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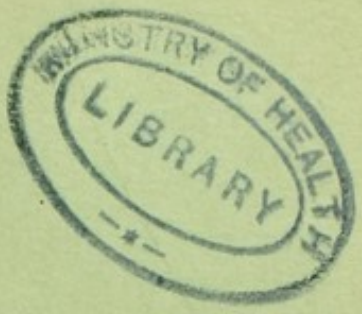

Somerset County Council.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1945

J. F. DAVIDSON,
O.B.E., M.B., Ch.B., D.P.H.,
County Medical Officer of Health.

To the Chairman and Members of the Public Health and Housing Committee,
Somerset County Council.

THE CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my Ninth Annual Report upon the Health Administration of the County.

I include a survey report covering in broad outline the pre-war, war, and early post-war periods of Public Health work in Somerset.

The year 1945 has been a difficult year, and we have experienced many anxieties, chiefly over shortage of staff, professional, clerical, and domestic, together with much pressure on hospital beds.

The report generally shows a satisfactory state of Public Health in the Administrative County, but much still requires to be done to regain our pre-war position in many of the services.

I continue to be greatly assisted by the good work of the staff, both professional and clerical, but the position continues to be one of great strain.

I am,

Yours faithfully,

J. F. DAVIDSON,

County Medical Officer of Health.

County Hall,
Taunton.
September, 1946.

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REPORT ON THE STATE OF PUBLIC HEALTH IN SOMERSET.

In the eight years in which I have been in Somerset, many matters and happenings of importance have occurred, and these fall more or less in pre-war, war, and now, post-war periods. It is with some difficulty that one looks back on the time before the war; this I think is largely due to recent times being so engulfing and strenuous that they cloud the memory even over so short, and yet, by circumstances, so long a period as the last six years. Nevertheless, to me it does not seem inappropriate to take some brief form of stocktaking now; if we fail to do so, then much of the work accomplished in these periods will not be recorded; such a stocktaking, inadequate though it may well be, may show some of the accomplishments of your County Health department; it may also show some of its deficiencies; it may demonstrate how in some instances we are winning the battle against disease, while in others, our efforts (and this often through war circumstances and their results) are directed to holding our ground with little indication of forward progress, and, in one or two instances, there may be unhappy proof that, for the moment, we have lost control of one or two situations.

In the pre-war period, I came to a Department solidly based and well equipped to deal with the Public Health problems of the day. We had an efficient and adequate staff, the services ran smoothly, and we held the trust of the public which we served. I felt, therefore, that I was indeed well placed to look towards developments and extensions in all the services, and that I had the good fortune to be in charge of a first-class administrative unit of Public Health. I very soon realised that all this structure had been built up through the wise advice of perhaps the clearest thinking County Medical Officer of Health of our time, and built it was through years when pioneer effort was required. It was clear to me also that all such outstanding work would have come to nothing if it had not been for the generous way in which this advice was received, accepted, and put into operation by the Health Committee and the County Council. These two circumstances combined to give Somerset a place of repute and standing in the field of Public Health in this country.

In the pre-war period there was, therefore, in Somerset a well-balanced Health Service with a proper adjustment between its environmental and personal sides of hygiene. This was remarkable in the sense that most County Health Departments of that time could not show this balance. Health Departments were for the most part heavily weighed in their activities on the side of the personal services—Maternity and Child Welfare, School Medicine, Tuberculosis, Hospital Services, and so forth, and they were too little concerned with the fundamental environmental factors on which all Public Health depends — the work concerning Nutrition, Housing, Water, Milk and Food Supplies, and Drainage and Sewerage.

These basic services of environmental hygiene were at this time well ahead in this County; not only were these things properly valued and appreciated, but, in several ways, most useful links in joint working had been established with the various District and other Councils in the County. In these ways, much progress had been made in Somerset over the extension of water supplies; at that time piped water supplies in rural areas were little known, and, though much still remained to be done, this position in Somerset was relatively satisfactory, and, certainly in advance of must rural counties in England. Again, much valuable work had been done in improving standards in the production and distribution of milk, and few opportunities were lost of hammering home the urgent need of a safe and a clean milk as a vital item in the advancement of nutrition. Housing had been tackled, and usually by advice, sometimes by more active measures, improvements in existing housing, and the provision of new housing, were going ahead. Drainage and Sewerage problems showing a danger to Public Health had been examined, and, here again, a good deal of improvement had resulted. It is true, I think, to say that at this time much had been done on these environmental health matters, and schemes were well in hand to proceed still further in these activities.

In this pre-war period, on the side of personal hygiene, there was a real gain in progressive work and achievement in many of the services. In the Maternity and Child Welfare Service, maternal mortality was tending to stabilise at a low level. In 1918 in Somerset, the maternal mortality rate was 5.14 per 1,000 births; in 1938 the similar rate was 2.59. Infantile mortality in 1938 reached its lowest rate (41.8) on record for the Administrative County. It was remarkable that in 1909 no fewer than 685 children died under one year of age in Somerset; in 1938 the number who so died was 226. These were, indeed, striking results; the promise for maternal safety in childbirth was clearly within realisation, and the chances of survival of infants were enormously improved.

Leading on from this, there was a well-established School Medical Service, which included among other special branches, Dental, Eye, and Orthopædic treatment. Alongside these were the services for handicapped children, be they blind, deaf, cripple or mentally defective.

The trend of these two sister Services of Maternity and Child Welfare and School Medicine was ever reaching forward towards a betterment and an increased stability of the health and living circumstances in these most essential groups of mothers and children.

With these services, there was a hearty and keenly conducted service of Health Propaganda, carrying information and knowledge to all grades of the population, and, particularly, to the mothers in the homes. Simple but essential teaching and instruction were given about nutrition and feeding, about hygiene in the home, about the importance of rest and exercise, about clothing and footwear, about simple precautions to prevent disease, and so forth. This service went to towns and villages alike, and every now and then a Health Exhibition was staged to stimulate general interest.

In the pre-war period, the position regarding Tuberculosis was at long last within control. In 1938 the tuberculosis death rate (0.431) was the lowest ever recorded for Someset. Thirty years previously, in 1909, the similar death rate was 1.104. At this pre-war period, new cases of pulmonary tuberculosis were falling, and, in 1938, they numbered 287. A long struggle was, at last, beginning to be truly won, and it did appear that this dread disease was within reasonable distance of ceasing to be the physical and economic disaster so common in past years.

In the same period, the problems of Venereal Diseases and Infectious Diseases were being increasingly understood and the risk rate to the population at large had greatly diminished. The first steps were taken in 1938 to launch a scheme for immunisation against diphtheria in school and pre-school children. One of my very clear pre-war memories is of the severe typhoid epidemic which came upon me within a few months of my appointment in Somerset. That epidemic, which taxed me very thoroughly, demonstrated the efficiency of your Department, including its County Laboratory, and proved the wisdom of the Health Committee's decision in linking up the resources of the various Isolation Hospitals in the County.

In this pre-war period too, there was the uneasiness of affairs before and after Munich; A.R.P. medical services were organised; the beginnings of the Emergency Medical Service of the Ministry of Health were dealt with locally in the County. About this time also a new ante- and post-natal scheme was formulated and put into operation, while a start was made with the new whole-time Scheme for District Medical Officers of Health in the County.

And so ends this brief sketch of your pre-war work, its undertakings and its results. There is so much more to say, but, perhaps, what has been said will give an indication of the great expansion in the work under your control in the last years before the war.

And then came the war, and with its arrival, the soundness of your organisation was very soon heavily and continuously tested. Emergency duties of all descriptions crashed down upon us from every side, and, indeed, it was a period of many sore trials and strenuous work. In

those days the urgency was very great; there was no time for consultations; things had to be done at once, and immediate personal responsibility had to be accepted; and the charge upon us was the welfare and safety of many thousands of women and children. There were also other charges affecting the reception of casualties, the medical side of A.R.P. and the obligations of the new E.M.S. of the Ministry of Health, and there remained the charge to continue and to expand the routine medical and nursing services of your Department. It was a strenuous time, and, perhaps, never more so than in the chaotic early days of the first Evacuation Scheme. If I may be permitted a personal note, I would say that I was most grateful for the trust and confidence given me so fully at that time by this County Council and by the Ministry of Health. I believe we succeeded wonderfully well in this period of great strain, and it must be remembered that we were through the worst of our troubles on our own initiative before the many Regional Organisations had become established. Nevertheless, these same Regional Organisations, particularly on the hospital side, were of the greatest assistance to us at later stages, and very definitely, without this Regional link-up, we could hardly have got through many of our very severe stresses of those days.

Perhaps Evacuation more than anything else gave us our greatest problems. Staff was short, the population of the area had increased by many thousands, and, at one time, *the additional population* in Somerset was in the region of 138,000, with some 60,000 official evacuees. That indeed was a gigantic task to face, and, yet, looking back and taking the broad view, it was surprising that this colossal upheaval in our social affairs did not present greater problems. Troubles there were in plenty, but there were no disasters and the situation was never out of control. If we forget some of the lurid, but, nevertheless, in some instances true stories of these times, I think it must be generally admitted that this great undertaking was amazingly successful, and surely, in this result, much credit is due to both the hosts and the evacuees themselves. From the start, it was clear that where unaccompanied children were concerned, the vast majority could (and did) settle into their new surroundings without much trouble or fuss; it was equally clear that, even this war, with all its horror and ferocity for the civilian, could not change the habits and wishes of the adult evacuees. A lifetime spent in the Mile End Road was not to be lightly replaced by the quiet of the village green or the beauties of the Quantocks and the Mendips. It just did not work, and a simple homely fact came to light in these affairs—it was, that two women just could not share the same kitchen, be it humble or grand—and, with the realisation of such simple factors, the position gradually eased, and, finally sorted itself out. However, I still say, that this vast movement of population was, in the main, smoothly launched, smoothly received, and, so far as the children were concerned, not without real solid benefits to their health and well-being. The mental experts would have us believe that this movement from home, with all its attendant losses in home and parental care, may later well cause profound emotional upsets in many children. This may be so in a limited way, but for the majority, I see no reason to fear this happening. I prefer to believe that their emotional make-up will not, in fact, in any way lag behind the undoubted improvement in their physical health.

On the medical side of this Evacuation Scheme, there was, of course, an enormous amount of work in general and in special directions, but it was tackled and controlled and no serious issues arose. It was a remarkable circumstance that with all this mixing of town and country children and adults, no epidemic of any importance resulted. Your usual Isolation Hospitals, with some small additional assistance, although very hard pressed at times, were able to meet all demands. It is amusing to note that when we were all thinking of serious clashes between town and country infections, and perhaps, heavy outbreaks of diphtheria, poliomyelitis, typhoid fever and the like, the main source of trouble was scabies. And it gave a lot of trouble. Extensive measures were required to deal with it in all parts of the County. Scabies was practically unknown in Somerset before the war, but there is not much that we do not know about it now. It was again a little amusing (depending, of course, on one's point of view at the time) to find that scabies not only exerted its well-known physical irritation, but, in those days, a good deal

of emotional irritation as well. Many worthy and unblemished citizens of Somerset caught the disease, and did not like it, and were not slow in saying so and in blaming the wretched Health Department for their predicament. However, all was well in the end.

I cannot leave this short account of the Evacuation Scheme without saying a word about the Expectant Mothers sent to us, at first in crushing and uncontrolled numbers, and later (and continuing still to this day) in regular weekly parties. We had to set up special emergency maternity units with ante-natal and post-natal hostels. These were all raised from nothing at all and at short and urgent notice. The only thing we had to help us (and this was substantial), was the generosity of several of the owners of the properties, who practically unreservedly and at a very early stage in the war handed over their premises in part or in whole to us. From those urgent anxious days, there grew a scheme, built precariously and poorly, very often in ill-adapted quarters, but saved by a magnificent spirit and good will, from which a vast amount of important work was done. We are now close on 5,000 births in these units with only a single maternity death and with markedly successful general results. We are proud of this record; it has not been easy with all our many difficulties, but I think that it may be regarded as substantial evidence of Somerset's ability to deal with circumstances of great urgency. It is not too much to say that the staffs (often scratch teams, often old and not very fit) have done grand work. It is a real satisfaction to feel that this service brought much needed comfort and treatment to many sorely pressed and harassed women.

And with the war came a tragic breakdown in our fight against Tuberculosis. All our gains disappeared and we are back again in the same old weary fight against increasing new cases, shortage of beds and of staff, and with the ever-present and most distressing heavy overcrowding in the homes. And, for the time being, we are not succeeding in our efforts. New cases of pulmonary tuberculosis totalled 287 in 1938; in 1942 the figure was 476, and in 1944 it was 562. This is one of the things that must be tackled urgently, but years must pass before again we get the upper hand in this work.

Again, with Venereal Diseases, as in all wars, so in this one, came the inevitable increase. This, however, with the new treatment technique of to-day, need not be the same medical calamity that it used to be in earlier days. We can, and we will control the treatment of these diseases with reasonable hope of rapid and complete cure.

There are so many things in these war years to discuss that this Note could be indefinitely extended; if there is time some day, however, a detailed account might be of real use. I must content myself with a final note concerning the problems arising from the very heavy increase in illegitimate births. This has been a sweeping catastrophe, not particular to Somerset, but causing in Somerset a great deal of difficulty and many serious problems, requiring generous and sympathetic handling. As a result of this, it has been necessary to open up residential nurseries with a considerable total of cots, together with a hostel for mothers and babies. Even with all these provisions, we struggle all the time to meet the demands that come to us. Our resources still remain inadequate for our needs.

All this may be reckoned as part of the war and the circumstances which were peculiar to this war, but this does not detract from the gravity of the issues. It is not for me officially to probe into matters which do not strictly concern me, but, at least, I may be permitted to say that we who deal with this work are appalled at the decline in moral standards, and we are dismayed to find, only too frequently, the complete absence of any sense of personal responsibility. Many of the young women are tough and callous, and even with all the allowances that the peculiar times of to-day demand, we are left with the uneasy feeling that all is certainly not well and much may indeed be quite rotten. The tragedy of the present situation is the inevitable repercussions which must be the lot of these infants for all the years of their childhood and adolescence. It is well to appreciate that while the surge of births may well be over, yet the

resuls in these unfortunate infants will be with you and a charge upon you for many years. In the main, these children will require to look to the community for safe custody and care for many years ahead. At the moment, we struggle desperately to meet the day to day needs of the situation; there is also required a long-term policy to meet this new and very grave responsibility.

