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CHARD RURAL DISTRICT COUNCIL.ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

For the year ended 31st December, 1963.

Medical Officer of Health

A. M. McCall

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

Public Health Inspectors

E. Whisker, M.A.P.H.I.
 C.V. Muggerridge, M.A.P.H.I.
 H.G. Gaskell, M.A.P.H.I.

Clerk to Medical Officer

Miss Y. Michael, B.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	23 members
(b)	Housing	17 members
(c)	Works	17 members



CLARK BUREAU DISTRICT COUNCIL

ANNUAL REPORT

of

THE MEDICAL OFFICE OF HEALTH

for the year ended 31st December, 1965.

Medical Officer of Health

A. M. MacCall

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

Public Health Inspectors

H. Whitton, M.A.P.H.I.
G.V. Muggleton, M.A.P.H.I.
H.G. Gaskell, M.A.P.H.I.

Clark to Medical Officer

Miss Y. Mohan, B.A.

County Council's Health Visitor

Ms. G.J.M. Pitt, S.R.N., S.C.M., N.V.

Committees concerned with matters of Public Health

- (a) Public Health 23 members
- (b) Housing 17 members
- (c) Women 17 members



SECTION A

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Population The Registrar General estimates the mid-year population for 1963 was 12,470, an increase of 40 on the previous year. The population density is 0.2 persons per acre. The rateable value is now £27,675 and the product of a penny rate something over £270.

To the Chairman and Councillors of the Chard Rural District Council.

This is an increase on 1962 and compares favourably with the figure for England and Wales of 13.1, which is the highest since 1947. There were two illegitimate births.

The average rate for the year was 14.1 and compares favourably with the rate for England and Wales of 13.1.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my Report for 1963.

The health of our residents has been good and there have been no epidemics or any serious outbreak of illness.

In January, Dr. D.V. Hague, now in general practice and at one time Medical Officer of Health for the area, was appointed Deputy Medical Officer of Health to cover the Rural District during my absences and I was pleased and grateful when he accepted the appointment.

I am,

Mr. Chairman and Councillors,

Your obedient Servant,

A. M. McCALL

Medical Officer of Health.

GENERAL PROVISION OF HEALTH SERVICES

Care of Mothers and Young Children These clinics are held once a month in Chard and Crookerns and a doctor is always in attendance. An appointments system is used at the Crookerns clinic and the times are fixed to fit in with the bus services from the villages. Blood samples are taken from every mother and sent to the laboratory at Margrove Park Hospital at Taunton for investigation. The report, which is sent to the general practitioner and midwife concerned, gives details of the blood group, Mr. Factor, haemoglobin percentage and Wasserman reaction. Information classes continued to be organised by the health visitors in Chard and Crookerns and all women having their first baby, and who were able to get to either of these centres, were encouraged to attend a course.

Midwifery One hundred years ago death in childbirth occurred in about seven per thousand deliveries. The main causes of death were, sepsis about 65%, haemorrhage 15% and other causes, including exhaustion, about 20%. Delivery at home was once again the delivery in hospital and this situation continued on into this century despite the widespread acceptance of Liston's view on sepsis. Only in recent years have figures shown that the hospital maternity department is to be preferred to home delivery. It is the present policy of the National Health Service to increase the number of available beds in maternity departments.

Domestic midwifery is in the care of general practitioners and midwives. Regular supervision throughout pregnancy have reduced the maternal mortality to a very low figure.

Mothers admitted to a maternity unit and living in the Crookerns area are usually sent to Yeovil but occasionally, if no bed is available, to Yeovilwood. Those living in the Chard area go to Taunton. Margrove Park Hospital, Taunton, does work of a very high standard and deals with all infants with blood incompatibility. When necessary exchange transfusions are carried out on the infant immediately after birth. The unit also maintains a Flying Squad, a team of highly trained staff who will go out to patients' homes to give expert help in case of need.

To the Chairman and Councilors of the Grand Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my Report for 1963.

The health of our residents has been good and there have been no epidemics or any serious outbreak of illness.

In January, Dr. D.V. Hague, now in general practice and at one time Medical Officer of Health for the area, was appointed Deputy Medical Officer of Health to cover the Rural District during my absence and I was pleased and grateful when he accepted the appointment.

I am,

Mr. Chairman and Councilors,

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SECTION A

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Population The Registrar General estimates the mid-year population for 1963 was 12,470, an increase of 60 on the previous year. The population density is 0.2 per acre. The rateable value is now £267,619 and the product of a penny rate something more than £382.

Birth Rate The Corrected Birth Rate for 1963 was 20.44 per thousand live births. This is an increase on 1962 and compares favourably with the figure for England and Wales of 18.2, which is the highest since 1947. There were two illegitimate births.

Death Rate The Corrected Death Rate for the year was 11.3 and compares favourably with the national figure of 12.2. Heart disease again proved the greatest killer, causing 59 deaths. Vascular lesions of the nervous system were responsible for 30 and cancer caused 31 deaths.

Maternal Mortality There was one maternal death in 1963, due to a pulmonary embolism. The death took place in hospital.

Stillbirths There was one stillbirth during the year.

Infant Mortality I am pleased to be able to report that there were no infant deaths during 1963.

Social Conditions The conditions in which the residents live are satisfactory. Unemployment was at a low level.

The closure of the passenger rail services to Chard in September, 1962 stressed the changes in travelling habits. In 1825 the aim was to join the Bristol Channel at Stolford with the English Channel at Beer, South Devon. The Chard Canal Act was passed in 1834. The section from Taunton to Chard opened in 1842. Already the railways were taking over the work of canals and the Canal closed in 1866, the same year as the Taunton to Chard railway was completed. In 1963 the Council were making strenuous efforts to prevent the total closure of the Chard to Taunton line.

SECTION B

GENERAL PROVISION OF HEALTH SERVICES

Antenatal Clinics.

Care of Mothers and Young Children: These clinics are held once a month in Chard and Crewkerne and a doctor is always in attendance. An appointments system is used at the Crewkerne clinic and the times are aimed to fit in with the 'bus services from the villages. Blood samples are taken from every mother and sent to the laboratory at Musgrove Park Hospital at Taunton for investigation. The report, which is sent to the general practitioner and midwife concerned, gives details of the blood group, Rh. factor, haemoglobin percentage and Wasserman reaction. Relaxation classes continued to be organised by the health visitors in Chard and Crewkerne and all mothers having their first baby, and who were able to get to either of these centres, were encouraged to attend a course.

Midwifery One hundred years ago death in childbed occurred in about seven per thousand deliveries. The main causes of death were, sepsis about 60%, haemorrhage 25% and other causes, including exhaustion, about 15%. Delivery at home was much safer than delivery in hospital and this situation continued on into this century despite the widespread acceptance of Lister's views on sepsis. Only in recent years have figures shown that the hospital maternity department is to be preferred to home delivery. It is the present policy of the National Health Service to increase the number of available beds in maternity departments.

Domiciliary midwifery is in the care of general practitioners and midwives. Regular supervision throughout pregnancy have reduced the maternal mortality to a very low figure.

Mothers admitted to a maternity unit and living in the Crewkerne area are usually sent to Yeovil but occasionally, if no bed is available, to Templecombe. Those living in the Chard area go to Taunton. Musgrove Park Hospital, Taunton, does work of a very high standard and deals with all infants with blood incompatibility. When necessary exchange transfusions are carried out on the infant immediately after birth. The unit also maintains a Flying Squad, a team of highly trained staff who will go out to patients homes to give expert help in case of need.

SECTION A

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Population The Registrar General estimates the mid-year population for 1965 was 12,470, an increase of 60 on the previous year. The population density is 0.2 per acre. The rateable value is now £257,619 and the product of a penny rate something more than £258.

Birth Rate The Corrected Birth Rate for 1965 was 20.44 per thousand live births. This is an increase on 1962 and compares favourably with the figure for England and Wales of 18.2, which is the highest since 1947. There were two illegitimate births.

Death Rate The Corrected Death Rate for the year was 11.7 and compares favourably with the national figure of 12.2. Heart disease again proved the greatest killer, causing 59 deaths. Vascular lesions of the nervous system were responsible for 30 and cancer caused 31 deaths.

Maternal Mortality There was one maternal death in 1965, due to a pulmonary embolism. The death took place in hospital.

Stillbirths There was one stillbirth during the year.

Infant Mortality I am pleased to be able to report that there were no infant deaths during 1965.

Social Conditions The conditions in which the residents live are satisfactory. Unemployment was at a low level.

The closure of the passenger rail services to Gurd in September, 1965 stressed the changes in travelling habits. In 1965 the aim was to join the Bristol Channel at Gurd with the English Channel at Bourn, South Devon. The Gurd Canal Act was passed in 1834. The section from Tamerton to Gurd opened in 1842. Already the railways were taking over the work of canals and the Canal closed in 1866, the same year as the Tamerton to Gurd railway was completed. In 1965 the Canal was making strenuous efforts to prevent the total closure of the Gurd to Tamerton line.

SECTION B

GENERAL EVOLUTION OF HEALTH SERVICES

Antenatal Clinics

Care of Mothers and Young Offspring: These clinics are held once a month in Gurd and Oreston and a doctor is always in attendance. An appointments system is used at the Oreston clinic and the times are fixed to fit in with the bus services from the villages. Blood samples are taken from every mother and sent to the laboratory at Langrove Park Hospital at Tamerton for investigation. The report, which is sent to the general practitioner and midwife concerned, gives details of the blood group, Hb. factor, haemoglobin percentage and Wasserman reaction. Antenatal clinics continued to be organized by the health visitors in Gurd and Oreston and all mothers having their first baby, and who were able to get to either of these centres, were encouraged to attend a course.

