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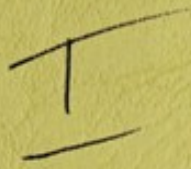
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SOMERSET COUNTY COUNCIL



REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1972

A. PARRY JONES,
M.B., B.CH., D.P.H., F.F.C.M.
County Medical Officer of Health.

CHICAGO, ILL., 1894.

THE UNIVERSITY OF CHICAGO

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE
OF THE WIMBORNET COUNTY COUNCIL

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit to you the annual report for 1972 on the public health services of Wimbornet. It is a pleasure to be able to submit this report to you. The report contains a summary of the work done during the year. There have been a number of changes in the staff and the services provided. The report also contains a summary of the work done during the year. There have been a number of changes in the staff and the services provided.

PRINCIPAL CONTENTS

Staff	2
Vital Statistics	4
Ambulance Service	29
Camping and Caravan Sites	46
Child Health	7
Chiropody	28
Dental Service	26
Family Planning	22
Health Centres	6
Home Dialysis	27
Housing	45
Infectious and Other Diseases—Prevention of, and Control over	5
Maternal Health and Nursing Services	16
Milk-in-Schools Scheme	41
Sanitary Circumstances	46
School Meals Service	51
School Swimming Pools	47
Sewage Disposal	38
Supervision over the Food Supply	48
Vaccination and Immunisation	24
Water Supplies	41

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TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE
OF THE SOMERSET COUNTY COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my annual report for 1972 on the public health services of Somerset. In general it has been a satisfactory year and a number of improvements have been made in your services. These have been achieved despite the increasing demands made upon your Officers in preparing for the re-organisation of the National Health Service.

The programme of expansion of Health Centres and of Family Planning Services is gratifying. In the long term these two developments should have a beneficial effect on the level of demand for hospital services and their importance in the provision of health services to the community should not be minimised.

A special study was undertaken during the year on the provision of ambulance services to motorways. New equipment and a number of changes in ambulance procedures were instituted in advance of the opening of the North Somerset Section of the M.5 motorway.

I would acknowledge the help received from other Departments of the County Council, the Hospitals, General Practitioners and workers in many voluntary organisations in the County. The effectiveness of your health services is due in no small measure to harmonious local co-operation.

I am,

Yours faithfully,

A. PARRY JONES,

County Medical Officer of Health.

County Hall,
Taunton,
September, 1973.

STAFF

The following are the Senior Public Health Officers:—

CENTRAL OFFICE STAFF:

County Medical Officer of Health:

Principal School Medical Officer:

A. PARRY JONES, M.B., B.Ch., D.P.H., F.F.C.M.

Deputy County Medical Officer of Health:

Deputy Principal School Medical Officer:

J. BEASLEY, M.B., B.S., D.P.H., M.F.C.M.

Senior Medical Officer for Maternal and Child Welfare:

B. MARY THOMPSON, M.D., B.S., D.P.H., M.F.C.M.

Senior Medical Officer for Family Planning:

SHEELAGH F. BIDDELL, M.R.C.S., L.R.C.P.

Senior Assistant County Medical Officer:

W. MARGARET BOND, M.B., B.S., D.C.H., D.Obst.R.C.O.G.

Chief Dental Officer:

J. D. PALMER, B.D.S. L.D.S., R.C.S., D.D.P.H.

County Public Analyst

JOAN D. PEDEN, B.Sc., M.Chem.A., F.R.I.C.

County Health Inspector:

C.E. WATERFALL, M.I.P.H.E., M.A.P.H.I.

Principal Administrative Officer:

R. V. SMITH, A.C.I.S., D.M.A., M.O.M.S., M.I.L.G.A.

County Ambulance Officer:

R. S. J. BISHOP, D.P.A., F.I.A.O.

County Nursing Officer:

Miss F. E. HOUGHTON, S.R.N., S.C.M., H.V., Q.N.

AREA STAFF:

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

Area Medical Officer to Combined Area 'D'
(Yeovil Borough, Yeovil Rural and
Wincanton Rural Districts)

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

Area Medical Officer to Combined Area 'H'
(Weston-super-Mare Borough and Axbridge
Rural District)

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

Area Medical Officer to Combined Area 'L'
(Taunton Borough, Taunton Rural,
Wellington Urban and Wellington Rural
Districts)

N. NEWMAN, M.B., Ch.B., D.P.H.
M.F.C.M.

Area Medical Officer to Combined Area 'E'
(Frome Urban and Rural, Bathavon Rural,
Keynsham Urban, Clutton Rural and
Norton Radstock Urban Districts)

R. H. WATSON M.B., Ch.B.,
B.A.O., D.P.H. M.F.C.M.

Area Medical Officer to Combined Area 'J'
(Bridgwater Borough, Bridgwater Rural and
Burnham-on-Sea Urban Districts)

A.M. McCALL, M.R.C.S.
L.R.C.P., D.P.H., M.F.C.M.

Area Medical Officer to Combined Area 'A'
(Chard Borough, Ilminster Urban,
Crewkerne Urban, Langport and Chard Rural
Districts)

AREA STAFF—continued:

D. E. CLARE, M.B., B.S., D.P.H.
M.F.C.M.

Area Medical Officer to Combined Area 'C'
*(Shepton Mallet Urban and Rural, Wells City,
Wells Rural, Street Urban District and
Glastonbury Borough)*

VALERIE N. BAKER, M.B., Ch.B.,
D.R.C.O.G., D.P.H., M.F.C.M.

Area Medical Officer to Combined Area 'G'
*(Clevedon Urban, Long Ashton and
Portishead Urban Districts)*

VENEREAL DISEASE**COMMITTEES**

HEALTH COMMITTEE: meets quarterly and has set up a standing sub-committee for Environmental Health which also meets quarterly. The Finance and General Purposes Sub-Committee is convened when necessary.

SUMMARY OF VITAL STATISTICS

Area (in acres)	..	..	..	..	..	..	1,024,971
Population (1972)	..	..	..	..	..	..	608,470
Live Births—							
Number: 8,641 Rate per 1,000 population	..	..	..	..	..	..	14.2
Illegitimate Live Births—							
Number: 553 Rate per cent of total live births	..	..	..	..	..	..	6.4
Stillbirths—							
Number: 101 Rate per 1,000 live and stillbirths	..	..	..	..	..	..	12
Total Live and Stillbirths—							
Number: 8,742 Rate per 1,000 population	..	..	..	..	..	..	14.4
Infant Deaths (deaths under 1 year)	..	..	..	..	..	..	116
Infant Mortality Rates—							
Total Infant Deaths (116) per 1,000 total live births	..	..	..	..	..	..	13
Legitimate Infant Deaths (110) per 1,000 legitimate live births	..	..	..	..	..	..	14
Illegitimate Infant Deaths (6) per 1,000 illegitimate live births	..	..	..	..	..	..	11
Neo-natal Mortality Rate (deaths under 4 weeks) (83) per 1,000 total live births	..	..	..	..	..	..	10
Early Neo-natal Mortality Rate (deaths under 1 week) (63) per 1,000 total live births	..	..	..	..	..	..	7
Peri-natal Mortality rate (stillbirths and deaths under 1 week combined) (164) per 1,000 total live and stillbirths	..	..	..	..	..	..	19
Maternal Mortality (1) per 1,000 total live and stillbirths	..	..	..	..	..	..	0.12

G. McDONALD, M.B., Ch.B., D.P.H.

Area Medical Officer in Combined Area 10
(Yeovil Borough, Yeovil Rural and
Wincanton Rural Districts)

H. MORRISON, M.A., Ch.B., D.P.H.

Area Medical Officer in Combined Area 1
(Taunton Borough, Taunton Rural
Districts)H. NEWMAN, M.B., Ch.B., D.P.H.
M.F.C.M.Area Medical Officer in Combined Area 7
(Frome Urban and Rural, Bathwick Rural
Districts)R. H. WATSON, M.B., Ch.B.
B.A.O., D.P.H., M.F.C.M.Area Medical Officer in Combined Area 2
(Strimling Borough, Bridgwater Rural and
Barnham Urban Districts)A. M. YEOCK, M.B.C.S.
L.R.C.P.D.P.H., M.F.C.M.Area Medical Officer in Combined Area 8
(Chard Borough, Limbury Urban,
Chard Urban, Longport and Chard Rural
Districts)

PREVENTION OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

On page P57, Table 6 gives details of notified cases of infectious diseases and their distribution, with comparative figures for the previous year.

POLIOMYELITIS. There were no confirmed cases of paralytic poliomyelitis in 1972. The last year in which such cases occurred was 1966 when there were two.

There was, however, an interesting episode in early January. A boy aged five from an itinerant family in the Middlezoy area was admitted to hospital with a neurological illness, and poliomyelitis virus was isolated from a stool specimen. The immunisation state of the boy was immediately checked. Information was obtained for the period of his sojourn in the County and from elsewhere. County medical officers vaccinated his close contacts as a precaution. It was found that the boy himself had not been vaccinated, but that some of his associates in the same village had received poliomyelitis vaccine shortly beforehand.

Subsequently, the virus was identified as a vaccine strain which had presumably been acquired by child to child contact. Later, a firm clinical diagnosis of Polyneuritis was made and the boy recovered fully.

This incident caused a great deal of effort in a short space of time and illustrates the common course of events nowadays when a poliomyelitis virus is isolated from a patient with some intercurrent illness.

VENEREAL DISEASE

Centre	New Cases			Increase or Decrease during 1972
	1970	1971	1972	
Bath	11(69)	20(119)	25 (111)	+ 5 (-8)
Bridgwater	15(26)	14(70)	16(70)	+ 2 ()
Bristol	104(379)	129(620)	127(668)	- 2 (+48)
Taunton	40(114)	41(174)	52(216)	+ 11 (+42)
Weston-super-Mare	13(94)	13(126)	39(167)	+ 26 (+41)
Yeovil	11(52)	16(60)	21(116)	+ 5 (+56)
All Clinics	194(734)	233(1,169)	280(1,348)	+ 47 (+179)

The figures shown in brackets are the number of new cases suffering from "other conditions" and conditions undiagnosed at 31st December, 1972.

Live Births

The Registrar General's figures show a decrease in live births in Somerset from 5,641 in 1971 to 5,641 in 1972. The rate per 1,000 population was 14.2. The number of live births registered in 1971 was 576 in 1971 to 352 in 1972. Only 4% of births now take place at home and only 1% are still-born.

Legitimate live births decreased from 572 in 1971 to 353 in 1972. None of these were illegitimate in the latter year.

HEALTH CENTRES.

At the beginning of the year Health Centres at Cheddar, Clevedon, Frome, Glastonbury, Nailsea and Street were operating. Although no new ones were opened during the year, tenders were accepted for the building of centres at Bishops Lydeard, Nether Stowey, Wellington and Worle. Good progress was made with the building of Wincanton Health Centre which started in July 1971. Because it is part of a complex of County Council buildings it will take longer than most Health Centres to complete, but is expected to come into operation in the summer of 1973. The extension and re-modelling of Frome Health Centre also started and this work is expected to be completed in the latter part of 1973. Planning, and the search for and acquisition of sites, continued in respect of Health Centres already authorised at Taunton, Wells and Yeovil.

In my last annual report I stated that Health Centres are now accepted by both patients and doctors and that, at the end of 1971, more enquiries than ever before were being received from General Practitioners and from District Councils on the possibility of establishing Health Centres in their areas. These enquiries continued throughout 1972 and were followed in many cases by formal requests from practices. The Committee authorised me to accept, for inclusion in the 1972 building programme, additional health centre schemes formally requested by General Practitioners. As a result, at various times throughout the year, planning commenced of Health Centres for Burnham-on-Sea, Cannington, Crewkerne, Highbridge, North Curry, Portishead, Queen Camel and South Petherton.

There is no doubt that this Programme is ambitious and I would record my thanks to other Departments of the County Council, in particular the County Architect's Department, for meeting the ever-increasing demand for professional and technical services.

Centre	New Cases			Increase or Decrease
	1971	1972	1973	
All Clinics	194,734	233,110	290,734	+ 96,000
25 Gt St	11,851	19,600	27,100	+ 15,249
Weston-super-Mare	13,041	13,120	13,100	+ 10
Glastonbury	40,114	41,134	52,100	+ 10,966
Bruton	10,120	10,120	10,120	0
Highbridge	10,120	10,120	10,120	0
Street	10,120	10,120	10,120	0
Cheddar	10,120	10,120	10,120	0
Frome	10,120	10,120	10,120	0
Nailsea	10,120	10,120	10,120	0
Wincanton	10,120	10,120	10,120	0
Wellington	10,120	10,120	10,120	0
Nether Stowey	10,120	10,120	10,120	0
Bishops Lydeard	10,120	10,120	10,120	0
Yeovil	10,120	10,120	10,120	0
Taunton	10,120	10,120	10,120	0

The figures shown in brackets are the number of new cases suffering from "other conditions" and are shown unassigned at 31st December, 1972.

NEW CHILD HEALTH SECTION.

A number of tasks which had hitherto been the responsibility of the Health Department were transferred to the Social Services Department on 1st April 1972. As a result, the County Management Services Unit was asked:—

“to carry out a survey of the work performed by the staff of the Maternity and Nursing Section and, after reorganisation, give advice on the organisation and staffing of the section remaining. At the same time to make recommendations regarding the reorganisation and staffing of the School Health Section of the Department”.

They recommended that:—

“the residual services provided by the Maternity and Child Health Sections should be amalgamated with those administered by the Schools Section and become the responsibility of a newly constituted ‘Child Health Section’”.

This was accepted by the County Health Committee and implemented on September 1st 1972. The new Section deals with the whole scope of the County Health Services provided for children from birth to the time that they leave school and there is no longer administrative separation at the age of 5 years. This is particularly advantageous for those children who are handicapped in any way.

Child Health Clinics.

During the year, the policy of encouraging general practitioners and their attached health visitors to provide practice clinics for their own patients has continued. In many cases the health visitors hold their own separate sessions.

Four new clinics were established in doctors' surgeries, one was opened on traditional lines in Milverton, and the family doctors' clinics which were previously held in rented accommodation at Nailsea and Clevedon were transferred to the new Health Centres. At the end of the year there were 140 clinics in the County of which:—

- 27 were practice clinics held in Doctors' surgery premises.
- 8 were practice clinics held in Health Centres and County Health Clinics
- 3 were for practice patients examined by County Doctors in Health Centres.
- 13 were practice clinics held in rented halls.

The number of children who attended Child Health Clinics during 1972 was as follows:—

Born in 1972	Born in 1971	Born in 1967/70
6868	6636	8845

Nearly 80% of children attended in their first year although, as usual, the ratio declined in the years 2 — 5.

One of the first tasks of the new Child Health Section is to consider the frequency of examinations and the suggested ages for the various screening procedures. It is hoped that it will be possible to organise a computer call-up system.

Live Births.

The Registrar General's figures show a decrease in live births in Somerset from 9,079 in 1971 to 8,641 in 1972. The rate per 1,000 population was 14.2. The number of home births continued to fall from 578 in 1971 to 352 in 1972. Only 4% of births now take place at home compared with 11% three years ago.

Illegitimate live births decreased from 572 in 1971 to 553 in 1972; 6.4% of total live births in the latter year.

Stillbirths

Of the 101 stillbirths notified by the Registrar General, only three, all underweight, occurred at home. The rate per 1,000 total live and stillbirths was 12. Fifty six of the stillbirths in hospital were classified as premature (i.e. 5lbs 8oz or less at birth).

Underweight Babies.

Of the 458 premature live births in Somerset during 1972, 25 died during the first month of life. The number of surviving the first 28 days was 92% of the total. **Deaths of children under one year of age** totalled 116, with an infant mortality rate of 13 per 1,000 total live births. The rate for England and Wales was 17.

Of the 116 infant deaths which occurred in Somerset, 110 were legitimate and 6 were illegitimate. The rate for legitimate infant deaths, under one year per 1,000 legitimate live births, was 14. (England and Wales 17). The rate for illegitimate infant deaths under one year per 1,000 illegitimate live births was 11. (England and Wales 21).

