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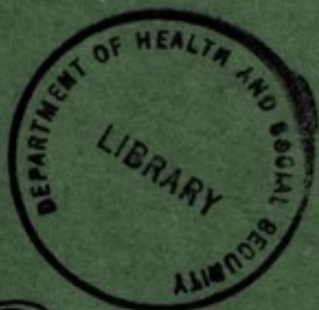


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CITY OF EXETER



HEALTH SERVICE

ANNUAL REPORT 1972



CITY OF EXETER

Introduction	5
Committee and Staff	11
Statistical Information	12
Environmental Health	20
Community Nursing Services	32
Maternal and Child Health	39
Adult Health	40
Additional Information	100
Index	110



ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH
FOR 1972



G. P. McLAUHLAN, M.B., CH.B., D.P.H., D.C.H., M.F.C.M.,
Medical Officer of Health,
HEALTH DEPARTMENT,
" MORWENSTOW ", 7, BARNFIELD CRESCENT,
EXETER.

TELEPHONE : 77888.

CITY OF EXETER



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CONTENTS

	<i>Page</i>
Introduction	5
Committee and Staff	11
Statistical Information	15
Environmental Health	27
Community Nursing Services	53
Maternal and Child Health	63
Adult Health	81
Infectious Diseases and Control of Infectious Diseases	87
Ambulance Service	103
Additional Information	109
Index	119

CONTENTS

Page	Introduction	5
11	Committee and Staff	11
15	Statistical Information	15
27	Environmental Health	27
53	Community Nursing Services	53
63	Maternal and Child Health	63
81	Adult Health	81
87	Infectious Diseases and Control of Infectious Diseases	87
103	Ambulance Service	103
109	Additional Information	109
119	Index	119

to assist in the planning of the health service in the Devon Joint Liaison Committee. The Committee is made up of the Devon Joint Liaison Committee, the Exeter District Council and the Devon Health Department. Since the start of the National Health Service in 1948 the service has been divided into three parts, although each is complementary to the others. The hospitals have been managed by Regional Hospital Boards and under the Group Hospital Management Committee, the family doctors, dentists, pharmacists and opticians by Executive Councils and the community and personal health services by local authorities. Although there has been increasing liaison between the three parts there seems no doubt that total health care can be better planned by one authority, having responsibility for the whole service. Change is always transient and can only be justified if it leads to an improved service and I think that after the initial difficulties are resolved it is likely that an integrated health service will lead to this type of change in Devon. A considerable part of a Medical Officer of Health's work consists of statistics and statements of facts in numerical form and are useful indices. Before drawing conclusions from them you must be sure that you are interpreting them correctly. Correct interpretation will usually require considerable background information.

INTRODUCTION

Mr. Mayor, Ladies and Gentlemen,
I have the honour to acknowledge the receipt of your letter of the 11th inst. in relation to the proposed health service in the City of Exeter. I am glad to hear that you are interested in the health service and I am sure that you will find the following information of interest.

The Devon Health Department is a body established by the Devon Health Act, 1947, and is responsible for the health service in the County of Devon. It is made up of the Devon Joint Liaison Committee, the Exeter District Council and the Devon Health Department. Since the start of the National Health Service in 1948 the service has been divided into three parts, although each is complementary to the others. The hospitals have been managed by Regional Hospital Boards and under the Group Hospital Management Committee, the family doctors, dentists, pharmacists and opticians by Executive Councils and the community and personal health services by local authorities. Although there has been increasing liaison between the three parts there seems no doubt that total health care can be better planned by one authority, having responsibility for the whole service. Change is always transient and can only be justified if it leads to an improved service and I think that after the initial difficulties are resolved it is likely that an integrated health service will lead to this type of change in Devon. A considerable part of a Medical Officer of Health's work consists of statistics and statements of facts in numerical form and are useful indices. Before drawing conclusions from them you must be sure that you are interpreting them correctly. Correct interpretation will usually require considerable background information.

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1947-48
EXETER
1949

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

September, 1973.

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,

Planning for the reorganised health service started in the Autumn with the setting up of the Devon Joint Liaison Committee of which your Chairman and myself are members. From 1st April, 1974 Environmental Health will become the responsibility of the new Exeter District Council and the community and personal health services of the present Health Department become the responsibility of the Devon Area Health Authority. Since the start of the National Health Service in 1948 the service has been divided into three parts, although each is complementary to the others. The hospitals have been managed by Regional Hospital Boards and under the Group Hospital Management Committees, the family doctors, dentists, pharmacists and opticians by Executive Councils and the community and personal health services by local authorities. Although there has been increasing liaison between the three parts there seems no doubt that total health care can be better planned by one authority, having responsibility for the whole service. Change is always traumatic and can only be justified if it leads to an improved service and I think that after the initial difficulties are resolved it is likely that an integrated health service will lead to this.

A considerable part of a Medical Officer of Health's report consists of statistics. Statistics are statements of facts in numerical form and are useful indices. Before drawing conclusions from them you must be sure that you are interpreting them correctly. Correct interpretation will usually require considerable background information.

Births.

The number of births was down 102 from last year and over the period from 1968 has fallen by 257. The birth rate of 12.15 is the lowest recorded in Exeter.

One would like to assume that this is the result of family planning services provided by the Committee. However, the extension of the service to provide free advice to all women did not start until October and so was too late to affect the births for 1972. The intelligent use of family planning must have contributed, but I am disturbed to find the fall in the number of births during the last few years has been accompanied by an increase in the number of therapeutic abortions done in Exeter. It is not possible from the information available to identify how many of these if not terminated would have resulted in a birth recorded in Exeter. If full use is made of family planning therapeutic abortions should rarely be required and I hope the stage will be reached when this is so. The total number of illegitimate births is down but the proportion of all births remains above 8%. It is likely that abortions account for a larger proportion of the fall in illegitimate than other births, so the proportion of pregnancies is likely to be higher. There is no doubt from these facts that a substantial number of pregnancies continue to occur in unmarried girls and while the best answer is "don't do it", this does not seem to be having any effect. The alternative of making contraceptive advice more easily available to unmarried girls must be the aim of a responsible family planning service.

Deaths.

The deaths though slightly up on last year's still remain below the national level. Unfortunately they include this year the only maternal death in the City since 1966—it followed an abortion late in pregnancy. With most people living to old age degenerative diseases of the circulatory system accounted for half the deaths and malignant disease for a further fifth. The number of deaths from lung cancer has dropped by about 11% and it is to be hoped that this is the start of a downward trend in the incidence of this disease.

Child Health.

As I reported in last year's report in 1972, we introduced developmental assessment examinations in our child health clinics. The number of mothers taking advantage of opportunities offered has varied from clinic to clinic, but on the whole has been satisfactory. Changes of approach will be necessary in some clinics if a fully successful service is to be achieved. The situation of children who have been in the special care baby unit in the Royal Devon and Exeter Hospital (Heavitree) and who attend a follow-up clinic in the hospital for some time after discharge was discussed with Dr. Brimblecombe, the Consultant Paediatrician at

the unit. To avoid the need for mothers to attend two clinics it was arranged that one of our doctors would hold a developmental assessment clinic in the hospital each week. This arrangement has proved very satisfactory and is another link in the close co-operation between our department and the hospital.

The aim of developmental assessment is to identify at an early stage any deviation from "normal" development—it is impossible to define "normal" in this context as individual and family traits will influence this. Having identified an apparent deviation action will vary according to circumstances from simply keeping the child under observation to a more intensive diagnostic examination. Plans are now well advanced for the building of a multi-disciplinary assessment centre in Exeter by the Department of Health. This will enable complete diagnostic examination by doctors, psychologist, educationists, speech therapists and other disciplines that must be involved if a total assessment of a child's ability is to be made.

One group of children we have been concerned with in Exeter for some time are those we term "socially deprived" children who through lack of stimulation by play and conversation do not develop their full potential and start school at a disadvantage which may continue throughout their school life. Arrangements were made during the year with the Play Groups Association to run a playgroup for "socially deprived" children in the Shakespeare Road clinic which the Committee allows the group to use without charge. This has now started and is proving very successful, though unfortunately is only able to help a small proportion of the children needing such help. There is a great need for several such playgroups in the City.

Community
Nursing
Services.

Attachment of all nursing staff is now complete and in most practices the health visitor and midwives are responsible also for visiting practice patients in the County area. It is hoped during 1973 to extend this to include all practices and also the home nurses.

The role of the health visitor is changing and the concentration on the care of infants and young children is taking up less of their time though still remaining an important part of their work. The elderly are now involving more of their time and with attachment they are necessarily more involved in medico-social family problems that they previously did not know of. Their new role is not yet a clearly defined one and is disturbing to some health visitors, but I can see that a pattern will emerge as they are called in to meet new situations.

During the year we installed mobile radios for midwives and home nurses using the ambulance control room as base station. Although limited to five mobile sets this has proved invaluable in allowing nursing officers to contact midwives and midwives to call for help without leaving the expectant mother, and has given them more freedom of movement when they are on call. It is also now possible to contact a home nurse in emergencies.

Terminal Care.

One should never say that "nothing more can be done for this patient". A stage may be reached when one has to say that nothing more can be done to cure this patient, but this is the stage that terminal care will start. The care provided during this period should be of as high a standard as in curative treatment. Hospital admission may be necessary for terminal care, though available beds are limited, but most would prefer to remain in their own homes if sufficient support can be given. We have got to look carefully as to whether the support we can give is adequate and this involves both the health and social services departments, the general practitioner and the hospital services. I have set up a small working party with representation from all the services involved to look at the terminal care provided in Exeter and suggest changes needed.

In the health department the home nurses are those mostly involved and in addition to attending to the needs of the patient they must be able to provide sympathy and understanding with the relatives and involve them in the care of the patient. We are already able to provide nursing care in the evenings and we are now looking to the need of providing some night cover on a continuing basis—we can already provide a nurse during the night in emergency situations.

On the death of the patient all services normally stop, but at this time and perhaps more important a week or two later the relatives will often need some support and this need must be looked at and who can best provide the support when it is needed and wanted.

Ambulance Service.

With the development of intensive care units in hospitals it is becoming more and more important that the patient reaches the unit in as good condition as possible. The unit is of little use if the patient dies between the time of the accident or medical emergency and his admission. In most cases the ambulanceman is the first person to reach the accident or other emergency and the future of the patient depends more than ever on the standard of primary care given by him at the scene of the accident and during transportation to the hospital. This requires a high calibre

of ambulancemen and we are fortunate in Exeter in having no difficulty in recruiting staff of the necessary calibre. Training courses are arranged and attended by our staff, but continuous in-service training is necessary in the special skills needed and in keeping the staff up to date in the use of these skills. It is also important that suitable vehicles are available and that they are well equipped. The Committee has accepted this need and a programme of fleet modernisation is well in hand.

Occupational
Health
Service.

This year the service was extended to offer screening examinations to all staff over 40. This is still in the experimental stage at present and it is not possible yet to say how useful this form of examination will be.

I would like to express my thanks to Mrs. Wing, the Chairman, and to all members of the Health Committee for their continuing support, and also to the professional and clerical staff of the department without whose help it would not be possible to maintain an efficient and progressive department.

G. P. McLAUHLAN,

Medical Officer of Health.

CITY AND COUNTY OF THE CITY OF EXETER

The Mayor—

ALDERMAN G. A. JOY.

HEALTH COMMITTEE

at 31st December, 1972

Chairman—

COUNCILLOR MRS. A. WING.

Deputy Chairman—

ALDERMAN H. T. HOWE.

Councillor Miss M. BASTIN.

Councillor P. F. BREALEY.

Councillor G. E. H. HARDING.

Alderman W. J. HARRISON.

Councillor R. J. HILL.

Councillor M. J. HOPKINS.

Councillor Mrs. M. B. LONG.

Councillor W. H. MARDON.

Councillor R. H. M. PALMER.

Councillor Mrs. J. R. PEPPER.

Councillor Mrs. J. M. RICHARDSON.

Councillor Mrs. C. A. SAW.

Co-opted Members—

Dr. M. E. M. COOK.

Mr. B. A. FOSTER.

Mrs. A. ROBB.

Mrs. A. T. SOPER.

Town Clerk—

A. E. BENNETT, Esq.

STAFF AT 31st DECEMBER, 1972

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 Officers.

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

DAVID B. STEPHENS, M.B., CH.B.

Consultant Chest Physician.

DR. G. E. ADKINS.

Principal Dental Officer.

EDWARD G. READER, L.D.S., DIP. ORTH., R.C.S., F.D.S.

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., M.I.L.G.A.,

*and staff of 10 Public Health Inspectors; 1 Pupil Public Health Inspector;
2 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.

Health Nurses 5.

Student Health Visitor 1.

Approved Teaching District

Training Officer, Home Nursing 1.

Midwives 5.

District Midwife 1.

District Nurse Midwives 3.

District Nurses S.R.N., 21.

District Nurses S.E.N., 8.

Nursing Auxiliaries 3.

Pupil Midwives 13.

Nurses, St. Thomas Health Centre 2.

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
2 Trainee Ambulancemen and 2 Control Assistants.

Chief Administrative Officer.

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. M. EVES-DOWN.

Clerks—Full-time 19.

Part-time 9.

GENERAL STATISTICS

Area in acres	11,037
Population (1971 Census)	65,729
Population (Estimated Civilian) Mid-year 1972	64,180
Rateable Value (as at 1/4/72)	£2,984,604
Sum represented by a penny Rate	£37,888
Dwellings (as at 1/4/72)	31,344

VITAL STATISTICS

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

Live Births:	
Number	1,102
Rate per 1,000 population—Crude 12.7, adjusted	12.7
Estimated Live Births, per cent of Total Live Births	8.4

STATISTICAL INFORMATION

VITAL STATISTICS

BIRTHS AND DEATHS

Stillborn:	
Number	18
Rate per 1,000 Live and Stillbirths	14.9
Total Live and Stillbirths	1,211
Infant Deaths (Deaths under 1 year):	
Number	10
Rate per 1,000 live births	12.4
Neonatal Deaths (Deaths under 4 weeks):	
Number	12
Rate per 1,000 live births	10.4
Early Neonatal Deaths (Deaths under 1 week):	
Number	8
Rate per 1,000 live births	6.7
Fetatal Mortality Rate (Stillbirths and deaths under 1 week combined) per 1,000 live and stillbirths	21.8
Maternal Mortality (including abortion):	
Number of Deaths	1
Rate per 1,000 live and stillbirths	0.8
Deaths (all ages):	
Number	1,178
Rate per 1,000 population—Crude 12.6, adjusted	12.1

Area comparability factor: Births 0.96; Deaths 0.82

GENERAL STATISTICS

Area in acres	....	....	....	....	....	11,037
Population (1971 Census)	....	....	....	....	....	95,729
Population (Estimated Civilian) Mid-year 1972	....	....	....	....	....	94,180
Rateable Value (as at 1/4/72)	....	....	....	....	....	£5,984,604
Sum represented by a penny Rate	....	....	....	....	....	£57,866
Dwellings (as at 1/4/72)	....	....	....	....	....	31,344

VITAL STATISTICS

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

*Exeter. England and
Wales.*

Live Births:

Number	1,193	
Rate per 1,000 population—Crude 12.7, adjusted	12.2	14.8

Illegitimate Live Births, per cent of Total Live Births	8.4	8.7
---	-----	-----

Stillbirths:

Number	18	
Rate per 1,000 Live and Stillbirths	14.9	12.0

Total Live and Stillbirths	1,211	
----------------------------	-------	--

Infant Deaths (deaths under 1 year):

Number	16	
Rate per 1,000 live births	13.4	17.0

Neonatal Deaths (deaths under 4 weeks):

Number	12	
Rate per 1,000 live births	10.1	12.0

Early Neonatal Deaths (deaths under 1 week):

Number	8	
Rate per 1,000 live births	6.7	10.0

Perinatal Mortality Rate (Stillbirths and deaths under 1 week combined) per 1,000 live and stillbirths

21.5	22.0
------	------

Maternal Mortality (including abortion):

Number of Deaths	1	
Rate per 1,000 live and stillbirths	0.8	

Deaths (all ages):

Number	1,179	
Rate per 1,000 population—Crude 12.5, adjusted	11.1	12.1

Area comparability factor: Births 0.96; Deaths 0.89.

Table I.
VITAL STATISTICS — 1900-1972

Year	Estimated Mid-Year Population	Live Births	Birth Rate ("adjusted" since 1954)	Deaths	Death Rate "adjusted" from 1924)	Stillbirths	Stillbirth Rate	Infant Deaths	Infant Death Rate per 1,000 Live Births	Neo-natal Deaths No. Rate	Maternal Deaths No. Rate
1900	(a)47,650	831	21.9	731	18.0			114	138		
1901	47,000	1,084	23.1	830	16.4			164	152		
1902	47,185	1,021	21.3	834	16.5			170	167		
1903	47,185	1,071	22.6	775	15.3			141	131		
1904	47,600	1,115	23.4	828	17.4			185	166		
1905	47,800	1,060	22.4	723	15.5			132	122		
1906	48,000	1,036	21.7	708	14.7			134	127		
1907	48,200	1,057	21.9	823	17.0			142	134		
1908	48,200	1,131	23.4	804	16.6			143	126		
1909	48,500	1,115	23.0	762	15.7			113	101		
1910	48,700	1,003	20.6	746	13.0			97	97		
1911	48,700	976	19.8	797	15.0			120	124		
1912	48,700	1,010	20.6	753	13.0			96	96		
1913	49,000	956	19.4	847	14.0			95	100		
1914	(b)60,317	1,193	19.7	900	13.0			101	85		
1915			18.0		14.0				87		
1916	Not Published	Not Published	17.0	Not Published	15.0			Not Published	87		
1917			15.0		16.0				78		
1918			15.0		16.0				61		
1919	61,475	1,531	15.0	807	12.0			71	79		
1920	62,332	1,400	22.4	739	11.0			94	67		
1921	59,500	1,061	19.0	765	12.0			108	96		
1922	59,700	1,015	17.0	871	13.0	34	57	70	67		
1923	60,260	1,021	17.0	733	11.0	58	56	62	61		
1924	60,160	1,010	17.0	779	12.0	55	56	60	59		
1925	60,410	1,101	16.0	872	11.0	44	52	73	74	31 28	5 4.8
1926	60,990	1,066	16.0	792	11.0	41	58	69	68	28 28	3 2.8
1927	61,220	1,083	16.0	752	10.0	42	59	57	60	28 26	5 5.1
1928	62,030	956	15.0	773	10.0	48	61	66	69	23 24	4 3.9
1929	61,880	1,141	16.0	863	12.0	41	52	52	53	25 23	3 3.1
1930	61,880	944	15.0	759	10.0	36	46	47	50	21 22	5 4.2
1931	64,780	934	14.0	862	10.8	45	46	53	57	30 32	Nil Nil
1932	66,200	950	14.0	798	9.8	42	47	50	57	35 37	3 3.0
1933	67,300	940	13.9	885	10.7	36	44	51	54	33 34	3 3.1
1934	67,800	1,021	15.0	785	10.0	42	39	57	56	27 26	3 2.8
1935	68,300	982	14.3	815	10.3	41	40	33	34	25 25	1 0.9
1936	68,650	915	13.3	890	11.3	43	44	57	62	29 32	2 0.9
1937	69,240	980	14.1	885	11.1	41	40	55	56	34 35	1 0.9
1938	69,160	1,010	14.6	888	11.1	48	46	57	56	32 32	1 0.9
1939	69,890	936	13.4	908	11.1	37	38	40	42	24 26	3 3.1
1940	(c)73,830	1,012	13.7	1,083	13.3	37	35	41	40	26 26	2 1.8
1941	(d)81,430	1,027	12.8	Not Published	13.4	35	32.9	79	68	42 41	5 4.1
1942	73,800	1,065	14.4		15.8	31	29.2	53	50	32 30	3 2.7
1943	68,520	1,051	14.3		13.4	35	32.2	51	49	35 33	3 2.8
1944	68,180	1,334	19.6		13.7	36	26.3	59	44	32 24	8 5.8
1945	69,070	1,246	18.1		13.8	29	23.3	70	56	33 27	4 3.1
1946	72,910	1,444	19.8	930	12.7	42	28.3	70	49	45 31	4 2.7
1947	74,160	1,428	19.2	994	13.4	34	23.2	82	57	47 33	4 2.7
1948	75,150	1,316	17.5	807	10.7	42	30.9	24	18	15 11	2 1.5
1949	76,590	1,192	15.6	993	11.7	31	25.3	30	25	25 21	1 0.8
1950	77,260	1,130	14.6	938	10.9	22	19.1	36	32	28 25	1 0.8
1951	76,200	1,098	14.4	1,060	12.5	33	29.1	33	30	24 23	0 0
1952	76,600	1,101	14.4	922	10.8	27	23.9	24	22	18 16	1 0.9
1953	76,700	1,132	15.0	916	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	921	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	79,950	1,221	15.6	1,027	10.9	27	21.6	25	20.5	13 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 8.8	0 0.7
1967	92,550	1,475	16.7	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
1972	94,180	1,193	12.2	1,179	11.1	18	14.9	16	13.4	12 10.1	1 0.8

(This table was compiled by Mr. R. W. Stiles, Chief Administrative Officer 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 Althampton, Pinhoe and Topsham incorporated within City Boundary, 1st April 1966.

BIRTHS

During 1972, there were 2,460 live births and 42 stillbirths which took place in the City. There were also 11 live births which were "transferred-in".

Table II.

Notifications of Births which took place in Exeter.