During these war years, perhaps the most continuous of many nightmares to myself and to the staff has been the shortage of nurses, helpers, and domestics. It has been a continuous and unceasing struggle to keep all these many and varied units going and to maintain them in a moderate spirit of happiness and contentment. It has been a great ordeal and we have been in many tight and seemingly hopeless corners, only to escape by luck and hard endeavour. I cannot speak too highly of the administrative staff who so ably dealt with these affairs; their job was indeed one fit to break the spirit of the strongest, but it was done, and the work went on.

And so with the end of the war the Department, although somewhat weary and hardly so tranquil as in days gone by, was still an efficient working force, thanks largely to the loyalty, efficiency and devotion of the staff.

And now we can view, as best we may, the post-war period.

This is not easy, for foundations of any stability are certainly few, and, even when they are felt beneath one's feet, somebody or other has a wretched habit of dislodging them. There is, therefore, upon us a period of transition, a difficult period of uncertainty, and yet so many things call out for action. We so very badly want a firm post-war policy to gather us together again and to start us on new endeavours. We may say that we are faced first, with plans, and second, with certain facts. The latter being the most cheerful, and, in any case being accomplished, perhaps we may deal with them now.

War, with all its calamities and its profound wastage, has produced in some instances, and advanced in other instances, new discoveries and new ideas in medical scientific knowledge. All this must be of direct and far-reaching benefit to mankind; and it is only a beginning.

It is not possible to catalogue here all these great strides forward in medical and surgical knowledge, and, in any case, some of them have not yet been fully revealed, but, even at random, here are a few of the things which illustrate my meaning; the discovery of penicillin, the development of the popularly called M. and B. drugs, the prevention and control of diseases spread by pests, the prevention of many diseases by immunisation (and note the vast scheme now in force for the protection of children of all ages against the deadly diphtheria), the new and modern treatment of burns, the almost miraculous progress in plastic surgery, in neuro-surgery of the brain, spinal cord and nervous system, and in surgery of the chest and lungs, and lastly, the great progress in dealing with diseases of the mind and their prevention by early diagnostic and treatment measures. This inadequate list, which simply gives illustrative examples and is not intended in any sense to be complete, must in itself indicate the great possibilities of the future. Here we have magnificent accomplishment, and many fields are open, wide open, to further developments. In the war, by reason of our dire necessity, science, including medical science, received an impetus and an assistance which never before had been forthcoming. If our national conscience, and particularly the controllers of our finances, appreciate the position as well in peace as in war and make possible economic and sound research, then we may well stand on the very threshold of great achievements in the many fields of medical science. It is greatly to be hoped that, in peace, we may make possible these many things which will confer such vast benefits on mankind and all its trials and sufferings. Here, surely, is something in which I hope Somerset will play its part by throwing the weight of the County's opinion towards these ends.

In all this fine array of progress, and potential progress, there still remains, so piteously unaltered, the scourge of cancer. It is true that, in certain aspects, cancer has lost something of its deadly attack, but, in those parts of the body where the disease can neither be seen nor

felt, the grievous end results remain unaltered. But here also I feel there is some reason for hope. This is not so much to be found in the schemes undertaken by local authorities for the diagnosis and treatment of cancer; these will be helpful in early diagnosis and early treatment, but, in the main, as at present designed, the force of local authority cancer schemes simply transfers to statutory funds the burden of costs; we are not yet in a position to stimulate research in hospitals, in clinics, and in laboratories, and, surely, in that very research, wide and comprehensive, lies the answer to this vast problem, and I believe the answer may yet come in our time, but only if research is aided and stimulated in the broadest way.

And there remains too the problem of rheumatism, perhaps the greatest of our crippling diseases and the one which causes such widespread havoc in our working efficiency and in our individual happiness. Here again, we, as yet, know of no cure. We may even fail to arrest its progress. Research and clinical investigation together with, in this case, a national scheme for diagnosis and treatment in the hands of experts, is the obvious line of attack. It has been obvious for years, but nothing very much has been done about it. Now surely is the time, and, if progress is gained here, the dividends in health and working capacity will indeed be very great.

In summary, therefore, we have generally many positive advances in diagnosis and treatment; other similar achievements must be near at hand; yet progress must be assisted, and, if this is done, research in its widest sense will undoubtedly provide the solutions. May it be wisely and generously encouraged.

And now a word about Planning. We live in a welter of planning; some of it has taken shape, but the difficulties of to-day (and perhaps of to-morrow too) render it quite immobile; some of it is still being formulated, and some of it, although formulated, appears destined to be cut about and altered drastically before its final re-issue. There are brave plans on every side, and no one of goodwill could reasonably criticise the need for them. It is only to be hoped that planning will not become lost in itself, for undoubtedly there are groups who like planning for planning's sake, without any judgment as to their planning ever becoming a practical scheme. These latter people must be dealt with firmly; if they are not so dealt with, then much-needed improvements may well be held up unnecessarily and uselessly, on the pretence of a plan, which by reason of its expense or highly idealistic outlook, is never likely to become a working proposition. I see a very great danger in this aspect of our affairs; it is already evident in Public Health matters. Postponements are urged and sanctions for necessary work are refused, on the plea that round the corner is a plan which will sweep away all such minor improvements and give a replacement which will "fit" with modern requirements and interlock with similar projects perhaps in the county, in the region, or even in the country. But can we be sure that the plan "round the corner" is really going to be something which will work, and which will, in fact, and in a reasonable time, be working? If we are not sure of these things, then I can foresee a period of marking time with much loss of efficiency and a good deal of all round irritation and frustration.

I have expressed my doubts; I hope that some, at least, may be groundless, but I have an uneasy feeling about them. If we put these, perhaps, pessimistic views on one side, and if we can have some assurance that things will really happen, then we can support with great confidence some of the new ideas governing medical progress. There is the elaborate Government White Paper on Health Services—there is the medical side of the new Education Act—there are new schemes and provisions which arise from the Ministry of Health, and there are our own not inconsiderable efforts to put our own local medical house in order.

The basic principle of these new schemes is directed towards the improvement, and continuing improvement, of all medical services offered to the public at large. There can be no quarrel with this ideal—it should be more than an ideal—it should be a driving force with practical application as soon as circumstances permit, and as soon as doctors, especially in the consultant branches, become available. The medical profession generally realises that much is

required to improve our medical services in this country; they know it must be done, and the great majority are anxious that it should be done. This does not mean that the medical services in the country are to-day so inefficient or so mercenary that they must be rooted out and discarded. For such a thing is quite wrong, and it is important to realise this, and so work towards results and reach new levels of attainment by evolution rather than revolution. I am not going into the controversial professional issues of the original White Paper; these can be argued more competently in their proper place, and I have no doubt that they will be so argued in due course. It is sufficient, I think, for my purpose in this Note to say that, with proper safeguards, the profession, in its best and majority aspects, is anxious and willing to see improvements for the benefit of the people, but, very naturally and properly, it is not prepared lightly to surrender the independence and tradition of its service on any ground about which it is not fully satisfied.

In other reports I have already advised this Committee on the general proposals as set out in the Government White Paper. I need not go over that ground again, except to say that to a great extent the advice which I gave you became the accepted policy from the viewpoint of County Authorities generally.

And thus we live in a time of uncertainty. It would be well if this can be ended with as little delay as may be possible, and so let us get on to the many things which so badly require our attention.

I close this early glimpse of the post-war period fully confident in the future of medical science, and, perhaps a little less confident of all the grand things that are being planned for us. I repeat the hope that the useful and possible things will not be throttled back and held up by the great things which may be better and more suitable but which will not be practical for years—if in our time at all.

I hope that this Note may be useful as a record of some considerable achievement on the part of your Health Department. I conclude with my gratitude to my Committee for their help and confidence in difficult times. I would like also to pay my tribute to Sir William Savage, who came back so willingly to help Somerset and whose partnership with me was so very firm in its understanding, co-operation and friendship. Finally, these things could not have been done without a loyal and efficient staff; in all grades they gave of their best, but perhaps the real solid assistance which won the day came from the senior members of the clerical staff.

* * * *

This Report was a Special Report written in September, 1945, and presented at that time to the Public Health Committee.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres): 1,028,992.

Population (1945): 438,770.

Live Births:—Total 7,416; Legitimate 6,633; Illegitimate 783; Still births 196.

Deaths:—Total 5,809; Urban 2,809; Rural 3,000.

Rateable value:—£2,784,258 (1945).

Sum represented by a penny rate:—£11,262 (1945-46); £11,357 (1946-47).

Birth rate:—16.90. Illegitimate births, 10.55 per cent.

Death rate:—13.23.

Deaths under 1 year of age:—251. Rate of infantile mortality:—33.9.

The birth rate shows a decrease from last year's figure (18.05) but it still remains higher than in recent years. The percentage of illegitimate births is high and shows an increase over last year's figure (7.84). The normal illegitimate rate for Somerset was between 3 and 4 per cent., and so the present percentage is treble the usual rate.

The death rate (13.23) is slightly higher than for the previous year (12.78). It is again satisfactory to record that the rate of infantile mortality is only 33.9, a fall from 37.1 last year, and this year's figure is only a shade higher than the remarkably low rate of 32.85 returned in 1942.

The chief causes of death were heart diseases (1,606 deaths), cancer and other forms of malignant disease (867 deaths), bronchitis and pneumonia (459 deaths), and tuberculosis (187 deaths).

The essential statistical returns covering births, infantile mortality, and deaths are given in the following Tables from I to V.

TABLE 1.

Causes of, and Ages at Death during the Year 1945.

CAUSES OF DEATH.	NETT DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT						
	All ages.	Under 1 year.	1 and under 5 years	5 and under 15 years	15 and under 45 years	45 and under 65 years	65 and upwards.
Typhoid and paratyphoid fevers	0	0	0	0	0	0	0
Cerebro spinal fever	2	0	0	1	0	1	0
Scarlet fever	0	0	0	0	0	0	0
Whooping cough	17	9	7	1	0	0	0
Diphtheria	1	0	0	1	0	0	0
Tuberculosis of respir. system..	158	0	0	3	80	58	17
Other forms of tuberculosis ...	29	4	2	8	10	3	2
Syphilitic diseases	20	2	0	0	1	7	10
Influenza	29	0	1	0	0	8	20
Measles	5	0	3	0	1	0	1
Acute poliomyelitis and polio-encephalitis	2	0	0	0	1	0	1
Acute inf. encephalitis ...	6	0	0	0	1	3	2
Cancer of buc. cavity & œsoph. (M), uterus (F)	77	0	0	0	4	30	43
Cancer of stomach & duodenum	179	0	0	0	3	51	125
Cancer of breast	101	0	0	0	5	39	57
Cancer of all other sites ...	510	0	0	0	42	161	307
Diabetes	53	0	0	0	2	16	35
Intra-cranial vascular lesions ...	713	0	1	0	8	140	564
Heart disease	1606	0	0	2	42	281	1281
Other diseases of circ. system...	184	0	0	0	2	26	156
Bronchitis	290	15	2	0	4	51	218
Pneumonia	169	18	12	2	8	36	93
Other respiratory disease ...	90	2	1	1	11	31	44
Ulcer of stomach or duodenum	70	0	0	0	7	39	24
Diarrhœa, under 2 years ...	19	16	3	0	0	0	0
Appendicitis	19	0	0	3	4	4	8
Other digestive diseases ...	147	4	2	1	10	41	89
Nephritis	227	0	3	2	16	55	151
Puerperal and post-abort. sepsis	3	0	0	0	3	0	0
Other maternal causes ...	11	0	0	0	10	1	0
Premature birth	74	74	0	0	0	0	0
Congenital malformations, birth injuries, infantile diseases ...	105	84	3	7	7	2	2
Suicide	31	0	0	0	4	19	8
Road traffic accidents	46	0	4	3	15	15	9
Other violent causes	115	11	3	9	18	26	48
All other causes	701	12	10	12	36	116	515
All causes	5809	251	57	56	355	1260	3830

TABLE II.

Causes of Death at all Ages in each District during the Year 1945.

RURAL DISTRICTS.

CAUSES OF DEATH.	Axbridge.	Bathavon.	Bridgwater.	Chard.	Clutton.	Dulverton.	Frome.	Langport.	Long Ashton.	Shepton Mallet.	Taunton.	Wellington.	Wells.	Williton.	Wincanton.	Yeovil.	Total Rural Districts.
Typhoid and paratyphoid fevers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cerebro spinal fever	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Scarlet fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Whooping cough	1	1	1	0	1	0	1	0	0	0	0	3	0	0	0	0	8
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis of respir. system..	6	8	6	2	3	3	4	6	3	4	6	3	4	3	8	6	75
Other forms of tuberculosis ...	2	1	0	1	0	0	0	0	1	0	3	0	2	1	2	1	14
Syphilitic diseases	1	2	0	0	0	0	2	1	2	1	0	0	0	1	1	4	15
Influenza	1	1	1	1	1	0	2	0	0	2	2	0	2	0	2	0	15
Measles	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	3
Acute poliomyelitis and polio-encephalitis	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Acute inf. encephalitis ...	0	2	0	0	2	0	0	0	0	0	0	1	0	0	0	0	5
Cancer of buc. cavity & œsoph. (M), uterus (F)	4	4	3	0	3	0	2	4	3	5	3	1	2	4	5	1	44
Cancer of stomach & duodenum	8	8	3	3	8	2	2	2	8	1	9	3	3	5	8	7	80
Cancer of breast	3	5	3	5	3	0	1	3	6	3	3	1	6	4	1	5	52
Cancer of all other sites ...	33	23	20	16	14	11	9	15	27	9	23	7	3	19	21	14	264
Diabetes	1	1	5	0	1	1	3	1	2	0	4	2	0	1	4	3	29
Intra-cranial vascular lesions ...	35	23	33	19	27	7	9	16	46	13	22	14	11	30	31	31	367
Heart disease	118	60	52	45	62	16	31	64	86	47	59	18	35	39	54	52	838
Other diseases of circ. system...	4	2	3	3	7	4	4	7	10	3	7	6	6	3	9	15	93
Bronchitis	9	8	11	13	14	2	6	11	8	7	14	8	3	9	3	6	132
Pneumonia	8	9	9	6	6	0	2	7	7	1	5	3	0	2	10	6	81
Other respiratory disease ...	1	5	3	2	5	1	1	3	5	1	5	1	5	2	2	2	44
Ulcer of stomach or duodenum	2	1	3	3	3	1	3	1	10	4	3	0	2	1	4	2	43
Diarrhœa, under 2 years ...	1	4	1	0	0	1	0	1	1	0	0	0	0	1	0	0	10
Appendicitis	0	2	0	0	0	0	0	0	2	1	1	0	1	0	2	2	11
Other digestive diseases ...	9	10	8	3	3	2	1	7	12	4	6	3	1	2	6	8	85
Nephritis	9	11	9	8	6	3	6	5	10	6	7	5	9	10	7	4	115
Puerperal and post-abort. sepsis	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Other maternal causes ...	0	0	2	0	0	0	0	0	1	0	1	0	0	3	2	0	9
Premature birth	2	5	10	1	3	0	3	2	2	0	2	2	1	0	1	5	39
Congenital malformations, birth injuries, infantile diseases ...	8	6	4	2	7	0	3	0	2	2	8	1	0	5	7	2	57
Suicide	1	2	0	1	0	2	2	3	0	1	2	0	0	2	1	1	18
Road traffic accidents	3	2	2	1	1	0	1	3	2	1	3	0	0	0	3	3	25
Other violent causes	6	4	4	3	4	2	3	3	5	5	4	5	3	5	3	4	63
All other causes	37	27	36	23	18	8	15	18	27	18	21	8	14	22	29	40	361
All causes ...	**315**	**239**	**233**	**161**	**203**	**66**	**117**	**183**	**288**	**139**	**223**	**95**	**113**	**174**	**227**	**224**	**3000**

TABLE III.

