[Report 1952] / Medical Officer of Health, Somerset County Council.

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

Somerset County Council.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1952

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 Health Committee,
Somerset County Council

Mr. Chairman, Ladies and Gentlemen,

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

In the main, the state of the Public Health in Somerset is satisfactory, and, in my Annual Report as School Medical Officer, I was again able to say that the children of Somerset showed a high standard of physical fitness.

In this Report, special Notes will be found relating to the operation of the various sections under the National Health Service Act, 1946. In addition, there are fairly full reports concerning Environmental Hygiene. The importance of this branch of Public Health work should never fail to be emphasised.

Generally, I think the Service has shown a commendable steadiness in the face of profound administrative changes, and, while in Somerset, we work well and in unison with the other responsible medical bodies and organisations, there is, indeed, a feeling of disquiet among us as to the future of the Service for which we have been responsible for so long. One can only hope that attention will be given now to the situation, so that the great gains of the past will not be lost, and so that this Service of Public Health can go forward as a real partner in the vast organisation of hospital and general medical practice arrangements as we know them to-day.

I continue to be assisted greatly by all members of the County Staff, and I also acknowledge the ready help of the other departments of the County Council.

I am,

Yours faithfully,

J. F. DAVIDSON,

County Medical Officer of Health.

County Hall,

Taunton.

August, 1953.

PRINCIPAL CONTENTS

	PAGE
Vital statistics	3
Infectious Diseases, Prevalence of, and Control over	9
Orthopædic Scheme	11
Blind Persons	11
Health Services—	
Venereal disease	11
Tuberculosis	38
Health Centres	15
Care of Mothers and Young Children	17
Midwifery and Home Nursing Services	23
Health Visiting	23
Vaccination and Immunisation	25
Ambulance Service	31
Prevention of Illness, Care and After Care	38
Home Help Service	46
Mental Health Service	48
Water Supplies	59
Sewage Disposal	62
Housing	64
Sanitary Circumstances	67
Camping Sites	67
Swimming Baths	67
Supervision of Food Supply	67
Milk-in-Schools Scheme	71
Ice Cream	72
Report of County Public Analyst	73

SUMMARY OF VITAL STATISTICS.

Area (in acres): 1,026,048.

Population (1952): 477,600.

Live Births: Total 6,907; Legitimate 6,646; Illegitimate 261; Still births 154.

Deaths: Total 5,794; Urban 2,919; Rural 2,875.

Rateable value: £2,927,002 (1st April, 1952).

Sum represented by a penny rate: £11,880 estimated (1952-53).

Birth rate: 14.46; Illegitimate births 3.78 (per cent.).

Death rate: 12.13.

Deaths under 1 year of age: 173. Rate of infantile mortality: 25.05.

The birth rate shows a decrease from last year's figure (14.97). The percentage of illegitimate births is still high but shows a decrease from last year's figure (4.07).

The death rate (12.13) is lower than for the previous year (13.79). The rate of infantile mortality is 25.05 compared with 24.88 for 1951.

The chief causes of death were heart diseases (1,980 deaths), cancer and other forms of malignant disease (947 deaths), bronchitis and pneumonia (369 deaths), and tuberculosis (109 deaths).

The essential statistical returns covering births, infantile mortality, and deaths are given in tables I to V.

Births. The number of births for the year was 6,907 which gives a rate of 14.46 per thousand population as compared with 14.97 for 1951—a slight decrease. As will be noted from Table V, the birth rate for England and Wales for 1952 was 15.3, but for true comparison purposes the Somerset figure has to be adjusted to make approximate allowances for the way in which the sex and age distribution of the Somerset population varies from that of England and Wales. The adjusted figure for births for Somerset is 15.33, which is the same as that for the Country as a whole. The peak year for births was 1947 when Somerset's crude rate was 19.62, and the 1952 figure of 14.46 shows therefore a considerable decline.

Deaths. The death rate at 12.13 is lower than for the previous year. The rate for England and Wales is 11.3 and to compare the Somerset figures with the Country's rate it has to be adjusted in the same way as the birth rate. After adjustment the comparable Somerset rate is 10.19.

TABLE I

Causes of, and Ages at Death during the Year 1952

Causes of Death	Net 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 25 years	25 and under 45 years	45 and under 65 years	65 and under 75 years	75 and upwards
Tuberculosis, respiratory	97	0	0	2	4	22	47	18	4
Tuberculosis, other	12	0	3	0	0	3	4	1	1
Syphilitic disease	10	1	0	0	0	0	4	4	1
Diphtheria	0	0	0	0	0	0	0	0	0
Whooping Cough	3	1	2	0	0	0	0	0	0
Meningococcal infections	4	0	1	1	1	0	0	0	1
Acute poliomyelitis	4	0	1	1	0	2	0	0	0
Measles	0	0	0	0	0	0	0	0	0
Other infective and parasitic diseases	10	0	0	1	1	4	3	0	1
Malignant neoplasm, stomach	167	0	0	0	0	9	38	59	61
Malignant neoplasm, lung bronchus	120	0	0	0	0	4	68	32	16
Malignant neoplasm, breast	116	0	0	0	0	12	41	37	26
Malignant neoplasm, uterus	44	0	0	0	0	4	18	14	8
Other malignant and lymphatic neoplasms ...	500	1	4	2	4	26	159	147	157
Leukaemia, aleukaemia	21	0	1	2	0	3	8	6	1
Diabetes	40	0	0	0	1	1	9	14	15
Vascular lesions of nervous system	897	0	0	0	0	14	148	266	469
Coronary disease, angina	678	1	0	0	0	7	146	243	281
Hypertension with heart disease	123	0	0	0	0	1	26	47	49
Other heart disease	1179	0	0	1	1	14	117	231	815
Other circulatory disease	284	0	0	0	0	5	50	73	156
Influenza	36	0	0	1	1	1	10	5	18
Pneumonia	183	16	3	1	0	7	40	39	77
Bronchitis	186	1	1	0	2	2	36	53	91
Other diseases of respiratory system	50	0	0	1	0	2	18	14	15
Ulcer of stomach and duodenum	57	0	0	0	0	3	19	20	15
Gastritis, enteritis and diarrhoea	28	6	3	0	1	4	7	4	3
Nephritis and nephrosis	61	0	0	0	1	7	14	10	29
Hyperplasia of prostate	76	0	0	0	0	0	5	20	51
Pregnancy, childbirth, abortion	7	0	0	0	0	5	2	0	0
Congenital malformations	52	40	2	0	1	4	3	1	1
Other defined and ill-defined diseases	528	99	2	5	9	32	81	103	197
Motor vehicle accidents	55	0	5	3	8	17	8	8	6
All other accidents	122	7	0	3	14	14	21	19	44
Suicide	42	0	0	0	2	9	18	12	1
Homicide and operations of war	2	0	0	0	0	0	0	1	1
All causes	5794	173	28	24	51	238	1168	1501	2611

TABLE II

Causes of Death at all Ages in each District during the Year 1952

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
uberculosis, respiratory	7	2	3	4	2	0	2	4	1	0	4	1	5	7	3	3	48
uberculosis, other	1	1	1	0	1	0	0	0	0	0	2	0	0	1	0	0	7
yphilitic disease	0	1	0	1	1	0	0	0	0	0	0	0	0	0	1	0	4
iphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Whooping Cough	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	3
eningococcal infections	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
cute poliomyelitis	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	2
easles	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ther infective and parasitic diseases	1	1	0	0	0	0	0	1	0	0	0	0	0	0	1	3	7
alignant neoplasm, stomach	5	4	12	9	10	3	5	2	7	2	1	0	6	4	8	7	85
alignant neoplasm, lung, bronchus	8	5	3	1	1	0	1	4	10	1	3	2	5	4	5	5	58
alignant neoplasm, breast	7	7	6	1	5	0	3	6	4	3	1	1	1	1	3	2	51
alignant neoplasm, uterus	1	0	1	0	1	0	1	1	2	1	1	3	1	1	4	0	18
ther malignant and lymphatic neoplasms ...	37	16	16	12	16	10	10	20	22	9	26	5	8	14	20	18	259
eukæmia, aleukæmia	1	1	1	0	1	0	0	1	0	0	2	0	0	0	0	2	9
iabetes	0	1	0	1	2	1	1	3	4	5	1	2	0	0	2	1	24
ascular lesions of nervous system	42	34	38	25	23	7	9	19	42	19	33	18	14	29	42	37	431
oronary disease, angina	34	28	32	10	18	6	16	13	42	10	19	15	10	22	31	28	334
ypertension with heart disease	6	4	6	0	3	1	3	4	7	1	2	5	3	12	4	1	62
ther heart disease	72	50	42	24	40	9	36	39	44	22	44	18	14	26	43	44	567
ther circulatory disease	12	7	15	6	8	1	5	14	6	10	14	6	7	12	9	14	146
nfluenza	2	1	2	2	0	0	0	0	1	0	2	0	0	1	0	0	11
neumonia	17	11	8	2	7	4	2	8	6	4	4	3	3	6	2	10	97
ronchitis	10	4	10	7	8	3	4	7	6	0	11	1	3	5	10	9	98
ther diseases of respiratory system	0	4	2	2	3	0	2	0	2	1	1	0	1	4	1	4	27
lcer of stomach and duodenum	7	1	5	0	0	0	0	1	6	0	0	1	1	1	3	2	28
astritis, enteritis and diarrhœa	0	1	1	1	1	1	2	0	0	1	1	0	0	0	1	0	10
ephritis and nephrosis	4	4	2	1	0	2	0	0	1	3	1	0	1	1	5	1	26
yperplasia of prostate	4	4	1	2	4	1	1	2	6	3	1	1	1	3	1	6	41
regnancy, childbirth, abortion	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2	4
ongenital malformations	5	0	1	1	1	1	1	2	2	0	2	1	0	0	4	2	23
ther defined and ill-defined diseases ...	12	20	16	24	16	4	10	5	19	14	17	14	13	17	29	39	269
otor vehicle accidents	6	2	2	5	0	0	0	1	2	1	1	0	2	3	3	4	32
ll other accidents	6	3	5	9	3	2	4	4	3	3	5	4	3	4	6	9	73
icide	4	1	3	1	0	1	1	1	1	0	3	1	0	1	0	1	19
omicide and operations of war	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	2
All causes	313	218	236	152	175	57	119	162	248	113	202	102	102	180	242	254	2875

TABLE III

Causes of Death at all Ages in each District during the Year 1952

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
Tuberculosis, respiratory ...	5	0	1	3	0	0	4	0	0	0	2	0	3	1	9	1	2	1	8	9	49	9
Tuberculosis, other	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	1	2	5	1
Syphilitic disease	1	0	0	0	0	0	0	0	1	1	1	0	0	0	1	0	1	0	0	0	6	1
Diphtheria	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Meningococcal infections ...	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	4	
Acute poliomyelitis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	
Measles	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Other infective and parasitic diseases	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	3	1
Malignant neoplasm, stomach ...	12	5	0	5	2	5	2	1	4	2	2	4	1	2	5	2	3	2	14	9	82	16
Malignant neoplasm, lung, bronchus	10	1	0	2	0	2	2	3	2	2	3	1	1	1	7	0	2	0	17	6	62	12
Malignant neoplasm, breast ...	6	3	1	2	0	1	1	0	1	2	2	0	7	1	10	0	4	0	15	9	65	11
Malignant neoplasm, uterus ...	1	3	0	0	0	1	1	0	1	1	0	0	0	1	3	0	1	1	6	6	26	4
Other malignant and lymphatic neoplasms	28	13	1	20	1	10	3	1	7	6	11	6	3	10	38	4	4	6	51	18	241	50
Leukæmia, aleukæmia	2	0	1	0	0	1	0	0	0	0	0	0	0	0	3	0	2	0	2	1	12	2
Diabetes	1	0	0	2	0	1	0	0	1	2	3	0	0	0	2	0	1	0	2	1	16	4
Vascular lesions of nervous system	43	21	10	23	7	20	14	4	27	23	14	8	5	13	63	8	8	8	101	46	466	89
Coronary disease, angina ...	23	14	11	25	4	23	6	5	14	10	17	16	9	6	45	2	11	10	74	19	344	67
Hypertension with heart disease	9	1	1	0	0	3	0	0	1	5	6	0	2	3	9	2	6	0	10	3	61	12
Other heart disease	79	28	11	43	8	31	12	5	13	23	22	4	11	9	79	7	12	11	137	67	612	117
Other circulatory disease ...	13	7	1	6	3	5	6	1	2	5	9	4	0	1	22	1	10	1	26	15	138	28
Influenza	1	3	0	3	0	1	1	0	0	2	2	3	0	1	3	1	1	1	1	1	25	3
Pneumonia	13	1	1	3	2	5	1	2	3	1	7	2	3	0	12	0	2	1	21	6	86	18
Bronchitis	9	7	4	9	1	1	3	1	6	3	3	1	2	1	12	3	1	1	14	6	88	18
Other diseases of respiratory system	3	1	0	1	0	0	2	1	0	0	2	0	0	0	3	0	0	1	7	2	23	
Ulcer of stomach and duodenum	4	1	0	0	1	0	2	0	1	2	2	0	0	0	6	0	2	0	5	3	29	
Gastritis, enteritis and diarrhœa	5	2	0	2	0	1	1	0	0	0	0	0	0	1	0	0	2	1	0	3	18	
Nephritis and nephrosis ...	2	0	0	1	1	1	0	1	2	1	4	1	2	4	4	0	0	2	7	2	35	
Hyperplasia of prostate ...	0	2	0	3	0	0	0	0	1	4	2	2	0	1	1	1	2	1	9	6	35	
Pregnancy, childbirth, abortion	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	3	
Congenital malformations ...	4	1	1	1	1	0	1	1	3	2	1	0	0	1	3	0	1	1	2	5	29	
Other defined and ill-defined diseases	21	7	9	21	6	9	8	1	3	6	10	5	5	5	28	3	10	26	58	18	259	5
Motor vehicle accidents ...	3	1	0	0	0	0	1	0	0	1	0	0	1	1	4	0	4	0	5	2	23	
All other accidents	5	2	6	1	0	1	0	1	1	3	1	0	1	0	9	0	0	2	13	3	49	1
Suicide	3	0	0	0	0	2	4	0	0	1	2	1	0	0	5	0	0	0	3	2	23	
Homicide and operations of war	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
All causes ...	308	124	59	176	37	125	76	28	94	108	128	58	57	63	388	35	92	77	614	272	2919	57

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.	Births	Deaths	Deaths under 1 year	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Infantile Mortality Rate
Axbridge ...	336	313	9	26,470	12.69	13.96	11.82	9.70	26.79
Bathavon ...	269	218	6	19,070	14.11	13.69	11.43	9.94	22.30
Bridgwater ...	318	236	6	19,470	16.33	18.29	12.12	10.54	18.87
Chard ...	193	152	3	13,090	14.74	16.21	11.61	9.75	15.54
Clutton ...	238	175	3	17,080	13.93	15.18	10.25	8.92	12.60
Dulverton ...	74	57	2	4,412	16.77	18.45	12.92	10.59	27.03
Frome ...	175	119	6	10,360	16.89	18.75	11.49	9.54	34.29
Langport ...	199	162	3	12,710	15.66	16.76	12.75	10.20	15.08
Long Ashton ...	340	248	8	22,940	14.82	14.97	10.81	9.62	23.53
Shepton Mallet ...	156	113	6	10,870	14.35	17.08	10.40	9.57	38.46
Taunton ...	321	202	10	21,470	14.95	16.15	9.41	7.90	31.15
Wellington ...	134	102	3	7,768	17.25	18.29	13.13	10.77	22.39
Wells ...	176	102	4	10,160	17.32	20.78	10.04	8.23	22.73
Williton ...	151	180	0	12,760	11.83	13.13	14.11	11.00	0.0
Wincanton ...	271	242	6	17,820	15.21	16.88	13.58	11.00	22.14
Yeovil ...	331	254	9	24,050	13.76	14.72	10.56	10.14	27.19
Totals of Rural Districts ...	3,682	2,875	84	250,500	14.70	15.88	11.48	9.76	22.81

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.	Births	Deaths	Deaths under 1 year	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Infantile Mortality Rate
Bridgwater ...	400	308	11	23,340	17.14	16.80	13.20	12.67	27.50
Burnham ...	146	124	2	9,410	15.51	17.22	13.18	10.28	13.70
Chard ...	72	59	2	5,260	13.69	14.79	11.22	9.76	27.77
Clevedon ...	125	176	1	9,491	13.17	14.75	18.54	12.42	8.00
Crewkerne ...	57	37	1	3,953	14.42	15.72	9.36	7.86	17.54
Frome ...	177	125	3	11,130	15.90	17.17	11.23	8.87	16.95
Glastonbury ...	74	76	3	5,122	14.45	15.17	14.84	12.32	40.54
Ilminster ...	40	28	1	2,613	15.31	15.46	10.72	9.86	25.00
Keynsham ...	116	94	3	8,276	14.02	14.58	11.36	9.54	25.86
Minehead ...	74	108	3	7,237	10.23	11.15	14.92	9.70	40.54
Norton-Radstock...	191	128	6	12,020	15.89	17.16	10.65	10.33	31.41
Portishead ...	81	58	3	4,591	17.64	19.23	12.63	9.98	37.04
Shepton Mallet ...	85	57	2	5,259	16.16	15.84	10.84	10.62	23.53
Street ...	66	63	2	5,746	11.49	11.15	10.96	9.97	30.30
Taunton ...	477	388	13	34,600	13.79	14.34	11.21	10.65	27.25
Watchet ...	37	35	1	2,530	14.62	16.23	13.83	11.62	27.03
Wellington ...	110	92	3	7,373	14.92	17.31	12.48	9.86	27.27
Wells ...	84	77	4	5,939	14.14	15.70	12.97	10.51	47.62
Weston-s.-Mare ...	456	614	14	39,540	11.53	11.99	15.53	11.18	30.70
Yeovil ...	357	272	11	23,670	15.08	15.23	11.49	10.57	30.81
Totals of Urban Districts ...	3,225	2,919	89	227,100	14.21	14.92	12.85	10.67	27.60
Administrative County	6,907	5,794	173	477,600	14.46	15.33	12.13	10.19	25.05
England and Wales, 1952 ...	—	—	—	—	15.3	—	11.3	—	27.6

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

The cases of notifiable disease and their distribution are shown in Table VI. The total figures for 1951 are also given for comparison. From this will be seen that the number of cases of measles notified was 780 compared with 7,900 for the previous year.

As regards diphtheria, it will be noted that for the first time there have been no notifications and I have included a special comment about this in the appropriate part of this report.

The notifications for whooping cough for the year are slightly less, and for poliomyelitis are a little higher at 73 cases compared with 53 for 1951. There were no notified cases of ophthalmia neonatorum, and scarlet fever cases at 504 were roughly double that of the previous year.

Poliomyelitis. There were 73 confirmed cases of poliomyelitis in Somerset during the year and of these 4 died. This total shows a rise compared with the figure of 53 for the previous year. The details for the last seven years are:—

1946	...	...	...	...	...	21 (5)
1947	...	...	...	...	...	64 (1)
1948	...	...	...	...	...	34 (5)
1949	...	...	...	...	...	84 (6)
1950	...	...	...	...	...	140 (8)
1951	...	...	...	...	...	53 (4)
1952	...	...	...	...	...	73 (4)

The figures in brackets are the number of deaths.

The highest incidence of cases fell during the months of July and August, when 26 of the 73 cases were confirmed. In all but one instance the patients were admitted to Isolation Hospitals. No restrictions were imposed on operative work, nor were any schools closed.

NOTIFICATION OF INFECTIOUS DISEASES.

TABLE VI.

	Measles	Scarlet Fever	Diphtheria	Enteric and Para-typhoid Fevers	Puerperal Pyrexia	Ophthalmia Neonatorum	Cerebro-Spinal Meningitis	Dysentery	Whooping Cough	Pneumonia	Acute Polio-myelitis	Encephalitis Lethargica
URBAN.												
Bridgwater	9	34	0	0	4	0	2	14	2	5	0	1
Burnham	42	5	0	0	0	0	0	0	55	6	0	0
Chard	2	0	0	0	0	0	0	0	1	0	1	0
Clevedon	7	12	0	0	6	0	0	0	98	2	1	0
Crewkerne	1	16	0	0	5	0	0	0	3	0	1	0
Frome	2	4	0	0	0	0	0	0	21	0	1	0
Glastonbury	0	2	0	0	0	0	0	0	1	0	2	0
Ilminster	0	3	0	0	0	0	0	0	0	2	1	0
Keynsham	20	4	0	0	0	0	0	0	13	0	1	2
Minehead	4	59	0	0	0	0	0	0	2	0	2	0
Norton-Radstock	1	8	0	0	2	0	1	0	47	1	0	0
Portishead	36	0	0	0	0	0	1	2	22	0	0	0
Shepton Mallet	0	1	0	0	0	0	1	0	0	0	1	0
Street	4	12	0	0	0	0	0	0	5	3	0	0
Taunton	77	54	0	0	5	0	0	7	11	7	2	0
Watchet	1	0	0	0	0	0	1	0	0	1	3	0
Wellington	0	6	0	0	1	0	0	10	51	2	0	0
Wells	0	0	0	0	2	0	0	0	4	0	0	0
Weston-super-Mare	188	25	0	0	3	0	3	4	162	9	6	0
Yeovil	3	14	0	0	9	0	0	4	73	12	7	0
RURAL.												
Axbridge	145	23	0	1	1	0	0	0	61	14	2	0
Bathavon	5	14	0	0	1	0	0	0	99	3	2	0
Bridgwater	13	31	0	0	1	0	0	3	63	11	1	0
Chard	10	4	0	0	1	0	0	1	7	2	4	0
Clutton	18	29	0	1	4	0	0	0	91	5	2	0
Dulverton	2	0	0	0	0	0	0	0	22	1	0	0
Frome	1	1	0	0	0	0	0	0	49	7	1	0
Langport	7	4	0	0	1	0	0	3	34	21	3	0
Long Ashton	115	13	0	0	0	0	1	1	87	20	1	0
Shepton Mallet	3	0	0	0	0	0	0	0	15	3	3	0
Taunton	27	33	0	0	2	0	1	0	16	5	0	0
Wellington	3	1	0	0	0	0	0	0	6	0	0	0
Wells	0	4	0	0	1	0	0	0	19	2	0	0
Williton	7	7	0	0	0	0	0	0	5	1	3	0
Wincanton	25	11	0	0	0	0	1	0	75	11	1	0
Yeovil	2	70	0	0	1	0	1	1	67	15	21	0
Urban Districts	397	259	0	0	37	0	9	41	571	50	29	3
Rural Districts	383	245	0	2	13	0	4	9	716	121	44	0
Administrative County ...	780	504	0	2	50	0	13	50	1287	171	73	3
Comparative figures for 1951 are:—	7900	261	3	5	52	9	12	115	1400	252	53	4

Venereal Diseases. The following are the attendances of Somerset cases at the various clinics for the past three years. The figures in brackets indicate the number of new cases suffering from "other conditions" and conditions remaining undiagnosed at 31st December, 1952:—

Clinics	New Cases				Attendances			
	1950	1951	1952	Increase or decrease during 1952	1950	1951	1952	Increase or decrease during 1952
Bath	49 (33)	31 (24)	29 (23)	− 2	353	233	212	− 21
Bristol	102 (78)	85 (63)	79 (59)	− 6	820	669	527	−142
Taunton	78 (58)	55 (44)	36 (29)	− 19	599	535	513	− 22
Yeovil	95 (73)	63 (47)	79 (68)	+ 16	628	685	721	+ 36
Bridgwater	68 (46)	72 (60)	48 (37)	− 24	392	415	465	+ 50
Frome	12 (7)	1 (1)	Closed.	− 1	63	40	Closed.	− 40
Minehead	10 (8)	1 (1)	Closed.	− 1	39	8	Closed.	− 8
Weston-super-Mare ..	71 (55)	48 (34)	47 (37)	− 1	397	254	226	− 28
Glastonbury ...	4 (0)	Closed.	Closed.		3	Closed.	Closed.	
All Clinics ...	489(358)	356(274)	318(253)	− 38	3,294	2,839	2,664	−175

ORTHOPÆDIC SCHEME.

As in previous years a note on the County Scheme and its work during 1952 is given in my report for 1952 as School Medical Officer.

BLIND PERSONS.

The general work is carried out by the Somerset Blind Association on behalf of, and with a grant from, the County Council. Seven Home Teachers, one of whom is blind, were employed by the County Blind Association during 1952. There were 18 Home Workers under the supervision of the Bristol Royal Blind Asylum Workshops. At the end of 1952 there were 1,030 persons (419 men and 611 women) in the County registered as blind, compared with 1,007 at the end of 1951. Certification by a medical practitioner with special experience in ophthalmology is required before registration.

Difficulty was being experienced in the prompt certification of Blind Persons by Ophthalmic Surgeons, some of whom may not have realised the financial hardship caused by the delay in the completion of the necessary certificate of blindness. By personal contact with several of the Ophthalmic Surgeons in the County together with a modification, by the Minister of Health, of the Scheme for the Welfare of the Blind relating to the certification of the aged and bedridden in remote areas, a great improvement has been accomplished and the time taken to obtain certification of a Blind Person has been considerably reduced, with consequent benefit to the persons concerned.

NATIONAL HEALTH SERVICE ACT, 1946.

The Minister of Health in his Circular 29/52 of the 19th August, 1952, indicated that he would like a special survey to be made of the working of the local health services provided under the National Health Service Act, such survey to include an account of the services as existing at the end of 1952, but also to contain a general review of their working in relation to the National Health Service as a whole.

It will be apparent from my previous annual reports that much of this is a matter of course but special points mentioned by the Minister have been given consideration this year and I have endeavoured to produce a co-ordinated and balanced account of developments in all their various aspects as related to the position existing at the end of 1952, with certain criticisms, comments and suggestions as to policy for the future.

GENERAL.

1. Administration.

The administrative control of the County's health services is exercised by the County Medical Officer of Health mainly through headquarters staff consisting of a Deputy Medical Officer and two Senior Medical Officers, a Chief Administrative Officer, County Nursing Officer, Ambulance Liaison Officer (non-medical), and Mental Health Officer (non-medical), who supervise and co-ordinate their particular branches of the local health service.

The officers above referred to are responsible for carrying on the day-to-day running of the services and for implementation of policy as approved by the County Medical Officer. Supervision of these officers is maintained by frequent conferences on various aspects of the work when new arrangements are discussed generally and their co-ordination with other services and with the general scheme is agreed.

(*a*) One senior medical officer is responsible for the day-to-day work of the **Maternity and Nursing Services** which includes Sections 22, 23, 24 and 25 of the National Health Service Act, 1946, and thereby secures a large measure of co-ordination of these services. The direct control and supervision of the midwives, nurses and health visitors is maintained by the County Nursing Officer, her deputy, and three Area Supervisors who each cover approximately one-third of the County. Prior to the 1946 Act the Taunton, Weston-super-Mare and Yeovil Boroughs were their own Health Authorities for Maternity and Child Welfare. In order to maintain local interest the County Council have delegated to area Committees for these three areas day-to-day responsibility for Maternity and Child Welfare (other than nursing). Apart from these there is no other decentralisation nor is it thought advisable or necessary that there should be. This small measure of delegation does not indicate any major advantage and none that could not be achieved more effectively in other ways.