Midwifery One hundred years ago death in childbirth occurred in about seven per thousand deliveries. The main causes of death were, sepsis about 60%, haemorrhage and other causes, including embolism, about 25%. Delivery at home was much safer than delivery in hospital and this situation continued on into this century despite the widespread acceptance of lateral views on sepsis. Only in recent years have figures shown that the hospital maternity department is to be preferred to home delivery. It is the present policy of the National Health Service to increase the number of available beds in maternity departments.

Domesticity midwifery is in the care of general practitioners and midwives. Regular supervision throughout pregnancy have reduced the maternal mortality to a very low figure.

Mothers admitted to a maternity unit and living in the Oreston area are usually sent to Yeovil but occasionally, if no bed is available, to Templecombe. Those living in the Gurd area go to Tamerton. Langrove Park Hospital, Tamerton, does work of a very high standard and deals with all infants with blood incompatibility. When necessary exchange transfusions are carried out on the infant immediately after birth. The unit also maintains a flying squad, a team of highly trained staff who will go out to patients' homes to give expert help in case of need.

INFANT WELFARE CLINICS

Merriott: This clinic was held twice a month in the village hall. Dr. Dauncey attended on each occasion. There was a fairly sharp falling off in the attendance figures at the clinic. This is probably accounted for by the fact that the health visitor in this area was ill on and off throughout the year and retired on 31st December.

Shepton Beauchamp: This clinic was held once a month and Dr. Cartwright attends. The figures at this clinic also showed a drop on the 1962 attendances.

Tatworth: This clinic is held once a month in the village hall and Dr. Elliott attends each session. The figures show a slight increase on 1962.

Combe St. Nicholas: A monthly clinic is held in this village and Dr. Reeves is in attendance. There is once again an increase in the number of those making use of the clinic.

Details of the numbers attending these clinics can be found in Appendix B, Table 1.

Adoption. There are a large number of childless couples who long for a child of their own and the number of applications to adopt a child far outnumber the children available. Almost all adopted children are illegitimate. In a society in which most children's parents are married it is a handicap legal, social and emotional to be illegitimate. An unmarried mother who is not living with the child's father, and with no prospect of doing so, is, as a parent, at a great disadvantage with married women. In addition, illegitimacy introduces a considerable hazard for life and health: at all ages in early childhood mortality figures are worse for illegitimate children.

Adoption law stipulates that a child must have been continuously in the care of adoptive parents for at least three months from the time it is six weeks old, before it is possible for a court to make the adoption final. This means that a legal adoption cannot be completed until a child is four and a half months old. The intentions behind this rule are:

- (a) To make it possible for the natural parents and especially the mother to revoke the decision to part from the child before the Court Order is made
- (b) To allow time for enquiry to be made by the Court as to the circumstances of the adopters
- (c) To allow an examination of the child to be made at a time when it ought to be possible to diagnose any grave developmental defect and to give the adopters the opportunity of rejecting him on this account

The Adoption Act of 1958 encouraged local Health Authorities to appoint their own adoption committees and officers. The County Council Adoption Committee dealt with all babies offered to them and the majority found new parents. However, there are a great number of private adoption societies who operate in the country. These societies are autonomous with variable rules and resources. There is a need to provide a first class adoption service on a national basis. It could well be administered locally but be uniform throughout the country.

Home Nursing The district nurses carry out all the domiciliary nursing and this takes up a considerable portion of their time. They are mainly concerned with the aged and, of course, are available for the acutely sick.

Health Visiting Our district nurses are also trained health visitors and this routine visiting is an important part of their duties. It is obvious that to be effective a health visitor must visit and during her visits she not only gives advice but does a great deal of health education.

The Tuberculosis health visiting is carried out by Mrs. Pitt who follows up all cases seen at the Chard Chest Hospital by the consultant physician. He holds his clinic every Thursday at the Hospital. Mrs. Pitt accompanies me when I carry out the B.C.G. vaccinations at schools and does all the follow-up work in connection with it, arranging X-Rays when necessary and reporting to me on the results.

Immunisation Immunisations are carried out at the clinic and by private practitioners in their surgeries. Protection against diphtheria, whooping cough and tetanus with a single vaccine is now standard practice. Only oral poliomyelitis vaccine is now used. Details of all immunisations can be found in Appendix B, Table 2.

Vaccination Vaccination against smallpox continued as a routine and is usually carried out within the first two years of life. Details of this are also shown in Appendix B, Table 2.

Warrington: This clinic was held twice a month in the village hall, Dr. Denny attended on each occasion. There was a fairly sharp falling off in the attendance figures at the clinic. This is probably accounted for by the fact that the health visitor in this area was ill on and off throughout the year and retired on 31st December.

Spanton Heath: This clinic was held once a month and Dr. Gertrude attended. The figures at this clinic also showed a drop on the 1958 attendance.

Table 2: This clinic is held once a month in the village hall and Dr. Reeves is in attendance. There is once again an increase in the number of those making use of the clinic.

Table 3: Details of the numbers attending these clinics can be found in Appendix B.

Adoption: There are a large number of children who long for a family of their own and the number of applications to adopt a child far outnumber the children available. Almost all adopted children are illegitimate. In a society in which most children's parents are married it is a handicap, legal, social and emotional to be illegitimate. An unmarried mother who is not living with the child's father, and with no prospect of doing so, as a parent, at a great disadvantage with married women. In addition, illegitimacy introduces a considerable hazard for life and health: at all ages in early childhood mortality figures are worse for illegitimate children.

Adoption law stipulates that a child must have been continuously in the care of adoptive parents for at least three months from the time it is six weeks old, before it is possible for a court to make the adoption final. This means that a legal adoption cannot be completed until a child is four and a half months old. The intention behind this rule was:

- (a) To make it possible for the natural parents and especially the mother to revoke the decision to part from the child before the Court Order is made.
- (b) To allow time for enquiry to be made by the Court as to the circumstances of the adoption.
- (c) To allow an examination of the child to be made at a time when it ought to be possible to diagnose any grave developmental defect and to give the adopters the opportunity of rejecting him on this account.

The Adoption Act of 1958 encouraged local Health Authorities to appoint their own adoption committees and officers. The County Council Adoption Committee held with all babies offered to them and the majority found new parents. However, there are a great number of private adoption societies who operate in the county. These societies are numerous with variable rules and resources. There is a need to provide a first class adoption service on a national basis. It could well be administered locally but be uniform throughout the country.

Home Visiting: The district nurses carry out all the domiciliary nursing and this takes up a considerable portion of their time. They are mainly concerned with the aged and, of course, are available for the entirely able.

Health Visiting: Our district nurses are also trained health visitors and this routine visiting is an important part of their duties. It is obvious that to be effective a health visitor must visit and during her visits she not only gives advice but does a great deal of health education.

The Tuberculosis health visiting is carried out by Mrs. Pitt who follows up all cases seen at the Grand Street Hospital by the consultant physician. He holds his clinic every Thursday at the Hospital. Mrs. Pitt accompanies me when I carry out the B.C.G. vaccinations at schools and does all the follow-up work in connection with it, arranging letters when necessary and reporting to me on the results.

Immunisation: Immunisations are carried out at the clinic and by private practitioners in their surgeries. Protection against diphtheria, whooping cough and tetanus with a single vaccine is now standard practice. Only oral poliomyelitis vaccine is now used. Details of all immunisations can be found in Appendix B, Table 2.

Vaccination: Vaccination against measles continued as a routine and is usually carried out within the first two years of life. Details of this are also shown in Appendix B, Table 2.

Home Help Service The County Council is responsible for the Home Help Service and it is available on request in the district. All cases are first investigated and the need assessed and then arrangements are made for the appropriate help to be given. This is an expanding service on which the County Council spend more each year.

School Medical Service I visited all the County schools in the area during 1963. Details of these inspections can be found in Appendix B, Table 3.

During the school medical examination particular attention is paid to the special senses. Apart from testing the vision, care is taken to see if there is any abnormality. Squinting in children presents an important challenge because, if not corrected early, it may result in serious loss of vision as well as producing psychological problems. When squint occurs each eye sees a different image and double vision results. To prevent this occurring a reflex develops involuntarily whereby the brain suppresses the image of one eye. If suppression becomes longstanding, loss of vision develops in the squinting eye. After the child reaches the age of six chances of correcting this loss decrease. It is therefore of primary importance to detect a squint at the earliest possible moment. Many are dealt with by general practitioners or the infant welfare clinic before the child arrives at school. However, some are first seen at school. Because squint may be secondary to other ocular diseases, these children are always referred to an ophthalmic specialist. When he is satisfied that the cause is muscle imbalance then he passes the case to an orthoptist for exercises. Sometimes an operation is necessary. This work is carried out at Taunton.

Special attention is paid to hearing. Children do not grow out of deafness but they certainly will grow into dumbness if their hearing disability is not recognised and treated during early life. The ideal time to do this is the first two or three years of life. Some with some loss of hearing are first detected at school, often by the teacher. The County have trained teachers who, on request, examine these children with special apparatus. Any loss is then reported to me as School Medical Officer and the appropriate investigation and treatment is then started.

Speech defects are frequently found at the first examination and when necessary are referred for speech therapy.

School Dental Service When the new school dental officer commenced work from his headquarters at Crewkerne Clinic he made rapid progress in our area and reference to Appendix B, Table 3 shows that all the schools have been visited in the last two years with the exception of Seavington and Wambrook. Wambrook is now closed and Seavington received a visit just after the end of the year.