Causes of Death at all Ages in each District during the Year 1945.

URBAN DISTRICTS.

CAUSES OF DEATH.	Bridgwater.	Burnham.	Chard.	Clevedon.	Crewkerne.	Frome.	Glastonbury.	Ilminster.	Keynsham	Minehead.	Norton-Radstock.	Portishead.	Shepton Mallet.	Street.	Taunton.	Watchet.	Wellington.	Wells.	Weston-super-Mare.	Yeovil.	Total Urban Districts.	County Total.
Typhoid and paratyphoid fevers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cerebro spinal fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Scarlet fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Whooping cough	0	0	0	0	0	2	0	0	0	2	0	0	0	0	2	0	1	0	1	1	9	17
Diphtheria	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Tuberculosis of respir. system..	11	2	0	6	0	6	0	3	3	3	0	2	1	0	12	0	3	3	14	14	83	158
Other forms of tuberculosis ...	6	1	1	0	0	2	1	1	0	0	0	0	0	0	0	0	1	0	2	0	15	29
Syphilitic diseases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	1	2	5	20
Influenza	0	2	0	0	0	2	1	0	0	2	1	0	2	0	1	1	0	0	1	1	14	29
Measles	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	2	5
Acute poliomyelitis and polio-encephalitis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Acute inf. encephalitis ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	6
Cancer of buc. cavity & œsoph. (M), uterus (F)	3	4	0	2	2	2	0	1	3	1	3	2	3	0	2	0	0	0	4	1	33	77
Cancer of stomach & duodenum	5	11	2	2	3	6	1	1	3	1	10	1	3	3	12	0	9	2	16	8	99	179
Cancer of breast	4	2	1	4	0	2	0	3	3	1	2	1	2	1	9	0	1	2	7	4	49	101
Cancer of all other sites ...	17	13	4	20	2	17	3	3	5	9	15	4	6	5	30	3	11	10	55	14	246	510
Diabetes	2	2	0	1	1	0	1	1	0	2	0	1	0	1	4	0	1	0	5	2	24	53
Intra-cranial vascular lesions ...	42	15	7	22	5	9	5	3	14	12	13	4	7	4	55	8	12	8	79	22	346	713
Heart disease	75	34	13	43	13	39	15	11	19	38	35	13	16	28	89	10	22	18	184	53	768	1606
Other diseases of circ. system...	7	3	4	5	2	3	4	0	1	1	4	0	1	3	12	0	8	2	12	19	91	184
Bronchitis	13	4	4	4	3	10	1	3	9	3	7	5	3	1	25	2	6	4	32	19	158	290
Pneumonia	6	4	1	1	2	7	0	1	0	5	6	2	0	0	13	0	4	6	24	6	88	169
Other respiratory disease ...	6	2	0	2	0	3	0	0	0	5	5	2	0	0	6	0	3	1	4	7	46	90
Ulcer of stomach or duodenum	3	2	1	0	0	0	0	0	0	4	2	0	0	0	5	0	1	0	7	2	27	70
Diarrhœa, under 2 years ...	0	0	0	0	0	0	2	0	1	0	0	0	1	0	3	0	0	0	1	1	9	19
Appendicitis	0	0	1	1	0	0	1	0	1	0	0	0	0	2	1	0	0	0	1	0	8	19
Other digestive diseases ...	4	2	2	3	1	1	1	0	2	0	0	0	1	2	7	0	6	0	18	12	62	147
Nephritis	7	4	1	15	0	4	6	0	6	0	8	3	1	6	16	1	3	4	22	5	112	227
Puerperal and post-abort. sepsis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	3
Other maternal causes ...	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	2	11
Premature birth	2	2	0	0	1	1	0	0	0	1	1	0	0	0	9	1	0	1	10	6	35	74
Congenital malformations, birth injuries, infantile diseases ...	7	2	1	2	0	0	1	0	5	2	1	0	1	2	7	1	0	1	6	9	48	105
Suicide	0	0	0	0	0	1	0	0	0	2	1	0	2	0	1	0	0	0	4	2	13	31
Road traffic accidents	2	3	1	4	1	0	0	0	0	0	1	0	1	0	3	0	2	0	1	2	21	46
Other violent causes	6	5	0	3	1	7	1	0	0	2	4	1	1	0	6	1	2	1	7	4	52	115
All other causes	32	22	10	28	13	21	4	2	15	12	9	5	11	4	23	10	8	7	74	25	340	701
All causes — —	261	141	54	168	50	145	48	33	90	109	129	46	63	63	361	38	104	71	593	242	2809	5809

TABLE IV.

Table showing, for each Rural District, the number of Births and Deaths, the number of Deaths of Infants, also the Birth Rate, Death Rate, and Rate of Infantile Mortality.

RURAL DISTRICTS.	Area. Acres.	Births.	Deaths.	Deaths under 1 year.	Population.	Birth Rate.	Death Rate.	Infantile Mortality Rate.
Axbridge	90,551	359	315	9	23,990	14.96	13.13	25.1
Bathavon	42,106	362	239	18	19,770	18.31	12.09	49.7
Bridgwater	86,769	348	233	19	18,770	18.55	12.42	54.6
Chard	54,600	223	161	3	11,690	19.06	13.77	13.5
Clutton	42,641	324	203	10	16,790	19.30	12.09	30.9
Dulverton	78,980	70	66	1	4,510	15.52	14.63	14.3
Frome	51,933	201	117	8	10,440	19.25	11.20	39.8
Langport	59,407	205	183	2	12,290	16.68	14.89	9.8
Long Ashton	46,515	334	288	6	22,430	14.89	12.84	18.0
Shepton Mallet	47,777	161	139	4	10,130	15.90	13.70	24.9
Taunton	70,682	248	223	14	17,740	13.98	12.57	56.4
Wellington	37,911	113	95	7	7,627	14.81	12.46	61.9
Wells	57,175	150	113	1	9,823	15.27	11.50	6.7
Williton	97,364	181	174	6	11,770	12.22	11.74	33.2
Wincanton	64,540	260	227	13	16,300	15.95	13.93	49.9
Yeovil	53,495	335	224	10	18,230	18.38	12.00	29.9
Totals of Rural Districts	982,446	3,874	3,000	131	232,300	16.67	12.91	26.9

TABLE V.

Table showing, for each Urban District, the number of Births and Deaths, the number of Deaths of Infants, also the Birth Rate, Death Rate, and Rate of Infantile Mortality.

URBAN DISTRICTS.	Area. Acres.	Births.	Deaths.	Deaths under 1 year.	Population.	Birth Rate.	Death Rate.	Infantile Mortality Rate.
Bridgwater	1,677	399	261	15	19,620	20.33	13.30	37.6
Burnham	2,246	152	141	3	7,907	19.23	17.83	19.7
Chard	1,030	78	54	2	4,757	16.40	11.35	25.6
Clevedon	3,296	121	168	2	9,193	13.16	18.28	16.5
Crewkerne	1,291	48	50	2	3,682	13.05	13.58	54.3
Frome	1,194	186	145	6	10,920	17.04	13.28	32.3
Glastonbury	5,019	89	48	4	4,613	19.30	10.40	44.9
Ilminster	531	45	33	0	2,486	18.09	13.27	0.0
Keynsham	4,170	102	90	5	6,932	14.72	12.98	49.0
Minehead	2,816	86	109	5	7,171	11.99	15.20	58.2
Norton-Radstock	3,370	170	129	3	11,370	14.95	11.34	17.6
Portishead	911	58	46	1	3,833	15.13	12.00	17.2
Shepton Mallet	2,278	91	63	2	4,826	18.86	13.05	22.0
Street	3,069	74	63	2	4,917	15.05	12.81	27.0
Taunton	2,428	547	361	22	30,060	18.20	12.00	40.2
Watchet	493	38	38	2	2,230	17.04	17.04	52.6
Wellington	2,211	117	104	1	6,934	16.88	15.00	8.5
Wells	1,336	97	71	2	5,659	17.14	12.55	20.6
Weston-s.-Mare	4,923	618	593	19	37,470	16.49	15.82	30.7
Yeovil	2,257	426	242	22	21,890	19.45	11.05	51.6
Totals of Urban Districts	46,546	3,542	2,809	120	206,470	17.15	13.54	33.9
Administrative County	1,028,992	7,416	5,809	251	438,770	16.90	13.23	33.9
England and Wales, 1945	—	—	—	—	—	16.10	11.40	46.0

Mental Treatment Act, 1930.

The clinics are held regularly at the following centres:—

Name of Clinic.	Started.	Medical Officer.	No. of Sessions.	New cases seen.	Average attendance per Session.
Taunton and Somerset Hospital	April, 1931	Dr. K. C. Bailey ...	47	88	15.8
Weston-super-Mare Hospital	Dec., 1932	Dr. J. McGarvey ...	23	37	5.0
Yeovil and District Hospital	Nov., 1945	Dr. K. C. Bailey ...	4	7	2.0
Bridgwater Health Centre	May, 1938	Dr. K. C. Bailey ...	20	9	2.0

This Table shows some expansion in this work; it is to be hoped that this trend will be continued.

Blind Persons Acts, 1920 and 1938.

The general work under these Acts is carried out by the Somerset Blind Association on behalf of, and with a grant from, the County Council. This Association also deals with necessitous Blind and their dependents. Six Home Teachers were employed by the County Blind Association during 1945. There are 21 Home Workers under the supervision of the Bristol Royal Blind Asylum Workshops. At the end of 1945 there were 900 persons in the County registered as blind, compared with 885 at the end of 1944. Certification by a medical practitioner with special experience in ophthalmology is required before registration. Where possible we make use of the County Oculist, Dr. I. B. Georgeson, for certification purposes and during 1945 he examined 37 cases, 26 of whom were admitted to the register.

Prevalence and Control over Infectious and other Diseases.

Generally, the Isolation Hospital beds which were available were the same as for the previous year. The cases of notifiable diseases and their distribution are set out in table VI.

The hospital accommodation was found to be adequate for the needs. Staffing difficulties in various hospitals were acute, and this matter gives continual anxiety.

With regard to the individual diseases, the number of cases of diphtheria (79) remains low. It is clear that diphtheria immunisation is now on a scale considerable enough to have an effect on the prevalence of the disease. Scarlet fever showed a considerable prevalence with 518 notified cases and the factor of importance here is that not a single death was recorded from this cause. Whooping cough showed moderate prevalence with 825 cases and with, unfortunately, 17 deaths. During the year measles increased to 6,263 cases against 1,320 in the previous year. Enteric diseases were fewer in number this year; dysentery, however, showed a somewhat sharp increase on the previous year's figure.

Cancer. The County Council Scheme for which approval has been obtained continues to work as set out in the report for 1944. This, however, is a limited scheme, and, owing to local difficulties, it has not been possible to bring about all the suggestions made in the original draft arrangements. It is hoped, however, that these matters will be adjusted in the near future and that a fully working scheme may be in operation.

The co-ordinating machinery embracing our neighbouring local authorities and the Bristol Royal Hospital continues to operate but progress remains slow.

In the present year, the number of in-patients treated under this scheme in Somerset was 279 while the number of out-patients was 322; the cost was approximately £5,200.

Finally, it is clear that, when it is practical, sub-treatment centres should be established at points in Somerset, and among these must certainly be Taunton. The present long travelling distances impose a great hardship on the patients, and this point requires a great deal of attention when the new arrangements are devised in the future.

NOTIFICATION OF INFECTIOUS DISEASES.

TABLE VI.

