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CITY OF EXETER

HEALTH SERVICE

ANNUAL REPORT
1971

CITY OF EXETER

ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH FOR 1971

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HEALTH DEPARTMENT,
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INTRODUCTION

HEALTH DEPARTMENT,
" MORWENSTOW ",
7, BARNFIELD CRESCENT,
EXETER, EX1 1RQ.
Tel. No. 77888.

September, 1972.

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,

Statistics.

There have been no epidemics of infectious diseases during the year.

The number of births during the year dropped by 91 to give a birth rate of 13.7, the lowest birth rate in the City since 1941. With the number of deaths at 1,153 there is still an excess of 142 births over deaths. This gap is narrowing, but in spite of what is said about a " population explosion " an excess of births over deaths is necessary to maintain a healthy community.

The number of infant deaths is down by one but stillbirths have doubled from 11 to 22, making a marked increase in the perinatal mortality rate. With a relatively small number of births one can expect quite considerable fluctuation, but the increase in stillbirths is disturbing. It cannot be attributed to any definite cause. Deaths from cancer make up nearly a quarter of the total with deaths from cancer of the lung remaining high at 57 (1968 at 59 was the highest) and as a preventable disease must cause some concern.

Mental Health.

1971 saw the setting up of a Social Services Department and the responsibility for the Mental Health Services (except for Ellen Tinkham House School) became theirs from 1st April. Exeter was a pioneer in this field and we were able hand over well-developed services with a thriving workshop and gardens in the Nichols Centre (Adult Training Centre) (which also contains 2 hostels and office accommodation).

Ellen Tinkham House School became a special school for the mentally handicapped under the Education Com-

mittee on 1st April. During the last few years extensions have been built and improvements made in the school including a special care unit, extension of nursery accommodation and homecraft and woodwork workshops. As with the Nichols Centre, we were able to hand over a thriving concern.

Day Nurseries and Child Minders.

With the setting up of the Social Services Department they assumed responsibility for the registration and supervision of day nurseries, playgroups and child minders. They also took over the running of the Council's only day nursery in Buddle Lane.

Home Help Service.

The administration of this service also came under the Director of Social Services. As with the other sections passed over the service was running smoothly and had been developed to include a day and night " sitter " service.

Child Health.

The standard of care and the health of the large majority of the children of Exeter is excellent. The original aims of what we called infant welfare clinics (1920) to reduce the infant mortality and to produce a healthy child population have for the most part been accomplished. In my last report I said that we must look closely at the work of our clinics to see if they should be changed to meet the present day needs.

It is difficult to say what we mean by a " healthy child "; it certainly does not mean just the absence of disease. So far attempts to define health have been unsuccessful but the World Health Organisation definition of " a state of physical, mental and emotional well-being " probably come closest. Every child is born with a potential ability but unless he is given the necessary opportunities and stimulation he will not develop his ability to the full. It is in the early years of life that this stimulation is most vital and if he fails to get it then he is likely to be at a disadvantage not only during his school life when he could fail to benefit fully from his educational opportunities but also throughout his life. Certain factors may adversely affect this development; these may be physical, mental or emotional, but it is too often forgotten that social factors in the child's family background may seriously restrict his development. This has been highlighted in the recent report of the National Child Development Study " from Birth to Seven ", based on their study of the 1958 cohort.

The first aim of a child health clinic should therefore be to identify at as early a stage as possible any condition physical, mental, emotional or social, that might prevent the child developing his full potential, to assess its importance and initiate any action possible and necessary to correct

the condition or to minimise its effects. The second aim should be to advise mother on any problems with their child that arise, if possible anticipating problem by discussion and advice during the mother's routine visits to the clinic.

The Committee agreed that from 1st January, 1972 the Child Health Clinics should be geared to carry out development assessment examinations at several stages in the child's early life for which appointments could be sent to the mother. To prepare the staff for this change a 10-session course in child development was arranged in the Post Graduate Medical Centre in the Autumn, at which we were joined by a number of our colleagues in general practice.

Cervical Carcinoma.

It is possible by a simple screening test to detect early cancerous changes in the cells lining the uterine cervix and to treat the condition before the stage of invasive carcinoma. Having found these cell changes we cannot then conduct a controlled trial to find out in how many of these women the condition could in fact proceed to an invasive stage. Because of this uncertainty of the progress of these early cell changes and the fact that in areas where cervical screening has been going on for some time, there has been no significant fall in the death rate from cervical carcinoma has led to some people doubting the value of such screening. Although statistics cannot be produced so far to prove conclusively the value of the test, the evidence against it is also inconclusive and I consider that the policy of offering cervical screening in local authority clinics, in hospitals and by family doctors must be pursued. The Department of Health recommend that the screening should be concentrated on women over 35 years of age. In our clinics I have encouraged women of any age to attend. Looking at the results during the years since the clinic started, 34 out of 6,384 women between the ages of 35–55 have had proven carcinoma (0.5%), while 13 out of 359 women between 25–34 years of age have had proven carcinoma (3.0%). This much larger proportion of younger women found to have cancerous changes is statistically significant ($X^2=36$) and shows that more importance must be attached to the screening of young women.

Carcinoma of cervix for various reasons is more prevalent in women in social classes 4 and 5, but an analysis of the women attending our clinics shows that whereas 28% of those attending are in social classes 1 and 2 only 13% are in social classes 4 and 5. This is even more important when one takes into account the fact that there are many more women in social classes 4 and 5 than in 1 and 2. It is essential therefore that every effort is made to make this group of women at highest risk aware of the availability

and importance of cervical screening. This being implemented in two ways, the Health Education Officer is giving talks to groups of women in factories, offices and shops and when numbers justify it cervical screening sessions are arranged in the business premises concerned; if not, the women are invited to one of our clinics. This is proving very successful and it usually enables us to reach more women in the high risk groups. The Health Visitor and Midwives are talking individually to all women when they visit the homes trying to persuade them to attend one of our clinics or their own family doctor. As it is very difficult to get many to go along to clinics, we are at present training two nurses in taking cervical smears so that it will be possible for them to go into the homes of those reluctant to attend the clinic to take the smear there.

Venereal Disease.

After a fall in the incidence of gonorhhoea last year the upward trend has continued with 57 new cases. From 1946, when there were 56 cases of gonorrhoea and 53 of primary syphilis, there was a steady fall in the incidence of new cases of both diseases. With syphilis the fall has continued and there have been no new cases during the last four years. With gonorrhoea, however, the incidence dropped until in 1953 there was only one case, but since then there has been a rising curve of case incidence. The number of cases last year in Exeter was not large; in fact, in 1936 there were more cases, but the rise reflects a pattern occurring throughout the country and the greatest incidence is in young people.

There are probably several factors involved in this rise. In the early post war years the introduction of penicillin allowed for the rapid cure of the disease. However, as time has passed the organism has built up a resistance to anti-biotics and so treatment has become less effective. Promiscuity must be a factor in the spread of venereal disease and this leads to the difficulty in tracing contacts, as the disease is most often acquired from a casual acquaintance. The third factor is ignorance—gonorrhoea is an infectious disease spread by contact, but there is a reluctance to talk about it or to allow for health education programmes about it. Yet until the subject can be brought to the surface and discussed freely, it is likely that the incidence will continue to rise.

Staff.

Mr. F. G. Davies retired as Chief Public Health Inspector in November after 25½ years with the Council. I will certainly miss him and I am sure the Committee will miss his wise advice. He has been succeeded by Mr. W. H. Bassett, who came from Stoke-on-Trent and will be a worthy successor.

We were also pleased to welcome Dr. Dorothy Cullen, who joined the staff in March as Deputy Medical Officer of Health.

I would like to express my thanks to Mrs. Wing, the Chairman, and to members of the Health Committee, for the support and help they have given me during the year and also to the professional and clerical staff of the department who have helped me so much in maintaining an efficient and progressive department.

G. P. McLAUCHLAN,

Medical Officer of Health.

COMMITTEE AND STAFF

CITY AND COUNTY OF THE CITY OF EXETER

The Mayor—

COUNCILLOR H. S. SARGENT.

HEALTH COMMITTEE

at Dec. 31st, 1971

Chairman—

COUNCILLOR MRS. A. WING.

Deputy Chairman—

ALDERMAN H. T. HOWE.

Councillor P. F. H. BLISS.
Councillor G. E. H. HARDING.
Alderman W. J. HARRISON.
Councillor R. J. HILL.
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 J. WALKER.

Co-opted Members—

Dr. M. E. M. COOK.
Mr. B. A. FOSTER.
Mrs. A. T. SOPER.
Mrs. A. ROBB.

Town Clerk—

A. E. BENNETT, ESQ.

STAFF AT 31st DECEMBER, 1971

Medical Officer of Health and Principal School Medical Officer.
GEORGE P. MCLAUCHLAN, M.B., CH.B. (Ed.), D.P.H., D.C.H., M.F.C.M.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer.
DOROTHY CULLEN, M.B., B.S. (Lond.), L.R.C.P., M.R.C.S., D.P.H., M.F.C.M.
(*also Medical Supervisor of Midwives*).

Senior Medical Officers.
MARY ALLEN, M.B., CH.B., B.A.O. (Belfast), D.OBST.R.C.O.G., D.P.H., M.F.C.M.
CHRISTOPHER P. HALLETT, M.B., CH.B. (Bristol), D.P.H., M.F.C.M.

Departmental Medical Officer.
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.,

and staff of 3 Dental Officers.

Chief Public Health Inspector and Officer under the Food and Drugs Act, etc.

W. H. BASSETT, D.M.A., M.A.P.H.I., M.R.S.H.

Deputy Chief Public Health Inspector.

DENNIS MAYNARD, F.A.P.H.I., M.R.S.H.,

and staff of 7 Public Health Inspectors; 2 Pupil Public Health Inspectors; 3 Authorised Meat Inspectors and 1 Technical Assistant.

Public Analyst.

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

Director of Nursing Services.

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

Nursing Officer (Health Visiting).

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

Nursing Officer (Midwifery).

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

Nursing Officer (Home Nursing).

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

and staff of the Community Nursing Services consisting of

Health Visitors 16.
Student Health Visitor 1.
Training Officer, Home Nursing 1.
District Midwives 2.
District Nurses S.R.N., 22.
Nursing Auxiliaries 2.
Nurses, St. Thomas Health Centre 2.
T.B. Health Visitor 1.
Health Nurses 3.
Approved Teaching District Midwives 4.
District Nurse Midwives 3.
District Nurses S.E.N., 8.
Pupil Midwives 14.

Health Education Officer.

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

Chief Chiropodist.

G. A. PARTRIDGE, M.CH.S., S.R.CH.,

and staff of 4 Senior Chiropodists, 1 part-time Chiropodist and 2 whole-time and 2 part-time Clerk/Receptionists.

Ambulance Officer.

P. J. Mann.

Station Officer.
A. R. Welland.

Assistant Station Officer.
G. R. Baker.

and staff of 5 Shift Leaders; 5 Leading Ambulancemen; 15 ambulancemen and 2 Trainee Ambulancemen.

Chief Administrative Assistant.

R. W. Stiles.

Senior Administrative Assistant.

A. R. Gossington.

Administrative Assistants.

R. M. Alford. J. Berry.

D. Huish.

Section Heads.

Maternity and Child Health—Mrs. C. I. Pim.

Vaccination and Immunisation—Mr. L. Voysey.

Community Nursing—Miss P. Eves-Down.

Clerks—Full-time 20.
Part-time 7.

STATISTICAL INFORMATION

VITAL STATISTICS

CENSUS, 1971

BIRTHS AND DEATHS

GENERAL STATISTICS

Area in acres	11,037
Population (1971 Census)	95,585
Population (Estimated Civilian) Mid-year 1971	93,800
Rateable Value (as at 1/4/71)	£5,863,247
Sum represented by a penny Rate	£23,473
Dwellings (as at 1/4/71)	approx. 30,916

VITAL STATISTICS

The information given here relating to Births and Deaths is supplied by the Registrar General.

	Exeter.	*England and Wales.*
Live Births:		
Number	1,295	
Rate per 1,000 population—Crude 13.8, adjusted	13.7	16.0
Illegitimate Live Births, per cent of Total Live Births	9.1	8
Stillbirths:		
Number	22	
Rate per 1,000 Live and Stillbirths	17.0	12.0
Total Live and Stillbirths	1,317	
Infant Deaths (deaths under 1 year):		
Number	21	
Rate per 1,000 live births	16.2	18.0
Neonatal Deaths (deaths under 4 weeks):		
Number	12	
Rate per 1 000 live births	9.3	12.0
Early Neonatal Deaths (deaths under 1 week):		
Number	10	
Rate per 1 000 live births	7.7	10.0
Perinatal Mortality Rate (Stillbirths and deaths under 1 week combined) per 1,000 live and stillbirths	24.3	22.2
Maternal Mortality (including abortion):		
Number of Deaths	—	
Rate per 1,000 live and stillbirths	—	
Deaths (all ages):		
Number	1,153	
Rate per 1,000 population—Crude 12.3, adjusted	10.45	11.6

Area comparability factor: Births 0.99; Deaths 0.85.

Table I.

VITAL STATISTICS — 1900-1971

Year	Estimated Mid-Year Population	Live Births	Birth Rate ("adjusted" since 1954)	Deaths	Death Rate "adjusted" from 1924)	Stillbirths	Stillbirth Rate	Infant Deaths	Infant Death Rate per 1,000 Live Births	Neo-natal Deaths No.	Neo-natal Deaths Rate	Maternal D No.	Maternal D R
1900	(a)47,650	831	21.9	731	18.0								
1901	47.000	1,084	23.1	830	16.4			114	138				
1902	47,185	1,021	21.3	834	16.5			164	152				
1903	47,185	1,071	22.6	775	15.3			170	167				
1904	47,600	1,115	23.4	828	17.4			141	131				
1905	47,800	1,060	22.4	723	15.5			185	166				
1906	48,000	1,036	21.7	708	14.7			132	122				
1907	48,200	1,057	21.9	823	17.0			134	127				
1908	48,200	1,131	23.4	804	16.6			142	134				
1909	48,500	1,115	23.0	762	15.7			143	126				
1910	48,700	1,003	20.6	746	13.0			113	101				
1911	48,700	976	19.8	797	15.0			97	97				
1912	48,700	1,010	20.6	753	13.0			120	124				
1913	49,000	956	19.4	847	14.0			96	95				
1914	(b)60,317	1,193	19.7	900	13.0			95	100				
1915			18.0		14.0			101	85				
1916	Not	Not	17.0	Not	15.0				87				
1917	Published	Published	15.0	Published	15.0			Not	87				
1918			15.0		16.0			Published	78				
1919	61,475	1,531	15.0	807	12.0				61				
1920	62,332	1,400	22.4	739	11.0			71	79				
1921	59,500	1,061	19.0	765	12.0			94	67				
1922	59,700	1,015	17.0	871	13.0			108	96				
1923	60,260	1,021	17.0	733	11.0	34	57	70	67				
1924	60,160	1,010	17.0	779	12.0	58	56	62	61				
1925	60,410	1,101	16.0	872	11.0	55	56	60	59				
1926	60,990	1,006	16.0	792	11.0	44	52	73	74	31	28	5	4.8
1927	61,220	1,083	16.0	752	10.0	41	58	69	68	28	28	3	2.8
1928	62,030	956	15.0	773	10.0	42	59	57	60	28	26	5	5.1
1929	61,880	1,141	16.0	863	12.0	48	61	66	69	23	24	4	3.9
1930	61,880	944	15.0	759	10.0	41	52	52	53	25	23	3	3.1
1931	64,780	934	14.0	862	10.8	36	38	47	50	21	22	5	4.2
1932	66,200	950	14.0	798	9.8	45	46	53	57	30	32	Nil	Nil
1933	67,300	940	13.9	885	10.7	42	44	51	54	35	37	3	3.0
1934	67,800	1,021	15.0	785	10.0	36	38	45	48	23	24	3	3.1
1935	68,300	982	14.3	815	10.3	42	39	57	56	27	26	3	2.8
1936	68,650	915	13.3	890	11.3	41	40	33	34	25	25	1	0.9
1937	69,240	980	14.1	885	11.1	42	44	57	62	29	32	2	2.1
1938	69,160	1,010	14.6	888	11.1	41	40	55	56	34	35	1	0.9
1939	69,890	936	13.4	908	11.1	48	46	57	56	32	32	1	0.9
1940	(c)73,830	1,012	13.7	1,083	11.1	37	38	40	42	24	26	3	3.1
	(d)79,460				13.3	37	35	41	40	26	26	2	1.8
1941	(d)81,430	1,027	12.8	Not	13.4	35	32.9	79	68	42	41	5	4.1
1942	73,800	1,065	14.4	Published	15.8	31	29.2	53	50	32	30	3	2.7
1943	68,520	1,051	14.3		13.4	35	32.2	51	49	35	33	3	2.8
1944	68,180	1,334	19.6		13.7	36	26.3	59	44	32	24	8	5.8
1945	69,070	1,246	18.1		13.8	29	23.3	70	56	33	27	4	3.1
1946	72,910	1,444	19.8	930	12.7	42	28.3	70	49	45	31	4	2.7
1947	74,160	1,428	19.2	994	13.4	34	23.2	82	57	47	33	4	2.7
1948	75,150	1,316	17.5	807	10.7	42	30.9	24	18	15	11	2	1.5
1949	76,590	1,192	15.6	993	11.7	31	25.3	30	25	25	21	1	0.8
1950	77,260	1,130	14.6	938	10.9	22	19.1	36	32	28	25	1	0.8
1951	76,200	1,098	14.4	1,060	12.5	33	29.1	33	30	24	23	0	0
1952	76,600	1,101	14.4	922	10.8	27	23.9	24	22	18	16	1	0.9
1953	76,700	1,152	15.0	,016	11.8	20	17.0	48	42	36	31	0	0
1954	76,900	1,102	14.5	990	11.1	41	35.0	29	26	17	15	0	0
1955	77,100	1,115	14.6	956	10.6	26	22.8	19	17	12	11	1	0.9
1956	77,000	1,080	14.2	,021	11.9	20	18.2	32	30	22	20	0	0
1957	76,900	1,171	15.2	913	10.4	24	20.1	21	18	19	16	0	0
1958	76,900	1,163	15.3	1,046	11.8	23	19.4	20	17	18	15	1	0.8
1959	77,400	1,133	14.7	1,029	11.1	35	29.9	18	15.8	18	12.3	2	1.7
1960	77,450	1,162	15.2	1,001	11.0	22	18.6	17	14.6	13	11.2	0	0
1961	78,570	1,206	15.5	1,031	10.9	28	22.7	29	24.0	24	19.9	2	1.6
1962	78,950	1,221	15.6	1,027	10.9	27	21.6	25	20.5	18	14.7	1	0.8
1963	79,690	1,324	16.4	1,112	11.9	18	13.4	21	15.9	13	9.8	0	0
1964	81,810	1,275	15.4	1,008	10.5	21	16.2	16	12.5	15	11.7	1	0.8
1965	82,370	1,374	16.5	993	10.4	27	19.3	18	13.1	14	10.2	1	0.7
1966	(e)92,360	1,401	15.4	1,137	11.0	13	9.2	24	17.1	13	9.3	1	0.7
1967	92,550	1,475	15.7	981	9.0	16	10.7	19	12.9	13	8.8	0	0
1968	93,010	1,468	15.6	1,185	10.9	21	14.1	14	9.5	9	6.1	0	0
1969	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	1,202	11.0	11	7.9	22	15.9	15	10.8	0	0
1971	93,800	1,295	13.7	1,153	10.45	22	17.0	21	16.2	12	9.3	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.

