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Contributors

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Borough of Yeovil



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED

31st DECEMBER, 1969



BOROUGH OF YE OVIL.

--000:000--

MAYOR:

Councillor William Philip Roydon Cooper

DEPUTY MAYOR:


Alderman Leonard Escott Hole

PUBLIC HEALTH COMMITTEE

Councillor G. D. Blake	...	Chairman
Alderman L. E. Hole	...	Vice-Chairman
Alderman Mrs. H. C. Brown	...	
Alderman J. P. Kelly		
Alderman F. L. Moon		
Councillor J. E. Browne		
Councillor S. C. Harding		

DEPARTMENT OF PUBLIC HEALTH

Medical Officer of Health and School Medical Officer	:	P. Power Fox, M.B., Ch.B. DPH
Deputy Medical Officer of Health (Assistant County Medical Officer)	:	M. I. Ross, M.B., Ch.B. DPH.
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.
Additional Public Health Inspector	:	P. Warren-Tibbets, M.A.P.H.I.



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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 1969.

VITAL STATISTICS

Births

The total number of live births during the year was 379, as compared with 395 for the previous year. The Standardised Birth Rate was 15.5, as compared with 15.8 for the previous year. The rate for England and Wales was 16.3.

Deaths

The number of deaths of infants under the age of one year was 4, as compared with 4 for the previous year. The Infant Mortality Rate (i.e. deaths under 1 year per 1,000 live births), was 11, as compared with 10 the previous year. The rate for England and Wales was 18. The Perinatal Mortality Rate was 13, as compared with 20.2 the previous, and England and Wales - 23.

Of the total deaths of all ages, namely 287, 140 occurred in people aged 75 years and over.

Infectious Diseases

The number of cases of infectious diseases notified was 308, as compared with 92 for the previous year. The increase was mainly accounted for by the increase in the number of cases of Measles notified, 304 in 1969, as compared with 80 in 1968.

Immunization

Members of the Council are aware that consequent upon the use of the Computer at County Hall immunization of children (pre-school and school), was removed from the Welfare and School Medical Service, and in previous reports I expressed disquiet at this measure. The system was introduced gradually and 1969-70 was the first year when 100% "Computer Immunization" was carried out in Yeovil Borough and Yeovil Rural Districts; the 100% target has not yet been reached in the Wincanton Rural District. Figures furnished by the County are in relation to those general practitioners whose surgeries are situated in the Local Authority areas and are therefore approximate figures, but the figures do indicate a satisfactory maintenance of the immunisation level of children. Based on the combined birth rate of Yeovil Borough and Yeovil Rural District the figures are as follows:-

	<u>Yeovil Boro'</u>	<u>Yeovil R.D.</u>	<u>Total</u>	<u>Percentage Immunized</u>
No. of Births ...	377	527	904	
Immunization against Polio'	565	436	1,001	110%
Immunization against Smallpox	539	313	812	89%
Immunization against Diphtheria	544	370	914	101%
Immunization against Whooping Cough	535	356	891	98%
Immunization against Tetanus	553	437	990	109%

FLUORIDATION

I first made reference to the value of fluoridation in my Annual Report for 1955, and in five subsequent reports I have again advocated this beneficial measure of rectifying a defect in the public water supply.

Opponents of fluoridation of public water supplies have urged the value of alternative methods. In a leading article in the British Medical Journal, April, 1970, "Control of Dental Caries", the following abstract is relevant.

"Adjustment of the content of fluoride ion in the drinking water to the optimum concentration of 1 p.p.m. has long been accepted by most authorities as a safe, effective, and ethical method of reducing caries. Extensive studies in areas where the drinking water contains fluoride, either naturally or artificially, have contributed evidence of the value of the ion, and in addition it has been shown that the effect of fluoride is not confined to children but continues into middle age. A recently published report from the Departments of Health has further confirmed previous findings, but it also showed that the 1962 decision by the local authority in Kilmarnock resulted in an increase in the caries experience of children, which is approaching the pre-fluoridation level.

"Other vehicles for the administration of fluoride have been considered, including salt, milk and tablets. All have drawbacks which render them unsuitable as part of a community health procedure. Local applications of fluoride in the form of solutions applied by means of mouth rinses and toothpastes have been subjected to clinical trial and shown to have some value. But the reductions in caries experience do not approach those resulting from water fluoridation. Thus, while caries cannot be described as an entirely preventable disease, its prevalence in the community and the harm to a particular individual can be reduced considerably by sound diet and the use of fluorides."

In the journal "Medical Officer", dated 6th December, 1968, an article by the Federation Dentaire Internationale and Association Dentaire Mondiale, London, stated that in Hastings, New Zealand, payments from public funds for dental treatment have been halved after 10 years of fluoridation. The cost of dental care and treatment in Somerset for the year ending 31st March, 1969, was £968,500, approximately £165,975 being charged to patients.

The "Medical Officer", 27th March, 1970 (Parliament and Public Health) reported as follows:-

"Mr. Judd: Would my right hon. Friend agree that a number of L.A.'s throughout the country are making half-baked decisions on the basis of totally inadequate information? Would his Department give higher priority to making sure that proper and authentic information is available for L.A.'s when considering this vital subject?

Mr. Crossman: I suggest to my hon. Friend that, however much money, time and trouble one takes, eyes which are determinedly closed cannot be opened.

Mr. Fortescue: Is the right hon. Gentleman aware that practically every dentist is enthusiastically in favour of fluoridation in the interests of patients? Mr. Crossman: I am aware of that. I must admit that, while in respect of public education I am an old-fashioned Liberal, I am being gradually but inevitably driven to the view that we may have to legislate to deal with this problem."

NUTRITION IN THE ELDERLY

Social Factors in the Health and Nutrition of the Elderly
Paper read to the Royal Society of Health, Food and Nutrition
Group, London, 1969, by Malcolm L. Johnson, B.A., D.S.A.A.

A survey of the Health status, social and economic circumstances of 162 people over 70 in Camden L.B. in relationship to their facilities for sustaining an adequate diet showed 23% of single persons households spent less than £2 a week on food and 40% of two-person households, less than £4, 43% had refrigerators and 91% full cookers. The great majority had a hot meal daily, cooked by themselves. Only 4% had Meals on Wheels. Conclusions show that those who are older or live alone are not more vulnerable to conditions related to dietary deficiency. Other points brought to light in this survey showed 23% to have an iron deficiency anaemia. The conclusions drawn from this survey were limited by the absence of detailed information on diet, it was considered that in the sample of people surveyed inadequate nutrition was limited to a small minority. Three results were considered particularly interesting if not new.

