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Somerset County Council



REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1957

J. F. DAVIDSON,

O.B.E., M.B., Ch.B., D.P.H.

County Medical Officer of Health.

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

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Twenty-First Annual Report on the Public Health Services of the County.

During the twenty-one years in which I have been responsible for your Public Health Services, very profound changes have occurred, and these have included the extensive additional services required during the war, and the equally difficult period of transition to meet the provisions of the National Health Service. These years, indeed, have made up a period of strenuous change, and I think it fair to say that your County Health Department has met the challenge of events during this long period.

To-day I am happy to inform you that the Public Health of your people is at a high level, and that the children of Somerset have shared prominently in all the forward strides of Preventive Medicine. While this is so, there remains always the future, and the constant need to alter, to re-shape and to expand your services to meet its changing needs.

The National Health Service is now nearly ten years old, and on the whole, this great measure, governing the practice of medicine in its many branches, has been a success. I again emphasise that while administrative measures of great efficiency are required to control this great machine, the real success of the service still depends on the close understanding and good personal relationships of those who are in charge of its different sections. In Somerset we have established this essential factor, and the services run smoothly and to the best advantage of the people whom they serve. To this happy result, I think your County Health Department has made a real contribution.

Finally, I am grateful to all members of the staff for their help and assistance, and equally I acknowledge the co-operation of the other Departments of the County Council.

I am,

Yours faithfully,

J. F. DAVIDSON,

County Medical Officer of Health.

County Hall,
Taunton.
August, 1958.

STAFF

The following are the Senior Public Health Officers:—

Central Office Staff:

County Medical Officer of Health
Principal School Medical Officer:

J. F. DAVIDSON, O.B.E., M.B., Ch.B., D.P.H.

Deputy County Medical Officer of Health
Deputy Principal School Medical Officer:

*L. FAY, M.D., D.P.H.

Senior Medical Officer for Maternity and Child Welfare:

ISABEL R. GORDON, M.B., Ch.B., D.P.H.

Senior Medical Officer for Mental Health:

(Vacancy)

Chief Dental Officer:

QUENTIN A. DAVIES, L.D.S., R.C.S.(Eng.)

County Public Analyst:

E. T. ILLING, B.Sc., F.R.I.C.

County Health Inspector:

W. DEWHURST, F.S.I.A.

Chief Administrative Officer:

R. F. COTTRELL, D.P.A.

Ambulance Liaison Officer:

R. S. J. BISHOP, D.P.A.

Mental Health Officer:

A. H. EDWARDS, D.P.A., A.C.C.S.

County Nursing Officer:

Miss J. E. NOBES, S.R.N., S.C.M., H.V., Q.N.

Home Helps Organiser:

Miss L. C. E. CHALK.

Area Staff:

P. P. FOX, M.B., Ch.B., D.P.H.

D. McGOWAN, M.B., Ch.B., D.P.H.

*L. FAY, M.D., D.P.H.

R. H. G. H. DENHAM, M.D., D.P.H.

R. H. WATSON, M.B., Ch.B., B.A.O., D.P.H.

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

Area Medical Officer and Divisional School Medical Officer, Yeovil Area (also Medical Officer of Health, Yeovil Borough and Yeovil Rural District).

Area Medical Officer and Divisional School Medical Officer, Weston-super-Mare Area (also Medical Officer of Health, Borough of Weston-super-Mare, Axbridge Rural District).

Area Medical Officer and Divisional School Medical Officer, Taunton Area (also Medical Officer of Health, Taunton Borough).

Assistant County Medical Officer, Bathavon Area (also Medical Officer of Health, Frome Urban and Rural, Bathavon Rural, Keynsham Urban).

Assistant County Medical Officer and Divisional School Medical Officer, Bridgwater Area (also Medical Officer of Health, Bridgwater Borough, Bridgwater Rural and Burnham-on-Sea Urban).

Assistant County Medical Officer, Langport Area (also Medical Officer of Health, Chard Borough, Ilminster Urban, Crewkerne Urban, Langport and Chard Rurals).

Committees:

The following are concerned in matters of public health:—

Health Committee: and its Sub-Committees for:

Midwifery and Nursing Services, Ambulance Service, Water Supplies and Sewage Disposal, Mental Health Services, and Milk.

SUMMARY OF VITAL STATISTICS

Area (in acres): 1,026,047.

Population (1957): 495,500.

Live Births: Total 7,370; Legitimate 7,078; Illegitimate 292; Still Births 148.

Deaths: Total 6,176; Urban 3,108; Rural 3,068.

Birth Rate: 14.87. Illegitimate Births: 3.83 (per cent).

Death Rate: 12.46.

Deaths under 1 year of age: 139. Rate of infantile mortality: 18.86.

The birth rate shows a slight increase from last year's figure (14.41). The percentage of illegitimate births last year was 3.81.

The death rate (12.46) is lower than for the previous year (12.87). The rate of infantile mortality is 18.8 compared with 20.2 for 1956.

Among the chief causes of death were heart diseases (2,472 deaths), cancer and other forms of malignant disease (1,026 deaths), bronchitis and pneumonia (361 deaths), and motor vehicle and other accidents (179 deaths).

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

Births. The number of live births for the year was 7,370 which gives a rate of 14.87 per thousand population as compared with 14.41 for 1956. As will be noted from Table V, the birth rate for England and Wales for 1957 was 16.6 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 15.91.

Deaths. The death rate at 12.46 is slightly lower than for the previous year. The rate for England and Wales is 12.2 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 9.97.

PREVENTION OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Table VI shows the details of notified cases of infectious disease and their distribution, with comparative figures for the previous year. The measles figure is 4,806 compared with the 1956 total of 1,390. Again this year there were no cases of diphtheria. Whooping cough notifications number 1,346 compared with 624 in 1956.

Poliomyelitis. The confirmed cases numbered 107 compared with 52 in the previous year. Because of the general character of the incidence, no special precautions were considered necessary.

A reference to poliomyelitis vaccination will be found later in this report.

Venereal Disease. The attendances at various clinics in Somerset during the past three years are shown below. The figures in brackets are the numbers of new cases suffering from "other conditions" and conditions remaining undiagnosed at 31st December, 1957.

Clinics	New Cases				Attendances			
	1955	1956	1957	Increase or Decrease during 1957	1955	1956	1957	Increase or Decrease during 1957
Bath	48 (43)	13 (20)	13 (12)	- (-8)	224	275	100	-175
Bridgwater	34 (20)	12 (23)	0 (14)	-12 (-9)	123	75	41	-34
Bristol	77 (59)	12 (57)	24 (71)	+12 (+14)	679	670	567	-103
Taunton	37 (32)	5 (29)	6 (30)	+1 (+1)	395	358	235	-123
Weston-super-Mare	27 (23)	7 (27)	9 (22)	+2 (-5)	186	178	218	+40
Yeovil	27 (26)	5 (39)	3 (27)	-2 (-12)	139	149	133	-16
All Clinics	250 (203)	54 (195)	55 (176)	+1 (-19)	1,746	1,705	1,294	-411

BLIND PERSONS

The Somerset Association for the Blind continues to carry out the general work on behalf of and with a grant from, the County Council. This arrangement works very well in practice, and, from the point of view of welfare of the blind person, seems preferable to the Local Authority directly conducting such work.

Eight Home Teachers, one of whom is blind, were employed by the County Association during 1957. There were 24 Home Workers under the supervision of the Bristol Royal Blind Asylum Workshops. At the end of 1957, 1,206 persons (483 men and 723 women) in the County were registered as blind, as compared with 1,202 at the end of 1956, and in addition 154 are registered as partially sighted. The increase in the number of blind persons is expected to be maintained because of the increasing age of the general population.

As previously, prior to admission to the Register of Blind Persons it is necessary for certification to be carried out by a medical practitioner with special experience in ophthalmology. In a very few instances of the aged or bedridden in remote areas it is possible, by a modification agreed to by the Minister of Health, for the medical attendant to supply the necessary information on form B.D.8. Little delay is now experienced generally in having persons known to be blind admitted to the Register, and the co-operation of Ophthalmic Surgeons in supplying the necessary information is appreciated.

An examination of 167 forms B.D.8 received during the year shows the following:—

Follow-up of Registered Blind and Partially Sighted Persons

(1) Number of cases registered during the year in respect of which paragraph 7(c) of forms B.D.8 recommends:—				
	Cataract	Glaucoma	Retrolental Fibroplasia	Other
(a) No treatment	25	11	Nil	53
(b) Treatment (medical, surgical or optical)	30	10	Nil	38
(2) Number of cases at (1)(b) above which on follow-up action have received treatment	25 (2 died 3 unco-operative)	9 (1 died)	Nil	31 (4 died 2 too infirm 1 unco-operative)

Ophthalmia Neonatorum

(1) Total number of cases notified during the year	...	...	...	...	1
(2) Number of cases in which:—					
(a) Vision lost	...	...	...	...	Nil
(b) Vision impaired	...	...	...	...	Nil
(c) Treatment continuing at end of year	...	...	...	...	Nil

In the 21 cases of blindness from glaucoma (of whom 3 are partially sighted) one only gave information as having received no previous treatment.

It is gratifying to note that no cases of blindness from retrolental fibroplasia were registered during the year.

NATIONAL HEALTH SERVICE ACTS

It is now nearly ten years since the inception of the National Health Service Act, and therefore possibly an opportune time to take stock of the Local Health Authority Services.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-natal Care

In this section the change of emphasis is striking. The great majority of expectant mothers accept the facilities offered by the National Health Service Maternity Services, and apply to their General Practitioner/Obstetrician for ante-natal supervision and the numbers of ante-natal patients attending Local Health Authority Clinics have become progressively less. It will be remembered that prior to 1948 Somerset had a scheme for providing two medical ante-natal and one post-natal medical examinations – the medical fees being paid by the County, and, as with the clinics, the numbers making use of this scheme dropped consistently till it was finally cancelled in 1952.

It may be of interest to contrast the Local Health Authority ante-natal clinics attendances in 1948 with those at the present time.

1948		1949	1957
6 months 5th July – 31st December.			
959	Taunton	1,568	1,131
581	Weston-super-Mare	945	132
574	Yeovil	696	718
<u>2,114</u>		<u>3,209</u>	<u>1,981</u>

The character of the ante-natal clinics has altered also and only a limited number attend for medical care apart from the taking of blood tests, and in Weston-super-Mare medical ante-natal sessions were discontinued in June, 1957, because of the very small attendances. The apparent stability in the figures for Yeovil and to a lesser degree for Taunton is due entirely to the increase in the number of patients attending for blood tests only. Very little post-natal work is done at Local Health Authority clinics, this being undertaken in most instances by the patient's doctor. The teaching of parentcraft has been extended very considerably and whereas no special classes were being held in 1948 there are now regular sessions with a definite syllabus of talks at Taunton, Bridgwater, Yeovil, Weston-super-Mare, Crewkerne, Glastonbury, Shepton Mallet and Bishops Lydeard, and at each of these centres ante-natal exercises and teaching of relaxation are carried out, in most instances

instruction being given by a trained physiotherapist.

Further classes for parentcraft teaching and exercises are available at various hospital maternity units throughout the County. Individual teaching in the home and instruction in relaxation is given by many of the County midwives who have had special training for this work and an interesting and admirable development has been the ante-natal sessions arranged by many doctors in their own surgeries, at which the local midwife assists.

An obligation has been laid on each County midwife to ascertain personally from the doctor the part which he wishes her to play in the ante-natal care of the patient. The relationship between midwives and general practitioners has become progressively better and is now excellent and there are very few areas in which there is not complete co-operation.

The ascertainment of the blood group of the ante-natal patient is another aspect in which great strides have been made, the need for blood tests having been accepted in most areas as a fundamental part of ante-natal care. There are still a few areas where this is not so – but only a few – and I hope that it will not be long before we can say that every mother has a blood test not only for blood grouping but also for the ascertainment of the haemoglobin level for the detection of anaemia.

Special blood clinics staffed by Local Health Authority Assistant Medical Officers are held at Bridgwater, Chard, Crewkerne, Glastonbury: attendances are higher than was anticipated and the numbers who attended these in 1957 were Bridgwater 664; Chard 124, Glastonbury 309 and Crewkerne 120.

In addition many blood tests were taken at Taunton, Yeovil and Weston-super-Mare, and many general practitioners take their own tests, in some instances the necessary equipment being made available to them by the district midwife obtaining supplies, which she carried with her.

Of the 6,619 births actually occurring in Somerset during 1957, it was ascertained that 5,482 mothers had had their blood grouped and 714 had not had a blood test. It was not possible to obtain any definite information about the remaining 423. This would mean that approximately 85 per cent of all expectant mothers in Somerset had had their blood group investigated.

One striking difference in respect of midwifery practice has been the swing from domiciliary to hospital confinements. In 1947 County domiciliary midwives attended 5,900 of the 8,849 births in Somerset, and independent midwives attended 1,096 home confinements, so that of the 8,849 total births, 6,996 took place in the patient's home. With the development of further maternity units and the advent of free hospital treatment, the admission rate to hospital for confinement is now 69 per cent in Somerset, and in 1957 of 7,518 births 5,148 were confined in a hospital or maternity unit. In my opinion this change is largely a matter of finance and whereas a domiciliary confinement demands considerable expenditure, even allowing that there is a home confinement grant, the expectant mother and the expectant father are fully alive to the lesser direct cost to them of admission to hospital. Applications for admission for social reasons are dealt with in the Health Department on behalf of the Regional Hospital Board. In spite of the greater number of maternity

beds available, there are more applications for admission than can be met and a system of priorities has been in operation since 1948 — prior claim being given to the anxious and/or elderly primiparous patient, the multiparous patient having her fifth or more child, or being over the age of forty, patients with a past history of toxæmia or obstetric difficulty, unsuitable home conditions, lack of adequate help. When all priorities have been met there still remain unallocated maternity hospital beds and these are given to non-priority applicants.

Co-operation with maternity units and hospitals has reached a satisfactory level in most areas and the discharge reports in respect of the mother and baby which are made available to midwives and health visitors are both useful and greatly appreciated. In the case of necessary early discharge from hospital, the domiciliary midwife is contacted so that she can continue supervision and/or nursing care should this be needed.

While great advances have been made in many aspects of maternity problems, there remains with us the very serious danger to the mother and the infant in toxæmia of pregnancy. Much research has been devoted to its investigation but it continues to be the greatest menace to maternal and infant life, and each year many infants are stillborn or born prematurely and subsequently die, as a result of toxæmia of pregnancy.

A national campaign was held in 1956 — 1957 to try to tackle this problem. Committees were appointed consisting of representatives of Regional Hospital Boards, Local Executive Councils, Local Medical Committees and Local Health Authorities, when the problem was discussed in the fullest possible manner. The Senior Medical Officer for Maternity and Child Welfare Services and the County Nursing Officer attended series of meetings at Taunton, Bristol, and Bath and throughout the many meetings the importance of the midwifery "team" was stressed. The main essential of adequate ante-natal care was emphasised and certain desirable and indeed necessary standards were accepted unanimously. The findings of the various Committees were communicated to the relevant bodies whose representatives attended the conferences.

I think it is only right to state that these meetings disclosed a high degree of co-operation between hospitals, midwifery staff and general practitioners in Somerset. There are very few areas in this County where this co-operation does not exist. One fact was evident at each centre where meetings were held — that the number of hospital beds allocated to ante-natal care is inadequate, and that steps must be taken to rectify this deficiency.

Action was taken throughout Somerset again to bring to the notice of midwives, by group meetings and individual visits, the seriousness of the problem of toxæmia and the methods by which it could be combatted, by tightening up ante-natal supervision, by urging the fullest co-operation with general practitioners, and by ensuring that adequate domestic help should be available for those patients who might have to remain at home while suffering from lesser degrees of toxæmia. Some Local Health Authorities have accepted the principle of providing a free home help to such patients, regardless of income, but Somerset has always shown concern for any case of hardship (regardless of type of illness) and the discretionary powers

allowed to me in dealing with any case of illness are sufficient guarantee that no patient should suffer from lack of domestic help.

Unmarried Mothers

Special provisions are required for dealing with the problem of the unmarried mother. The illegitimate births in Somerset during 1957 numbered 292 or 3.83 per cent of the total births.

Requests for help are received by the Health Department from doctors, nurses, unmarried expectant mothers themselves, and from various other sources. Each case is considered and may or may not be referred to a moral welfare worker for investigation and suggestions as to the best means of helping. The problems are many and varied. There is the girl driven out of her home by irate parents and requiring immediate accommodation: the girl terrified to inform her parents: the brazen type of girl often very frightened but showing a facade of unconcern: the educated young woman anxious to hide her dilemma: the girl who has repeated illegitimate pregnancies, and all in need of help. Where parents are sympathetic and willing to help all that is necessary is to provide hospital accommodation. More often accommodation is required during the later part of pregnancy. This can be provided in the County hostel at Braeside, Chard, or can be arranged in out-county homes run by Salvation Army, Moral Welfare and other associations. Many of the problems are such that they would be difficult or impossible to deal with through the normal channels of the Health Department, e.g. the finding of temporary accommodation, the finding of temporary work, the attempt to reconcile the family, the finding of posts after the confinement for the girl who wishes to keep her baby, help with affiliation orders, and other aspects which could not be covered by statutory services but which are very necessary to the rehabilitation of the unmarried mother, and which require long and often difficult case work. Where adoption of the illegitimate child is desired by the mother and appears to be the right solution the help of the Children's Department is sought in arranging suitable placement.

During 1957, Braeside accommodated 23 ante-natal patients and 30 mothers with their babies. Arrangements were made for 19 women to be admitted to Out-County Hostels.

There were 102 patients referred to Moral Welfare Workers and I wish to acknowledge with gratitude the help of Moral Welfare Workers throughout the County for their willing co-operation in dealing with these often difficult problems.

Maternal Deaths

In Somerset in 1957 there were 4 maternal deaths – 2 from puerperal septicaemia, 1 from pulmonary embolism at sixth month of pregnancy, one from obstetric shock and postpartum haemorrhage. All these deaths occurred in hospitals.

Stillbirths

The 1957 rate shows a substantial reduction on the 1956 figure, which unaccountably was the highest for several years, the relevant figures being:

	Total births	Stillbirths	Stillbirth rate
1956	7,264	179	24.6 per 1,000 total births
1957	7,518	148	19.7 per 1,000 total births

Birth Control

Advice on birth control, for medical reasons, has been provided at Family Planning Clinics, and by specially recognized practitioners, for 58 patients. The Local Health Authority may not accept financial responsibility for those who desire advice for social reasons, but these may obtain such advice without difficulty at Family Planning Clinics, where only a small fee is charged.

