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TAUNTON RURAL DISTRICT

Annual Report

OF THE

Medical Officer of Health

AND

Senior Public Health Inspector

FOR THE YEAR 1966

H. G. Mounter & Co., Ltd.,

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TAUNTON RURAL DISTRICT

PUBLIC HEALTH STAFF, 1966

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To :

THE CHAIRMAN AND MEMBERS OF THE
TAUNTON RURAL DISTRICT COUNCIL

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1966. The report contains the usual information on the health and sanitary circumstances of the district. This has again been divided into two sections, the first referring to the province of the Medical Officer of Health, and the second contributed by the Senior Public Health Inspector. The report, in the main, follows the same lines as that of the previous year, but certain fresh facts have been incorporated in the various sections.

Some points of interest to which attention may be drawn are as follows :—

The vital statistics of the year show that there has again been an increase, of 350, in the population of the district. Both the birth rate and the death rate were rather lower than the national average. The infant mortality rate was low at 13.4 and compared very favourably with the national figure which was 19. Deaths from cancer of the lung numbered 14 as against 12 in the previous year. Of these 14, 13 occurred in males.

Measles was the only infectious disease producing any substantial number of cases. There were no new cases of pulmonary tuberculosis notified in the district during 1966, although two new cases of the non-pulmonary form of the disease were reported.

The section of the report dealing with Immunisation, which covers the subject in some detail, has been retained, with appropriate amendments to the figures of treated cases, since there are indications that this was found to be of value. I have also retained the detailed account of the position regarding sewerage in the various parishes of the district because it is felt that a large part of the public health effort of the Rural District Council is, and should be, concentrated on this subject.

The Council finally decided during the year to operate a weekly collection of refuse for the whole district, and this was due to begin in 1967. There is no doubt that this marked a step forward in the general hygiene of the area.

Once again I wish to thank the Members of the Council, the Clerk and Officials of the other Departments, and the Staff of the Public Health Department for their willing assistance and co-operation.

I am,

Your obedient Servant,

HUGH MORRISON.

TAUNTON RURAL DISTRICT

Statistics of the Area for the Year 1966

Area (in acres)	...	...	...	...	...	70,448
Estimate of resident population, mid-year 1966	...					24,730
No. of inhabited houses according to the Rate Book on 1st April, 1966	...	...	...	...		7,630
Rateable Value 1st April, 1966	...	...	...	...		£694,873
Sum represented by a 1d. Rate, year 1966-67	...	...	...	...	£2,754	0 0

Physical Features and Social Conditions

Taunton Rural District lies in the south-western region of Somerset, surrounding Taunton Borough, the County Town. It is roughly triangular in shape, with Taunton Borough situated near the middle of the triangle. The boundary of the district is formed on the north by the Rural Districts of Williton and Bridgwater; on the east and south-east by the Rural Districts of Langport and Chard; on the south by the County of Devon; on the south-west and west by the Rural District of Wellington.

There is considerable variation in the type of country found in different parts of the district: in the north and north-west there is high ground forming portions of the Quantock and Brendon Hills; in the south the land rises to the hill parish of Churchstanton lying in the Blackdowns; between these regions lies the fertile valley of Taunton Deane, with the ground falling towards the east to the flat moors and marshy ground surrounding the lower reaches of Tone and Parret. Geologically also, the formations vary. In the north are found chiefly old and new red sandstone; in the south, lower lias and upper greensand; the valley regions have new red marl, new red sandstone and alluvium.

The climate is equable, with an average annual rainfall of 36.6 ins., and an average mean daily temperature of about 41° F. in January and 62° F. in July.

Rich arable and pasture land covers most of the district, but some of the hill regions are in the rough uncultivated state, and the soil on the Blackdown Hills tends to be poor in quality. In the eastern parishes the land is subject to seasonal flooding. Communications are good, and almost all parts of the district are easily accessible by road. Following the Tone valley through the middle of the district runs one of the main lines of the Western Region of British Railways and a branch line leaves it near Taunton to run to Minehead.

There are thirty-two parishes with estimated populations varying from 72 to 3,099.

Most of the inhabitants are engaged in some form of agriculture, dairy farming being particularly important. General farming is also largely practised, and allied activities are withy growing and basket-making, fruit farming and cider-making. There is a paper mill in the district which employs a fair number of people, and another source of employment for men is stone-quarrying which is carried out on a considerable scale. A factory producing meat products and a branch factory run by Taunton Shirt Manufacturers, are additional centres of employment in the district. Many of the residents in the rural district travel daily to Taunton to work in factories and other establishments.

