medical Officer.

The children were dealt with as follows :—

For Hearing-aid	2
Unit for Language Disorders	1
Further observation	3
To Special School (Rudolf Steiner)	1
J.T.C. and further investigation at Department of Audiology, Manchester	1
Cleared	6

Lectures/Demonstrations at Audiology Clinic.

Apart from the In-Service training of the Health Visitors, I have given regular lectures-demonstrations to various groups, including third-year Hospital Nurses ; Pupil Midwives ; Post Graduate Medical Students ; General District Nurses.

Clerical Assistance.

At present one part-time clerk is appointed jointly to Audiology and Speech Therapy (17½ hours per week). Allocation of time is as follows :—

Speech Therapist	5 hrs.
Senior Teacher of the Deaf (for pre-school children)	3½ "
Medical Officer for Audiology	3½ "
Health Visitor	3 "
Miscellaneous (filing, telephoning and general assistance)	2½ "

I am not in a position to speak for the Speech Therapists, but as far as Audiology is concerned the total amount of clerical time is inadequate (particularly in view of the increased numbers dealt with) and all members of the team have shown strain under pressure of work in the past year. This could be eased by an increase in clerical hours.

Comments by Miss M. M. GODSLAND
(Senior Peripatetic Teacher of the Deaf)

This year has been a relatively smooth one with work proceeding steadily, but with cases increasing considerably towards the end of the year. Some details follow :—

(a) *Pre-School Children.*

	0—1	1—2	2—3	3—4	4—5	
Girls	—	—	3 (1*)	1*	1 (1+)	5
Boys	—	1	3	1*	—	5
	—	1	6	2	1	10

() = Children with hearing-aids.

+ = attending Nursery School.

* = attending Playgroup, sponsored by L.A.

In this group of children, there is one awaiting issue of a hearing-aid and three others who may possibly need them. The four other children in this group appear to have had severe bilateral hearing-losses for some time, but there is some query regarding possible fluctuation of loss.

Degree of deafness in this group is severe and the commonest type of hearing-loss is one showing greater loss in the high-frequency range. One child is deaf from meningitis; other causes are unknown, though in three cases other members in the family have deafness and in two others, the children concerned have histories of catarrh and ear infections.

Even today typical "textbook" illustrations of the effects of the handicap are common. For instance A, aged two, was so seriously disturbed that he was suspected of being severely maladjusted. His degree of communication was minimal but his frustration very great. B—was nearly three, had severe temper-tantrums, continually gazed at a speaker with a puzzled expression on his face, and knew four words. C—had acquired some communication before going deaf but was reduced to a state of severe withdrawal and continual mouthing of everything a speaker said, though she only understood about half-a-dozen words.

Each of these three children had a severe high-frequency loss and only heard speech as "u-u-u". Their parents, following advice given, spoke very loudly to them and adapted handling and instruction-giving to very basic levels. Instruction in auditory-training, lip-reading, language and speech was given by Peripatetic Teacher, the family doing supplementary work.

Language has had to be taught word by word and is still on a fairly elementary level except in the case of "B", who was issued with a hearing-aid. Even so, frustration has been reduced and behaviour has improved in each case. The quick progress of "B" who is now using fairly complete sentences, though his speech is still very defective, illustrates the immense importance of this little gadget and the difference it can make to a partially-hearing child.

During the year one partially-hearing pre-school child has entered school. This child is not included in the table as these figures are those current at the end of the year.

(b) *Children attending Ellen Tinkham House (J.T.C.).*

	Nursery	Middle School	Seniors	TOTAL
Girls	1	—	1*	2
Boys	2	1*	—	3
	3	1	1	5

* Receiving regular help from Peripatetic Teacher and using hearing-aid.
(Others under observation.)

These figures include one multiple-handicapped child who has transferred into the area.

Other Comments.

(a) *Hearing-aids.*

Two children were issued with Medresco hearing-aids during the year. One commercial aid was issued to a child showing an increasing degree of deafness.

(b) *Nursery Department, School for the Deaf.*

One child, already a pupil at the school, has moved into the area this year; continued attendance there was recommended.

No Exeter children have entered the Nursery Department of the school this year.

(c) *Language Disordered Children.*

One child (not deaf) has been placed at a Rudolf Steiner School for Handicapped Children; another (deaf) after numerous assessments, has started at Southbrook (E.S.N.). Another, a pre-school child, has moved to the County; his hearing was extremely suspect.

Some progress has been made towards "getting things moving" for this group of children. A Panel meets regularly to discuss their problems and the Education Department is to undertake responsibility for an Infant Class as from January, 1971. Some work in the pre-school field is also being done.

(d) *Local Authority Playgroup Scheme.*

Three partially-hearing children have been sponsored twice-weekly in a playgroup by means of this scheme, which is most helpful to children handicapped in language-fields.

(e) *Group-work.*

For the first time three pre-school children have been at approximately the same level of language development and been able to work together in a group. This group started in October and has been held at the Audiology Clinic. From a practical point of view it seems to work well but nearly twice as much time is spent fetching and returning the children as in teaching them; This seems to be a serious disadvantage to the scheme and wastes a lot of the teacher's time. Organised transport would be a much more effective way of dealing with this aspect of the problem.

(f) *Testing, Audiology Clinic sessions and Meetings.*

Screening testing of all babies not at risk began during the summer of this year. Babies failing this initial test are referred to the "Audiology" Health Visitor. Clinics have been held throughout the year; Miss Bastow and another Health Visitor, Miss Godsland, and Dr. Ryan, have been present. Figures regarding the Clinics are given in Miss Bastow's report.

Meetings by the professional bodies of the Teachers of the Deaf have been attended throughout the year and numerous topics have been covered.

FAMILY PLANNING

The annual grant to the Family Planning Association was increased to £750 during the financial year 1970/71, to enable another clinic to be established in Exeter, to widen the field of persons to whom this service could be made available without charge. These additional sessions (commenced in September, 1970) are held on the first and third Thursday mornings of each month at the Burnthouse Lane Clinic.

During the year, 276 patients who were in social and medical need were seen free of charge.

BUDDLE LANE DAY NURSERY

Children attended for the following reasons :—

- (a) 48, where either the father or the mother was the sole provider for the family ;
- (b) 12, where both parents were working because of financial pressures ;
- (c) 4, where both parents were full-time students ;
- (d) 20, for social reasons ;
- (e) 10, because of physical ill health of child or parent ;
- (f) 7, owing to mental health of parent or child ;
- (g) 9, during the mother's confinement.

Table XX.
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 1970	10	33
Number admitted	20	47
Number removed from roll	14*	51
Number on roll at end of 1970	8	37
Maximum Attendance	12	35
Minimum Attendance	3	16

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

9 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.

The general physical health of the children attending the nursery has been good. Three medical examinations were carried out during the year, each child receiving at least one examination. One dental examination resulted in treatment for 7 children and 4 children have been tested at the audiology unit. There were 5 cases of German Measles and 4 of Mumps during the year.

NURSERIES AND CHILD-MINDERS REGULATIONS ACT, 1948. AS AMENDED.

During 1970, 30 new Child-minders and playgroups and day nurseries were registered, all functioning successfully by the end of the year with the exception of 2; these were not commencing until January, 1971. By the end of 1970 therefore, there were 25 day nurseries caring for 569 children, and 52 Child-minders for 158 children.

"Sponsored" Children.

The demand for places for socially handicapped children to attend a playgroup increased, so that by the end of 1970 33 children were being sponsored by the department, 3 of whom were given free transport.

THE UNMARRIED MOTHER AND HER CHILD

Miss B. Cramp, the City Social Worker, tells me that there has been a decrease in the number of cases dealt with this year, compared with 1969. There were 79 new cases seen during the year and 29 cases were brought forward from the previous year, making a total of 108; of these, 17 girls had not had their babies by the end of the year.

Of the 79 new girls seen, 54 were Exeter residents, the remainder either coming here to conceal their pregnancies, working here temporarily or being at the University.

Much of the work undertaken throughout the year has been "after care" of cases of previous years, sometimes as a result of emergency involving, for example, housing accommodation. Contact is also maintained with overseas departments when girls from other countries are involved.

Miss Cramp realises that it is, of course, not possible to thank by name all those associations and individuals who have helped or co-operated during the year but she is conscious of the fact that without the continuing support and help of so many people, her work would be just that much more difficult.

Table XXI.

(WORK UNDERTAKEN BY MISS B. CRAMP).

Cases brought forward from 1969	....	....	....	29
New cases during year	....	....	....	79
Less cases carried forward to 1971	....	....	....	17
				—
Total cases dealt with	....			91
				—

1970 Cases :—

Bookings for Mowbray	....	....	....	47
Bookings for R.D. and E., Heavitree	....	....	....	3
Bookings for St. Nicholas House	....	....	....	3
Mayflower House, Plymouth	....	....	....	1
Emergency admissions to R.D. and E.	....	....	....	3
Booking not yet made	....	....	....	1
Marriage before confinement	....	....	....	6
Transferred to other areas	....	....	....	7
After-care cases	....	....	....	6
Contact lost—left district	....	....	....	2
				—
Total	....			79
				—

Total Births 65

Babies kept by mothers	40	Including 5 with parents co-habiting.
Third party adoption	4	
Long-term fostering	2	Awaiting parents' marriage.
Fostered	15	
"In care", Children's Department	3	Including 1 set of twins.
Adoption from Honeylands Hospital	1	Placed by Diocesan Association.

Ages of girls helped :—

15-16 yrs.	17-20 yrs.	21-30 yrs.	Over 30 yrs.
10	40	18	11

ST. NICHOLAS HOUSE

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

Number of admissions during 1970 51
(including 5 Exeter cases)

Number of deliveries during the year :—

(a) attended solely by midwife 12
(b) Doctor present at some time during labour 17

REPORT OF THE PRINCIPAL DENTAL OFFICER FOR 1970

(ALVIN PRYOR, L.D.S., R.C.S., F.R.S.H.).

The dental services operated by the City of Exeter are not confined to treatment of school children. A fair proportion of our work concerns the dental care of expectant and nursing mothers and pre-school ("under-fives") children.

These latter are the dental patients of the future. We feel strongly that supervision of their dental health should commence at an early age. We continued sending our letters during the year to the parents of all children reaching the age of three years. These parents were invited to bring their toddlers to our dental clinics, by appointment, for this inspection. Equally, they were advised to take the children to the general dental service practitioner of their choice, should they so prefer. We have had a good response to our letters, because parents either contact us to make the necessary appointments, or notify us that they already take the child for treatment elsewhere.

Inspection of these small patients is made as informal as possible, as they are "getting to know the dentist". The child is examined either seated on the mother's knee, or while standing. There is no need to seat the child in the dental chair at this stage. Should a child climb up into the dental chair of his own volition, we would encourage this, of course. These small patients often find difficulty in obtaining treatment from dentists in general practice. Much patience, and gentle insistence where needed, is required, demanding time and an aptitude which not everyone is so fortunate as to possess. In fact, some dentists decline to see patients as young as this. We never object to mothers bringing these small children with them when they themselves come for treatment, or when bringing older children to the clinics. This gets them used to the clinic atmosphere easily.

Many mothers appear unaware that children can be brought to the dental clinics before starting school. Yet we examine and treat children from the age of twelve months, on some occasions performing extractions under general anaesthesia for 18- and 24-month old babies; We emphasize this early bringing for inspection at our talks to relaxation classes of mothers, of which more later.

Free dental treatment, including provision of artificial dentures, is available to mothers during the whole period of the pregnancy and until the baby is one year old. As these mothers can obtain similar free treatment from the General Dental Service practitioners, however, this greatly reduces the number attending our clinics for treatment.

Talks on the care of the teeth and gums were given throughout the year by myself, at approximately seven-week intervals, to relaxation classes of expectant mothers at the Alice Vlieland Clinic. The talks seemed to be appreciated. Although the subject appears simple and rather obvious it is surprising how many of my audiences did not know that there **is** a right and a wrong way to brush the teeth and gums. The wrong way can damage both teeth **and** gums, and clean neither effectively.

My talks are made as light and informal as possible, questions are invited afterwards, and illustrated leaflets emphasizing the main points about tooth-brushing technique are distributed. Mr. R. B. Mycock, dental officer at Whipton Health Clinic, also gave regular talks throughout the year, using colour-slides to illustrate some of them. Mr. T. N. Praat, of St. Thomas Health Centre, was also involved in talks to relaxation classes at that Centre. Mr. Praat preferred the use of dental educational films as his contribution.

My thanks go as usual to the doctors, physiotherapists, nurses, and the Exeter District Midwifery and Home Nursing Service for their help.

Anaesthetics.