The advance analysis, which may differ slightly from the final analysis, has been received in the department.

The census, which took place in April, 1971, shows the population of the City to be 95,585, comprising 45,650 males and 49,935 females, a ratio of 91 males per 100 females. 1 in 5 of the total population were born in 1910 or earlier; 1 in 11 were born in 1900 or earlier.

Of the male population, some 17% (7,665) were born in 1910 or earlier and 6.5% (2,975) in 1900 or earlier; females far outnumber the males in these age groups 23% (11,630) being born in 1910 or earlier and 11.7% (5,820) in 1900 or earlier.

It is interesting to note that of the 19,295 persons born in 1910 or earlier, 8,500 (44%) are single/widowed or divorced and 60% of those born in 1900 or earlier are likewise situated. Single women far outnumber single men in both these age groups.

The proportion of these who have attained senior citizenship or who will soon reach this milestone in the City is high and it is evident that the domiciliary and other services necessary to care for their well-being will need to be maintained and indeed increased if their future is to be safeguarded.

BIRTHS

During 1971, there were 2,551 live births and 42 stillbirths which took place in the City. There were also 9 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	118	—	3	—	121	—
Hospitals	1,170	22	1,237	20	2,407	42
Mother and Baby Homes	1	—	20	—	21	—
H.M. Prison	—	—	1	—	1	—
Ambulance	—	—	1	—	1	—
Totals	1,289	22	1,262	20	2,551	42

" Transfers-in " of Births :

Domiciliary	–
Hospital	9
Nursing Homes	–
Mother and Baby Homes	–

9—all live born and all notified by the Registrar General.

There were, therefore, a total of 1,320 babies, including 22 stillbirths and 9 twins born to Exeter mothers in 1971. 118 (9%) took place at home, and 1,202 (91%) in hospital, etc.

The Registrar General's return to us for the purposes of this annual report gives the number of births to Exeter mothers *occurring* during 1971 as 1,317, including 22 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 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	%
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
1971	1,295	118	9.1	783,165	65,674	8.3

Table IV.

Live Birth Rate

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

Year	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Live Birth Rate : England and Wales	17.9	18.1	18.4	18.0	17.7	17.2	16.9	16.3	16.0	16.0
Live Birth Rate : Exeter : (crude)	15.5	16.5	15.6	16.7	15.6	15.9	15.8	14.2	14.8	13.8
(corrected)†	15.6	16.4	15.4	16.5	15.4	15.7	15.6	14.1	14.7	13.7
Illegits. as percentage of total live births : Exeter	7.9	6.9	8.8	7.5	8.2	10.6	9.0	8.9	8.6	9.1
England and Wales	6.6	6.9	7.2	7.7	7.8	8.4	8.5	8.4	8.2	8.3

†Corrected by the R. G.'s comparability factor (0.99 in 1971).

Table V.

"PREMATURE" LIVE AND STILLBIRTHS, 1971.

Notified Premature Stillbirths			Premature Live Births																			
			Weight		Born at		Survivors at end of 1971	Deaths during 1971—Age at death.				Believed cause of Prematurity.										
Born in Mowbray	Born at home	Born in R.D. & E.H.	From Grams	Up to and inclg. Grams	Home	Hospital		Under 1 day	Over 1 day, under 1 week	Over 1 week, under 4 weeks	Over 4 weeks	Toxaemia	Twins	Urinary Tract Infection	Previous termination of Pregnancy	Premature rupture of Membranes	Small for Dates	A.P.H.	Congenital Abnormality	Caesarian Section for Disproportion	Caesarian Sect. for Falling Oestrogens	Not known
—	—	2	—	1,000	—	5	1	2	1	—	1	—	—	—	—	—	1	1	—	—	—	3
—	—	5	1,001	1,500	—	7	5	—	2	—	—	2	—	—	1	—	—	2	2	—	—	—
—	—	2	1,501	2,000	—	19	19	—	—	—	—	3	2	—	—	1	7	1	—	1	—	3
—	—	2	2,001	2,250	1	16	16	1	—	—	—	2	4	—	—	1	4	—	2	—	1	4
—	—	2	2,251	2,500	1	41	41	1	—	—	—	11	2	1	—	1	13	—	2	1	—	11
—	—	13	Totals		2	88	82	4	3	—	1	18	8	1	1	3	25	4	6	2	1	21
					90			90				90										

Table VI.

STILLBIRTHS, 1971

Consecutive Number	Sex	Legitimate or Illegitimate	Weight Grammes	Cause	Age of Mother	Social Classification
1	F	L	4,763	Postmature, but dates uncertain	33	3
2	F	L	3,019	Not known	30	3
3	M	L	0,624	Congenital Abnormalities (Anencephalic, Exomphalos, Talipes)	24	3
4	F	L	1,446	Abnormal Uterus; A.P.H.	22	U/C
5	F	L	2,835	17 days Postmature; Toxaemia	19	4
6	F	L	0,936	Congenital Abnormality (Hydrocephalic)	24	3
7	F	L	1,361	Congenital Abnormality (Anencephalic)	22	3
8	M	L	2,041	Not known	24	3
9	F	L	1,587	Congenital Abnormality (Anencephalic)	21	3
10	M	L	Not Weighed	Not known	31	3
11	F	L	5,840	Probably Post-Mature (Gravida 13)	40	3
12	M	L	1,134	Congenital Abnormality (Anencephalic)	21	U/C
13	M	L	2,208	Post-Mature	22	3
14	F	L	2,353	A.P.H.	42	3
15	F	I	1,247	A.P.H. (no Ante-Natal Care)	19	U/C
16	M	L	2,949	Congenital Abnormality (Hydrocephalic)	25	5
17	F	L	1,930	Congenital Abnormality (Anencephalic)	23	4
18	M	L	2,495	A.P.H.	22	4
19	F	L	1,446	A.P.H.	27	3
20	M	L	3,941	Not known	35	3
21	M	L	2,977	Toxaemia	19	3
22	M	L	2,665	Toxaemia	23	2
	10 M	1 I				
	12 F	21 L				
	22					

DEATHS

Deaths in the City of Exeter of persons normally residing outside the area, are not generally assigned to Exeter unless death occurs after six months' stay in one of the hospital units regarded by the Registrar General as long-stay units. This rule does not apply, however, to Scottish residents nor to those who arrived in this area from overseas shortly prior to their death; such deaths are assigned to the area in which they occur. (Note: this practice is being discontinued from 1972 onwards.)

There were 1,153 deaths registered in 1971 compared with 1,202 in 1970. The main causes are shown in Table VII supplied by the Registrar General.

Deaths due to motor vehicle accidents show a welcome reduction as do deaths from other accidents but cancer deaths accounted for nearly a quarter of the total for the year and, at 270, is the highest number of deaths from cancer ever recorded in a single year. Deaths from cancer of the lung at 57 is the second highest number ever recorded (59 in 1968). The health educator has a seemingly thankless task in trying to dissuade heavy smokers from killing themselves and I am constantly reminded that my colleagues throughout the country share my views on this dangerous habit.

Some two-fifths of the total deaths were caused by arterio-sclerotic diseases (heart and central nervous system) or nearly half the total deaths if chronic rheumatic heart disease and other forms of heart disease are included. Ten years ago the ratio was just under 1 in 3. It is perhaps ironic that whilst many of the diseases so fatal in yesteryear have been conquered, improved standards of living have probably brought about such an increase in deaths from coronary thrombosis and allied causes.

Table VII.

Distribution of Deaths by Age and Cause.

Registrar General's Figures 1971.

	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 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.	1971	
B.5	Respiratory tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	—	2	1	3	1
B.6 (1)	Late effects of respiratory tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1	1	2	3	1
B.10	Scarlet fever	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—
B.11	Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
B.18	All other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	5
B.19 (1)	Malignant neoplasm—buccal cavity, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1	—	—	2	1	3	3
B.19 (2)	,, ,, oesophagus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	1	1	1	2	4	4	8	11
B.19 (3)	,, ,, stomach	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	6	2	8	6	3	9	22	17	39	31
B.19 (4)	,, ,, intestine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	4	2	2	7	6	10	12	21	33	28
B.19 (5)	,, ,, larynx	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	2
B.19 (6)	,, ,, lung, bronchus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	15	5	19	4	6	4	42	15	57	49
B.19 (7)	,, ,, breast	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	3	—	11	—	7	—	11	—	34	34	25
B.19 (8)	,, ,, uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	—	—	—	1	—	3	—	8	8	8
B.19 (9)	,, ,, prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	4	—	6	—	6	7
B.19 (10)	,, ,, leukaemia	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	2	1	2	3	5	8	6
B.19 (11)	Other malignant neoplasms	—	—	—	—	—	1	—	—	—	1	1	—	2	—	3	7	10	5	12	12	4	15	32	41	73	56
B.20	Benign and unspecified neoplasms	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	2	2	4
B.21	Diabetes mellitus	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	5	—	1	1	7	8	11
B.22	Avitaminoses, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2	1
B.46 (1)	Other endocrine, etc. diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	2	2
B.23	Anaemias	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	2	6
B.46 (2)	Other diseases of blood, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—
B.46 (3)	Mental disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	2	—
B.24	Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
B.46 (4)	Multiple Sclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6
B.46 (5)	Other diseases of nervous system, etc.	—	—	1	—	—	—	2	—	—	—	—	—	—	1	—	—	—	1	1	2	1	7	5	11	16	6
B.26	Chronic rheumatic heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	4	2	2	2	6	5	14	19	8
B.27	Hypertensive disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	4	2	4	12	9	15	24	19
B.28	Ischaemic heart disease	—	—	—	—	—	—	—	—	—	—	—	—	4	—	10	1	51	8	47	33	67	74	179	116	295	313
B.29	Other forms of heart disease	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	3	4	4	16	27	23	34	57	68

Table VII.—*continued.*

	Cause of Death	Under 4 weeks		4 weeks & under 1 year		1—4		5—14		15—24		25—34		35—44		45—54		55—64		65—74		75 and Over		Total		Grand Total	1970 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.	1971	
B.30	Cerebrovascular disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	10	5	15	18	27	74	54	99	153	131
B.46 (6)	Other diseases of circulatory system	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	4	3	11	26	17	30	47	57
B.31	Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	31
B.32	Pneumonia	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	7	26	31	38	38	76	121
B.33 (1)	Bronchitis and emphysema	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	5	1	10	4	13	5	30	11	41	42
B.33 (2)	Asthma	—	—	—	—	—	1	—	—	1	—	1	1	—	—	—	—	—	1	1	—	1	—	4	3	7	9
B 46 (7)	Other diseases of respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	2	2	2	4	5	9	8
B.34	Peptic ulcer	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	2	3	5	4	9	4
B.35	Appendicitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	2	1
B.36	Intestinal obstruction and hernia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	1	2	3	3	6	5
B.37	Cirrhosis of liver	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1	2	1	3	2
B.46 (8)	Other diseases of digestive system	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	3	—	2	—	5	1	11	12	14
B.38	Nephritis and nephrosis	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	2	—	—	—	—	2	2	4	2
B.39	Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	2	1
B.46 (9)	Other diseases, genito-urinary system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	—	2	2	4	3	7	8
B.46 (10)	Diseases of skin, subcutaneous tissue	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	1
B.46 (11)	Diseases of musculo-skeletal system	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	2	2	—	—	3	4	7	5
B.42	Congenital anomalies	3	—	2	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	7	—	7	12
B.43	Birth injury, difficult labour, etc.	4	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	3	7	7
B.44	Other causes of perinatal mortality	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	3
B.45	Symptoms and ill-defined conditions	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	2	—
B.47	Motor vehicle accidents	—	—	—	—	1	—	—	1	—	1	1	1	1	—	—	—	2	1	1	2	—	1	6	7	13	17
B.48	All other accidents	—	—	1	—	1	—	2	—	2	1	1	—	—	—	—	—	1	—	1	—	5	6	14	7	21	33
B.49	Suicide and self-inflicted injuries	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	1	—	1	—	—	—	2	2	5	7	6
B.50	All other external causes	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1	3
	Totals	8	4	8	1	5	2	4	1	3	4	5	4	13	7	31	30	116	60	155	131	208	353	556	597	1,153	1,202

MORTALITY IN CHILD-BEARING AND INFANCY.

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

Table VIII.

MORTALITY IN CHILD-BEARING AND INFANCY IN EXETER
1947 — 1971.

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*
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	21
1970	—	—	1,386	11	14.7	7.9	15	7	15.9	26	18	
1971	—	—	1,295	22	13.7	17.0	12	9	16.2	34	24	

*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 1971.

Table IX.

INFANT DEATHS IN 1971

Consecutive Number	Sex	Legitimate or Illegitimate	Birth Weight in Grammes	Age at Death	Cause of Death	Previous Pregnancies*	Age of Mother	Social Classification
1	F	L	1,318	24 days	Intestinal Obstruction	2 M., 1 S./B., 3 L./B.	24	U/C
2	M	I	4,082	7 weeks	Interstitial Pneumonia	—	24	U/C
3	M	L	3,034	11 weeks	Hydrocephalus, Meningomyelocele	—	21	4
4	M	L	3,470	35 hours	Cerebral Anoxia, Accidental Haemorrhage	4 L./B.	25	3
5	M	L	0,655	14 hours	Anoxia, Resp. Distress, Immaturity	—	19	U/C
6	M	L	4,690	5 days	Hydrocephalus, Meningomyelocele	—	21	3
7	F	L	1,356	2 days	Respiratory Distress, Immaturity	1 L./B.	30	4
8	M	L	3,374	7 days	Congestive Cardiac Failure, Congenital Heart Disease	1 L./B.	24	3
9	M	L	3,175	4 months	Asphyxia, Broncho-Pneumonia	1 M.	21	3
10	M	L	3,856	10 months	Ac. Myeloid Leukaemia, Pneumococcal Meningitis	2 L./B.	32	3
11	F	L	3,572	1 day	Asphyxia, Aspiration of Gastric Contents	—	23	U/C
12	M	L	1,347	1 day	Respiratory Distress, Prematurity	—	19	4
13	M	L	2,030	30 minutes	Anoxia, Failure of Lungs to expand, Multiple Congenital Abnormalities	—	20	5
14	M	L	4,338	2 months	Asphyxia, Aspiration Pneumonia, Suppurative Otitis Media	1 L./B.	26	3
15	F	L	0,900	7 weeks	Respiratory Distress Syndrome, Atelectasis of Lungs, Prematurity	1 M.	16	4
16	M	L	0,700	10 hours	Asphyxia Neonatorum, Prematurity	4 L./B.	28	3
17	F	L	0,600	1 day	Prematurity	2 L./B.	25	4
18	M	L	2,637	5 months	Sev. Broncho-Pneumonia, Hyperlipidaemia	1 L./B.	20	3
19	M	L	2,779	4 months	Broncho-Pneumonia, Mental Retardation, Multiple Congenital Abnormalities	1 L./B.	23	3
20	M	L	Not Weighed	8 hours	Pulmonary Atelectasis, Congenital Heart Disease	—	23	4
21	M	L	2,863	6 weeks	Asphyxia—Death due to Misadventure	2 L./B.	23	5
Totals	5 F 16 M	1 I 20 L	− 2,500 8 2,500 + 12 unweighed 1					
Grand Totals	21	21	21					

Total Infant Deaths per 1,000, Total Live Births = 16.2.
Legitimate Infant Deaths per 1,000 Legitimate Live Births = 17.0
Illegitimate Infant Deaths per 1,000 Illegitimate Live Births = 8.5.

* M = Miscarriage. S./B. = Stillbirth.
L./B. = Live Birth.

ENVIRONMENTAL HEALTH

ANNUAL REPORT

OF THE

CHIEF PUBLIC HEALTH INSPECTOR

(W. H. Bassett, D.M.A., M.A.P.H.I., M.R.S.H.)

PART I

General Comment

Introduction

It is with great pleasure that I present my first Annual Report as Chief Public Health Inspector for the City, although, since my appointment was only effective from 1st November, 1971, the majority of the work during the year was carried out under the direction of my predecessor, Mr. F. G. Davies. Mr. Davies was, of course, Exeter's Chief Public Health Inspector for 25 years and is a man very much respected both inside and outside our profession. It is an honour and a challenge to succeed him.

It is apparent that a shortage of staff hampered the work of the department during 1971 and a further two inspectors resigned. Although two appointments were made, at the end of the year there was still one vacancy and considerable difficulty was experienced in filling this post. At the time of writing, however, this position has been suitably filled and with a full establishment for the first time in some years, I hope that we can now progress and make satisfactory improvements into aspects of environmental health such as food hygiene, occupational health, safety and welfare and houses in multiple occupation, where, as previous reports have indicated, the frequency of inspection has fallen below that considered to be necessary.

PART II

Housing

(a) Housing Act, 1957, Sections 16 and 18

20 dwellings (including 2 basements) were reported to the Housing Committee as being unfit for human habitation, and not repairable at a reasonable expense. They were dealt with in the following manner:—

Closing Orders made	13
Undertakings not to re-let accepted	7
Total	20

Four Closing Orders were determined and 4 Undertakings were cancelled during the year, the houses having been rendered fit.

(b) Formal Notices

One dwelling was rendered fit by the owner during the year following the service of formal notice under Section 9(1) of the Housing Act, 1957.

