

[Report 1961] / Medical Officer of Health, Totnes Borough, Ashburton U.D.C., Buckfastleigh U.D.C., Totnes R.D.C.

Contributors

Totnes (England). Borough Council.

Publication/Creation

1961

Persistent URL

<https://wellcomecollection.org/works/czy235t4>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

library

BOROUGH OF TOTNES
URBAN DISTRICT OF ASHBURTON
URBAN DISTRICT OF BUCKFASTLEIGH
RURAL DISTRICT OF TOTNES



ANNUAL REPORT
OF THE HEALTH OF THE DISTRICTS
FOR THE YEAR 1961



F.T. HUNT., MB., BS., MRCS., LRCP., DPH., DIH.,
MEDICAL OFFICER OF HEALTH

100

THE
OFFICE OF THE
SECRETARY OF THE
NAVY
WASHINGTON, D. C.
JANUARY 1, 1900

TO THE
HONORABLE THE SECRETARY OF THE
NAVY
WASHINGTON, D. C.

RECEIVED
JAN 1 1900
NAVY DEPT
WASHINGTON, D. C.

TABLE OF CONTENTS

	<u>PAGE</u>
INTRODUCTION	1
STAFF	5
COMMITTEES	6
SECTION A. STATISTICS	7
SECTION B. HEALTH SERVICES FOR THE AREA	8
SECTION C. CONTROL OF INFECTIOUS DISEASES	9
SECTION D. SANITARY CONDITIONS IN THE AREA	11
SECTION E. FOOD HYGIENE AND FOOD SUPERVISION	12
SECTION F. HOUSING	13
SECTION G. GENERAL HEALTH IN THE AREA	14
SECTION H. ITEMS SPECIFIC TO TOTNES BOROUGH	15
SECTION J. ITEMS SPECIFIC TO ASHBURTON U.D.	18
SECTION K. ITEMS SPECIFIC TO BUCKFASTLEIGH U.D.	21
SECTION L. ITEMS SPECIFIC TO TOTNES R.D.	24
APPENDIX A. FACTORIES ACT ADMINISTRATION - TOTNES BOROUGH	29
APPENDIX B. FACTORIES ACT ADMINISTRATION - ASHBURTON U.D.	31
APPENDIX C. FACTORIES ACT ADMINISTRATION - BUCKFASTLEIGH U.D.	33
APPENDIX D. FACTORIES ACT ADMINISTRATION - TOTNES R.D.	35

TABLE OF CONTENTS

PAGE

1	INTRODUCTION
2	STAFF
3	COMMITTEES
4	SECTION A. STATISTICS
5	SECTION B. HEALTH SERVICES FOR THE AREA
6	SECTION C. CONTROL OF INFECTIOUS DISEASES
7	SECTION D. SANITARY CONDITIONS IN THE AREA
8	SECTION E. FOOD HYGIENE AND FOOD SUPERVISION
9	SECTION F. HOUSING
10	SECTION G. PUBLIC HEALTH IN THE AREA
11	SECTION H. PUBLIC HEALTH SERVICES
12	SECTION I. PUBLIC HEALTH ADMINISTRATION
13	SECTION J. PUBLIC HEALTH ACT ADMINISTRATION
14	SECTION K. PUBLIC HEALTH ACT ADMINISTRATION
15	SECTION L. PUBLIC HEALTH ACT ADMINISTRATION
16	SECTION M. PUBLIC HEALTH ACT ADMINISTRATION
17	SECTION N. PUBLIC HEALTH ACT ADMINISTRATION
18	SECTION O. PUBLIC HEALTH ACT ADMINISTRATION
19	SECTION P. PUBLIC HEALTH ACT ADMINISTRATION
20	SECTION Q. PUBLIC HEALTH ACT ADMINISTRATION
21	SECTION R. PUBLIC HEALTH ACT ADMINISTRATION
22	SECTION S. PUBLIC HEALTH ACT ADMINISTRATION
23	SECTION T. PUBLIC HEALTH ACT ADMINISTRATION
24	SECTION U. PUBLIC HEALTH ACT ADMINISTRATION
25	SECTION V. PUBLIC HEALTH ACT ADMINISTRATION
26	SECTION W. PUBLIC HEALTH ACT ADMINISTRATION
27	SECTION X. PUBLIC HEALTH ACT ADMINISTRATION
28	SECTION Y. PUBLIC HEALTH ACT ADMINISTRATION
29	SECTION Z. PUBLIC HEALTH ACT ADMINISTRATION
30	SECTION AA. PUBLIC HEALTH ACT ADMINISTRATION
31	SECTION AB. PUBLIC HEALTH ACT ADMINISTRATION
32	SECTION AC. PUBLIC HEALTH ACT ADMINISTRATION
33	SECTION AD. PUBLIC HEALTH ACT ADMINISTRATION
34	SECTION AE. PUBLIC HEALTH ACT ADMINISTRATION
35	SECTION AF. PUBLIC HEALTH ACT ADMINISTRATION
36	SECTION AG. PUBLIC HEALTH ACT ADMINISTRATION
37	SECTION AH. PUBLIC HEALTH ACT ADMINISTRATION
38	SECTION AI. PUBLIC HEALTH ACT ADMINISTRATION
39	SECTION AJ. PUBLIC HEALTH ACT ADMINISTRATION
40	SECTION AK. PUBLIC HEALTH ACT ADMINISTRATION
41	SECTION AL. PUBLIC HEALTH ACT ADMINISTRATION
42	SECTION AM. PUBLIC HEALTH ACT ADMINISTRATION
43	SECTION AN. PUBLIC HEALTH ACT ADMINISTRATION
44	SECTION AO. PUBLIC HEALTH ACT ADMINISTRATION
45	SECTION AP. PUBLIC HEALTH ACT ADMINISTRATION
46	SECTION AQ. PUBLIC HEALTH ACT ADMINISTRATION
47	SECTION AR. PUBLIC HEALTH ACT ADMINISTRATION
48	SECTION AS. PUBLIC HEALTH ACT ADMINISTRATION
49	SECTION AT. PUBLIC HEALTH ACT ADMINISTRATION
50	SECTION AU. PUBLIC HEALTH ACT ADMINISTRATION
51	SECTION AV. PUBLIC HEALTH ACT ADMINISTRATION
52	SECTION AW. PUBLIC HEALTH ACT ADMINISTRATION
53	SECTION AX. PUBLIC HEALTH ACT ADMINISTRATION
54	SECTION AY. PUBLIC HEALTH ACT ADMINISTRATION
55	SECTION AZ. PUBLIC HEALTH ACT ADMINISTRATION
56	SECTION BA. PUBLIC HEALTH ACT ADMINISTRATION
57	SECTION BB. PUBLIC HEALTH ACT ADMINISTRATION
58	SECTION BC. PUBLIC HEALTH ACT ADMINISTRATION
59	SECTION BD. PUBLIC HEALTH ACT ADMINISTRATION
60	SECTION BE. PUBLIC HEALTH ACT ADMINISTRATION
61	SECTION BF. PUBLIC HEALTH ACT ADMINISTRATION
62	SECTION BG. PUBLIC HEALTH ACT ADMINISTRATION
63	SECTION BH. PUBLIC HEALTH ACT ADMINISTRATION
64	SECTION BI. PUBLIC HEALTH ACT ADMINISTRATION
65	SECTION BJ. PUBLIC HEALTH ACT ADMINISTRATION
66	SECTION BK. PUBLIC HEALTH ACT ADMINISTRATION
67	SECTION BL. PUBLIC HEALTH ACT ADMINISTRATION
68	SECTION BM. PUBLIC HEALTH ACT ADMINISTRATION
69	SECTION BN. PUBLIC HEALTH ACT ADMINISTRATION
70	SECTION BO. PUBLIC HEALTH ACT ADMINISTRATION
71	SECTION BP. PUBLIC HEALTH ACT ADMINISTRATION
72	SECTION BQ. PUBLIC HEALTH ACT ADMINISTRATION
73	SECTION BR. PUBLIC HEALTH ACT ADMINISTRATION
74	SECTION BS. PUBLIC HEALTH ACT ADMINISTRATION
75	SECTION BT. PUBLIC HEALTH ACT ADMINISTRATION
76	SECTION BU. PUBLIC HEALTH ACT ADMINISTRATION
77	SECTION BV. PUBLIC HEALTH ACT ADMINISTRATION
78	SECTION BW. PUBLIC HEALTH ACT ADMINISTRATION
79	SECTION BX. PUBLIC HEALTH ACT ADMINISTRATION
80	SECTION BY. PUBLIC HEALTH ACT ADMINISTRATION
81	SECTION BZ. PUBLIC HEALTH ACT ADMINISTRATION
82	SECTION CA. PUBLIC HEALTH ACT ADMINISTRATION
83	SECTION CB. PUBLIC HEALTH ACT ADMINISTRATION
84	SECTION CC. PUBLIC HEALTH ACT ADMINISTRATION
85	SECTION CD. PUBLIC HEALTH ACT ADMINISTRATION
86	SECTION CE. PUBLIC HEALTH ACT ADMINISTRATION
87	SECTION CF. PUBLIC HEALTH ACT ADMINISTRATION
88	SECTION CG. PUBLIC HEALTH ACT ADMINISTRATION
89	SECTION CH. PUBLIC HEALTH ACT ADMINISTRATION
90	SECTION CI. PUBLIC HEALTH ACT ADMINISTRATION
91	SECTION CJ. PUBLIC HEALTH ACT ADMINISTRATION
92	SECTION CK. PUBLIC HEALTH ACT ADMINISTRATION
93	SECTION CL. PUBLIC HEALTH ACT ADMINISTRATION
94	SECTION CM. PUBLIC HEALTH ACT ADMINISTRATION
95	SECTION CN. PUBLIC HEALTH ACT ADMINISTRATION
96	SECTION CO. PUBLIC HEALTH ACT ADMINISTRATION
97	SECTION CP. PUBLIC HEALTH ACT ADMINISTRATION
98	SECTION CQ. PUBLIC HEALTH ACT ADMINISTRATION
99	SECTION CR. PUBLIC HEALTH ACT ADMINISTRATION
100	SECTION CS. PUBLIC HEALTH ACT ADMINISTRATION

Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30192316>

TOTNES BOROUGH COUNCIL
ASHBURTON URBAN DISTRICT COUNCIL
BUCKFASTLEIGH URBAN DISTRICT COUNCIL
TOTNES RURAL DISTRICT COUNCIL

TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH COMMITTEE

Mr Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1961.

In this, my third Annual Report, I have included the reports of four district councils between the same covers. In Sections A to G I have commented on matters which are the concern of all four councils. Section H deals with matters concerning the Borough of Totnes, Section J relates to matters concerning Ashburton Urban District whilst Section K deals with matters concerning the Buckfastleigh Urban District. Matters concerning the Rural District of Totnes are covered in Section L. The prescribed particulars relating to inspections under the Factories Acts are set out in the Appendices A to D.

Statistics. Statistics are dealt with in Section A whilst statistics for the individual districts are recorded in the sections dealing specifically with each district. Diseases of the heart and circulatory system and vascular lesions of the nervous system continue to account for the largest number of deaths. These degenerative diseases of later life, together with cancer, are now major killing diseases. From the limited information available about the main causes of sickness it would appear that respiratory infections and infectious diseases cause the majority of illnesses in the young, whilst the main causes of sickness among the insured population include bronchitis, influenza, rheumatism and mental disorders of various types. More information is needed about the amount of sickness occurring in the community. Such morbidity statistics which can be made available to your Medical Officer of Health from other sources, would be of value in reporting on the state of health in the local community.

Legislation. The year saw the introduction of a number of acts which directly or indirectly affect public health. The Rivers (Prevention of Pollution) Act, 1961, makes important changes in the law relating to the discharge of trade and sewage effluents to rivers and is yet another step in the effort to reduce the pollution of rivers and streams. The Public Health Act, 1961, is the first major Act dealing with public health since 1936. Provisions in this act have enabled your medical officer to have certain powers in order to safeguard the health of the local population. Following the introduction of the Home Safety Act, 1961, it is hoped that local district councils will make use of their powers in connection with the promotion of safety in the home

Food Hygiene. The Food Hygiene Regulations give local authorities the power to ensure that no food business is carried out in any insanitary premises. It would now appear more satisfactory if all food establishments were required to be registered by the local authority. By this means, it would be possible to inspect premises and ensure that conditions were satisfactory before registration was completed. With regard to food hygiene, three more hygienic codes of practice were introduced during the year. It would be of considerable value if certain recommended measures in these codes became legally enforceable after a suitable length of time.

Housing. "Good housing" means "good health" and I think that public health and housing should always be closely linked. Now that the standard housing improvement grants have been in operation for some time I think that the provision of certain of these amenities should be regarded as compulsory. Housing standards for the future must aim at improving home comfort and maintaining good health.

General. Mass Miniature Radiography Units visited all the districts during the year. Active tuberculosis in men increases with advancing age and it is most important that all males over 45 should have a chest x-ray at intervals of time. It is unfortunately a major defect of a community x-ray service that tuberculosis is likely to be higher among those persons who do not co-operate. A number of cases of lung cancer are often detected at these x-ray sessions. In each of my previous Annual Reports I have made reference to the association between cigarette smoking and lung cancer. I feel sure that adult members of the community are now fully aware of this association and I merely ask parents to ensure that their children are aware of the risks associated with cigarette smoking before they have an opportunity to acquire this habit.

Reports During the year I have made reports to the Public Health Committees on such items as safety in the home, housing for the disabled and elderly, specific infectious diseases and new legislation concerning public health. Comments have been made on vaccination against influenza, poliomyelitis and tuberculosis, whilst routine reports were made on such items as unfit houses, food hygiene and infectious diseases.

Totnes Borough. Influenza was very prevalent during January and a small outbreak of german measles occurred among school children during June and July. An outbreak of measles occurred during July and August and children in the 5 - 9 age group were affected. Respiratory infections were much in evidence during November and December.

A review of the sewage disposal facilities in the Borough was completed during the year and confirmed that the existing facilities were totally inadequate for the town. A review of the sewerage system should now follow. As mentioned in my Annual

Report for 1959, arrangements for sewage disposal in the Borough are not satisfactory. This should be rectified and, in my opinion, should be given priority over other projects.

I consider it unfortunate that it was not possible to acquire a new refuse tip during the year. At the end of 1961 the existing refuse tip was becoming a nuisance to local inhabitants but it had not been possible to obtain an alternative site due to a variety of reasons.

Ashburton. Respiratory infections were prevalent at the beginning of the year whilst a small outbreak of german measles occurred during the summer months.

The water supply of the town was not always regarded as satisfactory. During the year a low water pressure was reported on several occasions in various parts of the town. Work was carried out to improve the supply to a number of these areas and undoubtedly the quantity of water to the remaining areas will have to be improved in the immediate future.

Buckfastleigh. Few notifiable diseases occurred during the year. Respiratory infections were again very prevalent during the month of January whilst german measles occurred in a number of young children during the summer months.

A dust nuisance caused some concern in Buckfastleigh during the year and it was appreciated that it is not always easy to remedy this type of nuisance.

In connection with the dwelling houses in the area, efforts were made to ensure that every private dwelling had its own sanitary convenience. The sharing of sanitary conveniences by two or more houses cannot be regarded as acceptable.

Totnes Rural District. Measles was responsible for the majority of the notifiable diseases and most of these cases occurred in Kingswear and Harbertonford. There were few cases of food poisoning. Cockles obtained from the river bed at Dittisham and Stoke Gabriel were found to be heavily contaminated with Coliform bacilli (type 1). Appropriate advice was given regarding the sterilisation of these shellfish and it is understood that no cases of illness occurred following their consumption.

The introduction of a weekly refuse collection throughout the whole of the Rural District was a welcome measure. It is not always easy for rural districts to introduce a weekly collection in their areas but there is no doubt that the local inhabitants appreciate such a service. Work continues with the provision of sewage disposal works in various parts of the district and urgent priority will have to be given to the enlargement of the disposal works at Galampton in the immediate future.

Future Trends. In the immediate future it will be necessary to give consideration to a number of factors which directly or indirectly affect the health of the community. I have no doubt that the increase in noise caused by industrial processes will

present many problems. It would appear most likely that road accidents will continue to rise but I anticipate that accidents in the home will not increase to the same extent. The increasing proportion of aged in the population will also cause problems and the shortage of satisfactory housing units for certain groups of the population will certainly have to be rectified. Efforts must continue to be made to reduce atmospheric pollution. Control must be maintained over man made radiations and local radioactivity must become the direct concern of local authorities. Until cigarette smoking can be made safe, measures must be taken to persuade people to reduce or eliminate this habit. The use of synthetic hormones and antibiotics on animals intended for human consumption must be kept under review whilst there must be stringent control over chemicals used as "food additives".