Speech Therapy There was a break in the service following Mrs. Baker's resignation in February and the arrival of the new speech therapist, Miss Ledamun who started work in Crewkerne and Chard in September. She attends each clinic once a week.

Orthopaedic Service Miss Read, the orthopaedic sister, continued to attend the Chard and Crewkerne clinics once a month. Appointments to attend these clinics are made through County Hall. She sees children referred by the surgeon at regular intervals and reports to him on matters requiring attention. Children given exercises to do by the surgeon frequently fail to do them and her stimulus is a great help in reminding them that without their co-operation little can be achieved.

Ophthalmic Services The County Council have now arranged for the health visitors to carry out an annual eye test on all schoolchildren and any difficulties are immediately reported to County Hall and to myself. Usually the children with visual defects are already known but occasionally some sudden deterioration is found and this will prove to be a very useful additional service. All cases referred to hospital are reported on by the County Oculists and these reports are available to me at the school medical inspection.

Epileptics As far as possible epileptic children on suppressant drugs attend ordinary schools. They are seen regularly by the Consultant Physician at his clinic in Taunton and a copy of his report is sent to me. Only very severe cases and those not re-acting to treatment are considered for special schools and I am pleased to be able to say that we have no child from the rural district at such an establishment at the present time.

Spastics The arrangements made for spastic children remained unchanged. They have proved to be quite adequate.

Blind Persons The Somerset Association for the Blind continued to carry out their good work. They were supported by a grant from the County Council. At the moment there are 32 on the Blind Persons Register.

Ambulance Service The general ambulance service is provided by the County Council. All the vehicles are radio-controlled and the administration worked smoothly throughout the year. The Chard Ambulance Division of the St. John Ambulance Brigade continued to attend at local sporting events. In addition the Division was occupied during a number of week-ends in the summer on ambulance duties. With the strength of the Division dwindling it was increasingly difficult to supply adequate numbers of personnel to meet all calls.

Line Help Service The County Council is responsible for the Line Help Service and it is available on request in the district. All cases are first investigated and the need assessed and then arrangements are made for the appropriate help to be given. This is an expanding service on which the County Council spends more each year.

School Medical Service I visited all the County schools in the area during 1961. Details of these inspections can be found in Appendix B, Table 3.

During the school medical examination particular attention is paid to the special cases. Apart from testing the vision, care is taken to see if there is any abnormality. Squinting in children presents an important challenge because, if not corrected early, it may result in serious loss of vision as well as producing psychological problems. When squint occurs each eye sees a different image and double vision results. To prevent this occurring a reflex develops involuntarily whereby the brain suppresses the image of one eye. It suppresses because long-standing, loss of vision develops in the squinting eye. After the child reaches the age of six chances of correcting this loss decrease. It is therefore of primary importance to detect a squint at the earliest possible moment. Many are dealt with by general practitioners or the infant welfare clinics before the child arrives at school. However, some are first seen at school. Because squint may be secondary to other ocular diseases, these children are always referred to an ophthalmic specialist. When he is satisfied that the cause is muscular imbalance then he passes the case to an orthoptist for exercises. Sometimes an operation is necessary. This work is carried out at Tisbury.

Special attention is paid to hearing. Children do not grow out of deafness but they certainly will grow into deafness if their hearing disability is not recognized and treated during early life. The ideal time to do this is the first two or three years of life. Some with some loss of hearing are first detected at school, often by the teacher. The County have trained teachers who, on request, examine these children with special apparatus. Any loss is then reported to me as School Medical Officer and the appropriate investigation and treatment is then started.

Speech defects are frequently found at the first examination and when necessary are referred for speech therapy.

School Dental Service When the new school dental officer commenced work five his headquarters at Gosport Clinic he made rapid progress in our area and reference to Appendix B, Table 3 shows that all the schools have been visited in the last two years with the exception of Southampton and Wambrook. Wambrook is now closed and Southampton received a visit just after the end of the year.

Speech Therapy There was a break in the service following Mrs. Baker's resignation in February and the arrival of the new speech therapist, Miss Johnson who started work in Gosport and Chand in September. She attends each clinic once a week.

Ophthalmic Service Miss Reed, the ophthalmic sister, continued to attend the Chand and Gosport clinics once a month. Appointments to attend these clinics are made through County Hall. She sees children referred by the surgeon at regular intervals and reports to him on matters requiring attention. Children given exercises to do by the surgeon frequently fail to do them and her attention is a great help in reminding them that without their co-operation little can be achieved.

Ophthalmic Services The County Council have now arranged for the health visitors to carry out an annual eye test on all schoolchildren and any difficulties are immediately reported to County Hall and to myself. Usually the children with visual defects are already known but occasionally some sudden deterioration is found and this will prove to be a very useful additional service. All cases referred to hospital are reported on by the County Council and these reports are available to me at the school medical inspection.

Glaucoma As far as possible glaucoma children on suppression drugs attend ordinary schools. They are seen regularly by the Consultant Ophthalmologist at his clinic in Tisbury and a copy of his report is sent to me. Only very severe cases and those not responding to treatment are considered for special schools and I am pleased to be able to say that we have no child from the rural district at such an establishment at the present time.

Deafness The arrangements made for speech children remained unchanged. They have proved to be quite adequate.

Blind Persons The Somerset Association for the Blind continued to carry out their good work. They were supported by a grant from the County Council. At the moment there are 22 on the Blind Persons Register.

Amulance Service The general ambulance service is provided by the County Council. All the vehicles are radio-controlled and the administration worked smoothly throughout the year. The East Ambulance Division of the St. John Ambulance Brigade continued to attend at local sporting events. In addition the Division was occupied during a number of weekends in the summer on ambulance duties. With the strength of the Division detailing it was increasingly difficult to supply adequate numbers of personnel to meet all calls.

Mental Health Services The County Council are responsible for the administration of the new Regulations and the detailed work is undertaken by the Mental Health Sub-Committee. The emphasis is now on the treatment of mental disorders as far as possible with the patient living in the community. With the aid of modern treatment this policy is having considerable success.

National Assistance Act I did not take any statutory action with regard to any old persons during the year but informal action was necessary on occasion.

Care of the Aged The County Council as Health Authority, and the Rural District Council as Housing Authority continued to further the policy of keeping ageing people as long as possible in their own homes. Increasing infirmity often makes the family house, already too big or inconvenient, a considerable burden to the aged. Yet sentimental ties forces them to continue the struggle. The provision of accommodation specially suited to their needs is one answer and readily accepted by the majority. The Council have provided 88 units so far but there is an application list for another 87 at present.

Disabled Persons Good Fellowship Club meetings are held in Crewkerne, Ilminster and Chard every fortnight. The disabled persons are conveyed from their homes to the meeting centre by voluntary drivers and the organisation is in the hands of the Red Cross and our thanks are due to them.

Health Education The Council continued its endeavour to educate the public in all aspects of health. Use was made of posters on a variety of subjects. At the Chard Show the Council sponsored an exhibition on Home Safety. The Home Safety Sub-Committee formed a panel of speakers who gave a number of talks to various village organisations.

SECTION C

PREVENTION AND CONTROL OVER INFECTIOUS DISEASES AND OTHER DISEASES.

Apart from a few cases of measles which are detailed in Appendix C, Table 1, no infectious diseases were notified to me during the year.

The routine immunisation of children against diphtheria, whooping cough and tetanus with the triple vaccine continued: Trivax was the vaccine used. Oral poliomyelitis vaccine was the only type used and was found to be more acceptable.

Vaccination against smallpox also continued but the demand was naturally much less than in the previous year when there was a big demand following outbreaks in South Wales and in the Midlands.

A full B.C.G. programme for children in their fourteenth year was carried out in the secondary schools in February and March. Publicity had been given to the advisability of vaccination against tuberculosis when the forms were being handed out and the response was satisfactory.

An outbreak of typhoid in Switzerland in the early months of the year led to a sudden big interest in T.A.B. injections and a number were given by general practitioners and a few by myself.

SECTION D

ENVIRONMENT HEALTH SERVICES.

A. Sanitary Circumstances

Climatic Conditions 1963 was a disappointing year with regard to the weather. The summer was mostly dull but in the early and late part of the year there was little or no rain. The total rainfall was 37.7 inches, a slight improvement on 1962 but the average for the last ten years was 41.05 inches.

Water Supply The quality of the water was satisfactory throughout the year and there were only occasional shortages in the villages of Hinton St. George, Merriott and Hewish. The Council considered the question of the fluoridation of water supplies and refused to agree to the standard laid down by the Ministry. This information was forwarded to the County Council.

On 1st October, 1963 the Wessex Water Board took over control of the Chard Rural District Water Undertaking.

The availability of water has been a key factor in the determination of settlement sites since earliest times. The Anglo-Saxon settlements in the south of England are excellent examples. As the settlements grew in size so the need to organise the water supply became important. Hull was the first place to have a water charter which was granted in 1447. In 1585 Sir Francis Drake promoted a civil venture which culminated in Plymouth's first Water Act of 1585. The movement was slow to spread but the sudden

Mental Health Services The County Council are responsible for the administration of the new regulations and the detailed work is undertaken by the Mental Health Sub-Committee. The emphasis is now on the treatment of mental disorders as far as possible with the patient living in the community. With the aid of modern treatment this policy is having considerable success.

National Assistance Act I did not take any statutory action with regard to any old persons during the year but informal action was necessary on occasion.