(c) Informal Notices

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

(d) Improvement Grants

		Total No. Approved.	*Total Grant Paid.*
			£
1.	Discretionary	212	62,085
2.	Standard	17	1,316
3.	Special	—	—

(e) Housing Act, 1969—Part III

Rent of dwellings in good repair and provided with standard amenities:—

1.	Section 45 *Qualification Certificates*	
	Applications received	22
	Applications granted	7
	Applications refused	12
2.	Section 46 *Certificates of Provisional Approval*	
	Applications received	21
	Applications granted	13
	Applications refused	1

(f) Houses in Multiple Occupation

It was not found possible to embark upon the systematic inspection of houses in multiple occupation because of shortage of staff. It is anticipated that the position will improve and the survey will commence early in 1972.

The multiple occupation of houses, particularly by families, with the associated sharing of essential facilities like baths, water closets and water supplies, must surely be one of the most unsatisfactory aspects of Exeter's housing position. It is hoped that during 1972 we can begin to take steps which will improve the lot of tenants in this type of property.

(g) Overcrowding

(a)	(i)	Number of dwellings known to be overcrowded at the end of year	2
	(ii)	Number of families dwelling therein	3
	(iii)	Number of persons dwelling therein	16
(b)		Number of new cases reported during the year	3
(c)	(i)	Number of cases of overcrowding relieved	4
	(ii)	Number of persons concerned in such cases	25

(h) Common Lodging Houses

There are no registered common lodging houses in the City.

PART III

Atmospheric Pollution

(a) Smoke Control Areas

In June the City Council approved the making of an Order in the Barton area and this was submitted to the Department of the Environment later in the year. It is intended that this Order should come into operation on the 1st July, 1975. At the end of the year the Hamlin Gardens Order was still awaiting confirmation, but it is anticipated that both the Hamlin Gardens and Barton Orders will be confirmed early in 1972. By the time these Orders are operative, approximately 5,686 out of 10,952 acres of the City involving 13,004 houses will be covered by Smoke Control Orders.

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

(b) Clean Air Act, 1956, Section 3—Furnaces

Notifications received	26
Applications for prior approval	26
Number of cases in which alterations were required	Nil
Number of applications granted	26

(c) Clean Air Act, 1968, Section 6—Chimney Heights

Number of applications	26
Number of cases in which alterations were required	3
Number approved	26

PART IV

Noise

During 1971, 399 visits were made in respect of 41 alleged nuisances arising from noise. 36 of the complaints investigated were confirmed as nuisances and they fell into the following categories:—Industrial 11; Commercial 17; Domestic 8. With the exception of three which are still receiving attention, all the confirmed nuisances have been remedied.

As in past years, the causes of complaint were varied. Most of the Industrial and Commercial nuisances were caused by motor vehicles and machinery and the majority of domestic nuisances concerned noise from animals and music. Noise from pneumatic drills has been reduced by the fitting of mufflers, but it is still occasionally necessary for warning letters to be sent to contractors.

One of the more unusual cases dealt with was a complaint about noise from cockerels crowing in the early hours of the morning. Observations were kept and it was established that the noise caused by the cockerels was sufficient to cause a nuisance to the inhabitants of the neighbourhood. The owner was subsequently prosecuted, found guilty of an offence contrary to the Good Rule and Government Byelaws and fined £5.

PART V

Occupational Health, Safety and Welfare

(a) Offices, Shops and Railway Premises Act, 1963

General

The number of premises registered during the year was 84 and the total number coming within the scope of the Act is now 1,416. As far as is known at any one time, the register is up to date.

During the year 75 premises received a general inspection and the total number of contraventions dealt with was 157. These contraventions are 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	3
	Failure to provide thermometers	21
7	Water closets not effectively ventilated	2
	Other rooms not effectively ventilated	7
8	Failure to provide suitable and sufficient lighting :	
	(a) Rooms	9
	(b) Corridors and staircases	9
	Failure to maintain electric wiring in safe condition	—
9	Failure to provide sufficient sanitary conveniences....	—
	Failure to keep sanitary conveniences clean	6
	Failure to effectively light sanitary conveniences	7
	Failure to properly screen sanitary conveniences	—
	Failure to provide suitable door fastenings	—
	Failure to provide separate " male " and " female " conveniences	—
	Failure to mark conveniences " male " or " female "	—
	Failure to provide means for disposal of sanitary dressings	1
	Fittings and fixtures in need of repair or renewal	3
	Floors of sanitary conveniences in need of repair	—
	Conveniences obstructed by stock, goods, etc.	—
10	Failure to provide sufficient washing facilities	2
	Failure to keep washing facilities clean	—
	Failure to effectively light washing facilities	—
	Failure to provide a supply of running hot water	7
	Failure to provide a supply of running cold water	—
	Failure to provide a supply of soap and towels	4
	Fixtures and fittings in need of repair or renewal	1
	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	1
	Failure to provide accommodation for special clothing worn at work	—
	Failure to provide accommodation for drying wet clothing	—
13	Failure to provide sufficient seats	—
14	Failure to provide footrests	—
15	Failure to provide facilities for eating meals	—
16	Failure to maintain floors and floor coverings in good repair :	
	(a) Rooms	3
	(b) Corridors	4
	(c) Staircases	3
	Failure to provide handrails	5
	Failure to keep floors, passages and stairs free from obstruction	1
	Failure to keep open sides of staircases guarded	—
	Failure to fence openings in floors	—

Section	*Contraventions*	*Number*
17	Failure to effectively guard machines	2
22	Failure to keep walls and ceilings in good repair	1
24	Failure to provide a first aid box	12
	Failure to maintain first aid box to requisite standard	5
50	Failure to display an abstract of the Act	25
	Failure to make report of lift examination available	1
	Failure to effectively repair operating faults on lift	1
		157

37 informal notices were sent to those concerned, drawing attention to the various contraventions of which 23 were outstanding at the end of the year. Nine notices served during previous years were complied with during 1971.

Accidents

Notifications were received in respect of 24 accidents (30 in 1970) and investigations were considered necessary in 15 of these cases (10 in 1970). None of these accidents could be classified as serious.

Ventilation

It would be helpful if regulations were made by the Minister specifying a standard to be attained, rather than reliance being placed upon guidance to local authorities by way of circulars, technical data notes, etc.

Since the Act came into operation, a considerable amount of work has been carried out on ventilation by the Public Health Inspectors of this authority and no undue difficulty has been experienced in evolving a practical standard.

"The Safe Use of Food Slicing Machines" (SHW 14)

These leaflets are being distributed to occupiers of the appropriate premises. It is felt that these should prove to be an effective way of creating a greater awareness in the need for care in the use of this type of machine, but since there have been relatively few accidents in this area in the past caused by these machines, it is difficult to substantiate this view with statistics.

Prosecutions

During the year it was not found necessary to institute proceedings. It is still found to be generally true that owners and occupiers are co-operative in meeting the requirements of the Act and Regulations.

(b) FACTORIES ACT, 1961

PART I OF THE ACT

1. INSPECTIONS for the purposes of provisions as to health.

Premises. (1)	Number on Register (2)	Number of Inspections (3)	Number of written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	20	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	449	55	7	—
(iii) Other premises in which Section 7 is enforced by Local Authority (exclud'g Out-workers' premises)	2	2	—	—
Totals	471	57	7	—

2. DEFECTS found.

Particulars. (1)	No. of cases in which defects were found.				No. of cases in which prosecutions were instituted. (6)
	Found. (2)	Remedied. (3)	Referred		
			To H.M. Inspector. (4)	By H.M. Inspector. (5)	
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	6	6	—	1	—
(*c*) Not separate for sexes	—	—	—	—	—
Other offenees against the Act (not including offences relating to outwork)	—	—	1	—	—
Totals	6	6	1	1	—

PART VIII OF THE ACT

Outwork

(Sections 133 and 134)

Nature of Work (1)	No. of out-workers in August list required by Section 133 (1) (c) (2)
Wearing apparel (Making etc., Cleaning and Washing)	21
Curtains and furniture hangings	4
Others	4
Total	29

PART VI

Food Control and Hygiene

(a) Food Hygiene (General) Regulations, 1970

There are 807 premises in the City which are subject to these regulations. Their classification, together with the number of visits made during the year, is as follows:—

	No. of Premises	*No. of Visits*
Bakeries and Bakers' Shops	46	80
Butchers	71	143
Cafes, Canteens and Restaurants	79	223
Clubs and Institutes	45	60
Confectioners	20	25
Dairies	25	258
Wet and Fried Fish	39	32
General Provisions and Greengrocers	248	263
Licensed Premises	174	192
Miscellaneous	60	223
Total	807	1,499

(b) Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966

67 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.

(c) Sale of Cream

The number of current registrations is as follows:—

Registration as a dairy (sale of open cream)	25
Registration as a distributor (sale of pre-packed cream)	25

(d) Dealer's (Pre-packed) Milk Licences

The number of current licences is as follows:—

Pasteurised Milk	120
Untreated Milk	8
Sterilised Milk	23
Ultra Heat Treated Milk	9

(e) Registered Food Premises

There are 391 registrations under Section 16 of the Food and Drugs Act, 1955, affecting 356 business establishments. These are made up as follows:—

Storage of bulk ice-cream	7
Manufacture, storage and sale of ice-cream	3
Storage and sale of pre-packed ice-cream	289
Preparation or manufacture of sausages and potted, pressed, pickled and preserved food (including Fish and Chips)	92
Total	391

(f) Food Sampling

Milk.

(i) *Chemical Quality.*

Designation	*Number of Samples*	*Average Percentage*		*Minimum Legal Percentage*	
		Milk Fat	*Solids Nat. Fat*	*Milk Fat*	*Solids Nat. Fat*
Channel Islands....	5	4.9	9.1	4.0	8.5
Others	21	3.8	8.7	3.0	8.5

The following deficiencies were found:—

Sample No.	*Article*	*Adulteration or Fault*	*Action taken*
2868	Milk	Contained 5% added water. Freezing point test indicated 2.5% added water.	In both cases investigation showed that there were extenuating circumstances. Prosecution was not warranted but warning letters were sent to the producers.
2869	Milk	Contained 4% added water. Freezing point test indicated 1.6% added water.	

(ii) *Bacterial Quality.*

Designation	*Number of Samples*	*Samples Satisfactory*	*Samples Unsatisfactory*
Pasteu ised	13	11	2
Pasteurised Channel Islands	8	7	1
Untreated (Farm Bottled)	26	23	3*
Untreated (Farm Bottled) Channel Islands	10	9	1*
Sterilised	3	3	—
Ultra Heat treated	5	5	—

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

(iii) *Brucella Abortus.*

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

(iv) *Antibiotics.*

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

Ice Cream—Cleanliness.

69 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)	37
Grade 2.	(Satisfactory)	25
Grade 3.	(Unsatisfactory)	3
Grade 4.	(Unsatisfactory)	4

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

Other Foods.

18 samples of medicines and drugs and 106 samples of other foods were procured during 1971. 49 were formal and 75 informal. All were reported as being satisfactory.

(g) Chemical Residues

During the year 39 food samples were examined for pesticide residues. 13 of these were found to contain residues at a level that would have been reported during the National Survey of Pesticide Residues in Foodstuffs. 15 contained residues at a lower level which would not have required reporting and 11 contained no residues. The third year's sampling in connection with the National Survey will commence on 1st January, 1972.

15 samples were examined for the presence of various metals (Mercury, Arsenic, Cadmium, Copper, Lead and Zinc). 11 were found to contain one or more or these metals and in 3 cases the mercury content was above the level that would have been reported.

(h) Complaints regarding Foodstuffs

During the year we investigated 64 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.	Mouldy liver sausage	Manufacturer fined £15.
2.	Stewed steak containing wire and paper	Vendor fined £25 plus £10 costs.
3.	Mouldy pineapple tart	Vendor fined £20.
4.	Corned beef containing saw blades	Vendor fined £25.

5.	Mouldy bread	Manufacturer fined £50.
6.	Mouldy cakes	Vendor fined £5.
7.	Loaf containing insect	Vendor fined £10 plus £5 costs.
8.	Mouldy sausages	Vendor fined £20.
9.	Sausage containing metal	Manufacturer fined £10.

At the end of 1971, seven prosecutions were pending. The results of the prosecutions pending at the end of 1970 were as follows:—

1.	Pasty containing wasp	Vendor fined £25.
2.	Mouldy mushroom pie	Vendor fined £20.
3.	Mouldy cakes	Vendor fined £10.
4.	Bottle of milk containing dirt	Vendor fined £25.

(i) 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. Investigations were also carried out as a result of complaints that food was wrongly labelled in contravention of the Trade Descriptions Act, 1968. Proceedings were taken in two cases, both of which concerned the same supplier. One was in respect of a tin of apricots labelled as peaches and the other a tin of peas labelled as strawberries. The defendants were found guilty in both instances and fined a total of £35, plus £5 costs.

(j) 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.

	Beasts	*Cows*	*Calves*	*Pigs*	*Sheep and Lambs*
Number slaughtered	9,525	1,170	409	23,810	22,314
Number inspected	9,525	1,170	409	23,810	22,314
Diseases except Tuberculosis and Cysticercosis.					
Whole carcases condemned	5	12	29	84	76
Carcases of which some part or organ was condemned	3,620	444	—	4,059	1,777
Percentage of No. inspected affected with diseases other than tuberculosis and cysticercosis bovis	38.1	38.1	7.1	17.4	8.3
Tuberculosis only.					
Whole carcases condemned	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	—	412	—
Percentage of No. inspected affected with tuberculosis	—	—	—	1.7	—
Cysticercosis Bovis only.					
Carcases of which some part or organ was condemned	126	1	—	—	—
Carcases submitted to treatment by refrigeration	14	1	—	—	—
Generalised and totally condemned	—	—	—	—	—

Animals Slaughtered under the Bovine Tuberculosis Eradication Scheme during the year 1971 at the City of Exeter Public Abattoir

	Cows	*Bulls*	*Steers*	*Heifers*	Total
Total number of T.T. reactors	22	—	—	—	—
Number of carcases 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 1971:—Cows, 59; Heifers, 11; Bulls, Nil.

In all cases the udders and uteri were condemned.

(k) Poultry Inspection

There are no poultry processing premises in the City.

(l) Food Surrendered or Condemned

	Tons	*Cwts*	*Lbs*
Carcase meat and offal from slaughterhouse	36	7	59
Food from wholesale premises and retail shops	47	1	62
Total	83	9	9

(m) Food Poisoning

25 cases of suspected food poisoning were investigated during the year; 20 were confirmed.

A further 37 persons were investigated as contacts, of confirmed and suspected, food poisoning cases.

(n) Salmonellae Surveillance

During the past year swabs have been sited in the drains from the Abattoir, prior to the effluent being discharged to the Macerator.

These swabs were sent to the Public Health Laboratory for examination and of the 34 submitted, 28 showed Salmonella organism to be present. Of the 28 positives, there were 11 differing strains of Salmonellae isolated.

PART VII

Pest Control

(a) Rats and Mice

Complaints.

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

	Type of Premises.			Total
	Business	*Private*	*Local Authority*	
Rats	53	174	52	279
Mice	40	74	19	133
Totals ..	93	248	71	412

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 commenced in the Spring and Autumn. There is an increasing load being placed upon the staff dealing with these matters and difficulty is being experienced in completing this work in accordance with the Ministry's requirements.

Heavy infestations were found in the Topsham area and these will be treated again in 1972.

(b) Disinfestation

Spraying for bugs and fleas :	
Private houses	25
Council houses	50
Business premises	1
Spraying for Ants :	
Private houses	—
Council houses	1
Spraying for Cockroaches :	
Private houses	6
Council houses	1
Business premises	2
Spraying for Flies :	
Private houses	1
Council houses	—

(c) Wasps, Hornets and Bees

Nests destroyed during the year	327

PART VIII

Miscellaneous

(a) Hairdressers

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

(b) Swimming Baths

At present there are 17 swimming pools in Exeter of varying types.

One is the Council-owned Public Swimming Bath in Heavitree Road, which has now been fitted with a new automatic chlorine-dosing plant. Daily chemical checks are carried out by the staff for chlorine and alkalinity levels, and regular samples are sent for full chemical analysis.

Six other pools are indoor pools in several schools and a college and there is one hydro-therapy pool in a local hospital.

There are 10 outdoor pools, including one at a Club—the remainder being at Council and private schools. These outdoor pools are obviously only in use during summer months. Two of these pools had new sand high-rate filters fitted during the year, and a new type of chemical sterilant has been used successfully in the bulk of the pools.

All these pools are regularly visited and chemically tested to ensure efficient sterilisation. Regular advice is given to pool operators with regard to dosage rates.

(c) Rag Flock

Number of premises registered	2

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

(d) Fertilisers and Feedingstuffs

The position regarding the manufacture of these materials in the City has not changed since the last report.

One manufacturer has now provided a laboratory within the factory which enables a closer control to be kept on the chemical composition of the product. The standard of raw materials subject to processing varies considerably from consignment to consignment and the laboratory has proved its usefulness in that we have had no occasion to pass comment on the results of analysis of official samples.

Another manufacturer has carried out modifications to new plant in order to prevent spillage or sievings being inadvertently mixed with a different formulation at the end of a particular "run". The risk of this taking place was highlighted through normal sampling procedure.

Eighteen samples were taken during the year, of which one was the subject of minor criticism.

(e) Offensive Trades

Number of businesses in the City	12
Number of inspections made	13

(f) Disinfection

Spraying rooms after tuberculosis	6
Spraying rooms after scabies	3
Disinfecting persons	13
Stoving clothes and/or bedding	10

(g) Staff Training

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

Bristol Polytechnic:	Air Pollution Control Course.
College for Distributive Trades:	Courses on Advances in Food Technology.
Provincial Councils for Local Authorities' Services in the South West:	Refresher Course for Public Health Inspectors.
,, ,, ,, ,,	Course on Court Proceedings.
Coal Utilisation Council:	Approved Appliance Installers Course.