Conclusions

During the year your medical officer found it necessary to concern himself with all local authority matters having some bearing, either directly or indirectly, on the community health. It will be appreciated, of course, that such matters do not always present themselves for consideration at public health committee meetings. The planning committee, for example, might deal with the issue of caravan site licences and the conditions attached to these licences. Some of these conditions will obviously have a bearing on the environmental health conditions existing at these sites. Similarly, other committees might be concerned with the design and layout of houses and old persons bungalows, swimming baths and the provision and maintenance of water supplies. Such matters could all have a bearing on community health. Public health is the health of the community and this health must be maintained and protected by organised community effort at all times.

I have the honour to be,

Your obedient Servant,

F.T. Hunt

F.T. Hunt.

Medical Officer of Health.

PUBLIC HEALTH STAFF

MEDICAL OFFICER OF HEALTH

F.T. HUNT, MB., BS., MRCS., LRCP., DPH., DIH.,
Medical Department,
Municipal Offices,
TOTNES. Tel. Totnes 2335

CLERICAL ASSISTANT

Miss. W.J. TAYLOR.

BOROUGH OF TOTNES

PUBLIC HEALTH INSPECTOR.

J.W. SMITH. M.I.Mun.E., MRSH., F.I.P.H.E.,
Public Health Department,
Municipal Offices,
TOTNES. Tel. Totnes 2109

URBAN DISTRICT OF ASHBURTON

PUBLIC HEALTH INSPECTOR.

H.V. JONES. MRSH.,
Town Hall,
ASHBURTON. Tel. Ashburton 383

URBAN DISTRICT OF BUCKFASTLEIGH

PUBLIC HEALTH INSPECTOR.

G.T. ALLEN. MRSH.,
Council Offices,
Harewood,
BUCKFASTLEIGH. Tel. Buckfastleigh 2133

RURAL DISTRICT OF TOTNES

CHIEF PUBLIC HEALTH INSPECTOR.

W.D. WAINE. M.I.Mun.E., MRSH.,

PUBLIC HEALTH INSPECTORS.

E.MUMMERY, Cert. S.I.B.,
E.P.G. BENNETT. M.A.P.H.I., A.R.S.H.,
Council Offices,
Higher Plymouth Road,
TOTNES. Tel. Totnes 2242.

PUBLIC HEALTH COMMITTEES

BOROUGH OF TOTNES

CHAIRMANCouncillor Mrs H. Sargent.

and

His Worship the Mayor - Councillor Mrs L.B. Gray.,

Aldermen: A.C.E. Heal, D.W. Mitchell, S.R. Williams.,

Councillors: W.C. Bennett, Mrs G.P. Dunwoody., J.F. Fitzgerald.,
Mrs D.M.E. Heal., N. Horne., E. May., G.V. Wood.,

URBAN DISTRICT OF ASHBURTON

CHAIRMANCouncillor Major T.W. Gracey.

and

The Chairman of the Council - Councillor W. Underhill.,

Councillors: R. Arscott, H.C. Bennett., A. Davies., N.E. Stacey.,
Mrs L.B. Parker.

URBAN DISTRICT OF BUCKFASTLEIGH

CHAIRMANCouncillor R.T. Willcocks.

together with

The Chairman of the Council - Councillor A.W. Thompson.,

and all the members of the Council.

RURAL DISTRICT OF TOTNES

CHAIRMANCouncillor Mrs E. Melville, JP.,

together with

The Chairman of the Council - Councillor G. Gill.,

and all the members of the Council.

SECTION A.
VITAL STATISTICS

The statistics for the individual districts are recorded in the sections dealing specifically with each district (Sections H to L)

Death Rates

The crude death rate of a district represents the number of deaths registered during the year as belonging to that area after correction for transfer to the place of residence of the deceased.

The highest mortality occurs at the two extremes of life and, in general, females have a lower death rate than males. In order that death rates can be used to compare the healthiness of one district with another, it may be necessary to make some correction for the irregularities as regards age and sex in the populations of the districts. A death rate adjusted in this manner is known as the "standardised death rate".

Infant Mortality Rates

Deaths of infants under the age of one year are classified as infant deaths. The neo-natal mortality rate indicates the number of infants dying within the first four weeks of birth per 1,000 total live births, whilst the early neo-natal mortality rate considers infants dying within the first week of birth.

The perinatal mortality rate indicates the number of still-births and infant deaths under one week combined per 1,000 live and still births. This last death rate is a measure of the hazards to the foetus and new born baby which are present during the latter months of pregnancy and the period immediately after birth.

Expectation of Life

On the basis of the mortality experienced over the last three years, the expectation of life of a boy at birth is now 68.1 years; of a girl 73.9 years. Out of every 100 boys born today, 68 should survive to the age of 65 years. Out of every 100 girls born today, 81 should survive to the age of 65 years.

Measurement of Community Health

Much more information is needed about the nature and amount of illness that is present in the community. The morbidity statistics would be of value in assessing the health of the community, in determining the illnesses that may be caused by adverse social or environmental factors and in recommending measures which could be taken to improve community health. Such information could well be obtained from National Insurance sickness certificates and hospital records. Unfortunately this information is not made available to your Medical Officer of Health.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES

1. Hospitals

The Totnes and District Hospital and Broomborough Hospital are situated at Totnes. Moorhaven Hospital is placed in the Totnes Rural District whilst the Ashburton and Buckfastleigh Cottage Hospital is sited at Ashburton.

2. County Council Health Services

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

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

13 district nurse/midwives work in the four districts together with 3 health visitors and a nursing assistant.

Infant Welfare Clinics are held at frequent intervals at South Brent, Stoke Gabriel, Kingswear, Totnes, Ashburton and Buckfastleigh.

Vaccination and immunisation procedures are carried out at these infant welfare clinics. Family doctors will also carry out these procedures free of charge.

3. Laboratory Services

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

4. Mass Miniature Radiography Service

A M.M.R. Unit visited Totnes Borough twice during the year. In January the unit visited Broomborough Hospital when 106 patients and staff were examined. In November a unit on the Coronation Car Park catered for 138 persons - mainly school children and school staff.

Members of the general public were able to visit a unit situated at Buckfast in January and Ashburton in March. The Buckfast unit visited two local industries in that area and, altogether, 203 persons were examined in Buckfast.

In the Totnes Rural District a unit visited Moorhaven Hospital in August, when 738 patients and staff were examined. School children and school staff were examined at Churston Ferrers during November

SECTION C.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

Vaccination Against Poliomyelitis.

At the beginning of the year, general medical practitioners were able to vaccinate against poliomyelitis those persons aged 40 years and over who were not covered by the arrangements for the priority groups.

In April, fourth poliomyelitis injections were made available for children aged 5 to 11 years who had already received three injections, the last one being at least one year before. The demand for these fourth injections was very high in the four districts.

Influenza

There were no influenza epidemics in any of the districts during the year although the disease was prevalent during the first two and the last two months of the year.

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

Detection of Tuberculosis

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

Tuberculous Infection by Milk

Following reports from other parts of the country concerning the relationship between tuberculosis in children and the consumption of raw milk from attested herds, I have reached the conclusion that the designation of milk as tuberculin tested, in the absence of pasteurization, cannot guarantee absolute freedom from the presence of tubercle bacilli.

German Measles

During the summer months cases of rubella occurred throughout the districts. Rubella is not a notifiable disease but is mildly infectious. Persons who suffer from this disease, usually children, can be infectious during the first five days of the illness and it is therefore desirable that they should remain in the confines of their house and garden during that period of time. I would recommend that school children suffering from rubella should not re-enter school until at least 7 days from the onset of the illness.

Public Health Act, 1961.

This Act came into force on 3rd October 1961, and Part 3 of the act specifically deals with the prevention and notification of disease.

With a view to preventing the spread of notifiable diseases the local authority may, if it is necessary, restrict or prohibit the admission of children to places of entertainment or assembly. Compulsory medical examination can now be secured under certain circumstances when it is suspected that a person may be suffering from a notifiable disease and is not receiving medical treatment. There is provision for compensation to be paid to persons who are suspended from work in order to prevent the spread of a notifiable or food-borne disease.

