

**[Report 1955] / Medical Officer of Health, Ilminster U.D.C.**

**Contributors**

Ilminster (England). Urban District Council. nb2006013900

**Publication/Creation**

1955

**Persistent URL**

<https://wellcomecollection.org/works/ryprc5wq>

**License and attribution**

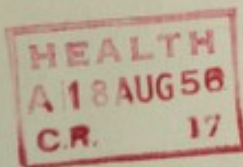
You have permission to make copies of this work under a Creative Commons, Attribution license.

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

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



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



ILMINSTER URBAN DISTRICT COUNCIL.

ANNUAL REPORT

OF

THE MEDICAL OFFICER OF HEALTH.



For the year ended 31st December, 1955.

1000  
1000

THE NATIONAL BUREAU OF STANDARDS

1000

THE NATIONAL BUREAU OF STANDARDS

THE NATIONAL BUREAU OF STANDARDS

PUBLIC HEALTH OFFICERS.

Medical Officer of Health

A.N.McCall

M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health:

P.P.Fox

M.B., D.P.H.

Sanitary Inspector.

A.J.Gould

A.M.I.S.E., M.S.I.

PUBLIC HEALTH COMMITTEE

L.C.Cornelius (Chairman)

F.S.Carpenter.

J.Chapman.

R.J.J.Denning.

A.W.G.Copperthwaite.

C.W.Scriven.

R.E.Marks.

HOUSING COMMITTEE.

F.S.Carpenter (Chairman).

P.S.Bowden.

A.W.G.Copperthwaite.

L.C.Cornelius

G.Davey.

R.J.J.Denning.

R.E.Marks.

K.G.Whaites.

J.Chapman.

A.W.C.Gooch.

D.J.Morgan.

C.W.Scriven.

PUBLIC HEALTH OFFICERS

Medical Officer of Health

A. M. McGill

M. M. C. S., B. S. C. P., D. P. H.

Deputy Medical Officer of Health

W. S. Fox

M. B., D. P. H.

Sanitary Inspector

A. J. Gould

A. M. I. S. E., M. S. I.

PUBLIC HEALTH COMMITTEE

J. C. Corneilios (Chairman)  
T. J. Carpenter  
J. Chapman  
H. J. J. Dunning  
A. W. G. Dupperhouse  
C. W. Scriver  
E. E. McKay

HOUSING COMMITTEE

T. J. Carpenter (Chairman)  
T. J. Dunning  
A. W. G. Dupperhouse  
J. C. Corneilios  
P. Dwyer  
H. J. J. Dunning  
E. E. McKay  
E. E. McKay  
J. Chapman  
A. W. G. Dupperhouse  
G. J. Morgan  
C. W. Scriver



To the Chairman and Councillors of the Ilminster Urban District Council,

Mr. Chairman and Gentlemen,

I beg to submit my Annual Report for the year 1955.

It was a healthy year in Ilminster and a small outbreak of measles was the only epidemic of infectious disease.

The Birth Rate was abnormally low but the Death Rate was about the average.

I have drawn particular attention to the school dental service and the present position regarding routine dental inspection in Ilminster schools. I doubt if there is any town in Somerset with such an unsatisfactory record.

I have referred to various services which are the responsibility of the Local Health Authority, that is the County Council. I think these would be greater if the County Council possessed a clinic building in the town. I realise that this is a time of economic stress but unless we plan now for the future it may be many years before Ilminster is able to enjoy the same facilities as are afforded by the County in neighbouring centres. The provision of a clinic building does not necessarily entail a large increase in staff as it usually means the re-deployment of existing staff. I therefore hope that Ilminster will be included among those towns in which it is planned to provide a clinic in the near future.

Mr. Gould, the new Sanitary Inspector, has now been with us a year and I have noted with pleasure the high standard of his work and have been impressed with his ability to assist me at any time despite his already heavy commitments.

I would like to thank the Chairman and Members of the Public Health Committee for the courtesy they have shown me during the year.

I am,

Mr. Chairman and Gentlemen,

Your obedient Servant,

A.M. McCALL.

Medical Officer of Health.

To the Chairman and Members of the Limerick Urban District Council,

Mr. Chairman and Gentlemen,

I beg to submit my Annual Report for the year 1935.

It was a healthy year in Limerick and a small outbreak of measles was the only epidemic of infectious disease.

The birth rate was abnormally low but the death rate was about the

average.

I have drawn particular attention to the school dental service and the present position regarding routine dental inspection in Limerick schools. I doubt if there is any town in Ireland with such an unsatisfactory record.

I have referred to various services which are the responsibility of the Local Health Authority, that is the County Council. I think there would be greater if the County Council possessed a clinic building in the town. I realize that this is a time of economic stress but unless we plan now for the future it may be many years before Limerick is able to enjoy the same facilities as are afforded by the County in neighbouring centres. The provision of a clinic building does not necessarily entail a large increase in staff as it usually means the re-employment of existing staff. I therefore hope that Limerick will be included among those towns in which it is planned to provide a clinic in the near future.

Mr. Gould, the new Sanitary Inspector, has now been with us a year and I have noted with pleasure the high standard of his work and have been impressed with his ability to assist me at any time despite his already heavy commitments.

I would like to thank the Chairman and Members of the Public Health Committee for the courtesy they have shown me during the year.

I am,

Mr. Chairman and Gentlemen,

Your obedient servant,

A. M. McCULL.

Medical Officer of Health.



## SECTION A.

### Statistics and Social Conditions of the Area

#### Population

The Registrar General gives the estimated mid-year population for 1955 as 2,750, a very slight increase on the previous year. Appendix A, table 1 gives the general statistical details of the town.

#### Birth Rate

The Birth Rate for the town was 9.8 per 1,000, a very considerable decrease on the 1954 figure of 21.5 which, of course, was abnormally high. When the Comparability Factor is taken into account (this figure allows for the age and sex differences between the population of Ilminster and that of the United Kingdom as a whole) the figure is still 9.8 and well below the national figure of 15 per 1,000.

I note that this year there were no illegitimate births in the town.

Details are shown in Appendix A, table 2.

#### Death Rate

The Death Rate for the year was 11.3 per 1,000, a slight increase on last year. Once again, allowing for the Comparability Factor, the figure becomes 9.8 which is below the national figure of 11.7 per 1,000. The causes of death are shown in Appendix A, table 3.

Diseases of the heart and circulation were again at the top of the list, having caused 19 out of a total of 31 deaths. The need for research into these two main causes of death is obvious. Cancer was responsible for 7 deaths, two of these occurring in males were due to cancer of the lung.

#### Infant Mortality

There was one case of infantile death recorded in 1955. This was due to broncho-pneumonia and the child only survived two days.

#### Maternal Mortality

I am pleased to be able to report that yet another year has passed without a maternal death.

#### Social Conditions

The social condition of the people of the town remains at a very satisfactory standard. The social services continued in a satisfactory way and the Old People's Club is flourishing. The organisers are now hoping that the Council will provide more special housing for the old people of the town and I will comment further under the appropriate section.



Registration and Social Conditions of the TownPopulation

The Registrar General shows the estimated mid-year population for 1933 as 2,700, a very slight increase on the previous year. Appendix A, Table 1 gives the general statistical details of the town.

Birth Rate

The Birth Rate for the town was 9.8 per 1,000, a very considerable decrease on the 1932 figure of 11.5 which, of course, was unusually high. When the Contraception Factor is taken into account (this figure allows for the age and sex differences between the population of Llanidloes and that of the United Kingdom as a whole) the figure is still 9.8 and well below the national figure of 15 per 1,000.

I note that this year there were no illegitimate births in the town.

Details are given in Appendix A, Table 2.

Death Rate

The Death Rate for the year was 11.7 per 1,000, a slight increase on last year. Once again, allowing for the Contraception Factor, the figure becomes 9.8 which is below the national figure of 15.7 per 1,000. The causes of death are shown in Appendix A, Table 3.

Deaths of the heart and circulatory were again at the top of the list, having caused 13 out of a total of 51 deaths. The next for frequency were those two also caused by death in obvious. Cancer was responsible for 7 deaths, two of these occurring in males were due to cancer of the lung.

Infant Mortality

There was one case of infantile death reported in 1933. This was due to broncho-pneumonia and the child only survived two days.

Natural Mortality

I am pleased to be able to report that yet another year has passed without a natural death.

Social Conditions

The social condition of the people of the town remains at a very satisfactory standard. The medical services continued in a satisfactory way and the Old People's Club is flourishing. The organizers are now hoping that the Council will provide more medical housing for the old people of the town and I will continue further under the appropriate section.