Our consultant anaesthetist, Dr. N. G. P. Butler, continued his regular weekly anaesthetic sessions. He strives constantly to perfect the extremely safe "20%/80% oxygen/nitrous oxide" technique which he was instrumental in pioneering in this country. The patient breathes the equivalent of atmospheric oxygen at all times, recovery being rapid.

Safety is a priority in our clinics. We have the latest type of dental chairs which permit the supine position for the patient during anaesthesia (eliminating any risk of cerebral damage from anoxia), power-operated suction apparatus, and foot-operated aspirators should a power failure occur. Pulse monitors are being installed in all surgeries where general anaesthetics are given, and emergency oxygen supplies are always at hand.

In addition to our own patients, we see from time to time patients referred by local dental practitioners who, for various reasons, cannot arrange for a general anaesthetic.

Staff.

I am pleased to report that there were no changes in my staff during the year. My dental officers and clerical and chairside staff have all worked steadily and well through the year. I accord

them my sincere thanks for their help and consideration and for the pleasant atmosphere which exists in our clinics.

Fluoridation.

I always mention this subject in my annual reports. This is THE well-proven and safe means of reducing dental decay, despite the ever-increasing consumption of sweets and pastries. Exeter's water supply already contains a small amount of fluoride (about 0.1 part per million). If this were brought to the optimum recommended of 1.0 part per million (equivalent to the fluoride strength of a freshly-brewed pot of tea !), what a difference it would make to the dental picture in Exeter.

More and more local authorities in this country are adopting fluoridation of the domestic water supply. Fluoridation has the approval of every recognised health authority in the world as a safe and effective and economical measure.

Exeter continues to reject it, however.

Expectant and Nursing Mothers.

Of the 94 inspected, the following details show the source of reference :—(a) maternity and child health department 23, (b) family doctors 13, (c) home midwives 22, (d) post-natal cases 30, (e) dental officers 6.

Pre-School Children.

552 pre-school children were examined, including 524 whose parents desired treatment or who were referred from Child Health Clinics, and 28 in Buddle Lane Nursery (of whom 20 had sound mouths).

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

	Number of persons examined during the year.	Number of persons who commenced treatment during the year.	Number of courses of treatment completed during the year.
Expectant and nursing mothers	94	80	70
Children under five years and not eligible for school dental service	552	220	222

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	36	124	—	2	137	38	21	21
Children under five years and not eligible for school dental service	1	103	177	—	364	224	—	—

THE COMMUNITY NURSING SERVICES

During the year the management of the Community Nursing Services was restructured and a Chief Nursing Officer appointed to co-ordinate the Health Visiting, Home Nursing and Midwifery services. Three Principal Nursing Officers are responsible for, or assist in the first line management.

The policy of attachment of health visitors, home nurses and district midwives to general practices was accepted by the Health Committee and has been developed during the year and is gradually extending.

Liaison between staff has been promoted by group meetings of those working in a particular area or with specific practices, and by planning of combined in-service training sessions for health visitors, home nurses and midwives.

MIDWIFERY

SUPERVISION OF MIDWIVES

Practice	Midwives who gave notice of intention to practise during 1970	Still practising in Exeter at year-end
Domiciliary	15	14
Hospital	46	30
H.M. Prison	5	3
TOTALS	66	47

DOMICILIARY MIDWIFERY

Staffing. At the end of the year there were, in addition to the Principal Nursing Officer, 10 full-time midwives. Of these 5 are approved district teaching midwives and 3 district-nurse midwives. We have maintained a full midwifery staff throughout most of the year.

Training—Part II School. 25 pupil midwives completed training during 1970. 23 passed the examination of the Central Midwives Board at the first attempt, and one on re-sitting.

Some difficulty was experienced in obtaining a sufficient number of domiciliary deliveries for the pupil midwives during the latter months of the year, although the total number of home confinements in 1970 was adequate for the school.

Post-graduate Courses. 2 midwives each attended a one week's statutory post-graduate course during 1970. One midwife attended a one week's course on Parentcraft and Relaxation Teaching.

Liaison with Hospital Services. The arrangements for planned early discharge from Mowbray Maternity Hospital and the Royal Devon and Exeter Hospital, Heavitree, continue to work well. 341 mothers were discharged under this scheme, that is 52% of those discharged within the first week.

During a period of staff shortages in the hospital in November it was agreed that a district midwife would work in the Maternity Unit of the Royal Devon and Exeter Hospital, Heavitree, if needed and if the district midwifery service was adequately covered. Help was given on two occasions. In preparation for this, each midwife spent one day in the Maternity Unit. This proved to be a very useful experience and itself, helped to promote good liaison.

The district midwives have continued to attend monthly obstetric and paediatric team meetings at the Royal Devon and Exeter Hospital, Heavitree, and appreciate the opportunity this gives for exchange of views.

Liaison with Family Doctors. The arrangement started in the latter months of 1969 whereby the midwives were linked with the family doctors' practices has become well established and is appreciated by the midwives and the mothers.

Attendance by the midwives at joint ante-natal sessions with the family doctors has increased. 5,352 visits were made by mothers at 599 of these sessions. 15 doctors were holding regular ante-natal clinics with the midwives by the end of 1970.

Relaxation and Parentcraft Classes. 541 mothers made a total of 3,621 attendances during 1970. Two classes each week are conducted by a physiotherapist and the remaining four by the midwives. A health visitor attends at 3 or 4 of the sessions of each 8-week course, undertaking parentcraft teaching jointly with a midwife. A weekly class is also held at St. Nicholas House Mother and Baby Home, conducted by a midwife.

Home Bookings. 291 mothers were booked for home delivery ; details of age and parity are set out on page 57. Two primigravidae were under the age of 20 ; one delivered normally at home and the other was transferred to hospital in labour. Three primigravidae over the age of 30 were booked ; two delivered normally at home and the third's booking was adjusted to a hospital booking at 34 weeks. Of the six grande multiparae

booked, four were delivered normally at home, one was admitted to hospital as an emergency in pregnancy, and one was subsequently booked for hospital confinement.

Haemoglobin Estimation in Pregnancy. Of 291 mothers booked and due in 1970, all except 5 were believed to have had at least one haemoglobin estimation in pregnancy, and in 223 cases the result was known to the midwife.

Free Home Help for Ante-Natal Cases. This service was provided for five cases only in 1970, all because of pre-eclamptic toxæmia. Four of these mothers were delivered in hospital and the fifth undelivered at the end of 1970, was booked for hospital delivery.

Emergency Ambulance Calls. On 7 occasions a midwife was called at the request of the ambulance service. On 3 of these occasions the baby was born before the arrival of the midwife. One mother remained at home with her baby, the remaining two mothers and babies and four mothers in labour were transferred to hospital.

Home Deliveries. 213 mothers were delivered at home and attended by the midwives, including 27 in St. Nicholas House Mother and Baby Home. In the previous year, during which St. Olave's Mother and Baby Home closed, there were 42 deliveries attended by the midwives. The number of mothers confined in their own homes was only three less than in 1969.

Phenylketonuria Screening. Blood samples have continued to be taken from the babies for phenylketonuria screening. These samples are taken by the midwives from all babies in their care on the seventh day and sent to the Pathology Department in Bristol for testing.

A survey was started in November, 1970 to ascertain any evidence of symptomless phenylketonuria in expectant mothers, which can have an effect on the unborn child. A test for phenylketonuria is now included in the routine testing of urine in pregnancy carried out by the midwife. If a positive result is obtained, the family doctor is informed so that possible maternal phenylketonuria can be investigated.

Analgesia. 128 (60%) of mothers attended at the confinement by the district midwives received inhalation analgesia. One mother had trilene analgesia and 127 had nitrous oxide and oxygen with the Entonox apparatus. Of the remaining 85 mothers delivered at home, 68 preferred to have no inhalation analgesia, and in 17 cases labour was too quick.

During 1970 the Central Midwives Board approved the administration of Pentazocine (Fortral) to mothers in labour by midwives. In November Dr. K. J. Powell, Consultant Anaesthetist, lectured to the midwives on the use of this drug in labour, and supplies were made available for the midwives' use.

Asphyxia of Babies. The number of babies requiring treatment for asphyxia at birth was 12; oxygen was used for all these babies, via a face mask or a Blease-Samson resuscitator, and Vandid was also used for two of these babies.

Evaluation of the condition of the Newborn Infant.

Number of babies where Apgar rating made 206

Apgar score :	Number of babies
1	—
2	2
3	2
4	2
5	5
6	8
7	12
8	26
9	105
10	44
	<hr/> 206 <hr/>

This assessment, made one minute after the birth of the baby, was recorded in all except 7 of the 213 live births at home.

Low-weight Babies delivered at home. 11 babies of 5½ lbs. or under were delivered at home. 4 of these babies were transferred to the Special Care Unit of the Royal Devon and Exeter Hospital, Heavitree. The remaining babies were kept at home and all progressed satisfactorily.

National Dried Milk. 53 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 1970 the district midwives nursed 24 cases of spontaneous abortion. Of these, 15 were nursed entirely at home and 9 admitted to hospital. Only 4 of these cases were booked for home confinement.

Eight therapeutic abortions to Exeter women were carried out at the Nuffield Nursing Home, which is registered under the Abortion Act. There were 4 spontaneous abortions at the Royal Devon and Exeter Hospital (Heavitree) and, of the 142 abortions which occurred at the Royal Devon and Exeter Hospital (Southernhay) 88 (62%) were therapeutic.

Table XXII.

Number of cases attended as midwives (home deliveries)	213	
Number of visits paid to above cases :—		
(a) during first ten days	2,865	} 3,527
(b) after tenth day of puerperium	622	
Number of cases booked during the year :—		
(a) Home bookings	309	} 1,252
(b) Hospital bookings	943	
Number of cases seen at the ante-natal clinics	254	
Number of attendances at the ante-natal clinics	1,526	
Number of ante-natal visits to patients' homes	5,535	
Number of medical aid forms sent	—	
Number of midwifery cases transferred to hospital	43	
Number of casual visits paid by midwives	2,909	
Number of post-natal visits paid by midwives	395	
Number of cases brought forward on 1st January, 1970 (mothers undelivered)	106	} 405
Number of cases booked during the year	291	
Number of emergency unbooked deliveries (and cases booked for delivery elsewhere than at home)	8	
Number of cases delivered during the year	213	} 405
Number of cases of miscarriage of booked patients	4	
Number of booked cases who left Exeter before delivery	5	
Number of booked cases admitted to hospital undelivered	28	
Number of cases originally booked for home delivery and subsequently booked for delivery in hospital	61	
Number of cases remaining on the books on 31st December, 1970 (mothers undelivered)	94	
Total visits to midwifery patients (excluding hospital discharges and cases for feeding supervision)	11,367	
<i>Analysis of Deliveries :</i>		
Number of patients delivered by midwives	211	
Number of forceps deliveries	1	
Number of patients delivered by Doctors (other than forceps cases)	1	
	<hr/>	
	213	

Table XXIII.**REPORT OF MATERNITY CASES TRANSFERRED FROM HOSPITAL.**

Year ending 31st December 1970.

<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	—	—	—	—
2nd	42	342	102	444
3rd	305	2,575	865	3,440
4th	71	470	186	656
5th	42	211	122	333
6th	67	334	225	559
7th	111	472	323	795
8th	279	754	819	1,573
9th	58	109	191	300
10th	21	21	79	100
11th	8	—	48	48
12th	7	—	35	35
13th	3	—	13	13
14th	—	—	—	—
After 14th	3	—	12	12
	<u>1,017</u>	<u>5,288</u>	<u>3,020</u>	<u>8,308</u>

HEALTH VISITING

During the past year with the new integrated structure there have been many changes in the re-organisation of the pattern of work carried out by Health Visitors.

Staff.

There has been an increase of one Health Visitor on the permanent staff. This was necessary to allow the increase of attachments of Health Visitors to General Practitioners.

Miss J. Hemingway (Superintendent Health Visitor) and Miss C. Newton (Health Visitor) resigned to take up new appointments on promotion. Mrs. K. Dunham was appointed Principal Nursing Officer (Health Visiting).

One part-time Health Nurse also resigned.

A sponsored student has completed her course successfully, and is now working on the staff.

Attachment with Family Doctors.

A further 5 Health Visitors have been fully attached to group practices, making a total of 6.

If accommodation permits, the Health Visitors are based at the Doctors' surgeries, otherwise they continue to work from Clinics or Health Centres. The Health Visitors when attached

are still primarily responsible to the Local Authority, and have certain duties outside the field of the General Practitioners' work, i.e. Child Health Clinics, School Medicals, Student training, special surveys, and health education.