Respiratory Infections

At the present time respiratory infections such as the common cold and bronchitis present the greatest risk to the health of the babies and toddlers in the community. Respiratory infections which may be mild in school children and adults may prove more serious if passed on to the very young. It is most important to take all precautions to prevent the spread of these infections to this age group. The appropriate use of handkerchiefs, the frequent washing of hands, the segregation of the very young from the affected adults - all these precautions play a part in the prevention of spread of respiratory infections.

Immunisation and Vaccination

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

International Vaccination Certificates

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

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

SECTION D.

SANITARY CONDITIONS IN THE AREA

Slaughterhouses

During the year slaughterhouses in the four districts were only re-licensed if they complied with all the requirements of the Slaughterhouses (Hygiene) Regulations, 1958, and the Slaughter of Animals (Prevention of Cruelty) Regulations, 1958.

River Pollution

The Rivers (Prevention of Pollution) Act, 1961, came into force during the middle of the year. The Act makes important changes in the law relating to the discharge of trade and sewage effluents to rivers. Its principle effect is to require the River Boards consent for all discharges existing before the commencement of the 1951 Act - as it is already required under the Act for discharges which have been introduced since 1951.

After the date appointed by the Minister it will be unlawful to make discharge of trade or sewage effluent to a stream without making application for the River Board's consent. The Act will concern a house or group of houses discharging sewage and waste water directly to a ditch or stream. This legislation is yet another step to reduce the pollution of rivers and streams.

Public Health Act, 1961.

This Act came into operation in October and must be regarded as the first major act dealing with the law of public health since the Public Health Act, 1936. This new act is concerned with three main topics, a) building regulations, b) trade effluents, c) provisions derived from local acts.

Local authorities are now able to make byelaws for the prevention and suppression of nuisances and the preservation of sanitary conditions and cleanliness at pleasure grounds and fairs. Byelaws can also be made for securing the cleanliness of harddresser's premises, their instruments and equipment. Other sections in the act deal with sewers, drains, sanitary conveniences, accumulation of rubbish and filthy or verminous premises and articles.

The new act is obviously framed as a supplement of the 1936 Act and, taken all round, it will be welcomed by all persons having an interest in the health of the community.

Swimming Pools

When swimming pools are used by the general public it is very necessary to introduce measures to reduce pollution caused by bathers using the pool. It is obviously desirable that persons should be able to have a shower and use a foot bath before entering the water. Facilities for the washing of hands after visiting the toilet are essential.

SECTION E.

FOOD HYGIENE AND FOOD SUPERVISION

Hygienic Food Premises

The Food Hygiene Regulations give local authorities the power to ensure that no food business shall be carried out in any insanitary premises. However, anybody can open a food business without notifying the local authority and it frequently happens that such businesses spring up in the most unexpected places during the summer months. It is obviously difficult to keep a check of all of them.

I think that all food establishments should be required to be registered by the local authority and an inspection could then be carried out by an official of the public health department before registration is completed. After all, registration is necessary in connection with the sale of pre-packed ice cream and registration is also required for selected food premises such as dairies.

Food Hygienic Codes of Practice

Three food hygienic codes of practice were issued during the year. This now makes a total of five issued to date., Two of the codes deal with hygiene in the retail fish trade and the hygienic transport and handling of fish respectively. The latest code deals with the hygienic handling of poultry when it is being dressed and packed for sale and offers advice and guidance to persons in the poultry packing trade who are responsible for compliance with the Food Hygiene (General) Regulations, 1960.

It must be realised that these codes merely offer advice and guidance and have no legal force. Of course, good advice need not be accepted and non observance of the codes does not necessarily lead to prosecution under the Food Hygiene Regulations. After a reasonable lapse of time I think it would be more satisfactory if the contents of these codes became legally enforceable. The majority of food handlers and food traders would already be observing their contents whilst the minority, who ignore "recommended" standards would then be obliged to raise their standards or face prosecution.

SECTION F. HOUSING

Housing and Health

Housing and public health are very closely related. The adverse effect of unsatisfactory housing conditions upon the health of the community has long been recognised. For that reason I have always considered it my duty to maintain a keen interest in all housing matters. Indeed, from my own personal view point, I would like to see the public health committee of a local authority also acting as the housing committee whenever that is possible. Good housing usually means good health.

The association between mental illhealth and unsatisfactory housing conditions, such as overcrowding and lack of amenities, is now becoming well known. Dampness and inadequate ventilation play a part in physical illhealth. Home accidents can occur in houses that are in a state of internal disrepair. Rehousing of families will often be related to the prevention of illhealth. It must be remembered that there are persons in the community whose future health may be jeopardised by inadequate housing.

Housing standards for the future must aim at improving home comfort and maintaining good health. More consideration must be given to such matters as satisfactory methods of heating in houses and the reduction of noise in houses and flats.

Houses for the Elderly and the Disabled

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

Local authorities should always be aware of the advances made in design and equipment and be prepared to consider them when embarking on special housing projects. The recent report presented by the Medical Research Council dealing with the lighting of old peoples dwellings serves as an example. The contents of this report should be considered before a decision is made on the type of illumination to be installed in these dwellings.

Housing Improvements

In one of my earlier annual reports I commented on the standard and discretionary housing improvement grants. At that time I wondered whether the availability of these grants would play a large part in the improvement of unsatisfactory dwellings. It would now seem that the use of these grants have generally been limited to owner/occupiers.

I think the time has now arrived when legislation should be introduced to enforce the provisions of certain specified amenities. Houses lacking such amenities should then be regarded as unfit for human habitation. The shared outside sanitary convenience and the absent bathroom belong to the past.

SECTION G.

GENERAL HEALTH

Home Safety

The reduction of home accidents is now one of the major tasks facing public health authorities. In the last few years between six and seven thousand persons have died annually from home accidents. Local authorities have some part to play in the reduction of these accidents. They have a duty to advise the general public on safety precautions and they must ensure that the very young, the elderly, the infirm and the handicapped receive adequate care and protection. Local housing authorities must give consideration to the prevention of home accidents when they consider the design of dwelling houses and the nature and location of appliances and equipment to be used in them.

The Home Safety Act, 1961, now enables the councils of county districts to promote safety in the home and to make contributions to voluntary organisations whose activities include the promotion of home safety. It remains to be seen whether they will make use of these powers in the future.

Dental Caries

Following surveys carried out in connection with the cause and prevention of dental caries it would seem that much can be accomplished by the following preventive measures:-

- a) the avoidance by parents of too early an introduction of young children to a taste for sugary sweet foodstuffs,
- b) the avoidance of sweets and sweet confectionery between meals,
- c) teeth cleaning by rinsing or brushing immediately after meals.

Lung Cancer.

I must again emphasise that, until the use of tobacco can be made safe, the individual person's risk of lung cancer can best be reduced by the reduction or elimination of smoking. Evidence available at the present time implicates cigarette smoking as the principle aetiological factor in the increased incidence of this disease.

Chronic Bronchitis

Chronic bronchitis now presents the greatest problem in respiratory diseases in this country. The disease accounts for over 25,000 deaths each year and the working time lost due to the illness is considerable. The basic cause of the condition is still unknown but a great deal is now understood about the factors which adversely affect the disease. I am quite convinced that persons residing in this area who suffer from chronic bronchitis should stop smoking, or cut down smoking to an absolute minimum, in order to reduce the disabling effects of the disease.

Coronary Thrombosis

It is considered that coronary thrombosis is caused by a number of factors. Possible causes include hereditary factors, mental stresses, lack of physical exercise, obesity and smoking. In order to reduce the incidence of coronary heart disease I would advise middle aged sedentary workers to take regular physical exercise and avoid becoming overweight.

SECTION H.