Care of the Aged The County Council as Health Authority, and the Rural District Council as Housing Authority continued to further the policy of keeping ageing people as long as possible in their own homes. Increasingly infirmity often makes the family home already too big an incumbrance, a considerable burden to the aged. For sentimental reasons they continue the struggle. The provision of accommodation especially suited to their needs is one answer and readily accepted by the majority. The Council have provided 88 flats so far but there is an application list for another 87 at present.

Disabled Persons Good Fellowship Club meetings are held in Queensway, Limerick and held every fortnight. The disabled persons are conveyed from their homes to the meeting centre by voluntary drivers and the organization is in the hands of the Red Cross and our thanks are due to them.

Health Education The Council continued its endeavour to educate the public in all aspects of health. Use was made of posters on a variety of subjects. At the Grand Show the Council sponsored an exhibition on Home Safety. The Home Safety Sub-Committee formed a panel of speakers who gave a number of talks to various village organizations.

SECTION 6

NEWCASTLE AND OTHER OVER THE MOUNTAIN DISEASES AND OTHER DISEASES

Apart from a few cases of measles which are detailed in Appendix C, Table 1, no infectious diseases were notified to us during the year.

The routine immunization of children against diphtheria, whooping cough and tetanus with the triple vaccine continued. Trivia was the vaccine used. Oral poliovaccine vaccine was the only type used and was found to be most acceptable.

Vaccination against smallpox also continued but the demand was naturally much less than in the previous year when there was a big demand following outbreaks in South Wales and in the Midlands.

A full B.C.G. programme for children in their fourth year was carried out in the secondary schools in February and March. Poliovaccine had been given to the availability of vaccination against tuberculosis when the forms were being handed out and the response was satisfactory.

An outbreak of typhoid in Switzerland in the early months of the year led to a rather big interest in T.A.B. injection and a number were given by general practitioners and a few by myself.

SECTION 7

ENVIRONMENTAL HEALTH SERVICES

A. Sanitary Conditions

Climate Conditions 1963 was a disappointing year with regard to the weather. The summer was mostly dull but in the early and late part of the year there was little or no rain. The total rainfall was 37.7 inches, a slight improvement on 1962 but the average for the last ten years was 41.05 inches.

Water Supply The quality of the water was satisfactory throughout the year and there were only occasional shortages in the villages of Hinton St. George, Hinxton and Hoxton. The Council considered the question of the fluctuation of water supplies and refused to agree to the standard laid down by the Ministry. This information was forwarded to the County Council.

On 1st October, 1963 the Wessex Water Board took over control of the Great Rural District Water Undertaking.

The availability of water has been a key factor in the determination of settlement sites since earliest times. The Anglo-Saxon settlements in the south of England are excellent examples. As the settlements grew in size the need to organize the water supply became important. Hull was the first place to have a water charter which was granted in 1167. In 1285 Sir Thomas Drake provided a civil version which continued in Hylton's first Water Act of 1325. The movement was slow to spread but the modern

expansion of towns during the industrial revolution made the problem of water supply acute. Outbreaks of disease, notably cholera, put pressure on local authorities to tackle the problem. In 1844 a Royal Commission recommended that local authorities should have definite responsibilities for water supplies and drainage but it was not until the Public Health Acts 1872 - 78 that the duty was laid upon sanitary authorities to secure the provision of wholesome and sufficient water for the needs of their area.

The main source of water in the Rural District was individual wells and springs. Owing to a drought in 1933 the Government decided to make grants to local authorities to provide water supplies in every district and as a result the Council carried out the regional scheme. It was completed within two years and provided a supply for eleven parishes: Dommett Farm, Buckland St. Mary was the chosen source. At the same time as the Council constructed their scheme, Langport Rural District Council made application to the Ministry to do the same and as a result an agreement was drawn up whereby Chard sold water to Langport and bought it from Ilminster Urban District Council. During the war the establishment of an air field at Ilton put such a demand on the regional scheme that it was unable to cope and a bore hole was sunk at Pole Rue, Combe St. Nicholas to augment the supply. This proved a very fortuitous move. In 1953 the demand for water was so great that the Pole Rue works were extended and were well able to meet this extra call. In 1937 the Council provided a water supply to Tatworth by gravitation from Stowell Mead. It was later extended to Forton and Winsham by the construction of a booster at Forton and a reservoir at Leigh.

At various times the Council have been able to help Chard Borough, Ilminster and Langport Rural District with water and at the time the Wessex Water Board took over our water undertaking plans were well advanced to sink yet another bore at Pole Rue to meet the ever increasing demand.

Drainage and Sewage Disposal

(a) Seavington, Hinton St. George and Lopen This scheme came into operation early in the year. The cost was £72,000.

(b) Broadway and Horton This scheme came into operation on 18th November, 1963 and the cost of the scheme was £55,850.

(c) Dorvatt This scheme was completed on 16th December, 1963 and is now in full operation. The cost was £14,600.

(d) Tatworth A start has been made on the modernisation of the sewage disposal works. It has also been extended to serve some fourteen properties along the Chard Junction road. The cost of this work is estimated at £30,000.

Future Proposals

Combe St. Nicholas Negotiations are in hand for the acquisition of a site for the sewage disposal works and preparation of a scheme is in hand.

Merriott It is intended to modernise the sewage disposal works here but preparation of the plans has been delayed while the source of infiltration water is being investigated.

Dowlish Wake A scheme of sewerage and sewage disposal in this village is in course of preparation. It has been delayed due to prolonged negotiations with local farmers concerning farm drainage. The District Council have now decided to exclude all farm drainage from the scheme.

It is hoped that in the next five years Ilton and Stocklinch and the modernisation of Misterton outfall works will be dealt with.

Refuse Collection and Disposal Refuse collection and disposal was carried out by direct labour. All parishes are visited fortnightly with the exception of the remote areas which receive a four-weekly collection. Trade refuse is collected at a rate of 55/- per load. Cess pools are emptied, the charge being 23/6 a load which allows for a subsidy of 3/6 a load from the Rate Fund.

Rodent Control One whole-time rodent operator is employed. Apart from routine test baiting and treatment of the Council's establishments he gave a number of domestic treatments. The Council prosecuted a farmer for a contravention of the Act with regard to rick thrashing. The prosecution was successful.

Nuisances The Public Health Department dealt with nuisances as and when they occurred and a good deal of time was spent on this type of investigation. No formal action was required.

B. Factories Act

Details of the inspections carried out by the Public Health Inspectors are shown in Appendix B, Table 2.

expansion of towns during the industrial revolution made the problem of water supply acute. Outbreaks of disease, notably cholera, put pressure on local authorities to tackle the problem. In 1844 a Royal Commission recommended that local authorities should have definite responsibilities for water supplies and drainage but it was not until the Public Health Act 1875 - 76 that the duty was laid upon sanitary authorities to secure the provision of wholesome and sufficient water for the needs of their area.

The main source of water in the Rural District was individual wells and springs. Owing to a drought in 1877 the Government decided to make grants to local authorities to provide water supplies in every district and as a result the Council carried out the regional scheme. It was completed within two years and provided a supply for eleven parishes: Downsett Farm, Downsett St. Mary was the chosen source. At the same time as the Council constructed their scheme, Langport Rural District Council made application to the Ministry to do the same and as a result an agreement was drawn up whereby Grand water to Langport and points in the area was to be shared on the basis of the way the establishment of an air field at Littleton was sunk at Hole Bus, Coombe regional scheme that it was unable to cope and a bore hole was sunk at Hole Bus, Coombe St. Nicholas to augment the supply. This proved a very fortunate move. In 1923 the demand for water was so great that the Hole Bus works were extended and were well able to meet this extra call. In 1927 the Council provided a water supply to Tisbury by gravitation from Stowell tank. It was later extended to Tisbury and Winton by the construction of a booster at Tisbury and a reservoir at Tisbury.

At various times the Council have been able to help Grand Bourne, Littleton and Langport Rural District with water and at the time the Wessex Water Board took over our water undertaking plans were well advanced to sink yet another bore at Hole Bus to meet the ever increasing demand.

Drainage and Sewage Disposal

- (a) Langport, Littleton St. George and Tisbury - This scheme came into operation early in the year. The cost was £12,000.
- (b) Langport and Horton - This scheme came into operation on 18th November, 1923 and the cost of the scheme was £22,800.
- (c) Downsett - This scheme was completed on 18th December, 1923 and is now in full operation. The cost was £14,800.
- (d) Tisbury - A start has been made on the modernisation of the sewage disposal works. It has also been extended to serve some fourteen properties along the Grand Junction road. The cost of this work is estimated at £20,000.

Future Proposals

Langport St. Nicholas - Negotiations are in hand for the acquisition of a site for the sewage disposal works and preparation of a scheme is in hand.

Horton - It is intended to modernise the sewage disposal works here but preparation of the plans has been delayed while the source of infiltration water is being investigated.

Downsett Farm - A scheme of sewerage and sewage disposal in this village is in course of preparation. It has been delayed due to prolonged negotiations with local farmers concerning farm drainage. The District Council have now decided to exclude all farm drainage from the scheme.

It is hoped that in the next five years Littleton and St. Nicholas and the modernisation of Horton sewage works will be dealt with.

Refuse Collection and Disposal - Refuse collection and disposal was carried out by direct labour. All refuse was taken fortnightly with the exception of the refuse from which refuse is collected at a rate of 2/- per load. Cans and bins are emptied, the charge being 25/- a load which allows for a subsidy of 1/- a load from the rate fund.

Robert Control - One whole-time Robert Control is employed. Apart from routine test taking and treatment of the Council's establishments he gave a number of domestic treatments. The Council presented a favour for a contribution of the Act with regard to risk draining. The proposition was successful.