Deaths in the first week were 63, an early neonatal mortality rate of 7 per 1,000 live births. The same rate for England and Wales was 10. Perinatal mortality (comprising still births and deaths in the first week) indicates the loss of infant life due to conditions associated with pregnancy and the events during labour and delivery. The 1972 perinatal mortality rate was 19 per 1,000 live and still births compared with 21 in 1971. The similar rate for England and Wales was 22.

Deaths in the first four weeks totalled 83 with a neonatal mortality rate of 10 per 1,000 live births. The rate for England and Wales was 12.

Deaths of children in the 1 — 5 age group showed a decrease of 2 from the previous year's figures of 26.

Registrar General's Totals. Somerset 1960-72. England and Wales 1972.

Somerset	Population	Live Births	Still Births	First Week Deaths	Deaths 2-4 wks.	Deaths 1-12 months	Total Infant Deaths	Deaths 1-5 yrs.	Maternal Deaths	Perinatal Deaths	Illegitimate Births		
											Live	Still	Total
1960	507,270	8,095	145	106	14	40	160	20	0	251	345	4	349
1961	520,340	8,215	151	73	16	41	130	36	1	224	372	13	385
1962	527,240	8,700	153	98	17	36	151	30	3	251	438	6	444
1963	533,570	8,877	139	78	19	33	130	29	2	217	433	8	441
1964	542,990	9,154	141	68	14	37	119	24	1	209	529	13	542
1965	549,320	9,205	141	85	14	60	159	26	2	226	542	2	544
1966	555,690	9,194	130	82	17	40	139	22	1	212	567	8	575
1967	559,470	9,041	123	67	8	51	126	24	2	190	583	14	597
1968	572,960	8,866	126	83	16	40	139	27	1	209	561	15	576
1969	579,930	8,918	113	89	14	37	140	29	1	202	581	7	588
1970	585,330	8,827	94	80	19	47	146	19	1	174	545	5	550
1971	600,630	9,079	121	73	16	51	140	26	1	194	572	9	581
1972	608,470	8,641	101	63	20	33	116	24	1	164	553	5	558
England and Wales 1972	49,028,900	725,405	8,794	7,142	1,231	4,121	12,494			15,936	62,498	948	63,446

Rates, Somerset 1960-72. England and Wales 1972.

Somerset	Live Births	Still Births	First week Deaths	Neonatal Deaths	Infant Deaths	Maternal Deaths	Perinatal Deaths	Illegitimate L.B. %
1960	15.9	17.6	13.1	14.8	19.8	0.00	30.4	4.3
1961	15.8	18.0	8.9	10.8	15.8	0.22	26.8	4.5
1962	16.5	17.2	11.3	13.2	17.4	0.34	28.2	5.0
1963	16.6	15.4	8.8	10.9	14.7	0.22	24.1	4.9
1964	16.9	15.2	7.4	8.9	13.0	0.11	22.5	5.8
1965	16.8	15.1	9.2	10.7	17.3	0.21	24.2	5.9
1966	16.5	13.9	8.9	10.8	15.1	0.11	22.7	6.2
1967	16.2	13.4	7.4	8.3	13.9	0.22	20.7	6.4
1968	15.5	14.0	9.2	11.0	15.6	0.11	23.2	6.3
1969	15.4	12.5	10.0	11.6	15.7	0.11	22.4	7.0
1970	15.1	11.0	9.0	11.0	17.0	0.11	20.0	6.0
1971	15.1	13.0	8.0	10.0	15.0	0.11	21.0	6.0
1972	14.2	12.0	7.0	10.0	13.0		19.0	
England and Wales								
1972	14.8	12.0	10.0	12.0	17.0	0.17	22.0	8.0

Illegitimacy

Before the passing of the Abortion Act, some illegitimate pregnancies were ended by illegal abortion, often performed under hazardous conditions. Since the Act an increasing number of girls and women from Somerset have had pregnancies terminated. The numbers of single girls are known and while a proportion of these might have proceeded to marriage before the birth thus making the child legitimate it is likely that those terminated were not considering this course. About 1/3 of illegitimate pregnancies occur in married women, but it is not possible to estimate how many of the abortions in the case of married women are illegitimate pregnancies too. However, it is apparent if the illegitimate births are added to the abortions occurring in single girls, that illegitimacy is not a decreasing problem but may well be increasing.

Illegitimate pregnancies

In 1972, illegitimate live births in Somerset totalled 553, 19 less than the previous year. There were 5 illegitimate still births.

The Somerset figures are a very great improvement on the figures for the whole of England and Wales.

The Registrar General's figures show that illegitimate live births in Somerset were 6% of all live births, compared with the England and Wales figure of 9%.

In 1972, there were 116 deaths of infants under the age of one year, 6 of which were illegitimate. The Registrar General's figures show that in Somerset deaths of illegitimate infants under one year were 11 per 1,000 illegitimate live births. The corresponding figure for England and Wales was 21.

Year	Total County Births (live & still)	Total Abortions to Somerset Women	Total Illegitimate Births (live & still)	Abortions to single Women	Total Illegitimacy Rate (L. B. & S. B. & legal abortions)
1969	9031	486	588	193	8.2
1970	8921	688	550	278	8.6
1971	9200	865	581	398	9.7
1972	8742	Figures not Available	558	Figures not Available	—

**Illegitimate Births and abortions in single women and girls
Somerset 1969 – 1972.**

Year	County Live Births	Total County illegitimate birth (live + still)	Illegitimacy rate / 100 total births	Abortions single women	Abortion rate per 100 total births	Total illegitimacy rate (LB + S. B. + legal abortions)	Total abortions in Somerset
1969	9031	580	6.5	193	2.2	8.7	486
1970	8921	550	6.2	278	3.1	9.3	688
1971	9200	581	6.3	398	4.4	10.7	865
1972	8742	558	6.4	Figures not Available	—	—	—

Maternal Deaths

The number of women dying because of childbirth has improved spectacularly during this century. In 1918 for instance, 28 Somerset women died giving a rate of 5.14 per 1,000 births, while by 1948, at the beginning of the National Health Service, 6 women died with a rate of 0.74 per thousand births. In the intervening years progress has continued and, as can be seen from the tables elsewhere in the report, the Somerset deaths are usually one or two a year. The Somerset rate in 1971 was 0.11 comparing favourably with the national rate of 0.17.

Because of the small number of cases the enquiry carried out by the Department of Health has been extended to women who die from any cause within a year of pregnancy to discover if there were avoidable factors in any of these 'associated' deaths. This enquiry involves having details of all deaths of women during the reproductive years, and a check with their doctors to see if there has been a pregnancy within the previous year. Those in the latter category are included in the enquiry. There was one 'associated' death in Somerset this year.

The Registrar General again recorded only one death during the year where the primary cause was pregnancy. There were, however, 3 other deaths in which the woman's pregnancy was a major contributory cause. Of these four, two pregnancies were illegitimate and not reported to the doctors until in one case the patient was seriously ill in hospital, and in the other, went into labour at home. One other death occurred in a woman who should not have become pregnant, but whose birth control precautions were obviously inadequate and she died before the pregnancy could be terminated.

Supervision of Midwives

Ophthalmia Neonatorum

Information about eye infections in babies is picked up from notifications by midwives or hospital discharge notices and enquiry was carried out on 52 cases reported during the year. Of these, 18 babies have not been investigated for an infection and 7 so investigated were not found to have an organism. 27 cases did produce an organism on culture although the number of notified cases of ophthalmia neonatorum was considerably less than this.

The standard of investigation and treatment of such infections now seems reasonably adequate and the risks of damage to a baby's eyes virtually nil.

Main Defects Notified at Birth		1971	1970
Anomalies			
Skeletal			
Hydrocephalus with open fontanelle		1	1
Hydrocephalus		1	1
Placental sinus		1	1
Heart disease		1	1
Lung disease		1	1
Ear defects		1	1
Cleft Lip and/or Palate		1	1
Clubfoot/Ankylosis		1	1
Intrauterine defects including exomphalos and imperforate anus		1	1
Renal tract defect		1	1
Hypoplasia		1	1
Congenital malformations of the			
Tallness		1	1
Abnormal digits		1	1
Meningocele		1	1
Acromegaly		1	1
Mental abnormalities		1	1
Chromosomes		1	1
TOTALS		18	18

Welfare Foods

The Health Department continues to act as distributing agent. Sales continue to decline with the exception of National Dried Milk. This has contributed to a steady reduction in the number of distributing centres in the country. At the end of 1972, there were 135 centres providing a service in the county mainly through child health clinics and commercial retail outlets.

The following table shows the extent of welfare food distribution during past years:—

Year	National Dried Milk (Packets)	Cod Liver Oil (Bottles)	Vitamin A D Tablet (packets)	Orange Juice (Bottles)	A D and C Drops (packets)	Vitamin A D & C Tablets (Packets)
1967	47,518	10,067	11,310	144,334	—	—
1968	31,713	9,411	10,367	140,930	—	—
1969	21,454	8,844	11,283	164,154	—	—
1970	15,754	8,270	11,806	174,051	—	—
1971	11,086	4,405	9,290	163,476	13,021	—
1972	11,455	677	2,154	48,666	30,921	6,386

Under the Welfare Foods Order 1971, the provision of cheap welfare milk for all expectant mothers and young children was withdrawn in April 1971, but free milk continues to be available to large families and those in low income groups.

Free issues of National Dried Milk during the past three years have been as follows:—

1970	—	1053 packets
1971	—	1218 packets
1972	—	1123 packets

Congenital Abnormalities.

Congenital malformations apparent at birth have now been recorded for a number of years. They are notified monthly to the Registrar General's Office who can record changes of incidence on a national basis. There was a reduction in the number of cases of Down's syndrome (Mongolism) in the County and it is hoped that this may continue. The following table shows the main categories of defects notified.

Main Defects Notified at Birth	1969		1970		1971		1972	
	Live Births	Still Births	Live Births	Still Births	Live Births	Still Births	Live Births	Still Births
Anencephalus	—	9	—	10	—	20	—	16
Spina bifida	16	—	14	1	16	1	15	—
Hydrocephalus with spina bifida	10	5	2	—	5	1	4	3
Hydrocephalus	1	4	2	3	1	3	3	4
Pilonidal sinus	8	—	3	—	7	3	5	—
Heart defects	5	—	6	—	4	—	1	—
Lung defects	1	—	—	—	—	—	—	—
Ear defects	3	—	4	—	1	—	—	—
Cleft Lip and/or Palate	9	—	11	—	7	—	10	—
Oesophageal Atresia	3	—	—	—	2	—	1	—
Intestinal defects including exomphalos and imperforate anus	4	1	3	—	6	1	4	—
Renal tract defect	2	1	—	—	1	—	—	—
Hypospadias	12	—	10	—	8	—	16	—
Congenital dislocation of hip	4	—	6	—	1	—	—	—
Talipes	34	—	14	—	13	—	20	—
Abnormal digits	14	—	13	—	8	—	13	—
Mongolism	5	1	9	1	10	—	3	—
Achondroplasia	—	—	2	—	1	—	—	1
Multiple abnormalities	2	2	4	2	2	2	1	1
Other defects	6	—	12	—	12	3	12	—
TOTALS	139	23	115	17	105	34	108	25

MATERNAL HEALTH AND NURSING SERVICES.

Maternal Health

The Maternal Health Service of the County is provided jointly by midwives, family doctors and at general practitioner/obstetric units. The activities are co-ordinated through Clinical Area Maternity Sub-Committees which meet periodically to discuss items such as statistics and future planning. In addition, in West Somerset a 'Cogwheel' division on obstetric and gynaecological matters is now in operation and meeting regularly. Meetings in local maternity units of various people concerned with the service are also arranged periodically.

Ante-Natal Care

Most of the general practitioners now have a local authority midwife attending their ante-natal sessions, and they share ante-natal care of patients booked for hospital and the few who still have their confinements at home. Domiciliary midwives, although not delivering as many mothers at home, are having more to do with the mothers because they are accepting them back for early home nursing after confinement at hospital.

The midwife in co-operation with her colleague, the health visitor, (where these are separate persons) gives individual advice to expectant parents about their health during pregnancy and preparations for the coming child, ensures that dental care is obtained, that the mother is having an adequate diet and vitamins, that she knows about her National Insurance rights and is helped to obtain them, and that she is receiving regular medical supervision. Chiropody, if required, is obtained for expectant mothers under the county scheme.

Parentcraft and Relaxation Classes

This exercise in health education and relaxation for child-birth supplements what the health visitor and midwife are giving individually when there are sufficient mothers in any area to gather them together in small groups. Classes are held in 40 centres in the county and in addition mothers can attend classes in Bristol and Bath. Most sessions are held in county health centres or clinics, some in doctors' surgery premises or in maternity units and the remainder in rented premises. In the majority of classes, help is obtained from physiotherapists on the relaxation exercises and as far as possible they are a joint undertaking between domiciliary and hospital staff. During 1972 the local authority classes in Somerset were attended by 2,463 women of whom only 31 were booked for confinement at home. This represents a 13% increase in the number of expectant mothers who attended in 1971. A total of 13,161 attendances was made. A number were also known to have attended out-county classes.

Hospital Bed Bookings

It is, perhaps, appropriate at this time, on the eve of the change in the National Health Service, to look back over the years since 1948. At the initiation of the Service, the Government envisaged that 50% of confinements would take place in hospital, and recommended that confirmation of social grounds for booking should be made by the Local Health Services. At that time most hospital births in Somerset took place in general practitioner maternity units, but the majority of all births (75%) took place at home. In 1947, the year before the Service started, county domiciliary midwives attended 5,900 of the 8,849 births in Somerset, and independent midwives attended 1,096 home confinements. By 1957, with the provision of more maternity units and free hospital care, the admission rate to hospitals had gone up to 69% and in that year, with 7,518 births, 5,148 mothers were confined in a hospital maternity unit.

The demand for hospital beds, from the beginning of the Service, far outstripped the accommodation available, and a system of priorities was operated, with the County Health Department acting as the booking agency at the request of the Hospital Board. By 1960, the number of deliveries attended by domiciliary midwives was 2,496, which meant that some midwives working in remote rural areas with few expectant mothers, needed practical refresher courses. The total births this year were 8,240 and in the ensuing years the rising county population showed an increase in births and also an increase in the birth rate, which only regressed in 1965.

Policy was changed, by the Cranbrook Committee Reports, which suggested firstly that more beds should be provided for mothers in the ante-natal period and gave an indication of the larger group of patients it was felt should be confined in hospital.

Secondly early discharge became the trend. Patients were normally assumed to be staying in the maternity unit for the full length of the puerperium (14 days which was later reduced to 10 days) but where there was over-booking or admission of unbooked cases in emergency, mothers with reasonable home conditions were transferred home early to the care of the domiciliary midwife, if mother and baby were medically fit. Many mothers pressed for this even if there was no pressure on the beds.

Shortly after the Cranbrook Committee Report, the first results of the Perinatal Mortality Survey of 1958 were being published, indicating a very large number of women for whom it was felt a hospital confinement would be safer. Although the government did not go as far as many obstetricians wanted in planning for a 100% hospital confinement rate, there was an increasing tendency for women to be booked into hospital, although the public was not always clear about the difference between an obstetric unit (with consultant cover and all facilities for whatever emergency arose) and the general practitioner maternity unit, which is essentially a place for normal confinement as an alternative to the home.

The latest report, that of the Peel Committee, has not yet been implemented but it did suggest ways of overcoming the problems of the rural areas by providing for expectant mothers, hostels adjoining maternity units. It seems likely to be a long time before that pattern is accepted here. In the meantime, however, in Somerset the number of domiciliary confinements in 1972 fell further to 360, so most women seemed to reach the hospital, although some still have their babies in an ambulance on the way.

The important function of the bed booking service over these years has been to ensure that the cases who should be in hospital are there and in the right sort of hospital. This has become easier as obstetric unit beds became available in Yeovil and Weston-super-Mare, reducing the need for long journeys to Taunton and Bristol, and the pattern is gradually emerging now of the expectedly normal case going into the general practitioner unit, and those with possible complications being booked into the obstetric units in Taunton, Yeovil, Weston-super-Mare, Bristol or Bath.

