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BUCKFASTLEIGH URBAN DISTRICT

ANNUAL REPORT 1962

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ANNUAL REPORT

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OF THE HEALTH OF THE DISTRICT

FOR THE YEAR 1962.

F.T. HUNT, MB., BS., MRCS., LRCP., DPH., DIH.,

MEDICAL OFFICER OF HEALTH

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BUCKFASTLEIGH URBAN DISTRICT COUNCIL

To the Chairman and Members of the Public Health Committee

Mr Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Health Report for the year 1962. In this, my fourth annual report, I have omitted the vital statistics for the area in order that the report could be presented to you before the termination of my appointment as your Medical Officer on the 31st March, 1963. The necessary statistics will be made available by the Registrar General during the following month and it will then be necessary for these statistics to be included in a separate appendix to this report by my successor.

During 1962 this local authority concerned itself with many matters that had some bearing either directly or indirectly on the health of the community. Such matters were not necessarily confined to the attention of the public health committee but sometimes presented themselves at other committees such as those dealing with housing, planning etc., It must be appreciated, therefore, that your part time medical officer, being employed by the council for only a small part of his time, was not able to comment or give advice on every one of these matters.

Health Services - Section B of the report covers the general provisions of health services in the area. It will be observed that a chiropody service has now been provided by the County Council and a clinic operates each month and is available to the aged, the handicapped and expectant mothers. A mass miniature radiography unit made its annual visit to the area and I think that more persons of the older age groups should have attended this unit. It must be remembered that active tuberculosis in men increases with age, particularly over the age of 45 years. The home help service continues to be a valuable asset to the community and much credit is due to the local organiser.

Infectious Diseases - Section C deals with the prevalence and control of infectious diseases. Measles continues to be a troublesome complaint and it would seem that few children escape the infection. Special reference has been made in this section to smallpox vaccination.

Sanitary Conditions - The sanitary conditions of the area are described in Section D. Reference is made to the possible future replacement of dustbins by paper sacks. Special comments have also been made on the water supply.

Food - Section E gives details regarding the inspection and supervision of food. In all food businesses it is hoped to find good premises, good equipment and a staff well trained in the practice of food hygiene. It is particularly important that food handlers are fully acquainted with the requirements of the food hygiene regulations.

Housing - Housing is discussed in Section F. More houses could be improved if owners made more use of improvement grants. The majority of these grants continue to go to owner/occupiers and rented accommodation hardly benefits at all. It would seem that better financial arrangements will still be necessary before there is any great improvement in the situation. Many houses in Buckfastleigh are now reaching the end of their useful life. Others are lacking modern amenities. It must be remembered, however, that a house cannot as yet be regarded as unfit for human habitation merely because it lacks a bathroom or has only an outside toilet. Higher standards of fitness for human habitation must be introduced in the near future. At the same time, such standards would result in a considerable number of dwellings being closed or demolished because of their unfitness. These dwellings must be replaced by other dwelling units. Indeed, I would like to see more new houses built in Buckfastleigh before the habitation of these older type of houses is discontinued.

General Health - Topics concerning general health are discussed in Section G. Whilst I hope that members of the public are now aware of the dangers of cigarette smoking, I think that local publicity has done very little to reduce smoking in the community. The problem should now be tackled on a national scale. It has now become possible to secure the adjustment of the fluoride content of water to a suitable concentration in order to reduce the incidence of dental decay in the community. It is hoped that this opportunity will be taken to help prevent tooth decay which is, next to the common cold, the most common disease of mankind.

The Future - In the immediate future consideration will have to be given to a number of factors that directly or indirectly affect the health of the community. The shortage of satisfactory housing units for certain groups of the population will cause some concern. Many of the existing dwellings in the area will not be replaced. The proportion of old persons in the community will increase and I think that a "meals on wheels" scheme or a "good neighbours" scheme may soon be required. Efforts must continue to reduce atmospheric pollution by dust and smoke. More action is needed to discourage cigarette smoking. A decision must be made as to whether the fluoride content of the water should be adjusted in order that dental decay can be reduced. More work will be involved in the administration of the future "offices act" whilst compulsory 100% meat inspection will mean that your public health inspector will have far less time to spend on his other duties.

Public health is not limited to the prevention of disease or death in the community, but it is also concerned with a general social well being. Efforts must continue to help improve and preserve the health and well being of all members of this community. The health of the community must be maintained and protected by organised community effort at all times.