This arrangement facilitates full communication between members of the health team, whether they are engaged in curative or preventive work.

Playgroups and Child Minders.

There were 4 new playgroups and 12 new child minders registered in the year, making a total of 25 playgroups and 52 child minders. These are all visited quarterly by the Principal Nursing Officer (Health Visiting).

The increase over the year shows the demand requested by the public for the pre-school child to be supervised by experienced staff.

33 sponsored children were placed in playgroups. These are children physically and socially handicapped, and they have received help to communicate and integrate into the community.

Hearing Testing of Babies.

The routine hearing testing of all babies was commenced in September, 1970, all the health visitors having had training in this. All babies not on the Observation Register are tested by the health visitors at the age of 8-9 months; any who fail this test are referred to the Audiology Unit. Babies on the Observation Register are tested by the staff of the Audiology Unit as previously.

In-Service Training.

Three Health Visitors attended refresher courses:—

1. One Health Visitor took the 4 weeks' Group Advisers' Course. This was in 2 parts, each part lasting 2 weeks.
2. The Principal Nursing Officer attended a Management Appreciation Course. (Top line management.)
3. One Health Visitor attended the Summer School, the theme being "Strengths and Stresses".

Somerset County Council held a 3-day lecture course at Taunton, and 4 Health Visitors attended lectures which were relevant to their particular duties.

Community of Mental Health held 2 courses at the Nichols Centre of 6 lectures in each part, and all the Health Visitors attended one group of the lectures—these covered a wide range of subjects.

Devon County Council held a Study Day at County Hall in May, and 7 Health Visitors attended. The subjects were Sex Education in Schools, and Playgroups.

Dr. Coupar, Medical Co-ordinator of Exe Vale Hospital, gave a talk on the Side Effects of Drugs in Psychiatry.

Devon County Council (Mr. Baron) gave a lecture instructing the staff on computerisation of records.

Students.

A number of groups of the following students have attended during the year for talks with the Principal Nursing Officer, Observation Visits to Clinics, and accompanying Health Visitors for a day :—

Child Care Students (Exeter College of Further Education).

Pre-Nursing Students (Exeter College of Further Education).

Student Nurses (Royal Devon and Exeter Hospital).

Pupil Midwives (Local Authority).

2 Sociology Students (Exeter University).

Table XXIV.

	CASES VISITED BY HEALTH VISITORS	Number of	
		Cases	Visits
1	Total number of cases and visits	7,865	19,641
2	Children born in 1970	1,495	5,927
3	Children born in 1969	1,410	3,311
4	Children born in 1965 to 1968	2,916	6,396
5	Total number of children in lines 2—4	5,821	15,634
6	Persons aged 65 or over	728	1,850
7	Number included in line 6 who were visited at the special request of a G.P. or hospital	132	—
8	Mentally disordered persons	16	50
9	Number included in line 8 who were visited at the special request of a G.P. or hospital	3	—
10	Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals)	22	32
11	Number included in line 10 who were visited at the special request of a G.P. or hospital	22	—
12	Number of tuberculous households visited	—	—
13	Number of households visited on account of other infectious diseases	262	336
14	Other cases	1,016*	1,739*
15	Number of tuberculous households visited by tuberculosis visitors	135	1,094

INEFFECTIVE VISITS = 4,679 + 109 (T.B. Health Visitor).

* INCLUDING AFTER-CARE CASES (OTHER THAN HOSPITAL DISCHARGES)—111 cases, 360 visits; Housing cases—165 cases, 221 visits; and Problem family cases—49 cases, 423 visits.

HEALTH VISITING OF PHYSICALLY HANDICAPPED CHILDREN

(Miss G. M. BASTOW—Health Visitor).

The nature of the work carried out in this field remains much as stated in my annual report of last year, and the number of home visits (namely 33 to children under 5 years of age and 41 to school children) is very similar to that of 1969.

It will be appreciated that only the more severely handicapped are included for the special case-work, as and when required. If lesser handicaps were also covered by this "specialisation" the case load would be quite unmanageable.

Vranch House School.

Naturally, as most of Exeter's younger severely physically handicapped children attend Vranch House for physiotherapy and/or education, a considerable part of the work done concerns this group.

I have paid weekly visits to Vranch House, and have had discussions with teaching and medical staff on matters affecting the social, medical and educational progress of the children, and following up with home visits and discussion with parents, family doctors, etc., when necessary. In addition, the children have had regular hearing and vision tests; a time-consuming but valuable task as most of the children attending the School and Nursery Class have multiple handicaps. A point of interest resulting from this is the high percentage of children who have been found to have a previously undetected visual defect—(untreated squints, etc.). Referral to the Eye Infirmary and the ensuing reports from the Consultant Ophthalmologists have been very rewarding, particularly in respect of the younger children, who, at the age of two years and with severe physical handicaps, are by no means easy to assess.

Playgroup Placement.

During the year I have paid 22 visits to playgroups in the City in connection with the placement of handicapped children under the City Council's sponsoring scheme. It is important, I think, to try and find the ideal situation for each individual child who needs help with a particular handicap. For example, the needs of a partially-hearing child are very different from those of a partially-sighted one and the variables of playgroups (staffing, equipment, buildings, opportunity, etc.) are such that one needs if possible to select the right playgroup for the type of handicap if one is to obtain the maximum value of the sponsorship for the child.

The willingness of many playgroup organisers to accommodate and help these children is much appreciated. This is particularly so in that many of these children do not settle easily at first in the playgroup situation, and illness, hospitalisation, etc., is inclined to come just at the wrong time. Occasionally, after much hard work, the case falls through from lack of parental effort in taking the child regularly to the playgroup. In spite of this, relationships with playgroup staff remain cordial.

Co-operation with other agencies, e.g. Careers Officer, Welfare Department, etc., has been good and contact with staff of all Special Schools has been friendly and helpful.

GERIATRIC HEALTH VISITING, 1970

There has been a slight change in the management of elderly visiting during 1970 as a result of more Health Visitors becoming partly or wholly attached to G.P. practices.

The Health Visitors have increased their case loads of elderly, initially, as they have now taken over those cases which were being visited by the Geriatric Health Visitor, and it is envisaged that as a result of group attachment there will be further increases in Health Visitors visiting elderly persons. The G.P.'s and the District Nurses are now able to make a much more satisfactory contact with the Health Visitor, and generally the means of referral and consultation on the needs of the elderly within any one G.P. practice has greatly improved.

The Geriatric Health Visitor continues the liaison work with the hospitals, visiting newly discharged hospital cases, attending ward case conferences when possible, also attending the Out-patients Clinics and the Day Hospital to maintain the Local Authority link with hospital staff and patients.

The liaison with the Exeter City Housing Department also proves very worthwhile. Through this weekly meeting between the Geriatric Health Visitor, a senior Housing Officer, and a senior Social Worker, the housing needs of the elderly are channelled and discussed. Recommendations and nominations for "special housing units" for the elderly being a particular feature of these discussions.

There remains an awareness that there is quite a degree of duplication of visits to the elderly by the separate departments within the local authority.

When it is known that elderly visiting for assessment of needs could well be extended if more time and staff were available—the question arises as to whether improved consultation between these departments might help to reduce duplication in visits and allow such time saved to be used in visiting new cases and a wider number of elderly.

HOME NURSING

Staffing. At the end of the year there were, in addition to the Principal Nursing Officer, 24 home nurses (17 state registered nurses and 7 state enrolled nurses), of whom 21 are district trained.

Training: S.R.N. District Nurse Training Course. 14 nurses took district training during 1971; 13 passed the examination. 9 students were trained for our own staff and 5 for neighbouring authorities. In addition, we undertook theoretical training for Devon County and Torbay County Borough students; 14 nurses successfully completed district training under this scheme during 1970. Two nurses from the Bahamas were seconded here for 6 months each, following the course of district nurse training and gaining experience in community nursing.

S.E.N. District Nurse Training Course. 10 pupil nurses from Redhills, Marl pits and Exmouth Hospitals, who had taken two weeks' district training in 1969, returned for a further six weeks in 1970, taking a district nursing assessment. In addition, 4 state enrolled nurses appointed to our own staff and two nurses from Devon County joined with the pupil nurses in district training.

Student and pupil nurses from the Royal Devon and Exeter and Exe Vale Hospitals have continued to make visits of observation on the district with our staff. A group of students taking a pre-nursing course at the College of Further Education also made observation visits.

Post-graduate Courses and In-Service Training. One home nurse attended a one week's general post-graduate course. A one week's practical work instructors course was attended by one of the senior nurses, and 7 nurses joined with Plymouth staff in a three-day course. In view of our increasing involvement in training, these courses were particularly helpful.

Seven of the staff spent three days each in the Renal Dialysis Unit at Whipton Hospital. During the year we were involved to a greater degree in the support, and some of the practical care, of patients having renal dialysis at home, and it was necessary to ensure that more of the staff have some knowledge and understanding of this procedure. We are grateful to the staff of the dialysis unit for the trouble taken in showing the work.

Attachment with Family Doctors. The first home nursing attachment was started in November, 1970, a state registered and a state enrolled nurse being attached to a practice, where a health visitor and midwife were already attached. This appears to be working very well and it is proposed to extend the home nursing attachments early in 1971.

General Cases. The number of general cases nursed has remained constant for the last three years. More than 70% of

the nursing visits were made to patients suffering from degenerative diseases, and 69% were over 65 years of age.

Late Night Visits. 1,189 general nursing visits were paid after 8.0 p.m., the majority to very ill patients needing frequent nursing care and sedation.

Mobile Meals. 268 meals were delivered by the nursing staff to patients at week-ends, when there was no other practical means of obtaining a hot meal.

Night Sitters. Night sitters were provided for 65 cases during the year. 17 patients having this help died at home, 27 were transferred to hospital, 16 recovered sufficiently to manage without help, and 5 were still being visited on 31st December, 1970.

The need to provide a similar level of care during the day for a small number of patients has been recognised for some time, and in November, 1970 it was decided to extend the Night Sitting Service to cover emergency day care. This help is provided on a short-term basis only and the night sitters, who are willing to work by night or day, are used for this purpose. Day sitters were provided for two patients during November and December. Both were elderly and living alone. One was later transferred to hospital and the other recovered sufficiently to enable the service to be discontinued.

Loans Service. 5,821 articles were loaned during 1970. We have a stock of 3,104 articles (including linen), and have a wide range of different types of equipment, enabling almost all requirements to be met.

Soiled Linen Service. Articles laundered under the linen service during 1970 totalled 17,325 (sheets 15,252, pillow cases 1,140, blankets 15, clothing, etc. 918).

Number of patients using linen service during the year	451
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Number of disposable sheets used during the year	23,800
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There was an increase in the use of the linen service during 1970. This is probably a reflection of the high proportion of the elderly and those suffering from degenerative diseases in the nursing case load.

Protective Clothing for Ambulant Incontinent Patients.

Number of patients supplied with protective garments	26
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Number of garments supplied	32
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Number of disposable linings supplied	15,450
--------------------------------------------	--------

Table XXV.

HOME NURSING DURING 1970.

New Cases Under 65	New Cases Over 65	TYPE OF CASE	On Books 1/1/70	SENT BY				AGE GROUP					SEX		Total Visits	RESULT				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.	Deaths	Trans. to Hosp.	Conval-escence		Removed for other causes
—	106	Post-stroke	68	106	13	4	9	200	—	—	—	41	159	79	121	28	60	28	20	64
—	91	Carcinoma	23	111	15	1	3	153	—	—	—	43	110	57	96	57	37	14	16	29
2	36	Diabetes	33	30	13	2	13	91	—	2	3	26	60	28	63	2	13	—	46	30
124	71	Heart Cases	50	121	7	1	14	193	—	—	—	25	168	74	119	34	36	43	25	55
—	79	Arthritis	63	74	6	2	9	164	—	—	—	44	110	30	124	9	25	11	33	76
—	79	Anaemia	117	84	11	—	16	228	—	—	—	51	176	46	182	7	25	40	45	111
—	136	Multiple Sclerosis	13	5	3	—	2	23	—	—	—	19	4	5	18	—	5	—	—	7
1	55	Other chronic diseases	133	132	17	6	32	320	—	2	4	78	236	105	215	27	65	31	62	135
—	65	Ulcers of Legs	52	56	6	—	2	116	—	—	—	18	98	23	93	6	16	35	10	49
—	—	Simple Senility	27	50	2	5	8	92	—	—	—	—	—	35	57	11	16	—	28	37
—	4	Tuberculosis :	4	6	5	—	—	15	—	—	—	8	7	3	12	—	2	5	3	5
1	14	Influenza	6	17	—	—	2	25	—	1	—	6	18	8	17	1	1	19	4	—
—	—	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	Other Infectious diseases	—	6	—	—	—	6	1	—	2	3	—	1	5	—	—	3	3	—
—	20	Pneumonia	2	26	—	1	1	30	—	—	—	9	21	11	19	4	7	16	1	2
6	111	Other acute chest conditions	16	132	3	3	7	161	2	5	—	33	121	66	95	8	19	106	11	17
—	—	Tonsillitis	—	9	—	—	—	9	—	—	1	8	—	3	6	—	—	8	1	—
9	129	Other acute infections	8	202	8	4	14	236	5	4	7	84	136	63	173	6	27	150	34	19
13	6	Ear Infections	1	23	1	—	—	25	5	8	1	5	6	7	18	—	1	19	2	3
33	1,047	Carried Forward	616	1,190	110	29	132	2,077	13	22	19	501	1,522	644	1,433	200	355	528	351	643

Continued on next page.