One result of this has been that the obstetric units have been fairly heavily committed, while some of the general practitioner units are not fully used. Again, early transfer from the obstetric units to such units for nursing has proved popular with mothers and their families, who found visiting was much easier. Provided there is close co-operation between the two units so that continuity of care is ensured, this system has a number of advantages. The final development of the 24 hour bed has robbed the general practitioner units of some of their long stay cases, but has given an improved service to mothers, midwives and doctors in the areas where they are available.

The time is soon coming when beds will be available for everyone, but the important aim of getting the right patient in the right bed must be secured and, if the central booking scheme changes, an effective way of ensuring this should succeed it. In a number of areas already, experiments to this end are in train.

Cervical Cytology

The scheme for the early diagnosis of cancer of the neck of the womb has continued to operate, although public interest has fluctuated considerably. Younger women are more likely to attend for testing although they are far less at risk than women over 35 on whom the Government scheme is based. It is a continuing task for the people concerned to encourage periodic attendance for this simple test, and particularly to seek out those for whom the risk is highest and persuade them to accept a check. Approach through women's organisations has aroused interest. Patients attending County Family Planning clinics are routinely screened.

Nursing Homes and Nursing Agencies

During 1972, two new nursing homes were registered (34 beds) and one nursing home closed (20 beds). At the end of the year there were 19 homes on the register providing a total of 402 beds, four of which are for maternity patients. No home in Somerset is registered for the carrying out of abortions.

A licence under the Nurse Agencies Act, 1957, for a new private nursing service in Taunton was issued in November. The licence of the private nursing service in Weston-super-Mare was renewed.

Marriage Guidance

During the year, grants have been continued by the County Council to the four branches of the Marriage Guidance Council covering the County. Counsellors of the four branches gave a large number of interviews to Somerset people who are having marriage difficulties, and run groups with young people in schools and youth clubs.

The Bristol branch has been able to start sessions at Nailsea Health Centre upon the invitation of the general practitioners there. The Weston-super-Mare branch has moved to new premises provided by the Borough Council. An office, waiting-room and a counselling room are now available instead of a single room.

Nursing Services

In January, 1970, a working party under the chairmanship of E. L. Mayston, Esq., issued their report on the management structure of the local authority nursing services. This was followed by advisory circular 13/70 from the Department of Health and Social Security, which set out the main recommendations of the Report and gave also the views of the Secretary of State regarding them.

After receiving from the Secretary of State certain amendments to our detailed proposals and the receipt of a further circular, Circular 30/70, the following new Nursing Structure in Somerset was decided on:—

Top Management

Post previously designated "County Nursing Officer" shall now be designated "Director of Nursing Services".
Post previously designated "Deputy County Nursing Officer" shall now be designated "Divisional Nursing Officer".

Middle Management

The post previously designated "Area Nursing Officer" remains unaltered.

First Line Management

This newly created post to be designated "Nursing Officer".

I proceeded during 1972 with the implementation of these recommendations, and, by the end of the year, the appointment of sixteen Nursing Officers had been completed. The whole-time establishment for the nursing service for 1972 was increased to 357, an increase of 23 over the previous year.

The general policy of the County Council has continued of maintaining a combined service of midwifery, district nursing and health visiting in the rural areas, and full-time midwives, home nurses and health visitors are employed in the larger urban areas.

Recruitment of staff during the year was good, but there are still some difficulties in rural areas, the provision of suitable housing accommodation being one of the problems. There tends, however, to be a considerable "turn-over" of staff. For example, in 1972 there were 80 appointments and 80 resignations or retirements of whole or part-time staff.

In the Autumn, the influx to Houndstone Camp at Yeovil and to Doniford Camp at Watchet of over 3,000 Asian immigrants from Uganda made it necessary to appoint additional staff, mostly temporary and part-time, to provide nursing care.

The number of staff at the end of December is shown in the following table:—

	Full-time	Part-time
Midwives	8	0
Health Visitors	36	14
District Nursing Sisters	29	50
S.E.N. District Nurses	13	14
District Nurses/Midwives	65	13
District Nurses/Health Visitors	101	16
School Nurses	2	13
Clinic Nurses	1	11
Nursing Auxiliaries	0	22
Administrative Staff	8	16
Total	263	169
Vacancies	7	4
Whole-time equivalent 356.5		

Midwifery

For the purpose of the Midwives Act, the medical supervisor of midwives is the Senior Medical Officer. Non-medical supervision is carried out by the Director of Nursing Services, the Divisional Nursing Officer and the five Area Nursing Officers who are recognised as non-medical supervisors of midwives whose duties include the supervision of General Practitioner Units in the local health authority area. During 1972, 232 domiciliary staff and 209 hospital midwives notified their intention to practice and there were 4 private midwives practising in nursing homes. The number of notifications of exposure to infection received was 70, and these were investigated by the Supervisor of Midwives. Medical aid was summoned by midwives in 548 cases. At the end of the year 184 midwives were employed in domiciliary practice of whom 8 were full-time, the remainder carrying out combined nurse/midwife or nurse/midwife/health visitor duties.

Once again there has been a very considerable decrease in domiciliary deliveries from 578 in 1971 to 360 in 1972. As will be seen by the figures in the following table the downward trend continues and home deliveries have decreased by 54 per cent during the past two years and are now only a fifth of what they were six years ago.

Year	Home Deliveries
1966	1,867
1968	1,253
1969	1,003
1970	783
1971	578
1972	360

Training

District Nurse Training

The County in-Service Course for state registered nurses and state enrolled nurses was resumed in October. A total of 14 started district nurse training in schools outside the County during the year.

Health Visitor Training

There was no shortage of applicants in response to advertisements for health visitors training by the County Council, although several of those who were accepted for training withdrew later. This reduced the number who eventually started training to fourteen.

Midwifery Training

A total of 50 pupil midwives were accepted for Part Two training on the district from Musgrove Park Hospital, Mary Stanley Home, Yeovil Maternity Hospital and St. Martin's Hospital, Bath. The new syllabus of the Central Midwives Board implemented in September, 1971, allows for fewer cases to be taken on the district. I have drawn attention to the decrease in the number of domiciliary deliveries and the new syllabus has reduced the problem of finding sufficient domiciliary cases for the pupils. All students are now required to take a two-weeks' course in community care during the training.

Refresher Courses

A total of 29 midwives attended the statutory refresher course during the year, and, in addition, 25 health visitors and district nurses went on courses. A total of 19 staff attended Winchester Hospital for training in the rehabilitation of stroke patients. Two area nursing officers attended middle management courses and four nursing officers attended first line management courses.

Pupil Nurse Integrated Course for District Nurse Instruction

The integrated course for State Enrolled pupil nurse district training in association with the South and West Somerset Hospital Groups has continued during the year. A total of 18 pupils paid observation visits during the year. Nursing officers of all grades were again invited to lecture to student nurses, at first line management courses and at district nurse training and other courses.

Health Education

The Health Education Advisory Group, composed of staff representative of health visitors throughout the County, have reviewed films and posters and produced an effective series of photographs of the safe storage of drugs and household cleaners within the home. Staff have continued to give talks in schools and to other groups. A weight control clinic has been started by Keynsham Health Visitors.

Marie Curie Day and Night Nursing Service

There has been an increase in the number of calls on this service compared with previous years. 59 patients have been attended by 25 nurses. We have been able to meet all requests for help although it has been difficult to recruit nurses for the roll in some areas.

Health Visiting

The Health Visitors are working increasingly closely with the general practitioners to whom they are attached. Their work load has become heavier and there are indications that the number of full-time health visitors employed by this Authority may need to be increased in those practices where general practitioners make full use of their skills. In order to ease the work of the health visitors part-time School Nurses have been appointed in many areas to carry out the more routine duties.

There has been good progress during the year in liaison between the health visitors and the hospitals and this has resulted in a much better interchange of information with consequent benefit to the patient.

Housing

During 1972 no houses were purchased for the district nursing staff. At the end of the year the County Council owned 70 and rented 11 houses from private landlords and 18 from local housing authorities. In general local housing authorities are willing to help in making housing accommodation available wherever possible but often they have to rely on relettings in the absence of new building. As staff change, housing needs also change, and it is becoming more and more difficult to get accommodation in the places where it is needed. Where houses are not required for the time being, arrangements are made to let them temporarily.

Transport

At the end of the year the fleet of cars for the nursing and health visiting staff provided by the County Council numbered 106, and 305 nurses and health visitors received travelling allowances for the use of their own cars.

Medical Loans

The British Red Cross Society and the St. John Ambulance Association and Brigade continued to supply medical equipment of all kinds throughout the network of main and sub-depots which have now been established throughout the County. The availability of the articles has enabled patients to be discharged from hospital to their own homes much more quickly and economically than would otherwise have been possible.

During the year a series of meetings were held to discuss the medical loans scheme in the light of the changes to be expected in the health services after their re-organisation in 1974. It is likely that there will be a greater emphasis on early discharge from hospital and on nursing patients at home. This will result in increased demand for medical loan equipment.

Attachment

During the year further attachment schemes were arranged with the doctors in Watchet and Williton. The whole County is now covered by attachment schemes excepting the neighbourhood surrounding Bath, where the number of general practitioners concerned presents a problem, and at Chard. Here there is, however, an excellent liaison scheme.

There is no doubt that attachment thrives best when nursing staff and general practitioners work from the same premises. In many surgeries a room is made available for the use of the district staff and the County pay a small sum to the general practitioner to help cover the cost of heating, lighting and cleaning. In some instances, where there is no set room available for the nurse or health visitor, a mobile trolley for her records has been provided so that it can be moved to whatever part of the surgery is available. It is hoped that all staff will ultimately be accommodated in the same premises as the general practitioner to whom they are attached.

Cross Border Visiting

Cross border visiting was extended in 1972 to include a further part of Dorset and the Bath/Batheaston border. Reciprocal arrangements continued with Wiltshire, Gloucestershire, Devon and Dorset for their nursing staff to visit patients resident in Somerset and for our nursing staff to visit patients living in these four neighbouring counties.

Hospital Liaison

The district staff have maintained very good relations with all hospitals. The health visitors continue to liaise with all children's units, special care units and some geriatric units in the County. The domiciliary staff are invited to attend the Hospital Sisters' Meeting and similarly some of the Hospital Sisters attend the domiciliary staff group meetings. At the three 24 Hour General Practitioner Units at Musgrove Park Hospital, Taunton, the Mary Stanley Home, Bridgwater and at Yeovil Hospital 290 patients were delivered by domiciliary midwives. At Minehead Hospital it has been agreed that two cases per month shall be delivered and nursed at the Unit by district staff.

Home Nursing

The work of the domiciliary nurse in doctors' surgeries and health centres still increases and the care of the chronic sick still accounts for a very large part of the work. During 1972 a total of 21,727 persons were nursed of whom 13,375 were aged 65 or over. To some extent this work has been covered by State Enrolled Nurses and Nursing Auxiliaries and this has left the fully qualified staff free to undertake more demanding duties. In October, 1971 a scheme was put into practice for the early discharge home of surgical cases who were on the waiting list for mid-minor surgery in the West Somerset Hospital Group. These cases are discharged to their homes the day after their operation to the care of their general practitioners and the district nursing sisters. These arrangements are still proving very successful.

During the year a number of part-time surgery nurses were appointed to work mainly in the treatment rooms of health centres and in addition a number of this grade of staff have been appointed to work in doctors' surgeries in attachment schemes. These appointments have proved very valuable in the saving of the time of the highly trained district nursing sisters. A total of 44 mechanical hoists are available for the nursing of heavy cases and there has been an increased demand for the 50 alternating mattresses which are held in the Health Department for bed-ridden cases. The number of incontinent pads and pants and liners issued increases from year to year.

FAMILY PLANNING

Open Clinics

There has been a large increase in the number of new patient registrations compared with 1971, the inaugural year of direct operation. Some rationalisation of the clinic sessions and procedures at the thirteen open clinics together with an increase in the clinic frequency and/or the number of doctors sessions at six of them, has, however, enabled the professional staff of fifty doctors and fifty nurses to deal with the demands made upon them.

Except for emergencies, contraceptives are not now dispensed from the clinics. The County Pharmaceutical Committee arranged for stocks to be held by local chemists throughout the County and patients obtain their supplies from the chemists on prescriptions issued by the clinic doctors.

Consultation and advice is free to all Somerset patients but supplies have to be paid for. The chemists continue to agree to waive the dispensing fee on the prescriptions. Free supplies have been issued to social and financial hardship cases.

Surgery Clinics

Ten surgery clinics have been opened, making fourteen in operation at the end of the year. This form of Family Planning Service is undoubtedly meeting a need, as, already, four surgeries have had to increase their clinic frequency to cope with the rising number of patients. Family Planning Association trained doctors attend three of these surgeries at the General Practitioners' request and the remainder are conducted by the General Practitioners themselves. The nurses at these surgery clinics are, and will be, Health Visitors/Midwives attached to the particular practices.

Negotiations with the General Practitioners at a further nine surgeries have been completed and no delay is anticipated in bringing these into operation.

Patients obtain their supplies in the same manner as at the open clinics.

The General Practitioners' clinics dealt with over 9% of the total of the new patient registrations.

Training

I am indebted to the Family Planning Association for the co-operation given by their excellent Instructing Teams and to the Tutors of the Somerset Post Graduate Centre for their great help.

An In-Service training Course for doctors was held which eventually should result in a doubling of the number of Clinic Doctors who are qualified as Family Planning Association approved instruction Doctors. The Course was also attended by Instructing Nurses.

Several short courses were arranged for General Practitioners to receive theoretical instruction in oral contraception and psychological aspects of birth control.

Two, 2-day, Health Visitor/Midwife Appreciation courses were attended by more than ninety Health Visitor/Midwives.

Following these courses, the General Practitioners and Nurses had practical tuition during sessions at some of the Open Clinics.

Talks and lectures were also given to the layworkers from whom so much valuable help is received.

General

Five of the clinics are Family Planning Association approved Teaching Clinics and it is hoped that eventually nearly one-third of the clinic doctors will be qualified as Instructing Doctors. More Health Visitor/Midwife courses are being planned with a view to having the majority of the Nursing Staff trained in Family Planning.

The number of General Practitioner surgery clinics will be increased, and these, together with the thirteen open clinics, should do much to make Family Planning services easily available, even in the remotest parts of the County.

Feasibility studies have been made and a pilot scheme planned to give computer assistance with the administration of the clinics.

I feel that the Service, with steady expansion, is well placed to meet future needs and has to a large extent anticipated the Government's impending legislation.

During the year, 4,186 new patients were seen and the total patient/attendances numbered 24,061 at 1,796 Doctor Sessions. For the nine months of direct operation in 1971, 2,456 new patients were seen and the patient/attendances numbered 17,082 at 1,065 Doctor Sessions.

Vasectomy

Enquiries were received from doctors as to whether the local authority would be prepared to pay the consultation fees in necessitous cases, where, on social grounds, vasectomy was being considered as a method of contraception. The authority is responsible for paying only the consultation fee and the surgeon is able to make a further charge should an operation subsequently be carried out.

During the year the payment of a consultation fee was approved in 38 cases.

Type of Immunisation	Year of Birth			
	1972	1971	1970	1969
Diphtheria	26	5,192	5,255	428
Whooping Cough	35	5,285	5,255	428
Tetanus	35	6,194	6,234	438
Polioomyelitis	35	5,192	5,255	428

Type of Immunisation	Year of Birth			
	1972	1971	1970	1969
Diphtheria	26	5,192	5,255	428
Whooping Cough	35	5,285	5,255	428
Tetanus	35	6,194	6,234	438
Polioomyelitis	35	5,192	5,255	428

VACCINATION AND IMMUNISATION

The use of a computer to call up children automatically to doctors' surgeries to receive immunisations as they become due has continued without any problems.

