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Contributors

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CHARD RURAL DISTRICT COUNCIL.

A N N U A L R E P O R T

OF

THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED 31st DECEMBER, 1954.



PUBLIC HEALTH OFFICERS.

Medical Officer of Health:

A. M. McCall M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health:

P. P. Fox M.B., Ch.B., D.P.H.

Sanitary Inspectors:

E. Whisker M.S.I.A.
C. V. Mugeridge M.S.I.A.
G. H. Wheeler M.S.I.A.

County Council's Health Visitor:

Mrs. O. J. M. Pitt S.R.N., S.C.M., H.V.

COMMITTEES concerned with matters of Public Health:

- (a) Public Health ... (17 Members);
 - (b) Housing ... (20 ");
 - (c) Works ... (16 ").
-

CHAND MEMORIAL DISTRICT BOARD

ANNUAL REPORT

OF

THE MEDICAL OFFICE OF HEALTH

FOR THE YEAR ENDING 31st DECEMBER, 1922

MEMBER NAMES

Medical Officer of Health:

A. M. MOULDER, M.B., B.S., D.P.H.

Dental Medical Officer of Health:

A. M. MOULDER, M.B., B.S., D.P.H.

Sanitary Inspectors:

J. W. MOULDER, M.B., B.S., D.P.H.
C. E. MOULDER, M.B., B.S., D.P.H.
C. E. MOULDER, M.B., B.S., D.P.H.

County Council's Health Officer:

W. C. MOULDER, M.B., B.S., D.P.H., N.Y.

MEMBERS associated with various of Public Health:

- (a) Public Health ... (17 members)
- (b) Housing ... (10 ")
- (c) Sanitation ... (15 ")

CHARD RURAL DISTRICT

-- in the --

COUNTY OF SOMERSET.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
FOR THE YEAR ENDED 31st DECEMBER, 1954.

To the CHARD RURAL DISTRICT COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my Report for 1954.

It was a healthy year in the District. Whilst the Birth Rate remained the same, the Death Rate was lower. There were no cases of Maternal Death.

Mild outbreaks of Measles and Whooping Cough occurred, but they did not reach epidemic proportions.

This year I have drawn particular attention to the need for adequate rest for children, and the dangers of sunburn. An overtired child, like the severely sunburned child, has his natural resistance to disease lowered and he then becomes susceptible to infections with which he may come into contact.

The Annual Report of the Medical Officer is a statutory duty and the headings under which he must summarise the year have been laid down by the Ministry. Nevertheless, I consider it is one of the opportunities the Medical Officer of Health gets of educating the public, and I have, therefore, devoted the latter part of this report to the care of food. It is not impossible to handle food well even in a substandard house as has been suggested, neither does the provision of modern facilities eliminate all the hazards. It depends on the methods of each individual household.

I wish to acknowledge the help I have received during the year from Mr. Whisker and his staff, and the courtesy shown me by the Public Health Committee and Council.

I am,
Your obedient Servant,

A. M. McCALL,

M.R.C.S., L.R.C.P., D.P.H.

Medical Officer of Health.

Health Department,
16, Church Street,
CREWKERNE, Somerset.
August, 1955.

CHAND RURAL DISTRICT

-- in the --

COUNTY OF WAGASH

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
FOR THE YEAR ENDING 31st DECEMBER, 1924.

To the CHAND RURAL DISTRICT COMMISSION.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my Report for 1924.

It was a healthy year in the District. Whilst the birth rate remained the same, the death rate was lower. There were no cases of Malaria or Cholera.

With outbreaks of Malaria and Whooping Cough occurred, but they did not reach epidemic proportions.

This year I have drawn particular attention to the need for separate rest for children, and the danger of exposure. An overworked child, like the severely exhausted child, has his natural resistance to disease lowered and he then becomes susceptible to infections which he may come into contact with.

The Annual Report of the Medical Officer is a statutory duty and the headings under which he must summarize the year have been laid down by the Ministry. Nevertheless, I consider it is one of the opportunities the Medical Officer of Health gets of educating the public, and I have, therefore, devoted the latter part of this report to the care of food. It is not impossible to make food well even in a small house as has been suggested, rather than the provision of modern facilities eliminate all the hazards. It depends on the methods of each individual household.

I wish to acknowledge the help I have received during the year from Mr. Whitson and his staff, and the courtesy shown me by the Public Health Committee and Council.

I am,
Your obedient servant,

A. M. McCall,

M.B.O.S., L.R.C.P., D.P.H.

Medical Officer of Health.

Health Department,
15, Church Street,
CHANDRER, Bangalore,
August, 1925.

CHARD RURAL DISTRICT

in the
COUNTY OF SOMERSET.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR
THE YEAR ENDED 31st DECEMBER, 1954.

SECTION A. STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

POPULATION:

The Registrar-General gives the estimated population for the Rural District for the mid-year 1954 as 13,160, a slight increase on the previous year. As more houses are built each year and the expectation of life increases, there will be a small rise in population for the next 10 years. Appendix A, Table 1, shows the general statistics of the district.

BIRTH RATE:

The Birth Rate for the year was 13.9 per thousand, almost identical with last year. When the comparability factor of 1.08 is taken into account the figure is 15.0 which approximates to that of 15.2 for England and Wales as a whole. The comparability factor allows for the age and sex differences in each area as compared with the whole country, and when our Birth Rate is multiplied by it the resulting figure can be considered comparable. Details are shown in Appendix A, Table 2.

DEATH RATE:

The Death Rate for the year was 8.9 per thousand. Once again allowing for the comparability factor of .86 the figure of 7.6 is considerably below the Death Rate for the country as a whole, which was 11.3 per thousand. The causes of death are shown in Appendix A Table 3.

Once again Heart Disease and associated diseases of the circulatory system are in the unenviable position at the top of the list as the greatest killers. Last year I drew attention to the need for research into the causes and prevention of Heart Disease and Coronary Thrombosis in particular. Among the cases of death due to Cancer, three males died of Cancer of the Lung. There is a recorded increase in the incidence of Lung Cancer in this country and the Advisory Committee on Cancer which has had the matter under consideration for three years, has advised the Minister that it must be regarded as established that there is a relationship between smoking and Cancer of the Lung. It is desirable that young people should be warned of the risk apparently "attendant on excessive smoking".

INFANT MORTALITY:

Two cases of death in infants under four weeks of age and four stillbirths were recorded.

MATERNAL MORTALITY:

No case of maternal mortality occurred in the Rural District during 1954.

The decline in infant and maternal mortality in recent years is not only undoubtedly due to improved standards of hygiene, but also to the first of the class of medicines called antibiotics, Penicillin. It is not inappropriate at this moment to mention the discovery of this drug.

Alexander Fleming was 47 years old when he made the observation that has made him immortal. The discovery of Penicillin is one of the outstanding medical events of this century. In this field it is the equivalent of the finding of the atomic bomb.

Fleming, a Bacteriologist, had become a specialist on certain families of common germs—the staphylococci and streptococci which can cause a variety of human ills from a whitlow to a death in childbirth. One day when studying a colony of staphylococci on a plate of jelly, Fleming noticed something which every Bacteriologist had observed before: the colonies of organisms were there but they were being overwhelmed by an advancing forest of green fungus. This fungus is a common nuisance of the laboratory called Penicillium.

Penicillium makes the green fur on cheese, its spores come from the air. It appears on damp boots and in all kinds of unlikely places.

When Fleming saw this green mould he knew it had ruined his cultures. However, now we have the important moment — the creative inspiration. He made a

CHAND RURAL DISTRICT

in the

COUNTY OF SOMERSET

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR
THE YEAR ENDING 31st DECEMBER, 1924.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

SECTION A

POPULATION:

The Registrar-General gives the estimated population for the Rural District for the mid-year 1924 as 13,160, a slight increase on the previous year. As more houses are built each year and the expansion of life increases, there will be a small rise in population for the next 10 years. Appendix A, Table 1, shows the general statistics of the district.

DEATH RATE:

The death rate for the year was 17.3 per thousand, almost identical with last year. When the comparability factor of 1.08 is taken into account the figure is 15.9 which approximates to that of 15.1 for England and Wales as a whole. The comparability factor allows for the age and sex differences in each area as compared with the whole country, and when our death rate is multiplied by it the resulting figure can be considered comparable. Details are given in Appendix A, Table 2.

DEATH RATE:

The death rate for the year was 8.7 per thousand. One again allowing for the comparability factor of 1.08 the figure of 7.9 is considerably below the death rate for the country as a whole, which was 11.3 per thousand. The causes of death are shown in Appendix A, Table 3.

One again heart disease and associated diseases of the circulatory system are in the prominent position at the top of the list in the greatest illness last year. I draw attention to the fact that whereas last year the causes and prevalence of heart disease and coronary thrombosis in particular, among the cause of death are to be noted, there was also an increase in the incidence of lung cancer in this country and the Ministry of Health on Cancer which has had the water meter operation for three years, has advised the Minister that it must be regarded as established that there is a relationship between smoking and Cancer of the lung. It is desirable that every people should be warned of the risk apparently attendant on excessive smoking.

INFANT MORTALITY:

Two cases of death in infants under four weeks of age and four stillbirths were recorded.

MATERNAL MORTALITY:

No case of maternal mortality occurred in the Rural District during 1924. The decline in infant and maternal mortality in recent years is not only undoubtedly due to improved standards of hygiene, but also to the use of the class of medicines called antibiotics, Penicillin. It is not inappropriate at this point to mention the discovery of this drug.

Alexander Fleming was 17 years old when he made the observation that has made his name. The discovery of Penicillin is one of the outstanding medical events of this century. In this field it is the equivalent of the finding of the atomic bomb.

Fleming, a bacteriologist, had become a specialist in certain families of common gram-negative bacilli, and streptococci which can cause a variety of human life from a slight infection to a fatal one. One day when studying a colony of streptococci on a plate of jelly, Fleming noticed something which every bacteriologist had observed before: the colonies of organisms were there but they were being overgrown by an advancing front of green fungus. This fungus is a common nuisance of the laboratory called Penicillium.