Infant Mortality

	1947	1954	1955	1956	1957
Somerset	34	22.6	20.7	20.2	18.9
Country as a whole ...	41	25.5	24.9	23.8	23.1

The infant mortality rate is always regarded as giving some indication of the efficiency of the services provided for the care of mothers and young children and I am glad to report a further reduction in the rate for 1957 for the County of Somerset.

I append details of the main causes.

Analysis of Infant Deaths in Somerset – 1957.

	Total	Neo-Natal	Over one Month
Prematurity... ..	56	56	—
Atelectasis and Asphyxia Neonatorum ...	12	12	—
Congenital Abnormality	27	23	4
Respiratory Infection	8	3	5
Birth Injury... ..	10	10	—
Asphyxia and Inhalation Pneumonia ...	4	—	4
Gastro-enteritis	1	—	1
Haemolytic Disease of Newborn ...	1	1	—
Other causes	12	—	12
	<u>131</u>	<u>105</u>	<u>26</u>

It will be seen that prematurity accounts for between one third and one half of the total and emphasises again the distressing loss of child life resulting mainly from toxæmia of pregnancy which is the most common cause of prematurity – and remains a challenge to all concerned with maternal and child care. At the same time while there is no room for complacency it is gratifying that the infant mortality figure falls considerably below the national one and that it is the lowest yet recorded in Somerset.

Premature Infants

The total number of births which take place prematurely continues to rise, and causes grave concern. For the purposes of comparison, the following figures may be of interest:—

	Total number of premature births	Born in hospital	Born at home and admitted to hospital	Born at home and nursed at home
1948	329	153	104	72
1950	340	232	35	73
1952	393	280	45	68
1955	419	326	33	60
1957	466	369	32	65

In my annual report for 1948 and in subsequent years, I have mentioned the policy in regard to premature confinements. Midwives are instructed to try to secure admission to hospital if the pregnancy appears to be of less than 37 weeks duration. If this is not possible, medical aid must be sought, and the doctor decides whether the baby should be admitted to a premature baby unit in hospital, for nursing care.

The figures quoted show that this policy has been adopted throughout the County, and that the great majority of premature deliveries take place in hospital and also that the weakly premature infants, born at home, are transferred to hospital.

It was envisaged that nursing orderlies would be trained by the Local Health Authority to care for premature babies in their own homes under the direction of doctor and domiciliary midwife, but in practice this has not proved necessary, and where a premature infant remains at home the midwife, with the help of her colleagues and of relatives of the patient and possibly a home help, can provide adequate care.

The Area Nursing Officers have all had specialised training in the care of premature infants and follow up all premature domiciliary deliveries, till such time as they are satisfied that progress is satisfactory.

Special cots, garments, hot water bottles, and other items are available in 3 centres of the County for loan to homes, which lack adequate equipment for the care of the premature baby. These can be transported immediately to any home in need of them, but they are rarely asked for, and in 1957 were used for only 7 patients.

There is good co-operation between hospital premature units and Local Health Authority staff, who are asked frequently to report on the suitability of the home and the adequacy of equipment for the reception of the premature baby. The paediatricians welcome health visitors at their clinics, but for obvious reasons they are unable to attend very often.

Perinatal Mortality

The perinatal mortality rate (i.e. stillbirths and deaths within one week of birth) has been calculated for 1957 as 32.1 per 1,000 total births, the relevant figure for 1956 being 35.8. This again shows a lower figure and reflects the sustained efforts of all concerned with maternal and child life.

In 1958 a survey is to be made of the perinatal mortality throughout the whole country. The objects of the survey are mainly to collect information on stillbirths and neo-natal deaths and to determine if possible which mothers are at risk of perinatal loss as a result of social environment, and abnormalities of pregnancy and

labour, and to consider the ways in which these risks can be reduced. Certain areas (of which Somerset was one) were selected for a pilot survey in October, 1957, and a detailed and elaborate questionnaire was completed in respect of every birth which occurred during one specified complete week. In addition the stillbirth and neo-natal deaths for the whole of one month were the subject of special enquiry. This involved a great volume of work in the Health Department but the findings of the pilot survey were of considerable value in showing the need for modification of the form to be used for the National survey in 1958. Dr. Bond undertook the greater part of the work and will be responsible for the Somerset part of the main survey.

Child Welfare Centres

There has been little change in the position with respect of Child Welfare Centres and at the end of 1957 there were 124 in the County. Premises in many rural areas continue to leave much to be desired but in spite of this, much good work is done, and clinics cannot be judged by their outward appearance. The real criterion in their usefulness is the quality of the staff and their interest in the welfare of the children. I think I can say that without exception every child welfare centre in the County contributes to the satisfactory state of child health and low infant mortality rate. Again I wish to record my most grateful thanks to each of the voluntary Committees, who give so ungrudgingly of their time and trouble in organising our child welfare centres. We ask them to undertake a very considerable weight of work and there has been no occasion in all my years as Medical Officer of Health for Somerset when voluntary workers have not come forward readily to work for child welfare centres. I am grateful for their help which not only makes for a very considerable saving of County funds, but the local link and local interest are very valuable to the mothers and children, as well as to the Nursing, Midwifery and Health Visiting staff.

So far as has been possible equipment in all our child welfare centres has been brought to a satisfactory level. The nursing/health visiting staff undertake much educational work, and the old-time plan of the qualified health visitor always weighing the baby is no longer the order of the day. A voluntary helper whenever possible presides over the weighing machine leaving the trained personnel free to circulate and give individual advice, or to give small group talks. A very popular event in welfare centres is the showing of film strips, or films, of educational value and these evoke discussion and therefore add to the value of the session. Where a member of the County staff is not available, the Medical Officer of the clinic is a general practitioner recommended by the voluntary committee. The position at present is that 50 clinics are staffed by practitioners in general practice and 54 are staffed by assistant County Medical Officers: the others have no medical officer.

Day Nurseries

The day nurseries at Taunton, Bridgwater and Keynsham have continued and are serving a useful purpose especially in caring for those children whose mothers are forced by circumstances to go to work to maintain them. The priority

system of admission operates as before, the categories having prior claim being:—

First Priority

- (1) Marital State, i.e. unmarried, divorced, separated, widow, invalid husband.
- (2) Gross financial hardship (now very rarely used).
- (3) Housing, i.e. such as to cause injury to child's health.
- (4) Parturition, i.e. one month before and two months after confinement.
- (5) Parental illness.

Second Priority

- (6) Mother engaged in hospital services.
- (7) Financial hardship.

Problem Families

Supervision of problem families continues to demand considerable expenditure of time and effort, often with very little to show in terms of obvious improvement, but frequently the family break-up is prevented, and this in itself is highly desirable in all but a very few cases.

Co-ordinating meetings are arranged by the Children's Officer (as Co-ordinating Officer) are held in the area in which the problem family lives, and are attended by members of the various departments or/and social agencies to whom the circumstances are known. Free discussion takes place and the apparently best line of action is decided.

Some families show decided improvement as a result of co-ordinated effort, but many continue to require constant boosting.

Dental Care – The Report of Chief Dental Officer

I have to report that, in spite of the continued difficulties in recruiting dental officers and while there have been changes, there has been no net loss in the strength of the dental staff during 1957.

The year started with 13 whole-time and one part-time dental officers, being the equivalent of 13 $\frac{2}{11}$ ths, and ended with 11 whole-time and 5 part-time dental officers, again being the equivalent of 13 $\frac{2}{11}$ ths.

This still leaves the School Dental Service in Somerset sadly understaffed, but it is hoped that the slightly more optimistic trend shown towards the end of the year will continue in 1958. Every effort is made to attract recruits, by advertising and by inducements such as assistance with housing in certain areas, permission to engage in limited private practice after duty, under prescribed conditions, and more recently permission to do additional sessions in the evening in our dental clinics. These inducements do seem to attract applicants to Somerset – applicants who are so few for so many vacant appointments all over the country.

The conditions under which dental officers have to work and the provision of

proper and up-to-date equipment are of great importance and in this respect one of the two mobile dental clinics approved for purchase in 1957/58 has been delivered and is proving to be a very great asset.

Treatment given by the County Dental Staff during the year is shown in the table below:—

(a) Numbers provided with dental care :

	Examined	Needing Treatment	Treatment	Made Dentally fit
Expectant and nursing mothers	205	184	199	146
Children under five ...	647	587	552	288

(b) Forms of dental treatment provided:

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics.	Radio-graphs
Expectant and nursing mothers	57	248	6	1	510	117	13
Children under five	—	386	53	—	779	382	1

Dentures provided by the County Dental Laboratory :

Complete	47
Partial	44
	<u>91</u>

The number of sessions given to this service by the County dental officers totalled 211.

DISTRIBUTION OF WELFARE FOODS

There have been no changes during the year in the County Council's scheme for welfare foods distribution. A great deal of the work continues to be done by voluntary workers at Child Welfare Centres, shops and private houses, and I am indebted to them for their valuable assistance.

The Government issued an Order in March, which increased the price of Welfare Milk and National Dried Milk, and from 6th April, 1957, the price of National Dried Milk rose from 10½d. to 2s. 4d. for a 20 ounce tin. Towards the end of the year the Government accepted a recommendation made by a joint sub-committee on welfare foods of the Standing Medical Advisory Committees of the Central and Scottish Health Services Councils, that orange juice should be discontinued for children after their second birthday. From 1st November, 1957, orange juice was no longer provided for children between two and five years old.

Information was received from the Ministry of Health in September that a new style Cod Liver Oil was being introduced with a lower vitamin D. content. Supplies of this compound will be available early next year when existing stocks have been exhausted.

Issues of welfare foods in Somerset during the past three years are as follows:—

			1 955	1 956	1 957
National Dried Milk (tins)	...	...	167,976	169,034	142,731
Cod Liver Oil (bottles)	...	...	61,233	55,645	50,387
Vitamins A & D (packets)	...	...	21,867	23,115	23,383
Orange Juice (bottles)	...	...	339,429	364,083	395,164

MIDWIFERY AND HOME NURSING

During the year, the County Council's policy of combined nursing, midwifery and health visiting, with or without school work, has been continued, and at the end of 1957, the district nursing staff consisted of 201 permanent and 33 part-time relief staff, as shown below:—

	On permanent district	Part-time relief staff
Queen's Nurse Midwives with H.V. Certificate	104	—
Queen's Nurse Midwives	53	7
S.R.N., S.C.M.	15	4
S.E.A.N., S.C.M.	15	11
Queen's District Nurses (including 3 male nurses)	6	—
S.C.M.	2	2
S.E.A.N.	—	4
S.R.N.	3	5
S.R.N., S.C.M. with H.V. Certificate	2	—
S.R.N. with H.V. Certificate	1	—
	<u>201</u>	<u>33</u>

Full time midwives are employed at Bridgwater, Taunton and Weston-super-Mare and full time general nurses, male and female, in Bridgwater, Taunton, Weston-super-Mare and Yeovil.

Difficulty has again been experienced in recruiting nursing staff and at the end of the year there were vacancies in 9 districts where the nursing work was being undertaken by relief staff or with the help of retired nurses. Recruitment is a national problem and I am of the opinion that we shall continue to have this difficulty especially as conditions of service and standards of accommodation and training are tending to level out throughout the country. Our problems have not been eased by considerable sickness particularly amongst the older members of the staff.

In my last report, I made reference to the larger number of nurses which would be required as a result of the implementation of the Central Midwives Board requirement that a post graduate course shall be compulsory for practising midwives every

five years, and of the decision of the Whitley Council to increase annual leave of domiciliary staff to five weeks.

The decision of the Midwifery and Nursing Services Sub-Committee to increase nurses' off duty periods when they are free from duty and not on call from 12 to 24 hours per week has been much appreciated by the staff.

An important event in Somerset's nursing history was the decision of the County Nursing Association at their Annual Meeting to apply to the Charity Commissioners for an Order establishing a new Scheme providing for the dissolution of the Association, and the appointment of a body of Custodian Trustees to deal with their assets. The County Nursing Association has been in existence since 1902 and Mrs. Hurle (who first became a member of the County Council in 1918) has been the Honorary Secretary for forty years. Through her guidance the County Council's Scheme of Infant Visiting was linked up with the village nurse/midwives as far back as 1917 and was the basis of our combined midwifery, general nursing and public health service which serves the County of Somerset today.

Under the Midwives Act of 1936, the County Council, through an agreement with the County Nursing Association, made an arrangement with the District Nursing Associations to use the domiciliary midwives employed by them, and later, in 1948 the County and District Nursing Associations' General Nursing Service provided the basis of the County Council's proposals for Home Nursing under the National Health Service Act.

The Health Committee has paid tribute to the work and generosity of the County Nursing Association in their co-operation with the County Council in the provision of nursing services in this County and especially to Mrs. Hurle and Mr. Thurstfield (who has been the Chairman of the Association for over 30 years) for their progressive outlook, unfailing interest and guidance over so many years, all of which was reflected in the high standards and advanced organisation of the service when the County Council took over responsibility in 1948. I am very glad to acknowledge this department's debt to the County Nursing Association in this report.

In a rural County such as Somerset, the nurses cover widely scattered areas and much of the nursing has to be done at a considerable distance from the nurse's place of residence. Travelling to isolated places is often hazardous in bad weather and home conditions are frequently primitive. The regular visit of the district nurse is for many old and infirm people a very welcome event in their lives, and means a great deal to them.

Analgesia.

In 1948, 114 domiciliary midwives were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board. At the end of 1957, 199 domiciliary midwives were so qualified and 145 Minnetts machines were in use. During 1957, midwives in domiciliary practice administered gas and air in 1,802 cases and pethedine in 1,184 cases. Apparatus for the administration of trilene is held at three centres and during the year was used in 79 cases.

There seems to be very little demand for this in Somerset.

Portable oxygen apparatus have been issued to 40 areas for use by domiciliary midwives for resuscitation of new born infants. Although there is no means of proving that this is so, some midwives are convinced that the life of the infant has been saved because oxygen was available for immediate use. Further apparatus will be issued during the coming year.

Home Nursing.

Of the district staff employed at the end of the year 170 have had district training and it is our aim that all home nurses will have this training. Male nurses are employed at Bridgwater, Weston-super-Mare and Yeovil and they undoubtedly meet a great need in these Boroughs and help in the staffing position. As in previous years, the aged and bedridden have made very heavy calls on our staff both for nursing and after care and whilst I can give no figures to show how many patients are being cared for at home who might otherwise have to be admitted to hospital it goes without saying that the number must be very considerable. In this respect the home nursing service and the home help service are complementary. Requests are frequently made by hospital secretaries for reports by nurses or by health visitors on the home conditions of chronic sick patients, with a view to assessing the degree of urgency of need for admission to hospitals. Apart from this very important aspect of relieving pressure on hospitals, the home nurses' effectiveness in the rehabilitation of patients is something that cannot be measured in terms of numbers. One thing that is certain is that the home nurses' work has increased particularly in the giving of injections. From time to time, the urgent need arises for a mechanical device for lifting invalid and often helpless bed patients, and we have now placed orders for eight of the most suitable appliances, which I am sure will greatly increase the comfort of the patients, and simplify to some extent the problem of the nurses. These will be made available through the British Red Cross Society and St. John Ambulance Brigade medical comforts depots.

During 1957, a total of 228,296 visits (9,062 more than in 1956) were paid to 8,527 patients who were 65 years of age or more at the time of the first visit and 3,132 patients (a decrease of 209) received more than 24 visits during the year, involving a total of 248,668 visits (an increase of 7,288 over 1956).

Perhaps a small but none the less important service is that given by the nurses to the care of the feet of the aged and bedridden persons and whilst this is not intended to be a chiropody service, it is something that would otherwise be neglected in many instances.

Co-operation between medical practitioners and nurses remains extremely friendly and the close contact that is maintained between the home nurses, full time health visitors in the Boroughs, midwives, and home helps, makes for an efficient and comprehensive service and the follow up of patients discharged from hospital to their own homes is extremely valuable.

No special provision has been made for night nursing or for the home nursing of sick children. 10,831 visits were paid by home nurses to 2,145 children under the age of five in their own homes.

Training.

During the year, 9 nurses have completed their Queen's District Training. Apart from the high standard of the training and its undoubted value in maintaining the efficiency of our domiciliary nursing it has a secondary but none the less important aspect, in that it often leads a Queen's Nurse to take health visitor training. Another valuable field for recruitment is among the pupil midwives of Mary Stanley Home and Musgrove Park Hospital.

In Somerset for several years we have anticipated the Central Midwives Board requirements that as from the 1st January, 1958, practising midwives shall have a refresher course every five years. During the past four years 110 midwives have attended such post certificate courses and during 1957, 40 midwives attended an approved course. We are glad to know that the part-time midwives, including married women, are willing to make time to attend these courses.

The arrangements with Taunton and Bridgwater Hospital Management Committees have continued for pupil midwives to be provided with district experience and 15 pupils from Musgrove Park Hospital, Taunton and 15 from the Mary Stanley Home, Bridgwater have completed their Part II midwifery training.

The County Council are associated with the two Hospital Management Committees in a second period midwifery training scheme and accordingly are required to bear 40% of the cost of training.

As a result of the growing demand for ante-natal exercises and the teaching of relaxation, training courses in this work are given each year to a number of the county midwifery staff.

The annual lecture course for midwives, nurses and health visitors had to be postponed from its usual date owing to petrol rationing. It was then held in October and was once again most successful. It has now come to be regarded as an annual event and one which in my opinion serves the two fold purpose of helping to keep members of the staff informed of modern trends in nursing and midwifery, and also on more general subjects, and, equally important, it gives an opportunity to meet colleagues and exchange views, and to meet them at County Headquarters. Members of the nursing services often work in isolated conditions, and feel very much more that they are members of a team when they can meet at the centre from which their work is directed.

The nursing administrative staff are spending more of their time in educational and teaching work. Lectures are given to student nurses in training hospitals in the County on the social aspects of disease, and with the aid of the film projector given by the County Nursing Association, lectures and films are frequently given to many kinds of organisations in the County.

As in previous years, we have received visits from many students - both foreign and British. There have been administrators from Jamaica, British Public Health Administrators Course students, health visitor students, Queen's nurses in training and student nurses from training hospitals. Although the compiling of suitable programmes is time consuming, I consider this to be a valuable contribution on

the part of the county and each section of the Health Department contributes towards its success, and I wish to acknowledge also the co-operation of the field workers who accept these students.

Housing Accommodation.

Some progress has been made in the housing of district nurses. During the year, houses in four places have been rented from local Councils and in two others, accommodation has been made available by private landlords. At West Monkton, Charlton Adam and Dulverton houses have been purchased and a house has been erected by the County Council at Somerton. In view of the urgent need from time to time for housing accommodation in various parts of the County, the present high prices of houses, rising building costs and the prevailing high rates of interest, a Special Sub-Committee was appointed to consider the County Council's future housing policy and as a result the Midwifery and Nursing Services Sub-Committee have adopted their recommendations which include the erection, subject to planning permission, of a prefabricated bungalow (with small utility room or store, and garage) for a one-nurse district. The Ministry of Health have given their approval to this policy.