Diphtheria, Whooping Cough and Tetanus Immunisation

During the year 9,842 children under sixteen years of age completed a primary course of diphtheria immunisation and a further 9,118 received a reinforcing injection. Primary courses of tetanus immunisation were completed by 10,529 children and a further 17,385 children received a reinforcing injection. 9,416 children were protected against whooping cough.

A number of factors caused the increase in the numbers of children treated. Probably the most important dated back to 1970 when a system was introduced that involved health visitors following up mothers who persistently did not bring their children for immunisation. The children who benefited from such visits would have started to complete primary courses in 1971.

Tetanus reinforcing treatments increased considerably following a drive to clarify the state of immunity of many older children.

Poliomyelitis Vaccination

Primary courses of poliomyelitis vaccination were completed by 10,292 children under sixteen years of age and a further 12,824 received a reinforcing dose. These numbers are also higher than those for 1971 due to the reasons mentioned above.

Rubella Vaccination

6,447 girls received rubella vaccination. The treatment seemed to gain general acceptance as the year progressed and there were many fewer refusals than in the previous year. All girls in the County are now being offered treatment on reaching their eleventh birthday.

Yellow Fever Vaccination

388 persons were vaccinated against yellow fever at the Yellow Fever Vaccination Centre, Taunton.

Anthrax Vaccination

Assistant County Medical Officers gave protection against anthrax as follows:—

18 persons were given the first three injections of a primary course.

26 persons were given a complete primary course of four injections.

143 persons were given an annual reinforcing injection.

Rabies Vaccination

9 persons were given a primary course of two injections.

Influenza Vaccination

In view of the national situation, influenza vaccination was offered to all the Department's nursing and ambulance staff and also to the staff and inmates of homes for the elderly maintained by the Social Services Department.

Number of children who completed a full course of primary immunisation against diphtheria, whooping cough, tetanus or poliomyelitis during the year ended 31st, December, 1972.

Type of Immunisation	Year of Birth				Others under age 16	Total
	1972	1971	1970	1969	1965-68	
Diphtheria	35	6,193	2,679	426	450	9,842
Whooping Cough	35	6,095	2,625	408	241	9,416
Tetanus	35	6,194	2,684	428	454	10,529
Poliomyelitis	35	6,198	2,636	440	520	10,292

Number of children who received a reinforcement of protection against diphtheria, whooping cough, tetanus or poliomyelitis during the year ended 31st December, 1972

Type of Immunisation	Year of Birth				Others under age 16	Total
	1972	1971	1970	1969	1965-68	
Diphtheria	—	2	4	12	8,775	9,118
Whooping Cough	—	2	4	5	69	84
Tetanus	—	2	6	27	10,551	17,385
Poliomyelitis	—	2	3	11	10,384	12,824

VACCINATION AND IMMUNISATION

DENTAL SERVICE

The County Dental Service provides a free and comprehensive dental service for all priority groups of individuals, this includes not only the school children, but expectant and nursing mothers, all pre-school children and mentally and physically handicapped individuals whose care is the responsibility of the Local Authority. Dental care can be obtained from the fixed dental centres or the mobile dental units which are used in many rural areas.

Both the dental profession and the public have become increasingly aware that, if there is to be any real improvement in the dental health of the community, measures for the prevention and control of dental disease are as important as the provision of effective treatment. If individuals wish to keep their natural teeth for life, it is most important that regular dental care should be started from a very early age, together with good oral hygiene habits and sensible dietary patterns. These must then be continued throughout the individual's lifetime.

In October, 1972 a 3 year old Birthday Card Scheme was initiated which is intended to remind parents of the desirability of starting dental care for their child, if this is not already being obtained. The existing child health computer file contains the date of birth of every child in the county born since 1958. This file is scanned periodically to identify those children about to reach the age of three, and a colourful birthday card is sent to each of them with an informative letter enclosed for the parents.

The scheme seems to be working very satisfactorily and there is already an increase in the number of pre-school children attending for inspection and treatment. Naturally many of these children will seek care from the family Dentist, and the scheme was introduced with the full co-operation and support of General Dental Practitioners in Somerset.

A more detailed report on other aspects of the dental service appears in the Principal School Medical Officer's report on School Health Services for 1972.

HOME DIALYSIS

There has been a marked fall in the number of patients referred for home dialysis during 1972, arrangements for accommodation being made for only three patients, compared with eight during 1971. One of the three requests was later withdrawn as the patient received a transplant. The following arrangements were made for the two remaining patients:—

Cheddar Patient

Referred from Southmead Hospital, Bristol.

Provided with a "Pac-a-jac" unit, the total cost of the provision being £992.83. This patient has since received a transplant, and on confirmation that it has been successful, the "Pac-a-jac" will be removed for storage till required.

Ilminster Patient

Referred by Whipton Hospital, Exeter.

This patient was supplied with a "Pac-a-jac" which had previously been purchased. The cost of transport and site works amounted to £188.12.

Year	No. of Dialysis Units	Cost	No. of Patients Treated	No. of Treatments Given	Total Cost
1970	24	1,032	1,032	1,032	1,032
1971	24	1,032	1,032	1,032	1,032
1972	3	124	124	124	124
All vehicles					
	48	2,164	2,164	2,164	2,164
Ambulances	87	3,712	3,712	3,712	3,712
Sitting Car Vehicle	135	5,760	5,760	5,760	5,760
Cars	7	295	295	295	295
Totals—Service Vehicles					
Hospital Car Service	22	937	937	937	937
Private Hire (an ambulance and car)	215	9,125	9,125	9,125	9,125
All Vehicles					
	242	10,062	10,062	10,062	10,062

CHIROPODY

The Chiropody Service is for the physically handicapped, expectant mothers, and those of pensionable age, (men 65, women 60). It is carried out by arrangement with State Registered Chiropodists working in private practice in the County.

Patients are recommended for treatment by Doctors, District Nurses, and Health Visitors, who decide whether treatment is to be at the Chiropodist's surgery or the patient's home. Part of the fee is paid by the patient, the remainder by the County.

The demand for the service continued to rise and the number of new patients was 9% more than in the previous year. Twenty seven County Homes for the Elderly are visited regularly and treatment in these is free.

The work in the various Old People's Clubs throughout the County continues satisfactorily and is the more valuable in that it is often done in areas far from a Chiropodist's surgery. There are now fifty three of these and they are supported by grants according to their need and the extent of their work.

Year	No. of Chiropodists	New Cases	No. of Patients Treated	No. of Treatments Given		Total
				Surgery	Domiciliary	
1969	54	1,932	8,377	35,489	16,900	52,389
1970	54	2,298	10,238	38,494	19,168	57,662
1971	52	2,649	10,980	42,341	21,776	64,117
1972	54	2,903	11,336	43,263	23,657	66,920

AMBULANCE SERVICE

General

The number of patients carried and the mileage run during 1972 again show an increase over previous years. 6,150 more patients were carried and 48,627 more miles run, increases of 2.5% and 2.4% respectively.

The increased use of Day Hospitals and the more intensive use of acute hospital beds all add to the general rise in the work load placed on the Service.

The St. John Ambulance Association and Brigade and the British Red Cross Society continue to assist although at a slightly reduced level.

1971	Patients	Mileage	Average Distance travelled Per Patient (miles)
Ambulances	82,930	739,583	8.92
Sitting Case Vehicles	138,918	889,915	6.40
Cars	7,098	50,753	7.15
Totals:— Service Vehicles	228,946	1,680,251	7.34
Hospital Car Service	20,251	276,609	13.66
Private Hire (ambulances and cars)	404	8,619	21.30
All vehicles	249,601	1,965,469	7.87
1972			
Ambulances	87,012	760,252	8.74
Sitting Case Vehicles	138,703	881,174	6.35
Cars	7,593	58,412	7.69
Totals:—Service Vehicles	233,308	1,699,838	7.28
Hospital Car Service	22,227	309,329	13.92
Private Hire (ambulances and cars)	216	4,929	22.82
All Vehicles	255,751	2,014,096	7.87

Control

The arrangement whereby the County is divided into four control areas continues. During the year arrangements were concluded for replacing the radio communication equipment during 1973 by new equipment which conforms to a revised Post Office specification.

The frequencies allocated for the use of Ambulance Services have been changed and the new equipment which will operate on a high band FM channel will be so designed that a driver will be able to contact the Control of a neighbouring service when travelling in the area.

The establishment of vehicles fitted with two-way radio communication in the four control areas at 31st December was:—

Control Area	Ambulances	Dual—Purpose sitting—case ambulances	Cars	TOTAL
Group 1 — Taunton (South West Somerset)	15	13	—	28
Group 2 — Weston-super-Mare (North West Somerset)	16	12	1	29
Group 3 — Shepton Mallet (North East Somerset)	9	13	1	23
Group 4 — Yeovil (South East Somerset)	4	6	1	11
TOTALS	44	44	3	91

Staff

At the end of the year the authorised establishment of Ambulance Station personnel was one hundred and eighty one.

Ambulance Station	Station & Sub/Officer	Senior Drivers	Leading Ambulancemen	A/men	Trainee	TOTAL
Bridgwater	—	1	1	6	—	8
Castle Cary	—	1	—	3	—	4
Churchill	—	1	1	5	—	7
Clevedon	—	1	1	15	—	17
Frome	—	1	—	4	—	5
Glastonbury	1	—	1	6	—	8
Highbridge	—	—	1	2	—	3
Ilminster	—	1	—	5	—	6
Keynsham	—	1	1	5	—	7
Minehead	—	1	1	6	—	8
Norton Radstock	—	1	1	7	—	9
Shepton Mallet	6	—	1	9	—	16
Taunton	6	—	4	22	1	33
Weston-super-Mare	6	—	4	23	1	34
Yeovil	3	—	2	11	—	16
TOTALS:—	22	9	19	129	2	181

During the year 45 members attended Training Courses at the Southern Ambulance Training School;—

Shortened Two Week Courses	18
Full Six Week Courses	10
Officers' Courses	8
Instructors' Courses	5
Control Staff Course	2
Shop Stewards Course	1
Industrial Relations Course	1

TOTAL 45

Vehicles

The authorised establishment of vehicles at 31st December, was:—

Ambulance Station	Ambulances	Dual—Purpose Sitting—Case Ambulances	Cars	Total
Bridgwater	2	2	—	4
Castle Cary	1	2	—	3
Churchill	2	2	—	4
Clevedon	5	3	—	8
Frome	1	1	—	2
Glastonbury	2	3	1	6
Highbridge	2	1	—	3
Ilminster	2	1	—	3
Keynsham	2	2	—	4
Minehead	3	1	—	4
Norton Radstock	2	3	—	5
Shepton Mallet	2	4	—	6
Taunton	8	9	—	17
Weston-super-Mare	7	6	1	14
Yeovil	3	4	1	8
TOTALS:	44	44	3	91

During the year 13 new vehicles were delivered to Stations as follows:—

Nine ambulances placed at Bridgwater, Clevedon, Keynsham, Norton Radstock, Shepton Mallet, Taunton (2) and Weston-super-Mare (2).

Four dual purpose sitting-case ambulances placed at Clevedon, Norton Radstock, Taunton and Yeovil.

Hospital Car Services

As can be seen from the figures given above the number of patients carried by the Hospital Car Service increased during the year.

Air and Rail Travel

During the year one patient was transported by helicopter from Taunton to Stoke Mandeville Hospital.

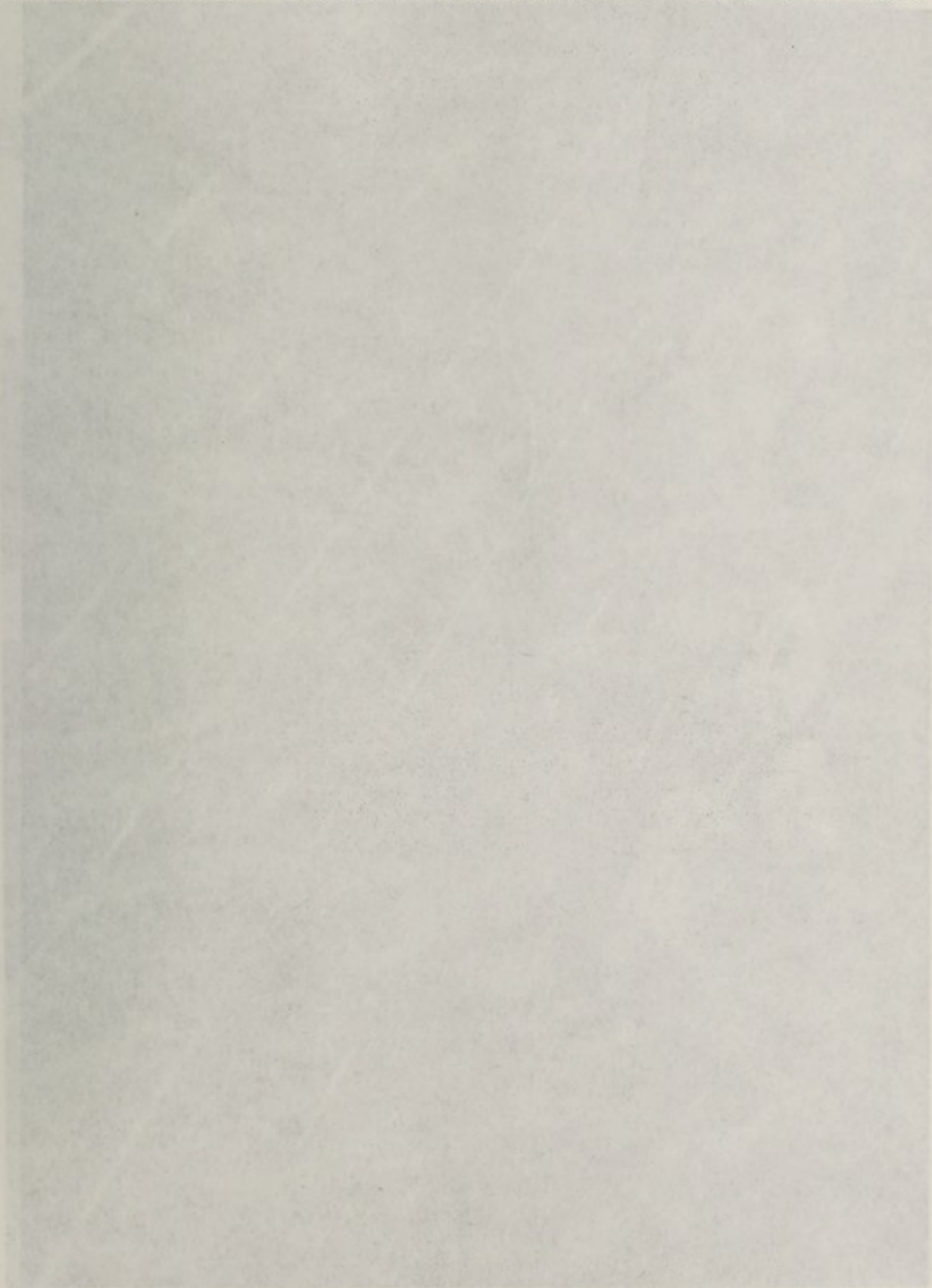
With the gradual modernisation of the railway rolling stock it is becoming more difficult to send stretcher patients by rail and in consequence some long distance journeys are having to be run by road. This will be a continuing process, but rail travel will continue to be used wherever possible. I am grateful to the willing volunteers who act as escorts to rail patients.

The following table gives details of the patients sent by rail. The equivalent road mileages saved are approximately 107,000 and 101,000 for 1971 and 1972 respectively.

