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BOROUGH OF YEOVIL



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1955



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MEDICAL OFFICER OF HEALTH

FOR THE YEAR

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BOROUGH OF YEOVIL

Mayor:

ALDERMAN W. B. HICKMAN

Deputy Mayor:

ALDERMAN W. AUSTIN

HEALTH AND SANITARY COMMITTEE

Alderman W. J. C. PITTARD (Chairman)

Councillor C. B. GOSLING (Vice-Chairman)

The Mayor

Councillor H. D. BROOKS

Councillor S. PINDER

Councillor MRS. R. V. GOWERS

Councillor A. C. SINGLETON

DEPARTMENT OF PUBLIC HEALTH

Medical Officer of Health and School Medical Officer:

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

Assistant County Medical Officer:

M. I. ROSS, M.B., Ch.B., D.P.H.

Dental Surgeon QUENTIN DAVIES, L.D.S., R.C.S. (ENGLAND)

Senior Sanitary Inspector ... C. G. H. RICE, M.S.I.A., A.Inst.S.A., Cert. R.S.I.,
S.I.J.B., Cert. R.S.I., Meat and Food.

Sanitary Inspectors G. E. ROADHOUSE, M.S.I.A., A.R.San.I.
Cert. R.S.I., S.I.J.B., Cert. R.S.I., Meat and
other Foods.

K. F. OVERY, M.S.I.A., Cert. R.S.I., S.I.J.B.
Cert. R.S.I., Meat and other Foods.

Student Sanitary Inspector ... W. J. PEARCE.

TO THE
MAYOR, ALDERMEN AND COUNCILLORS
OF THE
YEOVIL BOROUGH COUNCIL

I have the honour to present my Annual Report, which is the tenth Report I have presented, on the health of the Borough and the work of the Public Health Department for the year 1955.

The health of the community has been satisfactory though the number of infectious diseases notified was considerably higher, 505 as compared with 53 for the previous year. This increase was mainly due to an outbreak of measles, 446 cases as compared with 4 for the previous year. In 1953 417 cases were notified, and the increase in the number of cases of measles notified alternate years has been noted in previous years. In the majority of cases the disease was of a mild nature and complications were not common.

The Standardised Death Rate was 12·2, this shows an increase on the previous year which 9·57 and for the first time for a considerable number of years exceeds that of England and Wales 11·7. Study of the table showing the ages at which death occurred shows that of the total deaths (293) 271 occurred in people aged 65 years and over, and 166 deaths occurred in people aged 75 years and over. Longevity appears to be a characteristic feature of the Yeovil people.

The Birth Rate was 15, an increase on the previous year when it was 13·9, the Birth Rate for England and Wales was also 15.

A new feature of the Report is a statement showing the various attendances at the three Welfare Clinics. In 1946, when I first took office, the number of Welfare Clinics was one, and I consider that the establishment of these two other Clinics, in addition to making attendances easier for mothers has been a big factor in promoting the health of the children. In order to complete the picture I must also report that several practitioners in the Borough also hold special surgeries for infants and young children, so that Child Welfare in Yeovil can be described as being in a flourishing condition.

INFANTILE MORTALITY.

The Infantile Mortality Rate for the year was 13·8, a considerable decrease on the previous year 21·7. The figure for England and Wales was 24·9. It must be accepted that this extremely low

rate, the lowest ever recorded in the Borough, though excellent, has not the same statistical value as if larger figures were available for computation, i.e., one or two more deaths would have increased the rate considerably. However, the average Infantile Mortality Rate for the years 1941-48 was 40, the average Infantile Mortality Rate for the years 1949-1955 was 26.4, so that a considerable improvement has been achieved. It will be noted from the table showing the ages at which the infants died, that 4 out of the 5 occurred within the first week of life, and all within the first month. Some years previously the number of deaths occurring after the first month was a considerable percentage of the total figure, and the causes of such deaths were such that Child Welfare Service could influence, but further reductions in the Infantile Mortality Rate can only be achieved by greater ante-natal care, particularly in regard to Toxaemia of Pregnancy. No Premature Baby Unit is available in Yeovil, the nearest being in Bridgwater, and I am of the opinion that the provision of such a Unit at the Yeovil Hospital is a matter for urgent consideration. I consider that the Blood Testing of expectant mothers, which is almost 100 per cent. has helped considerably in this very welcome reduction of the Infantile Mortality Rate.

PROVISION OF DENTAL TREATMENT

A less pleasant feature to record is the failure of adequate dental provision for children and expectant mothers. In general, the provision of dental treatment for children has been provided by the County Dental Service. Excellent surgeries and accommodation have been provided, but full use in the past two years has not been made of them due to lack of dentists. There is a national shortage of dentists, and the disparity of income which can be obtained by a newly qualified dentist in private practice compared with that in the County Dental Service is the largest factor in the failure to recruit sufficient dentists. At present conservative dentistry is almost completely absent, the County Dental Service in Yeovil being almost fully occupied in the extraction of teeth, permanent and temporary, to relieve pain and to deal with obvious sepsis, e.g., root abscesses etc. No slur is intended on the present Dental Staff who would prefer to carry out preventive conservative dentistry, e.g., fillings, orthodontic work etc., but this depends on having sufficient staff to carry out adequate inspections of teeth in order to detect caries in its earliest stages. It is recognised that extraction of teeth, particularly the permanent teeth is a confession of failure.

Regarding Expectant Mothers, it is also recognised that during pregnancy expectant mothers are more liable to dental caries and the decay is more rapid in onset. From figures obtained in a survey which is still being carried out, only 43 per cent. of expectant mothers

attended a dentist (private or Clinic), for dental inspection or treatment. One of the purposes of the National Health Service Act was to provide priority dental treatment for children and expectant mothers, it is disappointing to record that this purpose has not been achieved.

GUILLEBAUD REPORT.

In his Presidential Address given at the Royal Society of Health Congress, 1956, Professor Fraser Brockington said of the Report "Public Health it extols in almost every line, and between most, as a wonderful thing. If only public health could have been kept alive, with the willing and energetic backing of the whole body of the medical profession, what a great future might have been ours. We might conceivably close half our hospital beds and with the money rehabilitate general practice, reform and extend public health and inaugurate the era of social medicine, of which so much is said and so little done." The reference to the closure of hospital beds may be deemed optimistic, but there is no doubt that if a small fraction, even a vulgar fraction, of the money that is spent on Curative Medicine, especially the Hospital Services, was allocated to Preventive Medicine, the value both financially and in terms of suffering and ill-health would be much greater than is received under the present service. The dangers to the community of such diseases as Plague, Cholera, Typhoid, Typhus and Diphtheria have become things of the past—not because of Curative Medicine but because of the Preventive Medicine put into action by the Public Health Services. "Prevention is better than cure" is often quoted, but frequently, like any other good advice, is ignored. Part of the reason for this is that Preventive Medicine has no news value, an outbreak of Food Poisoning is of news value and obtains headlines in the Press, the work that is done by those engaged in Food Handling and by the Sanitary Inspectors', who inspect and advise, is not recognised, nor its value appreciated.

At the same Conference, a joint address, "Public Health Practice—An Ounce of Prevention is Worth a Pound of Cure," was given by Dr. Huntingdon Williams, Commissioner of Health, Baltimore City, and by Sir Allen Daley, formerly Medical Officer of Health, London County Council. Both these gentlemen have international reputation in the field of Preventive Medicine, and I am indebted to Sir Allen Daley for permission to quote the following abstract of the address. Their observations cannot be ignored, and illustrate the financial advantage amongst others, of the value of an efficient Public Health Service to the community.