There is one large hospital in the district, namely Tone Vale Hospital in the parish of Bishops Lydeard, which, with its patients and resident staff, accounts for a population of about 1,000.

VITAL STATISTICS OF THE YEAR

With reference to the figures which follow, it should be pointed out that the standardisation of the rate for births and deaths allows for the differing age and sex distribution of the populations in different areas, and is obtained by multiplying the crude rate by a comparability factor for the district furnished by the Registrar General. This enables comparison to be made with the figures for the country as a whole, or with those for other districts.

1. Births.

(a) Live Births.

	M.	F.	Total	} Crude birth rate per 1,000 of the estimated resi- dent population 15.001
Legitimate	180	164	344	
Illegitimate	13	14	27	
Totals	193	178	371	

{ Standardised Birth Rate, Taunton R.D.	...	16.501
{ Birth Rate, England and Wales ...	...	17.7

(b) Still Births.

Total...	...	...	...	0
{ Rate per 1,000 (live and still) births—				
Taunton R.D.	...	...	...	0.0
England and Wales	...	...	...	15.4
{ Rate per 1,000 estimated resident population—				
Taunton R.D.	...	...	...	0.0

2. Deaths.

(a) Total Deaths	...	...	...	...	...	310
Crude Rate per 1,000 estimated resident population						12.5
{ Standardised Death Rate, Taunton R.D.	...					8.75
{ Death Rate for England and Wales	...					11.7

(b) Maternal Mortality.

Total maternal deaths from all causes	...	...	0
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(c) Infant Mortality.

Deaths of infants under 1 year of age—

Total...	...	...	...	5
Deaths among legitimate infants	...	...	...	5
„ illegitimate „	...	...	...	0
{ Death Rate per 1,000 total (live and still) births—				
Taunton R.D.	...	...	...	13.4
England and Wales	...	...	...	19.0

(d) Deaths from Cancer (all ages)—

Total... ... 48

Infant Mortality during 1966

Cause of Death	Under 1 week	1 to 4 weeks	1 to 6 months	6 to 12 months	Total under 1 year
Congenital defect	1	—	—	—	1
Cerebral Hæmorrhage	—	1	—	—	1
Pneumonia	—	1	—	—	1
Misadventure	—	—	—	1	1
Prematurity	1	—	—	—	1

Causes of death during 1966

	M.	F.	Total.
Tuberculosis, respiratory	—	1	1
Tuberculosis, other	—	—	—
Syphilitic disease	—	—	—
Diphtheria	—	—	—
Whooping cough	—	—	—
Meningococcal Infections	—	—	—
Acute Poliomyelitis	—	—	—
Measles	—	—	—
Other infective and parasitic diseases	—	—	—
Malignant neoplasm, stomach	2	4	6
Malignant neoplasm, lung, bronchus	13	1	14
Malignant neoplasm, breast	—	7	7
Malignant neoplasm, uterus	—	1	1
Other malignant and lymphatic neoplasms	17	3	20
Leukæmia, aleukæmia	1	1	2
Diabetes	—	2	2
Vascular lesions of nervous system	17	24	41
Coronary disease, angina	37	23	60
Hypertension with heart disease	3	1	4
Other heart disease	25	34	59
Other circulatory disease	11	7	18
Influenza	2	—	2
Pneumonia	8	9	17
Bronchitis	5	2	7
Other disease of respiratory system	2	4	6
Ulcer of stomach and duodenum	3	—	3
Gastritis, enteritis and diarrhœa	1	1	2
Nephritis and nephrosis	—	2	2
Hyperplasia of prostate	1	—	1
Pregnancy, childbirth, abortion	—	—	—
Congenital malformations	1	1	2
Other defined and ill-defined diseases	10	12	22
Motor vehicle accidents	2	1	3
All other accidents	—	5	5
Suicide	2	1	3
Homicide and operations of war	—	—	—
All Causes—Total	163	147	310

GENERAL PROVISION of HEALTH SERVICES FOR THE AREA

Domiciliary Services

(1) Medical and Nursing

There are seven general medical practitioners living and carrying on the main part of their practice in different areas of the district. In addition to this, most of the Taunton Borough practitioners have some rural district residents on their lists, and there is also, as would be expected, some overlap from the surrounding rural districts in the provision of medical attention. There are adequate arrangements for domiciliary consultation, when required, with consultants serving the Taunton area, and speaking generally, the practice of medicine in the district is of a high standard. The provisions for domiciliary nursing are also satisfactory.

(2) Home Help Service

This service, administered by the Somerset County Council, is now well established in the district, and invaluable assistance is given in many cases of illness and the domestic difficulties arising therefrom. There is no doubt that this is one of the most useful of all public services. I am indebted to the County Organiser for the following analysis of cases where help was arranged in Taunton Rural District during 1966.