Items Specific to Totnes Borough

Area of district	1,421 acres
Number of inhabited houses	1,865
Dwellings owned by the Council (31st March 1961).....	450
Council dwellings per 1,000 population.....	81.7
Rateable value (1st April 1961).....	£79,270
Estimated product of ld. rate	£318
Estimated mid-year population.....	5,870
Population at 1951 census.....	5,540

Births

Live births (Males 29, Females 31).....	60
Live birth rate per 1,000 population.....	10.2
Illegitimate birth rate per cent of total births.....	6.7
Still births.....	1
Still birth rate per 1,000 total live and still births.....	16.4
Total live and still births.	61
Crude birth rate per 1,000 population.....	10.4
Standardised birth rate per 1,000 population.....	11.0

Infant Mortality Rates

Total infant deaths per 1,000 total live births.....	Nil
Legitimate infant deaths per 1,000 legitimate live births.....	Nil
Illegitimate infant deaths / 1,000 illegitimate live births...	Nil
Neo-natal mortality rate	Nil
Early neo-natal mortality rate.....	Nil
Perinatal mortality rate	16.4

MATERNAL MORTALITY (Including Abortion)

Number of deaths	Nil
Rate per 1,000 total live and still births	Nil

DEATHS

Total deaths (Males 37, Females 53).....	90
Crude death rate per 1,000 population.....	15.3
Standardised rate per 1,000 population.....	8.7

CLASSIFICATION OF DEATHS

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Malignant neoplasm of stomach	1	-	1
Malignant neoplasm, lung, bronchus	3	1	4
Malignant neoplasm, breast	-	1	1
Malignant neoplasm, uterus	-	1	1
Other malignant & lymphatic neoplasms	3	3	6
Leukaemia	1	1	2
Diabetes	-	1	1
Vascular lesions of nervous system	4	6	10
Coronary disease, angina	9	3	12
Hypertension with heart disease	-	1	1
Other heart diseases	2	5	7
Other circulatory diseases	-	4	4
Influenza	3	2	5
Pneumonia	-	4	4
Bronchitis	3	1	4

Classification of Deaths (cont)

	Male	Female	Total
Nephritis and nephrosis	2	-	2
Other defined and ill-defined diseases	5	19	24
Suicide	1	-	1
	<u>37</u>	<u>53</u>	<u>90</u>

Comment on Vital Statistics. Compared with 1960 the estimated population has risen by 360 to 5,870. The birth rate for 1961 is 11.0 compared with 13.0 for the previous year, whilst the death rate has fallen from 10.5 to the very low figure of 8.7

60 births were registered during the year and 1 stillbirth occurred. Once again there were no deaths occurring as a result of pregnancy, childbirth or abortion and, in addition, there were no deaths of children under the age of one year.

There were 90 deaths compared with 95 for the previous year. Diseases of the heart and circulation accounted for just over one quarter of these deaths, whilst the second commonest cause of death was due to malignant neoplasms and leukaemia. Lung cancer was responsible for three of the seven male deaths from cancer and one of the six female cancer deaths.

Infectious Diseases. 62 infectious diseases were notified during the year. There were 56 cases of measles and the majority of these cases occurred during July and August. Children in the 5-9 age group were chiefly affected. There was one case of scarlet fever, one case of puerperal pyrexia, three cases of whooping cough and pulmonary tuberculosis was notified in respect of a man aged 30 years.

Influenza was very prevalent during January and a small outbreak of german measles occurred among school children during June and July.

Slaughterhouses. On the 1st April 1961, new construction regulations came into force for the existing slaughterhouses in Totnes. As a result of these regulations only three of the four slaughterhouses were relicensed.

Factories. 41 inspections were made to factories in the area. Defects were found on three of the visits and these defects were remedied following written notices. One outworker was notified as working in the district during the year.

Housing No clearance areas were declared during the year. Closing orders were made in respect of two unfit houses. On a number of occasions housing defects were remedied following informal action, and an official representation was made in respect of one house in which the defects constituted a public health nuisance. Statutory action was necessary in respect of the unsatisfactory drainage of one dwelling house. No dwelling houses were known to be overcrowded as defined by Sect. 77 of the Housing Act, 1957.

A number of the 33 aged persons bungalows were occupied towards the end of the year by persons who had previously resided in houses represented as being unfit for human habitation.

Dust Nuisance. Complaints were received during November about an alleged nuisance caused by saw dust in one part of the town. Following inspections of the area in question no action by the council was thought necessary.

Water Supply. The water supply of the Borough was regarded as satisfactory both in quality and quantity throughout the year.

Bacteriological examinations of the treated water were carried out at regular intervals, and all these examinations were satisfactory. The water is not subjected to plumbo-solvent action and no action was necessary in respect of any form of contamination.

Approximately 5,800 persons, living in 1,846 dwellings, were supplied with water from the public mains during the year. There were 4 houses supplied from public mains by means of stand pipes. 15 dwellings had their own private water supply.

Sewage Disposal. A review of the sewage disposal facilities in Totnes, carried out by consultant engineers, confirmed that the existing facilities were totally inadequate to handle and treat the domestic sewage and trade wastes of the town. Recommendations made in their report included the complete replacement of the sewage disposal arrangements. Major construction works proposed included a new pumping station and a new sewage treatment works on the activated sludge principle. Following the receipt of this report, the Council have arranged for a full investigation into the sewerage system of the town during 1962. At the present time the sewerage and sewage disposal in the Borough cannot be regarded as adequate.

Refuse. It was hoped that controlled tipping would have commenced at a new site in the Borough during the first few months of the year. Unfortunately there was considerable opposition to the selected site by local inhabitants and eventually it became necessary to find an alternative site outside the Borough. In April an isolated disused quarry, situated just outside the town, was considered to be a suitable site for this purpose. Protracted negotiations with the owner of the site held up any further progress, however, and the end of the year was approached with the existing refuse tip full and becoming a nuisance to local inhabitants. Fortunately, the Totnes Rural District Council allowed the Borough to use one of their refuse sites as a temporary measure. It is now most important that a permanent site is established as soon as possible.

Unsound Food. The amount of unsound food surrendered or condemned during the year was as follows:-

31 lbs. bacon, 9½ lbs. ham, 33lbs. steak, 18 lbs. corned beef.
33 lbs. fish, 11 lbs. peaches, 146 packets sugar confectionery.

At the local slaughterhouses it was necessary to condemn:-
190 lbs. of pig offal and the carcasses of 139 pigs.

Common Lodging Houses There were no registered common lodging houses in the district.

National Assistance Act, 1948. Section 47. It was not necessary to take any action under this Act or the Emding Act of 1951 to secure the removal of old or infirm persons to an institution. Visits made to a number of old people during the year resulted in the voluntary admission of these persons to hospital, thus avoiding the statutory action which would otherwise have been necessary.

SECTION J.

Items Specific to Ashburton Urban District.

Area of district	6,775 acres
Number of dwelling houses	888
Dwellings owned by the Council (31st March, 1961).....	222
Council dwellings per 1,000 population	82.2
Rateable value (1st April, 1961).....	£30,774
Estimated product of ld. rate	£121
Estimated mid-year population	2,710
Population at 1951 census	2,705

Births

Live births (males 22, females 11)	33
Live birth rate per 1,000 population	12.2
Illegitimate live births per cent of total live births.....	3
Still births	5
Still birth rate per 1,000 population	1.8
Still birth rate per 1,000 total live and still births	131.6
Total live and still births	38
Crude birth rate per 1,000 population	14.0
Standardised birth rate per 1,000 population	15.1

INFANT MORTALITY RATES

Total infant deaths per 1,000 total live births	30.3
Legitimate infant deaths per 1,000 legitimate live births.....	31.2
Illegitimate infant deaths per 1,000 illegitimate live births.	Nil
Neo-natal mortality rate	Nil
Early neo-natal mortality rate	Nil
Perinatal mortality rate	131.6

MATERNAL MORTALITY (Including abortion)

Number of deaths	Nil
Rate per 1,000 total live and still births	Nil

DEATHS

Total deaths (males 22, females 22)	44
Crude death rate per 1,000 population	16.2
Standardised rate per 1,000 population	12.6

Comment on Vital Statistics.

Compared with 1960 the estimated population has risen by 10 to 2,710. The birth rate for 1961 is 15.1 compared with 16.4 for the previous year, whilst the death rate has risen from 10.4 to 12.6.

33 births were registered during the year and 5 still births occurred. 2 of these stillbirths were illegitimate. Once again there were no deaths occurring as a result of pregnancy, childbirth or abortion, and only one child died under the age of one year.

CLASSIFICATION OF DEATHS

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Malignant neoplasm of stomach	-	-	Nil
Other malignant and lymphatic neoplasms	5	2	7
Vascular lesions of nervous system	4	8	12
Coronary disease, angina	8	4	12
Other heart diseases	2	3	5
Other circulatory diseases	-	1	1
Ulcer of stomach and duodenum	1	-	1
Congenital malformations	-	1	1
Other defined and ill-defined diseases	1	3	4
Motor vehicle accidents	-	-	-
All other accidents	1	-	1
	<u>22</u>	<u>22</u>	<u>44</u>

Comment on Deaths. There were 44 deaths compared with 38 for 1960. Diseases of the heart and circulation accounted for 40% of these deaths whilst vascular diseases of the nervous system accounted for another 27%. 12 persons died as a result of coronary heart disease and this was the commonest single cause of death.

