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Borough of Yeovil

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED

31st DECEMBER, 1966

EDWIN SNELL & SONS, PRINTERS, YEOVIL

B O R O U G H O F Y E O V I L

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Mayor:

ALDERMAN FRANCIS LEONARD MOON.

Deputy Mayor:

ALDERMAN IVY SEED

PUBLIC HEALTH COMMITTEE

Alderman Mrs. M.C.Brown	:	Chairman
Alderman J. P. Kelly	:	Vice-Chairman
Councillor W. P. R. Cooper		
Councillor E. C. G. Fear		
Councillor G. Gaylard		
Councillor S. C. Harding		
Councillor R. T. Palmer		

DEPARTMENT OF PUBLIC HEALTH

Medical Officer of Health and School Medical Officer	:	P. POWER FOX, M.B., Ch.B., D.P.H.
Deputy Medical Officer of Health (Assistant County Medical Officer)		M.I. ROSS, M.B.,Ch.B., D.P.H.
Chief Public Health Inspector	:	C. G. H.RICE, F.A.P.H.I.
Deputy Chief Public Health Inspector	:	D.F. ANTHONY, M.A.P.H.I.
Public Health Inspectors	:	G.E. ROADHOUSE, M.A.P.H.I. P. McCANDLISH, M.A.P.H.I.

TO THE

MAYOR, ALDERMEN AND COUNCILLORS

OF THE

YEOVIL BOROUGH COUNCIL

Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1966.

VITAL STATISTICS

Births

The total number of live births during the year was 404, as compared with 387 for the previous year. The Standardised Birth Rate was 16.8 as compared with 16.2 for the previous year. The rate for England and Wales was 17.7.

Deaths

The number of deaths of infants under the age of one year was 9, as compared with 9 for the previous year. The Infant Mortality Rate (i.e. deaths under 1 year per 1,000 live births) was 22.5, as compared with 23.2 for the previous year. The rate for England and Wales was 18.9. The Perinatal Mortality Rate was 31.4, as compared with 30.3 for the previous year. The rate for Englandand Wales was 26.3.

The Standardised Death Rate of the general population was 11.2, as compared with 11.0 for the previous year. The rate for England and Wales was 11.7. Of the total deaths of all ages,namely 319, 143 occurred in people aged 75 years and over. As in previous years, the greatest cause of death was heart disease - 93.

Infectious Diseases

The number of cases of infectious diseases notified was 426, as compared with 303 for theprevious year. The increase was mainly accounted for by the increase in the number of cases of Measles notified, 410 in 1966, as compared with 288 in 1965.

Immunization

The following table shows the immunization state of children who were born in 1965 and who were immunized against various infectious diseases in 1965 or 1966.

No. of children born in1965 = 387	No. immunized in 1965	1966	Total	Percentage Immunized
Immunized against Diphtheria	192	189	381	94.3%
Immunized against Whooping Cough	191	68	259	66.9%
Immunized against Poliomyelitis	299	-	299	77.2%
Immunized against Tetanus	192	189	381	94.3%

Smallpox

The number of vaccinations of children under 2 years of age was 246, some of the children being born in 1965 and some in 1966. The average birth rate for these two years was 395.

The percentage of children under the age of 2 years vaccinated against Smallpox was 66.3%. This figure is based on the average birth rate for 1965 and 1966 (395) and the number of primary vaccinations. However, the total number of primary vaccinations carried out in 1966 of children under the age of 15 years was 461, and based on a birth rate of 395, the vaccination state of children under the age of 15 years is 85%.

INDEPENDENT SCHOOLS

In my previous Annual Reports I have made mention of the wide scope of the School Medical Service provided by the County Council. The objects of Assumption B of the Beveridge Report are

"(a) to provide a system of medical service directed towards the achievement of positive health, of prevention of disease and the relief of sickness;

(b) to render available to every individual all necessary medical services, both general and specialist, and both domiciliary and institutional."

and the aims of the School Medical Service are very similar to the above objects, with the exception that the School Medical Service is restricted to pupils attending maintained schools andis not available to pupils attending independent schools. There are, in the Yeovil Divisional Education Area (Yeovil Borough and Yeovil Rural) five private or independent schools, with an approximate school population of 780. These schools have Medical Officers, but their relationship to the pupils is similar to that with regard to children attending maintained schools. No provision is made for routine school medical inspections, and in particular, no routine vision testing, colour vision or hearing testing. The absence of these facilities is disquietening and in the Annual Report "The Health of the School Child, 1964 and 1965, the Chief Medical Officer made the following observations