Conclusion - In conclusion I would like to thank the officials and staff of the Buckfastleigh Urban District Council who have given me their help and co-operation during the year. I would particularly like to thank Mr Allen who, despite having many commitments connected with his duties as Surveyor, has still found time to carry out the work which falls to his lot as a Public Health Inspector. When this dual appointment was first made years ago the amount of work connected with the duties of a public health inspector were far less than they are at the present time. There will obviously be a limit to the amount of work that can be adequately and satisfactorily handled by one official, particularly when he holds a dual appointment.

I have the honour to be,

Your Obedient Servant,

F.T. HUNT.

Medical Officer of Health.

PUBLIC HEALTH COMMITTEE

CHAIRMAN

Councillor R.T. Willcocks.

CHAIRMAN OF THE COUNCIL

Councillors S.C.J. Goffin JP.,

and

ALL THE MEMBERS OF THE COUNCIL

PUBLIC HEALTH STAFF

MEDICAL OFFICER OF HEALTH

F.T. HUNT, MB., BS., MRCS., LRCP., DPH., DIH.,

Medical Department,

Municipal Offices,

TOTNES.

Tel. Totnes 2335.

PUBLIC HEALTH INSPECTOR (Also Surveyor)

G.T. ALLEN, MRSH.,

Council Offices,

Harewood,

BUCKFASTLEIGH.

Tel. Buckfastleigh 2133

CLERICAL ASSISTANT

Miss W.J. Taylor,

Medical Department,

Municipal Offices,

TOTNES.

Tel. Totnes 2335.

SECTION A.

STATISTICS

Area	1,365 acres
Number of dwelling houses	884
Dwellings owned by the Council (31st March 1962)	331
Council dwellings per thousand of population	133.3
Rateable value (1st April 1962)	£38,816
Estimated product of ld. rate	£158
Estimated mid year population	2,520
Population at 1951 census	2,592

VITAL STATISTICS

The vital statistics relating to births, infant mortality rates, maternal mortality and deaths will be presented as a separate appendix to this report in the near future. The information which is necessary for compiling these statistics is not expected to be made available by the Registrar General until the end of April.

MEASUREMENT OF COMMUNITY HEALTH

Whilst the vital statistics will give some indication of the health of the district, I think that more information is needed about the nature and amount of illness that is present in the community. These morbidity statistics would be of value in assessing the health of the community, in determining illnesses that may be caused by adverse social or environmental factors and in recommending measures which would be taken to improve community health. Such information could well be obtained from national insurance sickness certificates and hospital records. Unfortunately such information is not made available to your medical officer.

SECTION B.

GENERAL PROVISIONS OF HEALTH SERVICES

1. Hospitals

The Ashburton and Buckfastleigh Hospital is situated in Ashburton under the management of the Torquay and District Hospital Management Committee. It is a general practitioner hospital with 15 mixed medical and surgical beds.

Hospital coverage for the district is also provided by Newton Abbot Hospital and Torbay Hospital. Maternity cases are admitted to Broomborough Hospital, Totnes.

2. County Council Health Services

Under the National Health Services Act 1946, the County Council provides the following services:-

Domiciliary midwives, home nurses, health visitors, supervisory care of expectant and nursing mothers and children under five, ambulance services, vaccination and immunisation procedures, home help services and the care of persons suffering from illness or mental disorders and the aftercare of such persons.

One district nurse/midwife works in the district together with a health visitor and a nursing assistant. A child welfare clinic is held every fortnight and the health visitor for the area is in attendance. The Home Help Service is provided by the County Council and the local organiser is the health visitor. A Chiropody Service is provided by the County Council and has been made available for the handicapped, aged and expectant mothers. A chiropody clinic operates in Buckfastleigh once a month.

3. Laboratory Services

Bacteriological examinations of pathological specimens and samples of milk, water and ice cream are carried out at the Public Health Laboratories at Exeter and Plymouth. The chemical analysis of water is undertaken by public analysts at Exeter.

4. Mass Miniature Radiography Service

A Mass Miniature Radiography Unit visited Buckfastleigh and Buckfast during May. A total of 709 persons attended the unit. No active cases of pulmonary tuberculosis were discovered during the visit but minor chest abnormalities were detected in a number of persons.

5. Home and Domestic Help

The County Council provides a home help service in the area and the health visitor for Buckfastleigh is the local organiser.

This service aims to provide essential domestic help in cases of maternity, sickness, convalescence, old age and infirmity. The service is not free, but persons if unable to pay the full charges, are assessed according to their means.