The constitution of these Area Sub-Committees is:—

Sub-Committees of the County Health Committee consisting of members of the County Health Committee, and the Borough Council, together with other local representatives, are established for the areas of the Boroughs of Taunton, Weston-super-Mare and Yeovil.

Within the framework of the proposals approved by the Minister and subject to the general control of the County Council on matters of policy, finance and staff, the powers of the County Council as Local Health Authority, which are at present exercised by the Borough Councils as Welfare Authority, are delegated to such Sub-Committees. Such Sub-Committees report their proceedings to the Health Committee through the main Sub-Committee of the Health Committee, to which are delegated the welfare functions of the County Council for the remainder of the County.

The Medical Officer of Health for the Borough is appointed in a part--time capacity as an Assistant Medical Officer of Health for the County and subject to the general control of the County Medical Officer of Health is the medical adviser to the Sub-Committee, and is responsible to the County Medical Officer of Health for the day-to-day administration in his area. Such staff as may be required for these duties are provided by the County Council.

The Nursing and Health Visiting Staff are under the general control of the County Medical Officer of Health.

All financial matters including payment of accounts, staff salaries and superannuation, etc., are dealt with direct by the County Treasurer and the County Council's Code of Financial and Accounting Procedure is applied thereto.

The County Architect is responsible for all matters connected with buildings under the control of the Health Committee in the Borough.

The Clerk of the County Council acts as Clerk to the Sub-Committee and is responsible for all agenda, minutes and reports of the Sub-Committee and the general correspondence in connection therewith.

(*b*) The **Mental Health Service** is in medical charge of a senior medical officer, with, in addition, the Mental Health Officer. These two officers are responsible for day-to-day running, implementation of policy and co-ordination of the service with the mental services of the Regional Hospital Board.

(*c*) The **Ambulance Work** is supervised and maintained by the Ambulance Liaison Officer. The arrangement in Somerset is a combination of the voluntary with the official. Agreements have been reached with St. John Ambulance Brigade and the British Red Cross Society whereby these bodies carry on the day-to-day running of the service subject to certain controls from the County level. To facilitate control of these voluntary bodies there exists a group system of control of which more is said under the particular section relating to their work.

(*d*) The **Home Helps Service** is supervised by a County Organiser who has under her control area organisers who are responsible for the day-to-day work. Much voluntary work is still forthcoming for this service and does much to keep costs at a reasonable level. This service is related to and functions under the Maternity and Nursing Services section of the Department.

2. **Co-ordination and co-operation with other parts of the National Health Service.**

The detailed position is dealt with under particular sections of the work to be described later in this report.

As an overall viewpoint, I consider that, in Somerset, the goodwill and understanding which have been established between and among the various bodies having duties and responsibilities under the Act, have done much to minimise the fundamental and sometimes incomprehensible cleavage of functions resulting from the operation of the Act.

The position and standing of Preventive Medicine under the new Act is woefully weak and the balance can only be sustained where the Public Health personnel are of such calibre as to be able to take their position and consequently the position of the services which they administer within the general services of the Act. A weakening in Public Health personnel, unhappily already making its approach apparent, will inevitably lead to the end, or ineffectual working, of all the great personal and environmental services for which Preventive Medicine was instituted and to which Preventive Medicine has made such a vast and evident contribution.

The position is indeed a sad one and particularly so for those who have given twenty or thirty years of their working lives to these services.

Despite all this, and despite the mutual divisions in working arrangements under the Act, much progress has been made by give and take between the Local Health Authority and the Regional Hospital Board and its Management Committees and the Executive Council.

In the Health Department of Somerset we have taken the view that it is our duty to do all we can to make the new arrangements work and we have applied ourselves to this end, and we have been greatly assisted in the main by the help of the other bodies concerned.

All this, however, does not change our opinion that the cleavage in a succession of services is bad and detrimental and cannot be viewed other than with disquiet.

The contacts of the Department generally with consultants and general practitioners are good and efforts continue to be made to see that misunderstandings are avoided and that the profession generally is kept aware of what the Department is doing. A special effort is being made to keep general practitioners in close contact with the work of Health Visitors, both wholetime and those also employed in District Nursing duties.

3. **Joint Use of Staff.**

Doctors in general practice act as medical officers at some child welfare centres, and 42 are so employed on a sessional basis. In one instance an ante-natal clinic is staffed by general medical practitioners.

Conversely, medical staff of the authority give some assistance to hospitals in the staffing of V.D. clinics but only to a small degree. Also, it should be noted that reference has been made in past years to the joint appointment of chest physicians. In addition, the tuberculosis clinics are partly staffed by the local authority's health visitors who are thereby kept conversant with the cases coming forward. Much good work is done this way but it is important to note that the artificial split which has been made in the tuberculosis service has tended to destroy much of its unified efficiency of the past. It has only been by special efforts on the part of the local health authority that the existing arrangements work so well. The splitting of the domiciliary side from the clinical and institutional can only be regarded as a retrograde step.

4. **Voluntary Organisations.**

In Somerset we have had a tradition of voluntary effort, and the organisations which have assisted the local authority so much in the past have continued to do so under the new Act.

In the Ambulance work there is the help and goodwill coming from the St. John Ambulance Brigade and British Red Cross Society and in fact the scheme is based on an agreement which takes advantage of the assistance these voluntary bodies offer. It is very true that the ambulance service would have had a much more difficult start had it not been for the initial and continuing help and guidance which these two bodies bring to us.

Also, both the Brigade and the Society have been the corner stones of the Medical Comforts Scheme and in fact are wholly responsible for the day-to-day running of the storage depots and the issue of equipment. The local authority exercises the minimum of control, mainly financial, and the work has gone forward excellently.

On the Maternity and Child Welfare side we derive considerable help from the County Nursing Association, N.S.P.C.C., Moral Welfare Associations, the St. John Ambulance Brigade and British Red Cross Society, and the Women's Voluntary Services.

Our scheme for unmarried mothers, and illegitimate children, has been much aided by the assistance given by the Moral Welfare Workers and the N.S.P.C.C., and the W.V.S. have provided clothing, etc., in many instances, and alleviated unfortunate conditions.

The W.V.S. have also rendered an excellent work in the inauguration of the Home Help Service and were initially wholly responsible for its day-to-day running. Although much of the supervision and responsibility has now passed to the authority's local organisers, the W.V.S. continue to give assistance of a most valuable nature by providing voluntary workers in various parts of each area who assist in the visiting of cases, etc. The continuance of this is desirable and provides an example of the voluntary and official working effectively side by side.

HEALTH CENTRES.

The position here remains as reported in previous years and I do not think I can add any useful comments other than to repeat what has been said before, namely, that the possibility of the development of such centres in Somerset is extremely remote and that the demand for them is non-existent.

MIDWIFERY, NURSING AND CHILD WELFARE SERVICES.

These are dealt with below under their relative headings, but a general statement here will show the degree of co-ordination and co-operation existing between these and other branches of the National Health Service.

The County Medical Officer of Health and Senior Medical Officer for Maternity and Child Welfare are members of South Somerset Clinical Area Maternity Sub-Committee. Personal contact with obstetric consultants and with general practitioners is regarded as the most efficient method of co-ordination, whether it be by medical officer, midwife, health visitor or nurse, and this is carried out to the fullest degree.

Matters of change of policy affecting the Local Health Authority Maternity and Child Welfare Services are discussed with obstetric and paediatric consultants, and are then conveyed to general practitioners by personal letter. Certain matters of policy are referred to the Local Medical Committee before general practitioners are informed. Information is sometimes conveyed to practitioners through the help of the Local Executive Council.

Midwives are instructed to send their ante-natal records of hospital patients for the information of the staff, and discharge notes are received from most maternity units. The offices of the Ministry of National Insurance and National Assistance Board are supplied with addresses of nurses and health visitors, and there is constant two-way communication between these bodies and the Health Department.

The present method of co-ordination appears to be satisfactory and adequate. The attendance of nurses and health visitors at hospitals in their area periodically is desirable but not practicable in every district.

District Nursing Service.

During the year the Health Committee have had under review the District Nursing, Midwifery and Health Visiting services and also the voluntary arrangements carried on through the County and District Nursing Associations. The review has been made first in relation to the development plan contained in the approved proposals under the National Health Service Act, 1946, and secondly in relation to the need for changes in the general structure of the services. With regard to District

Nursing, Midwifery and Health Visiting, the proposals contained in the development plan envisaged their unification in one all purpose Nursing Service to cover treatment and prevention with, it is hoped, the eventual result that in the main, one officer only would visit the home for all duties. Various difficulties have been encountered in developing this unified service amongst which were and still are the maintenance of adequate qualified staff and the training of existing staff. Some progress, however, has been made and to facilitate unification the appointment of Superintendent Health Visitor has been merged with that of County Nursing Officer and Deputy, thus securing co-ordination at the top.

With regard to the supervision of District Nurses the Council will be aware that with the development of District Nursing Services under the County Council it was found necessary initially to increase the supervisory staff in order that local contact could be maintained during the difficult change-over period and to help to solve locally any additional problems arising under the new arrangements.

With the lapse of time many of these problems have settled themselves and the need for local guidance and close supervision is somewhat lessened. As a result of this I recommended the Health Committee to approve a reduction in the supervisory staff, to be effected when the resignation of existing supervisors became available. As it happened, within a short time two left for other posts and we were able to bring the staff down to the minimum number of five (including County Nursing Officer and her Deputy) which I considered necessary.

This at present is our establishment but it may well be after some experience of the new arrangements that one more supervisor may be necessary.

County and District Nursing Associations.

One of the main features which had occasioned this review and which required careful consideration was the position of the County and District Nursing Associations. It will be apparent that since 1948 when the Council took over many of the functions of the County and District Associations there had been fundamental changes in the theoretical and practical functions of the Associations. The feeling had been growing up for some time that the position of the District Associations was purely formal and that many of these were being kept alive by giving them duties which were petty in character and did very little to promote the smooth working of the service.

Again, too, from an administrative point of view there arose the position that these Associations had more or less rigid boundaries and were often opposed to amalgamation with adjoining districts and so prevented us easily pushing forward with schemes of reorganisation. Within limits it will be understood that small units are not economical compared with the larger areas which could be formed by joining two or more Associations together, and that many of the Associations were not comparable in size—they vary from those whose nursing requirements are somewhat less than one nurse to those districts where as many as eleven nurses are needed. For some time I have had in mind that grouping of nurses might provide greater flexibility and economy and I am sure it will be appreciated that when dealing with large numbers of staff with relief, sickness and holidays to be coped with, flexibility is essential so that nurses can be available to give help wherever needed.

One of the features of the District Nursing Service is that constant change takes place and our arrangements have to be such that adjustments can be facilitated. I therefore suggested to the Midwifery and Nursing Services Sub-Committee that consideration should be given to the need for consultation with the District and County Nursing Associations with a view to a major reorganisation of existing voluntary arrangements. The object of such consultations would be the elimination as far as possible of the boundaries of the District Nursing Associations and so attain greater elasticity.

I was aware when suggesting this that if this principle was fully accepted, District Nursing Associations must cease to function as at present. As a result of all this the voluntary arrangements were carefully considered by County Council and Voluntary Association representatives and following their recommendations many of the District Nursing Associations have dissolved and more will undoubtedly do so. Some are anxious to continue and there is, of course, nothing to prevent them from so doing. Of these, many have capital assets which require trustees.

The County Nursing Association itself has been reconstituted to obtain on its body local representatives, and I feel it has a great deal more of useful work still to do in the voluntary field.

When making these proposals originally I knew that if accepted they might cause the disappearance of many of the local Associations. About this I was not very happy, but I believe I am right in thinking that their disappearance is eventually inevitable and that we must face facts as they are.

The Associations have done, in the past, great and valuable work in the nursing services, and they have maintained a tremendous fund of goodwill, developed the voluntary spirit and given valuable help and advice in local nursing matters. It is to be hoped that where Associations have dissolved this outstanding feature of the Associations will not disappear altogether but will be continued through the local representatives who are to be appointed. There is, of course, still much to be done locally in advising a nurse on her district, securing her welfare and, what is of great importance, in promoting nursing interests in those quarters where a voluntary body is more listened to than the official.

CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

In general, the facilities available in 1948 have continued until in 1952 the domiciliary scheme of medical examination by the patient's doctor was discontinued, all necessary services being provided through other channels.

The ante-natal clinics have continued, but there has been a considerable drop in attendances at medical sessions as the majority of patients now approach a General Practitioner Obstetrician for the provision of Maternity Medical Services. Midwives' sessions maintain their normal attendance.

Ante-natal clinics are attended by a Health Visitor in addition to a Midwife, and demonstrations and brief talks have been given. It is found, however, that education sessions are more acceptable if arranged as a separate and semi-social meeting, and at several centres in the county a series of five evening talks (one per week) is attended fully and is acknowledged by the patients to be of great benefit. At one such centre the attendance of fathers approximates to that of the mothers. Medical Officer, Midwife (domiciliary and/or hospital) and Health Visitor share in the instruction. It is found that a personal invitation addressed to the patient is much more effective than a general notice shown at the clinic. Visual aids are used and demonstration materials are available, and patients are found to participate freely in discussions and questions. Ante-natal and post-natal attendances at the three clinics for 1952 were as follows:—

	Women attending		New cases		Total attendances	
	Ante Natal	Post Natal	Ante Natal	Post Natal	Ante Natal	Post Natal
Taunton	324	48	317	47	1,588	66
Weston-super-Mare	302	25	175	—	663	27
Yeovil	115	10	69	10	239	11

At each clinic arrangements are available for the routine taking of blood. At two centres special blood-taking clinics have been established (after consultation with general practitioners) and are used freely by the practitioners in the surrounding area. The attendances for 1952 were: 592 at Bridgwater and 66 at Crewkerne. The results of these blood examinations are sent to the patient's

doctor (whether he has sent her or not) and to the Nurse, and arrangements are made for follow-up tests when necessary. Blood-taking clinics were offered in two other areas but were refused by the doctors, but it is hoped to extend this service to other areas.

In several districts General Practitioner Obstetricians reserve sessions for ante-natal work and midwives attend with their patients, and in many areas the midwives reserve sessions for seeing ante-natal patients. This does not take the place of visiting the patient in her own home periodically, which is regarded as an essential part of the service.

Through the local Food Office supplies of vitamins are available at ante-natal clinics and in remote rural areas midwives frequently undertake distribution.

Midwives are supplied with sterilised Maternity packs, which they supply to domiciliary patients.

Close co-operation is maintained between Health Department and Hospitals, and exchange of relative information is carried out as fully as is possible. Midwives are instructed to send ante-natal records to hospitals which in turn furnish a full discharge note in respect of both mother and baby, and where some doubt or difficulty is anticipated in the home, full use is made of the Nursing and Health Visiting staff of the local Health Authority.

Home Helps play a large part in the care of expectant and nursing mothers and since the inception of the National Health Service Act, 1946, no necessitous maternity case has been left unassisted.

Co-operation between General Practitioner Obstetricians and Local Health Authorities is fostered to its fullest extent.

Selection of cases for admission to maternity accommodation for social reasons is undertaken by the Health Department on behalf of the Regional Hospital Board. Because of the rural nature of much of the county, interpretation of social need is assessed on a wide basis to eliminate as far as is possible the potential handicap of living in a remote area. The hospital admission ratio for maternity cases of approximately 64 per cent. is higher than in many areas, but it is argued that this is desirable, if not essential, for maternal safety in such a wide county with many isolated homes. When hospital admission is arranged the majority of patients so booked attend the appropriate hospital twice during pregnancy, transport being provided if necessary for medical reasons. Lectures have been given to Ambulance personnel on dealing with obstetric emergencies en route to hospitals.

Much remains to be done in extending the education side of ante-natal work, and it is hoped to develop group talks in many areas.

The need for blood examination in pregnancy appears not to be appreciated fully in some areas where relatively few ante-natal patients have the benefit of such examination. It is hoped to extend special blood-taking clinics where suitable premises are available.

Infant and Maternal Mortality. The County infant mortality rate of 25.05 (as compared with 27.6 for the Country as a whole) shows a slight increase from the previous year's figure of 24.88. The neo-natal death rate for 1952 is 18.39 compared with 18.13 for 1951, whilst the still-birth rate is 21.81 compared with 19.27 in 1951.

During 1952 no maternal deaths occurred in domiciliary midwifery practice and seven after admission to hospital, the rate being 0.99 per 1,000 births as compared with 0.96 per 1,000 in 1951.

Unmarried mothers. When the case of an unmarried mother is notified, enquiries are made through members of the Senior Nursing Staff as to the extent of the help which may be required. Many enquiries are received from medical practitioners, others through nurses and midwives, some by direct approach by patient, and some are referred by Moral Welfare Workers, with whom there is close co-operation. Selected cases are referred to Moral Welfare Workers with the consent of the patient. When necessary, ante-natal hostel accommodation is provided either in the Local Authority hostel or in a Moral Welfare Home, and similarly provisions are made for post-natal care of the mother and baby until their future is settled. Posts with the infant are arranged, foster homes suggested when necessary, and occasionally residential nursery accommodation is provided by agreement with the Children's Officer. Where, after a reasonable period adoption is considered the wisest course, reference is made to the Children's Officer for consideration by the Adoption Sub-Committee of the County Council.

There is close co-operation with the Children's and Welfare Sections of the Local Health Authority, and the National Assistance Board are always helpful and co-operative.

Convalescence is provided for mothers and babies together, when necessary, and the W.V.S. are most helpful both in advising and in providing clothing and helping with transport. The Home Help Service is utilised to a considerable extent in the care of ante-natal patients who for medical reasons require relief from domestic duties.

Children under five years of pregnant mothers are given priority of admission to Day Nurseries one—two months before the expected date of delivery, or earlier should the medical condition so require, and by the co-operation of the Children's Committee short-term residential accommodation is provided where medical need exists and no other and more satisfactory solution is possible.

Child Welfare. There are in the County 95 Child Welfare Centres which meet at weekly, fortnightly, or monthly intervals, according to the requirements of the area.

The majority of these are held in premises which are far from ideal but in spite of difficulties good work is done. The medical work of 42 of these centres is undertaken by a general practitioner on a sessional basis, the remainder being staffed by full-time Assistant County Medical Officers. In addition to the medical work, educational propaganda is undertaken, and diphtheria immunisation is regarded as part of the normal function of the clinic; pertussis immunisation is given on demand. In several centres facilities for dental inspection and treatment are available within the same building, but it has been impossible to extend to any great degree the dental inspection of the pre-school child. A close co-operation is maintained between the medical staff and the pædiatricians of the area.

Welfare foods and vitamins are available and a limited range of essential baby foods are on sale. In addition, a Vitamin A.D. preparation and an iron preparation are supplied free of cost on medical recommendation. The list of articles on sale and provided free was agreed by consultation with the Pædiatricians of the region. For those mothers who by reason of ill health, or by reason of geographical inaccessibility, are unable to attend clinics, Health Visitors or District Nurses deliver dried milks and vitamins, and the Ministry of Food operates a postal service. In many areas free transport to Child Welfare Centres is provided for groups of mothers who wish to attend.

In July, 1948, many of the Welfare Centres were handicapped by lack of, or by poor and antiquated equipment. This has now been brought to a satisfactory level. The extension of educational work is a slow and difficult matter and much remains to be done in this field.

Welfare Centres are administered by Voluntary Committees often working as part of, or in conjunction with, a Nursing Association Committee. The County Council is greatly indebted to these workers for their generous help, without which it would be difficult to maintain Child Welfare Centres in rural areas.

A special breast-feeding clinic is held in one centre, where more detailed advice can be given than is possible at the Child Welfare Centre. It is impossible to assess numerically the value of this clinic but it has assisted many mothers to continue breast-feeding when they were about to give up.

Efforts are made to work closely with the pædiatricians in the county and in the South Somerset clinical area combined Pædiatric - Child Welfare Centre staff meetings have been held each year—sometimes medical only—sometimes with nursing personnel in addition. Topics of mutual interest have been discussed and these meetings are much appreciated.

Before the Local Health Authority introduces any new policy concerning child health the Pædiatricians are consulted; and all county assistant medical officers attend, periodically and regularly, a pædiatric out-patient clinic in order to keep in touch with modern methods of diagnosis and treatment. Health Visitors also are welcomed at pædiatric out-patient sessions but it is not practicable to arrange any regular system of attendance.

		Cases.		Attendances.		
		Under 1 year.	Over 1 year.	Under 1 year.	1 - 5 years.	Total.
Child Welfare Centres	1948 ...	2,901	4,619	22,910	15,476	38,386
	1949 ...	3,221	6,915	44,001	31,154	75,155
	1950 ...	2,737	5,805	41,566	28,121	69,687
	1951 ...	3,045	7,218	40,126	32,139	72.265
	1952 ...	3,073	6,490	41,369	31,778	73,147

Special Supervision of Children. During 1952, 687 children requiring special supervision, care or treatment were referred to the Health Department by Infant Visitors—

Orthopædic	263
Eye—	
Blindness	6
Other	53
Ear, nose and throat	34
Neglect	8
Mental retardation	34
Debility; prematurity; feeding difficulties	69
Malnutrition	18
Tubercular	15
Other chest conditions	32
Dental	13
Hare-lip and cleft palate	8
Speech defects	22
Eczema; skin conditions	17
Miscellaneous	95
	687

74,753 home visits to children under one year of age and 103,166 visits to children from 1 - 5 years of age have been paid by full-time Health Visitors and by District Nursing Staff undertaking combined work in rural areas.

Ophthalmia Neonatorum. There were no cases of Ophthalmia Neonatorum notified during the year.

Puerperal Pyrexia. 50 cases of Puerperal Pyrexia were notified in the districts shown in Table VI.

Dental Care—Report of the Chief Dental Officer. The position regarding staff improved slightly during the year, the number of Dental Officers having increased to 15 by the end of 1952.

Whether this improvement will be maintained remains to be seen as we find that dentists are still being attracted to the National Health Service despite the slight narrowing of the gap between the remuneration of dental surgeons in local authority services and those in allied services.

During the year four additional clinics were brought into use at Crewkerne, Frome, Wellington and Weston-super-Mare.

The number of cases dealt with has increased slightly but it is not yet possible to embark on any extension until the staff position becomes more stable.

The dental treatment given by the County Dental Staff to expectant and nursing mothers and to pre-school children for the year ended 31st December, 1952, is shown in the table below:—

(*a*) Numbers provided with dental care—

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and nursing mothers ...	230	210	217	118
Children under 5	720	669	636	360

(*b*) Forms of dental treatment provided—

	Extractions	Anæsthetics Local	Anæsthetics General	Fillings	Scalings or Scalings and gum treatment	Silver Nitrate treatment	Dressings	Radiographs
Expectant and nursing mothers	563	67	122	229	62	—	187	9
Children under five	989	8	535	341	12	196	312	—

Dentures provided by County Dental Laboratory—

Complete	45
Partial	67
Total ...	112

The number of sessions devoted to this service by the County Dental Officers totalled 283½.

Day Nurseries. There are five day nurseries in the County—at Taunton, Bridgwater, Weston-super-Mare, Frome and Keynsham. Admissions are arranged on a priority system according to child need, prior claim being given to children of unmarried, widowed, or separated mothers, or of mothers who are suffering from permanent or temporary illness.

An Admissions Sub-Committee meets quarterly to decide which children shall be accepted, and urgent admissions are arranged in the interim period by consultation with the Chairman of the Sub-Committee and the local medical officer.

Care of Premature Infants. In 1948 there already existed a premature baby unit in Bridgwater, established by the Local Health Authority, but there were no special domiciliary arrangements for the domiciliary care of premature infants. However, a satisfactory scheme has been built up, which functions well throughout the county.

Midwives have been instructed that so far as is possible all premature confinements of less than 37 weeks' apparent gestation should be admitted to hospital. If home confinement is inevitable they must summon medical aid, and the decision as to whether the infant (and mother) are transferred to hospital is made by the medical practitioner. Special transport facilities and trained staff are sent by the premature baby units for transfer of infants to hospital.

If the premature infant is to be nursed at home the central nursing staff (specially trained in the care of premature infants) are informed and the case discussed with the Nurse, with special reference to the need for additional equipment (special cots, blankets, garments, hot water bottles, etc., being available on loan), the need for Home Help, or additional nursing. In any case of doubt or difficulty in dealing with the nursing, an immediate visit is paid.

All midwives and health visitors have had printed instructions on the detailed care of premature babies (these instructions having been approved by the Consultant Pædiatricians and by the Local Medical Committee (representative of general medical practitioners)). There is close liaison between hospital premature baby units and county nursing staff, and the latter attend at the units periodically to keep in touch with up-to-date teaching.

In the case of premature infants being discharged from hospitals, reports on home conditions are supplied and nursing staff is informed prior to discharge. Supervisory visits are paid by senior staff with special training in the care of premature babies until such time as they are considered no longer necessary.

During 1952, there were 280 premature births in Maternity Units, and 113 premature births at home, of which 45 were transferred to hospital after birth and 68 nursed entirely at home.

District Staff. The following shows the District Staff employed on Midwifery, Home Nursing and Health Visiting at the end of the year together with details of the work done:—

	On permanent districts.	Emergency staff.
Queen's nurse-midwives with H.V. certificate	67	—
Queen's nurse-midwives	65	3
S.R.N., S.C.M.	12	3
S.E.A.N., S.C.M.	25	5
Queen's district nurses	5	—
S.C.M.	3	2
S.E.A.N.	1	1
S.R.N.	4	2
	182	16

Summary of District Nurse/Midwives' Work.

Number of cases attended—

Medical	13,133
Surgical	6,401
Midwifery	1,378
Maternity	1,087
Miscarriage	289
Gas and Air	1,569

Number of visits made—

General Nursing ...	333,396
Midwifery	27,467
Maternity	21,621
Ante-natal	33,009
Casual	45,692
School children ...	2,546
Infants	141,202

Child Welfare Sessions	3,411
School Inspections	945

DOMICILIARY MIDWIFERY.

Although in a few urban districts full-time midwives are employed, the policy of combined Nursing and Midwifery with or without Health Visiting is considered most suitable to the needs of such a rural county.

In most areas domiciliary midwives participate fully in ante-natal care, although a few medical practitioners prefer to undertake full and unassisted responsibility. Midwives have been advised that when a case of pregnancy becomes known to them the general practitioner must be contacted and assistance with supervision must be offered. Generally speaking, there is excellent co-operation between doctor, midwife and hospital.

188 midwives are qualified to give gas and air analgesia, and have been supplied with the necessary apparatus.