(A) "Vision Testing of Children in Independent Schools

A number of local education authorities have extended their school health service arrangements to some of the independent schools in their areas under section 78 (2) of the Education Act, 1944. Unless such arrangement is in force it is possible for a child to spend all his school life without having a single test of vision; discovery of a visual defect will then be dependent upon suspicion of the child himself, his parents or teachers that his vision is defective. This method of finding by chance is unsatisfactory. (Page 20 and 21)

(B) "Defective Colour Vision

Various large-scale surveys, made from time to time by different workers using a variety of tests, have shown that the percentage of persons with defective colour vision in the male population is 8.0 per cent and in females only 0.4 per cent.

In many trades and professions it is essential that those employed should possess the ability to discriminate between colours accurately, otherwise the colour defective person may be at a serious disadvantage. In some industries materials may be wasted and much time lost, whilst in certain occupations this defect might endanger the safety and even lives of others. Unless the colour vision defect has been discovered, a boy might spend months in training for work for which he is later found unsuitable.

The multiplicity of colours used to differentiate the various wires used in cables is well known, and the difficulties that these must cause for a worker with defective colour vision are an obvious example. This was confirmed by a letter sent in 1965 to the Department of Education and Science by the National Federated Electrical Association, which stated:- 'This association provides the employers' panel on the National Joint Industrial Council for the Electrical Contracting Industry and has the responsibility for introducing proposals to improve the efficiency of the industry and the safety of the electrical operatives. A number of instances have occurred recently which has emphasized the need for young persons entering the industry, with a view to apprenticeship training, to be free from colour deficiency of the eyes since they will be making electrical connections, when they are older, with cables which have the principal colour codes of red, black, green with the increasing use of yellow, blues and many others with electronic wiring systems. You will appreciate the danger a colour deficient person can be to himself, his colleagues and whoever uses the electrical system he installs if the electrical wires are wrongly connected because the colours have been incorrectly identified. The letter concluded by urging examination for colour deficiency before a child left school.

"In some occupations it may be possible for a boy to carry out the work allotted to him satisfactorily but, because of a colour vision defect, he might be debarred from promotion as this would call for a degree of colour vision discrimination of which he is incapable. If this possibility were known to him at the time of choosing his occupation, an ambitious boy might choose differently." (pages 21 and 22) Health of the School Child, 1964 & 1965.

With regard to routine hearing testing, at a Symposium arranged by the Welsh Faculty of the Royal College of General Practitioners inCardiff 6.5.67. Professor A. L. Cochrane, Director of the Medical Research Council's Epidemiological Research Unit, who was not convinced of the value of certain much publicised screening procedures, supported tests for the detection of phenylketonuria and defects in hearing.

In the Annual Report, Health of School Children, there is listed the number of defects in school children found at routine medical inspections. The incidence for 5 year olds was 10.65%, 11 year olds 17.18% and 14 year olds 18.56%. In Somerset for the year 1965 the incidence of defects per 1,000 children examined was 265, defects relating to skin otitis media, heart, lung and hernia totalled 121, vision 125 and squint 19. There is no evidence to suggest that the incidence of defects amongst the children (approximately 780)attending independent schools in the Yeovil Borough and Yeovil Rural District is any less than that of children attending the maintained schools.

Permission is given to Local Education Authorities in Section 78 para 2 (b) of the Education Act, 1944, to make arrangements for securing the medical inspection and the provision of medical treatment of pupils in attendance at independent schools, subject to the consent of the proprietors. I wrote to Dr. Parry Jones, Principal School Medical Officer that vision testing, colour vision testing and hearing testing should be provided for children attending independent schools. At a conference of School Medical Officers 17.7.67, this matter was discussed, and the appropriate minute reads:-

"Dr. Parry Jones was not anxious to embark on such an extension of work because there were already certain statutory obligations (Nurseries and Child Minders Regulations Act, 1948; B.C.G. vaccination of College of Education Students, etc.) which were not being fulfilled. It was also pointed out that in the previous year the Committee had turned down similar demands for vision testing for independent schools in the Chard area."

It is obvious that so longas the County medical service have insufficient medical personnel there must be defects in the services provided, but I consider that pupils attending independent schools should receive the same standard of school medical service as children attending maintained schools, with special reference to vision testing, including colour vision testing and hearing testing.