PLACE OF BIRTH	EXETER RESIDENTS		NORMALLY RESIDENT OUTSIDE EXETER		TOTAL	
	Live births	Still births	Live births	Still births	Live births	Still births
Domiciliary	87	—	1	—	88	—
Hospitals	1,107	19	1,237	23	2,344	42
Mother and Baby Homes	—	—	28	—	28	—
Others	—	—	—	—	—	—
TOTALS	1,194	19	1,266	23	2,460	42

"Transfers-in" of Births :

Domiciliary	—	} 11—all live born—8 notified by the Registrar General and 3 by Birth Notifications.
Hospital	10	
Nursing Homes	—	
Mother and Baby Homes	1	

There were, therefore, a total of 1,224 babies, including 19 stillbirths and 11 twins born to Exeter mothers in 1972. 87 (7.1%) took place at home and 1,137 (92.9%) 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 1972 as 1,211, including 18 stillbirths.

Table III.

ILLEGITIMATE BIRTHS
(REGISTRAR GENERAL'S FIGURES)

YEAR	EXETER			ENGLAND AND WALES		
	Total Live Births	Illegitimate	%	Total Live Births	Illegitimate	%
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
1972	1,193	100	8.4	725,405	62,498	8.7

Table IV.

LIVE BIRTH RATE

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

Year	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Live Birth Rate : England and Wales	18.1	18.4	18.0	17.7	17.2	16.9	16.3	16.0	16.0	14.8
Live Birth Rate : (crude)	16.5	15.6	16.7	15.6	15.9	15.8	14.2	14.8	13.8	12.7
Exeter : (corrected)†	16.4	15.4	16.5	15.4	15.7	15.6	14.1	14.7	13.7	12.2
Illegits. as percentage of total live births :										
Exeter	6.9	8.8	7.5	8.2	10.6	9.0	8.9	8.6	9.1	8.4
England and Wales	6.9	7.2	7.7	7.8	8.4	8.5	8.4	8.2	8.3	8.7

†Corrected by the R. G.'s comparability factor (0.96 in 1972).

Table VI.

STILLBIRTHS, 1972

Consecutive Number	Sex	Legitimate or Illegitimate	Weight in Grammes	CAUSE	Age of Mother	Social Classification
1	M	L	3,629	Difficult delivery. Failed forceps. Tentorial tears	26	3
2	M	L	3,459	Toxaemia in obese mother	24	3
3	F	L	1,620	Malpresentation of foetus, marked prematurity	25	3
4	F	L	0,907	Congenital abnormality (Anencephalic)	25	3
5	F	L	0,794	Congenital abnormality (Anencephalic)	26	1
6	F	L	3,288	Ruptured uterus. Failed forceps	29	2
7	F	L	3,203	Failure to give prompt treatment for foetal distress	31	3
8	F	L	2,381	Placental ischaemia	24	2
9	M	L	2,722	No reason found. (Post-mortem)	21	2
10	M	L	3,998	16 days postmature. Cord round neck	30	3
11	F	L	2,537	Congenital abnormality (hydrocephalus and spina bifida)	30	4
12	M	L	0,907	Raised maternal blood pressure	25	3
13	F	L	2,750	Cause not known	21	4
14	M	L	1,077	Toxaemia	24	3
15	M	L	0,655	Cause not known	36	3
16	M	L	0,794	Congenital abnormality (Anencephalic)	25	2
17	M	L	2,552	Toxaemia	23	3
18	M	L	1,930	Congenital abnormality (Anencephalic)	22	2
19	F	L	1,320	Congenital abnormalities (Anencephalic, spina bifida)	20	4
10 M 9 F		11 I 18 L				
19						

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.

There were 1,179 deaths registered in 1972 compared with 1,153 in 1971. The main causes are shown in Table VII supplied by the Registrar General.

Cancer deaths show a slight reduction; 265 compared with 270 in 1971, but since this latter figure was the highest number of cancer deaths ever recorded in a single year, this is no cause for complacency.

Ischaemic heart disease accounted for just over a quarter of the total deaths; 80% of these deaths were in persons aged 65 years or over. All forms of heart disease accounted for half of the total deaths.

Seventeen deaths were as a result of motor vehicle accidents and twenty-five were classified as "all other accidents". This latter category does not receive the publicity that motor vehicle deaths occasion but it is an inescapable fact that many of these deaths are avoidable. Health educationalists have for many years given publicity to the dangers in the home environment, both indoors and out, and have stressed the need for vigilance at all times, especially when elderly persons are present.

Three-quarters of all deaths occurred to persons aged 65 and over, nearly half of all deaths being in the age group 75 and over. In the 1971 Census report, it was shown that nearly 14,000 (approximately 1 in 7) of the population of the City was aged 65 or over; a reminder that our senior citizens constitute a large proportion of the total population and that any health plans for the future must be geared accordingly.

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
1948 — 1972.

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*
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	—	—	1,162	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	21
1971	—	—	1,295	22	13.7	17.0	12	9	16.2	34	24	
1972	1	0.8	1,193	18	12.2	14.9	12	4	13.4	30	21	

*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 DEATHS

It was disappointing to have the first maternal death in Exeter since 1966.

The death was due to a pulmonary embolism following a hysterectomy to terminate a 16 weeks' pregnancy in an obese, hypertensive patient in whom the risks of continuing the pregnancy were high.

Four lessons can be learnt from this tragedy.

- (1) More education should be given to the public to encourage them to accept contraceptive help where a pregnancy is undesirable.
- (2) More education should be given in the dangers of obesity.
- (3) Known hypertensive patients should be treated.
- (4) Where a woman suspects she is pregnant and the pregnancy is undesirable, she should be encouraged to report it as soon as possible so that a termination can be performed as early in pregnancy as possible.

Table IX.
INFANT DEATHS IN 1972

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	3,459	3 months	Cot death	1 L./B.	20	5
2	M	L	3,289	7 months	Hydrocephalus and meningomyelocele	1 L./B.	23	2
3	M	L	2,610	8 weeks	Patent ductus arteriosus and heart failure	—	26	1
4	M	L	2,340	5 days	Volvulus and acute intestinal obstruction	1 L./B.	24	3
5	M	L	652	6 hours	Respiratory distress syndrome and prematurity due to incompetent cervix	1 M.	—	—
6	M	I	1,995	45 minutes	Multiple congenital abnormalities, including absence of kidneys	3 M.	24	4
7	F	L	3,800	9 days	Large myelomeningocele and spina bifida	4 L./B.	33	4
8	F	L	2,615	2 months	Adrenal infarction—cause unknown	1 M.	27	4
9	M	L	1,680	17 days	Respiratory distress syndrome and prematurity	2 L./B.	27	3
10	F	L	2,941	7 hours	Respiratory distress syndrome with intraventricular haemorrhage. Mother diabetic	—	36	2
11	M	L	Not weighed	10 days	Exomphalos and bronchopneumonia	—	25	4
12*	M	L	921	25 minutes	Respiratory failure and gross prematurity	—	18	3
13*	M	L	4,000	1 day	Adrenal haemorrhage, heart failure and idiopathic cardiomegaly	Not known	Not known	3
14	M	L	2,041	1 day	Congenital heart disease. Trisomy 18	—	22	4
15	M	L	1,555	9 hours	Atelectasis and prematurity. No ante-natal care	2 L./B.	25	4
16	F	L	600	1 week	Septicaemia and bronchopneumonia and gross prematurity	—	19	3
TOTALS	11 M 5 F	15 L 1 I	- 2,500 = 8 2,500 + = 7 unweighed 1	- 7 days = 8 7-28 = 4 days 28 days + = 4				
GRAND TOTALS	16	16	16	16				

* Inward Transfer.
Total infant deaths per 1,000 total live births = 13.4.
Legitimate infant deaths per 1,000 legitimate live births = 13.7.
Illegitimate infant deaths per 1,000 illegitimate live births 10.0.

* M = Miscarriage. 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

It is very pleasing that during 1972 a full establishment of staff was secured and maintained. The remaining vacancy of P.H.I. was filled early in the year by the appointment of Mr. P. Townson from Manchester C.B.C. Two authorised Meat Inspectors, Mr. J. F. Handford and Mr. A. Ross, resigned in the summer but any temporary difficulties were overcome by the early appointment of Mr. B. Glithero, who came to us after returning to this country from a post in Botswana. The remaining post of Meat Inspector was deleted from the establishment and replaced by an additional post of P.H.I. This gave added flexibility and was filled by Miss J. Robinson (now Mrs. J. Baker), one of our pupil P.H.I.s, who qualified during the year. Our other pupil, Miss Y. Fitzgerald, also qualified but unfortunately no vacancy was available up to the end of the year. The vacant pupil post was filled by Mr. R. Harding, who commenced studies on the 3-year Sandwich Course for P.H.I.'s at Bristol Polytechnic in September.

I found it necessary to undertake some reallocation of duties between Inspectors and specialisation was introduced for housing work and noise control. The advantages of adopting a specialist attitude have been clearly demonstrated by the depth of approach and intensity of work which have subsequently been produced on these matters.

The absence of staff difficulties together with the redistribution of activities contributed to a very satisfactory year's work and there was progress in most aspects of environmental health work but particularly in the assessment of house condition, the control of houses in multiple occupation and the enforcement of the Offices, Shops and Railway Premises Act, 1963. Like other local government officers, the minds of P.H.I.'s have been very much upon the forthcoming reorganisation of local government and it is therefore particularly pleasing that such good progress should be made during such a difficult period. This I think reflects very highly on all my staff.

Whilst, quite understandably, much thought is being given to the future of local government, it is also very interesting to reflect on the past. Since 1972 was my first full year in office,

I looked up the first Annual Reports of the last two of my predecessors. In the Report for 1912, Mr. A. E. Bonham commented that it was a year "of trying and exceptional circumstances. For about six months of the year Scarlet Fever was epidemic in the City and, notwithstanding prompt measures of isolation and disinfection, it at times got quite out of hand".

Mr. F. G. Davies in the Report for 1946 drew attention to the controls brought by war which had proved of decided advantage in connection with food premises. It was necessary, before new premises were opened, for a licence to be granted by the Food Executive Committee. Mr. Davies commented that the Committee invariably sought his opinion and this assured that all newly-licensed premises complied with his requirements in respect of washing facilities and sanitary accommodation for staff and patrons. It is regrettable that such controls do not exist today.

FLOODING

Reports were received during the morning of Wednesday, 19th July of flooding in various parts of the City due to an extremely heavy rainstorm. This storm lasted about 3 hours and for part of the time rain fell at the rate of 4.6 in. per hour. Statistically, the chance of this occurring is about once in 200 years.

Consequently water courses were blocked, and some flooding of houses occurred. These areas were largely in the North-East and Eastern sides of the City. Public Health Inspectors were detailed to survey these areas for preliminary assessment of damage, and to offer help as available. A total of 138 dwellings were visited. Many wooden suspended floors were opened and examined, and disinfectant was issued in areas possibly contaminated. Twelve large gas-operated heaters were obtained and issued to help dry out houses affected.

The following day arrangements were made to collect wet and filthy carpets from affected houses and these were hosed with a detergent/steriliser, and dried. These carpets were returned later under the Inspector's direction.

PART II

HOUSING

During the early part of 1972 a complete survey of private housing in the City was undertaken, initially from the main viewpoints of age and condition. This involved 23,036 houses, but council-owned houses were not included. Houses were categorised having regard to age and condition and based upon the findings of this external appraisal a programme of detailed inspections has been drawn up which is orientated in three main

directions. These are elimination of unfit houses, the improvement and repair of defective houses and the control of houses in multiple occupation.

There was a very satisfying increase in the number of Improvement Grants paid during the year and it is hoped that the programmed inspection of further areas will produce an ever greater response.

A considerable step forward in the control of multiple occupation was taken during the year with the adoption by the Council of a new Standard of Amenities and Accommodation and the making of a Regulatory Registration Scheme. As I commented in the Report for 1971, the multiple occupation of houses, particularly by families, with the associated sharing of essential facilities, is one of the most unsatisfactory aspects of Exeter's housing position and it is now estimated that there are some 5,000 of these properties in the City. Routine inspections are now progressing steadily to enforce the new standard and it is hoped that the Registration Scheme which was operative on the 1st January, 1973, will adequately control the emergence of new multi-occupied houses or proposals to increase numbers of occupants in existing ones. Very close liaison is maintained with both the City Planning Officer and the Chief Fire Officer on this problem, and I am grateful for their co-operation.

(a) HOUSING ACT, 1957, SECTIONS 16 AND 18

38 dwellings (including 5 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:—

	1972	1971
Closing Orders made	27	13
Undertakings not to re-let accepted	2	7
Demolition Orders made	9	—
TOTALS	38	20

34 dwellings upon which Closing Orders, Undertakings or Unfitness Certificates were operative were rendered fit during the year and were dealt with as follows:—

	1972	1971
Closing Orders determined	25	4
Undertakings cancelled	8	4
M.O.H. Unfitness Certificate cancelled	1	—
TOTALS	34	8

(b) FORMAL NOTICES

	No. Served.	No. Cancelled.
Housing Act, 1957, Section 9 (1)	3	1
Housing Act, 1957, Section 90	1	—
Public Health Act, 1936, Section 93	2	2

(c) INFORMAL NOTICES

24 dwellings were rendered fit during the year without the service of formal notices (13 in 1971).

(d) GRANTS FOR IMPROVING OR CONVERTING DWELLINGS

		<i>Total No. Approved.</i>		<i>Total Grant Paid.</i>	
		1972	1971	1972	1971
1.	Conversions and Improvements	358	212	£107,163	£62,085
2.	Standard	17	17	£1,763	£1,316
3.	Special	—	—	£69	—

(e) HOUSING ACT, 1969—PART III

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

1.	SECTION 45 <i>Qualification Certificates</i>	1972	1971
	Applications received	19	22
	Applications granted	1	7
	Applications refused	3	12
2.	SECTION 46 <i>Certificates of Provisional Approval</i>	1972	1971
	Applications received	17	21
	Applications granted	10	13
	Applications refused	—	1

(f) HOUSES IN MULTIPLE OCCUPATION

No. of houses inspected	122	
Formal Notices served	—	<i>Notices Cancelled.</i>
Informal Notices served	51	12

(g) OVERCROWDING

(a)	(i) Number of dwellings known to be overcrowded at the end of year	1972	1971
		2	2
	(ii) Number of families dwelling therein	2	3
	(iii) Number of persons dwelling therein	12	16
(b)	Number of new cases reported during the year	2	3
(c)	(i) Number of cases of overcrowding relieved	2	4
	(ii) Number of persons concerned in such cases	15	25

(h) COMMON LODGING HOUSES

There are no registered common lodging houses in the City.

(i) 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 1972, dwellings were completed as follows :—

New dwellings by Council	....	....	167
New dwellings by private enterprise (including 38 by Housing Associations).	....	....	202

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

*Temporary	Council		Private Enterprise		Total
	Permanent	Rebuilds	New	Rebuilds	
430	5,908	21	5,842	210	12,411

* 428 of these temporary bungalows have been disposed of by the end of 1972.

PART III

ATMOSPHERIC POLLUTION

(a) SMOKE CONTROL AREAS

In September the City Council approved the making of an Order in the Beacon Heath area (No. 23) 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, 1974. The following two Orders were confirmed during the year and by the 1st July, 1975 when the Barton Order becomes operative, approximately 5,786 out of 10,952 acres of the City involving 13,514 of the 31,810 houses in the City will be covered by Smoke Control Orders.

No.	Area	Date of Operation	Area (Acres)	No. of Dwellings
21	Hamlin Gardens	1.7.74	115	544
22	Barton	1.7.75	143	789

(b) CLEAN AIR ACT, 1956, SECTION 3—FURNACES

	1972	1971
Notifications received	14	26
Applications for prior approval	14	26
Number of cases in which alterations were required	NIL	NIL
Number of applications granted	14	26

(c) CLEAN AIR ACT, 1968, SECTION 6—CHIMNEY HEIGHTS

	1972	1971
Number of applications	17	26
Number of cases in which alterations were required	9	3
Number approved	17	26

(d) BONFIRES

Complaints continue to be made to the Department concerning smoke and smell from bonfires, both on domestic and commercial premises. In urban areas where most houses are close together with small gardens, it is difficult, to say the least, to have a bonfire without interfering with the enjoyment of neighbours. The same applies to bonfires in non-domestic premises. I find that people are very surprised when informed of the non-effect which the declaration of smoke control areas has on these fires. I feel that this is an unsatisfactory situation.

This however is a problem which, like many others, cannot properly be viewed in isolation and it is necessary to look particularly at alternative means of disposal which are, or can be made, available. This exercise has now been commenced and it is hoped that an improvement in the situation can be effected.

(e) COAL CONCENTRATION DEPOT

Renewed complaints were received during the late summer of 1972 from neighbouring residents alleging a nuisance from coal dust. These complaints were received at the end of a long period of dry weather. Representations to the Management Committee of the Depot have led to several dust suppression measures being taken and at the time of writing further measures are under discussion. The situation has necessitated the resumption of a dust monitoring programme using 5 standard deposit gauges and 1 directional dust gauge and in addition British Rail, on behalf of the Coal Depot, has set up a further 3 standard deposit gauges. Monitoring will continue initially until the end of 1973, when the results will be compared with those obtained in the survey carried out from 1968-71.

PART IV

NOISE

Increasing public concern over all forms of environmental pollution was manifest during the year, and this was reflected in the area of noise by an increase in the number of complaints from 41 in 1971 to 57 this year. Upon investigation 27 were confirmed as nuisances. The majority were remedied informally, but in one case it was necessary to serve a Statutory Notice before those concerned could be persuaded to abate the nuisance.

The Table below gives an analysis of the complaints:—

<i>Source of Noise.</i>	<i>Number of Complaints.</i>
Pneumatic Drills	9
Noisy Neighbours	7
Amplified Music	6
Barking Dogs	6
Motor Vehicle Movements	5
Compressors	4
Fans	4
Loudspeakers	3
Metal Fabrications	3
Cockerels	2
Miscellaneous	8
TOTAL	57

The principal source of noise in our present day environment is motor traffic, and with the continual increase in number of vehicles using our roads, the level of background noise is gradually rising.

Those people who live on major roads through the City, are already subjected to considerable noise pollution, and it could well be, that people who now live in relatively quiet areas, could become affected by motor vehicle noise due to alterations in road alignment or the provision of new roads. Furthermore, new housing which is proposed near busy roads could immediately suffer from traffic noise unless proper consideration is given to noise ramification both in the design of the dwellings and of the road.

Close consultation with those Departments of the Council which are responsible for new roads and housing and the Public Health Inspectorate is vital.

During the past year, two 18-hour surveys were undertaken, to assess the probable effect of road vehicle noise, on a proposed site for new flats. From this, it was possible to advise on the degree of soundproofing, which would be required in order to reduce the effects of external noise to an acceptable level within the proposed dwellings.

In order to carry out my duties with respect to noise control in an efficient manner, a new Precision Sound Level Meter has been purchased, and it is hoped that this will form the basis of a comprehensive system for the accurate measurement of noise and vibration. It is hoped that shortly a start will be made upon a programmed monitoring of background noise levels in the City.

PART V

OCCUPATIONAL HEALTH, SAFETY AND WELFARE

(a) OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

GENERAL

As far as one is able to tell, all the premises in the City falling under the provisions of the Act are included in the Register.

The number newly registered during the year was 118 and the total number on the register is 1,487, an increase of 71 over the 1971 figure.

During the year 268 premises received a general inspection, being an increase of 257% on the previous year. This was possible as the inspectorial staff had reached establishment strength for the first time in some years.

The number of contraventions dealt with was 527 as set out hereunder:—

Section	Contraventions	Number
1	Failure to register	1
4	Failure to keep premises clean	37
5	Rooms overcrowded	3
6	Failure to maintain a reasonable temperature	7
	Failure to provide thermometers	66
7	Water closets not effectively ventilated	16
	Other rooms not effectively ventilated	27
8	Failure to provide suitable and sufficient lighting :	
	(a) Rooms	17
	(b) Corridors and staircases	11
	Failure to maintain electric wiring in safe condition	2
9	Failure to provide sufficient sanitary conveniences...	2
	Failure to keep sanitary conveniences clean	21
	Failure to effectively light sanitary conveniences	6
	Failure to properly screen sanitary conveniences	1
	Failure to provide suitable door fastenings	14
	Failure to provide separate " male " and " female " conveniences	—
	Failure to mark conveniences " male " or " female "	5
	Failure to provide means for disposal of sanitary dressings	—
	Fittings and fixtures in need of repair or renewal	7
	Floors of sanitary conveniences in need of repair	2
	Conveniences obstructed by stock, goods, etc.	—

Section	Contraventions	Number
10	Failure to provide sufficient washing facilities	4
	Failure to keep washing facilities clean	3
	Failure to effectively light washing facilities	2
	Failure to provide a supply of running hot water	11
	Failure to provide a supply of running cold water	2
	Failure to provide a supply of soap and towels	3
	Fittings and fixtures in need of repair or renewal	2
	Floors of washing facilities in need of repair	1
11	Failure to provide drinking water	18
	Failure to provide drinking vessels	1
	Failure to provide means of heating water or beverages	1
12	Failure to provide accommodation for clothing not worn at work	3
	Failure to provide accommodation for special clothing worn at work	—
	Failure to provide accommodation for drying wet clothing	17
13	Failure to provide sufficient seats	13
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	9
	(b) Corridors	2
	(c) Staircases	9
	Failure to provide handrails	18
	Failure to keep floors, passages and stairs free from obstruction	—
	Failure to keep open sides of staircases guarded	—
	Failure to fence openings in floors	2
17	Failure to effectively guard machines	2
22	Failure to keep walls and ceilings in good repair	2
24	Failure to provide a first aid box	46
	Failure to maintain first aid box to requisite standard	34
	Failure to ensure 2 persons available qualified in first aid	1
50	Failure to display an abstract of the Act	83
	Failure to make report of lift examination available	1
	Failure to effectively repair operating faults on lift	2
		527

153 notices were sent to those concerned of which 77 were outstanding at the end of the year and 5 notices served during the previous year were complied with during 1972.

ACCIDENTS

Notifications were received in respect of 30 accidents (24 in 1971) and investigations were considered necessary in 28 (15 in 1971); one of these could be classified as serious.