1. Nutritional deficiencies did not in general increase with age.
2. Whilst anaemia was more common among women than men, there appeared to be no other unlimited deficiencies.
3. Old people who lived alone did not appear to suffer more nutritional deficiencies, to be less likely to eat regular hot meals or to ask for supplements to their diet from others.

In an article "Research on Ageing" (S. Ferguson Anderson, O.B.E., M.D., F.R.C.P. - text of talk to the Medical Research Council) it is stated that the number of old people in the U.K. is increasing; after 1975 the increase will be in the age group of 75 years and over, with women being more numerous than men. This article also emphasized that disease in old age is insidious in onset. Much of it is of a minor nature, but when minor lesions accumulate in the same patient, illnesses of a severe nature may ensue. Older people take up much more of the general practitioners time. In a 1955 - 56 study conducted by the General Register Office and the Royal College of General Practitioners men over 65 years of age required 586 more consultations and women 641, compared with 339 and 408 respectively at all ages. A comforting side light is that though attention to the elderly by relatives and friends is often said to be a declining figure (Zetterquest 1968) suggest that in the U.K. relatives and friends do much more than in other countries. 42% of old people in the U.K. live with one or more of their children, corresponding figures, the U.S.A., Denmark and Sweden are 28%, 20%, and less than 10% respectively.

With regard to the authorities for whom I act as Medical Officer of Health, I am of the opinion that though the problem of old people is not as acute as in other parts of England and Wales, it is sufficiently large to merit more attention than it receives at present. The percentage of people aged 65 years and over is approximately 15% of the general population - for the Yeovil Borough, 3,900; for Yeovil Rural District 4,350 and Wincanton Rural District, 2,500. It is self evident that the majority of these senior citizens are fit and healthy, but as previously shown they are a section of the community more liable to illness than the general population. The total number of current cards held by Health Visitors attached to general practitioners for the year 1969-70 totalled 155, i.e. 3.3% of the 4,160 people aged 65 years and over, who are on the lists of the Yeovil general practitioners. Without minimising the value of infant welfare care, I think that if necessary some of these resources should be made available to the 65 years and over.

continued.....

Other agencies which contribute greatly to the well-being of old people are:-

1. The Home Help Service.

A report of the Government social survey on the Home Help Service in England and Wales, published April 1st, recommends that the existing force of 60,000 should be doubled or trebled to meet their commitments. The report states that 68% of the elderly helped were aged 75 years or over, more than 27% house-bound, and only 11% without difficulty in performing tasks involving mobility; 10% had no surviving close relatives and most were adjudged to be living on or just above supplementary benefit level. Disquiet was expressed in the report that some 3% of elderly recipients of the service said that meals were never prepared by or for them, since this presumed that they were living exclusively on food that did not require cooking.

2. Meals on Wheels Service.

Meals on Wheels are supplied in the Yeovil Borough and Yeovil Rural District by the W.R.V.S., and by the Red Cross in the Wincanton Rural District. This service is not only of value in providing a hot meal, but is also of social value, especially to those old people living alone, who do not have much contact with the world. The main adverse criticisms are:-

- (i) The time interval between the preparation and serving of the meal, possibly 3 hours, and the loss of Vitamin C may amount to 90%.
- (ii) Due to lack of sufficient personnel the number of meals per person per week is inadequate.

Details of the meals supplied by the W.R.V.S. in the Yeovil Borough for the year 1969 are as follows:-

Yeovil Borough	No. of days per week on which meals are served	No. of recipients getting 1, 2, 3, 4, 5, 6, or 7 meals per week							Total mid-day meals served for the outr.
		1	2	3	4	5	6	7	
<u>Quarters ended</u>									
31.3.69	4	9	13	13					1,256
30.6.69	4	14	12	23					1,184
30.9.69	4	4	12	27					1,196
31.12.69	4	7	11	27					1,308
Total No.Meals									<u>4,944</u>

Comparative figures for Yeovil Rural District are:-

<u>Quarters ended</u>									
		1	2	3	4	5	6	7	
31.3.69	2		52						1,169
30.6.69	2		48						1,297
30.9.69	2		48						1,316
31.12.69	2		48						1,176
Total No. Meals									<u>4,958</u>

OBESITY

A feature of the "affluent society" is the increasing obesity of the population. The disadvantages of obesity are considerable, life expectancy is shortened, i.e. a man aged 45 who weighs 25 lbs. above his standard weight reduces his life expectancy by 25% and is more likely to die aged about 60 years than 80 years. The reasons for this are largely due to the strain on the heart due to over-weight, high blood pressure and changes in the wall of the arteries. Other disabilities associated with obesity are arthritis, bronchitis, diabetes, gall stones and gout. It has been shown that 80% of fat children grow into fat adults, therefore, as prevention is better than cure, and as obesity in children stems from overfeeding in infancy, it is the diet of babies and infants which requires reassessment. In 1967, I read an article in "World Medicine", headed "Infants Diet Shapes the Adult". I wrote to the Ministry of Health and received the following reply to various points I had raised, and in view of its importance I forwarded copies of the correspondence to General Practitioners and Health Visitors in the areas of which I am Medical Officer of Health, and to County Hall, etc., for their information.

Copy of letter from the Ministry of Health, dated 10th October, 1967.

"You wrote some time ago concerning over-feeding in infancy and early childhood. Since then I have been seeking advice from various sources and can now comment as follows: There is indeed evidence from animal work that adipose tissue retains the capacity for forming new cells during early life. Professor Wolff refers to this in a chapter on "Obesity in Childhood" in Recent Advances in Paediatrics (1965) page 223. At present he knows of no similar work concerning the human species. The recent paper by P. Asher (Archives of Diseases of Childhood, 41.672.1966) shows that there is a tendency for the over-weight infant to grow into an over-weight child, and work which Professor Wolff did with his colleagues (Childhood Obesity: a long term study of height and weight, Lancet 2.145.1964) confirms that obesity during the school years is likely to persist into adolescence and into adult life. There seems no doubt that obesity is a common nutritional problem in children in this country. At present it would seem that there are still many doctors who are not aware of the dangers of obesity in infancy and childhood or of its bad prognosis. I understand that the B.M.A. is at present making a film on the subject of obesity in childhood and perhaps this will go a little way to publicizing the problem. I think it is one to which we should give further thought." Dr. F. Riley, Senior Medical Officer."