Maternity	...	...	...	...	16
Old age	...	...	...	...	85
Chronic sick	...	...	...	...	18
Post Operation	...	...	...	...	2
Mental Illness	...	...	...	...	2
Post and Pre-Natal	...	...	...	...	4
Care of children	...	...	...	...	3
Accidents	...	...	...	...	2
General illness	...	...	...	...	11
Total					143

(3) Meals on Wheels.

The Womens Royal Voluntary Service operates a scheme for supplying meals to old people in the Rural District. The usual thing is to provide a hot meal at mid-day on two days of each week to individual old people. During 1966 an average of 75 meals per week were provided to old people in the parishes of Bishops

Lydeard, Ash Priors, Halse, Cheddon Fitzpaine, Bishops Hull, Norton Fitzwarren, Kingston St. Mary, West Monkton, Creech St. Michael and Ruishton. The present arrangements involve three separate rounds on two days of the week. It is found that eight or nine cases are required in any particular district to make one of these rounds a practical proposition. The names of those requiring the service are provided by doctors, district nurses and home helps, and those patients requiring special diets as in diabetes can be catered for. It is hoped to extend this service progressively in the rural district provided that sufficient helpers are available. The work of distributing these meals is done by members of the W.R.V.S. and one would wish to express gratitude for this service which provides an outstanding social benefit to the community.

Hospital Services

The Hospital Services of the district are administered by the Taunton Hospital Management Committee, under the general direction of the S.W. Regional Hospital Board. A detailed re-appraisal of these services is going on at the present time following on the production by the government of a comprehensive Hospital Plan for the nation. Some of the provisions for the needs of various types of patient are detailed below :—

(1) General Medical and Surgical

The Taunton and Somerset Hospital together with Musgrove Park Hospital, which is also situated in the Borough of Taunton, and which is probably eventually destined to supersede the first-named establishment, cater for most medical and surgical conditions. Musgrove Park Hospital takes most of the adult cases, and also has a comprehensive Pædiatric Department. The Taunton and Somerset Hospital is in the meantime dealing with Orthopædics and Ophthalmology. It also houses the Casualty Department for the area. Both hospitals have out-patient facilities in addition to in-patient beds. Certain cases requiring special investigation or treatment such as neurosurgery or radiotherapy are referred to Bristol Hospitals for this purpose.

(2) Infectious Diseases

Cases of infectious diseases from Taunton Rural District are sent to the Taunton Isolation Hospital situated in the Borough of Taunton. The bulk of the Isolation Hospital work is done in cubicle blocks. The pattern of infectious disease requiring admission to hospital is certainly changing. Many of the patients admitted

suffer from vague pyrexial illnesses in which the diagnosis is in doubt. Scarlet Fever which used to provide a large proportion of the admissions is, at the present time, a relatively mild disease and most of the cases are nursed at home. Measles and Whooping Cough still demand hospital treatment in the occasional case where there are severe complications or where home nursing is impracticable. Diphtheria has not been seen in the district for many years. Poliomyelitis is being brought under control by inoculation, and in the past few years there has not been a severe epidemic in this part of the country. Many cases are, however, admitted to hospital on suspicion of suffering from poliomyelitis, and these often provide difficult diagnostic problems. The extensive use of antibiotics has resulted in the appearance of severe infections due to certain bacteria which were formerly regarded as fairly harmless, and this leads to the admission of cases of this kind to the Isolation Hospital. Thus, although the type of illness dealt with changes over the years, the total number of cases requiring isolation treatment has rather tended to increase than to diminish.

(3) Tuberculosis

Cases of pulmonary and non-pulmonary Tuberculosis come under the Regional Hospital Board for treatment, which is supervised by the Chest Physicians for the area. The Sanatoria are at Wincanton and Taunton for pulmonary cases. Cases requiring orthopaedic treatment are becoming very uncommon, but when they do occur, arrangements for treatment are made according to the individual need.

(4) Poliomyelitis

Suspected cases are sent for diagnosis to the Taunton Isolation Hospital. If the condition is confirmed they are seen by Regional Specialists who arrange for continuation treatment either as out-patients or as in-patients at Bath Orthopaedic Hospital.

(5) Chronic Sick

Since the appointment of a Geriatrician to the West Somerset Clinical Area, arrangements for hospital treatment of the chronic sick have been put on a more satisfactory basis. Most of the cases are admitted to Trinity Hospital in Taunton which is having many internal improvements carried out in order to raise it to the highest modern standards. There continues to be a very great pressure on accommodation of this type, and this is a branch of medical care which will undoubtedly make increasing demands on medical and ancillary services as the years go on.

