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**Contributors**

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Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
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TO THE MAYOR, ALDERMEN & BURGESSES OF THE BOROUGH OF GLASTONBURY.

MEDICAL OFFICER'S REPORT FOR 1944.

Mrs. Bath & Gentlemen,

I have the honour to present to you my Annual Report for the year 1944. This is an interim report as instructed by Circular 49/45 and abbreviated in accordance with the directions of Circular 2067.

V I T A L      S T A T I S T I C S

POPULATION:- Registrar General's Estimate: 4,895

		M.	F.	Total	
<u>LIVE BIRTHS</u>	Legitimate	28	41	69	} Birth Rate per 1,000 of the estimated resident population:- 15.91
	Illegitimate	2	5	7	
		30	46	76	
<u>STILL BIRTHS</u>	Legitimate	1	1	2	}
	Illegitimate	0	0	0	
		1	1	2	

<u>DEATHS:-</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>	<u>Death Rate per 1,000 of the estimated resident population: 13.48</u>
	23	43	66	

Rates for England & Wales per 1,000 population:-

BIRTH RATE: 18.10

DEATH RATE: 11.6

DEATHS FROM PUERPERAL CAUSES .....	1
DEATHS OF INFANTS UNDER 1 YEAR OF AGE .....	6
(Rate per 1,000 Live Births: 78.94 )	
(Rate for England & Wales	
(per 1,000 Live Births: 46.00 )	

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS):-

Diseases	Total cases notified	Cases admitted to Isolation Hospital	Total deaths
Small Pox.....	0	0	0
Scarlet Fever.....	9	6	0
Diphtheria.....	0	0	0
Enteric Fever (including Para- Typhoid) ..	0	0	0
Measles.....	5	0	0
Whooping Cough.....	43	0	0
Puerperal Pyrexia.....	0	0	0
Ophthalmia Neonatorum.....	0	0	0
Cerebro-spinal Meningitis.....	1	1	1
Dysentery.....	0	0	0
Malaria.....	0	0	0
Pneumonia.....	9	0	2
Acute Poliomyelitis.....	1	1	1
Encephalitis Lethargica.....	0	0	0
Other diseases notifiable locally:- Erysipelas.....	6	0	0



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1000000

TO THE HONORABLE  
MEMBERS OF THE  
HOUSE OF REPRESENTATIVES  
IN SENATE CHAMBERS  
WASHINGTON, D. C.  
JANUARY 10, 1900  
SIR:  
I have the honor to acknowledge the receipt of your letter of the 7th inst. in relation to the matter of the proposed amendment to the Constitution of the United States, and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

Very respectfully,  
J. M. [Signature]



## TUBERCULOSIS:-

	<u>NEW CASES</u>				<u>DEATHS</u>			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Year 1944 - all ages	1	2	1	0	1	0	0	1

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	<u>Pulmonary</u>		<u>Non-Pulmonary</u>		<u>TOTALS</u>	
	M.	F.	M.	F.	M.	F.
Total cases of Tuberculosis on the Register at end of 1943.....	8	8	1	3	9	11
Total cases of Tuberculosis on the Register at end of 1944.....	7	8	1	4	8	12

## WATER SUPPLY.

Practically the whole of the dwelling houses in the Borough are supplied from the public mains, the figures being as follows:-

Laid on direct to houses.....	1,230
Supplied from stand-pipe.....	3
	<u>1,233</u>
Houses (including isolated farms) with only a private well supply....	14
Total dwellings in Borough:	<u>1,247</u>

Sufficiency. The supply is constant, but an intermittent supply had to be imposed on the Low Level system for a brief period during the year under review, due to shortage. Restrictions also were imposed on the use of the public water supply for garden watering, car washing etc.

Quality. The main supply is hard. Galvanised-iron service pipes are used and no difficulty is experienced due to plumbo-solvent action.

The supply from the main source (low level system) is Chlorinated and the temporary Chlorinating plant which had been installed has now been replaced with a permanent plant (Chloramine process).