A comparatively recent innovation has been the introduction of solid foods into a baby's diet at an increasingly early age. Well known firms marketing cereals for the babies suggest varying ages for the introduction of such foods, one firm suggesting a few days to a few weeks of age.

The "Medical Officer", May, 1970, published an article "Relationship between Weight of an Infant and Lower Respiratory Infections" Part of the findings were

(i) Babies who received solids under 9 weeks of age had a significant increase in the number of infections, compared with those who had solids later than 9 weeks.

(ii) Infants who were artificially fed had a higher proportion of lower respiratory infections in the first 9 months than those who were breast fed.

(iii) Stroud (1968) drew attention to the fact that infants were moving to a solid diet at an early age and this had an important effect on obesity in infancy.

The British Medical Journal, 25.4.70., discussing Coeliac Disease (malabsorption of fat, carbohydrates and minerals) points out that the symptoms of this disease will not occur whilst the baby is entirely milk fed, since the symptoms are the result of sensitivity to the gluten fraction of wheat and rye protein, subsequent on the introduction of cereals into the diet. The article discusses the possible causes of this disease, and states "early exposure to gluten might be one of them, though there is no definite evidence that this is so". This article also emphasizes that excessive carbohydrate diet causes obesity in childhood which may be the precursor of childhood and adult obesity.

To clarify "early exposure to gluten etc." I wrote to the Editor of the British Medical Journal, and received the following reply -

"My own view is that the best time to introduce cereals is between 3 and 5 months of age (12 to 22 weeks). There is a certain amount of controversy about this, and it would be putting the point too strongly to talk in terms of "safety" or "danger". My reasons for recommending the time I do are:

1. Milk and vitamin supplements alone provide an adequate and balanced diet for infants up to the age of around 5 months. There is therefore no need to add anything else.
2. Doctors should be paying increasing concern to the prevention of obesity, with all its physical and social handicaps and its association with increased morbidity and mortality. There is increasing evidence that overfeeding and obesity in infancy, far from being harmless, are the precursors of obesity in later life. For some evidence on this, see E.E. Eid, British Medical Journal, April 11th, 1970, p. 74, and the leading article in the same issue "The Overweight Child, p.64). If this is so, family doctors, those in infant welfare clinics, and health visitors - who advise on infant feeding - may have a special responsibility in the prevention of obesity. Infant cereals consist largely of carbohydrate; when cereals are introduced into the diet it will therefore contain a higher proportion of carbohydrate. Excess carbohydrate in the diet will be laid down as fat. The baby who is started on cereals before 3 months will not necessarily become obese, but my experience is that he is more likely to do so. After cereals are introduced at 3 - 5 months, those who advise on feeding should see that weight gain is not excessive. We need to spread the idea that plumpness is not necessarily a sign of health in babyhood.

"There are a number of other arguments which might possibly be taken into account in discussing the optimum time for introducing cereals, but none of them materially affects the 3 - 5 month recommendation. Prevention of obesity is the factor which concerns me most. I think it is right to point out that not all paediatricians would make the same recommendations on infant feeding, but I think it is also fair to say that there is an increasing weight of paediatric opinion agreeing with the point of view which I have set out."

It is common fallacy that fatness once established is due to gluttony. In fat persons the food intake is often not raised above the normal, but what has been established is that fat people exercise less and move more slowly. Obese patients were found to do fourteen, and non obese thirty miles per week, so that in effect they are under-expending energy relative to intake.

As in my previous Annual Reports, I should like 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. POWER FOX

Medical Officer of Health.

YEOVIL BOROUGH

STATISTICS OF THE AREA FOR THE YEAR 1969

Area (in acres)	...	...	...	...	...	2,372
Rateable Value	...	...	...	...	...	£1,377,117
Estimated Produce of 1d. rate	...	...	...	...	...	£5,640
No. of inhabited houses	...	...	...	...	...	8,560
Population	...	...	...	...	...	25,740

PHYSICAL FEATURES AND SOCIAL CONDITIONS

The Borough of Yeovil comprises an area of 2,372 acres, and is situated at the extreme South of the County of Somerset, on the border 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 various sources, the majority being situated in Dorset. The sources of supply are as follows:- Spring Pond (two springs), Evershot Tunnel, 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 1.6 million gallons per day (approximately 59 gallons per head per day), which necessitates the water supply from the above sources being supplemented with water derived from the Sutton Bingham Reservoir, plus a borehole from Thornford.

METEOROLOGY

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

RAINFALL

Total rainfall - Pen Mill - 29.35 (30.90 in 1968)

OCCUPATION

One of the main industries of Yeovil is the manufacture of leather gloves, and includes all processes from the preparation of raw hides to the production of the finished article. This trade gives factory and home employment to a large number 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.

HOSPITAL SERVICES

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

- (1) Yeovil & District Hospital - an acute general hospital.
- (2) Yeovil Hospital Maternity Unit - 50 beds.
- (3) Summerlands Hospital - mainly used as a geriatric hospital.

I am indebted to the Medical Records Officer for the following details for the year 1969.

	<u>Yeovil General Hospital</u>	<u>Yeovil Hospital Maternity Unit</u>
No. of in-patient discharges	3,591	1,281
No. of new Consultant Out-patients	6,774	376
New and old Consultant Out-patients	28,729	1,809
Available beds	92	50
Orthoptic Dept. attendances	1,812	-
Radiological Dept., units of work	38,257	-
Casualty Dept. attendances	12,934	-
Births in Hospital	-	1,068
Attendances at Midwives Clinics	-	4,047

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 Yeovil Hospital. Patients requiring in-patient treatment are admitted to Sanatoria at Taunton.

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. Bacteriological 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 31.12.69	=	110
Houses, etc. erected post-war	=	1,960
Houses, etc. sold post-war	=	122
Houses, etc. erected by Local Authority and still owned by them	=	3,331
No. of applicants on the Waiting List as at 31.12.69	=	609

During the year ending 31.12.69, two one bedroomed old people's flats have been converted into a one bedroomed flat.

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 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.