SECTION C.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

1. Infectious Diseases Notified during the Year.

37 infectious diseases were notified during the year and they were all cases of measles. 11 of these were children under school age whilst the majority of the other cases were children in the 5 - 9 age group.

Measles continues to be a troublesome complaint in primary schools. Although the fatality rate is low it would seem that few children escape this infection and the disease is responsible for much illness. It is hoped that in the near future an effective vaccine will be available for immunisation against measles. When such a vaccine is introduced I think that measles will become an uncommon disease.

2. Outbreaks of other Diseases

There are a number of infectious diseases which are not notifiable diseases and are therefore not referred to the medical officer of health. A knowledge of the incidence of such diseases in the community is often only acquired when they become widespread and extensive.

Chickenpox was very prevalent during October and November and many pre-school and young school children were affected. Whilst chickenpox is not a notifiable disease it is a common mild infectious illness caused by a virus and occurs mainly in children. The disease is most infectious during the first 6 days following the appearance of the rash and, during that time, it is important that persons suffering from the disease should be confined to their house and garden. School children can return to school 14 days after the date of appearance of the rash whilst child contacts need not be excluded from school.

3. Smallpox

There were no cases or contacts of smallpox cases in the Urban District during the year and consequently no emergency measures were necessary to prevent the spread of this infection in the local community.

At the commencement of the outbreak in the north of England at the beginning of the year, I satisfied myself that there was no risk of infection to local inhabitants who were required to handle consignments of wool in the course of their work that had been sent from the northern towns where smallpox had occurred.

Over the years a number of regulations have been introduced with a view to limiting or preventing the spread of epidemic, endemic or infectious diseases. When a disease such as smallpox occurs in the community your medical officer can introduce certain measures and follow certain procedures to prevent the spread of the infection in the community. It is very rarely necessary to resort to a programme of "mass vaccination" of the population on such occasions.

4. Immunisation and Vaccination

Vaccination and immunisation is available to give protection against such diseases as smallpox, poliomyelitis, whooping cough, diphtheria, tetanus and tuberculosis. These procedures can be carried out by local medical practitioners and also, under the Devon County Council scheme, sessions are carried out at local schools and the local Infant Welfare Clinic.

5. Oral Poliomyelitis Vaccine

During the early part of the year oral poliomyelitis vaccine was made available to all persons under the age of 40 years and all persons in the priority groups who had not previously been vaccinated against the disease. This oral vaccine has become very popular, particularly with children.

6. Influenza Vaccination

Influenza vaccination for selected groups of the population is now becoming a recognized public health measure for the reduction of this disease during winter months. Vaccination will reduce the chances of contracting the disease by about two thirds. It is considered to be of particular value to persons already suffering from cardio vascular diseases and diseases of the lungs.

7. Immunisation against Tetanus

Whilst tetanus is not a common disease at the present time, nevertheless the fatality rate is high despite the most modern treatment. Tetanus can develop when dust, dirt or soil enters even the most trivial cut. Persons at risk include those whose work is connected with horticulture, agriculture, road repairs, refuse collection and the maintenance of sewers and drains.

Prevention is always better than cure and I would therefore advise persons at risk to obtain the necessary protection by becoming immunised against tetanus. A course of three protective injections are required.

8. Detection of Tuberculosis.

Tuberculin skin testing was carried out on all children attending county primary schools in the district and also on children in the 13 year age group during the year. This test may indicate if the child is suffering from or has suffered from tuberculosis. The early onset of tuberculosis can be detected in the child or in the child's family. The scheme has, as its main object, the detection of previously unsuspected cases of tuberculosis. The examination of the child gives the lead for tracing the source of the infection in the community.

9. International Vaccination Certificates

In order to prevent the spread of infectious diseases several countries require that visitors should be vaccinated or inoculated against specified diseases. International certificates have now been prescribed for smallpox, yellow fever and cholera.

When completed by the medical practitioner these certificates must be authenticated by the health department of the local authority. It is the responsibility of travellers to see that international certificates of vaccination are available both for their family doctor to sign and the Health Department to authenticate. These certificates should be obtained by the travel agency organising the individual's journey. It is not the responsibility of local authorities to provide these documents.

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SECTION D.