Inspection - The Public Health Department dealt with nuisances as and when they occurred and a good deal of time was spent on this type of investigation. No formal action was required.

Public Health Act

Details of the inspections carried out by the Public Health Inspectors are shown in Appendix B, Table 2.

C. Housing

Private developers have been active during 1963 and completed 55 houses and another 34 were in the course of erection. There were 23 in course of erection for the Council. There were 272 applicants for Council housing at the end of the year, 87 of these were for old people's dwellings. Details are shown in Appendix D, Table 3.

D. Inspection and Supervision of Food

Milk There are two registered distributors and two registered dairy premises in the district. Sampling was carried out by the County Sampling Officer.

Ice Cream There are 58 premises registered for the sale of pre-packed ice cream. No sampling was carried out during the year.

Meat There are six private slaughterhouses licensed in the area. Details of the inspections are shown in Appendix D, Table 4. Improvements to the slaughter houses have been carried out in all cases.

Poultry There are two poultry packing establishments in the area and both have been brought up to a satisfactory standard. The weekly kill is approximately 1500 birds.

Food Premises There are 60 registered food premises. A limited number of inspections were carried out and no statutory action was required.

Still Birds	Total	-	-
	Legitimate	-	-
	Illegitimate	-	-
Deaths of Infants under 1 year	Total	-	-
	Legitimate	-	-
	Illegitimate	-	-
Deaths of Infants under 4 weeks	Total	-	-
	Legitimate	-	-
	Illegitimate	-	-
Deaths of Infants under 1 week	Total	-	-
	Legitimate	-	-
	Illegitimate	-	-

Private developers have been active during 1965 and completed 55 houses and another 14 were in the course of erection. There were 23 in course of erection for the Council. There were 275 applications for Council housing at the end of the year. 25 of these were for old people's dwellings. Details are shown in Appendix D, Table 2.

II. Inspection and Supervision of Food

Milk There are two registered distributors and two registered dairy premises in the district. Sampling was carried out by the County Sampling Officer.

Ice Cream There are 58 premises registered for the sale of pre-packed ice cream. No sampling was carried out during the year.

Meat There are six private slaughterhouses licensed in the area. Details of the inspections are shown in Appendix D, Table 1. Improvements to the slaughter houses have been carried out in all cases.

Poultry There are two poultry packing establishments in the area and both have been brought up to a satisfactory standard. The weekly kill is approximately 1500 birds.

Food Premises There are 60 registered food premises. A limited number of inspections were carried out and no statutory action was required.

APPENDIX A. TABLE 1.

Registrar General's estimate of Population mid 1963	12,470
No. of inhabited houses at the end of 1963 according to the Rate Book	4,302
Rateable Value	£267,619
Sum represented by a penny rate	£382. 5. 7d.
Area	54,600 acres.

APPENDIX A. TABLE 2.

BIRTH RATE ... 20.44 Comparability Factor ... 1.22

		M.	F.
Live Births	Total	105	74
	Legitimate	104	73
	Illegitimate	1	1
Still Births	Total	1	-
	Legitimate	1	-
	Illegitimate	-	-
Deaths of Infants under 1 year	Total	-	-
	Legitimate	-	-
	Illegitimate	-	-
Deaths of Infants under 4 weeks	Total	-	-
	Legitimate	-	-
	Illegitimate	-	-
Deaths of Infants under 1 week	Total	-	-
	Legitimate	-	-
	Illegitimate	-	-

APPENDIX A. TABLE 1.

Registrar General's estimate of population mid 1967	32,470
No. of inhabited houses at the end of 1967 according to the Rate Book	4,702
Rateable Value	252,619
Sum represented by a penny rate	252,619
Area	54,600 acres

APPENDIX A. TABLE 2.

BIRTH RATE ... 20.44		Comparability Factor ... 1.32	
Live Births	Total	105	74
	Legitimate	104	73
	Illegitimate	1	1
Still Births	Total	1	-
	Legitimate	1	-
	Illegitimate	-	-
Deaths of Infants under 1 year	Total	-	-
	Legitimate	-	-
	Illegitimate	-	-
Deaths of Infants under 4 weeks	Total	-	-
	Legitimate	-	-
	Illegitimate	-	-
Deaths of Infants under 1 week	Total	-	-
	Legitimate	-	-
	Illegitimate	-	-

APPENDIX A. TABLE 3.

DEATH RATE ... 11.3

Comparability Factor ... 0.85

CAUSES OF DEATH.		Sex	Total All Ages	Under 4 Wks.	Under 1 Yr.	1-	5-	15-	25-	35-	45-	55-	65-	75+
<u>Heart:</u>	Coronary disease	M	17	-	-	-	-	-	-	-	1	5	4	7
	angina	F	8	-	-	-	-	-	-	-	-	-	2	6
	Hypertension with	M	5	-	-	-	-	-	-	-	-	1	1	3
	heart disease	F	5	-	-	-	-	-	-	-	-	1	3	1
	Other heart	M	10	-	-	-	-	-	-	-	-	2	3	5
	disease	F	14	-	-	-	-	-	-	-	-	1	2	11
<u>Circulation:</u>	Vascular	M	14	-	-	-	-	-	-	-	-	2	3	9
	lesions of nervous	F	16	-	-	-	-	-	-	-	-	2	2	12
	system													
	Other circulatory	M	2	-	-	-	-	-	-	-	-	1	-	1
disease	F	4	-	-	-	-	-	-	1	-	-	-	3	
<u>Cancer</u> <u>of</u>	Stomach:	M	1	-	-	-	-	-	-	-	-	1	-	-
		F	2	-	-	-	-	-	-	-	-	-	1	1
	Lung:	M	2	-	-	-	-	-	-	-	-	1	-	1
		F	1	-	-	-	-	-	-	-	-	1	-	-
	Breast:	F	1	-	-	-	-	-	-	-	-	-	1	-
	Uterus:	F	3	-	-	-	-	-	-	-	1	1	1	-
	Other Sites:	M	9	-	-	-	-	-	-	-	-	1	2	6
		F	12	-	-	-	-	-	-	2	2	4	4	4
<u>Lung:</u>	Pneumonia	M	4	-	-	-	-	-	-	-	-	1	-	3
		F	3	-	-	-	-	-	-	-	-	-	-	3
	Bronchitis:	M	2	-	-	-	-	-	-	-	-	1	1	-
		F	1	-	-	-	-	-	-	-	-	-	-	1
	Other diseases of	M	1	-	-	-	-	-	-	-	-	-	-	1
	respiratory system	F	-	-	-	-	-	-	-	-	-	-	-	-
Infective & Parasitic	M	1	-	-	-	-	-	-	-	-	-	1	-	
Diseases:	F	-	-	-	-	-	-	-	-	-	-	-	-	
Diabetes:	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
Ulcer of Stomach and	M	2	-	-	-	-	-	-	-	-	-	-	1	1
Duodenum:	F	-	-	-	-	-	-	-	-	-	-	-	-	-
Gastritis, Enteritis and	M	1	-	-	-	-	-	-	-	-	-	-	-	1
Diarrhoea:	F	3	-	-	-	-	-	-	-	1	-	2	-	
Nephritis & Nephrosis:	M	1	-	-	-	-	-	-	-	-	-	-	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
Hyperplasia of prostate:	M	1	-	-	-	-	-	-	-	-	-	-	-	1
Pregnancy, Childbirth,	F	1	-	-	-	-	1	-	-	-	-	-	-	-
Abortion:														
Congenital Malformations:	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	1	-	-	-	-	-	-	-	-	-
Other defined and ill-	M	6	-	-	1	-	-	-	-	-	-	-	-	5
defined diseases:	F	5	-	-	-	-	-	-	-	1	2	2	-	-
Motor Vehicle Accidents:	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1	-
All Other Accidents:	M	3	-	-	-	-	-	-	2	-	-	-	-	1
	F	2	-	-	1	-	-	-	-	-	-	-	-	1
<u>TOTAL - ALL CAUSES:</u>	M	82	-	-	1	-	-	-	2	1	16	17	45	
	F	84	-	-	2	-	1	-	1	5	10	21	44	