The increasing demand for hospital confinement is a matter of great concern and is considered to be largely a matter of finance—all hospital care being provided free or direct payment, whereas the provision of a Home Help may be a costly item to be met by the patient. The decrease in the number of home confinements has necessitated many changes of nursing areas, and this has led to some difficulty with Nursing Associations which dislike any alteration of the old boundaries and are not always willing to acknowledge changing conditions. The County is now divided into three supervisory areas, within each of which are groups of nurses, responsible for a specific part of the County and working as a unit, each nursing her own district but willing and ready to help her neighbour nurse as the need arises.

Training of Midwives. Somerset County co-operates with two Part II Training Schools in providing district training for pupil midwives. It has become increasingly difficult to secure the requisite number of cases per pupil within a restricted period, and pupils may have to take their district cases with two or even three training midwives. Obviously this has certain disadvantages, but with the present level of hospital deliveries it is inevitable.

The supervision of midwives is undertaken by a Senior Medical Officer, by the County Nursing Officer, her deputy, and three assistants. In addition to regular supervisory visits, special visits are made in connection with stillbirth, neo-natal deaths, pyrexia, ophthalmia, etc.

HEALTH VISITING.

HEALTH VISITORS EMPLOYED.

	Full-time.	S.R.N., S.C.M., H.V. (Part-time H.V.)	Nurses without H.V. certificate undertaking H.V. duties.
1948	25	29	—
1949	32	27	—
1950	34	46	—
1951	33	51	—
1952	32	68	89

In the major urban areas full-time health visitors are employed but in rural areas the policy of combined district nursing/midwifery and health visiting is considered to be the only satisfactory method of ensuring that visits are paid at sufficiently short intervals to be of some real value.

Health Visitors whether they be occupied fully or only for a part of their time in this branch of work are encouraged and expected to regard health visiting in its widest sense and to consider not only the child population but the family as a whole—not omitting the aged. Health Visitors are expected to know the general practitioners in the area in which they work, and the majority of hospitals enlist their help either by direct contact or through the central health office.

Nineteen Health Visitors' scholarships are awarded annually, either to personnel already on the County Council staff or to suitable external applicants. Health Visitors' refresher courses are included in the general category of Nurse-Midwife-Health Visitor refresher courses of which 25 are awarded annually, so that each member of the Nursing, Midwifery and Health Visiting Staff may attend a refresher course at least every four to five years.

The building up of a fully qualified Health Visiting staff must of necessity be slow, but steady progress in this direction has been made, and while agreeing that it is highly desirable to have a fully trained Health Visiting Staff, I would pay tribute to much excellent health visiting which has been carried out over many years by those who now are regarded as unqualified for this work.

The Local Health Authority arranges yearly a three day post-graduate course for members of its Nursing Services and these are appreciated greatly and attended fully. In addition, area discussion meetings are held throughout the County and are of considerable value.

The total number of visits made by the full-time health visitors during the year was as follows:—

Ante-natal	1,042
Tuberculosis—home	12,479
School children—home	6,322
Orthopædic—home	1,698
Special Visits including care and after-care	1,950
Infants—	
Under 1 year	14,692
1—5 years	22,025
Old people	449

HOME NURSING.

Although in several urban areas full-time nurses are employed, the policy of combined work is applied to the County as a whole. It is regarded as essential to efficient district nursing that special training should be given in this branch of work and of the 198 employed in nursing duties, 140 are so trained. Friendly co-operation between medical practitioner and nurse is universal and with few exceptions each regards the other as a colleague. Message slips are supplied for exchange of information between doctor and nurse. Hospital Almoners make constant requests to nurses for the follow-up of patients discharged to their own homes, frequently only a few days after operation and still requiring dressings. Male nurses are employed in the major boroughs and are kept fully employed and are accepted by the patient as a matter of course.

No specific night nursing service is provided but night "sitters-in" are available in case of medical need, but the demand is very little. The British Red Cross Society and the St. John Ambulance Brigade give generous voluntary assistance in this way in some districts.

Provision is made for refresher courses to be given approximately every five years.

Classification and proportion of main types of cases. With modern methods of treatment and the development of chemotherapy and anti-biotics the duties of the district nurse have changed in pattern.

The giving of injections in acute illness, the application of dressings and blanket baths, occupy a considerable part of her time. The exacting and constant care of the case of pneumonia in the past has given place to the regular visiting for the giving of injections.

Although it is impossible to assess the potential volume of nursing in any area, except by the demands made on the district nurse, my impression is that there are areas in the County in which patients attend their doctor, or the local hospital, for the purpose of dressings which well might be done in the patient's own home, and similarly the calls on the district nurse for the giving of injections vary very much in different areas—in some the nurses have frequent calls and in other districts none.

Needs for the future.

Since the National Health Service Act came into force various new needs have suggested themselves. Some of these have been covered in various ways but many others have to await development. A few of those which come to mind are given below and it is hoped that progress will be made in the coming year where possible.

(1) Extension of Health Education and of Mothercraft Training. Some work is done in senior schools, in child welfare, and in ante-natal clinics, but there is need for much expansion of such teaching.

(2) A rehabilitation centre for "problem" families is much needed and it is hoped that by co-operation with the Welfare Section of the County Council it may be possible to make a start on some such scheme, using the resources already available in the County.

(3) A County Convalescent Home is needed for the care of parents and of children of all ages.

(4) The development of a simple unified District Nursing/Midwifery/Health Visiting Service is proceeding slowly but surely, but it must be some years before it can be extended to its fullest degree. It is, however, an ideal to be aimed at.

(5) Chest X-rays for ante-natal patients is highly desirable and it is hoped that this can be instituted in the future.

(6) The extension of blood examinations of pregnant women is dependent on the appreciation of the need and no doubt will expand steadily.

VACCINATION AND IMMUNISATION.

Diphtheria Immunisation.

As regards this service, the scheme has been mainly a continuation of the system operating in the County immediately prior to the inception of the Act, when administration had already been organised on a centralised basis by the County Council. It has, however, been expedient to delegate the day-to-day work in the four larger boroughs of Bridgwater, Taunton, Weston-super-Mare and Yeovil to their whole-time area medical officers, who administer the scheme outlined by the County Council.

The results have been quite satisfactory, especially when consideration is given to the rural conditions of the area. A comparison of the number of completed immunisations with the potential of the total live births of the previous years gives an average percentage of 70 from 1948 onwards.

1. **Children under 5 years.** Much effort has been made to secure the maximum protection in this most important age-group. The work has been shared almost equally between the County medical staff and the general practitioners. (The former term includes those practitioners whose services are hired periodically as medical officers to the smaller infant welfare centres).

(*a*) **Child Welfare Clinics and Health Centres.** Facilities are constantly available at all these establishments, which are now so distributed as to be easily accessible in almost all areas of the County. In the more populous areas, special immunisation sessions are arranged weekly at times convenient to the parents, while in the rural districts immunisation is more conveniently carried out at the same sessions as the routine welfare work.

(*b*) **General Practitioners.** The private doctors have co-operated very well, especially with this younger age-group. They are supplied with free prophylactic and full information on technique, etc. Minor differences are settled without delay so that a friendly, co-operative atmosphere is maintained throughout. Immunisation by the family doctor is found to be particularly helpful in those country districts where a close distribution of clinics is not practicable.

(*c*) **School work.** A small number of infants, who have been missed by the clinics and practitioners, are immunised by the school medical officers at sessions for this work in the schools.

Propaganda. As immunisation is now a continuous and routine service, it has not been general policy to sanction costly publicity campaigns in the form of films, posters, press advertisements and the like, although these methods have not been ignored entirely.

Personal teaching, through the Health Visitors and doctors, is considered to be much more effective—particularly as the Health Visitors contact practically all parents with young children and their efforts can be concentrated at the appropriate time. Moreover, refusals and apathy can be followed up at strategic times and it is often found that consent is later obtained from parents who decline the first offer.

2. **Children of School age (5 - 15 years).** Immunisation in this age-group naturally takes the form mainly of reinforcing injections, with only comparatively few primary courses. The work is integrated with the school medical service as far as County medical staff are concerned, and in the rural areas it is usually possible to give all necessary injections at the same sessions as the routine medical inspection (held twice annually). In the larger urban districts, however, special sessions at the schools or Health Centres are arranged to augment the normal routine.

Assistance from general practitioners is valuable with regard to children at independent schools. The larger independent schools often have the local practitioner as medical officer to the school, in which capacity he may carry out sessional immunisation.

Propaganda. Here again propaganda is effected mainly by personal approach. A timely reminder by the Health Visitor in the fifth year of life, serves the purpose very well: also, the majority of parents attend for the first school medical inspection and the medical officer can then directly approach them on the subject. Consent is seldom withheld.

1952. As regards 1952 in particular, for the first time in the history of Public Health in Somerset it is possible to report a completely diphtheria-free year—the climax of a 12 year old immunisation scheme. To compare this excellent result with the average annual notifications of 267 (with 13 deaths) in the 10 years prior to the institution of immunisation in 1941, shows how marked can be the effect of an organised and comprehensive immunisation scheme over a comparatively short period.

The school doctors, family doctors, nurses, teachers and parents are to be congratulated on such a result.

At the same time, however, it is essential to stress the danger of complacency. The young parent of to-day, with no first-hand knowledge of this dreadful disease, must be constantly reminded that immunisation is still essential. Experience in other areas has shown that diphtheria will return on a large scale if there is any relaxation in immunisation, both primary and reinforcing.

The table shows that 5,545 children, all ages, received primary immunisation injections in 1952, 60 per cent. by the family doctors and 40 per cent. by the Assistant County Medical Officers, and that a further 5,610 children received reinforcement injections, practically all of which were carried out by the school doctors. 4,898 "under-fives" received a primary immunisation, which is 68 per cent. of the previous year's live births. This percentage is short of the ideal target.

Three children developed poliomyelitis within a month of being immunised against diphtheria, one being non-paralytic and the other two developing mild paralysis in the leg. In view of the fact that over 11,000 children were immunised in 1952 and that there were 52 cases of poliomyelitis in children it is not surprising or significant that an attack of poliomyelitis coincided with a post immunisation period in three cases.

Whooping Cough immunisation.

Up to the present there has been no large-scale scheme in the County for immunisation against this disease. The Council has, however, made available to general practitioners free supplies of combined diphtheria/pertussis prophylactic and the County medical staff have used this material when parents have requested it. In all, some 30 per cent. of the immunised infants under five years old have been immunised with the combined prophylactic. Regrettably, the greater number of infants received such injections after the first birthday and were therefore unprotected against whooping cough during the vital early months of life.

Due to lack of satisfactory evidence, use of the combined prophylactic has not been officially encouraged and warnings have been issued against its use in children having a neurological history. A further factor is that early administration of this material at the age most necessary for whooping cough protection (3 months) may reduce the effectiveness of the diphtheria prophylactic.

In view of the foregoing, and of the more favourable reports of the simple (suspended) pertussis vaccine, it is hoped to launch a separate whooping cough immunisation scheme as soon as certain technical difficulties have been overcome. It will be completely in addition to the diphtheria immunisation scheme and the effort will be concentrated on commencing the injections at the age of 3 months. General practitioners will be given full information and their co-operation is earnestly requested. Prophylactic will be supplied free and fees will be at the same rate as for diphtheria immunisation and vaccination (5/- per completed record).

Vaccination against Smallpox.

The disappearance of the post of Public Vaccinator caused little inconvenience and the general practitioners have co-operated well in dealing with the great majority of persons vaccinated. Even so, the numbers of infants vaccinated are not nearly as many as one would wish, the proportion of infants under five years old vaccinated in relation to the potential being only 36 per cent., i.e., below the national average of 40 per cent. prior to 1948.

Facilities have been made available at a number of Child Welfare Centres for infant vaccination and at the Health Centres in the larger boroughs both adult and infant vaccination is carried out.

Vaccination at these centres forms only some 8 per cent. of the total, however, the remainder being done by the family doctors by whom, it is considered, vaccination is best carried out.

The difficulties which have been experienced with clinic vaccination are mainly:—

(1) The inconvenience of inspecting reactions in clinics where sessions are at intervals of a fortnight or longer.

(2) The objections which have been raised by private practitioners in some areas, i.e., should any serious reaction develop, they would be called upon to attend a case originally treated by the County staff.

Their objection on these grounds is quite understandable and accordingly vaccination at the smaller Child Welfare Centres has not been done on any large scale and mothers are always advised to attend their own doctor.

Propaganda. Here again, the Health Visitors are the chief agents.

1952. The figures for the primary vaccination of the "under-fives" are now showing signs of stabilising since the initial drop which occurred following the abolition of compulsory vaccination.

The relevant figures are:—

1949	...	...	...	...	...	1,556
1950	...	...	...	...	...	1,890
1951	...	...	...	...	...	2,545
1952	...	...	...	...	...	2,424

This last total again represents 36 per cent. of the potential, as in 1951.

DIPHTHERIA IMMUNISATION.

District.	Total primary immunisations, 1952		Total reinforcements 1952	Total Live Births 1951
	0–4 yrs.	5–14 yrs.		
RURAL.				
Axbridge	208	19	317	364
Bathavon	209	12	370	341
Bridgwater	184	35	303	312
Chard	114	10	116	187
Clutton	188	22	274	261
Dulverton	44	1	54	71
Frome	132	33	335	164
Langport	183	9	120	197
Long Ashton	215	35	188	309
Shepton Mallet	91	—	96	159
Taunton	130	2	304	307
Wellington	74	4	146	124
Wells	74	14	21	154
Williton	148	10	178	151
Wincanton	208	5	180	261
Yeovil	322	34	192	332
Totals	2,524	245	3,194	3,694
URBAN.				
Bridgwater	270	88	118	425
Burnham	61	48	122	144
Chard	58	18	85	72
Clevedon	103	4	34	134
Crewkerne	51	4	33	61
Frome	133	37	346	181
Glastonbury	36	4	59	83
Ilminster	15	6	73	42
Keynsham	52	—	204	109
Minehead	62	4	70	83
Norton Radstock	138	7	75	190
Portishead	46	12	46	83
Shepton Mallet	88	3	8	91
Street	66	6	128	76
Taunton	376	41	412	545
Watchet	27	—	64	33
Wellington	75	1	15	109
Wells	78	2	11	78
Weston-super-Mare	337	79	328	521
Yeovil	302	38	185	360
Totals	2,374	402	2,416	3,420
County Totals	4,898	647	5,610	7,114

VACCINATION.

Number of persons vaccinated (or re-vaccinated) in the year ended 31st December, 1952.

RURAL DISTRICTS

Age groups.	Under 1		1		2 to 4		5 to 14		15 or over		Totals	
	P	R	P	R	P	R	P	R	P	R	P	R
Axbridge	91	—	6	—	4	5	3	2	17	44	121	51
Bathavon	63	—	7	—	6	2	6	4	16	36	98	42
Bridgwater	57	—	5	—	3	1	4	2	12	25	81	28
Chard	90	—	4	—	1	—	5	—	6	14	106	14
Clutton	35	1	2	1	1	—	2	—	10	23	50	25
Dulverton	17	—	1	—	2	—	1	—	3	4	24	4
Frome	39	—	3	—	1	1	1	2	2	10	46	13
Langport	79	—	7	—	3	5	3	3	—	17	92	25
Long Ashton	94	—	7	—	2	2	3	8	13	58	119	68
Shepton Mallet	23	—	4	—	2	—	2	—	9	5	40	5
Taunton	98	—	7	6	1	2	—	5	9	34	115	47
Wellington	43	—	3	—	2	2	2	—	3	16	53	18
Wells	19	—	1	—	2	—	—	1	1	15	23	16
Williton	75	—	7	—	3	3	2	3	3	25	90	31
Wincanton	127	—	6	—	4	1	6	8	9	33	152	42
Yeovil	226	1	14	1	10	—	6	5	5	39	261	46
Totals	1,176	2	84	8	47	24	46	43	118	398	1,471	475

URBAN DISTRICTS

Age groups.	Under 1		1		2 to 4		5 to 14		15 or over		Totals	
	P	R	P	R	P	R	P	R	P	R	P	R
Bridgwater	31	—	5	—	2	—	1	—	12	11	51	11
Burnham	47	—	3	—	1	—	1	3	—	21	52	24
Chard	52	—	6	—	1	—	3	1	2	10	64	11
Clevedon	84	—	3	—	3	1	2	6	5	22	97	29
Crewkerne	42	—	—	—	3	—	—	1	4	8	49	9
Frome	35	—	3	—	1	1	4	1	5	17	48	19
Glastonbury	22	—	4	—	3	—	2	—	2	4	33	4
Ilminster	9	—	—	—	—	—	—	3	2	1	11	4
Keynsham	33	—	—	—	2	—	1	1	3	13	39	14
Minehead	37	—	—	—	—	—	6	1	5	14	48	15
Norton Radstock	14	—	6	—	3	—	3	1	12	19	38	20
Portishead	33	—	1	—	3	1	5	3	14	40	56	44
Shepton Mallet	34	—	1	—	1	1	3	4	—	11	39	16
Street	4	—	1	—	—	—	—	—	1	3	6	3
Taunton	164	—	8	1	10	2	8	10	28	90	218	103
Watchet	10	—	—	—	—	—	1	1	—	2	11	3
Wellington	55	—	1	—	—	—	2	—	7	18	65	18
Wells	33	—	1	—	—	—	1	2	10	33	45	35
Weston-super-Mare ...	111	1	5	—	3	7	6	22	19	91	144	121
Yeovil	169	—	4	1	10	2	6	4	6	82	195	89
Totals	1,019	1	52	2	46	15	55	64	137	510	1,309	592
County Totals ...	2,195	3	136	10	93	39	101	107	255	908	2,780	1,067

P. = Primary Vaccination. R. = Re-vaccination.

AMBULANCE SERVICE.

The Ambulance Service has now been in operation for 4½ years and there follows a brief survey of the Service, and a summary of the work carried out during the year 1952.

The scheme approved by the County Council and the Ministry of Health was based largely upon the location of Ambulance Stations and vehicles. It provided for sixteen Ambulance Stations operated by the St. John Ambulance Brigade, ten by the British Red Cross Society, one by the Langport and District Ambulance Committee, one by the Wincanton Motor Co., Ltd., with the assistance of voluntary Red Cross personnel, together with Ambulances at Axbridge, Weston-super-Mare, Shepton Mallet, South Petherton and Taunton Isolation Hospitals, the latter being operated by staff employed by the Hospitals on a part-time basis. Apart from two cars owned by the St. John Ambulance Brigade, sitting-case transport was carried out by the Hospital Car Service and Private Hire cars.

Since July, 1948, the following Stations have been closed:—

Churchill B.R.C.S. At the request of the British Red Cross Society this Station was closed on the 31st March, 1951, owing to the insufficiency of volunteers. The paid driver/attendant was taken on as a direct employee of the County Council, provided with a sitting-case vehicle, and this has proved to be a very useful and economical arrangement. The Ambulance belonging to the Society was withdrawn and placed in reserve.

Wincanton and District Ambulance. This Station had one Ambulance taken over from the Wincanton Rural District Council. The arrangements for manning which existed when the County Council took over the Service were continued until 31st March, 1949, when, owing to the disinclination of the Wincanton Motor Co. Ltd., to continue to provide a driver and service the vehicle, and the difficulty of finding volunteers to act as attendants, the Station was closed and the Ambulance withdrawn. In order to cover the area adequately the British Red Cross Station at Castle Cary was strengthened by the addition of paid personnel and this Station, together with Yeovil British Red Cross Station, covers the area quite satisfactorily.

Langport and District Ambulance. This Station with one Ambulance was run by a local Committee who had an agreement with a local garage proprietor to provide a driver and attendant and to garage and service the vehicle. In September, 1951, the garage proprietor indicated that he was unable to continue the arrangement and at the request of the Committee arrangements were made to close the Station on 31st October, 1951. The area is now covered satisfactorily by the neighbouring Stations.

Wiveliscombe B.R.C.S. Station. This Station which was run on an entirely voluntary basis was never used to any great extent and because of staffing difficulties closed on 19th July, 1952. The Ambulance a Ford V8 belonging to the Home Service Ambulance Joint Committee, was taken out of the Service when the Station closed. The area was taken over by the Taunton main Station and no difficulty has been experienced in answering calls from this area.

Isolation Hospital Ambulances. These vehicles were taken over from the Joint Hospital Boards in July, 1948, and were all over ten years old. Arrangements were made for the vehicles to remain at Axbridge, Weston-super-Mare, Shepton Mallet, South Petherton and Taunton Isolation Hospitals and for the hospital staff to continue to man the vehicles on the basis of reimbursement of actual expenditure. Experience showed that the mileage for Isolation cases is comparatively small, and, in general, the arrangements for the manning of the vehicles by the hospital staff—usually the handyman-stoker-gardener—were not satisfactory. The ambulances have now all been withdrawn from the Hospitals and the arrangements are now as follows:—

Shepton Mallet Isolation Hospital — ceased to take fever cases. Ambulance withdrawn for general use until it was sold in March, 1949.

Axbridge and Weston-super-Mare Hospitals—both Ambulances withdrawn. The service is now provided by the St. John Ambulance Brigade, Weston-super-Mare, with the Axbridge Ambulance, the Weston-super-Mare Isolation Hospital vehicle (1934) having been sold. Neither Hospital now takes Infectious Disease cases and the area is covered by the Ham Green Hospital, Pill.

Taunton Isolation Hospital—Ambulance withdrawn to Taunton B.R.C.S. Station which provides transport for fever cases when required.

South Petherton Hospital—Ambulance withdrawn to Yeovil B.R.C.S. Station which covers the area satisfactorily.

On account of the Shepton Mallet Isolation Hospital ceasing to take fever cases it was necessary to provide an Ambulance for cases in the area formerly covered by that hospital, and an Ambulance was therefore stationed at Norton-Radstock S.J.A.B. Station to remove cases to the Isolation Hospital at Claverton Down, Bath.

Owing to the use of volunteers in the Ambulance Service it is desirable as a general rule to keep a special Ambulance for Isolation Hospital work and to use paid staff to man the vehicle.

Staff—full-time. On 5th July, 1948, the number of full-time operational staff employed by the Brigade was 7, and by the Society 5. One man was also employed by the Shepton Mallet Urban District Council to man the District Council Ambulance. The number of paid staff has been augmented from time to time and at the end of December, 1952, the number of full-time staff was—S.J.A.B., 30; B.R.C.S., 21; Somerset County Council, 1; Total, 52. The maximum number of paid drivers and attendants authorised in the proposals approved by the Ministry of Health is 100 full-time, or their equivalent in part-time.

Regulations in the form of instructions to paid ambulance staff were issued in December, 1952, these having been drawn up in consultation with the Brigade and the Society.

Control. As anticipated, the volume of work required of the Ambulance Service under the National Health Service Act, 1946, represented a very great increase over that undertaken prior to July, 1948. The former system whereby each Ambulance Station and the Hospital Car Service were contacted direct by Doctors, Nurses and members of the Hospital staffs, continued for a while, but, with the vast increase in the volume of work, it soon became evident that some change was necessary to prevent duplication and overlapping of transport. At first a limited form of control was instituted at County Hall by the ambulance staff, and although a good deal of mileage was saved by the combination of journeys it was found impossible to control efficiently and to distribute economically the daily journeys for the whole county from the central control.

A scheme of group control was therefore organised and the county was divided into four areas each with an Ambulance Group Officer and clerk. The group offices were established at Taunton, Weston-super-Mare, Glastonbury and Yeovil, and all requests for non-urgent journeys received during normal office hours are dealt with by the group officers. At Taunton and Weston-super-Mare the ambulance group officer also receives the emergency calls over a wide area and there is no doubt that this system provides the most satisfactory service. This enables the journeys for each day to be dealt with economically making the utmost use of each vehicle, and it is evident that the group system of control has had a marked effect in saving mileage, and, in consequence, in reducing the necessity for new vehicles and paid staff. The effects of the institution of the various stages of control are shown in the figures listed below.

The figures quoted for 1949, 1950 and 1951 are strictly comparable, but as stated in my last report those for 1952 have been prepared on the basis of the definitions given in the Ministry of Health Circular dated 18th June, 1951.

AMBULANCES.

Year.	Patients.	Journeys.	Miles.	Average distance travelled per patient.
1949	19,219	15,716	335,497	17.46
1950	24,078	17,318	365,519	15.18
1951	26,798	16,846	359,972	13.43
1952	32,487	15,609	371,799	11.44
SITTING-CASE VEHICLES.				
1949	33,889	26,073	720,421	21.26
1950	50,989	32,913	857,179	16.81
1951	61,864	29,481	844,822	13.66
1952	88,320	25,404	785,038	8.88

Rail Travel. From the commencement of the county ambulance service every effort was directed to the sending of patients by rail for long distances instead of by road in an ambulance or car. At first, doctors were rather averse to rail but it is now accepted as a sound and comfortable method of travel for long distances. Starting in 1948 with the sending of 10 cases by rail for the six months of that year, in the following years 255, 818, 1,291 and 1,150 cases respectively were sent by rail. In 1952 the figure of 1,150 was made up as follows—the total patient rail-mileage being quoted in addition:—

Stretcher	...	210 cases—24,256 miles.
Sitting	...	940 cases—86,879 miles.

In all these cases only one serious complaint has been made whereas many letters of thanks and appreciation have been received from patients. Rail journeys are invariably quicker and for stretcher cases have the advantage of a heated compartment reserved for the patient and escort. A special type of stretcher is provided and every assistance has been given by the railway staff en route. These rail journeys are arranged by the group officers and routes are so scheduled that changes are avoided wherever possible. Conveyance to the station is by ambulance or car and patients are met at the rail destination station by a similar vehicle and conveyed direct to hospital or to their home. On account of the shortage of special railway stretchers the Council have purchased eight for use within the Service and these have saved their cost very many times.

As a matter of interest, during the financial year to 31st March, 1952, the total expenditure incurred on rail travel was £1,111. This was for the conveyance of 189 stretcher cases, a total of 22,236 miles at a cost of £449 or 4.85d. per patient mile, and 1,177 sitting cases—107,595 miles at a cost of £662 or 1.48d. per patient mile. These costs compare very favourably with those for road travel which are approximately 2/- per mile for stretcher cases and 10d. per mile for sitting cases. When one remembers that road travel would have involved return journeys the effective financial saving based on the costs given is much greater:—

	£
Stretcher cases	3,998
Sitting cases	8,304
Total ...	£12,302

Co-operation with Hospitals and Doctors. The group system of control under which the Somerset Ambulance Service is now run enables the greatest possible co-operation to take place between the Service, the hospitals and the medical profession. Appointments can be arranged, or rearranged, by mutual consent to fit in with other patients, making for the best possible use of vehicles. Our relations with Somerset and Bristol and Bath Hospitals are excellent and with very few exceptions medical practitioners are most co-operative.

Co-operation with neighbouring Authorities. The approved scheme provides for agency agreements with Bristol and Bath to cover on a repayment basis the area surrounding those cities. Although the charges are higher than those of the Brigade and Society, it is extremely doubtful whether it would be economic to establish our own Stations in the Long Ashton and Keynsham areas covered by Bristol, or in the Bathavon area covered by Bath.