Table XXV.

HOME NURSING DURING 1970—Continued.

New Cases Under 5	New Cases Over 5	TYPE OF CASE	On Books 1/1/70	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.						
33	1,047	Brought Forward ...	616	1,190	110	29	132	2,077	13	22	19	501	1,522	644	1,433	8,3512	200	355	528	351	643
—	—	Maternity, etc. ;																			
—	—	Infect. midwifery	1	6	4	—	2	13	—	—	—	13	—	—	13	121	—	1	8	1	3
—	—	Breast abscess	—	5	—	—	—	5	—	—	—	5	—	—	5	43	—	—	5	—	—
—	—	Flushed breast	—	1	—	1	—	2	—	—	—	2	—	—	2	14	—	—	2	—	—
—	—	Miscarriages	2	22	—	—	—	24	—	—	—	24	—	—	24	143	—	9	13	1	1
—	90	Changing of Pessaries	4	28	2	—	69	103	—	—	—	9	94	—	103	302	—	1	2	96	4
1	78	Accidents :	24	84	19	1	9	137	—	1	4	33	99	39	98	4,219	5	20	65	11	36
—	71	Post Operation Cases	37	99	61	2	8	207	—	2	5	106	94	82	125	7,340	10	16	122	15	44
—	45	Pre X-ray Treatments	—	40	94	—	1	135	—	—	1	89	45	57	78	138	—	—	—	135	—
1	85	Enemata	4	110	3	—	2	119	—	3	3	24	89	42	77	670	2	9	65	33	10
—	11	Mental Confusion	9	16	—	—	—	25	—	—	—	7	18	2	23	1,179	1	10	1	5	8
—	20	Others	—	32	1	2	2	37	1	2	—	14	20	9	28	334	1	7	9	11	9
35	1,447	TOTALS	697	1,633	294	35	225	2,384	14	30	32	827	1,981	875	2,009	98,015	219	428	820	659	758
New Cases			....	....	....	....	....	2,187													
Total Cases			....	....	....	....	....	2,884													
Casual Visits			....	....	....	....	....	2,501													

Table XXVI.**HOME NURSING DURING 1970.**

	New Cases	Total cases nursed	Total visits	% of cases over 65 years of age
Degenerative diseases and senility	991	1,570	72,363	71
Tuberculosis	11	15	564	47
Acute diseases incldg. infectious disease	459	492	6,585	61
Maternity	41	44	321	—
Gynaecology	99	103	302	91
Accidents	113	137	4,219	72
Others	473	523	9,661	51
Totals	2,187	2,884	98,015	69
Casual visits (Not Nursing)	2,501			

VACCINATION AND IMMUNISATION

(See Tables XXVII to XXXIII)

Schedule of Immunisation and Vaccination. From 1st January, 1970, the department, and the majority of general practitioners in the City, adopted the revised schedule of immunisation and vaccination as recommended by the Department of Health, viz. :—

Triple Antigen 1 + Polio 1	....	....	age 6 months.
Triple Antigen 2 + Polio 2	....	....	age 8 months.
Triple Antigen 3 + Polio 3	....	....	age 14 months.
Measles	....	....	age 12 months.
Smallpox	....	....	age 15 months.
Pre-school Diph./Tet. + Polio	....	....	age 4½ years.

The 106 children born in 1970, who completed a primary course of three doses of vaccine in 1970, were vaccinated by doctors who elected to continue using the alternative schedule of immunisation (viz. triple antigen and polio primary course completed by six months of age).

Smallpox Vaccination. 890 primary smallpox vaccinations were effected during the year ; 660 were of infants under 2 years of age, and 465 persons were re-vaccinated.

Diphtheria, Whooping Cough and Tetanus Vaccination. 764 children completed primary courses, of one or more vaccines, during the year, and 2,299 received booster doses.

Poliomyelitis Vaccination. 763 children completed primary courses of poliomyelitis vaccine during the year, and 2,093 received booster doses.

Measles Vaccination. 1,458 children were vaccinated against measles during the year.

Rubella Vaccination. In accordance with Department of Health and Social Security Circular 11/70, vaccination against rubella was offered, in the first instance, to girls aged 13 years (i.e. those in the third forms) attending schools in Exeter. Vaccination commenced in November, and by the end of the year 505 (71%) girls, out of an eligible total of 713, had received protection.

Yellow Fever Vaccination. Under the Council's arrangements for yellow fever vaccination, 579 persons were vaccinated, 101 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 education, child guidance, housing, children's, fire, surveyor's and welfare departments.

79 of the health department staff and 122 of the other departments were vaccinated in November and December.

At the request of the respective Principals, departmental medical officers also vaccinated staff at the College of Further Education and St. Loyes College.

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, 152 children were vaccinated.

Table XXVII.
IMMUNISATION AND VACCINATION DURING 1970.
SMALLPOX VACCINATION.

Primary Vaccinations	890	{	By general practitioners	704
			At clinics	186
Re-vaccinations	465	{	By general practitioners	335
			At clinics	130

AGE GROUPS OF PERSONS VACCINATED (SMALLPOX) DURING 1970.

	Under :—	3 mths.	6 mths.	9 mths.	1 year	1+	2—4	5—15	16 and over	TOTAL
Primary	2	2	3	22	631	98	43	89	890
Re-vaccinations	—	—	—	—	—	11	51	403	465

Table XXVIII.
MEASLES VACCINATION.

YEAR OF BIRTH	1970	1969	1968	1967	1963-1966	Others under 16	TOTAL
G.P.s	4	349	298	75	180	36	942
Clinics	—	176	137	39	154	10	516
Total	4	525	435	114	334	46	1,458

Table XXIX.
RUBELLA VACCINATIONS.

Age	11	12	13	14	15	TOTAL
G.P.s	—	—	5	2	—	7
Clinics	—	4	395	99	—	498
Total	—	4	400	101	—	505

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

Children completing a primary course of one or more vaccines in 1970, grouped by age at which the course was completed.

YEAR OF BIRTH	1970	1969	1968	1967	1963-1966	Others Under 16	TOTAL
G.P.s	106	411	22	1	9	14	563
Clinics	—	166	17	7	9	2	201
Total	106	577	39	8	18	16	764

WHOOPIING COUGH IMMUNISATION.

Completed primary courses using Triple vaccine	By general practitioners	555
	At clinics	189

DIPHTHERIA IMMUNISATION.

Completed primary courses using Triple vaccine	By general practitioners	555
	At clinics	189
Completed primary courses using Diphtheria/Tetanus vaccine	By general practitioners	2
	At clinics	12

TETANUS IMMUNISATION.

Completed primary courses using Triple vaccine	By general practitioners	555
	At clinics	189
Completed primary courses using Diphtheria/Tetanus vaccine	By general practitioners	2
	At clinics	12
Completed primary courses using Tetanus vaccine	By general practitioners	6
	At clinics	—

Table XXXI.

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

Number of children given a re-inforcement dose during 1970.

YEAR OF BIRTH	1970	1969	1968	1967	1963-1966	Others under 16	TOTAL
G.P.s	—	135	384	45	609	195	1,368
Clinics	—	78	189	17	646	1	931
Total	—	213	573	62	1,255	196	2,290

WHOOPIING COUGH.

Triple booster	By general practitioners	673
	At clinics	279

DIPHTHERIA.

Triple booster	By general practitioners	673
	At clinics	279
Diphtheria/Tetanus booster	By general practitioners	567
	At clinics	652

TETANUS.

Triple booster	By general practitioners	673
	At clinics	279
Diphtheria/Tetanus booster	By general practitioners	567
	At clinics	652
Tetanus booster	By general practitioners	128
	At clinics	—

Table XXXII.**PRIMARY VACCINATION AGAINST POLIOMYELITIS.**

Number of children who completed a primary course (3 doses) during 1970.

YEAR OF BIRTH	1970	1969	1968	1967	1963-1966	Others under 16	TOTAL
G.P.s	106	410	24	2	10	9	561
Clinics	—	166	18	7	11	—	202
Total	106	576	42	9	21	9	763

Table XXXIII.**RE-INFORCEMENT VACCINATION AGAINST POLIOMYELITIS.**

Number of children given a re-inforcement dose during 1970.

YEAR OF BIRTH	1970	1969	1968	1967	1963-1966	Others under 16	TOTAL
G.P.s	—	134	370	48	537	57	1,146
Clinics	—	90	191	10	654	2	947
Total	—	224	561	58	1,191	59	2,093

AMBULANCE SERVICE

The Ambulance Officer—Mr. P. J. Mann, reports as follows :—

1. *Training.* Training has now become more intensive in the ambulance service, and it is very gratifying to report that the public and the service are now enjoying the benefits of these new standards.

During 1970 five men attended the Southern Ambulance Training School with excellent results and recommendations.

One man attended a short course run by Devon County Ambulance to which we send our qualified instructor ; we hope to take more advantage of this exchange scheme during the next year.

All the staff have qualified during the year in the use of Entonox, which is only a very recent breakthrough for use by ambulancemen. They are now able to relieve pain quite safely.

The term ambulanceman, which was introduced during the year, indicates that the man is fully qualified ; if not, the term trainee ambulanceman is used. The only way in which a trainee can qualify is by a short local induction course, followed by a six-week qualifying residential course at an Ambulance Training Centre.

Refresher Courses must then be taken every three years, plus local training on new techniques, etc.

2. *Staff.*

Administration and Control Staff :

Ambulance Officer.

Station Officer.

Assistant Station Officer.

Two Female Clerk/Telephonists.

One Part-time Cleaner.

The clerk telephonists work an alternating shift, including Saturday afternoon ; they also take over the radio control of vehicles from 17.30 to 22.00 hrs.

Authority is being sought to add a clerical worker to the staff. The telephonists are fully engaged in control duties, with the increasing demand being put on the service.

Adequate clerical assistance is essential for good communications with doctors, patients and our own Staff.

Operational Staff :

5 Shift Leaders.

5 Leading Ambulancemen.

15 Ambulancemen.

The leading ambulanceman is appointed to provide a better coverage in the event of sickness to shift leaders and control staff, to keep overtime to a minimum. Authority is being sought for two trainee ambulancemen for day work in 1971. The three officers are also very much involved on the operational side of the service. (For Staff deployment see Table No. XXXVI)

252 days were lost due to sickness ; the nature of causes for sick leave are mainly colds and influenza and the problem of back strain, which is common amongst ambulancemen. More research is required into the kinetics of lifting and handling and the mechanical aids to loading ambulances before the problem is overcome.

The service was sorry to see the retirement of its two senior officers, Captain F. G. Ireland, the Ambulance Officer, and the Station Officer, Mr. W. R. Casling, who gave between them 42 years of loyal service, both to the St. John Ambulance Association and the City Council.

The Chairman of the Health Committee, Councillor Mrs. A. Wing, thanked both officers at separate presentations. Mr. Casling's at the Ambulance Headquarters in the presence of the ambulance staff in July, and Captain Ireland's presentation at the Health Department with all section heads. There were glowing tributes both from members of the Health Committee and the Press for the work that Captain Ireland had done for the service over the last 20 years.

3. *Vehicles.* The Ambulance Fleet consists of 11 ambulances. Three of these are dual purpose designed to carry mainly walking or sitting patients, the remaining eight are for stretcher cases.

The need to economise over the last few years has left us with some old high mileage vehicles, one being 14 years, others 8,

7 and 6. The maintenance costs are very high on these old vehicles and the resale value almost nil.

A fleet replacement programme seems to be the answer to this problem, with less maintenance costs and a good resale value.

All vehicles should be of a standard type capable of carrying sitting or recumbent patients, which will enable us to use the fleet to more advantage and cuts out the need for an additional vehicle.