At Taunton and Weston-super-Mare we have gone ahead with the adaptations and furnishing of the two large houses purchased to house a central nucleus of staff and we anticipate that these will be valuable acquisitions in view of the difficulty of obtaining suitable individual accommodation especially during the summer season in Weston-super-Mare.

At the end of the year, the County Council owned 26 houses and rented 67 houses for the occupation of the district nursing staff.

The dissolution of the County Nursing Association raised the question of the future of the remaining district nursing associations who have been advised as to their position with regard to the disposal of their assets, and I should mention the action of the Minehead District Nursing Association who very generously gave the furniture provided by them in the nurses' house to the County Council. The County Council has continued their policy of making grants for the furnishing of new houses and for the replacement of furniture already provided for nurses' accommodation.

Transport.

Some further progress was made towards our objective of providing all district nursing staff with motor transport and at the end of the year, the County Council had a fleet of 161 cars. 30 nurses use their own cars. During the year, the 12 cars owned by district nursing associations were taken over by the County Council at an agreed valuation.

As an experiment, two small vans were purchased by the County Council and have been used in rural areas. At the beginning of the year, the rationing of petrol added to the transport problem, but by means of careful planning of journeys on the part of the nurses the service was not seriously affected.

HEALTH VISITING

Our policy for many years of employing full time health visitors in the urban areas on health visiting, school and tuberculosis work and district nurse/midwives/health visitors on combined work in the rural areas has continued as hitherto. We have gone a little further towards our objective of establishing a fully qualified health visiting staff and all purpose nursing service as the following table shows :—

District Nursing Staff undertaking H.V. duties			
	Full-time Health Visitors	With H.V. Certificate	Without H.V. Certificate
1948	25	29	130
1952	32	68	89
1953	31	74	81
1954	30	87	74
1955	28	95	51
1956	28	101	49
1957	28	107	51

Health visitor scholarships were awarded during the year to County staff and to suitable external applicants. The County Council reviewed the payment made to students during the period of the course and as from the 1st September, 1957 increased the allowance to three quarters of the minimum of the salary scale for health visitors fixed by the Whitley Council.

The work of the health visitors in the Boroughs has shown a great increase and there is improved liaison with the general practitioners in caring for children and old people and in dealing with hospital discharges. With the very rapid development of new housing estates on the outskirts of the urban areas, the health visitors have to travel considerable distances from their centres to their work and the Midwifery and Nursing Services Sub-Committee has agreed in principle to the future allocation of two County Council cars for the use of the health visitors in each of the four Boroughs of Taunton, Bridgwater, Yeovil and Weston-super-Mare. I feel that the time is not far distant when car allowances and telephones will have to be considered for health visitors in the same way as for district nurses.

During 1957, 7,767 families and households were visited by the full time health visitors and 23,136 by district nurse/midwives/health visitors. During the year the full time health visitors visited 8,439 children under the age of five and the district nurse/midwives/health visitors visited 27,888 children.

Details of visits paid during 1957 by the health visiting staff are given below :—

				Full-time Health Visitors	District Nurse/Midwives/ Health Visitors
Ante and post-natal	...	...	...	306	18,168
Children -					
Under 1 year of age	...	...	...	13,883	66,016
1 - 2 years of age	...	...	...	7,635	33,086
2 - 5 years of age	...	...	...	13,054	48,107
Other visits, including special visits -					
infectious diseases, care of old people,					
hospital aftercare, etc.	...	...	...	3,597	20,082
Tuberculous households	...	...	...	7,257	-

The whole time tuberculosis visitors paid 3,466 visits to tuberculous households.

School Nursing.

The number of school medical and hygiene inspections by the health visitors and district nurses has again shown a considerable increase over previous years. Over 111,000 hygiene examinations of children were carried out during 1957. In pre-war years, 20 per 1,000 of all children so examined were found to be verminous. In 1957, the figure is 2.5 per 1,000. This decline is a significant part of the pattern of modern standards and is due to many factors both home and elsewhere, but I am convinced that much of the credit must be given to the steady patient routine work of the school nurses and doctors.

The school nurses assist with the B.C.G. vaccination scheme whereby over 2,000 children were vaccinated during the year and with poliomyelitis vaccination which has greatly increased the school work during this year.

Medical Comforts.

Again I wish to record my appreciation of the work of St. John Ambulance Brigade and British Red Cross Society, who undertake the organization of the depots for the loan of items of equipment required for the greater comfort of patients nursed in their own homes. Members of the nursing staff speak in the highest terms of the very willing co-operation of the depot holders, and I am most grateful to them not only for arranging the requisite loans, but also for dealing with the cleansing and sterilizing of equipment which has been returned to the depot.

	Depots	No. of patients assisted	No. of articles loaned
British Red Cross Society	64	2,548	3,810
St. John Ambulance Brigade	30	1,781	3,563

VACCINATION AND IMMUNISATION

Diphtheria Immunisation.

The table shows that 5,284 children, all ages, received primary immunisation

injections in 1957, and a further 4,221 received reinforcing injections.

Of the 'under-fives', 4,552 received primary immunisation and this figure compared with the total births of the previous year gives a percentage of 64.

The corresponding percentages for the previous years are :—

1956	5,375	77%
1955	5,552	80%
1954	6,425	91%
1953	4,348	63%

The immunisation programme was suspended during August and September due to the prevalence of poliomyelitis and this probably explains the drop in the total number of injections given during the year.

There were no cases of diphtheria reported.

Smallpox Vaccination.

The figures for the primary vaccination of 'under-fives' show a slight increase, there being a total of 3,135 as compared with 2,980 in 1956.

This represents 44 per cent of the live births of 1956.

Poliomyelitis Vaccination.

Early in 1957 general practitioners were given the opportunity to participate in this scheme and parents were given the option of having their children vaccinated either by the family doctor or by the Public Health Medical staff.

During the year the groups of persons eligible for vaccination were extended to include :—

- (a) Children born on or since 1st January, 1943, provided they had reached the age of six months.
- (b) Doctors and members of their families.
- (c) Ambulance staff and the members of their families.
- (d) Staff in close contact with poliomyelitis patients at infectious diseases hospitals and members of their families.
- (e) Expectant mothers.

At the close of the year 13,651 persons in these groups were registered and awaited vaccination.

Small amounts of vaccine of British manufacture were received and the table shows that 1,066 children in the 1947-56 age groups were vaccinated.

DIPHTHERIA IMMUNISATION, 1957

District				Total primary immunisations, 1957			Total reinforcements 1957	Total Live Births 1956
				Under 1 yr.	1 — 4 yrs.	5 — 14 yrs.		
Rural								
Axbridge	..	..	..	157	71	50	180	330
Bathavon	..	..	..	140	42	17	171	333
Bridgwater	..	..	..	114	29	39	202	333
Chard	..	..	..	65	25	9	150	173
Clutton	..	..	..	142	52	10	137	256
Dulverton	..	..	..	25	13	1	18	59
Frome	..	..	..	80	30	6	98	163
Langport	..	..	..	91	17	8	90	219
Long Ashton	..	..	..	194	91	22	243	366
Shepton Mallet	..	..	..	46	20	2	59	156
Taunton	..	..	..	102	44	6	147	297
Wellington	..	..	..	54	27	4	71	124
Wells	..	..	..	82	32	6	37	168
Williton	..	..	..	77	33	4	89	164
Wincanton	..	..	..	113	39	4	199	229
Yeovil	..	..	..	228	60	35	174	356
Totals				1,710	625	223	2,065	3,726
Urban								
Bridgwater	..	..	..	185	29	170	249	395
Burnham	..	..	..	57	18	29	114	132
Chard	..	..	..	33	14	6	27	78
Clevedon	..	..	..	69	15	6	120	135
Crewkerne	..	..	..	29	4	38	67	52
Frome	..	..	..	66	23	5	113	160
Glastonbury	..	..	..	40	11	1	9	83
Ilminster	..	..	..	17	2	5	17	33
Keynsham	..	..	..	122	65	1	214	208
Minehead	..	..	..	40	14	—	22	81
Norton Radstock	..	..	..	161	20	24	136	217
Portishead	..	..	..	51	16	11	69	100
Shepton Mallet	..	..	..	22	7	—	40	83
Street	..	..	..	53	10	4	51	107
Taunton	..	..	..	212	96	79	269	469
Watchet	..	..	..	28	9	1	24	45
Wellington	..	..	..	35	10	12	14	76
Wells	..	..	..	51	6	2	32	89
Weston-super-Mare	..	..	..	229	87	52	359	474
Yeovil	..	..	..	194	67	63	210	342
Totals				1,694	523	509	2,156	3,359
County Totals ..				3,404	1,148	732	4,221	7,085

SMALL POX VACCINATION

Number of persons vaccinated (or re-vaccinated) in the year ended 31st December, 1957
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 .. .. .	..	..	..	114	—	2	—	6	1	11	1	9	18	142	20
Bathavon .. .. .	..	..	..	122	—	3	—	9	1	8	4	8	15	150	20
Bridgwater .. .. .	..	..	..	94	—	9	—	7	2	14	6	8	11	132	19
Chard .. .. .	..	..	..	81	—	2	1	6	—	2	4	—	5	91	10
Clutton .. .. .	..	..	..	55	—	3	—	6	—	1	2	4	5	69	7
Dulverton .. .. .	..	..	..	30	—	4	—	1	1	2	—	1	3	38	4
Frome .. .. .	..	..	..	66	—	1	—	2	3	—	—	1	5	70	8
Langport .. .. .	..	..	..	90	—	3	—	1	—	4	5	3	6	101	11
Long Ashton .. .. .	..	..	..	127	—	10	—	17	—	13	16	10	20	177	36
Shepton Mallet .. .. .	..	..	..	44	—	2	—	3	—	3	—	4	5	56	5
Taunton .. .. .	..	..	..	126	—	7	—	6	2	10	3	8	10	157	15
Wellington .. .. .	..	..	..	71	—	—	—	—	—	3	3	2	4	76	7
Wells .. .. .	..	..	..	50	—	4	—	4	—	2	—	4	7	64	7
Williton .. .. .	..	..	..	90	—	5	1	4	—	6	10	8	14	113	25
Wincanton .. .. .	..	..	..	132	—	5	—	1	2	7	4	3	15	148	21
Yeovil .. .. .	..	..	..	236	—	13	—	12	2	16	1	8	19	285	22
Totals .. .. .	..	..	..	1,528	—	73	2	85	14	102	59	81	162	1,869	237

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 .. .. .	..	..	..	59	—	5	1	9	—	19	1	14	13	106	15
Burnham .. .. .	..	..	..	61	—	2	—	4	2	5	13	3	17	75	32
Chard .. .. .	..	..	..	34	—	1	—	2	—	5	—	1	4	43	4
Clevedon .. .. .	..	..	..	98	—	1	—	1	1	5	3	6	17	111	21
Crewkerne .. .. .	..	..	..	47	—	1	—	—	—	2	2	4	9	54	11
Frome .. .. .	..	..	..	34	—	2	—	—	—	3	—	—	—	39	—
Glastonbury .. .. .	..	..	..	39	—	2	—	—	—	—	—	—	—	41	—
Ilminster .. .. .	..	..	..	14	—	—	—	—	—	—	—	—	—	14	—
Keynsham .. .. .	..	..	..	105	—	3	—	5	—	5	1	1	6	119	7
Minehead .. .. .	..	..	..	46	—	2	—	—	—	1	—	4	1	53	1
Norton-Radstock .. .. .	..	..	..	32	—	6	—	2	—	—	3	4	2	44	5
Portishead .. .. .	..	..	..	34	—	3	—	—	1	—	—	—	3	37	4
Shepton Mallet .. .. .	..	..	..	7	—	—	—	—	—	—	—	—	—	7	—
Street .. .. .	..	..	..	18	—	2	—	—	—	—	—	7	6	27	6
Taunton .. .. .	..	..	..	185	—	11	2	12	2	8	5	6	7	222	16
Watchet .. .. .	..	..	..	14	—	1	—	2	—	10	4	4	7	31	11
Wellington .. .. .	..	..	..	55	—	1	—	2	—	1	7	5	3	64	10
Wells .. .. .	..	..	..	35	—	1	—	—	—	—	—	7	4	43	4
Weston-super-Mare .. .. .	..	..	..	191	—	11	—	12	2	9	8	23	35	246	45
Yeovil .. .. .	..	..	..	214	—	13	—	8	1	9	1	3	12	247	14
Totals .. .. .	..	..	..	1,322	—	68	3	59	9	82	48	92	146	1,623	206
County Totals .. .. .	..	..	..	2,850	—	141	5	144	23	184	107	173	308	3,492	443

P — Primary Vaccination.

R — Re-vaccination.

POLIOMYELITIS VACCINATION

Number of children vaccinated in the year ended 31st December, 1957

RURAL DISTRICTS

Born in Year :—	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	Total
Axbridge	5	8	11	9	10	4	7	5	—	—	59
Bathavon	6	6	2	2	4	1	2	4	—	—	27
Bridgwater	15	5	10	8	5	5	3	—	—	—	51
Chard	7	5	6	5	1	3	1	2	—	—	30
Clutton	—	—	—	—	—	—	—	—	—	—	—
Dulverton	—	1	—	—	—	1	1	1	—	—	4
Frome	—	—	—	—	—	—	—	—	—	—	—
Langport	—	—	—	—	—	—	—	—	—	—	—
Long Ashton	5	14	9	9	2	6	6	6	5	—	62
Shepton Mallet	—	—	—	—	—	—	—	—	—	—	—
Taunton	16	16	9	10	12	9	7	6	1	1	87
Wellington	—	4	2	5	2	1	2	1	—	—	17
Wells	—	—	—	—	—	—	—	—	—	—	—
Williton	4	3	6	5	1	3	5	1	—	—	28
Wincanton	1	—	—	1	—	—	—	—	—	—	2
Yeovil	6	3	8	3	8	10	9	2	—	—	49
Totals	65	65	63	57	45	43	43	28	5	1	416

URBAN DISTRICTS

Born in Year :—	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	Total
Bridgwater	8	6	6	6	10	3	9	1	—	—	49
Burnham	—	—	—	—	—	—	—	—	—	—	—
Chard	1	2	—	—	1	1	3	1	—	—	9
Clevedon	9	9	6	11	6	4	12	3	1	—	61
Crewkerne	—	2	1	1	1	1	2	1	—	—	9
Frome	—	—	—	—	1	—	—	—	—	—	1
Glastonbury	—	1	—	—	1	—	—	—	—	—	2
Ilminster	1	1	1	3	—	1	1	1	—	—	9
Keynsham	2	5	1	4	1	5	3	2	—	—	23
Minehead	4	1	3	3	3	1	4	—	—	—	19
Norton Radstock	—	—	1	—	—	—	—	—	—	—	1
Portishead	1	1	4	2	3	3	1	5	2	—	22
Shepton Mallet	—	—	—	—	—	—	—	—	—	—	—
Street	4	10	1	2	—	3	2	—	—	—	22
Taunton	36	37	32	41	29	18	22	14	1	1	231
Watchet	—	—	—	—	—	—	—	—	—	—	—
Wellington	3	5	22	14	9	4	9	6	—	—	72
Wells	3	1	3	1	2	1	1	1	—	—	13
Weston-super-Mare	8	6	8	8	9	12	7	6	—	—	64
Yeovil	5	5	7	5	7	5	6	3	—	—	43
Totals	85	92	96	101	83	62	82	44	4	1	650
County Totals	150	157	159	158	128	105	125	72	10	2	1066

AMBULANCE SERVICE

For the first time since the Ambulance Service commenced as a part of the National Health Service the calls for the year showed a slight decrease on the previous year. A letter was sent to each of the Hospital Management Committees within the County in December 1956, drawing attention to the heavy demands being made on the Service and suggesting ways in which these might be lessened. There is little doubt that this had its effect during the early part of 1957, but for the latter half of the year the demands rose above those for the same period of 1956.

The heavy traffic experienced on the roads, particularly during the Summer months, continues to present a problem. The table below shows that the numbers of patients carried and the total mileage travelled by all vehicles dropped slightly from the figures for the year 1956. It is interesting to note that the average miles per patient remained stable.

1956				Patients	Mileage	Average distance Travelled per Patient
Ambulances	...	...	...	45,392	439,788	9.69
Sitting-case Ambulances	...	...	...	42,000	315,135	7.50
Cars	...	...	...	57,018	433,341	7.60
Totals — Service Vehicles :				144,410	1,188,264	8.23
Hospital Car Service	...	...	...	6,592	50,188	7.61
Private Hire	...	...	...	3,073	19,703	6.48
All Vehicles :				154,075	1,258,155	8.16
1957						
Ambulances	...	...	...	46,636	447,227	9.59
Sitting-case Ambulances	...	...	...	50,547	384,607	7.61
Cars	...	...	...	46,463	360,199	7.75
Totals — Service Vehicles :				143,646	1,192,033	8.30
Hospital Car Service	...	...	...	5,908	31,688	5.37
Private Hire	...	...	...	1,678	9,765	5.81
All Vehicles :				151,232	1,233,486	8.16

Staff.

The agency arrangements with the St. John Ambulance Brigade and the British Red Cross Society continue. The amount of voluntary assistance available varies from Station to Station, and it is, perhaps, significant that in some places the arrangements have had to be so modified that members of the paid staff are available to provide cover if volunteers do not report for duty. Such a trend is rather disturbing and tends to reduce the value of voluntary effort. As will be seen from the table which follows, it has been necessary to provide additional assistance at some Stations by increasing the number of paid personnel employed. During the year three Senior Drivers and four Driver/Attendants have been added to the establishment.

During the year two of the smaller voluntary Stations at Watchet and Crewkerne have closed. Both have served the Service well during the years since July 1948. Unfortunately, in both instances the service became dependent upon the availability of one man and the time came when he felt it necessary to resign from active duty. It was agreed that the Stations should close and that no action be taken to provide additional cover. During the periods when these Stations were not available alternative cover had already been provided or allowed for. The Watchet Station run by the St. John Ambulance Brigade closed in January 1957, and the Station at Crewkerne run by the British Red Cross Society on 1st November, 1957.

During the year the Ilminster Station found that they were no longer able to provide volunteers to man the ambulance during the day-time. As both Crewkerne and Chard were similarly placed, and the amount of voluntary assistance available at Chard for night and weekend manning was also lessening, it was necessary to consider some means of providing additional cover for this area. On 1st April, the Ilminster Station was strengthened by the addition of one ambulance and one dual-purpose sitting-case ambulance, both equipped with radio and transferred from the Taunton Station. Paid staff as shown in the table below were authorised and commenced duty on the same date. The change has proved satisfactory.