(h) New Legislation

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

Legislation	Date of Operation
The Colouring Matter in Food (Amendment) Regulations, 1970	1. 1.71
The Public Health (Aircraft) Regulations, 1970	1. 1.71
The Public Health (Ships) Regulations, 1970	1. 1.71
The Food Hygiene (General) Regulations, 1970	1. 3.71
The Clean Air (Measurement of Grit and Dust from Furnaces) Regulations, 1971	1. 3.71
Slaughter of Poultry (Humane Conditions) Regulations, 1971	1. 8.71
The Preservatives in Food (Amendment) Regulations, 1971	1. 9.71
The Clean Air (Emission of Grit and Dust from Furnaces) Regulations, 1971	1.11.71
Rag Flock and Other Filling Materials Regulations, 1971	3.11.71

(i) Inspection of Plans

A close liaison with the Building Inspector's Section of the City Architect's Department allows close scrutiny of submitted plans to be carried out, and in this way it is generally possible to ensure that premises fully comply with the O.S.R. Act, 1963, the Food Hygiene (General) Regulations, 1970, and other relevant legislation before they open.

During 1971, 208 sets of plans were examined in this way.

(j) Local Land Charges

The department replied to 2,737 searches submitted to the Town Clerk under the Local Land Charges Act.

EXETER PUBLIC WATER SUPPLY

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

Report on Bacteriological Analyses of Water Supplies taken in 1971.

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	53	53	—	—	—	—
(B) On Consumers' Supply : Danes Castle Reservoir Zone	102	102	—	—	—	—
Belvidere Reservoir Zone	77	77	—	—	—	—
Marypole Head Reservoir Zone	68	67	1	—	—	—
Barley Lane Reservoir Zone	71	71	—	—	—	—
Stoke Hill Reservoir Zone	51	49	2	—	—	—
Upton Pyne Reservoir Zone	45	45	—	—	—	—
Total	467	464	3	—	—	—

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	51	17	3	66.6	94.2
Sedimentation Tk. Outlet....	258	21	1	92.0	99.6
Pressure Filter Outlet	51	—	—	100.0	100.0
Final Treated Water	258	1	—	99.6	100.0
Service Reservoirs :					
Stoke Hill Reservoir	105	1	—	99.2	100.0
Belvidere Reservoir	55	2	—	96.4	100.0
Marypole Head Reservoir	52	—	—	100.0	100.0
Danes Castle Reservoir	52	1	—	98.1	100.0
Barley Lane Reservoir	52	—	—	100.0	100.0
Highfield Tower, Topsham	13	—	—	100.0	100.0
Sunhill Tower, Topsham	13	—	—	100.0	100.0
Distribution System :	130	—	—	100.0	100.0
Totals	1,090	43	4	—	—
New Main Sterilization Samples	24	2	—	91.7	100.0

In addition, 100 samples of River Exe Water were examined by the E.D.W.B. Laboratory and generally these showed heavy pollution (350 to 35,000 presumptive B. Coli/100 mls.).

The public water supply has been adequate at all times, and the combined laboratories bacteriological examination of 1,557 samples taken from sources of supply, reservoirs and distribution system has confirmed that the water quality continues to be well within the bacteriological standards set out in the 1970 European Standards for Drinking Water.

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.

Pynes Water Works, Exeter.

Analysis	Chemicals in Parts per Million			
	Raw Water Sample 12.3.71 (a.m.)	Final Treated Water 12.3.71 (a.m.)	Raw Water Sample 17.8.71 (a.m.)	Final Treated Water 17.8.71 (a.m.)
Bacteriological Examination :				
Nutrient Agar at 37°C. 48 hours	560	0	2,560	0
Coliform Organisms, per 100 mls.	3,500	0	16,000	0
Bact. Coli. Type 1, per 100 mls.	3,500	0	16,000	0
Physical Characters :				
Colour (Hazen)	15	<5	17.0	5
Turbidity	3.5	Nil	20.0	0.2
pH	7.20	8.0	7.4	8.35
Conductivity 25°C. (umhos)	180.0	210.0	134.0	175.0
Temperature	7.5° C.	9° C.	16° C.	15.5° C.
Chemical Analysis *(in mgm. per litre)* **:**				
Free Carbon Dioxide (CO_2)	2.0	1.5	1.2	trace
Total Alkalinity ($CaCO_3$)	21.0	38.0	18.0	25.0
Caustic Alkalinity (as $CaCO_3$)	Nil	Nil	Nil	Nil
Ammoniacal Nitrogen	0.066	0.06	0.112	0.072
Albuminoid Nitrogen	0.100	0.06	0.310	0.112
Nitrite Nitrogen	0.006	Nil	0.003	Nil
Nitrate Nitrogen	2.42	2.42	1.1	0.73
Oxygen Absorbed (4 hrs. at 26.7°C.)	1.0	0.25	2.3	0.65
Carbonate Hardness (E.D.T.A.)	21.0	38.0	18.0	25.0
Non-Carbonate Hardness (E.D.T.A.)	37.0	34.0	19.0	28.0
Total Hardness (E.D.T.A.)	58.0	72.0	37.0	53.0
Total Solids (dried at 180°C.)	114.0	132.0	83.8	111.0
Calcium (Ca)	16.8	22.4	11.6	17.2
Magnesium (Mg.)	3.84	3.84	1.92	2.40
Sodium (Na) as Na	9.35	9.85	5.75	6.35
Potassium (K) as Na	2.0	2.0	1.75	2.03
Carbonate (CO_3)	12.6	22.8	10.8	15.0
Sulphate (SO_4)	13.9	21.6	20.2	27.4
Chloride (Cl)	13.5	15.6	11.0	13.5
Nitrate (NO_3)	10.5	10.5	4.8	3.2
Fluoride (F)	0.12	0.11	trace	0.06
Silica (SiO_2)	9.4	6.25	11.5	5.5
Phosphate	0.20	0.14	0.5	0.3
Aluminium (Al)	0.025	0.04	0.06	0.06
Manganese (Mn)	Nil	Nil	trace	Nil
Iron (Fe)	0.50	0.1	0.34	0.15
Residual Chlorine : Free	—	0.55	—	0.5
		This water is chemically and bacteriologically satisfactory.		This water is chemically and bacteriologically satisfactory.

PRIVATE DOMESTIC WATER SUPPLIES

There are eleven properties still supplied by well water and there is little hope of these being connected to a mains supply in the foreseeable future.

One of these properties has been unoccupied throughout the year and is not likely to be used again.

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, work continued on the relief interceptor sewer from Exe Street, along Bonhay Road and Cowley Bridge Road, to just beyond the laundry in Cowley Bridge Road. The completion of this contract will considerably reduce the quantity of storm effluent discharged via storm water overflows into the River Exe. A contract has been let to prevent the overflowing of foul sewage at Bettysmead and work is in progress at Bettysmead and Beacon Lane. New surface water sewers have been laid in Rosebarn Lane, and at Barrack Road to replace sewers overloaded by recent residential and hospital development.

Various smaller schemes were carried out by the Council's direct labour department with the primary object of preventing flooding from overloaded foul and surface water sewers. At Church Road, Alphington, a section of surface water was relaid.

Repairs to foul and surface water sewers were carried out at 64 different locations. These included Victoria Park Road, Digby Hospital, St. Leonards Road, Rockside, Haldon Road, Victoria Street, Baring Crescent, Old Tiverton Road, and adjacent to the " Heart of Oak " at Pinhoe.

Sewage Disposal

The New Sludge Digestion and Treatment Plant continued to operate satisfactorily and various annual overhauls were carried out on all the sewage pumping stations.

Refuse Incineration Plant

The plant was shut down for two weeks to enable annual maintenance and overhaul to be completed. A refractory fault caused an unscheduled shut-down in September and refuse was diverted to tip for 7 days.

COMMUNITY NURSING SERVICES

DOMICILIARY MIDWIFERY

HOME NURSING

HEALTH VISITING

THE COMMUNITY NURSING SERVICES

(Health Visiting, Home Nursing and Midwifery)

Co-ordination of the three branches of the community nursing services has been strengthened, particularly with the development of closer working relationships between staff attached to the same general practices with concern for the same patients. Deployment of staff in combined working situations has helped communication, as well as making the best use of professional skills. Extension of the use of vehicles provided for home nurses and midwives to form a common pool for the total nursing services, has further helped to link the staff and improve the efficiency of the service.

Staffing

At the end of the year we had a full establishment in all parts of the nursing service. Staff shortages during the year have been most persistent within the health visiting service, where the relatively small establishment means a substantial increase in work load when shortages occur.

Changes in Patterns of Staffing

Training Officer An increasing involvement in district nurse training courses and programmes of community care experience for student nurses highlighted the need for a training officer, and Mr. R. Mounce was appointed from 1st January, 1971.

Ancillary Help During the year the number of health nurses employed within the health visiting service was increased from two part-time staff to two full-time and one part-time. These are trained nurses employed on routine duties mainly in clinics and schools.

Two part-time nursing auxiliaries were appointed to the home nursing staff to undertake duties such as bathing and dressing of patients, where relatives are unavailable.

The appointment of additional health nurses and of nursing auxiliaries has proved successful in allowing better use of the skills of staff, without reducing the quality of care provided.

Training

Health Visiting Service One student health visitor was appointed in September, 1971 and began her health visitor's training at Plymouth.

Part II, Midwifery School Eighteen pupil midwives completed training during 1971. All were successful at the first attempt in the examination of the Central Midwives Board.

District Nurse Training School

S.R.N. Twelve students successfully completed district training during 1971. Ten were trained for our own staff and two for neighbouring authorities. In addition one nurse was seconded from Bolivia, and followed the course of training, but was not eligible to sit the examination. The arrangement for Devon County and Torbay County Borough students to undertake theoretical training with our students was continued and eighteen nurses successfully completed district training under this scheme.
S.E.N. Three of our own staff completed a ten weeks' course of district training. They were joined by two nurses from Torbay for the theoretical content of the course under a similar arrangement to that made for the S.R.N. course. This training was also undertaken by four pupil nurses from the Exeter School of Nursing who were seconded to the community for the full ten weeks during the latter months of their training for the Roll. This integrated scheme of training enables the pupil nurse to obtain hospital and community experience and qualification as part of basic training.

Observation Visits Student and pupil nurses from the Exeter School of Nursing and from Exe Vale Hospitals have continued to make visits with health visitors, midwives and home nurses. Students from the College of Further Education have attended clinics as observers and been shown aspects of the work of the community nursing services. In addition, various groups of post-graduate students, both medical and nursing, have been shown facets of the work. This is important, and fairly time-consuming, particularly when specialist services are being demonstrated such as in the Audiology Unit, and the additional work involved cannot be readily shared.

In-Service Training

Mr. Mounce, Training Officer, successfully completed a one year's part-time teaching course at the College of Further Education and obtained the City and Guilds Teaching Certificate.

One health visitor, three midwives and one home nurse, each attended a one week's post-graduate course, and two midwives each attended a week's course on parentcraft and relaxation teaching.

Combined in-service training sessions have been held each month for all trained staff. These have proved very useful and have covered a wide range of subjects. They have proved popular

with the staff and before the end of the year we were looking for a larger venue because of the high attendance.

Training has also been available for specific groups of staff, as follows:—

Practical Work Instructor's Course A three-day course arranged by the Queen's Institute of District Nursing and held in Exeter was attended by three of our home nursing staff.

Family Planning A full day's course was attended by health visitors and midwives, together with health visitors from Devon County.

Child Health—Developmental Assessment A full training day was arranged, for the health visitors, and repeated to enable all health visitors to attend. Opportunity was also given to the health visitors to attend medical teaching sessions on the Health of the Pre-school Child.

Hearing Testing Miss Bastow, Senior Health Visitor, has given training in hearing testing to all newly-appointed health visitors, and training in 'diistraction" techniques to health nurses and some of the home nursing staff.

Post-graduate Courses in Exeter During the year the Health Visitors Association and the Royal College of Midwives each held a post-graduate course at St. Luke's College, and the opportunity was given to our staff to attend lectures at both of these courses.

Liaison with Hospital Services

Surgical After Care—Planned Discharge A trial scheme was started in June, 1971 in relation to patients of one of the Consultant Surgeons. This involves the home nurses seeing the patients whilst they are still in hospital, discussing subsequent care with hospital staff and providing information as to home suitability if appropriate. It has the effect of increasing liaison with hospital staff and facilitating ease of communication, as well as giving confidence to the patient in his continuing care after discharge. The operation of the scheme was reviewed in November, 1971 and it was agreed to extend this to the home visiting of all " waiting list " patients by the community nursing staff prior to hospital admission and to follow-up visits to all patients after discharge, both these types of visits being undertaken directly in connection with this scheme for one Consultant Surgeon.

To assist in promoting understanding and exchange of information, the Nursing Officer, Surgical Wards, Royal Devon and Exeter Hospital and five of the trained hospital staff each spent a day seeing something of the home nursing service. Miss Newell, Nursing Officer, Home Nursing, spent a day in the Surgical Department of the hospital and arrangements have been made for the senior home nurses to also spend a day in the Surgical Wards.

Geriatric Services In January, 1971, Dr. Wright, Consultant Geriatric Physician, invited representation of the community nursing services at his case conferences. Miss Newell, Nursing Officer, Home Nursing, and Miss Caselli, Geriatric Health Visitor, have each attended different weekly case conferences throughout the year. Miss Caselli has, in addition, attended out-patient sessions at Redhills Hospital, and the exchange of information between hospital and community services within the field of geriatrics has remained at a high level.

Midwifery and Paediatrics

Delivery within Mowbray Hospital Because of staff shortages at Mowbray Hospital we agreed to provide cover if a second midwife was required at night for two nights each week for three months of the year. During this time the district midwives conducted two deliveries in Mowbray Hospital.

Arrangements for planned early discharge of mothers after delivery have continued to work smoothly. In 54% of the cases discharged before the eighth day, this had been planned during pregnancy at the wish of the mother and with liaison between the hospital and community midwives.

A health visitor has continued to attend the weekly paediatric clinic at the Royal Devon and Exeter Hospital, Heavitree.

Both midwives and health visitors join with the hospital midwifery staff in attendance at monthly obstetric and paediatric team meetings held at the Maternity Unit.

Liaison with Family Doctors

There has been considerable extension of attachment schemes during the year and by May, 1971 all community nursing staff were working within the framework of attachment or liaison schemes, instead of geographic areas. Ten of the staff are working from St. Thomas Health Centre in attachment situations. Two of the health visitors have offices within doctors' surgery premises; two of the home nurses hold weekly treatment sessions within

doctors' surgeries. Two health visitors participate in child health clinics with the family doctors in surgery premises, and 21 family doctors hold ante-natal sessions with the district midwives. At six of these sessions, a health visitor is also present for consultation. Regular meetings between doctors and community nursing staff are held in nine practices.

The growth of attachment has not only facilitated exchange of information with the family doctors, but has also improved communication between staff, and reduced the risk of duplication of visits. This is particularly marked in the health centre and where the health visitors have offices in surgery premises, with ready access of other attached staff. The training of home nurses to act as " distractors " in hearing testing and the subsequent linking of the attached health visitor and home nurse for hearing testing home visiting sessions, has given another opportunity for discussion of problems and exchange of information.

Cross Border Visiting The care by attached staff of all patients of family doctors, including those living outside Exeter City, has been developed during the year. From 1st April, 1971 cross border visiting has been undertaken by all the midwives for all family doctors' cases, except in two instances. One is a peripheral practice where the family doctors prefer the previous arrangements to continue, and the other is the Ide area, where visiting by Exeter midwives would have deprived the Devon District nurse midwife of all midwifery practice. In this case the district nurse midwife concerned has a close working relationship with the Exeter midwives, who act as her relief.

Cross border visiting within the health visiting service was started early in 1971 and by April, eight of the health visitors were undertaking this. It is planned to complete cross border visiting for all health visitors by early 1972, except in the one peripheral practice previously referred to.

This extension of care is being considered, but has not yet been undertaken, in the home nursing service.

Trends within the Services

Midwifery There has been a marked decline in domiciliary deliveries and a corresponding increase in the number of mothers delivered in hospital and discharged to the care of the community midwife. Comparative figures for 1970 and 1971 are as follows:—

Year	*Home Deliveries*	*Hospital Discharges*	*Total Cases*
1970	213	1,017	1,230
1971	138	1,148	1,286*

* Plus 3 home deliveries and 50 hospital discharges within Devon County—cared for by Exeter midwives under cross-border visiting arrangements.

Ante-Natal Care The midwives' involvement in the ante-natal care of mothers booked for home or hospital confinement has

remained at a high level, the total figure of clinic attendances and home visits being 12,629 (+ 92 Devon County visits) in 1971 and 12,413 in 1970. 6,800 of the attendances in 1971 were made at family doctors' ante-natal sessions conducted jointly with the midwives. Attendance at these sessions in 1970 was 5,352.

Relaxation and Parentcraft Classes Weekly classes have continued throughout the year. These are held in four centres with five weekly classes, in addition to classes conducted at St. Nicholas House Mother and Baby Home. A total of 3,176 attendances were made in 1971. The classes are conducted by a midwife, together with a health visitor participating in the parentcraft teaching. In addition an evening session for husbands and wives together is held approximately monthly, taking the form of a film and discussion with a health visitor and a midwife.

Low Weight Babies Only two babies under 2,500 grammes were delivered at home, the policy being to admit all mothers in premature labour to hospital.

Health Visiting Trends within the health visiting service have reflected the closer working relationship with the family doctors and the widening scope of the health visitor's work. There has been an increase in the number of adult and elderly persons visited; selective, rather than routine, visiting of babies and young children, and the development of child health clinics conducted by the family doctor and health visitor jointly in two practices.

Playgroups In April, 1971 the Social Services Department assumed responsibility for the registration and maintenance of standards of Playgroups. The health visitors continue to make recommendations for children in need because of physical handicap or social deprivation, and continue to visit specific children at the playgroups. Mrs. Dunham, Nursing Officer Health Visiting, and the individual health visitors, have worked closely with the staff of the Social Services Department to ensure these children receive the help they need to integrate into the community.

Geriatric Health Visiting Miss Caselli, Group Adviser Health Visitor, has continued to undertake liaison with hospitals and other departments within the geriatric field, attending case conferences, meetings and hospital out-patient sessions, as well as visiting certain cases, and giving support to the health visitors working in group attachment.

An interesting development has been the commencement of a simple health screening check for elderly persons of the St. Thomas Health Centre practices. These assessment clinics have been conducted jointly by a health visitor and a home nurse, attendance being by invitation and appointment for persons within the age group of 70–75 years. At the end of the year, six sessions had been held, with 48 persons attending, 23 of whom were subsequently referred to their general practitioners for medical advice or treatment. This service involves a fair amount of work in follow-up visits where no reply is received to the initial invitation, as well as the actual screening. Initial results would suggest this is very worthwhile, and it is hoped to continue in 1972.