The 11 vehicles ran a total of 135,242 miles in 1970.

4. *Ambulance Journeys. Emergency Calls.* There was a decrease of 105 in accident calls during the year, and 95 less on other emergency calls, due possibly in the first case to holiday traffic not being able to attain the speeds due to the large amount of traffic on the roads ; and in the case of emergency calls, we are often able to have the patient seen by a doctor prior to removal to hospital in cases of acute illnesses.

Many other emergency calls were handled for Devon County Ambulance, the figures of which are not indicated above.

Hospital removals which include admissions, discharges, and out-patients for treatment increased by 5,538, the majority of these due to the Geriatric Day Centre at Redhills Hospital.

Infectious disease work continues to diminish ; out of 108 patients carried in the Exeter area very few were true infectious cases.

Only 7 infectious cases were carried for Devon County.

566 more patients were carried for Devon County Council, for which we make a charge.

There was a total increase of 5,855 patients and 17,643 more miles.

Hospital Car Service. Devon County act as agents for this authority and ran a total of 158,739 miles on our behalf at a cost of £5,762.

5. *Rail Journeys.* There was a decrease of 29 patients conveyed by rail ; it is our intention to continue to reduce the medical transport by rail as much as possible. The cost of rail journeys is extremely high and also the charges of other local authorities meeting the trains are in some cases as much as 45p per mile. We will, however, continue to use rail transport where it only involves the use of a seat only, and in other cases where it is still a good economic proposition.

6. *Air Transport.* There was no call for this type of transport during 1970.

7. *Conclusion.* This report shows the work of a very efficient Ambulance Service to which the public should be proud ; it would be remiss of me not to place on record my gratitude to my own officers and staff for their loyalty and industry at all times, especially during the industrial action of October.

Table XXXIV.

Monthly Summary of Work under Section 27 N.H.S. Act, 1946.

1970 Month	AMBULANCES		D.P. AMBULANCES		TOTAL ROAD JOURNEYS		TRAINS	
	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
January	1,001	6,057	801	3,355	1,802	9,412	9	1,604
February	967	6,993	793	3,383	1,760	10,376	10	2,832
March	1,177	7,066	760	3,345	1,937	10,411	2	664
April	1,088	7,683	963	3,986	2,051	11,669	8	2,696
May	1,197	8,283	934	3,564	2,131	11,847	4	1,320
June	1,457	8,417	956	3,417	2,413	11,834	17	4,065
July	1,235	7,644	1,072	3,958	2,307	11,602	13	2,313
August	1,191	7,049	1,020	3,896	2,211	10,945	14	2,399
September	1,335	7,308	1,114	3,832	2,449	11,140	11	3,352
October	1,504	7,182	892	3,187	2,396	10,369	11	3,397
November	1,666	8,760	816	2,899	2,482	11,659	11	2,654
December	1,658	9,398	794	2,992	2,452	12,390	7	7,802
TOTALS 1970	15,476	91,840	10,915	41,814	26,391	133,654	117	34,098
TOTALS 1969	11,276	77,147	9,209	38,956	20,485	116,103	146	34,753

The above Summary does not include Administrative and abortive journeys.

Table XXXV.**AMBULANCE SERVICE**

Classified Summary of Work from 1/1/70 to 31/12/70

CODE No.	CLASSIFICATION	AMBULANCES		D.P. AMBULANCES		TOTALS	
		Patients	Miles	Patients	Miles	Patients	Miles
1	Accidents	810	2,902	129	500	939	3,402
2	Acute illness and other emergen- cies	1,563	6,539	398	1,510	1,961	8,049
3	Removals to and from Hospital	11,250	55,465	9,269	27,527	20,519	82,992
4	Administrative and Abortive journeys	152	1,019	115	569	267	1,588
5	Infectious Cases—Exeter	101	712	7	39	108	751
6	„ „ —Devon	6	244	1	34	7	278
7	Other removals of Devon C.C.	1,676	24,298	968	10,992	2,644	35,280
8	Removals for other Local Authorities	63	1,637	131	1,145	194	2,182
9	Welfare	9	43	12	67	21	110
	TOTALS 1970	15,630	92,859	11,030	42,383	26,660	135,242
	TOTALS 1969	11,446	77,990	9,359	39,609	20,805	117,599

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

Table XXXVI.

AMBULANCE SERVICE

Deployment of Personnel over 24 hours.

	MONDAY TO FRIDAY					SATURDAY					SUNDAY							
	0600/ 1400	0930/ 1730	1400/ 2200	2200/ 0600	Rest Day	S.B. at Home	0600/ 1400	0900/ 1700	1400/ 2200	2200/ 0600	Rest Day	S.B. at Home	0600/ 1700	0900/ 1700	1400/ 2200	2200/ 0600	Rest Day	S.B. at Home
Officers	—	3	—	—	—	—	—	1	—	—	2	1	—	—	—	—	3	1
Shift Leaders	1	1	1	1	1	—	1	1	1	1	1	—	1	1	1	1	1	—
Ambulancemen	3	6	3	3	5	1	3	1	3	3	10	1	3	2	3	3	9	1
Clerk Telephonists	—	1	1	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—
Cleaner	30	Hour	Week															
TOTAL	4	11	5	4	6	1	4	3	5	4	14	2	4	3	4	4	15	2

A duty officer stands by at home on a rota basis daily.

The maximum number on duty without involving overtime is :

Officers 3. Clerk/Telephonists 1. Operational 11 = **TOTAL 15.**

The minimum on duty at any time is 4, consisting of the shift leader in control and 3 ambulancemen.

(This chart does not allow for holidays, sickness, or training).

PREVENTION, CARE AND AFTER CARE

HEALTH EDUCATION

The Health Education theme for the year was "Year Round Health for All"—the purpose was to allow a wide development of the topic considered each month according to the special needs of any particular group. A range of posters, other publicity material and visual aids was made available in support of the various aspects concerned.

It was no longer possible to arrange for specialist articles of Health Educational value to appear in the *Better Health Magazine*, which abruptly ceased publication at the very beginning of the year owing to the collapse of Pergamon Press. However, several excellent articles in support of some of the monthly topics did appear in the *Express and Echo*, thanks to the co-operation of the editor.

National Campaigns supported included World Health Week marked by a display in the foyer of the Municipal Library demonstrating the world-wide activity of this organisation in the fight against cancer. This was just one of several displays arranged in this very central and useful position by courtesy of the City Librarian, for which we are most grateful. Support was also given to the Keep Britain Tidy and Firework Safety Campaigns.

Campaigns launched by the Royal Society for the Prevention of Accidents have also been supported; two special ones instigated by Exeter Home Safety Committee took place during the year. The first, concerned with the collection and disposal of unwanted medicines; the second, aimed to draw attention to other potential poisons present in the home—in both cases publicity was supported by discussion and films arranged for interested groups of people.

Health Education in Schools. Courses in Secondary Modern Girls' Schools for 1st year pupils and for school leavers continue as before and have led to an extension in this sphere. A valuable course is now running at St. Thomas Secondary Modern School for Girls; this includes Health Education and Child Care, and has been made possible with the co-operation of a Health Visitor and a member of the school staff. The young people are brought in touch with the work of the Health Department—spending some time with playgroups and nurseries and visiting the Health Centre, as well as receiving instruction which will prepare them not only for an examination but also for their future role in life.

Talks concerning the Seven Rules of Health were given to children in the top form of Junior Schools in the City; this provided an opportunity to explain some basic factors in Health Education of importance to them in the future, as well as free discussion on a variety of health topics.

Talks with Junior Trainees at the Nichols Centre continued throughout the year on a monthly basis and seemed to be very much appreciated by those concerned. Other Schools and Colleges have also asked for talks on specific subjects which have been given.

Smoking and Health. Campaigns have been intensified throughout the year and greatly stimulated by the recent production of a new range of somewhat factual/horrific posters produced by the Health Education Council and which have been extensively used. Talks and discussions about smoking have been organised in schools throughout the City—in most cases Dr. Hallett, of this Department, has spoken to the young people, giving them information which it is hoped will influence their personal decisions.

Talks. The Health Education Officer is frequently invited to speak to Clubs and other associations in the City on a wide range of topics, and has come to know some of these groups very well. This year invitations have come from Parent Teacher Associations and Young Wives Groups meeting in their own homes, as well as other organisations. Subjects most in demand have been—Cancer, Drugs of Addiction and Nutritional problems.

Resuscitation. Lecture Demonstrations in Direct Resuscitation have been more frequently requested than those on any other topic—audiences have included staff in schools and others working with young people at risk, as well as many groups of young people for whom this is a training requirement, and members of youth organisations. One public demonstration was held in the Princesshay showrooms by the courtesy of Messrs. Hughes Garage and another on the riverbank on the occasion of the Canoe Regatta.

Home Safety Courses have been arranged for the British Red Cross Society and also in preparation for both Bronze and Silver levels of the Duke of Edinburgh Award Scheme. Talks have also been given to Pupil Midwives and as part of Health Education courses in schools.

Exeter Flower Show. The stall this year featured "Food Facts" and proved a valuable and attractive means of presenting information concerning nutrition to the public. The stall was extremely well attended.

In-Service Training. Illustrated tape recordings and films have been shown in the Health Department to invited specialist audiences approximately on a monthly basis. Special requests have been met wherever possible, thus giving an opportunity for discussion of subjects of professional interest.

The general sphere of Health Education in the period under review has increased its scope to reach a wider section of the public—more people are becoming involved, both with the work itself and as members of the target population.

Health Educational trends and priorities have altered during the year according to public needs—interest is both stimulating, vital and continued.

HOME SAFETY COMMITTEE

This committee met four times during the year, and the sub-committee concerned with Water Safety held four meetings. Alderman Mrs. Nichols retired as Chairman from both committees in June of this year. This caused much regret, marking the end of a long close association, during which she had given inspired leadership and direction to their activities. Her place is now being ably filled by Alderman Mrs. Wing, the new Chairman of the Health Services Committee.

Two campaigns arranged by the committee during the year were concerned with :—

(a) *Collection of Unwanted Medicines*, organised with the co-operation of the Exeter branch of the Pharmaceutical Society, the Police and the Health Department, during the month of May ; this had good publicity, backed up in the local press and on ITV and B.B.C. Television services. Distribution of notices to all householders was effected with help from the British Red Cross Society, the Girl Guide and Scout Associations. Good numbers of medicines were handed in, checked by the pharmacies and collected for disposal under police supervision.

(b) *The Dangers of Poisonous Substances in the Home.* This was arranged for the month of November, the campaign poster depicting a child drinking bleach was used extensively. The film "Dead Easy" was shown to interested groups throughout the City. It was reported that 166 children, who had taken poisonous substances, were taken to the Royal Devon and Exeter Hospital, Southernhay for treatment in the year.

Other matters for deliberation included :—

Local Authority and Water Safety RoSPA Guide concerning the safety of inland waterways was the subject of discussion at two meetings of representatives of all groups using the river—these were attended by Chief Superintendent Proctor; it was agreed that the police should be the co-ordinating body for all safety measures undertaken.

National Home Safety Committee Meetings and meetings of the South West Regional Home Safety Council have been attended by the Secretary, Dr. McLauchlan, who has reported all major questions discussed.

Fire Prevention. Door to Door campaigns have been organised by the Fire Department in various parts of the City, on similar lines to the one in St. Thomas last year—these have been successful.

Domestic Fires. It was reported that the 1966 campaign to reduce the incidence of Chip pan fires has now become completely ineffective—the incidence of fires due to this cause being considerably higher than ever before. Human failure remains the most important factor in the causation of fire outbreaks.

Fireworks. Support was given to the Firework Makers Guild campaign, but as their campaign poster was considered inadequate, and being fully aware of the additional bonfire hazard caused by the Dustmen's Strike, an intensive poster distribution was organised by the Health Education Officer on behalf of the Committee.

National Home Safety Campaigns.

The theme during the winter months was Face the Facts about Fire—and in the spring was concerned with Baby Safety during the first three months of life. In the summer the theme was the Dangers of Inland Waters, all of which were supported by the committee. The campaign for the last quarter concerning campaign planning and material was considered less useful.

Lecture Demonstrations concerning Home Safety and also Resuscitation have been given to District Nurses, Women's Groups and also in schools. Publicity has been provided on all aspects of the Committee's work whenever the opportunity has arisen—it is felt that the only way to reduce accidents in the home is by constant repeated reminders to the public.

TUBERC HOME RENAL DIALYSIS ER CARE

The local authority, under Section 28 of the National Health Service Act, is empowered to carry out adaptations in a patient's home to enable the patient to undergo renal dialysis. The cost of adaptation (or part of it) may be reclaimed from the patient. In Exeter such adaptations are carried out at no cost to the patient with the proviso that if, within a specified time, the house is sold at an enhanced value (due to the modifications), then the Corporation shall be entitled to recover the money advanced for alterations or extensions.