Penicillium makes the green for an orange, its spores come from the air. It appears on damp books and in all kinds of unlikely places. When Fleming saw this green mould he knew it had killed his bacteria. However, now we have the important moment - the decisive question, he asks a

logical induction. Lifting his mind above the common place he saw how the intrusive mould was acting. It was killing off the colony of germs. Others had seen the same thing but they saw it without comprehension and therefore without action. They merely cursed the Penicillium and did nothing, but Fleming asked might not such a power be exploited. To use the extract of a fungus to kill living germs was like calling in a harmless weed to eradicate a dangerous one. He began and Sir Howard Florey, of Oxford, completed those experiments which led to what we now call Penicillin.

Fleming has recently died and all mankind mourn the passing of a very great benefactor.

SOCIAL CONDITIONS:

The social conditions under which the majority of the residents of the Rural Area live and work are most satisfactory. The weekly wage is greater than ever before and there was little or no unemployment.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

There were no changes in the Health Services in the area during 1954, with the exception of the closure of the Maternity Unit in the Crewkerne Hospital. This Unit was closed at the beginning of the year due to lack of staff. Unfortunately it was not re-opened. This Unit which was well known far afield for its efficiency and the happy atmosphere in which the Mothers were treated during this important time in their lives was sadly missed. As a result of the closure, Expectant Mothers from the Rural Areas had to travel to Yeovil, Templecombe and Taunton. A certain proportion of these might have had to go to a large Obstetric Unit for clinical reasons, but the majority were sent to a Hospital on social grounds. Owing to the very poor transport facilities between the Rural Areas and the centres mentioned above, relatives and particularly husbands were unable to visit their wives as frequently as was possible previously, and I feel they had a legitimate grievance. The District Council joined with the Crewkerne Council in their protest to the Hospital Management Committee, but unfortunately without a satisfactory result so far.

The County Council as Local Health Authority is responsible for the majority of the Local Health Services. They define the policy and leave the day to day administration to the Area Medical Officer of Health, such as myself.

CARE OF MOTHERS AND YOUNG CHILDREN:

INFANT WELFARE CLINICS:

All the Clinics held in the area continued to be well supported.

Merriott: This is the largest Clinic held in the Rural District and the numbers attending were very good indeed. Miss Sellers, the Secretary for some years past, retired at the end of the year and her place was taken by Mrs. Rumsby. I would like to record my thanks to Miss Sellers for all the excellent work she has done which has undoubtedly contributed to the present success of this Clinic.

Shepton Beauchamp: A Clinic is held in this village once monthly, and Dr. Munden attends each session.

Tatworth: The Clinic continued to be held once a month, and the numbers attending are most encouraging. The Committee of the Perry Street Club very kindly allow their premises to be used in connection with this Clinic, and we are most grateful to them as there is no suitable alternative accommodation in the area.

Winsham: This Clinic is held once monthly in the Village Hall. Dr. Elliott, one of the County Assistant Medical Officers, attends each session.

Details of the various Clinic attendances will be found in Appendix B, Table 1.

ANTE NATAL CLINIC:

No Ante Natal Clinics are held in this area. Ante Natal examinations are carried out by the Doctors and Nurses in charge of individual cases. The Clinic held at Crewkerne provides facilities for Mothers in the nearby villages of Lopen, Hinton St. George, Merriott, Misterton and Roundham. I attend this Clinic once per month to take blood samples for routine examination of haemoglobin, blood groups, Rh factor and Wasserman Tests. The reports are sent to the private practitioners and the District Midwives.

A Clinic building has now been completed in Chard, and I hope that by the time of the next report similar facilities will be available to Mothers resident in villages near the Borough.

logical indication. Lifting his hand above the count glass he saw how the intrusive would be acting. It was killing off the colony of germs. Others had seen the same thing but they saw it without comprehension and therefore without action. They merely cursed the Penicillin and did nothing, but Fleming asked might not such a power be exploited. To use the extent of a fungus to kill living germs was like calling in a harness man to mend a harness one. He began and Sir Howard Florey, of Oxford, completed those experiments which led to what we now call Penicillin. Fleming has recently died and all standing round the passing of a very great inventor.

SOCIAL CONDITIONS:

The social conditions under which the majority of the residents of the Rural Area live and work are most satisfactory. The weekly wage is greater than ever before and there is little or no unemployment.

GENERAL EVOLUTION OF HEALTH SERVICES IN THE AREA.

There were no changes in the Health Services in the area during 1934, with the exception of the closure of the Maternity Unit in the Crookmore Hospital. This Unit was closed at the beginning of the year due to lack of staff. Unfortunately it was not re-opened. This Unit which was well known far and wide for its efficiency and the happy atmosphere in which the patients were treated during the important time in their lives was really missed. As a result of the closure, expectant mothers from the Rural Areas had to travel to Yeovil, Templecombe and Taunton. A certain proportion of these might have had to go to a large District Unit for clinical treatment, but the majority were sent to a hospital on social grounds. Owing to the very poor transport facilities between the Rural Areas and the centres mentioned above, relatives and particularly husbands were unable to visit their wives as frequently as was possible previously, and I feel they had a legitimate grievance. The District Council joined with the Government Council in their protest to the Hospital Management Committee, but unfortunately without a satisfactory result so far.

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WATERBURY CLINIC: This is the largest Clinic held in the Rural Area and the numbers attending were very good indeed. Miss Bellamy, the Secretary for some years past, retired at the end of the year and her place was taken by Mrs. Huxford. I would like to record my thanks to Miss Bellamy for all the excellent work she has done which has undoubtedly contributed to the present success of this Clinic.

SPRINGHEAD CLINIC: A Clinic is held in this village once monthly, and Mr. Maudsley attends each week.

WATERBURY CLINIC: The Clinic continued to be held once a month, and the numbers attending were most encouraging. The Committee of the Party Street Club very kindly allow their premises to be used in connection with this Clinic, and we are most grateful to them as there is no suitable alternative accommodation in the area.

WINDSOR CLINIC: This Clinic is held once monthly in the Village Hall. Mr. Elliott, one of the County Assistant Medical Officers, attends each session.

Details of the various Clinic attendances will be found in Appendix B, Table 1.

LABORATORY CLINIC:

No Anti-Rabies Clinics are held in this area. Anti-Rabies examinations are carried out by the Doctors and Nurses in charge of individual cases. The Clinic held at Crookmore provides facilities for Nurses in the nearby villages of Lopen, Hinton St. George, Waterford, Masefield and Housham. I attend this Clinic once per month to take blood samples for routine examination of haemoglobin, blood groups, etc. The reports are sent to the private practitioners and the District Midwives.

<https://archive.org/details/b29097721>

DOMICILIARY MIDWIFERY:

The District Nurses continued to attend expectant and nursing Mothers in their homes with the private practitioners supervising. The standard of their work was consistently high. Should the previous obstetric history or social conditions demand admission to Hospital, this is arranged through the County Council. Most Mothers are admitted to Hospital as a routine for their first baby. The District Nurses have excellent equipment and all have Gas Anaesthesia Machines, and have been trained in their use. A Flying Squad Unit, specially trained in the handling and treatment of premature children, is stationed at Musgrove Park Hospital, and is immediately available when necessary in our area.

HOME NURSING:

The District Nurses visit the homes to carry out any nursing duties required by the general practitioner. This work largely concerns the care of ageing or aged persons. It is time-consuming work and requires considerable devotion to duty. Details can be found in Appendix B, Table 2.

HEALTH VISITING:

Mrs. Pitt is the Health Visitor for the area. She attends a large number of school medical inspections and follows up all defects noted. She encourages the parents to accept advice given and to keep Specialist appointments made for their children. In addition, Mrs. Pitt is the Tuberculosis Health Visitor for the whole area. She attends the out-patients sessions at the Sanatorium and is in constant contact with the Area Chest Physician. She is assiduous in her following up of all Tuberculous contacts, particularly children, and in this way any cases where housing or home conditions may be a contributory factor in the cause of the disease she is able to inform my Department immediately.

I am pleased to say that the Council have always recognised their responsibility in this direction, and the co-operation between us and the Area Chest Physician has been most satisfactory.

IMMUNISATION:

Throughout the year the District Nurses and Doctors have continued to stress the importance of having as many children as possible immunised against Diphtheria. General practitioners and Doctors at the Clinics have immunised all children whose parents required this protection. There is an increasing demand for a combined immunisation against Whooping Cough and Diphtheria as more and more people appreciate the additional protection afforded against a severe attack of Whooping Cough in the very young.

VACCINATION:

Appendix B, Table 3, shows details of the Vaccinations carried out in the District. The Public Health Department continued to stress the value of vaccination and met with a fairly satisfactory response from parents of young children. Ninety primary vaccinations were carried out and in addition twenty-three re-vaccinations.

HOME HELP SERVICE:

The Home Help Service, organised by the County Council, is readily available in the area. The Organiser is contacted in all cases where help is required. She visits the home and decides the type and amount of help needed and then sends a suitable helper. It is a service which is greatly appreciated.

SCHOOL MEDICAL SERVICE:

I visited all schools in the area during the year and details of my inspections will be found in Appendix B, Table 4.

Each year during the medical inspections in the Summer term I am appalled at the number of severe cases of sunburn among children. They and quite often adults are more enthusiastic than wise in their pursuit of sunshine and a becoming tan! Sunshine can, of course, be a potent and dangerous agent, injurious to skin and eyes when taken in excess. The range of safe dosage varies widely and is dependent on factors in the skin and constitution of the person sunbathing, as well as the duration of exposure and intensity of sunlight. Light skins react more violently than do darker ones and they also show a greater readiness to chronic damage and dangerous sequelae.