HEALTH RATE ... 11.3

Compatibility factor ... 0.8

CAUSES OF HEALTH		Sex Total	Under 10	Under 15	Under 20	Under 25	Under 30	Under 35	Under 40	Under 45	Under 50	Under 60	Under 70
		All Ages	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-70
Heart: Coronary disease		M 17	-	-	-	-	-	-	-	-	-	-	-
angina		F 8	-	-	-	-	-	-	-	-	-	-	-
Hypertension with heart disease		M 5	-	-	-	-	-	-	-	-	-	-	-
Other heart disease		F 5	-	-	-	-	-	-	-	-	-	-	-
		M 10	-	-	-	-	-	-	-	-	-	-	-
		F 14	-	-	-	-	-	-	-	-	-	-	-
Circulation: Vascular		M 15	-	-	-	-	-	-	-	-	-	-	-
Factors of nervous system		F 16	-	-	-	-	-	-	-	-	-	-	-
Other circulatory disease		M 2	-	-	-	-	-	-	-	-	-	-	-
		F 4	-	-	-	-	-	-	-	-	-	-	-
Lungs: Bronchitis		M 1	-	-	-	-	-	-	-	-	-	-	-
		F 2	-	-	-	-	-	-	-	-	-	-	-
Lungs: Lung		M 2	-	-	-	-	-	-	-	-	-	-	-
		F 1	-	-	-	-	-	-	-	-	-	-	-
Breast:		F 1	-	-	-	-	-	-	-	-	-	-	-
Uterus:		F 2	-	-	-	-	-	-	-	-	-	-	-
Other Sites:		M 5	-	-	-	-	-	-	-	-	-	-	-
		F 12	-	-	-	-	-	-	-	-	-	-	-
Ear:		M 4	-	-	-	-	-	-	-	-	-	-	-
		F 3	-	-	-	-	-	-	-	-	-	-	-
Respiratory:		M 2	-	-	-	-	-	-	-	-	-	-	-
		F 1	-	-	-	-	-	-	-	-	-	-	-
Other diseases of respiratory system		M 1	-	-	-	-	-	-	-	-	-	-	-
		F -	-	-	-	-	-	-	-	-	-	-	-
Infective & Parasitic Diseases:		M 1	-	-	-	-	-	-	-	-	-	-	-
		F -	-	-	-	-	-	-	-	-	-	-	-
Diabetes:		M -	-	-	-	-	-	-	-	-	-	-	-
		F 1	-	-	-	-	-	-	-	-	-	-	-
Diseases of Stomach and Duodenum:		M 2	-	-	-	-	-	-	-	-	-	-	-
		F -	-	-	-	-	-	-	-	-	-	-	-
Diseases of Intestine and Gallbladder:		M 1	-	-	-	-	-	-	-	-	-	-	-
		F 2	-	-	-	-	-	-	-	-	-	-	-
Diseases of Liver & Gallbladder:		M 1	-	-	-	-	-	-	-	-	-	-	-
		F -	-	-	-	-	-	-	-	-	-	-	-
Diseases of Prostate:		M 1	-	-	-	-	-	-	-	-	-	-	-
		F 1	-	-	-	-	-	-	-	-	-	-	-
Diseases of Kidney, Bladder, and Uterus:		M -	-	-	-	-	-	-	-	-	-	-	-
		F 1	-	-	-	-	-	-	-	-	-	-	-
Congenital Malformations:		M -	-	-	-	-	-	-	-	-	-	-	-
		F 1	-	-	-	-	-	-	-	-	-	-	-
Other defined and ill-defined diseases:		M 6	-	-	-	-	-	-	-	-	-	-	-
		F 2	-	-	-	-	-	-	-	-	-	-	-
Other Venereal Diseases:		M -	-	-	-	-	-	-	-	-	-	-	-
		F 1	-	-	-	-	-	-	-	-	-	-	-
All Other Acute:		M 2	-	-	-	-	-	-	-	-	-	-	-
		F 2	-	-	-	-	-	-	-	-	-	-	-
TOTAL - ALL CAUSES:		M 82	-	-	-	-	-	-	-	-	-	-	-
		F 84	-	-	-	-	-	-	-	-	-	-	-

APPENDIX B. TABLE 1.

Statistics for the twelve months
ended 31st December, 1963.

MERRIOTT CHILD WELFARE CLINIC.

No. of Children on Register

(a)	Born 1963	...	...	...	22
(b)	Born 1962	...	...	...	22
(c)	Born 1958 - 61	...	...	...	16

No. of Attendances

(a)	Children under 1 year of age	...	...	88
(b)	Children aged 1 - 2 years	...	...	153
(c)	Children aged 2 - 5 years	...	...	93

SHEPTON BEAUCHAMP CHILD WELFARE CLINIC.

No. of Children on Register

(a)	Born 1963	...	...	...	15
(b)	Born 1962	...	...	...	19
(c)	Born 1958 - 61	...	...	...	32

No. of Attendances

(a)	Children under 1 year of age	...	...	155
(b)	Children aged 1 - 2 years	...	...	71
(c)	Children aged 2 - 5 years	...	...	226

TATWORTH CHILD WELFARE CLINIC.

No. of Children on Register

(a)	Born 1963	...	...	...	15
(b)	Born 1962	...	...	...	22
(c)	Born 1958 - 61	...	...	...	17

No. of Attendances

(a)	Children under 1 year of age	...	...	166
(b)	Children aged 1 - 2 years	...	...	67
(c)	Children aged 2 - 5 years	...	...	71

COMBE ST. NICHOLAS CHILD WELFARE CLINIC.

No. of Children on Register

(a)	Born 1963	...	...	...	13
(b)	Born 1962	...	...	...	10
(c)	Born 1958 - 61	...	...	...	17

No. of Attendances

(a)	Children under 1 year of age	...	...	118
(b)	Children aged 1 - 2 years	...	...	32
(c)	Children aged 2 - 5 years	...	...	65

APPENDIX B. TABLE 1.

Statistics for the twelve months
ended 31st December, 1953.

MERRIOTT CHILD WELFARE CLINIC.

				No. of Children on Register		
33	...	...	...	(a)	Born 1953	
32	...	...	...	(b)	Born 1952	
16	...	...	...	(c)	Born 1951 - 50	
				No. of Attendances		
88	...	...	Children under 1 year of age	(a)		
132	...	...	Children aged 1 - 2 years	(b)		
32	...	...	Children aged 2 - 5 years	(c)		

BRIGHTON BEAUCHAMP CHILD WELFARE CLINIC.

				No. of Children on Register		
12	...	...	...	(a)	Born 1953	
19	...	...	...	(b)	Born 1952	
35	...	...	...	(c)	Born 1951 - 50	
				No. of Attendances		
152	...	...	Children under 1 year of age	(a)		
71	...	...	Children aged 1 - 2 years	(b)		
226	...	...	Children aged 2 - 5 years	(c)		

TATNORTH CHILD WELFARE CLINIC.

				No. of Children on Register		
12	...	...	...	(a)	Born 1953	
33	...	...	...	(b)	Born 1952	
17	...	...	...	(c)	Born 1951 - 50	
				No. of Attendances		
166	...	...	Children under 1 year of age	(a)		
67	...	...	Children aged 1 - 2 years	(b)		
71	...	...	Children aged 2 - 5 years	(c)		

COBBE ST. NICHOLAS CHILD WELFARE CLINIC.

				No. of Children on Register		
13	...	...	...	(a)	Born 1953	
10	...	...	...	(b)	Born 1952	
17	...	...	...	(c)	Born 1951 - 50	
				No. of Attendances		
118	...	...	Children under 1 year of age	(a)		
32	...	...	Children aged 1 - 2 years	(b)		
69	...	...	Children aged 2 - 5 years	(c)		

APPENDIX B. TABLE 2.

DIPHTHERIA IMMUNISATION:

No. of Children who completed a full course of primary immunisation in the year ended 31st December, 1963.

Children born in the years	<u>1963</u>	<u>1962</u>	<u>1961</u>	<u>1960</u>	<u>1959</u>	<u>1954-58</u>	<u>1949-53</u>	<u>Total</u>
	63	66	2	2	2	2	1	138

No. of Children who received a reinforcing injection in the year ended 31st December, 1963.

Children born in the years	<u>1963</u>	<u>1962</u>	<u>1961</u>	<u>1960</u>	<u>1959</u>	<u>1954-58</u>	<u>1949-53</u>	<u>Total</u>
	-	9	2	1	1	63	2	78

WHOOPING COUGH IMMUNISATION:

No. of Children who completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) in the year ended 31st December, 1963.

Children born in the years	<u>1963</u>	<u>1962</u>	<u>1961</u>	<u>1960</u>	<u>1959</u>	<u>1954-58</u>	<u>1949-53</u>	<u>Total</u>
	61	65	2	2	2	2	-	134

TETANUS IMMUNISATION:

No. of Children who completed a full course of primary immunisation in the year ended 31st December, 1963.

Children born in the years	<u>1963</u>	<u>1962</u>	<u>1961</u>	<u>1960</u>	<u>1959</u>	<u>1954-58</u>	<u>1949-53</u>	<u>Total</u>
	63	66	2	2	2	2	1	138

No. of Children who received a reinforcing injection in the year ended 31st December, 1963.

Children born in the years	<u>1963</u>	<u>1962</u>	<u>1961</u>	<u>1960</u>	<u>1959</u>	<u>1954-58</u>	<u>1949-53</u>	<u>Total</u>
	-	7	2	1	1	61	3	75

POLIOMYELITIS VACCINATION:

No. of persons who received a course of primary vaccination (two injections of Salk vaccine, three injections of quadruple vaccine or three doses of Oral vaccine) during the year 1963.

Children born 1963		Children born 1962		Children born 1943-1961		Young Persons born 1933-1942		Persons under 40 yrs of age & Priority Groups	
<u>Salk</u>	<u>Oral</u>	<u>Salk</u>	<u>Oral</u>	<u>Salk</u>	<u>Oral</u>	<u>Salk</u>	<u>Oral</u>	<u>Salk</u>	<u>Oral</u>
-	22	2	84	11	45	1	5	8	9

Reinforcements, 1963.

No. of persons (all groups) who received a third Salk injection or fourth injection of quadruple vaccine.	No. of children of 5 years but under 12 years who received a fourth Salk injection or fifth injection of quadruple vaccine.	No. of persons (all groups) who received a reinforcing dose of Oral vaccine following two Salk injections.	No. of children of 5 years but under 12 years who received a dose of Oral vaccine after 3 Salk injections or 3 Oral doses or 2 Salk injs. plus 2 Oral doses
49	54	25	23

SMALLPOX VACCINATION: (P = Primary Vaccination. R = Re-vaccination)

Age Groups:	<u>0 - 3 months</u>	<u>4 - 6 months</u>	<u>7 - 9 months</u>	<u>10 - 12 months</u>	<u>1 year</u>	<u>2 - 4 years</u>	<u>5 - 14 years</u>	<u>15 years or over</u>
	<u>P.</u>	<u>P.</u>	<u>P.</u>	<u>P.</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>
	4	2	2	4	10 -	1 - - -	- - -	- 8

APPENDIX B. TABLE 2.