Following the 3 premises adapted in 1969, 2 others were dealt with in 1970 at a total cost of just over £1,000. The first was a fairly standard adaptation costing £204, but the second necessitated the building of an extension to the house, thus increasing the cost. The first patient died in December and the premises were reinstated early in the new year.

Home Nursing staff are becoming increasingly involved in the support of patients having renal dialysis at home and, as mentioned earlier in my report (see page 82) 7 of the staff spent 3 days each in the Renal Dialysis Unit at Whipton Hospital to gain an insight of the procedures involved.

HEALTH CARE OF IMMIGRANTS

During the year 46 newly-arrived immigrants were notified to us as having destination addresses in Exeter. Of these, 3 did not arrive in the City and 3 were not expected until early in 1971.

Of the 40 remaining immigrants, 10 were seen by a health visitor. Visits to 21 immigrants were not considered necessary: 1 doctor, 5 student nurses, 15 students. Student health services are available at Exeter University and the College of Further Education for the health care of foreign students. Most of the private educational establishments in the City co-operate with the department by advising foreign students to register with a general practitioner.

Visits to 9 immigrants were still outstanding at the end of the year; the table sets out the various facts.

Table XXXVII.

NOTIFICATIONS OF ARRIVAL OF IMMIGRANTS AND MEDICAL ARRANGEMENTS.

Country where Passport was issued	Notifications Received	Number Visited	Number X-Rayed	Number Hear Tested	Number on G.P.'s List
COMMONWEALTH COUNTRIES:					
Caribbean	6	1	1	1	1
India	6	2	—	1	—
Pakistan	7	2	—	1	2
Other Asian	9	1	—	1	—
African	7	2	—	1	1
Other	4	1	—	1	—
NON-COMMONWEALTH COUNTRIES:					
European	1	—	—	—	—
Other	6	1	—	—	1
TOTALS	46	10	1 (satisfactory)	6 (positive)	5
		Not Seen (36) 3 did not arrive 3 pending arrival 1 doctor 6 nursing school 15 students 9 to be contacted	Not X-RAYED (9) 6 X-Rayed prior to arrival 3 advised to have X-Ray	Not HEAR-TESTED (4) 1 previous B.C.G. 3 to be done	Not on a G.P.s List (5) All advised to get on a G.P.s list as soon as possible

TUBERCULOSIS — CARE AND AFTER-CARE

The General Practitioner Referral Clinic continues to cope with more and more of the less urgent cases; during 1970, 41 G.P's referred 1,210 patients (Exeter residents) compared with 557 in 1969; this has meant an extra session has been made available for the service. However, we are still losing one full clinical session per week, due to a lack of Consultant's time, and this means that Clinics tend to be overloaded in an attempt to keep down a backlog of follow-up appointments.

NOTIFICATIONS

New notifications during the year totalled 22 (6 more than last year); this is second year in succession that there has been an increase on the previous year's total.

Year	Respiratory	Non-Respiratory	Total
1964	29	4	33
1965	27	7	34
1966	15	10	25
1967	18	7	25
1968	14	1	15
1969	13	3	16
1970	15	7	22

DEATHS

6 persons named in the Tuberculosis Register died during the year: 2 (1 male, 1 female) were classified as due to tuberculosis, and 4 (3 male, 1 female) died from other causes. 5 were respiratory cases and 1 non-respiratory.

RE-ACTIVATION

There were 3 re-notifications during the year, all respiratory (husband and wife, and 1 other female).

TRANSFERS

4 respiratory cases were "transferred in" from other areas, whilst 6 respiratory cases were "transferred out".

RECOVERY FROM TUBERCULOSIS

14 respiratory and 3 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 2 such cases (both respiratory) during 1970—both were sputum negative.

TUBERCULOSIS REGISTER

At 31st December, 1970 the number of notified cases still on the register was 240, compared with 245 the previous year.

	Respiratory	Sputum Positive during 1970	Sputum Negative during 1970	Non- Respiratory
Men	117	7	110	6
Women	92	10	82	15
Children	10	—	10	—
TOTALS	219	17	202	21

CONTACTS

62 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) and also one re-activated case.

RADIOGRAPHY

Small films (10 cm. x 10 cm.) used for G.P. referrals and contact work totalled 1,272 ; large films totalled 1,790.

DOMICILIARY CHEMOTHERAPY

During 1970 there were 58 patients having chemotherapy at home. 5 ceased treatment on medical instruction during the year; 1 patient died, leaving 52 still on domiciliary chemotherapy at the year end.

TUBERCULIN TESTING AND B.C.G. VACCINATION

(a) *Contacts, Nurses, etc.* 230 tuberculin tests were carried out during the year, and 96 B.C.G. vaccinations effected by the chest physician (6 were adult staff at risk because of their work, viz. : nurses and hospital staff.)

(b) *School Children.* No strongly positive schoolchildren were referred to the Chest Clinic.

(c) *University Students.* This year we reverted to the old practice of visiting the University of Exeter during the registration period; 659 students were tested; of these 392 were positive, 69 were negative, and 198 did not attend to have the test read. 59 students were given B.C.G. Last year only 146 students were tested, and of the 15 students with negative re-actions, 12 attended for B.C.G. early in January, 1970.

SPUTUM POSITIVE PATIENTS

During the year 17 patients were known to have had positive sputum. 13 reverted to negative after treatment, 2 died, leaving 2 still positive—still under treatment.

HOME HELPS

The home help section assisted 2 tuberculous and 3 non-tuberculous patients of the clinic during the year.

EXTRA NOURISHMENT

17 patients were helped with extra milk.

CHARITIES

4 patients were given grants by outside charitable organisations.

PATHOLOGICAL EXAMINATIONS

We are very grateful to Dr. B. Moore and Dr. J. O. Edgcumbe for their continued help and assistance.

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

1	Total cases on Register, 1st January, 1970 :	Respiratory Non-Respiratory	Totals	
			227 18	245
2	Total new notifications received after deduction of duplicates :	Respiratory Non-Respiratory	15 7	22
3	Inward Transfers :	Respiratory Non-Respiratory	4 —	4
4	Deaths during the year from Tuberculosis :	Respiratory Non-Respiratory	2* —	2*
5	Deaths during the year of Tuberculous patients from other causes :	Respiratory Non-Respiratory	3† 1	4†
6	Outward Transfers :	Respiratory Non-Respiratory	6 —	6
7	Number of cases removed from Register as "Recovered" or "Mistaken Diagnosis" :	Respiratory Non-Respiratory	14 3	17
8	Taken off the Register under the 'Public Health (Tuberculosis) Regulations, 1930'. ("Lost sight of")	Respiratory Non-Respiratory	2 —	2
9	Total cases on Register, 31st December, 1970 :	Respiratory Non-Respiratory	219 21	240

* Includes 1 Posthumous Notification.

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

Table XXXIX**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
1970	5,378	63

Table XL.

CASES EXAMINED AT CHEST CLINIC DURING 1970
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	—	2	4	2	4	11	24	47
Female	1	3	1	1	—	4	6	16
TOTALS	1	5	5	3	4	15	30	63

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

	AGE IN YEARS							Total
	Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
(1) Already known to Chest Clinic as cases of Tuberculosis. M.	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—
(2) Already known to Chest Clinic as Observation cases or Contacts. M.	—	—	—	—	—	1	2	3
F.	—	—	—	—	—	—	—	—
(3) Failed to keep appointments at Chest Clinic. M.	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—
(4) Transferred to other Clinics for investigation. M.	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—
5) Taken off Books — Healed Pulmonary T.B. (Inactive Disease) M.	—	—	—	—	1	1	2	4
F.	—	—	—	—	—	—	—	—
(6) Taken off Books — Chest conditions other than T.B. M.	—	2	3	—	1	4	10	20
F.	1	1	—	1	2	1	2	8
(7) Newly diagnosed as suffering from active Pulmonary T.B.								
Male Sputum Positive	—	—	—	—	—	—	—	—
Female Sputum Positive	—	—	—	—	—	—	—	—
Male Sputum Negative	—	—	—	—	—	—	—	—
Female Sputum Negative	—	—	—	—	—	—	—	—
(8) Remaining under Observation at 31.12.70. M.	—	—	1	2	—	5	10	18
F.	—	2	1	—	—	3	4	10
Private Cases (see below)	—	—	—	—	—	—	—	—
TOTALS	1	5	5	3	4	15	30	63
9) Disposal of New Cases diagnosed (see (7) above).								
(a) Sanatorium treatment. M.	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—
(b) Clinic Supervision. M.	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—
(10) Private Cases M.	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—

Table XLI.

CASES ON THE TUBERCULOSIS REGISTER (31ST DECEMBER, 1970).

AGE GROUP.	RESPIRATORY	NON-RESPIRATORY						
		Neck glands	Genito-urinary	Spine	Other bones and Joints	Abdominal	Meninges	Breast
MALE								
0-4	3	—	—	—	—	—	—	—
5-14	2	—	—	—	—	—	—	—
15-24	5	—	—	—	—	—	—	—
25-34	9	1	—	—	—	—	—	—
35-44	22	—	1	—	—	—	—	—
45-64	54	1	1	—	—	—	—	—
65 & Over	27	—	1	—	—	1	—	—
Total Male	122	2	3	—	—	1	—	—
FEMALE								
0-4	—	—	—	—	—	—	—	—
5-14	5	—	—	—	—	—	—	—
15-24	6	—	—	—	—	—	—	—
25-34	10	2	—	—	—	—	—	—
35-44	24	1	2	1	—	—	—	—
45-64	36	2	2	—	1	—	—	—
65 & Over	16	3	—	1	—	—	—	—
Total Female	97	8	4	2	1	—	—	—

GRAND TOTAL, MALE AND FEMALE = 240.

Table XLII.

TABLE SHOWING THE MORTALITY IN EXETER FROM TUBERCULOSIS DURING THE PAST 8 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	—
1970	2	—	2	0.02	—	0.02	—

The Registrar General assigned 2 deaths as being due to Respiratory Tuberculosis.

Table XLIII.

NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS DURING 1970
ARRANGED ACCORDING TO AGE.

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

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Table XLIV.

DEATHS FROM TUBERCULOSIS DURING 1970,
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—	....	....	1	—	—	—
55—	....	....	—	—	—	—
65—	....	....	—	—	—	—
75 and over	....	....	—	1	—	—
Totals			1	1	Nil	Nil

2

Table XLV.

SUMMARY OF WORK CARRIED OUT AT EXETER CHEST CLINIC,
1965-1970.

	1965	1966	1967	1968	1969	1970
1. Number of new cases diagnosed as suffering from active Tuberculosis	34	25	25	15	16	22
2. Number of patients examined for the first time during the year	1,175	1,709	1,197	1,310	1,301	1,369
3. Number of patients re-examined during the year	1,405	2,136	2,160	1,733	1,216	1,200
4. Number of contacts examined for the first time during the year	103 } 179 76 } Large films Miniature films	117 } 174 57 } Large films Miniature films	63 } 107 44 } Large films Miniature films	68 } 74 6 } Large films Miniature films	42 } 49 7 } Large films Miniature films	} 62
5. Number of contacts re-examined during the year:	198 } 206 8 } Large films Miniature films	200 } 226 26 } Large films Miniature films	162 } 222 60 } Large films Miniature films	102 } 128 26 } Large films Miniature films	63 } 63 — } Large films Miniature films	} 45
6. Number of Inward Transfers during the year	6	26	10	9	4	4
7. Number of B.C.G. Vaccinations carried out during the year:						
Clinic Cases	148	196	201	266	117	155
13-year old schoolchildren under Ministry Scheme	—	—	—	—	—	—
8. Number of X-ray films taken during the year:						
Large films	1,645	1,832	1,570	1,596	1,618	1,790
Miniature films	94	114	104	170	607	1,210
9. Number of Screenings made during the year	1	15	2	1	1	2

Table XLVI.

IVYBANK CHEST CLINIC TUBERCULIN TESTING AND B.C.G. (1970).

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	48	—	—	—	—	—	—	12	46	24
1—4	26	—	1	—	—	—	3	24	17	1
5—15	29	1	5	2	4	—	3	38	21	—
Senior School Children	—	—	—	—	—	—	—	—	—	—
University Students	—	—	—	—	5	659	392	69	59	—
Nurses and Hospital Staff	—	—	—	—	96	—	87	9	6	1
Adults	8	—	—	13	6	—	17	10	3	—
Immigrants	—	—	—	—	15	—	15	—	—	—
Emigrants	—	—	—	—	7	—	4	3	3	—
TOTALS	75	1	6	15	133	659	591	165	155	26

Table XLVII.