LIGHTING AND TEMPERATURE

A survey designed to embrace a representative cross section of all the various types of office and shop found in the City was commenced in December, 1972. The results will be included in the 1973 narrative.

PROSECUTIONS

No legal proceedings were initiated during the year. Generally speaking, owners and occupiers see the reason behind the Act's requirements and this is conducive to the maintenance of a good relationship with the Department.

ROBENS REPORT

The Report of the Committee on Safety and Health at work under the chairmanship of Lord Robens which recommended that there should be a comprehensive Act with fewer and simpler Regulations, embracing the self-employed in certain circumstances and safeguarding the public from industrial hazards is welcomed.

It is to be hoped that the new District Councils through their Environmental Health Department will be entrusted with a major role, since this would be a logical extension of their present function.

Lord Robens and his Committee are to be congratulated on the way this report has been compiled and no doubt it will be given the regard it so obviously deserves.

DANGEROUS CONDITIONS AND PRACTICES

For many years Exeter had anticipated the Act of 1963 by imposing the relevant recommendations of the Gower's Committee when plans for new premises were submitted for approval. Against this background, it has been comparatively easy to deal with potential dangers due to bad lay-out at the design stage.

Only one case has been met where dangerous conditions existed and this was in the early days of the Act—the matter was rectified speedily by informal action.

With regard to dangerous practices there is evident a habit of climbing on shelving to reach items at high level instead of using steps and, of course, the ignoring of frayed electrical leads.

No difficulty has been encountered which would indicate a need for the strengthening of section 22, but this could be due to our long history of work in the offices and shops field as previously mentioned.

(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 Inspec- tions (3)	Number of written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	19	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	450	15	3	—
(iii) Other premises in which Section 7 is enforced by Local Authority (exclud'g Out-workers' premises)	1	2	1	—
Totals	470	17	4	—

2. DEFECTS found.

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

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)	15
Curtains and furniture hangings	4
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	32
Others	3
TOTAL	54

PART VI

FOOD CONTROL AND HYGIENE

During the course of a few days two complaints were made to the Department concerning meals purchased from a Chinese Take-Away Meals Shop.

The first related to the presence of a cigarette end in a chop suey and the second to the presence of a cockroach in a chicken and mushroom meal. Following these complaints an inspection of the premises was made and as a result of this inspection, a prosecution was instituted for eight offences under the Food Hygiene (General) Regulations, 1970, in addition to proceedings in relation to the complaints which had been made. The prosecution was successful and fines totalling £65 were imposed for the offences under the Food Hygiene (General) Regulations and the presence of the cigarette end and the cockroach were penalised in the sum of £10 each.

Arising from an approach to the three Group Secretaries, a systematic advisory inspection of the catering arrangements was commenced. The intention is for each kitchen to be visited once a year and the wholehearted co-operation received so far, from the Hospital Secretaries and Catering Officers, is most encouraging.

An enquiry was made as to "whether it was safe to put cockles and mussels into a deep freeze". It seems that these shellfish had been gathered from a beach in an area known (by the person concerned) to be contaminated.

This underlines that there are still some people who do not appreciate the limitations of food refrigeration. In the simplest terms, refrigeration does nothing more than extend the life of food by slowing down the multiplication of bacteria which give rise to the normal process of deterioration. In other words, food which contains disease-producing organisms is not rendered safe for human consumption by refrigerators or deep freezers.

(a) FOOD HYGIENE (GENERAL) REGULATIONS, 1970

There are 769 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	
		1972	1971	1972	1971
Bakeries and Bakers' Shops	....	37	46	38	80
Butchers	....	64	71	83	143
Cafes, Canteens and Restaurants	....	71	79	227	223
Clubs and Institutes	....	41	45	58	60
Confectioners	....	52	20	44	25
Dairies	....	23	25	35	258
Wet and Fried Fish	....	38	39	37	32
General Provisions and Greengrocers	....	237	248	178	263
Licensed Premises	....	140	174	137	192
Miscellaneous	....	66	60	84	223
TOTAL	....	769	807	921	1,499

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

52 visits (67 in 1971) 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:—

	1972	1971
Registration as a dairy (sale of open cream)	23	25
Registration as a distributor (sale of pre-packed cream)	25	25

(d) DEALERS' (PRE-PACKED) MILK LICENCES

The number of current licences is as follows:—

	1972	1971
Pasteurised milk	111	120
Untreated milk	6	8
Sterilised milk	22	23
Ultra heat treated milk	13	9

(e) REGISTERED FOOD PREMISES

There are 374 registrations under Section 16 of the Food and Drugs Act, 1955, affecting 343 business establishments. These are made up as follows:—

	1972	1971
Storage of bulk ice-cream	7	7
Manufacture, storage and sale of ice-cream	3	3
Storage and sale of pre-packed ice-cream	274	289
Preparation or manufacture of sausages and potted, pressed, pickled and preserved food (including Fish and Chips)	90	92
	<u>374</u>	<u>391</u>

(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.....	3	5.0	9.1	4.0	8.5
Others	8	3.9	8.7	3.0	8.5

No deficiencies were found.

(ii) Bacterial Quality.

DESIGNATION	Number of Samples	Samples Satisfactory	Samples Unsatisfactory
Pasteurised	15	12	3
Pasteurised Channel Islands	7	6	1
Untreated (Farm Bottled)	22	21	1*
Sterilised	5	5	—
Ultra Heat treated	7	7	—

* The Ministry of Agriculture, Fisheries & Food and the producer were notified of this failure.

(iii) *Brucella Abortus*.

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

Ice Cream—Cleanliness.

27 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)	18
Grade 2. (Satisfactory)	6
Grade 3. (Unsatisfactory)	2
Grade 4. (Unsatisfactory)	1

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

Other Foods.

5 Samples of medicines and drugs (including 1 formal) and 76 informal samples of other foods were procured during 1972. The following deficiencies were found:—

<i>Sample No.</i>	<i>Article</i>	<i>Adulteration or Fault</i>	<i>Action taken</i>
2998	Steak pie	Not less than 6% deficient in meat.	Informal sample — warning letter to manufacturer considered sufficient.
3044	Milk mousse	Defective in quality because of rancid fat present.	Informal sample — warning letter to manufacturer.
3046	Children's Soluble Aspirin Tablets	Contained excess of 10 milligrams of acetylsalicylic acid.	Warning letter to manufacturer.

(g) CHEMICAL RESIDUES

Only 3 samples of vegetable foodstuffs were examined for pesticide residues. Only one of these was found to contain residues that would have been reported during the National Survey of Pesticide Residues in Foodstuffs. One contained a residue at a lower level which would not have required reporting, and one contained none.

(h) COMPLAINTS REGARDING FOODSTUFFS

During the year we investigated 80 (64 in 1971) 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. Loaf containing insect Manufacturer fined £30.
2. Mouldy pineapple dessert Vendor fined £25.
3. Mouldy sausage roll Vendor fined £100 plus £7 costs.
4. Mouldy apple pie Vendor fined £20.

At the end of 1972, one prosecution was still pending. The results of the prosecutions pending at the end of 1971 were as follows:—

1. Mouldy pork pie with egg Vendor fined £40 plus £5 costs.
2. Loaf containing mouse droppings Manufacturer fined £30.
3. Chicken and mushroom pie containing insect Vendor fined £10.
4. Chicken and mushroom pie containing adhesive plaster Manufacturer fined £30.
5. Chop suey containing cigarette end Vendor fined £10.
6. Mouldy Yoghurt Vendor fined £10 plus £5 costs.
7. Mouldy crumpets Vendor fined £10 plus £10 costs.

(i) IMPORTED FOOD REGULATIONS, 1968

Details of containers received in the City under the " deferred examination " provisions:—

	<i>Commodity</i>	<i>Quantity</i>	<i>Country of Origin</i>	<i>Port of Arrival</i>
1	Mexicorn.....	1,600 cases	Canada	Manchester
2	Mexicorn and Niblets	1,600 cases	Canada	Tilbury
3	Niblets	2,125 cases	Canada	Manchester
4	Mexicorn	1,572 cases	Canada	Manchester
5	Niblets	1,650 cases	Canada	Manchester
6	Frozen chicken	750 cases	Republic of Ireland	Newry
7	Frozen chicken	750 cases	Republic of Ireland	Liverpool
8	Beef	70 fore quarters	Sweden	Not known
9	Frozen chicken	750 cases	Republic of Ireland	Liverpool

One consignment was notified too late for inspection but the remainder were inspected and found to be satisfactory with the exception of one consignment of Mexicorn, which had been damaged owing to the container not being weatherproof. This consignment was returned to the importer.

There is evidence that this method of importing foodstuffs into this area is increasing and this may well eventually be a heavy burden on the Inspectorate. Arrangements have to be made for inspection to be carried out immediately upon arrival and this could be at any time of the day or night.

The " deferred examination " procedure has now been in operation for just over three years and it is apparent that there are several omissions in the Regulations which are leading to containers not being examined. The importer has to undertake to the Port Health Inspector that the container will remain sealed until it reaches its destination. There is no requirement that upon arrival the Public Health Inspector must be notified before unloading commences. Even more difficult to understand is the fact that if the importer does not comply with his undertaking, and for example the container is redirected to another part of the country or part of the contents are off-loaded before reaching the stated destination, no penalty is provided.

(j) SLAUGHTER OF ANIMALS AND MEAT INSPECTION

ANIMALS SLAUGHTERED UNDER THE BOVINE TUBERCULOSIS
ERADICATION SCHEME DURING THE YEAR 1972 AT THE
CITY OF EXETER PUBLIC ABATTOIR

	<i>Cows</i>	<i>Bulls</i>	<i>Steers</i>	<i>Heifers</i>	<i>Calves</i>	<i>TOTAL</i>
Total number of T.T. reactors	55	—	3	24	4	86
Number of carcasses totally rejected (Generalised T.B.)	1	—	—	—	—	1
Number of organs or part carcasses condemned	—	—	—	—	—	62

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 1972:—Cows, 12; Heifers, 3; 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.	
	1972	1971
Carcase meat and offal from slaughterhouse	35	36
Food from wholesale premises and retail shops	15	47
	50	83

(m) FOOD POISONING

62 cases of suspected food poisoning were investigated during the year; 8 were confirmed.

A further 61 persons were investigated as contacts, of confirmed and suspected, food poisoning cases.

(n) SALMONELLAE SURVEILLANCE

During the past year swabs have been suspended in the drains at 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 29 submitted, 20 showed Salmonella organisms to be present. Of the 20 positive specimens, there were 9 differing strains of Salmonella isolated.

(o) LICENSING APPLICATIONS

Arrangements have been made with the Clerk to the Justices for reports to be submitted to him following the receipt of liquor and other licensing applications. Inspections are carried out in all cases and appropriate reports submitted and these may be supported by verbal evidence at the Licensing Sessions. These arrangements have proved to be very satisfactory and are a very useful way of achieving high standards in food premises. I also understand that my reports are of decided benefit to the Justices in their deliberations. I am most grateful to the Clerk and his Deputy for their co-operation.

PART VII

PEST CONTROL

(a) RATS AND MICE

Complaints.

282 complaints were received during the year, and these were made up as follows (1971 figures in brackets):—

	TYPE OF PREMISES			<i>Total</i>
	<i>Business</i>	<i>Private</i>	<i>Local Authority</i>	
Rats	38 (53)	118 (174)	28 (52)	144 (279)
Mice	22 (40)	54 (74)	19 (19)	95 (133)
TOTALS	60 (93)	172 (248)	47 (71)	239 (412)

Routine Inspections.

Routine inspections and treatment where necessary, of the following areas were made during the year:—Won River; Mincinglake and Water Lane Tips; 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 test baiting and treatment of sewers required by the Ministry of Agriculture, Fisheries and Food continued throughout the year. Difficulty was again experienced in completing this work in accordance with Ministry requirements and it is hoped that the position will improve when an additional assistant is appointed during 1973.

Infestations were found in some areas, including Topsham, and these will be treated again in 1973.

(b) DISINFESTATION

Spraying for bugs and fleas:

Private premises	26
Council premises	40
Business premises	2

Spraying for other insects: (cockroaches, ants, flies, etc.)

Private premises	3
Council premises	8
Business premises	11

(c) WASPS, HORNETS AND BEES

Nests destroyed during the year 154

(d) PIGEONS/FERAL PIGEONS

During the year efforts were made to eradicate pigeons which had been causing a nuisance in the vicinity of High Street, North Street and Queen Street. A pigeon cage was used and 49 birds were trapped. Seven of these were found to bear rings, four of which were returned to their owners.

PART VIII
MISCELLANEOUS

(a) HAIRDRESSERS

Eleven inspections (8 in 1971) of hairdressing establishments were made in the year. Conditions were found to be satisfactory.

(b) SWIMMING BATHS

There are now 18 swimming pools in Exeter of varying capacities, but the only pool open to the general public is the Council-owned bath in Heavitree Road. However, it is proposed to build another one in the sports complex near to the low Exe Bridge.

A new outdoor pool has been built at Exeter University, and has been in use during 1972.

There are still 6 indoor pools in several schools and a college, and there is a hydro-therapy pool at one of the local hospitals.

There are now 11 outdoor pools, including one at a private club, and the remaining 10 being at Council and private schools and the University. These outdoor pools are unfortunately only in use during the warmer summer months, and these could be improved when economics allow, by making them into indoor pools with adequate heating.

These pools are visited and tested for efficient chemical sterilisation, and the results are generally satisfactory. Advice is regularly given to staff operating the pools with regard to dosage rates.

(c) RAG FLOCK

Number of premises registered 3

One sample of rag flock was taken during the year. This was satisfactory.

(d) FERTILISERS AND FEEDING STUFFS ACT, 1926

Of the 18 samples of Feeding Stuffs taken during the year, an excess above the limits of variation was found in the declared analysis in three cases.

Since these excesses were of a minor nature and a satisfactory explanation was received from the manufacturers, no further action was taken.

(e) OFFENSIVE TRADES

Number of businesses in the City	....	....	10
Number of inspections made	....	....	6

(f) DISINFECTION

Spraying rooms after tuberculosis	....	....	1
Spraying rooms after scabies	....	....	1
Disinfecting persons	....	....	5
Stoving clothes and/or bedding	....	....	18

(g) STAFF TRAINING

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

Association of Public Health Inspectors (South West Centre):	Weekend School.
Association of Public Health Inspectors:	Conference on Poultry Inspection and Hygiene.
Provincial Council for Local Authorities' Services in the South West:	Refresher Course for Public Health Inspectors.
College for Distributive Trades:	Course on Poultry Hygiene and Food Inspection.
Institute of Mechanical Engineers:	Lecture, "Engineers' Contribution to Air Pollution Control".
Institute of Local Government Studies—Birmingham University:	Advanced Course for Public Health Inspectors on the Management of Environmental Health and Protection Services.
Association of Public Health Inspectors (South West Centre):	Seminar on Food Hygiene and Environmental Health after re-organisation.
Bristol Polytechnic:	Air Pollution Control Course.
Provincial Council for Local Authorities' Services in the South West:	Control of Pollution.

(h) NEW LEGISLATION

New legislation implemented by the City Public Health Inspectorate and brought into operation during the year was as follows:—

Legislation	Date of Operation
The Food (Control of Irradiation) (Amendment) Regulations, 1972	1. 4.72
The Smoke Control Areas (Exempted Fireplaces) Order, 1972	18. 4.72
Ditto ditto (No. 2)	26. 7.72
Deposit of Poisonous Waste Act, 1972	3. 8.72
The Bread and Flour (Amendment) Regulations, 1972	1.11.72
The Milk (Special Designation) (Amendment) Regulations, 1972....	1.10.72
The Labelling of Food (Amendment) Regulations, 1972	8.11.72

(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 1972, 262 sets of plans were examined in this way.

(j) LOCAL LAND CHARGES

The department replied to 2,964 searches submitted to the Town Clerk under the Local Land Charges Act.

(k) DEPOSIT OF POISONOUS WASTE ACT, 1972

The problems of pollution brought about by the irresponsible dumping of toxic waste became so acute that Parliament hurriedly introduced legislation to combat the practice.

The Act, which was passed on the 30th March, 1972 has two main features. It makes it an offence punishable by heavy penalties to deposit on land any poisonous, noxious or polluting waste under circumstances in which it can give rise to an environmental hazard. It also introduces a notification procedure under which those concerned are required to give local authorities and river authorities information about the nature and quantities of certain waste arising or being deposited in their areas.

Some administrative difficulty is being encountered in implementing the Act. For example, the earliest permitted date of removal must be stated but there is nothing to say removal must take place within a given period after that date. This, together with an unaccountable reluctance on the part of some receivers of waste to notify that they have accepted the material, makes it difficult to keep track of consignments. This experience is apparently not peculiar to Exeter.

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 1972.

SAMPLES EXAMINED BY PUBLIC HEALTH LABORATORY

WATER AFTER TREATMENT	No. of Samples	Presumptive B. Coli count per 100 millilitres				
		0	1-2	3-10	11-50	50+
(A) AT TREATMENT WORKS : Final Water	50	50	—	—	—	—
(B) ON CONSUMERS' SUPPLY : Danes Castle Reservoir Zone	104	103	1	—	—	—
Belvidere Reservoir Zone	84	84	—	—	—	—
Marypole Head Reservoir Zone	57	57	—	—	—	—
Barley Lane Reservoir Zone	64	64	—	—	—	—
Stoke Hill Reservoir Zone	62	62	—	—	—	—
Upton Pyne Reservoir Zone	49	49	—	—	—	—
TOTAL	470	469	1	—	—	—

SAMPLES EXAMINED BY EAST DEVON WATER BOARD LABORATORY

SOURCE OF SAMPLE	Total No. Examined	No. showing Coliforms in 100 mls.	No. showing E. Coli in 100 mls.	PERCENTAGE OF SAMPLES FREE FROM	
				Coliforms	E. Coli.
PYNES TREATMENT WORKS :					
Sedimentation Tk. Inlet	56	26	8	53.6	85.7
Sedimentation Tk. Outlet....	252	28	—	88.9	100.0
Pressure Filter Outlet	55	1	1	98.2	98.2
Final Water	251	2	—	99.2	100.0
SERVICE RESERVOIRS :					
Stoke Hill Reservoir	125	1	—	99.2	100.0
Belvidere Reservoir	52	—	—	100.0	100.0
Marypole Head Reservoir	52	—	—	100.0	100.0
Danes Castle Reservoir	51	—	—	100.0	100.0
Barley Lane Reservoir	54	2	—	96.3	100.0
Highfield Tower, Topsham	14	—	—	100.0	100.0
Sunhill Tower, Topsham	12	—	—	100.0	100.0
DISTRIBUTION SYSTEM :	137	1	—	99.3	100.0
TOTALS	1,111	61	9	—	—
NEW MAIN STERILISATION SAMPLES	20	2	—	90.0	100.0

In addition, 104 samples of River Exe Water were examined by the E.D.W.B. Laboratory and generally these showed heavy pollution (450 to 90,000 presumptive B. Coli/100 mls.).

The public water supply has been adequate at all times, and the combined laboratories bacteriological examination of 1,581 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 consists of disinfection by dosing with chlorine, followed by coagulation, settlement and filtration. Lime is added to the final treated water to render it non-corrosive towards lead or copper. Fluoridation has not been introduced.

PYNES WATER WORKS, EXETER.

ANALYSIS	CHEMICALS IN PARTS PER MILLION			
	Raw Water Sample 26.6.72 (a.m.)	Final Treated Water 26.6.72 (a.m.)	Raw Water Sample 3.11.72 (a.m.)	Final Treated Water 3.11.72 (a.m.)
BACTERIOLOGICAL EXAMINATION :				
Nutrient Agar at 37°C. 48 hours	870	2	750	Nil
Coliform Organisms, per 100 mls.	3,500	Nil	5,500	Nil
Bact. Coli. Type 1, per 100 mls.	1,300	Nil	250	Nil
PHYSICAL CHARACTERS :				
Colour (Hazen)	5	<5	30	<5
Turbidity	25	Nil	6.5	0.5
pH	7.3	8.5	7.35	8.4
Conductivity 25°C. (umhos)	180	208	240	270
Temperature	16°C.	15.5°C.	14°C.	13°C.
CHEMICAL ANALYSIS				
<i>(in mgm. per litre) :</i>				
Free Carbon Dioxide (CO ₂)	4.0	Nil	4.2	Nil
Total Alkalinity (CaCO ₃)	41	44	48	68
Caustic Alkalinity (as CaCO ₃)	Nil	Nil	Nil	Nil
Ammoniacal Nitrogen	0.06	0.02	0.08	0.05
Albuminoid Nitrogen	0.21	0.06	0.22	0.16
Nitrite Nitrogen	Nil	Nil	0.007	Nil
Nitrate Nitrogen	1.17	1.53	0.90	1.02
Oxygen Absorbed (4 hrs. at 26.7°C.)	2.1	0.6	2.84	1.4
Carbonate Hardness (E.D.T.A.)	41	44	48	54
Non-Carbonate Hardness (E.D.T.A.)	17	32	22	35
Total Hardness (E.D.T.A.)	58	76	70	89
Total Solids (dried at 180°C.)	116	130	151	170
Calcium (Ca)	17.2	22.4	20	28.0
Magnesium (Mg.)	3.6	4.8	4.8	4.6
Sodium (Na)	6.7	6.7	9.2	9.3
Potassium (K)	1.5	1.5	3.7	4.0
Carbonate (CO ₃)	24.6	26.4	28.8	34.8
Sulphate (SO ₄)	17.3	25.0	25.0	31.7
Chloride (Cl)	12.4	17.4	20.6	23.1
Nitrate (NO ₃)	5.2	6.8	4.0	4.5
Fluoride (F)	0.16	0.15	0.18	0.22
Silica (SiO ₂)	4.2	2.8	6.3	4.4
Phosphate (PO ₄)	0.2	0.04	0.6	0.16
Aluminium (Al)	0.02	0.03	0.05	0.1
Manganese (Mn)	Nil	Nil	Nil	Nil
Iron (Fe)	0.08	0.06	0.22	0.06
Zinc (Zn)	0.02	<0.02	Nil	Nil
Copper (Cu)	Nil	Nil	0.03	Nil
Lead (Pb)	Nil	Nil	Nil	Nil
Anionic Detergent	Nil	Nil	0.08	0.10
Residual Chlorine : Free	—	0.55	—	0.5
		This water is chemically and bacteriologically satisfactory.		This water is chemically and bacteriologically satisfactory.