Ambulance Station	Station Officers	Senior Drivers	Driver/Attendants
SOMERSET COUNTY COUNCIL			
Paulton	—	—	1
Winscombe	—	—	1
ST. JOHN AMBULANCE BRIGADE			
Bridgwater	—	1	3
Clevedon	—	2	6
Glastonbury	—	1	5
Frome	—	—	1
Minehead	1	—	5
Norton-Radstock	—	1	5
Portishead	—	—	3
Wellington	—	—	1
Wells	—	—	1
Weston-super-Mare	1	2	13
BRITISH RED CROSS SOCIETY			
Castle Cary	—	1	3
Ilminster	—	1	2
Shepton Mallet	—	1	4
Taunton	1	4	14
Yeovil	—	2	7
Totals All Stations :	3	16	75

Vehicles.

I have already referred to the closure of the Ambulance Stations at Watchet and Crewkerne. As a result of this it has been possible to reduce the number of vehicles operating in the service by two. The ambulance at Watchet was transferred to Midsomer-Norton to replace an obsolete vehicle. The other at Crewkerne, which

was the property of the British Red Cross Society, was withdrawn from service. During the year two ambulances have been replaced by the smaller dual-purpose vehicles, which have proved more satisfactory in the work required of them and have the added advantage of being more economic in running.

At 31st December, the vehicle establishment was as follows :—

Ambulance Station	Ambulances	Small dual-purpose sitting-case Ambulances	Cars	Total
SOMERSET COUNTY COUNCIL				
Paulton	—	1	—	1
Winscombe	—	1	—	1
	—	2	—	2
ST. JOHN AMBULANCE BRIGADE				
Bridgwater	2	—	1	3
Chard	1	—	—	1
Cheddar	2	—	—	2
Clevedon	2	2	1	5
Frome	1	—	—	1
Glastonbury	2	1	3	6
Highbridge	2	—	—	2
Minehead	2	1	2	5
Norton-Radstock	3	—	1	4
Portishead	2	1	—	3
Timsbury	1	—	—	1
Wedmore	1	—	—	1
Wellington	—	1	—	1
Wells	1	—	—	1
Weston-super-Mare	5	2	3	10
	27	8	11	46
BRITISH RED CROSS SOCIETY				
Castle Cary	1	2	—	3
Ilminster	2	1	—	3
Shepton Mallet	1	1	2	4
Taunton	5	3	1	9
Yeovil	4	2	1	7
	13	9	4	26
Reserve :	3	1	—	4
Grand Total :	43	20	15	78

During the year five Ambulances were withdrawn from service and sold. Two cars were also withdrawn from service and sold by public auction.

The following new vehicles were brought into service :—

3 large dual-purpose ambulances of 4-berth stretcher capacity, on the Karrier chassis, were delivered for use at the Shepton Mallet, Taunton and Yeovil Stations.

1 Ambulance, 4-berth, on the Bedford chassis was delivered to the Weston-super-Mare Station.

2 Dual-purpose Sitting-case ambulances on the Bedford 10/12 cwt. chassis, both of the 2-stretcher/6-sitting type, were delivered for use at the Minehead and Taunton Stations.

1 Sitting-case ambulance designed to carry 10 sitting cases was delivered to the Council's Station at Winscombe. This vehicle was built on the Morris L.D.I. chassis.

The new vehicles are better suited to the needs of the Service and will contribute towards providing a more efficient service.

Hospital Car Service.

As will be seen from the statistics given earlier, the Hospital Car Service continues to perform a very useful function. With more vehicles fitted with radio it is, of course, possible to carry a greater proportion of patients in service vehicles. Partly because of this the use of private hire for sitting patients has been reduced. In a few areas, however, it is difficult to find hire service proprietors willing to carry sitting patients, particularly when there are other fares available.

Rail Travel.

The policy of using British Railways for the conveyance of both sitting and stretcher patients on long distances continues. Reports are still frequently received from both patients and relatives expressing their appreciation and thanks for the arrangements made. All confirm that for long distances the use of rail travel is both quicker, and, what is perhaps more important, more comfortable for the patient.

The number of cases conveyed by rail during the year was slightly higher than during 1956, although the equivalent road mileage was a little less. Full details are given in the table below. The Service continues to receive the fullest possible co-operation from the staff of British Railways, and we are indebted to the Nursing members of the St. John Ambulance Brigade and the British Red Cross Society for their willing help in escort duties.

	Stretcher		Sitting		Total	
	Cases	Mile age	Cases	Mile age	Cases	Mile age
March Quarter	80	7,286	62	5,107	142	12,393
June Quarter	46	5,047	164	12,696	210	17,743
September Quarter	58	7,349	176	16,812	234	24,161
December Quarter	26	3,476	116	9,871	142	13,347
	210	23,158	518	44,486	728	67,644

The total equivalent road mileage is approximately 135,000 miles.

Control.

The County continues to be organised for control purposes into four areas, with Ambulance Group Controls at Taunton, Weston-super-Mare, Glastonbury and Yeovil. Each is equipped with radio, and, in addition, at Taunton, Weston-super-Mare and Shepton Mallet, in the Glastonbury Group, there are stand-by transmitters. At Yeovil the transmitter was moved to a higher site and consequently there are now very few "dead" areas in the County.

The radio installations at the Taunton and Weston-super-Mare Offices continue to be manned throughout the 24-hours.

At 31st December there was a total of 59 vehicles equipped with radio as follows:-

	Ambulances	Small dual-purpose Sitting-Case Ambulances	Cars	Total
British Red Cross Society	11	9	4	24
St. John Ambulance Brigade	18	7	8	33
Somerset County Council.	-	2	-	2
	29	18	12	59

Premises.

During the year new rented accommodation was acquired at Glastonbury and is a slight improvement. Approval has also been given to the re-building of the Taunton Station, and it is hoped that the work will be completed by the Summer of 1958.

PREVENTION, CARE AND AFTER-CARE

Tuberculosis

Dr. C. de W. Kitcat, Senior Consultant Chest Physician, has provided information for the following report :-

Notifications.

These, at 192 new cases notified, show a decrease of only 8 on the previous year and it seems likely that in the next few years the decrease will be smaller than it has been in the years since the war. The intensive drive with mass x-ray and treatment with the new drugs having removed a large proportion of the infectious cases, the remaining sporadic ones are, as expected, proving much harder to find. Mass x-ray produces many fewer cases and most of the cases found these days occur amongst the patients sent to the chest clinics by their family doctors for x-ray and investigation.

Particulars of Pulmonary Cases Notified.

Year	New cases notified	Transfers from other Authorities	Total	Contacts seen
1952	376	46	422	1,424
1953	356	40	396	1,587
1954	317	61	378	1,746
1955	298	89	387	1,238
1956	200	65	265	1,279
1957	192	92	284	1,537

Tuberculosis Notifications, 1957, by Age Groups

Age Groups	New cases (excluding transfers from other authorities)			
	Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.
0-1	1	0	0	0
0-5	1	1	3	1
5-10	0	0	0	4
10-15	0	6	1	2
15-20	22	14	2	3
20-25	9	9	0	3
25-35	25	14	2	3
35-45	18	14	2	2
45-55	16	6	3	1
55-65	18	5	2	2
65 and over	9	4	1	2
TOTALS :	119	73	16	23

Post Mortem Notifications.

There were 12 cases of tuberculosis during 1957 which were not formally notified before death. These cases were in two categories as follows :—

- (1) Diagnosed after Post Mortem examination.

3 males (pulmonary cases): the ages being 50, 64 and 83.

- (2) Diagnosed on a doctor's certificate.

Pulmonary

1 female (age 52).

5 male (ages 50, 60, 63, 68, 74).

Non-Pulmonary

2 female (ages 72 and 86).

1 male (age 46).

Chest Hospitals.

During the year it was found possible to close one 10-bedded ward for female patients at Taunton Chest Hospital. Nowadays there are nearly always a few vacant beds at each of the three chest hospitals though further reduction in the number of available beds is not yet considered timely.

Chest hospital treatment was given to 545 cases — a decrease of 39.

Quantock Chest Hospital. At 31st December, 1957, 19 male beds and 17 female beds were unoccupied. The average occupancy for the year was 48 as compared with 50.5 for 1956.

Admissions for the year: Men - 63; Women - 52; Total - 115.
(compared with 123 in 1956).

Discharges for the year: Men - 63; Women - 60; Total - 123.
(compared with 118 in 1956)

Deaths during the year: Men - 1. Women - 0.

Taunton Chest Hospital. At Taunton Chest Hospital 21 beds (7 male and 14 female) were unoccupied at 31st December, 1957. The average occupancy for the year was 20 as compared with 30.6 in 1956.

Admissions for the year: Men - 20, Women - 49; Total - 69.
(compared with 73 in 1956).

Discharges for the year: Men - 20; Women - 51; Total - 71.
(compared with 76 in 1956).

Deaths during the year: Men - 3. Women - 3.

Taunton and Somerset Hospital (Conservators' Ward). This ward continued to have 28 male beds and of these 8 were unoccupied at 31st December, 1957. The average occupancy for the year was 18 compared with 21.2 in 1956.

Admissions for the year: Men - 123 (compared with 103 in 1956).

Discharges for the year: Men - 117 (compared with 98 in 1956).

Deaths during the year: Men - 7.

The admissions to Hospitals during 1957 were :-

Hospital	Men	Women	Children	TOTAL
Quantock Chest	63	52	—	115
Taunton Chest	20	49	—	69
Taunton and Somerset	123	—	—	123
Bath Orthopaedic Hospital	1	5	—	6
Other non-county beds	149	75	8	232
	356	179	10	545

Treatment.

This continues on the same lines as in previous years except that the practice of long term chemotherapy for 1½ to 2 years is proving very satisfactory and is tending to reduce somewhat the time spent in hospital. With this therapeutic cover patients are returning to work safely much more quickly than in past years.

During the year a total of 715 free milk grants were made. Since October, 1957, enquiries as to the family finances are made before milk is provided free of charge.

The demand for shelters is falling steadily as a result of improved housing accommodation and improved methods of treatment. There were 14 shelters in use at the end of the year.

Collapse treatment is now seldom used and in consequence the number of refills will be greatly reduced each year. The figures for the year are —

P.P. Inductions — 5. Refills — 1957 — 2,353. (1956 — 3,722).

Chest Clinics.

The new cases seen at the chest clinics numbered 6,455 and were classified as follows :—

Pulmonary Tuberculosis —

T.B. Negative	...	...	...	70
T.B. Positive, Stage 1	...	...	...	26
T.B. Positive, Stage 2	...	...	...	41
T.B. Positive, Stage 3	...	...	...	<u>10</u>

147

Non-Pulmonary Tuberculosis —

Bones and Joints	...	...	...	1
Abdominal	...	...	...	2
Other organs	...	...	...	2
Peripheral glands	...	...	...	<u>5</u>

10

Not Tuberculous ... 6,241

Diagnosis not complete on 31st December, 1957 ... 57

6,455

Chest Clinic attendances were :—

						Total Chest Clinic Attendances		
						1955	1956	1957
Bath (County)	...	...	...	...	...	1,110	1,142	1,122
Bridgwater	...	...	...	...	...	5,203	4,770	4,791
Bristol	...	...	...	...	...	654	824	514
Chard	...	...	...	...	...	941	933	1,084
Clevedon	...	...	...	...	...	50	113	553
Minehead	...	...	...	...	...	1,191	1,168	1,267
Radstock	...	...	...	...	...	675	762	838
Shepton Mallet	...	...	...	...	...	490	471	482
Taunton	...	...	...	...	...	7,682	7,592	8,378
Weston-super-Mare	...	...	...	...	...	5,850	5,604	5,556
Yeovil	...	...	...	...	...	2,791	3,006	2,882
Frome	...	...	...	...	...	166	173	235
TOTALS :						26,803	26,558	27,702

It is of interest that attendances continued to increase at both the Taunton and Bridgwater clinics in spite of the steady fall in the number of cases of T.B. found.

Mass Radiography.

This year the mass x-ray of 35,381 people produced only 12 cases (5 males, 7 females) of active tuberculosis as against 35 found in the previous year in 37,810 x-rays. Attempts are being made to induce the public, rather than specialised groups such as factory workers, to attend for mass x-ray, but this is a difficult task involving considerable and prolonged efforts in propaganda and publicity in each area for months before the visit of the mass radiography unit.

It is interesting to note that at the Taunton Chest Clinic the static miniature x-ray service for general practitioners revealed 14 cases of tuberculosis during the year from a total of 2,005 films taken.

Year	Numbers examined		Active Cases Found	Active Cases per thousand examined		
	Male	Female		Male	Female	Total
1954	18,145	13,109	54	1.65	1.83	1.7
1955	19,471	18,949	35	1.13	0.68	0.90
1956	21,152	16,658	35	1.04	0.78	0.93
1957	19,344	16,037	12	0.26	0.43	0.34

In addition to the above there were 98 cases (57 male, 41 female) with inactive tuberculosis and where necessary these were kept under observation.

Tuberculosis Death Rates.

These continue to fall, being the lowest ever in 1957 at 0.067 for the County. The rate for 1956 was 0.109, and ten years ago 0.443.

B.C.G. Vaccination.

A report on the first year's working of this scheme for the B.C.G. vaccination of school children appears in my 1957 Annual Report as Principal School Medical Officer.

Convalescent Care

This is a scheme which though small in scope gives valuable assistance to individuals who have need of periods of convalescence, other than following hospital discharge. The "holiday" thus provided is often the means of preventing a more serious breakdown in health, and as such is a valuable preventive measure.

The help provided during the year has been at about the same level as in other years. Financial circumstances of applicants are taken into account when cases are considered.

HOME HELP SERVICE

The official designation of this service as given in the National Health Service Act, 1948, Section 29, is the Domestic Help Service, a title originally designed to distinguish it from the Home Help Service already in use by many local authorities to

provide domestic help for home confinements. Many local authorities interpreted this title in its literal sense and help was sent to undertake the domestic work of the home only and was not sent to care for the physical needs of the invalids and children in the household. As a result it has in some instances been found necessary to supplement an existing service by such additions as child care, night attendants, evening help, etc., etc.

The service in Somerset has since its inception in 1948 been officially known as the Home Help Service, and the women employed therein are expected to attend first and foremost to the comfort and wellbeing of the patients and children in the household and to give second place only to the care of the house and household utensils, bearing in mind meanwhile, that the neatness and orderliness of the house frequently has a direct bearing on the physical and mental health of the patient. Considerable care is taken to ensure that no surplus help is given in any instance, but the organisers know that they are at liberty to supply full time, resident, night, or evening help, at any time if the needs of the patients, or children, demand it. As a result of this policy, not only are many children able to remain at home during the sickness or absence of their mother, but also many sick and sick aged are able to avoid hospital care, more especially during their last illness. Another satisfactory result is that the home helps themselves have a rewarding and satisfying occupation, and give of their best to the service, with the knowledge of how much their presence in the house means to its sick inhabitants. The duties of the home helps do not infringe on those of the district nurses, but the fact that so many are now well known and trusted by the nurses in their areas, does ensure that there is no hiatus between the duties of one and the duties of the other.

During 1957 the number of cases attended numbered 2,892, an increase of 46 only on the previous year, but the weekly case load increased from 1,405 in November, 1956, to 1,558 in November, 1957, the actual duration of each case having more bearing on the size of the service than the actual number of cases attended. No less than 549 households received help for over twelve months, and 117 for over six months. The number of householders listed under 'Old Age' increased from 1,444 in 1956 to 1,666 in 1957, while those listed under 'Chronic Sick' decreased from 548 to 413, due mainly to the fact that our policy now is to take the age of the retirement pension, 65, as the qualifying age for the 'Old Age' group. The number of cases helped in the two groups has increased by 88.

The 'Chronic Sick' group of some 413 persons may well be one of the most deserving of help, as the majority of these persons would be compelled to accept institutional care and would thus be parted from their families, friends and neighbours and would not only cease to be a useful part of the community but would in all probability spend the remainder of their lives in the company of the aged and senile.

One of the most frequent criticisms levelled against this service is that it is liable to become clogged by chronic cases of long duration, but it is these very cases which show the greatest saving both in hospital beds and human suffering.

The number of cases of tuberculosis attended once more decreased, help being sent to 44 only during 1957, whereas three years ago in 1954 the number was 80.

An exceptionally mild winter, with no serious epidemic, was mainly responsible for the decrease in the number of cases of emergency illness from 243 to 138.

A further slight decrease in the number of helps sent to home confinements is to be regretted. '

Some 12,033 visits were paid by organisers and case workers during the year as against 10,566 in 1956; to this must be added an unknown number paid by the twenty invaluable voluntary workers.

While every effort is made to visit all persons receiving help at least once every two months, the increase in the size of the service has rendered this impossible in some areas during the past year.

It may be fitting at this stage to comment on the organising side of the service. To the best of my belief, home help organisers remain the only welfare workers employed by local authorities for whom no training is provided. At the inception of the service, organisers were enlisted from all walks of life, many from the ranks of the Health Departments themselves, and in the majority of instances, the knowledge and skill of the organiser grew with the service. After ten years, the size and increased efficiency of the service renders it almost impossible for a woman to undertake the work of an area with no previous experience of the work, and the number of experienced women seeking area posts are of necessity few. Another consideration is that women of a suitable age and background who were available for such work after the war years are now not easily found, and this work is not always suitable for the very young.

For these reasons we have initiated a system of trainee organisers who are engaged in the first instance to work under an experienced and older woman until such time as they are judged fit to undertake work as assistant and later as area organisers, though the supply of suitable young applicants without home ties is small. It has, however, been of more advantage to date to the service as a whole than to the service in this county.