“ FINANCIAL COST OF PREVENTION AND CURE ”

With regard to the real worth of prevention, can it be truly said that an ounce of prevention is worth a pound of cure, that a shilling for prevention is worth a pound for treatment? We believe so, although this, like many other truths, is difficult to put into pounds or dollars. We might at least take some examples.

First, how do the savings in the cost of dental care compare with the cost of fluoridating a public water supply? You will recall that investigations in the 1930s and 1940s of populations using drinking waters which contained one or more parts per million of natural fluoride exhibited a strikingly low incidence of dental caries or dental decay as compared with populations using drinking waters with little or none of this element present. As a result, under U.S. Public Health Service guidance, many American communities have added fluoride to their public water supplies.

We estimate that the annual cost of this for the 1,265,000 persons drinking the Baltimore City water is of the order of \$60,000. The British equivalent is £21,400 at the current rate of exchange but in terms of spending value it would be much less. It is our expectation that we shall as a result cause a decline in the dental decay of our children of five to 16 years of age and that they will be subject to an attack rate similar to that amongst children who reside in areas with waters that are naturally well fluoridated. The Baltimore City Health Department statistical staff estimates that when the children between five and 16 have all consumed fluoridated water from the prenatal period onward, the annual savings in the cost for dental care will be approximately \$2,500,000 (£893,000) which is to be compared with the \$60,000 (£21,400) annual cost of fluoridating our water. Stated otherwise, the lifetime cost of fluoridation per person should be approximately the same as the fee for the repair of a single carious or decayed tooth. The reward for the investment may be a reduction of 50 per cent. in the lifetime expectancy of dental caries. This type of return is apt to convince any person that prevention is a most profitable business.

Second, we might do some estimating on the financial saving that could be expected to result from a satisfactory attack on the problem of the care of premature infants. Our experience in Baltimore is that seven per cent. of white infants are premature and approximately 12 per cent. of Negro infants are born prematurely. On the average, a premature child discharged alive will require 21 more days of hospital care than the equivalent mature infant. In terms of dollars, a premature child before it can be discharged following birth will cost in medical care \$630 (£226) more than a mature child. In Britain, hospital costs are not as high as in the United States but the same reasoning applies. One must also

remember that the prognosis of the premature child includes a higher risk of infant death and higher probability of neurological disorder and retarded physical growth. Since the causes of premature delivery are not too well known, the Baltimore City Health Department has undertaken through its statistical service extensive studies of the epidemiology of this condition.

Our investigations point to complications of pregnancy, delay in seeking prenatal care, and socio-economic position as factors significantly associated with an increased risk of prematurity. Baltimore's chief statistician had a recent opportunity to examine the incidence of prematurity in a group of Negro women in Washington, D.C., who sought early care as compared with Negro women who had little or no prenatal care, and he noted a two-fold increase in prematurity in the latter group as contrasted with the former. For a group of 778 Negro women who received little or no prenatal care, the incidence of prematurity was 23 per cent., as contrasted with 11.5 per cent. for a group that had received such care.

Thus, one thousand Negro babies born to women without adequate prenatal care are estimated to cost as much as \$72,500 (£25,893) more than the cost of child care following birth to one thousand Negro mothers who had received adequate prenatal service. It appears to be quite likely that a sum of money well below this figure spent to secure adequate prenatal care for the mothers in the "no care" group, would perhaps have been able to reduce the incidence of prematurity by one-half. We must not, however, subject our thinking solely to this criterion of dollar return. Suppose the cost of adequate prenatal care were equal to, or somewhat in excess of, the equivalent cost of premature nursery care; is it not a proper investment for the uncomplicated growth of newly born infants to provide adequate medical services to the mother to control complications of pregnancy, assure proper nutrition and encourage proper health habits? We must not fall into the trap of being "penny wise and pound foolish."

There are, also, striking examples of savings due to prevention in the infectious disease field. A failure in the control of water purification may cost the community many tens of thousands of pounds in the treatment of the resultant cases of typhoid fever. Now that the aeroplane has brought areas where smallpox is endemic to within a few days' travel from either of our countries, that disease may be introduced at any time. Its spread can be prevented by vaccination and strict control by public health experts. But if it is allowed to spread, the cost of isolation and treatment of the patients and the dislocation and loss of trade in the towns affected may reach prodigious figures.

Again, in England and Wales before 1941 there were each year about 45,000 cases of diphtheria and 2,500 deaths. In that year the campaign for immunization started in earnest. In 1954 there were only 173 cases and 9 deaths. At a low estimate this saves £5,000,000 a year in treatment costs in hospital, against which the cost of immunization is negligible.

Further, every person who has been nurtured and educated up to the time when he or she can earn a living or keep house for her husband, has had capital, public or private, spent on him. For all who die prematurely, that is, before their working days are over, there is a loss of the country's capital. There is still a colossal loss through such preventable deaths.

There are many other such comparisons along financial lines that could be made, but we feel we have made the case. In any event, the loss of good health or the premature death of a loved one can never be translated into pounds, shillings and pence. It is beyond price."

I have the pleasure in again recording my appreciation of the help and co-operation received from the Council, from the Health and Sanitary Committee and from the Members of the Staff.

I have the honour to be,

Your obedient servant,

P. P. FOX.

Medical Officer of Health

VITAL STATISTICS

	1954	1955
Population	23,850	24,000
Number of Births	322	360
Birth Rate per 1,000	13.9	13.5
Number of Deaths	247	293
Death Rate per 1,000	9.57	12.2
Infantile Mortality	21.7	13.8
Phthisis Death Rate	0.20	0.08
Cancer Death Rate	1.7	2.04

YEOVIL BOROUGH

STATISTICS OF THE AREA FOR THE YEAR 1955

Area (in acres)	2,256
Rateable Value (31st March, 1956)	£201,562
Estimated Produce of 1d. rate in year ending 31st March, 1956	£766
Number of inhabited houses (31st March, 1956) ...	7,683
Population	24,000

PHYSICAL FEATURES AND SOCIAL CONDITIONS

The Borough of Yeovil comprises an area of 2,256 acres and is situated at the extreme South of the County of Somerset, on the borders of Dorset, in the midst of an agricultural area.

The town is located on the Upper and Middle Liassic Formation. The sub-soil is chiefly clay, lying upon marlstone with the Midford Sands at Hendford Hill.

The greatest elevations within the Borough are; on the North, Mudford Road, 372 feet; on the West, Bunford Lane, 233 feet, and on the South, West Coker Road, 309 feet. The lowest point is on the East, beyond the Sewage Works, 96.7 feet.

WATER SUPPLY

The Water Supply is derived from various sources, the majority being situated in Dorset. The sources of supply are as follows:—Spring Pond (two springs), Evershot Tunnel, upper and lower Haydon Wood, Stockwood and the Cattistock source, which consists of four boreholes. In addition, water is obtained from a borehole at Preston Plucknett, and as a temporary measure addi-

tional water is obtained from a borehole at Bunford Hollow. All the water is chlorinated and frequent bacteriological analysis show the water to be satisfactory in quality. Unfortunately, the quantity available does not meet the present demand, which is approximately 1,200,000 gallons per day. An arrangement has now been agreed to with the Yeovil Rural District to obtain an additional supply from the Sutton Bingham Reservoir, which should ensure adequate supplies for the foreseeable future.