FLUORIDATION

In my Annual Report to the Council for the year 1963, I made a comprehensive report on this subject. I made mention in my report that 23 Local Authorities out of the total of 36, which comprise the County, i.e. 63.8% had voted in favour of Fluoridation and that the Somerset County Council had received a report dealing with Fluoridation from their own Committee, which also advised in favour of fluoridation. Despite the foregoing, the Somerset County Council voted against Fluoridation, the voting being 39 against, 34 in favour and 9 abstentions.

In his Annual Report for the year 1965, Dr. D. C. Lycett, County Medical Officer of Health, Wiltshire, wrote as follows:-

"At the end of the year 93 authorities, covering almost half the population of England and Wales, had resolved in favour of fluoridation of water. At the time of writing (August 1966), authorities covering over two-thirds of the population have agreed. It is most unfortunate that Wiltshire should be among the authorities who have rejected it. On the average three year old children drinking unfluoridated water have three time as much dental decay, and five year olds have twice as much, as those in areas where the supply is fluoridated, apart from the lasting benefit of fluoridation to older persons. It is difficult to believe that this state of affairs can givemuch satisfaction to anyone."

Apropos of the same subject, Dr. W. McCormack, Medical Officer of Health for the London Borough of Harrow, reporting on Fluoridation, stated:-

"The question of fluoridation of water supplies was considered by the Health Committee in the light of Ministry of Health Circular 15/65. The Committee met representatives of the Harrow Committee against Fluoridation to hear their views on the matter, considered my full report and then resolved to recommend to the Council that arrangements be made for the addition of fluoride to the Borough's water supplies. This recommendation was fully debated and finally adopted by the Council. There, because it is impracticable for the Water Company to provide fluoridated water in only part of its area, the matter rests, until such time as there is unanimity among the various local health authorities within the Water Undertakers statutory area of supply. When one considers the amount of time andmoney that must have been expended over the whole country in arguing and publicising the 'pros and cons' of fluoridation and then considers the monumental mass of scientific and medical evidence proving the efficacy of fluoride as a caries inhibitor, one wonders whether this should not have been decided centrally rather than left for local decision."

Again, in the 1963 Annual Report, I wrote:-

(1) There is ample evidence to show the need for improved preventive treatment of disease of the teeth.

(2) That fluoridation is the best practicable means available at present.

(3) That the improvement achieved in children extends into middle age.

(4) There are no medical contraindications to fluoridation.

(5) That the opposition to fluoridation is mainly due to ignorance, apathy and groundless prejudice.

(5) Relevant to the above an appeal against the decision of Mr. Justice McGregor that the Lower Hutt population (New Zealand) were entitled in law to add fluoride to water, was considered by the Judicial Committee of the Privy Council, who uphold the decision of Mr. Justice McGregor. Lord Upjohn, member of the Judicial Committee, quoted from the judgement of Mr. Justice McGregor, when he said:- 'I was satisfied on the evidence that (1) there is a high incidence of dental caries in New Zealand generally: (2) there was almost a complete absence or at least a high deficiency in the fluoride content of the natural artesian well water supply of Lower Hutt: (3) that the absorbtion of fluoride has a substantial effect in reducing the incidence of dental caries, especially in young children; (4) there are no deleterious effects on the human body from the absorbtion of fluoride, more emphatically in the minute proportion of one part per million; (5) any surplus fluoride taken into thebody is excreted without harmful results; and (6) tablets or other vehicles for the taking of fluoride are unsatisfactory in that the required regularity with children would not be achieved, and natural water is the only really satisfactory vehicle.'

The County Council in May, 1963, circularized all Local Authorities to obtain their views on Fluoridation. Their refusal to implement the decision of the Local Authorities who voted strongly in favour of Fluoridation, i.e. 23 authorities in favour, 13 against, would appear to be a negation of democratic government. A fluorine content of 1 part per million in water is essential if Somerset children are to have the minimum incidence of dental disease. According to the County Analyst, the majority of water supplies in the County contain less than 0.1 part per million, as compared with the required minimum of 1 part per million. This deficiency can be rectified by Fluoridation and only by Fluoridation.

As in previous years, I wish to record my appreciation of the help and co-operation received from the Council, from the Public Health Committee and from the members of the Staff.

I have the honour to be,

Your obedient servant,

P. P. FOX

Medical Officer of Health.

Y E O V I L B O R O U G H

STATISTICS OF THE AREA FOR THE YEAR 1966

Area (in acres)	2,293
Rateable Value (31.3.67)	£1,251,566
Estimated Produce of 1d. rate (31.3.67)	£4,940
No. of inhabited houses	8,065
Population	25,300

PHYSICAL FEATURES AND SOCIAL CONDITIONS

The Borough of Yeovil comprises an area of 2,293 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.