	Local Authority Area			England & Wales (Total)
	Males	Females	Total	
Estimated mid-yr. home population	-	-	25,740	48,826,800
<u>Live Births Total</u>	183	194	377	797,542
Legitimate	167	179	346	730,500
Illegitimate	16	15	31	67,042
<u>Stillbirths Total</u>	2	-	2	10,662
Legitimate	2	-	2	9,555
Illegitimate	-	-	-	1,107
<u>Total live and still births</u>	185	194	379	808,204
Legitimate	169	179	348	740,055
Illegitimate	16	15	31	68,149
<u>Deaths of Infants under 1 year of age</u>	2	2	4	14,397
Legitimate	2	2	4	12,694
Illegitimate	-	-	-	1,703
<u>Under 4 weeks of age</u>	2	1	3	9,603
Legitimate	2	1	3	8,494
Illegitimate	-	-	-	1,109
<u>Under 1 week of age</u>	2	1	3	8,232
Legitimate	2	1	3	7,266
Illegitimate	-	-	-	966
<u>Deaths - all ages</u>	155	132	287	579,463

	Local Authority Area	England & Wales
<u>Live Births Rates, etc.</u>		
Livebirths per 1,000 home population (crude rate)	14.6	16.3
Area comparability factor	1.06	1.00
Local adjusted rate	15.5	16.3
Ratio of local adjusted rate to national rate	.95	1.00
Illegitimate live births as percentage of all live births	8	8
<u>Stillbirth rate</u>		
Stillbirths per 1,000 total live and still births	5	13
<u>Infant Mortality Rates</u>		
Deaths under 1 year per 1,000 live births	11	18
Deaths of legitimate infants under 1 year per 1,000 legitimate live births	12	17
Deaths of illegitimate infants under 1 year per 1,000 illegitimate live births	-	-
<u>Neonatal Mortality Rate</u>		
Deaths under 4 weeks per 1,000 live births	8	12
<u>Early Neonatal Mortality Rate</u>		
Deaths under 1 week per 1,000 total live births	8	10
<u>Perinatal Mortality Rate</u>		
Stillbirths & deaths under 1 week combined, per 1,000 total live and still births	13	23
<u>Death Rates, etc. - all ages</u>		
Deaths per 1,000 home population (crude rate)	11.1	11.9
Area comparability factor	.91	1.00
Local adjusted rate	10.1	11.9
Ratio of local adjusted rate to national rate	.85	1.00

BIRTH RATES

1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
14.7	15.3	15.7	15.6	15.4	15.3	15.9	14.6	15.8	15.5

The following Table shows the causes of death and age and sex incidence, and it will be noted that amongst the males, of the 155 deaths, 50 occurred amongst those between the ages of 65 and 75 and 60 over the age of 75. Of the females, out of the total of 132 deaths, 27 occurred amongst those between the ages of 65 and 75, and 80 over the age of 75.

	Sex	Total Under 4 weeks											
		all	4	& under 1- 5- 15- 25- 35- 45- 55- 65- 75+									
		Ages	Weeks	1 year									
Malignant neoplasm,	M	1	-	-	-	-	-	-	-	1	-	-	-
Oesophagus	F	1	-	-	-	-	-	-	-	-	-	1	-
Malignant neoplasm,	M	4	-	-	-	-	-	-	1	-	-	3	-
Stomach	F	3	-	-	-	-	-	-	-	-	2	-	1
Malignant neoplasm,	M	4	-	-	-	-	-	-	-	-	-	2	2
Intestine	F	6	-	-	-	-	-	-	-	-	2	1	3
Malignant neoplasm,	M	16	-	-	-	-	-	-	-	3	4	7	2
Lung, Bronchus	F	3	-	-	-	-	-	-	-	1	1	-	1
Malignant neoplasm,	M	-	-	-	-	-	-	-	-	-	-	-	-
Breast	F	3	-	-	-	-	-	-	-	1	2	-	-
Malignant neoplasm,	F	3	-	-	-	-	-	-	-	-	-	1	2
Uterus													
Malignant neoplasm,	M	2	-	-	-	-	-	-	-	-	-	1	1
Prostate													
Leukaemia	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Other malignant	M	7	-	-	-	-	-	-	-	1	3	1	2
neoplasms	F	12	-	-	-	-	1	1	1	1	2	3	4
Diabetes Mellitis	M	2	-	-	-	-	-	-	-	-	1	-	1
	F	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of	M	1	-	-	-	-	-	-	-	1	-	-	-
nervous system etc	F	-	-	-	-	-	-	-	-	-	-	-	-
Chronic Rheumatic	M	1	-	-	-	-	-	-	-	-	-	-	1
Heart Disease	F	-	-	-	-	-	-	-	-	-	-	-	-
Hypertensive Disease	M	3	-	-	-	-	-	-	-	-	-	2	1
	F	5	-	-	-	-	-	-	-	-	-	2	3
Ischaemic Heart	M	55	-	-	-	-	-	-	-	5	14	18	18
Disease	F	34	-	-	-	-	-	-	-	-	2	4	28
Other forms of heart	M	6	-	-	-	-	-	-	-	-	-	-	6
disease	F	7	-	-	-	-	-	-	-	-	-	1	6
Cerebrovascular Disease	M	25	-	-	-	-	-	-	-	-	3	7	15
	F	24	-	-	-	-	-	-	-	1	2	8	13
Other diseases of	M	8	-	-	-	-	-	-	-	-	1	3	4
circulatory system	F	5	-	-	-	-	-	-	-	-	1	1	3
Pneumonia	M	7	-	-	-	-	-	-	-	-	1	1	5
	F	9	-	-	-	-	-	-	-	-	-	-	9
Bronchitis and Emphysema	M	2	-	-	-	-	-	-	-	-	-	2	-
	F	4	-	-	-	-	-	-	1	-	-	1	2
Other disease of	M	-	-	-	-	-	-	-	-	-	-	-	-
respiratory system	F	2	-	1	1	-	-	-	-	-	-	-	-
Peptic Ulcer	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Intestinal Obstruction	M	1	-	-	-	-	-	-	-	-	-	-	1
and Hernia	F	1	-	-	-	-	-	-	-	-	-	1	-
Other disease of	M	1	-	-	-	-	-	-	-	-	-	1	-
digestive system	F	1	-	-	-	-	-	-	-	-	-	1	-
Nephritis and nephrosis	M	3	-	-	-	-	-	-	-	1	1	1	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Hyperplasia of Prostate	M	2	-	-	-	-	-	-	-	-	-	1	1

continued.....