Home Nursing There was a 14% increase in home nursing cases in 1971 and the number of visits paid was 97,343, a decrease of 672 on 1970, giving an average number of visits per case of 30 compared with 34 in 1971. This was due partly to a 30% increase of post-operative cases, where the average number of visits per case was 28, and partly to closer working contact with family doctors in attachment situations, with better deployment of staff giving skilled care to a greater number of patients.

Late Night Visits General nursing visits paid after 8.0 p.m. to very ill patients needing frequent nursing care and sedation remained at about the same level: 1,175 in 1971—1,189 in 1970.

Loans Service

This service has continued to be well-used, and in the majority of cases we have been able to meet the need immediately. We have 48 different categories of articles available for loan, and have concentrated during the year on replacement of old and worn articles, rather than purchase of new categories of equipment.

Soiled Linen Service

Articles laundered under the linen service during 1971 totalled 13,067, almost 12,000 of these being sheets. 23,900 disposable sheets were also supplied during the year. This service plays an important part in enabling patients to be nursed in their own homes.

Thirty-five ambulant patients suffering from incontinence were supplied with protective garments and disposable linings. Eight of these were handicapped children, the remainder being elderly or chronic sick.

Table X.

HOME NURSING DURING 1971.

Type of Case	On the Books 1.1.71	New Cases	Total Cases	Age Group			Sex		Total Visits	Deaths	Result			
				0–4	5–64	65 and over	M.	F.			To Hosp.	Conv.	R.O.C.	On Books
Carcinoma	29	161	190	—	54	136	82	108	5,165	77	37	20	26	30
Post-operative	44	225	269	4	131	134	120	149	7,453	10	20	131	50	58
Abortion	1	14	15	—	15	—	—	15	117	—	2	13	—	—
Degenerative and Chronic Conditions and Senility	572	1,033	1,605	1	311	1,293	496	1,109	69,786	125	241	172	486	581
Acute Illness, including Infectious Disease	95	569	664	29	229	406	232	432	11,027	27	76	285	183	93
Mental Confusion and Psychiatric Conditions	8	14	22	—	5	17	2	20	1,148	1	7	2	5	7
Prophylactic and Diagnostic Procedures	—	303	303	189	78	36	141	162	331	—	—	—	303	—
Others	9	219	228	12	88	128	74	154	2,316	6	28	63	96	35
Totals	758	2,538	3,296	235	911	2,150	1,147	2,149	97,343	246	411	686	1,149	804

Non-Nursing Visits (not included above) 1,921

Table XI.

MIDWIFERY

Ante-Natal and Post-Natal Care

Number of new bookings:—(a)	Home bookings	199 (2)
(b)	Hospital bookings	1,133 (40)
	Total	1,332 (42)
Number of ante-natal visits to patients' homes		5,143 (92)
Number of post-natal visits to patients' homes		417

Clinics and Classes	Midwives' Clinics, Ante-Natal	Combined Family Doctor/ Midwives' Clinics		Relaxation and Parentcraft Classes
		Ante-Natal	Post-Natal	
Primary attendances	96	—	—	515
Subsequent attendances	598	—	—	2,661
Total attendances	694	6,800 (69)	—	3,176
Number of sessions	118	792	—	356

Delivery and Early Post-Natal Period

Number of home confinements conducted by midwives		138 (3)
Number of visits paid to above		2,310 (44)
Number of patients delivered in hospital and discharged to care of domiciliary midwives:—		
(a)	0—2 days	55 (2)
(b)	3—7 days	690 (28)
(c)	8 or more days	403 (20)
	Total	1,148 (50)
Number of visits paid to above		8,989 (286)
Number of hospital confinements conducted by domiciliary midwives		2

Number of home visits paid by midwives and not recorded in any of the above categories		3,137
Number of home-booked cases transferred to hospital:—		
(a)	In labour	18
(b)	During first 10 days after delivery—Mother	5
(c)	During first 10 days—Baby	6
	Total	29

* Cases and visits recorded in ( ) are those undertaken in Devon County and are not included in preceding figures.

Table XII.

HEALTH VISITING

	CASES VISITED BY HEALTH VISITORS	Number of Cases	Number of Visits
1	Total number of cases and visits	7,475 (183)	18,896 (454)
2	Children born in 1971	1,311 (58)	5,209 (143)
3	Children born in 1970	1,401 (21)	3,592 (68)
4	Children born in 1966 to 1969	2,566 (61)	5,683 (137)
5	Total number of children in lines 2—4	5,278 (140)	14,484 (348)
6	Persons aged 65 or over	864 (20)	2,091 (69)
7	Number included in line 6 who were visited at the special request of a G.P. or hospital	157 (1)	—
8	Mentally disordered persons	25 (2)	78 (5)
9	Number included in line 8 who were visited at the special request of a G.P. or hospital	7 (1)	—
10	Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals)	25	29
11	Number included in line 10 who were visited at the special request of a G.P. or hospital	25	—
12	Number of tuberculous households visited	—	—
13	Number of households visited on account of other infectious diseases	69	119
14	Other cases	1,214 (21)	2,095 (32)
15	Number of tuberculous households visited by tuberculosis health visitor	125	606

INEFFECTIVE VISITS = 4,522 (87) + 69 (T.B. Health Visitor).

* Cases and Visits recorded in ( ) are those undertaken in Devon County and are not included in preceding figures.

MATERNAL AND CHILD HEALTH

MIDWIVES

Supervision of Midwives

Practice	Midwives who gave notice of intention to practise during 1971	Still practising in Exeter at year-end
Domiciliary	17	15
Hospital	47	39
H.M. Prison	Unit closed down in January, 1971	
Totals	64	54

Maternity

Bookings for General Practitioner Unit

Exeter Mothers

During 1971, the acceptable number of monthly bookings was changed (80 for Exeter mothers including 38 48-hour discharges, and 35 for Devon County mothers including 12 48-hour discharges).

The order of priority remained unchanged and out of a total of 1,011 Exeter applicants, only 34 were not, in fact, ultimately booked.

Mowbray Hospital Bookings for 1971 (*Exeter Mothers*).

(a)	Number of mothers who applied for a bed at Mowbray Hospital who were expecting their babies in 1971	1,011	
(b)	Number of mothers accepted for confinement at Mowbray Hospital	964	1,011
	Number of mothers placed on the " waiting list " but not eventually booked	34	
	Number of mothers who cancelled their bookings before they were " accepted "	13	
	Number of mothers who were refused admission because no bed available	—	

Mowbray Hospital Deliveries during 1971.

During the year, 910 babies were delivered at Mowbray, 533 of these to Exeter mothers.

Royal Devon and Exeter Hospital (*Heavitree*) *Deliveries during* 1971.

1,537 babies were delivered at the Royal Devon & Exeter Hospital (Heavitree) in 1971, of which 636 were to Exeter mothers, including 9 twins and 21 stillbirths.

Royal Devon and Exeter Hospital (*Southernhay*) *Deliveries during* 1971.

There were 2 babies delivered at the Royal Devon & Exeter Hospital (Southernhay) during 1971, to Exeter mothers, 1 of which was a stillbirth.

Child Health Clinics.

Due to an overall reduction in the number of clinic sessions held, the total number of attendances is down (see table); the average number of attendances per session is, however, fractionally up compared with 1970.

In February, a fortnightly clinic commenced at the Hall Church of St. Lawrence, thus filling a growing need in the Hill Barton area, and in April, the clinic at Topsham moved from group practice premises to more spacious accommodation at Matthew's Hall.

Table XIII.

CHILD HEALTH CLINIC ATTENDANCES, 1971

ATTENDANCES ACCORDING TO AGE OF CHILD AT TIME OF ATTENDANCE

CENTRE	ATTENDANCES			SESSIONS			Average Attendance per Session	Seen by Medical Officer	1970	
	Under 1 year	Aged 1 to 5 years	TOTAL	M.O. Sessions	H.V. Sessions	TOTAL			Total No. of Sessions	Total No. of Attendances
Alphington	187	187	374	25	1	26	14.4	141	41	433
Bull Meadow	1,065	578	1,643	57	8	65	25.3	360	104	2,315
Burnthouse Lane	600	1,458	2,058	61	7	68	30.3	655	104	3,141
Countess Wear	407	693	1,100	46	1	47	23.4	354	48	1,340
Pinhoe	353	313	666	21	30	51	13.1	204	52	810
St. Lawrence	212	300	512	21	2	23	22.3	125	—	—
St. Thomas Health Centre	1,632	2,992	4,624	94	5	99	46.7	1,140	98	5,109
Topsham	305	449	754	45	5	50	15.1	215	52	811
Whipton	1,398	2,091	3,489	88	14	102	34.2	654	102	3,029
TOTALS	6,159	9,061	15,220	458	73	531	28.7	3,848	601	16,988

PSYCHIATRIC SERVICES FOR PRE-SCHOOL AND ADOLESCENTS

Report by Dr. Christopher J. Wardle,
Medical Director, Child Guidance Clinic.

The psychiatric services for children and young people aged 0–18 are jointly provided by the local authority and the Regional Hospital Board. Out-patient clinics are held at 97 Heavitree Road and less frequently, at the Royal Devon and Exeter Hospital (Southernhay). The consultants in child psychiatry for the Exeter area are Dr. Christopher J. Wardle, M.D., D.P.M., and Dr. Paul M. Jackson, M.D., D.P.M., who are supported by the team of psychiatric social workers and psychologists, the latter providing the link with the school psychological service and the education service for the community. In addition to their work in the out-patient setting, the doctors and social workers also work to provide an in-patient service to the Dryden Clinic. The Dryden Clinic has 18 beds for children up to age 14, and a 12-bedded unit for teenagers. There are also 10 day places for children who need special treatment but can sleep at home. A school specially geared to the needs of children with behaviour difficulties and emotional disturbances is provided by the local education authority in the hospital premises. The age range for in-patients is from 5–18.

All ages are seen in the out-patient departments. Referral may be initiated by anyone with a professional concern for children, and by the parents themselves, but it is of course, important that the co-operation of the parents is obtained before referral is made, and equally important that the general practitioner who is concerned with the health of the family is consulted. All children who are referred will have a full assessment, after which a plan for treatment may be made if this is indicated. Treatment may include activity group therapy or individual psychotherapy, occasionally medication may be indicated, or the use of the alarm bell for bed-wetting. Special educational treatment may be needed for children who are retarded or have a specific handicap in learning. Special schooling may sometimes be necessary and occasionally it may be helpful for the child to be placed in a boarding school or hostel. Two hostels are available in Devon, one at Totnes for secondary boys (all the boys in this hostel attend the Totnes Comprehensive School) and a hostel for junior school boys and girls of all ages, at Willand. The children at this hostel attend either the local junior or secondary modern school, or the girls' school at Tiverton. Admission to the Dryden Clinic may be indicated by the severity of the child's illness or by the need for fuller assessment than is possible as an out-patient. In the Dryden Clinic the child can be seen in all types of settings—living, playing and school, and in relationship with other children and adults.

During the last few years the problems of adolescents have come to the fore, and it has been recognised that although adolescence is a time of problems, very few young people are getting any help with their problems once they have left school. To combat this we have set up an evening clinic for young people at the Royal Devon and Exeter Hospital (Southernhay); at present this is under used, and it would be helpful if more people could be aware of the availability of this service. The creation of the special in-patient unit for adolescents has proved a valuable facility in the area and is well used. There is a need for a "halfway" house for young people who are now ready for discharge from hospital but need support if they are to serve outside and be independent, and others whose difficulties do not warrant hospitalisation but need special professional care and support in order to adjust to growing up. The Richmond Fellowship has agreed to support the Exeter project which will be purely voluntary, though both the Devon and Exeter local authorities are giving it their support and recognise the need.

REPORT OF THE PRINCIPAL DENTAL OFFICER FOR 1971

(Alvin Pryor, L.D.S., R.C.S., F.R.S.H.).

The dental services operated by the City of Exeter are divided into two parts—the school dental service (the larger) and the maternity and child health service. Although this latter is the smaller part of the service, its importance is no less. It embraces the dental care of expectant and nursing mothers and pre-school children (under five years of age).

The pre-school child is the patient of the future, and we like to see them from the age of three years, earlier if the parent is worried about some dental problem. Usually no treatment is required, but, as the examination is very informal, often with the child on the mother's knee, or just standing, the child soon gets used to the "atmosphere" of the clinic, and, in fact, some of these children will climb up into the dental chair spontaneously at their first visit.

Dental treatment is provided for the expectant and nursing mothers, covering the whole of the period of the pregnancy and until the baby is one year old. The treatment is free and comprehensive, including the provision of artificial dentures where needed. These mothers, however, can obtain similar treatment from the General Dental Service (N.H.S.), which greatly reduces the number attending our clinics. No dentist in the City area declines to supply dentures under the N.H.S., so far as I am aware, unlike some other areas of the country.

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 Alice Vlieland Clinic, Bull Meadow Road. Mr. R. B. Mycock, dental officer at the Whipton Health Clinic, also gave regular talks to expectant mothers attending that clinic during the year, as did Mr. T. N. Pratt, dental officer, at the St. Thomas Health Centre. We find these talks of considerable value; they help the expectant mothers to " meet the dentist " informally in conditions other than the surgery. The advice and information offered is applicable to the teeth of their children, as well as to their own. My best thanks go to the physiotherapists, nurses, and the Exeter and District Midwifery and Home Nursing Service for all their help.

Anaesthetics.

Dr. N. G. P. Butler, our consultant anaesthetist, continued to provide his skilled services at our weekly anaesthetic sessions. His " high oxygen percentage " technique, 20% oxygen to 80% nitrous oxide, which he helped to pioneer in this country, is constantly being improved in the lignt of experience. The patient breathes the equivalent of atmospheric oxygen from start to finish of the anaesthetic, has the maximum safety and a rapid recovery without unpleasant sequelae.

We rate safety highly in our clinics. The latest type of dental chairs permits the supine position of the patient during anaesthesia. This eliminates any risk of cerebral damage from anoxia, which can occur with the old-fashioned upright position. All surgeries are equipped with power-operated suction apparatus, with foot-operated aspirators should a power failure occur. Electronic pulse-monitors are installed in all surgeries where general anaesthetics are administered, 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, foi a variety of reasons, cannot provide a general anaesthetic.

Staff.

Mr. R. W. Slee, dental officer, resigned in May to take up an appointment at the Royal Devon and Exeter Hospital (Southernhay). Mr. W. A. Steiner, B.D.S., who came to us from many years of N.H.S. practice, was appointed to fill the vacancy and commenced duty on 1st September.

Fluoridation.

This is a subject to which I return in my annual reports. It is indeed disappointing to note that Exeter still fails to follow the lead set by an increasing number of local authorities in this country. Fluoridation of the domestic water supplies has the approval of every recognised health authority, and the backing of successive Ministers of Health, regardless of party. Exeter's

water supply already contains a small amount of fluoride. If this amount were increased to the optimum recommended of only *one* part fluoride to *one million* parts of water, it would still be the equivalent of the fluoride content of a freshly-brewed pot of tea!

The favourite argument of those opposed to fluoridation is that fluorine is a cumulative poison. Logically, therefore, such people should abstain from " the cup that cheers " for the rest of their lives!

Finally, my grateful thanks to my staff, who have all worked hard and well and who have been of great help to me.

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

	Number of persons examined during the year.	Number of persons who commenced treatment during the year.	Number of courses of treatment completed during the year.
Expectant and nursing mothers	67	55	48
Children under five years and not eligible for school dental service	356	183	216

Forms of Dental treatment provided.

	Scalings and gum treatment	Fillings	Teeth otherwise conserved	Crowns and Inlays	Extractions	General Anaesthetics	Dentures provided	Patients X-Rayed
Expectant and Nursing Mothers	17	63	—	—	80	27	10	7
Children under five years and not eligible for school dental service	5	72	99	—	266	161	—	—

AUDIOLOGY SERVICE

For the Pre-School Child

Comments by Miss G. M. Bastow (Senior Health Visitor).

The policy of testing the hearing of all babies before their first birthday has been pursued throughout the year in as far as staff shortages have allowed. The figures given below concern only those children tested by myself, because of " at risk " factors or other conditions requiring special observation.

New Cases.

During the year 399 children under 2 years of age (including 332 " at risk ") and 146 between 2 and 5 years of age were tested. Retests totalled 302 (111 children under 2 years; 191 aged 2 to 5 years of age).

Audiology Clinic.

23 sessions were held during the year and 101 total attendances were made. Of the 78 children attending, 50 were new referrals. Treatment and recommendations were made as follows:—

To Combined Consultant's Clinic	11
General Practitioner for treatment	24
Child Guidance Clinic (Psychiatrist)	1
Panel for Non-Communicating Children	2
Speech Therapist	10
Ellen Tinkham House School	1
Vranch House School	1
Cleared	11
Remaining on books	49
To Ear, Nose and Throat Surgeon at hospital	17
Paediatrician at hospital	1
Educational Psychologist	7
Peripatetic Teacher of the Deaf	23
Sponsored Playgroup	2
Comdover Hall School (Deaf/Blind, etc.)	1
School for the Deaf, Exeter	2
For follow-up in School (on attaining 5 years of age)	20

Combined Consultants' Clinic.

Five sessions have been held during the year at which 16 children were seen and dealt with as follows:—

For Hearing-aid and Peripatetic Teacher of the Deaf's help	7
Playgroup	2
Department of Audiology and Education of Deaf, Manchester, for further assessment	1
School for Deaf	1
Child Psychiatrist	1
For Education Psychologist for assessment	1
Speech Therapist	1
Chromosome tests and genetic counselling	1
Examination under anaesthetic and surgical treatment	1
Cleared	2

Lectures/Demonstrations.

During the year 14 sessions have been allocated and lectures and/or demonstrations have been given to many groups, including Pupil Midwives; Technical College Students; Remedial Teachers and Post-graduate Medical Students. Lectures, demonstrations and practical training has been given to Health Visitors (9 sessions) and to District Nurses and Clinic Assistants (6 sessions) as part of the normal " In-service training ". The total number of sessions therefore spent in Lecturing, etc. totalled 29, excluding a further 20 or so sessions spent in preparing lectures, arranging the attendance of children for demonstrations and for practical experience of trainees, etc.

Since the policy was adopted in 1970 that all babies should have a screening test, it was agreed that all Health Visitors should have " In-Service training " and this applies equally to any new member who joins the Health Visiting staff. In addition to this, a number of District Nurses and Clinic Assistants have been trained in " distraction " techniques, so that they are equipped

to assist the Health Visitors, particularly where both Health Visitor and District Nurse are attached to the same G.P. group.