Although the public is well aware of the hazards of sunburn, enough people get badly burned each year to justify some reminders. Because of the added absorption of rays reflected from sand and water, sunburn at a beach is more severe than that after the same period of exposure inland. It is also possible to get badly burned on a cloudy day. Small children should be provided with extra protection since they

DISCUSSION

The Director has been pleased to attend frequent and nursing schools in their homes with the private practitioners supervising. The standard of their work was consistently high. Should the private practitioners history or social conditions demand admission to hospital, this is arranged through the County Council. Most patients are admitted to hospital as a routine for their first baby. The patients' homes have excellent equipment and all have Gas Analyzers installed, and have been trained in their use. A Taring Spinal Unit, specially trained in the handling and treatment of premature children, is stationed at Newgate Park Hospital, and is immediately available when necessary in our area.

HOME VISITING

The District Nurses visit the homes to carry out any nursing duties required by the general practitioners. This work largely concerns the care of acute or aged persons. It is time-consuming work and requires considerable devotion to duty. Details can be found in Appendix B, Table N.

HEALTH VISITING

Mr. Pitt is the Health Visitor for the area. She attends a large number of school medical inspections and follows up all dental work. She encourages the parents to accept advice given and to keep Specialist appointments made for their children. In addition, Mr. Pitt is the Tuberculosis Health Visitor for the district. She attends the out-patient sessions at the Hospital and in the constant contact with the area Health Visitor. She is especially in her following up of all Tuberculosis contacts, particularly children, and in this way any cases which may be a contributory factor in the cause of the disease are able to inform the Department immediately.

I am pleased to say that the Council have always recognized their responsibility in this direction, and the co-operation between us and the Area Health Visitor has been most satisfactory.

PREVENTION

Throughout the year the District Nurses and Doctors have continued to stress the importance of having as many children as possible immunized against Diphtheria, General Practitioners and Doctors at the Clinics have immunized all children whose parents required this protection. There is an increasing demand for a continued immunization against Whooping Cough and Diphtheria as well and some people expressed the wish for protection afforded against a severe attack of Whooping Cough in the very young.

VACCINATION

Appendix B, Table J, shows details of the Vaccination carried out in the District. The Public Health Department continued to stress the value of vaccination and with a fairly satisfactory response from parents of young children. Many primary vaccinations were carried out and in addition many three-to-one vaccinations.

HOME HELP SERVICE

The Home Help Service, organized by the County Council, is readily available in the area. The Registrar is contacted in all cases where help is required. She visits the home and decides the type and amount of help needed and then sends a suitable helper. It is a service which is greatly appreciated.

CHILD MENTAL SERVICE

I visited all schools in the area during the year and details of my inspections will be found in Appendix B, Table L.

Each year during the medical inspections in the Exam Room I am appalled at the number of severe cases of ear, nose and throat. Many and quite often children are more enthusiastic than their parents or teachers and a booking card is sometimes sent, or worse, no patient and dangerous agent, attention to skin and eyes was taken in excess. The range of ear, nose and throat which is dependent on factors in the skin and degeneration of the germ webbing, as well as the duration of exposure and intensity of sunlight. Light skin most sensitive to burning rays and they also show a greater readiness to absorb damage and dangerous exposures.

Although the public is well aware of the hazards of sunburn, enough people do badly burned each year to justify some restriction. Because of the effect of sunburn of rays reflected from sand and water, sunburn at a beach is more severe than that after the same period of exposure inland. It is also possible to get badly burned on a cloudy day. Well children should be provided with extra protection since they

tolerate only about half the dose of ultra-violet irradiation than an adult does.

Another question which I am constantly led to put to parents at medical inspections is "Do your children get enough sleep?" This, of course, varies with age and with individual children. A parent should try and assess the need of his own children and then try to keep to the known requirement. A 'Late Night' is one which makes a child sleepy and listless next day. An occasional one does no harm, but bedtime should be preserved as far as possible. Television viewing is a chronic source of late nights. Children of all ages should have a quiet half hour or period of light relaxation before going to bed.

Parents who arrange for someone to sit in with their children when they go out should take care that they know one another. It can be very frightening for a child to wake up and find a stranger in the house. It can also be very frightening indeed for a child to wake up and find no one in the house. I cannot over-stress the dangerous habit of some parents in going out in the evenings leaving their children asleep and alone. Parents must remember that a child's health depends on plenty of sound sleep.

SCHOOL DENTAL SERVICE:

Unfortunately the Dental Surgeon based on the Crewkerne Clinic resigned early in the year and since that time no routine inspections have been carried out in any part of the District. The Council continued to make representations to the County Council in the hope that a Dental Surgeon might be re-appointed as soon as possible.

OPHTHALMIC SERVICE:

I, as School Medical Officer, examined the eyes of school children and referred all defects to the Ophthalmic Specialist either at Taunton or Yeovil. Once a defect has been found to exist, the child is seen at regular intervals throughout its school life. If glasses are being worn these are altered whenever required.

ORTHOPAEDIC SERVICE:

When necessary children are referred for Orthopaedic opinion to Clinics held at Taunton and Yeovil, where a Surgeon is in attendance. Reports and recommendations by the Specialist are forwarded to me and I see such children at each medical inspection. A Clinic is held once per month at Crewkerne where the Orthopaedic Sister supervises the follow up of cases resident in that part of the Rural District.

EPILEPTICS AND SPASTICS:

Any cases of epilepsy occurring in the area are referred to a Specialist at Taunton who is able to carry out Electro-Encephalogram and other necessary investigations, and then advise on the correct course of treatment. In the case of children a copy of his report is always available to me. Where it is considered necessary for school children to attend a special school on account of this disease, it is possible to have them admitted to the Chalfont Colony where the Somerset County Council maintain a certain number of students.

All cases of children with Spastic Disease are registered as handicapped pupils and are under the care of Specialists. They may attend the ordinary school if their disability is not too great. In other cases home tuition is arranged. After reaching school-leaving age arrangements are made for them to receive special training to enable them to become self-supporting as far as possible.

BLIND PERSONS:

There are forty-five registered blind and two partially sighted persons in the Area. Five cases received treatment for Cataract and two for other reasons.

SECTION C.

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

There was a very mild epidemic of Measles and some forty-seven cases of Whooping Cough occurred during the year. Apart from these mild infections, little else was notified. In addition, nine cases of Tuberculosis were reported, but some of these were people who already had the disease when they moved into the Area. Appendix C, Table 1, shows details.

When a case of Tuberculosis is reported, all contacts are sought and vigorously investigated by the Area Chest Physician. The investigation includes X-ray, skin tests and a routine observation over a period until all danger of contracting the disease has disappeared.

colocate only about half the dose of benz-violet irradiation than an adult does.

Another question which I am constantly led to put to parents at medical inspections is "Do your children get enough sleep?" This, of course, varies with age and with individual children. A parent should try and assess the need of his own children and then try to keep to the known requirement. A 'late night' is one which makes a child sleepy and listless next day. In occasional cases no harm, but bedtime should be preserved as far as possible. Television viewing is a chronic source of late nights. Children of all ages should have a quiet half hour or period of light relaxation before going to bed.

Parents who arrange for someone to sit in with their children when they go out should take care that they know one another. It can be very frightening for a child to wake up and find a stranger in the house. It can also be very frightening indeed for a child to wake up and find no one in the house. I cannot over-stress the dangerous habit of some parents in going out in the evenings leaving their children asleep and alone. Parents must remember that a child's health depends on plenty of sound sleep.

SCHEMATIC REVIEW:

Unfortunately the Dental Surgeon based on the Ocularists' findings reports in the year and since that time no routine inspections have been carried out in any part of the District. The Council continued to make representations to the County Council in the hope that a Dental Surgeon might be re-appointed as soon as possible.

ORTHOPAEIC REVIEW:

I, as School Medical Officer, examined the eyes of school children and referred all defects to the Ophthalmic Specialist either at Tunton or Yeovil. Once a defect has been found to exist, the child is seen at regular intervals throughout the school life. If glasses are being worn these are altered whenever required.

ORTHOPAEIC REVIEW:

When necessary children are referred for Orthopaedic opinion to Dinford held at Tunton and Yeovil, where a Surgeon is in attendance. Reports and recommendations by the Specialist are forwarded to me and I see each child at each medical inspection. A Clinic is held once per month at Glaston where the Orthopaedic Sister supervises the follow up of cases remaining in the care of the Dental District.

EPIDEMIOLOGICAL REVIEW:

Any cases of epilepsy occurring in the area are referred to a Specialist at Tunton who is able to carry out Electro-Encephalogram and other necessary investigations, and then advise on the correct course of treatment. In the case of children a copy of his report is always available to me. Where it is considered necessary for school children to attend a special school on account of this disease it is possible to have them admitted to the Glaston Colony where the Somerset County Council maintain a certain number of students.

All cases of children with Spastic Diseases are regarded as handicapped pupils and are under the care of Specialists. They may attend the ordinary school if their disability is not too great. In other cases provision is arranged. After reaching school-leaving age arrangements are made for them to receive special training to enable them to become self-supporting as far as possible.

BLIND PERSONS:

There are forty-five registered blind and two partially sighted persons in the area. Five cases received treatment for Cataract and two for other causes.

PREVALENCE OF AND CONTROL OVER INFECTIONS AND OTHER DISEASES

There was a very mild epidemic of Measles and some forty-seven cases of Whooping Cough occurred during the year. Apart from these mild infections, little else was notified. In addition, nine cases of Tuberculosis were reported, but some of these were people who already had the disease when they moved into the area. Appendix C, Table 1, shows details.

When a case of Tuberculosis is reported, all contacts are sought and vigorously investigated by the local Health Officer. The investigation includes X-ray, skin tests and a routine operation over a period until all danger of contracting the disease has disappeared.

ACTIVE PREVENTION OF TUBERCULOSIS:

The services of the Mass Miniature Radiography Unit were obtained and they visited Standard Telephones & Cables Limited, Dowlish Ford, in November. Details of the Survey will be found in Appendix C, Table 2. It will be seen that of the 692 persons examined no active case was found, but 8 inactive lesions were discovered. No action was necessary in 6 of these.