METEOROLOGY

The climate is mild and relaxing. There is little fog and mist.

RAINFALL

Summerleaze Park School. Total Rainfall—27·96 inches.

POPULATION

The population for 1955 is 24,000.

OCCUPATION

The main industry of Yeovil is in the manufacture of leather gloves, and includes all processes from the preparation of the raw hides to the production of the finished article. This trade gives factory and home employment to a large number of the persons of both sexes.

In addition to the gloving industry there is a thriving aircraft industry and other light engineering industries, employing nearly 3,000 persons. There is also a large factory for the manufacture of preserved food and dairy products.

The number of factories powered is 152, and the number of factories non-powered is 45.

HOSPITAL SERVICES

The Hospital Services in the Borough are administered by the South Somerset Hospital Management Committee under the general direction of the South Western Regional Hospital Board. Situated in the Borough are

- (1) The Yeovil and District Hospital—an acute general hospital.

- (2) Summerlands Hospital—mainly used as a Geriatric hospital.
- (3) Yeovil Maternity Hospital (Crossways). 14 Beds.
- (4) Balidon Maternity Hospital—a General Practitioners Unit. 17 Beds.

The Yeovil Hospital consists of 82 beds, of which 6 are private, the number of in-patients treated was 2,443 and the number of new out-patients 4,718. The number of X-ray examinations carried out was 19,018. In considering these figures, it must be borne in mind that the area which the hospital now serves has considerably increased. Despite the valuable services which the hospitals carry out, it cannot be stated that the present hospital buildings and equipment are adequate for the present and potential requirements of the Borough and surrounding district. The matter is under review by the responsible authorities.

INFECTIOUS DISEASES

Cases of infectious disease requiring hospital treatment are treated at the South Petherton Hospital (50 beds). In general, the Cubicle Block 10 Beds is only required and the other 40 beds are utilized for post-operative cases, so relieving the strain on the Yeovil Hospital and for General Practitioner patients and semi-chronic sick.

TUBERCULOSIS

A Chest Clinic is held on Mondays and Wednesdays at the Yeovil Hospital. Patients requiring in-patient treatment are admitted to Sanatoria at Quantock and Taunton.

CHRONIC SICK

Summerlands Hospital (97 beds), which is situated in the Borough, is the largest hospital in the area used for this purpose. This hospital was originally a Poor Law Institute built in 1837, and the layout etc., does not conform with the accepted standards of today. Further, there is a constant shortage of nursing staff, but despite these handicaps, valuable work is carried out by the staff of the hospital. I am of the opinion that better use of the beds in the area could be made if there was a scheme whereby the prospective patients could be visited in their homes so as to assess the relative need for admission, this information would also be of value in determining whether a patient could be discharged home. Such a scheme would reduce the constant waiting list for admission.

LABORATORY SERVICE

A small laboratory is located at the Yeovil Hospital. A Public Health Laboratory Service has a Laboratory in Taunton, at which bacteriological examination of swab, blood, sputum and faeces is carried out. Bacteriological and chemical analysis for the examination of milk, foods, water supplies and sewage effluents are also carried out.

AMBULANCE FACILITIES

The Ambulance Service is a responsibility of the Somerset County Council. The Ambulance Control Office is located at the Summerlands Hospital. The Ambulances and the larger types of vehicles for sitting cases are in radio communication with the control office. A daily 24 hour service is maintained.

HOUSING

I am indebted to the Housing Manager, Mr. A. H. M. Herington, for the resumé showing the number of Council Houses erected by the Corporation.

Houses completed in the years to 31st December:—

1946	150	Prefabs.		
1947	61	Houses		
1948	19	„		
1949	95	„		
1950	80	„		
1951	132	„	and flats	
1952	120	„	„	„
1953	138	„	„	„
1954	178	„	„	„ and bungalows
1955	102	„	„	„

1,075

Houses etc., erected pre-war	...	...	...	1,596
„ „ sold pre-war	...	...	...	113
„ „ owned at 31/12/39	...	...	...	1,483

Houses etc., erected post-war	...	...	...	1,075
„ „ sold post-war	...	...	...	57
				<hr/>
				1,018
Houses etc., erected by Local Authority and still owned by them	...	...	...	2,501
				<hr/>

The number of applicants on the waiting list as at the 31st December, 1955, was 1,059 as compared with 915 in December, 1954.

VITAL STATISTICS OF THE YEAR

The statistics furnished by the Registrar General show the number of births and deaths after correction has been made for transfers to the normal place of residence of the individuals concerned. From these figures can be calculated the "crude" birth and death rates. As, however, the highest mortality occurs at the two extremes of life, and industrial areas in general have a bigger proportion of people living in the middle age periods of life, some correction must be made for the irregularities of distribution as regards age and sex, as otherwise the death rate will afford no accurate means of comparing the healthiness of one district with another. This comparability factor is furnished by the Registrar General and applied to the crude birth or death rate, gives a standardised rate and enables comparison to be made with the rate for England and Wales, or with rates of other districts.

BIRTHS					1955	1954
(a) LIVE BIRTHS			<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Total</i>
Legitimate	...	...	179	165	344	312
Illegitimate	...	...	12	4	16	10
Total	...	...	191	169	360	322
Crude Birth Rate per 1,000 estimate population					15.0	13.5
Standardised Birth Rate per 1,000 estimate population					15.4	13.90

				1955	1954		
(b) STILL BIRTHS				<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Total</i>
Legitimate	...	...		2	5	7	8
Illegitimate	...	...		1	—	1	—
Grand Total				3	5	8	8
Still birth Rate per 1,000 (live and still) births						21·7	21·12

DEATHS				1955	1954		
				<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Total</i>
Total deaths	...	...	138	155	293		247
Crude Death Rate per 1,000 population					12.2		10.35
Standardised Death Rate per 1,000 population					11.34		9.57

MATERNAL MORTALITY

Puerperal Sepsis	...	...	...	...	—
Other Puerperal Causes	...	...	...	...	1

INFANT MORTALITY				1955	1954
Deaths of Infants under 1 year of age	...	...	...	5	7
Deaths among Legitimate Infants	...	...	...	5	7
Deaths among Illegitimate Infants	...	...	...	—	—
Death Rate per 1,000 live births	...	...	...	13.8	21.7
Death Rate per 1,000 legitimate births	...	...	...	14.5	22.4
Death Rate per 1,000 illegitimate births	...	...	...	—	—
Deaths from Cancer (all ages)	...	...	...	49	41
Deaths from Heart Diseases (all ages)	...	...	...	101	88
Deaths from Phthisis (all ages)	...	...	...	2	5

BIRTHS

The total number of births was 360, 191 male and 169 female. Of these, 16 were illegitimate, 12 male and 4 female. The table below shows the birth rate for the previous ten years.

BIRTH RATES

1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
19.5	20.3	16.4	15.8	14.6	15.3	15.08	14.9	13.5	15.0

DEATHS

There was an increase in the total number of deaths, 293 in 1955 as compared with 247 for the previous year. The Standardised Death Rate was 11.34 as compared with 9.57 for the previous year; the Death Rate for England and Wales was 11.7.

The following table shows the age and sex incidence, and it will be noted that amongst the males of the 138 deaths, 126 occurred amongst those 65 years and over, and 77 amongst those 75 years and over. Of the females, out of the total of 155 deaths, 145 were 65 years and over, 89 were 75 years and over.