By Section 24 of the National Health Service (Amendment) Act, 1949, Somerset cases discharged from Bristol and Bath Hospitals after a stay of less than three months are now the financial responsibility of the County Council although the onus for providing the transport is still that of the Authority in whose area the Hospital is situated. A very amicable relationship exists between the officers of the Authorities in question and a large proportion of such cases is brought back to Somerset in our own vehicles. This represents a substantial saving in cost, for in nearly every instance use is made of returning Somerset vehicles.

Vehicles. The number of vehicles authorised under the approved scheme is 60 - 70 ambulances, and 6 - 25 sitting-case cars. In July, 1948, the number of vehicles brought in use was as follows:—

	Ambulances.	Utilecons.	Cars.
St. John Ambulance Brigade	29	1	2
British Red Cross Society	15	1	—
Langport & District Ambulance Committee	1	—	—
Taken over by Somerset County Council from District Councils and Joint Hospital Boards	9	—	—
	54	2	2

Of the above, 25 were over ten years old, some being over 16 years.

It was therefore anticipated that replacements and additions would be substantial for the first five years. Owing to the scarcity of vehicles it was not possible to obtain the type of vehicle desired and the choice was extremely limited during 1949 - 1951. Cars were particularly hard to obtain. The vehicles obtained to the end of 1952, therefore, represent a somewhat "mixed bag", but it should be possible from the experience gained with the different types of vehicle now in use to standardise to some extent in future purchases.

The replacements and additions from July, 1948, to 31st December, 1952, are as follows:—

Make.	Ambulances.	Sitting-case Ambulances.	Cars.
Austin Welfarer	5	—	—
Austin Welfarer/Lomas body	2	—	—
Austin Sheerline	1	—	—
Austin Sheerline/Lomas body	1	—	—
Austin Taxi	1	—	—
Bedford Lever	10	—	—
Bedford Pilcher	2	—	—
Bedford Spurling	3	—	—
Humber Lomas	1	—	—
Commer	1	—	—
Ford Utilecon	—	1	—
Morris Appleyard	—	6	—
Austin A/40	—	—	6
Ford Ten "Prefect"	—	—	7
Ford "Consul"	—	—	4
Totals	27	7	17

In addition, 1 second-hand Morris Ambulance was purchased from the Langport & District Ambulance Committee, and 1 Standard 12 h.p. car from a garage proprietor.

With the semi-voluntary set-up of the scheme, maintenance and care of vehicles and driving standards leave much to be desired, and a general scheme of routine examination and overhaul of vehicles will receive early consideration.

Premises. The premises used as Ambulance Stations throughout the County are, generally speaking, those previously occupied by the British Red Cross Society or the St. John Ambulance Brigade who have continued to run the service as agents of the County Council. However, some steps have been taken to provide more suitable accommodation and there is little doubt that further developments will be necessary in the future.

At the smaller stations the arrangements whereby vehicles are housed with local garages may be sufficient, but at the larger stations it is essential that there should be an ambulance garage (with petrol pump) so that the members of the paid staff can do maintenance work.

The following are the main alterations that have taken or are taking place:—

Taunton. New premises have been found for this Station at the entrance to Musgrove Park Hospital. A large Nissen hut has been leased from the Hospital Management Committee and this was adapted by the County Council in 1950 for use as an ambulance station, with accommodation for the Ambulance Group Office for the area. Subsequent developments have indicated that the garage space is inadequate and steps are being taken to augment this at some future date.

Castle Cary. A site has been purchased by the County Council for the erection of an Ambulance Station and dwelling on the Victoria Park Housing Estate.

Norton-Radstock. Since 5th July, 1948, the St. John Ambulance Brigade have built a new Headquarters at Midsomer Norton and in this provision has been made for the Ambulance Station. At present these premises are adequate.

Bridgwater. The St. John Ambulance Brigade have purchased a new property which has been converted for use as their Headquarters. At present this will accommodate only one ambulance but it is understood that negotiations are taking place with a view to increasing the garage accommodation.

Glastonbury. The position here has for a long time been considered unsatisfactory and negotiations are taking place with a view to the purchase of a piece of land on which to erect an ambulance station and ambulance group office. At a later stage, it is probable that a clinic will also be built on the site.

Clevedon. The garage at which the St. John Ambulance Brigade were housing their vehicles came up for sale and was purchased by the County Council in February, 1952, for use as an ambulance station. This provides more accommodation than is at present required in the Ambulance Service, and a portion has been let, together with two of the petrol pumps.

Hospital Car Service and Private Hire Service. During 1948, 1949 and 1950, the Hospital Car Service was used extensively for the transport of sitting cases, as there were few cars in the Ambulance Service. The Hospital Car Service had limitations in operation in that certain types of case were not carried and they did not usually do evening or night work. The County Organiser for the Hospital Car Service has an office and staff in Weston-super-Mare.

Great credit is due to the Hospital Car Service Organiser, Transport Officers and Drivers for the immense amount of voluntary work undertaken by them.

It was necessary, also, to use Private Hire cars in areas where there were no Hospital Car drivers and for those cases such as maternity, which were not carried by the latter Service. A roster of Private Hire Proprietors was compiled centrally and the rates charged varied from 5d. per mile to 1/- per mile, with in some cases a waiting charge after the first hour. Private hire played a valuable part in filling a gap during the years when few cars or sitting-case ambulances could be obtained. Now that cars and sitting-case ambulances are available at Ambulance Stations, the need for Private Hire and the Hospital Car Service has very greatly diminished. The details of mileages and cases carried by these services are given hereunder:—

	1949.		1950.		1951.		1952.	
	Cases.	Miles.	Cases.	Miles.	Cases.	Miles.	Cases.	Miles.
Hospital Car Service	19,866	504,451	20,373	413,489	9,935	178,307	6,774	57,385
Hire	3,535	98,285	5,803	122,893	12,150	217,323	11,299	104,478
Ambulance Stations	10,488	117,685	24,813	320,797	39,779	449,192	70,247	623,175
Totals ...	33,889	720,421	50,989	857,179	61,864	844,822	88,320	785,038

Radio Control. With a view to improving the efficiency of the Service and effecting better control, consideration has been given to the possibility of using radio. A survey of the county has been authorised and a subsequent trial of equipment in up to 20 vehicles, together with the necessary fixed stations. The trial will be for a period of not less than three months, and Messrs. Pye Telecommunications Ltd. have agreed to loan the necessary equipment without any financial obligation to the County Council (apart from the hire of Post Office land lines, electrical installation, provision of suitable accommodation for the remote control apparatus and other minor items estimated to cost not more than £600). A survey of the County was completed in December, 1952, and the results were far better than anticipated, it being found that practically 90 per cent. of the County could be covered by the use of two remote control stations—one at Charterhouse, using one of the two Police

Radio masts, and the other on the Blagdon Hills near the Holman Clavel inn, using a water tower on which to erect a mast, the latter being subject to the necessary permission being obtained from the Ministry of Food on whose premises the tower is situated.

Radio control is now being used in a large number of Local Health Authority Ambulance Services, and it is claimed that its use results in adequate staff control, a saving in mileage with an ultimate saving in personnel and vehicles, and a big improvement in the efficiency of the service. The use of radio control in this County would enable some of the smaller stations to be closed.

General Remarks. The Agency arrangements with the Brigade and Society have in the main been satisfactory. There is no doubt that the voluntary effort, particularly on the male side, has declined considerably, but, nevertheless, the contribution made by voluntary effort is very large indeed and most efficient.

One of the great weaknesses of the present system is the lack of control and supervision over the paid driver/attendants. Whilst the four County Council employed ambulance group officers now have control over duties during normal office hours, they are not in a position to check overtime and week-end work, and the Superintendents of the St. John Ambulance Brigade or the Commandants of the British Red Cross Society, being mostly themselves in employment, are not in a position to supervise adequately the paid staff, and I do not feel it is reasonable to expect them to do so. There is no doubt that Radio Control would go a long way to overcoming this difficulty and in providing adequate staff control.

In my opinion, future policy should aim at equipping, staffing and manning the Main Stations at Taunton, Weston-super-Mare, Glastonbury, Yeovil, with good subsidiary stations at Minehead, Bridgwater, Castle Cary, Clevedon, Norton-Radstock and possibly Shepton Mallet. Some of the remaining stations could be closed entirely and others left to operate on a mileage basis being maintained entirely by the Voluntary Associations if they so desired. Well equipped and manned main stations would be able to take over the evening and week-end work in a much larger area than they cover at present.

It is of interest to note that in the third annual return of Local Health Services Statistics for the year ended 31st March, 1952, published by the Institute of Municipal Treasurers and Accountants (Incorporated) and the Society of County Treasurers the average cost per 1,000 of population for the Ambulance Service in all counties in England is shown as £205 14s. 0d. whereas the cost for the County of Somerset is shown as £158 17s. 0d.

Civil Defence.

The number of recruits for the Ambulance Section of the Civil Defence Corps has grown steadily throughout the year and training has progressed. The position at the end of the year indicated that of 384 recruits in the Section approximately 220 have completed their instruction in full First Aid or are already qualified through their membership of the St. John Ambulance Brigade or the British Red Cross Society. A large number of the qualified members of the two voluntary associations are already actively engaged in work of the Ambulance Service and so may be considered at least partly trained in the duties which would be required of them in time of war.

In March, 1952, a week-end school was organised at Dillington House, Ilminster, and this was attended by personnel of both the full-time and voluntary elements of the peace-time service.

A number of recruits still require instruction in full First Aid and when this is completed Section Training will follow at the local Ambulance Station.

PREVENTION, CARE AND AFTER CARE.

Under this heading we have in Somerset a Domiciliary Tuberculosis Scheme, Medical Comforts Scheme, Convalescent Homes, Health Propaganda.

Tuberculosis.

It will have been apparent from my previous annual reports that in the Tuberculosis work we have maintained a system whereby the chest physicians are jointly employed by the Regional Hospital Board and the Somerset County Council and are thereby conversant with both the clinical and domiciliary sides. To secure an effective scheme this is an essential, second only to a scheme for tuberculosis which provides for unified control of the domiciliary, clinical and institutional aspects with much greater stress being laid on the duty of prevention.

The Senior Chest Physician has given me the following comments:—

The attack on Tuberculosis can best be described under the following headings:—

(A) (1) Adequate housing.
(2) Good working conditions.
(3) Adequate diet.

(B) Case finding.
(1) New cases.
(2) Tuberculosis occurring amongst contacts.

(C) Treatment.
(1) Hospital or sanatorium.
(2) Financial assistance.
(3) Home help.

(D) After care.

Housing. The local authority is doing its best to build sufficient modern houses and the re-housing of overcrowded tuberculous families is treated as an urgent priority. Excellent liaison exists between the Chest Physician and the Housing Committee.

Working Conditions. Where cases of Tuberculosis occur in factories and business premises the management are nearly always most co-operative in allowing their workers to be X-rayed and examined and to discuss working conditions and their possible improvement.

Adequate Diet. Present day wage levels, rationing, factory canteens and school meals, with the help of the National Assistance Board, and in certain cases After Care Committees, all tend to satisfactory, well-balanced diets.

Case Finding. Regular annual Mass Radiography sweeps of Factories, Schools, Institutions and the public uncover a number of previously unsuspected cases of Tuberculosis. In addition the general practitioners are most co-operative in sending up large numbers of suspected persons to the Chest Clinics. As it becomes possible to install Miniature X-ray Cameras in the larger centres the scope of case finding via the family doctor will be increased considerably.

Examination of Contacts. This important and fruitful source of cases is fully appreciated and to ensure that as far as possible no contacts avoid examination a scheme exists in this area whereby in every case of Tuberculosis discovered it is the duty of the responsible Health Visitor to render to the central local authority Tuberculosis Administrative Office a complete list of all contacts with information as to attendance and whether X-rayed and in the case of children the result of Tuberculin tests, and where these are negative whether B.C.G. has been given.

Treatment. Full facilities now exist for all forms of treatment whether by chemotherapy, collapse treatment, or surgery. While there are still insufficient nurses to nurse all the required beds the situation has improved considerably in recent years and waiting lists are no longer long and patients can expect to be admitted from one to six weeks after Tubercle has been diagnosed. Patients awaiting Thoracoplasty or Pneumonectomy still have to wait from two to four months but this is much less than in some other parts of the Country. Use is made of chemotherapy and collapse treatment in the patient's home and in this respect financial aid from the National Assistance Board or T.B. Care Committee and the provision of Home Helps is of great assistance.

After Care. On discharge from hospital or sanatorium each patient comes once again under the care of the Chest Physician or Health Visitor. Wherever possible the help of the Disablement Rehabilitation Officer is employed and patients are given training and suitable employment is found. Where employers are willing to help they are very considerate to ex-T.B. patients but the ex-patient usually experiences his greatest difficulties with his fellow-workers who, if they once discover his past history, are apt in their increasing terror to treat him as a leper and at times to demand his discharge from the place of employment.

T.B. Care Committees, where they exist, also assist in many ways, but in a large number of instances the National Assistant Board cover their former activities and it is quite a frequent occurrence for a Chest Physician at a Care Committee Meeting when suggesting some assistance, to be told by the Assistance Board representative that this particular item is covered by the National Assistance Board. Care Committee funds, however, are of great use in the occasional case where the National Assistance Board is unable to help.

A slowly but steadily increasing problem is that of the patient, often single, and living in lodgings, or aged and with no relatives willing or able to provide a home and care, and who, in spite of any form of treatment remains infectious. As a result these homeless "permanent residents for many years" tend to "silt up" hospital beds. The best solution where possible seems to be the provision of chalets in the hospital grounds which these chronic patients can have as their own permanent home.

Clinical Report for 1952. This year has again shown a steady improvement in the Tuberculosis position as evidenced by the further diminution in the number of cases notified, and this in spite of the greatly increased number of X-rays now taken. In a number of the larger chest clinics, e.g., at Taunton, Yeovil, Minehead and Shepton Mallet the chest clinics are now situated in the local hospitals with a resulting improvement in the ease, speed and efficiency of investigations. "Zoning" of chest hospital beds has led to Somerset patients in the neighbourhood of Bristol and Bath being admitted to hospitals in these centres with a resulting diminution in the general waiting time between diagnosis of Tuberculosis and admission to hospital. Wincanton Chest Hospital had to be closed for good at the end of last summer owing to the impossibility of finding nurses to staff it. However, to offset the loss of 14 beds a further 10-bedded ward for pulmonary Tuberculosis will be opened at the Taunton Isolation Hospital when certain necessary structural alterations have been carried out. Chard Chest Hospital, unfortunately, has always a number of empty beds which cannot be filled owing to the difficulty in obtaining nursing staff.

In August, 1951, a third Thoracic Surgeon was appointed to Frenchay Park Hospital, Bristol, and allotted the South Somerset Clinical area as his main field of work. This resulted in a great reduction in waiting time before patients could have chest surgery and in this way freed a number of chest hospital beds. Unfortunately, however, shortly before this report was written the Surgeon in question was taken ill with what is likely to be a long illness and we in Somerset are therefore back where we were prior to August, 1951.

In conclusion, as the public are probably unaware of the efforts which are being made to track down and treat unknown cases of active Tuberculosis I give an account of the action which is taken with the discovery of each new case of Pulmonary Tuberculosis.

Once an initial case of Pulmonary Tuberculosis has been found a widespread investigation takes place amongst all those in contact both at home and at the place of employment, and, if a child, at school. The home and place of employment, etc., are visited by the Health Visitor for the area and a list of contacts compiled. These are asked to attend at the Chest Clinic for X-ray examination and in the case of the children for Tuberculin testing to ascertain whether any have been infected or whether there may exist in the home an unknown infective case of T.B. which has caused the case recently discovered. It is comparatively common to find that the "initial case" is not in reality the first and that someone else in the family or unit with "smoker's cough", or bronchitis is in fact a case of "open" chronic pulmonary Tuberculosis and if this hidden case is not discovered further cases will occur.

All these contacts even if free from disease will be kept under observation for a time to ensure that they remain well and children not yet infected as shown by a Tuberculin negative skin reaction are offered B.C.G. to increase their resistance to the disease.

In this way with the modern treatment of the known cases of infective T.B. and the ever increasing measures to detect the unknown we are each year slowly but surely getting this disease more under control. It must, however, be emphasised that in this Country all investigation and treatment is voluntary and we depend for results on the co-operation of the public. We are, unfortunately, at times only too well aware of some infectious non-co-operators who remain a source of danger to those who come into contact with them.

Collapse treatment by the use of artificial pneumothorax and pneumoperitonium has been continued and the cases dealt with are shown in the following table:—

	At dispensary or home of patient.	At institutions.	Total.
Primary inductions	2	134	136
Refills	7,244	3,025	10,269

The new cases seen numbered 3,770 and were classified as follows:—

Pulmonary Tuberculosis—		
T.B. Negative	176	
T.B. Positive Stage 1	27	
T.B. Positive Stage 2	109	
T.B. Positive Stage 3	27	
	——	339
Non-Pulmonary Tuberculosis—		
Bones and Joints	0	
Abdominal	3	
Other Organs	10	
Peripheral Glands	9	
	——	22
Not Tuberculous		3,341
Diagnosis not complete on 31st December, 1952		68
		3,770

During 1952 sanatorium treatment was given to 508 cases—a decrease of 36, and 842 Milk Grants were made. Shelters in use at the end of the year were 45.

Mass Radiography. The Director of the Mass Radiography Unit has supplied me with details of the results of surveys made in Somerset during 1952.

The total number of attendances were 28,046 of which 16,121 were male and 11,925 were female. The 1951 total attendances were 22,815. Of those examined 116 (78 male, 38 female) had active tubercular conditions—that is, slightly over four per thousand examined. These cases were dealt with by the reference of 2 to own doctors, 72 to chest clinics and 42 by admission to sanatorium.

In addition to the above there were 330 (203 male, 127 female) inactive tubercular conditions found. In 169 cases no action was required, 93 were referred to their own doctors, and 68 are being kept under observation at chest clinics.

It may be of interest to note the incidence of the cases referred to in the two preceding paragraphs in age groups. These are :—

Analysis of Tuberculous Cases by Age Groups.

	Under 15	15—24	25—34	35—44	45—59	60 & over	Total
Active Tuberculosis.							
Male	2	14	19	22	17	4	78
Female	2	15	9	6	6	—	38
Total	4	29	28	28	23	4	116
Inactive Tuberculosis.							
Male	6	12	49	48	70	18	203
Female	7	28	17	26	41	8	127
Total	13	40	66	74	111	26	330

Included in all attendances referred to above are 3,707 school children who were examined in their fifteenth year.

Full details of the results relating to school children are to be seen in my report as Chief School Medical Officer, and it is interesting to note that the incidence amongst the 3,707 children examined was 4 active cases, and 14 inactive.

Another feature of these Surveys is the number of non-tubercular conditions found—this year 342—many of which are serious and require immediate treatment.

TABLE VII

Tuberculosis Death Rates

Year.	Phthisis Death rates.			Other Tuberculosis Diseases			Tuberculosis Death-rate.
	Rural.	Urban.	County.	Rural.	Urban.	County.	County.
1945	0.32	0.40	0.36	0.06	0.07	0.06	0.426
1946	0.32	0.39	0.36	0.10	0.05	0.08	0.436
1947	0.29	0.41	0.34	0.11	0.09	0.10	0.443
1948	0.28	0.36	0.32	0.08	0.04	0.06	0.377
1949	0.23	0.37	0.29	0.04	0.04	0.04	0.335
1950	0.19	0.28	0.23	0.05	0.04	0.04	0.275
1951	0.18	0.24	0.21	0.02	0.02	0.02	0.229
1952	0.19	0.21	0.20	0.02	0.02	0.02	0.223

TABLE VIII

New cases of tuberculosis and deaths from the disease in the County during 1952

Age Periods	New cases				Deaths			
	Pulmonary		Non-Fulmonary		Pulmonary		Non-Fulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 ...	0	1	0	1	0	0	1	2
1—5 ...	2	1	7	2	2	0	0	0
5—10 ...	8	7	1	5	1	3	0	0
10—15 ...	7	9	2	6				
15—20 ...	17	19	2	5	9	13	1	2
20—25 ...	23	32	3	1				
25—35 ...	48	48	2	7	37	10	3	1
35—45 ...	39	38	1	5				
45—55 ...	55	15	5	1	14	4	1	0
55—65 ...	28	9	0	1				
65 and upwards	12	4	1	1	1	3	0	1
Totals ...	239	183	24	35	64	33	6	6

TABLE IX

Tuberculosis Notifications and Deaths, 1952

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 ...	27	2	5	0	Axbridge ...	25	2	7	1
Burnham ...	5	0	0	0	Bathavon ...	24	3	2	1
Chard ...	5	2	1	0	Bridgwater ...	17	0	3	1
Clevedon ...	7	0	3	0	Chard ...	10	2	4	0
Crewkerne ...	3	0	0	0	Clutton ...	13	2	2	1
Frome ...	6	1	0	0	Dulverton ...	4	0	0	0
Glastonbury ...	8	0	4	0	Frome ...	10	1	2	0
Ilminster ...	3	0	0	0	Langport ...	6	5	4	0
Keynsham ...	8	0	0	0	Long Ashton ...	23	4	1	0
Minehead ...	4	0	0	0	Shepton Mallet	7	2	0	0
Norton-Radstock	8	2	2	0	Taunton ...	25	4	4	2
Portishead ...	5	2	0	0	Wellington ...	4	0	1	0
Shepton Mallet...	9	2	3	1	Wells ...	15	1	5	0
Street ...	4	0	1	0	Williton ...	12	1	7	1
Taunton ...	23	3	9	1	Wincanton ...	11	4	3	0
Watchet ..	2	0	1	0	Yeovil ...	18	6	3	0
Wellington ...	4	0	2	0					
Wells ...	11	1	1	0					
Weston-s-Mare	34	4	8	1					
Yeovil ...	22	3	6	2					
Totals ...	198	22	49	5	Totals ...	224	37	48	7

TABLE X

Admissions to Sanatoria during 1952

Sanatorium.	Men.	Women.	Children.	Total.
Quantock	74	64	—	138
Chard	22	27	—	49
Taunton	21	42	—	63
Wincanton	14	—	—	14
Musgrove Park	80	—	—	80
Compton Bishop	—	—	26	26
Bath Orthopædic Hospital ...	2	9	9	20
Other non-county beds ...	55	57	6	118
	268	199	41	508

TABLE XI

Chest Clinic Attendances

	Total Chest Clinic attendances.		
	1950.	1951.	1952.
Bath (County)	777	960	1,230
Bridgwater	3,149	3,424	3,331
Bristol	680	621	520
Chard	974	1,084	1,035
Clevedon	879	1,081	868
Glastonbury	292	377	385
Minehead	732	912	1,235
Radstock	1,129	830	756
Shepton Mallet	150	208	197
Taunton	11,890	9,687	8,918
Weston-super-Mare	3,580	5,156	4,969
Wincanton	162	209	216
Yeovil	1,036	1,103	1,510
Total ...	25,430	25,652	25,170

Quantock Chest Hospital. The Medical Superintendent has furnished the following report:—

The Chest Hospital has been open for the reception of 111 cases (66 males and 45 females) throughout the year. During this time 138 cases have been admitted, of whom 74 were males and 64 females. 143 patients were discharged, 77 males and 66 females. There were 2 female and 1 male deaths. The average stay for male patients was 220 days and for female patients 236 days. This is an average of 32 weeks for each patient.

Bed rest and graduated exercises played the predominant role in the management of patients in the time-honoured sanatorium fashion. This remained the mainstay on which all other therapeutic measures were based. Therapy with streptomycin and P.A.S. has continued to be used throughout the year for a high proportion of the patients admitted; it has undoubtedly resulted in greater improvement than was previously observed with either drug used separately.

Artificial pneumothorax treatment was carried out in all suitable cases. There were 42 inductions, 1,527 refills for in-patients and 304 for out-patients.

X-ray: 2,470 were both screened and X-rayed.

Aspirations: 77 (76 in-patients, 1 out-patient).

Surgical treatment: 21 patients were operated on for Thoracoscopy and 32 for Phrenic Crush at Musgrove Park Hospital, while 3 Bronchoscopy and 10 Thoracosplasty and Lung Resection operations were performed at Frenchay Hospital, Bristol.

Chard Chest Hospital. During the year the cases admitted were: 27 female pulmonary and 22 male pulmonary.

From the female wards there were 26 pulmonary discharges and 4 deaths; from the male wards there were 20 discharges and 1 death.

X-Ray. 393 films were taken, and 689 screenings made. Collapse treatment was again used. 4 inductions and 699 refills were carried out during the year.

Operative Treatment. There were 3 cases of major surgery, and 1 phrenic crush case.

As these figures show, treatment by collapse is going out, and surgical treatment and treatment with anti-biotics and chemicals is becoming more prevalent. We shall have to wait for some time yet to assess adequately the results of the change.

In 1952, the new Matron, Miss Casey, took up her duties, and has managed to cope with many staff difficulties with considerable success. There is no sign of any improvement in the staff position, with the result that for a great deal of the year all the beds available could not be used.

Compton Bishop Children's Home. During the year 15 boys and 11 girls were admitted and of these 13 boys and 9 girls were under 10 years of age. The average stay for "definite" (notified) cases was 33 weeks, and for observation cases 24 weeks. The discharges numbered 33, 19 boys and 14 girls, who will be kept under regular supervision at the County Clinics.

Medical Comforts Scheme.

This is a valuable ancillary to the home nursing service by making available necessary equipment to enable a patient to be cared for adequately at home. The Scheme has shown steady advancement since its inception and many more types and items of equipment are now in use. From time to time special and often expensive articles are purchased and loaned in specially difficult cases. Initially, some considerable expenditure of capital has been involved but it is hoped that soon the loan charges made will enable normal replacements to be made.

The depots now in existence are as follows:—

British Red Cross Society—9 main depots and 32 sub-depots.
St. John Ambulance Brigade—10 main depots and 21 sub-depots.

Both organisations report a considerable increase in the number of articles on loan. This may partly be due to the fact that the Co-operative Society, which had a considerable stock of medical comforts for loan to its members free of charge, has now discontinued this service. Their equipment has been handed over to the British Red Cross Society.

One of the most important things about this scheme is that there is very little administrative cost as the work is almost wholly voluntary being carried out by the British Red Cross Society and the St. John Ambulance Brigade. These two bodies are to be congratulated on the success of the scheme and it is true to say that as regards its running they are almost solely responsible for the excellent work being done.

The district nursing service has of course to work in close relationship to the voluntary workers and the measure of achievement here is that no friction has resulted and that the work goes ahead quickly and without disturbance.

Convalescent Homes.

The provision of convalescent care of a non-medical kind continues as in previous years. The extent of this service is curtailed on financial grounds but in its very limited scope it does much good and valuable work by providing for a short period that little extra care and attention which makes so much difference at the end of hospital treatment; and for the elderly who have found the illnesses to which they are so prone so difficult to recover from when convalescence is out of reach.

This type of service could well be extended with valuable individual addition to human happiness and welfare and it is often distressing that one has to limit such care on financial grounds when the need is so apparent.