I mentioned last year that the Minister of Health has informed Local Authorities that he is prepared to approve schemes for giving B.C.G. vaccine to children before they leave school. So far no scheme has been prepared for children in Somerset, but no doubt this will be evolved.

SECTION D.

ENVIRONMENTAL HEALTH SERVICES.

(a) SANITARY CIRCUMSTANCES:

CLIMATIC CONDITIONS:

A total of 32.45 inches of rainfall was recorded during 1954. This was higher than the previous year but a little below the calculated overall rainfall for the area which is 33.6 inches. This seems surprising when one records that it was a summer of very little sun indeed. However, the early part of the year had been particularly dry.

WATER SUPPLY:

The quality of the water was satisfactory throughout the year. However, there was a shortage over the major portion of the Regional Scheme during January, February and April. Since that time the Pole Rue source has been used to augment the supply and there is now considerably less risk of shortage in the parishes supplied by this scheme.

Several extensions to the public water supplies were made in 1954. A 3 inch extension was laid from Langham Farm to Chard Borough, 9 inch and 7 inch trunk mains from Pole Rue to Pretwood and 4 inch and 3 inch branch mains to Combe St. Nicholas, Wadeford, Clayhanger, Cuttifords Door and Nimmer. In addition, the Pole Rue reservoir was partly completed. The cost of this work was in excess of £49,000.

All water mains included in Contracts 1 and 2 of the Regional Augmentation Scheme were laid and put into operation during the year. No. 2 section of the Pole Rue reservoir, a quarter of a million gallons capacity, is in use, but is not completed. Among the future proposals the Council hope to lay 7 and 6 inch trunk mains from Clayhanger to Langport Rural District boundary at Stewley, a 3 inch branch main to Buckland St. Mary and a 4 inch branch main to Eleighwater and Hornsbury Hill.

SEWAGE DISPOSAL:

The seven parishes with main drainage and efficient disposal systems are :-

Chard Parish (Tatworth);
Combe St. Nicholas;
Merriott;
Misterton;
Shepton Beauchamp;
Winsham;
Chaffcombe.

No major extensions or improvements were carried out in 1954. However, the Council hope that in the not too distant future a 6 inch branch sewer will be laid at Two Ash Dane, Forton. In addition, they have asked the Consulting Engineers to prepare sewage schemes for Seavington St. Mary, Seavington St. Michael, Broadway, Horton, Donyatt and Dowlish Wake.

TRAIN LAVATORIES:

In last year's report I drew attention to the unsatisfactory method of sewage disposal on our railway trains.

A delve into railway history discloses that the first lavatory on a train was introduced in 1860 by the Old South Eastern Railway, but it was not until 1891 that the Great Western Railway provided a corridor coach complete with the "end compartment" familiar to-day. In the intervening 61 years there have been great changes and improvements on the Railways in all but one thing - the disposal of human excretions. Then, as now, they were ejected from the compartment by the shortest and most convenient route through the floor on to the track; a method of disposal peculiar to the railways which might aptly be termed the "Broad Dissemination" system.

ACTIVE INVESTIGATION OF TUBERCULOSIS:
The services of the West Yorkshire Pathology Unit were obtained and they visited Bradford, Leeds & Halifax, Leeds, Bradford, and Halifax. Details of the survey will be found in Appendix O, Table 2. It will be seen that of the 632 persons examined no active cases were found, but 8 inactive lesions were discovered. No action was necessary in 6 of these.

I mentioned last year that the Minister of Health has informed local Authorities that in its proposal to approve schemes for giving D-G-vaccines to children before they leave school. So far no scheme has been proposed for children in Somerset, but no doubt this will be evolved.

SECTION 11
WATER SUPPLY

(a) WATER SUPPLY

CLIMATE CONDITIONS:

A total of 32.45 inches of rainfall was recorded during 1934. This was higher than the previous year but a little below the calculated overall rainfall for the year which is 33.6 inches. This seems surprising when one recalls that it was a season of very little sun indeed. However, the early part of the year had been particularly dry.

WATER SUPPLY:

The quality of the water was satisfactory throughout the year. However, there was a shortage over the major portion of the Regional Scheme during January, February and April. Since that time the Poles Run source has been used to augment the supply and there is now considerably less risk of shortage in the supplies supplied by this scheme.

Several extensions to the public water supplies were made in 1934. A 3 inch extension was laid from Langham Lane to Grandborough, 2 inch and 1 inch trunk mains from Poles Run to Redwood and 1 inch and 2 inch branch mains to Gable St. Nicholas, Wakefield, Giggleswick, Giggleswick Moor and Kinsale. In addition, the Poles Run reservoir was partly completed. The cost of this work was in excess of £23,000.

All water mains installed in Giggleswick 1 and 2 of the Regional Aggravation Scheme were laid and put into operation during the year. No. 2 section of the Poles Run reservoir, a quarter of a million gallons capacity, is in use, but is not completed. During the winter programme the Council have laid 1 and 2 inch trunk mains from Giggleswick to Langham Lane, Giggleswick, a 2 inch branch main to Redwood St. Mary and a 4 inch branch main to Giggleswick and Giggleswick Hill.

SEWER DISPOSAL:

The sewer schemes with main drainage and effluent disposal systems are:-
Grandborough (2 inch);
Gable St. Nicholas;
Langham Lane;
Kinsale;
Giggleswick (2 inch);
Widdow; and
Giggleswick.

No major extensions or improvements were carried out in 1934. However, the Council have laid in the next few days a 6 inch branch sewer will be laid at Two Ash Lane, Bolton. In addition, they have asked the Consulting Engineer to prepare a scheme for Sewington St. Mary, Sewington St. Michael, Broadway, Bolton, Bolton and Bolton Lane.

RAILWAY INVESTMENT:

In last year's report I drew attention to the unsatisfactory method of sewage disposal on our railway lines. A letter into railway history discloses that the first railway on a train was introduced in 1825 by the Old South Eastern Railway, but it was not until 1825 that the Great Western Railway provided a certain amount of sewage disposal with the "and" organization's facilities to-day. In the intervening 60 years there have been great changes and improvements on the railways in all but one thing - the disposal of human excrement. Thus, as now, they were ejected from the carriage by the shortest and most convenient route through the floor on to the track; a method of disposal peculiar to the railways which might apply to the "and" organization's system.

In 1942, the extent to which dissemination took place was investigated and, as a result, terminals of the discharge pipes were re-designed so as to throw waste matter on to the permanent way, instead of between the up and down lines as hitherto. It may be assumed that there were very cogent reasons, which will not tax the imagination of Councillors, for the change over.

The Government has approved a scheme of re-organisation for British Railways which, in the next 15 years or so, will cost many millions. Steam traction is on its way out. Electrification and nuclear fission are the future sources of motive power. In the welter of alterations to come it seems right to suggest that further research be made with a view to abolishing the antiquated and insanitary disposal of excretions along the "Iron Roads" of Britain. The advent of air travel created problems of disposal of sanitary wastes in aircraft which was overcome by using a system of chemical conservancy. While the two modes of travel are not comparable, so far as numbers are concerned, it seems reasonable to think that investigations into chemical treatment might be useful.

If the most brilliant of the Nation's scientists can invent atomic devices capable of obliterating the human race, it may not be beyond their wit to do something for the common good by evolving a more sanitary method of disposal of wastes from W.C.'s. in the rolling stock of British Railways.

PUBLIC CLEANSING:

This is carried out by direct labour using two Karrier refuse vehicles. The majority of parishes are collected fortnightly and scattered districts once monthly. There is no scheme for the collection of trade refuse but it is accepted at the refuse depot for a small charge. Cesspool emptying is carried out by contract and a standard of charges has been laid down. A second refuse depot was brought into use during the year. This has cut down the amount of haulage of refuse necessary.

CAMPING SITES:

There are 2 registered camping sites in the Rural District, and in addition 18 individual licences have been issued. Details of caravan dwellers can be found in Appendix D, Table 2.

(b) HOUSING.

In 1954 74 new houses were erected in the District and 43 were in the course of erection. Of the houses completed, 56 were built by the District Council, who now own 656 out of a total number of houses in the Rural District of 4,138. Details will be found in Appendix D, Table 3.

The special housing provided by the Council at Tatworth for ageing persons has now been in occupation long enough for its benefits to be assessed. This effort in providing homes specially suited for the needs of ageing persons was the first of its kind in Somerset, and is undoubtedly worthy of more attention from other Local Authorities.

It is now quite obvious that the most important thing in such a scheme is a good Warden who understands the residents in his care. We are very lucky at Tatworth in having a most excellent man who is well liked by our tenants there. I hope that in the near future the Council will be able to erect similar dwellings in other parts of the District.

Probably half of the time of general practitioners, the district nurse and the home help, and possibly the Hospitals, is taken up with details of the care and treatment of old people and these medical and sociological problems of old age take time. The position has now been reached that owing to the great advances in the treatment of acute illness we are being left with a greater and greater problem of infirmity, and we are facing an increasing mass of chronic illhealth and chronic disease.

Undoubtedly the home is the right and proper place for the old person to spend his life and therefore the general practitioner will be the main person concerned, but he is beginning to find the purely clinical treatment of acute illness is not sufficient. Local Authorities are becoming increasingly aware that prevention or anyhow the control of degenerative disease is more important than the treatment of the advanced case. It might well be that Advisory Health Clinics for old people, somewhat analogous to Infant Welfare Clinics, could do much in this direction. Possibly there is a need for routine health examinations for the ageing and the aged.

Everyone must agree that it is more important to keep an old person healthy and active and leading a normal satisfying life, than to place him in institutional accommodation. It is also more economical. There are not enough beds now in Hospitals and it is doubtful whether there ever will be sufficient to meet the demand,

In 1962, the extent to which dissemination took place was investigated and as a result, terminals of the discharge pipes were re-designed so as to throw water on to the permanent way, instead of between the up and down lines as hitherto. It may be assumed that there were very serious reasons, which will not be the subject of Government, for the change over.