Home Help Service — 1957

	Old age (over 65)	Chronic Sick	T.B.	Post-op.	Maternity	Post and Pre-Natal	Emergency illness	Family Help	Others	Total 1957	Total for year 1956
WESTON-SUPER-MARE Ceased. Cont.	112 (143) 298 (243)	29 (62) 71 (70)	6 (5) 5 (9)	36 (41) 5 (5)	52 (51) 3 (8)	25 (34) 5 (3)	42 (59) 3 (9)	10 (6) 1 (2)	25 8	337 399	401 349
MIDSOMER NORTON Ceased. Cont.	89 (77) 311 (280)	33 (42) 60 (80)	2 (1) 4 (4)	7 (16) 1 (8)	42 (40) 1 (5)	19 (5) 1 (2)	4 (12) 2	4 (5) — (1)	5 —	205 380	198 379
WELLS Ceased. Cont.	26 (20) 68 (54)	4 (7) 10 (12)	2 — — (1)	5 (8) — (2)	18 (21) 1 (1)	2 — — (1)	3 (13) — (11)	2 — 1 (1)	4 —	66 80	69 83
BRIDGWATER Ceased. Cont.	64 (66) 190 (147)	20 (28) 61 (60)	3 (6) 7 (6)	12 (7) 2 (3)	70 (56) — (6)	9 (6) 4 (—)	23 (53) 1 (6)	4 (6) 1 (—)	1 —	206 266	228 228
YEovil Ceased. Cont.	62 (57) 189 (157)	14 (27) 31 (43)	4 (2) 3 (4)	22 (9) — (—)	52 (59) — (1)	14 (16) 3 (1)	29 (27) — (1)	3 (5) 1 (1)	3 3	203 230	204 208
TAUNTON Ceased. Cont.	94 (89) 165 (111)	43 (55) 37 (62)	3 (6) 5 (6)	13 (22) 3 (9)	68 (45) 2 (3)	37 (30) 2 (4)	28 (45) 3 (7)	4 (3) — (2)	9 4	299 221	295 204
1957.	1,668	413	44	106	309	121	138	31	62	Total for 1957 2,892	
1956.	(1,444)	(548)	(50)	(130)	(296)	(103)	(243)	(32)		Total for 1956	2,846

Maternity Cancellations

Weston 13 (26)	Midsomer Norton and Wells 17 (25)	Bridgwater 11 (21)	Yeovil 13 (26)	Taunton 7 (18)

Figures in brackets are for 1956.

MENTAL HEALTH SERVICES

Administration. At their meeting on the 11th June, 1957, the Health Committee re-appointed the Mental Health Sub-Committee and re-delegated to them all their powers under the Lunacy and Mental Treatment and Mental Deficiency Acts, as amended by the National Health Service Acts.

On the mental deficiency side of our Statutory work, a Cases Committee of the Mental Health Sub-Committee has been appointed to deal with the ascertainment, care and training, or discharge as the case may be, of patients in need of supervision, care or control.

In addition each of the Occupation Centres (now called Training Centres for mentally handicapped children) has a Committee composed of local people interested in mental deficiency work who are drawn from the various statutory and voluntary organisations in the various districts which the Centres serve. These local Committees concern themselves with the management of the Centres and are empowered to make recommendations as regards expenditure.

The Report of the Royal Commission.

In May 1957 the Royal Commission on the Law relating to Mental Illness and Mental Deficiency (1954-1957) presented their report to Parliament.

Part I of the Royal Commission's report contains an introductory survey of the present Mental Health Services and deals with the need for the review of legislation, the public attitude today and our own general approach, together with observations on mental disorder, mental illness and mental deficiency, present forms of care and treatment and how these services are organised; diagnosis and ascertainment, community care, hospital treatment or training, the functions of the Ministry of Health and the Board of Control and the procedures laid down in the Lunacy and Mental Treatment Acts and Mental Deficiency Acts.

The report is thus a comprehensive review of the whole pattern of the administration of the Mental Health Services.

The Royal Commission began with these observations :—

“The proper treatment of people suffering from disorders of the mind and any restrictions on the liberty of individual citizens which this may involve, are matters of public interest which may at any time become of immediate personal importance to anyone living in this country”.

I do not intend in this report to add my own personal observations on the subject of Mental Health legislation except to say that mental disorder is probably our most pressing social problem today. There is little need to enlarge upon this for of all the Hospital beds in England and Wales 46% are in Mental Hospitals or Mental Deficiency Institutions. In 1952, the community care service of Local Health Authorities and the Hospital Service provided for some 300,000 patients suffering either from mental disorder or mental defect.

The main features of the Royal Commission's recommendations are the emphasis upon care either in Hospital or in the community without compulsion — thus

without recourse to the procedures laid down in the Lunacy and Mental Treatment and Mental Deficiency Acts which in the Royal Commission's view are now seriously out of date and unnecessarily complicated. The Royal Commission suggests that if no legal obstacle is found, informal admission should start at once without waiting for new legislation and that in suitable cases the powers of detention over the patients already in Hospital should be brought to an end. It is recognised, however, that in certain circumstances compulsion will still be justifiable and only new procedures which do not involve certification as such are proposed. In addition, the Royal Commission recommends that three main groups of patients should be recognised in future for legal and administrative purposes (a) mentally ill patients; (b) psychopathic patients, or patients with psychopathic personality, and (c) patients of severely sub-normal personality. The Royal Commission go on to say that there should be no rigid legal designation of Hospitals for any one of these groups of patients only and they do not propose that the Law should define the circumstances in which patients in each of these three groups should be liable to compulsory admission to and detention in Hospital, or to legal control while living in the general community.

Another important recommendation is that Local Health Authorities should provide residential Hostels and Homes and more Training and Social Centres should be set up in areas where they are needed. However, the training of severely sub-normal children who cannot profit by education in ordinary or special schools should continue to be provided by the Local Health Authorities rather than the Education Authorities, but that children should not be declared "ineducable". Thus, the present rigid demarcation between education and health functions in this sphere would largely be overcome. In the same context it is to be noted that it would be compulsory upon parents to send their children to Training or Occupation Centres in just the same way as they are required to send them to ordinary schools.

Finally, amongst other matters, the Royal Commission recommend the abolition of the Board of Control and of the Visitors appointed by Justices in Quarter Sessions. The function of the visitors appointed by Justices in connection with the renewal of compulsory powers (whenever these are exercised) would be superseded by those of the Mental Health Review Tribunals which they recommend should be established. Local Health Authorities would take over the functions of Visitors in connection with houses licensed for the care and treatment of privately admitted mental patients.

There are undoubtedly many features of the Report which are most welcome in the light of present day conditions. There are, nevertheless, other features which give rise to concern, and their development will require to be closely watched in the immediate future.

Mental Deficiency

The following table indicates the total number, as at 31st December, 1957, of patients for whom supervision and guardianship has been arranged during the year under review:—

	Age under 16		Age 16 and over		Total
	M.	F.	M.	F.	
Statutory Supervision ...	48	23	14	9	94
Voluntary Supervision...	9	1	7	7	24
Guardianship ...	3	—	7	4	14
Total ...	60	24	28	20	132

The following statement relating to Mental Defectives within the County as at 1957, is in the form required to be forwarded to the Board of Control annually.

1. Particulars of cases reported during 1957

(a) Cases ascertained to be defectives "subject to be dealt with":—

Number in which action taken on reports by:—

(1) Local Education Authorities on children

(i) While at school or liable to attend school

(ii) On leaving special schools ...

(iii) On leaving ordinary schools ...

(2) Police or by Courts ...

(3) Other sources ...

TOTAL of 1 (a)

(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground ...

(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)

(d) Cases reported in which action was incomplete at 31st December, 1957, and are thus excluded from (a) or (b) ...

TOTAL of 1 (a)–(d) inc.

2. Disposal of cases reported during 1957

(The total of 2(a), (b) and (c) must agree with that of 1 (a) and (b) above)

(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at 1 (a)), number:

(i) Placed under Statutory Supervision ...

(ii) Placed under Guardianship ...

(iii) Taken to "Places of Safety" ...

(v) Admitted to Hospitals ...

TOTAL of 2 (a)

Under age 16		Aged 16 and over	
M.	F.	M.	F.
17	8	—	—
—	1	10	4
12	8	—	—
—	—	—	—
6	2	5	8
35	19	15	12
4	—	6	1
—	—	—	—
8	2	—	—
47	21	21	13
30	17	11	9
—	—	—	—
—	—	—	—
5	1	4	—
35	18	15	9

2. (b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1(b)) number:

- (i) Placed under Voluntary Supervision
(ii) Action unnecessary

TOTAL of 2 (b)

(c) Cases reported at 1 (a) or (b) above who removed from the area or died before disposal was arranged

TOTAL of 2 (a)–(c) inc.

3. Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1957 and admitted to:

- (a) National Health Service Hospitals ...
(b) Elsewhere

TOTAL

4. Total cases on Authority's Registers at 31.12.57

- (i) Under Statutory Supervision
(ii) Under Guardianship
(iii) In "Places of Safety"
(iv) In Hospitals

TOTAL of 4 (i)–(iv) inc.

(v) Under Voluntary Supervision

TOTAL of 4 (i)–(v) inc.

5. Number of defectives under Guardianship on 31st December, 1957, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913, (included in 4 (ii))

6. Classification of defectives in the Community on 31.12.57 (according to the need at that date)

(a) Cases included in 4 (i) – (iii) in need of hospital care and reported accordingly to the hospital authority:—

(1) In urgent need of hospital care:—

- (i) "cot and chair" cases
(ii) ambulant low grade cases
(iii) medium grade cases
(iv) high grade cases

TOTAL urgent cases

Under age 16		Aged 16 and over	
M.	F.	M.	F.
4	—	6	1
—	—	—	—
4	—	6	1
—	1	—	3
39	19	21	13
9	4	—	8
—	—	—	—
9	4	—	8
121	75	237	168
6	4	91	89
—	—	—	—
85	38	457	453
212	117	785	710
10	14	159	190
222	131	944	900
—	—	1	—
4	—	—	—
1	2	—	1
1	—	1	1
—	—	—	—
6	2	1	2

(2) Not in urgent need of hospital care:—

(i) "cot and chair" cases	...	...	...
(ii) ambulant low grade cases	...	...	...
(iii) medium grade cases	...	...	...
(iv) high grade cases	...	...	...

TOTAL non-urgent cases

TOTAL OF URGENT AND NON-URGENT CASES

(b) Of the cases included in items 4 (i), (ii) and (v) number considered suitable for:—

(i) occupation centre	...	...	...
(ii) industrial centre	...	...	...
(iii) home training	...	...	...

TOTAL of 6 (b)

(c) Of the cases included in 6(b), number receiving training on 31.12.57:—

(i) In occupation centres (including voluntary centres)	...	...	...	...
(ii) In industrial centre	...	...	...	...
(iii) From a home teacher in groups	...	...	...	...
(iv) From a home teacher at home (not in groups) (occasionally by Head Teachers of Occupation Centres)	...	...	...	...

TOTAL of 6 (c)

Under age 16		Aged 16 and over	
M.	F.	M.	F.
—	—	—	—
1	—	—	—
—	—	1	1
—	—	—	—
1	—	1	1
7	2	2	3
95	46	30	39
—	—	—	—
5	6	6	11
100	52	36	50
90	45	28	35
—	—	—	—
—	—	—	—
2	3	6	11
92	48	34	46

The following statement refers to ascertained mental defectives on the register of the Local Health Authority as at 31st December, 1957, and illustrates the over-all position:—

Somerset. Population 495,500 (Ascertained Mental Defective population 2,251)

	Under age 16		Aged 16 and over		Total
	M.	F.	M.	F.	
1. In Mental Deficiency Hospitals	86	39	408	401	934
2. On licence from Mental Deficiency Hospitals	0	0	49	52	101
3. In places of Safety	0	0	0	0	0
4. In State Institutions	0	0	21	10	31
5. Awaiting Admission	7	2	12	6	27
6. Under Guardianship	5	4	90	87	186
7. Under Supervision (Statutory and Voluntary)	131	89	396	356	972
TOTAL	229	134	976	912	2,251

Total Columns (1) — (5) as per 1,000 2.2 (1093)

Total Columns (6) — (7) as per 1,000 2.3 (1158)

Total expressed as rate per thousand 4.6

It should be noted that because of the regionalisation of Hospitals it is probable that the number of patients in Mental Deficiency Hospitals in Somerset include many patients not ascertained by the Somerset Local Health Authority.

The following details indicate broadly the review of Statutory Supervision during 1957:-

Placements				Removals			
Age when placed	Boys	Girls	Total	Age when removed from Register	Boys	Girls	Total
Under 15 years	30	12	42	Under 15 years	17	6	23
Age 15-16 years	17	12	29	Age 16-18 years	19	13	32
Age 16 yrs. and over	14	9	23	Age 19-21 years	34	9	43
				Over 21 years	16	6	22
Totals	61	33	94	Totals	86	34	120

It is not possible in this report to amplify the details above and some explanation of their significance is clearly desirable. With this in mind a more detailed record of placements and removals, with indications as to mental classifications, referrals from Special schools, reasons for supervision and other relevant information is currently being undertaken so that it should be possible to indicate in my next Annual Report the trend of supervisory work and to show the result of the review both statistically and pictorially.

It will be observed, however, that the review of cases which is undertaken by the Case Committee, usually once a month, has resulted in more boys and girls being removed from the register than are being added to it. It is impossible in the light of the rather limited experience of this procedure to draw any firm conclusion but the principle of "instituting statutory supervision freely and discontinuing it as quickly as possible" would appear to be justified.

Case Work.

The following summarises the visits paid by the Mental Health Services staff under the Mental Deficiency Acts during 1957:-

Mental Welfare Officers

County District	Guardian- ship Cases	Licence	Statutory Supervision	Other M.D. Work	Total
Axbridge (part) and Wells ...	17	-	90	37	144
Axbridge (part), Weston-super- Mare, Long Ashton	41	5	85	27	158
Bathavon (part) and Frome	15	-	120	15	150
Bridgwater and Williton	75	-	294	98	467
Chard and Langport ...	48	11	155	53	267
Clutton, Bathavon (part) and Shepton Mallet ...	68	11	145	73	297
Dulverton, Taunton and Wellington ...	178	39	368	77	662
Wincanton and Yeovil ...	53	-	225	84	362
Visits carried out by the Assistant Mental Welfare Officer in addition to visits made jointly with District Officers ...	37	7	127	81	252
	532	73	1609	545	2759

Mental Health Visitors

Central Area ...	159	1	453	506	1119
South Western Area ...	134	3	373	240	750
North Eastern Area ...	277	72	309	660	1318
	570	76	1135	1406	3187
Total Visitation ...	1102	149	2744	1951	5946

Licensed Patients.

During the year the Local Health Authority have accepted responsibility for the supervision of patients on licence from the following Hospitals and Institutions:-

Stoke Park Hospital	...	4
Royal Western Counties Institution	...	2
Hortham Brenty Hospital		2
Totterdown Hall	...	2
St. Raphaels Hospital, Brentford	...	1
Pewsey Hospital	...	1
Guardianship (Out County)	...	17
Total		<u>29</u>

Occupation Centres. (now known as "Training Centres")

The following gives an indication of the number of registered pupils (including "out-workers") at each of the Training Centres on 31st December, 1957, together with brief details of the surrounding districts from which the pupils are conveyed:-

Centre	Pupils	District (other than town)
Bridgwater	31	Spaxton, North Petherton, Highbridge
Coxley	26	Wells, Glastonbury, Street, Shepton Mallet.
Ilminster District	16	Crewkerne, South Petherton, Martock, Chard, Ilminster etc.
Radstock	38	Chilcompton, Clutton, Keynsham, Frome etc.
Taunton	33	Wellington, Milverton, Stoke St. Gregory etc.
Weston-super-Mare	37	Cheddar, Portishead, Clevedon etc.
Yeovil	34	Sherborne (Dorset), Henstridge, Tintinhull, etc.
Other Centres		
Bath	5	Batheaston etc. (Bath L.H.A.)
Total	<u>220</u>	

The following table shows the age groups to which these pupils belong :—

	Under age 16		16 and over		Total
	M.	F.	M.	F.	
At Centres	89	49	28	32	198
"Out Workers" ...	2	3	6	11	22
Totals	91	52	34	43	220

During the year 3 new Centres have been built at Bridgwater, Taunton and Yeovil and were opened in May. Each Centre accommodates 32 pupils, but by the end of the year at Bridgwater and Yeovil all places had been filled so that once again the desirability of extensions must be considered.

The County Council have also approved new Centres for 50 pupils at Glastonbury, Radstock and Weston-super-Mare. Plans for their construction were put in hand immediately and Ministry of Health approval has been granted.

It is as well to record that of the seven Centres, six were (and 3 still are) housed in buildings which proved to be completely inadequate for their purpose. At the Ilminster District Training Centre a former primary school is in use, and subject to certain modifications meets requirements very well.

As the figures show in successive Annual Reports this branch of the Mental Health Services has grown considerably in the last 10 years.

1948	45	registered pupils.
1958	220	- do -

Lunacy and Mental Treatment

The following cases were dealt with by the Council's Mental Welfare Officers under the Lunacy and Mental Treatment Acts, 1890-1930, during the period 1st January to 31st December, 1957 :—

County Area	Certified Cases	Admissions		Section 20/21 Lunacy Act	Other Action	Total
		Voluntary Cases	Temporary Cases			
Axbridge (part) and Wells	16	30	7	28	91	172
Axbridge (part), Weston-super-Mare and Long Ashton	37	21	2	14	86	160
Bathavon (part) and Frome	20	7	1	15	22	65
Bridgwater, Minehead and Williton	12	122	5	38	332	509
Chard and Langport	4	67	1	32	136	240
Clutton, Bathavon (part) and Shepton Mallet	20	26	6	56	124	232
Dulverton, Taunton and Wellington	59	91	8	24	462	644
Wincanton and Yeovil	12	110	4	25	403	554
Admissions and Other actions by Assistant M.W.O.	11	30	2	7	79	129
Total	191	504	36	239	1,735	2,705

Apart from these admissions, which were arranged by the Council's Mental Welfare Officers, the Mental Hospitals continue to admit patients direct on a voluntary basis, and during 1957 a total of 850 patients were so admitted. It is gratifying to record, therefore, that out of a combined total of 1,820 patients admitted to Mental Hospitals 74.4% of these were voluntary patients – an increase over last year's figures.

Community Care.

Special mention should be made of the almost inestimable contribution made to the mental health services by the Home Helps organisation. There are countless patients up and down the County who are successfully cared for in their own homes through the untiring devotion of Home Help staff. These patients, most of them elderly would otherwise have to be admitted either to our overcrowded mental hospitals, or hospitals for the chronic sick. A more precise estimate of the position is not possible in this report but a special review is being undertaken and full details of the result should be available next year.

At the same time much is being done to further mental health in the community by our District Nurses and Health Visitors, many of whom bring special skill and experience to the work. This is particularly true of the care of young defective children at home prior to supervision or admission to Training Centres.

The field of work is widening daily both in preventive and after care duties in mental health and the foregoing illustrates the liaison which exists in the Local Health Services. I am glad indeed to record the co-operation between members of the several services in my Department.

We have had many years experience in after-care work for the mentally defective and the arrangements made long ago continue to function satisfactorily. There is, however, a growing demand for after-care as well as prevention, in the case of persons suffering from mental ill-health. The foregoing paragraphs chiefly relate to this side of our work. Additionally much more has been done by the Mental Health Service field staff over the past year than in previous years, and there is every evidence that more will have to be done. To this end it is proposed to review the staff position early in 1958, and as mentioned later in this report, trainees in Mental Welfare social work are to be appointed, so that after training they may help meet the ever increasing demand by the Mental Hospitals for a service providing community care for people leaving Hospital.