	Measles.	Scarlet Fever.	Diphtheria.	Enteric and Paratyphoid Fevers.	Puerperal Pyrexia.	Ophthalmia Neonatorum.	Cerebro-spinal Meningitis.	Dysentery.	Whooping Cough.	Pneumonia.	Acute Poliomyelitis.	Encephalitis Lethargica.
URBAN												
Bridgwater	83	35	7	0	11	9	2	2	52	7	1	0
Burnham	59	17	0	0	1	0	0	1	10	5	1	0
Chard	15	1	0	0	2	7	0	0	0	5	0	0
Clevedon	219	1	0	0	0	0	2	1	50	14	0	0
Crewkerne	30	1	0	0	3	0	0	0	0	1	0	0
Frome	410	21	0	0	2	0	0	1	4	2	1	0
Glastonbury	81	6	0	0	0	0	0	0	2	0	0	0
Ilminster	10	11	0	0	0	0	1	1	1	3	0	0
Keynsham	105	1	0	0	3	0	0	15	10	4	0	0
Minehead	75	3	1	0	1	0	1	0	5	0	1	0
Norton-Radstock	257	8	0	0	0	0	0	0	18	10	0	0
Portishead	6	3	3	0	0	1	0	0	8	0	0	0
Shepton Mallet	44	15	0	1	0	0	0	0	4	5	0	0
Street	244	10	0	0	0	0	0	0	10	6	0	0
Taunton	549	34	5	0	20	3	1	10	48	8	2	0
Watchet	3	1	0	0	0	0	0	0	0	0	0	0
Wellington	17	14	0	0	1	0	0	13	16	0	0	0
Wells	60	3	2	0	1	0	0	20	2	0	0	0
Weston-super-Mare	782	38	2	0	2	3	1	15	127	36	1	0
Yeovil	167	13	0	0	6	3	0	0	18	13	0	0
RURAL												
Axbridge	432	48	6	0	1	0	2	6	31	22	0	0
Bathavon	325	25	3	0	1	0	1	13	21	1	0	0
Bridgwater	104	17	4	0	2	0	2	2	18	6	3	0
Chard	89	9	2	0	5	0	1	0	4	6	0	0
Clutton	328	20	4	0	0	0	0	0	91	10	0	0
Dulverton	84	1	5	0	0	0	0	0	36	11	0	0
Frome	161	14	1	0	1	1	1	1	6	2	0	0
Langport	206	9	0	0	2	0	0	0	25	4	0	0
Long Ashton	352	16	6	1	1	0	1	3	59	13	0	0
Shepton Mallet	92	10	7	0	2	0	1	0	14	1	0	0
Taunton	148	20	3	0	1	2	0	40	16	9	2	0
Wellington	101	3	1	0	1	0	0	2	38	0	1	0
Wells	76	8	1	2	0	0	0	2	0	2	0	0
Williton	133	5	0	1	0	0	0	0	4	3	1	0
Wincanton	231	8	2	0	1	1	1	10	49	6	1	0
Yeovil	185	69	14	0	5	1	1	3	28	11	1	0
Urban Districts	3216	236	20	1	53	26	8	79	385	119	7	0
Rural Districts	3047	282	59	4	23	5	11	82	440	107	9	0
Administrative County	6263	518	79	5	76	31	19	161	825	226	16	0

VENEREAL DISEASES.

The attendances of Somerset cases at the various clinics for the past three years have been as follows:—

Clinic.	New Cases.				Attendances.			
	1943	1944	1945	Increase or decrease during 1945.	1943	1944	1945	Increase or decrease during 1945.
Bath	79 (48)	50 (29)	46 (33)	− 4	664	930	836	− 94
Bristol	92 (45)	92 (58)	120 (75)	+28	1,001	1,132	775	−357
Taunton	92 (37)	75 (44)	80 (55)	+ 5	1,337	1,427	1,263	−164
Yeovil	141 (80)	139 (81)	137 (79)	− 2	998	953	831	−122
Bridgwater ...	143 (80)	146(106)	109 (67)	−37	1,049	1,078	1,163	+ 85
Frome	67 (30)	59 (28)	28 (17)	−31	550	358	194	−164
Minehead	22 (16)	26 (19)	15 (14)	−11	178	179	139	− 40
Weston-super-Mare	83 (63)	111 (75)	158(115)	+47	1,303	1,699	1,631	− 68
All Clinics	719(399)	698(440)	693(455)	− 5	7,080	7,756	6,832	−924

The table distinguishes between the cases which are definitely venereal and those non-venereal who attended for investigation and diagnosis, the second group figures being in brackets. It will be seen that the figures show a decrease in cases and attendances. In addition 123 military cases were treated.

During the year the following examinations were made:—

Samples.	For Clinics and Hospitals.	For Medical Practitioners.	Total.
Wasserman ...	893	930	1,823
Gonococcus ...	0	18	18
Spirochetes ...	0	0	0
Fixation and other tests ...	356	55	411
	1,249	1,003	2,252

TUBERCULOSIS.

Year.	Phthisis Death rates.			Other Tuberculous Diseases			Tuberculosis Death-rate.	Deaths in a population of 406,000.	
	Rural.	Urban.	County.	Rural.	Urban.	County.	County.	Phthisis.	All Tuberculosis
1945	0.32	0.40	0.36	0.06	0.07	0.06	0.426	141	173

TABLE VII.

New cases of tuberculosis and deaths from the disease in the County during 1945.

Age Periods.	New cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M	F.	M.	F.	M.	F.	M.	F.
0—1	0	0	2	2	0	0	2	2
1—5	1	0	4	6	0	0	2	0
5—10	5	3	12	12	0	3	3	5
10—15	14	9	4	5				
15—20	23	35	4	9	41	39	7	3
20—25	39	36	4	8				
25—35	82	61	3	5				
35—45	59	31	4	4				
45—55	46	23	2	3	39	19	1	2
55—65	24	9	1	0				
65 and upwards	15	4	1	1	12	5	0	2
Totals	308	211	41	55	2	66	15	14

This table shows there were 7 more pulmonary but 34 fewer non-pulmonary notifications than in the previous year. There were 29 less pulmonary and 19 fewer non-pulmonary deaths. The tuberculosis death rate was lower, *i.e.*, 0.426 for 1945 than for 1944 which was 0.516.

TABLE VIII.

Tuberculosis Notifications and Deaths.

URBAN DISTRICTS.	Primary cases notified.		Deaths during the year from Pulmonary Tuberculosis.	Deaths during the year from other varieties of Tuberculosis.	RURAL DISTRICTS.	Primary cases notified.		Deaths during the year from Pulmonary Tuberculosis.	Deaths during the year from other varieties of Tuberculosis.
	Pulm.	Non-Pulm.				Pulm.	Non-Pulm.		
Bridgwater	32	5	11	6	Axbridge	26	2	6	2
Burnham	17	4	2	1	Bathavon	27	3	8	1
Chard	8	0	0	1	Bridgwater	29	3	6	0
Clevedon	15	5	6	0	Chard	9	0	2	1
Crewkerne	2	0	0	0	Clutton	13	1	3	0
Frome	8	6	6	2	Dulverton	2	2	3	0
Glastonbury	4	0	0	1	Frome	2	2	4	0
Ilminster	2	0	3	1	Langport	16	2	6	0
Keynsham	5	3	3	0	Long Ashton	18	3	3	1
Minehead	19	5	3	0	Shepton Mallet	13	1	4	0
Norton-Radstock	14	3	0	0	Taunton	14	8	6	3
Portishead	7	0	2	0	Wellington	3	2	3	0
Shepton Mallet	6	3	1	0	Wells	7	2	4	2
Street	2	2	0	0	Williton	51	3	3	1
Taunton	43	3	12	0	Wincanton	11	4	8	2
Watchet	3	1	0	0	Yeovil	19	2	6	1
Wellington	11	2	3	1					
Wells	3	1	3	0					
Weston-s-Mare	37	6	14	2					
Yeovil	21	7	14	0					
Totals	259	56	83	15	Totals	260	40	75	14

TABLE IX.

Admissions to Sanatoria during 1945.

Sanatorium.	Men.	Women.	Children.	Total.
Quantock	86	64	3	153
Chard	13	56	0	69
Taunton	22	16	1	39
Wincanton	22	0	0	22
Compton Bishop	0	0	40	40
Bath Orthopædic Hospital ...	2	5	3	10
Other non-county beds ...	20	7	4	31
	165	148	51	364

TABLE X.

Cases treated through the County Dispensaries.

Dispensary.	Persons treated at Dispensaries during 1945.		Under treatment at Dispensaries December 31st, 1945.		Total Dispensary Attendances 1945.	Total Persons examined 1945.
	Insured.	Uninsured.	Insured.	Uninsured.		
Bath (County) ...	22	34	4	7	417	147
Bridgwater	400	390	40	42	2,172	790
Bristol	14	25	6	9	434	186
Chard	22	26	15	15	454	135
Clevedon	58	43	7	15	619	215
Frome	4	26	0	0	144	51
Glastonbury	7	19	0	2	206	112
Minehead	136	84	7	3	1,056	445
Portishead	0	0	0	0	0	0
Radstock	55	36	39	27	312	312
Shepton Mallet ...	11	5	5	2	142	68
Taunton	273	372	217	111	1,967	678
Weston-super-Mare ...	73	79	19	20	1,186	422
Wincanton	5	11	0	0	65	45
Yeovil	18	41	3	23	691	351
	1,098	1,191	362	276	9,865	3,957
	2,289		638			

Quantock Summer Camp. The Camp was not held this year.

Tuberculosis Allowances Scheme. Up to the end of the year 351 cases have been accepted since the adoption of the Scheme in Somerset on 4th July, 1943. Payment of allowance has ceased, however, in 232 of these cases owing to return to work and for other reasons.

Tuberculosis Officer's Clinical Report for 1945.

Dr. Short, County Tuberculosis Officer, has written the following report:—

The outstanding feature of the work in 1945 has been the fact that while the number of new cases of Pulmonary Tuberculosis seen for the first time has again risen (14 more than in 1944), the number of those who were recognised before the sputum had become T.B.+ had also risen by 33. This is very encouraging from both a preventive and a treatment standpoint, as nearly all the cases taken in hand at this stage (254) should recover without ever being a source of danger to the public.

The cases of non-Pulmonary Tuberculosis first seen decreased by 23, another welcome sign, the decrease being chiefly in cases of T.B. Glands and Peritonitis—both largely influenced by a safe milk supply.

On the other hand, the number of patients referred to your Tuberculosis Officers for expert diagnosis in 1945 rose to a new record of 2,509, being 324 more than in 1944, and many of these had to be kept under careful observation for months before a conclusion could be reached so that the Dispensaries were often crowded beyond capacity. A consequence of this is seen in the marked increase in X-Ray films taken and reported on.

Every possible sanatorium bed has been seized and used, both in your own institutions and outside, but there is still a serious delay in getting patients fixed up, and some have to be refused altogether who ought to have a course of treatment.

The only new line of treatment adopted during the year was Pneumo-Peritoneum. Only a few cases are suitable for this treatment, but it has proved helpful and will probably increase.

The expansion of Occupational Therapy at Quantock, Chard and Compton Bishop Sanatoria is a most useful advance and should be further developed.

I should like to express my thanks to the Staff and to the members of the Voluntary Care Committees, whose continued help has been invaluable.

Sanatorium or hospital treatment was given to 364 cases. In addition, many open-air shelters were provided, those in actual use on December 31st, 1945, being 31, which is the number of shelters available. Milk, for a period of six or eight weeks was provided in 35 cases, dental treatment for 11 cases, X-ray examinations for 1,604.

Treatment by the use of artificial pneumothorax has been continued and the cases dealt with are shewn in the following table:—

	At Dispensary or home of patient.	At Institutions.	Total.
Primary inductions	0	42	42
Refills	575	1,883	2,458

The new cases seen numbered 2,509, and were classified as follows:—

PULMONARY TUBERCULOSIS.	T.B. Negative	254		
	T.B. Positive Stage 1 ...	14		
	T.B. Positive Stage 2 ...	119		
	T.B. Positive Stage 3 ...	39		
			—	426
NON-PULMONARY TUBERCULOSIS.	Bones and Joints ...	19		
	Abdominal	10		
	Other Organs ...	4		
	Peripheral Glands ...	25		
			—	58
Not Tuberculous				1,944
Diagnosis not completed on 31st December, 1945 ...				81
				2,509

Quantock Sanatorium. The Medical Superintendent, Dr. V. C. Martyn, has furnished the following report:—

The Sanatorium has been open for the reception of 111 cases (66 males and 45 females) throughout the year. During this time 153 cases have been admitted, of whom 87 were males and 66 females. 154 patients were discharged, 89 males and 65 females. One of these cases was not tuberculous. There were also 3 deaths. The average stay for male patients was 254 days and for female patients 225 days. This is an average of 35 weeks for each patient.

Artificial pneumothorax treatment was carried out in all suitable cases. There were 30 inductions, 1,191 refills for in-patients and 109 for out-patients.

X-ray. 487 films were taken and 812 cases were screened.

6 cases were operated on for Phrenic Evulsion at Minehead Hospital. 5 cases received Sanocrysin treatment. There were 2 aspirations and replacements by air.

The Sanatorium now has facilities for training nurses for the Certificate of the Tuberculosis Association. During the year, eight nurses entered for Part I of the certificate and seven passed, and one entered for Part II and passed with honours.

RESULTS OF TREATMENT.

Weights.

Increase in weights in Kilos. (1 Kilo. = 2.2 lbs.)

	Less than 6.	*6—12.*	*12 and over.*	*Total.*
Males ...	53	10	9	72
Females ...	22	19	8	49

The average gain in weight of
- 121 patients weighed on discharge = 6.07 kilos.
- 72 male patients weighed on discharge = 5.62 ,,
- 49 female patients weighed on discharge = 6.74 ,,

The average loss in weight of 29 patients weighed on discharge = 2.44 ,,

7 patients were not weighed on discharge, including 3 who died.

Working capacity of patients on admission and discharge.

	Full Working Capacity.		*Fit for light work.*		*Unfit for work.*	
	Admission.	Discharge.	Admission.	Discharge.	Admission.	Discharge.
Males ...	0	20	0	20	90	50
Females ...	0	15	0	11	67	41

On admission all patients were unfit for any work. On discharge 22.59 per cent. of all patients were fit for full work; 19.75 per cent. for light work; and 57.96 per cent. were unfit for work.

Classification on admission of patients discharged during 1945.

					Tubercle Bacilli.			
					Positive.		Negative.	
Classification.	M.	F.	Total.	%	M.	F.	M.	F.
Early	37	29	66	42.58	0	1	37	28
Intermediate ...	37	22	59	38.06	25	15	12	7
Advanced	16	14	30	19.36	16	14	0	0

Complications presented by patients were:—Larynx infection, Pleura, Bronchiectasis, Diabetes, Hip, Meningitis, Appendix, Thrombosis, etc.

Chard Sanatorium. During the year the cases admitted were 42 pulmonary cases and 27 non-pulmonary (14 female, 13 male).

From the pulmonary wards there were 37 discharged and 2 deaths, from the female surgical ward 11 discharged; and from the male surgical ward 8 discharged.

X-ray: 230 films were taken and 592 screenings made. Collapse treatment was again used. 11 inductions and 522 refills for artificial pneumo-thorax, and 1 induction and 30 refills for pneumo-peritoneum were done during the year. One patient had a very successful complete thoracoplasty at Kewstoke E.M.S. Hospital.