The Government has approved a scheme of re-organization for British Railways which, in the next 15 years or so, will cost very many millions. Steam traction is on the way out. Electrification and nuclear traction are the future sources of motive power. In the matter of electricity to come it seems right to suggest that further research be made with a view to abolishing the antiquated and inefficient disposal of electricity along the "iron horse" of Britain. The advent of air travel created problems of disposal of sanitary wastes in aircraft which was overcome by using a system of chemical conversion. While the two modes of travel are not comparable, so far as numbers are concerned, it seems reasonable to think that investigations into chemical treatment might be useful.

If the most brilliant of the Nation's scientists can invent atomic devices capable of obliterating the human race, it may not be beyond their wit to come-up with for the common good by evolving a more sanitary method of disposal of wastes from W.C.'s in the rolling stock of British Railways.

WASTE COLLECTION

This is carried out by street labour using two further refuse vehicles. The majority of refuse are collected fortnightly and scattered districts are weekly. There is no scheme for the collection of trade refuse but it is swept at the refuse depot for a small charge. Council collecting is carried out by contract and a standard of charges has been laid down. A second refuse depot was brought into use during the year. This has cut down the amount of bulging or refuse necessary.

WASTE DISPOSAL

There are 2 registered sanitary sites in the Rural District, and in addition 18 individual licenses have been issued. Details of current licenses can be found in Appendix I, Table 2.

WATER

In 1958, 76 new houses were erected in the District and 15 were in the course of erection. Of the houses completed, 56 were built by the District Council, the new one 250 out of a total number of houses in the Rural District of 4,750. Details will be found in Appendix I, Table 3.

The special housing provided by the Council at Tisbury for ageing persons has now been in operation long enough for its benefits to be assessed. The effort in providing houses specially suited for the needs of ageing persons was the first of its kind in Wiltshire, and is undoubtedly worthy of wide attention from other local authorities.

It is now quite obvious that the most important thing in such a scheme is a good garden and undoubtedly the residents in this case. We are very busy at Tisbury in having a most excellent man who is well liked by our tenants there. I hope that in the near future the Council will be able to erect similar dwellings in other parts of the District.

Probably half of the time of general practitioners, the District nurse and the home help, and possibly the hospital, is taken up with details of the care and treatment of old people and these mental and sociological problems of old age take time. The position has now been reached that owing to the great advances in the treatment of acute illness we are being left with a greater and greater problem of longevity, and we are facing an increasing mass of chronic illness and chronic disease.

Undoubtedly the main is the right and proper plans for the old person to spend his life and therefore the general practitioner will be the main person concerned, but he is beginning to find the early clinical treatment of acute illness is not sufficient. Local authorities are becoming increasingly aware that prevention or at least the control of degenerative disease is more important than the treatment of the advanced case. It might well be that voluntary health clinics for people, somewhat analogous to Infant Welfare Clinics, could do much in this direction. Possibly there is a need for routine health examinations for the young and the aged.

Everyone must agree that it is more important to keep an old person healthy and active and leading a normal satisfying life, than to place him in institutional accommodation. It is also more economical. There are not enough beds now in hospitals and in hospital treatment there will be difficulties to meet the demand

so that is why we must turn our thoughts away from institutional care to domiciliary care. The first requirement is more housing suitable to meet the needs of our ageing population.

(c) INSPECTION AND SUPERVISION OF FOOD:

MILK:

There is one registered distributor in the area and one dairy premises registered for the same purpose. A supplementary licence was issued to a distributor whose dairy is outside the area.

Inspection of these premises and sampling of milk is carried out by the County Council and reports are directed by the County Analyst.

ICE CREAM:

No ice cream is manufactured in the Rural District but 26 premises are registered for the sale of the pre-packed product.

MEAT:

On July 1st, 1954, the Ministry de-controlled the slaughtering of meat for human consumption, and as a result licences were granted to 11 private slaughter-houses.

In the half year 1,625 animals were slaughtered and inspected by the staff. This involved a very great increase in work as will be seen from the amount of meat which had to be condemned. Details are shown in Appendix D, Table 4.

The Council continued to stress the importance of food handling, and towards the end of the year a Survey of Licensed Premises was commenced. Details will be given in the next Annual Report.

A great deal of the care which retailers exercise in the handling of food for human consumption is nullified by the purchaser. Many allow food wholesome when purchased to deteriorate in the house. Those who subsequently suffer from food poisoning make little effort to avoid a repetition of the same risks. Proper food storage is important to prevent food poisoning and avoid waste. Food poisoning and deterioration of food are caused by germs. They get into the food from human hands and breath, from flies, vermin and other animals. That is why it is so important to wash the hands before touching the food and particularly after using the W.C., and why it is also important not to cough and sneeze over food.

All of us can eat a few germs without harm, but no one can stand eating many. The object to clean food handling and clean food storage is to stop germs getting on to food, and to prevent any germs which have got on to it by mistake from multiplying.

Storage without a Refrigerator: The best container for storage is the container in which the food has been cooked as this will be germ free due to the intense heat of cooking.

The best materials for storage are glass, aluminium or plastic as they are easily cleaned and do not readily get cracked. Enamel and earthenware which is free of cracks is suitable but both chip easily and then proper cleaning is difficult, if not impossible.

Suitable places for cool storage are underground cellars, rooms or larders on the north side of the house. Cool larders may be made by hanging an insect proof cabinet (with wire mesh sides), on a north wall.

Home made cooling containers of all sizes can be made by using the cooling effect of evaporating water. The food container is placed in an unglazed earthenware vessel containing water. A lid of similar material is placed over the top and the outside becomes damp. If this is left in a draught considerable cooling takes place.

Storage in a Refrigerator: The refrigerator consists of two parts: a deep freezing unit where ice is made; and the main cabinet which is not kept at freezing point but at a low temperature at which germs grow very slowly if at all.

The refrigerator should be kept for those foods on which germs are most likely to grow, such as stews, gravies, fish dishes etc. and refrigeration space should not be wasted on foods on which germs do not grow, such as dried or salted foods, fats and unopened tins.

Cooked foods should be cooled rapidly and placed in the refrigerator as soon as they are cool.

as that is why we must turn our thoughts away from institutional care to home care. The first requirement is more housing available to meet the needs of our aging population.

(c) INSPECTION AND SUPERVISION OF FOOD:

MILK:

There is one registered distributor in the area and one daily purchase registered for the same purpose. A supplementary license was issued to a distributor whose daily is outside the area. Inspection of these purchases and sampling of milk is carried out by the County Council and reports are directed by the County Analyst.

ICE CREAM:

No ice cream is manufactured in the Rural District but 20 purchases are registered for the sale of the pre-packed product.

MEAT:

On July 1st, 1934, the Ministry de-controlled the slaughtering of meat for human consumption, and as a result licenses were granted to 11 private slaughter-houses.

In the half year 1,625 animals were slaughtered and inspected by the staff. This involved a very great amount of work as will be seen from the amount of meat which had to be examined. Details are shown in Appendix D, Table 1. The Council continued to stress the importance of food handling, and towards the end of the year a survey of licensed premises was commenced. Details will be given in the next Annual Report.

A great deal of the care which retailers exercise in the handling of food for human consumption is nullified by the purchaser. Many allow food which has been purchased to deteriorate in the house. Thus the responsibility shifts from food purchasing to the effort to avoid a repetition of the same risks. Proper food storage is important to prevent food poisoning and avoid waste. Food poisoning and deterioration of food are caused by germs. They get into the food from human hands and breath, from flies, vermin and other animals. That is why it is so important to wash the hands before touching the food and particularly after using the W.C., and why it is also important not to cough and sneeze over food.

All of us can eat a few germs without harm, but no one can stand eating many. The object is clean food handling and clean food storage is to stop germs getting on to food, and to prevent any germs which have got on to it by mistake from multiplying.

Storage without a refrigerator: The best container for storage is the container in which the food has been cooked as this will be germ free due to the intense heat of cooking.

The best materials for storage are glass, aluminium or plastic as they are easily cleaned and do not readily get cracked. Enamel and earthenware which is free of cracks is suitable but both chip easily and their proper cleaning is difficult, it not impossible.

Suitable places for cool storage are: out-of-the-way cellars, rooms or larders on the north side of the house. Cool larders may be made by hanging an insect proof curtain (with wire mesh sides), on a north wall.

How best cooling containers of all sizes can be made by using the cooling effect of evaporating water. The food container is placed in an upright position - a vessel containing water. A lid of similar material is placed over the top and the outside becomes damp. If this is left in a draught considerable cooling takes place.

Storage in a refrigerator: The refrigerator consists of two parts: a deep freezing unit where ice is made and the main cabinet which is not kept at freezing point but at a low temperature at which germs grow very slowly if at all.

The refrigerator should be kept for those foods on which germs are most likely to grow, such as stews, gravies, fish dishes etc. and refrigeration space should not be wasted on foods on which germs do not grow, such as bread or salted foods, fats and sugared tins.

Cooked foods should be cooled rapidly and placed in the refrigerator as soon as they are cool.

Spilt food should always be wiped away immediately. Defrosting and after the thaw thorough washing of the inside of the refrigerator should be carried out with a weak solution of bicarbonate of soda and then dried with a clean cloth.

(d) FACTORIES ACT:

Details will be found in Appendix D, Table 5.

Spill food should always be wiped away immediately. Defrosting and after the thaw through washing of the inside of the refrigerator should be carried out with a weak solution of bicarbonate of soda and then dried with a clean cloth.

(d) REFRIGERATOR
Details will be found in Appendix D, Table 2.

APPENDIX A, TABLE 1.

Registrar-General's estimate of population mid 1954	...	...	13,160
Area:	...	...	54,600 acres.
Number of inhabited houses at the end of 1954 according to the Rate Book	...	...	4,045
Rateable Value	...	...	£50,194
Sum represented by a penny rate	...	...	£206. 8. 4d.

APPENDIX A, TABLE 2.