The following table shows the Causes of Death during 1955.

<i>Ages at Death in Years</i>					1955		
					<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 1	...	...	...	...	3	2	5
1	...	...	...	...	—	—	—
5	...	...	...	...	—	—	—
15	...	...	...	...	—	2	2
25	...	...	...	...	1	1	2
45	...	...	...	...	8	5	13
65	...	...	...	...	36	35	71
Total under 70	...	...	...	...	48	45	93
70	...	...	...	...	13	21	34
75	...	...	...	...	28	26	54
80	...	...	...	...	29	23	52
85	...	...	...	...	13	20	33
90	...	...	...	...	6	10	16
95	...	...	...	...	1	10	11
Over 100	...	...	...	...	—	—	—
Total over 70	...	...	...	...	90	110	200
Totals	...	...	...	...	138	155	293

CAUSES OF DEATH	1955	
	Males	Females
Tuberculosis respiratory	—	2
Meningococcal infections	1	—
Other infective and parasitic diseases	—	1
Malignant neoplasm, stomach	2	6
" " lung bronchus	7	—
" " breast	—	5
" " uterus	—	5
Other malignant and lymphatic neoplasms	11	13
Leukaemia, aleukaemia	1	1
Diabetes	—	1
Vascular lesions of nervous system	25	44
Coronary disease angina	27	6
Hypertension with heart disease	7	—
Other heart disease	24	37
Other Circulatory diseases	2	5
Influenza	2	2
Pneumonia	6	5
Bronchitis	2	1
Other diseases of respiratory system	—	1
Ulcer of Stomach and duodenum	1	2
Gastritis enteritis and diarrhoea	—	1
Nephritis and nephrosis	5	—
Hyperplasia of prostate	3	—
Pregnancy, child birth abortion	—	1
Congenital malformations	1	1
Other defined and ill-defined diseases	8	9
Motor vehicle accidents	1	—
All other accidents	—	3
Suicide	2	3
	138	155

DEATH RATE

1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
10·19	12·08	10·9	10·08	10·59	14·23	10·57	10·85	9·57	11·34

CANCER

The number of deaths due to cancer (all forms) was 49. The table as set out below shows the incidence of cancer for previous years.

1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
27	35	41	37	50	38	46	48	51	41	49

CANCER DEATH RATE PER 1,000 POPULATION

Year	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Yeovil Borough ..	1.2	1.5	1.8	1.5	2.1	1.58	2.06	2.02	2.14	1.7	2.04
County of Somerset ..	1.9	1.9	2.07	1.9	1.9	1.89	2.00	1.98	1.84	2.06	2.045
England and Wales ..	1.9	1.8	1.8	1.8	1.8	1.94	1.96	1.99	1.99	2.035	2.056

INFANT MORTALITY

The number of children dying within the first twelve months of life was 5 as compared with 7 for the year 1954. The rate per thousand of live births was 13.8 as compared with England and Wales—24.9.

The following table shows the number of deaths and the Infantile Mortality Rate as compared with previous years.

	1947	1948	1949	1950	1951	1952	1953	1954	1955
Number of Deaths	17	14	14	7	9	11	8	7	5
Rate per 1,000 live births in Yeovil	37.1	36.4	37.4	20	25	30	22.5	21.7	13.8
Rate per 1,000 live births in England and Wales ...	41	34	32	29.8	29.6	27.6	26.5	25.5	24.9

CAUSES OF DEATH

Prematurity	...	...	...	1
Erythroblastosis	...	...	...	1
Atelectasis ...	...	...	...	1
Pneumonia ...	...	...	...	1
Spina Bija	...	...	...	1
				<hr/> 5 <hr/>

AGE OF DEATH

Under 24 hours 2	Under 1 week 4	1 month or under 5	Under 1 year 5
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MATERNAL MORTALITY

There was one maternal death during the year.

INFECTIOUS DISEASES

The following table sets out the details of infectious diseases notified during the year and also the figures for the previous year.

DISEASE	<i>Cases Notified</i>	
	1954	1955
Poliomyelitis	3	5
Scarlet Fever	5	2
Meningococcal Infection	2	—
Measles	4	446
Pneumonia	15	14
Erysipelas	2	2
Whooping Cough	5	28
Puerperal Pyrexia	15	7
Ophthalmia Neonatorum	—	—
Food Poisoning	2	1
Total	53	505

DIPHTHERIA AND WHOOPING COUGH IMMUNIZATION

In general, all infants immunized against Diphtheria, are also immunized against Whooping Cough. Provision is made for the occasional infant who for certain medical reasons, immunization against Whooping Cough is not indicated, or because the parents do not wish the combined course of injections, for immunization against Diphtheria only to be carried out.

The number of infants under the age of 12 months immunized was 191, the number under the age of 5 years was 319, and the total number of children under the age of 14 years was 471. The number of births for the year 1954 was 322, so that the percentage of infants immunized was 59·3 per cent. This figure should be higher, 75 per cent. is the target to be aimed for, but as 105 children between the ages of 1 and 2 years were also immunized, the discrepancy is not quite so marked as would appear at first sight, as the percentage of children immunized under the age of 2 years is 70·7 per cent. The percentage immunized is less than previous years' and coincides with the fact that during 1955 the number of Health Visitors was two, not three, the normal establishment. In my opinion, these figures stress the importance of the work done by the Health Visitors in promoting Child Health.

The percentage of infants immunized in England and Wales in 1954 was 36 per cent., and for the first six months of 1955—38·4, so that by comparison the Yeovil Borough figures are excellent, but that is no reason why the 75 per cent. target in the first year of life should not be achieved. It would not present a true picture if no reference was made to the general practitioners, who carry out a considerable amount of immunization, and to whom credit is also due for the above satisfactory figures.

VACCINATION.

The number of primary vaccinations carried out was 223, of which 196 were for infants under the age of 1 year. In addition, 26 re-vaccinations were carried out. It is pleasant to note that despite other Urban authorities in the County having larger populations, that as regards the number of primary vaccinations, and also combined primary and re-vaccinations, the Yeovil Borough figures are the highest.

The number of births for the preceding year was 322, so that the number of infants vaccinated was approximately 51 per cent. This figure is good as compared with England and Wales, but shows a decrease of 6 per cent. as compared with 1954.

TUBERCULOSIS

The number of cases of Pulmonary Tuberculosis notified during the year was 28, non-pulmonary 4. There were 2 deaths recorded as due to pulmonary tuberculosis, and none for non-pulmonary tuberculosis.

	1955	1954	1953	1952	1951	1950	1949	1948	1947
No. of cases notified Pulmonary ..	28	26	18	24	31	23	22	26	36
" " " " Non-Pulmonary	4	4	7	3	3	8	2	5	8
No. of deaths Pulmonary ..	2	5	4	9	12	8	5	2	7
" " " " Non-Pulmonary ..	—	2	1	2	—	—	2	—	—
Death rate of Respiratory Tuberculosis per 1,000 population ..	0·08	0·20	0·17	0·38	0·51	0·33	0·21	0·1	0·31

The Death Rate of all forms of Tuberculosis for England and Wales was 0·139 as compared with Yeovil 0·08.