It was not found necessary during the year to invoke powers under the National Assistance Act, 1948, Sec. 47, for the compulsory removal to an Institution of persons in need of proper care and attention.

(6) Mentally Sick

Cases are admitted to Tone Vale Hospital, near Taunton. The psychiatric specialists conduct out-patients' clinics for the area, and it is felt that now, more than ever before, mental patients are having the benefit of treatment at an earlier and more hopeful stage of the disease.

Mentally defective cases are well provided for at Sandhill Park Hospital which is situated in Taunton Rural District.

(7) Mass Radiography.

Regular sessions are held by the Regional Hospital Board Unit on one afternoon of each fortnight at the old Gas Works site in the Borough of Taunton. Residents in the Rural District who wish to have a chest X-ray are welcomed at any of these sessions and it is strongly urged that this facility should be freely used, especially by those over the age of 40 who would do well to have an annual chest X-ray.

As an example of the type of work done in a unit of this sort the following table shows the findings obtained from routine examinations at the Taunton centre during 1966.

	Male	Female	Total
Number examined	671	760	1,431
Abnormalities detected	15	2	17
Details of abnormalities detected—			
Active Pulmonary Tuberculosis	1	1	2
Tuberculosis—Requiring observation	1	—	1
Healed Pulmonary Tuberculosis	2	—	2
Acquired Cardiac Lesion	1	—	1
Bacterial and Virus Infections of the Lungs	2	—	2
Bronchiectasis	2	—	2
Cyst of Oesophagus	1	—	1
Emphysema	1	—	1
Old Calcified Rib Fracture	1	—	1
Pleural Calcification	1	—	1
Pleural Effusion	1	—	1
Sarcoidosis	1	1	2

Clinics and Treatment Centres

(1) Tuberculosis

Clinics for patients suffering from this disease, and for the supervision of suspects and contacts, are held by the Chest Physicians at Musgrove Park Hospital. There is an After-Care Committee working in co-operation with these clinics. Mass radiography has been carried out from time to time on various groups of the County population, by a team working from a centre in Bristol, but this service has not been called upon to deal with residents in the Taunton Rural District.

(2) Venereal Disease

A combined Clinic and Treatment Centre is carried on at the Taunton and Somerset Hospital which caters for male and female patients of this and surrounding districts. Early cases of syphilis are usually sent to Frenchay Hospital, Bristol, for a fortnight's intensive penicillin treatment as in-patients. Afterwards they continue to have observation and treatment at the Taunton Clinic. These conditions which had, for some years, become rather uncommon in the district have been latterly showing a marked increase in prevalence; and this is in accordance with experience over the country as a whole.

(3) Maternity and Child Welfare

The Maternity and Child Welfare Acts are administered by the County Council, under whose supervision are also the Health Visitors and Midwives practising within the area. There is an excellent Maternity Home in the Urban District of Wellington at which some of the mothers from Taunton Rural District are confined. Obstetric Consultants in Taunton are available for consultation with Medical Practitioners in the District. Abnormal and complicated cases can be admitted for hospital treatment when necessary. Every case of Puerperal Pyrexia and Maternal Mortality is investigated by the Medical Staff of the County Council. A valuable service is now provided for premature infants. Small or premature babies unsuitable for nursing at home are admitted to a Special Care Unit at Musgrove Park Hospital, an ambulance equipped with an Oxy-genaire incubator being sent to collect them from their homes. If the baby is deemed fit to be nursed at home, the district midwife can obtain advice and special equipment to help her with the management of the case.

Laboratory Facilities

The Public Health Laboratory Service has a Laboratory in Taunton which undertakes the bacteriological examination of swabs, blood, faeces and sputum, etc. This service is available also to the Doctors practising in the District. Bacteriological and chemical analyses are also undertaken for the examination of milk, foods, water supplies and sewage effluents, etc. The co-operation and assistance of the Public Health Laboratory Staff in investigating all types of bacteriological and epidemiological problems is of the greatest value.

Ambulance Facilities

Ambulance transport for all cases is the responsibility of the Somerset County Council. The main Ambulance Station and Control for the south-west of the County is situated at the entrance to Musgrove Park Hospital. The Ambulance Station serves a very wide area and at 31st December the establishment of vehicles and staff was as follows—

Vehicles	...	7 Ambulances
		5 Sitting-case Ambulances
		1 Car
Staff	...	5 Sub-officers
		24 Driver-attendants

All vehicles at this Station are fitted with two-way radio.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

Acute Infectious Diseases

The following table gives the number of notifications received for various notifiable diseases.