The present scheme provides for repayment on assessment of financial circumstances but as in other years many cases continue to be admitted free because they are unable to pay. The cost of convalescence varies from £2 to £4 14s. 6d. per week. Convalescent care is also provided for certain types of tubercular patients at Papworth Village Settlement and the British Legion Village and for this no charge is made.

The names of the Homes which have been used during the year are:—

Rest Break House, Weston-super-Mare.
Church Army Home, Weston-super-Mare.
Belmont Convalescent Home, Clevedon.
Victoria Convalescent Home, Clevedon.
Rest Haven, Exmouth.
Frederick Andrew Convalescent Home, West Malling, Kent.
University Settlement Rest Home, Wotton-under-Edge.
Sunningdale Convalescent Home, Woolacombe, Devon.

HOME HELP SERVICE.

Under Section 29 of the National Health Act, a simple scheme for a Home Help Service was laid down to take effect from 5th July, 1948. The day-to-day running of the Service was undertaken by the Women's Voluntary Service from six main centres throughout the County. The only paid staff other than the Home Helps themselves were six part-time clerks.

By the end of December, 1948, a panel of 124 Home Helps had been enrolled and 427 householders had received help. As the possibilities of the Service became apparent to the Doctors, District Nurses, and Hospitals, the demand for help increased rapidly, and by the end of 1949 an average number of 495 cases were being attended weekly.

In April, 1949, a County Organiser was appointed to work in liaison with the W.V.S., and as the Service continued to expand, a County Council Area Organiser was appointed to each of the six areas, with a full-time clerk in each area.

The W.V.S. and other voluntary helpers continued, and still continue, to give invaluable help, more especially in the rural areas.

By December, 1951, the average number of cases weekly had increased to 759, and in December, 1952, to 1,022. It was evident that the claims on the Service might well become boundless as it became better known and appreciated, and it was, therefore, inevitable that further restrictions must be enforced, in order that the limited sum of money available should be put to the best account, and the most deserving cases should be helped. Greater care was, therefore, taken to ensure that no case was accepted unless recommended by a Doctor, Nurse, or other authorised person, and no help was sent to a household if neighbourly or family help was available. No Home Helps were paid to assist relatives; if help is required in her own family, the Home Help is given leave of absence, or if this is economically impossible for her, another Home Help is sent to the case. Except

in very urgent cases, or where there are small children, the Help is only sent for sufficient time to do the work only, and not to act as sitter-in. The average hours per case have decreased from 20 in 1948 to 8.9 in 1952.

In spite of these restrictions, the Service still showed signs of expansion, and each Area Organiser is allotted a weekly ceiling of hours for her area, based on the proved need of the area in question. It has been decided also to base assessments on the full income of the householder, including overtime and bonuses, and also to impose a minimum charge of 2/6d. a week in all cases where the householder's assessable income exceeded 4/6d. a week. The result of these charges is that the Service is being kept within bounds while imposing hardship on few households, and also lightening the task of the Area Organiser considerably by placing the onus of the rejection of the help on the householder rather than on the Organiser. The minimum charge of 2/6d. a week is paid willingly by most Old Age Pensioners, the National Assistance Board helping those who find the charge beyond their means.

In August, 1952, it was decided in the interests of economy to dispense with one Area Organiser, and that the Taunton area should be run by the County Organiser from County Hall.

The number of maternity cases booked was 1,037 to December, 1949, 1,055 in 1950, 842 in 1951, and 672 in 1952. It will be seen that there is a marked decrease, which is due in part to the fact that hospital beds are now easily available, and in part to the fact that the attendance allowance is added to the assessable income of the householder, which makes a maternity case more expensive in comparison. It is felt that little hardship is caused as neighbourly or family help is recruited in place of the Home Help Service. A Home Help is sent for a fortnight to a maternity case, unless the doctor or district nurse considers further help advisable.

More cases of tuberculosis are now being nursed at home by Home Helps. No Home Help is sent to one of these cases, unless she volunteers and is over 40 years of age with no small children in her care. She is periodically X-rayed.

No help is sent to any household, except in a case of extreme urgency, unless a preliminary visit has been paid by the area organiser or voluntary worker.

The number of Home Helps has increased from 124 in 1948 to 510 in December, 1952. They are carefully picked women from many walks of life, whose main qualifications are ability to manage a house, common sense, and reliability. They are now paid on the Western District Council rate of 2/3d. an hour with sick pay and holiday pay after six months' service, provided they have worked an average of 15 hours a week and over. They are paid travelling time between cases and time in excess of an hour to and from their homes. Their hours of work vary from full time to a few hours daily. A small picked band of women go out as resident Home Helps to cases in isolated areas.

The Home Helps are supplied with overalls and badge, with a Long Service badge after three years' service.

This service is, of course, to a considerable degree, an ancillary to the authority's nursing service and to the hospital and welfare services. Its whole success depends on a close contact with the needs of these services and this very successful scheme pioneered by and now operating in Somerset indicates how well this co-operation is working. From the nursing side the present set-up works extremely well as a close contact is maintained by the Organisers in their respective areas with nursing personnel who are able to provide information of the needs of persons who are ill, and who also can indicate when the need has passed. Much of the post-hospital help is provided in the same way, and in addition general practitioners are fully aware of the assistance provided by the scheme and are encouraged to make contact either through the nurse, a local voluntary helper, or to apply directly to the organiser when assistance is needed.

While the cost of the Service may be assessed by the saving of hospital beds, accommodation in Children's Homes, Day Nurseries, Part III accommodation, and chronic sick hospitals, its greatest saving may well be in human misery, loneliness and uncertainty.

MENTAL HEALTH SERVICES.

Since the National Health Service Act, 1946, came into operation on the 5th July, 1948, the County Council as the Local Health Authority has administered the Mental Health Services through its Health Committee. For several months the Committee continued to manage the six Mental Deficiency Institutions in Somerset until a Hospital Management Committee had been set up by the South-Western Regional Hospital Board. Arrangements for the care and supervision of licensed mental defectives continued for a further eighteen months, until the Hospital Management Committee appointed their own officers to carry out this duty.

Throughout the whole period the administration of the Services have enjoyed the complete confidence and co-operation of the Hospital authority as regards mental deficiency matters and the initial changeover was effected smoothly and without detriment to either authority.

The duties of the Local Health Authority in regard to persons in Somerset suffering from mental illness relate to the initial care and admission to Hospital of patients and their after-care. In connection with the last-named duty, the Council's duly authorised officers (formerly Relieving Officers) were given an intensive period of training and attended lectures at Tone Vale Mental Hospital and Sandhill Park Mental Deficiency Colony (as it was then known). The Authority, through its staff, were able to share with the Mental Hospitals duties in relation to psychiatric after-care, under the direction of senior medical staff, prepared and continue to prepare as required, social histories in many cases. Thus the link between treatment and community care is satisfactorily maintained through co-operative measures of this kind.

One particular feature of the change in administration which I feel ought not to pass without comment is that of the transfer of the Residential Special School at Sandhill Park to the Local Education Authority. The fact that the school still occupies a site at the Sandhill Park Hospital leads to complications which did not arise when the school and institution were administered by the same authority under the Mental Deficiency Acts. I think it is a pity that educationally sub-normal children who are none other than the juvenile feeble-minded patients of earlier days, should be retained within the education system in a special school, if when they come to leave school their immaturity is unrecognised and their further training has to be undertaken by the Hospital within the same grounds as the school. The sense of failure, and resultant difficulties which arise is a poor feature of the scheme. Further it must be frustrating to parents and teachers alike. I should like to see the Special School established in other more suitable surroundings and added to it a hostel where school leavers could undertake a further year or two of training in domestic and agricultural work within the ambit of further education. At present it is frequently found that the only method of achieving security for these young and retarded adolescents is admission to a mental deficiency colony, for supervision in their own homes whether under Order or not, rarely meets their needs.

The Health Committee at their meeting on the 10th June, 1952, reappointed the Mental Health Sub-Committee and delegated to them all their powers under the Mental Deficiency Acts, 1913-38, and Lunacy and Mental Treatment Acts, 1890-1930, as amended by the National Health Service Act, 1946. These powers relate to all persons requiring care or after-care in the community by reason of mental illness or of mental defectiveness, and their conveyance to Mental Hospitals or to Mental Deficiency Institutions if necessary.

Mental Deficiency. The following particulars which are shown in the form required to be forwarded to the Ministry of Health and to the Regional Hospital Board each year, regarding mental defectives in whose cases action has been taken during the year are shown in the following statement:—

MENTAL DEFECTIVES.

	During 1952				Total cases on Authority's registers as at 31.12.1952			
	Under age 16		Aged 16 and over		Under age 16		Aged 16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.
1. Particulars of cases reported during 1952.								
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by—								
(i) Local Education Authorities on children—								
(1) While at school or liable to attend school ...	27	21	—	—	—	—	—	—
(2) On leaving special schools	—	—	12	6	—	—	—	—
(3) On leaving ordinary schools	59	43	—	—	—	—	—	—
(ii) Police or Courts	—	—	4	—	—	—	—	—
(iii) Other sources	3	3	5	9	—	—	—	—
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground ...	2	3	15	11	—	—	—	—
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)	1	—	4	5	—	—	—	—
Total number of cases reported during the year	92	70	40	31	—	—	—	—
2. Disposal of Cases.								
(a) Of the cases ascertained to be defectives "subject to be dealt with" number—								
(i) Placed under Statutory Supervision	83	63	9	2	153	101	266	136
(ii) Placed under Guardianship	1	—	1	3	—	9	86	91
(iii) Taken to "Places of Safety"	—	—	1	—	—	—	1	—
(iv) Admitted to Institutions	5	4	10	10	70	48	464	487
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number—								
(i) Placed under Voluntary Supervision	2	3	15	11	6	5	229	239
(ii) Action unnecessary	1	—	4	5	—	—	—	—
Total of Item 2	92	70	40	31	229	163	1046	953
3. Classification of defectives in the Community on 1.1.53.								
(a) Cases included in item 2(a)(i) to (iii) above in need of institutional care—								
(1) In urgent need of institutional care—								
(i) "cot and chair" cases	—	—	—	—	—	—	—	—
(ii) ambulant low grade cases	—	—	—	—	5	—	—	—
(iii) medium grade cases	—	—	—	—	—	—	—	—
(iv) high grade cases	—	—	—	—	—	—	—	—
(2) Not in urgent need of institutional care—								
(i) "cot and chair" cases	—	—	—	—	2	2	—	—
(ii) ambulant low grade cases	—	—	—	—	5	—	—	1
(iii) medium grade cases	—	—	—	—	—	—	—	—
(iv) high grade cases	—	—	—	—	—	—	—	—
Total of Item 3(a)	—	—	—	—	12	2	—	1

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
3. **Classification of defectives in the Community on 1.1.53**—(continued)—				
(3) (b) Of the cases included in items 2(a)(i) and (ii) and 2(b)(i) overleaf, number considered suitable for—				
(i) occupation centre	78	55	8	16
(ii) industrial centre	—	—	—	—
(iii) home training	3	1	—	—
Total of Item 3(b)	81	56	8	16
(c) Of the cases included in item 3(b) number receiving training on 1.1.53—				
(i) in occupation centre	50	33	8	16
(ii) in industrial centre	—	—	—	—
(iii) at home	3	1	—	—
Total of Item 3(c)	53	34	8	16

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1952, who have ceased to be under any of these forms of care during 1952.

	M.	F.	T.
(a) Ceased to be under care	124	67	191
(b) Died, removed from area, or lost sight of	85	79	164
Total	209	146	355

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care.

(a) Number who have given birth to children while unmarried during 1952 3

	Males	Females
(b) Number who have married during 1952	1	4

Supervision. The following details give a broad indication of the development of the Statutory Supervision and the decline of Voluntary Supervision Schemes for mental defectives in Somerset, over the period 5th July, 1948, to 31st December, 1952:—

Patients under Statutory Supervision.

	16 and over.		Under 16.		
	Males.	Females.	Males.	Females.	Totals.
December 31st, 1948	82	63	84	62	291
December 31st, 1949	97	67	100	79	343
December 31st, 1950	133	85	141	81	440
December 31st, 1951	205	112	147	70	534
December 31st, 1952	266	136	153	101	656

Patients under Voluntary Supervision.

	16 and over.		Under 16.		
	Males.	Females.	Males.	Females.	Totals.
December 31st, 1948	501	398	19	12	930
December 31st, 1949	502	398	18	7	925
December 31st, 1950	502	392	7	2	903
December 31st, 1951	374	349	4	2	729
December 31st, 1952	229	239	6	5	479

The local health authority receives notification of alleged mental defectives from many quarters, for example, from the parents of children, medical practitioners, social agencies, Police and Courts, etc., but by far the greater number are reported by the Education Authority either as incapable of education or requiring supervision after leaving school. (Education Act, 1944: Section 57.)

The Mental Health Services have provided in one way or another for the welfare of over 2,000 mentally defective patients during the year under review. This has entailed a great deal of visiting work, medical examinations, and in some cases legal proceedings, to ensure that the statutory duties of the County Council are properly fulfilled. In many instances complete revisions of case histories have been undertaken by the Senior Medical Officer to re-assess the present needs of the patients concerned. During the year a comprehensive review of those cases placed under voluntary supervision has been made, and the visiting officers have undertaken several visits in some cases since the review was initiated.

The number of mentally defective patients at present under voluntary supervision is thus little more than half the number that were recorded in my report for 1951. It is proposed that those patients who do not require the full measure of statutory supervision and merely need friendly observation and guidance will be taken over again by the Somerset Association for Mental Welfare, who have in the past acted as agents of the Local Health Authority in so far as voluntary supervision has been concerned. Those remaining on the books will be (or have been) added to the Statutory Supervision register.

It is interesting to note that in departmental records the term "voluntary supervision" still persists, but this particular branch of the service will, as the years go by, be reduced to a mere handful of cases. All children now duly ascertained on leaving school, and patients notified for any other reason are placed under statutory supervision, while discharged defectives for whom friendly observation is requested come under the heading of "after care" within the general mental health services scheme.

On receipt of a report of an alleged mental defective from whatever source the Senior Medical Officer for Mental Health Services arranges for the case to be investigated by an Authorised Officer and for the home to be visited. Then consideration is given to the question of formal ascertainment under the Mental Deficiency Acts. This is a matter for the Mental Health Sub-Committee who act upon the information obtained. As far as mentally retarded children are concerned I think it should be made clear that acting upon the principle underlying the Education Act, children capable of being educated either in ordinary or special schools are retained within the education system, but once the Education Authority has fulfilled its duty in notifying or reporting a child as incapable of education at school, or that he may require supervision after leaving school, the onus of future action rests upon the local health authority.

The procedure is simplified, and decisions are made less difficult, by reason that the special Committee of the Education Authority dealing with notifications are also closely connected with the Mental Health Sub-Committee and in point of fact, the Senior Medical Officer for the Mental Health Services is the principal Medical Officer concerned with the examination of handicapped children under the School Medical Service. Thus a degree of continuity and uniformity of action is achieved.

A good deal of difficulty has been, and is being, experienced by the district Mental Welfare Officers and Visitors upon the notification of children leaving school under the provisions of Section 57 (5) of the Education Act, 1944, following their medical examination and report. There is no doubt that many of these children need a measure of close supervision, both as regards their home life and their employment because of their immaturity and general mental retardation. The section of the Act imposes a duty upon the Local Education Authority to notify the Local Health Authority that in their opinion such supervision will be required, but the terms of the letter which is addressed to the parents often have a most deleterious effect upon the relationship between the Mental Health Service staff and the parents of the children concerned. Parents are naturally reluctant to accept that any child of their own suffers from "a disability of mind" and it is these words that create a serious obstacle to a happy relationship between the officer and the family and which in many cases cannot be resolved. Even where the difficulty is overcome, a certain amount of resentment, even amounting to antagonism, is found to recur from time to time in very many instances.

In the case of duly ascertained defectives who have been brought to the notice of the Local Health Authority by the Education Committee, it has been agreed that where the degree of defect is slight, actual visitation shall in certain cases be delegated to the district nurse or health visitor for a limited period. This does not go to the root cause of the difficulty to which I have just referred, but has been found to meet the needs in certain cases and is particularly useful where home care is sufficient and informal enquiries from time to time are all that are needed.

Although the powers of the Local Health Authority are limited as regards statutory supervision, the visiting officer has many duties to perform to ensure the welfare of the patient for whom he or she is responsible. In most cases advice and assistance is given in consultation with the Ministry of Labour and National Service as regards employment. If financial help is needed, the National Assistance Board are contacted, and frequently problems relating to National Insurance and other general matters call for advice. The object of supervision is to ensure that home care is adequate and that the retarded young person has every chance to develop stability in character and temperament, and to remain in the most suitable form of employment that can be found for him for as long as possible, and generally to see that he finds his niche in life. Evidence of the success of the scheme is found in the many happily placed boys and girls who are growing up into useful citizens in spite of mental handicap.

Guardianship. Financial responsibility for the maintenance of patients under Statutory Guardianship was transferred to the National Assistance Board in 1950 following a special investigation of needs. The County Council, however, have continued to provide additional material assistance in the form of clothing and footwear when necessary.

The following figures show little change in the number of persons dealt with in this way, and my Annual Report (as follows) enlarges upon the scope of the Services in this direction :—

Guardianship Patients.

	16 and over.		Under 16.		
	Males.	Females.	Males.	Females.	Totals.
December 31st, 1948	69	79	1	1	150
December 31st, 1949	82	86	2	5	175
December 31st, 1950	92	95	—	11	198
December 31st, 1951	93	92	—	9	194
December 31st, 1952	86	91	—	9	186

It is very difficult to assess the scope of the work of the Local Health Authority in relation to statutory guardianship throughout the past year. It is quite clear that this particular service cannot be measured in terms of money, but is is true to say that a greater burden would fall upon the National Exchequer if Local Health Authorities were not empowered to care for defectives in the community under guardianship and to provide for their comfort and well-being, for many of these people would undoubtedly have to be admitted to Institutions. In the majority of cases the National Assistance Board meet the immediate financial requirements of the patients and their families as regards maintenance, and the County Council provide clothing and footwear where necessary, and such additional comforts as blankets, bedding and the like, together with occupational material where this is needed.

In this way the County Council provide for some 186 patients under Guardianship assisting not only in their material needs as indicated, but providing for their regular visitation, medical examination and general maintenance in their own homes, or in the care of selected Guardians.

I am glad to be able to say that the Sandhill Park Group Hospital Management Committee will admit wherever possible to their Institutions patients who for reasons of old age, distress or incompatibility in their homes can no longer live in the community. On the other hand the regional Hospitals make full use of the guardianship scheme in sending Somerset patients to their homes when Institutional care, training and/or licence no longer meet their needs.

The scheme costs approximately £2,000 a year to maintain and I am satisfied that the money is well spent. Indeed with the most rigorous economy it cannot be done for less, and in terms of human happiness there can be no monetary yardstick—a fact perhaps too easily obscured by a statistical approach to our statutory duty in this branch of mental health work.

Occupation Centres. The development of Occupation Centres, both in urban and rural areas, has been noteworthy since the 5th July, 1948. Four Centres were maintained (Bridgwater, Taunton, Weston-super-Mare and Yeovil) by the Somerset Association for Mental Welfare acting as agents of the Mental Deficiency Authority. Two further Centres have been provided, one at Ilminster and another at Radstock since that date, and a third additional Centre is to be established shortly.

With special arrangements for the conveyance of children and older patients, the number of admissions has more than doubled during the period under review as the following table shows :—

Numbers attending Occupation Centres.

	16 and over.		Under 16.		
	Males.	Females.	Males.	Females.	Totals.
December 31st, 1948	6	2	21	16	45
December 31st, 1949	6	2	22	20	50
December 31st, 1950	7	2	26	22	57
December 31st, 1951	10	12	45	33	100
December 31st, 1952	8	16	50	33	107

Plans for the development of the Occupation Centre Service to which I referred in my last Annual Report have unfortunately had to be curtailed due to financial stringency imposed upon all departments of the County Council, and in particular upon the Mental Health Services. As a result, the arrangements for the conveyance of children who live far afield from the Centres, which is a typical problem in a rural county such as Somerset, have not been undertaken, and so the increase in admissions hoped for has not taken place. New premises are badly needed at Bridgwater where there is evidence that a much larger and more progressive unit would be possible if better conditions obtained. The new Centre proposed to be established at Glastonbury for the mid-Somerset area of the County has not materialised, but it is hoped that during 1953 some provision may be made.

The premises at Whitelackington which houses the Ilminster Centre have proved to be quite inadequate for their purpose due to the poor heating system and it is hoped that a transfer may be made to the Lopen County School which has now closed for educational purposes.

I am nevertheless happy to be able to report a solid year's progress during the year of the activities of each of the six Occupation Centres maintained by the County Council. The following summary indicates the location of these Centres and includes brief details of the districts (other than the town where the Centre is located) from which pupils are conveyed. It will be noted that Somerset patients are attending Occupation Centres at Bath, Bristol and Warmley, where the facilities offered within the County cannot conveniently be accepted by the parents of the children concerned, and which are near enough to enable the children to be admitted without undue cost falling upon the County rates. In all cases where pupils are conveyed by car or coach, arrangements for escorts have also been made; and in many other cases the parents of the younger children co-operate to ensure that the children arrive safely at the Centres and get home again without trouble.

Centres.	Pupils.	District (other than town).
Bath	3	Batheaston, etc. (Bath L.H.A.)
Bridgwater	19	Spaxton, North Petherton and district.
Bristol	1	Portishead (Bristol L.H.A.)
Ilminster	12	Crewkerne, South Petherton, Chard and district.
Radstock	27	Shepton Mallet, Clutton, Norton St. Philip and districts.
Taunton	13	Wellington, Milverton, etc.
Warmley	3	Keynsham, etc. (Gloucestershire L.H.A.)
Weston-super-Mare	13	Cheddar, Burnham-on-Sea, Congresbury, etc.
Yeovil	16	Sherborne (Dorset), Henstridge, etc.
	107	(Total as at 31st December, 1951—106).

It is proposed in the New Year to withdraw the three pupils from the Gloucestershire County Council's Centre at Warmley and to admit them to the Radstock Centre, under a revised transport scheme which will provide for some further ten pupils to be conveyed. It is gratifying to report this relaxation of the current embargo upon expenditure particularly as better use will shortly be made of the existing facilities at Radstock which could admit up to 45 or more pupils if required.

Occupation Centre Branch Committees are now functioning satisfactorily as local units. Membership is drawn, not only from local people particularly interested in the Centre as such, but also from local representatives of the Somerset Association for Mental Welfare and the County Council. In addition, their numbers include the School Medical Officers and Welfare Workers in the district. Each Committee is responsible for the general management of the Occupation Centre with which it is concerned.

The members of these Committees help to organise and support summer outings for the children, visits to the Zoo or Pantomime and Christmas parties.

A particularly happy feature of this voluntary work is the ready help and enthusiasm of members at Annual Open Days when parents and visitors attend to learn at first hand what progress can be made by mentally defective young people given proper care, training and instruction. It is well within their capacity to produce really excellent handwork such as rugs, brushes, basketry, embroidery, weaving and canework to mention but a few items. This is evidenced by the annual display of goods for which there is a ready sale at each Open Day.

Undue importance, however, should not be attached to the commercial advantages of being able to produce saleable articles at such Open Days. The object of the work being undertaken at all is in the training it affords to the pupils and the immense benefit and encouragement they derive by success, however great or small.

Then, too, it is perhaps not inappropriate that I should once again refer to the statutory obligation which is placed upon all Local Health Authorities by Section 30 (cc) of the Mental Deficiency Act, 1913, as amended, to provide training and occupation for the defectives for whom they are responsible. Despite Open Days and their current publicity, I doubt if the general public think that the work done has anything to do with the National Health Service. It is in their minds, perhaps, something of a general well-meaning, charitable organisation, an illusion which it is sometimes difficult to dispel even in high places. Occupation Centres are for the training of children who cannot be educated in schools, and the service runs parallel with the educational system in many respects. Both in their sphere have the same object in mind, namely, to prepare the child for grown-up life wtih the necessary background and training so that as an adult he is better able to take a proper place in the community. A great deal of good work is being done in Occupation Centres for mentally handicapped young people and it may well be that in the course of time an appreciation will be awakened in the minds of the general public of the value of the services rendered by the Mental Health Services in this sphere.

Licensed Patients. The County Council have undertaken supervision through the Mental Health Services of 48 patients on licence in the County from Out-County Institutions, Hospitals and Mental Deficiency Colonies. The Survey of the period July, 1948, to December, 1952, indicates that Hospital Management Committees have not materially changed their policy as regards the method employed for the supervision of licensed patients from Hospitals and Institutions, the number under care in Somerset in this way having been approximately the same in each year. It should be observed that most Somerset defectives have been admitted to Sandhill Park Group Hospitals and the Royal Western Counties Group, both of which bodies employ its own Officers for the supervision of patients on licence.

Short-term Care. Full use has been made of the provision of the Ministry of Health Circular No. 5/52 of the 21st January, 1952, relating to the short term care of mental defectives in cases of urgency. Briefly, the circular provides that when defective requires care away from home through the illness of his parent or a member of his family, or if his parent is in urgent need of a holiday, he can be admitted on a short-term basis to a mental deficiency institution or hospital. The cost of this maintenance then falls upon the Hospital Management Committee concerned within their Region. This service has proved of great value during the past year and has been the means of assisting several harassed parents whose continued care of a defective in the home has seriously undermined health and strength. In certain other cases, too, the defective himself or herself, needing a change of environment, has benefited from a short holiday in an Institution.

Thanks are especially due to the Sandhill Park Group Hospital Management Committee and Staff for the sympathy and help given whenever an application has been made under the provisions of this circular.

Lunacy and Mental Treatment. The following cases were dealt with under the Lunacy and Mental Treatment Acts during the periods (*a*) 5th July, 1948, to 31st December, 1952, and (*b*) 1st January to 31st December, 1952:—

(*a*) **1948 - 1952 Admissions.**

Year	Certified cases	Voluntary cases	Temporary cases	Sec. 20/21 cases	Total	Other Action
5th July—31st Dec., 1948 ...	100	46	—	9	155	70
1st Jan.—31st Dec., 1949 ...	224	140	4	27	395	625
1st Jan.—31st Dec., 1950 ...	241	172	6	29	448	507
1st Jan.—31st Dec., 1951 ...	227	153	10	35	425	454
1st Jan.—31st Dec., 1952 ...	210	113	14	51	388	406
	1,002	624	34	151	1,811	2,062

(*b*) **1952 Admissions.**

County Area	Certified cases	Voluntary cases	Temporary cases	Sec. 20/21 cases	Total	Other Action
Clutton	34	8	2	30	74	34
Frome	14	10	1	5	30	26
Minehead	13	8	1	—	22	8
Wells	25	8	1	8	42	46
Taunton	70	40	2	1	113	169
Weston-super-Mare	41	4	1	6	52	46
Wincanton	3	2	6	1	12	37
Yeovil	10	33	—	—	43	38
	210	113	14	51	388	404

The figures given do not reflect the total number of cases admitted for treatment to Mental Hospitals, but generally indicate the position in relation to patients in respect of whom the Local Health Authority Officers have been required to take initial action.