TUBERCULOSIS. AGE INCIDENCE

Age.			New Cases.				Deaths.			
			Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
			M.	F.	M.	F.	M.	F.	M.	F.
0	...	...	—	—	—	—	—	—	—	—
1	...	...	—	—	—	—	—	—	—	—
5	...	...	—	1	—	—	—	—	—	—
10	...	...	—	1	—	—	—	—	—	—
15	...	...	—	1	—	—	—	—	—	—
20	...	...	1	1	—	—	—	—	—	—
25	...	...	—	9	—	—	—	—	—	—
35	...	...	3	3	1	—	—	1	—	—
45	...	...	3	3	—	—	—	—	—	—
55	...	...	2	1	1	—	—	1	—	—
65 & upwards			—	—	—	1	—	—	—	—
Total	...	...	9	20	2	1	—	2	—	—

It will be noted from the above tables that despite the fall in the Mortality Rate, the occurrence of new cases does not show the same decline. Also the occurrence of fresh cases is mainly amongst females, and 13 out of the 20 cases notified were among children and young females. Because the strain of pregnancy, and in the months following confinement may activate an inactive lesion or render a woman more susceptible to infection, routine X-ray examination of all pregnant women is advocated by the National Association for the Prevention of Tuberculosis, and this procedure has been in force in Yeovil for the past 2 years. During the year, approximately 77 per cent. of expectant mothers had an X-ray examination. In a recent article of the British Medical Journal (June, 1956), commenting on an investigation by a Committee of the Medical Research Council on the prophylactic effect of B.C.G. and vole-bacillus vaccine, the results have shown that if all previously uninfected adolescents in Britain were vaccinated, the incidence of the disease in young people from the age of 15 up to 17½ years and probably up to at least 19 years might be reduced by half. To date, this measure has not been put into force in Somerset, but I understand from the County Medical Officer of Health that this measure is receiving consideration, and will probably be implemented in the near future.

MASS RADIOGRAPHY SERVICE

During the year the Mass Radiography Unit made two visits to Yeovil. A total of 2,895 adults were examined, of whom 1 was found to have active tuberculosis. A further 7 were found to have inactive tuberculosis and 17 were found to have other abnormalities of the chest. In addition, 1,214 school children were examined making a grand total of 4,109 examinations.

<i>No. of Examinations carried out.</i>				<i>No. of Cases of Pulmonary Tuberculosis Diagnosed</i>	
				<i>Active</i>	<i>Inactive</i>
1948	4,260	...	...	9	32
1949	2,298	...	...	13	31
1950	2,316	...	...	4	41
1951	3,015	...	...	8	34
1952	4,191	...	...	9	37
1953	4,460	...	...	12	22
1954	4,561	...	...	6	32
1955	4,109	...	...	1	24

DENTAL TREATMENT

Number of Ante-natal cases	...	60
Number of Post-natal cases	...	39
Number of children under 5 years		359

HOME VISITS BY HEALTH VISITORS

Infants:—

Primary visits	...	...	...	357
Subsequent visits	...	...	...	3,211
Visits to children 1 to 5 years	...			4,445

BLOOD EXAMINATION CLINIC

This clinic was commenced in 1947 and was, I think, the first local authority clinic in Somerset. It is held at the Preston Road Clinic, Yeovil. Since its inception, 3,141 individual pregnant women have been examined, 535 examinations being carried out in 1955. The areas from which the patients are drawn, are, as would be expected, mainly the Yeovil Borough and Yeovil Rural District. Patients are referred by the private practitioner or midwife, without previous appointment. A card showing the patient's blood group, and whether she is Rh. Positive or Rh. Negative, is forwarded

to her direct, together with a covering letter emphasizing the importance of her retaining the card in case she ever requires a blood transfusion for any purpose. A report giving further information, including percentage of haemoglobin and W.R. test is forwarded to the private doctor, and a copy of this report is also forwarded to the midwife or Matron of the Maternity Home, depending on where the patient is having her confinement. Previously, similar information was forwarded to Yeovil Hospital in case the patient was admitted there for any reason and required a blood transfusion, but a copy is now forwarded direct by the Laboratory doing the tests.

A record of all blood tests is also kept at the Public Health Department. In the case of second or subsequent pregnancies of Rh. Negative women; as the test is normally carried out early in pregnancy, a further test is carried out 6 to 8 weeks before the expected date of confinement, to exclude antibodies. If antibodies are found to be present, and if in sufficient quantities to threaten the welfare of the baby when born, arrangements are made for the baby to be born either at Bristol or Taunton so that blood transfusion of the baby can be carried out if necessary. The number of babies whose life has been saved by this procedure now runs into double figures and is a source of considerable gratification. A survey which is still being carried out shows that in the first six months of 1956, 99 per cent of mothers in the Yeovil Borough and Yeovil Rural District had had a blood investigation, either in the last or previous pregnancy.

INFANT WELFARE

PRESTON ROAD CLINIC

Total number of children attending	...	...	595
Total number of children attending for first time			203
Total number of attendances made	...	...	2,882

LARKHILL ROAD CLINIC

Total number of children attending	...	...	184
Total number of children attending for first time			74
Total number of attendances made	...	...	663

SOUTHVILLE CLINIC

Total number of children attending	...	...	243
Total number of children attending for first time			74
Total number of attendances made	...	...	1,050

HOME HELP SERVICE

This service continues to render excellent assistance and the following table indicates the scope of its activities.

Following alterations to the Preston Road Clinic the office accommodation for the local organising staff has been moved to buildings adjacent to the Clinic, and this has made for still closer liaison between the Home Help Service and the Public Health Staff, especially Health Visitors. The new location of the offices are also much more convenient for the public.

NUMBER OF CASES WHO RECEIVED HELP IN 1955:—

<i>Type of Case</i>				<i>Yeovil Borough</i>
Maternity	...	...	...	17
Old Age and Infirmary	...	...	...	103
Tuberculosis	...	...	...	6
Chronic Illness	...	...	...	28
Emergency Illness	...	...	...	36
Families of motherless children	...	...	...	2
Totals				192

A number of the old age and chronic cases have received help for two or three years.

NATIONAL ASSISTANCE ACT

No action was taken under Section 47 of the above Act.

REVIEW OF THE SCHOOL HEALTH SERVICE

The school health service provides for remedial and preventive treatment, and consists of:—

- (a) Routine and special medical inspections.
- (b) Minor Ailments treatment.
- (c) Cleanliness inspections of children by Health Visitors.
- (d) Dental inspection and treatment.
- (e) A much expanded scheme, in co-operation with the Hospital services, for the treatment of defects of vision, and of ear, nose and throat.

In addition the following services are also provided:—

- (f) Routine Mass Radiography of all children of school leaving age. Special examinations of children, irrespective of age, who have been thought to have been exposed to a particular risk of tuberculous infection have been carried out, with the co-operation of the mass Radiography Service.
- (g) Routine Colour Vision testing of children.
- (h) Routine and special testing of children's hearing acuity, using the Gramophone Audiometer.

- (i) Speech Therapy.
- (j) Ultra Violet light clinics for debilitated children.
- (k) Routine immunisation of children against diphtheria. This consists mainly of reinforcement inoculations of children already immunised, but children who have been "missed" in infancy are immunised.
- (l) Breathing Exercises Clinic.

In addition to the above, arrangements exist for a special session at the Yeovil Borough Swimming Baths for the rehabilitation of certain types of physically handicapped children. A large proportion of these pupils are those who have had Anterior Poliomyelitis with a residual physical defect. The value of this scheme is now well established and much credit is due to the work carried out by the local detachment of the British Red Cross.