INFECTIOUS DISEASES, 1966

Disease	Number of cases notified
Measles	189
Scarlet Fever	7
Dysentery	3
Puerperal Pyrexia	2
Whooping Cough	6
Tuberculosis—Respiratory	—
Non-respiratory	2
Acute Influenzal Pneumonia	1
Ophthalmia Neonatorum	1

Tuberculosis

	Pulmonary	Non-pulmonary
Cases on the Register at 31.12.66	74	18
New cases during 1966	—	2
Transfers from other districts	1	—
Deaths	1	—

Immunisation

The protection against various infectious diseases which can now be given by immunisation is one of the most important of public health benefits, and has contributed largely to the decline in prevalence of these conditions and to the very great reduction in the number of deaths which they now cause. The actual procedure of immunisation is carried out either by the family doctor or at child welfare clinics and schools, and records of the immunisation of individual children residing in the borough are kept by the health department. It is hoped that very soon the recording side of the matter will be handled entirely by computer, with a resulting reduction in clerical work and an increased simplicity and certainty in ensuring that each child is called for the required injection at the

correct time. The percentage of children immunised in this part of Somerset is on the whole satisfactory, and compares favourably with other areas, but this is a subject which requires to be constantly kept in the public mind, because with the present low prevalence of infectious diseases, their potential danger to health and life is all too easily forgotten.

The following table sets out the complete schedule of immunisation which is considered desirable for children at the present time :—

Age	Immunisation Procedure
1—6 months	1. Diphtheria, Whooping Cough, Tetanus (combined injection), Poliomyelitis vaccine (by mouth) 4—6 weeks interval 2. Diphtheria, Whooping Cough, Tetanus (combined injection), Poliomyelitis vaccine (by mouth) 4—6 weeks interval 3. Diphtheria, Whooping Cough, Tetanus (combined injection), Poliomyelitis vaccine (by mouth)
During 2nd year of life	4. Smallpox Vaccination
18—21 months	5. Diphtheria, Whooping Cough, Tetanus (combined injection), Poliomyelitis vaccine (by mouth)
At school entry	6. Diphtheria, Tetanus (combined injection) Poliomyelitis vaccine (by mouth)
8—12 years	7. Diphtheria and Tetanus (re-inforcing combined injection)
12 years	8. B.C.G. Vaccination against T.B.

Details follow of the numbers protected in the Taunton Rural District at various ages in the year 1966, with brief notes referring to each of the diseases concerned.

Diphtheria.

Immunisation against diphtheria was the first mass campaign of protection against an infectious disease carried out in this country, apart from vaccination against smallpox which has never been applied to such a wide extent. The result is that, whereas there used to be thousands of deaths from diphtheria each year in England and Wales, the mortality is now almost down to vanishing point. It is necessary for the percentage of protected children in the community to be kept high in order to avoid the recurrence of outbreaks.

Numbers Immunised :—

			Primary courses	Re-inforcing Injections
Under 4 years	...	...	224	108
4—7 years	...	...	17	228
8—16 years	...	...	22	186
Totals	...	...	263	522

Whooping Cough.

This is now probably the most generally disabling of the common infectious diseases affecting young children. There are risks to life, especially in infants, and lung complications can be severe and prolonged. Immunisation is preventive in a good proportion of cases and in the remainder modifies the disease to produce a mild attack.

Numbers Immunised :—

			Primary courses	Re-inforcing Injections
Under 4 years	...	...	225	102
4—7 years	...	...	6	38
8—16 years	...	...	—	3
Totals	...	...	231	143

Tetanus.

This is an uncommon infection in this country but important because of its very severe character and the high rate of mortality in those affected. It is much commoner in some of the less developed parts of the world, and even in Europe at least 26,000 have died from this cause in the past ten years. Immunisation gives the practical certainty of complete protection.

Numbers Immunised :—

			Primary courses	Re-inforcing Injections
Under 4 years	...	...	224	108
4—7 years	...	...	19	227
8—16 years	...	...	112	97
Totals	...	...	355	432

Poliomyelitis.

It is hardly necessary to stress the misery which can result from this disease in view of the widespread epidemics which have occurred in this country within recent memory. Many of the sufferers die, and others are left with a lifetime of disablement. Immunisation is now simple with the use of vaccine given by mouth and has been largely responsible for the virtual elimination of poliomyelitis as a serious epidemic risk in this country at the present time. Here again it is essential that a high proportion of children continue to be immunised in order to avoid the danger of further outbreaks.

Numbers Immunised :—

			Primary courses	Re-inforcing Injections
Under 4 years	...	...	242	—
4—7 years	...	...	21	229
8—16 years	...	...	5	25
Totals	...	...	268	254

Smallpox.