WATER SUPPLY

The water supply is derived from the various sources, the majority being situated in Dorset. The sourcesof supply are as follows:- Spring Pond (two springs), Evershot Tunnel, Upper Haydon Wood, Stockwood and the Cattistock source, which consists of four boreholes. All the water is chlorinated, and frequent bacteriological analyses show the water to be satisfactory in quality. The present demand for the Borough is 1½ million gallons per day, which necessitates the water supply from the above sources being supplemented with water derived from the Sutton Bingham Reservoir.

METEOROLOGY

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

RAINFALL

Total rainfall = Pen Mill - 33.84 inches.

POPULATION

The population for 1966 - 25,300.

OCCUPATION

One of the main industries of Yeovil is in themanufacture 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 persons of both sexes.

In addition to the gloving industry, there is a thriving aircraft industry and other light engineering industries. There is also a large factory for the manufacture of preserved foods and dairy produce.

YEOVIL HOSPITAL

The Hospital services in the Borough are administered by the South Somerset Hospital Management Committee, under the general direction of the South Western Regional Hos ital Board. Situated in the Borough are:-

(1) Yeovil & District Hospital - an acute general hospital.
(2) Summerlands Hospital - mainly used as a geriatric hospital.
(3) Yeovil Maternity Hospital (Five Crossways) - 14 beds.
(4) Balidon Maternity Hospital (G.P. Unit) - 17 beds.

Yeovil Hospital consists of 92 beds, of which 6 beds are private. The number of patients discharged throughout the year was 2,941 (2,985 in 1965). In addition, 6,723 new patients attended the Specialist and Out-Patient Clinics, making a total number of 28,988 attendances. In addition, there were 1,787 attendances at the Orthoptic Department, and 33,713 units of work were carried out in the Radiological Department.

INFECTIOUS DISEASES

Cases of infectious diseases requiring hospital treatment are treated at South Petherton Hospital (50 beds). In general, only the Cubicle Block (10 beds) is required, and the other 40 beds are utilized for post-operative cases, so relieving the strain on 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 admittedto Sanatoria at Taunton.

CHRONIC SICK

Summerlands (100 beds), which is situated in the Yeovil Borough, is the largest hospital in the area used for this purpose. This hospital was originally a Poor Law Imstitute built in 1837, and the lay-out, etc., does not conform with the accepted standards of today. Further, there is a shortage of nursing staff, but despite these handicaps, valuable work is carried out by the staff of the hospital.

LABORATORY SERVICE

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

HOUSING

I am indebted to the Housing Manager for the resume showing the number of council houses erected by the Corporation.

Houses, etc , completed during the year ended 31.12.66	=	74
Houses, etc., erected post-war	=	*1,598
Houses, etc., sold post-war	=	115
Houses erected by the Local Authority and still owned by them		*2,994
No. of applicants on the Waiting List as at 31.12.66)	=	547

(The above figures do not include prefabricated bungalows)
* 6 Duplex flats have been converted into three 3 bedroomed houses.

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 transfer 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 andsex, 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.

		England & Wales
Live Births	404	849,000
Live Birth Rate	15.9	
Standardised Birth Rate	16.8	17.7
Stillbirths	9	
Stillbirth Rate per 1,000 total (live and still births)	22.1	15.3
Total Births	413	
Infant Deaths	9	
Infant Mortality Rate per 1,000 live births	22.2	18.9
" " " per 1,000 legitimate births	23.5	
" " " per 1,000 illegitimate births	-	
Neo-natal Mortality Rate (first four weeks) per 1,000 related live births	17.3	12.7
Early Neo-natal Mortality Rate (first week) per 1,000 related live births	9.9.	
Peri-natal Mortality Rate (stillbirths + deaths during the first week) per 1,000 total live and stillbirths	31.4	26.3
Percentage of illegitimate live births	5.4	
Maternal Deaths ... (excluding abortion) ...	1	
Maternal Mortality Rate (including abortion) per 1,000 total births	2.4	

DEATHS	Males	Females	1966 Total	1965 Total
Total Deaths	159	160	319	304
Crude Death Rate per 1,000 population			12.6	12.1
Standardised Death Rate per 1,000 population			11.2	11.0
Deaths from Cancer (all ages) ...			56	60
Deaths from Heart Disease (all ages)			103	103
Deaths from Phthisis (all ages)			3	-

BIRTHS

The total number of live births was 404, 203 male and 201 female. Of these 22 were illegitimate, 16 male and 6 female. The Table below shows the birth rate for the previous years.