HOME VISITS.

During the year 1,203 Home Visits were made by the Tuberculosis Health Visitor (Miss A. Dawson), made up as follows :—

(a)	Primary visits to New Patients	....	....	19
(b)	Primary visits to New Contacts	....	....	137
(c)	Repeat visits to Patients	....	....	170
(d)	After-care visits	....	....	194
(e)	Visits for carrying out Tuberculin Tests at home	....	....	217
(f)	Other visits	....	....	357
(g)	Ineffective visits	....	....	109
Total Home visits				1,203

VENEREAL DISEASE

Dr. A. J. Evans, Consultant Venereologist, has sent me a copy of his annual return which shews that of the 502 new patients who attended the Special Clinic at the Royal Devon and Exeter Hospital (Southernhay), 227 were residents of Exeter.

No new cases of primary or secondary syphilis were seen but 1 "other" case was seen. 32 Exeter patients (25 men and 7 women) were found to have gonorrhoea. 194 patients attended with "other" conditions. The figures for the last 10 years are set out in the following table :—

Contact tracing is carried out by staff of the Special Clinic and ways in which the local authority can help are being explored

VENEREAL DISEASE CLINIC—EXETER RESIDENTS. (1961 — 1970).

YEAR	New Cases of Syphilis	New Cases of Gonorrhoea
1961	2	21
1962	5	15
1963	—	12
1964	2	38
1965	2	21
1966	1	15
1967	—	27
1968	—	42
1969	—	47
1970	1	32

CHIROPODIAL SERVICE

This has been a very satisfactory year for the chiropodial department.

We were eventually successful in obtaining an additional chiropodist, and by the end of the year all the clinics were functioning smoothly, with no waiting lists.

We were also able to improve our service to the Welfare Homes, and in view of the fact that not only are the Welfare Homes increasing their accommodation, but also additional Homes are being built, this is a very necessary part of the service to develop

As anticipated, there is a growing demand for chiropodial treatment at the St. Thomas Health Centre, and the number of sessions at the Centre have been increased. Again we are very grateful for the kind co-operation of the Group Doctors in helping to make this clinic so successful.

The chiropodial staff have worked very efficiently during the year, and the service should derive considerable benefit in the forthcoming year from its recent increase in establishment.

Table XLVIII.

Number of Treatments during 1970

	Elderly		Handi- capped		Expectant Mothers	Children		Totals		Grand Totals (1970)	Grand Totals (1969)
	M.	F.	M.	F.		M.	F.	M.	F.		
At Clinics	2301	7718	61	119	11	125	170	2487	8018	10505	8605
At Welfare Homes	337	963	—	—	—	—	—	337	963	1300	1148
At Nichols Centre	—	—	25	73	—	—	—	25	73	98	128
At Home	276	893	—	—	—	—	—	276	893	1169	1154
TOTALS	2914	9574	86	192	11	125	170	3125	9947	13072	11035

CERVICAL CYTOLOGY

During the year, 56 sessions were held at the Bull Meadow Road Child Health Centre. Attendances were higher than the previous year because of our re-call programme, and by the end of the year nearly all the women who attended in 1966 had received reminders regarding a routine repeat test. Due to the extra demand for appointments, it was found necessary to hold extra clinics on certain Wednesday mornings between May and December.

Thirty women were involved in the positive and suspicious results; of these, 6 were confirmed positive; 9 were proved negative, and the remaining 15 carried forward into 1971 for further investigation.

Of the six positive cases 4 had cone-biopsy performed (1, when cancer proved to be invasive, was followed by a hysterectomy); 1 had Radio Therapy treatment; 1 had a hysterectomy (this

woman had a cone-biopsy in 1967; further repeat tests were all negative but in 1969 a suspicious result was followed up in 1970 when invasive carcinoma was found and a hysterectomy performed). The final diagnosis in 4 cases was carcinoma-in-situ and in 2 invasive carcinoma.

SUMMARY OF ATTENDANCES AND DETAILS OF POSITIVE AND SUSPICIOUS RESULTS

from 28th June 1965-31st December 1970

		Primary Smears	Repeat Smears
1965	....	436	2
1966	....	1,482	29
1967	....	1,175	39
1968	....	726	59
1969	....	493	261
1970	....	452	636
		5,790	

Year	Radio-therapy treatment	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
1970	1	3	1	1	4	—	2	—
	1	27	9	4	25	1	5	4

* Final diagnosis unobtainable.

Table XLIX.

CERVICAL CYTOLOGY CLINICS—ATTENDANCES 1970

Age Range (years)	Referred by		Residing in		RESULTS						Ref'd. back to G.P.	Total examinations
	G.P.	Self	Exeter	Outside Exeter	Primary Smears			Repeat Smears				
					Neg.	Pos.	Susp.	Neg.	Pos.	Susp.		
-20	—	6	5	1	6	—	—	—	—	—	—	6
20-24	12	27	39	—	39	—	—	4	—	1	—	44
25-34	29	95	120	4	122	—	2	51	—	4	1	179
35-44	36	93	129	—	126	—	3	238	—	14	2	381
45-54	33	72	104	1	102	—	3	208	—	9	7	322
55-64	12	31	43	—	42	—	1	95	—	5	5	143
65+	1	5	6	—	5	—	1	7	—	—	1	13
	123	329	446	6	442	—	10	603	—	33	16	1,088

HOME HELP SERVICE

ORGANISER'S REPORT

Organisation and Staff.

The administrative and clerical staff remained unchanged with the exception of one part-time clerical officer, who was transferred to another section on the 31st March, 1970, owing to certain work being transferred to the computer system.

There were 66 part-time home helps ; during the year there were 18 resignations and 20 new entrants.

All cases are visited in the first instance by the organiser, and routine visits are also made. Such visits for the year numbered 1,876.

Cases helped.

During the year home help was provided for 774 cases, involving 64,715½ hours. No cases were refused.

The average weekly case load was 471.

Table L.

Category	Families helped		Hours worked	
	Part-time		Part-time	
1. (a) Confinement	10	(17)	85	(219)
(b) Ante-natal	7	(4)	117½	(57)
2. (a) Acute illness (Under pension age)*	15	(27)	490	(375½)
(b) Acute illness (Over pension age)	9	(16)	248	(481)
3. (a) Chronic sickness (Under pension age)	49	(56)	6,548½	(7,579½)
(b) Chronic sickness (Over pension age)	429	(399)	36,780½	(35,947½)
4. Old age	234	(234)	20,108½	(20,278½)
5. Tuberculosis	1	(1)	13½	(20½)
6. Others, including M.D.	7	(10)	269½	(414½)
* Pension age : Women = 60 years. Men = 65 years.	761	(764)	64,715½	(65,373½)

Figures in brackets refer to 1969.

Total number of cases helped 774 (772)

Number of cases deferred, and reasons :

(a) no help available at time — (—)

(b) other reasons — (—)

Total of weekly case load for year 24,471 (23,513)

Average weekly case load 471

Summary of Weekly Case Load by Categories

Category	Average case load		Average hours per case	
1 (a)	1	(3)	5½	(7)
(b)	1	(1)	6½	(3)
2 (a)	3½	(3)	2½	(2½)
(b)	2½	(3½)	1½	(2½)
3 (a)	36	(37½)	3½	(3½)
(b)	279½	(262)	2½	(2½)
4	146½	(141½)	2½	(2½)
5	1	(1)	2½	(3)
6	2½	(3½)	2½	(2½)

Number of applications for help withdrawn:

(a) shortage of staff	....	....	....	—	(—)
(b) high charge	....	....	....	2	(1)
(c) other arrangements made	....	....	....	11	(15)
(d) nothing further heard	....	....	....	13	(12)

Number of P/T helps employed 66 (64)

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

1 F/T Clerk.

1 P/T Clerk—terminated 31.3.70.

Number of home visits made by Organiser 1,876 (2,035)

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 12 helpers, averaging 4 hours a week, assisting 14 elderly people. They also provide a chiropody service—one chiropodist having a clinic list of 56 and a home visiting list of 42, 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 80 and a weekly attendance of 30 at the Nichols Centre, and 30 over-60's clubs with an estimated membership of 1,000. They also act as a recruiting and co-ordinating agency for a service of friendly visiting for the elderly in conjunction with the Social Services Department and the Health Department.

MENTAL HEALTH SERVICES

Mental Health Workers.

4,074 visits were made by the mental welfare officers to or on behalf of persons suffering from mental illness; 62% of these being in respect of women patients. 497 visits were also made in respect of the welfare of the mentally handicapped. There were 1,439 interviews at the Nichols Centre. Close support was given by the mental welfare officers to the hostels, training centre and workshops, and also the various social clubs at the Nichols Centre.

Social worker attachments to the psychiatric hospitals and out-patient clinics as well as to St. Thomas Health Centre continued, together with advisory services to such bodies as the Samaritans and the Exeter University Students body. A regular service was also provided at the Royal Devon and Exeter Hospital in respect of patients admitted following attempts at suicide.

Mr. Woolnough, who was previously a trainee mental welfare officer, was formally appointed as a mental welfare officer on completion of his C.S.W. training. Mr. Ferris was subsequently appointed as a trainee. The recruitment of mental welfare officer staff still presents considerable difficulties.

Social Clubs.

These continue as in previous years and are as follows :—

Monday Club (winter months only) is organised by the training centre 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 attended 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. Organised by Mr. Lovell ; the Exeter and District Society for Mentally Handicapped Children actively assist. (50 members.)

Hostels.

The staff under Mr. and Mrs. Johnson are unchanged. There were 12 men and 11 women resident at the end of 1969 ; admissions were 59 (41 men, 18 women) ; there were 58 discharges (39 women, 19 men) and one man died, leaving 23 residents at the end of the year (13 men and 10 women).

There has been a gradual change in the types of hostel admissions. There has been a falling off in the numbers of convalescent mentally ill and an increase in the more chronic type of patient, including the mentally handicapped. This has meant an increase in the more permanent type of resident, many of whom are incapable of employment but who attend the adult training centre instead. There has also been an increase in the proportion of mentally handicapped compared with the number of mentally ill.

Adult Training Centre and Workshops.

There were 151 (80 men, 71 women) at the end of 1969 and 169 (85 men, 84 women) attending at 31st December, 1970. 101 (46 men, 55 women) were mentally handicapped. During the year the training centre was fully occupied with various contract work and there was a further increase in the income from these sources from £11,220 in 1969/70 to £15,000 in 1970/71.

There have been three noteworthy developments :—

In the horticultural section the three extra 100 ft. greenhouses enabled a full cultivation programme in greenhouse work of various types of bedding and indoor plants to cover the whole year. This side of the training centre activity is particularly valuable in that many members of the public come to the centre to buy their plants and see the various activities. The income from this source totalled just over £3,000 during the year.

The women's side of the centre has, probably for the first time, been fully occupied in contract work related to the printing trade, fancy boxmaking and light industrial assembly.

There has been a further expansion of the engineering and metalwork.

Storage difficulties continue but this may be partly resolved when the new store and cutting workshop is completed. Unfortunately, we have been unable to develop social training as much as we would have wished because of the lack of adequate staff. The flat has been decorated, furnished and fully equipped for homecraft training.

There are now approximately 20 men and women whose work record and abilities are such that they are ready for sheltered workshop employment. The personalities of some of these are such that there will be great difficulty in settling them in outside employment or even in sheltered employment in the first instance, away from the centre. Sheltered workshop provision has been planned for 1972/3, and it is hoped that some interim training arrangements might be made for sheltered workshop employment at the Nichols Centre so that they would settle down as a group before being placed in sheltered workshop employment elsewhere.

29 persons (19 men, 10 women) were placed out into employment during the year. This is slightly less than in previous years and reflects the general unemployment situation.

Recreational.

Outings were arranged to Bigbury Bay and to the Theatre at Torquay. Money for these was raised from a jumble sale. The training centre staff ran a social club in their own time during the winter on Monday evenings for those attending the training centre, and play-reading continued during the year culminating in a Nativity play at Christmas, which was also shown to the "Over 60's" Club and to the parents.

Table LI.