Compton Bishop Children's Home. During the year 24 boys and 16 girls were admitted, and of these 17 boys and 10 girls were under 10 years of age. The average stay for "definite" (notified) cases was 40 weeks, and for observation cases 33 weeks. The discharges numbered 36, 19 boys and 17 girls, who will be kept under regular supervision at the County Clinics.

TABLE XI.

Quantock Sanatorium.

Duration of Treatment and Condition on Discharge.

		Under 3 months.			3—6 months.			6–12 months.			More than 12 months.			Totals.			Grand Totals
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Class TB Minus.	Quiescent	1	2	0	7	3	0	23	21	1	0	0	0	31	26	1	58
	Not quiescent	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1
	Died in Institution	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Class TB + Group 1.	Quiescent	0	0	0	0	0	0	4	3	0	1	0	0	5	3	0	8
	Not quiescent	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Died in Institution	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Class TB + Group 2.	Quiescent	0	0	0	0	1	0	11	5	0	2	3	0	13	9	0	22
	Not quiescent	4	2	0	2	4	0	14	4	0	5	3	0	25	13	0	38
	Died in Institution	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Class TB + Group 3.	Quiescent	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1
	Not quiescent	3	3	0	3	1	0	7	5	0	2	1	0	15	10	0	25
	Died in Institution	0	0	0	0	0	0	0	3	0	0	0	0	0	3	0	3

In 44 out of 89 men discharged the disease was quiescent = 49.44 per cent. In 38 out of 65 women discharged the disease was quiescent = 58.46 per cent. 3 cases, who had been admitted for observation, were discharged as tuberculous and are included in the above figures. No cases who were at the Sanatorium less than 28 days have been included in the above figures.

MATERNITY AND CHILD WELFARE.

The Midwifery Service. 368 certified midwives notified their intention to practise during the year, 320 working under Committees and 48 independent.

Out of the 233 midwives who worked under the S.C.N.A., 36 resigned and 9 notified for emergency work only, leaving 188 still at work. Of the 32 who notified under independent Associations 2 resigned, leaving 30 still at work. Of the 48 trained midwives working on their own 14 had no midwifery or maternity cases, which left 34 actually at work. 12 worked only as maternity nurse under a medical man. The percentage of 1945 births in the County attended by the nurses as midwives was 50.9.

Summary for all Midwives during the Year.

Cases attended as midwife	3,876
Cases attended as monthly nurse	2,975
Doctor sent for for mother	1,505
Doctor sent for for child	216
Stillbirths	56
Death of mother	9
Death of child	19

The midwives working under Committees attended 3,083 midwifery and 1,585 maternity cases, those working independently 101 midwifery and 757 maternity cases. The Association midwives showed a decrease of 385 midwifery and 417 maternity cases, the independent midwives an increase of 5 midwifery and 87 maternity cases.

No independent midwife had more than 25 midwifery cases. 12 of these midwives had no midwifery cases but between them attended 372 maternity cases, while 14 had no cases at all. The 31 midwives in the Maternity Units attended 628 cases. Doctors were called in 1,505 times for the mother and 216 for the child; a percentage of 44.4.

Nine deaths of mothers were recorded during the year in which midwives were in attendance as midwives.

Ante-Natal and Post-Natal Work. Under the ante-natal and post-natal scheme the total numbers of Somerset mothers ante-natally examined and of cases post-natally examined were respectively 1,609 and 147, at a total cost to the County estimated at £511. The corresponding figures for evacuee women are 236 and 63, at a cost of £91.

Consultants for Midwifery Scheme. Under the County scheme 77 cases were accepted and dealt with by the consultant officers.

Drs. N. Flower, J. M. McMaster and H. Unwin of Yeovil were added to the County Council's panel of Obstetric Consultants.

Assisted Admissions to Maternity Homes or Hospitals. During the year 383 applications were received for assisted admissions to a maternity home or hospital. The County Council accepted responsibility for 333 of these cases, an increase of 56 over the previous year. The reasons for need of institutional treatment were:—

Ante-partum hæmorrhage	24
Actual or anticipated obstetric difficulty	153
Intercurrent disease	26
Housing or social	31
Toxæmia	72
Abortions	17
Post-natal complications	10
	333

Of the above Somerset women 166 were admitted to Bridgwater and other emergency maternity units for their confinement.

Dental Scheme for Expectant and Nursing Mothers.

This Scheme operates partly through private dental practitioners and partly through dental clinics staffed by officers of the County Council.

Private Practitioners' Cases. Of the 21 denture cases uncompleted at the end of 1944, 10 were satisfactorily fitted and the patients are making proper use of their dentures; the remaining 11 did not attend for further treatment. During 1945, 74 applications were received and accepted. Of these patients, however, 17 either made private arrangements, left the area, or did not proceed with treatment. 24 full dentures and 11 part dentures were fitted and extractions performed for 5 patients. In each case a report has been received from a Medical Officer or Health Visitor that the dentures were satisfactory and in use. In the remaining 17 cases dentures are not completed and the patients are still attending for treatment.

Under the main scheme clinics were held at Glastonbury, Frome and Bridgwater. The work done is shown in brief in the following table:—

	Glastonbury.	Frome.	Bridgwater.
No. of new patients	3	26	15
No. of sessions	17	23	22
No. of attendances for general treatment ...	3	69	50
Extractions	5	172	190
Fillings	—	17	—
Other treatment	—	8	15
No. of attendances for dentures	19	72	62
Impressions	10	41	49
Bites	9	25	12
Try-Ins	10	25	8
Plates inserted	9	27	29
Other treatment	—	4	3
Cases recommended for dentures	3	12	15

Maternal Mortality.

	1918	1928	1938	1939	1940	1941	1942	1943	1944	1945
Puerperal Sepsis ...	8	14	4	3	5	6	3	6	6	3
Other Accidents and Diseases of Pregnancy & Parturition	20	12	10	1	10	15	16	18	10	11
Total ...	28	26	14	4	15	21	19	24	16	14
Rate per 1,000 Births	5.14	4.36	2.59	0.71	2.57	2.72	2.44	3.13	1.90	1.84

Puerperal Sepsis.

During the year 76 cases of Puerperal Pyrexia were notified. Arrangements have been made with different Hospitals to take in County cases, and facilities are offered. During 1945 24 cases were so admitted. The special unit at the Taunton Isolation Hospital again was of very great service.

Care of Infants and Children under School Age.

This work is mainly carried out by home visiting through the appointed Infant Visitors, and supervised by the County Superintendent and staff.

(*a*) **Visits and Advice in the Homes.** During the year 6,546 births were referred to the Infant Visitors, 3,836 being in rural and 2,710 in urban areas. The service is a most important part of the scheme.

(*b*) **Infant Welfare Centres.** At the end of 1945 the Centres in the County, exclusive of those at Yeovil, Taunton and Weston-super-Mare which are outside the County Scheme, were the following:—Backwell, Banwell, Bishop Sutton, Bridgwater, Burnham, Chard, Chew Magna, Chew Stoke, Chewton Mendip, Cleeve, Clevedon, Coleford, Compton Martin, Creech, Crewkerne, Curry Rivel, Farmborough, Faulkland, Frome, Glastonbury, Harptree, Highbridge, High Littleton, Holcombe, Keynsham, Kilmersdon, Leigh-on-Mendip, Long Ashton, Mells, Midsomer Norton, Minehead, Nailsea, Nunney, Paulton, Pill, Portishead, Priddy, Radstock, Shepton Beauchamp, Shepton Mallet, Stanton Drew, Street, Timsbury and Tunley, Wellington, Wells, West Huntspill, Westbury-sub-Mendip, Woolavington, Wraxall, and Yatton.

The Centres at Bridgwater, Midsomer Norton and Radstock are directly controlled by the Council with the valuable assistance of local Committees; and the County Council also make grants towards the expenses of most of the others. Dr. Evans of the County Health Department also holds a small centre at Banwell. Dr. Yates of the County staff was the Medical Officer for the Timsbury, Chew Magna and Farmborough groups of centres, Dr. Cooke for those at Chewton Mendip, Westbury (two centres), and Highbridge, and Dr. Denham for Mells and Leigh-on-Mendip.

Bridgwater Infant Welfare Work.

During 1945, the number of births notified in the Borough (including still-births and cases later transferred to other districts) was 815. 15 babies died during the year, a rate of 18.4 deaths per 1,000 births. Number of children on visiting list 1,692; total visits paid to infants 3,656.

Centre. Number of individual children who attended, 550; individual mothers, 480; average attendance per session—children under 1 year 21, 1 to 5 years 9; average attendance per session of mothers, 21; number of attendances—children 2,820, mothers 1,989; number of medical consultations for infants, 2,417; for women (excluding ante-natal), 1,170; sessions held 94 The medical work was carried out by Dr. Halliday. No regular ante-natal examinations are now carried out at this centre, but 3 women not covered by the County scheme presented themselves for advice and were seen.

Radstock and Midsomer Norton Infant Welfare Centres.

These centres are managed by the County Council with voluntary assistance. Sessions are held twice monthly in each centre, *i.e.*, at the Victoria Hall, Radstock, and the Women's Institute Hut, Welton, Midsomer Norton. Medical consultations are held at alternate sessions and educational programmes are arranged for intermediate dates. Dr. Hilda Ashworth, a local practitioner, acts as Medical Officer, attending once a month. The appointed Infant Visitors (the district nurses) attend and the work is carried on in direct relation to the existing Infant Welfare schemes.

The figures for these centres are as follows:—

	Radstock.	Midsomer Norton.
Sessions held	23	22
Individual children who attended	217	217
Individual mothers who attended	204	182
Average fortnightly attendance of children { under 1 year...	37	14
Average fortnightly attendance of children { 1—5 years ...	25	41
Average fortnightly attendance of mothers	—	41
Number of attendances of children { under 1 year	852	300
Number of attendances of children { 1—5 years	567	903
Number of attendances of mothers	—	917
Number of medical consultations { children	183	258
Number of medical consultations { mothers	—	—
Individual children attending centre born in 1945	49	43
Individual children attending centre born previous to 1945...	168	172
Number of infants attending for the *first time* during 1945:—		
Under 1 year on first attendance	63	69
Aged 1—5 years on first attendance	12	10

The falling off in numbers compared with last year is due to the return of evacuees, and the opening of a Welfare Centre at Westfield.

Banwell Infant Welfare Centre.

Sessions held	9
Attendances of children under 1 year	178
New cases under 1 year	35
Attendances of children 1—5 years	191
New cases 1—5 years	7

Dr. Evans' clinic at Kewstoke was closed during 1945 owing to a lack of suitable accommodation.

(*c*) **Treatment and Supervision of Special and Abnormal Children.** Infant Visitors are encouraged to notify children showing any abnormality or needing extra help, and in previous years extra nourishment grants (Maltoline and Iron) have been extensively used and follow-up enquiries regularly made. Owing to pressure of clerical work and also to the fact that far fewer children need extra nourishment grants from this department, there is not much to report under this section.

Enquiries and correspondence can be grouped under the following heads:—Orthopædic conditions 105, Oculist 48, Blind 0, Ear, Nose and Throat 17. Needing special care owing to ignorance or neglect 9. Mental defects 16. Rickets, catarrhal conditions, etc. 28. Various 35. Extra nourishment needed and given 60.

The Orthopædic heading includes slight postural defects which may be improved by simple advice, and also surgical conditions treated under the Orthopædic Scheme where the Infant Visitor is kept informed, so that in her visiting she may take an intelligent interest and co-operate in any treatment necessary.

(*d*) **Baby Hospital, Bridgwater.** The following is a summary of the year's work:—Number in Ward, January 1st, 5; admitted during 1945, 28 (including 2 re-admissions); total 33. The reasons for admission were, as before, mainly nutritional difficulties and prematurity. Average length of stay of cases discharged in 1945—12 weeks. 22 made satisfactory improvement, 2 were transferred to hospital for treatment, and 3 died. Six remained in the Ward at the end of the year.

Ophthalmia Neonatorum.

During 1945, 31 cases were notified. Of these 11 cases were sent to hospital. The distribution of the cases is shown in Table VI. All the cases in which treatment was completed showed vision unimpaired at the time of the report.

Birth Control.

During the year the number of applications received by Dr. Halliday from various sources for advice and assistance was 34. These cases were all referred to clinics or to private doctors.

Care of Premature Infants and of Illegitimate Children.

Facilities for the care of premature or immature infants are:—

(1) Small 8-cot ward at Mary Stanley Home, Bridgwater, also used for difficult feeding cases and mal-nourished infants under 1 year; rarely used for older children up to 2 years.

(2) Immature infants born in maternity homes or hospitals and unfit to return home with their mothers are either transferred to Bridgwater or their maintenance and treatment in hospital is paid for by the County Council on request.

34 neo-natal deaths due to prematurity occurred in 1945.

23 of these died in hospital or nursing home.

11 of these died in their own homes.

The scheme for the care of illegitimate children started by my department in September, 1944, is proving successful.

Nursing and Maternity Homes.

At the end of the year the number of Homes on the Register was 50. They were all visited from time to time by Dr. Halliday or Miss Nobes to see that the premises were in order and the requirements of the County Council complied with as regards management.

Child Life Protection.

The children on our Register at the end of 1945 numbered 198, and as regards methods of payment may be grouped as follows:—Weekly payments 79, monthly payments 2, per term or otherwise paid for 57, not stated 60.

The number of foster mothers with one child only is 66, with two children—15, with three children—3, with four children—3, with over four children—6.

The foster mothers who run a regular baby home are therefore few, and those with more than 4 infants in their care at the end of 1945 resided one each at Congresbury (24 children), Bridgwater (12), Brean (9), Cheddar (16), Weston-in-Gordano (8), and Trull (12).

Residential Nurseries.

Up to September, 1945, four nurseries were carried on by the County Council, entirely for evacuee children. In addition, four nurseries, Bawdrip, Holnicote, Martock and Yarlington, were administered by the County Council for Somerset children only.

Day Nurseries.

At the end of 1945 there were ten such Nurseries. One only (Frome) was for children 2—5 years; and nine for children 0—5 at Bridgwater (3), Chard, Clevedon, Keynsham, Paulton, Street and Wells. Three nurseries for children 2—5 years, *i.e.* Clevedon, Dulverton, and Wedmore, closed during the year.