## SECTION B

### General Provision of Health Services in the Area

There was no change in the Health Services in 1955. As I pointed out last year, until a special building is available in Ilminster it is difficult to see how the County Council can increase the clinic facilities for our residents. The provision of orthopaedic, speech therapy, breathing exercise and dental clinics in the town would cut down the travelling which is at present necessary to get to either Taunton or Chard where the nearest existing clinics are held. With the existing economic conditions it is unlikely that the County Council will be able to authorize the capital expenditure necessary for such a building; nevertheless, our Council should ask the County Council to bear the problem in mind.

### Care of Mothers and Young Children

Infant Welfare Clinic The Infant Welfare Clinic continued to be held weekly although there was some falling off in attendance and if we are able to persuade the County Council of the need for extra clinic facilities then those that are already provided should be well supported.

The correct function of a clinic of this type is to keep a child in perfect health from the date of its birth until it has reached school age and with this aim in mind the clinic functions as follows:-

On the first attendance of the mother and child full details of the child's birth are recorded, the child is then stripped and weighed and taken in to see the doctor who thoroughly examines the baby. The mother is advised on any abnormality which may be detected, and a course of action outlined. Subsequently the child is stripped and weighed at each visit, and the mother is able to receive advice from the nurse. If she is unhappy about the condition of any infant, it is immediately seen by the doctor. If treatment or hospital appointments are needed these are made through the child's private practitioner. Vaccination and immunisation against diptheria and whooping cough are also offered, and the value of these procedures is explained.

This routine work has proved to be of very great value. An abnormality is detected at the very earliest moment when the chance of correction is very much better than when it is an established disease. The misapprehension of some parents that the clinic is a ready method of checking the diagnosis of their own doctor, is very strongly discouraged, and no advice or treatment is suggested whilst a child is actively attending its own general practitioner. It is also

General Provision of Health Services in the Area

There was no change in the Health Services in 1955. As I pointed out last year, until a special building is available in Lancaster it is difficult to see how the County Council can increase the physical facilities for our residents. The provision of orthopaedic, speech therapy, prosthetic exercises and dental clinics in the town would not show the travelling which is at present necessary to get to either Tisbury or Chert where the nearest existing clinics are held. With the existing economic conditions it is unlikely that the County Council will be able to authorize the capital expenditure necessary for such a building. Nevertheless, our Council should ask the County Council to bear the provision in mind.

Care of Mothers and Young Children

Infant Welfare Clinic The Infant Welfare Clinic continued to be held weekly although there was some falling off in attendance and it was able to accommodate the County Council of the need for extra clinic facilities than those that are already provided should be well supported.

The correct function of a clinic of this type is to keep a child in perfect health from the date of its birth until it has reached school age and with this aim in mind the clinic functions as follows:-

On the first attendance of the mother and child full details of the child's birth are recorded, the child is then weighed and weighed and taken to the the doctor who thoroughly examines the baby. The mother is advised on any

abnormalities which may be detected, and a course of action outlined. Subsequently the child is weighed and weighed at each visit, and the mother is able to receive advice from the nurse. It is also necessary about the condition of the infant, it

is immediately seen by the doctor. If treatment or hospital admission are needed these are made through the child's general practitioner. Vaccination and immunization against diphtheria and whooping cough are also offered, and the value

of these procedures is explained. This routine work has proved to be of very great value. In abnormality is detected at the very early of moments when the chance of correction is very much

better than when it is an established disease. The misapprehension of some parents that the clinic is a mere matter of checking the diagnosis of their own doctor, is very seriously discouraged, and the value of treatment is suggested

that a child is actively receiving its own general practitioner. It is also



stressed to the parent that any suggested treatment can only be commenced with the full approval of the private doctor, and in this way the Health Department endeavours to foster a strong link with the general practitioners' service.

Ante-natal Clinic. No ante-natal clinics are held in Ilminster but ante-natal examinations are carried out by the general practitioners and the district nurse in the patient's own home. All home confinements are attended by the district nurse under the direction of the private practitioner concerned. Since the closure of the Crewkerne Maternity Unit cases for hospitalization are sent to Taunton.

#### Home Nursing

In addition to her many other duties, the District Nurse visits people's homes to carry out a very large number of duties. These may include dressing wounds, giving injections, bathing patients and many other similar medical duties too numerous to list. A great deal of this work is concerned with the older members of the community, and we have every reason to be thankful for the kindly manner in which our Nurse carried out her duties during the past year.

#### Health Visiting

Mrs. Pitt is the Health Visitor for the area.

The primary function of a Health Visitor is to visit the home of the people and I am quite confident that at present this work is being done in a very efficient manner. This is particularly true in respect of the following up of children with defects discovered at school medical inspections. None are overlooked, and if parents co-operate they will derive a maximum benefit from this part of the health service.

In addition Mrs. Pitt is the Tuberculosis Health Visitor and in that capacity attends all outpatient sessions at the Chard Chest Hospital. She regularly visits all cases on the T.B. Register and reports on their condition to the Area Chest Physician. Where the home conditions are having an adverse effect on the patient's health, she immediately reports the facts to me and, if necessary, the details are brought to the notice of the Council who have always recognised the importance of good housing in this particular disease.

#### Immunisation

During the year the County Council as local health authority, in co-operation with the local district Council took the opportunity to stress the need for immunisation against diphtheria



attended to the patient that any suggested treatment can only be connected with the full approval of the private doctor, and in this way the Health Department endeavours to foster a strong link with the general practitioners' services.

After-visit Clinic. No after-visit clinics are held in the district but after-visit examinations are carried out by the general practitioners and the district nurse in the patient's own home. All home confinements are attended by the district nurse under the direction of the private practitioner concerned. Since the opening of the Government Maternity Unit cases for hospitalization are sent to the district.

#### Home Visiting

In addition to her many other duties, the District Nurse visits people's homes to carry out a very large number of duties. These may include dressing wounds, giving injections, bathing patients and many other similar medical duties too numerous to list. A great deal of this work is concerned with the after-visit of the community, and we have every reason to be thankful for the kindly manner in which our nurses carried out their duties during the past year.

#### Health Visiting

Mrs. Pitt is the Health Visitor for the area.

The primary function of a Health Visitor is to visit the homes of the people and I am quite confident that at present this work is being done in a very efficient manner. This is particularly true in respect of the following up of children who have been discovered at school medical inspections. Home are ever-looked, and if patients co-operate they will derive a maximum benefit from this part of the health service.

In addition Mrs. Pitt is the Tuberculosis Health Visitor and in that capacity attends all outpatient sessions at the Chest Clinic Hospital. She regularly visits all cases on the T.B. Register and reports on their condition to the Chest Clinic Physician. Where the home conditions are adverse an attempt is made to improve the patient's health, and in addition reports the facts to the chest clinic. The details are brought to the notice of the Council and have always been recognized the importance of good housing in this particular instance.

#### Immunization

During the year the Health Council set local health authorities, in co-operation with the Local District Council took the opportunity to stress the need for immunization against diphtheria.

Immunisations were carried out by the general practitioners, by the doctor at the infant welfare clinic and the booster doses were done by myself in the schools.

There is a growing demand for combined immunisation against whooping cough and diphtheria. This is given in three injections at monthly intervals starting at the fourth month, so that the course is completed before teething commences in earnest. If, however, parents request immunisation against diphtheria only, then this is given at a slightly later age and necessitates two injections. All children require a further booster dose against diphtheria at the age of five years, so this is given when they commence school.

Twenty-seven primary immunisations and forty-nine booster doses were given during the year.

#### Vaccinations.

Eleven primary vaccinations were done in 1955. This is far too few. There is a real need to protect the population against smallpox which has ravaged this country in the past and as Macaulay has described it 'is the most terrible of all ministers of death'. I cannot stress too often that in these days of rapid air travel from the East and the increasing number of unvaccinated persons in the population, the danger of an outbreak increases. The reaction to vaccination in infancy is very mild indeed and all boys who later do National Service must be vaccinated and a re-vaccination at that age is a very mild procedure compared with a primary vaccination in adult life.

#### Home Help Service.

The Home Help Service organised by the County Council was available in the town throughout the year. Although they are in short supply, I am impressed by the high standard of the work of those who are employed in this capacity. Where the financial circumstances of the household permit, a charge is made for the work done but this by no means covers the cost. In Somerset as a whole, each year the cost is about £100,000 and only about £10,000 is recovered by payment.

#### School Medical Service.

All the schools with the exception of the Girls' Grammar School have been inspected by myself during the year and the details can be found in Appendix B, Table 2.