	Sex	Total Under 4 weeks										
		all Ages	4 weeks	& under 1 year	1-5-	15-	25-	35-	45-	55-	65-	75+
Birth Injury,	M	2	2	-	-	-	-	-	-	-	-	-
Difficult Labour, etc.	F	-	-	-	-	-	-	-	-	-	-	-
Other causes of peri- natal mortality	M	-	-	-	-	-	-	-	-	-	-	-
	F	1	1	-	-	-	-	-	-	-	-	-
Symptoms and ill- defined conditions	M	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	1
Motor Vehicle	M	2	-	-	-	-	-	1	-	1	-	-
Accidents	F	1	-	-	-	-	-	-	-	-	1	-
All other accidents	M	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	-	-	-	-	-	1	1
Suicide and self inflicted injuries	M	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	1	-	-
<hr/>												
TOTAL, ALL CAUSES	M	155	2	-	-	-	-	2	12	29	50	60
	F	132	1	1	1	-	1	2	4	15	27	80

DEATH RATES

1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
13.03	11.3	11.6	11.8	11.6	11.0	11.2	10.2	10.2	10.1

CANCER

The number of deaths due to Cancer (all forms) was 66. The Table as set out below shows the incidence for previous years.

1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
50	59	54	51	76	60	56	36	45	66

CANCER DEATH RATE PER 1,000 POPULATION

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Yeovil Borough	2.13	2.4	2.1	2.06	3.02	2.4	2.2	1.4	1.7	2.5
County of Somerset	2.157	2.22	2.17	2.17	2.31	2.2	2.23	2.28	2.33	2.38
England & Wales	2.15	2.16	2.177	2.1	2.21	2.23	2.24	2.27	2.31	2.35

infant

INFANT MORTALITY

The number of children dying within the first twelve months of life was 4, as compared with 4 for the previous year. The rate per 1,000 live births was 11, as compared with England and Wales, 18.

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

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
No. of deaths	9	10	7	9	3	9	9	3	4	4
Rate per 1,000 live births in Yeovil	25.4	26.6	18.08	23.3	7.7	23.2	22.2	8	10	11
Rate per 1,000 live births in Eng. & Wales	21.9	22.4	20.7	22.3	20.0	19.0	18.9	18.3	18	18

CAUSES OF DEATH AND AGE

	Under 4 weeks	4 weeks and under 1 year
Birth Injury	2	-
Other causes of Perinatal Mortality	1	-
Other diseases of respiratory system	-	1

MATERNAL MORTALITY

There were no maternal deaths 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	1969	1968
Measles	304	80
Scarlet Fever	1	3
Whooping Cough	-	3
Tuberculosis, Pulmonary	1	2
" Non-pulmonary	-	2
Infective Jaundice	-	2
Dysentery	2	-
Total	308	92

TUBERCULOSIS

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

	1969	1968	1967	1966	1965	1964	1963	1962	1961
No. of cases notified Pulmonary	1	2	3	6	6	5	5	5	8
No. of cases notified Non-pulmonary	-	2	-	1	1	2	2	1	4
No. of deaths Pulmonary	-	-	-	3	-	-	-	-	-
No. of deaths Non-pulmonary	-	-	-	-	-	-	-	1	-
Death Rate of Respiratory Tuberculosis per 1,000 population	-	-	-	0.10	-	-	-	0.04	-

AGE	NEW CASES				DEATHS			
	Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
5-	-	-	-	-	-	-	-	-
15-	-	-	-	-	-	-	-	-
25-	-	-	-	-	-	-	-	-
35-	-	-	-	-	-	-	-	-
45-	1	-	-	-	-	-	-	-
55-	-	-	-	-	-	-	-	-
65-	-	-	-	-	-	-	-	-
Total	1	-	-	-	-	-	-	-

INFANT WELFARE

DENTAL TREATMENT

The treatment given to expectant and nursing mothers and to pre-school children at the Dental Clinic during the year 1969 is as shown below:-

		<u>Adults</u>	<u>Pre-School Children</u>
No. of cases inspected	... ..	19	72
No. found to require treatment	... ..	19	52
No. of cases treated	... ..	26	171
No. of attendances	... ..	70	419
Dentures provided	... ..	1	-

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

HOME VISITS BY HEALTH VISITORS

Primary Visits (children under 1 year of age)	... ..	597
Primary Visits (children 1 - 5 years of age)	... ..	1,145
Total Visits (0 - 5 years of age)	... ..	7,149
Ante-natal Visits	... ..	62
Old Persons	... ..	476
Liaison Visits, Hospital etc.	... ..	973
Other visits	... ..	730
Futile Visits	... ..	848
Total	... ..	<u>11,980</u>

CHILD HEALTH CLINICS

PRESTON ROAD CLINIC

Total No. of children attending	... ..	571
Total No. of children attending for the first time	... ..	241
Total No. of attendances made	... ..	2,900

LARKHILL CLINIC

Total No. of children attending	... ..	156
Total No. of children attending for the first time	... ..	69
Total No. of attendances made	... ..	612

MONMOUTH HALL CLINIC

Total No. of children attending	... ..	355
Total No. of children attending for the first time	... ..	169
Total No. of attendances made	... ..	1,698

WRAXHILL ROAD CLINIC

Total No. of children attending	... ..	64
Total No. of children attending for the first time	... ..	24
Total No. of attendances made	... ..	271

PLAYGROUPS

I am indebted to Miss S. Rees, Health Visitor, for the following report on Playgroups in the area.

"In the early 1960's the first playgroups opened in Yeovil in answer to the great need for pre-school activity. This was St. Margaret's Kindergarten, then held in the Scout's Hall, belonging to St. Michael's Church. The founder of this playgroup was an ex-Health Visitor with young children of her own.

There are now 16 playgroups in the Yeovil area. Most of these are open between the hours of 9 a.m. and 12 mid-day. Some also have afternoon sessions. Premises used vary between church and club halls, and private houses. The size of the playgroups depend upon the premises, and vary between 6 and 20 children; some children attending every day and some once or twice a week. The number of adults required to supervise these children again depends upon the size of the playgroups - it is usually in the ratio of 1 adult supervising 6 - 8 children. The cost per morning is between 3/- and 5/-.

All playgroups must be registered with Somerset County Council and are supervised periodically by the Area Nursing Officer and the Health Visitor.

Playgroups fulfil a need for children in the following categories:-

- (1) For the only child.
- (2) For deprived children.
- (3) Children with management difficulties.
- (4) Children with late speech development.
- (5) Children from poor housing.
- (6) Children who lack play facilities.

Attendance at playgroup aids the development of imagination and co-ordination and helps socialization. Both children and parents benefit greatly.

A new playgroup has recently been opened for mentally and physically handicapped children, providing these children with extra stimulation and the chance to mix with others. This also affords considerable relief and support to the parents.

HOME HELP SERVICE

No. of cases who received help in 1969.