In my report for 1970 I stated that I thought it would be impossible to maintain a high standard of quality, while at the same time containing the increased quantity of work which was accruing. The figures for 1971 bear this out in that 100 fewer children have been tested, and at the end of the year there is a waiting list of some 232 children to be seen; most of whom fall within the 2–5 year old " retest " category.

The size of the waiting list is influenced partly by a steady increase in the number of referrals, but it is mostly due to an increasing amount of time being spent in giving lectures and demonstrations, which means less time for testing sessions.

" Battered Babies "

During the year 4 new known cases were notified, bringing the total on the register to 16. A further 7 children were notified as being potential cases, bringing the total of children "at risk" to 23. There was 1 court case.

It is difficult to distinguish between known cases and potential cases and some of those classified here as " at risk " may, in fact, have been battered, though the evidence is not conclusive.

Siblings of these children are often not included in the numbers, though it is very interesting to notice that, where battering has occurred, other children in the family have previously had accidents, such as accidental poisoning, which were probably not due to battering but due to inadequate supervision.

Both genuine accidents and battering have in Exeter been most common in the lower social classes and have occurred where the family is under stress.

Each case is dealt with as a matter of urgency. Formal case conferences have not always been called as often it is found to be quicker and more efficient for the workers involved to liaise by a series of telephone calls. A line of action is thus agreed and help is given to each family as seems most appropriate to their needs.

ADULT HEALTH

CHIROPODY

Mr. G. A. Partridge, Chief Chiropodist, reports as follows:—

As anticipated, the chiropodial service has continued to expand this year, and there has been an increase in both the number of patients and the number of treatments given to them. (See table XIV.)

Although numbers alone are by no means the sole assessment of a satisfactory service, it is very pleasing that we have been able to give patients more treatments during the year. This shorter period between treatments is of immense benefit to the patients.

We have also been able to absorb all new patients and at the present there is no waiting list.

The one rather disappointing factor again this year, as in the past years, has been the small number of expectant mothers attending for chiropodial treatment. During pregnancy, care of the feet is most important, and although this fact is duly pointed out during lectures at Ante-Natal Clinics, there seems a reluctance to make use of our clinics.

Once again I would like to thank all the chiropodial staff for their co-operation during the year.

Table XIV.

Number of Treatments during 1971

	Elderly		Handi-capped		Expectant Mothers	Children		Totals		Grand Totals (1971)	Grand Totals (1970)
	M.	F.	M.	F.		M.	F.	M.	F.		
At Clinics	2618	8882	104	116	23	167	206	2889	9227	12116	10505
At Welfare Homes	310	981	—	—	—	—	—	310	981	1291	1300
At Redhills Hospital	29	126	—	—	—	—	—	29	126	155	—
At Nichols Centre	—	—	37	119	—	—	—	37	119	156	98
At Home	381	1171	3	5	—	—	—	384	1176	1560	1169
Totals	3338	11160	144	240	23	167	206	2649	11629	15278	13072

HOME RENAL DIALYSIS

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.

Three premises were adapted in 1969; 2 in 1970 and a further 2 in 1971. The first adaptation in 1971 was to a 3-bedroomed Council house; this was completed in April at a cost of £920. The other adaptation to a privately-owned 3-bedroomed house was completed at the year-end at an estimated cost of £1,200, the patient commencing home dialysis in January, 1972.

OCCUPATIONAL HEALTH SERVICE

During the year activities came chiefly under the following headings:—

1. Approval of admission of new employees to employment and to superannuation, as before, with medical examination where necessary.

2. Examination of members of staff with prolonged sickness absence, or, at the request of the head of the department, with bad sickness records.

3. Examination of workers in certain categories, or at special risk. During the year the members of the Fire and Ambulance Services were all examined, and also the Weed Control Unit.

4. Routine medical examination continued to be offered to senior staff over the age of 40, and 90 were actually examined during the year.

5. Working conditions in the various depots and installations were inspected for health risks.

6. Accidents to employees were the subject of a preliminary study of the accident report forms filled in over a period of 18 months from May, 1970. These numbered 490, and a detailed analysis is given in table XV. Staff were divided into groups of employment. This was only a working classification for the purposes of analysis, and the total of each group can only be an approximation, considering the normal fluctuations in a labour force, and with all part-time workers included. Nevertheless it was felt that sufficient accuracy was obtained to give some meaning to the rate of accidents for each group, and to the percentage thereof causing time off work.

Accident liability varied widely between groups being as one would expect, very low in Group XII and high in those with jobs involving physical risk such as Group XI. Groups II and III with many part-time workers have also very low rates. Rather surprisingly, the figure was particularly high among craftsmen of all departments.

The classification used by the Factory Inspectorate was also applied to the 490 accidents.

This would be useful for analysing accidents to people doing similar jobs or working on one particular site, but where, as in the City, the range of jobs is so very diverse it is difficult to see any information likely to lead to prevention.

The whole analysis was only a preliminary study and results over a longer period should give more reliable information. The great unknown factor is the readiness with which accident reports are completed in the various departments. If these could be used for all genuine accidents, at work, however trivial, it would be possible to be sure that the results have real meaning.

Table XV.

Accidents at Work

Group	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	Total
Type of employment	Attendant	Cleaner	Kitchen worker	Garden worker, etc.	Labourer	Craftsman	Sewage worker	Refuse worker	Incinerator worker	Ambulance General Driver	Fire Brigade	Administrative, Clerical, Teaching, Professional worker	Unclassified	
Estimated total of Group	103	649	579	128	125	165	35	51	7	78	70	1,888	53	3,931
Recorded accidents	14	66	28	38	39	132	11	27	3	18	48	65	1	490
Approximate accident rate per 100 employees per annum	9	7	3	20	20	53	20	35	29	15	46	2	1	
Percentage of recorded accidents causing period off work	21	47	32	37	56	33	100	66	33	22	12	20	—	

Classification of Accidents

Class	1	2	3	4	5	6	7
Factory Inspectorate Classification	Striking against objects	Handling goods	Persons falling	Miscellaneous unknown	Using tools or machinery	Hot or corrosive substances	Objects falling
Total	72	75	120	87	71	25	40 (490)
Percentage causing period off work	17	44	36	40	42	24	37

Table XVI.

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.		
City Architect	22	1	6	1	30	2	—	5	1	1	—	19	—	28	22
City Surveyor	38	2	—	—	40	5	—	26	—	29	—	9	—	69	9
City Treasurer	5	4	—	—	9	—	1	—	—	—	—	6	—	7	7
Devon General	11	—	—	—	11	—	—	5	1	—	—	—	—	6	4
Education	13	30	3	102	148	1	6	1	10	—	—	12	1	31	45
Estates and Valuers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fire Brigade	8	3	1	1	13	4	1	2	—	21	—	25	2	55	27
Health	9	53	—	6	68	—	—	1	—	—	—	18	3	22	20
Housing	—	—	—	—	—	—	—	1	—	—	—	3	2	6	6
Libraries	4	9	2	5	20	—	—	—	—	—	—	2	3	5	60
Magistrates Court	—	4	—	—	4	—	—	1	—	—	—	—	—	1	1
Motor Taxation	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Museum	3	1	—	—	4	1	—	—	—	—	—	—	—	1	—
Planning	8	—	—	—	8	—	—	—	—	—	—	3	1	4	3
St. Luke's College	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
School for the Deaf	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Social Services	8	19	2	9	38	1	—	—	5	—	—	3	1	10	18
Town Clerk	18	16	4	5	43	—	2	1	2	—	—	10	—	15	15
Weights and Measures	3	—	—	—	3	—	—	—	—	—	—	3	—	3	3
West Country Tourist Board	3	4	—	1	8	—	—	—	—	—	—	—	—	—	—
Examinations carried out for other Authorities	—	—	—	—	—	—	—	—	—	3	1	—	—	4	7
Grand Total	153	146	18	130	447	14	10	43	19	54	1	114	13	268	248
Grand Total 1970	136	133	20	173	462	11	18	49	7	43	3	52	3	186	206

Two males from the City Engineer and Surveyor's Department were found unfit for inclusion in the superannuation scheme.

Influenza Vaccination

Influenza vaccination was offered to all health department staff and to the staffs of education, child guidance, housing, fire, surveyor's, social services, departments and magistrates court.

61 of the health department staff and 157 of the other departments were vaccinated in December.

NATIONAL ASSISTANCE ACTS, 1948—1962

Removal to Suitable Premises of Persons in need of care and attention

For the first time since 1966, it was found necessary during the year to enforce Section 47 of the National Assistance Act; many cases have been considered over the past few years, but I consider that compulsory removal should only be resorted to in extreme cases.

In June, an elderly lady of 82 was considered by both the family doctor and the health visitor to be living in extremely insanitary conditions and in view of this, and the patient's general physical health, I was asked to consider her compulsory removal to hospital, the general practitioner having tried unsuccessfully to persuade the old lady to go into hospital for treatment.

Dr. Cullen visited the patient with the doctor and health visitor and found the house to be indescribably filthy; the patient agreed that she was unable to look after herself or feed herself and although a near neighbour had made many attempts to help, this help had been accepted only occasionally, partly because of her confused state. The neighbour also offered to accompany the patient to hospital but she refused and later the same day the necessary order was obtained. The patient was admitted to the Royal Devon and Exeter Hospital (Heavitree) and was allowed home about 6 weeks later; in the meantime, the house had been cleaned and numerous " pets " cared for; these included 7 cats, 56 hamsters and a hedgehog. Upon her return home, meals on wheels and home help was provided and although the meals on wheels has been discontinued, a home help still calls once a week. The patient is now in much better health and is able to get out, although in August she fell whilst out shopping and fractured her hip, resulting in a 3-week stay in hospital. The group practice health visitor (amongst others) calls regularly and at the time of writing (April, 1972) is able to report that the old lady is remarkably well, both physically and mentally.

Several other cases were considered during the year but it was not found necessary to take official action.

Family Planning

The grant to the Family Planning Association for the financial year 1971/72 was increased to £1,400 to enable all Exeter women who needed contraceptive help on medical grounds to receive free advice and in many cases free supplies.

In the Autumn the Family Planning Association held a day course for Devon and Exeter Community Nursing staff which was attended by 15 from Exeter.

Plans were made to hold a 3 session course on "Family Planning" in the Spring, 1972 for the remainder of our community nursing staff and for our medical officers.

Abortions

During 1971, the district midwives nursed fourteen cases of spontaneous abortion. Of these, twelve were nursed entirely at home and two admitted to hospital—none were booked for home confinement.

Seven therapeutic abortions to Exeter women were carried out at the Nuffield Nursing Home, which is registered under the Abortion Act. There were seven spontaneous abortions at the Royal Devon and Exeter Hospital (Heavitree). The records at the Royal Devon and Exeter Hospital (Southernhay) are now computerised and based on the Exeter Clinical Area and it is not practicable to extract statistics for Exeter women in isolation.

INFECTIOUS DISEASES

and

CONTROL OF

INFECTIOUS DISEASES

Table XVII.

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

ANNUAL RETURN OF FOOD POISONING FOR YEAR ENDING 31ST DECEMBER 1971
(including all salmonella infections but *excluding Dysentery, Paratyphoid and Typhoid*)

Name of Local Authority : EXETER COUNTY BOROUGH.

General outbreak = two or more unrelated cases due to a common cause.
Family outbreak = two or more cases related or in a household due to the same cause.
Sporadic case = single cases not connected with any other cases.

TABLE I FOOD POISONING INCIDENTS AND CASES

Causative Agent	General Outbreaks		Family Outbreaks		Sporadic Cases Notified or ascertained	Total No. of outbreaks and sporadic cases columns (1+3+5)	Total No. of cases columns (2+4+5)
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained			
	1	2	3	4	5	6	7
1. S. typhimurium	—	—	—	—	2	2	2
2. Other Salmonellae	—	—	4	9	5	9	14
3. Cl. welchii	—	—	—	—	—	—	—
4. Staph. aureus	—	—	—	—	—	—	—
5. Other causes	—	—	—	—	—	—	—
6. Cause unknown	—	—	—	—	4	4	4
7. TOTAL	—	—	4	9	11	15	20

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

Type of Salmonellae							
Tennessee	—	—	1	2	—	1	2
Saint-Paul	—	—	1	2	—	1	2
Thompson	—	—	1	2	—	1	2
Infantis	—	—	—	—	1	1	1
Enteritidis	—	—	—	—	1	1	1
Agonia	—	—	—	—	1	1	1
Muenchen	—	—	—	—	1	1	1
Haardt	—	—	1	3	—	1	3
Abony	—	—	—	—	1	1	1
TOTAL	—	—	4	9	5	9	14

Notifications

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

Food Poisoning

20 cases of food poisoning were notified, or otherwise ascertained during the year. There were no general outbreaks, but there were four family outbreaks (three involving two persons each and one involving three persons). In all the outbreaks a salmonella organism was isolated (S. Tennessee, S. Saint-Paul, S. Thompson and S. Haardt). Of the seven sporadic cases, a salmonella organism was isolated in five cases. The various facts are shown in the Annual Return of Food Poisoning to the Department of Health.

Dysentery

18 cases of dysentery were notified during the year, and in 17 cases shigella sonnei was isolated. No laboratory result was obtained for the other case.

There was a small outbreak in a residential children's hospital during April, in which 9 children were involved.

Whooping Cough

19 cases of whooping cough were notified during the year. 10 children had previously completed a course of vaccination, while 9 had not received any vaccination or had completed only part of a course.

Measles

156 cases of measles were notified during the year, all but 27 cases occurring between January and July.

Scarlet Fever

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

Acute Meningitis

Two cases of acute meningitis were notified during the year. One case was a virus meningitis (unspecified organisms) and the other case was a coliform meningitis. In the latter case meningitis was the primary cause of the subsequent death of the patient.

Infective Jaundice

22 cases of infective jaundice were notified during the year. A small outbreak (4 notified cases) occurred at a residential children's school in March, and as a preventive measure, all children and staff were offered a dose of human normal immunoglobulin. With this exception, the incidence was not localised either in time or place.

Rubella (German Measles)

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

Diphtheria

It is interesting to note that in February a Corynebacterium Diphtherae Mitis was isolated from the tonsils of a student from the Middle East. The organism subsequently proved not to be producing toxin and so was avirulent. This, however, is a salutary reminder that there is still some risks of infected cases of diphtheria and it is well worth-while maintaining a high vaccination rate.

Table XVIII.

ACUTE INFECTIOUS DISEASE.

MONTHLY INCIDENCE OF INFECTIOUS DISEASE NOTIFIED DURING 1971 (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	2	2	4	4	4	3	—	1	2	—	4	4	30	—
Whooping cough	1	—	—	5	4	3	2	2	—	—	2	—	19	1
Measles	35	21	11	12	15	9	26	8	6	2	8	3	156	—
Acute meningitis	—	—	—	—	—	—	—	2	—	—	—	—	2	1
Polio (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	9	—	—	—	—	—	—	6	3	18	5
Food poisoning	—	2	—	—	1	4	—	5	2	5	—	1	20	5
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective jaundice	2	1	8	—	3	—	—	3	1	—	1	3	22	—
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rubella	2	1	1	2	1	4	3	—	—	—	—	2	16	—
Enteritis .... (not a notifiable disease)	2	1	3	1	—	—	—	—	—	2	2	—	11	8

Table XIX.

ACUTE INFECTIOUS DISEASE

CASES OF NOTIFIABLE DISEASE NOTIFIED DURING THE YEAR 1971 (EXETER RESIDENTS)

(by age groups) after correction of diagnosis.

Disease	Ages of Cases Notified													Total	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		
Scarlet fever	—	—	—	3	4	17	1	3	2	—	—	—	—	30	—
Whooping cough	3	1	2	2	2	7	1	—	1	—	—	—	—	19	1
Measles	13	14	12	22	24	67	3	1	—	—	—	—	—	156	—
Acute meningitis	—	—	—	—	—	—	—	—	—	1	—	1	—	2	1
Polio (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	4	2	—	2	2	3	1	—	2	—	1	—	1	18	5
Food poisoning	2	—	—	1	—	3	1	1	6	2	1	3	—	20	5
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective jaundice	—	—	—	1	—	8	3	2	5	1	1	1	—	22	—
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rubella	—	2	—	2	1	4	1	3	1	1	—	—	1	16	—
Enteritis (not a notifiable disease)	8	1	—	—	—	1	—	—	—	1	—	—	—	11	8

Table XX.

SMALLPOX VACCINATION.

AGE GROUPS OF PERSONS VACCINATED (SMALLPOX) 1971.

	Under :—	3 mths.	6 mths.	9 mths.	1 year	1+	2—4	5—15	16 and over	TOTAL
Primary	G.P.s	2	—	—	7	262	23	32	92	418
	Clinics	—	—	—	1	80	16	4	—	101
Re-vaccinations										
	G.P.s	—	—	—	—	3	1	39	383	426
	Clinics	—	—	—	—	—	—	1	2	3

Following the recommendation given in Department of Health and Social Security Circular CMO 12/71, routine vaccination of infants against smallpox was stopped in our clinics from August, 1971.

Vaccination, however, continues to be recommended for travellers who require international certificates of vaccination, and for persons at special risk.

Table XXI.

MEASLES VACCINATION, 1971

YEAR OF BIRTH	1971	1970	1969	1968	1964-1967	Others under 16	TOTAL
G.P.s	4	696	107	61	99	13	980
Clinics	—	162	82	23	59	2	328
Total	4	858	189	84	158	15	1,308

Table XXII.

RUBELLA VACCINATION, 1971 (GIRLS ONLY)

Age	10	11	12	13	14	15	16	TOTAL
G.P.s	—	2	29	42	6	2	—	81
Clinics	4	8	448	482	9	8	4	963
Total	4	10	477	524	15	10	4	1,044

Table XXIII.

Primary Immunisation against Diphtheria, Whooping Cough and Tetanus

Children completing a primary course of one or more vaccines in 1971, grouped by age at which the course was completed.

Year of Birth	1971	1970	1969	1968	1964-1967	Others under age 16	Total
G.P.s:							
Triple	56	532	56	5	6	3	658
Diph./Tet.	—	1	1	—	3	1	6
Tetanus	—	—	—	—	—	5	5
Clinics:							
Triple	2	134	25	4	2	—	167
Diph./Tet.	—	1	2	2	2	—	7
Tetanus	—	—	—	—	—	—	—
Total	58	668	84	11	13	9	843

Table XXIV.