I continued to give a full examination to all children on entry to school life, on transfer from primary to secondary education, and in the last six months before leaving school. In addition, I examined all children with defects and all cases specially referred to me by the teachers or at the request of parents.

immunizations were carried out by the general practitioners, by the doctor at the infant welfare clinic and the health visitor were held by special in the schools. There is a growing demand for continued immunization against whooping cough and diphtheria. This is given in three injections at monthly intervals starting at the fourth month, so that the course is completed before leaving home in January. It, however, parents request immunization against diphtheria only, then this is given at a slightly later age and necessitates two injections. All children receive a further booster dose against diphtheria at the age of five years, so this is given when they commence school.

Twenty-seven primary immunizations and forty-nine booster doses were given during the year.

Vaccinations.  
Eleven primary vaccinations were done in 1955. This is far too low. There is a real need to protect the population against smallpox which has ravaged this country in the past and as vaccination has been held at its most terrible of all epidemics of death. I cannot stress too often that in those days of rapid air travel from the East and the increasing number of unvaccinated persons in the population, the danger of an epidemic is increasing. The reaction to vaccination is delayed in very mild cases and all boys who enter the National Service must be vaccinated and a re-vaccination at that age is a very mild procedure compared with a primary vaccination in adult life.

Smallpox Vaccination.  
The Smallpox Service organized by the County Council was available in the form throughout the year. Although very few in adult life, I am impressed by the high standard of the work of those who are engaged in this activity. There is a growing awareness of the importance of the household permit, a change in mind for the work done but this is to be done every five years. It is estimated as a whole, each year the cost is about £10,000 and only about £10,000 is recovered by payment.

Smallpox Vaccination.  
All our contacts with the members of the Smallpox Service have been maintained by smallpox vaccination the year and the results can be found in Appendix 2.  
I continued to give a full vaccination to all children on entry to school life, on transfer from primary to secondary education, and in the last six months before leaving school. In addition, I vaccinated all children with measles and all cases specially referred to me by the doctors or as to requests for vaccination.



## Colour Vision.

During the routine medical inspection of school children, I carried out an investigation into the proportion of children who are Colour Blind. There seems to be a good deal of confusion in parents' minds about the subject, so I feel it will be useful to discuss some aspects of the condition.

To start with, the term Colour Blindness is a misnomer and a far better term is "defective colour vision", and it is the one which I propose to use.

We have as yet no definite information about the cause of defective colour vision. The outstanding characteristic of all persons with the condition is that the total number of colours which they can recognise as distinct from one another is significantly smaller than the number which the normal observer can distinguish under the same conditions.

A person with defective colour vision is a person with a deficiency and not merely a different form of vision. The most striking deficiency is usually revealed when the attempt to distinguish red from yellow or yellow from green is made, with the absence of any brightness difference. Other colours which tend to be confused are blue green, grey and purple. On the other hand, the defect does not normally lead to much difficulty in distinguishing green from blue green, blue green from blue, yellow from grey or grey from blue.

One point which is extremely important should now be noted. A child in the nursery begins to recognise differences between colours and is taught that a brick is red, a banana yellow, an orange is orange, grass is green, etc. until eventually he has a great many objects which help him by association to link up each colour sensation with its appropriate name. Because he has been taught that green is the colour which grass possesses the person with defective colour vision when asked the colour of grass, will naturally reverse the process and reply "green" whatever the quality of his visual sensation. Greens and yellows are lighter than browns and reds and this may help him to differentiate one from the other. It is as well that he has the subsidiary aids to help him. He may, it is true lose something of the beauties of nature through his reduced range of colours, but since he will be quite unaware of the nature of his loss, it is unlikely to trouble him overmuch.

The type and number of mistakes a colour defective makes will of course depend on the type and degree of the defect. It will also depend on the conditions under which he is working. Persons with normal colour vision often have difficulty in recognising colours when the lighting is bad or the objects are



During the routine medical inspection of school children, I noticed out of investigation into the proportion of children who are color blind. There seems to be a good deal of confusion in parents' minds about this subject, so I feel it will be useful to discuss some aspects of the condition.

To start with, the term "color blindness" is a misnomer and a far better term is "defective color vision", and it is for this reason I propose to use.

We have as yet no definite information about the cause of defective color vision. The outstanding characteristic of all persons with the condition is that the total number of colors which they can perceive is distinct from one another. It is significantly smaller than the number which the normal observer can distinguish under the same conditions.

A person with defective color vision is a person with a deficiency and not merely a different form of vision. The most striking deficiency is usually revealed when the light is in the blue-violet and green-yellow region of the spectrum, with the absence of any brightness difference. Other colors which tend to be confused are blue-green, grey and purple. On the other hand, the defect does not necessarily lead to much difficulty in distinguishing green from blue, blue from red, yellow from grey or grey from blue.

One point which is extremely important should not be noted. A child in the nursery section is recognized by his parents and is taught that a child is red, a person yellow, or orange, or green, or grey, etc. until eventually he has a vast mass of objects which help him by association to link up each color sensation with its appropriate name. Because he has been taught that green is the color which green tomatoes, the person with defective color vision when asked the color of green, will naturally answer the prompt and reply "green" thereby the quality of his visual sensation. Green and yellow are lighter than brown and red and this may help him in differentiating one from the other. As is well known to the majority of us, the color of the sky is blue. He may, it is true, lose sensation of the location of green through its reduced range of contrast. But when he will a quite number of the colors of his food, it is impossible to confuse him overmuch.

The type and degree of color defect which will be common to the type and degree of the defect. It will also depend on the conditions under which he is working. However, with normal color vision, the color blindness is recognized only when the lighting is bad or the objects are

dirty or small in size. Similarly the number of mistakes made by a colour defective increases under these more difficult conditions. Thus while a person with defective colour vision may succeed in distinguishing between red and green signal lights when close at hand, yet when they are seen as pin points of light in the distance, or through fog or rain, they will be far more liable to error.

In the great majority of cases, defective colour vision is congenital, but some loss of colour sense can be acquired, for example, by excessive smoking. When a Father is congenitally colour blind his Daughters will be carriers of the defect without themselves being defective, but none of his Sons will be either a colour defective or a carrier. When a Mother is a carrier, half her Sons will, on the average, be colour defectives and half her daughters will be carriers. The defect will, however, become evident in half the Daughters of a carrier Mother and a defective Father. When both parents are affected all Daughters will have defective colour vision. It follows that the number of women who have defective colour vision is very much smaller than the number of men. Statistics show that the percentage of colour defectives in the male population is approximately 8%. In my small survey of Ilminster it was 6.3% for boys and 2.39% for girls. Of 95 boys examined 6 were defective and of 84 girls, 11 were defective.

Information about the age at which defective colour vision becomes evident is conflicting. It seems quite certain that those who possess the defect do so from their earliest years. However, some children may fail to describe colours correctly because they are mentally backward or through lack of education and not through any defect in their visual apparatus. The earlier it is possible to find out whether children are suffering from colour vision defects the better it is from the point of view of deciding upon their future careers. There are a number of careers which are completely closed to them if they are suffering from colour vision defects.

The desirability of carrying out school testing of colour vision is generally admitted by all who have investigated the condition. Many industrial firms have also stressed its importance so as to avoid disappointment when seeking future employment.

There are many methods of testing colour vision, but one suitable for use by a School Medical Officer has to be quick, not too complicated and capable of being carried out in an ordinary room. I think that confusion charts such as the Ishihara Charts I used in this survey are probably the most suitable. Testing has usually been done on all children due for a routine medical examination at the age of 10+.