			<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
<u>BIRTH RATE:</u>					
<u>Live Births:</u>					
Legitimate	...	...	85	85	170
Illegitimate	...	...	-	5	5
		<u>Total</u>	<u>85</u>	<u>90</u>	<u>175</u>
<u>Still Births:</u>					
Legitimate	...	...	2	2	4
Illegitimate	...	...	-	-	-
		<u>Total</u>	<u>2</u>	<u>2</u>	<u>4</u>
<u>Deaths of Infants under 1 year:</u>					
Legitimate	...	...	1	1	2
Illegitimate	...	...	-	-	-
		<u>Total</u>	<u>1</u>	<u>1</u>	<u>2</u>
<u>Deaths of Infants under 4 weeks:</u>					
Legitimate	...	...	1	1	2
Illegitimate	...	...	-	-	-
		<u>Total</u>	<u>1</u>	<u>1</u>	<u>2</u>
<u>BIRTH RATE:</u>	13.9 per thousand.		<u>Comparability Factor 1.08</u>		

APPENDIX A, TABLE 3.

<u>DEATHS:</u>					
<u>All causes:</u>	...		75	43	118
<u>DEATH RATE:</u>	8.9 per thousand.		<u>Comparability Factor 0.86</u>		
<u>Causes of Death:</u>					
<u>Heart & Circulation:</u>					
Vascular Lesions of the Nervous System			12	10	22
Coronary Disease, Angina	...		7	3	10
High Blood Pressure	...		1	3	4
Other Heart Disease	...		13	5	18
Other Circulatory Disease	...		2	2	4
<u>Cancer: Site:</u>					
Stomach	...		3	2	5
Lung	...		3	-	3
Uterus	...		-	2	2
All others	...		3	7	10
Respiratory Tuberculosis	...		1	1	2
Diabetes	...		1	-	1
Pneumonia	...		4	-	4
Bronchitis	...		2	1	3
Peptic Ulcer	...		2	-	2
Enteritis & Gastritis	...		2	-	2
Nephritis	...		2	1	3
Prostatic Disease	...		3	-	3
Congenital Malformations	...		2	1	3
Accidents (not motor)	...		6	-	6
Other Ill-Defined Causes	...		6	5	11
		<u>Totals:</u>	<u>75</u>	<u>43</u>	<u>118</u>

APPENDIX A, TABLE 1

15,160	...	...	Registrar-General's estimate of population mid 1954
24,800 cases	...	...	Actual
4,065	...	...	Number of inhabited houses at the end of 1954 according to the Rate Book
280,784	...	...	Rateable Value
2205.5 sd.	...	...	Sum represented by a penny rate

APPENDIX A, TABLE 2

<u>DEATH RATE:</u>		<u>DEATH RATE:</u>	
			<u>Male</u>
			<u>Female</u>
			<u>Total</u>
170	85	85	
2	2		
172	90	82	<u>Total</u>
4	3	3	
1	1		
5	4	4	<u>Total</u>
2	1	1	
3	2	2	<u>Total</u>
1	1	1	
2	1	1	<u>Total</u>

DEATH RATE: 12.9 per thousand. Co-morbidity Factor 1.08

APPENDIX A, TABLE 3

<u>DEATH RATE:</u>		<u>DEATH RATE:</u>	
			<u>Male</u>
			<u>Female</u>
			<u>Total</u>
118	59	59	
118	59	59	<u>Total</u>

DEATH RATE: 8.9 per thousand. Co-morbidity Factor 0.86

11	5	5	Other Ill-Defined Causes
2	1	1	Acidosis (not water)
2	1	1	Cardiac Malfunction
2	1	1	Prostatic Disease
2	1	1	Hepatitis
2	1	1	Bone & Cartilage
2	1	1	Uterine
2	1	1	Pneumonia
2	1	1	Diabetes
2	1	1	Respiratory Tuberculosis
2	1	1	All others
2	1	1	Stomach
2	1	1	Intestine
2	1	1	Liver
2	1	1	Other Circulatory Disease
2	1	1	Other Heart Disease
2	1	1	High Blood Pressure
2	1	1	Coronary Disease, Angina
2	1	1	Vascular Disease of the Nervous System
2	1	1	Heart & Circulation
2	1	1	Causes of Death:

APPENDIX B, TABLE 1.

MERRIOTT CHILD WELFARE CLINIC.

(a) Number of children who first attended during the year and who on the first attendance were :-			
(a) Under 1 year of age	...	19	
(b) Over 1 year of age	...	11	
(2) Number of children in attendance at the end of the year who were then :-			
(a) Under 1 year of age	...	19	
(b) Over 1 year of age	...	76	
(3) Number of children who attended the centre during the year	...		110
(4) Total number of attendances during the year made by :-			
(a) Children under 1 year of age		244	
(b) Children over 1 year of age		348	
(c) Mothers	...	578	
(5) Number of individual Mothers who attended during the year	...		103
(6) Total number of sessions held:			
(a) With Medical Officer	...	24	
(b) Other Sessions	...	Nil	
(c) Number of children examined by Doctor	...	73	
(d) Total number of medical consultations	...	201	

SHEPTON BEAUCHAMP CHILD WELFARE CENTRE.

(1) Number of children who first attended during the year and who on the first attendance were :-			
(a) Under 1 year of age	...	26	
(b) Over 1 year of age	...	5	
(2) Number of children in attendance at the end of the year who were then :-			
(a) Under 1 year of age	...	17	
(b) Over 1 year of age	...	60	
(3) Number of children who attended the Centre during the year:-	...		77
(4) Total number of attendances during the year made by:-			
(a) Children under 1 year of age		126	
(b) Children over 1 year of age		73	
(c) Mothers	...	305	
(5) Number of individual Mothers who attended during the year	...		63
(6) Total number of sessions held:-			
(a) With Medical Officer	...	12	
(b) Number of children examined by Doctor	...	58	
(c) Total number of medical consultations	...	153	

TATWORTH INFANT WELFARE CENTRE.

(1) Number of children who first attended during the year and who on the first attendance were :-			
(a) Under 1 year of age	...	25	
(b) Over 1 year of age	...	42	
(2) Number of children in attendance at the end of the year who were then:-			
(a) Under 1 year of age	...	137	
(b) Children 1 to 2 years of age		51	
(c) Children 2 to 5 years of age		53	
(3) Number of children who attended the centre during the year	...		241
(4) Number of individual Mothers who attended during the year	...		48
(5) Total number of sessions held :-			
(a) With Medical Officer	...	12	
(b) Number of children examined by Doctor	...	58	
(c) Number of medical consultations	...	36	

WESTON BUNTING CHILD WELFARE CENTRE

WESTON BUNTING CHILD WELFARE CENTRE

	(a) Number of children who first attended during the year and who on the first attendance were :-	
	(a) Under 1 year of age	19
	(b) Over 1 year of age	17
	(2) Number of children in attendance at the end of the year who were then :-	
	(a) Under 1 year of age	19
	(b) Over 1 year of age	76
110	(3) Number of children who attended the Centre during the year :-	
	(a) Total number of attendances during the year made by :-	
	(a) Children under 1 year of age	244
	(b) Children over 1 year of age	268
	(c) Mothers	278
102	(4) Number of individual Mothers who attended during the year :-	
	(a) Total number of sessions held :-	
	(a) With Medical Officer	81
	(b) Other Sessions	111
	(c) Number of children examined by Doctor	73
	(d) Total number of medical consultations	201

WESTON BUNTING CHILD WELFARE CENTRE

	(1) Number of children who first attended during the year and who on the first attendance were :-	
	(a) Under 1 year of age	26
	(b) Over 1 year of age	5
	(2) Number of children in attendance at the end of the year who were then :-	
	(a) Under 1 year of age	17
	(b) Over 1 year of age	60
77	(3) Number of children who attended the Centre during the year :-	
	(4) Total number of attendances during the year made by :-	
	(a) Children under 1 year of age	155
	(b) Children over 1 year of age	73
	(c) Mothers	202
62	(5) Number of individual Mothers who attended during the year :-	
	(6) Total number of sessions held :-	
	(a) With Medical Officer	72
	(b) Number of children examined by Doctor	36
	(c) Total number of medical consultations	152

WESTON BUNTING CHILD WELFARE CENTRE

	(1) Number of children who first attended during the year and who on the first attendance were :-	
	(a) Under 1 year of age	25
	(b) Over 1 year of age	42
	(2) Number of children in attendance at the end of the year who were then :-	
	(a) Under 1 year of age	137
	(b) Children 1 to 2 years of age	31
	(c) Children 2 to 3 years of age	32
241	(3) Number of children who attended the Centre during the year :-	
48	(4) Number of individual Mothers who attended during the year :-	
	(5) Total number of sessions held :-	
	(a) With Medical Officer	15
	(b) Number of children examined by Doctor	28
	(c) Number of medical consultations	26

APPENDIX B, TABLE 1. (Continued).

WINSHAM CHILD WELFARE CENTRE.

(1) Number of children who first attended during the year and who on the first attendance were :-	(a) Under 1 year of age	...	8
	(b) Over 1 year of age	...	10
(2) Number of children in attendance at the end of the year who were then :-	(a) Under 1 year of age	...	2
	(b) Over 1 year of age	...	5
(3) Total number of attendances during the year made by :-	(a) Children under 1 year of age		54
	(b) Children over 1 year of age		92
	(c) Mothers	...	140
(4) Average attendances per session of :-	(a) Children under 1 year of age		6
	(b) Children over 1 year of age		10
	(c) Mothers	...	14
(5) Total number of sessions held :-	(a) With Medical Officer	...	11
	(b) Number of children examined by Doctor	...	27
	(c) Total number of medical consultations	...	90

APPENDIX B, TABLE 2.

WORK OF DISTRICT NURSES DURING 1954.