In my last Annual Report I intimated that additional accommodation might with advantage be provided in the South-Western part of the County for the admission of patients under Sections 20, 21 and 21 (*a*) of the Lunacy Act, 1890. This matter has received consideration both by the County Council, Tone Vale Hospital Management Committee and the Regional Hospital Board, and as a result the Board have recommended the Ministry of Health to designate Tone Vale Hospital for the purpose of Section 20 of the Act, This will be helpful, but the recommendation seems to fall short of what is really required. A hospital or part of a hospital distinct from the Mental Hospital itself is, in my view, much more likely to improve the general arrangement, both in the interest of patients admitted to hospital and of the officers who have statutory duties in this respect, and particularly having regard to long distances which have to be travelled to effect admissions from some areas at present.

Mental Health Clinics. The arrangements made since 5th July, 1948, by the Tone Vale and Mendip Hospitals for psychiatric out-patient clinics at Taunton, Bridgwater, Yeovil, Weston-super-Mare, Minehead, Bath and Wells are still in operation and the Clinics are staffed by the Hospitals

concerned. The Officers of the Local Health Authority responsible for initial arrangements for the admission of patients to mental hospitals attend and the close contact which is thus maintained does much to ensure the successful integration of these branches of mental health work in the County.

Psychotic Children. I referred in my last Annual Report to the establishment of a special children's unit at Tone Vale Hospital. This unit was completed and opened early in 1952. It is gratifying to be able to record that a problem which has worried medical officers and all authorities interested in the treatment of children suffering from mental illness has at last been resolved insofar as there is now no difficulty in obtaining suitable hospital accommodation for them in Somerset.

After-Care. The Mental Health Service Staff continue to carry out as part of their normal duties the important branch of mental after-care work in respect of patients who have attended clinics or have left the mental hospitals in Somerset. The Council's power under Section 28 of the National Health Service Act are exercised in respect of after-care of patients recovering from mental illness, and their duties also embrace the care of discharged mental defectives. Much helpful and unobtrusive work has been done in this direction in the past four and a half years. Convalescent Home facilities are, however, rarely applied for, and because the Section of the Act has not been fully implemented, the scope of this enactment is circumscribed for this reason as well as for general economy considerations.

Ambulance. The County Ambulance Service have assisted in the removal of patients to and from their homes and Institutions or hospitals. A close liaison exists between the Mental Health Service staff and the Ambulance Officers. In most cases duly authorised staff remove patients in their own cars, when necessary under escort, and it is only in the more difficult cases and where the patient is suffering from some physical illness or disability that the help of ambulance personnel is sought.

Voluntary Associations. In an earlier paragraph of this report I referred to the list of voluntary patients who are registered under the Mental Deficiency Acts as having been duly ascertained or having come to the notice of the County Council in past years. The total of some 900 patients who were at one time listed in this way has been reduced by almost 50 per cent. and while a number of those who were ascertained still require continued supervision of a statutory nature, the remainder will be brought under the scheme of the Somerset Association for Mental Welfare for continued help and advice through the offices of their local voluntary visitors. I shall be better able to report upon the scheme when it comes under review next year.

Staff. The Staff employed in the County Health Department for Mental Health Services is as follows:—

(*a*) **Medical Officers.** The County Medical Officer of Health and his Deputy are engaged part-time in Mental Health Services work for administration.

The Services are directed by a Senior Medical Officer who is in medical charge. This Officer is responsible for the medical work relating to mental defectives and psychiatric patients for whom the Local Health Authority have a duty. She is assisted by 7 other medical officers who are approved by the Local Health Authority under the Mental Deficiency and Mental Treatment Acts. One of these officers is employed full-time by the County Council as School Medical Inspector and two are Medical Officers of the Regional Hospital Board. The remaining four Medical Officers assist as required on a sessional basis.

(*b*) **Non-Medical Officers.** The Services are administered by the Mental Health Officer who is a Petitioning Officer under the Mental Deficiency Acts and a Duly Authorised Officer for the purposes of the Lunacy and Mental Treatment Acts. He is also the Receiver in respect of the Estates of 16

mentally defective patients in Institutions or under Guardianship. He is assisted by a Deputy (also a Petitioning Officer under the Mental Deficiency Acts) and the following staff at County Hall, in the County areas, and at Occupation Centres:—

Administrative and Clerical staff (1 vacancy) at County Hall.	6
Duly Authorised Staff:	
Superintendent Mental Welfare Officer (with a County district)	1
Mental Welfare Officers (County districts) (3 part-time)	7
Mental Health Visitors	3
Trainee Mental Welfare Officer	1
Occupation Centre Staff:	
Supervisors	6
Assistant Supervisors (1 part-time)	5
Trainee Assistants	1
Domestic Helpers	1
Total	33

In my Annual Report for 1951 I referred to the retirement of Miss A. M. Penrose, the Organising Instructress of Occupation Centres. It is with great regret that I record Miss Penrose's death in February, 1952, following a long illness. Her appointment was not filled.

During the year there have been several staff difficulties due to illness. One duly authorised officer has been off duty for more than six months of the year, and the work has had to be covered by senior staff as a temporary measure. As will be seen in the foregoing details, a Trainee Mental Welfare Officer has been appointed who will ultimately be expected to take over a County area, first of all as an Assistant on completion of his training and upon authorisation by the County Council.

Under the general training scheme the above officer will attend lectures and visit mental hospitals, mental deficiency institutions, colonies and occupation centres and if practicable, University courses for mental health staff. Some of the Occupation Centre unqualified staff are to be given an opportunity of attending the Refresher Course of the National Association for Mental Health to be held in London in 1953, but it is not proposed to second staff for the full year's Diploma Course held annually by the Association in connection with the University of London Social Science Faculty.

A special staff course for mental health workers in Somerset and staff of neighbouring Local Health Authorities is in course of preparation and will be held at the Education Committee's Centre for Further Education, Dillington House, Ilminster, during Whitsuntide week, 1953.

The district Mental Welfare Officers have been called upon on innumerable occasions during the year to assist in welfare cases under the National Assistance Act.

In these days an attempt is frequently made to estimate the value of each member of the community in terms of output of work done or service accomplished, and I think it is as well to observe that no such corresponding estimate can properly be made regarding the work which the Mental Health Service Staff are called upon to perform. Very often their duties call for long hours and a readiness and cheerful willingness to be available at all times of the day or night. The nature of their duties seldom makes it possible to plan the time they spend in such leisure hours as may be available to them, and I would like to place on record my appreciation of their work throughout the year. In my opinion, they have a very full job of work to do. When one considers that their statu-

tory duties often vitally involve the restriction of the liberty of persons for whose initial care they become responsible and for which they must often act entirely upon their own knowledge and judgment without being able to claim the support of their employing authority in their actions, the integrity, skill and resource which they bring to their work cannot be said to be over rewarded.

General. Once again it is my pleasure to record that despite difficulties throughout the year, the progress which has been made in the development of the Mental Health Services is encouraging. Much of this is due to the excellent measure of co-operation between the Regional Hospital Board, the various Hospital Management Committees, medical practitioners, the County Police and Magistrates' Courts, the Probation, Ambulance, Special Education, Nursing and Child Guidance Services and the Local Health Authority. It is apparent that there is no great increase in the number of beds available for patients particularly in the Mental Hospitals, but notwithstanding difficulties of their own, medical officers and hospital staff have always been ready to assist both in advice and practical service so that the work of the Mental Health Service staff has been made easier by the very full co-operation which I now record.

My thanks and those of the Local Health Authority are also especially due to Magistrates and Judicial Authorities who have, as always, assisted by the adjudication of cases without demur and often at some inconvenience. Their public spiritedness has been an example and, I am sure, an inspiration, for their offices are voluntarily given towards achieving a betterment of mental health and well-being in the County.

WATER SUPPLIES.

The Ministry of Housing and Local Government issued in June a circular to all Local Authorities headed "Economies in Local Government Services", part of which dealt with water supply schemes. Councils were asked to bear in mind expenditure and that it may be necessary to restrict this to schemes for new houses alone or places where the need was most urgent. Areas without a piped supply were to be given a higher priority than those requiring an improved supply. Schemes must be essential on public health grounds and any such claims must be supported by a report from the Medical Officer of Health on the nature and extent of the danger.

In spite of financial stringencies and the rather slow deliveries of materials, a fair amount of headway was made during the year in providing more piped supplies, particularly in rural areas.

Owing to the drop in the water level of underground supplies more use is being made of streams by water undertakers to meet the rising demands of the public and industry. This has much to commend it as the water available is known and the expenditure of sinking boreholes which might prove abortive or provide disappointing yields is obviated. Whilst many districts lend themselves to a single source of supply, others, towards the west of the County, find it more economical to provide supplies to the various parishes from local springs. Fortunately these are fairly numerous in the hill country and the water is usually of good quality.

Generally, as a rural County, the area is fairly well supplied. In the urban areas, out of 65,635 houses, 64,670 or 98.5 per cent., have a piped supply to the house, 856 properties are on standpipes and the remainder have private well or spring supplies. In the rural districts, excluding Bridgwater, 51,375 houses or 81.1 per cent., have a piped supply, 3,350 properties are served by standpipes and approximately 8,593 are dependent upon wells or springs.

There are 394 parishes in the 16 Rural Districts, 356 or 90 per cent. of which have main supplies, 36 being from private sources. On the completion of schemes now in hand or contemplated in the Wells, Shepton Mallet, Frome and Langport areas many of the parishes which are at the moment dependent upon well supplies will be afforded a piped supply.

During the year 318 well supplies were replaced by piped services, all but 4 being in rural areas. 66 wells were closed. Out of 379 samples of water from private wells submitted for bacteriological examination, 214 were found unsatisfactory. Those examined chemically numbered 14, 5 of which proved unsuitable.

During the year water shortages were experienced in the following areas:—

Urban Districts.

BURNHAM-ON-SEA. At peak periods. A scheme for augmenting the supply has been prepared and it is hoped that it will be in operation at an early date.

CHARD. Seasonal shortage which occurs in periods of drought. Augmentation is under consideration.

ILMINSTER. Found to be due to a defect in the main.

TAUNTON. Inadequate in higher parts of the town due to increased demand and to lack of filter and storage space. This will be overcome when the Clatworthy scheme is in operation.

YEOVIL. Deficient in October. Existing yields are insufficient. The position will be remedied by the arrangement with the Yeovil R.D.C. to take water from the Sutton Bingham Impounding Reservoir when completed.

Rural Districts.

AXBRIDGE. Brean and Berrow during the Camping Season. Scheme in operation to give increased pressures.

BATHAVON. Corston and Newton St. Loe, on private supplies. Augmentation from the Chew Reservoir, at present under construction, will meet the need.

CHARD. Regional shortage during April due to increased consumption at the R.A.F. Station and breakdown in the Ilminster supply.

CLUTTON. Timsbury, Clutton Hill, Clutton Flats and Old Down during the dry period. The proposed intake from the Bath City main conveying water from the Chew Reservoir will improve the supply to these areas.

LANGPORT. Higher parts of western parishes. The proposed Regional Scheme by Chard R.D.C. will alleviate the position.

SHEPTON MALLET. Holcombe at higher levels. It is anticipated that the new sources at Ashwick Grove now being developed will overcome the lack of pressure.

WILLITON. Wootton Courtenay, Cutcombe and part of Williton due to leaks and wastage.

WINCANTON. At higher levels during peak draw off periods. The system is fully taxed but will be relieved when the comprehensive scheme is in operation.

YEOVIL. Higher parts of district. Pressures will be increased on completion of the comprehensive scheme now in progress.

Omitting extensions to housing sites and pipe renewals, the following capital works were carried out or in progress during the year:—

Urban Districts.

BURNHAM-ON-SEA. A new borehole sunk to a depth of 60ft. at Winscombe.

STREET. The laying of a new 15in. diameter trunk main for a distance of 4½ miles nearing completion.

Rural Districts.

AXBRIDGE. Extension of main at Upper Langford and Moor Lane, Locking.

BATHAVON. New main supply to Dunkerton village from the Peasedown reservoir.

BRIDGWATER. Additional pump installed at Bath Road Booster Station to improve supplies in the Polden Hill area.

High level tank erected at Chapel Road, Pawlett, to improve mains pressure to properties in the area.

Linking of Over Stowey and Nether Stowey supply systems.

CHARD. Extension of main to Tytherleigh.

6in. duplicate main laid at Broadway Pound, Broadway.

Construction of pressure control and storage tank at Leigh Lodge, Winsham.

FROME. Extension of Norton St. Philip supply to serve Faulkland and Hemington Parish.

LANGPORT. Good progress made with reservoir construction and laying of distribution mains in Eastern Parishes Scheme. Main water now available for High Ham and Pitney. Mains nearing completion for parish of Compton Dundon. Long Sutton supply augmented.

LONG ASHTON. Extension of main at Kingston Seymour.

SHEPTON MALLET. Good progress made in construction of headworks at Ashwick Grove and St Dunstan's, the building of reservoirs and the laying of distribution mains in connection with the comprehensive scheme.

TAUNTON. Supply to Churchstanton completed.

WELLINGTON. Mains extended from Houndsmoor to serve the Bickley area. Unsatisfactory springs at Langford Budville discontinued and replaced by "Bere Farm" borehole.

WELLS. Stage I of comprehensive scheme nearing completion. High pressure main from Priddy spring to Easton completed, also service mains laid to serve Easton and Westbury. It is anticipated that water will be available early in 1953. Mains laid to Meare and a low pressure supply laid on. A water tower to give increased pressure is under construction and should be completed by mid-1953.

YEOVIL. Work has continued on the construction of the impounding reservoir at Sutton Bingham, a 750,000 gallon reservoir on Coker Hill and the laying of 18in. and 15in. pumping mains from Sutton Bingham to Odcombe. The laying of 12in., 9in. and 6in. mains from Odcombe to West Camel was commenced early in the year.

Schemes approved under the Rural Water Supplies and Sewerage Act, 1944, during the year were as follows:—

Rural District.	Scheme.	Estimated cost (as submitted). £ s. d.
Axbridge	Brean and Berrow Supplement of Supplies	5,323 0 0
Axbridge	Charterhouse Supply	20,267 10 4
Bathavon	Camerton, Radford Lane Extension	295 0 0
Bridgwater	Nether Stowey link with Over Stowey	800 0 0
Bridgwater	Pawlett, Elevated Water Tank	626 0 0
Bridgwater	Fiddington, Otterhampton and Stockland Bristol Augmentation	6,220 0 0
Bridgwater	Installation of Stand-by Pump and Starter at Bath Road Booster Station	780 0 0
Bridgwater	Thurloxton, Improvement of Supply	1,660 0 0
Langport	Lytes Cary, Electrification of Pumping Plant	960 15 0
Long Ashton	Redcliffe Bay Supply	12,121 0 0
Taunton	Bishops Hull, Extension at Smithy	271 14 6
Taunton	Eastern Parishes Augmentation	60,000 0 0
Wincanton	Common Road Housing Site Supply	355 0 0
Yeovil	Martock, Foldhill Lane Extension	800 0 0
Yeovil	Comprehensive Scheme. Laying of 12in., 9in. and 6in. Distribution Mains	11,989 0 0
Yeovil	Comprehensive Scheme. Laying of 18in. and 15in. Mains	35,203 0 0
Yeovil	Rimpton Extension	263 3 9
Yeovil	Comprehensive Scheme. Provision of Treatment Plant...	29,000 0 0
Yeovil	Comprehensive Scheme. Provision of Pumping Plant ...	27,000 0 0

Schemes approved prior to 1952 but costs revised and re-submitted:—

Rural District.	Scheme.	Extra cost approved. £ s. d.
Bridgwater	Steart Extension	866 12 9
Chard	Clapton Supply	606 0 0
Clutton	Augmentation of Supply System	3,480 0 0
Taunton	Churchstanton, Hunter's Lodge Extension	363 0 0
Taunton	West Monkton to Adsborough Extension	5,525 1 5
Wells	East and West Horrington	5,208 0 0
Wells	Comprehensive Scheme, Stage I	30,514 0 0
Wincanton	Development of Water Undertaking	22,502 0 0
Yeovil	Comprehensive Scheme. Construction of Coker Hill Reservoir	450 0 0

SEWAGE DISPOSAL.

In the Boroughs and Urban Districts extensions were mainly confined to Housing Estates. Certain sewers at Burnham-on-Sea, Weston-super-Mare and Yeovil were replaced and general maintenance work was carried out. The towns where the sewerage systems are either inadequate or worn out are Crewkerne, Glastonbury, Portishead, Taunton and Yeovil. Pollution of the rivers into which the effluents discharge from the works at Taunton and Yeovil continues. At Glastonbury the trade

waste from two factories is causing concern amongst riparian owners of the stream into which the wastes discharge. Schemes have been submitted to the Ministry of Housing and Local Government in all three cases but due to the Country's financial position it has not yet been found possible to give a starting date for the works to proceed.

Several new schemes were started in the rural areas and a number of improvements carried out. These were as follows:—

AXBRIDGE. New sewerage and sewage disposal for Axbridge and Compton Bishop.

Banwell—additions to treatment plant.

BRIDGWATER. New sewerage and sewage disposal at Cannington.

CHARD. At Winsham the sewer is being extended to serve Back Street.

A new filter was provided at Chaffcombe

At Merriott a new settlement tank was constructed and the irrigation area improved.

The irrigation ground at Misterton was regraded.

LONG ASHTON. At Cleeve the sewer was extended to serve Main Road and Rhodyate Hill at Yatton.

The sewer at Pill was extended to the Ham Green area to replace old existing sewers damaged by road usage.

SHEPTON MALLET. A new sewerage and sewage disposal scheme at Stoke Lane which embraces part of Oakhill parish. These works were considered necessary to protect two sources of water supply which are being developed at St. Dunstan's Well and Ashwick Grove for the joint use of the Shepton Mallet and Frome Rural Districts.

WILLITON. Extensions to serve housing sites at Carhampton and Stogumber.

YEOVIL. A joint scheme of sewerage and sewage disposal for East and West Coker. This was to overcome a nuisance problem and to deal with the drainage from a built up area and housing development. At Haselbury Plucknett works on a new scheme are in progress to deal with the drainage from an area which is being developed.

A Circular headed "Economies in Local Government Services", dated the 27th June, was sent to all District Authorities by the Ministry of Housing and Local Government. In the Appendix to the Circular it was made clear that only schemes essential on public health grounds would be entertained and any claims to this effect must be supported by the Medical Officer of Health on the nature and extent of the danger. The authorisation of new schemes was to be limited to those necessary for new housing or on grounds of public health.

It is obvious that until the Country's economic structure is more satisfactory, sewerage schemes merely to provide improved amenities will not be sanctioned.

Inspections of the various works to which the County Council make a contribution have continued throughout the year.

Schemes submitted and approved were as follows:—

Rural District.	Scheme.	Estimated cost (as submitted). £	s.	d.
Axbridge	Banwell, Extension of Disposal Works	6,950	0	0
Axbridge	Wedmore, Improvement of Irrigation System	369	0	0
Bathavon	South Stoke, Temporary Sewerage and Sewage Disposal	501	10	0
Clutton	Clutton and part of Temple Cloud, Sewerage and Sewage Disposal	30,775	0	0
Clutton	Stanton Drew, Sewerage and Sewage Disposal	13,450	0	0
Clutton	Farmborough, Sewerage and Sewage Disposal	30,650	0	0
Frome	Beckington, Sewerage and Sewage Disposal. Stage I ...	15,400	0	0
Frome	Kilmersdon, Sewerage and Sewage Disposal. Stage I ...	11,500	0	0
Long Ashton	Flax Bourton, Sewerage and Sewage Disposal	10,050	0	0
Taunton	Bishops Hull, Shootwater Hill, Extension of sewer ...	3,400	0	0
Taunton	Norton Fitzwarren, Station Road extension of sewer ...	3,900	0	0
Wells	Meare, Sewerage and Sewage Disposal	11,000	0	0
Wells	Westbury, Sewerage and Sewage Disposal	26,061	0	0

Schemes approved prior to 1952 but costs revised and re-submitted:—

Rural District.	Scheme.	Extra cost approved. £	s.	d.
Bridgwater	West Huntspill, Sewerage and Sewage Disposal	18,169	0	0
Langport	High Ham, Sewerage and Sewage Disposal	214	15	5
Shepton Mallet ...	Stoke Lane, Sewerage and Sewage Disposal	46,900	0	0
Shepton Mallet ...	Evercreech	14,000	0	0
Yeovil	East and West Coker, Sewerage and Sewage Disposal ...	750	0	0
Yeovil	Haselbury Plucknett, Sewerage and Sewage Disposal ...	3,750	0	0

HOUSING.

The following notes refer to housing in the County covering the year 1952.

During the year 2,239 houses were erected, of which 1,726 were built by Local Authorities. Compared with 1951, the total represents an increase of 351. 107 new homes were provided by the conversion of larger dwellings, etc., into flats, this being a decrease of 234 over the previous year. Houses in course of erection, however, number 2,732, an increase of 944.

Applicants for homes number 18,477, a decrease of 1,549 on the 1951 figure, but the number of dwellings required to replace those unfit number 16,363, an increase of 720. Whilst Private Enterprise building cannot be accurately assessed the District Councils propose to erect 2,899 houses during 1953.

Altogether, to meet the list of applicants and replacements 34,840 houses are required. Assuming that 3,500 will be erected in 1953, it will take ten years at this annual rate of building to satisfy the demands mentioned. The number of slum properties requiring demolition has nearly reached the total of applicants for new houses although possibly many of the latter are already living in dwellings coming under the unfit heading. With so little labour engaged in repair work this is not surprising and until a lead is given to concentrate work on slum clearance the position is bound to deteriorate. The situation is alarming enough without being allowed to become worse. The improvement of environmental hygiene is of the utmost importance so far as the health of the people is concerned and

it is surely preferable and more economical to prevent illness rather than expend money on hospital extensions to cater for those who suffer through living in an unfit house. It is indeed distressing to see the poor conditions under which many are living apart from the lack of reasonable amenities.

Improvement Grants.

The Housing Act, 1949, provided for grant aid towards the reconditioning of suitable houses. The cost of the works necessary was limited to £100 minimum and £600 maximum, later amended by Circular 76/52 to £150 and £800 respectively. The offer to the owner was a maximum grant of £300 or half the cost of the works within the limit of £600 and he could add 8 per cent. of his expenditure to the basic rent, the restriction on the rent and maintenance to last for twenty years.

Applications received by Local Authorities during the year 1952 and how they were dealt with are shown in the appended table:—

Applications dealt with by Local Authority				Submitted to Ministry			
Received	Approved	Rejected	Under consideration	Number sent	Approved	Rejected	Under consideration
26	13	9	4	14	8*	5	3

*Includes applications under consideration at end of 1951.

This effort to assist owners by way of grant aid has made little headway since the operation of this part of the Act, a total of only 98 applications for such help having been received. This is a very disappointing result and may be due to a variety of reasons such as:—

(1) The reluctance of some authorities to advertise that grants are available owing to the fact that such financial help would add to the general rate burden.

(2) The hesitation by District Councils to encourage applications owing to the fact that the cost of such works must come out of the sum allocated for essential repairs.

(3) The fact that a house can be occupied by one of the higher income groups who can well afford to pay the full economic rent without grant aid.

(4) The inability of the owner to find his share of the cost and his ignorance of the loans that can be made available under the Act.

Regarding the standard to which these houses must attain to qualify for a grant, this is equal to the amenities of a modern house. Surely it is desirable in the first instance to eliminate serious defects which may cause ill health and deal with amenity matters afterwards. A more realistic view is necessary if the scheme is to succeed.

There are many rural workers who are owner-occupiers; many are retired and on their meagre incomes cannot afford to bring their homes up to the standard of fitness required by the Housing Acts. They deserve every consideration respecting assistance which a local authority can give them.

Rural Housing Survey.

Only 401 houses were inspected and classified during the year against 778 in 1951. The table below sets out the position at the end of December, 1952. In explanation of the classifications, Category I, which is sub-divided, "District" means any house, the standard of which, whether of

amenity or fitness, meets the requirements of the Housing Acts. "County" refers to a house not only equal to the District Standard but also conforming to the standards as recommended by the Hobhouse Committee.

Category	I	...	Fit in all respects.
,,	II	...	Require minor repairs.
,,	III	...	Need structural alteration or extensive repairs.
,,	IV	...	Considered suitable for reconditioning by grant aid.
,,	IVa	...	Suitable for acquisition by the Local Authority.
,,	V	...	Unfit.

Houses £16 R.V. or under at Dec., 1930	Inspected	CATEGORIES						
		I		II	III	IV	IVa	V
		District	County					
43,753	32,191	4,842	1,354	7,189	12,515	2,389	667	7,645

The figures above show that out of the 32,191 houses inspected 38.9 per cent. require extensive repair, whilst 23.7 per cent. are recorded as unfit, making a total of 20,160 or 62.6 per cent.

The position is not a complimentary one and is worsened by the fact that there were 7,260 applicants for new houses in the same rural areas at the end of December, 1952. It is probably true to say that many of these applicants are at present living in the dilapidated and unfit houses mentioned, but a large number are young married couples living with their in-laws who naturally want a home of their own. These lists of applicants have been screened and range from 1,350 to 57, the average being about 454 per rural authority. There are overcrowded houses, but these are comparatively small in number.

With regard to those houses condemned as unfit, this does not mean that all have inherent defects, such as excessive dampness, or that the walls are falling down. A considerable number are placed in this category simply because the defects are such that they cannot be made fit at a reasonable cost. If reference is made to the above Table, under Category IV, 2,389 houses are considered suitable for grant aid. Whilst this sum total contains houses in Categories III and V, the bulk are from those shown in the unfit column.

During 1952, 1,252 houses were made fit, viz., 597 (minor repairs), 425 (major repairs) and 230 previously classed as unfit. Whilst much other repair work was carried out under the Public Health Acts this rate of improvement cannot be termed satisfactory. Local Authorities are still limited to the amount they can allow to be expended on essential repair work which means that the majority have to turn down or defer many applications. The sum allowed to one Council for the period 1st July to 31st December, 1952, amounted to £12,000, whereas that considered necessary to meet all applications for repair work was estimated at £20,000. Another had £3,564 allocated to meet an estimated requirement of £10,000. These are merely cited as examples to show that despite the increased amount an owner can spend on his property per annum, viz., £500, without a licence, there is still an official brake on the money which Local Authorities can allow to be spent, thus curtailing or delaying such important works.

One major reason in the lack of repair work carried out is the inability of many owners to meet the cost. To prevent further dilapidations and national wastage it appears that a scheme of financial assistance will have to be devised to help those requiring such aid.

SANITARY CIRCUMSTANCES.

Improvement continues to be made in the conversion of pail and other closets to the water-carriage system. In the Urban and Rural Districts 7 and 410 conversions respectively were made during 1952.