SEWERAGE AND SEWAGE DISPOSAL

The Acting City Engineer and Surveyor (Mr. A. W. THOMPSON, B.SC., C.ENG., M.I.C.E., M.I.MUN.E., A.I.S.P.) has kindly supplied the following information:—

MAIN DRAINAGE

This year saw the completion of the design work of the Topsham Sewerage Scheme and tenders will be invited early in 1973 and work commenced during the Summer of that year. Work was completed on the Relief Interceptor Sewer Contract in

During July very severe thunderstorms caused extensive flooding at Pinhoe and in the Catchment Area of the Northbrook. As a result intensive efforts have been made to investigate the sewerage systems serving these areas and a series of reports together with recommendations for the alleviation of the flooding in these areas has been presented to the Council or are in the course of preparation.

all practices of City doctors except one, and the practice of the
nurses have been extended within the health visiting service to
undertake in practice the provision of cross-border visiting arrangements
nursing services. There has been an increase in visiting work
has become the accepted practice throughout the community
premises and regular contact with the majority of family doctors
staff are now working directly from general practitioner surgery
arrangements and resultant changes in working patterns. More
This year has seen the first establishment of attachment
and the first year of the health visiting service.

Radio communication with the health visiting service has been
the introduction of portable radios for the district midwives
service has eased difficulties of communication. They not only
mean that a midwife can be contacted without delay, but that
she can summon help quickly from a patient's bedside. Ease of
contact makes for more efficient deployment of staff and greater
freedom for the midwife to visit patients in their homes. The
being used for the health visiting service. During the working day one of the district nursing
sisters carries a radio so that again there can be ready contact
for emergency calls. The base station for radio control has been
situated within the ambulance station. This has done much to
tolerance of the ambulance staff. The health visiting service
make this new innovation more useful. It is used by the
nursing staff.

COMMUNITY NURSING

DOMICILIARY MIDWIFERY

HOME NURSING

HEALTH VISITING

Miss A. Dawson, District Nursing Officer, Health Visiting in Exeter for
many years, retired in April 1972. She is missed by her
colleagues, particularly for her wealth of knowledge of local
families acquired over the years. It was decided on her retirement
not to appoint another specialist health visitor to this work but
to spread the visiting amongst the "attached" health visitors
and for Mrs. Dunham, Nursing Officer Health Visiting, to act as
a link with the staff of the Chest Clinic.

Staff Shortages. Staff shortages have again been mostly within
the health visiting service putting a heavy load on the staff in a
year when they have been involved in new developments.
Nurses' Help. Within the health visiting service the number of
health nurses employed was increased by three to five full-time
and one part-time. These trained nurses are well used by the
health visitors in relief of routine duties.
An additional part-time nursing auxiliary was appointed to
the home nursing staff, making a total of three part-times. These

THE COMMUNITY NURSING SERVICES

(HEALTH VISITING, HOME NURSING AND MIDWIFERY)

This year has seen the firmer establishment of attachment arrangements and resultant changes in working patterns. More staff are now working directly from general practitioner surgery premises and regular contact with the majority of family doctors has become the accepted practice throughout the community nursing services. There has been an increase in sessional work undertaken in practice premises and cross border visiting arrangements have been extended within the health visiting service to all practices of City doctors except one peripheral practice.

RADIO COMMUNICATION

The introduction of portable radios for the district midwifery service has eased difficulties of communication. They not only mean that a midwife can be contacted without delay, but that she can summon help quickly from a patient's bedside. Ease of contact makes for more efficient deployment of staff and greater freedom for the individual midwife when on call. Radios are being used to a more limited extent within the home nursing service. During the working day one of the district nursing sisters carries a radio so that again there can be ready contact for emergency calls. The base station for radio control has been sited within the Ambulance station and the efficiency and tolerance of the ambulance staff operators has done much to make this new innovation readily accepted and well used by the nursing staff.

STAFFING

Miss A. Dawson, Tuberculosis Health Visitor in Exeter for many years, retired in April, 1972. She is missed by her colleagues, particularly for her wealth of knowledge of local families acquired over the years. It was decided on her retirement not to appoint another specialist health visitor to this work, but to spread the visiting amongst the "attached" health visitors and for Mrs. Dunham, Nursing Officer Health Visiting, to act as a link with the staff of the Chest Clinic.

Staff Shortages Staff shortages have again been mostly within the health visiting service, putting a heavy load on the staff in a year when they have been involved in new developments.

Ancillary Help Within the health visiting service the number of health nurses employed was increased by three to five full-time and one part-time. These trained nurses are well used by the health visitors in relief of routine duties.

An additional part-time nursing auxiliary was appointed to the home nursing staff, making a total of three part-time. These

auxiliaries relieve the trained staff of some simple bathing and dressing of patients. They are allowed the time to give unhurried care—particularly important for the elderly and infirm. They have been well accepted by the patients and proved a valuable asset to the service.

TRAINING

Health Visiting Service One student health visitor began training at Bristol in September, 1972. One sponsored student successfully completed her course and joined the qualified staff in September, 1972. A second student undertook her period of supervised practice in Exeter and also joined the staff in September.

Part II, Midwifery School Twenty-three pupil midwives completed training in 1972; twenty-two were successful in the Central Midwives Board examination.

District Nurse Training School

S.R.N. Sixteen students successfully completed district nurse training during 1972. Seven were trained for our own staff and nine for other Authorities. In addition thirteen nurses from Devon County and one from Torbay undertook theoretical training with our own students and were successful in the examination.

S.E.N. One of our own staff and four pupil nurses from the Exeter School of Nursing completed a ten-week course of district nurse training. They were joined by one nurse from Devon County and two from Torbay for the theoretical content of the course.

Community Care Experience Four student nurses from the Exeter School of Nursing undertook a twelve-week programme of community care experience approved by the General Nursing Council and the Department of Health. During this twelve weeks the students are given the opportunity to observe a wide range of community nursing activities and health care. They also see aspects of the work of the Social Service Department and liaison between hospital and community services.

Observation Visits Staff have continued to participate in giving talks and showing the work of the community nursing services to learners from the Exeter School of Nursing and Exe Vale Hospital, Child Care students from the College of Further Education, students and pupil midwives taking training in Exeter and overseas visitors.

In-Service Training One health visitor attended a ten day re-entry refresher course in Liverpool. Three midwives attended one week statutory post-graduate courses and one midwife and

Miss Harding, Nursing Officer Midwifery, each attended a one week Parentcraft Course. These latter two courses were paid for by the Exeter Nursing Association Trust.

Regular training sessions have continued to be held monthly for all trained staff, covering a variety of subjects and catering for all three branches of the Community Nursing service. Special training sessions have also been arranged as necessary, particularly for health visitors and health nurses relating to developmental assessment.

Other Educational Opportunities Two national post-graduate courses were held in Exeter during the year—one organised by the Queen's Institute of District Nursing on "Continuity of Care" and one organised by the Royal College of Midwives. Staff were given the opportunity to attend lectures at both these courses. In addition Somerset County held a three day course in Taunton and Devon County a two day course in Exeter and our staff were invited to both of these courses.

LIAISON WITH HOSPITAL SERVICES

Surgical After Care—Planned Discharge Some difficulties were experienced during the year in developing a satisfactory pattern of planned discharge for surgical cases following the trial scheme started in June, 1971. Various arrangements have been tried and adjustments made which it is hoped will show results in 1973.

Geriatric Services Liaison within the geriatric field has remained very effective. Hospital case conferences are attended weekly by Miss Newell, Nursing Officer, Home Nursing. Miss Caselli, Geriatric Health Visitor, attends weekly out-patient sessions at Redhills Hospital and monthly conferences on Day Hospital cases, and exchange of information between community nursing and hospital staffs continues to be very satisfactory.

Child Health A combined follow-up and assessment clinic has been developed for babies and children who have received care in the Special Care Baby Unit. This is held on hospital premises and in addition to hospital and local authority medical staff, nursing staff from the hospital and two health visitors attend weekly. This is proving a very satisfactory arrangement, both in the individual care and advice which is given and the opportunity afforded for interchange of information between hospital and community staff.

Midwifery Liaison between hospital and community midwifery staff has remained effective. Domiciliary midwives visit the Maternity Unit of the Royal Devon and Exeter Hospital, Heavitree and Mowbray Hospital as necessary in respect of individual cases

59% of the mothers transferred to the care of the domiciliary midwife after delivery in hospital returned home before the eighth day.

Discussions were commenced and provisional plans made for a pilot scheme to be started in 1973 for domiciliary midwives to deliver selected cases in Mowbray Hospital.

Midwives and health visitors continue to attend monthly obstetric and paediatric team meetings at the Maternity Unit of the Royal Devon and Exeter Hospital.

LIAISON WITH FAMILY DOCTORS

Three health visitors and six home nurses now have offices or rooms for their sole use within practice premises and ten of the staff work from St. Thomas Health Centre.

Five health visitors participate in child health clinics with the family doctors. Twenty-four doctors now hold regular ante-natal sessions with the district midwives, and seven of these are also attended by a health visitor. Four treatment sessions are conducted weekly by the home nurses in surgery premises.

One group of three doctors felt that their practice could be better served by the attachment of a district nurse midwife in addition to a health visitor, rather than three separate "functional" workers. The district midwife who was already well established within the practice team agreed to extend her work to incorporate general nursing care, whilst maintaining her place within the midwifery service. She is supported by a part-time district nurse for relief of home nursing duties as needed, and the experiment is working well.

These activities and changing patterns of work are all evidence of the closer links being formed within attachment situations.

TRENDS WITHIN THE SERVICES

Midwifery There has been a further fall in the number of mothers delivered at home, although the total number of mothers receiving care from the district midwives following hospital discharge has increased. There were no mothers in "high risk" categories booked for home confinement. This sometimes means considerable advice and persuasion on the part of the midwives, particularly with the multiparous patient before she will agree to hospital booking.

Year	Home Deliveries	Hospital Discharges	Total Cases
1970	213	1,017	1,230
1971	141 (3)	1,198 (50)	1,339 (53)
1972	116 (2)	1,217 (74)	1,333 (76)

(Devon County mothers cared for by Exeter midwives' under cross-border visiting arrangements included in figures and also shown separately in brackets.)

Ante-Natal Care A large part of the midwives' work is concerned with the care of the mothers during pregnancy, and the number

of ante-natal sessions conducted by the family doctors jointly with the midwives increased by 117 to 909 during the year. Relaxation classes conducted by the midwives with parentcraft teaching conducted jointly by the health visitors and the midwives continue to be well attended. Seven classes are now held each week in addition to monthly evening parentcraft sessions and classes held at St. Nicholas House.

St. Nicholas House The district midwives continue to conduct deliveries in St Nicholas House and give care to the girls throughout their stay. Weekly ante-natal sessions are held with the district midwife and the medical officer for the home and weekly relaxation classes are conducted by the midwife. Pupil midwives participate in the midwifery care, giving them a valuable opportunity to gain experience in the care of the unmarried mother.

Health Visiting Changes in the Child Health service with the establishment of developmental assessment clinics with appointments, at the same time as increased scope of work through attachment situations and cross-border visiting has meant considerable adjustments by the health visitors, who have responded well to the increased demands made on their skills.

Total cases visited during the year rose by 1,245 to 8,903, the most significant increase being in the elderly age group. 43% more persons of 65 and over were visited than in the previous year. This reflects the growing recognition of the health visitor's role in the care of vulnerable groups in the community, and the knowledge of cases brought by working within practice attachment situations. The increase highlights the problem of priority visiting decisions which faced the health visitors during a year when there was also 9% more children under 5 visited than in 1971.

Care of Immigrants Three families of Uganda Asians were allocated Council houses in Exeter. They were helped and advised as to the services available to them.

All immigrants residing in Exeter have been contacted to ensure that their vaccination records are in order.

Tuberculosis Screening In addition to routine tests carried out in schools, Heaf tests were offered to all new entrants at the University, and approximately 200 tests were carried out.

Home Nursing There has been a substantial increase in the amount of work undertaken by the home nurses. Visits increased by 5,252 to a total of 104,516 during the year, and cases attended increased by 22%.

Late Night Visits General nursing visits paid after 8.0 p.m. to very ill cases have remained at about the same level—1,124 in 1972; 1,175 in 1971. During the year a nurse was appointed on a part-time basis to undertake these late evening duties, thereby reducing the involvement of "attached" nurses in a 'late call' rota. This increases their availability for work within the attachment team and continuity of patient care.

Domiciliary Cervical Cytology Four nurses were trained during the year to bring this service to the patients' own homes. The intention is to try and reach some of the group of patients who cannot be persuaded to visit their general practitioners or cytology clinic, and who may be in the high risk group of high parity/low social class. General practitioners were informed of the service and all community nursing staff encouraged to make referrals. The response to date has been very disappointing.

LOANS SERVICE

Demands on the nursing loans service have continued to be high and the majority of these have been promptly met. To enable the best use to be made of resources discussions took place with officers of the Social Services Department and agreement was reached as to the range of articles which should be stocked by each department. Articles required for a nursing or short-term need are now all held at the Community Nursing Headquarters and equipment required because of long-term or permanent disability are held by the Social Services department. Transfer of equipment was carried out and list of articles held by each department circulated to field staff so that requests for equipment can be made to the appropriate department without delay and duplication of stocks is avoided.

SOILED LINEN SERVICE

An increase in the number of patients having nursing care at home meant an inevitable increase in the demands on the soiled linen service. 14,570 articles were laundered during the year, an increase of 1,503. In addition 28,500 disposable sheets were supplied. 27 ambulant patients were supplied with protective garments and disposable linings.

The provision of a good linen service and disposables is a very valuable aid in home nursing care, easing the difficulties of incontinence—a distressing problem to both patients and relatives.

Table X.
HOME NURSING DURING 1972.

Cat. No.	TYPE OF CASE	PLACE OF FIRST VISIT								AGE GROUP			SEX		Total Visits	RESULT					
		On Books	Home	Health Centre	G.P. Premises	M. & C. H. Centre	Hospital	Residential Home	Other	Total	0-4	5-64	65 and over	M.		F.	Deaths	To Hospital	Convalescent	R.O.C.	On Books
1	Carcinoma	30	92	—	1	—	—	1	—	124	—	30	94	56	68	2,959	49	25	9	20	21
2	Post-operative	58	131	—	43	—	1	1	—	234	4	166	64	113	121	5,065	4	12	100	90	28
3	Abortions	—	7	—	—	—	—	—	—	7	—	7	—	—	7	55	—	2	5	—	—
4	Degenerative Diseases and Chronic Conditions and Senility	581	1,263	—	51	—	—	21	—	1,916	1	369	1,546	634	1,282	84,083	162	263	297	402	792
5	Acute Illness, including Infectious Disease	93	633	—	4	—	—	19	—	749	48	279	422	235	514	8,821	23	93	390	175	68
6	Mental Confusion and Psychiatric Conditions	7	10	—	5	—	—	—	—	22	—	11	11	4	18	491	1	—	—	14	7
7	Prophylactic and Diagnostic Procedures	—	137	—	686	—	—	2	—	825	357	331	137	303	522	1,211	1	—	150	662	12
8	Others	35	3	—	106	—	—	—	—	144	9	81	54	72	72	157	—	—	25	118	1
	TOTALS	804	2,276	—	896	—	1	44	—	4,021	419	1,274	2,328	1,417	2,604	102,842	240	395	976	1,481	929

Non-Nursing Visits (not included above) 1,674

Table XI.

MIDWIFERY

ANTE-NATAL AND POST-NATAL CARE

Number of new bookings:—(a) Home bookings 170 (1)

(b) Hospital bookings 1,205 (78)

TOTAL 1,375 (79)

Number of ante-natal visits to patients' homes 5,198 (185)

Number of post-natal visits to patients' homes 113 (2)

CLINICS AND CLASSES	Midwives' Clinics, Ante-Natal	Combined Family Doctor/ Midwives' Clinics		Relaxation and Parentcraft Classes
		Ante-Natal	Post-Natal	
Primary attendances	51	774 (39)	324 (2)	469
Subsequent attendances	359	6,808 (113)	4	2,431
Total attendances	410	7,582 (152)	328 (2)	2,900
Number of sessions	44	909	201	342

DELIVERY AND EARLY POST-NATAL PERIOD

Number of home confinements conducted by midwives 116 (2)

Number of visits paid to above 1,921 (45)

Number of patients delivered in hospital and discharged to care of domiciliary midwives:—

(a) 0—2 days 39 (2)

(b) 3—7 days 757 (48)

(c) 8 or more days 421 (24)

TOTAL 1,217 (74)

Number of visits paid to above 9,541 (453)

Number of hospital confinements conducted by domiciliary midwives —

Number of home visits paid by midwives and not recorded in any of the above categories 1,509

Number of home-booked cases transferred to hospital:—

(a) In labour 8

(b) During first 10 days after delivery—Mother —

(c) During first 10 days—Baby —

TOTAL 8

Cross-border visiting figures included and shown separately in brackets.

	CASES VISITED BY HEALTH VISITORS DURING THE YEAR (INCLUDING " CROSS-BORDER " CASES)	NUMBER OF	
		CASES	VISITS
1	Children born in 1972	1,527	4,656
2	Other children aged under 5	4,420	9,213
3	Persons aged between 5 and 16 (excluding School Health)	251	383
4	Persons aged between 17 and 64	737	1,373
5	Persons aged 65 and over	1,550	3,310
6	Households visited on account of tuberculosis	66	105
7	Households visited on account of other infectious diseases	37	56
8	Households visited for any other reason	315	700
	TOTAL	8,903	19,796

Number of persons included in lines 1 to 5 above
who are mentally handicapped = 25
mentally ill = 38
INEFFECTIVE VISITS = 4,927.

MATERNAL AND CHILD HEALTH

CHILD HEALTH

On 1st January 1973 the child health service was reorganised following, as far as possible, the recommendations of the Sheldon report. Although for many years the service has fulfilled its function, it was felt that it had become more efficient than giving more comprehensive cover for school children. Prior to 1973 about 87% of children under 1 year attended a child health clinic and many of these had a check by a doctor. Amongst older children, however, attendance for examination by

Hospital (Southbury). The mother was not an F. & E. resident. There was 1 baby delivered at the Royal Devon & Exeter Hospital (Southbury) in 1972, of which 582 were to Exeter mothers including 11 twins and 19 stillbirths.

1,481 babies were delivered at the Royal Devon & Exeter Hospital (Southbury) during 1972, of which 582 were to Exeter mothers including 11 twins and 19 stillbirths.

During the year, 901 babies were delivered at Mowbray, 582 of these to Exeter mothers and 319 a strike visitation.

MATERNITY
BOOKINGS FOR GENERAL PRACTITIONER UNIT
EXETER MOTHERS

During 1972, the acceptable number of monthly bookings remain unchanged, i.e. 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 1,025 applicants, only 15 were not, in fact, ultimately booked.

Mowbray Hospital Bookings for 1972 (Exeter Mothers).

(a) Number of mothers who applied for a bed at Mowbray Hospital who were expecting their babies in 1972	....	....	....	1,025
(b) Number of mothers accepted for confinement at Mowbray Hospital	....	....	....	999
Number of mothers placed on the "waiting list" but not eventually booked	....	....	....	13
Number of mothers who cancelled their bookings before they were "accepted"	....	....	....	11
Number of mothers who were refused admission because no bed available	....	....	....	—
Number of mothers not booked for reasons unknown	....	....	....	2

Mowbray Hospital Deliveries during 1972.

During the year, 901 babies were delivered at Mowbray, 562 of these to Exeter mothers.

Royal Devon and Exeter Hospital (Heavitree) Deliveries during 1972.

1,484 babies were delivered at the Royal Devon & Exeter Hospital (Heavitree) in 1972, of which 562 were to Exeter mothers, including 11 twins and 19 stillbirths.

Royal Devon and Exeter Hospital (Southernhay) Deliveries during 1972.

There was 1 baby delivered at the Royal Devon & Exeter Hospital (Southernhay). The mother was not an Exeter resident.

CHILD HEALTH

On 1st January, 1972 the child health service was reorganised following, as far as possible, the recommendations of the Sheldon report.

Although for many years the service has fulfilled useful functions, it was felt that it could be made more efficient, thus giving more comprehensive cover for Exeter's pre-school children.

Prior to 1972 about 67% of children under 1 year attended a child health clinic and many of these had a check by a doctor. Amongst older children, however, attendances for examination by

a doctor tended to fall. A high proportion of children were not seen and where they were it was often to receive advice for an acute illness which should more appropriately have been treated by a general practitioner. Often those children most in need of help were never seen and we were aware that children were reaching school age with defects which could have been prevented had a minor problem been noted and treated at an earlier age.

It was decided to offer every Exeter child appointments for developmental checks and counselling at the ages of 6 weeks, 6 months, 18 months, 2½ years and 4 years. The 6 months and 2½ years check is always offered by a doctor but in many cases the checks at other ages are done by a health visitor or, in the case of the 4 year check, a health nurse. Where there is a particular problem, or if the parents request it, more checks are done by the doctor.

Parents are encouraged to make appointments to see the clinic doctor so that full records on the child are available at the time of the examination, including any specialist reports on the child. The national consultation record card which was designed by the Society of Medical Officers of Health is used for each child. Now that a large number of health authorities are using this card, many children who transfer into Exeter have already had developmental examinations recorded on such a card which is passed to us by the previous authority. In the same way we pass these records to the next authority should a child leave Exeter.