The Breathing Exercises Clinic was established in 1950, and is intended mainly for children who have Asthma, but also for other children with a history of chest trouble and for whom breathing exercises are valuable. The number of children initially enrolled was 6: the number on the roll in December, 1955 was 32. The total number of attendances in the year was 844 and since the inception of the scheme 85 children have been or are being treated. There is a marked improvement physically of children attending regularly as shown by the increase in chest expansion and also by clinical examination of the chest. In addition, the children develop a sense of self confidence as they learn how to combat an impending attack of asthma, and there is a marked improvement of physique and general posture.

The importance of asthma as a disease is frequently overlooked; about 3,000 deaths a year are ascribed to asthma, in England and Wales. In terms of incapacity, it is stated that asthma accounts for 206 days out of every 10,000 of incapacity for all causes. By comparison, the figure for tuberculosis is 108, and for gastric and duodenal ulcer together 224. It will be appreciated, therefore, that any measure to help the asthmatic child is of importance, and it is recognised that the treatment of asthma in childhood is to a considerable extent truly preventative medicine. The main credit for the success of the Clinic is due to the Health Visitors.

In the final paragraph of his Report for the years 1952 and 1953, Sir John Charles, M.D., F.R.C.P., D.P.H., Chief Medical Officer of the Ministry of Education, states: "Change is a characteristic of all living things and, if there is vitality in the school health service, it will adapt itself to changing circumstances." It is hoped that the foregoing remarks regarding the school health service in the South-East Somerset (Yeovil) Divisional Area are evidence that the service is endeavouring to cope with the present-day problems.

REPORT

OF THE

SENIOR SANITARY INSPECTOR

For the Year 1955

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH AND SANITARY
COMMITTEE :

I present herewith my Report for the year 1955, the outstanding feature being the resumed drive to deal with the remaining unfit houses in the Borough after a lapse of 16 years.

Shortage of staff hindered the work of the Department for the greater part of the year, until Mr. K. F. Overy was appointed as an Additional Sanitary Inspector in December.

NUISANCES

COMPLAINTS

Included below is a list of the various complaints received by the Department during the year:—

General housing defects	...	35
Defective drainage, cesspools, etc.		25
Smoke, dust and effluvia	...	10
Rats and Mice	... ..	85
Verminous premises	... ..	12
Kitchen Waste Bins	... ..	2
Keeping of animals and poultry		4
Foodstuffs and food premises	...	8
Caravans	... ..	1
Dumping of refuse	... ..	5
Nuisances from water courses	...	14
Unwholesome premises	... ..	1
Factories and Workshops	...	4
Miscellaneous	... ..	8

HOUSING

The result of a primary survey under Section 1 of the Housing Repairs and Rents Act 1954, indicated that there were approximately 102 unfit houses which should be dealt with within the 5 year period. The first Clearance and Compulsory Purchase Order in the Wellington Street/Huish area, will deal with 18 of that total. The survey has revealed that a number of these unfit properties, because of their position, can only be dealt with by closure, with the result that they will become derelict and unsightly, when dealt with.

OVERCROWDING

There are, as far as can be ascertained, approximately 20 cases of actual overcrowding. In addition a large number of cases exist where two families are living in the same house under unsatisfactory conditions.

FOOD INSPECTION

FOOD PREMISES

Routine inspection of the various classes of businesses included under the above heading, was carried out as indicated in the summary of inspections. It is, however, contemplated that more intensive action during the next year will be taken now that the new Food Hygiene Regulations have come into force. One case only of suspected food poisoning was investigated during the year.

SLAUGHTERHOUSES

The premises in Queen Street have continued to serve the Borough and part of the Rural area satisfactorily during the year. There has been a gradual increase in the amount of killing at weekends, which has meant additional inspection duties on Saturdays and Sundays.

<i>Year</i>	<i>Cattle</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Calves</i>	<i>Total</i>
1951	2491	5654	9513	62	17720
1952	2238	7148	11971	61	21418
1953	2272	7388	11456	81	21197
1954	2149	7480	12276	788	22693
1955	2270	3598	13761	1318	20947

The following statement contains particulars of the number of carcasses killed and inspected during the year, together with the amounts of meat condemned.

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed	2249	21	1318	3598	13761
Number inspected	2249	21	1318	3598	13761
<i>All Diseases except Tuberculosis</i> Whole carcasses condemned	2	2	3	10	14
Carcasses of which some part or organ was condemned	409	4	2	208	1209
% of number in- spected affected with disease other than Tuberculosis	18.27%	28.57%	.37%	6.05%	8.88%
<i>Tuberculosis only</i> Whole carcasses condemned	5	2	1	—	9
Carcasses of which some part or organ was condemned	211	3	1	—	228
% of number in- spected affected with tuberculosis	9.60%	23.8%	.15%	—	1.72%

MEAT OTHER THAN CARCASSES CONDEMNED

Beef —5 cwts. 1 qr. 15 lbs.	} T.B., Bruising and Abscesses.
Pork —3 cwts. 1 qr. 21 lbs.	

OFFAL CONDEMNED

	<i>Bullocks</i>	<i>Sheep</i>	<i>Pigs</i>
Part livers	482	—	—
Livers	254	198	258
Lungs and Hearts ...	112	43	167
Heads and tongues ...	117	—	161
Plucks	—	28	208
Milts	19	—	—
Skirts	18	—	—
Tripes	53	—	—
Kidneys	6	—	58

CANNED FOODS CONDEMNED

Meat	633 tins
Milk	213 tins
Fruit and Vegetables ...	1,830 tins
Fish	277 tins
Ham	24 tins
Corned Beef	19 tins

2,996 tins

INFECTIOUS DISEASES

The following disinfections were carried out:—

Houses disinfected ...	10
Rooms sprayed or fumigated	83
for Tuberculosis	26
„ Cancer	13
„ Vermin	12 (disinfestations)
Steam Disinfections ...	15
Library Books	56
Gloving Fumigated ...	8
Clothes	5
Miscellaneous	26

VERMIN INFESTATION

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

1. SEWERAGE SYSTEM.

During the year the sewerage system in the Borough was again systematically tested for rats. The following figures show the

work carried out. The infestations found have proved to be of a minor character.

Areas test baited	...	...	...	11
Points baited	...	...	...	193
Negative results (presumed clear)	...	...	...	132
Total number of visits made	...	...	...	408

2. PRIVATE PREMISES (INCLUDING BUSINESS PREMISES).

Number of premises visited	...	...	...	374
Number treated for some degree of infestation	...	...	...	93
Number of premises with no infestation	...	...	...	281
Total number of all visits	...	...	...	824
Number of points baited	...	...	...	985
Number of premises cleared	...	...	...	87

3. CORPORATION PREMISES

Inspection and treatment are carried out at the Corporation Sewage Works and refuse tip regularly. The work is done as a practical measure in order to keep any infestations under control. During the year approximately 180 visits were made and more than 2,000 points baited.

150 visits were made in connection with contracts at business or factory premises.