SANITARY CIRCUMSTANCES IN THE AREA

1. Water

Upland surface water is collected on Dartmoor and reaches the district by gravity from a large storage reservoir. The water is chlorinated and hardened by passing over soda ash as the raw water is plumbo solvent. No contamination by lead occurred during the year and no other form of contamination occurred. Bacteriological examinations carried out on the treated water entering the general supply were found to be satisfactory. The quality and quantity of the water was also regarded as satisfactory during the year.

Approximately 2,500 persons living in 871 houses were supplied with water from the public mains. 6 dwellings, occupied by 10 persons, were supplied with water from the public mains by stand pipes. 7 dwellings had their own private water supply.

2. Refuse

Refuse is collected weekly and taken to the refuse tip which is a disused quarry situated well away from the town. Whilst measures are taken to ensure that nuisances do not occur at this tip, it must be realised that fully controlled tipping is not carried out in Buckfastleigh.

3. Replacement of Dustbins by Paper Sacks

Several local authorities are now adopting a more hygienic method of refuse collection. Under this new system, paper sacks in special holders are substituted for the traditional dustbin. Since the refuse remains in the paper sack, which is easier for the refuse collector to handle than the usual refuse bin, the collection of the refuse is no longer attended by flies, smells, dust and noise. Furthermore, the system does away with the need for expensive special vehicles for the refuse collection.

The possible future usage of paper sacks was considered by the Council in 1962. The advantages and disadvantages of the system were fully considered and members of the Council were able to visit a mobile display of these paper sacks. It was eventually decided that the system could not be introduced in the area because of the high cost that would be involved in purchasing these sacks.

4. Sewage

The sewage works produced a satisfactory effluent throughout the year. Difficulty was experienced in drying the sludge obtained at the works and new sludge drying beds will soon be required. Apart from this, the arrangements for sewerage and sewage disposal in the district are regarded as satisfactory.

5. Caravans

There are two licensed caravan sites in the district and one is owned by the Council. Last year it was reported that certain conditions on the site licence of the privately owned site were not being observed. These defects were remedied during 1962.

6. Factories.

This local authority is responsible for enforcing the provisions in the Factories Act 1961 relating to sanitary conveniences and the regulations made in connection with these in all factories. The district council is also responsible for enforcing the provisions of the act dealing with cleanliness, overcrowding, temperature, ventilation and drainage of floors in all factories not using mechanical power.

Visits were made to the factories in the area by the Public Health Inspector. 21 of the 29 premises in Buckfastleigh do not use mechanical power. Conditions at all the factories were found to be satisfactory.

Part 8 of the Factories Act 1961 deals with home work and the provisions relating to this are enforced by the district council. No lists of outworkers were received by the Council during the year.

7. Swimming Pool

The swimming pool has a capacity of 59,100 gallons. The water is obtained from an upland surface source on Dartmoor and enters the pool unheated. The water is chlorinated daily by hand and is changed at least once a week. Estimates of the residual chlorine content were found to be satisfactory throughout the year. New cubicles were provided at the pool during 1962.

8. Pest and Rodent Control

Under the Prevention of Damage by Pests Act 1949, this local authority has an obligation to ensure that, as far as is practicable, the area is kept free from rats or mice. For this purpose frequent inspections are necessary and, in addition, occupiers of land are required to give notice to the local authority whenever it comes to their knowledge that rats or mice are present on the land in substantial numbers. In the case of food premises, the notification must be made to the Ministry of Agriculture, Fisheries and Food.

A rodent operator works on a part-time basis for this authority and regular treatment is carried out on the refuse tips. Test baiting is carried out in the sewerage system, and the operator visits private and business premises in order to destroy pests. No charge is made by the local authority for services carried out at private dwelling houses. This concession is of considerable value as it ensures that householders are not deterred in reporting the presence of pests on account of the financial sum which would be involved in treating their premises.

9. Health, Safety and Welfare in Offices.

The Offices, Shops and Railway Premises Bill was introduced during November 1962 and makes provision for the health, safety and welfare of persons employed in offices, shops and certain railway premises. The clauses in this bill deal with, among other things, cleanliness, overcrowding, temperature, ventilation, lighting, sanitary conveniences, washing facilities, drinking water and first aid. The basis of inspection will be a register of premises and the inspection of most offices and shops will fall to local authorities (county boroughs and county districts).

It is probable that the bill will come into operation about one year after it receives royal assent. This time interval will be needed to allow owners and employers time to bring their premises into line with the requirements of the bill and to allow enforcing authorities to build up their staffs and make the necessary administration arrangements.