Particularly where a child has a handicap careful documentation during the early years acts as a very useful guide to the professional people who need to give advice on the child's future.

Health visitors have continued to hold open clinic sessions throughout the year, as well as seeing children by appointment.

Staff Training and Skills.

During the end of 1971 and in 1972 all of our health visitors, health nurses and medical officers and some interested general practitioners have received extra training in child development. The standard of work with pre-school children has improved considerably during this time.

Co-operation with Hospitals and General Practice.

Some general practitioners have agreed to participate in the scheme and are doing developmental examinations on their own patients, using the health department's records.

An arrangement has been made with the hospital paediatric service whereby children who attend the special care baby unit follow up clinics are not invited also for developmental examinations at local authority clinics. However, a local authority doctor attends each hospital follow up clinic and a hospital doctor attends

a weekly local authority clinic in exchange. Health visitors continue to help at the hospital clinics as they did previously. Health department records are used at the hospital clinic. Extremely good co-operation exists between these services and our staff have valued this, as their knowledge of paediatrics and the hospital service has widened as a result.

Many children who attend the hospital clinics have social problems and more rapid help is now made available by our own staff as a result of this new liaison.

Effects of the New Service.

To provide regular checks for all pre-school children has made increasing demands on our staff and the change to the new system has not been without teething troubles. Health visitors in particular have had an increased work load as a result.

At some centres we still have a fairly high proportion of failed appointments and we have had to adjust the number of children invited to doctors' sessions for each clinic accordingly. Unfortunately, as before, it is often the most worrying children who fail to attend. Usually these are followed up at home by a health visitor.

The doctors are now doing more effective work at their sessions than under the old system.

A higher proportion of children are receiving checks than in previous years. Although the total clinic attendances are fewer, this is due to the fact that more full checks are being done and fewer attendances are for conditions that are more correctly dealt with by the general practitioner.

The proportion of four year olds having checks is still disappointing, but there are growing signs of improved attendance in this age agroup.

Records from previous years do not tell us the actual number of children examined except in the first year. However, in this age group 95% of children were seen in 1972 as against 67% in the previous year.

Amongst older children it is likely that the improvement over previous years of the proportion of children seen is even more marked.

More children are receiving help with relatively minor problems at an early age and thus major handicaps which would otherwise have occurred have been prevented. For example, children from socially deprived homes with little stimulation are seen with generally retarded development and poor speech. Arrangements are made to place them in playgroups and, in some cases, for them to have speech therapy. Often rapid improvement takes place. In the short time since January, 1972 some children have thus been enabled to reach school as normal children where otherwise they would have been retarded.

The ages at which children are checked routinely are ones where rapid changes in development should be taking place. Parents are given guidance on how best to help their children at these ages. For example, at 18 months walking and speech development are checked, at 2½ years the parents are told how to cope with their inquisitive child's increasing play needs and at 4 years the parents are told how to prepare their child for school.

It had been hoped during 1972 to start classes for new parents as a continuation of ante-natal classes. This has unfortunately not been possible on account of staff shortages.

During the year great strides have nevertheless been made.

Table XIII.

DEVELOPMENTAL ASSESSMENT CLINICS

CENTRE	ATTENDANCES at Medical Officers' Sessions			No. of Sessions	Average Attendance per Session
	Under 1 year	Aged 1 to 5 years	TOTAL		
Alphington	27	84	111	20	5.6
Bull Meadow	161	244	405	54	7.5
Burnthouse Lane	45	158	203	47	4.3
Countess Wear	40	168	208	43	4.8
Pinhoe	32	94	126	21	6.0
St. Lawrence	64	74	138	22	6.3
St. Thomas	273	419	692	94	7.4
Topsham	50	111	161	26	6.2
Whipton	111	416	527	91	5.8
TOTALS	803	1,768	2,571	418	6.2

HEALTH VISITOR CONSULTATION CLINICS

CENTRE	ATTENDANCES			No. of Sessions	Average Attendance per Session
	Under 1 year	Aged 1 to 5 years	TOTAL		
Alphington	104	237	341	24	14.2
Bull Meadow	300	263	563	47	12.0
Burnthouse Lane	256	489	745	50	14.9
Countess Wear	150	229	379	49	7.7
Pinhoe	160	279	439	46	9.5
St. Lawrence	264	216	480	24	20.0
St. Thomas	1,239	1,069	2,308	50	46.2
Topsham	172	238	410	50	8.2
Whipton	943	1,570	2,513	66	38.1
TOTALS	3,588	4,590	8,178	406	20.1

Table XIV.

The following table shows the result of a pilot survey to indicate numbers attending developmental checks. These are shown as a percentage of the total number of children in that particular group.

Month of Birth (1)	Assessment (2)	Number who have had assessment check expressed as a percentage of column (1)
February, 1969	4 years	43%
September, 1970	2½ years	72%
September, 1971	1½ years	72%
September, 1972	6 months	95%
February, 1973	6 weeks	95%

BATTERED CHILDREN

During the year 21 families have been added to the list but in only 4 of these has a child been known to be battered, though battering of a further 3 children has been suspected and there are 14 other families where children are thought to be "at risk".

The reason for recording families rather than children is that in all cases where battering has been known, suspected or likely, it is not simply with one child that there is a problem but the family as a whole is in difficulties. The battering is always one unfortunate sign of more complex problems. Common findings are marital stresses, psychiatric illness, financial problems, fecklessness, "trouble with the law" and poor care of the parents when they were children.

There was only one court case during the year. Although those who work with these families are often convinced of the risks to the children, either it is difficult to obtain sufficient evidence to be certain of a successful outcome in court or it is not thought to be in the best interests of the family to take the parents to court.

As much help as possible is provided to the families to relieve stresses often by G.Ps, paediatricians, social workers, probation officers, health visitors, midwives, teachers, playgroup leaders and others all playing their part. Often a great deal of professional time is spent, but usually the crisis situation passes, though occasionally children have to be removed from the family on a long-term basis.

In the relatively short time that the register has been kept, i.e. since 1970, few families have recovered to the extent that they can be regarded as normal again. Most continue to have more problems than average.

The larger number placed on the register in 1972 reflects a greater awareness of the problem rather than greater prevalence. In some cases the parents have notified themselves to the department as being potential batterers.

We continue to aim to help rather than to punish and to prevent rather than to have to cure.

FAMILIES WITH KNOWN, SUSPECTED OR POTENTIAL BATTERED CHILDREN

Year put on register	1970	1971	1972	TOTAL
Families on register	14	10	21	45
No. of families where there has been known battering	8	3	4	15
No. of families where battering has been suspected	1	2	3	6
No. of families where children are at risk	5	5	14	24
No. of court cases	5	2	1	8
No. where supervision is mainly by N.H.S. staff	7	7	19	33
No. where supervision is mainly by social services	4	3	2	9
Other supervision (1 head teacher, 1 N.S.P.C.C., 1 probation service)	3	—	—	3

AUDIOLOGY CLINIC

(Comments by DR. C. P. HALLETT, Senior Medical Officer).

In last year's annual report I expressed my concern about local authority and national health service re-organisation and the effect upon our services.

We may with justifiable pride point to the quality of this service, depending as it does upon the professional ability and enthusiastic collaboration between a team of individuals. Re-organisation doesn't necessarily however carry with it a guarantee that the new service will be any better than the old and indeed one of the major problems of the past year has been to tidy up present services and to think about their expansion to meet the demands of a larger geographically based population following the changeover in 1974, without the inevitable dilution following such a change. Apart from the need to think bigger, there is also a need to think wider.

The local authority audiology clinic has up to now been concerned almost wholly with children. It is quite probable that there are other groups in the community needing hearing assessment services. These groups are found in Health Centres or Industrial Health Centres and comprise population groups at risk because of age, infirmity or occupation. Although I am at the time of writing this Report unsure as to my full mandate after 1974, nevertheless I sense an obligation to explore these paths as soon as practicable.

During the coming months I intend to explore ways in which the service might be of use to the community generally. There is a need, for example, for the objective assessment of the hearing of all age groups in Health Centres. The results of hearing assessment under health centre conditions of noise are fraught with misinterpretation and I feel sure that the general practitioner would value audiometric information.

There are very few people who do not appreciate the difficulties of and with an elderly deaf person. Early diagnosis, possible treatment and what is often not considered or cast aside, rehabilitation and counselling of the deaf person, are factors that alone might improve the deaf person's quality of life and assist the whole family unit into the bargain.

There is also the question of the supervision of national health service hearing aids. I think that most will agree that services are at present needed whereby aids are regularly checked and serviced. It has always seemed a rather ironic situation to me that the hearing impaired individual is the person who has to decide whether their aid is functioning properly. When an elderly person has a "temperamental aid", they often discard it completely only producing it again at the annual visit to a hospital out-patient's. As with any technical aid, unless it is to be a waste of money, it is essential to ensure that it is working properly and efficiently.

With these points in mind it is rather important to view audiology services as being community orientated and not confined to any one speciality. The replacement of our Bull Meadow clinic facilities at a comprehensive paediatric assessment centre in the grounds of Honeylands hospital should not detract from the idea of an all-age based community service. It is to be hoped that the re-organisation of the national health service will enable such a community based one to operate without some of the snags and disadvantages of the old tripartite system.

It would be discourteous of me to finish this report without an acknowledgement of my gratitude to the Medical Officer of Health and Exeter City Council for allowing me to work for two days a week for the last twelve months at the Nuffield Hearing and Speech Centre, Grays Inn Road, London. It is impossible to describe how useful this has been. My hope is that some of the many things I have learned there will be used in Exeter to the benefit of the patients individually and the community generally. I owe a very great debt of gratitude to the Director of the Centre, Mr. J. A. Martin and his colleagues who have in their own way proved to me the essential need for these services and in many respects increased my determination to develop them in Exeter.

It must certainly thank other members of the audiology clinic team. I was delighted when Miss Bastow was appointed Senior Health Visitor. She is responsible for the day to day running of the clinic and during my absence in London has ensured its usual smooth running. She assesses many of the children at home and in the clinic and produces a global appreciation of a child's potential and handicap second to none. It is fortunate that she is able to train her willing colleagues to be equally observant. The Senior Peripatetic Teacher of the Deaf—Miss

Godsland—has to my mind one of the most exacting and difficult tasks—that of supporting, advising and training parents in the language development of their hearing impaired offspring. This work often goes unnoticed in the more dramatic encounters of an Audiology Clinic session. The assessment part of our work is however of academic value only without the practical help of Miss Godsland and her colleague.

To Mrs. Waldron, our part-time secretary/receptionist/telephonist/filing clerk/typist and general factotum, we all express our thanks. In order to run an efficient service it is essential to have adequate supporting ones and it is sad when if we fail in efficiency because of inadequate secretarial assistance. Despite requesting increased help over the past two years, Mrs. Waldron has had to continue, often in her own time, to complete the work satisfactorily.

This report has in effect summed up some general principles and aspirations and paid tribute to the team, without whom the service would be ineffectual. I would refer you to the separate report of the Principal School Medical Officer.

SPEECH THERAPY SERVICES

Comments by DR. C. P. HALLETT, Senior Medical Officer.

So much has happened in this service during the last twelve months that I would refer you to the Senior Speech Therapist's report in the School Health Service report for a full account and confine myself to essentials.

The Senior Speech Therapist and her colleagues have embarked upon many pioneering endeavours and she is to be congratulated on not only her initiative but also the enthusiasm with which she has carried out these ideas. The past year, for example, has seen the holding of a "Summer School" at Topsham for speech and language impaired children; the formation of a small pre-school nursery group in Bull Meadow Clinic functioning twice weekly during term time, run by Miss Newlove, Mrs. Leeding and the parents; the formation by Miss Morgan of small groups of speech handicapped children from school for whom intensive therapy becomes possible; the development of a language programme for severely subnormal children at Ellen Tinkham School—designed and operated by Mrs. Rees; the continuing intensive help for children at our special Beacon Heath Unit for Speech and Language Impaired Children, shared with Devon County, carried out by Mrs. Curle together with her teacher colleagues, not to mention the other routine work done for Exeter's Schools, Clinics and Hospitals. It is to me a mystery that so much has been achieved by so few and I was singularly disappointed when the City Council was unable to grant the Senior Speech Therapist's request for study leave.

The place of Speech Therapy in a future Health Service, the role of therapists and the responsibilities of the medical profession towards their Speech Therapist colleagues were highlighted with the publication towards the end of 1972 by the recommendations of the Select Committee appointed by the Government under the Chairmanship of Professor Quirk (Speech Therapy Services, 1972, H.M.S.O.).

The report outlined the individualist, autonomous and independent nature of a Speech Therapist's work yet emphasised the need for a team approach to the broad base upon which the speech impairment might only be the tip of an iceberg. The report described the contribution the medical profession should make especially in the Audiology and Child Assessment field and widened the Therapist's scope to include all language disordered, both young and old alike—including where necessary the hearing impaired and mentally handicapped. The report discussed a more favourable career structure and further educational opportunities for therapists and suggested Advanced courses in all aspects of human communication and its disorders, open to Speech Therapists and members of other professions.

I am glad to report that Exeter can boast an excellent liaison between Audiology and Speech services; demarcation disputes do not arise over patients of mutual interest and my experience at the Nuffield Hearing and Speech Centre, Gray's Inn Road, London, has tended to reinforce the idea of a marriage between these specialities provided that each respects the individual role of the other.

It is equally gratifying to learn that more young children are being referred for Speech Therapy at an earlier age, and that fewer children therefore enter school with an unrecognised and embarrassing speech handicap.

Any parent worried about their child's speech should consult either their General Practitioner, the Local Authority Clinic doctor or a Speech Therapist. It may be that the speech development is slower than average. It is still important to assess this development and advisable for treatment to be commenced before "bad habits" have become established and before the child enters school or playgroup. A group of children exist who, although of average intelligence in other respects, are unable to understand the use of verbal symbols as a method of communication. Occasionally these children are considered to be deaf, but clinical tests often confirm normal or near normal ear function. Such children need early assessment preferably prior to any "remedial" placement in playgroup or nursery.

The development of a Local Authority Child Health Service has enabled General Practitioners and Local Authority Medical Officers to attempt language assessment early and to take appropriate steps where such development appears to be delayed or abnormal. I hope that no parent will consider it a waste of time seeking advice when such advice is so readily available.

There are, it seems, some people who in their ignorance look upon Speech Therapy as being a sort of medically approved Elocution. They could not be further from the truth. Just as a hearing impaired child requires special educational expertise, just as a physically handicapped child requires physiotherapy, some speech or language impaired children require the expertise of a qualified Speech Therapist in order to develop the ability first to understand and only later to speak. Other children find the intricate muscle movements required for clarity in speech very difficult, especially if they have already compensated for their difficulties by learning abnormal patterns. These children also require a speech therapy programme aimed at improving the efficiency of their speech apparatus muscles.

It goes without saying that many other facets of development can influence the development of speech and language. It is the responsibility of a Medical Officer to measure some of these and then devise with speech therapist colleagues an appropriate management strategy. This is what we have been doing for the last twelve months and I hope that we have moved at least a step towards the goal of an integrated service, at least for children, though much remains to be done for the adults-in-need as well.

Report by MISS M. M. GODSLAND,

Senior Peripatetic Teacher of the Deaf.

PRE-SCHOOL CHILDREN WITH HEARING-AIDS RECEIVING PERIPATETIC HELP

(a) *Age-groups*

	Under 1	1-2	2-3	3-4	4-5	TOTAL
Boys	—	—	2 (1)	2 (1)	1	5
Girls	—	—	1	—	—	1
TOTAL	—	—	3	2	1	6

(1) = Profoundly-deaf children.

All children are Exeter births. For the first time in ten years there are no children in the 0-2 year old age-group. There is no reason to suppose that incidence of deafness has dropped, as it has not done so nationally. I therefore suspect that there are two or three children with hearing-impairment who are as yet undiagnosed, and this seems to reverse the general trend of earlier diagnosis of previous years. If my supposition does prove to be correct, this is serious from the point-of-view of language development, personality adjustment and of future educational placement and achievement.

(b) *Causes*

Apparent causes of deafness of the pre-school hearing-impaired children with hearing-aids are:—

Familial	Rubella	Unknown
2 (1)	1	3

() = Girl.

(c) *Nursery Provision, etc.*

Hearing-impaired children have once again attended Nursery School and Playgroups within the City:—

At Home	Playgroup	Nursery School
2	3 (1)	1

() = Girl.

and this system works extremely well. The sponsoring system undertaken by the Education Department which enables a handicapped child to attend a Playgroup for three sessions a week is extremely welcome and is most beneficial to children who have the basic tools to acquire language from their normally-hearing peers. This is much preferable to segregation within a handicapped group where such normal language stimulation is lacking, all children being similarly handicapped in language.

I very much hope that more children will be able to attend Nursery Schools, if there are plans for extending the number of places and schools as this would mean children could continue to integrate singly or at the most in twos rather than as a whole group in one Nursery. This arrangement of spreading the problem forces the hearing-impaired child to develop more normal communication and behavioural patterns.

Obviously some children will continue to be best placed at the Nursery at the School for the Deaf and the above comments do not really apply to this group.

(d) *Hearing-aids*

Medresco	Phillips	Oticon	Viennatone	Siemens
2*	1	1**	1	1

** Privately purchased.

* 1 child rarely wearing aid because of physical handicap.

Other Children

A number of other children have been seen periodically or short-term for observation, language assessment, auditory training or assessment, teaching of lipreading, etc., but generally less time has been spent on Pre-School work, reversing the opposite trend of previous years. Some of this change is due to the drop in the numbers of hearing-impaired children during the year from fourteen to six.

Ellen Tinkham

One child of Nursery School age has an aid, but is not yet using it regularly.

School for the Deaf

At present there are five Exeter children in the Nursery at the School for the Deaf. Two of these children have been inward transfers during the year; one of these children had presented a problem of differential diagnosis and had been referred to Manchester University Department of Audiology and Education of the Deaf from the County Consultants' Clinic and a diagnosis of deafness was confirmed after she had moved to Exeter. One very deaf child moved from an area First School to the School for the Deaf Nursery and one pre-school child started there.

Audiology Clinic

Only two hearing-aids have been issued during the year. One of these children was referred to the Consultants' Clinic from the Hospital; the other child saw the E.N.T. Consultant in the Out-patients' Department at the Hospital. There have been no new referrals to the Consultants' Clinic from Exeter City this year.

PHYSICALLY HANDICAPPED CHILDREN

Comments by MISS G. M. BASTOW, Senior Health Visitor.

Home Visits paid, requiring Case Work

School children	....	....	12
Pre-School children	....	....	7

Vranch House Centre

During the year I have spent 18 sessions at L.E.A. medical reviews of children attending Vranch House School.

In addition, I have assisted at 17 sessions held jointly by Dr. Burgess (Paediatrician) and Dr. Allen, at which a full developmental assessment (physical, mental, hearing and speech) has been carried out on selected children in the pre-school age group. Most of these children are physically handicapped in some degree, and already attend Vranch House for physiotherapy, etc. (although not attending the School department). However, an increasing

number are being referred as completely new cases. These appear to have some degree of physical retardation, cerebral dysfunction and possible brain damage, with associated specific learning difficulties; and have been referred by Medical Officers, Health Visitors, etc. to Dr. Allen for assessment in the first place.

The need for special educational help for such children is becoming increasingly apparent and it is hoped to integrate more of these children into the Nursery classes at Vranck House School in order to give them the skilled help of a qualified and experienced teacher at the earliest possible age, as well as physiotherapy, speech therapy, etc., if necessary. By doing this we hope to minimize the handicap and, if possible, prepare the child for normal school at 5 years of age.

In addition to these regular sessions at Vranck House, I have served on the Admission Panel and on the Educational Advisory Panel for the school.

Apart from this, a considerable amount of work on behalf of handicapped children and their families has been undertaken at "office" level, by personal interview, telephone communication with other agencies and colleagues, and by attending Case Conferences.

The amount of time spent and work involved in this field has increased considerably during the year and it is anticipated that even more time will need to be allocated when the Assessment Centre, planned for the Honeylands Complex, is built in the near future.

In reviewing the year, it seems that as a result of the increased awareness of and work with the child with learning difficulties, less of my time has been given to other forms of handicap (i.e. epileptics, partially-sighted, etc.). However, one cannot be all things to all men and I welcome the developments on the early assessment and diagnostic side of the more obscure, but none-the-less seriously handicapping learning difficulties of the younger child. This surely is the stage at which involvement is desirable and at which the greatest help can and should be given. The response of many parents to the interest shown and help offered to such children in their pre-school years has been marked and is most gratifying. The willingness of the staff at Vranck House School to accept and help these infants is greatly appreciated.

PSYCHIATRIC SERVICES FOR PRE-SCHOOL AND ADOLESCENTS

CHRISTOPHER J. WARDLE, M.D., D.P.M.

The psychiatric services for children and young people aged 0-18 are jointly provided by the local authority and the Regional Hospital Board. Outpatient 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 1972 117 patients were referred to the outpatient service at 97 Heavitree Road, 10 of these being under school age, and 15 patients from Exeter to the clinic at the Royal Devon and Exeter Hospital (Southernhay). In addition to their work in the outpatient setting, the doctors and social workers also provide an inpatient service, 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 inpatients is from 5-18. During 1972 20 patients were admitted to the children's unit of the Dryden Clinic and 8 patients to the adolescent unit from the Exeter district.

All ages are seen in the outpatient 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 bedwetting. 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 school or secondary modern school, or the girls' school at Tiverton. During 1972, 2 patients from Exeter made use of the hostel at Totnes and 5 patients the hostel at Willand. 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 outpatient. 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.