That this is important in Somerset can be measured to some extent by the voluntary admission rate which stands at present just under 90% of all admissions at the Tone Vale and Mendip Mental Hospitals. The national average is 75%.

Much has been done in the community and much more still remains to be done, and can be done if there are trained staff available to do it.

Staff

The Mental Health Services continue under the day to day direction of the Deputy County Medical Officer of Health and Deputy Principal School Medical Officer, assisted by some 12 Specialist Medical Officers approved under the Mental Deficiency

and Mental Treatment Acts and whose services are employed on a part-time basis. The school medical staff also make a substantial contribution in the ascertainment of cases and the medical examination of Training Centre and Guardianship cases.

The Mental Health Officer is responsible for the day to day administration and management of the Mental Health Services assisted by a Deputy (for administration) a Superintendent Mental Welfare Officer (with a County District) and the following staff in the County districts :—

Mental Welfare Officers	7 (including 1 part-time officer)
Mental Health Visitors (female)	3
Assistant Mental Welfare Officers	1
Trainee Mental Welfare Officers	1

The Assistant Mental Welfare Officer assists primarily in the Taunton District but is available for duty at County Hall and in the Bridgwater and Weston-super-Mare Districts as required. Generally speaking duties are interchangeable and in holidays and emergencies the Superintendent Mental Welfare Officer is available for relief work.

Authority has been given for the appointment of two additional Trainees, and appointments will be made early in 1958.

Central Office Staff.

Administrative	2 (including Deputy M.H.O.)
Clerical	2
Typists	4 (2 part-time)

Training Centre Staff.

Centre	Head Teacher	Assistants	Domestic Helper	Escorts	Care-taker	Total
Bridgwater	1 (W)	2 (W)	—	2 (P)	1 (P)	3 (W) 3 (P)
Ilminster District ...	1 (W)	1 (W)	—	—	1 (P)	2 (W) 1 (P)
Mid-Somerset (Coxley) ...	1 (W)	1 (W)	1 (P)	1 (P)	—	2 (W) 2 (P)
Radstock	1 (W)	2 (W)	1 (P)	2 (P)	—	3 (W) 3 (P)
Taunton	1 (W)	3 (W)	—	—	1 (P)	4 (W) 1 (P)
Weston-super-Mare ...	1 (W)	2 (W)	1 (P)	2 (P)	1 (P) also does escort duties	3 (W) 4 (P)
Yeovil	1 (W)	2 (W)	—	1 (P)	2 (P)	3 (W) 3 (P)
Total	7 (W)	13 (W)	3 (P)	8 (P)	6 (P)	37

W = Whole-time staff.
P = Part-time staff.

Staff Training.

I referred in detail to our "In-Service" Training Scheme for Mental Welfare Officers in my Annual Report for 1956. Some progress has been made towards adding an appropriate University Diploma Course as a qualification complementary to the scheme itself. It is not opportune to comment further at this stage, but it is a little disappointing that the year's end brought no news of the long awaited Report of the Young husband Committee on this important subject. Now that the Royal Commission's recommendations are published, one anticipates with some justification, guidance on the type of training for persons engaged in mental health administration and executive duties.

Voluntary Associations

In my last annual report I observed that the work of the statutory authority would be a good deal more difficult without the help which is given by the Somerset Association for Mental Welfare in regard to the voluntary supervision of mentally defective patients. This is still the position. Many of these have been on the register for many years and the Association provide an essential link in the administration of the work. The County Council are informed when official action is necessary, but in the meantime are happy to leave the patients as they are, knowing that should the necessity arise action can be taken. In my view the informality of the arrangement contributes to its success.

In addition, the Association provides financial assistance where funds from official sources are not available.

The Somerset Association for Mental Welfare fulfills a very necessary role in supplementing the work of the Local Health Authority and I record with pleasure, the very valuable help which they give and which is much appreciated.

Branches of the National Society for Mentally Handicapped Children have been established at Crewkerne, Taunton, Weston-super-Mare and Yeovil during the past year or so. The members of this Society are for the most part the parents of children attending our Training Centres, or in care at Mental Deficiency Hospitals. Much excellent work in co-operation with your senior staff and Training Centre staff has been achieved. The Branches have been most generous in their gifts of apparatus and equipment at Taunton, Ilminster and Yeovil whilst at Weston-super-Mare the Local Branch gave the land on which a new Centre is to be built. I am indeed grateful to have the goodwill and practical help of this Society in the work we are trying to do for the young mentally handicapped in Somerset.

General.

I should like to take the opportunity of thanking yet again all those persons in Somerset who have helped in various ways in the promotion of better mental health. I refer to magistrates and medical practitioners, the police, the Courts and probation officers and ambulance personnel; teachers and Government officials dealing with welfare work without whose co-operation the duties of the Local Health Authority would be very difficult to administer. I especially appreciate the help which I and my officers have received from the Medical Superintendents and staff of the various mental

and mental deficiency hospitals in the County, and from officers of the South Western Regional Hospital Board.

WATER SUPPLIES

Following the completion of the headworks of several major sources of supply, works carried out during the year, other than extensions to new estates, have mainly been in connection with distribution of the water. In this respect good progress was made in the Yeovil and Wincanton rural areas in the provision of water for augmentation purposes and in the Wells and Frome Rural Districts in supplying parishes with main supplies. Villages in other Districts which were provided with mains water during the year were — the Blackwater area of Buckland St. Mary in Chard Rural; Northstoke in Bathavon Rural; Ridgehill and Walton Bay in Long Ashton Rural and Waterrow in Wellington Rural. Works were put into operation to provide a main supply to the Charterhouse region of the Axbridge and Clutton rural areas and to supplement the existing supply to Skilgate in Dulverton Rural District. An improvement in the Bridgwater area was noticeable following the completion of the first stage of the R.D.C.'s long term proposals. To assist in the construction of a nuclear power station at Hinkley Point the Williton Rural District Council acquired a private supply at Stogursey. This was developed to provide the 50,000 gallons required per day and pipes were laid on to the site.

Shortages experienced in the various Districts during the twelve months were fewer than in the previous year, numbering thirteen against eighteen. Five of these were in urban areas, viz. Bridgwater, Chard, Norton Radstock, Shepton Mallet and Weston-super-Mare. Of these the most seriously affected is Bridgwater. Industrial demands are comparatively heavy and whilst possible new sources for augmentation supplies have been explored it may be some time before the situation is relieved. Chard could no doubt obtain water from the neighbouring Rural District should a shortage in the town become serious. Norton Radstock received assistance from the Bathavon R.D.C.'s source at Combe Hay and from the Frome R.D.C. Industrial demands tended to strain the sources of the Shepton Mallet Water Company, whilst at Weston-super-Mare the position was met by taking water from the Weston Well and from the Bristol Waterworks Company. Regarding the shortages in the eight Rural Districts, the Authorities affected and the steps taken to deal with the position were as follows:—

Axbridge. Due to the drought and large influx of holiday makers there were brief shortages in the parishes of Brean and Beilow. These were overcome by supplementary supplies. Work started on the laying of a new main to the area which it is hoped will satisfy future needs.

Bathavon. There was a slight deficiency in Swainswick parish.

Bridgwater. It was found necessary to restrict supplies from 10 p.m. to 5 a.m. in the period July to November. The R.D.C. is dependent for much of its water on the Bridgwater Corporation and as the latter had shortage difficulties these were spread as far as possible over the two areas.

Clutton. During a short period of drought emergency supplies were obtained from the Bristol Waterworks Company.

Dulverton. Due to a falling off in the yields of the springs serving Dulverton and Skilgate restrictions had to be applied. As mentioned previously, works were put into operation to connect a new spring to the Skilgate distribution system, whilst a scheme is being prepared to augment supplies to Dulverton and Brushford.

Frome. A slight shortage was experienced at Great Elm during the Summer months. The supply is from a private source which will be replaced by water from the Council's joint works with the Shepton Mallet R.D.C. in the coming year.

Williton. It was found necessary to restrict supplies in the parishes of Monk-silver, Porlock and Selworthy. Schemes are in hand to make good the deficiencies.

Wincanton. Yarlinton suffered a shortage which was relieved by the laying of a link main to the distribution system from Bratton Seymour.

In my last Annual Report I referred to the fact that practically all the 398 parishes in the County had piped supplies, either wholly or in part. Two additional parishes have received a mains supply during the year and of those remaining a number will receive a similar service when water from the Clatworthy Reservoir becomes available.

Except for the Bridgwater area, after taking into account schemes in hand and others in course of preparation the supply position in the County is satisfactory. It is possible that in the next three to four years every parish which can be supplied economically will have a piped supply in operation.

With regard to the re-grouping of water undertakings as suggested in Circular 52/56 issued by the Minister of Housing and Local Government considerable headway appears to have been made in the north of the County. To the south of the Mendips, whilst meetings of the respective Water Authorities have taken place, there is little information at the moment that any positive decision has been reached. There is strong evidence in certain areas to support the policy of re-grouping on the grounds of economy and whilst it is natural for those undertakers with cheap water to oppose any change amalgamation may prove a solution to many problems.

Samples of raw and treated water submitted for bacteriological and chemical examination numbered 2,287 and 203 respectively.

The following figures refer to samples taken from well water supplies and submitted to the Public Health Laboratories for analysis.

	Boroughs and Urbans		Rurals	
	No. taken	Satisfactory	No. taken	Satisfactory
(a) Bacteriological ...	40	37	199	78
(b) Chemical ...	2	2	10	8

The substitution of piped supplies for well and other sources of supply is as follows :—

	Boroughs and Urbans	Rurals	Total
(a) Well water	—	154	154
(b) Private sources	—	84	84
(c) Other	—	15	15
			253
Wells closed during the year	1	21	22

Schemes approved under the Rural Water Supplies and Sewerage Acts, 1944-55, during the year were as follows :—

Rural District	Scheme	Estimated Cost (as submitted)		
		£	s.	d.
Bathavon	Compton Dando — Extension of Water Main ...	1,622	0	0
Bathavon	St. Catherine — Proposed Main Supply	2,000	0	0
Bridgwater	Main connection from Barford Park Gate to Pight- ley, Spaxton	2,950	0	0
Dulverton	Brompton Regis — Purchase of Spring	550	0	0
Dulverton	Skilgate — Augmentation of Water Supply ...	1,221	0	0
Langport	Beercrocombe — Replacement of Main	1,483	13	6
Langport	Bulk supply from Chard R.D.C.	375	8	2
Long Ashton	Wraxall — Extension of main at West Hill ...	4,368	0	0
Shepton Mallet	Proposed Water Main at Cranmore	2,102	0	0
Shepton Mallet	Transport — purchase of Land Rover	465	11	3
Wells	Comprehensive Scheme — Renewal of distribution mains	7,450	0	0
Wells	Meare — Extension of Main Supply to Ashcott Road	2,250	0	0
Wells	Westbury — Extension of Main at Kite's Croft (part of outline scheme)	195	0	0
Williton	Crowcombe — Laying of Main	1,310	15	6
Williton	Proposed purchase and development of Fairfield Estate Water Undertaking	18,050	0	0
Williton	Replacement of mains — Wheddon Cross Reservoir to Blagdon Cross	3,687	3	2
Wincanton	Development of Water Undertaking	78,870	0	0
Wincanton	Development of Water Undertaking — Borehole at Bradley Head	1,650	0	0
Wincanton	Penselwood Pumping Station Reorganization ...	10,250	0	0
Yeovil	Sutton Bingham Reservoir — Provision of further housing accommodation	3,970	0	0
		144,820	11	7

Schemes approved prior to 1957 but costs and/or proposals revised and re-submitted.

Rural District	Scheme	Revised Cost (as submitted)		
		£	s.	d.
Axbridge	Charterhouse Water Supply	37,988	0	0
Clutton	Mendip Area Water Supply	48,065	0	0
Wells	Comprehensive Scheme — Stage II	169,150	0	0
Williton	Mains Supply to Central Area	417,924	0	0
Yeovil	Closworth Extension	1,600	0	0
Yeovil	Comprehensive Scheme — Contracts Nos. 28 and 29	4,750	0	0
Yeovil	Sutton Bingham Reservoir — Provision of further housing	4,500	0	0

SEWAGE DISPOSAL

In spite of financial impediments good progress was made in the provision of sewerage and sewage treatment works during the year. Other than the normal extensions to serve new housing estates and other development, schemes were either completed or in hand as follows :—

Urban Areas.

Glastonbury. New disposal works are nearing completion (estimated cost £160,000).

Shepton Mallet. New treatment plant was provided at Darshill (estimated cost £64,000).

Taunton. New disposal works were completed at Ham (estimated cost £700,000).

Wells. New treatment works are in progress (estimated cost £90,000).

Yeovil. New disposal works were completed (estimated cost £320,000).

Rural Areas.

Axbridge. Works of sewerage were completed at Locking (estimated cost £17,666). Work also commenced on an extension of the sewer at Sandford Batch in the parish of Winscombe.

Bathavon. Improvement works are in operation on the Meadgate site in Camerton parish (estimated cost £3,390).

Clutton. Works on the sewerage and sewage disposal scheme for Farmborough were completed (estimated cost £45,358).

Frome. Good progress is being made in the provision of sewerage and sewage disposal for Mells (estimated cost £45,000).

Long Ashton. Stage I of the scheme of sewerage and sewage disposal for Nailsea was completed. This phase provided for the development of the Council's Southfield Road Housing Site. Under Stage II works are in progress which will provide drainage facilities for properties in the Kingshill area, the estimated cost being £23,898. The scheme to increase the carrying capacity of the sewers draining Long Ashton to the Bristol Corporation drainage system at Ashton Gate was also in hand.

Wellington. The Hillsmoor works at Wiveliscombe were completed during the year at an estimated cost of £17,000. The scheme providing sewerage and sewage disposal at Nynhehead made good progress.

Wells. Works of sewerage and sewage disposal for Meare were put in hand (estimated cost £15,000).

Williton. A start was made on the two sewerage schemes for Crowcombe and Blue Anchor, which includes Old Cleeve village. The estimated cost of these two schemes amounts to £38,000.

Wincanton. Schemes for North Cheriton and Templecombe were completed. These cost £10,528 and £30,700 respectively.

Yeovil. In view of the proposed reconstruction of the houses in The Mead area, Ilchester, work on providing disposal of the sewage to the local treatment plant was commenced.

The black spots in the County respecting pollution or nuisance from sewage are gradually being eliminated. The worst areas remaining are Langport, Paulton, Creech St. Michael, Ruishton, Martock with Stoke-sub-Hamdon and Bradford-on-Tone. Schemes have been submitted and approved for all these villages except Bradford-on-Tone where, it is understood, plans are in course of preparation. With regard to Langport, the Ministry of Housing and Local Government have given permission for tenders to be invited. Respecting Paulton, whilst loan sanction has been granted by the Ministry they have indicated that, in accordance with the Rural Water Supplies and Sewerage Act, 1944, there are insufficient grounds for the scheme to merit grant aid. As a result the District Council are seeking an interview with the Ministry on the matter. Whatever the outcome of these negotiations, the conditions in Paulton are grossly insanitary; not only is there gross nuisance from existing sewage disposal arrangements, plus crude pollution, but totally unfit houses are being occupied due to the ban placed on the erection of further houses until sewage disposal facilities have been improved. On health grounds the conditions are serious and it is hoped that work on the proposed scheme will not be long delayed. Inquiries have been conducted by the Ministry respecting schemes for Creech St. Michael, Ruishton and Martock. In the latter instance it has been found necessary to defer the commencement of the works on economy grounds.

In my last Annual Report reference was made to the need for District Authorities to make agreements with business firms under the Public Health (Drainage of Trade Premises) Act, 1937, when sewage was being discharged into the public sewer. With the tendency for smaller firms to amalgamate and a consequent reduction in the number of processing points the need for such undertakings is obvious.

Although the provision of an instrument to record flows to disposal works may at first glance appear as an "extra", such flow recorders do provide important information and may prove economy investments. Where a group of works are on the small side a portable instrument will be found advantageous.

Schemes approved under the Rural Water Supplies and Sewerage Acts, 1944-55, during the year were as follows :—

Rural District	Scheme	Estimated Cost (as submitted)		
		£	s.	d.
Axbridge	Cheddar — New Road Sewer Extension ...	6,090	0	0
Axbridge	Cheddar Sewerage — New Pumping Station ...	5,629	0	0
Axbridge	Wrington Sewerage and Sewage Disposal ...	12,935	0	0
Bathavon	Camerton Sewerage ...	3,392	8	6
Bridgwater	First Stage Works ...	14,800	0	0
Bridgwater	Puriton Sewerage ...	2,430	0	0
Long Ashton	Long Ashton and Dundry — Winford Terrace and Barrow Common ...	14,000	0	0
Yeovil	Ilchester — Extension of sewer to The Mead ...	3,100	0	0
		<u>62,376</u>	<u>8</u>	<u>6</u>

Schemes approved prior to 1957 but costs and/or proposals revised and re-submitted :—

Rural District	Scheme	Revised Cost (as submitted)		
		£	s.	d.
Clutton	Paulton Sewerage and Sewage Disposal ...	123,560	0	0
Taunton	Creech St. Michael Sewerage and Sewage Disposal	47,300	0	0
Taunton	Ruishton Sewerage and Sewage Disposal...	17,800	0	0
Williton	Blue Anchor Sewerage and Sewage Disposal ...	28,468	3	7
Williton	Crowcombe Sewerage and Sewage Disposal ...	14,349	4	6

HOUSING

Circular 9/57. Temporary Housing — Housing and Planning Policy. Generally, the majority of temporary houses are still structurally sound and have been well maintained over the years. In this Circular the Ministry state that most of them will continue to provide small and easily run accommodation for a good many years to come and are admirably suited for the smaller family and elderly folk. The Minister considers, therefore, it is essential that the fullest use be made of these dwellings and removal from their present sites should not be contemplated without a very good reason, e.g. because they occupy open space or because the site is needed for the erection of permanent houses. In Somerset the number of temporary prefabricated houses is comparatively small as there are only 780, mainly in the towns. Provision is made in the Circular for Local Authorities to purchase these temporary houses at a fixed price.

The retention of temporary houses does not, of course, include the huts originally used by "squatters" at the many old Service Camps. It is considered that these dwellings are almost all unfit and ought to be removed as if they were slums and considerable progress has now been made with this problem but approximately 260 still remain occupied.

The Housing Act, 1957 — operative date 1st September, 1957. This is primarily a consolidating Act and is divided into eight parts which follow generally the arrangement of the Act of 1936. Certain financial provisions have been excluded and will form the subject of a separate Bill.