In the majority of districts cesspool emptying is a private arrangement between owners and contractors. Only five Authorities are themselves responsible for the emptying of cesspools and four have this work performed by contract.

With regard to refuse collection, the Urban Councils, with one exception, have their own vehicles and staff. Out of the sixteen Rural Authorities, eleven collect by direct labour and five employ contractors.

In the Borough and Urban Districts there are nineteen controlled tips, one partly controlled and one uncontrolled tip. The Rural Districts have twenty controlled tips, five partly controlled and six uncontrolled. Six Urban Districts and two Rural Districts use the incinerator method.

In connection with the collection of trade wastes, ten Urban and four Rural Districts have schemes in operation to meet this need.

CAMPING SITES.

At the end of 1952 there were 38 and 169 licensed camping sites in the Urban and Rural Districts respectively with an estimated permanent population of 1,250 and a seasonal peak population of 10,500. Compared with the year 1951 the population figures show an increase of 97 on those using caravans as a permanent residence and a decrease of 2,040 in the number who occupy during the Camping Season only.

SWIMMING BATHS.

Local Authorities own ten of the twenty-four swimming baths in the County. In thirteen of these the water is re-circulated, filtered and automatically chlorinated, in eight the water receives hand treatment only, whilst the remaining three receive no treatment at all.

During the year 178 samples were taken and tested for chlorine residual and 148 samples were examined bacteriologically. 19 chlorine residual and 7 bacteriological samples were classed as suspicious or unsatisfactory.

Particular attention is paid to the sampling of the water in baths used by school children for swimming instruction. Regular reports are also received from the Bath and Bristol Authorities on the test results of samples taken from the baths in their areas used by school children from the Administrative County.

SUPERVISION OVER THE FOOD SUPPLY.

Slaughterhouses and Meat Inspection.

The Ministry of Food control fifteen slaughterhouses in the County. In addition there are three registered slaughterhouses where horses are slaughtered for human consumption and ten registered knackers' yards.

30,745 animals, including 3,540 horses, were slaughtered for human consumption during the year. Meat inspection is carried out by the Local Sanitary Inspectors and 941,336 lbs. of meat, 3,054 lbs. being horse flesh, were condemned. 362,164 lbs. of the total amount condemned were affected with tuberculosis.

Tuberculosis in Calves.

Where calves born inside the County but slaughtered outside are found to be affected by tuberculosis, notification of such cases is received by arrangement with the Authorities concerned. This information is passed on to the Divisional Inspector of the Ministry of Agriculture and Fisheries who arranges for an investigation to be carried out. Forty notifications were received involving forty calves and as a result of the tests made twenty-five dams were slaughtered under the Tuberculosis Order, ten were found to be healthy and one dam died. The Veterinary Service were unable to trace the dams of four calves.

Cysticercus Bovis.

Only one case of infestation was reported during the year against forty-five in 1951. It is to be hoped that this is a sign that the peak infection is over and that the number of animals affected is on the wane. The usual investigations were made concerning the heifer in question.

Designated Milk (Raw).

From figures supplied by the County Agricultural Executive Committee, producers and licences at the end of the year were as follows:—

Reglstered and Licensed Producers—7,359.	
Number of Licensed "Tuberculin Tested" producers ...	2,542=34.5%
,, ,, "Accredited" producers	520= 7.1%
Estimated number of Undesignated producers	4,297=58.4%
Registered and Licensed Producer-Retailers—	
Total number of producer-retailers	1,324
Number of producer-retailers of "Tuberculin Tested" milk ...	404=30.5%
,, ,, "Accredited" milk	78= 5.9%
,, ,, Undesignated milk	842=63.6%
Bottling Licences—	
"Tuberculin Tested"	124
"Accredited"	7
	131

The number of Registered Distributors, Dairy Premises and Supplementary Licences issued during the year are set out below. Information regarding the number of routine samples taken by Local Authorities is also shown.

	Boroughs and Urbans.	Rurals.	Total.
Registered Distributors	223	155	378
Registered Dairy Premises	200	94	294
Supplementary Licences issued	42	75	117

Milk Sampling—Samples taken :—

	Boroughs and Urbans.		Rurals.		
	Satis-factory.	Unsatis-factory.	Satis-factory.	Unsatis-factory.	Total.
"Tuberculin Tested"	169	34	95	28	326
"Accredited"	—	—	—	—	—
Undesignated	—	—	—	—	—
Pasteurised	316	9	79	2	406
Sterilised	—	—	—	—	—
	485	43	174	30	732

Undesignated and Accredited (Raw) Milk.

In view of the fact that we have 920 producer-retailers of Accredited and Undesignated milk where the danger of bovine tubercle infection to the consumer is possible, sampling for biological examination has been continued. This danger can only be eliminated by making it an offence to sell such milk in its raw state. The sooner "Specified Areas" are extended in the County in which only a designated milk, not including Accredited milk, can be sold, the better.

Pasteurised and Sterilised Milk.

The number of premises licensed to pasteurise milk in the County as at 31st December, 1952, was thirty-one, plus one licensed to sterilise milk.

New licences issued during the year numbered four.

It is estimated that the existing plants in the County are capable of dealing with approximately 71,000 gallons of milk in a five-hour run and in seven hours 99,400 gallons.

Routine inspections have been continued and numerous advisory visits paid following unsatisfactory results.

Details of samples taken during the year are as follows:—

Designation.	Number of Samples taken.	Number Satisfactory.	Percentage Unsatisfactory.
Pasteurised—			
Bulk	380	376	1.1
Bottled	1,046	1,017	2.8
	1,426	1,393	2.3
Sterilised	47	47	—

	Pasteurised.	Sterilised.
No. failing Phosphatase test	25	—
No. failing Methylene Blue or Keeping Quality test	6	—
No. failing both tests	2	—

Twelve qualifying samples were taken respecting applicants for new pasteurising licences, all of which proved satisfactory.

Specified Areas.

On 1st November, 1952, the Keynsham Urban and Bathavon Rural Districts became part of a "Specified Area" which embraced Bath City, Bristol City and part of South Gloucestershire. In such areas only milk bearing a special designation can be sold and to ensure this the County Council, as a Food and Drugs Authority, have the responsibility of enforcing the Regulations. Much initial work was necessary to ascertain the names of the various purveyors of milk within the specified boundary, but with the excellent co-operation of the officers in the districts concerned, the County Agricultural Executive Committee and the Milk Marketing Board the matter is now on a firm footing. Altogether the retailers in the Area number forty-eight.

Administration is confused by the fact that there are three Authorities who can grant licences for the retailing of milk, viz., the County Agricultural Executive Committee to producer-retailers, the District Authority to distributors, and the County Council to those selling pasteurised and sterilised milks. Whilst it is comparatively simple to maintain a check on those licensed by the District Council and the County Council, it is not so easy to trace those producer-retailers licensed by the County Agricultural Executive Committee. The latter are permitted to sell their milk anywhere in England and Wales without acquainting any other Authority. This troublesome factor which has caused endless enquiries to be made would not arise if all selling milk within the prescribed area were obliged to register with the Food and Drugs or overseeing Authority.

Animal Health.

There are approximately 321,916 cattle in the County, of which roughly 152,000 are either "Attested", "Supervised" or "Tuberculin Tested". To become "Attested" a herd must pass three consecutive clean tests, in other words, no animal must react at each testing. "Supervised" means herds which have passed two clean tests and are awaiting the third for Attestation. "Tuberculin Tested" refers to those animals which have passed the tuberculin test and comprise a dairy herd for which the owner holds a licence to use the designation "Tuberculin Tested" in relation to the milk produced from it. The figures involved in the herds mentioned at the end of 1952 are as follows:—

No. of herds Attested and for which "T.T." licences have been granted	2,147
,, Attested only	647
Attested ...	2,794
No. of Supervised herds	210
,, herds not Attested but for which "T.T." licences have been issued ...	229
Total ...	3,233

Biological Sampling.

Bulk sampling from "Accredited" and Undesignated herds owned by producer-retailers has been carried out and in thirteen cases tubercle bacilli were found in the milk. Such sampling is a primary duty of the County Council under the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950. By arrangement several District Authorities kindly assist in this work.

Samples taken and results are as follows:—

Grade of milk	Samples examined	Herds concerned	Number containing tubercle bacilli	Percentage containing tubercle bacilli	
				1952	1951
Undesignated	454	295	13	4.4	5.5
Accredited	63	26	—	—	4.3

Hospital Farms.

At the request of the Ministry of Health 53 samples were taken from the 5 Hospital Farms in the County for bacteriological examination and 15 for biological purposes. In addition 15 Pasteurised milk samples were taken from Tone Vale Hospital.

MILK-IN-SCHOOLS SCHEME.

TABLE XII.

Types of Schools (including Divisional Executive Areas)	Total No. of each type	Types of Milk supplied to Schools (October, 1952) with percentages.					
		Past.	%	T.T.	%	U.D.	%
Primary	417	299	71.7	115	27.6	3	0.7
Secondary Modern ...	36	32	88.9	4	11.1	—	—
,, Grammar ...	18	15	83.3	3	16.7	—	—
,, Technical ...	3	3	100.0	—	—	—	—
Nursery	2	1	50.0	1	50.0	—	—
Totals ...	476	350	73.5	123	25.8	3	0.6

At the 31st December, 1951, a total of 364 schools of all types were having Pasteurised milk. As will be seen from the above table, the figure for 1952 is slightly below this. The reason for the slight decrease was that one supplier ceased to retail Pasteurised and reverted to "Tuberculin Tested" milk. Twenty-three Primary Schools, two Secondary Modern Schools and one Secondary Grammar School were involved but I am pleased to report that in the early part of 1953 this retailer will again be supplying Pasteurised milk. But for this, the steady improvement made over the past few years to obtain Pasteurised milk for as many schools as possible would have been maintained.

TABLE XIII.

Types of Schools (including Divisional Executive Areas)	No. of Registered Children	Children taking milk		Quantity of milk consumed, in one-third pints, on one specific day in October, 1952					
		No.	%	Past.	%	T.T.	%	U.D.	%
Primary	41,897	35,850	85.6	29,241	81.6	6,564	18.3	45	0.1
Secondary Modern ...	11,360	6,323	55.7	5,667	89.6	656	10.4	—	—
,, Grammar..	4,942	2,561	51.8	2,159	84.3	402	15.7	—	—
,, Technical..	291	220	75.6	220	100.0	—	—	—	—
Nursery	61	61	100.0	40	65.6	21	34.4	—	—
Totals ...	58,551	45,015	76.9	37,327	82.9	7,643	17.0	45	0.1

Table XIII shows the number of children taking milk on one specific day in October. This information, taken from the Ministry of Food Form M.S. 1, completed by Head Teachers monthly, does not allow for those absent due to sickness or other causes.

The percentage of children taking milk is most disappointing. There has been a steady fall over the past four years, the figures being, 1949—82.2 per cent., 1950—79.0 per cent., 1951—77.2 per cent., and 1952—76.9 per cent. What is the reason for this falling off in consumption? From the figures given in Table XIII, it would appear that out of 16,302 children on the register at Secondary Modern and Grammar Schools, only 8,884 or 54.5 per cent. are having milk. On the other hand, the percentage taking milk at Primary Schools shows an increase over that for 1951 of 2.3 per cent.

ICE CREAM.

The number of Registered Premises in the County are as follows:—

	Boroughs and Urbans.	Rurals.
Premises registered for manufacture and retail	71	72
,, ,, only	14	1
,, retail only	764	606
	849	679

The yearly percentage figures shown below indicate the considerable improvement which has taken place in the bacteriological quality of ice cream over the past six years. It is gratifying to note that the high standard reached is being maintained.

Percentage of Samples taken which fall into Grades I and II.

Year.	%
1947	46.0
1948	64.0
1949	70.5
1950	84.7
1951	91.1
1952	90.4

During the year 674 samples were taken by Borough and Urban Authorities and 249 by the Rural Authorities. The following figures show the number taken of Hot and Cold Mix samples and the percentage satisfactory:—

	Boroughs and Urbans		Rurals		Total	
	Number	% Satisfactory	Number	% Satisfactory	Number	% Satisfactory
Hot Mix ...	627	93.3	209	81.3	836	90.3
Cold Mix ...	47	85.1	40	100.0	87	91.9
	674	92.7	249	84.3	923	90.4

ANNUAL REPORT OF THE COUNTY PUBLIC ANALYST.

Each year since 1946, an increase in the amount of work has been recorded, and in 1952 this has been maintained. The number of samples received in each section of the work, excepting only the chemical water samples, has increased; the number of food and drugs samples showing the largest increase from 3,636 in 1951 to 4,014 in 1952. The total number of samples received from all sources during this latter year falls short of 5,000 by 66, whereas in 1946 the total number amounted to only 1,339.

Since August, additional laboratory space has been available to us and this has enabled the staff to work under more normal conditions. There should also be a saving of working time as apparatus which is in fairly constant use can now be permanently assembled.

We lost our Senior Assistant Analyst towards the end of the year and the new man will not take up his duties until March. The members of the staff have always given of their best, and it is very pleasant to be able to record once again my appreciation of the manner in which my Deputy, Mr. Cregeen, and the remainder of the staff have carried out their work. The administrative side has continued to run smoothly, largely owing to the efficient help I have received from my office assistant. I thank them all for their loyal support.

Total number of Samples received.

A large number of the samples received by this laboratory consists of those submitted under the Food and Drugs Act and other Orders of the Ministry of Food. These samples are taken mainly by the Inspectors of Weights and Measures, but a few are submitted by private individuals. The inspectors also take samples of fertilisers and feeding stuffs under the Fertilisers and Feeding Stuffs Act and other Orders.

The local Sanitary Inspectors collect and send in samples of drinking water for various examinations: the larger public supplies are examined once a year. These inspectors also submit samples of sewage and effluents but the main bulk of these, including those of river and stream waters, are received from the Somerset River Board.

Very few samples are taken under the Rag Flock Act in this County, and in fact none were received in 1952. New Regulations dealing with rag flock and other filling materials were made in 1951 and came into force in the November of that year. Six "Prescribed Analysts", who are not public analysts, were appointed to test samples and issue certificates under the Regulations, but I understand that further consideration is to be given to the matter, and it may well be that public analysts will again be called on to carry out some of the tests.

The examination of specimens of urine has been resumed after a period of some years during which no specimens were received.

The miscellaneous samples include all those which do not fall into the above classifications.

The following is a summary of the samples received during the year:—

Samples submitted under the Food and Drugs Act and other Orders:—		
By Inspectors—		
Number taken formally	1,478	
Number taken informally	1,020	
"Appeal to Cow" samples	39	
By Private Individuals	0	
		2,537
Samples of School Milks		1,398
Samples submitted under the Rag Flock Act		0
Samples submitted under the Fertilisers and Feeding Stuffs Act:—		
Fertilisers	22	
Feeding Stuffs	27	
		49
Drinking water samples for chemical analysis		275
Sewages, effluents and river water samples		580
Miscellaneous samples		79
Specimens of urine		16
Total number of samples		4,934

The total number of samples received for analysis under the Food and Drugs Act and other Orders was 2,537 of which 133 or 5.2 per cent. were adulterated or incorrect compared with 6.9 per cent. in the previous year.

The following table sets out in more detail the number of samples examined and the number and percentage adulterated or incorrect.

	Number Examined.	Number Incorrect.	Percentage Incorrect.
Milk	965	64	6.6
Channel Islands Milk	254	27	10.6
Condensed and Evaporated Milk	15	—	—
Cheese	29	1	3.4
Butter	46	—	—
Margarine	4	—	—
Other Edible Fats	23	—	—
Cereals	85	—	—
Baking and Golden Raising Powders	3	—	—
Sausages and other Meat Products	47	—	—
Meat and Fish Paste, etc.	34	—	—
Meat Pies	17	—	—
Tea	20	—	—
Coffee	11	1	9.1
Coffee and Chicory Extract and Essences	27	—	—
Cocoa and Cocoa Compounds	10	—	—
Sugar and Sugar Products	19	—	—
Gelatine	4	—	—
Canned Meat and Vegetables	62	—	—
Canned Fish	9	—	—
Canned Fruit	22	1	4.5
Canned and Powdered Soups	55	9	16.4
Jam, Marmalade, Honey, etc.	82	1	1.2
Vinegars	17	—	—
Pickles, Sauces, etc.	64	1	1.6
Sweets and Chocolates	22	5	22.7
Condiments and Spices	61	3	4.9
Jelly and Jelly Crystals	32	—	—
Miscellaneous Samples	139	3	2.2
Soft Drinks	41	—	—
Ice Cream	105	3	2.9
Beer, Cider and Spirits	41	2	4.9
Lozenges and Tablets	52	2	3.8
Tonics, Syrups and Mixtures	22	1	4.5
Oils	3	—	—
Ointments	4	—	—
Other Drugs	91	9	9.9
	2,537	133	5.2

Adulterated Milk Samples.

The number of milk samples returned as adulterated was 91 including 27 of Channel Islands milk which were deficient in fat.

Information as to the nature of the adulteration and details regarding individual samples is given in the following summary and table:—

Number containing added water	28
Number deficient in fat	58
Number containing added water and deficient in fat	5
Number containing preservatives	Nil.

The percentage number of milk samples containing added water was 2.3 against 1.8 and 1.05 in 1951 and 1950 respectively. Although this percentage figure is slightly above those for 1951 and 1950, it is still below the figures for the three preceding years.

The number of milk samples (excluding those of Channel Islands milk) showing fat deficiencies was 31 which is 3.2 per cent. against 5.3 for 1951 and 7.0 for 1950. Unequal milking intervals and lack of proper mixing again seem to be the main causes for the low fat contents.

No.	Added water or fat deficiency.	Action taken and results of legal proceedings.
61*	At least 8.3% Fat ...	Vendor exonerated by appeal to cows samples. Cautioned.
160	At least 10.3% Water	The appeal to cows sample contained 8.62% solids-not-fat, 4.16% fat and its freezing point depression was 0.555°C. Fined £5. Advocate's fee £3 3s. 0d.
420	At least 17% Fat ...	Retailer supplied from two sources. Samples on delivery from one source were genuine. Samples from the other source see No. 443.
443*	At least 10.6% Fat ...	Cautioned.
586*	11.4% Water ...	Fined £5. Advocate's fee £3 3s. 0d. Witness £1
720	9.1% Water	Fined £2 2s. 0d. Advocate fee £2 2s. 0d.
753*	8.4% Water	Fined £3. Advocate's fee £7 7s. 0d. Witness £1 10s. 0d.
770*	2% Water	This producer was summoned by the retailer of No. 753. No case to answer.
824	24.6% Fat and 5.2% Water ...	Strong caution. See samples on delivery Nos. 893 and 894.
825	15% Water	See sample on delivery No. 897.
893	20.3% Fat and 4.1% Water ...	Milk was from 1 cow. These two samples were from the same milk but one was taken from the producer and the other from the wholesaler. Strong caution.
894	20.3% Fat and 4.1% Water . .	
897	8.9% Water	Plea of guilty—leaking cooler not discovered until after Sample No. 825 was taken. Conditional discharge for 12 months on payment of Court fees 4/- and advocate's fee £5 5s. 0d.

No.	Added water or fat deficiency.	Action taken and results of legal proceedings.
1009	At least 3.5% Water	Caution. Previous samples genuine. A further informal sample was also genuine.
1019	At least 9% Water ...	Plea of guilty. Fined £5. Advocate's fee £5 5s. 0d.
1022	At least 11% Fat ...	This sample was of A.M. milk. P.M. milk contained over 5% of fat. Farmer advised to adjust milking intervals. Further samples to be taken.
1102	At least 4.5% Water	Plea of guilty. Fined £5. Advocate's fee £5 5s. 0d.
1220	At least 2.1% Water	Information given to factory to whom this milk was sold. Further checks will be made of this producer's milk by the factory. No further action.
1221	6.3% Water	No prosecution undertaken. Producer too ill to appear in answer to the summons—has since died.
1278	At least 11.6% Fat ...	Cautioned.
1346	At least 14.6% Fat ...	Previous recent sample —genuine. Further samples to be taken.
1353	At least 5.2% Water	Producer-retailer exonerated by appeal to cows samples as far as fat deficiencies were concerned. Fined £5 5s.0d. Costs £8 1s. 0d.
1355	At least 4.4% Water	
1358	8.0% Fat	
1359	20% Fat and at least 2% Water	
1530	At least 7.4% Water	Pleaded guilty. Fined £5., Advocate's fee £5 5s. 0d.
1531	16% Fat	Exonerated by the morning appeal to cows sample.
1592	8.3% Fat(I)	Further samples at a later date.

No.	Added water or fat deficiency.	Action taken and results of legal proceedings.
1635	At least 10.6% Fat ...	Cautioned. Five other samples taken at same time were genuine.
1639	At least 11.3% Fat ...	Previous samples have been genuine. Further sample taken. See No. 1714.
1640	At least 7.0% Fat ...	
1641	At least 10.6% Fat ...	
1708	At least 15% Fat ...	Two further samples genuine.
1714	At least 6.6% Fat ...	Five other samples contained over 4.0% of fat. Retailer cautioned. Has undertaken to thoroughly mix milk.
1854	At least 4.1% Water	Doubt as to source of supply. Retailer cautioned.
2036	16.3% Fat	Milking intervals appeared to be the cause of the deficiency. Further sample genuine.
2042	At least 11.3% Fat...	Producer cautioned, advised to take steps to improve quality of the milk.
2185	At least 29.0% Fat...	Fined £5 on each of three charges making a total of £15. Costs £7 7s. 0d. Defendant also fined £20. Advocate's fee £5 5s. 0d. for manufacturing cream without a licence (Ministry of Food prosecution).
2187	At least 46.7% Fat...	
2188	At least 47.7% Fat...	
2309	At least 3% Water ...	Strong caution, advised to keep dairy locked.
2319*	6% Water	Strong caution.
2336*	At least 13.3% Fat ...	No further action.
2462*	At least 20.7% Fat ...	No further action.
2464	At least 18.6% Fat ...	Plea of guilty. Did not possess a plunger and milk was not mixed. Fined £2, Advocate's fee £3 3s. 0d.
2645	13% Fat	Cautioned. Vendor has undertaken to mix milk thoroughly before bottling. Further samples to be taken.
2646	11.6% Fat	
2858	At least 16.7% Fat ...	Plea of guilty. Fined £1., Advocate's fee £5 5s. 0d.
3094	At least 1.8% Water	Three sources of supply. Samples from two sources were genuine. Those from the other source see Nos. 3120 and 3121.
3100	At least 8.3% Fat ...	Cautioned. Retailer has good record. Further samples taken. See Nos. 3181 and 3183.
3120	At least 3.3% Water	Two defendants, each fined £2 10s. 0d. Advocate's fee £3 3s. 0d.
3121	At least 6.0% Water	
3181	At least 5.6% Fat ...	Same retailer as No. 3100. Two other samples genuine. Cautioned. Producer agreed to adjust milking intervals as p.m. milk contained 5.7% of fat.
3183	At least 10.6% Fat ...	
3361*	7.1% Water	Fined £3. Advocate's fee £3 3s. 0d.
3454*	34.9% Water and 37.9% Fat ...	Fined £5. Advocate's fee £5 5s. 0d.
3576	At least 4% Water ...	Fined £5. Advocate's fee £5 5s. 0d. Witness £1
3577	At least 5.2% Water	
3582	At least 1.8% Water	
3583	At least 7.2% Water	
3584	5.5% Water	Fined £2. Advocate's fee £7 7s. 0d. Witness £1
3585	6.9% Water	
3849	At least 13.3% Fat...	Cautioned. Advised to ensure that the milk is properly mixed.
3908*	At least 25.6% Fat ...	Strong caution.

*Further details are given in the following paragraphs. (I) denotes Informal Sample.

No. 61. Four appeal to cows samples were taken at the morning milking and three of these contained only 2.9, 2.55 and 2.3 per cent. of fat respectively. The remaining milk represented by the fourth sample, which was of normal composition, was used for cheese making. The vendor was cautioned and advised to take steps to improve the quality of the milk and he has undertaken to sell the better quality milk on the retail round. The poorer quality milk will be used for making cheese.

No. 443. This sample of morning milk and two others, one of morning and the other of evening milk, were taken in course of delivery to the retailer from whom sample No. 420 had been taken. The evening milk contained 4.4 per cent. of fat and the morning milk samples 2.68 and 3.05 per cent.

of fat. The milking intervals were very uneven and the farmer was advised to adjust these and to keep the milk thoroughly mixed. A further sample was taken a few weeks later and was found to be genuine.

No. 586. This sample was of mixed milk (a.m. and p.m.) and three appeal to cows samples were taken, two a.m. and one p.m. The solids-not-fat percentages in one morning and the evening milk were 8.32 and 8.36 respectively, but the freezing points (Hortvet) were normal. The other sample of morning milk was taken from milk produced by three cows which were drying off: the total quantity was only 3½ pints. The milk from these cows had been included in that from which the original sample was taken. This milk contained only 6.88 per cent. of solids-not-fat which was very abnormal, but the freezing point was normal being minus 0.54° centigrade. The proportion of lactose in the solids-not-fat was very low.

No. 753. The sample was taken from a one pint bottle of evening milk. Two samples of the milk as delivered by the producer to this retailer were taken; one was genuine but the other, No. 770, although containing 8.54 per cent. of solids-not-fat was shown to contain a small amount of added water by the freezing point (Hortvet). An appeal to the cows sample was satisfactory. There were 26 cows in the herd which were milked by machine and stripped by hand.

The retailer was summoned by this Authority and he, in turn, summoned the producer. The bench found that as far as the producer was concerned, there was no case to answer. The case against the retailer was proven and he was fined (see above table).

No. 2319. This sample was from one-third of a pint bottle of milk supplied to a school and a sample taken in course of delivery from the producer to the retailer proved to be genuine. Although enquiries were made to ascertain who was the purchaser of the milk, they were not successful before the time limit for issuing the summons had expired. The retailer was therefore given a strong caution.

No. 2336. Three other samples of milk were taken from this producer at the same time, which were genuine. All the milk was delivered to a factory and as the weighted average of fat for all four samples was 3.1 per cent., so that the bulked milk would be genuine, no further action was taken.

No. 2462. This sample and two others were taken because of a complaint received from a factory. The weighted average of fat in the three samples was 3.02 per cent. and as the milk is bulked at the factory, no further action was taken.

No. 3361. This producer-retailer obtained some milk from another source and sold the mixed milk, consisting of the milk from his own herd and that brought from this source. No appeal to cows sample was taken but two samples were taken from the milk in course of delivery to this retailer by the other producer. These were genuine and cleared the producer from whom the additional milk was purchased.

No. 3454. This sample was of hot milk served at a café. Two other samples of hot milk were also taken from different cafés and these proved to be genuine by the freezing points, although the solids-not-fat figures were slightly low. A sample of the milk as delivered to this café was taken and examined and was found to be genuine. This latter sample was heated to boiling and afterwards a freezing point test was carried out which was very close to that obtained for the milk before heating. The prosecution was for the presence of added water and the fat deficiency was disregarded.