<u>District Nurse.</u>	<u>Babies born at home.</u>	<u>Babies born in Hospital.</u>	<u>Total.</u>	<u>Number of visits to home.</u>
Merriott Hinton St. George	12	13	25	2,962
Buckland St. Mary	7	18	25	2,360
Ilminster Ilton Donyatt	20	12	32	3,494
Shepton Beauchamp	16	6	22	5,880
Misterton Clapton Wayford	7	15	22	4,000
Winsham Tatworth	24	43	67	5,596
Ashill	4	6	10	581
Combe St. Nicholas Wambrook Chaffcoombe Knowle St. Giles Cricket Malherbie	11	10	21	1,260

APPENDIX B, TABLE 3.

<u>Age Groups.</u>	<u>VACCINATIONS.</u>									
	<u>Under 1.</u>		<u>1 to 4.</u>		<u>5 to 14.</u>		<u>15 or over.</u>		<u>Totals.</u>	
	<u>P.</u>	<u>R.</u>	<u>P.</u>	<u>R.</u>	<u>P.</u>	<u>R.</u>	<u>P.</u>	<u>R.</u>	<u>P.</u>	<u>R.</u>
	82	-	3	1	1	4	4	18	90	23

P = Primary Vaccination.

R = Re-Vaccination.

WISCONSIN CHILD WELFARE SERVICE

- (1) Number of children who first attended during the year and who on the first attendance were :-
- (a) Under 1 year of age ... 8
 - (b) Over 1 year of age ... 10
- (2) Number of children in attendance at the end of the year who were then :-
- (a) Under 1 year of age ... 5
 - (b) Over 1 year of age ... 5
- (3) Total number of attendances during the year made by :-
- (a) Children under 1 year of age ... 54
 - (b) Children over 1 year of age ... 92
 - (c) Mothers ... 140
- (4) Average attendances per session of :-
- (a) Children under 1 year of age ... 6
 - (b) Children over 1 year of age ... 10
 - (c) Mothers ... 14
- (5) Total number of sessions held :-
- (a) With Medical Officer ... 11
 - (b) Number of children examined by Doctor ... 17
 - (c) Total number of medical consultations ... 30

APPENDIX B, TABLE 2.

WEL OF DISTRICT WELFARE DIVISION 1932.

District Name.	Babies born at home.	Babies born in hospital.	Total.	Number of visits to home.
Harbort	12	12	24	2,982
Hudson St. George	7	18	25	2,350
Rockland St. Mary	20	15	35	3,452
Lincoln	16	6	22	2,330
Clinton	7	13	20	4,000
Weyford	24	43	67	2,252
Adhill	4	6	10	281
Combe St. Nicholas	11	10	21	1,250

APPENDIX B, TABLE 3.

Age Groups.	VACCINATION						Total.
	Under 1.		1 to 4.		12 or over.		
	R.	P.	R.	P.	R.	P.	
	52	-	2	1	4	4	30 53

P = Primary Vaccination. R = Re-Vaccination.

APPENDIX B, TABLE 4.

Name of School.	No. on Roll.	No. In- -spected.	Date of Inspection.	Children having Milk.	Children having Dinner
				%	%
Ashill ...	10	8	23. 9.54	100	40
Broadway ...	49	21	30. 9.54	97.95	63.26
Buckland St. Mary	37	22	28.10.54	91.89	75.67
Chaffcombe ...	38	33	11.11.54	100	68.42
Chillington ...	42	39	16. 2.54	100	90.47
Combe St. Nicholas	76	40	18.11.54	84.21	52.63
Donyatt ...	30	16	16.11.54	96.66	66.66
Hinton St. George	61	46	11. 2.54	93.44	54.09
Horton ...	51	33	26.11.54	94.11	68.62
Ilton ...	75	27	30.11.54	93.33	61.33
Merriott ...	119	63	22.11.54	75.63	29.41
Misterton ...	50	28	19. 1.54	100	38
Seavington ...	34	21	17. 2.54	97.05	88.23
Shepton Beauchamp	56	12	27.10.54	100	41.07
Tatworth ...	108	64	20.10.54	98.14	27.77
Wambrook ...	22	18	11.11.54	90.90	63.63
West Crewkerne ...	46	28	10. 3.54	95.65	71.42
Whitestaunton ...	16	13	13.10.54	100	87.50
Winsham ...	76	46	10. 2.54	94.73	73.68
	<u>996</u>	<u>578</u>			

APPENDIX C, TABLE 1.

PREVALENCE OF, AND CONTROL OF INFECTIOUS DISEASES AND OTHER DISEASES.

Notifications other than Tuberculosis.

<u>Disease.</u>	<u>Total Cases notified.</u>	
Measles	106
Scarlet Fever	4
Whooping Cough	47
Dysentery	2
Acute Primary Pneumonia	1
Lumbar Pneumonia	1

ANALYSIS OF CASES NOTIFIED.

	Under 1 yr.	1-2.	2-3.	3-4.	4-5.	5-10.	10-15.	15-20.	20-35.	35.-45.	45.-65.	65+
Measles	2	12	10	17	15	47	3					
Scarlet Fever			1			2		1				
Whooping Cough	2	3	4	8	10	18	1		1			
Dysentery								1		1		
Acute Primary Pneumonia									1			
Lumbar Pneumonia												1

APPENDIX B, TABLE A.

Children having disease	Children having Milk	Date of Inspection	No. Inspected	No. on Roll	Name of School
10	100	23. 8. 24	8	10	Amill
63. 28	97. 32	30. 8. 24	21	48	Bronwy
72. 67	91. 69	28. 10. 24	22	37	Buckland St. Mary
68. 42	100	11. 11. 24	23	38	Castroville
90. 17	100	16. 2. 24	29	42	Chillington
22. 63	84. 21	18. 11. 24	10	76	Coche St. Nicholas
66. 66	96. 66	16. 11. 24	16	30	Dorvats
24. 09	92. 44	11. 2. 24	16	61	Hanton St. George
68. 62	94. 11	26. 11. 24	33	31	Horton
61. 33	93. 33	30. 11. 24	27	73	Ilton
23. 24	72. 63	22. 11. 24	63	112	Kerriest
38	100	12. 1. 24	28	50	Maderton
68. 23	97. 08	17. 2. 24	21	24	Seavinton
11. 07	100	27. 10. 24	12	26	St. Peter's
27. 77	98. 14	20. 10. 24	64	108	Tatworth
62. 63	90. 90	11. 11. 24	18	22	Wainook
71. 42	92. 69	10. 2. 24	28	46	West Crowcombe
67. 30	100	12. 10. 24	13	16	Widestunton
72. 66	94. 72	10. 2. 24	46	76	Wintona
			<u>278</u>	<u>396</u>	

APPENDIX C, TABLE 1.

PREVALENCE OF AND CAUSES OF INFECTIOUS DISEASES AND OTHER DISEASES.

Notifiable diseases other than Tuberculosis.

Disease	Total Cases notified
Measles	109
Scarlet fever	4
Whooping cough	47
Dysentery	2
Acute primary pneumonia	1
Lobar pneumonia	1

ANALYSIS OF CASES NOTIFIED.

Disease	Males						Total
	1-6	7-12	13-18	19-24	25-34	35-45	
Measles	2	10	17	12	7	48	
Scarlet fever	1	1	2	1	1	6	
Whooping cough	2	4	8	10	1	25	
Dysentery	1	1	1	1	1	5	
Acute primary pneumonia	1	1	1	1	1	5	
Pneumonia	1	1	1	1	1	5	
Lobar pneumonia	1	1	1	1	1	5	

APPENDIX C, TABLE 1. (Continued).

TUBERCULOSIS.

<u>Age Group.</u>	<u>New Cases.</u>				<u>Deaths.</u>			
	<u>Respiratory.</u>		<u>Non-Respiratory.</u>		<u>Respiratory.</u>		<u>Non-Respiratory.</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
- 1								
1 - 5								
5 - 15		1	1					
15 - 25	1	2		1				
25 - 35	1	1	1	1				
35 - 45								
45 - 55		1						
55 - 65								
65+	2							
Unknown								
<u>Total</u>	4	5	2	2				

APPENDIX C, TABLE 2.

MASS RADIOGRAPHY.

Report of Survey at Standard Telephones & Cables Ltd., Dowlish Ford Mills.

		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>							
Miniature Films:	Total:	462	230	692							
Large Films:	Total recalled:	21	7	28							
	Did not attend	-	-	-							
	Normal:	8	6	14							
	Significant:	10	1	11							
	Under observation:	3	-	3							
<u>Tuberculous Conditions:</u>					<u>M.</u>	<u>F.</u>	<u>Total.</u>	<u>N.A.</u>	<u>Dr.</u>	<u>Disp.</u>	<u>San.</u>
N.A. = No action	<u>Active:</u>	-	-								
Dr. = Patient's own Doctor	<u>Inactive:</u>										
Disp. = Under observation at Dispensary	Primary Lesion	3	-	3	3						
	Post-Primary Lesion:	4	1	5	3	1		1			
San. = Sanatorium treatment required.	<u>Total:</u>	7	1	8	6	1		1			

ANALYSIS OF TUBERCULOUS CASES.

	<u>Under 15 yrs.</u>	<u>15-24.</u>	<u>25-34.</u>	<u>35-44.</u>	<u>45-59.</u>	<u>60+</u>	<u>Total.</u>
<u>Active Tuberculosis:</u>	-	-	-	-	-	-	-
<u>Inactive Tuberculosis:</u>							
Male:	-	1	1	3	2	-	7
Female:	-	-	-	-	1	-	1
<u>Total:</u>	-	1	1	3	3	-	8

NON-TUBERCULOUS CONDITIONS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Bronchitis & Emphysema	3	-	3
<u>Total</u>	3	-	3

APPENDIX D, TABLE 1 (Continued)

TUBERCULOSIS

Age Group	Respiratory		Non-Respiratory		Deaths	
	M	F	M	F	M	F
15-20						
20-25						
25-30						
30-35						
35-40						
40-45						
45-50						
50-55						
55-60						
60-65						
65-70						
70-75						
75-80						
80-85						
85-90						
90-95						
95-100						
Total	4	2	2	2		

APPENDIX D, TABLE 2

WASH REGIONAL

Report of Survey of Standard Tuberculin & Caples Ltd., Douglas Road, W.L.A.