BIRTH RATES

1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
15.9	13.6	15.3	14.7	15.3	15.7	15.6	15.4	15.3	15.9

DEATHS

There was an increase in the total number of deaths, 319 in 1966, as compared with 304 for the previous year. The Standardised Death Rate was 11.2, as compared with 11.0 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 159 deaths, 104 occurred amongst those 65 years and over, and 52 amongst 75 years and over. Of the females, out of the total of 160 deaths, 122 were 65 years and over, and 91 were 75 years and over.

Ages at death in years	Males	Females	Total
Under 1 year	5	4	9
1	-	1	1
5	1	1	2
15	2	1	3
25	1	1	2
35	8	2	10
45	9	7	16
55	29	21	50
65	52	31	83
75 and over	52	91	143
Total ...	159	160	319

The following Table shows the causes of death during 1966.

CAUSES OF DEATH	Male	Female
Tuberculosis, Respiratory ...	2	1
Syphilitic Disease ...	1	-
Other infective and parasitic diseases	-	1
Malignant Neoplasm, Stomach ...	4	-
Malignant Neoplasm, Lung, Bronchus	7	3
Malignant Neoplasm, Breast ...	-	7
Malignant Neoplasm, Uterus ...	-	3
Other Malignant and Lymphatic Neoplasms	20	12
Leukaemia, Aleukaemia ...	3	1
Diabetes ...	-	2
Vascular lesions of the nervous system	24	46
Coronary Disease, Angina ...	43	19
Hypertension with Heart Disease ...	1	1
Other Heart Disease ...	12	17
Other Circulatory Disease ...	6	12
Influenza ...	1	3
Pneumonia ...	8	8
Bronchitis ...	7	3
Ulcer of Stomach and Duodenum ...	2	1
Gastritis, Enteritis and Diarrhoea	1	1
Nephritis and Nephrosis ...	-	3
Hyperplasia of Prostate ...	2	-
Pregnancy, Childbirth, Abortion ...	-	1
Congenital Malformations ...	2	2
Other defined and ill-defined diseases	8	10
Motor Vehicle Accidents ...	2	1
All Other Accidents ...	1	-
Suicide ...	2	2
Total ...	159	160

DEATH RATES

1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
11.8	11.2	10.1	13.03	11.3	11.6	11.8	11.6	11.0	11.2

CANCER

The number of deaths due to Cancer (all forms) was 56. The Table as set out below shows the incidence dor previous years.

1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
59	51	48	50	59	54	51	76	60	56

CANCER DEATH RATE PER 1,000 POPULATION

Year	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Yeovil Borough	2.04	2.1	1.9	2.13	2.4	2.1	2.06	3.02	2.4	2.2
County of Som't	2.045	2.018	2.12	2157	2.22	2.17	2.17	2.31	2.2	2.23
England & Wales	2.1	2.12	2.13	2.15	2.16	2177	2.1	2.21	2.23	2.24

INFANT MORTALITY

The number of children dying within the first twelve months of life was 9, as compared with 9 for the previous year. The rate per 1,000 live births was 22.2, as compared with England and Wales - 18.9.

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

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
No. of deaths	5	9	12	9	10	7	9	3	9	9
Rate per 1,000 live births in Yeovil	13.05	27.6	32.6	25.4	26.6	18.08	23.3	7.7	23.2	22.2
Rate per 1,000 live births in Eng. & Wales	23.1	22.5	2[illegible].6	21.9	22.4	20.7	22.3	20.0	19.0	18.9

CAUSES OF DEATH AND AGE

	Under 4 weeks	4 weeks and under 1 year
Congenital Malformations	3	-
Other defined and ill-defined diseases	4	-
Influenza	-	1
Pneumonia	-	1

MATERNAL MORTALITY

There was one maternal death during the year.

INFECTIOUS DISEASES

The following Table sets out the detai;s of infectious diseases notified during the year, and also the figures for the previous year.

Disease	1966	1965
Anthrax	-	1
Erysipelas	1	3
Measles	410	288
Meningococcal Infection	-	1
Puerperal Pyrexia	3	6
Scarlet Fever	3	4
Whooping Cough	1	-
Tuberculosis Pulmonary	6	-
Tuberculosis, Non-Pulmonary ...	1	-
Total	425	303

IMMUNIZATION

Diphtheria and Whooping Cough

The following Table shows the number of children who completed a course of primary immunization during 1966.