Smallpox is one of the most deadly of all infectious diseases. Its incidence in this country has been confined in latter years to scattered outbreaks, but the dangers of large-scale epidemics are increasing owing to the ease and rapidity of air transport from countries where the disease is still endemic. Vaccination gives excellent protection, and is best done initially in the second year of life.

Numbers Immunised :—

			Primaries	Re-vaccination
Under 1 year	...	...	28	—
1 year	...	...	118	—
2—4 years	...	...	29	2
5—15 years	...	...	24	19
			—	—
Totals	...	...	199	21
			—	—

Tuberculosis.

One of the most dramatic improvements in the state of the national health has been the enormous fall over the period since the last war, in the prevalence of tuberculosis and in the number of deaths which it causes. There are many factors responsible for this gratifying development, and one of them undoubtedly is the beneficial effect of the widespread campaign of immunisation with B.C.G. which has been carried out. The required injection is given at about the age of twelve after preliminary skin testing to determine which children are susceptible to an attack of the disease.

Number of children tested	...	114
Number of children immunised	...	108

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply

The water supplies of the district are now under the control of the West Somerset Water Board, of whose area Taunton Rural District forms one portion. The Board's records and statistics are kept in such a way that it is not practicable to produce figures and other details for this district alone as distinct from the Taunton Division which comprises Taunton Borough and Rural District and Wellington Urban and Rural Districts.

The service provided by the Board is proving very satisfactory and it is the experience of this Public Health Department that any complaints which arise and any defects which come to light are given very prompt attention, and matters are quickly set to rights.

During the year 1966 there were no serious shortages and ample supplies were maintained to all consumers in the area. Bacteriological and chemical sampling, which are carried out by the Board's technical staff show that at all times the supply has been safe and satisfactory. Additional checks are made from time to time by this department and these confirm the purity of the supply.

Most of the areas of the district where it is practicable to lay on a piped public supply have now had this facility provided, and work is continuing on minor works to serve more outlying concentrations of dwellings.

Of 222 routine samples of piped water after chlorination taken in the area of the Taunton Division during 1966, 213 were bacteriologically satisfactory. The remaining 9 which showed some contamination were quickly rectified by simple remedial measures.

Sewerage and Sewage Disposal

A survey of drainage provisions in the various parishes of the district has been carried out by the Public Health Department, a preliminary report of this having been made to the Public Health Committee in 1962, and a final report at the beginning of 1965. From the facts disclosed by these reports and the discussions which

took place on the subject, the following summary of the position at the end of 1966 may be given :—

1. Eight parishes had satisfactory sewerage for their main concentrations of properties, with drainage either into small individual sewage works or into the Taunton Borough works at Ham, Creech St. Michael. These parishes were :—

Bishops Hull
Bishops Lydeard
Churchstanton
Creech St. Michael
Hatch Beauchamp
Norton Fitzwarren
Ruishton
Trull

The only substantial problem with this group concerns the works at Bishops Hull which are overloaded and badly sited in relation to adjacent inhabited properties. Plans are in hand for conveying the sewage from this parish to the works at Norton Fitzwarren.

2. Two parishes had systems which were not really adequate for their purpose. These were :—

Combe Florey
Corfe

Combe Florey has a public sewer leading to a settlement tank and the works at Corfe are inadequate in size. Conditions in these parishes, however, had not been such as to require urgent attention to these matters, but the increased development in the Corfe area threatened the necessity of some action there.

3. Seven parishes had sewerage schemes in various stages of planning or construction. These were :—

Cheddon Fitzpaine
The Henlade portion of Ruishton Parish
Kingston St. Mary
North Curry
Stoke St. Gregory
West Bagborough
West Monkton

The two largest projects in this group are the combined scheme for Cheddon Fitzpaine and West Monkton, and the combined scheme for North Curry and Stoke St. Gregory. Both are well advanced in the planning stage and should come into operation within a reasonable time. The scheme for the Henlade portion of the parish of Ruishton was being undertaken by the Surveying Department of the Council and construction work began in 1965. Provisions for the parishes of Kingston St. Mary and West Bagborough were in the early stages of planning.

4. Five parishes were considered to have sewerage problems of varying degrees of urgency, and it was decided to proceed with them in due course, but no firm plans had been put in hand at this stage because of the heavy drainage programme to which the Council were already committed. These were :—

Ash Priors
Halse
Pitminster
Staplegrove
Stoke St. Mary

Of this group, the parishes of Pitminster and Stoke St. Mary, because of their proximity to the Borough of Taunton and the resulting pressure of housing development, will probably require to be considered for sewerage at an early date. Staplegrove is a somewhat similar case, but here the need may be slightly less pressing. Ash Priors and Halse lie in the more rural portion of the district but each has troublesome drainage problems.