... of which is also. Similarly the number of cases made by a color  
defective persons under these conditions. Thus with a person  
with defective color vision may succeed in discriminating between red and green  
lights when alone at hand, yet when they are seen on the points of light in  
the distance, or through fog or rain, they will be far more liable to error.  
In the great majority of cases, defective color vision is congenital, but  
some loss of color power may be acquired, for example, by excessive smoking.  
When a father is congenitally color blind his daughters will be carriers of the  
defect without themselves being defective, but none of his sons will be either a  
color defective or a carrier. When a mother is a carrier, half her sons will,  
on the average, be color defectives and half her daughters will be carriers. The  
defect will, however, become evident in half the daughters of a carrier mother and  
a defective father. When father and mother are affected all daughters will have  
defective color vision. It follows that the number of women who have defective  
color vision is very much smaller than the number of men. Statistics show that  
the percentage of color defectives in the male population is approximately 8%,  
in my survey of 11,000 men it was 8.3% for boys and 5.7% for girls. Of 52  
boys examined, 5 were defective and of 54 girls, 11 were defective.  
Information about the age at which defective color vision becomes evident is  
collected. It seems quite certain that these persons have the defect from an early  
early earliest period. However, some children may fail to develop colors  
correctly because they are mentally backward or through lack of education and not  
through any defect in their visual apparatus. The condition is as possible to find  
out whether children are suffering from color vision defects the better it is  
from the point of view of deciding upon their future careers. There are a number  
of careers which are especially closed to them if they are suffering from color  
vision defects.  
The desirability of carrying out special studies of color vision is generally  
recognized by all who have investigated the condition. Many industrial firms have  
also stressed the importance of the subject, especially in connection with  
employment.  
There are many methods of testing color vision, but one method for use by  
a school medical officer has to be quick, not too complicated and capable of being  
carried out in an ordinary room. I think some conditions obtain such as  
the following. When I used in this survey are probably the most suitable. Testing  
the usually used test in all children has for a certain period examination of the



No difficulty was experienced in dealing with children of that age. Once what was required of them was explained they immediately gave full co-operation. The time taken to test each child was generally about one minute. All children found to have a defect were informed of their defect and retested. In each case a letter was sent to the parent informing them of the presence of the defect and reminding them of its bearing on a future career.

I consider that testing by the method suggested above should become standard throughout the Somerset County school medical service. All those with seriously defective colour vision would be known and the parents informed. I also advocate more stringent pre-vocational tests for all who propose to enter trade or profession in which normal colour vision is important. This latter test is of course outside the scope of the school medical service.

#### School Dental Service.

Once again I have to report on the unsatisfactory situation in the town of Ilminster. We are still an 'uncovered area' and I list below the names of the schools and the date on which they last received a dental inspection:-

Ilminster C.E. Infants	July 1948
Ilminster Junior Boys	February 1949
Ilminster Junior Girls	November 1948
Ilminster County Secondary	October 1948
Ilminster Boys' Grammar	December 1955
Ilminster Girls' Grammar	January 1956

With the exception of those fortunate Ilminster children who were lucky enough to qualify for the Grammar Schools, none of the children have had a dental inspection in school for the last eight years. I doubt if there is any other town in the County with such an unsatisfactory record.

There is a nation-wide shortage of dental surgeons but the shortage in the school dental service is even more acute. At the beginning of 1955 the Somerset County Council with a permitted establishment of 24 dentists had 20. By the end of the year this had dwindled to 10. Somerset, apart from being a most attractive county in which to work, have offered inducements such as housing facilities and permission to do a certain amount of private practice in order to attract dental officers. They advertise regularly in the professional and local press but they have so far been unable to obtain the needed dental surgeons. This must give rise to surprise and anxiety. One important cause for poor recruitment is the lower remuneration offered in local authority employment compared with that which can be expected in the Health Service. The salaries of dental officers are settled through the Whitley Council for the Health Services and the present scales are the result of an Industrial Court Award, therefore there must have been a



no difficulty was experienced in dealing with children of that age. Once again  
 was reported that the children were very well organized. The  
 time taken to treat each child was generally about one minute. All children  
 found to have a dental problem were referred to the dentist. In each case  
 a letter was sent to the parent informing them of the treatment of the child and  
 requesting that the child be brought on a future visit.

I remember that during the period mentioned above several hundred  
 throughout the Government County School Medical Service. All those with seriously  
 defective vision would be known and the parents informed. I also advised  
 some regarding the treatment of the child. In all the reports to the State or  
 protection in which normal vision is important. This latter part is of  
 course outside the scope of the school medical service.

### Summary of Results

Once again I have to report on the unsatisfactory situation in the town of  
 Johnston. We are still an "uncovered area" and I first bring the names of the  
 schools and the date on which they last received a dental inspection:

March 1955	Johnston, O.K. School
February 1955	Johnston, O.K. School
November 1954	Johnston, O.K. School
October 1954	Johnston, O.K. School
September 1954	Johnston, O.K. School
January 1955	Johnston, O.K. School

With the exception of those mentioned above, all other schools who were lucky enough to  
 qualify for the regular service, none of the children have had a dental inspection  
 in school for the last eight years. I doubt if there is any other town in the  
 County with such an unsatisfactory record.

There is a rather wide shortage of dental surgeons but the shortage in the  
 school dental service is even more acute. At the beginning of 1955 the Somerset  
 County Council with a population of 120,000 had 20. By the end  
 of the year this had reduced to 16. Somerset, apart from being a most attractive  
 county in which to work, have offered inducements such as houses, facilities and  
 remuneration to attract a certain number of dentists. In order to attract  
 dental officers. They are written regularly in the professional and local press  
 but they have so far been unable to attract the number desired. This was  
 the case in 1954 and 1955. The important reason for this is that in the  
 Somerset dental service offered an ideal situation compared with that which  
 is offered in the Health Service. The salaries of dental officers are  
 paid through the Somerset County Council for the Health Service and the present need  
 for a dental service in Somerset is most acute.

considerable discrepancy between what the employers were offering and that for which their staff were asking or there would have been no necessity for the Court to sit. There has been no significant change since the award was made and what is required now is some positive action by the Government to end what is fast becoming a very serious social problem. If there is no significant change, the Senior Dental Officer in his 1955 Report has stated, 'the children's teeth will deteriorate to such an extent that it is quite conceivable that a very large percentage of children will require dentures when they attain the adolescent ages'.

#### Ophthalmic Service.

At each school medical inspection I examine every child who has any eye defect whatsoever. I check the correction of their glasses and also check up on whether or not they are carrying out the directions issued by the ophthalmic specialist at the last appointment. If glasses are in need of repair or the correction does not satisfy me, I refer the child back to the person who made the glasses, and in some instances to the County Occulist who holds a weekly clinic especially for school children, at Taunton.

#### Epileptics and Spastics.

Any cases of epilepsy occurring in the area are referred to a specialist at Taunton who is able to carry out electro-encephalogram and other necessary investigations and then advise on the correct course of treatment. A copy of his report is always available to the School Medical Officer if the patient is of school age. Where it is considered necessary for a school child to attend a special school on account of the disease, it is possible to have them admitted to the Chalfont Colony where the Somerset County Council maintain a certain number of students.

#### Blind Persons.

There are 19 blind and 2 partially sighted persons registered in the Ilminster Urban District. No cases of ophthalmia neonatorum were notified during the year.

#### National Assistance Act.

No statutory action was necessary during the year under this Section.

#### Ambulance Service

The Somerset County Council ambulance service covered this area during week days. During the year they have been equipped with radio telephone. This has undoubtedly increased efficiency. During non-working hours and week-ends the Ilminster Ambulance, under the direction of Mr. Seaward was available to deal with any emergency calls.

considerable discrepancy between what the players were offering and what the  
which their staff were making or that would have been an opportunity for the United  
to all. There has been no significant change since the award was made and what  
is reported now is more positive action by the Government to get what is best for  
making a very serious social problem. It is there in no significant change, the  
School Medical Officer in the 1957 Report has stated, 'the children's teeth will  
be examined to such an extent that it is quite conceivable that a very large  
percentage of children will require treatment when they attend the school dentist.'

#### Orthodontic Service

At each school medical inspection I examine every child who has any eye  
defects whatsoever. I check the correction of their glasses and also check up on  
whether or not they are carrying out the instructions issued by the orthodontic  
specialist at the last appointment. If glasses are in need of repair or the  
correction does not entirely fit, I refer the child back to the person who made the  
glasses, and in some instances to the County Council who holds a weekly clinic  
especially for school children, at Tansley.

#### Collection and Distribution

Any cases of epilepsy occurring in the year are referred to a specialist  
at Tansley who is able to carry out electro-encephalogram and other necessary  
investigations and then advise on the correct nature of treatment. A copy of his  
report is always available to the School Medical Officer if the patient is or  
wishes to be. There is an excellent opportunity for a school child to attend a  
special school on account of the disease, it is possible to have special  
and Chalfont Colony where the Somerset County Council maintains a certain number  
of students.

#### Special Reports

There are 12 blind and 2 partially sighted persons registered in the Tansley  
Urban District. No cases of epileptic persons were notified during the year.

#### Medical Laboratory Tests

No laboratory tests were necessary during the year under this section.

#### Telephone Service

The Somerset County Council telephone service covered this area during week  
days. During the year there have been no changes with radio telephone. This has  
undoubtedly increased efficiency. During non-working hours and week-ends the  
Telephone Exchange, under the direction of Mr. Howard was available to deal  
with any emergency calls.