Re-inforcement Immunisation against Diphtheria, Whooping Cough and Tetanus.

Children given a re-inforcement dose of one or more vaccines in 1971.

Year of Birth	1971	1970	1969	1968	1964-1967	Others under age 16	Total
G.P.s:							
Triple	—	34	262	29	89	19	433
Diph./Tet.	—	—	—	—	712	68	780
Tetanus	—	—	—	—	17	89	106
Clinics:							
Triple	—	6	111	11	3	—	131
Diph./Tet.	—	1	—	1	513	1	516
Tetanus	—	—	—	—	—	—	—
Total	—	41	373	41	1,334	177	1,966

Table XXV.

Primary Vaccination against Poliomyelitis.

Number of children who completed a primary course (3 doses) during 1971.

Year of Birth	1971	1970	1969	1968	1964-1967	Others under age 16	Total
G.P.s	55	533	59	5	11	2	665
Clinics	2	134	28	6	6	—	176
Total	57	667	87	11	17	2	841

Table XXVI.

Re-inforcement Vaccination against Poliomyelitis.

Number of children given a re-inforcement dose during 1971.

Year of Birth	1971	1970	1969	1968	1964-1967	Others under age 16	Total
G.P.s	—	34	260	30	796	80	1,200
Clinics	—	7	112	13	515	3	650
Total	—	41	372	43	1,311	83	1,850

Yellow Fever Vaccination, 1971

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Adults	52	28	23	27	34	30	52	44	65	57	34	48	494
Children (under 16)....	5	2	3	14	7	9	9	4	9	3	4	4	73
Total	57	30	26	41	41	39	61	48	74	60	38	52	567

Bacteriology, etc. Investigations

Public Health Laboratory Service (Director: Dr. B. Moore)

Exeter cases—referred by health department.

	Specimens examined.		
	No. taken.	*Negative.*	*Positive.*
Dysentery	31	14	17
Food Poisoning	101	70	31
Enteritis and D. & V.	10	10	—
	142	94	48
Urine	3	3	—
Ear Swabs	2	—	2
Diphtheria	1	1	—
Cholera (contacts)	28	28	—
Typhoid (suspected and contacts)	8	8	—
Miscellaneous	2	1	1
Totals	186	135	51

Table XXVII.

VISITS TO RECENT IMMIGRANTS YEAR ENDING 31ST DECEMBER, 1971

COUNTRY where passport was issued, as stated by Port Health Authority	Number of advice notes received during the year from ports and airports relating to arrival of immigrants	Number of first successful visits paid to immigrants during the year
	(1)	(2)
(A) COMMONWEALTH COUNTRIES: (i) Caribbean	4	—
(ii) India	3	1
(iii) Pakistan	1	—
(iv) Other Asian	11	—
(v) African	12	—
(vi) Other	12	4
TOTAL	43	5
(B) NON-COMMONWEALTH COUNTRIES: (i) European	4	—
(ii) Other	4	—
TOTAL	8	—
GRAND TOTAL	51	5

The majority of immigrants, notified as coming to Exeter, attend various educational establishments in the City. Such establishments provide adequate student health services and, therefore, visits are not considered necessary.

CERVICAL CYTOLOGY

In 1971, 47 clinics were held at the Alice Vlieland Clinic, Bull Meadow Road. The Health Education Officer visited local firms during the year and gave talks on Cervical Cytology. As a result of this, four sessions were carried out on the premises of a Government department, and two in a large departmental store.

Forty-three women were found to have suspicious results; of these, 8 were confirmed positive, 19 were proved negative and the remaining 16 carried forward into 1972 for further investigation.

All the 8 positive cases had cone biopsy's performed. The final diagnosis in 7 cases carcinoma-in-situ; 1 invasive carcinoma.

Table XXVIII.

Cervical Cytology Clinics—Attendances 1971

Age Range (years)	Referred by		Residing in		Results						Ref'd. back to G.P.	Total examinations
					Primary Smears			Repeat Smears				
	G.P.	Self	Exeter	Outside Exeter	Neg.	Pos.	Susp.	Neg.	Pos.	Susp.		
-20	—	7	6	1	7	—	—	—	—	—	—	7
20–24	2	54	38	18	52	—	4	3	—	—	3	59
25–34	24	102	117	9	119	—	7	60	—	9	1	195
35–44	17	102	109	10	116	—	3	180	—	10	19	309
45–54	17	73	74	16	88	—	2	181	—	7	25	278
55–64	3	40	34	9	42	—	1	80	—	3	10	126
65+	1	8	7	2	9	—	—	3	—	—	—	12
	64	386	385	65	433	—	17	507	—	29	58	986

Summary of Attendances and Details of Positive Results

from 28th June 1965-31st December 1971

		Primary Smears	*Repeat Smears*
1965	....	436	2
1966	....	1,482	29
1967	....	1,175	39
1968	....	726	59
1969	....	493	261
1970	....	452	636
1971	....	450	536
			6,776

	Diagnosis				Treatment Given			
Year	Carcinoma-in-Situ	Grade 1 Carcinoma	Invasive Carcinoma	Dysplasia and Others	Radio-therapy ment	Cone-Biopsy	Cone-Biopsy and Hysterectomy	Hysterectomy
1965	3	—	—	—	—	3	—	—
1966	6	—	—	—	—	4	2	—
1967	—	1	—	—	—	*6	—	1
1968	9	—	2	—	—	6	3	2
1969	3	—	1	4	—	5	3	—
1970	4	—	2	—	1	3	1	1
1971	7	—	1	—	—	8	—	—
	32	1	6	4	1	35	9	4

* Final diagnosis unobtainable.

TUBERCULOSIS

I am indebted to Dr. G. E. Adkins, Consultant Chest Physician, for the following comments:—

The annual report on tuberculosis each year has been accompanied by a large number of tables, which it is felt have very little value and even less interest. These are now being omitted, but included this year are some graphs, which it is hoped will show more readily the trend of tuberculosis in the City area.

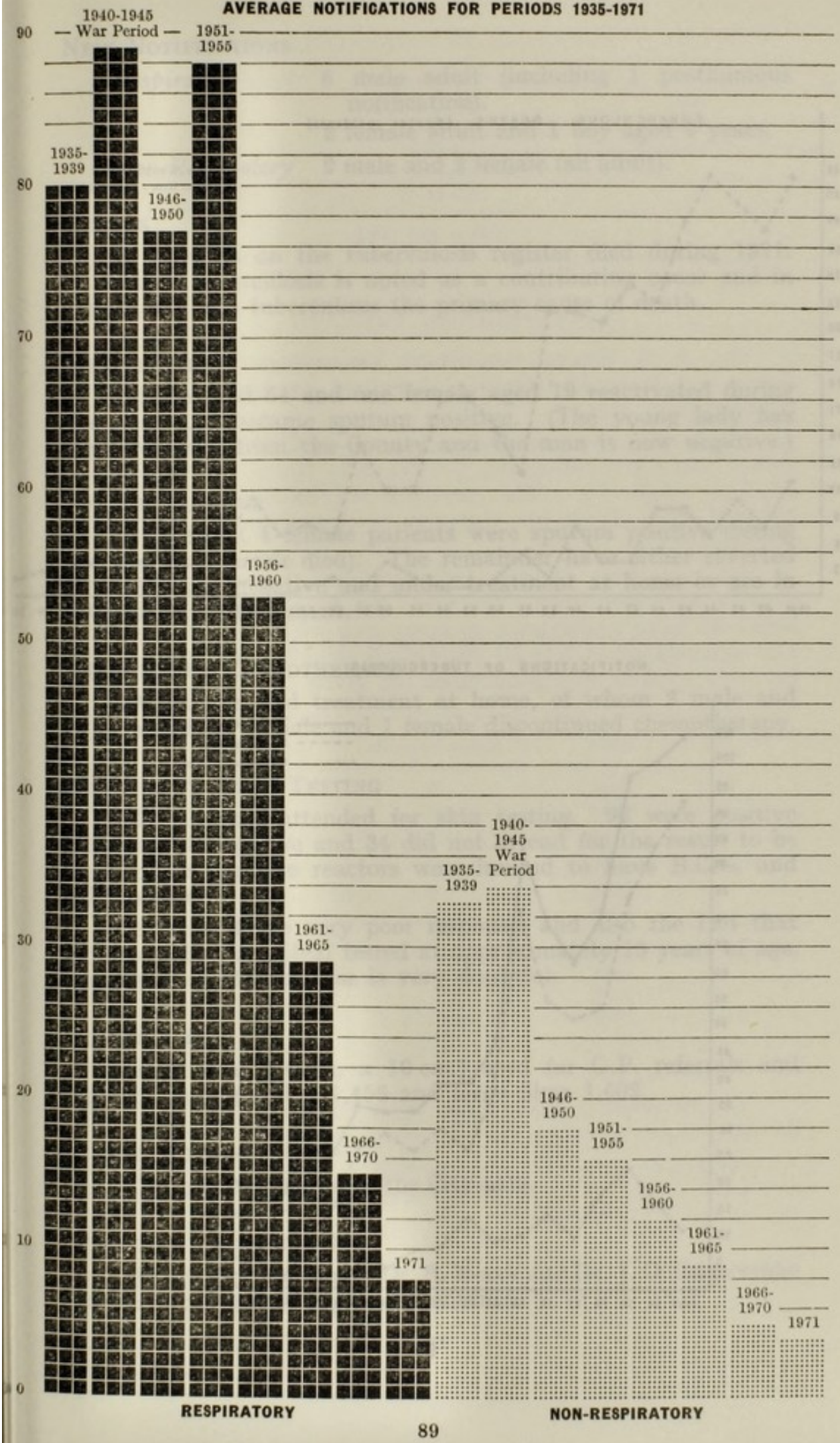
It will be noted that there is a considerable reduction in the number of notifications—the rise seen in the two preceding years having been due, in all probability, to the enlargement of the City boundary.

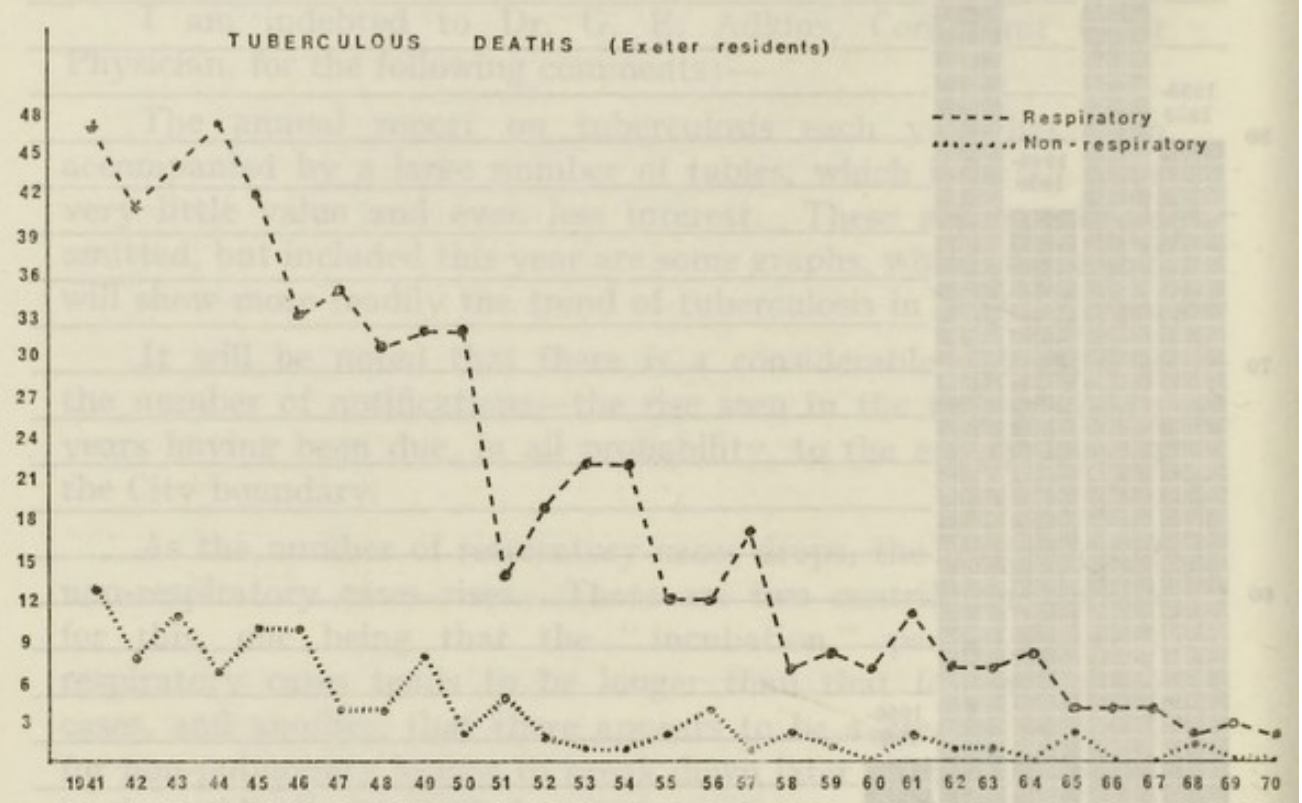
As the number of respiratory cases drops, the proportion of non-respiratory cases rises. There are two contributory causes for this, one being that the "incubation" period for non-respiratory cases tends to be longer than that for respiratory cases, and another, that there appears to be a greater tendency for non-pulmonary lesions to break down later in life. However, in the public health field the respiratory cases are the important ones. Whilst the majority of the respiratory notifications are also in the older age groups, three were in young folk, and two of these were known to have been positive tuberculin reactors at an early age. This underlines the desirability of following up these reactors throughout their adolescence, but as a practical matter, this is by no means easy, as young folk who are otherwise in normal health are reluctant to attend for regular supervision. Twenty cases of strong tuberculin reactors were found at routine school testing this year, but at least six of these were known to have had B.C.G. vaccination.

The number of tuberculosis deaths has also reached a new low level. There is considerable difficulty in deciding whether a death is due to tuberculosis, or is a death is someone known to have suffered from the disease. None of these cases actually died of active tuberculosis.

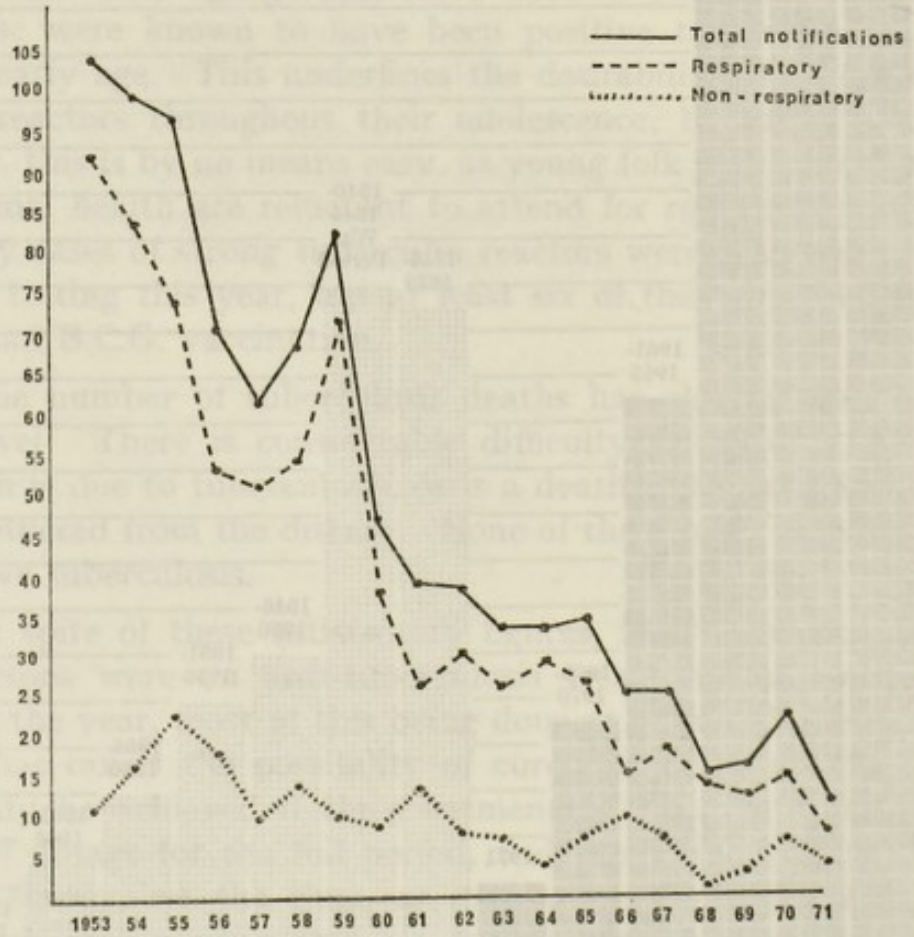
In spite of these satisfactory figures, it is to be noted that 63 persons were on anti-tuberculosis treatment at some time during the year, most of this being done at home. Modern treatment has raised the possibility of cure to 100% but this figure can only be achieved if the treatment is taken continuously in the full dosage for the full period, and this requires close supervision throughout the time, as it is surprising and tragic that some minimal error in this can lead to failure.

TUBERCULOSIS





NOTIFICATIONS OF TUBERCULOSIS



New Notifications

Respiratory	6 male adult (including 1 posthumous notification).
	2 female adult and 1 boy aged 4 years.
Non-Respiratory	2 male and 2 female (all adult).

Deaths

11 patients on the tuberculosis register died during 1971. In 6 cases tuberculosis is noted as a contributing cause and in 1 case only was tuberculosis the primary cause of death.

Reactivation

1 male aged 64 and one female aged 19 reactivated during the year and became sputum positive. (The young lady has since removed from the County and the man is now negative.)

Sputum Positive

5 male and 4 female patients were sputum positive during the year (one female died). The remainder have either reverted to be sputum negative and under treatment at home or are in hospital under treatment.

Domiciliary Chemotherapy

63 patients had treatment at home, of whom 2 male and 1 female died. 3 male and 1 female discontinued chemotherapy.

University Heaf Testing

151 students attended for skin testing. 92 were positive reactors, 25 negative and 34 did not attend for the result to be read. The negative reactors were invited to have B.C.G. and 16 attended.

In view of the very poor response, and also the fact that schoolchildren are Heaf tested at approximately 13 years of age, the value of this exercise is very doubtful.