<u>Type of Case</u>					<u>Yeovil Borough</u>
Mental Illness	...	...	...	...	4
Maternity	...	...	...	...	2
Old Age and Infirmary	...	...	...	...	171
Tuberculosis	...	...	...	...	-
Chronic Illness	...	...	...	...	17
General Illness	...	...	...	...	1
Child Care	...	...	...	...	-
Post-operation	...	...	...	...	2
Accidents	...	...	...	...	-
					<hr/> 197 <hr/>

NATIONAL ASSISTANCE ACT

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

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 1969.

HOUSING.

Unfit Properties.

1. During the year, the second in the 5 year programme formulated in 1967, 22 properties were dealt with. This leaves a figure of approximately 30 still to be dealt with in the next three years. A further 6 of the main total of unfit houses were satisfactorily repaired and made fit for human habitation. It is perhaps as well to note that where a house of this category is fully repaired so that the Closing Order can be lifted, the cost can be as much as £1500 or more, grants can be helpful in this work.

Improvement Areas, .

2. A commencement was made in the Camborne Area in connection with the above, and will be continued when present shortage of staff has been overcome. Meanwhile, to date, certain facts have emerged from the 44 properties already inspected. The great majority are owner occupied, many of whom are elderly, and one finds that generally, they have no desire to incur expenses on improvements, mainly because of their restricted income. Although a fair percentage of those inspected have baths and hot water supplies, the standard of repair is not always high. Nevertheless until the whole area is completed the position cannot be finally assessed.

Housing Act 1969.

3. Grants and Repairs.

The Act increases the Grant contributions and make some part available for repair work. This has proved useful in some of the houses mentioned above and should provide an incentive to landlords for a qualified rent increase.

4. Standard of Fitness.

Included in the standard now laid down for a house is a new item, that of "bad arrangement". This can apply to unsatisfactory internal matters such as W.C's opening directly onto sculleries or centrally situated and poorly lighted staircases. At the same time, the Act now excludes the provision of facilities for the storage of food.

5. Houses in Multiple Occupation.

The definition of this type of dwelling is now changed so as to include occupation by persons who do not form a single household. This has brought more houses within the scope of the legislation.

Houses so used, many of them the larger and older Victorian type all over the country, are very much on the increase. They do however, serve a useful purpose especially for elderly single men or women and young single persons in business away from their home town. All however, are not always run satisfactorily. The Act requires well managed and well appointed lettings.

As far as the Borough is concerned, some satisfactory progress has been made towards this end but not all such premises are, as yet identified.

Housing Statistics for 1969 (Form P.13 Hsg)

A. Unfit Houses demolished during the year.	In or adjoining Clearance Areas.	Unfit Houses.	11
		On land acquired under Sec.43(2)	3
	Not in Clearance Areas.	Previously dealt with under Sec. 16(4) or 17 (1)	16.
B. Unfit houses Closed.		Under Sec.16(4) 17(1)	17
		Under Sec. 18	1
E. Unfit houses made fit.		After informal action under Sec. 9 & 16	6
		After formal P.H. Act Notice	2

Total No. of houses inspected under Part II of the Act 105.

Houses in Multiple Occupation.

Total No of houses known to be in multiple occupation 18
No of houses estimated to need attention under Housing Acts 1961- 1964 8
No. of houses informal notices have been sent 2.

Housing and Public Health Acts.

Inspections and visits under the Housing and Public Health Acts. 898

Rent Act, 1957.

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

Complaints.

There were 521 complaints received during the period, comprised of the following.

Housing defects.	41
Drainage and Sanitary Accommodation	62.
Insect Pests.	84
Food complaints.	15
Food examination	26
Food Hygiene.	7
Miscellaneous	122
Rodent Pests	184
Noise	20

Derelict Houses and Spare Ground.

Much has now been done to remove these eyesores during the twelve months and with them the potential source of nuisance.

There was however some increase in indiscriminate tipping of household and other refuse on open ground, a practice difficult to control but again a potential source of nuisance which could be avoided since the facilities are available whereby a collection can be arranged by the Borough Surveyor's Department.

Insect Pest.

Some treatment was carried out in the St. John's Road area during periods in the summer, including internal and external spraying of bungalows and vapourising insecticidal strips supplied, mainly to elderly people as the occasion arose. In addition the refuse tip was regularly sprayed by the Surveyor's Department. It is difficult, however to avoid all complaints due to the close proximity of the tip to the dwellinghouses, this problem should decrease as the face of the tip moves further down the valley.

FACTORIES ACT, 1961.

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

Premises.	No of Registrations.	Inspection.	Contraventions.	Occupier Prosec'd.
(1)	(2)	(3)	(4)	(5)
1. Factories in which Sections 1,2,3,4 & 6 are to be enforced by L.A's	3	2	-	-
11. Factories not included in (1) in which Sec. 7. is enforced by L.A.	172	28	11	-

111) Other premises
in which Sec.7 is
enforced by the L.A.
(excluding Out-
workers premises).

- 2 2 -

Totals: 175 32 13 -

2. Cases in which defects were found:

Particulars.	Found.	Remedied.	No of cases in which defects were found.		No of cases in which prosecu's instit were instituted	
			To H.M. Insp'r	By H.M. Insp'r		
(1)	(2)	(3)	(4)	(5)	(6)	
Sanitary conven- iences Sec.7						
a) Insufficient	2	1	-	-		
b) Unsuitable or defective	11	10	-	2		
c) Not separate accommodation for some reason	-	-	-	-		
Total	13	11	2	2		

3. Part VIII of the Act - Outworkers.

135 Outworkers were registered in August of this year.

Clean Air Acts, 1956. and 1968.

There was a slight increase in the number of complaints concerning smoke nuisances over the previous years figures. Of 16 received 9 were in respect of bonfires and 4 of oil smuts.

Although leaflets were sent out with the "Rate Demands during the year, stressing the advisability of composting in order to decrease atmospheric pollution, no reduction in the numbers of complaints resulted. It would seem that the "hardened" few will still continue to burn their garden rubbish without thought for their neighbours or the community as a whole.

One Complaints concerning oil smuts has proved very difficult to deal with, since the plant in question will not be working satisfactorily until further building extensions are completed, and thus increase the boiler load to full capacity. It is hoped, at that stage, there will be no further trouble.

Clean Air Act 1968.

This Act extends the range of premises and plant over which there is control of new chimney heights. During the year the following were dealt with under:-

Section 6.	chimney height applications	4
	cases in which alterations were required	3
	chimney heights approved.	2
Section 3.	Notification of new furnace installations	6
	cases in which alterations were required	4

NOISE ABATEMENT ACT, 1960.