Children born in the years:							
	1966	1965	1964	1963	1959 - 62	Others under 16	Total
Diphtheria	191	189	9	4	31	13	437
Whooping Cough	190	189	9	4	3	-	395

In addition, 709 children in the same age group received re-inforcement or booster doses.

Smallpox

0-3 mths	4-6 mths	7-9 mths	10-12 mths.	1 year		2-4 yrs.		5-15 yrs.		Total	
P.	P.	P.	P.	P.	R.	P.	R.	P.	R.	P.	R.
1	3	2	5	235	-	52	-	47	116	345	116

Poliomyelitis

No. of persons who received a course of primary vaccination during 1966.

Children born inthe years:						
1966	1965	1964	1963	1959 - 62	Children under 16	Total
196	312	28	8	31	3	578

Re-inforcement Doses

Children born in the years:						
1966	1965	1964	1963	1959 - 62	Children under 16	Total
-	-	-	-	254	29	283

Tetanus

No of children who received a full course of primary immunisation (Tetanus Toxoid) in the year 1966.

Children born in the years:						
1966	1965	1964	1963	1959 - 62	Others under age 16	Total
191	189	9	4	33	149	575

Re-inforcement Doses

Children born in the years:						
1966	1965	1964	1963	1959-62	Others under age 16	Total
-	74	147	19	241	78	559

TUBERCULOSIS

The number of cases of Pulmonary Tuberculosis notified during the year 1966 was 6, Non-pulmonary 1. There were 3 deaths recorded as due to Pulmonary Tuberculosis and no deaths due to Non-pulmonary Tuberculosis.

	1966	1965	1964	1963	1962	1961	1960	1959	1958
No. of cases notified Pulmonary	6	6	5	5	5	8	9	12	12
No. of cases notified Non-pulmonary	1	1	2	2	1	4	1	4	2
No. of deaths Pulmonary	3	-	-	-	-	1	1	-	2
No. of deaths Non-pulmonary	-	-	-	-	1	-	1	-	-
Death Rate of Respiratory T.B. per 1,000 pop.	0.10	-	-	0.04	-	0.04	0.04	0.01	0.08

Age	NEW CASES				DEATHS			
	Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
3	1	-	-	-	-	-	-	-
7	-	1	-	-	-	-	-	-
9	-	1	-	-	-	-	-	-
15	-	-	-	-	-	-	-	-
20	-	-	-	-	-	-	-	-
25	-	1	-	-	-	-	-	-
35	-	-	-	-	1	-	-	-
45	-	-	-	-	-	-	-	-
55	1	1	1	-	1	1	-	-
65 & upwards	-	-	-	-	-	-	-	-
Total	2	4	1		2	1	-	-

DENTAL TREATMENT

The treatment given to expectant and nursing mothers and to pre-school children during the year 1966 is shown below:-

	Adults	Pre-school Children
No. of cases inspected	28	88
No. found to require treatment ...	26	57
No. of cases treated	37	96
No. of attendances	84	147
Dentures provided	8	-

The above figures include a number of cases attending the Clinic from the areas surrounding Yeovil Borough.

HOME VISITS BY HEALTH VISITORS

Primary Visits (children under 1 year)	628
Primary Visits (children 1 - 4 years)	909
Total visits, pre-school children	6,880
Ante-natal Visits	99
Old Persons	292
Liaison Visits, Hospitals, etc.	669
Other visits	425
Futile Visits	924
	10,826

BLOOD EXAMINATION CLINIC

This clinic was commenced in 1947. It is held at the Preston Road Clinic, Yeovil. Since its inception, 10,278 individual pregnant women have been examined, 877 examinations being carried out in 1966.

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 unit, depending onwhere the patient is having the confinement. Previously similar information was forwarded to the 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 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, further tests are carried out 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 the blood transfusion of the baby can be carried out if necessary.