## SECTION C

### Prevalence of and Control over Infectious and Other Diseases.

There was an outbreak of measles in the early part of the year. It was general in the area and fortunately there were no serious complications. Apart from measles only seven other cases of infectious diseases were notified. Two of these were acute poliomyelitis but I am pleased to be able to say that following admission to hospital they made a satisfactory recovery and no paralysis resulted.

Mass Radiography The Mass Radiography Unit visited Ilminster in November, 1954 and was due again at the end of 1955 but owing to the increasing commitments of the Unit, the visit was postponed until the beginning of the following year. The maximum benefit can only be derived from this service if the Unit visits regularly. For some years now the visits have been regular and our residents have been able to avail themselves of the service. In addition general practitioners who have among their patients cases of chronic chest conditions like to send these cases for a regular periodic check-up without a special visit to hospital for a full sized film. I regret the increasing interval between visits and hope that they will tend to lessen in the future.

In the past I, as Medical Officer of Health, have had direct access to the Unit which is a Regional Hospital Board Service. Now I am referred to the County Council and an official there, without reference to the local Medical Officer of Health, plans for the programme for the year. If a co-ordinating committee is desirable then surely local areas should be represented on the committee and in addition the Council's Health Department should have access to the Regional Hospital Board Services where necessary.

B.C.G. Vaccination In my recent Annual Reports, I have referred to B.C.G. vaccination of schoolchildren against tuberculosis. In 1949 official permission was given for its use for nurses and medical staff in hospitals and home contacts of active tuberculosis cases. Permission was extended to include school leavers at the end of 1953. Since then some 130 of the local health authorities have prepared and operated schemes for children.

In Somerset the categories of persons at risk are offered B.C.G. but we still await a scheme for school children of leaving age, that is 14+ years. The notification rate and mortality from tuberculosis in Great Britain begin to rise at about the age of 15 years from their low levels in childhood.

The first progress report of the Tuberculosis Vaccines Trials Committee of the Medical Research Council has now been published. The report is of an investigation into the prophylactic of B.C.G. and of a similar British vole bacillus



Examination of the County was conducted by the Health Department.

There was an outbreak of disease in the early part of the year. It was general in the area and fortunately there were no serious complications. Apart from measles only a few cases of infectious diseases were notified. Two of these were acute poliomyelitis but I am pleased to be able to say that following admission to hospital they made a satisfactory recovery and no paralysis resulted.

Measles The Measles Epidemic Unit visited Limerick in November, 1957 and was the cause of the outbreak at the end of 1957 but owing to the interesting circumstances of the outbreak, the visit was postponed until the beginning of the following year. The maximum benefit can only be derived from this service if the Unit visits regularly. For some years now the Unit have been a regular and our residents have been able to avail themselves of the service. In addition general practitioners who have many small patients cases of chronic chest conditions like to send these cases for a regular periodic check-up without a special visit to hospital for a full check-up. I regret the increasing interval between visits and hope that they will tend to lessen in the future.

In the past 12 months the Health Officer of Limerick, have had direct access to the Unit which is a Regional Hospital Board Service. Now I am referred to the County Council and an official report, without reference to the Local Medical Officer of Health, plans for the programme for the year. It is a co-ordinating committee is desirable that such a local board should be represented on the committee and in addition the Council's Health Department should have access to the Regional Hospital Board Service.

Diphtheria In my recent annual reports, I have referred to D.D.C. vaccination of school children against diphtheria. In 1959 official permission was given for the use of the vaccine and initial visits to hospitals and home contacts of infected children were made. Vaccination was extended to include school leavers at the end of 1959. Since then some 150 of the local school authorities have vaccinated and over 1000 children have been vaccinated.

In January the outbreak of diphtheria at Kesh was reported D.D.C. but no visit was made for school children or house visits. The vaccination rate and mortality rate were low. In Great Britain the rate at about the age of 15 years from their first visit is 100%.

The latest progress report of the Tuberculosis Vaccine Trials Committee of the Medical Research Council has been published. The report is of an investigation into the possibility of a D.D.C. and a smaller British vaccine.

vaccine on children aged 14 to 15½ years attending secondary modern schools in selected areas. The investigation which involved 56,700 children was well planned carefully executed and clearly reported. The results are unequivocal. It is estimated that a general vaccination scheme of children of this age should reduce T.B. Morbidity between the ages of 14 - 17 by about half.

The most striking fact in the report is that no case of military tuberculosis or tuberculosis meningitis occurred in the vaccinated groups whereas in the unvaccinated group there were three cases of pulmonary T.B. of a military type. In the group vaccinated with B.C.G. the annual incidence of clinical T.B. was 0.37 per 1,000 as opposed to 1.94 per 1,000 of unvaccinated and 0.44 per 1,000 given vole bacillus vaccine,

Each vaccine therefore conferred a substantial and similar degree of protection against T.B. over a period of two and a half years in adolescence. The protection conferred by each vaccine was evident soon after it had been given and was still substantial between two and two and a half years after entry into the trial. Supplementary incomplete information up to four years suggests that the protection is maintained for this period. It also appeared that the vaccinated children fared considerably better than those who had been naturally infected, but were without evidence of clinical disease at the time of entry to the trial.

In view of the very favourable results obtained in this trial among adolescents it is unjustifiable and probably impossible to conduct similar trials in other population groups. This means that policy will have to be based on information at present available, and to be made available in future reports on this trial.

It will be thought by many that the time has arrived for vaccination to be made available in this area to all children whose parents request it.

However, although vaccines can make a substantial contribution to prevention, it should not be assumed that efforts to control the disease by other means can be relaxed.

#### SECTION D.

##### Environment Health Services

###### A. Sanitary Circumstances

Climatic Conditions A total of 31.06 inches of rainfall was recorded during 1955, the average rainfall being 33.6. It was a reasonably dry year with prolonged periods of sunny weather during the summer. However, in the early months there was some severe cold which included heavy falls of snow as late as May.

...on children aged 15 to 17 years attending secondary schools in ... The investigation which involved 25,700 children was well planned ... The results are unequivocal. It is ... vaccination scheme of children of this age should reduce ...

...possibility between the ages of 14 - 17 by about half. ... The most striking fact in the report is that in cases of military tuberculosis ... or tuberculosis meningitis occurred in the vaccinated group was about 10% of the un- ... vaccinated group there was some cases of pulmonary T.B. of a military type. In ... the group vaccinated with B.T.B. the annual incidence of clinical T.B. was 0.3% ... per 1,000 as opposed to 1.3% per 1,000 of unvaccinated and 0.6% per 1,000 given ...

...vaccination ... Each vaccine therefore contains a substantial and similar degree of protection ... against T.B. over a period of two and a half years in adolescence. The protection ... conferred by each vaccine was evident even after it had been given and was still ... substantial between the end of one and a half years after entry into the trial. ... Comprehensive laboratory information up to four years indicates that the protection ... is maintained for this period. It also indicates that the vaccinated children ... have been totally better than those who had been naturally infected, but were ...

...vaccine against tuberculous disease at the time of entry to the trial. ... In view of the fact that vaccine is still available in this trial many children ... were to be vaccinated and probably responsible to control similar trials in ... other population groups. This means that better will have to be based on ... information as to vaccine available, and it is not possible to future reports on ...

...It will be thought by many that the time has arrived for vaccination to be ... made available to this area for all children whose parents request it. ... However, although vaccine can make a substantial contribution to protection, ... it should not be regarded as a substitute for other measures for other reasons and for ...

Conclusion

...The results of the trial ... 1. Secondary vaccination ... 2. Primary vaccination ... 3. ...



Water Supply Despite the dry weather referred to above, the supply was satisfactory in quantity except for three days while the reservoir was being cleaned and this entailed a decreased supply. The only extension was about 100 yards of 3" asbestos main at Listers Hill and no further extensions are at present anticipated except when required for new buildings.

Drainage and Sewage Disposal There was no change in the methods of disposal during the year and work has not commenced on the £12,500 scheme which is awaiting Ministry approval. A length of sewer was relaid at Townsend at the approximate cost of £100.

Public Cleansing and Refuse Collection Refuse collection is carried out weekly by direct labour and disposal is by controlled tipping. However, the difficulties mentioned in last year's Report with fly nuisance in West Crescent, which is adjacent to the present tip, continued and the Council at the end of the year were actively engaged in trying to obtain the use of a tip in the Chard Rural District. Previously the Ministry had been approached with a view to obtaining an incinerator but they would not agree.

The roads have been kept in very good condition by the Council's staff and the clean appearance of the town is frequently remarked upon.

Rodent Destruction The rodent operator continued to carry out routine inspections and treatment when necessary, in the town and no heavy infestations were detected.