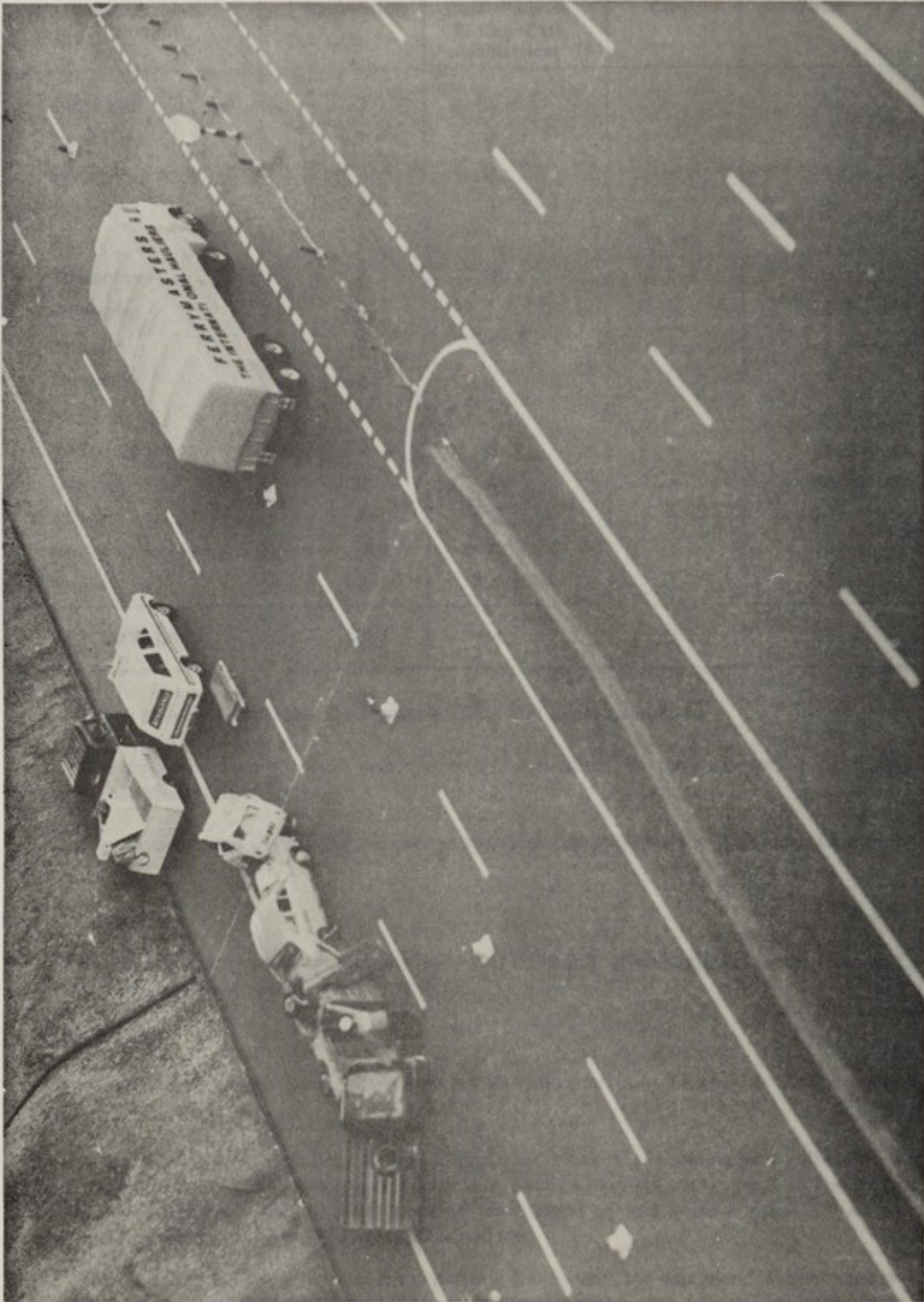
Year	Stretcher		Sitting		Totals	
	Patients	Mileage	Patients	Mileage	Patients	Mileage
1971	151	21,026	357	32,336	508	53,362
1972	124	17,939	361	32,747	485	50,686

Co-operation with Other Services

The excellent co-operation between the Emergency Services throughout the County continues and I am grateful for the help received. The assistance given by members of the St. John Ambulance Association and Brigade, the British Red Cross Society and the Hospital Car Service is also greatly appreciated.

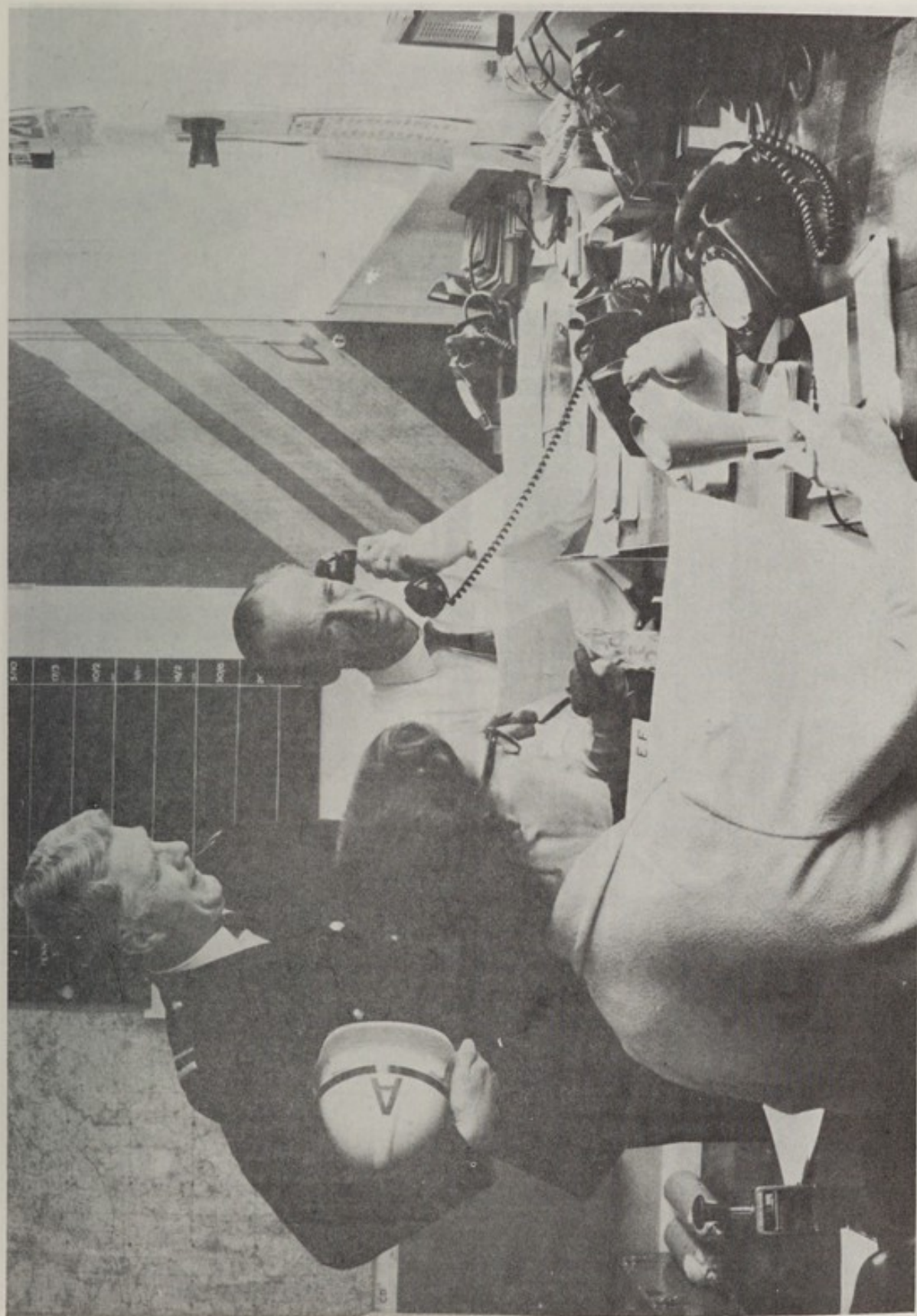


The excellent co-operation between the Emergency Services throughout the County is a fact which I am grateful for the help received. The assistance given by members of the St. John Ambulance Association and Brigade, the British Red Cross Society and the Hospital Car Service is also greatly appreciated.



A Motorway pile up? No, this photograph is of a motorway training model.

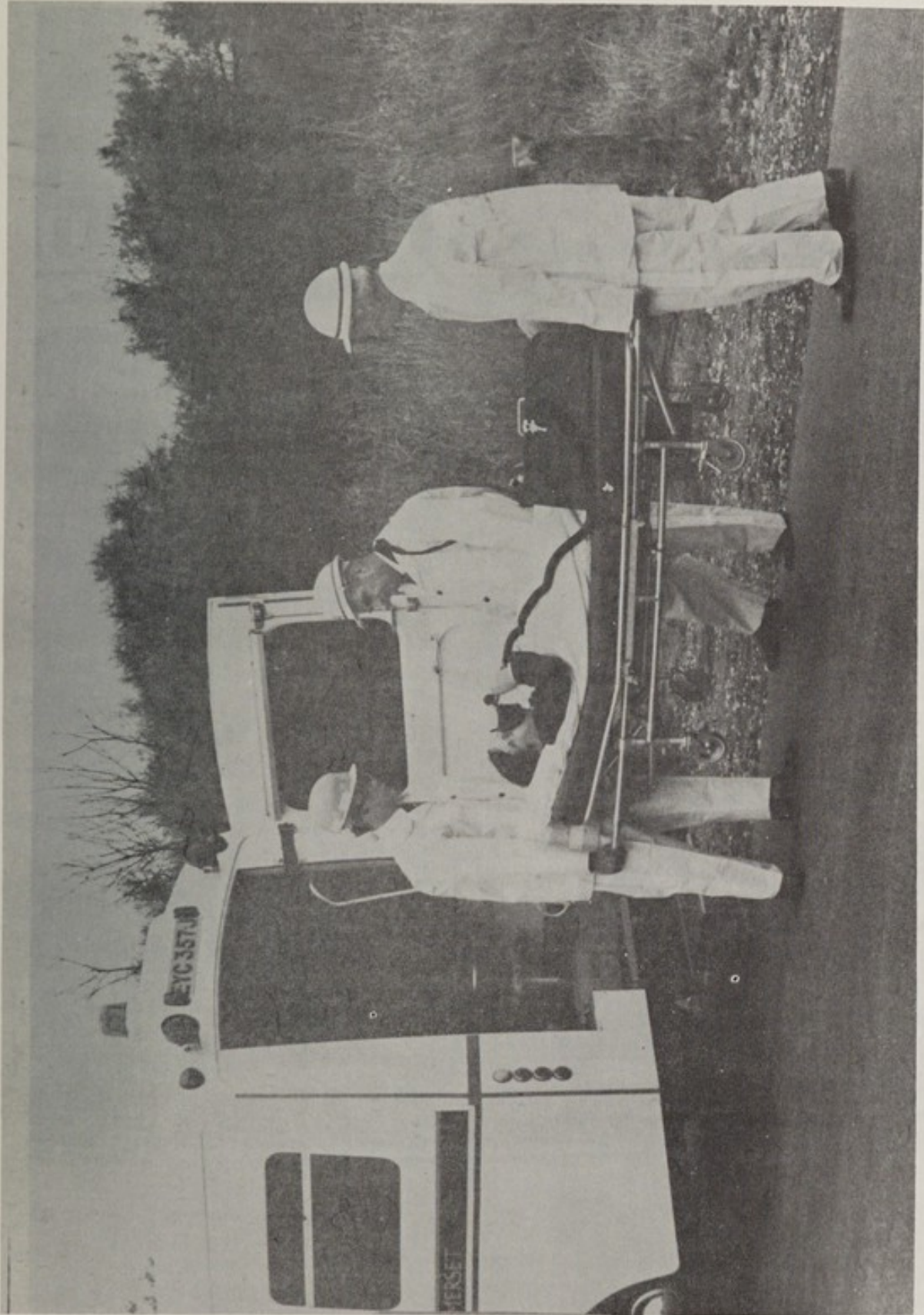
Year	1961/62		1962/63		Total	
	Patients	Mileage	Patients	Mileage	Patients	Mileage
1961	508	21,300	357	15,200	865	36,500
1962	525	22,800	381	16,700	906	39,500



Emergency call being received
at Ambulance Control.



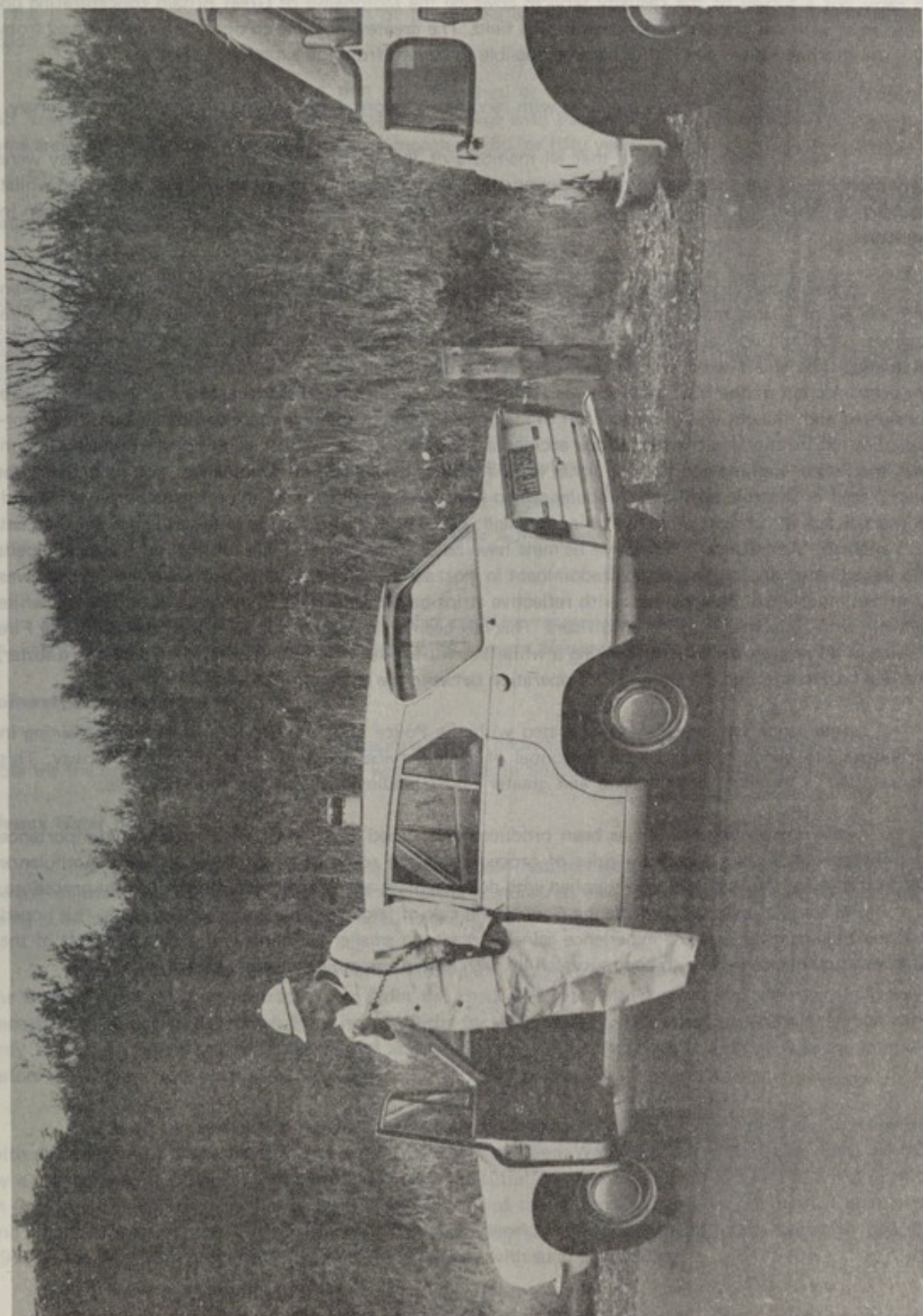
The Motorway Ambulance arrives - crew are dressed in their reflective clothing.



Casualty being loaded - Entonox to relieve pain is being used by patient.



Care of patient in ambulance.



Ambulance Officer's car being
used as a mobile control.

OPENING OF MOTORWAY IN SOMERSET

In anticipation of the opening of the M.5 Motorway through Somerset, I arranged for Dr. A. M. McCall, Area Medical Officer for S.E. Somerset and Mr. C. J. Hutton, Deputy County Ambulance Officer to carry out a survey of the casualty services covering the Motorways of Great Britain concentrating on those areas with the greatest experience in this field. The greatest possible co-operation was received from all the authorities visited and it thus became possible to benefit from the experience of others.