INFANT WELFARE

PRESTON ROAD CLINIC (Tuesdays)

Total number of children attending	641
Total number of children attending for the first time ...	269
Total number of attendances made	3,284

SOUTHVILLE CLINIC

Total number of children attending	139
Total number of children attending for the first time ...	44
Total number of attendances made	540

LARKHILL CLINIC

Total number of children attending	163
Total number of children attending for the first time ...	67
Total number of attendances made	821

MONMOUTH HALL CLINIC

Total number of children attending	218
Total number of children attending for the first time ...	80
Total number of attendances made	1,062

HOME HELP SERVICE

No. of cases who received help in 1966

Type of Case	Yeovil Borough 1966	1965
Mental Illness	7	5
Maternity	32	36
Old Age and Infirmity	194	183
Tuberculosis	3	4
Chronic Illness	17	9
General Illness	19	28
Families of Children	2	1
Post-operation	8	12
Accidents	6	4
Total ...	288	282

NATIONAL ASSISTANCE ACT

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

REVIEW OF THE SCHOOL HEALTH SERVICE

The school health services provides for remedial and preventive treatment, and consists of:-

(a) Routine and special medical inspections.
(b) Minor Ailment Clinic.
(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 the ear, nose and throat.
(f) Routine colour vision testing of children.
(g) Routine and special testing of children's hearing acuity.
(h) Speech Therapy.
(i) Routine immunization of children against Diphtheria, Smallpox, Tetanus and Tuberculosis. This consists mainly of re-inforcement inoculations of children already immunized, but children who have been "missed" in infancy are also immunized.
(J) Breathing Exercise Clinic.

A Breathing Exercise Clinic established in 1950, which was formerly held at the Clinic, has now been transferred to Yeovil Hospital Physiotherapy Department.

ANNUAL REPORT OF THE

CHIEF PUBLIC HEALTH INSPECTOR.

To: The Chairman and Members of the Public Health Committee.

I present herewith my Report for the year 1966.

HOUSING ACT, 1957.

A steady inroad into the remaining sub-standard houses has been maintained. The figures show a decrease each year as housing conditions improve generally, and more of the older properties are renovated as they become owner occupied.

The emphasis in future housing programmes should be on improvement areas. Unfortunately the present legislation is somewhat unwieldy. Nevertheless, three separate groups of terraced houses were inspected towards the close of the year with this idea in mind.

Statistics for 1955-66.

The figures briefly indicate the progress made during this 11 year period.

Total of unfit houses dealt with since 1955	595
Number demolished since 1955	360
Number made fit.	71.

DETAILS FOR 1966.

A. Clearance Areas.

No Clearance Area procedure was carried out.

B. Individual unfits.

Number dealt with formally under the Housing Act,	21.

C. Unfir Houses rendered habitable.

1. Formally under the Housing Act.	7.
2. Informally.	22.
3. Housing (Part)(Sec.18) made fit.	£

D. Unfit properties demolished. 24

HOUSING AND PUBLIC HEALTH ACTS:

General Summary of inspections.

Properties under the Housing Act	147
Properties under the Public Health Act.	141

Re-inspections.

Under the Housing Act	420
Under the Public Health Act.	260

.... contd.

RENT ACT 1957.

No applications were received during the year for certificates of disrepair or cancellation.

Complaints.

There were 379 complaints received during the year, comprising the following:-

Housing defects	44
Drainage	37
Insect pests	49
Foodstuff	28
Miscellaneous	64
Rodent pest	160

Complaints in general come under one or other of the above main headings. In the case of housing defects, it is perhaps advisable at this stage to comment on one particular complaint which is becoming more prevalent in many parts of the country as a whole. It is the occurence of condensation and mould in houses. Whilst the effects are the same the causes are not, and there is no one simple solution to all these problems. Sometimes improved heating and ventilation or some form of thermal insulation may help but what is more essential in the first place is the intelligent co-operation of the occupants in trying to remedy the trouble. The point is not always realised that a house left empty for many hours during the winter months cannot always be brought quickly to a satisfactory habitable temperature without some adverse conditions being created.

FACTORIES ACT 1961.

1. Inspections for purposes of provisions as to health (details as required in Appendix II Cir. 1/66.

Premises. (1)	Number on Register. (2)	Inspections. (3)	Written Notices (4)	Occupiers Pros'td (5)
i) Factories in which Sections 1,2,3,4 & 6 are to be enforced by Local Authorities	7	5	-	-
ii) Factories not included in (i) in which Sec. 7 is enforced by the Local Authority.	201	36	4	-
iii) Other Premises in which Sec. 7 is enforced by the Local Authority (excluding Outworker premises.	-	-	-	-
Total:	208	41	4	-

.... contd.

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars (1)	No. of cases in which defects were found. Found. (2)	Remedied (3)	Referred To: H.M. Insp'r. (4)	Referred By H.M. Insp'r. (5)	No. of cases in which prosecutions were instituted. (6)
Sanitary Conveniences S.7.					
(a) Insufficient	-		-	-	-
(b) Unsuitable or defective	9	7	-	-	-
(c) Not separate accommodation for some sexes	2	-	-	-	-
Total.	11	7	-	-	-

CLEAN AIR ACT, 1956.