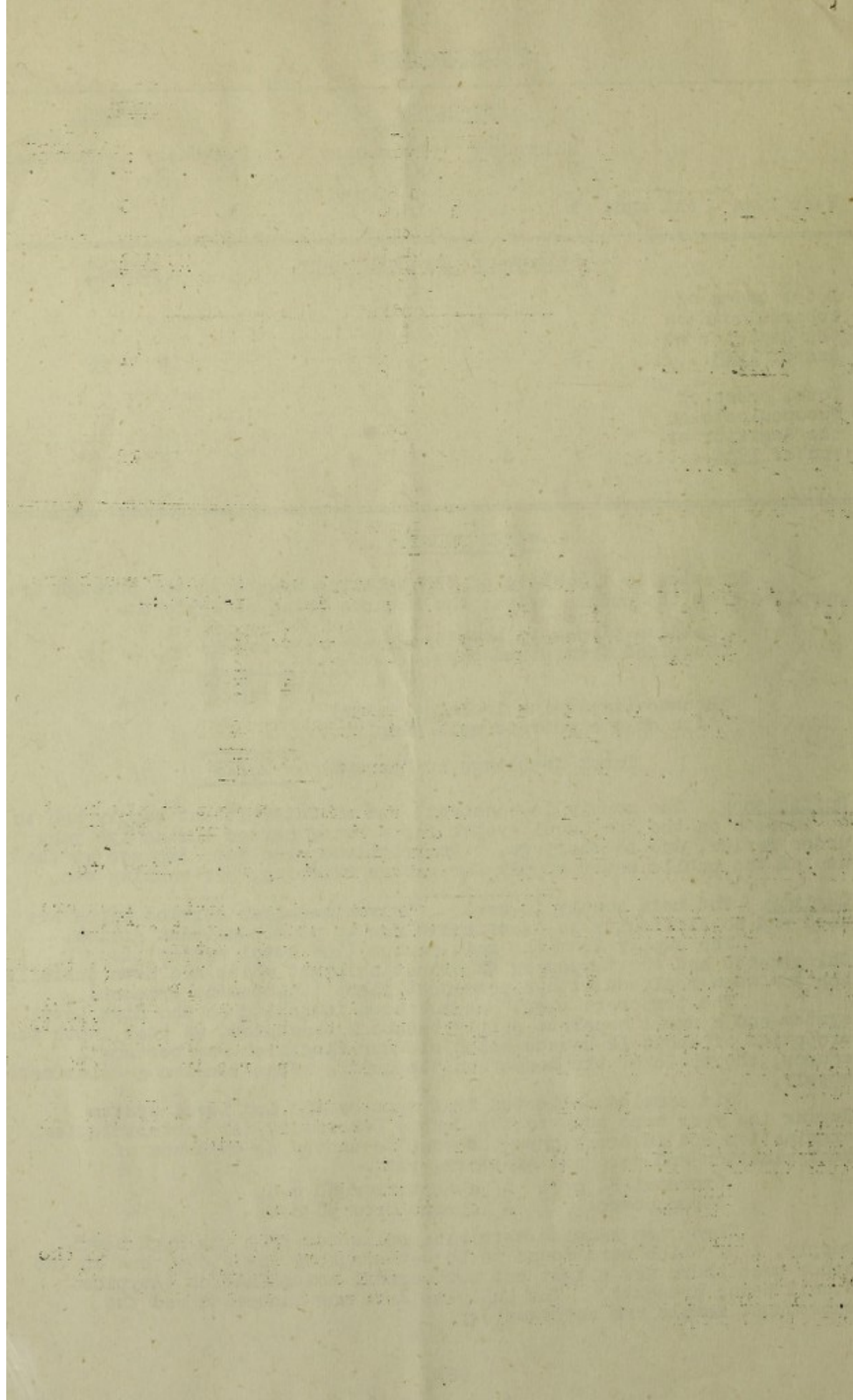
The temporary plant has now been installed on the High Level system and a small separate supply has been abandoned, so that, with the exception of about 12 houses which are supplied from another small source, the whole of the houses on the public mains receive a Chlorinated supply.

Six samples collected from taps on the Low Level system during the year were sent to the County Laboratory for Bacteriological examination and in every case the results showed no evidence of contamination and were satisfactory, viz:-

Excretal B. coli	-	absent from 50 c.c.
Streptococci	-	absent from 50 c.c.

Three tap samples were also collected from the High Level supply, 2 of which were found to be satisfactory (as above) but in the other case there was slight but not harmful contamination (Atypical B.coli being present). The Chlorine dose was increased and the subsequent sample was satisfactory.





### HOUSING.

At the outbreak of war between 50 and 60 houses were known to your Sanitary Inspector and myself to be in such a state as to need inspection by us with a view to recommending demolition where this was necessary and, in my opinion, on the standards then in force, nearly all of these houses would have been considered unfit for habitation.

During the past 6 years the condition of these must have deteriorated further and I have no doubt that, on the complete survey of housing conditions in the Borough, which must be made, more houses will be added to this list.

<sup>18</sup> It must be realised that, in an old town like Glestonbury, there are a number of houses, which appear from the outside to be structurally sound and well built, but where the conditions as regards dampness, drainage, lack of ventilation and light are such as to render them unhealthy particularly for children.

It is, however, useless to present a programme of demolition until new houses can be provided for the persons displaced as well as for new households and overcrowded families.

### POST-WAR DEVELOPMENT.

Consulting Engineers have been engaged to report on Water Supply and Sewerage generally appertaining to post-war Housing and development.

I am,  
Your obedient servant,

T.H.A. PINNIGER

Medical Officer of Health.