A Motorway report was prepared with recommendations, based on the findings from the survey.

It was necessary to ensure that all members of the staff likely to work on the Motorway were fully conscious of the importance of self-preservation. Ambulancemen have been injured and killed whilst carrying out their duties on Motorways and I was very anxious to ensure that this does not happen in Somerset.

Training was organised by the use of visual aids in the form of photographic transparencies, taken with the aid of a large model Motorway complete with vehicles (crashed and otherwise), Police Cars, Fire Engines, cones and notices with which realistic scenes could be depicted and the dangers to ambulancemen illustrated. The slides were accompanied by lectures and finally by a day and a night exercise on the unopened section of the M.5, in which the Police readily co-operated. Practical means of protection were considered and thought was given to ways of making ambulances and men more conspicuous on the Motorway, bearing in mind that most serious accidents occur in adverse weather conditions. Following liaison with the Police, warning and flashing lights were improved on Motorway Ambulances, and reflective strips were placed in strategic positions. Ambulancemen have been provided with an orange coloured jacket and trousers fitted with bright reflective strips for night use. There is also a large reflective panel on the coat back marked "Ambulance". Protective helmets have been introduced as it was felt that with insecure loads and jagged metal and/or glass being predominant in most serious road accidents, protection of the head was of prime importance. Blue helmets with reflective strips have been issued to all ambulancemen and white helmets with reflective strips to all officers. This has been done to coincide with the practice in the Fire Service of all responsible officers wearing a white helmet for easy identification at the scene of a disaster, and will help in ensuring the closest of co-operation between the emergency Services.

Ambulance Officers have co-operated with the Police and Fire Services in arranging training in immediate life saving techniques for personnel of their Services likely to work on the Motorway. This has resulted in excellent co-operation and greater understanding between the three Services.

A Motorway handbook has been produced and issued to all staff. This stresses the importance of self-preservation and lays down rules of procedure at the scene of a Motorway accident. Ambulance Controls covering the M.5 have been supplied with detailed maps and acquainted with the correct procedure.

As the M.5 extends through the County the risk of large scale accidents will increase. It is hoped that the training given and the experience gained already on smaller accidents will enable the staff of the Somerset Ambulance Service to cope successfully with any future accident large or small.

WATER SUPPLY AND SEWAGE DISPOSAL

Some districts experienced water shortages particularly during the very dry period mid-year. Water quality showed some improvement and this was reflected in the bacteriological results. With regard to the few isolated cases of contamination of treated water, these were fully investigated and remedial action taken.

The year's rainfall was 918.4 mm. (36.15 inches) or 8 per cent above average. January to June and November and December were all wetter than average with February one of the wettest recorded. In some areas July to October was the driest four month period for fifty years.

As will be seen from the undermentioned reports of Somerset Water Undertakers new sources of water supply and the provision of further impounding reservoirs are of paramount importance.

Although the Wessex Water Board lost their case for abstracting water at Lower Magiston (near Dorchester), there is more hope that the West Somerset Water Board will be successful in their application to provide an impounding reservoir at Wimbleball in the rural district of Dulverton. This proposed reservoir, approximately one-and-a-half miles from Brompton Regis is to be of 4,300 million gallon capacity, providing an additional -

5.3 m.g. per day to East Devon
2.5 m.g. per day to North Devon
7.0 m.g. per day to West Somerset
<u>5.0 m.g. per day to River Authorities</u>
<u>19.8 m.g. per day</u>

It is proposed that the reservoir will also cater for recreational needs, none of which, it is said, is likely to disturb the natural peace in this area of Exmoor National Park.

Somerset Water Undertakers

The following are extracts from reports kindly provided by the three water undertakers responsible for the provision and maintenance of water supplies in Somerset.

Wessex Water Board

The effort expended in controlling wastage again resulted in the demand for water being held almost constant in spite of increasing population and industrial use, the average demand for the year being 8.34 m.g.d. compared with 8.24 m.g.d. in 1971.

In July, over a year after the Public Inquiry, the Secretary of State for the Environment refused the Board's application to abstract water from the chalk at Lower Magiston, near Dorchester. It is now necessary to return to the search for a major source for water supply. The effort on waste detection can only hold the demand for a limited period and there may well be shortages in a drought in the interim before a new major source is available.

The work of cleaning or replacing corroded and encrusted mains in the Yeovil area continues, with a consequent improvement in the quality of water supplied. Water quality was affected for a period by a minute species of algae, difficult to remove in the filtration process, which multiplied to a vast extent in Sutton Bingham reservoir due to organic enrichment of the feeder streams from pollution. Extensions and improvements to the Sutton Bingham treatment works were commenced; when commissioned in 1973/4, the treatment process will be better able to cope with such difficulties.

West Somerset Water Board

Consumption continued to rise throughout the Board's area and reached a peak of 14.3 m.g.d. on 25th July, 1972.

This was partially due to the very long dry spell of July, August, September and October, when rainfall was only 2 per cent of average. At the end of November, reservoir storage was very low and public were requested to reduce consumption.

In Bridgwater the new trunk mains were completed from Durleigh to the Polden Hills and water was extracted from the Bridgwater-Taunton Canal for the first time. At Durleigh the new filters were in operation and construction of the micro-strainer and ozone plant continued.

At Maundown Treatment Works the new micro-strainers were also operated in time for the summer demand and enabled output to be increased to 5½ m.g.d.

The new Treatment Works at Porlock for the Nutscale Reservoir was finally commissioned in November and the Minehead area now enjoys a fully treated water for the first time.

On Exmoor, the Board took over responsibility for the Exton village supply. During the dry period, all village supplies were inadequate and appeals for economy were made to the consumer. The Board have considered a new regional scheme for supplying the village from Maundown in conjunction with the Wimbleball project.

The Wimbleball Reservoir Order was finally published and a public enquiry held in November, the results of which are still awaited.

In addition, to the above works, the Board have been engaged in considerable mains and service alterations in respect of the M5 Motorway Contract from Highbridge to Wellington.

Bristol Waterworks Company

Work carried out during the year in the County included the laying of approximately 2.3 km of 6 in. and 8 in. mains from Woolverton to Norton St. Philip (Frome Rural). This work, together with the installation of booster pumping stations at Tellisford and Norton St. Philip Tower will augment the supply in the Norton St. Philip area.

A scheme to bring surplus water from the Frome Sources to meet future needs in the Frome and Shepton Mallet areas meant the laying of 10.5 km of 15 in. and 8 in. mains from Egford/Chantry to Leigh-on-Mendip and 4.4 km of 15 in. and 10 in. mains from Leigh-on-Mendip (all in Frome Rural) to Long Cross Reservoir. Mains were also laid from Long Cross Reservoir to south of Evercreech (Shepton Mallet Rural) and at the end of 1972 about 7.7 km of 6 in., 8 in. and 10 in. had been completed.

As part of the supply improvements to the area served by the Priddy source, over 1.0 km of 4 in. main was laid from Priddy Pumping Station to Eastwater Reservoir (Wells Rural).

About 3.2 km of 4 in. and 6 in. main were laid and a small hydro-pneumatic booster installed, in order to provide water for the village of Kelston (Bathavon Rural).

A new suction tank has been built at Brent Knoll Pumping Station and approximately 1.8 km of 8 in. main laid as an independent suction to the Berrow Booster in order to meet the summer peak demands in the holiday area of Berrow and Brean (Axbridge Rural).

Also in the Axbridge Rural District, some 1.0 km of 4 in. main was laid from Lower Weare to Notting Hill Tower to augment the supply in the area.

New Pumping plant has been installed at Clevedon (Urban District) to replace equipment which will be unsuitable for the new water softening plant, to be fitted shortly.

A new contact tank has been built adjacent to Sherborne Spring (Clutton Rural) as part of the treatment improvements planned for this source.

The chlorination plant at North Wooton (Wells Rural) has been replaced by a new system of sterilisation using ultra-violet radiation.

The following table shows the total length of mains laid during the year:

	<u>Mains Laid in 'Metres'</u>		
	<u>Trunk Mains</u> <u>4"-18"</u>	<u>Tapping Mains</u> <u>3"-12"</u>	<u>Total</u>
Boroughs and Urbans	233	14,795	15,028
Rurals	25,522	24,876	50,398
	<u>25,755</u>	<u>39,671</u>	<u>65,426</u>

The following schemes were approved for grant aid under the Rural Water Supplies and Sewerage Acts, 1944-1972 and the Water Acts, 1945:

<u>District</u>	<u>Scheme</u>	<u>Cost</u> £
Bathavon Rural (Bath Corporation Waterworks)	Hinton Charterhouse — Newtown Extension	460
Bathavon Rural (Bristol Waterworks Co.)	Kelston Village and Northstoke Extension	23,500
Bathavon Rural (Bath Corporation)	Charlcombe — Charlcombe Lane Extension	1,250
Bridgwater Rural (West Somerset Water Board)	Ashcott (Station Road) Extension	4,900
Wells Rural (Bristol Waterworks Co.)	Chewton Mendip — Nudge Hill Extension	4,380
		<u>£34,490</u>

The following schemes were approved for grant aid (where applicable) under The Rural Water Supplies and Sewage Acts, 1944-1972.

<u>District</u>	<u>Scheme</u>	<u>Cost</u> £
Axbridge Rural	Mark Sewerage	27,254
Axbridge Rural	Brent Area Sewerage — Phase 1	337,000
Bathavon Rural	Southstoke Sewerage — Phases I & II	111,474
Bathavon Rural	Cam Valley Sewerage	299,000
Bridgwater Rural	Regional Scheme — Southern Trunk Sewerage	560,000
Bridgwater Rural	Ashcott Foul and Surface Water Sewerage	169,065
Bridgwater Rural	Regional Scheme — Northern Trunk Sewerage	395,000
Bridgwater Rural	West Huntspill — Joint Sewage Works	800,000

Cont.

<u>District</u>	<u>Scheme</u>	<u>Cost</u> £
Bridgwater Rural	Middlezoy and Othery Surface Water Sewerage	256,005
Bridgwater Rural	Middlezoy and Othery Sewerage	211,092
Bridgwater Rural	Shapwick Foul Sewerage	51,000
Bridgwater Rural	Fiddington Sewerage	20,850
Bridgwater Rural	North Newton Sewerage	65,000
Chard Rural	Winsham Sewerage and Sewage Disposal	155,700
Clutton Rural	Farrington Gurney/Camely Sewerage	351,234
Clutton Rural	Chilcompton — Stage II Sewerage and Sewage Disposal	99,000
Frome Rural	Buckland Dinham, Great Elm and Mells (Stage II) Sewerage and Sewage Disposal	315,500
Langport Rural	Barton St. David Sewerage	166,000
* Langport Rural	Comprehensive Scheme — Central Sewerage District — Phase I	787,000
Long Ashton Rural	Yatton — Horsecastle Surface Water and Flood Relief	40,000
Long Ashton Rural	Easton-in-Gordano — Ham Sewer Extension	5,720
Shepton Mallet Rural	West Bradley — Parbrook Sewerage	55,585
* Shepton Mallet Rural	Lydford Sewerage and Sewage Disposal	207,968
Shepton Mallet Rural	Batcombe and Evercreech Sewerage and Sewage Disposal	330,000
Taunton Rural	Corfe and Pitminster Regional Sewerage Scheme	287,000
Taunton Rural	Halse and Ash Priors Sewerage Scheme	106,000
Wells Rural	Meare Area Sewerage	123,365
Wincanton Rural	Penselwood Sewerage	59,877
Yeovil Rural	East Coker, Burton Lane and Coker Marsh Sewerage	28,996
		<u>£6,421,685</u>

* These schemes were approved prior to 1971 but costs and/or proposals were revised and re-submitted for grant aid under the Rural Water Supplies and Sewerage Acts 1944–1972.

HOUSING

Considerable progress is being made in the rehabilitation of older houses with a consequent reduction in unfit properties or those lacking the basic amenities.

Improvement Grants are available either for the improvement of existing houses or the provision of new dwellings by conversion.

Standard Grants are obtainable for the installation of standard amenities subject to certain statutory requirements.

Special Grants are also available for the installation of standard amenities in houses in multiple occupation and are primarily intended for those Authorities which have areas of intensive multiple occupation. No such grants were made during the year in Somerset.

The following Table shows the number of grants made by local authorities during 1972.

	<u>Received</u>		<u>Approved</u>	
	<u>Applica- tions</u>	<u>No. of Dwellings</u>	<u>Applica- tions</u>	<u>No. of Dwellings</u>
Boroughs and Urbans				
Improvement Grants	612	767	559	713
Standard Grants	288	294	291	297
Rurals				
Improvement Grants	931	948	852	894
Standard Grants	241	241	231	231
	<u>2,072</u>	<u>2,250</u>	<u>1,933</u>	<u>2,135</u>

Houses constructed by local authorities during 1972 number 862 and a further 4,231 were provided by private enterprise.

SANITARY CIRCUMSTANCES

Sanitary Conditions in Schools

The County Architect, in a review of the Sanitary Improvement Programme, considered that given the necessary resources, a start could be made on the final stages of the improvement work. As an added incentive, the Policy Advisory Committee authorised expenditure of up to £120,000.

At the end of the year one contract, No. 25 had been virtually completed; No. 26A had been let and the work was due to start early in 1973. Six further contracts were either out to tender or at an advanced stage of preparation.

House Refuse and Trade Waste

At the end of 1972 there were forty-seven controlled or semi-controlled tips in Somerset of which possibly four are almost full to capacity.

Under the Deposit of Poisonous Waste Act 1972, it is now necessary for the person responsible for the removal of waste which is poisonous, noxious or has polluting qualities to notify Local and River Authorities from whose area the waste is removed and deposited. It will also be necessary for Local Authorities with tips in their district to keep records of all polluting waste removed by them or disposed of on their own tips. Persons in contravention of the Act are liable to heavy fines.

Camping and Caravan Sites — Gypsies

For the past few years the County Council have been endeavouring to provide sites for gypsy families, many of whom are living in very primitive conditions, but progress is particularly slow. The real difficulty arises in trying to obtain suitable land which is acceptable to nearby residents, the planning authority, and which the owner is prepared to sell.

So far only two sites, which accommodate fourteen families, are in use; a further site for fifteen families is nearing completion, and four further sites are planned.

Caravan Sites and Control of Development Act, 1960

	Permanent		Seasonal	
	Boroughs and Urbans	Rurals	Boroughs and Urbans	Rurals
Number of single caravans licensed	18	282	2	13
Number of site licences issued in respect of more than one caravan	17	84	19	100
Estimated maximum number of occupants resident during year	1,263	3,238	17,886	18,000
Number of sites closed as a result of above Act	2	14	1	—
Number of unlicensed sites in use	1	2	3	*50

*Includes sites used by construction workers on M.5 Motorway, temporary gypsy and holiday sites.

School Swimming Pools

The development of school swimming pools is set out in the following table. Also shown are the number of pools covered and/or heated, etc.

	Number of Schools				
	With Purification Plant:				Without Purification Plant:
	And Not Covered or Heated	Covered and Heated	Heated only	Covered only	And Not Covered or Heated
PERMANENT SCHOOL POOLS					
PRIMARY	11	14	4	2	1
MIDDLE	3	—	—	—	—
SECONDARY/COMPREHENSIVE/GRAMMAR	25	3	—	1	6
TRAINING CENTRES/SPECIAL SCHOOLS	1	4	—	2	—
PORTABLE SCHOOL POOLS					
PRIMARY	51	1	3	1	3
MIDDLE	—	—	—	—	—
SECONDARY/COMPREHENSIVE/GRAMMAR	—	—	—	—	—
TOTAL	91	22	7	6	10

Pools under Construction — 4.