No. 3908. The sample was of a.m. bottled milk and two appeal to cows samples were taken which were found to contain 3.25 and 3.20 per cent. of fat respectively. The milking was done by machine and the day on which the sample was taken was very cold and the apparatus froze up and

caused the milking to be late. To save time the bottling was commenced as soon as milk was available instead of waiting for the strippings to be added. The producer was strongly cautioned and further samples will be taken.

Channel Islands Milk.

The Milk (Control and Maximum Prices) (Great Britain) Order, 1951, defines Channel Islands milk as milk which, inter alia, contains not less than 4 per cent. of butter-fat.

Two hundred and forty formal and fourteen informal samples were received during the year, of which twenty-seven were found to be deficient in fat. Details of these unsatisfactory samples are given below:—

No.	Deficiency of fat %	Remarks.	No.	Deficiency of fat %	Remarks.
6	8.0	Appeal to cows sample also contained only 3.92% of fat. Information sent to the Ministry of Food.	2104	14.0	Further samples at later date were genuine.
			2368	13.0	Ministry of Food prosecution. Fined £1. Costs 17s. 0d.
66	7.7	Several sources of supply. See samples on delivery Nos. 87 and 88.	2374	8.7	Three other samples were genuine. Cautioned. Has undertaken to thoroughly mix milk before bottling.
87	7.5	The fat content of an appeal to cows sample was only 3.84%. Information sent to the Ministry of Food.			
88	3.5		2458	18.0	Same producer as No. 2368.
			2488	11.7	Dairy only recently taken over by vendor. Eight sources of supply. See Nos. 2492 and 2493, also 2523 to 2525.
			2489	12.2	
936	12.8	Further samples to be taken in each case.			
2998	5.0				
1131	18.0	Appeal to cows sample contained 3.58% of fat. Information sent to the Ministry of Food.	2492 (I)	13.7	See samples on delivery Nos. 2523 to 2525.
			2493 (I)	17.5	
			2523	21.7	Information sent to the Ministry of Food.
1707	12.5	See No. 1848.	2524	14.0	
1848	18.2	A.M. milk. See samples on delivery Nos. 1855 to 1857.	2525	17.7	
			2779	8.7	Retailer has several sources of supply; source of this sample uncertain. Three other samples were genuine. Further samples to be taken.
1855	17.5	Appeal to cows sample also contained a low fat — 3.4% Information sent to Ministry of Food.			
1856	4.2				
1857	22.2				
2029	7.0	Milking intervals uneven. Cautioned, agreed to adjust intervals.	3093	13.0	A sample taken on delivery contained 4.42 per cent. fat. Information sent to the Ministry of Food.
2031	12.0	Cautioned. Further sample contained 4.6% of fat. Two other samples taken the same time were genuine.			

(I) denotes Informal Sample.

Nos. 6, 2368 and 2458.

Sample No. 6 was of morning milk and contained 3.68 per cent. of fat. The morning appeal to cows sample was found to contain only 3.92 per cent. of fat. These samples were taken in January. In July a further sample, No. 2368, of morning milk was taken and this contained 3.48 per cent. of fat. The producer was interviewed regarding the evening milk and samples No. 2458 (morning milk) and No. 2457 (evening milk) were taken. The morning milk contained only 3.28 per cent. of fat, whereas the fat content of the evening milk was 5.0 per cent. It appeared that the intervals of milking were probably the cause of the poor quality of the morning milk.

The percentage of unsatisfactory samples of Channel Islands milk is rather high, but it does not necessarily represent the true position as the tendency is to take more samples from the herds giving poor quality milk.

School Milks.

One thousand three hundred and ninety-eight samples of the milk as delivered to the schools have been analysed. In the case of those samples containing a low percentage of fat, producers have been advised to take steps to improve the quality of the milk. If repeated unsatisfactory samples are received from any one producer the case is dealt with under the Food and Drugs Act and appeal samples are taken in an endeavour to find the cause of the deficiencies of fat.

Average Composition of Milk Samples.

Year.	Fat %.	Solids-not-fat %.	Total Solids %.
1939	3.77	8.83	12.60
1945	3.67	8.78	12.45
1946	3.77	8.90	12.67
1947	3.74	8.82	12.56
1948	3.64	8.88	12.52
1949	3.71	8.74	12.45
1950	3.71	8.88	12.59
1951	3.77	8.75	12.52
1952	3.79	8.77	12.56

Other Adulterated or Incorrect Samples.

No.	Description.	Nature of Offence.	Action taken and results of legal proceedings.
98*	Chicken Noodle Soup (Powder) (I)	Incorrect label. Not "Chicken" Noodle Soup	See Sample No. 360.
204	Barley Sugar (I)	Incorrect label. Ingredients in incorrect order.	Packers have agreed to amend the labels.
205*	Lemon Butter and Honey Spread (I)	Incorrect label. Ambiguous description.	Reported to Ministry of Food. Packers have agreed to alter the description.
360*	Chicken Noodle Soup (Powder)	Incorrect label. Not "Chicken" Noodle Soup.	The matter has been taken up with the packers. Also see No. 1564.
362*	Chicken Noodle Soup (Powder) (I)	Incorrect label. Not "Chicken" Noodle Soup.	See No. 360. Same brand.
370*	Concentrated Cinnamon and Quinine (I)	Designation "Concentrated" incorrect.	The Pharmacist has undertaken to remove the word "concentrated" from the labels concerned.
378	Creme of Tomato Soup (I) ...	Incorrect label. False description.	Contained only 1.05% fat. Importer could not be traced. Ascertained that it was old stock—no further action.
504*	Cough Lozenges B.P.C. ...	Not B.P.C. composition. Over 30% mineral matter present.	Letter to Manufacturers.
967	Lemonade Powder (I) ...	Incorrect label. Statement of ingredients incorrect.	Old stock. New stock : label was satisfactory.

No.	Description.	Nature of Offence.	Action taken and results of legal proceedings.
1048	Ground Cinnamon (I) ...	Inferior quality: volatile oil only 0.1% v/w.	From a small village shop. Stock several years old. Cautioned. Remaining seven containers destroyed.
1055	Butter Mints (I)	Incorrect label. Less than 1% butter fat (if any)	See Formal Sample No. 1577.
1156	Ground Cinnamon (I) ...	Inferior quality volatile oil only 0.1% v/w.	Same shop as No. 1048.
1197	Pepper	40% wheat flour present.	Retailer relied on warranty — summons dismissed. Supplier accepted responsibility and was summoned. Plea of guilty. Fined £5. Costs £3 3s. 0d.
1210	Horseradish Sauce (I) ...	Incorrect label. Order of ingredients incorrect	Very old stock. Retailer undertook to relabel the remaining bottles.
1505	Cheese Preparation	Incorrect label. No statement of ingredients	Same brand as No. 2136 1951.
1564*	Chicken Noodle Soup (Powder) (I)	Incorrect label. Not "Chicken" Noodle Soup.	Investigations in hand. Other brands to be examined.
1577	Butter Mints	Incorrect label. Incorrect designation. No butter-fat present	Prepared in Weymouth. The Food & Drugs Authority for that district found that the manufacturing company had ceased to exist.
1654	Ice-Cream (I)	At least 5.0% deficient of fat ...	Formal sample was genuine.
1795*	Cream of Celery Soup (I) ...	Fat 40% below 3.5%	Letter to manufacturers. Manufacturers perturbed. Have promised to carry out full investigation and inform us of the result. Tin of soup from same batch has been sent to them.
1987	Essence of Rennet (I) ...	Incorrect label. No ingredients stated	Packers expressed regret that they had failed to comply with the regulations. Facsimile of label which is to be used was satisfactory
2062*	Cream of Tomato Soup (Powder) ...	Incorrect label. Misleading description	Manufacturers have agreed to either alter the label or the composition.
2238	Essence of Rennet (I) ...	Incorrect label. No ingredients stated	Same packers as No. 1987.
2242	Lemonade Powder (I) ...	Incorrect label. Statement of ingredients incorrect.	From very old stock. Retailer had only a few tins left. No further action as manufacturers have amended the labels on later stocks
2340*	Chocolate Liqueurs (I) ...	False description	Cautioned.
2452	Ammoniated Tincture of Quinine (I) ...	25.5% deficient of ammonia ...	Last of old stock. Little demand for this preparation and the vendors will in future only order small quantities. Cautioned.
2798*	Tincture of Iodine (I) ...	Iodine—15.7% in excess. Potassium iodide—17.6% in excess	Cautioned.
2813	Ice-Cream	17.5% deficient of fat	Owner of shop recently died.
2948	Tincture of Iodine (I) ...	17.6% excess of iodine. 20.4% deficient of potassium iodide	Sample of stock purchased by retailer early in 1951. Further samples are to be taken and if unsatisfactory remainder of stock will be destroyed. See No. 3321.
3009	Clotted Cream	Suspicious. Results slightly abnormal for butter-fat	Cautioned. (Probably goats cream). Sales discontinued.

No.	Description.	Nature of Offence.	Action taken and results of legal proceedings.
3203*	Cream of Tomato Soup (I) ...	Incorrect label. Misleading description	Same brand as No. 2062.
3317	Ice-Cream	21% deficient of fat	Previous conviction for deficiency of fat in milk. Fined £1.
3321*	Tincture of Iodine (I) ...	15% excess iodine. 14.1% excess potassium iodide	Cautioned. Remainder of stock destroyed.
3393*	Coffee (I)	A mixture of coffee and chicory. About 35% chicory	Manufacturers have agreed to amend the design of the label.
3476	Creamed Mushroom Soup (I)	Incorrect label. Ambiguous description	Examination of further samples to be made and the matter will then be taken up with the firm.
3659	Extra Strong Digestive Mints (I)	52.6% deficient of total oil of peppermint and menthol	Manufacturers stated that it must be very old stock as this formula had ceased to be used. Investigations still in hand
3796	Essence of Rennet (I) ...	Incorrect label. No ingredients stated	Retailer interviewed stated it was old stock. Undertaken to obtain amended labels from packers.
3861*	Tincture of Iodine (I) ...	43.0% excess of iodine. 48.0% excess of potassium iodide	Pharmacist cautioned and advised as to cap.
3863*	Tincture of Iodine (I) ...	15.0% excess of iodine. 17.0% excess of potassium iodide	Pharmacist cautioned and advised as to cap.
3866	Victoria Plums (I)	10.9% deficient of total weight declared	Reported to Chief Inspector of Weights and Measures.
3880*	Liqueur	Proof Spirit 56.4% equivalent to 6.0% added water	Cautioned. (60% P.S. declared).
3881	Cherry Wine	Incorrect label. Does not conform to Order	Manufacturers asked for observations and replied that the Ministry of Food had approved the label. The Ministry confirmed this statement.
3961*	Buttered Mints	Incorrect label. Incorrect designation only 1.9% butter-fat	Manufacturers asked for observations and stated that the butter-fat was incorporated only in the centre as coating was unsuitable for mixing with butter.

*Further details are given in the following paragraphs. (I) denotes Informal Sample.

No. 205 Lemon Butter and Honey Spread (Informal). No butter-fat was found in this sample and the analysis showed that its composition was similar to that of lemon curd or cheese made with honey. The facts were reported to the Ministry of Food and the manufacturer was approached with the result that he agreed to eliminate the suggestion that the article might contain butter.

Nos. 98 (I), 360, 362 (I) and 1564 (I) Chicken Noodle Soup. No chicken meat was used in the preparation of these articles which were all powdered soups. Hydrogenated vegetable oils and chicken-fat were among the constituents present and the total fat and oil found amounted to approximately 5.0 per cent. A portion of this would be contributed by the large amount of cereal present, and the amount of chicken fat was probably not more than 2 per cent. In my opinion an article containing about 2 per cent. of chicken fat and no chicken meat should not be designated as "chicken" soup. The manufacturers were interviewed and have decided to withdraw this line from the market.

No. 370 Concentrated Cinnamon and Quinine (Informal). The analysis showed that the mixture was correctly dispensed but it was weaker than the standard preparations containing

cinnamon and/or quinine. The pharmacist stated that the word "concentrated" was used to draw the attention of the customer to the fact that dilution was necessary before it was taken. He has undertaken to remove the word "concentrated" from the labels concerned.

No. 504 Cough Lozenges. B.P.C. These lozenges contained over 30 per cent. of mineral matter instead of the simple basis required by the B.P.C. formula. The manufacturers in a letter stated that the B.P.C. base for this lozenge is only a suggested base and owing to the extreme shortage of sugar it was necessary to economise in its use. Since these lozenges were made they had considerably improved the base to more effectively comply with that of the B.P.C. Those from which the sample was taken must be very old stock.

The B.P.C. lozenge is entirely soluble in the mouth and would exert a soothing and demulcent effect on the irritated mucus membrane and I think that it is very doubtful that insoluble mineral matter would have any similar effect.

Recent samples contained sugar and a small amount of starch and no mineral matter was present in the base.

No. 1795 Cream of Celery Soup (Informal). The manufacturers have replied that the soup was produced in 1948 and it was therefore difficult to trace the cause of the deficiency in fat. In their opinion it may have been due to faulty homogenisation as there are occasions when this may not be entirely efficient due to worn valves, fall in pressure or other causes. Routine tests are carried out in their laboratories, and they have not had a reading lower than 3.55 per cent. of fat. Unfortunately, no stock of this particular soup was available so that tests could not be made, but they assure us that the strictest possible care is now being taken.

The formula submitted would give a soup of satisfactory fat content.

Nos. 2062 and 3203 (I) Cream of Tomato Soup. These samples were of powdered soups and were prepared by the same manufacturers. The powders contained about 7.0 per cent. of fat and according to the instructions given the prepared soup would contain much less than 1 per cent. of fat whereas tinned "Cream of ——" Soups contain not less than 3.5 per cent. of fat. The Ministry of Food was informed of the facts and the manufacturers gave the Ministry an assurance that the description on the label would be modified. The manufacturers also assured this Authority that either the description would be altered or the composition. In the case of another product, that of a sample of powdered cream of celery soup, the manufacturers agreed to omit the word "Cream" from the description.

No. 2340 Chocolate Liqueurs (Informal). Enquiries revealed that this article was not sold to the retailer as chocolate liqueurs. The chocolates contained coloured and flavoured syrup and no alcohol. The retailer was cautioned.

Nos. 2798, 2948, 3321, 3861 and 3863, Tincture of Iodine (Informal).

These samples all contained excessive amounts of one or both ingredients and generally this was due to the caps closing the bottles not fitting properly.

In the case of No. 2798 the manufacturers admitted that this was the cause of the excessive amounts of iodine and potassium iodide and said that they had tried many different kinds of caps but had not yet found a really satisfactory one.

The two samples, Nos. 2948 and 3321, were from the same shop, the former was from stock bought in March, 1951, and was eighteen months old. The liquid in the bottle measured only 22 millilitres instead of approximately 28 and apparently evaporation had taken place.

Sample No. 3321 consisted of three bottles, all of which showed loss of liquid. The remainder of the stock was destroyed.

In the cases of Nos. 3861 and 3863, these also showed loss of liquid and contained excessive amounts of iodine and potassium iodide, although the whole of the excess in No. 3861 could not be accounted for by the evaporation of liquid from this bottle. At the same time two other samples were received from other vendors which were correct. These latter bottles were closed with (*a*) a plastic cap having a rubber washer and (*b*) a rubber bung. The other bottles had plastic caps with impregnated paper washers.

The vendors of all the unsatisfactory samples were cautioned and advised with regard to these points.

No. 3393 Coffee (Informal). The word "Coffee" was very prominent on the label of this sample, and some distance below the words "a mixture of coffee and chicory" appeared in smaller type. The Ministry of Food had not approved the label and the manufacturers have agreed to amend its design. They have been requested to submit a specimen of the new label.

No. 3880 Liqueur. The manufacturers were asked for their observations. No further samples could be taken as the shops had no more in stock. The manufacturers replied that very little had been sold since receiving the complaint. They had made several tests of existing stocks and found that the strengths fluctuated. The last vatting was in September, 1950, and the bottling was completed in January, 1951. At that time the strength was correct. The firm was cautioned.

No. 3961 Buttered Mints. The manufacturers stated that the butter-fat was incorporated in the centre and not in the casing as there was a distinct difference between the two and it would not be suitable for butter to be mixed in the outer case. In November the supplies of butter were stopped and the mints are now described by another name which omits any reference to butter. It is possible that, to avoid confusion, this name will be retained when butter is again used in the preparation of the mints.

Ice Cream.

The Food Standards (Ice-Cream) Order, 1951, remained in force until the Amendment Order came into operation on the 7th July. This order made the following changes:—

	1951 Order.	1952 Amendment Order.
Fat	5	4 per cent.
Cane sugar	10	10 ,,
Milk solids other than fat	7½	5 ,,

During the year one hundred and five samples were analysed, of which three were found to be unsatisfactory; two formal and one informal sample At the time the informal sample was taken, the 5.0 per cent. fat standard was in force. It contained only 4.75 per cent. of fat but a formal sample taken shortly afterwards was found to contain 5.2 per cent. of fat.

The other two unsatisfactory samples contained 3.3 and 3.16 per cent. of fat respectively. In the former case the ice-cream was supplied to the retailer by a dairy and it appeared probable that the latter source was responsible for the deficiency. The ice-cream was delivered in bulk two days before the sample was purchased and it was not possible to prepare a satisfactory case against the producer. Both retailer and producer were cautioned.

A successful prosecution was undertaken in the case of the remaining unsatisfactory sample.

The average fat content of ice-cream samples for the year was 8.2 per cent.; that for the period during which the 5.0 per cent. fat standard was operating was 9.2 per cent. and that for the remainder of the year under the 4.0 per cent. standard was 7.3 per cent. The number of samples taken while each standard was in force was respectively 49 and 56. It is obvious that in this County the lower standard has had some effect on the fat content of ice-cream, but an average of 7.3 per cent. is quite good compared with the pre-standard days.

Meat Pies.

Seventeen meat pies were received during the year and the following table gives the meat contents of these samples:—

*Total meat in filling %	32.7	67.1	54.4	62.1	56.1	26.9	49.7	87.0	96.9	98.5
*Total meat in whole pie %	7.9	21.7	18.9	16.0	22.0	5.5	22.4	21.3	26.6	26.7
*Total meat in filling %	66.3	89.0	76.0	54.5	27.0	81.9	56.1			
*Total meat in whole pie %	8.6	29.9	20.0	18.1	10.4	37.1	15.3			

*Total meat is expressed as fat plus cooked defatted meat containing 4.4 per cent. of nitrogen.

The proportion of filling or contents to pastry in these samples showed very marked variations which is similar to the results obtained in previous years.

I am of opinion that 20 per cent. of meat in the whole pie is a fair minimum amount under present conditions, and on this basis 8 or 47 per cent. of the above samples were not satisfactory. Three of these contained less than 10 per cent. of meat.

Over the past five years this laboratory has examined 70 samples of this commodity, and the whole series of results show a wide variation in composition. Although some people apparently prefer less meat in these pies than others, I think that a standard is desirable. At present it is just matter of opinion as to how much meat the pies should contain.

Fertilisers and Feeding Stuffs Act.

The total number of samples received was 49, of which 22 were fertilisers and 27 were feeding stuffs.

Details of these samples are given below:—

Fertilisers.	Total Informal.	Number Satisfactory.	Number unsatisfactory as regards—	
			Composition.	Requirements of the Act.
Bone Meal	4	1	1	2
Superphosphate of Lime ...	3	2	—	1
Lime	2	—	1	1
Nitrate of Soda	1	1	—	—
Fertilisers	5	4	—	1
Potassic, Blood and Bone Fertiliser	1	1	—	—
Sulphate of Ammonia ...	1	1	—	—
Sulphate of Potash	2	2	—	—
Basic Slag	1	—	—	1
Dried Blood	2	2	—	—
Total	22	14	2	6

The bone meal sample which was unsatisfactory as regards composition contained a slight excess of nitrogen. The manufacturers have undertaken to state more exact percentages in future. The amount of calcium hydroxide in the sample of lime of unsatisfactory composition was 23.3 per cent. deficient of the guaranteed amount when packed. However, the total amount of calcium oxide present as hydroxide and carbonate was correct. A caution was sent to the head office and the branch manager was advised of the results.

Six samples were sold without any disclosure of the composition of the articles. Several of the vendors were unaware of the requirements of the Act which were explained to them. They were all cautioned and agreed to supply statements with future sales.

Feeding Stuffs.

	Formal.	Informal.
Unrationed Poultry Meal	1	5
Fish Meal	—	2
Rye Cones	—	1
Light Herbage Seed Screenings	—	1
Meat and Bone Meal	—	1
Chicken Meal	—	1
Battery Layers Mash	1	4
Pulses	—	1
Balancer Meal	—	2
Pig Food No. 1	1	2
Dried Grass	—	3
Grass Cubes	1	—
	4	23

The formal sample of unrationed poultry meal was satisfactory except for the fact that one of its constituents was meat and bone meal and therefore a declaration of composition should have been given at the time of sale. The retailer was cautioned and has decided to change the ingredients of the meal and not to include any scheduled article.

The one formal and three informal samples of battery layers mash were taken with reference to a complaint by a purchaser. They were all of satisfactory composition and contained no injurious substances. The remaining informal sample was satisfactory except that the protein content was slightly higher than the higher limit allowed.

The two informal samples of pig food were submitted for analysis because the pigs refused to eat one of them. The stock of this particular food, which the pigs refused to eat, had been returned to the supplier and the sample was taken from a small amount still remaining in the possession of the farmer. This old stock was replaced by another supply from which the other sample was taken. The former sample was 22.8 per cent. deficient of protein, the calcium was 133 per cent. in excess and the acidity was higher than that of the sample of the new supply. This latter sample was 32.5 per cent. deficient of protein, 50 per cent. deficient of chlorine, and contained 17.6 per cent. excess of fibre.

The formal sample was taken from a further new supply to the farmer and the amount of protein was found to be 10.0 per cent. below the guaranteed amount. This information has been forwarded to the Dorset County Council as the factory is situated in that county.

Two samples of dried grass were satisfactory but the third was deficient of protein to the extent of 37.7 per cent. Further samples are to be taken from this retailer.

The amount of protein in the sample of grass cubes was 7.3 per cent. below the guaranteed amount. This sample was taken from the stock of a poultry keeper, and he has taken up the matter with the supplier. The firm has agreed to reimburse the poultry keeper.

The remaining samples were satisfactory.

Chemical Analysis of Drinking Waters.

Routine examinations of Public Supplies	188
Other samples	77
Samples for suspended solids	3
Samples for turbidity	5
Samples for the presence of organisms	2
Total ...	275

For the second year the chemical examination of the main water supplies in the County was undertaken. The fluorine content was estimated in all these samples in an endeavour to form an opinion as to what degree of variation might be expected in the amounts of fluorine in the individual water supplies.

The highest amount of fluorine in any sample of the 140 rural supplies was 0.87 and that in the 48 urban supplies 0.59 parts per million. Further details are given below:—

Fluorine content parts per million.	Rural supplies.	Urban supplies.
0.1 or less	96 (97)	31 (31)
0.11 to 0.5	41 (39)	16 (14)
Over 0.5	3 (3)	1 (3)

The figures in brackets are those for 1951.

In the case of the rural supplies the greatest variation was equal to a difference of 0.17 part per million in one district and three others showed variations of 0.1 to 0.12 part per million. One urban supply showed a variation of 0.34; two others of 0.2 and 0.24 and one of 0.1 part per million.

The variation was much less than 0.1 part per million for the great majority of the supplies.

Sewages, Effluents, etc.

Samples received were as follows :—

Samples from Local Authorities	102
Samples from the Somerset River Board	478
Total ...	580

Details of these samples are given below:—

	Local Authorities.	Somerset River Board.
Sewages	24	7
Effluents—		
Sewage	58	185
Trade	10	76
River and Stream Water	4	117
Samples for dissolved oxygen content	—	82
Miscellaneous samples	6	11

In January, 1952, the County Analyst was called upon to give evidence in a successful prosecution brought by the Somerset River Board against a local Gas Undertaking for polluting a river and so causing the death of a large number of fish. This is probably the first case of its kind in Somerset.

Miscellaneous Samples.

Seventy-nine samples were received during the year from various sources: other local authorities, private, school meals section, etc. A summary is given below:—

Foodstuffs	44	
Mushroom	1	
Deposits	4	
Brewery waste	1	
Slag	2	
Capsule	1	
Rat poison	1	
Fowl	1	Zinc phosphide present.
Soil	1	
Coat	1	
Dark coloured liquid	1	

Viscera	3	
Herbage	1	
Vanishing cream	1	
Detergent	1	
Vomit	1	No poisons found.
Felt underlay	1	Liquid expressed from felt was water.
Material beneath underlay	1	Concrete.
Specimen of worm	1	An earthworm.
Cleaning powder	2	
Plaster	1	
Mortar	1	
Eye ointment	1	
Liquid percolating through wall	1	
Sludge	4	
Rubbings from boiler	1	Contained iron.

A number of foodstuffs were submitted in connection with complaints but the majority were satisfactory. Twelve samples of milk were received of which five were from single cows, three of these were found to contain only 2.95, 2.8 and 2.4 per cent. of fat respectively, the other two were satisfactory. Two other samples of milk received from farmers were unsatisfactory, one contained only 2.5 per cent. of fat and the remaining one only 8.0 per cent. of solids-not-fat. The sample of mushroom was submitted to find out whether it was an edible variety. It proved to be the common field mushroom (Psalliota campestris and was therefore not poisonous. A sample of whey received from a farmer was found to be at least 20 per cent. deficient of solids. The brewery waste consisted mainly of yeast.

One sample of pearl barley was contaminated with mouse droppings. A successful prosecution resulted in a fine of £10.

The deposits consisted of (1) colourless threads, similar to Beggiotoa or Sphaerotilus, from filter beds and screener, (2) calcium carbonate containing only two parts per million of lead from a water pipe, (3) basic lead carbonate from a lead pipe and (4) a deposit containing iron compounds from a water pipe,

Two slags contained iron, aluminium, silica and magnesium and one contained a small amount of carbon in addition. The plaster consisted mainly of calcium carbonate and the mortar was impure limestone and clay.

The capsule was found to contain a mixture of amidopyrin and probably hedonal (a urethane) and the eye ointment was the calcium salt of penicillin.

The viscera of a cow contained lead in the following amounts:—

Kidney	43 parts per million.	
Part of 4th stomach and intestines ...	8.5 ,, ,,	(contents 49/10^6)
Contents of Rumen and abomasum ...	26 ,, ,,	

The herbage which the cow had eaten contained lead compounds equivalent to 6.0 per cent. of lead. Lead poisoning was obviously the cause of death of the cow.

The liquid which was percolating through a cellar wall proved not to be sewage but was probably water from a pond.

The samples of sewage sludge were found to be of average composition and should be very useful as fertilisers.

Laboratory Fees.

During the year fees amounting to £550 12s. 0d. were received from various sources for work carried out in this laboratory.