5. Ten parishes were considered not to require sewerage schemes in the meantime. These were :—

Bickenhall
Cothelstone
Curland
Durstun
Lydeard St. Lawrence
Orchard Portman
Staple Fitzpaine
Thornfalcon
Tolland
West Hatch

These parishes have scattered populations. They have no extensive concentrations of human habitations, with the exception perhaps of Lydeard St. Lawrence village and Bishopswood in the parish of Otterford, where small sewerage schemes might at some time be called for. Otherwise there has been no indication from these areas that drainage and sewage disposal is a serious problem. It is in these parishes, and in the more scattered portions of those previously listed, that a cesspool emptying service would be of especial benefit.

Housing

Provision of houses in the District by the Council has gone on steadily throughout the year. 56 were completed in 1966 and since the end of the war 914 have been built. In addition to this, about 1,566 houses have been built by private enterprise during the same period. This building activity has had some effect on the waiting list of families requiring accommodation, but continued efforts in this direction will be required for some time to come. There were about 320 applicants for Council houses on the waiting list at the end of 1966.

The housing needs of old people have been borne in mind, and at the end of 1966, 157 bungalows were owned by the Council, most of these being occupied by people in the older age-groups. Some flats had also been made available for the same purpose.

The Council's building programme was as follows :—

Parish					Number completed during 1966	Number under construction at 31st Dec., 1966
Bishops Hull	...	...	...	...	44	—
Ruishton	...	...	...	...	12	—
					56	—

The following table shows the number of houses owned by the Council :—

	Parish				Number of houses	
Bishops Hull	...	...	...	...	...	200
Bishops Lydeard	...	...	...	...	...	261
Cheddon Fitzpaine	...	...	...	...	...	24
Churchstanton	...	...	...	...	...	24
Combe Florey	...	...	...	...	...	4
Corfe	...	...	...	...	...	8
Creech St. Michael	...	...	...	...	...	62
Curland	...	...	...	...	...	4
Hatch Beauchamp	...	...	...	...	...	31
Kingston St. Mary	...	...	...	...	...	44
Lydeard St. Lawrence	...	...	...	...	...	34
North Curry	...	...	...	...	...	63
Norton Fitzwarren	...	...	...	...	...	167
Otterford	...	...	...	...	...	4
Pitminster	...	...	...	...	...	55
Ruishton	...	...	...	...	...	72
Staplegrove	...	...	...	...	...	6
Stoke St. Gregory	...	...	...	...	...	50
Stoke St. Mary	...	...	...	...	...	12
Thornfalcon	...	...	...	...	...	8
Trull	...	...	...	...	...	14
West Bagborough	...	...	...	...	...	34
West Hatch	...	...	...	...	...	4
West Monkton	...	...	...	...	...	127
Total						1,312

The following table refers to properties dealt with under slum clearance procedure :

Action	Houses dealt with during 1966	Total number of houses dealt with since 1.1.55
1. Acquired by Council for demolition (site used for erecting new houses)	—	6
2. Demolition Order made	11	99
3. Undertaking given not to use for human habitation	10	119
4. Houses actually demolished	57	100
5. Clearance Area Procedure carried out	—	5 (in one terraced block)
6. Closing Order	1	21

The year showed very gratifying progress in the field of Improvement Grants. During the year, 12 Discretionary Grants and 32 Standard Grants were made, bringing the total of Improvement Grants for the District up to the end of 1966 to 580.

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

During 1966, 9 site licences were issued in respect of individual caravans.

REPORT OF THE SENIOR PUBLIC HEALTH INSPECTOR

The following is a tabular summary of work carried out during the year 1966 :—

Number and nature of inspections :—

Dwelling houses (Inspections, revisits, etc.)	...	861
Food Hygiene	... ..	222
Slaughterhouses	... ..	581
Factories and Workshops	... ..	102
Water Supplies	... ..	204
Drainage nuisances	... ..	440
Refuse collection and disposal	... ..	380
Clean Air Act, 1936	... ..	25
Caravan Sites and Control of Development Act	...	242
Offices, Shops and Railway Premises Act	...	99
Animal Boarding Establishments	... ..	7
Noise abatement	... ..	10
Miscellaneous nuisances and other visits	... ..	198

Food Hygiene (General) Regulations, 1960

Visits to food premises in the area have been continued during the year and some progress made in securing improvements.