SUPERVISION OVER THE FOOD SUPPLY

The Milk (Special Designation) Regulations 1963 (As Amended)

A total of 926 dealers were licensed to process and/or retail milk under these Regulations as at 31st December, 1972. Details of licences in operation are as follows:

Dealer's (Pasteuriser's) Licence	11
Dealer's (Steriliser's) Licence	1
Dealer's (Pre-Packed Milk) Licence	889
Dealer's (Untreated) Licence	25
	<u>926</u>

Of the 4,063 producers registered by the Ministry of Agriculture, Fisheries and Food in Somerset 123 are also licensed to retail milk of their own production. Information concerning samples taken from this source and all licensed dealers appear in Tables B (1) and B (2).

Details of samples taken from the licensed pasteurising plants and one sterilising plant during 1972 are set out in the following table.

TABLE A **Pasteurising Plants**

	Number of Samples taken	Number Satisfactory	Sample Failures
Pasteurised:			
Bulk	6	6	—
Bottled	378	375	3
Totals	384	381	3
Sterilised	2	2	—

TABLE B (1)

Licensed Dealers' Samples

	Number of Samples taken	Number Satisfactory	Percentage Unsatisfactory
Pasteurised	1,719	1,663	3.3
Sterilised	12	12	—
Untreated	434	386	11.1
Ultra-Heat Treated	59	59	—
Totals	2,224	2,120	4.7

TABLE B (2)

Licensed Dealers' Samples — Failure Table

	Pasteurised Milk	Untreated Milk
(1) Number failing Phosphatase Test	—	—
(2) Number failing Methylene Blue Test	56	48
(3) Number failing both Tests (1) and (2)	—	—
(4) Other samples failing	—	—

NOTE: Samples Void — 37. These samples were not examined by the Methylene Blue test due to the atmospheric temperature exceeding 70°F, during the period of storage at the Laboratory

TABLE C

Licensed Pasteurising Plants and Dealer's Samples —
(Tables A and B (1) combined)

	Number of Samples taken	Number Satisfactory	Percentage Unsatisfactory
Pasteurised	2,103	2,044	2.3
Sterilised	14	14	—
Untreated	434	386	11.1
Ultra-Heat Treated	59	59	—
	2,610	2,503	4.1

TABLE D

Empty Cleansed Bottles

Standard	Colony Count Per Pint Bottle	Number Examined
Satisfactory	0-200	203
Fairly Satisfactory	200-600	5
Unsatisfactory	600+	27
Totals		235

At the request of the Department of Health and Social Security, sampling at the one remaining hospital farm was continued throughout the year.

Biological Sampling — Brucella

Sampling of milk for biological purposes was continued as a routine measure. This form of sampling is carried out as a check on all retailers of untreated milk or at specific farms following the occurrence of milk borne infection.

619 samples were submitted for examination by the Public Health laboratories of which two samples, affecting two farms, showed positive evidence of infective Brucellosis.

Milk Sampling — Antibiotics

A constant check is also maintained on ex-farm milk for the presence of anti-biotics, and of the 231 samples examined by the County Analyst, two had readings in excess of that recommended. These were referred to the Ministry of Agriculture, Fisheries and Food for investigation as they are responsible for dairy herd management.

Cream Sampling

The number of informal cream samples examined during the period May to September 1972, are shown in the following Table. For classification purposes samples in grade one are considered satisfactory; those in grades two and three fairly satisfactory and four, unsatisfactory.

Cream Designation	Examination Results					
	Methylene Blue Test				Brucella Test	
	Grades				Neg.	Pos.
	1	2	3	4		
Clotted	21	23	34	39	117	—
Double	8	6	9	31	54	—
Single	3	3	3	11	20	—
Untreated	—	1	6	14	21	—
Pasteurised	9	8	7	25	49	—
Sterilised	2	—	—	—	2	—
U. H. T.	2	—	—	—	2	—

Although cream samples are examined biologically for Brucella on a routine basis, it was decided to extend the sampling to an examination of the milk from which cream is produced, particularly in those cases where continuous poor results were obtained. Two herds were found to contain Brucella reactors; in one case it was necessary for the Medical Officer of Health to serve a Heat-Treatment Notice. In the second case, four cows were found to be reactors, but as these were suitably segregated and the farmer had applied for entry to the Brucella Eradication Scheme, the Medical Officer decided that the service of a Notice was unnecessary.

Designated Milk (Raw)

Milk Producers and Producer/Retailers

The following details have been provided by the Divisional Executive Officer of the County Agricultural Executive Committee.

		As at 31st December, 1972
Number of Registered Producers in County		4,063
Number of Producers holding Untreated milk licences		123

(1)	Approximate number of Cattle in the County	458,627
(2)	Number of Herds	6,573
(3)	Number of Dairy Herds	3,933
(4)	Other Herds	2,640

Schools and Other County Council Establishments — Milk Sampling

	Pasteurised		Untreated		TOTAL
	Satis.	Unsatis.	Satis.	Unsatis.	
"Milk-in-Schools" Scheme	67	—	1	—	68
Central Kitchens and other County Council Establishments	74	2	1	—	77
TOTALS	141	2	2	—	145

Sampling of milk at schools, central kitchens, self-contained canteens and other County Council establishments was maintained throughout the year. As will be seen in the table above, 145 samples were taken by the County Milk Sampling Officers of which only two samples failed the statutory test. Pasteurised milk is now being delivered to the one school, which, for part of the year was dependent upon 'untreated' milk for both canteen and children's needs.

School Meals Service

Meat supplied under contract to schools, kitchens and canteens has been periodically examined, and apart from a few justifiable complaints concerning quality, the meat was generally of a good standard. More complaints than usual were received concerning the dress of food handlers and the containers in which the meat was delivered. The contractors responsible were advised of the conditions required under the Food Hygiene (General) Regulations and immediate improvements were obtained.

TABLE 1 CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1972

CAUSE OF DEATH	Net deaths at the subjoined ages of "Residents", whether occurring within or without the District.											
	Total	Under 4 weeks	4 weeks 1 year	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75 & over
Bacillary Dysentery, Amoebiasis	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis and Other Diarrhoeal Diseases	8	2	2	—	—	—	—	—	1	—	—	3
Tuberculosis of Respiratory System	8	—	—	—	—	—	1	—	1	1	3	2
Other Tuberculosis, Including Late Effects	5	—	—	—	—	—	—	—	1	1	2	1
Meningococcal Infection	1	—	—	—	—	—	—	—	—	1	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis and its Sequela	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases	14	1	1	—	—	1	—	2	—	1	4	4
Buccal Cavity etc	16	—	—	—	—	—	1	1	1	5	3	5
Oesophagus	23	—	—	—	—	—	—	—	2	5	10	6
Stomach	149	—	—	—	—	—	—	3	3	22	51	70
Intestine	198	—	—	—	—	—	1	4	15	35	61	82
Larynx	8	—	—	—	—	—	—	—	—	2	3	3
Lung, Bronchus	337	—	—	—	—	—	—	3	23	84	161	66
Breast	168	—	—	—	—	—	1	4	37	46	48	32
Uterus	50	—	—	—	—	—	1	1	5	20	13	10
Prostate	68	—	—	—	—	—	—	—	1	7	17	43
Leukaemia	40	—	—	1	2	1	2	1	4	4	12	13
Other Malignant Neoplasms	452	—	—	4	5	7	5	21	41	92	140	137
Benign and Unspecified Neoplasms	18	—	—	—	—	2	—	1	1	5	5	4
Diabetes Mellitus	77	—	—	—	—	1	1	—	4	12	24	35
Avitaminoses, etc	1	—	—	—	—	—	—	—	—	—	1	—
Other Endocrine etc, Diseases	25	1	—	2	1	2	—	1	1	2	8	7
Anaemia	16	—	—	—	—	—	—	—	1	2	6	7
Other Diseases of the Blood, etc	6	—	—	—	—	—	1	—	—	1	2	2
Mental Disorders	14	—	—	—	—	—	—	—	4	3	2	5
Meningitis	3	1	—	—	1	—	—	—	—	—	1	—
Multiple Sclerosis	18	—	—	—	—	—	1	4	6	6	1	—
Other Diseases of the Nervous System	72	—	—	2	4	1	4	1	4	10	18	28
Chronic Rheumatic Heart Disease	70	—	—	—	—	—	2	2	7	18	19	22
Hypertensive Disease	163	—	—	—	—	—	—	4	3	19	51	86
Ischaemic Heart Disease	1,862	—	—	—	—	—	1	19	87	257	569	929
Other Forms of Heart Disease	467	—	—	—	1	—	—	1	7	20	71	367
Cerebrovascular Disease	1,274	—	—	—	1	1	4	6	34	97	289	842
Other Diseases of Circulatory System	447	—	—	—	—	1	2	2	9	31	96	306
Influenza	47	—	—	—	—	—	1	2	2	4	11	27
Pneumonia	538	3	10	2	1	2	2	5	6	27	100	380
Bronchitis and Emphysema	268	—	—	—	—	—	1	1	6	45	102	113
Asthma	12	—	—	—	1	—	1	1	3	1	4	1
Other Diseases of the Respiratory System	72	—	—	1	—	—	1	3	—	10	25	32
Peptic Ulcer	39	—	—	—	—	—	—	—	1	4	14	20
Appendicitis	5	—	—	—	1	—	—	1	1	1	1	—
Intestinal Obstruction and Hernia	31	4	—	—	1	—	—	—	—	4	6	16
Cirrhosis of the Liver	24	—	—	—	—	—	—	2	7	7	5	3
Other Diseases of Digestive System	82	—	—	—	1	—	—	—	5	3	17	56
Nephritis and Nephrosis	28	—	—	—	—	—	—	1	3	7	9	8
Hyperplasia of Prostate	23	—	—	—	—	—	—	—	—	—	5	18
Other Diseases, Genito-Urinary System	54	—	—	—	—	—	—	—	2	5	14	33
Abortion	—	—	—	—	—	—	—	—	—	—	—	—
Other Complications of Pregnancy etc.	1	—	—	—	—	—	1	—	—	—	—	—
Diseases of Skin, Subcutaneous Tissue	9	—	—	—	—	—	—	—	—	1	1	7
Diseases of Musculo-Skeletal System	53	—	—	1	—	—	—	1	1	7	14	29
Congenital Anomalies	48	22	4	5	2	1	1	1	2	4	3	3
Birth Injury, Difficult Labour etc.	30	29	1	—	—	—	—	—	—	—	—	—
Other Causes of Perinatal Mortality	19	19	—	—	—	—	—	—	—	—	—	—
Symptoms of Ill Defined Condition	77	1	10	—	—	—	—	1	—	—	2	63
Motor Vehicle Accidents	95	—	—	1	10	30	14	5	5	9	11	10
All Other Accidents	100	—	4	4	4	5	3	6	4	12	10	48
Suicide and Self Inflicted Injuries	46	—	—	—	—	1	5	8	9	8	12	3
All Other External Causes	24	—	1	1	1	—	3	2	5	4	5	2
TOTAL ALL CAUSES	7,803	83	33	24	37	56	61	121	365	972	2062	3989

TABLE 2

CAUSES OF DEATH AT ALL AGES IN EACH DISTRICT DURING THE YEAR 1972
URBAN DISTRICTS

	Bridgwater	Burnham	Chard	Clevedon	Crewkerne	Frome	Glastonbury	Ilminster	Keynsham	Minehead	Norton Radstock	Portishead	Shepton Mallet	Street	Taunton	Watchet	Wellington	Wells	Weston-super-Mare	Yeovil	Total Urban District
Bacillary Dysentery, Amoebiasis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteritis and Other Diarrhoeal Diseases	1	1	1	1	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	5
Tuberculosis, or Respiratory System	-	-	-	-	-	-	1	-	-	-	1	-	1	1	1	-	-	-	1	-	6
Meningococcal Infection	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1
Other Tuberculosis, Including Late Effects	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	2
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis and its Sequelae	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Infective and Parasitic Diseases	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	3	-	6
Buccal Cavity etc.	-	2	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	2	-	-	6
Oesophagus	-	-	-	1	-	-	-	-	1	-	2	-	-	-	1	-	2	2	1	1	11
Stomach	10	3	3	2	-	4	1	1	7	3	2	1	-	1	6	2	5	3	14	4	72
Intestine	7	8	4	5	1	3	1	1	8	7	6	2	2	2	9	-	3	2	21	8	100
Larynx	1	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	1	2	6
Lung, Bronchus	14	3	1	7	2	13	4	1	7	7	6	2	3	5	20	2	7	2	39	16	161
Breast	15	4	3	2	2	1	3	1	7	4	2	2	1	1	14	1	3	1	25	5	97
Uterus	9	2	1	1	-	-	-	-	1	1	-	-	-	1	6	1	1	2	2	3	31
Prostate	3	4	-	2	-	4	-	-	3	4	-	-	1	1	2	-	-	-	3	3	30
Leukaemia	1	3	1	-	-	1	-	-	-	1	2	-	-	1	2	-	-	1	5	2	20
Other Malignant Neoplasms	19	14	3	10	7	18	3	3	19	11	10	8	2	5	15	2	7	6	55	25	242
Benign and Unspecified Neoplasms	1	1	-	1	-	-	-	1	2	1	1	-	-	-	3	-	-	-	3	-	14
Diabetes Mellitus	7	2	3	4	-	-	1	-	4	1	2	-	-	-	7	1	1	-	5	7	45
Avitaminoses, etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Endocrine etc. Diseases	-	-	-	2	1	2	-	-	-	-	1	-	-	-	1	-	-	-	2	2	11
Anaemia	1	-	-	1	-	-	-	-	-	1	-	-	-	-	2	-	-	1	1	1	8
Other Diseases of the Blood, etc.	-	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Mental Disorders	-	-	1	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	1	4
Meningitis	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Multiple Sclerosis	2	-	-	-	-	-	-	-	2	-	-	1	1	-	2	-	-	1	-	-	9
Other Diseases of the Nervous System	3	-	3	1	2	1	1	2	1	-	2	-	1	1	5	-	-	7	7	5	42
Chronic Rheumatic Heart Disease	1	2	-	2	-	2	1	-	3	1	2	1	1	1	5	2	-	1	7	5	37
Hypertensive Disease	14	4	7	2	1	5	1	-	4	3	2	1	2	1	9	-	9	-	26	2	93
Ischaemic Heart Disease	64	49	24	87	20	52	18	11	57	42	35	27	13	16	125	12	33	17	233	81	1016
Other Forms of Heart Disease	32	10	15	8	3	10	1	10	8	15	11	3	4	8	18	3	12	15	66	16	268
Cerebrovascular Disease	49	56	30	45	7	38	6	8	37	27	18	12	15	18	65	5	19	43	158	48	704
Other Diseases of Circulatory System	25	14	5	14	3	6	2	3	5	12	7	3	6	3	32	2	6	4	39	25	216
Influenza	4	3	-	-	-	2	-	-	2	2	1	-	1	-	2	-	-	2	4	2	25
Pneumonia	15	10	13	18	9	20	6	-	1	16	6	6	5	2	50	1	8	6	48	18	258
Bronchitis and Emphysema	11	8	6	9	2	6	2	-	14	3	9	3	5	5	19	3	1	5	26	11	148
Asthma	-	-	-	-	-	1	-	-	1	-	1	-	-	-	1	-	-	-	1	1	6
Other Diseases of the Respiratory System	2	1	2	1	1	3	-	1	2	3	3	-	-	1	3	1	2	-	7	1	34
Peptic Ulcer	2	-	-	1	-	-	-	-	2	2	-	-	-	-	4	-	2	1	7	-	21
Appendicitis	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	2
Intestinal Obstruction and Hernia	1	1	-	-	-	-	2	-	-	-	1	-	-	-	3	-	1	-	2	1	12
Cirrhosis of the Liver	-	-	3	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	4	4	13
Other Diseases of Digestive System	3	5	1	3	3	2	-	-	2	-	-	2	2	-	3	-	6	-	13	2	47
Nephritis and Nephrosis	1	2	1	-	1	2	-	-	-	-	1	-	-	-	1	-	-	-	5	2	16
Hyperplasia of Prostate	-	-	-	1	-	1	-	-	1	2	1	-	1	-	1	-	1	-	5	2	16
Other Diseases, Genito-Urinary System	3	2	1	-	-	-	-	-	-	1	3	1	2	1	5	-	1	-	4	3	27
Abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Complications of Pregnancy etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diseases of Skin, Subcutaneous Tissue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	2	5
Diseases of Musculo-Skeletal System	2	3	-	2	-	1	-	1	2	1	1	2	-	3	1	-	-	2	4	-	25
Congenital Anomalies	2	1	1	2	-	-	-	1	-	-	2	4	-	-	4	-	1	3	3	2	26
Birth Injury, Difficult Labour etc.	1	-	3	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	5	4	15
Other Causes of Perinatal Mortality	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1	5
Symptoms of Ill Defined Conditions	3	1	7	2	-	1	-	1	-	2	1	1	3	1	9	-	4	2	6	4	48
Motor Vehicle Accidents	9	2	2	-	1	1	2	-	4	-	5	1	1	1	4	-	1	-	4	5	43
All Other Accidents	3	1	-	7	-	7	-	1	6	-	1	-	3	1	7	-	-	2	5	4	48
Suicide and Self Inflicted Injuries	1	-	-	1	-	1	-	-	-	-	1	1	-	-	2	-	1	2	5	3	18
All Other External Causes	1	-	1	3	-	1	-	-	1	1	-	-	-	1	-	-	-	1	7	-	17
TOTAL ALL CAUSES	344	222	147	248	70	210	59	48	216	174	151	86	76	82	476	39	141	136	883	334	4142