There were 20 complaints of noise during the year, varying from dogs barking, neighbours sewing machines, noisy refrigerators, factory machinery, and in six cases noise from pneumatic drills. Complaints regarding drills have somewhat lessened this past year, contractors and plant hire firms having been more co-operative. They now seem to arise more often when a new Contractor comes into the Borough. Usually however, when the requirements are brought to their attention they are ready to comply.

Early in the year a complaint was received from residents in a certain area being disturbed by the loading and unloading of vehicles during the night and early morning. Investigation indicated that a nuisance did exist. The firm concerned also realised this after carrying out their own scientific investigations and almost immediately moved from the neighbourhood to other premises in the town.

It is pleasing to be able to report that in certain instances now, the County Planning Authority ask for observations re possible noise nuisances and are prepared to include our requirements in the Planning Consent, this can obviate a potential noise nuisance from the outset and is certainly more satisfactory to all concerned.

In the past complaints have so often arisen after a business has been established.

Disinfections and Disinfestations.

Disinfections.

Room disinfections.	6
Houses disinfected following flooding	1

Disinfestations.

Complaints received of infestations, other than wasps	32
Rooms sprayed or fumigated for vermin	20
Premises dealt with for wasps.	30

Infections Disease Regulations, 1968.

There was one case of positive Salmonella investigated involving a man of 66 who was admitted to Taunton Isolation hospital as suffering from this infection. Extensive investigations revealed nothing to indicate the source of infection and it appeared doubtful if it was in fact food poisoning since no other cases came to light. The patient's wife, working part-time as a domestic help, was stood off work until three negative faecal samples were obtained. As a result of this Compensation for loss of earnings was paid to her by the Council.

Water Supply.

Chemical
Satis:Unsatis

3 -

Treated before going into supply.

Bacteriological.
Satis. Unsatis.

25 -

These figures include samples taken by the Wessex Water Board.

Drains and Sewers.

The service of clearing private drains and private sewers has continued through the year. This, besides providing an additional public service, has been found to save a considerable amount of inspectors time in revisits to ascertain if the work has been completed.

Public Health Act 1936. Section 24 Public Sewers.

No. of lengths of sewer cleared. 30
No of houses involved. 106.

Public Health Act 1936. Sec. 38-39 Private Sewers.

No of lengths of sewer cleared 8
No of houses involved. 20

Public Health Act 1936. Sec. 39 Private drains.

No of drains cleared. 35

Food and Drugs Act.

<u>Unsound Food surrendered or condemned.</u>	<u>Tons.</u>	<u>Cwts.</u>	<u>lbs.</u>
1. Meat at retail shops.		14	110
2. Cooked meat and meat products		2	30
3. Canned Meats		3	55
4. Other canned foods.	1	16	52
5. Fish (fresh)			104
6. Fresh fruit and veg.			100
7. Other foods		18	39
	3	17	42

Food Hygiene.

During the year an increasing amount of time has been spent on the routine inspection of food premises in order to raise standards of hygiene. In this matter it is perhaps of interest to note that the shops and business premises in Yeovil are reputed to serve a shopping population in excess of 80,000 people, according to a figure arrived at by one of the larger National Supermarket Retailers. It also indicates the economic importance of Yeovil and its position in relation to the surrounding area and therefore in matters of food hygiene tends to put greater demand on staff than would normally be expected for a Borough of 25,000.

Efforts were made during the year to interest local food traders in attending a twelve week course on food hygiene. It was intended to arrange a series of one day (or evening) lectures given by the Medical Officer and the Public Health Inspectors in co-operation with the local college of further education. Such a course is recognised by the Royal Society of Health and successful candidates can obtain a certificate in the hygiene of food retailing and catering class. The results were, to say the least, disappointing. Very few people showed any active interest. It was with regret that the idea was abandoned.

Licensed Premises.

A complete survey of 42 premises in the Borough was carried out, sometimes outside the normal licensing hours. In an endeavour to improve compliance with the Regulations, some difficulties were encountered, 1) in regard to the preparation and storage of food facilities for the meals and snacks, a line of trade which is on the increase and where in the average licensed premises the only facilities have been the kitchen attached to the domestic part and solely for the use of the Licensee and his family, and 2) whilst it is not a statutory requirement to provide washing facilities for customers because more of the food mentioned above is retailed, it has been considered desirable and indeed reasonable to ask that these facilities be provided.

The Brewers have, in the main been cooperative in providing separate facilities for preparing meals and are gradually providing washing facilities but in some instances vandalism has not given them the encouragement they deserve.

Food Complaints.

There has been a 25% reduction in food complaints compared with 1968 and it was pleasing to note that there were none in respect of dirty milk bottles or broken glass therein. Considering the number of bottles of milk handled in the Borough during the year, this is certainly a good point to the Trade.

Circulars, stressing the importance of proper shelf life and stock rotation together with the co-operation of large producers in educating their food handlers has resulted, for the second year running, in a complete absence of complaints concerning cooked meats, and meat pies, fruit pies etc. There were just two complaints of mould affected skinless sausages which at the present time seem to be more susceptible to mould than other sausages. A start was made during the year of sending bacteriological samples of cooked meats to the Public Health Laboratory for plate count, so that unsatisfactory results could be followed up.

One or two were returned with rather high counts. It is hoped to develop this sampling in the future with the object of improving storage conditions and also to illustrate the necessity for thorough sterilising and cleaning.

Foreign matter and mould.- complaints.

<u>Commodity.</u>	Foreign matter.	Mould.
	No. <u>Home produced food</u>	<u>No.</u>
Milk.	-	-
Butter	1	-
Cheese	-	1
Bread	3	3
Canned Meat	-	1
Cooked meat	-	-
Meat Pies	-	-
Fish	-	-
Jam	-	1
Vegetables	1	-
Other Food	2	2
	<hr/> 7 <hr/>	<hr/> 8 <hr/>

No of prosecutions under Sec. 2	3
No of prosecutions under Sec. 8	Nil
Total amount of fines and costs imposed	£182. 5s. 0d

Food Hygiene (General) Regulations, 1960.

I. No of premises.	198
II. No of premises fitted to comply with Regulation 16.	197
III. No of premises to which Regulation 19 applies	196
IV. No of premises fitted to comply with Regulation 19	196

Food and Drugs Sampling.