Water Samples

61 samples of water have been submitted for bacteriological examination during the year. 33 samples have been taken from private supplies, and reported on as follows :—

Satisfactory	...	16
Unsatisfactory	...	17
		—
		33
		—

28 samples from various public supplies have been examined and classified as follows :—

Satisfactory	...	...	27
Unsatisfactory	...	...	1
			—

6 samples taken for chemical examination from public supplies gave satisfactory results.

All the above results have been sent to the persons involved together with suitable advice.

Meat Inspection

This section of the Department now consists of four Authorised Meat Inspectors and one Supervisory Meat Inspector who deal with the day to day inspection of meat within the area. It is still extremely difficult to allocate the inspection force efficiently between the various slaughterhouses owing to each having a different killing pattern and being subject to seasonal and market influences. Perhaps the time has now arrived when the whole question of the inspection of meat should be reconsidered in the light of present day requirements.

Caravan Sites and Control of Development Act, 1960

The majority of the caravan sites licenced by the Council under the above Act are used for residential purposes only and the general standard throughout the area is good.

Offices, Shops and Railway Premises Act, 1963

Total number of registered premises at the end of the year 60.
Number of persons employed in registered premises 199.

Ice Cream

The number of retailers of this product in the area is 84. They sell pre-packed ice cream, which is stored in properly constructed refrigerators.

Meat Inspection

Carcases and Offal inspected and condemned in whole or in part

	Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.	Horses.
Number killed (if known)	1,865	567	8,583	130,262	75,754	0
Number inspected ...	1,865	567	8,583	130,262	75,754	0
All diseases except Tuberculosis and Cysticerci						
Whole carcases condemned ...	4	23	35	618	177	0
Carcases of which some part or organ was condemned ...	510	270	29	9,980	6,260	0
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ...	27.56	51.67	.74	8.15	8.49	0
Tuberculosis only						
Whole carcases condemned ...	0	0	0	0	1	0
Carcases of which some part or organ was condemned ...	0	0	0	0	894	0
Percentage of the number inspected affected with tuberculosis ...	0	0	0	0	1.16	0
Cysticercosis						
Carcases of which some part or organ was condemned ...	3	0	0	0	0	0
Carcases submitted to treatment by refrigeration ...	3	0	0	0	0	0
Generalised and totally condemned ...	0	0	0	0	0	0

Report on Rodent Control for 12 months ending 31st December, 1966

	Type of Property	
	Non-Agricultural	Agricultural
Number of properties in Local Authority's District	6,828	559
Total number of properties (including nearby premises) inspected following notification	279	27
Number of above properties infested by (i) Rats (ii) Mice	248 17	26 —
Total number of properties inspected for rats and/or mice for reasons other than notification	233	60
Number of above properties infested by (i) Rats (ii) Mice	70 4	11 —

Rodent Control

Work under this heading is carried out in conjunction with the daily supervision of refuse collection and disposal and appears to operate very well indeed.

Refuse Collection

The Council agreed during the year to introduce a weekly system of refuse collection throughout the area as from the 1st April, 1967. An order for a new Shelvoke & Drewry 35 cubic yard Pakamatic was placed for delivery during the year.

Refuse Disposal

The purchase of a disused railway cutting from British Rail was completed during the early part of the year. After some preliminary work at the new site the old tip at West Monkton was finally closed after a somewhat stormy history. The new tip has proved better in every way, and the purchase during the year of a Massey Ferguson 244 Crawler/Shovel enabled control of the tipping areas to be carried out in a more orderly and hygienic manner.

Salvage Collection and Sales

The following items of salvage were disposed of during the year :

Material	T.	C.	Q.	lbs.	£	s.	d.
Newsprint	58	5	2	0	178	1	10
Cardboard	12	17	1	0	38	4	6
Magazines	12	13	3	0	37	19	7
Waste	5	11	0	0	17	7	6
Rags	2	11	2	0	28	19	8
Wools		4	3	20	18	8	0
Scrap Iron	2	2	1	0	12	13	6
Non-Ferrous Metal		8	0	23	32	14	7
Domestos Bottles		120	doz.		6	0	0
Batteries		2				16	0
					371	5	2

Factories Act, 1961

The inspection of factories and workshops in the district from a public health point of view is carried out by the staff of the Public Health Department. Routine visits are paid to the various premises and the following table gives particulars of this work.

Inspections for purposes of provisions as to health :—

Premises.	Number on Register	Number of		
		Inspec- tions	Written notices	Occupiers Prose- cuted
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	8	9	0	0
(ii) Factories not included in (1) to which Section 7 applies	97	88	0	0
(iii) Other Premises under the Act (excluding out-workers' premises)	4	12	0	0
Total ...	109	109	0	0