FOOD AND DRUGS—MILK AND DAIRIES REGULATIONS, 1949

The following are particulars from the register:—

(a) Number of Retailers	...	...	...	...	13
(b) Number of Producer Retailers included in (a)	...	...	...	...	4
(c) Number of licensed Pasteurising Plants	...	...	...	...	2

MILK (SPECIAL DESIGNATION) REGULATIONS, 1949 APPLICATIONS GRANTED TO RETAILERS FOR REGISTRATION UNDER THE ABOVE REGULATIONS

(a) Tuberculin Tested	...	...	...	...	6
(b) Pasteurised	...	...	...	...	4

GRADED MILK PRODUCERS IN THE DISTRICT

(a) Tuberculin Tested	...	...	...	...	3
(b) Pasteurised	...	...	...	...	2

FOOD AND DRUGS ACT 1938

APPLICATIONS GRANTED FOR REGISTRATION OF PERSONS AND PREMISES

For sale and storage of Icecream	...	...	...	5
For preparation of Preserved Food	...	...	...	nil

ICE CREAM

Total number of premises registered at the end of the year:—

(a) Manufacture, sale and storage	...	...	...	Nil
(b) Sale and storage only	...	...	...	86

MILK

<i>Samples taken for keeping quality only</i>				
<i>Sanitary Inspector's Department</i>			<i>*Somerset County Council</i>	
	<i>T.T.</i>	<i>Pasteurised</i>	<i>T.T.</i>	<i>Pasteurised</i>
No. taken	9	14	81	263
No. passed	9	14	79	257
No. failed	—	—	2	6

*Results supplied by S.C.C.

BIOLOGICAL SAMPLES (raw milk tested for T.B. Bacilli).

These are now taken throughout the County by the Somerset County Council. As far as the records show, there are no undesignated producer/retailers within the Borough.

SAMPLES

ICECREAM

<i>Number taken</i>	<i>Placed in Provisional Grades</i>			
	1.	2.	3.	4.
28	23	5	—	—

SWIMMING BATHS WATER

<i>Readings taken for residual chlorine</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
31	31	—

WATER

<i>Source</i>	<i>Bacteriological</i>			<i>Chemical</i>		
	<i>Number taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Number taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Main Supplies (to cover all sources)	36*	33*	3*	—	—	—
Source Supplies (supplying mains)	13	9	4	8	8	—

*Tests are now made for residual chloride in each sample taken.

GENERAL SUMMARY OF INSPECTIONS

The number of inspections made, together with the results, are given in the following tables:—

INSPECTIONS

Housing and other premises inspected under					
Housing and Public Health Acts	...	...	...	...	393
Number of inspections made for the purpose					728
Complaints	...	...	...	...	221
Drainage	...	...	...	...	141
Movable dwellings	...	...	...	...	5
Rodents (visits by S. I.'s)	...	...	...	...	13
Smoke Nuisances	...	...	...	...	17
Smoke Observations	...	...	...	...	3
Interviewing owners, builders, etc.	...	...	...	...	232
Miscellaneous	...	...	...	...	36

FOOD PREMISES

Slaughterhouses	...	...	...	...	1452
Butchers' Shops	...	...	...	...	34
Cafes, restaurants, etc.	...	...	...	...	160
Bakehouses	...	...	...	...	8
Dairies	...	...	...	...	10
Icecream premises	...	...	...	...	57
Re Applications for registration	...	...	...	...	1
Fish Shops	...	...	...	...	5
Other premises	...	...	...	...	51
Inspections for sanitary accommodation and washing facilities	...	...	...	...	7
Public Houses	...	...	...	...	3

SAMPLES TAKEN

Water—Chemical	...	...	...	...	42
—Bacteriological	...	...	...	...	7
Milk —Pasteurised	...	...	...	...	16
—Tuberculin Tested	...	...	...	...	7
Icecream	...	...	...	...	28

RESULTS OF INSPECTIONS AND VISITS

GENERAL DEFECTS

Roofs renewed	...	...	...	...	2
Roofs repaired	...	...	...	...	22
Chimneys repaired	...	...	...	...	3
Guttering repaired	...	...	...	...	20
Downspouts repaired	...	...	...	...	4
Walls repaired	...	...	...	...	11
Walls rendered	...	...	...	...	8
Walls decorated	...	...	...	...	16
Windows renewed	...	...	...	...	9
Windows repaired	...	...	...	...	2
Windows painted	...	...	...	...	8
Doors renewed	...	...	...	...	6
Doors repaired	...	...	...	...	2
Doors painted	...	...	...	...	8
Ceiling repaired	...	...	...	...	1
Ceiling whitened	...	...	...	...	5
Floors renewed	...	...	...	...	6
Floors repaired	...	...	...	...	5
Sculleries reconditioned	...	...	...	...	2
Ventilation improved	...	...	...	...	3
Dampness remedied	...	...	...	...	2
Yards repaired	...	...	...	...	1
Fireplaces renewed	...	...	...	...	2

DRAINAGE

Drainage relaid	10
Drainage repaired	2
Cesspool systems repaired	2
Choked drains cleared	16
W.C.'s built	4
W.C.'s provided	4
W.C.'s repaired	2
Gulleys provided	11
Baths fixed	4
Inspection chambers built	10
C.I. Covers provided	11
Existing drainage tested	9

STATUTORY ACTION UNDER THE PUBLIC HEALTH ACT

<i>Act and Section</i>	<i>Statutory notice served</i>	<i>Court action</i>	<i>Abated</i>	<i>In hand</i>
Public Health Act, 1936 Section 24	1	—	1	—
Public Health Act, 1936 Section 39	7	—	7	—
Public Health Act, 1936 Section 93	5	—	1	4

STATUTORY ACTION TAKEN UNDER HOUSING ACTS.
HOUSING REPAIRS AND RENTS ACT, 1954.

As per Ministry Circular 55/54.

Estimated number of houses unfit for human habitation within the meaning of Section 9 of the Housing Repairs and Rents Act, 1954, and suitable for action under Section 11 or Section 25 of the Housing Act 1936 102

Period, in years, which the Council think necessary for securing the demolition of all the houses in (1) 5

SECTION 26 (1)

Applications for Certificate of Disrepair granted ...	2
refused ...	1
Applications for Revocation of Certificate of Disrepair ...	4

HOUSING ACT 1936.

<i>Statutory Action Taken</i>	<i>No. of houses</i>	<i>No. of persons displaced</i>
(a) Houses demolished as a result of formal procedure under Section 11	—	—
(b) (i) Houses demolished as a result of informal notices preliminary to formal procedure under Section 11	—	—
(b) (ii) Unfit houses owned and demolished by Local Authority	—	—
(c) Houses closed in pursuance of an undertaking given by the owners under Section 11 ...	3	5
HOUSING ACT, 1949		
(d) Closing Orders made under Section 3 (1) ...	1	4
(e) Demolition Orders determined and Closing Orders substituted under Section 3 (2) ...	—	—
(f) Demolition Orders squashed under Section 2	—	—
LOCAL GOVERNMENT (MISC. PROVISIONS) ACT, 1953		
(g) Closing Orders made under Section 10 (1) ...	11	—
(h) Closing Orders revoked and Demolition Orders made under Section 10 (1)	—	—