Swimming Baths There is only one privately owned swimming bath in the town and that is at the Ilminster Boys' Grammar School. It is chlorinated by hand and the residual readings are taken 30 minutes after treatment. It is supplied by the town's main water.

#### B. Factory Acts.

Appendix D, table 2 gives details of inspections.

#### C. Housing.

A very detailed report on the present housing position can be found in Appendix D, table 3. It will be seen that only nine new houses were erected during the year, five by the Council and in addition the Council had six in the course of erection. The Government's new slum clearance policy will occupy the Housing Committee for some years to come and in order to get an accurate idea of the size of the problem a survey of the town was commenced towards the end of the year and already the Council have initiated action for the clearance of one site.

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...

...the ... the ... the ...



Housing of the Aged Probably half of the time of general practitioners, the district nurse and the home help and possibly the hospitals is taken up with details of the care and treatment of old people and these medical and sociological problems of old age take time. The position has now been reached that owing to the great advances in the treatment of acute illness we are being left with a greater and greater problem of infirmity, and we are facing an increasing mass of chronic illhealth and chronic disease.

Undoubtedly the home is the right and proper place for the old person to spend his life and therefore the general practitioner will be the main person concerned, but he is beginning to find that the purely clinical treatment of acute illness is not sufficient. Local Authorities are becoming increasingly aware that prevention or anyhow the control of degenerative disease is more important than the treatment of the advanced case. It might well be that Advisory Health Clinics for old people, somewhat analogous to Infant Welfare Clinics, could do much in this direction. Possibly there is a need for routine health examination for the ageing and the aged.

Everyone must agree that it is more important to keep an old person healthy and active and leading a normal satisfying life, than to place him in institutional accommodation. It is also more economical. There are not enough beds now in hospitals and it is doubtful whether there ever will be sufficient to meet the demand, so that is why we must turn our thoughts away from institutional care to domiciliary care. The first requirement is more housing suitable to meet the needs of our ageing population.

I mentioned in an earlier paragraph that the Old Folks Club were asking the Council for this type of housing and I hope that we will be able to meet their request in the near future.

#### D. Inspection and Supervision of Food

Milk There are three registered distributors and one registered dairy premise in the town. The routine sampling was carried out by the County Council and the details are shown in Appendix D, table 4. Only one sample was unsatisfactory.

Ice Cream No ice cream is manufactured in Ilminster but eleven premises are registered for the sale of the pre-packed product and of twenty-three samples taken all proved to be satisfactory.

Meat There are three privately owned licensed slaughter houses in the Urban District and Appendix D, table 5, gives a very detailed account of the inspections carried out.



Question of the day Probably half of the work of general practitioners, the

district nurse and the home help and possibly the hospital is taken up with the treatment of the eye and treatment of the people and the medical and hospital problems of old age take time. The position has now been reached that owing to the great advances in the treatment of acute illness we are being left with the chronic and greater problem of infirmity, and we are looking on increasing cases of chronic ill-health and chronic diseases.

Undoubtedly the home is the right and proper place for the old person to spend his life and to receive the general practitioner will be the main person concerned, but he is beginning to find that the purely clinical treatment of acute illness is not sufficient. Local authorities and hospitals increasingly aware that prevention is better than cure are coming to realize that the control of degenerative diseases is more important than the treatment of the advanced case. It might well be that Advisory Health Clinics for old people, somewhat analogous to Infant Welfare Clinics, would be much in the line. Possibly there is a need for routine health examination for the ageing and the aged.

Everyone must agree that it is more important to keep an old person healthy and active and leading a normal active life, than to place him in institutional care. It is also more economical. There are not enough beds now in hospitals and it is doubtful whether there ever will be sufficient to meet the demand, so that in any case we must turn our thoughts away from institutional care to preventative work. The first requirement is more housing available to meet the needs of our ageing population.

I mentioned in an earlier paragraph that the old Folke Club were asking the Council for this type of housing and I hope that we will be able to help them to get it in the near future.

#### 5. Insurance and Retirement of Old

There are three types of insurance and one voluntary daily provision in the town. The routine working arrangements are by the County Council and the details are given in Appendix B, Table 1. All are working on a contributory basis. The first is a contributory scheme in which the insured pay a weekly premium and are entitled to the rate of the pre-poned pension and the second is a contributory scheme all provide to be satisfactory.

There are three privately owned limited companies in the town. The first is a contributory scheme in which the insured pay a weekly premium and are entitled to the rate of the pre-poned pension and the second is a contributory scheme all provide to be satisfactory.

Reference to this Appendix will make it immediately apparent how much time is required for this work and towards the end of the year the Sanitary Inspector was having to devote even more time to it. A little difficulty was experienced with one slaughter house but I am pleased to say that we are now receiving the full co-operation of the owner.

Clean Food Campaign. The Council continued to publicize the necessity for the careful handling of food and for strict hygiene in catering establishments. No formal action was necessary under Section 15 of the Food and Drugs Act, 1938.

Reference to this Appendix will make it immediately apparent how much time is required for this work and towards the end of the year the Sanitary Inspector was having to devote even more time to it. A little difficulty was experienced with one slaughter house but I am pleased to say that we are now receiving the full co-operation of the owner.

Clean Food Campaign. The Council continued to publicize the necessity for the careful handling of food and for strict hygiene in catering establishments. No formal action was necessary under Section 15 of the Food and Drugs Act, 1938.



# APPENDIX A TABLE 1.

Registrar General's estimate of population mid 1955	...	...	...	2,750
Area	...	...	...	531 acres
Number of inhabited houses at the end of 1955 according to the Rate Book	...	...	...	963
Rateable Value	...	...	...	£16,559
Sum represented by a penny rate	...	...	...	£64

# APPENDIX A TABLE 2.

BIRTH RATE	9.8 per 1,000	Comparability Factor 1.00
<u>Live Births</u>		M. F. Total.
Legitimate		9 18 27
Illegitimate		- - -
Total		9 18 27
<u>Still Births</u>		
Legitimate		1 - 1
Illegitimate		- - -
Total		1 - 1
<u>Deaths of Infants under 1 year</u>		
Legitimate.		- 1 1
Illegitimate		- - -
Total		- 1 1
<u>Deaths of Infants under 4 weeks</u>		
Legitimate		- 1 1
Illegitimate		- - -
Total		- 1 1

# APPENDIX A TABLE 3

DEATH RATE	11.3 per 1,000	Comparability Factor 0.87
<u>Causes of Death</u>		
Heart:	Coronary disease	3 3 6
	Hypertension	- 1 1
	Other heart diseas	3 2 5
Circulation:	Vascular lesions of the nervous system	2 4 6
	Other circulatory disease	- 1 1
Cancer of:	Stomach	1 1 2
	Lung	2 - 2
	Other sites	2 1 3
Lungs	Pneumonia	1 1 2
	Other respiratory diseases	1 - 1
Other ill-defined diseases		1 - 1
Motor accidents		1 - 1
Total		17 14 31



APPENDIX B TABLE 1

Ilminster Infant Welfare Centre

Statistics for the twelve months ended 31st December, 1955

1. Number of children who first attended during the year and who on their first attendance were:-	
(a) Under 1 year of age	65
2. Number of children in attendance during the year who were born in:-	
(a) 1955	31
(b) 1954	66
(c) 1953 - 50	261
3. Total attendances during the year made by children who at the date of attendances were:-	
(a) Under one year of age	427
(b) Over one but under two years of age	334
(c) Over two but under five years of age	482
4. Number of individual mothers who attended during the year	116
5. (a) Total number of sessions held:-	
(i) With Medical Officer	23
(ii) Other sessions	29
(b) Number of children examined by doctor	94
(c) Total number of medical consultations	202



1. The first part of the report deals with the general situation of the country and the progress of the work during the year. It is a summary of the work done and is intended to give a general impression of the progress of the work.

2. The second part of the report deals with the results of the work done during the year. It is a summary of the results of the work and is intended to give a general impression of the progress of the work.

3. The third part of the report deals with the conclusions drawn from the work done during the year. It is a summary of the conclusions drawn from the work and is intended to give a general impression of the progress of the work.

4. The fourth part of the report deals with the recommendations made during the year. It is a summary of the recommendations made during the year and is intended to give a general impression of the progress of the work.

5. The fifth part of the report deals with the summary of the work done during the year. It is a summary of the work done during the year and is intended to give a general impression of the progress of the work.