Infectious Diseases. No infectious diseases were notified during the year. Respiratory infections were again prevalent at the beginning of the year whilst a small outbreak of german measles occurred during the summer months.

Slaughterhouses. On the 1st April, 1961, new construction regulations came into force for the existing slaughterhouses in Ashburton. Both slaughterhouses were relicensed after this date. Regular visits were made to them for the purpose of meat inspection and a total of 1,409 animals were inspected. The number of carcasses of which some part or organ was condemned due to disease totalled 7.

Factories. 11 inspections were made to 11 factories in the area. Conditions at all these premises were regarded as satisfactory. One outworker was notified as working in the district during the year.

Housing. No clearance areas were declared during the year. Two houses were officially represented as being unfit for human habitation and incapable of being repaired at reasonable cost. No dwelling houses were overcrowded as defined by Section 77 of the Housing Act 1957 at the end of the year.

Dust Nuisance. Complaints were received about a dust nuisance arising from a local quarry. There was no dust extractor plant at this quarry and the owners have been asked to provide such a plant in order that conditions might be improved.

Sewage. The sewage is treated at the Buckfastleigh sewage works and the arrangements for sewerage and sewage disposal in the district are regarded as adequate.

Water. As the raw water collected from the Moors is plumbo solvent this water is hardened by passing over limestone chippings. No contamination by lead occurred during the year and no other form of contamination occurred. Bacteriological examinations carried out on the treated water entering the general supply were found to be satisfactory on each occasion. Whilst the water was satisfactory in quality there were a number of occasions when the quantity of water supplied to certain parts of the town was unsatisfactory.

During the year low water pressure was reported on occasions in the Higher Headborough region, the Cattle Market area, West End Terrace, East End Terrace, Cooks Close, and the Holne Cross area. Improvements occurred following the descaling of the main in the Woodland Road, Whistly Hill and Station Road area of the town. The substitution of a 3" main for the 2" main between Lower and Higher Headborough Farm also brought about improvements in that area. The extension of the water main in Balland Lane improved the supply to the County Secondary School.

In the near future a new water main will be required in East Street and a ring main will be needed in Cooks Close area. The supply to the houses in the Knowle Close district will also require to be improved.

Approximately 2,300 persons living in 728 dwelling houses were supplied from the public mains during the year. No houses were known to be supplied from public water mains by means of standpipes. 160 dwellings had their own private water supply.

Food Inspection. Visits were made to 39 food premises during the year and hygienic conditions at these premises were satisfactory. The amount of unsound food surrendered or condemned during the year was as follows:-

953 lbs. of cheese	8 lbs of pressed ham
28 lbs. of margarine	91 lbs. of fore hock beef
6 lbs. of corned beef.	

National Assistance Act, 1948, Section 47. It was not necessary to take any action under this Act or the Amendment Act of 1951 in order to secure the removal of old or infirm persons to an institution.

Common Lodging Houses There were no registered common lodging houses in the district.

- 21 -
SECTION K.

Items Specific to Buckfastleigh Urban District

Area of district	1,365 acres
Number of dwelling houses.....	884
Dwellings owned by the Council	325
Council dwellings per 1,000 population.....	132.7
Rateable value (1st April, 1961).....	£38,584
Estimated product of ld. rate	£154
Estimated mid-year population	2,520
Population at 1951 census	2,592

Births

Live births (males 21, females 21).....	42
Live birth rate per 1,000 population.....	16.6
Illegitimate live births per cent of total live births	Nil
Still births	Nil
Still birth rate per 1,000 population.....	Nil
Still birth rate per 1,000 total live and still births	Nil
Total live and still births	42
Crude birth rate per 1,000 population.....	16.6
Standardised birth rate per 1,000 population.....	19.4

Infant Mortality Rates

Total infant deaths per 1,000 total live births	Nil
Legitimate infant deaths per 1,000 legitimate live births	Nil
Illegitimate infant deaths per 1,000 illegitimate live births..	Nil
Neo-natal mortality rate	Nil
Perinatal mortality rate	Nil

MATERNAL MORTALITY (Including Abortion)

Number of deaths	Nil
Rate per 1,000 total live and still births	Nil

DEATHS

Total deaths (males 18, females 19).....	37
Crude death rate per 1,000 population.....	14.7
Standardised rate per 1,000 population.....	11.3

CLASSIFICATION OF DEATHS

	Male	Female	Total
Malignant neoplasm of stomach	1	-	1
Malignant neoplasm of uterus	-	1	1
Other malignant & lymphatic neoplasms	2	1	3
Leukaemia	1	1	2
Vascular lesions of nervous system	1	2	3
Coronary disease, angina	3	2	5
Hypertension with heart disease	-	1	1
Other heart diseases	4	4	8
Other circulatory diseases	1	2	3
Influenza	1	-	1
Pneumonia	-	1	1
Ulcer of stomach and duodenum	-	2	2
Nephritis and nephrosis	1	-	1
Other defined and ill-defined diseases	2	1	3
Motor vehicle accidents	1	-	1
All other accidents	-	1	1
	18	19	37

Comment on Vital Statistics. Compared with 1960 the estimated population has risen by 70 to 2,520. The birth rate for 1961 reached the high figure of 19.4 and this compared with 16.7 for the previous year. The death rate has risen from 9.7 to 11.3.

42 births were registered during the year and there were no stillbirths. Once again there were no deaths occurring as a result of pregnancy, childbirth or abortion and there were no deaths of children under the age of one year.

There were 37 deaths compared with 31 for the previous year. Diseases of the heart and circulation accounted for almost half of these deaths, whilst the second commonest cause of death was due to malignant neoplasms and leukaemia.

Infectious Diseases. Two infectious diseases were notified during the year. There was a case of measles in a child of 5 years and pulmonary tuberculosis occurred in a man aged 47 years. Respiratory infections were again very prevalent during the first two months of the year and persons of all ages were affected. A small outbreak of rubella occurred among children during the summer months.

Slaughterhouses. On 1st April 1961 new construction regulations came into force for the two existing slaughterhouses in Buckfastleigh.

Regular visits were made to these slaughterhouses and, in connection with meat inspection, a total of 665 animals were inspected. The number of carcasses of which some part or organ was condemned due to disease totalled 8.

Factories. 44 inspections were made to 22 factories in the area. Conditions at all these premises were satisfactory. Two outworkers were notified as working in the district during the year.

Housing. The Clearance Area first represented in 1958 still awaited confirmation during the year and no new clearance areas were declared. Informal approaches were usually successful in persuading owners to improve their houses but it was necessary to officially represent one house as being unfit for human habitation and incapable of being repaired at reasonable cost. No cases of statutory overcrowding occurred during the year.

During September an approach was made to the owners of houses in the town that had shared sanitary conveniences. It is anticipated that, in the near future, every dwelling house in Buckfastleigh will have its own sanitary convenience.

Caravans. One of the two licensed caravan sites in the district is owned by the Council. With regard to the other site, it was discovered that certain of the conditions on the site licence in respect of sanitary conveniences and washing facilities were not being complied with at the end of the year.

Public Conveniences. During the year, one ladies' convenience was widened and handgrips fixed to each side of the wall so that it might be used by infirm or handicapped persons.

Dust Nuisance. During the early part of the year complaints were received about the amount of dust which occurred at a local quarry. It appeared that a new dust extractor plant was not proving entirely satisfactory and, following the complaints, adaptations were made to this plant to reduce the amount of dust released to the atmosphere. At the end of the year the position had certainly improved but it is thought that further improvements might yet be necessary.

Water Supply. The water supply of the area remained satisfactory both in quality and quantity. The 5" main from the reservoir to the town was scraped during the year. As the raw water collected from the Moors is plumbo solvent, this water is hardened by passing over soda-ash before going into the mains supply. No contamination by lead occurred during the year and no other form of contamination occurred. 2,494 persons living in 867 houses were supplied with water from the public mains. Six dwellings, occupied by 10 persons, were supplied with water from the public mains by means of stand pipes. Seven dwellings had their own private water supply. Bacteriological examinations carried out on the treated water entering the general supply were found to be satisfactory on each occasion. A chemical analysis was carried out on the water on two occasions and the results were also regarded as satisfactory.