FACTORY ACT 1947

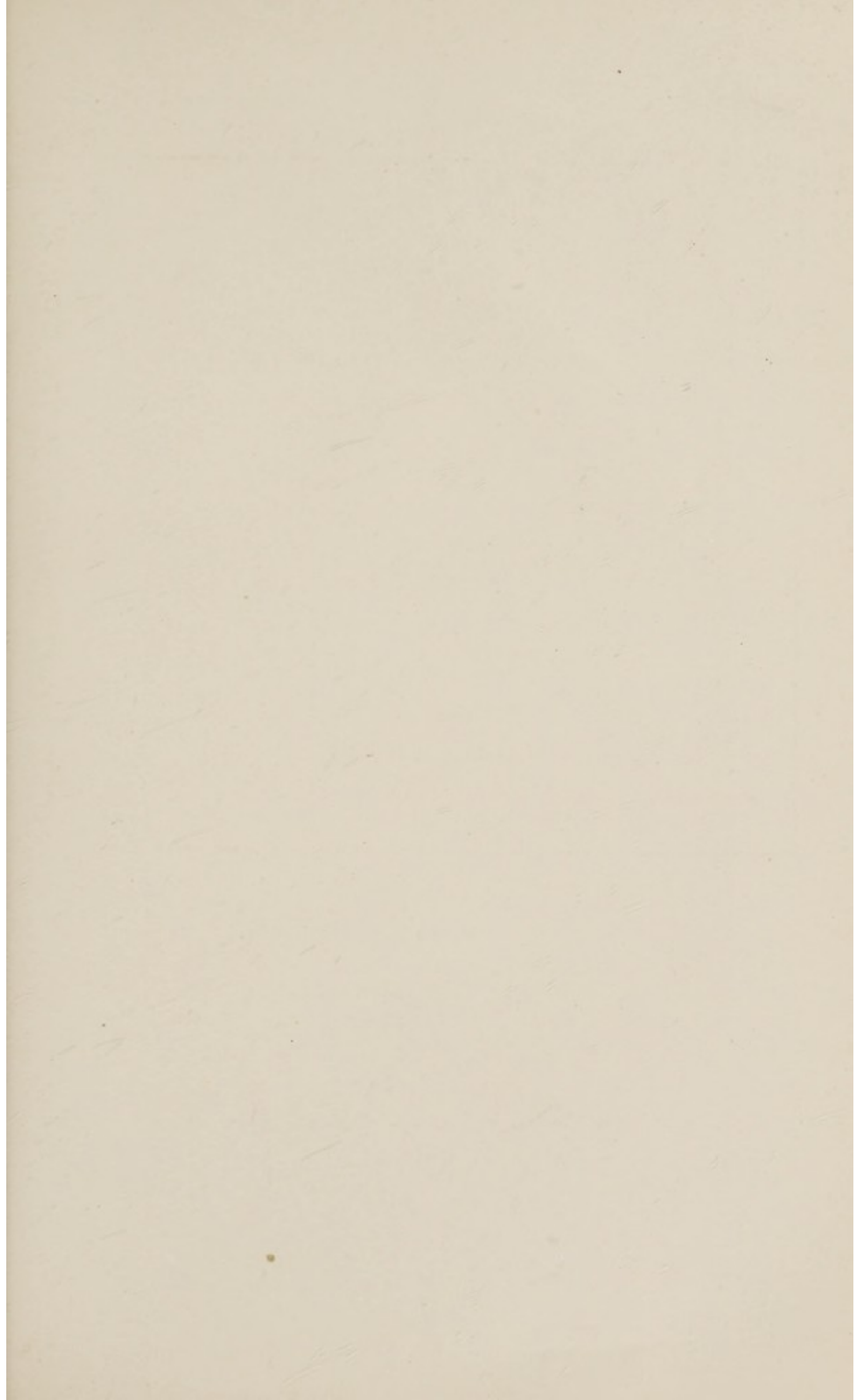
Visits re nuisances, sanitary accommodation, etc. ...	7
Inspections re Section 34 (Means of Escape in case of Fire)	23

I would again record my thanks to the Chairman and Members of the Health and Sanitary Committee for their continued support through the year, also the members of the staff in my Department.

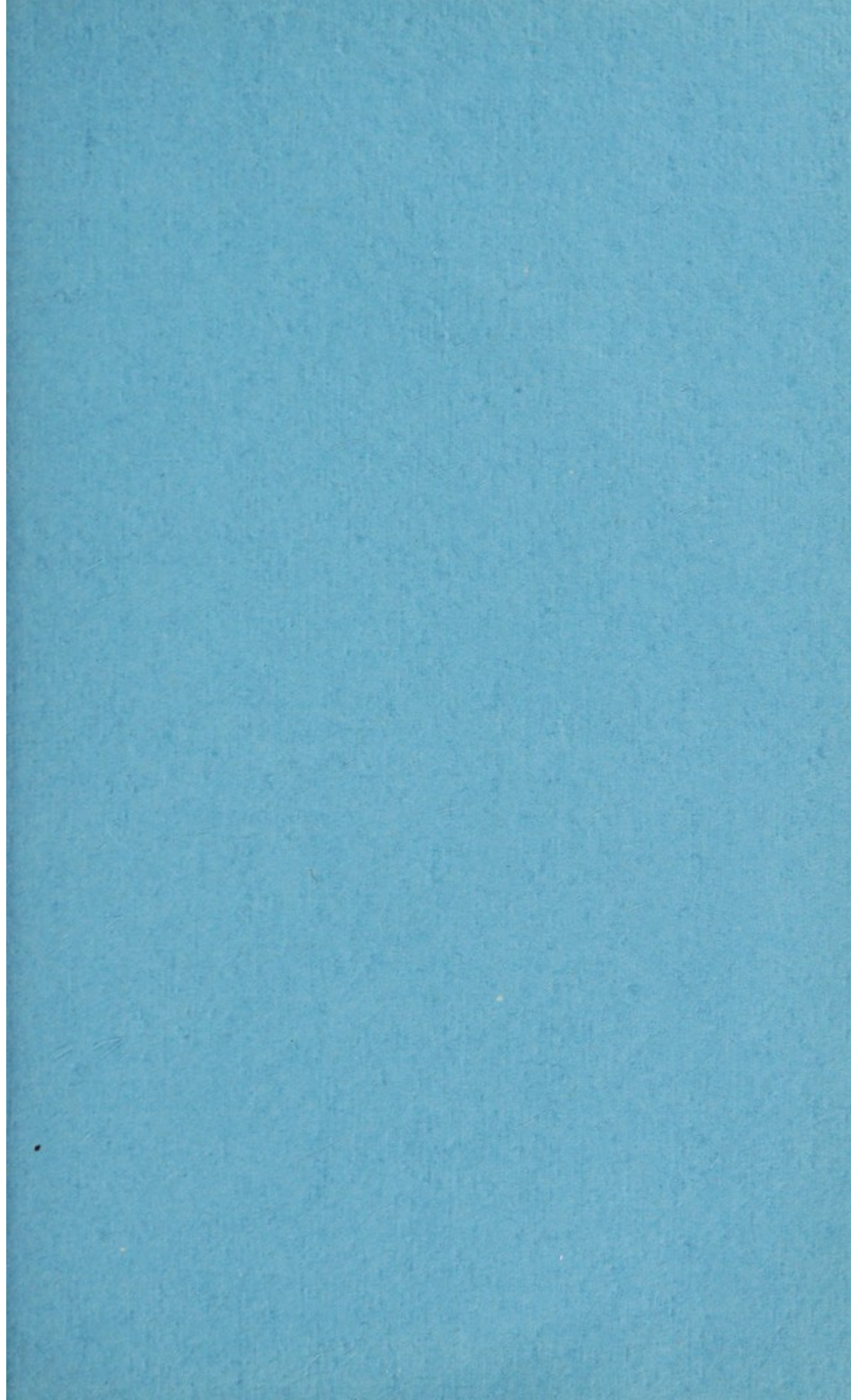
I am,

Your obedient servant,

C. G. H. RICE.







A. Stevens & Co.,
Woodland Grove, Yeovil.