Complaints have been few this year but there has been the usual number regarding the ever troublesome bonfire. As far as atmospheric pollution is concerned, visible smoke can be said to be far more domestic than industrial.

There is evidence of some degree of invisible pollution in the form of sulphur dioxide, not at this stage regarded as serious but due to the increase in oil firing both industrial and domestic.

During the year inspections were made concerning:

Smoke nuisances.	8
Smoke observations	6
Inspections re: Boiler installations and new chimneys	8

One application for determining the height of a new chimney under Section 10 of the above Act, was agreed upon.

NOISE ABATEMENT ACT, 1960.

During the year under review several complaints were received mostly in connection with pneumatic drills. The Statutory Undertakings and private contractors were all approached at one time or another on this particular matter and promised to co-operate.

DISINFECTIONS AND DISINFESTATIONS.

Disinfestations.

Complaints received of infestations.	49
Rooms sprayed or fumigated for vermin	26
Premises dealt with for wasps.	18

Disinfections.

Rooms sprayed or fumigated for Tuberculosis.	8
Rooms sprayed or fumigated for Cancer	11
Fomites.	92
Miscellaneous.	4

.... contd.

WATER SUPPLY.

Chemical.		TREATED BEFORE GOING INTO SUPPLY.			
		Bacteriological		Chemical.	
Satis.	Unsatis.	Satis.	Unsaits.	Satis.	Unsatis.
2	-	44	4	2	-

7 of those samples were taken by the Wessex Water Board.

DRAINS AND SEWERS.
Section 24 Public Health Act,1936.

Number of lengths of sewer cleared 14
Number of houses involved 44

Charges were only made in two instances where extensive works were carried out on sewers serving business premises.

SLAUGHTERHOUSES.

The end of the year saw the closing of the main premises in Queen Street and incidentally the termination of week-end meat inspection duties. In 1936 there were 10 slaughterhouses in the Borough and the throughput for that year was approximately 15,000. This year approximately 2/3rds of that total passed through the two slaughterhouses which were operating. The increased figure over 1965 figures was due to a large number of calves. There was a slight increase of 4% in the parasite cysticercus bovis but no actual carcases were condemned.

Number of animals killed during the past 5 years.

Year.	Cattle.	Sheep & Lambs.	Pigs.	Calves	-	Total.
1961.	1,679	6,503	2,479	188		10,677
1962	1,571	4,992	2,394	135		9,091
1963	1,619	5,788	2,613	95		10,115
1964	1,243	4,935	2,121	30		8,329
1965	1,401	4,263	2,140	11		7,815
1966	1,089	3,878	1,806	3,878		10,601

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

	Cattle excluding cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed.	1087	2	3828	3878	1806
Number inspected.	1087	2	3828	3878	1806
All diseases except: Tuberculosis and Cysticerci.					
Whole carcases condemned.	-	1	63	7	8
Carcases of which some part or organ was condemned.	172	1	181	138	72
Percentage of the Number inspected affected with disease other than Tuberculosis.	15.8	100.00	6.4	3.7	4.4

... contd.

PREVENTION OF DAMAGE BY PESTS ACT. 1959

The number of complaints regarding rats increased compared with 1965. This seems to be partly due to (1) the continuous indiscriminate tipping of garden and other refuse on open ground, (2) the demolition of buildings and (3) the difficulty of satisfactorily treating the many streams and brooks in the Borough because of overgrowth of woods and partial obstructions causing periodical flooding.

No. of complaints.	160
No of premises visited. for post eradication.	411
No. of visits made	1,272
No. of infestations cleared	323

Offices, Shops & Railway Premises Act 1964.

During the year the work of enforcing the provisions of this Act continued but owing to staff changes was retarded towards the end of the year. Whilst it was not deemed necessary to take statutory action in any particular case a small number of business concerns did not respond too readily.

Details concerning premises registered and number of persons employed etc:

	New Reg'ns	Total Reg'ns at 31.12.66.	No of persons employed.		Inspections.
Offices.	11	169	1,648		32
Retail Shops	-	240	1,625		98
Wholesalers.	-	22	219		-
Catering Est:			319		
- Canteens.		32	19		5
Fuel Storage Depots	-	2	57		-
	11	465	3,886		135
			2,272	Females	
			1,614	males.	

Conclusion.

I would again like to express my thanks to the Chairman and Members of the Public Health Committee and also to the Members of my staff for their continued support and help during the year.

C.G.H.RICE.