No of samples.	Unsatisfactory Reports.
Formal informal.	Analysis. Labelling.
- 9	Nil Nil

Section 16.

Applications received for registration of premises:

a. for the sale and storage of ice cream.	5
b. for the preparation of preserved foods	2

Total No. of premises registered at the end of this year:

a. for the sale and storage of ice cream.	105
b. for manufacture and retail	2
c. manufacture only	1
d. for the preparation of preserved foods	23

Samples of Ice Cream taken during the year and submitted to the Public Health Laboratory.

Total No. of samples	67									
Results.	Mobiles.					Premises.				
Grade	..	I.	II.	III	IV	I.	II	III	IV	
Soft Ice Creams	2	0	0	0	5	2	1	1		
Other ice cream	0	0	0	0	46	6	2	2		

Milk samples taken by S.C. of milk bottled within the Borough or in another area and retailed within the Borough.

	Pasteurised.	U.H.T.
	Satis. Unsatis.	Satis. Unsatis.
A. Bottled within the County	112 2	2 -
B. Bottled outside the County, retailed in the Borough.	22 5	- -

Prevention of Damage by Pests Act, 1949.

The number of complaints regarding rodents increased from last year.

	Non <u>Agricultural.</u>	<u>Agricultural.</u>
Total No. of premises (including nearby properties) inspected following notification.	195	6

No. infested by:

(1) Rats.	154	4
(11) Mice	11	-

No of properties
inspected for rats
and/or mice for
reasons other
than notification.

75	1
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No of visits during the year	993	32
------------------------------	-----	----

During the year routine treatment of the refuse tip,
sewage works and some of the public sewers were carried out.

Offices, Shops and Railway Premises Act, 1963.

A. Registrations and General Inspections.

Class of Premises.	No of premises Reg'd during the year.	Number of Registered premises at end of year.	No. of registered premises receiving a general inspection during the year.
Offices.	6	168	103
Retail Shops.	14	213	191
Wholesale shops Warehouses.	1	20	21
Catering Esta- blishments open to the public, canteens.	2	29	30
Fuel Storage Depots.	1	4	4
Total:	24	434	349

Total Number of visits of all kinds
by Inspectors to Registered Premises
under the Act.

530.

B. Analysis of Contraventions.

Section.	No of Contraventions Found.		Section	No of contraventions Found.
4	Cleanliness.	7	13 Seating facilities	Nil
5.	Overcrowding	1	14. Seats (Sedentary Workers.)	Nil.
6.	Temperature.	5	15. Eating facilities	2
7.	Ventilation	5	16. Floors, passage and stairs.	7
8.	Lighting.	3	17. Fencing exposed parts machinery	Nil.
9.	Sanitary conveniences	5	18. Protection of young persons from dangerous machinery.	Nil
10.	Washing facilities.	6	19. Training of young persons working at dangerous machinery.	Nil.
11.	Supply of drinking water	1.	23. Prohibition of heavy work	Nil.
12.	Clothing accommodation.	-	24. First Aid.	19.
Other matters.				20
Total				80

E. Reported Accidents.

Workplace.	No. Fatal.	Reported non Fatal.	Total No. investigated	Action	Prose- cution	Formal Advice	Recommen'd No Action
Offices.	-	2	2	-	2	-	-
Retail shops.	-	5	5	-	5	-	-
Wholesale shops - Warehouses.	-	1	1	-	1	-	-
Catering Est'. open to public	-	1	1	-	1	-	-
Fuel storage depots.	-	-	-	-	-	-	-
Total.	-	9	9	-	9	-	15.

Analysis of reported accidents.

	Offices.	Retail shops.	Wholesale Warehouses.	Catering s. Ltd: open to public. canteens	Fuel Store Depots.
Machinery	-	1	-	-	-
Falls of persons	-	-	-	1	-
Stepping on or striking against object or person	1	1	-	-	-
Handling goods	1	1	1	-	-
Use of hand tools.	-	1	-	-	-
Not otherwise specified.	+-	1	-	-	-

1. Registration.

This particular requirement of the Act appears to be one which is most often overlooked by employers, especially where a change of premises takes place within the town or within the same street. The usual remedy is for the Inspector concerned to deliver a copy of OSR.1 to the premises concerned and this usually guarantees a quick response.

Once again there has been a slight reduction in the total number of registered premises with a consequent reduction in the number of employees.

2. Inspection.

The number of visits of all kinds to registered premises has increased by 149 to 530, and the number of premises receiving one or more general inspections has increased by 188 to 349.

Upon receiving a completed form OSR.1 (or alternatively discovering a new established unregistered business) the premises are given a detailed inspection and all the necessary information is recorded, items requiring attention are brought to the notice of the occupier, both verbally and in writing. Follow up visits are made, until the Act is complied with, there-after, routine visits ensure that the premises remain in a satisfactory condition and help to establish a degree of co-operation between the Inspector and the occupier. Naturally, the frequency of routine re-visits depends on the type and size of business and is increased where the Act also applies to food premises.

3. Operation of the Act.

The only difficulties which have been experienced regarding the operation of the general provisions of the Act are the following:

- a. Requiring the necessary facilities for premises to comply with section 12, with regard to drying of clothing without involving the occupier in what he considers unnecessary expense. This usually culminates in the provision of an electric fire in the cloakroom, which everyone forgets to switch on
- b. The regular replacement of Abstracts which disappear time after time from the same premises.

4. Accidents.

The number of accidents notified during the year has shown a significant reduction (i.e. 9 instead of 16 in 1968,) and it is hoped that this is in consequence of the advice given during the previous years. Alternatively, one must not lose sight of the fact that it may be due to a failure to notify when appropriate, although this has yet to be proved.

As stated in the Annual Report for 1968 all accidents notified to this Authority are investigated upon receipt of form OSR.2 and employers reminded of their obligation where necessary.

5. Prosecutions.

No prosecutions have been taken during the year as it has been found that a suitable warning always has had the desired effect.

Caravan Sites and Control of Development Act 1960.

No of privately owned site licenses operating as at

31st December:	a) individual	2
	b) multiple	2
Total number of caravans permitted		107

Routine visits were made to sites which are kept in very good order, only two minor infringements being noted, those of licence infringement and these were immediately remedied.

I would like again, 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 and loyal support during the year, especially as the department has remained under-staffed throughout the year.

As the first of the series of lectures, the speaker has chosen a subject of great importance, and one which has attracted the attention of the public mind. The subject is the "History of the United States," and the speaker is one of the most distinguished historians of the country.

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