APPENDIX B TABLE 2

<u>Name of School</u>	<u>No. on Roll</u>	<u>No. Inspected</u>	<u>No. Immunised.</u>	<u>Date of Inspection</u>	<u>Children having Milk</u>	<u>Children having Dinners.</u>
Ilminster Infants'	107	53	54	15/16.3.55.	84.11%	46.72%
Ilminster Girls'	117	47	2	24.2.55.	94.01%	59.82%
Ilminster Boys'	118	36	3	4.2.55.	84.74%	61.01%
Ilminster Secondary Modern.	296	82	--	18/20.5.55.	33.78%	66.28%
	357	110	-	23/25.11.55	28.11%	68.62%
Ilminster Boys' Grammar	150	28	-	15.7.55.	60%	48%
	160	20	-	5.12.55.	56.25%	54.37%

APPENDIX B. TABLE 3.

Vaccinations.

Age Groups	Under 1 yr.		1 to 4		5 to 14		15 or over		Totals	
	P.	R.	P.	R.	P.	R.	P.	R.	P.	R.
	10		1						11	

P = Primary Vaccination  
R = Revaccination





APPENDIX C. TABLE 1

Infectious and Other Notifiable Diseases.

Scarlet Fever	3
Measles	75
Poliomyelitis	2

ANALYSIS OF CASES NOTIFIED

	Under 1 yr.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65+	Age Unknown
Scarlet Fever						3							
Measles	2	10	11	9	12	29	1						1
Poliomyelitis						1			1				

TUBERCULOSIS

<u>Age Group</u>	<u>New Cases</u>				<u>Deaths</u>			
	<u>Respiratory</u>		<u>Non-Respiratory.</u>		<u>Respiratory</u>		<u>Non-Respiratory</u>	
	M	F	M	F	M	F	M	F
- 1								
1 - 5								
5 -15								
15 -25		1						
25 -35								
35 -45	1							
45 -55								
55 -65								
65 +								
Total	1	1	-	-	-	-	-	-

RECORD OF 1912

Interests and Other Activities

General

Particular

Special

RECORD OF 1913

1. The first of the year was spent in the office of the

General

Particular

Special

RECORD OF 1914

1. The first of the year was spent in the office of the

General

Particular

Special

1. The first of the year was spent in the office of the

General

Particular

Special

1. The first of the year was spent in the office of the

General

Particular

Special

1. The first of the year was spent in the office of the

General

Particular

Special

1. The first of the year was spent in the office of the

General

Particular

Special

APPENDIX D TABLE 1

Water Supply

Piped supplies - results of samples taken for analysis:

<u>Raw Water</u>				<u>Treated after going into Supply</u>			
<u>Bacteriological</u>		<u>Chemical</u>		<u>Bacteriological</u>		<u>Chemical</u>	
<u>Satis-</u> <u>factory</u>	<u>Unsatis-</u> <u>factory</u>	<u>Satis-</u> <u>factory</u>	<u>Unsatis-</u> <u>factory</u>	<u>Satis-</u> <u>factory</u>	<u>Unsatis-</u> <u>factory</u>	<u>Satis-</u> <u>factory</u>	<u>Unsatis-</u> <u>factory</u>
-	-	-	-	6	3	1	-

Water Supplies from Public Mains:

<u>Direct to Houses</u>		<u>By Means of Standpipes</u>	
<u>No. of Dwelling Houses</u>	<u>Population</u>	<u>No. of Dwelling Houses</u>	<u>Population</u>
963	2750	-	-

APPENDIX D TABLE 2

Factories Act 1937

Inspections for the purpose of provisions as to Health (including inspections made by the Sanitary Inspector).

<u>Premises</u>	<u>Number on Register</u>	<u>Inspections</u>	<u>Written Notices</u>	<u>Occupiers Prosecuted</u>
Factories in which Sections 1, 2, 3, 4 and 6, are to be enforced by Local Authorities:	3	6		
Factories not included in (i) in which Section 7 is enforced by the Local Authority	23	40		
<b>Totals</b>	<b>26</b>	<b>46</b>		

Cases in which defects were found	...	...	...	...	NIL
Cases in which defects found were remedied	...	...	...	...	NIL

Outwork

No. of outworkers in August List required by Section 110	...	28
--	-----	----



APPENDIX 2

TABLE 1

Summary of the results of the survey

Number of respondents

Percentage of respondents

Age group	Gender	Occupation	Education level	Marital status	Income level
18-24	Male	Student	High school	Single	Low
25-34	Female	Teacher	University	Married	Medium
35-44	Male	Engineer	University	Married	High
45-54	Female	Homemaker	High school	Married	Low
55-64	Male	Retired	University	Married	High
65+	Female	Retired	High school	Married	Low

Source: Survey results

By age group

By gender

By occupation

APPENDIX 3

TABLE 2

Summary of the results of the survey

Age group	Gender	Occupation	Education level	Marital status	Income level
18-24	Male	Student	High school	Single	Low
25-34	Female	Teacher	University	Married	Medium
35-44	Male	Engineer	University	Married	High
45-54	Female	Homemaker	High school	Married	Low
55-64	Male	Retired	University	Married	High
65+	Female	Retired	High school	Married	Low

Source: Survey results

By age group

By gender

By occupation

By education level

By marital status

APPENDIX D TABLE 3

Housing.

Total number of permanent dwellings in District ... 963

Total number of permanent dwellings owned by Local Authority .. 197

Part 1. The total problem (As per Ministry Circular 55/54):-

- |  |     |    |
|--|-----|----|
| (1) Estimated number of houses unfit for human habitation within the meaning of Section 9 of the Housing Repairs and Rents Act, 1954, and suitable for action under Section 11 or Section 25 of the Housing Act, 1936 .. | ... | 80 |
| (11) Period in years which the Council think necessary for securing the demolition of all the houses in (1) ..   | ... | 12 |

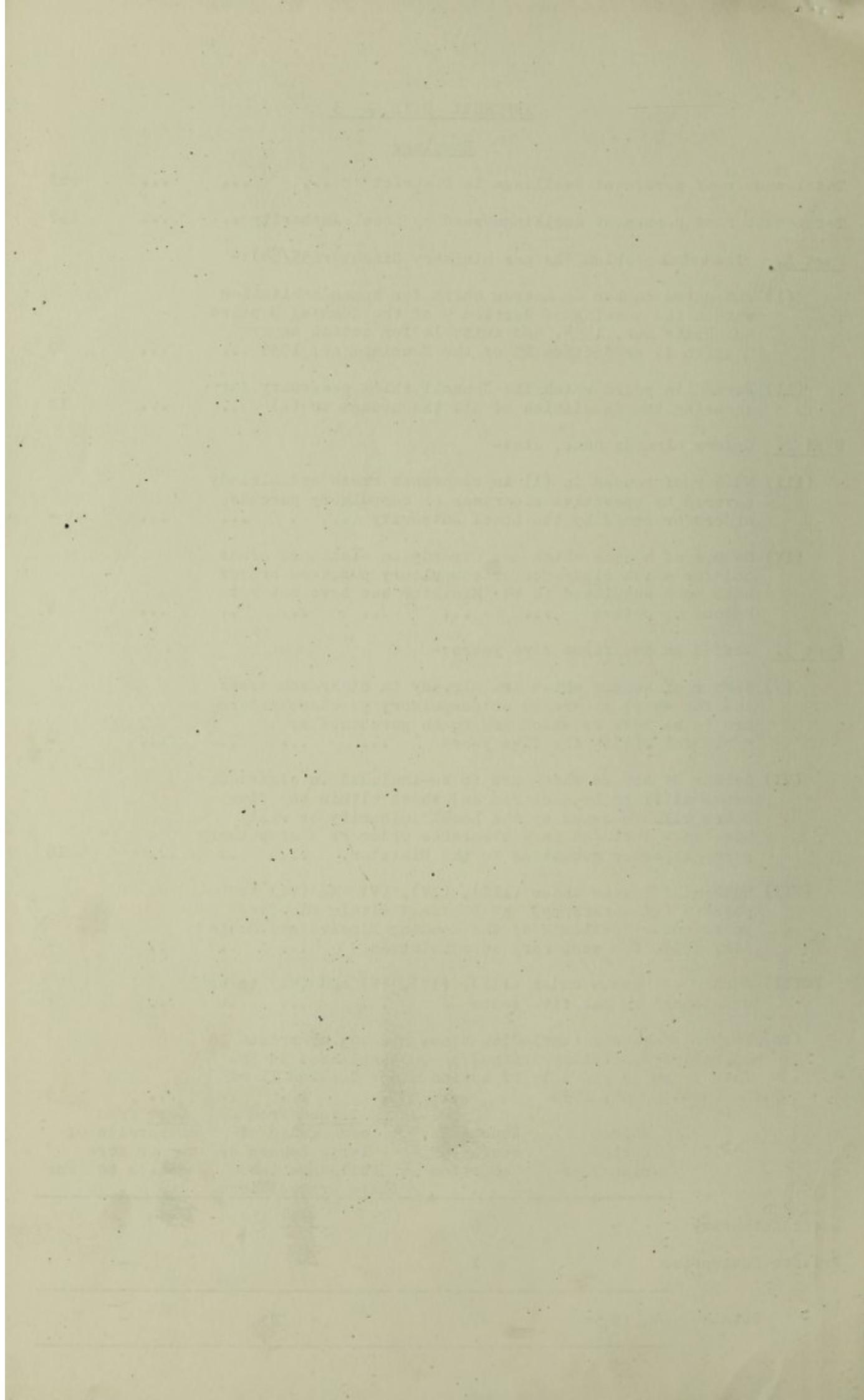
Part 2. Orders already made, etc:-

- |  |     |   |
|--|-----|---|
| (111) Number of houses in (1) in clearance areas and already covered by operative clearance or compulsory purchase orders or owned by the Local Authority ...                              | ... | - |
| (IV) Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders have been submitted to the Minister but have not yet become operative ... | ... | 4 |