The clauses in the bill will be welcomed by all persons who have an interest in community health. It must be remembered, however, that additional work will obviously fall to the staff of local authorities who will be required to visit, inspect and report on these numerous premises.

SECTION E.

INSPECTION AND SUPERVISION OF FOOD

1. Food Premises

There were 43 food premises operating in the district during the year and this figure includes 10 cafes, hotels and restaurants and 33 retail food shops. It was not possible to visit every one of these premises but random visits were made throughout the year.

2. Food Hygiene

It is most important that all food handlers are fully acquainted with the requirements of the Food Hygiene Regulations. Indeed, I hope the time will eventually occur when persons are obliged to receive basic instruction in these requirements before they can be employed as food handlers. A number of employers already arrange for their staff to receive practical demonstrations in the hygienic handling and storage of food and this is a practice to be recommended.

3. Unsound Food

The amount of unsound food surrendered or condemned during the year was as follows:-
160 lbs. of cooked meat.

4. Antibiotics in Food

With the increased feeding of antibiotics to farm animals there has naturally been some concern regarding the possible harmful effects that these antibiotics might have on persons who ultimately consume the meat from such animals. This was one of the points considered by a Joint Committee which was set up by the Agricultural Research Council and the Medical Research Council.

This Joint Committee published its findings during the year and it appears that there is no evidence to suggest that the feeding of antibiotics at the permitted levels exert any harmful effects on the animals or the persons who consume the meat from these animals. After slaughter there are only traces of antibiotics in the carcasses or in the products and these small amounts have no ill effects on human health.

5. Meat Inspection

Two slaughterhouses operated in the district during the year.

	Steers & Heifers	Calves	Sheep & Lambs	Pigs	Total
No. killed	249	9	807	-	1065
No. inspected	187	6	560	-	753
No. of entire carcasses condemned.	Nil	Nil	Nil	Nil	Nil
No. of carcasses of which some part or organ was condemned due to disease	4	Nil	Nil	Nil	4

HOUSING

1. General Information

There were 884 inhabited houses in the district and 331 were owned by the Council. It will be observed that the proportion of council dwellings in the area is high.

2. Unfit Housing

No clearance areas were declared during the year and no individual houses were represented as being unfit. A number of houses were made fit following informal action and, in a number of other houses, statutory public health nuisances were remedied following informal approaches to the owners of these dwellings.

3. Review of Pre-War Unfit Houses

In 1937 a full scale housing inspection was carried out in the district. Following this inspection, the Council of that time considered that 55 houses in the district were in such poor condition that they were unfit for human habitation and should be demolished. In June 1962 I attempted to trace the fate of these houses. It was discovered that 38 houses had been closed or demolished and 18 of these had been dealt with during the last 4 years. 14 houses had been improved and are not now unfit for human habitation. Two houses remain unoccupied. The remaining house is in poor condition and it is understood that it will no longer be used for human habitation when the present tenant is rehoused in a council house.

4. Housing Improvement Grants

During the last two years it was noted that, by the aid of housing improvement grants, 24 dwellings in Buckfastleigh had been made fit for human habitation for at least another 15 years. Other dwellings have, of course, been improved without the aid of these grants.

Unfortunately there is little doubt that the majority of such grants go to owner/occupiers and that rented accommodation hardly benefits at all, with the result that persons who cannot afford to buy a house suffer accordingly. Under existing financial arrangements I cannot see any great improvement in the position in the future.

5. Housing Inspections.

In order to secure a systematic survey of the various properties in the district within a short period of time, arrangements were made to employ a public health inspector from another area to carry out these inspections at weekends. The results of these inspections will be known at the beginning of 1963.

6. Dwellings for the Elderly

Over recent times much research has been carried out on the basic design of dwellings and equipment that will meet the needs of elderly persons. It must be remembered that the fittings and equipment of these dwellings are just as important as the actual design and construction when they are being provided for special groups of the population.

It must be appreciated that a number of elderly persons in the community will be found to be living alone in local authorities houses that were designed to meet the needs of larger family units. It is obviously desirable to persuade such persons to move into a properly designed smaller dwelling in order that the house could be made available for persons with families. It is in the interests of the community that houses should not be under-occupied when a housing need exists.

SECTION G.

GENERAL HEALTH IN THE AREA

1. Smoking and Health

During March, much national publicity was given to the report made by the Royal College of Physicians on "Smoking and Health". In this report it was emphasised that several diseases, in particular lung cancer, effects smokers more often than non-smokers. Cigarette smokers have the greatest risk of dying from lung cancer and the risk is greater for the heavier smoker.