Sewage The sewage works produced a satisfactory effluent throughout the year. Infiltration water at Buckfast caused some overloading of the sewerage system and the possibility of a larger sewer in this area might have to be considered in the very near future. The arrangements for sewage and sewage disposal in the district are regarded as completely adequate.

Refuse Tip Occasional nuisances were reported at this tip during the early part of the year and these were partly caused by the burning of the refuse. The re-timing of refuse collections has now made it possible for the refuse to be burned during the early part of the week and the smoke nuisance which occurred at the weekends has now been eliminated. It must be realised that, unless fully controlled tipping is carried out, there will always be occasional complaints about smells, smoke and flies at this tip. Unfortunately, controlled tipping would prove more costly than the existing method of crude tipping.

Food Inspection. Visits were made to the 41 food premises during the year and hygienic conditions at these premises were satisfactory. The amount of unsound food surrendered or condemned during the year was as follows:-

188 lbs. of cooked meat, 7½ lbs. of processed vegetables.

National Assistance Act, 1948. Section 47. It was not necessary to take any action under this act or the Amendment Act of 1951, in order to secure the removal of old or infirm persons to an institution.

Common Lodging Houses. There were no registered common lodging houses in the district.

- 24 -
SECTION L.

Items Specific to Totnes Rural District

Area of district	80,970 acres
River frontage of tidal waters	17 miles
Number of inhabited houses	4,769
Dwellings owned by the Council (31st March, 1961)	581
Council dwellings per 1,000 population	39.9
Rateable value (1st April, 1961)	£173,359
Estimated product of ld. rate	£714
Estimated mid-year population	14,150
Population at 1951 census	13,924

Births

Live births (males 88, females 94)	182
Live birth rate per 1,000 population	12.8
Illegitimate live births per cent of total live births	6.6
Still births	1
Still birth rate per 1,000 population	0.07
Still birth rate per 1,000 total live and still births	5.5
Total live and still births	183
Crude birth rate per 1,000 population	12.9
Standardised birth rate per 1,000 population	15.5

Infant Mortality Rates

Total infant deaths per 1,000 total live births	21.9
Legitimate infant deaths per 1,000 legitimate live births ...	17.6
Illegitimate infant deaths / 1,000 illegitimate live births .	83.3
Neo-natal mortality rate	10.9
Early neo-natal mortality rate	10.9
Perinatal mortality rate	16.4

MATERNAL MORTALITY (Including Abortion)

Number of deaths	Nil
Rate per 1,000 total live and still births	Nil

DEATHS

Total deaths (males 120, females 135)	255
Crude death rate per 1,000 population	18.0
Standardised rate per 1,000 population	13.5

CLASSIFICATION OF DEATHS

	Male	Female	Total
Tuberculosis, respiratory,	1	-	1
Syphilitis disease	-	1	1
Malignant neoplasm of stomach	4	-	4
Malignant neoplasm, lung, bronchus,	2	1	3
Malignant neoplasm, breast	-	3	3
Malignant neoplasm, uterus	-	2	2
Other malignant & lymphatic neoplasms	5	10	15
Diabetes	1	1	2
Vascular lesions of nervous system	23	24	47
Coronary disease, angina	17	13	30
Hypertension with heart disease	6	4	10
Other heart diseases	14	30	44
Other circulatory diseases	8	8	16
Influenza	3	3	6
Pneumonia	9	8	17

Classification of Deaths (cont)

	Male	Female	Total
Bronchitis	4	3	7
Other diseases of respiratory system	1	-	1
Ulcer of stomach and duodenum	1	-	1
Nephritis and nephrosis	-	1	1
Hyperplasia of prostate	1	-	1
Congenital malformations	-	1	1
Other defined and ill-defined diseases	9	15	24
Motor vehicle accidents	2	-	2
All other accidents	7	6	13
Suicide	2	1	3
	120	135	255

Slaughterhouses. On the 1st July 1961, new construction regulations came into force for the existing slaughterhouses in the Rural District. As a result of these regulations only three of the four slaughterhouses were relicensed. 257 visits were made to the slaughterhouses for the purpose of meat inspection and a total of 1,378 animals were inspected. The number of carcasses of which some part or organ was condemned due to disease totalled 67. The total weight of meat condemned was 425 lbs.

Factories. 27 inspections were made to the factories in the area. Defects in respect of cleanliness were found in two factories and defects in respect of sanitary conveniences were found in two other factories during these inspections. Six premises were referred by H.M. Inspector of Factories on account of insufficient sanitary conveniences. All the defects, with one exception, had been remedied by the end of the year.

Housing. 17 dwelling houses were represented as being unfit for human habitation during the year. A number of other houses were made fit following informal action.

28 standard grant proposals and 36 discretionary grant proposals were completed during the year. No clearance areas were declared and no dwelling houses were known to be overcrowded as defined by Section 77 of the Housing Act, 1957.

Refuse Collection and Disposal. During the year it became possible to extend the weekly refuse collection to the whole of the district. Previously a number of parishes only had a collection every fortnight. The disposal of refuse is carried out by tipping at 7 sites in the district.

The collection of litter from the litter baskets and bins has placed an additional burden on the refuse collection service. Even a weekly emptying of litter bins is often insufficient in some of the more popular parts of the district frequented by motoring holiday makers.

Sewerage and Sewage Disposal. A small sewage works was completed at Morleigh. Plans to provide new sewage works at Cornworthy and Capton and enlargements of the existing works at Dartington were initiated during the year. In the future, enlargements to existing sewage disposal works will be required at Galampton, Stoke Gabriel, Marlton and Bittaford. New works will be required at Dean Prior, Berry Pomeroy, Higher Dittisham, Avonwick and Tuckenhay. It is considered that top priority should be given to the scheme at Galampton, Dean Prior and Berry Pomeroy.

Infectious Diseases. 125 infectious diseases were notified during the year. The majority of the measles were children in the 5 - 9 age group. Two elderly persons were notified as suffering from food poisoning. Salmonella infection was the cause of their illness but the source of the infection was not ascertained. The incidence of notifiable diseases is given in tables 1 and 2.

Table 1. (Incidence by age group)

Disease	Total	Under 1	1-	5-	15-	25-	65+
Measles	106	1	32	72	-	1	-
Scarlet Fever	1	-	-	-	1	-	-
Whooping cough	5	1	2	2	-	-	-
Pul. Tuberculosis	3	-	-	-	-	2	1
Non. Pul. Tuberculosis	1	-	-	1	-	-	-
Food Poisoning	2	-	-	-	-	-	2
Acute Pneumonia	3	-	-	-	-	3	-
Dysentery	3	-	-	-	-	3	-
Erysipelas	1	-	-	-	-	1	-
Total	125						

Table 2. (Incidence by quarters)

Quarters

Disease	Total	1st	2nd	3rd	4th
Measles	106	5	71	30	-
Scarlet Fever	1	-	-	1	-
Whooping Cough	5	-	4	-	1
Pul. Tuberculosis	3	1	1	1	-
Non. Pul. Tuberculosis	1	-	1	-	-
Food Poisoning	2	-	-	2	-
Acute Pneumonia	3	2	1	-	-
Dysentery	3	3	-	-	-
Erysipelas	1	-	-	1	-
Total	125				

Water Supply. The South Devon Water Board supplies the greater part of the district. As well as supplying water from its own sources of supply, the Board has distribution mains for Paignton water at Marlton, Stoke Gabriel and Holne. Churston Ferrers has a mains water supply from Paignton whilst springs and wells supply a number of hamlets and scattered groups of houses and farms.

The quantity and quality of the water supplied through the public mains was regarded as satisfactory during the year. Frequent bacteriological examinations were made by the South Devon Water Board on treated water, taken from various parts of the district during the year. Only two of these samples were found to be unsatisfactory (obtained at Stoke Gabriel and Compton). Further tests on water taken from these two areas were all found to be satisfactory and no further action was necessary.

During September it was found that water obtained from the village pump at Aish (Stoke Gabriel) was unfit for drinking. This is a local water supply and measures were immediate taken to reduce the contamination that had occurred at the site of the pump. It is anticipated that a piped mains water supply will be made available to Aish in the near future. In October there was a temporary failure of the private water supply at Dean Prior. The cause of the failure was due to a drop in the yield of the springs and a general lack of maintenance of the system. The water supply was restored to normal before the end of the month. Evidence of pollution was found in a number of private water supplies and the appropriate advice was given to the owners of such supplies.