It should be emphasized here that admission to the hostels or to the hospital is no reflection on the child admitted or his parents. All kinds of problems can be solved by admission. Many of the children from very sheltered homes have developed

crippling fears or worries which prevent them from leading a proper life, others require adjustment to medication, while others from very good homes have somehow or other got into difficulties in their relationship either with adults or with other children, so that they need to make a fresh start in a new group to learn a more successful way of relating. Others still, while perfectly happy and well adjusted at home, have got into difficulties at school, either educationally or in relationship with other children or teachers. While on the opposite side of the coin, children who are very well adjusted at school and succeed well there, may have become upset at home. Nowadays even children can fall prey to the stresses of life and become depressed or over-anxious, or develop psychosomatic disorders.

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, 7 patients were referred from the Exeter area during 1972. This clearly does not reflect frequency of problems in the community, and it seems that local practitioners and others are still unaware of this service. It would be helpful if more people could be aware of the availability. The creation of the special inpatient unit for adolescents has proved a valuable facility in the area and is well used, and we have now developed day hospital facilities for adolescents in association with the Dryden Clinic. A further step has now been taken towards getting a half-way house for young people. A house has been bought at 5 Clifton Hill and is now being altered and modernised for this purpose; it is hoped it will be operating before the end of 1973. This hostel is being provided by the goodwill and financial contributions of local people to meet a local need, as there is no way of providing such a hostel locally otherwise. The hostel will be run by the Richmond Fellowship and will provide a therapeutic community for the rehabilitation of young people with emotional problems, either young people who have already had hospital treatment and are ready for discharge or young people whose difficulties are not severe enough to warrant hospital admission but who need support and rehabilitation to get them on their feet and into the community again.

REPORT OF THE CHIEF DENTAL OFFICER FOR 1972

(EDWARD G. READER, F.D.S.R.C.S., D.ORTH.)

As will be seen from the attached figures only a small proportion of the time of the City Dental Surgeons is spent in treating patients in the maternity and child health service.

Most of this year was in the time of my predecessor, Mr. Alvin Pryor, as I took over as Chief Dental Officer in December, 1972.

It is important that mothers realise that their children should be taken to a dentist from the age of three. This gives a chance for the child and the dentist to become acquainted before treatment is likely and also ensures that any dental problem that may have occurred is treated before it has a chance to develop far.

The responsible parent can help care for the child's teeth by:—

- (1) Restricting the intake of sweet sugary foods (apples and nuts are better alternatives), and never dipping the dummy in syrup.
- (2) Making sure that a toothbrush is used effectively. Apple eating is *not* an alternative to efficient toothbrushing.
- (3) Using fluoride tablets and fluoride toothpaste at home to strengthen teeth against decay.

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	33	36	25
Children under five years and not eligible for school dental service	399	214	276

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	12	67	—	—	37	12	6	—
Children under five years and not eligible for school dental service	4	77	132	—	270	187	—	1

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

Good progress has been made this year and although at times some difficulty was found in maintaining an adequate service particularly for Welfare Homes and domiciliary patients the staff have responded very well in the endeavour to meet the demands made upon them.

All clinics are working to a maximum capacity, and although the waiting period between treatments is longer than desired for many of the patients, the necessity of a waiting list has been avoided.

The new reorganisation between General Practitioners and Health Visitors has resulted in many new patients being referred to our clinics and we particularly appreciate the help of the Health Visitors in this respect.

Early in 1973 the Mount Pleasant Health Centre will be opening, and it will contain two Chiropractic surgeries. This will provide an excellent new Chiropractic centre for that area, and it is hoped it will alleviate the heavy demands at present made on the Wynton Clinic. We are looking forward to the same degree of success at Mount Pleasant as there has been at the St. Thomas Health Centre and their staff and this should lead to a further improvement of the service.

ADULT HEALTH

Number of Treatments during 1973

	At Home	At Health Centre	At Welfare Home	At Wynton Clinic	At Mount Pleasant	Grand Total
At Home	1,100	1,100	1,100	1,100	1,100	5,500
At Health Centre	1,100	1,100	1,100	1,100	1,100	5,500
At Welfare Home	1,100	1,100	1,100	1,100	1,100	5,500
At Wynton Clinic	1,100	1,100	1,100	1,100	1,100	5,500
At Mount Pleasant	1,100	1,100	1,100	1,100	1,100	5,500
Grand Total	5,500	5,500	5,500	5,500	5,500	27,500

Only one report was received from the Hospital Management Committee during the year to provide facilities for home renal dialysis. This was in March, but regrettably the patient died at the month end before the adaptations could be effected, so that

CHIROPODY

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Early in 1973 the Mount Pleasant Health Centre will be opening, and it will contain two Chiropodial surgeries. This will provide an excellent new Chiropodial centre for that area, and it is hoped it will alleviate the heavy demands at present made on the Whipton Clinic. We are looking forward to the same degree of success at Mount Pleasant as there has been at the St. Thomas Health Centre, where we continue to have the close co-operation of the Group Doctors and their staff, and this should lead to a further improvement of the service.

Table XV.

Number of Treatments during 1972

	Elderly		Handi- capped		Expectant Mothers	Children		Totals		Grand Totals (1972)	Grand Totals (1971)
	M.	F.	M.	F.		M.	F.	M.	F.		
At Clinics	2796	9423	83	97	20	214	387	3093	9927	13020	12116
At Welfare Homes	499	1218	—	—	—	—	—	499	1218	1717	1291
At Redhills Hospital	30	204	—	—	—	—	—	30	204	234	155
At Nichols Centre	—	—	62	134	—	—	—	62	134	196	156
At Home	371	1199	—	—	—	—	—	371	1199	1570	1560
TOTALS	3696	12044	145	231	20	214	387	4055	12682	16737	15278

HOME RENAL DIALYSIS

Only one request was received from the Hospital Management Committee during the year to provide facilities for home renal dialysis. This was in March, but regrettably the patient died at the month end before the adaptations could be effected.

NATIONAL ASSISTANCE ACTS, 1948—1962

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

No persons were compulsorily removed from their homes during the year under a Section 47 order. Two persons were, however, considered.

The first, a blind lady aged 88 years was considered as being in need of care and attention but at the year end, no final decision had been reached. It is hoped that with increased help from other social agencies, the need to take statutory action will not arise.

The second person considered for compulsory removal was an elderly lady aged about 78. This lady has been known to the department for many years; health visitors and public health inspectors have, on many occasions, tried to improve the conditions in which she lives but the lady concerned has invariably proved unapproachable. Her house is virtually unfit to live in but nearly all attempts to gain entry have failed. However, in late December, she was seen waving for help from her house and the G.P. and duty social worker were called in; she was found to have a fractured femur and was admitted to hospital. It is hoped that before she leaves hospital permission can be obtained from the patient to allow the Social Services department to make arrangements for her home to be cleaned. The General Practitioner is trying to persuade the lady to accept accommodation in an old people's home but in view of previous experience this is thought to be a forlorn hope. This is one of those sad cases where every effort to help is thwarted and the lady prefers to live in filth and squalor to the detriment both of herself and her neighbours.

OCCUPATIONAL HEALTH SERVICE

This service was continued on the same lines as in 1971. The chief innovation has been the start of a scheme of multiple screening health checks for Council staff. These consist of seven tests for common defects or disorders and are carried out by nursing staff under the supervision of a doctor who assesses the results. In the case of significant abnormality the patient is referred at once to the family doctor concerned. The examinations take less than half an hour, and, carried out by appointment, proved popular among Health Department staff. In 1973 they will be offered to employees throughout the Council over the age of 40, who are not eligible for the Senior Officers' examinations.

The study of accidents to employees was extended to 700 accident forms, covering a period of approximately two years. The larger series gave very similar results to those of 1971 in terms of accidents per 100 employees per annum, with the craftsmen still in the lead.

Details of all examinations performed, except the screening tests or documents scrutinised, are shown in the Table.

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

DEPARTMENT	MEDICAL DECLARATIONS ACCEPTED				MEDICAL EXAMINATIONS						M.M.R. X-RAYS				
	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	10	4	1	—	15	—	—	9	1	2	—	1	—	13	3
City Surveyor	60	3	7	—	70	—	—	33	1	19	—	—	—	84	16
City Treasurer	4	1	2	1	8	—	—	—	—	—	—	—	—	7	—
Devon General	—	—	—	—	—	—	—	7	—	—	—	—	—	7	—
Education	25	16	5	102	148	4	8	5	12	—	—	—	11	62	84
Estates and Valuers	3	—	—	—	3	—	—	—	—	—	—	—	—	—	—
Fire Brigade	5	—	3	1	9	6	—	1	—	12	—	—	—	21	9
Health	7	59	1	11	78	1	3	—	4	2	—	—	—	13	5
Housing	2	1	—	1	4	1	—	—	—	—	—	—	—	1	—
Libraries	4	2	6	4	16	—	—	1	—	1	—	—	3	7	2
Magistrates Court	—	3	—	—	3	—	—	—	—	—	—	—	—	—	—
Museum	6	—	2	—	8	—	—	2	—	—	—	—	—	4	—
Planning	2	2	1	—	5	—	—	—	—	—	—	—	—	—	—
School for the Deaf	—	1	—	—	1	—	—	—	—	—	—	—	—	—	1
Social Services	2	27	1	3	33	—	—	2	16	—	—	—	1	22	153
Town Clerk	7	14	2	—	23	1	1	1	3	—	—	—	4	15	2
Trading Standards	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—
West Country Tourist Board	2	2	1	1	6	—	—	—	—	—	—	—	—	—	—
Examinations carried out for other Authorities	—	—	—	—	—	—	—	—	—	7	—	—	—	7	8
GRAND TOTAL	140	135	32	124	431	20*	12	61	37	43	—	—	19	263	282
GRAND TOTAL 1971	153	146	18	130	447	14	10	43	19	54	1	—	13	268	248

* 4 were found to be unfit.

FAMILY PLANNING

At the beginning of the year arrangements were already operating whereby women who needed contraceptive help on medical grounds could receive free advice and in many cases free supplies.

From 1st October free contraceptive advice became available to all Exeter residents. Where help was needed for medical reasons supplies were issued free. The health department continued to use the family planning association as an agent and it is expected that the total annual cost of this service will be £5,000.

During 1972 a family planning appreciation course was attended by all community nursing staff who had not previously done so. A doctors' course was also held which was attended by our own medical officers and a number of general practitioners.

1972 has been a noteworthy year in that the Exeter birth rate at 12.15 was lower than at any time since records have been kept. With only 14 more births than deaths within the City it is fair to claim that Exeter did not contribute to the population explosion during the year.

The reasons for the dramatic fall in our birth rate of 20% since 1965 are uncertain and probably several factors operated:—

(1) Nationally people have become considerably more aware of the need for family planning for the good of individuals and of the community. The birth rate has dropped in the whole of the country but the drop in Exeter is considerably greater than in England and Wales.

(2) The number of therapeutic abortions performed on women with Exeter addresses increased during the year, but it is thought that a considerable number of these patients were students who would not have had their babies in Exeter had they continued with their pregnancies.

(3) Our expenditure on family planning has risen tenfold during the past 5 years and our training of nursing staff has been undertaken ahead of many other authorities. It is to be hoped that these efforts will have been partly responsible.

It would be desirable to have some sociological research done to clarify the position.

Doctors and nurses who work in the City are aware that there are still some babies born who are not only unplanned but also unwanted. There are also some couples who want children who remain sterile.

More work and research are still needed in family planning but the situation is considerably happier in Exeter than it was a few years ago.

ABORTIONS

Figures for therapeutic abortions performed in Exeter on Exeter residents since 1969 are as follows:—

Nuffield Nursing

Year	N.H.S.	Home	Total
1969	29	2	31
1970	91	8	99
1971	95	7	102
1972	147	1	148

During 1972 a family planning appreciation course was attended by all community nursing staff who had not previously done so. A doctors' course was also held which was attended by our own medical officers and a number of general practitioners.

1972 has been a noteworthy year in that the Exeter birth rate at 12.15 was lower than at any time since records have been kept. With only 14 more births than deaths within the City it is fair to claim that Exeter did not contribute to the population explosion during the year.

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Doctors and nurses who work in the City are aware that there are still some babies born who are not only unplanned but also unwanted. There are also some couples who want children who remain sterile.

More work and research are still needed in family planning but the situation is considerably better in Exeter than it was a few years ago.

DEPARTMENT OF HEALTH AND SOCIAL SECURITY
Annual Report on Food Poisoning for Year ending 31st December 1952
(including all salmonella infections but excluding Dysentery, Paratyphoid
and Typhoid)

Notes: (1) Each authority is entered under the authority to which it is referred.
(2) Each authority is entered under the authority to which it is referred.
(3) Each authority is entered under the authority to which it is referred.
(4) Each authority is entered under the authority to which it is referred.

Table 1. Food Poisoning Incidents and Cases

Authority	No. of incidents	No. of cases	No. of deaths	No. of infectious cases	No. of non-infectious cases	Total
1. Total	—	—	—	—	—	—
2. Salmonella	—	—	—	—	—	—
3. Other	—	—	—	—	—	—
4. Typhoid	—	—	—	—	—	—
5. Paratyphoid	—	—	—	—	—	—
6. Dysentery	—	—	—	—	—	—
7. Typhoid	—	—	—	—	—	—
8. Paratyphoid	—	—	—	—	—	—
9. Dysentery	—	—	—	—	—	—
10. Typhoid	—	—	—	—	—	—
11. Paratyphoid	—	—	—	—	—	—
12. Dysentery	—	—	—	—	—	—

Notes: (1) Each authority is entered under the authority to which it is referred.
(2) Each authority is entered under the authority to which it is referred.
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Authority	No. of incidents	No. of cases	No. of deaths	No. of infectious cases	No. of non-infectious cases	Total
1. Total	—	—	—	—	—	—
2. Salmonella	—	—	—	—	—	—
3. Other	—	—	—	—	—	—
4. Typhoid	—	—	—	—	—	—
5. Paratyphoid	—	—	—	—	—	—
6. Dysentery	—	—	—	—	—	—
7. Typhoid	—	—	—	—	—	—
8. Paratyphoid	—	—	—	—	—	—
9. Dysentery	—	—	—	—	—	—
10. Typhoid	—	—	—	—	—	—
11. Paratyphoid	—	—	—	—	—	—
12. Dysentery	—	—	—	—	—	—

Table XVII.

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

ANNUAL RETURN OF FOOD POISONING FOR YEAR ENDING 31ST DECEMBER 1972
(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	TOTAL	
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained		No. of outbreaks and sporadic cases columns (1 + 3 + 5)		No. of cases columns (2 + 4 + 5)
						1		2	3	4	5	6	7
1. <i>S. typhimurium</i>	—	—	—	—	5	5	5	
2. Other <i>Salmonellae</i>	—	—	—	—	3	3	3	
3. <i>Cl. welchii</i>	—	—	—	—	—	—	—	
4. <i>Staph. aureus</i>	—	—	—	—	—	—	—	
5. Other causes	—	—	—	—	—	—	—	
6. Cause unknown	—	—	—	—	—	—	—	
7. TOTAL	—	—	—	—	8	8	8	

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

Type of Salmonellae							
Bredeney	—	—	—	—	1	1	1
Agona	—	—	—	—	1	1	1
Kapemba	—	—	—	—	1	1	1
TOTAL	—	—	—	—	3	3	3

INFECTIOUS DISEASES

NOTIFICATIONS

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

FOOD POISONING

8 cases of food poisoning were notified, or otherwise ascertained during the year. There were no general or family outbreaks. Of the eight sporadic cases, a salmonella organism was isolated in three cases. The various facts are shown in the Annual Return of Food Poisoning to the Department of Health.

DYSENTERY

8 cases of dysentery were notified during the year. In seven cases shigella sonnei was isolated, and the remaining case was an amoebic dysentery which was contracted abroad.

There was a small outbreak in a children's playgroup during January, in which five children were involved.

WHOOPING COUGH

3 cases of whooping cough were notified during the year. Two children had previously completed a course of vaccination, while the other child had not received any vaccination.

MEASLES

540 cases of measles were notified during the year; 489 cases occurring between May and August.

SCARLET FEVER

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

INFECTIVE JAUNDICE

11 cases of infective jaundice were notified during the year. The incidence was not localised either in time or place.

OPHTHALMIA NEONATORUM

2 cases of ophthalmia neonatorum were notified during the year, both by hospital doctors.

RUBELLA (GERMAN MEASLES)

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

Table XVIII.
ACUTE INFECTIOUS DISEASE.
MONTHLY INCIDENCE OF INFECTIOUS DISEASE NOTIFIED DURING 1972 (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	3	2	1	—	—	4	1	—	—	—	1	2	14	—
Whooping cough	—	—	—	—	—	—	1	—	2	—	—	—	3	—
Measles	8	3	10	24	108	158	172	51	4	2	—	—	540	—
Acute meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	—	—	—	1	—	—	—	—	1	—	—	—	2	—
Dysentery	7	—	—	—	—	—	—	—	—	—	1	—	8	—
Food poisoning	—	—	1	—	—	1	1	1	4	—	—	—	8	2
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective jaundice	—	2	—	—	—	1	—	5	—	2	1	—	11	—
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rubella	2	—	—	4	6	7	8	—	2	—	—	—	29	—
Enteritis (not a notifiable disease)	2	1	1	—	—	—	—	—	2	—	—	—	6	3

Table XIX.
ACUTE INFECTIOUS DISEASE
CASES OF NOTIFIABLE DISEASE NOTIFIED DURING THE YEAR 1972 (EXETER RESIDENTS)
(by age groups) after correction of diagnosis.

DISEASE	AGES OF CASES NOTIFIED														Cases admitted to Whipton Hospital
	Under 1	1—	2—	3—	4—	5-9	10-14	15-19	20-34	35-44	45-64	65 and over	Age un-known	Total	
Scarlet fever	—	—	1	3	3	6	1	—	—	—	—	—	—	14	—
Whooping cough	—	—	1	—	1	1	—	—	—	—	—	—	—	3	—
Measles	16	34	44	53	70	309	10	—	1	1	—	—	2	540	—
Acute meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	2	—	—	—	—	—	—	—	—	—	—	—	—	2	—
Dysentery	—	—	—	3	2	—	1	—	2	—	—	—	—	8	—
Food poisoning	1	—	—	—	—	—	1	1	4	—	—	1	—	8	2
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective jaundice	—	—	—	—	—	3	—	—	5	2	1	—	—	11	—
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rubella	2	5	2	—	1	12	3	1	2	—	—	—	1	29	—
Enteritis (not a notifiable disease)	4	1	—	—	—	—	—	—	—	—	1	—	—	6	3

Table XX.**MEASLES VACCINATION, 1972**

YEAR OF BIRTH	1972	1971	1970	1969	1965-1968	Others under 16	TOTAL
G.P.s	—	690	100	19	31	6	846
Clinics	—	163	59	9	13	—	244
Total	—	853	159	28	44	6	1,090

Table XXI.**RUBELLA VACCINATION, 1972**

Age	11	12	13	14	15	16	TOTAL
G.P.s	16	47	9	3	1	—	76
Clinics	108	369	12	16	7	1	513
Total	124	416	21	19	8	1	589

Table XXII.

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

Children completing a primary course of one or more vaccines in 1972, grouped by age at which the course was completed.

YEAR OF BIRTH	1972	1971	1970	1969	1965-1968	Others under 16	TOTAL
G.P.s:							
Triple	67	540	195	11	3	—	816
Diph./Tet.	—	1	5	2	2	—	10
Tetanus	—	—	—	—	—	—	—
Clinics:							
Triple	2	109	70	2	3	—	186
Diph./Tet.	—	—	2	1	2	1	6
Tetanus	—	—	—	—	—	—	—
Total	69	650	272	16	10	1	1,018

Table XXIII.

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

Children given a re-inforcement dose of one or more vaccines in 1972.

YEAR OF BIRTH	1972	1971	1970	1969	1965-1968	Others under 16	TOTAL
G.P.s:							
Triple	—	48	123	7	2	—	180
Diph./Tet.	—	—	—	—	807	6	813
Tetanus	—	1	—	—	1	14	16
Clinics:							
Triple	—	4	16	2	1	—	23
Diph./Tet.	—	—	2	2	391	2	397
Tetanus	—	—	—	—	—	—	—
Total	—	53	141	11	1,202	22	1,429

Table XXIV.

PRIMARY VACCINATION AGAINST POLIOMYELITIS.

Number of children who completed a primary course (3 doses) during 1972.

YEAR OF BIRTH	1972	1971	1970	1969	1965-1968	Others under age 16	TOTAL
G.P.s	66	543	200	13	5	1	828
Clinics	2	109	72	3	5	1	192
Total	68	652	272	16	10	2	1,020

Table XXV.

RE-INFORCEMENT VACCINATION AGAINST POLIOMYELITIS.

Number of children given a re-inforcement dose during 1972.

YEAR OF BIRTH	1972	1971	1970	1969	1965-1968	Others under 16	TOTAL
G.P.s	—	48	138	7	815	10	1,018
Clinics	—	4	18	4	391	3	420
Total	—	52	156	11	1,206	13	1,438

Table XXVI.

YELLOW FEVER VACCINATION, 1972

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
Adults	67	28	41	23	28	48	44	38	29	41	38	36	461
Children (under 16)....	6	4	5	8	3	6	6	5	2	4	8	5	62
TOTAL	73	32	46	31	31	54	50	43	31	45	46	41	523

BACTERIOLOGY, ETC. INVESTIGATIONS
PUBLIC HEALTH LABORATORY SERVICE (Director: DR. B. MOORE)
Exeter cases—referred by health department.

	<i>Specimens examined.</i>		
	<i>No. taken.</i>	<i>Negative.</i>	<i>Positive.</i>
Dysentery	97	81	16
Food Poisoning	118	88	30
Enteritis and D. & V.	7	6	1
	222	175	47
Paratyphoid (contacts)	4	4	—
Miscellaneous	2	2	—
Totals	228	181	47

Table XXVII.