DIPHTHERIA IMMUNIZATION:

No. of Children who completed a full course of primary immunization in the year ended 31st December, 1963.

Children born in the years	1963	1962	1961	1960	1959	1958-59	1949-53	Total
	63	66	5	5	5	5	1	138

No. of Children who received a reinforcing injection in the year ended 31st December, 1963.

Children born in the years	1963	1962	1961	1960	1959	1958-59	1949-53	Total
	-	9	5	1	1	63	5	78

WHOOPING COUGH IMMUNIZATION:

No. of Children who completed a primary course (normally 3 injections) of pertussis vaccine (single or in combination) in the year ended 31st December, 1963.

Children born in the years	1963	1962	1961	1960	1959	1958-59	1949-53	Total
	61	63	5	5	5	5	-	134

TETANUS IMMUNIZATION:

No. of Children who completed a full course of primary immunization in the year ended 31st December, 1963.

Children born in the years	1963	1962	1961	1960	1959	1958-59	1949-53	Total
	63	66	5	5	5	5	1	138

No. of Children who received a reinforcing injection in the year ended 31st December, 1963.

Children born in the years	1963	1962	1961	1960	1959	1958-59	1949-53	Total
	-	7	5	1	1	61	3	78

FOLLOW-UP VACCINATION:

No. of persons who received a course of primary vaccination (two injections of Salk vaccine, three injections of quadruple vaccine or three doses of Oral vaccine) during the year 1963.

Persons under 15 years of age	Children born 1963		Children born 1962		Children born 1961		Children born 1960		Children born 1959		Children born 1958-1963		Persons under 15 yrs of age
	Salk	Oral	Salk	Oral	Salk	Oral	Salk	Oral	Salk	Oral	Salk	Oral	
	-	52	5	61	11	45	1	5	8	3			

Reinforcements, 1963.

No. of children under 15 years who received a dose of Oral Salk injections or 3 Oral doses or 3 Salk injs. plus 2 Oral doses	No. of persons (all groups) who received a third Salk injection 12 years who received a fourth Salk injection or fourth injection of quadruple vaccine.		No. of children of 5 years who received a reinforcing dose of Oral vaccine following two Salk injections.		No. of persons (all groups) who received a reinforcing dose of Oral vaccine.	
	53	54	55	56	57	58

SMALLPOX VACCINATION: (P = Primary Vaccination, R = Re-vaccination)

Age Group:	0-3		4-6		7-9		10-12		13 years or over	
	P.	R.	P.	R.	P.	R.	P.	R.	P.	R.
	4	2	2	2	2	2	4	10	-	8

APPENDIX B. TABLE 3.

<u>Name of School.</u>	<u>No. on Roll.</u>	<u>No. Inspected.</u>	<u>Date of Medical Inspection.</u>	<u>Children having Milk.</u>	<u>Children having Dinner.</u>	<u>Diphtheria Immunisation.</u>	<u>Date of last dental Inspection.</u>
Ashill	26	11	26.9.63	96.16%	80.77%	2	17.5.62
Broadway	40	39	6.11.63	92.5%	82.5%	7	17.6.63
Buckland St. Mary	21	15	4.12.63	100%	90.48%	2	17.6.63
Chillington	27	8	7.11.63	96.29%	100%	3	27.6.62
Clapton	37	16	5.12.63	100%	100%	4	21.3.63
Combe St. Nicholas	41	18	21.10.63	97.53%	51.22%	5	27.9.62
Donyatt	22	14	30.9.63	81.81%	90.90%	-	7.5.62
Hinton St. George	50	25	24.10.63	88.88%	45%	3	25.4.63
Horton	54	26	28.11.62	88.88%	53.70%	6	21.5.62
Ilton	75	36	21.11.62	96%	65.33%	15	7.5.62
Merriott	91	35	14.2.63	66.04%	32.89%	13	13.12.63
Misterton	48	23	9.5.63	100%	31.25%	7	11.7.63
Seavington	28	16	5.11.63	100%	85.71%	2	18.3.59
Shepton Beauchamp	22	20	9.12.63	95.45%	54.54%	2	2.12.63
Tatworth	93	45	16.12.63	89.24%	25.80%	2	16.9.63
Wambrook	9	9	11.9.63	100%	77.77%	-	15.9.58
Whitestaunton	24	10	20.11.62	100%	79.17%	4	July '63
Winsham	48	29	15.11.62	100%	75%	11	Sept. '63

APPENDIX B. TABLE 3.

Name of School.	No. on Roll.	No. Inspected.	Date of Medical Inspection.	Children having Milk.	Children having Dinner.	Children having Dental Treatment.	Date of last dental inspection.
Winton	48	39	12.11.63	100%	75%	11	Sept. '63
Winton	24	10	20.11.62	100%	79.7%	4	July '63
Wimborck	9	9	11.9.63	100%	77.7%	-	12.9.58
Winton	93	65	16.12.63	89.2%	28.8%	3	16.9.63
Winton Beauchamp	22	20	2.12.63	95.4%	24.5%	2	2.12.63
Winton	28	16	2.11.63	100%	62.7%	2	18.3.59
Winton	48	23	2.2.63	100%	21.2%	7	11.7.63
Winton	31	28	14.2.63	66.0%	28.8%	13	13.12.63
Winton	72	36	21.11.62	29%	62.2%	12	7.2.62
Winton	24	26	28.11.62	88.8%	57.7%	6	27.2.62
Winton St. George	20	22	24.10.63	28.8%	42%	3	25.4.63
Winton	22	14	20.9.63	81.8%	20.9%	-	7.2.62
Winton St. Nicholas	44	18	21.10.63	27.2%	21.2%	2	27.9.62
Winton	27	16	2.12.63	100%	100%	4	27.3.63
Winton	27	8	7.11.63	22.2%	100%	3	27.6.62
Winton St. Mary	21	12	4.12.63	100%	20.4%	2	17.6.63
Winton	40	29	6.11.63	22.2%	82.2%	7	17.6.63
Winton	26	11	20.9.63	26.1%	80.7%	2	17.2.62

APPENDIX C. TABLE 1.

Infectious and other Notifiable Diseases.

Measles 44

Analysis of Cases Notified.

Measles	Under												Age Unknown
	1 yr.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65+	
	2	5	3	4	1	20	7	1			1		

Tuberculosis.

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

APPENDIX C. TABLE 1.

Infections and other Notifiable Diseases.

Measles All

Analysis of Cases Notified.

Measles	Under 1 yr.	1-5	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	Age Unknown
	1	2	3	4	1	20	7	1													

Tuberculosis.

Age Group.

Age Group.	<u>Low Cases.</u>		<u>Non-Respiratory.</u>		<u>Respiratory.</u>	
	M.	F.	M.	F.	M.	F.
1-4						
5-9						
10-14						
15-19						
20-24						
25-29						
30-34						
35-39						
40-44						
45-49						
50-54						
55-59						
60-64						
65-69						
70-74						
75-79						
80-84						
85-89						
90-94						
95+						
Total:						

APPENDIX D. TABLE 1.

WATER SUPPLIES.

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>
3	2	3	-	1	-	1	-

Water Supplied from Wells:

No. of Samples taken for examination	...	...	None.
	<u>Chemical.</u>	<u>Satisfactory.</u>	<u>Bacteriological.</u>
	-	10	
			<u>Chemical.</u>
			-
			<u>Unsatisfactory.</u>
			<u>Bacteriological.</u>
			8
No. of Wells Closed	.....	.....	) No
No. of Houses relying on (a) well supplies	.....	.....	) record.
(b) spring supplies	.....	.....	)

APPENDIX D. TABLE 2.

Factories Acts, 1937 - 1959.

	<u>No. on</u>	<u>No. of</u>	<u>No. of</u>	<u>No. of</u>
	<u>Register.</u>	<u>Inspect-</u>	<u>Written</u>	<u>Occupiers</u>
	.....	<u>-ions.</u>	<u>Notices.</u>	<u>Prosecuted.</u>

(i) Factories in which Sections 1,2,3,4 and 6, enforced by Local Authority	3			
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	36	918		
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises).				
Total:	39	918		
Cases in which defects were found	...	...	...	1
Cases in which defects found were remedied		...	...	1

OUTWORKERS.

No. of Outworkers in August list required by Section 110 ... 135

APPENDIX D. TABLE 1.

WATER SUPPLIES.

Piped Supplies - results of samples taken for analysis.

No. of Wells Closed	No. of Houses relying on (a) well supplies (b) spring supplies	Water Supplied from Wells:		Treated after going into supply.	
		No. of Samples taken for examination	Chemical.	Bacteriological.	Chemical.	Bacteriological.
.....
.....
.....

APPENDIX D. TABLE 2.

Factories Act, 1917 - 1929.

	No. on Register.	No. of Inspect-ions.	No. of Written Notices.	No. of Occupiers Prosecuted.
(I) Factories in which Sections 1, 2, 3, 4 and 6, enforced by Local Authority	7			
(II) Factories not included in (I) in which Section 7 is enforced by the Local Authority	36	918		
(III) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises).				
Total:	43	918		
Cases in which defects were found	...	...	...	1
Cases in which defects found were remedied	...	...	...	1

OUTWORKERS.

No. of Outworkers in August list reported by Section 110 ... 152

APPENDIX D. TABLE 4.

Meat Inspection.

Carcases and offal inspected and condemned in whole or in part during the year.