ORTHOPÆDIC SCHEME.

The County Scheme, and the results of working during 1945, are described in considerable detail in my report for 1945 as School Medical Officer.

WATER SUPPLIES.

The provision of main supplies to many needy parts was restricted to extensions for agricultural and industrial purposes and Housing Development sites. As will be seen from the details appended, schemes for a main supply are being given consideration by the various district authorities also augmentation of existing supplies. The estimated expenditure on these schemes amounts to over £400,000 which by no means covers the whole of the Authorities in the County and a figure from £1,000,000 to £1,500,000 will perhaps be found more approximately correct when all the schemes have been considered. Authorities have been reminded by the War Agricultural Executive Committee of the needs of agriculture and there is no question that for the production of clean milk, with a good keeping quality an adequate and wholesome supply of water is essential.

Many farms will be found to be a considerable distance from the water mains and whereas some will be able to connect by long branches, others more isolated will have to depend on springs and boreholes. A 50 per cent. grant towards the cost of approved schemes is available to agriculturists from the County War Agricultural Executive Committee. I would stress the importance of having all new supplies analysed before use. Industry also must be accommodated where the water is available, particularly for canteen use. With more food being prepared on the site of industrial establishments and at schools, also the fact that baths and water-closets are coming into more general use, estimates of future consumption should be carefully considered and a reserve provided for.

In my last report I mentioned that more use would probably have to be made of water from rivers and watercourses. It will be noted that Yeovil Rural District have such a scheme under consideration, other authorities are also giving serious thought to this source of supply. Providing the water is suitable chemically, purification difficulties can be overcome. Such sources of supply have obvious advantages over bore-holes and certain springs, insomuch that the flows can be gauged over long periods and the volume available ascertained without much preliminary work or cost.

The worst watered rural areas in the County are in the districts of Langport, Wells and Frome. In the case of Langport a scheme was approved before the war which unfortunately could not be implemented due to the outbreak of hostilities. Wells as will be seen from the details appended now have plans prepared.

Shortages due to inadequate supplies occurred in the following urban areas:—Norton Radstock, Watchet, Yeovil. In the rural districts: Bathavon (Wellow, Newton St. Loe and Corston), Chard (Winsham), Frome, Shepton Mallet (Ditcheat and Pilton), Taunton (Athelney area), Wellington (Langford Budville and Sampford Arundel), Wincanton (Penselwood and Sutton Montis supplies), Yeovil (Mudford and Odcombe supply).

The Water Act, 1945, came into operation on the 1st October. This, following the Rural Water Supplies and Sewerage Act, 1944, completes the process of giving legislative effect to Part I of the White Paper. In short the Act gives the Minister of Health specific statutory responsibility for promoting the conservation and proper use of water resources and the provision of water supplies. The Act also simplifies and expedites procedure.

Appended are the details of works carried out during the year and schemes receiving the consideration of the various district authorities.

Urban Areas.

BRIDGWATER. Local extensions to meet industrial, farming and housing needs.

CHARD. Consideration being given for an additional source to supplement the high level supply.

CREWKERNE. The Council are endeavouring to acquire the Crewkerne Water Supply Company's undertaking. Shortage experienced due to low yield of springs and mechanical breakdown of pumping machinery.

FROME. Small extensions for housing development.

GLASTONBURY. Consideration being given to:—

1. Relaying of the main from West Compton and increasing the pressure from this source.
2. Works to render Edgarley Reservoir watertight.
3. The sinking of a new borehole.
4. A supply to the Housing Site at Windmillfield Hill.
5. A permanent chlorination plant at Well house springs.

ILMINSTER. Extension of mains to meet housing development.

MINEHEAD. Plans in preparation to improve the supply to Alcombe at an estimated cost of £3,988. Improvement of distribution in the town at a cost of £2,850 also being considered.

NORTON RADSTOCK. Supplies had to be curtailed in the short drought period. Proposals to provide a 4in. auxiliary main and balancing tank to serve the Writhlington area of the district at an estimated cost of £7,000 being considered.

STREET. Bulk supplies to the parishes of Walton and Meare in the Wells Rural District being considered.

WATCHET. Shortage experienced.

WELLINGTON. Proposals to sink a borehole at Pott Farm with a view to augmenting the existing supply. Estimated cost of the trial boring £1,044.

WELLS. Extensions carried out to new Housing Estate.

WESTON-SUPER-MARE. Proposals to provide an additional supply of 1½ million gallons per day being considered at a cost of £20,000 also provision of softening and filtration plant £10,000, new 1,000,000-gallon reservoir £20,000. Relaying of corroded mains £12,000, pumping station and plant £8,000.

YEOVIL. The new borehole at Cattistock was completed. A shortage was experienced in September. Consideration being given to a scheme whereby additional water may be obtained from Yeovil Rural District.

Rural Areas.

AXBRIDGE. Extensions of the main at Stratton and Weare. Excessive usage at War Factories caused the supply to 6 houses to be intermittent. The following proposals are receiving consideration:—

(*a*) The development of Dunycatt Springs, estimated cost £1,400.

(*b*) Electrification of Cross Well, estimated cost £1,500.

(*c*) Mains extension at Congresbury (Smallway), £700.

(*d*) Mains extension at Churchill (Duck Lane), £220.

(*e*) Mains extension at Wick St. Lawrence (Ebdon), £330.

(*f*) Augmentation of North Marsh water supply, Burrington Lane area, £3,600.

BATHAVON. A short extension of the main at Bathampton. Shortages were experienced in the parishes of Wellow, Newton St. Loe and Corston. Post-war proposals include a supply for Combe Hay with augmentation of supplies to Wellow and Peasedown St. John area. Estimated cost £17,000. Main supplies also being considered for the parishes of Corston, Newton St. Loe, Northstoke and Stanton Prior.

BRIDGWATER. Severe shortage was experienced in January and February due to defective service pipes caused by the severe weather. Hundreds of leaks were discovered and repaired. Approval received for emergency works, viz.: The duplication of the main around Dancing Hill, distance approximately 1 mile, and the provision of a Booster Station at Crandon Bridge. A main supply for the parish of Over Stowey was placed in priority group I.

CHARD. Difficulty in maintaining an adequate supply at Winsham, additional springs collected and connected to the supply but still insufficient to meet the needs of the parish. Post-war proposals include (*a*) Extension to Winsham from Forton with branches to Bridge, Ammerham and Golden Fleece, £10,000; (*b*) Extension of Crewkerne Water Company's main to Clapton, £1,200; (*c*) New mains at Ashill to replace corroded cast-iron mains, £12,000; (*d*) Extension to Buckland St. Mary and Newtown, £2,000; (*e*) Extension of Regional Scheme including additional borehole at Pole Rue to connect to existing main at Pretwood, £25,000.

DULVERTON. Shortage experienced at Brushford at peak periods, scheme to improve the supply in preparation. Post-war proposals include:—

(*a*) Brushford—new service reservoir and mains, £2,000.

(*b*) Dulverton—additional intake, £1,500.

(*c*) Brompton Regis—relaying water mains, £1,000.

FROME. Seasonal shortages experienced on all supplies with the exception of the Norton St. Philip Regional Supply. Investigations proceeding to find additional supplies.

LANGPORT. Shortage to those areas served by the Compton Durville supply principally due to the limited carrying capacity of existing mains. The eastern parishes scheme which comprises the parishes of Babcary, Barton St. David, Compton Dundon, Charlton Mackrell, High Ham, Keinton Mandeville, Kingweston and Pitney, deferred owing to the war. Again submitted for approval.

LONG ASHTON. Proposals under consideration are as follows:—

	£
Yatton.—Extension of main to Court Farm Estate and Park Avenue	227
New borehole, pump house, pumping plant and extension of service reservoir	12,400
Easton-in-Gordano.—Extension of main to Habberfield	1,500

	£
Kenn.—Extension of main to Hope Farm	1,157
Kingston Seymour.—Provision of main supply	5,850
Backwell and Wraxall.—Extension of main to Backwell Common and Lodge Farm	2,100
Winford.—Extension of main to Harpers Batch.	
Dundry.—Provision of main supply.	
Nailsea.—Main extensions to The Grove and West End	9,490
Abbots Leigh.—Main extensions to Blackmore and Pill Road areas	2,150
Barrow Gurney.—Main extensions to Barrow Hill and district	8,370
Clapton-in-Gordano.—Provision of a main supply	7,000
North Weston.—Provision of a main supply	7,125

SHEPTON MALLET.—Schemes approved for improved supplies to those areas served by the Farncombe Supply £1,680 and West Bradley £10,031. Trial borings commenced with the object of obtaining water for the Alham district in the parish of Batcombe. It was necessary during the year to curtail supplies to Ditcheat and Pilton during the night only in the September drought.

TAUNTON. Improvements to the supply in the Athelney area. Scheme approved for provision of concrete high level reservoirs in the parish of Stoke St. Gregory at an estimated cost of £3,780. Consideration being given to main supplies throughout the district. Schemes being prepared to afford a main supply to Churchinford and Stapley in the parish of Churchstanton, also Bishopswood in the parish of Otterford.

WELLINGTON. A shortage was experienced at Langford Budville and Sampford Arundel. A scheme prepared to serve approximately the whole of the district.

WELLS. The serious shortage previously experienced on the Baltonsborough area has been somewhat overcome by an addition to the system of 5,000 gallons per day. Post-war proposals include the provision of main supplies to the following parishes:—

		Estimated cost.
Walton, Meare	...	£30,912
Rodney Stoke, Westbury, Easton, Wookey, Coxley	...	£115,527
Butleigh, Baltonsborough	...	£36,561

(It is hoped to get a supply from Langport R.D. for these two parishes.)

WINCANTON.

Templecombe.—Improvement to the supply by the laying of a rising main 1,600 yards long to Bradley Head.

Milborne Port.—Provision of a new engine house and electric pump with a capacity of 1,000 gallons per hour.

Penselwood.—New springs connected to this source of supply. Engine house extended and a new pump provided with a capacity of 8,000 gallons per hour.

Wincanton.—A length of defective main at West Hill renewed 500 yards long.

North Brewham.—250 yards of collecting main laid, and 8 inspection chambers rebuilt.

Charlton Horethorne.—New collecting pipes laid to existing springs. Shortages have been experienced in the following parishes:—Castle Cary, Charlton Horethorne, Charlton Musgrove, Queen Camel, and the areas served by the Penselwood and district and Sutton Montis supplies.

Post-war proposals include the enlargement and linking up of water supplies.

Yeovil. It was necessary to make arrangements for a temporary supply from a private firm to augment the Mudford and Odcombe supply. 2,000 yards of 6in. and 2,200 yards of 4in. temporary mains were laid.

The supply to many parishes in the district had to be restricted owing to shortage.

A comprehensive scheme is in course of preparation. The source proposed is a stream at Sutton Bingham. It is estimated that this will provide an additional 1,000,000 gallons per day. The following works will be involved:—Impounding reservoir, two large reservoirs, 30 miles of pumping and service trunk mains. This scheme will enable the Council to close a number of small pumping stations and surplus water will be available for adjoining authorities.

RIVER POLLUTION AND SEWAGE DISPOSAL.

Sewage Disposal.

Owing to the limitations imposed on labour and materials no progress was made in the provision of new drainage systems. The main work carried out was confined to maintenance and extensions of sewers to meet proposed new housing development. The overtaxing of Disposal Works has abated somewhat but many are still considerably overloaded with the result that the effluents being discharged to rivers and watercourses are far from satisfactory. Two of the worst are at Yeovil and Taunton . With regard to the latter if a trunk sewer could be provided discharging to treatment works say at the mouth of the River Parrett it would not only deal with the towns but be capable of taking the drainage of many villages en route together with that from Bridgwater. In my opinion the possibility of such a scheme should be explored. If practicable it would rid the County of existing small works, with their consequent maintenance costs and further allow of any land so used, or projected, to be developed either for housing or agricultural purposes.

As will be seen from the information appended, considerable thought is being given to the provision of sewerage and sewage disposal. The estimated sum involved amounts to over £800,000. This does not include the cost of many schemes in the course of preparation and a figure from £1,500,000 to £2,000,000 is a more likely one when the proposals mature.

The schemes (particularly those concerning rural districts) will be carried out in priority order and the cost will thus be spread over a number of years.

Works carried out during the year by the various authorities and those proposed are as follows:—

Urban Areas.

Bridgwater. Extension of sewer in Bristol Road to meet industrial requirement.

Burnham. Extension of trunk sewer in Bath Road for housing development.

Chard. Extension of sewer in Holyrood Street; consideration being given to modernising the existing sewage disposal works at a cost of £6,500. Also for a separate disposal works and sewerage of the Holbear district—£6,000.

Clevedon. Sewering of new housing estates being considered.

CREWKERNE. Plans in course of preparation to improve the Eastern Outfall Sewage Disposal Works at an estimated cost of £24,500.

FROME. It is proposed to install modern Distributors and improve the pumping arrangements.

GLASTONBURY. Consideration being given to (*a*) the provision of new disposal works at Sharpham Park; (*b*) relaying of parts of sewer to prevent flooding; (*c*) sewering of post-war housing sites.

ILMINSTER. New 9in. soil sewer and 12in. surface water sewer laid in Butts Road to serve the Housing Site. Consideration being given to (*a*) the extension of the Butts Road sewer at a cost of approximately £1,000; (*b*) improvement of the sewage disposal works at a cost of £5,000.

NORTON RADSTOCK. New mechanical raker fitted to screening chamber at the Radstock Works.

SHEPTON MALLET. Extensions to deal with drainage from new Housing Sites.

WELLS. Extensions to serve new Housing Estate. Existing disposal works to be reconstructed at an estimated cost of £50,000. Plans have been prepared and the scheme is ready for submission to the Ministry of Health.

WESTON-SUPER-MARE. New sewers provided for 200 houses. Consideration being given to the construction of a main outfall soil sewer at a cost of £250,000 and new sewers for a further 500 houses.

YEOVIL. Extension of sewer to Larkhill Housing Estate commenced. A scheme for the reconstruction of the disposal works is now in the hands of the Consulting Engineers.

Rural Areas.

AXBRIDGE. Schemes in preparation for Congresbury and district, Axbridge, Wedmore and Bleadon parishes.