TABLE 3 CAUSES OF DEATH AT ALL AGES IN EACH DISTRICT DURING THE YEAR 1972

RURAL DISTRICTS

	Axbridge	Bathaston	Bridgwater	Chard	Clutton	Dulverton	Frome	Langport	Long Ashton	Shepton Mallet	Taunton	Wellington	Wells	Williton	Wincanton	Yeovil	Total Rural Districts	County Total
Bacillary Dysentery, Amoebiasis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteritis and Other Diarrhoeal Diseases	-	-	1	-	-	-	-	-	2	-	-	-	-	-	-	-	3	8
Tuberculosis or Respiratory System	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2	8
Other Tuberculosis, Including Late Effects	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	3	5
Meninococcal Infection	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis and its Sequelae	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Infective and Parasitic Diseases	1	-	2	-	-	-	-	-	1	-	1	-	-	1	1	1	8	14
Buccal Cavity etc.	2	-	-	-	-	-	1	1	1	2	-	1	-	1	1	-	10	16
Oesophagus	2	4	-	-	-	1	-	2	-	-	1	-	-	1	-	1	12	23
Stomach	13	6	1	4	6	1	2	4	11	2	10	1	3	3	9	1	77	149
Intestine	12	5	7	2	4	2	2	7	15	6	7	1	4	5	3	16	98	198
Larynx	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	2	8
Lung, Bronchus	20	11	12	10	11	2	8	11	24	7	17	3	4	8	14	14	176	337
Breast	8	3	5	3	5	-	2	5	9	5	7	-	-	8	5	6	71	168
Uterus	2	1	1	1	3	-	2	-	1	1	2	-	3	1	-	1	19	50
Prostate	9	2	2	3	3	1	-	1	7	-	2	-	3	2	1	2	38	68
Leukaemia	1	-	1	-	7	-	-	1	2	-	2	1	1	-	2	2	20	40
Other Malignant Neoplasms	26	12	17	8	13	2	9	11	22	8	20	8	8	15	17	14	210	452
Benign and Unspecified Neoplasms	1	1	1	-	-	-	-	-	1	-	-	-	-	-	-	-	4	18
Diabetes Mellitus	7	2	3	1	5	-	-	-	1	3	1	2	2	2	2	1	32	77
Avitaminoses, etc.	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1
Other Endocrine etc. Diseases	1	1	1	-	1	-	-	1	1	-	4	-	-	2	1	1	14	25
Anaemia	1	-	-	-	1	-	-	-	-	-	2	-	1	-	1	2	8	16
Other Diseases of the Blood, Etc.	-	-	-	-	-	-	-	-	1	1	-	-	-	-	1	-	3	6
Mental Disorders	1	-	1	-	-	-	-	1	1	-	4	-	-	1	1	-	10	14
Meningitis	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	2	3
Multiple Sclerosis	3	1	-	1	-	-	1	-	-	-	2	1	-	-	-	-	9	18
Other Diseases of the Nervous System	2	2	2	-	1	-	1	-	6	1	5	1	1	3	1	4	30	72
Chronic Rheumatic Heart Disease	4	3	3	1	8	-	-	1	4	2	2	-	-	2	-	3	33	70
Hypertensive Disease	11	5	8	1	2	2	2	4	4	3	6	4	4	5	5	4	70	163
Ischaemic Heart Disease	116	37	71	44	56	8	35	43	105	23	59	32	44	45	54	74	846	1862
Other Forms of Heart Disease	42	9	15	11	13	4	6	12	15	8	14	1	12	9	15	13	199	467
Cerebrovascular Disease	72	46	35	21	38	11	22	29	49	17	64	16	28	46	37	39	570	1274
Other Diseases of Circulatory System	13	16	25	11	18	5	11	12	19	5	39	6	6	17	15	13	231	447
Influenza	4	2	4	2	3	-	1	-	1	1	-	2	-	1	1	-	22	47
Pneumonia	16	8	20	5	13	7	9	10	44	5	43	15	26	10	24	25	280	538
Bronchitis and Emphysema	16	6	7	3	7	2	4	7	18	7	17	5	3	9	4	5	120	268
Asthma	2	-	1	-	-	-	-	-	1	-	1	-	-	-	-	1	6	12
Other Diseases of the Respiratory System	6	3	3	2	3	2	3	1	5	1	2	-	1	3	2	1	38	72
Peptic Ulcer	3	2	1	-	-	-	-	1	3	-	-	2	-	3	1	2	18	39
Appendicitis	-	-	1	-	-	-	-	-	-	-	-	-	1	1	-	-	3	5
Intestinal Obstruction and Hernia	2	1	2	-	1	-	-	1	-	2	2	-	2	-	4	2	19	31
Cirrhosis of the Liver	2	2	-	-	-	-	-	-	2	1	-	1	1	-	2	-	11	24
Other Diseases of Digestive System	5	3	4	2	-	-	1	1	6	-	7	2	-	3	1	-	35	82
Nephritis and Nephrosis	2	-	2	1	-	-	-	-	1	-	1	1	-	-	2	2	12	28
Hyperplasia of Prostate	-	2	-	-	3	-	1	-	-	-	-	-	1	-	-	-	7	23
Other Diseases, Genito-Urinary System	3	1	3	-	3	1	1	-	2	-	5	2	1	2	-	3	27	54
Abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Complications of Pregnancy etc.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1
Diseases of Skin, Subcutaneous Tissue	3	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	4	9
Diseases of Musculo-Skeletal System	4	1	2	1	4	1	-	2	3	-	4	2	-	-	3	1	28	53
Congenital Anomalies	4	2	-	-	2	-	1	2	3	-	3	-	-	2	1	2	22	48
Birth Injury, Difficult Labour etc.	-	1	3	-	2	-	1	1	2	1	1	-	-	1	1	1	15	30
Other Causes of Perinatal Mortality	-	-	2	-	5	-	-	-	4	-	-	-	2	-	-	1	14	19
Symptoms of Ill Defined Conditions	3	1	-	3	2	-	2	1	3	1	8	2	-	2	1	-	29	77
Motor Vehicle Accidents	5	6	5	2	2	-	3	-	7	2	6	2	3	1	4	4	52	95
All Other Accidents	4	5	1	2	5	1	4	2	7	4	4	1	9	1	1	1	52	100
Suicide and Self Inflicted Injuries	4	1	2	2	2	-	2	-	2	2	-	1	3	5	2	-	28	46
All Other External Causes	-	-	-	2	-	-	-	1	3	-	-	-	-	-	-	1	7	24
TOTAL ALL CAUSES	459	215	277	149	253	54	137	176	419	121	378	116	178	222	243	264	3661	7803

TABLE 4

	Live Births	Still Births	Deaths	Deaths Under 1 Year	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Infantile Mortality Rate
Bridgwater	419	3	344	6	26,700	15.7	16.0	12.9	13.3	14
Burnham	155	5	222	1	12,740	12.2	15.4	17.4	10.1	6
Chard	148	1	147	3	8,460	17.5	18.0	17.4	12.7	20
Clevedon	214	—	248	5	15,060	14.2	15.5	16.5	12.2	23
Crewkerne	60	1	70	4	4,900	12.2	13.7	14.3	10.3	67
Frome	234	7	210	2	13,720	17.1	17.1	15.3	12.2	9
Glastonbury	85	1	59	2	6,530	13.0	14.2	9.0	9.6	24
Ilminster	59	—	48	3	3,770	15.6	15.4	12.7	9.9	51
Keynsham	248	3	216	—	19,040	13.0	13.4	11.3	12.2	—
Minehead	70	—	174	—	8,180	8.6	12.1	21.3	10.0	—
Norton Radstock	243	4	151	1	15,370	15.8	15.6	9.8	10.6	4
Portishead	172	3	86	4	9,420	18.3	16.3	9.1	10.6	23
Shepton Mallet	82	3	76	—	6,010	13.6	13.9	12.6	10.3	—
Street	133	2	82	1	8,170	16.3	16.1	10.0	10.6	8
Taunton	535	10	476	4	38,300	14.0	14.7	12.4	11.3	7
Watchet	41	—	39	1	2,940	13.9	15.7	13.3	11.8	24
Wellington	143	1	141	2	9,510	15.0	16.7	14.8	10.8	14
Wells	127	1	136	3	8,750	14.5	15.2	15.5	9.3	24
Weston-super-Mare	591	3	883	11	50,730	11.6	14.2	17.4	11.0	19
Yeovil	405	5	334	7	25,960	15.6	15.8	12.9	11.6	17
Total All Urban Districts	4,164	53	4,142	60	294,260	14.2	15.2	14.1	11.1	14

TABLE 5

	Live Births	Still Births	Deaths	Deaths Under 1 Year	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Infantile Mortality Rate
Axbridge	561	10	459	3	39,760	14.1	16.1	11.5	10.0	5
Bathavon	217	1	215	3	18,790	11.5	13.5	11.4	11.1	14
Bridgwater	415	8	277	6	28,190	14.7	15.7	9.8	10.3	14
Chard	189	1	149	—	12,900	14.7	17.6	11.6	9.3	—
Clutton	339	2	253	10	21,190	16.0	16.3	11.9	12.1	29
Dulverton	38	—	54	—	3,680	10.3	13.4	14.7	11.6	—
Frome	178	—	137	2	12,500	14.2	15.1	11.0	11.1	11
Langport	207	5	176	2	15,280	13.5	15.4	11.5	10.5	10
Long Ashton	691	8	419	9	42,870	16.1	15.6	9.8	10.1	13
Shepton Mallet	152	—	121	2	10,880	14.0	16.7	11.1	10.5	13
Taunton	326	1	378	5	27,600	11.8	12.7	13.7	10.4	15
Wellington	99	1	116	1	8,310	11.9	14.0	14.0	11.1	10
Wells	170	4	178	3	11,450	14.8	17.5	15.5	7.8	18
Williton	178	3	222	2	13,790	12.9	15.9	16.1	11.9	11
Wincanton	226	—	243	3	16,910	13.4	16.1	14.4	11.4	13
Yeovil	491	4	264	5	30,110	16.3	15.6	8.8	8.8	10
Total of Rural Districts	4,477	48	3,661	56	314,210	14.2	15.5	11.7	10.4	13
Administrative County	8,641	101	7,803	116	608,470	14.2	15.3	12.8	10.8	13
England & Wales 1972	725,405	8,794	591,907	12,495	49,028,900	14.8	14.8	12.1	12.1	17

TABLE 6

NOTIFICATION OF INFECTIOUS DISEASES

	Acute Encephalitis	Meningococcus	Acute Meningitis	Tetanus	Leptospirosis	Dysentery	Infective Jaundice	Food Poisoning	Measles	Ophthalmia Neonatorum	Paratyphoid Fever	Scarlet Fever	Smallpox	Tuberculosis	Typhoid Fever	Whooping Cough	Rubella	Malaria
Urban Districts																		
Bridgwater	—	—	—	—	—	—	—	1	62	—	—	—	—	3	—	—	—	—
Burnham	—	—	—	—	—	—	—	—	26	—	—	3	—	4	—	4	—	—
Chard	—	1	—	—	—	1	—	—	22	—	—	—	—	—	—	1	—	—
Clevedon	—	—	—	—	—	—	5	2	20	—	—	—	—	3	—	—	—	—
Crewkerne	—	—	—	—	—	—	—	—	77	—	—	—	—	—	—	—	—	—
Frome	—	—	1	—	—	—	—	—	44	—	—	4	—	—	—	—	—	—
Glastonbury	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—	—
Ilminster	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—
Keynsham	1	—	—	—	—	—	1	—	69	—	—	—	—	2	—	1	—	—
Minehead	—	—	—	—	—	—	3	—	—	—	—	—	—	1	—	—	—	—
Norton Radstock	—	—	—	—	—	1	10	1	138	—	—	2	—	1	—	1	—	—
Portishead	—	—	1	—	—	—	4	3	5	—	1	2	—	—	—	—	—	—
Shepton Mallet	—	—	1	—	—	—	—	—	1	—	—	7	—	—	—	1	—	—
Street	—	—	—	—	—	—	1	—	21	—	—	—	—	1	—	—	—	—
Taunton	—	—	—	—	—	—	4	7	139	—	—	8	—	6	—	3	—	—
Watchet	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Wellington	—	—	—	—	—	—	1	—	5	—	—	—	—	—	—	—	—	—
Wells	—	—	—	—	—	—	8	—	19	—	—	—	—	4	—	—	—	1
Weston-super-Mare	—	—	—	—	—	—	1	3	105	—	—	22	—	4	—	5	—	—
Yeovil	—	—	1	—	—	—	2	—	17	—	—	—	—	1	—	—	—	—
Rural Districts																		
Axbridge	—	—	2	1	—	—	5	—	56	—	—	26	—	1	1	3	—	—
Bathavon	—	—	1	—	—	2	7	3	30	—	—	2	—	—	—	—	—	—
Bridgwater	—	—	—	—	—	—	4	6	57	—	—	9	—	—	—	5	—	—
Chard	—	—	—	—	—	—	—	—	78	—	—	—	—	1	—	—	—	—
Clutton	—	—	—	—	—	1	—	3	121	—	—	1	—	1	—	1	—	—
Dulverton	—	—	—	—	—	—	—	—	17	—	—	1	—	—	—	—	—	—
Frome	—	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—	—	—
Langport	—	—	—	—	—	—	—	—	40	—	—	—	—	1	—	—	—	—
Long Ashton	1	—	2	—	—	26	46	12	266	—	—	7	—	4	—	—	—	1
Shepton Mallet	1	—	1	—	—	—	1	—	38	—	—	1	—	1	—	—	—	—
Taunton	—	—	1	—	—	—	—	4	89	—	—	8	—	—	—	—	—	—
Wellington	—	—	—	—	—	1	—	1	1	—	—	—	—	4	—	—	—	—
Wells	—	—	—	—	—	—	—	—	25	—	—	—	—	1	—	—	—	—
Williton	—	—	—	—	—	1	3	2	33	—	—	—	—	—	—	—	—	—
Wincanton	—	—	—	—	—	—	—	4	81	—	—	1	—	1	—	—	—	—
Yeovil	—	—	—	—	—	—	2	—	146	—	—	2	—	5	—	—	—	—
Urban Districts	1	1	4	—	—	2	40	17	772	—	1	49	—	33	—	16	—	1
Rural Districts	2	—	7	1	—	31	68	35	1084	—	—	58	—	20	1	9	—	1
Administrative County	3	1	11	1	—	33	108	52	1856	—	1	107	—	53	1	25	—	2
Comparative Figures for 1971	8	—	15	1	—	53	60	52	1751	1	—	116	—	39	1	271	—	1

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