Part 3. Action in the first five years:-

- |  |     |    |
|--|-----|----|
| (V) Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders are to be made or which are to be purchased by agreement within the five years ...   | ... | -  |
| (VI) Number of houses which are to be included in clearance areas still to be declared and which within the five years will be owned by the Local Authority or will have been included in a clearance order or a compulsory purchase order submitted to the Minister ... | ... | 16 |
| (VII) Number of houses under (111), (IV), (V) and (VI) to be patched (if necessary) and retained within the five years under Section 2 of the Housing Repairs and Rents Act, 1954, for temporary accommodation ...   | ... | -  |
| (VIII) Number of houses under (111), (IV), (V) and (VI) to be demolished in the five years ...   | ... | 31 |
| (IX) Number of houses (including those already comprised in operative demolition orders) to be demolished in the five years as a result of action under Section 11 of the Housing Act, 1936 ...  | ... | 5  |

	Houses erected during year	Houses in course of erection	Gained from conversion of large houses or buildings into flats or dwellings	Lost from conversion of two or more houses to one
Local Authority	5	6	-	-
Private Enterprise	4	1	-	-
Totals	9	7	-	-





Number of Post-War Houses erected from  
1st April 1945 to 31st December 1955.

Programme for 1956

By Local Authority.	By Private Enterprise.	By Local Authority.	By Private Enterprise
148	41	12 houses	Unknown

(a) No. of temporary housing units occupied	(i) Prefabs	50
	(ii) Huts etc.	-
(b) No. of houses found overcrowded	... ..	Unknown
(c) No. of houses closed as a result of an undertaking given by the owners or following the issue of Closing Orders	... ..	1
(d) No. of houses demolished during year	... ..	-
(e) No. of houses made fit during year	... ..	-

Houses required:-

(i) To abate overcrowding	... ..	140
(ii) To overcome unsatisfactory conditions, e.g. two families living in same house but not included in (i)	... ..	for all conditions

Total number of applicants for Council Houses at the end of the year: 84

Improvement Grants made under the Housing Act, 1949-54

No. of applications and houses dealt with by Local Authority:-

	Received		Approved		Rejected		Under	With-
	No. of		No. of		No. of		Consideration	drawn
	Aps.	Houses	Aps.	houses	Aps.	houses	Aps. houses	Aps houses
31.7.49 -								
31.12.54	3	3	2	2	1	1		
During year	12	12	12	12	-	-		
Totals	15	15	14	14	1	1		

APPENDIX D TABLE 4

Milk Sampling.

<u>Designation</u>	<u>Samples Taken</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Tuberculin Tested	-	-	-
Pasteurised	39	38	1
Sterilised	-	-	-

*[The page contains extremely faint, illegible text, likely bleed-through from the reverse side. The text is organized into several paragraphs and includes what appears to be a table with multiple columns and rows. The table is located in the lower half of the page and contains several lines of data, though the specific values are not discernible.]*

APPENDIX D TABLE 5

MEAT

Slaughter-Houses and Bacon Factories

			<u>Licensed</u>	<u>Operating</u>
(a) Private Slaughter-Houses	...	...	3	3
(b) Bacon Factories	...	...	nil	nil
(d) No. of Slaughter-Houses in use where horses are slaughtered for human consumption	...	...	nil	nil

Carcases and Offel inspected and condemned in whole or in part during year:

	<u>Cattle Excluding Cows</u>	<u>Cows</u>	<u>Calves</u>	<u>Sheep &amp; Pigs Lambs</u>	<u>Horses</u>
Number killed (if known)	80	120	10	90 140	-
Number inspected	80	120	10	90 140	-
<u>All diseases except Tuberculosis and Cysticerci</u>					
Whole carcasses condemned	-	-	-	- -	-
Carcasses of which some part or organ was condemned.	2	3	-	1 -	-
Percentage of the number in- spected affected with disease other than tuberculosis and cysticerci.	2.5	2.5	-	1.1 -	-
<u>Tuberculosis only</u>					
Whole Carcasses condemned	-	1	-	- -	-
Carcasses of which some part or organ was condemned	1	2	-	- -	-
Percentage of the number inspected affected with tuberculosis	1.25	2.5	-	- -	-
<u>Cysticercosis</u>					
Carcasses of which some part or organ was condemned	-	-	-	- -	-
Carcasses submitted to treatment by refrigeration	-	-	-	- -	-
Generalised and totally condemned	-	-	-	- -	-
Weight of meat condemned (in lbs.) for:-					
(a) Tuberculosis	16	550	-	- -	-
(b) Cysticercosis	-	-	-	- -	-
(c) Other	31	29	-	4 -	-
Total (in lbs.) condemned	47	579	-	4 -	-



TABLE I				
Summary of the results of the experiments				
Experiment No.	Time (min)	Temperature (°C)	Pressure (mm Hg)	Volume (ml)
1	10	20	760	100
2	20	20	760	200
3	30	20	760	300
4	40	20	760	400
5	50	20	760	500
6	60	20	760	600
7	70	20	760	700
8	80	20	760	800
9	90	20	760	900
10	100	20	760	1000
11	110	20	760	1100
12	120	20	760	1200
13	130	20	760	1300
14	140	20	760	1400
15	150	20	760	1500
16	160	20	760	1600
17	170	20	760	1700
18	180	20	760	1800
19	190	20	760	1900
20	200	20	760	2000
21	210	20	760	2100
22	220	20	760	2200
23	230	20	760	2300
24	240	20	760	2400
25	250	20	760	2500
26	260	20	760	2600
27	270	20	760	2700
28	280	20	760	2800
29	290	20	760	2900
30	300	20	760	3000
31	310	20	760	3100
32	320	20	760	3200
33	330	20	760	3300
34	340	20	760	3400
35	350	20	760	3500
36	360	20	760	3600
37	370	20	760	3700
38	380	20	760	3800
39	390	20	760	3900
40	400	20	760	4000
41	410	20	760	4100
42	420	20	760	4200
43	430	20	760	4300
44	440	20	760	4400
45	450	20	760	4500
46	460	20	760	4600
47	470	20	760	4700
48	480	20	760	4800
49	490	20	760	4900
50	500	20	760	5000
51	510	20	760	5100
52	520	20	760	5200
53	530	20	760	5300
54	540	20	760	5400
55	550	20	760	5500
56	560	20	760	5600
57	570	20	760	5700
58	580	20	760	5800
59	590	20	760	5900
60	600	20	760	6000
61	610	20	760	6100
62	620	20	760	6200
63	630	20	760	6300
64	640	20	760	6400
65	650	20	760	6500
66	660	20	760	6600
67	670	20	760	6700
68	680	20	760	6800
69	690	20	760	6900
70	700	20	760	7000
71	710	20	760	7100
72	720	20	760	7200
73	730	20	760	7300
74	740	20	760	7400
75	750	20	760	7500
76	760	20	760	7600
77	770	20	760	7700
78	780	20	760	7800
79	790	20	760	7900
80	800	20	760	8000
81	810	20	760	8100
82	820	20	760	8200
83	830	20	760	8300
84	840	20	760	8400
85	850	20	760	8500
86	860	20	760	8600
87	870	20	760	8700
88	880	20	760	8800
89	890	20	760	8900
90	900	20	760	9000
91	910	20	760	9100
92	920	20	760	9200
93	930	20	760	9300
94	940	20	760	9400
95	950	20	760	9500
96	960	20	760	9600
97	970	20	760	9700
98	980	20	760	9800
99	990	20	760	9900
100	1000	20	760	10000