Radiography

Small films (10 cm. x 10 cm.) used for G.P. referrals and contact work totalled 1,456 and large films 1,602.

Extra Nourishment

This has now ceased in the City area.

Pathology Examinations

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

CASES ON TUBERCULOSIS REGISTER (DECEMBER 31st, 1971).

	Respiratory	*Non-respiratory*
Men	114 (117)	8 (6)
Women	85 (92)	16 (15)
Children	10 (10)	— (—)
	209 (219)	24 (21)

TOTAL 233 (240)

Figures in brackets at 31/12/1970.

VENEREAL DISEASE

Dr. A. J. Evans, Consultant Venereologist at the Royal Devon and Exeter Hospital (Southernhay), has kindly let me have the following notes:—

Of the 643 new cases seen in the Special Clinic at the Royal Devon and Exeter Hospital, Southernhay during 1971, 316 were residents of Exeter. The corresponding figures for 1970 were 502 and 227. There has therefore been a considerable increase in 1971.

No new cases of early infectious (primary and secondary) syphilis were seen during the year, but 57 Exeter patients were found to have gonorrhoea as compared with only 32 in 1970. The figures for the last 10 years (and for 1936, 1946 and 1956) for early syphilis and gonorrhoea are given below:—

YEAR	Early Syphilis	Gonorrhoea
1936	15	59
1946	53	56
1956	5	6
1962	5	15
1963	—	12
1964	2	38
1965	2	21
1966	1	15
1967	—	27
1968	—	42
1969	—	47
1970	1	32
1971	—	57

The increase in gonorrhoea is in keeping with experience throughout the country, but is none-the-less disturbing.

Failure to trace contacts probably accounts for some of this increase. Every effort is being made to increase the success of our contact tracing system.

AMBULANCE SERVICE

AMBULANCE SERVICE

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

Training

The Secretary of State for Social Services and the Ambulance Service Advisory Committee recommended that Ambulance Staff who have been awarded the Ambulance Service Proficiency Certificate, or who have qualified as Instructors, should wear the appropriate badges on their uniforms. At the time of this recommendation this service introduced the Badge, comprising of a circle of a white laurel wreath worn on the left sleeve. Every member of the staff was entitled to wear it.

During 1971 two Trainee Ambulancemen attended the Southern Area Training School with good results and recommendations.

Refresher Courses are still taken every three years by all staff, plus training on new techniques, etc.

Staff

Administration and Control Staff

Ambulance Officer; Station Officer; Assistant Station Officer.

Two Female Clerk/Telephonists; One part-time Cleaner.

Authority has been given to add a part-time clerical worker to the staff to help with increasing demands.

The Clerk/Telephonists' work on alternating shift including Saturday afternoon. They also take over the Control of Vehicles from 17.30 to 22.00 hours.

Operational Staff

5 Shift Leaders; 5 Leading Ambulancemen;

15 Ambulancemen; 2 Trainee/Ambulancemen.

The three Officers are also very much involved on the operational side of the Service.

548 working days were lost due to sickness. 453 days were in respect of four men only, a heart condition, back injury, a fracture and another condition. This to us is more than the loss of two men for a year and involved us in a considerable amount of overtime to give a standard of service and emergency cover.

Authority is being sought for two trainee Ambulancemen for day work in 1972.

Vehicles

The Ambulance Fleet consists of 11 vehicles, but one was taken off the road during the year due to its age and condition.

Authority was given to purchase two multi-purpose ambulances, together with a limousine-type ambulance for long-distance work.

The design of the new vehicle is such that expansion can take place within the existing fleet of 11 ambulances and one limousine-type ambulance.

A full report on the Ambulance Fleet is due to be presented to Committee next year, and a comprehensive fleet replacement programme is being considered.

Ambulance Journeys

Compared with 1970 there was a total increase of 3,360 patients carried and 16,483 miles run. 907 patients were carried in Exeter as a result of accidents and 295 accident patients were carried for Devon. These include road, industrial and accidents at home which constitutes the majority of accident cases.

The greatest increase in work has been in the hospital section with 3,312 additional patients and 17,542 extra miles; this group includes admissions, discharges and out-patients. Infectious disease work continues to diminish, there being 22 patients less in the Exeter area but 5 more from Devon.

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

Hospital Car Service

Devon County Council act as agents for this Authority and carry most of the patients who are unable to walk.

Rail Journeys

There was a decrease of 54 patients conveyed by rail and it is still our intention to reduce medical transport by rail as much as possible. The cost of rail journey is extremely high, as are charges made by other Local Authorities meeting trains and most of the work previously done by rail will be done with the limousine-type Ambulance.

Air Transport

There was no call for this type of transport during 1971.

Conclusion

The morale of the staff at Gladstone Road is high, and because of this we have been able to achieve high standards and have reduced waiting times at out-patient Clinics.

Table XXIX.

Monthly Summary, 1971

Month	Ambulances		D.P. Ambulances		Total Road Journeys		Trains	
	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
January	1,634	9,555	983	3,267	2,617	12,822	5	710
February	1,586	9,152	702	2,223	2,288	11,375	5	787
March	1,717	8,422	844	2,703	2,561	11,125	1	240
April	1,739	10,684	470	1,591	2,209	12,275	4	680
May	1,815	10,486	410	1,459	2,225	11,945	6	1,470
June	2,064	11,030	525	2,165	2,589	13,195	6	1,060
July	2,144	11,133	563	2,082	2,707	13,215	8	1,717
August	1,859	10,702	449	1,856	2,308	12,558	8	946
September	1,931	11,300	463	1,803	2,394	13,103	10	1,696
October	2,206	11,013	486	1,935	2,692	12,948	2	240
November	2,081	10,900	421	1,747	2,502	12,647	5	750
December	2,270	10,766	414	1,920	2,684	12,686	3	573
Totals 1971	23,046	125,143	6,730	24,751	29,776	149,894	63	10,869
Totals 1970	15,476	91,840	10,915	41,814	26,391	133,654	117	34,098

The above Summary does not include Administrative or abortive journeys.

Table XXX.

Classified Summary

Code No.	Classification	Ambulances		D.P. Ambulances		Totals	
		Patients	Miles	Patients	Miles	Patients	Miles
1	Accidents—Exeter	826	2,981	81	276	907	3,257
2	Acute illness—Exeter	1,610	6,834	196	787	1,806	7,621
3	Removals to and from Hospital	18,077	84,566	5,754	15,968	23,831	100,534
4	Administrative and Abortive journeys	173	1,422	71	409	244	1,831
5	Infectious Cases—Exeter	74	409	12	106	86	515
6	" " —Devon	11	407	1	36	12	443
7	Other removals of Devon C.C.	2,039	25,321	519	6,274	2,558	31,595
8	Removals for other Local Authorities	125	1,947	156	1,188	281	3,135
9	Accidents and emergencies—Devon	284	2,678	11	116	295	2,794
	Totals 1971	23,219	126,565	6,801	25,160	30,020	151,725
	Totals 1970	15,630	92,859	11,030	42,383	26,660	135,242

ADDITIONAL INFORMATION

PREVENTION, CARE AND AFTER CARE

Health Education

Health Education this year centred around the theme " Health and Safety for All "—this was linked with the seasonal hazards to which different age groups are exposed.

A number of displays were arranged in the foyer of the municipal library and in the entrance hall of the new Civic Centre, including one in support of the World Health Day theme demonstrating the progress made in the treatment of Diabetes throughout the world.

National Campaigns supported included those organised by the Health Education Council in connection with Smoking and Health, and also Venereal Diseases—this took the form of illustrated talks and discussions, together with a wide poster distribution to schools and youth clubs. Other campaigns included those concerned with Home Safety, Noise, Litter and Firework Safety.

Support was also given to the Royal Society for Prevention of Accidents Campaign concerned with the Safety of Inland Waterways. Discussions were held in the Health Department for representatives of all groups who use the River Exe for any form of diversional occupation.

Water Safety Publicity material was provided by the courtesy of Rear Admiral Chapman of the Advisory Committee of Beach Life Saving in Devon and Cornwall, and used as part of the Annual Water Safety Campaign organised throughout the City.

An invitation to speak to the ladies on the staff of the Ministry of Agriculture, Fisheries and Food at Alphington and Starcross concerning Cervical Cytology and Self-examination of the Breast brought almost a hundred per cent response for pre-cancer testing, which was carried out in special sessions organised by the Cervical Cytology Section with clinic facilities provided by the Ministry. The successful outcome of this request initiated a campaign throughout the City during which a number of firms and organisations employing large numbers of women were visited, with a similar satisfactory outcome. This Campaign continues to meet a positive need, evidenced by unsolicited requests coming in from untapped sources.

Health Education in Schools

Courses in Health Education are given for all pupils in their first year at St. James School—and in Health Education and Personal Relationships in all Secondary Modern girls' schools for pupils in their final year. In general, however, the campaign method has been adopted in this sphere, so that topics of special importance have been made available to pupils of a particular age range in all schools throughout the City. Matters discussed

in this way have included—general rules, smoking, venereal diseases, drugs of addiction and direct resuscitation.

Child care courses have been provided by two health visitors in both St. Thomas' and Priory Secondary Modern Schools; co-operation from members of the teaching staff in both schools has been readily given.

The Health Education Officer has been asked to speak on various subjects associated with health to clubs and other organisations, including Parent Teacher Associations and in schools where educational colleagues have often stated that inviting an outside speaker increases the apparent importance of such matters as posture, dental care or the more banal aspects of personal hygiene.

The subjects for discussion and talks most frequently requested by the public are those concerned with nutrition—particularly with problems of weight control and reduction, all aspects of cancer as well as information concerning drugs and the causes and effects of addiction.

Home Safety

Courses have been arranged as preparation for Red Cross Cadet examinations and at the Royal School for the Deaf in preparation for the Duke of Edinburgh Award Scheme. Talks have also been given in schools and to Pupil Midwives, for whom this is an examination subject.

Resuscitation

Lecture demonstrations have been arranged for Brownies, Girl Guides Companies, British Red Cross Detachments, the Women's Royal Voluntary Service, schools and other organisations, but this important subject seems to have been slightly less requested of late.

In-Service Training

Films and illustrated tape recordings have been shown in the health department to members of the staff and to invited specialist audiences approximately on a monthly basis—in some cases these sessions have been in response to an expressed need or, alternatively, arranged to bring a special subject under review.

Exhibitions

Exeter Flower Show—"Food Facts" was once more the topic chosen for the health education stall; thanks are expressed to the small band of helpers who manned the stall for the duration of the Show and whose voluntary support made this display possible.

People Matter Exhibition—a very large stall was organised for the whole of the health department, with the co-operation of

all its sections. Many members of the public did not seem aware of the extent of the services provided and although the initial exhibition was not as well attended as anticipated, those present seemed to be impressed by what they learnt. The Health Education Officer wishes to thank all colleagues for their splendid co-operation on this occasion as on the many others, when she has received their support and co-operation in allowing health education to form an integral part of the health department as well as in wider spheres.

HOME SAFETY

This Committee met four times during the year and the Water Safety Sub-Committee three times, under the chairmanship of Councillor Mrs. Wing.

Poisonous Substances in the Home

The winter campaign continued throughout the early months of the year—talks being given in several schools and to several Parent Teacher Associations and other groups.

Fire Prevention

The Fire Department continued to organise Door to Door campaigns offering free inspection and advice—the Fire Prevention Officer reported that officers had been accorded a good reception in practically all instances and that the results of the campaign were well worth while.

Domestic Fires

Chip pans—in spite of good publicity and warnings to the public, these continued to be the cause of a high proportion of fires in domestic premises—another frequent cause being defective and also bad amateur wiring.

Dual Unwanted Drugs and Poisons in the Home Campaign

The Drug Abuse Liaison Committee reported that constant reminders were necessary to sustain public action regarding the safe disposal of unwanted drugs in the home, and it was agreed that the committee would arrange for their collection in conjunction with a campaign concerned with the safe care of the many other poisonous substances found in the home. A Steering Committee was formed and the initial preparation for a Spring Campaign carried out.

Water Safety

The sub-committee arranged for Adult Swimming Instruction in the Municipal Baths, one course in the early Spring and the other in the Autumn; both were organised by Mr. W. J. Davies,

Advisor in Physical Education to the Education Department; both courses were fully subscribed and successful in their purpose. Displays were arranged in Colsons Department Store and in the Municipal Library. Lack of adequate swimming facilities in the City remains a cause of concern to the committee.

National Home Safety Committee Meetings and meetings of the South West Regional Home Safety Council were attended by the Secretary, Dr. McLauchlan, thus ensuring a two-way link between developments in this committee and at Regional and National levels.

National Home Safety Campaigns

These comprised " scalds " during the early months of the year, followed by " Plan a Competition " and Water Safety in the Summer, then " Fire Safety " with special reference to fireworks and Christmas safety towards the close of the year.

The Health Education Officer reported that a competition was planned and used successfully at a Young Farmers Rally and subsequently by other organisations—this new light-hearted approach to testing knowledge concerning home safety appeared to be found stimulating and enjoyable by the competitors.

Matters brought to the notice of the Committee and Investigated included Clackers, a new toy of potential danger in children's playgrounds—an extremely brittle type of pram beads; a baby cocoon or pram liner in which a small baby risked suffocation; and disused self-locking refrigerators in which children had actually suffocated.

Lecture Demonstrations concerning the committee's work have been provided for District Nurses, Women's Organisations and groups of young people for whom, in some cases, it has formed part of an examination syllabus. Posters and other publicity material have been displayed in clinics, local authority offices, and other places visited by the public. These, with leaflets and other visual aids, have been made available to teachers, young people concerned with projects, and any who have offered themselves as channels of communication to publicise the work of the committee—thus increasing public awareness of the potential dangers of the home.

HEALTH CENTRES

St. Thomas Health Centre

The year saw no significant change in the activities of the Centre but there was a steady increase in its use by patients, probably due to population increase following the development of new housing estates.

The Centre (in the Western part of the City) has become established and is less of a novelty. Patients have become accustomed to the surroundings and comparisons with former facilities, which were heard so frequently during the months following its opening, have now faded and the organisation of the daily work has become much more a matter of normal routine.

Working together in one building has resulted in General Practitioners and Local Health Authority personnel achieving a good relationship and a better understanding of the role and problems of each other and with the attachment of Health Visitors, Home Nurses and Midwives to practices being completed at the beginning of the year, a further advance was made towards the provision within the Centre of an integrated team to promote a better service for the community.

Mount Pleasant Health Centre

During the year the plans for the proposed Centre (Northern part of the City), to be built on and between Mount Pleasant Road and Old Tiverton Road, were finalised and approved.

Facilities will be provided for six General Practitioners and for Local Health Authority Services. (Building commenced in the Spring of 1972.)

EMPLOYMENT

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

" The estimated insured working population in the Exeter Employment Exchange area in June, 1970 was 52,594 (30,916 males, 21,678 females).

" Exeter is primarily an administrative and commercial centre. About 71% of the estimated working population, numbering some 37,300 people, are employed in the Service group of industries, including such fields as Public Administration, Education, Health Services, Distribution, Transport and Communication, Insurance, Banking and Finance, Hotels and Catering, Garages and Public Utilities. This is a high proportion in comparison with the national average of 52% and the South Western Regional average of 56%.

" Continuing redevelopment has called for an active labour force in the Construction Industry, accounting for approximately 4,700 workers, or about 9% of the total.

" As is to be expected in a non-industrial area, only about 16% of the working population is engaged in Manufacture, and although about 8,000 are so employed the proportion is well below the average of 39% in Great Britain and 33% in the South Western Region. However, although limited in scale the industry

covers a wide field, 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. Industrial Estates exist at Marsh Barton, Pinhoe and Sowton, where provision is made for new industry as well as the re-housing of existing local establishments.

" The remaining 4% of the working population are employed in the Extractive Industries, which include Agriculture, Forestry and Quarrying.

" In accordance with the national trend, unemployment in Exeter during 1971 was higher throughout the year than in previous years. From a peak total of 1,812 in April there was the usual seasonal reduction to 1,464 in June, but by December the total increased to 1,936, made up of 1,563 men, 305 women, 45 boys and 23 girls. It is noteworthy, however, that in the two years January, 1970 to January, 1972, whereas unemployment nationally rose by 16 decimal points, i.e. 2.7% to 4.3%, in Exeter the increase was one of only 8 decimal points, from 3.6% to 4.4%. Economic trends in 1971 provided fewer employment opportunities than in earlier years, but the Employment Exchange succeeded in finding work for 3,114 men and women. This total includes 222 registered disabled persons, as well as 271 men and women placed in employment through the specialist services of the Professional and Executive Register, an increase of 58 over the 1970 figure."

HOUSING

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

During the year ended 31st December 1971, dwellings were completed as follows :—

New dwellings by Council	96
New dwellings by private enterprise	295

Total dwellings provided since the war to the year end are:—

Council			Private Enterprise		Total
*Temporary	Permanent	Rebuilds	New	Rebuilds	
430	5,741	21	5,640	210	12,042

* 405 of these temporary bungalows have been disposed of by the end of 1971 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, 1971

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 1971
Tuberculosis	1	1	—	—	—	—
Statutory overcrowding	1	—	1	—	—	—
Sub-standard property	7	5	—	1	1	—
Social overcrowding conditions	8	6	—	1	1	2
Other medical social reasons	43	11	—	29	3	7
Other medical reasons	55	8	2	42	3	15
Totals	115	31	3	73	8	24

Note : In addition to the above there were 28 cases considered where no medical points were recommended, but 13 of these were supported.

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).

St. Nicholas House (12 mothers and babies).

Withymead Nursing Home (20 chronic ill and convaleseent cases).

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

NURSES AGENCIES

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

No registrations were made during the year.

NATIONAL HEALTH SERVICE EXECUTIVE COUNCIL

The Clerk of the Executive Council for Devon, Exeter and Torbay (Mr. S. M. Edwardson, LL.B., D.P.A.) has kindly provided the following information:—

At the year end, the Council's list for the City of Exeter contained the names of 46 Doctors, 1 Assistant Practitioner and 42 Dentists. In addition, there were 29 Chemists and Surgical Appliance suppliers, 12 Ophthalmic Medical Practitioners, 12 Ophthalmic Opticians and 5 Dispensing Opticians.

Cost of Health and public Health Services

The total nett cost of the health and public health services in Exeter for the financial year 1971/72 was £360,680, as against £307,322 for the previous financial year.

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