Tuberculin Condition	Males	Females	Total	Tuberculin Reaction	
				Positive	Negative
Latent	10	7	17	100%	100%
Active	3	2	5	100%	100%
Primary	1	1	2	100%	100%
Secondary	1	1	2	100%	100%
Other	1	1	2	100%	100%
Total	16	12	28	100%	100%

RESULTS OF TUBERCULIN CASE

Age Group	Active Tuberculosis		Latent Tuberculosis	
	Males	Females	Males	Females
15-20				
20-25				
25-30				
30-35				
35-40				
40-45				
45-50				
50-55				
55-60				
60-65				
65-70				
70-75				
75-80				
80-85				
85-90				
90-95				
95-100				
Total	1	1	1	1

NON-TUBERCULOUS CONDITIONS

Condition	Males	Females	Total
Total	3	0	3

APPENDIX D, TABLE 1.

WATER SUPPLY.

PIPED SUPPLIES - results of samples taken for analysis:

<u>Raw Water.</u>				<u>Treated after going into supply.</u>			
<u>Bacteriological.</u>		<u>Chemical.</u>		<u>Bacteriological.</u>		<u>Chemical.</u>	
<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsatis-</u>
<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>
-	-	1	-	18	21	4	-

WATER SUPPLIES FROM PUBLIC MAINS:

<u>Direct to the Houses.</u>		<u>By means of Standpipes.</u>	
<u>No. of Dwellinghouses.</u>	<u>Population.</u>	<u>No. of Dwellinghouses.</u>	<u>Population.</u>
2,874	9,211	50	176

APPENDIX D, TABLE 2.

CAMPING SITES.

(a) Number of camping sites for which licences have been issued	...	2
(In addition 18 licences have been issued for individual caravans)		
(b) Maximum number allowed per acre	...	18
(c) Period of occupation:		
(i) Permanent	...	2
(ii) Seasonal	...	None
(d) Estimated maximum number of campers resident during year:-		
(i) Permanent	...	60
(ii) Seasonal	...	None

APPENDIX D, TABLE 3.

HOUSING.

	<u>Houses erected during the year.</u>	<u>Houses in course of erection.</u>	<u>Gained from conversion of large houses or buildings into flats or dwellings.</u>	<u>Lost from conversion of two or more houses to one.</u>
Local Authority	56	29	-	-
Private Enterprise	18	14	3	-
<u>Totals</u>	74	43	3	-

Inclusive of those above built during the year:

(a) Total number of houses in District	...	4,138
(b) " " " " owned by Local Authority		656 + 30 prefabricated bungalows.

No. of Post-War Houses erected to 31st December, 1954:

(a) By Local Authority	...	396 + 30 prefabricated bungalows.
(b) By Private Enterprise	...	108

Programme for 1955:

(a) By Local Authority	...	15
------------------------	-----	----

APPENDIX D, TABLE 1

WATER SUPPLY

TYPED SUPPLIES - results of samples taken for analysis:

Raw Water		Treated after going into supply	
Industrial	Domestic	Industrial	Domestic
1	1	16	4
No. of Installations		No. of Installations	
2,211	2,211	20	170
Direct to the House		By means of Standpipes	

WATER SUPPLIES FROM PUBLIC MAINS:

APPENDIX D, TABLE 2

CAMPING SITES

2	...	(a) Number of camping sites for which licenses have been issued (in addition 18 licenses have been issued for individual owners)
16	...	(b) Maximum number allowed per acre
2	...	(c) Period of operation: (i) Permanent
None	...	(ii) Seasonal
60	...	(d) Estimated maximum number of campers resident during year: (i) Permanent
None	...	(ii) Seasonal

APPENDIX D, TABLE 3

HOUSING

Local Authority	Private Enterprises	Totals
26	16	42
20	14	34
-	-	-
-	-	-

inclusive of those above built during the year:

6,130	...	(a) Total number of houses in District
650 + 30	...	(b) " " " " owned by Local Authority
5,480	...	(a) By Local Authority
100	...	(b) By Private Enterprises
18	...	(a) By Local Authority

APPENDIX D, TABLE 3. (Continued).

HOUSING.

(a) No. of unfit houses in the District but on which no formal action has been taken	...	...	20
(b) No. of houses that have been condemned under the Housing Acts as totally unfit	...	...	15
(c) No. of houses occupied under (a)	...	...	20
(d) No. of houses occupied under (b)	...	...	9
(e) No. of temporary housing units occupied, viz: Huts, &c.			35
(f) No. of houses found overcrowded	...	...	-
(g) The number of houses which on inspection were considered to be unfit for human habitation	...	...	174
(h) The number of houses the defects in which were remedied in consequence of informal action by the Local Authority or their officers	...	...	43
(i) The number of representations made to the Local Authority with a view to			
(a) the serving of notices requiring the execution of works, or	...	...	5
(b) the making of demolition or closing orders	...	...	15
(j) The number of notices served requiring the execution of works	...	...	5
(k) The number of houses which were rendered fit after service of formal notices	...	...	5
(l) The number of demolition or closing orders made	...	...	15
(m) The number of houses in respect of which an undertaking was accepted under subsection (2) of Section 11 of the Housing Act, 1936	...	...	32
(n) The number of houses demolished	...	...	10

Houses required:

(i) To replace those unfit under (a)	...	20.	(b) ...	4.
(ii) To abate overcrowding	...	...	...	-
(iii) To overcome unsatisfactory conditions, e.g. two families living in same house but not included in (i) or (ii)	...	...	...	-
Total number of applicants for Council houses at end of year				360

APPENDIX D, TABLE 4.

M E A T .

			<u>Licensed.</u>	<u>Operating.</u>	
(a) Private Slaughterhouses	...		11	10	
(b) Number of Slaughterhouses in use where horses are slaughtered for human consumption			Nil	Nil	
Total number of animals slaughtered during the year under (a)	...	...	...	...	1625
Approximate weight of meat condemned - in lbs. :-					
	<u>Cattle.</u>		<u>Sheep.</u>		<u>Pigs.</u>
	<u>T.B.</u>	<u>Other.</u>	<u>T.B.</u>	<u>Other.</u>	<u>T.B.</u> <u>Other.</u>
Under (a)	3,008	2,467	-	146	270 785

APPENDIX D. TABLE 2. (Continued)

HOUSING

20	...	...	(a) No. of units housed in the District but on which no formal action has been taken
15	...	...	(b) No. of houses that have been condemned under the Housing Acts as totally unfit
20	...	...	(c) No. of houses occupied under (a)
9	...	...	(d) No. of houses occupied under (b)
25	...	...	(e) No. of temporary housing units occupied, viz: Huts, etc.
-	...	...	(f) No. of houses found overcrowded
17	...	...	(g) The number of houses which on inspection were considered to be unfit for human habitation
45	...	...	(h) The number of houses the defects in which were remedied in consequence of informal action by the local authority or their officers
	...	...	(i) The number of representations made to the local authority with a view to
5	...	...	(a) the serving of notices regarding the execution of works, or
15	...	...	(b) the making of demolition or closing orders
5	...	...	(j) The number of notices served regarding the execution of works
5	...	...	(k) The number of houses which were removed 12 or more months of formal notices
15	...	...	(l) The number of demolition or closing orders made
25	...	...	(m) The number of houses in respect of which an undertaking was accepted under subsection (3) of Section 11 of the Housing Act, 1936
10	...	...	(n) The number of houses demolished

Houses provided:

...	...	...	(i) To replace those unfit under (a)
...	...	...	(ii) To clear overcrowding
...	...	...	(iii) To overcome unsatisfactory conditions, e.g. two families living in one house but not included in (i) or (ii)
200	...	...	Total number of applicants for Council houses at end of year

APPENDIX D. TABLE A.

M E A T

10	...	...	(a) Private Slaughteries
101	...	...	(b) Number of Slaughteries in use where houses are slaughtered for human consumption
100	...	...	Total number of animals slaughtered during the year under (a)
	...	...	Approximate weight of meat contained - in lbs. :-
			<u>Cattle</u>
			T.B. Other
			2,408 2,457
			Under (a)
			T.B. Other
			270 142
			788

APPENDIX D, TABLE 5.

FACTORIES ACT, 1937.

Inspections for the purpose of provisions as to Health,
(including Inspections by the Sanitary Inspector).

<u>Premises.</u>	<u>Number on Register.</u>	<u>Inspections.</u>	<u>Written Notices.</u>	<u>Occupiers prosecuted.</u>
Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities;	8	11	1	-
Factories not included in (i) in which Section 7 is enforced by the Local Authority:	27	28	-	-
<u>Total</u>	35	39	1	-

OUTWORK.

No. of Outworkers in August List required by Section 110.

112 making wearing apparel.
27 " lace, lace curtains and nets.
9 brush making.
148

A. M. McCALL,
M.R.C.S., L.R.C.P., D.P.H.
Medical Officer of Health.

Health Department,
16, Church Street,
CREWKERNE, Somerset.
August, 1955.

PROVIDER ACT, 1957

Inspections for the purpose of provisions as to Health,
(including inspections by the Sanitary Inspector).

Number of Inspections	Written Notices	Complaints received	Provision in which Section 1, 2, 3, 4 and 5 are to be enforced by Local Authorities	Provision not included in (1) in which Section 1 is enforced by the Local Authority	Total
8	1	-			
27	-	-			
<u>35</u>	<u>1</u>	<u>-</u>			

OUTWASH

No. of Outwashes in August 1957 recorded by Section 119.

112	making working apparatus
27	" " face, face curtains and nets
9	brush making
<u>148</u>	

A. M. McCall,
M.B., B.S., L.R.C.P., D.R.C.
Medical Officer of Health

Health Department,
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DUNDEE, Scotland.
August, 1957.