Houses erected during the year to replace those in slum clearance areas and for other purposes numbered 473 and 1,400 respectively; those erected by private enterprise totalled 1,576, an increase of 80 compared with the preceding year.

Applications for Council houses as at 31st December, 1957, numbered 10,665, over 1,200 less than the preceding year. Very little progress was made with regard to the sale of Council houses, only 22 being purchased by tenants during the year.

Details concerning unfit houses, clearance areas, etc. are set out in the table below.

	Action During Year								Rent Act, 1957	
	Clearance Areas			Houses demolished under Sec. 17 of Hsg. Act, 1957	Temporary dwellings demolished	Houses declared unfit under Sec. 9 of Hsg. Act, 1957	Houses closed as a result of undertaking given by owner or following issue of Closing Order	Unfit houses occupied under licence	Certificates of Disrepair	
	Houses included in Clearance Areas; Orders still to be made	Houses patched for temp. acc'n (Sec. 48 of Hsg. Act, 1957)	Houses demolished under Sec. 42 of Hsg. Act, 1957						Number of applications received	Number of Certificates issued
Boroughs and Urbans	756	—	135	52	58	218	70	15	132	54
Rurals	29	—	50	80	75	271	144	10	28	10
TOTALS	785	—	185	132	133	489	214	25	160	64

Improvement Grants.

Applications for grant aid numbered well over 700, of which 648 were approved. Since 1949, when the scheme was first introduced, 1,083 applications for assistance have been approved by those Authorities participating — all except two. This method of encouraging owners to raise the standard and improve the amenities of their property has not really attracted the interest which it merits.

SANITARY CIRCUMSTANCES

Closet Accommodation.

Although an accurate figure of the number of conversions from pail and other types of closet to a water carriage system is not available it is obvious from the information provided that such conversions are proceeding at a rate of approximately 450 annually.

Cesspool Emptying.

There was little change during the year in the arrangements for cesspool emptying, the only variation being a slight increase in charges by one Rural Authority who provide this service.

School Sanitation.

Unfortunately, owing to the restrictions imposed on capital expenditure by the Ministry of Education, the sanitary improvements programme was almost at a standstill by the end of the year. An increase in the allocation of funds for sanitary improvements is essential on both health and amenity grounds. The pail and Swanmore closet are quite archaic and no effort should be spared to remove them. Details of works completed during 1957 are set out in my School Annual Report.

House Refuse

	Removal by :-		Number of vehicles employed
	Direct Labour	Contract	
Boroughs and Urbans	20	—	42
Rurals	11	5	36

Little or no change has occurred during the year concerning the methods employed by Local Authorities in the removal of house refuse. Likewise, frequency of collection shows little variation and remains at weekly in the Boroughs and Urban Districts and weekly, fortnightly and monthly in the Rurals depending on either the extent of the area or the density of the population.

Trade Waste

Whilst the majority of Borough and Urban Authorities operate a scheme for the collection of trade waste only three Rurals were doing so at the end of the year. Various methods are employed for the collection of trade waste, viz., during the normal house refuse service or a charge is made according to load and frequency.

Refuse Disposal.

The position in the County is as follows:-

	Boroughs and Urbans	Rurals	Number in operation as at 31.12.57.
Controlled tipping ...	20	22	42
Partly controlled tipping ...	1	3	4
Uncontrolled tipping ...	—	7	7
By incineration method ...	3	1	4
Part incineration ...	1	—	1

CAMPING SITES

According to information provided there are 162 camping sites in the County of either a permanent, seasonal or combined nature. The estimated number of campers resident during the season was over 20,000, the majority being concentrated around Weston-super-Mare and Axbridge, Long Ashton and Williton Rural Districts.

SWIMMING BATHS

The interest shown by Head Teachers in the provision of swimming pools for training purposes continues to grow. Whilst they are not full size (the recommended standard is 30 ft. long by 20 ft. wide with an average depth of 3 ft.) or equipped with modern plant they are considered a good investment at a moderate cost. Parents, teachers and children all assist in their construction. Proposals are well in hand for the construction of many similar pools in the County.

Details concerning the swimming baths in the County, types of water used, etc. are set out in the following table.

	Number of Baths				Water Used			Treatment				Samples Taken			
	Local Authority	Private Enterprise	Schools		Main	Sea	Other	Re-circulation	Filtration	Chlorination		Bacteriological	Residual		
			SCC	Other						Auto-matic	Hand		Less than 0.2	0.2 to 0.5	More than 0.5
Boroughs and Urbans	12	4	6	5	21	5	1	14	14	13	13	116	380	1247	1145
Rurals	—	7	2	9	6	—	7	6	4	6	7	15	10	81	10

SUPERVISION OVER THE FOOD SUPPLY

Slaughter-houses and Meat Inspection.

Exchequer Grants towards the cost of Meat Inspection. The purpose of such grants is to assist those Local Authorities upon whom the cost of inspecting meat in slaughter-houses imposes an unduly heavy burden. The basis of grant is on the assumption that each Local Authority should bear the cost of meat inspected sufficient for the needs of its own population. Meat inspected surplus to these requirements is now taken into account in assessing grants.

Slaughter-houses — Recommended Minimum Standards of Construction, Layout and Equipment. Draft Regulations prescribing minimum standards of construction, lay-out and equipment for slaughter-houses for the purpose of securing humane slaughter and hygienic conditions in slaughter-houses were published in August, 1957. These Draft Regulations were prepared more as a guide as to the standards the Government propose introducing at a later date and thus enable Local Authorities and private concerns who intend building or improving slaughter-houses to plan accordingly.

With regard to the number of slaughter-houses either owned or leased by Local Authorities, those under private control, etc., the position remains fairly constant, viz -

	Slaughter-houses/Abattoirs in operation owned or leased by Local Authorities	Private Slaughter-houses		Bacon Factories	Knackers Yards
		Licensed	Operating		
Boroughs and Urbans	4	33	29	5	1
Rurals	1	78	74	2	7
TOTALS	5	111	103	7	8

Details of carcasses and offal inspected and condemned in whole or in part during the year were as follows:-

	Cattle and Cows	Calves	Sheep and Lambs	Pigs	Total
Number inspected	40,820	69,985	119,809	181,042	411,656
<u>All diseases except Tuberculosis and Cysticerci</u>					
Whole carcasses condemned	247	211	275	603	1,336
Carcasses of which some part or organ was condemned ...	10,337	370	4,100	8,690	23,497
<u>Tuberculosis only</u>					
Whole carcasses condemned	203	/	—	217	427
Carcasses of which some part or organ was condemned ...	4,540	35	—	19,890	24,465
<u>Cysticercosis</u>					
Carcasses of which some part or organ was condemned ...	138	—	—	—	138
Carcasses submitted to treatment by refrigeration	138	—	—	—	138
Generalised and totally condemned	—	—	—	—	—

The quantity of meat condemned during the year at slaughter-houses and bacon factories amounted to 591,867 lbs. (an increase over that condemned for the preceding year of 71,065 lbs.) of which 328,922 lbs. was affected by tuberculosis and 10,020 lbs. with cysticercosis.

The increase in the weight of that condemned for tuberculosis against the figure given for 1956 amounts to 63,276 lbs. This is chiefly accounted for by the fact that in 1958 the County is to become an "Eradication Area" when, following compulsory testing, all bovines which react to the tuberculin test will be sent for slaughter. Many owners of herds which have been undergoing private or free tests have on their

own accord, sent such reactors to the slaughter-house direct. As compulsory testing by the Ministry of Agriculture, Fisheries and Food does not commence until the 1st March, 1958, it is highly probable that the weight of meat condemned for tuberculosis during the next twelve months will be correspondingly high.

The Diseases of Animals (Waste Foods) Order, 1957.

Following certain recommendations of the Gowers Committee on Foot and Mouth Disease the Ministry of Agriculture, Fisheries and Food decided to adopt their suggestions with regard to the licensing and inspection of boiling plants for waste foods. The responsibility for maintaining and carrying into effect the provisions of the above Order, which became operative on the 1st June, 1957, has been delegated to Local Authorities by the County Council. Only fairly substantial collectors of waste food are affected.

Food Hygiene.

Food Hygiene Regulations. According to information provided, only one Authority found it necessary to take legal proceedings under the Regulations. The remainder, by frequent inspections, propaganda and co-operation with food handlers, are gradually raising the standard of food premises. Where necessary informal notices have been issued with satisfactory results.

Designated Milk (Raw).

Milk Producers and Producer-Retailers. I am indebted to the County Milk Officer of the Agricultural Executive Committee for providing the following figures:-

Registered and Licensed Producers	...	...	...	...	6,953
Number of Licensed "Tuberculin Tested" Producers	...	...	...	...	4,515 - 64.9%
Number of Undesignated Producers	...	...	...	...	2,438 - 35.1%
Registered and Licensed Producer-Retailers:-					
Total number of Producer-Retailers	...	...	...	...	500 approx.
Producer-Retailers of "Tuberculin Tested" milk	...	...	...	...	350 approx.
Producer-Retailers of Undesignated milk	...	...	...	...	250 approx.
Retail Licences - "Tuberculin Tested" only	...	...	...	...	300
Retail Licences where cans only are used	...	...	...	...	17
Designated Producers:-					
Inspections	...	...	...	...	1,105
Routine - Re-inspections and Advisory	...	...	...	...	2,905
Undesignated Producers:-					
Inspections	...	...	...	...	112
Re-inspections	...	...	...	...	1,584
Requested Advisory Visits	...	...	...	...	1,767
Undesignated Producers (new entrants):-					
Inspections	)	...	...	...	238
Re-inspections	)	...	...	...

Total milk sales as at 30th September, 1957, amounted to 117,192,000 gallons and the quantity of milk directed for farmhouse cheese-making at the same date totalled 4,608,104 gallons.

Milk Licences and Regulations. Licences issued by Local Authorities during the year:-

	Boroughs and Urbans	Rurals	Total
Registered Distributors	188	275	463
Registered Dairy Premises (other than Dairy Farms)	93	101	194
Licensed Dealers of Designated Milk ...	157	180	337
Supplementary Licenses Issued ...	49	104	153

Samples taken by Public Health Inspectors from premises registered as above were as follows:-

	Boroughs and Urbans		Rurals		Total	
	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
Pasteurised	68	—	5	—	73	—
"Tuberculin Tested" (Pasteurised)	136	1	2	—	138	1
"Tuberculin Tested"	79	9	60	11	139	20
Sterilised	10	—	—	—	10	—

Pasteurised and Sterilised Milk.

	Pasteurised	Sterilised
Number of processors licensed by Somerset County Council as at 1st January, 1957	25	1
Licences issued during year	—	—
	25	1
Number of plants ceased operating during year	3	—
Total number of licensed premises as at 31st December, 1957	<u>22</u>	<u>1</u>

It was most unfortunate that eight phosphatase failures at one dairy marred what might have been an outstanding record. This dairy has now ceased processing. No phosphatase failures occurred at dairies where H.T.S.T. plants are installed which speaks well for this particular method of pasteurisation.

Routine inspections and visits to ensure dairy concerns were complying with the appropriate Regulations were maintained throughout the year.

Details of samples taken were as follows:-

				Number of samples taken	Number satisfactory	Percentage Unsatisfactory
Pasteurised:-						
Bulk	...	...	...	58	57	1.7
Bottled	...	...	...	1,699	1,681	1.1
				1,757	1,738	1.1
Sterilised	...	...	...	49	49	—
					Pasteurised	Sterilised
(1) Number failing Phosphatase test	...	...	...		16	—
(2) Number failing Methylene Blue test	...	...	...		3	—
(3) Number failing both tests, (1) and (2)	...	...	...		—	—
(4) Number failing Turbidity test (Sterilised only)	...	...	...	...	—	—

Empty Cleansed Bottles

There are no fixed standards contained in the Milk and Dairies Regulations for empty cleansed bottles and the classifications used at present are those laid down by the Public Health Laboratory Service.

From licensed premises 634 bottles were collected for advisory purposes and submitted to the sterility test.

Complaints are received and occasional prosecutions taken by Local Authorities over dirty bottles, or bottles containing foreign matter, delivered to customers. Whilst these have invariably passed through the bottle washing machine they have escaped the attention of the operator. This is a problem occasioning the dairy trade considerable concern and some firms now engage a member of their staff solely on the task of "spotting" bottles as they pass over the machine. As the manufacturers speed up the operation of their machines so the difficulties of detecting the faulty bottle increase. However, it is understood that a prototype electronic device to replace the human element was recently on exhibition. Failing the provision of an efficient detector the only satisfactory solution is the provision of non-returnable containers. The trade have so far not made much progress in this field, probably due to the high cost of cartons.

Specified Areas

A further step was taken in November towards increasing the area in which only a designated milk may be sold by retail. The Milk (Special Designation) (Specified Areas) Order No. 2, 1957, which came into operation on the 25th November, affected the following Districts :-

Boroughs of	...	...	Glastonbury Wells
Urban Districts of	...	...	Frome Shepton Mallet Street
Rural Districts of	...	...	Frome Shepton Mallet Wells Wincanton

No information has been received concerning the designation as a "Specified Area" that part of the County which remains unspecified, viz.:-

Boroughs of	...	...	Chard Yeovil
Urban Districts of	...	...	Crewkerne Ilminster
Rural Districts of	...	...	Chard Langport Yeovil.

Several cases of unauthorised sales were reported and investigated. Legal proceedings were not instituted as following a warning such sales were terminated.

In February the County Agricultural Executive Committee provided a list of "Tuberculin Tested" producers who had been authorised to use cans for the purpose of selling milk by retail. This is in accordance with the policy approved by the Ministry of Agriculture, Fisheries and Food in 1956. The Executive Committee are most careful in their selection and approval of "can licences" and before being issued they satisfy themselves that:-

- (a) a bottled milk service is not already available in the district;
- (b) not more than approximately six customers are involved;
- (c) the cans are the property of the farmer and of a lid-type with a lip over the rim and labels or tags attached showing the address of the farm and the words "Tuberculin Tested".

My Department has the responsibility of ensuring that only a designated milk is sold within the areas prescribed.

Animal Health.

The following information was obtained from the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food.

Estimated number of cattle in County	350,000
Number of cattle "Attested", Supervised or "Tuberculin Tested"	260,000 approx.

Details regarding herds are as follows :-

(a) Number of herds Attested for which "Tuberculin Tested" Licences have been granted	4,307
(b) Number of herds Attested only	2,263
Total Attested	6,570
(c) Number of Supervised herds	362
(d) Number of "Tuberculin Tested" Supervised herds	10
(e) Number of "Tuberculin Tested" herds, viz. (a) and (d)	4,317
(f) Total number of herds being subjected to Tuberculin Testing	8,228

Eradication Areas.

This term refers to any area in which the Minister of Agriculture, Fisheries and Food is satisfied that a substantial majority of the cattle are free from tuberculosis. Movement of cattle into such an area so designated is strictly prohibited except under licence or on certain transit journeys. So far as Somerset is concerned free testing of all bovine stock has now been in progress since March, 1956, and will continue until March, 1958. During this period farmers may dispose of all their reactors in the normal way. On the termination of the "free testing" period (March, 1958) compulsory testing will be introduced and any reactors found will be sent for slaughter.

Biological Sampling

The designation of a further part of Somerset as a Specified Area, upon which I have already commented elsewhere in this report, reduced the number of Undesignated Producer-Retailers to a mere thirty-nine. To this figure should be added eleven who are retailing in the areas already Specified under "Consents" issued by the Ministry of Agriculture, Fisheries and Food. These "Consents" concern producer-retailers who supply a few customers in isolated districts within which a normal retail service is non-existent. The "Consents" are issued for varying periods and are immediately cancelled when a bottled milk service becomes available.

Details of samples collected for biological examination during the year are set out in the table below.

Samples		Herds concerned	% of herds affected	
Examined	Number containing tubercle bacilli		1956	1957
254	6 (1 Brucellosis)	106	3.0	3.8

Hospital Farms

Samples taken for bacteriological examination from hospital farms, of which only one now remains in the County, on behalf of the Ministry of Health, numbered thirty-three. In addition, six were examined for biological purposes with negative results.

MILK-IN-SCHOOLS SCHEME

Information concerning the type of milk supplied and quantity consumed is set out in the following tables. The figures in the second table are a little disappointing as the quantity consumed is less than that for the preceding year. Figures for the latter are shown in brackets. However, it was during October that the influenza epidemic reached Somerset and the figures, therefore, cannot be taken as truly representative of the quantity normally consumed. It will be noted that the percentage of milk consumed at non-maintained schools is very satisfactory.

Types of Schools (1)	Total number of each type (2)	Past- eurised (3)	Types of milk supplied to Schools (October, 1957) with percentages		
			% (4)	T.T. (5)	% (6)
Primary	433	428	98.85	5	1.15
Secondary Modern	43	43	100.0	—	—
“ Grammar	19	19	100.0	—	—
“ Technical	3	3	100.0	—	—
Nursery	2	2	100.0	—	—
TOTALS	500	495	99.0	5	1.0
Non-Maintained	125	125	100.0	—	—

Types of Schools (1)	Number of Registered Children (2)	Children taking milk		Quantity of milk consumed, in one-third pints — October, 1957			
		No. (3)	% (4)	Pasteurised (5)	% (6)	T.T. (7)	% (8)
Primary	43,366	37,083	85.51 (89.89)	36,959	99.67	124	0.33
Secondary Modern ...	17,465	9,628	55.13 (59.35)	9,628	100.0	—	—
“ Grammar	6,720	3,599	53.56 (60.53)	3,599	100.0	—	—
“ Technical	403	265	65.76 (61.06)	265	100.0	—	—
Nursery	77	77	100.0 (93.75)	77	100.0	—	—
TOTALS	68,031	50,652	74.45 (79.78)	50,528	99.75	124	0.25
Non-Maintained ...	11,022	9,181	83.30	9,181	100.0	—	—

Sampling of Milk Supplies to Schools and other County Council Establishments.

Schools. 626 samples of Pasteurised and 78 of “Tuberculin Tested” milk were taken from schools during transit or at the dairy, of which 14 and 8 respectively proved unsatisfactory.

The County Analyst also carried out the examination of 737 samples for fat content. In ten cases the presumptive legal standard of 3.0% fat was not reached.

School Kitchens. In spite of a further increase in the number of self-contained canteens there are still 21 Central Kitchens operating in the County. Samples are taken at frequent intervals and of the 135 examined only 5 failures were recorded.

Self-Contained Canteens. During the past twelve months 28 canteens were opened, bringing the total for the County up to 137. Samples collected from these establishments numbered 449, of which 16 proved unsatisfactory.