BATHAVON. Schemes under consideration for Camerton, Dunkerton, Wellow and Freshford parishes also for Newton St. Loe and Corston, and an extension at Bathford.

BRIDGWATER. A report by their Consulting Engineers on the need for sewerage schemes in the various parishes throughout the district under consideration.

CHARD. Post-war proposals concern sewerage and sewage disposal in the following parishes:—Forton £3,000, Donyatt £4,000, Dowlish Wake £4,000, Merriott £5,000, Tatworth £2,000, Winsham £6,000, Hinton St. George £5,000, Lopen £2,000, Broadway £6,000, Seavington £3,000, Stocklinch £2,000.

DULVERTON. The following parishes are being considered for sewerage and sewage disposal: (*a*) Winsford £3,000; (*b*) Withypool £2,500; (*c*) Brompton Regis £1,500.

LANGPORT. Scheme for sewering Somerton (West End) submitted for approval.

LONG ASHTON. Proposals under consideration are as follows:—

	£
Yatton.—Extension of 9in. sewer from Bishops Road Cleeve to main road and Plumber Street	5,000
Provision of pumping plant and rising main	6,500
Weston-in-Gordano.—Sewerage and sewage disposal	5,000
Nailsea.—Sewerage and sewage disposal	20,000
North Weston.—Sewerage and sewage disposal ... ... (Redcliffe Bay area 307 houses)	10,000
Easton-in-Gordano.—Sewerage and sewage disposal	6,000

Shepton Mallet.—Post-war proposals for sewerage and sewage disposal include the following parishes:—

	Estimated cost. £
Gurney Slade	24,000
Stratton-on-the-Fosse	21,000
Oakhill, improvement of disposal works	1,300
Croscombe, sewerage and sewage disposal	13,400

Taunton. Consideration being given to the provision of sewerage and sewage disposal to the whole district.

Wellington. New sewer provided for Holywell Lake with temporary disposal works. Post-war proposals include for sewerage and sewage disposal for the following parishes:—

Bradford (excluding West Buckland).
Milverton (with Preston Bowyer).
Langley and Langley Marsh.
Hillfarrance and Hillcommon.

Wells. Post-war proposals for sewerage and sewage disposal include the following parishes:—

	Estimated cost.
Rodney Stoke, Draycott, Westbury, Easton	£53,104
Baltonsborough	£16,613
Walton	£7,398

Wincanton. Improvement to the Henstridge disposal works carried out. Consideration being given to the improvement of existing plant and provision of sewerage and sewage disposal in the following areas:—Wincanton, Milborne Port, Templecombe, Henstridge, Holton, North Cheriton, Penselwood, Pitcombe Bayford and Sparkford. The estimated cost of these schemes is £51,000.

Yeovil. Consideration has been given to the provision of sewerage and sewage disposal also to the improvement of existing schemes in the following parishes or areas. 60 per cent. has been added to the estimated cost given as 1939 prices, to give the approximate present day cost:—

	Estimated cost. £
Mudford	8,000
East Coker	11,200
West Coker	5,100
Martock	9,600
Stoke-under-Ham	5,600
Haselbury Plucknett	4,800
Ash	7,200
Tintinhull	10,400
Barwick	11,500
Chiselborough	7,200
Norton-sub-Hamdon	8,300
West Chinnock	8,000
Ilchester	10,400

	Estimated cost. £
Marston Magna	8,300
Rimpton	8,000
Odcombe	11,200
South Petherton	5,100
Chilthorne Domer	6,900
Hardington Mandeville	7,200
Long Load	5,100
Montacute	4,800
West Camel	8,000
Yeovil Marsh	8,000

River Pollution.

The routine inspection of rivers has been maintained and many samples of river water and effluents from the disposal works of local authorities and private firms have been taken for analysis. A slight improvement in their condition has been observed. This is perhaps mainly due to the frequency of visits paid to those places where the waste discharged to the watercourse may be of a highly polluting nature if treatment before discharge is neglected. With regard to those authorities who receive financial assistance from the County Council, no payment is made until the disposal works have been visited and on inspection found to be maintained in a satisfactory manner. In one or two instances it has been necessary to withhold the amount due until certain maintenance works had been carried out to the satisfaction of the County Sanitary Inspector. It is doubtful if there will be any marked improvement in the condition of some of the County rivers until some of the larger purification works are reconstructed and extended. In view of the housing shortage this work is not considered to be in priority group I by those who command the flow of labour materials. Meantime there will be no relaxation of effort to see that everything possible is done to reduce the pollution. Apart from a few complaints received and dealt with the main rivers most affected are as follows:—

River Axe. This river is still badly polluted. It will be remembered that the County Council proposed to take action against the offenders in this case but the Ministry of Health would not agree to the case going forward. The Mill concerned has more or less been working under Government control and whilst the substituted materials they have had to use during the war have added to the difficulties of purification, additional labour and plant to meet the need has not been forthcoming. I am pleased to report that there are now signs of plant being installed to deal with the problem.

River Brue. A loss of fish life was reported, but in the investigation that followed no definite reason was found as to the cause.

River Cale. This river is suffering from the effluent being discharged by the worn out works at Wincanton. The same applies to Templecombe. Plans for new works at both these places have been prepared but it is unlikely that a start will be made for some time owing to the labour and materials position.

River Frome. In the month of August fish were found dead. The river was very low at the time and although several places were suspect the delay in the case being reported after the occurrence made the investigation difficult as all clues had vanished.

River Isle. The effluent from an Engineering Company was shown on analysis to contain hydrocyanic acid. Processing included the use of cyanide salt. On the firm being approached they discontinued the process and agreed to notify me should they wish to restart.

River Tone. A complaint was received respecting pollution of a tributary of the River Tone at Ham near Wellington. This was found to be due to small disposal works being overtaxed by waste from a Forces camp. Remedial measures were put in hand following a visit.

River Yeo. Complaints were received respecting the condition of the river at Mudford. Previous inspections had shown that the state of the river was most unsatisfactory and the cause had been traced back to the effluent being discharged by the Yeovil Borough Sewage Disposal Works. The Council have been approached. The works are dealing with about double the volume they were designed for. A scheme for new works is in hand, meantime an effort is being made with prisoner of war labour to improve their efficiency.

HOUSING.

With the war in Europe and the Far East terminating during the year it is to be expected that labour and industry will be devoting more time to the need of Reconstruction and Housing. Fortunately the County of Somerset did not suffer the war damage that many other counties experienced. Nevertheless there is much to be done in the clearance of slum property and the re-housing of the inmates; new houses to provide for those living in overcrowded conditions and new accommodation to meet the demands of those married without homes of their own. The position will become much more acute when demobilisation of the Forces is more advanced.

A large number of houses condemned as unfit for human habitation before the war are being lived in and whilst a shelter is better than nothing at all, it must not be overlooked that the health of these families may be seriously impaired by the defects of these houses, particularly that of dampness. Many young married couples are housed with their parents in such dwellings and in an overcrowded state. In one small town out of about 250 applicants for new houses approximately half of them are living under such conditions. I mention this mainly to show that such applicants for new houses may be overlooked in dealing with those without a house. The position is being met in some districts by the conversion of large dwellings into flats. In one urban district 38 families were accommodated through the requisitioning by the local authority of 28 houses and 2 larger dwellings.

The provision of suitable homes for the aged is a matter that should receive the earnest consideration of housing authorities. Many, on meagre pensions, find living conditions to-day a great problem. Many too proud to apply for assistance are paying their rents and accounts at the expense of proper nourishment, thus reducing their resistance to disease. Buildings with one floor designed to give them privacy in their own rooms with communal feeding and other such services would, I am sure, be greatly appreciated.

Overcrowding, whilst relieved somewhat towards the end of the year by the return to their homes of evacuees, is still serious in a few places. In Taunton it is rife and there are a number of cases where husband and wife with two or more children have to sleep in one room.

In Weston-super-Mare it is estimated that approximately 300 houses are needed to meet the demands of overcrowding alone.

The following table shows the number of houses built and those in course of erection during the year both by Local Authorities and Private Enterprise. It also shows the number of applicants for houses and the Housing Programmes of the various authorities. In some cases it is intended to build a specific number of houses spread over the 5 year period and these have been put into the five yearly columns on an approximate basis.

Explanation of letters:—F = Flats; T = Temporary; W = War damaged and being rebuilt.

Local Authority.	I		II		III	IV				
	Houses erected by		Houses in course of erection by		Applications for houses.	New Housing Programme (yearly).				
	L.A.	P.E.	L.A.	P.E.		1st	2nd	3rd	4th	5th
Urban Areas.										
Bridgwater ...	—	4	—	8	1,200	700	1,000	—	—	—
Burnham-on-Sea	—	—	—	6	340	120	—	—	—	—
Chard ...	—	—	—	4	220	36	100	80	80	60
Clevedon ...	—	2	—	6	—	50	50	40	—	—
Crewkerne ...	—	—	—	—	118	50	20	—	—	—
Frome ...	—	—	—	2	407	93	160	—	—	—
Glastonbury ...	—	—	—	—	242	18	36	28	28	28
Ilminster ...	—	—	—	1	154	70	70	50	—	—
Keynsham ...	—	—	26	8	480	90	164	160	—	—
Minehead ...	—	2	6	—	200	25	50	34	—	—
Norton Radstock	—	—	—	4	250	48	50	50	—	—
Portishead ...	—	—	—	2	200	20T 20	40	40	—	—
Shepton Mallet	—	—	—	—	250	40	80	40	—	—
Street ...	—	—	—	—	—	22	40	—	—	—
Taunton ...	Figures not available.				1,810	250	500	250	—	—
Watchet ...	—	—	—	3	—	24	24	—	—	—
Wellington ...	—	—	8F	—	392	70	100	80	80	70
Wells ...	—	—	64	—	—	64	50	50	—	—
Weston-s.-Mare	—	—	50W	7	1,900	100	200	200	250	250
Yeovil ...	—	—	—	13	1,557	212	144	300	—	—
Totals ...	—	8	154	64	9,720	2,122	2,878	1,402	438	408
Rural Areas.										
Axbridge ...	—	4	30	5	346	—	175	—	—	296
Bathavon ...	—	—	—	11	795	514	—	—	—	121
Bridgwater ...	—	—	—	15	—	150	160	—	—	—
Chard ...	—	—	6	2	253	104	208	100	100	88
Clutton ...	—	2	—	2	185	100	120	—	—	—
Dulverton ...	—	1	—	1	45	34	—	—	—	—
Frome ...	—	—	—	2	334	46	50	86	—	—
Langport ...	—	—	—	—	423	100	100	—	—	—
Long Ashton ...	—	—	—	22	600	175	100	75	75	75
Shepton Mallet	—	2	—	3	101	24	—	—	—	—
Taunton ...	—	—	—	4	—	50	100	71	71	71
Wellington ...	—	—	—	2	150	80	—	—	—	—
Wells ...	—	—	27	14	200	27	120	87	—	—
Williton ...	—	—	—	—	—	36	62	—	—	—
Wincanton ...	—	—	4	8	—	120	—	—	—	—
Yeovil ...	—	—	40T	9	736	166	300	—	—	—
Totals ...	—	9	107	100	4,168	1,726	1,495	419	246	651
Combined Totals ...	—	17	261	164	13,888	3,848	4,373	1,821	684	1,059

11,785

Housing (Rural Workers) Acts.

As the period within which assistance could be given under the Housing (Rural Workers) Acts (which came into being in 1926) terminated on the 30th September, 1945, a summary and review of the operation of the Acts in the County may prove of interest.

The following table shows the use made of the Acts in the various districts and the total grants authorised:—

I Rural Districts.	II No. of houses on which grants approved to 31.12.39.	III Ditto Col. II from 1.1.40 to termination of Act 30.9.45.	IV Total No. of houses.	V Mid-year population 1938.	VI Houses in Col. 4 per 1,000 population to nearest 1,000.	VII Total Grants authorised. £	
Axbridge ...	56	7	63	21,990	2.9	5,708	
Bathavon ...	3	15	18	17,320	1.1	1,800	
*Bridgwater ...	4	—	4	16,390	0.25	350	
Chard ...	65	—	65	11,050	6.0	6,172	
Clutton ...	41	1	42	15,800	2.6	3,582	
Dulverton ...	7	1	8	4,419	2.0	785	
Frome ...	28	3	31	9,558	3.1	3,028	
Langport ...	177	1	178	11,960	14.9	17,091	
Long Ashton ...	21	—	21	19,730	1.1	2,092	
Shepton Mallet...	63	—	63	9,570	6.3	6,300	
Taunton ...	30	1	31	16,640	1.8	3,054	
Wellington ...	33	8	41	7,147	5.9	4,100	
Wells ...	39	1	40	9,336	4.4	4,000	
Williton ...	12	1	13	11,850	1.1	1,205	
Wincanton ...	274	11	285	15,630	17.8	27,059	
Yeovil ...	44	6	50	16,630	2.9	4,488	
Totals ...	897	56	953	215,020	Av. 4.6		£90,814
Urban Districts.							
Bridgwater ...	3	—	3			300	
Clevedon ...	1	—	1			100	
Frome ...	1	—	1			100	
Glastonbury ...	1	—	1			100	
Ilminster ...	8	—	8			696	
Wellington ...	4	—	4			400	
Weston-s.-Mare ..	1	—	1			100	
Totals ...	19		19				£1,796
Combined Totals	916	56	972				£92,610

*Bridgwater Rural District became the Local Authority for the administration of the Acts in their area from 16th April, 1934.

If the number of houses for which grants have been approved by the Bridgwater Rural District Council from 16th April, 1934 to 30th September, 1945 are included the line opposite the R.D.C. would read :—

	Col. 2.	Col. 3.	Col. 4.	Col. 5.	Col. 6.	Col. 7.
Bridgwater ...	98	7	105	16,390	6.6	£9,633

Whilst the totals of the Rural Districts would then read :—

Totals ...	991	63	1,054	215,020	5.0	£100,097

and the total of the columns including the Urbans as follows :—

Combined Totals	1,010	63	1,073	—	—	£101,893

With regard to Column II—No. of houses on which grants have been approved—this does not signify that the works on all the houses have been proceeded with due to various reasons, such as limited rent fixed, loan not reaching the figure anticipated, firm tender being higher than the Architect's estimate, etc.

Loans. Over the period the Acts were in operation £4,204 12s. 0d. was loaned to applicants.