In the past annual health reports I have invariably made reference to the association between lung cancer and cigarette smoking and consequently I hoped that the local inhabitants of this district were aware of much of the information presented in the report. I think it is extremely important that parents ensure that their children are made aware of the hazards of smoking before they have time to acquire the habit.

2. Fluoridation of Water

In September I made a report on the fluoridation of water. It is a simple, inexpensive way of reducing the incidence of dental decay and it would obviously be of considerable benefit to this community if the fluoride concentration in drinking water was brought up to a level of 1 p.p.m.

Approval under Section 28 of the National Health Service Act can now be given to proposals from local health authorities for arrangements made with water undertakings for the addition of fluoride to water supplies which are deficient in it naturally. It is hoped that, in the very near future, the deficiency of fluoride in this local water supply will be remedied.

3. The Use of Toxic Chemicals in Agriculture.

The great increase in the use of chemicals to control pests of crops and animals over recent years has often led to concern about the possible harmful effects that might follow their use. In aiming to maintain the health of the community one must naturally be concerned about the risks involved by persons who have to handle or apply poisonous chemicals and the possible harmful effects that residual pesticides in food may have on the consumers of this food.

At the present time hazards to users are minimal if the regulations laid down or the recommendations made are properly observed. There would appear to be no evidence of harm to consumers of crops or food treated with pesticides. Official recommendations for the safe use of pesticides are so framed that any residue in food should be far below any dose liable to harm the consumer.

On the other hand, there is some risk to the general public if containers of pesticides are not properly cleaned after use and are carelessly thrown away. Passers by who investigate them are at risk from the dregs of the chemical in the container. It is important that there should be a safe disposal of such containers. It would also seem desirable to discover safer chemicals to replace the more toxic ones in the future.

APPENDIX A.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1962 FOR THE
URBAN DISTRICT OF BUCKFASTLEIGH IN
THE COUNTY OF DEVON

Prescribed Particulars on the Administration of the
Factories Act, 1961.

Amended

PART 1 OF THE ACT

1. Inspection for purposes of provisions as to health.

Premises (1)	Number on Register (2)	Number of		Occupiers Prosecuted. (5)
		Inspections (3)	Written Notices (4)	
Factories in which sections 1,2,3,4, and 6 are to be enforced by local authorities.	2	4	-	-
Factories not included in (1) in which Section 7 is enforced by the Local Authority.	21	47	-	-
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises).	6	14	-	-
Total	29	65	-	-

ANNUAL REPORT OF THE HEALTH DEPARTMENT FOR THE YEAR 1921

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THE COUNTY OF DEVON.

Prescribed Particulars on the Administration of the
Factories Act, 1961.

PART 1 OF THE ACT

1. Inspection for purposes of provisions as to health.

Premises (1)	Number on Register (2)	Number of		Occupiers Prosecuted. (5)
		Inspections. (3)	Written Notices (4)	
Factories in which sections 1,2,3,4, and 6 are to be enforced by Local Authorities.	21	47	-	-
Factories not included in (1) in which Section 7 is enforced by the Local Authority.	2	4	-	-
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	6	14	-	-
Total	29	65	-	-

2. Cases in which DEFECTS were found

Particulars	Number of cases in which defects were found		Referred		Number of cases in which prosecutions were instituted
	Found	Remedied	By H.M. Insp.	To H.M. Insp.	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Reasonable temp.	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences a) Insufficient, b) unsuitable, or defective, c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total	-	-	-	-	-

PART 8. OUTWORK. SECTION 133, 134

There were no outworkers in the district during the year.

2. Cases in which DEFECTS were found

Particulars	Number of cases in which Defects were found		Referred		Number of cases referred
	Found	Referred	By H.H. Insp.	By F.H. Insp.	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (3.1)	-	-	-	-	-
Overcrowding (3.2)	-	-	-	-	-
Unsound sleep.	-	-	-	-	-
Inadequate ventilation (3.4)	-	-	-	-	-
Inadequate drainage of floors (3.6)	-	-	-	-	-
Sanitary conveniences: a) insufficient, b) unsuitable, or defective, c) not separate for women	-	-	-	-	-
Other offences against the Act and regulations relating to animals	-	-	-	-	-
Total	-	-	-	-	-

NOTE: A. 1917-18, SECTION 133, 134

There were no offences in the district during the year.