VISITS TO RECENT IMMIGRANTS YEAR ENDING 31ST DECEMBER, 1972

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
(A) COMMONWEALTH COUNTRIES:	(1)	(2)
(i) Caribbean	2	1
(ii) India	4	—
(iii) Pakistan	—	—
(iv) Other Asian	8	5
(v) African	4	2
(vi) Other	3	2
TOTAL	21	10
(B) NON-COMMONWEALTH COUNTRIES:		
(i) European	3	1
(ii) Other	13	10
TOTAL	16	11
GRAND TOTAL	37	21

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 1972, 63 sessions were held at the Alice Vlieland Clinic, Bull Meadow Road. As a result of the Health Education Officer giving talks on Cervical Cytology we held 12 more sessions on the premises of local firms.

Forty women were found to have suspicious results; of these, 10 were highly suspicious, 8 were proved negative and the remaining 22 carried forward into 1973 for further investigation.

Of the 10 highly suspicious cases 8 had cone-biopsies performed; of the two remaining one was subsequently found to be normal and one is still being watched. Of the cone-biopsies performed 3 patients were found to have carcinoma-in-situ; 1 micro invasive; 1 dysplasia; 1 invasive carcinoma in polyp; the two remaining are still receiving out-patient treatment.

Breast examinations are carried out on patients who attend for cervical cytology and each is shown how to examine her own breasts regularly.

Table XXVIII.

CERVICAL CYTOLOGY CLINICS—ATTENDANCES 1972

AGE	REFERRED BY		RESIDING IN		RESULTS										TOTAL EXAMINA- TIONS	Referred back to G.P.	BREAST EXAMINATION		
					PRIMARY SMEARS			REPEAT SMEARS											
					NEG.	Pos.	SUSP.	NEG.	Pos.	SUSP.									
Range (Years)	DOCTOR	SELF	EXETER	OUTSIDE															
-20	1	77	48	30	77	—	1	—	—	—	2	80	2	—	—	—	—	—	
20-24	12	82	67	27	91	—	3	8	1	—	—	103	4	—	—	—	1	1	
25-34	30	124	129	25	151	—	3	73	3	10	—	240	13	—	—	—	1	1	
35-44	11	153	144	20	161	—	3	194	—	8	—	366	41	—	—	—	—	5	
45-54	12	126	124	14	132	—	6	181	5	6	—	330	48	—	—	—	—	2	
55-64	8	51	52	7	57	—	2	75	1	5	—	140	21	—	—	—	—	—	
65+	2	10	10	2	12	—	—	4	—	—	—	16	4	—	—	—	—	1	
	76	623	574	125	681	—	18	535	10	31	—	1,275	133	—	—	—	—	10	

SUMMARY OF ATTENDANCES AND DETAILS OF POSITIVE RESULTS from 28th June 1965-31st December 1972

		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
1972	....	699	576

8,051

+ 3 by Midwives.

Year	DIAGNOSIS				TREATMENT GIVEN			
	Carcinoma-in-Situ	Grade 1 Carcinoma	Invasive Carcinoma	Dysplasia and Others	Radio-therapy treatment	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	—	—
1972	3	—	†2	1	—	8	—	—
	35	1	8	5	1	43	9	4

* Final diagnosis unobtainable.

† 1 was Invasive Carcinoma in Polyp.

TUBERCULOSIS

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

NEW NOTIFICATIONS

Respiratory 6 male adult (including 2 posthumous notifications).

3 female adult.

Non-Respiratory 3 male adult, 7 female adult, 1 boy.

DEATHS

4 patients on the tuberculous register died during 1972; in 1 case only was tuberculosis the prime cause of death.

REACTIVATION

1 patient (female—gland of neck) was renotified during the year, having been taken off the register as recovered in 1968.

SPUTUM POSITIVE

3 male and 1 female patients were sputum positive during the year, 1 male aged 72 years died (other causes).

UNIVERSITY HEAF TESTING

This is not now done by the Chest Clinic but 32 students were given B.C.G. vaccination—44 were originally invited.

DOMICILIARY CHEMOTHERAPY

During the year some 40 patients had chemotherapy at home; 12 of them completed their treatment, 1 was taken off books, having left the district. The remaining 27 are still having treatment.

RADIOGRAPHY

Small films (10 cm. x 10 cm.) used for G.P. referrals and contact work totalled 1,799 and large films 1,577.

PATHOLOGY EXAMINATIONS

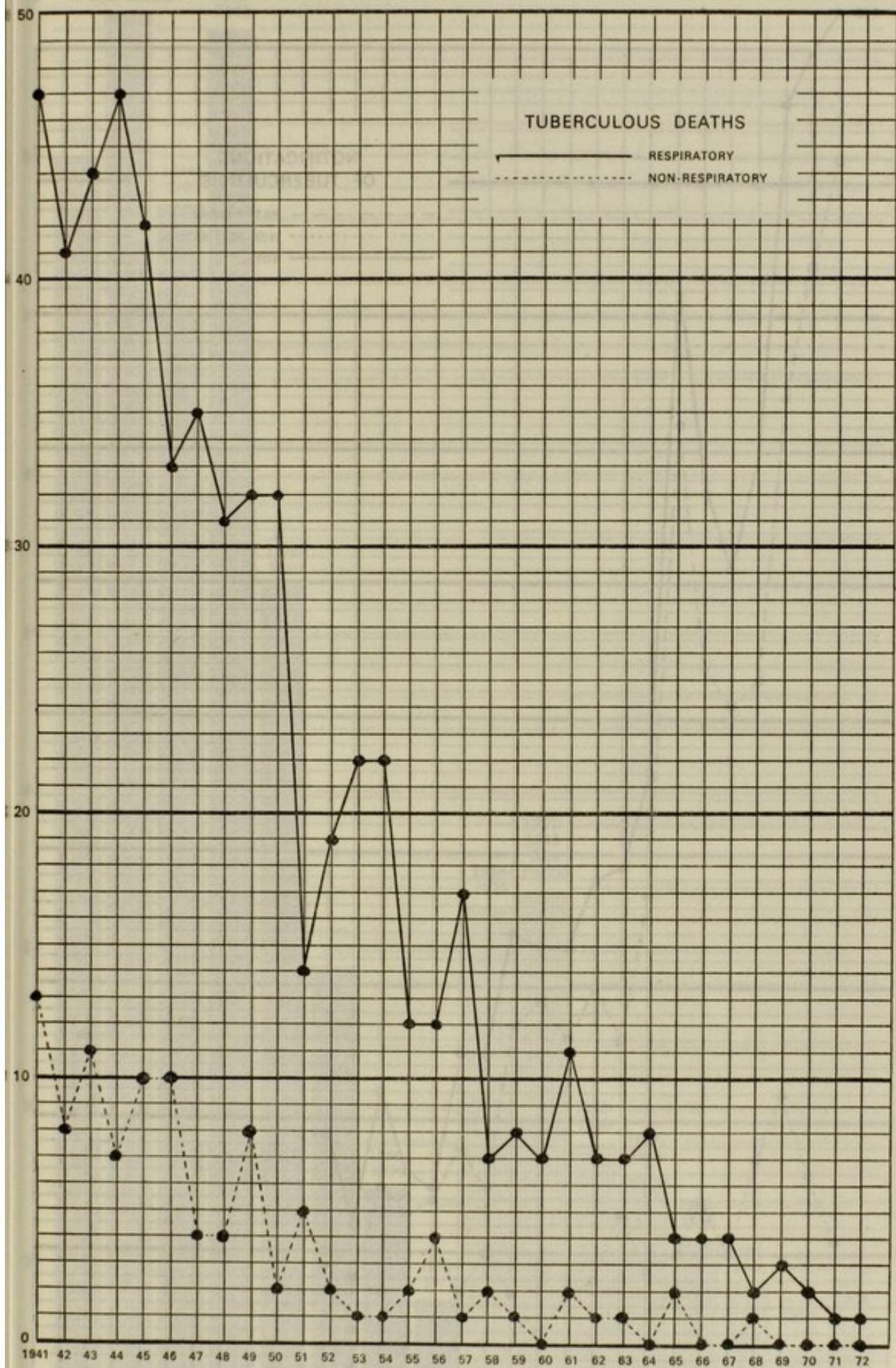
Once again we are very grateful to Dr. B. Moore and Dr. J. O. Edgcumbe, for their continued help and assistance.

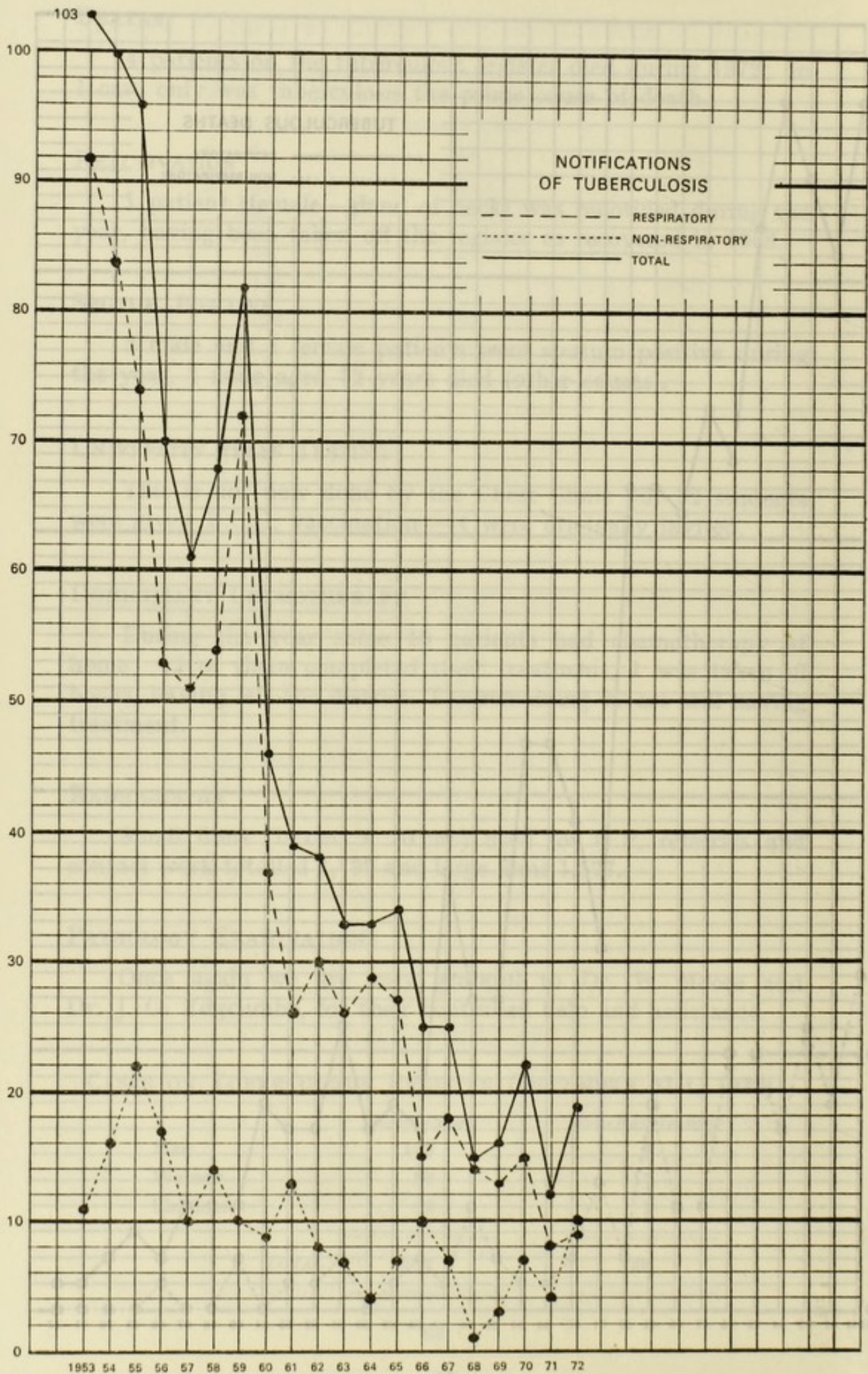
CASES ON TUBERCULOSIS REGISTER (DECEMBER 31st, 1972)

	<i>Respiratory</i>	<i>Non-Respiratory</i>
Men	109	8
Women	86	17
Children	9	1
TOTAL	204	26

TUBERCULOSIS

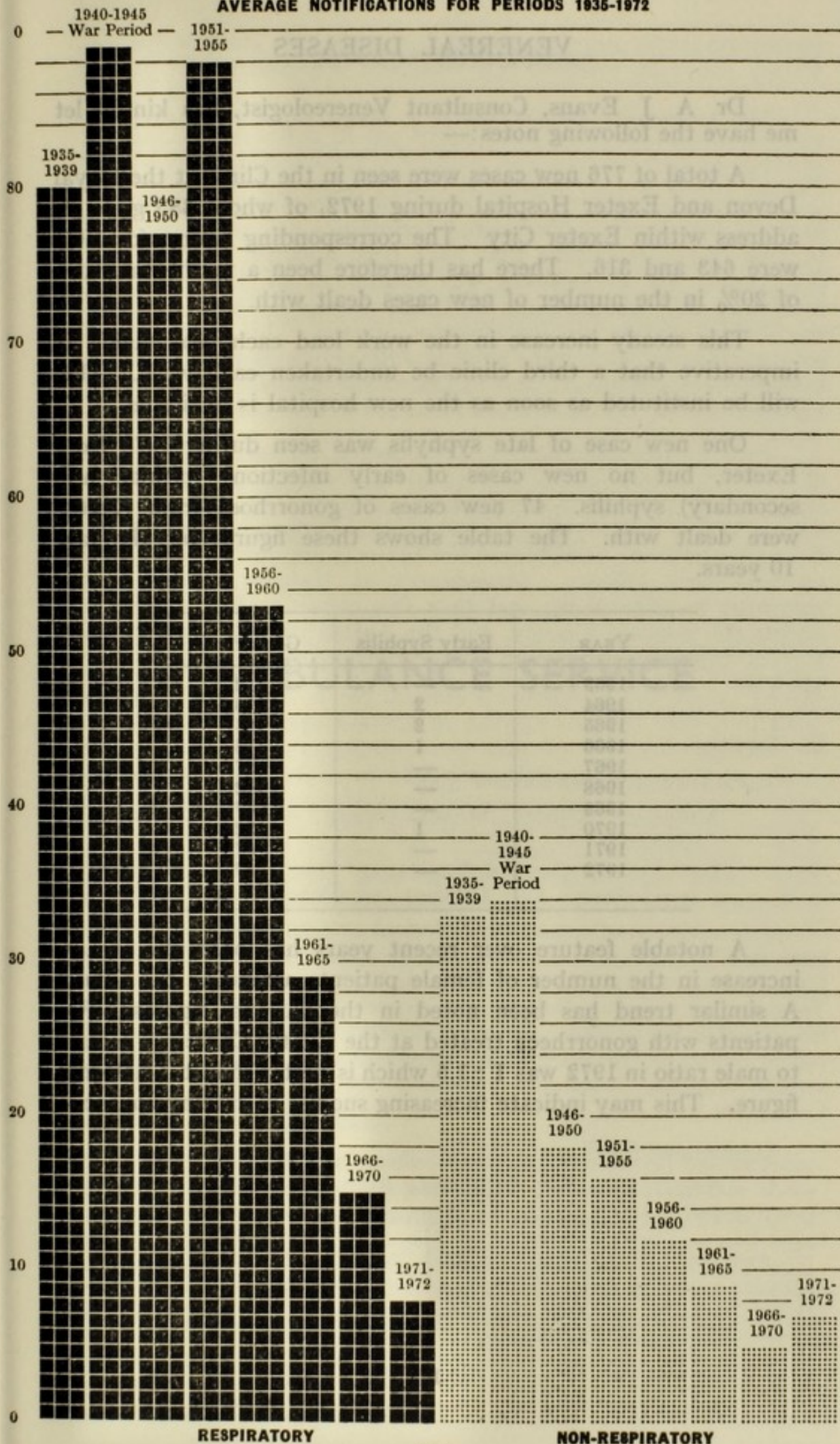
AVERAGE NOTIFICATIONS FOR PERIODS 1941-1950





TUBERCULOSIS

AVERAGE NOTIFICATIONS FOR PERIODS 1935-1972



VENEREAL DISEASES

Dr A J Evans, Consultant Venereologist, has kindly let me have the following notes:—

A total of 776 new cases were seen in the Clinic at the Royal Devon and Exeter Hospital during 1972, of whom 385 gave an address within Exeter City. The corresponding figures for 1971 were 643 and 316. There has therefore been a further increase of 20% in the number of new cases dealt with.

This steady increase in the work load each year makes it imperative that a third clinic be undertaken each week. This will be instituted as soon as the new hospital is available.

One new case of late syphilis was seen during 1972 from Exeter, but no new cases of early infections (primary and secondary) syphilis. 47 new cases of gonorrhoea from Exeter were dealt with. The table shows these figures for the last 10 years.

YEAR	Early Syphilis	Gonorrhoea
1963	—	12
1964	2	38
1965	2	21
1966	1	15
1967	—	27
1968	—	42
1969	—	47
1970	1	32
1971	—	57
1972	—	47

A notable feature over recent years has been the steady increase in the number of female patients attending the Clinic. A similar trend has been noted in the national figures. For patients with gonorrhoea treated at the Exeter Clinic the female to male ratio in 1972 was 1 : 1.5 which is better than the national figure. This may indicate increasing success in tracing contacts.

AMBULANCE SERVICE

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

1. TRAINING

Training continues to be of prime importance and further in-roads into more sophisticated techniques are being obtained because of the standards that have been attained over the last few years. An experiment was conducted in 1972 into the feasibility and effectiveness of training selected men in endotracheal intubation and intravenous infusion. This was arranged in conjunction with the Medical Officer of Health and the Consultant Anaesthetist, and in December Ambulanceman M. H. Hawkins qualified and was issued with the necessary equipment.

In-service training has increased during the year; this consists of theoretical training in anatomy and physiology. We have been fortunate in securing the services of a well qualified Sister Tutor, who is in fact employed with the Health Department as Health Education Officer. Ambulance aid subjects are dealt with by the service's own officers. Attendances at training schools still continues in spite of the fact that this causes staffing problems during the summer months, and the Authority have been asked to take this into account in our establishment requirements for 1973/74.

2. STAFF

Administration and Control Staff

Ambulance Officer; Station Officer; Assistant Station Officer.

Two Female Control Assistants; One Clerical Assistant (part-time); One Cleaner (part-time).

The addition of a part-time clerical assistant to the staff this year has had a considerable impact in reducing pressures on the Officers, and was a post long overdue in this service. The Clerk/Telephonists were redesignated Control Assistants due to the changing duties in the control room, and this has become a job which demands extremely high standards and skills. One of the female Control Assistants qualified for the Control Officers Certificate.

Operational Staff

5 Shift Leaders; 5 Leading Ambulancemen;
16 Ambulancemen; 1 Trainee/Ambulanceman.

Authority has been obtained for two additional trainee/ambulancemen in 1973. Trainee ambulancemen in this Authority qualify usually within eighteen months for the Ambulance Service Proficiency Certificate.

203 working days were lost due to sickness, which represents normal minor ailments, and just once 38 days were lost due to a back injury.

The introduction of the extra week's holiday, however, has given additional problems in staffing, and another staffing problem was created by the Road Traffic Act 1968, Part 6, which applies to drivers' hours. Unfortunately this does affect the number of hours that an ambulanceman can work during the day if he is working on ambulances or has been on duty whether he happens to be the driver of the vehicle or not. The situation has been studied by the Town Clerk's department and other bodies.

It is estimated that owing to the increase in holidays, the effects of the Road Traffic Act, Drivers' Hours and the increase in work a minimum of four additional ambulancemen will be required. Plans are being prepared to amend the rota system to provide a better standard of cover during the late evening and night shift; at the moment we are only able to provide one and a half crews, but the volume of work over the last two years indicates that at least two crews are required.

3. VEHICLES

The fleet consists of eleven vehicles and one limousine-type ambulance for long-distance work. This limousine was purchased in March, 1972 and in ten months travelled 28,169 miles. It has exceeded all the expectations of patient comfort and flexibility in use and it has certainly been able to achieve considerable savings in rail fares, local authority charges and running costs. A full report on the ambulance fleet was presented to the Health Committee and as a result of this a fleet replacement programme was implemented, subject to economic considerations. Two multi-purpose vehicles were delivered during the year. This design has proved to be excellent both for patients and flexibility in use. The multi-purpose concept is a well-designed fully-equipped vehicle capable of taking sitting or recumbent patients, and with a highly-trained crew capable of dealing with any type of job or incident, and, from a fleet operational point of view is effecting more economic use of transport and man-power and at the same time giving better service to the patient.

4. AMBULANCE JOURNEYS

I have included a classified summary indicating the number of patients who required the services of two men as against those requiring the services of one man. During the year it has been interesting to note the increasing number of patients carried who are not sufficiently ambulant to enter or leave the vehicle with little or no assistance, and most of the increase in work consists of patients who are recumbent or who have to be carried in and

out of the vehicle. This is not an unexpected development because the patient who requires no assistance is normally catered for by the Hospital Car Service.

1,671 patients were carried in Exeter as a result of accidents and 400 accident patients were carried for Devon. These emergencies are from all sources, but there is a marked increase in road accidents.

The biggest demands on the service are from the Day Centres and the transport of out-patients; 21,964 patients were carried in this category and the vehicles ran 62,946 miles.

Infectious diseases work continues to diminish, but a watchful eye is always kept on any work that could be infectious and the correct procedures adopted. 3,193 patients were carried for Devon and 37,355 miles covered. During the year there was a total increase of 3,288 patients and an increase in mileage of 18,328.

HOSPITAL CAR SERVICE

Devon County Council act as agents for this Authority and carried most of the patients who are able to walk, except mental patients and other special cases.

5. RAIL JOURNEYS

The number of patients conveyed by rail continues to decrease, the total number for the year being 49 patients as against 63 patients the previous year.