	Cattle including cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	NOT KNOWN		NOT KNOWN			None
Number Inspected	1,425		1,469	6,013	2,474	-
<u>All diseases except Tuberculosis and Cysticerci</u>						
Whole carcasses condemned	44		19	39	24	-
Carcasses of which some part or organ was condemned	171		10	820	381	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci.	15%		2%	14%	16%	-
<u>Tuberculosis only.</u>						
Whole carcasses condemned					1	-
Carcasses of which some part or organ was condemned	1				74	-
Percentage of the number inspected affected with tuberculosis	0.14%				3%	-
<u>Cysticercosis.</u>						
Carcasses of which some part or organ was condemned	9					-
Carcasses submitted to treatment by refrigeration	5					-
Generalised and totally condemned						-
Weight of Meat condemned (in lbs.) for -						
Tuberculosis	25				765	-
Cysticercosis	723					-
Other	25,420		1,186	4,427	2,795	-
Total (in lbs.) condemned	26,168		1,186	4,427	3,560	-

APPENDIX B. TABLE A.

Meat Inspection.

Carcasses and offal inspected and condemned in whole or in part during the year.

Horses	Pigs	Sheep and Lambs	Calves	Cattle including cows	Number killed (if known)	
					NOT KNOWN	None
-	2,474	6,013	1,489	1,422	Number inspected	
-					<u>All diseases except Tuberculosis and Cysticercosis</u>	
-	24	39	19	44	Whole carcasses condemned	
-	381	820	10	171	Carcasses of which some part or organ was condemned	
-	162	142	22	132	Percentage of the number inspected affected with disease other than Tuberculosis and Cysticercosis.	
-					<u>Tuberculosis only.</u>	
-	1				Whole carcasses condemned	
-	74			1	Carcasses of which some part or organ was condemned	
-	22			0.142	Percentage of the number inspected affected with Tuberculosis	
-					<u>Cysticercosis.</u>	
-				2	Carcasses of which some part or organ was condemned	
-				2	Carcasses submitted to treatment by refrigeration	
-					Generalized and totally condemned	
-					Weight of Meat condemned (in lbs.)	
-	782			22	Tuberculosis	
-				722	Cysticercosis	
-	2,799	4,427	1,186	22,420	Other	
-	2,580	4,427	1,186	22,168	Total (in lbs.) condemned	

APPENDIX D TABLE 3

Housing

Action Taken During Year

(1) No. of houses included in Clearance Areas for which orders are still to be made	...	...	None
(2) No. of houses in Clearance Areas which have been patched for temporary accommodation under Section 48 of the Housing Act, 1957	...	...	None
(3) No. of houses closed or demolished under Section 42 of the Housing Act, 1957 (Clearance Areas)	...	...	None
(4) No. of houses demolished or closed (a) under Section 17 of the Housing Act, 1957 (individual unfits)	...	...	25
(b) for other purposes (road improvements etc.)	...	...	None
(5) No. of temporary dwellings (huts, etc.) demolished	...	...	None
(6) No. of houses declared unfit under Section 9 of the Housing Act, 1957 (capable of repair)	...	...	4
(7) No. of houses made fit during year	...	...	11
(8) No. of unfit houses occupied under licence	...	...	2
(9) Houses in multiple occupation (Housing Act, 1961) Action taken	...	...	None
(10) Reconditioning of Condemned Houses - Exclusion from Clearance/Demolition Orders (Housing Act, 1961) Action taken	...	...	None
(11) Substitution of Closing Order for Demolition Order Housing Act, 1961. Action taken	...	...	None
(12) <u>Rent Act, 1957 (1st Schedule) Certificates of Disrepair</u>			
(a) No. of applications received	...	...	Nil
(b) No. of certificates issued	...	...	Nil

	<u>Houses erected during year</u>		<u>Houses in course of erection</u>		Gained from conversion of large houses or buildings into flats or dwellings	Lost from conversion of 2 or more houses to one
	For Slum Clearance	For other purposes	For Slum Clearance	For other purposes		
Local Authority	Nil	Nil	Nil	23	Nil	Nil
Private Enterprise	Nil	55	Nil	34	1	Nil

Number of Post-War houses erected from 1st April, 1945 to 31st December, 1963

Housing Programme 1964

	<u>By Local Authority</u>	<u>By Private Enterprise</u>	
	529	394	46
(a) No. of temporary housing units occupied -			
(i) Prefabs	...	...	30
(ii) Huts, etc.	...	...	Nil
(b) No. of houses found overcrowded	...	...	Nil

Housing

Action Taken During Year

None	(1) No. of houses included in Clearance Areas for which orders are still to be made	...	...
None	(2) No. of houses in Clearance Areas which have been patched for temporary accommodation under Section 48 of the Housing Act, 1957	...	...
None	(3) No. of houses closed or demolished under Section 42 of the Housing Act, 1957 (Clearance Areas)	...	...
25	(4) No. of houses demolished or closed (a) under Section 17 of the Housing Act, 1957 (Individual Units)	...	...
None	(b) for other purposes (road improvements etc.)	...	...
None	(5) No. of temporary dwellings (huts, etc.) demolished	...	...
4	(6) No. of houses declared unfit under Section 9 of the Housing Act, 1957 (capable of repair)	...	...
11	(7) No. of houses made fit during year	...	...
2	(8) No. of unfit houses occupied under licence	...	...
None	(9) Houses in multiple occupation (Housing Act, 1961) Action taken	...	...
None	(10) Reconditioning of Unsound Houses - Exclusion from Clearance/Demolition Orders (Housing Act, 1961) Action taken	...	...
None	(11) Substitution of Closing Order for Demolition Order (Housing Act, 1961) Action taken	...	...
Nil	(12) Rent Act, 1957 (as amended) Certificates of Disrepair (a) No. of applications received	...	...
Nil	(b) No. of certificates issued	...	...

Local Authority	Houses erected during year		Houses in course of erection		Gained from conversion from conversion of large houses or buildings 2 or more into flats or dwellings houses so one
	For other purposes	For other purposes	For other purposes	For other purposes	
Local Authority	Nil	Nil	23	Nil	Nil
Private Enterprises	Nil	25	34	Nil	Nil

Number of Post-War houses erected from 1st April, 1945 to 31st December, 1957

By Local Authority	By Private Enterprises		Total
	(a) No. of temporary housing units occupied - (i) Flats (ii) Huts, etc.	(b) No. of houses found overcrowded	
329	329	30	Nil

Houses required

(i)	To replace houses scheduled for demolition	...	6
(ii)	To abate overcrowding	...	-
(iii)	For other purposes	...	-
(iv)	Applications for Council houses at end of year		
	(a) Urgent bona fide cases and others	...	185
	(b) Applications for Old People's Dwellings		87
	(c) Others		-
			272
(v)	Total number of Council houses sold during the year		2

	No. of permanent dwellings in District as at 31.12.62 (a)	Gained from conversions and erected during 1963 (b)	Total (a) + (b)	Less houses demolished, closed etc. during year	No. of permanent dwellings in District as at 31.12.63 L.A. P.E.	
L.A.	785	Nil	785	2	783	
P.E.	3,488	58	3,546	25		3,521
Totals	4,273	58	4,331	27	783	3,521

OLD PEOPLE'S DWELLINGS

<u>Number erected to 31.12.63</u>		<u>Number in course of erection</u>	
<u>With County Council Aid</u>	<u>Without County Council Aid</u>	<u>With County Council Aid</u>	<u>Without County Council Aid</u>
53	35	22	Nil

IMPROVEMENT GRANTSA. Discretionary

Number of applications and houses dealt with by Local Authority during year

<u>Applications</u>	(1)	<u>Applications</u>	(2)
	<u>Received</u> <u>No. of Dwellings</u>		<u>Approved</u> <u>No. of Dwellings</u>
20	24	20	24

<u>NOTE</u>	Number of applications approved in respect of owner/occupiers during year	...	...	7
	Average cost per dwelling approved during year			£1,008
	Amount of grant payable by Local Authority			£8,532

B. Standard

Number of applications (a) received	...	28
(b) Approved	...	28
Number of houses where Standard Amenities have been provided		29

<u>NOTE</u>	Number of applications approved in respect of owner/occupiers during year	19
-------------	---	-----	-----	----

Houses required	
(i)	To replace houses scheduled for demolition
(ii)	To abate overcrowding
(iii)	For other purposes
(iv)	Applications for Council houses at end of year
(v)	Urgent poor life cases and others
(c)	Others
(b)	Applications for Old People's Dwellings
(a)	
185	
87	
7	
275	Total applications
2	Total number of Council houses sold during the year

	No. of permanent dwellings in District as at 31.12.63	No. of permanent dwellings demolished, closed etc. during year	Total (a) + (b)	Gained from conversions and erected during 1963 (d)	No. of permanent dwellings in District as at 31.12.63 (c)
L.A.	783	2	785	111	783
P.E.	2,488	25	2,513	28	2,488
Totals	3,271	27	3,298	139	3,271

OLD PEOPLE'S DWELLINGS

Number granted to 31.12.63		Number in course of erection	
With County Council	Without County Council	With County Council	Without County Council
23	25	22	111

IMPROVEMENT GRANTS

A. Discretionary

Number of applications and houses dealt with by local authority during year

Applications received	(1) No. of dwellings	Approved	(2) No. of dwellings
20	24	20	24

NOTE Number of applications approved in respect of owner/occupiers during year ...

Average cost per dwelling approved during year ...

Amount of grant payable by local authority ...

B. Standard

28	Number of applications (a) received
28	(b) approved

Number of houses where Standard Amenities have been provided 29

NOTE Number of applications approved in respect of owner/occupiers during year ...