Rural Housing.—The following table shows the results of the housing survey to the end of the year. As the various Health Departments are augmented by the return of staff from the Forces, the initial survey will doubtless be completed in the coming year. Such a survey must be comprehensive if the purpose as set out in the "Hobhouse Report" is to be achieved. The Sanitary Inspectors must have adequate and competent clerical assistance to enable them to get on with the sterner work of inspection for which they are specially trained.

The figures given in Cols. I and II may have to be slightly amended when the survey has been completed. Col. III gives the percentage of the total number of houses in each District with a rateable value of £16 or under.

It is perhaps too soon to draw any conclusions respecting the figures given under the columns headed "Categories" without more detailed information as to how the survey is being conducted by the respective authorities. Whilst the standard of houses varies from village to village it is possible that many of the worst houses have been singled out to come within the first batch of inspections.

HOUSING STATEMENT showing the progress of the RURAL HOUSING SURVEY to the 31st December, 1945.

CATEGORIES:—

1. Satisfactory in all respects.
2. Minor defects.
3. Repairs or structural alterations.
4. Suitable for Housing (Rural Workers) Acts.
4a. Suitable for acquisition.
5. Unfit.

Local Authority.	1 No. of houses in District. £16 R.V. or under.	2 No. of houses in District. Over £16 R.V.	3 Total No. of houses in District.	4 Percentage of houses £16 R.V. or under of whole.	5 No. of houses inspected and recorded.	6 CATEGORIES. 1 Standard. District.	1 Standard. County.	2	3	4	4a	5
Axbridge ...	4,465	1,995	6,460	69.1	637	58	8	178	276	62	—	63
Bathavon ...	4,311	1,604	5,915	72.8	681	32	2	129	427	—	6	85
Bridgwater ...	4,615	705	5,320	86.7	474	—	1	29	217	51	—	227
Chard ...	3,110	307	3,417	91.0	71	—	3	17	25	—	—	24
Clutton ...	4,399	434	4,833	91.0	1,325	—	—	—	269	27	—	1,029
Dulverton ...	1,174	189	1,363	86.1	—	—	No inspections made in 1945.					—
Frome ...	2,671	333	3,004	88.9	807	127	—	174	295	—	—	211
Langport ...	3,298	452	3,750	87.9	392	1	2	19	130	116	—	124
Long Ashton ...	3,696	2,458	6,154	60.0	724	150	45	105	346	26	74	78
Shepton Mallet	2,588	480	3,068	84.3	787	55	—	100	403	59	1	169
Taunton ...	4,337	552	4,889	88.7	565	1	1	108	104	—	—	352
Wellington ...	1,830	313	2,143	85.4	72	—	—	—	18	5	—	49
Wells ...	1,122	225	1,347	83.3	1,302	515	141	119	310	—	—	217
Williton ...	3,007	768	3,775	79.6	155	—	No information available.					—
Wincanton ...	3,352	1,515	4,867	69.0	345	15	—	49	17	41	—	223
Yeovil ...	4,875	698	5,573	87.5	316	85	78	77	85	29	—	40
TOTALS ...	52,850	13,028	65,878	80.0	8,653	1,039	281	1,104	2,922	416	81	2,891

The figures given below show the progress from year to year, the average basic and approved inclusive rents, also the average approved estimated cost of the works per house, with the average grant authorised.

I	II	III	IV	V	VI
		Average rents per house.			
Year.	No. of houses on which grants approved.	Normal Ag. Rent. S.D.	Total rent approved inclusive of rates. S.D.	Average per house of cost of works approved to nearest £.	Average per house of grant authorised to nearest £.
1926	—	—	—	—	—
1927 }					
1928 }	38	3.8	4.9	165	93
1929	20	3.11	5.5	183	88
1930	18	3.3	4.8	182	88
1931	31	3.4	5.1	203	90
1932	19	3.5	5.2	209	92
1933	40	3.5	4.8	159	81
1934	121	3.6	4.8	164	91
1935	99	3.4	4.10	190	93
1936	117	3.2	5.4	239	99
1937	134	2.11	5.5	260	100
1938	176	2.10	5.1	244	96
1939	104	3.0	5.6	261	99
1940	6	3.0	6.0	292	100
1941	—	—	—	—	—
1942	4	2.0	5.11	355	100
1943	5	3.0	6.11	355	100
1944	5	2.3	8.2	484	100
1945	36	2.8	9.11	568	100
	972				

From 1934 Col. II shows that with the exception of 1935, applications increased each year up to the beginning of the war in 1939. Publicity by the County Council in the shape of posters, the sending of leaflets to local authorities for distribution and to estate agents, architects and others interested was showing results. From May, 1935, to the termination of the Acts 1,218 houses have been visited following requests by owners or their agents, over 1,100 being surveyed prior to the outbreak of hostilities. A small number of properties were found unsuitable to rank for grant. Many have been the subject of your consideration, whilst of the remainder I have little doubt that the majority of them would have been submitted as applications for grant but for the war.

The tendency for higher rents did not appear until 1940, Col. IV, due obviously to the rising costs of carrying out the necessary works seen in Col. V.

Col. V shows the average cost per house of reconditioning as approved. The average "actual" cost of the works on completion is slightly higher.

Apart from the war years, 1940 onwards, the grant did not average the maximum, viz., £100 per house except for the year 1937. There had been a definite national depression from the commencement of the Acts to about 1936 which no doubt had considerable bearing on the position.

I hope the Acts have only ceased to function temporarily, particularly in view of the present rural housing situation. It will be observed that in Table II, categories, Column 4, that 416 houses were considered suitable cases for assistance out of the 8,653 houses inspected and recorded (Column 5). A considerable number of houses have been saved, that, but for the assistance of the Acts would have been demolished. The grants also helped to retain any charming architectural features so characteristic of the Somerset countryside. So far as I can see if the rural workers are to have the standards and amenities of those living in urbanised parts, as advocated in the "Hobhouse" Report, few owners of such property will be in a position to bear the expense of the necessary work, unless it is permissible to increase the rents accordingly. The position is an economic one and it is surely cheaper to restore suitable cottages than to demolish them and build new ones.

SUPERVISION OVER THE FOOD SUPPLY.

A. Slaughter Houses and Meat Supervision.

The Ministry of Food still control the slaughter houses in the County of which there are ten. These are situated in the Chard, Crewkerne, Frome, Minehead, Shepton Mallet, Taunton, Weston-super-Mare and Yeovil areas. Inspection of meat is carried out by the Sanitary Inspectors of these authorities.

Prior to the Ministry of Food taking over control of slaughtering, the number of slaughterhouses in the County was as follows:—

Licensed	198
Registered (prior to Oct. 1st, 1939)	105
Public Abattoirs	3
Knackers' yards (prior to Oct. 1st, 1939)	10

TUBERCULOSIS IN CALVES.

Where calves born inside the County but slaughtered outside are found to be suffering from tuberculosis an arrangement is being made whereby the County Sanitary Inspector is notified. As a result of this the information is passed on to the Divisional Inspector of the Ministry of Agriculture & Fisheries with a view to investigations being carried out.

The following is a summary of the action taken during the year:—

Notifications received	24	
Calves involved	31	
Bulls ,, ...	1	
	——	32
		——
Results of Investigations:—		
Number of mothers found healthy		12
,, ,, died		1
Number of Cows slaughtered:—		
(*a*) Showing advanced tuberculosis	12	
(*b*) ,, non-advanced ,, ...	4	
	——	16
Number unable to trace		3
		——
		32
		═══

B. **Milk Supply.**

From the table appended it will be seen that during the year there was an increase in the number of designated milk producers of 147 over the total at the end of 1944. This increase is the largest since the year 1939. There is again a sharp rise in the number of "Tuberculin Tested" licences issued, viz., 94, whilst "Accredited" increased by 53. This is a healthy sign that more farmers are wishful of producing a standard milk.

Year (at end of).	T.T.	Accredited.	Total.
1936	126	285	411
1937	159	506	665
1938	264	623	887
1939	320	800	1,120
1940	305	849	1,154
1941	275	817	1,092
1942	297	871	1,168
1943	357	840	1,197
1944	502	705	1,207
1945	596	758	1,354

Transfers:—

From "Accredited" to "T.T."	56
From "T.T." to "Accredited"	2

Number of licences cancelled or relinquished:—

"Tuberculin Tested"	22
(2 of these reverted to "Accredited")	
"Accredited"	76
(56 of these transferred to "T.T.")	

Licences suspended:—

"Tuberculin Tested"	8
"Accredited"	30

Licences revoked:—

"Tuberculin Tested"	1

Licences reinstated:—

"Tuberculin Tested"	1
"Accredited"	6

The regular inspection of premises has been maintained and an increasing number of advisory visits have been paid. This advisory work is of the greatest importance and cannot be stressed too highly. Although it may not altogether be responsible it is significant that there has been no material increase in the number of licences suspended compared with the previous year, notwithstanding a greater number of designated producers. Apart from request visits following sample failures, a special advisory visit is automatically made when a producer has two successive unsatisfactory samples. Unfortunately in some instances the advice given, particularly with regard to sterilising regularly and effectively, goes unheeded, with the result that subsequent samples fail and the producer probably has his licence suspended.

It is obvious from test results that the cause of the majority of unsatisfactory samples is due to dirty utensils or apparatus. Most thermometers on sterilising outfits are far too small and the degree of heat in the chest can only be read with difficulty. Why this all-important factor has not been appreciated by the manufacturer I am at a loss to understand.

Some producers do not cool their milk regularly. In some instances the labour or time factor is given as the reason and another is shortage of water. Milk is one of the best mediums in which bacteria grow, particularly if warm, as it is the result of the multiplication of these that causes milk to sour. Cooling should be carried out immediately after milking. Although cooling does not kill the bacteria it prevents their growth.

A cooler or refrigerator similar to the brine type, which a small farmer can purchase at a reasonably low cost is urgently needed, for many main water supplies to dairies have a temperature much too high for the adequate cooling of milk.

In view of the shortage of labour, inspection reports show that fairly satisfactory conditions have been maintained.

All the milk depots and feeder stations in the County receive periodic visits when churns are tested as to their sterility. The same applies to milk bottles. These tests show that whilst some improvement is shown the position cannot be considered satisfactory. The district sanitary authority are the authority to take action under the Milk & Dairies Order, 1926, but the wording "thoroughly cleansed" as contained in Article 29 of the Order is, to say the least, vague, and there is no official standard of cleanliness respecting churns or other milk receptacles.

Much depends on the awareness and intelligence of the person, either handwashing or operating the mechanical washer, to see that the duration of steaming is sufficient and that steam pressures are being maintained.

The following samples were examined by the County Laboratory:—"Accredited" 2,967, "Tuberculin Tested" 2,091, "Pasteurised" 287, "Heat Treated" 68. The total number of all milk samples examined for various purposes was 6,846.

The number of dairy farms, retailers and processing depots in the County are as follows:—

(*a*) Registered Dairy Farms	7,369
(*b*) Retailers	1,796
(*c*) Producer Retailers included in (*b*)	1,526
(*d*) Licensed Pasteurising Plants	18
(*e*) Heat Treatment Plants	9

Special Sampling of Herds.

Six hundred and twenty were samples of the mixed milk of herds in the County. In the case of 10 of these samples the test period was insufficient (the guinea-pig dying prematurely); in 27 tubercle bacilli were found. Investigation of these herds involved the examination of 108 samples from groups of cows and 64 samples from individual cows, from which 21 cows in 20 herds giving tuberculous milk were found and destroyed. In 4 herds the infected animal had probably been removed, 2 herds are under investigation, and in 1 herd the cause of infection was not found.

Eleven Somerset herds were reported from Bristol to contain tubercle bacilli; 11 cows from ten herds with tubercular mastitis have been found and destroyed. In the remaining herd the infected animal had probably been removed.

ADMINISTRATION OF THE SALE OF FOOD AND DRUGS ACT.

During the year 988 samples were examined. Of these, 10 were submitted by private individuals and institutions, and 21 were "Appeal to Cow" samples. The percentage found adulterated was 5.85. The following table shows the nature of the 957 samples submitted by the Inspectors, excluding the 21 "Appeal to Cow" samples.

TABLE XII.

Nature of Samples submitted by Inspectors.

Article.	Number examined.	Number genuine.	Number adulterated.	Per cent. adulterated.
Dairy Products—Milk	468	423	45	9.6
Cheese	11	11	0	0
Butter	48	48	0	0
Condensed Milk	5	5	0	0
Dried Milk	5	5	0	0
Edible Fats	34	34	0	0
Cereals	29	29	0	0
Meat and Fish Products	50	45	5	10.0
Tea, Coffee, Cocoa	23	23	0	0
Condiments	47	46	1	2.1
Sugar Products	26	26	0	0
Food Substitutes—Egg, Lemons, Orange ...	2	0	2	100.0
Miscellaneous Groceries	92	92	0	0
Beer, Spirits and Wine	46	46	0	0
Drugs	71	68	3	4.2
TOTAL ...	957	901	56	5.85

Twenty-three prosecutions were instituted, 19 for the adulteration of milk with water and 4 for that of sausages. There were 23 convictions, and fines from £2 2s. 0d. to £15 were imposed. Fines amounted to £100 8s. 0d. and costs to £59 14s. 0d.

PUBLIC HEALTH LABORATORY.

During the past year 21,487 samples have been examined (excluding all food and drug samples) as follows. 19 tuberculin dilutions were made and sent out.

Drinking Water—	
Bacteriological examinations	1,076
Chemical analyses	36
Sewage, sewage effluents, rivers and streams	27
Swabs for diphtheria bacilli	4,883
Cerebro spinal fluid and post nasal swabs	21
Sputum for tubercle bacilli	2,531
Blood for typhoid, paratyphoid, other Salmonella, dysentery, and Br. abortus	177
Hairs and skin for ringworm	27
Specimens for venereal disease	1,456
Urine for tubercle bacilli, B. typhosum, B. coli, sugar, albumin, casts, etc.	156
Faeces for typhoid, other Salmonella, and dysentery	1,004
Swabs for hæmolytic streptococci	2,710
Milk for tubercle bacilli	1,041
Milk for bacteriological examination (general)	392
Milk—Accredited	2,967
Milk—T.T. and Pasteurised	2,446
Other specimens	537
TOTAL	21,487