6. AIR TRANSPORT

Two helicopters were required in 1972, both to convey patients with spinal injuries to Stoke Mandeville. On the first occasion the R.A.F. provided a Puma at a cost of £540.00, and the second was a Whirlwind at a cost of £172.50. This Authority has no say in what type of helicopter is provided. Two other requests were received for helicopters during the year and the Medical Officer of Health after examining all the details was able to persuade Stoke Mandeville to accept transport by road, and by using the new-type ambulance we were able to convey these patients very successfully in a special bed, taking along a small generator to operate it.

7. CONCLUSION

The morale of the staff at Gladstone Road is very high, helped by good industrial relations and training, and most of all I think the confidence in having new equipment and vehicles.

Table XXIX.
MONTHLY SUMMARY, 1972

MONTH	TWO MEN CREW		ONE MAN CREW		TOTALS		TRAINS	
	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
January	2,435	10,729	411	2,103	2,846	12,832	2	240
February	2,185	11,365	556	1,906	2,741	13,271	2	395
March	2,607	12,220	275	1,058	2,882	13,278	4	481
April	2,149	10,354	334	1,207	2,483	11,561	1	45
May	2,567	10,300	245	2,534	2,812	12,834	1	156
June	2,599	12,812	234	2,619	2,833	15,431	5	976
July	2,489	12,652	262	4,231	2,751	16,883	6	1,547
August	2,446	12,934	240	3,955	2,686	16,889	10	2,194
September	2,399	9,290	237	4,321	2,636	13,611	6	1,348
October	2,735	11,459	214	2,936	2,949	14,395	2	472
November	2,647	10,304	192	2,756	2,839	13,060	3	920
December	2,356	9,421	214	3,271	2,570	12,692	7	1,729
TOTALS 1972	29,614	133,840	3,414	32,897	33,028	166,737	49	10,503
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	TWO MEN CREW		ONE MAN CREW		TOTALS	
		Patients	Miles	Patients	Miles	Patients	Miles
1	Emergency	1,590	5,672	81	459	1,671	6,131
2	Acute	1,118	4,406	93	339	1,211	4,745
3	Admissions	1,979	18,394	350	9,778	2,329	28,172
4	Discharges—In-patients	1,193	12,635	682	5,828	1,875	18,463
5	Out-patients	20,503	58,109	1,461	4,837	21,964	62,946
6	Devon County Emergencies	392	3,422	8	51	400	3,473
7	Devon County Removals	2,593	27,195	600	10,160	3,193	37,355
8	Other Authorities	65	3,093	138	1,211	203	4,304
9	Service Business	94	849	186	2,467	280	3,316
10	Non Section 27	181	914	1	234	182	1,148
	TOTAL 1972	29,708	134,689	3,600	35,364	33,308	170,053
	TOTAL 1971	23,219	126,565	6,801	25,160	30,020	151,725
	TOTAL 1970	15,630	92,859	11,030	42,383	26,660	135,242

Table XXIX
Monthly Summary, 1972

Month	Two Men Crew		One Man Crew		Totals	
	Patients	Miles	Patients	Miles	Patients	Miles
January	2,175	10,750	2,102	9,848	4,277	20,598
February	2,114	11,240	1,906	9,741	4,020	20,981
March	2,901	12,970	1,952	9,949	4,853	22,919
April	2,142	10,734	1,702	8,481	3,844	19,215
May	2,987	10,580	2,522	10,824	5,509	21,404
June	2,590	12,813	2,219	9,871	4,809	22,684
July	2,112	10,673	1,821	8,710	3,933	19,383
August	2,448	12,924	2,022	9,806	4,470	22,730
September	2,700	12,900	2,221	9,822	4,921	22,722
October	2,770	11,100	2,020	8,702	4,790	19,802
November	2,011	10,301	1,702	8,702	3,713	19,003
December	2,550	9,431	2,211	9,470	4,761	18,901
Total 1972	20,814	122,840	17,807	82,757	38,621	205,597
Total 1971	22,916	126,112	19,790	94,749	42,706	220,861
Total 1970	12,170	51,840	10,919	43,914	23,089	95,754

The above summary does not include Administrative or Reserve patients.

Table XXX
Classified Summary

Code No.	Classification	Two Men Crew		One Man Crew		Totals	
		Patients	Miles	Patients	Miles	Patients	Miles
1	Emergency	1,580	8,073	41	1,888	1,621	9,961
2	Acute or chronic	2,114	4,488	99	358	1,213	4,846
3	Admission	1,875	18,701	1,209	18,778	3,084	37,479
4	Discharge	2,112	12,813	1,952	9,949	4,064	22,762
5	Outpatient	2,700	12,900	2,221	9,822	4,921	22,722
6	Deer County Hospital	2,770	11,100	2,020	8,702	4,790	19,802
7	Deer County Nursing	2,011	10,301	1,702	8,702	3,713	19,003
8	Other facilities	2,550	9,431	2,211	9,470	4,761	18,901
9	Deer County	2,112	10,673	1,821	8,710	3,933	19,383
10	Deer County	2,448	12,924	2,022	9,806	4,470	22,730
Total 1972		20,814	122,840	17,807	82,757	38,621	205,597
Total 1971		22,916	126,112	19,790	94,749	42,706	220,861
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HEALTH EDUCATION

The theme for Health Education in 1973 was "Health - A Family Affair". This was the subject of monthly campaigns concerned with many aspects of health, initiated from this office and developed in the clinics according to felt needs. The consideration of health in this way allowed for a degree of latitude and adaptation to the health problems of different groups.

Supporting publicity material was made available throughout the department and was distributed to schools and other organisations to whom any particular aspect of a current campaign seemed of especial relevance.

A marked increase in the prices of posters and leaflets, and the discontinuation of some—including many which were in the past published without charge—coupled with necessary economy in the department, occasioned a decrease in the amount of publicity material distributed. For the same reason several new leaflets have been designed by the Health Education Officer and printed at a nominal cost by courtesy of the Library which has

ADDITIONAL INFORMATION

LOCAL CAMPAIGNS

Curved Cytology—this campaign started in 1971, continued throughout the year—many firms and other organisations employing women arranged for talks on the subject after which either individual clinic appointments were made or clinics were arranged on the premises of the organisation if facilities were available and numbers adequate. Thus cancer information continues to be propagated and women who might not have sought a pre-cancer test owing to the expense of employment have been able to

do so. The collection and disposal of Unwanted Medicines and Pills—this was organised for the Greater Home Safety Committee; details are included in the Home Safety Report; and a

A special Christmas Campaign, concerned with group therapy among the elderly, proved popular throughout the City and its suburbs—transparencies of caligraphs, pictures, ciths and beauty spots throughout the country were shown against a background of rural music. The visual and aural stimuli tion and response initiated was extremely good.

PREVENTION, CARE AND AFTER CARE

HEALTH EDUCATION

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LOCAL CAMPAIGNS

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The collection and disposal of Unwanted Medicines and Pills—this was organised for the Exeter Home Safety Committee; details are included in the Home Safety Report.

A special Christmas Campaign, concerned with group therapy among the elderly, proved popular throughout the City and its suburbs—transparencies of cathedrals, picturesque cities and beauty spots throughout the country were shown against a background of carol music. The visual and aural mental stimulation and response initiated was extremely good.

NATIONAL CAMPAIGNS

Support was given to:—

World Health Organisation Campaign concerning the development throughout the World of Cancer Research and Treatment, for which displays were arranged at the Municipal Library and Civic Centre.

Health Education Council Campaigns, in particular those concerning the health risks of smoking and also of promiscuity.

Women's National Cancer Control Campaign.

The Royal Society for the Prevention of Accidents Campaigns concerning all aspects of home and water safety.

Other National campaigns supported included Firework Safety, Noise and Litter control.

TALKS AND DISCUSSIONS

Promotional letters were sent to social clubs and other organisations in the City and brought a good response. The Health Education Officer was invited to speak of and discuss a wide range of health education topics; the public seemed particularly interested in discussions concerning stress, personal relationships as they affect young people, and increasingly so in all aspects of cancer.

SCHOOLS

Health Education courses have been given throughout the year at St. James' School for all pupils in their first and final year, with some shorter courses in other schools. In the main the target topic method has been effectively used for disseminating information on certain topics to pupils of a given age throughout the City—the general Rules of Health, Dental Health, Menstrual Hygiene, Smoking, Direct Resuscitation, Pollution and Venereal Disease have been treated in this way. In view of the increasing incidence of venereal disease in the City the Health Education Officer regrets the very limited general discussion on the subject which has been allowed. Child Care Courses have been run by Health Visitors with co-operation from the Health Education Officer, at both Priory and St. Thomas' High School in preparation for the Maternity and Child Welfare Association's Examination.

HOME SAFETY

Lecture demonstrations have been arranged on behalf of Exeter Home Safety Committee, a large proportion having been for housewives and the elderly. Courses have been provided for the British Red Cross Society and Duke of Edinburgh Award Scheme.

DIRECT RESUSCITATION

Lecture demonstrations have been conducted for the Women's Royal Voluntary Service and the Parks Department Staff as part of their training, for Sea Rangers, Girl Guides, Brownies and other groups. Special interest has been shown by Young Wives Groups and Playgroup organisers who have invited their "Mothers" to special sessions arranged for them.

IN-SERVICE TRAINING

Films and transparencies of interest have been obtained for the benefit of Health Department staff and, in accordance with previous practice, other workers for whom these were felt valuable have been invited to be present.

EXHIBITIONS

Exeter Flower Show—this year the theme of the Health Education Stall was "Your Health"—an illustrated tape recording demonstrated aspects of health and conditions causing problems which could arise. Health Visitors were present to give advice as needed, interest was further stimulated by a colourful display and a comprehensive leaflet handout.

People Matter Exhibition—the Health Department stall was organised on a large scale, each section contributed transparencies illustrating their speciality and described on tape by their own spokesman. This necessitated quite extensive organisation and co-operation throughout the department, but helped quite considerably to make its work known to the public.

The Health Education Officer wishes to thank all colleagues within the department and in other disciplines for the unstinting co-operation she receives and without which health education could not spread and infiltrate as it now seems to do, from the Health Department, and on through other groups to take effect in some measure on the life and well-being of the City.

HOME SAFETY

This Committee met four times during the year at Exeter Fire Brigade Headquarters, by courtesy of the Chief Officer, Mr. Varnfield, and the Water Safety Sub-Committee five times in the Health Department, both committees being under the chairmanship of Councillor Mrs. Wing.

UNWANTED DRUGS AND HOME POISONS CAMPAIGNS

This was organised in the City during the month of May and was largely concerned with the prevention of accidents to children. It coincided with a similar campaign organised by the Devon and Cornwall Constabulary throughout the South West; this wider campaign was more concerned with the control of

drugs of addiction. The campaign in the City resulted in the collection and disposal of 751 lbs. of medicines, tablets and other pharmaceutical products, some of which were very old, approximately 2½ cwt. of similar preparations were collected in the County.

FIRE PREVENTION

Door to door campaigns offering fire inspection and advice continued to be organised and were favourably received.

DOMESTIC FIRES

The Committee are concerned that the misuse of chip pans again accounts for 50% of fires in the City; it is felt that basically fires of this nature are largely caused by lack of supervision and that people need reminding of the need for care.

WATER SAFETY

Two swimming courses were organised for the sub-committee by Mr. A. P. Page, appointed as Adviser in Physical Education to the Education Department early in the year. These included an Adult "learn to swim" course in the Spring and a further course for housewives and members of the general public in the Autumn. This developed as a dual course to include people who could just swim and needed to improve. 70 people took advantage of this course, which was successful for nearly all of them. The Committee supported the National Learn to Swim Campaign for which special franking plates were used and displays arranged.

NATIONAL HOME SAFETY COMMITTEE

The Exeter Committee was represented at National level by the Secretary, Dr. G. P. McLauchlan, who reported matters of importance to them, including matters connected with future organisation. The National Committee having agreed that Home Safety would from 1974 be the responsibility of the new district councils.

NATIONAL HOME SAFETY CAMPAIGNS

These comprised:—

Fire Safety; Safety in Retirement; Follow the Instructions; Water Safety.

Publicity material produced by the Royal Society for the Prevention of Accidents in support of these campaigns was used, while talks and discussions were arranged for appropriate groups—in particular to retired people for whom home accidents present an increasing hazard.

Matters which have caused concern to the Committee included:—

Baby Cocoon/pram liner—the Committee were gratified that owing to their representations at National level this extremely popular article had been investigated and re-designed so that it is now safe and therefore sold again with safety throughout the country.

Polythene and Latex Foam padded furniture which presents a considerable fire risk of which the public is frequently unaware.

The positioning of gas meters—often inconvenient and dangerous for elderly people, the Gas Board has promised the Committee co-operation if resiting should be indicated.

Lecture Demonstrations have been given by the Health Education Officer on behalf of the Committee to groups of all ages ranging from pupils at the School of the Partially Sighted in preparation for the Duke of Edinburgh Awards—school children—Girl Guides preparing for their Home Safety Badges—District Nurses—Women's Organisations and clubs for the elderly.

Publicity Material has been made available to local authority departments, clinics and other places open to the public and to schools. Films and other visual aids have been provided for the use of teachers, young people concerned with projects and any who have shown interest in increasing the public awareness of potential accidents arising within the home.

HEALTH CENTRES

ST. THOMAS HEALTH CENTRE

During the year the Centre has continued to be used extensively and there has been no significant change of activity.

MOUNT PLEASANT HEALTH CENTRE

The building of this Health Centre commenced during the Spring.

The Centre will have six general practitioner suites, together with a treatment room. There will also be a suite for a local health authority doctor, together with a health education room for child health clinics, relaxation classes, etc. Facilities will be provided for speech therapy and there will be two chiropody surgeries with waiting/office facilities adjoining. There will be two offices for Health Visiting and an office for the Community Nurses, together with a shared staff room.

It is hoped that the Centre will be available for opening during May, 1973.

EMPLOYMENT

I am indebted to Mr. T. A. Hey, Area Manager of the Department of Employment for the following note:—

“ The estimated insured working population in the Exeter Employment Exchange area in June, 1971 was 51,434 (30,350 males, 21,084 females).

“ Exeter is primarily an administrative and commercial centre. About 37,200 people, amounting to 72% of the estimated insured working population are employed in the Services group of industries, which includes such activities as public administration, education, health services, distribution, transport and communications, insurance, banking and finance, hotels and catering, garages and public utilities. This is a high proportion in relation to the average of 52% in Great Britain, and 57% in the South Western Region.

“ Only about 15% of the working population is employed in Manufacture, well below the national average of 38% and a regional average of 32%. About 7,700 workers are employed over a wide range of Manufacture, including food and drink manufacture, chemicals, metal manufacture, mechanical, electrical and instrument engineering, clothing, brick and concrete products, timber products and papermaking, printing and publishing. Industrial estates providing for both new industry and the re-housing of existing local establishments are sited at Marsh Barton, Pinhoe and Sowton.

“ Redevelopment has given rise to an active construction industry employing some 5,000 workers, or about 10% of the total.

“ The extractive industries, which include agriculture, forestry and quarrying, account for the remaining 3% of employees.

“ Unemployment in Exeter during the first half of the year followed the pattern of recent years in being higher than in earlier years, but a welcome reversal of this trend commenced in the summer. A winter peak total of 2,108 in February was followed by the usual seasonal reduction to 1,507 in May and rise to 1,820 in August. From then on the rise came to a halt; unemployment fell steadily to a December total of 1,264 (made up to 971 men, 36 boys, 233 women and 24 girls). This was 672 fewer unemployed than at the end of 1971.

“ Employment opportunities in the earlier months of 1972 were limited by the adverse economic trends then obtaining, but the later improvement enabled the employment exchange to find work for over 3,100 men and women. This figure included some 700 employees in the clerical and commercial field.

“ An encouraging feature was the resettlement in employment of nearly 300 registered disabled persons, 75 more than in 1971.”

HOUSING

(See also pages 29-32)

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, 1972

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 1972
Tuberculosis	—	—	—	—	—	1
Statutory overcrowding	—	—	—	—	—	1
Sub-standard property	7	4	1	1	1	3
Social overcrowding conditions	11	7	1	1	2	1
Other medical social reasons	53	22	1	27	3	19
Other medical reasons	47	12	—	31	4	25
TOTALS	118	45	3	60	10	50

NOTE: In addition to the above there were 34 cases considered where no medical points were recommended, but 19 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).

Withymead Nursing Home (20 chronic ill and convalescent 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.

COST OF HEALTH AND PUBLIC HEALTH SERVICES

The total nett cost of the health and public health services in Exeter for the financial year 1972/73 was £423,389, as against £360,680 for the previous financial year.

"Battered Children"	59-69
Births	17-26
Cancer	31
Cervical Cytology	26-37
Child Life, Loss of	19-20, 24-25
Child Health	64-72
Child Health Centres	67
Chiropody	68
Clean Air Act, 1956 (Smoke Control)	32-33
Committees—Members	12
Community Nursing Services	34-42
Cost of Health and Public Health Services	117
Deafness (Hearing Assessments)	69-71
Deaths	21-26
Dental Service	78-79
Developmental Checks	64-67
Employment	115
Environmental Hygiene (Public Health Act)	28-32
Factories, etc.	28-32
Family Planning	65
Food Hygiene	28-31
Food Poisoning	34-35
Health Centres	113
Health Education	110-114
Home Safety Committee and Water Safety Committee	112-113
Housing	29-32, 117
Illegitimate births	18-21
Immigrants, Care of	64
Immunisation and Vaccination	28-30
Infant Mortality	95
Infectious Disease	38-104
Kidney Machines (Renal Dialysis)	81

NURSES AGENCIES

(Nurses Agencies Act 1959 and Nurses Agencies Regulations 1961).
No registrations were made during the year.

COST OF HEALTH AND PUBLIC HEALTH SERVICES

The total net cost of the health and public health services in Exeter for the financial year 1975/76 was £123,289, as against £360,680 for the previous financial year.

As a consequence of the changes in the health services, the Exeter Health Authority has been able to reduce its expenditure on health services by £237,391, or 65.8%, over the period 1975/76 compared with 1974/75.

REGISTRATION OF NURSING HOMES, 1975

Category	1975/76	1974/75	1973/74	1972/73	1971/72	1970/71
Registered	1	1	1	1	1	1
Not registered	1	1	1	1	1	1
Total	2	2	2	2	2	2
Approved	1	1	1	1	1	1
Not approved	1	1	1	1	1	1
Total	2	2	2	2	2	2
Open	1	1	1	1	1	1
Not open	1	1	1	1	1	1
Total	2	2	2	2	2	2

Note: The figures in this table are for the year ending 31st March 1976. The figures for the year ending 31st March 1975 are shown in brackets.

NURSING HOMES

(Public Health Act 1954, and Nursing Homes Registration Act, 1963).

The following table shows the number of nursing homes in Exeter for the year ending 31st March 1976.

The number of nursing homes in Exeter for the year ending 31st March 1976 was 17, as against 16 for the year ending 31st March 1975. The number of nursing homes in Exeter for the year ending 31st March 1974 was 15, as against 14 for the year ending 31st March 1973. The number of nursing homes in Exeter for the year ending 31st March 1972 was 13, as against 12 for the year ending 31st March 1971. The number of nursing homes in Exeter for the year ending 31st March 1970 was 11, as against 10 for the year ending 31st March 1969.

All nursing homes in Exeter are registered with the Exeter Health Authority.

INDEX - 1972

	Page
INTRODUCTION	6—10
Abattoir	43
Abortions	86
Adult Health	82—86
Ambulance Service	104—102
Audiology Service	69—71
“ Battered Children ”	68—69
Births	17—20
Cancer	21
Cervical Cytology	95—97
Child Life, Loss of	19—20, 24—25
Child Health	64—79
Child Health Centres	67
Chiropody	82
Clean Air Act, 1956 (Smoke Control)	32—33
Committees—Members	12
Community Nursing Services	54—62
Cost of Health and Public Health Services	117
Deafness (Hearing Assessments)	69—71
Deaths	21—25
Dental Service	78—79
Developmental Checks	64—67
Employment	115
Environmental Hygiene (Public Health Acts)	28—52
Factories, etc.	38—39
Family Planning	85
Food Hygiene	39—44
Food Poisoning	44—88
Health Centres	114
Health Education	110—114
Home Safety Committee and Water Safety Committee	112—114
Housing	29—32, 116
Illegitimate births	17—18
Immigrants, Care of	94
Immunisation and Vaccination	92—93
Infant Mortality	26
Infectious Disease	88—102
Kidney Machines (Renal Dialysis)	82

Laboratory Work	....	....	....	94
Liaison with General Practitioners	....	....	....	57
Liaison in Hospital Services	....	....	....	56
Linen and Laundry Service for the Elderly	....	....	....	59
Maternal and Child Health	....	....	....	64—79
Medical Examinations made on behalf of the Council	....	....	....	83—84
Mortality in Child-bearing and Infancy	....	....	....	24—25
National Assistance Acts—Section 47, Removals	....	....	....	83
Neonatal mortality	....	....	....	26
Noise Nuisances	....	....	....	34—35
Nursing Homes and Nurses' Agencies	....	....	....	117
Nursing Equipment Loans	....	....	....	59
Occupational Health	....	....	....	83—84
Offices, Shops and Railway Premises Act	....	....	....	35—37
Perinatal Mortality	....	....	....	24—26
Pest Control	....	....	....	45—46
Premature Infants (Low Weight)	....	....	....	19
Psychiatric Services for Pre-School and Adolescents	....	....	....	76—78
Rehousing on Medical Grounds	....	....	....	116
Relaxation Classes	....	....	....	58
Renal Dialysis	....	....	....	82
Sewerage and Sewage Disposal	....	....	....	51—52
Smoke Control	....	....	....	32—33
Staff—Health Department	....	....	....	12—14
Statistics—general and vital	....	....	....	16—16(a)
Stillbirths	....	....	....	19—20
Swimming Baths	....	....	....	46
Tuberculosis	....	....	....	97—101
Vaccination and Immunisation				92—93
Venereal Disease				102
Vital Statistics				16
Water Supply				49—51



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