Residential Nurseries, Day Nurseries and Children's Homes. Few of these establishments now remain open. Nevertheless, visits are made periodically to collect samples and of the 152 submitted to the Laboratories for examination 5 proved unsatisfactory.

Appropriate action was taken to trace the cause of all failures wherever this was possible.

ICE CREAM

The number of Registered Premises in the County is as follows:-

	Boroughs and Urbans	Rurals	Total
Premises Registered for Manufacture and Retail	37	13	50
Premises Registered for Manufacture only	4	1	5
Premises Registered for Retail only ...	919	817	1,736
	<u>960</u>	<u>831</u>	<u>1,791</u>

The undermentioned table gives the total number of samples taken during the year, both Hot and Cold Mix, and the percentage satisfactory,

	Boroughs and Urbans		Rurals		Total	
	Number	% Satisfactory	Number	% Satisfactory	Number	% Satisfactory
Hot Mix ...	654	91.4	91	90.1	745	91.3
Cold Mix ...	45	91.1	15	93.3	60	91.7
Totals ...	699	91.4	106	90.6	805	91.3

TABLE I

Causes of, and Ages at, Death during the Year 1957

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	30	0	0	0	0	6	15	9	0
Tuberculosis, other	3	0	0	0	0	1	1	1	0
Syphilitic disease	7	0	0	0	0	0	1	4	2
Diphtheria	0	0	0	0	0	0	0	0	0
Whooping Cough	2	2	0	0	0	0	0	0	0
Meningococcal Infections	0	0	0	0	0	0	0	0	0
Acute Poliomyelitis	3	0	1	0	0	2	0	0	0
Measles	0	0	0	0	0	0	0	0	0
Other infective and parasitic diseases	11	1	0	0	1	2	4	1	2
Malignant neoplasm, stomach	166	0	0	0	0	3	43	66	54
Malignant neoplasm, lung, bronchus	163	0	0	0	0	5	93	44	21
Malignant neoplasm, breast	118	0	0	0	0	9	59	24	26
Malignant neoplasm, uterus	40	0	0	0	0	5	15	9	11
Other malignant and lymphatic neoplasms	539	1	1	6	2	19	134	167	209
Leukasmia, aleukaemia	27	0	2	2	1	2	7	3	10
Diabetes	39	0	0	0	0	2	4	8	25
Vascular lesions of nervous system	1002	0	0	0	1	5	170	268	558
Coronary disease, angina	924	0	0	0	0	11	216	326	371
Hypertension with heart disease	164	0	0	0	0	0	27	42	95
Other heart disease	1074	1	0	2	2	8	91	200	770
Other circulatory disease	310	0	0	0	0	9	47	82	172
Influenza	85	1	2	2	2	5	20	19	34
Pneumonia	189	12	7	3	1	6	29	39	92
Bronchitis	172	0	2	0	0	1	38	52	79
Other disease of respiratory system	71	1	0	1	0	2	29	21	17
Ulcer of stomach and duodenum	55	0	0	0	0	1	10	20	24
Gastritis, enteritis and diarrhoea	28	1	1	1	1	2	6	9	7
Nephritis and nephrosis	60	0	0	1	0	5	19	14	21
Hyperplasia of prostate	34	0	0	0	0	0	4	6	24
Pregnancy, Childbirth, abortion	4	0	0	0	0	4	0	0	0
Congenital malformations	50	32	4	1	2	2	7	2	0
Other defined and ill-defined diseases	547	81	1	4	1	22	92	96	250
Motor vehicle accidents	62	0	3	4	19	17	9	4	6
All other accidents	117	6	3	6	5	13	16	18	50
Suicide	79	0	0	0	0	19	32	17	11
Homicide and operations of war	1	0	0	0	1	0	0	0	0
All Causes :	6176	139	27	33	39	188	1238	1571	2941

TABLE II

Causes of Death at all Ages in each District during the Year 1957

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
Tuberculosis, respiratory	0	1	1	1	2	0	1	0	6	0	3	0	2	0	0	1	18
Tuberculosis, other	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0	0	3
Syphilitic disease	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Whooping Cough	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	2
Meningococcal infections	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Acute Poliomyelitis	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	2
Measles	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other infective and parasitic diseases	2	0	3	0	0	0	0	0	0	0	1	0	0	0	0	0	6
Malignant neoplasm, stomach	11	3	8	4	2	2	6	6	9	6	12	2	5	2	2	8	88
Malignant neoplasm, lung, bronchus	11	6	7	3	4	0	4	4	10	1	4	4	3	6	4	5	76
Malignant neoplasm, breast	11	6	1	3	3	0	3	3	6	1	6	0	4	0	2	6	55
Malignant neoplasm, uterus	2	2	3	0	0	0	1	1	1	1	2	0	0	0	0	2	15
Other malignant and lymphatic neoplasms	25	11	21	18	16	3	8	11	26	3	18	7	12	23	20	18	240
Leukasmia, aleukaemia	1	1	1	1	0	0	0	0	1	1	3	0	0	2	1	1	13
Diabetes	3	1	1	1	0	1	2	2	0	1	1	1	1	1	2	4	22
Vascular lesions of nervous system	54	27	43	23	31	4	13	30	35	18	46	16	25	37	43	25	470
Coronary disease, angina	30	31	44	16	30	7	8	18	59	11	41	10	23	39	33	23	425
Hypertension with heart disease	11	9	5	6	2	0	2	1	17	7	6	2	4	4	2	2	80
Other heart disease	73	45	27	21	26	13	29	35	54	36	57	8	56	30	30	30	570
Other circulatory disease	18	11	14	3	6	2	10	8	13	5	19	7	9	10	11	9	155
Influenza	5	1	1	3	4	0	1	2	1	1	7	0	11	1	2	7	47
Pneumonia	8	9	4	3	7	3	2	6	11	2	13	2	11	3	7	5	96
Bronchitis	8	5	6	3	4	1	3	3	11	0	11	5	7	7	8	7	89
Other disease of respiratory system	2	2	3	2	11	0	3	1	1	3	0	3	1	3	1	2	38
Ulcer of stomach and duodenum	6	2	2	1	0	0	2	1	3	1	0	1	0	0	4	2	25
Gastritis, enteritis and diarrhoea	1	0	1	0	0	0	1	1	0	0	0	1	4	0	0	0	9
Nephritis and nephrosis	2	2	5	3	0	0	0	3	0	1	2	0	1	3	2	5	29
Hyperplasia of prostate	2	1	2	5	0	0	0	0	0	1	1	2	0	3	0	1	18
Pregnancy, Childbirth, abortion	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	2
Congenital malformations	2	0	4	2	5	0	3	2	3	2	1	1	2	0	0	1	28
Other defined and ill-defined diseases	27	10	22	10	10	3	12	15	22	6	66	5	14	34	19	22	297
Motor vehicle accidents	5	2	6	1	1	1	0	1	7	3	4	0	0	2	0	5	38
All other accidents	9	6	3	4	9	0	3	4	5	1	5	3	4	2	5	5	68
Suicide	3	4	3	1	3	1	1	1	8	0	4	2	1	0	3	7	42
Homicide and operations of war	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
All Causes :	332	199	244	139	177	41	118	159	311	114	333	83	200	213	201	204	3068

TABLE III
Causes of Death at all Ages in each District during the Year 1957
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 ..	2	2	1	0	0	0	0	0	1	1	1	0	0	0	1	0	0	2	1	0	12	30
Tuberculosis, other ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Syphilitic disease ..	1	0	0	0	0	0	0	0	0	1	0	1	0	0	1	0	0	0	2	0	6	7
Diphtheria ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Whooping Cough ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Meningococcal infections ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Acute Poliomyelitis ..	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Measles ..	0	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 ..	0	0	0	0	0	0	1	0	1	1	0	0	0	0	0	0	0	0	1	1	5	11
Malignant neoplasm, stomach	8	2	3	7	1	7	2	0	7	0	4	0	0	1	13	0	2	3	10	8	78	166
Malignant neoplasm, lung, bronchus ..	11	3	2	8	2	4	2	2	4	5	3	3	0	0	10	1	3	2	13	9	87	163
Malignant neoplasm, breast..	10	4	2	3	1	2	1	0	3	3	0	0	0	4	6	0	1	3	12	8	63	118
Malignant neoplasm, uterus..	1	0	1	0	0	2	0	1	3	0	1	0	0	0	3	0	0	1	2	10	25	40
Other malignant and lymphatic neoplasms ..	27	13	4	14	5	12	6	4	16	13	12	6	8	5	54	3	8	14	51	24	299	539
Leukaemia, aleukaemia ..	3	1	0	0	1	0	2	0	0	0	1	0	0	0	2	0	0	2	1	1	14	27
Diabetes ..	2	0	0	0	0	1	0	0	1	1	1	0	1	0	3	1	0	2	1	3	17	39
Vascular lesions of nervous system ..	43	30	18	25	5	20	11	8	35	17	14	9	8	6	84	7	18	18	94	62	532	1002
Coronary disease, angina ..	43	22	8	36	10	16	8	3	42	17	26	13	10	12	56	4	16	8	116	33	499	924
Hypertension with heart disease ..	8	3	1	5	1	3	0	1	8	1	4	0	6	2	11	1	2	1	17	9	84	164
Other heart disease ..	48	20	11	34	3	20	8	4	18	22	12	4	18	9	87	3	15	8	99	61	504	1074
Other circulatory disease ..	11	14	3	5	2	8	1	2	3	6	4	7	4	5	13	3	7	5	41	11	155	310
Influenza ..	4	2	1	0	0	3	0	2	0	2	1	1	0	1	3	0	2	1	6	9	38	85
Pneumonia ..	9	4	1	2	0	8	0	0	5	1	6	6	1	0	14	0	3	2	23	8	93	189
Bronchitis ..	10	4	6	3	2	2	0	2	2	1	2	3	0	2	16	0	4	2	15	7	83	172
Other disease of respiratory system ..	2	0	1	4	0	2	0	0	2	1	3	2	0	0	6	0	3	2	2	3	33	71
Ulcer of stomach and duodenum ..	1	1	0	2	1	5	1	0	0	1	1	0	0	0	2	0	2	1	9	3	30	55
Gastritis, enteritis and diarrhoea ..	2	2	1	2	0	0	0	1	0	0	1	0	0	0	1	2	1	1	4	1	19	28
Nephritis and nephrosis ..	1	0	0	2	1	0	0	1	1	1	1	1	1	1	9	0	0	1	9	1	31	60
Hyperplasia of prostate ..	0	1	0	2	0	0	0	1	2	0	0	0	0	0	1	0	1	1	6	1	16	34
Pregnancy, Childbirth, abortion ..	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2	4
Congenital malformations ..	2	0	2	1	0	1	1	1	3	0	2	0	0	1	2	0	1	3	1	1	22	50
Other defined and ill-defined diseases ..	25	7	19	14	4	3	9	3	9	6	9	4	3	4	33	2	4	22	44	26	250	547
Motor vehicle accidents ..	1	1	1	0	0	0	0	0	3	0	0	0	1	0	3	0	1	2	7	4	24	62
All other accidents ..	2	5	2	3	0	4	1	1	4	1	2	3	0	1	9	0	1	2	7	1	49	117
Suicide ..	1	1	2	1	2	2	0	0	1	2	0	1	0	0	6	1	1	0	9	7	37	79
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	1
All Causes :	278	143	90	173	41	126	54	37	174	104	111	64	61	54	449	28	96	109	604	312	3108	6176

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 ..	388	332	7	30,390	12.77	15.96	10.92	9.83	18.04
Bathavon ..	330	199	1	19,610	16.83	17.67	10.13	9.12	3.03
Bridgwater ..	327	244	9	20,180	16.20	17.50	12.09	11.12	27.52
Chard ..	160	139	5	12,400	12.90	13.80	11.21	10.43	31.25
Clutton ..	257	177	7	17,360	14.80	15.39	10.19	9.48	27.24
Dulverton ..	66	41	2	4,430	14.90	16.98	9.25	8.97	30.30
Frome ..	192	118	4	10,530	18.23	19.52	11.21	10.54	20.63
Langport ..	200	159	7	12,880	15.53	16.92	12.34	10.49	35.00
Long Ashton	356	311	11	24,130	14.75	16.52	12.88	10.43	30.89
Shepton Mallet	148	114	3	10,870	13.62	15.25	10.49	8.92	20.27
Taunton ..	355	333	4	23,250	15.27	17.71	14.32	8.88	11.27
Wellington ..	112	83	2	8,030	13.94	15.89	10.34	8.99	17.86
Wells ..	156	200	3	10,200	15.29	17.58	19.61	9.80	19.23
Williton ..	181	213	4	13,390	13.52	16.76	15.90	10.81	22.09
Wincanton ..	249	201	4	17,490	14.24	15.81	11.49	8.27	16.06
Yeovil ..	391	204	5	24,260	16.72	17.08	8.41	9.33	12.79
Total of Rural Districts	3,868	3,068	78	259,400	14.91	16.70	11.83	10.05	20.16

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 ..	393	278	12	24,480	16.06	15.26	11.35	10.33	33.05
Burnham ..	135	143	2	9,720	13.89	15.69	14.71	11.03	14.81
Chard	87	90	2	5,400	16.11	16.11	16.66	13.16	22.99
Clevedon ..	124	173	1	9,680	12.82	15.26	17.87	11.08	8.07
Crewkerne ..	54	41	0	3,960	13.63	14.45	10.35	9.31	0.00
Frome	165	126	1	11,270	14.64	15.16	11.18	8.61	6.06
Glastonbury ..	91	54	3	5,340	17.04	16.19	10.11	9.10	32.96
Ilminster ..	47	37	2	2,740	17.15	17.15	13.50	12.69	42.55
Keynsham ..	252	174	5	12,780	19.72	17.75	13.62	10.35	19.84
Minehead ..	67	104	2	7,450	8.99	10.25	13.96	8.65	29.85
Norton-Radstock	212	111	5	12,320	17.21	17.90	9.01	9.10	23.58
Portishead ..	109	64	0	5,470	19.93	19.32	11.70	11.00	0.00
Shepton Mallet	93	61	2	5,220	17.81	18.17	11.69	11.81	21.55
Street	102	54	2	6,200	16.45	16.28	8.71	8.01	19.61
Taunton	436	449	8	33,300	13.09	12.96	13.48	10.65	18.35
Watchet	41	28	1	2,560	16.02	16.82	10.94	9.95	24.39
Wellington ..	105	96	1	7,410	14.17	15.59	12.96	10.63	9.52
Wells	75	109	2	6,150	12.19	13.04	17.72	8.68	26.66
Weston-super-Mare	531	604	5	40,600	13.08	14.78	14.88	10.71	9.42
Yeovil	383	312	5	24,050	15.93	16.24	12.98	11.94	13.05
Total of Urban Districts	3,502	3,108	61	236,100	14.83	15.12	13.17	10.53	17.42
Administrative County	7,370	6,176	139	495,500	14.87	15.91	12.46	9.97	18.86
England and Wales, 1957	—	—	—	—	16.6	—	12.2	—	25.0

TABLE VI
NOTIFICATION OF INFECTIOUS DISEASES

	Measles	Scarlet Fever	Puerperal Pyrexia	Meningococcal Infection	Dysentery	Whooping Cough	Pneumonia	Polio-myelitis	Erysipelas	Food Poisoning	Tuberculosis Pulmonary	Tuberculosis Non-pulmonary
URBAN												
Bridgwater	538	5	7	4	0	9	2	1	1	0	23	2
Burnham	49	2	2	0	1	2	13	2	0	0	2	1
Chard	6	0	0	0	0	19	0	0	0	0	4	0
Clevedon	136	0	8	0	2	39	11	2	3	0	6	1
Crewkerne	7	0	0	0	0	11	0	2	0	0	2	1
Frome	275	2	0	0	0	5	0	1	0	0	7	2
Glastonbury	65	0	0	0	0	2	1	1	0	0	2	1
Ilminster	2	2	0	0	0	1	0	0	0	0	1	0
Keynsham	213	11	0	0	0	27	3	7	1	0	3	3
Minehead	14	14	1	0	0	26	3	1	0	1	1	1
Norton-Radstock	234	3	0	0	0	5	6	1	1	0	4	0
Portishead	71	21	0	1	0	63	3	9	0	0	0	0
Shepton Mallet	16	1	4	0	0	14	0	1	0	0	3	0
Street	108	0	0	0	0	2	1	2	1	0	1	0
Taunton	360	15	3	1	3	34	10	4	5	2	17	1
Watchet	8	0	0	0	0	0	4	0	0	0	0	0
Wellington	15	1	0	0	0	1	4	0	0	0	3	0
Wells	175	1	1	0	0	11	0	1	0	0	7	0
Weston-super-Mare	53	21	7	0	0	38	13	6	0	0	11	5
Yeovil	236	2	9	0	2	71	17	5	5	0	7	4
RURAL												
Axbridge	206	19	3	1	0	60	24	2	8	1	18	2
Bathawton	114	8	0	0	46	79	26	6	1	1	5	1
Bridgwater	141	2	1	0	1	9	7	0	0	0	14	3
Chard	13	0	0	0	0	49	5	1	0	0	3	1
Clutton	180	7	11	0	0	44	13	4	1	0	5	0
Dulverton	10	0	0	0	0	14	7	0	1	0	2	1
Frome	310	1	0	0	0	75	18	2	1	0	5	1
Langport	198	0	0	0	1	29	30	0	1	0	1	1
Long Ashton	360	23	2	3	5	132	34	21	3	0	10	2
Shepton Mallet	13	4	0	0	1	37	6	0	0	0	1	0
Taunton	330	6	3	0	4	134	6	0	5	0	11	1
Wellington	82	2	0	0	1	7	1	0	0	0	1	0
Wells	89	1	1	0	0	21	10	7	1	1	2	0
Williton	37	1	0	0	0	17	3	5	0	3	2	0
Wincanton	36	1	5	0	0	156	17	0	0	0	3	2
Yeovil	106	7	1	0	0	103	13	13	4	49	5	2
URBAN DISTRICTS :	2,581	101	42	6	8	380	91	46	17	3	104	22
RURAL DISTRICTS :	2,225	82	27	4	59	966	220	61	43	55	88	17
ADMINISTRATIVE COUNTY :	4,806	183	69	10	67	1,346	311	107	60	58	192	39
Comparative figures for 1956 are :-	1,390	267	86	8	63	624	202	52	35	20	200	48

Rubella — Bridgwater Rural 2; Burnham Urban 3.

Anthrax — Street Urban 1.

Chicken Pox — Watchet Urban 2.

Acute Encephalitis — Wellington Urban 1; Portishead Urban 1; Shepton Mallet Urban 1.

Typhoid Fever — Yeovil Rural 2. Ophthalmia Neonatorum — Axbridge Rural 1.