Dwellings supplied from Public Water Mains

Parish	1951 pop:	No. dwellings with piped water (direct)	No. dwellings relying on stand pipes
Ashprington	316	72	Nil
Berry Pomeroy	374	48	Nil
Buckfastleigh	293	42	Nil
Churston Ferrers	971	610	6
Cornworthy	292	40	Nil
Dartington	1192	83	Nil
Dean Prior	196	13	Nil
Diptford	369	76	Nil
Dittisham	529	169	Nil
Halwell	248	56	2
Harberton	954	70	5
Harbertonford			
Holne	283	58	Nil
Kingswear	730	237	Nil
Littlehempston	171	35	Nil
Marlton	783+	461	1
Morleigh	94	26	Nil
North Huish	338	68	Nil
Rattery	364	87	Nil
South Brent	1851	469	Nil
Staverton	649	97	Nil
Stoke Gabriel	867+	322	Nil
Ugborough	2062	340	Nil

Caravans. During the year there were 14 licensed sites for 39 residential caravans and 4 licensed sites for 78 holiday caravans. All these sites were found to be well maintained. It was noted that many more holiday tents were present during the year and this may be related to the introduction of the Caravan Sites and Control of Development Act, 1960.

Food Inspection. Visits were made to 70 food premises during the year and hygienic conditions at these premises were recorded as satisfactory.

Contaminated Shellfish. In August it became necessary to advise that cockles obtained from the river bed off Stoke Gabriel and Dittisham should be sterilised by boiling for at least 10 minutes before being consumed. There was a danger that these shellfish layings had been contaminated by sewage.

If contaminated shellfish are eaten raw or only partially cooked, there is a real danger of their being the means of conveying water borne diseases. The only satisfactory method of treating cockles is adequate sterilisation by boiling or subjecting them to steam under pressure.

Common Lodging Houses. There were no registered common lodging houses in the district.

National Assistance Act, 1948, Section 47. It was not necessary to take any action under this act or the Amendment Act, 1951, in order to secure the removal of old or infirm persons to an institution. Visits made to a number of old people during the year resulted in the voluntary admission of these persons to hospital or old persons home, thus avoiding the statutory action which would otherwise have been necessary.

Inspections made during the Year.

Number of inspections of dwelling houses	222
" " " " food premises	44
" " " " slaughterhouses	24
" " " " factories and work shops	25
" " " " moveable dwellings	45
Number of inspections re water supply	40
" " " " unsound food	15
" " " " nuisances	38
" " " " rodent control	40
" " " " pest control	34
" " " " refuse collection and disposal	95
" " " " infectious disease prevention	8
" " " " drainage and sewerage	87
" " " " meat inspection	257
" " " " poultry	6
Miscellaneous inspections	89

- 29 -
APPENDIX A.

FACTORIES ACTS, 1937 TO 1959

Annual Report of the Medical Officer of Health in respect of the year 1961
for the Borough of Totnes in the County of Devon.

Part 1 of the Act

1. Inspections for purposes of provisions as to health

	Number on register	Number of		Occupiers prosecuted
		Inspections	Written notices	
1. Factories in which Sections 1,2,3,4 & 6 are enforced by Local Authority	6	2	-	-
2. Factories not included in (1) in which Sec. 7 is enforced by Local Authority	38	17	3	-
3. Other premises in which Sect. 7 is enforced by Local Authority	8	21	-	-
Total	52	40	3	-

2. CASES in which defects were found

Particulars	No. of cases where defects found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Insp.	By H.M. Insp.	
Want of cleanliness, overcrowding, reasonable temp, inadequate ventilation, ineffective floor drainage	-	-	-	-	-
Sanitary conveniences, a) insufficient, b) unsuitable or defective c) not separate for sexes	- - -	2 -	- -	2 -	- -
Other offences against the Act (not including offences relating to outwork)		1	-	1	-
Total	-	3	-	3	-

PART 8 OF THE ACT

Outwork - Sections 110 and 111

Nature of work	Section 110			Section 111		
	No. of out-workers in August list required by Sect. 110(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No..of instances or work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Making wearing apparel	1	-	-	-	-	-

Particulars	No. of cases where defects found		No. of cases where defects found	
	Found Remedied	Not Remedied	Found Remedied	Not Remedied
Sanitary conveniences	-	-	-	-
(a) insufficient	-	-	-	-
(b) unsuitable or defective	-	-	-	-
(c) not separate for males and females	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-
Total	3	-	3	-

APPENDIX B.

FACTORIES ACTS, 1937 to 1959

Annual report of the Medical Officer of Health in respect of the year 1961
for the Urban District of Ashburton in the County of Devon.

Part 1 of the Act

1. Inspections for purposes of provisions as to health

	Number on Register	Number of		Occupiers prosecuted
		Inspections	Written Notices	
1. Factories in which Sections 1,2,3,4 & 6 are enforced by Local Authority	6	6	-	-
2. Factories not included in (1) in which Sect. 7 is enforced by Local Authority	5	5	-	-
3. Other premises in which Sect. 7 is enforced by Local Authority	2	2	-	-
Total	13	13	-	-

2. CASES in which defects were found

Particulars	No of cases where defects found				No. of cases in which prosecutions were instituted.
	Found	Remedied	Referred		
			By H.M. Insp.	To H.M. Insp.	
Want of cleanliness, over crowding, reasonable temp. inadequate ventilation, ineffective floor drainage	-	-	-	-	-
Sanitary conveniences, a) insufficient b) unsuitable or defective c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total	-	-	-	-	-

PART 8 OF THE ACT

Outwork - Sections 110 and 111

Nature of work	Section 110			Section 111		
	No. of out-workers in August list required by Sect. 110(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances or work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wool Mending	1	-	-	-	-	-

Particulars	Found	Remedied	Referred		No. of cases in which prosecutions were instituted.
			By H.M. Insp.	To H.M. Insp.	
Want of cleanliness, over crowding, reasonable temp. inadequate ventilation, ineffective floor drainage	-	-	-	-	-
Sanitary conveniences, a) insufficient b) unsuitable or defective c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total	-	-	-	-	-

APPENDIX C.
FACTORIES ACTS, 1937 TO 1959

Annual Report of the Medical Officer of Health in respect of the year 1961
for the Urban District of Buckfastleigh in the County of Devon.

Part 1 of the Act

1. Inspections for purposes of provisions as to health.

	Number on Register	Number of		Occupiers prosecuted
		Inspections	Written notices	
1. Factories in which Sections 1,2,3,4 & 6 are enforced by Local Authority	19	38	-	-
2. Factories not included in (1) in which Sect. 7 is enforced by Local Authority	2	5	-	-
3. Other premises in which Sect 7. is enforced by Local Authority	3	3	-	-
Total	24	46	-	-

2. CASES in which defects were found

Particulars	No. of cases where defects found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Insp.	By H.M. Insp.	
Want of cleanliness, overcrowding, reasonable temp, inadequate ventilation, ineffective floor drainage	-	-	-	-	-
Sanitary conveniences, a) insufficient b) unsuitable or defective c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total	--	-	-	-	-

APPENDIX D

FACTORIES ACTS, 1937 to 1959

Annual Report of the Medical Officer of Health in respect of the year 1961
for the Rural District of Totnes in the County of Devon.

Part 1 of the Act

1. Inspections for purposes of provisions as to health.

	Number on Register	Number of Inspections	Written notices	Occupiers prosecuted
1. Factories in which Sections 1,2,3,4 & 6 are enforced by Local Authority	4	2	2	-
2. Factories not included in (1) in which Sect 7 is enforced by Local Authority	43	20	2	-
3. Other premises in which Sect. 7 is enforced by Local Authority	5	5	-	-
Total	52	27	4	-

2. CASES in which defects were found

Particulars	No. of cases where defects found				No. of cases in which prosecutions were instituted.
	Found	Remedied	To H.M. Insp.	Referred By H.M. Insp.	
Want of cleanliness	2	2	-	-	-
Overcrowding, reasonable temp., inadequate ventilation, ineffective floor drainage	-	-	-	-	-
Sanitary conveniences, a) insufficient	8	7	-	6	-
b) unsuitable or defective					
c) not separate for sexes					
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total	10	9	1	6	-

Part 8 of the Act

There were no Outworkers in the District.