Diagnosis of Hostel Admissions and Placing on Discharge in 1970

Diagnosis	In at 31.12.69		Admitted		Discharged to				Residential Employment				Placing				Left without Notice		Remaining at 31.12.70	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Brain Injury	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Depressive States	2	—	5	—	—	—	—	—	3	—	—	—	—	—	—	—	1	—	2*	—
Epilepsy	1	1	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Hysterical Fugue	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Inadequacy	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Psychopathy	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	1	—
Paranoia	1	—	1	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—
Schizophrenia	3	6	8	6	1	2	1	2	1	—	—	—	2	4	—	—	1	—	5	2
Subnormality	2	4	21	11	3	—	12	2	1	—	—	—	2	1	1	3	1	2	3	7
Personality Disorder	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
TOTALS	13	11	41	18	5	3	13	4	5	—	7	3	3	7	—	—	6	2	13	10

* 1 man (depressive) died.

Table LII.
Hostel Admissions and Discharges—Mental Subnormality

In At 31.12.69	Admitted from										Discharged to										Remaining in Hostel at year end	
	M.		W.		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.					
1	1							1	1	—	—	—	—	—	—	—	1	—				
—	—							1	11	—	—	—	—	—	—	—	—	—				
1	2							1	2	—	—	1	—	—	—	—	1	1				
—	1							5	2	1	—	—	2	—	1	—	—	1				
—	—							1	—	—	—	—	—	—	—	—	1	—				
2	4							21	11	3	—	12	3	1	—	2	3	2				

Table LIII.
Hostel Admissions and Discharges—Mental Illness

In At 31.12.69	Admitted from										Discharged to								Remaining in Hostel at year end	
	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.
6	6		2	6	2	3	—	—	—	1	1	1	—	2	—	2	1	4	2	
—	—		1	3	1	—	1	1	—	—	—	—	—	—	—	1	—	1	—	
—	1		—	5	—	1	—	—	—	3	1	—	—	—	—	—	—	1	—	
2	—		4	3	4	—	—	1	—	—	2	—	—	2	—	1	—	—	—	
2	—		—	1	—	—	—	—	—	—	1	—	—	1*	—	—	—	—	—	
10	7		18	7	7	4	1	2	4	4	5	1	—	5*	—	4	1	6	2	
TOTALS																				

* 1 man died.

Table LIV.
MENTAL HEALTH SERVICES.

MENTAL ILLNESS.

AGE DISTRIBUTION OF REALLY NEW ADMISSIONS TO PSYCHIATRIC HOSPITALS IN 1970.

TOTAL	Exeter Residents	Admitted under Mental Health Act, 1959								TOTAL	
		S.5	S.25	S.26	S.29	S.60	S.72	S.135	S.136	Male	Female
8	0—14 years. Male	6	—	—	—	—	—	—	—	6	—
	Female	2	—	—	—	—	—	—	—	—	2
134	15—44 years. Male	41	1	1	7	—	1	1	3	55	—
	Female	70	3	—	6	—	—	—	—	—	79
50	45—64 years. Male	17	—	—	1	1	—	—	—	19	—
	Female	27	1	—	3	—	—	—	—	—	31
91	65+ years. Male	35	2	—	1	—	—	—	—	38	—
	Female	51	2	—	—	—	—	—	—	—	53
283	TOTALS	249	9	1	18	1	1	1	3	118	165

Table LV.

RE-ADMISSIONS.

INTERVAL SINCE PREVIOUS ADMISSION.

Of the 181 admitted in 1970 who had previously been in a psychiatric hospital the periods elapsing since the last discharge were :—

	<i>Patients.</i>				
Under 1 year	93
1 to 2 years	44
2 to 3 years	12
3 to 4 years	12
4 to 5 years	5
5 to 10 years	12
10 to 25 years	3
TOTAL	181

70 patients were admitted twice during the year, 6 were admitted 3 times, 5 were admitted 4 times, and 1 was admitted 5 times.

	<i>Male</i>	<i>Female</i>
Exeter residents in psychiatric hospitals for mentally ill at 31.12.69	134	194
Admissions during 1970	261	408
Discharged out of hospital (including 62 deaths, 25 male, 37 female)	259	395
Remaining in hospital at end of 1970	136	207

TEMPORARY RESIDENTS.

In addition, the mental welfare officers admitted 59 persons (29 men, 30 women) who were only temporarily resident in Exeter.

Table LVI.

MENTAL SUBNORMALITY—ASCERTAINMENT AND COMMUNITY SUPERVISION—
NEW CASES IN 1970.

Referred by	Under 15	Under 15	Over 15	Over 15	Working		Adult Training Centre		Junior Training Centre	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Local Education Authority	1	—	—	—	—	—	1	—	—	—
Informally	7	1	1	1	1	—	—	1	7	1
Local Education Authority (School leavers)	—	—	—	1	—	1	—	—	—	—
Discharged from hospital	—	—	—	—	—	—	—	—	—	—
TOTALS	8	1	1	2	1	1	1	—	7	1
12					12					

Table LVII.

MENTALLY SUBNORMAL—UNDER CARE IN THE COMMUNITY.

Under 16		Over 16		Junior Training Centre		Adult Training Centre		Working		At home		Welfare Centre	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
34	26	—	—	32	22	1	—	—	—	1	4	—	—
—	—	71	73	1	—	41	53	14	10	15	9	—	1
34	26	71	73	33	22	42	53	14	10	16	13	—	1

Table LVIII.

MENTALLY SUBNORMAL—ADMITTED TO HOSPITAL.

	Under 16		Over 16	
	M.	F.	M.	F.
S.5 Mental Health Act, 1959	5	—	4	—
S.26 " " " "	—	—	—	—
S.60 " " " "	—	—	4	—
S. 4 Criminal Justice Act, 1948 (as amended)	—	—	—	—
Circ. 5/52, facilities for temporary (holiday, etc.) care	5	1	—	2
TOTALS	10	1	8	2

Deaths notified during the year : 1 subnormal man, 1 severely subnormal boy, 3 severely subnormal women. The total of subnormal people who were Exeter residents having hospital or community care was 338.

Table LIX.

MENTAL WELFARE OFFICERS' VISITS, ETC. TO THE MENTALLY ILL IN 1970.

	<i>Men</i>	<i>Women</i>	<i>Total</i>
1. Visits and investigations leading to admission to hospital	413	623	1,036
2. Visits involving removal to hospital	115	211	326
3. Visits to relatives, etc. after admission	92	112	204
4. Visits to patients in hospital	228	305	533
5. Aftercare and follow-up visits following discharge	490	793	1,283
6. Visits to patients in the community receiving out-patient treatment, etc.	207	485	692
TOTALS	1,545	2,529	4,074

Table LX.

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

	<i>Men</i>	<i>Women</i>	<i>Total</i>
1. Investigation and advice	19	5	24
2. Visits involving removal to hospital	6	3	9
3. Community care and supervision	134	151	285
4. Visits to patients on leave from hospitals	4	—	4
5. Visits to patients in hospital	120	55	175
TOTALS	283	214	497

ELLEN TINKHAM SCHOOL

REPORT by MISS F. CROOK, N.A.M.H., Head Teacher

Children.

Number of children attending E.T.H. school during 1970 was 63 (32 boys, 31 girls), including 12 children from the Devon County area.

Staff.

The teaching staff includes one head teacher, six teachers, one housewifery teacher (part-time), one woodwork master (part-time).

Ancillary staff consists of two welfare attendants (full-time), one welfare attendant (part-time), two cooks (part-time), one non-resident caretaker, two cleaners (part-time).

Miss Pappin (nursery teacher) was seconded in September, 1970 in order to attend the N.A.M.H. diploma course for one year in Bristol, but we were pleased to welcome Miss Paton back onto the staff, after having done her training in Bristol for two years. She has taken temporary charge of the nursery.

Medical Care and Attention.

The health of the children is supervised by Dr. M. Allen, the school medical officer, who visits once a week (half-day sessions). Speech therapy is given by Mrs. M. Reece (2 sessions a week). Physiotherapy is provided by Mrs. P. Irwin (2 sessions a week). Because of the increase at E.T.H. of physically handicapped children, it is hoped to increase Mrs. Irwin's time by a further 2 sessions; as also Mrs. Reece. Dental and visual examinations are undertaken at regular intervals. A peripatetic teacher for the deaf visits the school once a week.

Classes.

Apart from the already existing nursery, infant, junior, senior and special care classes, there have been added a further two, an intermediate and a housewifery unit. The housewifery unit, which opened in April this year, has proved a great success in developing the children's social needs. Both boys and girls attend this unit, which is completely self-contained, in which the children cater for themselves. They decide at the beginning of the week the menus for the coming week. They then go out into the town, in order to buy their requirements. On returning, they prepare, cook, eat, then clear away. It is hoped to extend the housewifery teacher full time next year, when it will be possible to introduce further activities for this group: sewing, knitting, gardening, etc. The intermediate class—this is a class of a small group of children (various ages) all of whom have the potential for a more formal type of work, e.g. reading, writing and number work, etc.

Swimming.

The heated indoor swimming pool has once again proved a great asset to the school. Most of the senior children are now swimming and have gained first, second and third swimming certificates at the public baths. The pool is used by 95% of the children attending and on occasions there is quite a social atmosphere when parents of the children take them swimming in the evenings and at the week-ends. Also our children have taken part in two sponsored swims this year.

Sports.

A sports day which was held at the Clifton Hill track, Exeter and which was organised by the Devon County Group of Societies for the Mentally Handicapped, was unfortunately cancelled this year due to bad weather. Nevertheless, four of our children were selected to represent Devon at the inter-county sports in Taunton later on in the year and were successful in helping to bring the cup back to Devon.

Open Days.

In December three open days were held in the school, during which the children demonstrated some of their developing skills. It was attended by many members of the health committee, plus about 200 parents and friends. Another open day was held in the summer outdoors; again we were well supported.

Harvest Festival.

The Rev. E. Royle kindly took a Harvest service, which was attended by all the children along with 30 parents and friends.

Students and Visitors.

Exeter University and St. Luke's Teachers' Training College have sent students to visit the centre and students taking the National Association of Mental Health Diploma Course for Teachers at Bristol have been sent to us for their teaching practice training. Once again a continuous contact has been made by inter-changing visits with schools in the City, i.e. Pinhoe Juniors, Whipton Barton Juniors and Beacon Heath.

Outings and Parties.

Parties at Christmas were given to the children by the Mount Pleasant and Heavitree Townswomen's Guilds and the Exeter University Students Society.

Various outings of interest were arranged during the year, i.e. Fire Station/Museum/Exeter Cathedral/Hammetts Dairies/Paignton Zoo/Exmouth Beach/the Cinema, plus many expeditions into the City.

Meetings.

A new venture this year has been to hold evening meetings between parents and teachers. It has proved to be most beneficial to both parties, as they were able to "Thrash Out" in an informal atmosphere many problems appertaining to their children.

As we all know by now, E.T.H. School from April 1st, 1971 will come under the auspices of the Department of Education and Science, to which parents and teachers look forward, as this would seem to be a step in the right direction for our children. Amongst other things they will now go to *school*, as do their brothers and sisters. I would like to take this opportunity on behalf of all my staff to convey our most sincere gratitude to the Local Health Authority and all those concerned for the help and advice given in the past.

APPENDIX I.**FACTORIES ACT, 1961****ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN
RESPECT OF THE YEAR 1970 FOR THE COUNTY BOROUGH COUNCIL
OF EXETER****Prescribed Particulars on the Administration of the
Factories Act, 1961****PART I OF THE ACT****1. INSPECTIONS for purposes of provisions as to health (in-
cluding inspections made by Public Health Inspectors).**

Premises. (1)	Number on Register (2)	Number of Inspec- tions (3)	Number of written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sec- tions 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	19	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	440	7	3	—
(iii) Other premises in which Section 7 is enforced by Local Authority (exclud'g Out-workers' premises)	2	2	—	—
Totals	461	9	3	—

2. Cases in which DEFECTS were found.

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

Particulars.	No. of cases in which defects were found.				No. of cases in which prosecutions were instituted.
	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 temperature (S. 3)	—	—	—	—	—
Inadequate ventilation (S. 4)	—	—	—	—	—
Ineffective drainage of floors (S. 6)	—	—	—	—	—
Sanitary Conveniences (S. 7) :—					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	3	3	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	—	—	—	—	—
Totals	3	3	—	—	—

PART VIII OF THE ACT

Outwork

(Sections 133 and 134)

NATURE OF WORK (1)	No. of out-workers in Aug- ust list required by Section 133 (1) (c) (2)
Wearing apparel (Making etc., Cleaning and Washing)	29
Curtains and furniture hangings	4
Others	4
TOTAL	37

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COST OF HEALTH AND PUBLIC HEALTH SERVICES

The total nett cost of the health and public health services in Exeter for the financial year 1970/71 is estimated to have been £322,295, as against £271,705 (actual) for the previous year. These amounts do not take into account those services which have now been transferred to the Social Services department.

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